42045

IREDELL COUNTY HEALTH DEPARTMENT

13882 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

PART OF

OWNER OR CONTRACTOR MICHAEL A. SCIROCCO DATE 10/20/92 PERMIT NO. 83-1-A-3

PHONE: Business _____ Home _____

LOCATION I-40 W, TL OLD MOUNTAIN ROAD, TR LEWIS FERRY ROAD, TL EUFOLA ROAD, 0.2 MILE ON (L)

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S.R. 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 0.704 AC.

Soil Characteristics PS

Application Rate 0.40 GPD/FT²

Topography 2-4% LINEAR

Depth to Water Table >4'

Rock or other impervious formations NONE

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

ACP 6/29/92

Size of Tank 1000 Gals.

Nitrification Field:

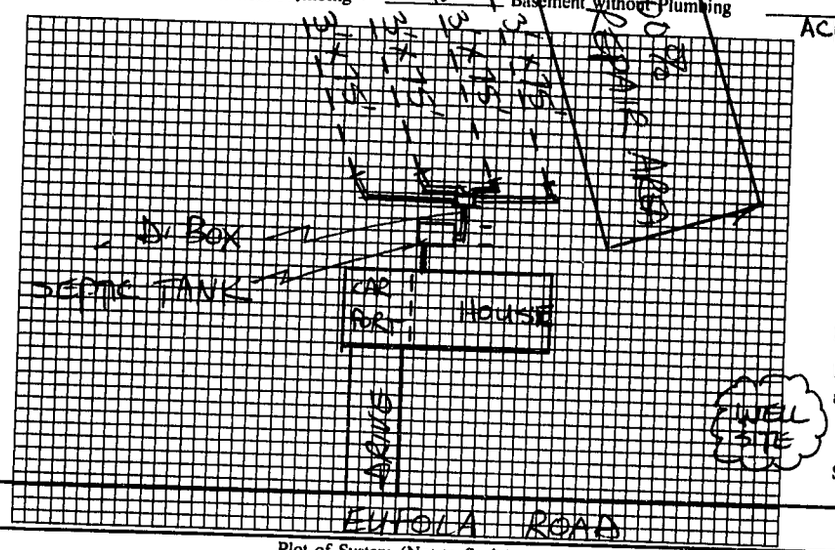
No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐



Plot of System (Not to Scale)

Installed by MICHAEL SCIROCCO

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 STEVE BROWN

COMMENTS

① REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED

② KEEP WELL MINIMUM 50' FROM SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 10/20/92

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