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. 17411 DATE April 13, 95 TAX MAP NO. part of 2LB45 4636234814 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Bonanza Dev. Co. PHONE: Business _____ Home _____ WSIV

ADDRESS -209 Isle of Pines Rd - Mrsvl.

LOCATION 1100 TR Isle of PINES Rd ½ mile on left

SUBDIVISION Mallard Pines BLOCK / SECTION — LOT 5B LOT AREA .89Ac SITE CLASS. Bpu/96 DESIGN FLOW 480gpd L.T.A.R. .35

Septic Tank: 1500 Gallons; STB 794 Date 10-7-95

Pump Tank: 1000 Gallons; PT 317 Date 10-7-95

Pump Make: GOULD Model 592 Serial No. 2164

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350

No Lines 9 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Pumped Infiltrator

Repair System Description: offsite LPP/BBS

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☑ Other Duplex Apt

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

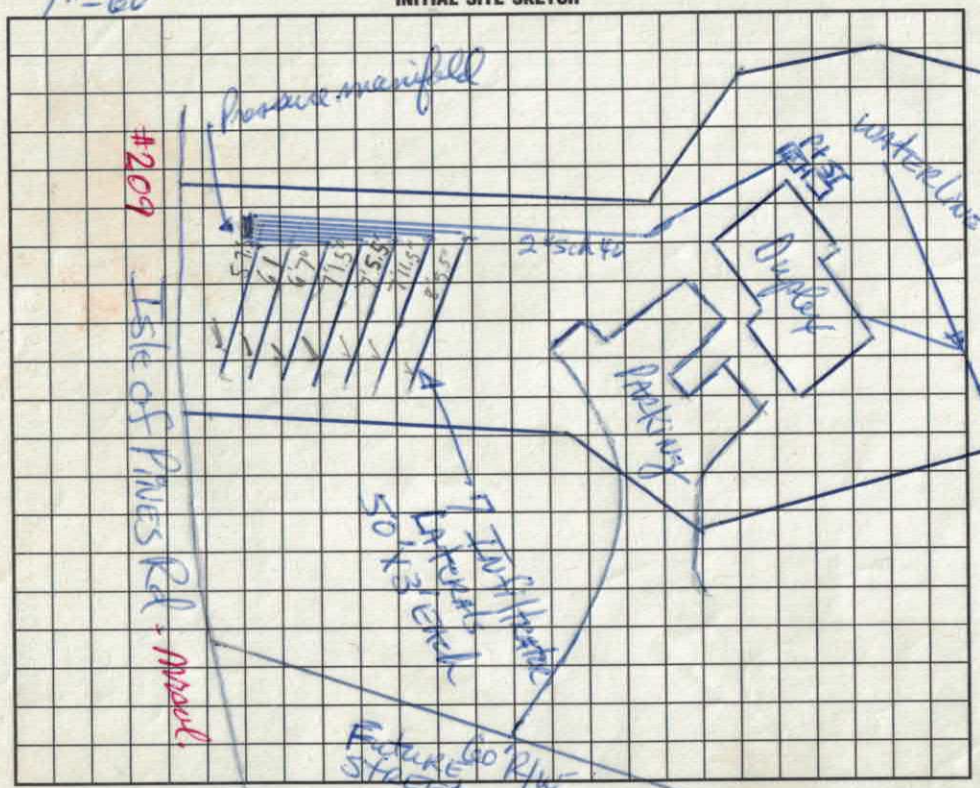
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: SEE ME for Design Specs on pressure manifold. Pump # - M592 2164

