IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111297 PIN# ~~4678552993~~ 4678 55 5735 DATE 11-20-03

OWNER OR CONTRACTOR Tina & Craig Brawley (Beaver) PHONE: Business 663-0427 Home 662-6017 Cell 507-0813

ADDRESS 451 Wiggins Rd Mooresville, NC 28115

LOCATION Hwy 150 East TL Wiggins Rd on left before sharp curve #490

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: 1000 Gallons: Existing STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width 24" 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: Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

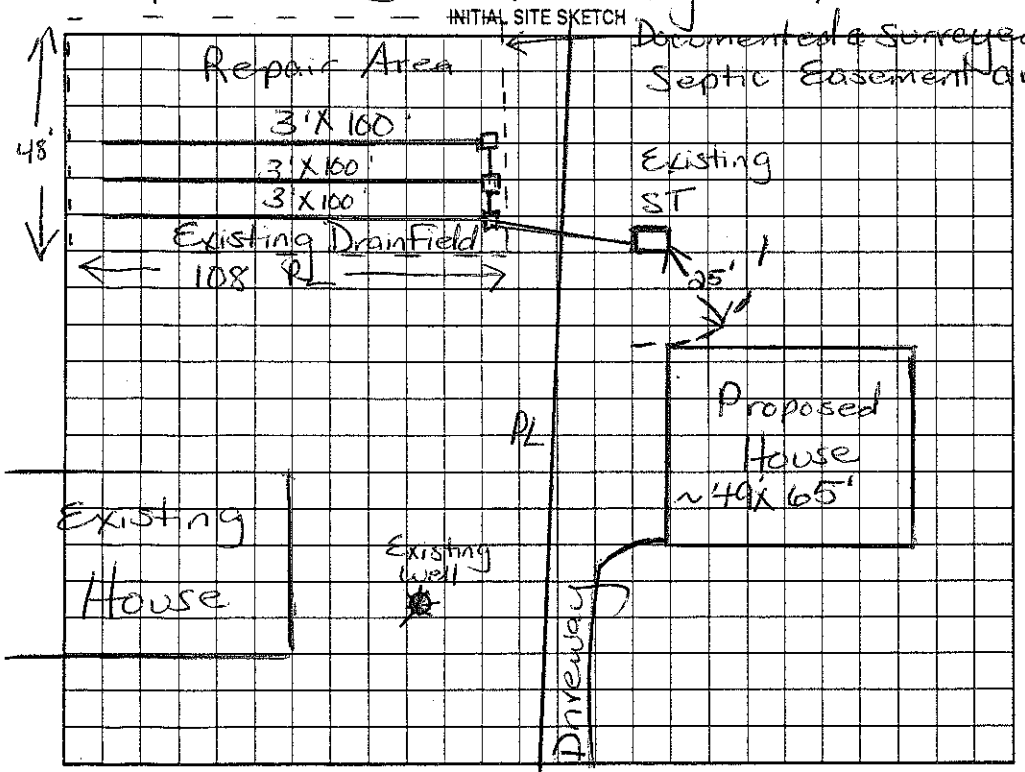
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

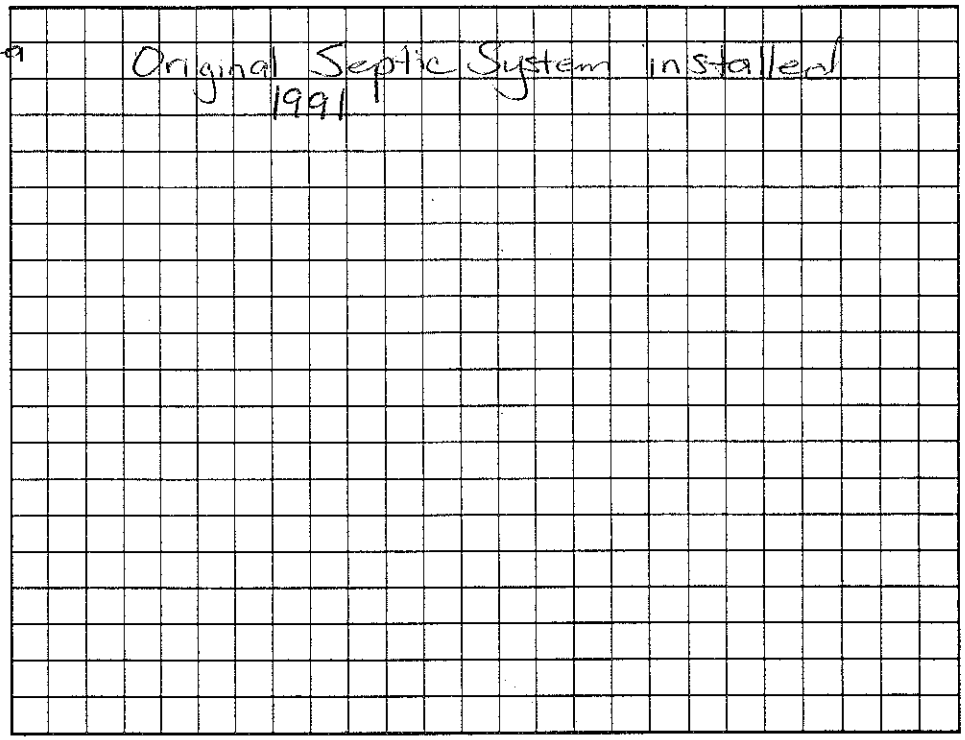
Comments/Conditions: Septic Drainfield located in Surveyed sewer easement area behind Neighbor's house. Appeared to be functioning okay at time of inspection. Keep basement wall (cut 2' or greater) 25' from ST.

Comments/Conditions: * Grinder pump or ejector pump used for basement plumbing. Changed out 3 Bedroom MH & building 3 bedroom home

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: Tina Brawley RS date 11-21-03

Improvement Permit by: Maria H. Dolan date 11/20/03

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maria H. Dolan RS date 11/20/03

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