IREDELL COUNTY HEALTH DEPARTMENT

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

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

6025504

PROPERTY DESCRIPTION NO. 23882 DATE 8-7-96 TAX MAP NO. 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 21 N. TR JANE SOWERS, TR ROLLING MEADOWS LANE, 2ND LOT ON RIGHT.

SUBDIVISION ROLLING MEADOWS BLOCK / SECTION LOT 2 LOT AREA 21,657.04 ft² SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/ft²

Septic Tank: 1000 Gallons; STB 101 Date 3-5-96

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet EQ TO 1440 Linear Feet 360+

No Lines 6 Trench Width 36" Max Trench Bottom Depth 24-36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, ☑ III, IV, V, VI

System Description: CHAMBERED, GRAVITY

Repair System Description: CHAMBERED, PUMP

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

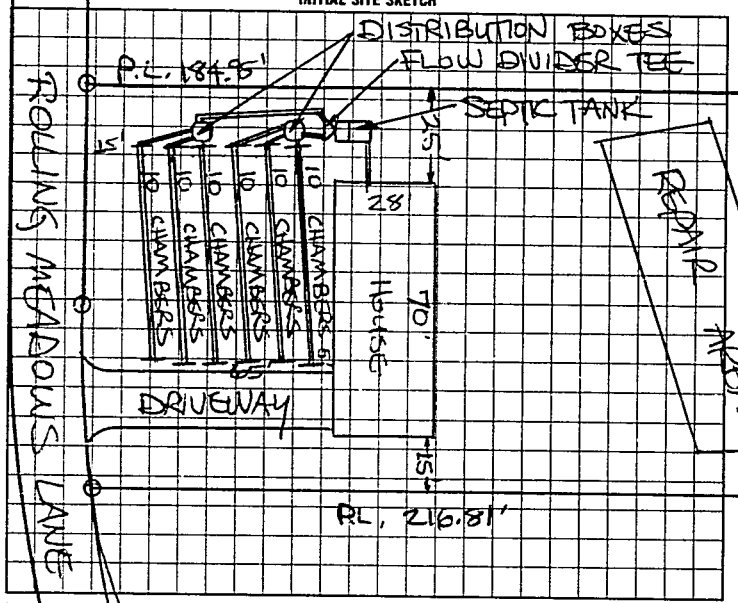
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

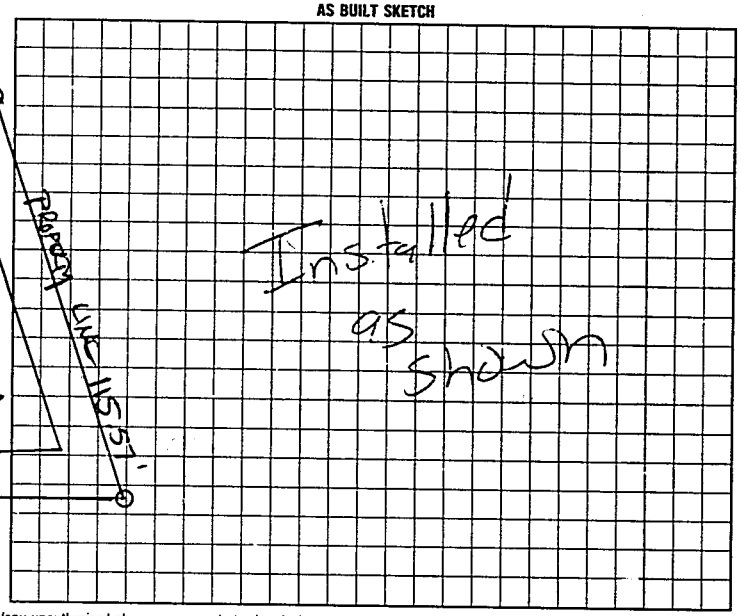
Comments: ① USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL LENGTH IN DISTRIBUTION INTO TWO DIST. BOXES FEEDING THREE LINES EACH ② INSTALL 60 CHAMBERS IN SIX EQUAL LENGTH LINES

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.

AUTH. TO CONST. IS VALID FOR FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT WITH SITE PLAN IS VALID FIVE YEARS

Signed: X

Improvement Permit by: STEVE HERRICK date 8-7-96

AUTH. TO CONST. ~~Existing System Inspection~~ by: STEVE HERRICK date 8-7-96

Installed by: DAVID YOUNTZ

~~Certificate of Completion by:~~ date

Operation Permit by: date 11-7-96

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

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