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 P.O. DATE Sept. 24, '93 TAX MAP NO. _____

OWNER OR CONTRACTOR Bryant Hagan PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 21 S. & I-77, TR 1206 TR gravel rd. on left

SUBDIVISION Hagers Pt Mt Park BLOCK / SECTION _____ LOT 15 LOT AREA _____ SITE CLASS. _____ L.T.A.R. _____

Water Supply: ☐ Individual ☑ Community ☐ Public

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

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

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

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms _____ Garbage Disposal: ☐ Yes ☐ No

☐ Mobile Home No. Bathrooms _____ Auto. Dishwasher: ☐ Yes ☐ No

☐ Business No. Employees _____ Auto. Washing Machine: ☐ Yes ☐ No

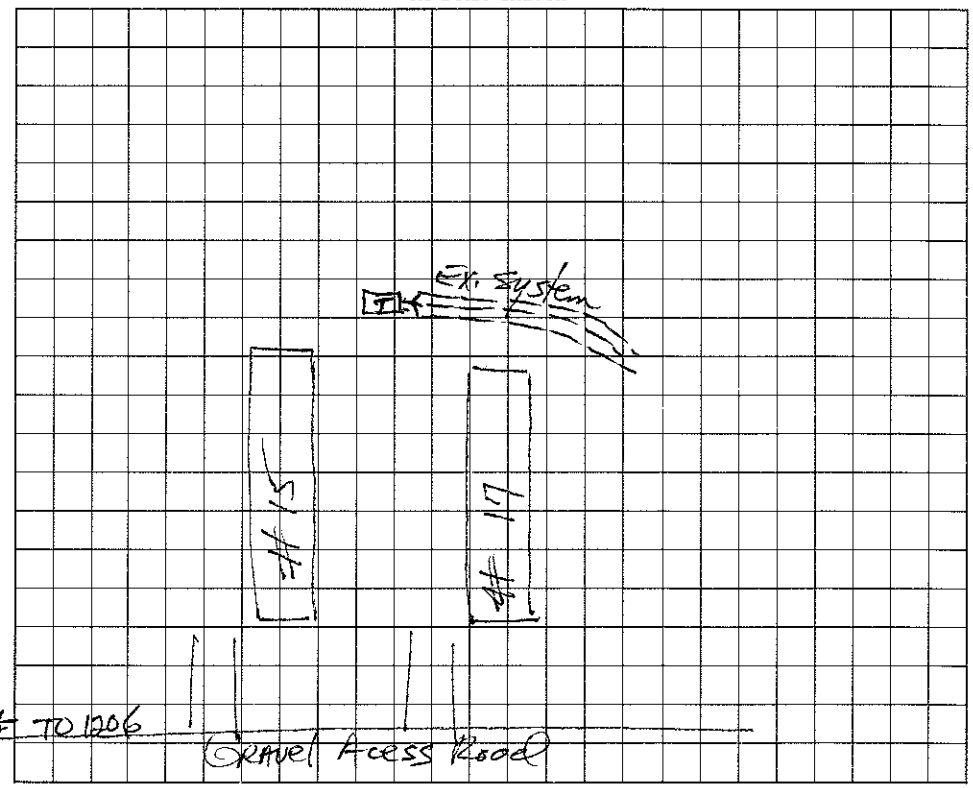
☐ Other _____ Other _____

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

Comments Replacing mobile home on #15. No sign of septic system malfunction.

INITIAL SITE SKETCH

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date 9/24/93

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