PIN# 4740-50-8620

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. 23847 DATE 6/4/96 TAX MAP NO. 4F 3A 4 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Carlyle Farms - James Moore MH PHONE: Business _____ Home 873-3962

ADDRESS 119 Marlo Loop Mooresville NC 28115

LOCATION Carlyle Rd TL 1st Marlo Loop to 4th lot on (L)

SUBDIVISION Carlyle Farms BLOCK / SECTION _____ LOT 4 LOT AREA Existing SITE CLASS. _____ DESIGN FLOW 360 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 _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: Existing System

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

☐ Other _____

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

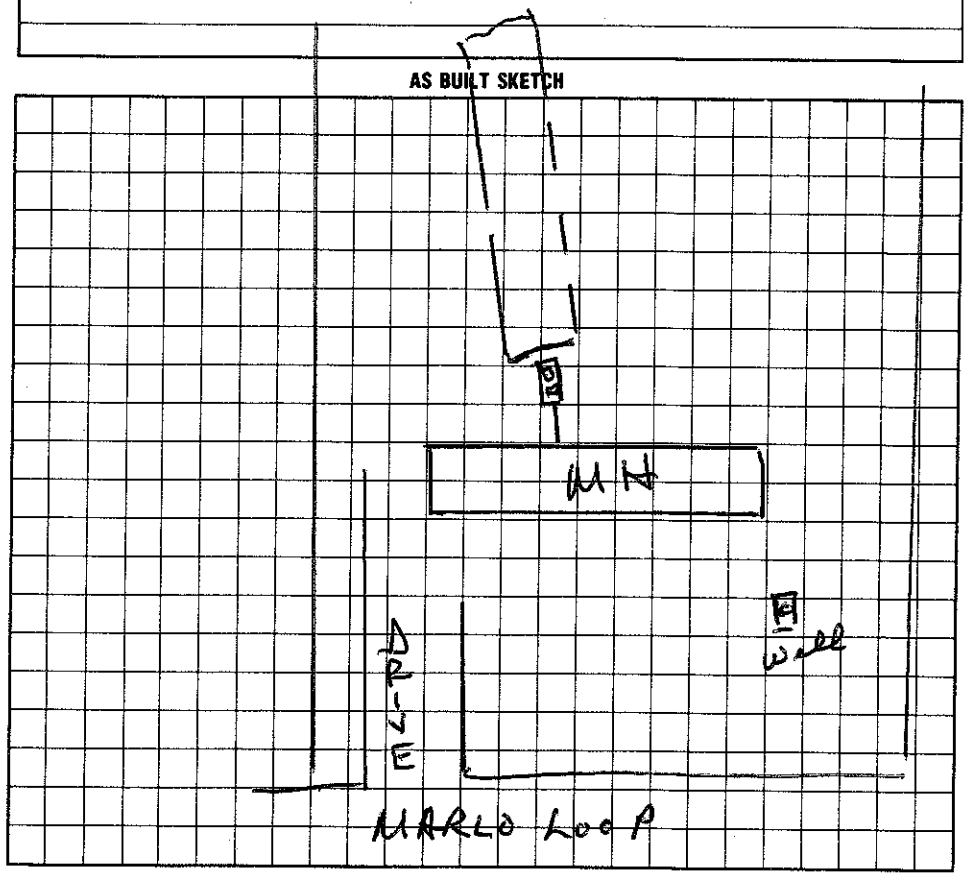
Water Supply:
☒ Individual
☐ Community
☐ Public

Comments:

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.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: Existing System Wesley Sparks R.S. date 6/4/96

Operation Permit by: _____ date _____

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

23847

PROPERTY DESCRIPTION

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

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

Proposed Use: Replacing mh

Location: Carlyle Rd to Marlop Lp, 3rd on lt

TAX MAP NO. 1

Tax Map No.	Township	Jurisdiction	Zoning
4F 3-A-4	Barnardsville	Iredell	RA

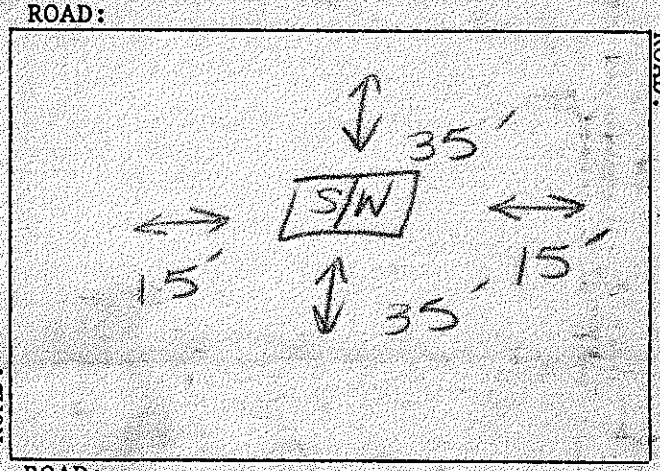
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Carlyle Farms	4		( ) yes ( ) no

Approx. Area to be disturbed	Street Address	Phone	Watershed
	119 Marlo Lp		

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-Z gk
50-H/D cash
$165

OWNER	ADDRESS	PHONE NO.
James Moose	2310 Salisbury Hwy Sta.	873-3962

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 R. Moose — 5-10-96

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 20000 sq. ft. Front yard depth 35 ft. Corner yard depth — 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: Existing Septic System

ZONING ADMINISTRATION DIVISION

K. Hewitt — 5-10-96

Approved by — Date

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