IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C) MOORESVILLE 704-664-5281

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

PERMIT# 115063 PIN# 4629-70-7119 DATE 9-25-03

OWNER OR CONTRACTOR CRAIG M. ROSEMAN PHONE: Business 704-534-1499 Home 704-896-0773

ADDRESS 21121 SHEARER ROAD, DAVIDSON, NC 28036

LOCATION US 21 S, TR PORTA RD, TR STATE PARK RD, TL MORRISON FARM RD, BEAR RIGHT AT CIRCLE, LOT ON RIGHT AT #875

SUBDIVISION MORRISON POINT BLOCK / SECTION ____ LOT 34 LOT AREA 0.78 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 9-22-03

Pump Tank: 1000 Gallons; PT 27 Date 9-31-03

Pump Make: LIBERTY Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ.P 1440 Linear Feet 240

No Lines THREE Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth SAND 24"

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

System Description: 50% REDUCTION LOW-PRESSURE

Repair System Description: 50% REDUCTION, LOW-PRESSURE

Maintenance Agreement Required: ☑ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 3.5 No. Employees ____

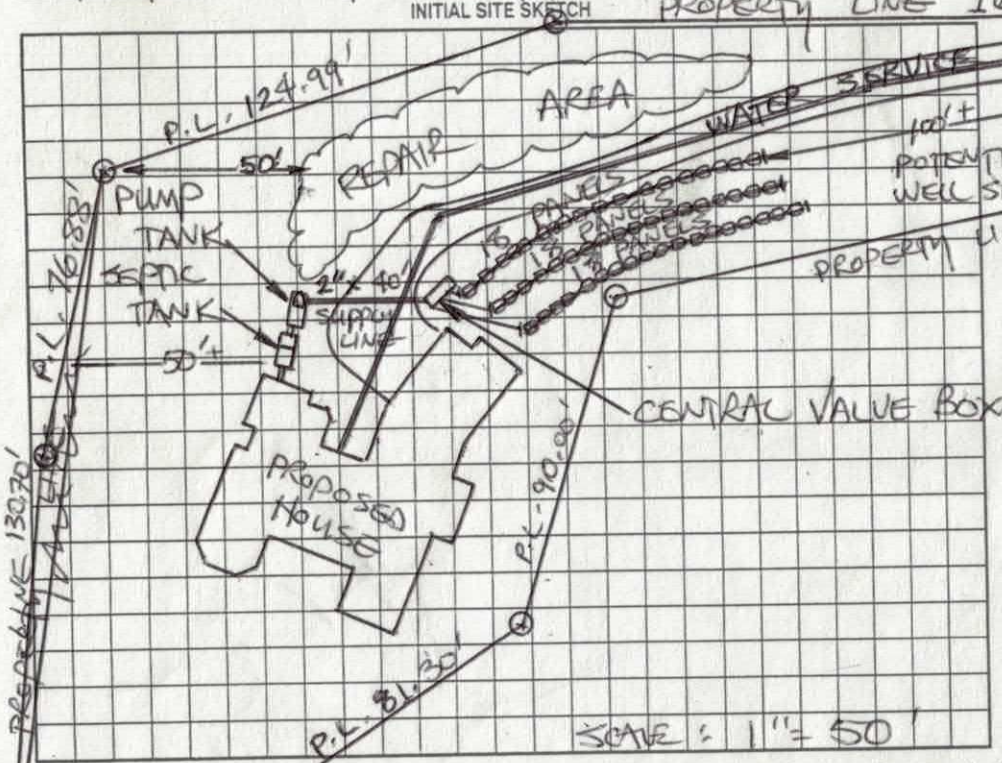
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

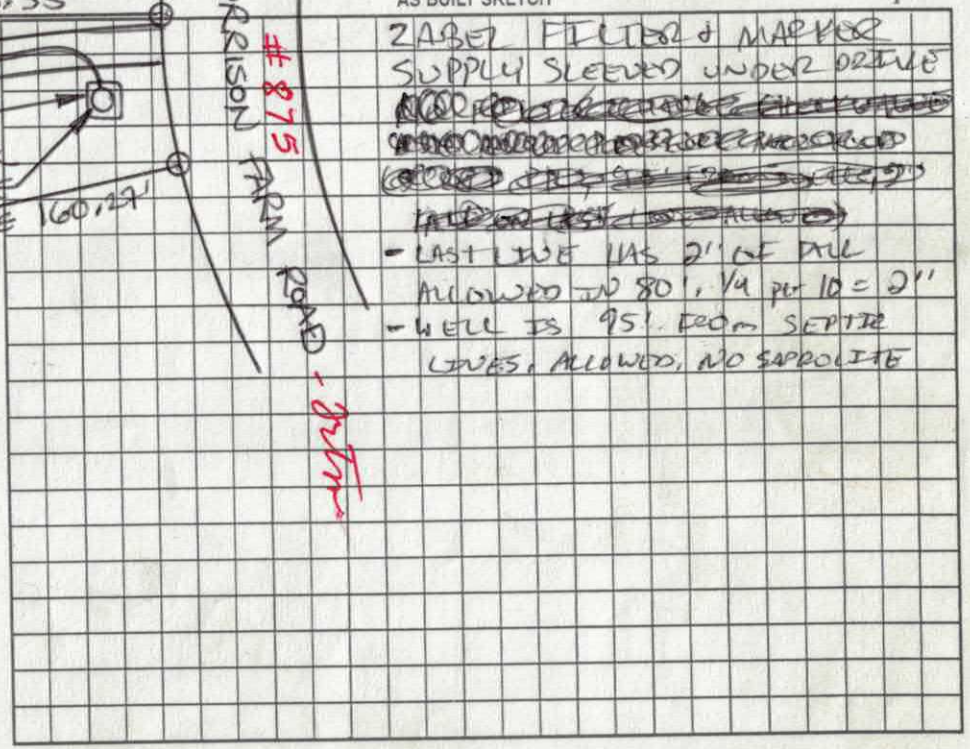
Comments/Conditions: (1) EXISTING WELL TO BE ABANDONED ACCORDING TO 15A NCAC 2C.0100 & SUBMIT FORM GW-30. (2) INSTALL 50% REDUCTION SYSTEM USING 54 PPBPS PANELS USING LOW-PRESS DISTRIBUTION (3) SEE ATTACHED SHEETS FOR PUMP REQUIREMENTS &

