:DELL COUNTY HEALTH DEPARTMENT

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

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

RTY DESCRIPTION NO Repair DATE 1-27-95 TAX MAP NO Watershed: Yes No

R OR CONTRACTOR Mickey Knowles PHONE Business 528 2438 Home 528 6531

SS R-18 Box 165 Statesville

ION Old Mocksville IL Brookview 2) T.B. into Brookview MH 4th MH Rt

VISION Brookview MHP BLOCK SECTION 4 LOT 19 LOT AREA SITE CLASS DESIGN FLOW L.T.A.R. .3

Tank 3-X Gallons STB Date

Tank Gallons PT Date

Make Model Serial No

cation Field No Points 2 Square Feet 450 Trench Feet 150

nes 2 Trench Width 2' Max Trench Bottom Depth 36" Gravel Depth 15" Slab Crawl Space Basement w/plumbing Basement w/o plumbing

New System Repair System Type Conv. Conventional

System Description

Repair System Description Conv. Church

Maintenance Agreement Required Yes No

House/Mod Home No Bedrooms 2

Mobile Home No Bathrooms 1

Business No Employees

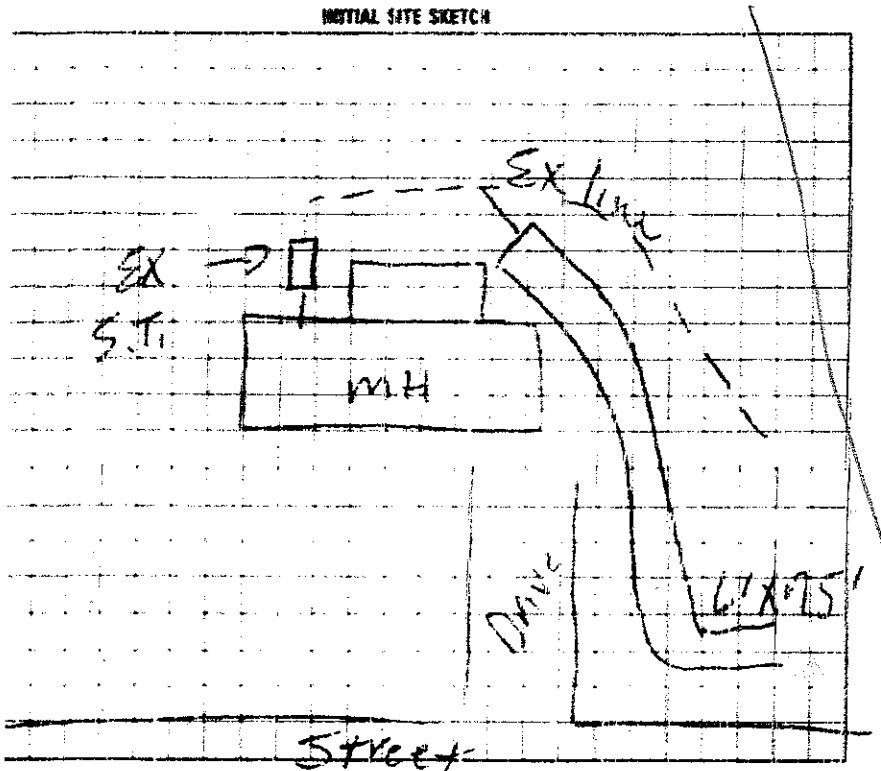
Other

Water Supply: Individual Community Public

nents

Comments

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE SKETCH

nstand 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

X Bill Wilcox

vement Permit by C. Moore date 1-27-95

g System Inspection by date

Installed by Andy Daniels

Certificate of Completion by: Steve Herrick date 2/6/95

Operation Permit by date

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

JAN. 10, 1989 17:06