IREDELL COUNTY HEALTH DEPARTMENT

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

47473

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

PROPERTY DESCRIPTION NO. City of Statesville DATE 6/9/93 TAX MAP NO. 98-1-B-9

OWNER OR CONTRACTOR Kenneth Baulin PHONE: Business 876-1111 Home

ADDRESS Rt 13 Box 149 B Statesville NC 28677

LOCATION Redmond MHP off Moncello Drive 1st MH on rt

SUBDIVISION Redmond MHP BLOCK / SECTION LOT 14 LOT AREA SITE CLASS L.T.A.R.

Water Supply: ☐ Individual ☐ Community ☐ Public

Septic Tank: Gallons: STB Date

Pump Tank: Gallons: PT Date

Nitrification Field: No Fields Square Feet Linear Feet

No Lines Trench Width Trench Depth Gravel Depth

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

System Description: MH to be connected to large system

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees

Garbage Disposal: ☐ Yes ☑ No Auto. Dishwasher: ☐ Yes ☑ No Auto. Washing Machine: ☐ Yes ☑ No Other

Slab Crawl Space Basement w/plumbing Basement wo/plumbing

Comments MH to be connected to large system currently serv Redmonds MHP. System current is functioning properly. MH will replace one of identical number of bedrooms/baths. Owner is simply replacing MH w/ a new model. Remain vacant spots must remain vacant until HO approves recomendations.

INITIAL SITE SKETCH

AS BUILT SKETCH

MH connected to large septic system serv Redmonds MHP. System currently functioning properly at time of inspection.

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:

Improvement Permit by: date

Existing System Inspection by: date 6/4/93

Installed by:

Certificate of Completion by date

Operation Permit by: date

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