IREDELL COUNTY HEALTH DEPARTMENT

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

4436-24-2493

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17407 DATE NOV 2 1993 TAX MAP NO. 2K-B-25 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR BONANZA DEVELOPMENT CO. PHONE: Business 663-7274 Home

ADDRESS 1018 PONDEROSA CIRCLE MOORESVILLE NC 28115 MARK NEEDHAM

LOCATION ON EAST SIDE OF SR 1113 1/2 MILE SOUTH OF 1100

SUBDIVISION MALLARD PONDS BLOCK / SECTION — LOT 1 LOT AREA 3± AC SITE CLASS. F DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: ~~1000~~ 1500 Gallons; STB 297 Bellinger Date 4-27-94

Pump Tank: 1000 Gallons; PT 27 Bellinger Date 6-21-94

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1400 Linear Feet 635

No Lines 4 Trench Width 36" Max Trench Bottom Depth 20-24" Gravel Depth 12"

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

System Description: ADD TO EXISTING SYSTEM

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No CPPBPS

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

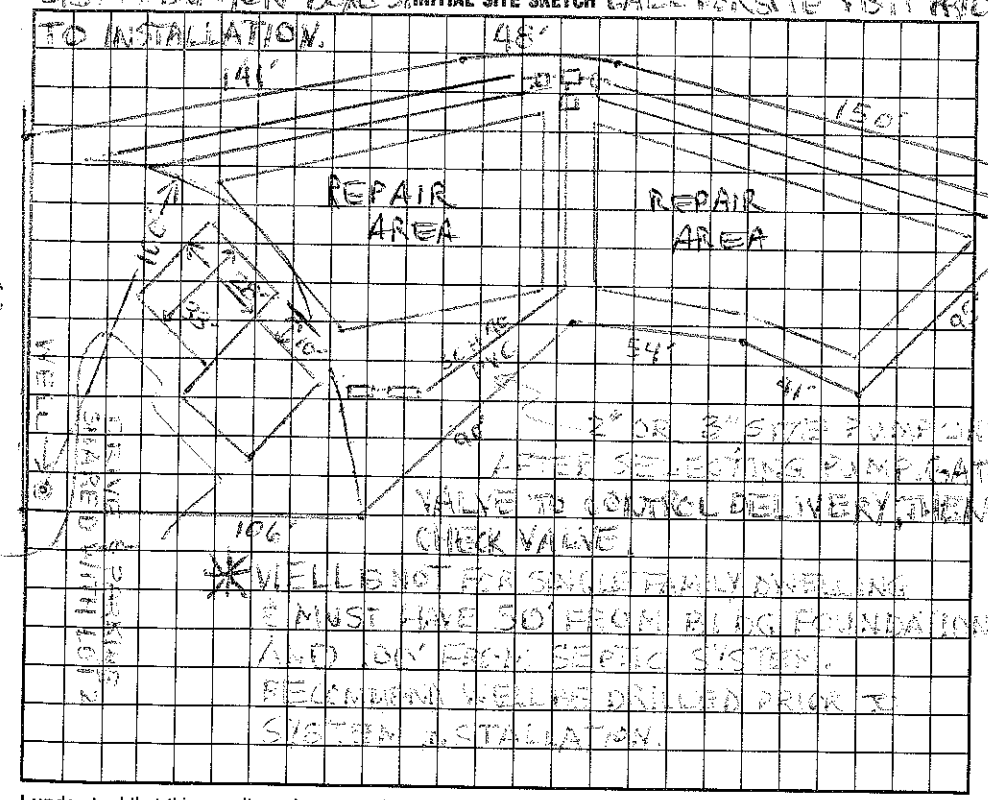
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

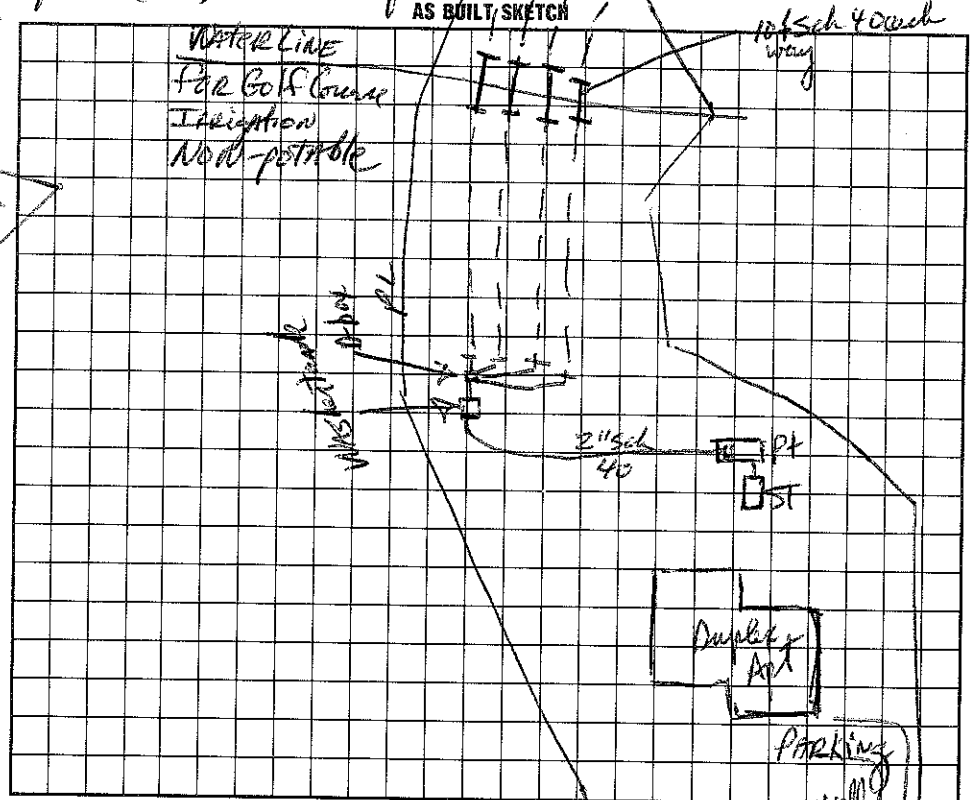
Comments: DO NOT INSTALL PER NC WET SOIL CONDITIONS. 24 HR LEAK TEST ON PUMP TANK. PUMP DELIVERY INTO A WASHER BOX DIRECT INLET PIPE AWAY FROM OUTLET PIPE. OUTLET TO A FLOW DIVIDER/DIRECTOR TEE, THEN INTO TWO DISTRIBUTION BOXES. CALL FOR SITE VISIT PRIOR TO INSTALLATION.

Comments: Sufficient space for repair area. Property boundary does not exist in the valley, is not where originally staked. Repair area is of site (#A) and not for CPPBPS.

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: Scott R. Needham

Improvement Permit by: Barbara Lemmon RS date 11-A-93

Existing System Inspection by: _____ date _____

Installed by: J.J. Crain

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 8/8/94

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