7:00 Site Address: 200 Timber Lake Dr - Iron

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140805 PIN# ~~473010 9262.629~~ 4639-29-7426 DATE 6-19-07

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

ADDRESS 2215 Brawley School Rd Mooresville NC 28115

LOCATION State Park Rd TL Morrison Farm TL Emerald Creek TR Timberlake at end

SUBDIVISION Parkwood @ Falls Cove BLOCK / SECTION 6 LOT 629 LOT AREA 47808 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1500 A Gallons: STB 444 Date 10-30-11

Pump Tank: 1500 A Gallons: PT 477 Date 1-27-12

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 275'

No Lines 5 Trench Width 36" A 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 No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments/Conditions: A per plan specs
Site needs shaping - shave berms

Comments/Conditions: ½ Basement

INITIAL SITE SKETCH

See plan from S&ME

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. 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.

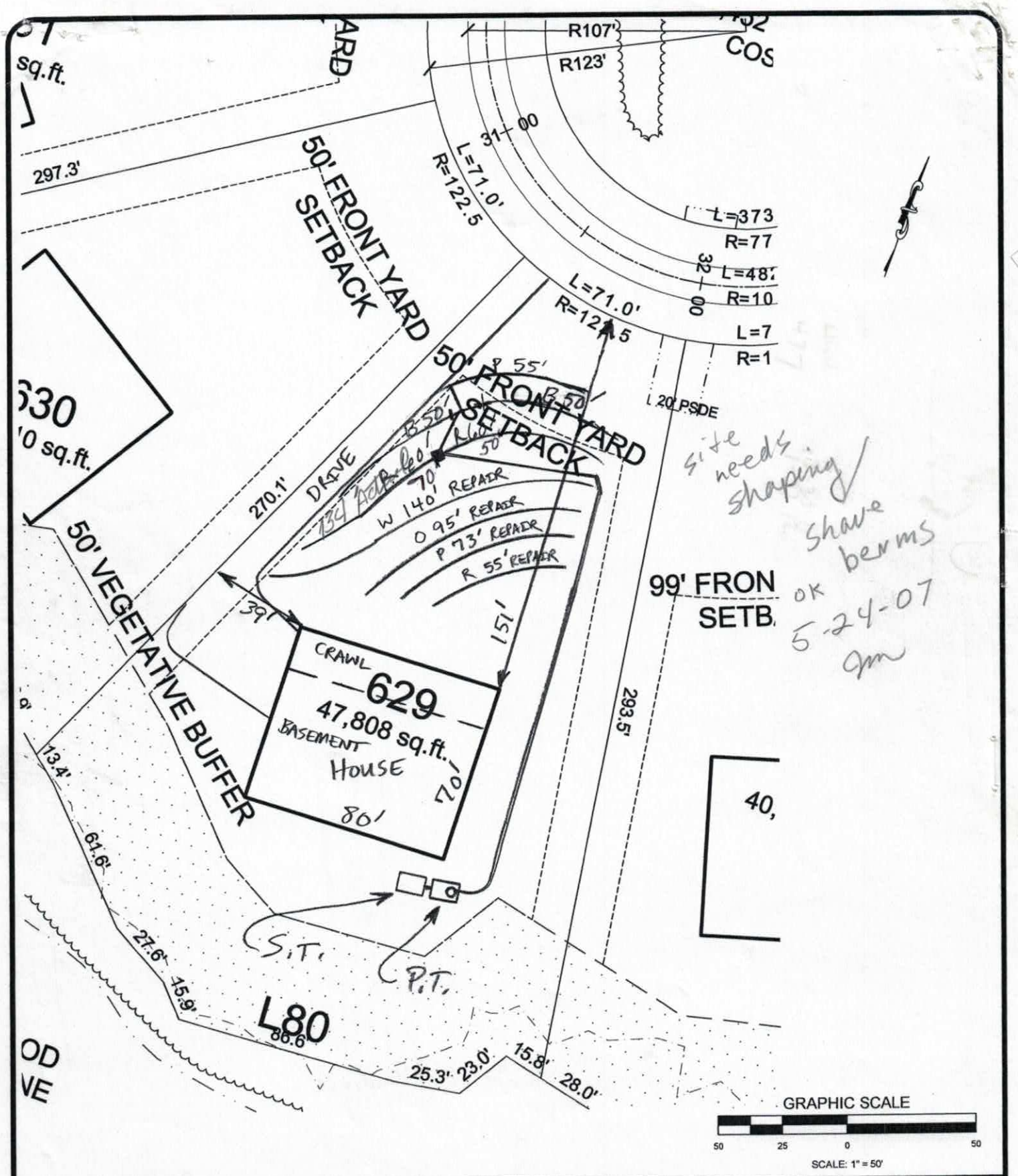
Signed: _____ date 06/25/07 Installed by: Abernathy

Improvement Permit by: _____ date 6-19-07 Operation Permit by: Benjamin A Bolton date 2/8/2018

Authorization to Construct by: _____ date 10-10-11 Existing System Inspection by: _____ date _____

A/C 10-10-11

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



SCALE: AS SHOWN	S&ME WWW.SMEINC.COM	LOT #629 CRESCENT PARKWOOD - PHASE 6 IREDELL COUNTY, NORTH CAROLINA	FIGURE NO.
DATE: MAY 2007			
DRAWN BY: RDM			
PROJECT NO: 1588-06-091			

Lot 629 Parkwood Phase 6 Fast Track Septic System Information

Number of Bedrooms	4 Partial
Basement or Crawl	**Crawl Space - ~~Full~~ Basement w/ Plumb.**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Initial System Type	**LP PPBPS**
No. Lines	5 (See Table)
Total Linear Feet	275'
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	215' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	36 gpm
Elevation head	Approx. 18.5'
Pressure head	3.0'
Friction head	1.5'
20% Contingency	3.9'
Total Head	28'
Pump Requirements	**30 gpm @ 28' of head**
Dosing Volume	216 gal -2.2 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**
Total Linear Feet	363'

***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	Pink	55	12	3	5/32"
Line # 2	Blue	50	11		5/32"
Line # 3	Blue	50	11		5/32"
Line # 4	Red	60	13		5/32"
Line # 5	Red	60	13		5/32"
Totals		**275**	**60**		

Table 2: Summary of Repair System Specifications

Laterals	Line Color	Length (ft)	Elev. (Ft.)
Line # 1	White	140	
Line # 2	Orange	95	
Line # 3	Pink	73	
Line # 4	Red	55	**9.4**
Totals		**363**	

			Elev. (ft.)
Tank	Red	1500 gal (2 compartment)	
Pump Tank	Red	1500 gal.	15.7
House	Blue	Front Left Corner	11

