IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 152521 PIN# 4639-83-4045.077 4639 744 384 DATE 9-11-08

OWNER OR APPLICANT Bells Crossing LLC PHONE: Business _____ Home _____

ADDRESS 127 B Promenade Dr. Mooresville NC 28117

LOCATION Perth Rd, TL Bells Crossing, on R

SUBDIVISION Bells Crossing BLOCK / SECTION _____ LOT 77 LOT AREA 1.15 AC SITE CLASS. PS DESIGN FLOW 460 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 760 Date 2-2

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: Gravity 25% Red.

Repair System Description: LPP Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No Initially

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

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

No. Bedrooms 4 No. Persons ___ No. Employees ___

Water Supply: ☐ Individual ☐ Public ☒ Community

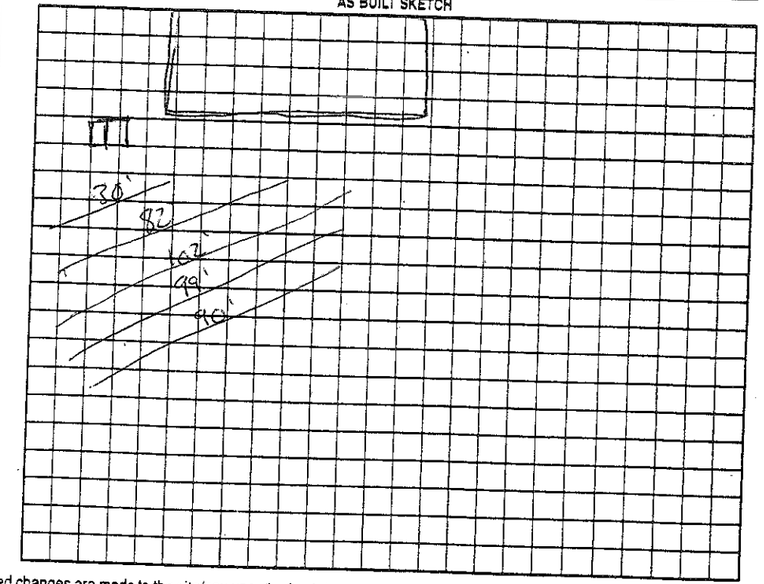
Comments/Conditions: 1) Install per plan specs 2) Maintain set backs

Comments/Conditions:

INITIAL SITE SKETCH

See attached by Ashley Rollins @ Soil & Environmental Services

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 11/10/08

Improvement Permit by: _____ date 9-11-08

Authorization to Construct by: _____ date 6-18-13

Installed by: _____

Operation Permit by: CPC _____ date 10-17-13

Existing System Inspection by: _____ date _____

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