IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 152560

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

PIN # 4639836869

APPLICANT: MERITAGE HOMES of CAROLINAS APPLICANT ADDRESS: 7761 BALLANTYNE COMMONS PKWY 103 CHARLOTTE NC 28277

SITE ADDRESS: 147 BELFRY LOOP MOORESVILLE NC 28117 PHONE: ALT. PHONE: MATT 919 422 2827

SITE DIRECTIONS: PERTH (N) - TL BELLS XING - TL BELFRY - ON LT

SUBDIVISION: BELLS XING SECTION: LOT # 92 LOT AREA: .92AC DESIGN FLOW: 480 L.T.A.R.: .3

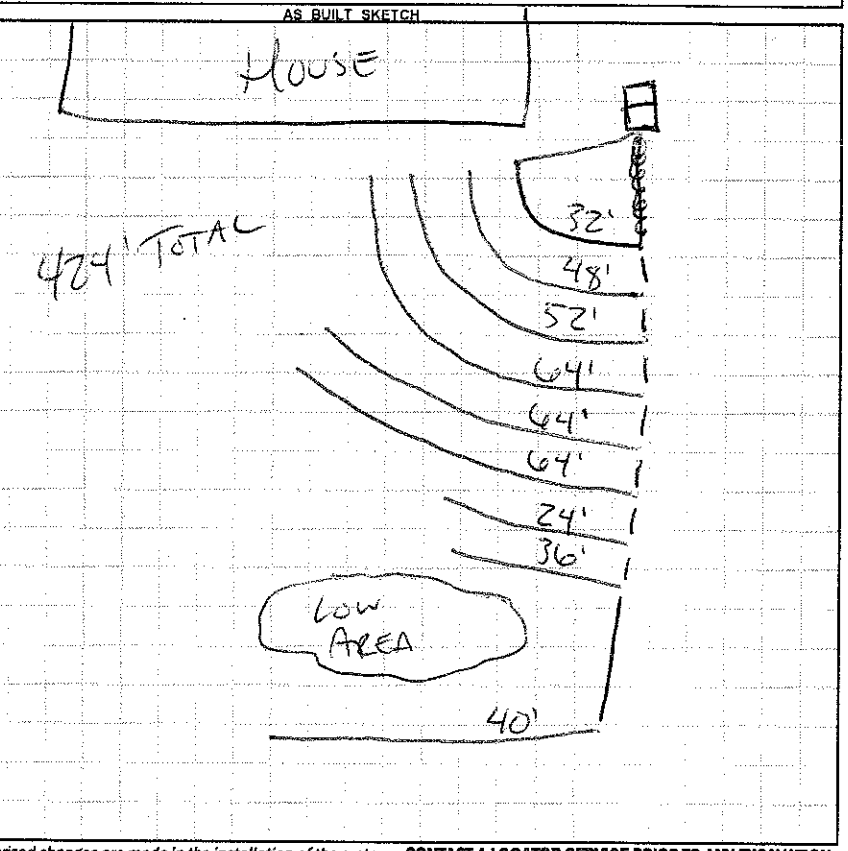
Septic Tank	1000	(gal)	STB	Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank		(gal)	PT	Date	System Description:	GRAVITY 25% REDUCTION			☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #	Repair System Description:	UPPERS - OFFSITE			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	9	Linear Ft: 419	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☑ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth N/A		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: DO NOT ISSUE A/C UNTIL EASEMENT AREAS ARE PROPERLY RECORDED.

INITIAL SITE SKETCH

SEE BATEMAN CIVIL SURVEY COMPANY'S DESIGN.

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: 7/26/13 OPERATION PERMIT by: CPC Date:

AUTHORIZATION TO CONSTRUCT by: Date: 12-6-13 Existing System Inspected by: Date:

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