IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088619 PIN# 4648220820 DATE 3/31/2000

OWNER OR CONTRACTOR Elbert Brewer PHONE: Business _____ Home 664-2215

ADDRESS 191 Fox Hollow Rd. Mooresville NC 28117

LOCATION Hwy 150 W. TR Bluefield TL Big Indian 1 mile on Right - 340 Big Indian Loop

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .5 Acre SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet ~100'

No Lines 3 lines in Bed Trench Width ~12' 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 1

☐ Business No. Employees ___

☐ Other _____

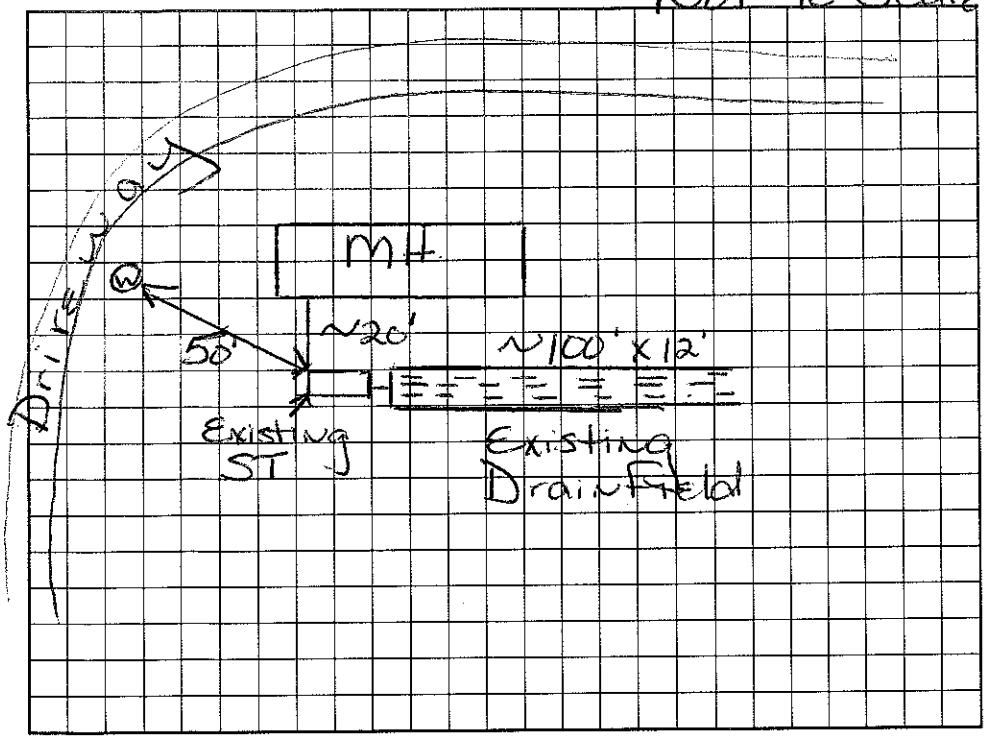
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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: Replacing 2Bdrm/1Bath M.H with 2Bdrm/1Bath

INITIAL SITE SKETCH Not to Scale



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 _____ date _____ Installed by: _____

Improvement Permit by: Maria H. Watson RS date 3/31/2000 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maria H. Watson RS date 3/31/2000

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