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

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

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

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

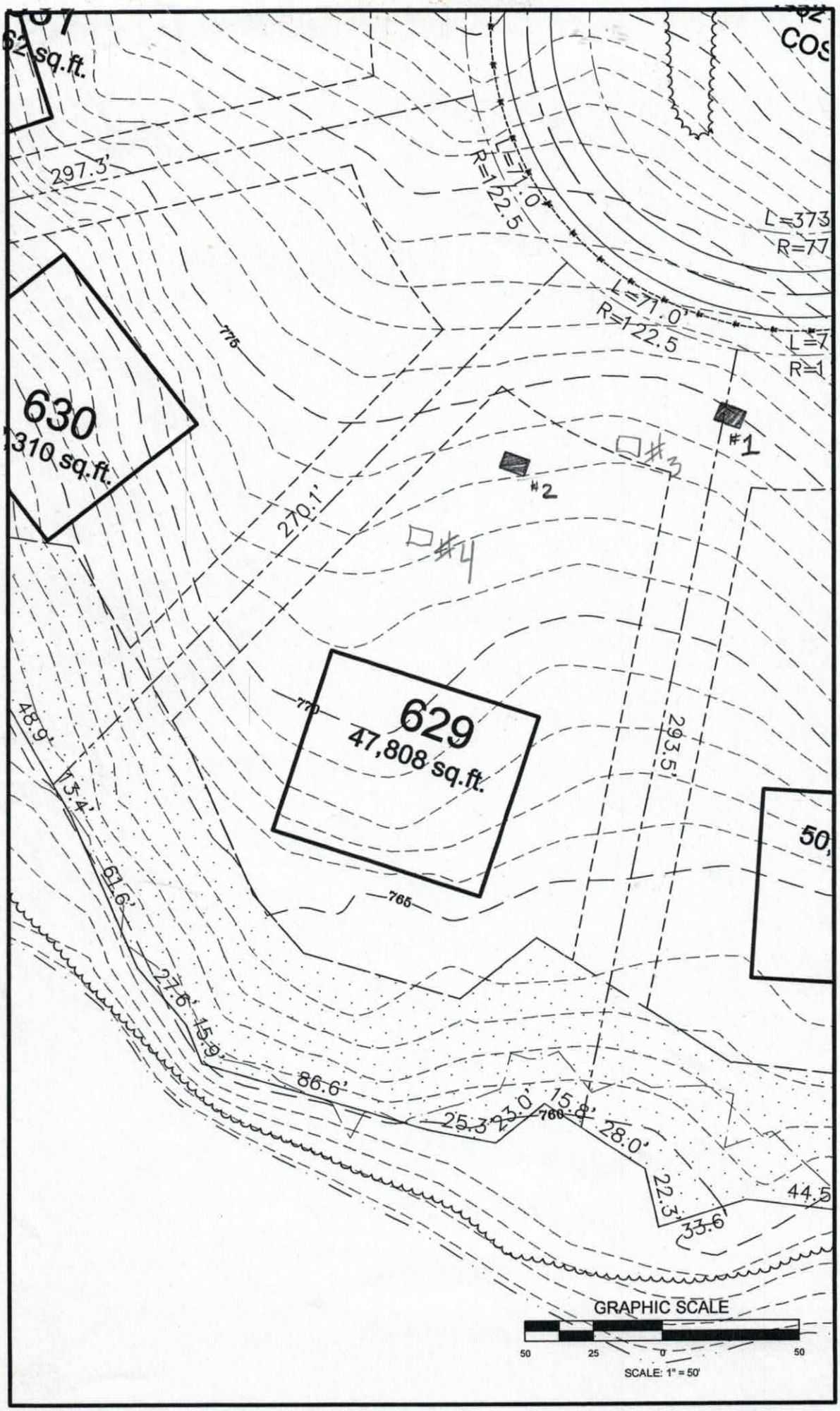
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Falls Cove Dev. APPLICATION DATE ___
ADDRESS: ___ DATE EVALUATED: ___
PROPOSED FACILITY: SFD PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: ___
LOCATION OF SITE: Lot #629 Parkwood SD off Mercer 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1 (16)		0-8	VK, sbk, SL	Fr, SS, sP (Br)	C-SAP				PS 0.30
		8-34	Mo, sbk, C	Fr, SS, sP (Red)					
		34-52	VK, sbk, CL	Fr, SS, sP (Red)					
2 (J)	L 8-12%	0-9	WK, sbk, SL	Fr, SS, sP (R-Br)	F-Brwn Mottles ? Related?				PS 0.25-0.30
		9-36	Mo, Abk, C	Fr, SS, sP (Red)					
		36-57	WK, sbk, CL	Fr, SS, sP (Yel-R)	C-M-SAP				
3	6%	0-9	mo sbk cl	fr ss sp Br	com sap				.30
		9-37	Mo sbk C	fr ss sp R					
		37-48	wk sbk cl	fr ss sp R					
		48-56	massive L	sap					
4		0-5	wk sbk scl	fr ss sp	Red				.30
		5-24	mo sbk C	fr ss sp	R				
		24-36	mod sbk cl	fr ss sp	R Few com sap				
		36-62	mass. LS	wp fr ss sp	R Few cl pockets				

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: ___


sq.ft.
297.3'
L=71.0'
R=122.5
L=373
R=77
L=71.0'
R=122.5
630
310 sq.ft.
#1
#2
#3
#4
270.1'
629
47,808 sq.ft.
293.5'
48.9'
13.4'
61.6'
27.6'
15.9'
86.6'
25.3'
23.0'
15.8'
28.0'
22.3'
33.6'
44.5
775
770
765
760
GRAPHIC SCALE
50
25
0
50
SCALE: 1" = 50'

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 629

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 ___

Partial
( ) **Crawl Space Foundation?**
(X) **Concrete Slab Foundation?**
( ) **Basement w/Plumbing?**
(X) **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:** ___ ___

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, pool 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:

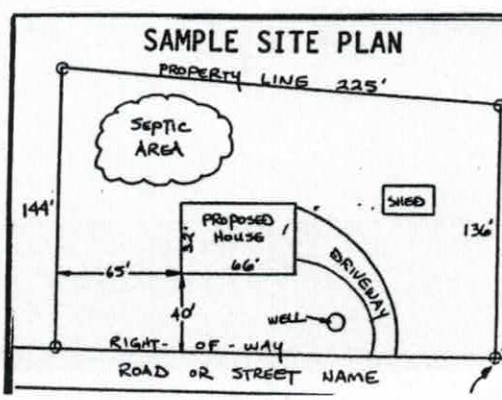
N/A **Location of septic systems and wells within 100' of your property…** **N/A**
N/A **Location of easements and rights of ways on your property…** **N/A**
N/A **Location of any designated wetlands on the property…** **N/A**

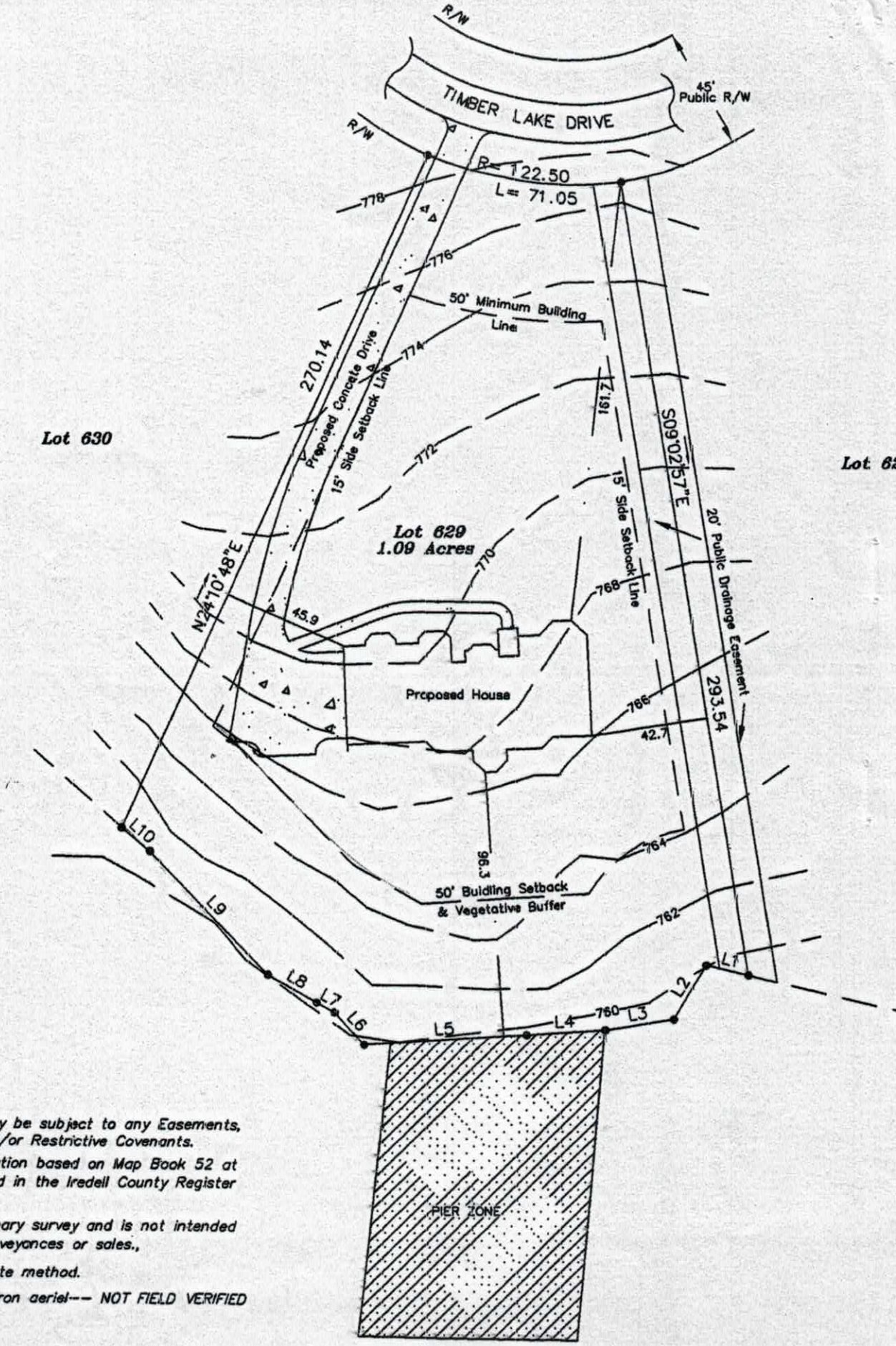
Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

_____
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached





1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

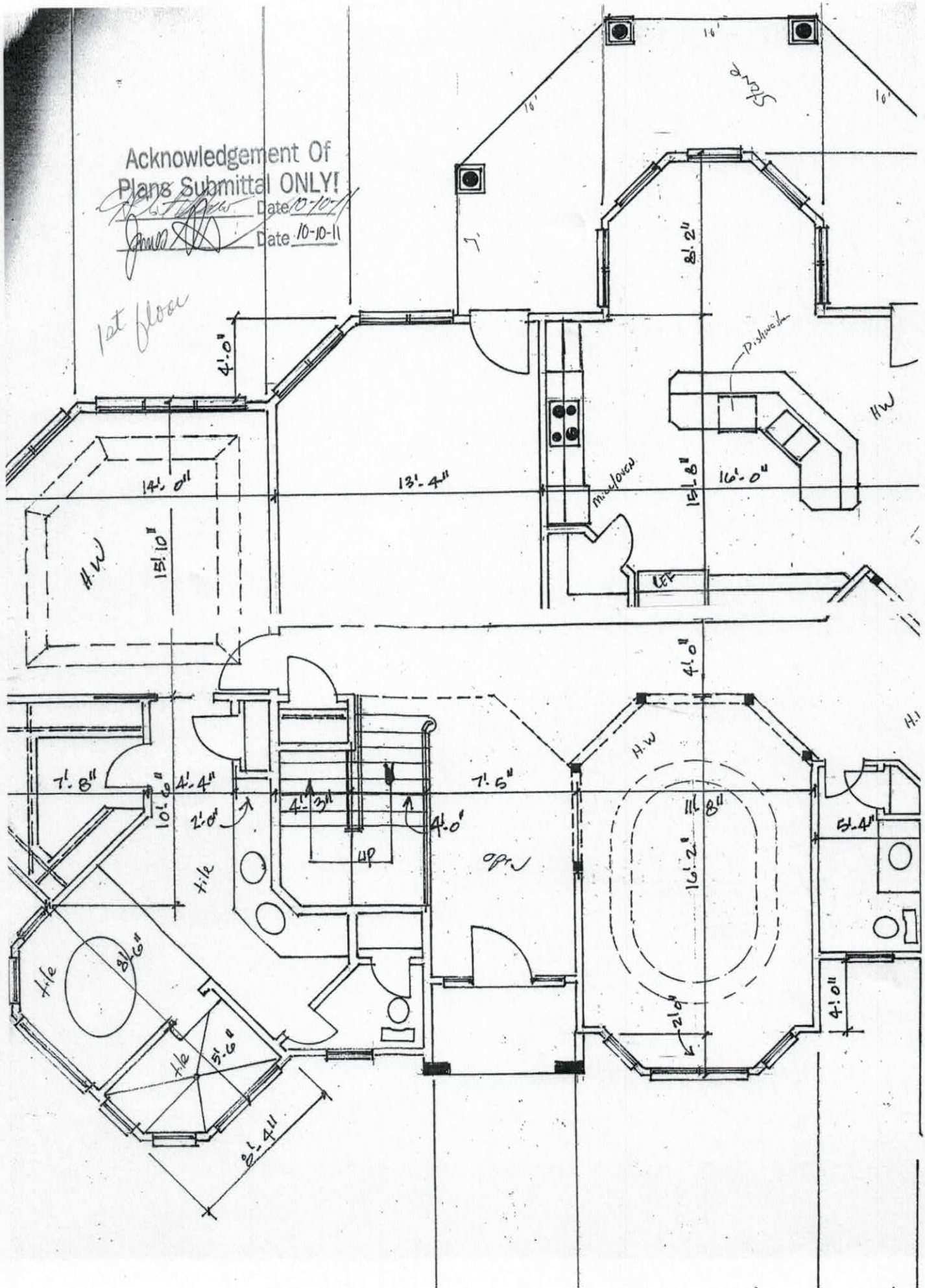
2) Boundary information based on Map Book 52 at Page 43 as recorded in the Iredell County Register of Deeds.

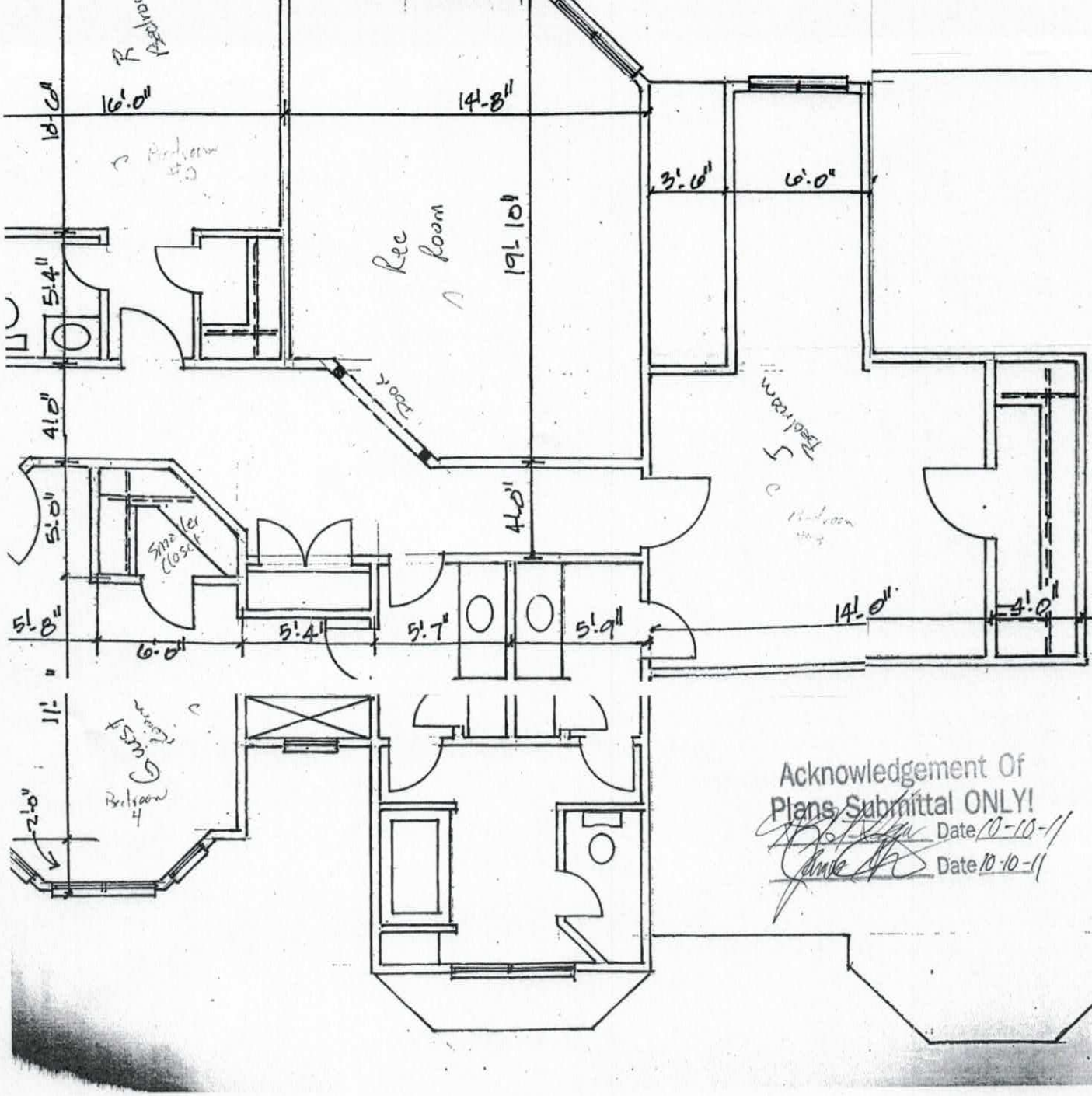
3) This is a preliminary survey and is not intended for recordation, conveyances or sales.,

4) Area by coordinate method.

5) Contours taken fron aeriel--- NOT FIELD VERIFIED

Not Shaft Part
T.V.
14'-0"
19'-6"
4'-0"
Table
Sofa
H.W
Fireplace
Bench
Mantle
Opt.
Up
Stone
10'
7'
8'-0"
8'-2"
4'-0"
16'-2"
21'-0"
11'-8"
13'-4"
7'-5"
2'-6"
2'-2"
4'-4"
5'-4"
6'-2"
2'-4"
7'-2"


Acknowledgement Of
Plans Submittal ONLY!
Date 10-10-11
Date 10-10-11
1st floor
16'
16'
16'
Study
8'-2"
4'-0"
14'-0"
13'-4"
15'-8"
16'-0"
H.W
15'-10"
4'-0"
7'-8"
10'-9"
4'-4"
4'-3"
7'-5"
4'-0"
2'-0"
tile
up
open
H.W
11'-8"
16'-2"
5'-4"
4'-0"
21'-0"
tile
8'-6"
tile
5'-6"
8'-4"


16'-0"
14'-8"
10'-0"
Rec room
19'-10"
3'-6"
6'-0"
5'-4"
4'-0"
5'-0"
5'-8"
6'-0"
5'-4"
5'-7"
5'-9"
14'-0"
4'-0"
11'-
2'-0"
Acknowledgement Of
Plans Submittal ONLY!
Date 10-10-11
Date 10-10-11

MOVE WALL 1' TO FOR CLOSET
2nd
8'-0"
Covered Deck
16'-0"
14'-8"
10'-0"
Rec Room
19'-10"
5'-4"
4'-0"
4'-0"
5'-0"
Sprinkler Closet
5'-8"
6'-0"
5'-4"
5'-7"
4'-0"
11'-
2'-0"
Bedroom 4

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

DEVELOPER PERMIT

Zoning Permit
Permit Number: 140805ZO

Printed: 2/15/2007

Master #: 140805

Associated Permits:
140805ZO 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: 4730109262.629 **Zoning:** RA
Address: 000 Timberlake LOOP **Township:** 1500
Troutman, NC 28166 **Area:** 47808
Subdivision: Parkwood at Falls Cove Ph 6 **Lot(s):** 629
Directions to Parcel: morrison farm rd south, left on emeral creek dr. right at timberlake.

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-145281-07	Zoning - Permit / Inspection	$45.00
FEE-145284-07	Environmental Health - Type I or II Fast Track	$200.00
	Total Fees:	**$245.00**

REC-78834-07		$245.00
	Total Receipts:	**$245.00**

Conditions

Date: **Status:** **Code:**

Condition Description:

Condition Comments:

Permit Information:

Max Built Upon Area:	
Watershed:	WSIV-CA
Flood Zone:	No
Set Backs:	F50 R50 LS15 RS15
Minimum Lot Size:	25000
Minimum Lot Width:	100
Min # Parking Spaces:	
Land Use Permitted:	Yes
Community Sewer:	No
Site Plan Reviewed:	
Staff:	
Zoning Permit:	Yes
Septic Typet:	New System
Proposed Use:	Single Family
Property Recorded:	No
Community Water:	Yes
Provider:	Town of Troutman
Provider:	
Date:	
# of Stories:	0
# of Bedrooms:	0
# of Units in Building	0

Site Plan Conditions:

Zoning Permit Comments: Single Family, hold building permits until plat recorded