Mooresville Office S7 LOT 31

IREDELL COUNTY HEALTH DEPARTMENT

4626- ~~23-9097~~ 229972

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR Louis Lipinsky DATE 10/17/88 PERMIT NO. _____

PHONE: Business _____ Home 664-5719

LOCATION 1100 TR 1177 (Chuckwood) TR 1238 (Indian Trail) ~.8 mile on left. S. R. No. _____

SUBDIVISION NAME C L and T LOT NO. 31B SECTION OR BLOCK NO. _____

Site Address: 283 Indian Trail-Mrsvl. subdivided from original lot 31.

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ P.S. Yes (✓) No ( )

Lot Area 1.08 Acre

Character & Porosity of Soil Silty clay

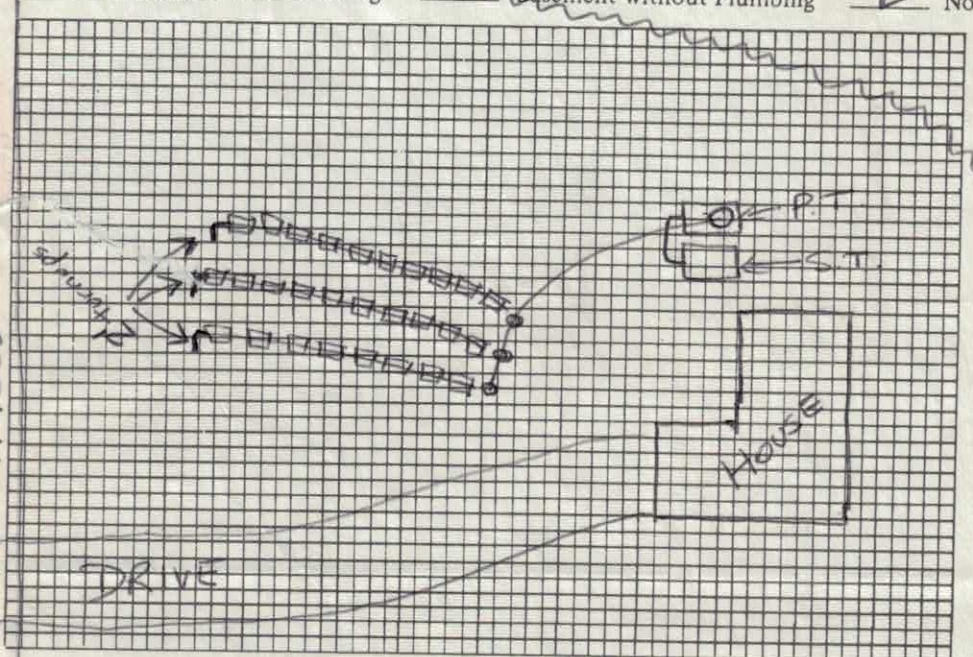
Percolation Rate ~.3 gpd/ft²

Topography 15-25%

Depth to Water Table 4'+

Rock or other impervious formations Scattered rock 3'+ massive rock near lake

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement 1250 gal pump tank



Plot of System NOT TO SCALE

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft 200' of

Depth of Stone in Lines 16" T and I

Water Supply: Individual (✓) Pressure Tanks

Public ( )

Installed by F.J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: Alarm and floats installed but high water alarm not mounted. Should be mounted.

CERTIFICATE OF COMPLETION BY Audrie C. Price DATE 10/17/88

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

07843

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 Louis Lipinsky DATE Jan 27, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Clockwood) to TR 1238 (Indian Trail) n, 8 mile on left S. R. No. _____

SUBDIVISION NAME CL&T LAKE NORMAN LOT NO. 31 B SECTION OR BLOCK NO. _____

Subdivided from original Lot 31

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ ✓ Yes (✓) No ( )

Lot Area 1.08 Ac

Character & Porosity of Soil silty clay

Percolation Rate 4, 3

Topography 15-25% ✓

Depth to Water Table 4'+

Rock or other impervious formations scattered rock 3'+ MASSIVE ROCK NEAR LAKE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1250 gal pump tank

Size of Tank 1250 Gals.

Nitrification Field:

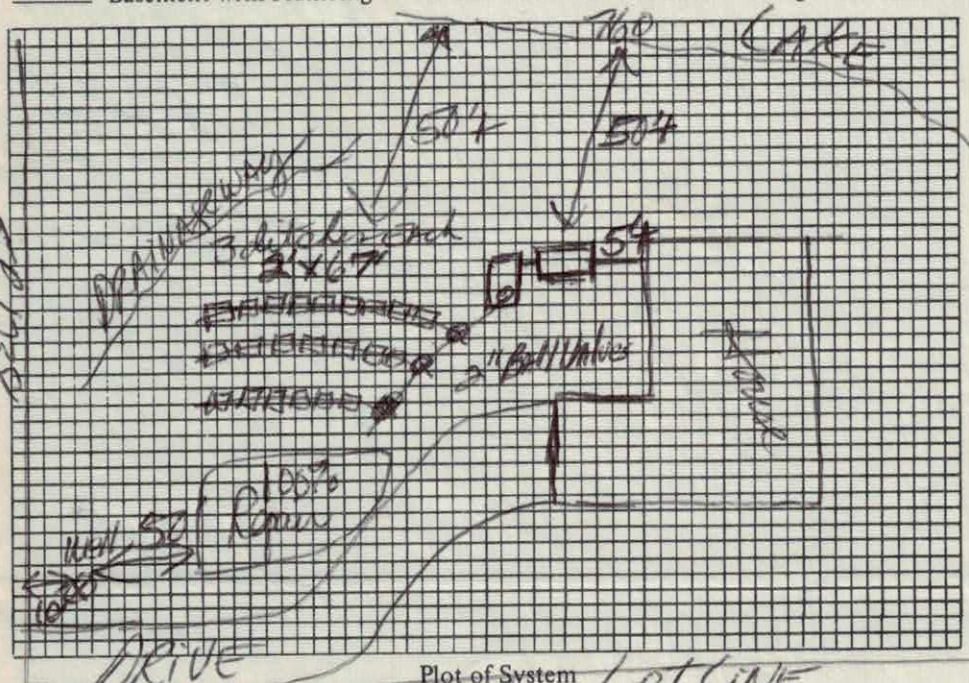
No. of Lines 3

Sq. Ft. _____ Linear Ft. 200' ea

Depth of Stone in Lines 16" TOT

Water Supply: Individual (✓) panels pressure-dosed

Public ( )



Plot of System LOT LINE

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY J. R. Hinson, R.S.

Follow contour!

COMMENTS: Panel drainfield must be installed no deeper than 30" to bottom of ditch. Use 2" pumpline to 2" ball valves at the head of each ditch. Reduce down to 1¼" for three panels with 2 - 5/32" holes drilled per panel. Use 2' pressure head. Need a pump capable of delivering 50 gal/min at ~ 30 TDH

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 / 873-7291

No 07843

PROPERTY DESCRIPTION

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

Proposed Use: To Construct a Single Family Dwelling

Location: Lot 175 TR 150 FC Williamson Trail Subdivision

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
4715-4-31	Davidson	Iredell	R-20

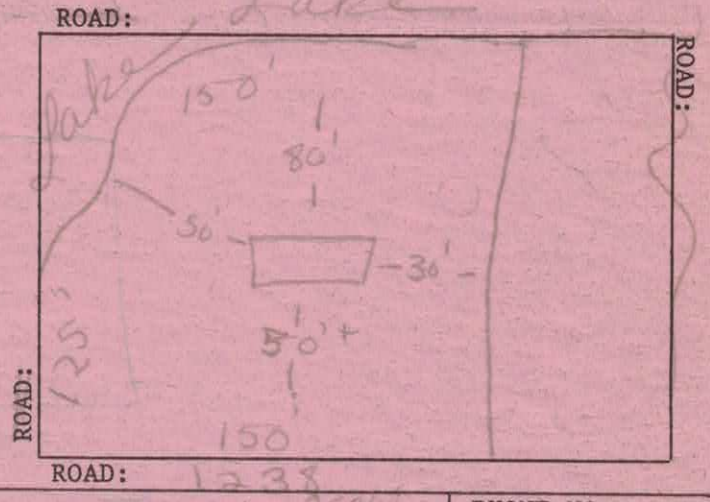
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Section 7		1.08 ac	( ) yes ( ) no

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.



OWNER	ADDRESS	PHONE NO.
Laurie Lipinsky	32 Robinhood Rd, Asheville	669-5719

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: 1-26-88

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 35 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: Survey & recorded 1-26-88 @ 11:10 Pat of Woods

ZONING ADMINISTRATION DIVISION

Approved by: Nancy Earp — Date: 1-26-88

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