4635387616

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

Mooresville Office

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

OWNER OR CONTRACTOR H. G. Warren DATE 6-13-78 PERMIT NO. 118

PHONE: Business _____ Home _____

LOCATION 1100 TL on 1113 before Baptist Church
Lot TL ¼ mi on right S. R. No. _____

SUBDIVISION NAME L.N. C L+T LOT NO. 23 SECTION OR BLOCK NO. 5

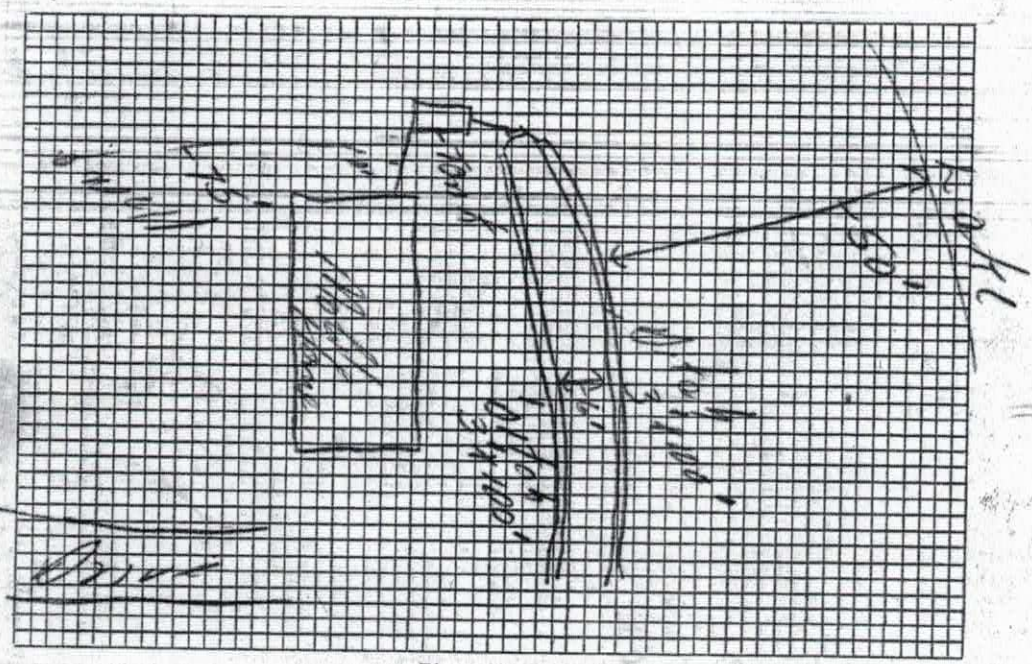
Site Address: 193 Ruby Rd - Mrsvl.

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Clay loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	60 min/in
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	7% Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	6' to 8' to Lake Level
			Rock or other impervious formations	None

Lot Area ¾ Acre



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by E. B. Sykes

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John H. Overton DATE 6-13-78

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

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

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 H. G. Warren DATE 5-19-78 PERMIT NO. 128

PHONE: Business 525-8660 Home 366-4130

LOCATION 1100 To on 1113 – before Statesville Baptist church Lot Turn left 1/4mi on right S. R. No.

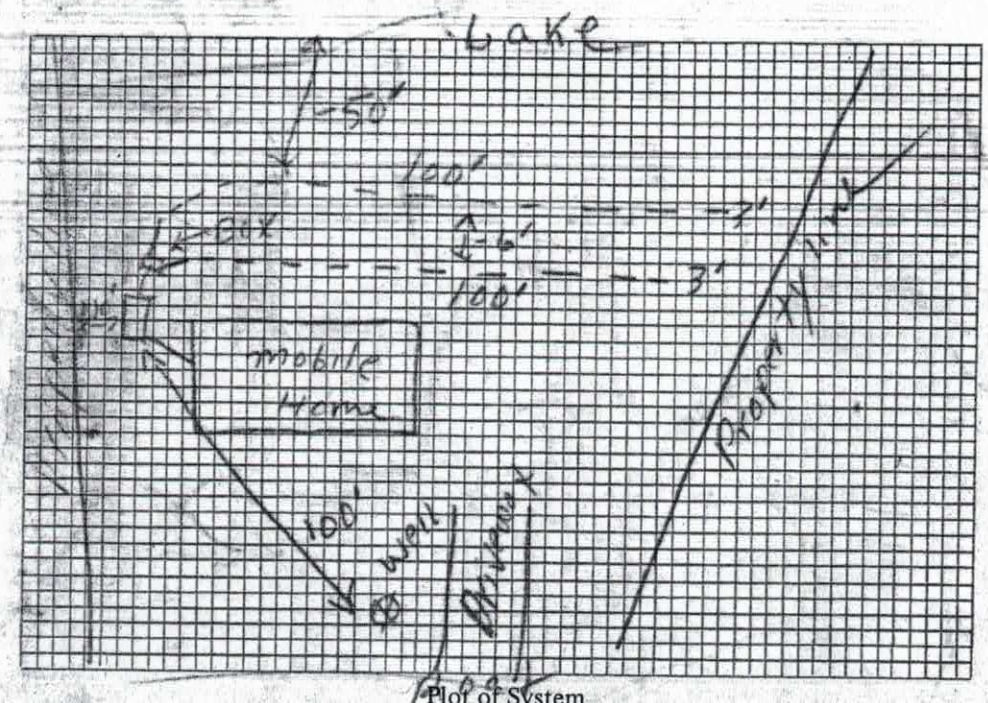
SUBDIVISION NAME Lake Norman LOT NO. 23 SECTION OR BLOCK NO. 5

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 3/4 Acre

Character & Porosity of Soil Clay loam Porosity Fair
Percolation Rate 60 min / inch
Topography 30% Slope
Depth to Water Table 6 to 8' to lake level
Rock or other impervious formations None



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS:

CERTIFICATE OF COMPLETION BY DATE

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

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

№ 07272

PROPERTY DESCRIPTION

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

Proposed Use: Res. Stamp Bldg & Drive Pad To

Location: 1100 TL 1113 T.L. Ruby Road 4th on Rt

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
2G-10-A-23	Davidson	Iredell Co	R-20

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

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

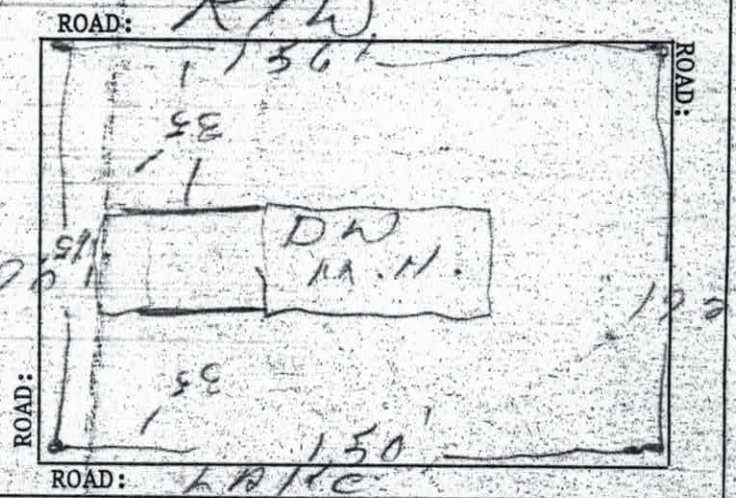
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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.

H.D $105.00

22176 RL



OWNER	ADDRESS	PHONE NO.
Hannibal G. Warren Warren	2419 Eastboro Rd Charlotte N.C.	553-0966 H 393-3260

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.

Hannibal G. Warren — 9-13-57

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 30,000 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:

ZONING ADMINISTRATION DIVISION — Approved by — Date 9-15-57

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