14859

IREDELL COUNTY HEALTH DEPARTMENT

4634-89-2145

IMPROVEMENT PERMIT AND ~~CERTIFICATE~~ OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Lakeview Homes, Inc (DALE MORROW) DATE Oct 13, '92 PERMIT NO. 2B7A3

PHONE: Business _____ Home _____

LOCATION 1102 Tl into Royal Pointe TR 1st Street on left S.R. No. _____

SUBDIVISION NAME Royal Pointe LOT NO. 3 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000ft²+

Soil Characteristics psclay

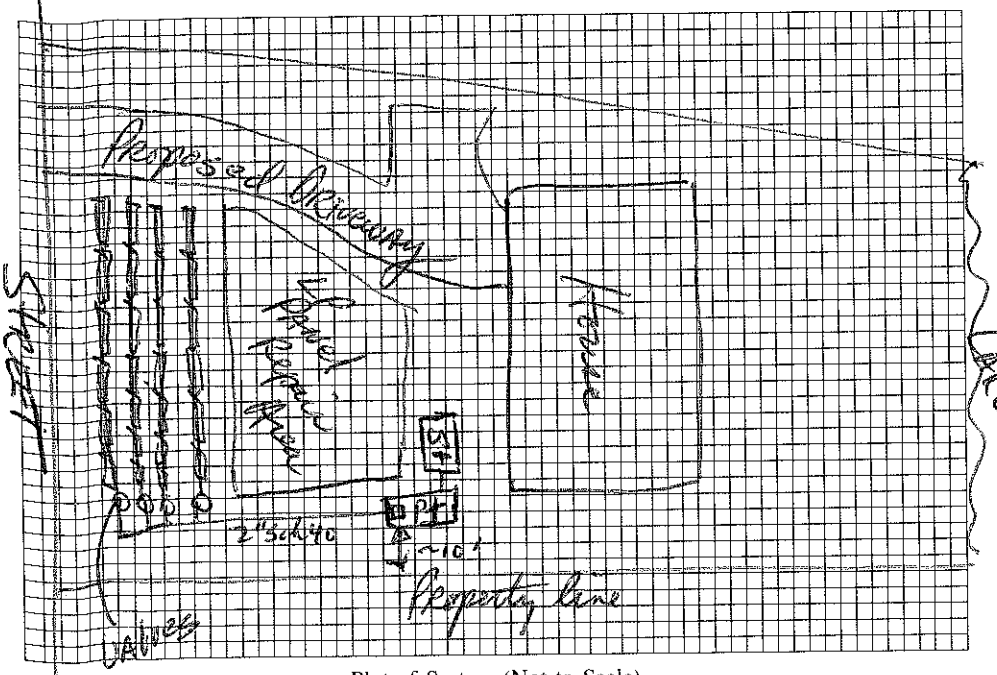
Application Rate .3-1.4

Topography 4-6%

Depth to Water Table 7'4"

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 4

Sq. Ft. _____ Linear Ft. 200+ft

Depth of Stone in Lines 24"16"PVBS

Water Supply: Individual ☐

Public ☑ CW

Installed by J.J. Green

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 AWB

COMMENTS _____

Operation permit

CERTIFICATE OF COMPLETION BY D.R. Hunnicutt, RS DATE 10/13/92

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

12:30

14859

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Lakeview Homes Inc. DATE 6/30/92 PERMIT NO. 2B-7-A-3

PHONE: Business _____ Home 704-537-5066

LOCATION Langtree Rd - TL into Royal Pointe

S.R. No. _____

SUBDIVISION NAME ROYAL POINTE LOT NO. 3 SECTION OR BLOCK NO. 1

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,600 FT²

Soil Characteristics P - C/C1

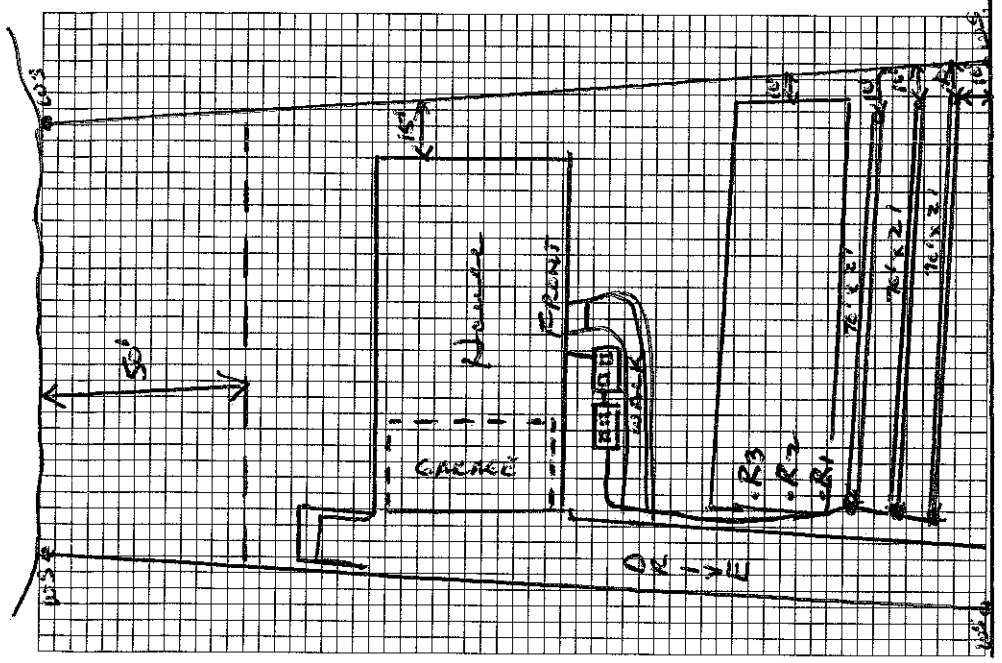
Application Rate P - .4 (55-5F)

Topography P - 2%

Depth to Water Table S - >48"

Rock or other impervious formations S - None observed

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



Plot of System (Not to Scale)

Size of Tank 1000 / 1000 Gals.

Nitrification Field:

No. of Lines (3) 70' x 3'

Sq. Ft. _____ Linear Ft. 210' ✗

Depth of Stone in Lines 6" SAND.

Water Supply: Individual ☐ COMM

Public ☑ SYSTEM

✗ 16" Prefabricated Panels Pressure Distributed

Installed by _____

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

Signed: + Pam Walker

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS 29 GPM Pump NEEDED; 48 HOLES AT .59 GPM
3/16" HOLES 1 PER PANEL TURNED UP IN CENTER OF EACH PANEL
113 - 130 GAL/DOSE - 1¼ PVC RUN CONTINUOUSLY THROUGH EACH DRAINLINE
2' PRESSURE HEAD AT END OF EACH DRAINLINE.

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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9/15/92 Septic installed tanks ok, alarm + pump tested, field level + pressure set. Need maintenance agreement