54609

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 2/2/95 TAX MAP NO. 6K-22-A-37 Watershed: ☐ Yes ☑ No

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

ADDRESS 1805 SAFFRET ROAD STATESVILLE NC 28677

LOCATION NC 115 N TO OLD WILKESBORO RD TR CANDLESTICK DRIVE 8TH LOT ON LEFT

SUBDIVISION CANTERBURY BLOCK / SECTION II LOT 37 LOT AREA 90' X 170' SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 2/21/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

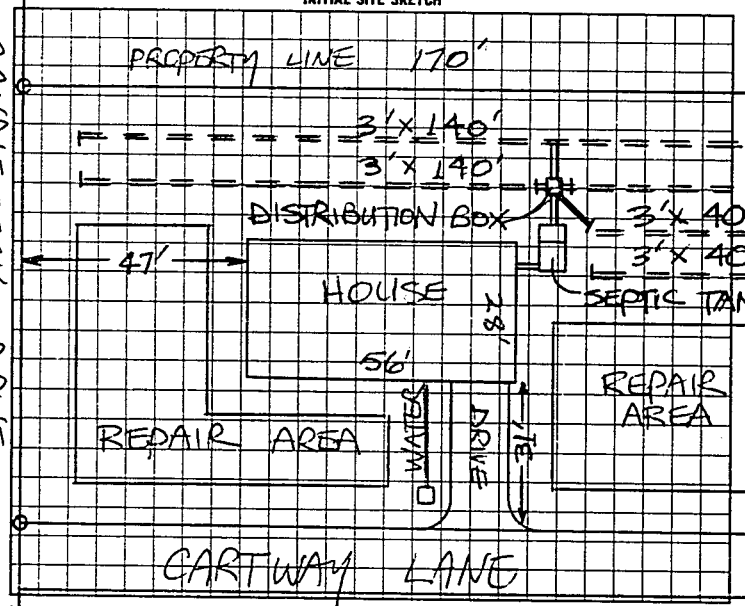
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

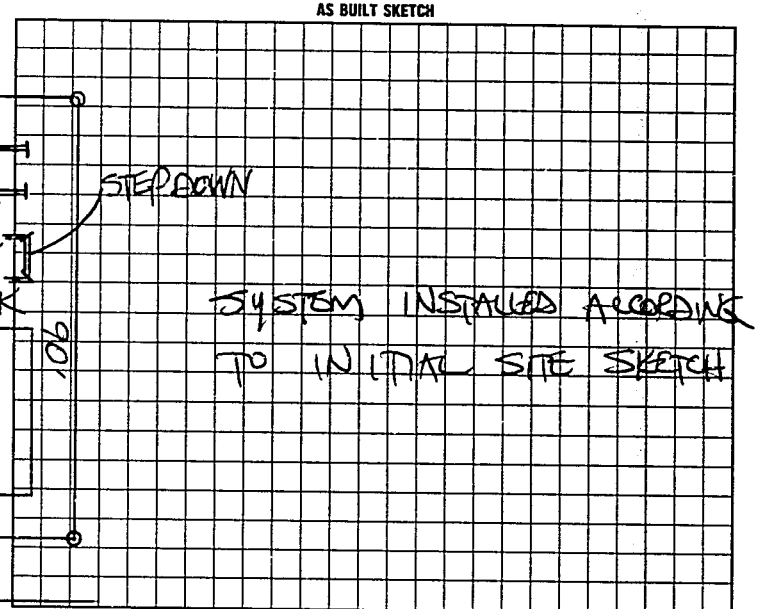
Comments: ① KEEP SYSTEM MINIMUM 5' FROM HOUSE 10' FROM PROPERTY LINE, ② INSTALL LINES ON CONTOUR NO DEEPER THAN 36", 9' APART MINIMUM ON CENTER

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



CANDLESTICK DRIVE

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 2/2/95

Existing System Inspection by: _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 4/26/95

Operation Permit by: _____ date _____

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

6 7 2 1 0 0