11:00 4677-68-5249.124 3:00 3:30 FINAL

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 Kipker DATE 7-11-83 PERMIT NO. 177

PHONE: Business _____ Home _____

LOCATION 150 E. on left ~ ¼ mile before 6. Line

S. R. No. _____

SUBDIVISION NAME D+F MHP LOT NO. _____ SECTION OR BLOCK NO. _____

Site Address: 124 Oakridge Farm Hwy

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

No. Bedrooms 2 No. Bathrooms 1

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

Character & Porosity of Soil clay loam
Percolation Rate .5 Applicate
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations None Obs.

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

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 (✓)
Public ( )

Installed by _____

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

* Signed: James Kipker

IMPROVEMENTS PERMIT BY David R. Hunter

COMMENTS: Keep system shallow – ~ 12" cover

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

NR 00259

PROPERTY DESCRIPTION

8:00-9:00

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

Proposed Use: Single M.H. & Misc. in a Wood Frame House

Location: 150 E of Hwy 64 West Side Rd. 1/2 Dist to Co. Rd.

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
1P-4-12	Coddle Creek	Iredell	R/A

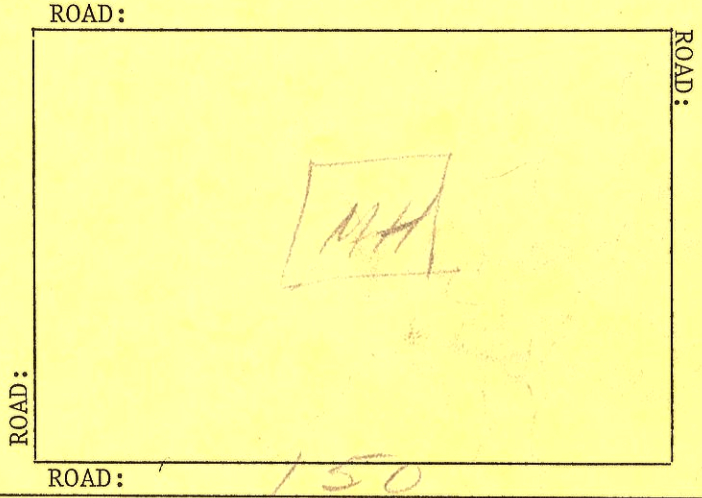
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
		18,000	( ) yes (✓) no

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.



OWNER	ADDRESS	PHONE NO.
James E. Kipka	Rt 3 Box 11 Mooresville NC	663-2457

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.

James E. Kipka Sr. 7-1-1983

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 18,000 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

L. Stevens 7-1-83

Approved by — Date

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