Comments/Conditions: LOW-PRESSURE DISTRIBUTION (4) A CONTRACT SHALL BE EXECUTED BETWEEN SYSTEM OWNER & A MANAGEMENT ENTITY PRIOR TO ISSUANCE OF OPERATION PERMIT (5) NEW WATER LINE 3 SHALL BE PLACED CENTER OF DRIVEWAY

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: Craig M. Roseman date 9-25-03 Installed by: Little's LANDSCAPING

Improvement Permit by: STEVE HEDRICK date 9-25-03 Operation Permit by: STEVE HEDRICK date 10-28-04

Authorization to Construct by: STEVE HEDRICK 9-30-03 Existing System Inspection by: ____ date ____

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

DEPARTMENT OF ENVIRONMENTAL HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: MECKLENBURG

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

4629-70-7119

OWNER: CRAIG M. ROSEMAN APPLICANT: CRAIG ROSEMAN
ADDRESS: 21121 SHERRER RD, DAVIDSON, 28036 APPLICATION DATE: _____ DATE EVALUATED: 9-25-03
PROPOSED FACILITY: 3BR H^w/c/s PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: 0.78AC
LOCATION OF SITE: MORRISON POINT #34 PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTAR
1	N 8%	0-8	SBK SC	FR SS,SP					PS 0.3
		8-42	SBK C	FI SS,SP					
		42-48	SBK SC	FR SS,SP					
2	L 5%	0-8	SBK SC	FR SS,SP					PS 0.25
		8-38	ABK C	FI SS,SP					
		38-48	SBK SC	FR SS,SP					
3	SLIGHT H 4%	0-10	SBK SC	FR SS,SP					PS 0.25
		10-48	ABK C	FI SS,SP					
4	R 4%	0-4	SBK SC	FI SS,SP					PS 0.25
		4-48	ABK C	FI SS,SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	IV
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. HEDRICK
OTHER(S) PRESENT: CRAIG ROSEMAN

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4
CV (Convex Slope)		LS (Loamy Sand)		
D (Drainage Way)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3
DS (Debris Slump)		L (Loam)		
FP (Flood Plain)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15
FS (Foot Slope)		SICL (Silty Clay Loam)		
H (Head Slope)		CL (Clay Loam)		
L (Linear Slope)		SCL (Sandy Clay Loam)		
N (Nose Slope)		SLC (Silt Loam Clay)		
R (Ridge)	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05
S (Shoulder Slope)		SIC (Silty Clay)		
T (Terrace)		O (Organic)	None	

MINERALOGY/ CONSISTENCE	STRUCTURE
NEXP (Non-expansive)	G (Single Grain)
SEXP (Slightly Expansive)	M (Massive)
EXP (Expansive)	CR (Crumb)
	GR (Granular)
	SBK (Subangular Blocky
	ABK (Angular Blocky)
	PL (Platy)
	PR (Prismatic)

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

NOTES

HORIZON DEPTH — In inches below natural soil surface

DEPTH OF FILL — In inches from land surface

RESTRICTIVE HORIZON — Thickness and depth from land surface

SAPROLITE — S(suitable) or U(unsuitable)

