3:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 152473 PIN# 4850003428.002 DATE 9-12-08

OWNER OR APPLICANT Dixieland, Inc. PHONE: Business 704 202 4971 Home 704 876 6162

ADDRESS Cora Ln.

LOCATION Jennings Rd to Rt on Olin Lp - Turn (R) on Cora Lane, 2nd lot on (R)

SUBDIVISION Olin Ridge BLOCK / SECTION ____ LOT 2 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 240/240 L.T.A.R. 3

Septic Tank: 1000/1000 Gallons: STB 1000/1000 Date 2-23-9/2-25-9

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 2 Square Feet 800 Linear Feet 200

No Lines 4 @ 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: ① 25% Red. Grav. ② 50% LP

Repair System Description: ① 25% Red. Grav. ② 50% LP

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3/2 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☒ Public ☐ Community

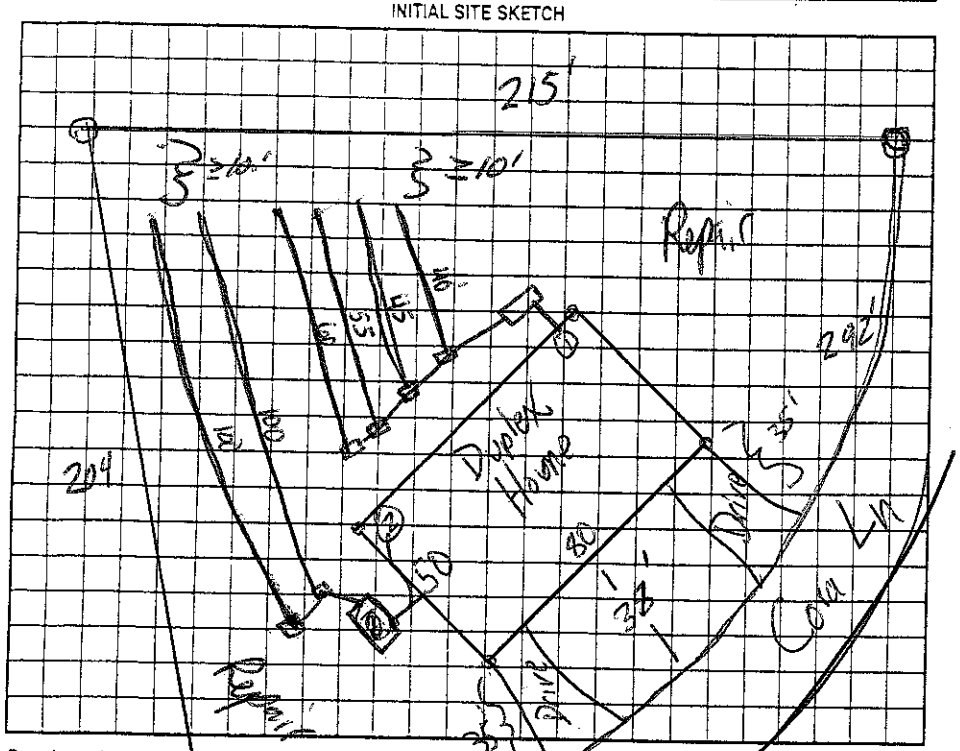
☐ Gravity ☐ Pressure ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions:

Blue Polyglade

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: Jason Dowdle date 10/1/08

Improvement Permit by: ____ date 9-12-08

Authorization to Construct by: ____ date 9-12-08

Installed by: Roman Septic

Operation Permit by: ____ date 4-15-09

Existing System Inspection by: ____ date ____

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