IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. Blanket DATE 12/1/97 TAX MAP NO. Blanket 4646-64-8942.133 tershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Hager's Point Mobile Home Pk PHONE: Business Home 9592.137

ADDRESS 113 Hager's Pt Ln Mooresville NC / Rt 2 Box 398-4

LOCATION Williamson Rd from I-77 TR Alcove Park on left

SUBDIVISION Hager's Pt Ph 4 BLOCK / SECTION LOT 19 & 21 LOT AREA Existing SITE CLASS. DESIGN FLOW Existing L.T.A.R.

Septic Tank: Existing Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet

No Lines Existing Trench Width Max Trench Bottom Depth Gravel Depth

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description:

Repair System Description: Existing

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms No. Bathrooms No. Employees

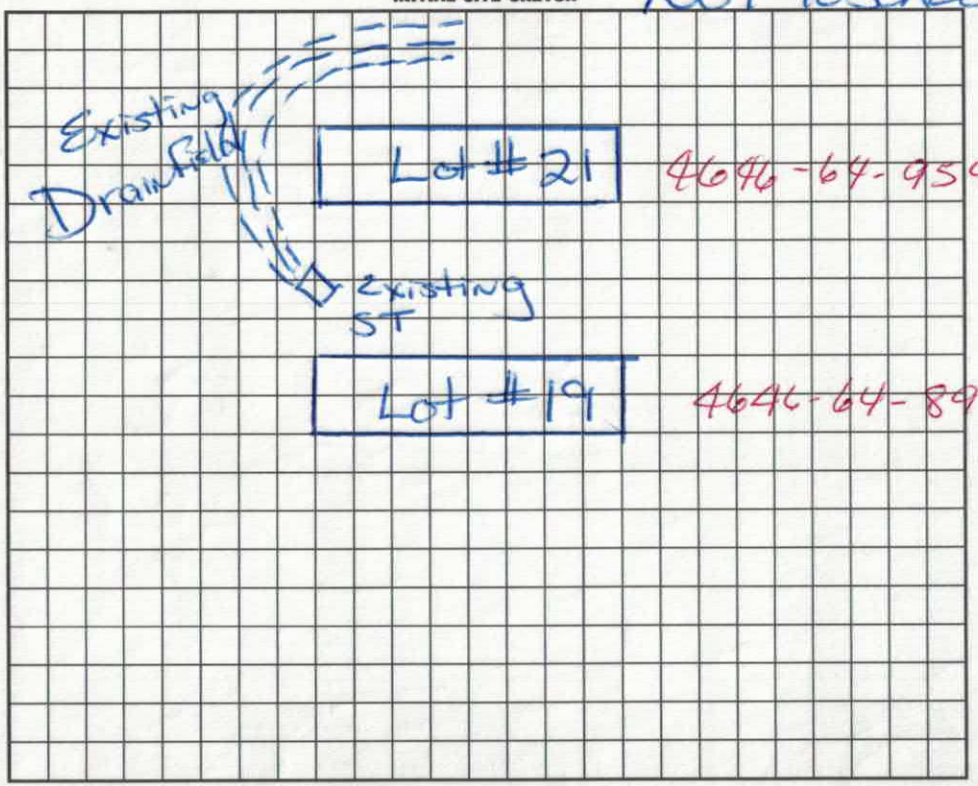
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public

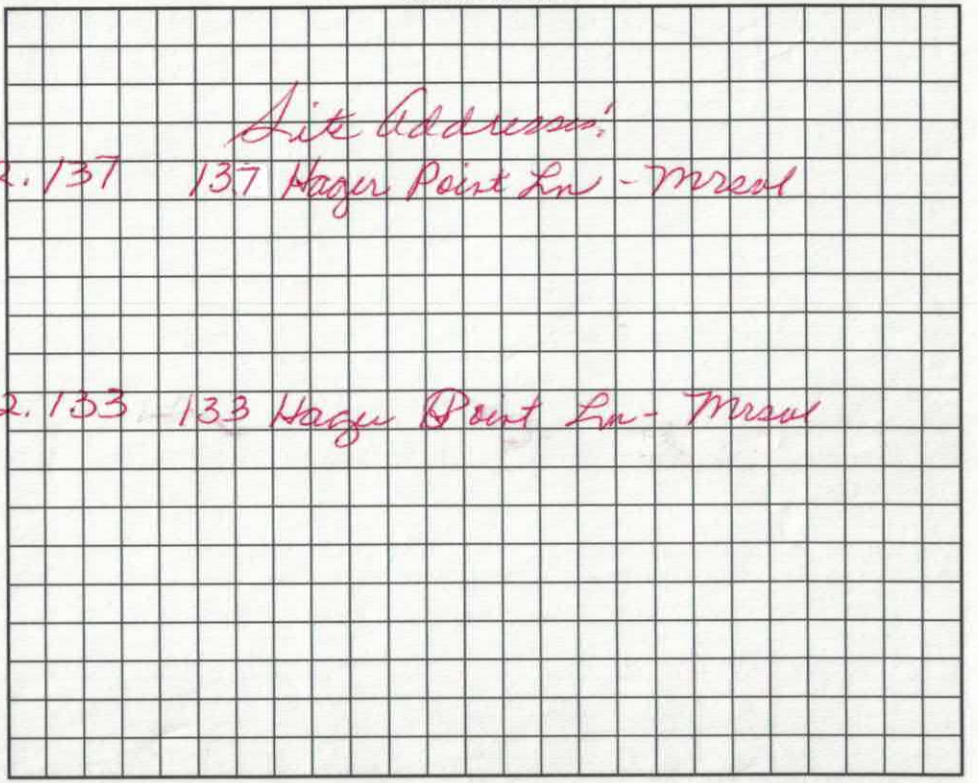
Comments: Existing Septic System appears to be functioning Okay at time of inspection.

Comments:

INITIAL SITE SKETCH NOT TO SCALE



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: Jo Hager

Improvement Permit by: Maria H. Watson date 12/1/97

Existing System Inspection by: Maria H. Watson date 12/1/97

Installed by:

Certificate of Completion by: date

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

4646-64-8942.133
9592.137

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 Point Mobile Home Park DATE 4-13-86 PERMIT NO. 179

PHONE: Business _____ Home _____

LOCATION US 15 X I-77 TR at end

S. R. No. _____

SUBDIVISION NAME Hagers Point Mobile Home Park LOT NO. 19/21 SECTION OR BLOCK NO. _____

Site Address: 133 Hagers Point Ln - Mrsvl

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

EXISTING

Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

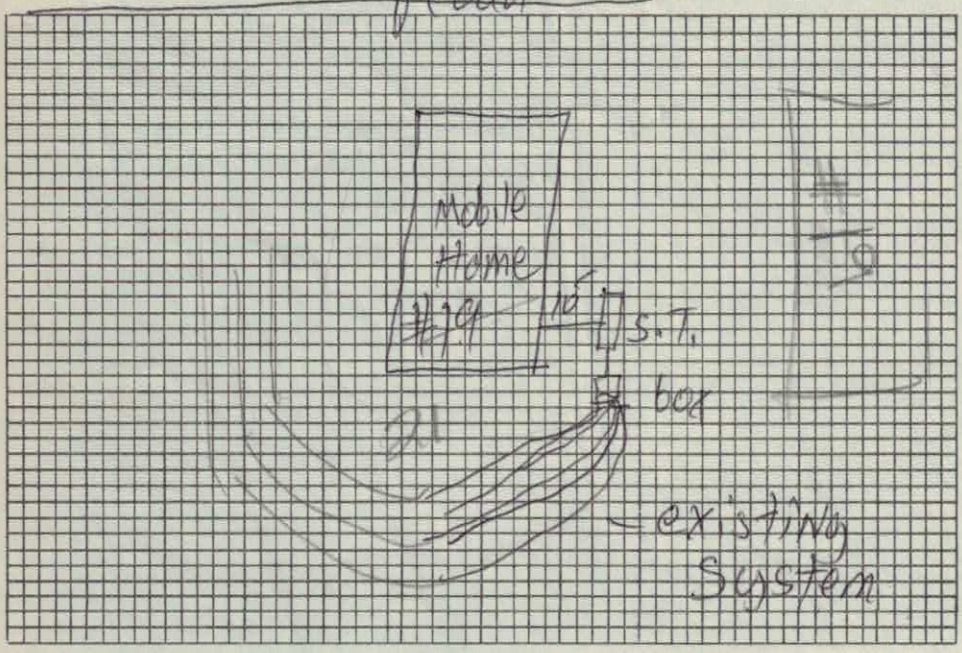
Depth to Water Table _____

Rock or other impervious formations _____

EXISTING

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

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 is working OK at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Barnett DATE 4-13-86

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