P.D. 08636

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 Larry Nelson [illegible] DATE /88 PERMIT NO. ____

PHONE: Business ____ Home 663-3790

LOCATION 21 - 115 N TR Shinnville 1 mi on R. (past Shinn's Grocery ____ S. R. No. ____

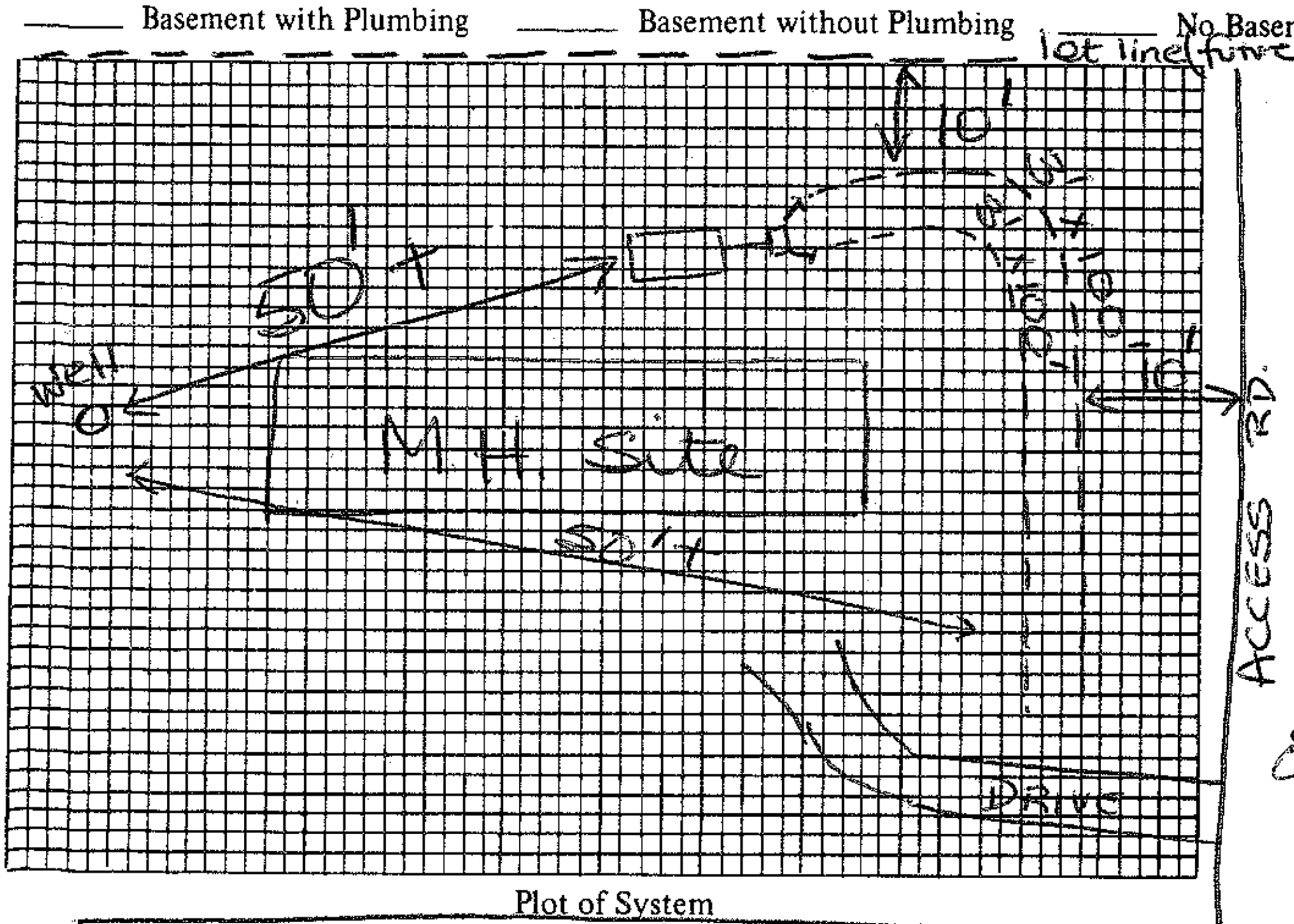
SUBDIVISION NAME ____ LOT NO. ____ SECTION OR BLOCK NO. ____

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

No. Bedrooms 2 No. Bathrooms 1
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable P.S. Yes ( ) No ( )
Lot Area 3.36 ACRE

Character & Porosity of Soil Clayey
Percolation Rate .4 gpd/ft²
Topography @ 20%
Depth to Water Table 4'+
Rock or other impervious formations none observed

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Shinnville Rd.

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by ____

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

Signed: [signature]

IMPROVEMENTS PERMIT BY Andre C. [illegible]

COMMENTS: Set tank SHALLOW. Run lines ~~as~~ level and on contour.

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