IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222264

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

PIN# 4626654253

APPLICANT: Jeffrey + Stacie Taylor APPLICANT ADDRESS: 127 Archbell Point Ln Mooresville NC 28117

SITE ADDRESS: 106 Magnolia Farms Ln Mooresville NC PHONE: 704-578-4951 ALT. PHONE: N/A

SITE DIRECTIONS: Brawley School Rd to Southfork to Agnew to Caldwell Creek to Magnolia farm

SUBDIVISION: The Farms SECTION: PH 2 LOT # 62 LOT AREA: 1.28ac DESIGN FLOW: 480 L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	338+500	Date	7/10/17	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	
Pump Tank	1000	(gal)	PT	283	Date	7/3/17	System Description:	25% Reduction			
Pump Make	Gravity		Model	WEC712AU	Serial #	G1756161	Repair System Description:	50% Reduction			
# Nitrification Fields	1		# Lines	6	Linear Ft:	480	Maintenance Agreement Required:	[ ] YES	[X] NO		
Trench Width	36"		Max. Trench Bottom Depth	24"	Gravel Depth	N/A		[ ] GRAVITY	[X] PRESSURE		

[X] Residence	No. Bedrooms	4	Water Supply	
[ ] Business	No. Persons	8	[ ] Private	
[ ] Other	No. Employees		[ ] Public	
[ ] Slab	[ ] Crawl Space		[X] Community	
[X] Basement w/plumbing			[ ] Basement w/o plumbing	

Comments / Conditions: Install per plan by the Oaks Group

10/27/16 Renewed Floor plans, in Compliance with Septic plan.

INITIAL SITE SKETCH

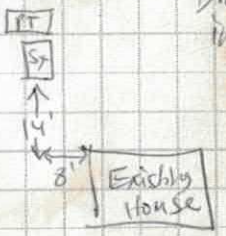
See plan by The Oaks Group

AS BUILT SKETCH

Dellinger septic tank. Polylock filter present. 1500gal

Dellinger pump tank. 1000gal Quick 4 chambers.

L1 = 78'
L2 = 82'
L3 = 82'
L4 = 82'
L5 = 82'
L6 = 78'



Drainlines installed as drawn.

Magnolia Farms Lane

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.* [X] **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: Date: 10/20/16 Installed by: Kevin (Rowan Septic)

