IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 156577 PIN # 4649-06-0098 DATE 7-7-09

OWNER or APPLICANT BELLS CROSSING LLC PHONE: Business 704-873-4325 Home: PS WEST

OWNER or APPLICANT ADDRESS PO BOX 751 STATESVILLE NC 28687

LOCATION / DIRECTIONS PERTH RD, PAST BELLS CROSSING ON L

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA _____ DESIGN FLOW 700 L.T.A.R. .31.25

Septic Tank * 1500 Gallons: STB 528 PT Date 1-9-09

Pump Tank * 1500 Gallons: PT ~~1500~~ 1485 Date 3-18-08

Pump Make GOULDS Model WE10J2HU Serial # 1HP

Nitrification Field No Fields 1 No Lines 6 Linear Feet 620'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type I II (III)B IV V VI

System Description: PM - 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☐ Residence No. Bedrooms _____

☐ Business No. Persons _____

☒ Other FD No. Employees 14

☐ Slab ☐ Crawl Space

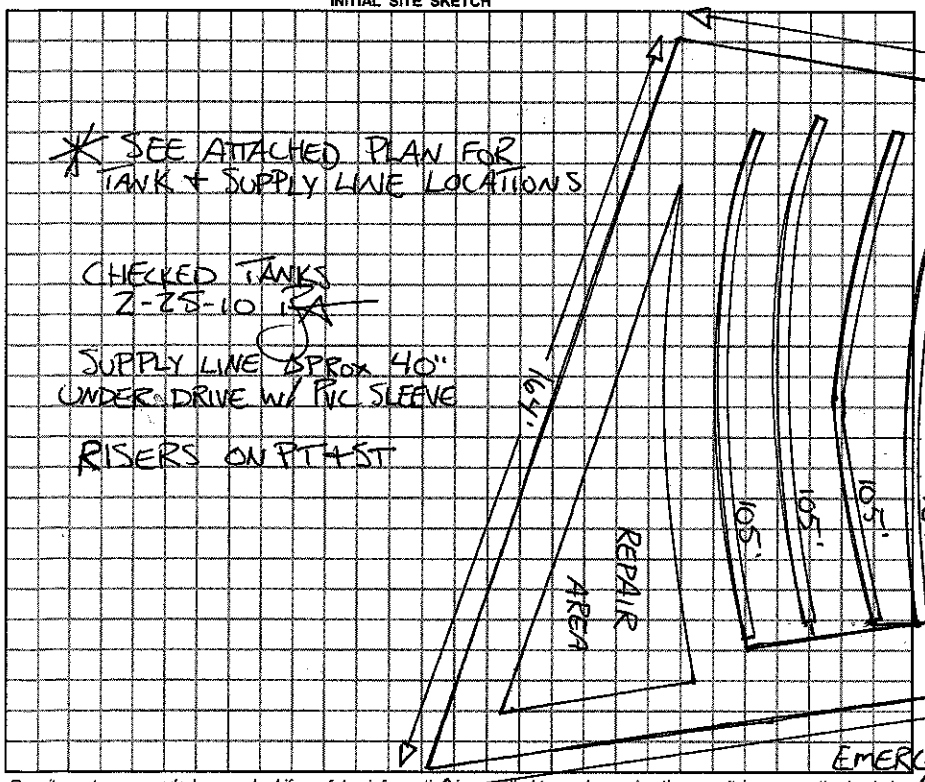
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

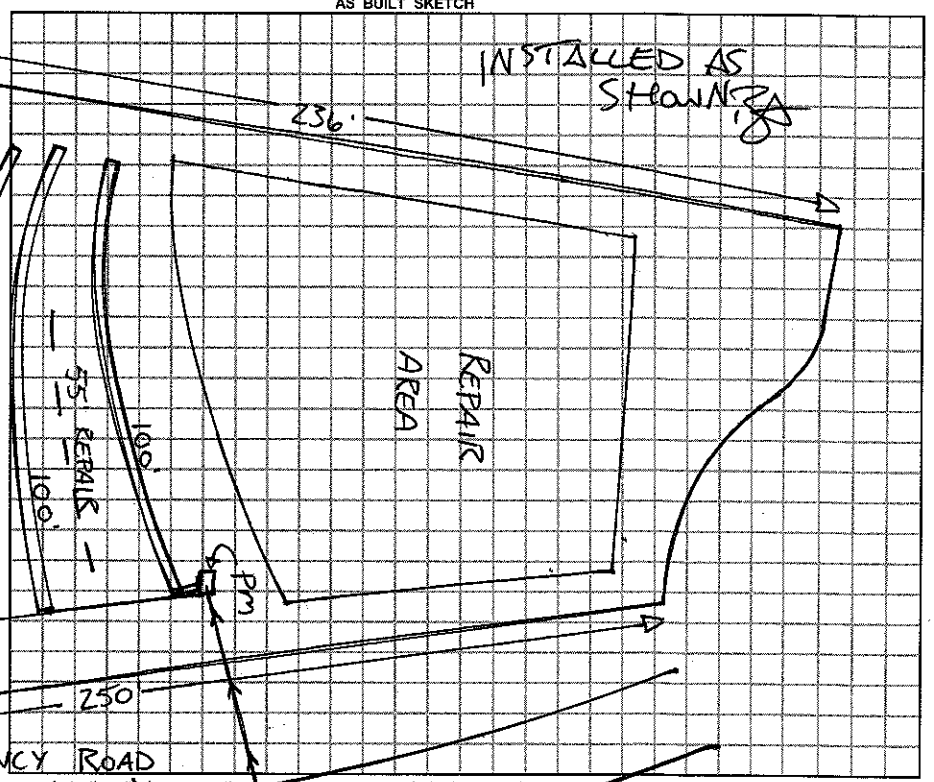
Comments / Conditions 1) ANY PLACE THE SUPPLY LINE GOES UNDER ROAD OR DRIVE DUCTILE IRON MUST BE USED OR IT MUST BE GREATER THAN 30" 2) MEET ALL REQUIRED SET BACKS

Comments / Conditions 3) SEE PLAN FROM ROLLANS SOIL + ENVIRONMENTAL SERVICES

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 w / plat valid without expiration. ☐ IMPROVEMENT PERMIT w / site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: Stewart Estes Date 7-9-09

Improvement Permit by: [signature] Date 7-8-09

Authorization to Construct by: [signature] Date 7-8-09

Installed by: PIEDMONT BACKHOE

Operation Permit by: [signature] REHS Date: 5-24-10

Existing System Inspected by: _____ Date: _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant