RECEIVED APR 2 1 2014

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 #
True Homes	2649 Brekonridge Ctr Dr, Monroe NC 28110	(704) 238-1229	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
True Homes	2649 Brekonridge Ctr Dr, Monroe, NC 28110	(704) 238-1229	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
146 Grasshopper Circle	The Farms	589

Driving Directions: From I-77, head west on Brawley School Road, turn right on Digh Circle, turn right on Montclair Drive

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 4
Maximum Number of Occupants 6
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:**

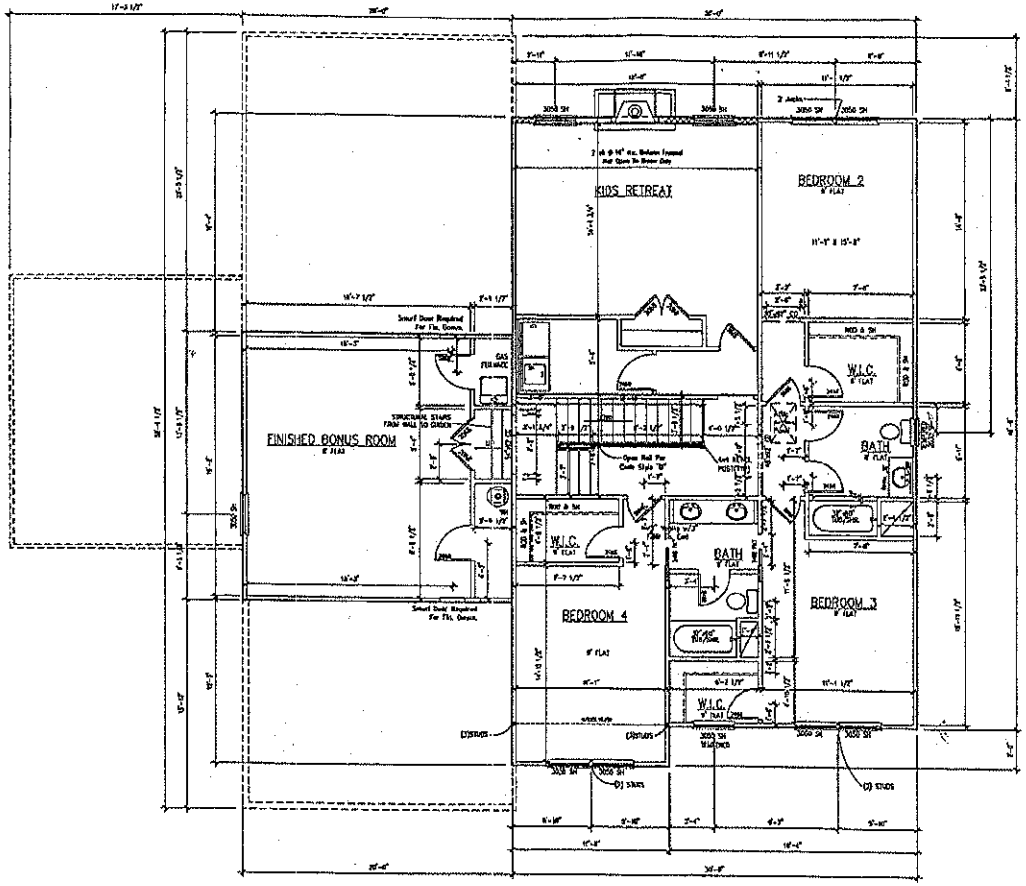
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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: [signature] 4/18/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

✓ 44235
4-21-14

PLANS ARE COMPLIANT WITH NORTH CAROLINA
2012 RESIDENTIAL BUILDING CODE
w/SEPTEMBER 1, 2013 AMENDMENTS



HEADER SCHEDULE

NOTE:
(1) ALL DOOR FRAME JAMBS TO HAVE (2) STUDS
@ EACH END OF OPENINGS AND @ THE END OF EACH WALL

SECOND FLOOR PLAN
SCALE : 1/4"=1'-0"

TRUE HOMES L.L.C.
2649 Brekon Ridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-226-9486

TFS-589

FLOOR PLAN

KENSINGTON

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DRAWN BY: CBG
DATE: 3.25.14
SCALE: 1/4"=1'-0"
REVIEWER:
JOB: LOT SPECIFIC

SHEET:
6

Acknowledgemen
Plans Submittal ONLY!
Date 5-5-14
Date 5-6-14

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
202928
Issue Date: 04/21/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4626584538.000	146 GRASSHOPPER CIRCLE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: TRUE HOMES LLC	Applicant: TRUE HOMES, LLC
Address: ,	Address: 2649 BRECKONRIDGE CENTRE DRIVE MONROE, NC 28110
Phone:	Phone: 704-238-1229

Use Requested	Zone Code
SFD THIS PERMIT IS REPLACING PERMIT 139348	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.926					CACL	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	10190	TOTAL FEES:	$ 77.25

Lot 589 The Farms Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Basement w/ Plumbing**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	3 (See Table)
Total Linear Feet	266
Trench Width	2' min.
Trench Spacing	8' min.
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	140' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	30.5 gpm
Elevation head	Approx. 27.9'
Pressure head	3.0'
Friction head	2.3'
20% Contingency	6.6'
Total Head	39.8'
Pump Requirements	30.5 gpm @ 39.8' of head; use Goulds WE07H pump or equivelent with compatible electrical
Maximum Dosing Volume	219.6 gal -2.2 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS (.25 LTAR)**
Total Linear Feet	359

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	Pink	LPPPBPS	33	3.6				
2	Repair	Red	LPPPBPS	38					
3	Repair	Orange	LPPPBPS	58					
4	Repair	White	LPPPBPS	65 endfed		15	15	1 per panel	5/32"
5	System	Red	LPPPBPS	88 centerfed	8.1	20	20	1 per panel	5/32"
6	System	Pink	LPPPBPS	113 centerfed		26	26	1 per panel	5/32"
7	Repair	Red	LPPPBPS	57					
8	System	Orange	LPPPBPS	68					
9	Repair	Pink	LPPPBPS	65	12.2				
10	Repair		LPPPBPS	40					
						Total: 61	Total: 61 (1 in each panel turned up)		
				Total System: 266'					
				Total Repair: 359'					

Tank	Red	1500 gal (2 compartment)	25.5
Pump Tank	Red	1500 gal.	25.5
House	Blue		25.4

Note: Fill all minor gullies.

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

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   The following optional attachments may also be submitted:
   Place check ( ) beside whichever is submitted if applicable
   ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
The Farms, LLC	2214 Brawley School Rd, Mooresville, NC 28117		
Crescent Resources, Inc (Owner Name)	PO Box 1003 Charlotte, NC 28201		704-942-1250 (Kathleen, STME)

4. **Property Information:**

Street Address: _____ Subdivision Name: The Farms Section/Phase and Lot Number: Phase 5, Lot 589

Driving Directions: Brawley School Rd, R McKendree, R Grasshopper, on Right

****

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 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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)*

(4) Alternative (1) Conventional (2) Innovative (3) 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: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/1/06
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:

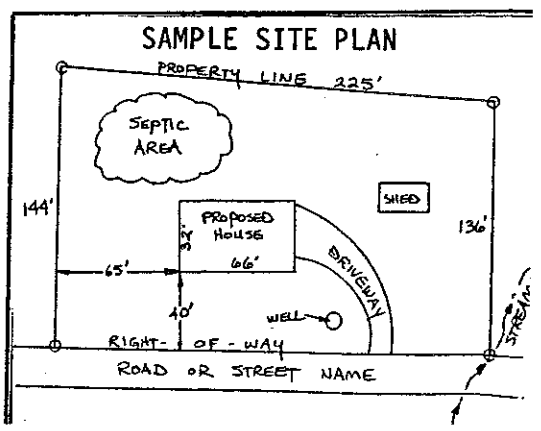
- ____ **Location of septic systems and wells within 100' of your property...** (N/A)
- ____ **Location of easements and rights of ways on your property...** (N/A)
- ____ **Location of any designated wetlands on the property...** (N/A)

Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/1/06
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Please See Attached



Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 139348ZO

Printed: 11/17/2006

Master #: 139348

Associated Permits:
139348ZO Zoning

Applicant

Name: S&ME INC. ENGINEERING (Toney Jacob
Address: 105D DENVER BUSINESS PARK DR
Mooresville, NC 28115
Phone: 704-662-8625

Parcel

Parcel Number: 4626581913.589
Address: 000 GRASSHOPPER CIR
MOORESVILLE, NC 28117
Subdivision: The Farms Phase 5
Zoning: RR
Township: 1700
Area: .93
Lot(s): 589
Directions to Parcel: BRAWLEY SCHOOL RD, RIGHT MCKENDRE, RIGHT GRASSHOPPER CIR., PROPERTY ON THE

Owners

Name: CRESCENT RESOURCES INC
Address: P O BOX 1003
CHARLOTTE, NC 282011003

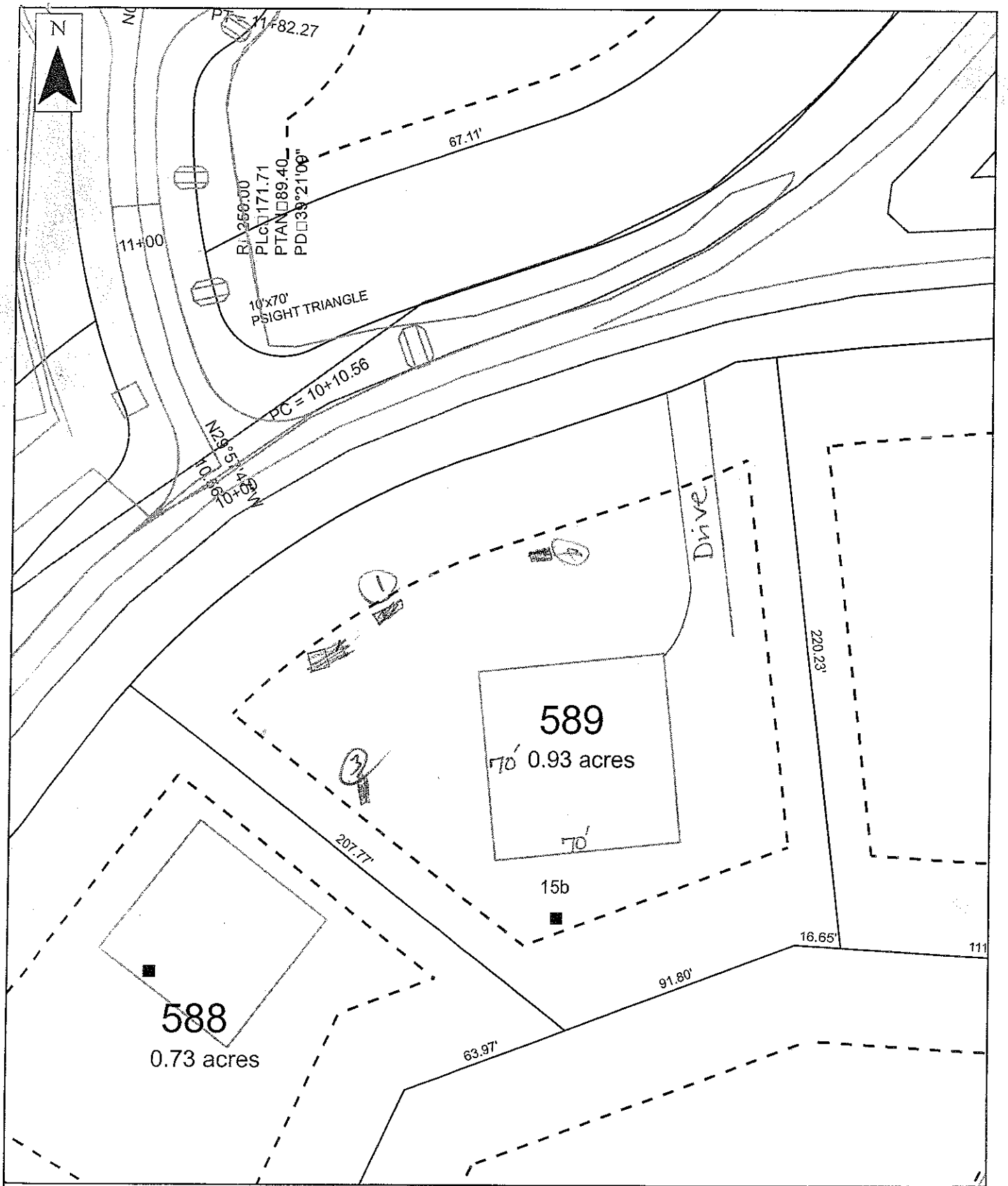
DEVELOPER PERMIT

Contractors

Contractor Type: Enviromental Services
Name: S&ME INC. ENGINEERING (Toney Jacobs)
Address: 105D DENVER BUSINESS PARK DR
Mooresville, NC 28115
Phone: 704-662-8625

Fees and Receipts:

Number	Description	Amount
FEE-139817-06	Zoning - Permit / Inspection	$45.00
FEE-139818-06	Environmental Health - Type I or II Fast Track	$200.00
	Total Fees:	**$245.00**



Scale: 1 inch equals 50 feet	S&ME	The Farms - Phase V	FIGURE
Drawn by: SDM		Lot 589	1
Reviewed by: JP		Iredell, North Carolina	
Date: November 2006	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	Job No. 1588-05-070	

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

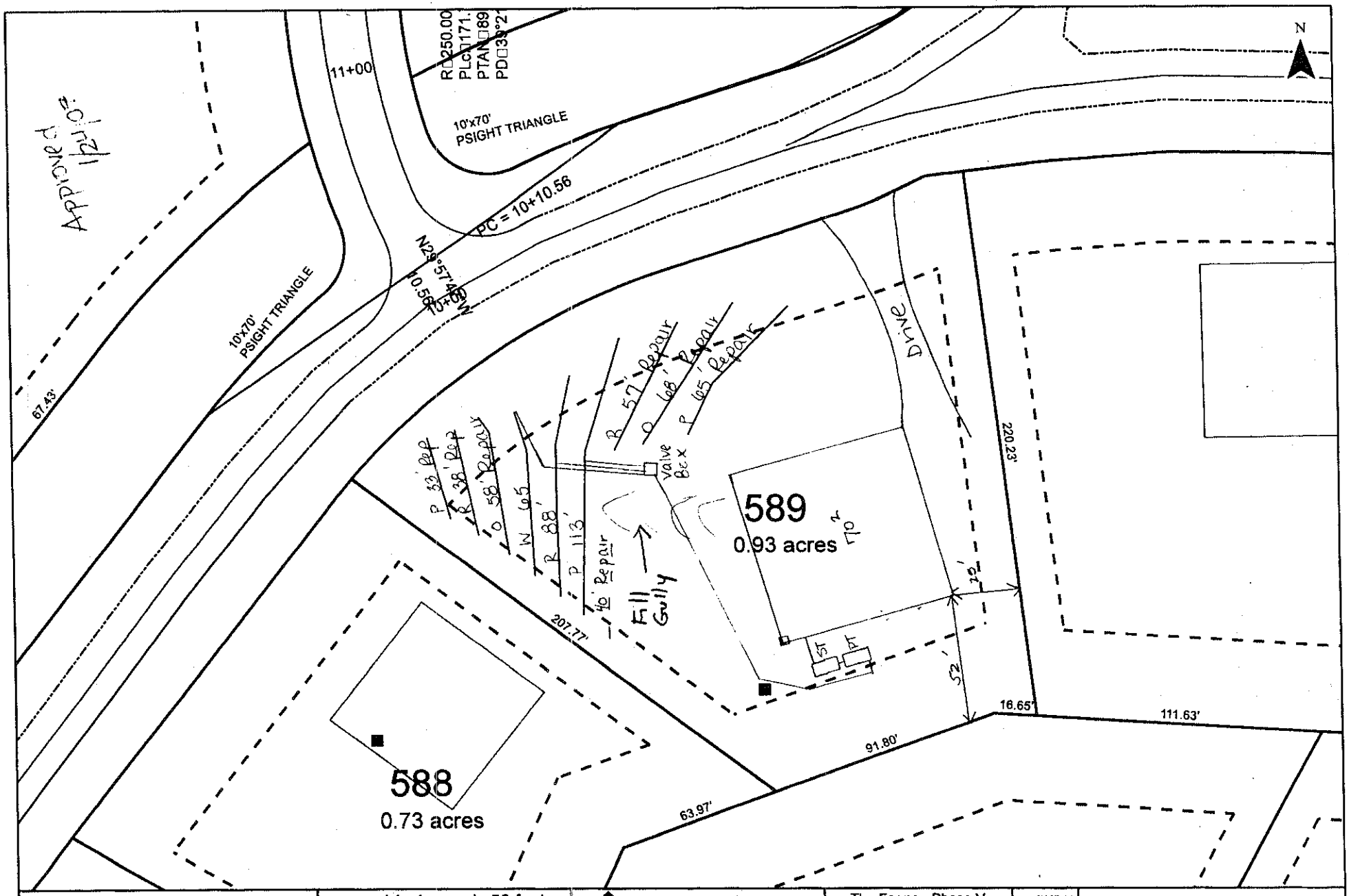
OWNER: Farms Phase V — APPLICATION DATE _____
ADDRESS: _____ — DATE EVALUATED: 5/11/06
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: _____
LOCATION OF SITE: Lot 589 — PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	L	0-32	Mo SBK C	FR SS/SP	Red				0.3
		32-48	Mo/WK SBK CL	FR SS/SP	Red; F/C Sap				
15 2 B	L 15%	0-4	Mo GR SCL	FR SS/SP	Br				0.2-0.25 to 37"
		4-21	Mo SBK C	FR SS/SP	Red				
		21-37	WK SBK CL	FR SS/SP	Red; F/C yel Br				
		37-50	WK SBK CL	FR SS/SP	Red; C/M yel Br, Chroma 2's				
3	5-10% ✓	0-2	gr bal SL	fr SSSP					.3
		2-25	bsk wk	fr SSSP					
		25-57	wk ssk mbk	fr SSSP	common redox with depth				
4		0-22	wk sbk SL	fr SSSP					.2-.25
		22-32	wk sbk BCL F/L	fr SSSP					
		32-48	wk mbk C	fr SSSP	common yellow mottles				

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____



Notes:	Scale: 1 inch equals 50 feet Drawn by: JBP Reviewed by: KS Date: December, 2006	S&ME ENVIRONMENTAL SERVICES · ENGINEERING · TESTING	The Farms - Phase V Lot 589 Iredell, North Carolina Job No. 1588-05-070	FIGURE 1

Table 1: Summary of Primary and Repair Nitrification Line Specifications

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