IREDELL COUNTY HEALTH DEPARTMENT

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

13788 PART OF

OWNER OR CONTRACTOR W.P. BREWER DATE 12/16/91 PERMIT NO. 12H-A-41

PHONE: Business _____ Home _____

LOCATION US 21 N, TL BEL-AIRE DR JUST BEFORE HARMONY CHIROPRACTIC, ON (R) JUST BEFORE CREEK. S. R. No. _____

SUBDIVISION NAME HARMONY MEADOWS LOT NO. 22 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 ( )	

Character & Porosity of Soil DS
Percolation Rate 35 GPD/FT2
Topography 4-6% LS
Depth to Water Table >4'
Rock or other impervious formations NONE

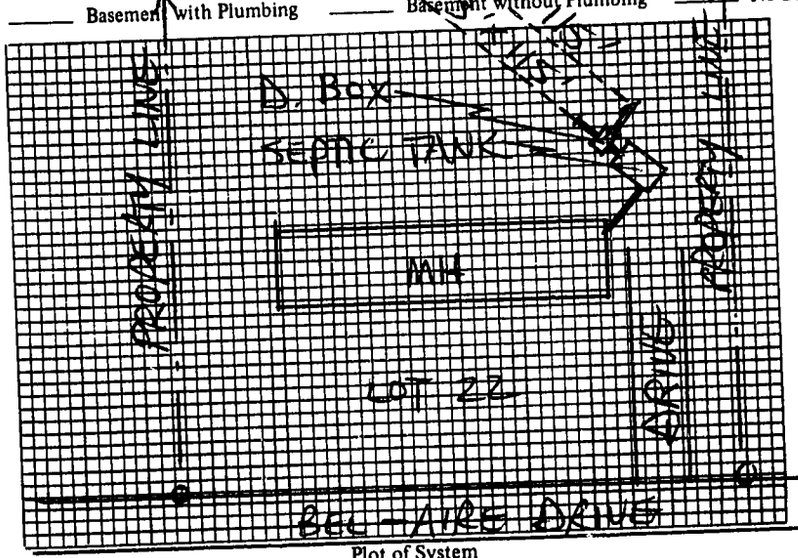
Lot Area .505 AC

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 690 Linear Ft. 230
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)



Plot of System

LOT 21

Installed by _____

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

Signed: X Dennis Gallahe

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

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