IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114492 PIN# 4736-60-4990 4892 DATE 8/7/03

OWNER OR CONTRACTOR Bradley K. Sherrill PHONE: Business (704) 902-1421 Home

ADDRESS 135 Cedar Lake Lane Statesville NC 28625

LOCATION 115 N, @ Cherry Ford Rd @ H Dobbs @ Cedar Lake Lane on Left

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.4 Acres SITE CLASS. 45 DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons: STB 1000 Date 5-5-04
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, Conv.
Repair System Description: Gravity, 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

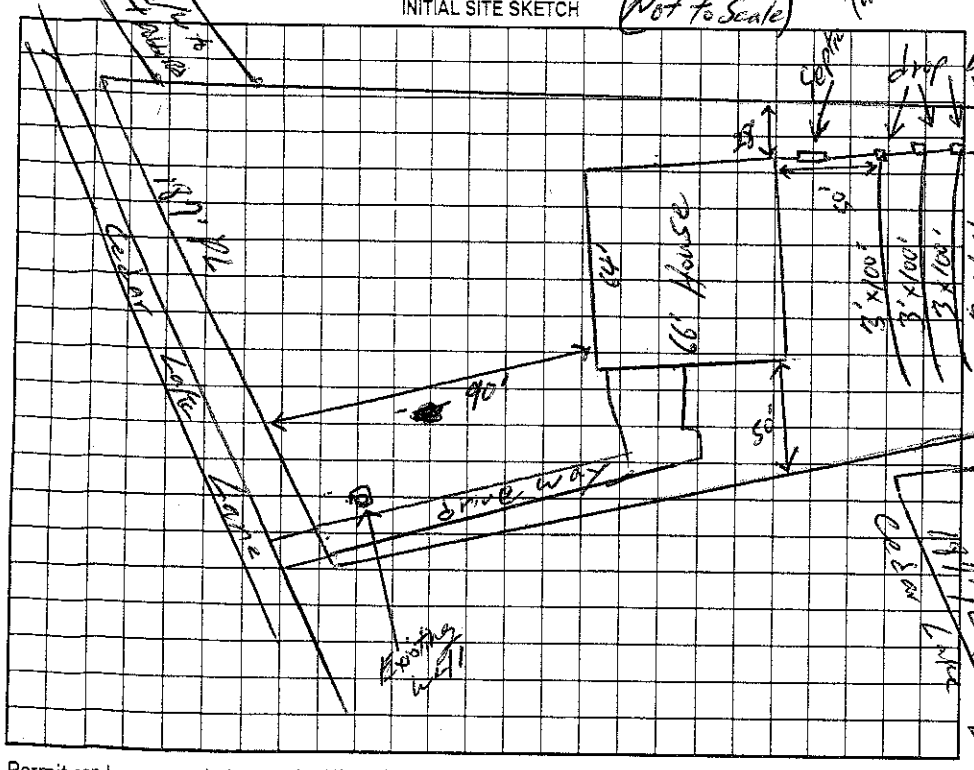
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

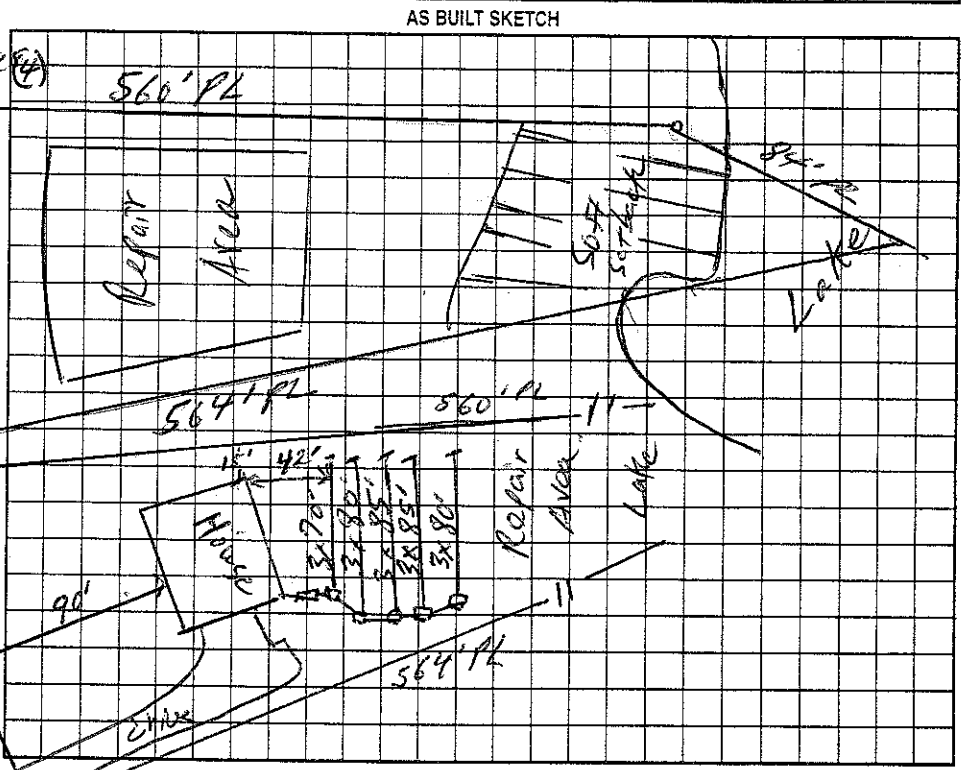
Comments/Conditions: ① maintain proper setbacks ② Install lines on contour

Comments/Conditions: Tuff-Tite Filter - Septic Tank Riser on S.T.

INITIAL SITE SKETCH (Not to Scale)



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: Bradley K. Sherrill date 8/7/03

Improvement Permit by: William O. Johnson date 8/7/03

Authorization to Construct by: William O. Johnson date 8/7/03

Installed by: James Hudler

Operation Permit by: William O. Johnson date 6/22/04

Existing System Inspection by: date

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