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 ~~Mrs.~~ Mrs. Bryant Hagar, Sr. DATE 8-7-84 PERMIT NO. 238

PHONE: Business _____ Home _____

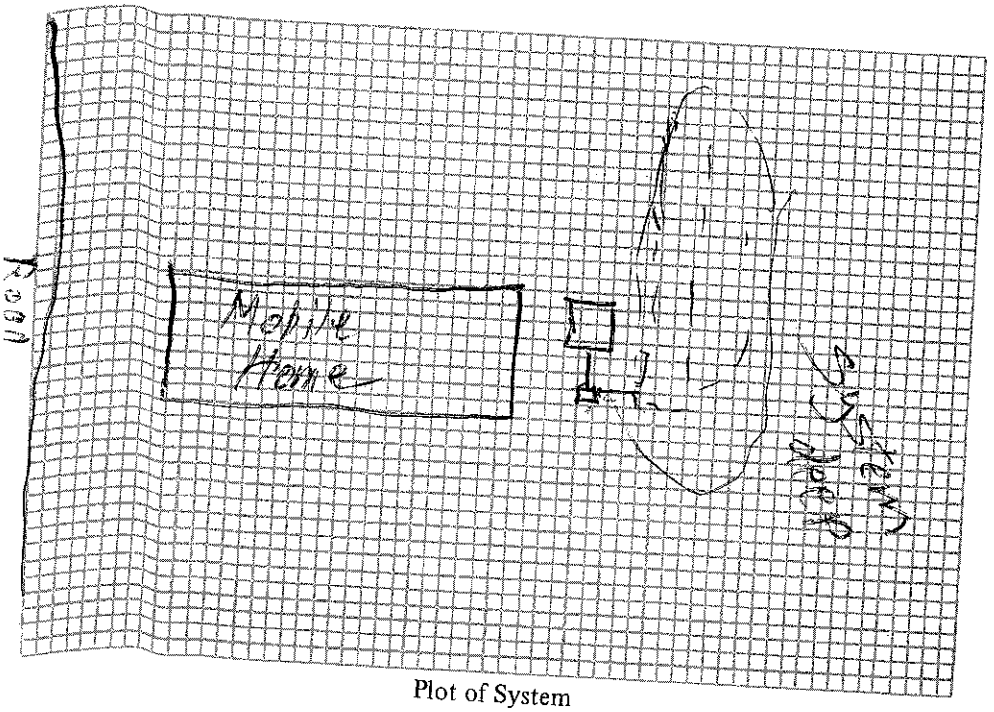
LOCATION 21-S & I-77, TR 1206 to Mobile Hem Park TL 2nd lot (vacant) lot on left

SUBDIVISION NAME Hagar Mobile Home Park LOT NO. ~~28~~ 19 SECTION OR BLOCK NO. _____ S. R. No. _____

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 ( )
Lot Area _____

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



Plot of System

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

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing working O.K. at date of inspection

CERTIFICATE OF COMPLETION BY Charles K. Burnett

EXISTING SYSTEM CHECKED BY: _____ DATE 8-7-84

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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 Hagan DATE _____ PERMIT NO. 162

PHONE: Business _____ Home _____

LOCATION 115 S. Smith Grove Rd TR

SUBDIVISION NAME Hagan's Rural Route Mobile Home Park LOT NO. 2 & 3 SECTION OR BLOCK NO. _____ S. R. No. _____

