IREDELL COUNTY HEALTH DEPARTMENT

CITY IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

000 22

OWNER OR CONTRACTOR C. DOUGLAS MADISON, JR DATE 7/16/92 PERMIT NO. 6K-A-85

PHONE: Business 873-0521 Home

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

SUBDIVISION NAME CARINGTON LOT NO. 22 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. Maching Yes [✓] No [ ]

Lot Area ~96' x 155'

Soil Characteristics PS

Application Rate 0.40 GPD / FT2

Topography 2-4% LINEAR SLOPE

Depth to Water Table >4'

Rock or other impervious formations NONE

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

ACP 7/16/92

Size of Tank 1000 Gals.

Nitrification Field:

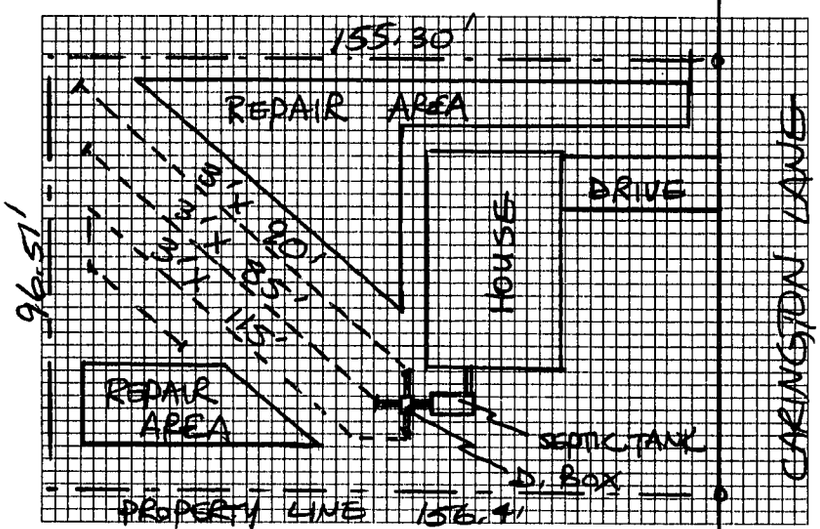
No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

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 AREA IS PARTIAL PUMP / PARTIAL GRAUTY-FED 100% CONVENTIONAL DRAIN LINES.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 7/16/92

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