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10101

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 Wayne Do Eagle DATE Oct. 26, '89 PERMIT NO. 2P-6-A-69

PHONE: Business _____ Home _____

LOCATION 150 W. R Bluefield R Bearsfoot (1395) To end Bear Right Bigelndian Loop 1/2 mile on Left S. R. No. _____

SUBDIVISION NAME Clot Lake Norman LOT NO. 1065 SECTION OR BLOCK NO. 18

112 Churchill Lane

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

No. Bedrooms 3 No. Bathrooms 2½

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

Lot Area 1/1 Ac

Character & Porosity of Soil clay

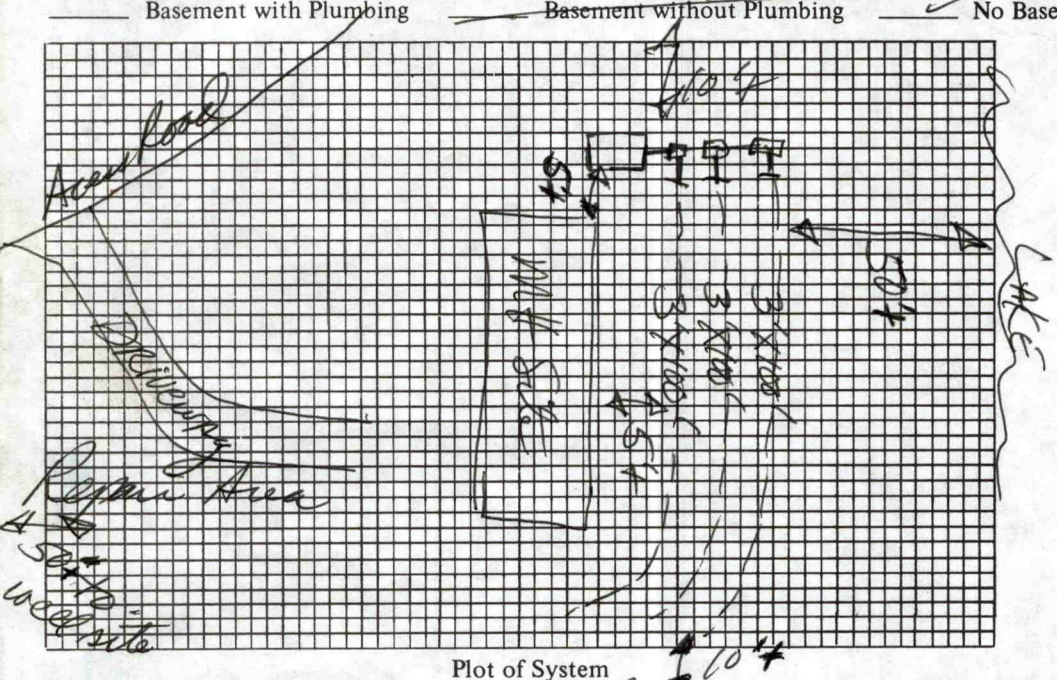
Percolation Rate 2-4

Topography 2-6%

Depth to Water Table 4'+

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. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Robert Brigman

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 11-26-89

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

№ 10121

PROPERTY DESCRIPTION

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

Proposed Use: Set up Mobile

Location: 150 W TR SR 1174 TL SR 1172 TR 1442 3/4 mi on Rt.

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
3P-6-A 69	Davidson	Iredell	RA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no
Duke Trail (105)			

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

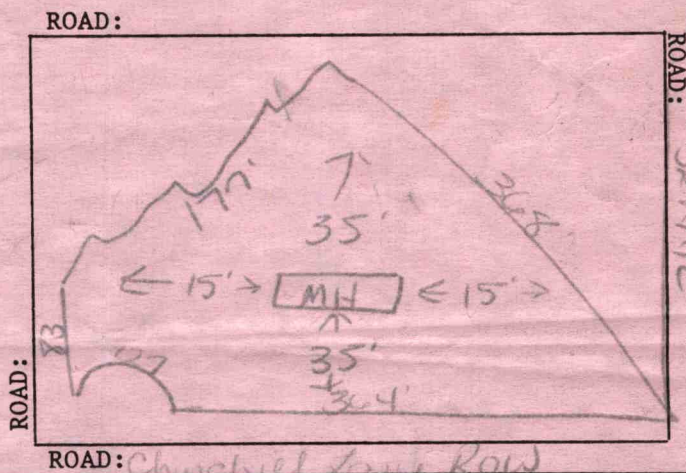
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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.

HP 25.00

3798 lot



OWNER	ADDRESS	PHONE NO.
Wayne D. Eagle	9801 Chatham Oaks Dr. Charlotte 28210	543-6516

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.

Wayne D. Eagle — Signature of Owner or Authorized Agent

6/23/89 — 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

Kelly Davenport — Approved by

6/23/89 — Date

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