CITY

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

00015

OWNER OR CONTRACTOR C. DOUGLAS MADISON JR DATE 2/5/93 PERMIT NO. PART OF 6K-A-85

PHONE: Business 873-0521 Home

LOCATION NC 90 W, TR MONTICELLO DRIVE, TR BRADLEY FARM ROAD, TL CARINGTON LANE, ON (R) JUST BEFORE CUL-DE-SAC S.R. No.

SUBDIVISION NAME CARINGTON LOT NO. 15 SECTION OR BLOCK NO.

House ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~91' x 163'

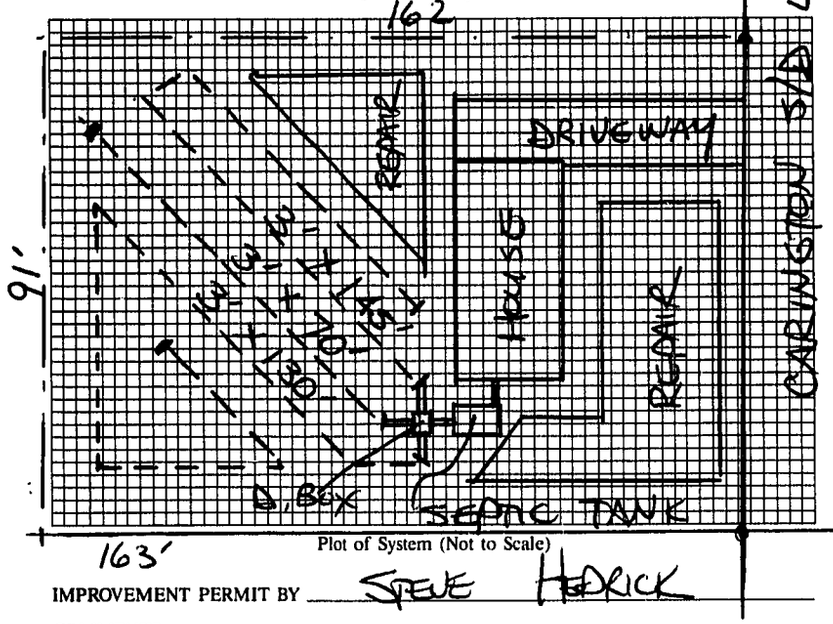
Soil Characteristics PS

Application Rate 0.35 GPD/FT

Topography 4-6% LINEAR / LOAM

Depth to Water Table 74"

Rock or other impervious formations NONE



Plot of System (Not to Scale)

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement ____ Crawl Space

ACP 1/11/3/92

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 A-1 BACKHOE

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 REPAIR AREA IS CONVENTIONAL, PUMP-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 2/5/93

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