14418

IREDELL COUNTY HEALTH DEPARTMENT

4634-89-8016

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Lakeview Homes, Inc DATE Oct 13, '92 PERMIT NO. 287A00

PHONE: Business _____ Home _____

LOCATION 1102 TL into Royal Pointe at end on Right

S.R. No. _____

SUBDIVISION NAME Royal Pointe LOT NO. 10 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 3½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 7.20/.050 ft² * Drainfield in easement

Soil Characteristics Easement Area ps clay

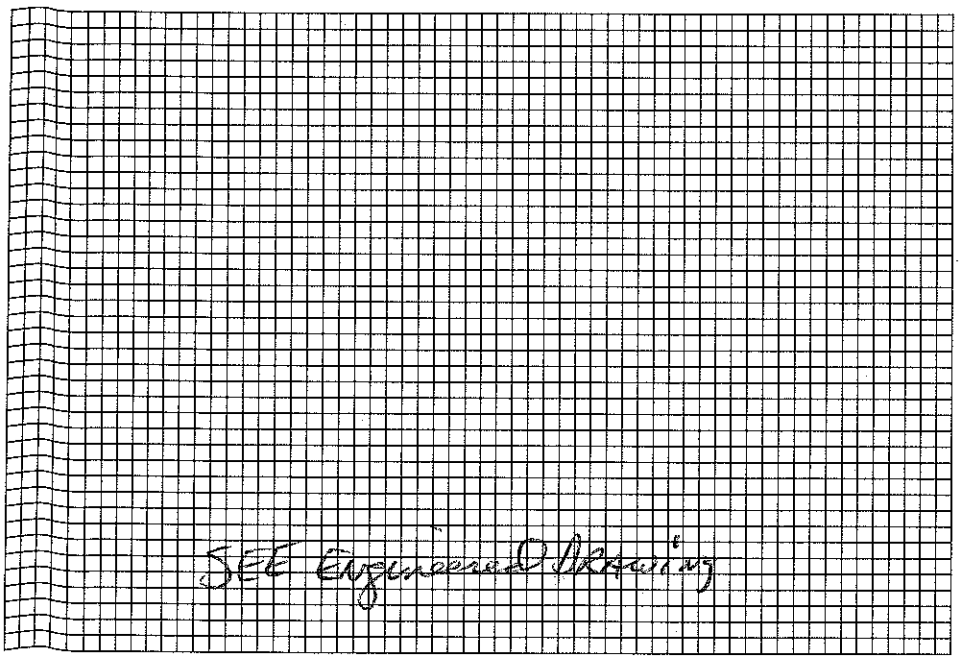
Application Rate .3 gal/ft²/day

Topography 2% initial system / 4% repair area

Depth to Water Table 74"

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 1500/1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 200' of

Depth of Stone in Lines 16" ABS

Water Supply: Individual ☐

Public ☑ CWS

Installed by _____

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 System installed essentially as shown on engineered drawing and in compliance with conditions stated on improvements permit.

Operation permit

CERTIFICATE OF COMPLETION BY DR Hunnicutt, RS DATE 10/13/92

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

Sewer easement must be properly recorded at Register of Deeds and a copy of such supplied to the Health Dept prior to issuance of an operations permit.

IREDELL COUNTY HEALTH DEPARTMENT

14418 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Lakeview Homes, Inc. DATE April 10, '92 PERMIT NO. 2B7A10

PHONE: Business _____ Home _____

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

SUBDIVISION NAME Royal Pointe LOT NO. 10 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 3½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 720,000 ft²

Soil Characteristics Easement Area for Nitrification Field / psa clay

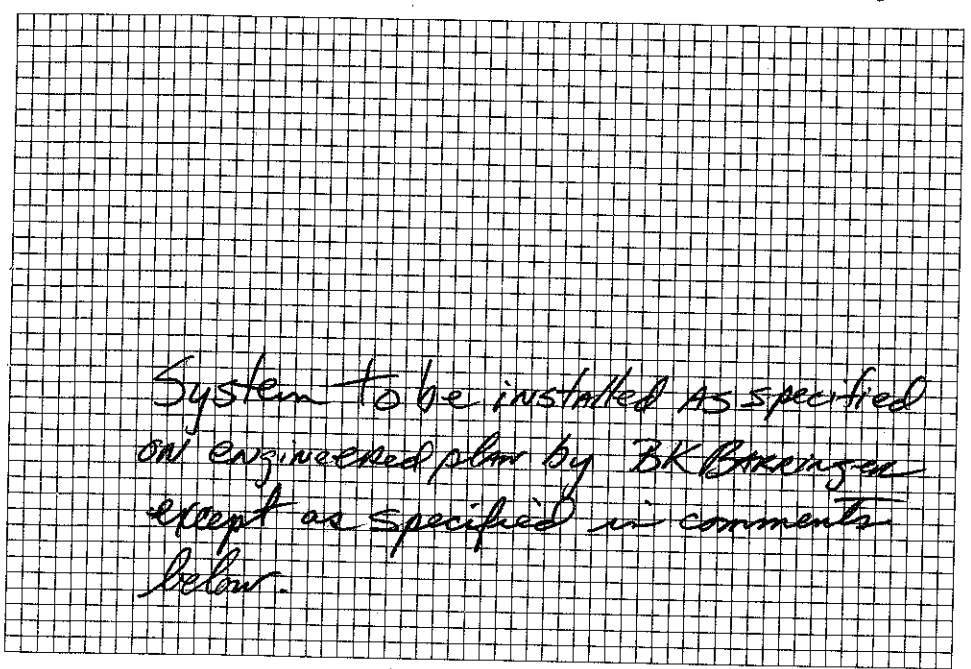
Application Rate .3 gal/ft²/day

Topography 2% original sys Area / 4% Repair Area

Depth to Water Table 74"

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 1500 / 1500 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 8" pp bs

Water Supply: Individual ☐ Public ☑ per panel block

Installed by _____

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

~~Signed~~: Pamela Walker

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

IMPROVEMENT PERMIT BY David R. Hinson, RS.

Recheck total head before buying pump. If pump line crosses under driveway it must be sleeved in DOT spec Ribbed Galv. 18ga. road culverts.

COMMENTS 1 valve per lateral, 1¼" sch 40 laterals, 1 hole per panel locate midways in panel and pointed up. Same size pump tank as septic tank (1500). Place coupling before valve in pump tank. Septic tank and pump to be located 50' minimum from Lake 760, 10' off lot line and 5' minimum from house below basement level

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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