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. 19992 DATE 6/16/95 TAX MAP NO. 4K-A-77 (PART) Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR EARLIE C. HAGER PHONE: Business Home 876-3154

ADDRESS RT. 8 BOX 69 STATESVILLE NC 28677

LOCATION NC 115 N TL MIDWAY ROAD TL MIDWAY MHP TR 2ND STREET 2ND MH ON RIGHT

SUBDIVISION MIDWAY MHP BLOCK / SECTION II LOT 25 LOT AREA 100 X155' SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 160 Date 5/18/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

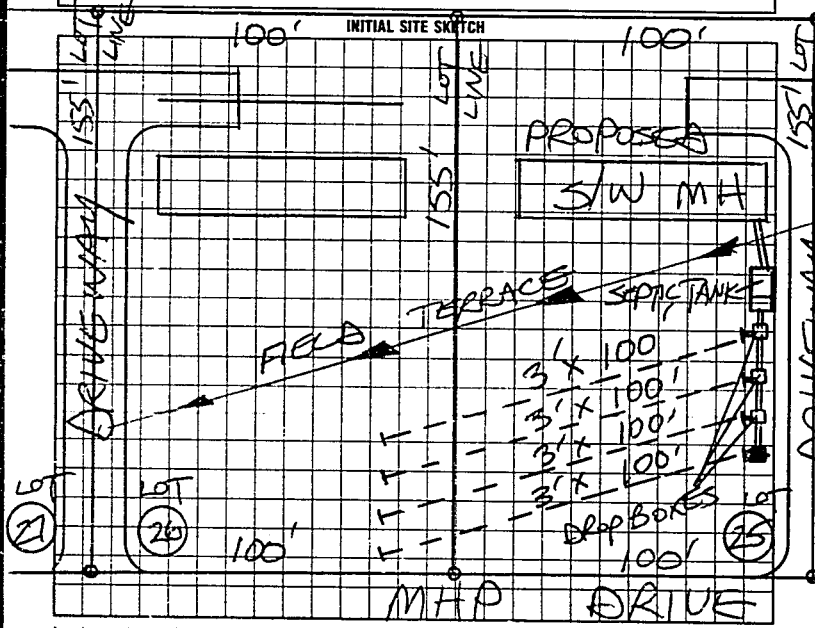
☐ Other _____

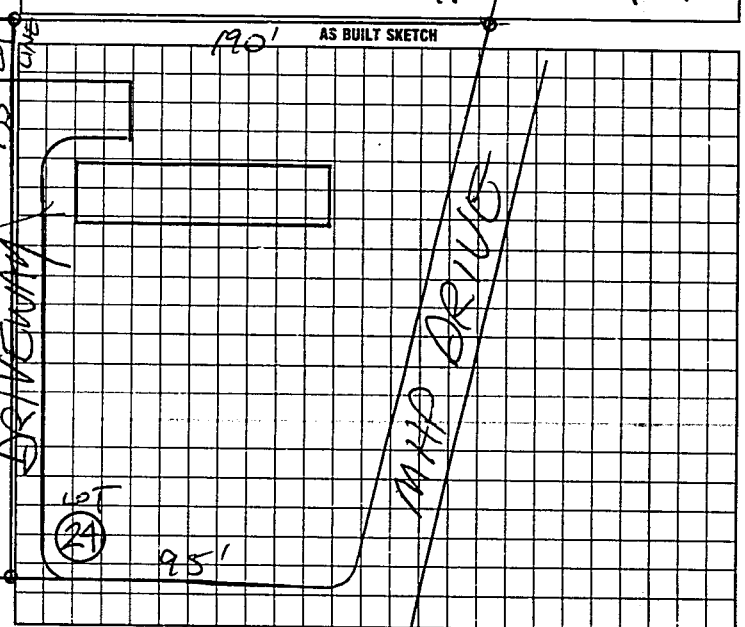
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments:

Comments: SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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 Earlie Hager

Improvement Permit by: STEVE HEDRICK date 6/16/95

Existing System Inspection by: _____ date _____

Installed by: RHYNE BYERS

Certificate of Completion by: STEVE HEDRICK date 6/19/95

Operation Permit by: _____ date _____

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