IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208748

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

PIN # 4636-23-2390.000

APPLICANT: True Homes APPLICANT ADDRESS: 2649 Breckenridge Centre Dr.

SITE ADDRESS: 112 Rock Ridge Point Dr. Mooresville NC 28117 PHONE: 704-283-1229 ALT. PHONE:

SITE DIRECTIONS: RSR, TL Isle of Pines, TR Rock Ridge Point Dr, Site on R

SUBDIVISION: Rock Ridge Point SECTION: — LOT # 44 LOT AREA: .77 Acre DESIGN FLOW: 480 GPD L.T.A.R.: .25

Septic Tank 1500 (gal) STB 500 Date 1-20-17
Pump Tank 1500 (gal) PT 1850 Date 1-19-17
Pump Make — Model — Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 330' (320)
Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP PPBPS
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space

Water Supply: ☐ Private ☐ Public ☒ Community
☐ Basement w/o plumbing

Comments / Conditions: Shave off any Beams in septic area. Follow all septic Rules.

INITIAL SITE SKETCH

See Design Approved / Attached By Septic Environmental Solutions

Dated 3/20/15

AS BUILT SKETCH

10/18/17: Gample Precast top seam S.T. + P.T.
- Polylok PL-68 Effluent filter installed.
- Tanks + Lines installed approximately where permitted. -SA

Top → Bottom

L1	66
L2	66
L3	66
L4	74
L5	58

Elev. OK.

330' L.F. of PPBPS installed @ 36" TB.

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.

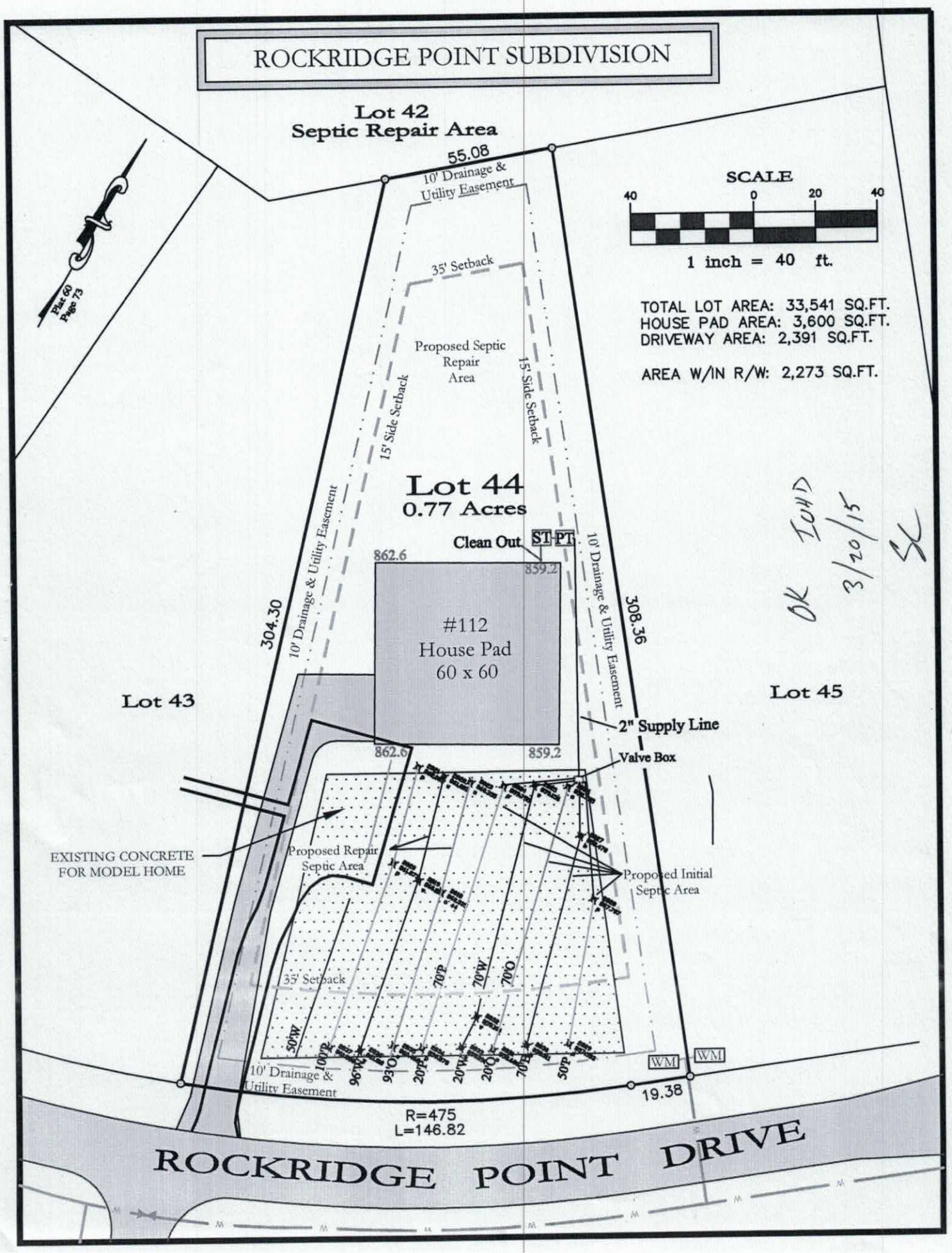
Owner / Applicant Signature: Date: 5/11/15 Installed by: Sid Gaskins

IMPROVEMENT PERMIT by: Date: 3/20/15 OPERATION PERMIT by: Kayla Wilson Date: 11-17-17

AUTHORIZATION TO CONSTRUCT by: APPROVED AUG 09 2017 Date: Existing System Inspected by: Date:

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

ROCKRIDGE POINT SUBDIVISION



OK TWD 3/20/15 SK

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 44 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)	0.25	gpd/ft^2 LTAR including Soils Evaluations were determined by Iredell County. Soils Evaluations and LTAR were not Conducted by Septic Environmental Solutions, Inc.
Number of Lines	5	Total LP PPBPS, See Scaled Dwg.
Primary System	330	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	80	2" SCH 40 PVC 1 1/4" SCH 40 PVC
Number of T&J Panels	76	Total panels for primary system
Flow Rate through System	38	gpm– use 5/32" holes with 3ft head
Elevation Head	7	ft.
Pressure Head	3	ft.
Friction Head	2.67	ft.
20% Contingency	3	ft.
Total Head	15.2	ft.
Pump Requirements	38	gpm. with 16-ft of Head; Use Goulds WE03L Pump or Equivelent with Compatible Electrical
Dosing Volume	274	gallon 1.8 does/day@design flow*
Pump run time per dose, approximate	7.2	min
Check Valve	Yes	
Siphon Break Hole	Yes	
Repair System Loading Rate	0.25	gpd/ft2
Repair System	Yes	LP PPBPS, See attached dwg.
Total foot of Repair	290	ft

OK Tmd 3/20/15

Before placement of cap block, one panel on each line near the center of the field should be observed 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 #:	4636233131.044		
Number of bedrooms	4				Lot	44		
Craw Space/Basement	Craw Space							
Daily Design Flow	480	gpd			Address:	Iredell County		
LTAR	0.25	gpd/ft.^2			Consultant:	Septic Environmental Solutions Inc.		
Linear footage	640.00	ft. (Conventional)			Phone:	704-502-5588, Fax 704-684-1469		
Linear footage	320.00	ft. (50% Reduction)						
Trench Maximum Depth	36	inches						

Laterals	Length (ft)	# Panels	Calculated
Line # 1	70	16	16
Line # 2	70	16	16
Line # 3	70	16	16
Line # 4	70	16	16
Line # 5	50	12	12
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	330	76	76

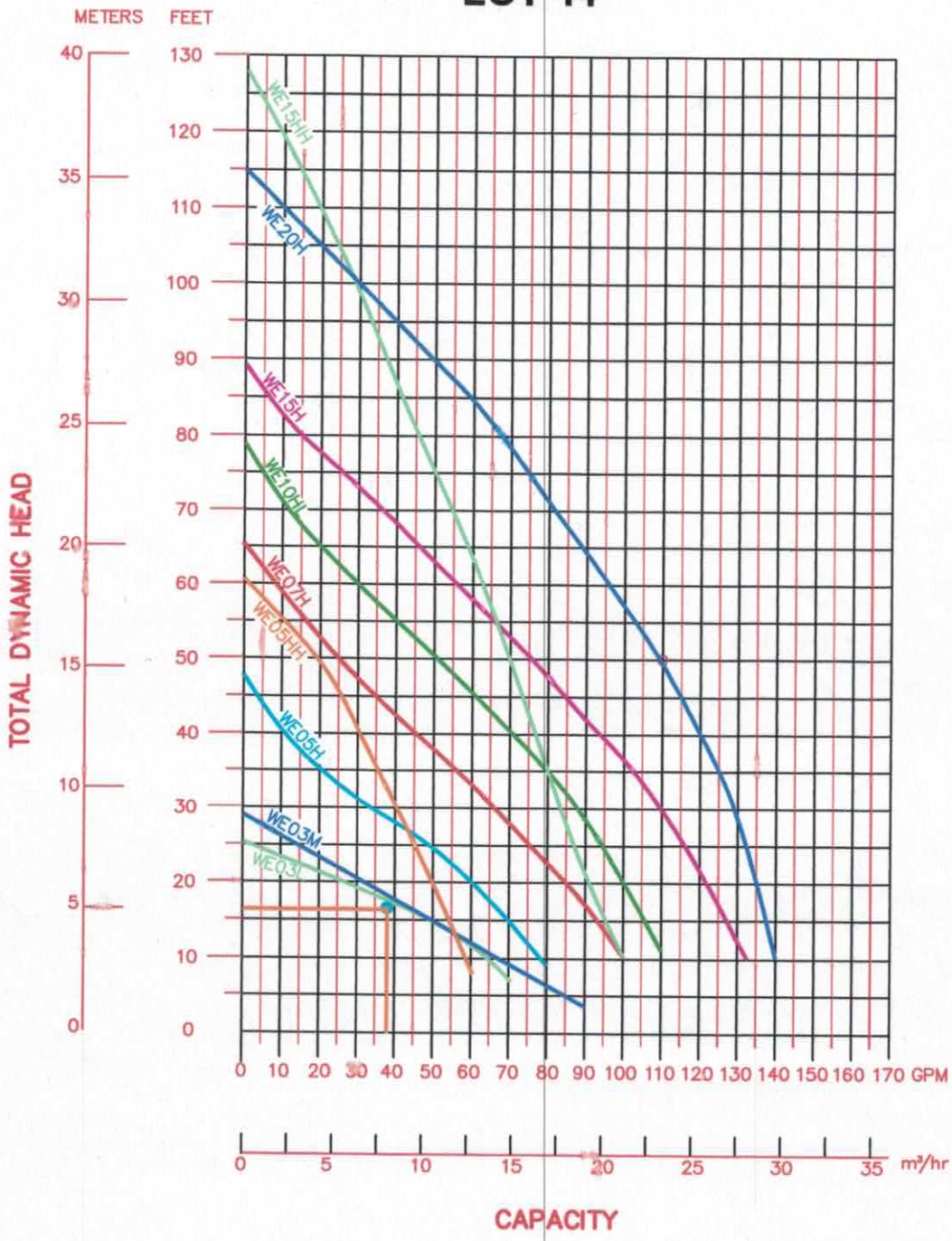
*Lines longer than 70 ft. must be center-fed to comply with sewage rules.

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

Absorption Area				
Length (ft)	Width (ft)	Spacing	Area (ft^2)	
330	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	38	gpm	Total number of panels required multiplied by the orifice flow rate	
System Dose Volume	274	gal.	Total number of panels required multiplied by 3.6 gal./panel	
Doses Per Day	1.8	cycles	Number of dose cycles per day based on daily design flow. Daily design flow divided by system dose volume.	
Pump Run Time	7.21	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	9.45	in.	System Dose Volume divided by gallons per inch for the designed tank size.	
Supply Line Length	80.00	ft		
Elevation head+pump height	7.00	ft.		
Friction Head	2.67	ft.		
20% Contingency	2.53	ft.		
Total Head	15.2			

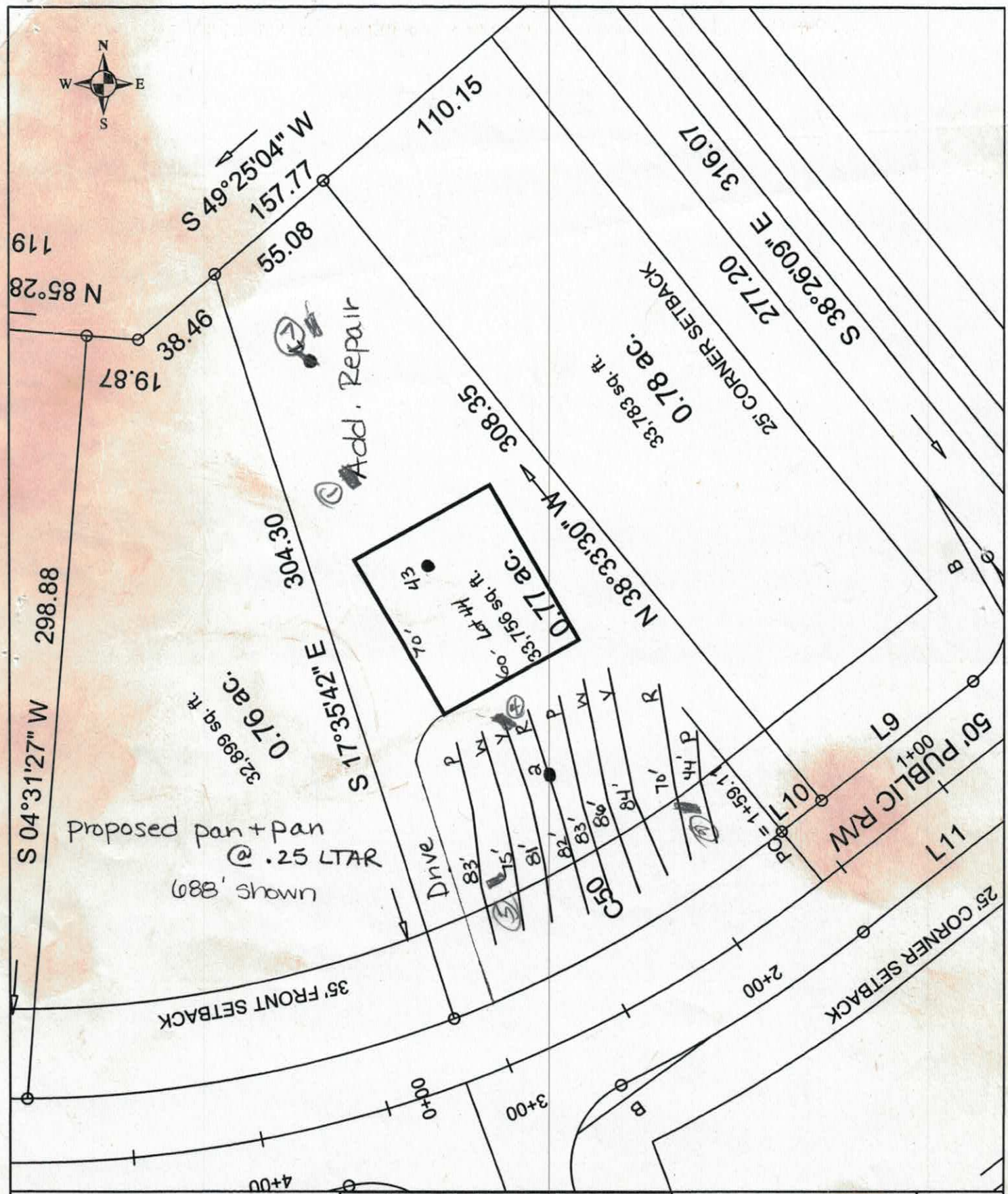
Comments:			
1. Install system using 2 ft. wide trenches.			
2. Install drainlines on 8 ft. centers (to be specified by the designer) and must be level and on contour.			
3. System design requires effluent pump for distribution.		Yes	
4. Requires repair septic system.	Yes	Cells with blue shading require user input.	
5. Maintanance Agreement Required	Yes	Cells with yellow shading are automatically calculated.	

PUMP CURVE
LOT 44



GOULDS PUMP PERFORANCE CURVES

Submersible Effluent Pump WE Series



Scale: 1 inch equals 50 feet	S&ME	Rocky Ridge - Lot 44	FIGURE
Drawn by: JBP		Scaled Detailed Site Plan	1
Reviewed by: PGP		Iredell County, NC	
Date: January, 2006	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-05-081	

T 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 44 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
1	L 1-3%	0-7	wsbk scl	SS SP Fr	Br				.3
		7-21	msbk c	SS SP Fr	R				
		21-32	wsbk cl	SS SP Fr	R C sap incl.				
		32-50	mass sl	fr	Mottled				
2	L 1-3%	0-11	wsbk scl	SS SP Fr	Br				.35
		11-34	mcbk c	SS SP Fr	R Fe s/c CYB mottles (2 min)				
		34-49	wsbk cl	SS SP Fr	R F sap incl.				
43 3	L	0-20	MABK C	Fi S/P	Yel Red				.2-.25
		20-48	WKSBK C/CL	FR SS/SP	Yel Red; C sap/weathered Rock				
		Hard Rock Zones		20-40"					
				13-26" on wall					
4	2-7%	0-9	wk sbk bwsl	fr sss sp					.25
		9-34	sbk Red C	fr sp ss sp	few low matrix				
		34-54	wk sbk cl t sap/w rock	mostly fr ss sp					

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: _____

(OVER)

#5 0-6 wksbk bwnsl fsssp
6-40 msbk pdc fr sp sexp few gravmottles
40-52 wksbk pddl fsssp few mdlsnp .25
few gravmottles

6 9yo L 6 0-14 wksbk bwnsdl fsssp
14-26 mrbkpdc fr sp sexp few common gravmottles
26-50 wkbkyprcl fsssp few mdsnp .25-.3

7 0-6 wksbk bwnsdl fsssp
2 9 06 6-27 wkfsbk pddl fr sp sexp .25-.3
27-54 wksbk cltsnp fr sp ssp

AB8 0-28 Rc m SS
28-54 Rc l m SS

RECEIVED AUG 9 - 2017

JUST APPLYING FOR THE CA! THANK
NOTE; ONLY THE HOUSE PAD HAD CHANGED! RONDA.
P.S. IS THERE A FEE?

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 BREKONRIDGE CENTRA DR **Phone:** 264-253-1229

Owner Name: TRUE HOMES **Address:** 2649 BREKONRIDGE CENTRA DR **Phone:** 264-253-1229

Property Information:

Street Address: ROCK FARM DR.

Subdivision Name: ROCK RIDGE POINT **Section/Phase:** ~~#1~~ **Lot Number:** 44

Driving Directions: HIGHWAY 21 ~~NORTH~~ 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: 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: Kenneth L. Ann
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-26-2017
DATE

RECEIVED FEB 2 7 2015

Paid $225.00 Int. Relay. # 208748

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

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Subdivision Name: ROCK RIDGE POINT Section/Phase: XX Lot Number: 44

Driving Directions: HIGHWAY 21 SOUTH, RIGHT ONTO BRANLEY SCHOOL RD TRight ONTO ISLE OF PINES. TRight ONTO ROCK RIDGE POINT.

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- ( ) Concrete Slab Foundation
- ( ) Basement with Plumbing
- ( ) Basement without Plumbing

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Type of Business: _____

Square Footage of Building: _____

Maximum Number of Employee: NA

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: Kenneth L. Ave — 2-26-15

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, Carolina Development Services LLC, am the legal owner of the property located at 112 Rockridge Pointe, identified as lot 44 PIN(Parcel Identification Number) 4636232390.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kenneth Tilley Septic Environmental Soils Assoc, 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.

Signature of Owner — Date 3/30/15

Signature of Witness — Date 3-30-15

OK TLMD
4/6/15
CL

A2.1

IREDELL

DRAKE
3400

ROCKRIDGE POINT
LOT # 44

TrueHomes
ITP # A.I. 44901
2649 Brookridge Centre Dr.
Suite 104
Memphis, TN 38119
(901) 871-1191

Acknowledgement of Plans Submittal ONLY!
APPROVED AUG 09 2017
Date
Date
7-26-17

New House PAD!

SECOND FLOOR PLAN

TrueHomes
ITS ALL ABOUT U
2649 Elmbrookridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

ROCKRIDGE POINT
LOT # 44

DRAKE
3400

IREDELL

SHEET A2.2

Acknowledgement of Plans Submittal ONLY!
APPROVED AUG 09 20
Date
Date 7-26-21