4646-64-1864

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 16839 DATE 8/20/93 TAX MAP NO. 2J 12 A 18

OWNER OR CONTRACTOR HAGERS MH PARK (RALPH CRAWFORD) PHONE: Business Home 664-9732

ADDRESS ALCOVE RD. SR 1206 AROUND SHARP (L) CURVE TO 2ND TRAILER ON (L)

LOCATION ALCOVE RD. - LAKEVIEW

SUBDIVISION HAGERS MH PARK BLOCK / SECTION LOT 9 LOT AREA EXISTING SITE CLASS. P L.T.A.R.

Water Supply: ☐ Individual ☑ Community ☐ Public

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Nitrification Field: No Fields EXISTING Feet Linear Feet

No Lines Trench Width Trench Depth Gravel Depth

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

System Description: CONV.

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

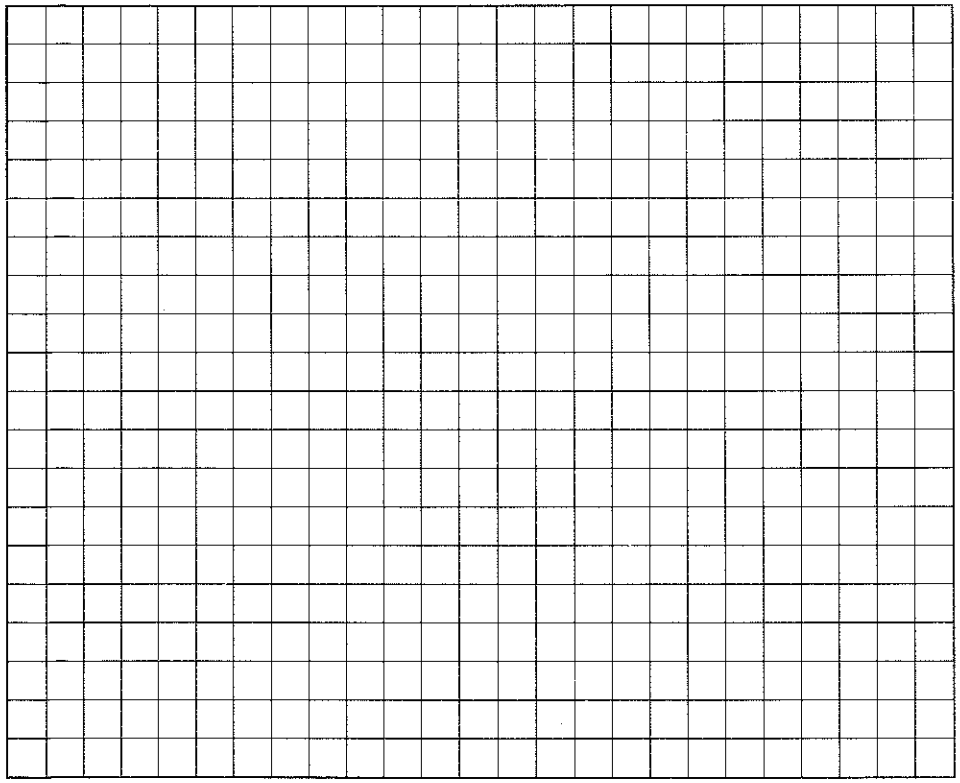
☐ Business No. Employees Auto. Washing Machine: ☑ Yes ☐ No

☐ Other Other

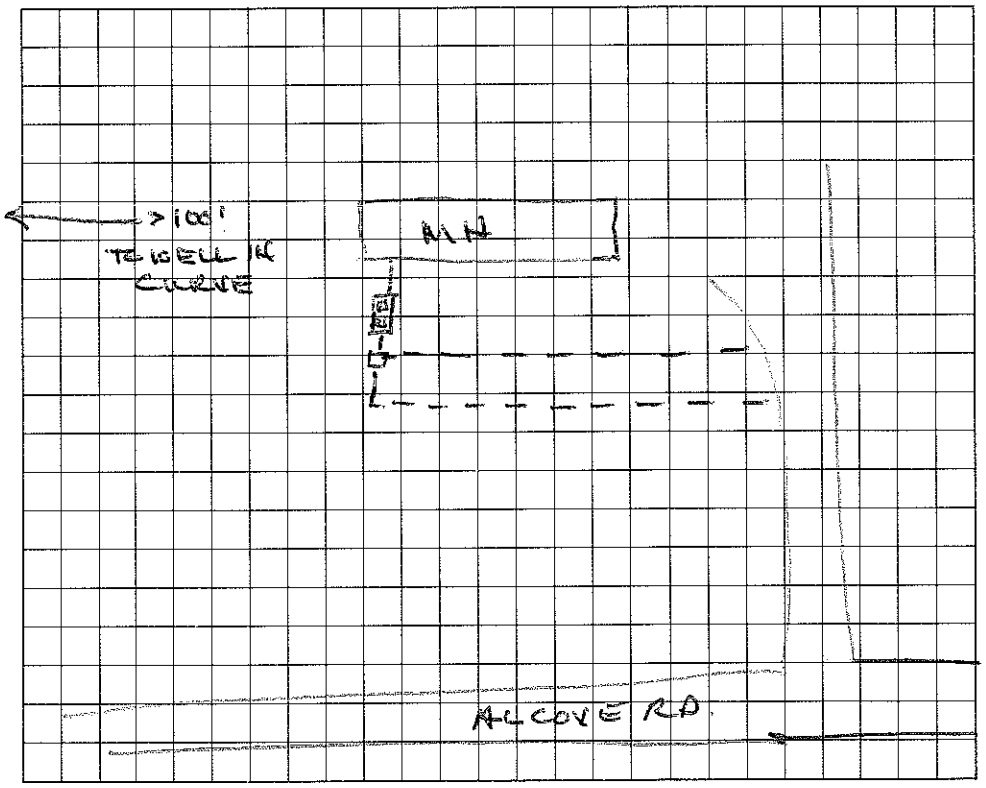
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments

INITIAL SITE SKETCH



AS BUILT SKETCH



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:

Improvement Permit by: date

Existing System Inspection by: Wesley Sparkman date 8/20/93

Installed by:

Certificate of Completion by: date

Operation Permit by: date

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

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 Bryant Hayes DATE 5-14-85 PERMIT NO. 204

PHONE: Business _____ Home _____

LOCATION 2/5 XIII7 TR 1206 ½ mile on left 3rd lot on left

S. R. No. _____

SUBDIVISION NAME Hayes Point Mtt Park LOT NO. 77 & 9 SECTION OR BLOCK NO. _____

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

No. Bedrooms 6 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area EXISTING

