IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 663-3625

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

PERMIT # 216977

PIN # 4639-73-7247

APPLICANT: Robert Ruthenberg APPLICANT ADDRESS: 11605 N. Community House Rd. #250 Charlotte

SITE ADDRESS: 306 S. San. Agustine Dr. Mooresville PHONE: 704-658-8616 ALT. PHONE:

SITE DIRECTIONS: Perth, TL Bells, TL S. San Agustine, on R

SUBDIVISION: Bells Crossing SECTION: 4 LOT # 143 + 1433 LOT AREA: .79 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1250 (gal) STB 299 Date

Pump Tank 1250 (gal) PT 306 Date

Pump Make Zoeller Model 5034-bull Serial #

Nitrification Fields 1 # Lines 6 Linear Ft: 400`

Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II ⓘ IV V VI

System Description: PM - 25% Reduction

Repair System Description: Panel Block

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: * Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH

SEE PLAN FROM BATEMAN CIVIL SURVEY COMPANY.

SEE ATTACHED LETTER FROM TRISH ANGOLI & PACKETT FROM BRIAN J. KRAYNAK

AS BUILT SKETCH

Off site septic system ON 1435 PIN# 4649-03-4350

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: 2-27-17 Installed by: Carolina Pipe

IMPROVEMENT PERMIT by: RA Date: 2-17-17 OPERATION PERMIT by: Trina Dotson Date: 3/15/17

AUTHORIZATION TO CONSTRUCT by: RA Date: 2-17-17 Existing System Inspected by: Date:

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

RECEIVED FEB 15 2017

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	BLUE	2.8	35
2	RED	3.1	51
3	YELLOW	3.7	68
4	PINK	4.0	38
5	BLUE	4.7	95
6	ORANGE	6.1	116
7	BLUE	7.2	132
8	YELLOW	8.4	85
9	PINK	9.6	50
			670

LOT 143 BELLS CROSSING SUBDIVISION

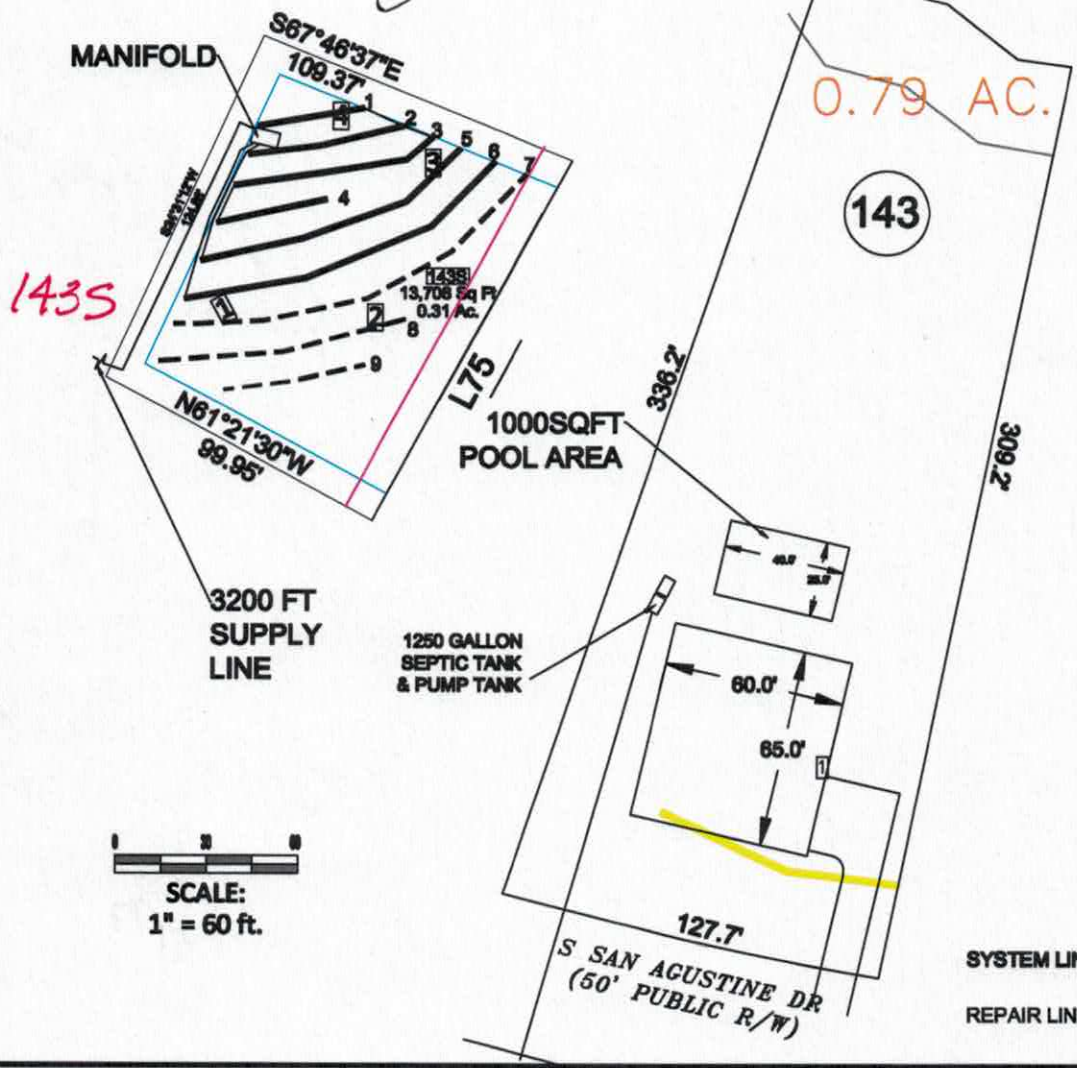
4-BEDROOM PRESSURE MANIFOLD SYSTEM
LINES 1-5 TOTAL 400 LINEAR FEET(USE 400')
EZFLOW OR CHAMBER
24" MAX TRENCH DEPTH
LTAR 0.3
25% REDUCTION

4-BEDROOM LPPPB (T&J PANEL BLOCK) REPAIR
LINES 7-9
LTAR 0.3

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL ANALYSIS AND APPLICATION RATES PROVIDED BY
IREDELL COUNTY HEALTH DEPARTMENT

APPROVED FEB 17 2017



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 143
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE:2/13/17DRAWNBY:MDBCHECKEDBY:MDB

Public Health
HEALTH AND HUMAN SERVICES

RICHARD O. BRAJER
Secretary

DANIEL STALEY
Director, Division of Public Health

September 14, 2016

Mr. Thomas Shuck
Iredell County Health Department
610 East Center St
Mooresville, NC 28115

Subject: Approval of Supply Line Designs for Bells Crossing Lots 132, 143, 144, 151, 152, and 162
Iredell County, NC

Dear Mr. Shuck:

We have reviewed revised plans and specifications for the supply lines serving Bells Crossing Lots 132, 143, 144, 151, 152, and 162 received from Brian Kraynak, PE, Bateman Civil Survey Company, PA.

The revised supply line designs are approved for the above listed lots.

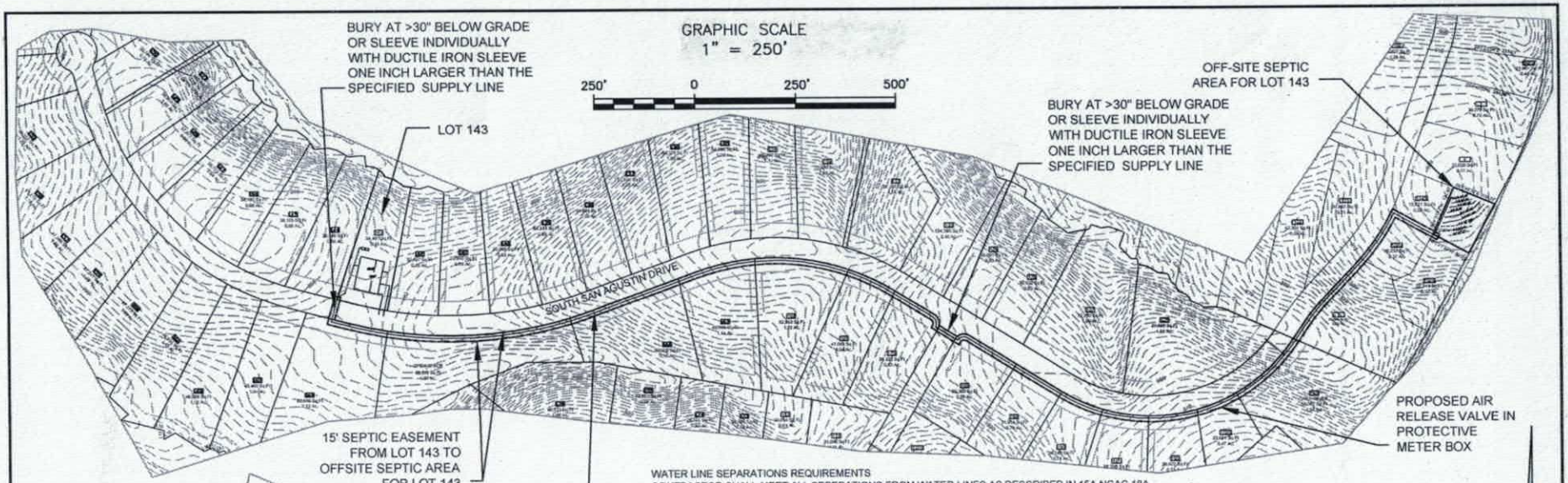
A registered professional engineer must certify that the systems have been installed in accordance with the approved plans and specifications. This certification is based upon periodic observations of construction and a final inspection for design compliance by the certifying engineer or his representative. Record drawings must be provided by the engineer unless the installation is completed without alteration to the approved plans. The installation must be approved by the health department prior to the issuance of an operation permit.

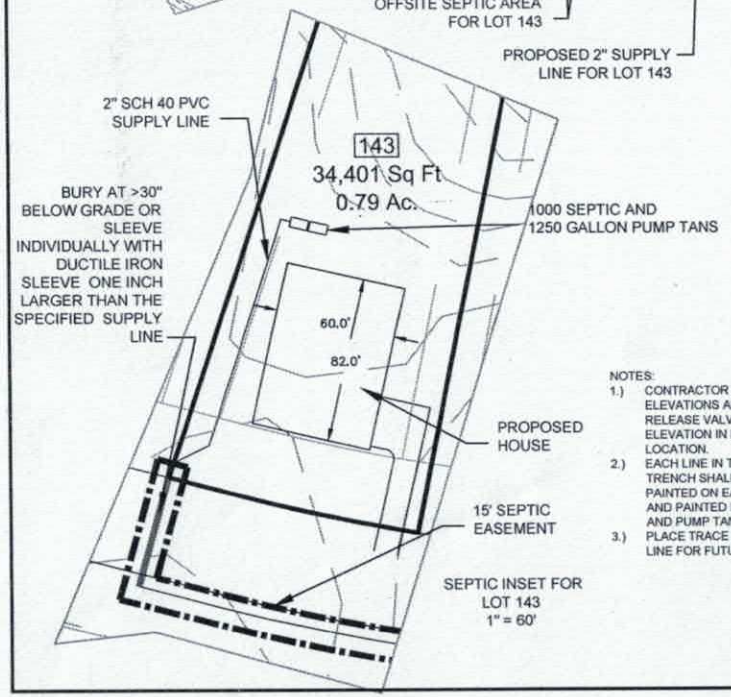
Please contact us if you have any questions pertaining to this letter or if we may be of further assistance with this project. I can be contacted at 919-707-5878 or by email at trish.angoli@dhhs.nc.gov.

Sincerely,

Tricia Angoli, PE
On-Site Wastewater Engineering

cc: Brian Kraynak, PE, Bateman Civil Survey Company, PA





WATER LINE SEPARATIONS REQUIREMENTS
CONTRACTOR SHALL MEET ALL SEPERATIONS FROM WATER LINES AS DESCRIBED IN 15A NCAC 18A .1950 (a)(14) AND (f)

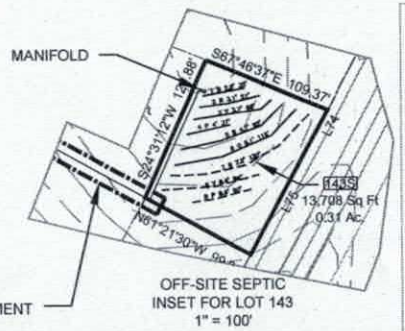
HORIZONTAL SEPARATION
Any water line 10'

VERTICAL SEPARATION
SEWER LINES MAY CROSS A WATER LINE IF 18 INCHES CLEAR SEPARATION DISTANCE IS MAINTAINED, WITH THE SEWER LINE PASSING UNDER THE WATER LINE. WHEN CONDITIONS PREVENT AN 18-INCH CLEAR SEPARATION FROM BEING MAINTAINED OR WHENEVER IT IS NECESSARY FOR THE WATER LINE TO CROSS UNDER THE SEWER, THE SEWER LINE SHALL BE CONSTRUCTED OF DUCTILE IRON PIPE OR ITS EQUIVALENT AND THE WATER LINE SHALL BE CONSTRUCTED OF FERROUS MATERIALS EQUIVALENT TO WATER MAIN STANDARDS FOR A DISTANCE OF AT LEAST TEN FEET ON EACH SIDE OF THE POINT OF CROSSING, WITH FULL SECTIONS OF PIPE CENTERED AT THE POINT OF CROSSING.

LOT 143 BELLS CROSSING
4 BEDROOM PRESSURE MANIFOLD SYSTEM
LINES 1-6 (400')
LTAR 0.3
EZFLOW OR CHAMBER

4 BEDROOM LPPPB (T & J PANEL BLOCK) REPAIR
LINES 7-9
LTAR 0.3
50% REDUCTION

NOTES:
1.) CONTRACTOR SHALL CONFIRM ALL ELEVATIONS AND PLACE AIR RELEASE VALVES AT HIGHEST ELEVATION IN EACH PROPOSED LOCATION.
2.) EACH LINE IN THE COMMON TRENCH SHALL HAVE A COLOR PAINTED ON EACH JOINT OF PIPE AND PAINTED IN THE MANIFOLD AND PUMP TANK.
3.) PLACE TRACE WIRE WITH SUPPLY LINE FOR FUTURE LOCATION.



