IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208732

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

PIN # 4636-12-5817

APPLICANT: TRUE HOMES APPLICANT ADDRESS: 2649 BREKONRIDGE CENTRA DR.

SITE ADDRESS: 109 FARM KNOLL WAY - Mooresville PHONE: 704-283-1229 ALT. PHONE:

SITE DIRECTIONS: RSR TL ISLE OF PINES, TR ROCK RIDGE POINT, TL FARM KNOLL, ON R

SUBDIVISION: ROCK RIDGE POINT SECTION: - LOT # 23 LOT AREA: .73 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1500	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1500	(gal)	PT		Date		System Description:	LP PANEL BLOCK			
Pump Make	Goulds	Model	P51		Serial #		Repair System Description:	SAME			
# Nitrification Fields	1	# Lines	2 CENTER FED		Linear Ft:	270'	Maintenance Agreement Required:	☑ YES	☐ NO		
Trench Width	24"	Max. Trench Bottom Depth	36"		Gravel Depth	—		☐ GRAVITY	☑ PRESSURE		

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons		☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☑ Crawl Space		☑ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

SEE PLAN FROM KENNY OWENS

AS BUILT SKETCH

CHECKED TANKS & LINES BA 1-13-16

Set pressure, checked elect. & alarm. 2ft. 1/27/16 MO

MAIN. CONTR. 2-15-16 BA

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.* ☐ **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: 10-5-15 Installed by: SID GASKINS

IMPROVEMENT PERMIT by: APPROVED SEP 25 2015 Date: OPERATION PERMIT by: Date: 2-15-16

AUTHORIZATION TO CONSTRUCT by: APPROVED SEP 25 2015 Date: Existing System Inspected by: Date:

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

ROCKRIDGE POINT SUBDIVISION

APPROVED SEP 3 0 2015

Plat 60
Page 73

92.45

10' Drainage & Utility Easement

SCALE
40 0 20 40
1 inch = 40 ft.

35' Rear Setback

TOTAL LOT AREA: 31,363 SQ.FT.
HOUSE PAD AREA: 4,320 SQ.FT.
DRIVEWAY AREA: 967 SQ.FT.

AREA W/IN R/W: 1,767 SQ.FT.

OK

Proposed Repair Septic Area

Proposed Initial Septic Area

Valve Box

86'B

130'O

2" Supply Line

140'P

142'O

115'B

Proposed Repair Septic Area

Lot 22

Lot 24

288.10

295.81

842

844

846

848

852

10' Drainage & Utility Easement

15' Side Setback

ST-PT

Clean Out

846.1

846.4

Lot 23
0.72 Acres
#109
House Pad

60'

72'

848.9

848.5

35' Front Setback

Proposed Driveway

10' Drainage & Utility Easement

WM

WM

36.20

R=975
L=85.59

FARM KNOLL WAY

Design Specifications for Lot 23 Rock Ridge Point, Iredell, North Carolina

APPROVED SEP 30 2015

Daily Design Flow	480	gals
Number of Bedrooms	4	bedrooms
Basement or Crawspace	Craw Space	
Dellinger Septic Tank Size	1500	gals, Effluent Poly Lock PL68 Filter or equal.
Dellinger Pump Tank Size	1500	gals
Sim/Tech Effluent Filter on Pump Tank	Yes	Connection inside pump tank vault and on supply line.
Primary System Loading Rate (LTAR)	0.30	gpd/ft^2 LTAR including Soils Evaluations were determined by Iredell County. Soils Evaluations and LTAR were not Conducted by Septic Environmental Solutions, Inc.
Number of Lines	2	Total LP PPBPS, See Scaled Dwg.
Primary System	270	ft.
Trench Width	2	ft
Trench Spacing	8	ft
Trench Maximum Depth	36	inches
Pump required	Yes	
Distribution Device	Yes	Gate Valve Box with LPP Panel Distribution
Maintenance Agreement Required	Yes	Contracted by Septic Environmental Solutions, Inc.
Length and Diameter of Supply Line	95	2" SCH 40 PVC 1 1/4" SCH 40 PVC
Number of T&J Panels	61	Total panels for primary system
Flow Rate through System	31	gpm– use 5/32" holes with 3ft head
Elevation Head	6	ft.
Pressure Head	3	ft.
Friction Head	1.54	ft.
20% Contingency	2	ft.
Total Head	12.6	ft.
Pump Requirements	31	gpm. with 13-ft of Head; Use Goulds WE03L Pump or Equivelent with Compatible Electrical
Dosing Volume	220	gallon 2.2 does/day@design flow*
Pump run time per dose, approximate	7.1	min
Check Valve	Yes	
Siphon Break Hole	Yes	
Repair System Loading Rate	0.30	gpd/ft2
Repair System	Yes	LP PPBPS, See attached dwg.
Total foot of Repair	270	ft

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 occures, reduce floats by 25 gallons and reset until no overflow is observed.

LPPPPBPS Design Worksheet (Primary System)					File #/Name:	Rock Ridge
System Requirements					Tax #:	4636233131.023
Number of bedrooms	4				Lot	23
Craw Space/Basement	Craw Space					
Daily Design Flow	480	gpd			Address:	Iredell County
LTAR	0.300	gpd/ft.^2			Consultant:	Septic Environmental Solutions Inc.
Linear footage	533.33	ft. (Conventional)			Phone:	704-502-5588, Fax 704-684-1469
Linear footage	266.67	ft. (50% Reduction)				
Trench Maximum Depth	36	inches				

Laterals	Length (ft)	# Panels	Calculated
Line # 1	140	32	32
Line # 2	130	29	29
Line # 3		0	0
Line # 4		0	0
Line # 5		0	0
Line # 6		0	0
Line # 7		0	0
Line # 8		0	0
Line # 9		0	0
Line # 10		0	0
Line # 11		0	0
Line # 12		0	0
Totals	270	61	61

*Lines longer than 70 ft. must be center-fed to comply with sewage rules.

Absorption Area			
Length (ft)	Width (ft)	Spacing	Area (ft^2)
270	2	8	3000+

System Pressure Head	3	ft.	Value selected by system designer (must be between 2-5 ft.)
Orifice Diameter	5/32	in.	Size selected by system designer (1/8 in. minimum)
Flow Rate per Orifice/Panel	0.5	gpm	Determined from orifice flow design table (use table from Flow Rate tab)
Total System Flow Rate	31	gpm	Total number of panels required multiplied by the orifice flow rate
System Dose Volume	220	gal.	Total number of panels required multiplied by 3.6 gal./panel
Doses Per Day	2.2	cycles	Number of dose cycles per day based on daily design flow. Daily design flow divided by system dose volume.
Pump Run Time	7.10	min.	System dose volume divided by the total system flow rate
Pump Tank Volume / Inch	29	gal./in.	1,000 gal. Pump tank, volume is approximately 21 gallons per inch. 1,500 gal. pump tank, volume is approximately
			29 gallons per inch. Contractor is responsible in verifying tank gallons per inch.
Pump Tank Drawdown	7.59	in.	System Dose Volume divided by gallons per inch for the designed tank size.
Supply Line Length	95.00	ft	
Elevation head+pump height	6.00	ft.	
Friction Head	1.54	ft.	
20% Contingency	2.11	ft.	
Total Head	12.6		

T&J Panel Summary Table	
Linear Feet	# Panels
20	5
30	7
40	9
50	11
60	14
70	16
80	18
90	21
100	23
110	25
120	17
130	30
140	32
150	34
160	37
170	39
180	41
190	43
200	46

Comments:

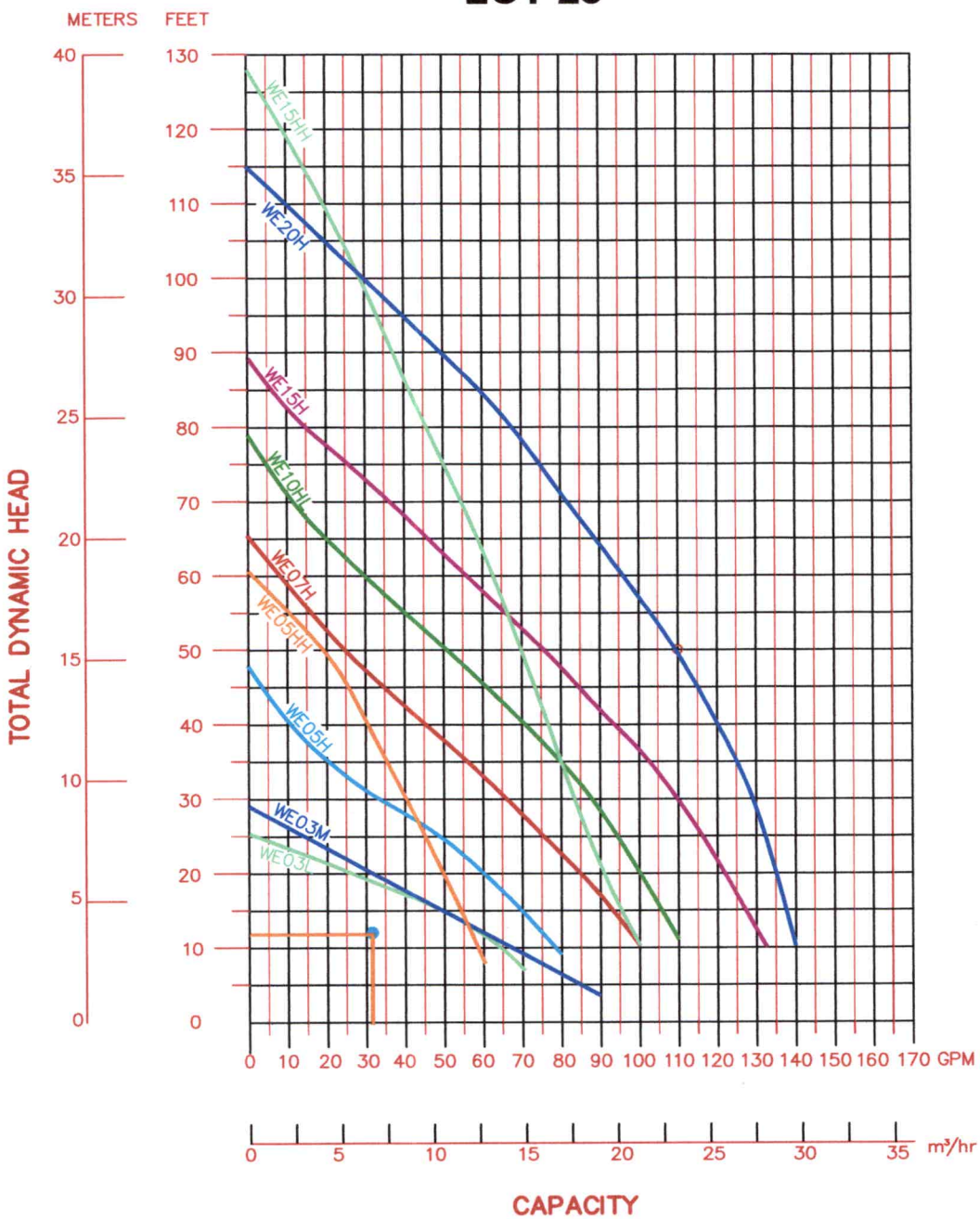
1. Install system using 2 ft. wide trenches.
2. Install drainlines on 8 ft. centers (to be specified by the designer) and must be level and on contour.
3. System design requires effluent pump for distribution. Yes
4. Requires repair septic system. Yes

Cells with blue shading require user input.

Cells with yellow shading are automatically calculated.

APPROVED SEP 30 2015

PUMP CURVE
LOT 23



GOULDS PUMP PERFORANCE CURVES

Submersible Effluent Pump WE Series

...RTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
...SION OF ENVIRONMENTAL HEALTH
...-SITE WASTEWATER SECTION

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

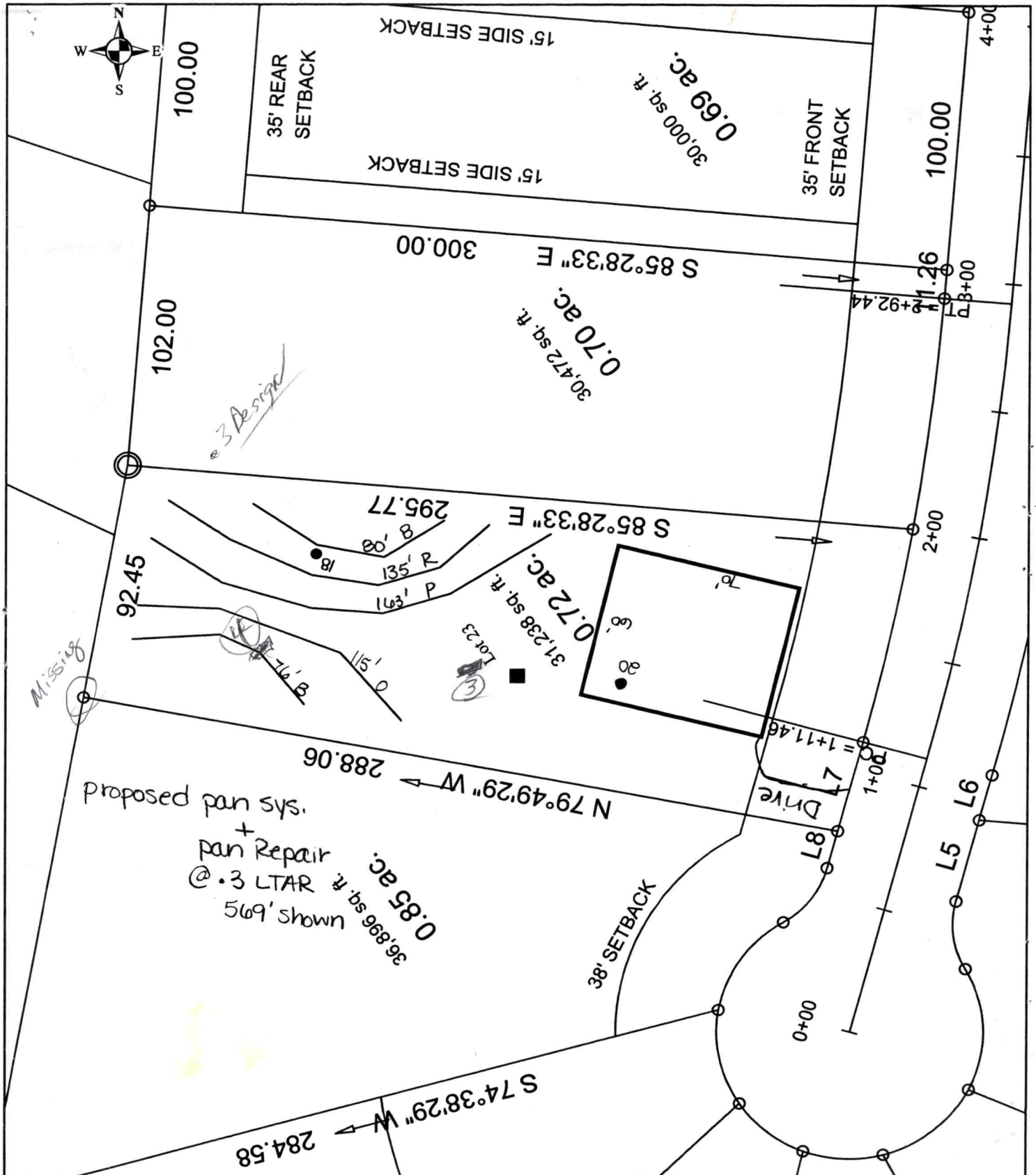
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Rocky Ridge APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: Lot 23 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
20	L	0-46	Mo SBK C/CL	FR SS/SP	Red				.3
		46+	MA L SAP	FR					
18	L	0-6	WK SBK SCL	FR SS/SP	Br				.3
		6-48	Mo SBK C-CL	FR SS/SP	Red; FF yel Br & Sap				
3	26-06	0-5	gr brn sl/scl	fr sssp					.3
		5-24	SBK Red C	fr sssp sap					
		24-52	wk sbk yel cl	fr sssp					
4	R-S 3%±	0-9	wk sbk brn sl/scl	fr sssp					.3
		9-31	M sbk red C	fr sssp sap					
		31-52	wk sbk Red cl	fr sssp few mi sap					

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

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



Scale: 1 inch equals 50 feet	S&ME	Rocky Ridge - Lot 23	FIGURE
Drawn by: JBP		Scaled Detailed Site Plan	1
Reviewed by: PGP		Iredell County, NC	
Date: February, 2006	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-05-081	

RECEIVED FEB 2 7 2015

Paid $225.00 Int. Relayout #208732

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet

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

Applicant Information:

Applicant Name: TRUE HOMES **Address:** 2649 BRECKENRIDGE CENTER DR **Phone:** 704-283-1229

Owner Name: TRUE HOMES **Address:** 2649 BRECKENRIDGE CENTER DR **Phone:** 704-283-1229

Property Information:

Street Address: FARM KNOLL WAY

Subdivision Name: ROCK RIDGE POINT **Section/Phase:** ~~NA~~ **Lot Number:** 23

Driving Directions: HIGHWAY 77 ~~SOUTH~~ SOUTH, RIGHT ONTO BRANLEY SCHOOL RD RIGHT ON TO ISLE OF PINES. TRUE RIGHT INTO ROCK RIDGE POINT.

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
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development:

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

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 (X) 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 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: Kenneth L. Allen 2-26-15

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **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, True Homes, am the legal owner of the property located at 109 Farm Knoll Way, identified as PIN(Parcel Identification Number) 4636125817.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kenneth Laws, Septic Environmental Solutions, INC., 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.

Melody B. Patrick — 3/6/15
Signature of Owner — Date

[signature] — 3-6-15
Signature of Witness — Date

RECEIVED SEP 2 1 2015

X NOTE: HOUSE PLAN IS ALL THAT CHANGED! Paid $225.00

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

#208732

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Subdivision Name: ROCK RIDGE POINT Section/Phase: NA Lot Number: 23

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Please answer the following to the best of your ability:

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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 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: Kenneth L. Au

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

9-18-15

DATE

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

3/6/15 (Date)

Owner: TRUE Homes
Address: 2649 Brekonridge Ctr. Dr.
Monroe, NC.

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
109 Farm Knoll Way LOT 23
4631e125817.000
PERMIT ID 133679

I, TRUE HOMES, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 3-20-06 (date) for a system

L PPP BPS
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

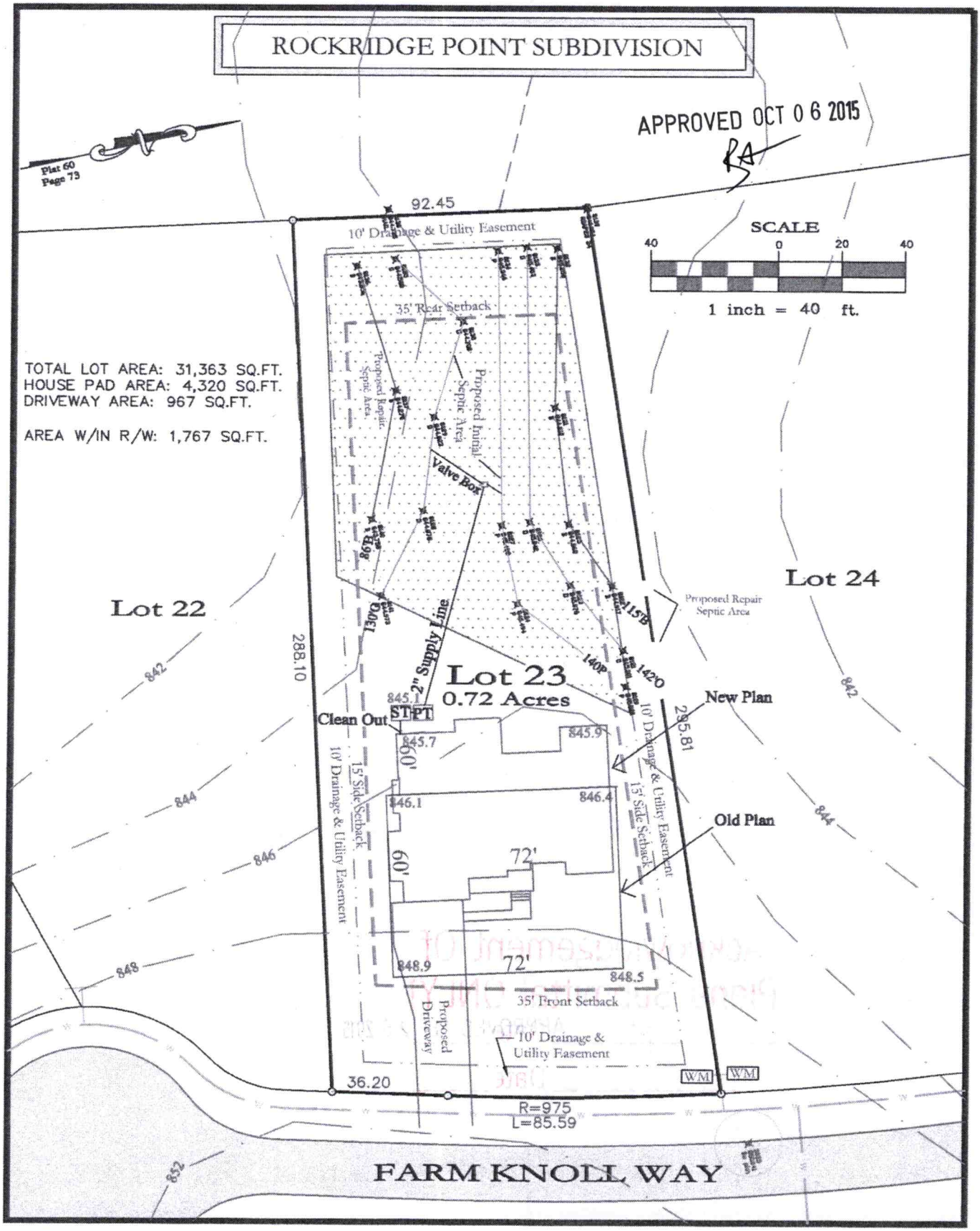
Melody H. Patrick
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/


ROCKRIDGE POINT SUBDIVISION
APPROVED OCT 0 6 2015
Plat 60
Page 73
92.45
10' Drainage & Utility Easement
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1 inch = 40 ft.
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848.5
35' Front Setback
Proposed Driveway
10' Drainage & Utility Easement
36.20
WM
WM
R=975
L=85.59
852
FARM KNOLL WAY

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 #:	133679ZO	Subdivision:	Rocky Ridge Farm
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Farm Knoll Ln. Mooresville NC 28117		
Parcel #:	4636233131.023	Zoning:	Ra
Lot #:	23 Size: .72	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Dienst Custom Homes	Owner:	KATE C THOMPSON
Address:	9606 A Caldwell Commons Circle Cornelius NC 28031	Address:	136 ROCKY RIDGE LANE MOORESVILLE, NC 281177441
Phone:	704-892-8426	Phone:	
Property Recorded:	No Site Plan Reviewed:	Community Water:	No 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: 30000	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:

Hold Building permit till Plat has been recorded

DEVELOPER PERMIT

Directions:

Brawley School Rd, left Isle of Pines,left Rocky Farm Rd, left Rocky Knoll Ln, property on right

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: _____

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

DEBBIE WILLIAMS Printed: 2/2/2006