Repair

IREDELL COUNTY HEALTH DEPARTMENT

PIN# 4655-28-5278

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Tommy HAGER DATE 1/29/93 PERMIT NO. _____

PHONE: Business _____ Home 892-1479

LOCATION Freemont hp.g 1153 TL on Faith Rd, TL 2nd Freemont to 9th house on (R)

SUBDIVISION NAME Freemont loop LOT NO. 10 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 Existg

Soil Characteristics u - 1H BACK

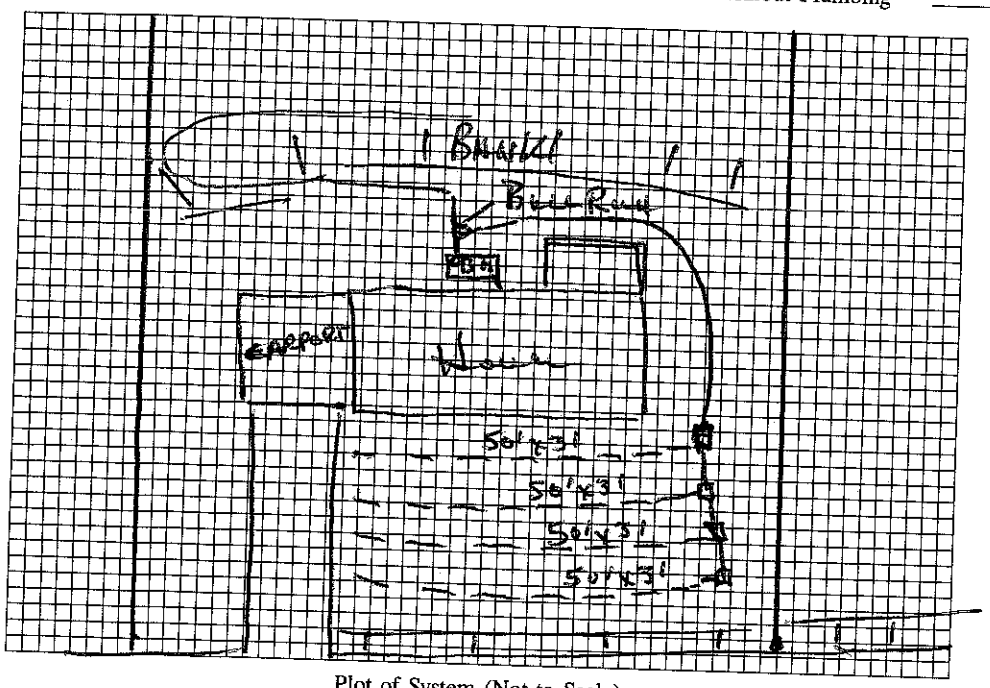
Application Rate u < 0.2 in back 1 . 3 in front

Topography u - concave

Depth to Water Table u - < 36" Rear 1 > 39" in front

Rock or other impervious formations None

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



Plot of System (Not to Scale)

FREEMONT LOOP

Size of Tank Existg 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 50'x3'

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ ~~County~~ ~~GUS~~ Mooresville

Installed by Tim Simmons

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 Ball Rvlv valve set to new drain lines 2 position.

Set 40 3" from valve to to drop boxes

Wet condition below Lower to (R) gutter drains on top of drain lines.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 1/29/93

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