Crandall + O Brien

6K-21-A-6
46358

CITY
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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

PART of 6

OWNER OR CONTRACTOR C. DOUGLAS MADISON, JR DATE 5/10/93 PERMIT NO. 6K-A-85

PHONE: Business _____ Home _____

LOCATION NC 90W, TR MONTICELLO DR, TR BRADLEY FARM RD, TR CARRINGTON LANE, GTN LOTON. (L) S.R. No. _____

SUBDIVISION NAME CARRINGTON LOT NO. 6 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 100'x150'

Soil Characteristics PS

Application Rate 0.35 GPD/FT²

Topography 4-6% LINEAR

Depth to Water Table >4'

Rock or other impervious formations NONE

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

Size of Tank ACO 3/1/94 1000 Gals.

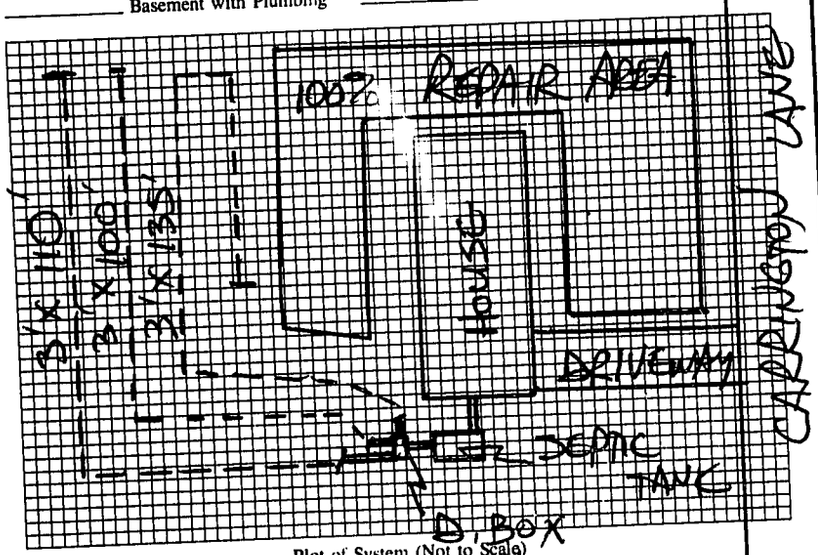
Nitrification Field:

No. of Lines 3

Sq. Ft. 105 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 AREA IS 100% CONVENTIONAL, GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 5/10/93

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