4654 36 2689

14235

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Mike Kinnamon Kunneman DATE 6/23/92 PERMIT NO. ICA 81

PHONE: Business _____ Home _____

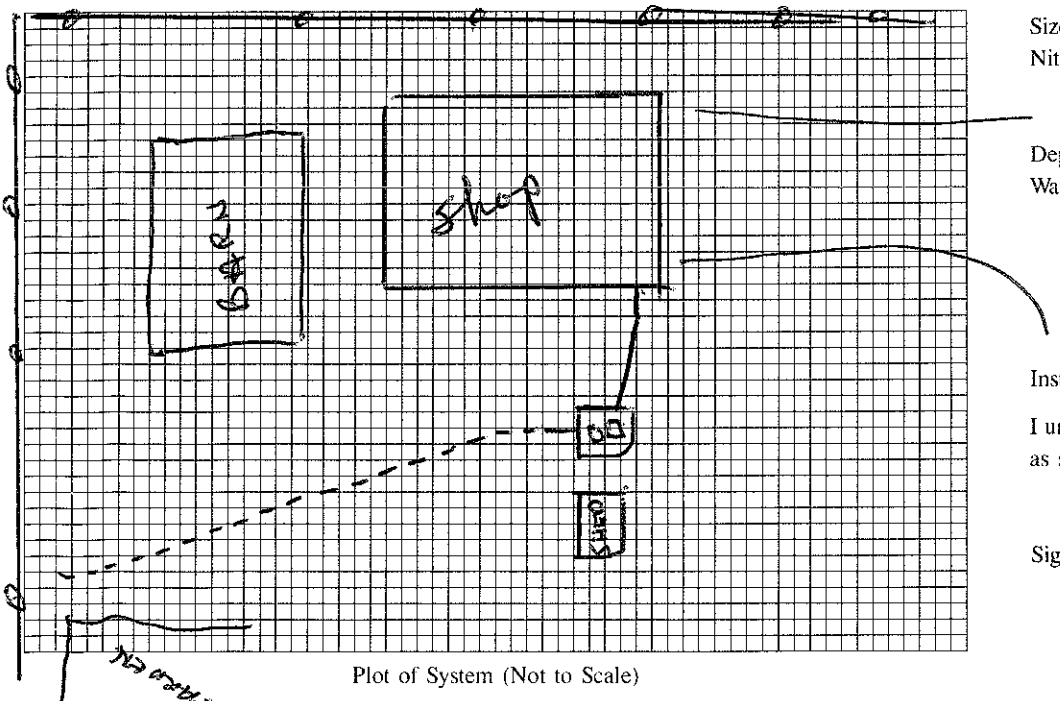
LOCATION 1155 TL on gravel road just before Dammann R(1140), to end of road on L S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☑ Other Welding Shop - 3 people maximum

No. Bedrooms _____	No. Bathrooms 1-2	Soil Characteristics	P - c trans
Garbage Disposal Unit	Yes ☐ No ☐	Application Rate	P - .3
Auto. Dishwasher	Yes ☐ No ☐	Topography	P - 10%
Auto. Wash. Machine	Yes ☐ No ☐	Depth to Water Table	S >48"
Lot Area _____		Rock or other impervious formations	S - None observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ (SLAB) No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 1 - 100'x3'

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 12"

Water Supply: Individual ☐ DAVIDSON

Public ☑

Installed by Julian Bowles

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 LS. DATE 6/23/92

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

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IREDELL COUNTY HEALTH DEPARTMENT

14235 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Mike Kinnamon DATE March 16, '92 PERMIT NO. ICA81

PHONE: Business _____ Home _____

LOCATION 1155 R gravel road just before County line at end (Block Building)

SUBDIVISION NAME _____ S.R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☑ Other Welding Shop 3 people max (75 gpd)

No. Bedrooms — No. Bathrooms 1-2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☐ No ☑

Lot Area 2+c

Soil Characteristics ps clay / clay loam

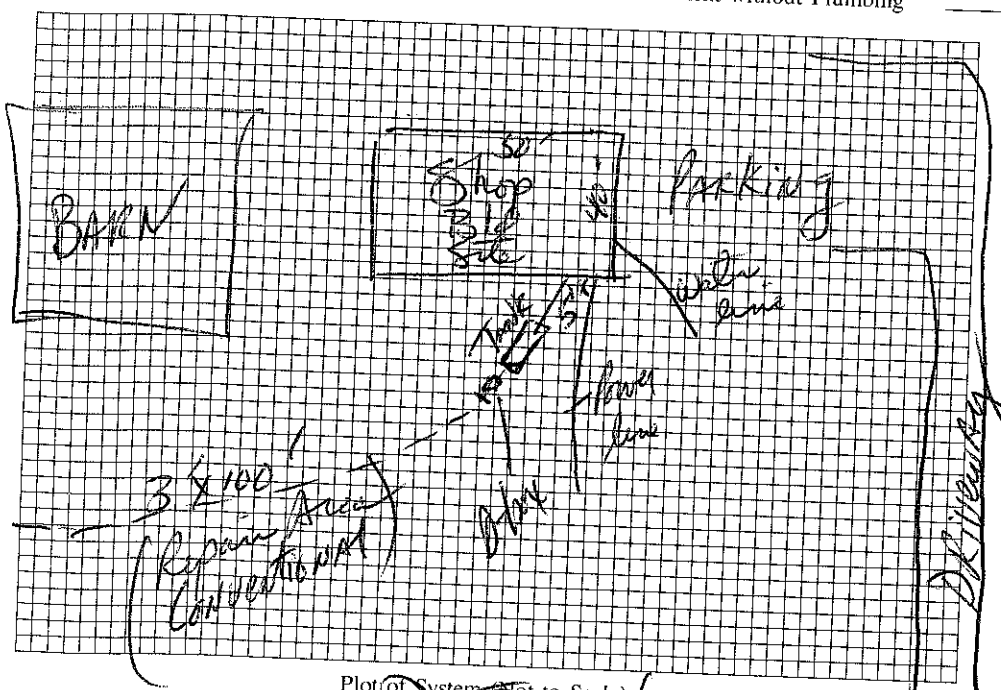
Application Rate 3

Topography 2%

Depth to Water Table 4'+

Rock or other impervious formations None obs

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement Slab _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 900 Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines _____

Water Supply: Individual ☐ Public ☑

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: Mike Kinnamon

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Dave Hinson / RS Hwy 115

COMMENTS Follow contour w/ drainfield. 36" may touch bottom depth.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

DATE _____

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