IREDELL COUNTY HEALTH DEPARTMENT ✓4664347447

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

OWNER OR CONTRACTOR Lewis Martin DATE 2-18-85 PERMIT NO. 40

PHONE: Business _____ Home _____

LOCATION 1125 To END of Schurs Chapel Road TR 1141 (Greystone Road) ON R At Meck. Co. S. R. No. _____

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

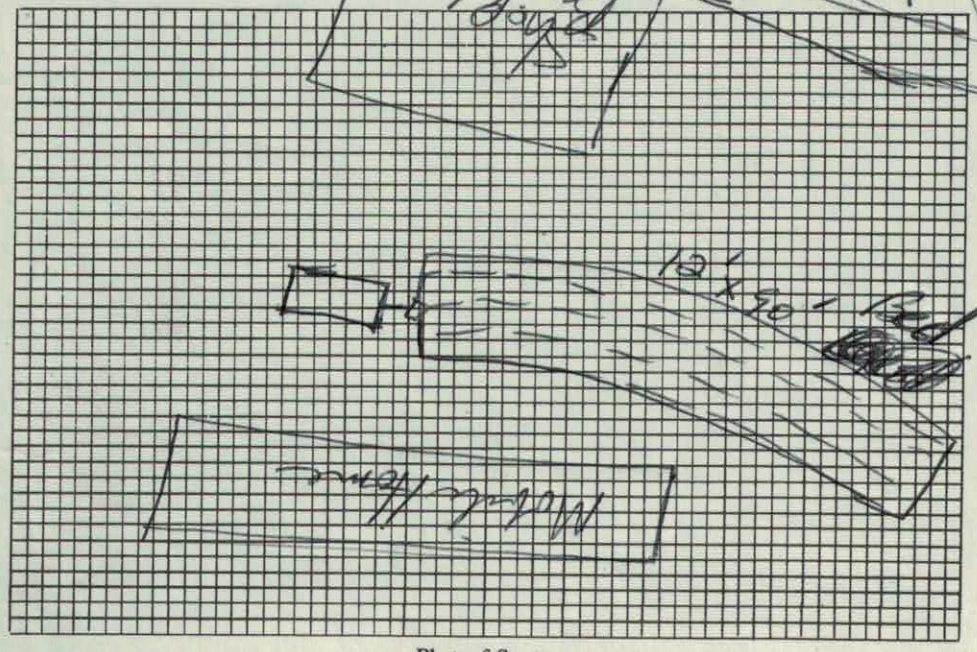
Road 1141 site address: 1160 Greystone Rd Davidson NC

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

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay Loam	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gpf	4 day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2 & 4%	
Site Suitable	Yes (X)	No ( )	Depth to Water Table		
Lot Area 20,000 Ft			Rock or other impervious formations	NONE obs.	

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by Larry Beam
Mc Lenburg Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 2-18-85

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

9:30 - 9:45

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 James Martin DATE 11-13-84 PERMIT NO. 317

PHONE: Business _____ Home _____

LOCATION 1125 To END of Steer's Chapel Road TR 1141 (Graystone Road) ON R AT Meck. Co. S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 20,000 Ft²

Character & Porosity of Soil Clay

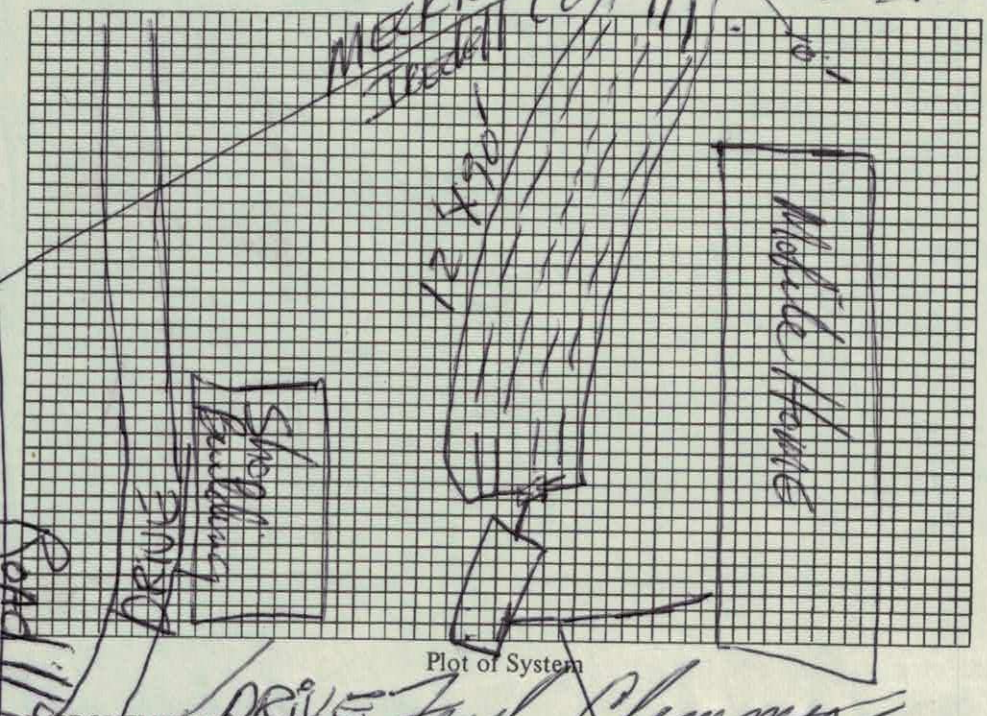
Percolation Rate 0.5 - 80 ft² / day

Topography 2-8%

Depth to Water Table 4'

Rock or other impervious formations NONE OBS.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by _____

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

Signed: X John L. Martin

IMPROVEMENTS PERMIT BY: _____

COMMENTS: Stay 10' off Meck. Co. Line; do not drive over system, grass over system

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

9:30 7:45

02320

PROPERTY DESCRIPTION

6604528
8-9 AR

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

Proposed Use: Mobile Home

Location: 1125, TR 1141

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
# 1C-A-64	Coddle Creek	Iredell	NA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
	64		( ) yes (X) 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.

ROAD:

ROAD:

See Plat attached

ROAD:

ROAD:

OWNER	ADDRESS	PHONE NO.
~~XXXXXX~~ Lewis Martin	Rt. 1, Davidson, NC	892-8788

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.

John L. Martin — Signature of Owner or Authorized Agent

11-8-84 — 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 _____ sq. ft. Front yard depth _____ ft. Corner yard depth _____ ft.

Lot width _____ ft. Side yard depth _____ ft. Rear yard depth _____ ft.

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

REMARKS: _____

ZONING ADMINISTRATION DIVISION

Nancy Earp — Approved by

11-8-84 — Date

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