IREDELL COUNTY HEALTH DEPARTMENT 4634-89-7032

11388 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Manus Homes DATE Oct 3, '90 PERMIT NO. 2B-7-A-9

PHONE: Business _____ Home _____

LOCATION 1155 S. TR 1102 (Langtree) TL into Royal Pointe At end on Right S. R. No. _____

SUBDIVISION NAME Royal Pointe LOT NO. 9 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area ≈ 20000 ft²

Character & Porosity of Soil mid-low range gs clay

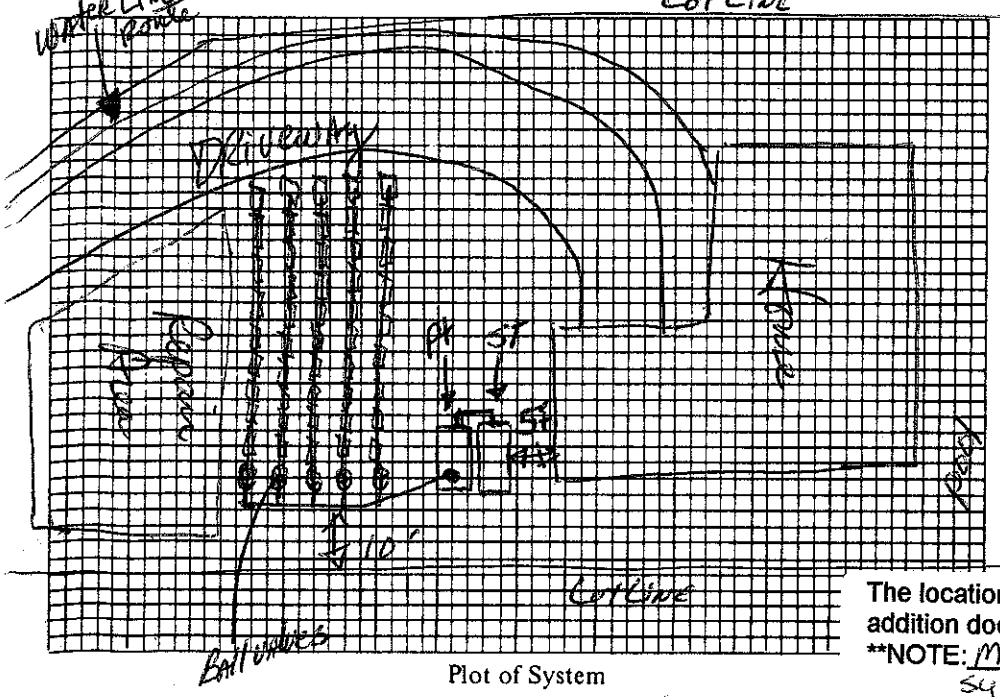
Percolation Rate .25 - 6.3

Topography 4-8%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

1500 g.T.

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. _____ Linear Ft. 250 'B

Depth of Stone in Lines _____

Water Supply: Individual ( ) CWS Public (✓) 16" T#1 panels pressure closed

Installed by C-W. Christenbury

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

Signed: _____

The location of the proposed Pool addition does not appear to impact the existing septic system.

**NOTE: Maintenance recommended for the system by certified operator REHS

Date: Judy Melville REHS 1-27-11

ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY DKH Type IV system

COMMENTS: Tanks would not "fit" on side of house as drawn on improvements permit

System tested & functioning OK; alarm not permanently mounted. Operation permit

CERTIFICATE OF COMPLETION BY DK Hinson, EHS DATE Oct 3, '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

11388

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 Manus Homes DATE April 23, '90 PERMIT NO. 2B-7-A-9

PHONE: Business _____ Home _____

LOCATION 115 S. TR. 1102 (Langtree) TL into Royal Pointe at end on right S. R. No. _____

SUBDIVISION NAME Royal Pointe LOT NO. 9 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area 20000 ft² +or-

Character & Porosity of Soil PS clay (shallow)

Percolation Rate 25-30

Topography 4-8%

Depth to Water Table 4'+

Rock or other impervious formations none obs. except some rock near street

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1500 g.t.

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 280'

Depth of Stone in Lines 16" min

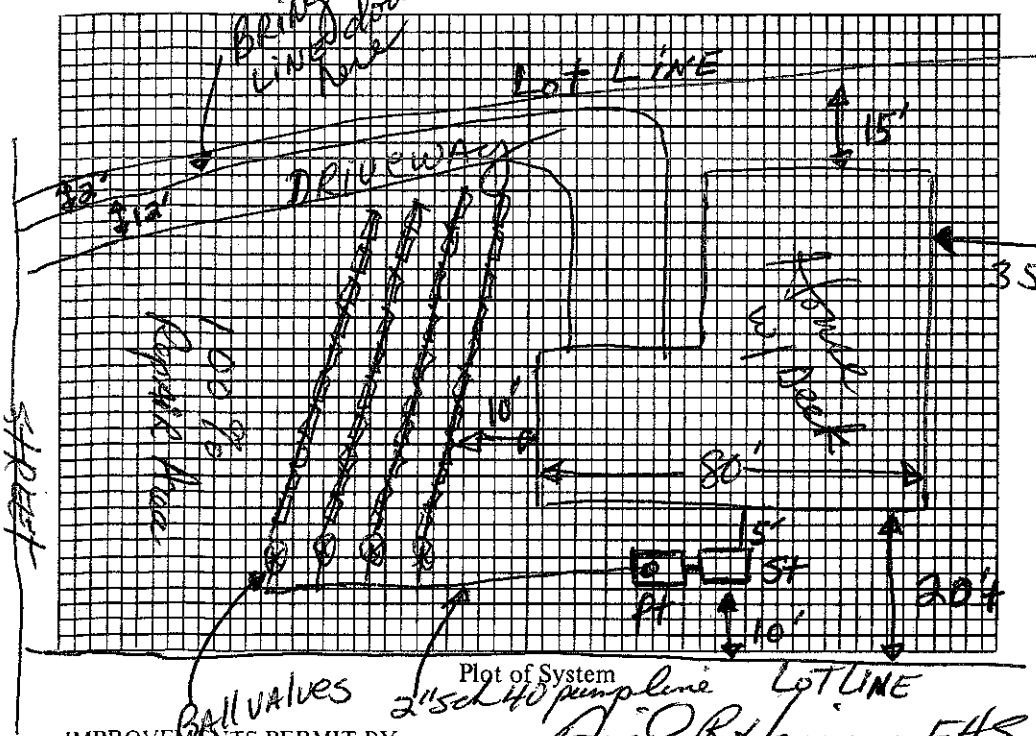
Water Supply: Individual ( ) panels

Public (✓) pressure dosed

Installed by _____

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

Signed: X [signature] R. Manus



Plot of System

IMPROVEMENTS PERMIT BY David R. Henson, EHS

COMMENTS: Follow contour. 30" trench bottom depth. Use 1¼" Sch 40 through panels with ONE 5/32" hole per panel. 2' pressure head. Pump specs: 27 gal per min at approx 22' TDH.

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