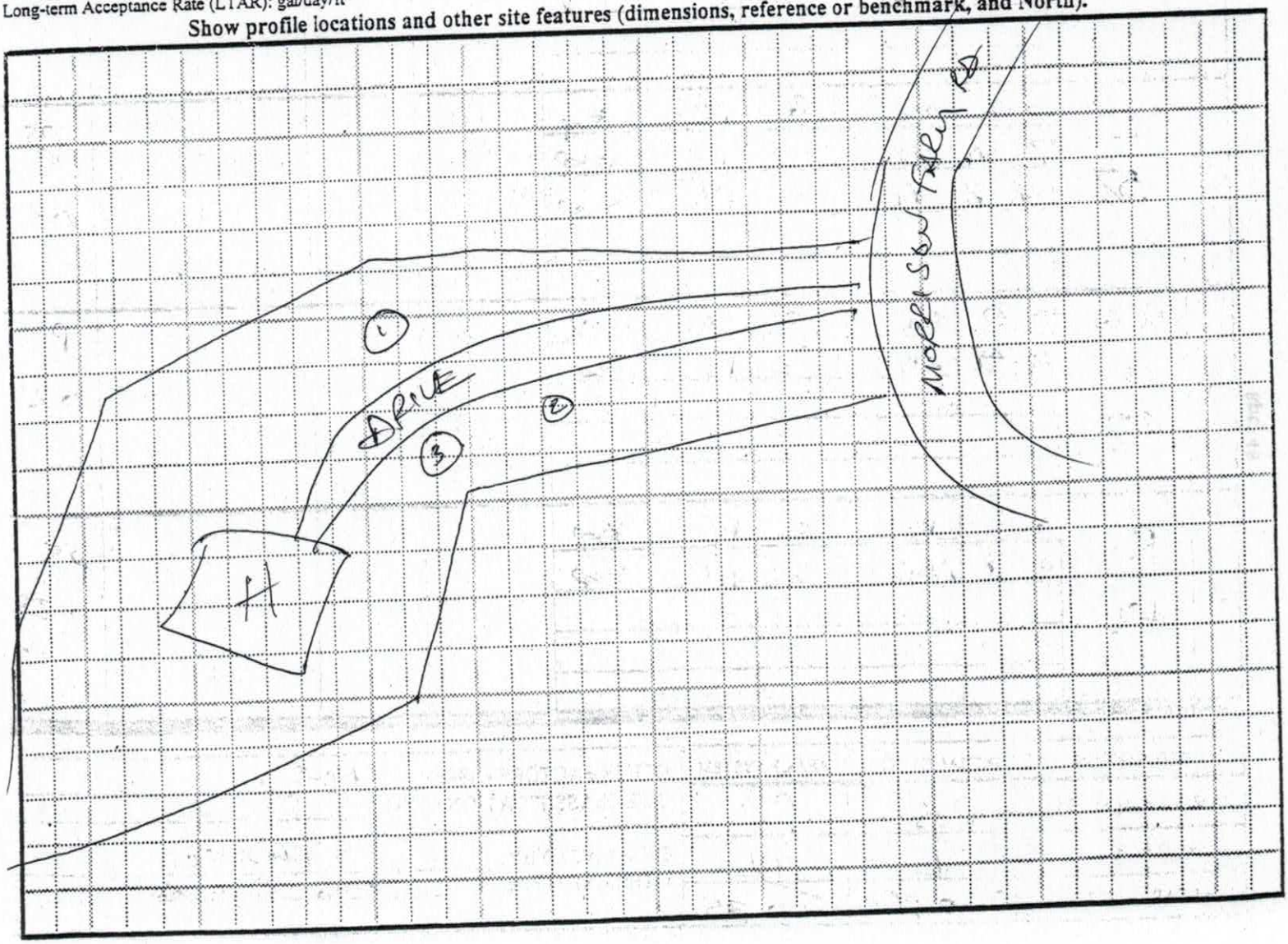
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

