IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118137 PIN# 4705-67-~~2681~~ 3664 DATE 3/ /04

OWNER OR CONTRACTOR Morris Roseman PHONE: Business (704) 822-6622 Home —

ADDRESS 726 Lippard Farm Rd Statesville, N.C. 28677

LOCATION Hwy 64 west, (L) Lippard Farm Rd, (L) on original Drive, 3rd Trailer on right

SUBDIVISION Rosemans Trailer Park BLOCK / SECTION — LOT #8 (6) LOT AREA 14.53 SITE CLASS. PS DESIGN FLOW — L.T.A.R. Exempt

Septic Tank: 1,250 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1000 Linear Feet 400

No Lines 4 Trench Width — Max Trench Bottom Depth — Gravel Depth 10"

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

System Description: Gravity, Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 6

☒ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

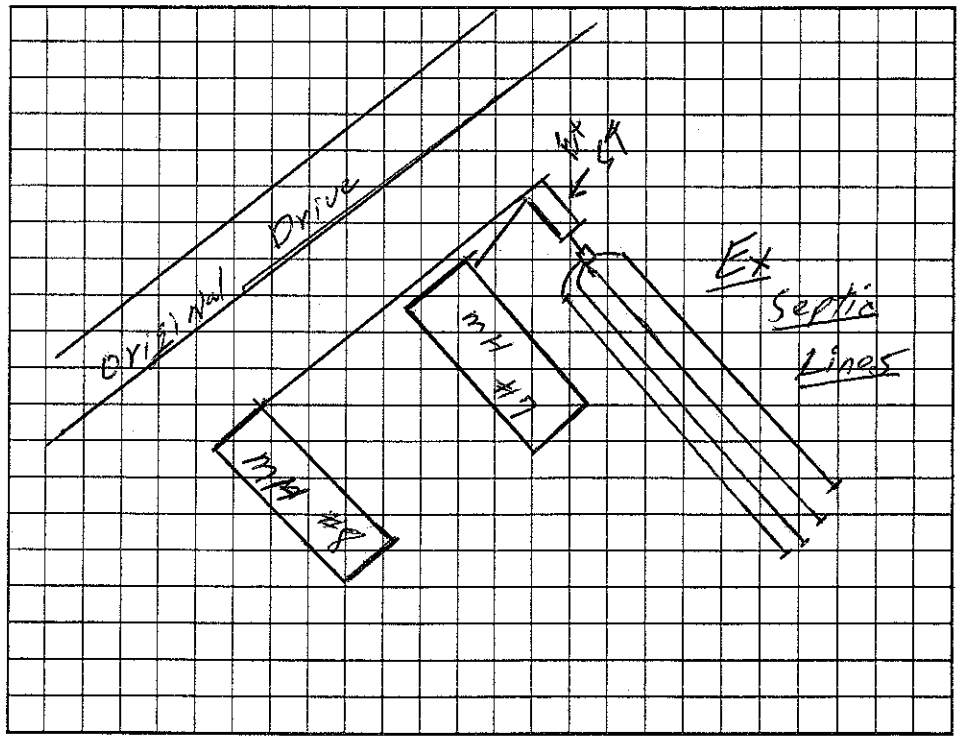
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: (1) Keep MH Space #8. (2) maintain proper setbacks (2) Septic System functioning properly @ time of Inspection

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: _____ date _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: William O. Johnson date 3/8/04

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