4646-64-8942.119

Blanket Pro

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 Hagers Point M.H.P. DATE 6/23/89 PERMIT NO. 21A

PHONE: Business 663-2936 Home

LOCATION 21 S X 177 TR Alcove. TL into Park. ~6th on left

S. R. No.

SUBDIVISION NAME Hagers Pt. M.H.P. LOT NO. 13 SECTION OR BLOCK NO.

Site Address: 119 Hager Point Ln-Mural 11 and 13 are on one system

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

No. Bedrooms ~~3~~ ACP 2 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 existing

Percolation Rate

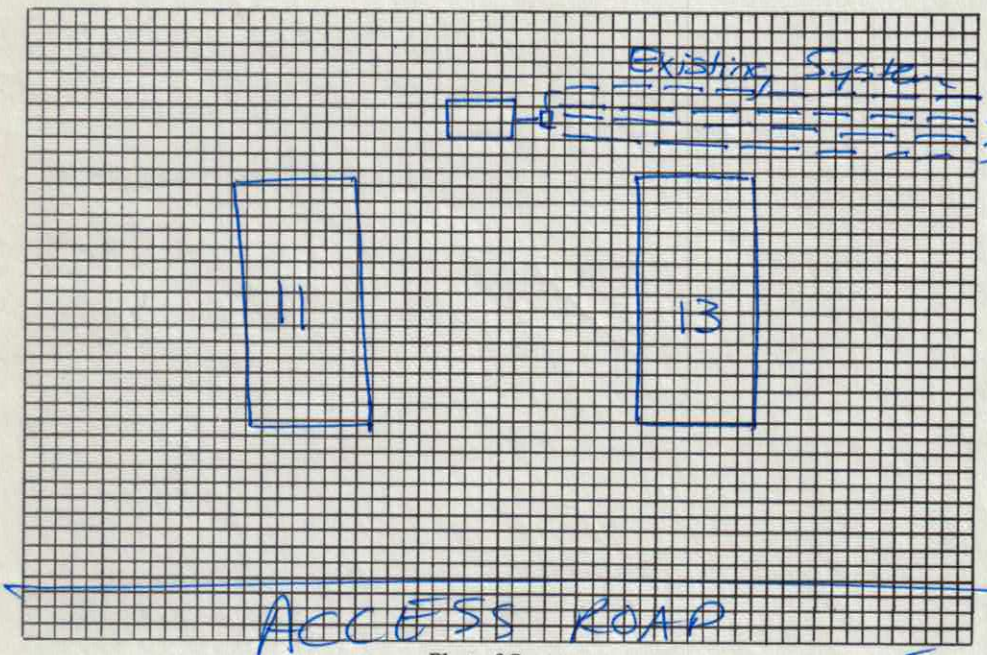
Topography

Depth to Water Table

Rock or other impervious formations

Lot Area

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

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: No sign of malfunctioning system at the date of this inspection.

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: Andrew C. Price, R.S. DATE 6/23/89

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