IREDELL COUNTY HEALTH DEPARTMENT

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

12846

OWNER OR CONTRACTOR WILLIAM P. BREWER DATE 5/22/91 PERMIT NO. 2H-A-41/42

PHONE: Business _____ Home _____

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

SUBDIVISION NAME HARMONY MEADOWS LOT NO. 1 SECTION OR BLOCK NO. _____

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

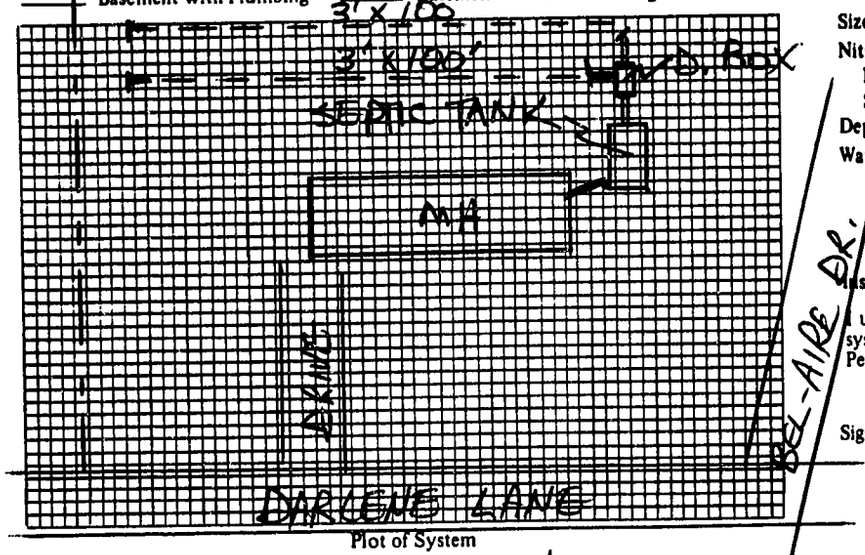
No. Bedrooms 2 No. Bathrooms 2

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 gpm / FTR
Topography 4-8% NS
Depth to Water Table 54"
Rock or other impervious formations NONE

Lot Area 1.270 Ac

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 Gallick

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: KEEP SYSTEM MINIMUM 10' FROM P.L., 5' FROM MH

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.

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