14422

IREDELL COUNTY HEALTH DEPARTMENT

4645-28-1645

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Bob McLemore Homes DATE 12/16/92 PERMIT NO. 26-21-A-5

PHONE: Business 545-6112 Home

LOCATION ~~Lost~~ Alcove Rd, TR on Templeton Rd, TR on Lynn Cove Rd. to lot 5 on (L) of road. S.R. No.

SUBDIVISION NAME Morgan Landing LOT NO. 5 SECTION OR BLOCK NO. 1

House ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 26,000 FT2

Soil Characteristics P (C)

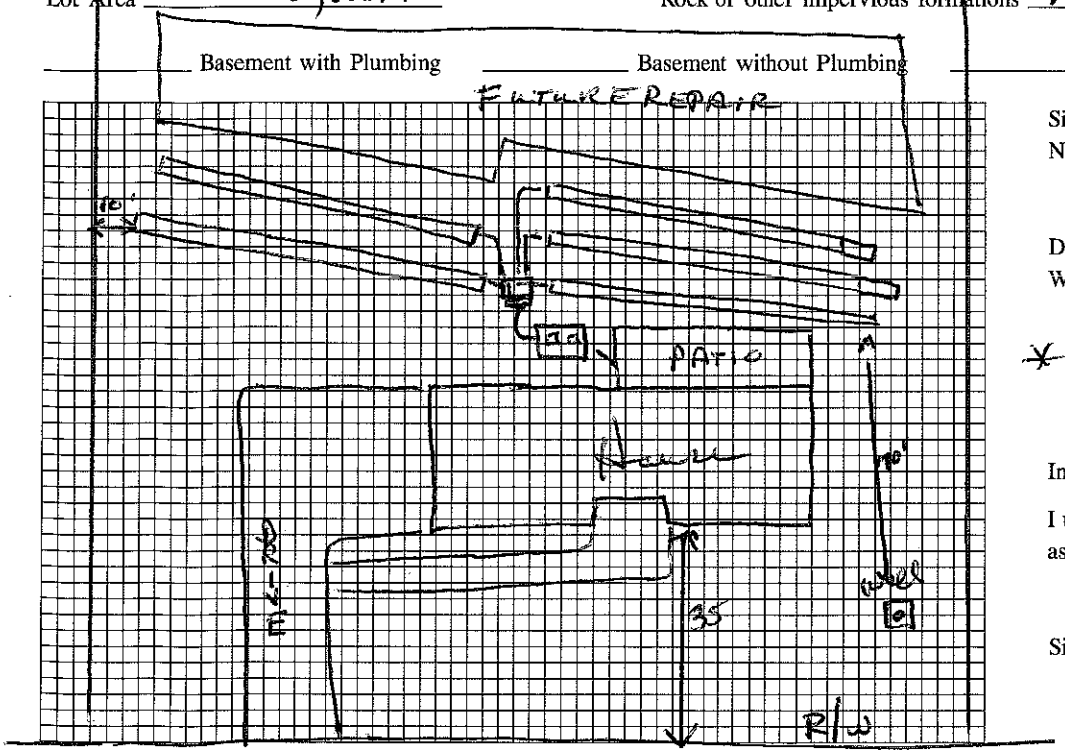
Application Rate P - (S, SP, WKSBK) : 35

Topography B - 2-3%

Depth to Water Table S > 48"

Rock or other impervious formations PS - > 36 < 48 (42" TRENCH)

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



Plot of System (Not to Scale) LYNN COVE RD.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5 @ 50' x 2.5'

Sq. Ft. — Linear Ft. 250'

Depth of Stone in Lines

Water Supply: Individual ☐ Public ☐

* 16" PABS - Drainty Supplied

Installed by Bob Mayhew

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 AWS

COMMENTS Roof gutters need to be piped off yard area near side property lines. Yard needs to be sloped to grade (shed) surface water. Panels shallow 6-8" cover only - use caution when tilling or digging.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 12/16/92

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

IREDELL COUNTY HEALTH DEPARTMENT

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IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Bob McLemore Homes (Bradey) DATE 4/10/92 PERMIT NO. 26-21-A-5

PHONE: Business 545-6112 Home

LOCATION Langtree Rd, TR into Lynn Cove Rd, to lot 5 on (L) of road ~ 1000 feet S.R. No.

SUBDIVISION NAME Morgan Landing LOT NO. 5 SECTION OR BLOCK NO.

House ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000 FT²

Soil Characteristics P - c/c-trans (ss)

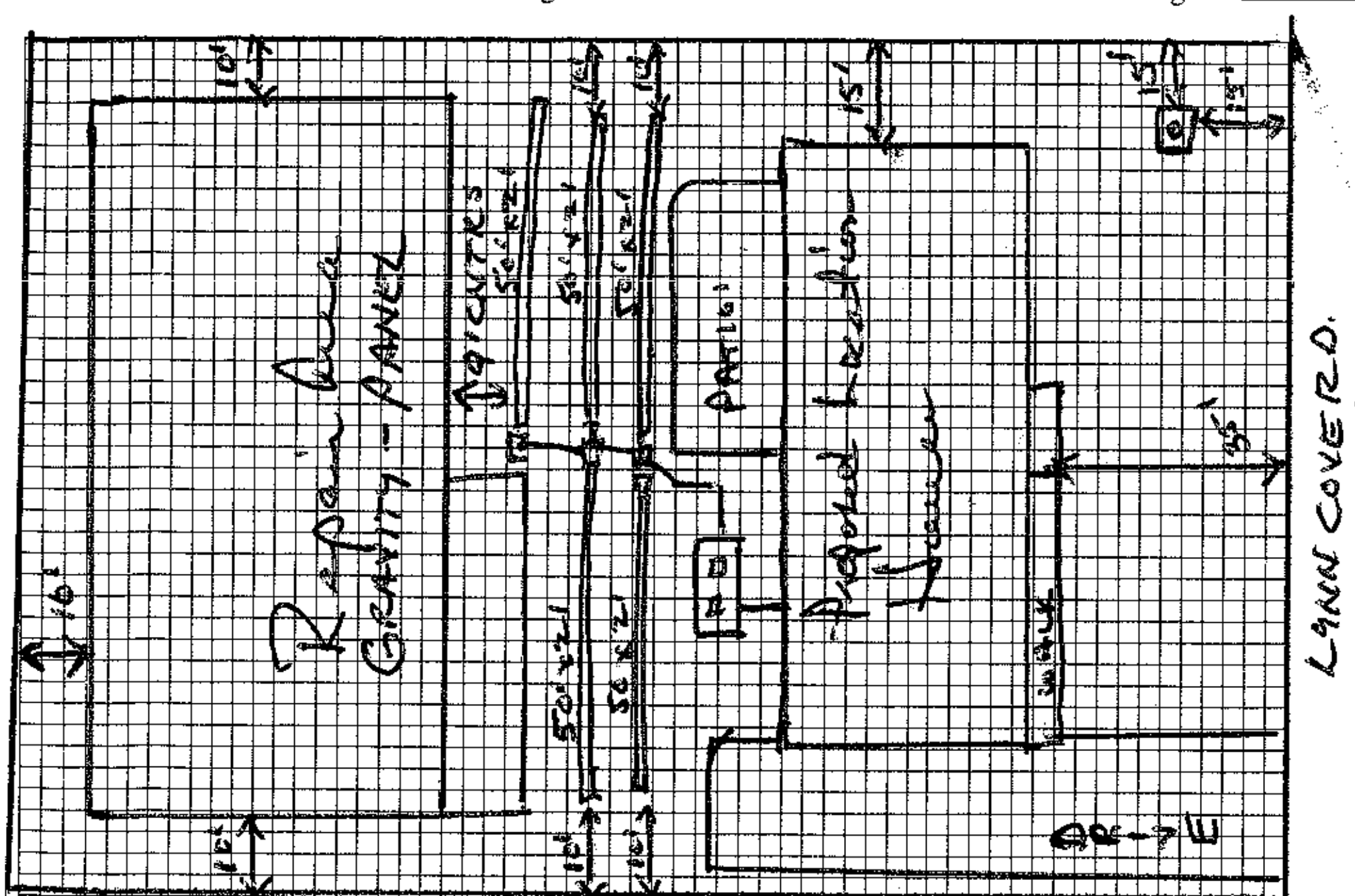
Application Rate P. .35

Topography S 2%

Depth to Water Table S >48"

Rock or other impervious formations TRANS. 42" DOWN

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5 @ 50' x 3'

Sq. Ft. ____ Linear Ft. 250 ft

Depth of Stone in Lines

Water Supply: Individual ☑

Public ☐

16" Prefabricated Permeable Panel Block - Gravity Drop Boxes

Installed by

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 Wesley Sparks,

COMMENTS Keep panels shallow no deeper than 30" - Lines on slope contour in direction shown.

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.

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