...DELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229528.

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

PIN # 4649132713

APPLICANT/OWNER: Rollins Soil / Lee Easter / Adcock Homes APPLICANT ADDRESS: PO Box 832 Mooresville NC 28115

SITE ADDRESS: 119 Grove Hill Trail, Mooresville, NC 28117. PHONE: 704 946 5046 ALT. PHONE ~

SITE DIRECTIONS: Hwy 150 W, RT on Perth, RT on Flowering Cherry Left

SUBDIVISION: The Orchard SECTION: ~ LOT # 26 LOT AREA: 1.260

SAP CONTROLLED: ☒ YES ☐ NO DESIGN FLOW: 480 gpd L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	Infiltrator	Date	1060			
Pump Tank	-	(gal)	PT	-	Date	-			
Pump Make	-	Model	-	Serial #	-				
# Nitrification Fields	1	# Lines	5	Linear Ft	400				
Trench Width	36	Trench Bottom Depth(Low side)	27 - 36"	Gravel Depth	~				

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 3
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on the contour of the land. Do not drive, park, or grade of any utilities in the drainfield area. Spec Sheet Must be with Iredell County Permit. Call 704-664-3703 for final inspection

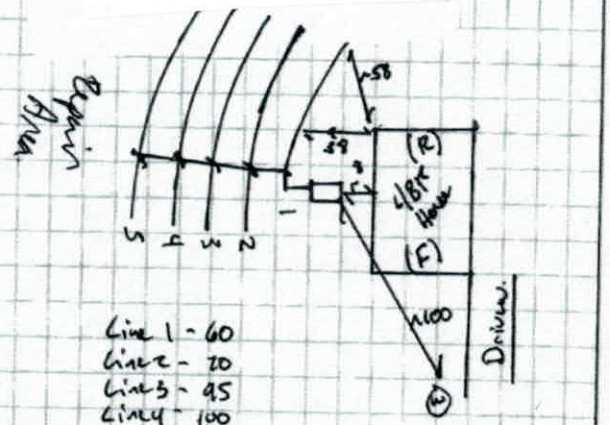
★ Do not cut down area to create slab if house area is cut down it may create a pump situation for Septic.

INITIAL SITE SKETCH

See Site Design and Plan by Rollins Soil & Environmental Services.

AS BUILT SKETCH

Arc 36 installed / Infiltrator Tank installed.



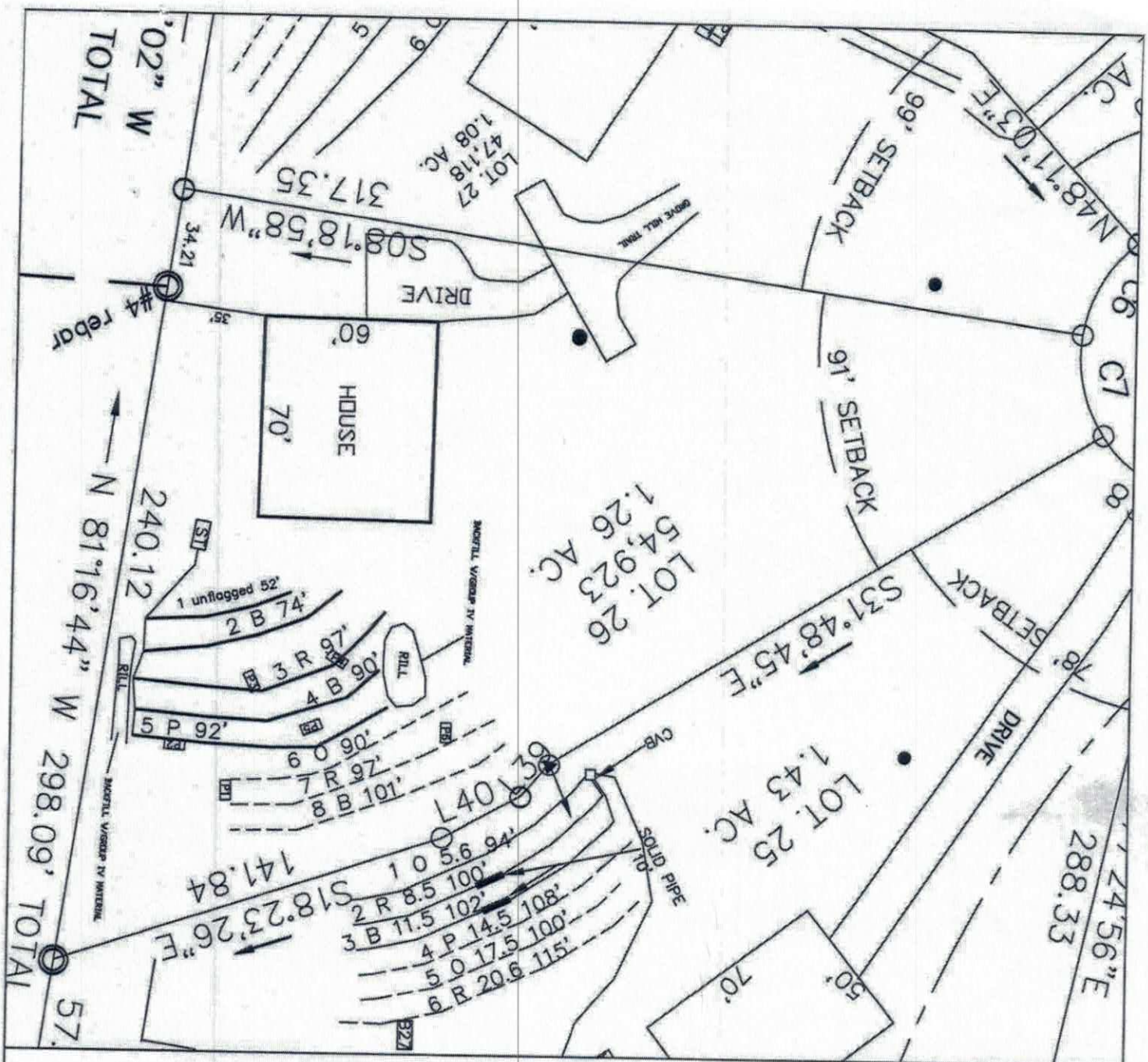
Permit can be suspended or revoked if any false information is supplied toward securing the permit, / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **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: [signature] Date: 9-8-17 Installed by: Chris Sykes Septic Service

IMPROVEMENT PERMIT by: Benjamin A Butler Date: 8/31/2017 OPERATION PERMIT by: Benjamin A Butler Date: 2/15/19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9/4/18 Existing System Inspected by: Date:



LEGEND

- House Box.
- System lines.
- Repair lines.
- Temporary Bench Mark (TBM)
- Well Location.

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

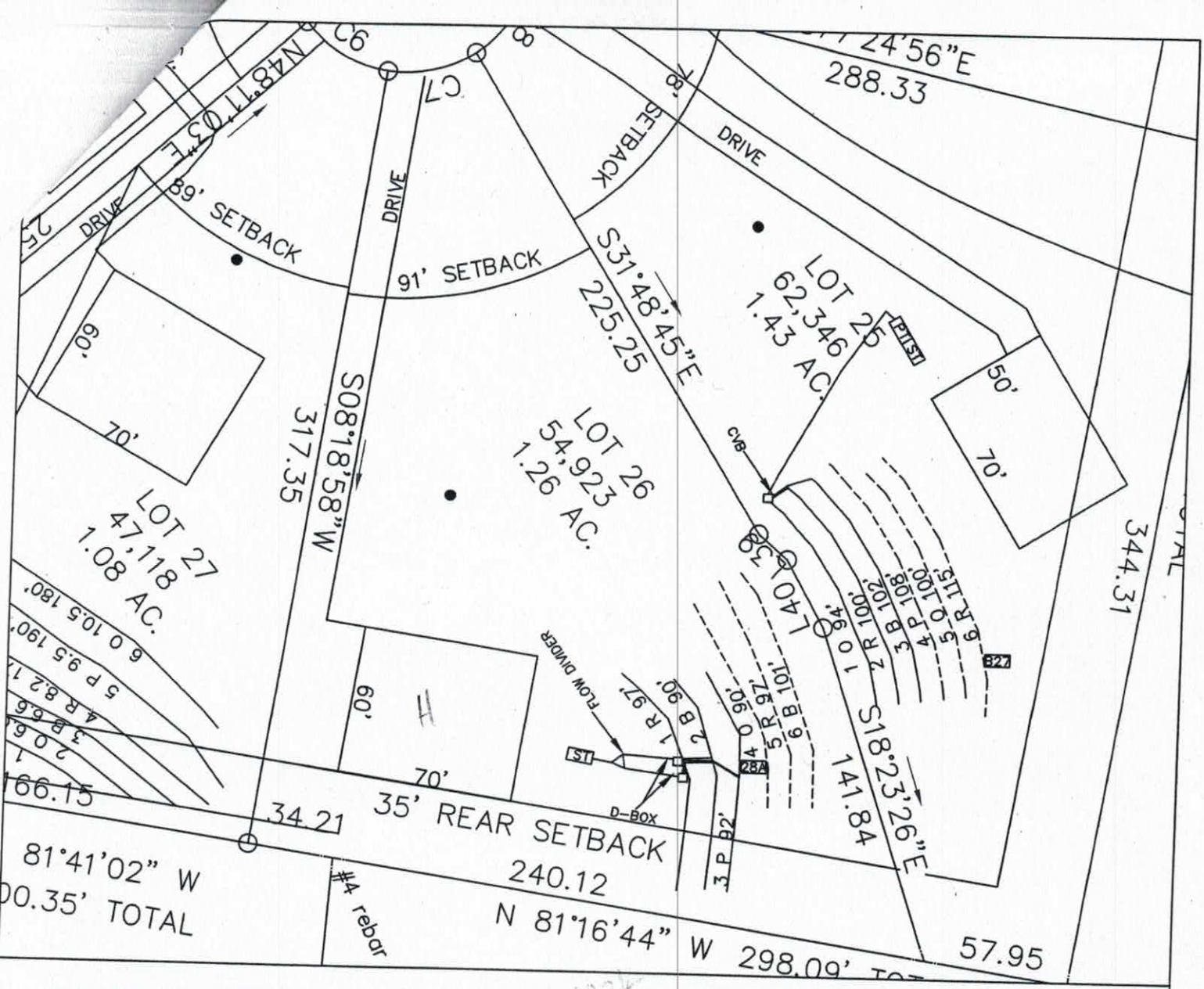
ROLLANS SOIL & ENVIRONMENTAL SERVICES
P.O. BOX 852
MOORESVILLE, NC 28115
PHONE/FAX: (704) 278-0989
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-3046
EMAIL: ASHLEYROLLANS@GMAIL.COM

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: ORCHARD FARMS, LLC / THE ORCHARD LOT 25

LOCATION/DATE: THE ORCHARD IREDELL COUNTY, NORTH CAROLINA AUGUST 2017

JOB #: 01-3439
FILE: C:\JOBS\01-3439
PROJECT MGR.: SAR
FIELD WORK: SAR
DRAWN BY: SAR



LEGEND

- House Box
- System lines.
- Repair lines.
- Temporary Bench Mark (TBM)
- Well Location.
- Shot House Corner

OC DRK
10-2-06

GRAPHIC SCALE
1" = 60'

60 0 60 120

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

ROLLANS SOIL & ENVIRONMENTAL SERVICES
2120 GRAHAM ROAD
MOUNT ULLA, NC 28125
PHONE/FAX: (704) 278 - 0089

ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ROLLANSFORTCJ@AOL.COM

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: THE ORCHARDS LLC./THE ORCHARDS SUBDIVISION

LOCATION/DATE: PERTH ROAD, IREDELL COUNTY, NORTH CAROLINA, AUGUST 2006

JOB # :	01-1195
FILE:	C:\JOBS\01-1195
PROJECT MGR.:	C.B.F.
FIELD WORK:	C.B.F.
DRAWN BY:	C.B.F.

B. Botkins. ICHD.
APPROVED AUG 31 2017

ROLLANS *Soil & Environmental Services, PA.*

P.O. Box 832 Mooresville, NC 28115 Phone: (704) 658-1723 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Attached is a proposed design for an Accepted Septic System with Gravity distribution for a 4 bedroom single family residence on Lot #26 The Orchard Subdivision, Iredell County, North Carolina.

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2-3
Layout Specifications	4
Site Plan/System Plan	5
Calculations	6
Profile Descriptions	SUBMITTED
Expedited Review Process Checklist	SUBMITTED
Zoning Permit & Receipt	SUBMITTED
Application	SUBMITTED
Green Sheet	SUBMITTED
Agent Authorization Form	SUBMITTED

8/31/17

August 31, 2017
Project #: 01-3439
Design By: Rollans Soil and Environmental Services

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified an Accepted System installation.
- Repair is specified a PPBPS installation w/Low Pressure Distribution.
- Rake trench walls, lime sidewalls, install trenches 36" wide level but have no more than 1/4" fall in 10 feet.
- **BACKFILL RILL/GULLY AREAS WITH GROUP IV MATERIAL**

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Owner: ORCHARD FARMS, LLC

Address: 227 Hideaway Lane
Mooresville, NC 28117
Phone: 704-201-6465
County: Iredell
Location: THE ORCHARD SUBDIVISION Lot #26

Source of Wastewater Flow: 4 Bedroom Single Family Residence
Estimated Daily Wastewater Production: 480 gpd
System Flow: NA

Design Specifications

Drainfield Size: 400
Loading Rate: 0.3
Depth of Gravel in Trench: NA
Gravel Size: NA
Trench Depth: 36 in. REPAIR TRENCH DEPTH 36"
Trench Width: 36 in.
Septic Tank Size: 1000
Pump Tank Size: NA

Estimated Supply Line Length: 45
Supply Line Diameter: 3 in. SCH 40 PVC
Supply Line Volume: 7.83
Dosing Volume: NA
Supply Manifold: END CAPS
Supply Manifold Length: NA
Supply Manifold Volume: N/A

Recommended Float Controls: NA

Recommended Control Panel: NA

Pressure Head: NA
Friction Head: NA
Elevation Head: NA
Total Dynamic Head: NA

Threaded Union: NA
Gate Valves: NA
NA
Check Valves: NA
Anti-Siphon Hole: NA
Additional Comments: Soil suitability was performed by Rollans Soil & Environmental Services.

THE ORCHARD LOT 26

DESIGN FLOW:	480
SOIL APPLICATION RATE:	0.3
TOTAL AREA TRENCH BOTTOM:	1200
TOTAL LATERAL LENGTH:	400
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	400
SUPPLY LINE LENGTH:	45
TOTAL DYNAMIC HEAD:	NA
MANIFOLD SIZE:	NA
DOSING VOLUME:	NA
PUMP TANK DRAW DOWN*:	NA
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	NA

THE ORCHARD LOT 26

Project #: 01-3439

LAYOUT FOR 4 BEDROOM HOME

August 31, 2017

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		N/A			100.00		
TANK		N/A	N/A				
HOUSE		N/A	N/A				
INSTR. 1			N/A				
1	*unflagged*			*N/A*	*N/A*	*52*	*52*
2	*BLUE*			*N/A*	*N/A*	*74*	*72*
3	*RED*			*N/A*	*N/A*	*97*	*96*
4	*BLUE*			*N/A*	*N/A*	*90*	*88*
5	*PINK*			*N/A*	*N/A*	*92*	*92*
6	ORANGE			N/A	N/A	90	90
7	RED			N/A	N/A	97	97
8	BLUE			N/A	N/A	101	101
					Total	**641**	**636**

* System	LINE LENGTH	LTAR GPD/FT²	SYSTEM TYPE	SOIL LTAR GPD/FT²	TRENCH SYSTEM	DISTRIBUTION
	400	*0.30*	*ACCEPTED*	*0.30*	*25% REDUCTION*	**GRAVITY DISTRIBUTION**
Repair	288	0.30	*MOD.*	0.30	PPBPS	LOW PRESSURE

Notes:

** TBM NOT REQUIRED
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

CALCULATIONS

Location THE ORCHARD

Project Number 01-3439

Lot No: Lot 26

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.3	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	NO	
Supply Line Length	45	ft.
Supply Line Volume	7.83	gal.
Required Feet of Line	400	ft.
Amount of Line from Layout	400	ft.
Gallons per Minute	NA	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	261.2	gal.
Dosing Volume	NA	gal.
Tank Draw Down	NA	
Pump Run Time	NA	minutes
Elevation Head	NA	ft.
Pressure Head	NA	ft.
Friction Factor	NA	ft./100 ft. *(From the interpolater.)*
Friction Head	NA	ft.
Total Dynamic Head (+15%)	NA	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Sheet 1 of 2
PROPERTY ID #: 4649327113
COUNTY: Iredell

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

10 of 26

OWNER: Lee Easter
ADDRESS: 227 Hideaway Lane, Mooresville NC 28115
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 119 Grove Hill Trail, Mooresville NC 28117
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

APPLICATION DATE: 8/21/17
DATE EVALUATED: 8/4/17
PROPERTY SIZE: 1.26
PROPERTY RECORDED: Yes
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
P1 1	25%	0-14	BRC wmsbk	FrssSp		33	PS	—	.35
		14-33	RbCL wfsbk	"					
		33-62	var.L mass	"					
P2 2	23%	0-5	BLL wfsbk	FrssSp		44	PS	—	.35
		5-22	BRC wmsbk	FrssSp					
		22-44	BRCL wmsbk	FrssSp					
		44-62	var.L mass	FrssSp					
P3 3	23%	0-4	BLgr	FrssSp	Fass Sap	39	PS	—	.35
		4-17	BRC wmsbk	FrssSp					
		17-39	BRCL wmsbk	"					
		39-64	var.L mass	"					
P4 4	20%	0-12	RBL wmsbk	FrssSp	Few to com: Sap	24	PS	—	.4
		12-24	BRCL wfsbk	"					
		24-73	var.L mass	"					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	PPBPS
Site LTAR	0.35	0.35

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollins
OTHER(S) PRESENT: Lorne Cook, Rocky Neill

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

[redacted]

Sheet 2 of

PROPERTY ID #: 4649132713

DATE OF EVALUATION: 8/4/17

COUNTY: Iredell

lot 26

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
P5	23%	0-6	BCL wmsbk	Frssp					
		6-25	BRC wmsbk	"					
		25-46	BRCL wmsbk	"	Few cap	48	P5	—	.35
		46-72	Var. L mass	"					
P6	23%	0-6	BL gr	Frssp					
		6-22	BRC wmsbk	"					
		22-45	RBCL wcsbk	"	Few-com cap	45 one Flinter quartz	P5	—	.35
		45-62	Var. L mass	"					

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): _____ PROPERTY SIZE: _____
LOCATION OF SITE: THE ORCHARDS LOT 26 _____ 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
28A 1	LSS 15.00%	0-20	RC MFSBK	fi SSSPSap	N/A	56"	N/A	N/A	P3 .3-.35
		20-56	RCL WSBK	fi SSSPSap					
				Many SAP					
2		0-18	mfskrndc	frsssp SAP					.3
		18-53	mwksbkrndc	frsssp common sap					
3	11% L	0-5	wksbkbrnsl	frsssp					.3
		5-27	sbkrndc	frcsssp SAP					
		27-52	wksbkrndcl	frsssp Pedricksap					
4	20% L	0-9	gr brnsl	frsssp					.3
		9-28	wksbkrndc	frsssp SAP					
		28-52	wk mssbkrndcl	frsssp common sap					

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:

229528

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Accent Homes Carolinas, Inc. **Address:** PO Box 2950 Matthews, NC **Zip:** 28106

Applicant Email: knicholls@accenthomescarolinas.com **Phone:** 704-957-0738 **Alt. Phone:**

Owner Name: Accent Homes Carolinas, Inc. **Address:** PO Box 2950 Matthews, NC **Zip:** 28106

Owner Email: knicholls@accenthomescarolinas.com **Phone:** 704-957-0738 **Alt. Phone:**

Property Information:

Street Address: 119 Grove Hill Trail Mooresville, NC 28115

Subdivision Name: The Orchard **Section/Phase:** **Lot Number:** 26

Driving Directions: 77 S to US-21 N, Left onto Flower House Loop, Right onto Carlyle Rd., Right onto Fern Hill Rd., Left onto Perth Rd., Left onto Flowering Cherry Ln., Grove Hill Trail is the private drive to the right, just past Orchard Farm Ln.

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: — (X) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

(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 (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: _____ 08/24/18
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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

2. I, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

_____ _____

Signature of Owner(s) Date

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

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

RECEIVED AUG 2 3 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350
#229528

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repa

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SIT IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTE 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:
Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 fee

Applicant Information:

Applicant Name: Rollans Soil **Address:** P.O. Box 832 Mooresville, NC 28115 **Phone:** 704 7465046

Owner Name: Lee Easter **Address:** 227 Hideaway Lane Mooresville NC 28115 **Phone:** 704 2016465

Property Information:

Street Address: 119 Grove Hill Trail

Subdivision Name: The Orchard **Section/Phase:** _____ **Lot Number:** 26

Driving Directions: 150 W, Rt on Pertha, Rt on Flowering Cherry, Lot

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: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) 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 ( ) 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: _____ 8/21/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Lee Easter, am the legal owner(s) of the property located at 119 Grove Hill Trail, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4649132713, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Samuel Ashley Rollans Rollans Soils Environmental Services, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]	8-21-17	[signature]	8/21/17

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

Alice Davidson

From: Richard Hoffman
Sent: Wednesday, May 15, 2019 4:30 PM
To: Alice Davidson
Subject: RE: Street/Rd name clarification

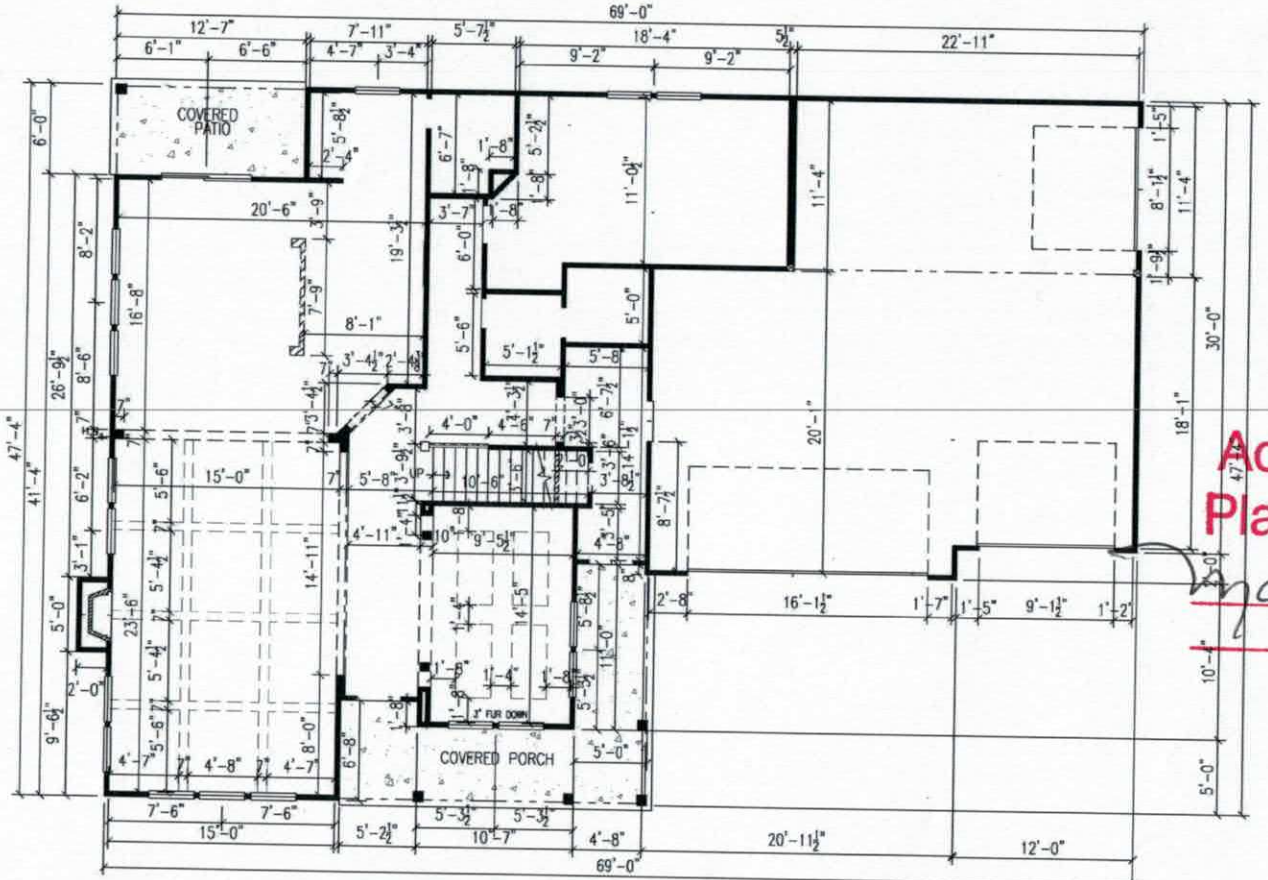
We have it as 119 Grove Hill Trl. But it is yet to be developed. When it does get developed I would suggest we consider it changing to Flowering Cherry

---

From: Alice Davidson
Sent: Wednesday, May 15, 2019 1:37 PM
To: Richard Hoffman <richard.hoffman@co.iredell.nc.us>
Subject: Street/Rd name clarification

Rich,
Were you ever able to clarify what the actual street/road name is for 4649-13-2713, THE ORCHARD, Lot #26? Is it 119 Grove Hill Trail, MRVL, as shown on Zoning or 119 Flowering Cherry, MRVL, as shown on the PRC?!?

Alice Davidson
Part-Time, Clerical
ICHD-Environmental Health Division-Statesville Office
349 North Center Street
Statesville, NC
Phone: 704-878-5305 x4308
Fax: 704-871-3483



1ST FLOOR PLAN–RIGHT–DIMENSIONS

SCALE: 1/8"=1'-0"

Acknowledgemen
Plans Submittal O
Date 9/4/
Date

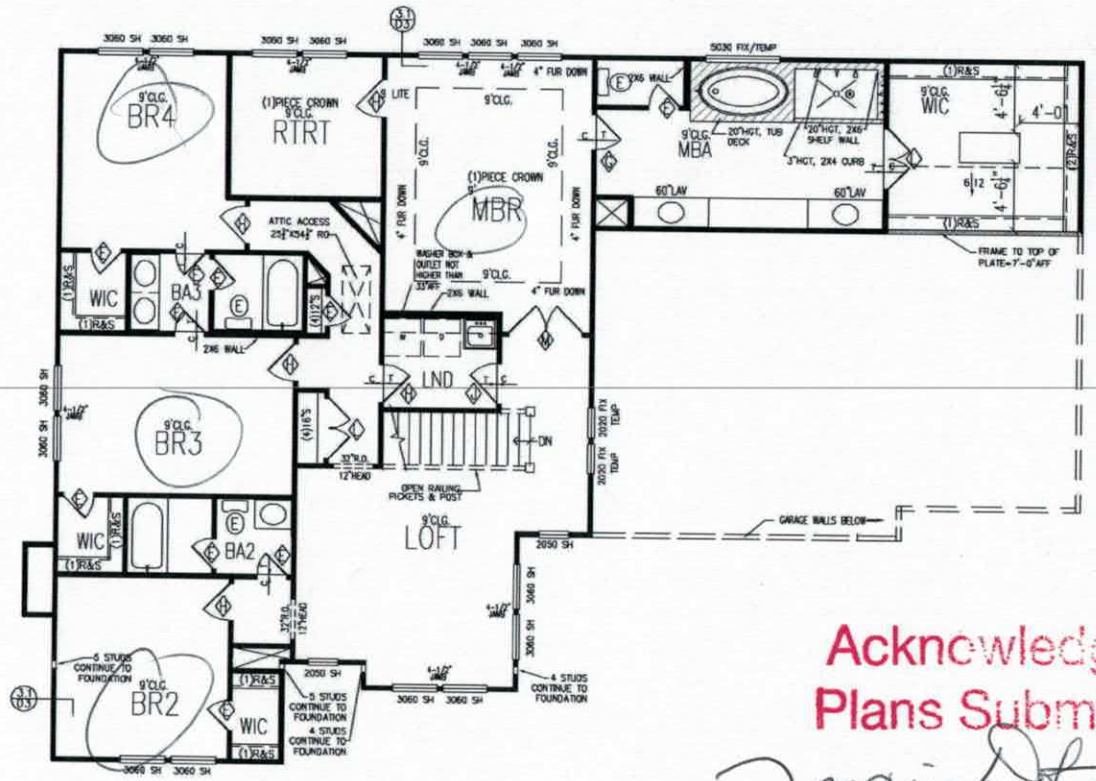
SHEET NO:	DATE:		
4	7/1/18	ORCHARD LOT # 26	ACCENT HOMES PO BOX 2950 Matthews NC, 28105 Phone: 704.771.8973 jnicholls@accenthomescarolinas.com
	DRAWN BY: BEAN	CUSTOM 3322 — 119 FLOWERING CHERRY LN	

SECOND FLOOR
9 FT CEILING
CUSTOM PAINT WALL
WHITE CEILINGS

INT. TRIM
BASE 1X4
CASED WINDOWS /SILLS

MBD
1 PIECE CROWN
1 PIECE BASE CAP IN TRAY

RTRT
1 PIECE CROWN



2ND FLOOR PLAN–4BR–RIGHT–NOTES

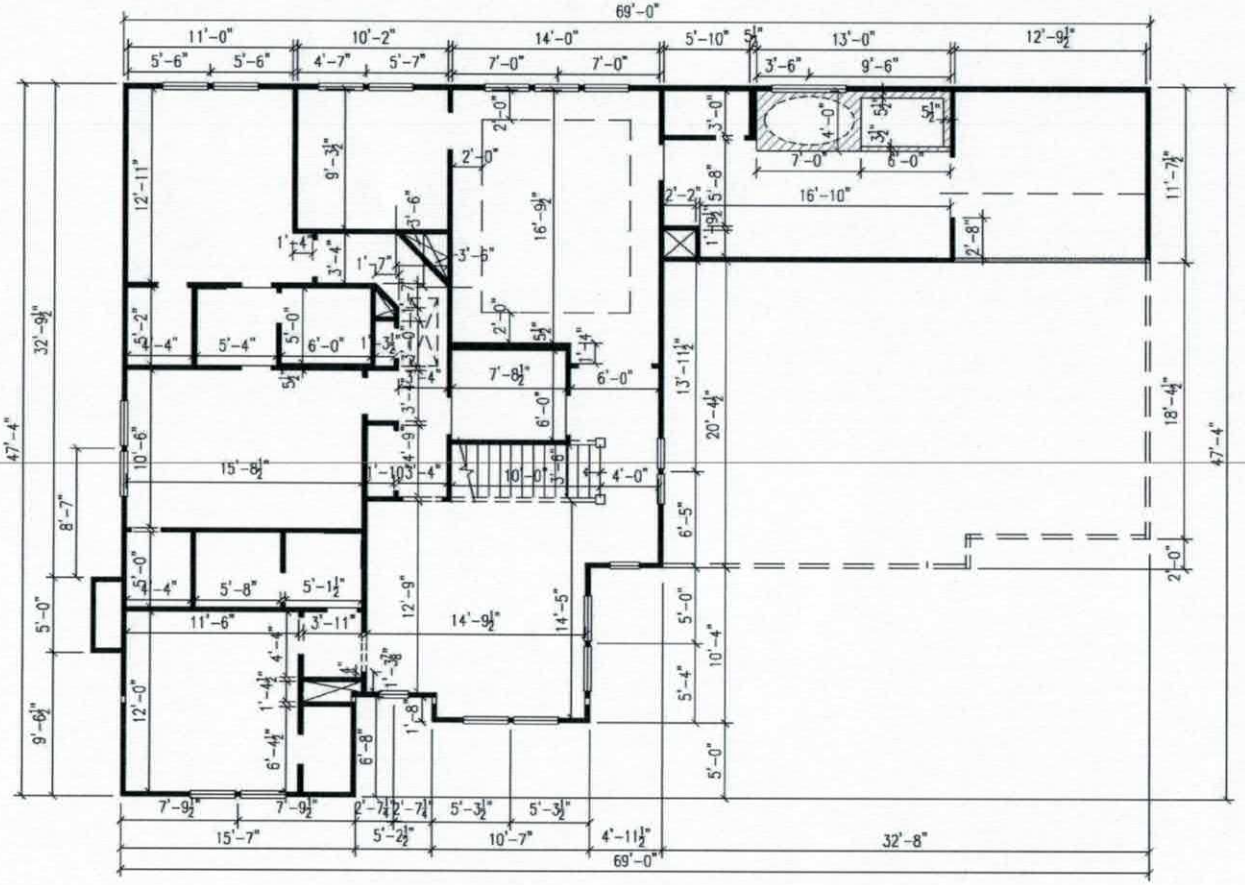
SCALE: 1/8"=1'-0"

Acknowledgement of Plans Submittal ONLY!

Date 9/4/18

Date

SHEET NO.	DATE		
5	7/1/18	ORCHARD LOT# 26	ACCENT HOMES PO BOX 2950 Matthews NC, 28105 Phone: 704.771.8973 jnicholls@accenthomescarolinas.com
	DRAWN BY: BEAN	CUSTOM 3322	119 FLOWERING CHERRY LN



2ND FLOOR PLAN – 4BR – RIGHT – DIMENSIONS

SCALE: 1/8"=1'-0"

SHEET NO:	DATE:		
6	7/1/18	ORCHARD LOT # 26	ACCENT HOMES PO BOX 2950 Matthews NC, 28105 Phone: 704.771.8973 jnicholls@accenthomescarolinas.com
	DRAWN BY: BEAN	CUSTOM 3322 — 119 FLOWERING CHERRY LN	

IREDELL COUNTY

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

APPLICATION NUMBER
229528
Issue Date: 08/18/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649132713.000	119 GROVE HILL TRAIL, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: EASTER IRVIN L+MARY MURPHY	Applicant: ROLLANS SOIL & ENVIRON
Address: 227 HIDEAWAY LANE MOORESVILLE, NC 28115	Address: 470 NORTH BROAD STREET SUITE D MOORESVILLE, NC 28115
Phone:	Phone: 704-658-1723

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.260	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: Samuel A Rollans Date: 8/21/17

Permit Number	112505	TOTAL FEES:	$ 77.25