4655 859151

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. 16520 DATE 6/23/93 TAX MAP NO. 1D A 105

OWNER OR CONTRACTOR DONALD W. HAGAR (BRADLEY HAGAR) PHONE: Business _____ Home 663-0638

ADDRESS R+1 Box 667 MOORESVILLE, NC

LOCATION FAITH RD. (R) OFF SHEARERS RD. ~ .7 mile from Sheerers Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P L.T.A.R. .25 - .3

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 358 Date 11/12/93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 3' Trench Depth 32" Gravel Depth 12"

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

System Description: CONV.

Repair System Description: CONV.

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

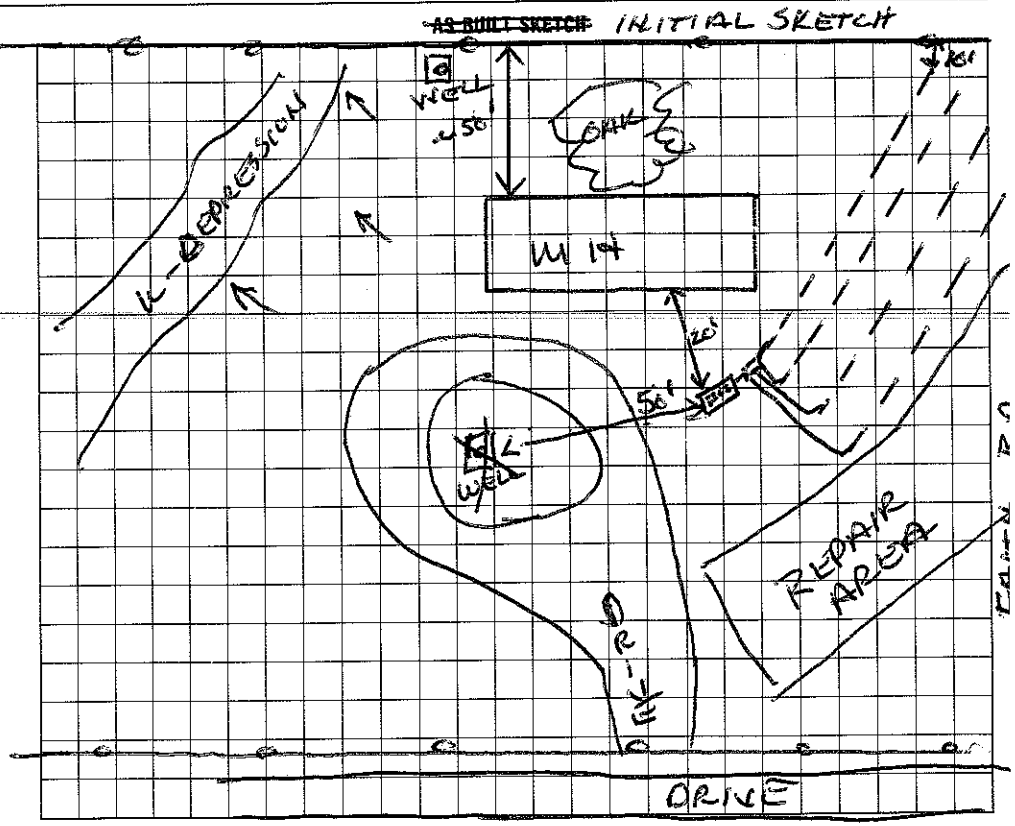
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments FENCE LINE IS PROPERTY LINE
TRENCH DEPTH NO GREATER THAN 30" - LINE TO FOLLOW SLOPE CONTOUR
WELL 50' FROM ALL PARTS OF SEPTIC TANK SYSTEM

~~INITIAL SITE SKETCH~~ AS BUILT SKETCH

Installed as shown AWS

~~AS BUILT SKETCH~~ INITIAL 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: x Bradley Hager

Improvement Permit by: Wesley Sparks RS. date 6/23/93

Existing System Inspection by: _____ date _____

Installed by: Ken Pearson

Certificate of Completion by: Wesley Sparks RS. date 1/6/94

Operation Permit by: _____ date _____

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