4034-79-9535

IREDELL COUNTY HEALTH DEPARTMENT

11501

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

OWNER OR CONTRACTOR Knox, Blake, Briggs DATE Oct 5, '90 PERMIT NO 2B-7-A-25

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Langtree) TL into Royal Pointe TR 1st Street attend on left S. R. No. _____

SUBDIVISION NAME Royal Pointe LOT NO. 25 SECTION OR BLOCK NO. _____

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

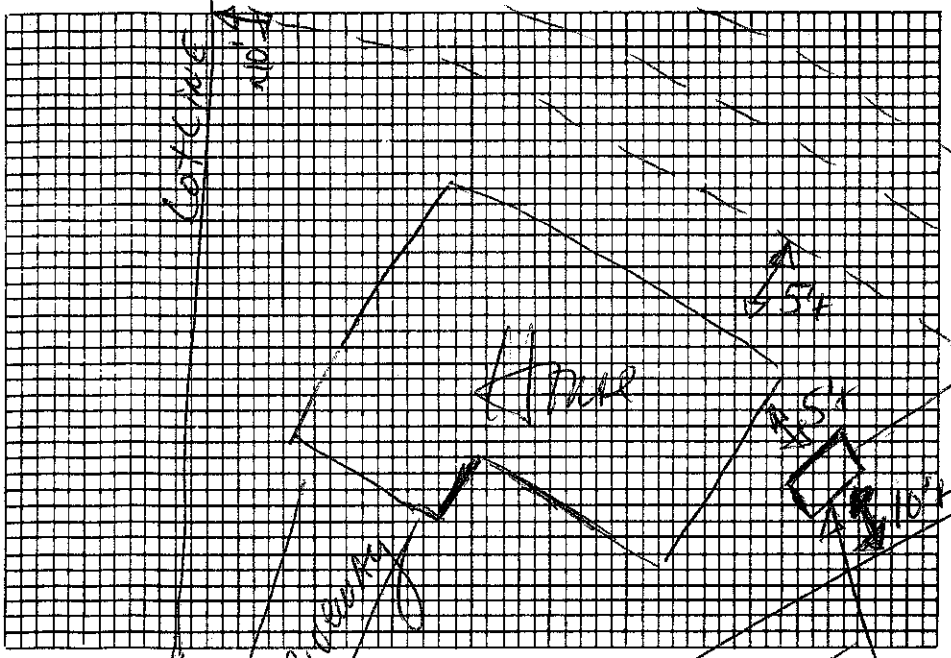
No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	ps clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4-6 mpi
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none obs.

Lot Area 20000 ft²

Repair Area

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓) CW

4 10'

Installed by Mike League

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

Signed: _____

DROP Boxes

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

Cul-D-Sac

CERTIFICATE OF COMPLETION BY _____ DATE Oct 5, '90

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