House ( ) Mobile Home ( ) Business ( ) Other 2 Mobile Homes

No. Bedrooms 4 No. Bathrooms 4

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

Lot Area 1 acre

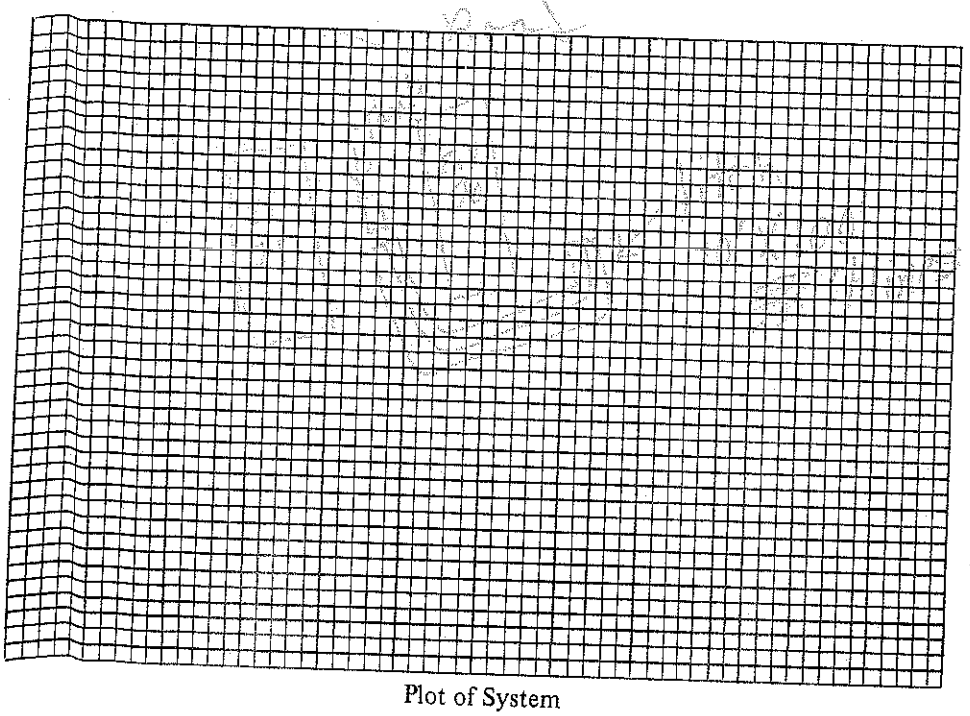
Character & Porosity of Soil Fairly clay loam Red Brown

Percolation Rate 30 min/inch

Topography Some slope

Depth to Water Table _____

Rock or other impervious formations none



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1000 Linear Ft. 400

Depth of Stone in Lines 24"

Water Supply: Individual ( ) Public ( )

Installed by T.R. Rankin

IMPROVEMENTS PERMIT BY H. Mercer R.S.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY H. Mercer R.S. DATE 6-15-87

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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 Hagan DATE 6-23-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 215 X I77 TR 1206 (Alcove) TL into Park 1ST lot on Rt. _____ S. R. No. _____

SUBDIVISION NAME Hagers Point M. H. Park LOT NO. 20 SECTION OR BLOCK NO. _____

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

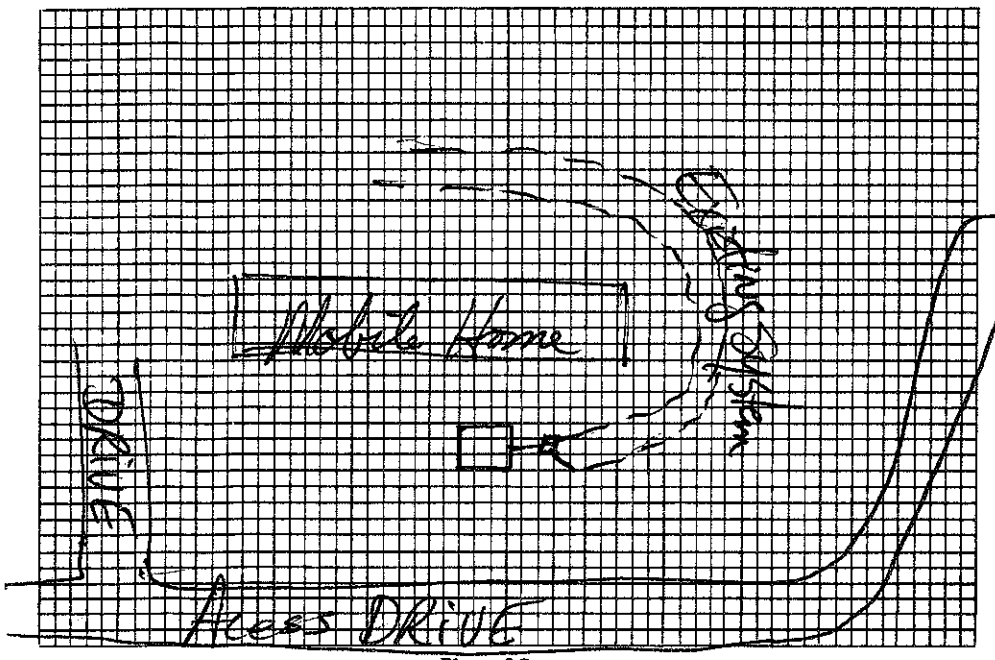
No. Bedrooms 3 No. Bathrooms 2

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

_____ Basement with Plumbing _____ Basement without Plumbing ✓ 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 (✓)

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. Smith, R.S. DATE 6-23-87

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

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 6-20-79 PERMIT NO. 209

PHONE: Business _____ Home _____

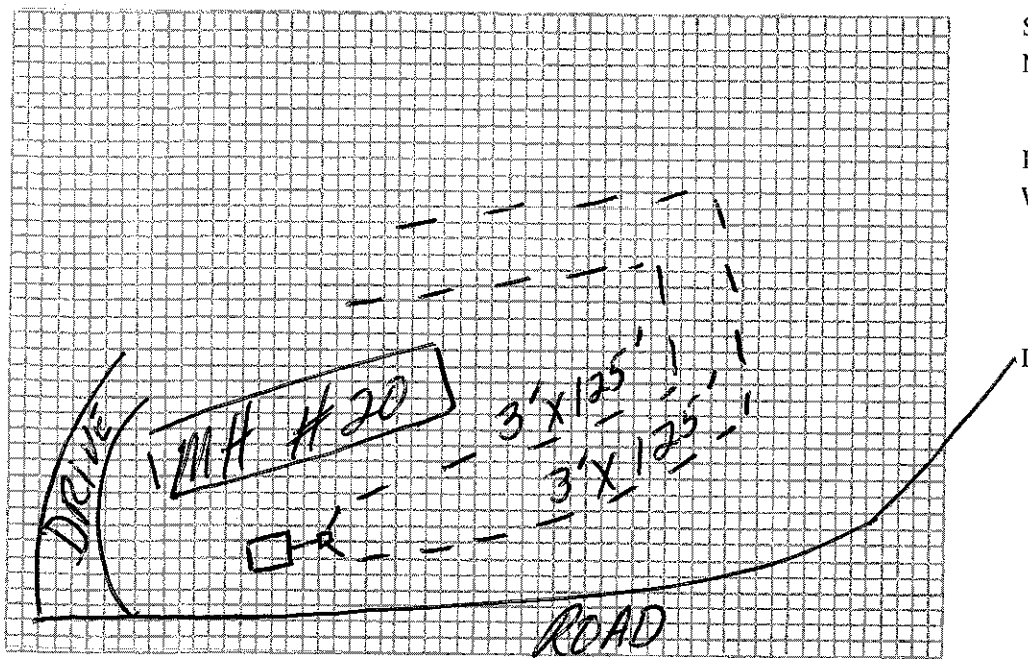
LOCATION Hwy 21 S x I 77 Tkon 1206 near end on Left S. R. No. _____

SUBDIVISION NAME Hayes Ft. MH Park LOT NO. 20 SECTION OR BLOCK NO. _____

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 ( )
Lot Area Existing

Character & Porosity of Soil Clay loam
Percolation Rate 30 min.
Topography 2-4%
Depth to Water Table unk.
Rock or other impervious formations none obs.



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10" +
Water Supply: Individual ( )
Public (✓)
Community Well
Installed by F J Ervin

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 6-20-79

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold