4645-28-3783

IREDELL COUNTY HEALTH DEPARTMENT

12191

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

OWNER OR CONTRACTOR Bob McLemore Homes DATE 7/16/91 PERMIT NO. 26-21-A-15

PHONE: Business _____ Home _____

LOCATION 215 N I 77 TL 1206 (ALCOVE) TR 1108 Templeton RT fork, TR to Morgan Landing on (R) just before cul de sac S. R. No. _____

SUBDIVISION NAME Morgan Landing LOT NO. 15 SECTION OR BLOCK NO. _____

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

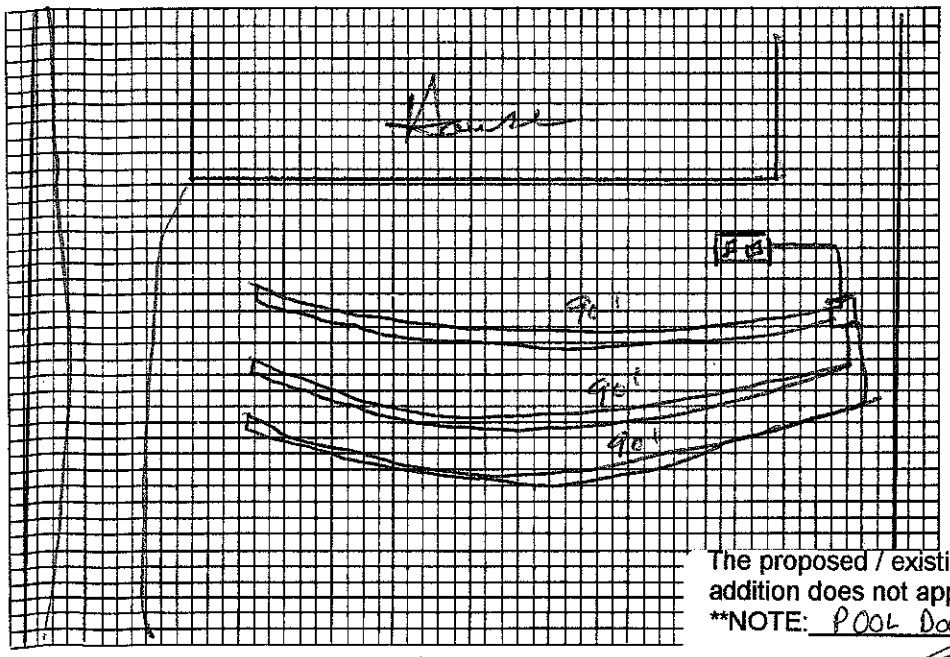
No. Bedrooms 4 No. Bathrooms 3 1/2

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

Character & Porosity of Soil P - clay (sft)
Percolation Rate 13
Topography 2%
Depth to Water Table >48"
Rock or other impervious formations No

Lot Area 119' x 215'

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3@90'
Sq. Ft. _____ Linear Ft. 270
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )
16" T+T Panel System

Installed by Bob-Mayfield

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

Signed: _____

The proposed / existing POOL 20'x36' addition does not appear to impact the existing septic system.
**NOTE: POOL Does Not Effect Septic system
_____ R.S.
Date: 1-10-14
ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 7/16/91

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