NOTE: Existing House And septic Already Installed. Redesign is Only within the Approved Septic AREA cleared to Repair 2P 5% Reduction + Added a Pool. THANK

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:
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: 2645 BRECKENRIDGE CENTER DR Phone: 264-253-1225

Owner Name: TRUE HOMES Address: 2645 BRECKENRIDGE CENTER DR Phone: 264-253-1225

Property Information:

Street Address: 143 FARM KNOLL WAY PARCEL ID 4636125525.000

Subdivision Name: ROCK RIDGE POINT Section/Phase: 1A Lot Number: 28

Driving Directions: HWY 64 SOUTH, RIGHT INTO BRANLEY SCHOOL RD
TRight ON ISLE OF PINES. TRight 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
- (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:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other: N/A

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)*
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other:
Year existing system installed:

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

3-26-15
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 124 Wheaton Ln identified as PIN(Parcel Identification Number) 4636224552.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kenneth L Adams 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 H. Patrick — Signature of Owner — 3/6/15 — Date

Signature of Witness — 3-6-15 — Date

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208738

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

PIN # 4636-13-5575

APPLICANT: True Homes APPLICANT ADDRESS: 2649 Brekenridge Centra Dr.

SITE ADDRESS: Farm Knoll Way PHONE: 704-283-1229 ALT. PHONE:

SITE DIRECTIONS: Isle of Pines, TR Rock Ridge Point, TR Farm Knoll Way, on L

SUBDIVISION: Rock Ridge Point SECTION: LOT # 28 LOT AREA: .69 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1500 (gal) STB 444 Date 12-23-15
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 423'
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 No. Bedrooms 4
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: 400' Required
10/5/15 Renewed Floor plans, in Compliance with Septic plan

INITIAL SITE SKETCH

See Plan From Septic Environmental Solutions

AS BUILT SKETCH

Installed Quick 4

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**

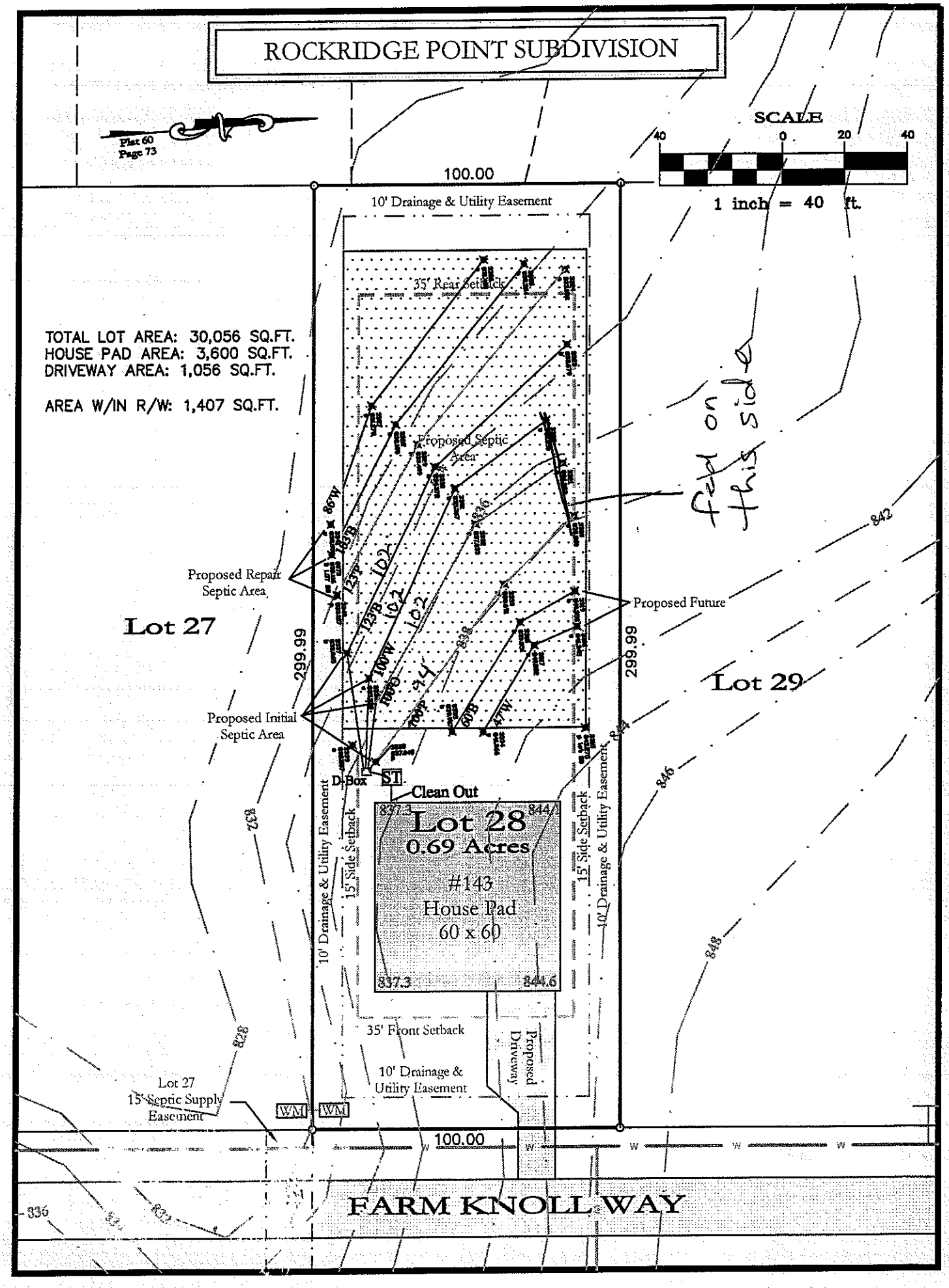
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 8-31-15 Installed by: Sid Gaskins

IMPROVEMENT PERMIT by: APPROVED APR 16 2015 Date: OPERATION PERMIT by: Date: 1/29/16

AUTHORIZATION TO CONSTRUCT by: Date: 10/5/15 Existing System Inspected by: Date:

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


ROCKRIDGE POINT SUBDIVISION
Plat 60
Page 73
SCALE
40 0 20 40
1 inch = 40 ft.
100.00
10' Drainage & Utility Easement
35' Rear Setback
TOTAL LOT AREA: 30,056 SQ.FT.
HOUSE PAD AREA: 3,600 SQ.FT.
DRIVEWAY AREA: 1,056 SQ.FT.
AREA W/IN R/W: 1,407 SQ.FT.
Proposed Septic Area
Proposed Repair Septic Area
Proposed Future
Proposed Initial Septic Area
Lot 27
Lot 29
299.99
299.99
D-Box
ST
Clean Out
837.3
844.1
Lot 28
0.69 Acres
#143
House Pad
60 x 60
837.3
844.6
10' Drainage & Utility Easement
15' Side Setback
15' Side Setback
10' Drainage & Utility Easement
35' Front Setback
Proposed Driveway
10' Drainage & Utility Easement
Lot 27
15' Septic Supply Easement
WM
WM
100.00
FARM KNOLL WAY
832
836
838
840
842
844
846
848
828
836
832
Find on this side