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 ROBERT RANKIN DATE 8-26-91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Upland Ford Rd. off Hwy 90W - cross creek & then T.R. on Meadbridge Rd. - go 1/2 mi. & T.R. on Connah Rd. - 2nd house on left. S. R. No. _____

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

House (L) Mobile Home ( ) Business ( ) Other Repair.

No. Bedrooms _____ No. Bathrooms _____

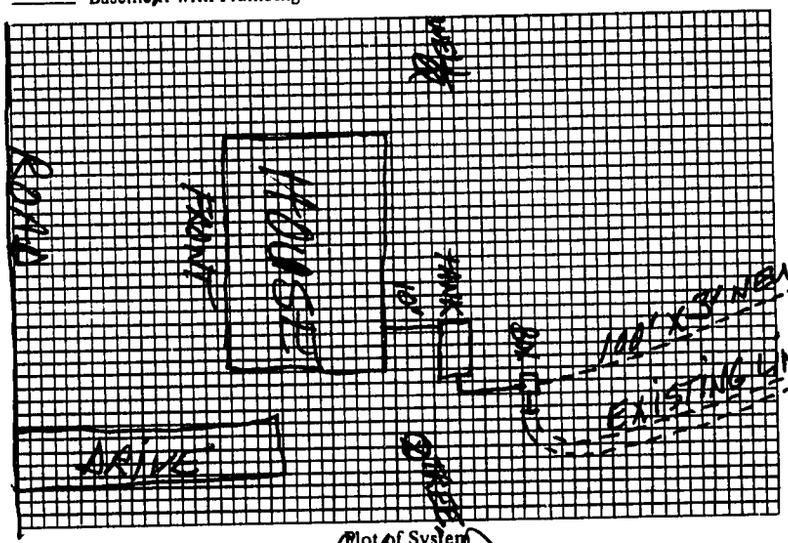
Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes (L)	No ( )

Lot Area Ample.

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

Repair.

_____ Basement with Plumbing _____ Basement without Plumbing L No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines /
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual (L)
Public ( )

Installed by _____

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

Signed: x Robert J Rankin

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Stay 15' off property lines. Check tank for tee. Use a distribution box or flow divider to look back into old drain field. Use approx 15' of solid PVC from tank to box in order to get away from tree roots.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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