IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083473 PIN# 4773882657 (pt) DATE April 8, 2000

OWNER OR CONTRACTOR Acorn Development PHONE: Business _____ Home _____

ADDRESS P.O. Box 871 Statesville, N.C. 28687

LOCATION 70 East TR Knox Farm Rd. TR Clove Lane on Right ~ pt w/ Thyme Lane

SUBDIVISION Crestfield BLOCK / SECTION 3 LOT 29 LOT AREA .48 SITE CLASS AS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 06/17/02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 @ 75' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity Innovative - 25% Reduction
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth N/A

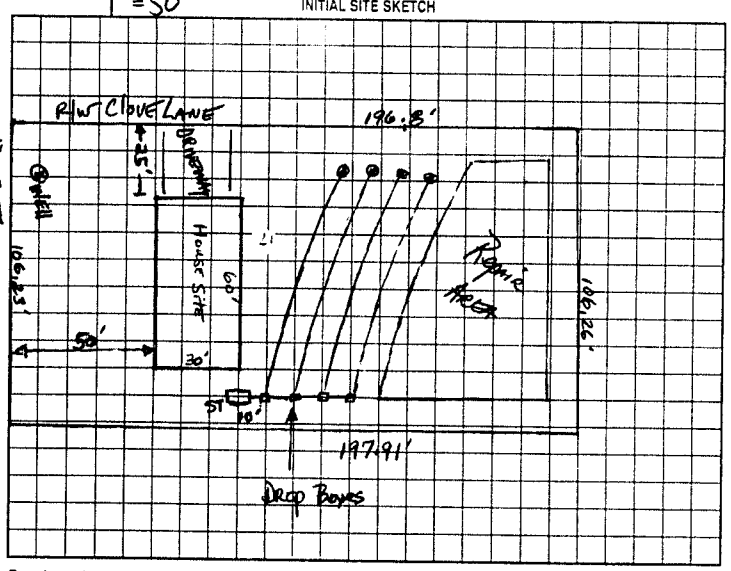
☑ House/Mod Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

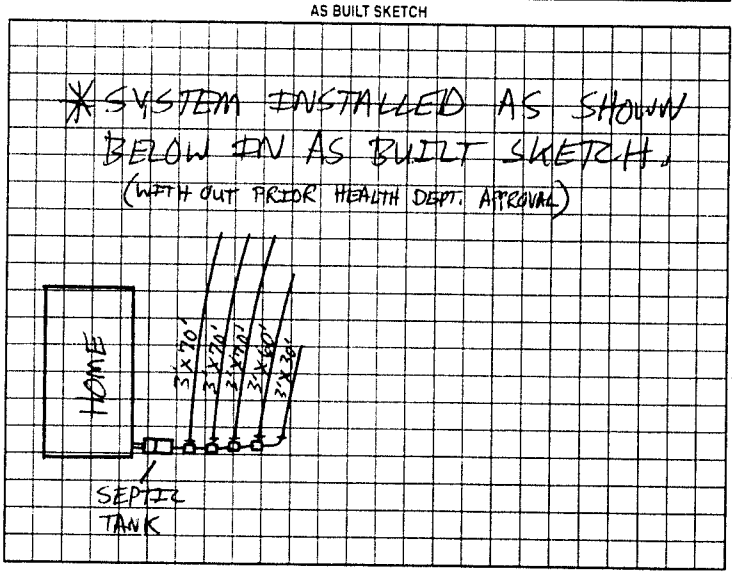
Comments./Conditions: ① one inspection port per lateral - set flush w/ finished grade

Comments./Conditions
*SEPTIC TANK INSTALLED USING MARKER & TUFF-TIGHT FILTER

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: Michael White date 4/14/00
Improvement Permit by: Michael Inman date 4-8-00
Authorization to Construct by: Patricia Mitchell date 12/23/02

Installed by: A-1 BACKHOE
Operation Permit by: Patricia Mitchell date 12/30/02
Existing System Inspection by: _____ date _____

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