IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226070

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

PIN # 4639-97-8694

APPLICANT/OWNER: ADAMS Homes LLC. APPLICANT ADDRESS: 3000 Gulf Breeze Pkwy, FL

SITE ADDRESS: 135 Tall Fern Lp, Mooresville PHONE: 904-759-5488 ALT. PHONE

SITE DIRECTIONS: Perth, TL Fern Hill, TL Nesting Quail, TL Tall Fern, onL SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Highland Ridge SECTION: — LOT # 13 LOT AREA: .57 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:			25% Reduction	
Pump Make		Model			Serial #		Repair System Description:			50%	
# Nitrification Fields	1	# Lines	5		Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		34"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions:

INITIAL SITE SKETCH

See Plan From

Michael Athanas

&

Associates

AS BUILT SKETCH

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Cynthia Bloody Date: 6/7/17 Installed by:

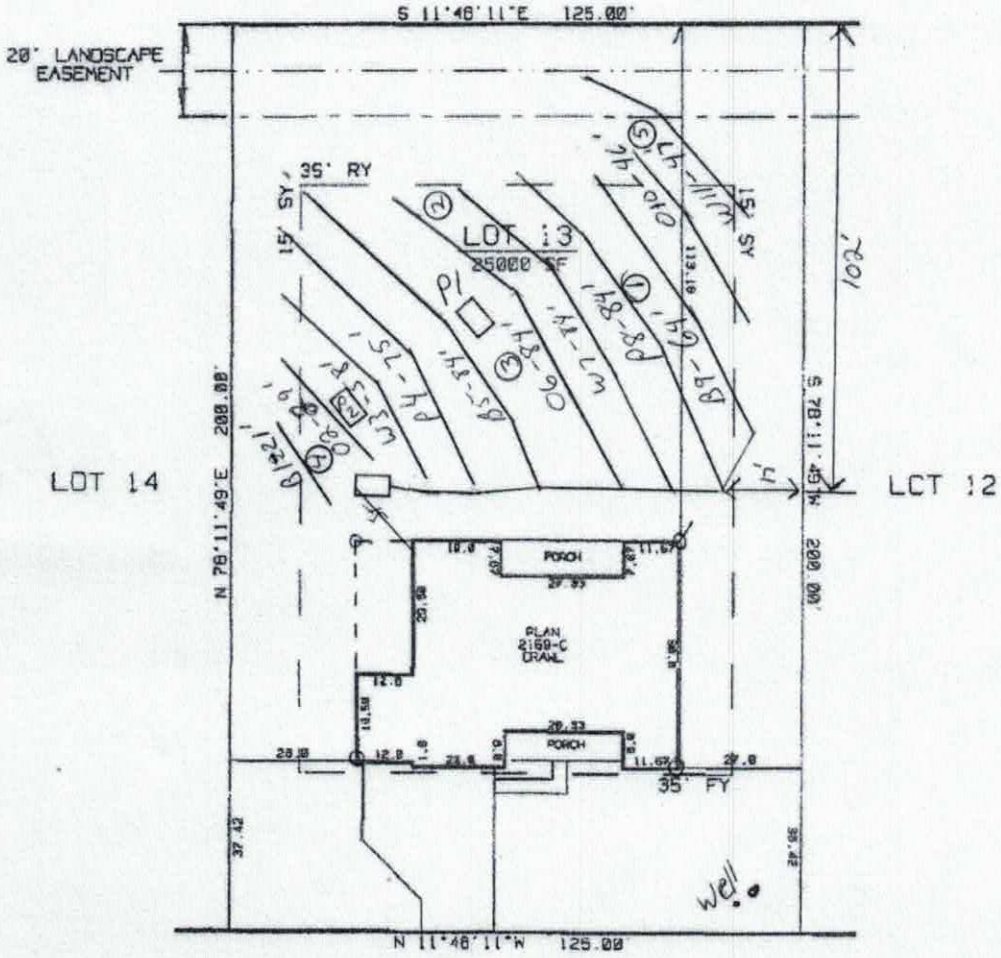
IMPROVEMENT PERMIT by: APPROVED APR 28 2017 Date: OPERATION PERMIT by: APPROVED DEC 19 2017 Date:

AUTHORIZATION TO CONSTRUCT by: APPROVED APR 28 2017 Date: Existing System Inspected by: Date:

PERTH ROAD

60' PUBLIC R/W

APPROVED APR 2 8 2017



TALL FERN LOOP

45 PUBLIC R/W

ADAMS HOMES

PLOT PLAN

OF

135 TALL FERN LOOP

LOT 13 OF HIGHLAND RIDGE (REVISED)

FALLSTOWN TOWNSHIP, (REDELL COUNTY, N.C.

