IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 ∅ MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 124580 PIN# 4658-09-6320 DATE 6/9/05

OWNER OR CONTRACTOR Kevin & Rosina Ciccone PHONE: Business _____ Home _____

ADDRESS 70 Sisson Rd Harwichport MS 02806

LOCATION 21 N, TL Cornelius, TR Olympia, TL Sparta, at end on Lt.

SUBDIVISION Cornelius Est. BLOCK / SECTION _____ LOT 28 LOT AREA 4.402 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 733 Date 7/15/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 or 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity 25% Reduct.

Repair System Description: 25% Reduct.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

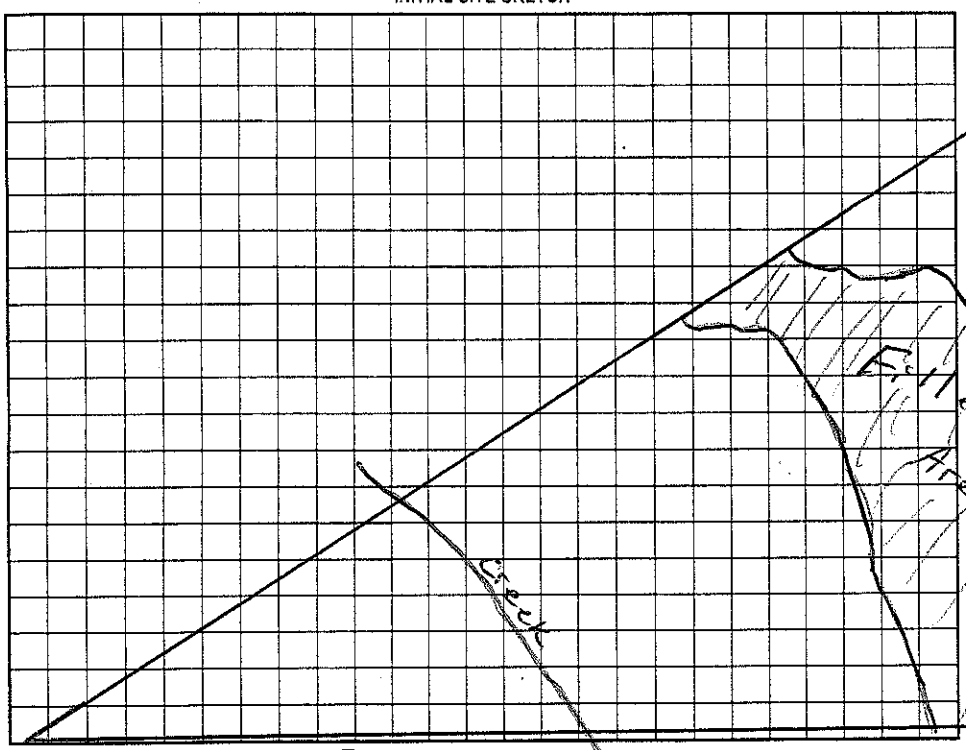
Comments:/Conditions:

1" = 100'

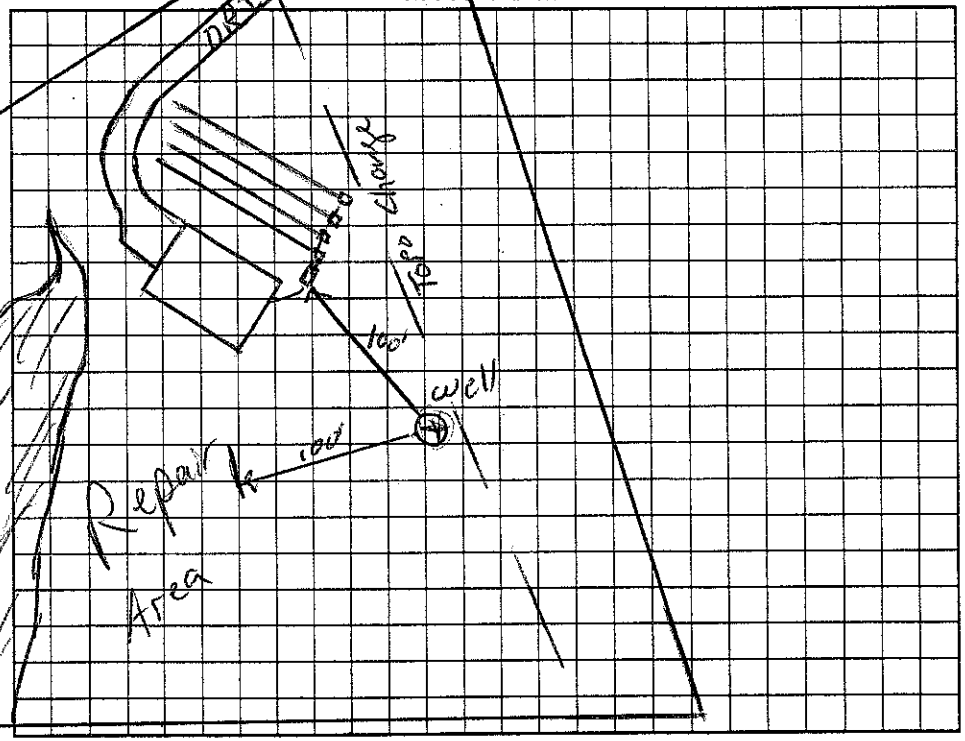
Comments:/Conditions:

4 @ 100' x 3' chambers installed

INITIAL SITE SKETCH



AS BUILT SKETCH



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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 6-10-05 Installed by: Gin

Improvement Permit by: _____ RS date 6/9/05 Operation Permit by: Wesley Sparks RS. date 9/6/05

Authorization to Construct by: _____ RS date 6/9/05 Existing System Inspection by: _____ date _____

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