Lot 43 2nd one not located

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 10/20/94 TAX MAP NO. 6K-22-A-24 Watershed: ☐ Yes ☒ No

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

ADDRESS 1805 SAFRIET RD, STATESVILLE, NC 28677

LOCATION NC115N TL OLD WILKESBORO RD, TR CANDLESTICK DRIVE TL CHALICE COURT 2ND LOT ON (L)

SUBDIVISION CANTERBURY BLOCK / SECTION II LOT 24 LOT AREA 93x25x132x151x28 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 11/27/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 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. PUMP/GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

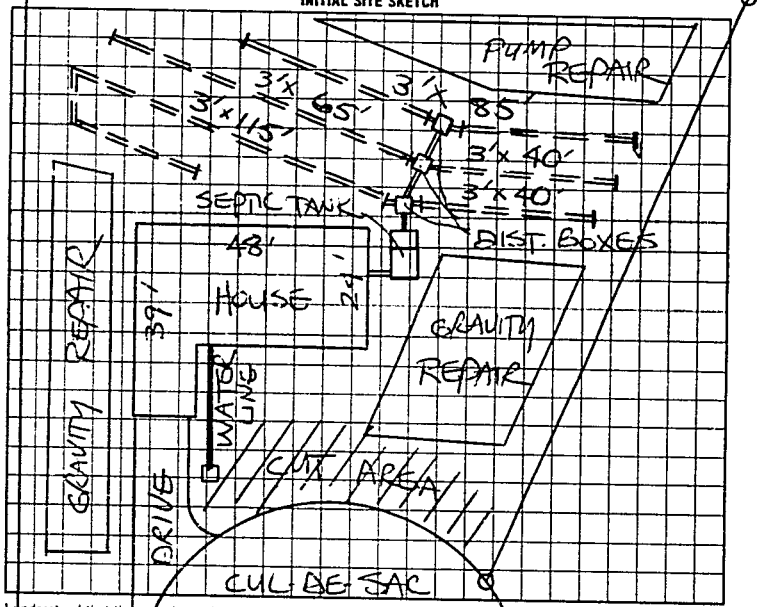
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

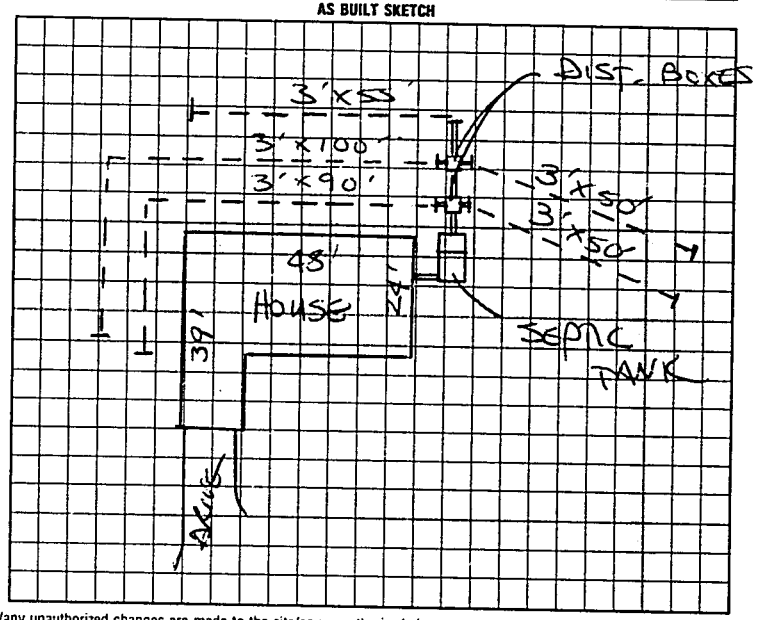
Comments: ① KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE ② INSTALL LINES AS SHOWN ON CONTOUR, NO DEEPER THAN 36", 9' O.C.

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 valid for 60 months from date of issuance.

Signed: Dick Crumbaker (CARL SOAR)

Improvement Permit by: STEVE HEDRICK date 10/20/94

Existing System Inspection by: CHALICE COURT date

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 1/4/95

Operation Permit by _____ date _____

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

E 9 2 1 0 0