IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE May 16, 2007

PERMIT# ~~40666~~ 20245 PIN# ~~4639975328~~ 4639975328 PHONE: Business _____ Home _____

OWNER OR APPLICANT Orchard Trace LLC

ADDRESS 227 Hideaway Ln. Mooresville, N.C. 28117

LOCATION South Rd. (N) TL Fern Hill Rd. - TL 1st Street (Nesting Quail) 9th lot on Right 148 Nesting Quail Ln. Mrowl.

SUBDIVISION Highland Ridge BLOCK / SECTION _____ LOT 9 LOT AREA .61Ac SITE CLASS B DESIGN FLOW 480gpd L.T.A.R. .275

Septic Tank: 1000 Gallons; STB 825 Date ~~1-20-15~~ 11-12-14

Pump Tank: 1000 Gallons; PT 502 Date 1-02-15

Pump Make: Zoeller Model N152 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 960 * Linear Feet 320 *

No Lines 4@80' Trench Width 36" * Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: LPPBBS

Repair System Description: LPPBBS

Maintenance Agreement Required: ☒ Yes ☐ No

Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons _____ No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

* Per plan specs

Shave off old berm in septic field area

Comments:/Conditions:

INITIAL SITE SKETCH

SEE PLAN from Rollins Soil & Env. Services

AS BUILT SKETCH

CHECKED LINES TANKS 2' PH RA 2-11-15

CHECKED Elec & Alarm 5-22-15 RA

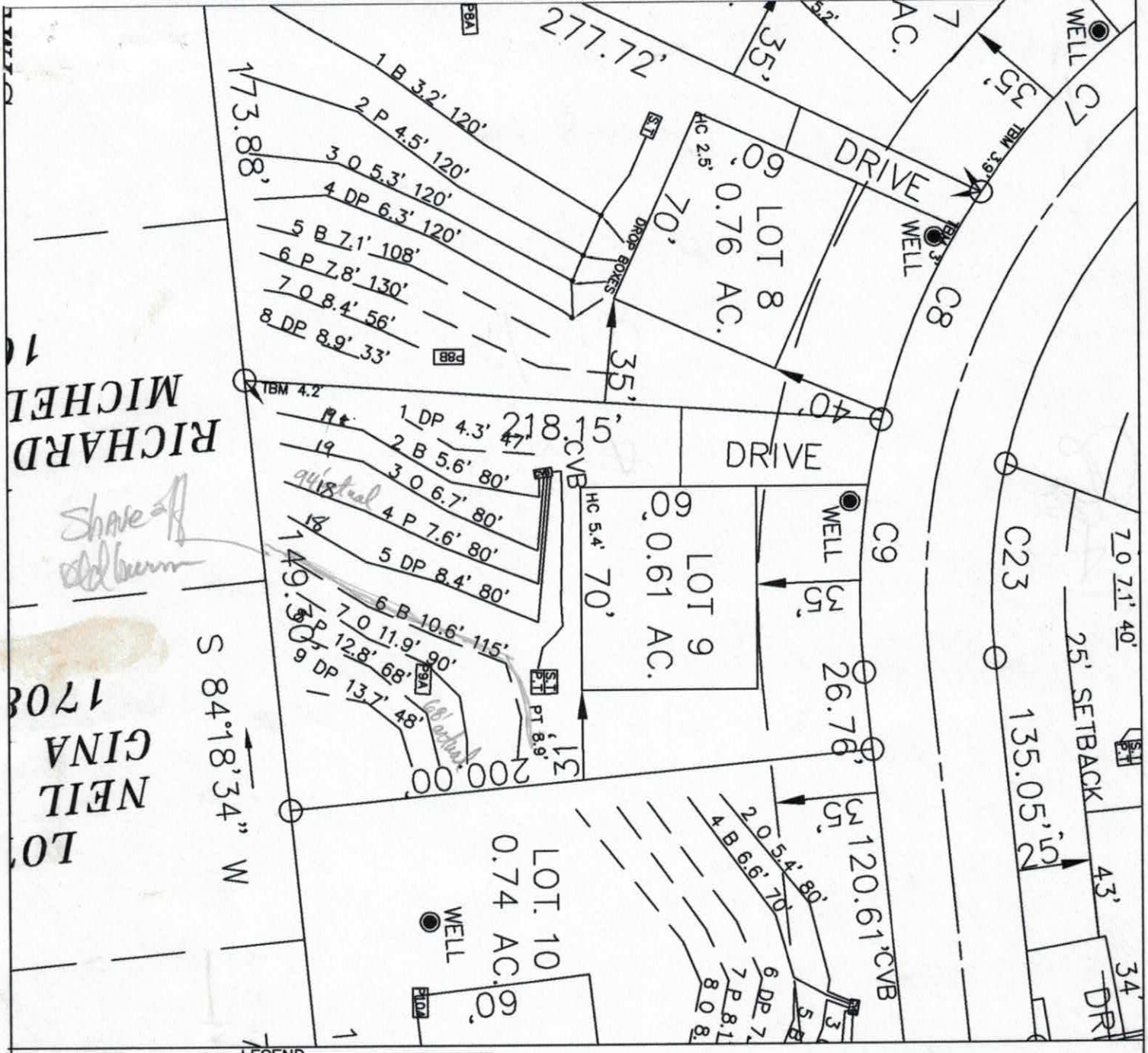
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 6-7-07 Installed by: Rowan

Improvement Permit by: _____ date 5-16-07 Operation Permit by: _____ date 5-22-15

Authorization to Construct by: _____ date 9-3-14 Existing System Inspection by: _____ date _____

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



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
2128 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.

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
E-mail: Rollansfortcj@aol.com

Brady Freeman, Registered Sanitarian
Mobile (704) 746-6497
E-mail bfree209@yahoo.com

Attached is a proposed design for a PPBPS Septic System with low pressure distribution for a 4 bedroom single family residence on Lot #9 in Highland Ridge Subdivision, Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
Design Specifications---------- 2-3
Layout Specifications---------- 4
System Tapsheet---------- 5

Site Plan/System Plan---------- 6-7

Calculations---------- 8

Profile Descriptions---------- 9

March 2, 2007
Project #: 01-1329
Design By: Rollans Soil & Environmental Services

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by DEHNR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Design precludes foundation drains.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a PPBPS installation.
- Repair is specified as a PPBPS installation.
- Backfill 4 - 6" of material (County Approved) over panels, rake trench walls, lime side-walls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Orchard Farms LLC
Address:	227 Hideaway Lane Mooresville, NC 28117
Phone:	704-201-6465
County:	Iredell
Location:	HIGHLAND RIDGE LOT 9
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	28.29

Design Specifications

Drainfield Size:	320
Loading Rate (gpd/ft.^{2}):	0.275
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth:	36 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	105
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	18.27
Dosing Volume:	166.43
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.87
Elevation Head:	8.30
Total Dynamic Head:	13.99
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services

HIGHLAND RIDGE LOT 9

LP PPBPS

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.275
TOTAL AREA TRENCH BOTTOM:	960
TOTAL LATERAL LENGTH:	320
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	290.9090909
SUPPLY LINE LENGTH:	105
TOTAL DYNAMIC HEAD:	13.99
MANIFOLD SIZE:	N/A
DOSING VOLUME:	166.43
PUMP TANK DRAW DOWN*:	7.9
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

HIGHLAND RIDGE LOT 9

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		4.3			100.00		
INSTR. 1			104.30				
HOUSE CNR				4.20	100.10		
P. TANK				8.90	95.40		
1	DARK PINK			4.30	100.00	47	45
2	***BLUE***			***5.60***	***98.70***	***96***	***80***
3	***ORANGE***			***6.70***	***97.60***	***96***	***80***
4	***PINK***			***7.60***	***96.70***	***94***	***80***
5	***DARK PINK***			***8.40***	***95.90***	***93***	***80***
6	BLUE			10.60	93.70	115	115
7	ORANGE			11.90	92.40	90	90
8	PINK			12.80	91.50	68	65
9	DARK PINK			13.70	90.60	48	45
					Total	747	680

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR	TRENCH SYSTEM	DISTRIBUTION
****System***	***320***	***0.275***	***MOD.***	***0.275***	***PPBPS***	***LOW PRESSURE***
Repair	360	0.275	MOD.	0.275	PPBPS	LOW PRESSURE

Notes:

** TBM located top of ground at EIP at corner 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

LP PPBPS TAPSHEET -HIGHLAND RIDGE LOT#9

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
2	*BLUE*	98.7	*80*	0.156	**0.41**	240	18
3	*ORANGE*	97.6	*80*	0.156	**0.41**	240	18
4	*PINK*	96.7	*80*	0.156	**0.41**	240	18
5	*DARK PINK*	95.9	*80*	0.156	**0.41**	240	18
							69
	total	**feet =**	**320**	**gal/min =**	**28.29**		

Des. Flow	**480**
Pump Run=	**5.88**
soil LTAR	**0.275**
LTAR +5%	**0.28875**
LTAR with mod.	**0.55**
LTAR with mod.. + 5%	**0.5775**

.156 equals 5/32 inch hole

CALCULATIONS

Location Highland Ridge

Project Number 01-1329

Lot No: Lot 9

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.275	$^{gal}/_{ft^2\,day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	105	ft.
Supply Line Volume	18.27	gal.
Required Feet of Line	290.9091	ft.
Amount of Line from Layout	320	ft.
Gallons per Minute	28.29	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	69	
Dosing Volume	166.43	gal.

Note: Dosing Volume based on 33% of # of panels times 3.6 gal/panel

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Tank Draw Down	7.9	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.88	minutes
Elevation Head	8.3	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	1.87	ft.
Total Dynamic Head (+15%)	13.99	ft.

RECEIVED AUG 2 7 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:

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

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
148 Nesting Quail Ln	Highland Ridge	9

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 ___

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

08/08/2014
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:** ✓ 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	Section/Phase and Lot Number
	Highland Ridge	9

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 ___

( ) 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 (✓ CAF) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ (✓ CAF) 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

IREDELL COUNTY HEATLH 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...
  SHOW: proposed house or business footprint, wells, water lines, patios, pool and decks, and any other item that will occupy space on the site
- X — Front and side setbacks from property line...
- X — Preferred driveway location and configuration, preferred well location...
- X — Area you prefer your septic system to be placed...
- X — North arrow, or other sufficient indicator of direction...

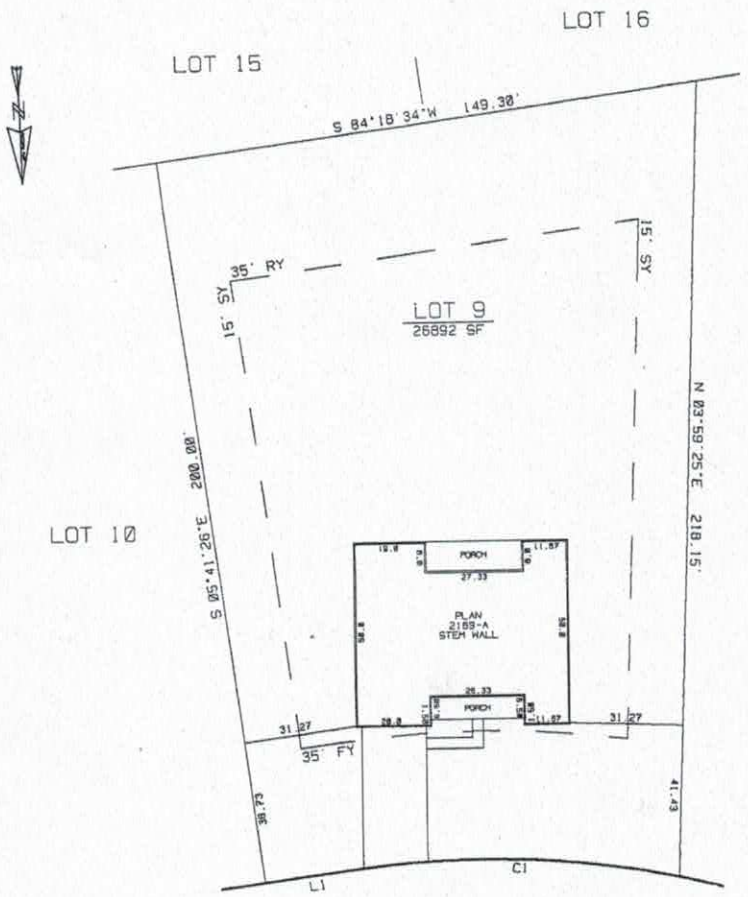
Circle N/A on the following if appropriate:

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

Signature: Roxanne Green
REQUIRED property owner or owner's legal representative signature.

