15311

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Don W Simpson DATE 1/28/93 PERMIT NO. 461-A-13

PHONE: Business 664-7092 Home ______ 4669 77 5237

LOCATION Winthrow Creek Farms & Mazeppa Rd on Triplett, TR into W.C.F. to next to last lot on (R)

S.R. No. ______

SUBDIVISION NAME Winthrow Creek Farms LOT NO. 13 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 - CL / SaC TRANS

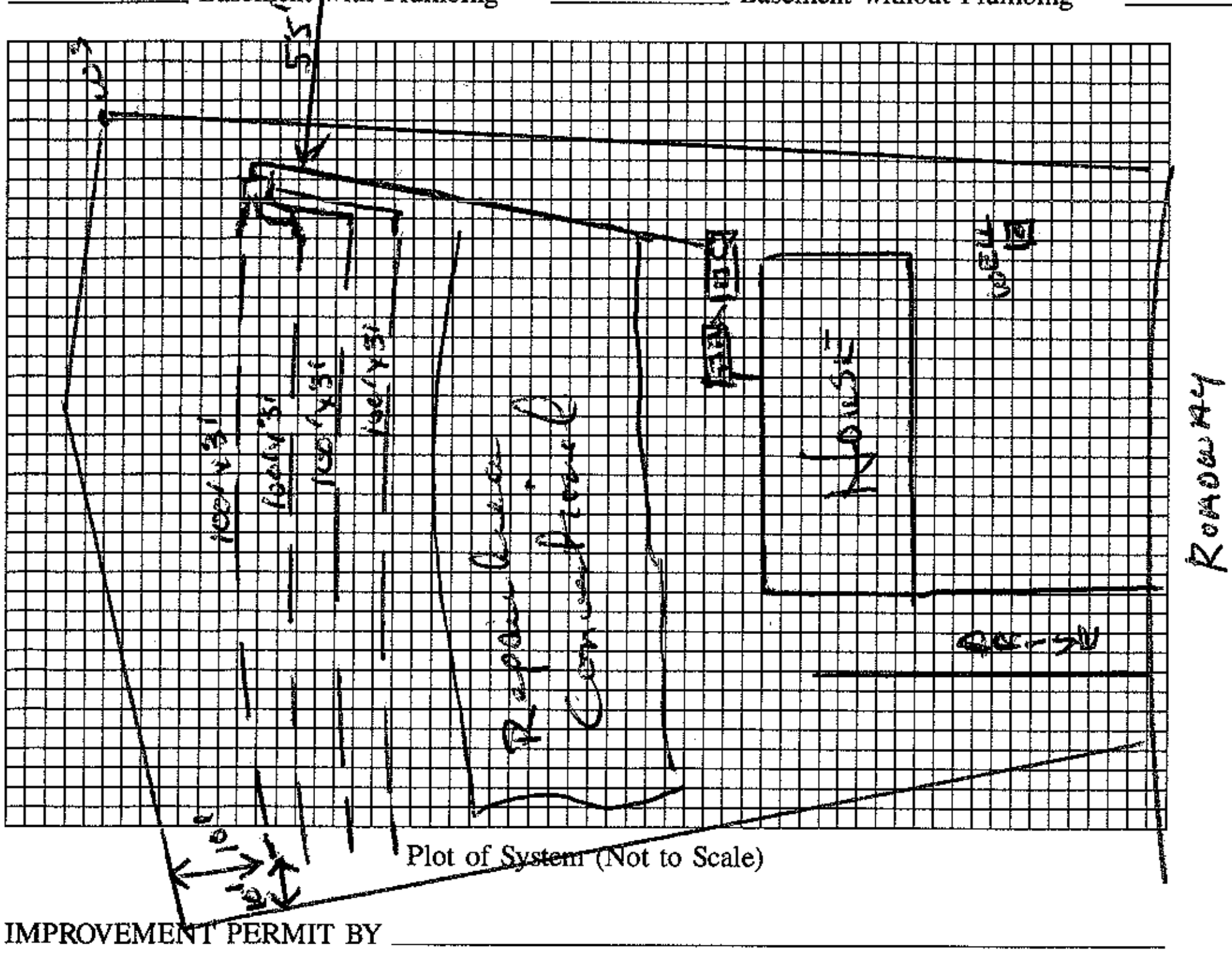
Application Rate P - .35 - .3 (Silty, Fines, wksbk, SS)

Topography P - 3-4%

Depth to Water Table S <34 >48" (40")

Rock or other impervious formations S - None

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



Plot of System (Not to Scale)

Size of Tank 1000 / 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 ☑ 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 R.S. DATE 1/29/93

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