IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 5710 PIN# 4646648942.130 / 4646-64-9592.132 DATE 7/23/98

OWNER OR CONTRACTOR Hager's Pointe MH Park PHONE: Business _____ Home 663-2936

ADDRESS Mooresville NC 28115

LOCATION From I-77 TR Alcove Park on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT 30&31 LOT AREA Exist SITE CLASS _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: _____ Gallons: STB _____ Date _____
Pump Tank: Existing 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

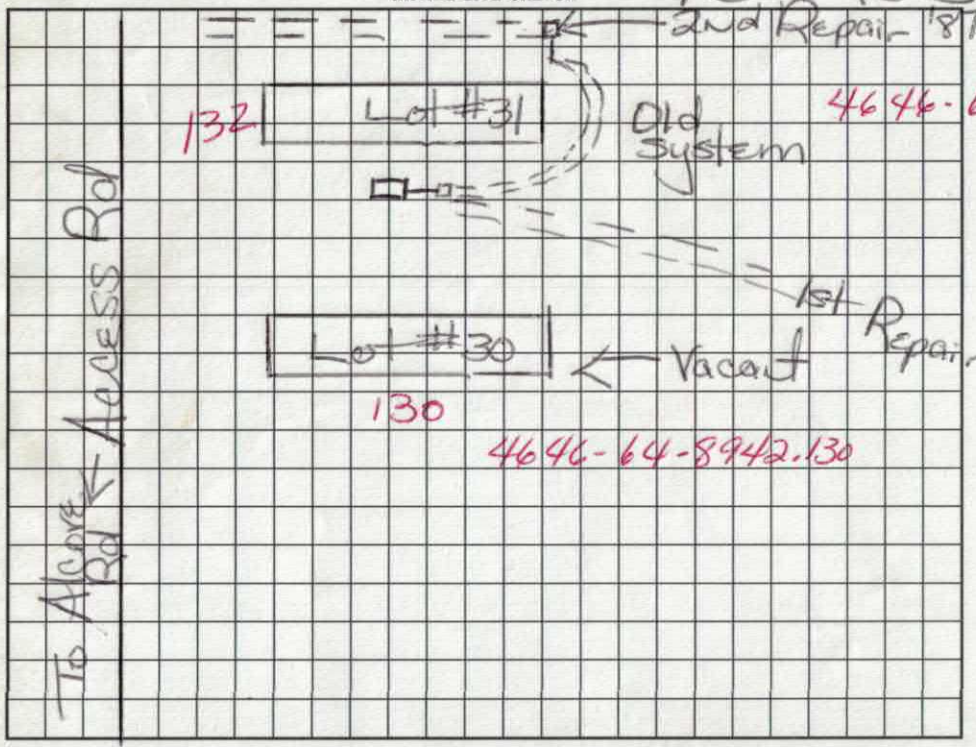
☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other _____
No. Bedrooms 2-3 No. Bathrooms _____ No. Employees _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: Septic System appears to be functioning okay at time of inspection, no problems detected.

Comments:/Conditions:

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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: J. O. Hager date _____ Installed by: _____

Improvement Permit by: Maria H. Hall date 7/23/98 Operation Permit by: _____ date _____

Authorization to Construct by: Maria H. Hall date 7/23/98 Existing System Inspection by: _____ date _____

Existing

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

MOORESVILLE JURISDICTION

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m.

664-5281

5710

APPLICATION FOR (Not a Permit):

☐ Improvements Permit ☑ Zoning Permit ☐ Special Use ☐ Subdivision Approval ☐ Other

Proposed Use: Well + Septic

Location: + Hager Point Lane

TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
PART OF 4646489412	Davidson	Outside	R20A	WSIVCPIT

SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
Hager Point Mobile Park	30	1.40 acre	☐ Yes ☑ No

TAX MAP NO. 4646489412

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT — IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.

ROAD:

See Attached

ROAD: ROAD:

ROAD:

OWNER	ADDRESS	PHONE NUMBER
Jo Hager	120 Bear Run Circle	663-2936

I certify that all of the statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. **Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.**

Josephine H. Hager — SIGNATURE OF OWNER OR AUTHORIZED AGENT

7-8-98 — APPLICATION DATE

If permitted, the following minimum zoning requirements must be met, unless the Health Department requirements more land area or other qualifications are indicated in the remarks.

LOT AREA	LOT WIDTH	FRONT YARD DEPTH	SIDE YARD DEPTH	REAR YARD DEPTH	CORNER YARD DEPTH
_____ SQ. FT.	_____ FT.	_____ FT.	N/A	_____ FT.	_____ FT.

LAND USE INDICATED [☑ IS ☐ IS NOT] PERMITTED IN THE ZONING DISTRICT.

REMARKS: Is not on city water + sewer

ZONING ADMINISTRATION DIVISION

Irene E. Mann — APPROVED BY

7/8/98 — DATE

WHITE: Original CANARY: Inspection Copy PINK: Health Department GOLD: Owner

BCP 5/94