Mailed to F. Track 5-8-15

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Paid $250.00 Statesville EFT # 209853

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: ___ 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 #
Superior Pools	20315 Knox Rd.	704-896-7665	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Joe Heise	151 N San Agustin Dr	704-360-2083	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
151 N San Agustin Dr	Bells Crossing	52 Lot 27

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
( ) Other Inground Pool 18X30

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
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: _____ 4-20-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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:

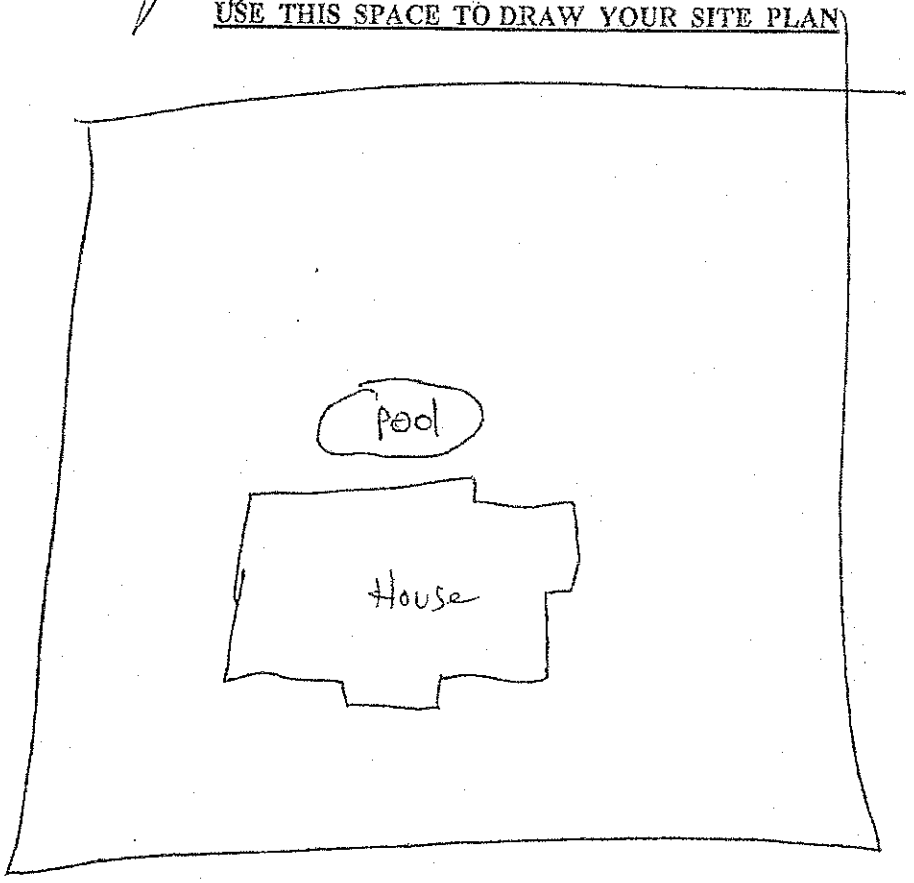
____ Property Line measurements are clearly identified...
____ All proposed structures are indicated...
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ Front and side setbacks from property line...
____ 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

Signature: _____ 4-20-15
REQUIRED property owner or owner's legal representative signature. DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



White Copy – Environmental Health Yellow Copy – Applicant
C:\Users\dlutz\AppData\Local\Microsoft\Windows\Temporary Internet Files\OLK63F0\Application For OSWP Permit (2).doc

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, Debra Heise, am the legal owner of the property located at 151 St. Augustin, identified as PIN(Parcel Identification Number) 4639967640.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Michael Williams & Assoc., _____, _____, _____, _____, 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.

Debra M Heise — 5-6-15
Signature of Owner — Date

Brynn Hein — 5-6-15
Signature of Witness — Date

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, Joseph Hrise, am the legal owner of the property located at 151 N San Agustin Dr, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Superior Pools _____, _____, _____, _____, 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.

J Hrise — Signature of Owner — 4/20/15 — Date

[illegible] — Signature of Witness — 4-20-15 — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115
or
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 181574

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

PIN # 4639-95-5462

APPLICANT: Meritage Homes APPLICANT ADDRESS: 11605 N Community Rd Site 250 Charlotte NC 282

SITE ADDRESS: # 151 N San Agustine Dr PHONE: 704-309-6577 ALT. PHONE:

SITE DIRECTIONS: Hwy 150W, TR on Perth Rd, TL on Bell Crossing, TR on San Agustine Dr, Lot on R

SUBDIVISION: Bells Crossing SECTION: 2 LOT # 27 LOT AREA: 0.78 ac DESIGN FLOW: 600 gpd L.T.A.R.: 0.3

Septic Tank 1500 (gal) STB 964 Date 5-19-14

Pump Tank (gal) PT Date 7-21

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 500 min

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: Gravity 25% Reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

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

No. Bedrooms 5 No. Persons 10 No. Employees ☑ Crawl Space

☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions:

7/9/14 Checked drainlines, installed essentially as drawn.

INITIAL SITE SKETCH

SEE DESIGN BY BATEMAN CIVIL SURVEY COMPANY

(Dated 5-21-14, Approved 6-10-14)

AS BUILT SKETCH

...mit 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 EXCAVATIO

☐ 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 m

...mer / Applicant Signature: Date: 6-10-14 Installed by: Carolina Pipe

...PROVEMENT PERMIT by: Date: 6-10-14 OPERATION PERMIT by: Date: 9/12/14

...THORIZATION TO CONSTRUCT by: Date: 6-10-14 Existing System Inspected by: Date:

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



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for Lot 27; Bells Crossing; 151 St. Augustine Dr; Iredell Co.
House Footprint: 72'x58' (Existing)
Building Setback: 35' Front, 15' Side, 10' Rear
Water Source: Public Water
Number of Bedrooms: 5/600 GPD
Predetermined LTAR: 0.3 gpd/ft2 (ICHD)
Existing System Type: 25% Reduction
Repair System Type: PPBPS 9' Centers
Distribution: LP-CVB for Repair
Repair Trench Bottom: 36"
Septic/ Pump tank size: 1500 ST (existing), 1500 PT (for repair only)

Line	Design Length	Actual Length	Elevation
Pink 0	32'	32'	n/a
Blue 1	**Existing**	**124'**	**n/a**
Orange 2	**Existing**	**144'**	**n/a**
Pink 3	**Existing**	**132'**	**n/a**
Blue 4	**Existing**	**100'**	**n/a**
Orange 5	60'	60'	n/a
Blue 6	25'	25'	n/a
Pink 7	84'	84'	n/a
Orange 8	67'	67'	n/a
Blue 9	50'	50'	n/a
Pink 10	28'	28'	n/a

Initial System: Existing **Repair System:** 346'

Comments:

- The purpose of this evaluation is to add a pool to the site. The whole site has been previously permitted by Iredell County Health Department at an LTAR of .3GPD/ft2
- MA&A probed and marked the existing 25% reduction system including the tank. These lines were labeled as Blue 1, Orange 2, Pink 3, and Blue 4.
- MA&A laid out the existing repair area for a 5-bedroom Panel Block System.
- The gullied area near the end of O8-P10 will need to be filled in if the repair is necessary.
- The pool has been located using red pin flags.

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	
1	ORANGE	2.6	28	
2	RED	3.2	41	50
3	BLUE	3.6	62	
4	PINK	4.7	77	
5	YELLOW	5.7	100	100
6	ORANGE	6.8	59	
7	BLUE	9.1	148	149'
8	RED	11.4	153	
9	PINK	13.0	136	137'
10	YELLOW	14.8	118	
11	ORANGE	16.1	68	68'
12	BLUE	17.5	65	
13	RED	19.0	50	
14	PINK	20.3	38	38'

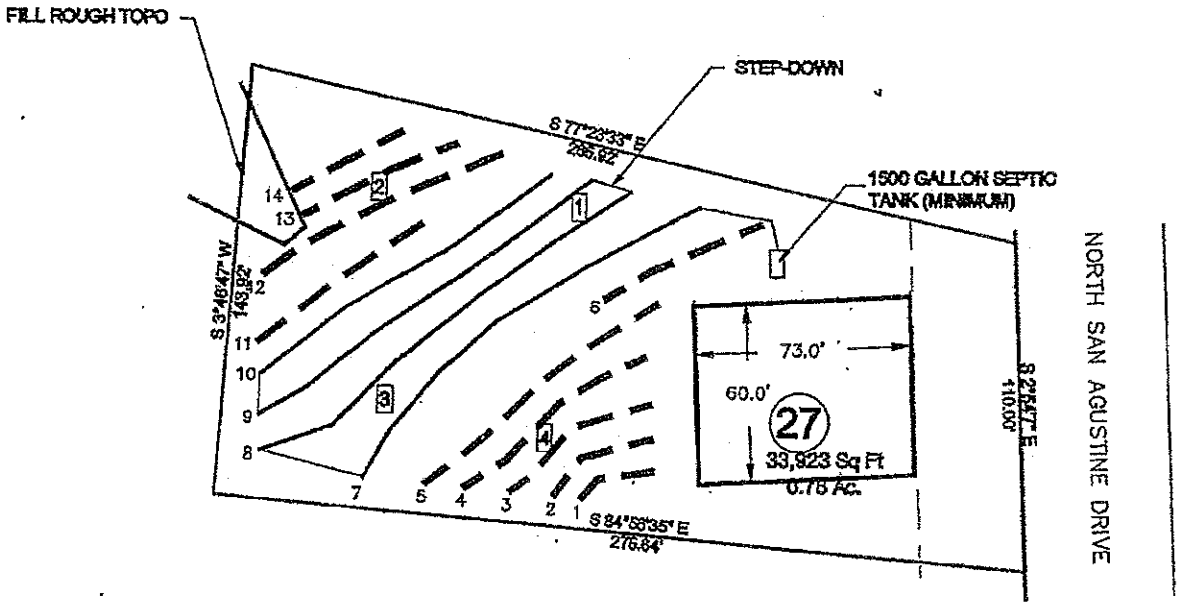
LOT 27 BELLS CROSSING SUBDIVISION

5-BEDROOM ACCEPTED STATUS GRAVITY SYSTEM
LINES 7-10 TOTAL 553 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION
36" TRENCH DEPTH MAX

5-BEDROOM ACCEPTED STATUS GRAVITY REPAIR
LINES 1-8, 11-14 818 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



APPROVED JUN 10 2014
AZP

PRIMARY SYSTEM

REPAIR SYSTEM

REPAIR LINES (NOT USED)

PIT OR AUGER BORING [1]

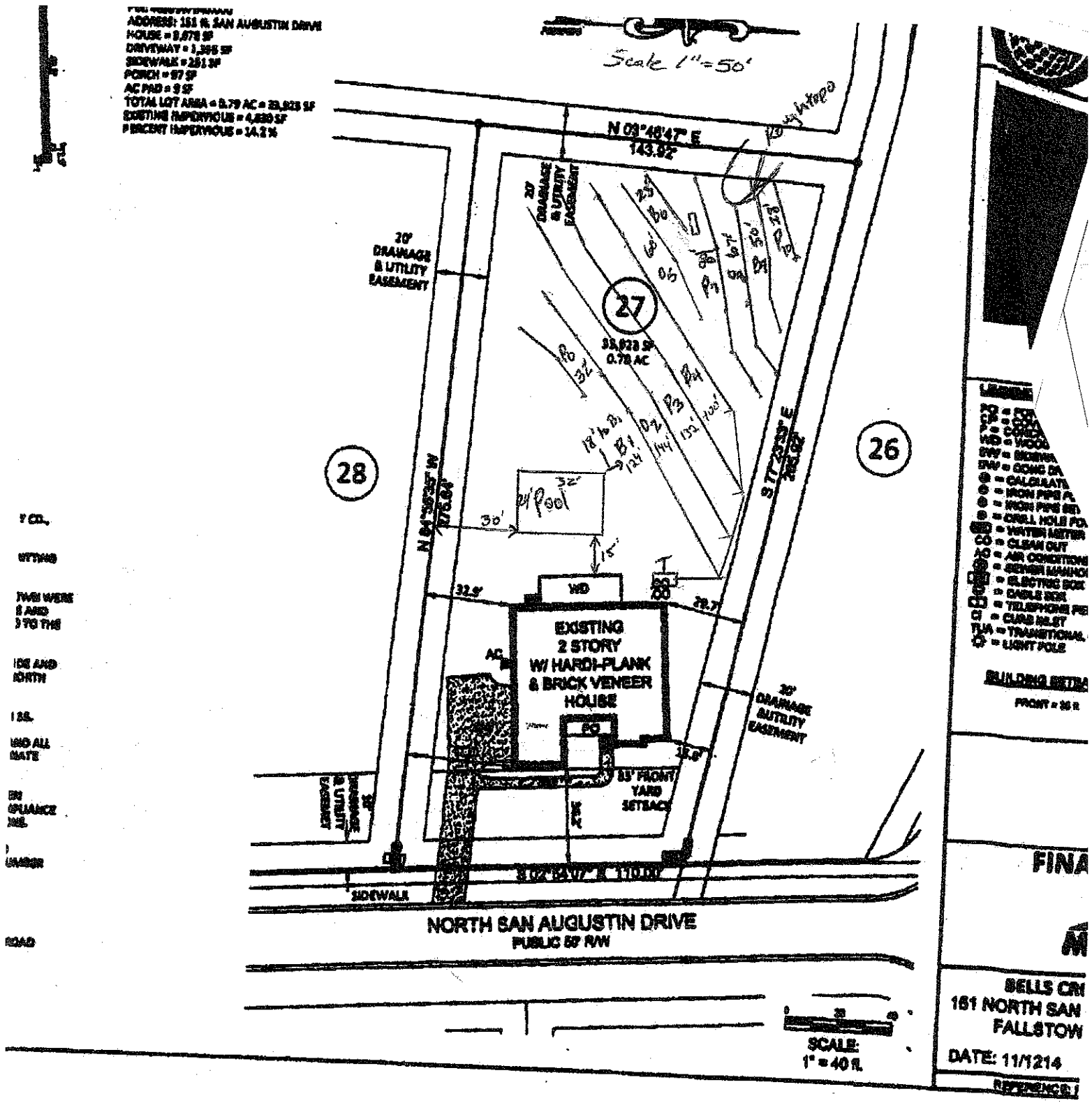
SCALE:
1" = 60 ft.

Bateman Civil Survey Company
Engineers • Surveyors • Planners

Heritage Homes

LOT 27
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 5/21/14 DRAWN BY MB CHECKED BY: TMB


ADDRESS: 161 N. SAN AUGUSTIN DRIVE
HOUSE = 3,078 SF
DRIVEWAY = 1,395 SF
SIDEWALK = 251 SF
PORCH = 97 SF
AC PAD = 9 SF
TOTAL LOT AREA = 0.79 AC = 33,923 SF
EXISTING IMPERVIOUS = 4,830 SF
PERCENT IMPERVIOUS = 14.2 %
Scale 1"=50'
N 09°48'47" E
143.92'
20' DRAINAGE & UTILITY EASEMENT
27
33,923 SF
0.78 AC
28
26
N 84°36'35" W
175.89'
S 77°23'25" E
265.82'
30'
32' x 12' Pool
15'
WD
EXISTING
2 STORY
W/ HARDI-PLANK
& BRICK VENEER
HOUSE
AC
32.9'
28.7'
18.9'
53' FRONT YARD SETBACK
30' DRAINAGE & UTILITY EASEMENT
S 02°54'W 110.00'
SIDEWALK
NORTH SAN AUGUSTIN DRIVE
PUBLIC 50' R/W
SCALE:
1" = 40 ft.
BUILDING SETBACK
FRONT = 35 ft
BELLS CR
161 NORTH SAN
FALLSTOW
DATE: 11/1214

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	
1	ORANGE	2.8	28	
2	RED	3.2	41	50
3	BLUE	3.6	62	
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6	ORANGE	6.8	59	
7	BLUE	9.1	149	149'
8	RED	11.4	153	
9	PINK	13.9	138	137'
10	YELLOW	14.8	116	
11	ORANGE	16.1	68	68'
12	BLUE	17.5	85	
13	RED	19.0	69	
14	PINK	20.3	38	38'

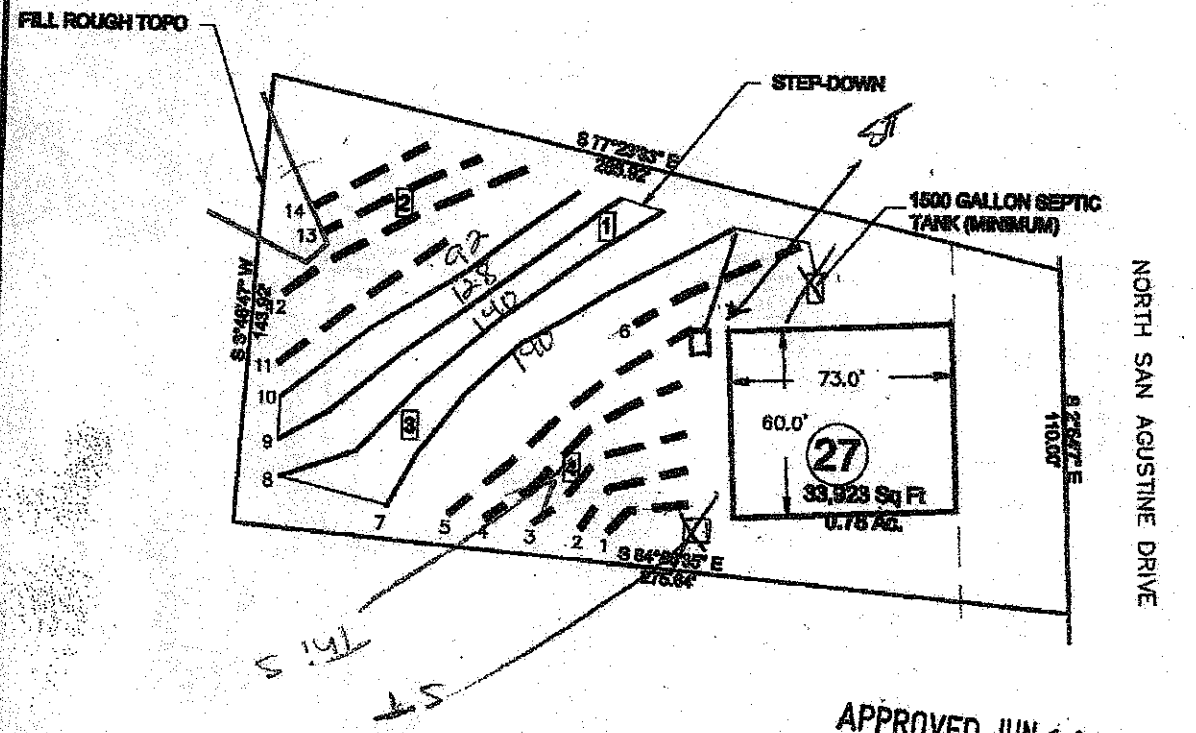
LOT 27 BELLS CROSSING SUBDIVISION

5-BEDROOM ACCEPTED STATUS GRAVITY SYSTEM
LINES 7-10 TOTAL 553 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION
36" TRENCH DEPTH MAX

5-BEDROOM ACCEPTED STATUS GRAVITY REPAIR
LINES 1-6, 11-14 618 TOTAL LINEAR FEET
LTAR 0.3
25% REDUCTION
36" TRENCH DEPTH MAX

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

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APPROVED JUN 10 2014
AZP

PRIMARY SYSTEM

REPAIR SYSTEM

REPAIR LINES (NOT USED)

PIT OR AUGER BORING [1]

SCALE:
1" = 60 ft.

Bateman Civil Survey Company
Engineers • Surveyors • Planners

MeritageHomes

LOT 27
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 5/21/14 DRAWN BY: MB CHECKED BY: TMB