IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 149514 PIN# 4636055671.108 4636-05-5671 DATE 4-22-08

OWNER OR APPLICANT Jesus + Betty Lopez PHONE: Business _____ Home 704-664-3682

ADDRESS 1302 Brawley School Rd Mooresville NC 28117

LOCATION Brawley School Rd, TR Island Forrest Ln, 1st on RT 108 Island Forest

SUBDIVISION Lopez Home Mobile Park BLOCK / SECTION — LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: _____ Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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

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

System Description: Existing Grav. Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ Gravity ☐ Pressure

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

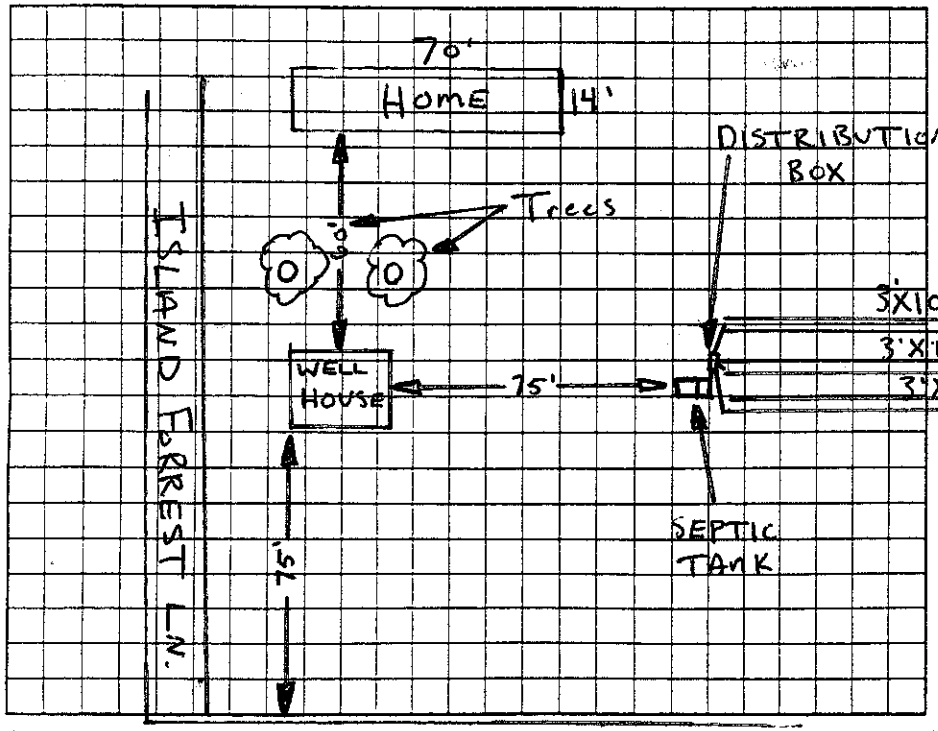
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Existing System

Comments:/Conditions: The existing system is more than enough for 2 bedroom home.

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.

BRAWLEY SCHOOL RD

Signed: _____ date _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: R. Allen date 4-28-08

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