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. 16217 DATE 1-23-93

OWNER OR CONTRACTOR PANAMZA DEVELOPMENT COMPANY PHONE: Business 704 36.5 2366 Home

TAX MAP NO. 2-A-14

ADDRESS 6827 Fairview Road Charlotte NC 28210

LOCATION on North side of Sandy Salem Road (4060) 1/4 mile west of McKendree Road (1145)

SUBDIVISION Peninsula Pines BLOCK / SECTION ____ LOT 1 #4 LOT AREA 32,670 SQFT SITE CLASS. D L.T.A.R. 3

4628e-95-9658

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: ~~1500~~ Gallons; STB 780 ACP Date 12-16-93

Pump Tank: NA Gallons; PT ____ Date ____

Nitrification Field: No Fields ____ Square Feet 1000 Linear Feet 532'

No Lines 5 Trench Width 36" Trench Depth 22-24" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: pump to new drain field

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☑ Other Duplex

No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

☑ Slab ☐ Crawl Space ☐ Basement w/plumbing

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☐ Yes ☐ No

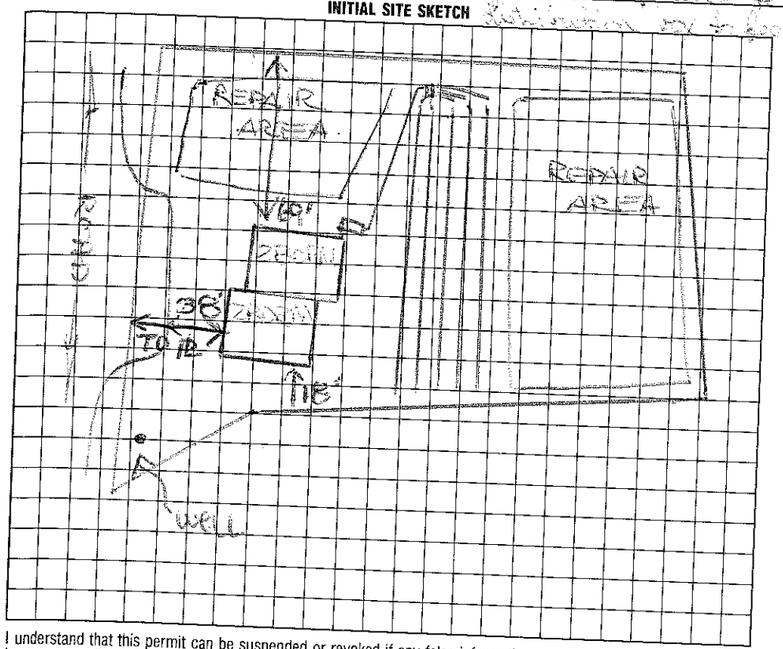
Auto. Washing Machine: ☐ Yes ☐ No

Other ____

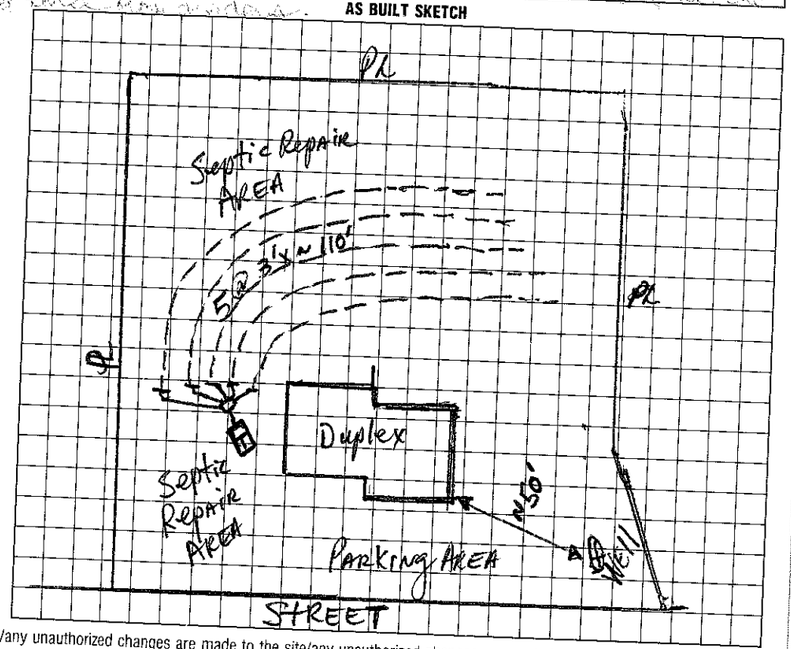
☐ Basement wo/plumbing

Comments Dr. ext. install during wet soil conditions w/ low pressure pump. Pump to be placed in 3 laterals w/ low pressure pump. Install on contour - shown on plot plan. Call Inspector for pump-out & installation - 6 SX lots are to be installed at once. Saw 2 - 6" lines thru this drain.

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: Mark Needham

Improvement Permit by: [illegible] date 1-23-93

Existing System Inspection by: ____ date ____

Installed by: A J Erwin

Certificate of Completion by: [illegible], RS date 1-25-94

Operation Permit by: ____ date ____

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

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. 16367 DATE 6-17-93

OWNER OR CONTRACTOR Bonanza Development Company PHONE: Business 704 365 2300 TAX MAP NO. 2F-A-16

ADDRESS 6827-C Fairview ~~Road~~ Road, Charlotte, N.C. 28210 Home

LOCATION ON North Side of Brawley School Rd (1100) 1/4 MILE WEST OF McKendree Road (1115)

SUBDIVISION Peninsula Pines BLOCK / SECTION LOT 1 LOT AREA 32,800sqft SITE CLASS. P L.T.A.R. 0.3

Water Supply: ☒ Individual ☐ Community ☐ Public *MULTI-FAMILY RESIDENTAL

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

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

No Lines 5 Trench Width 3' Trench Depth 20-24" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: gravity PPBPS

Maintenance Agreement Required: ☐ Yes ~~☒ No~~

☐ House/Mod. Home No. Bedrooms 2x2

☐ Mobile Home No. Bathrooms 2x2

☐ Business No. Employees —

☒ Other DUPLEX

☒ Slab ☐ Crawl Space ☐ Basement w/plumbing

Garbage Disposal: ☐ Yes ☒ No

Auto. Dishwasher: ☒ Yes ☐ No

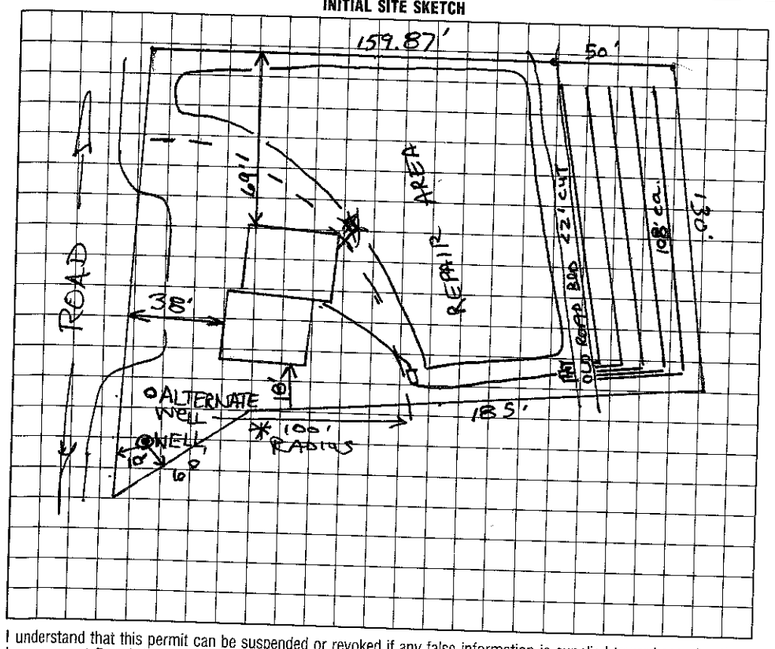
Auto. Washing Machine: ☒ Yes ☐ No

Other

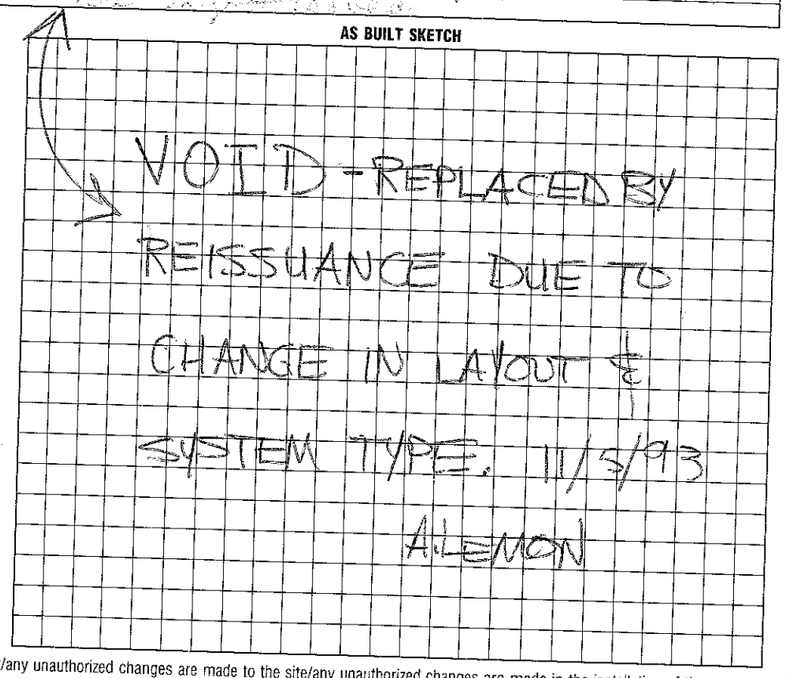
☐ Basement wo/plumbing

Comments DO NOT INSTALL DURING WET SOIL CONDITIONS OR RAIN. REPAIR AREA MAY BE REEVALUATED FOR USE OF CONVENTIONAL SYSTEM AFTER LANDSCAPING WORK IS COMPLETE. 100' WELL SETBACK REQUIRED AS IT IS A MULTI-FAMILY RESIDENCE.

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. Heath

Improvement Permit by: Andrea Lemon date 6-17-93

Existing System Inspection by: date

Installed by:

Certificate of Completion by: date

Operation Permit by: date

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