IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

PART OF 13787

OWNER OR CONTRACTOR W. P. BREWER DATE 12/17/91 PERMIT NO. 12H-A-41

PHONE: Business _____ Home _____

LOCATION US 21 N, TL BEL-AIRE DR, JUST BEFORE HARMONY CHIROPRACTIC, ON (R) AFTER RIGHT TURN IN DRIVE. S. R. No. _____

SUBDIVISION NAME HARMONY MEADOWS LOT NO. 21 SECTION OR BLOCK NO. II

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

No. Bedrooms 2 No. Bathrooms 2

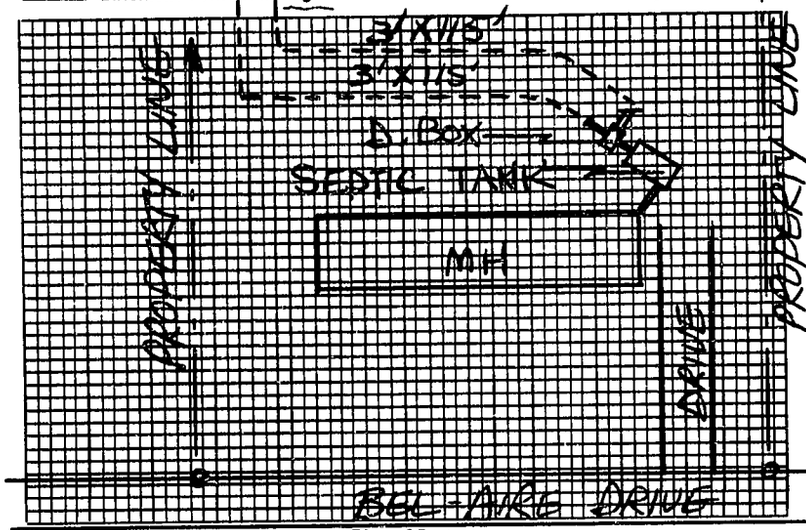
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area .459 AC

Character & Porosity of Soil PS
Percolation Rate .35 GPD / FT² 4-6 MPI LS
Topography 5-4%
Depth to Water Table _____
Rock or other impervious formations NONE

ACP 10/16/91

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. 690 Linear Ft. 230
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by A-1 BACKHOE

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 12/12/91

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