13983

IREDELL COUNTY HEALTH DEPARTMENT

4634-88-0915

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Nancy Frazier DATE Jan. 29, 193 PERMIT NO. 2BB21

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Langtree) TL Clearwater (2nd Entrance to Royal Pointe) ~ 400' on right S.R. No. _____

SUBDIVISION NAME ROYAL POINTE LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3-4

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 3/4 Ac.

Soil Characteristics PsCday

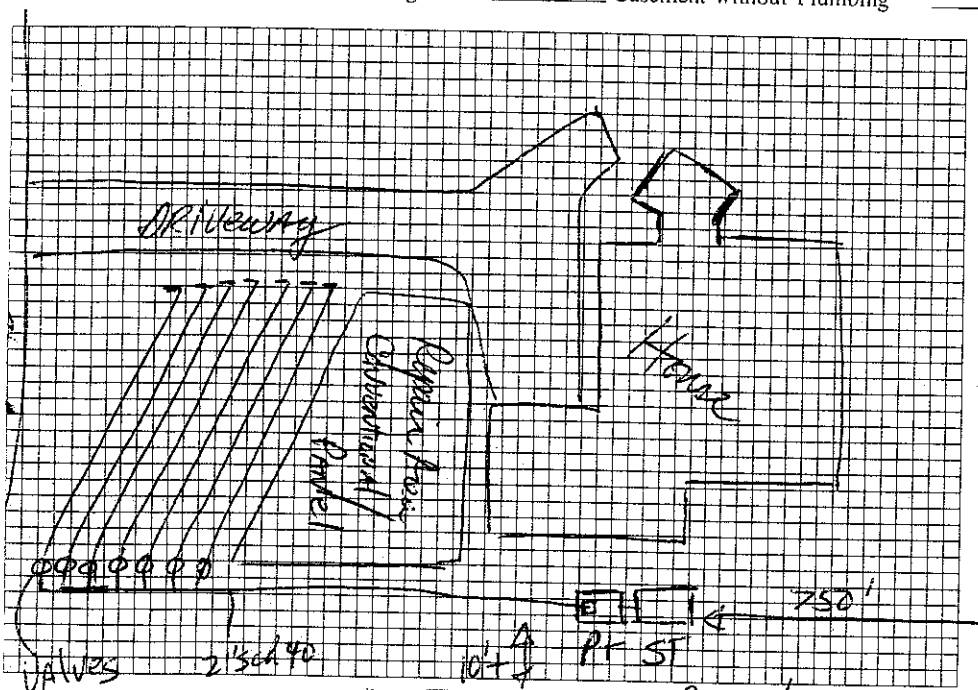
Application Rate .3 gal/sq ft/day

Topography 4-6%

Depth to Water Table ≥ 4'

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 1500 / 1500 Gals.

Nitrification Field:

No. of Lines 7

Sq. Ft. 1605 Linear Ft. 535

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ CW

LAKE

Installed by Orbison

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 DRH

COMMENTS System installed and functioning on 8/5/92 DRH (waiting on maintenance agreement)

Operation permit

CERTIFICATE OF COMPLETION BY D K Hinson, RS DATE 1/29/93

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