1:00

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 303523

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

PIN # 4639 --29 --5631

APPLICANT/OWNER: DG Custom Homes APPLICANT ADDRESS: 1631 Brawley School Rd 200B Mooresville 28117

SITE ADDRESS: 194 Timberlake Drive Troutman NC PHONE: - ALT. PHONE 704-578-4951 (LSS)

SITE DIRECTIONS: Morrison Farm, Silver Lake Timberlake on Pc End. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Falls Cove Pinewood SECTION: - LOT # 631 LOT AREA: .995 AC DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	1012	Date	4/2/21	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	17	Date	4/5/21	System Description:	LP-PPBPS-50% Reduction			☐ Business	No. Persons	8	☐ Private
Pump Make	Goulds	Model	WE0312NU		Serial #	A004296	Repair System Description:	LP-PPBPS-50% Reduction			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	6		Linear Ft	267	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space		☒ Community
Trench Width	36 in	Trench Bottom Depth(Low side)			30 in	Gravel Depth	-	☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

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 Oaks Group PA

LSS # 133 Dated March 17, 2021

AS BUILT SKETCH

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

5/11/2021: Tanks checked and were good. Filter was inst but pump was not inpt. As built measurements not to scale

5/14/21 Checked PPBPS lines, installed as drawn. Checked all supply lines

	Date	Initials
Drain Lines Checked	5/14/21	MD
Tanks Checked	5/11/2021	PJB
Pressure Manifold or Valve Box Checked	7-6-2021	BCW
Pressure Head Set	7-6-2021	BCW
Electrical Checked	7-6-2021	BCW
Floats Set	7-6-2021	BCW
Alarm Checked	7-6-2021	BCW
Maintenance Contract (Y)/N	attached	
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.*

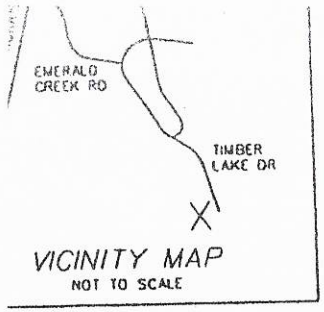
Owner / Applicant Signature: Kathleen Saunders Date: 4/29/2021 Installed by: (Steve Jordon) Piedmont Backhoe Service

IMPROVEMENT PERMIT by: Date: 4/26/2021 OPERATION PERMIT by: Bryant C. Wilson Date: 7-6-2021

AUTHORIZATION TO CONSTRUCT by: Date: 4/26/2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

5) No Geodetic Monument found within 2000' of Subject Property.
6) Subject Property Zoning = RA.
7) Setbacks shown per PB 52-43.



LEGEND

- PROPERTY LINE (P/L)
- RIGHT OF WAY (R/W)
- TIE LINE
- ADJOINING PROPERTY LINE
- FROM DEED OR PLAT
- BUILDING SETBACK LINE
- FENCE
- EXISTING #4 REBAR
- TELEPHONE PEDESTAL
- CABLE TV BOX
- GROUND TRANSFORMER
- REINFORCED CONCRETE PIPE
- WATER METER

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 194 Timber Lake Dr

Date: March 17, 2021

Attached is the septic specification information required to permit 194 Timber Lake 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 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

Falls Cove 631 Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Minimum Linear Feet	270
Total Linear Feet	270
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth (low side)	30"
Pump Required	Yes
Distribution Device	Gate Valve Box w/LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	175' of **2**" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	31 gpm
Elevation head	Approx: 14.6 ft
Pressure head	3 ft
Friction head	3.1 ft
20% Contingency	4.14 ft
Total Head	24.84 ft
Pump Requirements	31 gpm @ 25' of head To be designed by installer.
Maximum Dosing Volume	223.2 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	no
Repair System	**LP PPBPS**
Total Linear Feet	282
Repair LTAR	0.3

***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 Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	NF	LPPPBPS	25					
2	Repair	Pink	LPPPBPS	38					
3	Repair	Yellow	LPPPBPS	49					
4	Repair	Red	LPPPBPS	60					
5	System	Blue	LPPPBPS	68 endfed	2.44	16	16	1 per panel	5/32"
6	System	Orange	LPPPBPS	45 endfed		10	10	1 per panel	5/32"
7	System	White	LPPPBPS	43 endfed		10	10	1 per panel	5/32"
8	System	Blue	LPPPBPS	42 endfed		10	10	1 per panel	5/32"
9	System	Pink	LPPPBPS	34 endfed		8	8	1 per panel	5/32"
10	System	Yellow	LPPPBPS	35 endfed		8	8	1 per panel	5/32"
11	Repair	Orange	LPPPBPS	20					
12	Repair	Blue	LPPPBPS	30					
13	Repair	NF	LPPPBPS	30					
14	Repair	NF	LPPPBPS	30					
						Total: 62	Total: 62 (1 in each panel turned up)		
				Total System: 267'					
				Total Repair: 282'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	11.00
House	blue		

Note: **Tanks and Distribution devices can be altered at the ICHD's discretion**
Rod Readings should be verified by installer before installation
Very Tight Fit
No grading in or around septic area

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: DG Custom Homes
ADDRESS: 149 Timber Lake Dr
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: FC 631
APPLICATION DATE ___
DATE EVALUATED: 12/6/19
PROPERTY SIZE: ___
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 10%	0-24	Mo SBK C	FR SS/SP	R; C sap				0.3
		24-60	WK SBK CL	↓	yel R; C/M sap				
						60+	N/A	N/A	
2	L 5%	0-18	Mo SBK C	FR SS/SP	R; F sap				0.3
		18-48	WK SBK CL	↓	yel R; C/M sap				
						48+	N/A	N/A	
3	L 5%	0-22	Mo SBK C	FR SS/SP	R; C sap				0.3
		22-48	WK SBK CL	↓	yel R; C/M sap				
						48+	N/A	N/A	
4	L 5%	0-30	Mo SBK C	FR SS/SP	R				0.3
		30-48	WK SBK CL	↓	R; C sap				
						48+	N/A	N/A	

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

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

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

COMMENTS: ___

RECEIVED APR 1 2 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

BB

APPLICATION FORM Session Law - Paid $500.00

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.

AP- 303523

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: DG Custom Homes Address: 631 Brawley School Rd 200B Zip: 28117
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Bert Group Address: Same Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 194 Timber Lake Dr Troutman NC
Subdivision Name: Falls Cove Section/Phase: _____ Lot Number: 631
Driving Directions: Morrison Farm, Silver Lake, Timber Lake, on R @ end

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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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 3-29-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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, Dave Gaus, am the legal owner of the property located at 194 Timber Lake 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 PA, _____, _____, _____, _____, 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: 3-29-21

Signature of Witness — Date

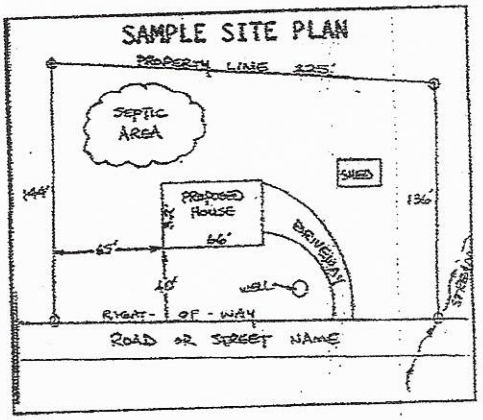
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

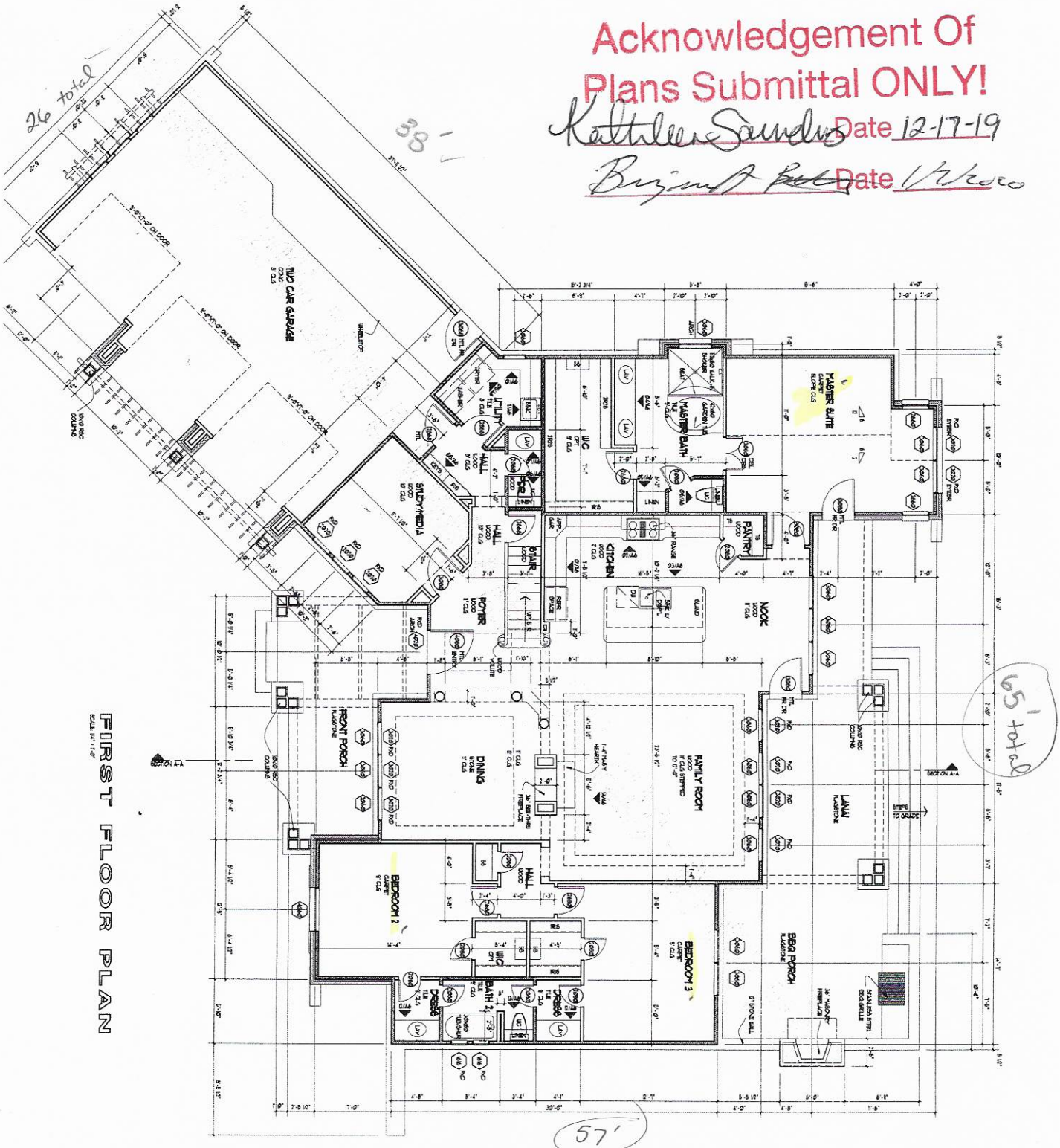
Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-29-21
DATE

Drain Lines Checked	
Tanks Checked	
Pressure Manifold or Valve Box Checked	

State Code	
Failing System Code	
Type of Distribution	
Type of Failure/Malfunction	G or P

Acknowledgement Of
Plans Submittal ONLY!
Kathleen Saunders Date 12-17-19
Date



FIRST FLOOR PLAN

COPYRIGHT 2012 - DAVID E. WIGGINS, ARCHITECT, PLLC - DO NOT REPRODUCE

A1

DATE: OCTOBER 12, 2012

REVISIONS

PROJECT:

CHERRY CREEK

DAVID E. WIGGINS
ARCHITECT
2725 Highland Trail · Leander, Texas · 78641
(512) 260-2750