3:00 Union Grove Septic

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136541 PIN# 4712-~~38-2496~~ 287180 DATE 6-30-06

OWNER OR APPLICANT DAN ROSEMAN PHONE: Business 704-902-9997 Home 704-878-8778

ADDRESS 217 N. Kelly St, Statesville, NC 28625

LOCATION 70 WEST (L) OMR (R) Celeste Eufola (L) ACROSS FROM ROSEBUD LANE

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 1.0 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1067 Date 11-24-07
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet EQ=1200' Linear Feet 300'
No Lines 6x50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☒ Gravity ☐ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: LP 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons 6 No. Employees ______

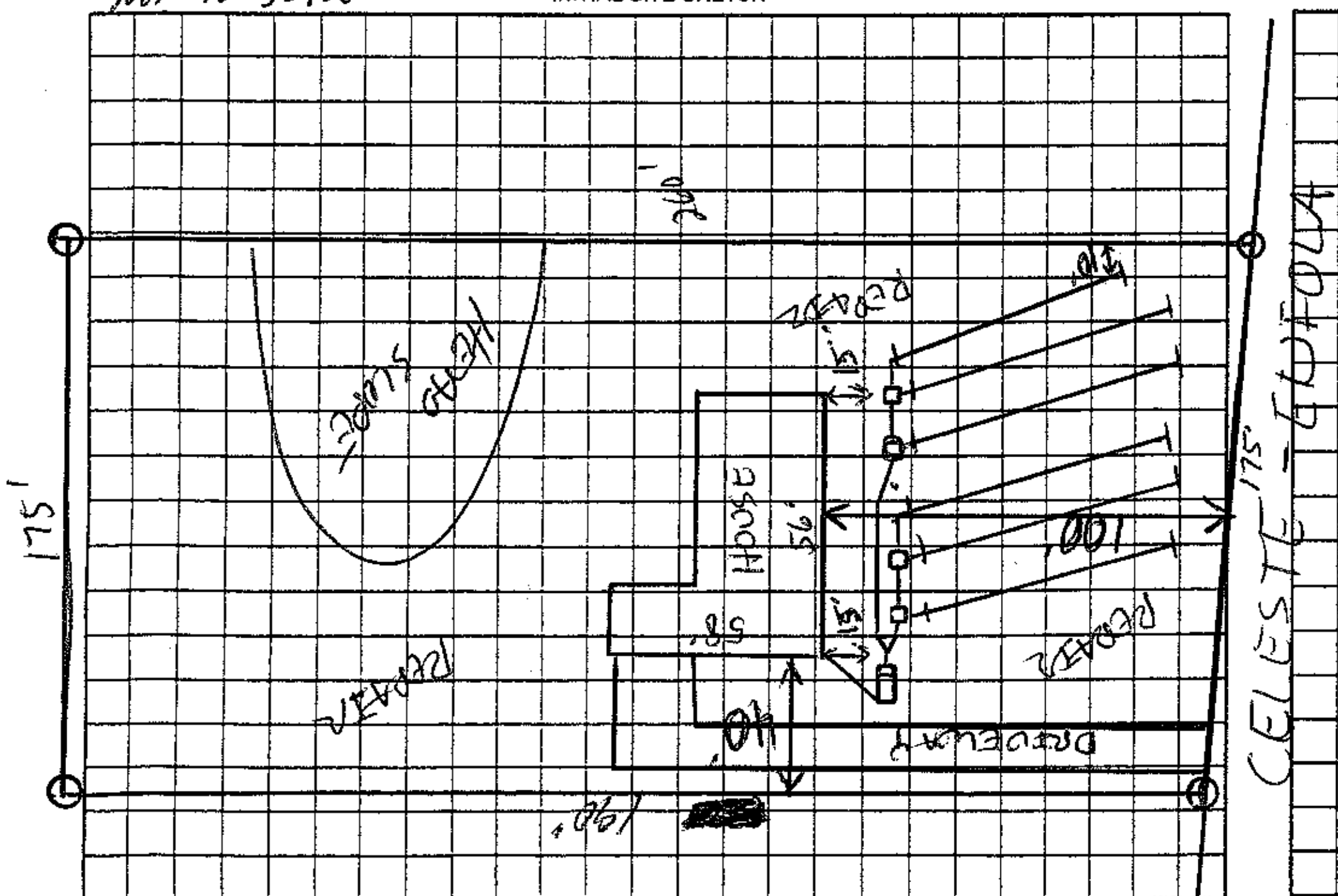
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (1) Keep Hose Out of Ground + BACKFILL FOR POSITIVE DRAINAGE REQMTS, SETBACK IS THEN 15' (2) INSTALL 6 LINES 50' LONG TOTALING 300'. USE 1 FLOW DIVIDER + 4 DROP BOXES AS DRAWN.

Comments:/Conditions: (3) HOUSE STAKED, Property Corners MARKED, AND LINES SHOT IN. BOWCO Filter + MARKER

"NOT TO SCALE"

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS DRAWN

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: Daniel J. Roseman date 6-30-06 Installed by: Union Grove Septic 1793

Improvement Permit by: [signature] RS date 6-30-06 Operation Permit by: [signature] RS date 1/24/08

Authorization to Construct by: [signature] RS date 6-30-06 Existing System Inspection by: ______ date ______

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