IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 80582 PIN# ~~4636055679~~ 4636-15-1802 DATE 4/28/99

OWNER OR CONTRACTOR JESUS LOPEZ PHONE: Business _____ Home 664-6500

ADDRESS 132 BRAWLEY SCHOOL RD. MOORESVILLE

LOCATION BRAWLEY SCHOOL - TR ISLAND FOREST ON LT

SUBDIVISION LOPEZ MH CT BLOCK / SECTION _____ LOT 5 LOT AREA 1.82AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. —

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT 1250 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 System Type: I, II, III, IV, V, VI

System Description: GRAVITY CONVENTIONAL

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☐ Individual ☐ Public ☑ ~~Community~~

Comments:/Conditions:

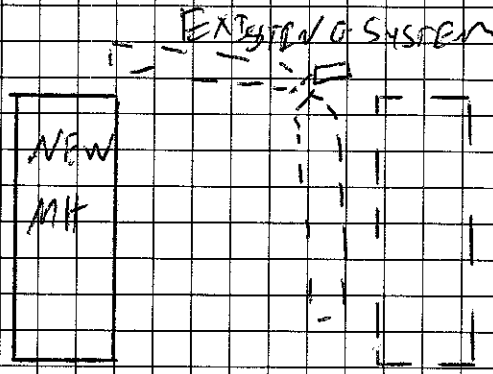
Comments:/Conditions:

EXISTING

INITIAL SITE SKETCH

Note: See attached copy of plat (Rec. 10/5/98) for location of Road Right-of-Way.

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: _____ date 4/28/99 Installed by: EJ ERVIN

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

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date 4/28/99

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