IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 16973 DATE 9-10-93

OWNER OR CONTRACTOR Morris Roseman PHONE: Business TAX MAP NO. 9E-A-9

ADDRESS Rt. 8 Box 281 Statesville, N.C. 28677 Home 872-6622

LOCATION I40W TR Stamey Farm Rd. TL Island Ford Rd. TR Lippard Farm Rd. TR Roseman MHP, Lot on L

SUBDIVISION Roseman MHP BLOCK / SECTION LOT J LOT AREA SITE CLASS. Existing L.T.A.R. Repair

Water Supply: ☐ Individual ☐ Community ☑ Public County Water

Septic Tank: Existing Gallons; STB Date

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 2 Square Feet 600 Linear Feet 200'

No Lines 2 Trench Width 36" Trench Depth 18"-36" Gravel Depth 12"

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

System Description: conventional, gravity

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home (2) ☐ Business ☐ Other 2 SW MH's on 1 system

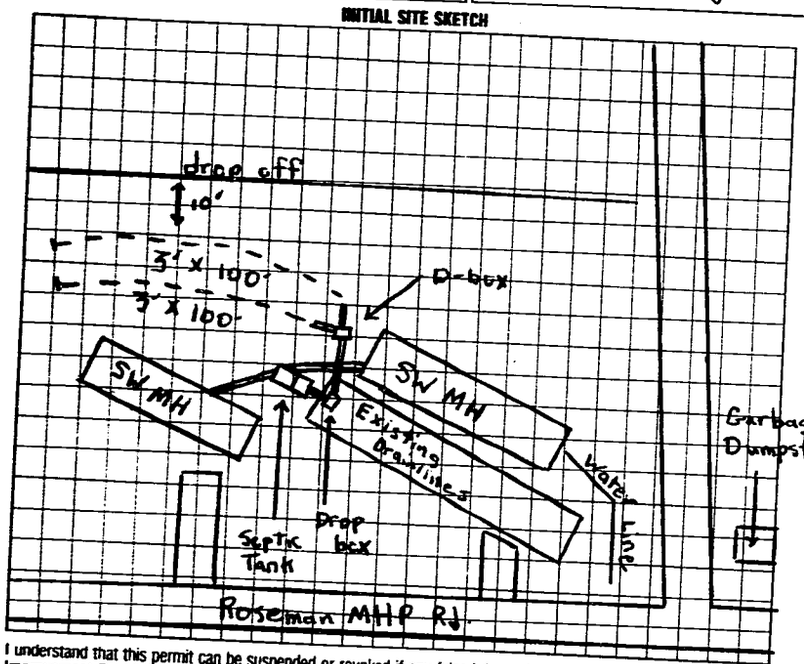
No. Bedrooms 5 No. Bathrooms 2 No. Employees —

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

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

Comments Keep Repair lines on contour, keep system 6' from existing system, 5' from any building foundation, and 10' from any water line. Use drop box and feed existing drain lines first, repair lines last.

INITIAL SITE SKETCH



AS BUILT SKETCH

* Used existing D-box with speed leveler instead of Drop box.
* Check for leaks, continuous flow into system at time of inspection.

SAME AS INITIAL SKETCH.

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: Morris Roseman

Improvement Permit by: Michael J. Dennis date 9-10-93

Existing System Inspection by: date

Installed by: Tommy Catteren

Certificate of Completion by: Michael J. Dennis date 9-21-93

Operation Permit by: date

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