IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216920

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

PIN # 4649059292

APPLICANT: Lewis Carpenter APPLICANT ADDRESS: P.O. Box 690027 Mooresville NC 28227

SITE ADDRESS: 143 Orchard Farm Ln Mooresville NC PHONE: 7045454652 ALT. PHONE: 7046194232

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TR Wild Cherry Ln TL Orchard Farm Ln on left near end

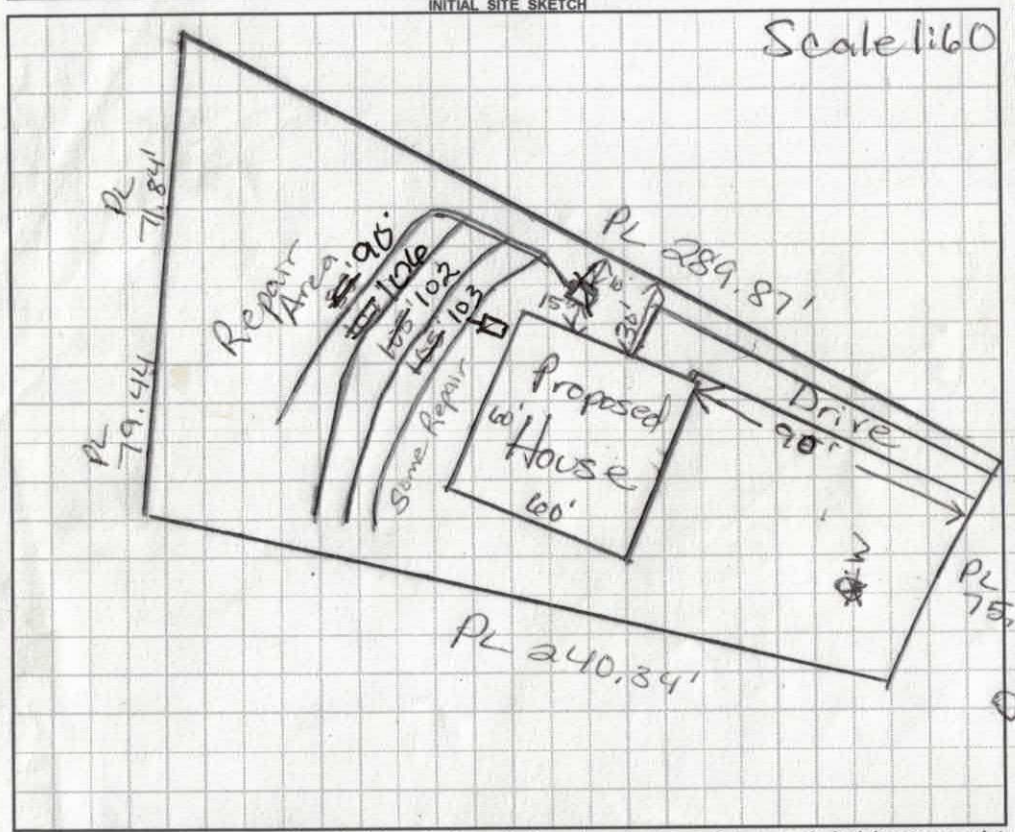
SUBDIVISION: The Orchard SECTION: - LOT # 38 LOT AREA: .167 Ac. DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 794	Date 4-4-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank		(gal)	PT	Date	System Description: Gravity – 25% Reduction		☐ Business	No. Persons 8	☒ Private
Pump Make		Model		Serial #	Repair System Description: Same		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft: 400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth	~~36~~ 36"	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☒ Basement w/o plumbing

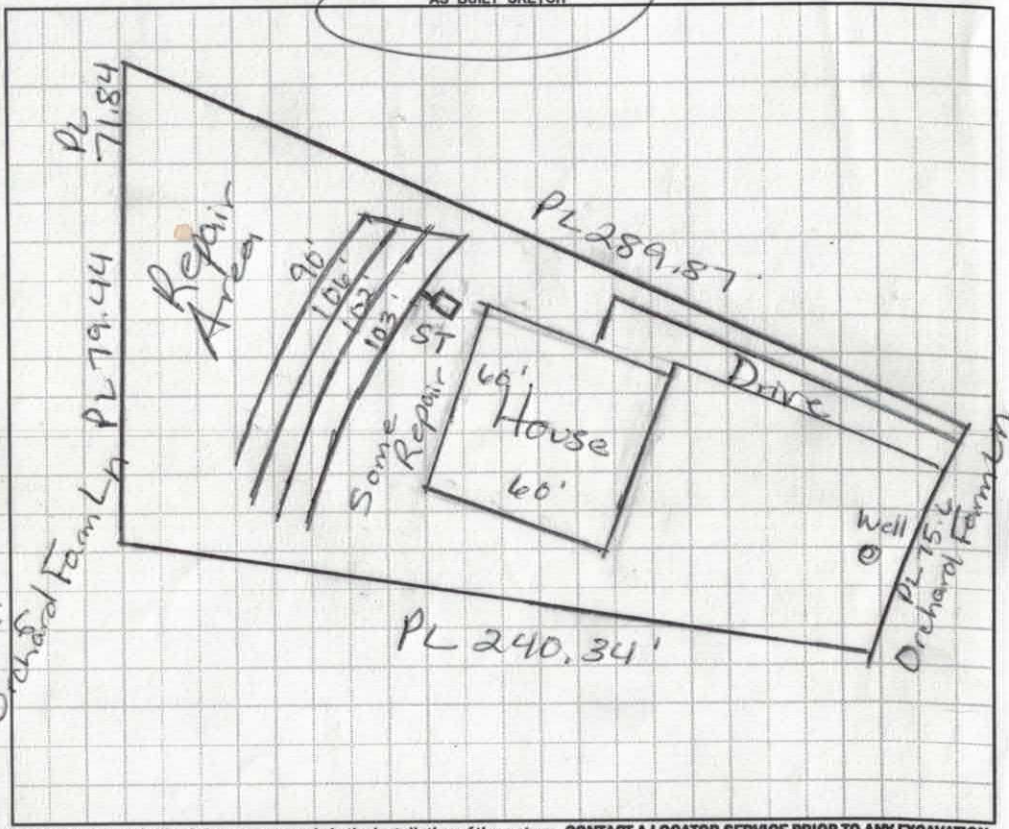
Comments / Conditions: X Do Not Cut down for basement

5/9/17 Checked ST & upper 2 lines
5/10/17 Checked last 2 lines

INITIAL SITE SKETCH



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: Lewis Carpenter Date: 4-22-16

IMPROVEMENT PERMIT by: Marian L Olson RS Date: 4/16/16

AUTHORIZATION TO CONSTRUCT by: Marian L Olson RS Date: 4/16/16

Installed by: Precision Excavation

OPERATION PERMIT by: Marian L Olson Date: 5/10/17

Existing System Inspected by: Date:

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

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

Sheet 1 of ____
PROPERTY ID #: _____
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

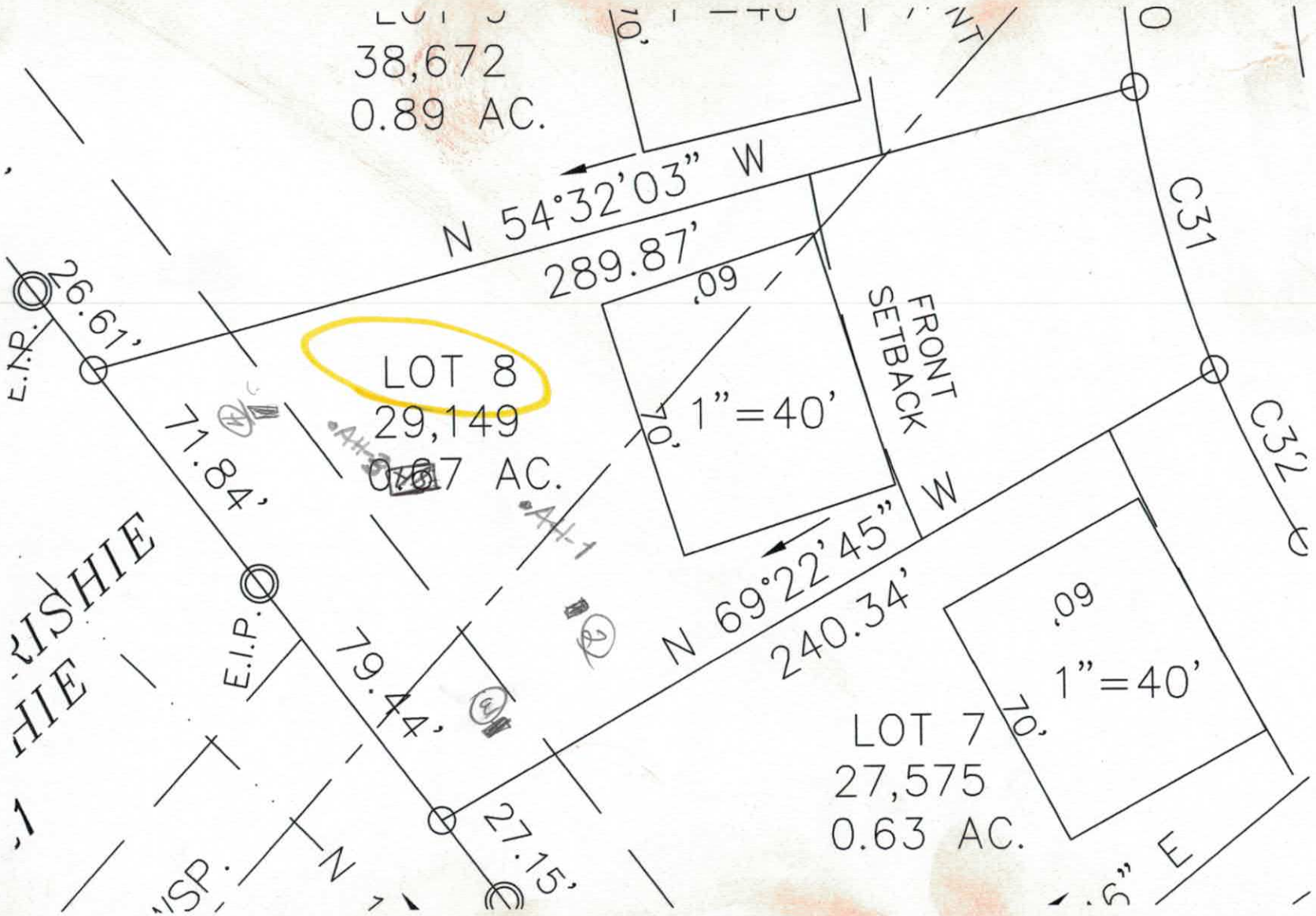
OWNER: THE ORCHARDS LLC _____ APPLICATION DATE 4/06
ADDRESS: HIDEAWAY LANE MOORESVILLE _____ DATE EVALUATED: _____
PROPOSED FACILITY: RES _____ PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: _____
LOCATION OF SITE: THE ORCHARDS LOT 8 _____ PROPERTY RECORDED: Y
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

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
SA 1	LSS 10-15%	0-5	BSCL GR	fri SSSPSMP	N/A	34"	PS	N/A	.3 PS
		5-30	RL MFSBK	fri SSSPSMP					
		30-34	RL2 WFSBK	fri SSSPSMP					
		34-58	VL SAP M	fri SSSPSMP					
2	5-25-06 9%	0-5	gr brn scl	fr SSSP					.3
		5-26	mfsbk red cl	fr SSSP SEXP					
		26-54	m-wksbk red cl	fr SSP few common SAP few w. rock					
3		0-12	wk sbk brn scl	fr SSSP					.3
		12-43	SBK red cl	fr SSSP SEXP					
		43-58	wk sbk red cl	fr SSSP few w. rock, few SAP					
4		0-6	gr brn scl	fr SSSP					.3
		6-32	mfsbk red cl	fr SSSP SEXP					
		32-43	wk sbk red cl	fr SSSP common SAP					
		43-56	massive sl sap	fr SSSP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	LPPPBPS	LPPPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: B. Freeman, DR Hamm
OTHER(S) PRESENT: _____

COMMENTS:


38,672
0.89 AC.
N 54°32'03" W
289.87'
26.61'
E.I.P.
LOT 8
29,149
0.67 AC.
71.84'
E.I.P.
79.44'
27.15'
N 69°22'45" W
240.34'
FRONT SETBACK
.09
70'
1"=40'
C31
C32
LOT 7
27,575
0.63 AC.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Fredel

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Lewis Carpenter
ADDRESS:
APPLICATION DATE
DATE EVALUATED: 4/13/16
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949):
PROPERTY SIZE:
LOCATION OF SITE: The Orchards Lot #8
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	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
1	L 10%	0-6"	Brw SCL	GR, FR, SS, SP					PS .3
		6-36"	Rd C/N	m-w SBK	SS, SP, SE, FR				
		36-48"	Rd to R/Brw CL	m-w SBK	SS, SP, SE				
			w/ few to many	SAP	Incl SS, some W. Rock				
2	C 8%	0-6"	Brw SL	GR FR, SS, SP					PS .3 to 46"
		6-33"	Rd C	m-w SBK	SS, SP, SE, FR				
		33-45	Rd to R/Brw CL	m-w SBK	SS, SP, SE, FR				
		45-48	SL SAP	massive	FR, SS, SP				
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT:

COMMENTS:

RECEIVED MAR 16 2016

3/16

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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) Paid $ 500.00

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To C... em Inspection

Please CALL prior to inspection 1 Day Before

Name: Lewis

Number: 704-619-4232

#216920

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This ... Inch = 60 Feet

The following optional attachments may also be submitted: ... 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
LEWIS F CARPENTER	PO BOX 690027 CHARLOTTE NC 28227	704 5454652	704 6194232
SAME			

Owner Name | Mailing Address | Home Phone # | Alternate Phone #

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
143 ORCHARD FARM LN	THE ORCHARD	LOT #8

Driving Directions:

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to
( ) Other

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) 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:**

(✓) 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 ____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Lewis F Carpenter
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

MARCH 15, 16
DATE

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

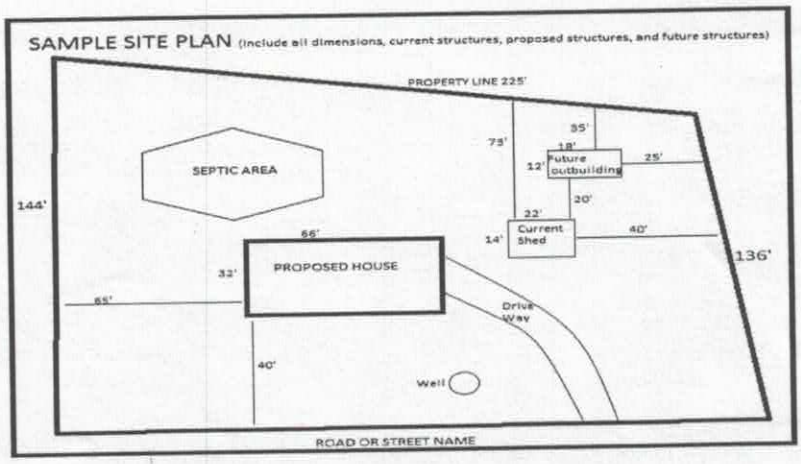
__X__ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

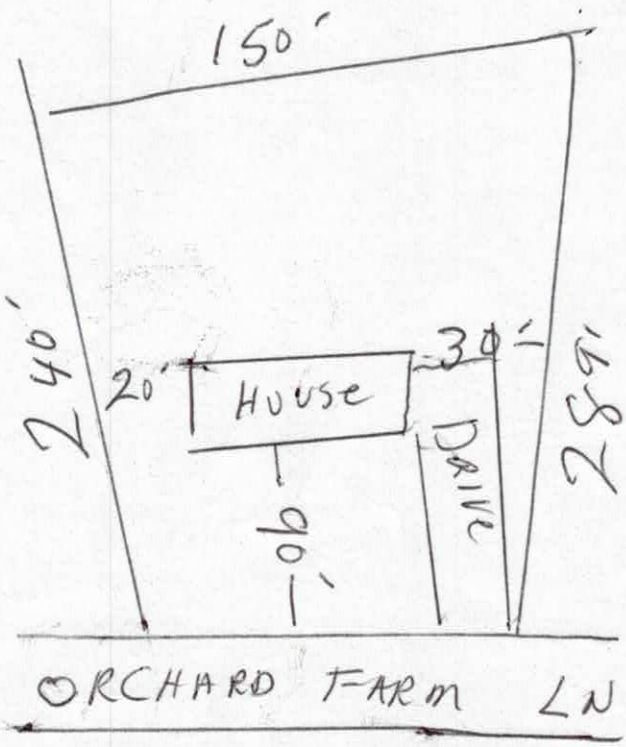
Circle N/A on the following if appropriate:

_____ 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



Signature: Lewis F Carpenter

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

3-15-16

DATE

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	ORANGE	3.0	30
2	BLUE	4.1	105
3	YELLOW	5.2	105
4	PINK	6.7	107
5	RED	7.1	30
6A	GREEN	7.8	83
6B	GREEN	7.8	25
7	BLUE	8.8	112
8	YELLOW	9.9	93
9	PINK	10.6	72
10	GREEN	11.4	43

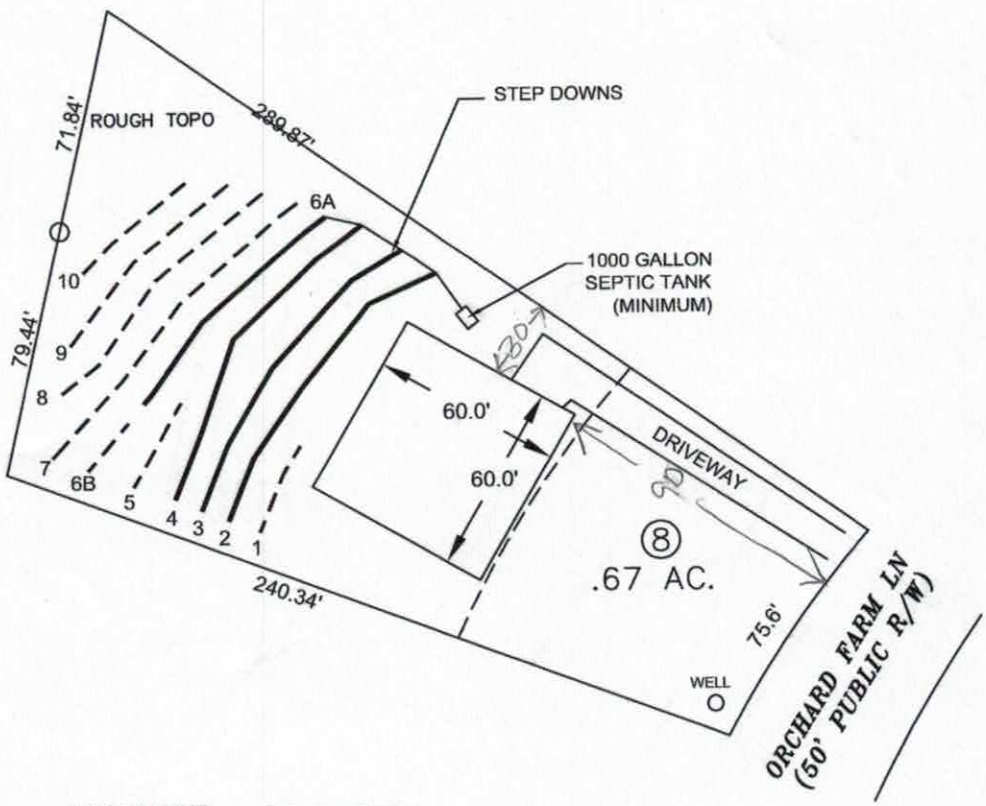
LOT 8 THE ORCHARD SUBDIVISION

4-BEDROOM ACCEPTED GRAVITY SYSTEM
LINES 2-4 6A TOTAL 400 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION

4-BEDROOM ACCEPTED GRAVITY REPAIR
LINES 1 5 6B-10 TOTAL 405 LINEAR FEET
LTAR 0.3
25% REDUCTION

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL ANALYSIS AND APPLICATION RATES PROVIDED BY
CENTRAL CAROLINA SOIL CONSULTING



SYSTEM LINE ———

REPAIR LINE — — — —

0 30 60

SCALE:
1" = 60 ft.

Bateman Civil Survey Company
Engineers • Surveyors • Planners
2524 Reliance Ave, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-2378

LEWIS F. CARPENTER CONSTRUCTION COMPANY

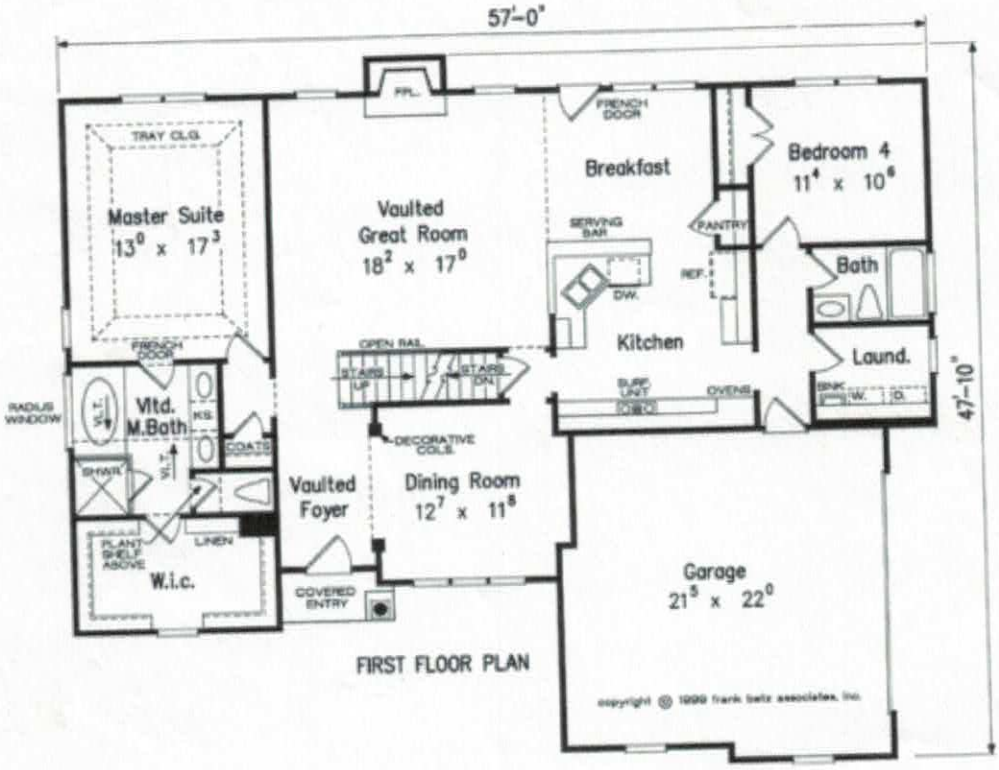
LOT 8
THE ORCHARD SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 3/9/16 DRAWN BY: MDB CHECKED BY: TMB

FRANK BETZ ASSOCIATES INC

HOMEPLANS *Designed for Today's Market.*

NAGS HEAD - Main Floor



Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions.

Acknowledgement of
Plans Submittal ONLY!

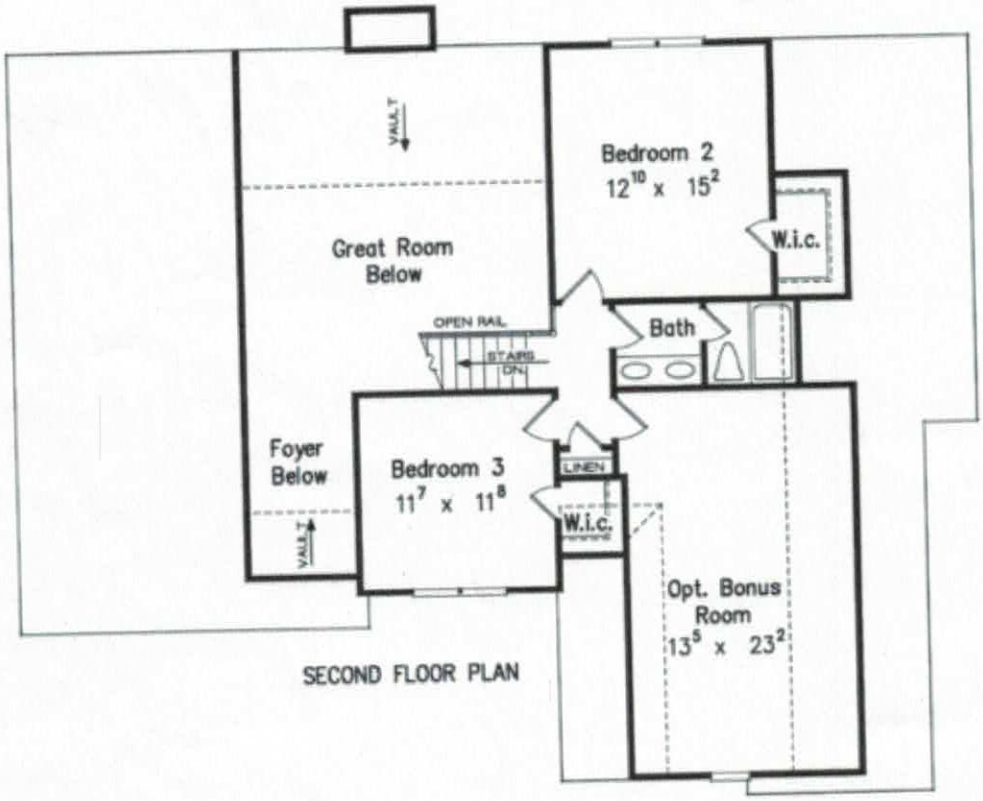
Lee F Carter Date 3-15-16

Maine Dobson Date 4/16/16

FRANK BETZ ASSOCIATES INC

HOMEPLANS *Designed for Today's Market.*

NAGS HEAD - Upper Floor



SECOND FLOOR PLAN

Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions.

Acknowledgement of
Plans Submittal ONLY!

Date 1-15-16

Date 4/16/16

IREDELL COUNTY

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

APPLICATION NUMBER
216920
Issue Date: 02/29/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4649059292.000	143 ORCHARD FARM LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LEWIS F CARPENTER CONSTRUCTION CO	Applicant: LEWIS F CARPENTER CONS
Address: P O BOX 690027 MOORESVILLE, NC 28227	Address: P O BOX 690027 MOORESVILLE, NC 28227
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.670	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	61440	TOTAL FEES:	$ 77.25