IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 226069

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

PIN # 4639-97-8759

APPLICANT/OWNER: ADAMS HOMES LLC. | APPLICANT ADDRESS: 3000 GULF BREEZE PKWY, GULF BREEZE, FL

SITE ADDRESS: 129 TALL FERN LP, MOORESVILLE 28117 | PHONE: 904-759-5488 | ALT. PHONE

SITE DIRECTIONS: FERN HILL, TL NESTING QUAIL, TL TALL FERN, ON R | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: HIGH LAND RIDGE | SECTION: — | LOT # 14 | LOT AREA: .57AC | DESIGN FLOW: 480 | L.T.A.R.:

Septic Tank	1000 (gal)	STB 760	Date 11-27	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT 3608	Date 8-21	System Description: LP-PANEL				☐ Business	No. Persons	8	☑ Private
Pump Make	Goulds 1/3 HP	Model	Serial # NEO31ZM	Repair System Description: SAME				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 3	Linear Ft 291'	Maintenance Agreement Required:	☑ YES	☐ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth —	☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL @ 36"

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	2-23-18	KW
Tanks Checked	See attached	
Pressure Manifold or Valve Box Checked	2-28-18	KW
Pressure Head Set	4-6-18	KW
Electrical Checked	4-6-18	KW
Floats Set	4-6-18	KW
Alarm Checked	4-6-18	KW
Maintenance Contract (Y) N	4-9-18	KW
Comments:		

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.*

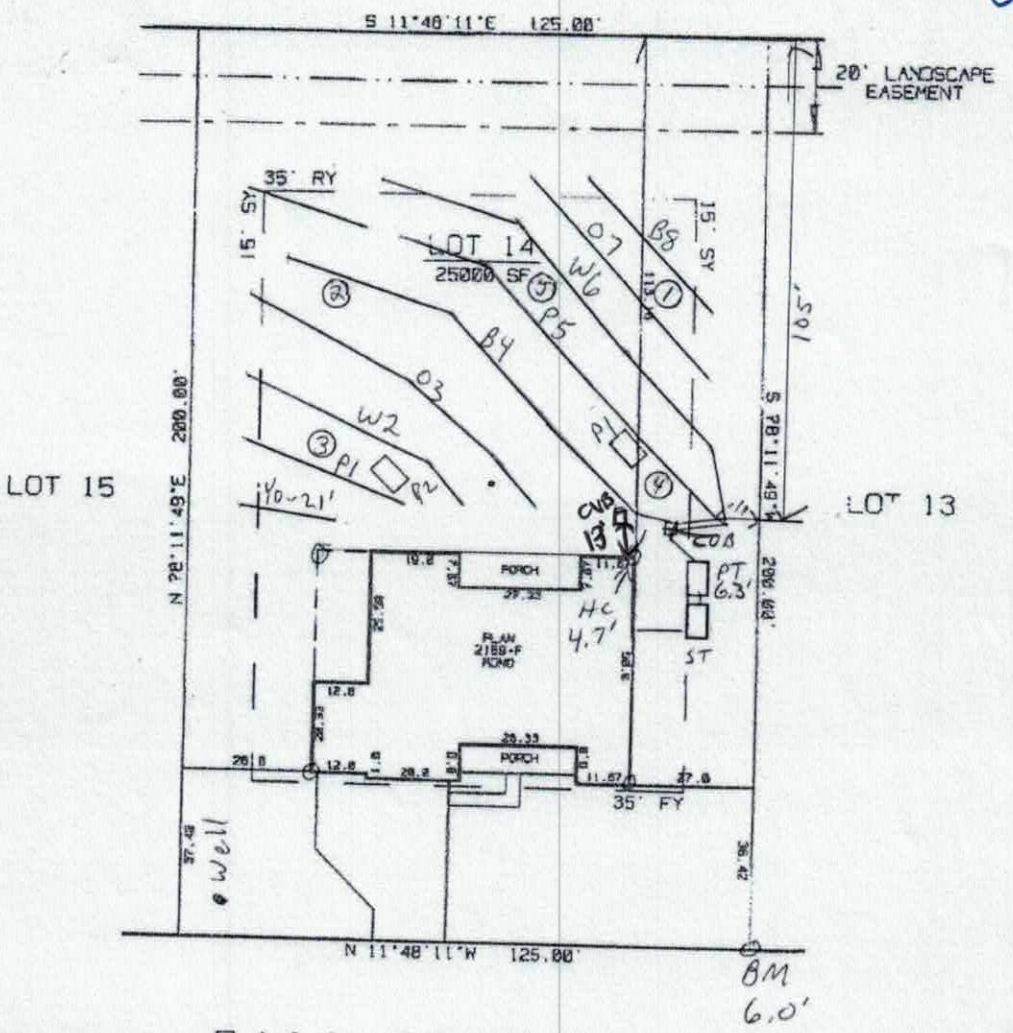
Owner / Applicant Signature: Cynthia Blandy | Date: 6/7/17 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: BA Eells | Date: 5-9-17 | OPERATION PERMIT by: Kayla Watson | Date: 4-9-18

