4646522130 ✓

11673

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 William and Sandra Shaver DATE Oct. 4, '90 PERMIT NO. 2H-A-74

PHONE: Business _____ Home _____

LOCATION 2/5. X I77 TR 1206 (Alcove) TR 1110 (Catalina) ~1/4 mile on Right S. R. No. _____

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

Site Address: 180 Catalina Dr - Mrsvl.

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes [redacted] No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable RS Yes (✓) No ( )

Character & Porosity of Soil RS clay

Percolation Rate 2.4

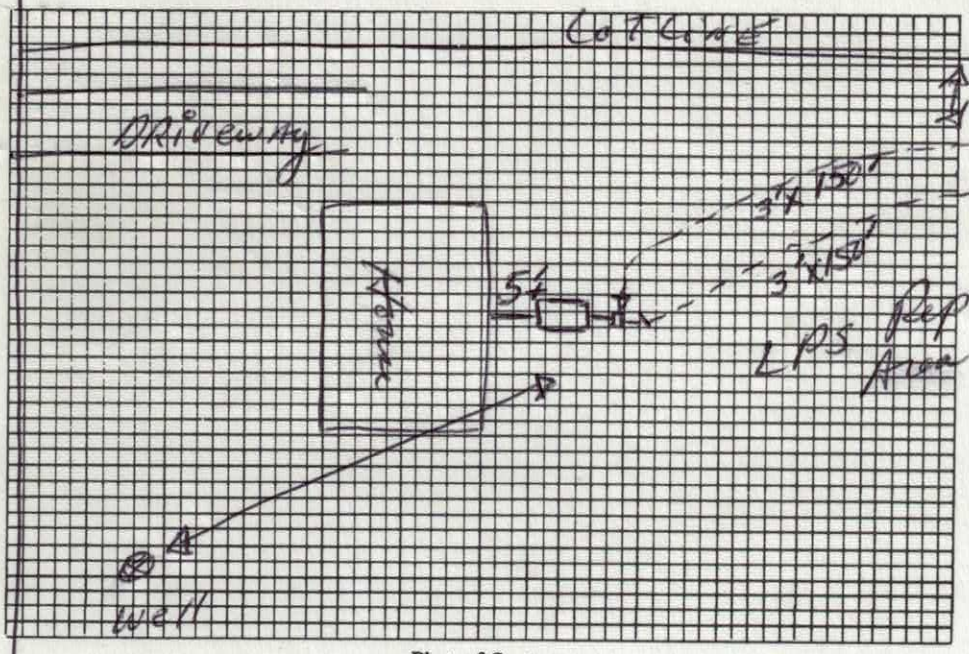
Topography 2-4%

Depth to Water Table 6'

Rock or other impervious formations none obs.

Lot Area ~3 Ac.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )

Installed by J R Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hanson, EHS DATE 10-19-90

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

11673

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

OWNER OR CONTRACTOR William & Sandra Shaver DATE June 29, '90 PERMIT NO. 2A-A-74

PHONE: Business _____ Home _____

LOCATION 215. X I77 TL 1206 (Alcove) TR 1110 (Catalina) ~1/4 mile on Right S. R. No. _____

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

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

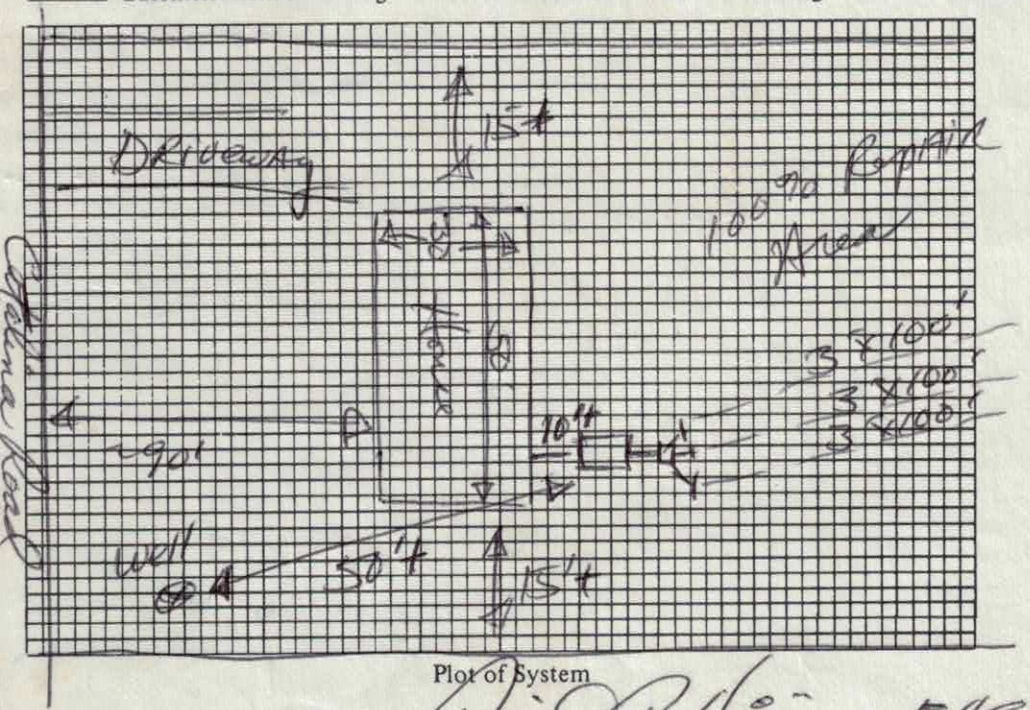
No. Bedrooms 3 No. Bathrooms 2

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

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

Lot Area ~3Ac.

_____ 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 _____

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

Signed X Sandra Shaver

IMPROVEMENTS PERMIT BY David R. Hinson / EHS

COMMENTS: Follow contour (Lot was covered w/ heavy vegetation so actual contour may vary). Maximum trench bottom depth of 36".

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 / 878-5305

№ 11673

PROPERTY DESCRIPTION

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

Proposed Use: Resid. Single Family

Location: I-77 So TR 1109 Lt Alexander TR Catalina 1/4 mi. on Rt.

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
2H-A-74	Eidson	Iredell Co.	RA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
		3.08	( ) yes ( ) no

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

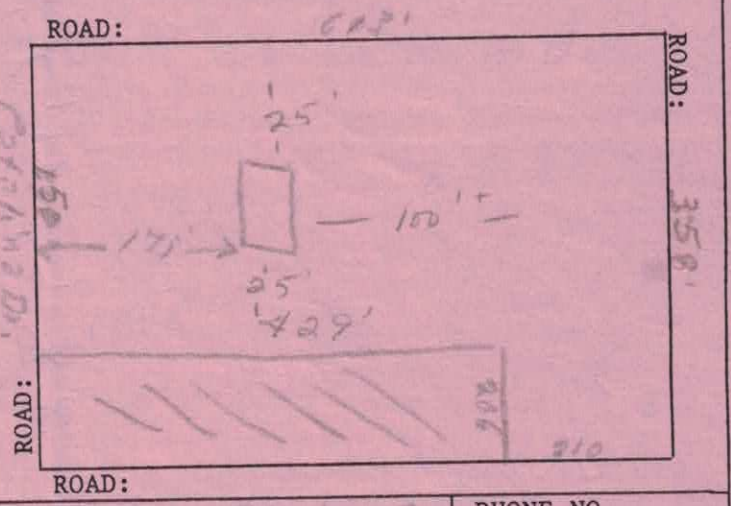
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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.

W = 15
H = 25

44930 sq ft



OWNER	ADDRESS	PHONE NO.
Wilson E. Shaver	Rt 2 3701 Alexander Dr Mt Ulla NC 28120	521-9669

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 Sandra Ann Knox Shaver — 6/22/90

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

Approved by — Date 6-22-90

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