Site Address: 141 Hagar Point Ln - Mooresville

# 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. 04985-(BLANKET PD) DATE 1/6/96 TAX MAP NO. 2J-A-15A 4646-64-9592.141 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR JO HAGAR PHONE: Business _____ Home _____

ADDRESS HAGAR'S PT

LOCATION HWY 25 JR ALLOVE - AT END ON LEFT

SUBDIVISION HAGER'S PT BLOCK / SECTION _____ LOT 22 LOT AREA — SITE CLASS. IS DESIGN FLOW 360GD L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 756 Linear Feet 252

No Lines 3 Trench Width 36" Max Trench Bottom Depth — Gravel Depth —

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

System Description: EXISTING

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

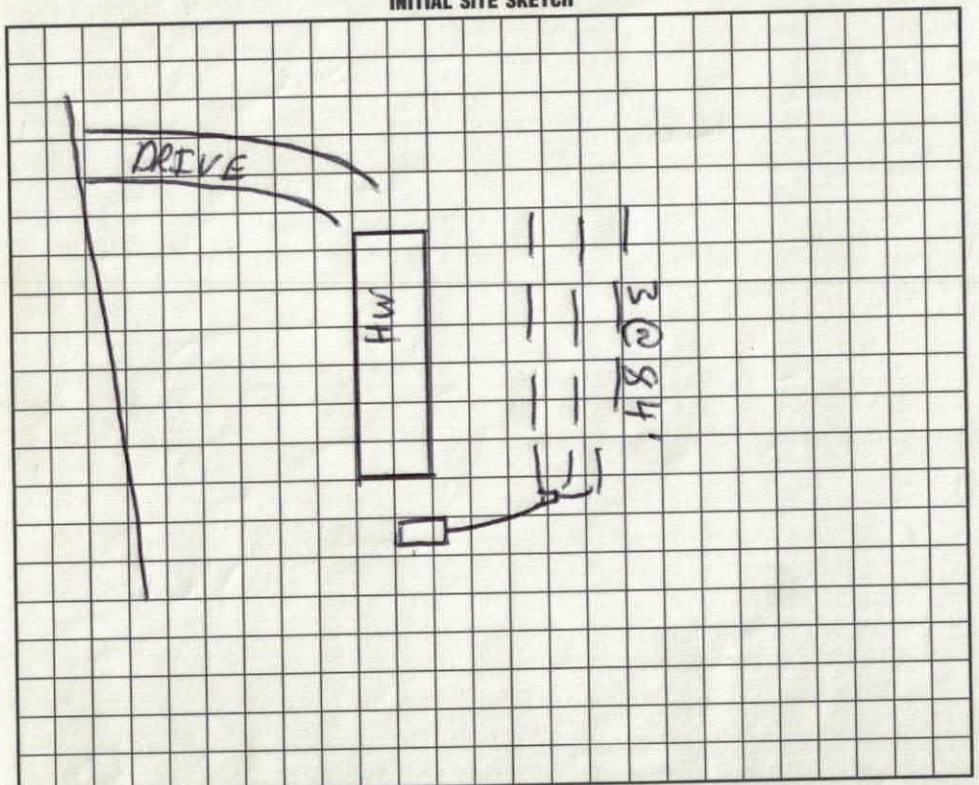
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Community
☐ Public

Comments:

Comments:

**INITIAL SITE SKETCH**




**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.

Signed: Jo Hagar

Improvement Permit by: _____ date _____

Existing System Inspection by: C. Blythe EHS date 1/6/96

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: C. Blythe EHS date 1/6/96

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