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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Stanley Liguoka DATE 7/31/92 PERMIT NO. 4H-1-A-4

PHONE: Business _____ Home _____

LOCATION Winthrow Creek Rd TR off Shinnville, TL into Winthrow Creek to 3rd lot on L below roadway S.R. No. _____

SUBDIVISION NAME Winthrow Cke Farms LOT NO. 4 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics P - c/SIC

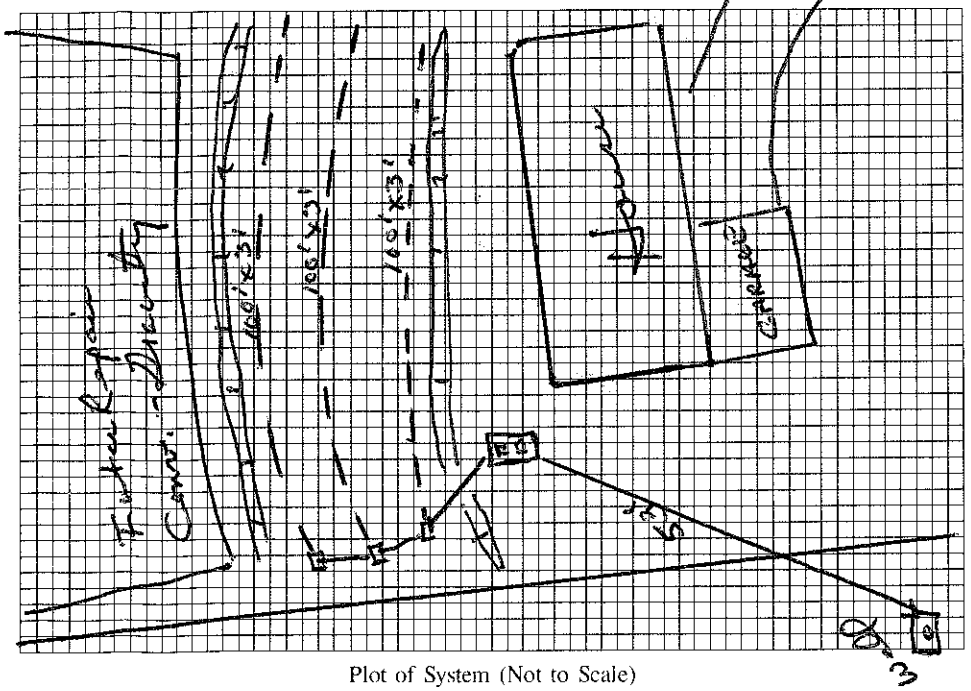
Garbage Disposal Unit Yes ☐ No ☑ Application Rate P - .4

Auto. Dishwasher Yes ☑ No ☐ Topography P - 2-4%

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table S > 48"

Lot Area ~ 20,000 FT² Rock or other impervious formations S - trans - micaceous

_____ 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 @ 100' x 3'

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED

Public ☐ YET

Installed by R&R MacLeod

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 ACWS

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS DATE 7/31/92

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