IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 3-21-96

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. ~~23251059745~~ DATE 5-20-97 TAX MAP NO. 9D-13-A-27 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR ACORN DEV. INC PHONE: Business Home 872-0072

ADDRESS P.O. BOX 5671, STATESVILLE, NC. 28687

LOCATION NC 115 N, TL SCOTTS CREEK, TL MILLER FARM, TR BEECHBROOK LANE, 2ND LT ON LEFT BEFORE CUL-DE-SAC

SUBDIVISION PINEY OAKS BLOCK / SECTION LOT 27 LOT AREA ~130'X280' SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.33 GPD/FT2

Septic Tank: 1000 Gallons; STB 10'12 Date 12-29-97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet EQ TO 1440 Linear Feet 360

No Lines SIX Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: CHAMBERED GRAVITY

Repair System Description: PUMP TO CHAMBERED

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

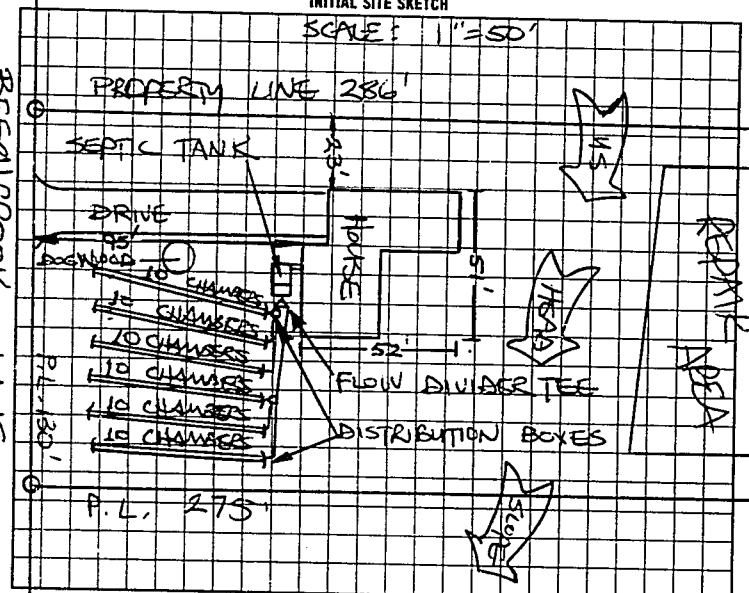
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

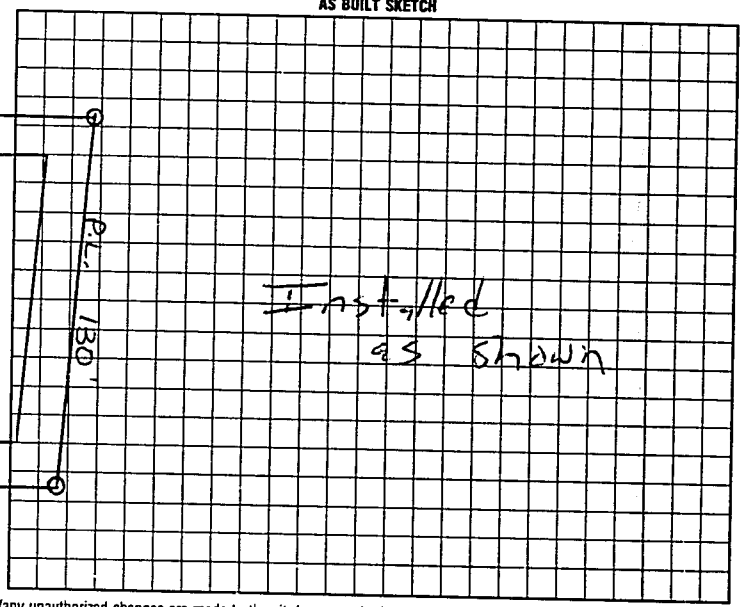
Comments: ① USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO DISTRIBUTION BOXES FEEDING THREE LINES EACH ② INSTALL SIXTY CHAMBERS IN SIX EQUAL LENGTH LINES ON CONTOUR

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed:

Improvement Permit by: STEVE HEDRICK date 5-20-97

AUTH. TO CONST. by: STEVE HEDRICK date 5-20-97

Installed by: A-1

~~Certificate of Completion by:~~ date

Operation Permit by date 2-20-98

HEALTH DEPT COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

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