11203

IREDELL COUNTY HEALTH DEPARTMENT 4634.89-5056

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Simonini Builders DATE 8/17/90 PERMIT NO. 2B-7-A7

PHONE: Business _____ Home _____

LOCATION 1155 TR 1102 (Langtree) TL into Royal Pointe at end on right

S. R. No. _____

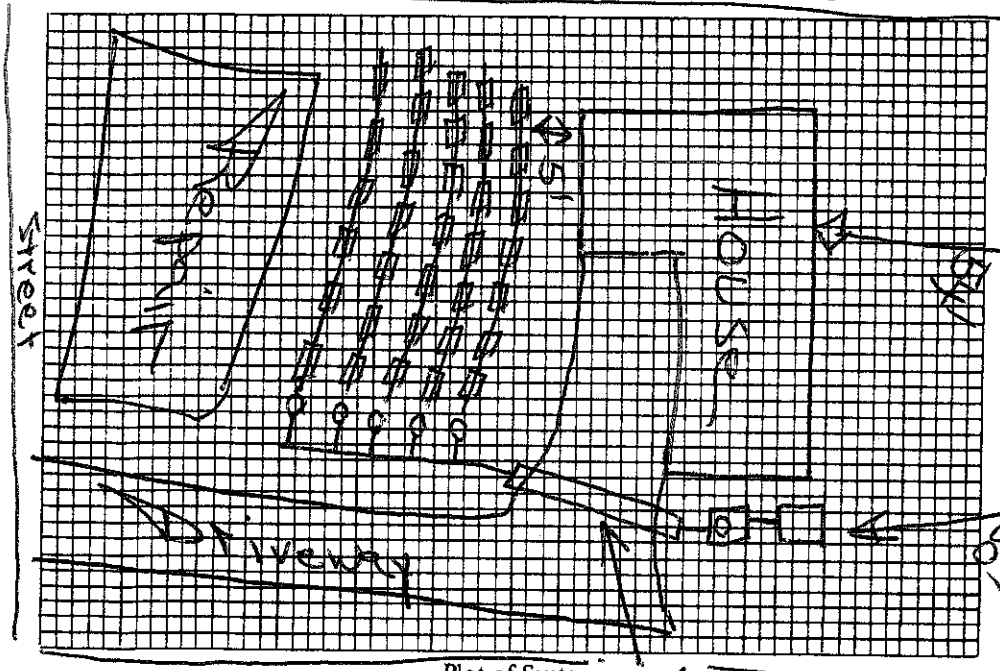
SUBDIVISION NAME Royal Pointe LOT NO. 7 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	PS clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	N.3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	~6%
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	4'+
Lot Area 20,000 ft²			Rock or other impervious formations	None obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



1500 FT

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. _____ Linear Ft. 270'
Depth of Stone in Lines 16"

Water Supply: Individual ( ) T+J
Public (✓) Panel

C.W.
FJ Ervin

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: DRH checked lines pressure head

Operation Permit

~~CERTIFICATE OF COMPLETION~~ BY Sam Ingram EHS DATE 8/17/90

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

11203

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 Simonini Builders DATE March 19, 90 PERMIT NO 2B7A7

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Langtree) T L into Royal Pointe at end on Right S. R. No. _____

SUBDIVISION NAME Royal Pointe LOT NO. 7 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	PS clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	~6%
Site ~~Suitable~~	PS Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none obs

Lot Area 20000 SF (limited usable space

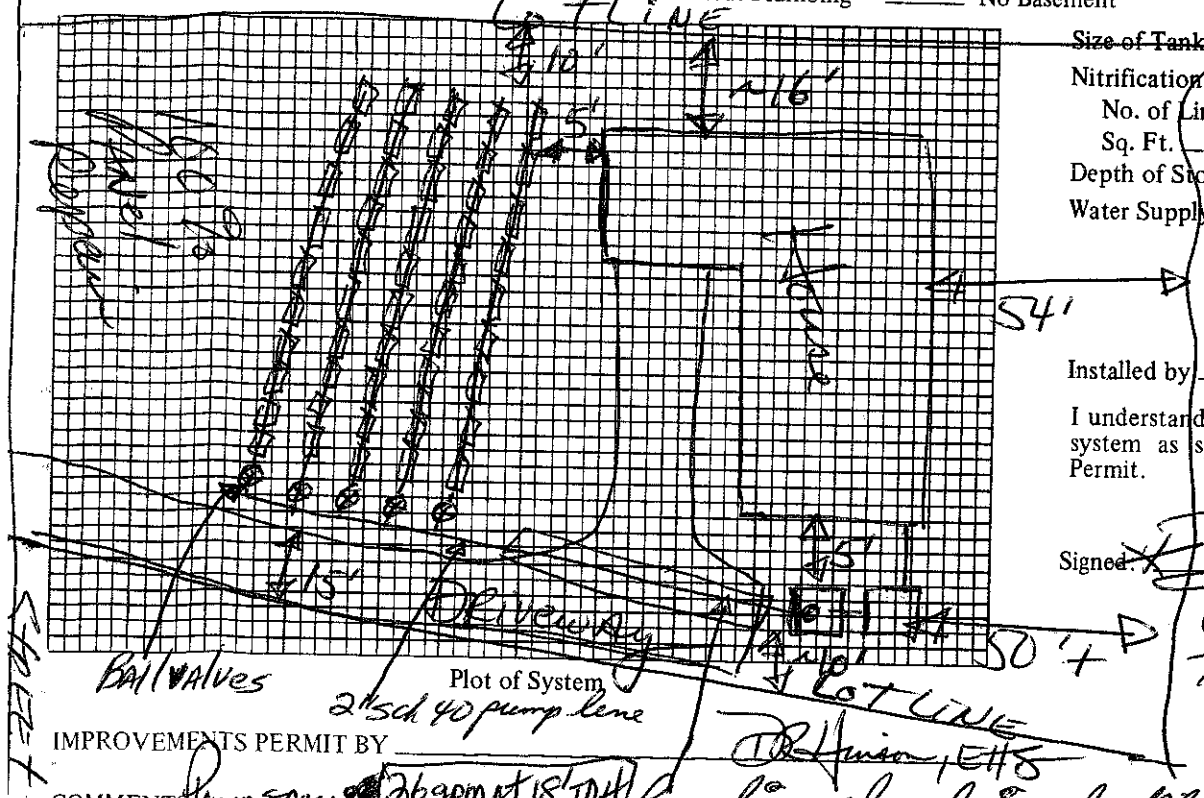
_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1500 pt.

~~Size of Tank~~ 1500 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. _____ Linear Ft. 270' ea
Depth of Stone in Lines 16" ea
Water Supply: Individual ( )
Public CW (✓)

panels pressure dosed



Installed by _____

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

Signed: ~~X~~ Ray Kelly

IMPROVEMENTS PERMIT BY _____ DR Hinson, EHS

COMMENTS: Pump specs: 26 gpm at 18' TDH Pump line steered on ductile iron under driveway. Follow contour w/ drainfield. Maximum trench bottom depth 32". Use 1¼" Sch 40 through panels with one 5/32" hole per panel. Two foot pressure head. Provide good surface drainage around system.

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