IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 53055

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

PROPERTY DESCRIPTION NO. CITY DATE 10/3/94 TAX MAP NO. 6K-22-A-12 Watershed: ☐ Yes ☒ No

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

ADDRESS 1805 SAFRIET ROAD, STATESVILLE, NC 28677

LOCATION NC 115 N, TL OLD WILKSBORO RD, TR CANTLESTICK DRIVE, 12th LOT ON RIGHT

SUBDIVISION CANTERBURY BLOCK / SECTION ____ LOT 12 LOT AREA 100X150 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .033 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 11/7/94

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

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 GRAV.

Repair System Description: PPBPS GRAVITY

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

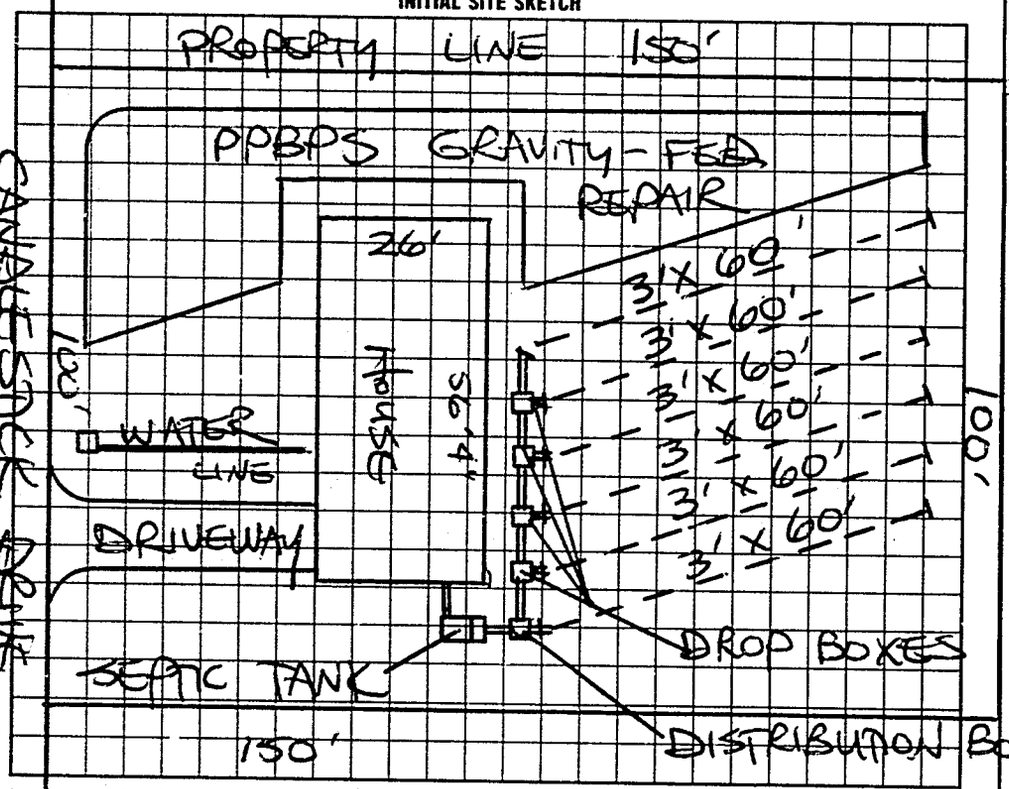
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

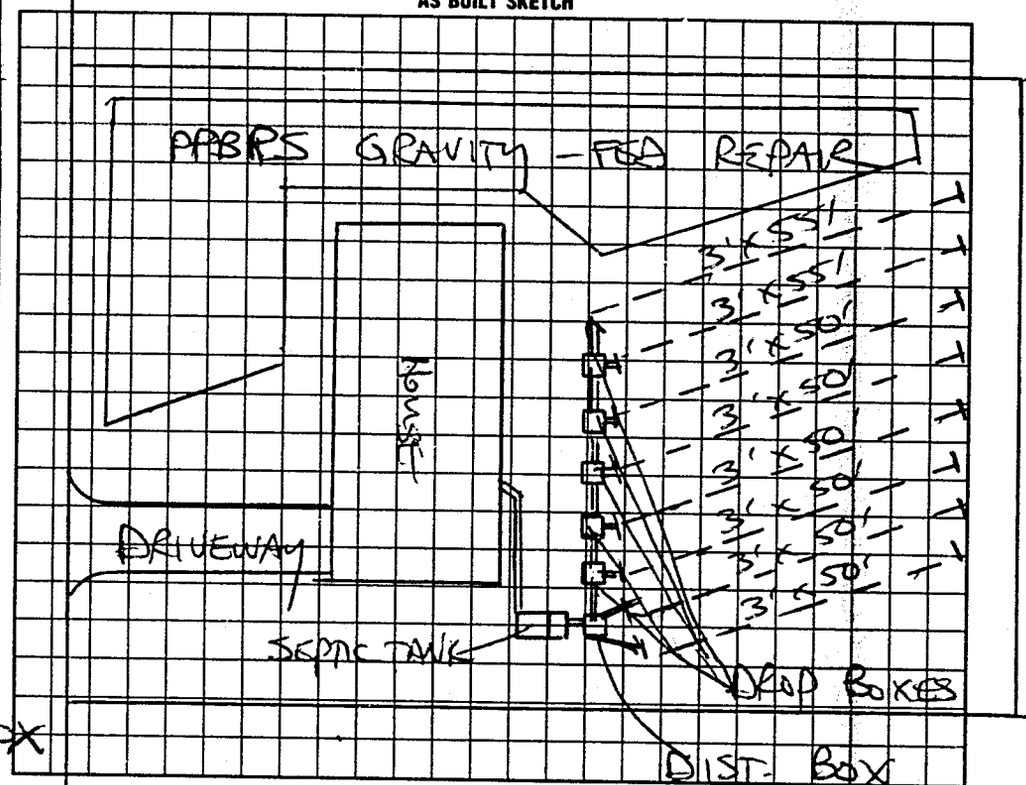
Comments: ① KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE, 10' FROM WATER LINE ② INSTALL LINES ON CONTOUR NO DEEPER THAN 36", 9' APART ON CENTER

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 is valid for 60 months from date of issuance.

Signed: Richard Randall

Improvement Permit by: STEVE HEDRICK date 10/3/94

Existing System Inspection by: ____ date ____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 12/21/94

Operation Permit by: ____ date ____

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