IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 090894 PIN# 4719103738.129 DATE Aug 2, 00

OWNER OR CONTRACTOR Beverly Nichols PHONE: Business 872-2373 Home now Hidden Acres Dr

ADDRESS 129 Rigby Lane Hiddenite N.C. 28636

LOCATION 15 N. TL Pisgah TR Bowles Farm TL Hill Farm TL Rigby ON left ABOVE old Chicken House

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields Square Feet _____ Linear Feet _____

No Lines Existing Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Existing gravity feed

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

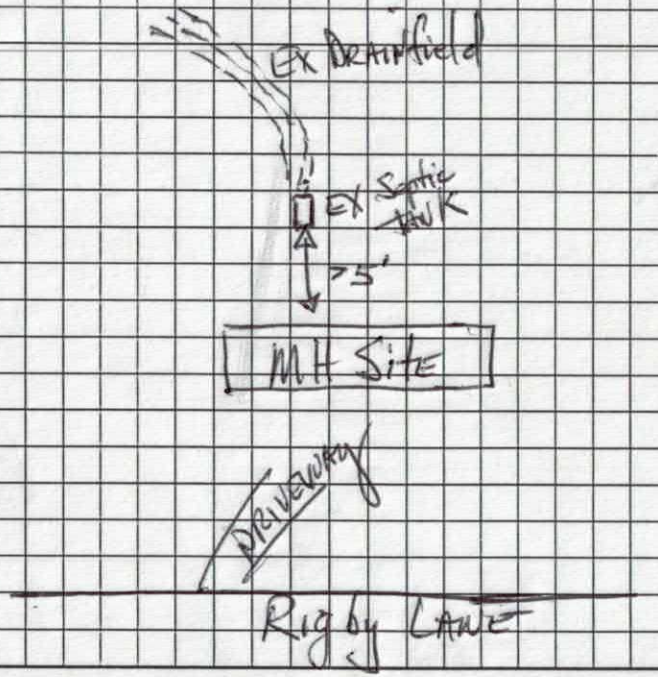
Comments:/Conditions:

Replacing 2 BR single wide

Existing Septic System not showing any signs of malfunction

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date 8-2-00

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 090894 Zoning Permit: X Improvements Permit: 2

Name: NICHOLS BEVERLY Address: 785 DAMASCAS CHURCH RD

City: HIDDENITE State: NC Zip: 286360000

Phone: 7048763629

Proposed Use: 02

PIN #: 4719103238 Zoning: RA Township: 900

Street Address: 127 RIGBY LN

Flood Zone: Plan Review Deposit: Date Received: / /

Subdivision/MHP: Lot #: Lot Size: 10.23

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: WSIVPA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 R35 REPLACEMENT MH

Minimum Lot Size: 21780 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments: 32 SQ FT PORCH,CONTINOUS UNDERPINNING,HIDE TOWING APPARATUS

Hold Building Permits? Reason:

Location: 115N,L PISGAH,R BOWLES FM,L HILL FARM,L RIGBY,LT

Staff: RAM Date: 07/10/00

Fees: Zoning: $ 31.50 Health: $ 50.00

Signature of Applicant:_____
Owner: Agent: