63097

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 24652 063097 DATE 9-10-96 TAX MAP NO. 11m-1-A-3 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Acorn Development PHONE: Business Home 872 0072

ADDRESS PO Box 5671 Statesville, N.C.

LOCATION 21 N TR Dunlap Gate TR Fairview Un 3rd lot left

SUBDIVISION Fairview BLOCK / SECTION LOT 3 LOT AREA 100 X 190' SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. .26

Septic Tank: 1000 Gallons: STB 1012 Date 5-17-99
Pump Tank Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1395 Linear Feet 465
No Lines 5 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 Pulse
Maintenance Agreement Required: ☐ Yes ☐ No

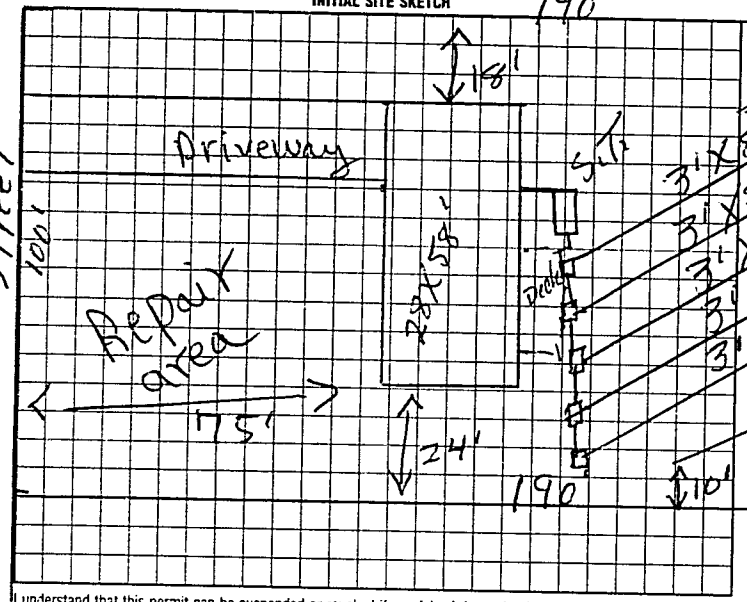
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☐ Public

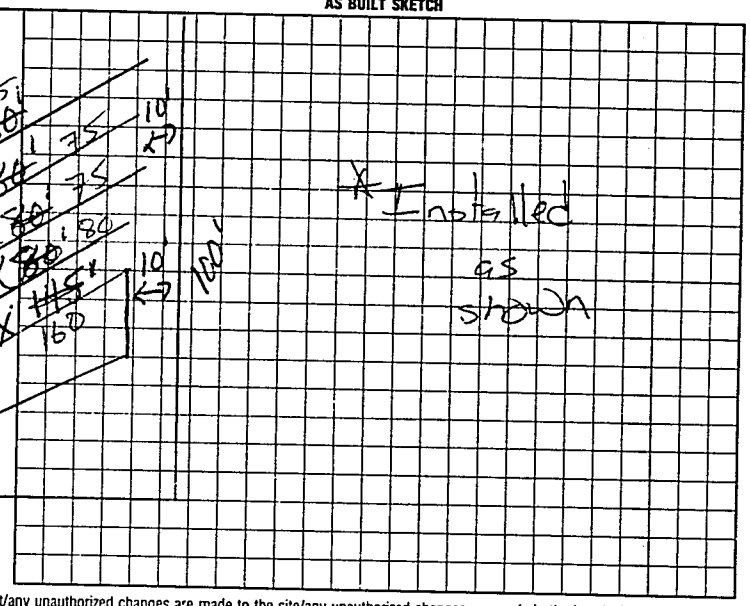
Comments:

Comments: * Deck Added prior to system installation -

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.

Signed: Thomas J. White

Improvement Permit by: R.C. Moore date 9-10-96

Authorization to cover Existing System Inspection by: R.C. Moore date 9-10-96

Installed by: A-1

Certificate of Completion by: date

Operation Permit by: Mat C. O'Tis date 7-28-97

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

Authorization to cover Expires 60 days from issue