DELL COUNTY HEALTH DEPARTMENT

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

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

RTY DESCRIPTION NO. 17909 DATE March 4, '94 TAX MAP NO. 2R-1-A-4 Watershed: ☐ Yes ☐ No

OR CONTRACTOR James E. Mills PHONE: Business _____ Home _____

SS PO Box 429, St. Helen, Michigan 48656

ON 150' W Rt 1109 Rt Sunbown on left near end

ISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Tank: Existing Gallons; STB _____ Date _____

Tank: _____ Gallons; PT _____ Date _____

Make: _____ Model _____ Serial No. _____

ation Field: No Fields Existing Square Feet _____ Linear Feet _____

es _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms ____

☑ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

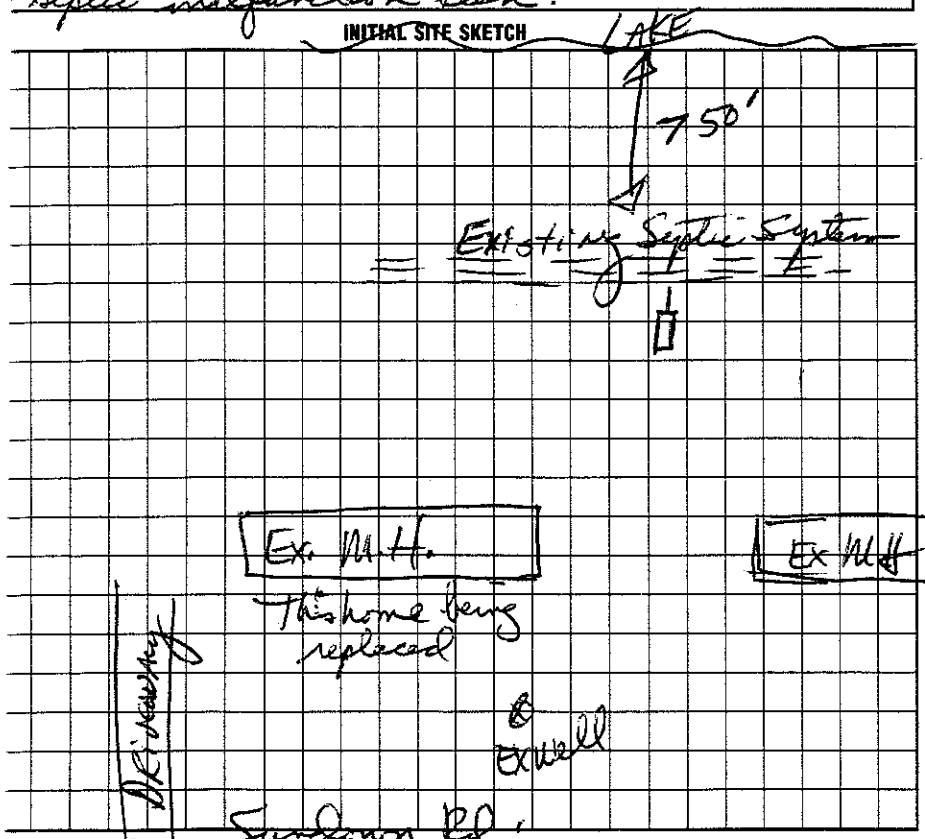
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

ents: Existing septic system presently serves 2 mobile homes. Replacing one mobile home with newer mobile, No increase in total flow. No sign of septic malfunction seen.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

rstand 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.
vement Permit is valid for 60 months from date of issuance.

1: _____ Installed by: _____

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

g System Inspection by: _____ date 3/7/94 Operation Permit by: _____ date _____

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