IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83265 PIN# 4773882657 DATE 1/24/01

OWNER OR CONTRACTOR ACORN DEVELOPMENT PHONE: Business _____ Home _____

ADDRESS PO Box 3671 STATESVILLE NC

LOCATION JOE - TR KNOX FARM. TR CLOVE. ON RT

SUBDIVISION CRESTFIELD BLOCK / SECTION _____ LOT 23 LOT AREA .53AC SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .50 PER FT²

Septic Tank: 1000 Gallons. STB 825 Date 12-17-00
Pump Tank: _____ Gallons. PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 200
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth _____

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

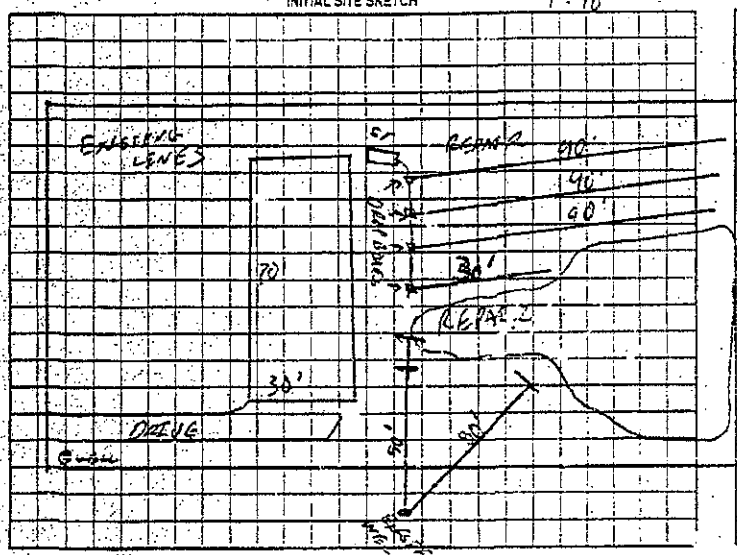
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

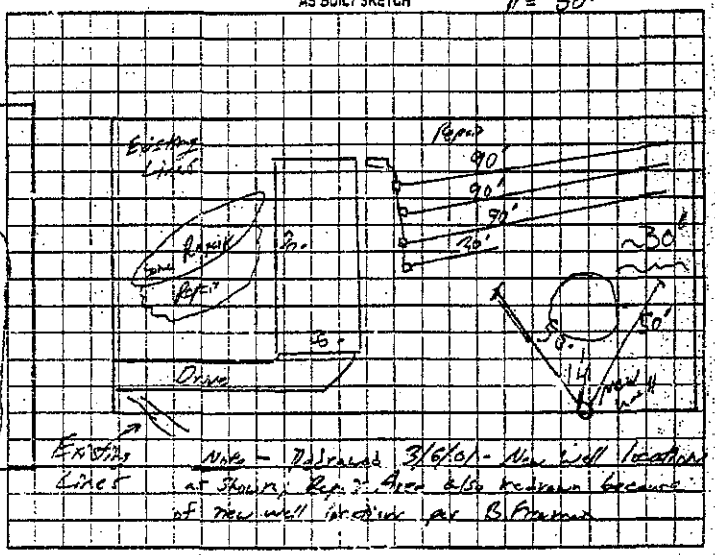
Comments/Conditions:

Comments/Conditions: INSTALLED WITH MARLEY SPOLYLOK EXCEPT. INSTALLED AS SHOWN

INITIAL SITE SKETCH 1" = 40'



AS BUILT SKETCH 1" = 50'



Note - 3/6/01 - New well location as shown. Rep. 2 feet E/W because of new well location per B Franklin

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: _____ date _____ Installed by: RUNAWAY SEPTIC

Improvement Permit by: C. [illegible] ES date 1/24/01 Operation Permit by: _____ date 02-28-01

Authorization to Construct by: C. [illegible] ES date 1/24/01 Existing System Inspection by: _____ date _____

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

The proposed Swimming pool addition does not appear to impact the existing septic system.

**NOTE: _____

_____ R.S.

Date: 6-1-10

ICHD-Environmental Health Division

JAN. 13, 1989 22:18