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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 Robert H. Wright DATE 4/9/84 PERMIT NO. 96

PHONE: Business Brawley School Rd. Home Blume

LOCATION 1100 | TR 1178 TL 1443 (Beaten Path) ½ mile on R

S. R. No.

SUBDIVISION NAME LAKE NORMAN LOT NO. 6 SECTION OR BLOCK NO. 9

Site Address: 196 Beaten Path Ln. Mrsvl

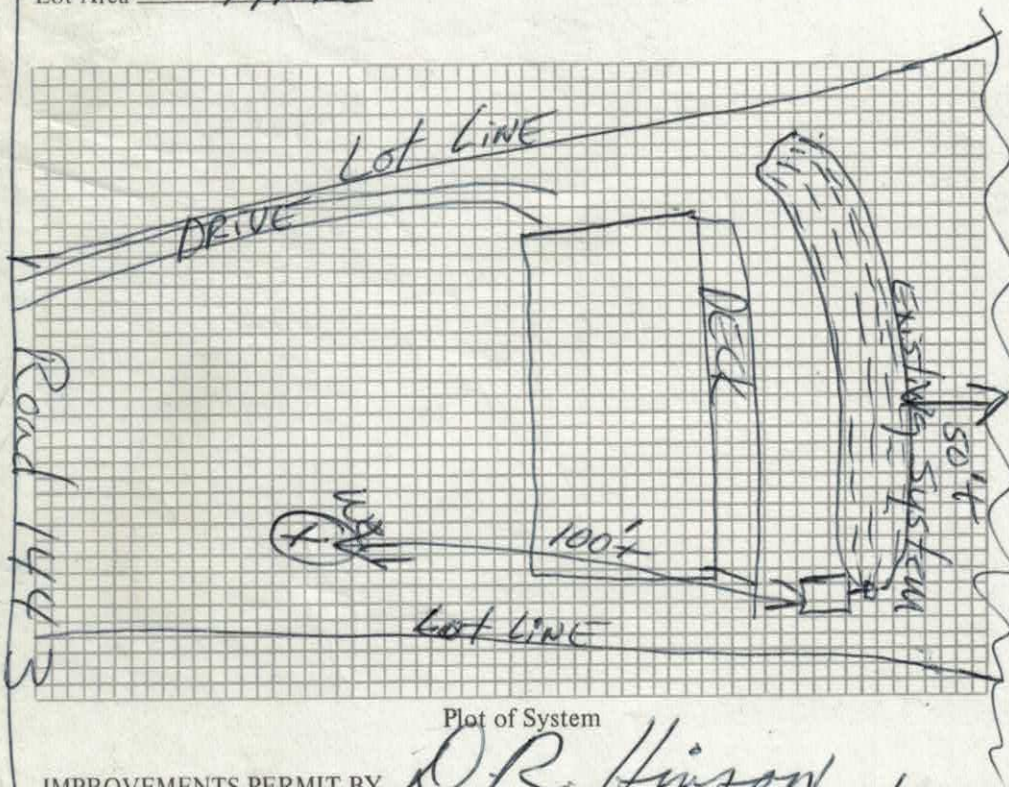
House (X) Mobile Home ( ) Business ( ) Other

No. Bedrooms 4 No. Bathrooms 4½

Garbage Disposal Unit	Yes (X)	No ( )
Auto. Dishwasher	Yes (X)	No ( )
Auto. Wash. Machine	Yes (X)	No ( )
Site Suitable	Yes (X)	No ( )

Lot Area ~3/4 ACRE

Character & Porosity of Soil EXISTING
Percolation Rate
Topography
Depth to Water Table
Rock or other impervious formations



Plot of System

EXISTING
Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1000 Linear Ft. 333
Depth of Stone in Lines 16"
Water Supply: Individual (X)
Public ( )

Installed by 12-19-79 T. J. ERVIN

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

Signed:

System checked by D. Hinson 12-19-79

IMPROVEMENTS PERMIT BY D R Hinson

COMMENTS: System working OK at date of inspection; OWNER to REMOVE EXISTING Mobile Home before final power Approval.

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 4/9/84

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

664-S281
8:- 9:00

№ 01380

PROPERTY DESCRIPTION

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

Proposed Use: To Const. Single Family Dwelling

Location: 1100 TR 1178 TL Boston Path Lk. Union Rd.

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
2L-A-6	Davidson	County	R-20

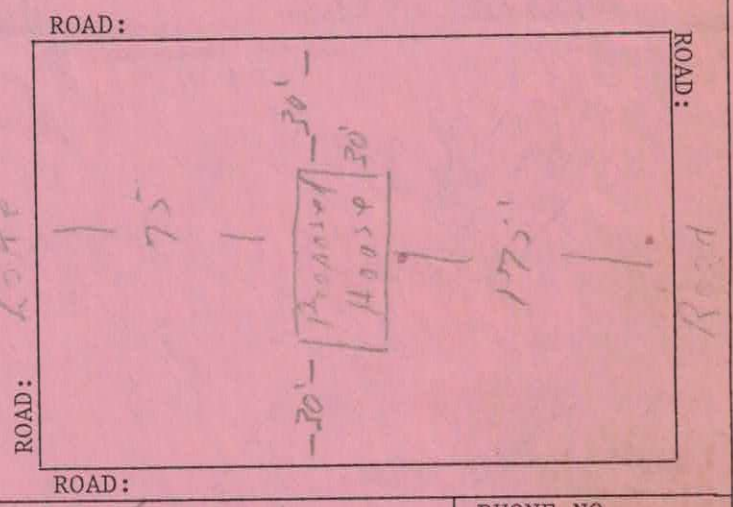
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
	6	.75 Acre	( ) yes (X) no

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.
Robert H. Wright	6823 April Lane Charlotte N.C. 28215	536-3616

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.

X Robert H. Wright — April 4, 1984

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 35' ft. Corner yard depth _____ 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

L.E.H. — April 4, 1984

Approved by — Date

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