RECEIVED FEB 3 2016

~~RECEIVED JAN 25 2016~~

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $75.00 Ltd Redraw

1. APPLICATION FOR: ✓ Improvement Permit / Authorization To Construct ___ Existing System Inspection

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Paid $150.00 2-29-16

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

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3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Heritage Homes	11605 N Community Rd #250 Charlotte NC 28277	704 944 8900	7046588616
//	//		
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

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4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
104 N San Agustin Dr	Bells Crossing	2 / 15

Driving Directions: _____

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5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(/) New, Single Family Residence — Maximum Number of Bedrooms 4 — ( ) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants 8 — (/) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?

(X) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?

( ) Other _____

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)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (/) Other _____

8. Please Answer The Following ( ) Yes (/) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) 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: _____ 1-25-16

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209152

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

PIN # 4649-04-1732

APPLICANT: Meritage Homes APPLICANT ADDRESS: 11605 N. Community Rd

SITE ADDRESS: 104 N San Agustine Dr. PHONE: 704-658-8616 ALT. PHONE:

SITE DIRECTIONS: Berth, IL Bells, TR N San Agustine

SUBDIVISION: Bells Crossing SECTION: 2 LOT # 15 LOT AREA: .95 AC DESIGN FLOW: 600 L.T.A.R.: .3

Septic Tank 1250 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 5	Water Supply
Pump Tank 1250 (gal)	PT	Date	System Description: PM 25% Reduction	☐ Business	No. Persons	☐ Private
Pump Make	Model	Serial #	Repair System Description: Same	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5	Linear Ft: 500'	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☐ Crawl Space	☒ Community
Trench Width 36"	Max. Trench Bottom Depth 36"	Gravel Depth	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

See Plan From Bateman Civil Survey

* Any water lines w/in 10' EF Drain lines must be moved. *

AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: 3-27-15 Installed by:

IMPROVEMENT PERMIT by: BA-CC-S APPROVED MAR 26 2015 Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD SHOT	FIELD LENGTH (FT)	DESIGN LENGTH (FT)
1	YELLOW	1.5	100	100
2	BLUE	2.8	155	150
3	WHITE	3.2	75	75
4A	ORANGE	3.8	100	100
4B	ORANGE	3.8	130	
5	PINK	4.7	84	75
6	RED	5.1	210	
7A	YELLOW	5.7	59	
7B	YELLOW	5.7	83	
8A	BLUE	6.5	27	
8B	BLUE	6.5	70	
	PUMP TANK	9.5		

LOT 15 BELLS CROSSING SUBDIVISION

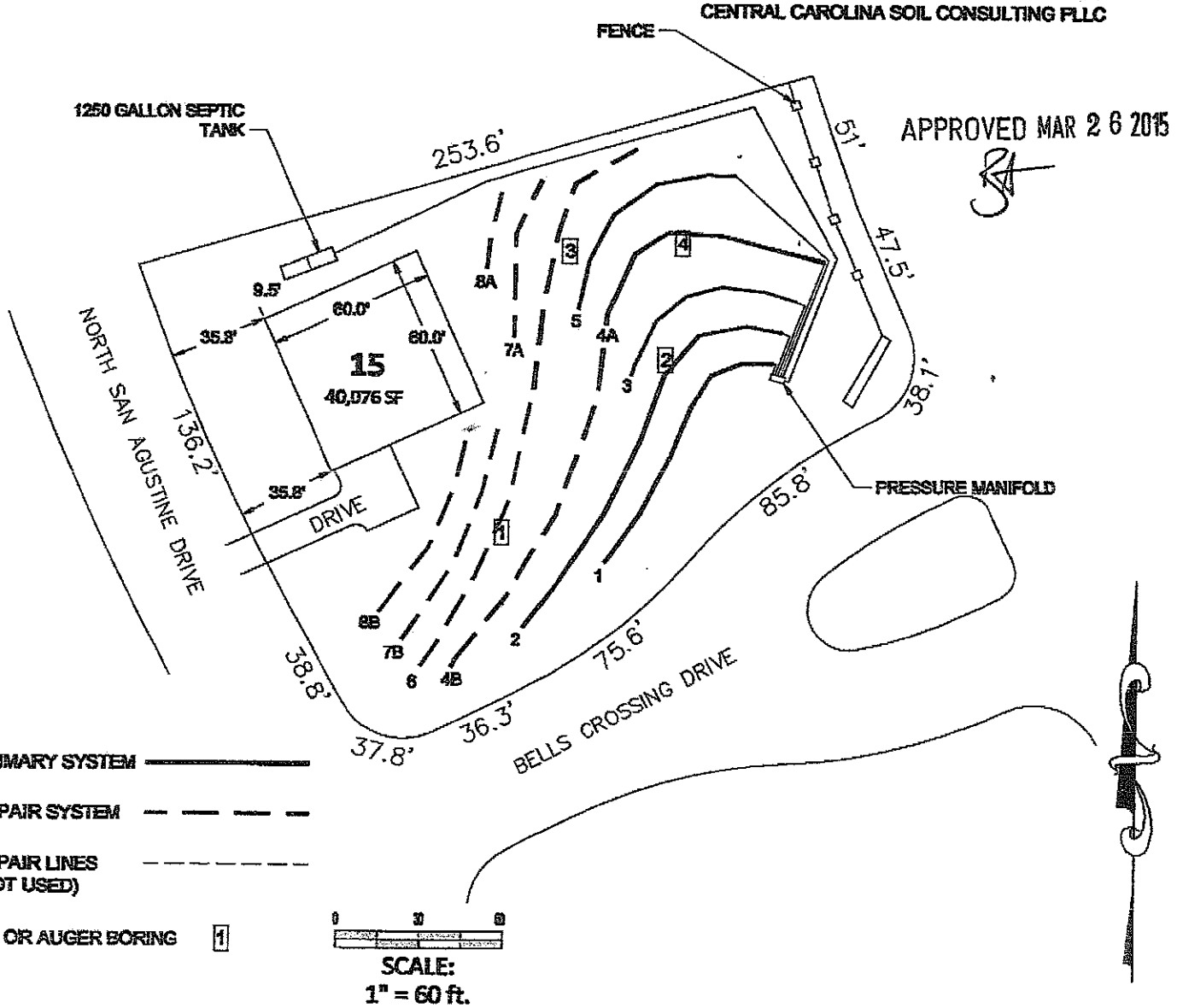
5-BEDROOM ACCEPTED STATUS GRAVITY SYSTEM
LINES 1-4A & 5 TOTAL 500 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION
36" TRENCH DEPTH

5-BEDROOM ACCEPTED STATUS GRAVITY REPAIR
LINES 4B & 6-8B 579 TOTAL LINEAR FEET
LTAR 0.3
25% REDUCTION
36" TRENCH DEPTH

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL PROFILES AND ANALYSIS PROVIDED BY
CENTRAL CAROLINA SOIL CONSULTING PLLC

APPROVED MAR 2 6 2015



Bateman Civil Survey Company
Engineers • Surveyors • Planners
200 N. Main Street, Holly Springs, NC 27540

MeritageHomes

LOT 15
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 3/12/15 DRAWN BY MDB CHECKED BY: TMB