Blanket P.D.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Bryant Hager DATE Jan. 28, '93 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 S. TR 1206 TL into main MH park on right near end S.R. No. _____

SUBDIVISION NAME Hager's Pt MH Park LOT NO. 28 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other Replacing MH's

No. Bedrooms ~3 No. Bathrooms ~2

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area Existing

Soil Characteristics _____

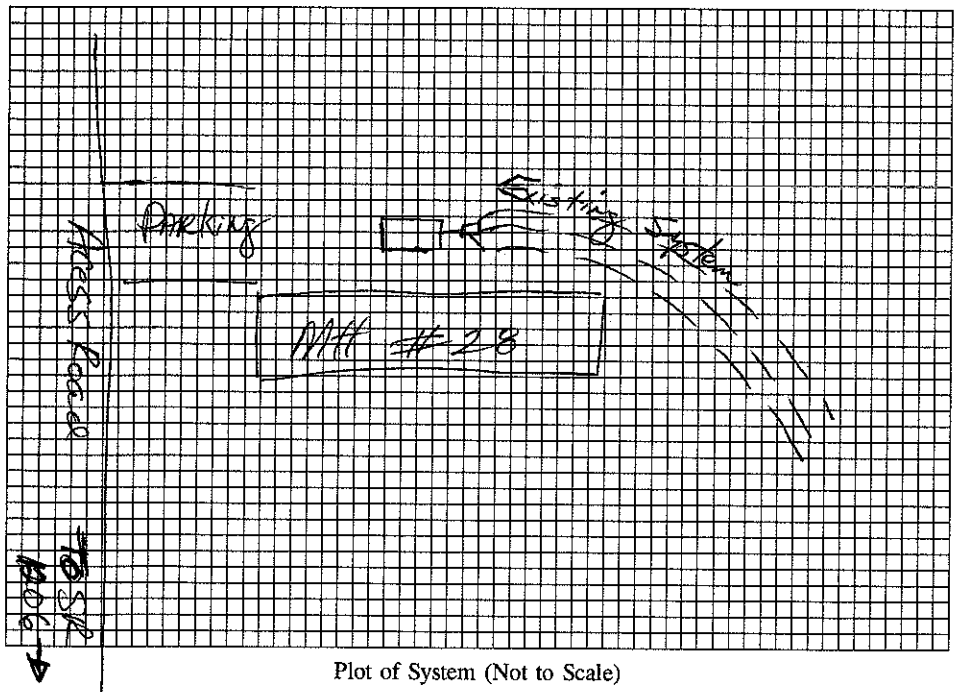
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



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 ☑ CW

Installed by _____

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS Existing system showing no sign of malfunction as of this date.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY D R Hinson, RS. DATE 1/28/93

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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

IREDELL COUNTY HEALTH DEPARTMENT

Blanket Property Deed

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Hazen's Pt MH Park DATE Dec 4, 90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 215 x I77 TR 1206 (Alcove) TL into "main" park on Right ~1/2 way S. R. No. _____

SUBDIVISION NAME Hazen's Pt MH Park LOT NO. 28 SECTION OR BLOCK NO. _____

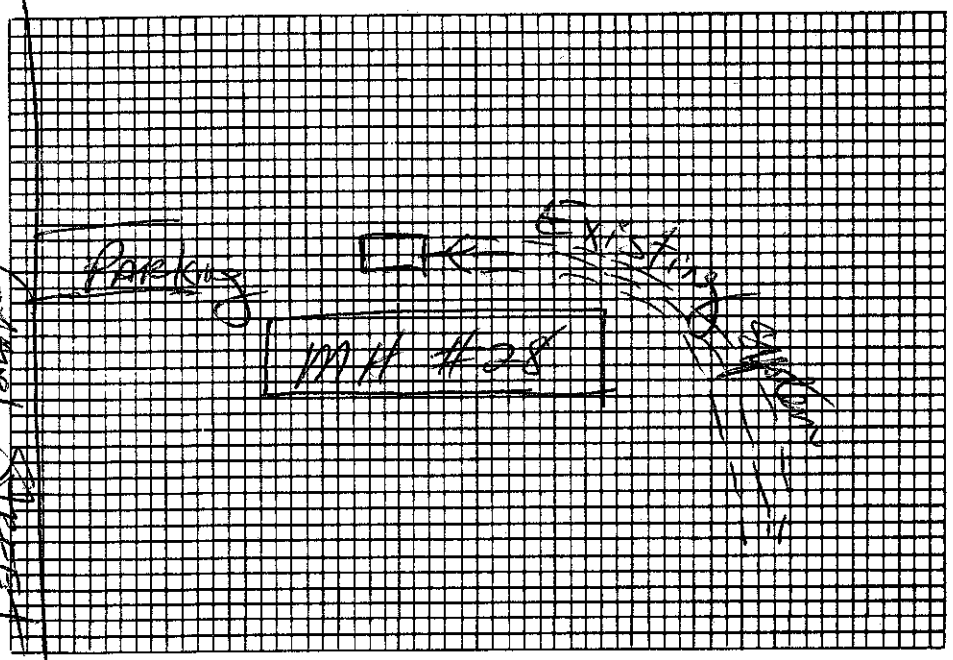
House ( ) Mobile Home (✓) Business ( ) Other replacing ex MH -

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	_____
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	_____
Auto. Wash. Machine	Yes ( )	No ( )	Topography	_____
Site Suitable	Yes ( )	No ( )	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 (✓) CW

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system showing no signs of malfunction at time of inspection.

2081 SR

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: D. Johnson / EHS DATE 12-4-90

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 Hager DATE 3-16-81 PERMIT NO. 71

PHONE: Business _____ Home _____

LOCATION 21 S. x I77 TR 1206 near end on left

S. R. No. _____

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

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

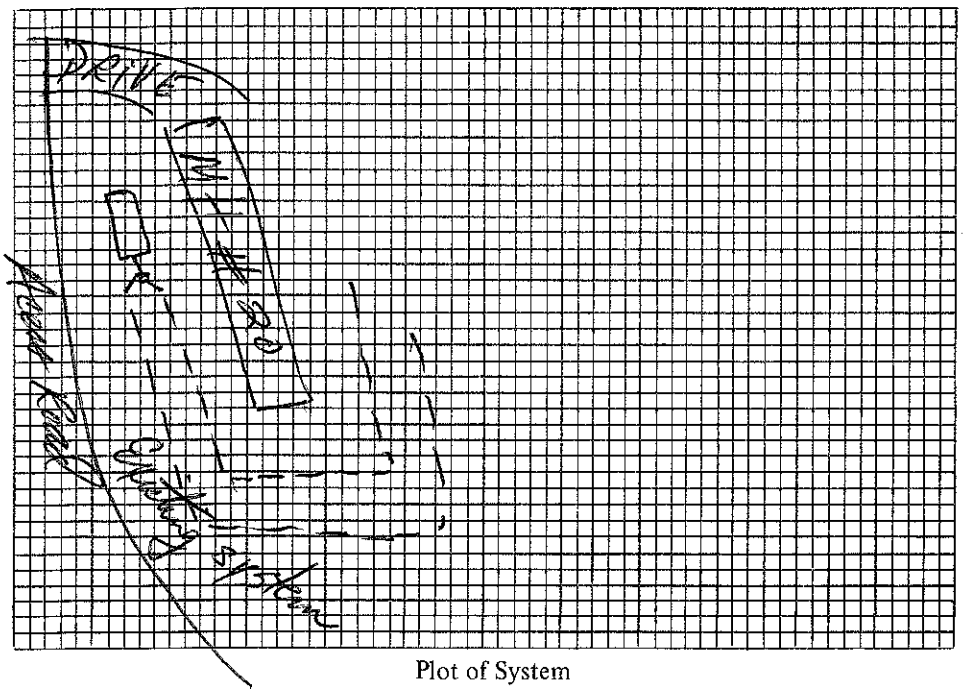
No. Bedrooms 3 No. Bathrooms 2

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 1000 Gals.
Nitrification Field:
No. of Lines 20
Sq. Ft. 750 Linear Ft. 750
Depth of Stone in Lines 10"
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 working OK

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: David R. Hunger DATE 3-16-81

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 Hope Honeycutt DATE 2-15-82 PERMIT NO. 20

PHONE: Business _____ Home _____

LOCATION 215 X I 77, TR 1206 ½ mile TL Hayes Point MH Park Abt ½ way down on R S. R. No. _____

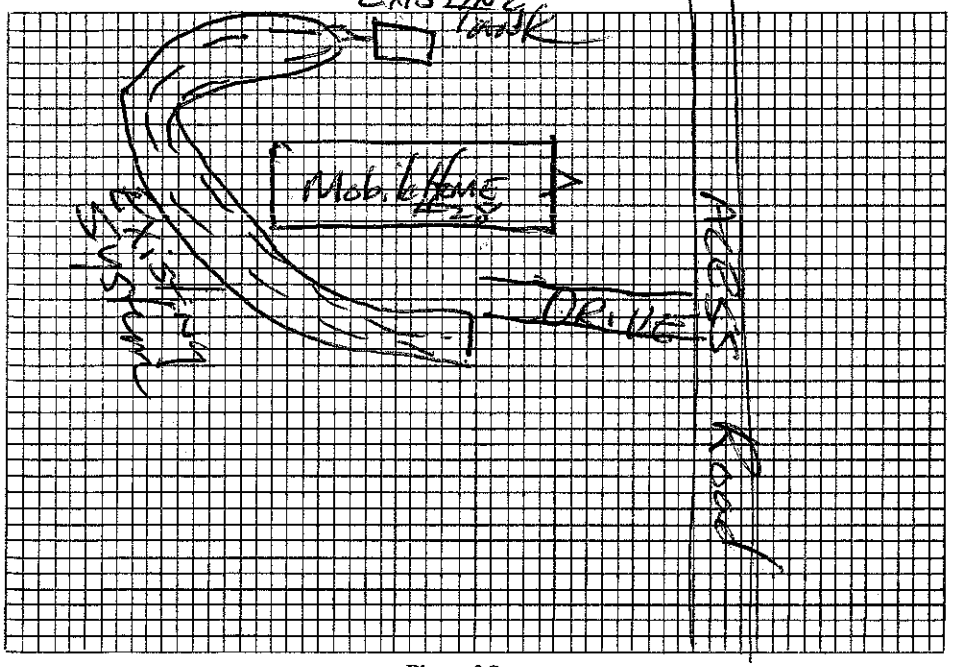
SUBDIVISION NAME Hayes Point MH Park LOT NO. 28 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Existing System	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate		
Auto. Wash. Machine	Yes (X)	No ( )	Topography		
Site Suitable	Yes (X)	No ( )	Depth to Water Table		
Lot Area Existing			Rock or other impervious formations		

_____ Basement with Plumbing _____ Basement without Plumbing X 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 (X)
Public (X)
Community H20

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System working ok At date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 2-15-82

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 Hager DATE 3-27-79 PERMIT NO. 73

PHONE: Business _____ Home _____

LOCATION 215 on right past I 77

_____ S. R. No. _____

SUBDIVISION NAME Hagers Point Mobile Home LOT NO. 28 SECTION OR BLOCK NO. _____

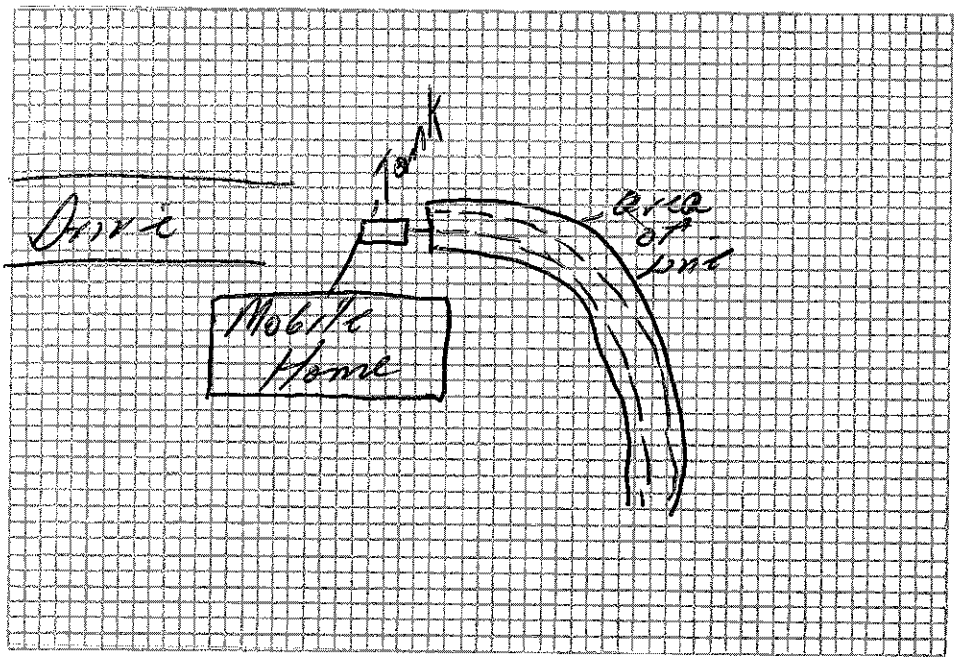
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

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 Existing System
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

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

Installed by J. R. Bowles
1974

IMPROVEMENTS PERMIT BY _____

COMMENTS: System Working O.K. at Time of This inspection

CERTIFICATE OF COMPLETION BY John Houston DATE 3-27-79

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