IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 181582

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

PIN # 4639-95-~~5462~~ 1057

APPLICANT: MERITAGE HOMES APPLICANT ADDRESS: 11605 N. COMMUNITY RD. CHARLOTTE

SITE ADDRESS: 137 LEANING TOWER LN. - Mresl. PHONE: 704-309-6577 ALT. PHONE:

SITE DIRECTIONS: PERTH, TL BELLS, TR, TL, ON L

SUBDIVISION: BELLS CROSSING SECTION: 2 LOT # 43 LOT AREA: 39,646 SQFT DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1500 (gal) STB 760 Date 9-6-14

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5@80' Linear Ft: 400'

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: PANEL BLOCK

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons No. Employees ☐ Crawl Space

Water Supply: ☐ Private ☐ Public ☒ Community

☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

SEE PLAN FROM BATEMAN CIVIL SURVEY

AS BUILT SKETCH

1/30/15 Supply line checked from ST to 1st & 2nd lines

	Date	Initials
Drain Lines Checked Upper 2 lines	1/28/15	MD
Tanks Checked	1/28/15	MD
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

CHECKED LAST 3 LINES (3@80')

WAITING ON FLOOR PLAN 1-30-15 BA

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: 3-2-15 Installed by: CAROLINA PIPE

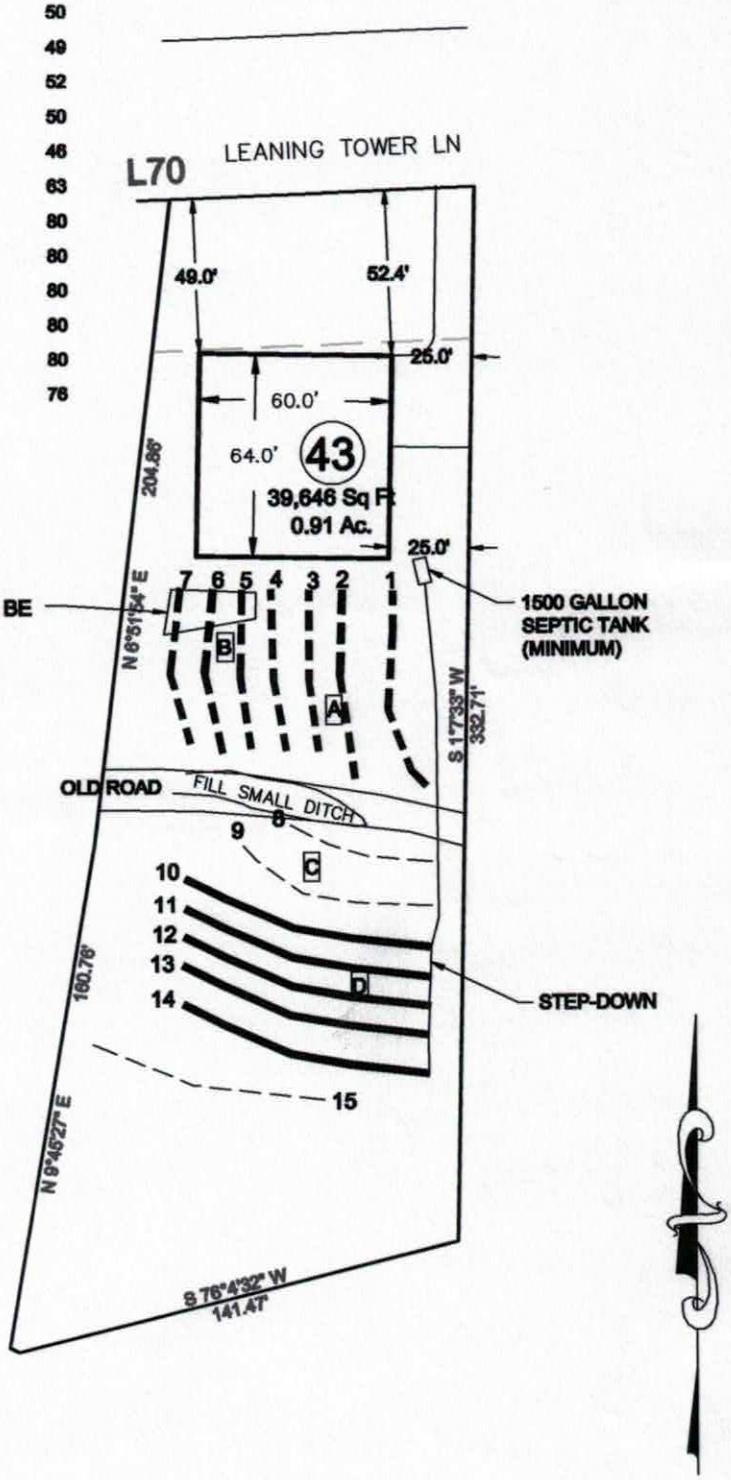
IMPROVEMENT PERMIT by: APPROVED Date: FEB 20 2015 OPERATION PERMIT by: APPROVED Date: FEB 20 2015

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: FEB 20 2015 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)	DESIGN LENGTH (FT)
1	RED	2.5	64	64
2	YELLOW	3.2	60	60
3	BLUE	4	51	51
4	WHITE	4.9	50	50
5	RED	5.4	49	49
6	YELLOW	6.2	52	52
7	BLUE	6.8	50	50
8	WHITE	6.4	46	46
9	BLUE	7.9	63	63
10	PINK	9.4	87	80
11	YELLOW	11.1	105	80
12	RED	12.9	105	80
13	ORANGE	15.3	106	80
14	WHITE	16.9	105	80
15	YELLOW	18.6	76	76



LOT 43 BELLS CROSSING SUBDIVISION

4-BEDROOM ACCEPTED STATUS GRAVITY SYSTEM
LINES 10-14 TOTAL 616 LINEAR FEET (USE 400FT)
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION
36" TRENCH DEPTH MAX

4-BEDROOM LPP FED PANEL BLOCK REPAIR
LINES 1-9 15 376 TOTAL LINEAR FEET
LTAR 0.3
25% REDUCTION
36" 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 ft.

Bateman Civil Survey Company
Engineers • Surveyors • Planners
200 N. Main Street, Holly Springs, NC 27540 Ph: 919.577.1080 Fax: 919.577.1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-2376

MeritageHomes

LOT 43
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY
REVISED 07/24/14
DATE: 7/8/14 DRAWN BY MB CHECKED BY: TMB

Sheet: 1 of 1
Property ID:
Lot #: 43
File #:
AppID:

CCSC SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Meritage Homes
Address: 11605 N Community House Rd, Charlotte 28277
Proposed Facility: Single Family Design Flow (.1949) 600gpd
Location of Site: Bells Crossing

Applicant: same
Date Evaluated: 8/14/12
Property Size: 0.91 ac
Property Recorded: 2013

Water Supply: [X] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [ ] 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
A	R 3%	A	0-4"	Gr SL	VFR NS NP	5YR 4/6				
		Bt	4-19"	SBK Clay	FI SS SP	2.5YR 4/8				S 0.3
		BC	19-44	WK SBK SCL	FR SS SP	→ 2.5YR 5/8				S 0.33
		C	44-53"	SG SL	VFR NS NP	10YR 6/6 20% → 5YR 6/8		S		S 0.4
B	R 3%	A	0-3"	Gr SL	VFR NS NP	5YR 4/6				
		BT	3"-41"	SBK Clay	FI SS SP	2.5YR 4/8				
		BC	41-46"	WK SBK CL	FR SS SP	→ 2.5YR 5/8				0.3
		C	46-53	Mass Loam	VFR NS NP	10YR 6/4 → 5YR 5/8				
C	5%	A	0-2	Gr SL	UFR NS NP	10YR 3/2				
		E	2-14	Gr SL	UFR NS NP	7.5YR 5/4				
		Bt	14-54	SBK Clay	FI SS SP	10R 4/8	S			S 0.3
						10YR 6/6 5%				
D	5%	A	0-3"	Gr SL	VFR NS NP	10YR 3/2				
		E	3-14"	Gr SL	VFR NS NP	7.5YR 5/4				
		BT	14-35"	SBK Clay	FI SS SP	10R 4/8				S 0.3
		BC	35-54"	WK SBK CL	FR SS SP	5YR 5/8 10YR 6/6 25%				

Description	Initial System	Repair System
Available Space (.1945)	Yes	Yes
System Type(s)	Accepted	Panel Block
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: JH, NO
Others Present:
Site Classification (.1948):
Site Evaluation By: Same
Others Present:

LICENSED SOIL SCIENTIST JASON M. HA 1248 THE GREAT SEAL OF THE STATE OF NORTH CAROLINA STATE OF NORTH CAROLINA

8/14 8-6 14

RECEIVED FEB 10 2015

Re-draw

Paid $75.00
#181582

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: Meritage Homes **Address:** 11605 N Community Rd ste 250 Charlotte NC 28277 **Phone:** 7043096577

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

Property Information:

Street Address: 137 Leaning Tower Ln

Subdivision Name: Bells Crossing **Section/Phase:** 2 **Lot Number:** 43

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: _____
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: _____ 2-10-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

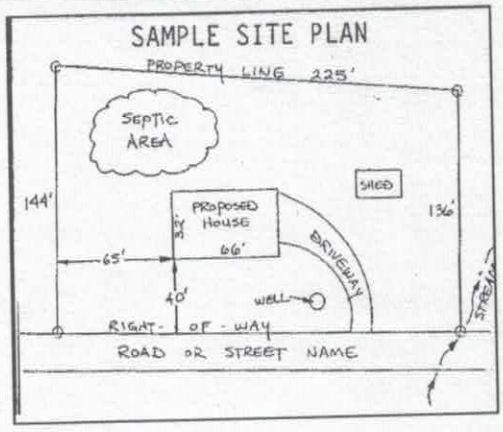
ENVIRONMENTAL HEALTH DIVISION

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:

(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:

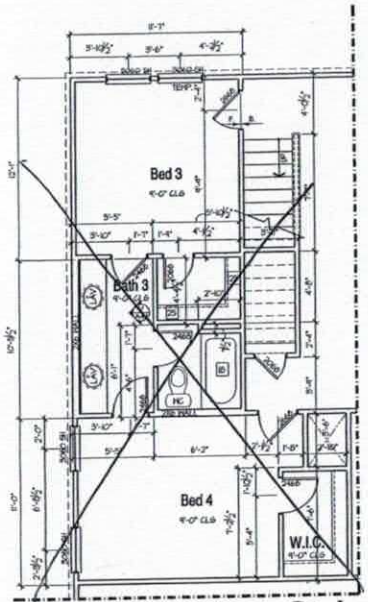
Location of septic systems and wells within 100' of your property **N/A**
Location of easements and rights of ways on your property **N/A**
Location of any designated wetlands on the property **N/A**

