IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

56918

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. Statesville DATE 6-22-95 TAX MAP NO. 6K-22-A-34 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR C. Douglas matison PHONE: Business 873-0574 Home 8

ADDRESS 1805 Sapphire Rd Statesville

LOCATION old NC 115 TR Gantlestick TL Carthury 3rd lot left

SUBDIVISION Canterbury BLOCK / SECTION ____ LOT 34 LOT AREA .3444acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .28

Septic Tank: 1000 Gallons; STB 1794 Date 9-13-95

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 970 Linear Feet 330

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity Infiltrator

Repair System Description: Pumped LPP Across Front

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

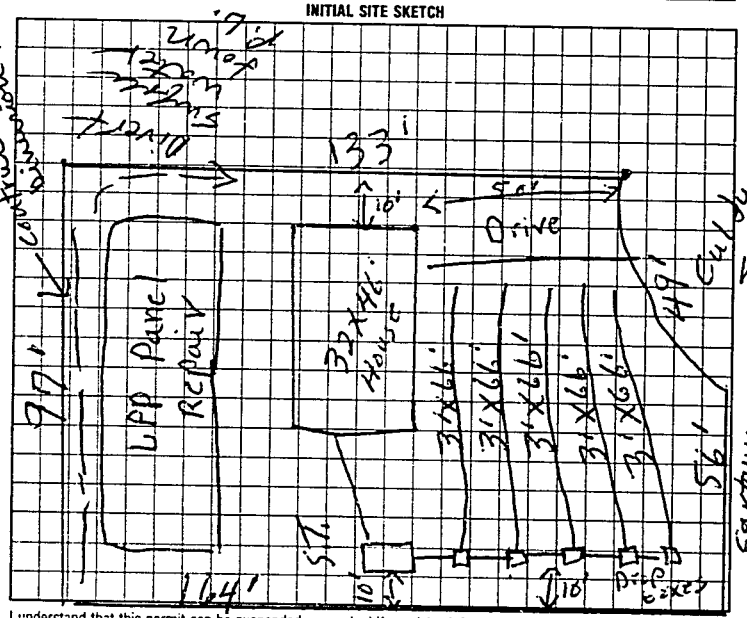
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

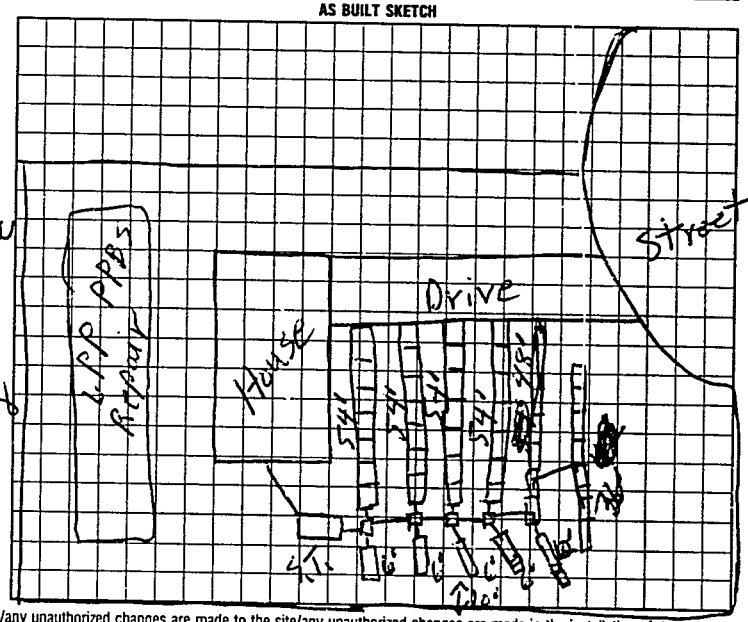
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: X Dick Crandall

Improvement Permit by: P.C. Moore date 6-22-95

Existing System Inspection by: ____ date ____

Installed by: A-1 Backhoe

Certificate of Completion by: ____ date ____

Operation Permit by: P.C. Moore date 11-29-95

HEALTH DEPT COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD