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Paid $40.00 Statesville #207689

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Gerald Wilson **Address:** 113 Leaning Tower Dr, Mooresville, NC 28117 **Phone:** 678-943-4016

Owner Name: Gerald Wilson **Address:** 113 Leaning Tower Dr, Mooresville, NC 28117 **Phone:** 678-943-4016

Property Information:

Street Address: 113 Leaning Tower Dr, Mooresville, NC 28117

Subdivision Name: Bells Crossings **Section/Phase:** _____ **Lot Number:** 47

Driving Directions: From I-77 NC 150 west to Perth Road North. Proceed north on Perth Rd for 2.5 miles. (subdivision on the left)

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
(X) 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: November 2014

( ) 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: _____ 12/31/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

12:00 MT

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 1815

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

PIN # 4639-95-6007

APPLICANT: Heritage Homes APPLICANT ADDRESS: 11605 N Community Rd St 250 Charlotte NC 28277

SITE ADDRESS: 113 Leaning Tower Dr PHONE: 704-309-6577 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W, TR on Perth Rd, TL on Bells Crossing, TR on N San Agustine, TL on Leaning Tower, Corner

SUBDIVISION: Bells Crossing SECTION: 2 LOT # 47 LOT AREA: 0.82ac DESIGN FLOW: 600 gpd LT.A.R.: 0.3

Septic Tank 1500 (gal) STB 964 Date 1-28-14
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 502
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity 25% Reduction
Repair System Description:
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 5
☐ Business No. Persons 10
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: ST = 5 1/2" from House
A Diversion storm water flow from
ST & drainfield to address
to pipe gutter drain discharge beyond ST

Installed Quick 4 essentially
as Drawn

INITIAL SITE SKETCH

SEE DESIGN BY
BATEMAN CIVIL
SURVEY COMPANY

(Approved 7-25-14 D)

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: 7-25-14 Installed by: Caroline Pipe RS Date: 11/21/14

IMPROVEMENT PERMIT by: [signature] Date: 7-25-14 OPERATION PERMIT by: [signature] Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7-25-14 Existing System Inspected by:

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

RECEIVED JUL 2 4 2014

LINE SCHEDULE

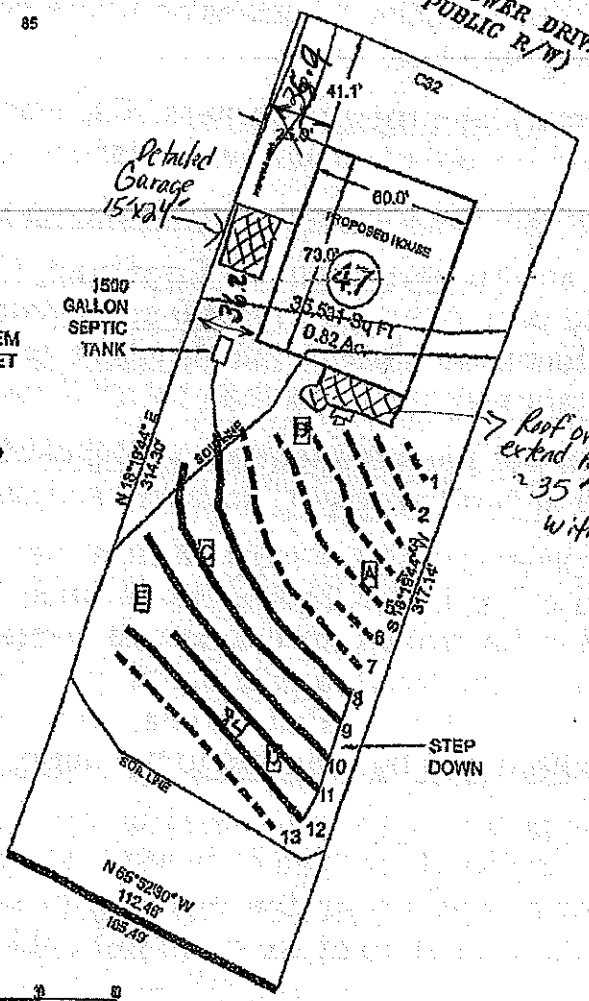
LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	WHITE	0	15
2	RED	0.7	29
3	BLUE	1.2	46
4	YELLOW	2.1	84
5	PINK	3.7	75
6	WHITE	4.5	18
7	ORANGE	6.1	100
8	BLUE	8.2	111
9	YELLOW	10.2	116
10	PINK	12.7	106
11	PINK	15.0	75
12	BLUE	17.8	94
13	ORANGE	19.7	85

APPROVED JUL 25 2014

APPROVED JUL 25 2014

AZP

LEANING TOWER DRIVE
(60' PUBLIC R/W)



LOT 47 BELLS CROSSING SUBDIVISION

5-BEDROOM ACCEPTED STATUS GRAVITY SYSTEM
LINES 8-12 TOTAL 502 LINEAR FEET USE 500 FEET
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION
36" TRENCH DEPTH MAX AFTER COVER IS ADDED

5-BEDROOM LPP FED PANEL BLOCK REPAIR
LINES 1-7 13 TOTAL 417 LINEAR FEET
CHAMBER
LTAR 0.3
50% 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

SCALE:
1" = 60 f t.