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

See Attached

Signature: _____ 2-10-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**



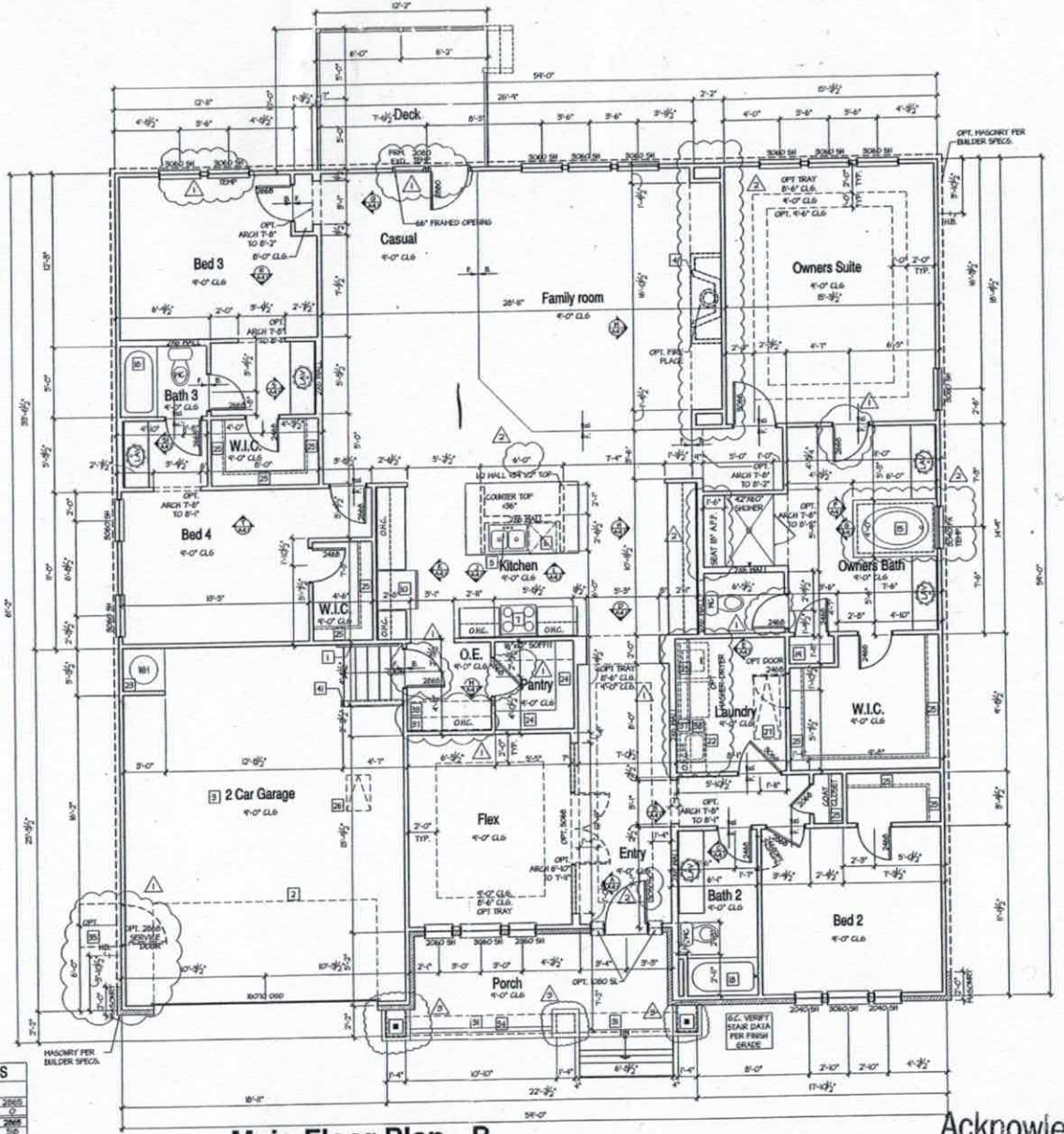
Main Floor W/Opt. Stairs



Opt. Fireplace

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

SQUARE FOOTAGES	
MAIN FLOOR	2865
UPPER FLOOR	0
SUBTOTAL	2865
GARAGE	576
PORCH	143
TOTAL	3586
W/ FINISHED BASEMENT	556
FINISHED BASEMENT	871
OPT SCREENED PORCH	120
OPT UPPER FLOOR	186



Main Floor Plan - B

FLOOR PLAN NOTES:

MAIN FLOOR

THE FOLLOWING KEYNOTES REFERENCE THE SYMBOLS AS SHOWN ON PLANS.

1. IF RAILING / GUARDRAIL IS PROVIDED, ALL RAILING / GUARDRAIL BALUSTERS TO BE SPACED SUCH THAT A 4" SPHERE CANNOT PASS BETWEEN BALUSTERS. RAILING/HANDRAILS ARE TO BE AT A 34" MINIMUM TO 36" MAXIMUM HEIGHT A.F.F. FOR STAIRS AND 36" MINIMUM ON HORIZONTAL SURFACE GUARDS.
2. LINE OF OVERHEAD GARAGE DOOR IN OPEN POSITION.
3. SLOPE GARAGE FLOOR 1/8" PER FOOT TOWARD OVERHEAD GARAGE DOOR OPENING.
4. FIREPLACE, AS SPECIFIED BY BUILDER. INSTALL PER MANUFACTURERS SPECIFICATIONS. ALL FACTORY BUILT FIREPLACES SHALL COMPLY WITH LOCAL CODES.
5. SINK W/ GARBAGE DISPOSAL
6. DISHWASHER
7. RANGE
8. COOK TOP
9. OVEN
10. REFRIGERATOR SPACE
11. PANTRY
12. PEDESTAL SINK
13. SHOWER (SIZE AS NOTED)
14. SPA
15. 42" X 60" TUB 20" TO TOP OF DECKING
16. 60" X 60" CORNER TUB
17. 30" X 60" TUB/SHOWER
18. 32" X 60" TUB/SHOWER
19. LINEN (SHELVING PER BUILDER SPECS.)
20. WASHER SPACE
21. DRYER, VENT
22. OPTIONAL LAUNDRY SINK.
23. PROVIDE NON-COMBUSTIBLE PLATFORM ELEVATED 18" ABOVE GARAGE FLOOR FOR WATER HEATER.
24. 5 SHELVES PER BUILDER SPECS.
25. ROD AND SHELF PER BUILDER SPECS.
26. ATTIC ACCESS (22 1/2"x30" R.R.O.).
27. ATTIC ACCESS W/ STAIRS (25 1/2"x54 1/2" R.R.O.)
28. GYPSUM BOARD CEILING @ 8'-0" AT MAIN FLOOR & 7'-0" AT UPPER FLOOR R.N.O.
29. GYPSUM BOARD ARCH @ 7'-2" TO 8'-0".
30. GYPSUM BOARD LOW HALL, 36" A.F.F. (U.N.O.) W/ MDF CAP.
31. SOFFIT, REFER TO EXTERIOR ELEVATIONS FOR HEIGHTS & ARCHITECTURAL DETAILS FOR FINISH.
32. PLANT SHELF, SEE EXTERIOR ELEVATIONS.
33. HALF WALL W/ WOOD CAP OR OPTIONAL LOW WALL WITH RAILING ABOVE.
34. PORCH RAIL, SEE ELEVATION.
35. 36"x36" CONCRETE STOOP.
36. 6x8 BEAM.
37. OPTIONAL UPPER CABINETS.
38. OPTIONAL CABINETS.
39. OPTIONAL COFFERED CEILING @ 8'-6" PER BUILDER SPEC.
40. LINE OF FRAMING ABOVE.
41. LINE OF FRAMING WALL BELOW.
42. 2X4 LOW HALL 42" A.F.F.
43. 2X6 LOW HALL 42" A.F.F.
44. ART NICHE
45. HORIZONTAL LAUNDRY CHUTE
46. LOW HALL +24" A.F.F.
47. GYPSUM BOARD ARCH @ 8'-0" TO 8'-6"
48. LOW HALL 32" A.F.F.
49. NO HARD LATCH OR LOCKING KNOB

