✓ 4679138603

09599

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 Joseph D. Sloan Sr. DATE April 14, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N. TR Mazeppa Rd. & Triplett Rd. 5th lot on left S. R. No. _____

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

DW Site Address: 913 Mazeppa Rd - Mocksville

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

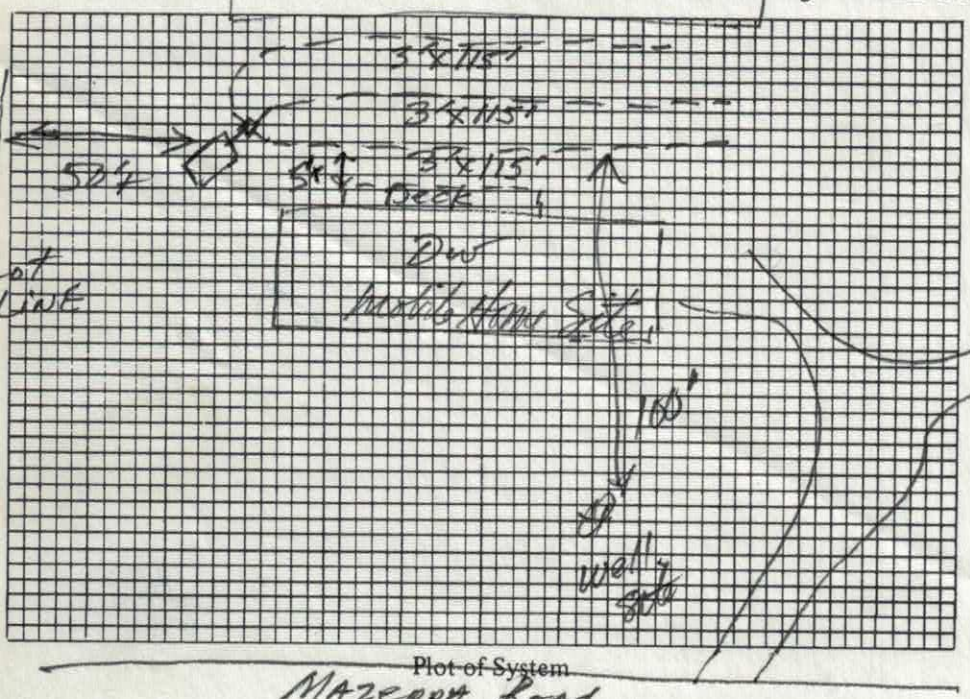
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate 2.35
Topography 4-6%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area 1 Ac. Repair Area

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

MAZEPPA ROAD

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Lowan Septic Tank

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

Signed: _____

IMPROVEMENTS PERMIT BY _____ AKP

COMMENTS: Well NOT down.

CERTIFICATE OF COMPLETION BY _____, R.S. DATE 4-14-89

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

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2:30 t

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 Joseph D. Sloan Sr. DATE 2-22-89 PERMIT NO. 19A

PHONE: Business _____ Home 528-4459

LOCATION 115 N TR Mazeppa Rd X Triplett
5th lot on L.

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____
Barringer 4C-C-6

House ( ) Mobile Home (D.W.) Business ( ) Other _____

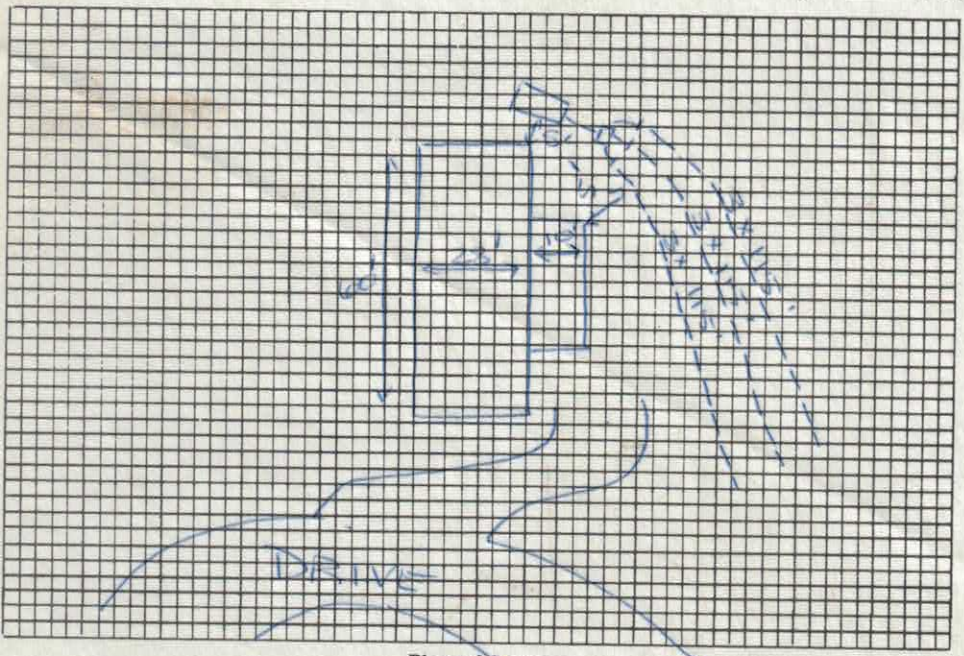
No. Bedrooms 3 No. Bathrooms _____

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

Character & Porosity of Soil clayey
Percolation Rate 35
Topography 6%
Depth to Water Table 41+
Rock or other impervious formations none obs.

Lot Area 1 ACRE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
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: Joseph D. Sloan

IMPROVEMENTS PERMIT BY Andrew C Price

COMMENTS: Install system level and shallow.

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

№ 09599

PROPERTY DESCRIPTION

Call Sanitarian Betw
8 a.m. and 9 a.m.
664-5281 / 878-5305

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

Proposed Use: mobile home

Location: Mazeppa Rd, on left, almost to Co. Line

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
4C-C-6	Barringer	Iredell	N A

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no
		1 acre	

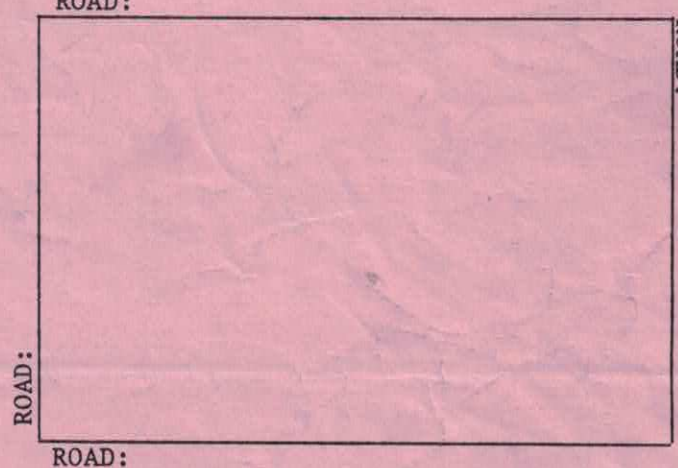
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

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.

$25.00 2-17-89 #34990



OWNER	ADDRESS	PHONE NO.
Joseph D Sloan, Sr	P.O Box 51 Barium Sp 28010	528-4459

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 Joseph D. Sloan 2-17-89

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

Approved by (Dan Earp) — Date 2-17-89

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