



BREAK

ROWAN COUNTY HEALTH DEPARTMENT
Environmental Health Division
 402 N. Main Street, Salisbury, NC 28144
 Tel. (704) 642-2000 Fax (704) 642-2003

New Repair Layout

Permit # _____ is invalid

OWNER Troy Rolla (810 Mt. Vernon Rd.)

TOWNSHIP S. IRISH

ADDRESS 2345 GRACE CH. RD. SALISBURY N.C.

MAP 723

LOCATION Cool Springs Rd. Rt. on Mt. Vernon Sub.

PARCEL 004 30

Rd. to Lot #1 on LF (1/2 mile) in WOODS

RECEIPT # 27871

Wastewater System Construction Authorization

Type of Structure: House MH Other MODULAR
 Sq. Ft. _____ Bedrooms 3 EDF 360 gal.
 Water Supply: Private MCP Comm. Mun.
 Type of System: Conventional Pump LPP
 PPBPS _____ HDS or Chamber _____ Other _____
 Septic Tank 900 gal. Pump Tank 900 gal.
 Subsurface Disposal Field 900 SQ. FT.
 ENV. HEALTH SPEC. Full Tank DATE 12/29/98

SYSTEM INSTALLER:

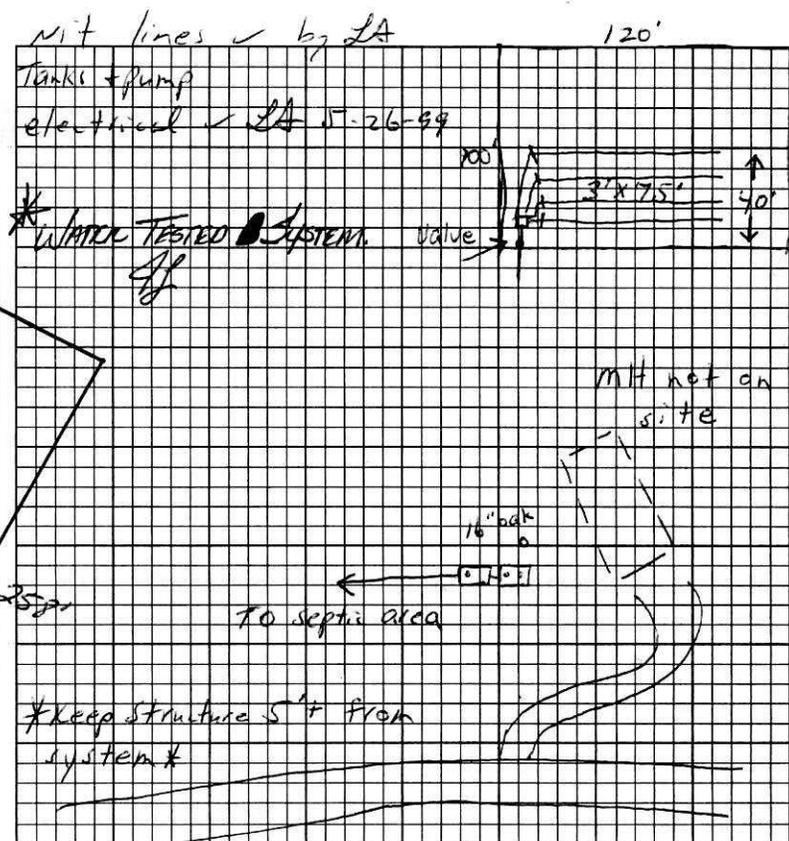
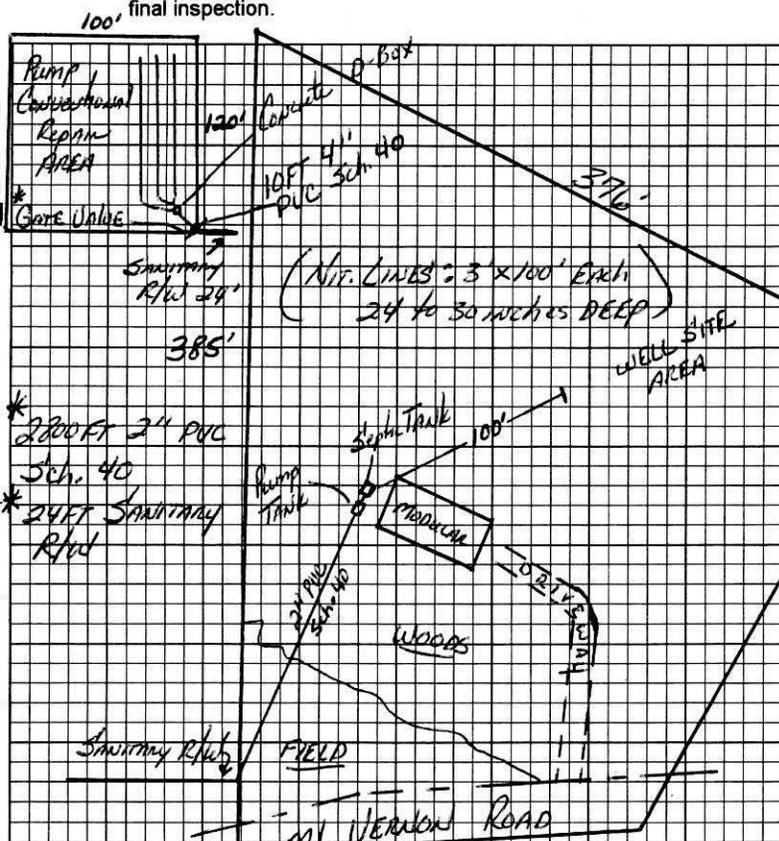
- Entire system must be installed as shown. Any change requires prior approval by the Rowan County Health Department.
- System installer is required to provide a level transit, set in place, for final inspection.

