IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Tom Palmer Homes, Inc **Address:** PO Box 2387 Davidson NC 28036 **Phone:** 704-307-7477

Owner Name: Tom Palmer Homes, Inc **Address:** \" **Phone:** \"

Property Information:

Street Address: 114 Bells Run Ct.

Subdivision Name: The Farms **Section/Phase:** V **Lot Number:** 583

Driving Directions: Brawley to McKendree Right on Grassy Right Cherry Tree Dr., Left on Bells Run Ct

Site Development Information: *(check or complete ALL that apply)*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: 25% Reduction

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. industrial) 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.

Signature: _____ 3/4/19

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

IREDELL COUNTY HEALTH DEPARTMENT

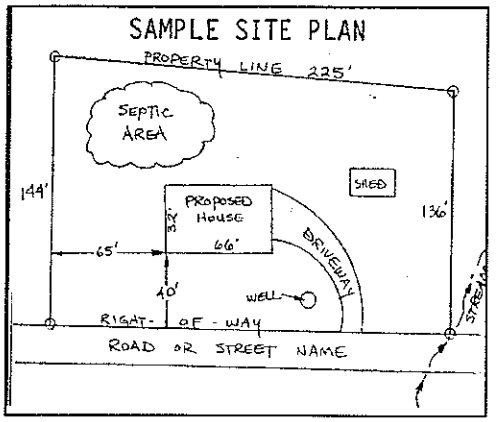
ENVIRONMENTAL HEALTH DIVISION

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
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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

USE THIS SPACE TO DRAW YOUR SITE PLAN

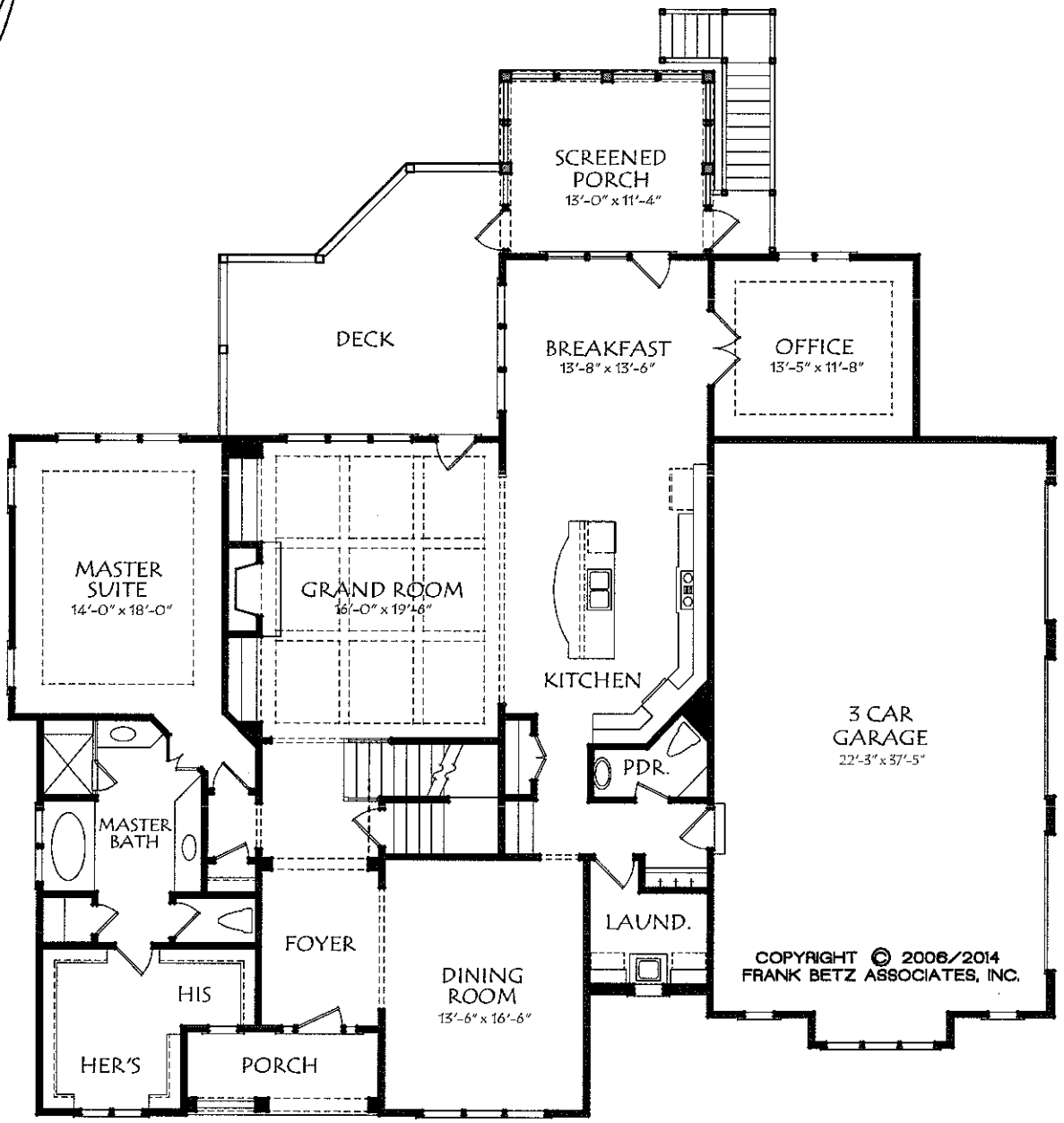
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached Improvement Permit

Signature: _____ _____

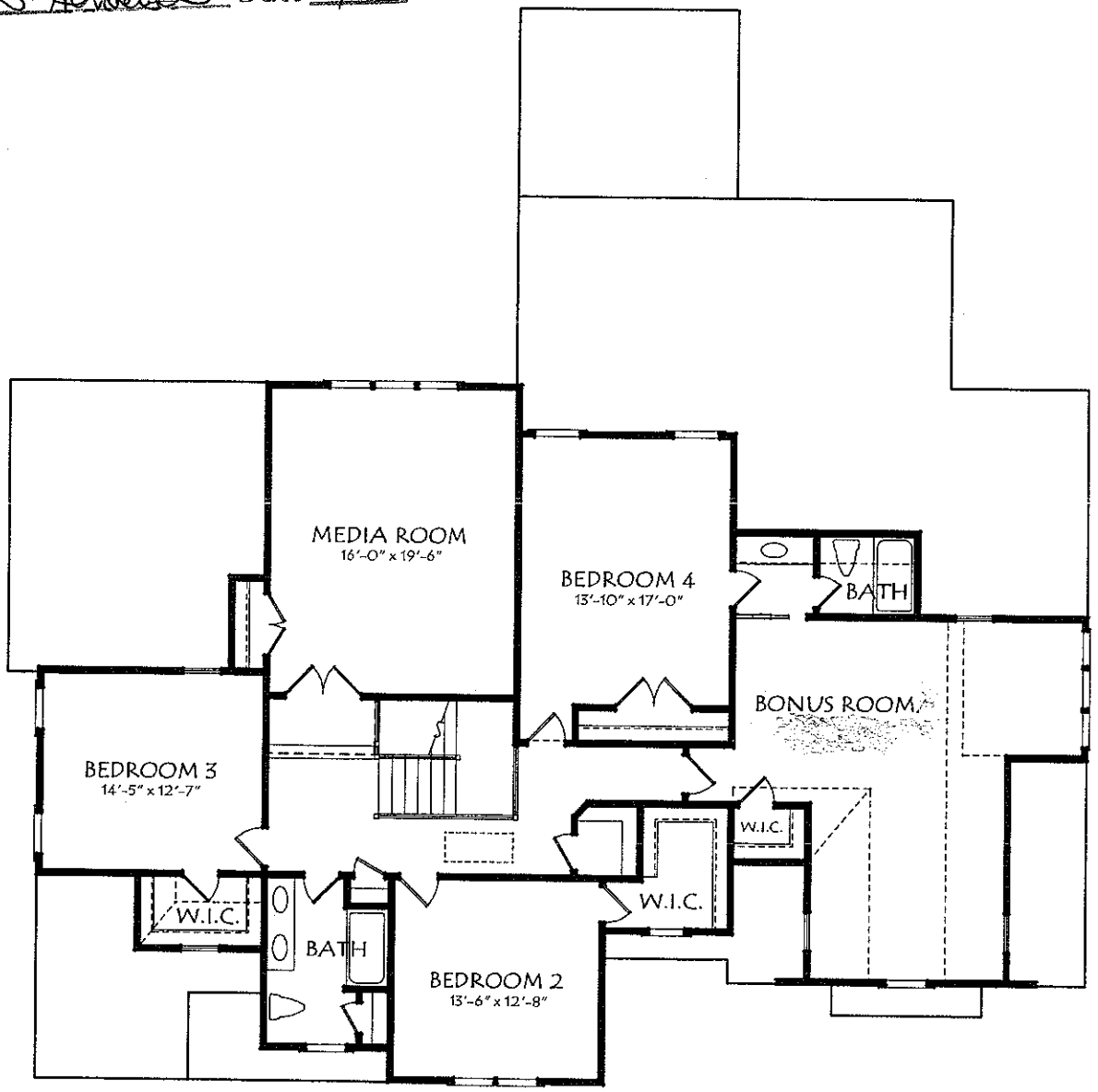
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Acknowledgement Of
Plans Submittal ONLY!
Date 3/4/14
Date 3/6/14



TOM PALMER HOMES

Acknowledgement Of
Plans Submittal ONLY!
Date 3/4/14
Date 3/6/14



TOM PALMER HOMES

Lot 583 The Farms Fast Track Septic System Information

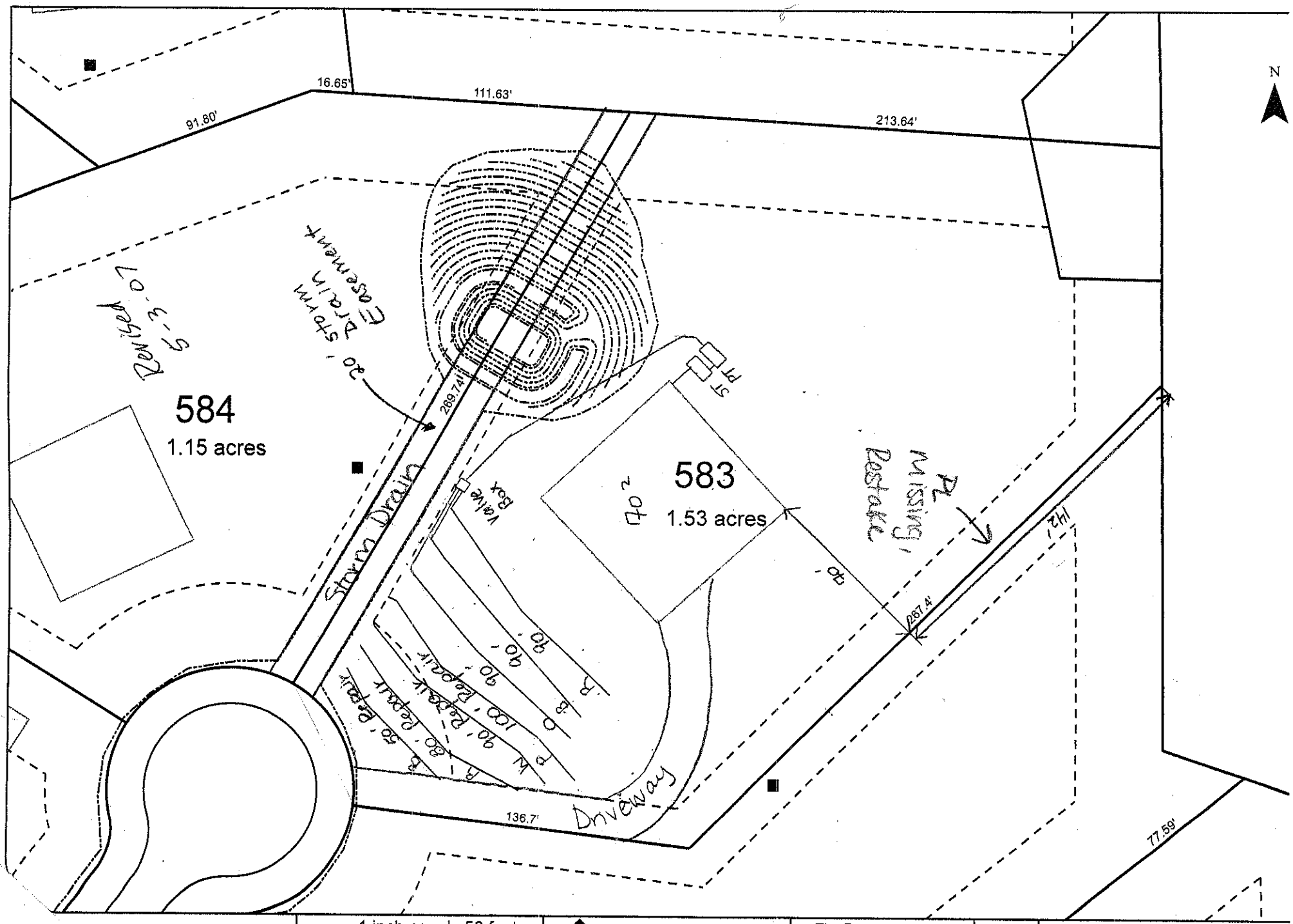
Number of Bedrooms	4
Basement or Crawl	**Basement w/ Plumbing**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	3 (See Table)
Total Linear Feet	270
Trench Width	2' min.
Trench Spacing	8' min.
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	115' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	30 gpm
Elevation head	Approx. 24.7'
Pressure head	3.0'
Friction head	1.9'
20% Contingency	5.9'
Total Head	35.5'
Pump Requirements	30 gpm @ 35.5' of head To be designed by installer.
Maximum Dosing Volume	216 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**
Total Linear Feet	320 .3 LTAR

***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	Blue	LPPPBPS	50	2.2				
2	Repair	Red	LPPPBPS	80					
3	Repair	White	LPPPBPS	90					
4	Repair	Pink	LPPPBPS	100					
5	System	Orange	LPPPBPS	90 endfed		20	20	1 per panel	5/32"
6	System	Blue	LPPPBPS	90 endfed	8.0	20	20	1 per panel	5/32"
7	System	Red	LPPPBPS	90 endfed	9.4	20	20	1 per panel	5/32"
						Total: 60	Total: 60 (1 in each panel turned up)		
				Total System: 270'					
				Total Repair: 320'					

Tank	Red	1500 gal (2 compartment)	20.9
Pump Tank	Red	1500 gal.	20.9
House	Blue		12.4


N
16.65'
111.63'
213.64'
91.80'
584
1.15 acres
583
1.53 acres
Storm Drain
Driveway
136.7'
77.59'
269.74'
267.4'
Valve Box
Pedestal
Missing
Retained 5-3-07
Storm Drain Easement
30'
51'
40'
90'
100'
Repair
Scale: 1 inch equals 50 feet
Drawn by: JBP
S&ME
The Farms - Phase V
Lot 583
FIGURE
1

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

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	The Farms	Phase 5, Lot 583

Driving Directions: Brawley School Rd, R McKendree, R Grasshopper, R Cherry Tree Dr (new), L Bells Run Ct (new), at 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 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 — 11/28/06

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:

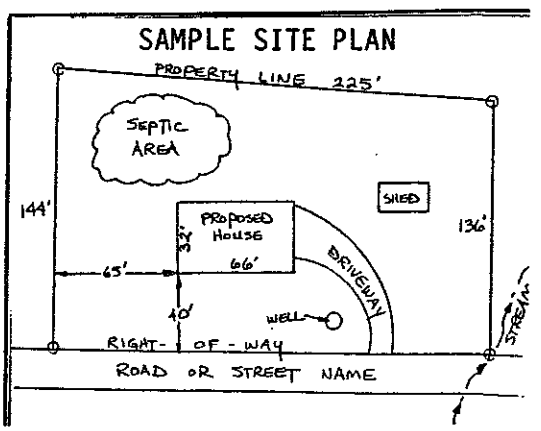
- ____ **Location of septic systems and wells within 100' of your property...** (N/A)
- ____ **Location of easements and rights of ways on your property...** (N/A)
- ____ **Location of any designated wetlands on the property...** (N/A)

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

_____
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: 139341ZO

Printed: 11/17/2006

Master #: 139341

Associated Permits:
139341ZO Zoning

Applicant

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

Parcel

Parcel Number: 4626581913.583
Address: 000 BELLS RUN CT
MOORESVILLE, NC 28117
Subdivision: The Farms Phase 5
Zoning: RR
Township: 1700
Area: 1.98
Lot(s): 583
Directions to Parcel: BRAWLEY SCHOOL RD, RIGHT MCKENDRE, RIGHT CHERRY TREE DR.,

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) **Phone:** 704-662-8625
Address: 105D DENVER BUSINESS PARK DR
Mooresville, NC 28115

Fees and Receipts:

Number	Description	Amount
FEE-139804-06	Zoning - Permit / Inspection	$45.00
FEE-139805-06	Environmental Health - Type I or II Fast Track	$200.00
	Total Fees:	**$245.00**

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

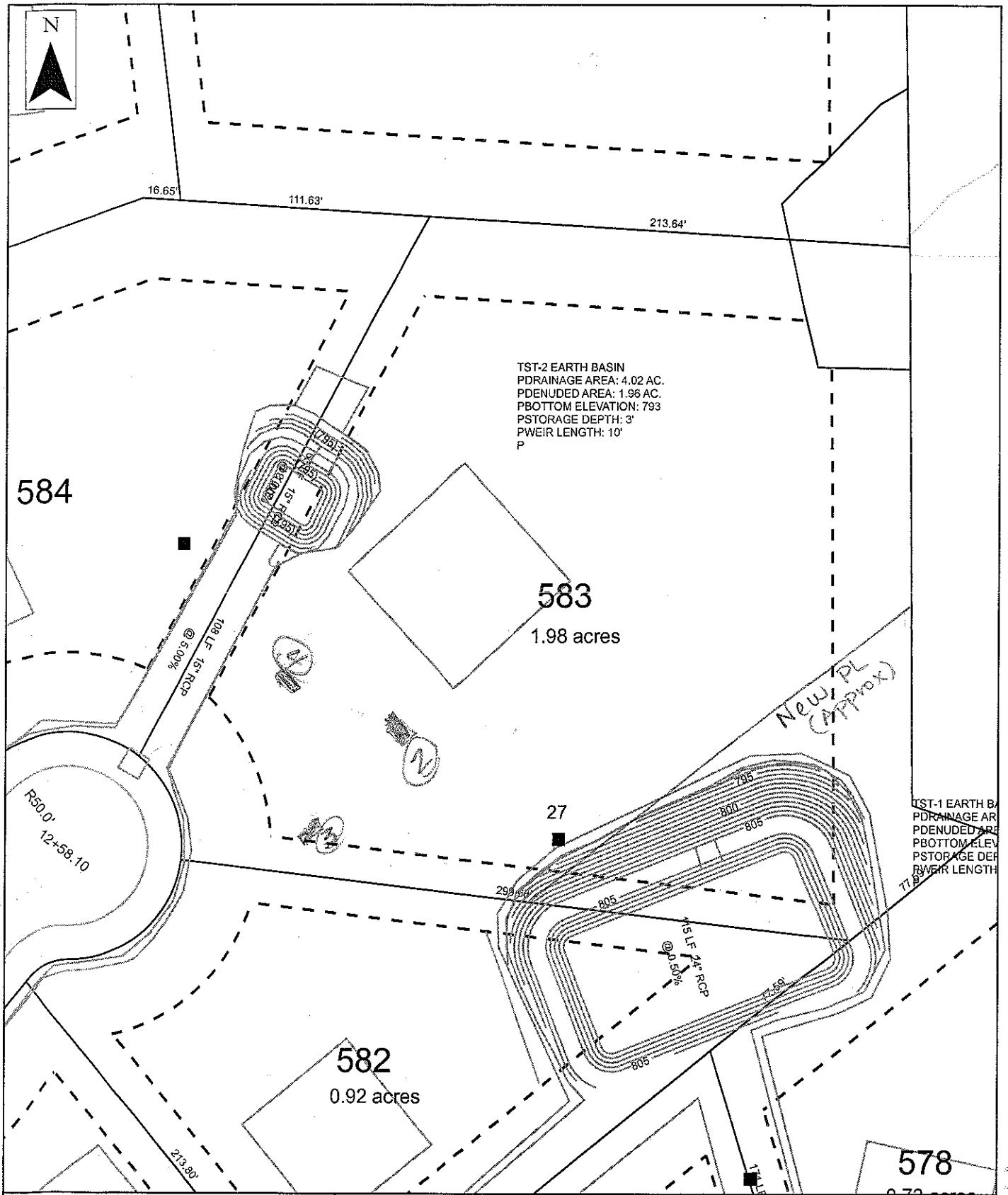
OWNER: Farms Phase IV _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: Lot 583 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1949 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
27 1	L 14%	0-8	Mo GR SL	FR SS/SP	Br				0.3
		8-16	WK SBK SCL	FR SS/SP	Red Br				
		16-37	No SBK C	FR SS/SP	Red				
		37-52	WK SBK CL	FR SS/SP	Red; F	Soap			
2	11 8%	0-7	[illegible] SL	[illegible]					.3
		7-[illegible]	weak pbk	[illegible]					
		[illegible]	[illegible]	[illegible]	[illegible] common [illegible]				
		40-50	massive L SCL	[illegible]					
3		0-28	mSBK red c	[illegible] SSPS					.3
		28-43	WkSBK cl	[illegible]	[illegible]				
		43-60	massive L SCL	[illegible]					
4		0-2	gr SL	NSNP					.25-3
		2-30	[illegible]	[illegible] SSP					
		30-48	wk sbk cl	[illegible]	[illegible]				

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: _____



Scale: 1 inch equals 60 feet	S&ME	The Farms - Phase V	FIGURE
Drawn by: SDM		Lot 583	1
Reviewed by: JP		Iredell, North Carolina	
Date: November 2006	ENVIRONMENTAL SERVICES · ENGINEERING · TESTING	Job No. 1588-05-070	