04-17-13
P# 32000 MS

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 #
Meritage Homes	7761 Ballantyne Commons PKwy St 103 Charlotte, NC 28277		704-309-6577
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
	Bells Crossing	11-1

Driving Directions: Perth Rd to Bells Crossing Dr.

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 due to ___
( ) Other Redraw

Maximum Number of Bedrooms 4
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)* ( ) Existing system--installed in ___ *YEAR*

( ) 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: MS

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

4/17/13
DATE

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	152400ZO	Subdivision:	Bells Crossing
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 SAN AGUSTIN DR S MOORESVILLE NC 28117		
Parcel #:	4639834045.011	Zoning:	RA
Lot #:	11 Size: 0.56	Flood Plain:	No Watershed: WSIV CRIT
Applicant:	ROLLANS SOIL & ENVIRONMENTAL SVCS.	Owner:	Bells Crossing, LLC
Address:	470 N. BROAD ST. SUITE D MOORESVILLE NC 28115	Address:	127 B Promenade Dr MOORESVILLE, NC 28117
Phone:	704-658-1723	Phone:	704-663-1600
Property Recorded:	No Site Plan Reviewed:	Community Water:	Yes Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

SFD - HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

DEVELOPER PERMIT

Directions:

PERTH RD, RT ON BELLS CROSSING, LFT ON S. SAN AGUSTIN, LOT ON LFT

FEES

Zoning Permit/Inspection Fee	☑	$55.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$485.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$540.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY Printed: 8/25/2008

RECEIVED
OCT 14 2008
By SCook

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: 10/16/03
LOCATION OF SITE: Rollins Crossing Lot 11 PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE NUMBER	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
D1	L 5%	0-13	mSbkC	Frssp					PS .3
		13-33	mSbkCL	Frssp	Com Sap				
		33-55	Mott C Sap	Frssp	Few Clay				
B1/2	L 3-5%	0-14	mSbkC	Frssp					PS .3
		14-40	mSbkCL	Frssp	Many Sap				
		40-53	Mass L/CL Sap	vfr NS np					
	Other side of pit R from Rollins soil eval.								
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1943): _____
EVALUATED BY: Anthony Coleman RS
OTHER(S) PRESENT: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

Sheet ___ of ___

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

Bells Crossing Lot 11

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
II	LS	0-5	BSIL	fri SSSPS+exP					
		5-25	RCL mfSBK	fri SSSPSmP					
A	5-10%	25-37	RICL wSBK	fri SSSPSmP	—	37	—	—	PS
				few SAP					.3
II	SS	0-26	R C mFSBK	SSSP, fri SMP	—				
D	0-5%	26-42	R CL wFSBK	SS, SP, fri SMP	com SAP	42"	PS	—	PS
		42-60	Var SL Sap mass	SS, SP, fri SMP	com RC mots				.3
II		0-18	RC mfSBK	fri SSSP SMP					
C	0-5%	18-48	RICL wSBK	fri SSSP SMP					PS
		48-52	SL/L SAP	fri SSSP SMP	-	48	PS	—	.3
II	SS	0-19	R C mFSBK	SS, SP, fri SMP	—				
D	5-10%	19-43	RICL wFSBK	SS, SP, fri SMP	com SAP	43"	PS	—	PS
		43-60	Var SL Sap Mass	SS, SP, fri SMP	few RC incl				.3

Ⓑ Ⓒ
Ⓐ Ⓓ



COMMENTS: _____

LINE SCHEDULE

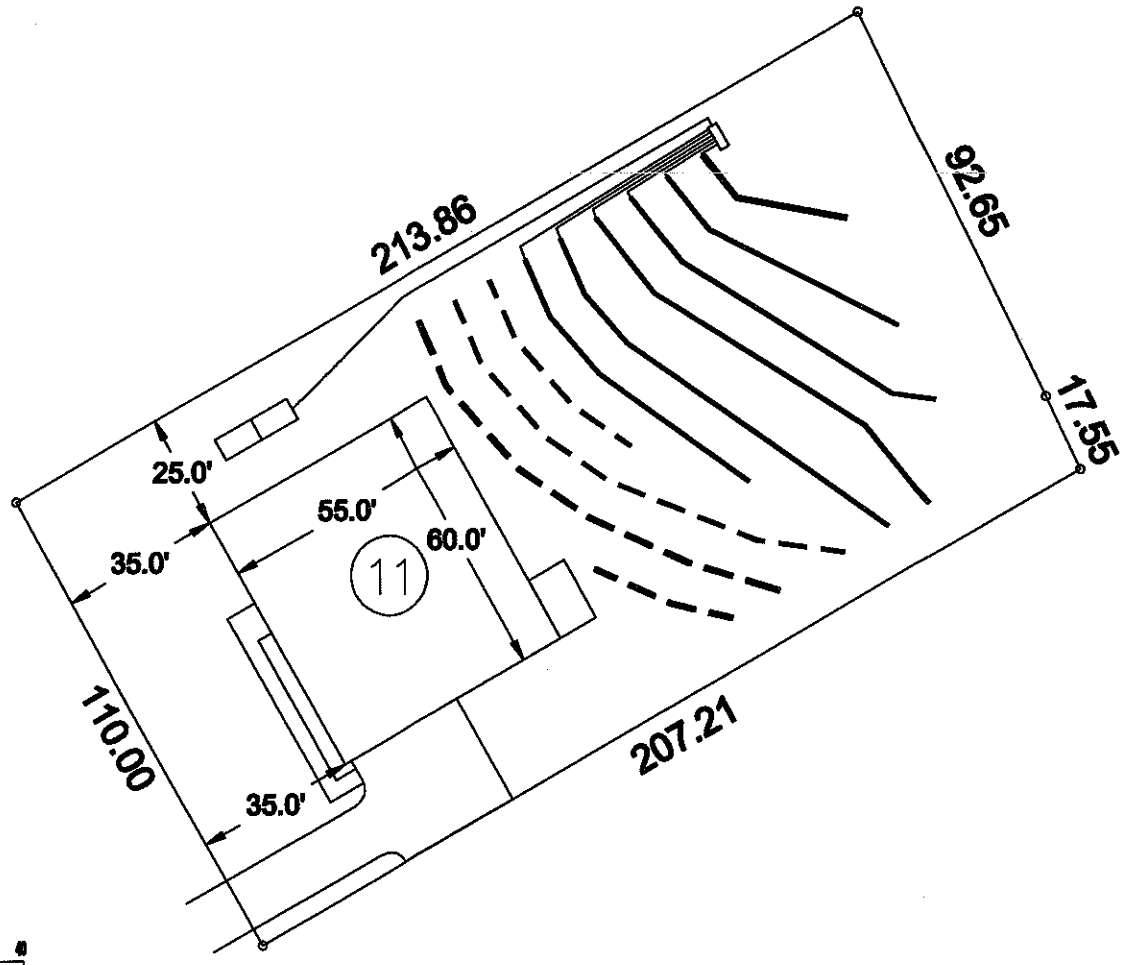
LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	YELLOW	1.3	37
2	RED	1.8	62
3	BLUE	2.6	81
4	ORANGE	3.4	90
5	PINK	4.1	91
6	YELLOW	4.5	85
7	RED	4.9	50
8	BLUE	5.2	98
9	ORANGE	6.3	95
10	PINK	7.3	28

LOT 11 BELLS CROSSING SUBDIVISION

4-BEDROOM PRESSURE MANIFOLD SYSTEM
LINES 5-9 TOTAL 426 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION

4-BEDROOM LPP FED PANEL BLOCK REPAIR
LINES 1-4 TOTAL 269 LINEAR FEET
LTAR 0.3
50% REDUCTION

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION



0 20 40

SCALE:
1" = 40 ft.

Bateman Civil Survey Company
Engineers • Surveyors • Planners
300 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-0378

MeritageHomes

LOT 11
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 03/08/13 DRAWN BY: TMB CHECKED BY: TMB

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

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Place check ( ) beside whichever is submitted if applicable ☐ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Meritage Homes of the Carolinas, Inc	7761 Ballantyne Commons Pkwy Ste. 103 Charlotte, NC 28277		704-351-5405
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Meritage Homes of the Carolinas, Inc	same		
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

125 S San Augustin Dr	Bells Crossing	Lot 11
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: 150 W - Right on Perth Road - Left into Bells Crossing
lot xxx on left after club house

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 _____

Maximum Number of Bedrooms ____
Maximum Number of Occupants ____
If Expansion, Current Number of Bedrooms ____

☑ Crawl Space Foundation?
☐ Concrete Slab Foundation?
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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:

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9. Signature: Mill B Fill — 8-6-13
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:

X	**Property Line measurements are clearly identified...**	
X	**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*	
X	**Front and side setbacks from property line...**	
X	**Preferred driveway location and configuration, preferred 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:

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

Signature: [signature] 8-6-13

REQUIRED **property owner or owner's legal representative signature.** **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN