IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241289

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

PIN # 4629746338

APPLICANT/OWNER: Gary Giambrone
APPLICANT ADDRESS: 124 Fellspoint Rd. Mooresville, NC
SITE ADDRESS: 595 Morrison Farm Rd. Troutman, NC 28166
PHONE: 704-578-4951 (Kathleen) ALT. PHONE —
SITE DIRECTIONS: State Park Rd → L on Morrison Farm Rd → lot on L
SAP CONTROLLED: (repair) ☑ YES ☑ NO (initial)
SUBDIVISION: Falls Park
SECTION: 3B LOT # 31 LOT AREA: 2.745ac
DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	325	Date	6-4-19
Pump Tank	(gal)	PT		Date	
Pump Make		Model		Serial #	
# Nitrification Fields	1	# Lines	4	Linear Ft	300'
Trench Width	36"	Trench Bottom Depth (average)	36" highside	Gravel Depth	—

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% reduction
Repair System Description: 25% reduction
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Maintain 15' from pool. *Pool must be staked during time of install + time of inspection.

INITIAL SITE SKETCH

See attached site plan by The Oaks Group, PA

AS BUILT SKETCH

Installed as Drawn

Tank 13' off House

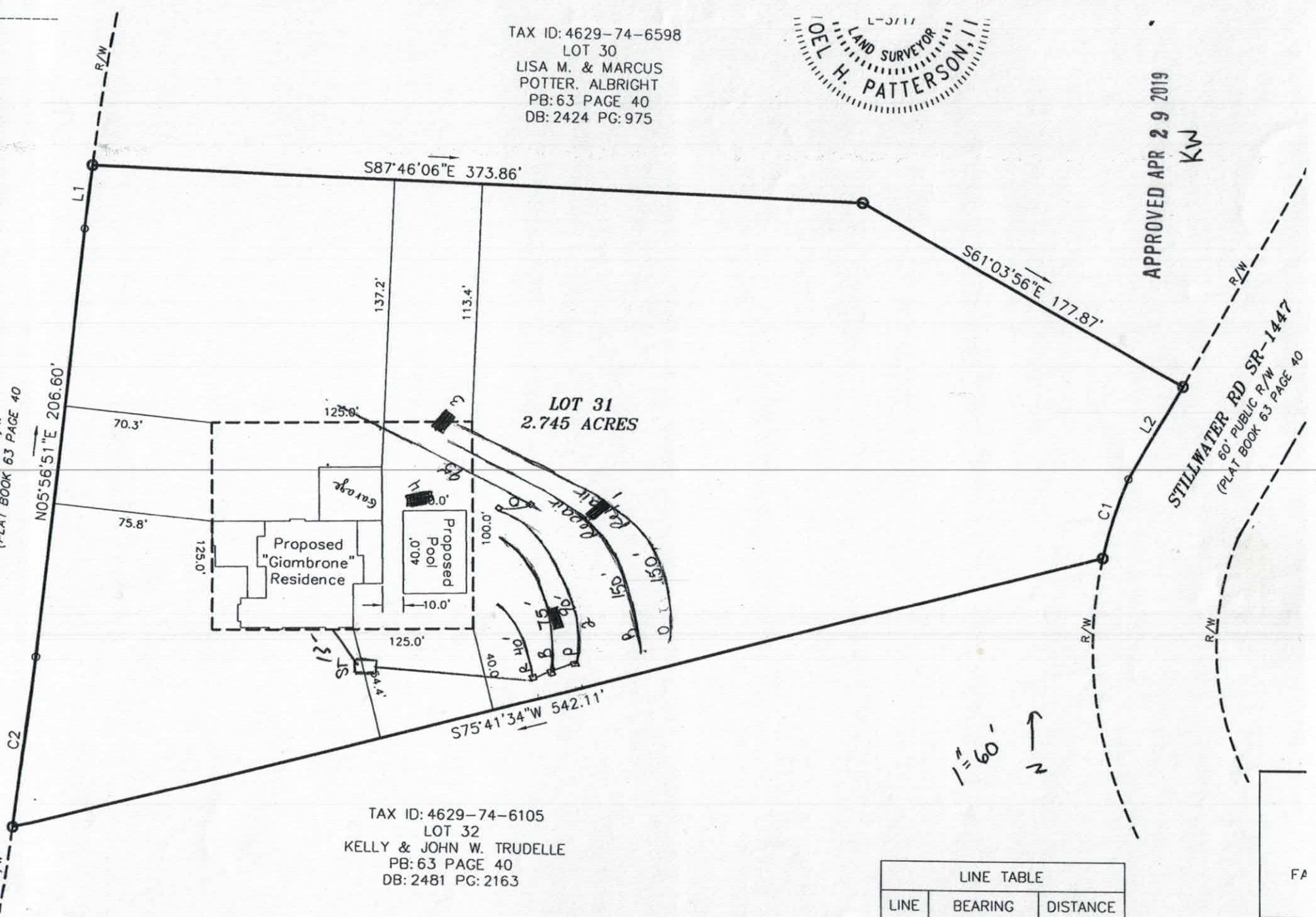
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ 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: Kathleen Saunders Date: 5-1-19
IMPROVEMENT PERMIT by: Kayla Wilson Date: 4-29-19
AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 4-29-19

Installed by: Raven Septic
OPERATION PERMIT by: Date: 7-16-19
Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day t[o]action is needed. Be sure to speak with an inpsector to confirm your inspection time.



LINE TABLE		
LINE	BEARING	DISTANCE
L1	N06°45'37"E	30.56'
L2	S30°25'17"W	51.68'

N US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA

ED BOOK 2586 PAGE 1178 AND PLAT BOOK 63 PAGE 40 AS RECORDED AT THE IREDELL COUNTY REGISTER OF DEEDS.
WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO RECORDED OR
ASEMENTS,
ITIONS NOT OBSERVED OR SHOWN HEREON.

FA
Prepa

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

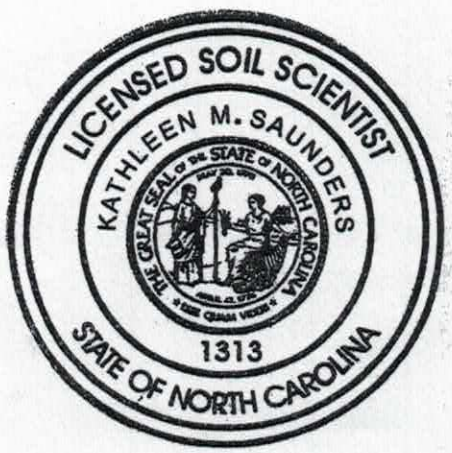
RE: 595 Morrison Farm Rd

Date: April 18, 2019

Attached is the septic specification information required to permit 595 Morrison Farm Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Lot 31 Falls Park Fast Track - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (High Side)	36"
Maintenance Agreement Required	No
Repair System	**25% Reduction**
Total Linear Feet	300
Repair Loading Rate	0.3
Repair trench depth	36"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Red	25% Reduction	40 endfed
2	System	Blue	25% Reduction	75 endfed
3	System	Pink	25% Reduction	90 endfed
4	System	Orange	25% Reduction	95 endfed
5	Repair	Blue	25% Reduction	150
6	Repair	Orange	25% Reduction	150
				Total System: 300'
				Total Repair: 300'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion

APPROVED APR 29 2019
KW

Wastewater Section

Property ID:
Lot #: 31
File #: 1
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Falls Park, LLC
Address: 501 Springcrest Dr Fort Mill SC
Proposed Facility: SFR
Design Flow (.1949) 480
Location of Site: Falls Park Lot 31

Applicant:
Date Evaluated: 3/24/14
Property Size: 2.767
Property Recorded: POST 81

Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

APPROVED AUG 25 2016 BA

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L 15%	0-3	mo GR SL	FR ns/np	Br	43"	PS	N/A	0.3
		3-27	Mo SBK C	FR SS/SP	Red; C sap				
		27-43	WK SBK C	FR SS/SP	Red; C sap				
		43-48	MA L sap	FR SS/SP	R Br				
2	L 15%	0-16	WK SBK SCL	FR SS/SP	R Br	48+	N/A	N/A	0.3
		16-38	Mo SBK C	FR SS/SP	Red				
		38-48	WK SBK CL	FR SS/SP	Red; C sap				
3	L 15%	0-20	Mo SBK C	FR SS/SP	Red	45"	PS	N/A	0.3
		20-45	WK SBK CL	FR SS/SP	Red; C sap				
		45-48	MA L sap	FR SS/SP	Red				
4	L 15%	0-5	Mo GR SL	FR ns/np	Br	50+	N/A	N/A	0.3
		5-35	Mo SBK C	FR SS/SP	Red; F/C sap				
		35-50	WK SBK CL	FR SS/SP	Red; c/m sap				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: KMS
Others Present: DB
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present:

ER Init Redraw

241249
pd $225

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Gary Giambrone Address: 124 Fellspoint Rd, M'ville Zip: 28115
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 595 Morrison Farm Rd Troutman
Subdivision Name: Falls Park Section/Phase: _____ Lot Number: 31
Driving Directions: State Park Rd, L Morrison Farm, on L

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
(X) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(X) 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 (X) 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: Kathleen Saunders 4-18-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

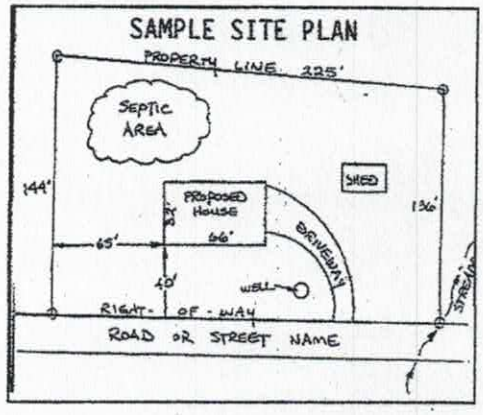
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (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)

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

Please see attached

Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-18-19
DATE

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, 4G Design Build, am the legal owner of the property located at 595 Morrison Farm Rd, identified as PIN(Parcel Identification Number) #629 746358, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, 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.

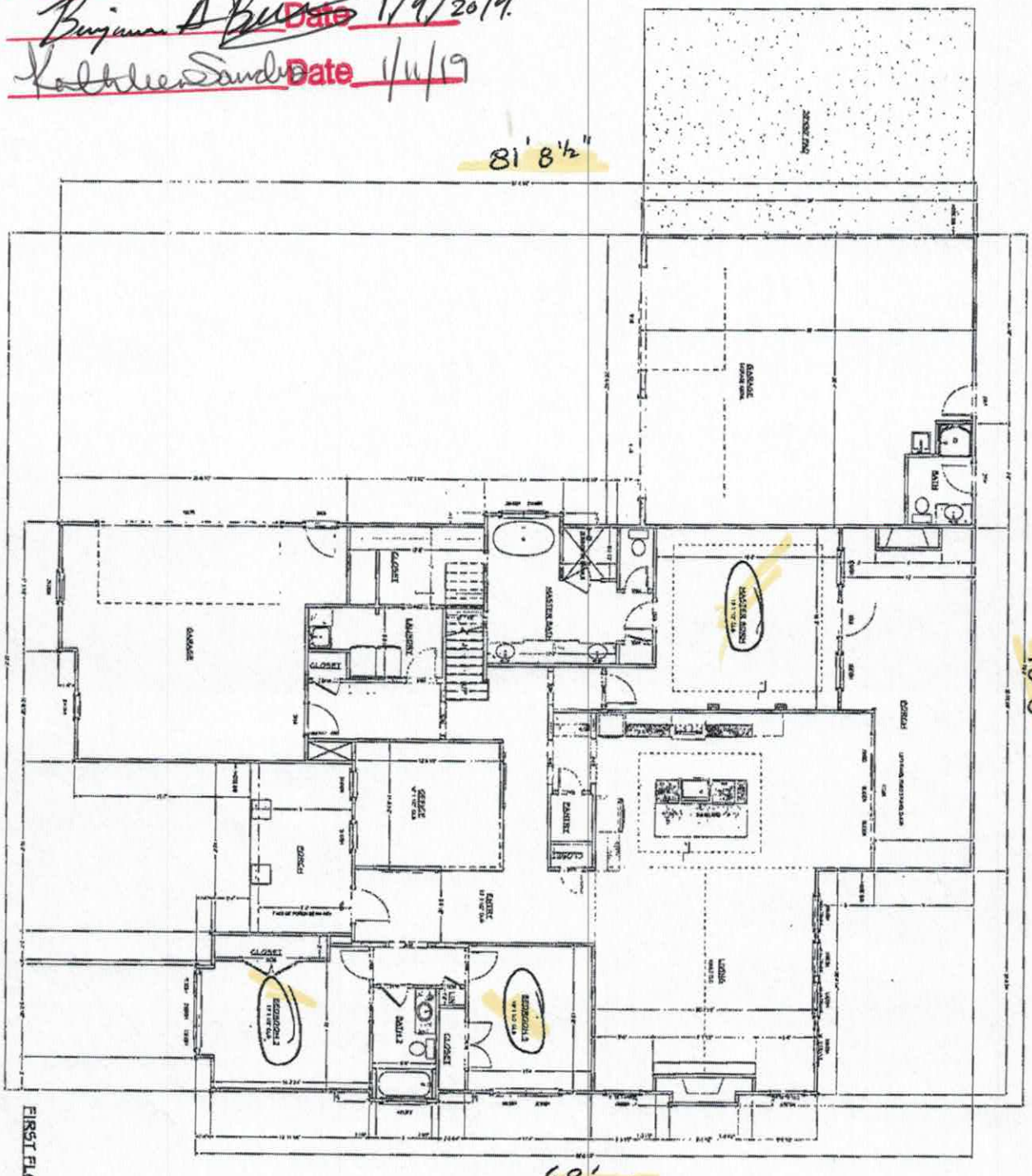
_____ 4-18-19
Signature of Owner Date

_____ _____
Signature of Witness Date

Acknowledgement Of
Plans Submittal ONLY!

Benjamin A Burgess Date 1/9/2019.

Kathleen Sandy Date 1/11/19

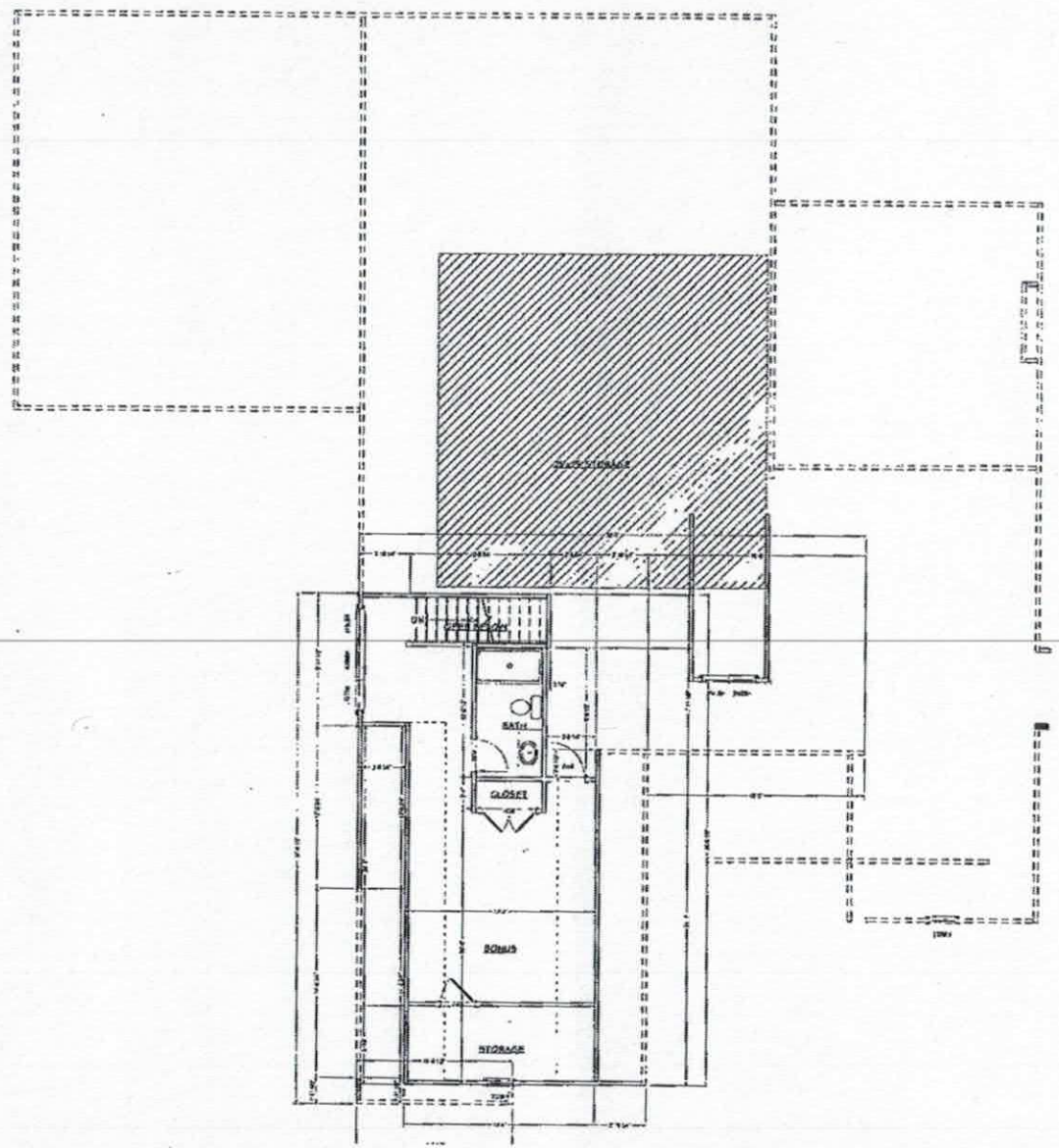


FIRST FLOOR PLAN

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

SQUARE FOOTAGE	
1ST FLOOR HEATED	2643
2ND FLOOR HEATED	341
TOTAL HEATED	2984
GARAGES	1211
PORCHES	456
TOTAL UNDER ROOF	4651

SHEET:	A-6	BUILD4G.com PO BOX 60 TROUTMAN NC 28166 704-665-7578	PROJECT DESCRIPTION: Giambrone Residence 595 Morrison Farm Rd Troutman NC 28166	Copyright © 4G Design Build All rights reserved. The design or any portion thereof may not be reproduced or used in any manner whatsoever without the express written permission of 4G Design Build. For permission requests please contact: 4G Design Build PO Box 60 Troutman NC 28166	NO. DESCRIPTION BY DATE BID
SCALE:					
DATE:	9/6/2018				



SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

SQUARE FOOTAGE	
1ST FLOOR HEATED	2180
2ND FLOOR HEATED	1560
TOTAL HEATED	4280
UNFINISHED BSMT	1200
GARAGES	467
PORCHES	550
TOTAL UNDER ROOF	6813

BID

NO.	DESCRIPTION	BY	DATE

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PROJECT DESCRIPTION:
Giambrone Residence
595 Morrison Farm Rd
Troutman NC 28166

BUILD4G.com
PO BOX 60
TROUTMAN NC 28166
704-665-7276

DATE: 9/6/2018

SCALE:

SHEET: A-7