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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Barry Lang DATE 4-29-93 PERMIT NO. 106-7-A-88

PHONE: Business _____ Home _____

LOCATION old mocksville TL Jane Sowers TR Baymount Dr. 1/4 mi on left. S.R. No. _____

SUBDIVISION NAME Baymount meadows LOT NO. 88 SECTION OR BLOCK NO. III

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area 155' X 208'

Soil Characteristics Clayey

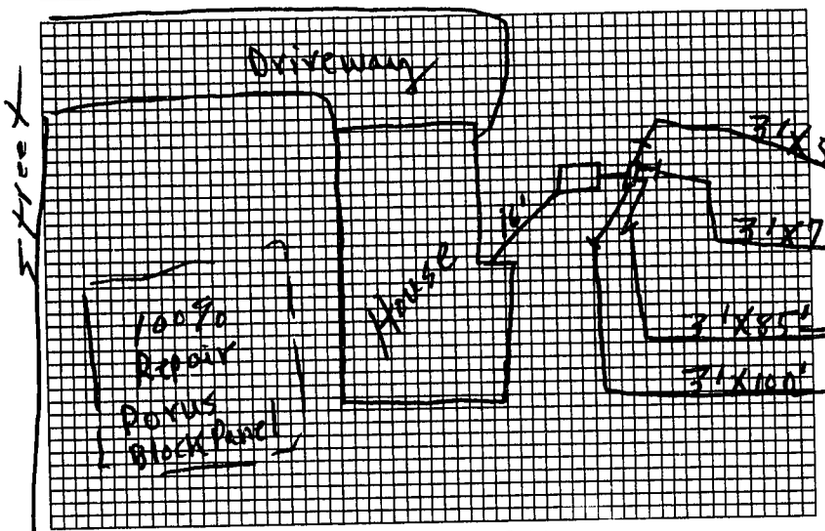
Application Rate .4

Topography 2 to 8%

Depth to Water Table 10'+

Rock or other impervious formations none

_____ 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 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by J. C. Forsyth

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 R. C. Moore

COMMENTS _____

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 4-29-93

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