Site Address: 122 Hagers Point Ln Mrsvl.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 8942.122 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 21703 PIN# 4646648942.122 DATE 7/3/2002

OWNER OR CONTRACTOR Shirley Koehn PHONE: Business 336 969-2283 Home 336 972 6481

ADDRESS 455 College St. Rural Hall, NC 27045

LOCATION Williamson Rd Exit I-77 TR Alcove TL Hagers Pt Rd.

SUBDIVISION Hagars Pt MHP BLOCK / SECTION ____ LOT 24 LOT AREA ____ SITE CLASS. ____ DESIGN FLOW 360gpd 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 ____ Trench Width Existing Max Bench Bottom Depth ____ Gravel Depth ____

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

System Description: Existing Gravity-Convent.

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

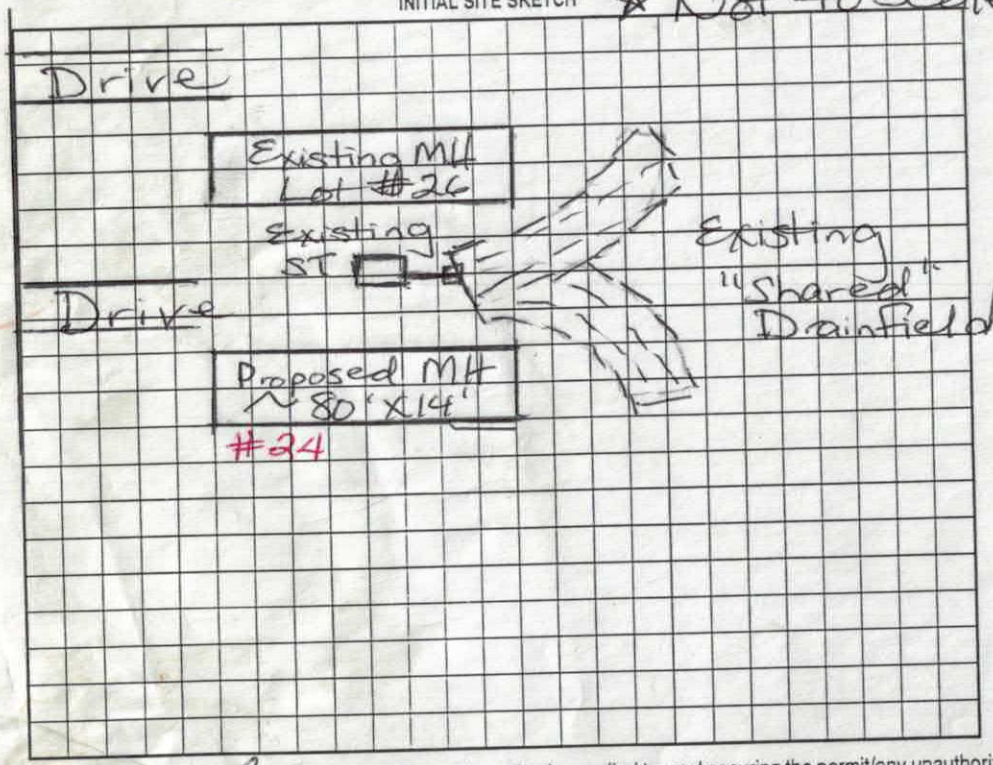
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual Shared ☑ Public ☐ Community

Comments/Conditions: Existing Septic System Appears to be functioning Okay at time of inspection

Comments/Conditions: Keep new MH at least 5' from existing Septic system

INITIAL SITE SKETCH ★ Not to Scale



AS BUILT SKETCH

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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Shirley V. Koehn date ____ Installed by: ____

Improvement Permit by: Maria H. H. Dolan R.S. date 7/3/2002 Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: Maria H. H. Dolan R.S. date 7/3/02

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION (M) 336-972-6481

Applicant	Phone #	Mailing Address	City	State	Zip Code
Shirley Koehn	336-969-2283	455 College St.	Rural Hall	N.C.	27045

Current Property Owner	Mailing Address	City	State	Zip Code
Shirley Koehn	Same			

PROPERTY INFORMATION: Hagers Pt. Mobile Home Park.

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
see property description 24			

(Proposed) Water Supply: Public, Private Well

Preliminary Plat Approval Date (DEVELOPERS ONLY)

Tax Map #

Specific Directions to Property

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ____ Mobile Home X Commercial ____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) ____ Basement ____ Basement with Plumbing ____

Crawl Space ____ Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa ____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

6-17-02 DATE Shirley V. Koehn SIGNATURE OF OWNER/AUTHORIZED AGENT

Town of Mooresville Jurisdiction
PROPERTY DESCRIPTION

Application for (not a permit)

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281

Number 21703 ☑ Improvements Permi ☐ Zoning Permi ☐ Subdivision Approval ☐ Other

Proposed Use: Single Family Residence

Location: 122 Hager Point Lane

Tax PIN: 4646-64-8942 Township: Davidson Jurisdictio: Outside Zoning: R@0

Subdivision: Hager Point Mobile Home Par Lot: 124 Size: 4.40 Flood Plain: No Watershed: WSIV PROT

Contractor: C & R Mobile Home Movers Owner: Johnny Butler & Shirley Loehn

Address: 455 College Street, Rural Hall 27045 Phone: (336) 969-2283

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Shirley V. Loehn — Signature of Owner or Authorized Agen

6-17-02 — Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: 0 Lot Width: 0 Front Yard Depth: 0 Side Yard Depth: 0

Rear Yard Depth: 0 Corner Yard Depth: 0

LAND USE INDICATED [☑ IS ☐ IS NOT] PERMITTED IN THE ZONING DISTRICT

Remarks: Must not be older than 1976 model.

Holding Permits: no

Tree Board Review? no

Has Property Been Recorded? yes

Erosion Plan Required: no

Reason:

Directions: North on Alcove Road left Hager Point Lane

ZONING ADMINISTRATOR DIVISION

Approved By: Steve Maner

Date: 6/17/02