IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

2:00 PERMIT # 205304 1525|6

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

PIN # 4639-74-7326.000

APPLICANT: MERITAGE HOMES APPLICANT ADDRESS: 7761 BALLANTINE COMM. PKWY

SITE ADDRESS: 234 BELLS CROSSING DR. PHONE: 704-351-5405 ALT. PHONE:

SITE DIRECTIONS: PERTH, BELLS CROSSING

SUBDIVISION: BELLS CROSSING SECTION: 1 LOT # 75 LOT AREA: .164 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% REDUCTION			
Pump Make			Model		Serial #		Repair System Description:	PPRPS			
# Nitrification Fields	1	# Lines	4 @ 103'	Linear Ft:	412'		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	—			☒ GRAVITY	☐ PRESSURE		

☒ Residence No. Bedrooms 4 ☐ Business No. Persons ☐ Other No. Employees ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

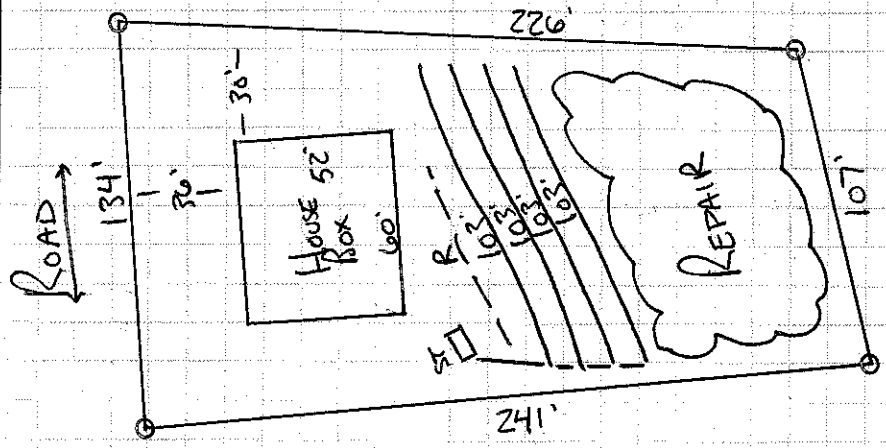
Comments / Conditions: 8/18/14 Reviewed Floor plans, in Compliance with Septic permit

★ Must keep Septic stub out above ST# drainfield elevation. Also at least 15'

INITIAL SITE SKETCH

Separation between basement & Septic System.

1"=60'



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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 2-19-13 Installed by: CAROLINA

IMPROVEMENT PERMIT by: Date: 2-19-13 OPERATION PERMIT by: APPROVED Date: OCT 31 2014

AUTHORIZATION TO CONSTRUCT by: Date: 8/18/14 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK