4636050526

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 076428 PIN# 4636050526 DATE 9/12/98

OWNER OR CONTRACTOR Dina Hinson PHONE: Business _____ Home 664-6282

ADDRESS 1348 Brawley School Rd Mooresville NC 28115

LOCATION Brawley School Rd TR Pine Meadow 2nd lot on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT 3 LOT AREA Acreage SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model EXISTING Serial No. _____

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

No Lines EXISTING Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: EXISTING

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 2 No. Bathrooms 2 No. Employees _____

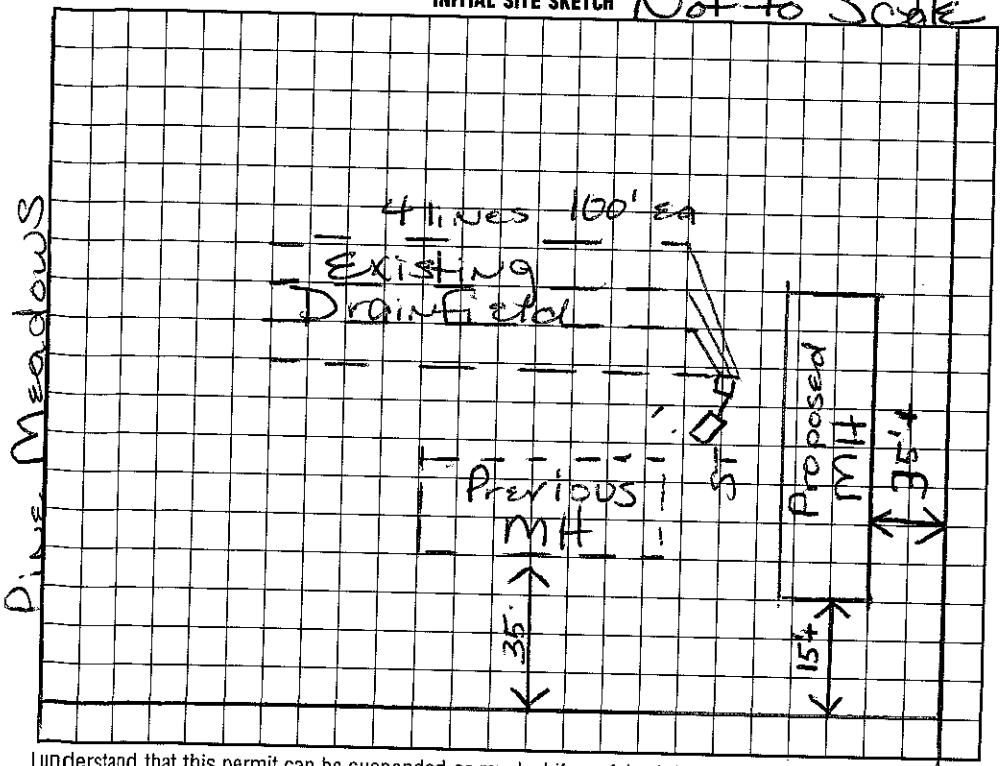
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community Shared

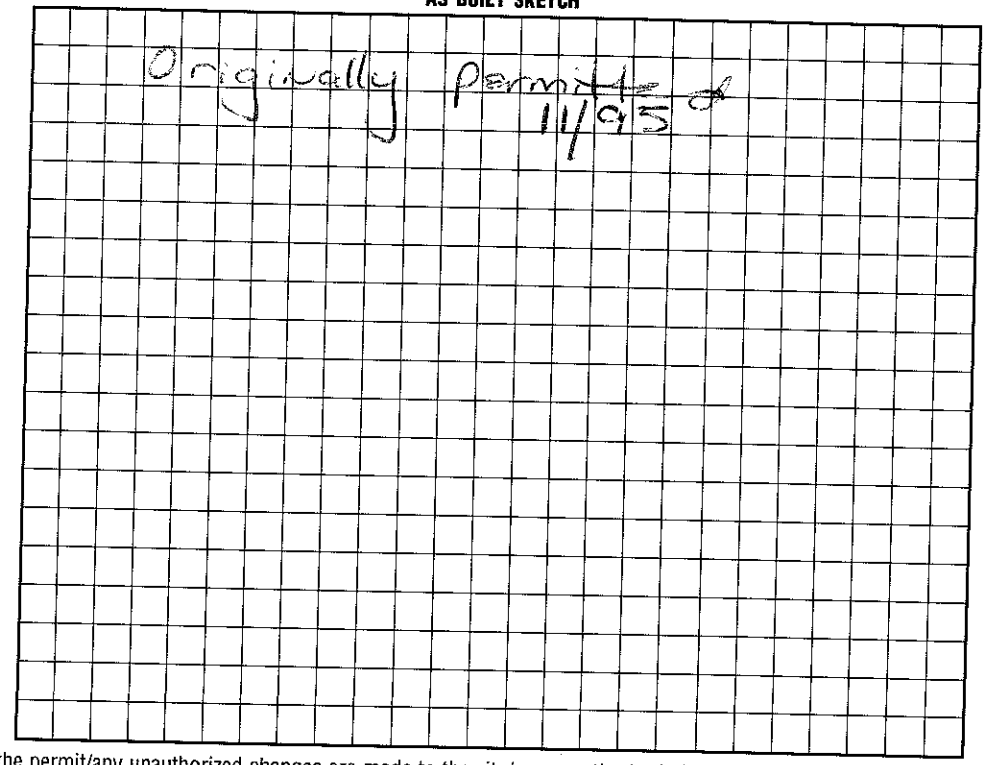
Comments:/Conditions: Existing system appears to be functioning okay at time of inspection. No problems noticed. Keep MH at least 5' from existing

Comments:/Conditions: Septic tank & Drainfield. Have plumber check for gravity flow from MH (new location) to ST. Keep vehicular traffic off Drainfield & ST

INITIAL SITE SKETCH Not to Scale



AS BUILT SKETCH



I understand that this 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 _____

Improvement Permit by: Maria H. Dotson date 9/12/98

Authorization to Construct by: Maria H. Dotson date 9/12/98

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maria Dotson date 9/12/98

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