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 Larry RANKIN DATE 7-8-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1106 King St.

SUBDIVISION NAME King St. S. R. No. _____

LOT NO. 23 SECTION OR BLOCK NO. _____

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

No. Bedrooms NONE No. Bathrooms 1

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

Lot Area ½ Acre

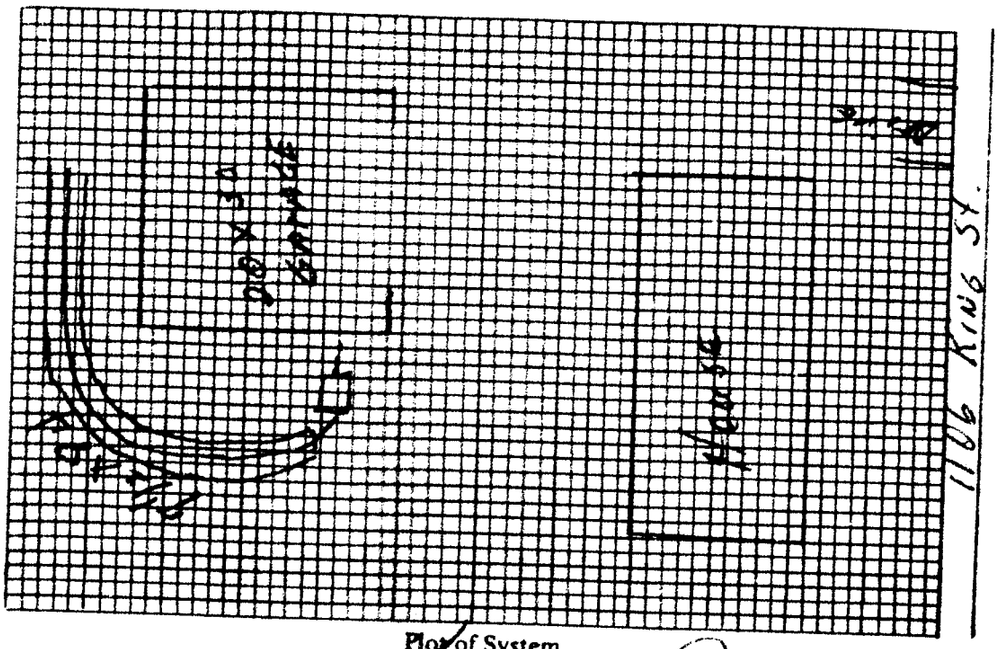
Character & Porosity of Soil Red Clay

Percolation Rate _____

Topography Slope To rear

Depth to Water Table _____

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines _____

Water Supply: Individual ( )
Public (✓)
Community Water

Installed by _____

IMPROVEMENTS PERMIT BY Glenn Todd

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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