IREDELL COUNTY HEALTH DEPARTMENT

PIN# 4654881685 V 4654-88-1685

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19629 DATE 3/17/95 TAX MAP NO. 1C 6A 2-A Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Larry Deal PHONE: Business _____ Home _____

ADDRESS ~~384~~ Presbyterian Rd. 383 Presbyterian Rd.

LOCATION 2nd drive on (D) past Buckingham Pl.

SUBDIVISION Beds Land BLOCK / SECTION — LOT ~~2~~ LOT AREA ~1.5Ac SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 794 Date 12-16-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model 1020 Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~1200~~ Linear Feet 340

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: DIST BOX - CONV

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

Water Supply:
☒ Individual
☐ Community
☐ Public
DEALS

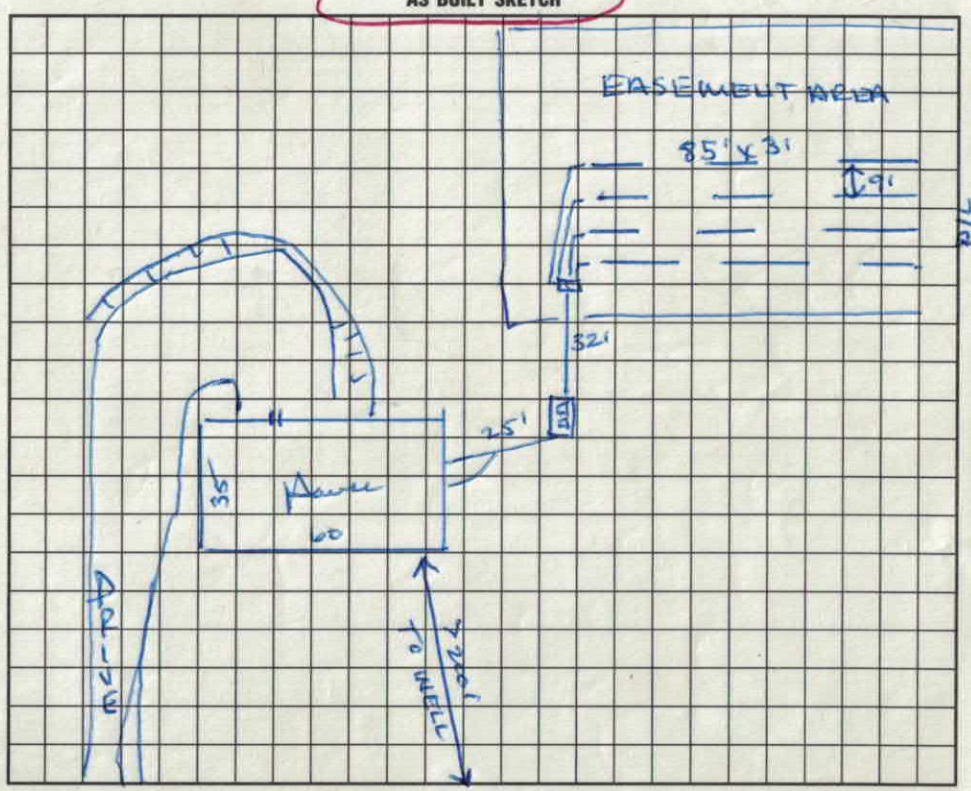
Comments:

Site Address: 383 Presbyterian Rd - Mrsvl

Comments:

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: FJ Enviro

Certificate of Completion by: Wesley Sparks R.S. date 3/17/95

Operation Permit by: _____ date _____

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

2

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19629 DATE 10/31/94 TAX MAP NO. IC 6A 2-14 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Larry Deal PHONE: Business Home 892-9730

ADDRESS 384 Presbyterian Rd. Mooresville, NC. 28115

LOCATION Presbyterian Rd, (L) off 115 S to 2nd division (L) past Buckingham place

SUBDIVISION Dads Land BLOCK / SECTION LOT 2A LOT AREA ~1.15 SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 350

No Lines 4 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

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

System Description: DROPBOX - CONV.

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees

☐ Other

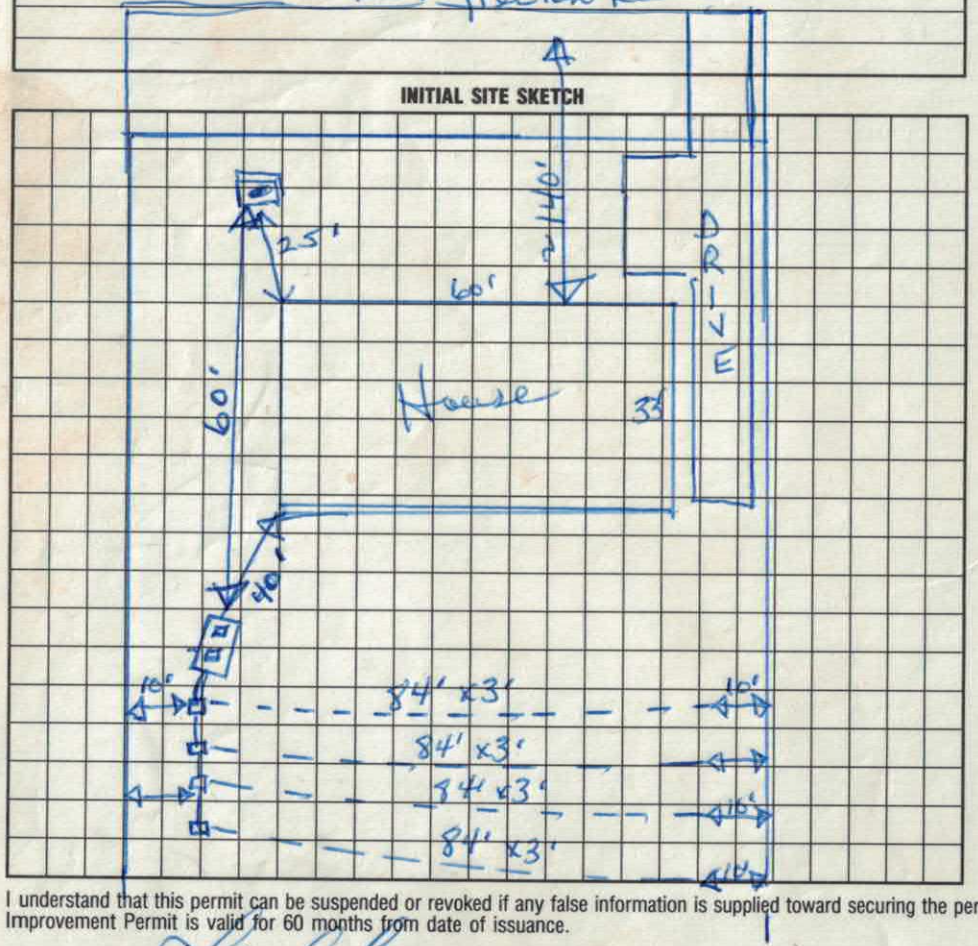
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Presbyterian Rd.

