ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # AP307799

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

PIN # 7639840288

APPLICANT/OWNER: Craig McAdams | APPLICANT ADDRESS: 223 Bells Crossing Dr Mooresville NC 28117

SITE ADDRESS: 223 Bells Crossing Dr. Mooresville NC 28117 | PHONE: 704-819-2046 | ALT. PHONE 704-763-7722

SITE DIRECTIONS: NC 115 N to L on Connector Rd, R on Cornelius Rd, R on Judas Rd, R on Perth L on Bells Cross, 1st Lot on L

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Bells Crossing | SECTION/PISH/LOT # 198 | LOT AREA: 0.73 Acres | DESIGN FLOW: 480GPD | L.T.A.R.: .3

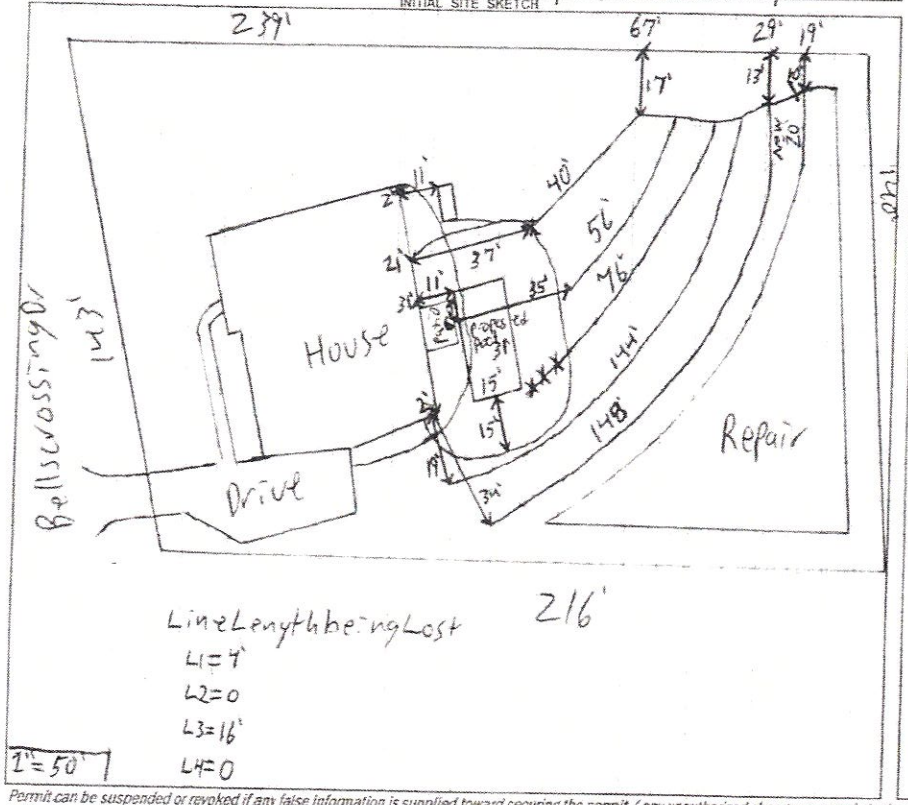
Septic Tank	1000 (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT —	Date —	System Description:	Existing + New Gravity 25%
Pump Make	—	Model —	Serial # —	Repair System Description:	LPPPBPS
# Nitrification Fields	1	# Lines 1	Linear Ft 20'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth (Low Side)	36"	Gravel Depth —	☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing | No. Bedrooms 4 | No. Persons 8 | No. Employees | ☒ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Line on contour. Do Not Drive on, store material, or manipulate drain field in any way. Water's edge of pool must be 15' off of septic. The purpose of this permit is to relocate parts of existing drain lines for new pool. A 3' earthen dam must be constructed in Abandond Lines. Any part of septic system must be 15' off water's edge of Pool

INITIAL SITE SKETCH



Line Length being Lost

L1 = 4'

L2 = 0

L3 = 16'

L4 = 0

1" = 50'

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	3/4	BB
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y/N		
Comments: Tank Supply Line	3/4	BB

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: [signature] Date: 8/20/2020

IMPROVEMENT PERMIT by: Patrick A Bagley III Date: 8/19/2020

AUTHORIZATION TO CONSTRUCT by: Patrick A Bagley III Date: 8/19/2020

Installed by: DM Construction - 5642

OPERATION PERMIT by: [signature] Date: 3/4/2021

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

115

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP307799

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

PIN # 4639840288

APPLICANT/OWNER: Craig McAdams | APPLICANT ADDRESS: 223 Bells Crossing Dr Mooresville NC 28117

SITE ADDRESS: 223 Bells Crossing Dr. Mooresville NC 28117 | PHONE: 704-819-2046 | ALT. PHONE 704-763-7722

SITE DIRECTIONS: NC 115 N to L on Connector Rd, S on Lorneltus Rd, R on Judas Rd, R on Perth, L on Bells Crossing, L on L

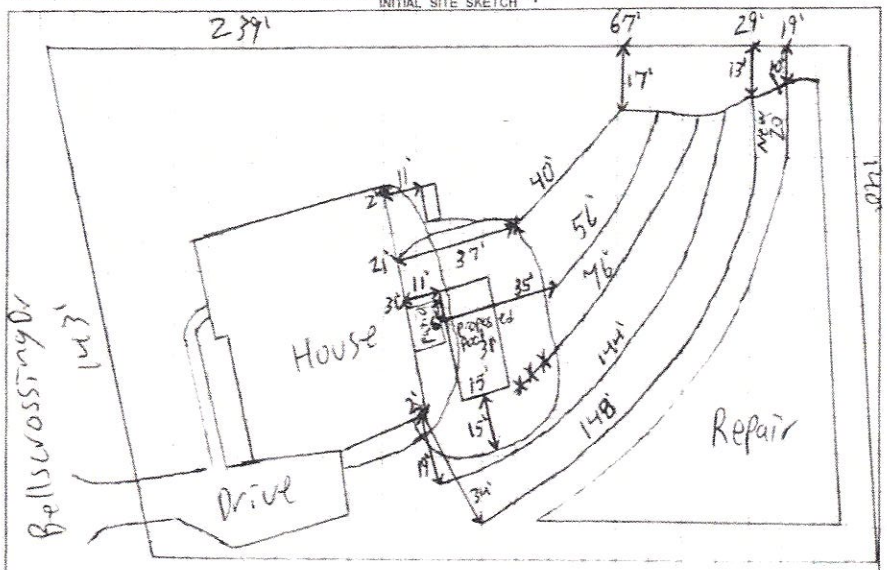
SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Bells Crossing | SECTION/PHASE/LOT # 198 | LOT AREA: 0.73 Acres | DESIGN FLOW: 480GPD | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion	System Type: I II ◐ IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Existing + New Gravity 25%	☐ Business	No. Persons	8	☒ Private
Pump Make	—	Model		—	Serial #	—	Repair System Description:	LPPPBPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	1		Linear Ft	20'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth (Low side)			30'		Gravel Depth	—	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install Line on contour. Do Not Drive on, Store material, or manipulate drain field in any way. Water's edge of pool must be 15' off of septic. The purpose of this permit is to relocate parts of existing drain lines for new pool. A 3' earthen dam must be constructed in Abandoned Lines. Any part of septic system must be 15' off water's edge of Pool

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	3/4	BB
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments: Tank Supply Line	3/4	BB

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: [signature] Date: 8/20/2020 Installed by: DM Construction - 5642

IMPROVEMENT PERMIT by: Patrick O Boyle III Date: 8/19/2020 OPERATION PERMIT by: [signature] Date: 3/4/2022

AUTHORIZATION TO CONSTRUCT by: Patrick O Boyle III Date: 8/19/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP307799

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

PIN # 4639840288

APPLICANT/OWNER: Craig McAdams
APPLICANT ADDRESS: 223 Bells Crossing Dr Mooresville NC 28117
SITE ADDRESS: 223 Bells Crossing Dr. Mooresville NC 28117
PHONE: 704-819-2046 ALT. PHONE 704-763-7722
SITE DIRECTIONS: NC 115 N to L on Connector Rd, S on Lornelius Rd, R on Judas Rd, R on Perth, L on Bells Crossing Lot on L
SAP CONTROLLED: ☐ YES ☒ NO
SUBDIVISION: Bells Crossing
SECTION: PISH2 LOT # 198 LOT AREA: 0.73 Acres DESIGN FLOW: 480GPD L.T.A.R.: .3

