53846

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. CITY DATE 12/16/94 TAX MAP NO. 6K-22-A-35 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR C. DOUGLAS MADISON PHONE: Business Home 873-0521

ADDRESS 1805 SAFRIET ROAD STATESVILLE NC 28677

LOCATION NC 115 N, TL OLD WILKESBORO ROAD, TR CANDLESTICK, TL CARTWAY, 3RD LOT ON LEFT

SUBDIVISION CANTERBURY BLOCK / SECTION II LOT 35 LOT AREA 89x182x19x76x169 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 12/19/94
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQUIVALENT FT 1035 Linear Feet 258
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24-36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: CHAMBERED GRAVITY
Repair System Description: CHAMBERED PUMP
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

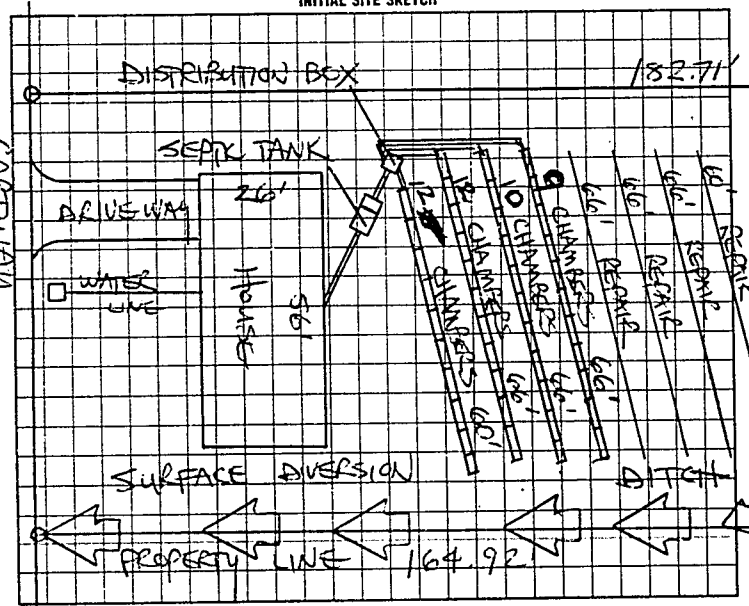
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply:
☐ Individual
☐ Community
☒ Public

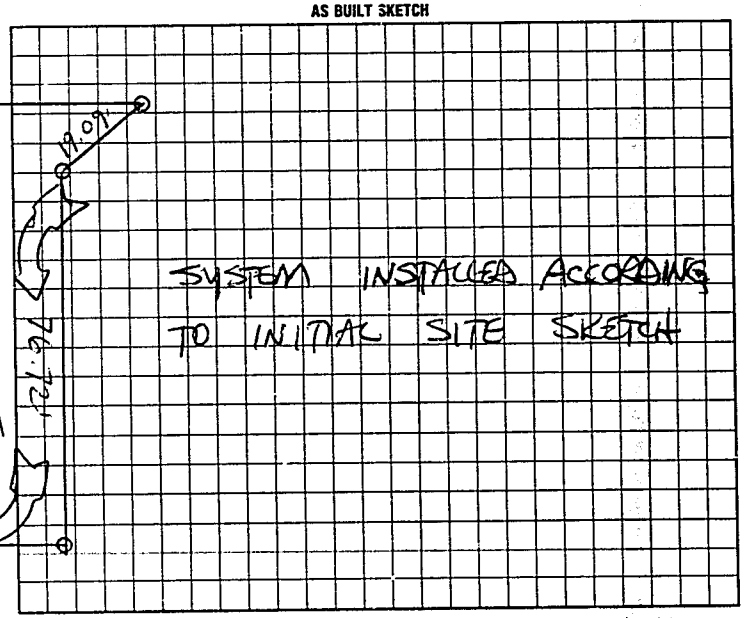
Comments: ① INSTALL 43 CHAMBERS AS SHOWN USING PARALLEL DISTRIBUTION ② FOLLOW MANUFACTURERS DIRECTIONS OF INSTALLATION ③ INSTALL SURFACE DIVERSION DITCH AT LOCATION SHOWN.

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: ____

Improvement Permit by: STEVE HEDRICK date 12/16/94

Existing System Inspection by ____ date ____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 2/9/95

Operation Permit by: ____ date ____

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

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