IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

BONANZA DEVELOPMENT COMPANY, INC	663-6487	P.O. BOX 1186	MOORESVILLE	NC	28115
Applicant	Phone #	Mailing Address	City	State	Zip Code

TAFBO	801 CENTRAL AVE, SUITE I	CHARLOTTE	NC	28204
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

MALLARD PINES	6	TAX PARCEL 2K-B-45	1113
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

PRIVATE WELL	11/17/93	2K-B-45
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property: WEST ON SR 1100, LEFT ON SR 1113, 1/3 MILE ON LEFT SIDE OF 1113

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X (2 FAMILY) Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 4

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space X Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

9/7/94 DATE Mark Meadh SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
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Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (and proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete only when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing all proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.

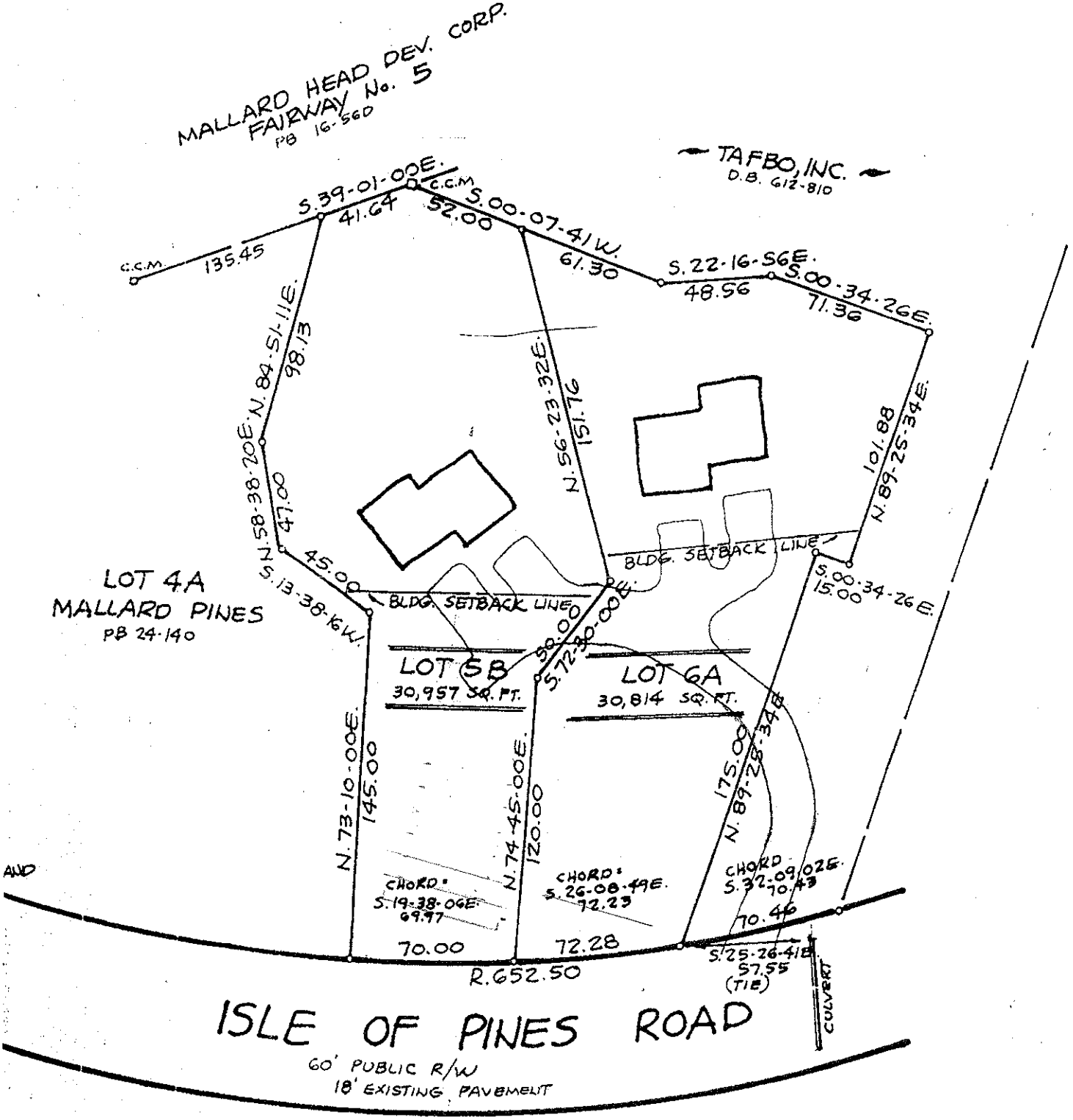
MALLARD PINES LOT 6

SEE ATTACHED PLAT + SKETCH

BUILDING LOCATION TO BE STAKED ON SITE AND HEALTH DEPARTMENT TO BE NOTIFIED WHEN STAKING COMPLETE.

I hereby convenant that the above representation is correct to the best of my knowledge and ability.

9/7/94 Date Marie Medl SIGNATURE OF OWNER/AUTHORIZED AGENT



DEED 612-810

PLOT PLAN LOTS 5B & 6A
MALLARD PINES

APRIL 4, 1995 SCALE: 1" = 60'

R. S. HOLLIFIELD