4627-81-0245

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 Jim T. Streetman DATE 10-7-85 PERMIT NO. 343

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 TR 1443 TR 1444 (Beaten Path) 3rd lot on R past Honeysuckle Lane S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 1540 SECTION OR BLOCK NO. _____

Site Address - 644 Beaten Path Ln - Mtsvl

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

No. Bedrooms 4 3 DPH No. Bathrooms 2½

Garbage Disposal Unit Yes (X) No ( )

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area 20,000 FT2 Lot Line

Character & Porosity of Soil Clay

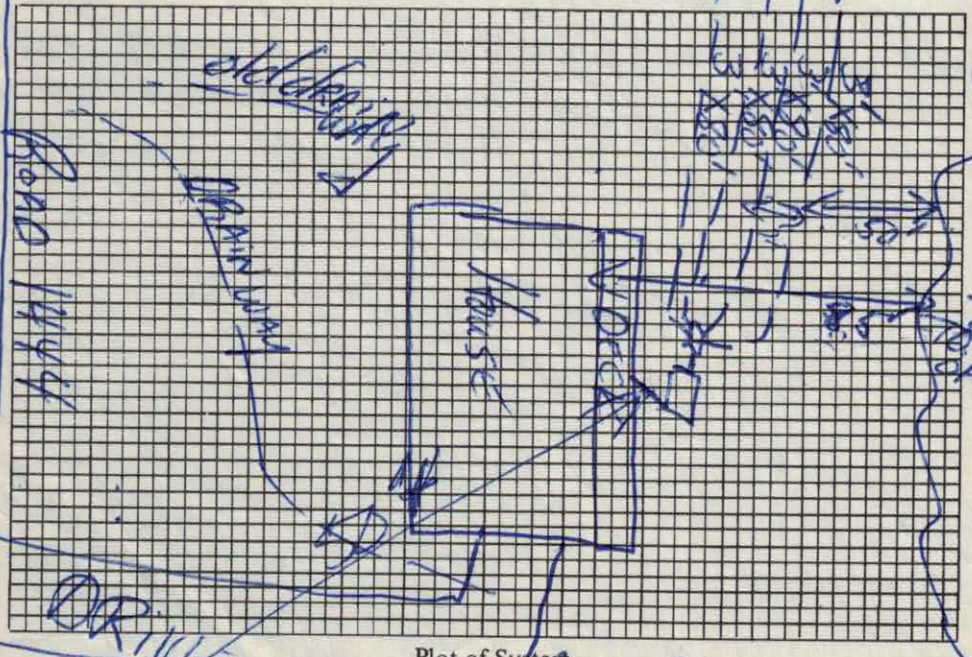
Percolation Rate 40 0.5 gal/ft 2-4 days

Topography

Depth to Water Table

Rock or other impervious formations None obs.

( ) Basement with Plumbing (X) Basement without Plumbing ( ) No Basement



Plot of System

Size of Tank 1500 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 400 900 Linear Ft. 320 300

Depth of Stone in Lines 12"

Water Supply: Individual (X) Public ( )

Installed by _____

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

Signed: X Jim Streetman

IMPROVEMENTS PERMIT BY Fred Clayton

COMMENTS: System must be installed in AREA designated Keep System Shallow, No deeper than 12" COVER MAXIMUM

House changed from 4 bedroom to 3 bedroom. System changed accordingly at request of owner DPH

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

№ 03710

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m. 664-5281 / 873-7291

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

Proposed Use: To Construct Single Family Dwelling

Location: SR 1100, FR 1112 [redacted] Beaver Creek Sub. Lot 343

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
2911 [illegible]	Davidson	Towns	R-20

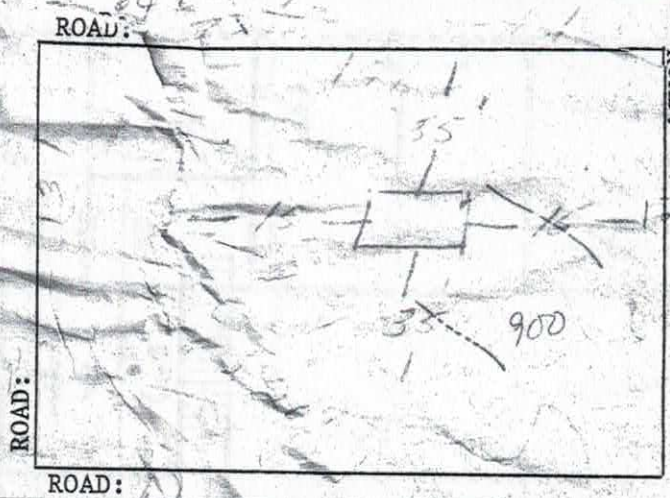
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no
Beaver Creek Sub.			

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.
Jim F. Stretman	10534 Parker Rd Fin. Twp. 28115	873-5371

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.

Jim F. Stretman — 10-3-85

Signature of Owner or Authorized Agent — Application Date

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 35 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: Lot Changed from 4 bedroom to 3 bedroom, septic system changed accordingly

ZONING ADMINISTRATION DIVISION

[illegible] — 10-3-85

Approved by — Date

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