IREDELL COUNTY HEALTH DEPARTMENT

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

12842

OWNER OR CONTRACTOR WILLIAM P. BREWER DATE 8/21/91 PERMIT NO. 2H-A-41

PHONE: Business _____ Home _____

LOCATION US 21 N, TL BEL-AIRE DR, JUST BEFORE HARMONY CHIRO-PRACTIC, TR DARLENE LANE, AT END ON (L) S. R. No. _____

SUBDIVISION NAME HARMONY MEADOWS LOT NO. 5 SECTION OR BLOCK NO. I

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

No. Bedrooms 2 No. Bathrooms 2

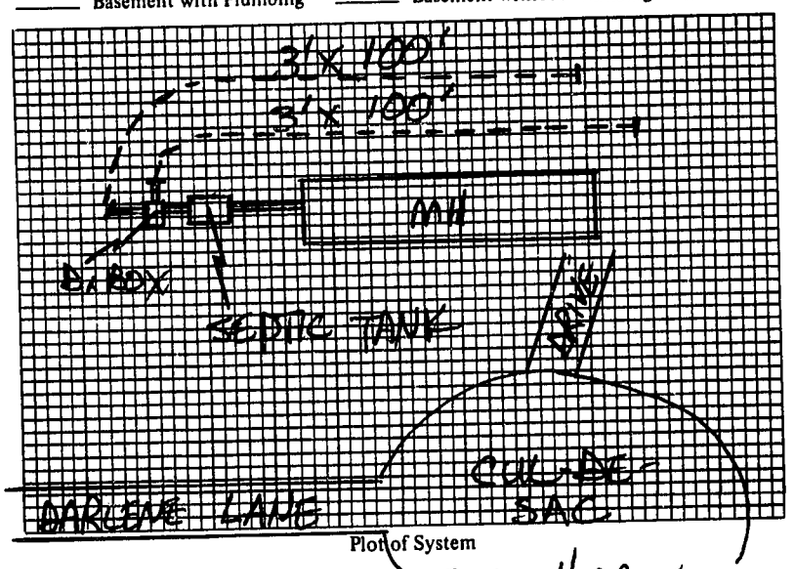
Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil DS
Percolation Rate 4 6-8 MPI / PTC HS
Topography >4
Depth to Water Table
Rock or other impervious formations NONE

Lot Area 1.381

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

ACP 6/28/91



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 HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 8/21/91

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