Freemont Pk Lot 6

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4655-28-5100

OWNER OR CONTRACTOR Lawrence Kirk DATE 4/8/92 PERMIT NO. —

PHONE: Business _____ Home _____

LOCATION Freemont Loop - 2nd entrance (L) off Faith Rd. to 6th house on (R)

S.R. No. _____

SUBDIVISION NAME Freemont Park LOT NO. 8 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other Repair/Addition

No. Bedrooms 4 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics P - wk - c trans (SS - OF)

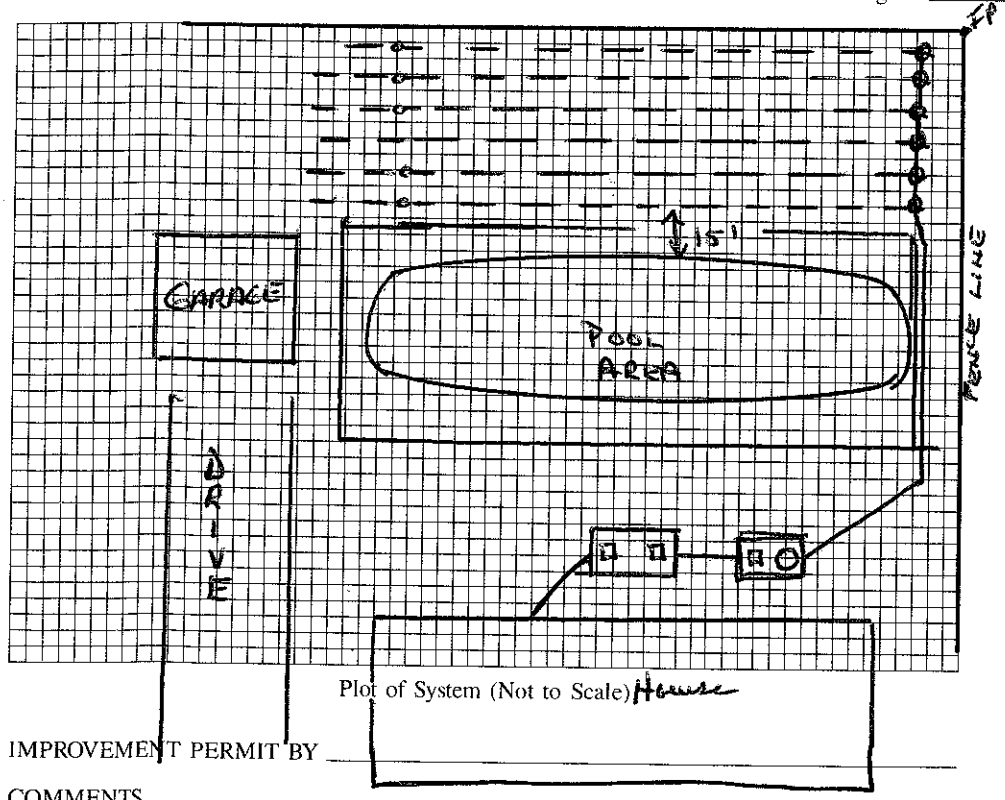
Application Rate P .4

Topography 30%

Depth to Water Table >48"

Rock or other impervious formations trans saprolite

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




Plot of System (Not to Scale) House

Size of Tank 1000 Pump Tank Gals.

Nitrification Field:

No. of Lines 6 @ 70' x 3'

Sq. Ft. 1260 Linear Ft. 420

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by Kelly Parker

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 _____

COMMENTS Pressure Conventional Drainfield

* Operations Permit

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 4/7/92

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

Repair

# IREDELL COUNTY HEALTH DEPARTMENT

4655-28-5100

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Lawrence Kirk DATE 5/22/91 PERMIT NO. _____

PHONE: Business _____ Home 896-7566

LOCATION 2nd Fremont Loop to 6th house on (R)

S. R. No. 1262

SUBDIVISION NAME Fremont Park LOT NO. 8 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 2.5

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | |
| Auto. Dishwasher | Yes (✓) | No ( ) | |
| Auto. Wash. Machine | Yes (✓) | No ( ) | |
| Site Suitable | Yes (✓) | No ( ) | |

Character & Porosity of Soil clay-trans (ss, sp)

Percolation Rate .4

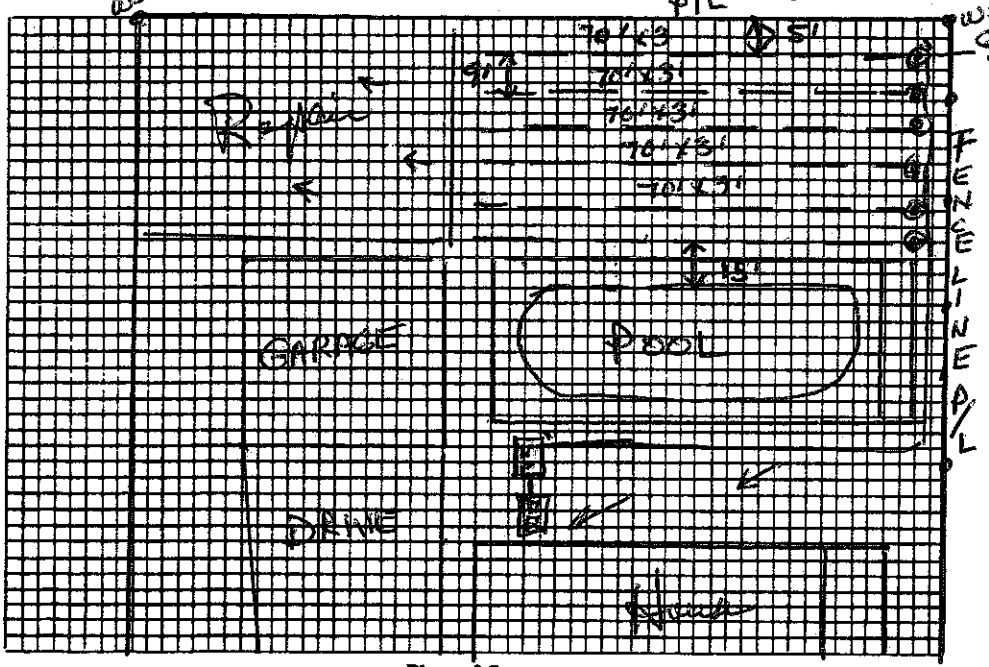
Topography 3-4%

Depth to Water Table > 48"

Rock or other impervious formations Transaprolite

Lot Area 20,000 FT²

___✓___ Basement with Plumbing _____ Basement without Plumbing _____ No Basement pump




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 6 @ 70'x3'

Sq. Ft. 1260 Linear Ft. 420

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by _____

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

Signed: Lawrence Kirk

IMPROVEMENTS PERMIT BY Wesley Sparks R.S.

COMMENTS: 2" PVC in each trench with 3/16" holes drilled on 5' foot centers - Gate valve at beginning of each line - 2' of lead at end of each lateral - No more than 150 gallons total per dose - anti-siphon hole inside pump tank or check valve - threaded coupling in pump tank

CERTIFICATE OF COMPLETION BY _____ DATE _____

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