IREDELL COUNTY HEALTH DEPARTMENT

4659-45-4032

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 16193 DATE 2/15/94 TAX MAP NO. 4E4A 9

OWNER OR CONTRACTOR JOHN H. HOGUE PHONE: Business 664-6933 Home

ADDRESS 900 W WILSON APT 307 MOORESVILLE, NC. Watershed: ☐ Yes ☐ No

LOCATION 115 N, TR FREEZE CROSSING DR., TO THE 9TH LOT ON (L)

SUBDIVISION FREEZE CROSSING BLOCK / SECTION LOT 9 LOT AREA .68 SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 358 Date 12/7/93

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 4 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CONV - DIST BOX

Repair System Description: PRES. PANE

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

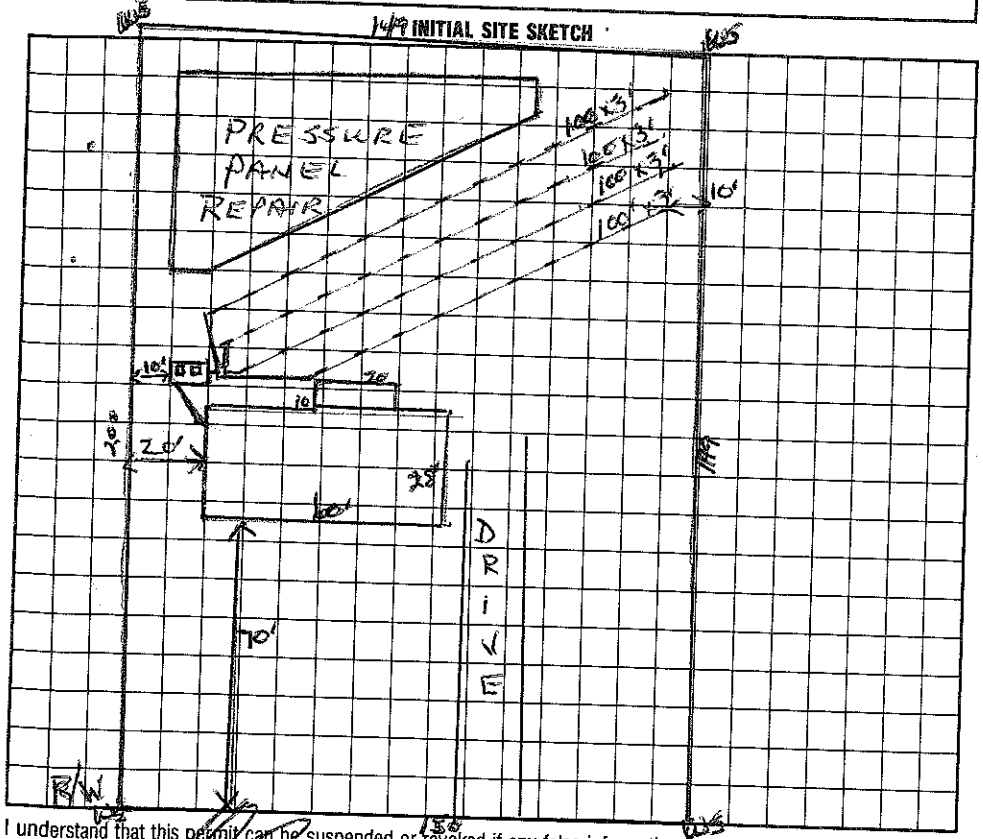
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: *VOIDS PERMIT ISSUED 4/16/93
TRAILER LOCATED FURTHER FROM ROADWAY

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown.

I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: FREEZE CROSSING

Improvement Permit by: Wesley Sparks RS. date 2/15/94

Existing System Inspection by: date

Installed by: Clyde Young

Certificate of Completion by: Wesley Sparks RS. date 4/5/94

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD