IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91375 PIN# 4787 85 4073 DATE 9-14-00

OWNER OR CONTRACTOR Acorn Development Inc. PHONE: Business 878 00 72 Home

ADDRESS PO Box 5671

LOCATION 64E TL Coolsp Rd TR Gardenvalley TL Dogger Heart TR Barrier ct.

SUBDIVISION Coolspring BLOCK / SECTION LOT 16 LOT AREA 3.88 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 1012 Date 6-24-00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I. II ☐ IV. V. VI
System Description: Gravity 25% Reduction
Repair System Description Pump To 50% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

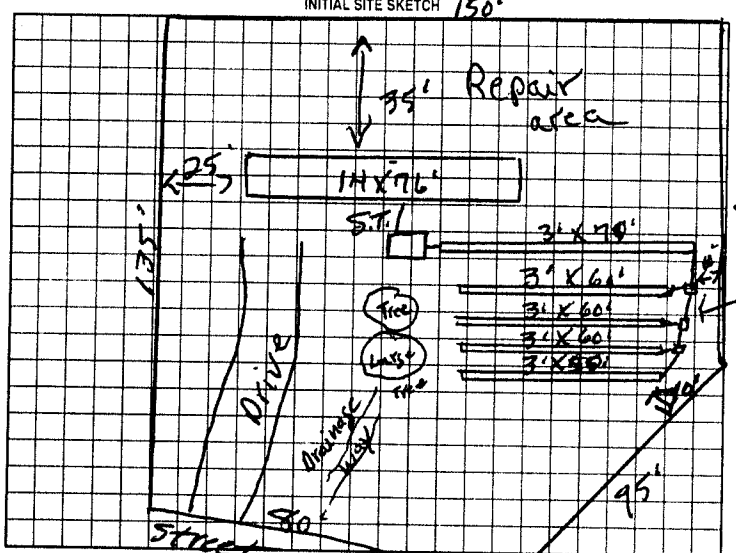
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED USING THIRTY (30") HDS SECTIONS ACCORDING TO 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: Tom White date

Improvement Permit by: P. C. Moore date 9-14-00

Authorization to Construct by: P. C. Moore date 9-14-00

Installed by: TOMMY FRYE

Operation Permit by: STEVE HERRICK date 11-15-00

Existing System Inspection by: date

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