IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR Dick Lattimer DATE 10/9/91 PERMIT NO. ——

PHONE: Business ____ Home 528-9026

LOCATION Point of View, Perth Rd N, TL on Fern Hill, straight into Pt of View to first lot on (L) S. R. No. ____

SUBDIVISION NAME Point of View LOT NO. 1 SECTION OR BLOCK NO. ____

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

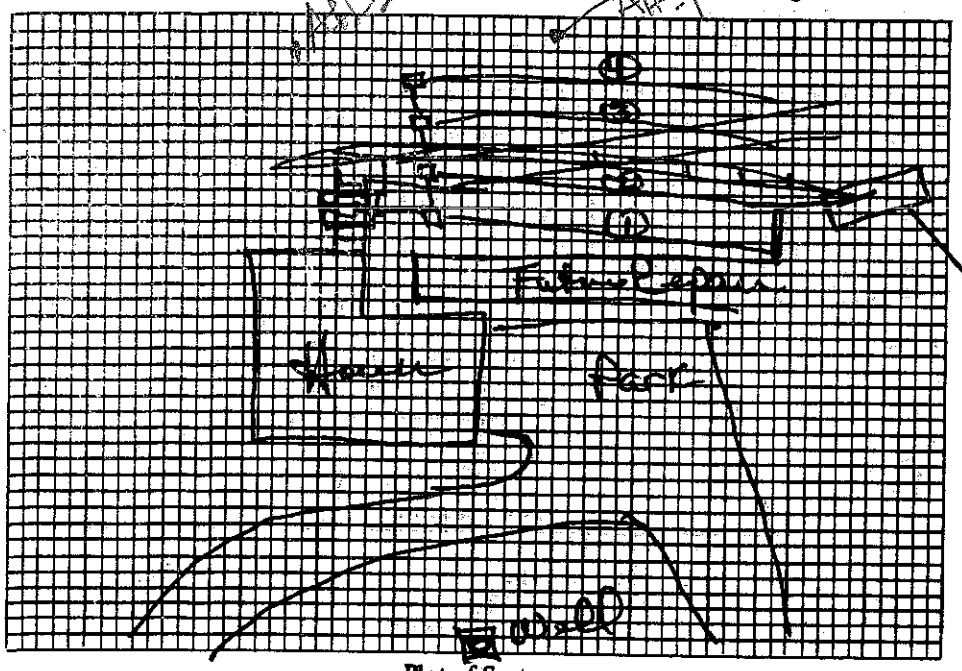
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes	( )	No	(✓)
Auto. Dishwasher	Yes	(✓)	No	( )
Auto. Wash. Machine	Yes	(✓)	No	( )
Site Suitable	Yes	(✓)	No	( )

Character & Porosity of Soil .3 - P - Sd
Percolation Rate .3
Topography 2-9%
Depth to Water Table 7 10'
Rock or other impervious formations None found

Lot Area 20,000FT²

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. ✗ Linear Ft. ____
Depth of Stone in Lines ____
Water Supply: Individual ( )
Public ( )

+576 cu ft of storage added

Installed by Don Lackey

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

Wall

Signed: ____

IMPROVEMENTS PERMIT BY ____

COMMENTS: 29 ton pit installed at end of 1st and 2nd trainline This repair done at owners request to avoid tearing up landscaping Sandy loam (trans.) material in pit to 3' depth - No evidence of water table in pit.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 10/9/91

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