4654884646 ✓

4654-88-4646

Mrsol. office

IREDELL COUNTY HEALTH DEPARTMENT

12541

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Larry Deal DATE 6/20/91 PERMIT NO. IC-6-A-3

PHONE: Business 892-9999 Home

LOCATION Presbyterian Rd, on (L) before creek

S. R. No.

SUBDIVISION NAME Goldsland LOT NO. 3B SECTION OR BLOCK NO.

✓ 395 Presbyterian Road - Mrsol. PT 3

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

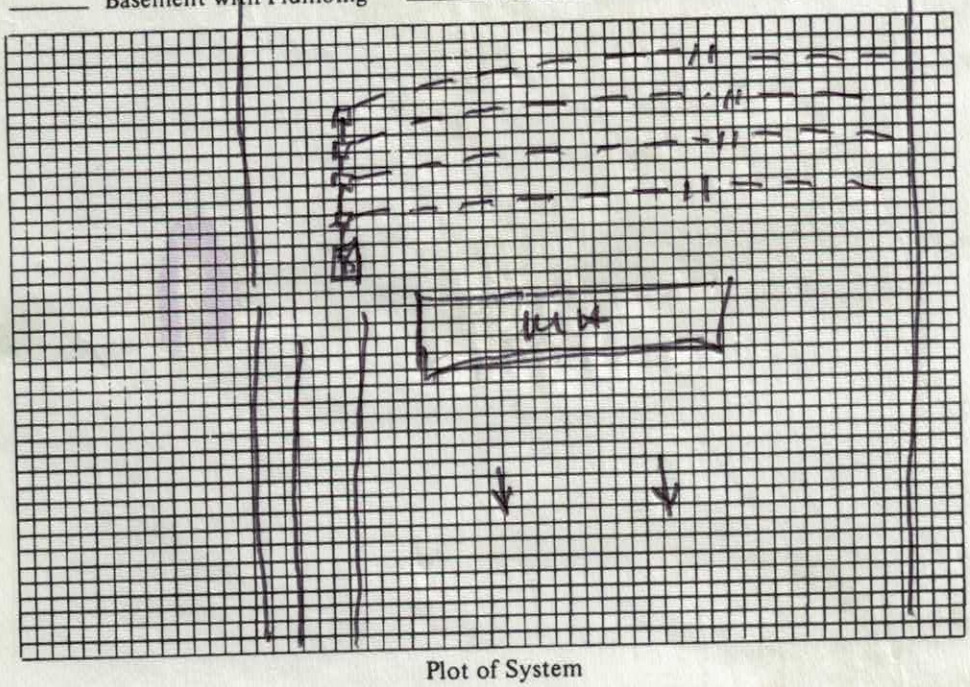
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Sandy
Percolation Rate .3
Topography 2-3%
Depth to Water Table 74"
Rock or other impervious formations No

Lot Area

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4@100
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Wayne Potts

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

Signed:

IMPROVEMENTS PERMIT BY

COMMENTS:

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 6/20/91

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

№ 12541

PROPERTY DESCRIPTION

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

Proposed Use: MOBILE HOME

Location: PRESBYTERIAN RD. (S.R. 1138)

TAX MAP NO. IC-6-A-3 (PORTION)

Tax Map No.	Township	Jurisdiction	Zoning
IC-6-A-3 (PORTION)	COOLE CREEK	IREDELL CO.	R-A

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no
	3B		

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

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

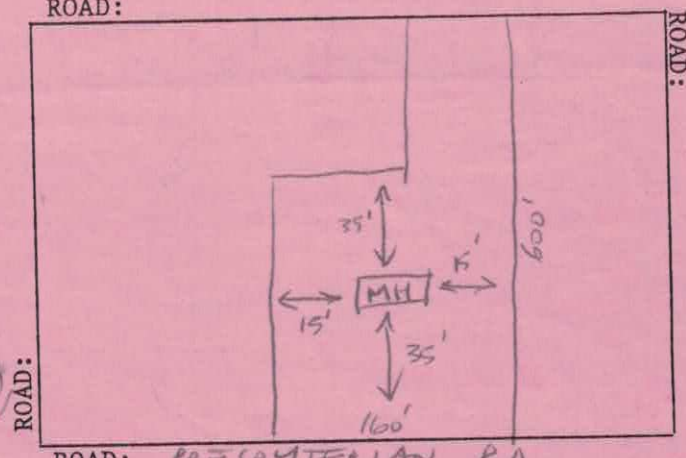
SKETCH MAP

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.

$15 ZONING
25 HEALTH
$40.00

48753 Sold

OWNER: RICHARD + BONNIE SNIDER



OWNER	ADDRESS	PHONE NO.
LARRY DEAL	260 GRIFFITH ST. DAVIDSON, NC 28036	892-9999

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 [signature] 3-12-91

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 NA 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.

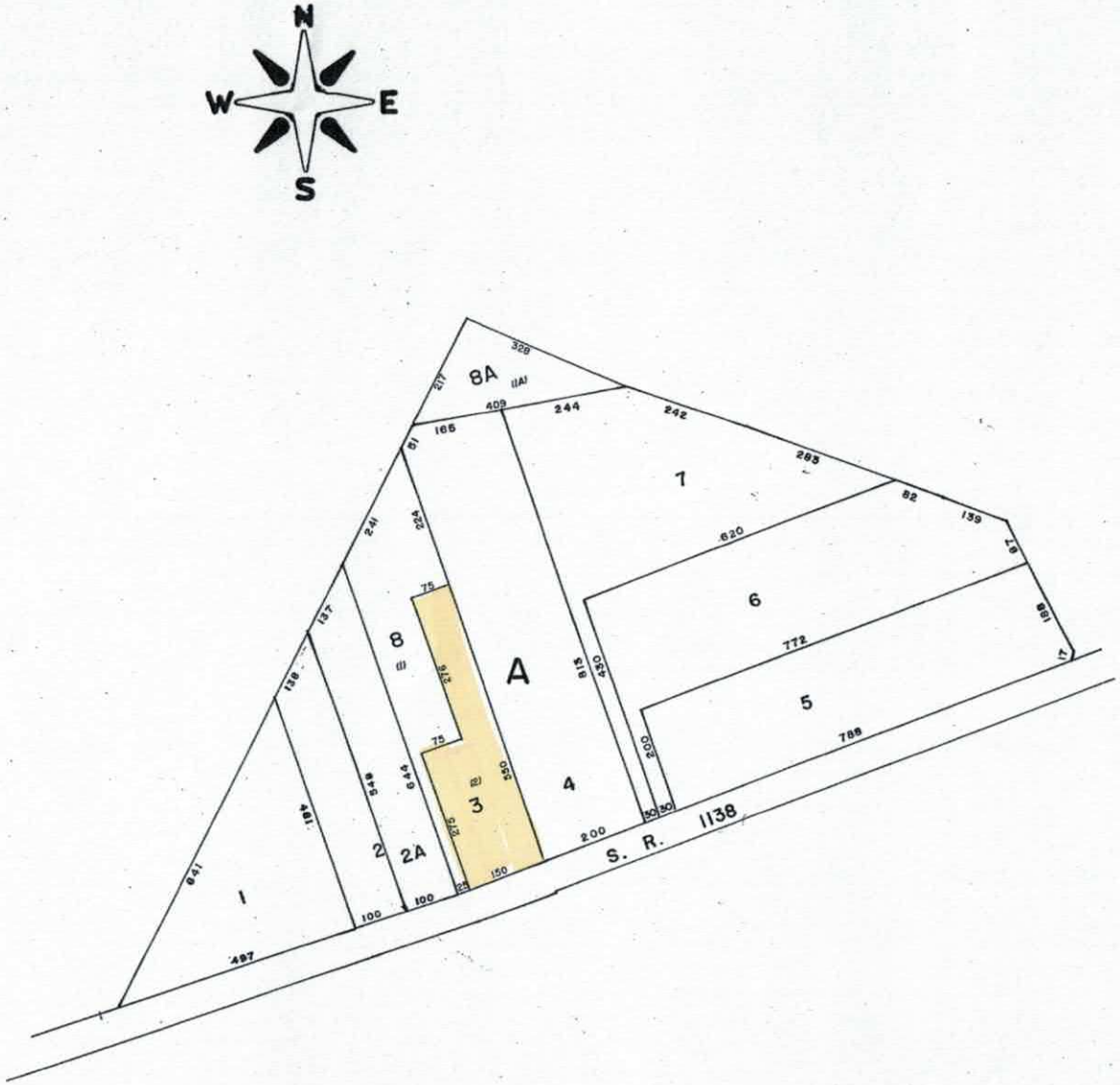
REMARKS: LOTS MUST BE RECORDED PRIOR TO ISSUING BLDG PERMIT/
PIPE STEM APPR. BY P.B. 3-6-91

ZONING ADMINISTRATION DIVISION

JOHN EGERTON 3-12-91

Approved by — Date

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



GOD'SLAND

PLAT BOOK 18 PAGE 88
RECORDED OCT. 9, 1986

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