IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100486 PIN# 4648128741 DATE 5-16-2001

OWNER OR CONTRACTOR Elbert Brewer PHONE: Business _____ Home 6864-2215

ADDRESS 191 Fox Hollow Rd Mooresville NC 28117

LOCATION 334 Big Indian Loop Hwy 150 W to Big Indian Loop Near end towards lake on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.09 Acre SITE CLASS. PS DESIGN FLOW 240 gpd L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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

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

System Description: Existing Gravity-Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

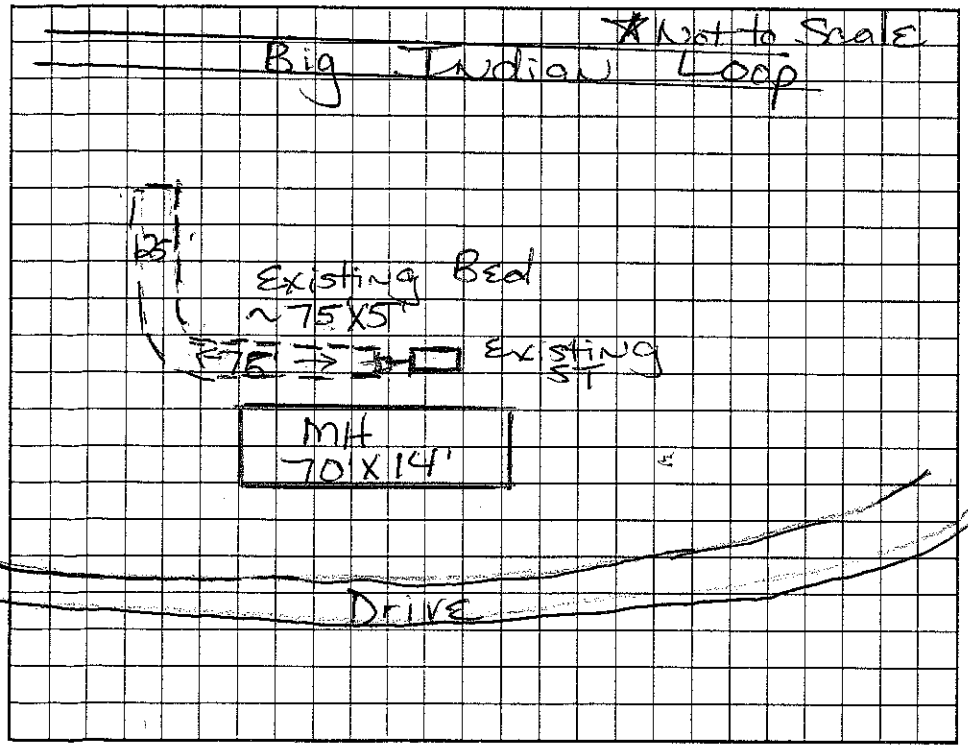
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual Shared ☐ Public ☐ Community

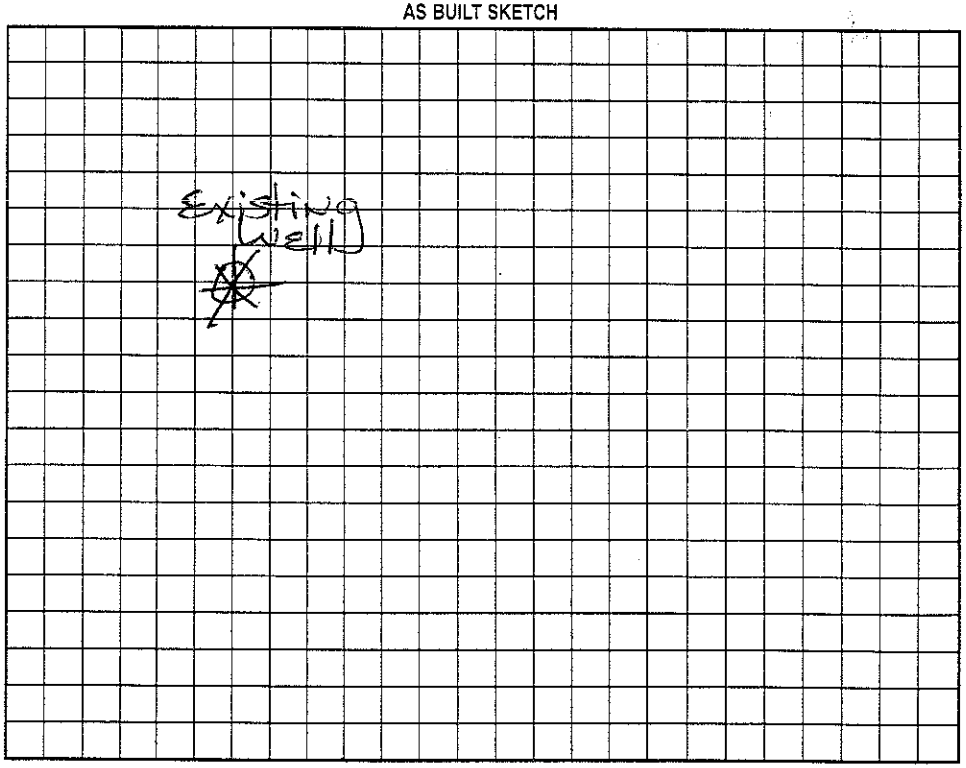
Comments:/Conditions: Existing Septic System appears to be functioning Okay at time of inspection, no problems noticed.

Comments:/Conditions: Keep new MH at least 5' from Septic System.

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: X Elbert E Brewer date _____ Installed by: _____

Improvement Permit by: Maintained Dotson RS date 5/16/2001 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maintained Dotson RS date 5/16/2001

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