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. 16369 DATE JUNE 28 1993 TAX MAP NO. 2F-A-16

OWNER OR CONTRACTOR BONANZA DEVELOPMENT COMPANY PHONE: Business 704 365 2390 Home 4626-96-9046

ADDRESS 6827-C FAIRVIEW ROAD CHARLOTTE NC 28210

LOCATION 6N NORTH SIDE OF BRAWLEY SCHOOL ROAD (1100) ¼ MILE WEST OF MCKENDREE ROAD (111.5)

SUBDIVISION PENINSULA PINES BLOCK / SECTION _____ LOT 4 LOT AREA 30000 SITE CLASS. _____ L.T.A.R. 0.25-0.3

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

Septic Tank: 1500 Gallons; STB 797 Date 9-5-94

Pump Tank: _____ 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, III, 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

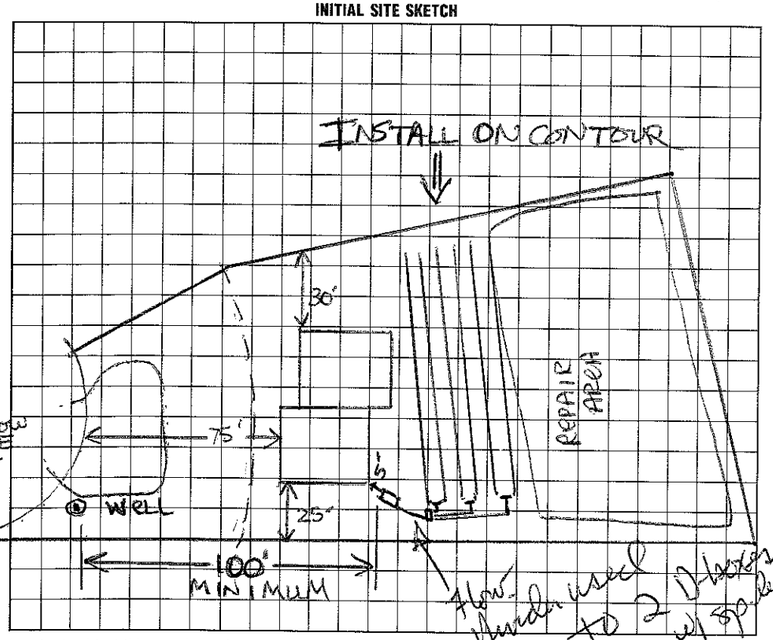
Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☒ Yes ☐ No

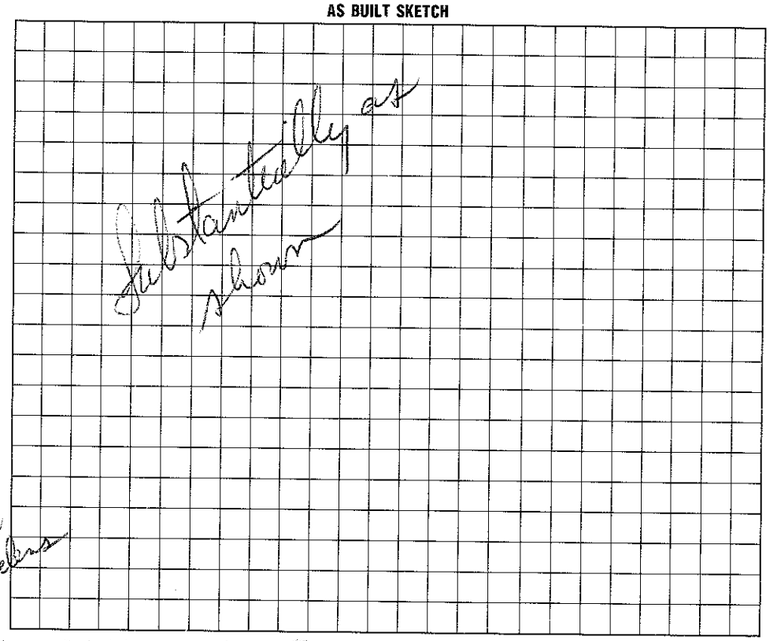
Other _____

Comments MAY USE 12' CENTERS DITCH SPACING BETWEEN SETS OF LINES. MAY USE ONE BOX AND 3 TEES OR ONE FLOW DIVIDER TEE INTO 2 BOXES, 3 LINES OUT OF EACH BOX. DO NOT INSTALL DURING WET SOIL CONDITIONS OR RAIN. DIVERT ROOF RUNOFF AWAY FROM SEPTIC 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: A. C. Needham

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

Existing System Inspection by: _____ date _____

Installed by: J Gerard

Certificate of Completion by: [illegible] IRS date 10/27/94

Operation Permit by: _____ date _____

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