Mrsvl. EH Office

IREDELL COUNTY HEALTH DEPARTMENT 4676789807

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

OWNER OR CONTRACTOR Homer Brown DATE 12-10-85 PERMIT NO. 522

PHONE: Business _____ Home _____

LOCATION 152 E BR Toward China Grove TR 1151 1th house on R (About 1/4 Mile on R From 152) S. R. No. _____

SUBDIVISION NAME Mobile Home beside brick house LOT NO. _____ SECTION OR BLOCK NO. _____

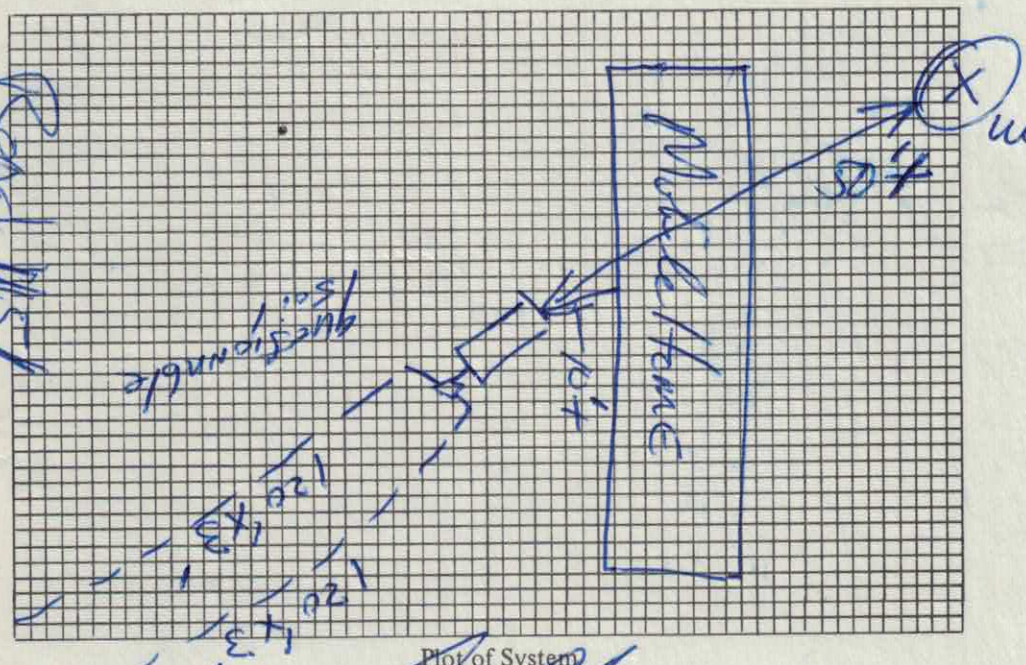
Site Address: 360 Teeter Road - Mrsvl.

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam - Clay
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.4 - 0.5 gal/ft²/day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-6%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'
Lot Area Acreage			Rock or other impervious formations	None obs.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.
Nitrification Field: 2
No. of Lines _____
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Delbert Bostian

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

Signed: _____

IMPROVEMENTS PERMIT BY J. Clemmer

COMMENTS: Majority of system in Cecil.

CERTIFICATE OF COMPLETION BY Jack Clemmer DATE 12-10-85

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

10:10

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER & CONTRACTOR Homer Brown DATE 9-23-85 PERMIT NO. 326

PHONE Business _____ Home _____

LOCATION 152E BR Toward China Grove TR 1151 1st house on R About 1/4 mile on R S. R. No. _____

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

House ( ) Mobile Home (X) 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 0.5 gal/ft²/day

Percolation Rate 0.4 0.6"

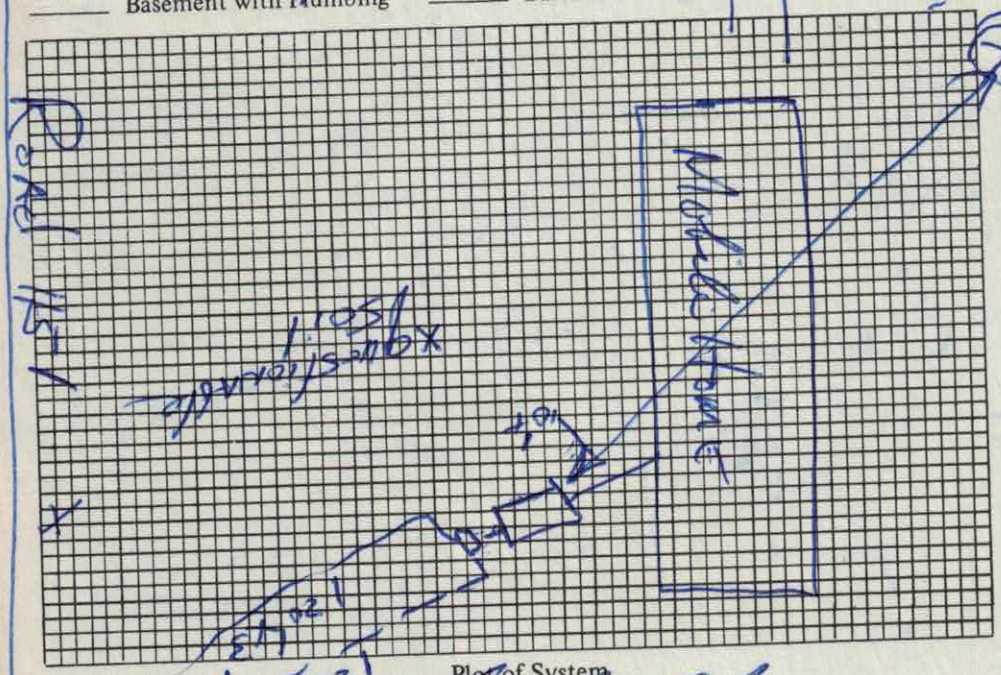
Topography 2-4%

Depth to Water Table _____

Rock or other impervious formations None obs.

Lot Area Acreage

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 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 Homer Brown

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System Shallow, About 1.5' Cover Keep System in Area indicated - (Drainage Muffles ~~Could~~ Noted Adjacent to Area indicated for 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

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

No 03638

PROPERTY DESCRIPTION

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

Proposed Use: Mobile Home

Location: Teeter Road

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
10-A-13	Coddle Creek	Iredell	NA

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

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:

ROAD:

ROAD:

OWNER	ADDRESS	PHONE NO.
Homer Brown	Rt. 5, Box 186, Mooresville, NC	663-1615

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.

Homer W. Brown — 9-19-85

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 _____ 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

D Earp — 9-19-85

Approved by — Date

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