8-15-13 RH
Paid $ 350.00

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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 [ ] BOTH [ ] Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: *Place check ( ) beside whichever is submitted if applicable*

[✓] Survey Plat, Scaled no more than 1 Inch = 60 Feet
[ ] Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Meritage Homes of the Carolinas, Inc	7761 Ballantyne Commons Pkwy Ste. 103 Charlotte, NC 28277		704-351-5405
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Meritage Homes of the Carolinas, Inc	same		
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

	Bells Crossing	Lot 98
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: 150 W - Right on Perth Road - Left into Bells Crossing

lot xxx on left after club house

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
( ) 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)*

[ ] Alternative [✓] Conventional [ ] Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

8. 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. 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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-15-13
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:	
X	**Location of septic systems and wells within 100' of your property...**	**N/A**
X	**Location of easements and rights of ways on your property...**	**N/A**
X	**Location of any designated wetlands on the property...**	**N/A**

Signature: _____ 8-15-13

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 152568ZO

Printed: 8/22/2013

Master #: 152568

Associated Permits:
152568ZO Zoning

Applicant

Name: Meritage Homes of North Carolina, Inc. **Phone:**
Address: 7761 Ballantyne Commons Pkwy ste 103
Charlotte, NC 28277

Parcel

Parcel Number: 4639942181.000
Address: 113 BELFRY LOOP
MOORESVILLE, NC 28117
Subdivision: Bells Crossing

Zoning: RA
Township: 1700
Area: 0.78
Lot(s): 98

Directions to Parcel: PERTH RD, RT ON BELLS CROSSING, LFT BELFRY, LOT ON LFT

Owners

Name: Meritage Homes of NC, INC
Address: 7761 Ballantyne Commons Parkway Suite 1(
Charlotte, NC 28277

Phone: 704-944-8900
Fax: 704-944-8910

Contractors

Contractor Type: Building
Name: Meritage Homes of North Carolina, Inc.
Address: 7761 Ballantyne Commons Pkwy ste 103
Charlotte, NC 28277

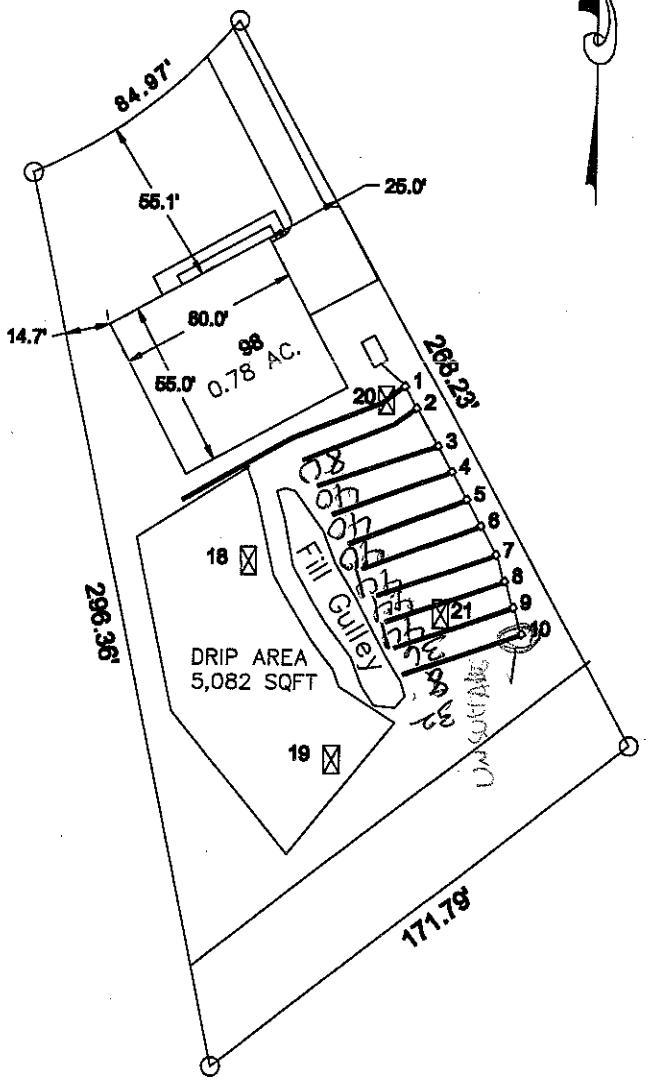
Fees and Receipts:

Number	Description	Amount
FEE-179326-07	Zoning - Permit / Inspection	~~$55.00~~
FEE-179327-07	Environmental Health - Type I or II Fast Track	~~$335.00~~
FEE-294593-07	Zoning - Permit Application	$75.00
FEE-294594-07	Technology Fee - Planning	$2.25

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	PINK	0.4	80
2	YELLOW	1.6	42
3	ORANGE	3.7	40
4	BLUE	5.6	40
5	PINK	8.5	42
6	YELLOW	10.6	43
7	ORANGE	12.6	45
8	BLUE	14.2	30
9	YELLOW	15.8	30
10	PINK	17.5	30





LOT 98 BELLS CROSSING

4-BEDROOM INNOVATIVE GRAVITY SYSTEM
WITH DROP BOXES 422' OF LINE
LINES 1-10
EZFLOW OR CHAMBER 25% REDUCTION
LTAR 0.3

4-BEDROOM SUBSURFACE DRIP REPAIR
5,082 SQFT OF AREA
LTAR 0.1

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

NOTE:
SOIL EVALUATIONS WERE CONDUCTED BY JASON HALL
WITH CENTRAL CAROLINA SOIL CONSULTING PLLC
329 S. WHITE STREET
WAKE FOREST, NC 27588

0 30 60

SCALE:
1" = 60 ft.

Bateman Civil Survey Company
Engineers • Surveyors • Planners

MeritageHomes

LOT 98
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 08/20/13 DRAWN BY: TMB CHECKED BY: TMB

Sheet:
Property ID:
Lot #:
File #:
AppID:

CCSC SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Meritage Homes
Address:
Proposed Facility: Design Flow (.1949)
Location of Site: Bells Crossing Subdivision, Lot 98
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant:
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
Pit 18	LS, 11%	Bt1, 0-15	ABK, Clay	FI, S, P	2.5 YR 5/8				.25
					7.5 YR 5/8, 5%				
		Bt2, 15-33	Wk SBK, Clay	FI, S, P	5 YR 5/8	PS			PS, 0.275
					7.5 YR 5/8, 10%				
		BC, 33-50	Wk SBK, SCL	FI, SS, SP	5 YR 5/8	S			S, .3
					7.5 YR 6/8, 10%				
					2.5 YR 4/8m 10%				
Pit 19	FS, 10%	A/E, 0-12	Gr, SL	VFR, NS, NP	10 YR 4/4				
		Bt1, 12-22	SBK, SCL	FI, SS, SP	7.5 YR 5/6				
		Bt2, 22-31	SBK, SCL	FI, SS, SP	7.5 YR 5/8	PS,			PS, 0.35
		Bt3, 31-39	SBK, SCL	FI, SS, SP	7.5 YR 5/8	PS			PS, 0.35
					2.5 YR 4/8, 10%				
		Bt4, 39+	SBK, SCL	Fi, SS, SP	7.5 YR 5/6	UN			
					2.5 YR 4/8, 15%				
					7.5 YR 5/1, 20%				
Pit 20	LS, 10%	A, 0-4	Gr, SL	VFR, NS, NP	10 YR 4/4				
		Bt, 4-44	SBK, Clay	FI, SS, SP	2.5 YR 4/6	PS			PS, 0.3
		BC, 44-58	SBK, CL	FR, SS, SP	2.5 YR 5/6	S			S, 0.3
Pit 21	LS, 10%	A, 0-6	Gr, SL	VFR, NS, NP	10 YR 4/4				
		Bt, 6-31	SBK, Clay	FI, SS, SP	5 YR 5/8	PS			PS, 0.3
		Bt2, 31-38	SBK, SCL	FR SS, SP	5 YR 5/8	PS			PS, 0.35
					7.5 YR 5/8, 20%				
		Bt3, 38+	SBK, SCL	FI, SS, SP	5 YR 5/8	UN			
					7.5 YR 5/8, 30%				
					5 YR 5/1, 15%				

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: Mattage Homes **Address:** 11605 N Community Pr st 250 Charlotte NC 28277 **Phone:** 704 609 6571

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

Property Information:

Street Address: 110 Melfry Loop

Subdivision Name: Bells Crossing **Section/Phase:** 1 **Lot Number:** 98

Driving Directions: //

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: _____ 4061 C
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: _____ 1-7-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

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- 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] 1-7-14

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached

White Copy – Environmental Health Yellow Copy – Applicant
V:\FORMS\OSWP Forms\Application For OSWP Permit.doc