IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 10-25-1999

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

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

PERMIT# ~~ROADMAN~~ PIN# 4730-78-5316 DATE 1-20-04

OWNER OR CONTRACTOR MICHAEL M. QUICKEL PHONE: Business 704-795-0595 Home

ADDRESS 312 UNION STREET SOUTH, P.O. BOX 1218, CONCORD, NC 28026

LOCATION 45215, TR PERTH ROAD, TL SPICEWOOD CIRCLE, LOT ON RIGHT INSIDE 1ST CURVE

SUBDIVISION SPICEWOOD BLOCK / SECTION LOT 30 LOT AREA 0.644 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 312 Date 6-2-04

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet ~~GRID~~ 1200 Linear Feet 200

No Lines FIVE Trench Width 36" 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

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

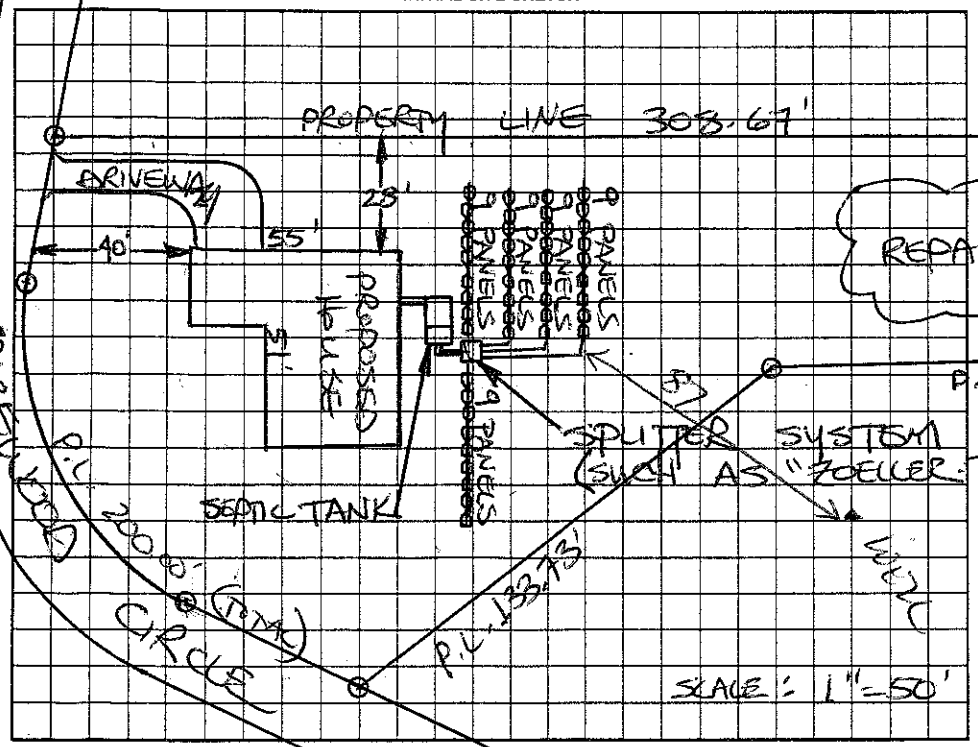
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

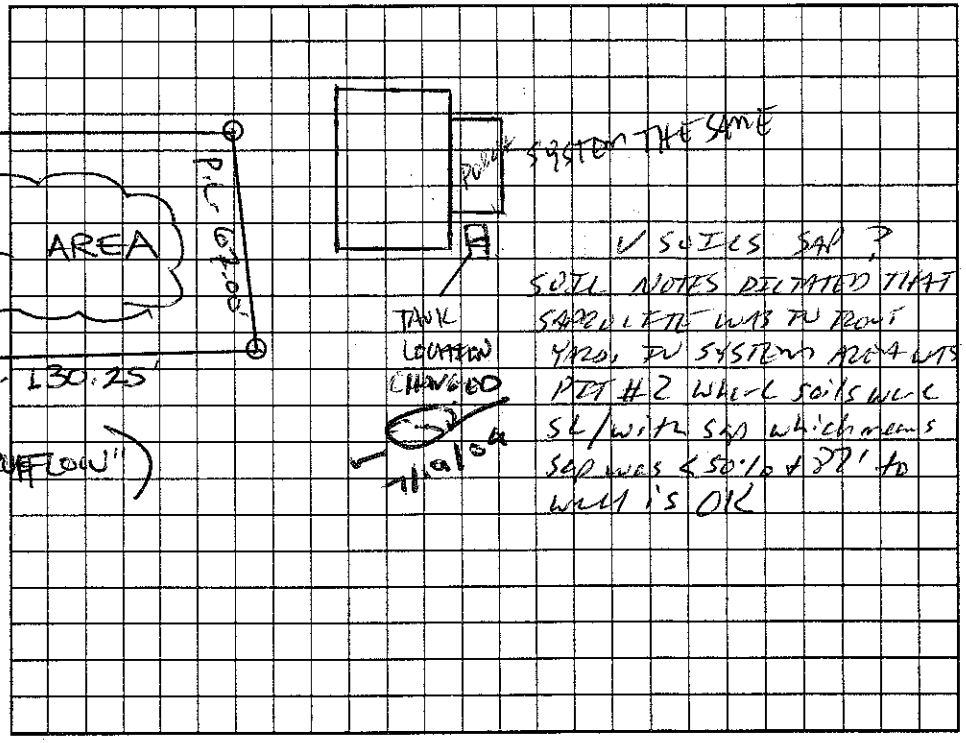
Comments:/Conditions: ① INSTALL 50% REDUCTION SYSTEM IN FIVE EQUAL LENGTH LINES ON CONTOUR AS SHOWN ② USE ONE SPLITTER SYSTEM (SUCH AS "ZOELLER TRUEFLOW") TO ACHIEVE EQUAL DISTRIBUTION

Comments:/Conditions: ZABEL FILTER MARKER INSTALLER SHOWED ME P/L. SYSTEM IS 10' + OFF HIS APPOINTED PLACES & MARKED BY RIBBONS

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 2-4-04 Installed by: ABOR NATKM

Improvement Permit by: STEVE HEDRICK date 1-20-04 Operation Permit by: date 7-14-04

Authorization to Construct by: STEVE HEDRICK date 1-20-04 Existing System Inspection by: date

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