8233

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 Nellie Roberson DATE 6/27/23 PERMIT NO.

PHONE: Business Home 662-0695

LOCATION 21-115 N TR Shinnville Rd. X Creek 1 mile on left. TL ACCESS. ON L.

S. R. No.

SUBDIVISION NAME Julian Bowles LOT NO. E-6 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.C.	Yes (✓)	No ( )	

Character & Porosity of Soil CL; Sy (Loam with Clay) 0-22"

Percolation Rate .30 x 1/4 = 2

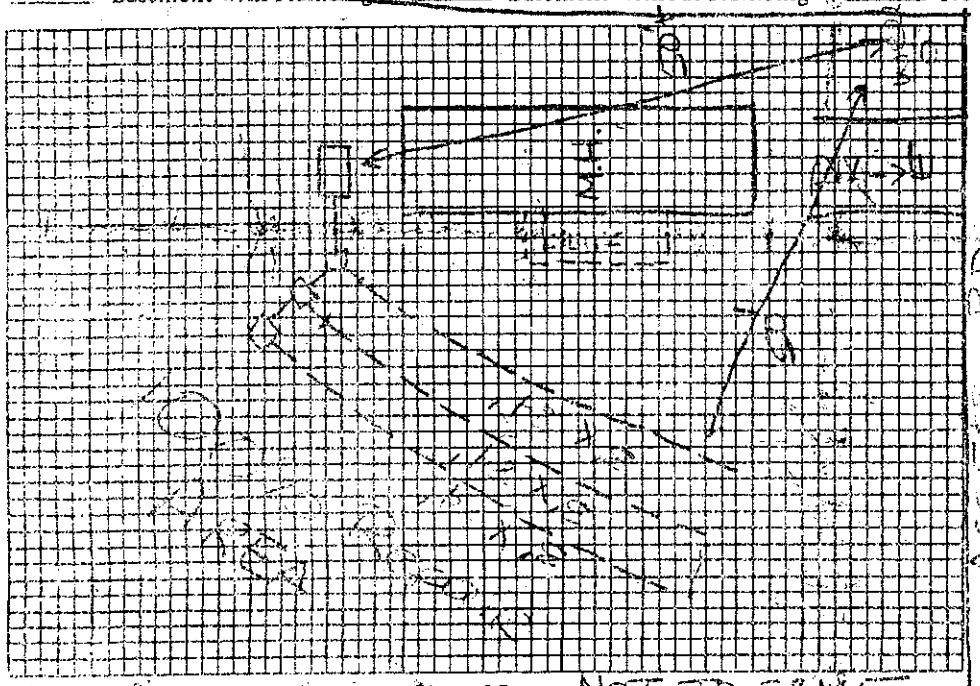
Topography Gently

Depth to Water Table 4'+

Rock or other impervious formations none observed

Lot Area

Basement with Plumbing Basement without Plumbing No Basement



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2-3

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 12"

Water Supply: Individual (X) Public ( )

Installed by

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

Signed:

IMPROVEMENTS PERMIT BY Rudie Rhyne

COMMENTS: Install SHALLOW SYSTEM and ON CONTOUR. (~30" MAX trench depth)

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