Operations Permit

System Type III
 Septic Tank 1000 gal. Mfr. Shoaf w/ filters + risers
 Pump Tank 1000 gal. Mfr. RST
 Subsurface Disposal Field 900
 Distance from system to water supply not drilled ft.
 Installed by Myers ST
 ENV. HEALTH SPEC. Full Tank DATE 3/8/99

OWNER:

- Sow grass over septic tank and all nitrification lines.
- Divert all gutter and surface water away from system.
- Well must meet setback standards of well construction rules.



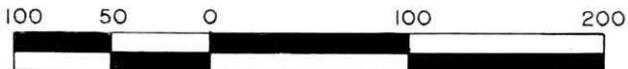
Actions of representatives of the Rowan County Health Department shall in no way be taken as a guarantee that this sewage treatment and disposal system will function in a satisfactory manner for any given period of time, or that such employees assume any liability for damages, consequential or direct, which are caused or which may be caused, by a malfunction of this system. This construction authorization is not transferable and shall become invalid 60 months from the date of issue. If the installation has not been completed during that time period, the information submitted in the application is falsified or changed or the site is altered, this construction authorization shall become invalid. When this construction authorization becomes invalid, the installation shall not be commenced or completed until a new construction authorization has been obtained.

Troy D. Rolla
OWNER/AUTHORIZED AGENT

12-30-98
DATE

Plat of Survey for
Troy D. & Lori A. Rolla

Scotch-Irish Township, Rowan Co., N.C.
December 8, 1998 Scale 1" = 100'



Current Surveying & Mapping, P.A.
1353 Brushy Mountain Road
Wilkesboro, N.C. 28697
Richard C. Current, Reg. No. L-756

Any liability for this survey on the part of the surveyor is solely to Troy D. & Lori A. Rolla

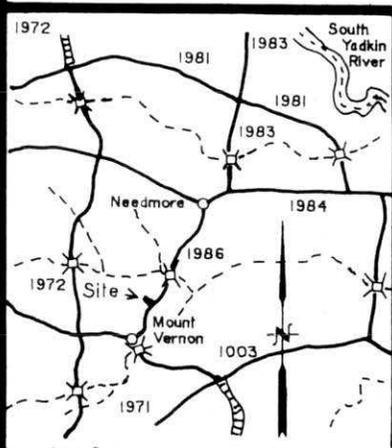
NOTE: Survey is over 2,000.00' from any published NC Horizontal Ground Control

Current tax records used to identify adjoining property owners. Survey performed without a title report, which may reveal additional conveyances, rights-of-way, easements, or other restrictions not shown.

NOTE: This property is not shown within the flood plain.

Minimum Setback	
Min. Front Setback	30'
Min. Lot width at Front Setback	70'
Min. Side Setback	10'
Min. Side Street Setback	20'
Min. Rear Setback	10'

Vicinity Sketch



- NOTES: (1) This property is not located within a public water supply watershed.
(2) This property may be serviced by well and approved sewage disposal system.
(3) A utility easement of not less than 10' in width shall be provided along each side and rear lot line.

I, Richard C. Current, Registered Land Surveyor, (L-756) Certify that this map was drawn from an actual field survey performed under my direction and supervision, that said survey conforms to the standards of practice of Land Surveyors of NC and the state laws of NC with the ratio of precision is 1 : $\frac{1}{1000000}$

Witness my hand and seal this 17 day of 12 1998.

Richard C. Current
Richard C. Current, Reg. No. L-756

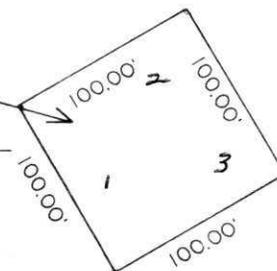
David P. Majors
Bk. 726, Pg. 397

Bk. 551, Pg. 294
dtd 3-27-72

LEGEND

- Iron set (5/8" Rebar)
- Calculated point
- ⊙ Railroad spike

Sanitary Drain Field
See Map Recorded in
Bk. _____, Pg. _____



Richard & Carleen Current
Bk. 786, Pg. 496
Bk. 786, Pg. 498

CERTIFICATE OF OWNERSHIP AND DEDICATION

I (We) hereby certify that I am (we are) the owner (s) of the property shown and described hereon and that I (we) hereby adopt this plan of subdivision with my (our) free consent establish minimum building lines and dedicate all Streets, Alleys, Walks, Parks, and other sites to Public or Private use as noted.

Date _____

Owner

Owner

CERTIFICATE OF APPROVAL OF FINAL PLAT

This final plat has been approved in accordance with the provisions of the Rowan County Subdivision Ordinance on:

Date _____

Subdivision Administrator



ROWAN COUNTY HEALTH DEPT. / ENVIRONMENTAL HEALTH DIVISION

17403

Appointment	Subdivision	Township <u>S. Lewis</u>
Date _____ / _____ / _____	Name _____	Map <u>723</u>
Time _____ :	Lot <u>1AK Pump to</u>	Parcel <u>004</u>
EHS _____		Permit <u>22479</u>

APPLICATION FOR SERVICES

FEE	RECEIPT	FEE	RECEIPT	FEE	RECEIPT
<u>50</u> Eval Res	<u>ok R2772</u>	<u>100</u> Imp Permit	<u>Permit R 27871</u>		Bac Repeat
Eval NR			<u>12-30-98</u>		Chemical
Repair		Bacteria Ind			Fluoride
Layout		Bac Sale/Ref			Well Permit
Layout NR		Exist System			

Property Owner Parent Phone H- _____ W- _____

Address _____

Applicant Doug Rolla Phone H- 857 0858 W- _____

Address 2345 Brock Ch. Rd, Sallis

Directions to property mt. Vernon Rd

SOILS/SITE EVALUATION: Lot size 2 Watershed NO Zoned NO

House _____ Mobile Home modular Bedrooms 3 Basement _____ Plumbing in basement? _____

Any other Mobile Homes on property? _____ How many? _____ Water Supply private

Other _____ Employees _____ Industrial Waste _____

EXISTING SYSTEM: Sale _____ Refinancing _____ Mobile Home _____ House _____ Addition to Residence _____

Total number of bedrooms _____ Other _____ Is property vacant? _____ How long? _____

When was system installed? _____ In whose name? _____

Has system been repaired? _____ In whose name? _____ When? _____

WATER ANALYSIS: Sale _____ Refinancing _____ Number of homes well serves _____ Is well on property? _____

Is well cut off below ground level? _____ Any septic systems or buried fuel tanks within 50' of well? _____

Mail to:	Comments
_____	_____
_____	_____
_____	_____

I certify that the statements on this application are true to the best of my knowledge, and I give permission for representatives of the Rowan County Health Dept. to conduct the requested services. Falsified information, structure changes, or site alteration invalidates all permits, authorization or approval.

Doug Rolla

Signature

12-7-98

Date

WASTEWATER SYSTEM IMPROVEMENT PERMIT

ROWAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
2728 OLD CONCORD ROAD
SALISBURY, N.C. 28146-8389 TEL. (704) 642-2000

New Repair

Permit No. 22478

Valid without expiration

Valid for five (5) years from date of issue

Owner Troy Roita Telephone # _____ Township 5I
Address 810 Mt. Vernon Rd. Map 723
Location Cool Springs Rd. Rt. on Mt. Vernon Subv. _____ Parcel 004
Rd. to Lot #1 on LFE (1/2 mile) W Lot # _____ Fee Paid _____
Wood Rec. No. _____

Facility To Be Served: House _____ Mobile Home _____ Other Modular
Bedrooms 3 Sq. Ft. N/A No. Of Employees, Etc. N/A
Water Supply PRIVATE
Design Wastewater: Flow, GPD 360 Type N/A
Proposed System: Conventional _____ Pump LPP _____ Other _____
Septic Tank 900 Gals. Pump Tank 900 Gal. Nitrification Area 900 Sq. Ft.
Other _____

Site Modification Conditions: _____

PERMIT SUBJECT TO REVOCATION IF SITE PLANS OR INTENDED USE OF THE PROPERTY CHANGES

This permit is issued pursuant to N.C.G.S. 130A-336, based on information supplied by the applicant and site conditions on the date of evaluation.

Jeff Smith
Environmental Health Specialist

12/29/98
Date

SOIL/SITE EVALUATION WORKSHEET

Date: _____ Phone: _____
 Owner/Applicant: Troy Roita 810 Mt. Vernon Rd.
 Property Location: Cool Springs Rd. Rt. on Mt. Vernon Rd. to Lot #1 on LF (1/2 mile) in woods
 Property Size: _____ Source of Water: PRIVATE Structure: Modular No. Bedrooms: 3
 Participants: Richard Current, JL
 Persons Contacted: SAME

Soil Factors	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10
1. % Slope & Topography										
Soil Depth										
2. Horizon I Depth	<u>0-6"</u>	<u>0-6"</u>	<u>0-4"</u>							
Texture & Group	<u>III</u>	<u>III</u>	<u>III</u>							
Consistence	<u>FRI</u>	<u>FRI</u>	<u>FRI</u>							
Structure										
Horizon II Depth	<u>6-36"</u>	<u>6-36"</u>	<u>4-36"</u>							
Texture & Group	<u>IVA</u>	<u>IVA</u>	<u>IVA</u>							
Consistence	<u>FIRM</u>	<u>FIRM</u>	<u>FIRM</u>							
Structure										
Horizon III Depth										
Texture & Group										
Consistence										
Structure										
Horizon IV Depth										
Texture & Group										
Consistence										
Structure										
Horizon V Depth										
Texture & Group										
Consistence										
Structure										
3. Restrictive Horizon										
4. Depth to Soil Wetness										
5. Available Space	S	<u>PS</u>	U							
6. Application Rate				<u>4</u>						
7. Site Class	S	<u>PS</u>	U							

Comments: Approved for 3BR Modular - Pumping 2800 FT.

ROWAN COUNTY HEALTH DEPT. / ENVIRONMENTAL HEALTH DIVISION

17403

Appointment Date _____ / _____ / _____ Time _____ : _____ EHS _____	Subdivision Name _____ Lot _____	Township <u>S. Lewis</u> Map <u>p 723</u> Parcel <u>004</u> Permit _____
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APPLICATION FOR SERVICES

FEE	RECEIPT	FEE	RECEIPT	FEE	RECEIPT
<u>50</u> Eval Res	<u>ok R27725</u>	Imp Permit		Bac Repeat	
Eval NR		Bacteria Ind		Chemical	
Repair		Bac Sale/Ref		Fluoride	
Layout		Exist System		Well Permit	
Layout NR					

Property Owner Current Phone H- _____ W- _____
 Address _____
 Applicant Troy Rolla Phone H- 857 0858 W- _____
 Address 2345 Grace Ch - Rd, Salis
 Directions to property mt. Vernon Rd

SOILS/SITE EVALUATION: Lot size 2 Watershed NO Zoned NO
 House _____ Mobile Home modular Bedrooms 3 Basement _____ Plumbing in basement? _____
 Any other Mobile Homes on property? _____ How many? _____ Water Supply private
 Other _____ Employees _____ Industrial Waste _____

EXISTING SYSTEM: Sale _____ Refinancing _____ Mobile Home _____ House _____ Addition to Residence _____
 Total number of bedrooms _____ Other _____ Is property vacant? _____ How long? _____
 When was system installed? _____ In whose name? _____
 Has system been repaired? _____ In whose name? _____ When? _____

WATER ANALYSIS: Sale _____ Refinancing _____ Number of homes well serves _____ Is well on property? _____
 Is well cut off below ground level? _____ Any septic systems or buried fuel tanks within 50' of well? _____

Mail to:	Comments
_____	_____
_____	_____
_____	_____

PERMIT SUBJECT TO REVOCATION
 IF SITE CHANGES OR INTENDED
 USE OF THE PROPERTY CHANGE

I certify that the statements on this application are true to the best of my knowledge, and I give permission for representatives of the Rowan County Health Dept. to conduct the requested services. Falsified information, structure changes, or site alteration invalidates all permits, authorization or approval.

Troy D. Rolla
 Signature

12-7-98
 Date

Preliminary Zoning Review

ROWAN Co.
County/Municipal Zoning Agency

Tax Map 723 Parcel 004 p/s Subdivision _____ Lot _____

Location MT VERNON RD.

Property Owner R. CURRENT Applicant TROY ROILA

Proposed Use of Property MODULAR

This certifies that the undersigned, an applicant for a Health Department

Site Evaluation Existing System Inspection

to use the property described above for onsite wastewater disposal, has submitted this proposal for review by the zoning agency with jurisdiction over the property.

Upon receipt of this document, the Rowan County Health Department will evaluate the property to determine its suitability for the applicant's requested use. **Possession of a Health Department wastewater disposal permit does not guarantee final zoning approval of the property described above, or the issuance of a building permit.**

THIS DOCUMENT IS NOT A ZONING PERMIT, OR ZONING AUTHORITY APPROVAL TO OBTAIN A BUILDING PERMIT.

Troy Roila
Applicant Signature D. Roila

Date

D. Mingo
Authorized Zoning Signature

12.7.98
Date

ROWAN COUNTY HEALTH DEPT. / ENVIRONMENTAL HEALTH SECTION

12890

Appointment	Subdivision	Township <u>S Dist</u>
Date _____ / _____ / _____	Name _____	Map <u>723</u>
Time _____	Lot <u>1</u>	Parcel <u>P.O.4</u>
EHS _____		Permit _____

APPLICATION FOR SERVICES

FEE	RECEIPT	FEE	RECEIPT	FEE	RECEIPT
<u>50</u> Eval Res <u>CPK 23560</u>		Imp Permit		Bac Repeat	
Eval NR				Chemical	
Repair		Bacteria Ind		Fluoride	
Layout		Bac Sale/Ref		Well Permit	
Layout NR		Exist System			

Property Owner Richard Current Phone H- 910 667 3395
 Address 1353 Brushy Mt. Rd, Willsboro W- 910 838 3395
 Applicant _____ Phone H- _____
 Address _____ W- _____
 Directions to property 1/2 from intersection of Coal Springs on Mt. Vernon on left

SOILS/SITE EVALUATION: Lot size 2+ Watershed NO Zoned NO
 House Mobile Home _____ Bedrooms 3-4 Basement _____ Plumbing in basement? _____
 Any other Mobile Homes on property? _____ How many? _____ Water Supply private
 Other _____ Employees _____ Industrial Waste _____

EXISTING SYSTEM: Sale _____ Refinancing _____ Mobile Home _____ House _____ Addition to Residence _____
 Total number of bedrooms _____ Other _____ Is property vacant? _____ How long? _____
 When was system installed? _____ In whose name? _____
 Has system been repaired? _____ In whose name? _____ When? _____

WATER ANALYSIS: Sale _____ Refinancing _____ Number of homes well serves _____ Is well on property? _____
 Is well cut off below ground level? _____ Any septic systems or buried fuel tanks within 50' of well? _____

Mail to: _____ Comments Revised IP AC for CP appn
**PERMIT SUBJECT TO REVOCATION
 IF SITE PLANS OR INTENDED
 USE OF THE PROPERTY CHANGE**

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 Signature Date 5-14-97

