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# DATE 8/18/01

OWNER OR CONTRACTOR Rosemon's Mobile Home Park PHONE: Business (704) 872-6622 Home —

ADDRESS 226 Lippard Farm Rd. Statesville, NC 28625

LOCATION US 64 West, (2) on Lippard Farm Rd, (3) onto Rosemon Trailer Park behind 1st Trailer on Left

SUBDIVISION Rosemont MHP BLOCK / SECTION — LOT 172 LOT AREA SITE CLASS: DESIGN FLOW L.T.A.R.

Septic Tank: Existing Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No. New

Nitrification Field: No Fields 1 Square Feet Linear Feet 280'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☒ Repair System Type: I ☒ II. III. IV. V. VI

System Description: Gravity Bed

Repair System Description: Gravity, Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12"

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

☐ House/Mod. Home No. Bedrooms 4

☒ Mobile Homes (2) No. Bathrooms

☐ Business No. Employees

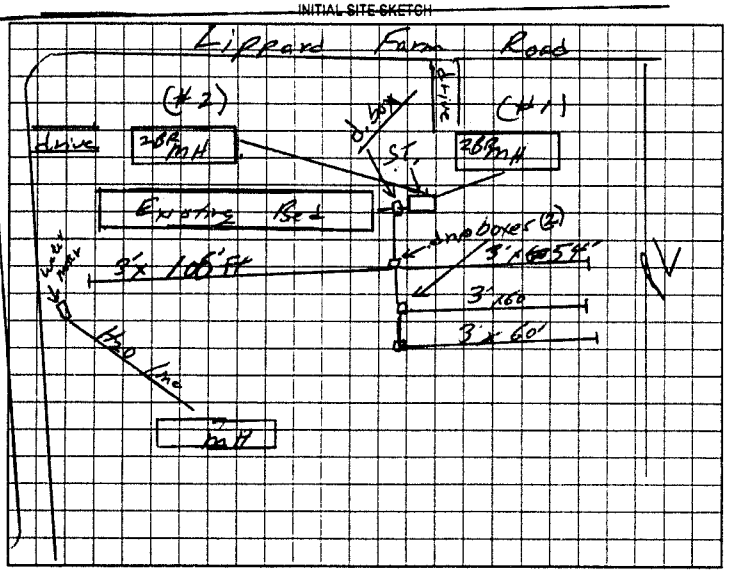
☐ Other

Water Supply: ☐ Individual ☒ Public ☐ Community

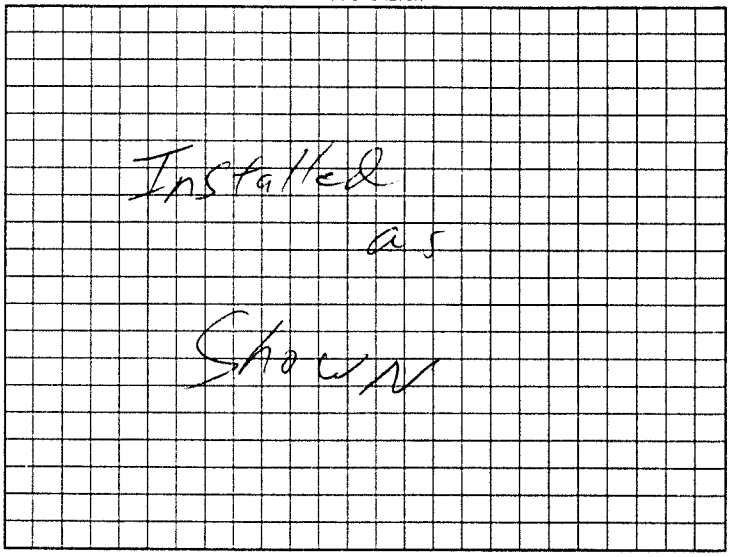
Comments/Conditions: ① Install new dist. box if needed ② Replace Sanitary Tee if needed ③ Maintain setbacks

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: Marvin Rosemon date 9/18/01 Installed by: Jody Travis

Improvement Permit by: William O. Johnson date 9/18/01 Operation Permit by: William O. Johnson date 9/21/01

Authorization to Construct by: William O. Johnson date 9/18/01 Existing System Inspection by: date

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