4646-64-9607 8942.130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 21933 PIN# 4646 64 8942.130 / 4646-64-9592.132 DATE 9-4-2002

OWNER OR CONTRACTOR Shirley Koehn PHONE: Business 336 972-6981 Home 336 969 2283

Site ADDRESS 130 Hagers Pt Lane

LOCATION Alcore Rd TL Hagers Pt Ln near end on right

SUBDIVISION Hagers Pt BLOCK/ SECTION MH LOT 30 LOT AREA SITE CLASS PS DESIGN FLOW 360gpd L.A.R. —

Septic Tank: Existing 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: 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:

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees

☐ 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. No problems noticed.

INITIAL SITE SKETCH

Changing MH on lot #30.

#130

Lot #30

Drive

Proposed MH

Existing ST

Drive

Existing Drainfield

Existing MH

Lot #31

#132

Road

4646-64-8942.130

4646-64-9592.132

Comments:/Conditions: Originally permitted for 3 Bedroom

* Septic System shared with Lot #31

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: X Linda V. Koehn date

Improvement Permit by: Maria H. Dolosso RS date 9/4/02

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: Maria H. Dolosso RS date 9/4/2002

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Shirley Koehn	336 972-6481	Same			

Current Property Owner	Mailing Address	City	State	Zip Code
Shirley Koehn & Johnny Butner	455 College St	Rural Hall,	N.C.	27045

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Hager's Pt.			

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Lot # 30		

Specific Directions to Property _____

TYPE OF FACILITY: (use check (X) or number as appropriate)

House _____ Mobile Home X Commercial _____ No. Bedrooms 2 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space _____ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

9-4-02 DATE Shirley V. Koehn SIGNATURE OF OWNER/AUTHORIZED AGENT

Town of Mooresville Jurisdiction
PROPERTY DESCRIPTION

Application for (not a permit)

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

Number 21933 ☑ Improvements Permi ☑ Zoning Permit ☐ Subdivision Approva ☐ Other

Proposed Us: 1995 singlewide MH 14x80

Location: 130 Hager Point Lane

Tax PIN: 4646-64-8942 Township: Davidson Jurisdiction: Outside Zoning: R20A

Subdivisio: Hager MHP Lot: 30 Size: Flood Plai: Watershed:

Contractor: Owner: Shirley Koehn

Addres: 455 College Street, Rural Hall NC Phone: (336) 969-2283

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.

X Shirley V. Koehn — Signature of Owner or Authorized Agent

8-22-02 — 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: 0 Lot Width: 0 Front Yard Depth: 0 Side Yard Depth: 0

Rear Yard Depth: 0 Corner Yard Depth: 0

LAND USE INDICATED [☑ IS ☐ IS NOT] PERMITTED IN THE ZONING DISTRICT

Remark: Pre-existing MHP. Replacement of existing mobilehome on Lot #30. 1995 singlewide 14 x 80. Well and septic.

Holding Permits:

Tree Board Review?

Has Property Been Recorded

Erosion Plan Required

Reason:

Directions:

ZONING ADMINISTRATOR DIVISION

Approved By: [signature]

Date: 8/22/02