4669 774202

IREDELL COUNTY HEALTH DEPARTMENT

14580

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Don W Simpson DATE 7/22/92 PERMIT NO. 4H-1-A-12

PHONE: Business _____ Home 664-7092

LOCATION Winthrow Creek Rd, off Shinnville x creek up hill T L into Winthrow Creek Farms S.R. No. _____

SUBDIVISION NAME Winthrow Creek LOT NO. 12 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 20,000 FT²

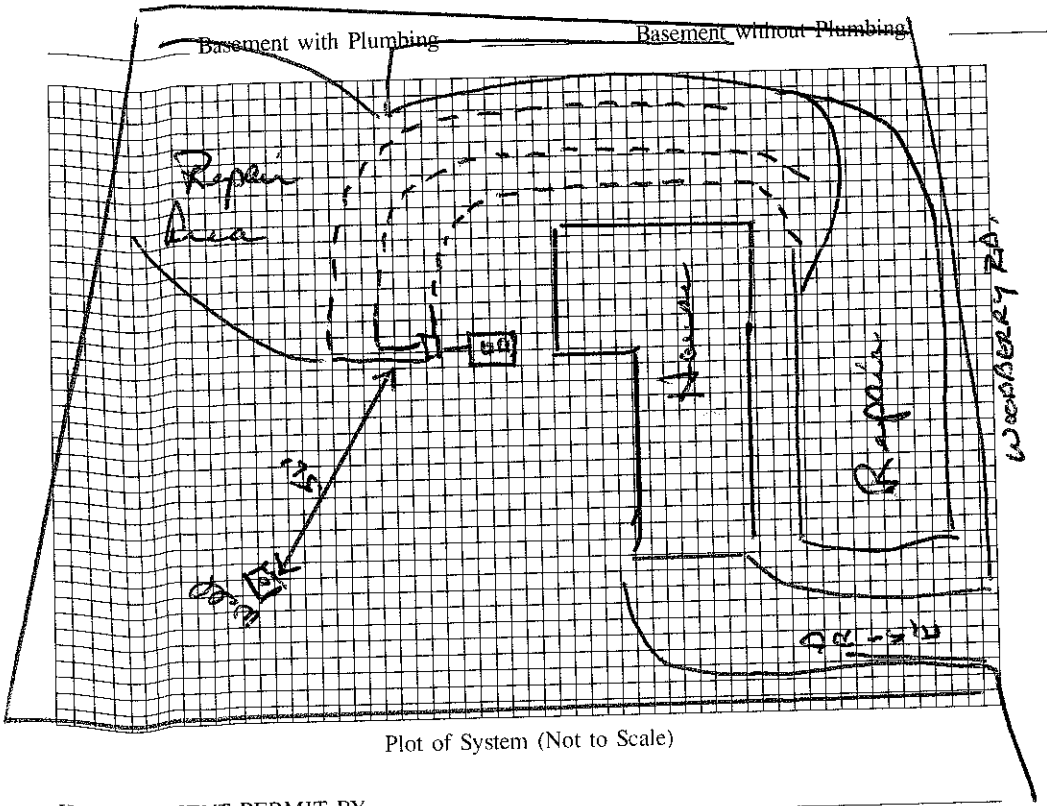
Soil Characteristics P - C (C TRANS)

Application Rate P - .3 (F, S, WK)

Topography P - 2-4%

Depth to Water Table S >48"

Rock or other impervious formations S None observed



Plot of System (Not to Scale)

_____ No Basement ✓ Crawl Space

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3@133'x3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Larry Beam

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 _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 7/22/92

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