PIN #4646-64-8942.101

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 Ralph Riderhear Hagar Mobile Home Park DATE 10-9-84 PERMIT NO. 337

PHONE: Business _____ Home _____

LOCATION 21 S TR 1106 go to end of paved road TL into Hagar Point Mobile Home Park 2nd lot on left S. R. No. _____

SUBDIVISION NAME Hagar Point Mobile Home Park LOT NO. 6 SECTION OR BLOCK NO. _____

Site Address: 107 Bridgewater Lane - Musl

House ( ) Mobile Home (X) Business ( ) Other Travel trailer

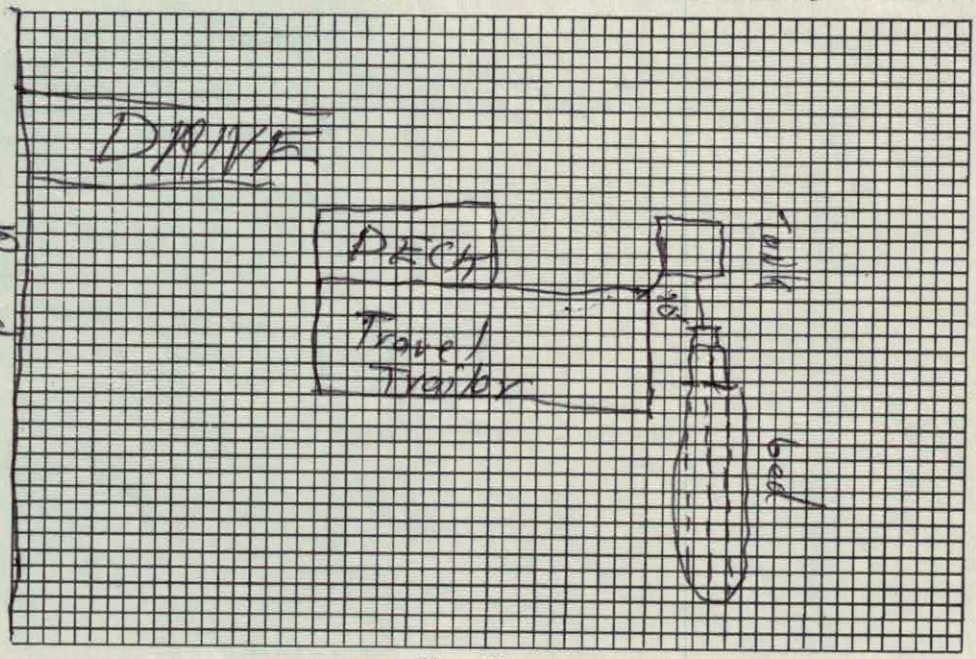
No. Bedrooms 1 No. Bathrooms 1

Garbage Disposal Unit Existing Yes ( ) No ( )
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )

Character & Porosity of Soil _____
Percolation Rate _____
Topography Existing
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field: Existing
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (X)

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system for trave' trailer working OK at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles R. Barnett DATE 10-9-84

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