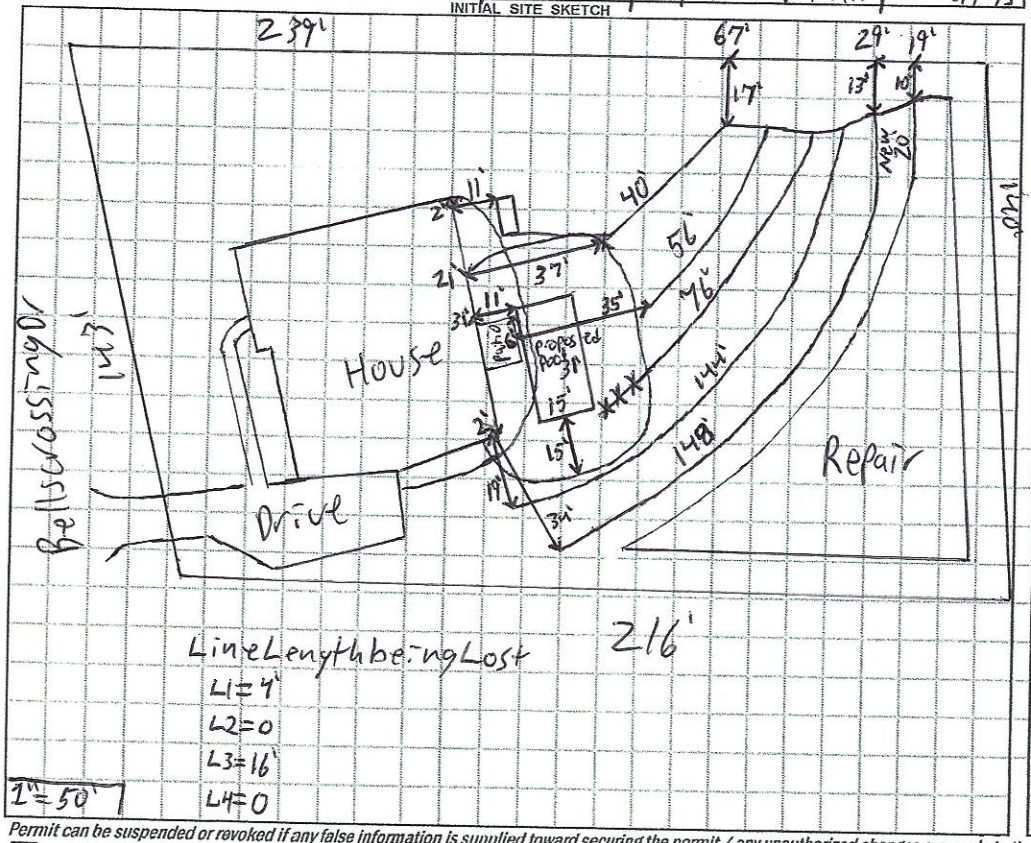
Septic Tank	1000 (gal)	STB		Date	
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	1	Linear Ft:	20'
Trench Width	36"	Trench Bottom Depth (~~Low side~~)	36"	Gravel Depth	—

☐ New System ☐ Repair ☐ Expansion System Type: I II ◐ IV V VI
System Description: Existing + New Gravity 25%
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space
Water Supply: ☒ Private ☐ Public ☐ Community
☐ Basement w/o plumbing

Comments / Conditions: Install Line on contour. DoNot Drive on, Store material, or manipulate drain field in any way. Water's edge of pool must be 15' off of septic. The purpose of this permit is to relocate parts of existing drain lines for new pool. A 3' earthen dam must be constructed in Abandond Lines. Any part of septic system must be 15' off water's edge of Pool

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Line Length being Lost
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☐ 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: [signature] Date: 8/20/2020 Installed by:
IMPROVEMENT PERMIT by: Patrick O Bagley III Date: 8/19/2020 OPERATION PERMIT by: Date:
AUTHORIZATION TO CONSTRUCT by: Patrick O Bagley III Date: 8/19/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 46295[illegible]
COUNTY: [illegible]

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Erin McAdams
ADDRESS: 22 Stone [illegible]
PROPOSED FACILITY: EMS [illegible] PROPOSED DESIGN FLOW (.1949): 450 GPD
LOCATION OF SITE: 223 Rolls Crossing

APPLICATION DATE: [illegible]
DATE EVALUATED: [illegible]
PROPERTY SIZE: 0.73 acres
PROPERTY RECORDED: [illegible]

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other Community well
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR. HORIZ	PROFILE CLASS & LTAR
1	SS	0-9	SCL WSBK	FR SS SP [illegible]		48"	[illegible]	—	I/S, .3
		9-30	C SBK/ABK	Fr SS SP [illegible]					
		30-48	CL SBK	Fr SS SP [illegible]					
2	SS	0-6	SCL WSBK	Fr SS SP [illegible]	—	48"	Limited [illegible]	Small Rock Volume	[illegible]
		6-31	C SBK/ABK	Fr SS SP [illegible]					
		31-48	CL SBK	Fr SS SP [illegible]					
3	SS	0-11	SCL WSBK	Fr SS SP [illegible]	Few [illegible]	48"	—	Few Small Rock Volume	[illegible] .3
		11-48	C SBK/ABK	Fr SS SP Sev					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	267
System Type(s)	2 Conv Rec	LPP/BPS
Site LTAR	.3	.275

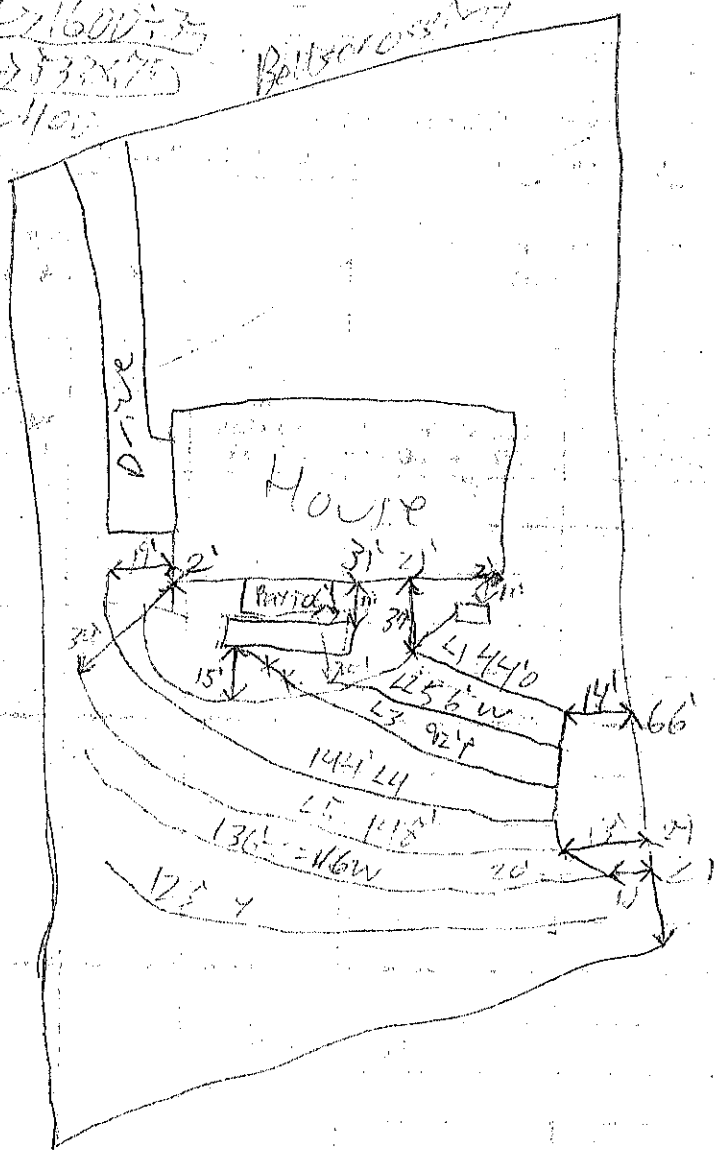
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Pat [illegible] PA
OTHER(S) PRESENT:

COMMENTS: Clay

480 ÷ 3
↳ 1600 ÷ 3
↳ 533.75
↳ 534

480 ÷ 3
↳ 1600 ÷ 3
↳ 533.75
↳ 534

480 ÷ .275
↳ 1746 ÷ 3
↳ 582 × .5
↳ 291



Any irrigation system would need

Loops
L1 = 41'
L2 = 0
L3 = 16'
L4 = 6
L5 = 0

White Lights
6/0
slope

Pool
12 x 40

Pool
16' x 31'

Pool equipment
Right when facing front of house

RECEIVED MAY 29 2020

AP-00174
$250.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

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 (X) 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: (X) 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: (PRINT CLEARLY)

Applicant Name: Craig McAdams Address: 223 Bells Crossing Dr. Zip: 28117

Applicant Email: cmcadam2003@yahoo.com Phone: (704)819-2046 Alt. Phone: (704)763-7722

Owner Name: Craig and Erin McAdams Address: 223 Bells Crossing Dr Zip: 28117

Owner Email: cmcadam2003@yahoo.com Phone: (704)819-2046 Alt. Phone:

Property Information:

Street Address: 223 Bells Crossing Dr, Mooresville NC 28117

Subdivision Name: Bells Crossing Section/Phase: Phase 1 Lot Number: 198

Driving Directions: HWY 150 to Perth Rd, approximately 2 miles on the left into subdivision, 1/2 mile house is on the left.

Site Development Information: *(check or complete ALL that apply* CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___Tank ___Drain lines Describe Problem:

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

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

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2013
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

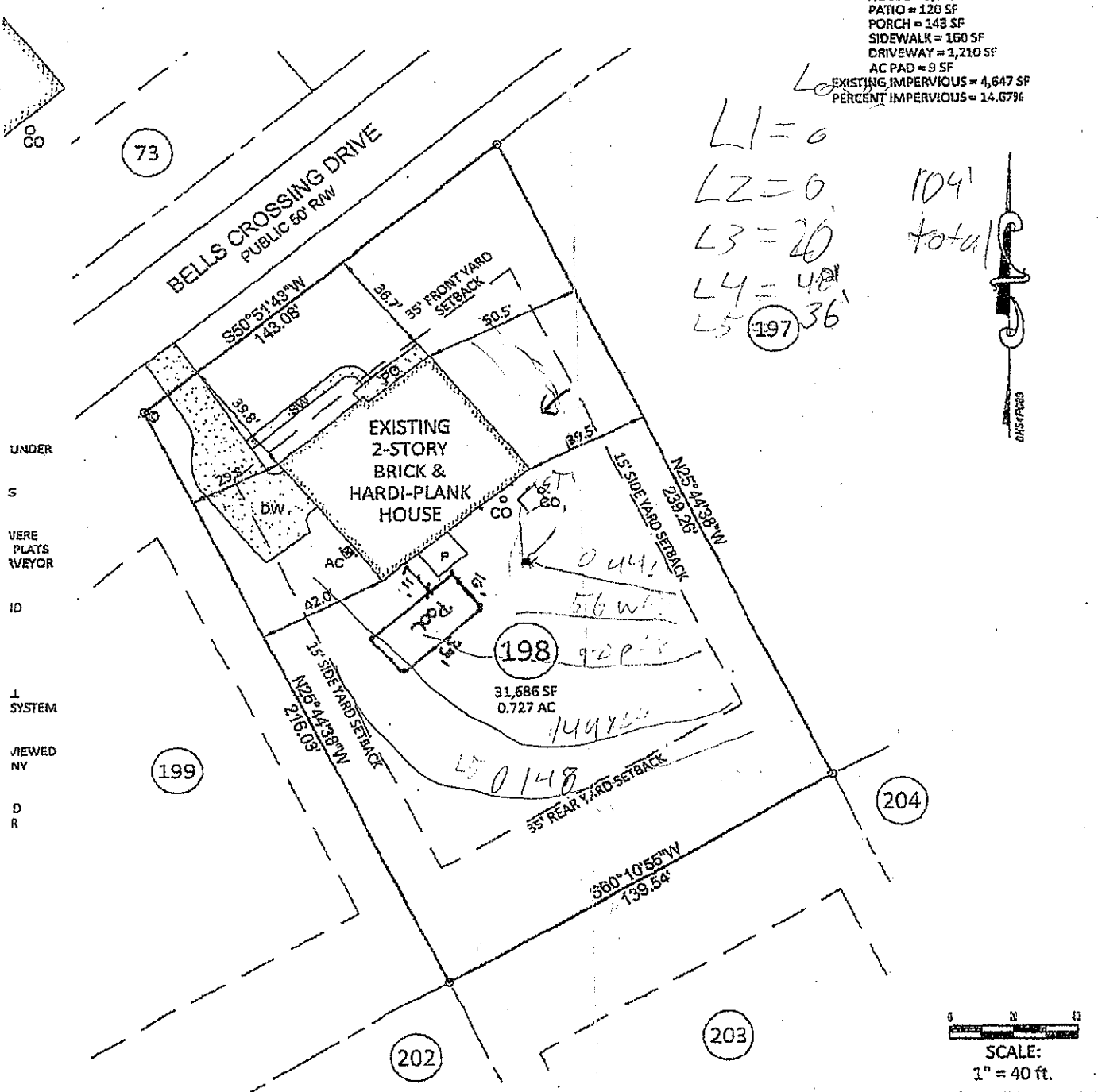
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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: Craig McAdams May 22, 2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

LOT INFORMATION:

LOT #198
DB 2187, PG 1123
PIN: 4639840288
ADDRESS: 223 BELLS CROSSING DRIVE
TOTAL LOT AREA = 0.727 AC = 31,686 SF
HOUSE = 3,005 SF
PATIO = 120 SF
PORCH = 143 SF
SIDEWALK = 160 SF
DRIVEWAY = 1,210 SF
AC PAD = 9 SF
EXISTING IMPERVIOUS = 4,647 SF
PERCENT IMPERVIOUS = 14.67%

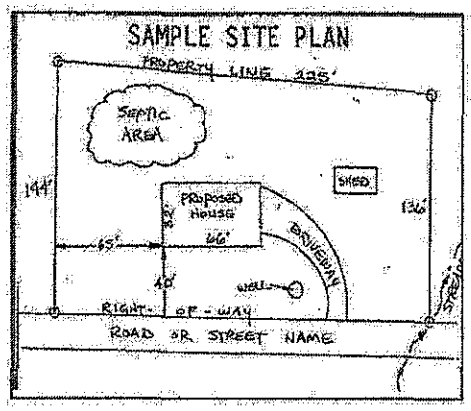


IREDELL COUNTY HEALTH DEPARTMENT

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

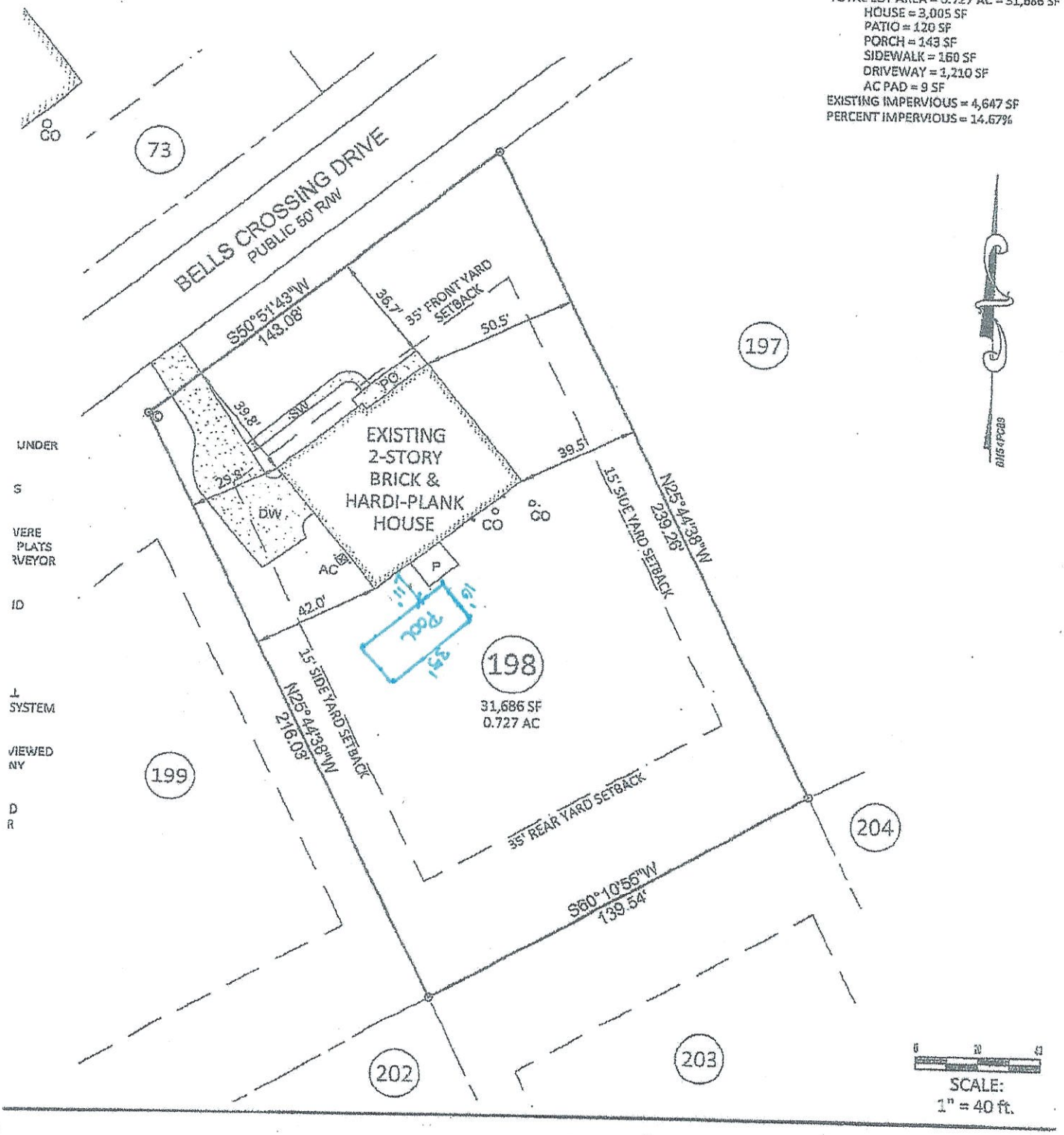
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

