IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 28952 PIN# 4636-33-3208.010 4630239468 DATE 4/19/06

OWNER OR APPLICANT MIOP LLC / Bonanza Dev. PHONE: Business _____ Home _____

ADDRESS 816 G Brawley School Rd. Mooresville NC 28117

LOCATION B38, TL Isle of Pines, TL Meadow Crest, TL Vista View, on RT

SUBDIVISION Village of Island Point BLOCK / SECTION _____ LOT 10 LOT AREA 30,011 Ft² SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. 0.25

Septic Tank: 1000 Gallons: STB 744 Date 5/19/06

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model Delinger Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 6@60' Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth _____

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

System Description: 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: Can use D-Boxes

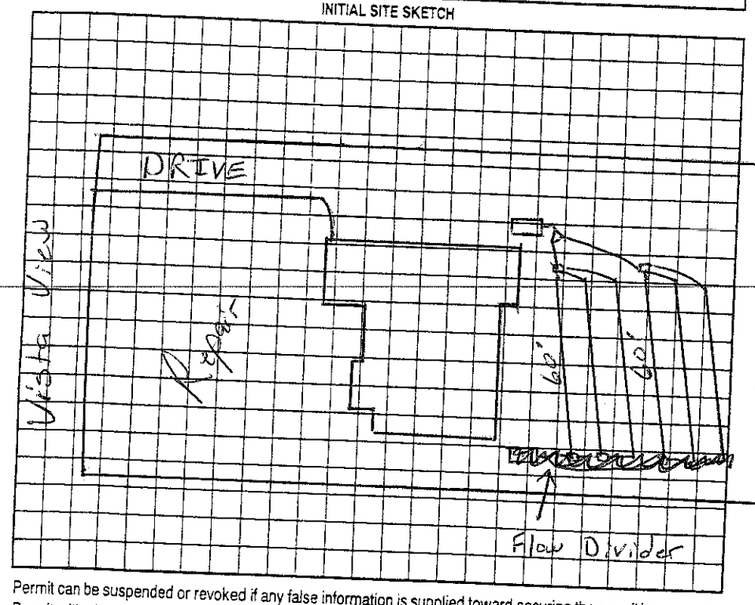
1"=50'

Comments:/Conditions:

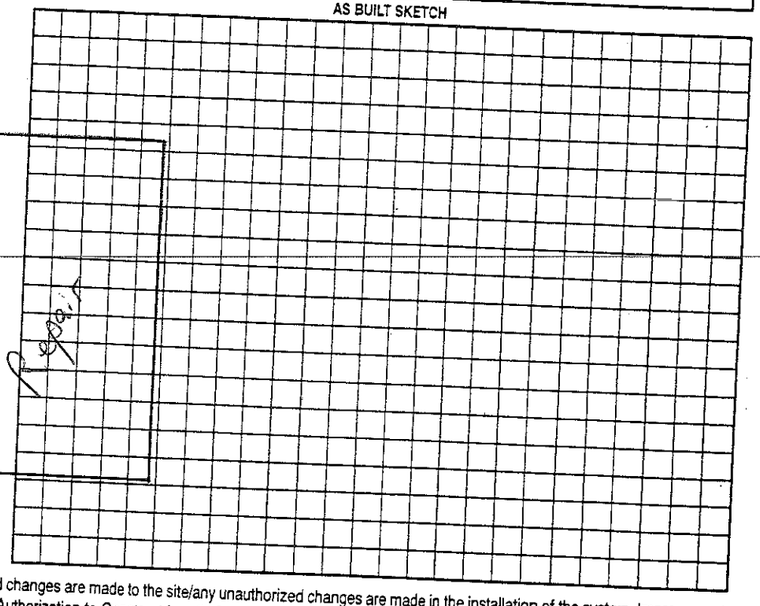
Tank & Plumbing on Right Side

Quick 4 Installed

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: _____ date 5-4-06

Improvement Permit by: _____ RS date 4/19/06

Authorization to Construct by: _____ RS date 4/19/06

Installed by: F J Ervin

Operation Permit by: _____ date 8/11/06

Existing System Inspection by: _____ date _____

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