Site Address: 183 Park Crest Dr. - Iltn.

4639290114

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 141691 PIN# 473 010 9262.670 DATE 6-20-07

OWNER OR APPLICANT Falls Cove Dev. LLC PHONE: Business _____ Home _____

ADDRESS 2215 Brawley School Rd Mooresville NC 28115

LOCATION State Park Rd Tk Morrison Farm Tk Park Crest at end in cul-de-sac

SUBDIVISION Parkwood @ Falls Cove BLOCK / SECTION 6 LOT 670 LOT AREA 50135ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3gpd/ft²

Septic Tank: 1500 # Gallons: STB 528 Date 10-25-17

Pump Tank: 1500 # Gallons: PT 485 Date 10-27-17

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 270

No Lines 3@90' Trench Width 36"* Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons 8 No. Employees ____

Water Supply: ☐ Individual ☒ Public ☐ Community

☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: * Per plan specs

Comments/Conditions:

INITIAL SITE SKETCH

See plan from S+ME

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	11-12-14	JH
Tanks Checked	9-2	JS
Pressure Manifold or Valve Box Checked	11-12-14	JH
Pressure Head Set	12-17-14	JH
Electrical Checked	12-17-14	JH
Floats Set	12-17-14	JH
Alarm Checked	12-17-14	JH
Maintenance Contract Y / N	12-12-14	Y

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 06/26/07

Improvement Permit by: _____ date 6-20-07

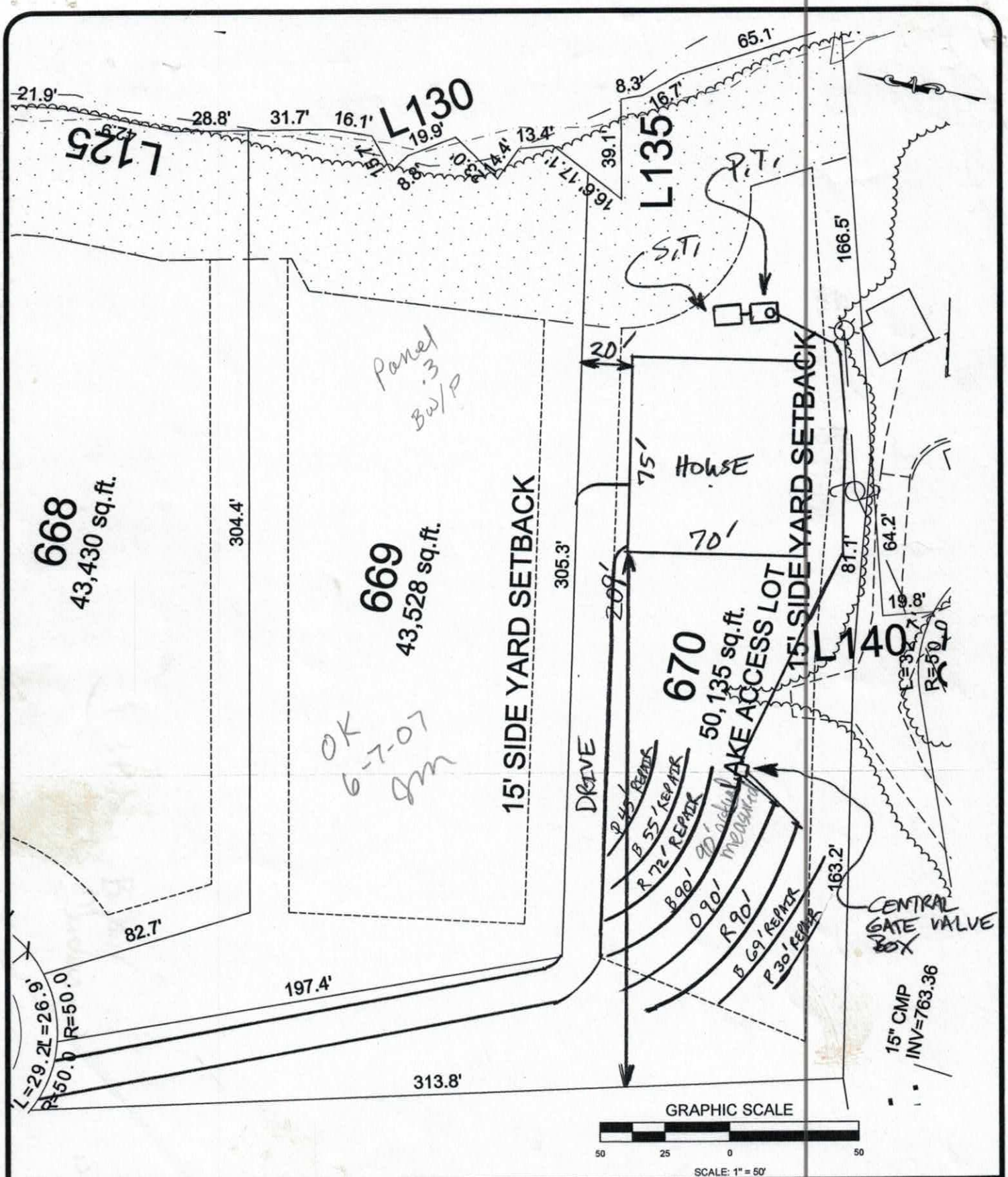
Authorization to Construct by: R. STEVE HEDRICK date 3-20-13

Installed by: Piedmont Backhoe

Operation Permit by: _____ date 12-17-14

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK



SCALE:	AS SHOWN
DATE:	MAY 2007
DRAWN BY:	RDM
PROJECT NO:	1588-06-091

S&ME
WWW.SMEINC.COM

LOT #670
CRESCENT PARKWOOD - PHASE 6
IREDELL COUNTY, NORTH CAROLINA

FIGURE NO.

Lot 670 Parkwood Phase 6 Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Basement w/ Plumbing**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Initial System Type	**LP PPBPS**
No. Lines	3 (See Table)
Total Linear Feet	270'
Trench Width	3' min.
Trench Spacing	9' min.
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	200' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	30 gpm
Elevation head	Approx. 32'
Pressure head	3.0'
Friction head	4.5'
20% Contingency	7.5'
Total Head	48'
Pump Requirements	**30 gpm @ 48' of head**
Dosing Volume	216 gal -2.1 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	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	Yes
Repair System	**LP PPBPS**
Repair LTAR	0.3
Total Linear Feet	271'

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Initial LPPPBPS System Specifications

Line No.	Line Color	Length (ft)	# Panels	**Rod Reading Elev. (Ft.)	Hole Size(In.) per panel
Line # 1	Blue	90	20	4.7'	5/32"
Line # 2	Orange	90	20		5/32"
Line # 3	Red	90	20		5/32"
Totals		**270**	**60**		

Table 2: Summary of Repair System Specifications

Laterals	Line Color	Length (ft)	Elev. (Ft.)
Line # 1	Pink	45	4.6'
Line # 2	Blue	55	
Line # 3	Red	72	
Line # 4	Blue	69	
Line # 5	Pink	30	11.0'
Totals		**271**	

			Elev. (ft.)
Tank	Red	1500 gal (2 compartment)	
Pump Tank	Red	1500 gal.	30'
House	Blue	Front Left Corner	17'

**** Elevations should be verified by surveyor at time of installation**

NOTES: ** Place one 5/32" hole per panel

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Falls Cove Dev. APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: SFD PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: _____
LOCATION OF SITE: LOT #670 Parkwood SD OFF Mennonite Farm Rd, PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 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	N 6-10% 990	0-12	Mo, Abk, C	Fr, SS, SP (Red)				One vein of quartz on S/SW pit wall @ 15-30"	PS 0.30-0.35
		12-58	Mass, L-SAP	Fr, SS, SP (Yell-Red) F-CL flecks					
2		0-14	mosbk RC	fr sssp	many sap				.3
		14-38	wk sbk CL	fr sssp					
		38-60	L sap	vfr ss sp					
3		0-20	mosbk RC	fr sssp					.3
		20-36	wk sbk RC	fr ss sp	few-com sap				
		36-64	massive st/L	sap fr ss np/sp	few weathered rock				
4		0-8	wk sbk, CL	Fr, SS, SP					0.35
		8-25	Mass, SL/L	Sap w/ C-CL inclus.					
		25-54	Mass, SL/LS	Sap					
			vf						

