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2091

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Broadmoor Homes DATE 1/6/93 PERMIT NO. IM-16-B-16

PHONE: Business 663-7660 Home

LOCATION Sunshine Dr. & Rinehart Rd., TL into Ketchie Acres to intersection TR to 1st lot on (L)

SUBDIVISION NAME Sunshine Estates S.R. No.

LOT NO. 16 SECTION OR BLOCK NO.

House ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~1.12

Soil Characteristics P - wk, sic TRANS

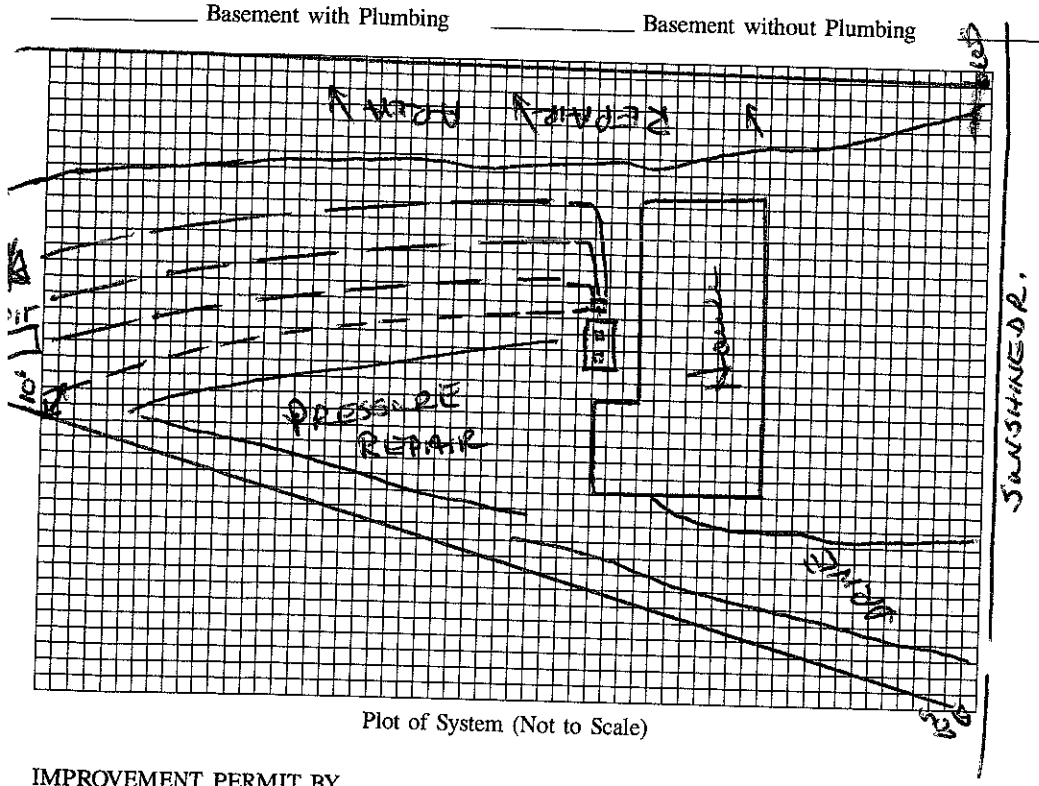
Application Rate P - .25-.3 (f. GRAN, MICACEOUS, SP)

Topography P - 2-30%

Depth to Water Table 5' >48"

Rock or other impervious formations P - 44" TO TRANS.

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 100' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED

Public ☐ YET

Installed by Yount

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.)

IMPROVEMENT PERMIT BY _____

COMMENTS Finished top line under very wet condition - 2nd line drained of H2O before backfilled.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 1/6/93

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