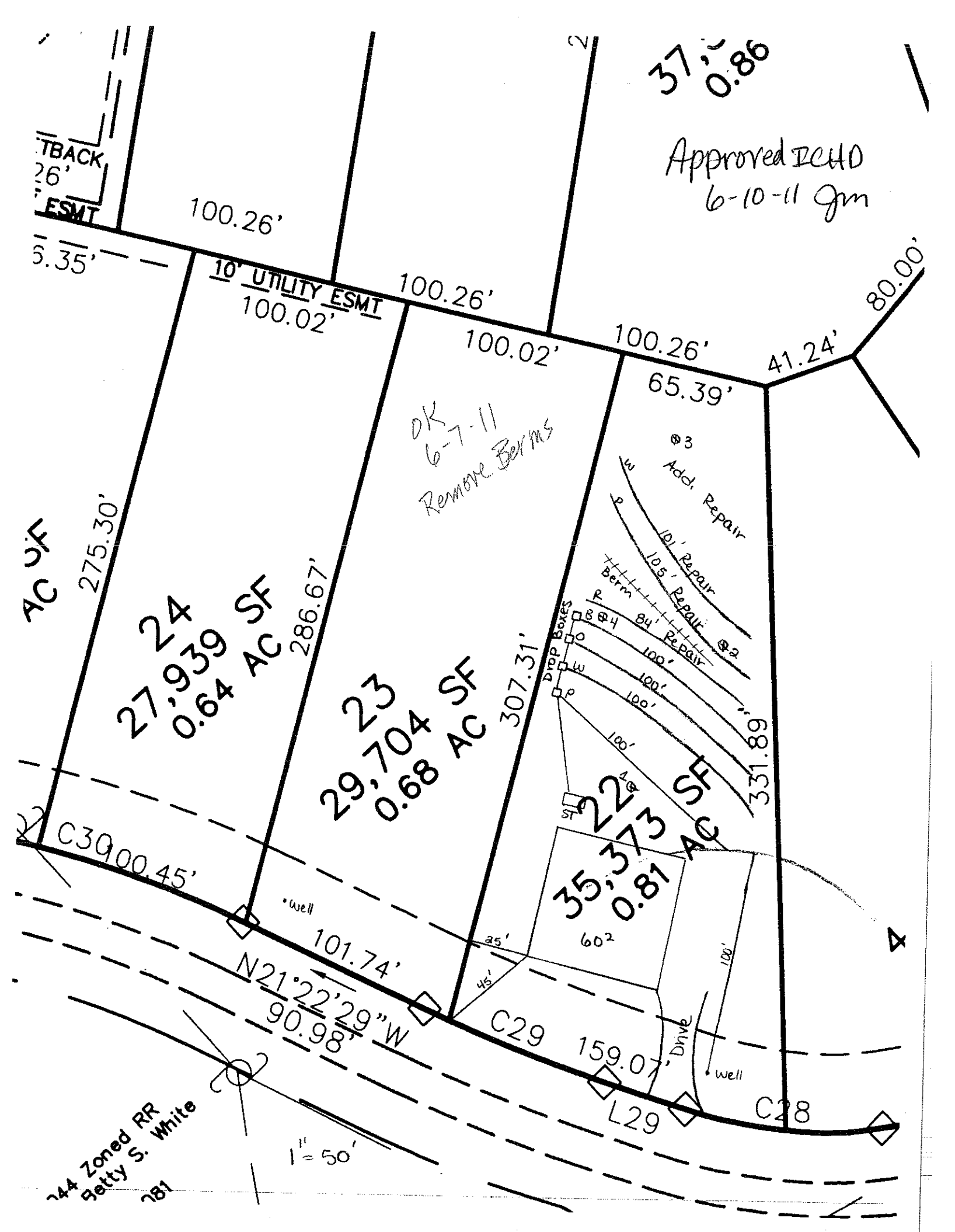

37,
0.86
Approved DCHD
6-10-11 gm
TBACK
26'
ESMT
100.26'
6.35'
10' UTILITY ESMT
100.02'
100.26'
100.02'
100.26'
41.24'
80.00'
65.39'
OK
6-7-11
Remove Berms
3
Addl. Repair
101' Repair
105' Repair
Berm
84' Repair
2
4
Drop Boxes
100'
100'
100'
100'
331.89'
307.31'
286.67'
275.30'
AC
24
27,939 SF
0.64 AC
23
29,704 SF
0.68 AC
22
35,373 SF
0.81 AC
60²
ST
C30
100.45'
well
101.74'
N21°22'29"W
90.98'
C29
159.07'
Drive
well
L29
C28
25'
45'
100'
4
1" = 50'
744 Zoned RR
Betty S. White
781

Project #: Fern Leaf
Property ID #:
County: Iredell

SOIL/SITE EVALUATION

Sheet:
Date Evaluated: 1/23/11

Owner or Client: Woodbridge Partners
Proposed Facility: House Design Flow: 480
Location of Site: Lot 22
Soil Described By: KMS Others Present: APS
Antecedent Moisture: Weather: 40° F

Property Size: 0.81 Ac
Site LTAR: Int. 0.3 Rep. 0.3
Site Classification: PS
Inital: 25% Reduction
Repair: LPPPBPS

Water Supply: [ ] Public [ ] Community [X] On-Site Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY Structure/ Texture	SOIL MORPHOLOGY Consistence Mineralogy	PROFILE FACTORS Inclusions	PROFILE FACTORS Matrix Color	PROFILE FACTORS Mottles	PROFILE FACTORS Profile Notes (Restr Hortz, Soil Depth, Coarse Frag, etc...)	Profile Class & LTAR
1	L 7%	0-25	Mo SBK C	FR SS/SP	F Sap	Red			0.3
		25-45	WK SBK CL	FR SS/SP	C Sap	Red			
		45-53	MA L Sap	FR SS/SP		Yel Red			
2	L 9%	0-4	Mo GR SL	FR NS/NP		Br			0.3 OK
		4-19	Mo SBK C	FR SS/SP		Red			
		19-41	WK SBK CL	FR SS/SP	F/C Sap	Red			
		41-48	WK SBK CL	FR SS/SP	M Sap	Red			
3	L 3%	0-3	WK SBK SCL	FR SS/SP		Red Br			0.3
		3-25	Mo SBK C	FR SS/SP		Red			
		25-48	WK SBK CL	FR SS/SP	F/C Sap	Red			
4	L 5%	0-5	WK SBK SCL	FR SS/SP		Br			0.3 OK
		5-25	Mo SBK C	FR SS/SP		Red			
		25-47	WK SBK CL	FR SS/SP	C Sap	Red			
5									
6									

COMMENTS:

Approved ICHD
6-10-11 gm

Lot 22 Fern Leaf Subdivision Fast Track

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes
Tank Size	1000 gallon tank
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	45' of 2" SCH 40 PVC
Siphon Break hole	Yes
Repair System	**LP PPBPS**
Total Linear Feet	290
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Pink	25% Reduction	100 endfed
2	System	White	25% Reduction	100 endfed
3	System	Orange	25% Reduction	100 endfed
4	System	Blue	25% Reduction	100 endfed
5	Repair	Red	LP PPBPS	84
6	Repair	Pink	LP PPBPS	105
7	Repair	White	LP PPBPS	101
				Total System: 400'
				Total Repair: 290'

Note: Remove berms to prevent upslope ponding
Additional Repair located down slope

Rec'd 3-28-14

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: (X) 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: (X) 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:

Applicant Name: GEOFF BOWEN Address: 132 JOE V KNOX AVE, MOORESVILLE Phone: 704-799-0205

Owner Name: MICHAEL/SANDRA CARLOW Address: 279 FOREST WALKWAY, MOORESVILLE Phone: 704-230-1930

Property Information:

Street Address: 662 KENWAY LOOP, MOORESVILLE 28117

Subdivision Name: FERN LEAF Section/Phase: 2 Lot Number: 22

Driving Directions: PERTH ROAD TO FERN HILL ROAD, TURN LEFT

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:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: 25% REDUCT.

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: _____ 03/26/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

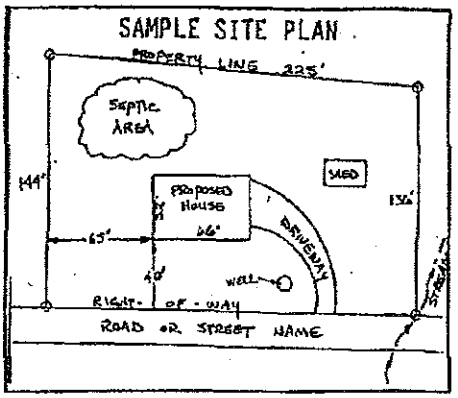
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

- Location of septic systems and wells within 100' of your property (N/A)
- Location of easements and rights of ways on your property (N/A)
- Location of any designated wetlands on the property (N/A)

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE ATTACHED IP DOCUMENT

Signature: _____ 03/26/14

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

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
202490
Issue Date: 03/28/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4638280100.000	662 KENWAY LOOP, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: WOODBRIDGE PARTNERS LLC	Applicant: PRINCETON BUILDERS LLC
Address: PO BOX 3608 MOORESVILLE, NC 28117	Address: PO BOX 3490 MOORESVILLE, NC 28117
Phone: 704-799-9770	Phone: 704-239-2022

Use Requested	Zone Code
SFD REPLACING PERMIT166711	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.813	35.00	35.00	15.00	15.00	CACL	X

Remarks:

PAID 2021 32814

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	8790	TOTAL FEES:	$ 77.25

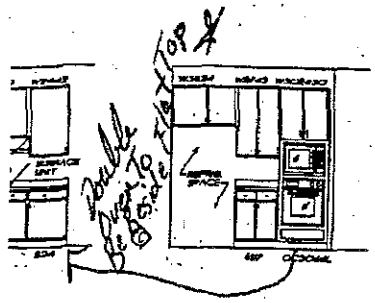
Acknowledgement Of Plans Submittal ONLY!

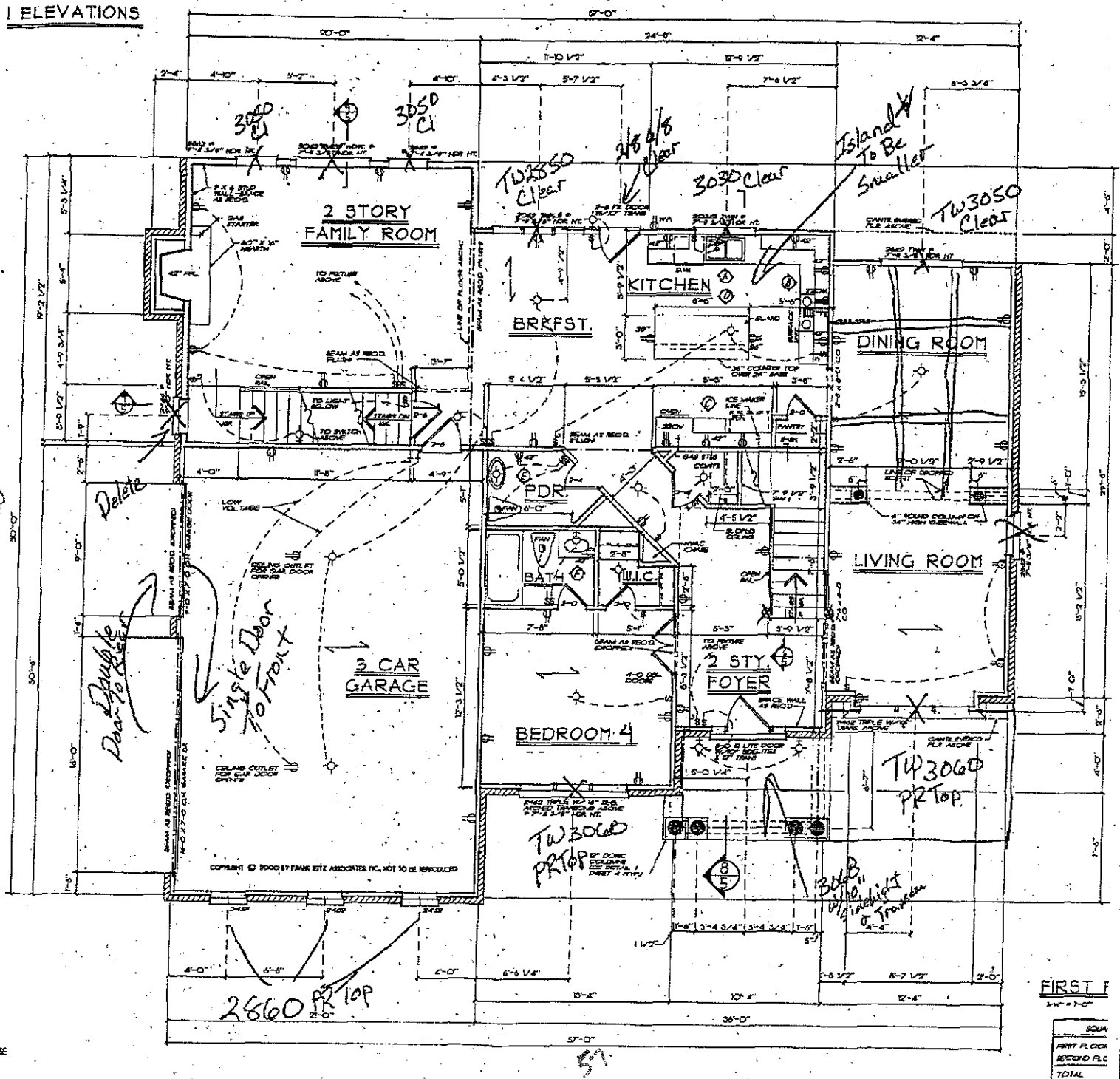
Maria Olson Date 4/1/14

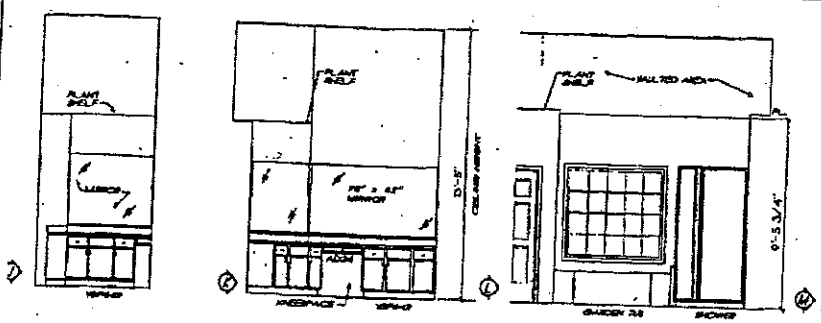
Date _____

House Is LHo

I ELEVATIONS







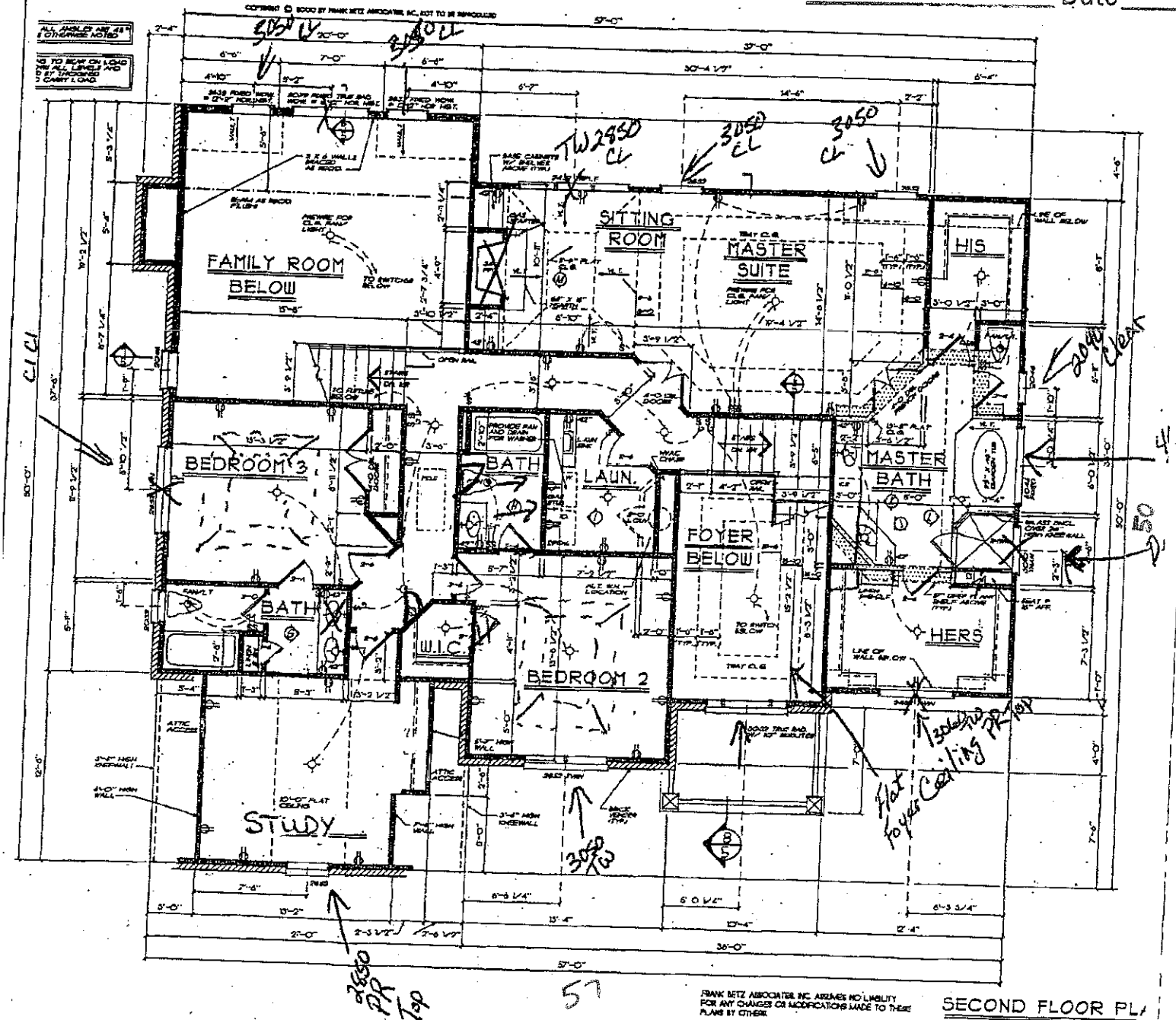
MASTER BATH ELEVATIONS

SITTING ROOM

Acknowledgement Of Plans Submittal ONLY!

Maria Lotse Date 4/1/14

Date



FRANK METZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

SECOND FLOOR PLA

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