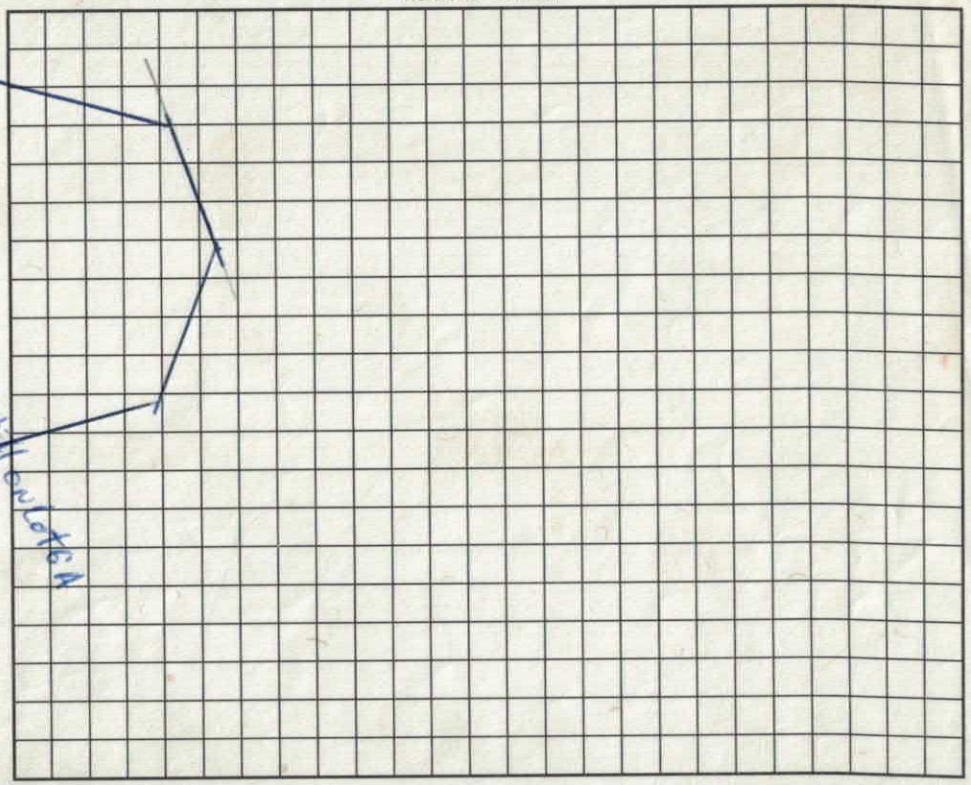
Comments: installed as drawn.

1" = 60'

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 A Needham

Improvement Permit by: John D Stevenson RS date 4/13/95

Existing System Inspection by: _____ date _____

Installed by: F J Erwin

Certificate of Completion by: Wesley Sparks RS. date 1/17/96

Operation Permit by: Wesley Sparks RS. date 1/17/96

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

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Duane Lewis APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 11/4/98 & 11/6/98
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Mallard Pines Lot #5 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	11/4/98	0-48"	Rd/Brn C/G m-wSBK		S-SS,SP,SE,F-PR Mottles (could be relic mottles)				
			~37" Yel Chroma						
