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 Watershed: ☒ Yes ☐ No

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

ADDRESS 113 Haber's Pt Ln Mooresville NC 28115

LOCATION Williamson Rd TR Alcove Park on left

SUBDIVISION Hager's Pt MH BLOCK / SECTION _____ LOT 15&17 LOT AREA Existing SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. Existing

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 3

☒ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

Water Supply:

☐ Individual

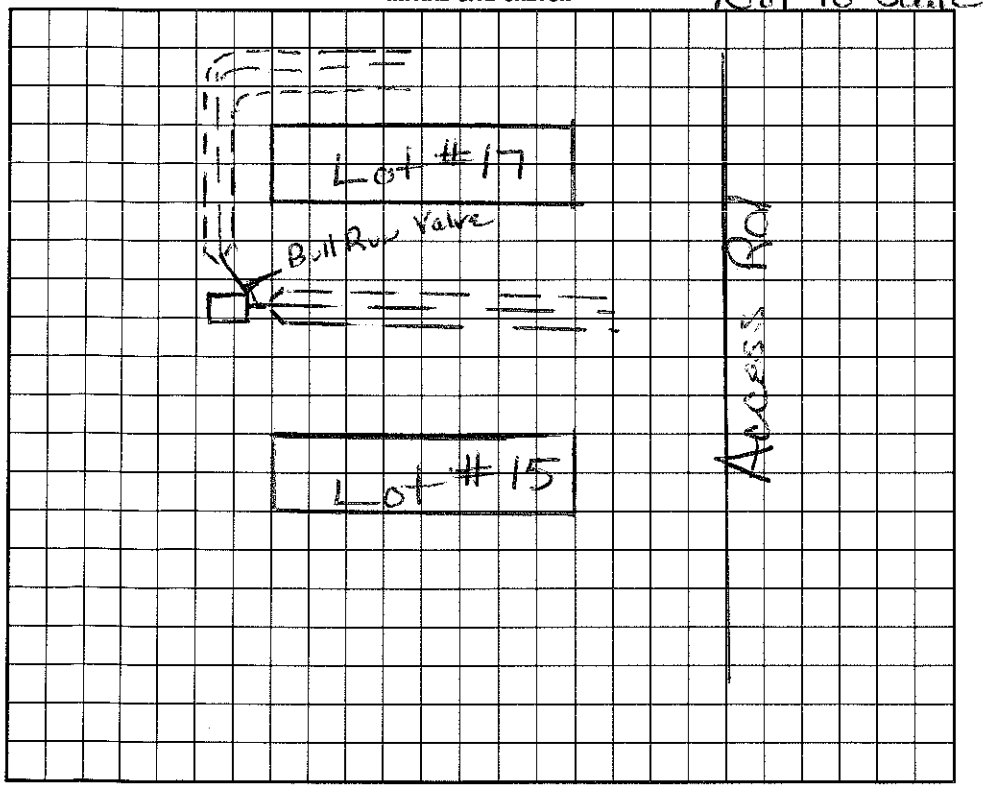
☒ Community

☐ Public

Comments: Septic System appears to be functioning okay at time of inspection. No problems detected

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: D Hager

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

Existing System Inspection by: Maria H.H. 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

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. _____ DATE Dec 9, '94 TAX MAP NO. _____ Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Bryant Hagen PHONE: Business _____ Home _____

ADDRESS 120 Bear Run Circle Mooresville

LOCATION 215 x I-77 TR 1306 (Alcove) T Cinto park on left

SUBDIVISION Hagen Pt MH Park BLOCK / SECTION _____ LOT 15 & 17 LOT AREA Existing SITE CLASS. _____ 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 2 Square Feet 600 Linear Feet 200

No Lines 4 in bed Trench Width 12' Max Trench Bottom Depth 18 Needed Gravel Depth 12"+

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

System Description: gravity bed w/ B Runline

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home (2) No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

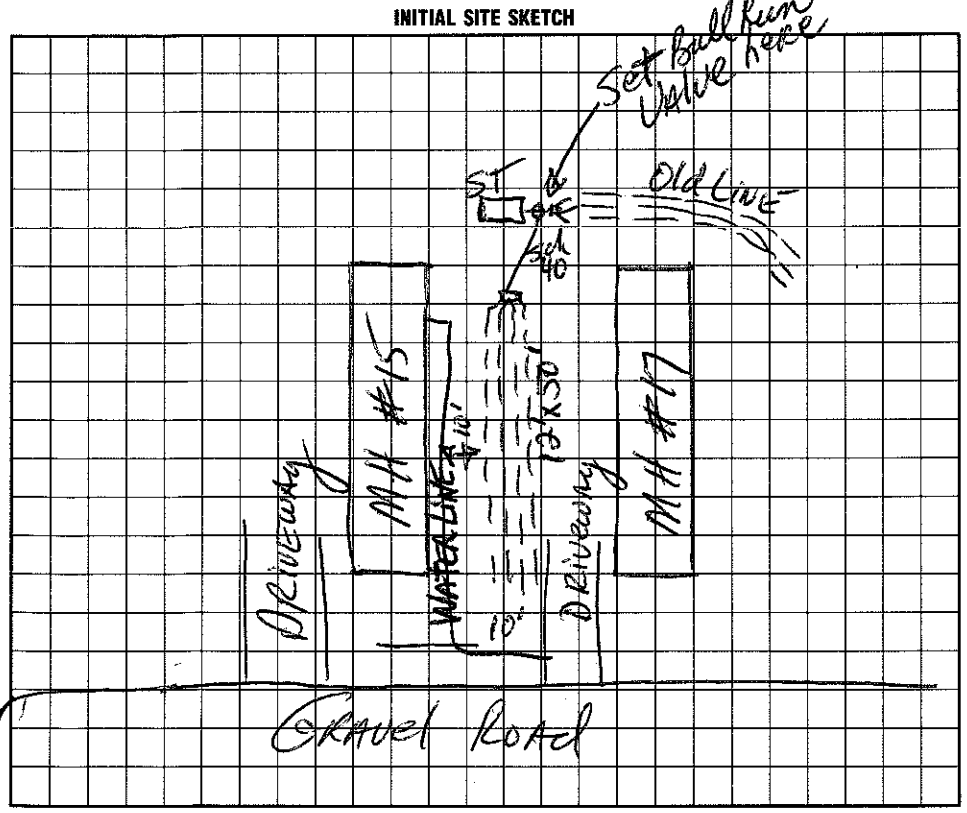
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Community
☐ Public

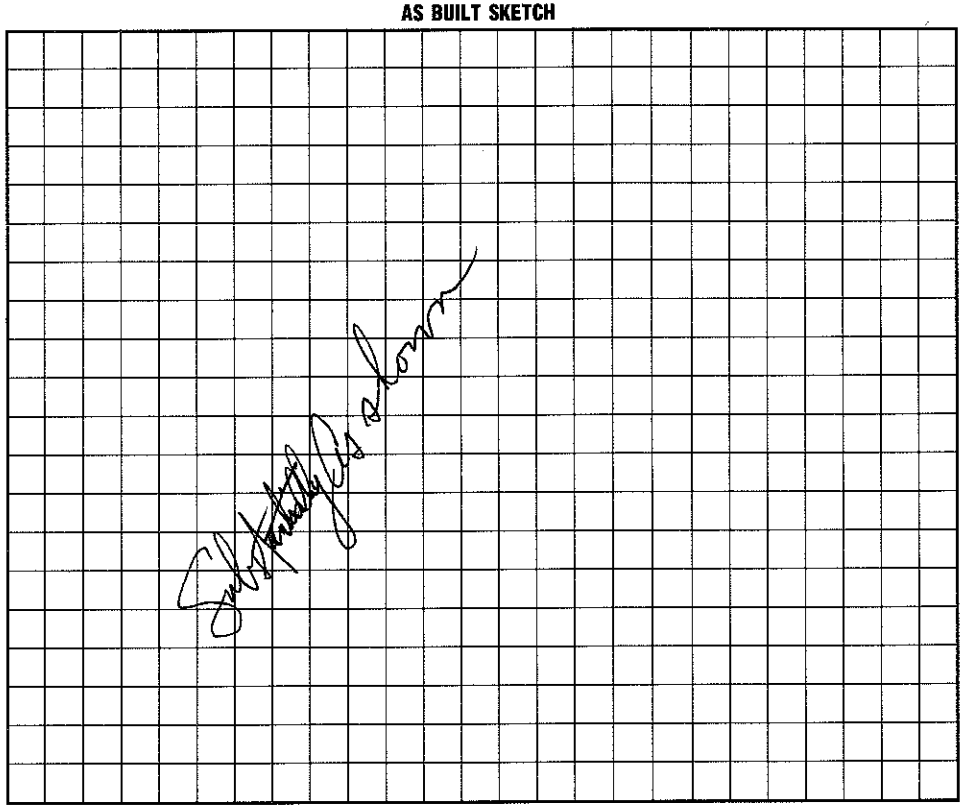
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



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Signed: J. Bryant Hagen

Improvement Permit by: Jane R. Hinson RS date _____

Existing System Inspection by: _____ date _____

Installed by: J. Bryant Hagen

Certificate of Completion by: Jane R. Hinson RS date 6/12/96

Operation Permit by: _____ date _____

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

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 May 24, '94 TAX MAP NO. _____ Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Bryant Hagen PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 215 To 1206 (Alcove) TL into Park on left

SUBDIVISION ~~Hagen's Mobile Park~~ BLOCK / SECTION _____ LOT 15 LOT AREA _____ SITE CLASS. _____ 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 French Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

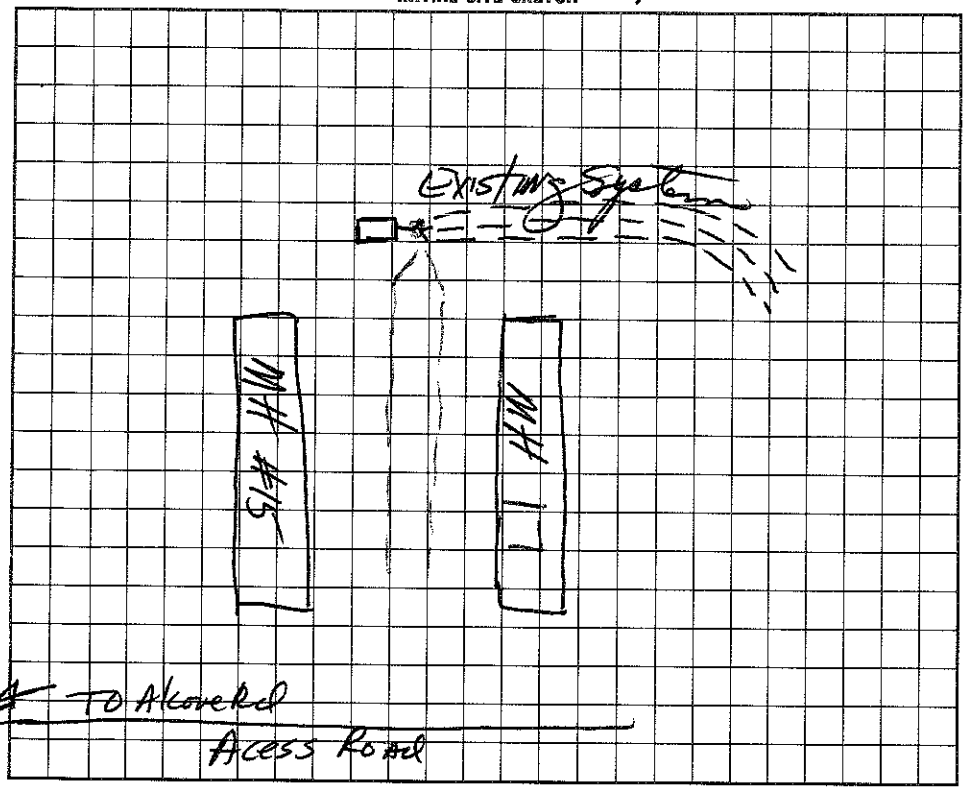
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☐ Public

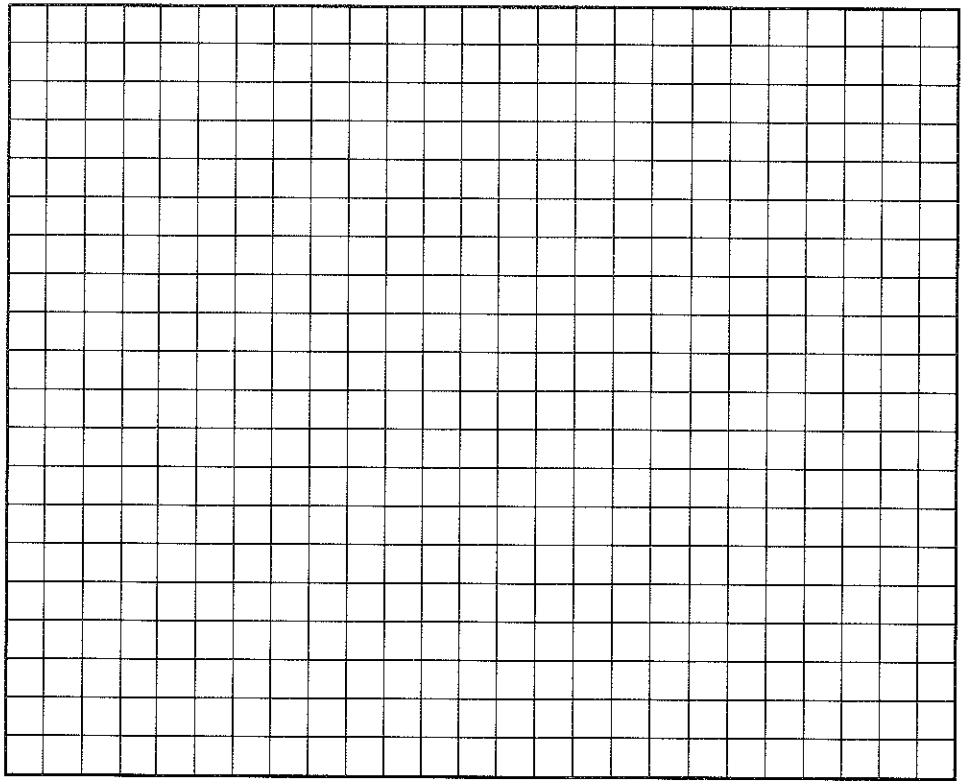
Comments: Replacing MH on lot 15 i no sign of septic system malfunction.
MH #15 not on site as of 5/24/94

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



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Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date 5/24/94

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