Paid $350.00 Statesville DW

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:

Applicant Name: Heritage Homes **Address:** 11605 N Community Rd ste 250 Charlotte NC 28217 **Phone:** 704 609 6577

Owner Name: // **Address:** // **Phone:** //

Property Information:

Street Address: 149 Leaning Tower Rd

Subdivision Name: Bells Crossing **Section/Phase:** 2 **Lot Number:** 40

Driving Directions: ~~I~~ N on 150, R onto Perth Rd, L into Bells Crossing R onto San Agustin Dr, R onto Leaning Tower 9th lot on the left

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: 5
Maximum Number of Occupants: 10
( ) 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 ( ) 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: _____ 6-4-14
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: _____ 6-4-14

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	ORANGE	4.8	40
2	BLUE	5.9	66
3	RED	6.7	76
4	YELLOW	7.7	96
5	BLUE	9.1	107
6	YELLOW	10.2	120
7	ORANGE	11.8	120

934' TOTAL

APPROVED JUL 08 2014

AZP

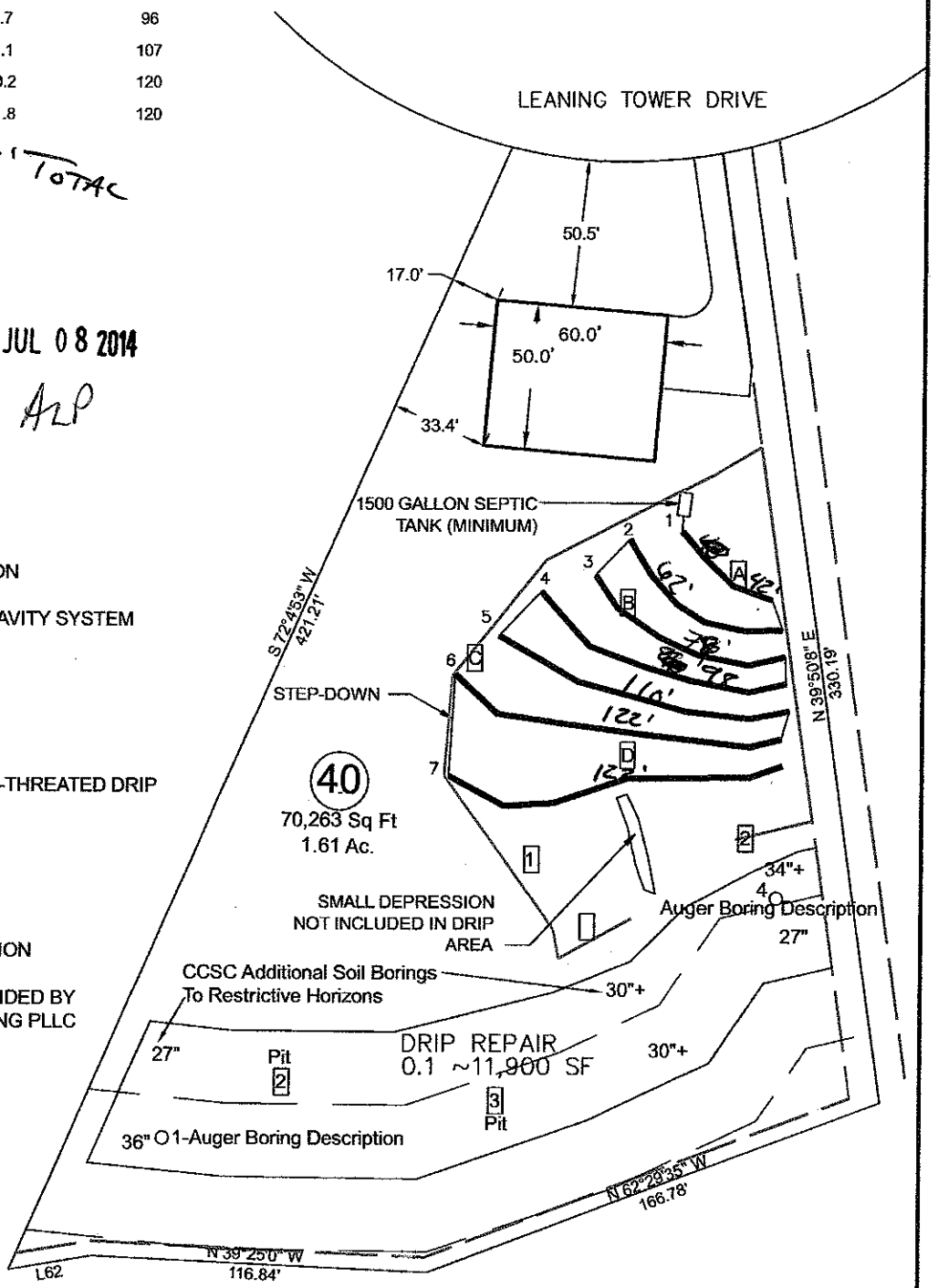
LOT 40 BELLS CROSSING SUBDIVISION

5-BEDROOM ACCEPTED STATUS GRAVITY SYSTEM
LINES 4-8 TOTAL 625 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.25
25% REDUCTION
20" TRENCH DEPTH MAX

5-BEDROOM SUBSURFACE TS-II PRE-THREATED DRIP IRRIGATION REPAIR
11900 SF OF TOTAL AREA
LTAR 0.1
6" TRENCH DEPTH MAX

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL PROFILES AND ANALYSIS PROVIDED BY CENTRAL CAROLINA SOIL CONSULTING PLLC



PRIMARY SYSTEM

REPAIR SYSTEM

REPAIR LINES (NOT USED)

PIT OR AUGER BORING [A]

0 30 60

SCALE:
1" = 60 f t.

Bateman Civil Survey Company
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NCBELS Firm No. C-2378

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LOT 40
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 06/03/14 DRAWN BY MB CHECKED BY: TMB