IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103752 PIN# 4787-85-4073 DATE 01-14-02

OWNER OR CONTRACTOR ACORN DEVLPT PHONE: Business 704-924-4916 Home

ADDRESS 109 BARRIER CR ?

LOCATION OLD MOCKSVILLE, (B) COOL SPRINGS RD, (C) LOG CABIN HEAD (C) BARRIER LN

SUBDIVISION COOL SPRINGS MHP BLOCK / SECTION LOT 4 LOT AREA SITE CLASS DESIGN FLOW 360 L.T.A.R.

Septic Tank: EXISTING Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description: CONV GRAV

Repair System Description:

Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home No. Bedrooms 3

X Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

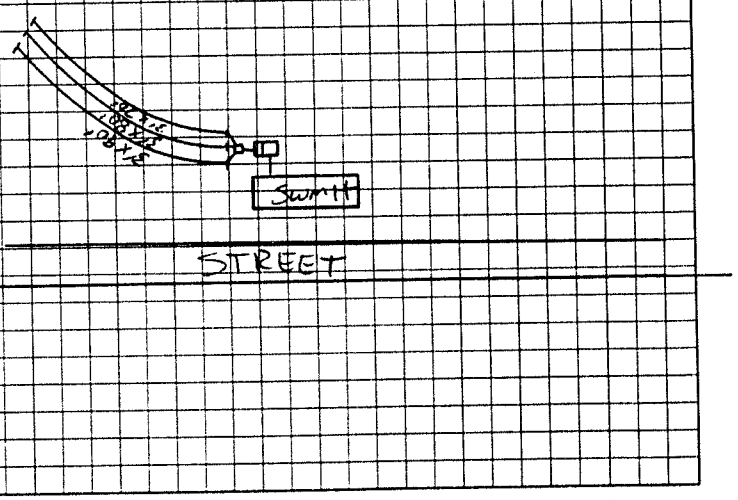
Water Supply: X Individual ☐ Public X Community WELL

Comments/Conditions: (1) MAINTAIN SETBACKS (2) NO SIGNS OF FAILURE AT TIME OF CHECK

Comments/Conditions:

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: [signature] date

Improvement Permit by: date

Authorization to Construct by: date

Installed by:

Operation Permit by date

Existing System Inspection by [signature] date 01-14-02

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