LINE SCHEDULE SYSTEM

FIELD LAYOUT LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH	DESIGN LENGTH
1	BLUE	932.0	35	35
2	RED	931.7	51	51
3	YELLOW	931.1	68	68
4	PINK	930.8	37	37
5	BLUE	930.1	95	93
6	ORANGE	909.5	116	116
7	BLUE	908.4	132	
8	YELLOW	907.2	85	
9	PINK	906.0	50	
TANKS		905.0		

Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569-6704 Fax (919)569-6703

Septic System Design
Bells Crossing Lot 143
Mooresville, Iredell County, North Carolina

Job# : 143
Drawn By : TMB
Date : 08/17/2016
Revision : 09/06/2016

PERC SOIL/SITE EVALUATION DESCRIPTIONS

Approved MO 8/27/15

Client: Bateman Civil Survey Company, PC Date Evaluated: Jan-15

Location of site: Bells Crossing Phase 4 Lot 143 offsite area

Water Supply: [ ] Public [ ] Individual [ ] 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
1	LS 5%	0-4	W SBK / SCL	FR SS SP	>48	42	PS	NA	PS 0.3
		4-35	ABK / C	FR SS SP					
		35-42	W SBK / CL	FR SS SP					
		42-48	SLESS SAP / L	FR SS SP					
2	LS 5%	0-4	W SBK / SCL	FR SS SP	>48	48	NA	NA	PS 0.3
		4-30	ABK / C	FR SS SP					
		30-48	ABK / CL	FR SS SP					
3	LS 5%	0-5	W SBK / SCL	FR SS SP	>54	54	NA	NA	PS 0.3
		5-36	ABK / C	FR SS SP					
		36-54	W SBK / CL	FR SS SP					
4	R 5%	0-10	ABK / C	FI SS SP	>46	46	NA	NA	PS 0.3
		10-32	ABK / C	FR SS SP					
		32-46	W SBK / CL	FR SS SP					

COMMENTS: Pit 1 saprolite inclusions @ 35". Pit 2 some rock in profile <10%. Pit 3 saprolite inclusions @ 36" with some rock in profile Pit 4 upper 10" compacted, rock at surface and saprolite inclusions @ 32".

Evaluation By: Steven Price

Landscape Position
R-Ridge
SS-Shoulder Slope
LS-Linear Slope
FS-Foot Slope
NS-Nose Slope
HS-Head Slope
CC-Concave Slope
CV-Convex Slope
T-Terrace
FP-Flood Plain

Group	Texture	.1955 LTAR
I	S-Sand LS-Loamy Sand	1.2 - 0.8
II	SL-Sandy Loam L-Loam	0.8 - 0.6
III	SI-Silt SICL-Silty Clay Loam CL-Clay Loam SCL-Sandy Clay Loam	0.6 - 0.3
IV	SC-Sandy Clay SIC-Silty Clay C-Clay	0.4 - 0.1

Structure
SG-Single Grain
M-Massive
CR-Crumb
GR-Granular
SBK-Subangular Blocky
ABK-Angular Blocky
PL-Platy
PR-Prismatic
W-Weak

Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence
Wet
NS-Non-Sticky
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic



Bells Crossing PH 4 S/D Lot 143

Contact Information

Client:	Meritage Homes
Attn:	Robert Price
Street Address:	11605 North Community House Road Charlotte, NC 28277
Phone:	(704) 944-8939
Fax:	na

Engineer:	Bateman Civil Survey Company, PC
Attn:	Brain Kraynak, PE
Street Address:	2524 Reliance Ave. Apex, North Carolina 27539
Phone:	919-577-1080
Fax:	919-577-1081

Designer:	Central Carolina Soil Consulting, PLLC
Attn:	Matt Burdette
Street Address:	1900 South Main Street Wake Forest, North Carolina 27587
Phone:	919-569-6704
Fax:	919-569-6703

Bells Crossing PH 4 S/D Lot 143

Layout/Design Specifications

Facility Type:	Single Family Home	
# of Bedrooms:	4	
Daily Flow:	480	gal/day
L.T.A.R.:	0.300	gal/day/sq.ft
Trench Depth:	24-30	in
Trench Width:	36	in
Stone Depth:	accepted	in
Manifold Length:	36	in
Manifold Diameter:	4	in sch 80pvc
Supply Line Length:	3430	ft
Supply Line Diameter:	2	in sch 40pvc
Supply Line Volume:	596.82	gallons
Friction Loss + Fitting Loss:	54.88	ft(supply line length +25% for fittings)
Design Head:	2	ft
Elevation Head:	133.40	ft
Total Head:	190.28	ft
Dose Volume:	195.24	gals
% of Pipe Vol.	.75	
Drawdown:	8.96	in @ 21.8 gal/in
Pump Run Time:	7.78	Minutes
Control Panel:	SJE Rhombus Model112 control panel (or approved equivalent)	
Pump:	Zoeller5034-0011 High Flow (or approved equivalent)	
Septic Tank Effluent Filter:	Zoeller 170-0144 residential effluent filter (or approved equivalent)	
Septic Tank:	1000	gallon Shoaf
Pump Tank:	1250	gallon Shoaf

