12557 — 4628-96-6300

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Grazewski DATE 4/1/92 PERMIT NO. 2N-6-A-3

PHONE: Business ______ Home ______

LOCATION Point of View, Fern Hill Rd. Perth N, TL on Fern Hill to end, enter Point of View to 3rd house on (R) below road

SUBDIVISION NAME Point of View S.R. No. ______

LOT NO. 3 SECTION OR BLOCK NO. ______

House ☑ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area .77 Ac

Soil Characteristics P cl/sc

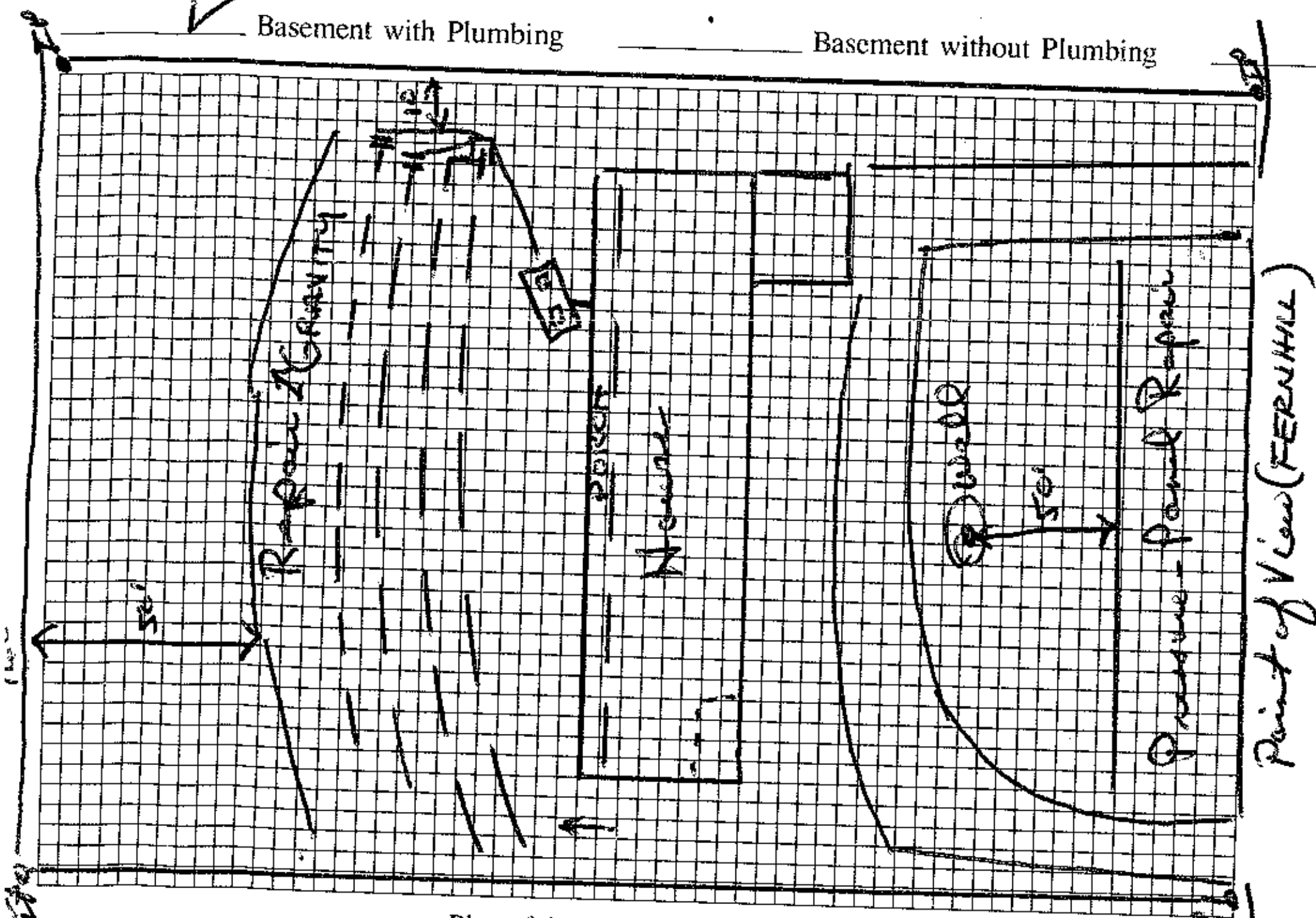
Application Rate P .4

Topography P - 2-11%

Depth to Water Table S >48"

Rock or other impervious formations S None observed

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



Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4 @ 80' x 3'

Sq. Ft. 960 Linear Ft. 320

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by James Huddler

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 AWS

COMMENTS Trenches no deeper than 36"
Small D/B used

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 4/1/92

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

2:30 PM

IREDELL COUNTY HEALTH DEPARTMENT

12557

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert ~~Fragowski~~ GRAJCWSKI DATE 3/18/91 PERMIT NO. 2N-6-A-3

PHONE: Business ______ Home ______

LOCATION Point View Dr.

______ S. R. No. ______

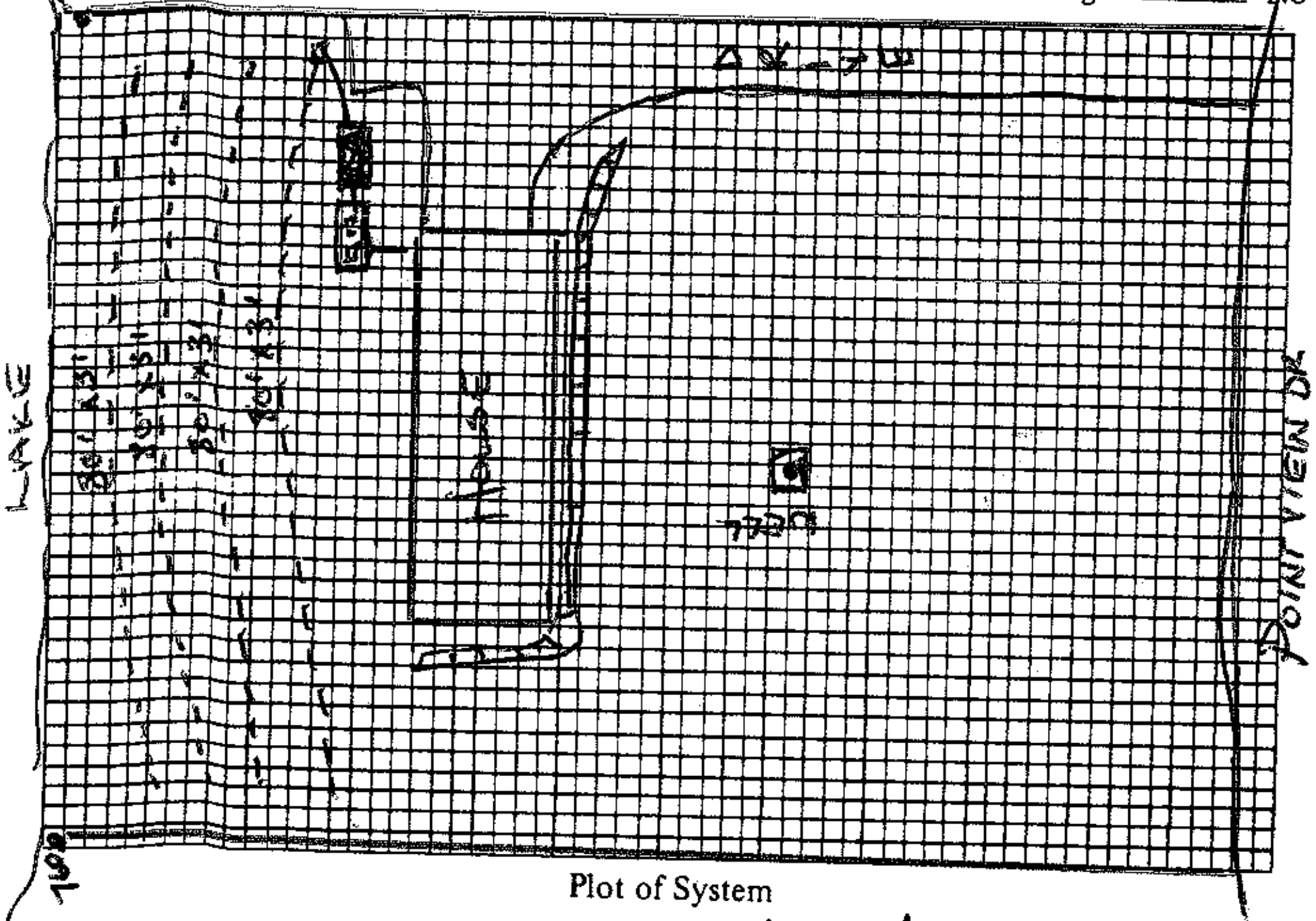
SUBDIVISION NAME Point View LOT NO. 3 SECTION OR BLOCK NO. ______

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

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area .97 Ac.

Character & Porosity of Soil clay - Sandy clay
Percolation Rate .4
Topography 2-10%
Depth to Water Table > 48"
Rock or other impervious formations None found

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4 @ 80'
Sq. Ft. 960 Linear Ft. 320
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by ______

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

Signed: ______

IMPROVEMENTS PERMIT BY Wesley Sparks RS.

COMMENTS: Trenches to be 10' inside both P/L's. Trenches to follow slope contours between house & 760 contour line. Trenches no deeper than 36"

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