# 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 8-11-95 TAX MAP NO: 6K-22-A-19 Watershed: ☐ Yes ☑ No

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

ADDRESS 1805 SAFRIET DR STATESVILLE NC 28677

LOCATION NC 115 N TL OLD WILKESBORO RD TR CANDLESTICK DR, LAST LOT ON LEFT

SUBDIVISION CANTERBURY BLOCK / SECTION II LOT 17 LOT AREA 0.3459 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT

Septic Tank: 1000 Gallons; STB 794 Date 8-29-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 6 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: PBDS GRAVITY-FED

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

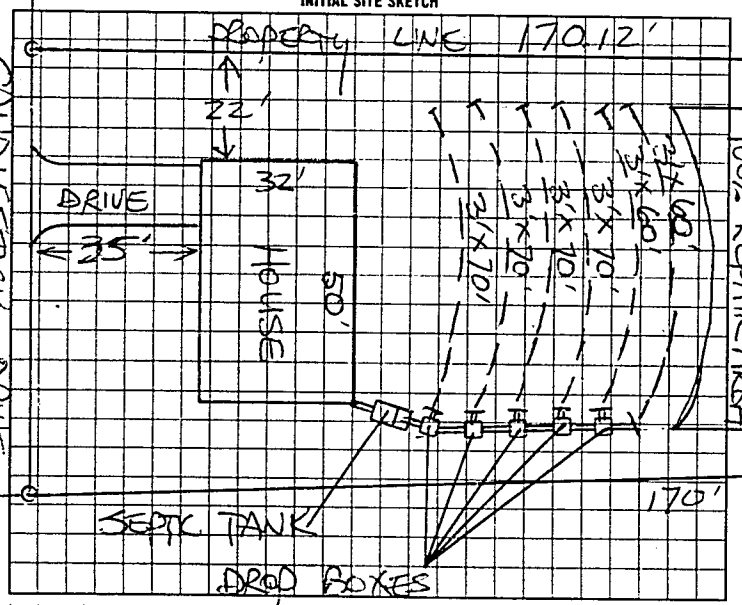
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

Comments:

INITIAL SITE SKETCH




AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL 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.

Signed X Rick Crandall

Improvement Permit by STEVE HEDRICK date 8-11-95

Existing System Inspection by _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: _____ date _____

Operation Permit by STEVE HEDRICK date 2-27-96

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

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