ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-307647

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

PIN # 4677 -79 -3047

APPLICANT/OWNER: True Homes | APPLICANT ADDRESS: 2649 Broken Ridge Center Dr Monroe NC 28110

SITE ADDRESS: 142 Stills Creek Ln Mooresville NC 28115 | PHONE: 704-502-5588 | ALT. PHONE

SITE DIRECTIONS: NC 15 ZE to Straight on NC150E, L on Stills Creek Ln, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

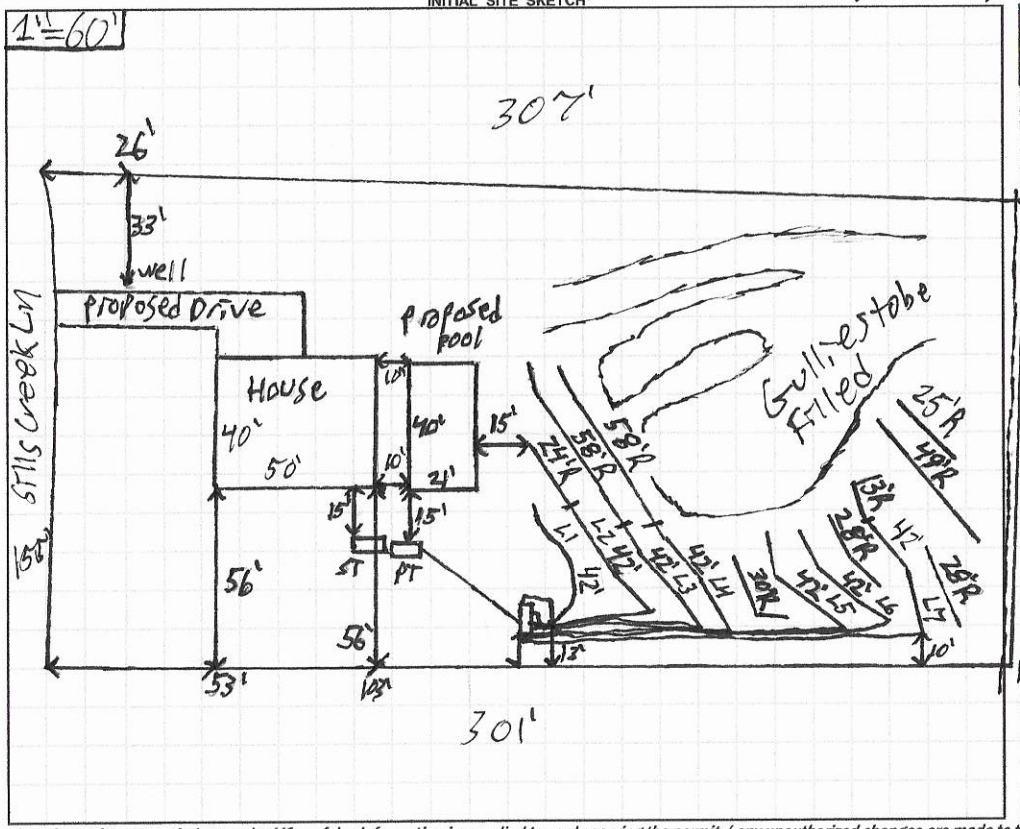
SUBDIVISION: Stills Creek Plantation | SECTION: — | LOT # 6 | LOT AREA: 1.03 acres | DESIGN FLOW: 480GPD | L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	760	Date	10-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II ③ IV V VI
Pump Tank	1000 (gal)	PT	319	Date	7-0-3	System Description:	PM PBBPS		
Pump Make		Model		Serial #		Repair System Description:	LPPBPS		
# Nitrification Fields	1	# Lines	7	Linear Ft:	291'	Maintenance Agreement Required:	☐ YES	☐ NO	
Trench Width	24"	Trench Bottom Depth(Low side)	31"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE	

☒ Residence	No. Bedrooms	4	Water Supply		
☐ Business	No. Persons	8	☒ Private		
☐ Other	No. Employees		☐ Public		
☒ Slab	☐ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

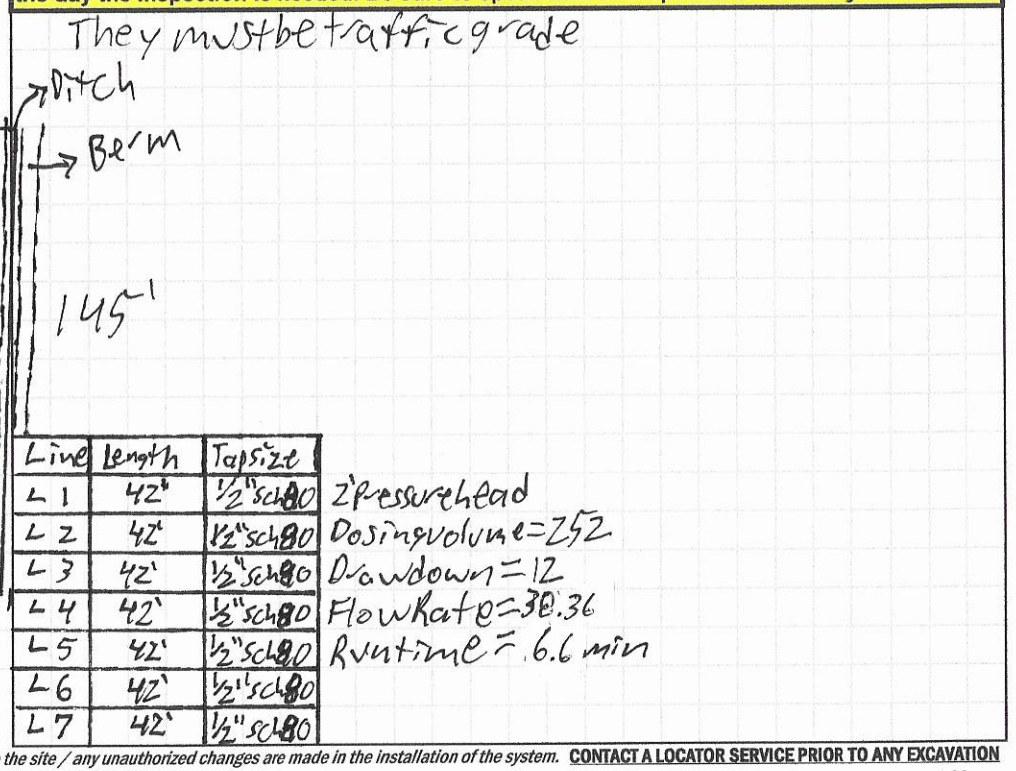
Comments / Conditions: Install lines on contour. Do NOT drive on, store material or manipulate drainfield in any way. All Property lines and corners must be marked by a licensed surveyor during time of installation and inspection. All parts of septic must be 15' off of waters edge at pool, Property must be landscaped to promote positive drainage. If tanks are installed at 3' or deeper They must be traffic grade

INITIAL SITE SKETCH



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.



Line	Length	Tapsize
L1	42'	1/2" sch80
L2	42'	1/2" sch80
L3	42'	1/2" sch80
L4	42'	1/2" sch80
L5	42'	1/2" sch80
L6	42'	1/2" sch80
L7	42'	1/2" sch80

2' pressure head
Dosing volume = 252
Drawdown = 12
Flow rate = 38.36
Runtime = 6.6 min

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: Hope Macdonald | Date: 12/14/2020 | Installed by: Prater Mgmt & GC

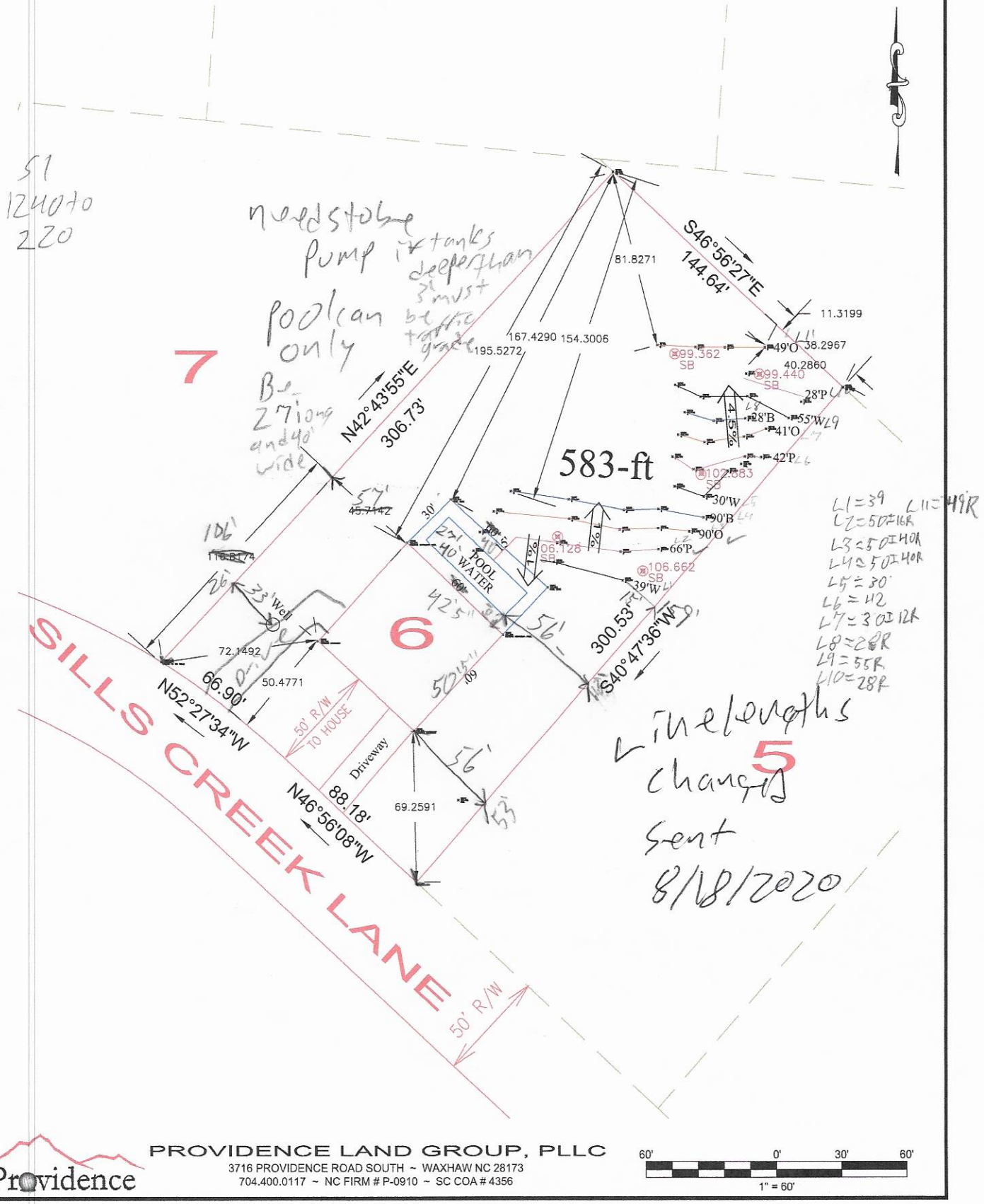
IMPROVEMENT PERMIT by: Patrick J Boyle III | Date: 12/11/2020 | OPERATION PERMIT by: Patrick Boyle III | Date: 1/15/21

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III | Date: 12/11/2020 | Existing System Inspected by: | Date:

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

Lot 6 ~ Sills Creek Plantation

142 Sills Creek Lane



Providence

PROVIDENCE LAND GROUP, PLLC

3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173

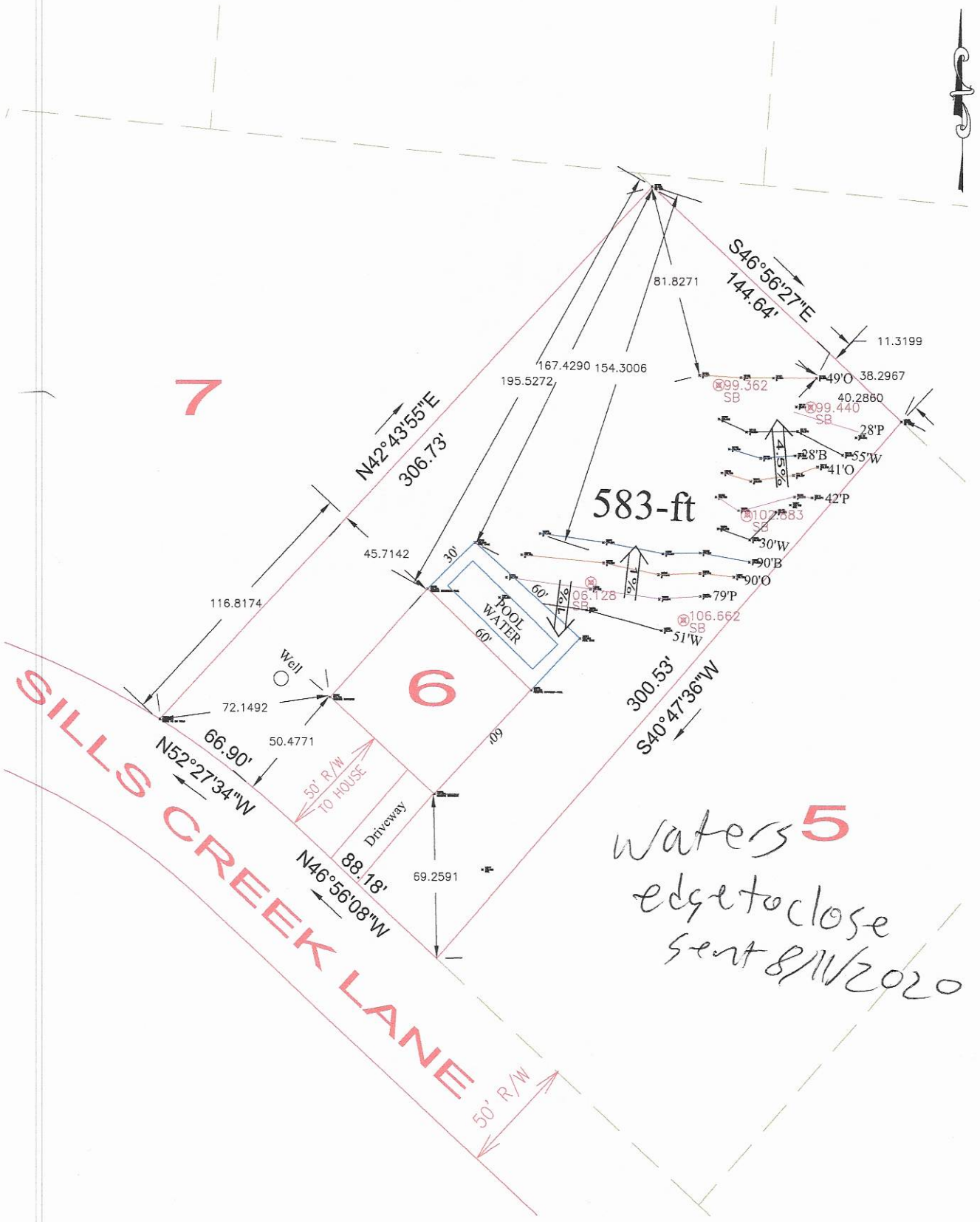
704.400.0117 ~ NC FIRM # P-0910 ~ SC COA # 4356

60' 0' 30' 60'

1" = 60'

Lot 6 ~ Sills Creek Plantation

142 Sills Creek Lane



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 1
PROPERTY ID #: 467770047
COUNTY: Iredell

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

OWNER: TrueHomes
APPLICATION DATE 1/20/2020
ADDRESS: 2649 Broken Ridge Center Pt
DATE EVALUATED:
PROPOSED FACILITY: New single family PROPOSED DESIGN FLOW (.1949): 480GPD
PROPERTY SIZE: 1.036 acres
LOCATION OF SITE: 142 Sills Creek Ln
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	SS 12%	0-9	SCL WKF	FR SS PLA	—	48"	Lilly	—	PS .275
		9-27	CL SBK	FR SS PLA					
		27-48	CL SBK	FR SS PLA					
2	SS	0-5	SCL WKF	FR SS PLA	Few Mottles	48"	Lilly	—	PS .275
		5-25	CL SBK	FR SS PLA					
		25-48	CL SBK	FR SS SPP					
3	SS	0-5	TOPSOIL	—	Few Mottles	48"	Lilly	—	PS .275
		5-29	CL SBK/AB	FR SS PLA					
		29-48	CL SBK	FR SS PLA					
4	SS	0-6	TOPSOIL	—	—	48"	Lilly	—	PS .275
		6-27	CL SBK	FR SS PLA					
		27-48	CL SBK	FR SS PLA					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	291'	291'
System Type(s)	Gravity 50%	Gravity 50%
Site LTAR	.275	.275

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

COMMENTS: Partly cloudy Pleasant wood

(ONLY REQUIRES A RELAYOUT)

RECEIVED OCT 2 8 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-307647
$320.00

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 BRECKON RIDGE CENTER MOORESVILLE Zip: 28115
Applicant Email: Septicenvsol@yahoo.com Phone: 704-502-5588 Alt. Phone: SAME
Owner Name: TRUE HOMES Ken Hammond Address: 2649 BRECKON RIDGE CTR, MVR Zip: 28115
Owner Email: Septicenvsol@yahoo.com Phone: 704-502-5588 Alt. Phone: _____

Property Information: 142 Sills Creek
TAX I.D. 4617292247 ACRES 2.03
Street Address: LOT 6 SILLS CREEK PL STATESVILLE
Subdivision Name: SILLS CREEK PLANTATION Section/Phase: I Lot Number: 6
Driving Directions: West bound Center St. & N. Center St. Exit Eastside Road Blvd, I-77S, EXT 42 W 3.2 miles Hwy 115 Turn to Statesville left into Meadowview Rd Rt onto Brookland 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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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: _____ XXXXXXXXXXXX DS
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE kh

Signature of Property Owner: DocuSigned by: ken Hammond B15ABE548BFF47B...
Date: 10/27/2020

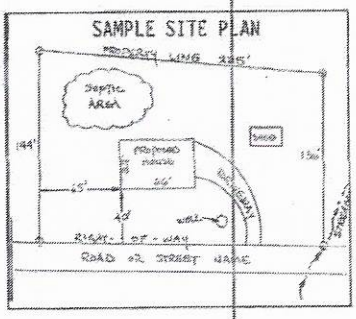
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **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

