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. 16368 DATE JUNE 28, 1993

OWNER OR CONTRACTOR SONANZA DEVELOPMENT COMPANY PHONE: Business 704 365 2300 Home TAX MAP NO. 2F-A-16

ADDRESS 6827-C FAIRVIEW ROAD, CHARLOTTE NC 28210

LOCATION ON NORTH SIDE OF BRAWLEY SCHOOL ROAD (1100) ~1/4 MILE WEST OF MCKENDREE ROAD (1115) 4626-95-8956

SUBDIVISION PENINSULA PINES BLOCK / SECTION ____ LOT 3 LOT AREA 30,000 SITE CLASS. P L.T.A.R. 0.25-0.3

Water Supply: ☒ Individual ☐ Community ☐ Public MULTI-FAMILY RESIDENCE

Septic Tank: ~~1000~~ 1500 Gallons; STB 197 Date 6-19-94

~~Dumpstation~~ Gallons; PT ____ Date ____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533' MIN.

No Lines 6 Trench Width 36" Trench Depth 24" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: GRAVITY CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☒ Other DUPLEX

No. Bedrooms 4 (2x2) No. Bathrooms 4 (2x2) No. Employees ____

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

Garbage Disposal: ☐ Yes ☒ No

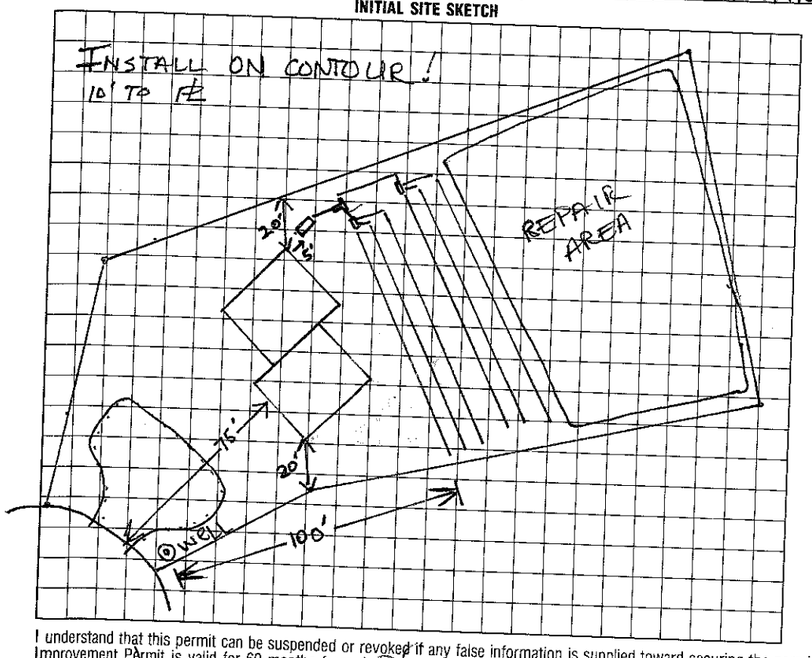
Auto. Dishwasher: ☒ Yes ☐ No

Auto. Washing Machine: ☒ Yes ☐ No

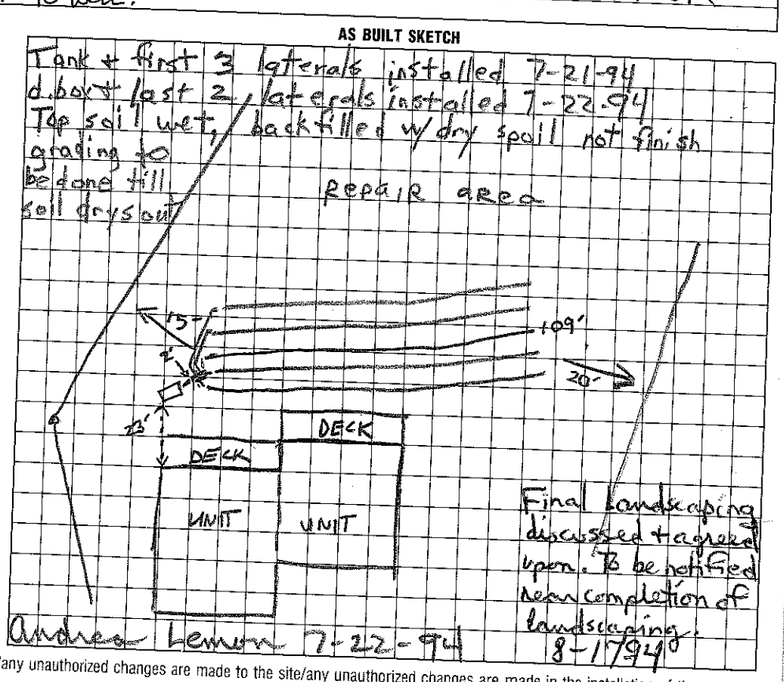
Other ____

Comments MAY USE 12' CENTERS DITCH SPACING BETWEEN SETS OF LINES. MAY USE ONE BOX AND 3 TEES OR ONE TEE AND 2 BOXES, 3 LINES OUT OF EACH BOX. DO NOT INSTALL DURING WET SOIL CONDITIONS OR RAIN. DIVERT ROOF RUNOFF AWAY FROM SYSTEM. 100' SEPARATION TO WELL.

INITIAL SITE SKETCH



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: H. C. Needham

Improvement Permit by: Andrea Lemon date 6-28-93

Existing System Inspection by: ____ date ____

Installed by: F.J. ERWIN

Certificate of Completion by: Andrea Lemon date 8-17-94

Operation Permit by: ____ date ____

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