PIN # 4654-28-9264

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 Charles A. Wingate DATE 7-17-85 PERMIT NO. 317

PHONE: Business _____ Home _____

LOCATION 1155 TL 1138 About 400 FT TL Dirt Street 300 FT ONR S. R. No. _____

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

Site Address: 141 Swan Lake Rd - Mrvl

House ( ) Mobile Home (X) 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 ( )

Character & Porosity of Soil EXISTING SYSTEM

Percolation Rate

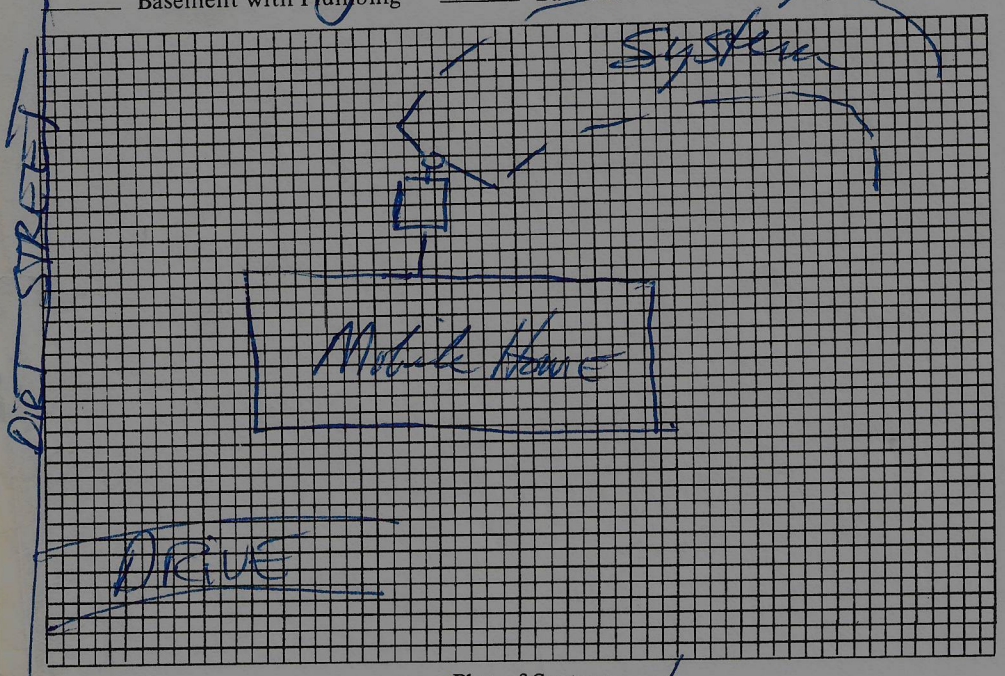
Topography

Depth to Water Table

Rock or other impervious formations

Lot Area Existing

___ Basement with Plumbing EXISTING ___ Basement without Plumbing X No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines EXISTING

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (X)

Public ( )

well next door

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: Existing System working O/K At date of Inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 7-17-85

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

№ 03333

PROPERTY DESCRIPTION

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 873-7291

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

Proposed Use: mobile home

PIN# 4654-28-9264

Location: off Presbyterian Road 141 Swan Lake Rd - Mrvl.

TAX MAP NO. 4654-28-9264

Tax Map No.	Township	Jurisdiction	Zoning
2A-1-B-9	Davidson	Iredell	RA

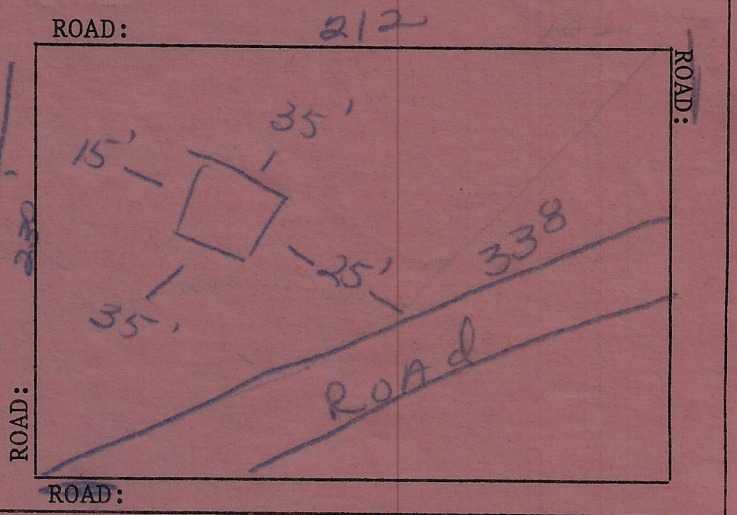
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
	9		( ) yes ( ) no

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.



OWNER	ADDRESS	PHONE NO.
Charles A. Wingate	P. O. Box 987, Mt. Mourne, 28123	892-5794

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 Anna C. Wingate — 7-18-85

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~~ 15' ft. Rear yard depth 35 ft.

LAND USE INDICATED (is) (~~is not~~) PERMITTED IN THE ZONING DISTRICT.

REMARKS: existing mobile hme will be moved off and replaced with new mobile home.
Only one mobile home allowed

ZONING ADMINISTRATION DIVISION

Nancy Earp — 7-15-85

Approved by — Date

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