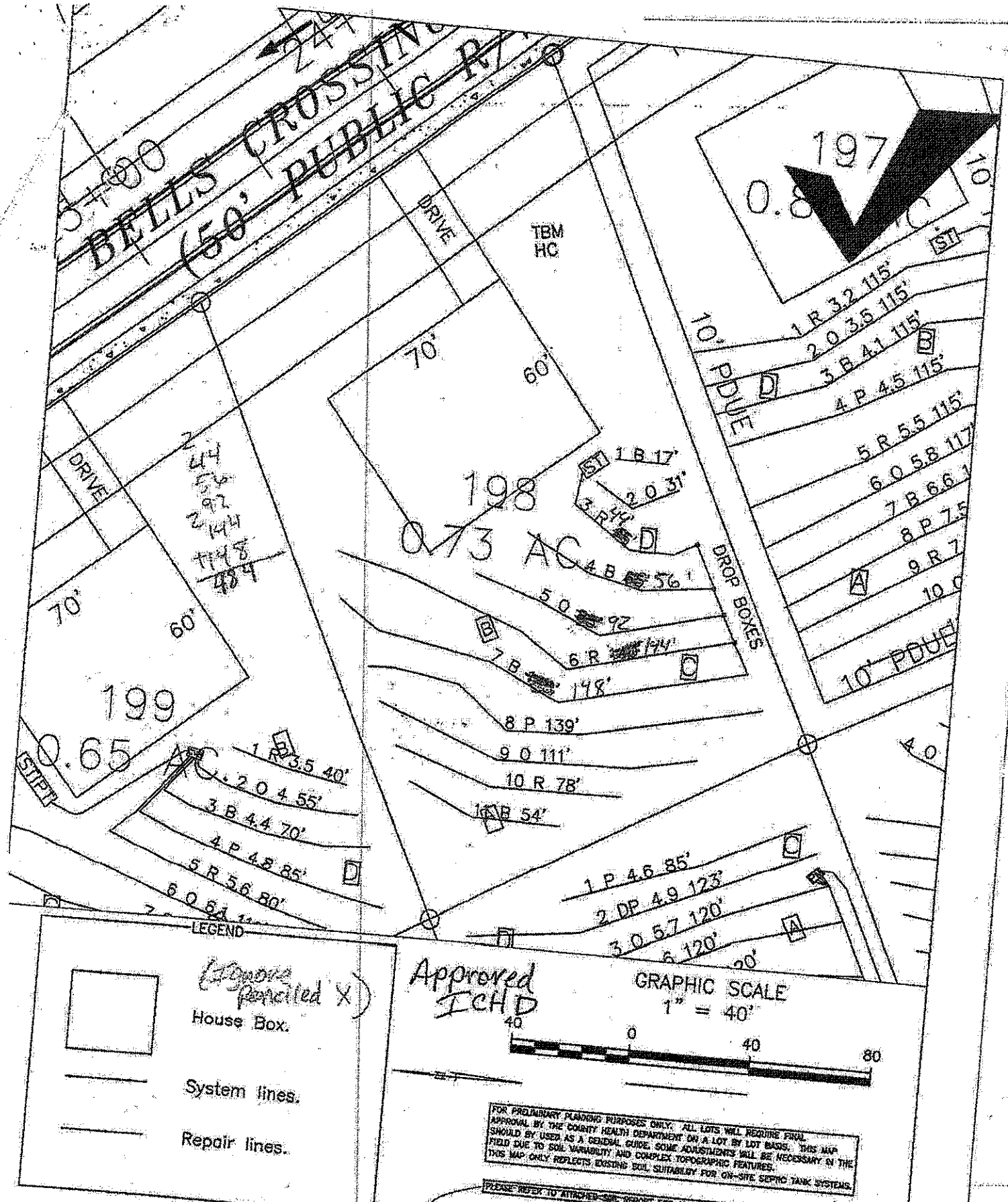
Signature: _____ **5/22/2020**

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

LOT INFORMATION:

LOT #198
DB 2187, PG 1123
PIN: 4639840288
ADDRESS: 223 BELLS CROSSING DRIVE
TOTAL LOT AREA = 0.727 AC = 31,686 SF
HOUSE = 3,005 SF
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AC PAD = 9 SF
EXISTING IMPERVIOUS = 4,647 SF
PERCENT IMPERVIOUS = 14.67%




BELLS CROSSING
(50' PUBLIC R/
DRIVE
TBM
HC
197
0.8
198
0.73 AC
199
0.65 AC
70'
60'
DROP BOXES
10' PDUE
1 R 3.2 115'
2 D 3.5 115'
3 B 4.1 115'
4 P 4.5 115'
5 R 5.5 115'
6 D 5.8 117'
7 B 6.6
8 P 7.5
9 R 7
1 B 17'
2 D 31'
3 R 44'
4 B 56'
5 D 92'
6 R 124'
7 B 148'
8 P 139'
9 D 111'
10 R 78'
1 R 3.5 40'
2 D 4 55'
3 B 4.4 70'
4 P 4.8 85'
5 R 5.6 80'
1 P 4.6 85'
2 DP 4.9 123'
3 D 5.7 120'
6 120'
LEGEND
House Box.
System lines.
Repair lines.
(Driveway penciled X)
Approved
ECHD
GRAPHIC SCALE
1" = 40'
40 0 40 80
FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE. SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.
PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION
Lot 198
OLLANS SOIL & ENVIRONMENTAL SERVICES
SITE PLAN
DRAINFIELD AREAS
BELLS CROSSING, LOT 7 (BELLS CROSSING)
MERIDEL COUNTY, NORTH CAROLINA
JOB #: 01-1429
PROJECT MGR.: C.E.F.
FIELD WORK: C.E.F., A.L.P. & M.D.B.
DRAWN BY: C.E.F. & M.D.B.

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☒ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ **2.** I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _5/22/2020__
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677