IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 (ad)

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

PERMIT# 152847 PIN# 4735597869 DATE 10/10/08

OWNER OR APPLICANT William M & Malinda S Sherrill PHONE: Business 704 450 5959 Home 704 873 8499

ADDRESS 555 Fort Dobbs

LOCATION From Shipley Ford Rd, (R) onto Fort Dobbs, 3rd driveway on right

SUBDIVISION Dobbsview I BLOCK / SECTION ____ LOT ____ LOT AREA 1.756 ± SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. Ex.

Septic Tank: Ex Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields Ex Square Feet Ex Linear Feet Ex

No Lines 3 Ex. Trench Width Ex Max Trench Bottom Depth Ex Gravel Depth ____

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: Existing

Repair System Description: Existing

Maintenance Agreement Required: ☐ Yes ■ No

☐ Gravity ☐ Pressure

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☒ Other Storage w/bath

Water Supply: ☐ Individual ■ Public ☐ Community

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

Comments:/Conditions:

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INITIAL SITE SKETCH

per plumbing code, may need to install cleanouts on line to septic tank. May also install new tank for building and connect to existing system

new building
* no residency allowed - storage

24
30
45'
178'
existing house
tank (existing)
226
existing system
135
250

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: Benji Shirley date 10/10/08 Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: [signature] date 10/10/08

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