IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 152419 PIN# ~~4639-83-4045.000~~ 4639842705 DATE 9-8-08

OWNER OR APPLICANT Bells Crossing LLC 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 ____ LOT 70 LOT AREA 1.17 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 760 Date 1-27-0

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 II III IV V VI

System Description: Gravity 25% Red

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

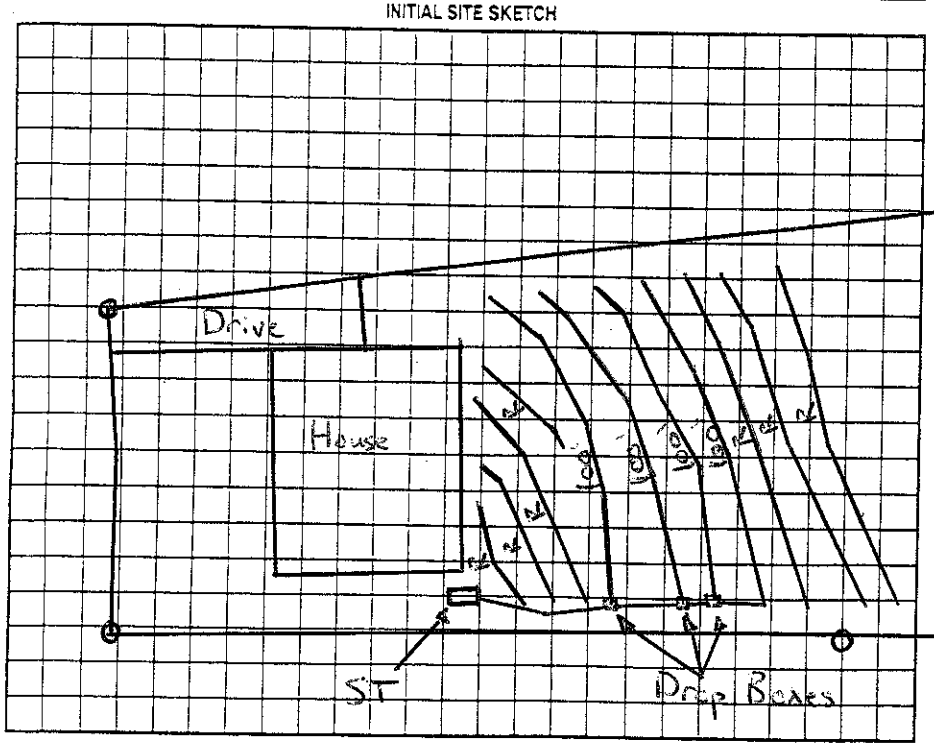
No. Bedrooms 4 No. Persons 8 No. Employees ____

Water Supply: ☐ Individual ☐ Public ☒ Community

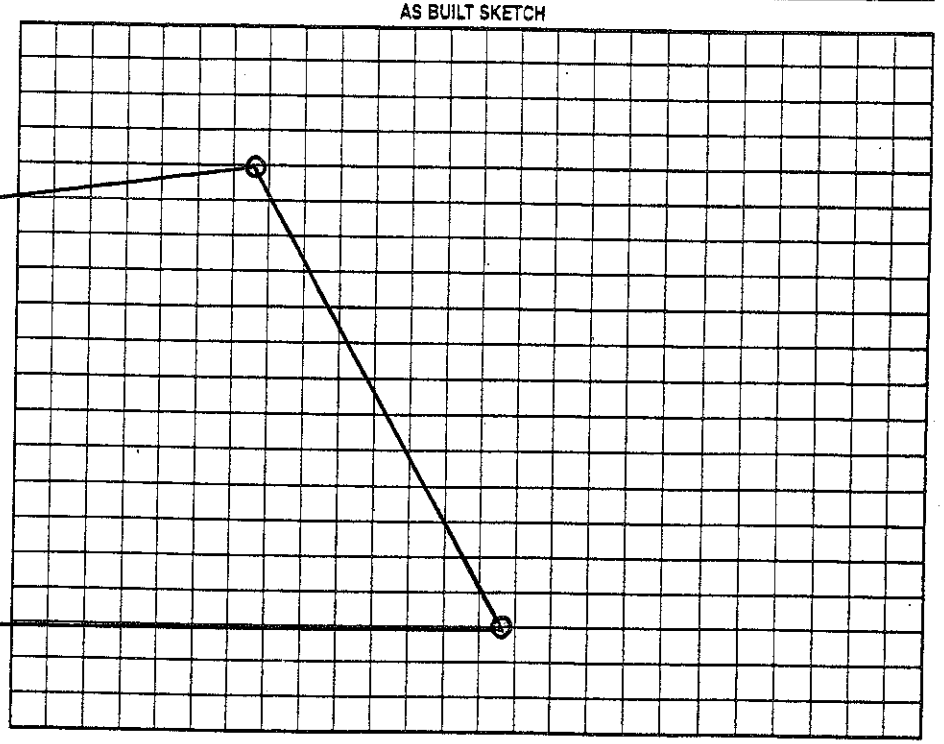
Comments:/Conditions: 1) Install per plan specs 2) See attached info by Rollans soil & Env. Services 3) Maintain set backs

Comments:/Conditions:

INITIAL SITE SKETCH



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 9/12/08

Improvement Permit by: ____ date 9-8-08

Authorization to Construct by: ____ date 2-19-13

Installed by: ACPC

Operation Permit by: ____ date 5-29-13

Existing System Inspection by: ____ date ____

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