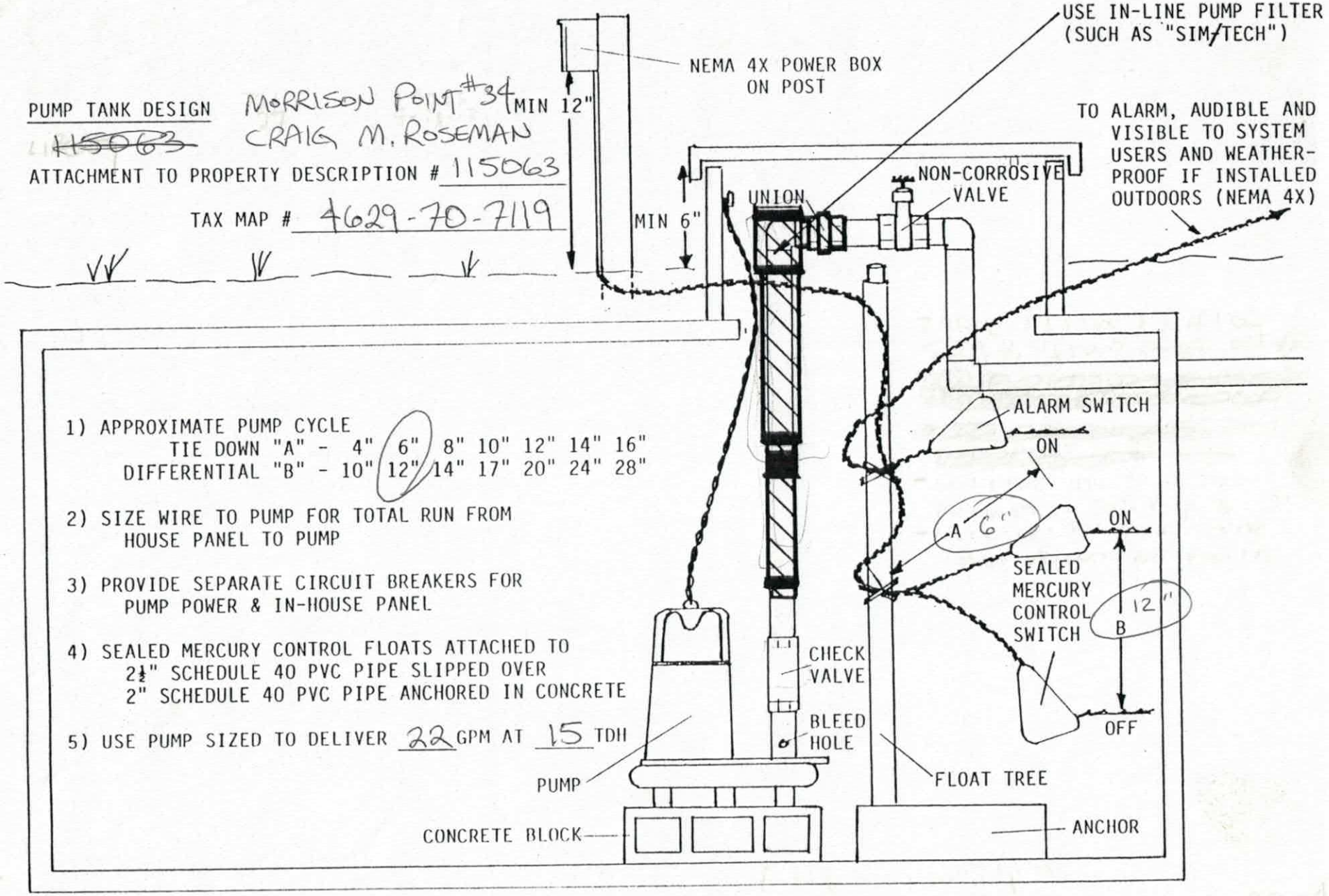
Show profile locations and other site features (dimensions, reference or benchmark, and North).



PUMP TANK DESIGN MORRISON POINT #34
~~115063~~ CRAIG M. ROSEMAN

ATTACHMENT TO PROPERTY DESCRIPTION # 115063

TAX MAP # 4629-70-7119



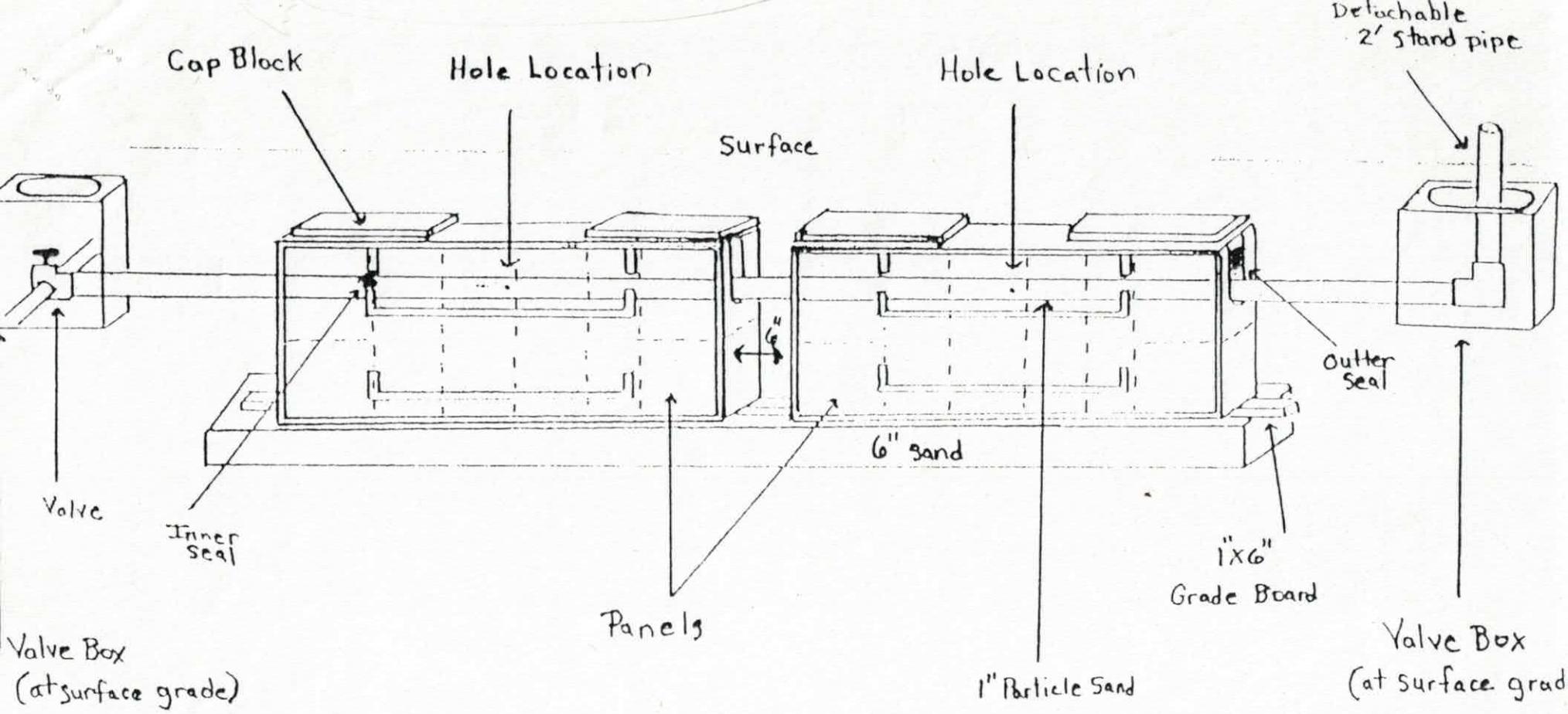
1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO
   2½" SCHEDULE 40 PVC PIPE SLIPPED OVER
   2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 22 GPM AT 15 TDH



