$0 10:00

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 128943 PIN# ~~4636337208.003~~ 4636236289 DATE 5-11-07

OWNER OR APPLICANT Bonanza Devl. Co Inc PHONE: Business _____ Home _____

ADDRESS 816-C Brawley Sch Rd Mooresville 28117

LOCATION Brawley Sch Rd to Isle of Pines, L on Meadow Crest, L on Vista View, at end on Left

SUBDIVISION Villages@IOP BLOCK / SECTION _____ LOT 3 LOT AREA ~~36~~ 1/2 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. ~~.38~~

Septic Tank: 1000 Gallons: STB 194 Date 7-30-08

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 306

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% Reduced

Repair System Description: LP Panel

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth — ☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

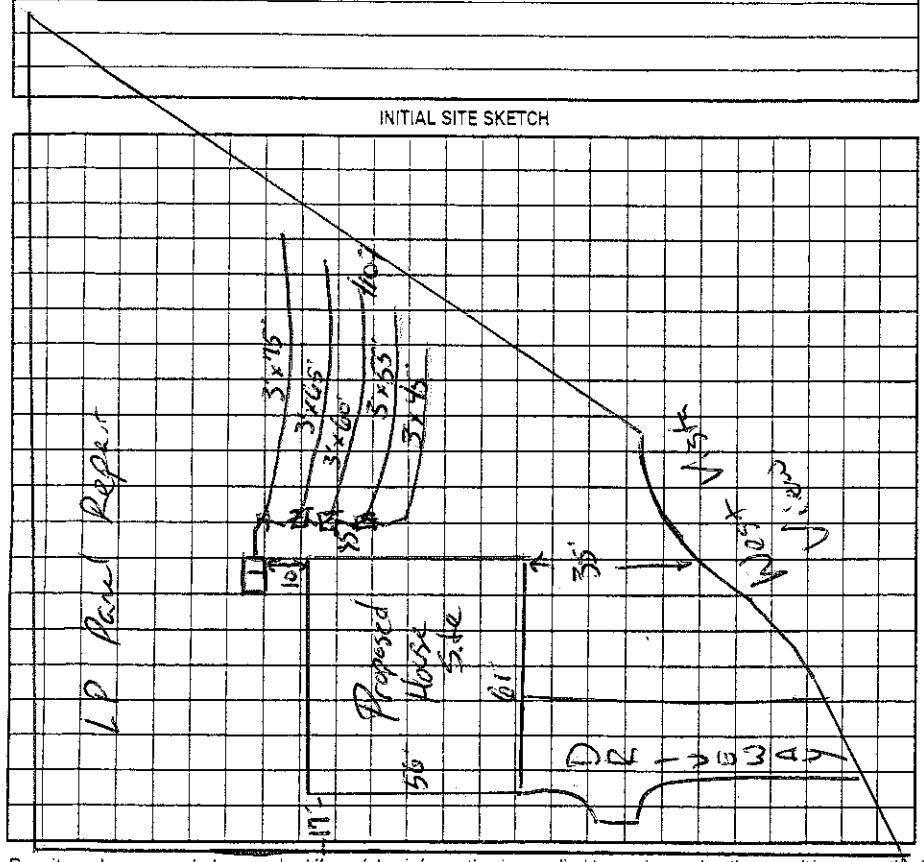
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments/Conditions:

Comments/Conditions: Installed Quick4 as shown.

INITIAL SITE SKETCH



AS BUILT SKETCH

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 with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Janice P Needham date 5/16/07

Improvement Permit by: Joseph E Abel date 5-11-07

Authorization to Construct by: Joseph E Abel date 5-11-07

Installed by: ERVIN R5

Operation Permit by: [illegible] date 1/28/09

Existing System Inspection by: _____ date _____

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