4646-64-8942.130
9592, 132

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 Hagers Pt. M.H. Park DATE 4-28-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 215 X I77 SR 1206 (Alcove) TL in curve on Rt near water S. R. No. _____

SUBDIVISION NAME Hagers Pt. M.H. Park LOT NO. 30431 SECTION OR BLOCK NO. _____

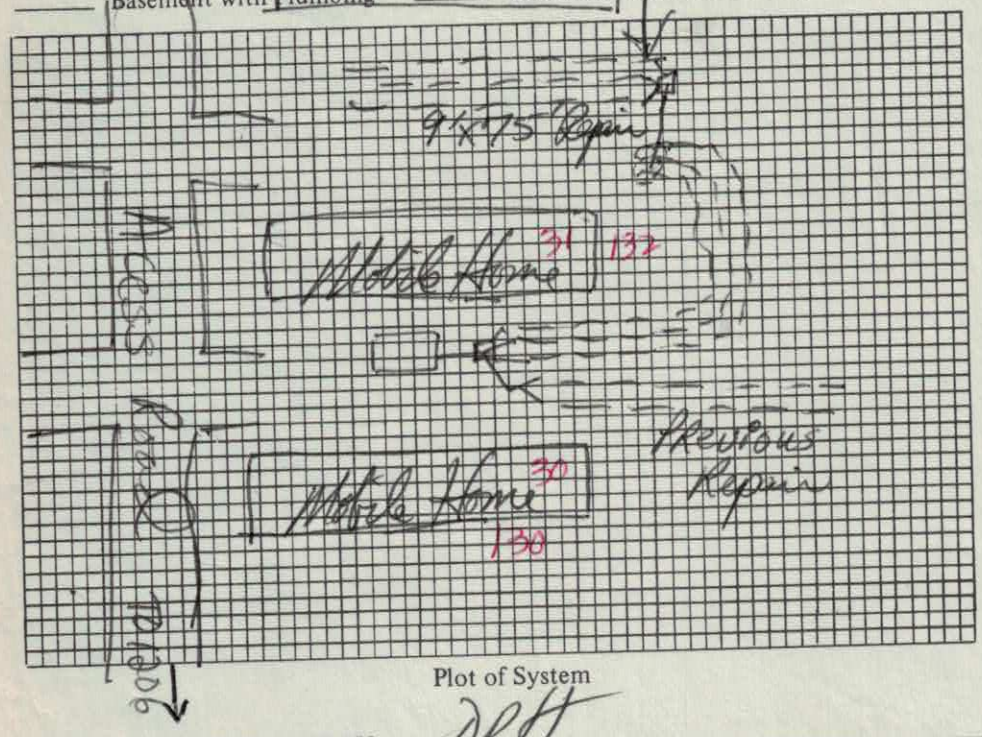
Site Address: 130 + 132 Hager Point Ln - Mrsvl.

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

No. Bedrooms 4-6	No. Bathrooms 2-4	Character & Porosity of Soil	clay
Garbage Disposal Unit	Yes ( ) No (✓)	Percolation Rate	2-4
Auto. Dishwasher	Yes (✓) No ( )	Topography	2-4% 4+
Auto. Wash. Machine	Yes (✓) No ( )	Depth to Water Table	
Site Suitable	Yes ( ) No ( )	Rock or other impervious formations	none obs.

Lot Area Existing Mobile Home ~100' to LAKE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 675 Linear Ft. 225
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public ( )

Installed by J.J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D.R. Hinson, RS. DATE 4-28-87

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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