RECEIVED JUN 27 2014

Paid $195.00 FT Int. Rela #202731

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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone	Work Phone
Lake Mist Homes	29 Lake Mist Dr Mooresville, NC 28117		704-746-7515
Owner Name	Mailing Address	Home Phone	Work Phone
The Orchard Farms LLC	227 Gilbert, Mooresville	—	—

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
Flowering Cherry	The Orchard	Lot 24

Driving Directions: I-50 North to Perth Rd. Flowering Cherry Lot on Left at end-of-st

****

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

(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?

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

****

6. Proposed Water Supply:

(X) 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)*

( ) Alternative ( ) Conventional ( ) Innovative (1) Modified Conventional ( ) Other 2 T&S ( ) No Preference

****

8. Please Answer The Following To The Best of Your Ability:

(X) Yes ( ) 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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6-26-14
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:

- 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

Signature: [signature] 6-26-14

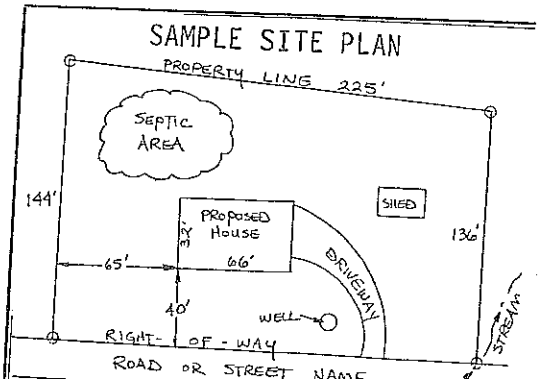
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

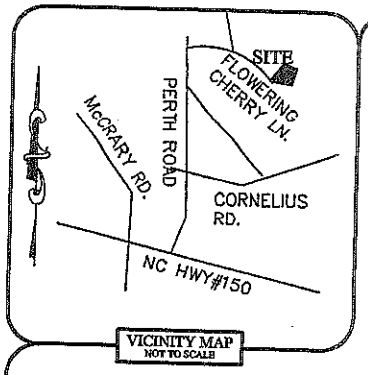
[signature] 6-27-14

DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED





Graphic Scale

60 30 0 60

Scale of Drawing 1 Inch = 60 Feet

182.66'

NORTH PER P.B. 51, PG

C2	18.34	55.00	18.32	N74°04'43"W
C3	38.19	50.00	37.27	N34°27'52"E

NOTES:

1. PROPERTY MAY BE SUBJECT TO OTHER COVENANTS, RESTRICTIONS, EASEMENTS OR RIGHTS-OF-WAY THAT MAY BE OF RECORD.

2. 10' DRAINAGE AND UTILITY EASEMENT ALONG EACH SIDE OF ALL SIDE AND REAR LOT LINES PER PLAT BOOK 51 PG.16

3. CONSULT WITH GOVERNING AGENCY FOR PREVAILING LAND DEVELOPMENT AND ZONING REQUIREMENTS PRIOR TO DESIGN OR CONSTRUCTION OF

LEGEND

FOUND LOT CORNER (#4 REBAR) ○

COMPUTED POINT •

PLOT PLAN of LOT 24 OF THE ORCHARD SUBDIVISION

Professional Property Surveyors, Inc. 18335 Old Statesville Road Ste. A, Cornelius, N.C. 28031 704-765-5134 Phone/Fax Firm Liscense: C-3666		Property of LAKEMIST HOMES		As Recorded in PB.51 PG.16 DB.1707 PG.1412		Site Address: FLOWERING CHERRY LANE MOORESVILLE, NC 28117 IREDELL COUNTY	
061814-01 Job No.	JEC Prepared By	≥ 1:10,000 Error of Closure	1"=60' Drawing Scale	4649143009 Tax Parcel Number	LOT 22 ORCHAR Drawing File Name	1 of 1 Sheet Number	6/20/2014 Date

LAKEMIST HOMES SEPTIC SKETCH – 6/26/14

* SITE PLAN MUST ACCOMPANY SITE WITTEN REPORT DATED 6/26/14

The Orchard Lot 24 Fast Track System Information

Lakemist Homes - June 26, 2014

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3 per existing ICHD IP**
Primary System Type	**Pressure Manifold T&J Panel**
No. Lines	6 @ 45 ft.
Total Linear Feet	270
Trench Width	2' min.
Trench Spacing	8 min.
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	~140' of 2" SCH 40 PVC
Flow Rate through the system	33 gpm
Elevation head	*Approx. 44'
Pressure head	2.0'
Friction head	Approx. 4'
20% Contingency	10'
Total Head	60'
Pump Requirements	33 gpm @ 60' of head ***To be designed by installer.**
Maximum Dosing Volume	200 gal - 2.4 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 6 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	283' shown *267' Required*
Repair Loading Rate	0.3 per existing ICHD IP

The Orchard Lot 24 Fast Track System Information

Lakemist Homes - June 26, 2014

Table 1: Summary of Primary Drainfield Lines

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading (Ft.)	# Panels
1	System	orange	PM PPBPS	45	11.3	10
2	System	red	PM PPBPS	45	12.6	10
3	System	pink	PM PPBPS	45	15.0	10
4	System	blue	PM PPBPS	45	17.2	10
5	System	orange	PM PPBPS	45	19.5	10
6	System	red	PM PPBPS	45	22.0	10
						Total: 60

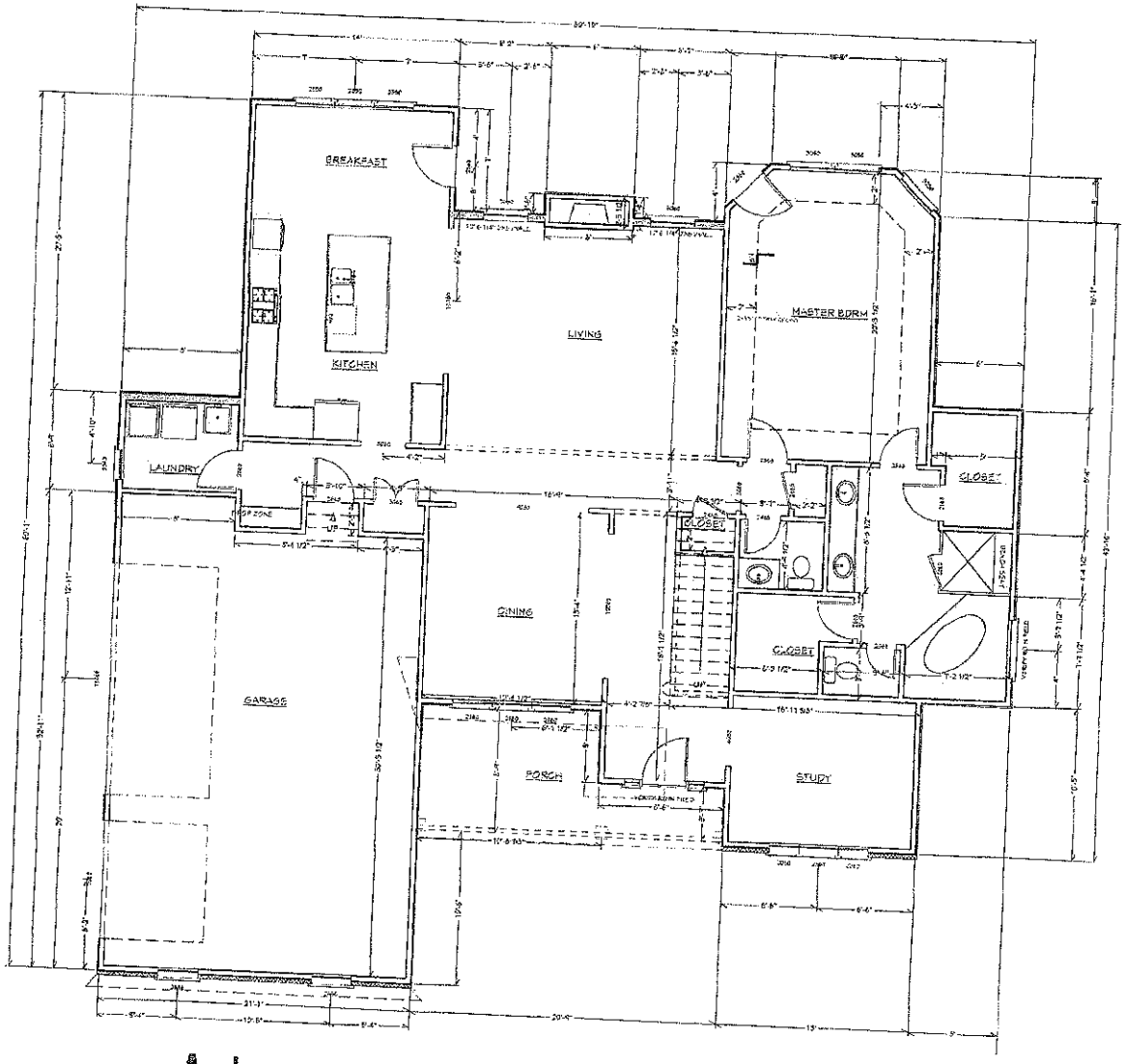
Total System: 270' (267 required)

