12-13-13
Pd $350.00 MS

# IREDELL COUNTY HEALTH DEPARTMENT

## *ENVIRONMENTAL HEALTH DIVISION*

**PAGE 1: *APPLICATION FORM***

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

***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.***

**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 an (X) beside whichever is submitted if applicable* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:** 11605 N Community Rd st 250

**Applicant Name:** Meritage Homes **Address:** Charlotte NC 28277 **Phone:** 704 309 6577

**Owner Name:** _____ **Address:** _____ **Phone:** _____

**Property Information:**

**Street Address:** 185 Belfry loop

**Subdivision Name:** Bells Crossing **Section/Phase:** _____ **Lot Number:** 85

**Driving Directions:** 150 W - R onto Perth - L into Bells Crossing - 2nd Belfry Loop on left, fifth Lot on the R

**Site Development Information:** *(check or complete ALL that apply)*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

**Maximum Number of Bedrooms:** 4
**Maximum Number of Occupants:** 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

**Non-Residential Site Development:**
**Type of Business:** _____
**Square Footage of Building:** _____
**Maximum Number of Employee:** _____
**Maximum Number of Seats/Beds/Other:** _____

**Water Supply:**

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

**Desired Septic System Type:** *(you may rank in order of preference)* **Year existing system installed:** _____

( ) No Preference ( ) Alternative (1) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

**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. industrial) 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.***

**Signature:** M. M Bell 12-10-13

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:

- ____ 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

**Signature:** [signature] 12-10-13

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

## USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached

## LINE SCHEDULE

| LINE NUMBER | COLOR | FIELD ELEVATION | LENGTH (FT) |
|---|---|---|---|
| 1 | PINK | 2.2 | 60 |
| 2 | RED | 2.6 | 63 |
| 3 | ORANGE | 3.1 | 65 |
| 4 | PINK | 2.9 | 42 |
| 5 | BLUE | 3.5 | 65 |
| 6 | PINK | 4.3 | 49 |
| 7 | RED | 5.7 | 40 |
| 8 | YELLOW | 6.4 | 30 |
| 9 | RED | 8.4 | 30 |
| 10 | PINK | 9.7 | 50 |
| 11 | ORANGE | 11.3 | 85 |
| 12 | BLUE | 12.8 | 85 |
| 13 | YELLOW | 14.6 | 80 |
| 14 | RED | 16.2 | 80 |
| 15 | ORANGE | 17.6 | 60 |

NO PITS

AB ONLY

APPROVED

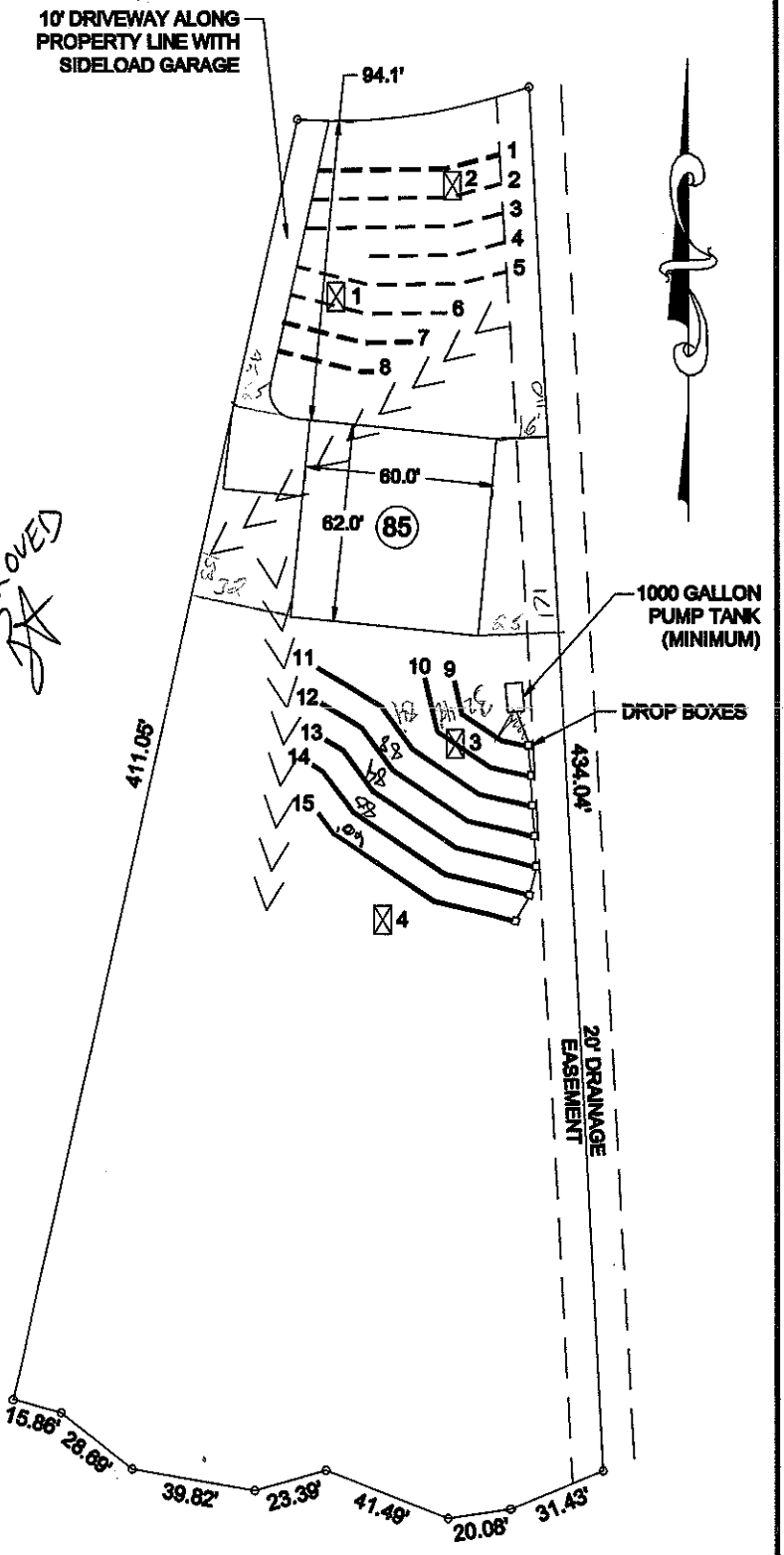
LOT 85 BELLS CROSSING SUBDIVISION

4-BEDROOM INNOVATIVE GRAVITY SYSTEM
SERIAL DISTRIBUTION WITH DROP BOXES
LINES 9-15 TOTAL 475 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION

4-BEDROOM PRESSURE MANIFOLD REPAIR
LINES 1-8 TOTAL 414 LINEAR FEET
LTAR 0.3 - 0.35
50% REDUCTION

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL ANALYSIS AND APPLICATION RATES
PROVIDED BY CENTRAL CAROLINA SOIL
CONSULTING




PIT/BORING LOCATION ☒1

SYSTEM LINE

REPAIR LINE

SCALE:
1" = 60 ft.


**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-2276


Heritage Homes

**LOT 85**
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 12/18/12 DRAWN BY: TMB CHECKED BY: TMB

Sheet:
Property ID:
Map #:
Appl. #:

## CCSC SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

LICENSED SOIL SCIENTIST
JASON M. HALL
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
STATE OF NORTH CAROLINA
1848

Owner: Meritage Homes
Address:
Proposed Facility: 4-Bedroom Design Flow (.1949) 480 gal/day
Location of Site: Bells Crossing Lot 85
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Application #:
Date Evaluated:
Property Size:
Property Recorded:

| 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, 10% | A, 0-2 | Gr, SL | VFR, NS, NP | 7.5 YR 3/2 | | | | |
| Auger | | Bt1, 2-19 | Gr, SL | VFR, NS, NP | 5 YR 5/6 | | | | |
| | | Bt2, 18-39 | SBK, Clay | FI, SS, SP | 2.5 YR 4/8 | PS | | | |
| | | Bt3, 39-48 | SBK, Clay | FI, SS, SP | 2.5 YR 4/8 | S | | | S, 0.3 |
| | | | | | 7.5 YR 6/8, 10% | | | | |
| 2 | LS | A, 0-2 | Gr, SL | VFR, NS, NP | 7.5 YR 3/2 | | | | |
| Auger | | Bt1, 2-9 | Gr, SL | VFR, NS, NP | 5 YR 5/8 | | | | |
| | | Bt2, 9-25 | Gr, SL | VFR, NS, NP | 7.5 YR 4/6 | PS | | | |
| | | Bt3, 25-34 | Gr, SL | VFR, NS, NP | 5 YR 5/8 | PS | | | PS, 0.6 |
| | | Bt4, 34-41 AR | SBK, SCL | FI, SS, SP | 5 YR 5/8 | S | | | S, 0.4 |
| | | | | | | | | | |
| 3 | LS | A, 0-5 | Gr, SL | VFR, NS, NP | 10 YR 4/3 | | | | |
| Auger | | E, 5-11 | Gr, SL | VFR, NS, NP | 10 YR 6/4 | | | | |
| | | Bt1, 11-16 | Gr, SL | VFR, NS, NP | 10 YR 6/8 | | | | |
| | | Bt2, 16-29 | SBK, Clay | FI, SS, SP | 5 YR 5/8 | PS | | | |
| | | Bt3, 29-44 | SBK, Clay | FI, SS, SP | 5 YR 5/8 | | | | |
| | | | | | 5 YR 8/1, 10%, relic | | | | |
| | | BC, 44-48 | Wk, SBK, SCL | FI, SS, SP | 5 YR 5/8 | S | | | S, 0.3 |
| | | | | | 5 YR 8/1, 15% relic | | | | |
| | | | | | 7.5 YR 6/8, 10% | | | | |
| 4 | LS | A, 0-3 | Gr, SL | VFR, NS, NP | 10 YR 4/3 | | | | |
| Auger | | E, 3-14 | Gr, SL | VFR, NS, NP | 10 YR 6/4 | | | | |
| | | Bt1, 14-24 | Gr, SL | VFR, NS, NP | 10 YR 5/8 | | | | |
| | | Bt2, 24-34 | SBK, SCL | FI, SS, SP | 10 YR 5/8 | | | | |
| | | Bt3, 34-41, | SBK, SCL | FI, SS, SP | 7.5 YR 5/8 | PS | | | |
| | | Bt4, 41-47+ | SBK, SCL | FI, SS, SP | 7.5 YR 5/8 | S | | | S, 0.35 |
| | | | | | 7.5 YR 8/1, relic, 10% | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | Yes | Yes |
| System Type(s) | Accepted | Panel Block |

Other Factors (:1946):

Soil Evaluation By: Jason Hall

Others Present: Matt Burdette

# IREDELL COUNTY

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

**APPLICATION NUMBER**

**152551**

Issue Date: 12/13/2013

## Permit Type: IMPROVEMENT PERMIT APPLICATION

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4639738690.000 | 185 BELFRY LOOP | MOORESVILLE |

| Owner Information | Applicant Information | Contractor Information |
|---|---|---|
| Owner: MERITAGE HOMES ON NC INC<br>Address: 17851 N 85TH ST<br>SCOTTSDALE, AZ 85255<br>Phone: | Applicant: MERITAGE HOMES<br>Address: 7761 BALLANTYNE COMMONS<br>CHARLOTTE, NC 28277<br>Phone: 704-944-8903 | Contractor: MERITAGE HOMES<br>Address: 7761 BALLANTYNE COMMONS PK<br>PKWY SUITE CHARLOTTE, NC 28277<br>Phone: 704-944-8903<br>License Type: BLDG<br>License Number: 70995 |

**Project Description**

NEW SINGLE FAMILY - IREDELL

**Scope of Work**

SFD

**Permit Details:**

| | | | |
|---|---|---|---|
| PAID IN 2008 IN BB | IMPROVEMENT PERMIT FEE | Amount: | .00 |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

**Date:** 12/13/2013

***ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.***

| Permit Number: | 3078 | TOTAL FEES: | $ |
|---|---|---|---|

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