IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212189

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

PIN # 4639-93-0430.132/1325

APPLICANT: BCSC APPLICANT ADDRESS: 2524 Reliance Ave. Apex, NC 27539

SITE ADDRESS: 244 S. San Agustine De-Mooresville PHONE: 704-658-8616 ALT. PHONE: 4649.03.3165.1325

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

SUBDIVISION: Bells Crossing SECTION: 4 LOT # 132 LOT AREA: 1.18AC DESIGN FLOW: 600 L.T.A.R.: .3 (.1R)

Septic Tank	1250 X (gal)	STB	299	Date	6-14	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III)R IV V VI	☒ Residence	No. Bedrooms 5
Pump Tank	1250 X (gal)	PT	306	Date	2-9	System Description:			PM -25% Reduction	☐ Business	No. Persons 10
Pump Make	Loeller	Model	5032-0008	Serial #		Repair System Description:			DRIP	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	7	Linear Ft:	545'	Maintenance Agreement Required:		☐ YES	☒ NO	☒ Slab	☐ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	24"	Gravel Depth	—			☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Follow all N.C. Septic rules. Recommend pumping the septic tank every 3-5 years

Checked lines 3/1/17
Set 2 pressure, checked
Off site septic system

INITIAL SITE SKETCH

See Plan From BCSC / KCHD

- See attached state approval letter from Tricia Agnoli (Dated 9-14-16) + supplementary information packett from Brian J. Kraynak (dated: 8-17-16 scaled: 8-18-16)

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: [signature] Date: 6/17/16 Installed by: Carolina Pipe

IMPROVEMENT PERMIT by: [signature] APPROVED Date: JUN 14 2016 OPERATION PERMIT by: Maria Dolbow Date: 3/15/17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9-23-16 Existing System Inspected by: Date:

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

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	WHITE	0.1	19
2	YELLOW	1.0	51
3	ORANGE	2.4	75
4	RED	3.1	25
5	YELLOW	5.0	98
6	BLUE	6.9	67
7	ORANGE	8.1	15
8	PINK	10.3	75
9	YELLOW	12.1	82
10	ORANGE	15.0	93
11	PINK	17.4	82
12	BLUE	20.4	78
13	RED	22.8	66
14	WHITE	24.8	45

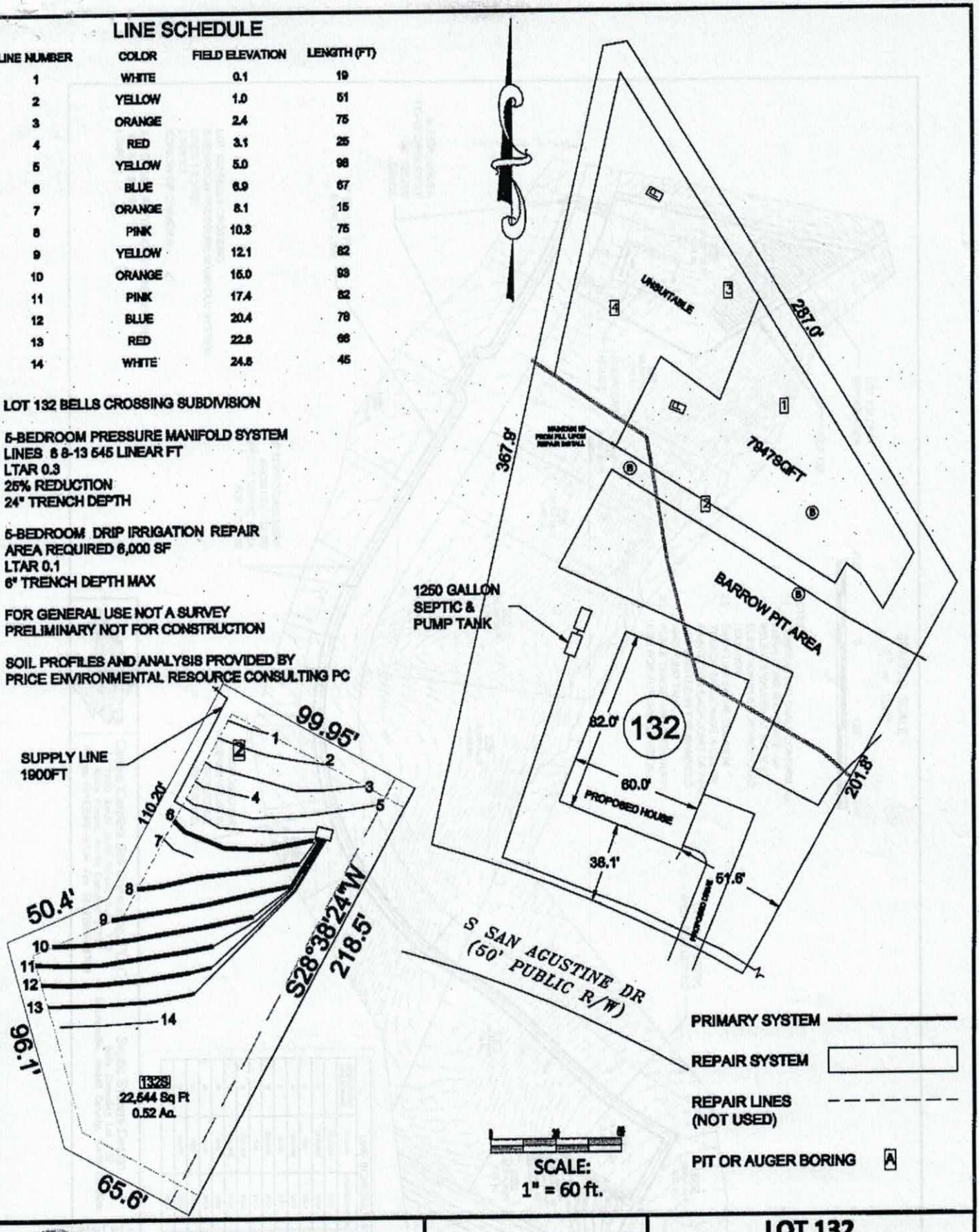
LOT 132 BELLS CROSSING SUBDIVISION

5-BEDROOM PRESSURE MANIFOLD SYSTEM
LINES 6 8-13 545 LINEAR FT
LTAR 0.3
25% REDUCTION
24" TRENCH DEPTH

5-BEDROOM DRIP IRRIGATION REPAIR
AREA REQUIRED 6,000 SF
LTAR 0.1
6" TRENCH DEPTH MAX

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL PROFILES AND ANALYSIS PROVIDED BY
PRICE ENVIRONMENTAL RESOURCE CONSULTING PC



Bateman Civil Survey Company
Engineers Surveyors Planners

MeritageHomes

LOT 132

BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 4/22/15 DRAWN BY: MDB CHECKED BY:TMB

Pressure Manifold
Septic System Design

for

Bells Crossing PH 4 S/D Lot 132
Mooresville, North Carolina

Designed by:

Matt Burdette
Central Carolina Soil Consulting, PLLC
Wake Forest, North Carolina

Engineer:

Brian Kraynak, PE
Bateman Civil Survey Company, PA
Apex, North Carolina
BCSC Project #: 120314.132



08/17/2016

8-18-2016

Bells Crossing PH 4 S/D Lot 132

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Pump Specifications ---------- 6
Effuent Filter Specifications ---------- 8
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Septic and Pumptank Details ---------- 12
Pressure Mainfold and Trench Details ---------- 13

Bells Crossing PH 4 S/D Lot 132

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 132

Layout/Design Specifications

Facility Type:	Single Family Home	
# of Bedrooms:	5	
Daily Flow:	600	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:	48	in
Manifold Diameter:	4	in sch 80pvc
Supply Line Length:	1987	ft
Supply Line Diameter:	2	in sch 40pvc
Supply Line Volume:	345.74	gallons
Friction Loss + Fitting Loss:	37.50	ft(supply line length +25% for fittings)
Design Head:	2	ft
Elevation Head:	69.40	ft
Total Head:	108.90	ft
Dose Volume:	245.51	gals
% of Pipe Vol.	.75	
Drawdown:	11.26	in @ 21.8 gal/in
Pump Run Time:	8.96	Minutes
Control Panel:	SJE Rhombus Model112 control panel (or approved equivalent)	
Pump:	Zoeller5032-0008 High Flow (or approved equivalent)	
Septic Tank Effluent Filter:	Zoeller 170-0144 residential effluent filter (or approved equivalent)	
Septic Tank:	1250	gallon Shoaf
Pump Tank:	1250	gallon Shoaf

Bells Crossing PH 4 S/D Lot 132

SYSTEM TAP CHART

	Bench Mark:	0	= 100.00	Manifold elev:	926.00				
	Pump tank elevation:	862.00		Pump elev:	856.60				
line	color	rod read	elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR
1,2	Pink, Red, Yellow,Pink	1.00	925.00	103	1/2in SCH 80	5.48	120.00	309	0.3883
3,4	Blue	3.10	922.90	103	1/2in SCH 80	5.48	120.00	309	0.3883
5,6	Orange	6.90	919.10	103	1/2in SCH 80	5.48	120.00	309	0.3883
7	Orange	10.30	915.70	97	1/2in SCH 80	5.48	120.00	291	0.4124
8	Orange	12.10	913.90	97	1/2in SCH 80	5.48	120.00	291	0.4124
	P-TANK		862.00						
		total	feet =	503	gal/min =	27.4		LTAR =	0.300
				Des. Flow	600			(ltar + 5%)	0.32
				24 Hour Pump Run=	21.90			(ltar W/ INOV)	0.40
								(ltar + 5%)	0.42

Comments:

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	WHITE	0.1	19
2	YELLOW	1.0	51
3	ORANGE	2.4	75
4	RED	3.1	25
5	YELLOW	5.0	98
6	BLUE	6.9	67
7	ORANGE	8.1	15
8	PINK	10.3	75
9	YELLOW	12.1	82
10	ORANGE	15.0	93
11	PINK	17.4	82
12	BLUE	20.4	78
13	RED	22.8	68
14	WHITE	24.6	45

APPROVED JUN 14 2016

LOT 132 BELLS CROSSING SUBDIVISION

5-BEDROOM PRESSURE MANIFOLD SYSTEM
LINES 6 8-13 545 LINEAR FT
LTAR 0.3
25% REDUCTION
24" TRENCH DEPTH

5-BEDROOM DRIP IRRIGATION REPAIR
AREA REQUIRED 6,000 SF
LTAR 0.1
6" TRENCH DEPTH MAX

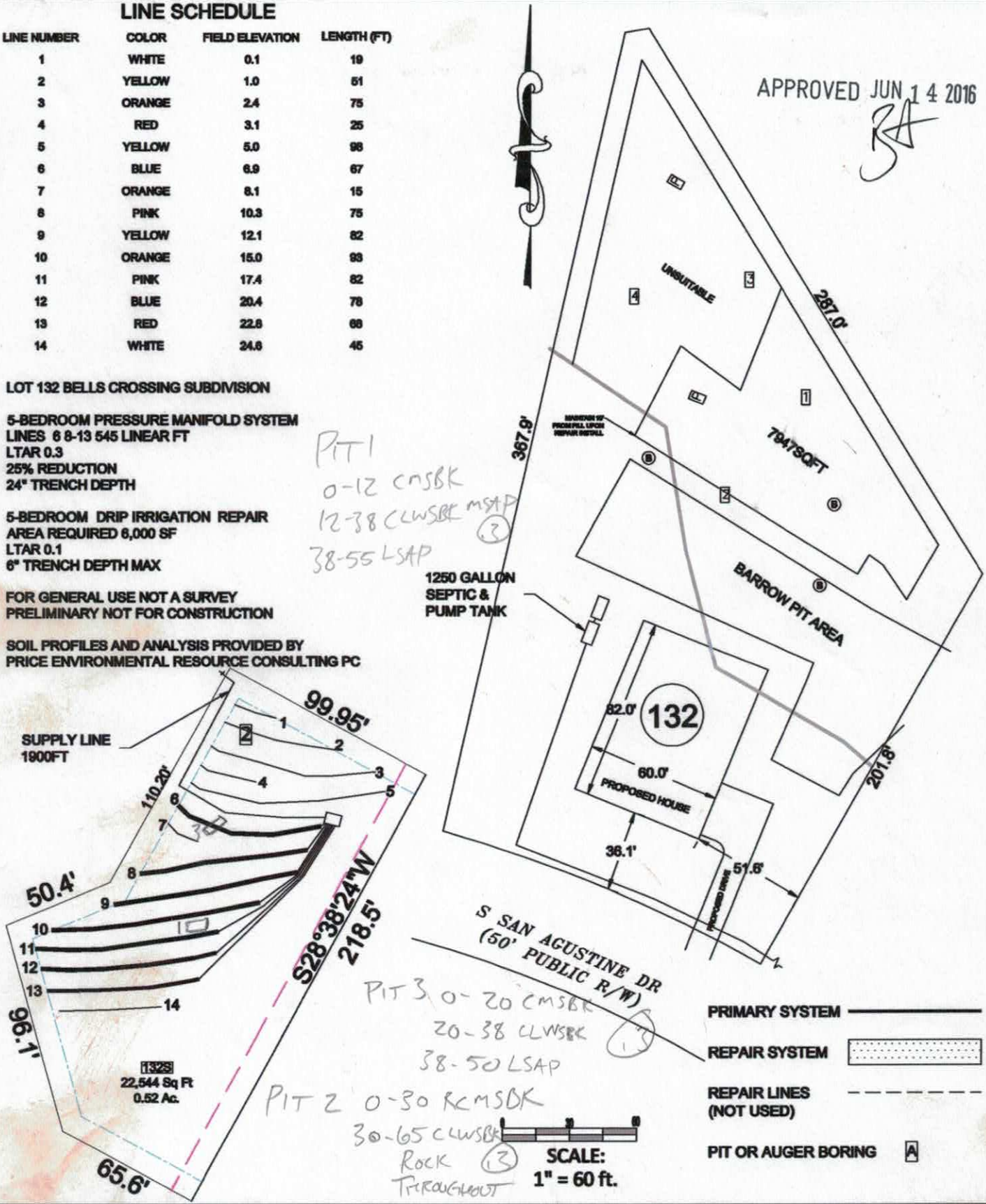
FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL PROFILES AND ANALYSIS PROVIDED BY
PRICE ENVIRONMENTAL RESOURCE CONSULTING PC

