4634-89-4572

IREDELL COUNTY HEALTH DEPARTMENT

11461

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Charles Walters Jr. DATE Feb 11, 93 PERMIT NO. 2B7A 15

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Langtree) TL Royal Pointe Way TR Topsail on right S.R. No. _____

SUBDIVISION NAME Royal Pointe LOT NO. 15 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~½ Ac.

Soil Characteristics clay

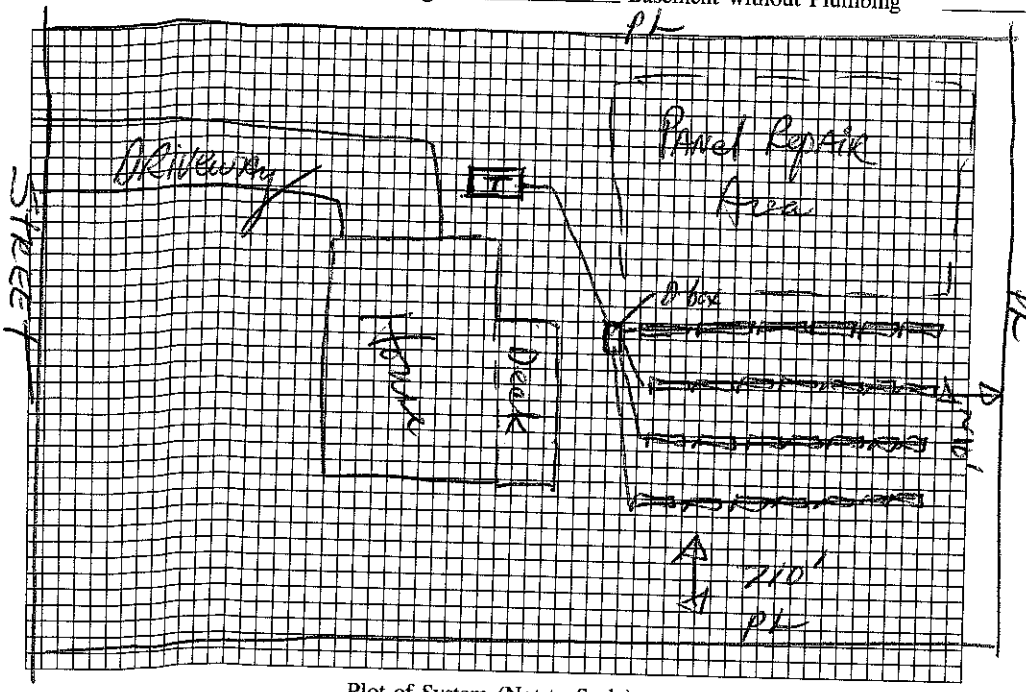
Application Rate .3

Topography 2-4%

Depth to Water Table >41

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 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 200'of

Depth of Stone in Lines 16" PABS

Water Supply: Individual ☐ Public ☑ CWS

Installed by Ray Beard

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 Sam Ingram

COMMENTS Septic system installed Aug 29, '90. Well on lot 16 had to be abandoned in order to have available repair area.

CERTIFICATE OF COMPLETION BY David R Hinson, PS DATE 2/11/93

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