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

№ 10149

PROPERTY DESCRIPTION

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

Proposed Use: To Const. A Dwelling 3bd Room

Location: 215 - TR 2075 TR 2376 To End on Rt

Tax Map No.	Township	Jurisdiction	Zoning
4E-13-10	Barringer		N/A

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

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

TAX MAP NO.

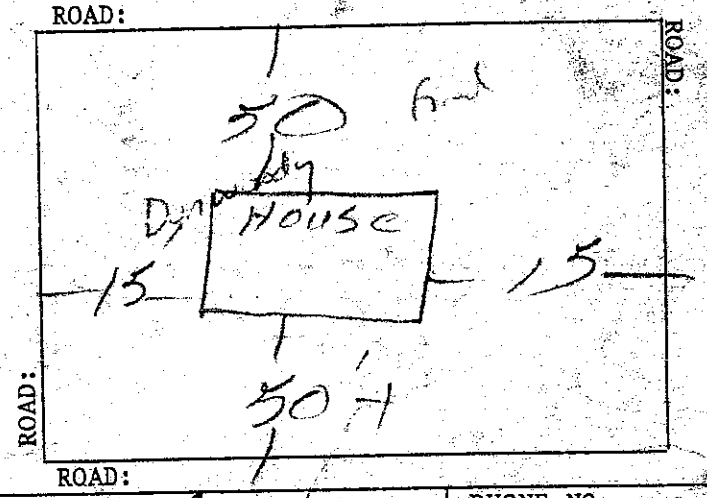
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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.

H.D. 25.00 225

Earl Bowens



OWNER	ADDRESS	PHONE NO.
Earl Bowens	1609 Oak St	597-7926

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.

Earl Bowens — 6-22-88

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 N/A 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 — Date 6-22-88

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

#85149

IREDELL COUNTY HEALTH DEPARTMENT

B-18

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Earl Bowers DATE 7-3-89 PERMIT NO. _____

PHONE: Business _____ Home 597-7926

LOCATION 21 N. Turn Right on Houston Rd. Left on Kennedy. 5th on right in field S. R. No. _____

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

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

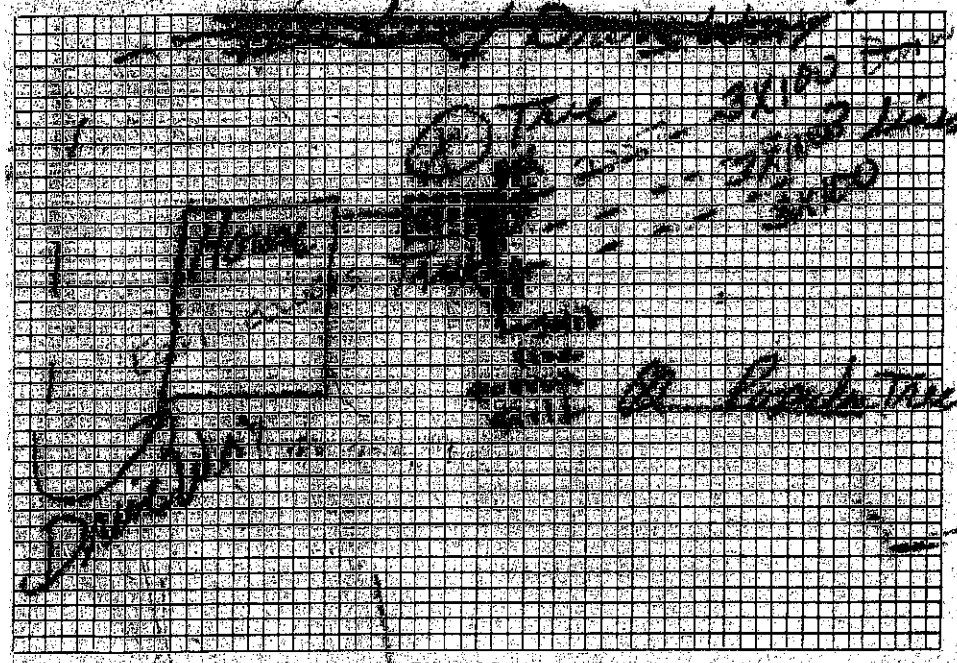
No. Bedrooms 3 No. Bathrooms 2.5

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

Character & Porosity of Soil Clayey
Percolation Rate 2-68
Topography _____
Depth to Water Table 10ft +
Rock or other impervious formations None

Lot Area 1 acre

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual X
Public ( )

Installed by _____

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

Signed: Earl Bowers

IMPROVEMENTS PERMIT BY Richard Price & P.C. Moore CAR PORT R.S. ALREADY CONSTRUCTED

COMMENTS: Locate Well 100 ft from Septic System

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM APPROVED BY: _____ DATE _____

THIS SYSTEM 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