# IREDELL COUNTY HEALTH DEPARTMENT

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

51168

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

PROPERTY DESCRIPTION NO. 18316 DATE 4-25-94 TAX MAP NO. 11 m-1-A-19 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Tom White Acorn Development Corp PHONE: Business 872-0002 Home

ADDRESS PO Box 5671 Statesville

LOCATION 21N TR Dunlap Gate TR Farmview Ln 3rd lot on rt.

SUBDIVISION Farmview BLOCK / SECTION 1 LOT 19 LOT AREA 100'X205 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 794 Date 9-12-94

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv Gravity

Repair System Description: Pump to conv. lines

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

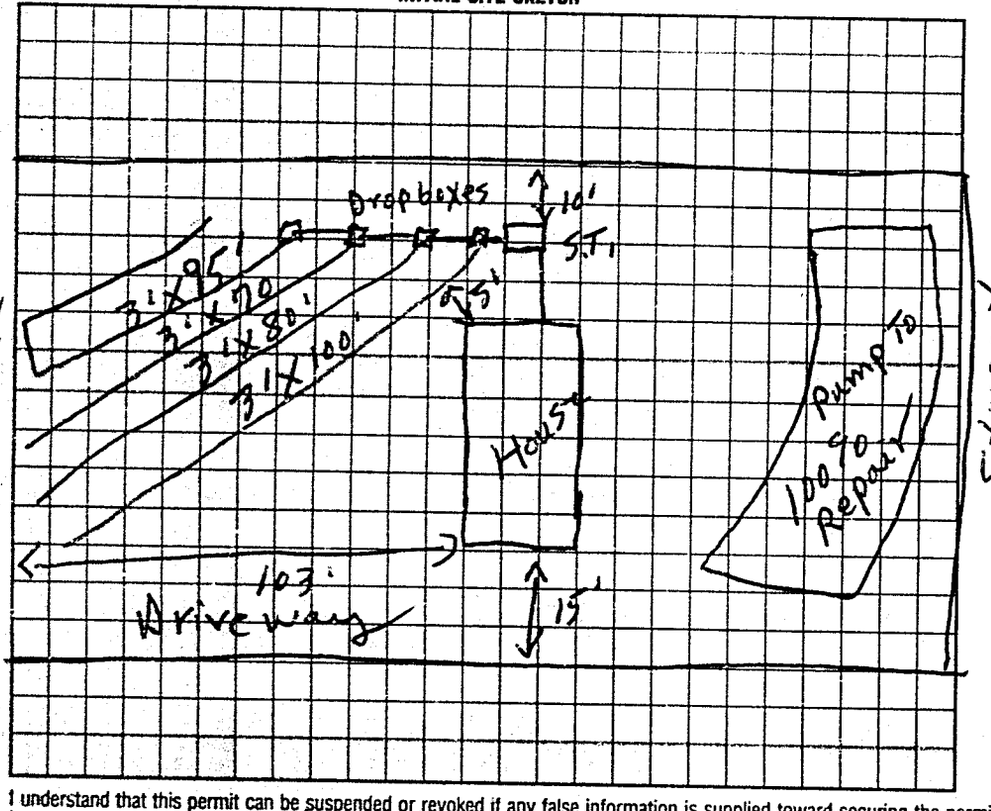
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

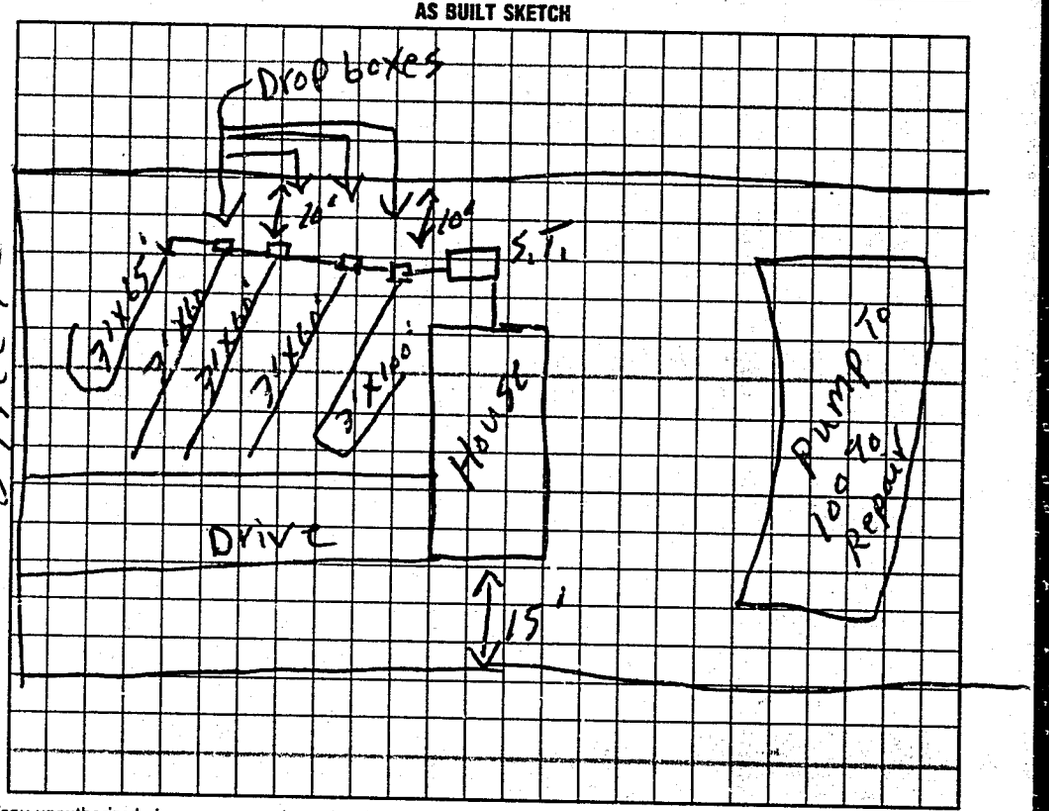
Comments:

Comments: Water line must be at least 10' from end of drain lines or any part of drain lines

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.

Signed: x Tom Mull

Improvement Permit by: L. C. Moore date 4-25-94

Existing System Inspection by: date

Installed by: James Hutler

Certificate of Completion by: L. C. Moore date 11-8-94

Operation Permit by: date

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