4657684932

IREDELL COUNTY HEALTH DEPARTMENT

1951

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Broadmoor Homes DATE 8/5/92 PERMIT NO. IM16A2

PHONE: Business _____ Home _____

LOCATION Rinehart Rd, TL off 150 E Bypass, TL into Sunshine Estates, TL to 2nd lot on (L) S.R. No. _____

SUBDIVISION NAME Sunshine Estates LOT NO. 2 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 150'x300'

Soil Characteristics P - C

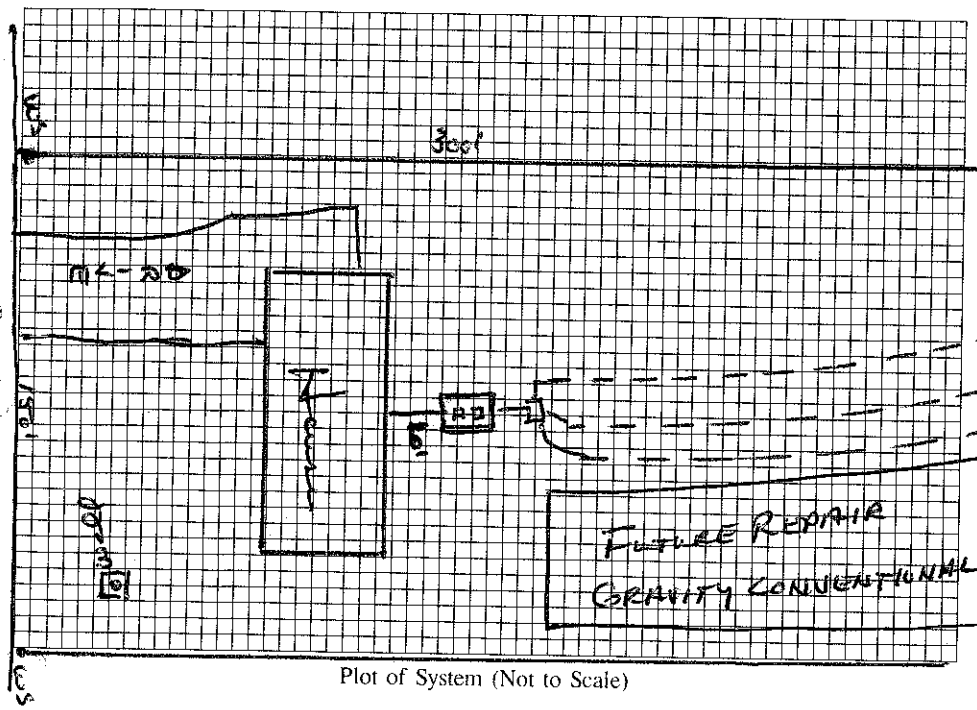
Application Rate P .35

Topography P - 4-6%

Depth to Water Table S >48"

Rock or other impervious formations S - None around

_____ 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 3@115'x3'

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by DeBurt Bostian

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 DRH

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 8/5/92

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