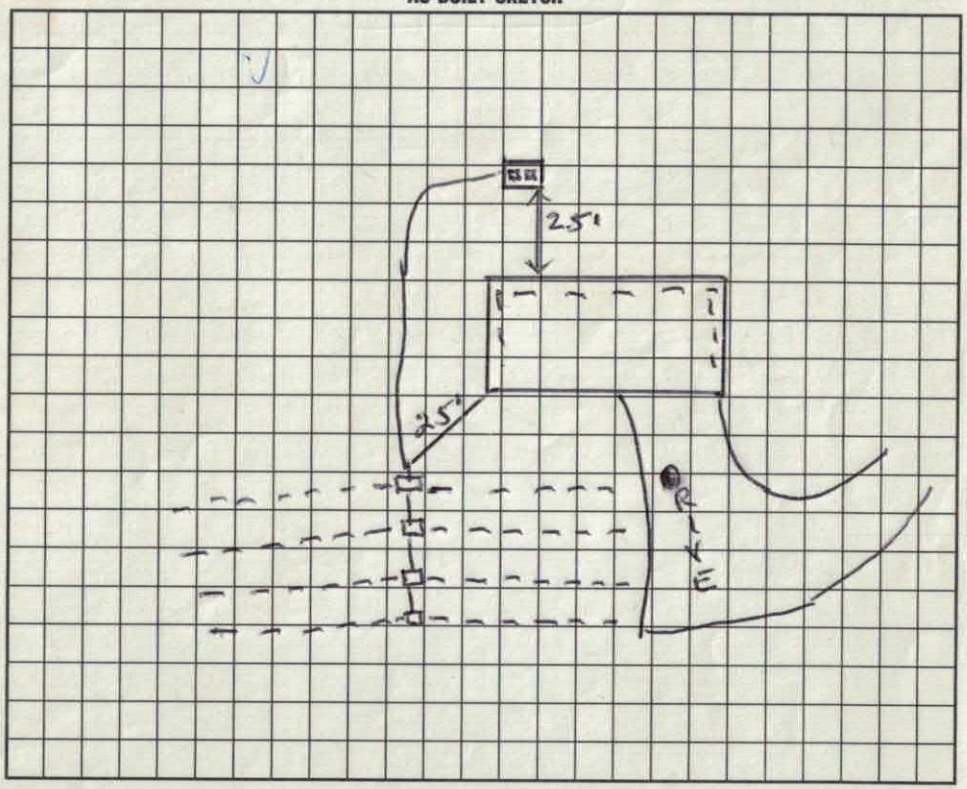
INITIAL SITE SKETCH



Comments:

2/23/95 - System changed since well not use - Deals well to be used.

AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed:

Improvement Permit by: Wesley Sparks R.S. date 10/31/94

Existing System Inspection by: date

Installed by:

Certificate of Completion by: date

Operation Permit by: date

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

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

No 19629

PROPERTY DESCRIPTION

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

Proposed Use: SF House

Location: 115 (8), TL Presbyterian Rd, East of Davie

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
1C-6-A-2X	Coddle Creek	Iredell	R-A

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
God's Land	2X	15 acres	( ) yes ( ) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed

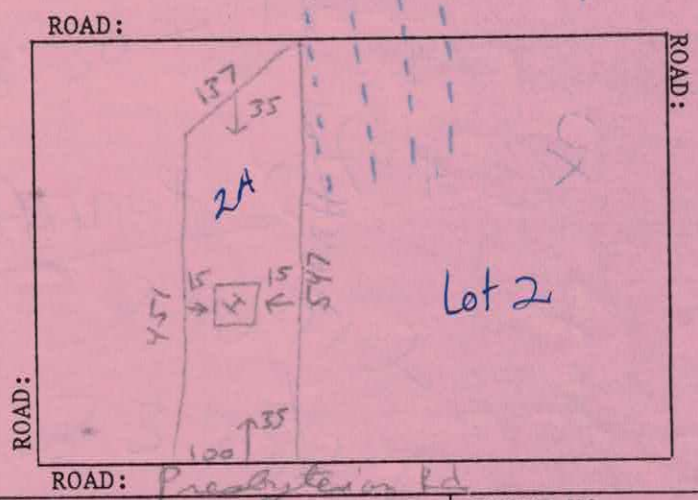
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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.

$15 - Zoning
$25 - Health
$40

086011



OWNER	ADDRESS	PHONE NO.
Larry Deal	384 Presbyterian Rd	892-4730

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.

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 K Cornish Jr Date 10-24-94

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

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
LARRY DEAL	892-9730	389 Presbyterian Rd	Mooresville	NC	28115

Current Property Owner	Mailing Address	City	State	Zip Code
LARRY DEAL	same			

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Gods land	2-~~4~~		

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

Specific Directions to Property _____

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

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

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

Crawl Space ~~X~~ 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.

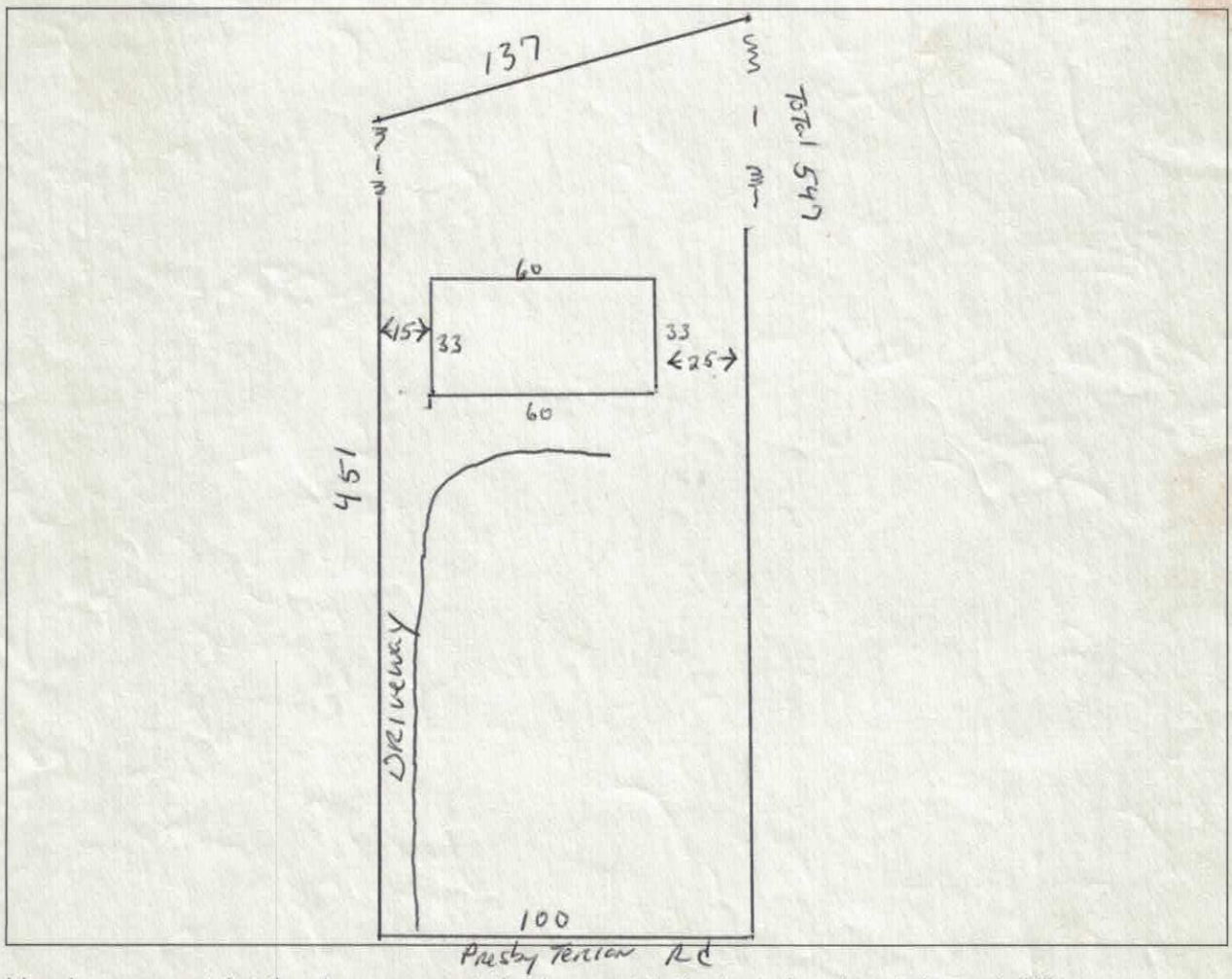
10-21-94 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

