# IREDELL COUNTY HEALTH DEPARTMENT

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

55753

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

PROPERTY DESCRIPTION NO. CITY DATE 5/3/95 TAX MAP NO. 6K-22-A-28 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR C. DOUGLAS MADISON PHONE: Business 871-1536 Home 873-0521

ADDRESS 1805 SAFRIET ROAD. STATESVILLE, NC 28677

LOCATION NC 115 N TL OLD WILKESBORO RD, TR CANDLESTICK, TL CARTWAY LN, 2ND LOT on (R)

SUBDIVISION CANTERBURY BLOCK / SECTION II LOT 28 LOT AREA 106 x 140 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3 GAD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 6-8-95

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model EQUIVALENT Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

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: CHAMBERED GRAVITY-FED

Repair System Description: CHAMBERED GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

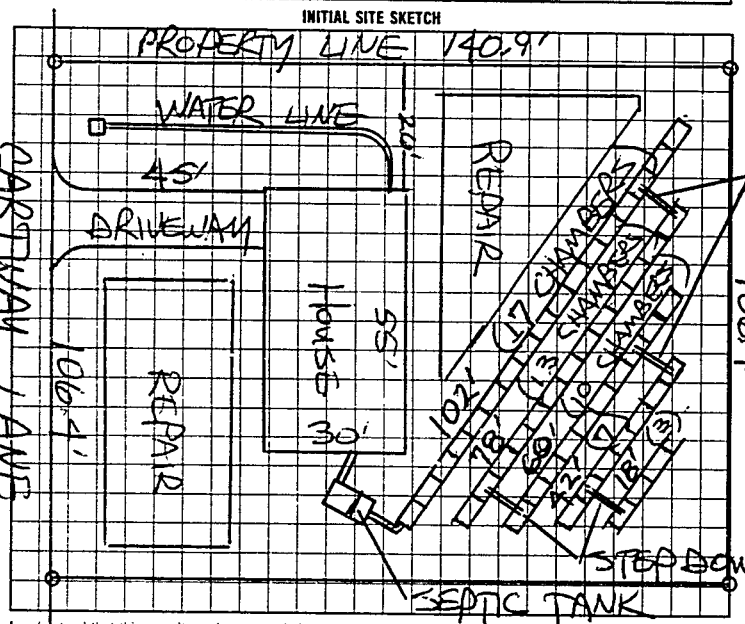
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: USE 50 GRAVELESS CHAMBERS IN LINES AS SHOWN USING SERIAL DISTRIBUTION.

Comments:

### INITIAL SITE SKETCH




### AS BUILT SKETCH

STEP DOWNS

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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 5/3/95

Existing System Inspection by: ____ date ____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 8-10-95

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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