CITY OF STATESVILLE.

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR BORIS WALKER DATE 5-10-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 512 Bristol Drive S. R. No. _____

LOT NO. B-19 SECTION OR BLOCK NO. _____

SUBDIVISION NAME _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Ample

Character & Porosity of Soil Sandy Loam Suitable

Percolation Rate 5 gal. / sq. ft.

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1250 Gals.

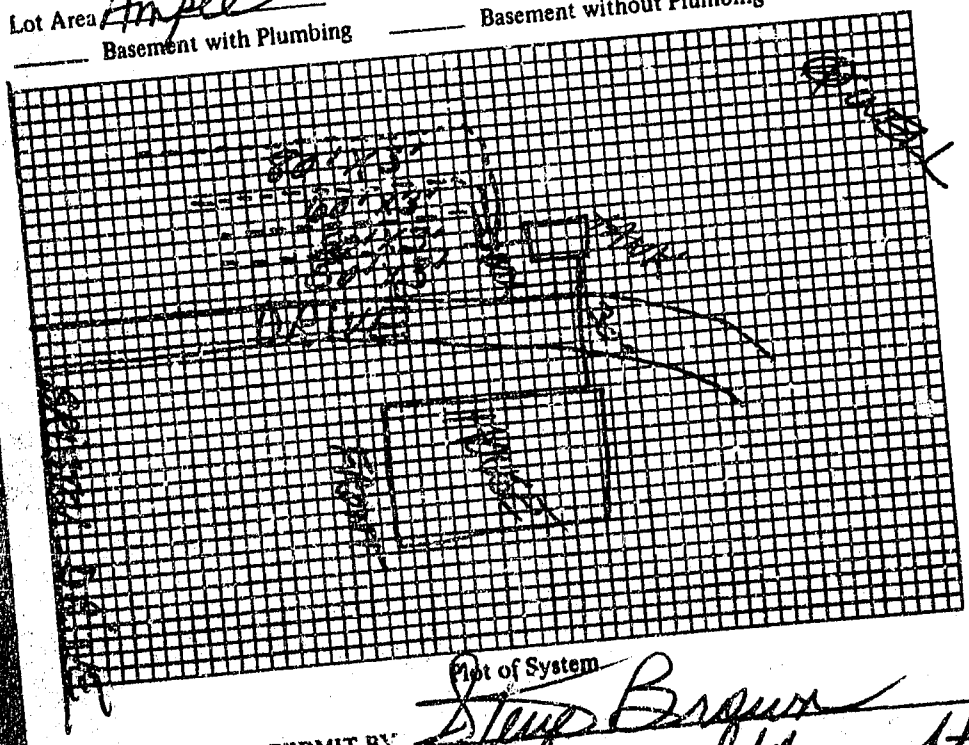
Nitrification Field:

No. of Lines 4

Sq. Ft. 120 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by Donald Lackey

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: old well to be used if brought up to standards.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-10-

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold