Site Address: 132 Grove Creek Ln Troutman

4626477199 ✓

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 12474 PIN# 4625505104.396 Rob 4626476075 DATE 2-6-07

OWNER OR APPLICANT John R. Poore PHONE: Business Cell 361-0987 Home

ADDRESS 10590 Independence Pointe Pkwy Ste 100 Matthews NC 28105

LOCATION Brawley School Rd TR Mckendree TL Kemp TL Grove Creek Ln at end

SUBDIVISION The Farms ✓ BLOCK / SECTION 3 LOT 396 LOT AREA 1.63 SITE CLASS PS DESIGN FLOW 600gpd L.T.A.R. .25

Septic Tank: 1500 Gallons; STB 338 Date 6-9-07

Pump Tank: 1500 Gallons; PT 477 Date 5-28-07

Pump Make: Goulds Model 512MU Serial No. 1/2HP

Nitrification Field: No Fields 1 Square Feet 1860 Linear Feet 600

No. Lines 5@120' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Pump-PM-25% Reduction

Repair System Description: Pump 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 5 No. Persons ___ No. Employees ___

Water Supply: ☐ Individual ☒ Public ☒ Community

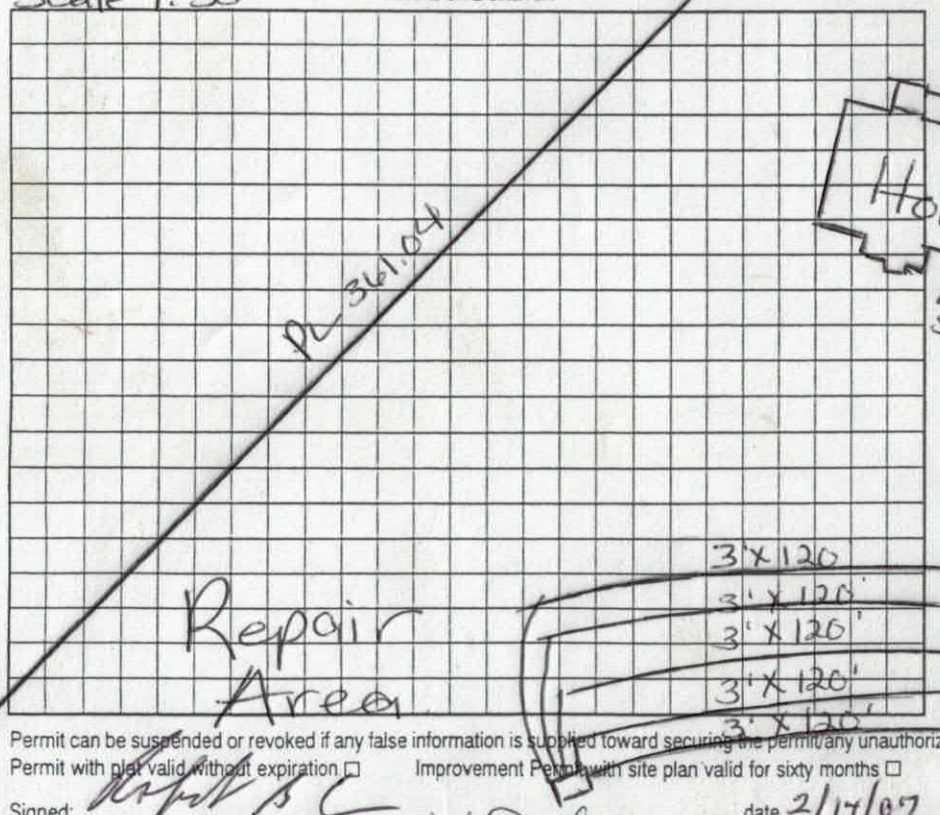
Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: 7/18/07 Checked tanks & lines

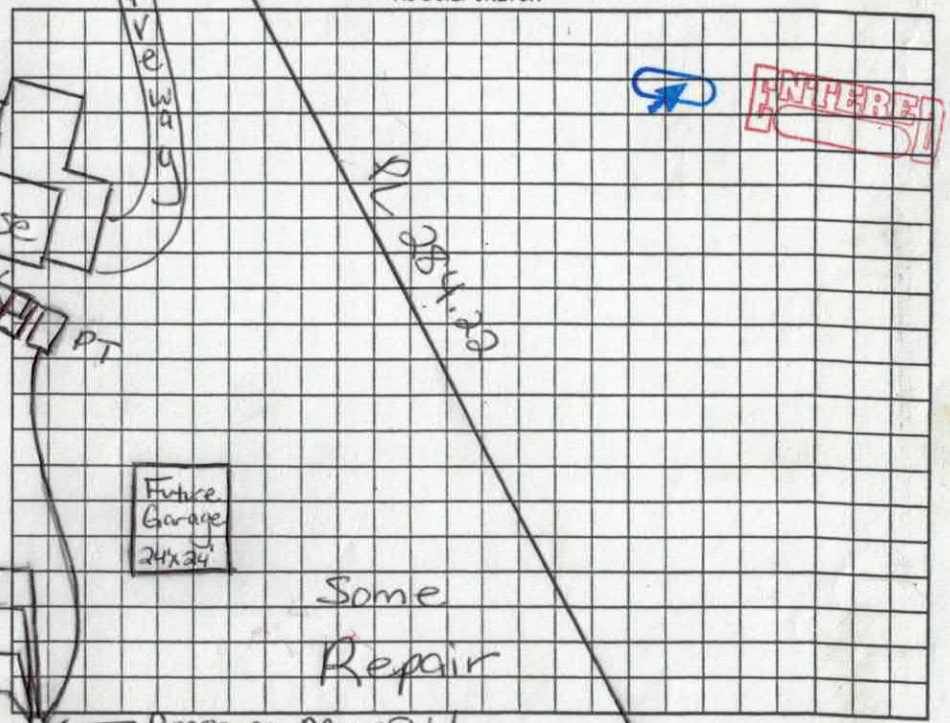
Comments/Conditions: Grove Creek Ln Installed Quick 4 as Drawn 8/7/07 Pressure, elect & alarm

Scale 1:50

INITIAL SITE SKETCH



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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 2/14/07 Installed by: _____ date _____

Improvement Permit by: Maria H. Dolan RS date 2-6-07 Operation Permit by: Maria H. Dolan RS date 8/7/07

Authorization to Construct by: Maria H. Dolan RS date 2-6-07 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

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

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

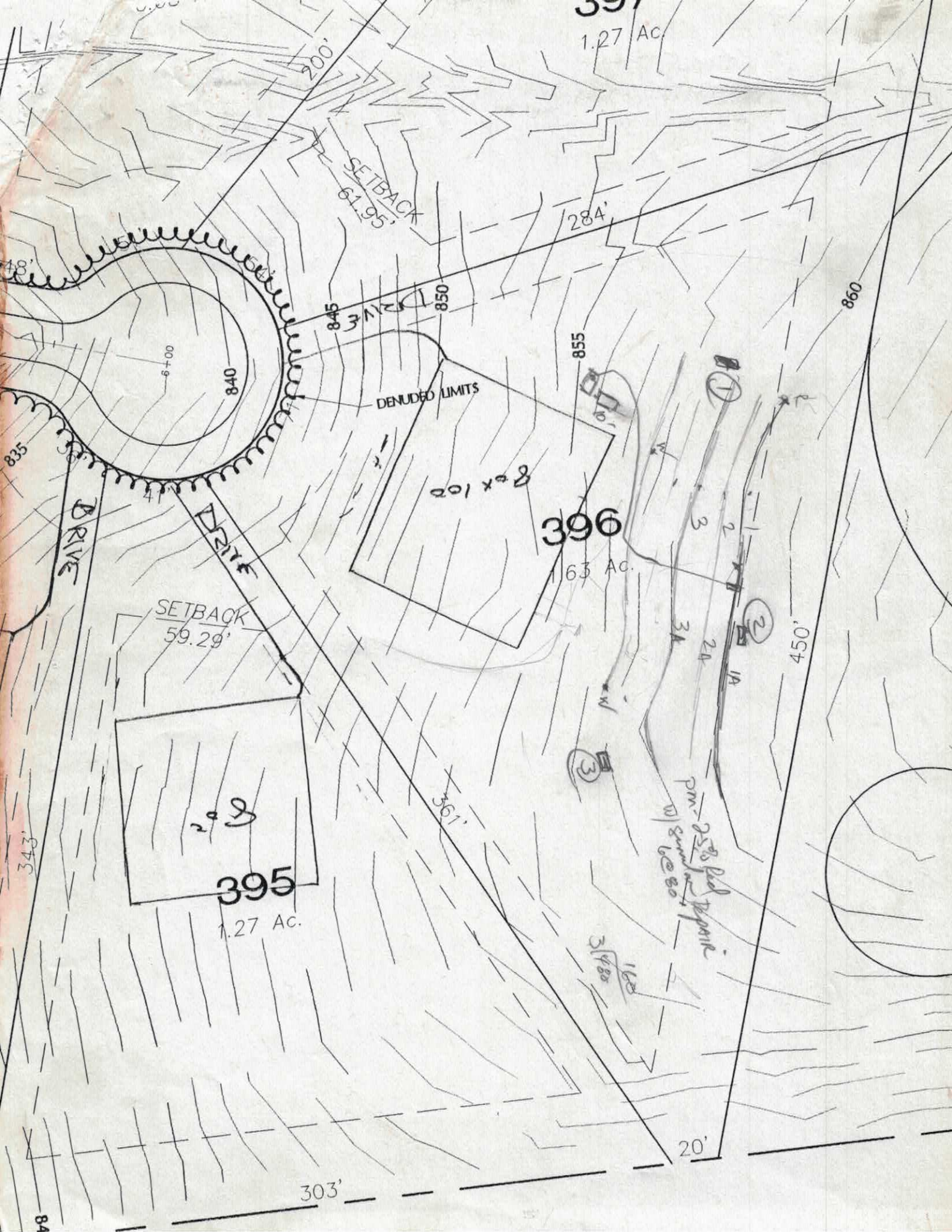
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: The Farms LLC APPLICANT: ___
ADDRESS: ___ APPLICATION DATE: ___ DATE EVALUATED: 2-7-05
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: ___
LOCATION OF SITE: Lot 39e The Farms PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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
1	5 P/O V	0-4	mgr. scl	fr sssp					.25
		4-34	msbk c	fr sssp	common med sap				
		34-52	wksbk cl	fr sssp	common-many med/sap				
2		0-7	wksbk bkwscl	fr sssp					.20
		7-31	wksbk rc	fr sssp 5YR					
		31-48	wksbk rcl	firm sssp	common-many med sap 64. gravite sap/w. rock				
3		0-9	mgr. sl	fr sssp					.25-.3
		9-42	sbk c	fr sssp					
		42-48	sbk cl	fr sssp					
			few-common fine sap 30+						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Conv 25% Red	
Site LTAR	.25	.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: DR Hinson, PS
OTHER(S) PRESENT: ___


1.27 Ac.
200'
SETBACK
61.95'
284'
48'
845
850
855
860
840
835
DENUDED LIMITS
201 x 28
396
1.63 Ac.
DRIVE
DRIVE
SETBACK
59.29'
28
395
1.27 Ac.
343'
361'
450'
303'
20'
PM-25 Pad Riprap
w/ Summit Lic 80
3148
160

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, 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 X Authorization To Construct ___BOTH ___Existing System Inspection
   Redraw

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:**

Rob Ervin		704-361-0987	704-660-3472
Applicant Name	Mailing Address	Cell ~~Home~~ Phone	~~Work~~ Phone FAX
John R. Poore Builder	10590 Independence Pointe Parkway Suite 100 Matthews NC 28105	~~Home Phone~~	704-847-0496 FAX 704-849-7803
Owner Name	Mailing Address		Work Phone

4. **Property Information:**

132 Grove Creek	The Farms	396
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: West on Brawley School Road, Right on Mckendree Road, Left on Kemp Road just pass water tower. Left onto Grove Creek Lane. Lot 396 is at the top of the end.

****

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

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System

Maximum Number of Bedrooms 5*
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- (X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* Redraw.

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) 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:** _____ 1/22/07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH DEPARTMENT

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: Robert R C

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

1/22/07
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Redraw From a 4 Bdroom to a 5 Bedroom

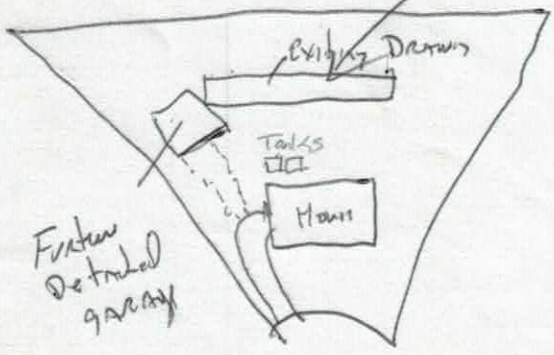
Also is it Possible to have a Septic area on the Right Side of the lot Behind House line for a detached garage.

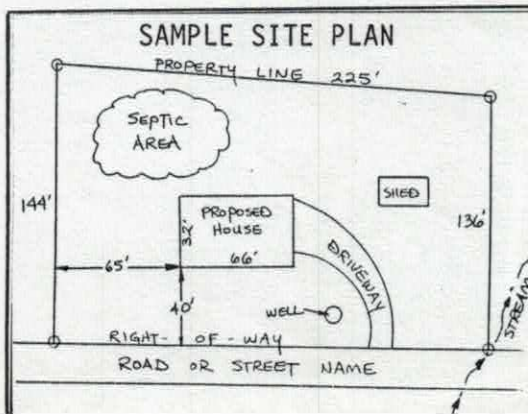
SEE Improvent Permit

500 120 25%

Initial

Rep 25-50%





Lot 396
The Farms

GENERAL PLAN NOTES

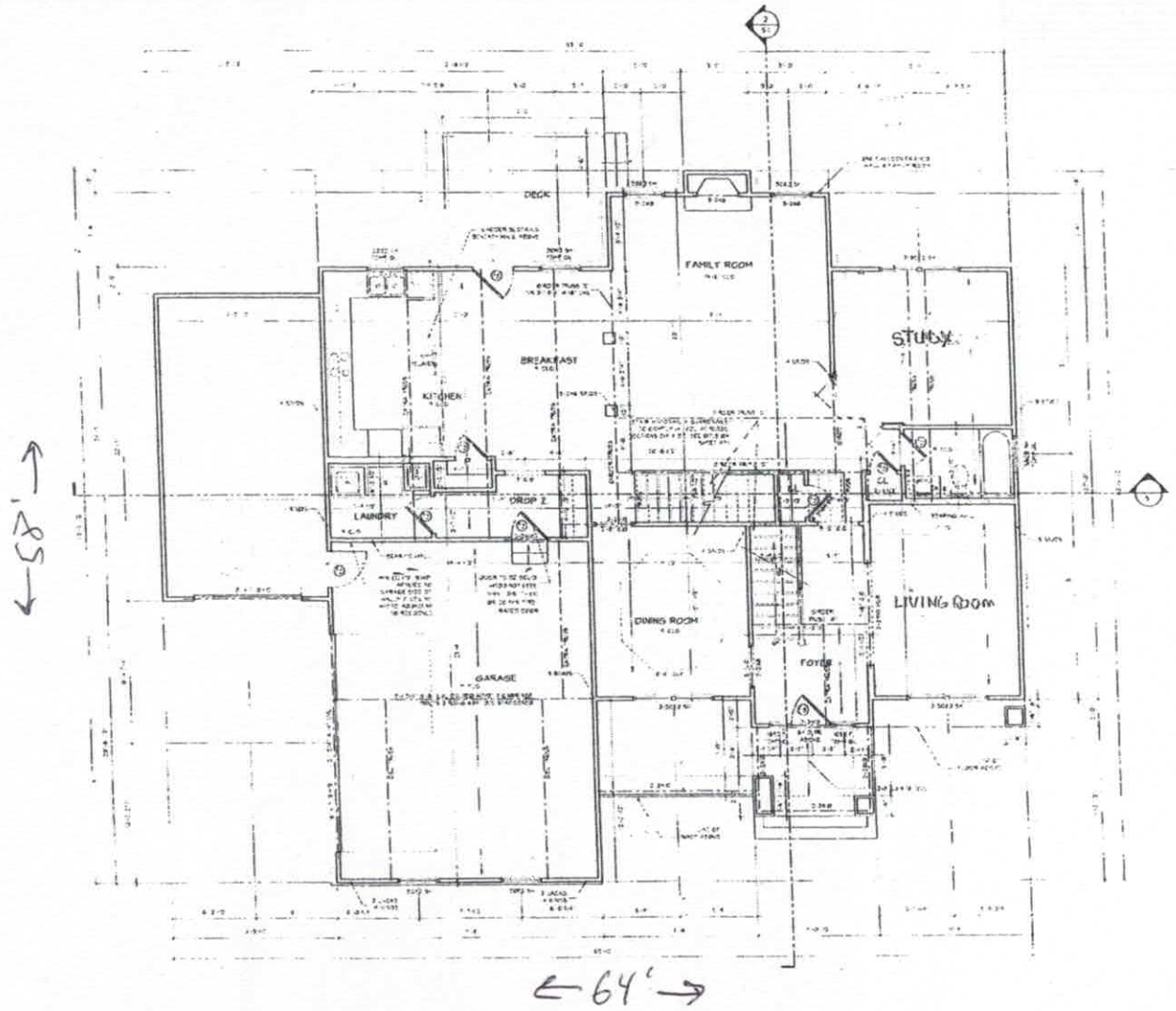
03 Girder Truss "A" 1/4" = 1'-0"

04 Girder Truss "B" 1/4" = 1'-0"

05 Girder Truss "C" 1/4" = 1'-0"

06 Girder Truss "D" 1/4" = 1'-0"

07 Girder Truss "E" 1/4" = 1'-0"



01 First Floor Plan 1/4" = 1'-0"

Residential Design
8216 Raintree Lane
Charlotte, NC 28277
ph 704-544-9825 fax 704-544-9847
andrew@rdesignnet

Of is a copyrighted design this that cannot were/will reliability of these plans to a specific site, construction without the assistance of a construction professional.
Steve Reason Drawing
Paul Hislop (P Plans)

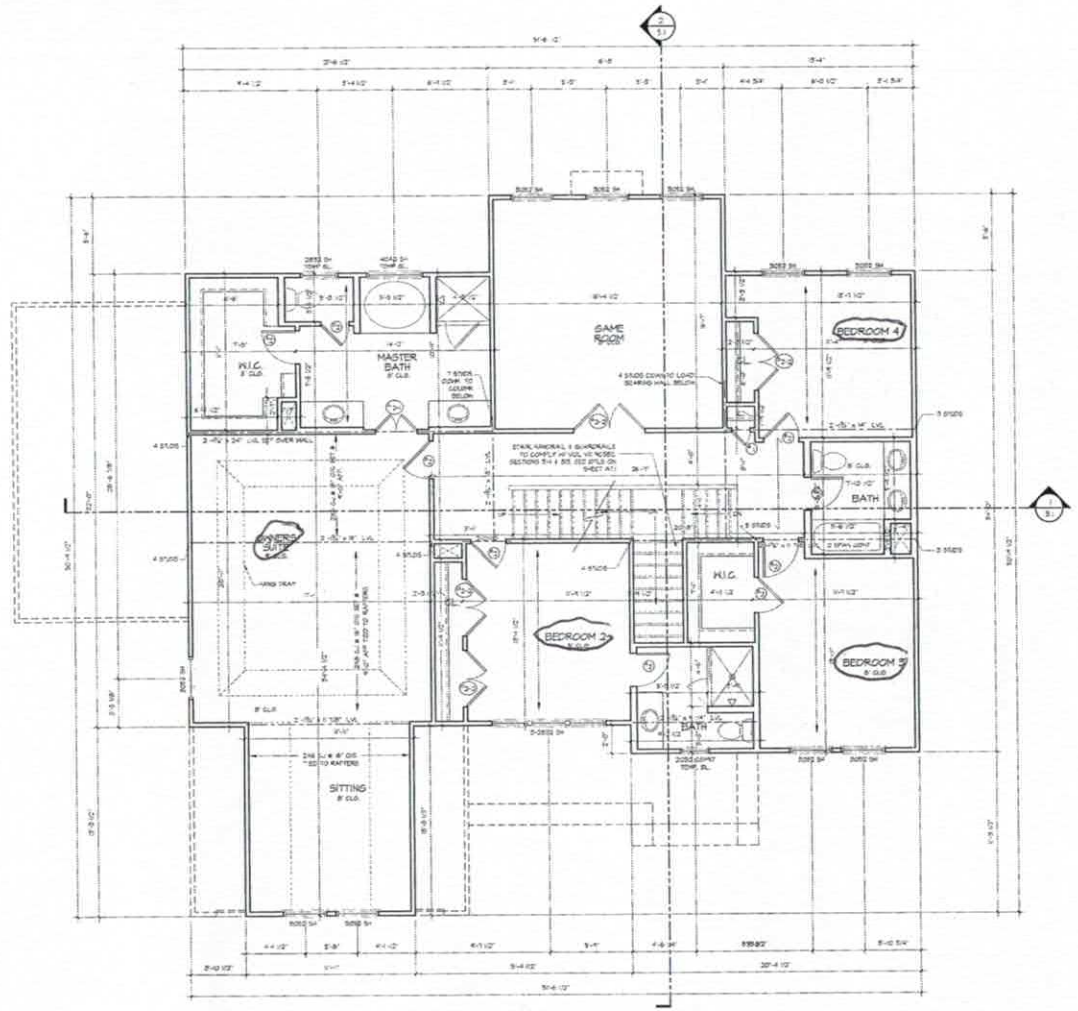
THE CARDINAL CRAFTSMAN II
at The Farms
John R. Poore Builders, Inc.

DATE
September 28th 2

REVISIONS

1st Floor F

1.1



01 Second Floor Plan 1/4" = 1'-0"

Residential Design
8216 Raintree Lane
Charlotte, NC 28277
ph 704-544-9825 fax 704-544-9847
andrew@rdesignnet

Of is a copyrighted design this that cannot were/will reliability of these plans to a specific site, construction without the assistance of a construction professional.
Steve Reason Drawing
Paul Hislop (P Plans)

THE CARDINAL CRAFTSMAN II
at The Farms
John R. Poore Builders, Inc.

DATE:
September 28th 2006

REVISIONS

Second Floor Plan

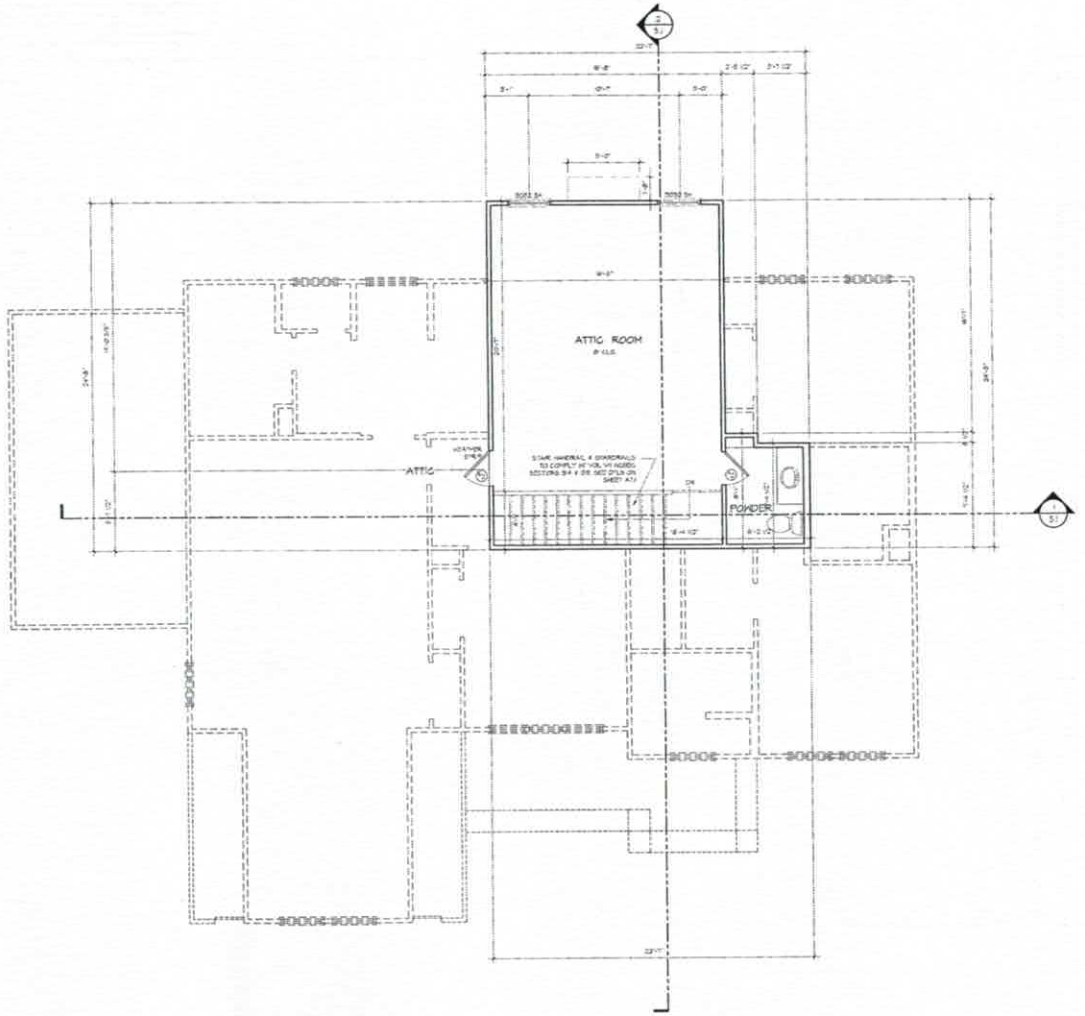
1.2

GENERAL PLAN NOTES

1. DRAWINGS ARE NOT TO BE SCALED. DIMENSIONS IN QUESTION SHALL BE CLARIFIED BY ARCHITECT.
2. ALL EXTERIOR DIMENSIONS ARE SHOWN TO THE OUTSIDE FACE OF STUD UNLESS OTHERWISE NOTED.
3. ALL INTERIOR DIMENSIONS ARE SHOWN TO THE FINISH FACE OF STUD UNLESS OTHERWISE NOTED.
4. ALL WALLS ARE ASSUMED TO BE 2 1/2" WOOD STUDS, UNLESS OTHERWISE NOTED.
5. ALL FLOOR & ROOF FRAMING TO BE 16" O.C. JOIST UNLESS OTHERWISE NOTED.
6. ALL DOORS TO BE CENTERED UNLESS OTHERWISE NOTED.
7. PROVIDE WOOD BLOCKING IN WALLS FOR MOUNTING OF ALL CABINETS, TOILET ACCESSORIES AND OTHER WALL MOUNTED ITEMS.
8. ALL CASEWORK TO BE DESIGNED BY OTHERS AND SHALL MEET ALL APPLICABLE ACCESSIBILITY CODES (IF REQUIRED).
9. ALL FINISH AND COLOR SELECTIONS TO BE APPROVED BY ARCHITECT.
10. NUMBER OF EXTERIOR RISERS TO BE FIELD VERIFIED AT LOCATIONS WHERE 4 OR MORE ARE REQUIRED. A HANDRAIL ALL ALSO BE REQUIRED.
11. PROVIDE TERMITE CHEMICAL AT FOUNDATION, AS REQUIRED.
12. MIN. 22"x30" ATTIC ACCESS DOOR TO BE DETERMINED ON SITE.
13. HVAC RETURN(S) TO BE DETERMINED ON SITE.
14. ALL COUNTERTOPS TO BE 36" A.F.F., UNLESS OTHERWISE NOTED.
