IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 181576

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

PIN # 4639-95-7341.000

APPLICANT: MERITAGE HOMES APPLICANT ADDRESS: 7761 BALLANTYNE COMM. PKWY CHARLOTTE

SITE ADDRESS: 137 N SAN AGUSTINE DR. PHONE: 704-309-6577 ALT. PHONE:

SITE DIRECTIONS: BELLS, TR N. SAN AGUSTINE DR, ON L

SUBDIVISION: BELLS CROSSING SECTION: 2 LOT # 29 LOT AREA: .94 AC DESIGN FLOW: 600 L.T.A.R.: .3

Septic Tank 1500 (gal)	STB 9164	Date	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI		☒ Residence	No. Bedrooms 5	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% REDUCTION		☐ Business	No. Persons	☐ Private
Pump Make	Model	Serial #	Repair System Description: SAME		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5	Linear Ft: 508'	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☐ Crawl Space	☒ Community
Trench Width 36"	Max. Trench Bottom Depth * 16" *	Gravel Depth	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions:

MUST BRING IN MIN OF 2" OF APPROVED COVER

INITIAL SITE SKETCH

SEE PLAN FROM BATEMAN CIVIL SURVEY CO. APPROVED BY ICHD

AS BUILT SKETCH

TRENCH 4 SLIGHTLY WET IN 1 SPOT

CHECKED APR 04 2014

1ST 2 LINES 3A

CHECKED OTHER LINES & TANK

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: 12-4-13 Installed by: CPC

IMPROVEMENT PERMIT by: RA Date: 11-22-13 OPERATION PERMIT by: RA

AUTHORIZATION TO CONSTRUCT by: RA Date: 1-9-14 Existing System Inspected by: Date:

APPROVED Date APR 10 2014

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