AUTHORIZATION TO CONSTRUCT by: BA Eells | Date: 5-9-17 | Existing System Inspected by: | Date:

APPROVED MAY 09 2017

Perth Rd
60' PUBLIC R/W



TALL FERN LOOP

45' PUBLIC R/W

Yellow 0 21'

Line	Design Length	Actual Length	Elevation
Pink 1		39'	3.8'
White 2		57'	4.3'
Orange 3		80'	4.6'
Blue 4	**97'**	**103'**	**5.9'**
Pink 5	**97'/25' (rep)**	**127'**	**7.0'**
White 6	**97'**	**110'**	**7.6'**
Orange 7		60'	8.0'
Blue 8		41'	8.4'

ADAMS HOMES

PLOT PLAN

OF

129 TALL FERN LOOP
LOT 14 OF HIGHLAND RIDGE (REVISED)
FALLSTOWN TOWNSHIP, IREDELL COUNTY, N.C.

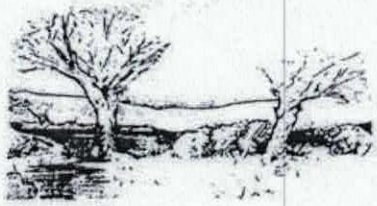
SCALE - 1" = 40'

0 20 40 60 80

MAP RECORDED IN BOOK 61
AT PAGE 6

ADGEO#13
DATE: 03/21/17
DSK AD#32 HLR14
DRAWN BY ASW/CLJ

APPROVED MAY 0 9 2017



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 129 Tall Fern Lp, Highland Ridge Lot 14
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.275 GPD/FT2 (initial), 0.25 GPD/FT2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 39 GPM
Dosing Volume: 237.6 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 5.4'
Friction Head: 0.3'
Pressure Head: 2'
Total Dynamic Head: 7.7'
Supply Line Length: 10' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" (minimum)

Line	Design Length	# of Panels	Actual Length	Elevation
Yellow 0			21'	
Pink 1			39'	3.8'
White 2			57'	4.3'
Orange 3			80'	4.6'
Blue 4	**97'**	**22**	**103'**	**5.9'**
Pink 5	**97'/25' (rep)**	**22**	**127'**	**7.0'**
White 6	**97'**	**22**	**110'**	**7.6'**
Orange 7			60'	8.0'
Blue 8			41'	8.4'

APPROVED MAY 0 9 2017

Initial System: 291'
Repair System: 323'
Pump Tank: 6.3'
House Corner: 4.7'
Benchmark: 6.0'

Comments:
The four corners of the house are staked. The old farm terraces must be removed. The tanks are marked in red flags.

PROPERTY ID #: 4639978759
COUNTY: _Iredell____

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

APPROVED MAY 0 9 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: 129 Tall Fern Lp, Highland Ridge Lot 14_____ 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 9%	0-6	Br SCL WSBK	FR SS SP SEXP	YB to 30"	48"	F-C SAP @ 30"	N/A	PS 0.3-0.25
		6-30	R C SBK	FR SS SP SEXP					
		30-48	R CL WSBK	FR SS SP SEXP					
2	LS 9%	0-6	Br SCL WSBK	FR SS SP SEXP	YB to 30"	48"	F-C SAP @ 30"	N/A	PS 0.3-0.25
		6-30	R C SBK	FR SS SP SEXP					
		30-48	R CL WSBK	FR SS SP SEXP					
3	LS 6%	0-6	Br SCL WSBK	FR SS SP SEXP	YB to 30"	48"	F-C SAP @ 30"	N/A	PS 0.3-0.25
		6-30	R C SBK	FR SS SP SEXP					
		30-48	RCL WSBK	FR SS SP SEXP					
4	LS 9%	0-3	Br SCL WSBK	FR SS SP SEXP	YB to 25"	48"	N/A	N/A	PS 0.3-0.25
		3-25	R C SBK	FR SS SP SEXP					
		25-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	873 FT2	969 FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.275	0.25

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 #: 4639978759

DATE OF EVALUATION:

COUNTY: IREDELL

APPROVED MAY 09 2017

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	
5	LS 9%	0-3	Br SCL WSBK	FR SS SP SEXP	YB to 27"	48"	Few SAP	N/A	PS 0.3-0.25
		3-27	R C SBK	FR SS SP SEXP					
		27-48	R CL WSBK	FR SS SP SEXP					
PIT 1	LS 6%	0-4	Br SCL WSBK	FR SS SP SEXP	YB mottles to 30" No mottles >30"	53"	F-C SAP PS	N/A	PS 0.25<30" 0.3>30"
		4-30	R C SBK	FR SS SP SEXP					
		30-53	R CL WSBK	FR SS SP SEXP					
		53-60	VER L SAP M	FR SS SP SEXP					
PIT 2	LS 6%	0-4	Br SCL WSBK	FR SS SP SEXP	YB mottles to 36" No mottles >36"	55"	F-C SAP PS	N/A	PS 0.25
		4-36	R C SBK	FR SS SP SEXP					
		36-55	R CL WSBK	FR SS SP SEXP					
		55-63	VER L SAP M	FR SS SP SEXP					

COMMENTS:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

APPROVED MAY 09 2017

OWNER: _____
ADDRESS: HIGHLAND RIDGE 14 _____ APPLICATION DATE: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: _____
LOCATION OF SITE: _____ PROPERTY SIZE: _____
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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
R 1		0-8	SCLWSBK		YBR 8-37"	56"	S	60+	.25
		8-37	CMSBK	SS					
		37-56	CLMSBK	SS					
		56-60	SSAP	NS					
I 2		0-6	SCL WSBK		YB's I=SAP 56"	"	S	60+	≤ 30" .25 .275 30" >
		6-29	RCMSBK	SS					
		29-56	RCL						
		56-60	V.L SAP	Mins					
R 3									
4									

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: _____

226069
Pd $350
Paid $500.00 6-7-17
PCTS 04/17

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit ( ) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: 129 Tall Fern Lp

Subdivision Name: Highland Ridge **Section/Phase:** _____ **Lot Number:** 14

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 (X) 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: _____ 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 A-Z, LLC, am the legal owner(s) of the property located at 129 Tall Fern Loop, Mooresville NC 28117 Lot 14, identified as PIN (Parcel Identification Number) 4639978759.000, 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.

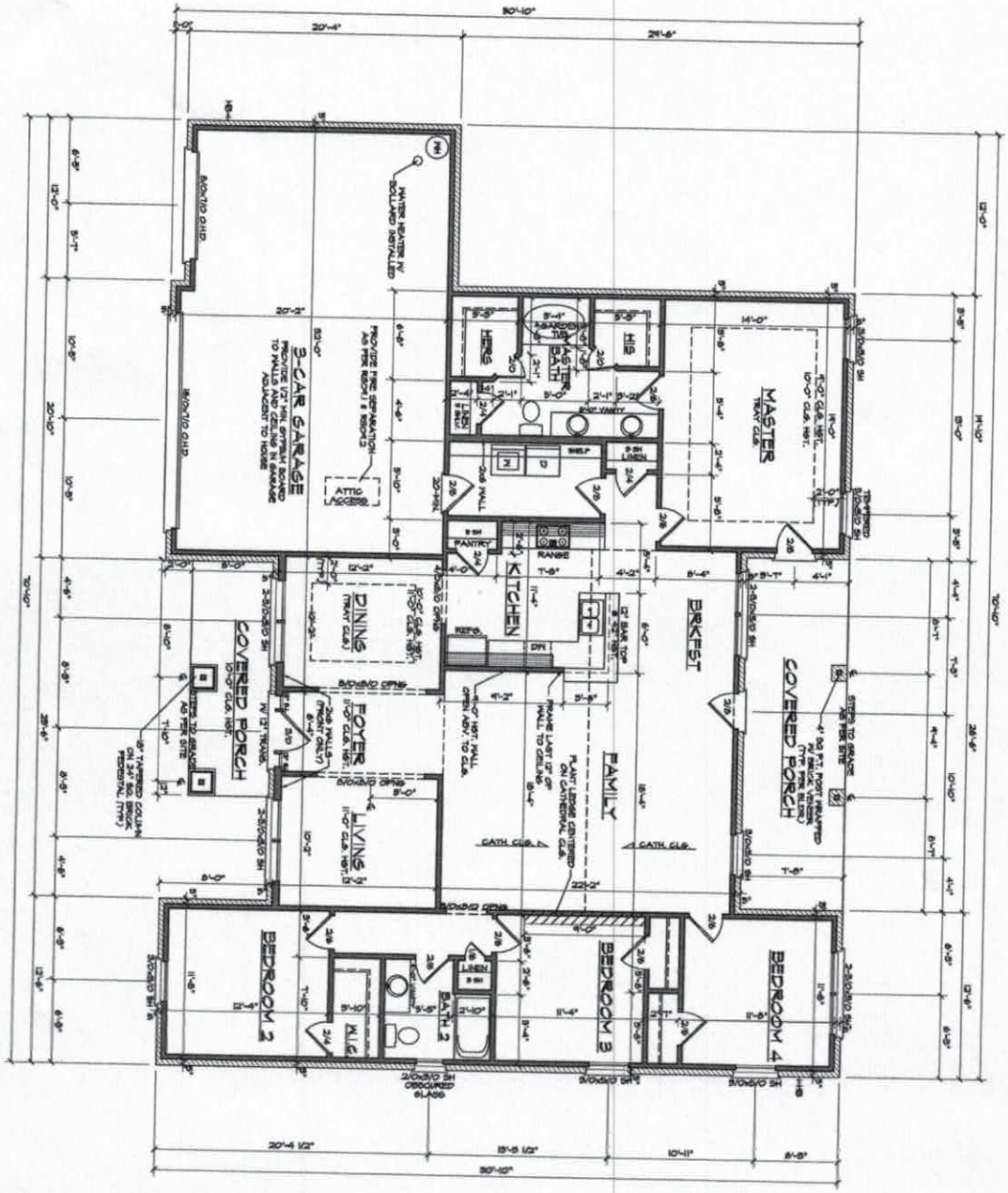
Manager 2/15/2017 — 2.15.17

Signature of Owner(s) Date 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



Acknowledgement of Plans Submittal ONLY!

Date APPROVED MAY 1 0 2017

Date 5/2/17

FLOOR PLAN

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

SHEET 3

DATE DRAWN 5-17-2017

REVISIONS

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

RALEIGH, NC

3251

ADAMS HOMES AEC, LLC

NL #CRC1329185

M9 US HWY 70 WEST GARNER, NC 27529

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

Lot 14

IREDELL COUNTY

PO Box 788
9 North Center St.
Mooresville, NC 28677

APPLICATION NUMBER
226069
Issue Date: 04/03/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639978759.000	129 TALL FE[illegible] 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	[illegible].00	15.00	PACL	X

Remarks:

The applicant certifies that there are [illegible]ed restrictions, contractual agreements or governmental regulations of any kind that interfere with[illegible] prohibit the use of the property or the use for which this permit is requested. The applicant furth[illegible]cknowledges that enforcement of deed restrictions, plat conditions and other contractual agreem[illegible] will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	98388	TOTAL FEES:	$ 77.25