IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REDRAW PIN# 4636-33-3206.000 4636236502 DATE 10/16/06

OWNER OR APPLICANT MIOP / Bonanza Devt. Co PHONE: Business _____ Home _____

ADDRESS _____

LOCATION _____

SUBDIVISION Villages @ Bleaf Pines BLOCK / SECTION _____ LOT 1 LOT AREA 30,267ft² SITE CLASS. P.S. DESIGN FLOW 360gpd L.T.A.R. .30gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 5/9/07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% Reduction - Gravity

Repair System Description: LPPBPS

Maintenance Agreement Required: ☐ Yes ☒ No (Initial)

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

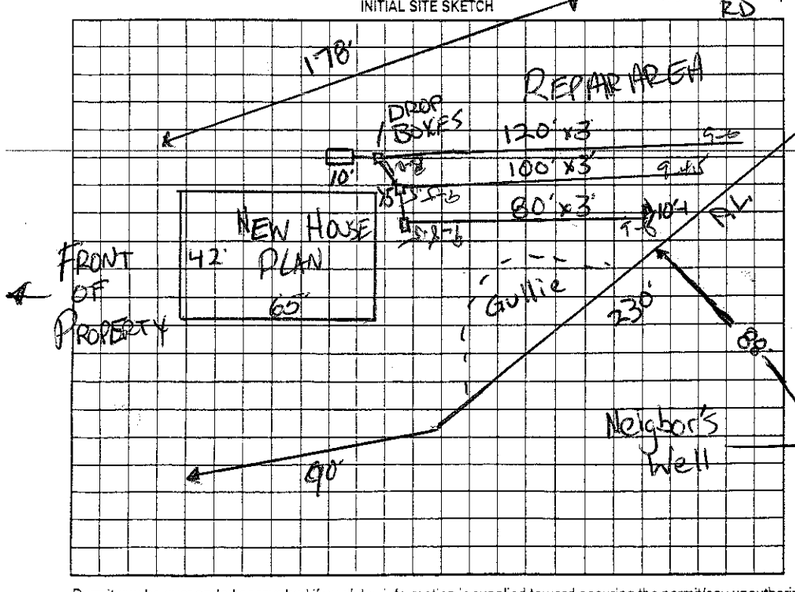
Water Supply: ☒ Individual ☒ Public ☒ Community

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

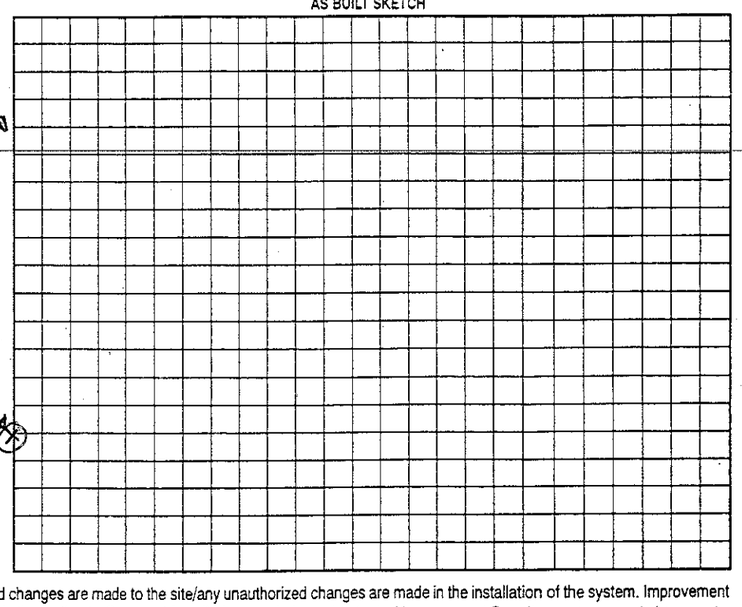
Comments:/Conditions: Follow Contours - Stay 10' from Prop. Lines, Keep At LEAST 5' from foundation w/ drop boxes

Comments:/Conditions:

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: Bonanza Dev. Co by Scott R. Needham date 10/18/06

Improvement Permit by: Joseph E. Abele date 10/16/06

Authorization to Construct by: Joseph E. Abele date 10/16/06

Installed by: F.J. Evans

Operation Permit by: Wesley Sparks RS. date 4/16/07

Existing System Inspection by: _____ date _____

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