08/08/2014
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



APPROVED SEP 02 2014

NESTING QUAIL LANE

45' PUBLIC R/W

LINE	BEARING	DISTANCE
L 1	N 84°18'34"E	26.76'

CURVE	DELTA ANGLE	RADIUS	ARC	TANGENT	CHORD	CHORD BEARING
C 1	19°52'47"	252.50'	87.61'	44.25'	87.17'	S 85°45'03"E

ADAMS HOMES

PLOT PLAN

OF

148 NESTING QUAIL LANE
LOT 9 OF HIGHLAND RIDGE
FALLSTOWN TOWNSHIP, IREDELL COUNTY, N.C.

SCALE - 1" = 40'

0 20 40 60 80

MAP RECORDED IN BOOK 53
AT PAGE 28

ADGEO#12
DATE: 07/15/14
DSK AD#27 HLR9
DRAWN BY ASW/CLJ

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

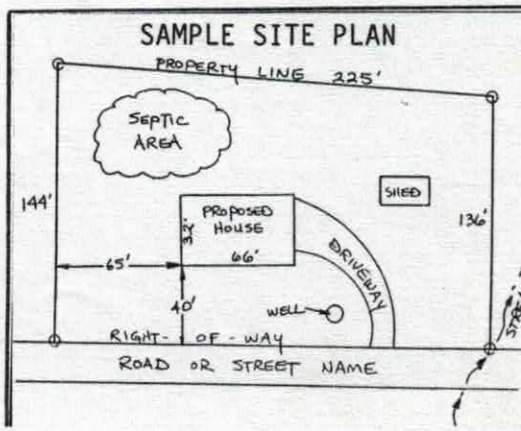
Signature: _____ 2/21/07

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

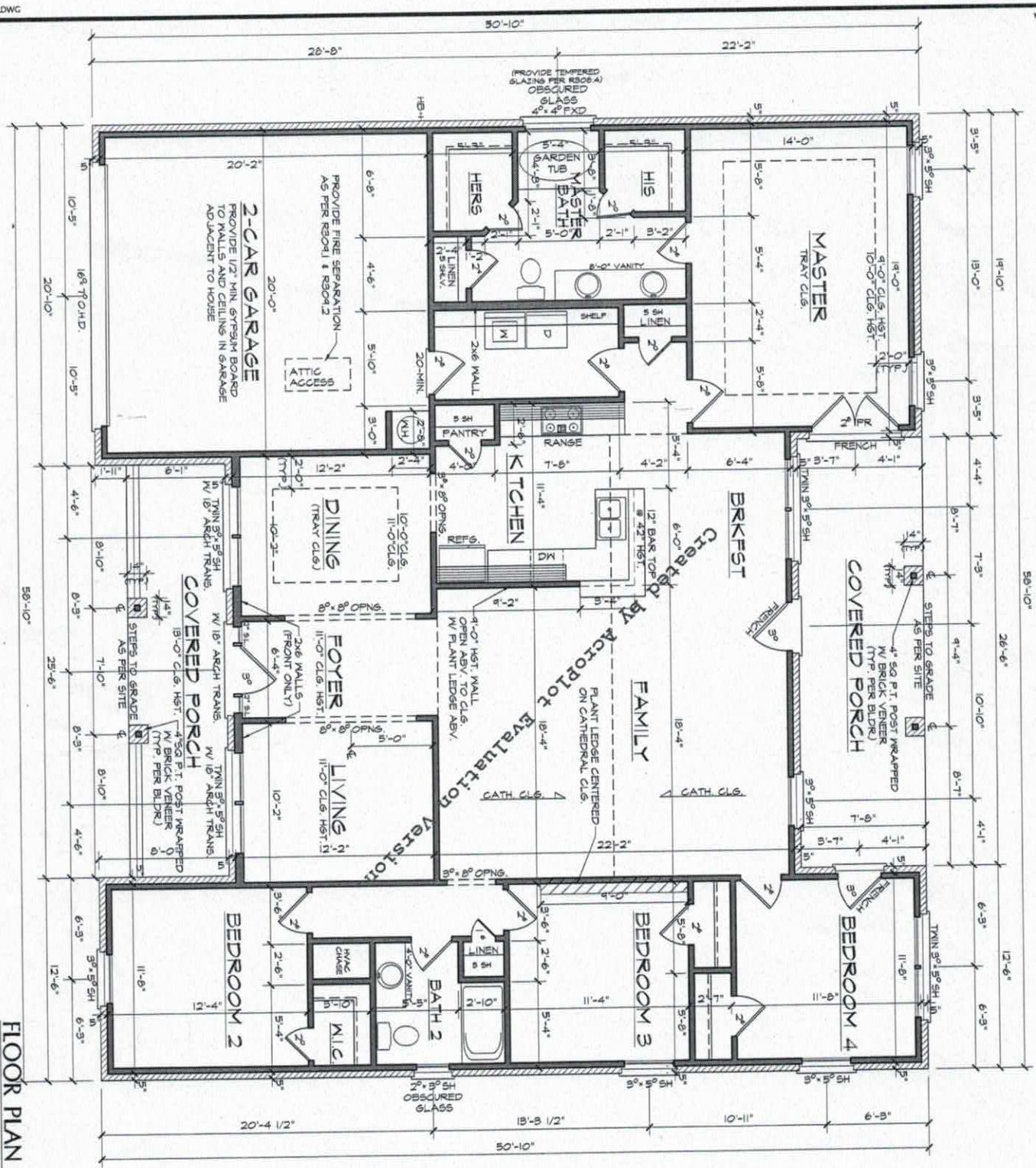
USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached site plan

lot 9



Plan1512.DWG



FLOOR PLAN

9'-0" (NOM.) CLG. HGT. U.N.O.
SET WINDOWS @ 7'-0" U.N.O.

SCALE: 1/4"=1'-0"

Acknowledgement Of Plans Submittal ONLY!
APPROVED SEP 02 2014
Date 9/3/14
Reviewer Signature

SHEET 3 OF 4

DATE DRAWN 7-28-2014
REVISIONS

2169 "A" FE (L) HG009

RALEIGH, NC
2600

AUTOCAD 2004

ADAMS HOMES AEC, LLC
1401 SUNDAY DRIVE, SUITE 115
RALEIGH, NC 27607
919-233-6747 (office) 919-233-6780 (fax)

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

Zoning Permit
Permit Number: 140688ZO

Printed: 2/14/2007

Master #: 140688

Associated Permits:
140688ZO Zoning

Applicant
Name: Ashley Rollans
Address: 2120 Graham Rd
Mt Ulla, NC 28125
Phone: 704-746-5046

Parcel
Parcel Number: 4639974862.009
Address: 000 Nesting Quail LN
MOORESVILLE, NC 28117
Subdivision: Highland Ridge
Zoning: RA
Township: 1500
Area: .61
Lot(s): 9
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-144888-07	Zoning - Permit / Inspection	$45.00
FEE-144889-07	Environmental Health - Type I or II Fast Track	$200.00
	Total Fees:	**$245.00**

REC-78619-07 $245.00

Total Receipts: **$245.00**

Conditions

Date: **Status:** **Code:**

Condition Description:

Condition Comments:

Permit Information:

Max Built Upon Area:	
Watershed:	WSIV-PA
Flood Zone:	No
Set Backs:	F35 R35 LS15 RS15
Minimum Lot Size:	21780
Minimum Lot Width:	100
Min # Parking Spaces:	
Land Use Permitted:	Yes
Community Sewer:	No
Site Plan Reviewed:	
Staff:	
Zoning Permit:	Yes
Septic Typet:	New System
Proposed Use:	Single Family
Property Recorded:	No
Community Water:	No
Provider:	
Provider:	
Date:	
# of Stories:	0
# of Bedrooms:	0
# of Units in Building	0

Site Plan Conditions:

Zoning Permit Comments: Hold building permit until plat is recorded