05951

IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR ANITA BUCK DATE 3-13-87. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Eufola Rd. off Buffalo Shoals Rd. - cross RR tracks, Tyo hill T.R. on Sandhill Rd - 3rd. lot on left. S. R. No. _____

SUBDIVISION NAME SCIROCCO PROPERTY, LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) DOUBLE WIDE Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Clay Suitable.

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 5 min/in. ft.

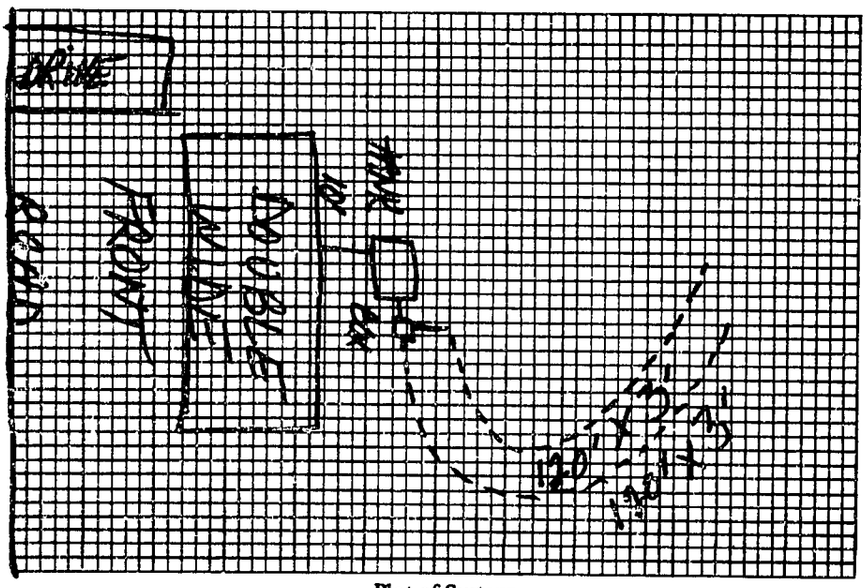
Auto. Dishwasher Yes ( ) No (✓) Topography 2-6%

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 10+

Site Suitable Yes (✓) No ( ) Rock or other impervious formations none observed.

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by MIKE SCIROCCO FOREST STAFFORD

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-13-87.

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