IREDELL COUNTY HEALTH DEPARTMENT

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

12845

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

PHONE: Business _____ Home _____

LOCATION US 21 N, TL BB-AIRE DR AT HARMONY CHIROPRACTIC, TR DARLENE LN, ON (R) 2ND LOT. S. R. No. _____

SUBDIVISION NAME HARMONY MEADOWS LOT NO. 2 SECTION OR BLOCK NO. _____

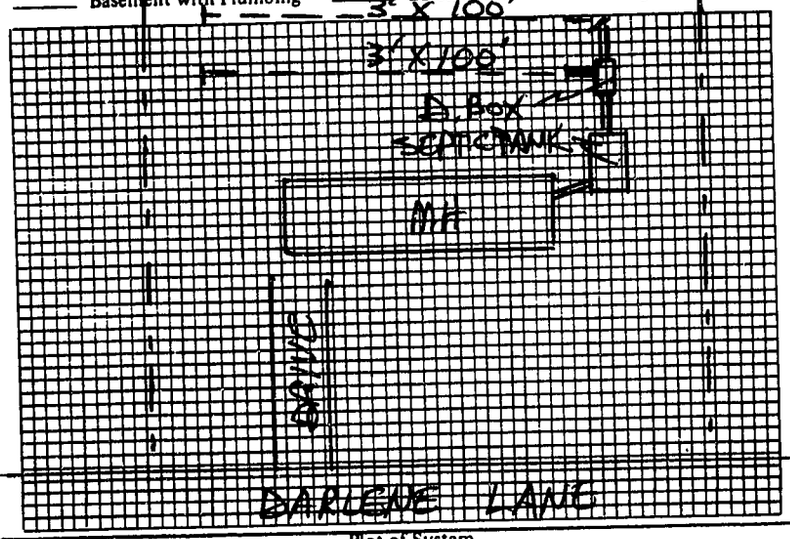
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4 GPD/FT²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4-8% ES
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	>41
			Rock or other impervious formations	NONE

Lot Area 0.527 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. 800 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 HEDRICK

COMMENTS: USE 3 LINES IF NECESSARY

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