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 11-6-73 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 E. to Davie Co. Line – Turn Left on 64 E. - Then Left on Rd 2147 to 2145 – Turn Left on Rd 2149 - 1st House on Rt. S. R. No. 2149

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

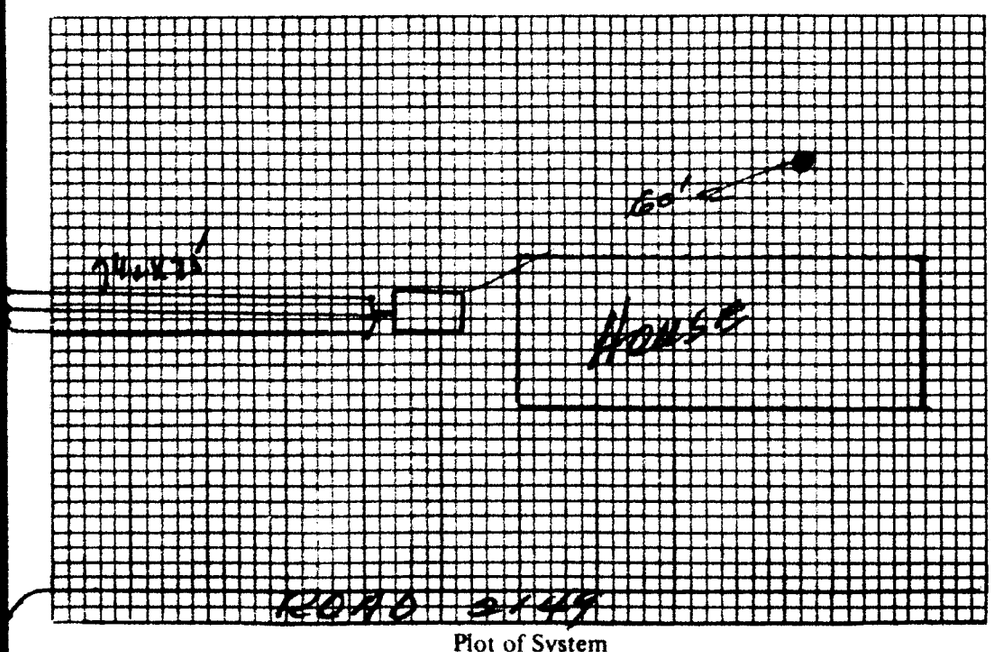
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes ( )	No (✓)	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil Sand
Percolation Rate Fast
Topography Level
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area 1 ACRE



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 360 Linear Ft. 225
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by Lackey Bros
Stony Point, N.C.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 11-6-73

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

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