13947

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Judy Robertson DATE 1/24/92 PERMIT NO. 2B-7-A-8

PHONE: Business ______ Home 344-0947

LOCATION ROYAL POINTE Lot 8 - 115S, TR LANGTREE TL INTO ROYAL POINTE STRAIGHT TO LOT BEFORE LAST HOUSE ON (R) OF CULDESAC S.R. No. ______

SUBDIVISION NAME ROYAL POINTE LOT NO. 8 SECTION OR BLOCK NO. ______

House ☑ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 3 ~~4~~ 1/11/93 No. Bathrooms 3

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~1.26 AC

Soil Characteristics P - SIC (SS - wk structure)

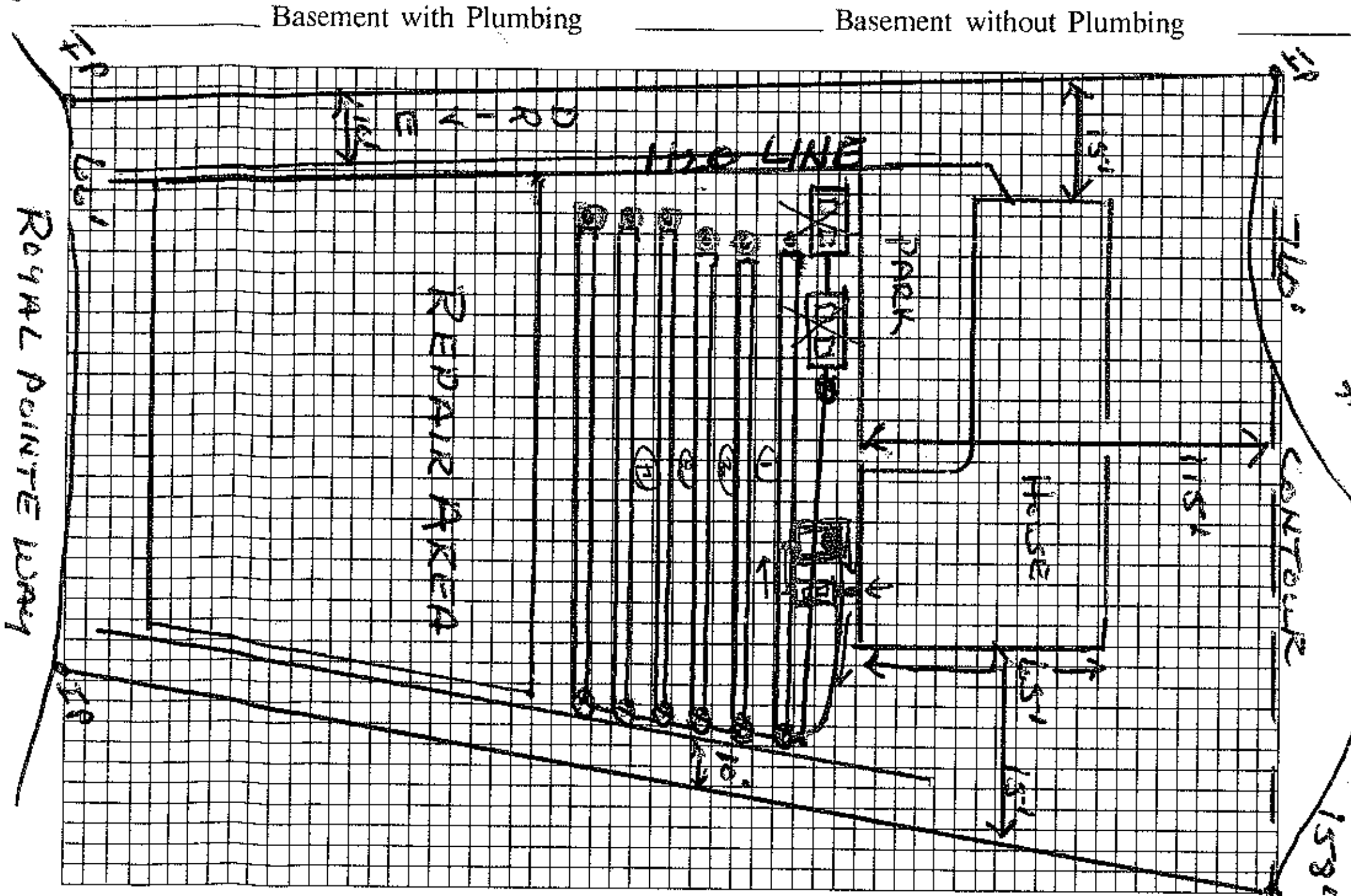
Application Rate .3

Topography P - 5%

Depth to Water Table > 48"

Rock or other impervious formations NONE OBSERVED

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



Plot of System (Not to Scale)

Size of Tank S/T 1500 / P/T 1500 Gals.

Nitrification Field 1/11/93 4 @ 50' x 2'

No. of Lines ~~6 @ 50' x 24"~~

Sq. Ft. ______ Linear Ft. ~~300~~ 200 *

Depth of Stone in Lines ______ 1/11/93

Water Supply: Individual ☐ Public ☐

* 16" Prefabricated Permeable Panel Blocks - Pressure Dosed

Installed by ______

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

Signed: Steve Mar[illegible]

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

⊗ - GATE VALVES - 7

• - 2' STAND PIPES - 6

ALL ABOVE IN VALVE BOXES FILLED WITH SAND

IMPROVEMENT PERMIT BY Wesley Sparks R.S.

COMMENTS 1 1/4 PVC with ONE 3/16" hole per PANEL - HOLE TURNED DOWN - PUMP MUST DELIVER 27' OF TOTAL DYNAMIC HEAD AT 35 GPM. TRENCHES NO DEEPER THAN 30" TO TRENCH BOTTOM. TRENCHES TO BE INSTALLED ACCORDING TO MANUFACTURERS REQUIREMENTS. PUMP TANK MUST BE LEAK TESTED BEFORE COMPLETION

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 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