Bateman Civil Survey Company
Engineers Surveyors Planners

Meritage Homes

LOT 47
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 07/01/14 DRAWN BY: JH CHECKED BY: TMB

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following numbered items MUST BE COMPLETED PRIOR TO THE SUBMITTAL of the Improvement Permit (IP) / Authorization to Construct (AC) / Existing System application packet. **Questions?** Call Iredell County Environmental Health between 8:00-9:00a.m., Monday-Friday to speak with a Registered Environmental Health Specialist.

Statesville Office (704)871-3456 (8:30-12:30 M-F)
Mooresville Office (704)660-3625

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1. **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you completed all items. **Include in submittal a copy of the site information Zoning Permit.** A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.
2. Clearly **mark all property corners**. Flag side lines every twenty-five feet if rear corners are not visible when standing on front corners.
3. **Stake or flag the footprint of the building structure**.
4. Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the **plat for the subdivision lot** (if not already on file at Environmental Health) and **include two(2) legible copies of the basic floor plan** not larger than 11" x 17" for each floor in the structure.
5. **Any site not having adequate visibility**(50' in any direction) **must be cleared of "undergrowth"** to allow access and provide good visibility.
6. All completed paperwork must be submitted to the Environmental Health Division of the Iredell County Health Department for review before any name will be placed on the service request (appointment) list. **Only properly completed applications will be placed on the service request list on a first come, first serve basis. Incomplete applications will be returned to the applicant.**

Completed permits must be picked up promptly. If it becomes necessary to send a certified letter (return receipt), postage will be charged and **any permit not picked up by the deadline in the letter will be voided.** All monies paid to that point are non-refundable.

Any site not ready when staff arrive for the evaluation will result in the applicant being charged a site revisit fee and the request being returned to the bottom of the service request list.

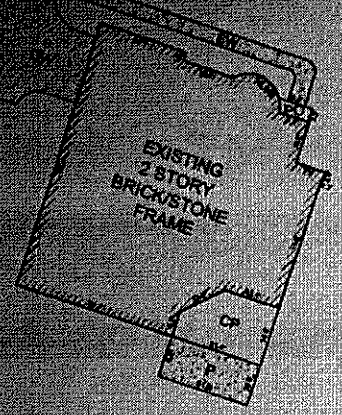
By signing below I am acknowledging the above specifications have been met and the site is ready to be evaluated.

Signature _____ **Date** 12/31/14

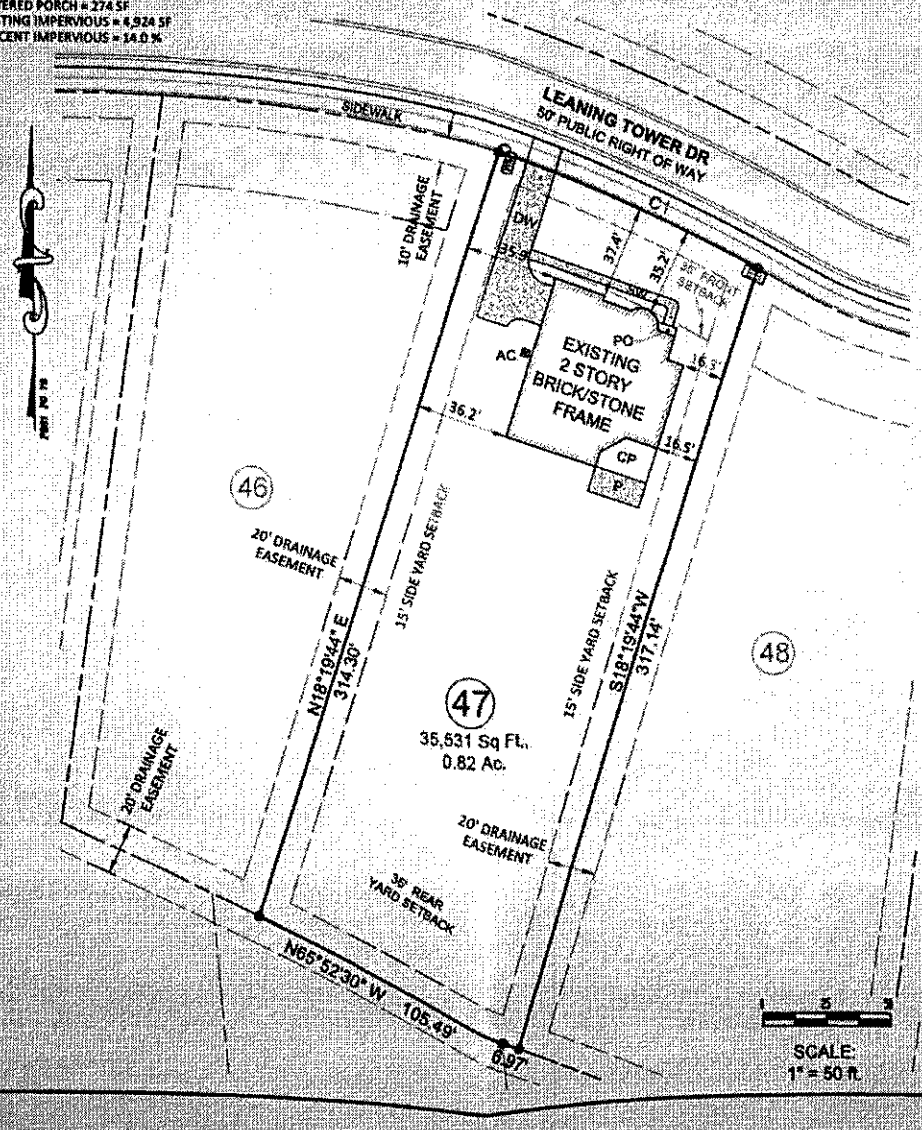
LOT INFORMATION:

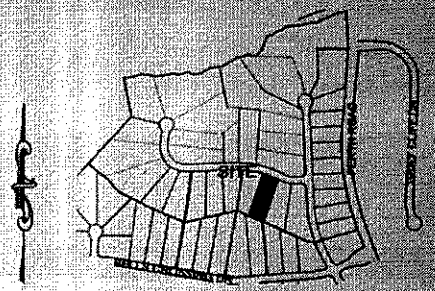
LOT #47
DB: 2187 PG 1123
PIN: 4639956007.000
ADDRESS: 113 LEANING TOWER DR
TOTAL LOT AREA = 0.82 AC = 35,531 SF
HOUSE = 3,357 SF
AC PAD = 9 SF
DRIVEWAY = 989 SF
SIDEWALK = 256 SF
PORCH = 24 SF
PATIO = 15 SF
COVERED PORCH = 274 SF
EXISTING IMPERVIOUS = 4,924 SF
PERCENT IMPERVIOUS = 14.0 %

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	576.00'	112.39'	N 87°18'54" W	112.21'



INSET SCALE: 1"=30'





VICINITY MAP
VICINITY MAP NOT TO SCALE

LEGEND

PO = PORCH
CP = COVERED PORCH
P = CONCRETE PATIO
WD = WOOD DECK
SW = SIDEWALK
DW = CONC DRIVEWAY
⊗ = CONTROL POINT
○ = IRON PIPE FOUND
● = IRON PIPE SET
◉ = DRILL HOLE FOUND
WM = WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER
Ⓢ = SEWER MANHOLE
EB = ELECTRIC BOX
CB = CABLE BOX
TP = TELEPHONE PEDESTAL
CI = CURB INLET
TUA = TRANSITIONAL USE AREA
☼ = LIGHT POLE

BUILDING SETBACKS:

FRONT = 35 ft
REAR = 35 ft
SIDE = 15 ft

I hereby certify that this map is correct and that the building is wholly on the lot and that there are no visible encroachments on the lot.

NORTH CAROLINA PROFESSIONAL SEAL L-4752 STEVEN P. CARSON SURVEYOR

Steven P. Carson L-4752 Date

This map is of an existing parcel of land and is only intended for the parties at purposes shown. This map not for recordation. No title report provided

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. THIS PROPERTY LIES IN ZONES "X" PER NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP NUMBER 3710468600J, DATED MARCH 18, 2008.
9. ZONING IS RA.
10. PROPERTY OWNER: MERITAGE HOMES OF NC, INC.
11600 COMMUNITY HOUSE ROAD
SUITE 250
CHARLOTTE, NC 28277
11. ALL LOT LINES HAVE 10' UTILITY / STORM EASEMENT ALONG LOT LINE PER DB 81 PG 70.

FINAL SURVEY - LOT 47

FOR

MeritageHomes

BELLS CROSSING - PHASE TWO - LOT 47
113 LEANING TOWER DR, MOORESVILLE, NC
DAVIDSON TOWNSHIP, IREDELL COUNTY

DATE: 11/24/14 DRAWN BY: RTD CHECKED BY: SPC

REFERENCE: BM 81, PGS 70-71

Scanned by CamScanner

29/35