ICHD–ENVIRONMENTAL HEALTH DIVISION PTB

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208737

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

PIN # 4636-13-5368

APPLICANT/OWNER: True Homes APPLICANT ADDRESS: 2649 Brookridge Central Dr Monroe NC 28110

SITE ADDRESS: 131 Farm Knoll Way Mooresville NC PHONE: 704 283 1229 ALT. PHONE Kenny 704 502-5588

SITE DIRECTIONS: Brawley School Rd TL Isle of Pines TR Rock Ridge Ln TR Farm Knoll Way on LFT

SAP CONTROLLED: YES NO

SUBDIVISION: Rock Ridge Pt SECTION: — LOT # 24 LOT AREA: 1.554ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	min 1000 (gal)	STB	Infiltrator	Date	plastic	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	min 1000 (gal)	PT	Infiltrator	Date	plastic	System Description:	LP PBPS			☐ Business	No. Persons 8	☐ Private
Pump Make	Zoeller	Model	140 HP	Serial #	n/a	Repair System Description:	same			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	267	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☐ Crawl Space	☒ Community
Treach Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☒ Basement w/o plumbing	

Comments / Conditions: 359ft of drainfield was flagged, however 267ft is required
Keep tanks 15ft from Basement.

Ok to switch drive to other side.
5/32 used -set pressure at 3'

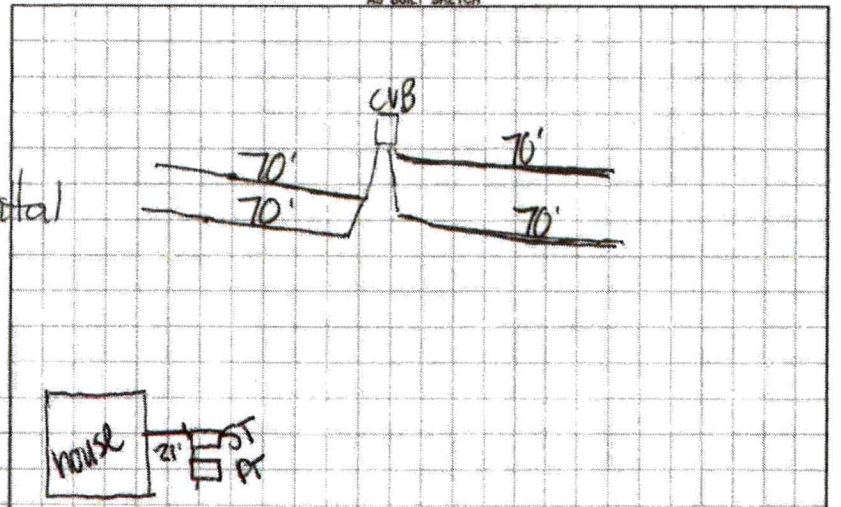
INITIAL SITE SKETCH

See attached, approved plan by Septic Environmental

★ filter in tank still needs check ★

	Date	Initials
Drain Lines Checked	1/17/20	KW
Tanks Checked	1-21-20	CCN
Pressure Manifold or Valve Box Checked	1-21-20	CCN
Pressure Head Set	4-2	KW
Electrical Checked	4-2	KW
Floats Set	4-2	KW
Alarm Checked	4-2	KW
Maintenance Contract Y/N	4-14	KW
Comments: supply line checked	1-21-20	CCN

AS BUILT SKETCH



4/2: -irrigation lines within 10' of tanks → must be disconnected + verify before issuing OP ✓
4/13: irrigation lines relocated to 10' from tanks

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**

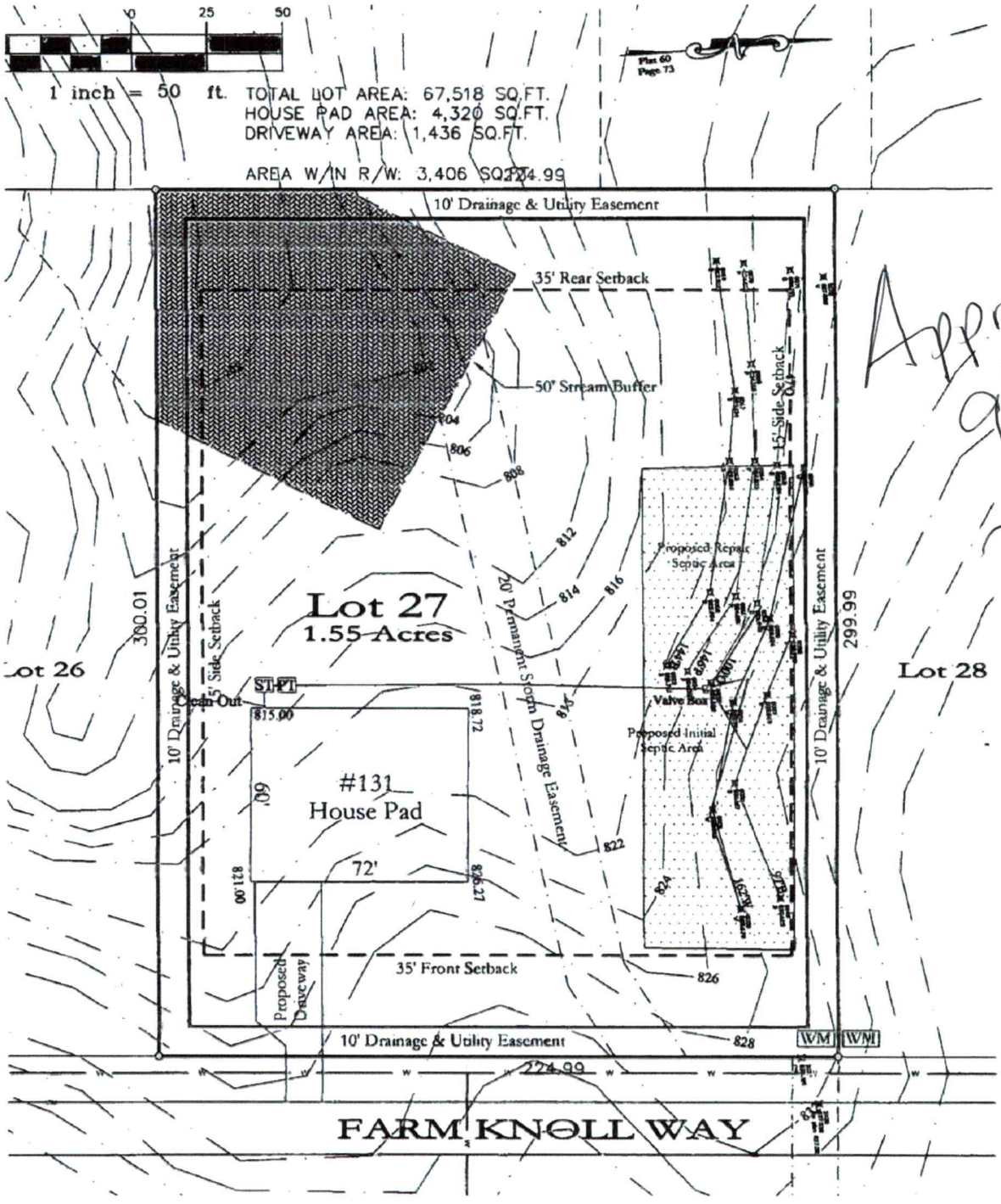
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 10/1/19 Installed by: Sid Gaskins (Mike Powell)

IMPROVEMENT PERMIT by: Maina Dalton Date: 9/27/19 OPERATION PERMIT by: Kayla Watson Date: 4-14-20

AUTHORIZATION TO CONSTRUCT by: Maina Dalton Date: 9/27/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

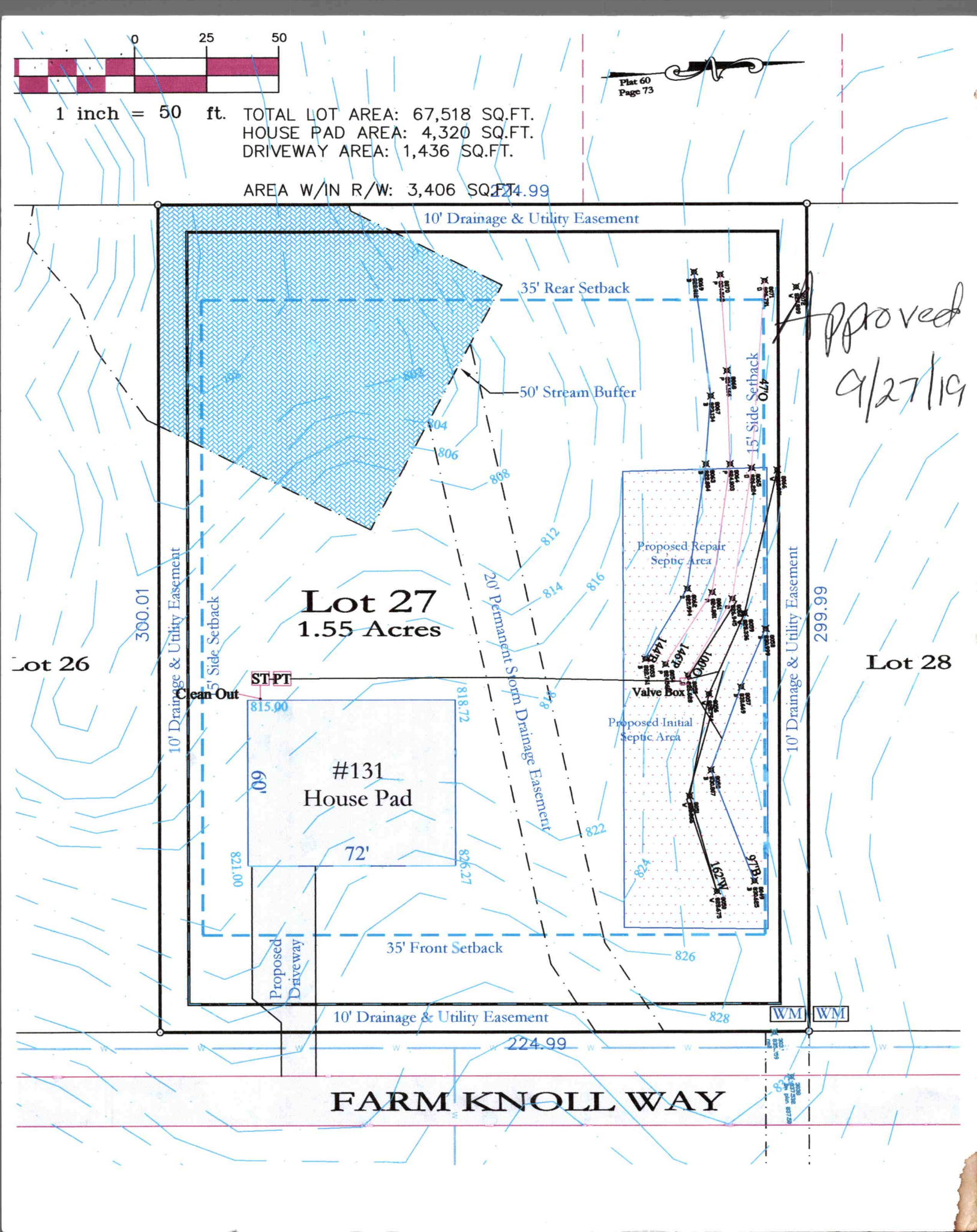


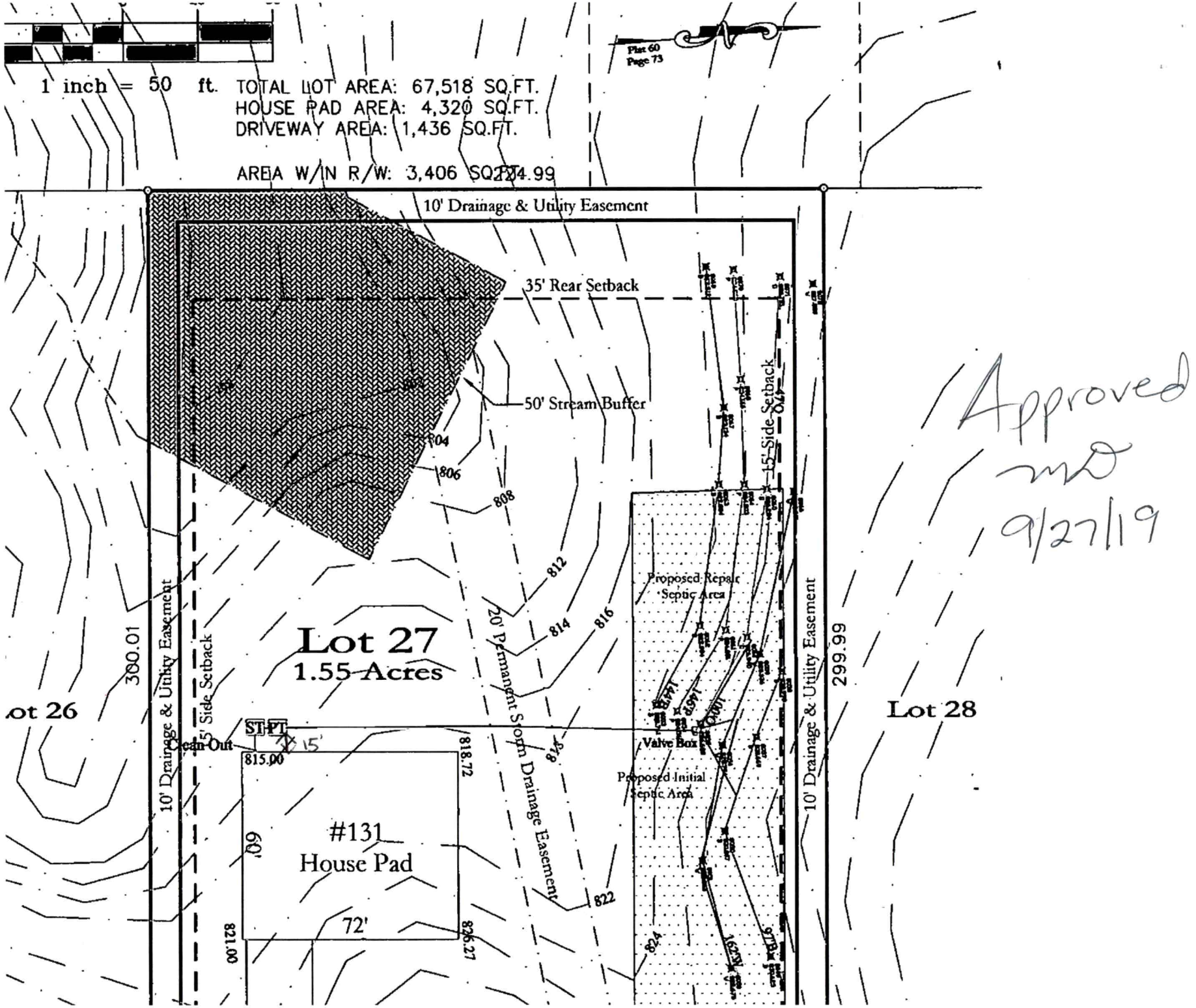
Approved
9/27/19
MD

LPPPPBPS Design Worksheet (Primary System)					File #/Name:	Rock Ridge		
System Requirements					Tax #:	4636233131.027		
Number of bedrooms	4				Lot	27		
Craw Space/Basement	~~Craw Space~~	Basement						
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	97	22	22					
Line # 2	162	36	36					
Line # 3	100	23	23					
Line # 4	0	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	359	81	81					
	*Lines longer than 70 ft. must be center-fed to comply with sewage rules.							
Absorption Area								
Length (ft)	Width (ft)	Spacing	Area (ft^2)					
359	2	8	3000.00					
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	41	gpm	Total number of panels required multiplied by the orifice flow rate					
System Dose Volume	292	gal.	Total number of panels required multiplied by 3.6 gal./panel					
Doses Per Day	1.7	cycles	Number of dose cycles per day based on daily design flow. Daily design flow divided by system dose volume.					
Pump Run Time	7.12	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	10.07	in.	System Dose Volume divided by gallons per inch for the designed tank size.					
Supply Line Length	76.00	ft						
Elevation head+pump height	28	ft.						
Friction Head	5.2	ft.						
20% Contingency	7.24	ft.						
Total Head	43.4							
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.				
5. Maintanance Agreement Required	Yes			Cells with yellow shading are automatically calculated.				

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

Approved
MD
9/27/19


0
25
50
1 inch = 50 ft.
TOTAL LOT AREA: 67,518 SQ.FT.
HOUSE PAD AREA: 4,320 SQ.FT.
DRIVEWAY AREA: 1,436 SQ.FT.
AREA W/IN R/W: 3,406 SQ.FT.
Plat 60
Page 73
224.99
10' Drainage & Utility Easement
35' Rear Setback
50' Stream Buffer
15' Side Setback
Approved
9/27/19
Proposed Repair
Septic Area
Lot 27
1.55 Acres
20' Permanent Storm Drainage Easement
300.01
299.99
Lot 26
Lot 28
5' Side Setback
10' Drainage & Utility Easement
ST-PT
Clean Out
815.00
Valve Box
Proposed Initial
Septic Area
#131
House Pad
72'
60'
821.00
826.27
818.72
35' Front Setback
Proposed
Driveway
826
828
WM
WM
224.99
FARM KNOLL WAY
804
806
808
812
814
816
818
822
824


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#131
House Pad
60'
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Approved
mD
9/27/19

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

AC

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

208737

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: (PRINT CLEARLY)

Applicant Name: TRUE HOMES **Address:** 2649 BRECKENRIDGE CENTRA DR. **Zip:** 28110
Applicant Email: SEPTICENVSOL@YAHOO.COM **Phone:** 704-502-5588 **Alt. Phone:**
Owner Name: TRUE HOMES **Address:** 2649 BRECKENRIDGE CENTRA DR **Zip:** 28110
Owner Email: SEPTICENVSOL@YAHOO.COM **Phone:** 704-502-5588 **Alt. Phone:**

Property Information:

Street Address: 131 FARM KNOLL WAY

Subdivision Name: ROCK RIDGE POINT **Section/Phase:** NA **Lot Number:** 27

Driving Directions: HWAY 77 SOUTH, RIGHT ONTO BEARDSLEY SCHOOL RD
RIGHT ONTO ISLE OF PINE. TRIGHT ONTO ROCK RIDGE PT.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

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

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

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) 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 ( ) 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: _____ 8-27-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Sarah Brink for True Homes

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, TRUE HOMES, am the legal owner(s) of the property located at LOT 27 Rock Ridge Point, identified as

PIN (Parcel Identification Number) 4636135368, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Foothills Env. Svcs. Inc. Will Keever, Owen, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

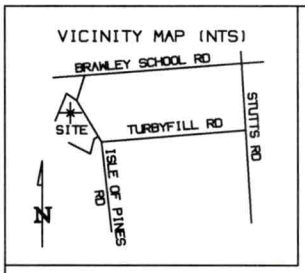
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

X _____ 8/27/2019

Signature of Owner(s) Date

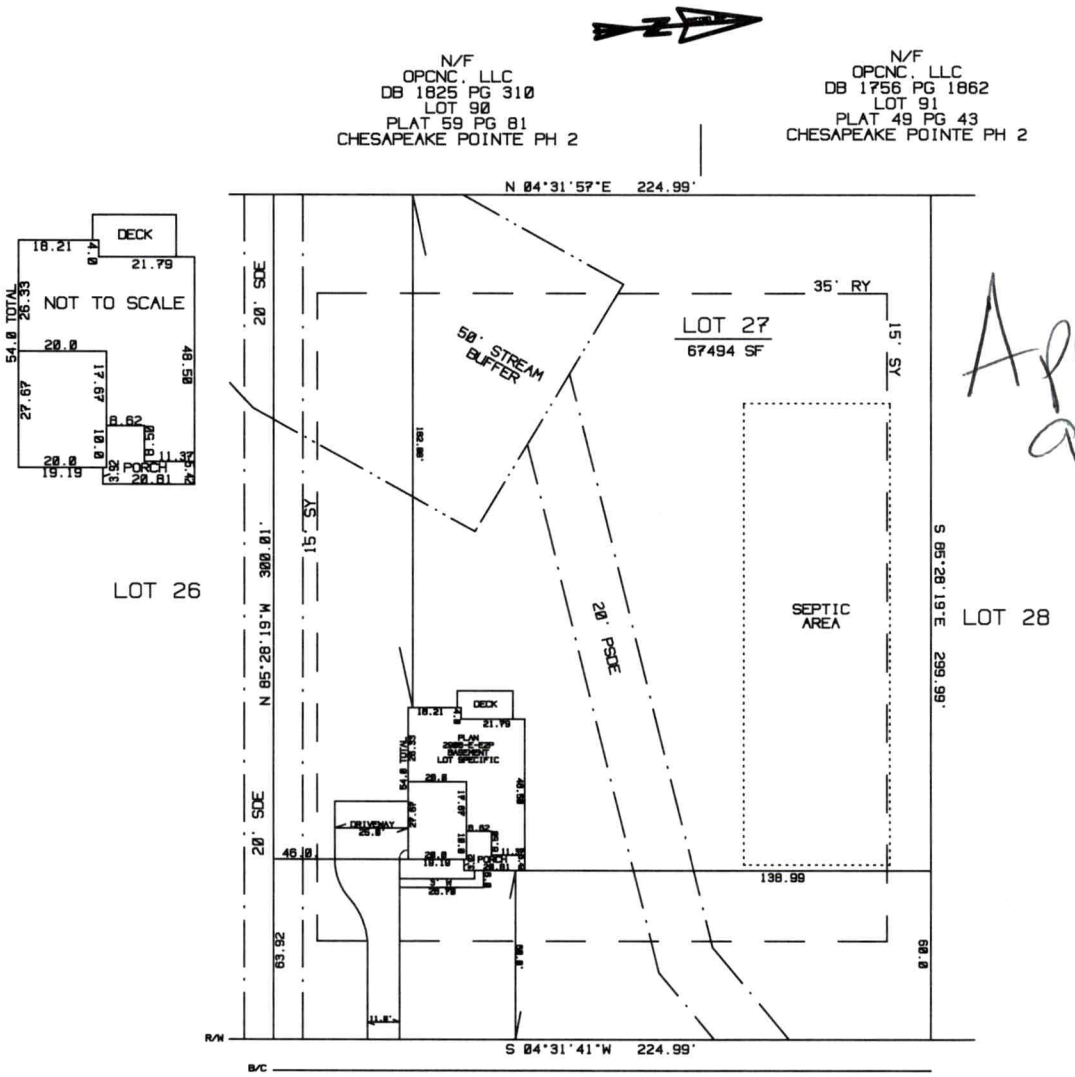
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



IMPERVIOUS SURFACE AREA	
DESCRIPTION	AREA
LOT AREA TO B/C	69972 SF
HOUSE	2154 SF
DRIVE TO R/W	1377 SF
DRIVE APRON	N/A
DECK/PATIO/HVAC	190 SF
LEADWALK	95 SF
5' PUBLIC WALK (IF APPLIED)	N/A
TOTAL PROPOSED	3816 SF

SOD/SEEDING CALCULATIONS	
TYPE	
SOD	15269 SF
SEED/STRAW	50887 SF



Approved
9/27/19
MD

FARM KNOLL WAY

50' PUBLIC R/W

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED.

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES

SCALE: 1" = 50'

0 25 50 75 100

JENKINS AND LOWERY LAND SURVEYING
PO BOX 1169
WAXHAW, NC 28173
704-821-3350
FIRM LICENSE # C-3167

HOUSE LOCATION PLOT PLAN FOR TRUE HOMES

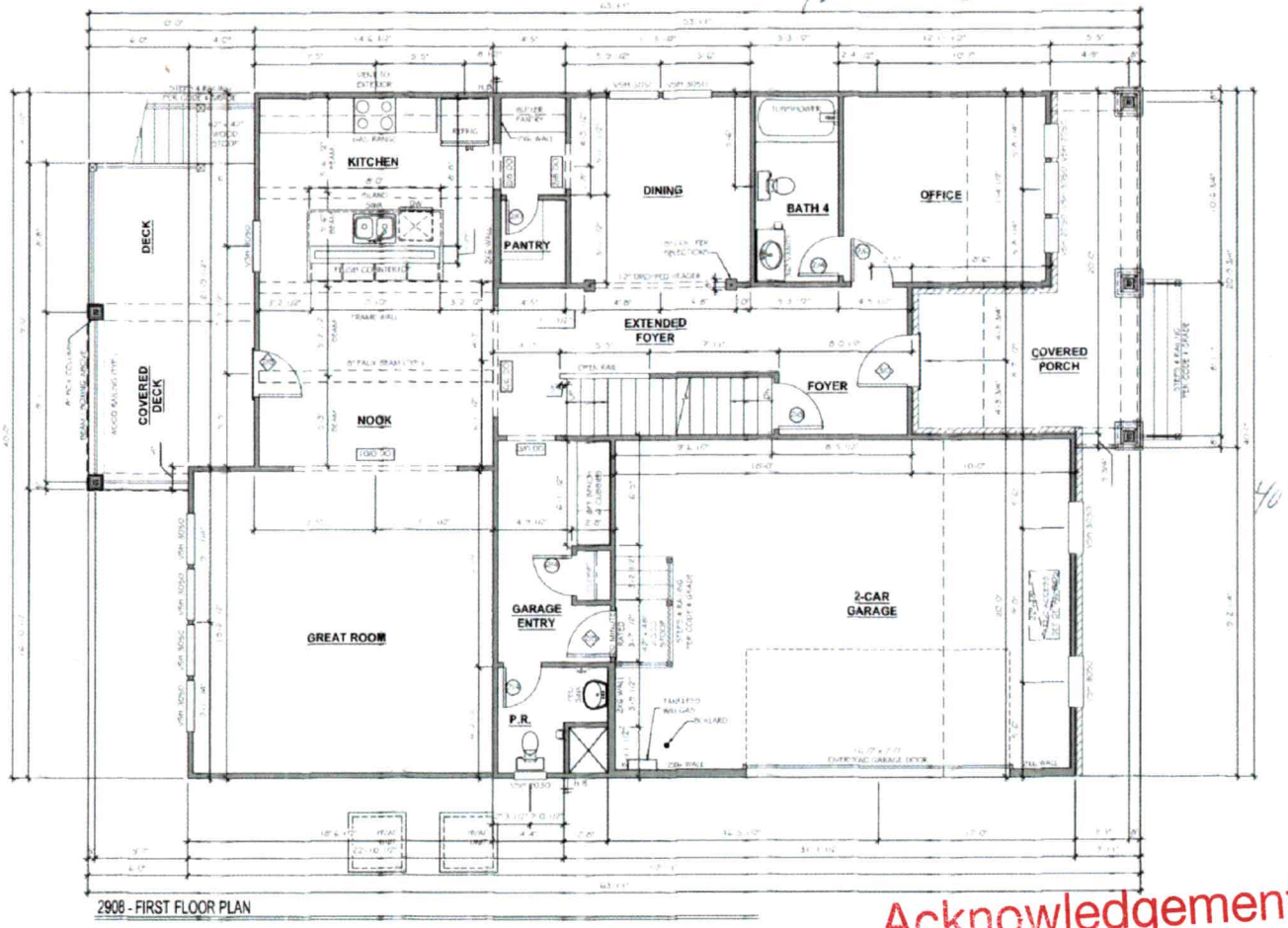
OF
131 FARM KNOLL WAY
LOT 27 OF ROCKRIDGE POINT SUBDIVISION
DAVIDSON TOWNSHIP, IREDELL COUNTY, N.C.

AREA BY COORDINATE COMPUTATION
MAP BOOK 60
PAGE 73

REVISED: 08/07/19
DRAWN BY: JEJ/ASW
CA GEO#104
P: RRP27

63'11"

8-27-19



2908 - FIRST FLOOR PLAN

63'11"

TrueHomes
IT'S ALL ABOUT
2649 Breckinridge Centre Dr
Suite 104
Monroe, N.C. 28110
704-271-1191

ROCKRIDGE POINT
LOT # 27

RILEY
2908

IREDELL

PREPARED BY: NICK
DATE: 8.1.19
SCALE: 3/16"=1'-0"
REVIEWED BY: SCOTT

SHEET A2.1

Acknowledgement of
Plans Submittal ONLY!

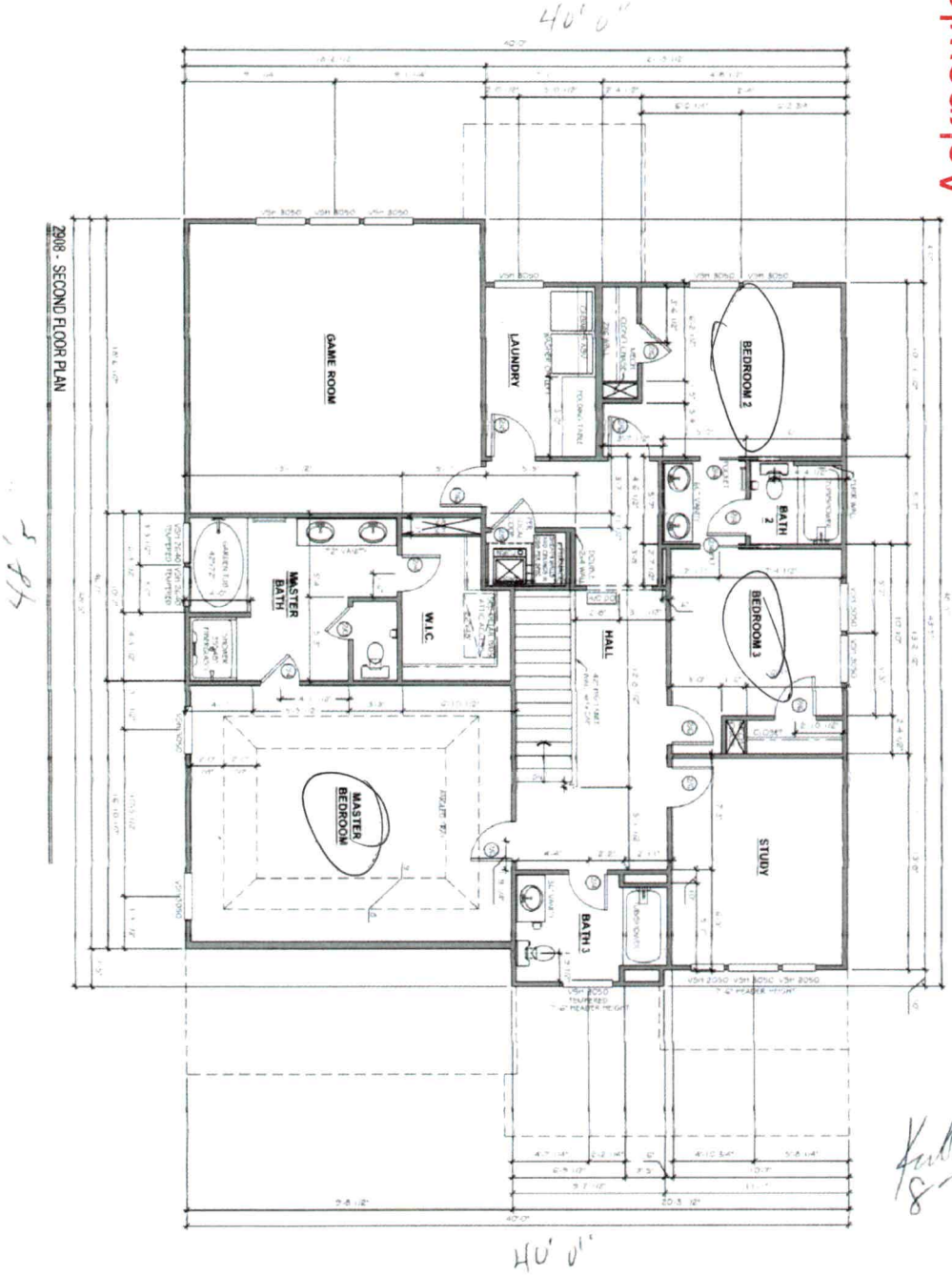
Maina Olson Date 9/27/19

Maina Olson Date 9/27/19

Acknowledgement of Plans Submittal ONLY!

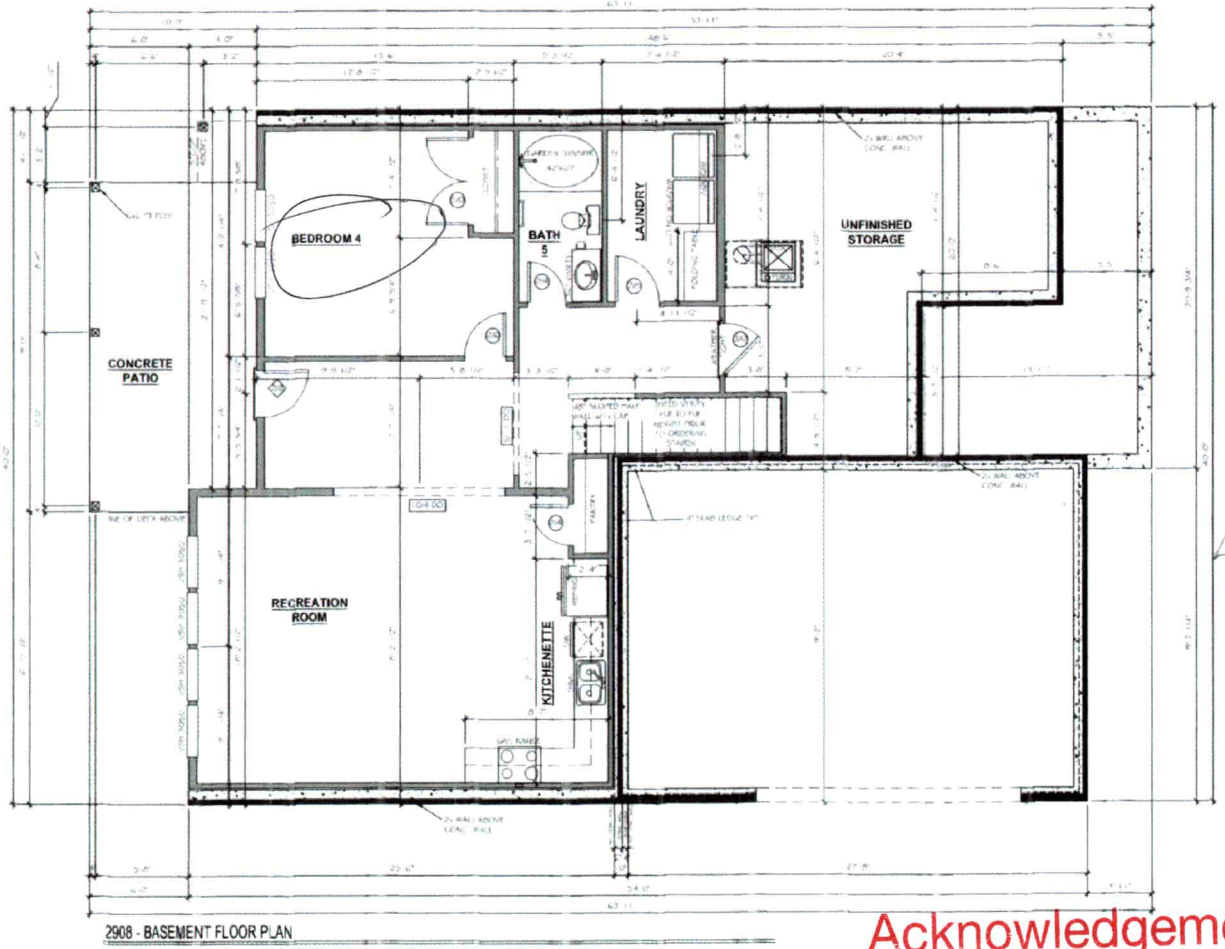
Date 9/27/19

Date



8-27-19

SHEET A2.2	RILEY 2908	ROCKRIDGE POINT	TrueHomes IT'S ALL ABOUT U 2649 Brekonridge Centre Dr. Suite 104 Monroe, N.C. 28110 704-271-1191
PREPARED BY NICK DATE SCALE PROVIDED BY SCOTT	IREDELL	LOT # 27	



2908 - BASEMENT FLOOR PLAN

63' 11"

Acknowledgement of
Plans Submittal ONLY!

Date 8/27/19

Date 9/27/19

TrueHomes
1715 ALL ABOUT
2649 Rockridge Centre Dr.
Suite 104
Monroe, NC 28110
704-271-1191

ROCKRIDGE POINT
LOT # 27

RILEY
2908

IREDELL

PREPARED BY
NICK
DATE
8.19
SCALE
3/16"=1'-0"
REVIEWED BY
SCOTT

SHEET
A2.0