Not on Computer

IREDELL COUNTY HEALTH DEPARTMENT

CITY

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

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PART OF

OWNER OR CONTRACTOR C. DOUGLAS MADISON DATE 2/27/93 PERMIT NO. 6K-A-85

PHONE: Business 873-0521 Home

LOCATION NC 90 W, TR MONTICELLO DRIVE, TR BRADLEY FARM ROAD TR CARRINGTON LANE, ON (L) IN CUL-DE-SAC S.R. No.

SUBDIVISION NAME CARINGTON LOT NO. 10 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 AMPLE

Soil Characteristics PS

Application Rate 0.35 GPD/FT

Topography 6-8% LINEAR / GULLY

Depth to Water Table 24"

Rock or other impervious formations NONE

Basement with Plumbing 186' Basement without Plumbing

No Basement ✓ Crawl Space

ACP 9/18/92

Size of Tank 1000 Gals.

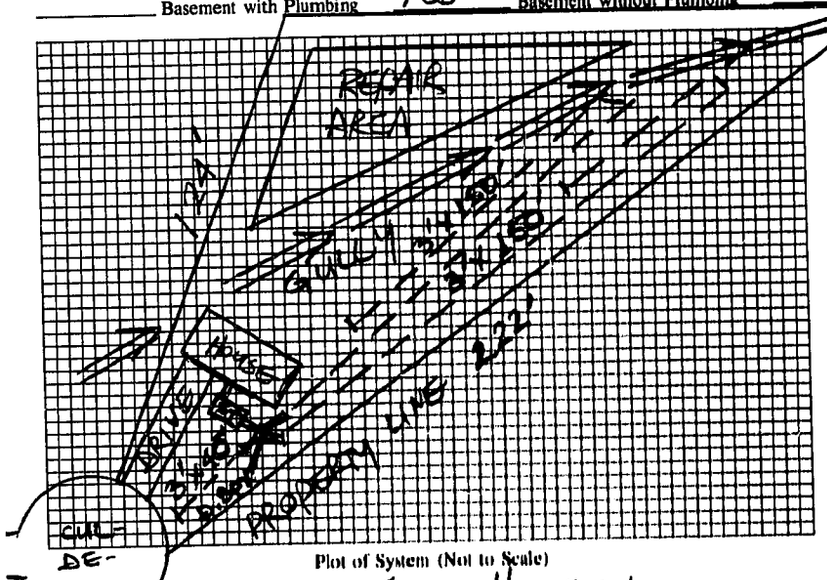
Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑



Plot of System (Not to Scale)

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 (1) REPAIR AREA MAY REQUIRE ALTERNATIVE SYSTEM, PUMP-FED.
(2) LOT IS BISECTED BY GULLY FILLED WITH BRUSH.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 1/27/93

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