PERMIT # 115063
MORRISON POINT #34
Pressure Dosed PPBPS

# of panels 54.
Size holes 5/32". 1 hole per panel.
Approximate amount of sand needed 40 TONS
100lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 22.
TDH 15.

Comments

SCOUR TRENCH SIDEWALLS & APPLY A LIGHT DUSTING OF LIME PRIOR TO INSTALLING SAND

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Craig M. Roseman	704-534-1499	21121 SHEARER RD.	DAVIDSON	N.C.	28036

Current Property Owner	Mailing Address	City	State	Zip Code
CHARLES F. ROBINSON	8224 FAIRVIEW RD.	CHARLOTTE	N.C.	28226

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
MORRISON	34	Parcel # 4629-70-7119	

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
PRIVATE WELL		

Specific Directions to Property STATE PARK TURN LEFT ONTO MORRISON FARM ROAD, FOLLOW TO END, TURN RIGHT ONTO CIRCLE, LOT ON THE RIGHT

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 3 1/2

No. Persons or Employees (commercial only) _____ Basement NO Basement with Plumbing NO

Crawl Space ✓ Concrete Slab _____ Garbage Disposal ✓ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

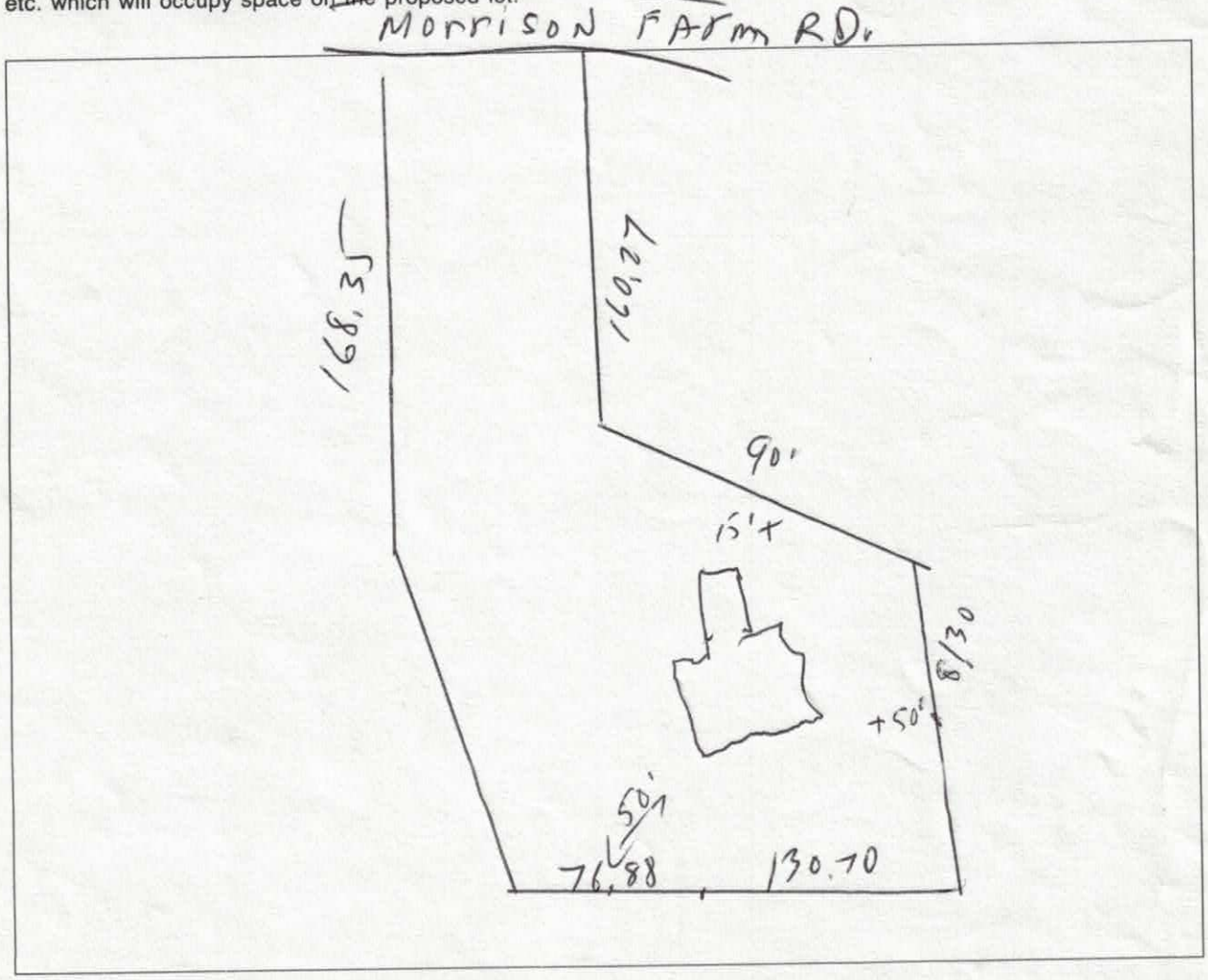
Sept. 2-03 DATE Craig M. Roseman SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

Sept 2-03 Date Craig M. Roseman SIGNATURE OF OWNER/AUTHORIZED AGENT

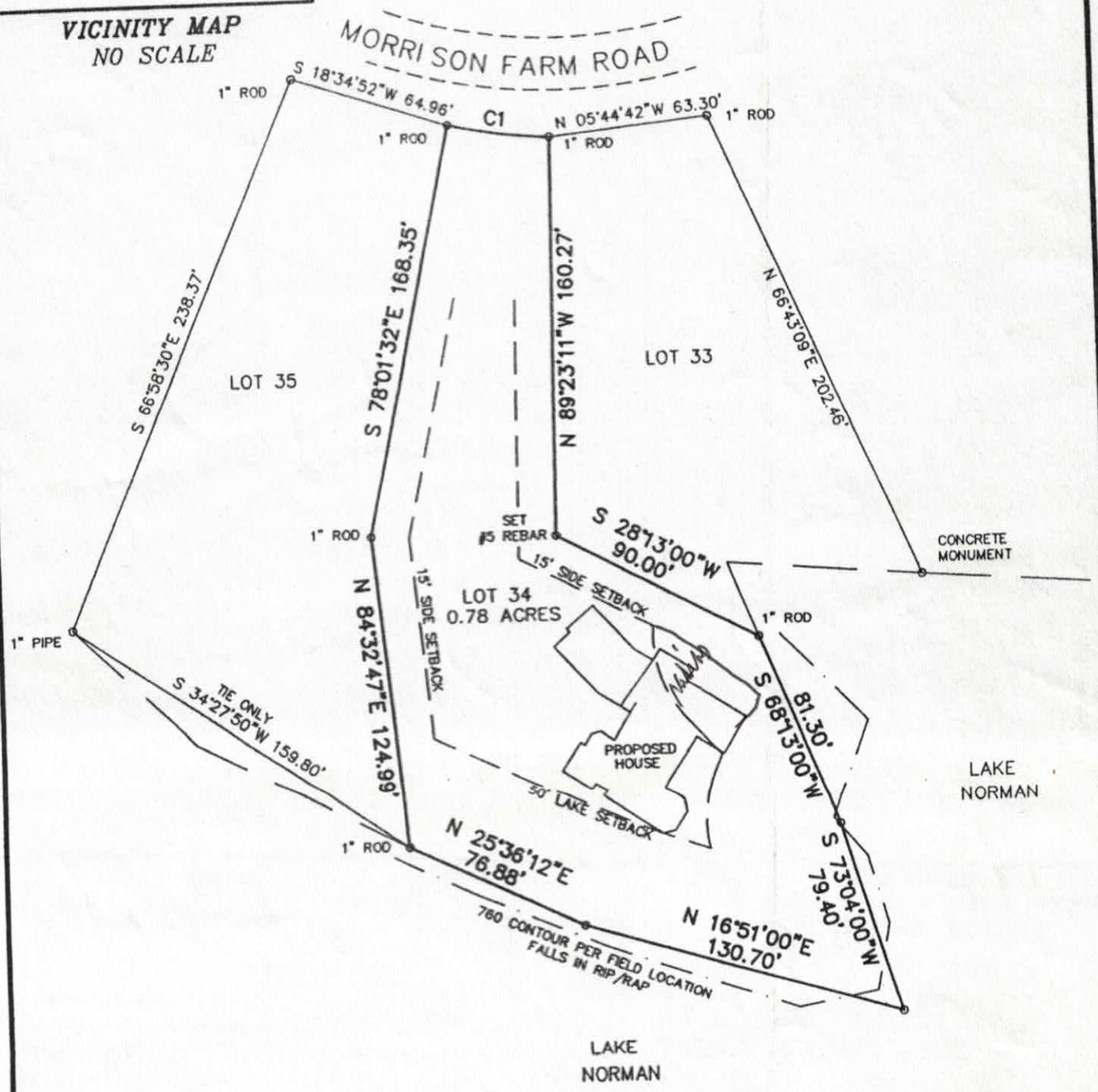
I, RUFUS JACKSON LOVE CERTIFY THAT THIS MAP WAS DRAWN FROM ACTUAL SURVEY UNDER MY DIRECT SUPERVISION, THAT THE RATIO OF PRECISION IS 1:10,000+ BEFORE ADJUSTMENTS; AND THAT THE ANGULAR ERROR WAS < 7.5 SECONDS PER TURN.

WITNESS MY HAND AND OFFICIAL SEAL THIS _____ DAY OF _____

_____
PROFESSIONAL LAND SURVEYOR

BASED ON
MB 9-55
1967

VICINITY MAP
NO SCALE

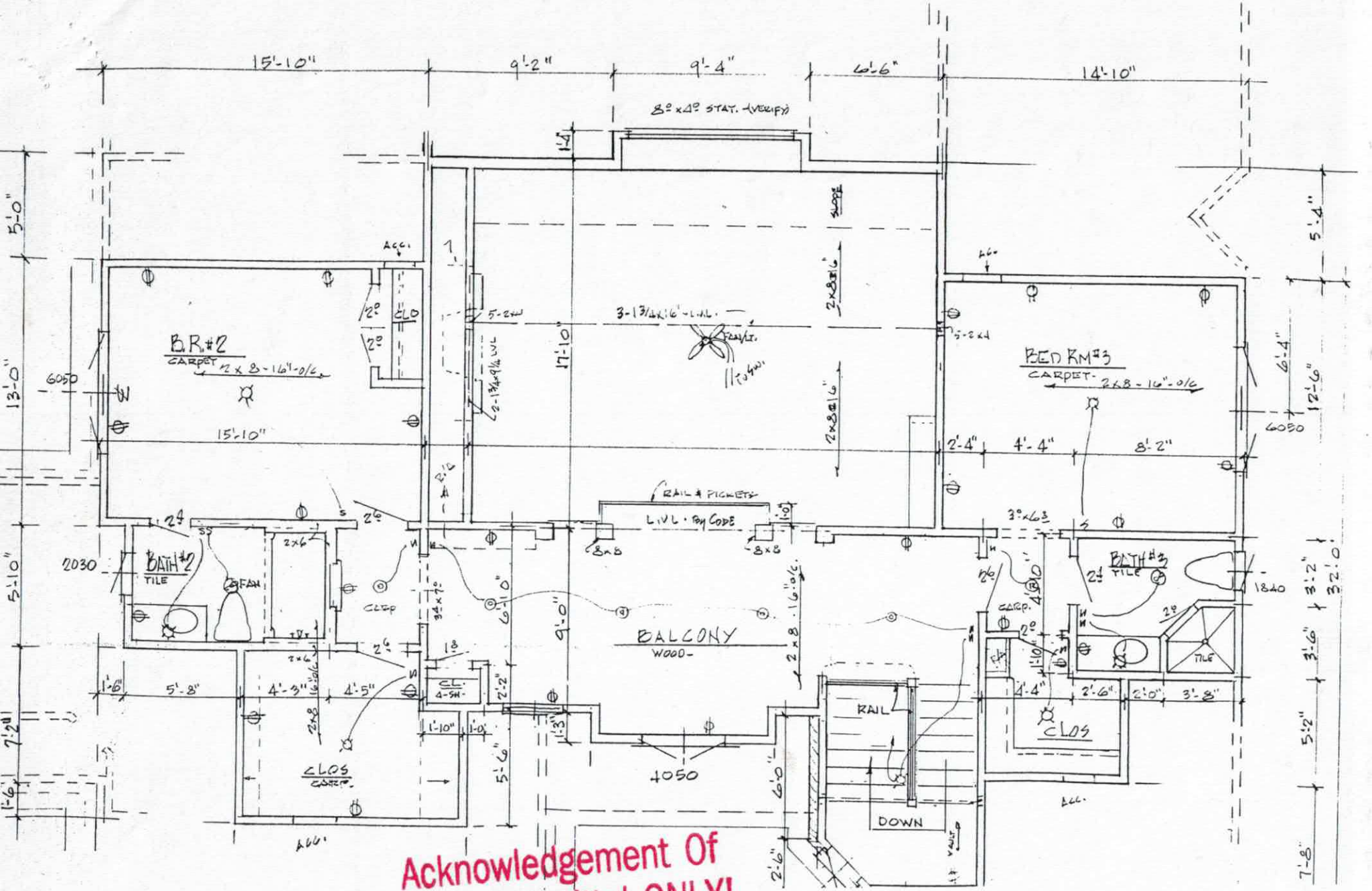


CURVE TABLE

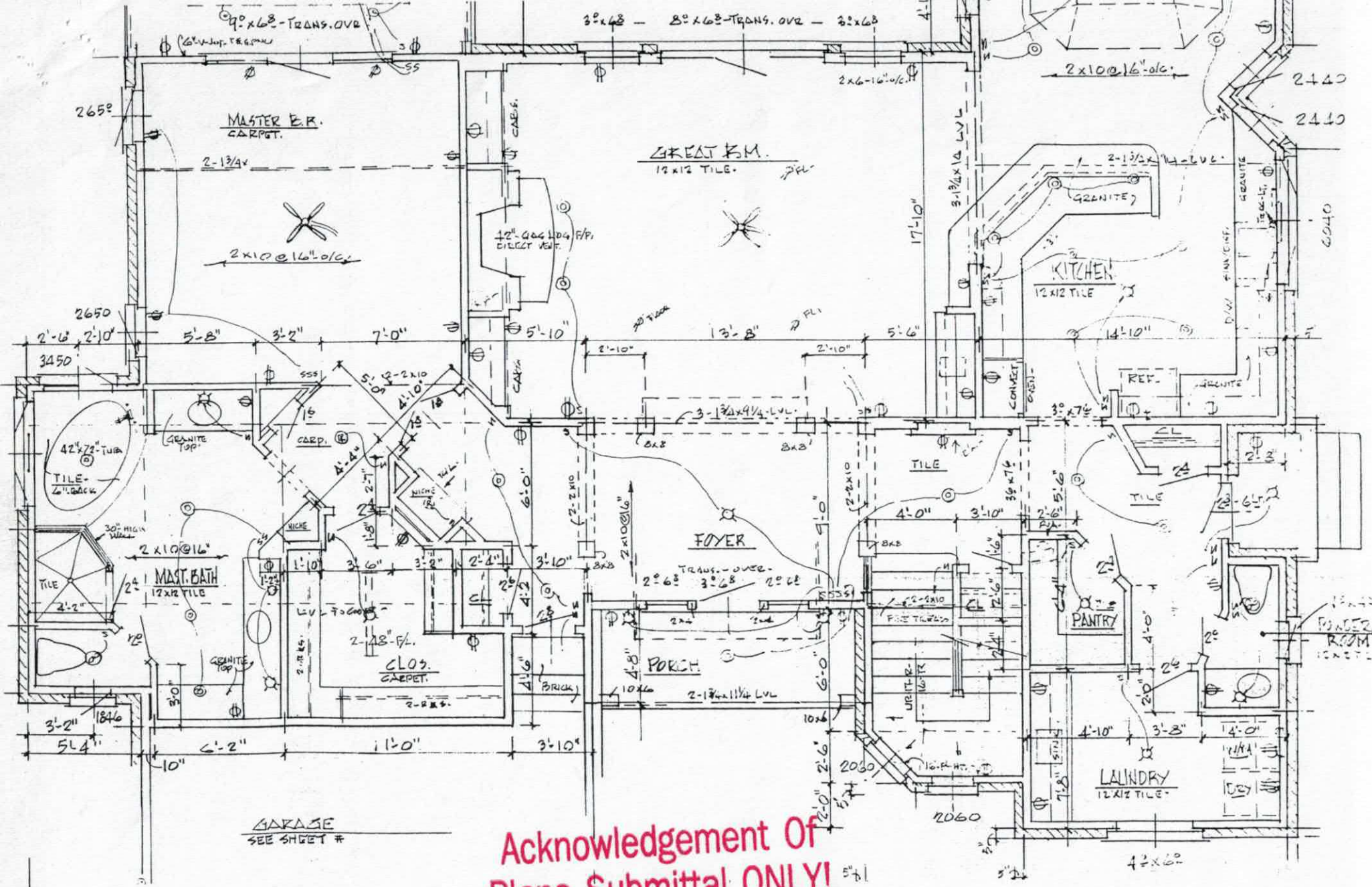
CURVE	RADIUS	LENGTH	CHORD	CH.BEARING
C1	220.98'	40.98'	40.92'	S 08°22'05"W

BOUNDARY/PHYSICAL SURVEY

NOTES:



Acknowledgement Of
Plans Submittal ONLY!
STEVE HERACK Date 9-25-03
Craig M. Rozanek Date 9-25-03



Acknowledgement Of
Plans Submittal ONLY!

STEVE HEDRICK Date 9-25-03

Craig M. Broeman Date 9-25-03

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	115063ZO	Subdivision:	Morrison
Proposed Use:	Single Family	Township:	1500 Fallstown
Location of Property:	875 Morrison Farm Rd. Troutman NC 28166		
Parcel #:	4629-70-7119	Zoning:	R-20
Lot #:	34 Size: .78 acres	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Craig M Roseman	Owner:	Charles F Robinson
Address:	21121 Shearer Road Davidson NC 28036	Address:	8221 Fairview Road Charlotte, Nc 28226
Phone:	704-896-0773	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width:	Min: Rear Yard: 50 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Single Family Dwelling

Directions:

State Park, turn left onto Morrison Farm Road, follow to the end, turn right onto the circle, lot on the right

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: Craig M Roseman Date: 8-6-03

A non-refundable fee of $45.00 is charged on all permit applications.

EMILY JACKSON

Printed: 8/5/03