IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4705-67-~~0000~~ 3664 DATE 4/2/03

OWNER OR CONTRACTOR Rosemans MHP PHONE: Business (704) 872-6622 Home —

ADDRESS Lippard Farm Rd Statesville N.C.

LOCATION Hwy 64 W (L) Lippard Farm Rd (L) on Original Drive, 3rd house on right

SUBDIVISION Rosemans MHP BLOCK / SECTION — LOT 39+39 LOT AREA Acreage SITE CLASS. PI DESIGN FLOW 600 L.T.A.R. Exp

Septic Tank: Existing Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 625 Linear Feet 150

No Lines 1@150' Trench Width 36" Max Trench Bottom Depth — Gravel Depth 18"

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

System Description: Gravity Conv.

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home (2) ☐ Business ☐ Other

No. Bedrooms 5 No. Bathrooms ____ No. Employees ____

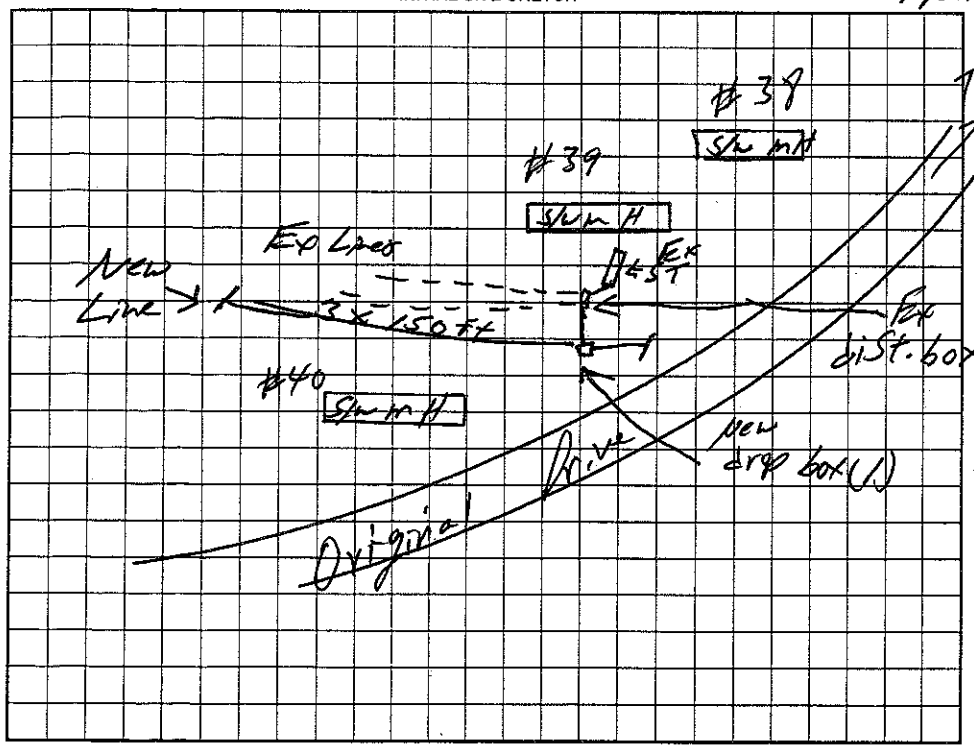
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

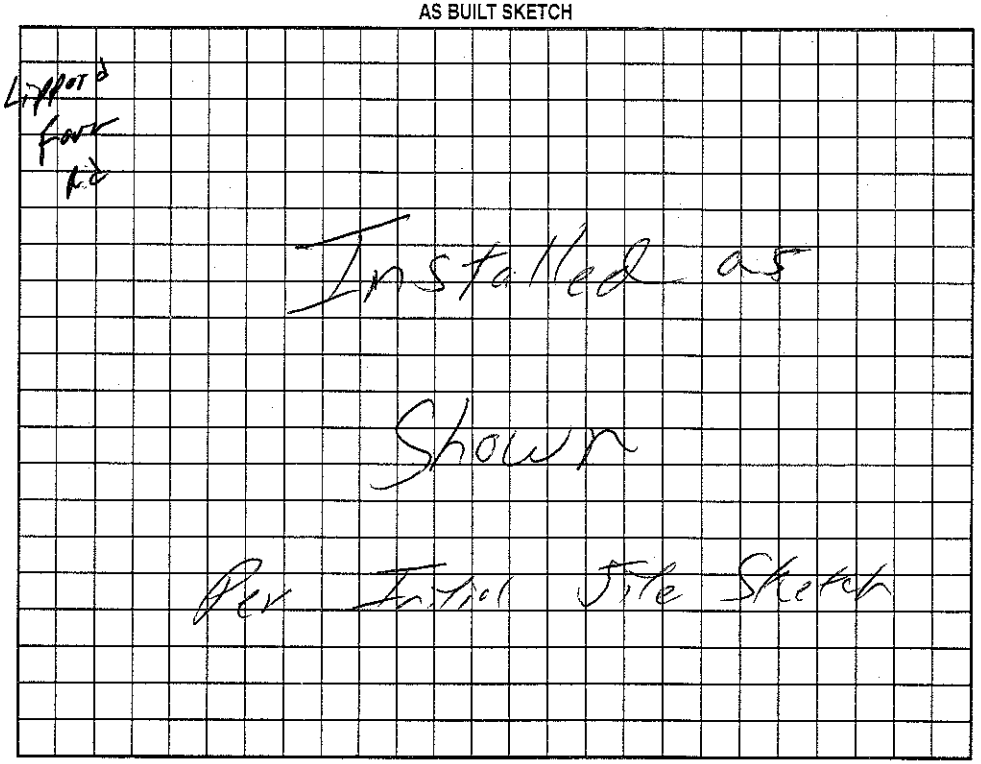
Comments:/Conditions: (1) Install one(1) line 150ft w/18" Gravel + one(1) drop box on Contour (2) this permit serves as N.O.V. to log to Repair.

Comments:/Conditions:

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: Mowrie Rosemon date ____ Installed by: Jody Travis

Improvement Permit by: William O. Johnson date 4/2/03 Operation Permit by: William O. Johnson date 4/24/03

Authorization to Construct by: William O. Johnson date 4/2/03 Existing System Inspection by: ____ date ____

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