56625

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. statesville DATE 6-23-95 TAX MAP NO. 6K-22-A-27 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR C.C. Douglas Madison PHONE: Business 873-0521 Home ~~873-0521~~

ADDRESS 1805 Second Ave. Statesville

LOCATION Old 115 N TR Candlestick Drive Corner Cartway

SUBDIVISION canterbury BLOCK / SECTION II LOT 27 LOT AREA 92'X170' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3 gal/sq'/day

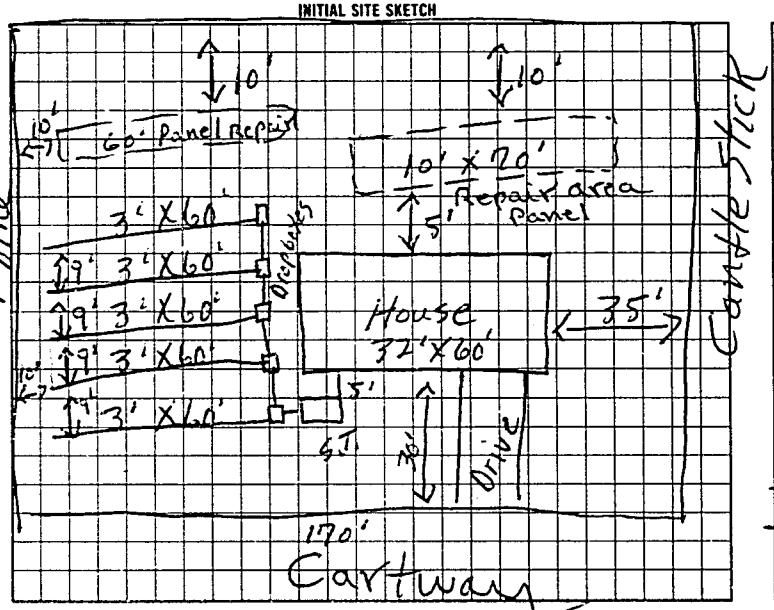
Septic Tank: 1000 Gallons; STB 794 Date 6-23-95	☐ New System ☐ Repair System Type: I, II, ☑ III, IV, V, VI	☑ House/Mod. Home No. Bedrooms 3	Water Supply:
Pump Tank: — Gallons; PT — Date —	System Description: Gravity Infiltrator	☐ Mobile Home No. Bathrooms 2	☐ Individual
Pump Make: — Model — Serial No. —	Repair System Description: " / Presspierck Panel	☐ Business No. Employees —	☐ Community
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300	Maintenance Agreement Required: ☐ Yes ☑ No	☐ Other —	☐ ~~Public~~
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A	☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o/plumbing		

Comments:

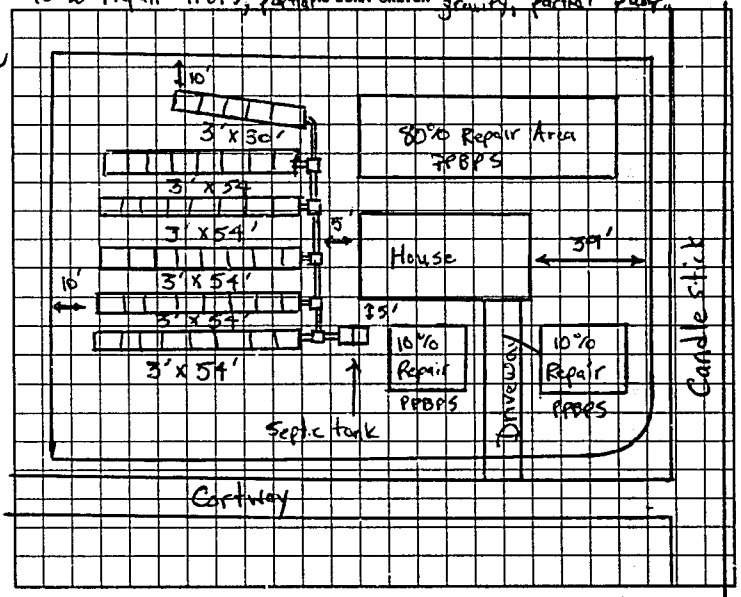
Comments: 100% Repair changed due to house being built too close to back Property line, could not get lengths of lines initially laid out, 39' from property line on Candlestick Side instead of 35'. Shown on drawing on as built sketch

100% Repair PPBPS, partial gravity, partial pump

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: R. C. Moore date 6-23-95

Existing System Inspection by: — date —

Installed by: A-1 Backhoe

Certificate of Completion by: — date —

Operation Permit by: Michael G. Dennis date 9-29-95

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

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