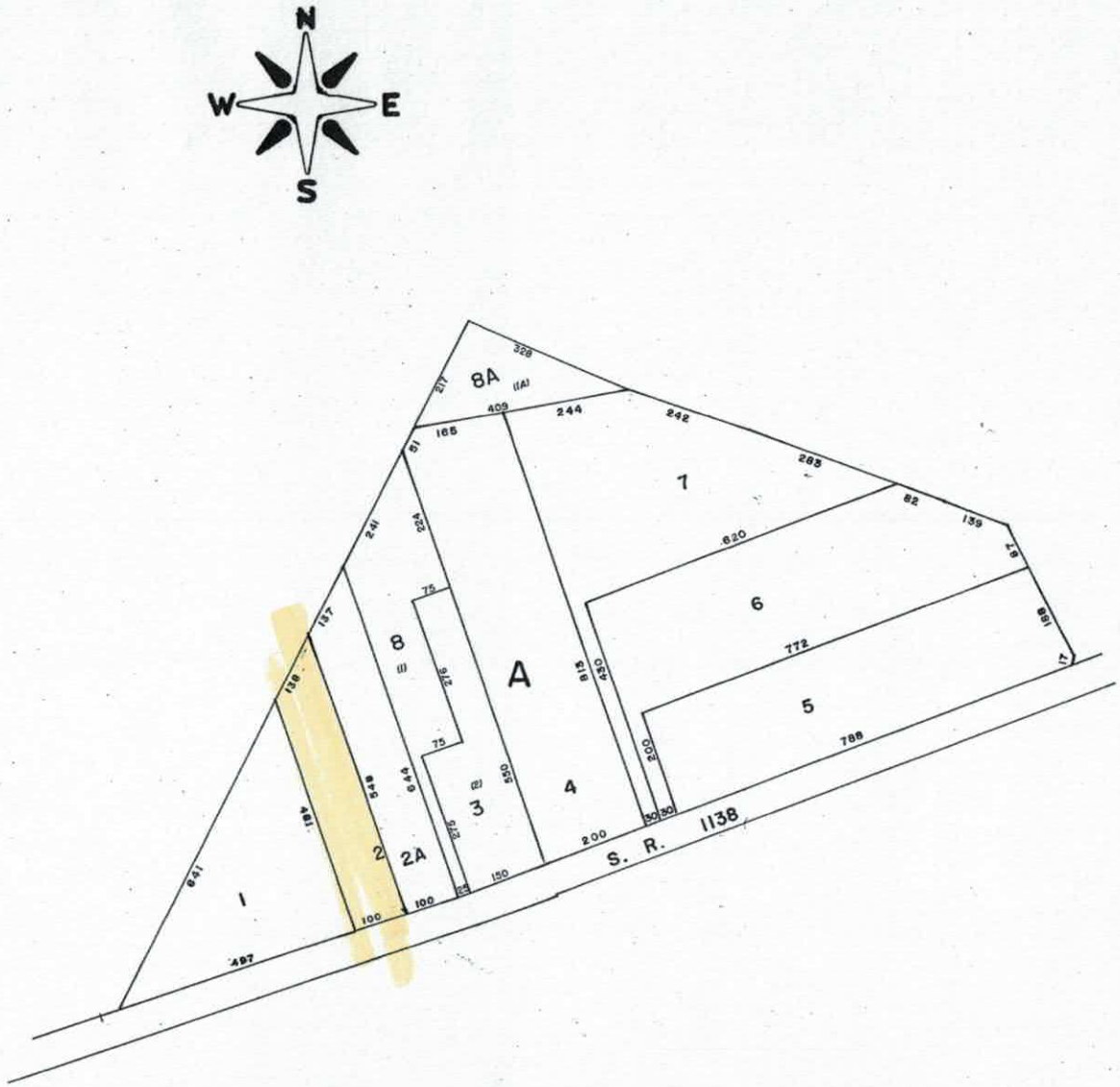
All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

10-27-94 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT



GOD'SLAND

PLAT BOOK 18 PAGE 88
RECORDED OCT. 9, 1986

LOTS 1,1A, & 2
PB 22-105
910522