10:30

...LL COUNTY HEALTH DEPARTMENT

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

...PROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 091326 PIN# 4708297500 (pt.)

OWNER OR CONTRACTOR KEVIN L. Millsaps PHONE: Business 873-2547 (Clayton Homes) Home DATE August 16, 2000

ADDRESS 213 Bethany (RD.) Statesville

LOCATION 115 N. TL Midway RD. TR HARRIS Bridge ~5miles on Right (~1/2-3/4 mile after crossing bridge)

SUBDIVISION BLOCK / SECTION LOT LOT AREA .96 Ac SITE CLASS RS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Tp Date 8-14-00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 2@150 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: GRAVITY EEE222 FLOW
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

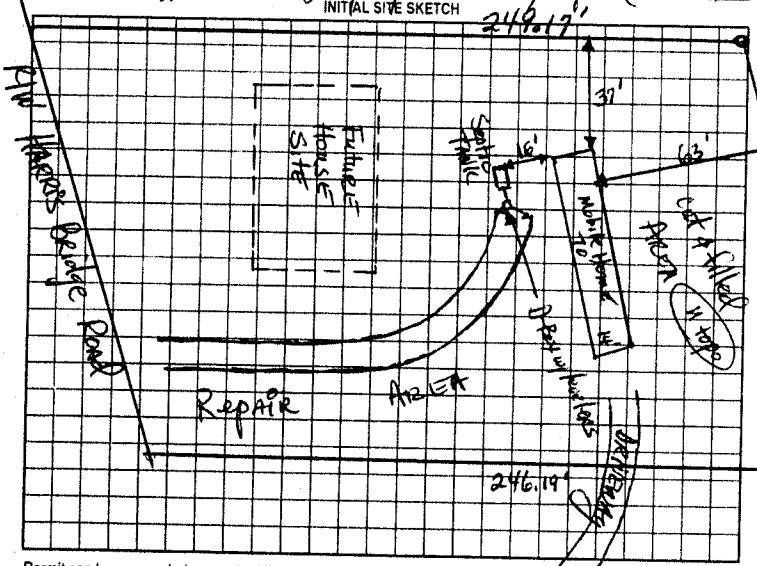
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

Water Supply: ☐ Individual ☑ Public ☐ Community

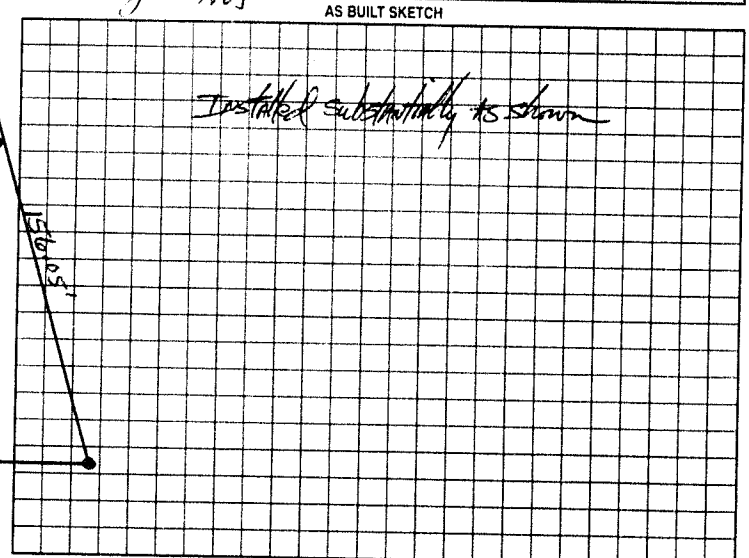
Comments/Conditions: Set mobile home high enough to Accomodate fall on plumbing to Septic Tank.
10-10-00 Upper Line slightly deeper than specified (~6-8") But Soil tested good ###

Comments/Conditions

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: [signature] 8-29-00

Improvement Permit by: [signature] RS date 8-16-00

Authorization to Construct by: [signature] RS date 8-16-00

Installed by: Al Blackburn

Operation Permit by: [signature] RS date 10-10-00

Existing System Inspection by: date

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