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 Hager DATE 7-19-84 PERMIT NO. 231

PHONE: Business _____ Home _____

LOCATION 215 X I77 TR 1206 ½ mile on left

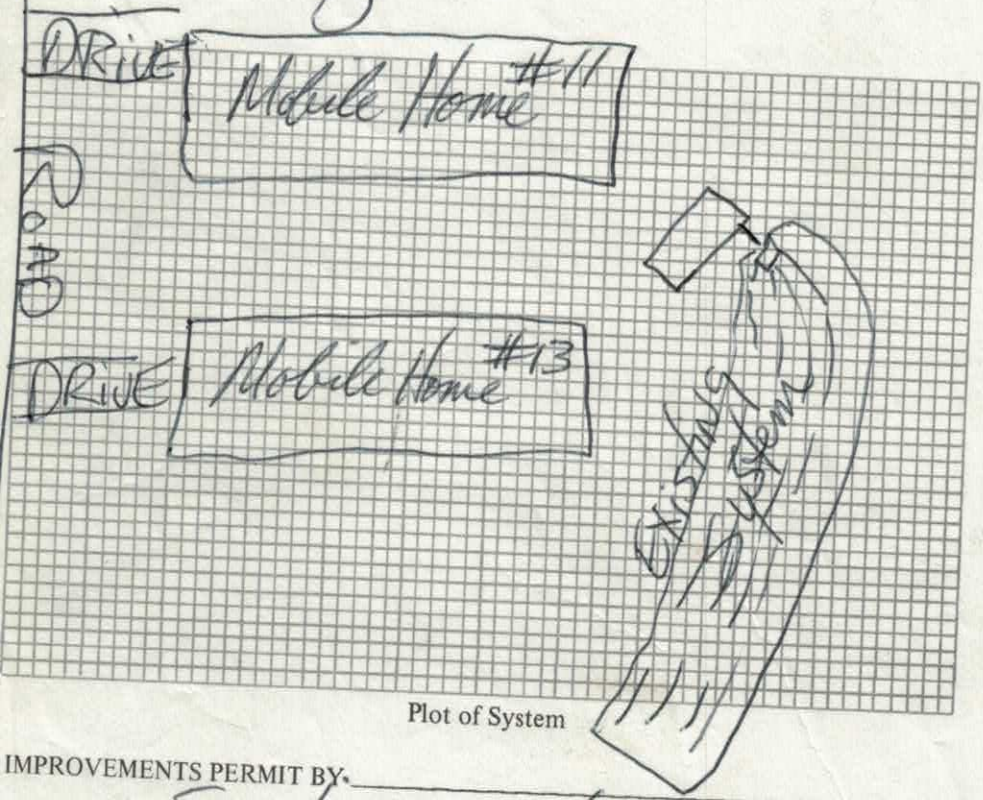
SUBDIVISION NAME Hager's Point MH Park LOT NO. 11+13 SECTION OR BLOCK NO. _____ S. R. No. _____

Site Address: 129 Hager Point Ln - Mtnrd.

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

No. Bedrooms 6 No. Bathrooms 2

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



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 (X)

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 Time of Inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 7-19-84

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