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IREDELL COUNTY HEALTH DEPARTMENT

12682

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Lake Norman Lions Club DATE 5/11/92 PERMIT NO. 2F-5-B-11,13, 15

PHONE: Business _____ Home 664-6613

LOCATION McKendree Rd, on (L) at McKendree Chapel Church

S.R. No. _____

SUBDIVISION NAME _____ LOT NO. 11, 13, 15 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☐ ☑ Other Club/Comm. Center - 100 GPD usage

No. Bedrooms — No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☐ No ☑

Lot Area ~ 3/4 AC

Soil Characteristics P SIC

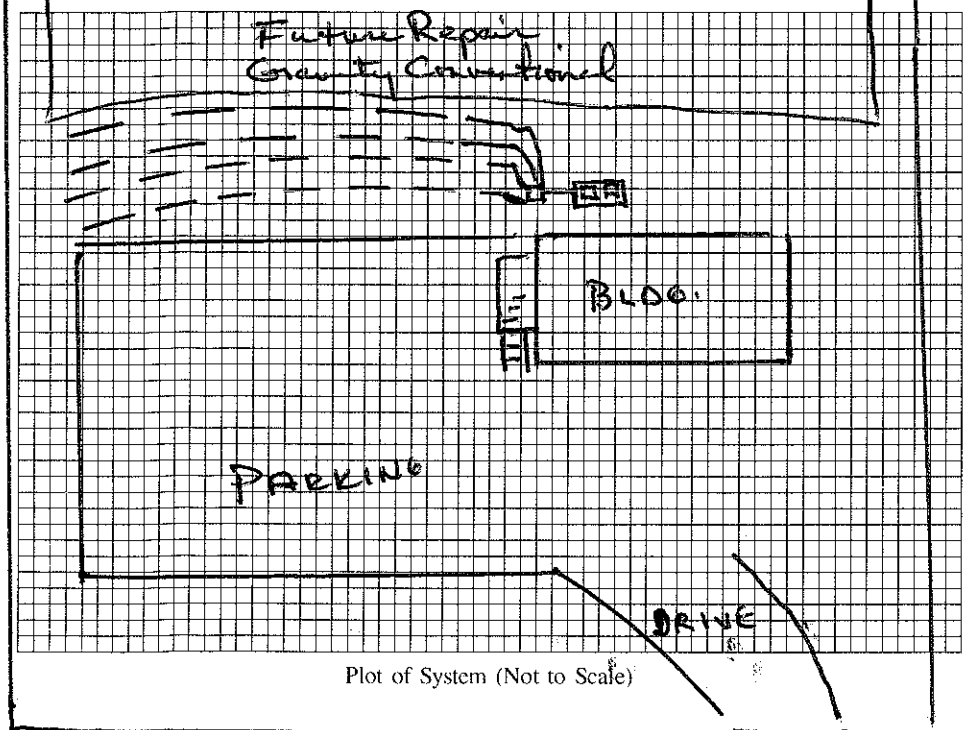
Application Rate P : 3

Topography P - 2-40%

Depth to Water Table S - >48"

Rock or other impervious formations S none observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 100' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐

Installed by Nelson Heathcock

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY McKendree RD.

COMMENTS Well to be located minimum of 50' from all parts of septic tank system.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 5/11/92

EXISTING SYSTEM CHECKED BY _____ DATE _____

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

12682

IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR Lake Norman Lions Club DATE May 10, '91 PERMIT NO. 2F-5-B-11,13,15

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 (Mckendree Rd) on left just before (adjacent to) Mckendree Church S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other Club / Community Center ~ 3 meetings / month + special events Actual use < 100 gpd / Design flow of 360 gpd

No. Bedrooms ____ No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes ( ) No (✓)

Site ~~Suitable~~ RS Yes (✓) No ( )

Character & Porosity of Soil silty clay

Percolation Rate ~3' - 35' 4th perk time

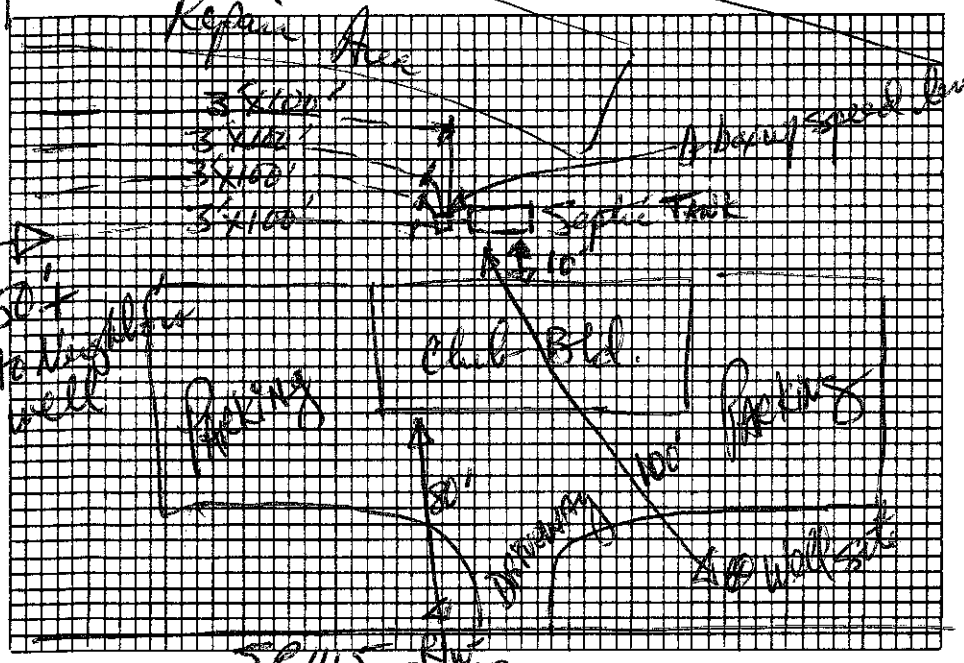
Topography 2-4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area ~1 3/4 Ac.

____ Basement with Plumbing ____ Basement without Plumbing ___✓___ No Basement



Size of Tank 1000 + Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: Glen R. Goodnight

IMPROVEMENTS PERMIT BY David R. Hamm, RS, EHE

COMMENTS: Follow contours w/ drainfield. Maximum trench bottom depth of 36". Minimum trench bottom of 24".

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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