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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR DAN MAHAFFEY DATE 9-8-92. PERMIT NO. 92-13-A-19.

PHONE: Business _____ Home _____

LOCATION Hwy 90 W-T.R. on Monticello Drive-T.L. on Miller Farm Rd.-T.L. into Piney Oaks Dev.-on ① before cul-de-sac. S.R. No. _____

SUBDIVISION NAME PINEY OAKS DEV. LOT NO. 19. SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics Gray Suitable.

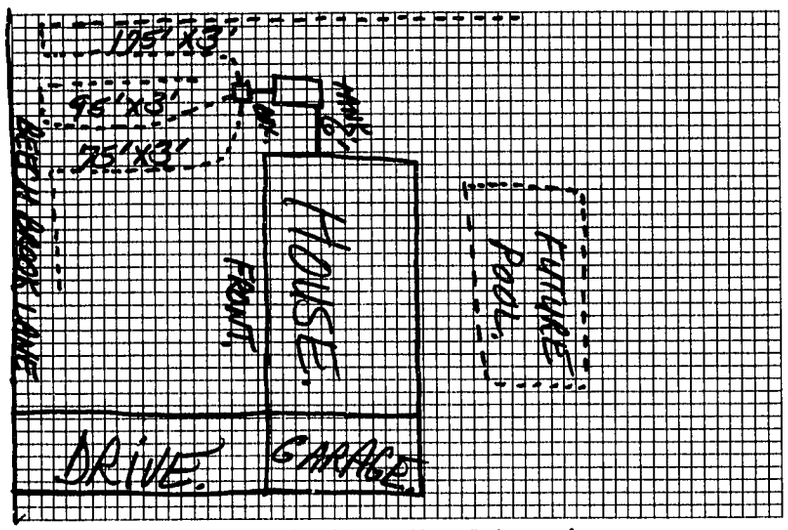
Garbage Disposal Unit Yes ☐ No ☑ Application Rate .35 gal./sq. ft.

Auto. Dishwasher Yes ☑ No ☐ Topography 2-10%

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table 4'+

Lot Area 130' x 375' 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 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by James Hudler

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 9-8-92.

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