11316

IV

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

4625-90-1208

OWNER OR CONTRACTOR Debra Lee Graham DATE 1/18/91 PERMIT NO. 2E-2-A-B

PHONE: Business _____ Home _____

LOCATION SR 1100 / TL 1101 (Yacht Rd.) TL Yacht Ln on R, corner of Ketch Court and Yacht Lane S. R. No. _____

SUBDIVISION NAME Yacht Cove LOT NO. 13 SECTION OR BLOCK NO. _____

Site Address:

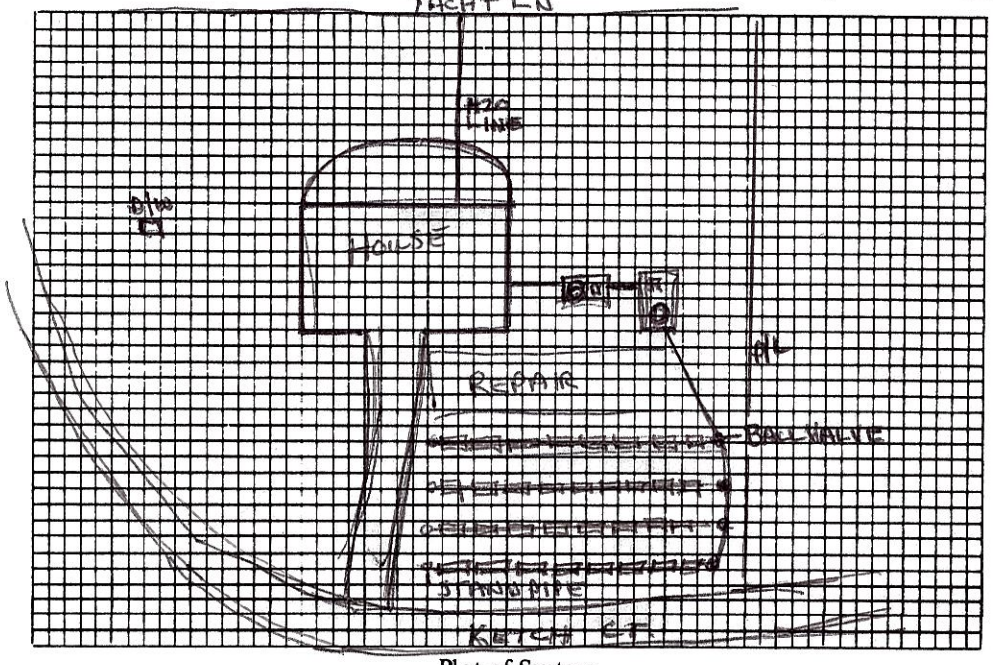
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	3	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	5-6%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	48"	
			Rock or other impervious formations	none found	

Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

1000 PT

Size of Tank 1000 ST Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 200' - 16" PANEL
Depth of Stone in Lines _____

Water Supply: Individual (✓) PRESSURE DOSED PANEL
Public ( )

Installed by F. TERVIN

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. / D. R. Hinson, EHC DATE 1/18/91

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Debra Lee Graham DATE April 2, '90 PERMIT NO. 2C-2-A-13

PHONE: Business _____ Home _____

LOCATION 1100 TR 1101 (Yacht Rd.) TR Yacht Lane on Right, corner lot w/ Kitch Court S. R. No. _____

SUBDIVISION NAME Yacht Cove LOT NO. 13 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable/PS	Yes (✓)	No ( )	

Lot Area 20000 sq ft Limited Space

Character & Porosity of Soil PS clay

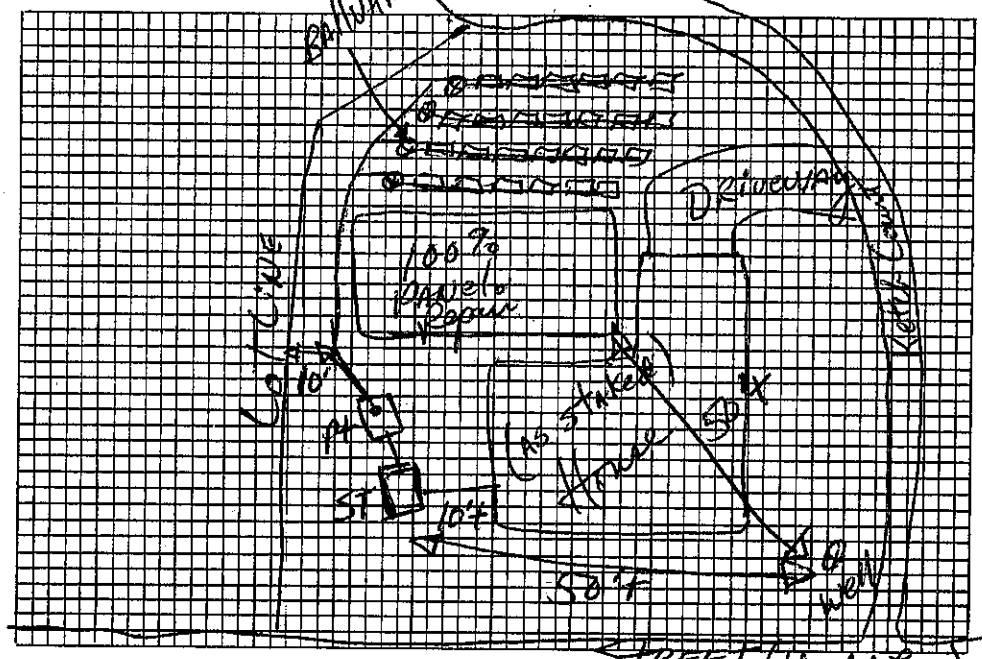
Percolation Rate ~.3

Topography rolling

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

1000 p.T.

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 200'±
Depth of Stone in Lines 16" T&F panels pressure dosed

Water Supply: Individual (✓)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY David R. Lyons, EHS

COMMENTS: Follow contour with drainfield - Max. trench bottom depth of 32". Use 1¼" Sch 40 through panels (46 panels total) with ONE 5/32" hole per panel. Two foot pressure head. Pump specs: 19gpm at ± 18' TDH. Provide good surface drainage around system.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

№ 11378

PROPERTY DESCRIPTION

APPLICATION FOR- (Not a Permit) (X) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: Dwelling

Location: Lot 13, Yacht Cove

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
2C-2-A-13	Davidson	Iredell	RR

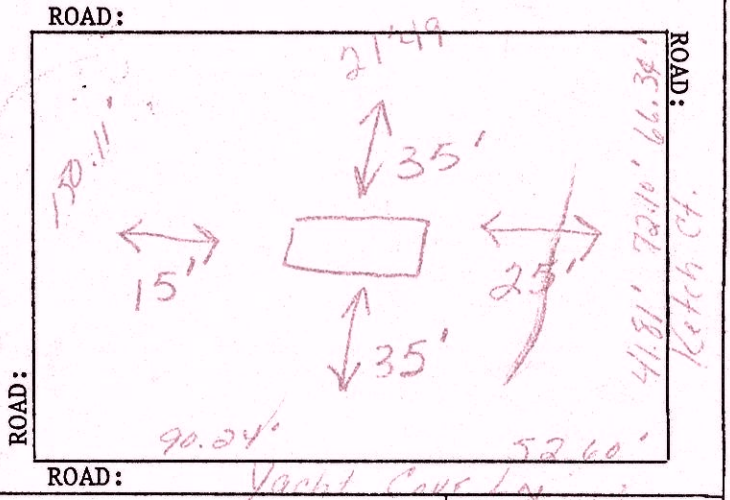
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no
Yacht Cove	13		

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.



2 - $15
H - $25
85053 BB
lsl

OWNER	ADDRESS	PHONE NO.
Debra Lee Graham	Mooresville	

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent — Application Date: 4-2-90

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area 20,000 sq. ft. Front yard depth 25 ft. Corner yard depth 25 ft.
Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS: Recorded 12/12/89, Book 21, Page 40

ZONING ADMINISTRATION DIVISION

K. Newell 4-2-90
Approved by — Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner