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

№ 09128

PROPERTY DESCRIPTION

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

Proposed Use: Dwelling

Location: Riverwood # 1225

Tax Map No.	Township	Jurisdiction	Zoning
2P-3-A-58	Davie	Iredell	R-20

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Section 10	58		( ) yes ( ) no

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

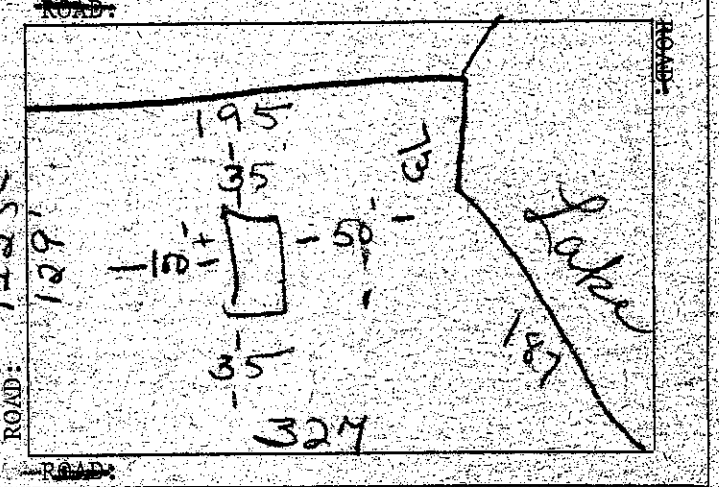
TAX MAP NO.

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. $25.00 10-12-88

32480 PH



OWNER	ADDRESS	PHONE NO.
Joseph Wayne Crisp	Rt 8, Box 724 Mocksville	

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.

Joseph Wayne Crisp 10-12-88

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 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

Nancy Earp 10-12-88

Approved by — Date

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

R21 Box 195 28125

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 Joseph Wayne Crisp DATE 6-14-18 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W. 72 1168 (Old Caney) TC 1225 (Newsome) 4th Lot on left. S. R. No. _____

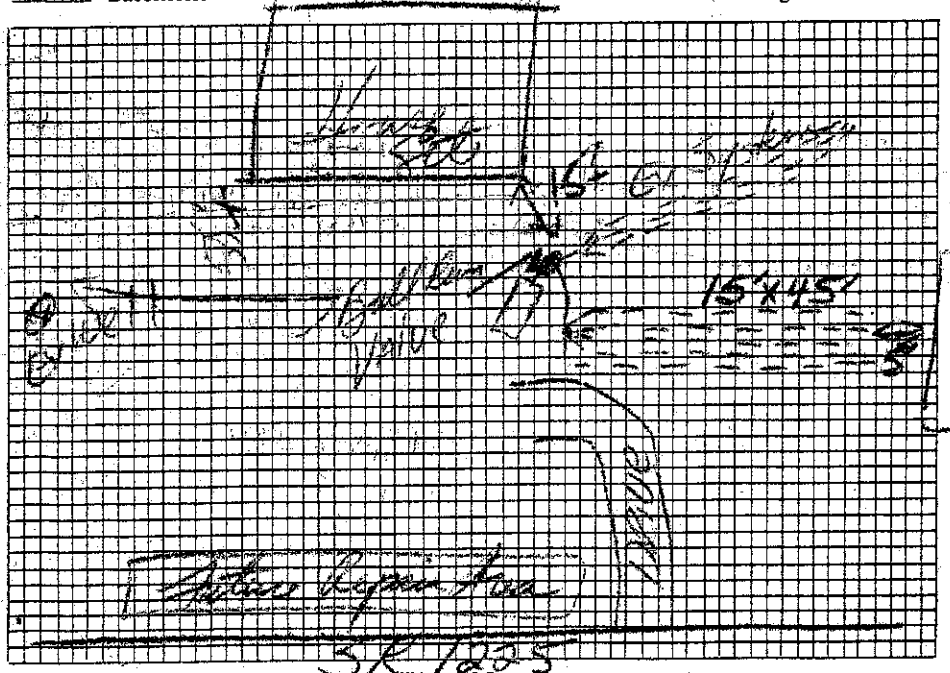
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Replacing existing home with house

No. Bedrooms 3	No. Bathrooms 2		Character & Porosity of Soil _____
Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate _____
Auto. Dishwasher	Yes (✓)	No ( )	Topography _____
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table _____
Site Suitable ✓S	Yes ( )	No ( )	Rock or other impervious formations _____

Lot Area Existing 2 1/2 ac (partial)

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 15'x45'
Sq. Ft. 675 Linear Ft. 225
Depth of Stone in Lines 16"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed Jerry Barnette

IMPROVEMENTS PERMIT BY Jerry R. Thomas REHS.

COMMENTS: 50' Solid Pipe Inlet between tank and existing drainfield. Divert flow to new drainfield. Install no dogs run necessary.

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