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

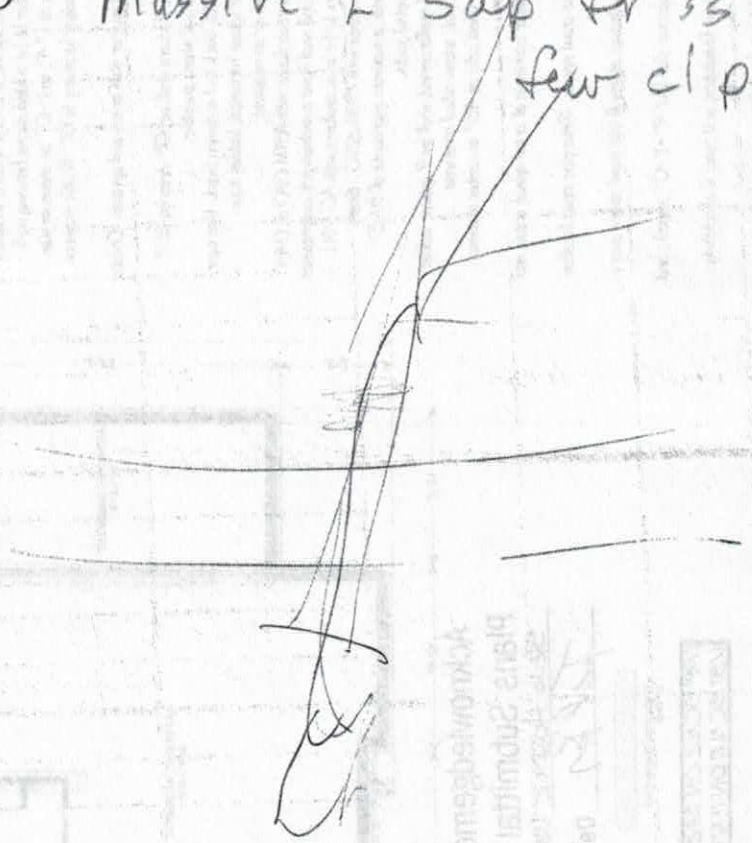
OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

⑤ 0-14 wk sbk RC fr ss sp few-com sap .3

14-28 wk sbk RCl fr ss sp com-many sap

28-60 massive L sap fr ss sp
few cl pockets



IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: X **Improvement Permit** ___**Authorization To Construct** ___**BOTH** ___**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	Work Phone
Fall Cove Development LLC	2214 Brawley School Rd. Mooresville NC 2811		
Owner Name	Mailing Address	Home Phone	Work Phone
			704-660-1185

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
	Parkwood @ Fall Cove Phase 6	Lot 670

Driving Directions: State Park Rd. Turn Left on Morrison Farm Road, Turn on Apachee Rd.

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

(X) **New, Single Family Residence**
( ) **New, Multi-Family Residence**
( ) **Expansion of Existing Septic System**
( ) **Repair To Failing Septic System**

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) **Crawl Space Foundation?**
( ) **Concrete Slab Foundation?**
(X) **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** (X) **Other Public Water**

7. Desired Septic System Type: ***(You may rank in order of preference, if any)***

( ) **Alternative** ( ) **Conventional** ( ) **Innovative** ( ) **Modified Conventional** ( ) **Other**___ ( ) **No Preference**

8. 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. industry) 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.

9. Signature: _____ 03/21/07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *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:

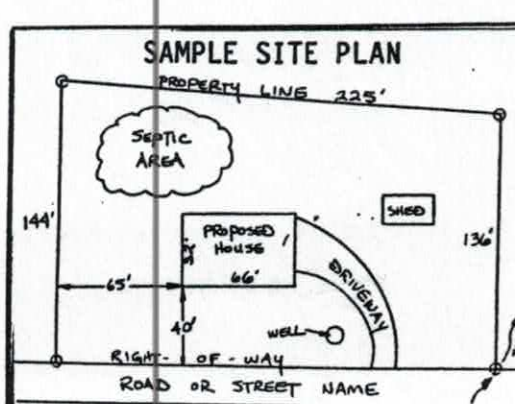
N/A **Location of septic systems and wells within 100' of your property…** **N/A**
N/A **Location of easements and rights of ways on your property…** **N/A**
N/A **Location of any designated wetlands on the property…** **N/A**

