Paid #300 1/4/96 mB. RELAYOUT - VOIDS PREVIOUS ISSUED 7-11-95 058874

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 1-4-96 TAX MAP NO 6K-22-A-15 Watershed: ☐ Yes ☑ No

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

ADDRESS 1805 SATTERFIELD ROAD STATESVILLE NC 28677

LOCATION NC 115N TO OLD WILKESBORO HWY TR CANDLESTICK 1ST LT ON RIGHT

SUBDIVISION CANTERBURY BLOCK / SECTION II LOT 15 LOT AREA 100'X150' SITE CLASS 1PS DESIGN FLOW 360 L.T.A.R. 0.3 gpd/ft²

Septic Tank 1000 Gallons; STB 794 Date 3-1-96
Pump Tank ____ Gallons; PT ____ Date ____
Pump Make: ____ Model EQUIVALENT Serial No. ____
Nitrification Field: No Fields 1 Square Feet 70 to 1200 Linear Feet 300
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24-30 Gravel Depth N/A

☑ New System ☐ Repair System Type: I II III IV V VI
System Description CHAMBERED GRAVITY
Repair System Description: PPBPS PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

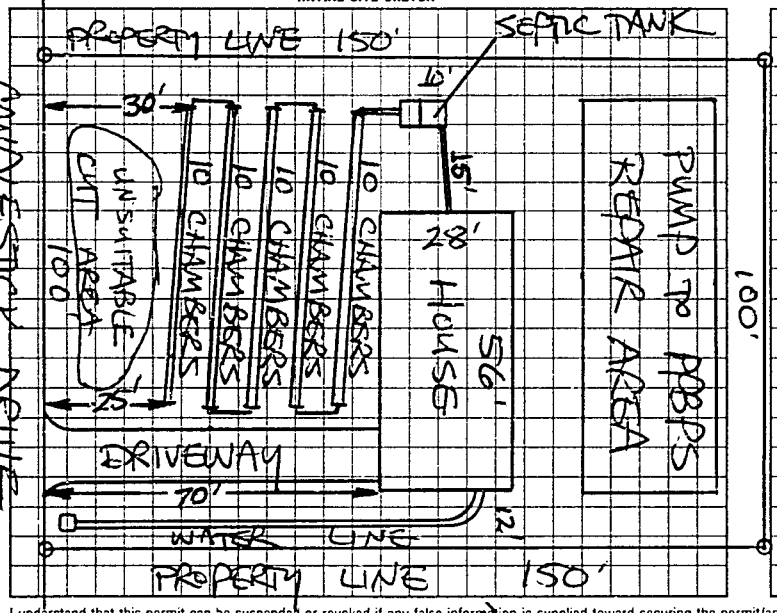
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments ① KEEP SYSTEM 10' FROM WATER LINE
② USE 50' CHAMBERS IN FIVE LINES AS SHOWN USING 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.

AUTHORIZATION TO CONSTRUCT IS VALID FIVE(5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE.

Signed: Richard Crandall Installed by: A-1 BACK HOE

Improvement Permit by: STEVE HENDRICK date 1-4-96

~~Certificate of Completion by:~~ ____ date ____

AUTHORIZATION TO CONSTRUCT Inspection by: STEVE HENDRICK date 1-4-96

Operation Permit by: STEVE HENDRICK date 4-4-96

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

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