IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074442

OWNER OR CONTRACTOR Skyhawk Corporation / Lynn Sherrill PIN# ~~47408 16920~~ 4740-88-5080

ADDRESS 700 Brawley Rd., Cleveland PHONE: Business ______

LOCATION 21N. TR Houston Road 500-1000' on left Home ______ DATE May 19, '99

SUBDIVISION Park 42 BLOCK / SECTION ______ LOT 6A LOT AREA 2.069AC SITE CLASS. PS DESIGN FLOW 100gpd L.T.A.R. .3 @ 36"+

Septic Tank: 1000 Gallons; STB 1012 Date 1/11/99

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 160

No Lines 2@80 Trench Width 36" Trench Bottom Depth 36"-48" Gravel Depth 12"

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

System Description: Gravity conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☑ Business ☐ Other Office-ministorage Bld.

No. Bedrooms ______ No. Bathrooms 1 No. Employees 1

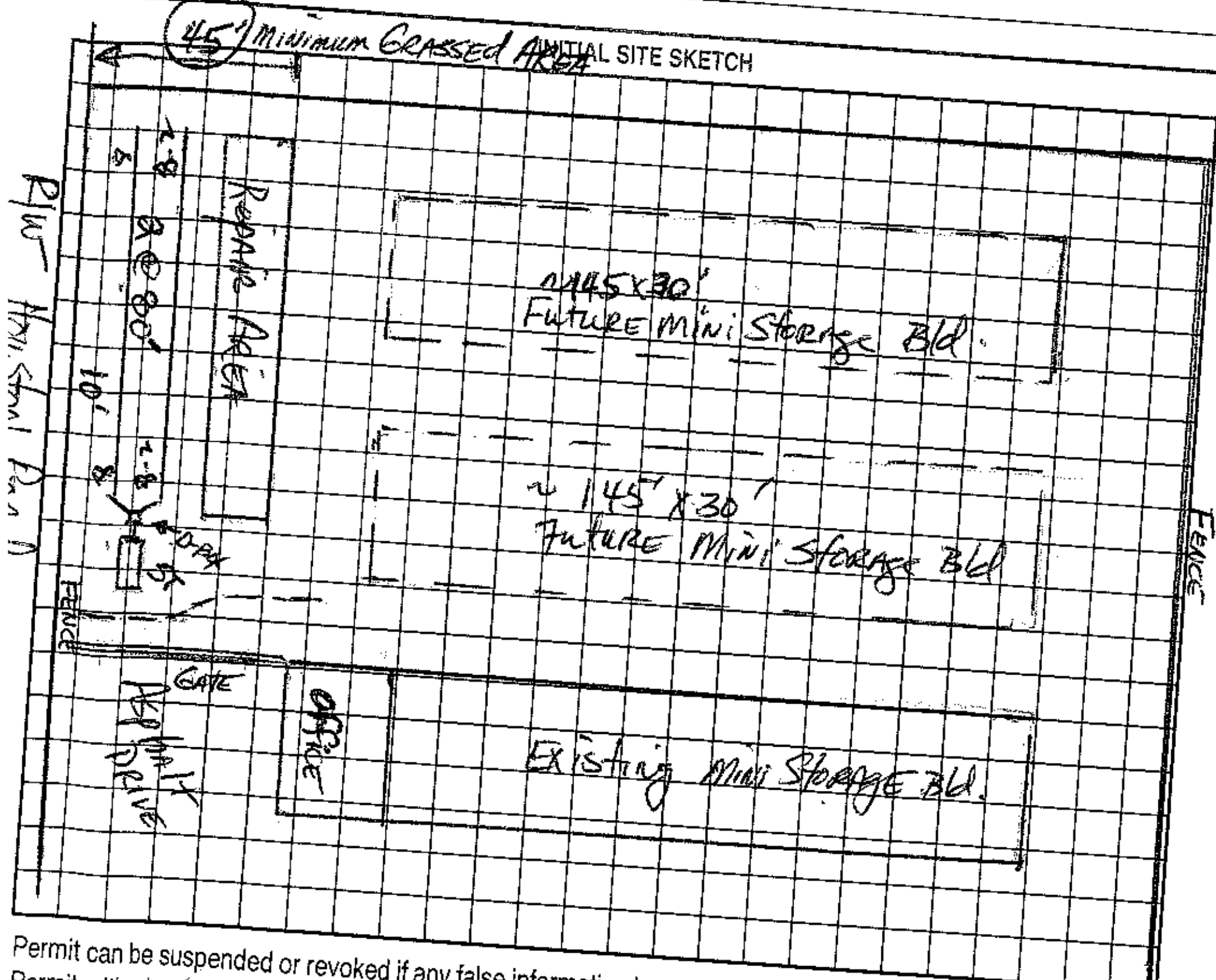
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Installer note trench bottom depth – minimum 36" trench bottom depth.

Comments:/Conditions:

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: [signature] Agent

Improvement Permit by: [signature], RS date 5-19-99

Authorization to Construct by: [signature], RS date 5-19-99

date 5-19-99

Installed by: Jim Sanford

Operation Permit by: Wesley Sparks RS. date 6/1/99

Existing System Inspection by: ______ date ______

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