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 George Mahaffey DATE 9-20-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N It on Hwy 115 It on Bradley Rd House on Rt before Monticello Dr.

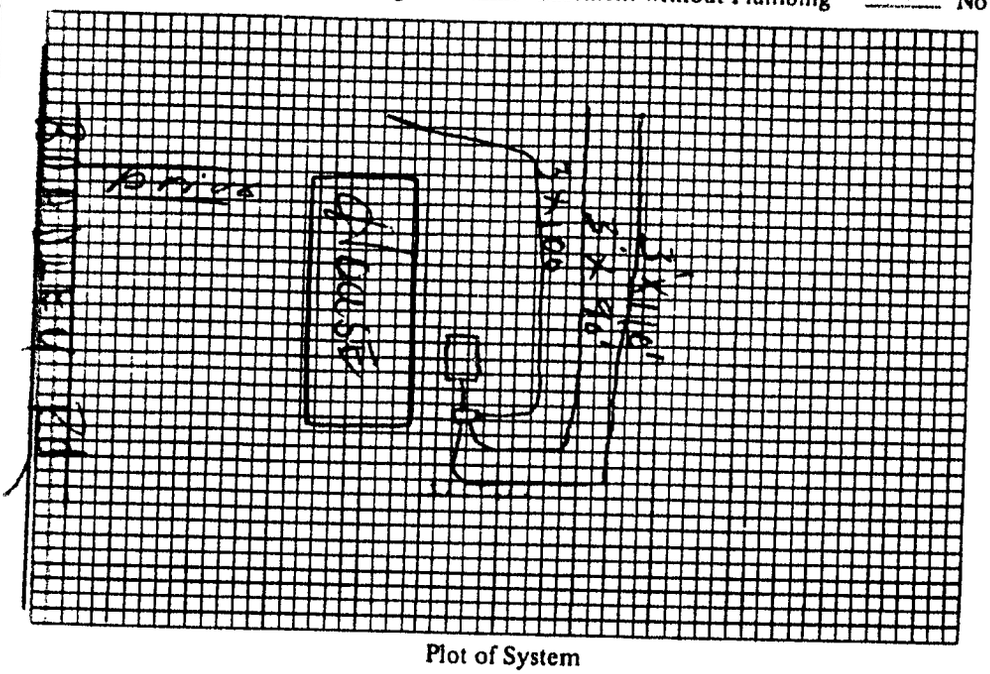
SUBDIVISION NAME _____ LOT NO. Lot #8 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Loam - Suitable	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	40 min per Inch	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 - 6% Slope	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'	
Lot Area Adequate			Rock or other impervious formations	Scattered Rock	

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 700 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by James Sullivan

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Todd DATE 9/20/85

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