IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 152553

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

PIN # 4639831740

APPLICANT: MERITAGE HOMES OF NC APPLICANT ADDRESS: 7761 BALLANTYNE COMMONS PKWY STE 103

SITE ADDRESS: 177 BELFRY LOOP - MOORESVILLE NC 28117 PHONE: ALT. PHONE: MATT - 919-422-2827

SITE DIRECTIONS: PGRTH N - TL BELLS XING - LT ON BELFRY - LOT ON LT

SUBDIVISION: BELLS XING SECTION: LOT # 87 LOT AREA: .95 DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 760 Date 7-12

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 10 Linear Ft: 452'

Trench Width 36" Max. Trench Bottom Depth 18" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: GRAVITY 25% REDUCTION

Repair System Description: PUMP 25% OFFSET

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

☑ Crawl Space

Water Supply: ☐ Private ☐ Public ☑ Community

☐ Basement w/o plumbing

Comments / Conditions: NO A/C UNTIL EASEMENT IS RECORDED PROPERLY

Easement Recorded 8/30/13

INITIAL SITE SKETCH

SEE BATEMAN CIVIL SURVEY'S PLAN

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: 7-30-13 Installed by:

IMPROVEMENT PERMIT by: Date: 7/30/13 OPERATION PERMIT by: Date: 11-19-13

AUTHORIZATION TO CONSTRUCT by: Date: 8/30/13 Existing System Inspected by: Date:

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