IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 20874613371O

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

PIN # 463613-9521.000 ✓

APPLICANT: True Homes | APPLICANT ADDRESS: 2649 Brekonridge Point Center Dr. Monroe NC

SITE ADDRESS: 142 Farm Knoll Way Mooresville NC 28117 | PHONE: 704-283-1229 | ALT. PHONE:

SITE DIRECTIONS: 85 S, TL Isle Of Pines, TR Rockridge Point,

SUBDIVISION: Rockridge Point | SECTION: — | LOT # 38 | LOT AREA: .69 Acre | DESIGN FLOW: 480 GPD | L.T.A.R.: .3

Septic Tank	1500 (gal)	STB	2111	Date	8-29-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1500 (gal)	PT	1850	Date	7-25-16	System Description: LP - PPBPS				☐ Business	No. Persons 8
Pump Make	Zoeller	Model	PN53	Serial #		Repair System Description: LP - PPBPS				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	280 (267)	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Existing Well Must Be Properly Abandoned For AC To Be Issued. Recommend Crush And Fill Existing Tank On Lot. Existing Tank Crushed And Filled. 4/27/15 SL

Supply Line For Lot 27 Installed As Per Kenny Owens. 9/7/16 Reviewed Floor plans, in Compliance With Septic plan

INITIAL SITE SKETCH

See Attached Approved Design By Septic Environmental Solutions

Dated 3/20/15

SL

AS-BUILT SKETCH

Checked Tanks 12-22-16 RA

Checked Lines / Pump 1-6-17 RA

Checked pressure, elect & alarm

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: [signature] Date: 5/11/15 Installed by: Sid Gaskins

IMPROVEMENT PERMIT by: [signature] Date: 3/20/15 OPERATION PERMIT by: Marian Dotson Date: 1/24/17

AUTHORIZATION TO CONSTRUCT by: Marian Dotson RS Date: 9-7-16 Existing System Inspected by: Date:

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

ROCKRIDGE POINT SUBDIVISION

Plat 60
Page 73

Lot 42
Septic Repair Area

SCALE
40 0 20 40
1 inch = 40 ft.

100.00
10' Drainage & Utility Easement
35' Rear Setback
15' Side Setback
10' Drainage & Utility Easement
Lot 27 - 15' Septic Supply Easement
10' Drainage & Utility Easement

EXISTING SEPTIC SYSTEM TO BE REMOVED

Lot 38
0.69 Acres

PT-ST
Clean Out
853.9
853.4
58'
#142
House Pad
60'
850.2
849.6
300.00
300.00

Lot 37
Lot 39

852
854
856
848
846
844
842
838
836
834
832

TOTAL LOT AREA: 30,056 SQ.FT.
HOUSE PAD AREA: 3,480 SQ.FT.
DRIVEWAY AREA: 2,464 SQ.FT.

AREA W/IN R/W: 1,409 SQ.FT.

Proposed Driveway
Proposed Future
Proposed Repair Septic Area
Existing Well
Valve Box
87'O
110'P
110'O
95'P
75'O
60'P
44'O
35' Front Setback
20' Drainage & Utility Easement
Lot 27 - 15' Septic Supply Easement
WM
WM
100.00
Proposed Initial Septic Area

FARM KNOLL WAY

OK ICHD 3/20/15 SL

SEPTIC ENVIRONMENTAL SOLUTIONS

1 March 2015 AD

To: Iredell County Environmental Health Department
Mooresville, North Carolina Office

From: Kenneth L. Owens, NCLSS
Septic Environmental Solutions, Inc.

RE: Rock Ridge Point Subdivision, True Homes Individual Lots

Per your request, Septic Environmental Solutions, Inc. has prepared this letter briefly summarizing the scope of services that was completed on individuals lots located at Rock Ridge Point Subdivision. It is our understanding that all soils work in the subdivision was completed and approved by Iredell County Health Department personnel (ICEHD). Therefore, for this scope of service, Septic Environmental Solutions, Inc. completed septic drainfield line layout for each available lot in the subdivision. Each septic line was laid out level and on contour per the Fast Tract requirement. In addition please see the following survey with the attached design proposal per your request. It should be noted that this is not an Improvement Permit or Authorization to Construct, and is only to assist ICEHD with the *SITE* Evaluation (soils approved in 2006 per the existing Improvement Permits for each lot) including field verification of property lines, corners, house pads, driveways, building setbacks, easements and septic drainfield layouts per the individual lots. The septic systems should be installed in accordance with the ICEHD permits, policies, and per the North Carolina Rules and Regulations. Verification of all information is the responsibility of ICEHD before issuing any septic permits.

Sincerely,

Kenneth L. Owens

Septic Environmental Solutions, Inc.
Kenneth L. Owens, President
NCLicensed Soil Scientist #1134

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

Design Specifications for Lot 38 Rock Ridge Point, Iredell, North Carolina

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	3	Total LP PPBPS, See Scaled Dwg.
Primary System	280	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	212	2" SCH 40 PVC 1 1/4" SCH 40 PVC
Number of T&J Panels	64	Total panels for primary system
Flow Rate through System	32	gpm– use 5/32" holes with 3ft head
Elevation Head	3.00	ft.
Pressure Head	3.00	ft.
Friction Head	3.70	ft.
20% Contingency	1.94	ft.
Total Head	11.6	ft.
Pump Requirements	32	gpm. with 12-ft of Head; Use Goulds WE03M Pump or Equivelent with Compatible Electrical
Dosing Volume	231	gallon 2.1 does/day@design flow*
Pump run time per dose, approximate	7.2	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	280	ft

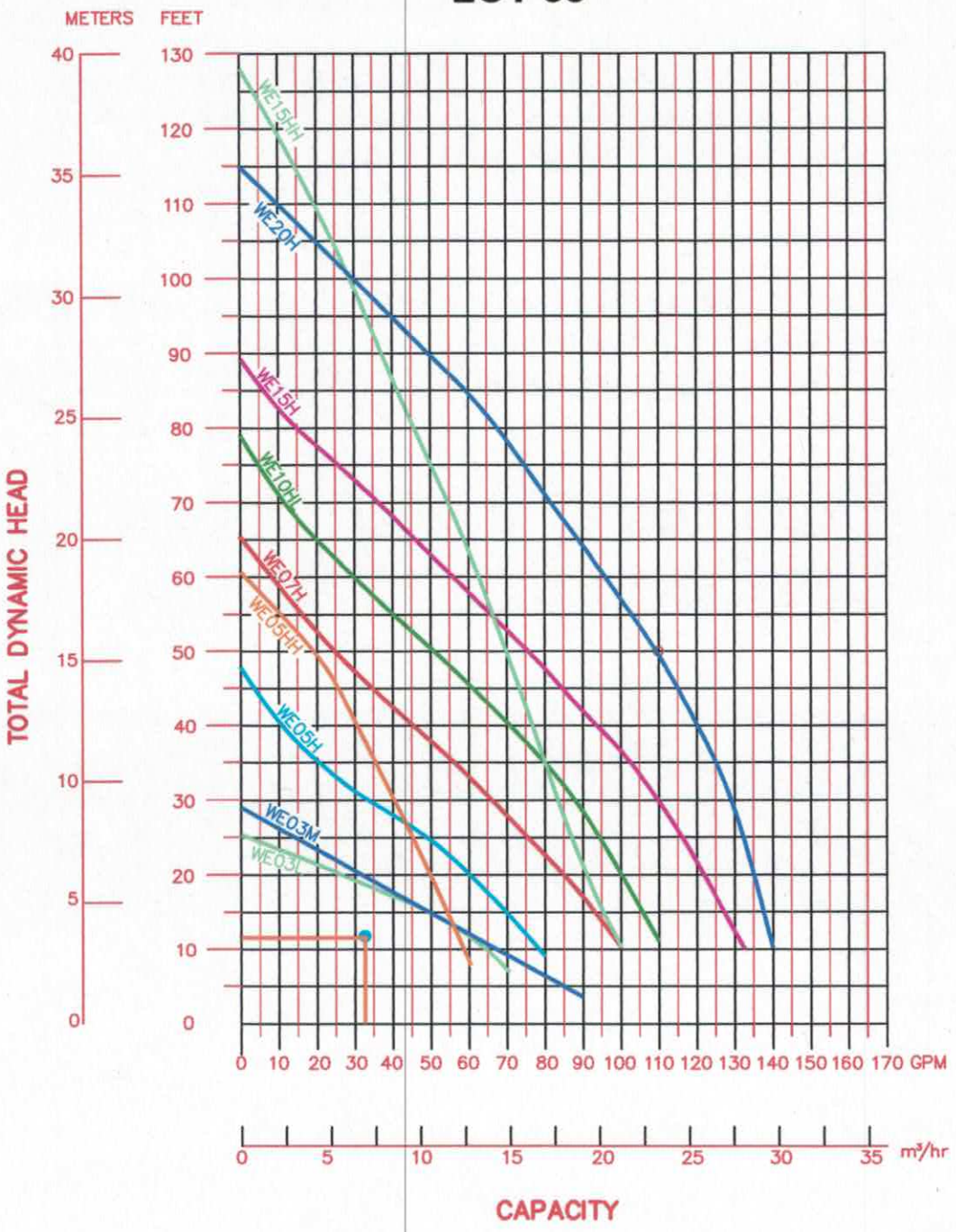
OK TCHD 3/20/15

*Before placement of cap block, one panel on each line near the center of the field should be observe 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 #:	4636233131.038		
Number of bedrooms	4				Lot	38		
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	110	25	25					
Line # 2	95	22	22					
Line # 3	75	17	17					
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	280	64	64					
	*Lines longer than 70 ft. must be center-fed to comply with sewage rules.							
Absorption Area								
Length (ft)	Width (ft)	Spacing	Area (ft^2)					
280	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	32	gpm	Total number of panels required multiplied by the orifice flow rate					
System Dose Volume	231	gal.	Total number of panels required multiplied by 3.6 gal./panel					
Doses Per Day	2.1	cycles	Number of dose cycles per day based on daily design flow. Daily design flow divided by system dose volume.					
Pump Run Time	7.22	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	7.97	in.	System Dose Volume divided by gallons per inch for the designed tank size.					
Supply Line Length	212.00	ft						
Elevation head+pump height	3.00	ft.						
Friction Head	3.70	ft.						
20% Contingency	1.94	ft.						
Total Head	11.6							
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.				

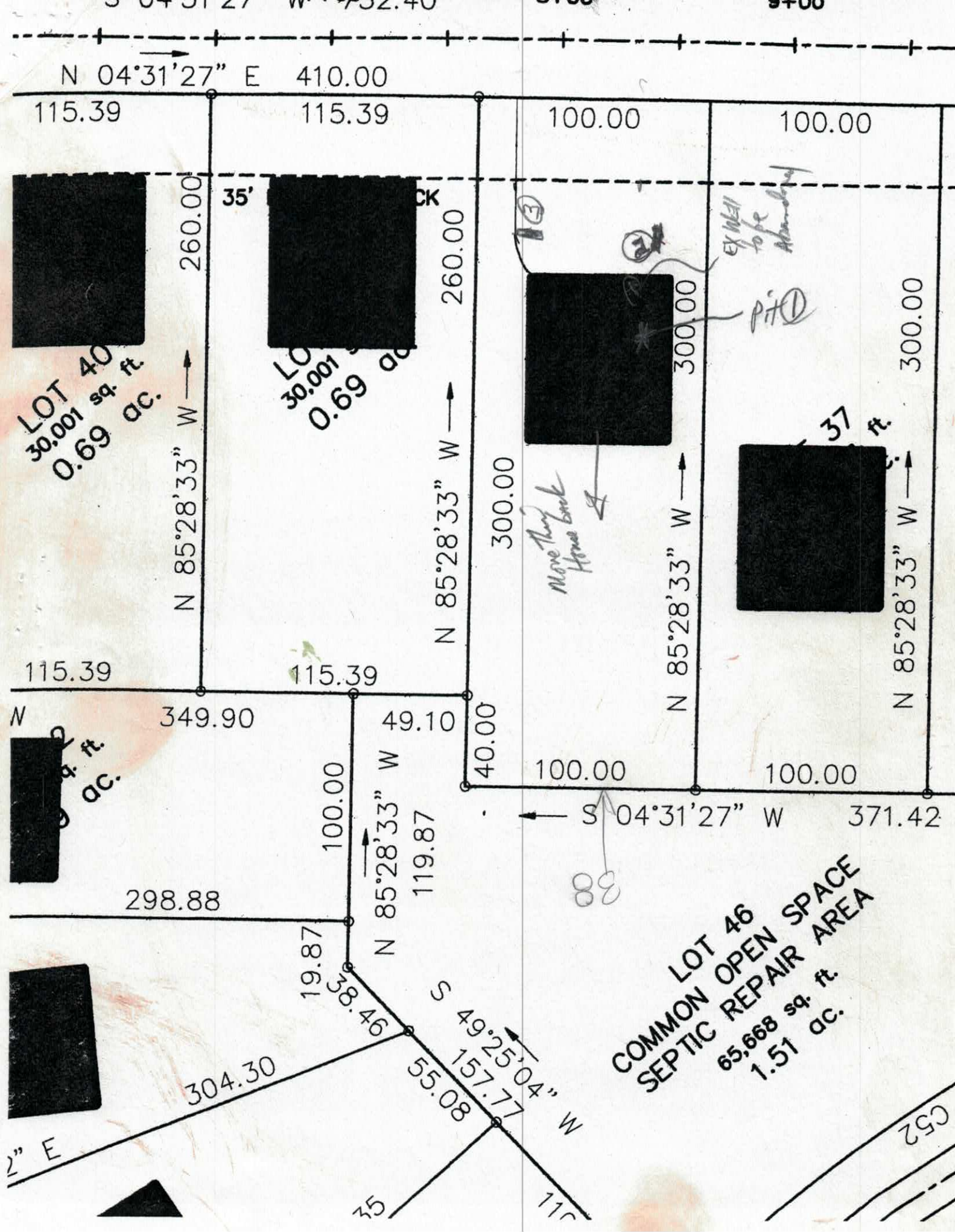
T&J Panel Summary Table	
Linear Feet	# Panels
20	5
30	7
40	9
50	11
60	14
70	16
80	18
90	21
100	23
110	25
120	17
130	30
140	32
150	34
160	37
170	39
180	41
190	43
200	46

PUMP CURVE
LOT 38



GOULDS PUMP PERFORANCE CURVES

Submersible Effluent Pump WE Series


N 04°31'27" E 410.00
115.39
115.39
100.00
100.00
260.00
260.00
300.00
300.00
LOT 40
30,001 sq. ft.
0.69 ac.
N 85°28'33" W
115.39
115.39
349.90
49.10
40.00
100.00
100.00
S 04°31'27" W 371.42
100.00
N 85°28'33" W
119.87
298.88
19.87
304.30
55.08
157.77
S 49°25'04" W
LOT 46
COMMON OPEN SPACE
SEPTIC REPAIR AREA
65,668 sq. ft.
1.51 ac.
Move Thing Home Back
Pit 1
37 ft.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Rocky Ridge _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 2/9/06
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 38 _____ 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	0-4	GR SL	FR SS/SP	Br				.3
		4-26	MOSBKC	FR SS/SP	Red				
		26-38	WKSBKCL	FR SS/SP	Red; C Sap				
		38-48	MA SL/L Sap	FR SS/SP	Red Br				
					Many Med/Large Roots 0-48"				
2	2-10%	0-6	gr wk sk brn sl	fr ss sp					.3
		6-24	SBK red c	fr ss sp					
		24-38	wk sbk red cl	fr ss sp	Red mod Sap				
		38-57	massive ls sap	fr ss sp					
3	10% Beginning of AS	10-11	wk sbk brn sl	fr ss sp					.3
		11-51	m sbk s c	fr ss sp ss p					
4									

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

RECEIVED SEP 1 2016

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:
Place check ( ) beside whichever is submitted if applicable

✓ Survey Plat, Scaled no more than 1 Inch = 60 Feet
✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
True Homes	2649 Brekonridge Ctr Dr, Monroe NC 28110	(704) 238-1229	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
True Homes	2649 Brekonridge Ctr Dr, Monroe, NC 28110	(704) 238-1229	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
142 Farm Knoll Way, Mooresville	Rockridge Point	38

Driving Directions: 1-77 S to Brawley School Road, head West. Turn Left on Isle of Pines Rd

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 ___
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: Brian Chisholm — 09/01/16

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

RECEIVED AUG 30 2016

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For:

( ) Septic Improvement Permit (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(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:
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: 264-253-1229

Owner Name: TRUE HOMES Address: 2649 BRECKENRIDGE CENTER DR Phone: 264-253-1229

Property Information:

Street Address: 142 FARM KNOLL WAY

Subdivision Name: ROCK RIDGE POINT Section/Phase: ~~1~~ Lot Number: 38

Driving Directions: HIGHWAY 77 ~~SOUTH~~ SOUTH, RIGHT ONTO BRANLEY SCHOOL RD
TRight ONTO ISLE OF PINES. TRight ONTO 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:
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: [signature]
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-26-16
DATE

RECEIVED FEB 2 7 2015

Paid $225.00 Int. Relay # 208746

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

- ( ) New Well Permit
- ( ) Well Repair Permit
- ( ) Well Abandonment
- (X) Septic Improvement Permit
- ( ) 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:

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: 264-283-122

Owner Name: TRUE HOMES Address: 2649 BRECKENRIDGE CENTER DR Phone: 264-283-122

Property Information:

Street Address: FARM KNOLL WAY

Subdivision Name: ROCK RIDGE POINT Section/Phase: NA Lot Number: 38

Driving Directions: HIGHWAY 21 SOUTH, RIGHT ONTO BRAWLEY SCHOOL RD RIGHT ONTO ISLE OF PINES. TRUE IS 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:

Maximum Number of Employee:

Maximum Number of Seats/Beds/Other:

NA

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

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

2-26-15

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 142 Farm Knoll Way, identified as PIN(Parcel Identification Number) 4636129521.000, located in Iredell County, North Carolina.

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

[signature] — 3-6-15
Signature of Witness — 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: same	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address: ___ Subdivision Name: Rocky Ridge Farm Section/Phase and Lot Number: Lot 38

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:**

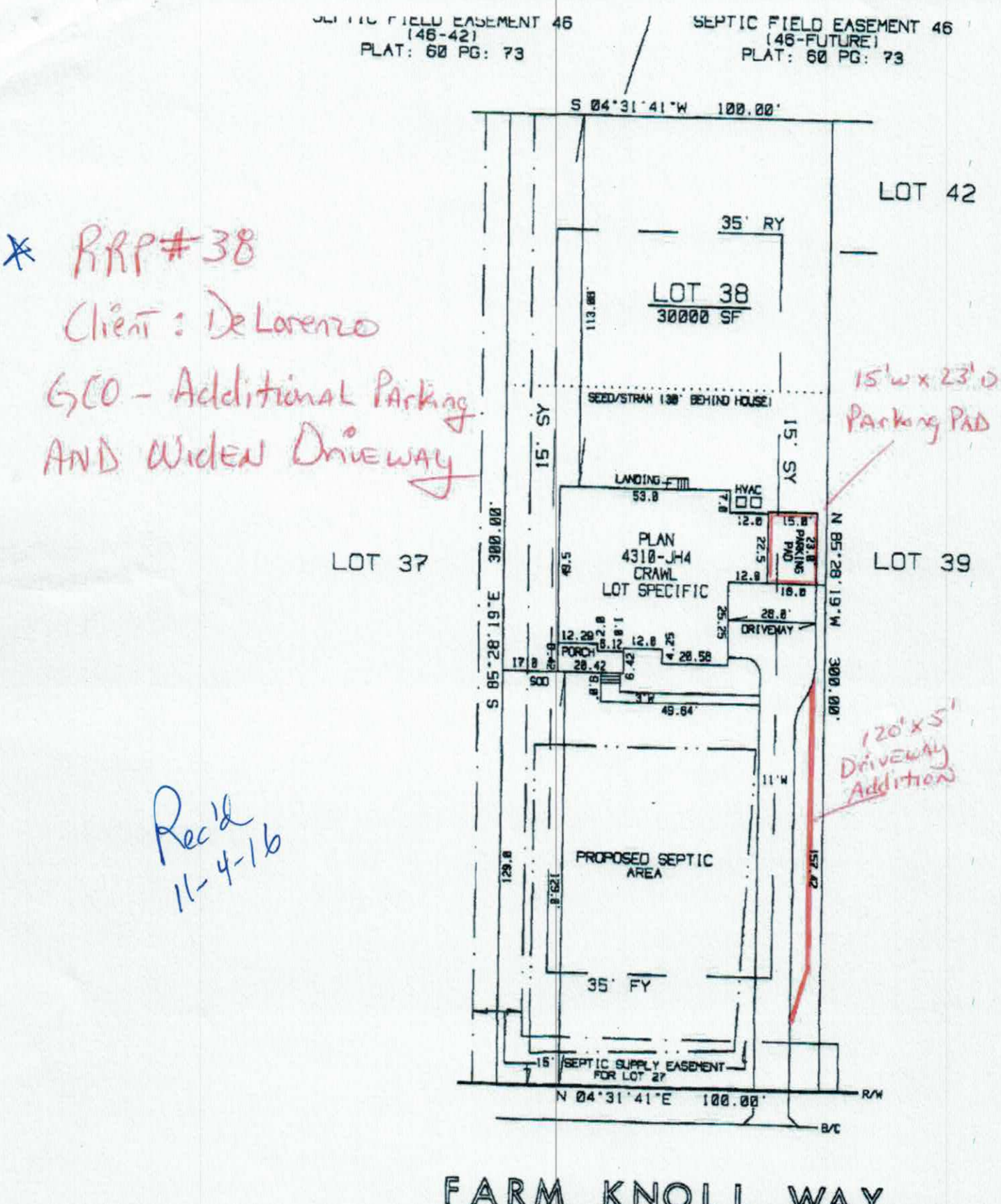
( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industry) to be generated?**
( ) Yes (X) No **Is the site subject to approval by any other public agency?**

****

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

12/15/05
DATE



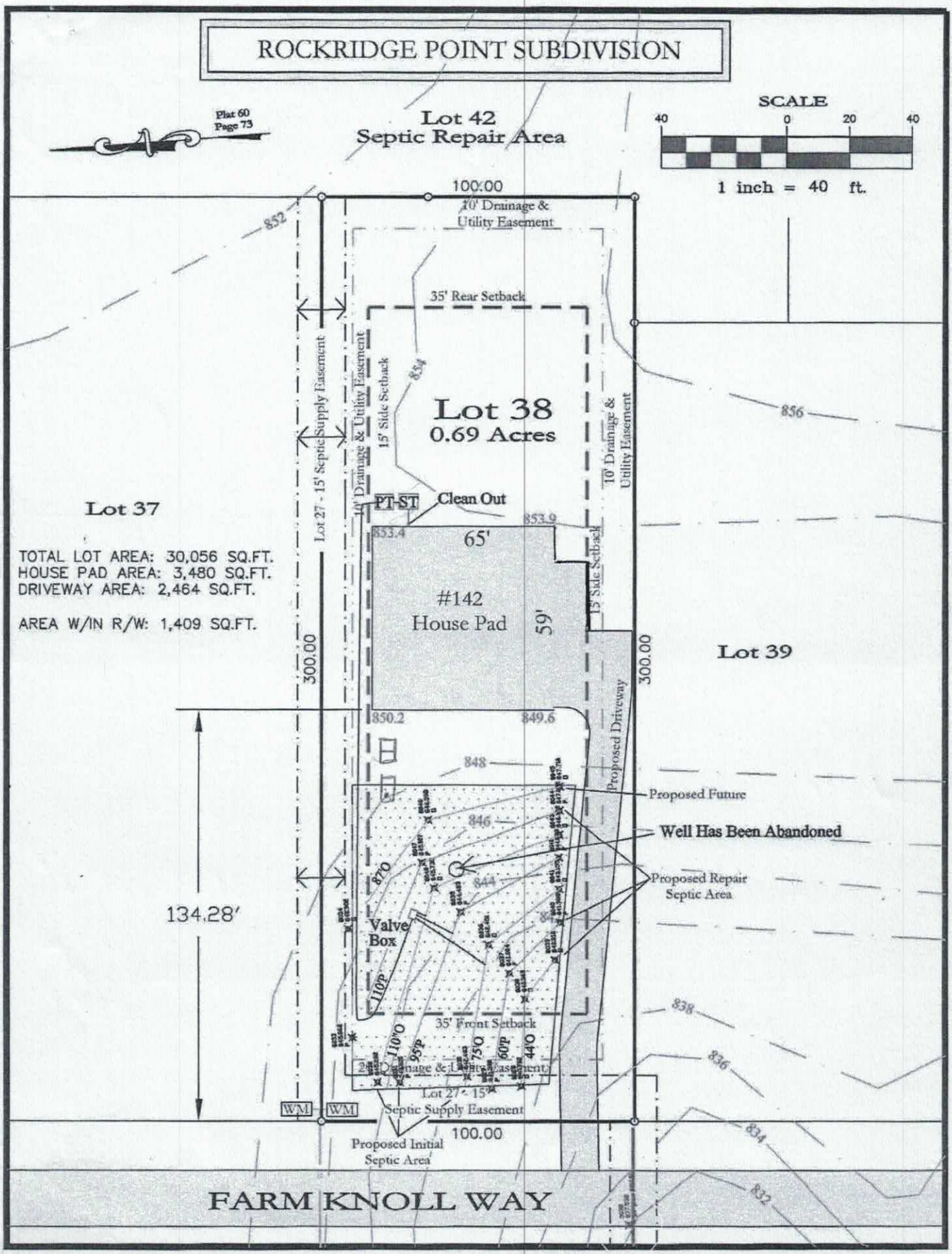
* RRP#38

Client: DeLorenzo

GCO - Additional Parking
AND Widen Driveway

Rec'd
11-4-16

PRELIMINARY SQ. FT


ROCKRIDGE POINT SUBDIVISION
Plat 60
Page 73
Lot 42
Septic Repair Area
SCALE
40 0 20 40
1 inch = 40 ft.
100.00
10' Drainage & Utility Easement
35' Rear Setback
Lot 38
0.69 Acres
Lot 27 - 15' Septic Supply Easement
10' Drainage & Utility Easement
15' Side Setback
PT-ST
Clean Out
853.4
853.9
65'
#142
House Pad
59'
15' Side Setback
10' Drainage & Utility Easement
Lot 37
TOTAL LOT AREA: 30,056 SQ.FT.
HOUSE PAD AREA: 3,480 SQ.FT.
DRIVEWAY AREA: 2,464 SQ.FT.
AREA W/IN R/W: 1,409 SQ.FT.
300.00
300.00
Lot 39
850.2
849.6
Proposed Driveway
Proposed Future
Well Has Been Abandoned
Proposed Repair Septic Area
134.28'
Valve Box
35' Front Setback
Lot 27 - 15' Septic Supply Easement
WM
WM
100.00
Proposed Initial Septic Area
FARM KNOLL WAY
852
856
848
846
844
838
836
834
832

Acknowledgement of Plans Submittal ONLY!

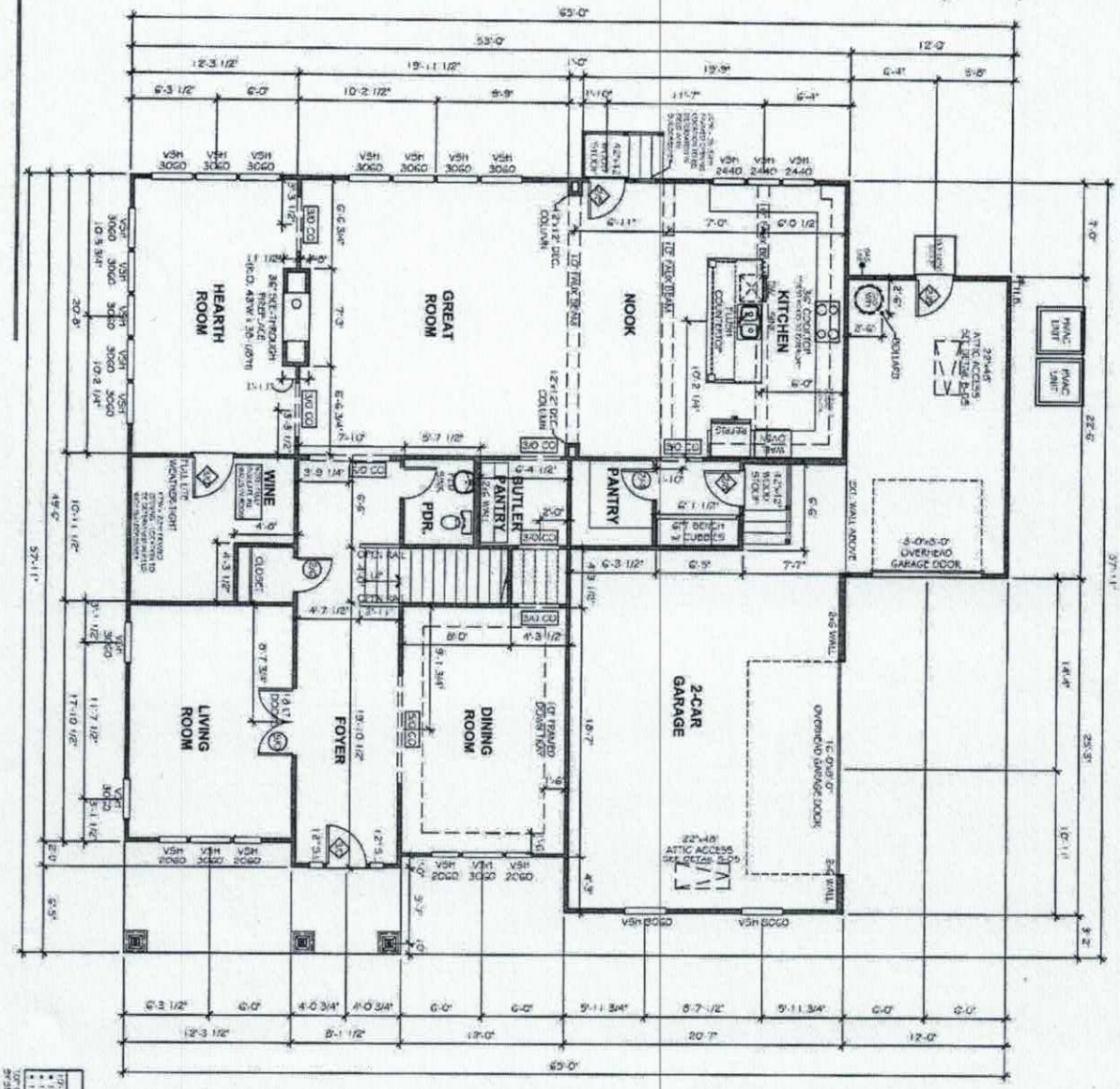
Date 9/7/16

65' 0"

8-10-16

57' 11"

4310 - FIRST FLOOR PLAN



SHEET:	A2.1
DRAWN BY:	TD
DATE:	8.1.16
SCALE:	3/16"=1'-0"
CHECKED BY:	TD

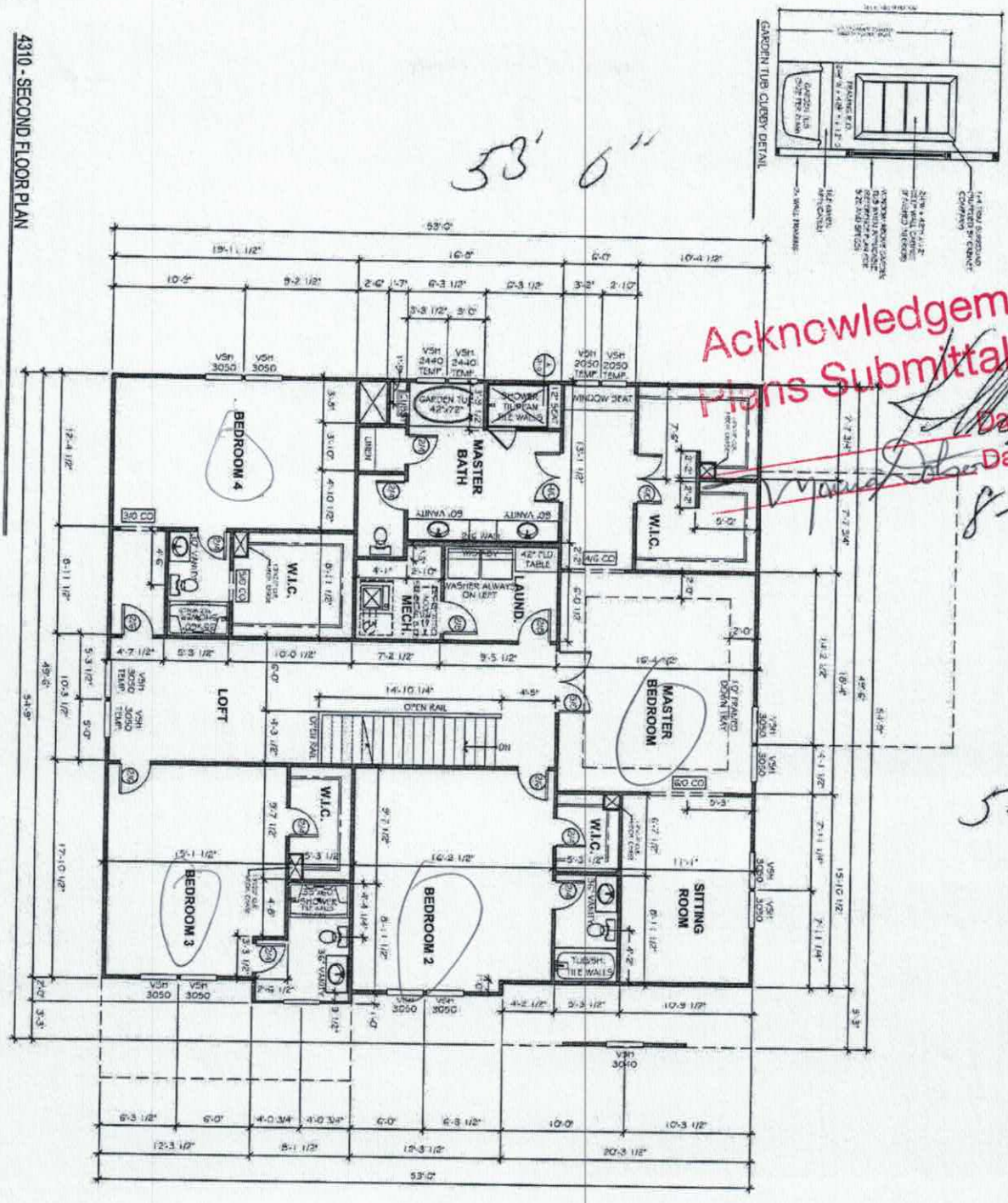
CAMPBELL
4310

IREDELL

ROCK RIDGE POINT
LOT # 38

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

4310 - SECOND FLOOR PLAN



Acknowledgement of Plans Submittal ONLY!

Date 9/7/16

Date 8-10-16

SHEET: A2.2	DRAWN BY: TJD DATE: 8.1.16 SCALE: 3/16"=1'-0" CHECKED BY: TJD	CAMPBELL 4310 IREDELL	ROCK RIDGE POINT LOT # 38	TrueHomes IT'S ALL ABOUT U 2649 Brekon Ridge Centre Dr. Suite 104 Monroe, N.C. 28110 704-226-9486

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 #:	133710ZO	Subdivision:	Rocky Ridge Farm
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Farm Knoll Ln. Mooresville NC 28117		
Parcel #:	4636233131.038	Zoning:	RA
Lot #:	38 Size: .69	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, right 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