RECEIVED OCT 6 – 2014

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 (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: ___ 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
Lewis F. Carpenter Construction Co.	P.O.Box 690029		
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Tapia Davidson	121 Orchard Farm Ln	(704)682-1222	(Amanda)

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
121 Orchard Farm Ln	The Orchard	Lot 4

Driving Directions: From Perth road turn onto Flowering Cherry Ln. Turn left onto Orchard Farm Ln. 121 Orchard Farm Ln (lot 4) will be on left.

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5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

Existing 4 BR Residence

(X) 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 8
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

* Adding Foods, Moving Septic Tank to extend driveway.

IF Non- Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

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6. **Proposed Water Supply:**

( ) New Well (X) 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 ( ) Innovative (X) 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: Samuel A Stoller 9/29/14

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:

- X — Property Line measurements are clearly identified…
- X — 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
- 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:

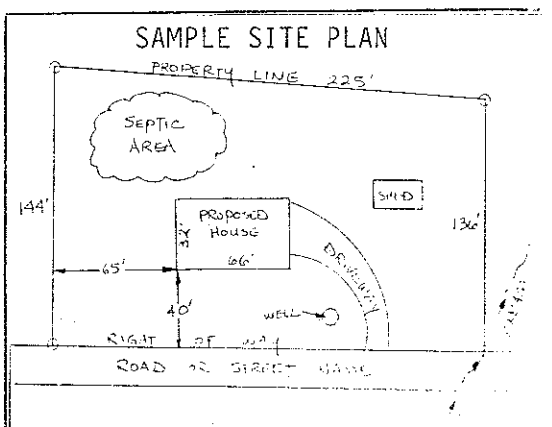
- N/A — Location of septic systems and wells within 100' of your property (N/A)
- N/A — Location of easements and rights of ways on your property… (N/A)
- N/A — Location of any designated wetlands on the property… (N/A)

Signature: Samuel A Tollison
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/29/14
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached



IREDELL COUNTY

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

APPLICATION NUMBER
206042
Issue Date: 09/26/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649048783.000	121 ORCHARD FARM LANE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: LEWIS F CARPENTER CONSTRUCTION CO	Applicant: DAVIDSON, TAPIA
Address: P O BOX 690027 CHARLOTTE, NC 28227	Address: 121 ORCHARD FARM LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-682-1222

Use Requested	Zone Code
SWIMMING POOL- FAST TRACK	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.610		10.00	10.00	10.00	PACL	X

Remarks:

Swimming Pool Zoning Permit: Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N. C. Building Code requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is removed, or when NOT in use have a gate to the ladder as described above.

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: Samuel A Tollen Date: 9/29/14

Permit Number	22725	TOTAL FEES:	$ 77.25

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 46-1104 8793
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Lewis Carpenter Applicant: Tapic Davidson
ADDRESS: 121 Orchard Farm Ln. Mooresville NC 28117
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 121 Orchard Farm Lane
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE: 9/23/14
DATE EVALUATED: 9/24/14
PROPERTY SIZE: 0.61
PROPERTY RECORDED:

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
B 1	4%	0-32	RC mmsbk/Mbk	Fr SS SP		48"			PS .3
		32-48	RYCl mmsbk	Fr SS SP					
B 2	6%	0-6	BCl mmsbk	Fr SS SP		48"			PS .3
		6-34	RC mmsbk	Fr SS SP	Few SAP Inclu				
		34-	RCl mmsbk	Fr SSSP	few S.M.P Inclu				
B 3	LSS 6%	0-24	R CL WFSBk	Fr SS SPSTP		48"	-	-	PS .35
		24-48	R CL WFSBk	Fr SS SP STP	com/man/ SAP				
B 4	LSS 5%	0-18	R C WFSBk	Fr SS SPSTP		48"	-	-	PS .3-.35
		18-48	R CL WFSBk	Fr SS SP STP	com/man/SAP				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted/Existing	PPBPS
Site LTAR	0.25	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollins
OTHER(S) PRESENT: Chad Wagner

COMMENTS: Proposed PPBPS Repair - Total Linear Footage 332. Need 267'