TYPICAL CONSTRUCTION ASSEMBLIES:

A. TYPICAL ROOF CONSTRUCTION. ASPHALT ROOF SHINGLES.

B. TYPICAL FRAME FLOOR CONSTRUCTION. FINISH FLOORING ON 3/4" TONGUE & GROOVE FLOOR SHEATHING ON FLOOR TRUSSES OR FLOOR JOISTS AS NOTED ON STRUCTURAL DRAWINGS.

C. SLAB ON GRADE FLOOR CONSTRUCTION. 4" CONCRETE SLAB, EXCEPT AS SPECIFIED BY SOIL REPORT, AND STRUCTURAL ENGINEER. INCLUDE VAPOR BARRIER PER SECTION IV, G, 8. a.

D. WINDOWS.
   A. ALL WINDOWS SHALL COMPLY WITH MINIMUM STANDARDS OUTLINED IN APPLICABLE RES. CHECKS.
   B. WINDOW SUPPLIER TO VERIFY AT LEAST ONE WINDOW IN ALL BEDROOMS TO HAVE A CLEAR EGRESS OPENING OF 5.7 SQ. FT. WITH MIN. DIMENSION OF 24" IN HEIGHT AND 20" IN WIDTH, SILL HEIGHT NOT GREATER THAN 44" ABOVE FLOOR.
   C. TYPICAL WINDOW HEAD HEIGHT: 7'-0" A.F.F. @ 8'-1 1/8" PLATE HEIGHT (U.N.O.) 8'-0" A.F.F. @ 9'-1 1/8" PLATE HEIGHT (U.N.O.)

E. ELECTRICAL. ALL ELECTRICAL AND MECHANICAL EQUIPMENT & METERS ARE SUBJECT TO RELOCATION DUE TO FIELD CONDITIONS; CONTRACTOR TO VERIFY.

F. VENTING. PROVIDE BACK DRAFT DAMPERS @ DRYER VENT, HOOD VENT, & EXHAUST FANS.

G. STONE SIDING. INSTALL PER LOCAL CODE.

H. DIMENSIONS ARE TO THE FACE OF STUD, U.N.O.

I. ALL EXTERIOR DIMENSIONS ARE TO FACE OF STUDS UNLESS OTHERWISE NOTED.

J. ALL ANGLED PARTITIONS ARE 45 DEGREES UNLESS OTHERWISE NOTED.

K. BRICK SIDING. INSTALL PER LOCAL CODE.

Acknowledgement Of Plans Submittal ONLY!
Date 2/10/15
APPROVED FEB 20 2015

ISSUE DATE: 01/17/2014
REVISIONS:

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

Meritage Homes

Meritage Homes

BSB DESIGN
www.bsbdesign.com
4601 Westown Parkway, Suite 208
West Des Moines, Iowa 50266
515.279.3500

JOB NO: 637000 ENGINEER: JF
DRAWN BY: CHECKED: JF
MAIN FLOOR PLAN - B

159-2866
A2.1B