IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 16366 DATE NOV 5 1993 TAX MAP NO. 2FA16

OWNER OR CONTRACTOR BONANZA DEVELOPMENT COMPANY PHONE: Business 704 365 2300 Home 4626-95-8824

ADDRESS 6827-C FAIRVIEW ROAD CHARLOTTE NC 28210 Watershed: ☐ Yes ☐ No

LOCATION ON NORTH SIDE OF BRAWLEY SCHOOL RD 1/4 MILE West of MCKENDREE RD

SUBDIVISION PENINSULA PINES BLOCK / SECTION — LOT 2 LOT AREA 44.21 SITE CLASS. P DESIGN FLOW 480 L.T.A.R. 0.25-0.3

Septic Tank: ~~500~~ 1500 Gallons; STB 797 Dellinger Date 4-11-94

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

No Lines — Trench Width 36" Max Trench Bottom Depth 20-24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: gravity conventional

Repair System Description: gravity conventional

Maintenance Agreement Required: ☐ Yes ☑ No OR PPBPS

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees —

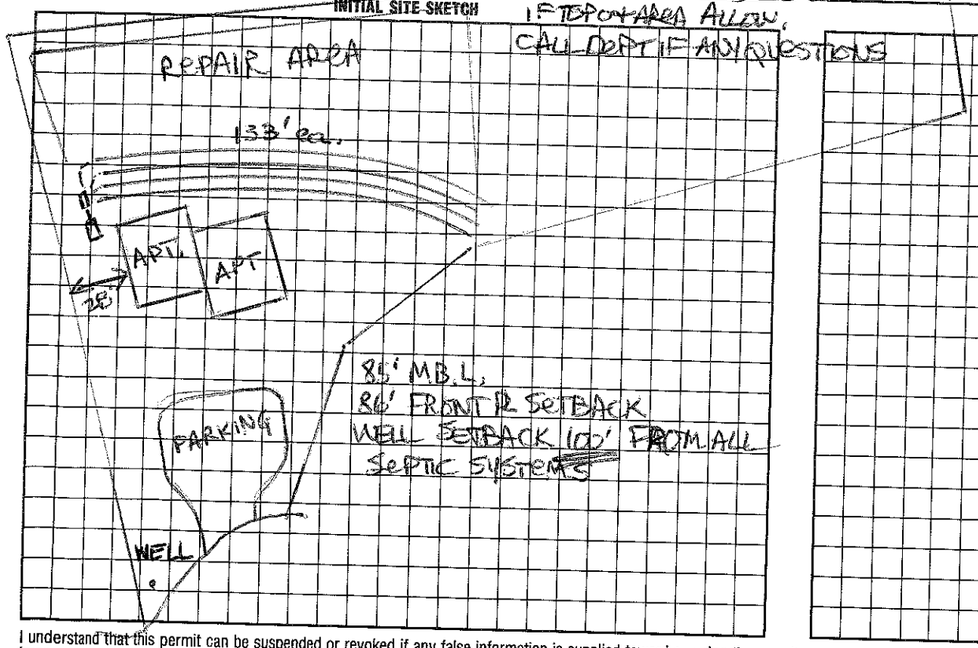
☐ Other DUPLEX

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: DO NOT INSTALL DURING WET SOIL CONDITIONS THIS IS REDESIGN AFTER LANDSCAPING + PLAT ADJUSTMENT. FOLLOW CONTOUR IF DIFFERENT FROM DIAGRAM. SYSTEM COULD BE MADE OF 3 NIT LINES, 178 Ea.

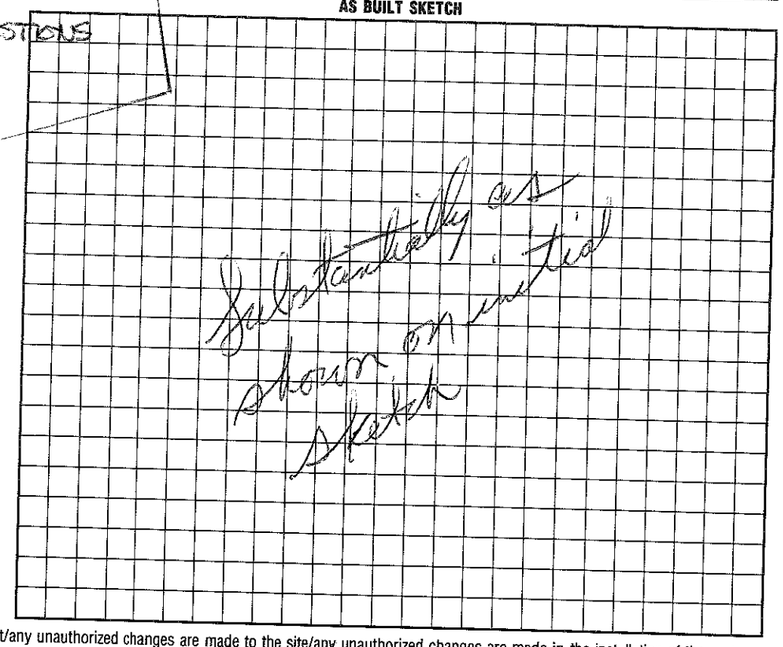
Comments: Installed in 4 trenches. DKH Good job.

INITIAL SITE SKETCH



IF TOPO AREA ALLOW, CALL DEPT IF ANY QUESTIONS

AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: Mark T Medlin

Improvement Permit by: Andrea Lemons date 11-5-93

Existing System Inspection by: _____ date _____

Installed by: T. Ewen

Certificate of Completion by: David K Hanson, RS date 6/7/94

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD