HIGHLAND RIDGE LOT #8

Project #: 01-1329

LAYOUT FOR 4 BEDROOM HOME — March 2, 2007

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		N/A			100.00		
INSTR. 1			N/A				
HOUSE CNR				N/A	N/A		
P. TANK				N/A	N/A		
1	***BLUE***			N/A	N/A	***151***	***120***
2	***PINK***			N/A	N/A	***135***	***120***
3	***ORANGE***			N/A	N/A	***120***	***120***
4	***DARK PINK***			N/A	N/A	***120***	***120***
5	BLUE			N/A	N/A	108	105
6	PINK			N/A	N/A	130	130
7	ORANGE			N/A	N/A	56	55
8	DARK PINK			N/A	N/A	33	30
					Total	**853**	**800**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
** System*	***480***	***0.250***	***ACCEPT.***	***0.250***	***25% RED.***	**PRESSURE MANIFOLD**
Repair	320	0.250	*MOD.*	0.250	PPBPS	LOW PRESSURE

Notes:

** TBM located on angle point of lot (see site plan)
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

FOR WASTEWATER TREATMENT

Owner:	Orchard Farms LLC
Address:	227 Hideaway Lane Mooresville, NC 28117
Phone:	704-201-6465
County:	Iredell
Location:	HIGHLAND RIDGE LOT #8
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	28.44

Design Specifications

Drainfield Size:	480
Loading Rate (gpd/ft.^{2}):	0.25
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Trench Depth:	36 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	n/a
Estimated Supply Line Length:	64
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	11.14
Dosing Volume:	n/a
Supply Manifold:	drop box
Supply Manifold Length:	n/a
Supply Manifold Volume:	N/A
Recommended Float Controls:	n/a n/a
Recommended Control Panel:	n/a n/a
Pressure Head:	N/A
Friction Head:	N/A
Elevation Head:	N/A
Total Dynamic Head:	N/A
Threaded Union:	NA
Gate Valves:	NA NA
Check Valves:	NA
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services.

HIGHLAND RIDGE LOT #8

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.25
TOTAL AREA TRENCH BOTTOM:	1440
TOTAL LATERAL LENGTH:	480
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	480
SUPPLY LINE LENGTH:	64
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	N/A

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

Zoning Permit

Permit Number: 140687ZO

Printed: 2/14/2007

Master #: 140687

Associated Permits:
140687ZO Zoning

Applicant

Name: Ashley Rollans
Address: 2120 Graham Rd
Mt Ulla, NC 28125

Phone: 704-746-5046

Parcel

Parcel Number: 4639974862.008
Address: 000 Nesting Quail Ln.
MOORESVILLE, NC 28117
Subdivision: Highland Ridge

Zoning: RA
Township: 1500
Area: .76
Lot(s): 8

Directions to Parcel: perth rd,m right on fern hill, left on nesting quail

Owners

Name: Orchard Farms, LLC (Lee Easter)
Address: 227 Hideaway Lane
Mooresvile, NC 28117

Phone: 704-201-6465

Contractors

Contractor Type: Enviromental Services
Name: Ashley Rollans
Address: 2120 Graham Rd
Mt Ulla, NC 28125

Phone: 704-746-5046

Fees and Receipts:

Number	Description	Amount
FEE-144886-07	Zoning - Permit / Inspection	$45.00
FEE-144887-07	Environmental Health - Type I or II Fast Track	$200.00
	Total Fees:	**$245.00**

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**

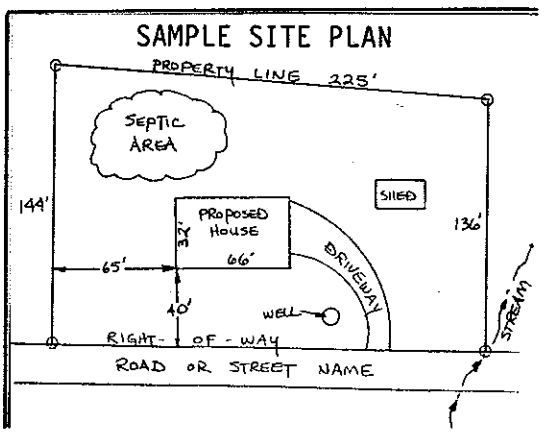
Signature: _____ 2/21/07

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached site plan

Lot 8



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: ✓ 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
Orchard Farms, LLC	227 Hideaway Ln Mooresville NC 28117	704 664-2906	704 201-6465
Owner Name	Mailing Address	Home Phone	Work Phone
Orchard Farms, LLC	"	"	"

4. **Property Information:**

Street Address: _____ Subdivision Name: Highland Ridge Section/Phase and Lot Number: 8

Driving Directions: HWY 150 to Perth Road
SW Corner Perth Road + Fern Hill Road

****

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

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

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

****

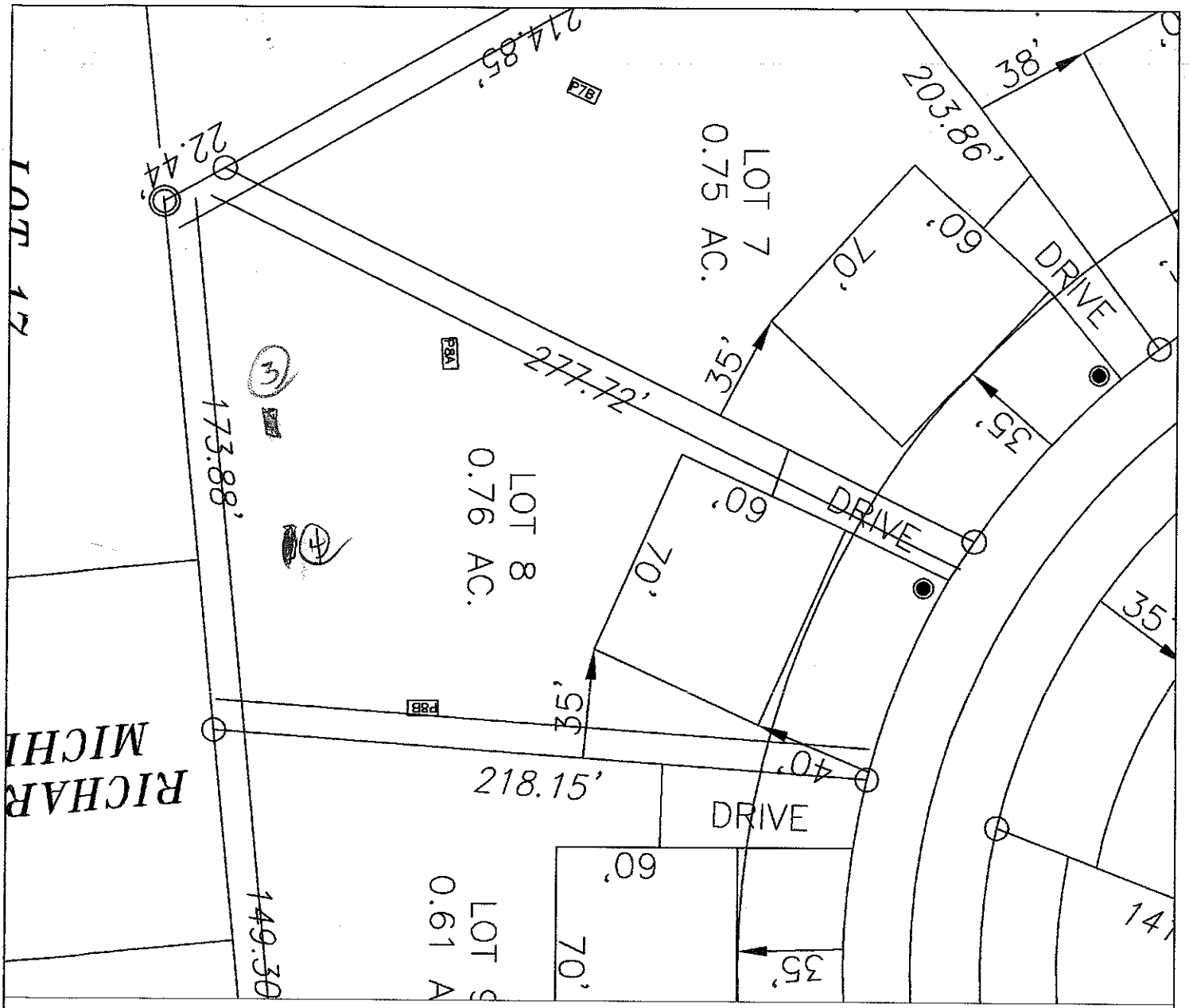
8. **Please Answer The Following To The Best of Your Ability:**

( ) 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:** _____ 2-1-07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



LEGEND

- House Box.
- System lines.
- Repair lines.
- House Corner Shot.
- T.B.M.

GRAPHIC SCALE
1" = 50'

50 0 50 100

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: SD OF NC / HIGHLAND RIDGE

LOCATION/DATE: PERTH ROAD, IREDELL COUNTY, NORTH CAROLINA, FEBRUARY 2007

JOB # :	01-1329
FILE:	C:\JOBS\01-1329
PROJECT MGR.:	C.B.F.
FIELD WORK:	C.B.F. & A.L.P.
DRAWN BY:	C.B.F.

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ___ of ___

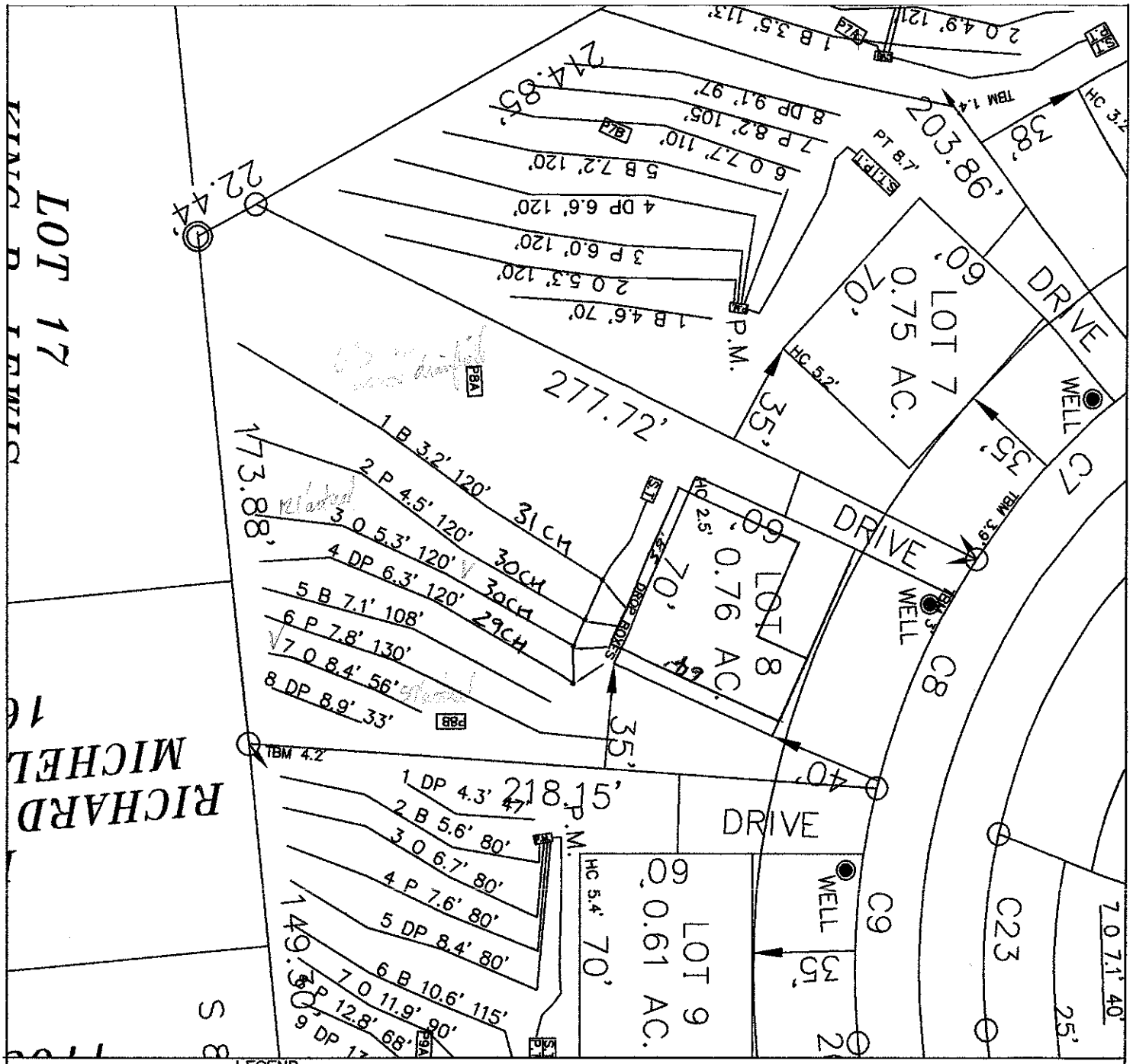
DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

lot 8 Highland Ridge

PROPERTY ID #: ___
DATE OF EVALUATION: 1/07
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
8A	nose slope 0-5%	0-10	BSCL WSBK	fr SSSP Sap	few YB's	60	—	—	B .275
		10-36	RC MABK	fr SSSP Sap					
		36-44	RC MSBK	fr SSSP Sap					
		44-60	RCL MWSBK	fr SSSP Sap					
8B	LSS 5-10%	0-32	RC MABK	fr SSSP Sap	—	62	—	—	.25
		32-62	RCL WSBK	fr SSSP Sap					
				MAM Rock Inc.					
				<50% Rock					
				Sap Inc.					
3		0-10	gr BSCL	fr SS SP	few yel/br				.25
		10-29	m f abk B	fr S/SS SP					
		29-62	w f sbk cl	fr SS SP	few sap				
4		0-5	gr B SCL	fr SS SP	com. yel/br few sap				.25
		5-32	m f abk B	fr SS SP					
		32-62	w sbk cl + sap	fr SS SP	com. sap				

COMMENTS: ___



LEGEND

House Box.

System lines.

Repair lines.

House Corner Shot.

T.B.M.

GRAPHIC SCALE
1" = 50'

50 0 50 100

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

ROLLANS SOIL & ENVIRONMENTAL SERVICES
2120 GRAHAM ROAD
MOUNT ULLA, NC 28125
PHONE/FAX: (704)278-0989
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704)746-5046
EMAIL: ROLLANSFORTC@AOL.COM

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: ORCHARDS OF LLC / HIGHLAND RIDGE

LOCATION/DATE: PERTH ROAD, IREDELL COUNTY, NORTH CAROLINA, FEBRUARY 2007

JOB # : 01-1329
FILE: C:\JOBS\01-1329
PROJECT MGR.: C.B.F.
FIELD WORK: C.B.F. & A.L.P.
DRAWN BY: C.B.F.

RECEIVED MAR 3 1 2014

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 X 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: X 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:

Adams Home AEC, LLC	10115 Kincey Ave #160 Huntersville, NC 28078	704-825-0533	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Adams Home AEC, LLC	10115 Kincey Ave #160 Huntersville, NC 28078	704-825-0533	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

144 Nesting Quail Ln	Highland Ridge	Lot 8
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: From I 77 North, exit 36, Left at top of ramp onto Hwy 150, Right onto Perth Rd
Left onto Fern Hill Rd, Left into the community.

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 due to ___
( ) Other ___

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

x Stem Wall
( ) Crawl Space Foundation?
(X) 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)* ( ) Existing system--Installed in ___ YEAR

( ) Alternative (X) Conventional ( ) Innovative ( ) 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: RoXanne Lyon
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/21/14
DATE

202524
85941

IREDELL COUNTY

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

APPLICATION NUMBER
202529
Issue Date: 03/31/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639974329.000	144 NESTING QUAIL LANE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: ORCHARD FARMS LLC	Applicant: ADAMS HOMES AEC LLC
Address: 150 IREDELL CO, NC 28625	Address: 10115 KINCEY AVENUE HUNTERSVILLE, NC 28078
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.760	35.00	35.00	15.00	15.00	PA	X

Remarks:

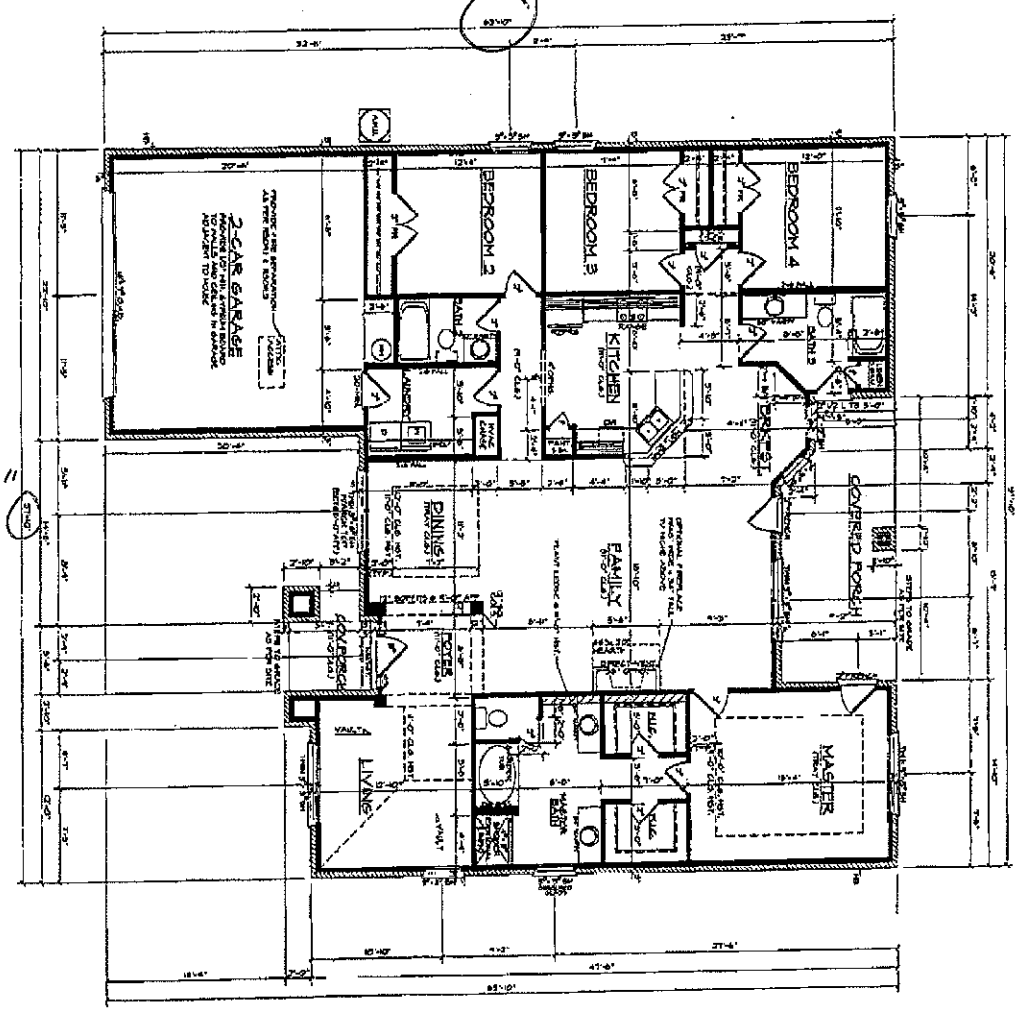
$ PAID 1007105 3-31-14

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: See Attached Date: _____

Permit Number	8931	TOTAL FEES:	$ 77.25

63'10"



57'10"

144 Nesting Quail

Acknowledgement of Plans Submittal ONLY!

Date

Date

2265 "A" FLOOR PLAN (CHG008

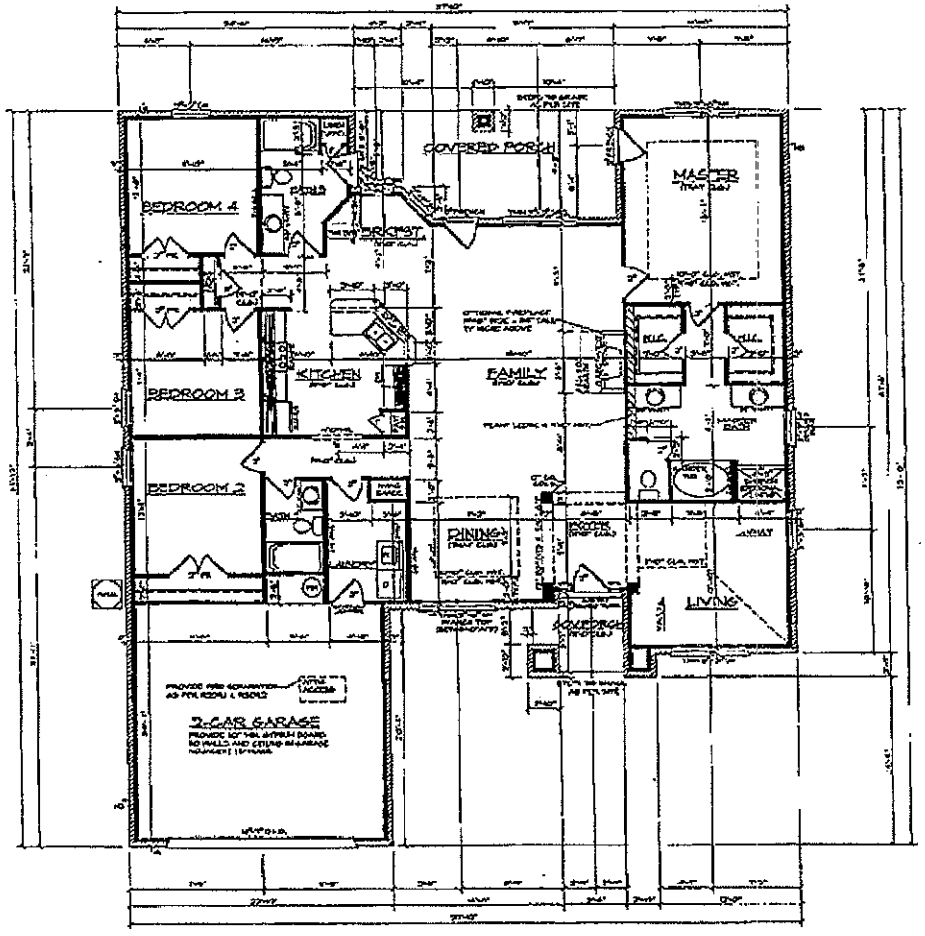
RALEIGH, NC 2516

ADAMS

1401 SUNDAY DRIVE, SUITE 115

FLOOR PLAN

SHEET 3



ADAMS

Roxanne Green Date 3/26/14

226 RALEIGH NC 2516

FLOOR PLAN