not on Terminal

IREDELL COUNTY HEALTH DEPARTMENT

CITY IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

00019

OWNER OR CONTRACTOR C. DOUGLAS MADISON, JR DATE 10/27/92 PERMIT NO. 6K-A-85

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MONTICELLO DRIVE, TR BRADLEY FARM ROAD, TR CARINGTON LANE, 4TH LOT ON (R) S.R. No. _____

SUBDIVISION NAME CARINGTON LOT NO. 19 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 94' x 159'

Soil Characteristics PS

Application Rate 0.35 GPD/FT²

Topography 4-6 % LINEAR

Depth to Water Table >2'

Rock or other impervious formations NONE

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

ACP 9/9/92

Size of Tank 1000 Gals.

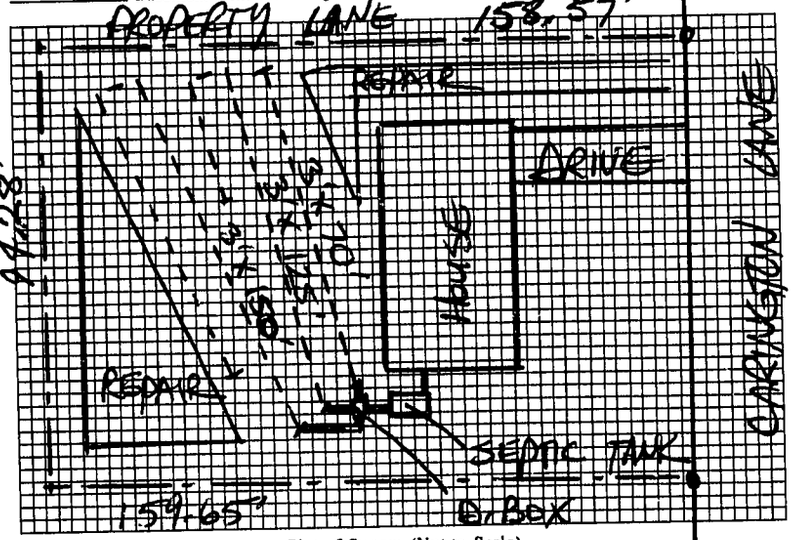
Nitrification Field:

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 _____

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 100% CONVENTIONAL GRAVITY-FED / PARTIAL PUMP-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE _____

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