(3100)

IREDELL COUNTY HEALTH DEPARTMENT Const Auth STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 23233 DATE Nov. 17, '97 TAX MAP NO. part of 25AB0 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Santo Locasio PHONE: Business ______ ~~Home~~ 4038-76-3780

ADDRESS 264 Brower Ave, Rockville Ctr. N.Y. 11570

LOCATION Perth Rd. N. - TL Hideaway Ln. (Revised) on Right in sharp curve

SUBDIVISION Harborview BLOCK / SECTION 1 LOT 11 LOT AREA .92 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB RST 825 Date 11-27-98
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 560 Linear Feet 280
No Lines 4@70' Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth NA

☑ New System ☐ Repair ~~System Type:~~ I, II, (III), IV, V, VI
System Description: Gravity panel Block
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ______
☐ Other ______

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

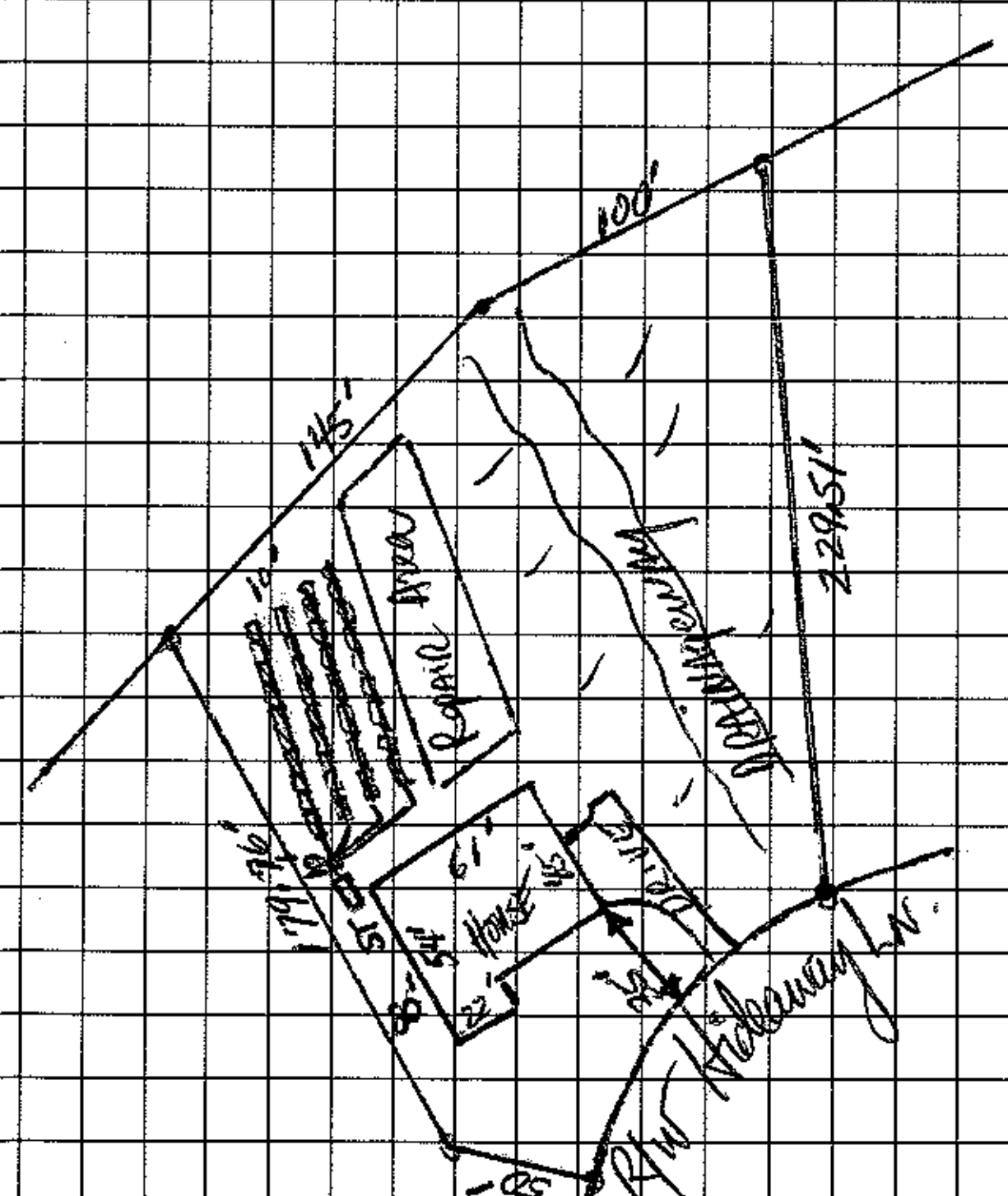
Water Supply:
☐ Individual
☑ Community
☐ Public

Comments: Checked trenches 1 & 2 - 2/10/99
Checked Tank 2/10/99 / [initials]

Comments:

1" = 100'

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: [signature]

Improvement Permit by: [signature], RS date 11-17-97

Construction Authorization ~~Existing System Inspection~~ by: [signature], RS date 11-17-97

Installed by: Upright Grading & Septic

Certificate of Completion by: ______ date ______

Operation Permit by: [signature] RS date 2/11/99

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD