IREDELL COUNTY HEALTH DEPARTMENT

15565 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Bob McLemore Homes DATE Dec 8, '92 PERMIT NO. 262/A4

PHONE: Business 545-6112 Home

LOCATION Alcove Rd. Turn on Templeton (1108) TR Lynn Cove on left S.R. No.

SUBDIVISION NAME Morgan Landing LOT NO. 4 SECTION OR BLOCK NO.

House ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000 ft² +- PL

Soil Characteristics ps clay

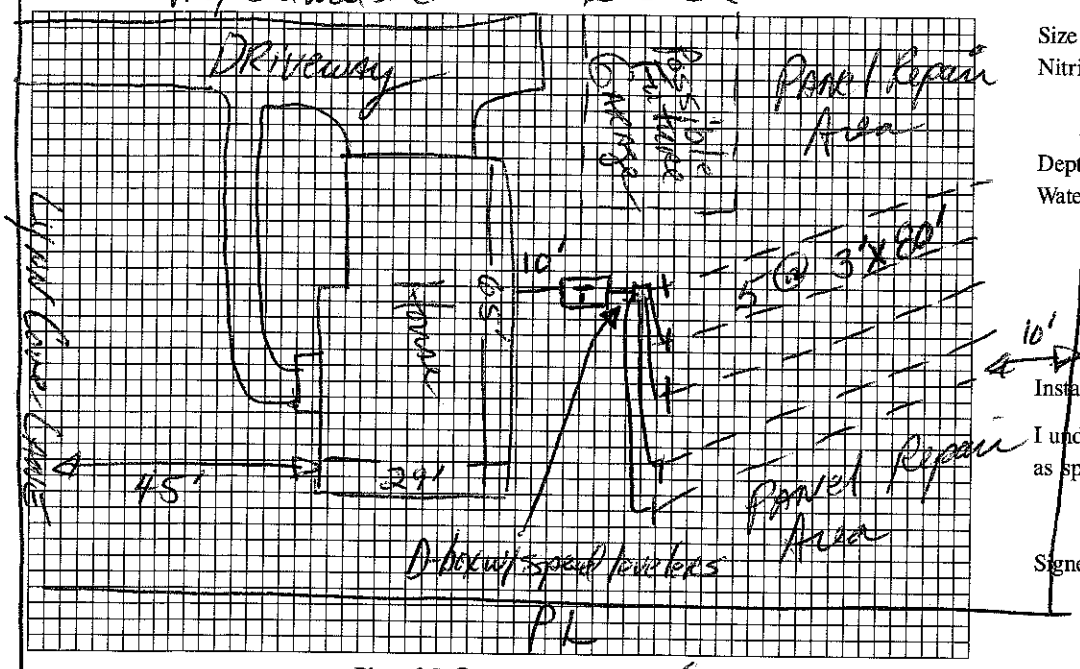
Application Rate .03 gal/ft²/day

Topography 2-4%

Depth to Water Table 24'

Rock or other impervious formations none obs

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



Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by

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

Signed: X Ronald Hamm

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

IMPROVEMENT PERMIT BY Ronald Hamm, RS

COMMENTS Follow contour with application lines.

Dellinger tank STB797, 7-8-93, 1500 gal -

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 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