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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR DAVID RAY MAYBERRY DATE 10-14-92. PERMIT NO. 92-1-A-78.

PHONE: Business _____ Home _____

LOCATION Hwy 90 W - T.R. on Scotts Creek Rd. - T.L. on new Amity Road, - T.R. on Coffey Rd. - 1st 748 on left. S.R. No. _____

SUBDIVISION NAME OAK HILL. LOT NO. 748. SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ DOUBLEWIDE Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area Ample.

Soil Characteristics Prev. Suitable.

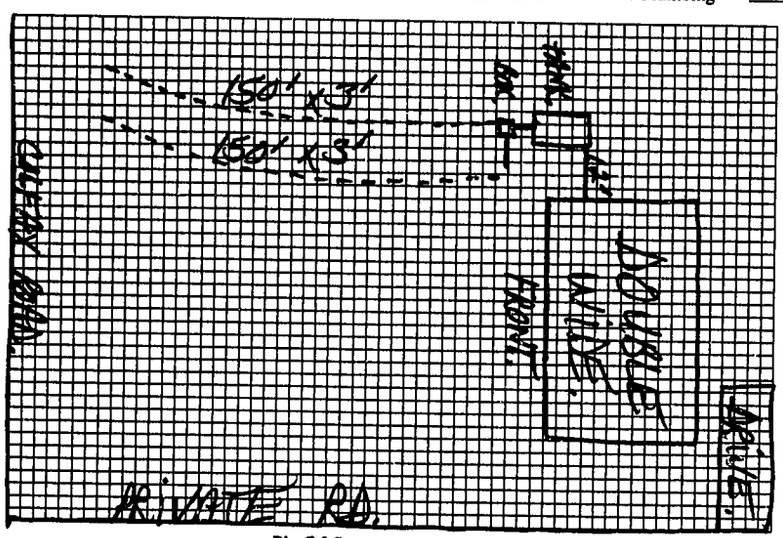
Application Rate .40 / 49 sq. ft.

Topography 2 - 4%

Depth to Water Table 74"

Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by Forest Shuford

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Steve Hedrick

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-14-92.

EXISTING SYSTEM CHECKED BY _____ DATE _____

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold