4637551698

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 Laura Parker DATE 11/24/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W. TL Doolie Rd. TR Whippoorwill 1st lot on left S. R. No. _____

SUBDIVISION NAME CL and T LOT NO. 1167 SECTION OR BLOCK NO. 10

Future Temp Site Address: 278 Doolie Rd - Mesol

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

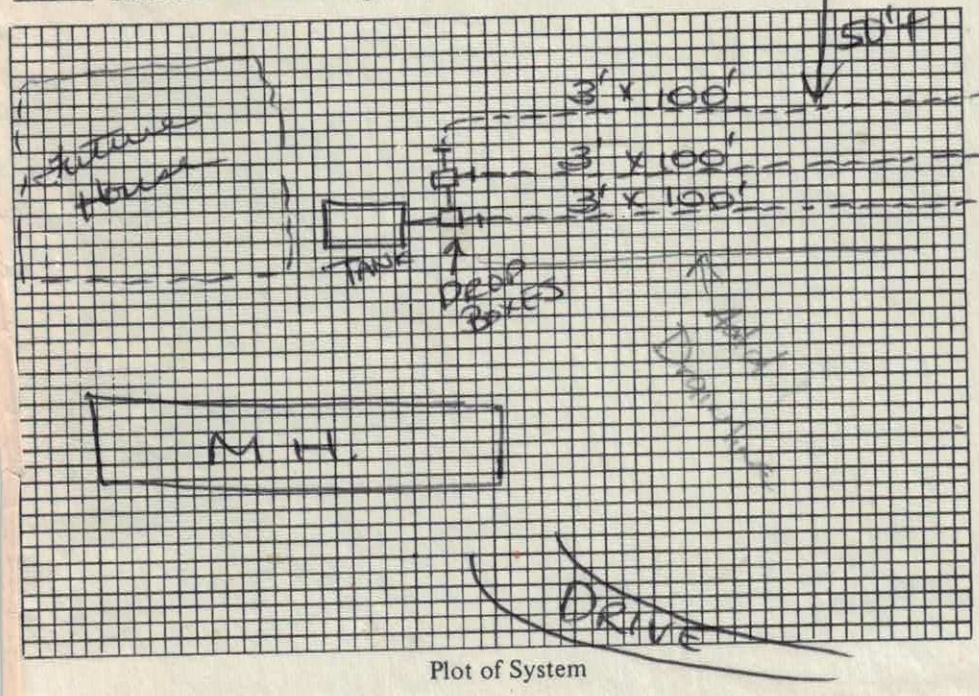
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~4 gpd / ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10 - 25%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none observed

Lot Area ~2 ACRE

Drainageway

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Kenneth Gideon

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH, RS

COMMENTS: See file for comments (KRS)

CERTIFICATE OF COMPLETION BY _____ DATE 11/24/87

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 mprovements Permit.

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

2:45

IREDELL COUNTY HEALTH DEPARTMENT

07473 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Laura Parker DATE Oct 7 '87 PERMIT NO.

PHONE: Business Home

LOCATION 150 W TL Dodie Road TR Whippoorwill 1st lot on left

S. R. No.

SUBDIVISION NAME CLT Lake Norman LOT NO. 1167 SECTION OR BLOCK NO.

Future Temporary

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

No. Bedrooms 3 No. Bathrooms 2

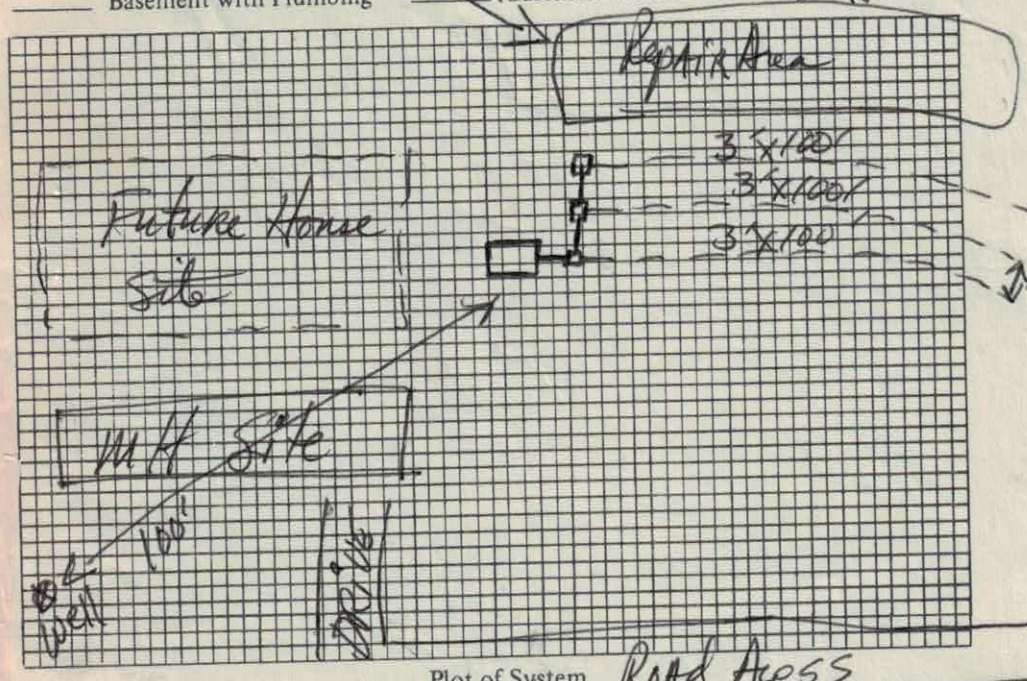
Garbage Disposal Unit Yes (✓) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes ( ) No ( )

Character & Porosity of Soil clay
Percolation Rate 2-4
Topography 10-25% ✓
Depth to Water Table
Rock or other impervious formations none obs.

Lot Area ~2 Ac LAKE

100' x Drainageway ↕ 50'

_____ Basement with Plumbing _____ Basement without Plumbing No Basement



Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 700 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by

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

Signed Laura Parker

Plot of System ROAD ACESS

IMPROVEMENTS PERMIT BY D R Jamison RS.

COMMENTS: Follow contour with drainfield, install drainfield at a depth of 30" to bottom of ditch. Use drop boxes to distribute effluent.

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 07473

PROPERTY DESCRIPTION

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

Proposed Use: _____

Location: _____

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning

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.

ROAD:

ROAD:

ROAD:

ROAD:

OWNER	ADDRESS	PHONE NO.

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

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