Character & Porosity of Soil _____

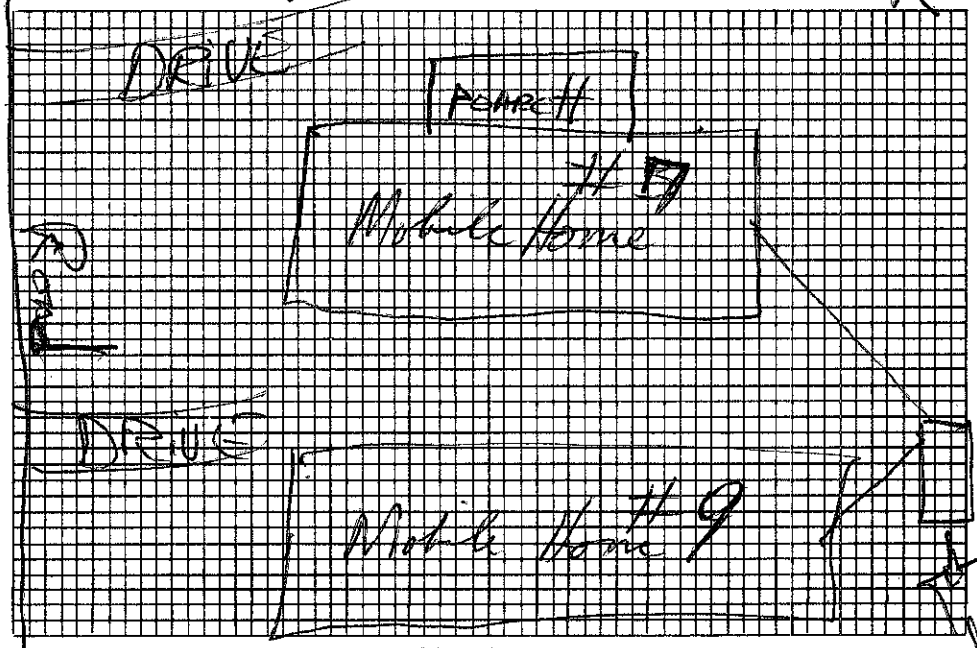
Percolation Rate _____

Topography EXISTING

Depth to Water Table _____

Rock or other impervious formations System

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines EXISTING

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public X

Community H2O

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System working OK At Date of Inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmons DATE 5-14-85

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

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 Bryant Hagar DATE 4-5-85 PERMIT NO. 127

PHONE: Business _____ Home _____

LOCATION 215, X 77 TR 1206 ~ ½ mile on left
N Hagers Point 2nd Lot on left S. R. No. _____

SUBDIVISION NAME Hagars Point MH Park LOT NO. 79 SECTION OR BLOCK NO. _____

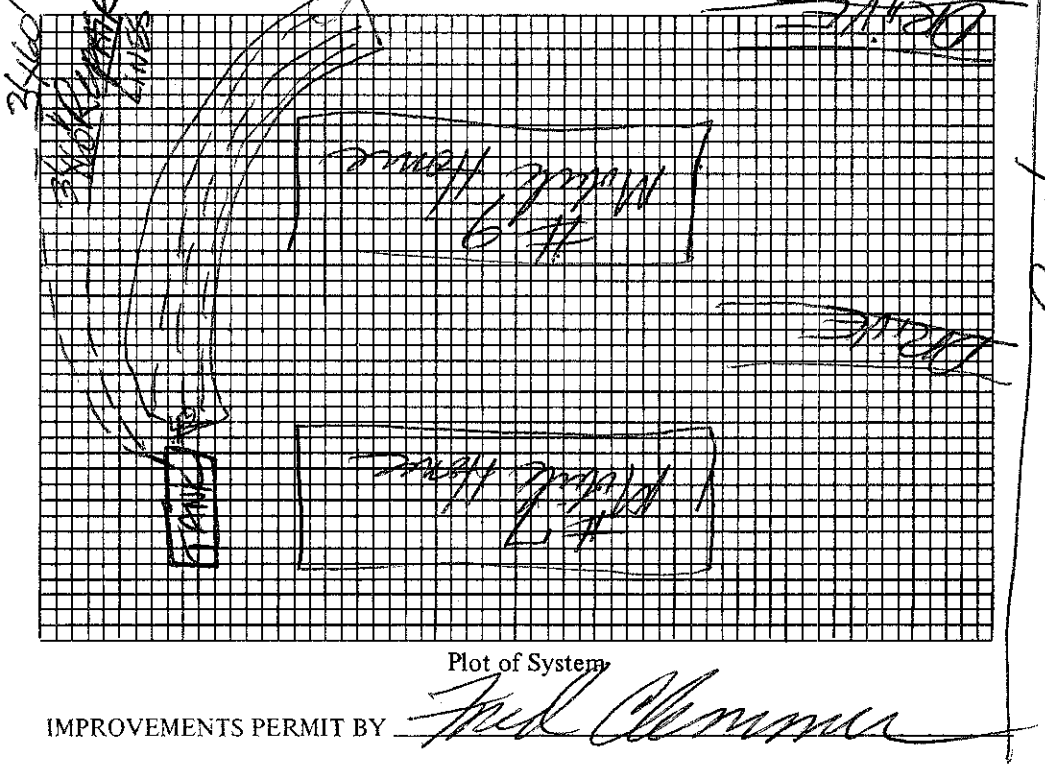
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 6 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil		
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate		Existing
Auto. Wash. Machine	Yes (X)	No ( )	Topography		
Site Suitable	Yes (X)	No ( )	Depth to Water Table		System
			Rock or other impervious formations		

Lot Area Existing

( ) Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 360 Linear Ft. _____
Depth of Stone in Lines 12

Water Supply: Individual ( )
Public (X)
Community H20

Installed by J. Ervin Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 4-5-85

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