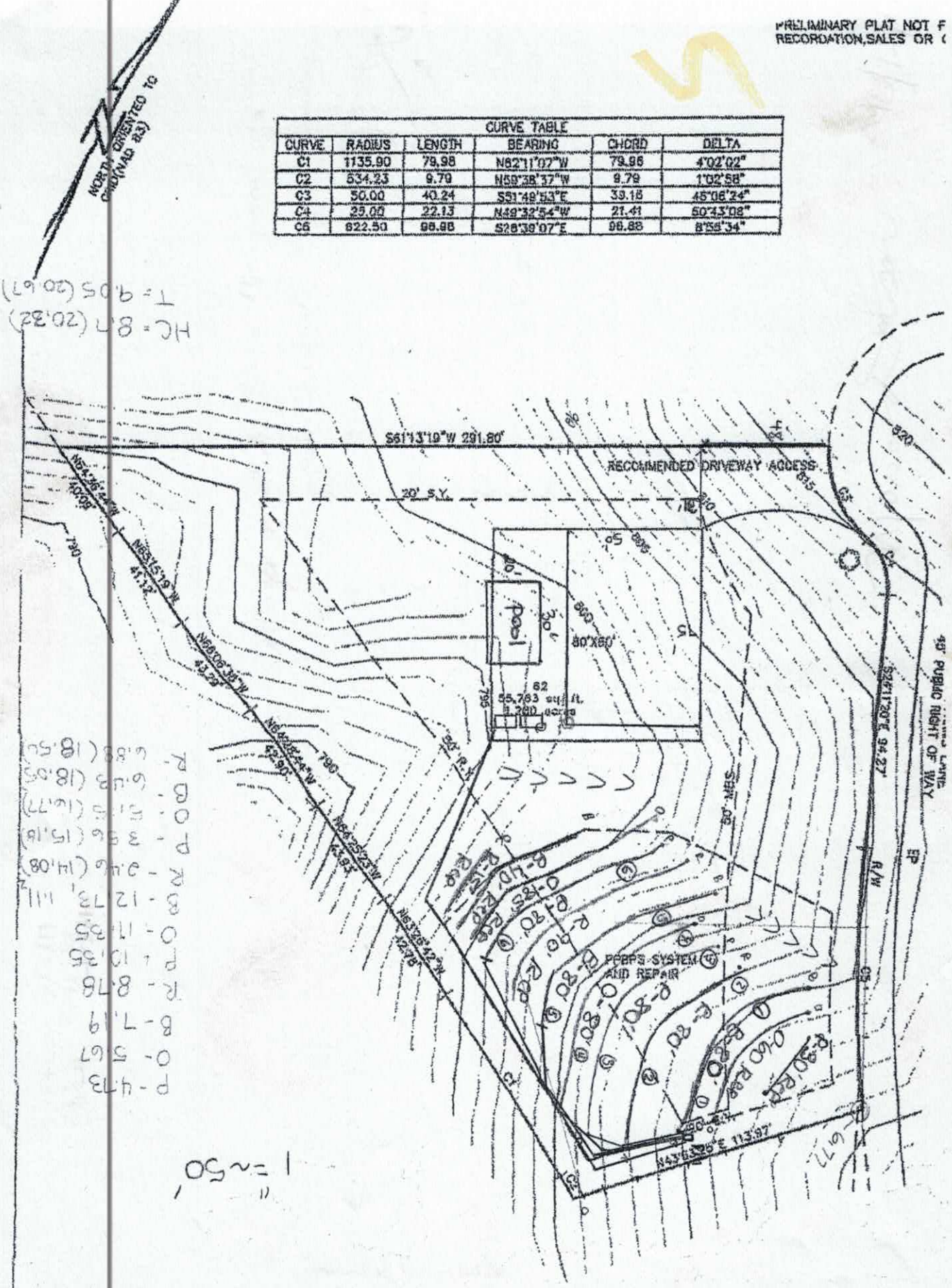
IMPROVEMENT PERMIT by: Date: 10/20/16 OPERATION PERMIT by: Maria Dotson Date: 10/27/16

AUTHORIZATION TO CONSTRUCT by: Maria Dotson RS Date: 10/27/16 Existing System Inspected by: Date:

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

PRELIMINARY PLAT NOT F
RECORDATION, SALES OR (

CURVE TABLE					
CURVE	RADIUS	LENGTH	BEARING	CHORD	DELTA
C1	1135.90	79.98	N82°11'07"W	79.96	4°02'02"
C2	534.23	9.79	N59°38'37"W	9.79	1°02'58"
C3	50.00	40.24	S51°49'53"E	39.18	46°06'24"
C4	25.00	22.13	N49°32'54"W	21.41	50°43'08"
C6	622.50	98.88	S28°39'07"E	98.88	8°59'34"



WHETHER OR NOT DEPICTED HEREON, STORM DRAINAGE EASI
VARIABLE WIDTH COVERING THE ENTIRE AREA WITHIN ALL RC
DITCHES ARE HEREBY RESERVED TO THE FARMS, LLC AND E
FOR THE BENEFIT OF THE FARMS POA. ALTERATION OF AN
IS PROHIBITED IN THE ABSENCE OF PRIOR WRITTEN AUTHORI
THE ARCHITECTURAL CONTROL COMMITTEE OF THE FARMS PI

DRIVEWAY PIPES LOCATION, GRADE AND SIZE

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 106 Magnolia Farms Lane

Date: October 6, 2016

Attached is the septic specification information required to permit 106 Magnolia Farms Lane for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders

The Farms Lot 62 Fast Track Septic Spec Sheet

Number of Bedrooms	**4**
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	480
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	24"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	225' of 2" SCH 40 PVC
Flow Rate through the system	33 gpm
Elevation head	Approx. 21.9'
Pressure head	2.0'
Friction head	5.3'
20% Contingency	5.8'
Total Head	35'
Pump Requirements	33 gpm @ 35' of head To be designed by installer.
Maximum Dosing Volume	240 gal -2.0 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	7.3
Repair System	**LP PPBPS**
Total Linear Feet	320
Repair Loading Rate	0.25

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Pink	LP PPBPS	30	4.73
2	Repair	Orange	LP PPBPS	60	5.67
3	**System**	**Blue**	**25% Reduction**	**80 endfed**	**7.19**
4	**System**	**Red**	**25% Reduction**	**80 endfed**	**8.78**
5	**System**	**Pink**	**25% Reduction**	**80 endfed**	**10.35**
6	**System**	**Orange**	**25% Reduction**	**80 endfed**	**11.35**
7	**System**	**Blue**	**25% Reduction**	**80 endfed**	**12.73**
8	Repair	Red	LP PPBPS	90	14.08
9	**System**	**Pink**	**25% Reduction**	**80 endfed**	**15.18**
10	Repair	Orange	LP PPBPS	85	16.77
11	Repair	Blue	LP PPBPS	40	18.05
12	Repair	Red	LP PPBPS	15	18.5
				Total System: 480'	
				Total Repair: 320'	

Tank	Red	1000 gal (2 compartment)	20.67
Pump Tank	Red	1000	
House	blue		20.32

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	6
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD
Use proper setbacks if foundation drains are used
Remove any berms in septic area to prevent ponding
Divert surface water away from ends of lines
Tank size must meet neighborhood requirements, can be 1500 gal if needed

ISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

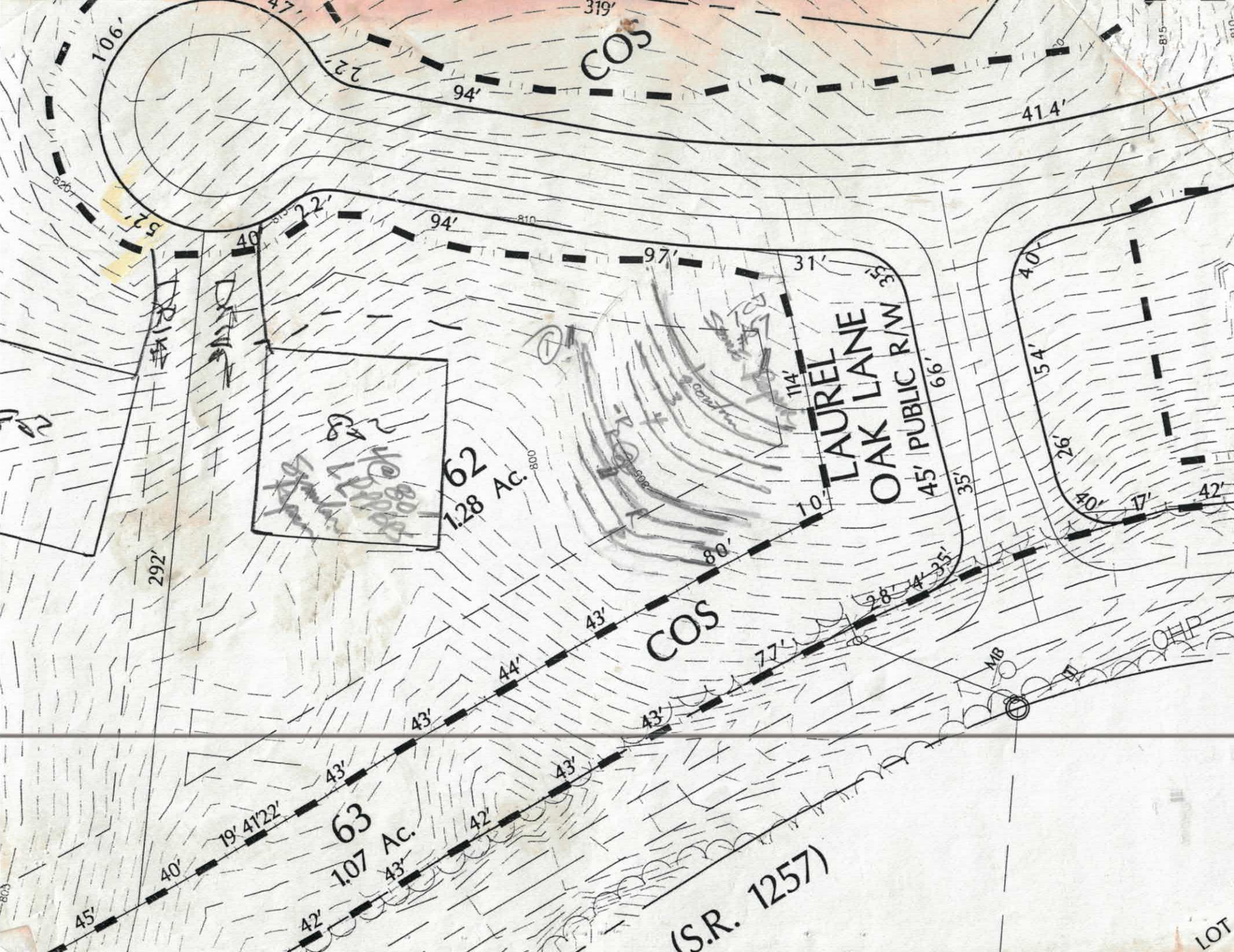
OWNER: CRI APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 5-2-03
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: _____
LOCATION OF SITE: lot 67 CAPE FOREST PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☒ Public ☑ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-10	gr-wksbk brwSL	sl/scl frssp					e25
		10-27	wkfsbk RC	fi sp sep					
		27-50	wkfsbk rsd/cl	frssp					
		50-58	massive ybrn	l/sl sp frssp					
2	10-11%	0-3	gr	SL frsssp					.25-.3
		3-27	mfsbk RC	fr sp					
		27-48	(BC) fsbk grd/scl	frsssp	common mdsap				
3	#57 TCJ	0-7	gr brwSL	frsssp					.25
		7-36	mfsbk RC	fi sp sep	common mdsap				
		36-48	wkfsbk massive Bg	SL sp fr ssp	few ind cl				
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS per 1956	PS per 1956
System Type(s)	LPPBPS	LPPBPS
Site LTAR	.25	.25

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

COMMENTS: _____


COS
106'
47'
319'
22'
94'
41.4'
820
810
815
40'
97'
31'
35'
LAUREL
OAK LANE
45' PUBLIC R/W
66'
114'
54'
26'
40'
17'
42'
62
1.28 Ac.
808
292'
10'
80'
28'
4'
35'
COS
43'
44'
77'
MB
OHP
43'
43'
43'
43'
42'
63
1.07 Ac.
19' 41'22'
40'
45'
42'
(S.R. 1257)
LOT

Received Oct. 25, 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) *New Well Permit* ( ) *Well Repair Permit* ( ) *Well Abandonment*
( ) *Septic Improvement Permit* (X) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Repa*

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SI IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTI APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAIL

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) 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 fe

contact Kathleen Saunders (704) 578-4951

Applicant Information:

Applicant Name: Jeffrey & Stacie Taylor **Address:** 127 Archbell Point Ln **Phone:**

Owner Name: Same **Address:** Mooresville, 28117 **Phone:**

Property Information:

Street Address: 106 Magnolia Farms Ln Mooresville

Subdivision Name: The Farms **Section/Phase:** P1 M2 **Lot Number:** 62

Driving Directions: BSR, Southfork, Agnew, Caldwell Creek, Magnolia Farms

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8 max
( ) Swimming Pool
( ) Other Addition/Structure:

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

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 (X) 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:

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. industrial) 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 grant right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for t 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: Emma Helt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/20/16
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner *pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all* permit conditions specified on permits issued by this Division are followed.

I, Jeff + Stacie Taylor, am the legal owner of the property located at 106 Magnolia Farms Ln Mooresville, identified as PIN(Parcel Identification Number) 4626-65-4253, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ *Authorization to Construct* (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Jeff + Stacie Taylor — 10-6-16
Signature of Owner — Date

Emma Hicks — 10/6/16
Signature of Witness — Date

RECEIVED OCT 7 - 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Paid $225.00 Int. Relay. # 222264

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) *Septic Improvement Permit* ( ) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Rep*

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Applicant Information: Contact Kathleen Saunders (704) 578-4951

Applicant Name: Jeffrey & Stacie **Address:** 127 Archbell Point Ln **Phone:**

Owner Name: Sam Taylor **Address:** Mooresville, 28117 **Phone:**

Property Information:

Street Address: 106 Magnolia Farms Ln Mooresville

Subdivision Name: The Farms **Section/Phase:** Ph 2 **Lot Number:** 62

Driving Directions: BSR, South fork, Agnew, Caldwell Creek, Magnolia Farms

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Type of Business:
Square Footage of Building:
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I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are grant right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for t 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: Emma Helt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/29/16
DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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 Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

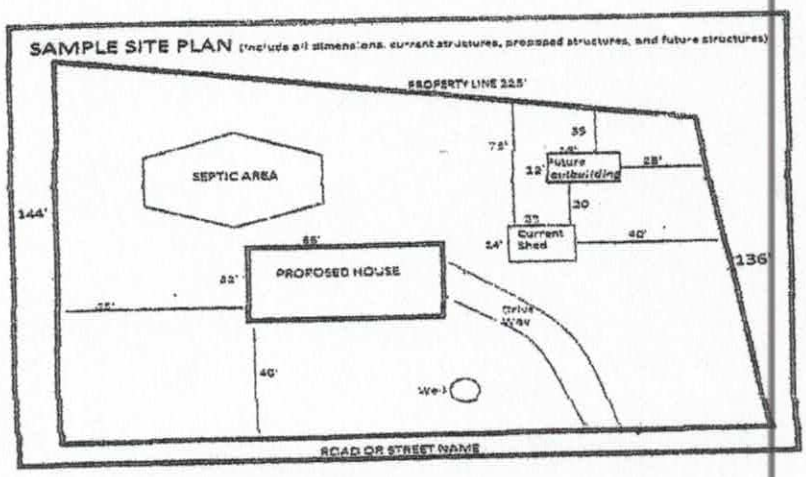
X North arrow, or other sufficient indicator of direction...

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

Please see ~~[illegible]~~ septic site plan

Signature: Emma Hall

REQUIRED property owner or owner's legal representative signature.

10/20/16

DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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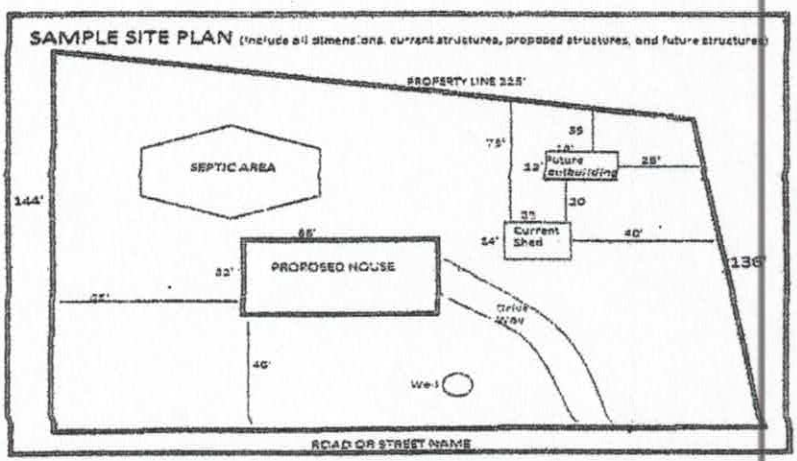
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USE THIS SPACE TO DRAW YOUR SITE PLAN

Please see attached site plan

Signature: Emma Hall

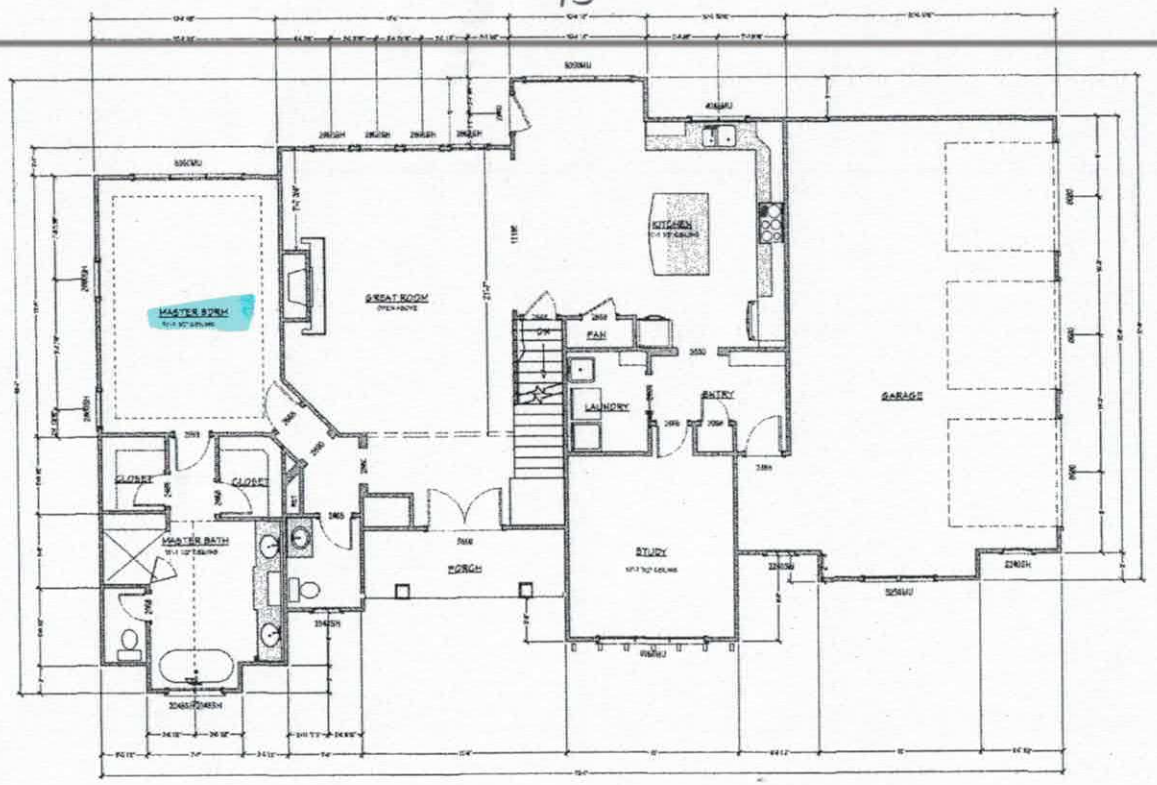
REQUIRED **property owner or owner's legal representative signature.**

9/29/16

DATE

75'

50'



Acknowledgement of
Plans Submittal ONLY!

Maria Dotson Date 10/27/16

Edward Hall Date 10/27/16

FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Taylor Residence

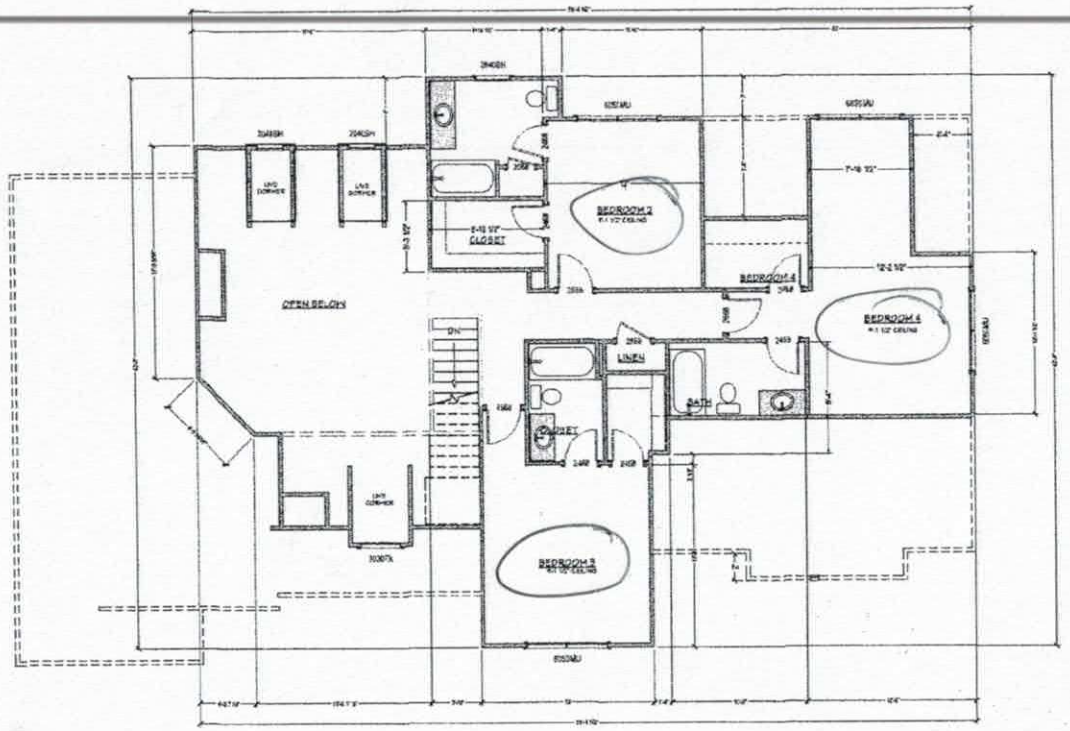
4G DESIGN BUILD

BUILD4G.com
PO BOX 181
TROUTMAN NC 28166
704-605-7578

DATE:
8/17/2016

SCALE:

SHEET:
A-6



Acknowledgement of
Plans Submittal ONLY!

Date 10/27/16

Date 10/27/16

SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Taylor Residence

4G DESIGN BUILD
BUILD4G.com
PO BOX 99
TROUTMAN NC 28166
704-605-7679

DATE: 8/17/2016

SCALE:

SHEET: A-7

IREDELL COUNTY

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

APPLICATION NUMBER
222264
Issue Date: 10/04/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4626654253.000	106 MAGNOLIA FARMS LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: TAYLOR JEFFREY S+STACIE E	Applicant: KATHLEEN SAUNDERS
Address: 127 ARCHBELL POINT LANE MOORESVILLE, NC 28117	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD- FAST TRACK	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.280	35.00	35.00	25.00	25.00	CACL	X

Remarks:

PAID

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: See Attached Date: _____

Permit Number	82181	TOTAL FEES:	$ 77.25