IREDELL COUNTY HEALTH DEPARTMENT

CITY IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT 00009

OWNER OR CONTRACTOR C. DOUGLAS MADISON, JR DATE 7/14/92 PERMIT NO. PART OF 6K-A-85

PHONE: Business 873-0521 Home

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

SUBDIVISION NAME CARINGTON LOT NO. 9 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

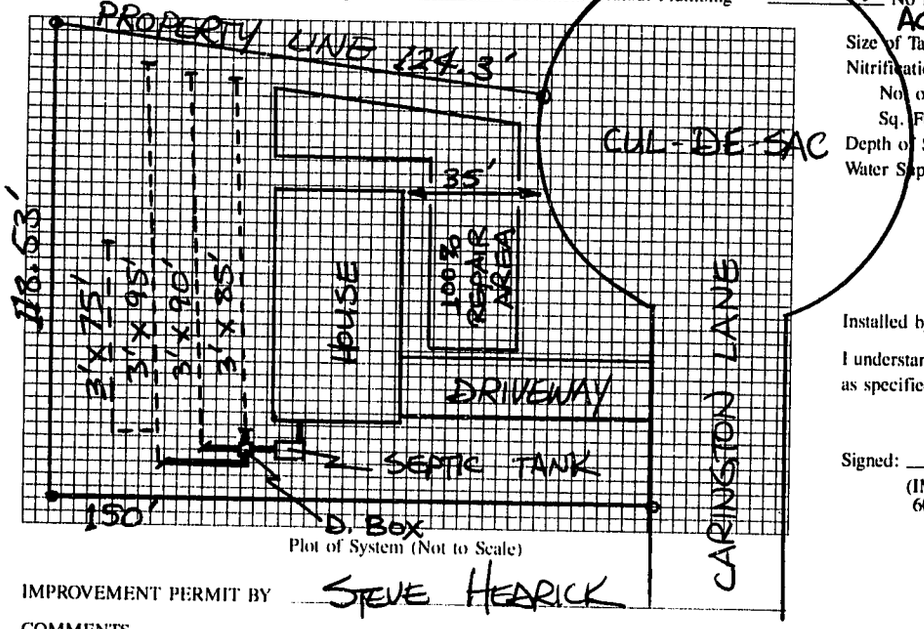
Application Rate 0.35 GPD / FT2

Topography 4-6% LINEAR SLOPE

Depth to Water Table > 4'

Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement [✓] _____ Crawl Space



Plot of System (Not to Scale)

ACP 5/26/92

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 GRAVITY-FED AND MAY REQUIRE AN ALTERNATIVE SEWAGE SYSTEM DESIGN SUCH AS AN LPP OR PPBPS.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 7/14/92

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