4646-64-8942.105 . 107

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 Hager DATE 6-29-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 215 X I77 TRSR1206 Bear left into park 2nd on left S. R. No. _____

SUBDIVISION NAME Hagers Pt MH Park LOT NO. 576 SECTION OR BLOCK NO. _____

(2) Site Addresses: 105 + 107 Hager Point Ln. Mrsvl.

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 ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil _____

Percolation Rate _____

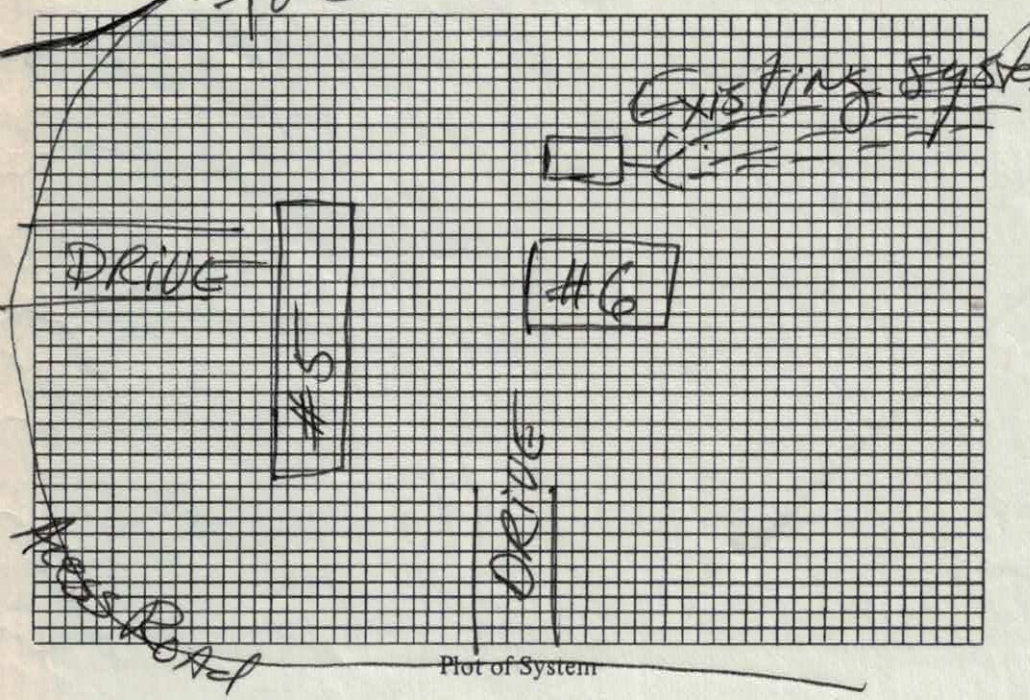
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area Existing SR1109 → To SR1206

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



Size of Tank Existing Gals.

Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public (✓)
Community Well

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system OK at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: D. R. Jamison, R.S. DATE 6-29-87

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