IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089942 PIN# 4757352459 (pt) DATE April 3, 01

OWNER OR CONTRACTOR Dixie Land Inc. PHONE: Business 202-4971 Home

ADDRESS 4474 Lake Dr. Sherrills Ford, N.C. 28673

LOCATION From Statesville 21 N. TL Bethany Rd TR Gilead TR Bereа TL Mt Zion on Right at Cul-D-Sac

SUBDIVISION Bethany Trace BLOCK / SECTION II LOT 43 LOT AREA .7753 Ac SITE CLASS B5 DESIGN FLOW 360gpd L.T.A.R. .3 x 13"

Septic Tank: 1000 Gallons; STB 825 Date 7-2-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5-6 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

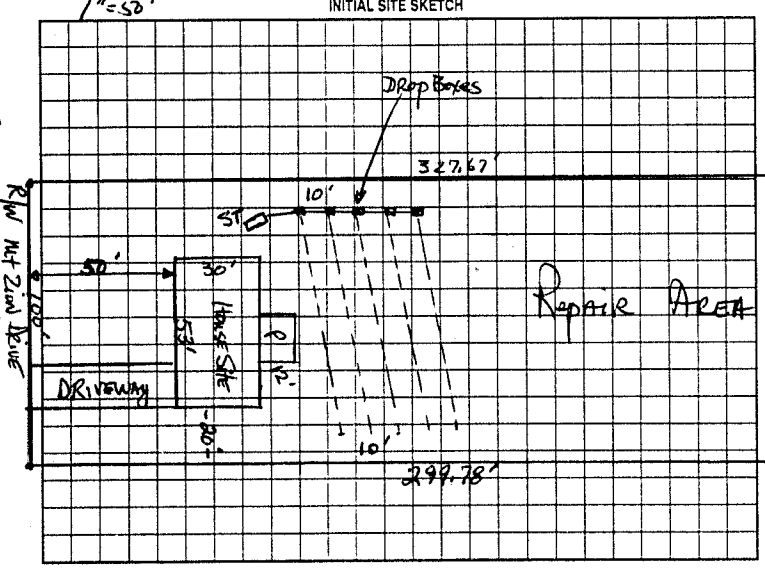
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: Install laterals on contour and between 30" minimum trench bottom depth and 36" maximum trench bottom depth.

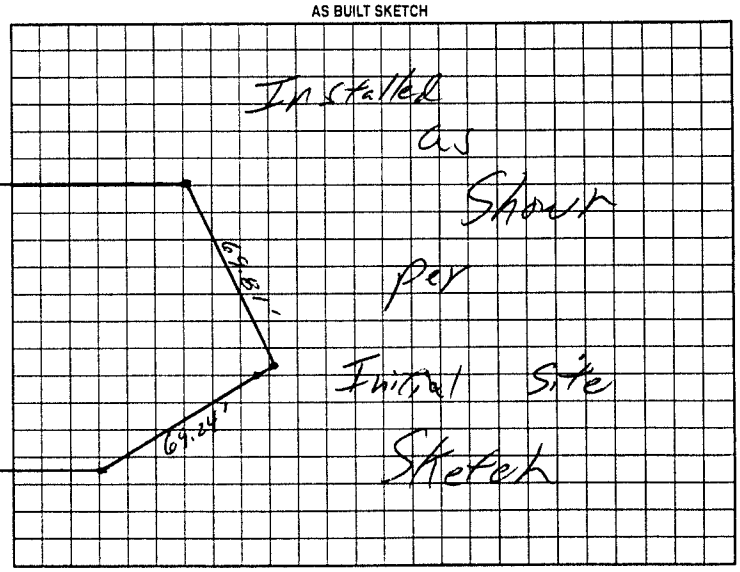
Comments:/Conditions: Installed 5 lines 80' with drop boxes - poly tek filter installed

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH



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 date 9/3/01 Installed by: Rowan Septic

Improvement Permit by: [signature] date 4-3-01 Operation Permit by: William E. Johnson date 10/4/01

Authorization to Construct by: [signature] date 4-3-01 Existing System Inspection by: date

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