# 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. 21996 DATE ~~MAY~~ May 15, '96 TAX MAP NO. part of 2K B45 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Bonanza Dev. Co. PHONE: Business 663-6487 4636-24-9383

ADDRESS PO Box 1186, Mooresville

LOCATION Brawley School Road TL Isle of Pines Rd; TL 1st street ~~AT~~ (Double Eagle Dr.) AT END

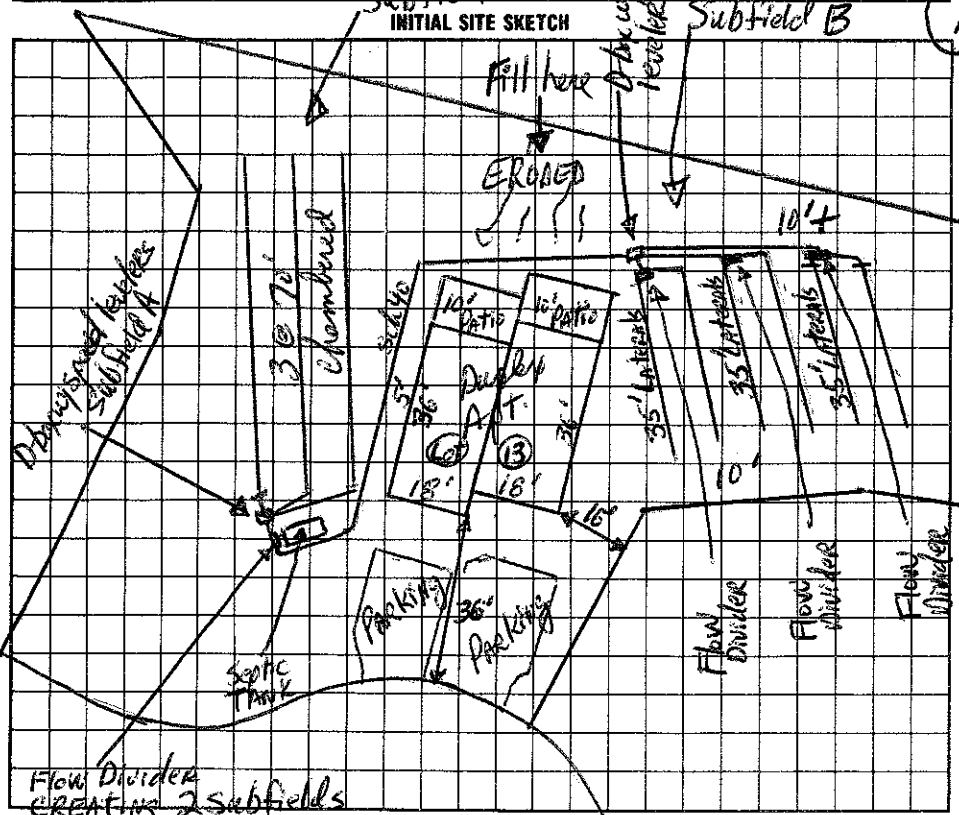
SUBDIVISION Mallard Pines BLOCK / SECTION III LOT 13 LOT AREA 30,000 ft² SITE CLASS. PS per 1986 DESIGN FLOW 480 gpd L.T.A.R. .5

| | | | |
|---|---|---|---|
| Septic Tank: 1500 Gallons; STB 797 Date 9/25/97 | ☑ New System ☐ Repair System Type: I. II. (III) IV. V. VI | ☐ House/Mod. Home No. Bedrooms 4 | Water Supply: |
| Pump Tank: ___ Gallons; PT ___ Date ___ | System Description: Gravity chambered | ☐ Mobile Home No. Bathrooms 4 | ☑ Individual |
| Pump Make: ___ Model ___ Serial No. ___ | Repair System Description: LPP/BPS - offsite easement | ☐ Business No. Employees ___ | ☐ Community |
| Nitrification Field: No Fields 2 Square Feet 1200 + Linear Feet 400 + | Maintenance Agreement Required: ☐ Yes ☑ No | ☐ Other Duplex Apt. | ☐ Public |
| No Lines 3 + 6 Trench Width 36" Max Trench Bottom Depth ~24" Gravel Depth NA | ☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing | | |

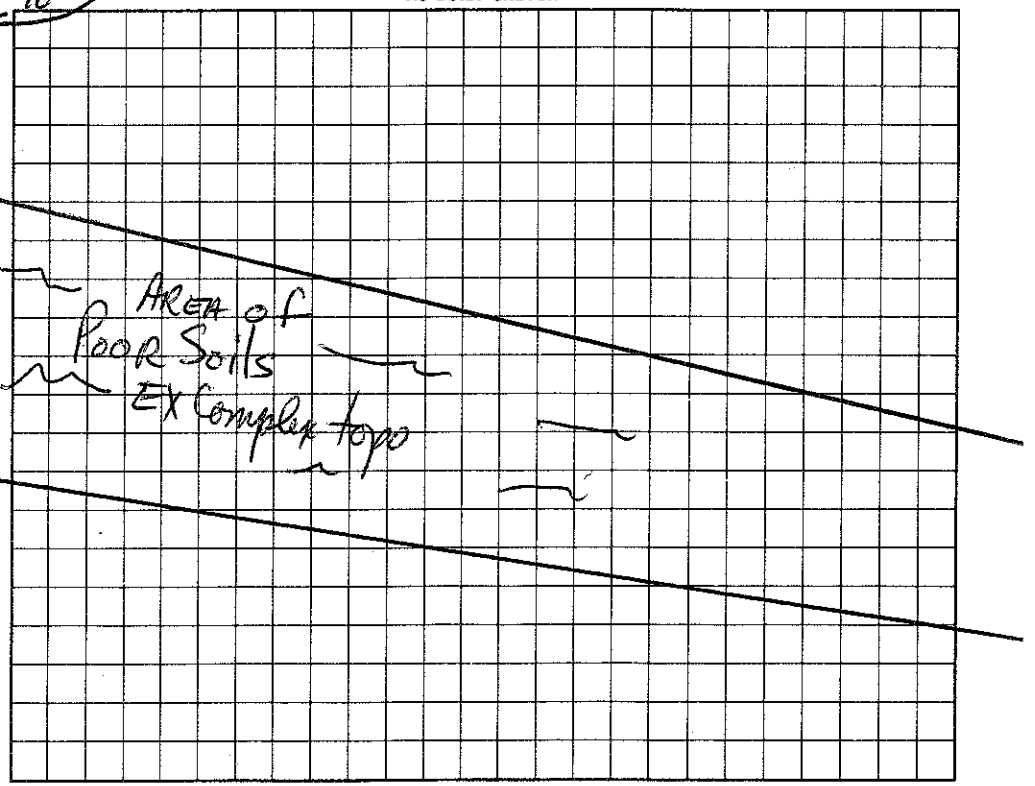
Comments: * Plumbing must exit above existing grade and backfill against foundation to avoid pumping.

Comments: * ALL LINES BUT UPPER 2 35' LINES ~~CHECKED~~ UNCHECKED Elevated slab

**INITIAL SITE SKETCH** 1"=40'




**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.

Signed: ~~X~~ Mark Mauk

Improvement Permit by: Mark R Hanson, RS date 5-15-96

Existing System Inspection by: Mark R Hanson, RS date 8-27-96

Installed by: FJ BRUIN

Certificate of Completion by: ___ date ___

Operation Permit by: C. Brown Hanson date 10/31/97

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