2.00

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

NER OR CONTRACTOR Joseph R. Curtis DATE 7-2-85 PERMIT NO. 236

ONE: Business _____ Home _____

OCATION 1146 (NC 136) TR 1148 (Keaton) TL 1147 (Rocky River) 300 FT TR dirt Road 1200 FT on left in field

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

House (X) Mobile Home ( ) 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 Clay

Percolation Rate 2.5 gal/ft²/day

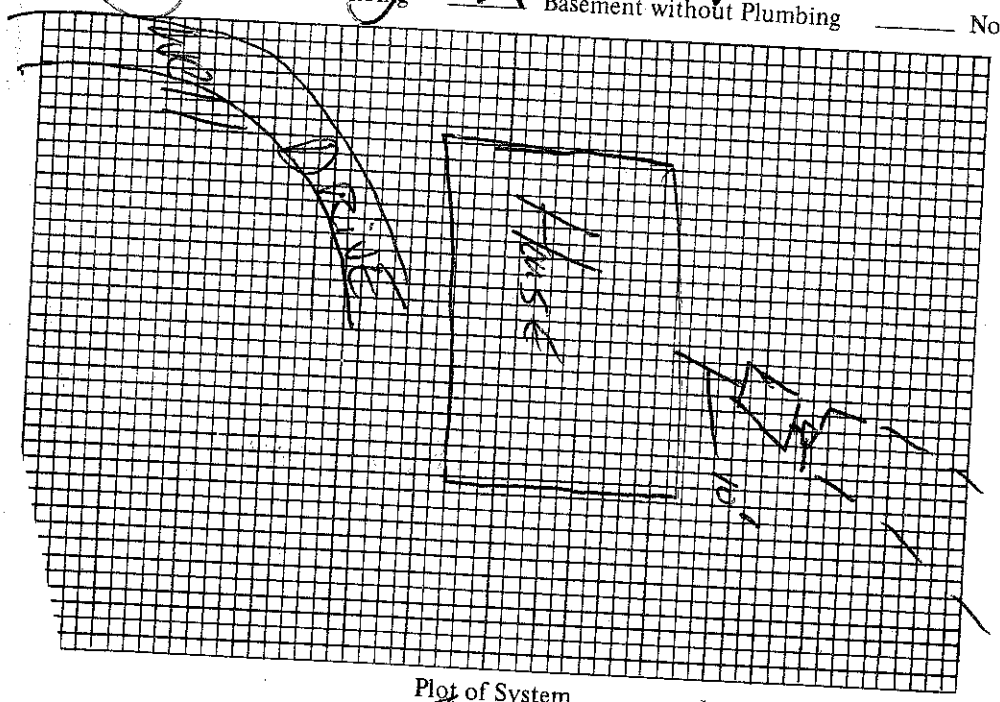
Topography 2-6%

Depth to Water Table 4'

Rock or other impervious formations NONE OBS.

Lot Area EXISTING (ACREAGE)

X Basement with Plumbing ____ X Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 220 Linear Ft. 240

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 Judy B. Curtis

OVEMENTS PERMIT BY Fred Clemmer

ENTS: Keep system shallow About 1.5' cover
Keep Contours of hill, pipe off gutters
keeping drains

TE OF COMPLETION BY _____

YSTEM CHECKED BY: _____ DATE _____

TRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

) if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Permit.

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

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

No 03284

PROPERTY DESCRIPTION

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

Proposed Use: new septic tank

Location: Rocky River Road

Tax Map No.	Township	Jurisdiction	Zoning
3E-A-116	Coddle Creek	Iredell	

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
		5 acres	( ) yes ( ) 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.

ROAD:

ROAD:

ROAD:

ROAD:

OWNER	ADDRESS	PHONE NO.
[illegible] Curtis	P. O. Box 1313, Mooresville, [illegible]	[illegible]

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

permitted, the following minimum zoning requirements must be met, unless the Health artment requires more land area or other qualifications are indicated in the remarks.

area _____ sq. ft. Front yard depth _____ ft. Corner yard depth _____ ft.

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

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

S: _____

DMINISTRATION DIVISION — Approved by — Date 7-1485

riginal CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner