IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR W. P. BREWER DATE 2/1/93 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION US 21 N, TL BEL-AIRE DRIVE, TR DARLENE LANE, 2ND LOT ON (L)

SUBDIVISION NAME HARMONY MEADOWS LOT NO. 6 S.R. No. _____ SECTION OR BLOCK NO. I

House ☐ Mobile Home ☑ S/W Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 0.664 AC

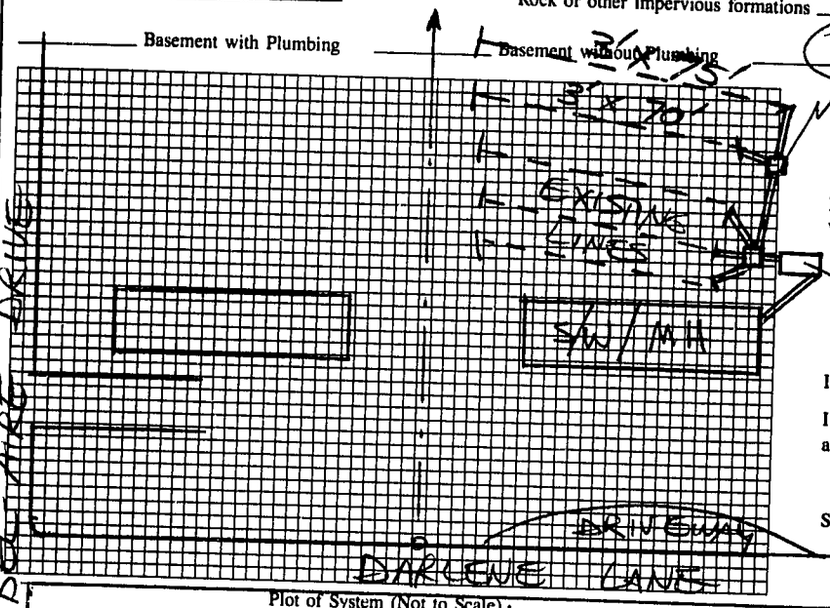
Soil Characteristics PS

Application Rate 0.40 GPD/FT

Topography 6-8% LINEAR

Depth to Water Table 54"

Rock or other impervious formations NONE



Plot of System (Not to Scale)

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 435 Linear Ft. 145

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

SEPTIC TANK

Installed by DONALD LACKEY

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

CUL-DE-SAC

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS

REPAIR IN FUTURE TO BE CONVENTIONAL, GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 2/1/93

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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

US 21 N →