~~Not Issued~~ 6K-22-A-2 50901

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 4/12/94 TAX MAP NO. 6M-A-16 (2) Watershed: ☐ Yes ☒ No

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

ADDRESS 1805 SAFRIET ROAD STVL, NC 28677

LOCATION NC115N TR OLD WILKESBORO RD, TR CANDLESTICK DRIVE 2ND LOT ON (R)

SUBDIVISION CANTERBURY BLOCK / SECTION _____ LOT 3 LOT AREA 100 X 150 SITE CLASS. PS' DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 4/21/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 7 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: CONV. GRAVITY

Repair System Description: CONV // PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

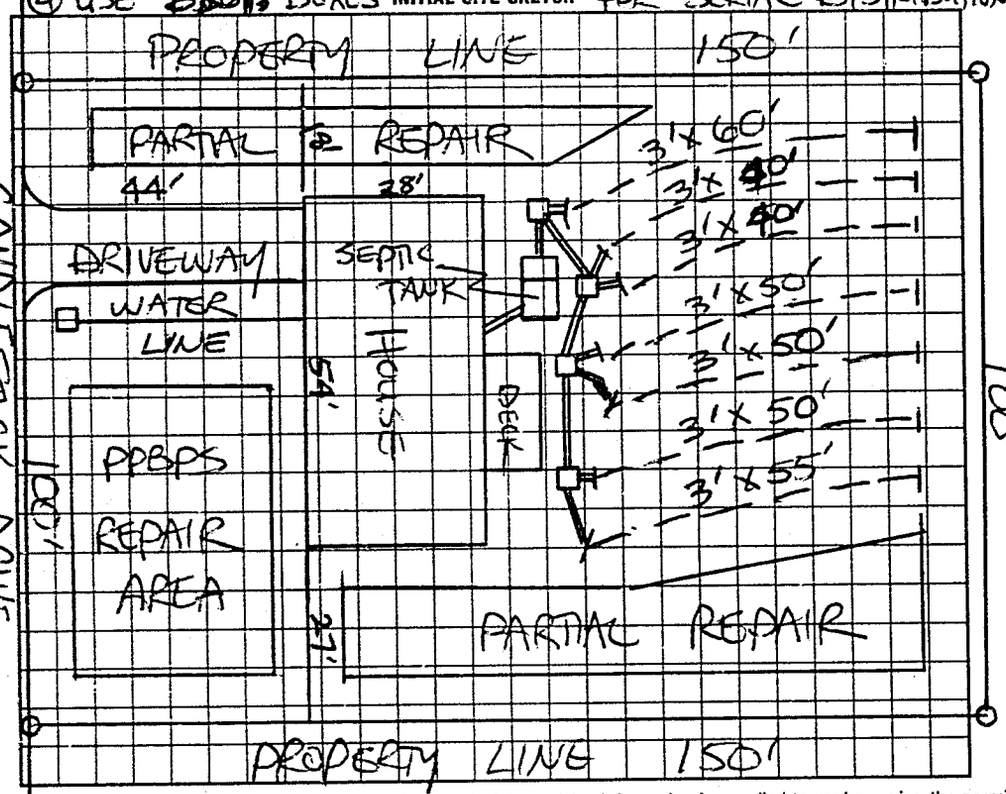
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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 (3) PARTIAL CONV. GRAVITY // PARTIAL PPBPS REPAIR (4) USE ~~DSGP~~ BOXES FOR SERIAL DISTRIBUTION

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL 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 4/12/94

Existing System Inspection by: _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 6/3/94

Operation Permit by: _____ date _____

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