Bells Crossing PH 4 S/D Lot 143

SYSTEM TAP CHART

	Bench Mark:	0	= 100.00	Manifold elev:	933.00				
	Pump tank elevation:	805.00		Pump elev:	799.60				
line	color	rod read	elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR
1,2,3,4	Pink, Red, Yellow,Pink	2.80	932.00	191	3/4in SCH 40	12.5	239.14	573	0.4173
5	Blue	4.70	916.90	93	1/2in SCH 80	5.48	104.84	279	0.3758
6	Orange	6.10	914.90	116	1/2in SCH 40	7.11	136.02	348	0.3909
	P-TANK		805.00						
		total	feet =	400	gal/min =	25.09		LTAR =	0.300
				Des. Flow	480			(ltar + 5%)	0.32
				24 Hour Pump Run=	19.13			(ltar W/ INOV)	0.40
								(ltar + 5%)	0.42

Comments:

RECEIVED JAN 27 2016 Modified 5 Bed Repair to 4bed + Added Pool

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

RECEIVED JAN 27 2016

(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)

Paid $105.00

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

****

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application** Ltd Redraw #216977

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 #
Meritage Homes			

****

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
306 S San Agustle	Bells Crossing	4 143

Driving Directions: _____

****

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 _____
(X) Other Reduced 5 bed repair to a 4 to match initial + future Pool area

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** ( ) Yes (/) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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:** _____ 1-23-17

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

RECEIVED OCT 3 - 2016 RECEIVED SEP 26 2016

IREDELL 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)

Paid $105.00 Ltd Redraw

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

#216977

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 #
Robert Rutherberg	1160S. Community House Rd #250	704-944-8918	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Meritage Homes	1160S. Community House Rd #250	704-944-8901	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
306 S. San Agustin Dr.	Bells Crossing	Phase 4/Lot 143

Driving Directions: From I-77 and NC150, Head West on NC-150 Turn Right onto Perth Rd., Turn Left onto Bellscrossing Drive, Turn Left onto S. San Agustin Drive

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 Excepted

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: _____ 9/26/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Application is correct per Robert R 10-3-16

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) Lot 143, 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

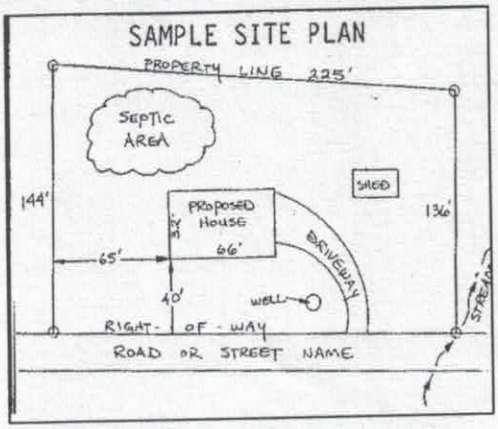
ENVIRONMENTAL HEALTH DIVISION

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and 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:

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: _____ 1-23-17

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...**

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

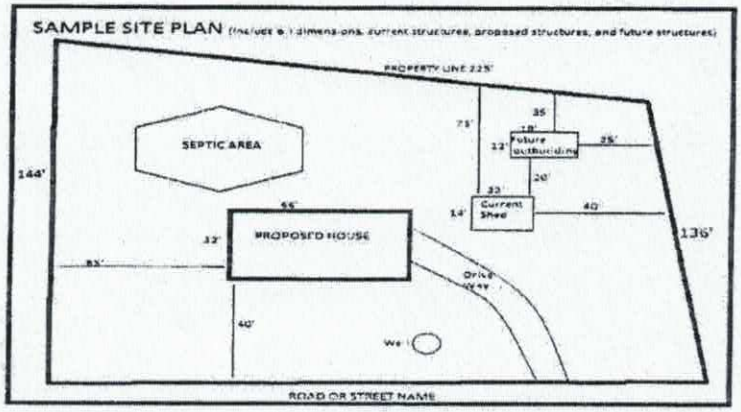
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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

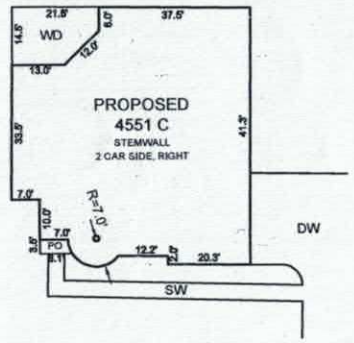
Please see Attached plot plan and IP Documents

Signature: _____

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

9/26/16

DATE



INSET SCALE: 1"=30'

LOT INFORMATION:

