4634-89-5640

IREDELL COUNTY HEALTH DEPARTMENT

13849 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Lakeview Homes DATE Dec 22, '92 PERMIT NO. 2B7A16

PHONE: Business _____ Home _____

LOCATION 115 S, TR1102 TL into Royal Pointe TL Topsail Pl. At end, on right

S.R. No. _____

SUBDIVISION NAME Royal Pointe LOT NO. 16 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 ~20,000 ft²

Soil Characteristics ps clay

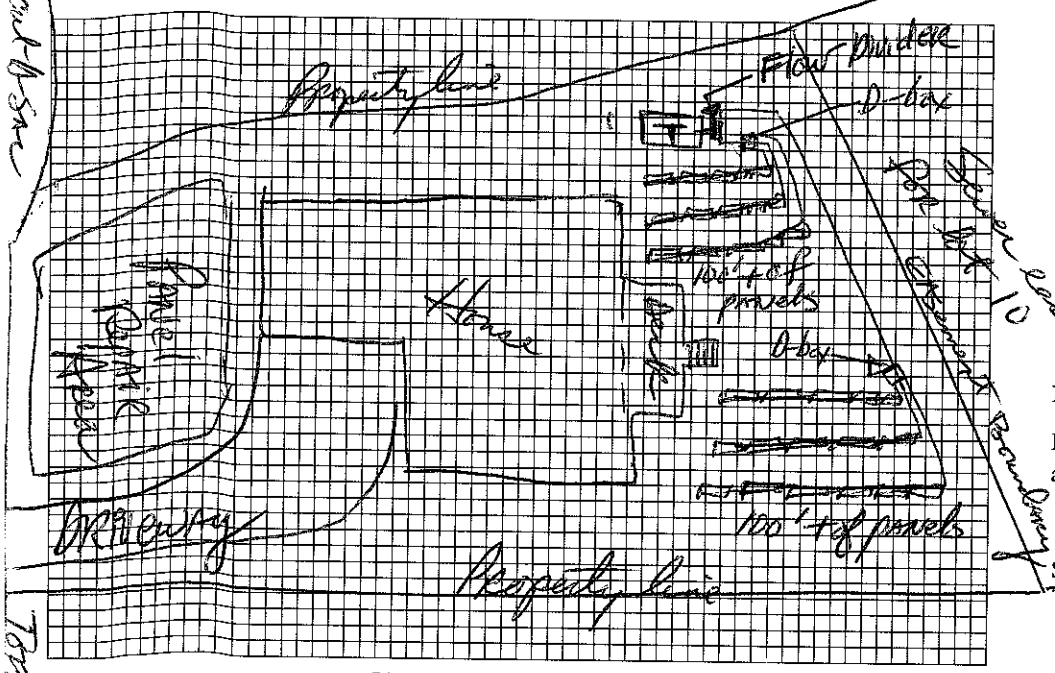
Application Rate .3

Topography 2%

Depth to Water Table 74

Rock or other impervious formations NONE this

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



Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field: 2 subfields

No. of Lines 3 lines each

Sq. Ft. _____ Linear Ft. 2as' of

Depth of Stone in Lines 16" ABS

Water Supply: Individual ☐ gravity

CWS Public ☑

Installed by TJ Erwin

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 DRH

COMMENTS _____

CERTIFICATE OF COMPLETION BY DC Hinson, RS DATE Dec 22 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