ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322161

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

PIN # 4639 -- 94 -- 6274

APPLICANT/OWNER: Tom Talmage APPLICANT ADDRESS: 8811 Forest Shadow Cir

SITE ADDRESS: 135 Bells Crossing Drive Mooresville, NC PHONE: 7047774855 ALT. PHONE

SITE DIRECTIONS: Perth Rd N. TR Bells Crossing on left SAP CONTROLLED: ☐ YES ☒ NO

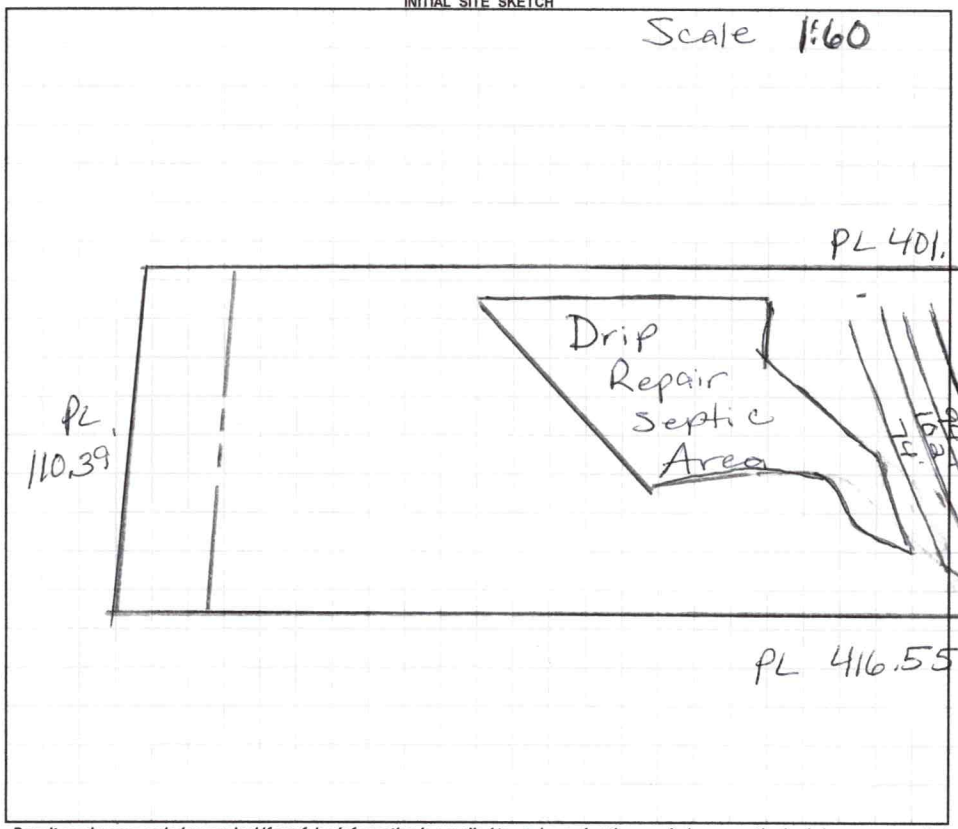
SUBDIVISION: Bells Crossing SECTION: 1 LOT # 102 LOT AREA: 1.03 Ac. DESIGN FLOW: 480 L.T.A.R.: .275

Septic Tank	Exist. (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI		☒ Residence	No. Bedrooms	4	**Water Supply**		
Pump Tank	(gal)	PT	Date	System Description: Exist Gravity - 25% Reduction		☐ Business	No. Persons	8	☐ Private		
Pump Make		Model	Serial #	Repair System Description: Drip		☐ Other	No. Employees		☐ Public		
# Nitrification Fields	1	# Lines	6	Linear Ft 436	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☒ Community		
Trench Width	Existing	Trench Bottom Depth(Low side)		Gravel Depth	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: ~~Must~~ Keep new deck a minimum of 5ft ~~from deck footers~~. Deck can cantilever out but can't cover drainlines.

Existing Septic System appears to be functioning ok at time of inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.

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: 2-1-22 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson Date: 1/21/22

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 50972

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

PIN # 4639-94-6274

APPLICANT: MERITAGE HOMES APPLICANT ADDRESS: 7761 BALLANTYNE COMMONS PKWY CHARLOTTE

SITE ADDRESS: 135 BELLS CROSSING DR. - Mrsvl PHONE: 704-351-5405 ALT. PHONE:

SITE DIRECTIONS: PERTH, TL BELLS CROSSING ON L

SUBDIVISION: BELLS CROSSING SECTION: -1- LOT # 102 LOT AREA: .03 AC DESIGN FLOW: 480 L.T.A.R.: .275

Septic Tank 1000 (gal) STB INFILTRATOR Date 2071
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 6 Linear Ft: 449'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION
Repair System Description: DRIP
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

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

Water Supply
☐ Private
☐ Public
☒ Community

Comments / Conditions: 3/10/17: Recommend pumping the septic tank every 3-5 years.

INITIAL SITE SKETCH

SEE PLAN FROM BATEMAN CIVIL SURVEY CO.

AS BUILT SKETCH

LINE 1 22
54
90
94
102
+ 74
436'

26" TB

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: Date: 11-18-13 Installed by: CPC

IMPROVEMENT PERMIT by: Date: 11-18-13 OPERATION PERMIT by: BA Date: 8-3-17

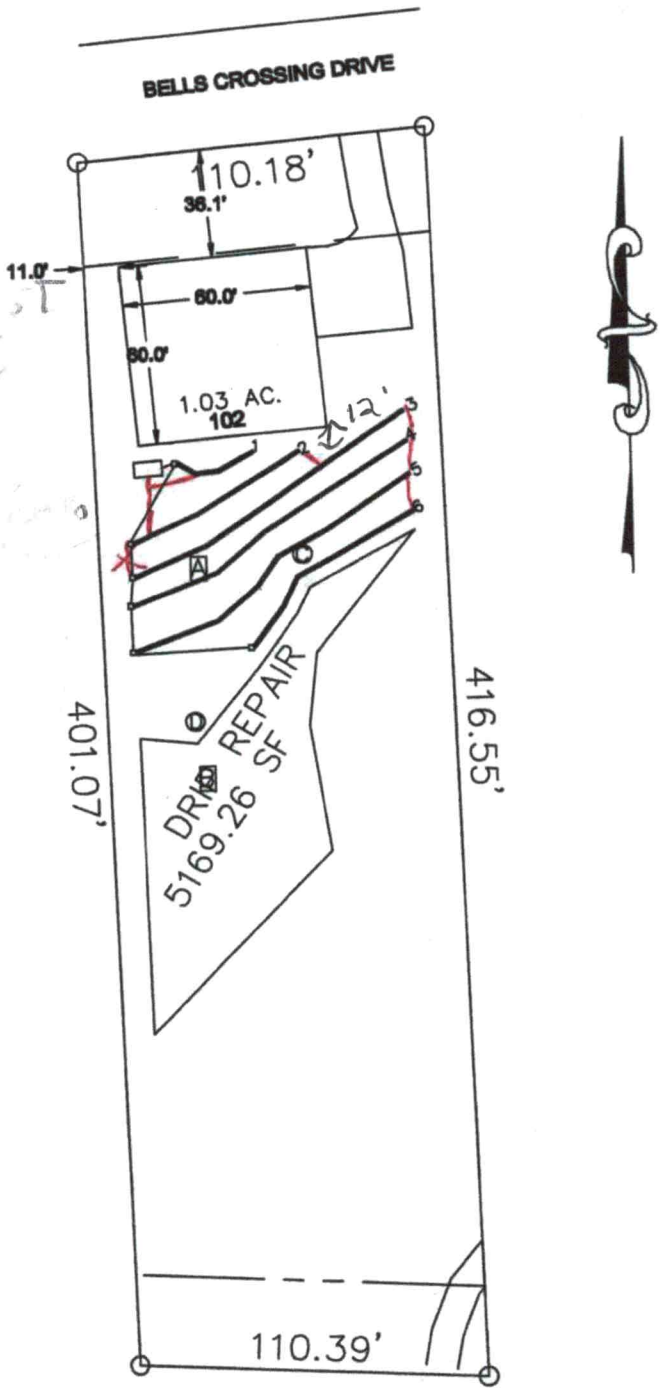
AUTHORIZATION TO CONSTRUCT by: Date: 3/10/17 Existing System Inspected by: Date:

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

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	BLUE	2.8	25
2	RED	4.0	54
3	ORANGE	5.4	96
4	BLUE	7.5	97
5	RED	9.3	108
6	ORANGE	11.6	70

ST- 4ft-off HC
10ft



LOT 102 BELLS CROSSING SUBDIVISION

4-BEDROOM ACCEPTED STATUS GRAVITY SYSTEM
SERIAL DISTRIBUTION WITH DROP BOXES
LINES 1-6 TOTAL 449 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.275
25% REDUCTION
TRENCH BOTTOM 36" MAX

4-BEDROOM DRIP REPAIR
LTAR 0.1

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SCALE:
1" = 60 ft.

