IREDELL COUNTY HEALTH DEPARTMENT

12846

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

OWNER OR CONTRACTOR WILLIAM P. BREWER DATE 5/29/91 PERMIT NO. 2H-A-41/42

PHONE: Business _____ Home _____

LOCATION US 21N, TL BEL-AIRE DR AT HARMONY CHIROPRACTIC, TR DARLENE LN, LOT AT NE CORNER S. R. No. _____

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

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

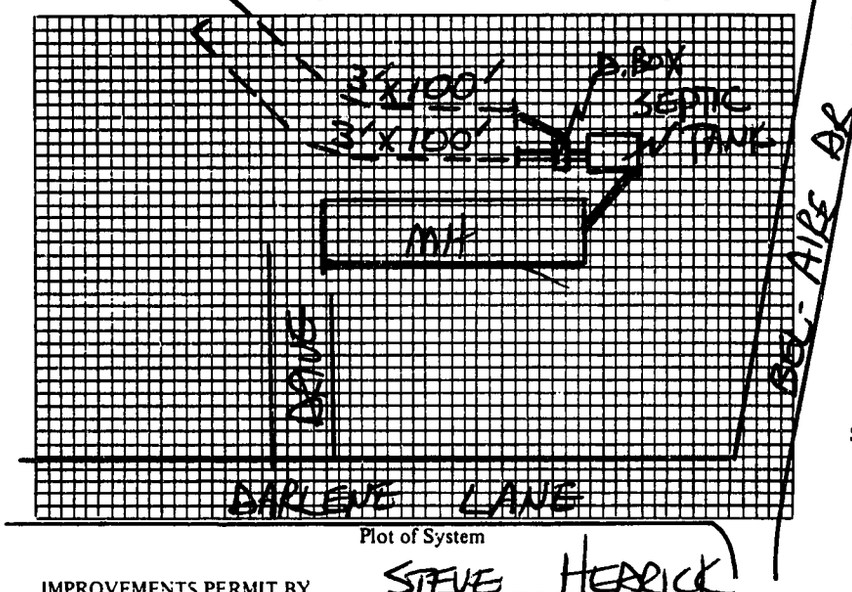
No. Bedrooms 2 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil PS
Percolation Rate .4 GPD/FT2
Topography B-B 9% NS
Depth to Water Table > 4'
Rock or other impervious formations NONE

Lot Area 1.210 Ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

ACP 5/3/91



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 A-1 BACKHOE

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HERRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HERRICK DATE 5/29/91

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