ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 307867

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

PIN # 4677796787

APPLICANT/OWNER: True Homes | APPLICANT ADDRESS: 2649 Brosen Ridge center Dr. Monroe NC 28110

SITE ADDRESS: 122 Sills creek Ln Mooresville NC 28115 | PHONE: 704-502-5588 | ALT. PHONE —

SITE DIRECTIONS: NC 62 E to S on NC 150 E, L on Sills creek Ln Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Sills creek Plantation | SECTION: — | LOT # 3 | LOT AREA: 1.049 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: .275

Septic Tank	1000	(gal)	STB 760	Date	9/2/2020	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	—	(gal)	PT —	Date	—	System Description:	gravity 50% R reduction			☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% R reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	291	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	62"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Lines on contour. do Not Driven and ST then Run along Right property Line, it must be 10' off any part of septic waters edge of pool must store material or manipulate drainfield in any way be 15' off any part of septic. Use first 50' of the first Interseptor drain must be installed above drainfield

INITIAL SITE SKETCH

See Attached and Approved site plan by Providence Land Group dated 7/24/2020 PJB

AS BUILT SKETCH

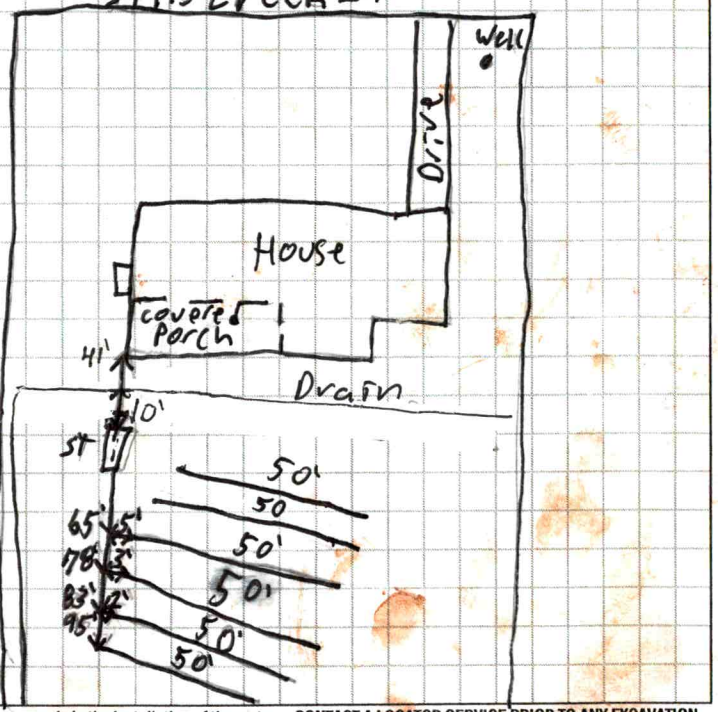
6 drainlines. Drainlines must be vented

Not To scale

Sills Creek Ln

10/28/2020: Tank Location checked and was good. checked drainline level and they were good. Nothing was connected and interseptor drain was still being dug.

11/2/2020: All drainlines connected and speed levelers set in DBox Infiltrator drain was good and ended on property



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.*

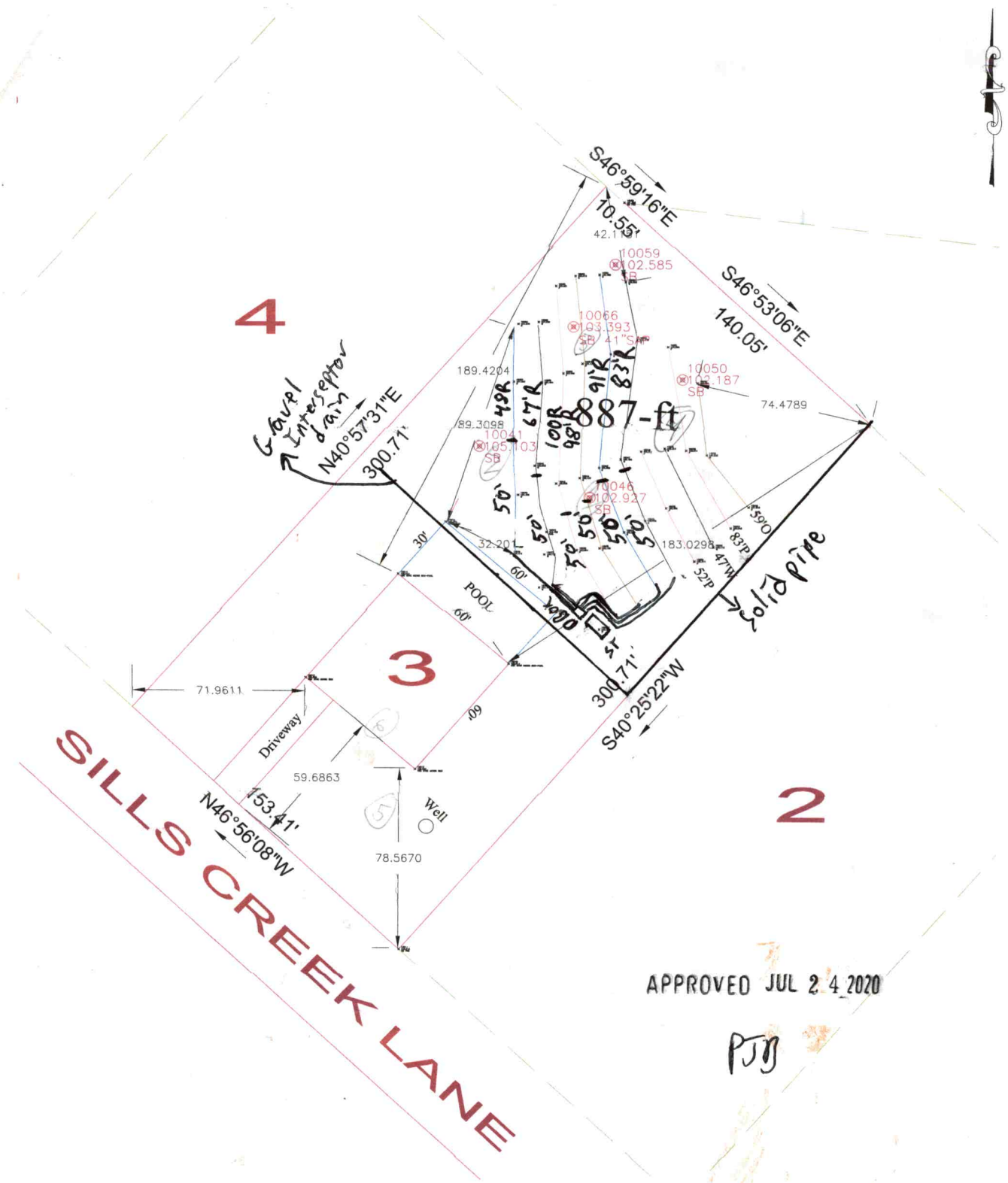
Owner / Applicant Signature: Acceptance of Permit Rec'd | Date: 7.28.2020 | Installed by: Mike Powell

IMPROVEMENT PERMIT by: Patrick J Bgle III | Date: 7/24/2020 | OPERATION PERMIT by: Patrick J Bgle III | Date: 11/2/2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 7/29/2020 | 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.

Lot 3 ~ Sills Creek Plantation
122 Sills Creek Lane



APPROVED JUL 2 4 2020

PJJ

Providence

PROVIDENCE LAND GROUP, PLLC
3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173
704.400.0117 ~ NC FIRM # P-0910 ~ SC COA # 4356

60' 0' 30' 60'
1" = 60'

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 2
PROPERTY ID #: 46477786789
COUNTY: Iredell

Would probably need engineered system No set back of Pool with 4 inch sch 40 drain

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

OWNER: True Homes
ADDRESS: 2649 Broken Ridge Center DR
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 122 Stillscreek

APPLICATION DATE: 1/20/2020
DATE EVALUATED: 1/21/2020
PROPERTY SIZE: 1.04 acres
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	5-5 3%	0-9	SCL WSBK	FR SS SPL SOPO	Vfmottles Chroma 2 from 9-36"	65"	Lithologic indistinct throughout	Chroma 2 at 65"	V to 36 then .275
		9-24	C FSBK	FR SS SPL SOPO					
		24-36	CL APE	FR SS SPL SOPO					
		36-65	CL BT	FR SS SPL SOPO					
2	5-5 1%	0-9	SCL WSBK	FR SS SPL SOPO	Chroma 2 from 9-40"	63"	Few Lithologic indistinct throughout	Chroma 2 throughout	V to 40" After .275
		9-41	CL PSBK	FR SS SPL SOPO					
		41-63	CL APE	FR SS SPL SOPO					
3	5-5 2%	0-8	SCL WSBK	FR SS SPL SOPO	Chroma 2 from 8-40"	68"	Few Lithologic indistinct throughout	Chroma 2 TO 40"	V to 40" after .275
		8-28	C PSBK	FR SS SPL SOPO					
		28-40	C APE	FR SS SPL SOPO					
		40-68"	CL APE	FR SS SPL SOPO					
4	5-5 1%	0-18	Fill	—	Chroma 2 at 40 to 48	68"	Few Lithologic indistinct throughout	Chroma 2 Frequently Fill	V to 40" after .275
		18-39	CL BE/APE	FR SS SPL SOPO					
		39-68	CL BT	FR SS SPL SOPO					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	yes	yes
System Type(s)	Gravity 50%	Gravity 50%
Site LTAR	.275	.275

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

COMMENTS: Partly cloudy 40's Frost

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 2 of 2
PROPERTY ID #: 0777186787
COUNTY: Iredell

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

OWNER: True Homes
ADDRESS: 2649 Broken Ridge Center Dr
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 122 Silo Creek

APPLICATION DATE: 1/20/2020
DATE EVALUATED: 1/20/2020
PROPERTY SIZE: 1.044 acres
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5 1	SS 2%	0-9	Fill	—	Chroma 2's from top to 36" 5Y8/1	64"	Litho increase more common at bottom	Chroma 2's at top to 36" Platy fr 9-36	PS.27 at 36"
		9-36	C Platy	Fr SS SP SAP					
		36-64	CL SPK/ABK	Fr SS SP SAP					
6 2	SS 2%	0-14	Fill	—	Chroma 2 start 14-90" 5Y8/2 7/1	61"	Litho increase more common at bottom	Chroma 2 bet 14-40"	PC.27 at 40" Rocks scattered throughout
		14-40	C Platy	Fr SS SP SAP					
		40-61	CL SPK/ABK	Fr SS SP SAP					
3									
4									

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:

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, True Homes, am the legal owner or the agent of the property located at 122 Sills Creek Lane Mooresville, NC 28115, identified as PIN(Parcel Identification Number) 4677786787.000, located in Iredell County, North Carolina.
Permit # _____.

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

_____ 7/27/2020
Signature of Owner/Authorized Agent Date

David B Hipp 7/27/2020
Signature of Witness Date

_____
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) 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: TRUE HOMES Address: 2649 BREKON RIDGE CENTRAL DR Zip: 28110
Applicant Email: Septicenvsol@yahoo.com Phone: 704-502-5588 Alt. Phone: SAME
Owner Name: TRUE HOMES, Ken Hammond Address: 2649 Brekonridge Central, MONROE Zip: 28110
Owner Email: Septicenvsol@yahoo.com Phone: 704-502-5588 Alt. Phone: _____

Property Information: TAX I.D. 467786787 ACRES 1.049 MORE OR LESS

Street Address: LOT 3 SILLS CREEK PLANTATION, 122 SILLS CREEK LANE,

Subdivision Name: SILLS CREEK PLANTATION Section/Phase: I Lot Number: 3

Driving Directions: west toward Central St, R on Cedar St, Left onto Garner Road Blvd, I-77S, EXT 42 US21/STATE HWY 115 towards Troutman, Left onto Mazeppa Rd, Right onto Bridge Rd, TURN LEFT into Subdivision

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
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) 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: _____

(X) New Well ( ) Existing Well ( ) Community Well ( ) 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: _____ 1-24-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, * TRUE HOMES, LLC, am the legal owner(s) of the property located at SILLS CREEK SUBDIVISION, SILLS CREEK LANE, identified as LOT 3

PIN (Parcel Identification Number) 4697986787, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** SEPTIC ENVIRONMENTAL SOLUTIONS, INC, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

* _____ * 2/5/20

Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
307867 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4677786787.000	122 SILLS CREEK LN	Iredell County

Owner Information	Applicant Information
Name: TRUE HOMES LLC	Name: TRUE HOMES LLC T/A TRIBUTE HOMES
Address:	Address: 2649 BRECKONRIDGE CENTRE DR STE 104 MONROE, NC 28110
Phone:	Phone: (704)238-1229

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.049	35	35	15	15	WSII-BOW Back Creek	NO

Remarks
SFD

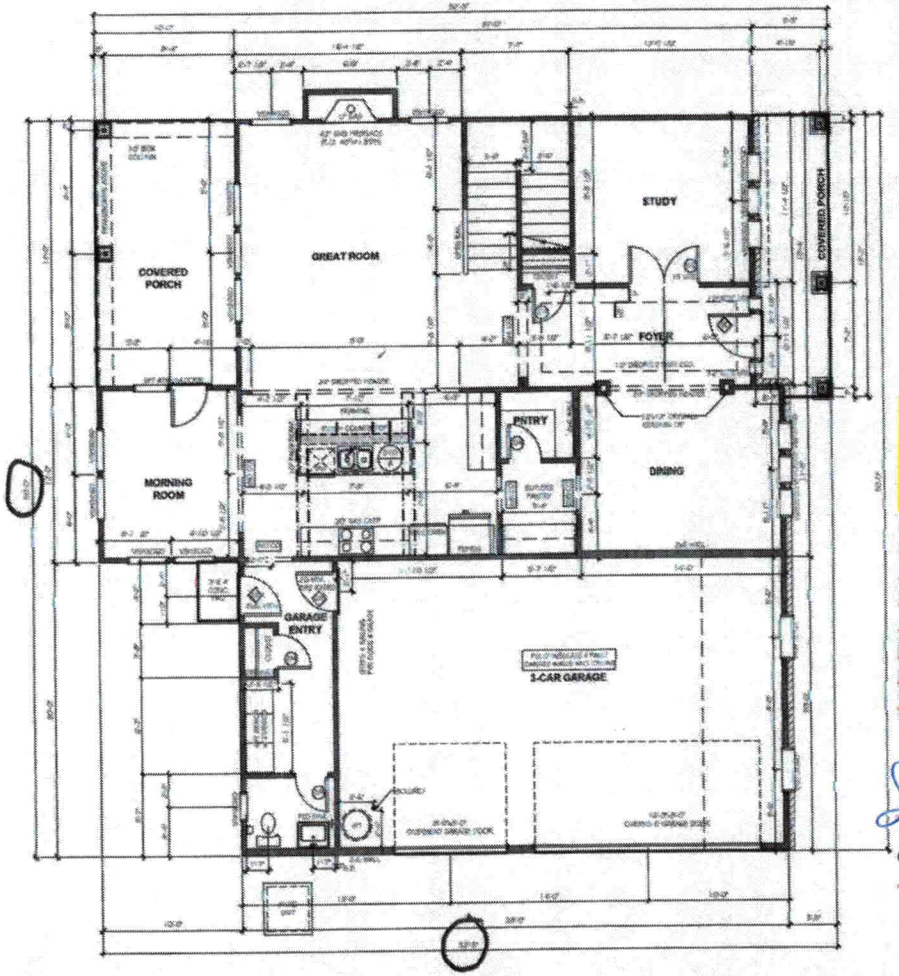
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 06/01/2020

Signature of Owner/Contractor

Permit Number	307867

TOTAL FEES:	$77.25



3150 - FIRST FLOOR PLAN

SIGN HERE

Acknowledgement Of Plans Submittal ONLY

Date 7/29/2020

Tom Shack Date 7/29/2020

TrueHomes
IT'S ALL ABOUT U
2649 Brekenridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

TRUE CUSTOM SOLO
REGION A

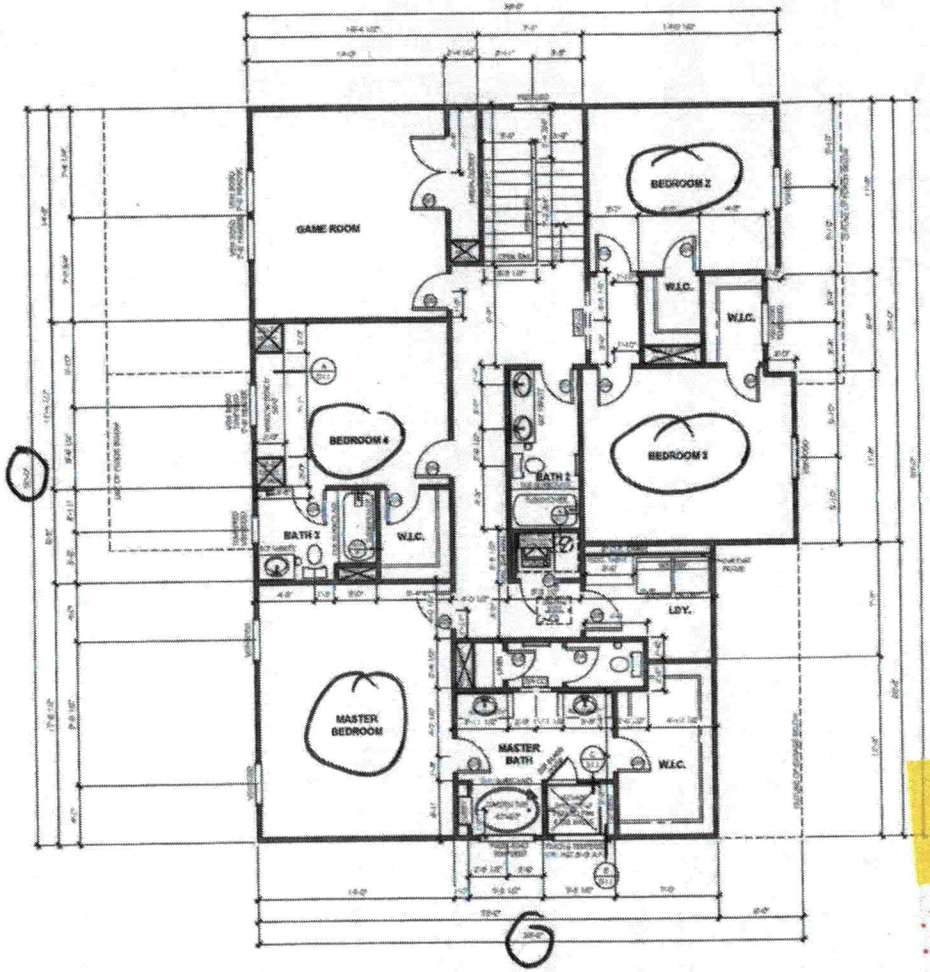
LOT# 7110

BEDFORD
3150

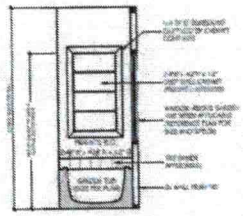
IREDELL

PREPARED BY:	T.J.
DATE:	06-15-20
SCALE:	1/8"=1'-0"
REVIEWED BY:	SCOTT

SHEET: A2.1



3150 - SECOND FLOOR PLAN



GARDEN TUB CUBBY DETAIL

TrueHomes
IT'S ALL ABOUT U
2549 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

TRUE CUSTOM SOLO
REGION A
LOT# 7110

BEDFORD
3150

IREDELL

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PREPARED BY: T.J.
DATE: 6-22-20
SCALE: 1/4"=1'-0"
REVIEWED BY: SCOTT
SHEET: A2.2

SIGN HERE

Acknowledgement Of
Plans Submittal ONLY

Date 7/29/2020

Date 7/29/2020