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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

PART of

OWNER OR CONTRACTOR C. DOUGLAS MADISON, JR DATE 2/10/93 PERMIT NO. 6K-A-85

PHONE: Business 873-0521 Home _____

LOCATION NC 90 W, TR MONTICELLO DRIVE, TR BRADLEY FARM ROAD, TR CARINGTON LANE, 1ST LOT ON (R) S.R. No. _____

SUBDIVISION NAME CARINGTON LOT NO. 16 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 ~92'X162'

Soil Characteristics PS

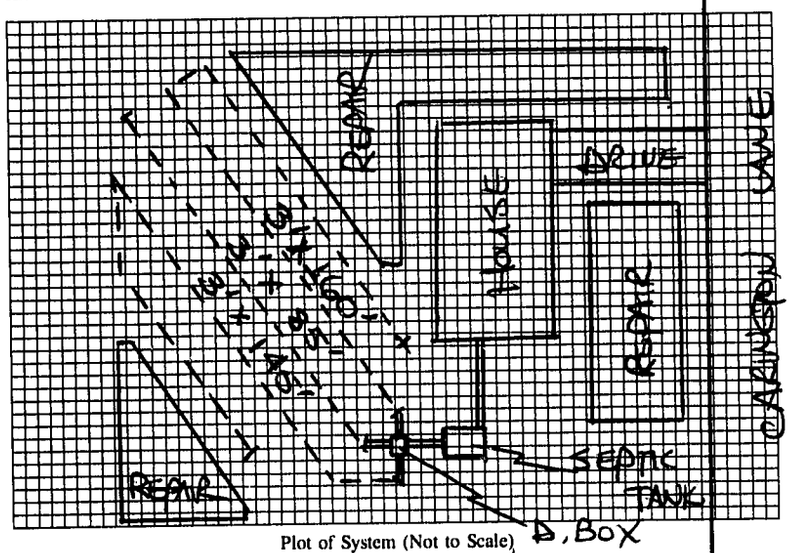
Application Rate 0.35 GPD/FT²

Topography 4-6% LINEAR 341

Depth to Water Table _____

Rock or other impervious formations NONE

_____ 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 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 AREAS ARE 100% CONVENTIONAL, PUMP-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 2/10/93

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