IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# -2- ~~Troutman~~ 92299 PIN# 3H-C-3 DATE 9/6/00

OWNER OR CONTRACTOR LARRY DAVES / MIKE QUICKELL PHONE: Business _____ Home _____

ADDRESS 450 OAK TREE RD. MOORESVILLE NC 28117

LOCATION PERTH RD - TL SPLEENWOOD - ON LT

SUBDIVISION SPLEENWOOD BLOCK / SECTION _____ LOT 18 LOT AREA .5AC SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .3gal/ft²

Septic Tank: 1000 Gallons; STB 10/2 Date 11-23-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines ~~4~~ 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ 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

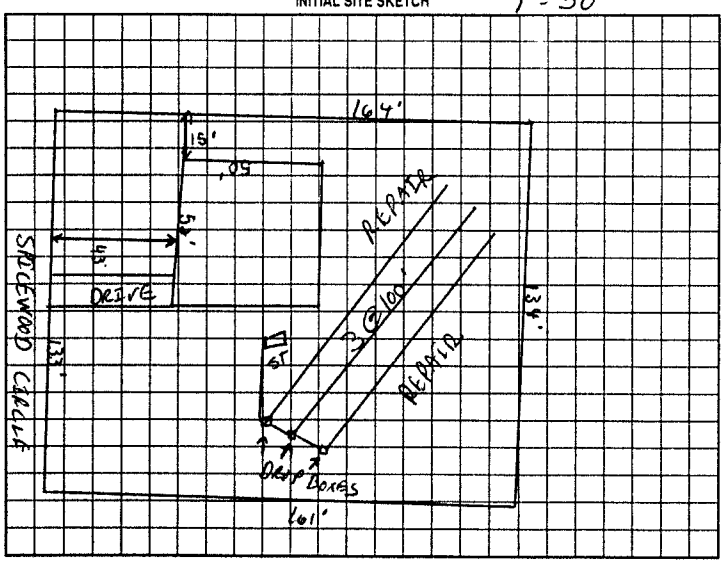
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

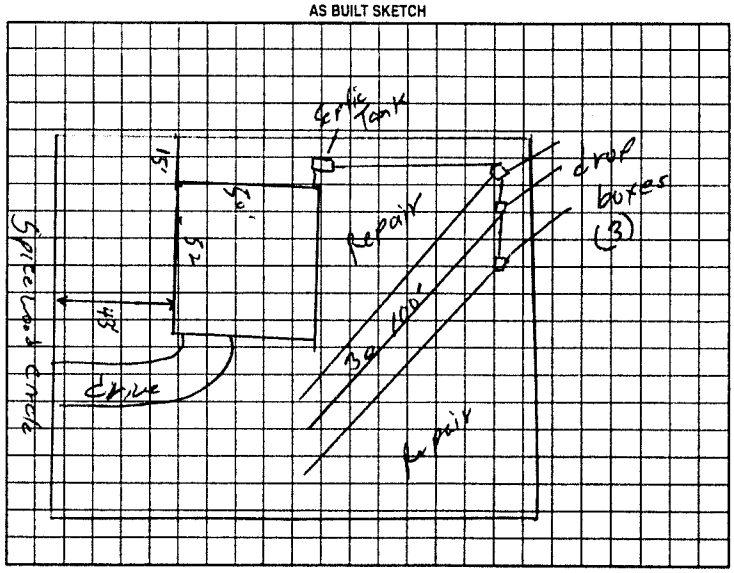
Comments:/Conditions: * REVISED *

Comments:/Conditions: - Poly lok filter installed
- Tank Risers Installed
- 300ft Infiltrator Chambers installed

INITIAL SITE SKETCH 1" = 50'



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: _____ date 10/4/00 Installed by: Richard Abernathy

Improvement Permit by: C. [illegible] RS date 9/11/00 Operation Permit by: William O. Lehman RSI date 2/6/01

Authorization to Construct by: C. [illegible] RS date 9/21/00 Existing System Inspection by: _____ date _____

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