15. ALL DOORS AT 6'-8" HIGH UNLESS OTHERWISE NOTED.

THIRD FLOOR NOTES

- ALL CEILING FRAMING TO BE 2X6'S @ 16" ON CENTER (O.C.).
- ALL THIRD LEVEL LOAD BEARING HEADERS TO BE 2-2X8'S U.N.O.
- INSTALL A MINIMUM OF (2) 2X4 STUD UNDER ALL BEAMS, L.V.L. OR SILL PLATE ON THE THIRD LEVEL SAND.



01 Third Floor Plan 1/4" = 1'-0"

Residential Design
8316 Raintree Lane
Charlotte, NC 28277
ph 704-544-9805 fax 704-544-9967
andrea@rdesignsouth.net

DR is a residential design firm that cannot warrant the construction of these plans. Any contractor undertaken without the assistance of a construction professional.

Interim Release Drawing
Not for Construction,
Final Pricing or Permit

THE CARDINAL CRAFTSMAN II
at The Farms
John R. Poore Builders, Inc.

DATE:
September 28th 2006

REVISIONS:

Third Floor Plan

1.3

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 #:	124741zo	Subdivision:	The Farms
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Grove Creek Ln. Mooresville NC 28117		
Parcel #:	4625-50-5104.396	Zoning:	RA
Lot #:	396 Size: 1.63	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Toney Jacobs & Associates, Inc (Toney Ja	Owner:	The Farms, LLC
Address:	168 Broadbill Drive Mooresville NC 28117	Address:	2214 Brawley School Rd Mooresville, NC 28115
Phone:	704-663-6905	Phone:	
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:	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:
HOLD BUILDING PERMIT UNTIL PLAT IS RECORDED

Directions:
Brawley School Rd., R on McKendree,to Kemp, to Grove Creek Ln

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

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: 10/14/04

STEPHANIE WHITLOCK

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

Printed: 10/13/2004