# IREDELL COUNTY HEALTH DEPARTMENT

*THIS PERMIT VOIDS PREVIOUSLY ISSUED PERMIT 04/13/00

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

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

PERMIT# 083466 PIN# 4773-88-2657

OWNER OR CONTRACTOR ACORN DEVELOPMENT/STATESVILLE HOUSING PHONE Business 704-924-4976/ Home 704-924-9393 DATE 09/23/02

ADDRESS P.O. BOX 5671 STATESVILLE, NC 28687

LOCATION HWY 70 EAST, (R) KNOX FARM RD., (R) CLOVE LANE, (R) THYME LANE 3rd LOT ON LEFT

SUBDIVISION CREST FIELD BLOCK / SECTION 3 LOT 31 LOT AREA 0.48 ACRES SITE CLASS PS DESIGN FLOW 480 GPD L T A R. 0.30

Septic Tank: 1,000 Gallons STB 1012 Date 06/16/02
Pump Tank: ____ Gallons PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet EQ to 1,600 Linear Feet 400
No Lines 5x80' Trench Width 36" Max Trench Bottom Depth 36"

X New System Repair System Type I II III IV V VI
System Description 25% REDUCTION, GRAVITY
Repair System Description SAME
Maintenance Agreement Required: Yes X No
Gravel Depth N/A Slab X Crawl Space Basement w/plumbing Basement wo/plumbing

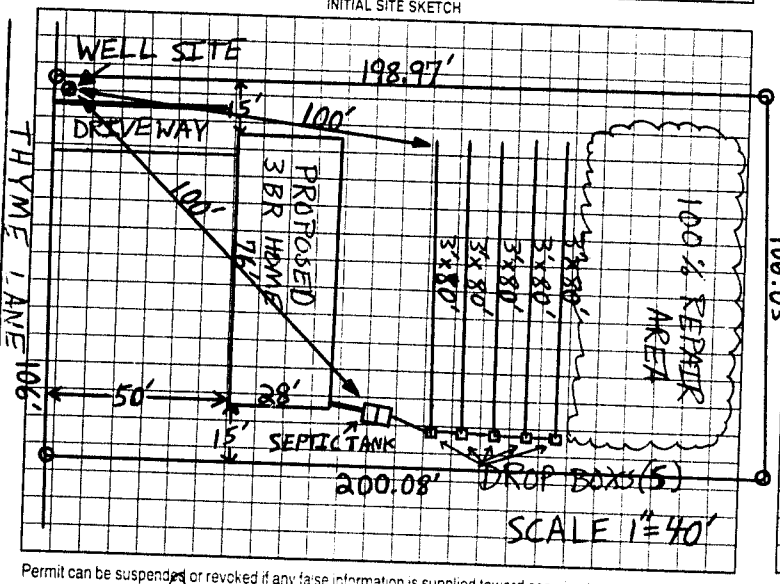
X House/Mod Home No Bedrooms 4
Mobile Home No Bathrooms 2
Business No Employees
Other

Water Supply: X Individual ☐ Public ☐ Community WELL

Comments/Conditions: ①SEPTIC SYSTEM MUST BE 100 FEET FROM THE WELL (15A NCAC 18A.1956(6)(3)).

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

INITIAL SITE SKETCH




AS BUILT SKETCH

*SYSTEM INSTALLED AS SHOWN IN INITIAL SITE 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: Dennis Gallie date 10-7-02 Installed by A-1 BACK HOE

Improvement Permit by: Patrick Mitchell date 09/23/02 Operation Permit by Patrick Mitchell date 12/30/02

Authorization to Construct by: Patrick Mitchell date 09/23/02 Existing System Inspection by ____ date ____

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