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IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18276 DATE 4/21/94 TAX MAP NO. 11H A 11 B Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Doug Brumley PHONE: Business _____ Home 663-6730

ADDRESS Rt 10 Box 952 Mooresville, NC 28115

LOCATION Brumley Rd off Enochville Rd, X creek to first drive on (L), to MH on (R) above road

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA ~1.5 AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .125 - .3

Septic Tank: 1000 ✓ Gallons; STB 825 Date 3-24-94

Pump Tank: NA Gallons; PT - Date -

Pump Make: NA Model - Serial No. -

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 3' Max Trench Bottom Depth 32" Gravel Depth 12"

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

System Description: CONV. - DIST BOX

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

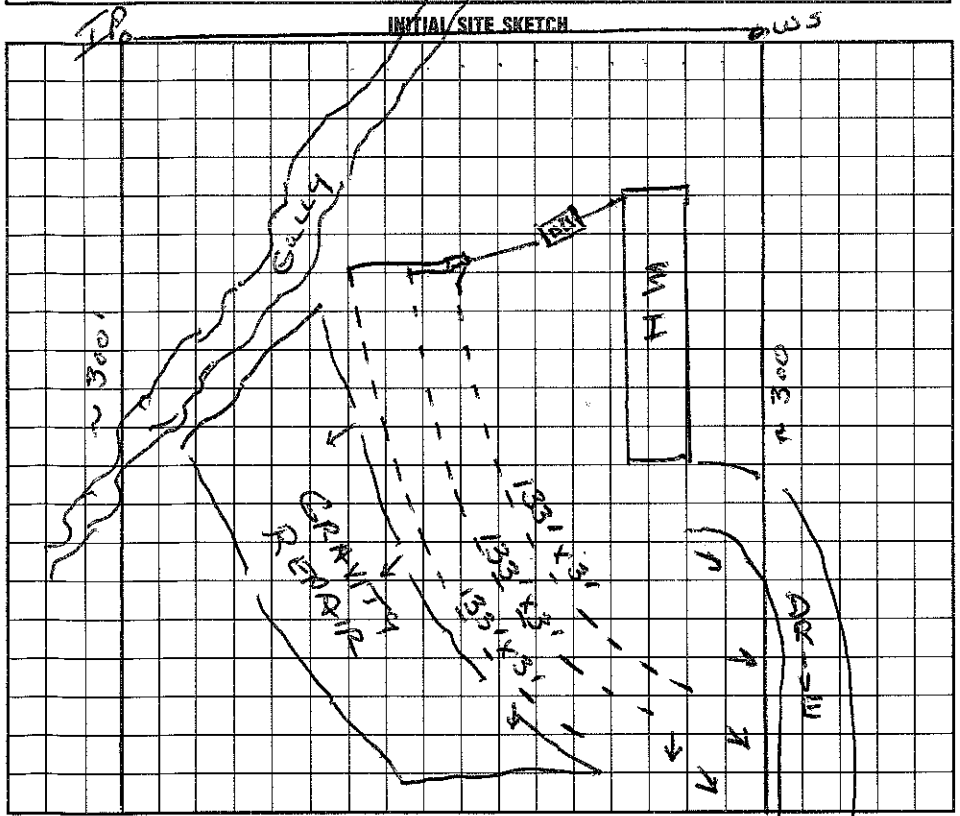
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

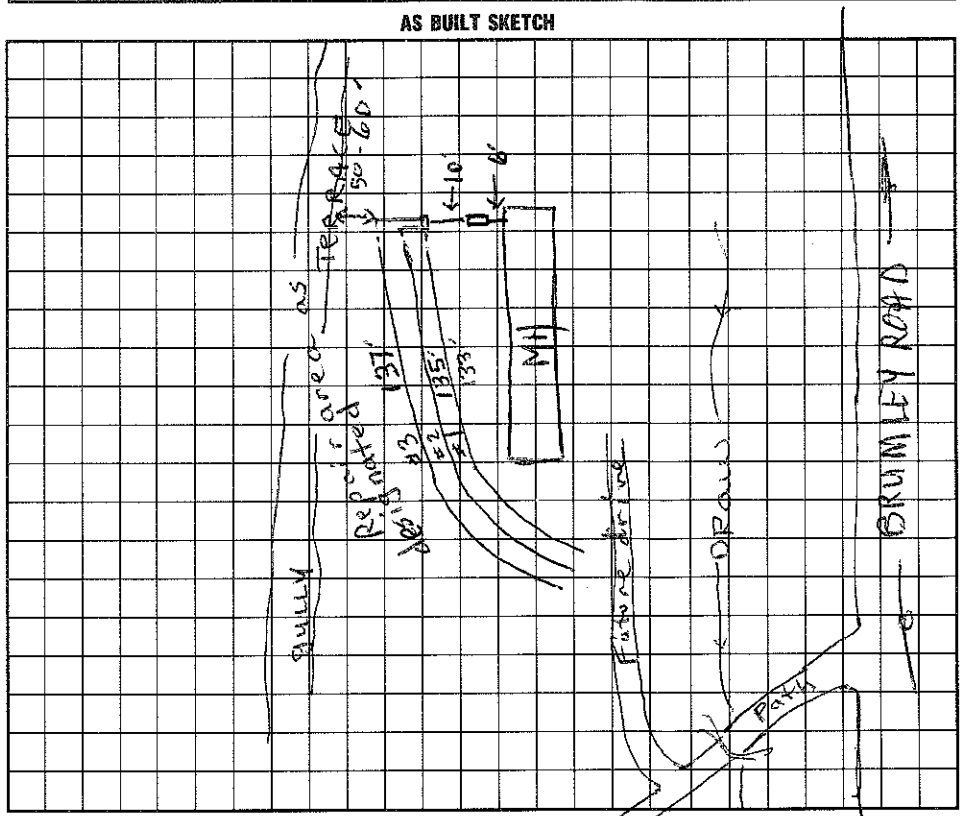
Comments: Tricky slope contours - shoot elevations before construction.

Comments: Tank sealed - outlet sealed - box sealed - laterals Feed 1-2-3. stakes are in place for MH but home not on site.

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: ROADWAY Doug Brumley

Improvement Permit by: Wesley Sparks RS. date 4/21/94

Existing System Inspection by: _____ date _____

Installed by: Delbert Boston

Certificate of Completion by: Andrea Lemon date 8-2-94

Operation Permit by: _____ date _____

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