IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 10/25/99

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

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

PERMIT# TRADITION PIN# 4730-78-5157 DATE 8-21-02

OWNER OR CONTRACTOR MIKE QUICKEL PHONE: Business 704-795-0595 Home 704-783-6403

ADDRESS P.O. BOX 1218, CONCORD NC 28026

LOCATION US 21 S TR PERTH RD, TL SPICEWOOD CIRCLE TO CURVE, 3RD LOT ON RIGHT

SUBDIVISION SPICEWOOD BLOCK / SECTION ____ LOT 28 LOT AREA 0.618 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 09/28/02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet EQ. TO 1200 Linear Feet 200
No Lines FOUR Trench Width 24" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 6"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 50% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION LOW-PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No ☐ Other ____

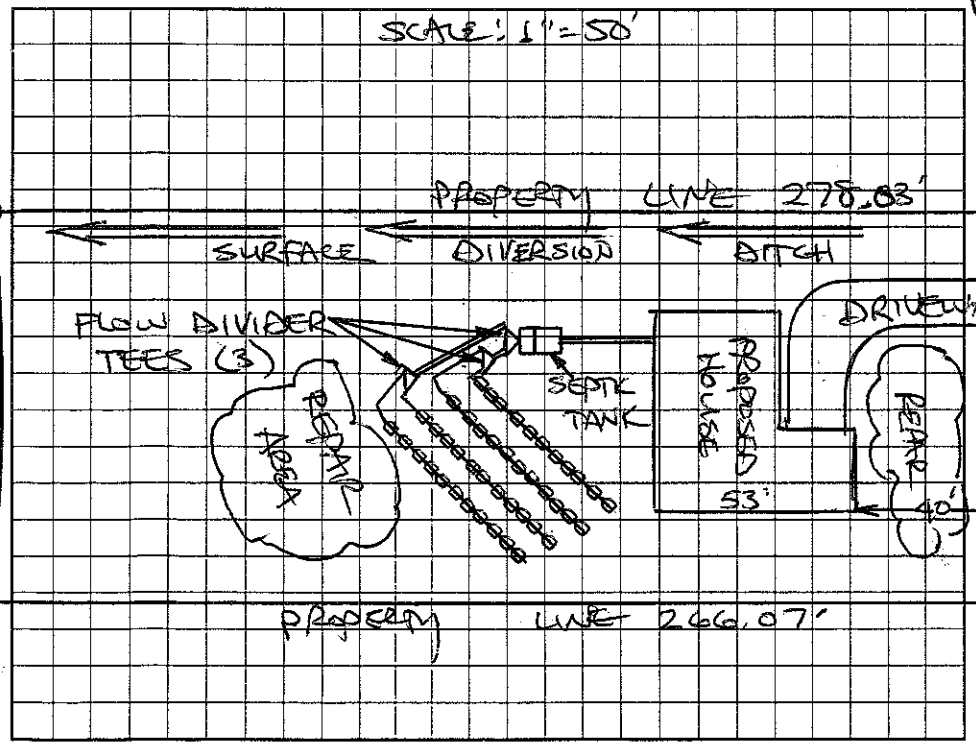
☑ House/Mod. Home ☐ Mobile Home ☐ Business
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

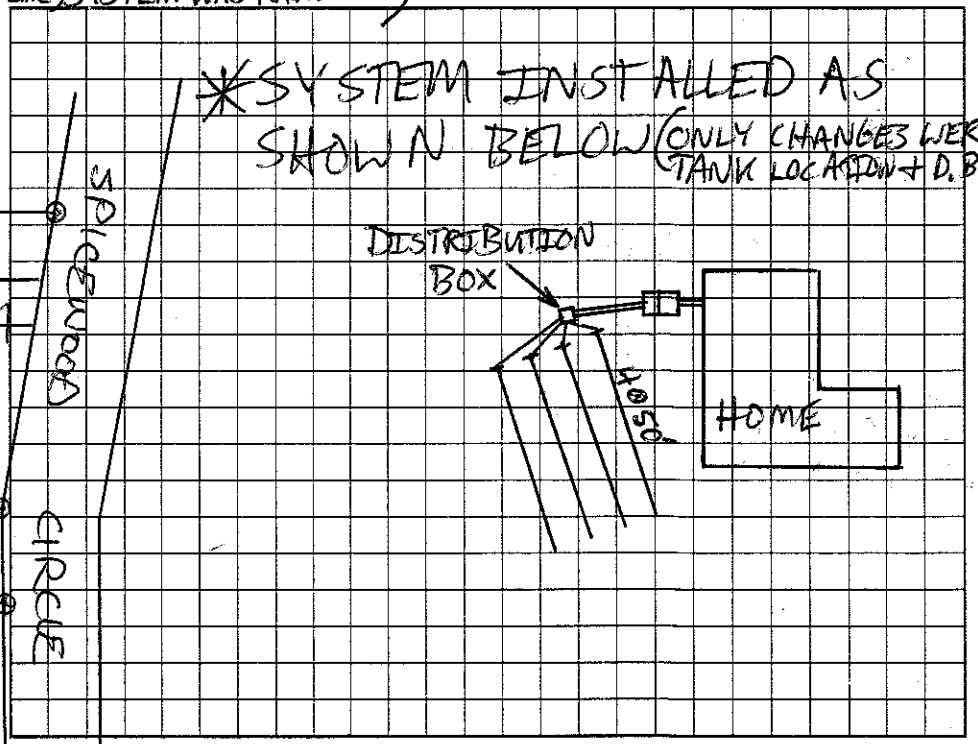
Comments/Conditions: ① CREATE SURFACE DIVERSION DITCH AT LOCATION SHOWN ② INSTALL 50% REDUCTION SYSTEM USING 44 PANELS ③ USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION

Comments/Conditions: - SEPTIC TANK INSTALLED USING POLY-LOC FILTER & TANK MARKER.
* 1ST LINE WAS DUG USING 3' TRENCH WIDTH & 60' LENGTH INCORRECTLY, & LEFT OPEN FOR A PERIOD OF 44 DAYS. (1ST LINE) SYSTEM WAS RAINED IN

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: ____ date 8-21-02 Installed by: RICHARD ABERNATHY

Improvement Permit by: STEVE HEDRICK date 8-21-02 Operation Permit by: Patsy Mitchell date 01/16/03

Authorization to Construct by: STEVE HEDRICK date 8-21-02 Existing System Inspection by: ____ date ____

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