IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 208730

PIN # 4636-12-8836

APPLICANT: TRUE HOMES

APPLICANT ADDRESS: 2649 BREKONRIDGE CENTRA DR.

SITE ADDRESS: 110 FARM KNOLL WAY - MINT 28117

PHONE: 704-283-1229 ALT. PHONE:

SITE DIRECTIONS: BSR, TL ISLE OF PINES, TR INTO ROCK RIDGE POINT, TL FARM KNOLL WAY, ON L

SUBDIVISION: ROCK RIDGE POINT

SECTION: — LOT # 16 LOT AREA: .73AC DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank 1500 (gal) STB 2111 Date 10-12-16

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 507'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% REDUCTION

Repair System Description: PANEL BLOCK

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: * PER PLAN SPECS

HOUSE SIZE CHANGED TO 52'X66'
DOES NOT EFFECT SEPTIC

INITIAL SITE SKETCH

SEE PLAN FROM KENNY OWENS

AS BUILT SKETCH

CHECKED TANK 12-22-16 BA
CHECKED LINES 1-6-17 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.

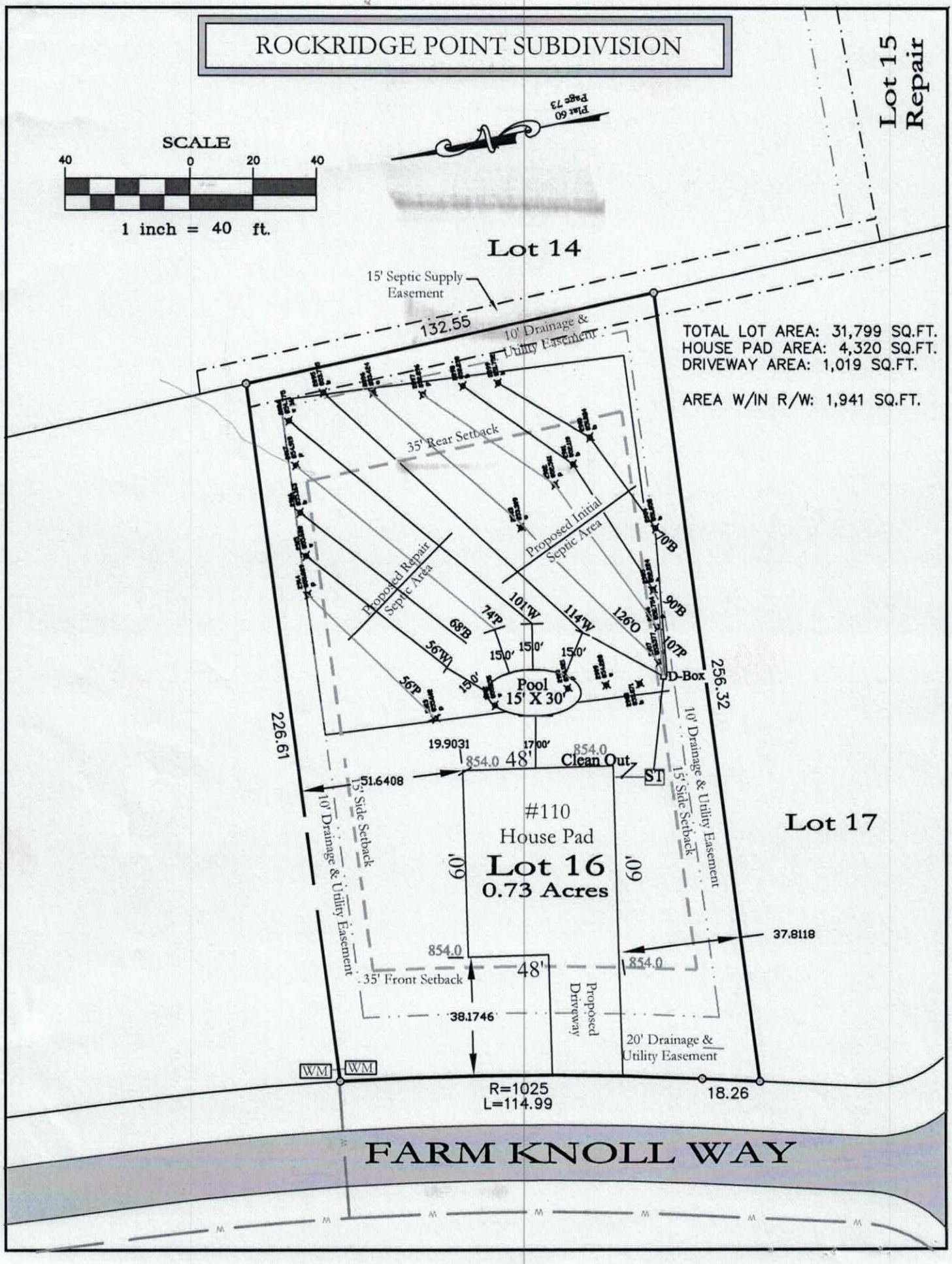
Owner / Applicant Signature: Date: 5/27/16 Installed by: SID GASKINS

IMPROVEMENT PERMIT by: APPROVED MAY 17 2016 Date: OPERATION PERMIT by: Date: 1-6-17

AUTHORIZATION TO CONSTRUCT by: Date: 9-30-16 Existing System Inspected by: Date:

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

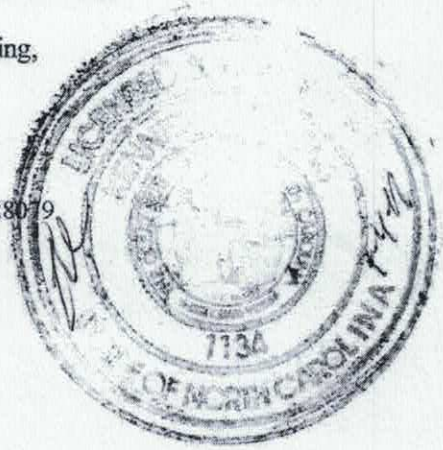
ROCKRIDGE POINT SUBDIVISION



SEPTIC ENVIRONMENTAL SOLUTIONS

Design Specifications Proposal Lot 16 Rock Ridge Point, Iredell North Carolina (Revised 4-1-16)

Daily Design Flow:	480 gpd
Number of Bedrooms	4 bedroom
Basement or Crawlspace	Crawlspace
Septic Tank Size	1500 gal, Delliger Tank with effluent filter Poly Lock PL68
Pump Tank Size	NA
Primary System Loading Rate (LTAR)	0.25 gpd/ft^2 LTAR including Soils Evaluations were determined by Iredell County. Soils Evaluations and LTAR were not Conducted by Septic Environmental Solutions, Inc.
Primary System	25% reduction, all lines to be a minimum of 9-ft on center with 3-ft wide trench widths. Trench depth shall be maximum 36-inches. See scale map for total length.
Number and Length of Lines	5, See attached drawing.
Total foot of Primary System	requires 480-ft, provided 507-ft
Distribution Device	Distribution Box (D-Box)
Maintenance Agreement Required	NA
Pump Type	NA
Dosing Volume	NA
Depth of effluent Pumped per Dose	NA
Supply Line	NA
Check Valve	NA
Siphon Break Hole	NA
Repair System Loading Rate	0.25 gpd/ft^2
Repair System	LP PPBPS, See attached drawing
Total foot of Line	355, See attached drawing,

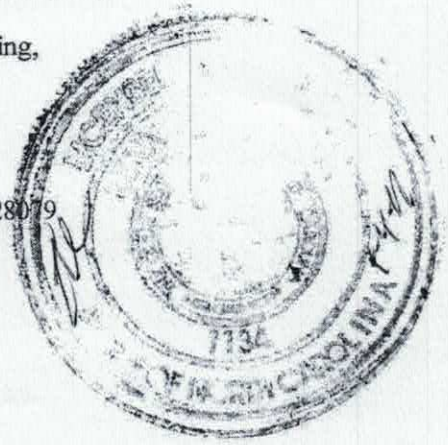


3019 Spring Fancy Lane• Indian Trail, North Carolina 28079
Mobile (704) 502.5588 • Fax (704) 684.1469

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ENVIRONMENTAL
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(Revised 4-1-16)

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...MENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
...ION 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: 1/16/06
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: ___
LOCATION OF SITE: Lot 16 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
53	L	0-30	Mo SBK C	FI S/P	Red; Zone weathered Rock				
		30-50	WK SBK CL	FR SS/SP	Yel Red; C sap; F weathered Rock				.25
AH 2	L	0-6	Mo GR SL	FR NS/NP	Br				
		6-24	Mo SBK C	FR SS/SP	Red; 18-24 F/C		Yel Br		
		24-46	WK SBK CL	FR SS/SP	Red; C sap				.25
3	2-8-06	0-13	gr-wksbk brn sl/scl	fr sss sp					
		13-36	wksbk red C	fi-fr sp sap few yel brn mottles					.25
		36-48	wksbk Red cl + Sap	fr sss p					
4	4% S	0-8	gr brn SL	fr sss p					
		8-35	SBK red C	fi s/p sap					
		35-51	WK sbk yel cl + sap	fr sss p					.25

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

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

(5) 0-8 wksbk brwnsl frsssp
8-32 msbk red c frspsexp dewy beardless .25
32-48 wksbk red cl frssssp common sap

RECEIVED SEP 29 2016

Ronda, AGAIN WE ARE IN THE SAME AREA ALREADY APPROVED WE ARE STILL USING THE SAME SEPTIC SYSTEM TYPE GRAVITY SEPTIC AREA + THANK

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: APPLICATION FORM

Application For:

- (X) Septic Improvement Permit
- ( ) New Well Permit
- (X) 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:
Place an (X) beside whichever is submitted if applicable SEE ATTACHED

- (X) Survey Plat, scaled no more than 1 inch = 60 feet
- (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: 110 FARM KNOLL WAY

Subdivision Name: ROCK RIDGE POINT Section/Phase: XX Lot Number: 16

Driving Directions: HIGHWAY 77 ~~SOUTH~~ SOUTH, RIGHT ONTO BRANLEY SCHOOL RD RIGHT ON TO ISLE OF PINES. TRUE RIGHT ON TO 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
(X) 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: _____ 9-29-16

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 110 Farm Knoll Way, identified as PIN(Parcel Identification Number) 4636128836.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kenneth Lowe, 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 R. Patrick — Signature of Owner — 3/6/15 — Date

Signature of Witness — 3-6-15 — Date

RECEIVED APR 5 2016

Ronda, AGAIN WE ARE IN THE SAME AREA WE ARE STILL USING THE SAME SEPTIC ARE + SEPTIC SYSTEM TYPE GRANTED THANK

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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Signature: Kenneth J. Orr

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

4-4-16

DATE

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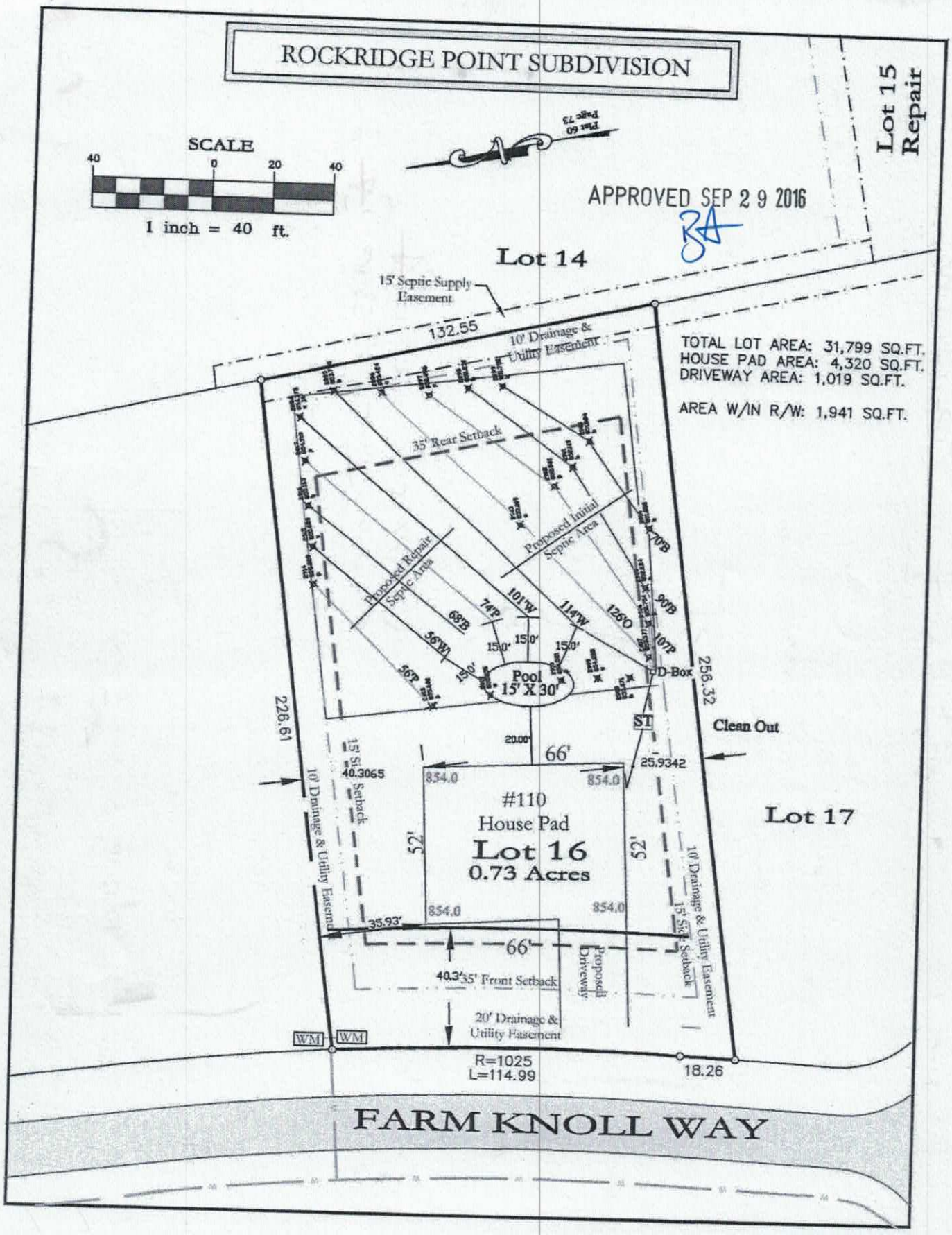
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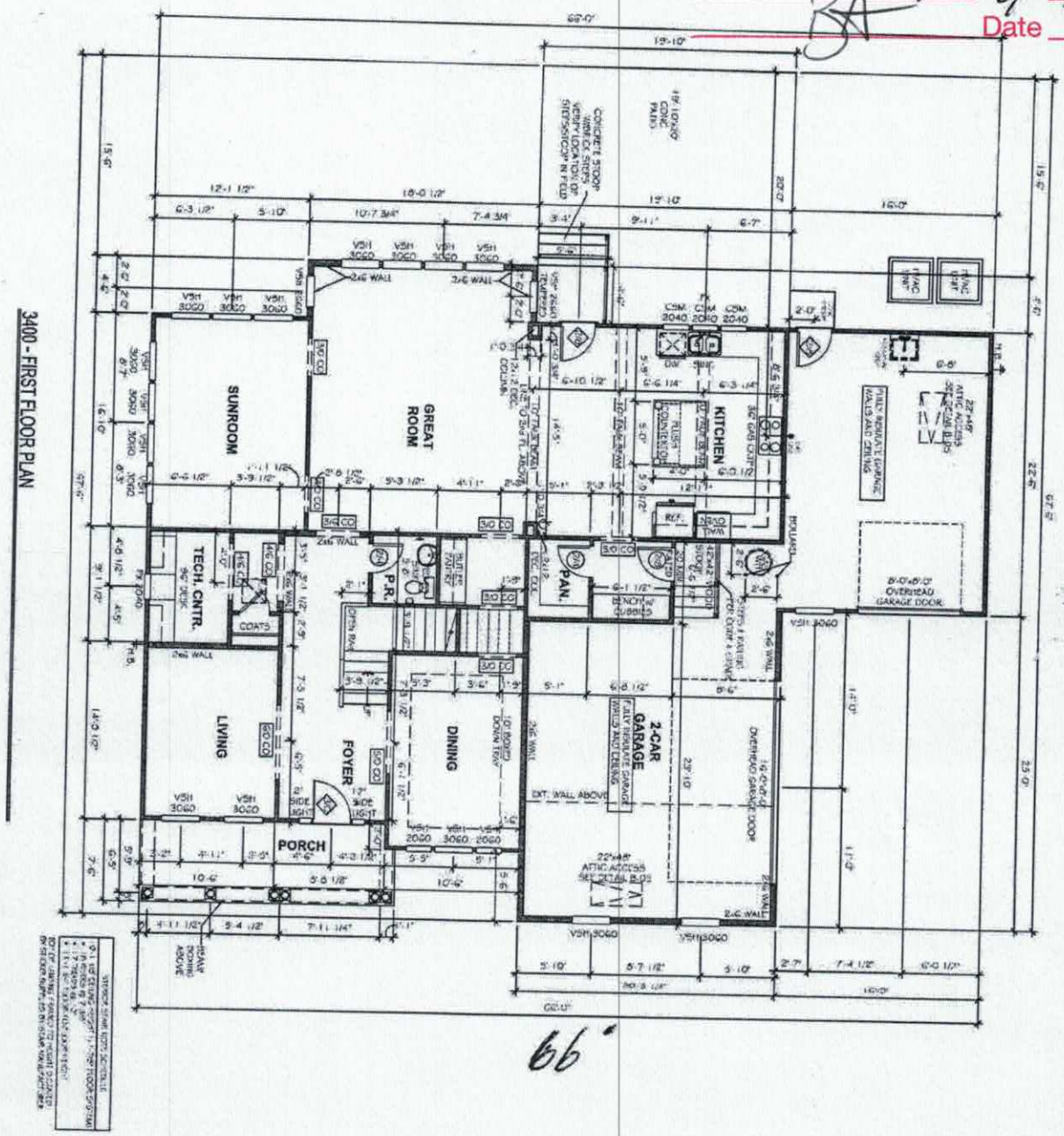
Site Plan 9-29-16

Acknowledgement of Plans Submittal ONLY!

BA Date 9-30-16

Date 9-30-16

3400 - FIRST FLOOR PLAN



66'

52'

SHEET:	A2.1
DRAWN BY:	TD
DATE:	9.12.16
SCALE:	1/8"=1'-0"
CHECKED BY:	S.C.

DRAKE
3400

IREDELL

ROCKRIDGE POINT
LOT # 16

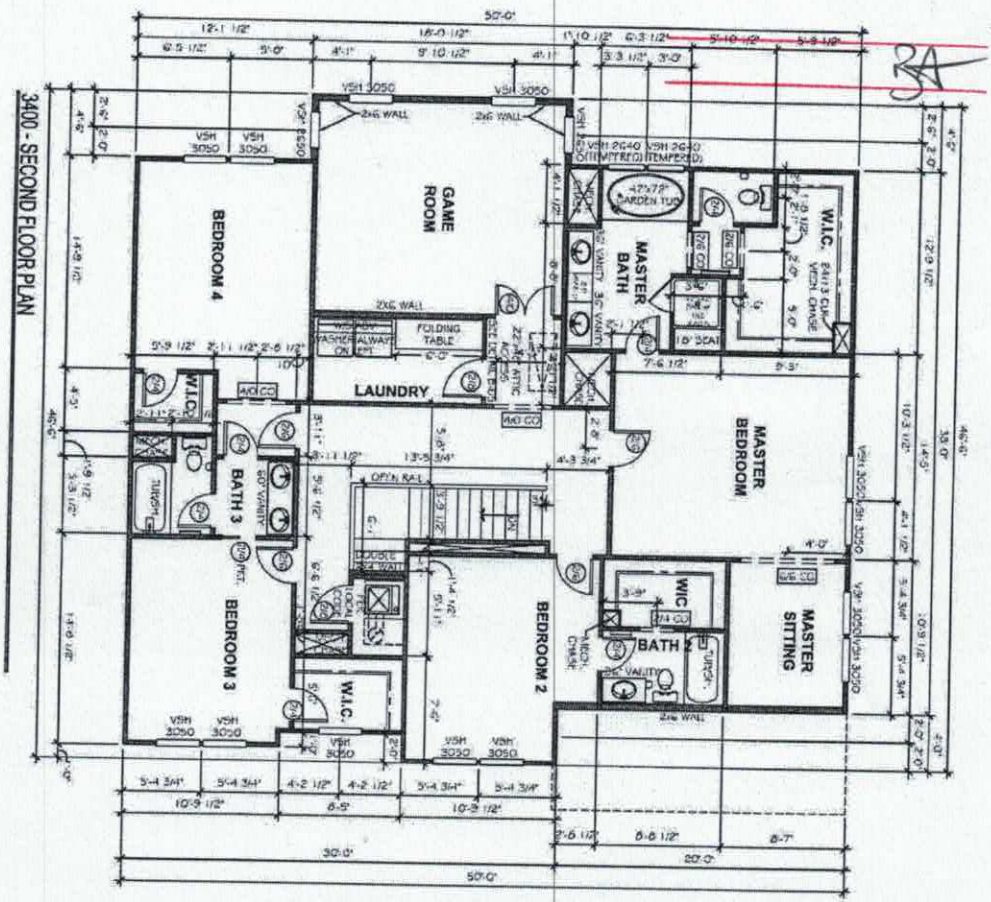
TrueHomes
IT'S ALL ABOUT U
2649 Brekon Ridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-226-9486

Acknowledgement of Plans Submittal ONLY!

Date 9-26-16

Date 9-30-16

3400 - SECOND FLOOR PLAN



46'6"

50'

SHEET: A2.2	DRAKE 3400	ROCKRIDGE POINT LOT # 16	TrueHomes IT'S ALL ABOUT U 2649 Brekon Ridge Centre Dr. Suite 104 Monroe, N.C. 28110 704-226-9486
DRAWN BY: DATE: 9.12.16 SCALE: 1/8"=1'-0" CHECKED BY: S.C.	IREDELL		

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 #: 133761zo
Proposed Use: Single Family
Location of Property: 000 Farm Knoll Ln. Mooresville NC 28117
Parcel #: 4636233131.016
Lot #: 16 Size: .73
Applicant: Dienst Custom Homes
Address: 9606 A Caldwell Commons Circle
Cornelius NC 28031
Phone: 704-892-8426
Property Recorded: No Site Plan Reviewed:

Subdivision: Rocky Ridge Farm
Township: 1700 Davidson
Zoning: RA
Flood Plain: No Watershed: WSIV-CA
Owner: KATE C THOMPSON
Address: 136 ROCKY RIDGE LANE
MOORESVILLE, NC 281177441
Phone:
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

Directions:
Brawley School Rd, left Isle of Pines, left of Rocky Farm Rd, left Farm Knoll , property on left

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: 2/3/2006