Type 4

IREDELL COUNTY HEALTH DEPARTMENT

13752

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4634-89-4115

OWNER OR CONTRACTOR Charles Thacker/Waterside Investments DATE 6/18/92 PERMIT NO. 2B-7-A-7

PHONE: Business 892-3312 Home _____

LOCATION Royal Pointe Way; Left on TL into Royal Pointe, straight to 2nd lot on (R) after intersection S.R. No. _____

SUBDIVISION NAME Royal Pointe LOT NO. 5 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 29,000 FT²

Soil Characteristics P - C/SC

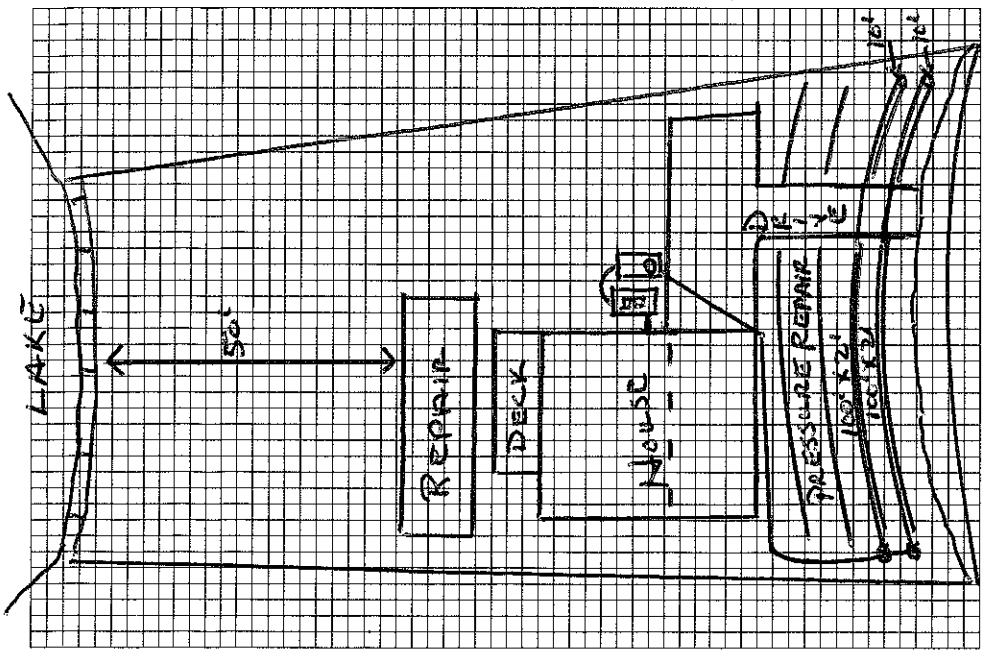
Application Rate P - .35 (sod-wk)

Topography P - 2% (slight depression)

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 1250 / PT 1600 Gals.

Nitrification Field:

No. of Lines 2 @ 100' x 2'

Sq. Ft. _____ Linear Ft. 200 *

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☐ COMM

Public ☑ SYSTEM

16" PVC

Installed by F J ERVIN

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 AWS.

COMMENTS Schedule 40 sleeved in SDT grade collect run under parking area. Sch 40 sleeved in 6" SCH 40 PVC run under driveway area - 3/16" holes turned up inside each panel. 2' Read at end of each drain line. Depressioned - 13 days rain prior to and during installation

*OPERATIONS PERMIT

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 6/17/92

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

13752

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 Waterside Investments Inc. / Charles Thacker, Pres. DATE 12/18/91 PERMIT NO. 2B-7-A-7

PHONE: Business ______ Home 892-3312

LOCATION Royal Pointe Way; Longtree TL into Royal Pointe, straight to 2nd lot on (R) after 2nd road to (R) S. R. No. ______

SUBDIVISION NAME Royal Pointe LOT NO. 5 SECTION OR BLOCK NO. ______

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area P - 20,000 FT²

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

Character & Porosity of Soil P / cl → c(s) (ss-)

Percolation Rate .4

Topography P - slight depression

Depth to Water Table > 48"

Rock or other impervious formations None found.

Size of Tank 1000 / 1000 Gals.

Nitrification Field:

No. of Lines 2 @ 100' x 24"

Sq. Ft. ______ Linear Ft. 200 *

Depth of Stone in Lines ______

Water Supply: Individual ( )

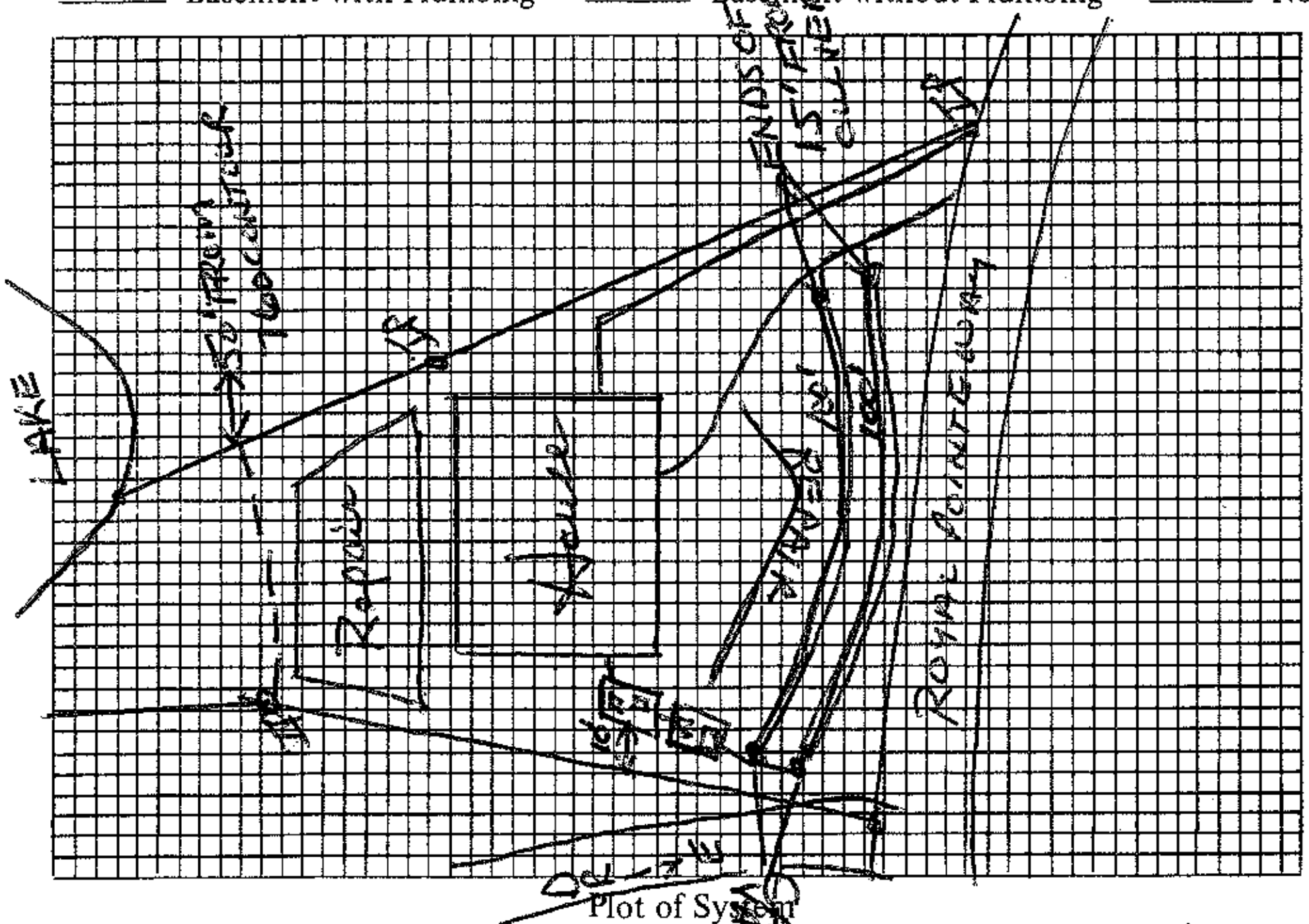
Public ( )

* 16" Prefabricated Permeable Panel Block

Installed by ______

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

Signed: [signature], CPSS



Plot of System

IMPROVEMENTS PERMIT BY Wesley Sparks R.S.

COMMENTS: Trenches no deeper than 36" to trench bottoms. Installed per manufacturer's specifications; 1¼" PVC pipe run through all panels with (1) 3/16" hole drilled in pipe per panel. 2' pressure head at end of each lateral. Sewage rated effluent pump and floats with audible high water alarm.

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