IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

54608

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. CITY DATE 2/2/95 TAX MAP NO. 6K-22-A-26 Watershed: ☐ Yes ☑ No

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

ADDRESS 1805 SAFRIET ROAD, STATESVILLE NC 28677

LOCATION NC 115N TL OLD WILKESBORO ROAD, TR CANDLESTICK DRIVE 10th LOT ON LEFT

SUBDIVISION CANTERBURY BLOCK / SECTION II LOT 26 LOT AREA 85.35 x 170' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 3/22/95
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 3 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: ~~CHAMBER~~ GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

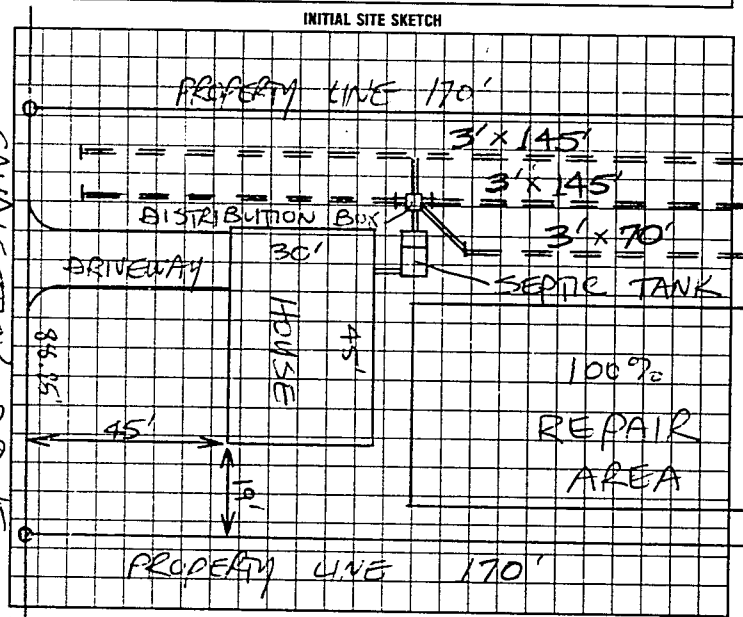
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

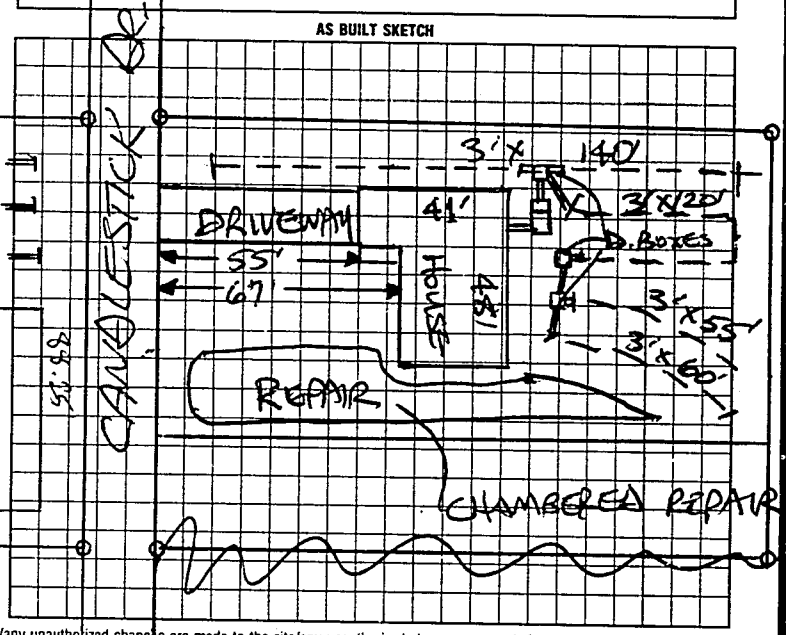
Comments: ① KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART O.C.

Comments: REVISED 5/25/95

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: ____

Improvement Permit by: STEVE HENDRICK date 2/2/95

Existing System Inspection by ____ date ____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HENDRICK date 5/25/95

Operation Permit by: ____ date ____

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

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