RECEIVED JUN 3 0 2014

204273
85941

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	704-674-8102	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Adams Home AEC, LLC	10115 Kincey Ave #160 Huntersville, NC 28078	704-674-8102	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

126 Tall Fern Loop — Street Address
Highland Ridge — Subdivision Name
25 — 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?
( ) 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)
6/12/14 — DATE

IREDELL COUNTY

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

APPLICATION NUMBER
204273
Issue Date: 06/27/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4639975794.000	126 TALL FERN LOOP, 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 REPLACES PERMIT 140742	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	PACL	

Remarks:

$ PAID Check

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	16215

TOTAL FEES:	$ 77.25

Residence for

Adams Homes AEC, LLC
Builder Plan #2169 "B" FE (R) HG025
Raleigh, North Carolina

GENERAL NOTES

1. ALL WORK IS TO BE DONE IN STRICT ACCORDANCE WITH NORTH CAROLINA STATE RESIDENTIAL BUILDING CODE, 2012 EDITION (HEREINTH SHOWN AS N.C.S.R.B.C.).
2. DIMENSIONS SHOWN ON DRAWINGS GOVERN OVER SCALE.
3. STUD WALL DESIGN SHALL CONFORM TO ALL N.C.S.R.B.C. REQUIREMENTS.
4. CONTRACTOR SHALL USE TEMPERED SAFETY GLASS IN ALL LOCATIONS AS REQUIRED BY N.C.S.R.B.C., 2012 EDITION, SECTION R308.4
5. ANY HABITABLE ROOM SHALL MEET ALL LIGHT/VENTILATION AND EGRESS AS REQUIRED BY N.C.S.R.B.C., 2012 EDITION, SECTIONS R-308.1 AND R-310.1
6. ALL WALLS SHOWN ON FLOOR PLANS ARE 2x4 FRAME UNLESS NOTED OTHERWISE.
7. ALL ANGLED WALLS SHOWN ON FLOOR PLANS ARE 45° UNLESS NOTED OTHERWISE.
8. ALL WINDOWS SHALL HAVE A MINIMUM DPI RATING OF 25. BUILDER SHALL VERIFY WITH WINDOW MANUFACTURER THAT UNITS INSTALLED MEET THESE REQUIREMENTS AS PER N.C.S.R.B.C., 2012 EDITION, TABLE 301.2(4).
9. ENERGY EFFICIENCY REQUIREMENTS FOR THE SPECIFIC CLIMATE ZONE WHERE STRUCTURE IS BEING BUILT SHALL BE IN ACCORDANCE WITH CHAPTER 11 OF THE NORTH CAROLINA RESIDENTIAL BUILDING CODE, 2012 EDITION, AS SHOWN IN TABLES N1101.2 AND N1102.1.
10. TERMITE TREATMENT - BORATE APPLIED TO ALL FRAME MEMBERS WITHIN 24" APP.

NORTH CAROLINA PROFESSIONAL SEAL 029215 ENGINEER MARK W. HORTON 5/5/14

MATERIALS LEGEND

EARTH/COMPACT FILL	FINISH WOOD
CONCRETE	ROUGH WOOD
BRICK	BLOCKING
CONCRETE BLOCK/STONE	PLYWOOD
STEEL	BATT INSULATION
ALUMINUM	RIGID INSULATION

TOILET ACCESSORIES LEGEND

PROVIDE 2x4 BLOCKING IN THE WALL FOR THE FOLLOWING.

TB	TOWEL BAR
TP	TOILET PAPER HOLDER
TR	TOWEL RING
MC	MEDICINE CABINET
MR	MAGAZINE RACK

THE PURPOSE OF THESE DRAWINGS IS TO SHOW THE INTENT OF THE DESIGN AND CONSTRUCTION OF THIS HOME. ANY ERRORS AND/OR OMISSIONS FOUND IN THIS SET SHOULD IMMEDIATELY BE REPORTED TO ADAMS HOMES FOR CLARIFICATION OR CORRECTION. THE CONTRACTOR SHOULD VERIFY ALL CONDITIONS AND DIMENSIONS PRIOR TO CONSTRUCTION

PROJECT NO. 421

INDEX TO DRAWINGS

	COVER SHEET
1	FRONT AND RIGHT SIDE ELEVATIONS
2	REAR AND LEFT SIDE ELEVATIONS
3	FLOOR PLAN
4	ELECTRICAL PLAN
ADD	PORCH OPTION ADDENDUM SHEET
OPT	PLAN OPTIONS SHEET
D1	CONSTRUCTION DETAILS
D2	BRACED WALL DETAILS
D3	BRACED WALL DETAILS
S1	FOUNDATION PLAN (STEM WALLS)
S1a	FOUNDATION PLAN (MONO SLAB)
S2	CEILING FRAMING PLAN
S3	ROOF FRAMING PLAN

RESIDENTIAL BUILDING CODE SUMMARY

1. PLANS ARE DESIGNED TO THE 2012 NORTH CAROLINA RESIDENTIAL BUILDING CODE.
2. HOUSE IS DESIGNED FOR 100 MPH, 3 SECOND GUST (90 MPH FASTEST MIND), EXPOSURE B.
3. ANCHOR BOLTS SHALL BE MIN. 1/2" DIAMETER WITH STANDARD WASHER AND NUT AND SHALL EXTEND 7" MIN. INTO MASONRY OR CONCRETE. BOLTS TO BE NO MORE THAN 6' O.C. AND WITHIN 12" OF CORNERS. ALTERNATE ANCHOR STRAPS CAN BE USED INSTEAD OF ANCHOR BOLTS SPACED AT THE EQUIVALENT SPACING AND INSTALLED PER MANUFACTURER'S SPECIFICATIONS EXCEPT AT GARAGE LUG PTS.
4. MEAN ROOF HEIGHT: 15'-4"
5. COMPONENT & CLADDING DESIGNED FOR THE FOLLOWING LOADS:

MEAN ROOF HGT.	UP TO 30'	30'-1" TO 55'	55'-1" TO 40'	40'-1" TO 45'
ZONE 1	16.5, -18.0	17.3, -18.9	18.0, -19.6	18.5, -20.2
ZONE 2	16.5, -21.0	17.3, -22.1	18.0, -22.9	18.5, -23.5
ZONE 3	16.5, -21.0	17.3, -22.1	18.0, -22.9	18.5, -23.5
ZONE 4	18.0, -19.5	18.9, -20.5	19.6, -21.3	20.2, -21.8
ZONE 5	18.0, -24.1	18.9, -25.3	19.6, -26.3	20.2, -27.0

6. MINIMUM VALUES FOR ENERGY COMPLIANCE: ZONE 3
7. MAXIMUM GLAZING U-FACTOR: 0.35
8. INSULATING VALUES: CEILING: R-30 / WALLS: R-13 / FLOOR: R-19 CODE REFERENCE: TABLE N1102.1
9. FLASHING SHALL BE INSTALLED IN ACCORDANCE WITH SECTION R703.8 OF THE N.C.R.B.C.
10. FIREBLOCKING SHALL BE INSTALLED IN ACCORDANCE WITH SECTION R602.8 OF THE N.C.R.B.C.
11. DRAFTSTOPPING SHALL BE INSTALLED IN ACCORDANCE WITH SECTION R302.12 OF THE N.C.R.B.C.

AREA CALCULATIONS

HEATED (SQ. FT.)		UNHEATED (SQ. FT.)		UNFINISHED (SQ. FT.)	
BASEMENT:	N/A	GARAGE:	471	BASEMENT:	N/A
1ST FLOOR:	2081	DECK/PATIO:	N/A	REAR PORCH OPT:	375
2ND FLOOR:	N/A	PORCH:	155/205	ATTIC:	N/A
REC. ROOM:	N/A	SCREEN PORCH:	N/A	STORAGE:	N/A
		STORAGE:	N/A		
ATTIC:	N/A	BRICK:	101	OVERALL DIMENSIONS	
TOTAL:	2081	TOTAL:	944	WIDTH:	56'-10"
				DEPTH:	54'-0"

FOUNDATION VENTING CALCULATIONS

NOT NEEDED WITH SLAB FOUNDATION

ATTIC VENTILATION REQUIREMENTS

NATURAL ROOF VENTILATION CALCULATIONS

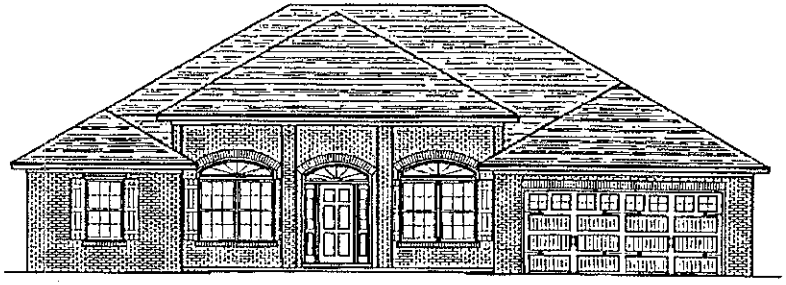
3022 SQ. FT. / 150 = 20.13 SQ. FT. VENT REQ'D

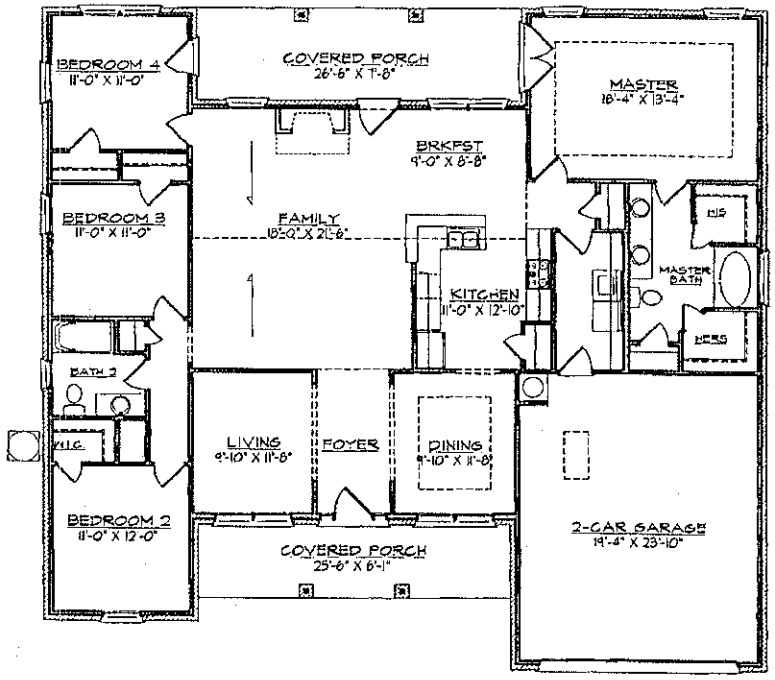
BUILDER TO PROVIDE APPROPRIATE VENTILATING AS REQUIRED PER CODE

POWER ROOF VENTILATOR CALCULATIONS

3022 SQ. FT. / 300 = 10.06 SQ. FT. VENT REQ'D.

BUILDER TO PROVIDE APPROPRIATE VENTILATING AS REQUIRED PER CODE





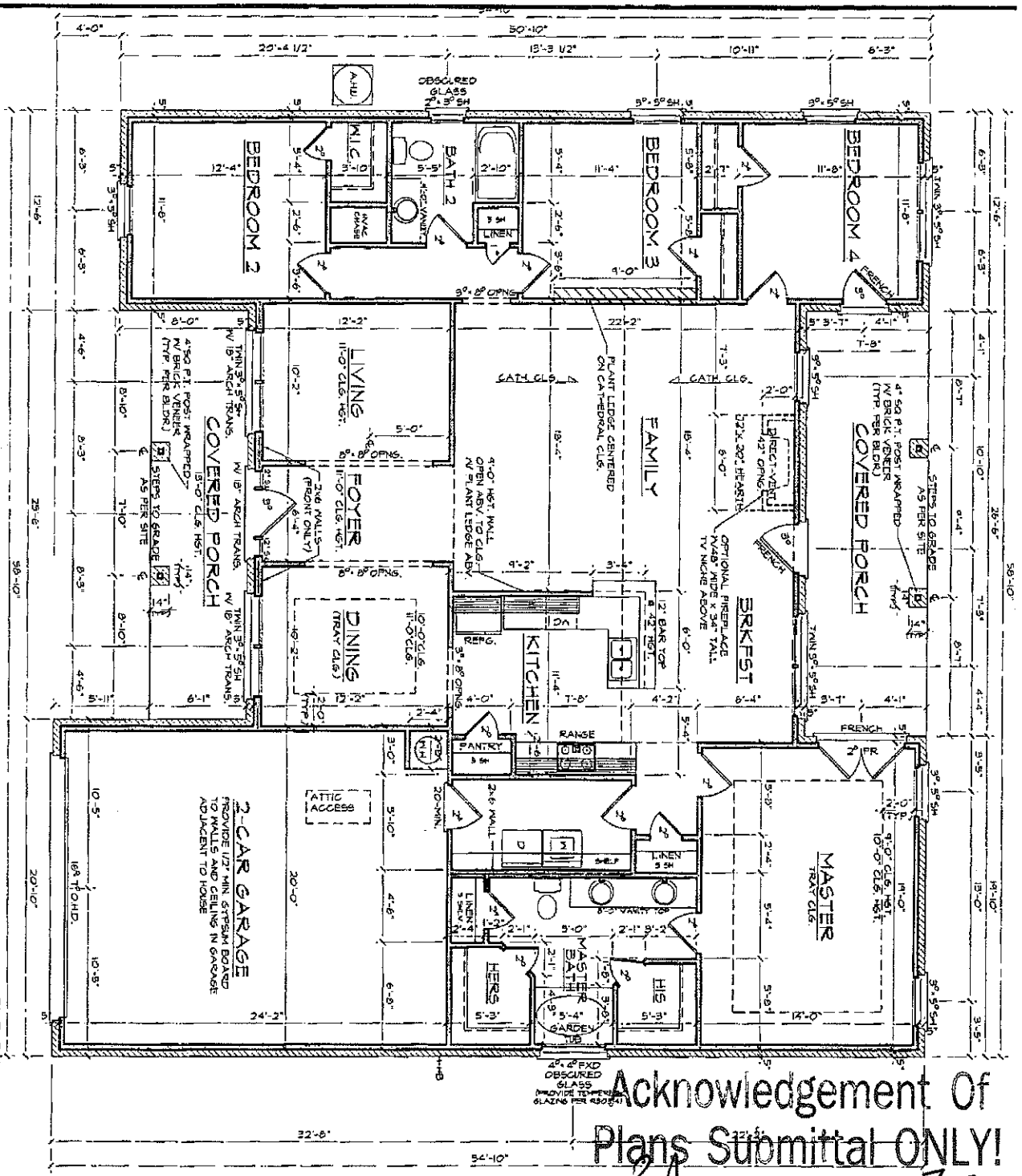
2169 "B" FE (R) HG025
RALEIGH, NC
1421

ADAMS HOMES AEC, LLC

BL.#CBC043518

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

Plan-1421.DWG



FLOOR PLAN

4'-0" (NOM.) CLG. HGT. U.N.O.
SLT WINDOWS @ 7'-0" U.N.O.

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

Acknowledgement Of Plans Submittal ONLY!

_____ Date 7-22-14

_____ Date _____

SHEET 3 OF 4

DATE DRAWN 6-5-2014

REVISIONS

2169 "B" FE (R) HG025

RALEIGH, NC
1421

AUTOCAD 2004

ADAMS HOMES AEC, LLC
BL #CBC043618
1401 SUNDAY DRIVE, SUITE 115
RALEIGH, NC 27607
919-233-6747 (office) 919-233-6780 (fax)

Gravity 50% Reduction
FOR WASTEWATER TREATMENT

Owner:	Orchard Farms LLC
Address:	227 Hideaway Lane Mooresville, NC 28117
Phone:	704-201-6465
County:	Iredell
Location:	HIGHLAND RIDGE LOT#25
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	NA

Design Specifications

Drainfield Size:	300
Loading Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (50% reduction)
Gravel Size:	NA (50% reduction)
Trench Depth:	36 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	N/A
Estimated Supply Line Length:	43
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	7.48
Dosing Volume:	NA
Supply Manifold:	D-BOX
Supply Manifold Length:	NA
Supply Manifold Volume:	N/A
Recommended Float Controls:	NA
Recommended Control Panel:	NA
Pressure Head:	NA
Friction Head:	NA
Elevation Head:	NA
Total Dynamic Head:	NA
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#25

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	900
TOTAL LATERAL LENGTH:	300
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	270
SUPPLY LINE LENGTH:	43
TOTAL DYNAMIC HEAD:	NA
MANIFOLD SIZE:	NA
DOSING VOLUME:	NA
PUMP TANK DRAW DOWN*:	NA
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	N/A

than 1/4" fall in 10 feet.

CALCULATIONS

Location HIGHLAND RIDGE

Project Number 01-1329

Lot No: Lot 25

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.30	$^{gal}/_{ft^2\,day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	43	ft.
Supply Line Volume	7.482	gal.
Required Feet of Line	270	ft.
Amount of Line from Layout	300	ft.
Gallons per Minute	NA	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	195.9	gal.
Dosing Volume	NA	gal.

Note: Dosing Volume based on70% of lateral line volume

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

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

HIGHLAND RIDGE LOT#25

Project #: 01-1329

LAYOUT FOR 4 BEDROOM HOME — May 7, 2007

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		N/A			100.00		
TANK			N/A	N/A			
HOUSE			N/A	N/A			
INSTR. 1				N/A			
1	***BLUE***			N/A	N/A	***100***	***100***
2	***PINK***			N/A	N/A	***105***	***100***
3	***DARK PINK***			***N/A***	***N/A***	***102***	***100***
4	ORANGE			***N/A***	***N/A***	85	85
5	ORANGE			N/A	N/A	30	30
6	BLUE			***N/A***	***N/A***	97	97
7	PINK			N/A	N/A	70	70
8	ORANGE			N/A	N/A	21	21
					Total	**610**	**603**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***300***	***0.30***	***ACCEPT.***	***0.30***	***PPBPS***	**GRAVITY DISTRIBUTION**
Repair	303	0.30	*ACCEPT.*	0.30	PPBPS	PRESSURE MANIFOLD

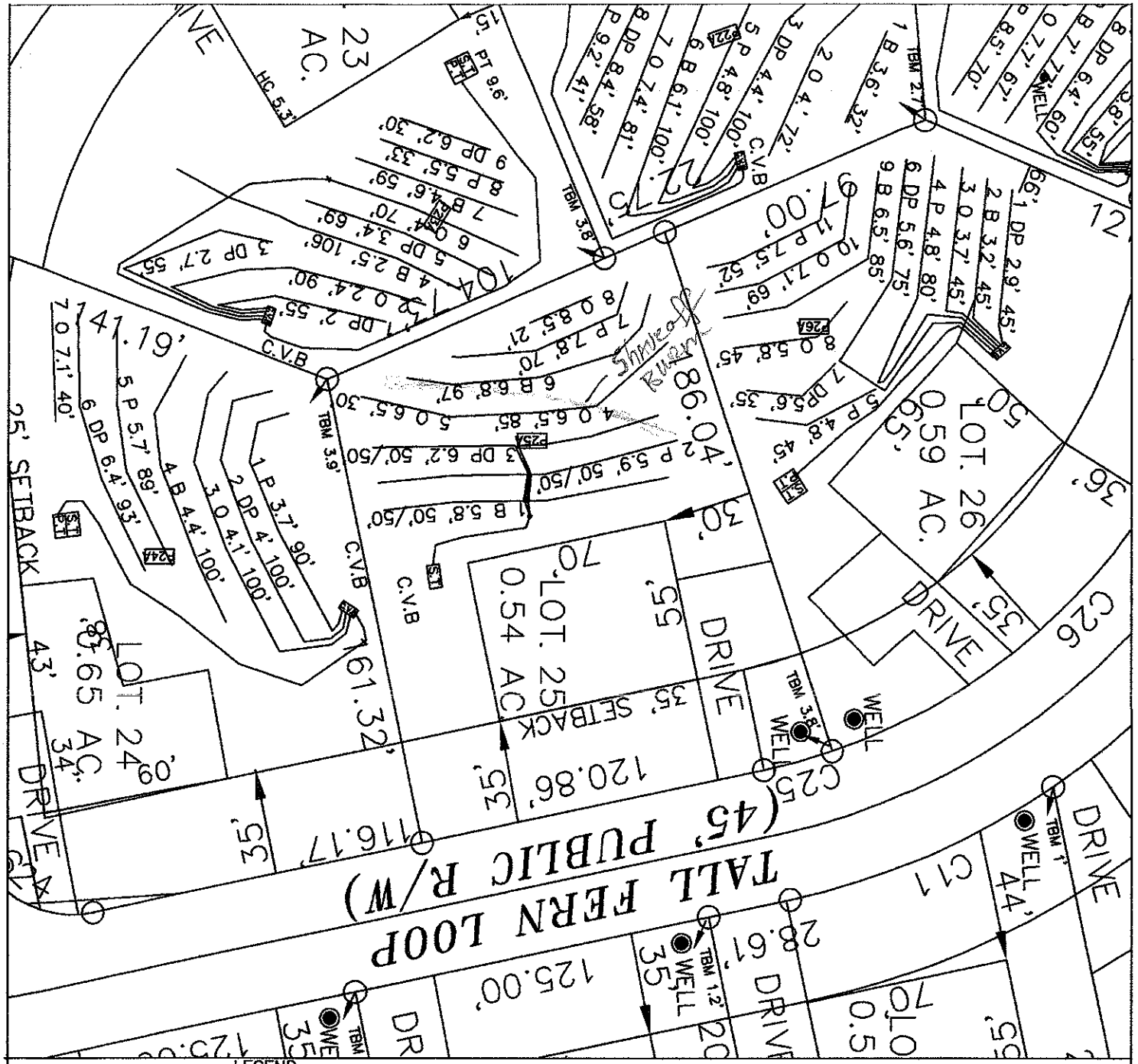
Notes:

** TBM NOT REQUIRED

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**BS, HI, and FS indicate rod readings



LEGEND

House Box.

System lines.

Repair lines.

House Corner Shot.

T.B.M.

GRAPHIC SCALE
1" = 50'

50 0 50 100

SEE Distribution detail on following page

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

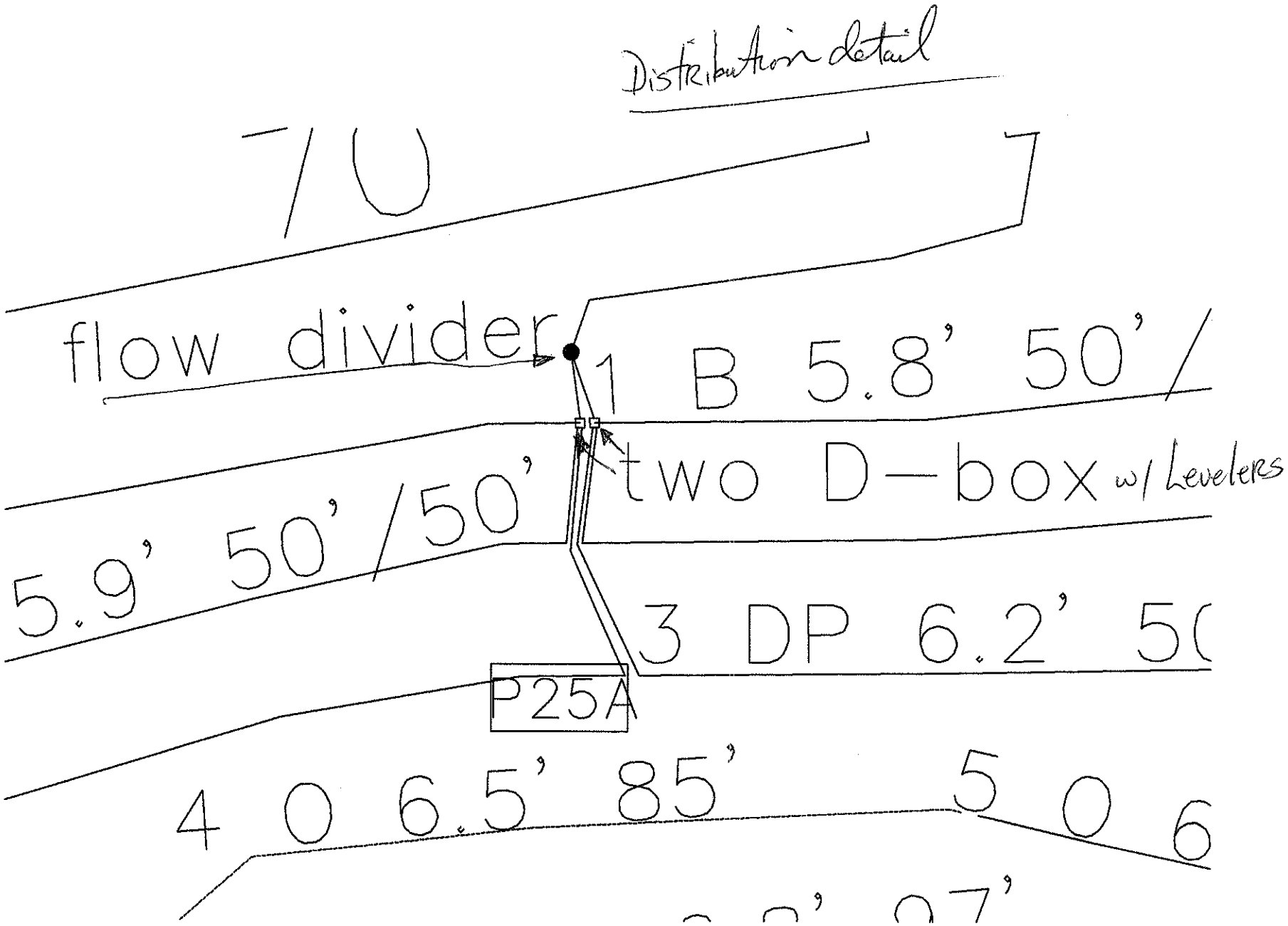
ROLLANS SOIL & ENVIRONMENTAL SERVICES
2120 GRAHAM ROAD
MOUNT ULLA, NC 28125
PHONE/FAX: (704)278-0989
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704)746-5046
EMAIL: ROLLANSFORTCJ@AOL.COM

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: ORCHARDS OF LLC / HIGHLAND RIDGE

LOCATION/DATE: PERTH ROAD MEDELL 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.


Distribution detail
flow divider
1 B 5.8' 50'
two D-box w/ Levelers
5.9' 50'/50'
3 DP 6.2'
P25A
4 O 6.5' 85'
5 O 6

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

[redacted]

Zoning Permit
Permit Number: 140742ZO

Printed: 2/13/2007

Master #: 140742

Associated Permits:
140742ZO Zoning

Applicant

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

Phone: 704-746-5046

Parcel

Parcel Number: 4639974862.025
Address: 000 Tall Fern Lp.
MOORESVILLE, NC 28117
Subdivision: Highland Ridge

Zoning: RA
Township: 1500
Area: .54
Lot(s): 25

Directions to Parcel: Perth Rd South, right on Fern Hill Rd, left on Nesting Quail, left on Tall Fern Loop

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-145062-07	Zoning - Permit / Inspection	$45.00
FEE-145063-07	Environmental Health - Type I or II Fast Track	$200.00
	Total Fees:	**$245.00**

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ___ of ___

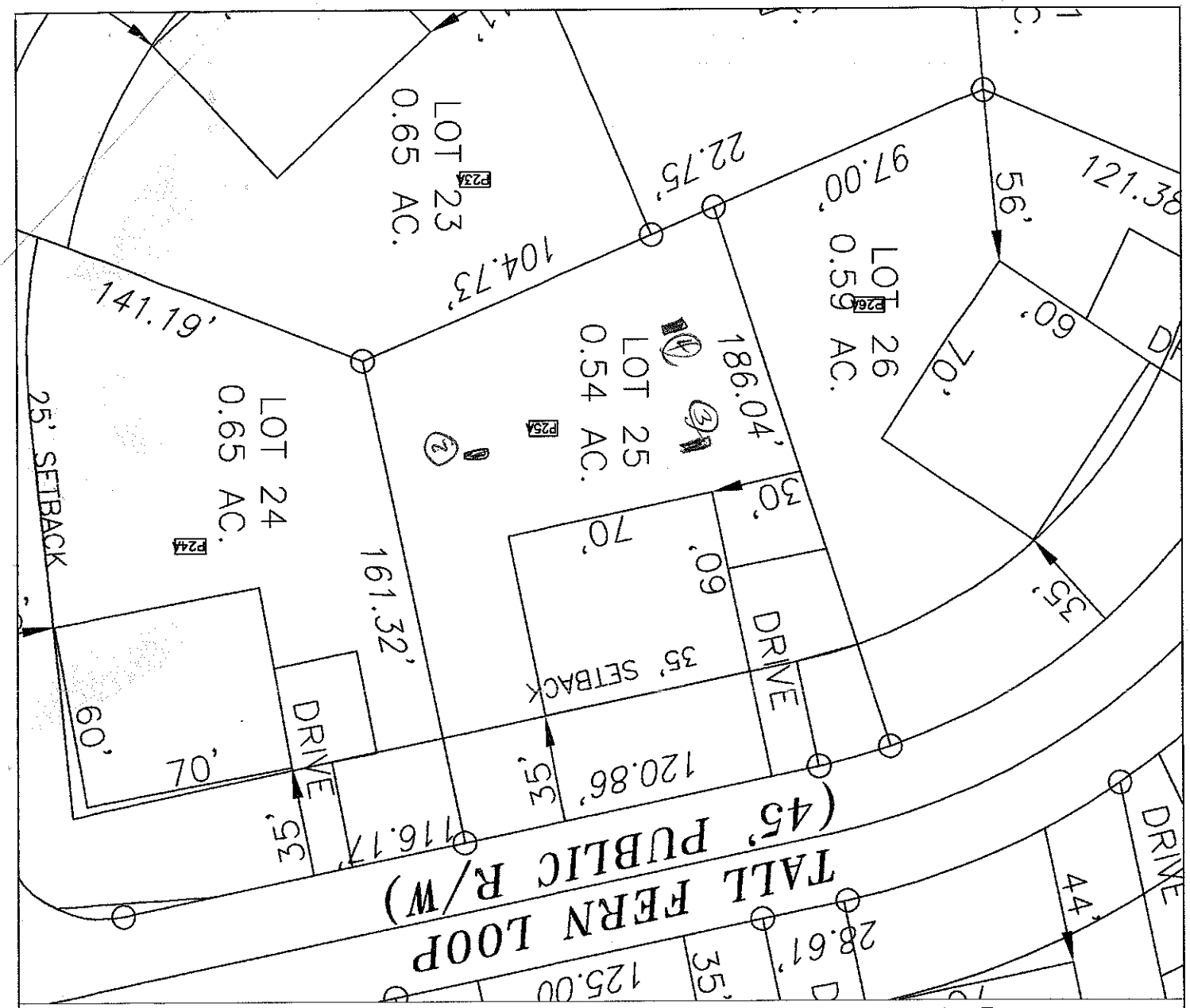
DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

lot 25
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
25 1	CSS 5-10%	0-28	RC MFSBK	fri SSSP Scap	—	60	—	—	PS .25 .275
		28-60	RCL MFSBK	fri SSSP Scap					
			large Quartz	Vein on South wall of Pit					
(2)		0-3	gr brwSL	fr					.25-.3
		3-32	SBK red C	fr SSSP					
		32-60	WKSBK CL+SAP	fi-fr SSSP	few gravelly mat @ bottom				
(3)		0-24	WKSBK red C	fr SSSP SCap		SCap			.3
		24-64	WKSBK red CL	fr SSSP					
(4)		0-12	gr brn SCL	fr SSSP					.3
		12-28	SBK RBRN C/CL	fr SSSP					
		28-60	WKSBK C	fi-fr SSSP SCap					

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

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: 90 OF NC / HIGHLAND RIDGE

LOCATION/DATE: PERTH ROAD, RIDELL 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.

IREDELL COUNTY HEALTH DEPARTMENT

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(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	25

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? CBF
( ) 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 (✓) Conventional CBF ( ) Innovative ( ) Modified Conventional ( ) Other___ (✓) No Preference CBF

****

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

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: _____ 2/21/17

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached

Lot 25

