4646-64-8942.129

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 Hagen DATE 6-21-79 PERMIT NO. 215

PHONE: Business _____ Home _____

LOCATION Hwy 215 x I77 Tk on 1206 near end on left

S. R. No. _____

SUBDIVISION NAME Hagers Pt. MH Park LOT NO. 13 SECTION OR BLOCK NO. _____

Site Address: 129 Hager Point Lp Mrsvl

House ( ) Mobile Home (x) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Lot Area _____

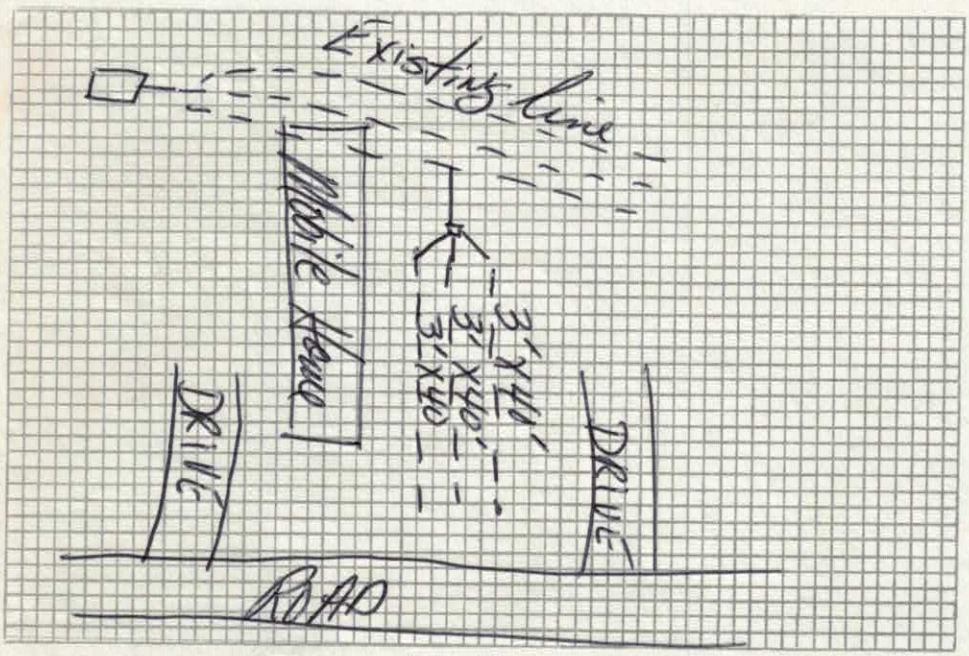
Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 360 Linear Ft. 120

Depth of Stone in Lines 10"+

Water Supply: Individual ( )

Public (x)

Community Well

Installed by FJ Levin

IMPROVEMENTS PERMIT BY D R Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 6-21-79

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