Site Address: 406 Kenway Loop - Moore

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141527 215679 PIN# ~~4639218089.087~~ 4639300535 DATE 5-18-07

OWNER OR APPLICANT Woodbridge Parthers LLC PHONE: Business _____ Home _____

ADDRESS PO Box 3608 mooresville NC 28117

LOCATION Perth Rd N TL Fern Hill Rd TL Bagby on corner of Bagby & Kenway Lp on left

SUBDIVISION Woodleaf BLOCK / SECTION 2 LOT 87 LOT AREA 1.628 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 gpd/ft2

Septic Tank: 1000 Gallons; STB 854 Date 6-17-16
Pump Tank: 1000 Gallons; PT 169 Date 7-25-16
Pump Make: ZOELLER Model N152 Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 402'
No Lines 3 @ 134' 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: 25% reduction pm
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons 8
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH

See plan from S & ME

AS BUILT SKETCH

CHECKED, TANKS, LINES, SET 2' PH, ALARM
8-25-16
BA

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 plat 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: Kathleen Saunders date 5-24-07

Improvement Permit by: Judy Melville date 5-18-07

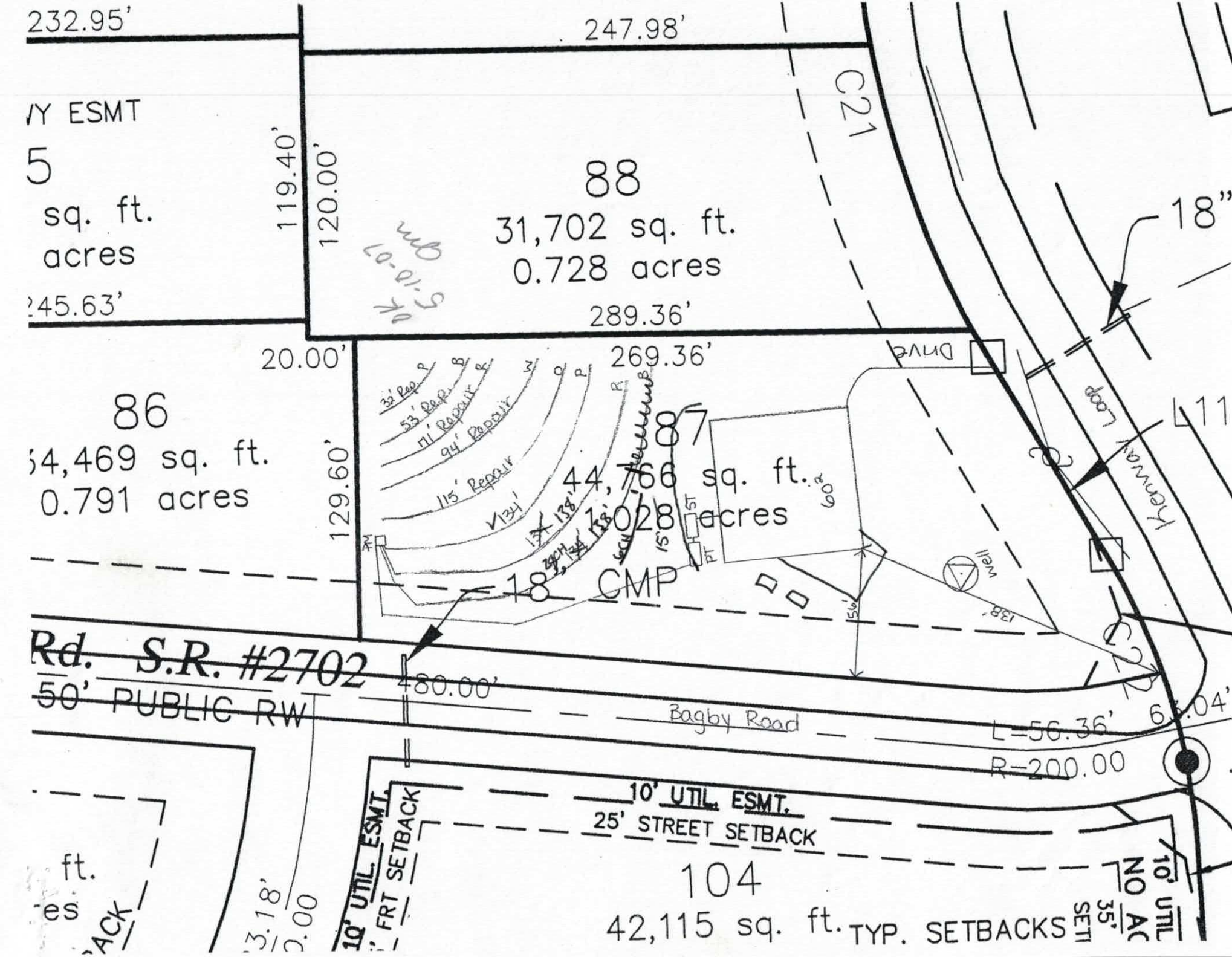
Authorization to Construct by: BA-CO8 date 12-23-15

Installed by: Guy Brown

Operation Permit by: BA-CO8 date 12-7-16

Existing System Inspection by: _____ date _____

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


232.95'
247.98'
/Y ESMT
5
sq. ft.
acres
245.63'
119.40'
120.00'
88
31,702 sq. ft.
0.728 acres
289.36'
C21
18"
20.00'
269.36'
86
64,469 sq. ft.
0.791 acres
129.60'
87
44,766 sq. ft.
1.028 acres
DRIVE
Laad Hennway
11
30' Rep. R
53' Rep. R
71' Repair R
94' Repair R
115' Repair R
134'
137'
138'
18" CMP
15' ST
PT
60'
Well
138'
156'
Rd. S.R. #2702
50' PUBLIC RW
480.00'
Bagby Road
L=56.36'
R=200.00
10' UTIL. ESMT.
25' STREET SETBACK
104
42,115 sq. ft.
TYP. SETBACKS
10' UTIL. ESMT.
FRT SETBACK
10' UTIL
NO AC
35'
SETT

S&ME

Health Dept. Copy

To: Iredell County Environmental Health Department

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

RE: Woodleaf Subdivision – Woodbridge Partners, LLC – Lot 87 Fast Track

Date: May 16, 2007

Attached is the Fast Track information required to place Lot 87 Woodleaf Subdivision 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 use of Woodbridge Partners, LLC 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.

Lot 87 Woodleaf Phase 2 Fast Track Septic System Information

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	3 (See Table)
Total Linear Feet	402
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	170' of 2" SCH 40 PVC
Flow Rate through the system	16.5 gpm
Elevation head	Approx. 14.5'
Pressure head	2.0'
Friction head	1.3'
20% Contingency	3.6'
Total Head	21.4'
Pump Requirements	16.5 gpm @ 21.4' of head To be designed by installer
Maximum 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. 14.5 min.
Check Valve	No
Siphon Break hole	Yes
Repair System	**LP PPBPS**
Total Linear Feet	365
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elevation (Ft.)
1	Repair	Pink	LP PPBPS	32	4.2
2	Repair	Blue	LP PPBPS	53	
3	Repair	Red	LP PPBPS	71	
4	Repair	White	LP PPBPS	94	
5	Repair	Orange	LP PPBPS	115	
6	System	Pink	25% Reduction	134 endfed	
7	System	Red	25% Reduction	134 endfed	11.0
8	System	Blue	25% Reduction	134 endfed	
				Total System: 402'	
				Total Repair: 365'	

Tank	Red	1000 gal (2 compartment)	12.7
Pump Tank	Red	1000 gal.	12.7
House	Blue	Left Rear	14.0

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	3
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

SCH40

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

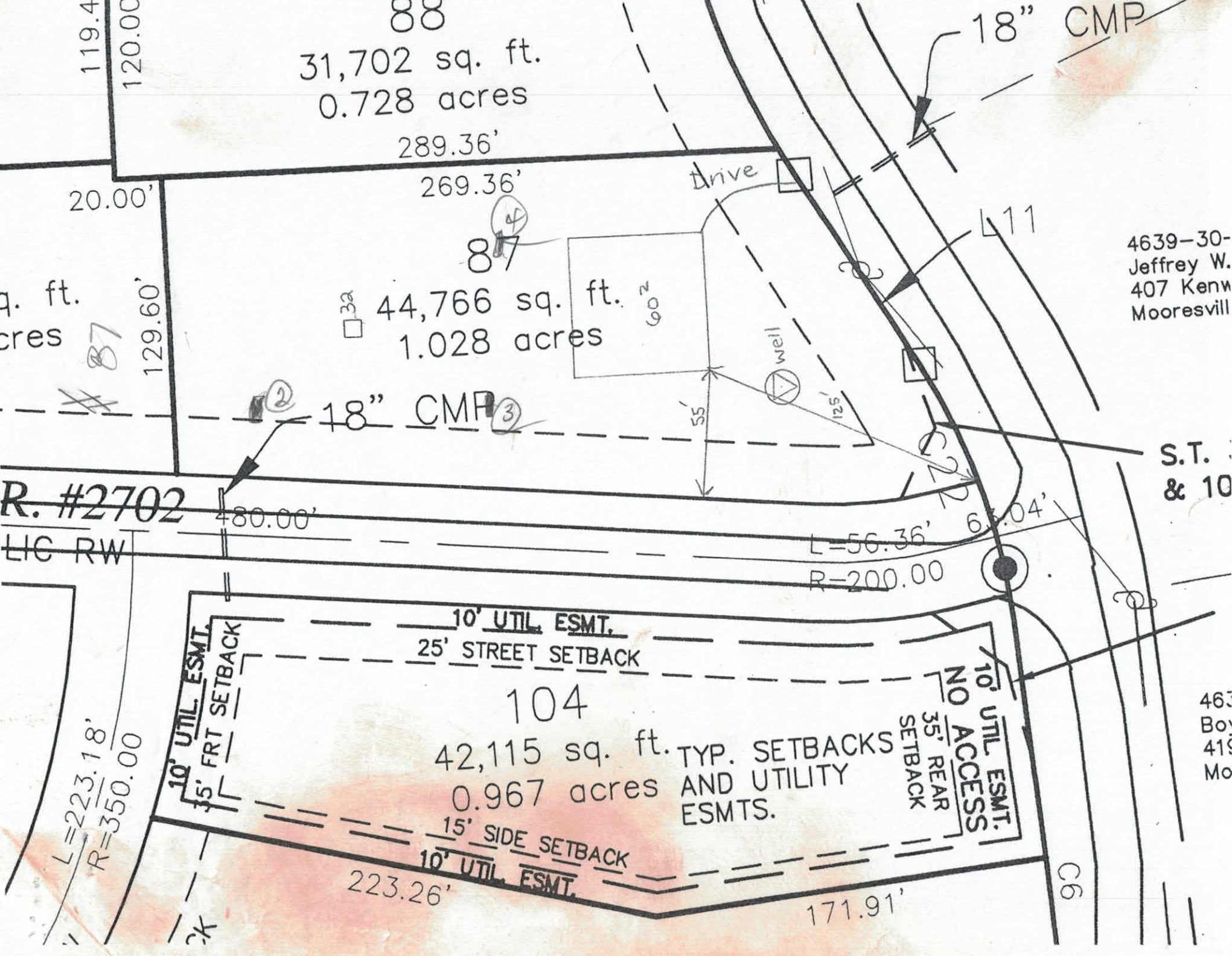
OWNER: Woodleaf Ph 2 APPLICATION DATE ___
ADDRESS: ___ DATE EVALUATED: 9/21/0
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: ___
LOCATION OF SITE: Lot 87 PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1949 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	pit # 32 L 12%	0-9	Mo GR SL	FR ns/np	Br				PS 0.3
		9-23	Mo SBK/ABK C	FR SS/SP	Red		F sap		
		23-39	Mo SBK C	Fi SS/SP	Red		F/C sap		
		39-54	WK SBK CL	FR/Fi SS/SP	Red				
2		0-4	wk sbk cl	fr sss sp					.03
		4-18	m sbk mod c	fr s sbk sp					
		18-40	wk sbk cl	fr sss sp	common sap				
		40-54	m sap	fr sss sp					
3		0-11	sbk mod c	fr sss sp sp					.03
		11-48	wk sbk cl	fr sss sp	common sap				
4		0-5	m gr sl sand	fr ns np					.03
		5-27	m sbk mod c	fr sss sp					
		27-37	m sbk wk cl	fr ss sp	few pinch & pockets, few sap mat				
		37-48	wk sbk wk cl	fr ss sp	common sap				

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: ___


88
31,702 sq. ft.
0.728 acres
289.36'
269.36'
119.4
120.00
18" CMP
Drive
20.00'
87
44,766 sq. ft.
1.028 acres
129.60'
well
55'
125'
11
4639-30-
Jeffrey W.
407 Kenw
Mooresvill
18" CMP
R. #2702
LIC RW
480.00'
L=56.36'
R=200.00
S.T.
& 10
10' UTIL. ESMT.
25' STREET SETBACK
10' UTIL. ESMT.
15' FRT SETBACK
104
42,115 sq. ft.
0.967 acres
TYP. SETBACKS AND UTILITY ESMTS.
10' UTIL. ESMT.
NO ACCESS
35' REAR SETBACK
15' SIDE SETBACK
10' UTIL. ESMT.
223.26'
171.91'
L=223.18'
R=350.00
60

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) 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: ( ) 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: Kendal Brooks **Address:** 118 Longford Way Apt 107 Mooresville **Phone:** (336) 927-5078

Owner Name: Kendal Brooks **Address:** 118 Longford Way Apt 107 Mooresville **Phone:** 3369275078

Property Information:

Street Address: 406 Kenway Loop Mooresville, NC 28117

Subdivision Name: Woodleaf **Section/Phase:** _____ **Lot Number:** 87

Driving Directions: Perth Rd (north), left on Fern Hill Rd, left on Bagby Rd. (lot is corner of Bagby & Kenway Loop)

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 10
( ) 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:** _____

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) 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: Kendal Brooks 12/2/15

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
WOODBRIDGE PARTNERS, LLC	P.O. BOX 3608 MOORESVILLE, NC 28117		Kathleen Saunders (SAME) 704-942-1250
Same			
Owner Name	Mailing Address	Home Phone	Work Phone

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
	Woodleaf	Ph 2, Lot 87

Driving Directions: Perth Rd, L Fern Hill Rd, L Bagby, R Lot on corner of Bagby and Kenway Loop on left

****

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:

(X) 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)*

(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 Saunders — 3/9/07
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT

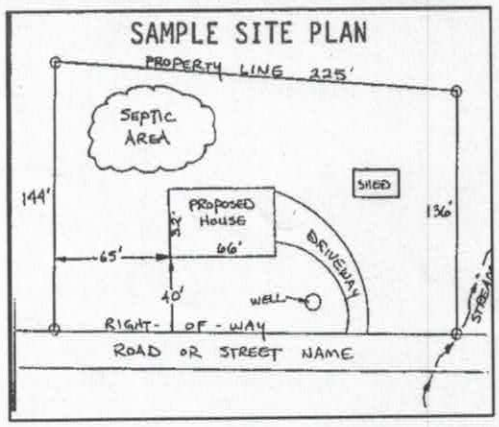
ENVIRONMENTAL HEALTH DIVISION

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **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.

Signature: Kendal Burks

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

12-2-15

DATE

IREDELL COUNTY HEATLH DEPARTMENT

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:

- ✓ **Property Line measurements are clearly identified…**
- ✓ **All proposed structures are indicated…**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ✓ **Front and side setbacks from property line…**
- ✓ **Preferred driveway location and configuration, preferred well location…**
- ✓ **Area you prefer your septic system to be placed…**
- ✓ **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

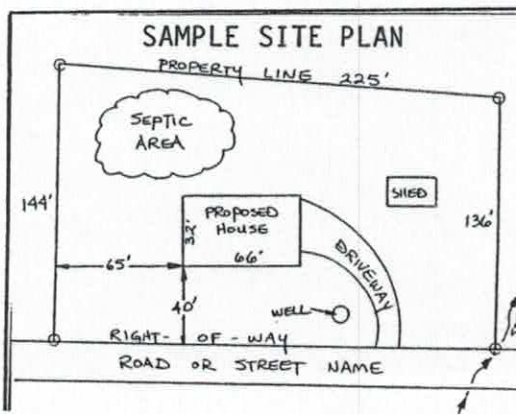
- ____ **Location of septic systems and wells within 100' of your property…** (N/A)
- ____ **Location of easements and rights of ways on your property…** (N/A)
- ____ **Location of any designated wetlands on the property…** (N/A)

Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

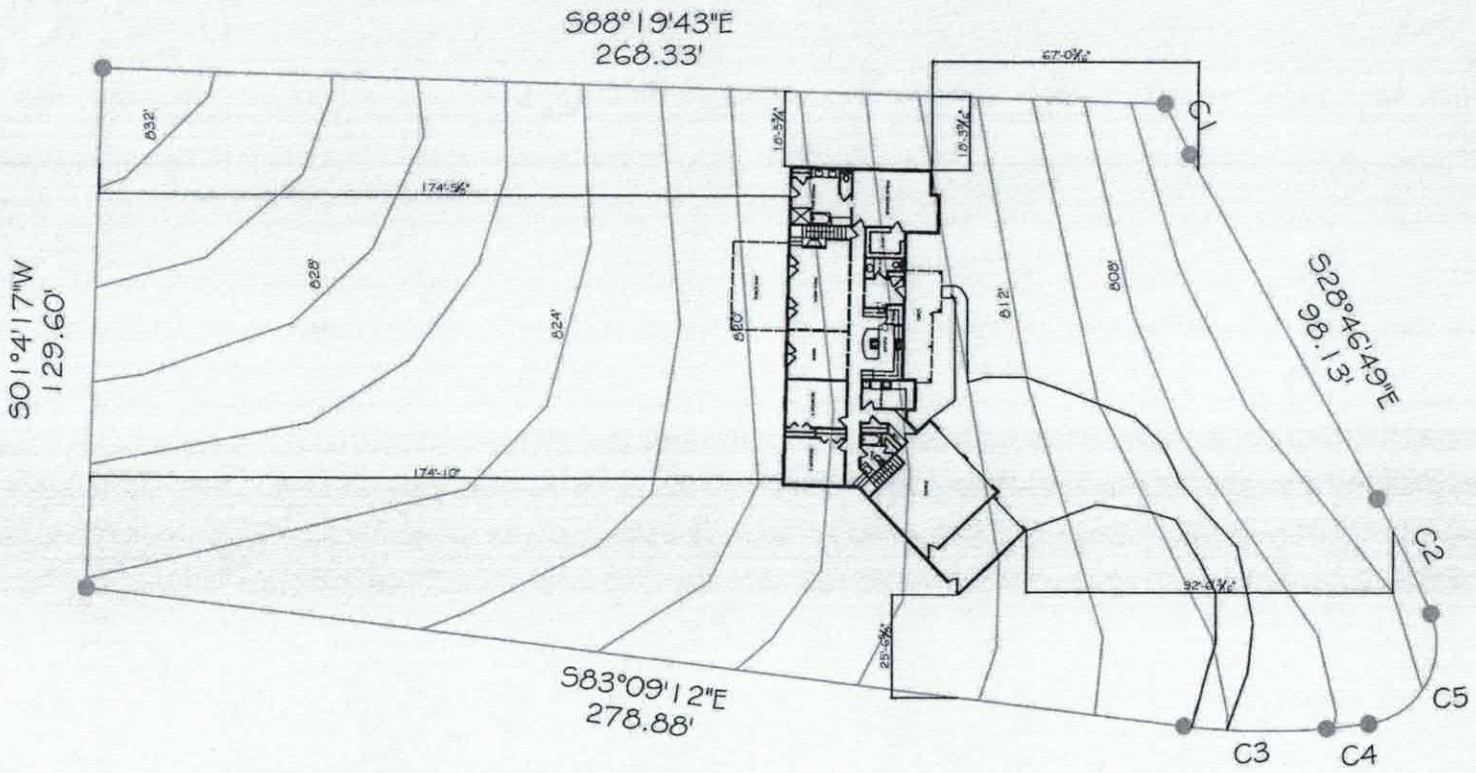
3/9/07
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Please See Attached

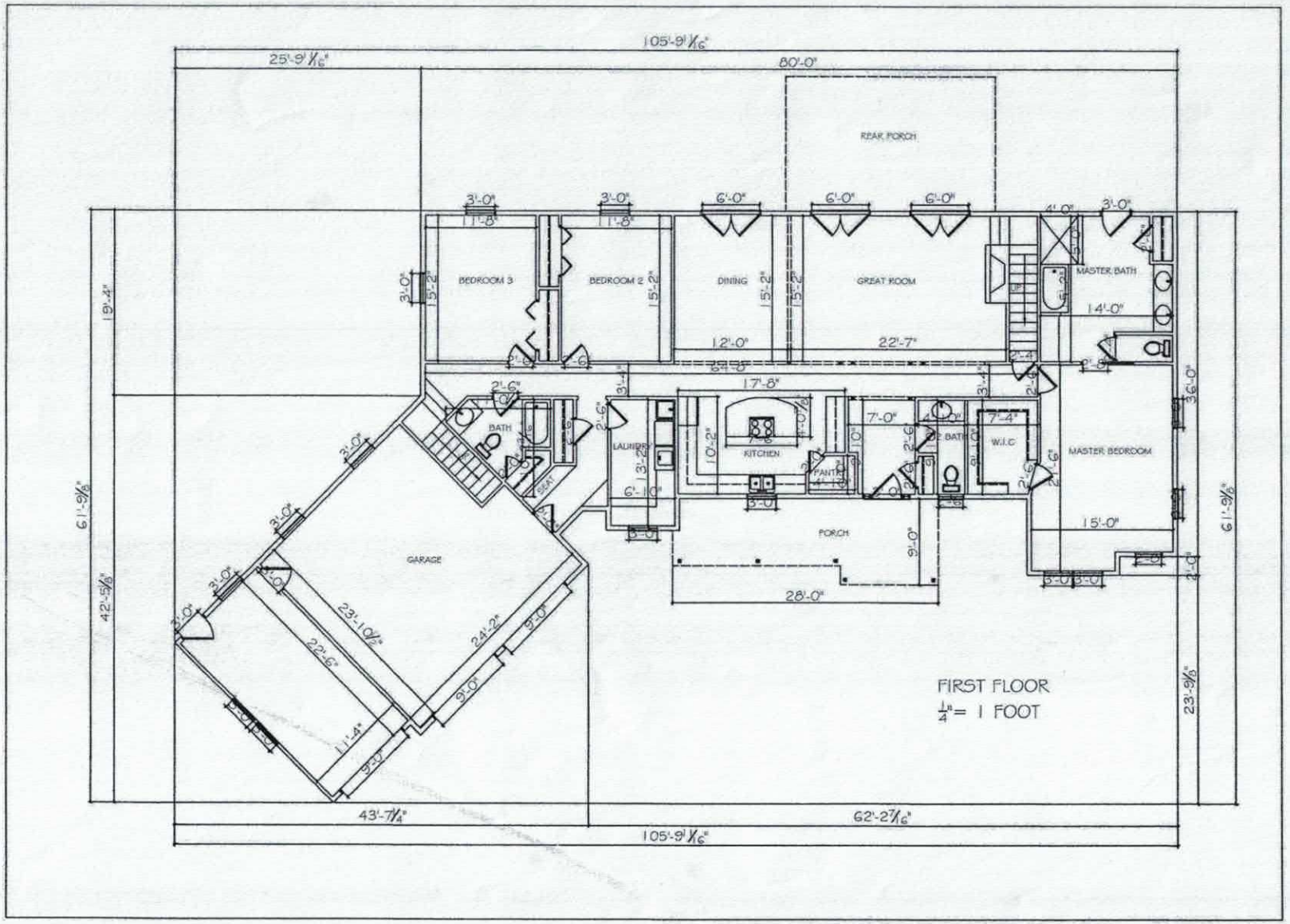


406 KENWAY LOOP (LOT 87)
TOPOGRAPHY
(2 FT CONTOURS)



CURVE TABLE

CURVE	LENGTH (FT)	RADIUS	CHORD DIRECTION	CHORD LENGTH (FT)
C1	14.03	386.20	S27°44'22"E	14.03
C2	31.63	268.60	N25°24'24"W	31.61
C3	35.96	175.00	S89°02'23"E	35.89
C4	11.07	175.00	N83°15'44"E	11.07
C5	36.12	20.00	N29°42'32""E	31.41


105'-9 1/16"
25'-9 1/16"
80'-0"
REAR PORCH
3'-0"
3'-0"
6'-0"
6'-0"
6'-0"
4'-0"
3'-0"
BEDROOM 3
BEDROOM 2
DINING
GREAT ROOM
MASTER BATH
11'-8"
11'-8"
15'-2"
15'-2"
15'-2"
15'-2"
14'-0"
12'-0"
22'-7"
19'-4"
36'-0"
17'-8"
2'-6"
BATH
LAUNDRY
KITCHEN
PANTRY
BATH
W.I.C.
MASTER BEDROOM
7'-0"
7'-4"
15'-0"
PORCH
28'-0"
9'-0"
GARAGE
23'-10 1/2"
22'-6"
24'-2"
9'-0"
9'-0"
11'-4"
61'-9 1/8"
42'-5 1/8"
23'-9 1/8"
43'-7 1/4"
62'-2 7/16"
105'-9 1/16"
FIRST FLOOR
1/4" = 1 FOOT

SECOND FLOOR

$\frac{1}{4}$" = 1 FOOT

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

Zoning Permit

Permit Number: 141327ZO

Master #: 141327

Associated Permits:
141327ZO Zoning

Applicant

Name: S&ME INC. ENGINEERING (Toney Jacob **Phone:** 704-662-8625
Address: 105D DENVER BUSINESS PARK DR
Mooresville, NC 28115

Parcel

Parcel Number: 4639218089.087
Address: 000 Kenway Lp.
MOORESVILLE, NC 28117
Subdivision: Woodleaf

Zoning: RA
Township: 1700
Area: 1.028
Lot(s): 87

Directions to Parcel: Fern Hill Rd South, left on Bagby on left corner of Kenway Lp

Owners

Name: Woodbridge Partners LLC **Phone:** 704-799-9770
Address: PO Box 3608
MOORESVILLE, NC 28117

Contractors

Contractor Type: Enviromental Services
Name: S&ME INC. ENGINEERING (Toney Jacobs) **Phone:** 704-662-8625
Address: 105D DENVER BUSINESS PARK DR
Mooresville, NC 28115

Fees and Receipts:

Number	Description	Amount
FEE-146782-07	Zoning - Permit / Inspection	$45.00
FEE-146783-07	Environmental Health - Type I or II Fast Track	$200.00
	Total Fees:	**$245.00**