			~45" Some Chroma		2 Mottles				
			returned 11/6/98 Water in Auger		hole				
2		0-60"	Rd/Brn C/G m-wSBK		S-SS,SP,SE,F				
			~40" Yel Chroma		Some Chroma 2 Mottles				
			~48" Yel Chroma & Firm Soil — Hard to Dig						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

DEPARTMENT OF ENVIRONMENT,
HEALTH, & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY I.D.#: _____
PROPERTY RECORDED: _____
COUNTY: _____

SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT: Needham / Bonanza Dev Co. OWNER: __ AGENT: __ PHONE: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 12/6/94
PROPOSED FACILITY: 4 Bedroom Duplex
PROPERTY SIZE: _____

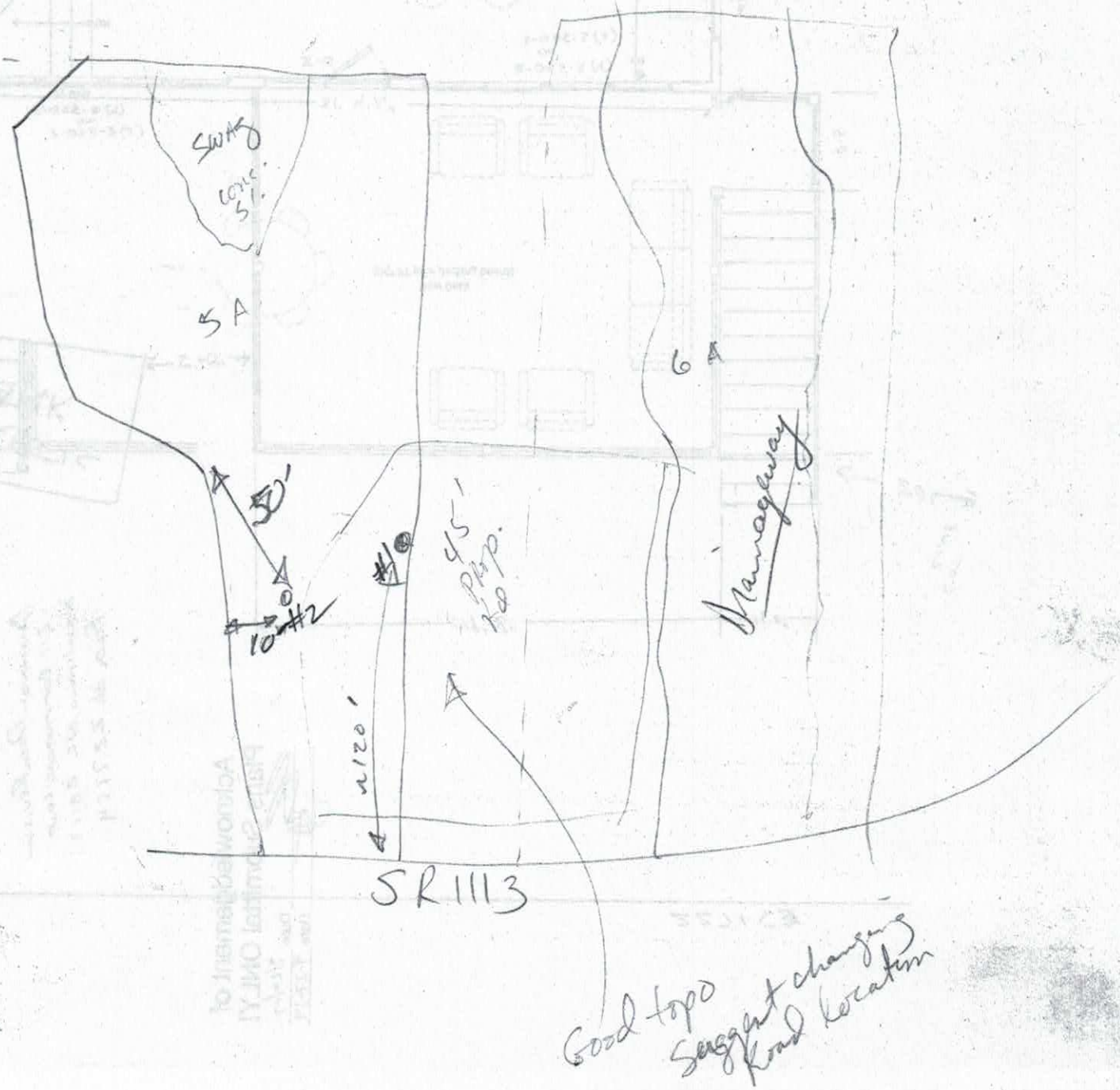
LOCATION OF SITE: SR 1113
WATER SUPPLY: On-Site Well ___ Comm. Well ___ Public ___ Other _____ EVAL. METHOD: Auger Boring ✓ Pit ___ Cut ___

PROFILE #	.1940 LANDSCP POS. (%)	HORIZON DEPTH (IN.)	.1941 STRUCTURE/TEXTURE	.1941 MINERALOGY/ CONSISTENCE	.1942 WETNESS COND.	.1944 RESTRICT HORIZONS	.1948 CLASS OF HORIZ	1943/ 1956 SAPRLT CLASS.	HORIZON LTAR
1 edge of pond LSS		0-7	SAb / CL						.4
		7-13	SAb / C						
		13-48	mSAb / CL						
2		0-5	gr- scL						.35 / .3
		5-15	SAb - C						
		15-32	mg SAb CL						
		32-45+	wk SAb CL						
3									
4									
5									

AVAILABLE SPACE (.1945) _____ SITE CLASSIFICATION (.1948): _____ SITE LONG-TERM ACCEPTANCE RATE: _____

EVALUATED BY: _____ OTHER(S) PRESENT: _____

COMMENTS: _____


SWAG
LOTS
5 A
6 A
50'
10
#2
#1
45'
PROP.
T.B.
manageway
N120'
SR 1113
Good topo
Suggest changing
Road location

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	5	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 _____

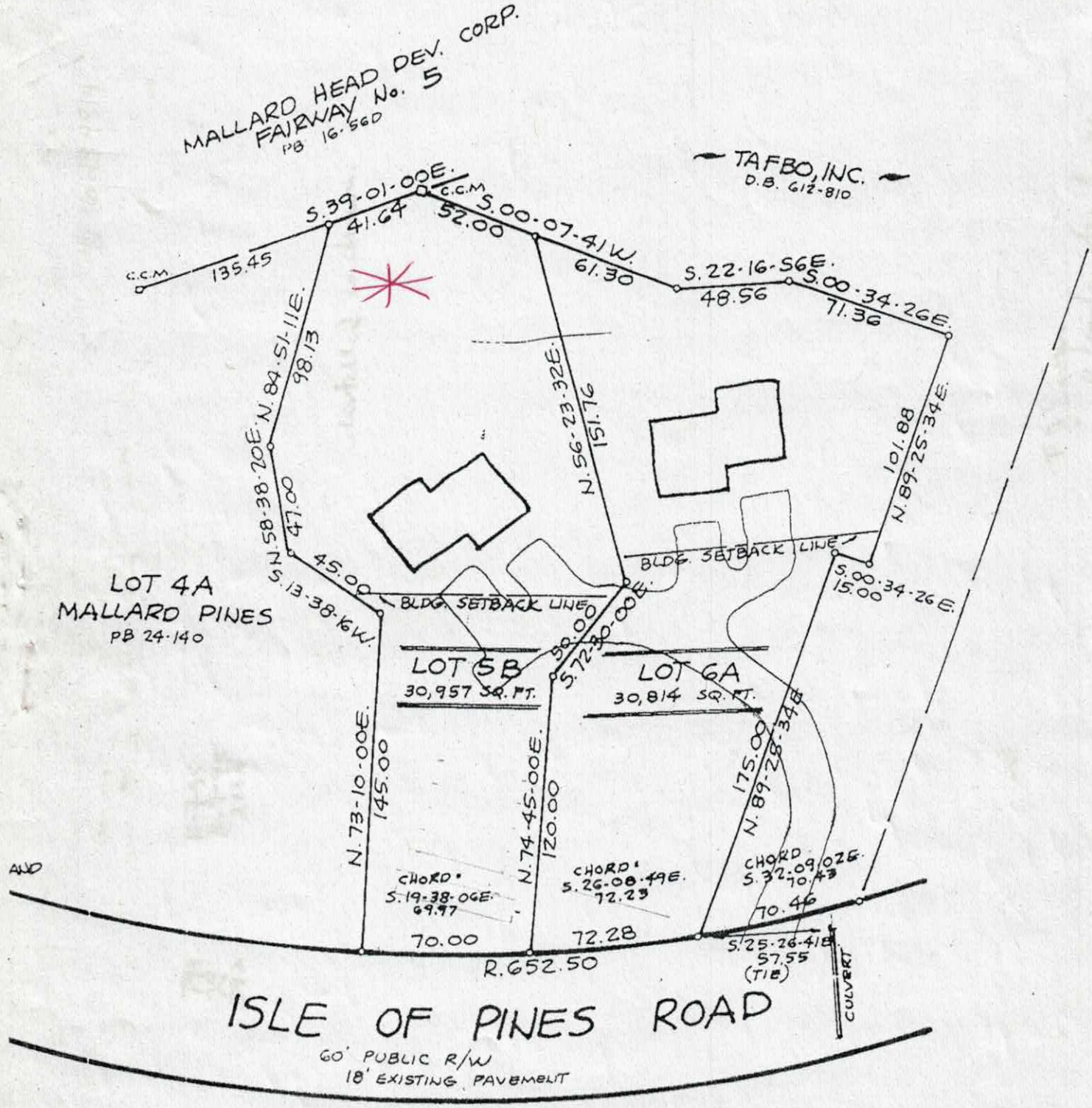
Crawl Space X Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

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 Meadows SIGNATURE OF OWNER/AUTHORIZED AGENT



PLOT PLAN LOTS 5B & 6A
MALLARD PINES
APRIL 4, 1995

SCALE: 1" = 60'

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

№ 17411

PROPERTY DESCRIPTION

APPLICATION FOR- (✓) Improvements Permit (✓) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other (Not a Permit)

Proposed Use: TWO FAMILY DWELLINGS

Location: SR 1100, TL SR 1113, ON LEFT BEFORE TURKEYFILL RD.

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
2-B-45	DAVIDSON	IREDELL	RA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
HOLLAND PINES	5	.885	( ) yes ( ) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

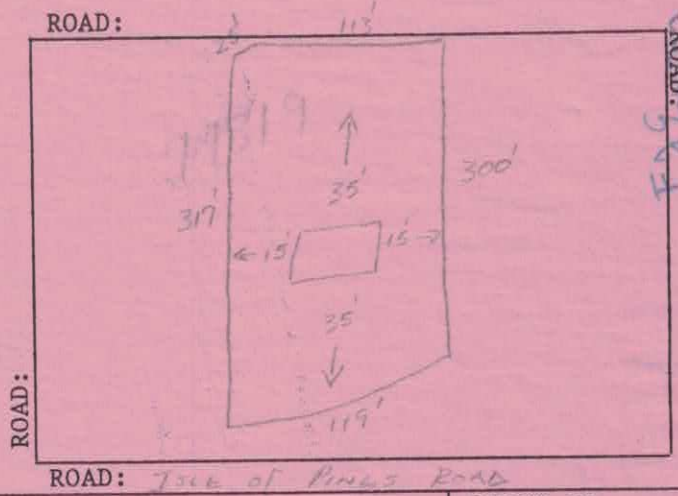
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.

$ 15.00
25.00
$ 40.00

077580



OWNER	ADDRESS	PHONE NO.
TAFCO	801 Central Ave, Suite 1, Char. NC 28204	

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

A. Curtis Needham — 11-8-93

Signature of Owner or Authorized Agent — Application Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area 30,000 sq. ft. Front yard depth 35 ft. Corner yard depth — ft.

Lot width 110 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS: DO NOT ISSUE PERMIT UNTIL PLAT IS RECORDED

ZONING ADMINISTRATION DIVISION

William Allen — 11-8-93

Approved by — Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner