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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. _____ DATE 9/28/93 TAX MAP NO. 4G-A-31

OWNER OR CONTRACTOR HAL & BRAWLEY PHONE: Business _____ Home _____

ADDRESS Rt 2 Box 294 A MOORESVILLE, NC

LOCATION BRAWLEY RD, (L) OFF SHINNVILLE X CREEK TO 3RD HOUSE ON (L) D/W CROWN

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ L.T.A.R. _____

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 525 Linear Feet _____

No Lines 1 Trench Width 9' Trench Depth _____ Gravel Depth 12"

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

System Description: EXISTING

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

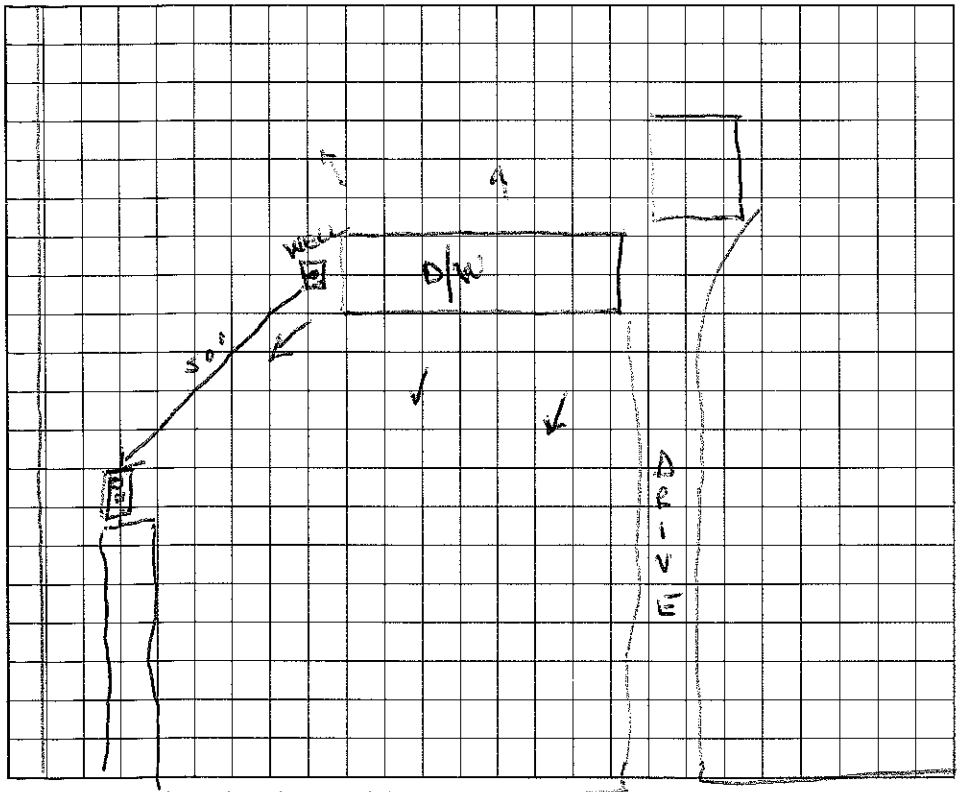
☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

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

Comments _____

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.

BRAWLEY RD.

Signed: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: Wesley Sparks R.S. date 9/28/93 Operation Permit by: _____ date _____

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