PIT 1
0-12 CMSBK
12-38 CLWSBK MSAP
38-55 LSAP

PIT 3 0-20 CMSBK
20-38 CLWSBK
38-50 LSAP

PIT 2 0-30 RCMSBK
30-65 CLWSBK
ROCK THROUGHOUT



Bateman Civil Survey Company
Engineers Surveyors Planners

MeritageHomes

LOT 132
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 4/22/16 DRAWN BY: MDB CHECKED BY:TMB

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

Sheet: 1 OF 2
PIN #: 4639-93-0430
Lot #: 132
Permit #: 212189
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: MERITAGE HOMES
Applicant: BCSC
Address: 11605 N. COMMUNITY HOUSE RD. CHARLOTTE, NC
Date Evaluated: 5/27/2016
Proposed Facility: SFR
Design Flow (.1949) 600
Property Size: 1
Location of Site: BELL CROSSING LOT 132
Property Recorded: YES
Water Supply: [X] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] 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 ONSITE	LINEAR 27%	0-10	DB,L,GR	SS	CH2 @ 31"	31"	U	31"	.1
		10-19	LB,L,GR	SS					
		19-31	C,S,ABK	S					
		31-55	CLSAP	SS					
AB 2 ONSITE	LINEAR 27%	0-5	C,SL,GR			20"	NA	20"	.1
		5-10	RB,CL,W,SBK						
		10-20	RC,M,SBK/ABK						
		20+	WATER						
PIT 1 OFF SITE	LINEAR 18%	0-12	C,M,SBK	SS	NA	38"	S	55"+	.3
		12-38	CL,W,SBK	SS					
		38-55	LSAP	NS					
PIT 2	LINEAR 18%	0-30	C,M,SBK	SS	NA	65"	NA	65"+	.3
		30-65	CL,W,SBK	SS					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	PM 25% RED	DRIP
Site LTAR	.3	.1

Other Factors (.1946): ADRIAN PRUETT ONSITE EVALUATION
Soil Evaluation By: BEN ALDRIDGE OFFSITE EVALUATION
Others Present: DAIVD BEAN
Site Classification (.1948): PS
Site Evaluation By: BEN ALDRIDGE
Others Present: MICHAEL BENFIELD

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		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
PIT 3	LINEAR 18%	0-20	C,M,SBK	SS	NA	38"	S	50"+	.3
		20-38	CL,W,SBK	SS					
		38-50	LSAP	SS					

PERC SOIL/SITE EVALUATION DESCRIPTIONS

Old Soil Notes

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

Location of site: Bells Crossing Phase 4 Lot 132

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
bor 1 near pit 1	LS 15%	0-5	GR / SL	FR SS SP	NA	25	UN	NA	PS
		5-19	ABK / C	FI SS SP	mottled red / yellow				DRIP
		19-25	W ABK / CL	FI SS SP	w/ saprolite				0.1
		25-40	SLESS SAP/ L	FI SS SP	w/ weathered rock				
					few relic 8/1 mottles				
bor 2 near pit 2	LS 20%	0-8	GR / SL	FR SS SP	28	18	UN	NA	PS
		8-14	ABK / C	FI SS SP	10YR 7/2				DRIP
		14-18	W ABK / C	FI SS P	w/ sap				0.1
		18-28	SLESS SAP L	FI SS SP					
		28-38	SLESS SAP L	FI SS SP					
pit 3	LS 20%	0-11	W ABK / CL	FR SS SP	NA	29	UN	NA	PS
		11-23	ABK / C	FR SS SP					2' chamber
		23-29	W ABK / CL	FR SS SP	w/ sap				with cover
		29-48	SLESS SAP L	FR SS SP	partially with auger	23, 35			0.25
					rock in portions of pit				
bor 4 near pit 4	LS 20%	0-6	W SBK / CL	FR SS SP	NA	45	UN	NA	PS
		6-22	ABK / C	FI SS P					0.25
		22-31	ABK / C	FI SS P	10YR 7/4 and RELIC				
		31-45	W ABK / CL	FI SS P	8/1 mottles				
		45-48	weath rock / sap						

COMMENTS: Pits 1, 2, and 4 were full of water.

Evaluation By: Steven Price

Landscape Position	Group	Texture	.1955 LTAR
R-Ridge	I	S-Sand	1.2 - 0.8
S-Shoulder Slope		LS-Loamy Sand	
LS-Linear Slope			
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6
NS-Nose Slope		L-Loam	
HS-Head Slope			
CC-Concave Slope	III	SI-Silt	0.6 - 0.3
CV-Convex Slope			
T-Terrace		SICL-Silty Clay Loam	
FP-Flood Plain		CL-Clay Loam	
		SCL-Sandy Clay Loam	
	IV	SC-Sandy Clay	0.4 - 0.1
		SIC-Silty Clay	
		C-Clay	

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

Consistence Moist	Consistence Wet
VFR-Very Friable	NS-Non-Sticky
FR-Friable	SS-Slightly Sticky
FI-Firm	S-Sticky
VFI-Very Firm	VS-Very Sticky
EFI-Extremely Firm	NP-Non-Plastic
	SP-Slightly Plastic
	P-Plastic
	VP-Very Plastic

B2 0-4 DB SL Gr .15
4-8 B SL Gr
8-19 YB SCL Gr/MWFSBk few Cver
19-21 Var Sap M few WR
21" WR/Rock

B1 0-4 DB SL Gr .15 40
4-18 B SL Gr 18"
18-20 Var SL Sap M few C veh
20-25 Var SL Sap M few exp C
Massive VFI Clay,

B2 0-5 B SL Gr
5-10 RB CL WFSBk
10-20 R C MFSBk/ABk
20-Lots Con YB

B4 0-8 B SL Gr
8-24 B CL WFSBk Fr SS SP SBk Con Sap
24-34 OR CL/C MWFSBk/M Fr SS SP SBk many Sap
34-44 Var SL Sap M
Con C veins, Con Chr 2 1.Ro
few Chr 2 mottles
need p.4

B3 0-8 DB SL Gr
8-12 B CL WFSBk
12-26 BR C WFABk/ROA Fi SP
26-31 BR CL WFABk Fi SS SP
31-39 Var L Sap M Con C veins
39-43 R C WFABk VFi S P Sap
need p.4

LICENSED SOIL SCIENTIST
STEVEN M PRICE
NORTH CAROLINA
1163
STATE OF NORTH CAROLINA

Old Soil Notes

P1 0-10 DB L Gr Fr sss PSExP
LSS c 10-19 LB/B LGr Fr ss SPSExP
27% 19-31 B C SBCh Fi S PSExP >1" peds, few sep
31-55 Kr CL sep M Fi ss SPSExP com Rock controlled sep, com C/CL incl, few Chr 2, few heavy clay veins

P2 0-6 DB L Gr Fr sss PSExP
6-25 SB C SABk/sBk Fi s PSExP >1" peds
LSS 25-53 Var CL sep M Fi s SPSExP com CL incls, Heavy C veins ABk Fi SSvP
19% few Chr 2

RECEIVED JUN 24 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)

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

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
244 S. San Agustin Drive	Bells Crossing	Phase 4/Lot 132

Driving Directions: From I-77 and NC-150, 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 5
Maximum Number of Occupants 2
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: Robert Rutherberg
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/24/16
DATE

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)

$1200.00

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

****

#212189

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:**

BCSC	2524 Reliance Ave Apex NC 27539		704-658-8610
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Meritage Homes	11605 N Community House Rd #250 Charlotte NC 28277		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

****

4. **Property Information:**

244 S San Agustin	Bells Crossing	4	132
Street Address	Subdivision Name	Section/Phase	Lot Number

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 _____
( ) Other _____

Maximum Number of Bedrooms 5
Maximum Number of Occupants 10
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: _____ 4-27-16

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

4551-A

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 132 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:*

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

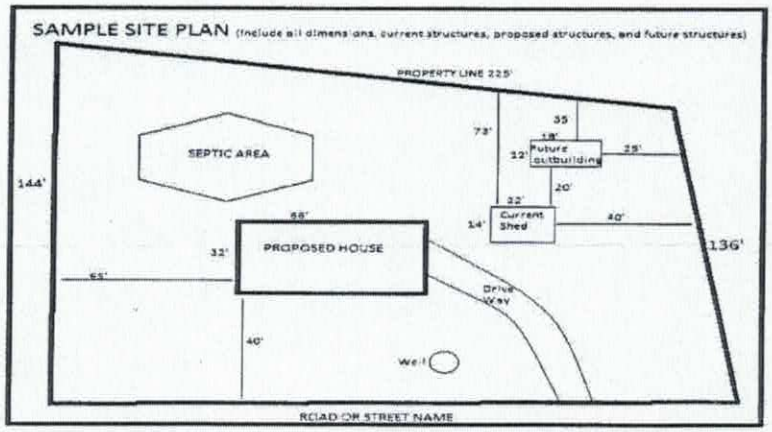
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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.**

6/24/16

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:

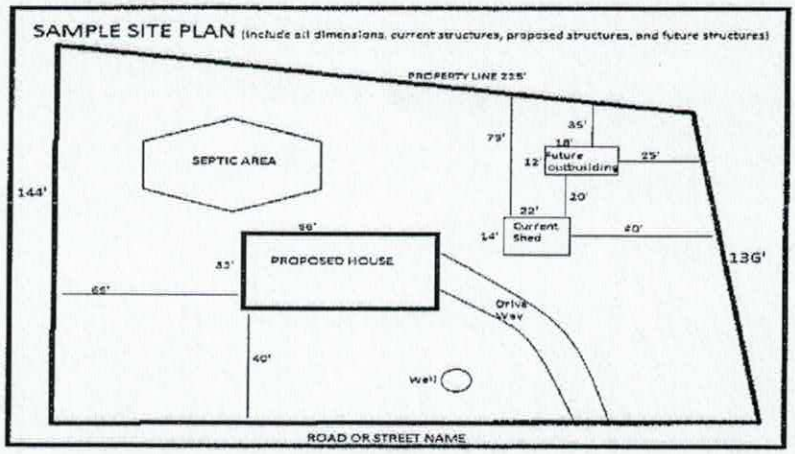
- **__X__ Property Line measurements are clearly identified...**
- **__X__ All proposed structures are indicated...**

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__ Area you prefer your septic system to be placed...**
- **__X__ Preferred driveway location and configuration, preferred well location...**
- **__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

See Attached

Signature: [signature] 3-29-16

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



INSET SCALE: 1"=40'

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

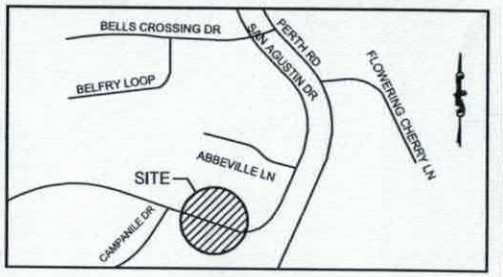
CUSTOMER DATE

MERITAGE REPRESENTATIVE DATE

LOT INFORMATION:

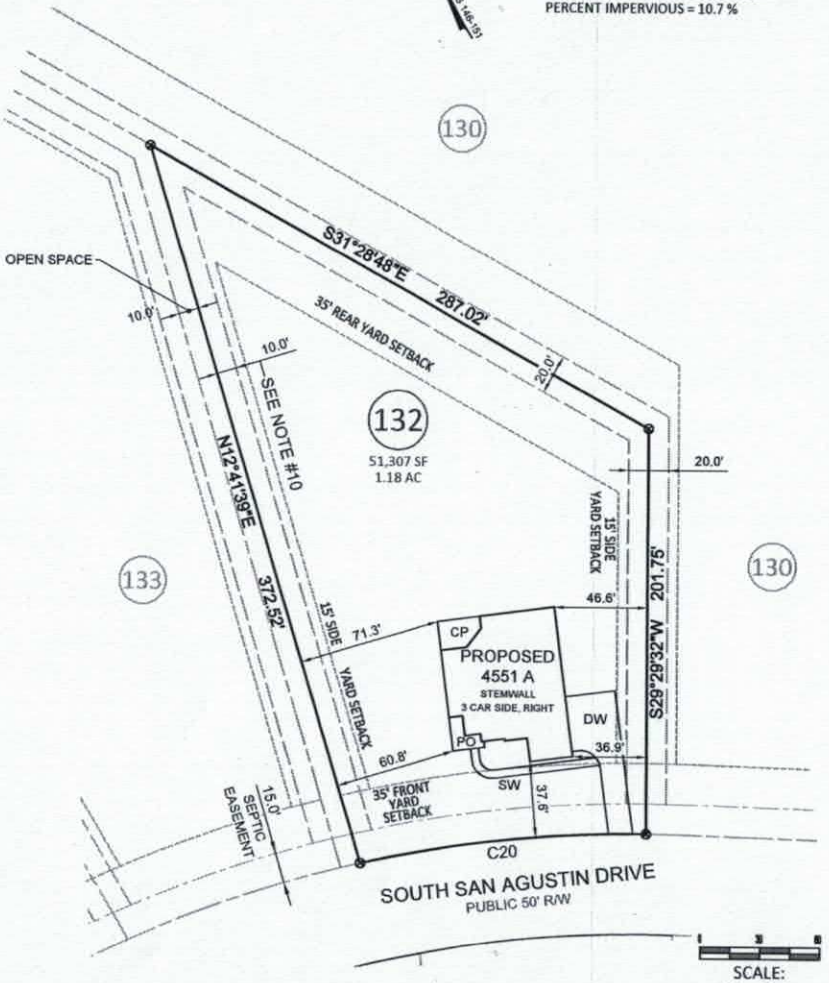
LOT #132
DB: 2187, PG. 1123
PIN: 4639930430
ADDRESS: 244 SOUTH SAN AGUSTIN DRIVE
HOUSE = 3,539 SF
PORCH = 177 SF
SIDEWALK = 283 SF
DRIVEWAY = 1,229 SF
COVERED PORCH = 276 SF
TOTAL LOT AREA = 1.18 AC = 51,307 SF
PROPOSED IMPERVIOUS = 5,504 SF
PERCENT IMPERVIOUS = 10.7 %

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)





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

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD BEARING	CHORD
C20	144.47'	625.00'	N66°43'15"W	144.15'

REVISIONS: MOVE HOUSE 15' TO RIGHT-5/7/16

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
S = SEWER MANHOLE
EB = ELECTRIC BOX
C = CABLE BOX
T = 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 132

FOR

MeritageHomes

BELLS CROSSING - PHASE FOUR - LOT 132
244 SOUTH SAN AGUSTIN DRIVE, MOORESVILLE, NC
DAVIDSON TOWNSHIP, IREDELL COUNTY

DATE: 11/12/15 DRAWN BY: RTD CHECKED BY: SPC

REF: PB 63, PGS. 146-151 BCS# 120314 SCALE: 1" = 60'

Z:\Projects\2012 MLS\120314 Bells Phase 4\dwg\120314 Bells Phs4 Plot MLS.dwg, 3/7/2016 10:56:00 AM, mwilker

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,

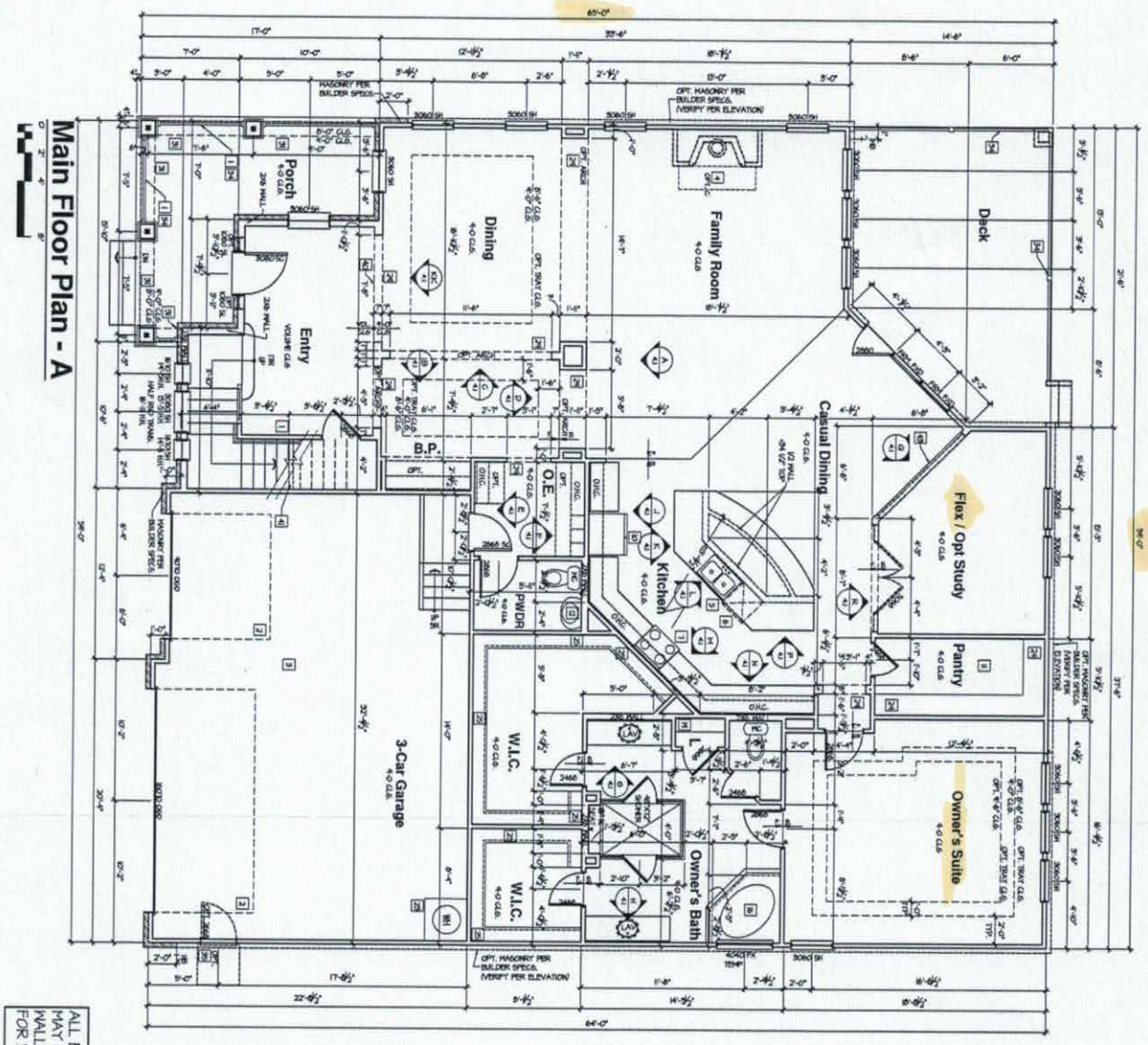
Tricia Angoli, PE
On-Site Wastewater Engineering

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

Acknowledgement of Plans Submittal ONLY!

Tom Shuk Date 4-23-16

Date 9-26-16



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

SQUARE FOOTAGES

	A
MAIN FLOOR	2561
UPPER FLOOR	618
BASEMENT	
PORCH	278
PATIO	278
1ST BALCONY	
TOTAL	3935

FLOOR PLAN NOTES:

TYPICAL CONSTRUCTION ASSEMBLIES:

Meritage Homes

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

ISSUE DATE: 01/17/2014
REVISIONS

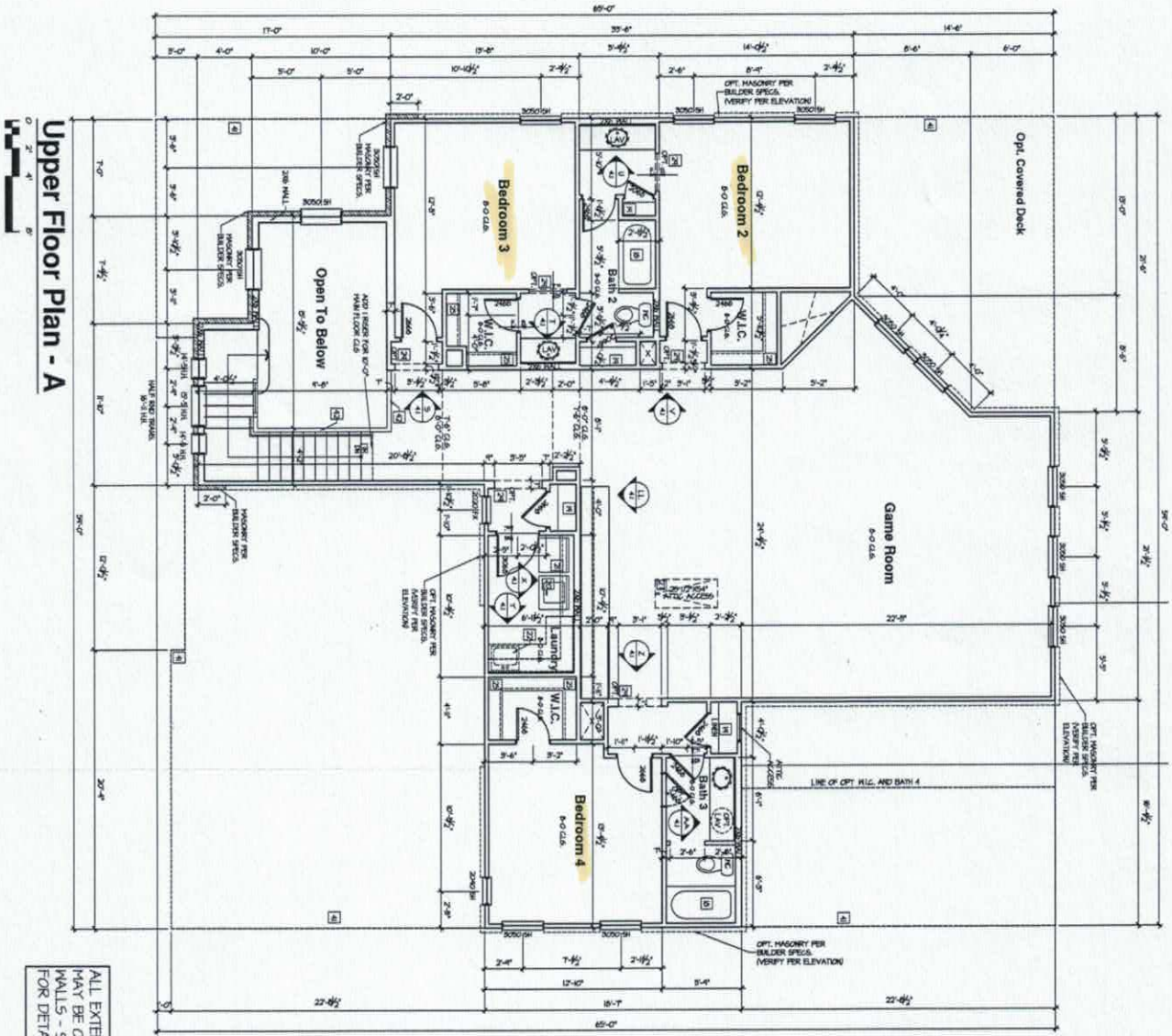
BSB DESIGN

Plan 4551
A2.1A

Acknowledgement of
Plans Submittal ONLY!

Tom Shuda Date 9-23-16

[signature] Date 9-26-16



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

FLOOR PLAN NOTES:

TYPICAL CONSTRUCTION ASSEMBLIES:

Meritage Homes

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

ISSUE DATE: 01/17/2014
REVISIONS

Plan 4551
A2.2A

IREDELL COUNTY

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

APPLICATION NUMBER
212189
Issue Date: 07/28/2015

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4639834045.000	244 SOUTH SAN AGUSTIN DRIVE, MOORESVILLE, NC 28117	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MERITAGE HOMES OF NC INC	Applicant: MERITAGE HOMES
Address: 17851 N 85TH ST MOORESVILLE, AZ 85255	Address: 7761 BALLANTYNE COMMONS PKWY SUIT CHARLOTTE, NC 28277
Phone:	Phone: 704-944-8903

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
76.003	35.00	35.00	15.00	15.00	CACL	AE

Remarks:

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	44899	TOTAL FEES:	$ 77.25