IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216993

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

PIN # 4639-63-8658

APPLICANT/OWNER: BCSC APPLICANT ADDRESS: 2524 Reliance Ave. Apex, NC

SITE ADDRESS: 353 S. San Agustine Mooresville PHONE: 704-658-8616 ALT. PHONE

SITE DIRECTIONS: Perth, TL Bells, TL S. San Agustine SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Bells Crossing SECTION: 4 LOT # 154 LOT AREA: .73AC DESIGN FLOW: 480 L.T.A.R.: .35

Septic Tank 1000 (gal) STB 794 Date 8-15-17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 364'

Trench Width 36" Trench Bottom Depth(Low side) 24" Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: Panel

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions:

356' INSTALLED
345' REQUIRED

INITIAL SITE SKETCH

See Drawing By BCSC

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. **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: 5-22-17 Installed by: Andrew Carson

IMPROVEMENT PERMIT by: Date: 5-16-17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 5-22-17 Existing System Inspected by: Date:

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	RED	10.7	98
2	WHITE	12.5	26
3	BLUE	13.7	122
4	YELLOW	15.4	118
5	RED	17.3	118
5	ORANGE	19.1	118
			600

8-15-17
794

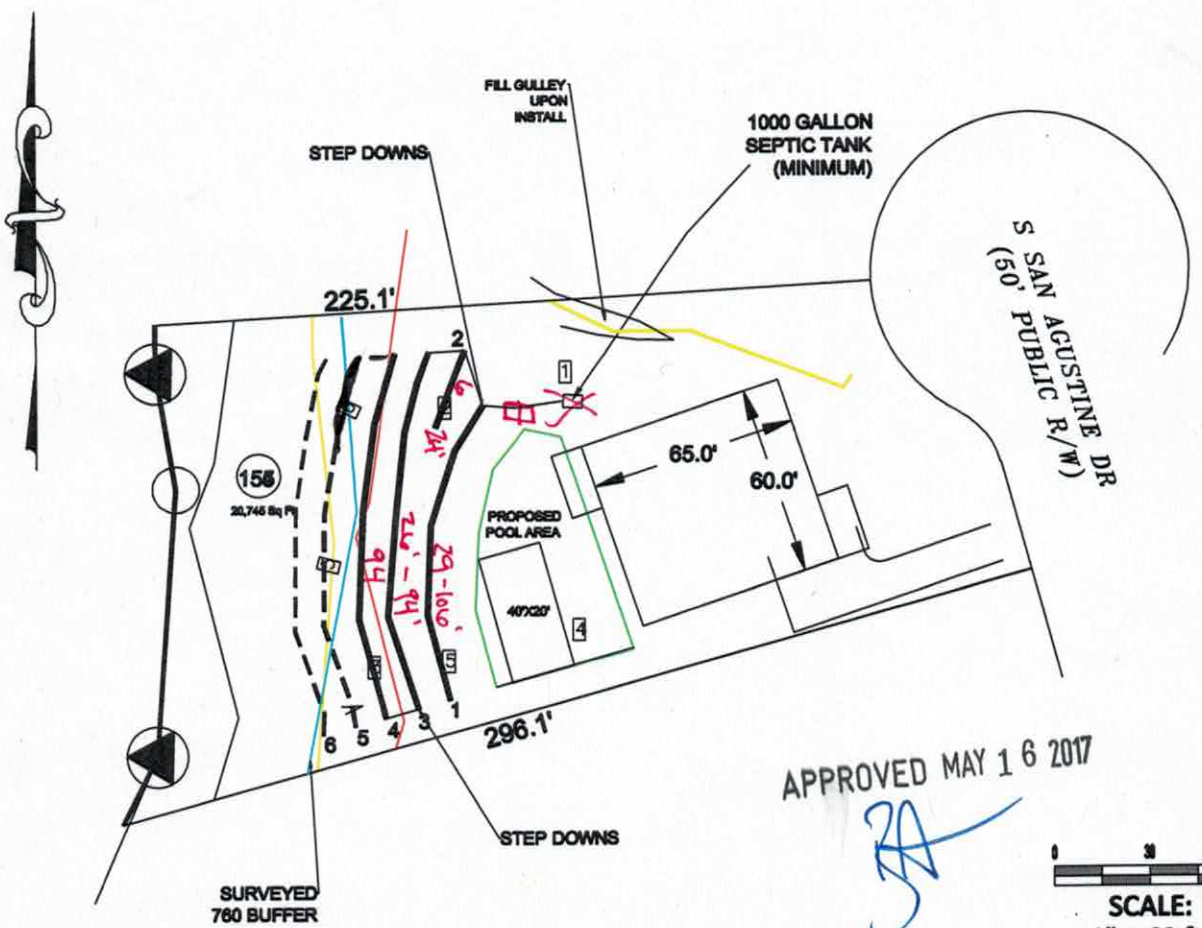
LOT 154 BELLS CROSSING SUBDIVISION

4-BEDROOM ACCEPTED GRAVITY SYSTEM
LINES 1-4 TOTAL 364 LINEAR FEET(USE 345')
EZFLOW OR CHAMBER
27" MAX TRENCH DEPTH
LTAR 0.35
25% REDUCTION

4-BEDROOM PRETREATED ACCEPTED REPAIR
LINES 5-6 TOTAL 236 LINEAR FEET
LTAR 0.35
25% REDUCTION

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL ANALYSIS AND APPLICATION RATES PROVIDED BY
IREDELL COUNTY HEALTH DEPARTMENT



Bateman Civil Survey Company
Engineers • Surveyors • Planners
200 N. Main Street, Holly Springs, NC 27540 Ph: 919.577.1080 Fax: 919.577.1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-0278

MeritageHomes

LOT 154
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE:4/24/17 DRAWN BY: MDB CHECKED BY: MDB

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 2
PIN #: 4639-63-8658
Lot #: 154
Permit #: 216993
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: MERITAGE HOMES
Applicant: BCSC
Address: 11605 N. COMMUNITY HOUSE RD. CHARLOTTE, NC 28217
Date Evaluated:
Proposed Facility: SFR
Design Flow (.1949) 480
Property Size: .73 AC
Location of Site: BELLS CROSSING 154
Property Recorded: YES
Water Supply: [X] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
PIT 1	LINEAR 14%	0-40	FILL		NA				U
		40-57	C,M,ABK	SS					
		57-75	CL,W,SBK	SS					
PIT 2	LINEAR 14%	0-8	C,M,ABK	SS	NA	19"	S	63"+	.35
		8-19	CL,W,SBK	SS					
		19-63	LSAP	SS					
PIT 3	LINEAR 14%	0-16	C,M,SBK	SS	NA	29"	S	59"+	.35
		16-28	CL,W,SBK	SS					
		28-59	LSAP	SS					
PIT 4	LINEAR 14%	0-6	SL,GR	NS	NA	42"	S	69"+	.35
		6-23	C,M,ABK	SS					
		23-42	CL,W,SBK	SS					
		42-69	SSAP	NS					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	G-25% RED	PANEL BLOCK
Site LTAR	.35	.35

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE
Others Present: DAVID BEAN
Site Classification (.1948): PS
Site Evaluation By: BEN ALDRIDGE
Others Present: DAVID BEAN

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet:
File #:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
CONTINUED

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
PIT 5	LINEAR 14%	0-10	C,M,ABK	SS	NA	27"	S	58"+	.35
		10-27	CL,W,SBK	SS					
		27-58	LSAP	SS					

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ___ of ___

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

Bells 154

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 5	L 9%	0-17	RCSABK	SS	—	33"	S	53+	.35
		17-33	RCLWSBK	SS					
		33-53	LSAP	SS					
PIT 6	L 11%	0-30	RCMSBK	SS	—	44"	MANY SAP 30-44 S	62+	.35
		30-44	CLWSBK	SS					
		44-62	LSAP	SS					

COMMENTS: _____

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	RED	10.7	98
2	WHITE	12.5	26
3	BLUE	13.7	122
4	YELLOW	15.4	118
5	RED	17.3	118
5	ORANGE	19.1	118
			600

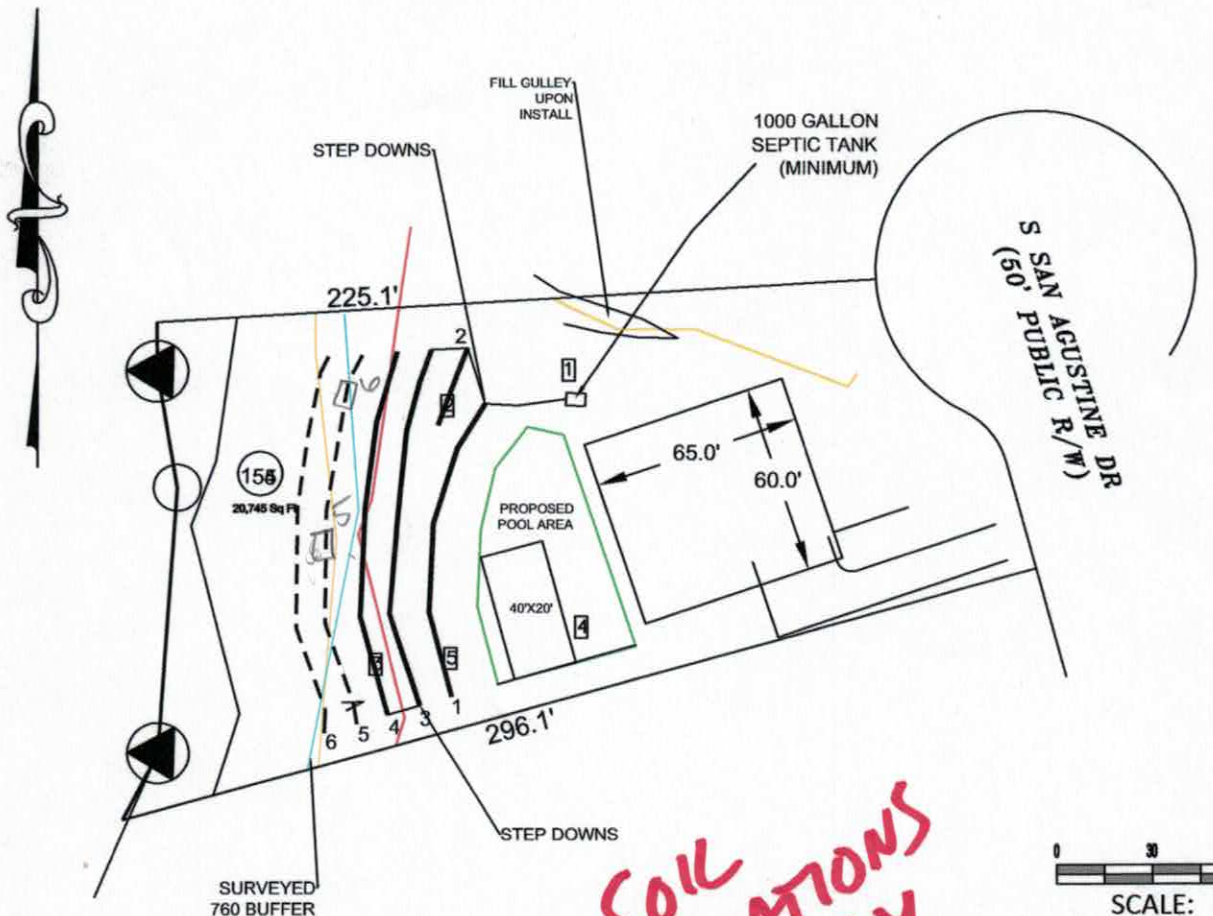
LOT 154 BELLS CROSSING SUBDIVISION

4-BEDROOM ACCEPTED GRAVITY SYSTEM
LINES 1-4 TOTAL 364 LINEAR FEET(USE 345')
EZFLOW OR CHAMBER
24" MAX TRENCH DEPTH
LTAR 0.35
25% REDUCTION

4-BEDROOM PRETREATED ACCEPTED REPAIR
LINES 5-6 TOTAL 225 LINEAR FEET
LTAR 0.35
25% REDUCTION

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL ANALYSIS AND APPLICATION RATES PROVIDED BY
IREDELL COUNTY HEALTH DEPARTMENT



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NCBELS Firm No. C-2378

MeritageHomes

LOT 154
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE:4/24/17 DRAWN BY: MDB CHECKED BY: MDB

RECEIVED APR 2 7 2017

ELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

Re-draw

Paid $320.00 Int. Rel. #216993

1. APPLICATION FOR: ✓ **Improvement Permit** ___ **Authorization To Construct** ___ **Existing System Inspection**

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
BCSC	2524 Reliance Ave Apex NC		704 658 8616
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Andrew Benette			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
353 S San Agustine	Bells Crossing	4 - lot 154

Driving Directions: 1 SOW, R on Perth Rd, L into Bells Crossing, Cont S San Agustine, Last lot on the left

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other _____

8. Please Answer The Following To The Best of Your Ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: _____ 4-26-17

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

RECEIVED APR 2 4 2017

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ☐ Improvement Permit ☑ Authorization To Construct ☐ BOTH ☐ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted:
Place check ( ) beside whichever is submitted if applicable
☑ Survey Plat, Scaled no more than 1 Inch = 60 Feet
☑ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Meritage Homes of the Carolinas, Inc	13925 Ballantyne Corporate Place, Suite 300 ~~14605 North Community House Road Suite 250 Charlotte, NC 28277~~	704.944.8918	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Meritage Homes of the Carolinas, Inc	same		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
353 S. San Agustin Dr.	Bells Crossing	Lot 154

Driving Directions: 150 W - Right on Perth Road - Left into Bells Crossing

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

☑ New, Single Family Residence
( ) New, Multi-Family Residence
☐ Expansion of Existing Septic System
( ) Repair To Failing Septic System
( ) Other

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

☐ Crawl Space Foundation?
☐ Concrete Slab Foundation?
☑ Basement w/Plumbing?
☐ Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ☑ Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

☐) Alternative ☑) Conventional ☐) Innovative ( ) Modified Conventional ( ) Other_Excepted__ ( ) No Preference

8. Please Answer The Following To The Best of Your Ability:

( ) Yes ☑ No * Does the site contain any jurisdictional wetlands?
( ) Yes ☑ No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ☑ No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Robert Ruthenberg
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE 4/24/17

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Robert Price (Meritage Homes), am the legal owner of the property located at Bells Crossing, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Bateman Civil Survey Company, Michael Benfield, Matt Burdette, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — Date: 3/10/15

Signature of Witness — Date: 3/10/15

IREDELL COUNTY HEALTH DEPARTMENT

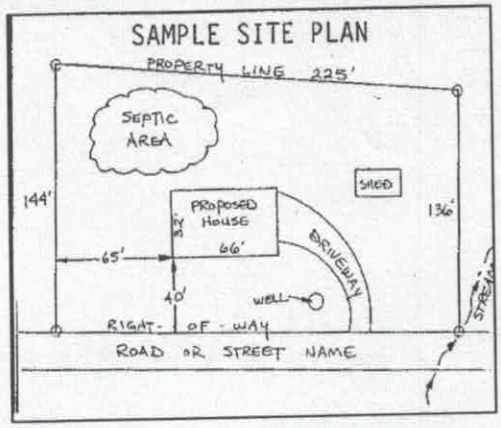
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***SITE PLAN WORKSHEET***

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property N/A
Location of easements and rights of ways on your property N/A
Location of any designated wetlands on the property N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached

Signature: _____ 4-2617

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

x	**Property Line measurements are clearly identified...**	
x	**All proposed structures are indicated...** *SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*	
x	**Front and side setbacks from property line...**	
x	**Preferred driveway location and configuration, preferred well location...**	
x	**Area you prefer your septic system to be placed...**	
x	**North arrow, or other sufficient indicator of direction...**	

Circle N/A on the following if appropriate:

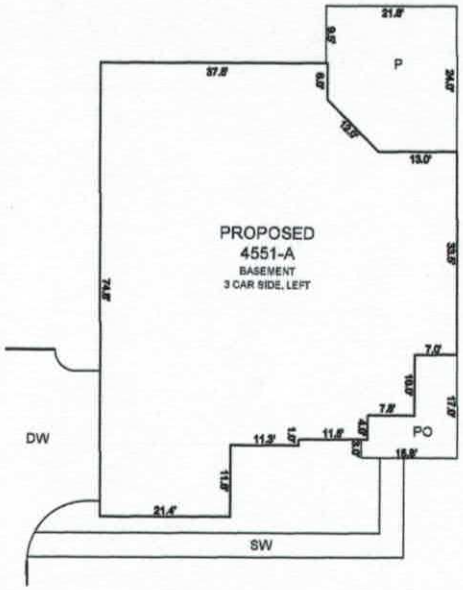
x	**Location of septic systems and wells within 100' of your property...**	**N/A**
x	**Location of easements and rights of ways on your property...**	**N/A**
x	**Location of any designated wetlands on the property...**	**N/A**

Signature: Rob Kelly — 4/24/17

***REQUIRED* property owner or owner's legal representative signature.** — **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Please See Attached Plot Plan and IP Documents Attached



INSET SCALE: 1"=20'

NOTES:

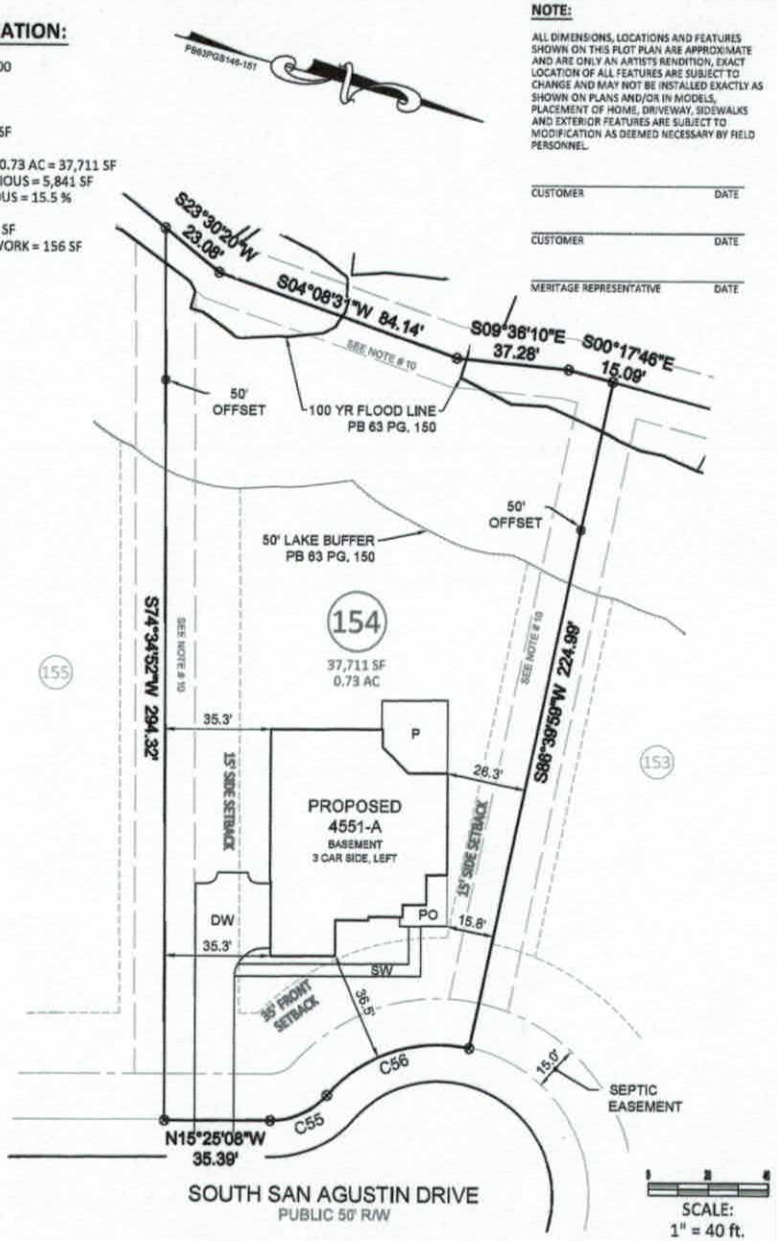
1. THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
2. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.
3. THIS IS NOT A BOUNDARY SURVEY. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT
4. VERTICAL DATUM IS ASSUMED. THE LATITUDE, LONGITUDE AND STATE PLANE COORDINATES, IF SHOWN, ARE GIVEN IN NORTH AMERICAN DATUM OF 1983 (NAD83).
5. FIELD EQUIPMENT USED: NIKON TOTAL STATION, EPOCH 35.
6. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
7. THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.
8. THE PROPERTY LIES IN ZONES "X" PER NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP NUMBER 3710463900J & 3710464900J, DATED MARCH 18, 2008.
9. ZONING IS RA.
10. ALL LOT LINES HAVE A 10' DRAINAGE AND UTILITY EASEMENT ALONG ALL LOT LINES UNLESS SHOWN OTHERWISE.
11. PROPERTY OWNER: MERITAGE HOMES OF THE CAROLINAS INC.
    13925 BALLANTYNE CORPORATE PLACE
    SUITE 300
    CHARLOTTE, NC 28277

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD BEARING	CHORD
C55	21.04'	25.00'	N39°31'55"W	20.43'
C56	52.63'	50.00'	S33°29'22"E	50.24'

LOT INFORMATION:

PIN: 4639638658.000
HOUSE = 3,539 SF
PORCH = 177 SF
SIDEWALK = 296 SF
DRIVEWAY = 1,346 SF
PATIO = 483 SF
TOTAL LOT AREA = 0.73 AC = 37,711 SF
PROPOSED IMPERVIOUS = 5,841 SF
PERCENT IMPERVIOUS = 15.5 %

SOD AREA = 27,007 SF
ADDITIONAL FLATWORK = 156 SF



NOTE:

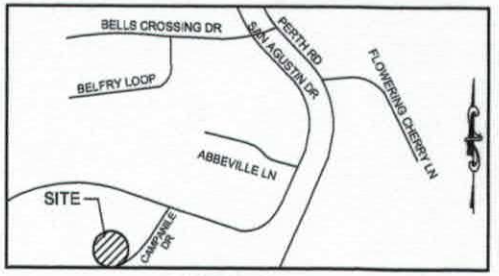
ALL DIMENSIONS, LOCATIONS AND FEATURES SHOWN ON THIS PLOT PLAN ARE APPROXIMATE AND ARE ONLY AN ARTISTS RENDITION, EXACT LOCATION OF ALL FEATURES ARE SUBJECT TO CHANGE AND MAY NOT BE INSTALLED EXACTLY AS SHOWN ON PLANS AND/OR IN MODELS. PLACEMENT OF HOME, DRIVEWAY, SIDEWALKS AND EXTERIOR FEATURES ARE SUBJECT TO MODIFICATION AS DEEMED NECESSARY BY FIELD PERSONNEL.

CUSTOMER DATE

CUSTOMER DATE

MERITAGE REPRESENTATIVE DATE

Bateman Civil Survey Company
Engineers • Surveyors • Planners
2524 Reliance Avenue, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-2378



VICINITY MAP

(Not to Scale)

LEGEND

PO = PORCH
CP = COVERED PORCH
P = CONCRETE PATIO
WD = WOOD DECK
SW = SIDEWALK
DW = CONC DRIVEWAY
⊗ = COMPUTED POINT
○ = IRON PIPE FOUND
● = IRON PIPE SET
● = DRILL HOLE FOUND
WM = WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER
◯ = SEWER MANHOLE
EB = ELECTRIC BOX
◯ = CABLE BOX
TP = TELEPHONE PEDESTAL
CI = CURB INLET
SP = SCREENED PORCH
☼ = LIGHT POLE

BUILDING SETBACKS:

FRONT = 35 ft
SIDE = 15 ft
REAR = 35 ft
SIDE STREET = 25 ft
LAKE BUFFER = 50 ft

I hereby certify that this map is correct and that the building lies wholly on the lot and that there are no visible encroachments on said lot.

PRELIMINARY

Steven P. Carson, PLS 4752
Date

This map is of an existing parcel of land and is only intended for the parties and purposes shown. This map not for recordation. No title report provided.

APPROVAL FOR STAKING:

THIS PLOT PLAN AS PREPARED BY BATEMAN CIVIL SURVEY CO., IS CORRECT AND IS HEREBY APPROVED FOR STAKING ON THE DATE AS SHOWN BELOW.

MERITAGE HOMES REPRESENTATIVE DATE

PRELIMINARY PLOT PLAN

FOR

MeritageHomes

BELLS CROSSING - PHASE FOUR - LOT 154
353 SOUTH SAN AGUSTIN DRIVE, MOORESVILLE, NC
DAVIDSON TOWNSHIP, IREDELL COUNTY

DATE: 4/21/17 DRAWN BY: DMH CHECKED BY: SPC

REF: PB 63, PGS. 146-151 BCS# 120314 SCALE: 1" = 40'

18CB-BEM-PO-001\Batch\Plots\20121 BLS\120314 Bells Phase 4\dwg\120314 Bells Phd Plat MLS.dwg 4/24/2017 2:50:55 AM dmiller

Acknowledgement of
Plans Submittal ONLY!

Date 4-22-14

Date 5-22-14

Opt. Walkout Floor Plan - A

FOUNDATION NOTES

TYPICAL CONSTRUCTION ASSEMBLIES:

Meritage Homes

5400 Trinity Road
Suite 107
Raleigh,
North Carolina 27607
919-322-2285 Phone

BSB Design

ISSUE DATE: 01/17/2014

REVISIONS

Plan 4551
A0.1A

Acknowledgement of Plans Submittal ONLY!

Date 4-24-14

Date 5-22-14

Main Floor Plan - A

59'

65'

ALL EXTERIOR HOUSE WALLS MAY BE OPTIONAL 2X6 STUD WALLS - SEE STRUCTURAL PLANS FOR DETAILS.

SQUARE FOOTAGES
A

FLOOR PLAN NOTES:

TYPICAL CONSTRUCTION ASSEMBLIES:

Meritage Homes

Meritage Homes

5400 Trinity Road
Suite 107
Raleigh,
North Carolina 27607
919-322-2285 Phone

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Plan 4551
A2.1A

Acknowledgement of
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A2.2A