4646-64-9592.136-138

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 Joe Pilgrim DATE 6-17-83 PERMIT NO. 203

PHONE: Business _____ Home _____

LOCATION 215 x I77 TR1206

S. R. No. _____

SUBDIVISION NAME Hagers Pt. M.H. Park LOT NO. 33 & 32 SECTION OR BLOCK NO. _____

Site Address: 136-138 Hager Point Ln Mrsvl

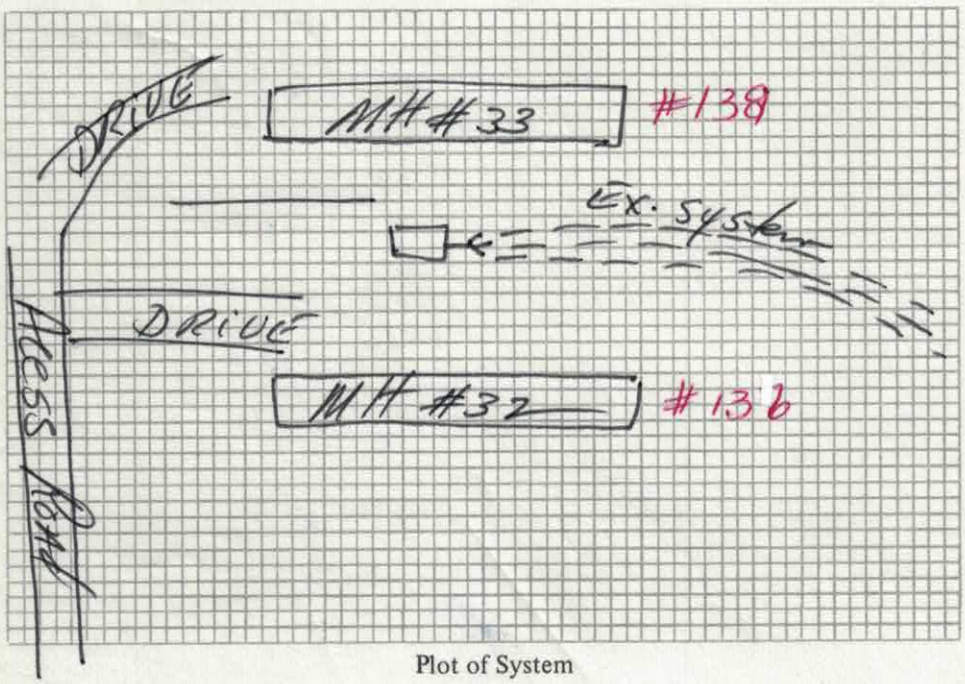
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

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

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ 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 ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system OK at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: [signature] DATE 6-17-83

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