Site Address: 124 Farm Knoll Way - Mrsal.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 133713 PIN# 4636 23 3131.000 4636 13 8187 DATE March 21, 06

OWNER OR APPLICANT Dieruf Enterprises / True Homes LLC PHONE: Business 704 309-0123 Home

ADDRESS 2125 Shepard Fry Charlotte N.C. 28211

LOCATION 124 Farm Knoll Way Mrsal TL Isle of Pines TR Rocky Farm Rd. to end TR Farm Knoll Dr. 1st lot on Right

SUBDIVISION Rocky Ridge Ph BLOCK / SECTION — LOT 41 LOT AREA .70 Ac SITE CLASS. BS DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1500 gal * Gallons: STB 444 Date 10-18-13

Pump Tank: 1500 gal * Gallons: PT 477 Date 9-18-13

Pump Make: LIBERTY Model FLS1M Serial No. 1/2 HP

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 460

No Lines 6@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: PM 25% Reduction

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☒ No Initially

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ___ No. Employees ___

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: * PER Plan Specs

Shave off any old berms in septic system area

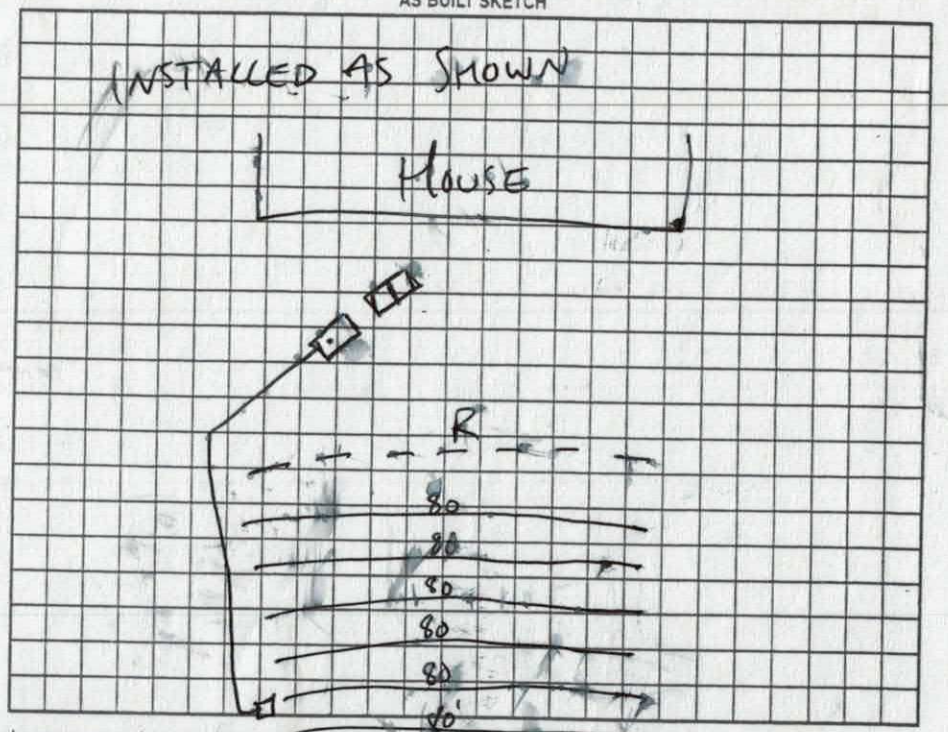
Comments:/Conditions:

INITIAL SITE SKETCH

CHECKED TANKS LINES SET & PM SIM TECH FILTER INSTALLED

SEE Plan from SAME

AS BUILT SKETCH



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. Improvement Permit with plan valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Robert B. Dieruf date 4/11/06

Improvement Permit by: [signature] date 3-21-06

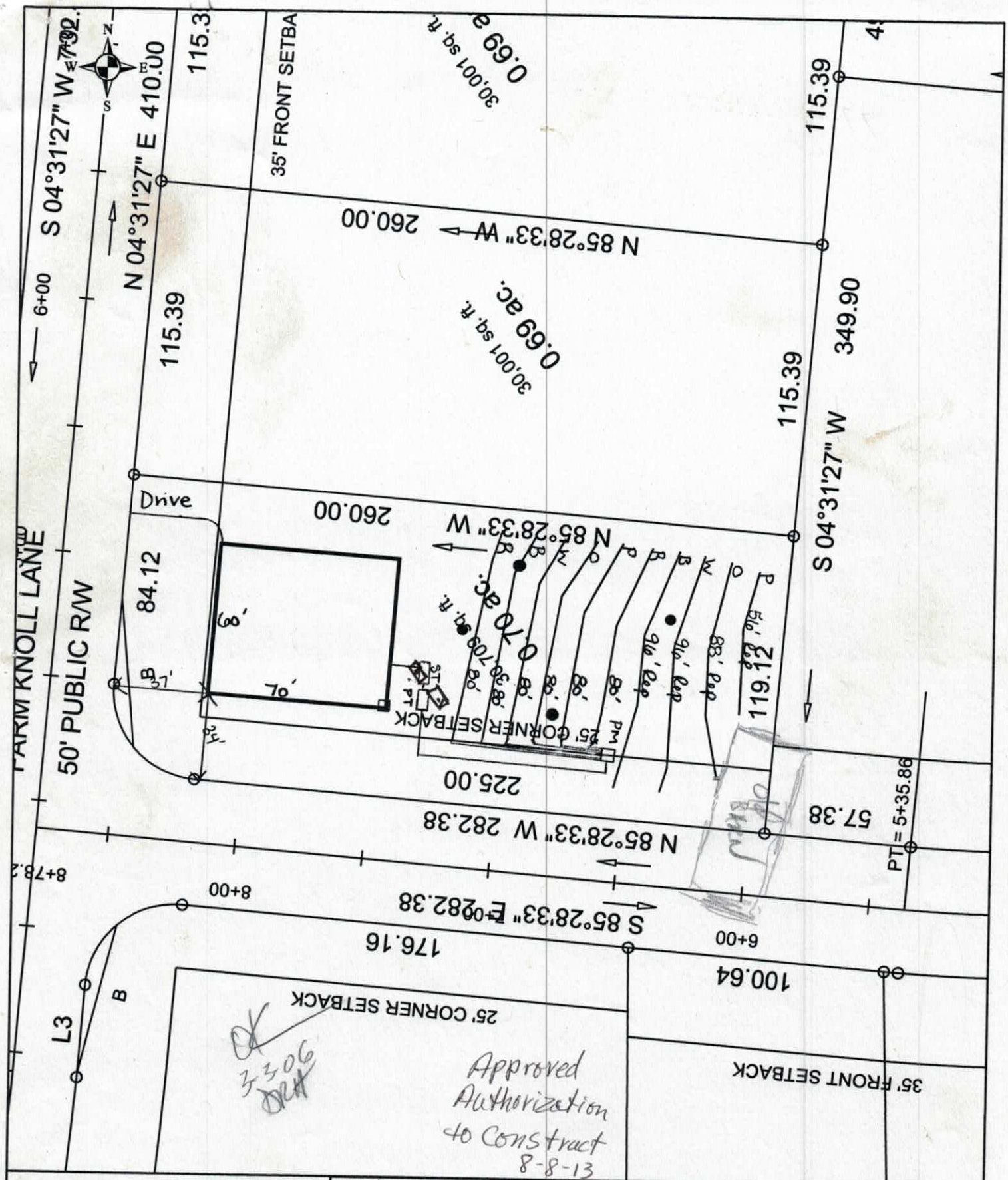
Authorization to Construct by: Judy Mabutti date 8-8-13

Installed by: STEVENS REPAIR

Operation Permit by: Tom Shuck date 3/30/2017

Existing System Inspection by: ___ date ___

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK



Scale: 1 inch equals 50 feet	S&ME	Rocky Ridge - Lot 41	FIGURE
Drawn by: JBP	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	Scaled Detailed Site Plan	1
Reviewed by: PGP		Iredell County, NC	
Date: January, 2006		S&ME Project #1588-05-081	

S&ME

H.D. copy

3-3-06
OK DRFT

To: Iredell County Environmental Health Department

From: Paul G. Penninger, LSS
Kathleen Haver, LSSIT

RE: Rocky Ridge Farm Subdivision – Dienst Enterprises – Lot 41 Fast Track

Date: February 22, 2006

Attached is the Fast Track information required to place Lot 41 Rocky Ridge Farm on your developer work list to review the septic system layouts. Please call when you are ready to review the lot and we will meet you on the site.

The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist the Iredell County Environmental Health Department (ICHD) with the site evaluation. 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. If the ICHD wishes to change tank locations, distribution devices, etc., this can be shown on the Improvement Permit.

All information and specifications were prepared in conjunction with the Fast Track Program for Iredell County and are for the sole use of Bob Dienst of Dienst Enterprises in acquiring permits under the Fast Track Program. All soil work has been approved by David Hinson of the Iredell County Health Department. It is ultimately the Iredell County Health Department's responsibility to verify all specifications before permitting and/or septic system installation.

S&ME, Inc.
385 Timber Road, Suite 104
Mooresville, North Carolina 28115-7899

(704) 662-8625
(704) 662-8735 fax
www.smeinc.com

Lot 41 Rocky Ridge Farm Fast Track Septic System Information

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
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.
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	100' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	33 gpm
Elevation head	Approx. 14.2'
Pressure head	2.0'
Friction head	2.0'
20% Contingency	3.6'
Total Head	21.8'
Pump Requirements	33 gpm @ 21.8' of head; use Goulds WE05H pump or equivelent with compatible electrical
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	approx. 7.3 min.
Check Valve	No
Siphon Break hole	Yes
Repair System	**LP PPBPS**
Total Linear Feet	336
Repair Loading Rate	0.25

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elevation (Ft.)
1	System	Red	25% Reduction	80 endfed	2.2
2	System	Blue	25% Reduction	80 endfed	
3	System	White	25% Reduction	80 endfed	
4	System	Orange	25% Reduction	80 endfed	
5	System	Pink	25% Reduction	80 endfed	
6	System	Red	25% Reduction	80 endfed	
7	Repair	Blue	LPPPBPS	96	
8	Repair	White	LPPPBPS	96	
9	Repair	Orange	LPPPBPS	88	
10	Repair	Pink	LPPPBPS	56	9
				Total System: 480'	
				Total Repair: 336'	

Tank	White	1500 gal (2 compartment)	10.4
Pump Tank	White	1500 gal.	10.4
House	Yellow		11.4

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: System w/ a 48" TB w/ 1' sand in bottom of trench

NT OF ENVIRONMENT AND NATURAL RESOURCES
OF ENVIRONMENTAL HEALTH
WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Rocky Ridge _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: Lot 41 _____ 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	L 3-5%	0-10	wsbk scl	SS SP Fr	Br	C YB	mottles	(drain)	.25
		10-22	msbk c	SS SP Fr	R				
		22-47	wsbk cl	SS SP Fr	R				
55	L	0-43	MoSBK C/CL	FR SS/SP	Red; F yel Brin		Roots		.25
3	2-6%	0-10	gr brn sl	fr ss sp					.25
		10-35	sbk red c	fr ss sp	common yellow mottles				
		35-51	sbk red cl	fr ss sp					
		-63	+sap						
4	5% L	0-10	gr brn sl	fr ss sp					.25
		10-23	wk sbk yel brn sl	fr ss sp					
		23-48	m sbk red cl	fr sp	common yellow mottles				
		48-60	m sbk red cl						
								Do 48" Hb	

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

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

COMMENTS: _____

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. **APPLICATION FOR:** ___ Improvement Permit ✓ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
True Homes	21649 Brekonridge Centre Dr.	704.238.1229	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
True Homes	21649 Brekonridge Centre Dr.	704.238.1229	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
124 Farm Knoll Way	Buckridge Farm	#41

Driving Directions: _____

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

- (✓) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System
- ( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

- (✓) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional (✓) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) 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.

9. Signature: _____ 8.08.13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. **APPLICATION FOR:** X **Improvement Permit** ___**Authorization To Construct** ___**BOTH** ___**Existing System Inspection**

2. **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 check ( ) beside whichever is submitted if applicable ___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Dianst Enterprises	2125 Sharon Lane Charlotte 28211		(704) 309-0123
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
same			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Rocky Ridge Farm	Lot 41

Driving Directions: Brawley School Rd, L Isle of Pines Rd, R Rocky Farm Road (Proposed Road)

****

5. **RESIDENTIAL Site Development Information:** ***(Check or Complete ALL that apply)***

- (X) **New, Single Family Residence**
- ( ) **New, Multi-Family Residence**
- ( ) **Expansion of Existing Septic System**
- ( ) **Repair To Failing Septic System**

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- (X) **Crawl Space Foundation?**
- ( ) **Concrete Slab Foundation?**
- ( ) **Basement w/Plumbing?**
- ( ) **Basement w/out Plumbing?**

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. **Proposed Water Supply:**

( ) **New Well** ( ) **Existing Well** (X) **Community Well** ( ) **City Water** ( ) **Other Public Water**

****

7. **Desired Septic System Type:** ***(You may rank in order of preference, if any)***

(4) **Alternative** (1) **Conventional** (2) **Innovative** (3) **Modified Conventional** ( ) **Other**___ ( ) **No Preference**

****

8. **Please Answer The Following To The Best of Your Ability:**

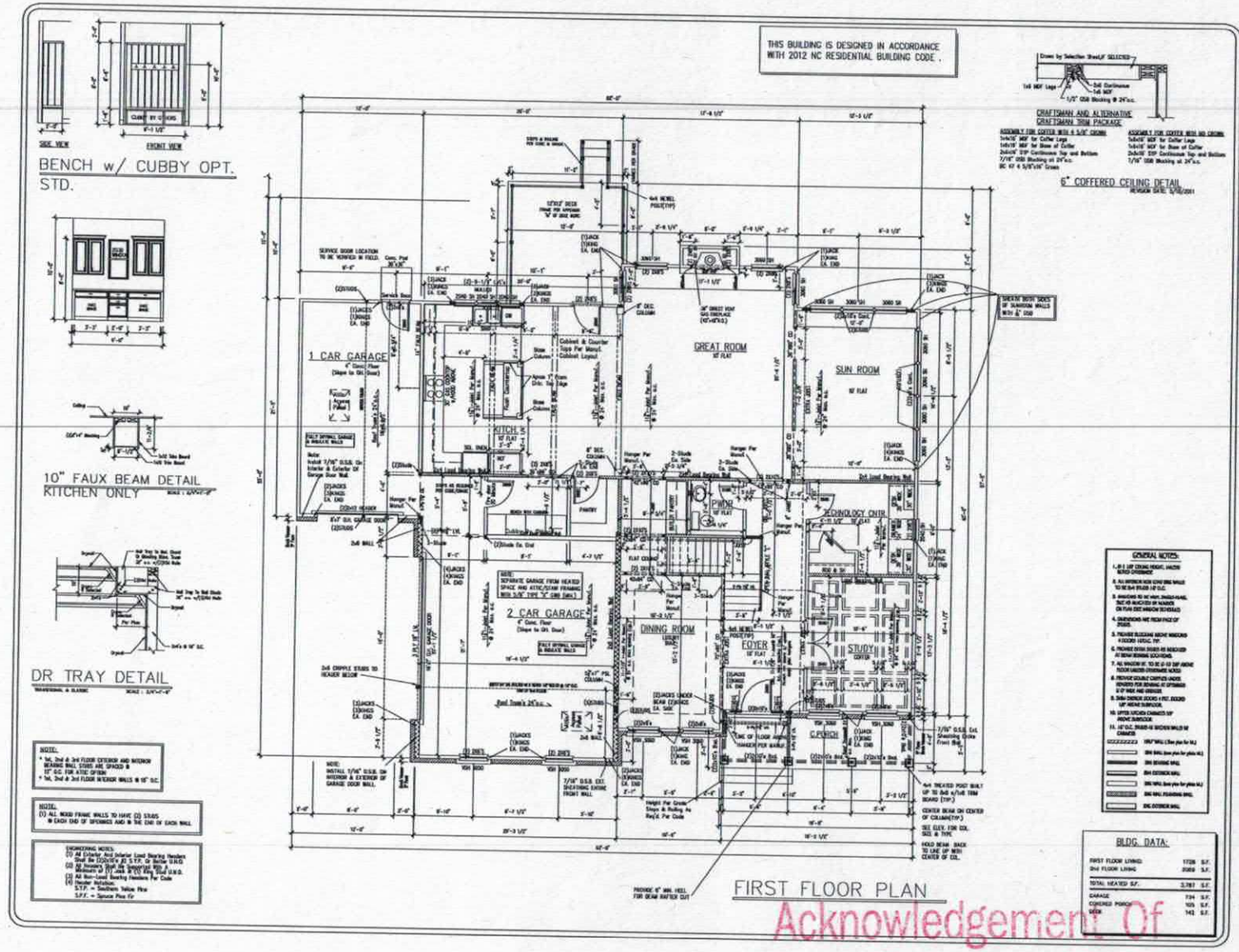
( ) **Yes** (X) **No** **Does the site contain any jurisdictional wetlands?**
( ) **Yes** (X) **No** **Is any non-domestic sewage (i.e. industry) to be generated?**
( ) **Yes** (X) **No** **Is the site subject to approval by any other public agency?**

****

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.

9. **Signature:** Kathleen Naver
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/15/05
DATE



TRUE HOMES L.L.C.
2649 Brekon Ridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-226-9486

ROCK RIDGE POINT
LOT #41

FLOOR PLAN

DRAKE

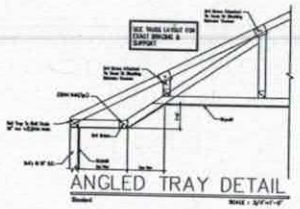
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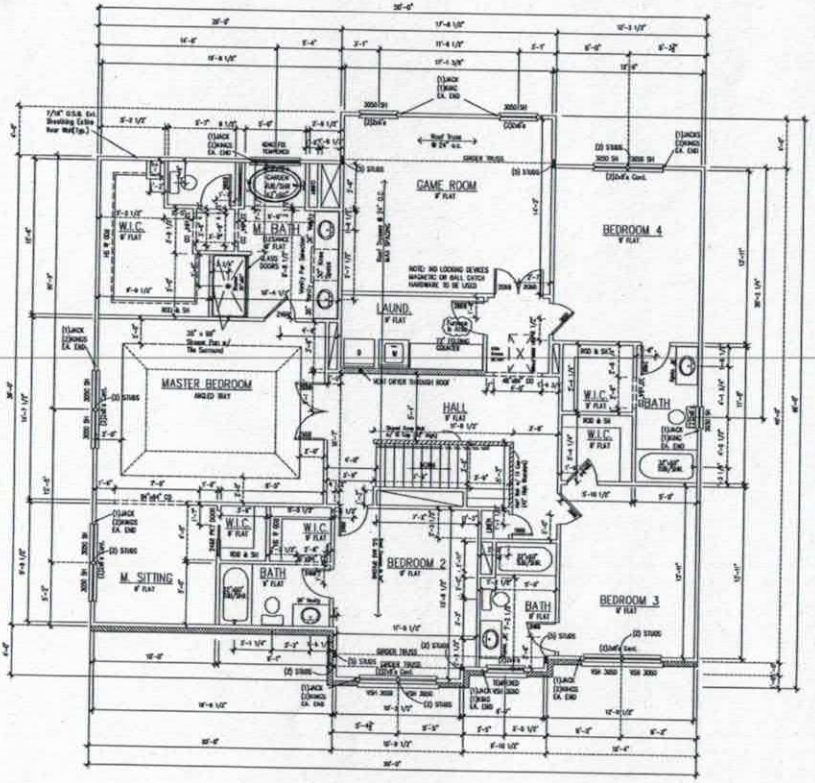
DRAWN BY: D.P.S.
DATE: 7.23.13
SCALE: 1/4"=1'-0"
REVISION:
JOB: SPEC HOUSE

SHEET: 4

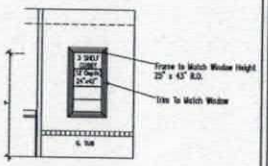
Acknowledgement Of
Plans Submittal ONLY!
Date 8-8-13
Date

THIS BUILDING IS DESIGNED IN ACCORDANCE WITH 2012 NC RESIDENTIAL BUILDING CODE .





SECOND FLOOR PLAN



NOTE:
* 1st, 2nd & 3rd FLOOR EXTERIOR AND INTERIOR BEARING WALL STUDS ARE SPACED @ 12" O.C. FOR 61'0" SPACE
* 1st, 2nd & 3rd FLOOR INTERIOR WALLS @ 16" O.C.

NOTE:
(1) ALL WOOD FRAME WALLS TO HAVE (3) STUDS @ EACH END OF OPENINGS AND @ THE END OF EACH WALL

ENGINEERING NOTES:
(1) All Exterior And Interior Load Bearing Headers Shall Be (2)2x10 SYP, Or Better U.N.O.
(2) All Headers Shall Be Supported With 3 Studs At Each End Unless Noted Otherwise
(3) All Non-Load Bearing Headers Per Code
(4) Header Notation
S.Y.P. = Southern Yellow Pine
S.P.F. = Spruce Pine Fir

GENERAL NOTES:

Acknowledgement Of
Plans Submittal ONLY!
Judy McAuliffe Date 8-8-13
Date

TRUE HOMES L.L.C.
2649 Brekon Ridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-226-9486

ROCK RIDGE POINT
LOT #41

FLOOR PLAN

DRAKE

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DRAWN BY: D.P.S.
DATE: 7.23.13
SCALE: 1/4"=1'-0"
REVISION:
JOB: SPEC HOUSE

SHEET:
6

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 133713ZO

Printed: 8/6/2013

Master #: 133713

Associated Permits:
133713ZO Zoning

Applicant

Name: True Homes, LLC
Address: 2649 Breckonridge Centre Dr., Suite 104
Monroe, NC 28110

Phone: (704) 238-1229

Parcel

Parcel Number: 4636138187.000
Address: 124 Farm Knoll Ln.
Mooresville, NC 28117
Subdivision: Rocky Ridge Farm

Zoning: RA
Township: 1700
Area: .70
Lot(s): 41

Directions to Parcel: Brawley School Rd, left Isle of Pines,left Rocky Farm Rd, property on right on the corner of Farm Knoll and Rocky Farm.

Owners

Name: CAROLINA DEVELOPMENT SERVICES LL
Address: 2649 BRECKONRIDGE CENTER DR
MONROE, NC 28110

Contractors

Contractor Type: Building
Name: True Homes, LLC
Address: 2649 Breckonridge Centre Dr., Suite 104
Monroe, NC 28110

Phone: (704) 238-1229

Fees and Receipts:

Number	Description	Amount
FEE-118382-04	Zoning - Permit / Inspection	$45.00
FEE-118454-04	Environmental Health - Type I or II Fast Track	$200.00
FEE-293064-07	Zoning - Permit Application	$75.00
FEE-293065-07	Technology Fee - Planning	$2.25

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 #: 133713ZO
Proposed Use: Single Family
Location of Property: 000 Farm Knoll Ln. Mooresville NC 28117
Parcel #: 4636233131.041
Lot #: 41 Size: .70
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: 25 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, property on right on the corner of Farm Knoll and Rocky Farm.

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: _____

DEBBIE WILLIAMS

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

Printed: 2/2/2006