IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

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

PERMIT # 2294469

PIN # 4649151400

APPLICANT/OWNER: Tammy Lawley

APPLICANT ADDRESS: P.O. Box 3548 Mooresville, NC 28117

SITE ADDRESS: 149 Orchard Farm Ln Mooresville, NC

PHONE: 704 361-3130 ALT. PHONE

SITE DIRECTIONS: Hwy 150 W. TR Perth Rd N TR Flowering Cherry TL Orchard Farm

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Orchard

SECTION: J LOT #: 10 LOT AREA: .80 Acre

DESIGN FLOW: 480 gpd L.T.A.R.: .3

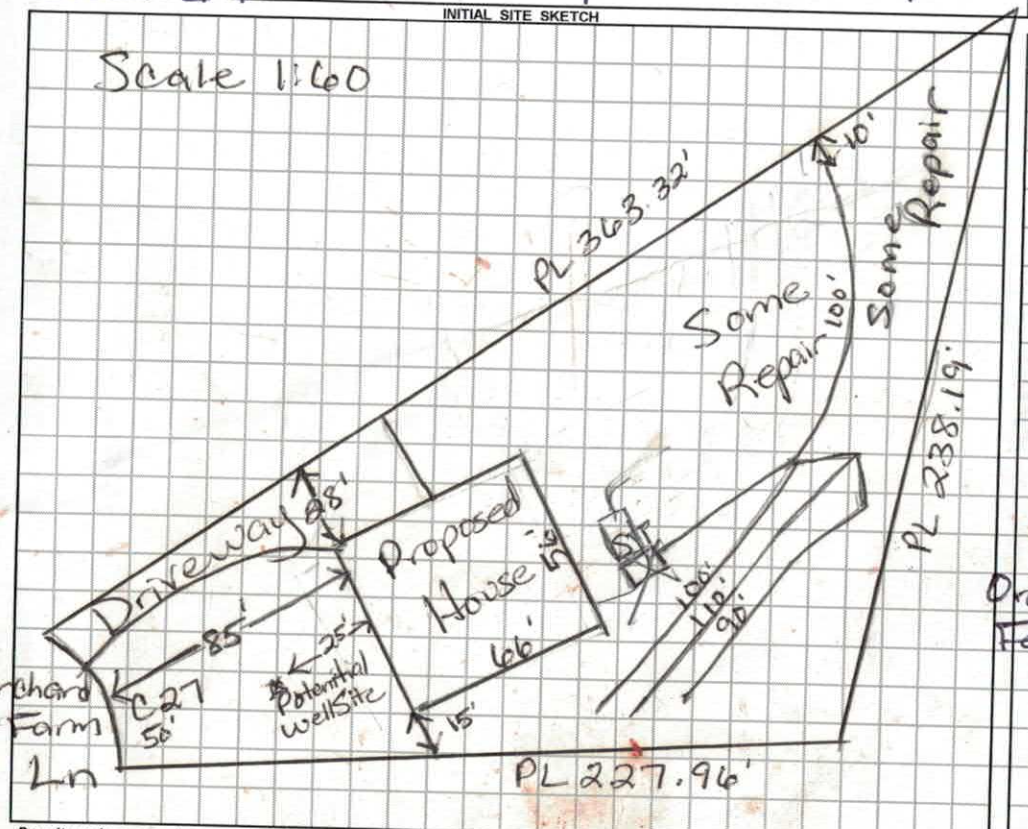
Septic Tank	1000 (gal)	STB	160	Date	5-12-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description: Gravity - 25% Reduction				☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	34"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

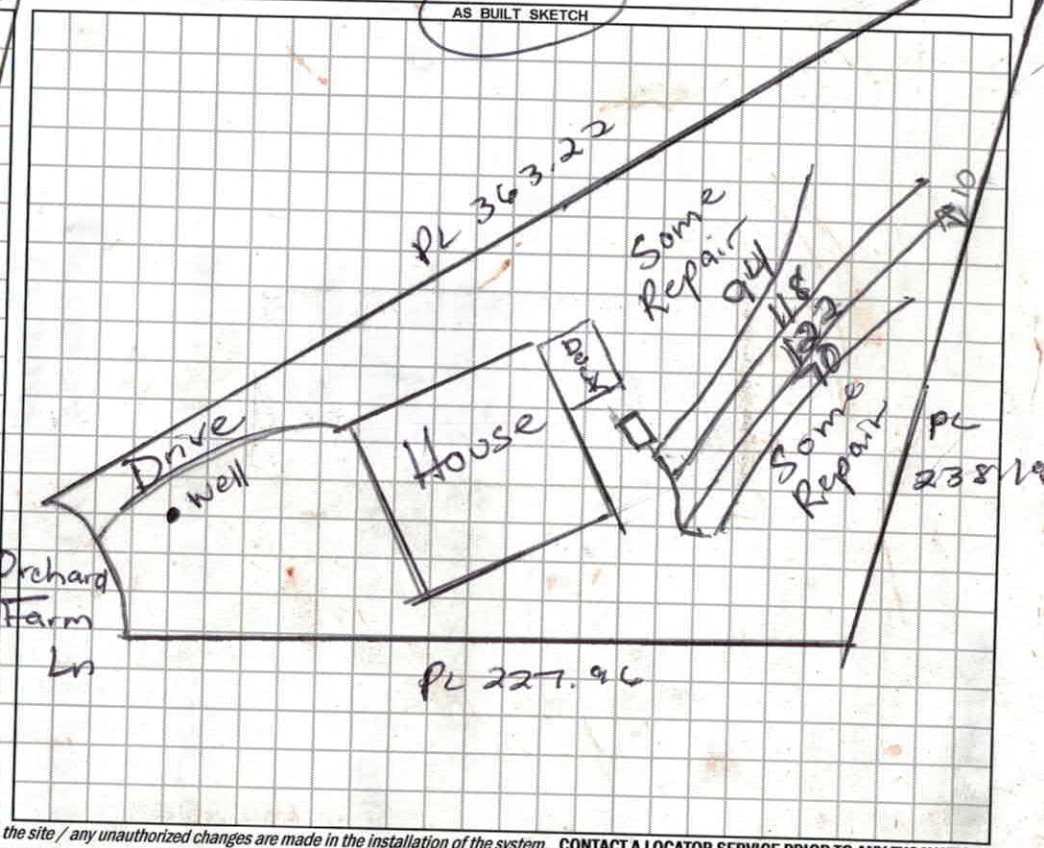
Comments / Conditions: Direct surface/storm water away from Septic System. 9/18/17 Reviewed floor plans, in compliance with I.P.

Installed @ Quick 4 LFT from house to ST

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: Tammy Lawley Date: 9/19/17

IMPROVEMENT PERMIT by: Mike Lowe RS Date: 9/14/17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 9/18/17

Installed by: Ground breakers

OPERATION PERMIT by: Maria Dotson Date: 7/3/18

Existing System Inspected by: Date:

VISION OF ENVIRONMENTAL HEALTH
N-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Tammy Lawley — APPLICATION DATE _____
ADDRESS: _____ — DATE EVALUATED: 9/7/17
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 4BD gpd — PROPERTY SIZE: _____
LOCATION OF SITE: Orchard Lot #10 — 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	A 10%	0-10"	Brw SCL	w SBK	SS, SP, SExp, FR				PS .3
		10-25	RC m-	w SBK SS,	SP, SExp, FR				
		25-60"	R to YR	CL FR, S	SS, SP, SExp				
			few Quartz Rock fragments						
2	10% B (cleaned out old Pit)	0-7"	Brw SCL	w SBK	SS, SP, SExp, FR				PS .3
		7-36	RC m-	w SBK SS,	SP, SExp, FR				
		36-50"	RCL	w SBK	SS, SP, SExp, FR				
3	12% C (cleaned out old Pit)	0-6"	Brw SCL		SS, SP, SExp, FR				PS .3
		6-21	RC m-	w SBK	SS, SP, SExp, FR				
		21-54"	RCL	w SBK	SS, SP, SExp, FR				
			w/ few SAP		Inclus				
4	D 8%	0-14	Brw	SCL	SS, SP, SExp, FR				PS .3
		14-36	RC m-	w SBK	SS, SP, SExp, FR				
		36-60"	RCL	w SBK	SS, SP, SExp, FR				
			few SAP	Inclus					

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

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

COMMENTS: _____

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

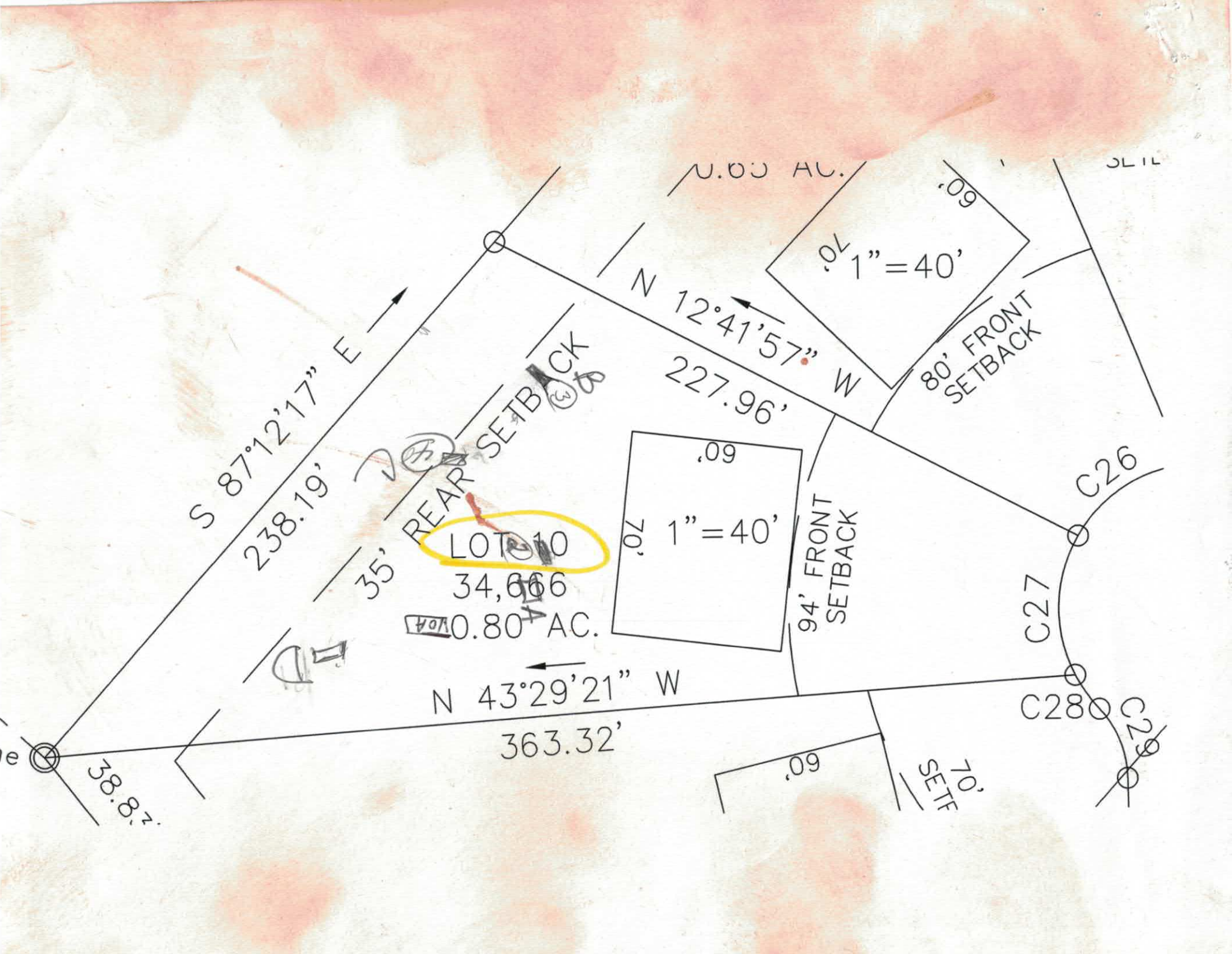
OWNER: THE ORCHARDS LLC _____ APPLICATION DATE 4/06
ADDRESS: HIDEAWAY LANE MOORESVILLE _____ DATE EVALUATED: _____
PROPOSED FACILITY: RES _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: THE ORCHARDS LOT 10 _____ PROPERTY RECORDED: Y
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

