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16-2005

Mrsvl. Office

IREDELL COUNTY HEALTH DEPARTMENT

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

2C
17

OWNER OR CONTRACTOR George Garrison DATE 1-24-86 PERMIT NO.

PHONE: Business Home

LOCATION 150 W TL 1109 TR 1100 TL 1179 TL on Woodduck go ½ mile lot on left before curve S. R. No.

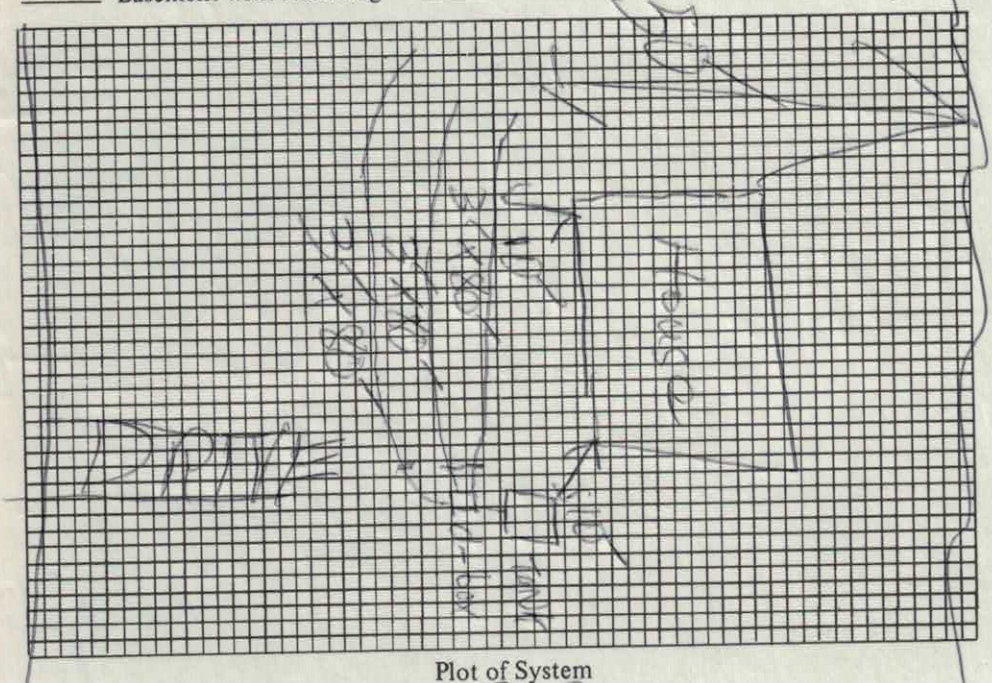
SUBDIVISION NAME Lakeshore Estates LOT NO. 34 SECTION OR BLOCK NO. (Old # 18 lot)

Site Address: 267 Wood Duck Loop - 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	0.5 gal ft² day 2-60 4
Auto. Wash. Machine	Yes (✓)	No	( )	Topography	
Site Suitable	Yes (✓)	No	( )	Depth to Water Table	
Lot Area	20,000 ft²			Rock or other impervious formations	None obs

_____ Basement with Plumbing _____ Basement without Plumbing ___/___ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Beam Const.

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

Signed:

IMPROVEMENTS PERMIT BY FAC

COMMENTS: well has not been put down yet Needs to be 50' from septic tank & drainfield lines and don't put drive over tank & lines

CERTIFICATE OF COMPLETION BY Charles K. Kennedy DATE 1-24-86

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

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

14

OWNER OR CONTRACTOR George L. Garrison DATE 1-16-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 ft 1179 1/4 Mile on left (Woodduck Loop)

S. R. No. _____

SUBDIVISION NAME Lakeshore Estates LOT NO. 18 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 29,000 Ft²

Character & Porosity of Soil Clay Loam

Percolation Rate 0.5 MPI 1 Day

Topography 2 to 4%

Depth to Water Table 40"

Rock or other impervious formations None 60"

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement

Size of Tank 1000 Gals.

Nitrification Field:

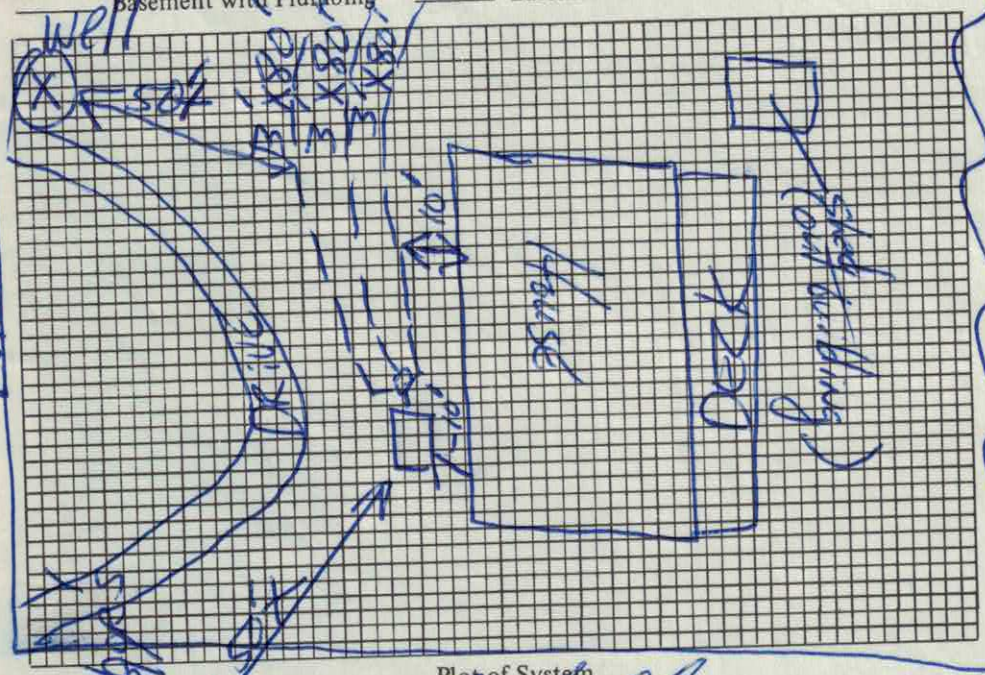
No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )



Plot of System

Installed by /

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

Signed: George Garrison

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system as shallow as possible; Do Not drive over system

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

№ 04059

PROPERTY DESCRIPTION

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

Proposed Use: Dwelling

Location: Woodduck Lane off Brawley School Road

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
2K-2-A-18	Davidson	Iredell	R-20

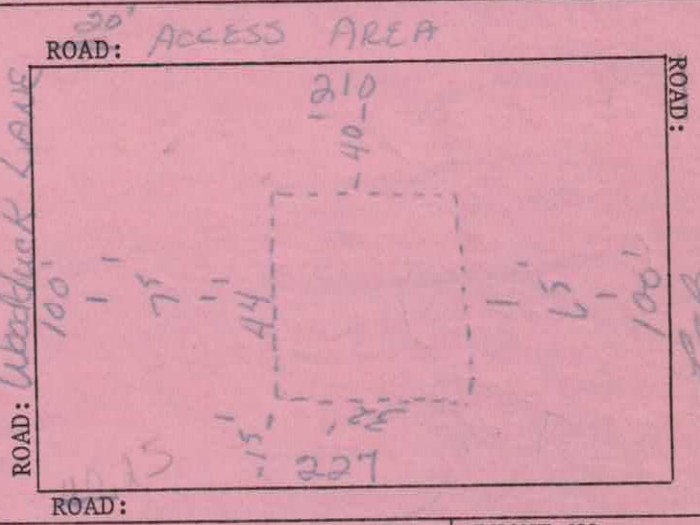
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no
LAKE SHORE	18	100 X 210	

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.
George L. Garrison	7121 Kimberten Dr. Matthews NC	

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.

Ray Beam — 1-16-86

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: Single family conventionally constructed dwelling only.

ZONING ADMINISTRATION DIVISION

N Earp — 1-16-86

Approved by — Date

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