IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

8942.128

PERMIT# 140466 PIN# 4646648942.128 DATE 2-9-07

OWNER OR CONTRACTOR Shirley Koehn PHONE: Business 336-413-3535 Home

ADDRESS 455 College St. Rural Hall, NC 27045

LOCATION 128 Hager Pt Ln Williamson Rd TR Bridgewater TC into MH Park on Rt

SUBDIVISION Hagers Pt MH Park BLOCK / SECTION LOT 28 LOT AREA SITE CLASS. DESIGN FLOW L.T.A.R.

Septic Tank: Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Existing Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet

No Lines Trench Width Existing Max Trench Bottom Depth Gravel Depth

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Existing Grav. Convent.

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

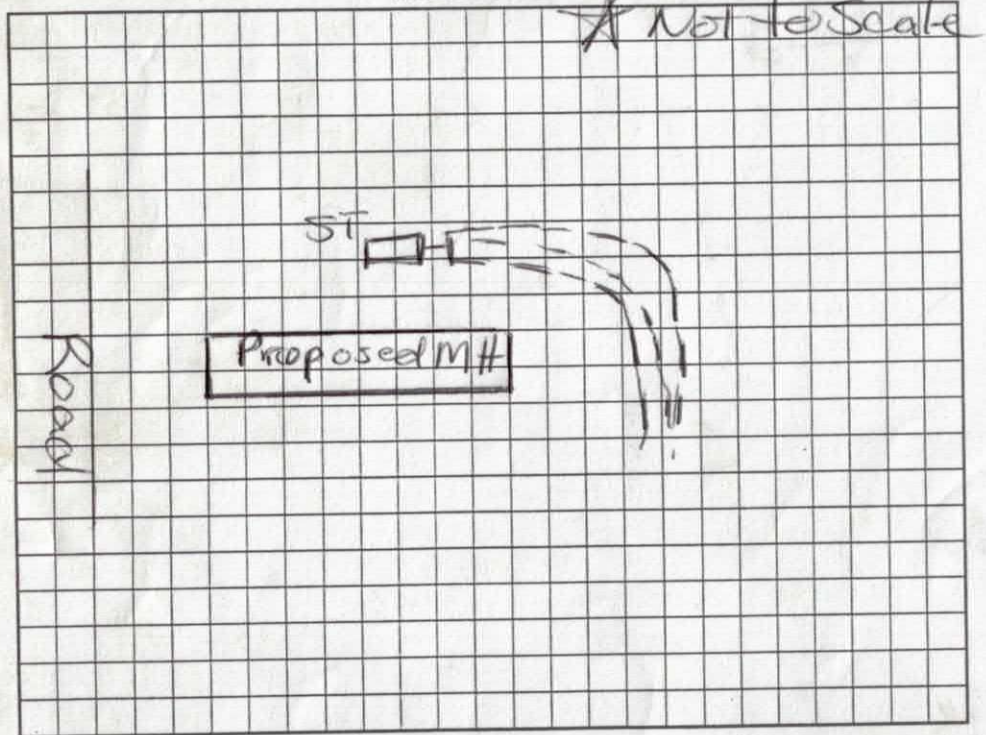
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection.

Comments:/Conditions: Keep new MH at least 5ft from Septic System

INITIAL SITE SKETCH

Not to Scale



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Shirley V. Koehn date

Improvement Permit by: Maria H R Dolan RS date 2/9/07

Authorization to Construct by: Maria H R Dolan date 2/9/07

Installed by:

Operation Permit by: date

Existing System Inspection by: Maria H R Dolan date 2/9/07

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___ Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone	Work Phone
Shirley Koehn	455 College St. Rural Hall N.C. 27045		336-413-3535
Owner Name: Shirley Koehn	Mailing Address	Home Phone	Work Phone

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
128 Hagers Mt. Lane	Hagers Mobile Home Park	# 28

Driving Directions: _____

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5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 2
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

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6. Proposed Water Supply:

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other inspect existing ( ) No Preference

****

8. Please Answer The Following To The Best of Your Ability:
   ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
   ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) to be generated?
   ( ) Yes ( ) No Is the site subject to approval by any other public agency?

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I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Shirley V. Koehn
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-9-07
DATE

Town of Mooresville Jurisdiction

Zoning Approval

for building permit application

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

Number: 140466ZO

Subdivision:

Proposed Use: Single Wide

Location: 128 Hager Point Ln.

Tax PIN: 4646648942.128

Zoning: R20A

Lot: ~~0~~ 28 Size: 4.243

Flood Plain: Watershed:

Contractor:

Owner: JOHNNY B BUTNER

Address: 455 COLLEGE ST RURAL HALL, NC 270450000

Phone: 704-663-0220

I certify that all 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 Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: Lot Width: Front Yard Depth: Side Yard Depth:

Rear Yard Depth: Corner Yard Depth:

Remarks: 128 Hager Point Ln

Directions: Alcove Rd;hager Point-msvl

Mandy Edwards 1/29/2007 50.00

Approved By Date Application Fee