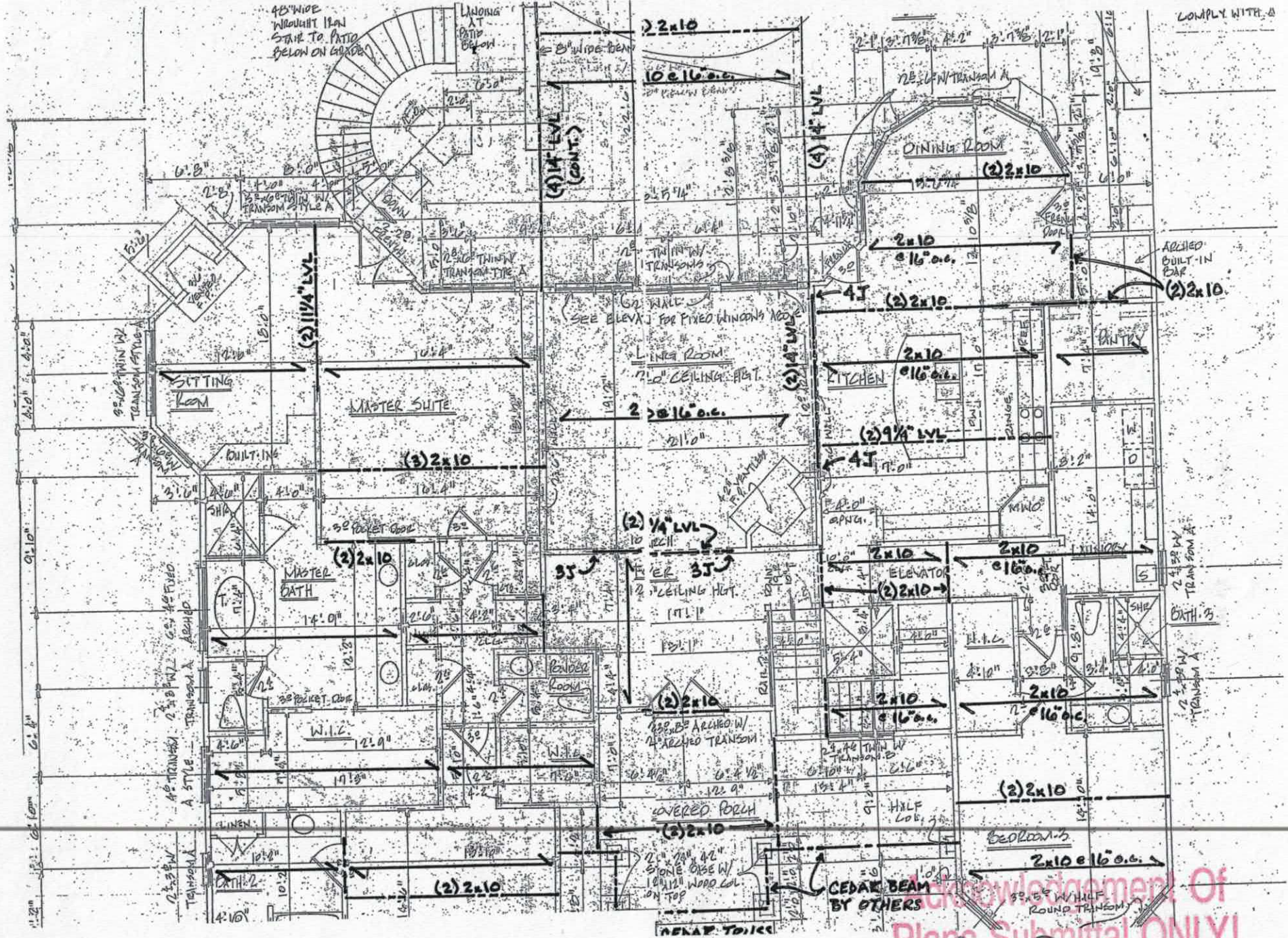
Signature: _____ _____

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

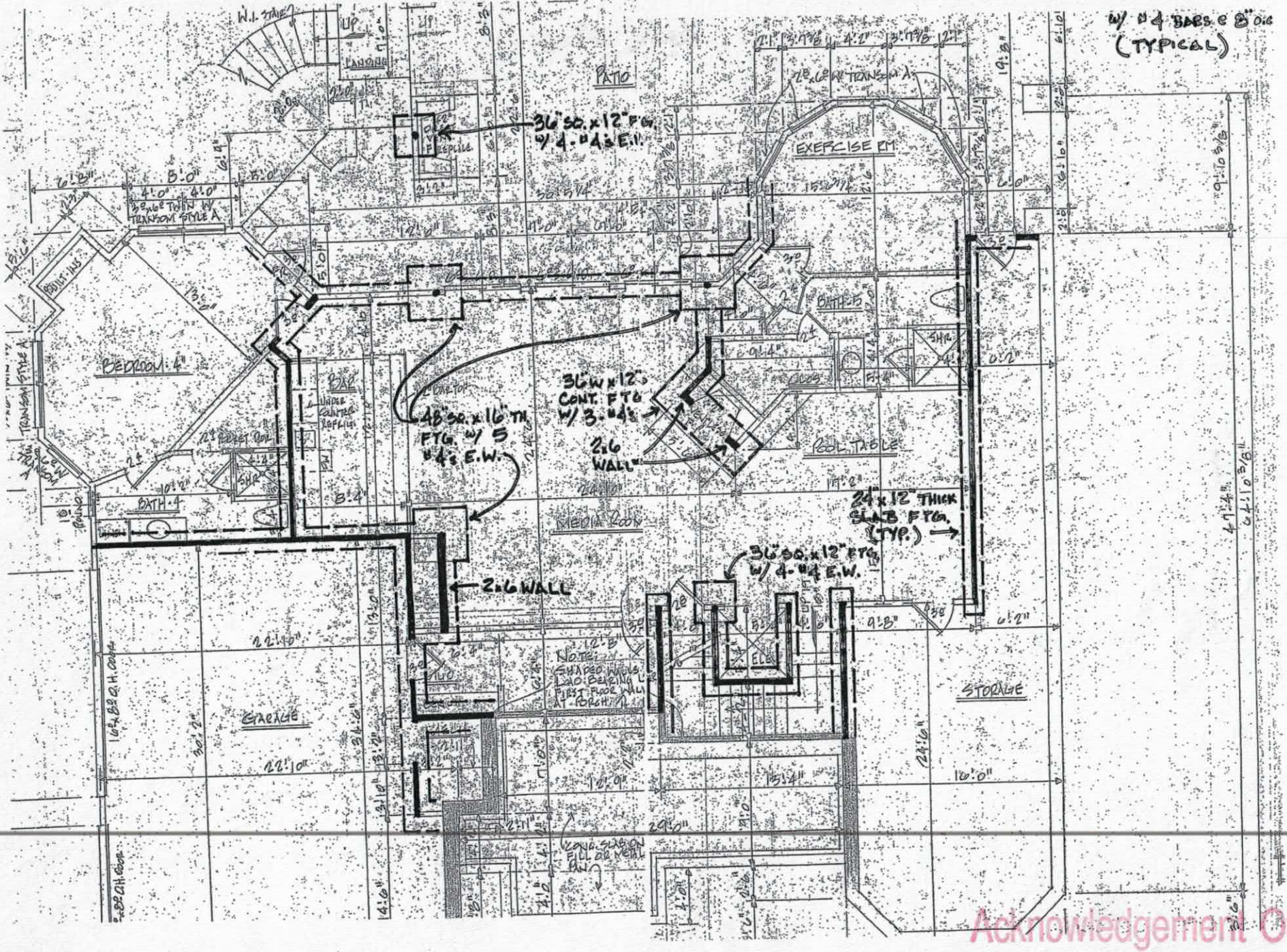
USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached





Acknowledgement Of
Plans Submittal ONLY!
R. Steve Hedrick Date 3/20/13
Date



Acknowledgement Of
Plans Submittal ONLY!
R. Steve Hendrick Date 8/20/13
Date

Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

[redacted]

Zoning Permit

Permit Number: 141691ZO

Printed: 3/21/2007

Master #: 141691

Associated Permits:
141691ZO Zoning

Applicant

Name: S&ME INC. ENGINEERING (Toney Jacob **Phone:** 704-662-8625
Address: 105D DENVER BUSINESS PARK DR
Mooresville, NC 28115

Parcel

Parcel Number: 4730109262.670
Address: 000 Park Crest LN
Troutman, NC 28116
Subdivision: Parkwood at Falls Cove Ph 6
Zoning: RA
Township: 1500
Area: 50135
Lot(s): 670
Directions to Parcel: morrison farm rd south, left on emeral creek dr. right on park crest dr

Owners

Name: Falls Cove Dev., LLC
Address: 2215 Brawley School Rd
Mooresville, NC 28115

Contractors

Contractor Type: Enviromental Services
Name: S&ME INC. ENGINEERING (Toney Jacobs) **Phone:** 704-662-8625
Address: 105D DENVER BUSINESS PARK DR
Mooresville, NC 28115

Fees and Receipts:

Number	Description	Amount
FEE-148250-07	Zoning - Permit / Inspection	$45.00
FEE-148251-07	Environmental Health - Type I or II Fast Track	$200.00
	Total Fees:	**$245.00**