10813

IREDELL COUNTY HEALTH DEPARTMENT

P/Mit 4140-51-6026

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Floyd Greene (Marlo Corp.) Tenant - Lewis J. Wilson DATE Dec 14 89 PERMIT NO. 4F-3-A-C

PHONE: Business _____ Home _____

LOCATION 115-21 N. TL 1312 (Flowers House Loop) TL 1313 (Carlyle Rd.) ½ mile TL into Carlyle Farms 5th on left S. R. No. _____

SUBDIVISION NAME Carlyle Farms LOT NO. 6 SECTION OR BLOCK NO. _____

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~~ PS	Yes ( )	No ( )	

Character & Porosity of Soil _____

Percolation Rate _____

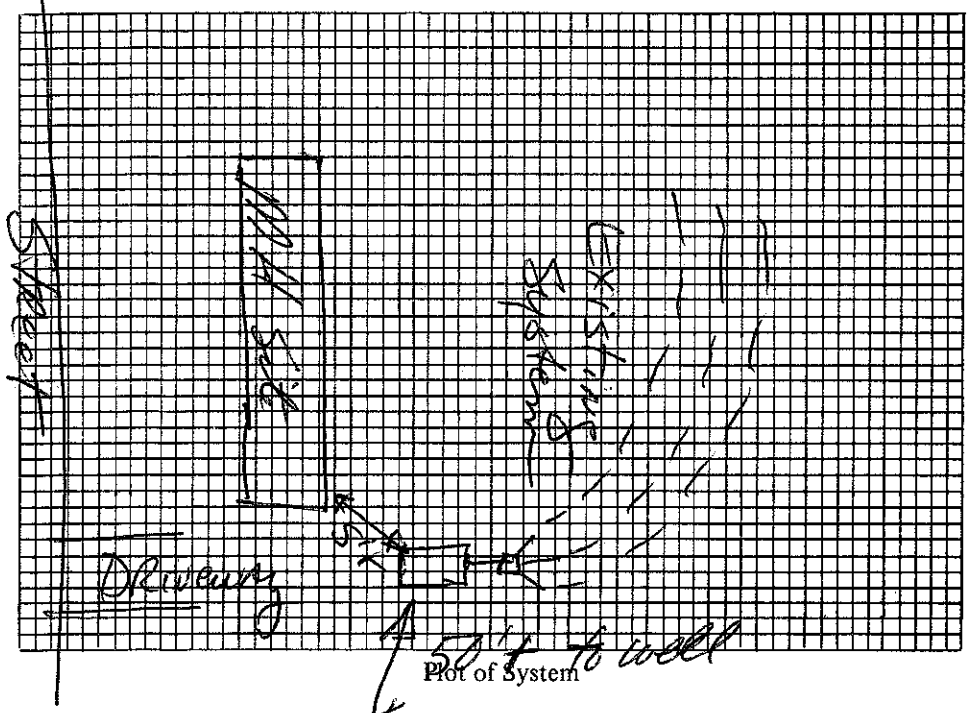
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank Existing Gals.

Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (✓) well on
Public ( ) adjacent lot

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system not showing any sign of malfunction at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: D B Hinson, RS DATE 12/14/89

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

№ 10813

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: Lot - 2 Mobile Home

Location: 215 TR Flower Hse Loop, TR Carlyle Rd TR Marlo Loop

Tax Map No.	Township	Jurisdiction	Zoning
4F 83 A C	Barium Springs	Iredell	RA lot on left in curve

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
On left Towards MHP			( ) yes (X) no

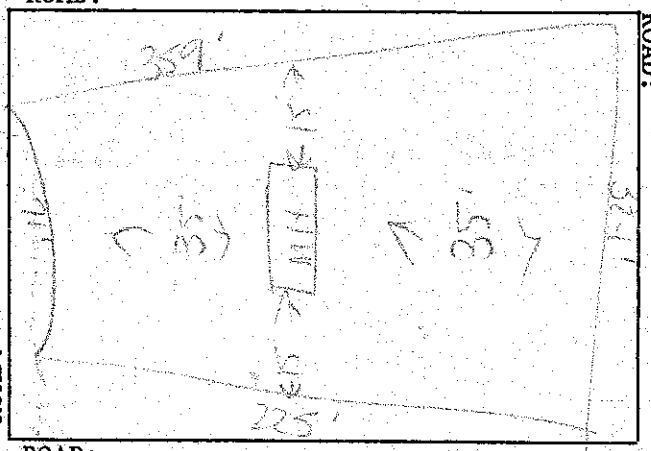
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

TAX MAP NO. _____

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
15.00
40.00
Floyd Sheets - Property Owner
4/621 pd

OWNER	ADDRESS	PHONE NO.
Teresa L Wilson	Rt. 1 Box 153 G Troutman	528-9792

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.

Teresa L Wilson — Signature of Owner or Authorized Agent

12/4/89 — 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

Approved by — Date 12/4/89

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