LOT #143
DB: 2012, PG. 2900
PIN: 4639737247
ADDRESS: 306 SOUTH SAN AGUSTIN DRIVE
HOUSE = 3,316 SF
DRIVEWAY = 1,037 SF
PORCH = 26 SF
SIDEWALK = 279 SF
TOTAL LOT AREA = 0.79 AC = 34,401 SF
PROPOSED IMPERVIOUS = 4,658 SF
PERCENT IMPERVIOUS = 13.5 %

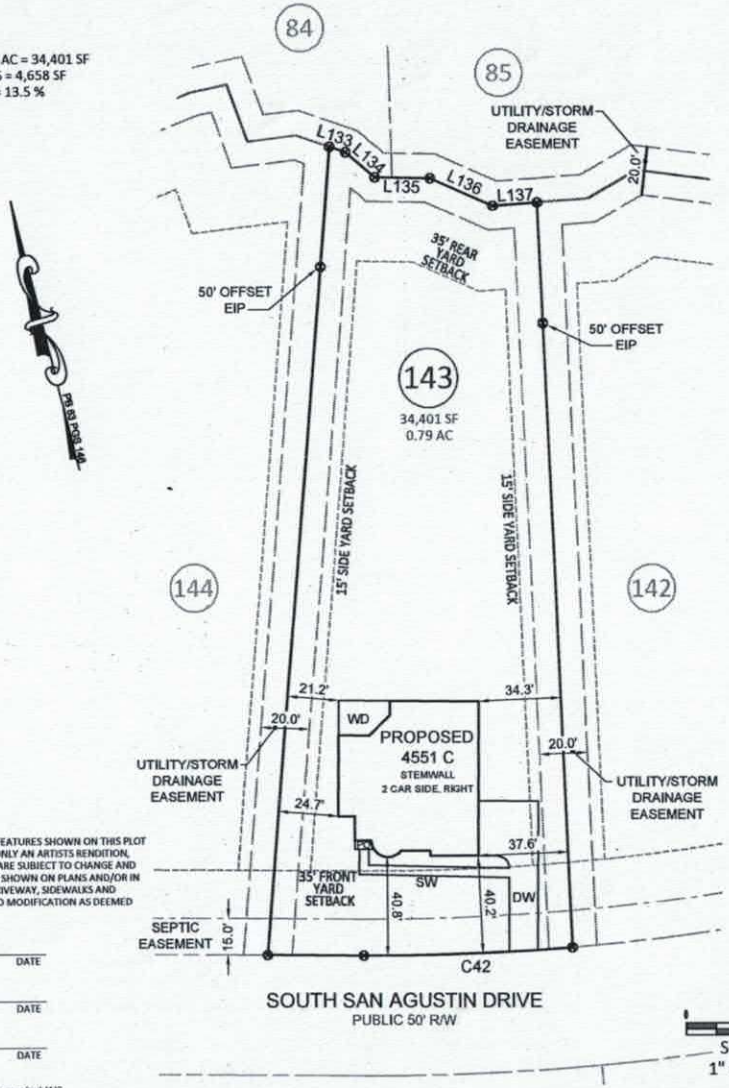
NOTE:
OFFSITE SEPTIC FOR THIS LOT SEE RECORDED PLAT 62 PG. 118, LOT 143S 0.31 AC.

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.
    11605 NORTH COMMUNITY HOUSE ROAD
    CALHOUN BUILDING, STE. 250
    CHARLOTTE, NC 28277

LINE TABLE		
LINE	BEARING	LENGTH
L133	S57°05'56"E	7.04'
L134	S35°52'47"E	16.05
L135	S74°45'49"E	23.04'
L136	S52°16'54"E	28.69'
L137	S80°09'42"E	18.61'

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD BEARING	CHORD
C42	87.68'	975.00'	N78°03'46"W	87.65'



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.

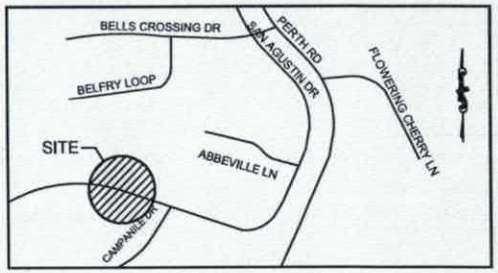
CUSTOMER DATE

CUSTOMER DATE

MERITAGE REPRESENTATIVE DATE

Revisions: 6-6-16 flipped house to right hand garage load. MJG

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 = 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
S = SEWER MANHOLE
EB = ELECTRIC BOX
= CABLE BOX
= 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 = 50ft

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 - LOT 143

FOR

MeritageHomes

BELLS CROSSING - PHASE FOUR - LOT 143
306 SOUTH SAN AGUSTIN DRIVE, MOORESVILLE, NC
DAVIDSON TOWNSHIP, IREDELL COUNTY

DATE: 6/03/16 DRAWN BY: TJK CHECKED BY: SPC

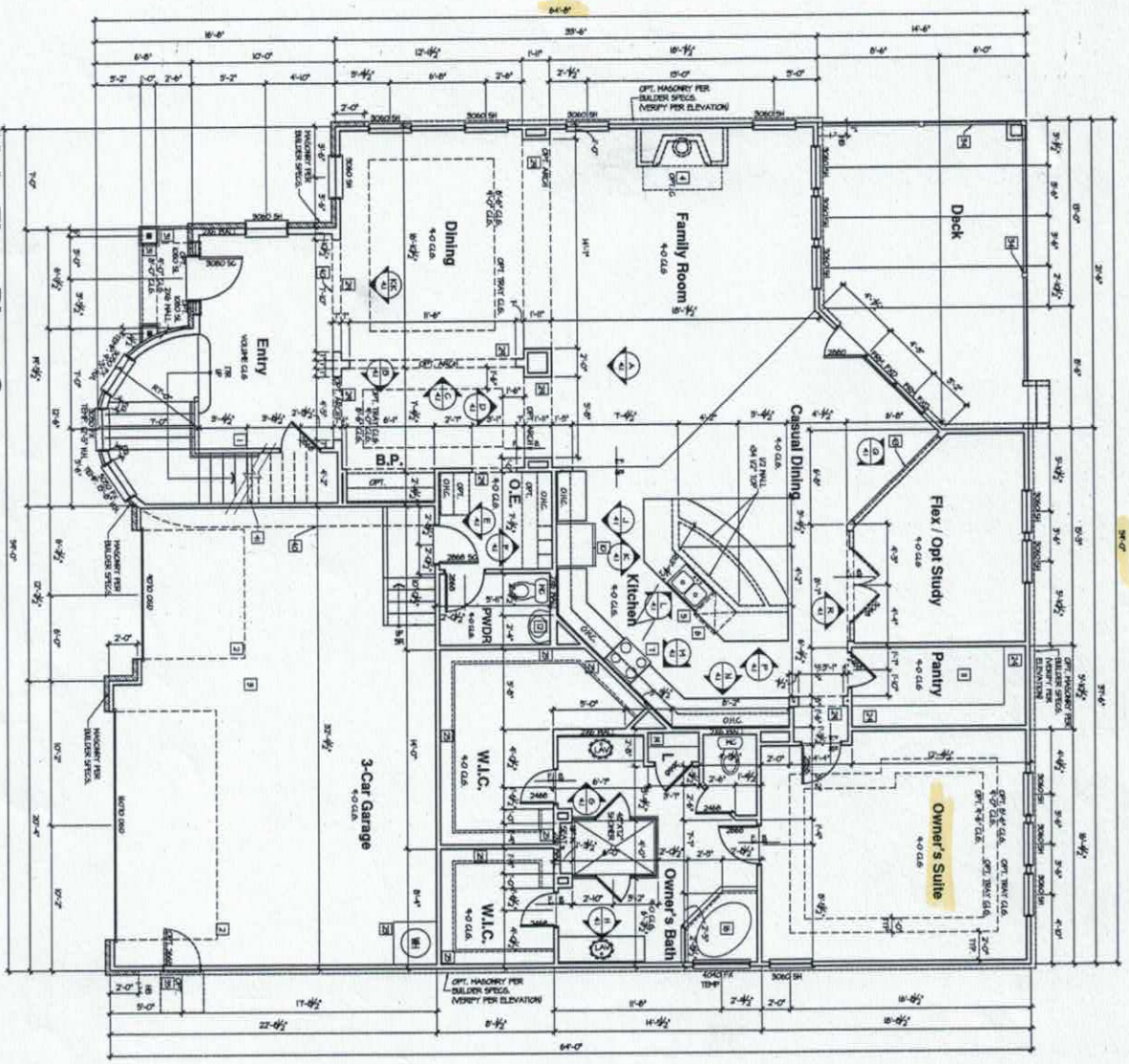
REF: PB 63, PGS. 146 BCS# 120314 SCALE: 1" = 50'

V:\120314 Bells Phase 4\dwg\120314 Bells Ph4 PlotMJG.dwg, 6/6/2016 10:28:28 AM, mgatens

Acknowledgement of
Plans Submittal ONLY!

Date 10/5/16

Tom Shuck Date 10-4-2016



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

SQUARE FOOTAGES	
MAIN FLOOR	2604
UPPER FLOOR	496
BONUS	1000
GARAGE	676
PORCH	70
OPT BALCONY	178
TOTAL	3348

TYPICAL CONSTRUCTION ASSEMBLIES:

FLOOR PLAN NOTES:

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

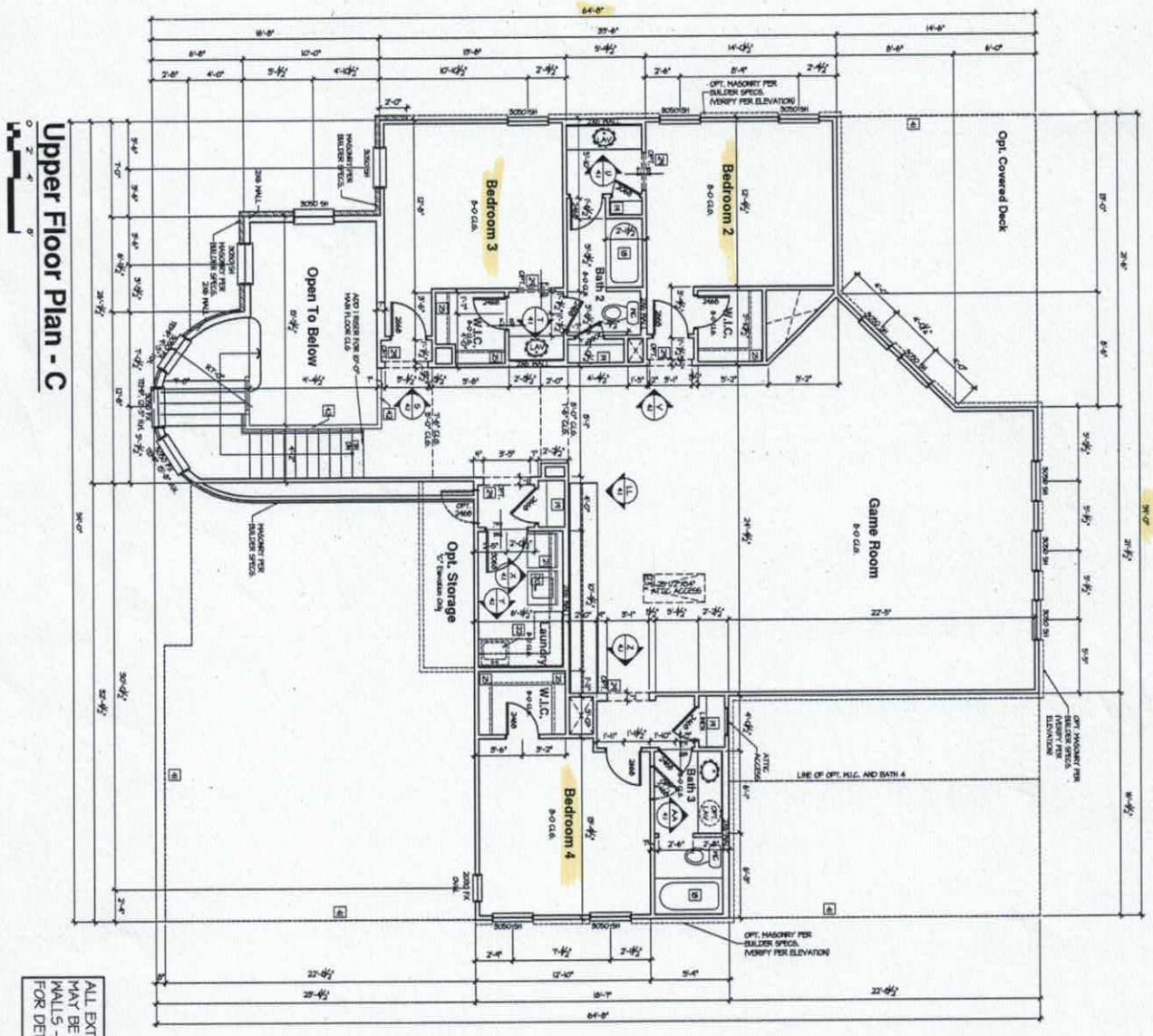
ISSUE DATE: 01/17/2014
REVISIONS

Plan 4551
A2.1C

Acknowledgement of
Plans Submittal ONLY!

Rob Kelley Date 10/5/16

Tom Shed Date 10-4-2016



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

FLOOR PLAN NOTES:
SHEET FLOOR

- THE FOLLOWING KEYNOTES REFERENCE THE SYMBOLS AS SHOWN ON PLANS.

1. 8" RAILING / BANNISTER, ID PROVIDED. ALL RAILING / BANNISTER, ID PROVIDED. ALL RAILING / BANNISTER, ID PROVIDED. ALL

Lot 143

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
216977
Issue Date: 03/01/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4639737247.000	306 S SAN AGUSTIN DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MERITAGE HOMES	Applicant: MERITAGE HOMES
Address: 11605 N COMMUNITY HOUSE RD. #250 CHARLOTTE, NC 28277	Address: 11605 N COMMUNITY HOUSE RD. #250 CHARLOTTE, NC 28277
Phone: 704-944-8933	Phone: 704-944-8933

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.790	35.00	35.00	15.00	15.00	CACL	X

Remarks:

PAID
✓ 70509994 $77.25
✓ 70509996 $500.00
3-3-16

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	61585	TOTAL FEES:	$ 77.25