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. 19997 DATE 6/15/95 TAX MAP NO. 9K-A-77 (PART OF) 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, TL MIDWAY ROAD MHP TR 2ND STREET, 7TH LOT ON RIGHT

SUBDIVISION MIDWAY MHP BLOCK / SECTION II LOT 30 LOT AREA AMPLE SITE CLASS. R3 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 160 Date 5/9/95
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 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: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☐ No

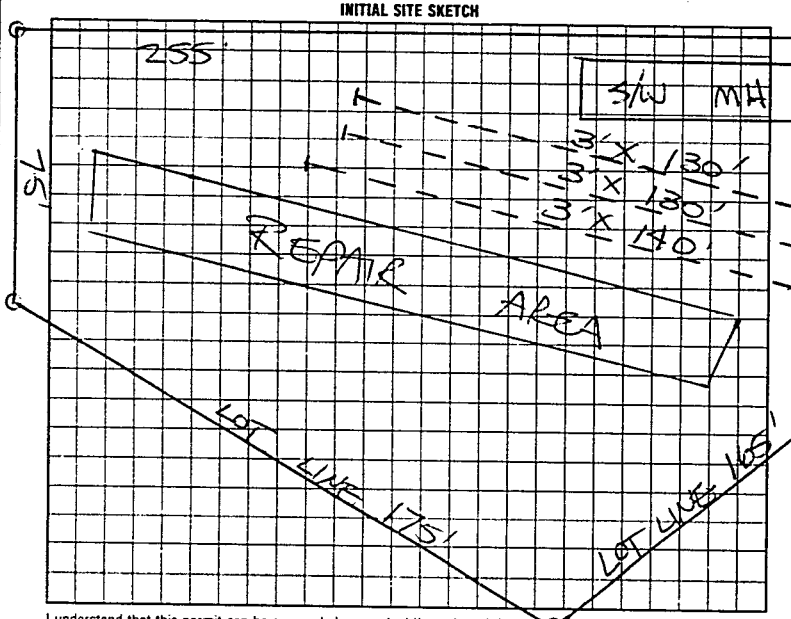
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

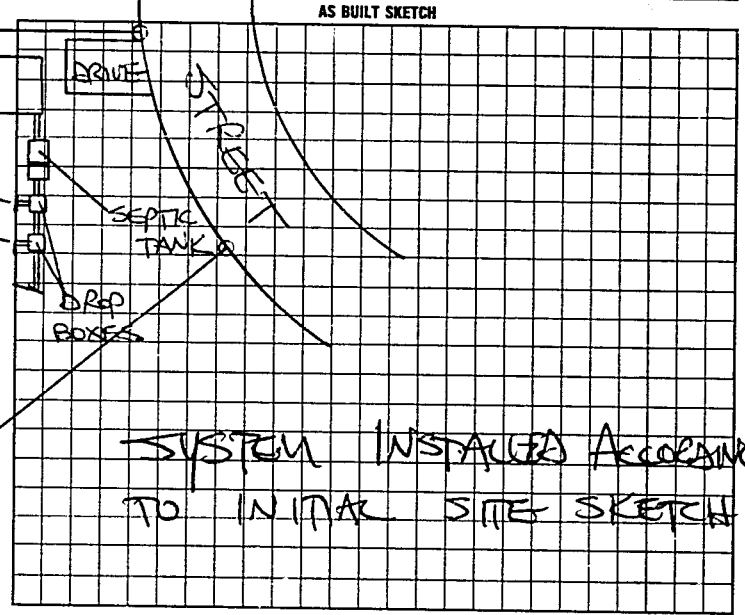
Comments:

Comments:

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: Earlie Hager

Improvement Permit by: STEVE HEDRICK date 6/15/95

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

19700