SCALE - 1" = 40

20 40 60 80

MAP RECORDED IN BOOK 61 AT PAGE 6

ADGEO#13
DATE: 03/21/17
DSK AD#32 HLR13
DRAWN BY ASW/CLJ

PROPERTY ID #: 4639978694
COUNTY: _Iredell____

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

APPROVED APR 2 8 2017

OWNER: _Adams Homes LLC_____ APPLICATION DATE_____
ADDRESS: 3000 Gulf Breeze Pkwy, Gulf Breeze, FL 32563_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: _0.57 AC_____
LOCATION OF SITE: 135 Tall Fern Lp, Highland Ridge Lot 13_____ PROPERTY RECORDED: _____

WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 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	LS 6%	0-6	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-c SAP	N/A	PS 0.3
		6-28	R C SBK	FR SS SP SEXP					
		28-48	R CL WSBK	FR SS SP SEXP					
2	LS 6%	0-3	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-M SAP	N/A	PS 0.3+
		3-20	R C SBK	FR SS SP SEXP					
		20-48	R CL WSBK	FR SS SP SEXP					
3	LS 6%	0-3	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		3-24	R C SBK	FR SS SP SEXP					
		24-48	RCL WSBK	FR SS SP SEXP					
4	LS 6%	0-5	Br SCL WSBK	FR SS SP SEXP	N/A	48"	Few SAP	N/A	PS 0.3
		5-30	R C SBK	FR SS SP SEXP					
		30-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	828 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____

EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: _4639979328____
DATE OF EVALUATION: _____
COUNTY: _IREDELL_____

APPROVED APR 28 2017

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 6%	0-3	Br SCL WSBK	FR SS SP SEXP	N/A	48"		N/A	PS 0.3+
		3-16	R C SBK	FR SS SP SEXP					
		16-48	R CL WSBK	FR SS SP SEXP			F-C SAP		
PIT 1	LS 6%	0-20	R C SBK	FR SS SP SEXP	N/A	57"		N/A	PS 0.3
		20-57	R CL WSBK	FR SS SP SEXP			F-C SAP		
		57-62	VER L SAP M	FR SS SP SEXP			PS		
PIT 2	LS 6%	0-5	Br SCL WSBK	FR SS SP SEXP	N/A	66"		N/A	PS 0.3
		5-36	R C SBK	FR SS SP SEXP					
		36-66	R CL WSBK	FR SS SP SEXP			F-C SAP		

COMMENTS: _____

226010
pd $350
4/17/17
PITS

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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:

Steve

Applicant Name: Adams Homes LLC **Address:** 3000 Gulf Breeze Pkwy, Gulf Breeze, FL 32563 **Phone:** 904-759-5488

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 135 Tall Fern Lp

Subdivision Name: Highland Ridge **Section/Phase:** _____ **Lot Number:** 13

Driving Directions: Perth Rd, TL Fern Hill, TL Nesting Quail, TL Tall Fern, lot on RT

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: _____
( ) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) 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: _____ 4/5/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Adams Homes AEZ, LLC, am the legal owner(s) of the property located at 135 Tall Fern loop, Mooresville, NC 28117 lot 13 identified as PIN (Parcel Identification Number) 4639978694.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Manager 2/15/2017

Signature of Owner(s) Date

2.15.17

Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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

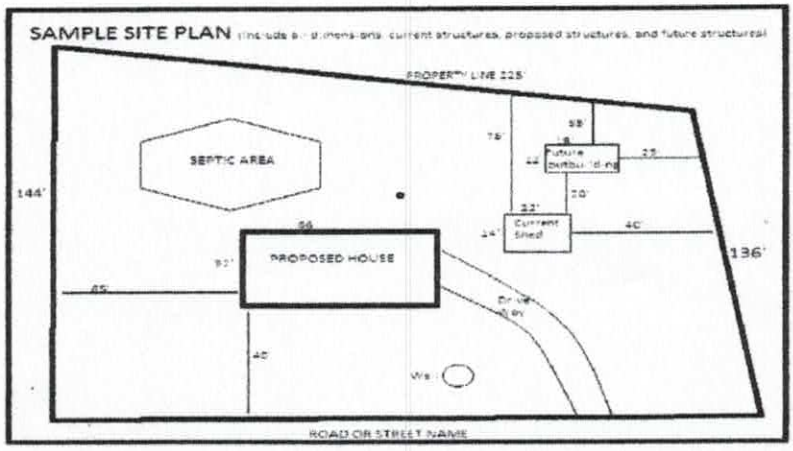
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN

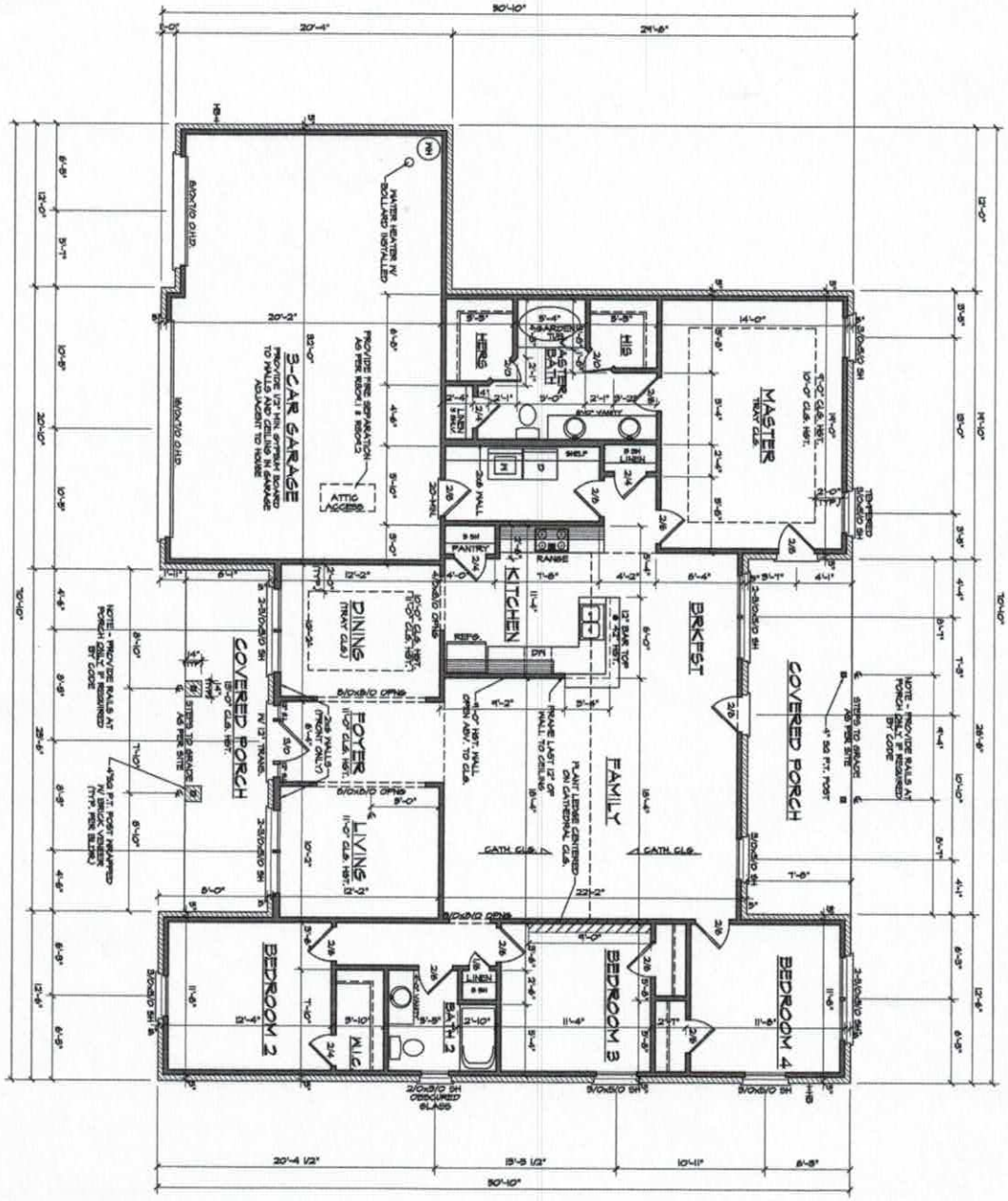
See Attached Plan

Signature: _____

***REQUIRED* property owner or owner's legal representative signature.**

4/5/2017

DATE



FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

APPROVED APR 28 2017

Date 6/7/17

SHEET 3

DATE DRAWN 3-17-2017

REVISIONS

2169 "C" FE (L) 3-CAR HG013

RALEIGH, NC

3251

ADAMS HOMES AEC, LLC

149 US HWY 70 WEST GARNER, NC 27529

919-233-6747 (office) 919-233-6780 (fax)

Lot 13

IREDELL COUNTY

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

APPLICATION NUMBER
226070
Issue Date: 04/03/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639978694.000	135 TALL FERN LOOP, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: ADAMS HOMES AEC LLC	Applicant: ADAMS HOMES AEC LLC
Address: 3000 GULF BREEZE PARKWAY GULF BREEZE, FL 32563	Address: 3000 GULF BREEZE PARKWAY GULF BREEZE, FL 32563
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.570	35.00	35.00	15.00	15.00	PACL	X

Remarks:

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	98389	TOTAL FEES:	$ 77.25