Mrsvl. EH office

4654882760 ✓ 4654-88 4644 4644

14478

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR David Spry (Long Deal) DATE 12/8/92 PERMIT NO. IC-6-A-2

PHONE: Business _____ Home 892-9999

LOCATION Presbyterian Rd, TL off 1155 ~ 1 mile on (L)

S.R. No. _____

SUBDIVISION NAME Godsland LOT NO. 2A SECTION OR BLOCK NO. _____

389 Presbyterian Road - Mrsvl.

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 2.5 AC.

Soil Characteristics P - C

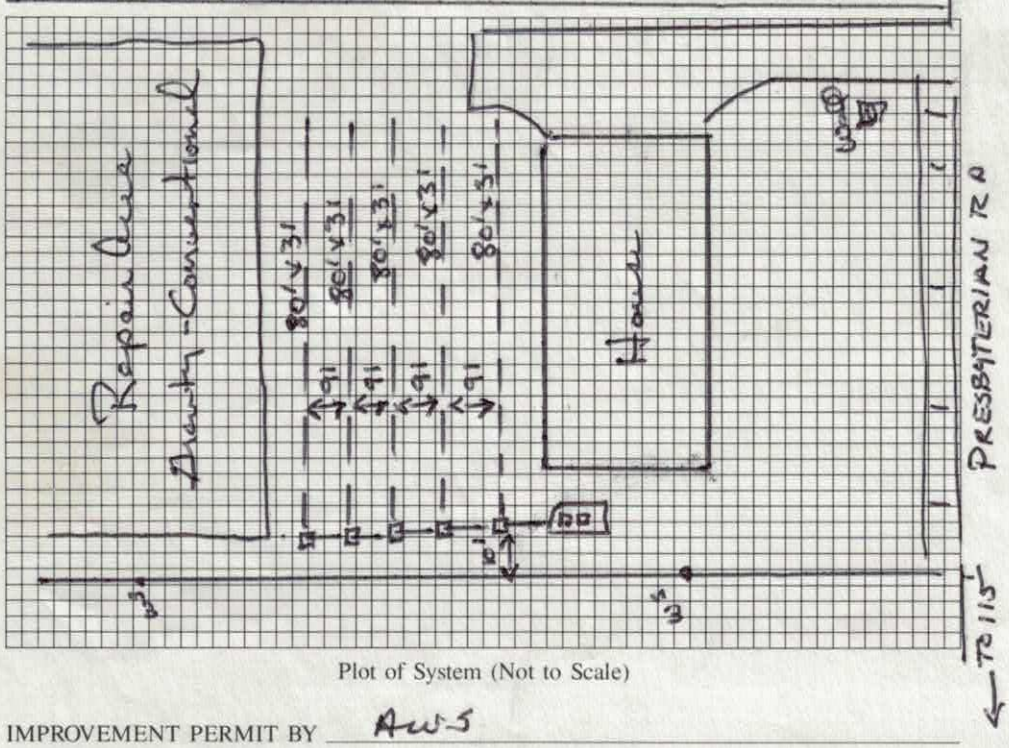
Application Rate P - .3 (SF, SP, Sticky)

Topography P - 2%

Depth to Water Table S ≥ 48"

Rock or other impervious formations S None observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5 @ 80'x3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Rowan Septic Tank

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY AW-S

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks. DATE 8/12/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

2A

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

№ 14478

PROPERTY DESCRIPTION

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

Proposed Use: To Construct A Dwelling

Location: 1455 Ft. N 35 Ft. E God's Hand 2nd on Rt

Tax Map No.	Township	Jurisdiction	Zoning
1C-6-A-2A	CC	Iredell	R-A

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
God's Hand		2.52 (24)	( ) yes (X) no

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

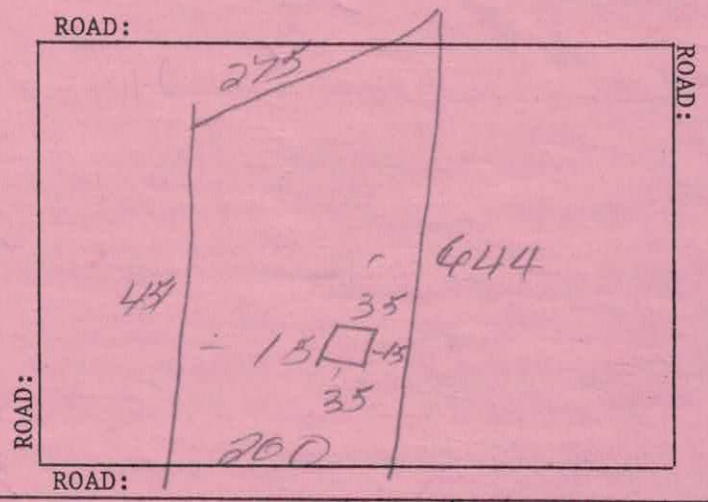
TAX MAP NO. _____

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.

2-15-00 #85161
$225.00 BB



OWNER	ADDRESS	PHONE NO.
David Spry	P.O. Box 1711 Mooresville N.C.	

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.

_____ 4-15-99
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.

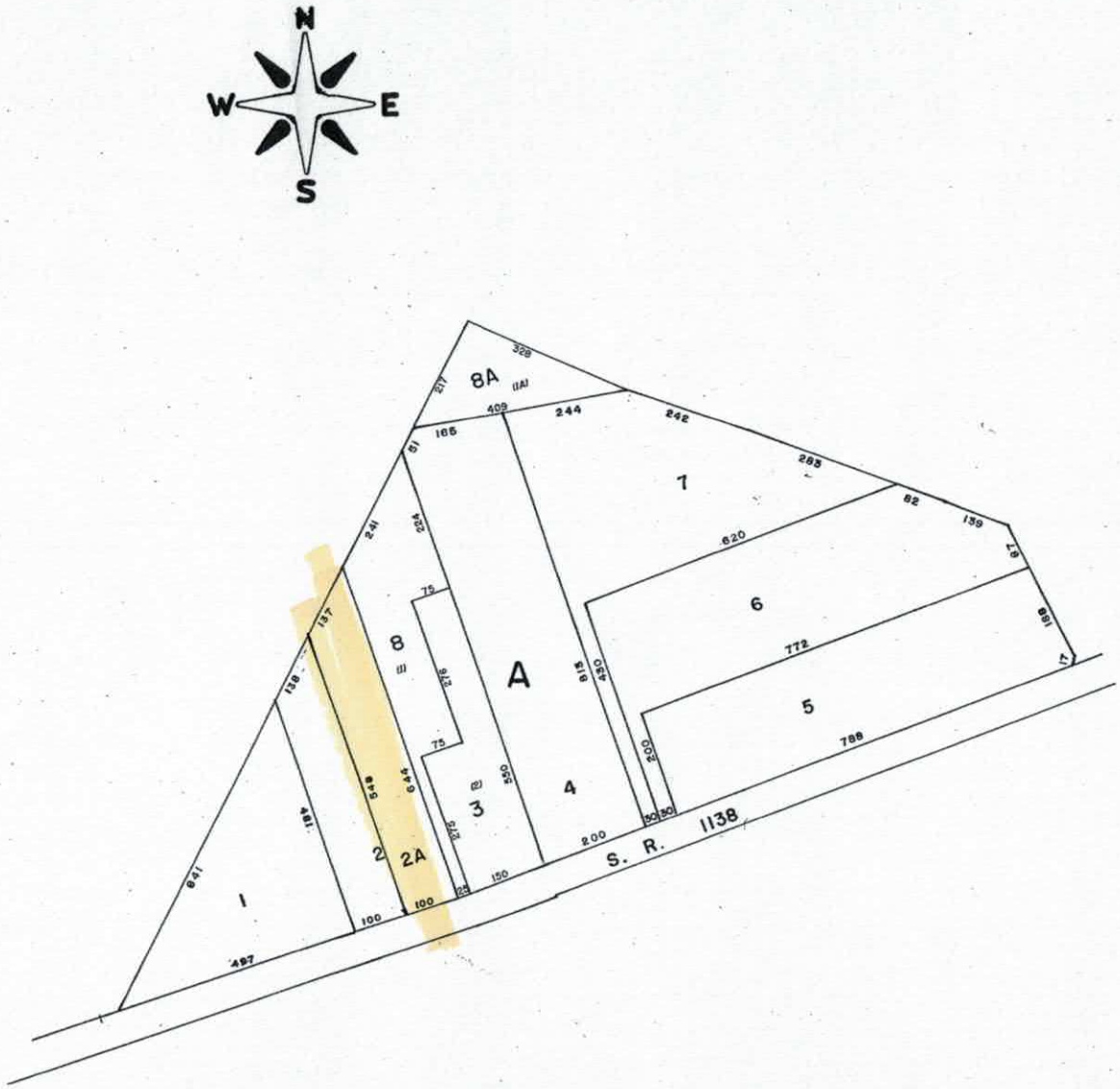
LAND USE INDICATED (is) (~~is not~~) PERMITTED IN THE ZONING DISTRICT.

REMARKS:

ZONING ADMINISTRATION DIVISION

_____ 4-15-99
Approved by — Date

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



GOD'SLAND

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RECORDED OCT. 9, 1986

LOTS I, IA, & 2
PB 22-105
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