46187

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15198

OWNER OR CONTRACTOR STEVEN A. BERGAMINE DATE 2/8/93 PERMIT NO. 12H-A-95

PHONE: Business _____ Home _____

LOCATION US 21 N, TR BETHEL ROAD TR MARSHALL FARM ROAD, ON (R) JUST PAST WOODED AREA S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ D/W Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 2.15AC

Soil Characteristics PS

Application Rate 0.40 GPD / FT²

Topography 6-8% ROSE SLOPE

Depth to Water Table >4'

Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing 100% REPAIR _____ No Basement ✓ Crawl Space

ACP 9/8/92

Size of Tank 1000 Gals.

Nitrification Field:

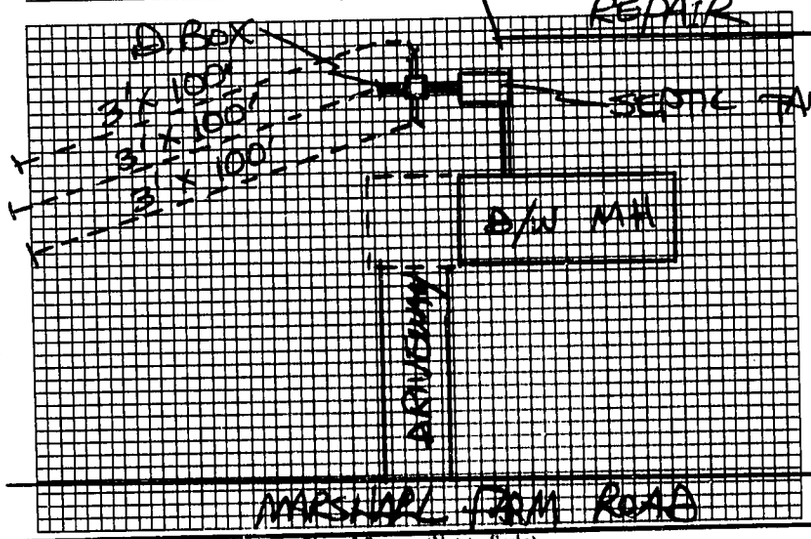
No. of Lines 3

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 A-1 BACKHOE

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

WELL ⊗

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY STEVE HEARICK

COMMENTS REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED.

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 2/8/93

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