IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083462 PIN# 4773982657 (pt.) DATE April 28, 00

OWNER OR CONTRACTOR Acorn Development PHONE: Business 924-4916 Home

ADDRESS P.O. Box 5671 Statesville

LOCATION 7a East TR Knox Farm Rd. TR Clove Lane on left NEAR end

SUBDIVISION Creekfall BLOCK / SECTION 3 LOT 26 LOT AREA .482ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1,000 Gallons: STB 797 Date 3-10-01

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

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

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

System Description: Gravity Innovative 25% Red.

Repair System Description: Grav/LP Panel Block/Innovative

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth NA ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

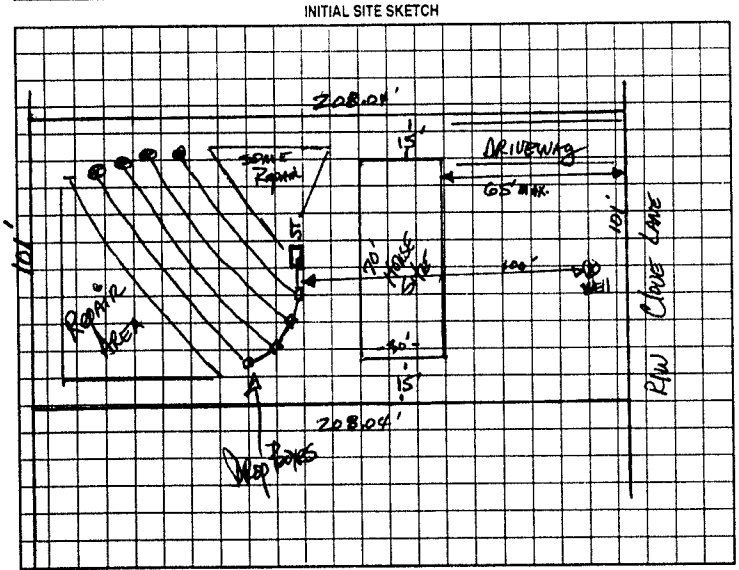
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

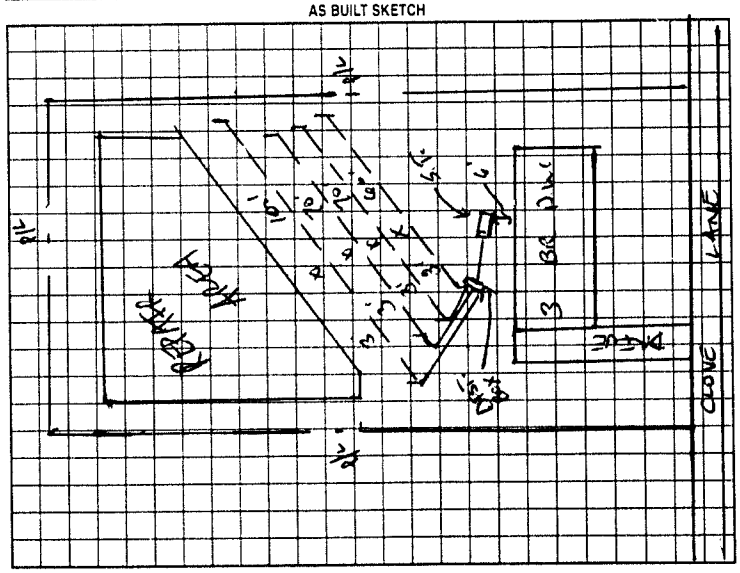
Comments/Conditions: ② ONE INSPECTION PORT PER LATERAL; SET FLUSH W/ FINISHED GRADE.

Comments/Conditions: ① PUMP SEPTIC TANK EVERY 3-5 YRS.

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 5/15/00

Improvement Permit by: [signature] date 4-28-00

Authorization to Construct by: [signature] date 3/14/01

Installed by: Bob's Backhoe

Operation Permit by: [signature] date 4/24/01

Existing System Inspection by: date

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