IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218024

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

PIN # 4649-15-0341

APPLICANT: Tom Lawley APPLICANT ADDRESS: P.O. Box 2429 Denver, NC 28037

SITE ADDRESS: 147 Orchard Farm Lane Mooresville, NC PHONE: 704-361-3130 ALT. PHONE:

SITE DIRECTIONS: Perth Rd North from Rt 150 → R on Cherry Budding Dr. → L on Orchard Farm Lane → on Left

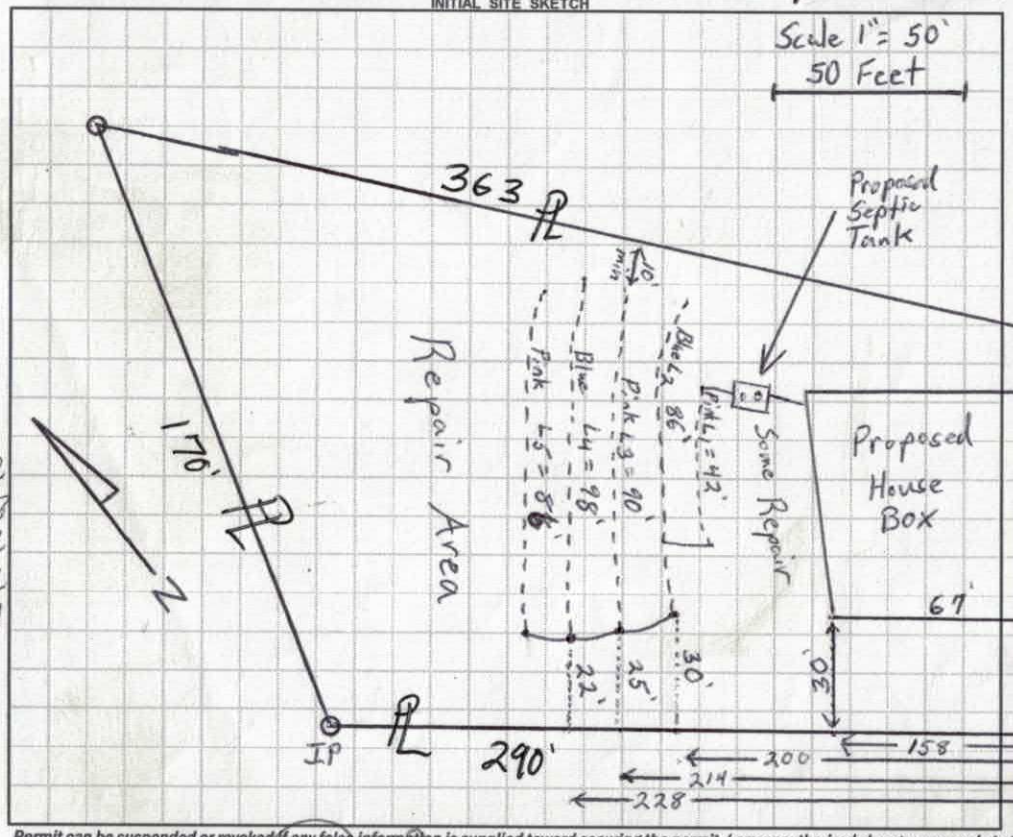
SUBDIVISION: The Orchard SECTION: — LOT # 9 LOT AREA: 0.89 acres DESIGN FLOW: 480 gal/day L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	760	Date	12/19/16	☒ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description: 25% Reduction w/ Serial Distribution				
Pump Make	—	Model		—	Serial #	—	Repair System Description: 25% Reduction				
# Nitrification Fields	1	# Lines		5	Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Max. Trench Bottom Depth		36 [high side]	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			

