HAYDEN HAMBY (21251)

THIS PERMIT VOIDS PREVIOUS ISSUED 8-9-95

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 21251 DATE 6-10-96 TAX MAP NO. 10F-1-H-26 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR STEVE HILKERT (HAYDEN HAMBY) PHONE: Business 4736-68-3564 Home 528-3469

ADDRESS 216 CANAL DR, STATESVILLE NC 28677

LOCATION NC 115N TR S. CHIPLEY FORD RD, ON RIGHT ~0.2 MILE PAST NIXON ROAD

SUBDIVISION CHIPLEY PARK BLOCK / SECTION ____ LOT 66-69 LOT AREA 100' x 200' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 6-19-96

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 7 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: PUMP CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

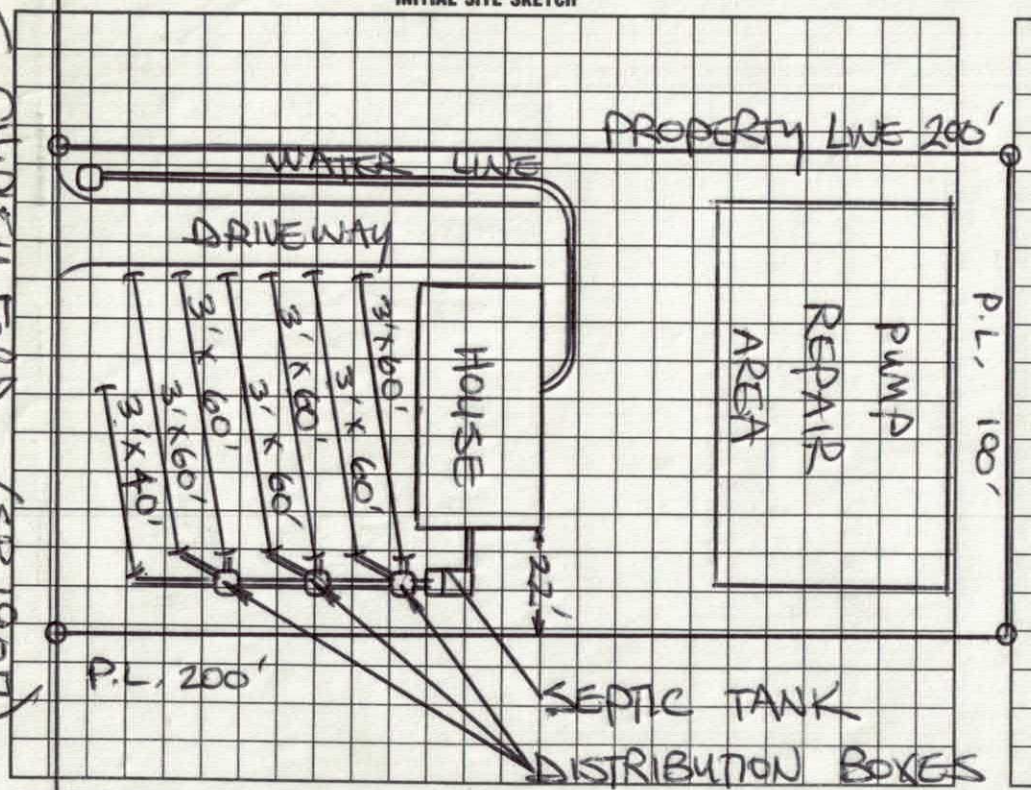
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: ① KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE, 10' FROM WATER LINE ② USE THREE DISTRIBUTION BOXES TO ACHIEVE SERIAL DISTRIBUTION.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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.

AUTHORIZATION TO CONSTRUCT IS VALID FIVE(5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE.

Signed: Hayden Hamby

Improvement Permit by: STEVE HEDRICK date 6-10-96

AUTHORIZATION TO CONSTRUCT

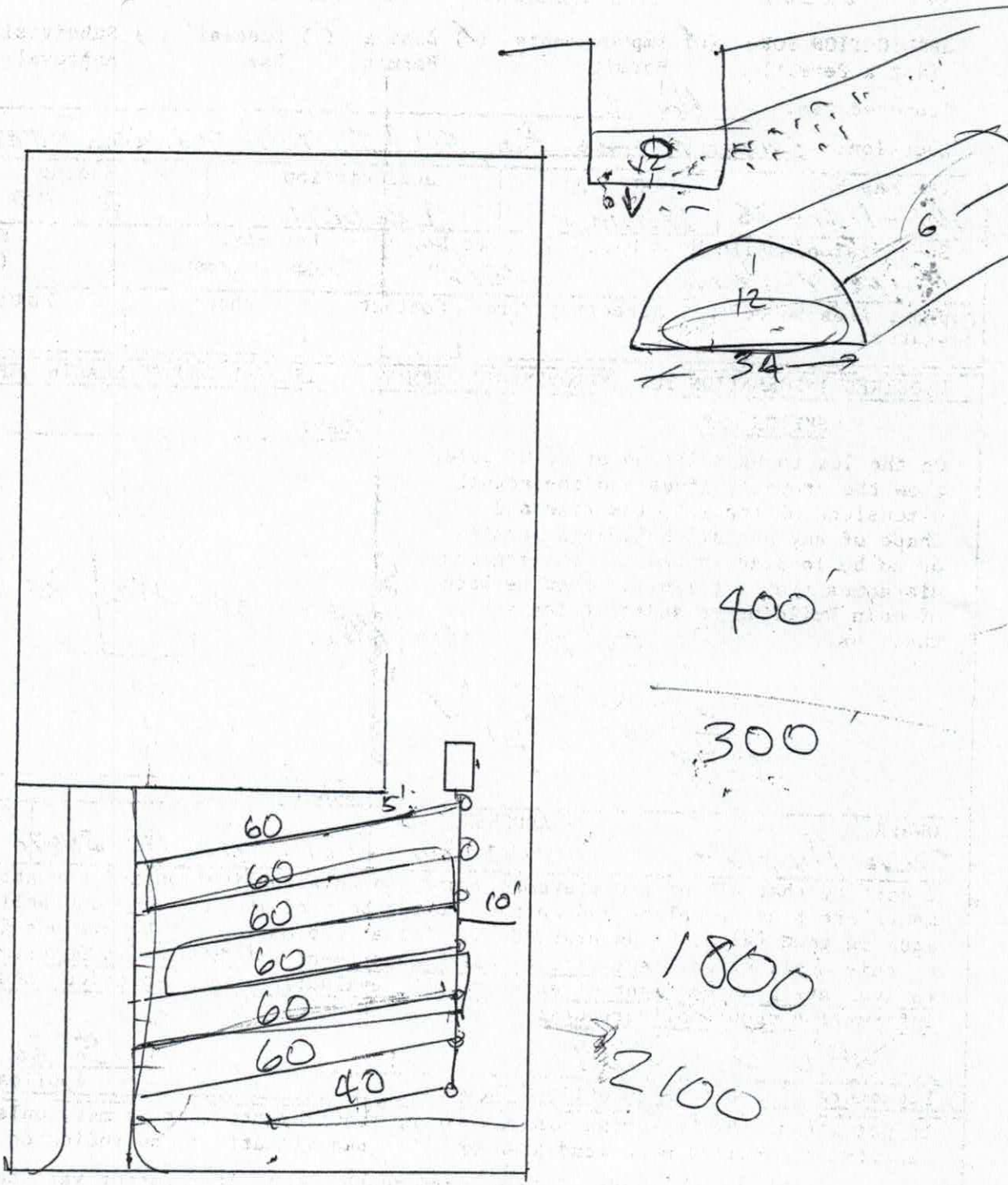
Existing System Inspection by: STEVE HEDRICK date 6-10-96

Installed by: Donald Fackney

~~Certificate of Completion by:~~ ____ date ____

Operation Permit by: B. C. Moore date 9-18-96

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



400

300

1800

2100

400 - 7

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

No 21251

PROPERTY DESCRIPTION

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

Proposed Use: HOUSE

Location: CHIPLEY FORD RD, ON RT 400' BEFORE SUMMERS FARM RD.

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
10F-1-H-26	BETHANY	IREDELL	R-20

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
CHIPLEY PARK	66/69	100 x 200	( ) yes ( ) no

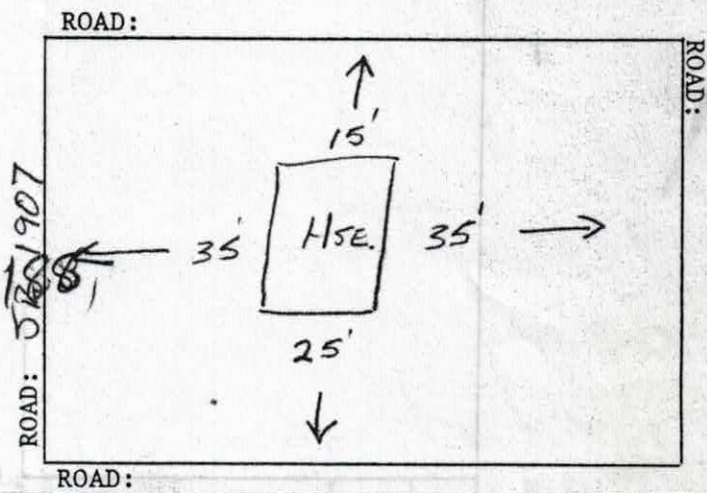
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed

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.

15.00 CR # 0941
25.00 0347
$40.00



OWNER	ADDRESS	PHONE NO.
STEVE HILKERT	2143 SHARON DR. STA. NC 28677	838-0594

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 Steve Hilkert — 5-30-95

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 20,000 sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.
Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

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

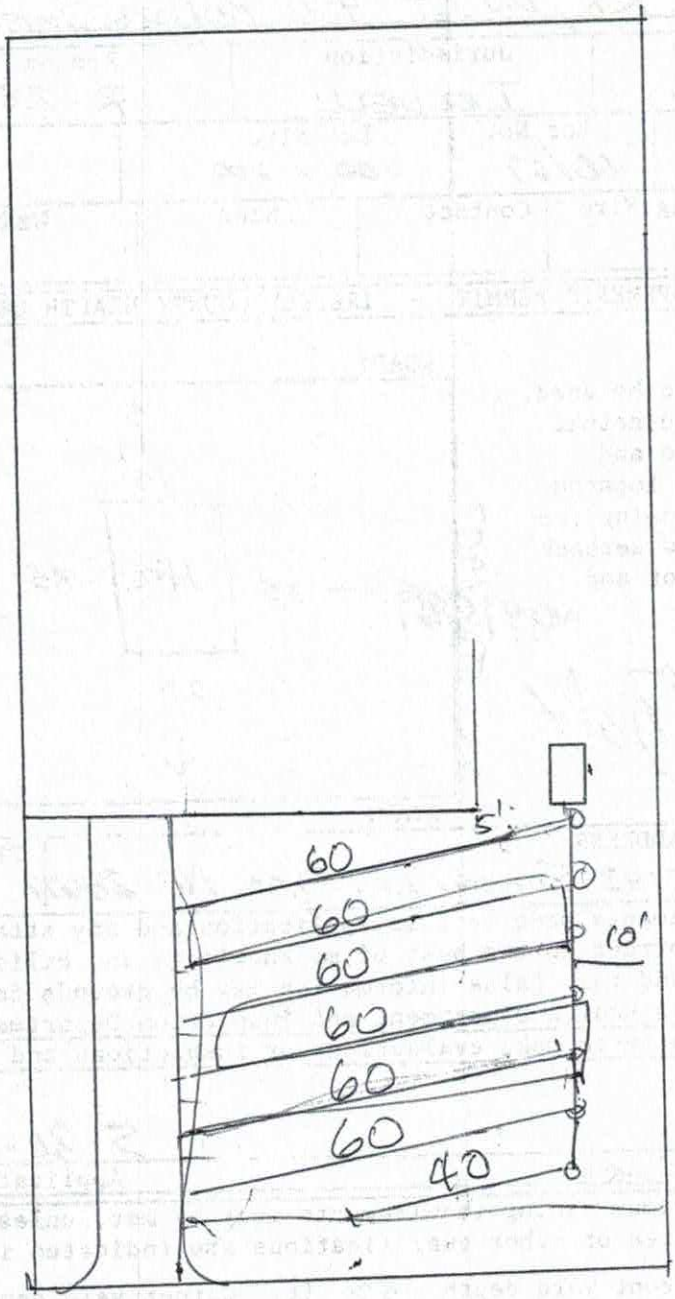
REMARKS:

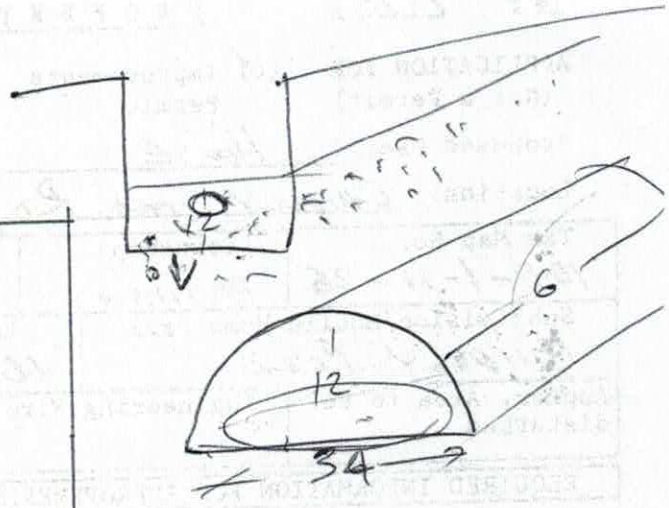
ZONING ADMINISTRATION DIVISION

William Allen — 5/30/95

Approved by — Date

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





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