IREDELL COUNTY HEALTH DEPARTMENT

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

12843

OWNER OR CONTRACTOR WILLIAM P. BREWER DATE 8/19/91 PERMIT NO. 2H-A-41

PHONE: Business _____ Home _____

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

SUBDIVISION NAME HARMONY MEADOWS LOT NO. 4 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 ( )

Lot Area 1.[redacted]745 AC

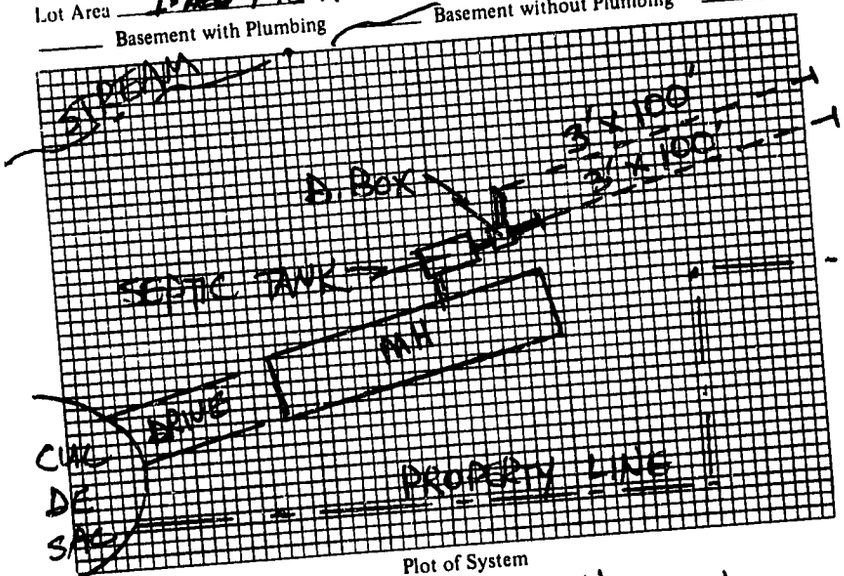
Character & Porosity of Soil PS
Percolation Rate .4 SPD / FT²
Topography 10-15% SS
Depth to Water Table > 4'
Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

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 (✓)



Plot of System

Installed by _____

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

Signed: Dennis Gallihar

DARLENE LANE

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: ① KEEP SYSTEM MINIMUM 5' FROM MH, 50' FROM STREAM, 10' FROM PROPERTY LINE
② INSTALL LINES ON CONTOUR, NO DEEPER THAN 34", 9' ON CENTER

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