IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 152400

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

PIN # 4649044220

APPLICANT: MERITAGE HOMES APPLICANT ADDRESS: 7761 BALLANTYNE COMMONS PKWY CHARLOTTE

SITE ADDRESS: PHONE: 704-309-6577 ALT. PHONE:

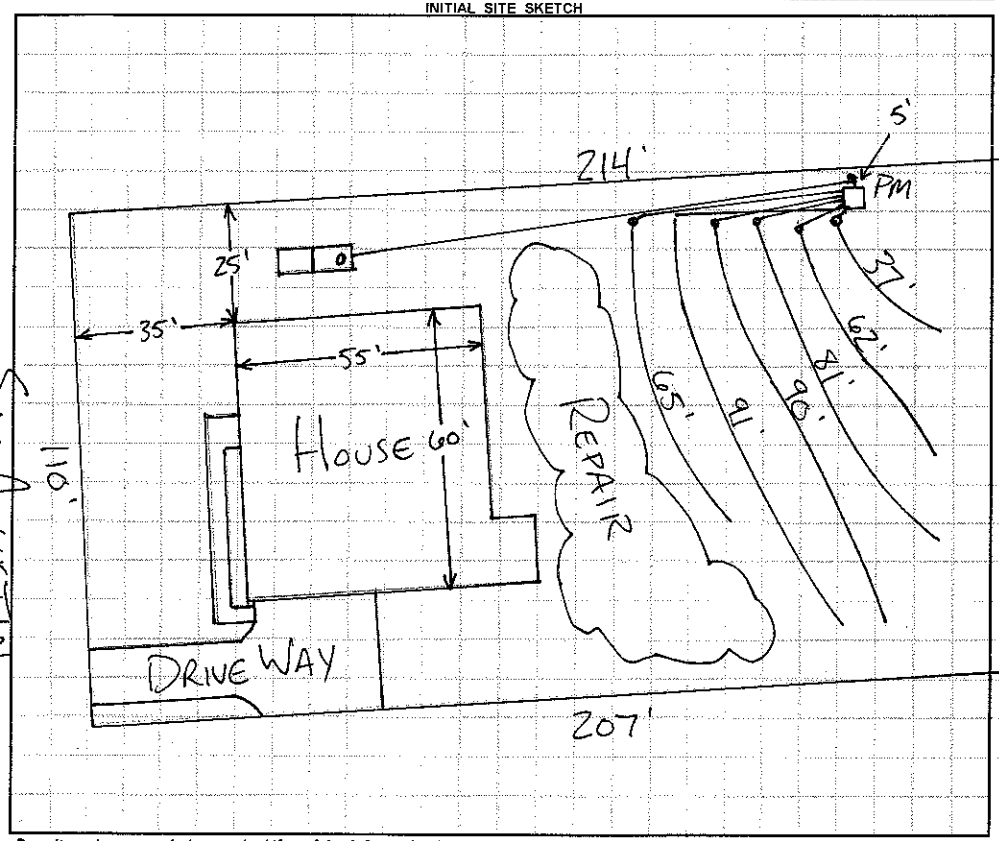
SITE DIRECTIONS: PERTH, TL BELLS CROSSING, TL SAN AUGUSTIN, ON L

SUBDIVISION: BELLS CROSSING SECTION: LOT # 11 LOT AREA: .156 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III)B IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	Date	System Description:			PM 25% REDUCTION	☐ Business	No. Persons		☐ Private
Pump Make		Model	Serial #	Repair System Description:			PANEL	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	6 Linear Ft: 426'	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space		☒ Community
Trench Width	36"	Max. Trench Bottom Depth	36" Gravel Depth		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

BOTH LINES ON ONE TAP → TAP SIZES

37' & 91'-3/4 80
62' - 1/2 80
81' - 1/2 40
90' - 1/2 40
65' - 1/2 80

CHECKED FEB 19 2014
PM

CHECKED MAR 10 2014
ELEC.
SET 2' HEAD

CHECKED FEB 11 2014
LINES & TANKS

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: 5-15-13 Installed by: CPC

IMPROVEMENT PERMIT by: Date: 6-13-13 OPERATION PERMIT by: APPROVED MAR 10 2014 Date:

AUTHORIZATION TO CONSTRUCT by: Date: 7-9-13 Existing System Inspected by: Date:

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