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. 17408. DATE 12/16/93 TAX MAP NO. 4636-24-2252

OWNER OR CONTRACTOR Ballantyne Development Co. PHONE: Business 704 664 7574 Home

ADDRESS 8118 Bonanza Circle Mooresville NC 28115

LOCATION on East side of SR 1113 approx 500 ft. S. of Dr.

SUBDIVISION Willard Pines BLOCK / SECTION — LOT 2 A LOT AREA — SITE CLASS. F L.T.A.R. 0.25

Water Supply: ☐ Individual ☐ Community ☐ Public → MULTI-FAMILY RESIDENCE

Septic Tank: 900 min. Gallons; ST ① 750 gallon ② 750 gallon Date 10-21-94 10-21-94

Pump Tank: 1/M Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines 3 Trench Width 36" Trench Depth 20" Gravel Depth 6"

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

System Description: gravity conventional

Repair System Description: pump conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other Duplex

No. Bedrooms 2 3 No. Bathrooms 2 2 No. Employees — Design Flow 240

Garbage Disposal: ☐ Yes ☒ No

Auto. Dishwasher: ☐ Yes ☐ No

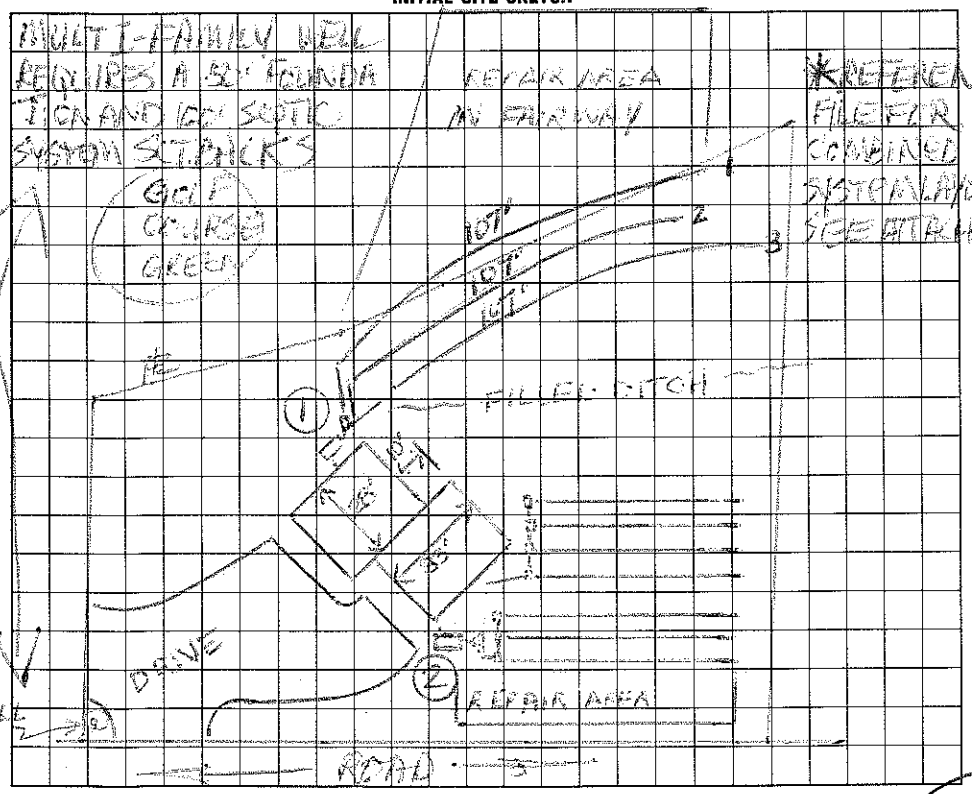
Auto. Washing Machine: ☐ Yes ☐ No

Other —

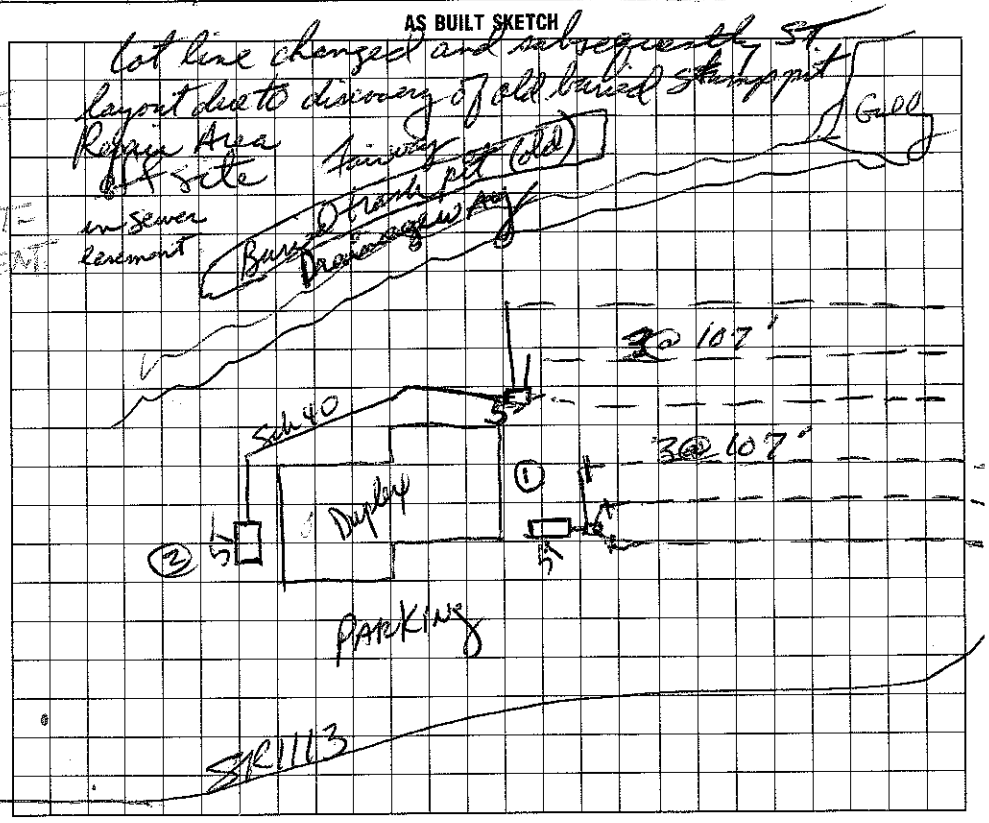
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments PERMIT FOR SYSTEM (1) ONLY—FOR ONE 2 BDRM UNIT OF DUPLEX. DEED OF EASEMENT ATTACHED. SOIL PIT FOR R.A.X. THRU FILED DITCH TO ST. SUITABLE. INSTALL ON CONTOUR AT SPECIFIED DEPTH. SET TANK 3" ABOVE EXISTING GRADE. CURTAIN TO BE BACKFILLED. DO NOT INSTALL DURING WET SEASON OR IN SNOW OR RAIN.

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 Needham

Improvement Permit by: Andrea Lewis date 12/16/93

Existing System Inspection by: — date —

Installed by: F. J. Ervin

Certificate of Completion by Derek R. Hanson, RS date 12/8/94

Operation Permit by: — date —

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