Larry Davis 95102

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 250.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# -2- Trautman PIN# 3-H-C-3 DATE 8-3-2001

OWNER OR CONTRACTOR Mike Quickel PHONE: Business (704) 795-0595 Home- M. 783-6403

ADDRESS P.O. Box 1218 Concord, NC 28026

LOCATION Perth Rd, TL Spicewood on Rt.

SUBDIVISION Spicewood BLOCK / SECTION ____ LOT 22 LOT AREA .812 Acre SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 1-23-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 5 at 60' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: Pump - Innovative
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth 1/4 [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

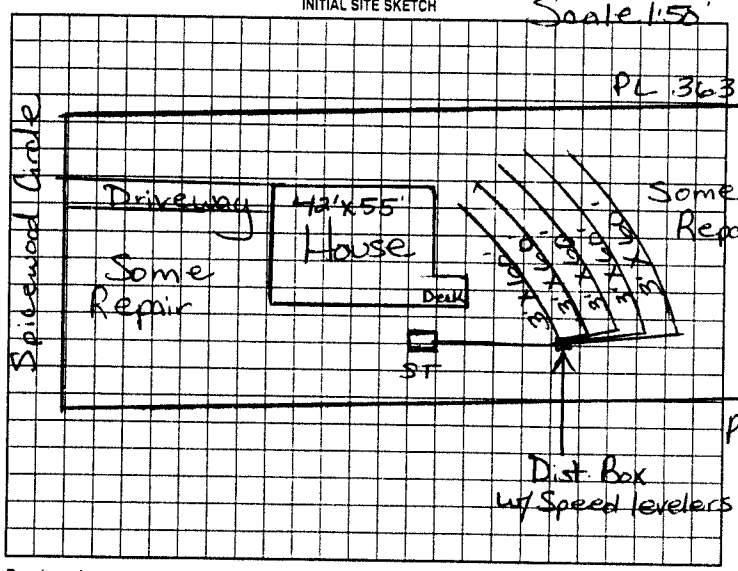
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

Water Supply: [ ] Individual [X] Public [X] Community Trautman

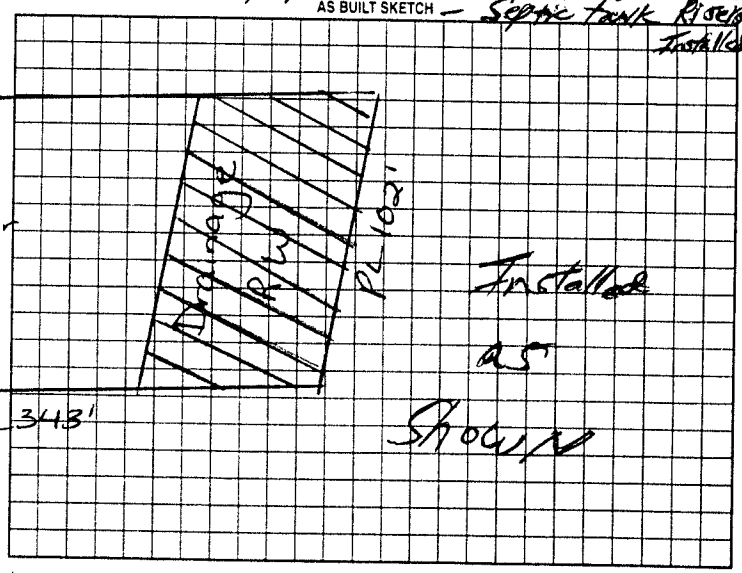
Comments/Conditions: Keep Septic System at least 10' From PL & 5' From Foundation of House.

Comments/Conditions: Note: Okay to use "Drop boxes" instead of Dist. Box
- Infiltrator - 54" Chambers Installed W/ Fixe
- Poly Lok Filter Fabric Used

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH - Septic Tank Risers Installed



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 8/6/01 Installed by: Richard Abernathy

Improvement Permit by: Marian H. Dotson RS date 8/3/01 Operation Permit by: William O. Johnson date 8/30/01

Authorization to Construct by: Marian H. Dotson RS date 8/3/01 Existing System Inspection by: ____ date ____

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