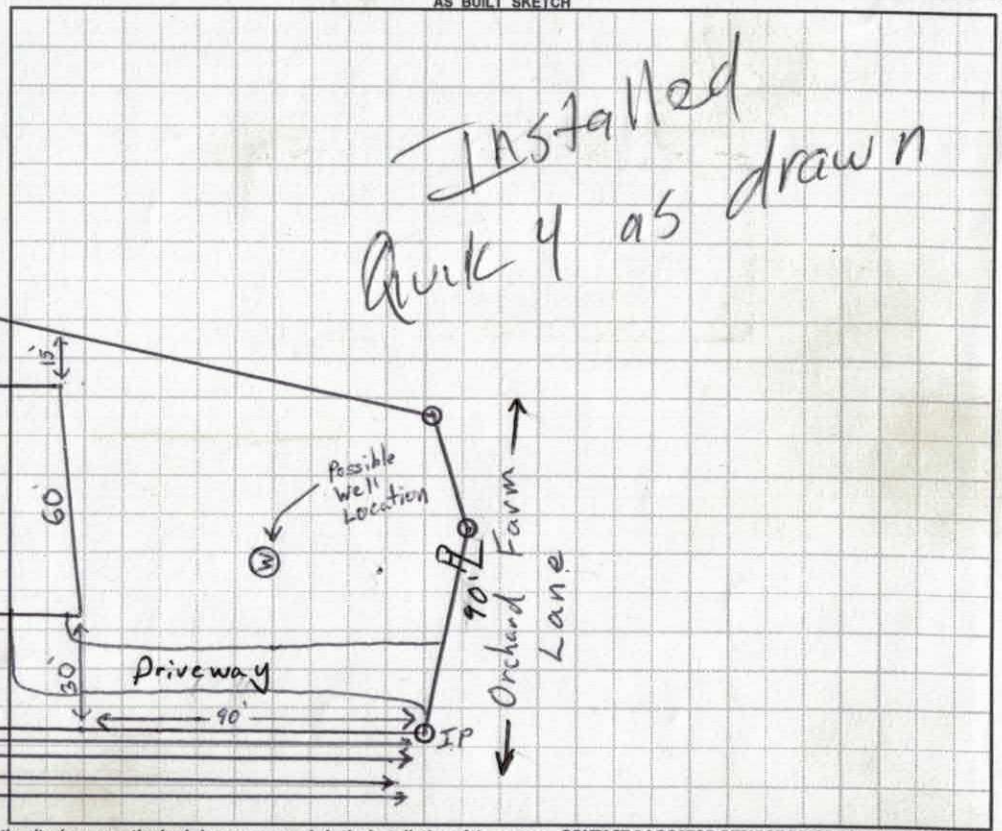
☒ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing	☐ Basement w/o plumbing			

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years and that all non-grass vegetation within 10' of all sewage disposal system components be removed + cut back. Previous soil test pits must be filled.

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: Date: 5-31-2016 Installed by: Ground breaker

IMPROVEMENT PERMIT by: Sam Shuck Date: 5-24-16 OPERATION PERMIT by: Date: 03/15/17

AUTHORIZATION TO CONSTRUCT by: Sam Shuck Date: 10-13-16 Existing System Inspected by: Date:

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

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Van Johnson — APPLICATION DATE 4/13/16
ADDRESS: 10683 Hill Point Court Charlotte, NC — DATE EVALUATED: 5-9-16
PROPOSED FACILITY: 480 gal/day — PROPOSED DESIGN FLOW (.1949): 4 BR — PROPERTY SIZE: 0.89 acres
LOCATION OF SITE: Orchard Farm Lane — PROPERTY RECORDED: Yes
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	LS 7% c AL	0-4	SCL weak SBK	Slightly Firm, SS, SP, Sap	—	48	—	—	0.30 PS
		4-40	Clay weak ABK/SBK	Slightly Firm, SS, SP, Sap					
		40-48	Clay Loam weak SBK	SI Friable, SS, SP, Sap					
		*	some manganese nodules	from 20-24"					
		+	Sap inclusions (few)	42-48"					
2	LS 8% N. AL	0-2	SCL W. SBK	S. Firm, SS, SP, Sap	—	48	—	—	0.325
		2-22	Clay W. SBK	S. Firm, SS, SP, Sap					
		22-48	Clay Loam W. SBK	Friable, SS, SP, Sap					
			Sap inclusions	42-48"					
3	LS 7% Repair Above	0-4	SCL W. SBK	SI Friable, SS, SP, Sap	—	48	—	—	0.30
		4-31	Clay W. SBK	SI Firm, SS, SP, Sap					
		31-48	Clay Loam W. SBK	Friable, SS, SP, Sap					
4	LS 6% Repair Below	0-8	SCL W. SBK	Friable, SS, SP, Sap	—	48	—	—	0.325
		8-22	Clay W. SBK	SI Firm, SS, SP, Sap					
		22-48	Clay Loam SBK	Friable, SS, SP, Sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.3

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

COMMENTS: Old test pits must be filled

L1 B = 86' 2 14

L2 P = 90 16

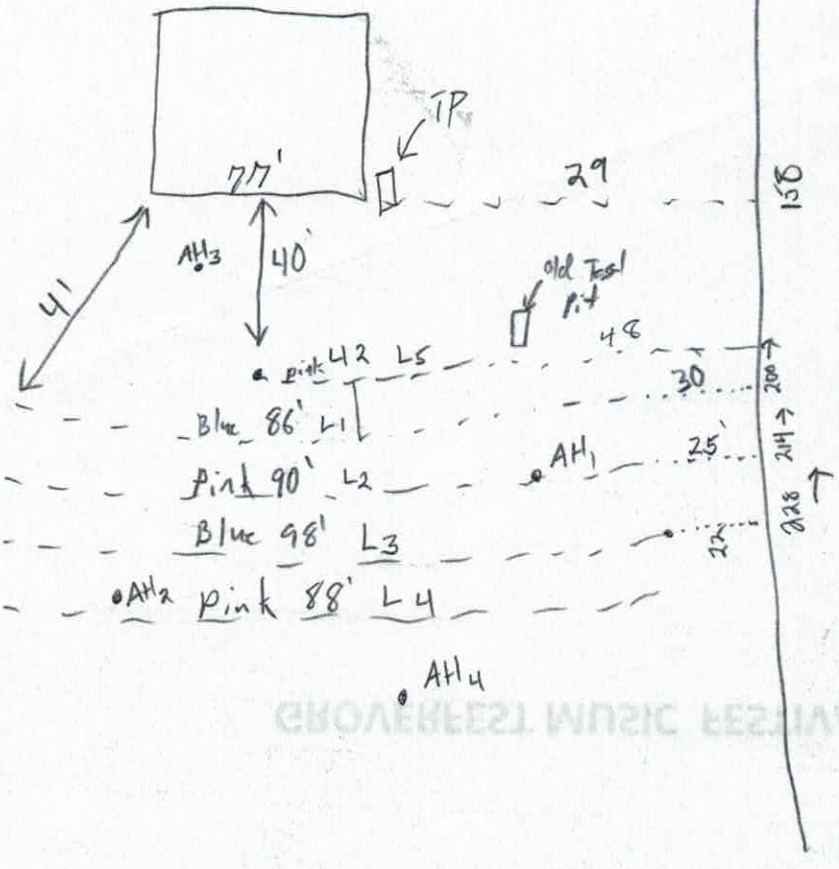
L3 B = 98' 2 12

L4 P = ~~98~~ 88 2 36

38' short

+42 [Pink 0] L5

[Top of lines]



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)

RECEIVED OCT 6 - 2016

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ 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 #	Alternate Phone #
TOM LAWLER	PO BOX 2429 DENVER 28037	704-361-3130	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
VAN JOHNSON	10683 HILL POINT COURT CHAR. 28262	704-819-1998	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
147 ORCHARD FARM LN MOORESVILLE	THE ORCHARD	Lot 9

Driving Directions: FROM PERTH RD - WEST INTO THE ORCHARD SUB. LOT ON LEFT

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4
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: _____ 4/13/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

10/05/2016

Resigned / checked Auth. to Constr.

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Van Johnson, am the legal owner of the property located at 147 Orchard Farm LN, Mooresville, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Fourtees, Inc. _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Van Johnson 4-18-16

Signature of Owner 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
or
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:*

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

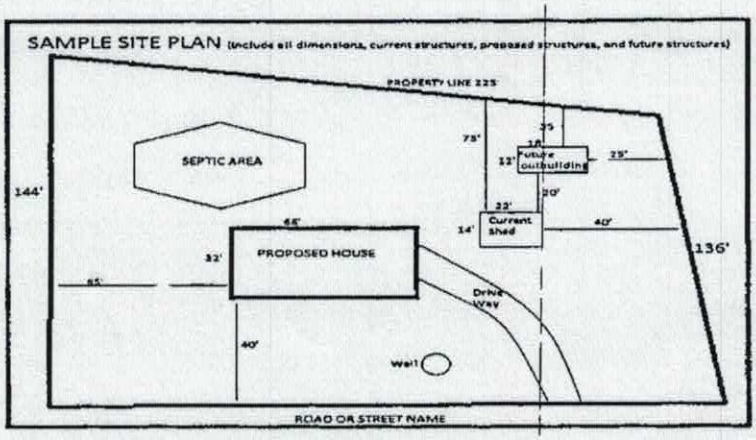
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

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

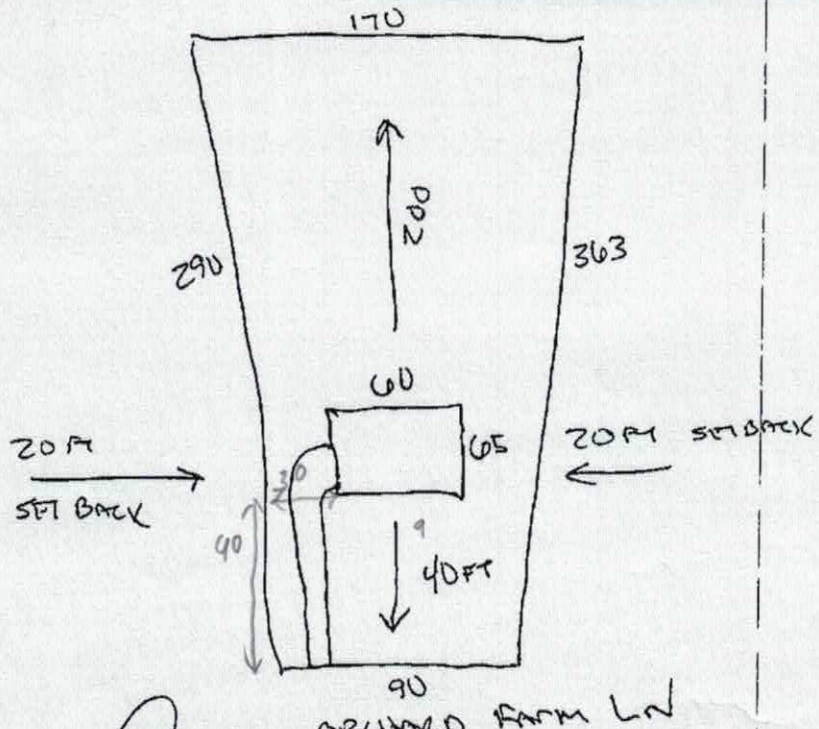
Circle N/A on the following if appropriate:

_____ 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: _____

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

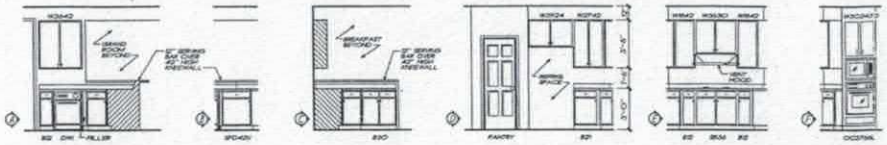
4/13/2016

DATE

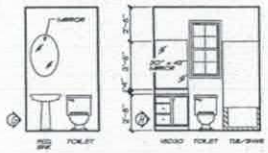
Acknowledgement of
Plans Submittal ONLY!

Date 10-17-2016

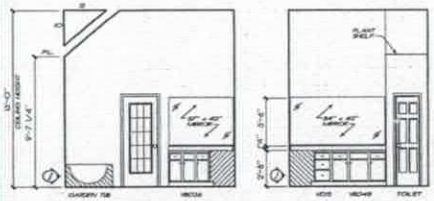
Date 10-13-16



KITCHEN ELEVATIONS

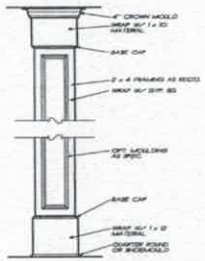


POWDER BATH ELEVATION



MASTER BATH ELEVATIONS

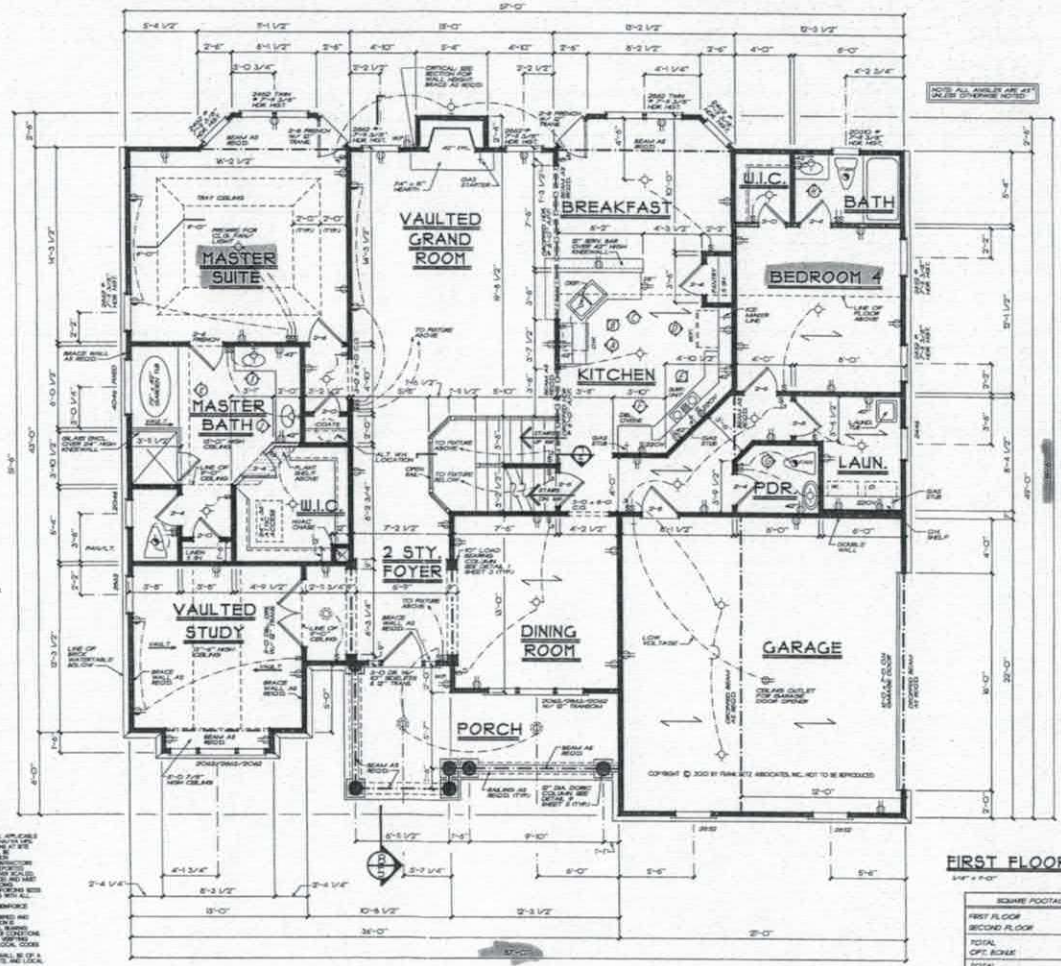




INT. COLUMN DETAIL

GENERAL FRAMING NOTES

GENERAL NOTES



FIRST FLOOR PLAN

SQUARE FOOTAGE	
FIRST FLOOR	2089 SQ. FT.
SECOND FLOOR	641 SQ. FT.
TOTAL	2730 SQ. FT.
OPT. BONUS	304 SQ. FT.
TOTAL	3034 SQ. FT.

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

REVISIONS	DATE	BY

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HOMEPLANS
DESIGNED FOR TODAY'S MARKET

FIRST FLOOR PLAN

THE DEVONWOOD

FBA
FRANK BETZ ASSOCIATES, INC.
2401 LAKE PARK DRIVE, SUITE 200
SMYRNA, GEORGIA 30080
770/431-0808
www.frankbetz.com

BY: MHE CHK: KDW

DATE: 6-11-10

SHEET: 3

OF: 5

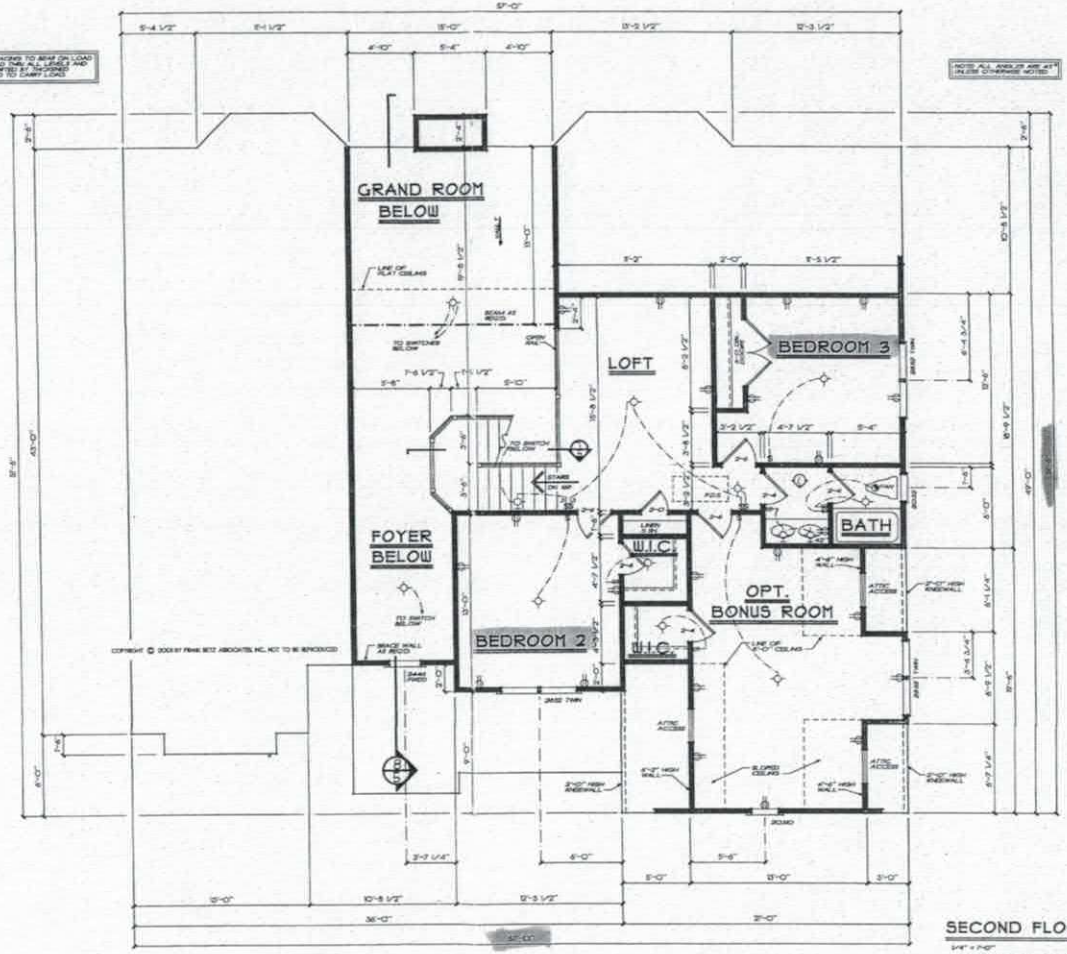


BATH ELEVATION

Acknowledgement of
Plans Submittal ONLY!

Date 10-13-16

Date 10-17-16



SECOND FLOOR PLAN

FRANK BETZ ASSOCIATES INC ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

REVISIONS	DATE	BY

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HOMEPLANS
DESIGNED FOR TODAY'S MARKET

SECOND FLOOR PLAN

THE DEVONWOOD

FBA
FRANK BETZ ASSOCIATES, INC.
2401 LAKE PARK DRIVE/SUITE 250
SMYRNA, GEORGIA 30080
770/435-0050
www.frankbetz.com

BY: mab CK: mw

DATE: 8/15/07

SHEET: 4 OF: 5

IREDELL COUNTY

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

APPLICATION NUMBER
218024
Issue Date: 04/13/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4649150341.000	147 ORCHARD FARM LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: JOHNSON VAN	Applicant: FOURTEES INCORPORATED
Address: 10683 HILL POINT COURT MOORESVILLE, NC 28262	Address: PO BOX 2429 DENVER, NC 28037
Phone:	Phone: 704-361-3130

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.890	35.00	35.00	15.00	15.00	PACL	X

Remarks:

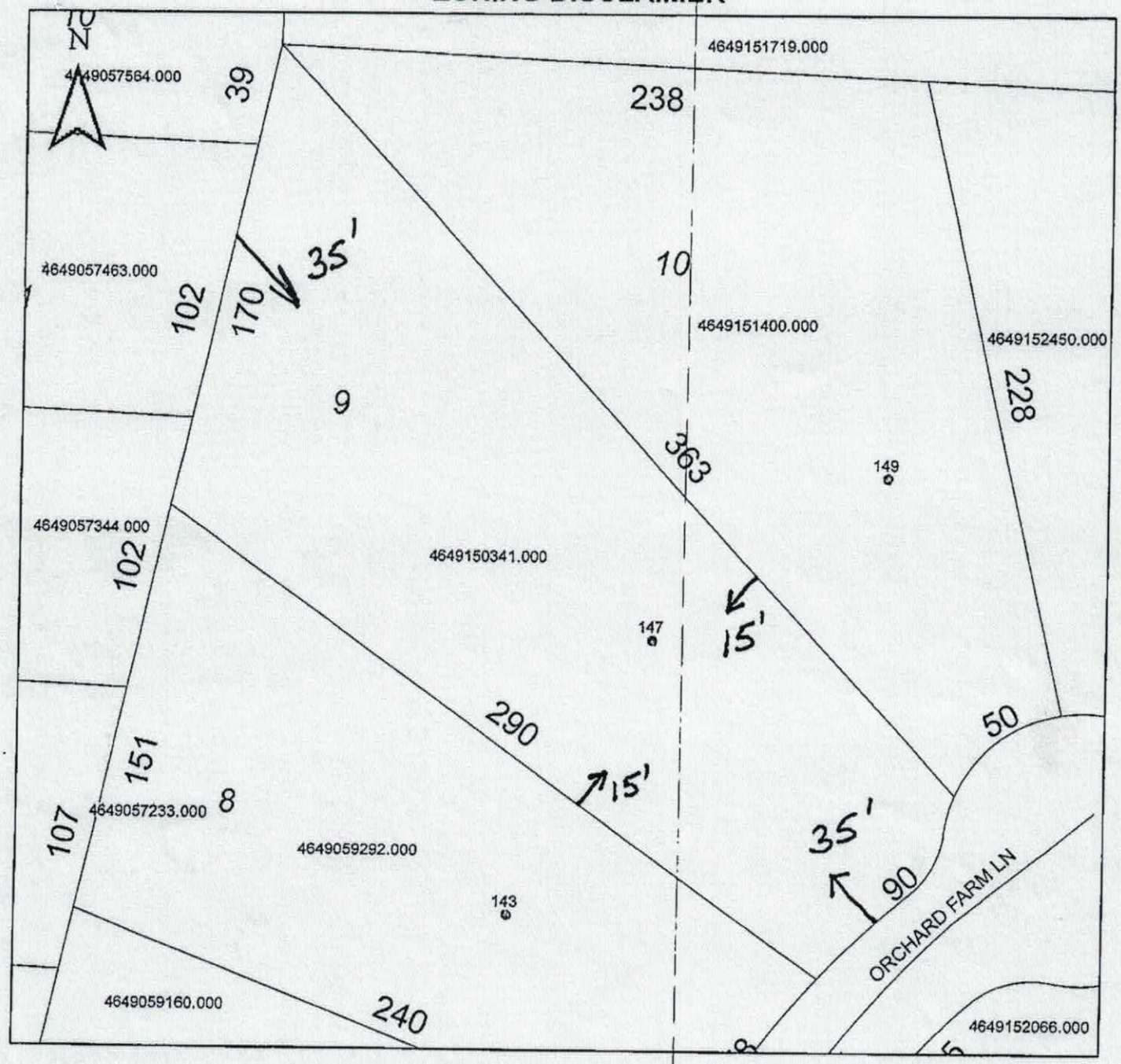
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: 4/13/16

Permit Number	65604

TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 147 Orchard Farm

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. Applicant further acknowledges that the 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

4/13/16

Date