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. 16276 DATE 4/21/94 TAX MAP NO. TH A 11 B Watershed ☐ Yes ☐ No

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

ADDRESS Rt 10 Box 952 Mooresville, NC 28115

LOCATION Brawley Rd off Sam Wells Rd, K creek to first drive on (L), to MH on (R) down road

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA ~1.5 AC SITE CLASS P DESIGN FLOW 360 L.T.A.R. .25-.3

Septic Tank: 1000 ✓ Gallons; STB 523 Date 3-24-94
Pump Tank: N/A Gallons; PT _____ Date _____
Pump Make: NA Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 400
No. Lines 3 Trench Width 3' Max Trench Bottom Depth 32" Gravel Depth 12"

☐ New System ☐ Repair System Type: ☐ II, III, IV, V, VI
System Description: CONV. - DIST BOX
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

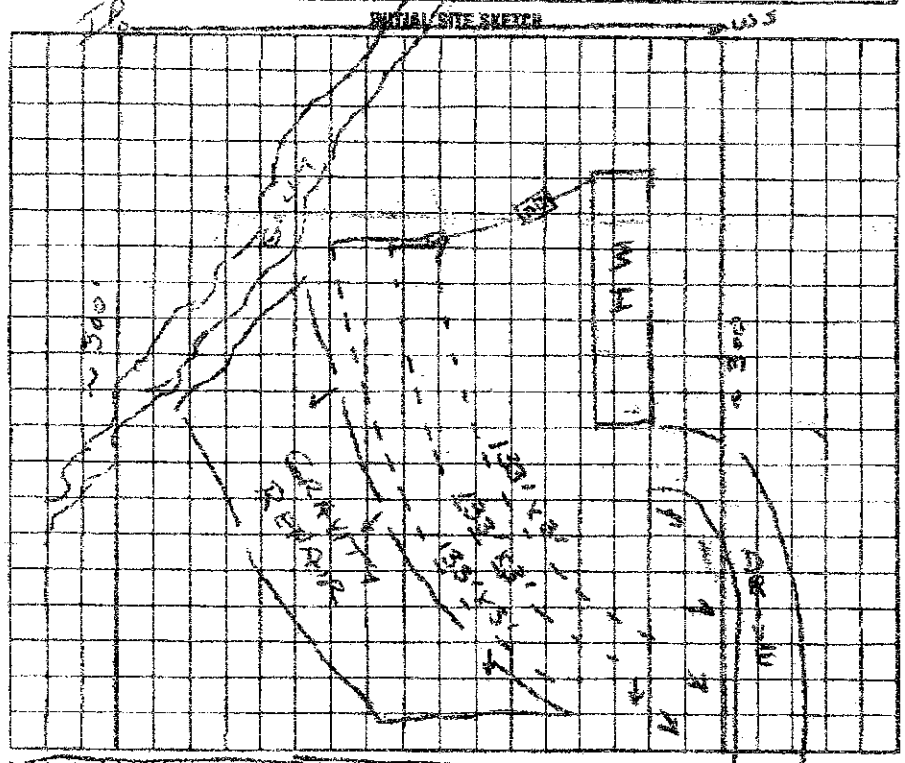
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

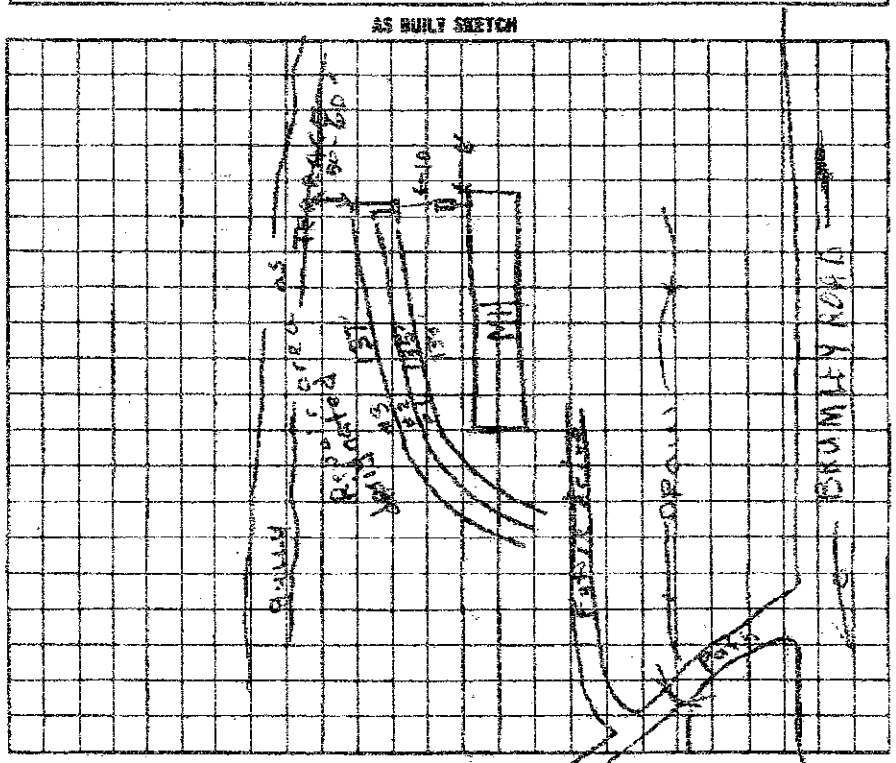
Comments: Tricky slope contours - Shoot elevations before construction.

Comments: Tank sealed - outlet sealed - box sealed - laterals Feed 1-2-3. Stakes are in place for MH but have 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: Doug Brawley

Improvement Permit by: Wesley Sparks R.S. 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

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