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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 Lacy R. RANKIN DATE 12/8/87 PERMIT NO. _____

PHONE: Business _____ Home 528-5814

LOCATION 115 N JR Shinnville Rd. TL Weathers Creek ON R. past Winford Rd. S. R. No. _____

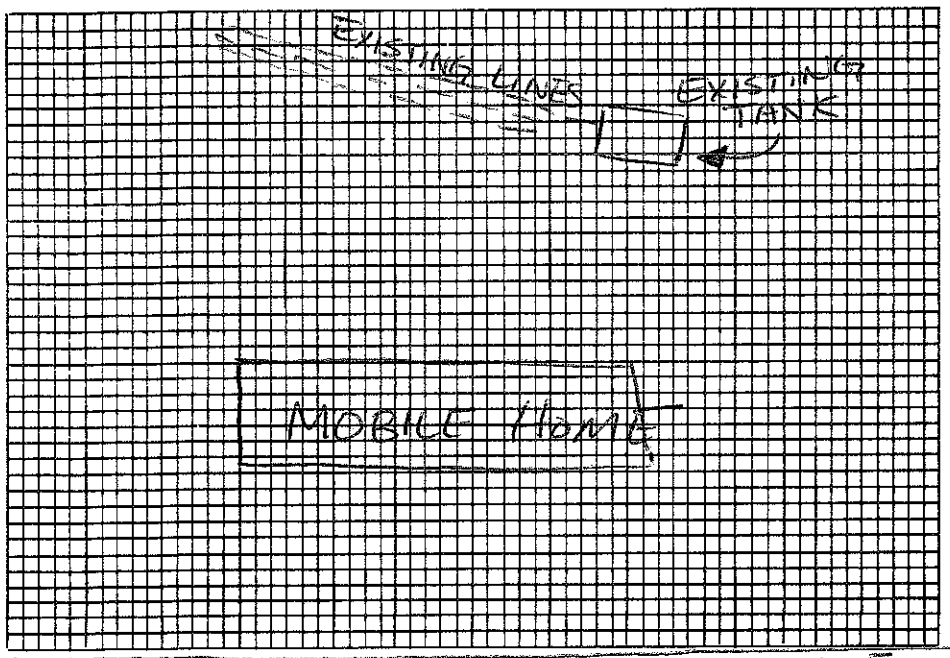
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other existing - Replace House that burned w/ M.H.

No. Bedrooms 2	No. Bathrooms 1			Character & Porosity of Soil	existing
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	
Auto. Dishwasher	Yes ( )	No (✓)		Topography	
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



WEATHERS CREEK RD.

Plot of System NOT TO SCALE

Size of Tank existing Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System functioning properly @ time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andrea C. Pierce DATE 12/8/87

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