ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 CCN Mooresville Office (704) 660-3625 (11)

PERMIT # 302559.

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

PIN # 4639197944.000

APPLICANT/OWNER: 4G Design Build | APPLICANT ADDRESS: 488 Pineville Rd Statesville NC 28677.

SITE ADDRESS: 155 Park Crest Drive Troutman NC 28166 | PHONE: | ALT. PHONE 704-578-4951 (Bill)

SITE DIRECTIONS: State Park Rd, Morrison Farm, Park Crest, on Left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Falls Cove @ Parkwood | SECTION: PH 6 LOT # 662 (664) LOT AREA: 4.142 Acres. | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	1060	Date			
Pump Tank	1000. (gal)	PT	1060	Date			
Pump Make	Goulds.	Model	WE0512.	Serial #			
# Nitrification Fields	1	# Lines	5	Linear Ft:	300		
Trench Width	36	Trench Bottom Depth(Low side)	36 max	Gravel Depth	—		

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% - Reduction

Repair System Description: LP-PPBPS - offsite

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:

*System installed as drawn
2 inch pipe used for Pressure Line See attached Email

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Davis Group, P.A.

LSS # 1318

AS BUILT SKETCH

Line 1 - 42
Line 2 - 60
Line 3 - 72
Line 4 - 74
Line 5 - 56 = 50ft away from sediment basin.

	Date	Initials
Drain Lines Checked	7/17	BB
Tanks Checked	BB. 7/17	BB
Pressure Manifold or Valve Box Checked	7/17	BB.
Pressure Head Set	7/17	BB
Electrical Checked	7/17	BB
Floats Set	BB. 7/17	BB
Alarm Checked	BB. 7/17	BB
Maintenance Contract Y (N) not Required		
Comments:		

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: Acknowledgement Received Date: 5-4-2020

IMPROVEMENT PERMIT by: Benjamin A Butler Date: 4-30-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Butler Date: 4-30-2020

Installed by: Gregory Waste Solutions

OPERATION PERMIT by: Benjamin A Butler Date: 7-17-2020

Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

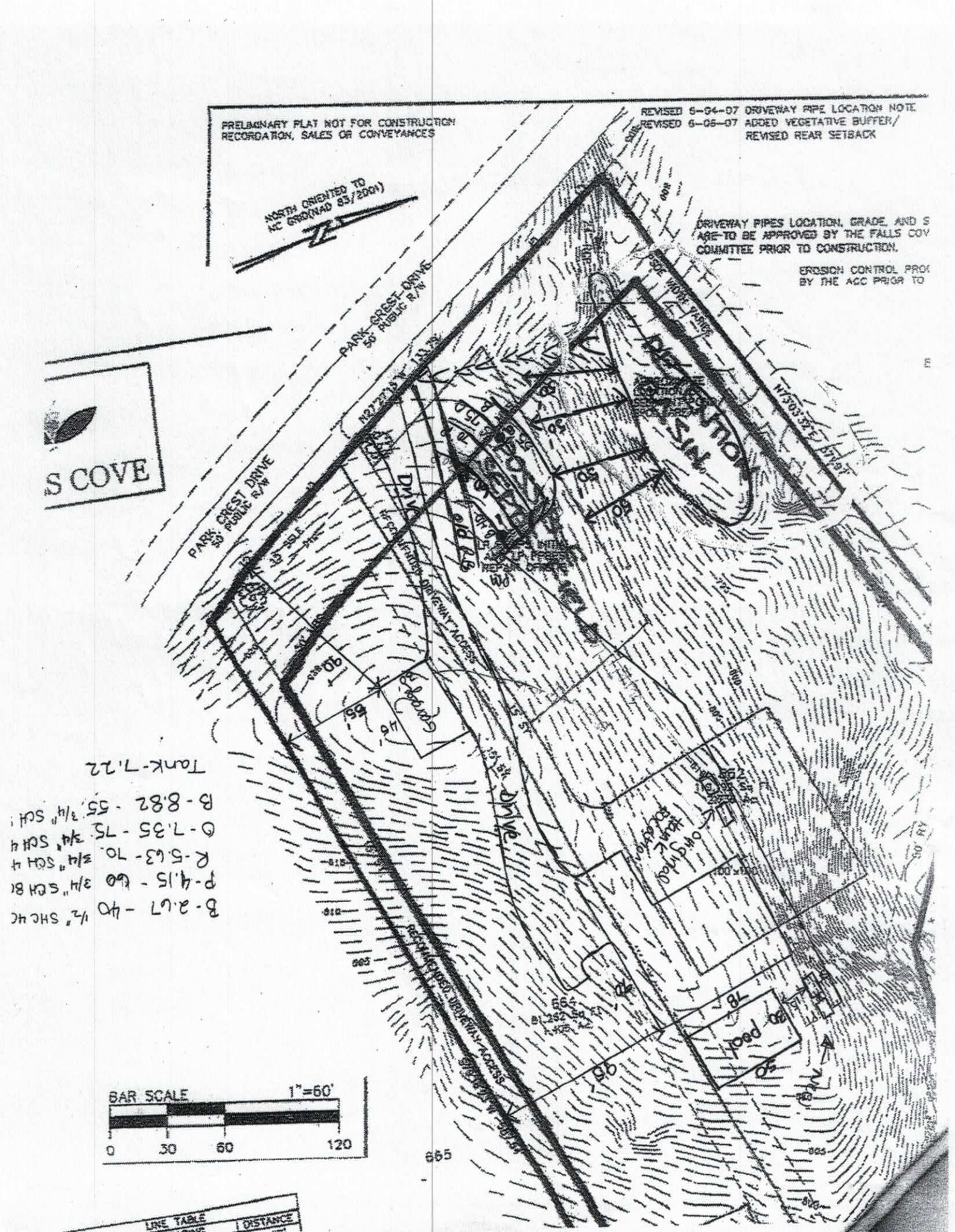
I, Kathleen Saunders, am the legal owner or the agent of the property located at 155 Park Crest Troutman, identified as PIN(Parcel Identification Number) 4639 19 7944, located in Iredell County, North Carolina.
Permit # 302559.

I do hereby agree to the permit design and the conditions of this permit.

Kathleen Saunders 5-1-2020
Signature of Owner Date

[signature] 5-1-2020
Signature of Witness Date

KathleenMSaunders@gmail.com
email


PRELIMINARY PLAT NOT FOR CONSTRUCTION
RECORDATION, SALES OR CONVEYANCES
REVISED 5-04-07 DRIVEWAY PIPE LOCATION NOTE
REVISED 6-05-07 ADDED VEGETATIVE BUFFER/
REVISED REAR SETBACK
NORTH ORIENTED TO
NC GRID(NAD 83/2001)
DRIVEWAY PIPES LOCATION, GRADE, AND S
ARE TO BE APPROVED BY THE FALLS COV
COMMITTEE PRIOR TO CONSTRUCTION.
EROSION CONTROL PRO
BY THE ACC PRIOR TO
PARK CREST DRIVE
50' PUBLIC R/W
S COVE
BAR SCALE 1"=60'
0 30 60 120
665

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 155 Park Crest Dr

Date: ~~November 11, 2019~~ April 8, 2020 kms

Attached is the septic specification information required to permit 155 Park Crest Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell 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, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

Kathleen Saunders

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

Table: Summary of Primary and Repair Nitrification Line Spec

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	System	Blue	25% Reduction	40 endfed	2.67
2	System	Pink	25% Reduction	60 endfed	4.15
3	System	Red	25% Reduction	70 endfed	5.63
4	System	Orange	25% Reduction	75 endfed	7.35
5	System	Blue	25% Reduction	55 endfed	8.82
				Total System: 300'	
				Total Repair: 365'	

Tank	Red	1000 gal (2 compartment)	7.22
Pump Tank	Red	1000	
House	blue		

Manifold Information			
Tap Size (In.)	1/2	3/4	3/4
Tap Material	SCH 40 PVC	SCH 80 PVC	SCH 40 PVC
No. Taps	1	2.00	2
Barrel Size (In.)	4		
Barrel Material	SCH 80 PVC		
Flow (gpm)/Tap	7.11	10.10	12.5

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 LHD
Repair Off Site - no changes from original permit

Falls Cove Lot 662 Fast Track Septic Spec Sheet

Number of Bedrooms	**3**
Basement or Crawl	**Basement**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3 Per existing permit**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	36" Per Existing Permit
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	245' of 3" SCH 40 PVC
Flow Rate through the system	52.3 gpm
Elevation head	Approx. 10.6'
Pressure head	2.0'
Friction head	1.6
20% Contingency	2.8'
Total Head	17'
Pump Requirements	52.3 gpm @ 17' of head To be designed by installer.
Maximum Dosing Volume	180 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	4
Repair System	**LP PPBPS (OFF SITE)**
Total Linear Feet	365
Repair Loading Rate	0.3 per existing permit

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

SOIL/SITE EVALUATION
for **ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: 4G Design Build
ADDRESS: 488 Pineville Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Falls Cove 622
APPLICATION DATE ___
DATE EVALUATED: 11-12-19
PROPERTY SIZE: 3+ Ac
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 15-20%	0-32	Mo SBK C	FR SS/SP	R; F sap	55+	N/A	N/A	0.3
		32-55	WK SBK C	↓	R; C/M sap				
2	L 15-20%	0-19	Mo SBK C	FR SS/SP	R	55+	N/A	N/A	0.3
		19-55	WK SBK C	↓	R; C/M sap				
3	L 5-10%	0-37	Mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		37-48	WK SBK CL	↓	R yel; C sap				
4	L 5-10%	0-29	Mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		29-48	WK SBK CL	↓	R; C sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III b	IV offsite
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): P
EVALUATED BY: KMS
OTHER(S) PRESENT: ___

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

COMMENTS: ___

Kathleen Saunders

Updated February 2014

Benjamin Botkins

From: Kathleen Saunders <kathleenmsaunders@gmail.com>
Sent: Friday, July 17, 2020 9:37 AM
To: Benjamin Botkins
Subject: Falls cove 662

If the system fires up and works with a 2 inch pipe instead of a 3 I'm good with the change.

Kathleen Saunders, LSS
The Oaks Group, PA

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Report suspicious emails by clicking the "Report Phish" button.

RECEIVED APR 0 9 2020 Session Law

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

AP-302559
$500.00

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: 4G Design Build Address: 488 Pineville Rd Statesville Zip: 28677
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 155 Park Crest Dr
Subdivision Name: Falls Cove Section/Phase: _____ Lot Number: 662
Driving Directions: State Park Rd, Morrison Farm, Park Crest, 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: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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 4-8-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

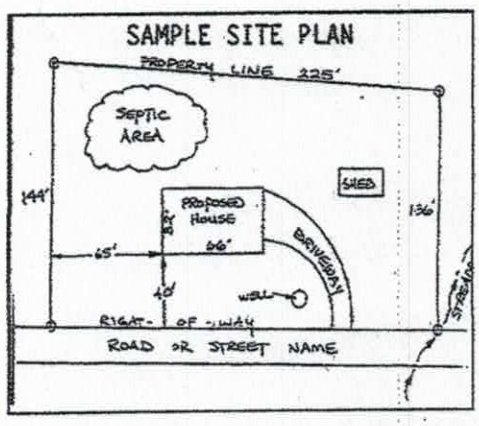
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (✓) 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)

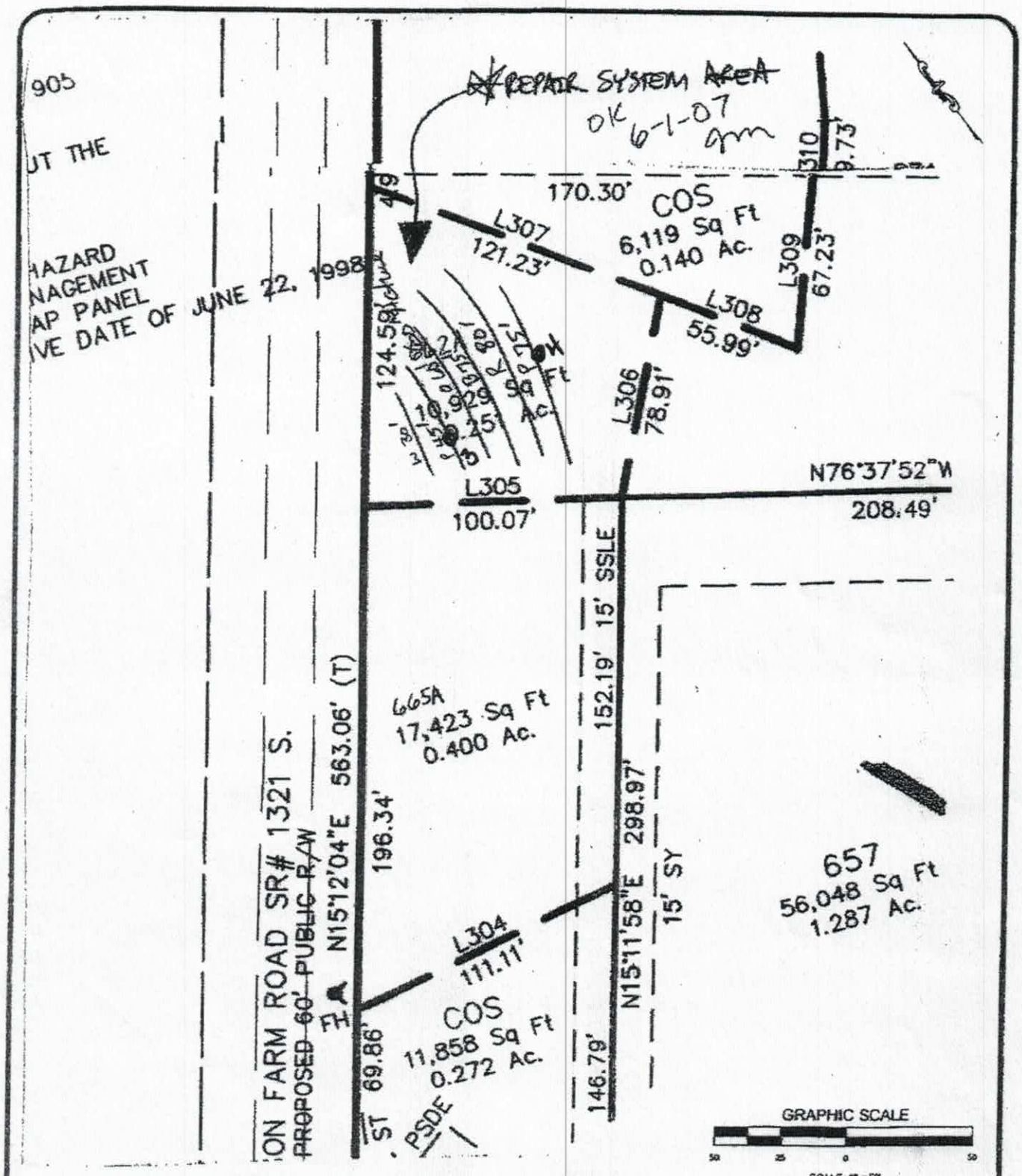
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Please see Attached

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

DATE 4-8-2020



SCALE: AS SHOWN DATE: MAY 2007 DRAWN BY: RDM PROJECT NO: 1588-06-091	S&ME WWW.SMEINC.COM	LOT #662-A CRESCENT PARKWOOD - PHASE 6 IREDELL COUNTY, NORTH CAROLINA

FIGURE NO.

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 155 Park Crest Dr., identified as PIN(Parcel Identification Number) _____, 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.

_____ 4-8-2020
Signature of Owner Date

_____ _____
Signature of Witness Date