IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 121047 PIN# 4840-77-4996.132 DATE 6-4-04

OWNER OR CONTRACTOR David and Eileen Millsaps PHONE: Business (704) 902-4532 Home (704) 873-1531

ADDRESS 1124 Radio Rd Statesville NC 28677

LOCATION I-77 N TL Tomlin Mill Rd TR Jennings Rd TL Monica Dr to 1ST MH on Right past dumpster

SUBDIVISION Rolling Hills MHP BLOCK / SECTION ____ LOT 1 LOT AREA 16.74 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. Ex.

Septic Tank: Ex. 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet Ex.

No Lines 3 Ex. Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: Gravity 25% red

Repair System Description: 50% red gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

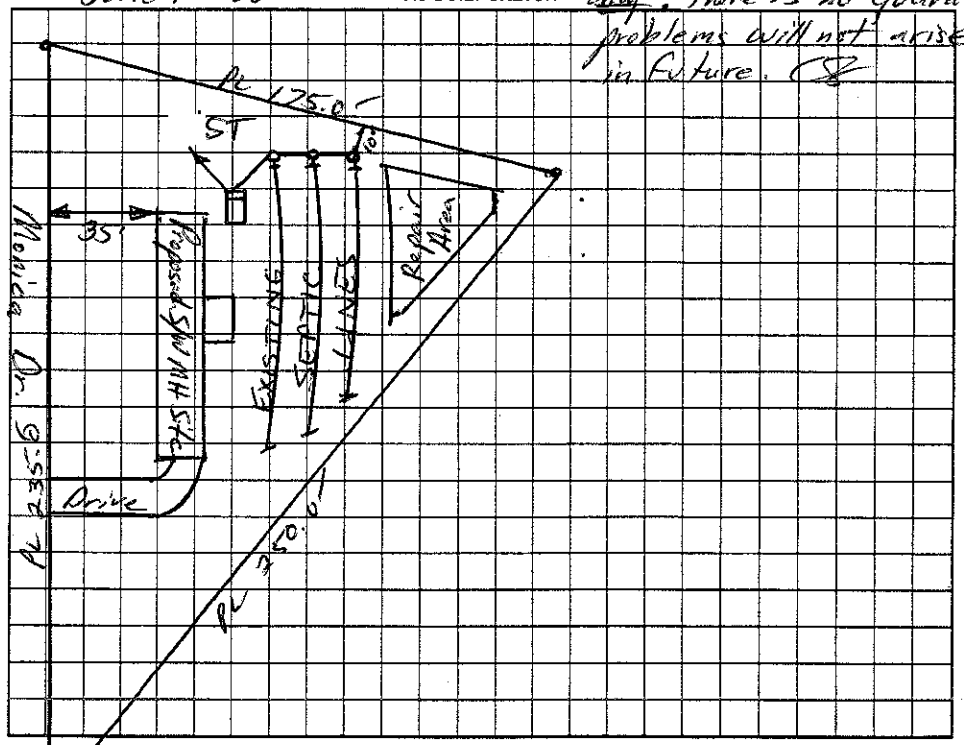
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: ① System functioning properly at time of inspection ② All systems in MHP functioning properly ③ Permission given to connect to existing structure. ④ New structure shall not increase the number of bedrooms on system ⑤ This is a visual inspection only. There is no guarantee problems will not arise in future.

INITIAL SITE SKETCH

AS BUILT SKETCH Scale 1"=60'



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: ____ date ____

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: Kenny Madison

Operation Permit by: ____ date ____

Existing System Inspection by: Christopher M. Shuler, LHS date 6-4-04

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