Bateman Civil Survey Company
Engineers Surveyors Planners

MeritageHomes

LOT 102
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY
DATE: 09/15/13 DRAWN BY: AH CHECKED BY: TMB

MP

Call Prior to Inspection - owner wants to be there. RECEIVED NOV 15 2021

Wed 11/5/22 PM

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED AP-322161

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

"Marked" Paid $250.00

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: ( ) 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: Tom Talmage **Address:** 8811 Forest Shadow Cir **Zip:** 28031
Applicant Email: totalmage@yahoo.com **Phone:** 704 772 4855 **Alt. Phone:** _____
Owner Name: James Leonard **Address:** 135 Bells Crossing **Zip:** 28117
Owner Email: Leonjam9@aol.com **Phone:** 910-987-9524 **Alt. Phone:** _____

Property Information:

Street Address: 135 Bells Crossing Pt.

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: _____

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

( ) 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: 2
( ) Swimming Pool
( ) Other Addition/Structure: Deck

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(✓) 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 ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** 2017
( ) 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.

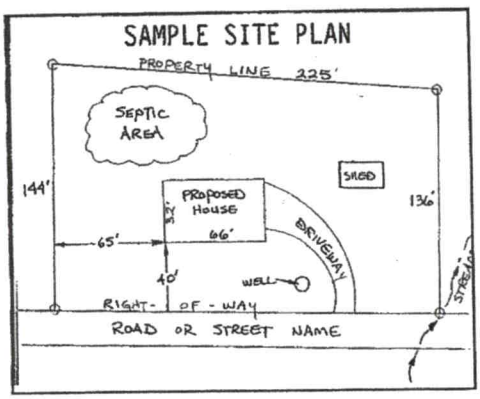
Signature: _____ 11-2-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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:

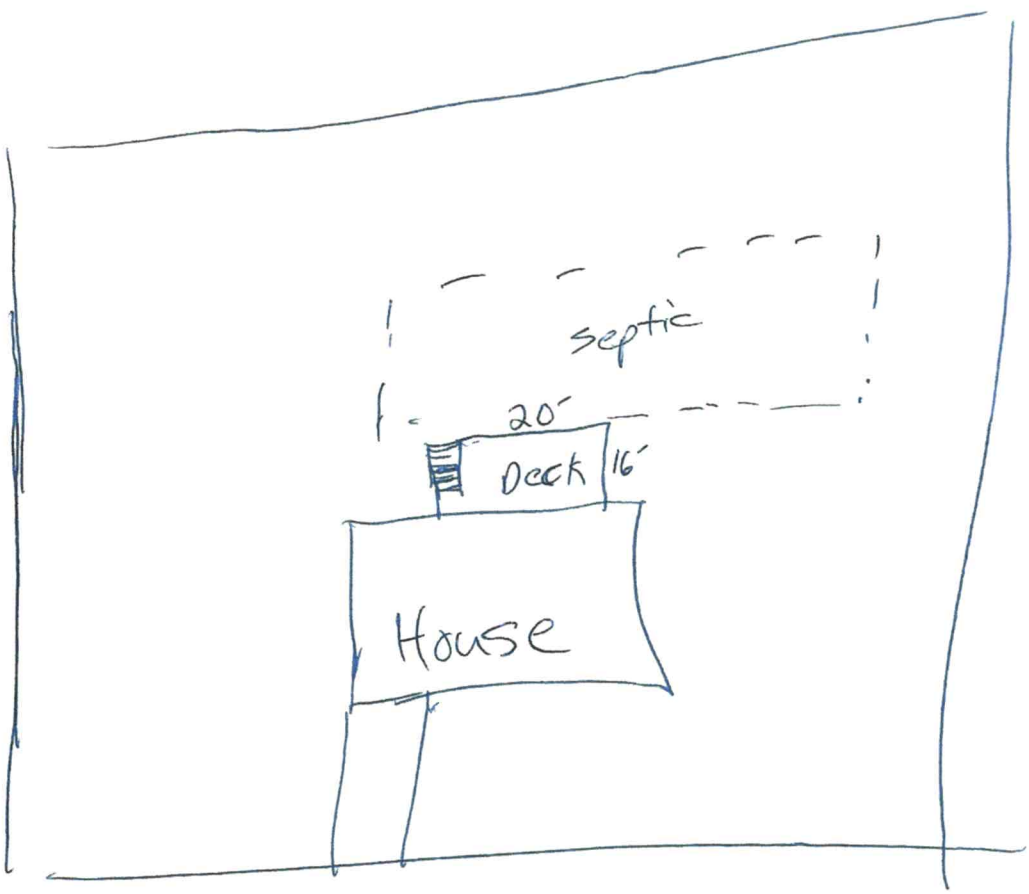
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient 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

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: _____ 11-2-21

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

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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, James T. Leonard, am the legal owner(s) of the property located at 135 Bells Crossing Dr. Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4639946274.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Tom Talmage LKN Custom Decks, 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.

_____ 11/08/2021
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

** *Initial all lines below to indicate you have submitted each form and completed every site requirement* **

____ **Complete all Environmental Health forms**:

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

✓ **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

✓ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 11-2-21

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625