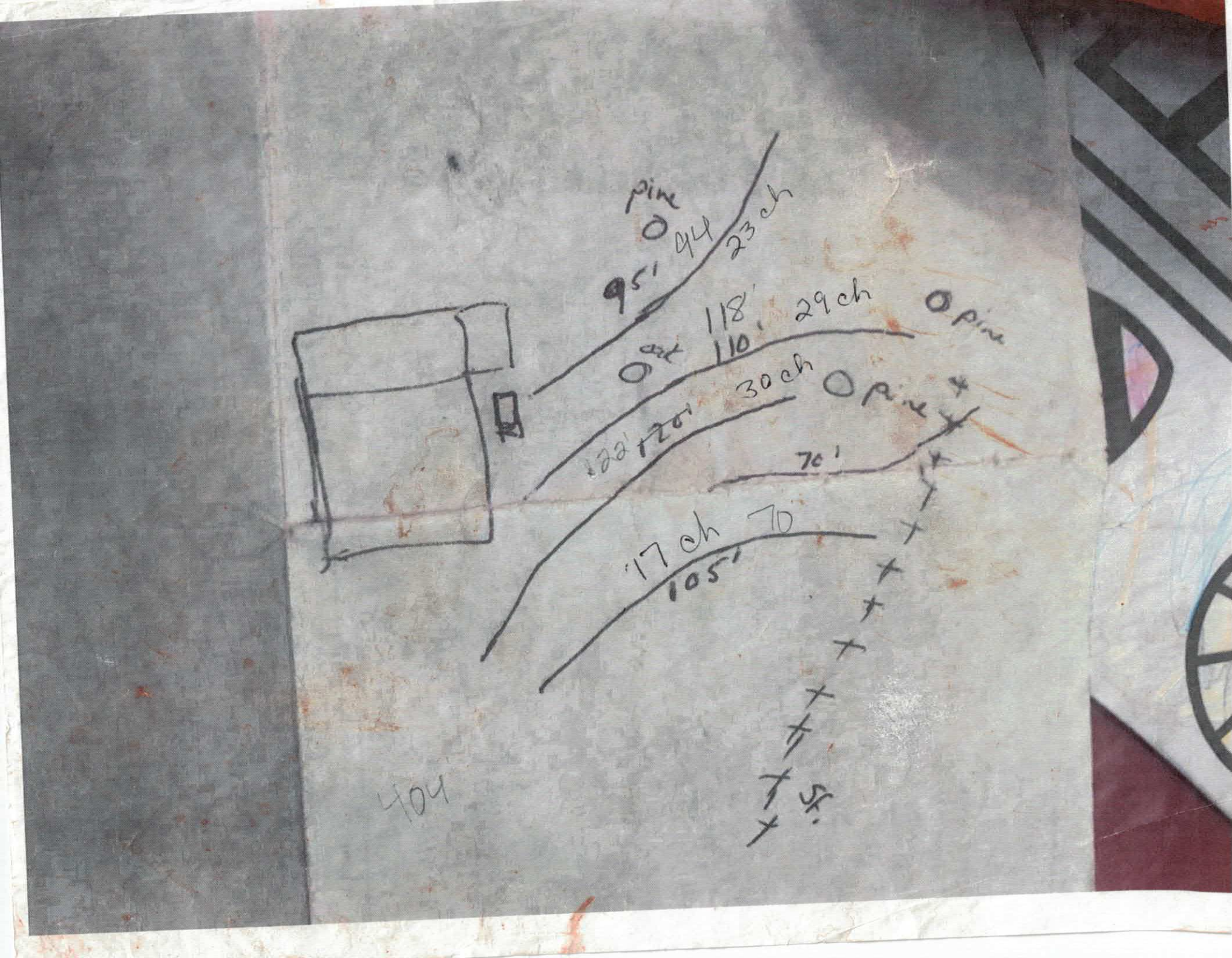
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 10-15%	0-30	RL MFSAP	FRI SSSP SSAP	NA	58"	PS	NA	PS 1.3
		30-58	RCL WFSAP	FRI SSSP SSAP					
		58-60	VFSAPM	FRI SSSP SSAP					
2		0-7	WFSCL/CBNSCL	FR SSSP					.3
		7-28	SBK MDC	FR SSSP SSAP					
		28-60	WFSBK/C VFR CL	FR SSSP					
3		0-7	GR SRNSCL	FR SSSP					.3
		7-36	MFSBK MDC	FR SSSP SSAP					
		36-51	MFSBK MDCL	FR SSSP					
4		0-6	GR FRNSL	FR SSSP					.3
		6-21	SBK MDC	FR SSSP SSAP					
		21-52	WFSBK CL	FR SSSP					
			FW MDCSP						

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

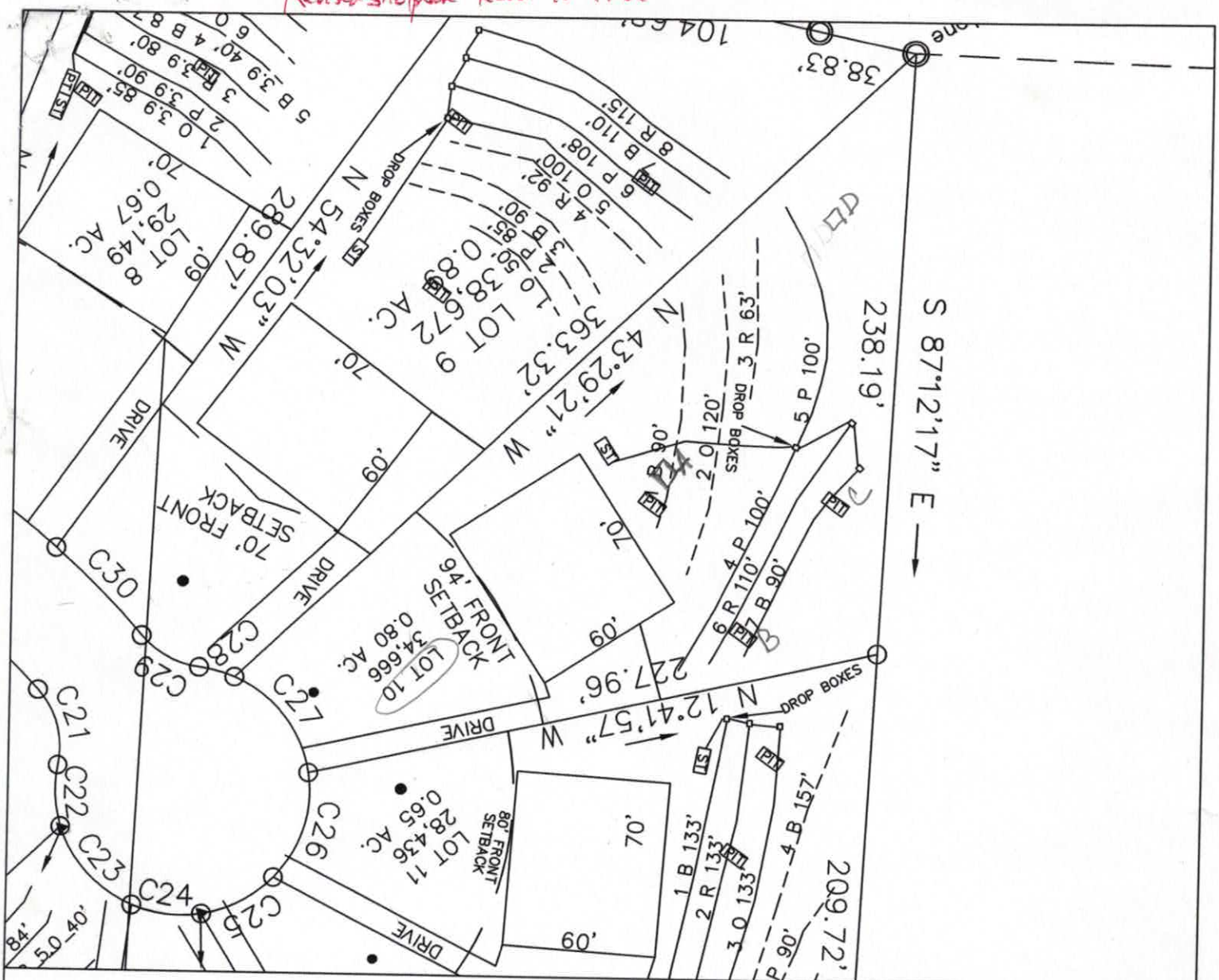
OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS:


N 12°41'57" W
227.96'
S 87°12'17" E
238.19'
35' REAR SETBACK
LOT 10
34,666
0.80 AC.
N 43°29'21" W
363.32'
1"=40'
80' FRONT SETBACK
1"=40'
94' FRONT SETBACK
C26
C27
C28
.09
70'


pine
95'
94
23ch
oak
118'
110'
29ch
pine
132'
120'
30ch
pine
70'
17ch
70
105'
St.
404

Revised site plan Recd 10-19-06



LEGEND

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

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 - 0989
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

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

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

Wed 2:00 pts RECEIVED AUG 21 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) 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 #229469

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information: (PRINT CLEARLY)

Applicant Name: Tammy Lawley Address: PoBox 3548 Mooresville NC Zip: 28117
Applicant Email: Buildthelake@gmail Phone: 704-361-3130 Alt. Phone: _____
Owner Name: Van Johnson Address: 10683 Hill Point Ct. Charlotte Zip: 28262
Owner Email: _____ Phone: 704-361-3130 Alt. Phone: _____

****

Property Information:

Street Address: 149 Orchard Farm Lane Mooresville NC 28117
Subdivision Name: Orchard Section/Phase: _____ Lot Number: 10
Driving Directions: Perth Rd (L) Flowering Cherry (L) Orchard Farm (Orchard)

****

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: 6
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

****

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

(✓) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Tammy Lawley 8/16/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Van Johnson, am the legal owner(s) of the property located at 149 Orchard Farm Lane Mooresville NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

Van Johnson — Signature of Owner(s)
8/16/17 — 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

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

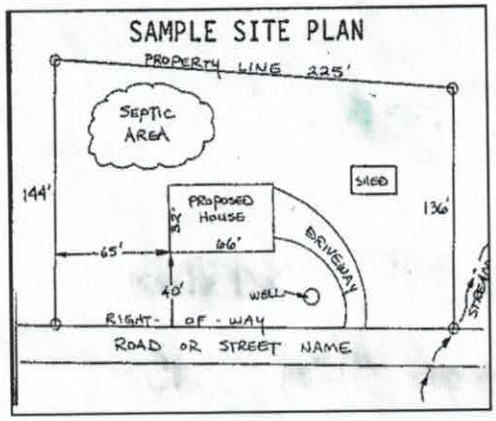
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

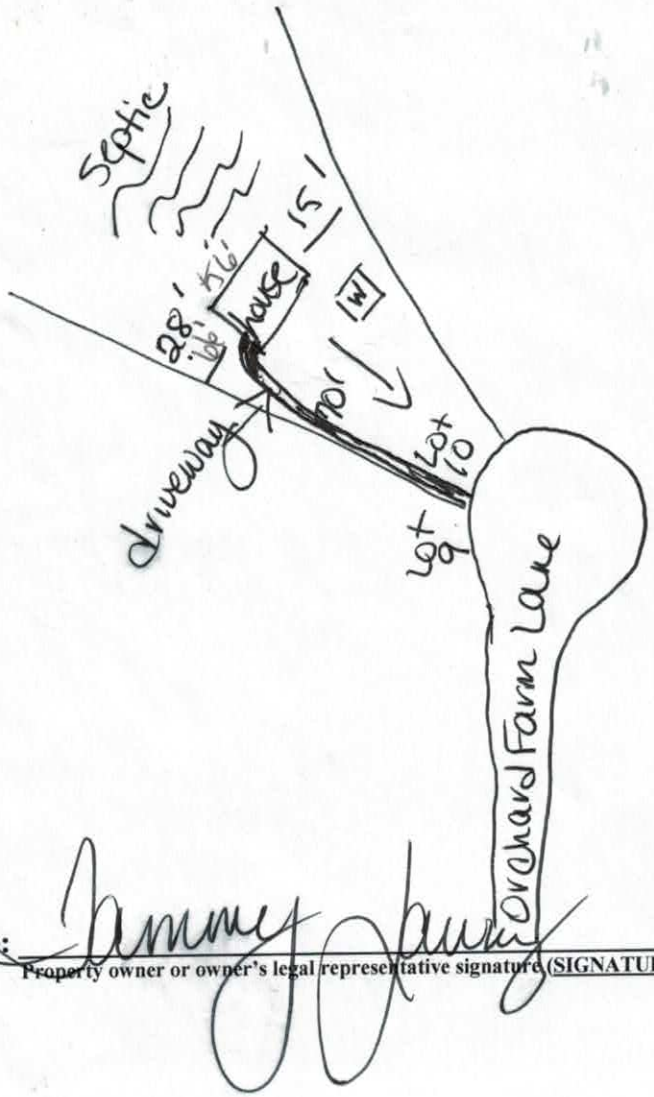


Circle N/A on the following if appropriate:

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

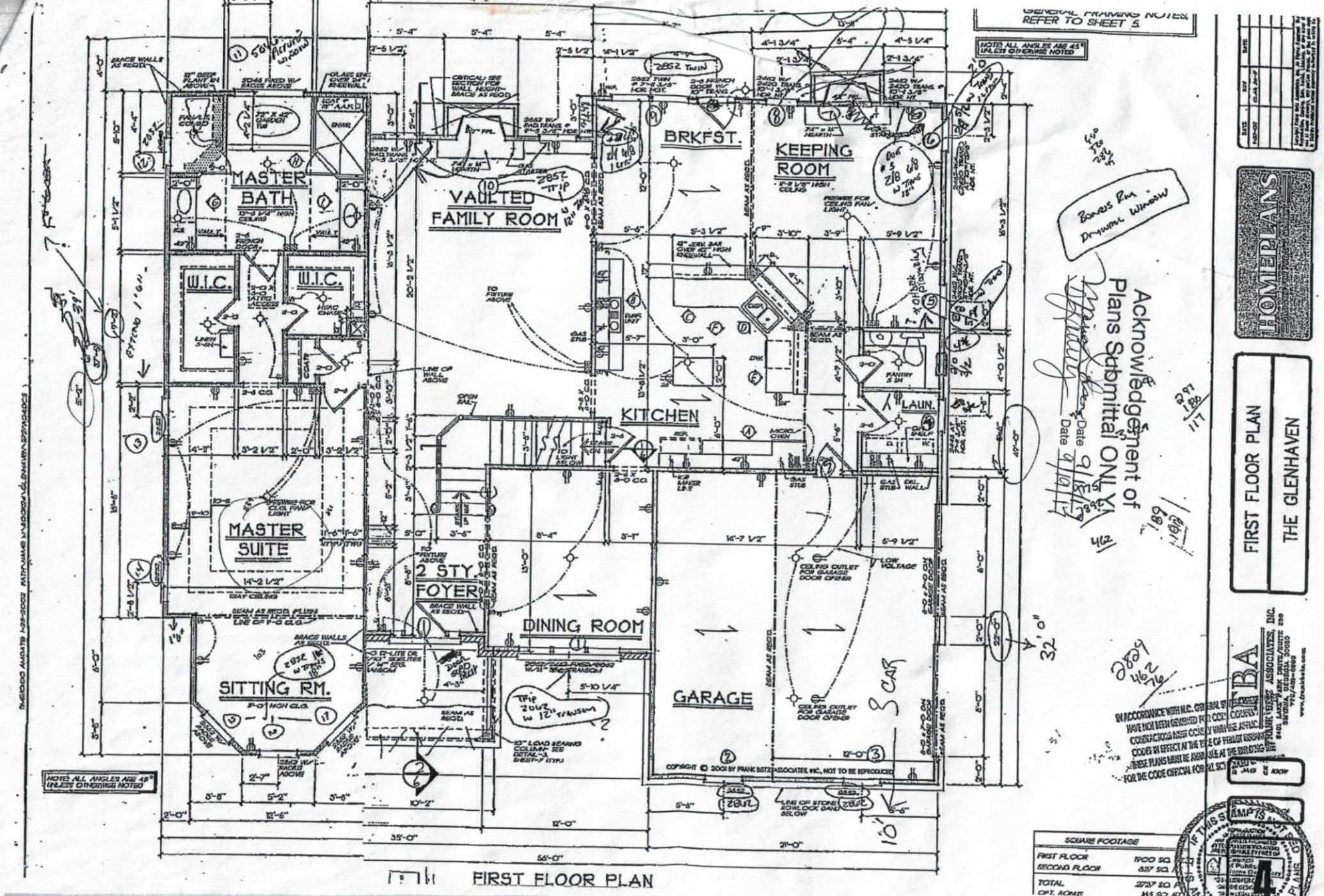
USE THIS SPACE TO DRAW YOUR SITE PLAN

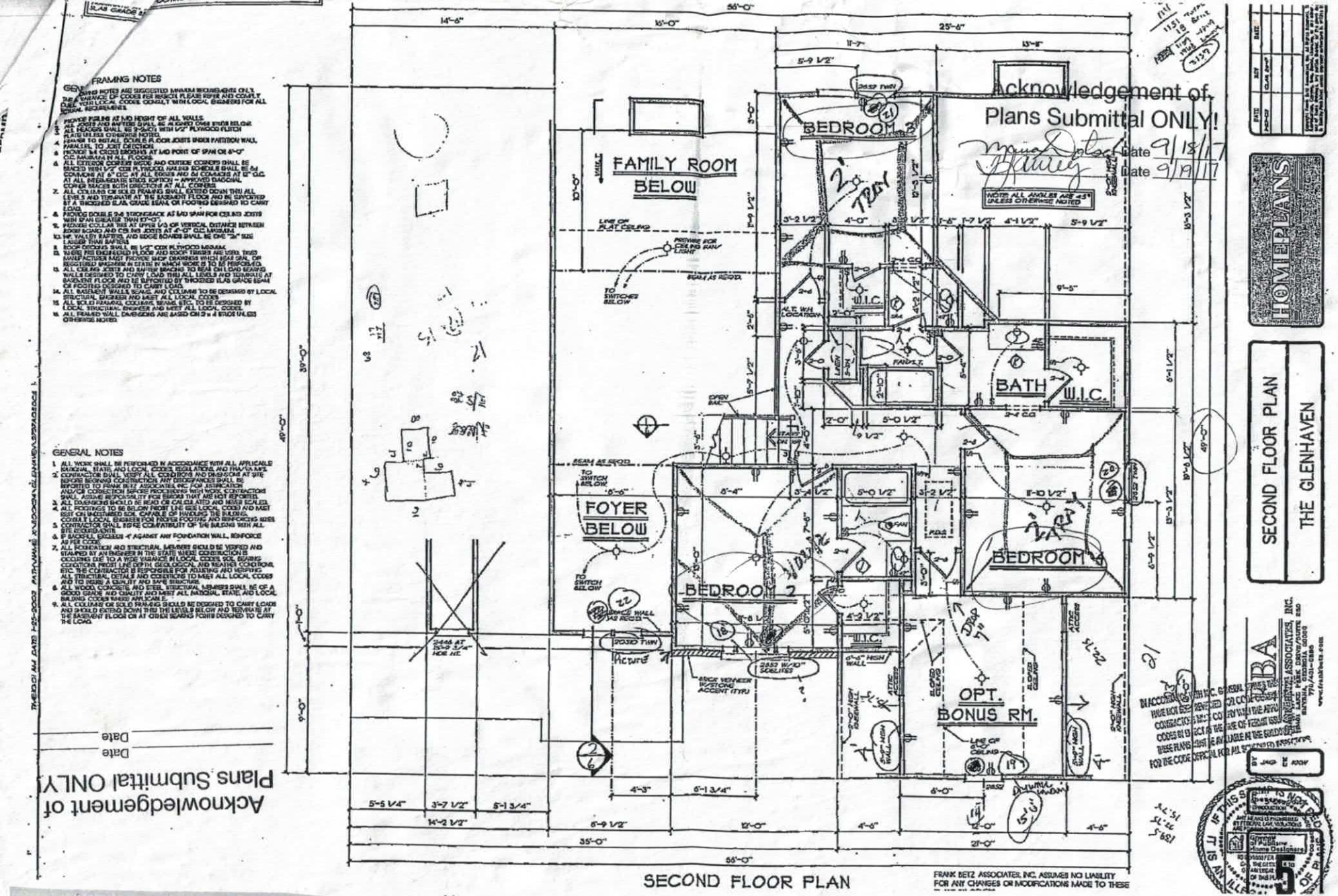
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ **DATE** 8/16/17

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


MASTER BATH
W.I.C.
W.I.C.
MASTER SUITE
SITTING RM.
VAULTED FAMILY ROOM
2 STY. FOYER
DINING ROOM
BRKFST.
KEEPING ROOM
KITCHEN
LAUN.
GARAGE
3 CAR
Bonus Rm. Drywall Window
Acknowledgement of Plans Submittal ONLY
Date 9/18/17
Date 9/18/17
FIRST FLOOR PLAN
THE GLENHAVEN
HOMEPLANS
FIRST FLOOR PLAN
SQUARE FOOTAGE
FIRST FLOOR 1700 SQ.
SECOND FLOOR 627 SQ.
TOTAL 2327 SQ.
OPT. ROOMS 155 SQ. FT.
FRANK BETZ ASSOCIATES, INC.
IF THIS STAMP IS NOT RED PLANS
4


FRAMING NOTES
GENERAL NOTES
BEDROOM 3
FAMILY ROOM
BELOW
FOYER
BELOW
BEDROOM 2
BATH
W.I.C.
BEDROOM 4
OPT.
BONUS RM.
Acknowledgement of
Plans Submittal ONLY!
Date 9/18/17
Date 9/19/17
Date
Date
Acknowledgement of
Plans Submittal ONLY
SECOND FLOOR PLAN
THE GLENHAVEN
HOMEPLANS
SECOND FLOOR PLAN
FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY
FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE

IREDELL COUNTY

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

APPLICATION NUMBER
229469
Issue Date: 08/16/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4649151400.000	149 ORCHARD FARM LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: JOHNSON VAN	Applicant: FOURTEES INC
Address: 10683 HILL POINT COURT CHARLOTTE, NC 28262	Address: 3924 MT OLIVE CHURCH RD MOORESVILLE, NC 28658
Phone:	Phone:

Use Requested	Zone Code
SINGLE FAMILY HOME	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.800	35.00	35.00	15.00	15.00	PACL	X

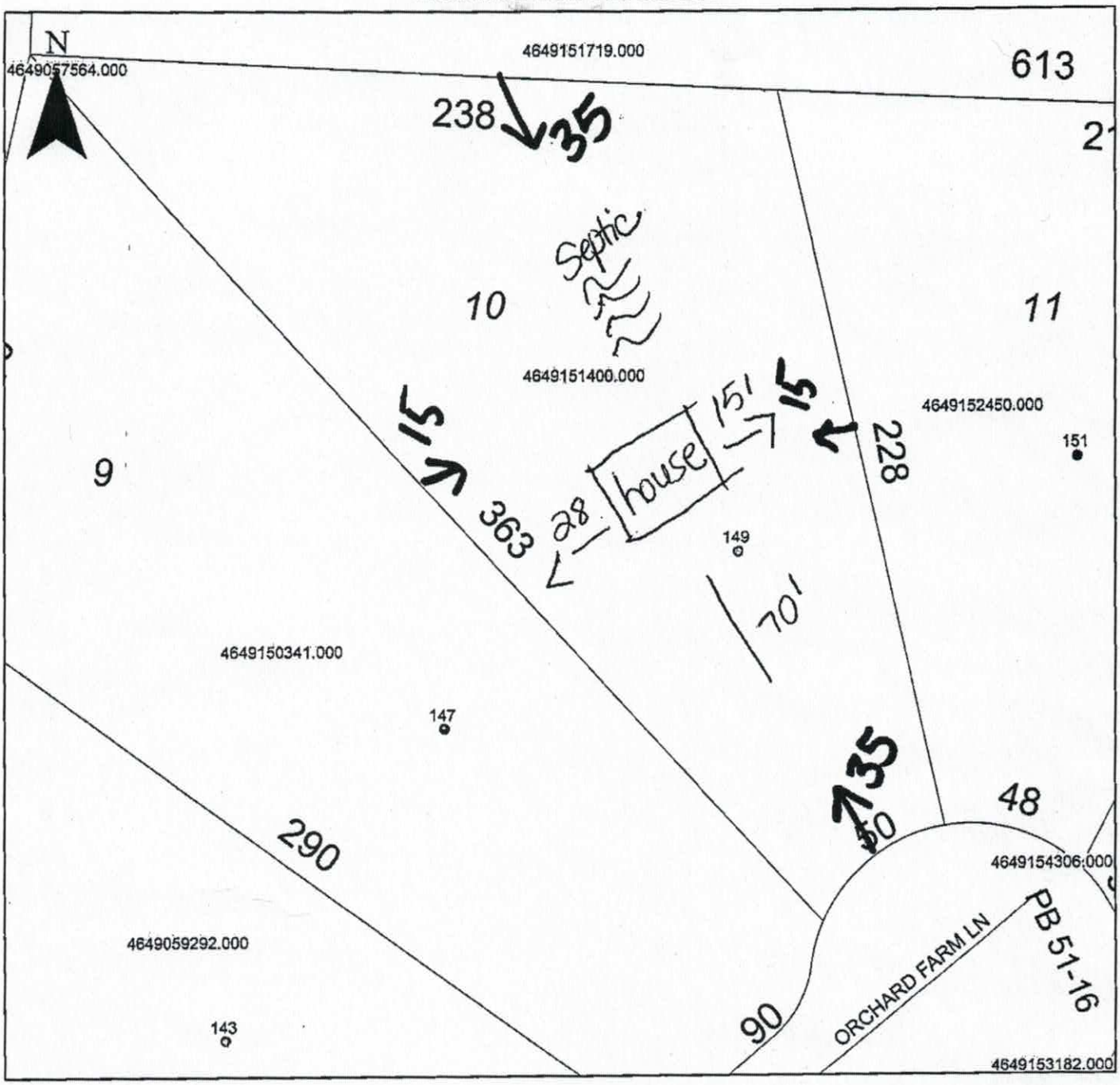
Remarks:

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	112199	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 149 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.

X Tammy Crawley
Applicant

X 8/16/17
Date