IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 92377 PIN# 4648220820 DATE 11-3-2000

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

ADDRESS 191 Foxhollow Rd Mooresville, NC 28115

LOCATION Bluefield Rd turn onto Big Indian Loop near end on right

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

Septic Tank: _____ Gallons: STB _____ Date _____
Pump Tank: Existing Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width 18"IN 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

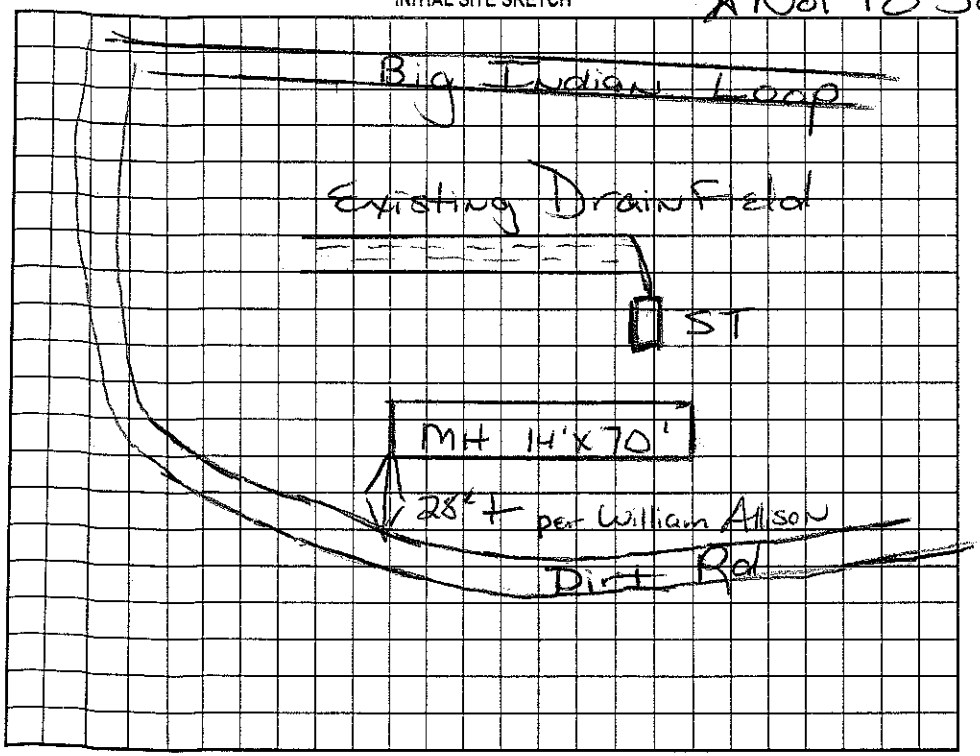
☐ House/Mod. Home No. Bedrooms 2
☒ Mobile Home No. Bathrooms 1
☐ Business No. Employees ___
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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: Okay to put new MH where old MH was, Setbacks are "grand-fathered" * Keep new MH at least 5' From Septic System

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 Elbert E Brewer date _____ Installed by: _____

Improvement Permit by: Maria H. Dotson RS date 11/3/2000 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maria Dotson RS date 11/3/2000

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