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. 23884 DATE June 15, 1996 TAX MAP NO. PART OF 108-A-55 Watershed: ☐ Yes ☒ No

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

ADDRESS 1805 SAFRIET ROAD, STATESVILLE, NC 28677

LOCATION US 21N, TR JANE SOWERS ROAD, TR ROLLING MEADOWS LANE, 4TH LOT ON RIGHT

SUBDIVISION ROLLING MEADOWS BLOCK / SECTION LOT 4 LOT AREA 23,782.04 ft² SITE CLASS PS DESIGN FLOW 360 L.T.A.R 0.25 GAD/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 11-16-97 ☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

Pump Tank: ____ Gallons; PT ____ Date ____ System Description: CHAMBERED GRAVITY

Pump Make: ____ Model ____ Serial No. ____ Repair System Description: CONVENTIONAL, PUMP

Nitrification Field: No Fields 1 Square Feet ER TO 1440 Linear Feet 360+ Maintenance Agreement Required: ☐ Yes ☒ No

No Lines SIX Trench Width 36" Max Trench Bottom Depth 24-36" Gravel Depth N/A

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

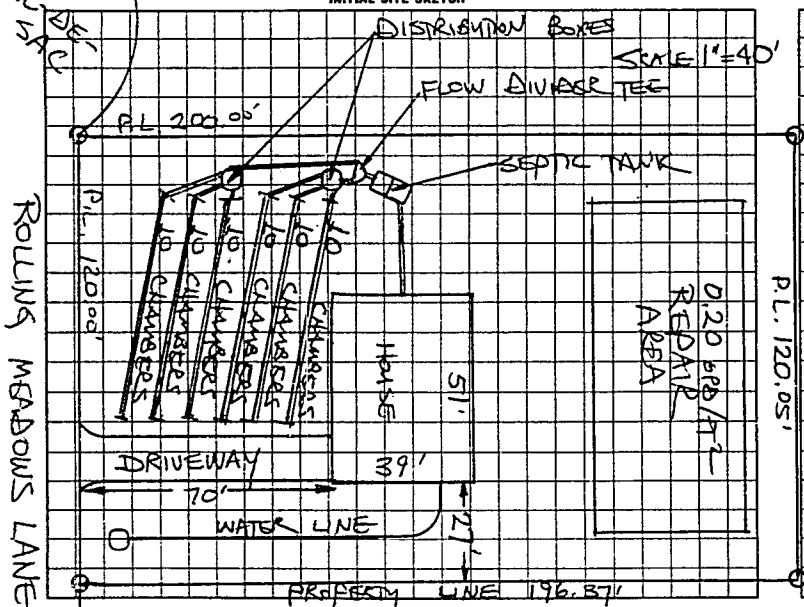
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: ① INSTALL 60 CHAMBERS IN SIX EQUAL LENGTH LINES ON CONTOUR AS SHOWN ② USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO DISTRIBUTION BOXES FEEDING THREE LINES EACH.

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.

Authorization to Construct is valid five (5) years from date of issuance. Improvement Permit has no expiration date.

Signed Michael L. Gaither Installed by: DAVID YOUNTZ

Improvement Permit by: STEVE HEDRICK date 6-15-96 XXXXXXXXXXXXXXXX by: ____ date ____

Authorization to Construct by: STEVE HEDRICK date 6-15-96 Operation Permit by: STEVE HEDRICK date 3-7-97

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

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