11:30

AR304059

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # ~~22179~~

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

PIN # 4629-83-2572

APPLICANT: LIVE WELL HOMES APPLICANT ADDRESS: 501 SPRING CREST DR. FORT MILL SC

SITE ADDRESS: 664 STILLWATER TROUTMAN 28166 PHONE: 704-578-4951 ALT PHONE: → KATHLEEN SAUNDERS

SITE DIRECTIONS: STATE PARK, TL MORRISON FARM, TL DAYVAULT, TR STILLWATER, ON R

SUBDIVISION: FALLS PARK SECTION: 3A LOT # 37 LOT AREA: 1.57 AC DESIGN FLOW: 600 L.T.A.R.: .3 (.25R)

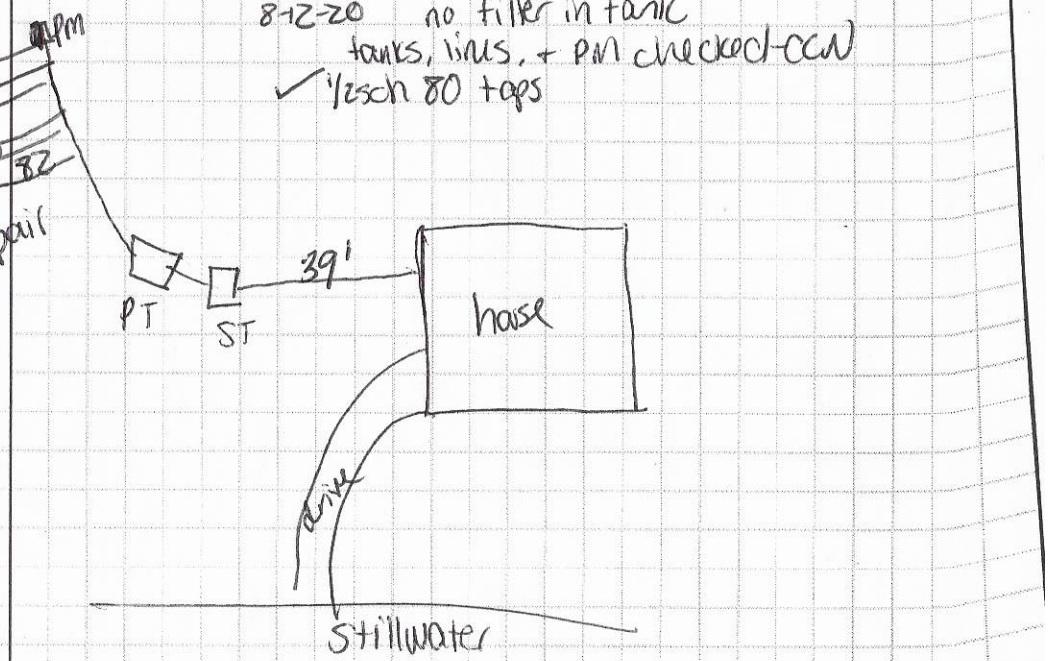
Septic Tank	1500 (gal)	STB	7000	Date	12-7-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI B	☒ Residence	No. Bedrooms 5	Water Supply
Pump Tank	1500 (gal)	PT	389	Date	4-3-20	System Description:			PM - 25% REDUCTION	☐ Business	No. Persons 10	☐ Private
Pump Make		Model		Serial #		Repair System Description:			PANEL BLOCK	☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines	6 C 84'	Linear Ft:	504'	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth	24"	Gravel Depth	—			☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: ALTHOUGH 4 BR FLOOR PLAN SUBMITTED 5BR SYSTEM MUST BE INSTALLED

INITIAL SITE SKETCH

SEE PLAN FROM THE OAKS GROUP

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: 1-14-2020 Installed by: Craig Thompson

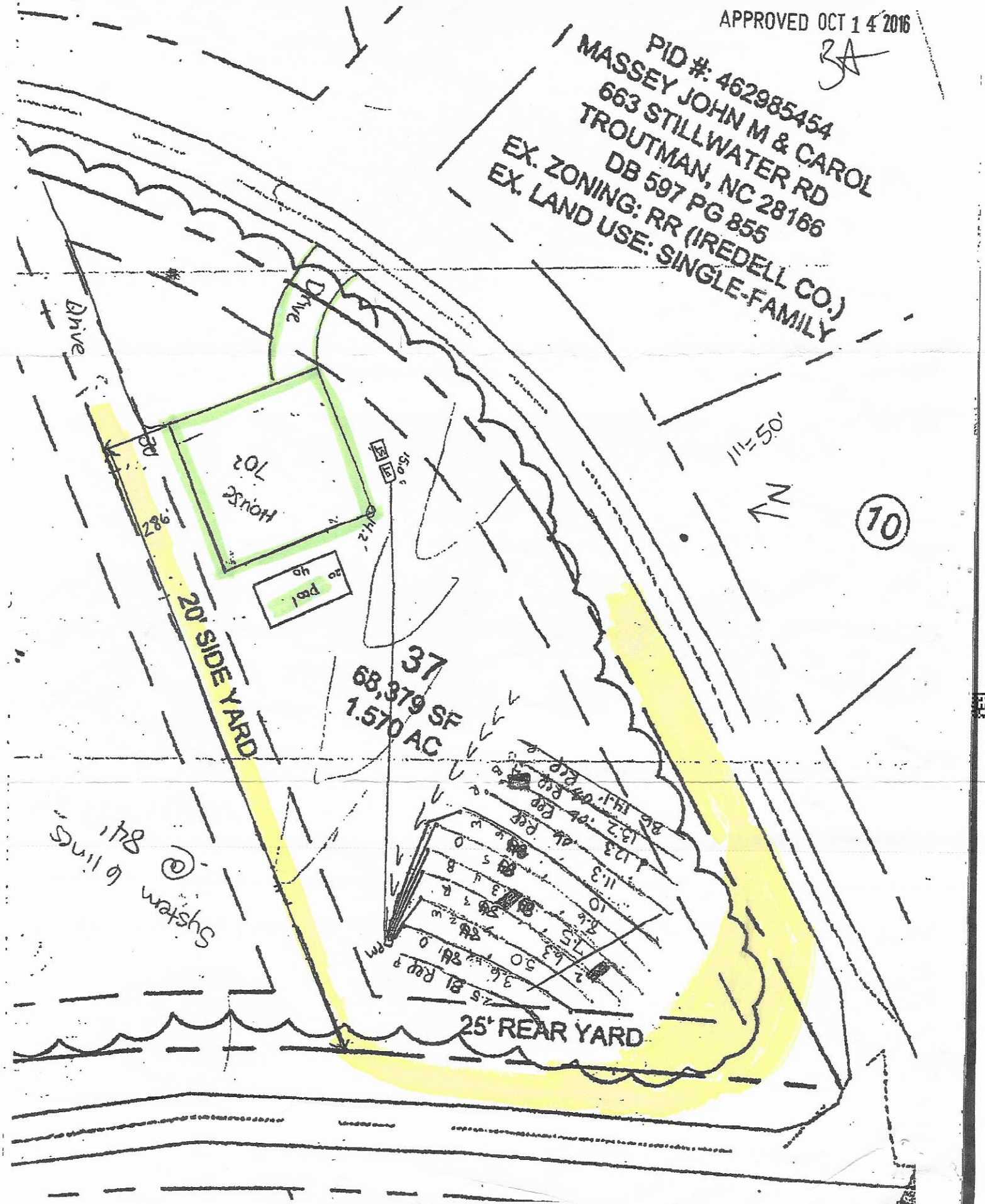
IMPROVEMENT PERMIT by: _____ Date: 10-14-16 OPERATION PERMIT by: _____ Date: 9-2-

AUTHORIZATION TO CONSTRUCT by: _____ Date: 1-14-2020 Existing System Inspected by: _____ Date: _____

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

*filter needs to be checked filter ✓ 9-1

	Date	Initials
Drain Lines Checked	8-12	CCN
Tanks Checked	8-12	CCN
Pressure Manifold or Valve Box Checked	8-12	CCN
Pressure Head Set	9-1	CCN
Electrical Checked	9-2	
Floats Set	9-2	
Alarm Checked	9-2	
Maintenance Contract Y (N)		


APPROVED OCT 14 2016
BA
PID #: 462985454
MASSEY JOHN M & CAROL
663 STILLWATER RD
TROUTMAN, NC 28166
DB 597 PG 855
EX. ZONING: RR (IREDELL CO.)
EX. LAND USE: SINGLE-FAMILY
Drive
Drive
1"=50'
N
10
HOUSE
702
pool
20' SIDE YARD
37
68,379 SF
1.570 AC
25' REAR YARD

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 666 Stillwater Road

Date: September 27, 2016

Attached is the septic specification information required to permit 664 Stillwater Rd 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.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

APPROVED OCT 1 4 2016

Falls Park Lot 37 Fast Track Septic Spec Sheet

Number of Bedrooms	**5**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**600**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	504
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	24"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	200' of 2" SCH 40 PVC
Flow Rate through the system	33 gpm
Elevation head	Approx. 18.5'
Pressure head	2.0'
Friction head	4.7'
20% Contingency	5.0'
Total Head	30.2'
Pump Requirements	33 gpm @ 30.2' of head To be designed by installer.
Maximum Dosing Volume	300 gal -2.0 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	9.1
Repair System	**LP PPBPS**
Total Linear Feet	427
Repair Loading Rate	0.25

APPROVED OCT 14 2016

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Pink	LP PPBPS	81	2.5
2	**System**	**Orange**	**25% Reduction**	**84 endfed**	**3.6**
3	**System**	**White**	**25% Reduction**	**84 endfed**	**5**
4	**System**	**Red**	**25% Reduction**	**84 endfed**	**6.3**
5	**System**	**Blue**	**25% Reduction**	**84 endfed**	**7.5**
6	**System**	**Orange**	**25% Reduction**	**84 endfed**	**8.6**
7	**System**	**White**	**25% Reduction**	**84 endfed**	**10**
8	Repair	Red	LP PPBPS	90	11.3
9	Repair	Blue	LP PPBPS	90	12.3
10	Repair	Orange	LP PPBPS	80	13.2
11	Repair	Pink	LP PPBPS	86	14.1
				Total System: 500'	
				Total Repair: 427'	

Tank	Red	1500 gal (2 compartment)	15.00
Pump Tank	Red	1500	
House	blue		14.20

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

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD
Use proper setbacks if foundation drains are used
Remove any berms in septic area to prevent ponding

APPROVED OCT 14 2016 BA

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet:
Property ID:
Lot #: 37
File #:
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Falls Park LLC
Address: 666 Stillwater Rd
Proposed Facility: SFR Design Flow (.1949) 480
Location of Site: Falls Park S/D Lot 37

Applicant:
Date Evaluated: 3/24/14
Property Size: 1.57
Property Recorded: post 81

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

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 Structure/ Texture	SOIL MORPHOLOGY 1941 Consistence: Mineralogy	PROFILE FACTORS[b] 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
2.	L 11%	0-21	WK SBK SL SCL	FR SS/SP	Red	49+	N/A	N/A	0.3
		21-35	Mo SBK C	FR SS/SP	Red				
		35-49	WK SBK CL	FR SS/SP	Red, F sap				
3	L 11%	0-8	Mo GR SL	FR NS/NP	Br	50+	N/A	N/A	0.3
		8-32	Mo SBK C	FR SS/SP	Red; F sap				
		32-50	WK SBK CL	FR SS/SP	Red; C sap				
4	L 11%	0-22	WK/Mo ABK C	FR SS/SP	Red	36	PS	N/A	0.25
		22-36	WK SBK CL	FR SS/SP	Red; F sap				
		36-48	MA L sap	FR SS/SP	Red yel				
1 (AH)	L 11%	0-12	Mo SBK C	FR SS/SP	Red	48+	N/A	N/A	0.25
		12-33	Mo SBK C	FR SS/SP	Br R; C Mn				
		33-48	WK SBK C		Red; F ye Br; F Quartz				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	25% Red	LP PPBPS
Site LTAR	0.3	0.25

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

RECEIVED OCT 20 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) *Septic Improvement Permit* (X) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Repai*

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: (X) 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:

contact Kathleen Saunders (704) 578-4951

Applicant Name: Livewell Homes **Address:** 501 Springcrest Dr. Fort Mill SC 29715 **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 666 Stillwater Rd Troutman

Subdivision Name: Falls Park **Section/Phase:** 3A **Lot Number:** 37

Driving Directions: Perth, State Park Rd, L on Morrison Farm Rd, L on Dayvault, R on Stillwater, lot on right

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: 5
Maximum Number of Occupants: 10 max
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbin

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

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

10/19/16
DATE

22177
Pd $850

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

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(X) *Septic Improvement Permit* ( ) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Repair*

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Please answer the following to the best of your ability:

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

9/27/16
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, Greg Whitehead, am the legal owner of the property located at 6666 Stillwater Rd Troutman identified as PIN(Parcel Identification Number) 4629-83-2572, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) BRIAN LAMBERT, Manager, Liveberry Homes 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.

Signature of Owner — Date 7/20/15

Signature of Witness — Date 7/20/15

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:

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

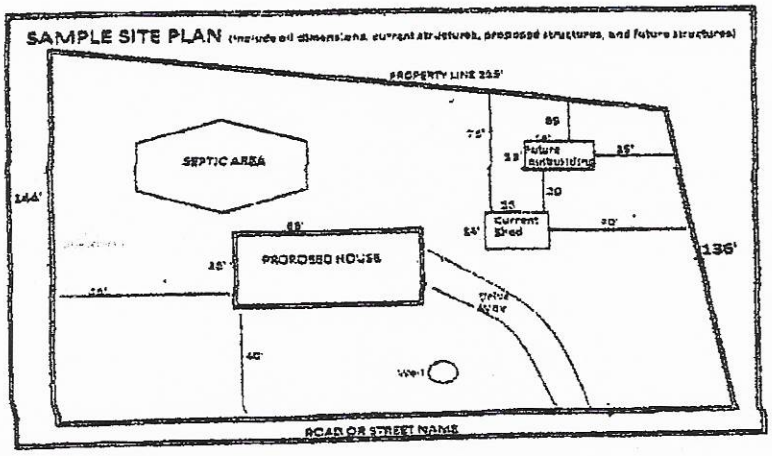
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

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)



USE THIS SPACE TO DRAW YOUR SITE PLAN

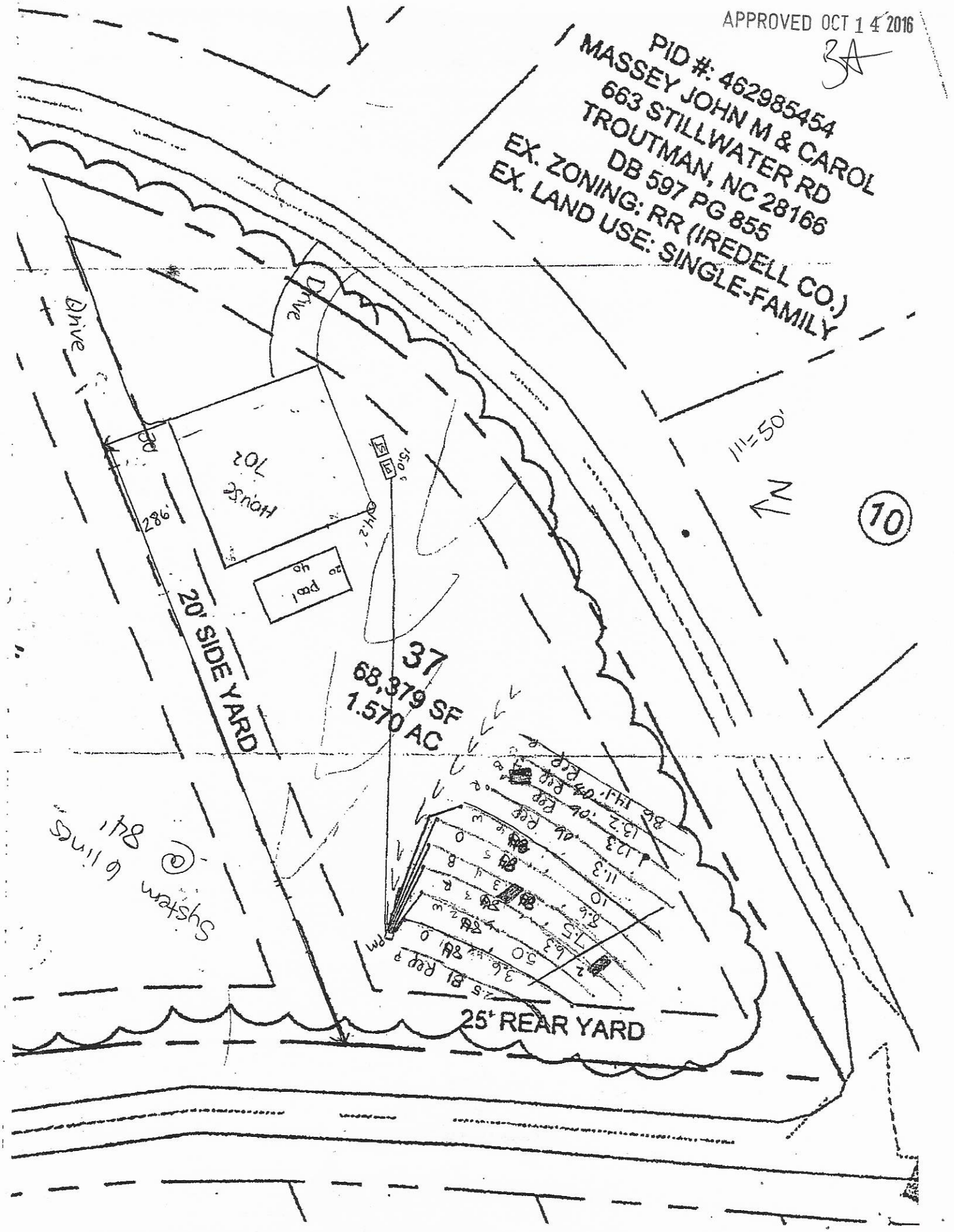
Please see attached site plan

Signature: Emma Hall

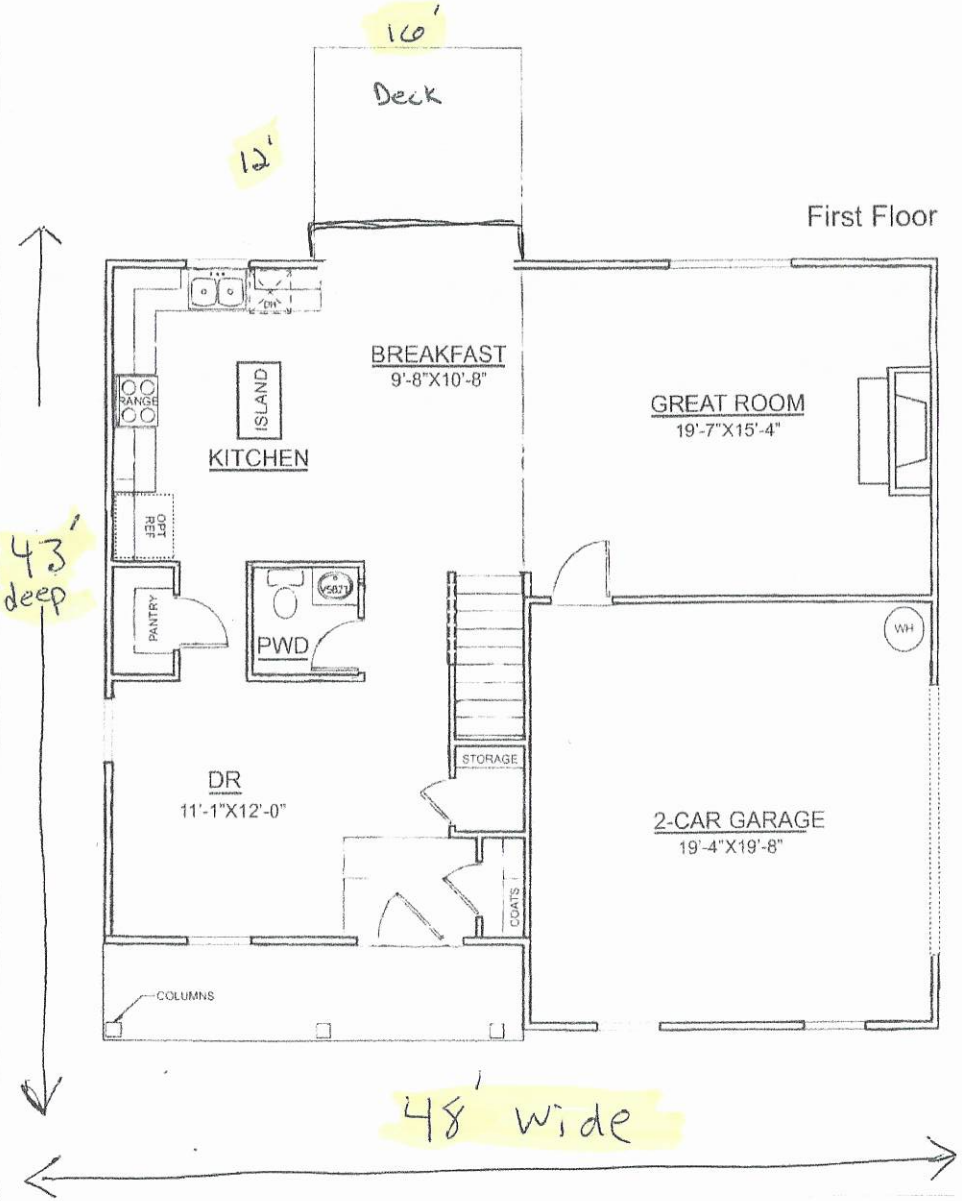
REQUIRED property owner or owner's legal representative signature.

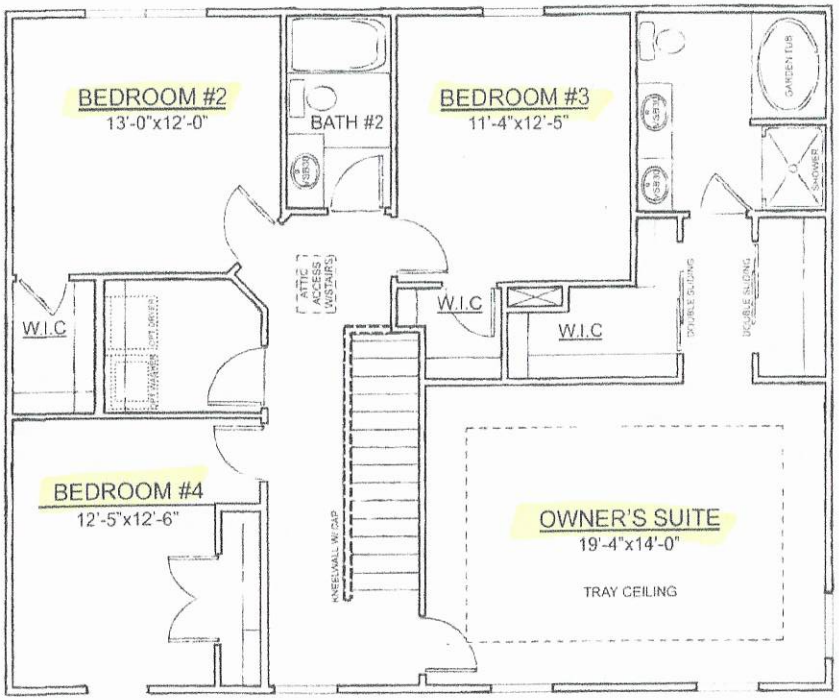
9/27/16

DATE


APPROVED OCT 14 2016
3A
PID #: 462985454
MASSEY JOHN M & CAROL
663 STILLWATER RD
TROUTMAN, NC 28166
DB 597 PG 855
EX. ZONING: RR (IREDELL CO.)
EX. LAND USE: SINGLE-FAMILY
Drive
Drive
20' SIDE YARD
25' REAR YARD
37
68,379 SF
1.570 AC
1"=50'
N
10

Grande Homes
704-400-1710





2,257 Finished SF
4 Large Bedrooms!
2.5 Baths (Includes Deluxe Master Bath)
Lots of Closet Space!
Large Kitchen with Island!
Tray Ceiling in Master Bedroom!
& MUCH, MUCH MORE!

Acknowledgement of Plans Submittal ONLY!

Date 1-13-20

Date 1-14-2020

This marketing diagram is for illustrative purposes only and isn't intended, nor to be used as part of the contract. Dimensions displayed are approximate. Grande Homes reserves the right to make changes without notification.

Zoning Permit # 222177
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	09/29/16	Tax Parcel #	4629-83-2572
	Business Name or Property Owner	Livewell Homes		
	Street Address & Lot Number	6606 Stillwater Rd Troutman		
	Business Type and/or Project Description	SFR		
APPLICANT	Applicant	The Oaks Group	Preferred Phone	704-578-4951
	Address City/State/Zip	121 Holt Ln Mooresville 28117		
	E-Mail	kathleenmsaunders@gmail.com		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy (exception, single family residential additions/expansions). Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only

Zoning District(s)	RS	TL ☐ ETJ ☐	Plans Attached: Yes ☐ No ☐
Utilities	Public wa/Septic		Floodplain: Yes ☐ No ☐
Permitted Use of Property	SFR		
Minimum Setback Requirements	Front 25', Rear 25', Left Side 10', Right Side 10' *Setback measured from nearest projecting point of structure to Property Line.*		

Comments: [redacted] / Hold additional permits until Troutman Zoning released.

Perc Test Only

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Signature of Zoning Administrator