131 Point of View Dr.

Mrsvl EH Office

4628-96-1457

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 Jack Clune DATE 11-19-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150W TR 1303 TR 1300 AT END BR ON New Black Top Lot on Left beside Acess Lot S. R. No. _____

SUBDIVISION NAME Point of View LOT NO. 6 SECTION OR BLOCK NO. -

Site Address: 131 Point of View Dr Mrsvl.

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (X) No ( )

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 29000 Ft2

Character & Porosity of Soil Clay-Loam

Percolation Rate 0-5 gal off 1 day

Topography 10-15%

Depth to Water Table 4'

Rock or other impervious formations None obs.

X Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1000 gallon PUMP TANK

Size of Tank 1500 Gals.

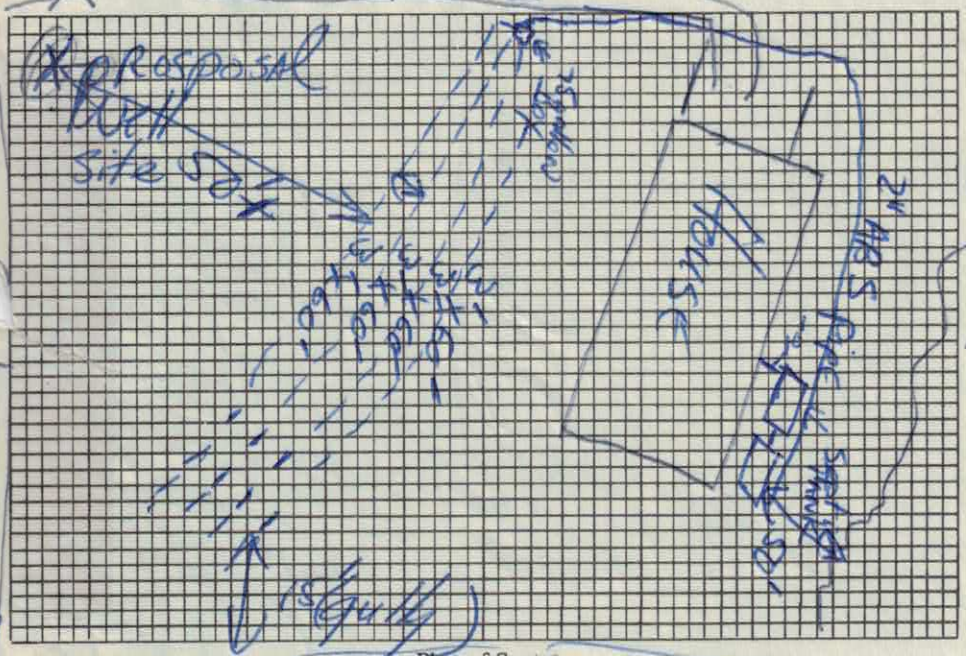
Nitrification Field:

No. of Lines 4

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (X) Public ( )



Plot of System

Installed by _____

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

Signed: Richard Ike

IMPROVEMENTS PERMIT BY Fred Clemmer (1.5' COVER)

COMMENTS: Keep System As Shallow As possible; Follow Contours w/ lines

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