Tank		1000 gal (2 compartment)	*Rod Reading (ft)
Pump Tank		1000 gal.	36.9
House		Left Rear Corner	36.9

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	6
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

NOTES:

***Elevations must be verified by installer or surveyor before installation and after final tank placement.**



Rev

Acknowledgement Of
Plans Submittal ONLY!
_____ Date 7/9/14

_____ Date _____

FIRST FLOOR PLAN

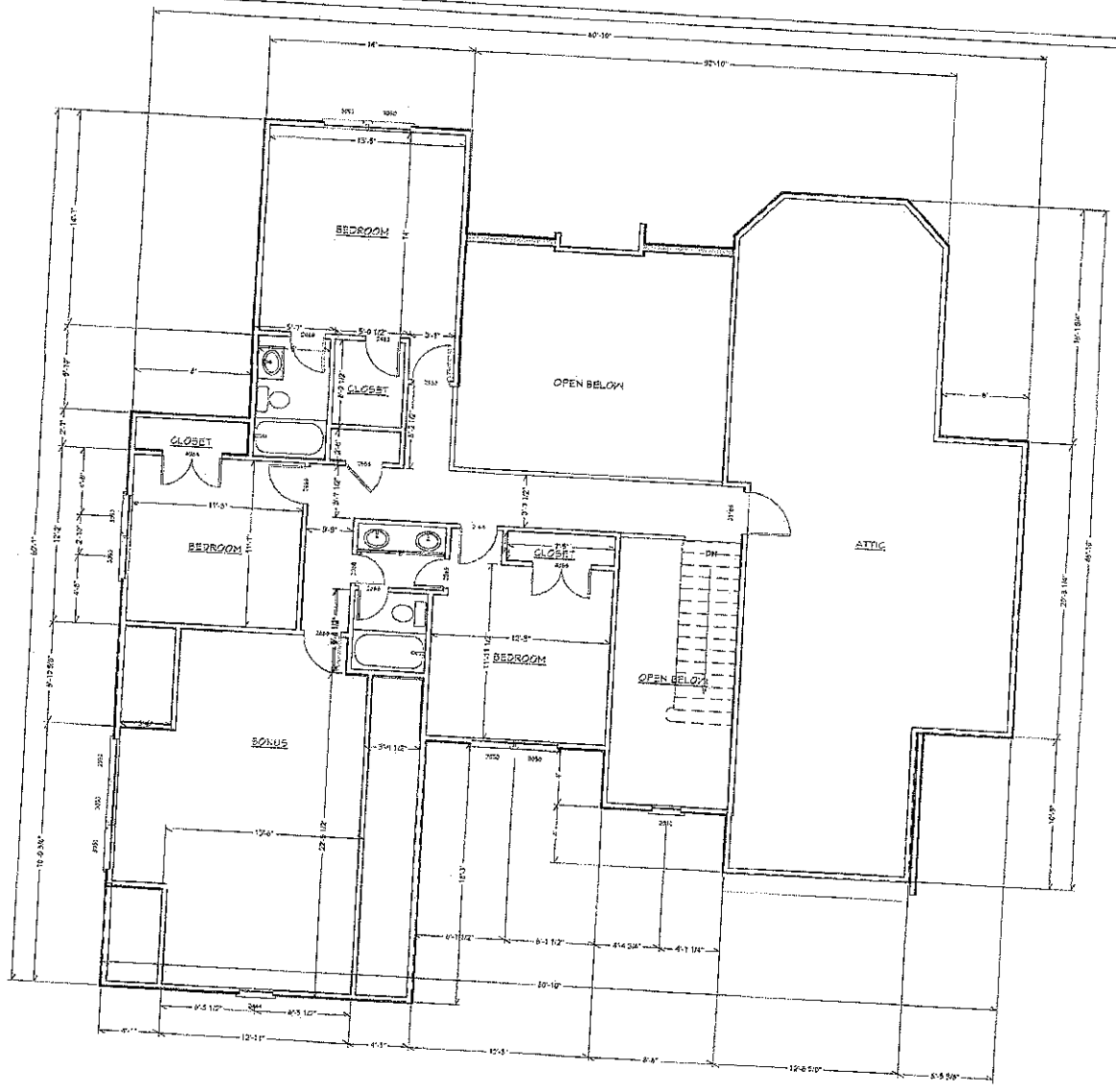
VISUAL DESIGN
VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Southport
3 CAR REVERSE

REVISIONS

NOTE:
CONTRACTOR TO VERIFY
ALL DIMENSIONS,
STRUCTURAL DETAILS,
AND BUILDING CODES
REQUIREMENTS PRIOR TO
CONSTRUCTION

3



SECOND FLOOR PLAN

Rev

Acknowledgement Of
Plans Submittal ONLY!

_____ Date 7/9/14

_____ Date _____

VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Southport
3 CAR REVERSE

REVISIONS

NOTE:
CONTRACTOR TO VERIFY ALL DIMENSIONS, STRUCTURAL DETAILS AND BUILDING CODES REQUIREMENTS PRIOR TO CONSTRUCTION.

4

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #: 134660zo
Proposed Use: Single Family
Location of Property: 000 Orchard Farm Ln. Mooresvile NC 28117
Parcel #: 4649049474.024
Lot #: 24 Size: 2.16
Applicant: Orchard Farms, LLC (Lee Easter)
Address: 227 Hideaway Lane
Mooresvile NC 28117
Phone: 704-204-6465
Property Recorded: No Site Plan Reviewed:

Subdivision: The Orchard
Township: 1700 Davidson
Zoning: RA
Flood Plain: No Watershed: WSIV-PA
Owner: Orchard Farms, LLC (Lee Easter)
Address: 227 Hideaway Lane
Mooresvile, NC 28117
Phone: 704-204-6465
Community Water: No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 21780
Min. Lot Width: 100
Min. Number Parking Spaces:
Min. Front Yard: 35 ft
Min: Rear Yard: 35 ft
Min. Left Side Yard: 15 ft
Min: Right Side Yard: 15 ft
Max. Built Upon Area:

Comments:
Hold building permit until plat is recorded

DEVELOPER PERMIT

Directions:
Perth Rd South, left on Wild Cherry Lane, 4th lot on left past Orchard Farm Lane

FEES

Zoning Permit/Inspection Fee	☑		$45.00
Site Plan Review Fee	☐		$0.00
Environmental Health New System	☑	FAST TRACK	$200.00
Environmental Health Existing System	☐		$0.00
Total Fees:			$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

STEPHANIE WHITLOCK

A non-refundable fee of $45.00 is charged on all permit applications.

Printed: 3/21/2006

EPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
IVISION OF ENVIRONMENTAL HEALTH
N-SITE WASTEWATER SECTION

Sheet 1 of ___
PROPERTY ID #: ___
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

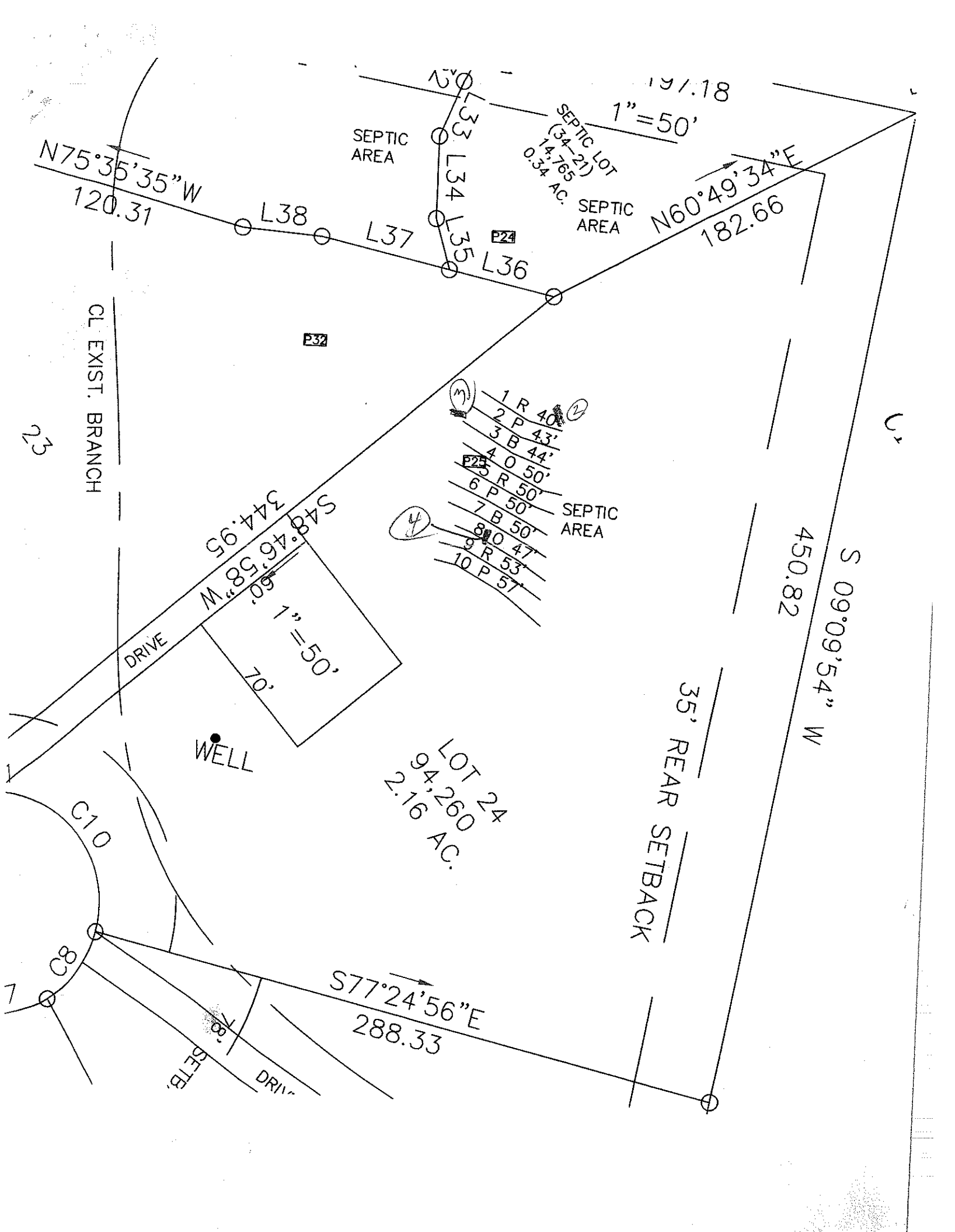
WNER: THE ORCHARDS LLC
DDRESS: HIDEAWAY LANE MOORESVILLE — APPLICATION DATE 4/06
ROPOSED FACILITY: RES — PROPOSED DESIGN FLOW (.1949): 360gpd — DATE EVALUATED: ___
OCATION OF SITE: THE ORCHARDS LOT 24 — PROPERTY SIZE: ___
'ATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other — PROPERTY RECORDED: Y
VALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut — TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

.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
P 25 LSS 10-15%	0-16	RCL WSBK	FR SSSP	N/A	16"	PS	N/A	PS .35
	16-60	SLSAPM	FR SSSP					
	0-15	MFSBKRDC	FR SSP SAP					
2	15-42	WKSBK CL	FR SSP COMMON SAP					.3
	42-60	WKSBK L	FR SSP MANY IND SAP					
	0-8	SBKRDC	FR SSSP SAP					
3	8-40	WKSBKRDCL	FR SSP FEW IND SAP					.3
	40-59	WKSBK L	FR SSP COMMON SAP					
18%	0-32	WKSBK CL	FR SSP MANY IND SAP					.35
	32-52	MASSIVE PSAP	FR SSP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
lable Space (.1945)	PS	PS
m Type(s)	1 PBRS	1 PBRS
TAR	.3	.3

ENTS:

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


1"=50'
SEPTIC AREA
SEPTIC LOT (34-21) 14,765 0.34 AC.
SEPTIC AREA
N75°35'35"W
120.31
L38
L37
L35
L36
L34
L33
P24
P32
N60°49'34"E
182.66
CL EXIST. BRANCH
P25
1 R 40'
2 P 43'
3 B 44'
4 O 50'
5 R 50'
6 P 50'
7 B 50'
8 O 47'
9 R 53'
10 P 57'
SEPTIC AREA
S48°46'58"W
344.95
50'
1"=50'
70'
DRIVE
WELL
LOT 24
94,260
2.16 AC.
S 09°09'54" W
450.82
35' REAR SETBACK
C10
S77°24'56"E
288.33