IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107919 PIN# 4787-85-4073.2 DATE 08-12-02

OWNER OR CONTRACTOR ACORN DEVELOPMENT PHONE Business 704-924-4916 Home 704-924-4916

ADDRESS PO BOX 5671 STATESVILLE, NC 28687

LOCATION 64E, ① COOL SPRINGS ROAD, ② LOGGERHEAD ③ COOLS SPRINGS MHP, LOT #2 ON RD & E LOGGERHEAD

SUBDIVISION COOL SPRINGS MHP BLOCK / SECTION ____ LOT 2 LOT AREA ____ SITE CLASS. ____ DESIGN FLOW 360 L.T.A.R. .5

EXISTING

Septic Tank: 1000 Gallons: STB ✓ Date ✓

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240'

No Lines 3x80' Trench Width 36" Max Trench Bottom Depth ____ Gravel Depth 12"

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

System Description: CONV GRAV

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes X No

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

☐ House/Mod. Home No. Bedrooms 3

X Mobile Home No. Bathrooms 2

☐ Business No Employees ____

☐ Other ____

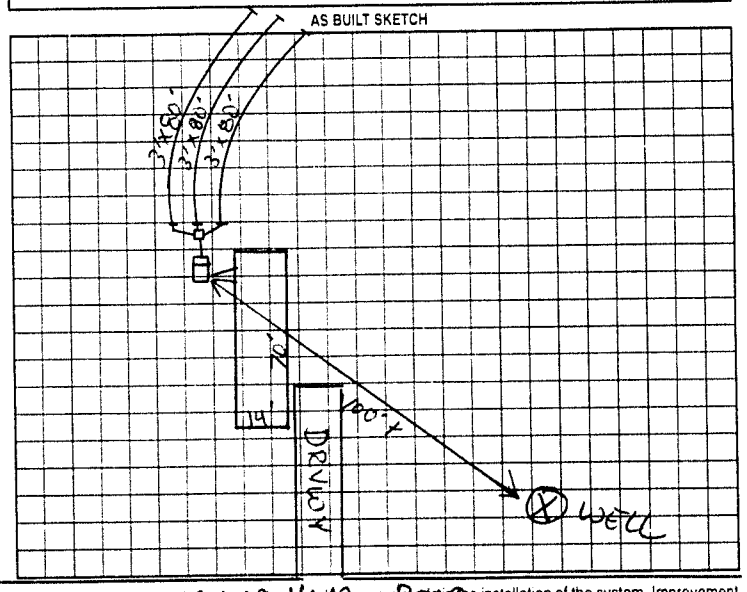
Water Supply:
☐ Individual
☐ Public
X Community
SHARED

Comments/Conditions:

Comments/Conditions ① NEW HOME NOT IN PLACE AT TIME OF CHECK ② MAINTAIN PROPER SETBACKS ③ NO SIGNS OF FAILURE AT TIME OF CHECK.

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 approved plan, or 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: ____ date 8/27/02 Installed by: KENNETH CHAFFIN

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: ____ date 08-12-02

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