4:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 152484 PIN# 4639-85-4045.012 4639749693 DATE 9-8-08

OWNER OR APPLICANT Bells Crossing LLC/Meritage Homes PHONE: Business 704-663-1600 Home

ADDRESS 127 B Promenade Dr. Mooresville NC 28117

LOCATION Perth, TL Bells Crossing on R

SUBDIVISION Bells Crossing BLOCK / SECTION I LOT 72 LOT AREA .81 Ac SITE CLASS. PS DESIGN FLOW 490 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 4-6

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Gravity 25% Red

Repair System Description: LP - Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No Initially

☒ Gravity ☐ Pressure

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

No. Bedrooms 4 No. Persons 8 No. Employees ____

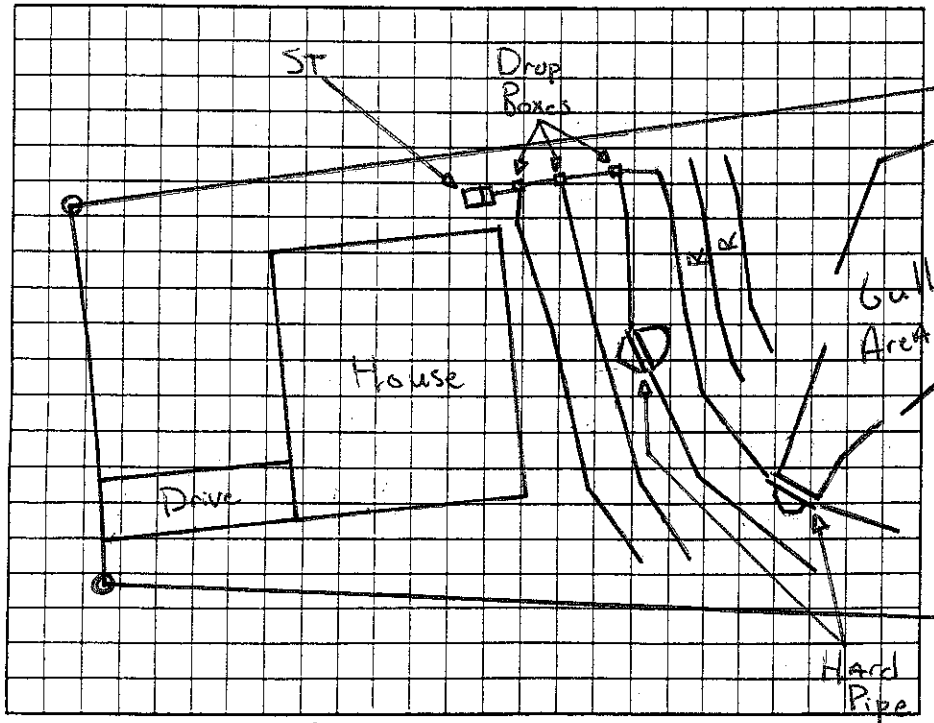
Water Supply: ☐ Individual ☐ Public ☒ Community

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

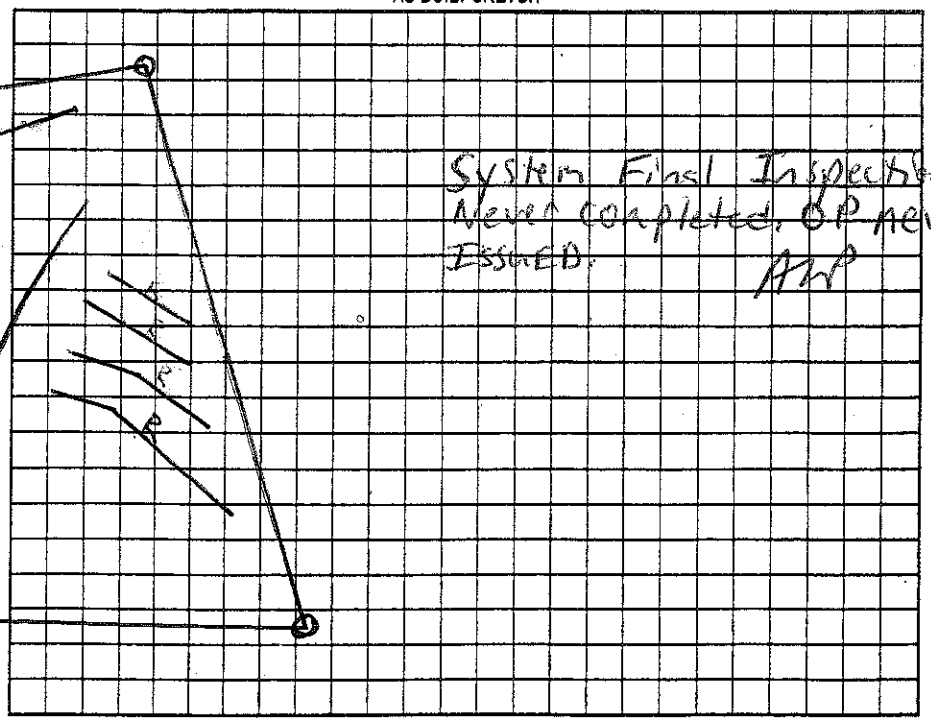
Comments/Conditions: 1) Install per plan specs attached by Rollins Soil + Env. Services 2) Maintain Setbacks

Comments/Conditions: 8/28/13 Checked upper 3 lines Quick fill 1250 gal

INITIAL SITE SKETCH



AS BUILT SKETCH



System Final Inspection Never completed, OP never Issued. AMP

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: [signature] date 9/12/08 Installed by: Carolina Pipe

Improvement Permit by: [signature] date 9-8-08 Operation Permit by: ____ date ____

Authorization to Construct by: [signature] date 5-16-13 Existing System Inspection by: ____ date ____

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