CITY

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

00017

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, TR CARRINGTON LANE, 6TH LOT ON (R) S.R. No.

SUBDIVISION NAME CARINGTON' LOT NO. 17 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 ~93' X 161'

Soil Characteristics P3

Application Rate 0.35 GPD/FT² HEAD

Topography 4-6%

Depth to Water Table 24"

Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ACP 11/30/92 ☑ No Basement _____ Crawl Space

Size of Tank 1000 Gals.

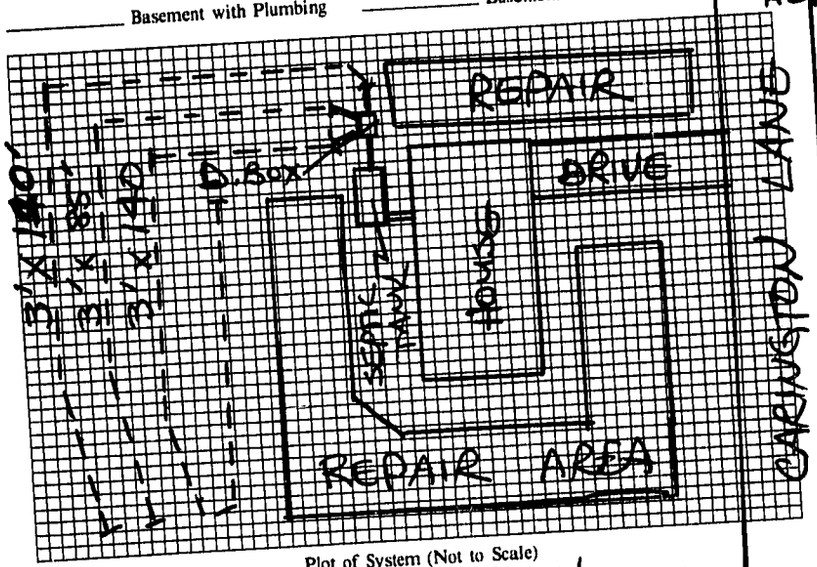
Nitrification Field:

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 REPAIR IS 100% CONVENTIONAL, PUMP/GRAVITY-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