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 2-18-85 PERMIT NO. 42

PHONE: Business _____ Home _____

LOCATION 21 S X-ing TR 1206, ½ mile on left at TR Hagers Point Mobile Park Lot on Left

S. R. No. _____

SUBDIVISION NAME Hagers Point Mobile Park LOT NO. 11+13 SECTION OR BLOCK NO. _____

Site Address: 129 Hager Point Ln - Mrsvl.

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

No. Bedrooms 6 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area EXISTING

Character & Porosity of Soil _____

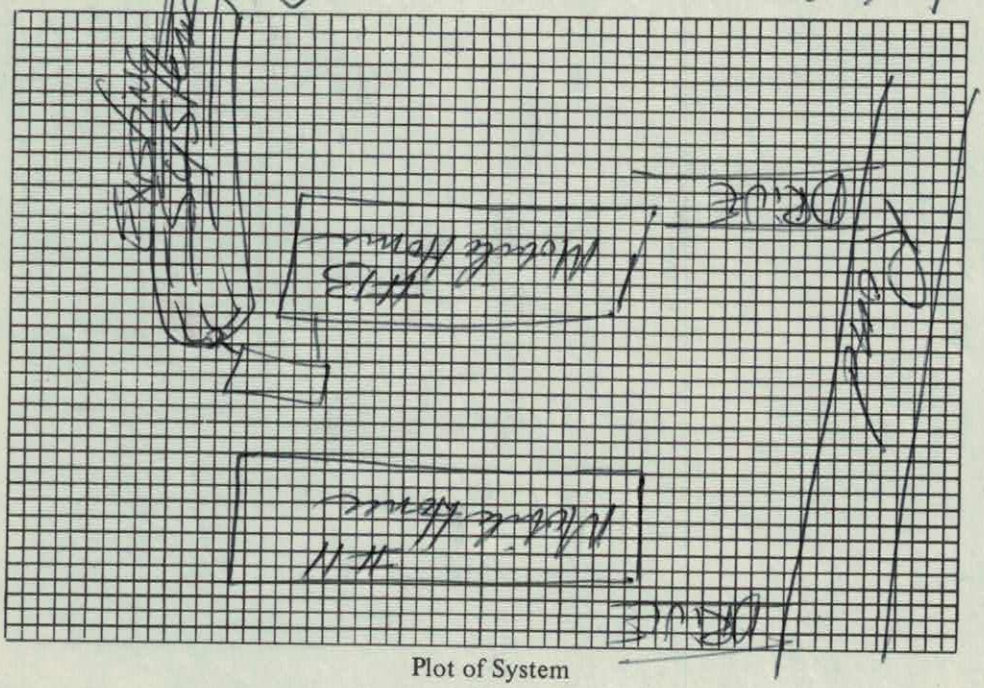
Percolation Rate _____

Topography EXISTING

Depth to Water Table _____

Rock or other impervious formations System

_____ 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 ( )

Public (X)

Community

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: EXS. SYS working OK AT date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 2-18-85

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