Address: 113 Hagers Pt Ln Mobile Pk 4646-64-8942.107

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. Blanket DATE 12/1/97 TAX MAP NO. Blanket 4646-64-8942.105 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Hager's Pointe Mobile Home Pk PHONE: Business _____ Home 663-2936

ADDRESS 113 Hagers Pt Ln Mooresville, NC 28115

LOCATION Williamson Rd TR Alcove on left 4646-64-0992

SUBDIVISION Hager's Pt MH BLOCK / SECTION _____ LOT 5 & 6 (1+2) LOT AREA Existing SITE CLASS. Existing DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines Existing Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: Existing

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms ____

☒ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

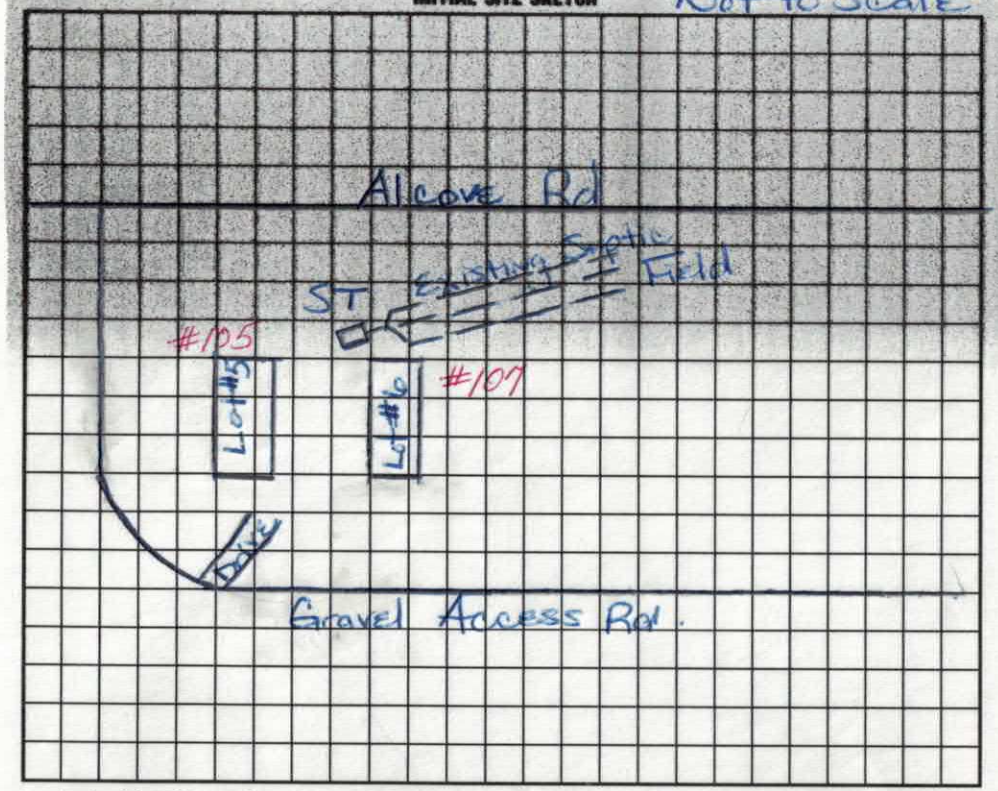
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Community
☐ Public

Comments: Replacing a M.H. Septic System Appears to be functing okay at time of inspection, No problems were Noticeable.

Comments:

INITIAL SITE SKETCH Not to Scale



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: Jo Hager

Improvement Permit by: Maria Dotson date 12/1/97

Existing System Inspection by: Maria Dotson date 12/1/97

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