IREDELL COUNTY HEALTH DEPARTMENT

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

55752

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

PROPERTY DESCRIPTION NO. CITY DATE 5/3/95 TAX MAP NO. 6K-22-A-36 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 WILKESBURO ROAD TR CANDLESTICK, TL CARTWAY, 2ND LOT ON LEFT

SUBDIVISION CANTERBURY BLOCK / SECTION II LOT 36 LOT AREA 75K 26/K 110 K/SITE CLASS. _____ DESIGN FLOW 1 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 6-18-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model EQUIV/ALL Serial No. _____

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

No Lines 7 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

Repair System Description: CHAMBERED PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

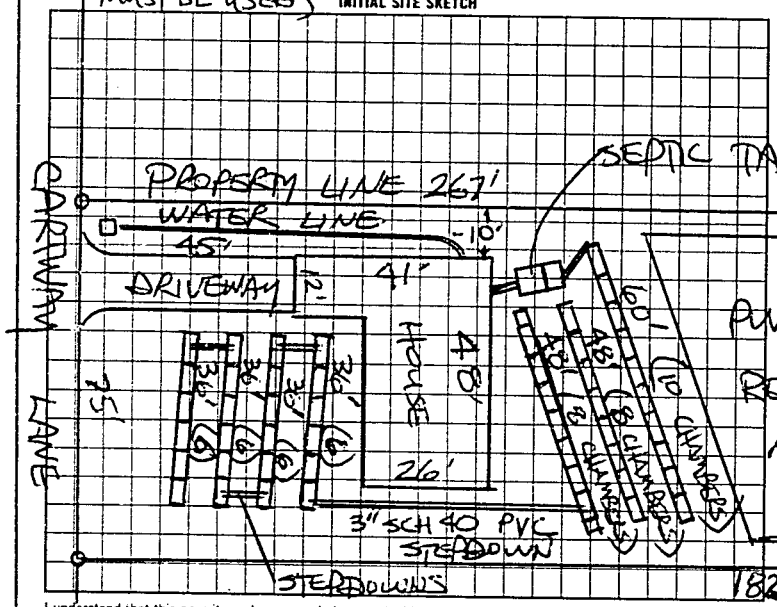
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

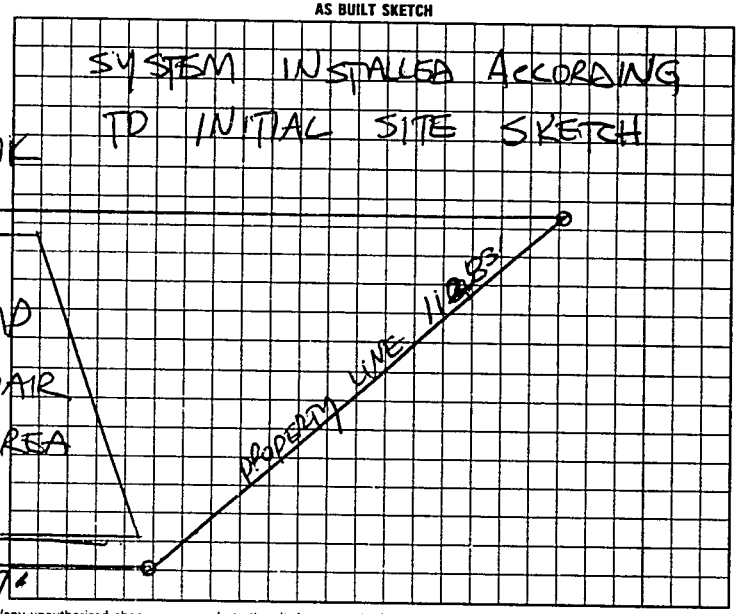
Comments: INSTALL 80 CHAMBERS AS SHOWN USING SERIAL DISTRIBUTION & INSTALL SEPTIC TANK AT GRADE SO DEEPEST LINE IS MAXIMUM 36" DEEP (OTHERWISE, PUMP MUST BE USED)

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 5/2/95

Existing System Inspection by: _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 7-21-95

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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