IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

paid 125.00 CI

PERMIT# 089938 PIN# 4757352459 (pt) DATE June 26, 2000

OWNER OR CONTRACTOR Dixieland Inc. PHONE: Business 828-476-5331 Home

ADDRESS 4474 LAKE DR. Statesville 28673

LOCATION US 21 N. TL Bethany Rd TR Cabral TR Berea TL Mt Zion on left NEAR END

SUBDIVISION Driftaway Trace BLOCK / SECTION II LOT 38 LOT AREA .46 Ac SITE CLASS IS DESIGN FLOW 360 gpd L.T.A.R. .3+

Septic Tank: 1000 Gallons; STB 825 Date 4-1-02

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: GRAVITY INNOVATIVE-25% Red

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

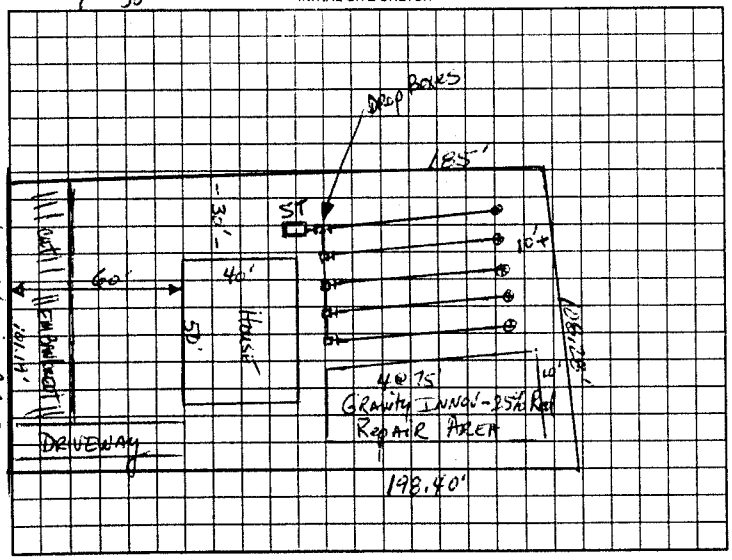
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: ~~Before inspection pool was backfilled~~

Comments/Conditions: 7/25/02 BS - Application Submitted for House & Basement Plumbing. POLY LOK FILTER & RISERS. TANK IS DEEP | RISERS INSTALLED 4 THIS REASON

INITIAL SITE SKETCH

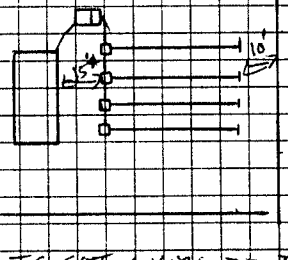
1" = 50'



AS BUILT SKETCH

4 LINES X 60 FT INSTALLED. HOUSE IS SMALLER. (3 BEDS)

INSTALLED AS DRAWN. (NO DECK INSTALLED AT TIME OF CHECK.)



TANK IS SET WHERE IT IS NOT LOCATED ASIDE OF THE SIDE OF THE BASEMENT FOUNDATION DRAIN.

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: ★ Regina Cook RS date 12/28/01

Improvement Permit by: [signature] RS date 6-26-00

Authorization to Construct by: [signature] date 1/19/02

Installed by: ROWAN SEPTIC

Operation Permit by: [signature] RS date 08-26-02

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK