8561

IREDELL COUNTY HEALTH DEPARTMENT

4635-92-1135

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

2B-1-A-34

OWNER OR CONTRACTOR Mady Construction DATE Feb. 19, 1990 PERMIT NO. 35-1

PHONE: Business 892-5106 Home

LOCATION 1155 S. TR 1102 (Langtree) TR Lakeshore Drive ~1/4 mi on right 174 Lake Shore Dr. S. R. No.

SUBDIVISION NAME Lakeview Shores LOT NO. 11 SECTION OR BLOCK NO. D

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable Easement TS	Yes (✓)	No ( )

Lot Area 78' x 85'

Drainfield Easement Area

Character & Porosity of Soil clay

Percolation Rate ~.3

Topography 2%

Depth to Water Table 4' +

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1000 pump tank

Size of Tank 1000 Gals.

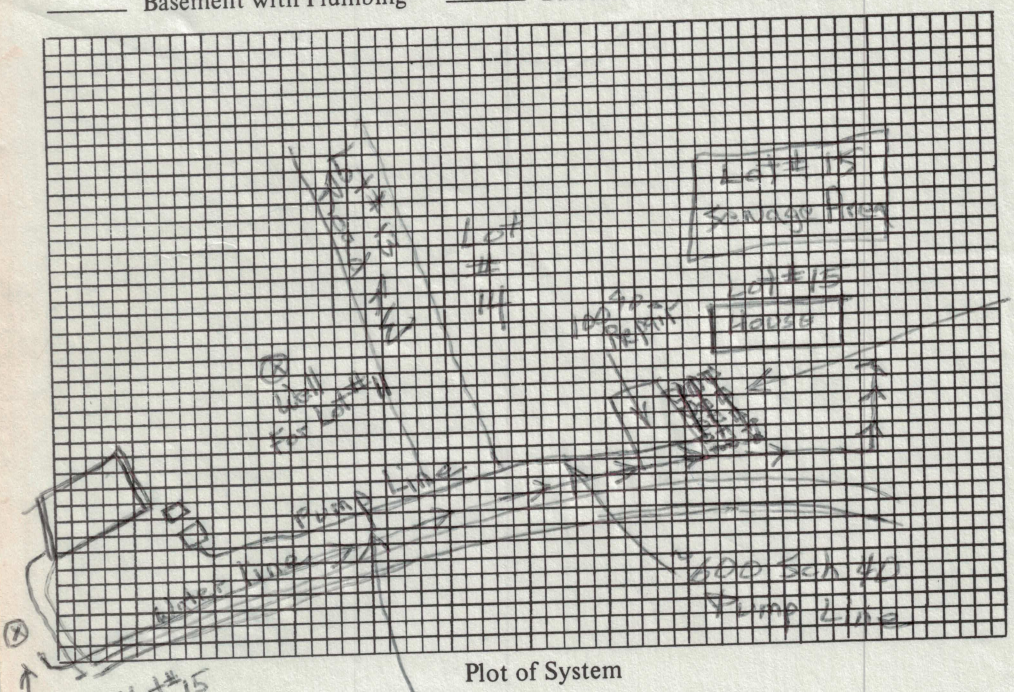
Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 200' of 16"

Depth of Stone in Lines T+T Panels

Water Supply: Individual ( ) Public ( ) Pressure Dosed



Plot of System

Sewage Drainfield Easement Lot #11

Installed by Bob MacLeod

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

Signed: _____

Pump Spec. 1 Hgal/min ~35' TDH

IMPROVEMENTS PERMIT BY _____

COMMENTS: 10' separation Bwtn. Pumpline & Water Line
Follows Easement route with pumpline
Pressure head checked valve boxes in place
Trench bottom + Tanks checked by David Hinson

CERTIFICATE OF COMPLETION BY Sam Ingram EH-S DATE Feb. 19, 199

Operation Permit

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 Mady Construction DATE July 31, '89 PERMIT NO. 26-1-A-34

PHONE: Business 892-5106 Home

LOCATION 115 S. TR 1102 (Langston) TR Lakeshore Dride.
~ 1/4 mile on Right S. R. No.

SUBDIVISION NAME Lakeview Shores LOT NO. 11 SECTION OR BLOCK NO.

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

No. Bedrooms 3 No. Bathrooms 3

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

~~Lot~~ Area 78'X85'

Drainfield Easement Area

Character & Porosity of Soil Clay

Percolation Rate ~.3

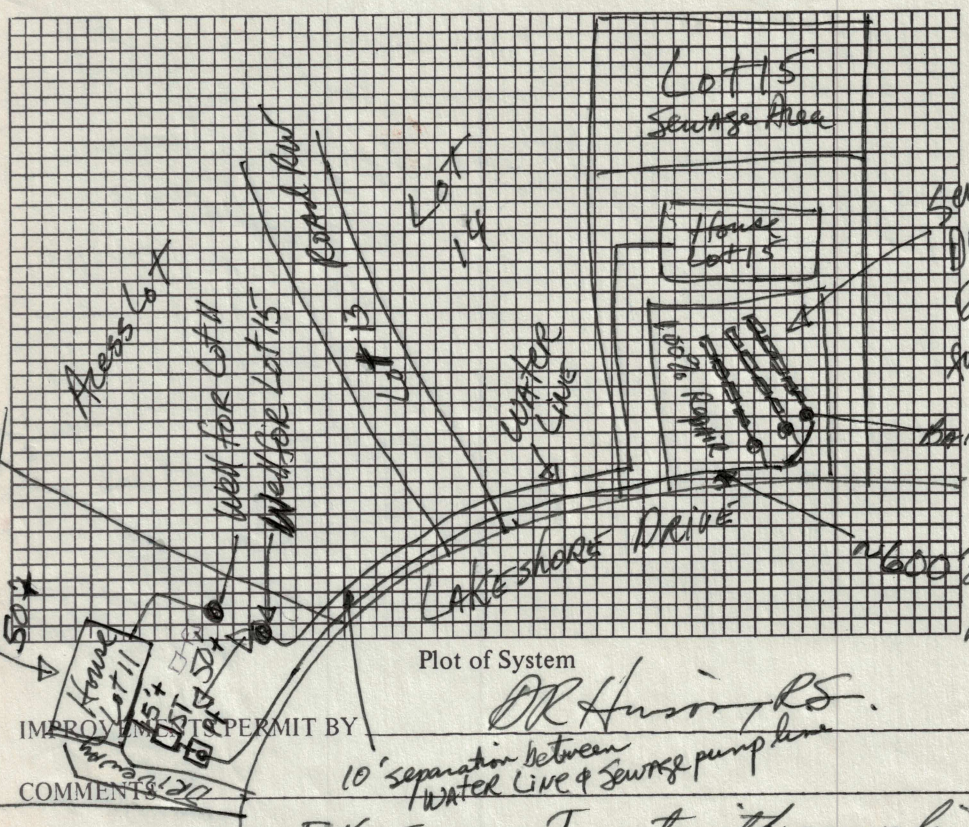
Topography 2%

Depth to Water Table 4ft

Rock or other impervious formations none obs.

1000 pump tank

____ Basement with Plumbing ____ Basement without Plumbing __✓__ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. Linear Ft. 200' of 16"
Depth of Stone in Lines T&J panels

Water Supply: Individual ( ) pressure done
Public ( )

Installed by

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

Signed: Paul Lee Mady

IMPROVEMENTS PERMIT BY DR Hussey RS.

Pump specs: 19 gal/min at approx 35' TDH

10' separation between WATER LINE & Sewage pumpline

COMMENTS (Water tight)

Follow Easement route with pumpline. Double seal (ie plaster also) septic tank & pumptank. Trench bottom depth on drainfield of 30". Follow contour with drainfield. Use ONE 5/32" hole per panel with 1¼" Sch 40 thru panels.

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 08561

PROPERTY DESCRIPTION

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

Proposed Use: To Construct A Single family

Location: 119 acres Off Hwy 115 on Grill on gravel rd

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
3B-1A 34	Davidson	Iredell	R-20

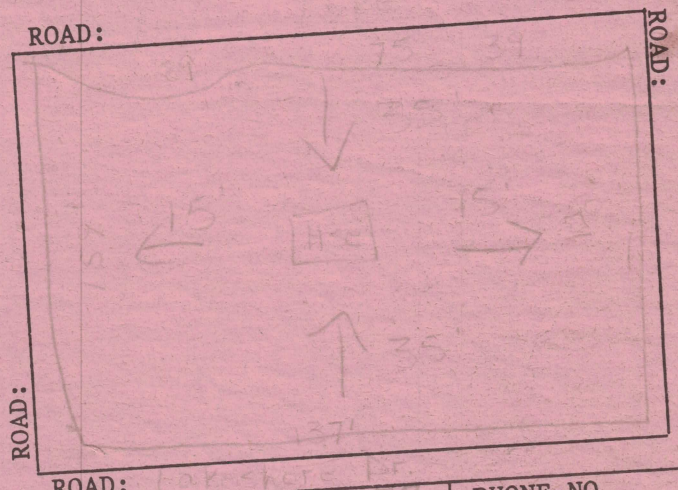
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no
Lakeview Acres	11		

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.
Mady Construction	18808 Hwy 73 Huntersville	892-5106

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 _____

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 _____ sq. ft. Front yard depth _____ ft. Corner yard depth _____ ft.

Lot width _____ ft. Side yard depth _____ ft. Rear yard depth _____ ft.

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

REMARKS: _____

ZONING ADMINISTRATION DIVISION

Approved by _____ Date _____

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