IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 162899 PIN # 3797-82-4184 DATE 2 September 10

OWNER or APPLICANT Andrew Sherrill / Lockland Corp. PHONE: Business (704) 902-9083 Home: (704) 876-1580

OWNER or APPLICANT ADDRESS 2508 South Chipley Ford Rd. Statesville

LOCATION / DIRECTIONS 5063 Taylorsville Hwy Stumey Point, N.C.

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA 10ac. DESIGN FLOW 175 g/d L.T.A.R. _____

new Septic Tank 1000 Gallons: STB 760 Date 7-18-10

Pump Tank _____ Gallons: P.T. _____ Date _____

Pump Make _____ Model _____ Serial # _____

Exist Nitrification Field No Fields ____ No Lines ____ Linear Feet _____

Trench Width _____ Max. Trench Bottom Depth _____ Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: Exist. Conventional

Repair System Description: 2540 Reduction - Pump.

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms ____

☑ Business No. Persons ____

☐ Other No. Employees 5

☐ Slab ☐ Crawl Space

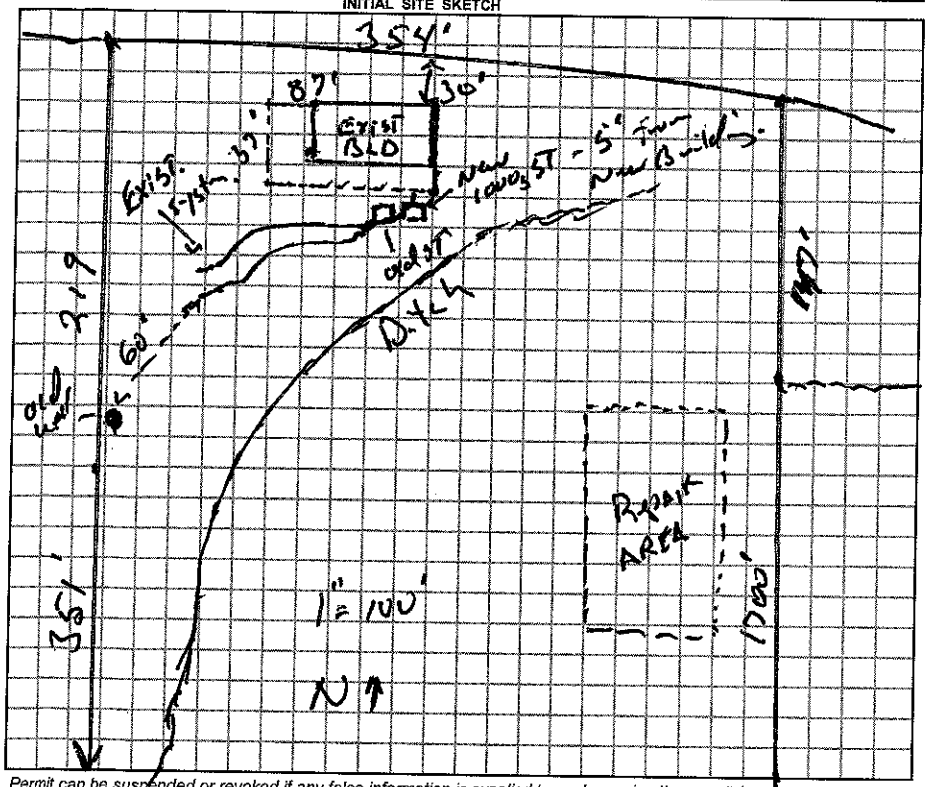
☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

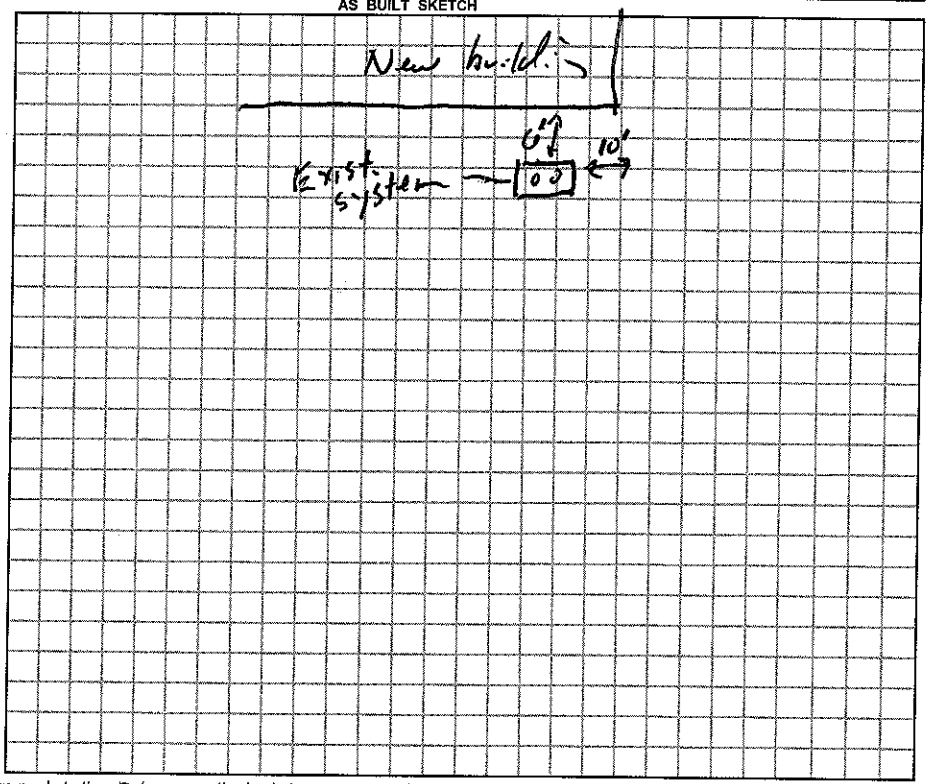
Comments / Conditions: Replace existing block septic TANK with New Precast TANK. / Keep 5' from building. Replumb into existing system.

Comments / Conditions: * Old Permit Attached. * New building with 5 offices and 5 employees.

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 w / plat valid without expiration.* ☑ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date 9-2-10

Improvement Permit by: _____ R.S Date 2 Sept. 10

Authorization to Construct by: _____ R.S. Date 2 Sept. 10

Installed by: A-1 Backhoe

Operation Permit by: _____ R.S. Date: 8 Feb. 11

Existing System Inspected by: _____ Date: _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant