IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

12836

OWNER OR CONTRACTOR WILLIAM P. BREWER DATE 8/30/91 PERMIT NO. 12H-A-41 & 42

PHONE: Business _____ Home _____

LOCATION US 21 N, TL BEL-AIRE DR JUST BEFORE HARMONY CHIROPRACTIC, 1ST LOT ON (L) S. R. No. _____

SUBDIVISION NAME HARMONY MEADOWS LOT NO. 9 SECTION OR BLOCK NO. I

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 .488 AC

Character & Porosity of Soil PS

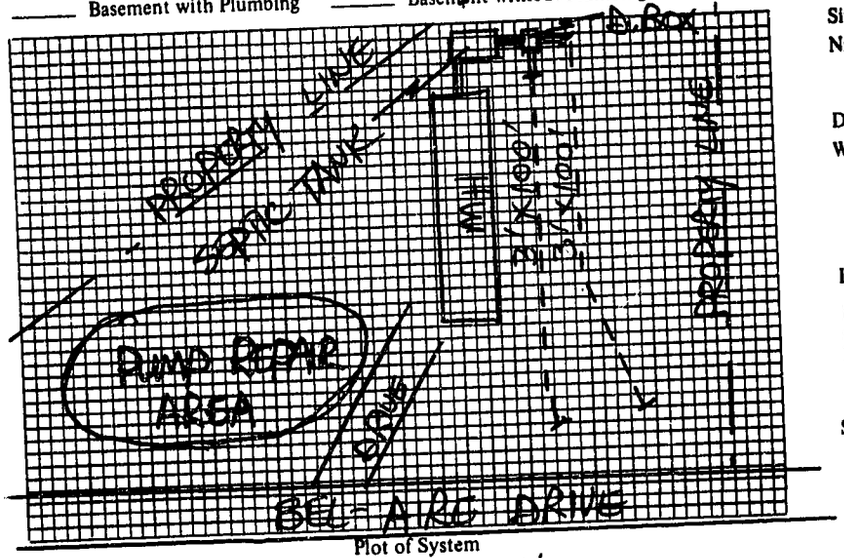
Percolation Rate .4 GPD / FT2

Topography 6-8%

Depth to Water Table 24"

Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

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: X Dennis Gallihen

IMPROVEMENTS PERMIT BY STEVE HEARICK

COMMENTS: ① KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE.
② INSTALL LINES ON CONTOUR, NO DEEPER THAN 34", 9' ON CENTER.

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. THIS PERMIT IS VALID FOR 60 MONTHS AFTER ISSUE DATE

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold