13351

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Arturo Sabates DATE 2/14/92 PERMIT NO. 2B-7-A-2

PHONE: Business _____ Home 896-0520

LOCATION Leyton Rd; Royal Pointe TR to second house on (L)

S.R. No. _____

SUBDIVISION NAME Royal Pointe LOT NO. 2 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000 FT.² 760'

Soil Characteristics P (mf-ss)

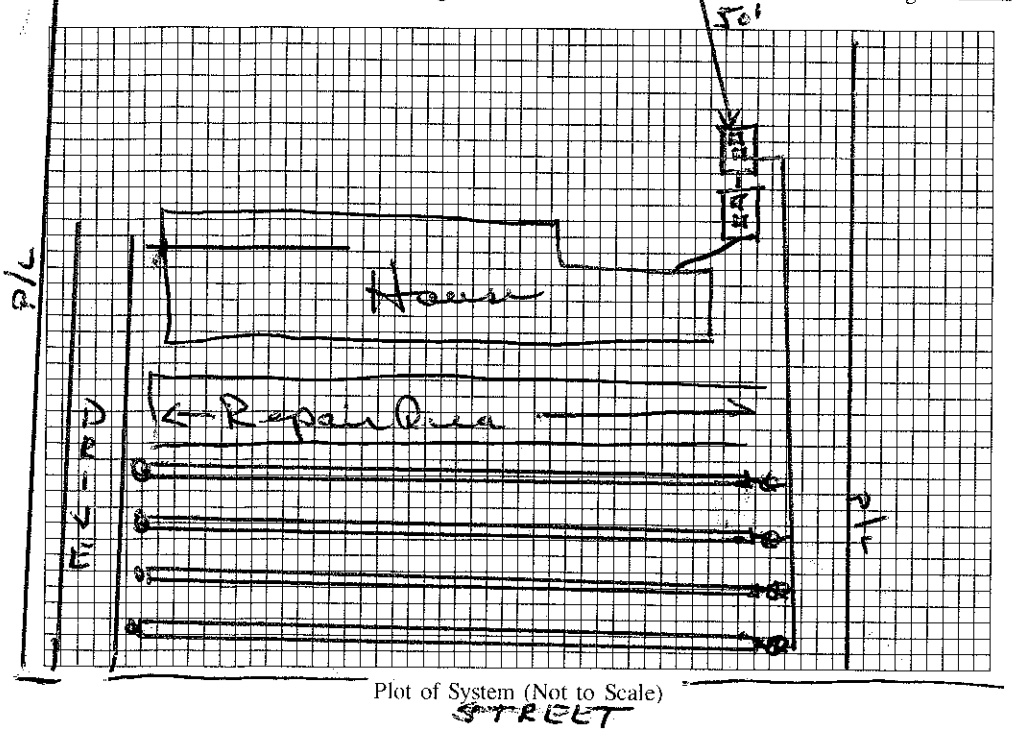
Application Rate .3

Topography 2-4%

Depth to Water Table 7 48"

Rock or other impervious formations None observed.

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



Plot of System (Not to Scale)

STREET

Size of Tank 1000 - 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 55' x 2' ✱

Sq. Ft. _____ Linear Ft. 220 ✱

Depth of Stone in Lines SA-16 - 6"

Water Supply: Individual ☐ Public ☑

✱ 16" Pressured prefabricated Permeable Panel Blocks

Installed by R L McLeod

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 _____

COMMENTS Operations Permit -

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 2/14/92

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

13351

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Arturo Sabates DATE 9/5/91 PERMIT NO. 2B-7-A-2

PHONE: Business _____ Home 896-0520

LOCATION Langtree Rd, TL into Royal Pointe, TR first street, 2ND lot on (R) S. R. No. _____

SUBDIVISION NAME Royal Pointe LOT NO. 2 SECTION OR BLOCK NO. _____

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

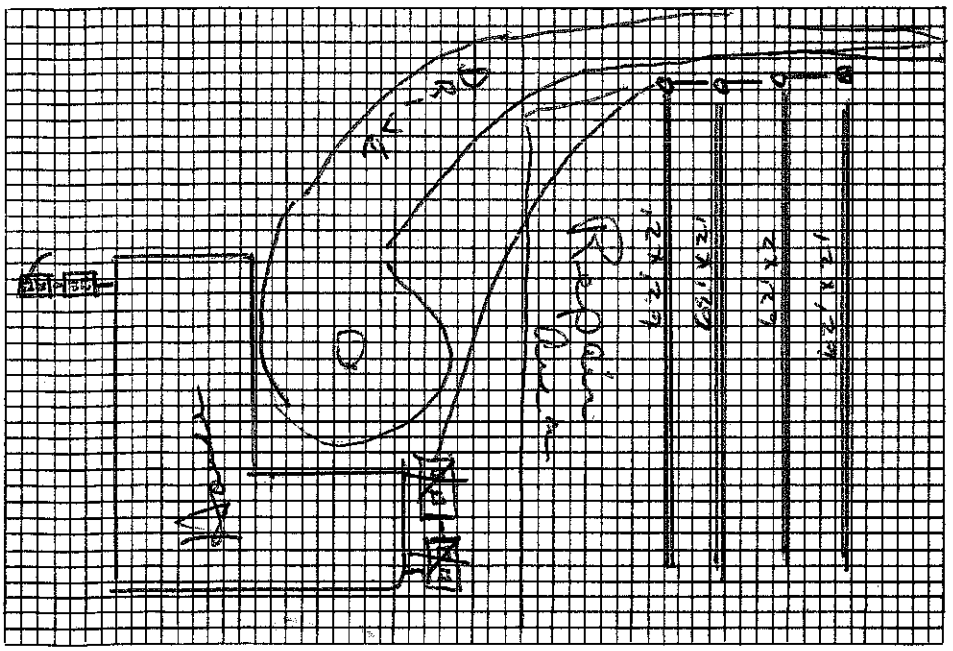
No. Bedrooms 4 No. Bathrooms 2

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

Lot Area 20,000 Ft²

Character & Porosity of Soil P - 3 (sd, ss)
Percolation Rate _____
Topography 2-4%
Depth to Water Table >48"
Rock or other impervious formations None encountered

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4 @ 60-62'
Sq. Ft. _____ Linear Ft. 240
Depth of Stone in Lines —

Water Supply: Individual ( )
Public ( )

* 16" PPBPS Panel System.

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Wesley Sparks RS.

COMMENTS: Trenches no deeper than 30" to bottom of trench.
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 false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold