IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83471 PIN# 4773882657 PT DATE 4/13/00

OWNER OR CONTRACTOR ACORN DEVELOPMENT PHONE: Business 924-4916 Home

ADDRESS PO BOX 5671 STATESVILLE NC 28687

LOCATION HWY 70E - TR KNOX FARM - TR SAGE LN - TL THYME LN - CORNER OF CLOVER LN - 6TH ON LT

SUBDIVISION CRESTFIELD BLOCK / SECTION II LOT 22 LOT AREA .49AC SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .3GPD/FT²

Septic Tank: 1000 Gallons: STB 312 Date 5-6-01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: SAME GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

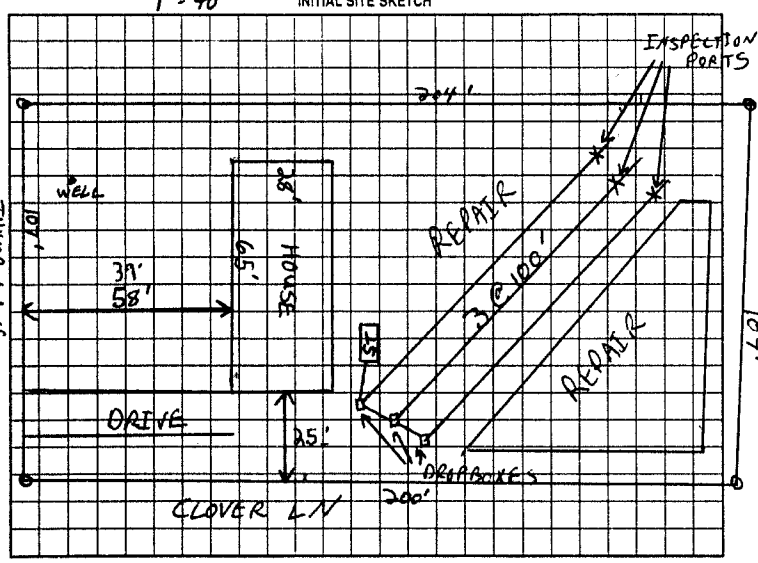
Water Supply: ☑ Individual ☐ Public ☐ Community

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

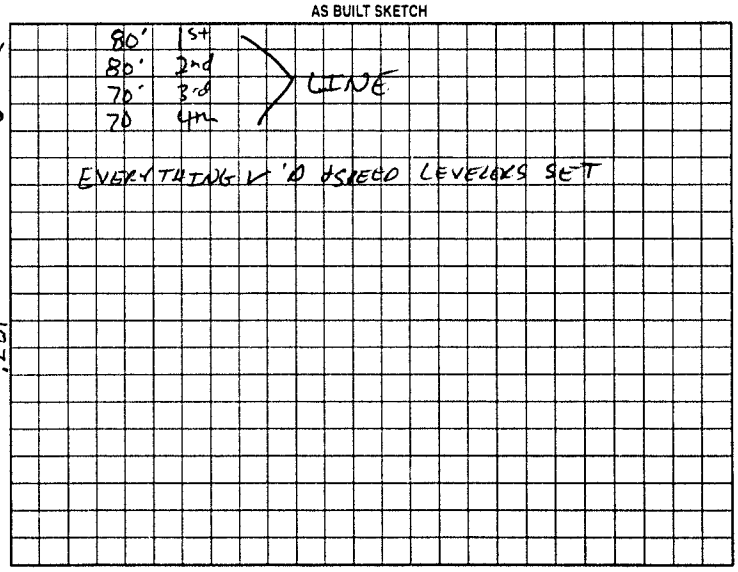
Comments:/Conditions:

Comments /Conditions CHECKED FIRST TWO LINES & ARE OK. NEEDS TO ADD 20' TO SECOND LINE. INSTALL 2 MORE LINES TO EQUAL 300' TOTAL FEET. NEED TO SET SPEED LEVELERS. LC 7-17-01

1"=40' 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 Installed by: BOB'S BACKHOE

Improvement Permit by: C. Bly Tom RS date 4/13/00 Operation Permit by: Tom Cook RS date 7-30-01

Authorization to Construct by: STEVE HEDRICK date 7-2-01 Existing System Inspection by: ____ date ____

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