4646-64. 9592.136

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

Hager M.H. Park

OWNER OR CONTRACTOR Joe Hager DATE 1/26/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME Hager M.H. Park LOT NO. 32 SECTION OR BLOCK NO. _____

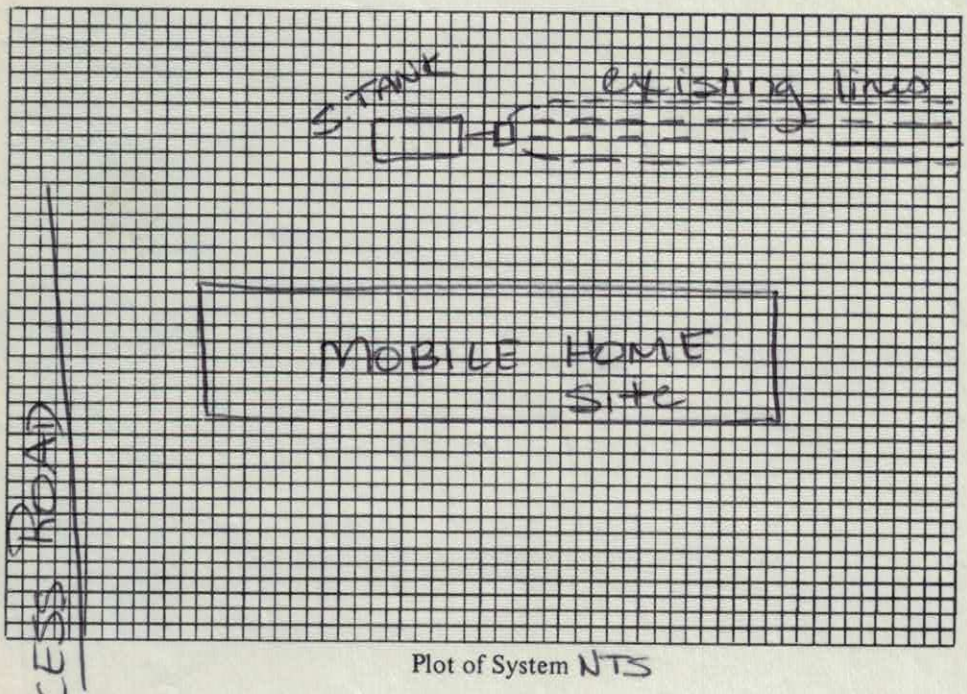
Site Address: 136 Hager Point Ln-Mrsvl.

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

No. Bedrooms 3	No. Bathrooms existing system	Character & Porosity of Soil	existing system
Garbage Disposal Unit	Yes ( ) No ( )	Percolation Rate	
Auto. Dishwasher	Yes ( ) No ( )	Topography	
Auto. Wash. Machine	Yes ( ) No ( )	Depth to Water Table	
Site Suitable	Yes ( ) No ( )	Rock or other impervious formations	

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NTS

Size of Tank existing system Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public (✓)

Community well

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: NO SEWAGE EFFLUENT SEEN ON GROUND SURFACE AT THE TIME OF THIS INSPECTION. SYSTEM SHOWS NO SIGN OF MALFUNCTION.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andre C. Pina DATE 1/28/88

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