IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 181586

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

PIN # 4639-95-2094

APPLICANT: Meritage Homes APPLICANT ADDRESS: 11605 N Community Rd Charlotte NC 28277

SITE ADDRESS: 133 Leaning Tower LA PHONE: 704-309-6577 ALT. PHONE:

SITE DIRECTIONS: Hwy 150W, TR on Perth, TL on Bells Crossing, TR on San Agusthe, TL on Leaning Tower, Lot on L

SUBDIVISION: Bells Crossing SECTION: 2 LOT # 44 LOT AREA: 0.85 ac DESIGN FLOW: 600 gpd L.T.A.R.: 0.275

Septic Tank	1500 (gal)	STB	21964	Date	5-11	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1500 (gal)	PT	353	Date	6-1	System Description:	PM 25% Reduction		
Pump Make	Zoeller	Model	EN 151-8	Serial #		Repair System Description:	LP PPBPS		
# Nitrification Fields	1	# Lines	11	Linear Ft:	554	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☑ PRESSURE	

☑ Residence	No. Bedrooms	5	Water Supply	
☐ Business	No. Persons	10	☐ Private	
☐ Other	No. Employees		☐ Public	
☑ Slab	☐ Crawl Space		☑ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

SEE DESIGN BY BATEMAN CIVIL SURVEY COMPANY

(Dated 7-11-14, Approved 8-7-14)

AS BUILT SKETCH

CHECKED LINES 1-5 & 10 & TANKS BA

CHECKED REST OF LINES BA

CHECKED PM BA

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: [signature] Date: 8-7-14 Installed by: CPC

IMPROVEMENT PERMIT by: [signature] Date: 8-7-14 OPERATION PERMIT by: BA

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8-7-14 Existing System Inspected by: _____ Date: _____

APPROVED SEP 08 2014

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