IREDELL COUNTY HEALTH DEPARTMENT

→ Authorization to Construct

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 22256 DATE ______ TAX MAP NO. 2B 7A 31 Watershed: [X] Yes ☐ No

OWNER OR CONTRACTOR Charles E Thacker PHONE: Business 4634-89-2751 Home 892-0909

ADDRESS Davidson, NC 28036

LOCATION Royal Point (L) off Lanfree (L) on Topsail, corner on (L)

SUBDIVISION Royal Pointe BLOCK / SECTION ______ LOT 31 LOT AREA .55 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 3/19/96

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet *300 (400)

No Lines 3 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth N/A

[X] New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity [illegible] Infiltrator

Repair System Description: Panel 16"

Maintenance Agreement Required: ☐ Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ______

☐ Other ______

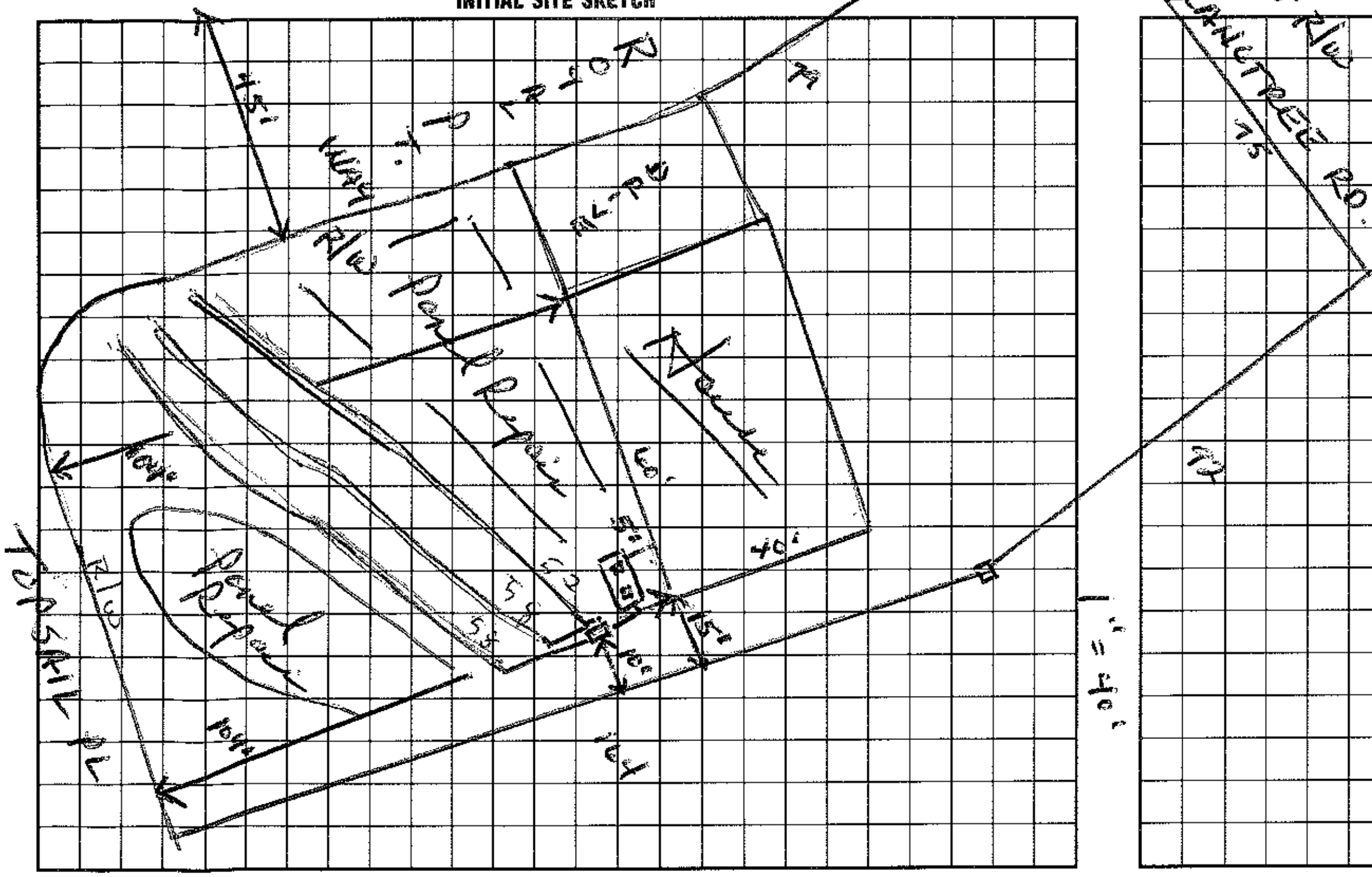
☐ Slab [X] Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual [X] Community ☐ Public

Comments: * 25% Reduction for [illegible] Infiltrator use. Very tight for space - Call if [illegible]

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial site sketch

I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system.

Authorization valid 5 years, Improvement Permit good indefinitely.

Signed: X Ray Beam

Improvement Permit by: Wesley Sparks RS. date 10/17/95

Existing System Inspection by: Authorization to Construct Wesley Sparks RS date 10/17/95

Installed by: ______

~~Certificate of Completion by:~~ Existing System! date ______

Operation Permit by: C. [illegible] EHST date 5/13/96

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD