# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220034

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

PIN # 4639-97-8929

APPLICANT: ADAMS HOMES APPLICANT ADDRESS: 10115 KINCEY AVE. SUITE 160 CHARLOTTE 28078

SITE ADDRESS: 117 TALL FERN Rd MOORESVILLE 28117 PHONE: ALT. PHONE: 704-947-6118

SITE DIRECTIONS: PERTH Rd-TL FERN HILL TOWARD LAKE - TL NESTING QUAIL - TL TALL FERN - ON LT.

SUBDIVISION: HIGHLAND RIDGE SECTION: LOT # 16 LOT AREA: DESIGN FLOW: L.T.A.R.:

Septic Tank 1000 (gal) STB 760 Date 3-10-17.
Pump Tank (gal) PT Date
Pump Make Model Serial #
# Nitrification Fields 1 # Lines 3 Linear Ft: 400
Trench Width 36" Max. Trench Bottom Depth (36") Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: CPPBPS
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

7/20/16 Revised Floor plans, in Compliance with Septic plan

INITIAL SITE SKETCH

See MICHAEL ATHANAS & ASSOCIATES DESIGN

AS BUILT SKETCH

27
33
37

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: Date: 7/22/16 Installed by: David Lantz

IMPROVEMENT PERMIT by: Date: 7/18/16 OPERATION PERMIT by: Benjamin A. Bottoms Date: 5/19/2017.

AUTHORIZATION TO CONSTRUCT by: Date: 7/20/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Scale
1"=40'

N

C26

C25

C13

C12

C11

well

Proposed well

DRIVE

60'

51'

ST

W1 - 110'

B2 - 140'

P3 - 150'

W4 - 180'

B5 - 92'

P6 - 60'

15'

LOT 16
0.81 AC.

LOT 15
0.58 AC.

N 78°11'49" E
219.12'

N 78°11'49" E
140.86'

N 78°11'49" E
158.09'

N 78°11'49" E
125.00'

S 11°48'11" E
110.17'

S 11°48'11" E

N 47°18'04" E
165.29'

N 47°18'04" E
152.42'

187' SETBACK

187' SETBACK

RJ cut

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


PROPERTY ID #: 4639978929
COUNTY: Iredell

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

OWNER: Adams Homes
APPLICATION DATE
ADDRESS: 10115 Kincey Ave. Suite 160 Charlotte, NC 28078
DATE EVALUATED:
PROPOSED FACILITY: 4 bdrm
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.81 AC
LOCATION OF SITE: 117 Tall Fern Lp. Highland Ridge Lot 16
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 5% | 0-24 | R C SBK | FR SS SP SEXP | N/A | 48" | F-C SAP | N/A | PS 0.3 |
| | | 24-48 | R CL WSBK | FR SS SP SEXP | | | | | |
| 2 | LS 5% | 0-27 | R C SBK | FR SS SP SEXP | N/A | 48" | F-C SAP | N/A | PS 0.3 |
| | | 27-48 | R CL WSBK | FR SS SP SEXP | | | | | |
| 3 | LS 5% | 0-26 | R C SBK | FR SS SP SEXP | N/A | 48" | F-C SAP | N/A | PS 0.3 |
| | | 26-48 | R CL WSBK | FR SS SP SEXP | | | | | |
| 4 | LS 5% | 0-24 | R C SBK | FR SS SP SEXP | N/A | 48" | F-C SAP | N/A | PS 0.3 |
| | | 24-48 | R CL WSBK | FR SS SP SEXP | | | | | |

Soils good CHF 7/16/14

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 1200 FT2 | 996 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)*



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

PROPERTY ID #: 4639978929
DATE OF EVALUATION: _____
COUNTY: IREDELL

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 5 | LS 8% | 0-4 | Br SCL WSBK | FR SS SP SEXP | N/A | 48" | F-C SAP | N/A | PS 0.3 |
| | | 4-28 | R C SBK | FR SS SP SEXP | | | | | |
| | | 28-48 | R CL WSBK | FR SS SP SEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | Previous Perm. Soil work Performed by CAF Agric w/ Soils 7/11/16 | | | | | | |
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COMMENTS: _____

# SOIL/SITE EVALUATION

*(Continuation Sheet)*

Sheet ___ of ___

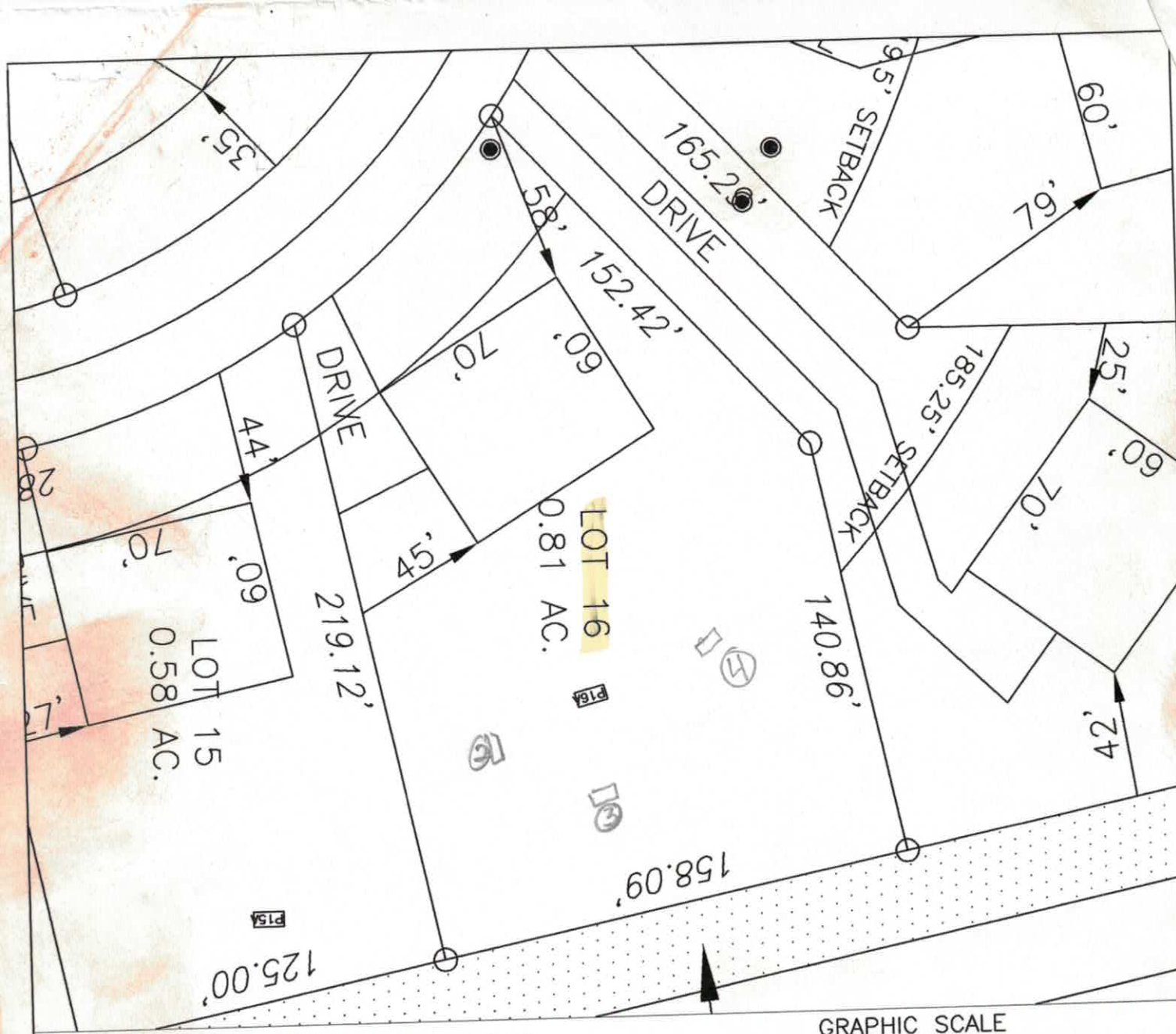
DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

10 of 16
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 |
|---|---|---|---|---|---|---|---|---|---|
| 16 A | CSS 5-10% | 0-18 | RC mfSBk | fri SSSP SmaP | — | 63 | — | — | PS .3 |
| | | 18-63 | RCL WSSH | fri SSSP SmaP common SAP | | | | | |
| P 2 | 5% | 0-8 | gr BSCl | fr SS SP | com-many sap | | | | .3 |
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| | | 24-65 | wf sbk RCl | fr SS SP | com-many sap | | | | |
| P 3 | | 0-5 | BSCL CL | fri SSSP SmaP | few e<16" | | | | .25 / .175 e >16" |
| | | 5-26 | MFABK C | fri SSSP SmaP - common | YB's e16 | | | | |
| | | 26-55 | WABK/SBK CL | fri SSSP SmaP common SAP - | | | | | |
| | | 0-6 | gr BSCl | fr | | | | | .3 |
| | | 6-26 | mf sbk RC | Cr SS SP | | | | | |
| | | 26-47 | wf sbk RCL | fr SS SP | com. sap | | | | |
| | | 47-60 | SL sap | massive fr SS | sp | | | | |
| | | | | | Previous Soils Work by CSP | | | | |

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: BD 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. |

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


PROPERTY ID #: 4639978929_
COUNTY: _Iredell____

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

OWNER: Adams Homes_____ APPLICATION DATE_____
ADDRESS: 10115 Kincey Ave. Suite 160 Charlotte, NC 28078_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: __0.81 AC_____
LOCATION OF SITE: 117 Tall Fern Lp. Highland Ridge Lot 16_____ PROPERTY RECORDED: _____

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

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

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Soils good CHF 7/14/14

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SITE CLASSIFICATION (.1948): _PS_____
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OTHER(S) PRESENT: _____

COMMENTS:_____

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*



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

PROPERTY ID #: 4639978929____
DATE OF EVALUATION: _____
COUNTY: _IREDELL_____

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# SOIL/SITE EVALUATION

*(Continuation Sheet)*

Sheet ___ of ___

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

1 of 16
Highland Ridge

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

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| | | 26-55 | WABK/SBK CL | fri SSSP SmaP common SAP - | | | | | |
| | | 0-6 | gr BSCL | fr | | | | | .3 |
| | | 6-26 | mf sbk RC | fr ss sp | | | | | |
| | | 26-47 | wf sbk RCL | fr ss sp | com.sap | | | | |
| | | 47-60 | SL sap | massive fr ss sp | | | | | |
| | | | | | Previous Soils work by CSP | | | | |

COMMENTS: ___

# IREDELL COUNTY HEALTH DEPARTMENT
## *ENVIRONMENTAL HEALTH DIVISION*
### PAGE 1: *APPLICATION FORM*

**Application For:**
( ) Septic Improvement Permit (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(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
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet
***Place an (X) beside whichever is submitted if applicable***

**Applicant Information:**

**Applicant Name:** Cynthia Blanding **Address:** 10115 Kincey Ave #160 Huntersville, NC 28078 **Phone:** (704) 884/1548

**Owner Name:** Adams Homes AEC LLC **Address:** 10115 Kincey Ave # 160 Huntersville, NC 28078 **Phone:** 704.947.6118

**Property Information:**

**Street Address:** 117 Tall Fern Loop ,, Mooresville, NC 28677

**Subdivision Name:** Highland Ridge **Section/Phase:** _____ **Lot Number:** 16

**Driving Directions:** Perth Road N TL Fern Hill Road TL Nesting Quail Lane

**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:** _____

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

**Please answer the following to the best of your ability:**

( ) Yes ( ) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) 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 identific operty lines and corners and making the site accessible so that a complete site evaluation can be performed.*

**Signature:** Cynthia Blanding July 16, 2016
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 AEC, LLC, am the legal owner(s) of the property located at leave blank, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Cynthia Blanding, MAJ Permits Inc., 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.

(X) _____ MANAGER 7/19/2016
Signature of Owner(s) Date

(X) _____ 7.19.16
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

220034
Pd $350

# IREDELL COUNTY HEALTH DEPARTMENT

## *ENVIRONMENTAL HEALTH DIVISION*

**PAGE 1: *APPLICATION FORM***

**Application For:**
(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
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**Page 2: *Site Plan Worksheet* form MUST accompany this application**

**The following optional attachments may also be submitted:**
*Place an (X) beside whichever is submitted if applicable*
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( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:**

**Applicant Name:** Adams Homes **Address:** 10115 Kincey Ave. Suite 160 Charlotte NC 28078 **Phone:** 704 947-6115

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

**Property Information:**

**Street Address:** 117 Tall Fern

**Subdivision Name:** High Land Ridge **Section/Phase:** _____ **Lot Number:** 16

**Driving Directions:** Perth, TL Fern Hill, TL Nesting Quail, TL Tall Fern, on Lt

**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: _____

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(X) Concrete Slab Foundation
( ) Basement with Plumbing
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**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: Accept

**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:** _____ 7/8/2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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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 ALE, L.L.C., am the legal owner(s) of the property located at 117 TALL FERN LOOP, MOORESVILLE, NC 28117, identified as PIN (Parcel Identification Number) 4639978929.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) GARY McNEELY, MICHAEL ATHANAS + ASSOCIATES, INC., 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.

(X) _____ MANAGER 7/1/16 (X) _____ _____

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

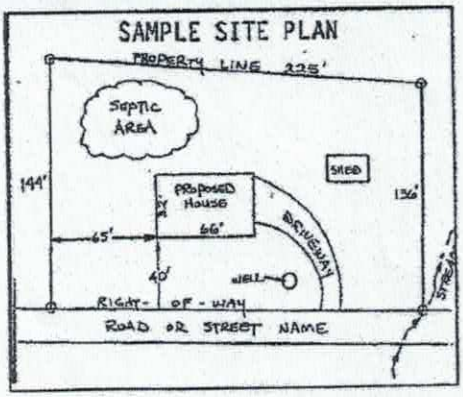
**Statesville - Environmental Health**
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# IREDELL COUNTY HEALTH 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**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and 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:**

| | |
|---|---|
| **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

***Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and other item that will occupy space on the site***

**Signature:** Cynthia Blanding
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**

July 16, 2016
**DATE**

# IREDELL COUNTY HEALTH DEPARTMENT

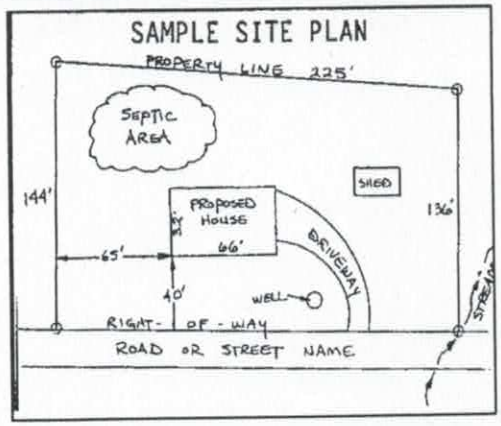
## *ENVIRONMENTAL HEALTH DIVISION*

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- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
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- ( ) 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 |

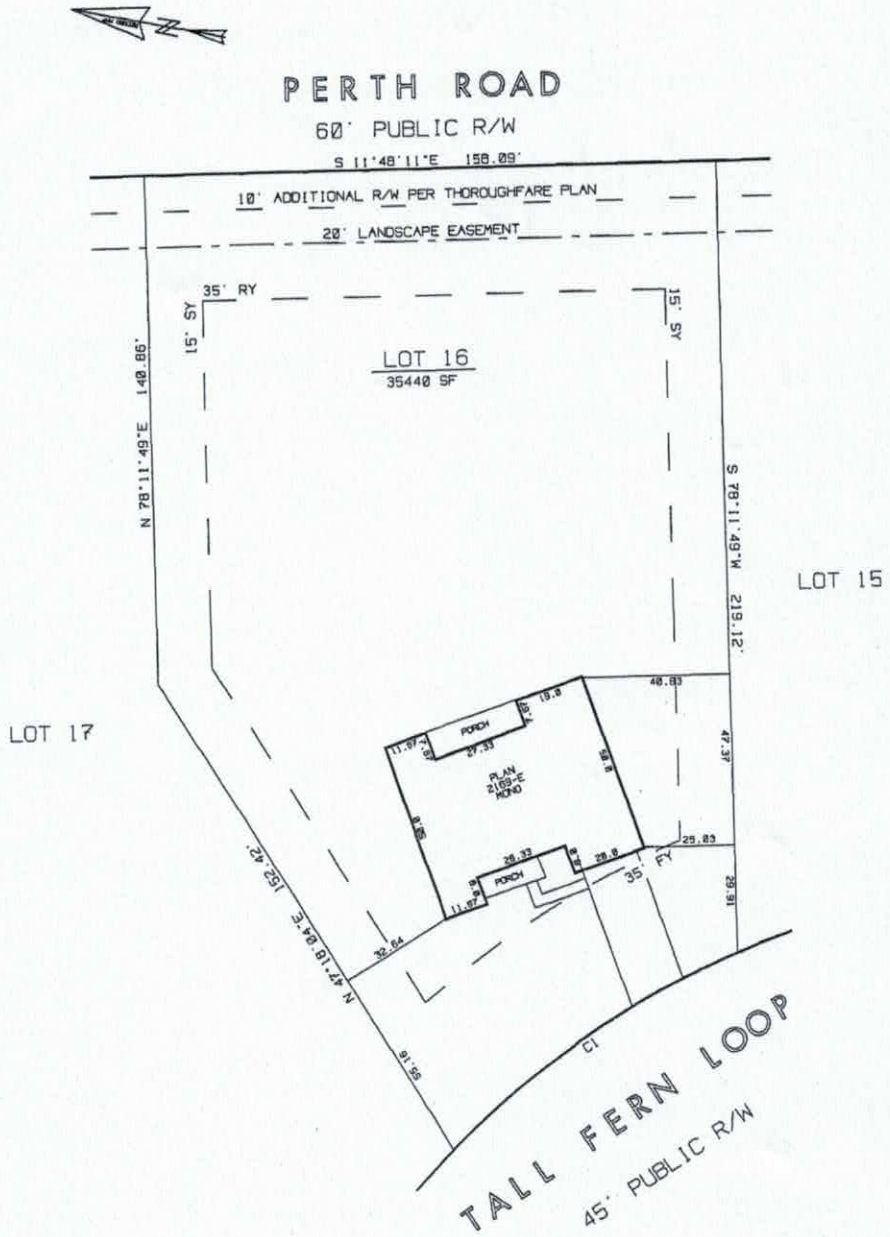
## USE THIS SPACE TO DRAW YOUR SITE PLAN

***Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***

See Attached Plan

**Signature:** _____ 7/8/2016

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




| CURVE | DELTA ANGLE | RADIUS | ARC | TANGENT | CHORD | CHORD BEARING |
|---|---|---|---|---|---|---|
| C 1 | 21°48'56" | 252.50' | 96.14' | 48.66' | 95.58' | N 45°09'10"W |

NOTE: U.G. UTILITIES IN AREA SERVING OTHER PROPERTIES.
THIS PROPERTY SUBJECT TO ANY EASEMENTS OR RIGHT-OF-WAYS OF RECORD.
SEE RECORD PLAT FOR FURTHER NOTES.

IPF - IRON PIN FOUND
IPS - IRON PIN SET
BC - BACK OF CURB
CM - CONCRETE MONUMENT
PSDE - PUBLIC STORM DRAIN EASEMENT
S.T. - SIGHT TRIANGLE

SCALE - 1" = 40'

0 20 40 60 80

ADAMS HOMES

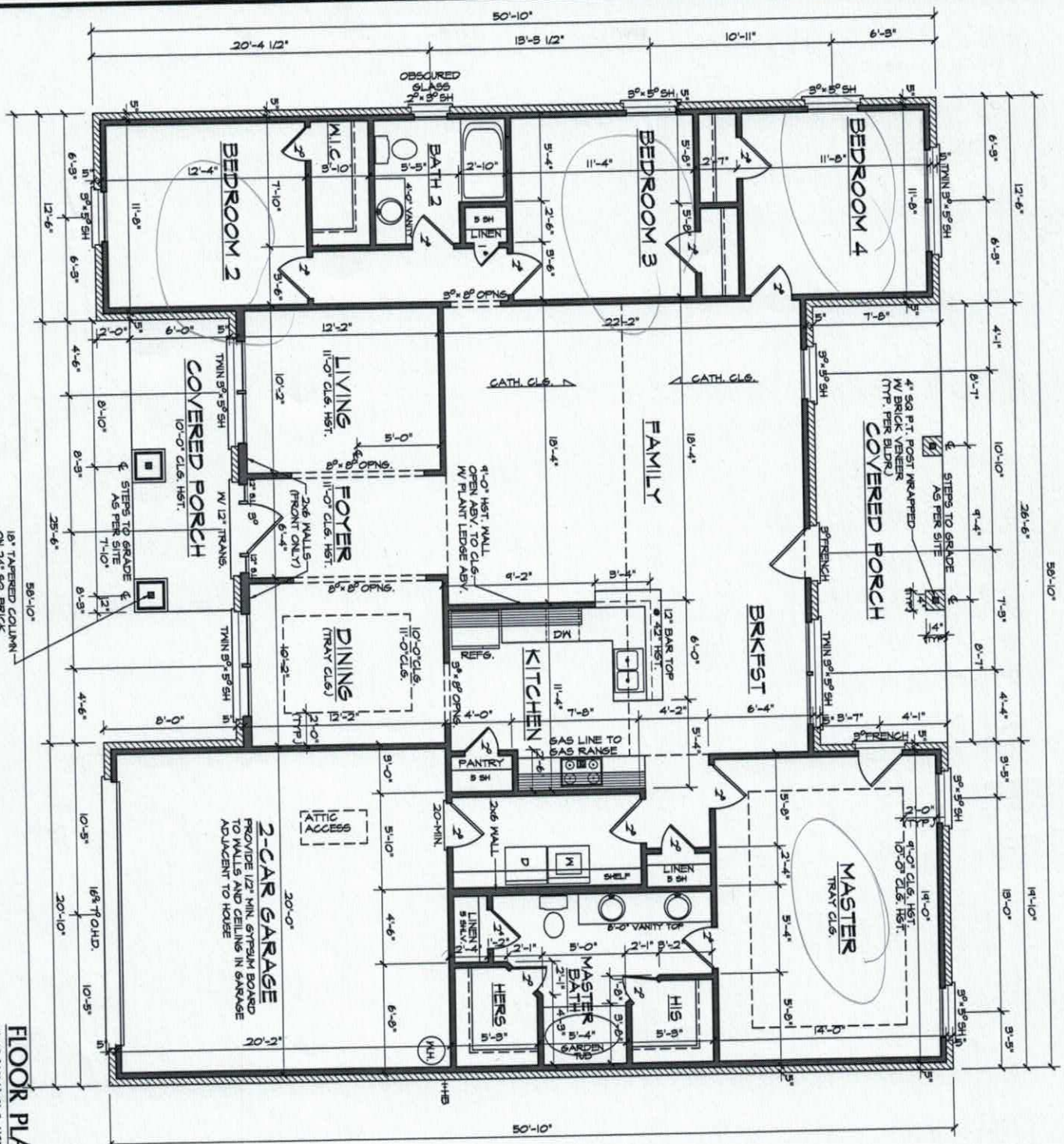
# PLOT PLAN

OF

117 TALL FERN LOOP
LOT 16 OF HIGHLAND RIDGE (REVISED)
FALLSTOWN TOWNSHIP, IREDELL COUNTY, N.C.

MAP RECORDED IN BOOK 61
AT PAGE 6

ADGEO#13
OSK AD#30 HLR16
DATE: 05/23/16
DRAWN: CLJ




FLOOR PLAN

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

18" TAPERED COLUMN ON 24" SQ. BRICK PEDESTAL (TYP.)

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

Date 7/28/16

Date 7/28/16

Acknowledgement of Plans Submittal ONLY!

2169 "E" FE (R) HG016

RALEIGH, NC
3061

AUTOCAD 2004

DATE DRAWN 6-15-2016

REVISIONS

SHEET 3 OF 4

ADAMS HOMES AEC, LLC

BL #CBC043518

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

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 220034 |
| Issue Date: 07/05/2016 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4639978929.000 | 117 TALL FERN LOOP, MOORESVILLE, NC 28117 | |

| Owner Information | Applicant Information |
|---|---|
| Owner: ORCHARD FARMS LLC | Applicant: MICHAEL ATHANAS & ASSO |
| Address: 150<br>IREDELL CO, NC 28625 | Address: 561 ENNIS RD<br>WEDDINGTON, NC 28173 |
| Phone: | Phone: 704-576-3887 |

| Use Requested | Zone Code |
|---|---|
| SFD- FAST TRACK | |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .810 | 35.00 | 35.00 | 15.00 | 15.00 | PA | X |

**Remarks:**

$ PAID

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.

*See Attached*

Applicant: _____ Date: _____

| Permit Number | 73438 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|