SEE ATTACHED MAP

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

XXXXXXXXXXXX
DATE

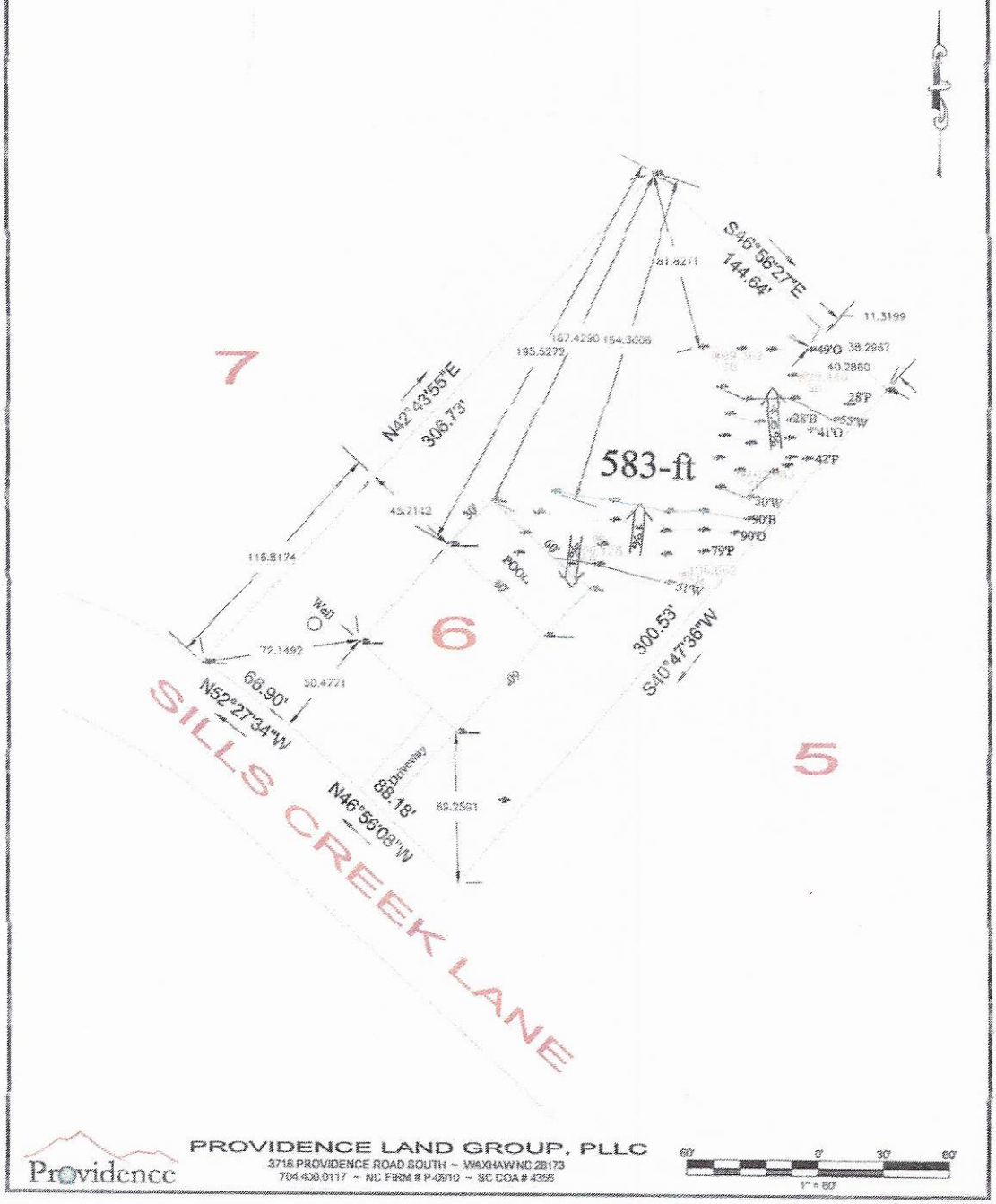
DS
kH

Signature of Property Owner: DocuSigned by: ken Hammond B15ABE548BFF47B...

Date: 10/27/2020

Lot 6 ~ Sills Creek Plantation

142 Sills Creek Lane



Providence

PROVIDENCE LAND GROUP, PLLC

3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173

704.408.0117 ~ NC FIRM # P-0910 ~ SC COA # 4355

60' 0' 30' 60'

1" = 60'

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 6

PIN (Parcel Identification Number) 4659-92-0943, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) SEPTIC ENVIRONMENTAL SERVICES, 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.

* _____ Signature of Owner(s)

XXXXXXX 10/27/20 Date

DS kH

Mooresville - Environmental Health
ronda.hartley@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

Signature of Property Owner: DocuSigned by: ken Hammond B15ABE548BFF47B...

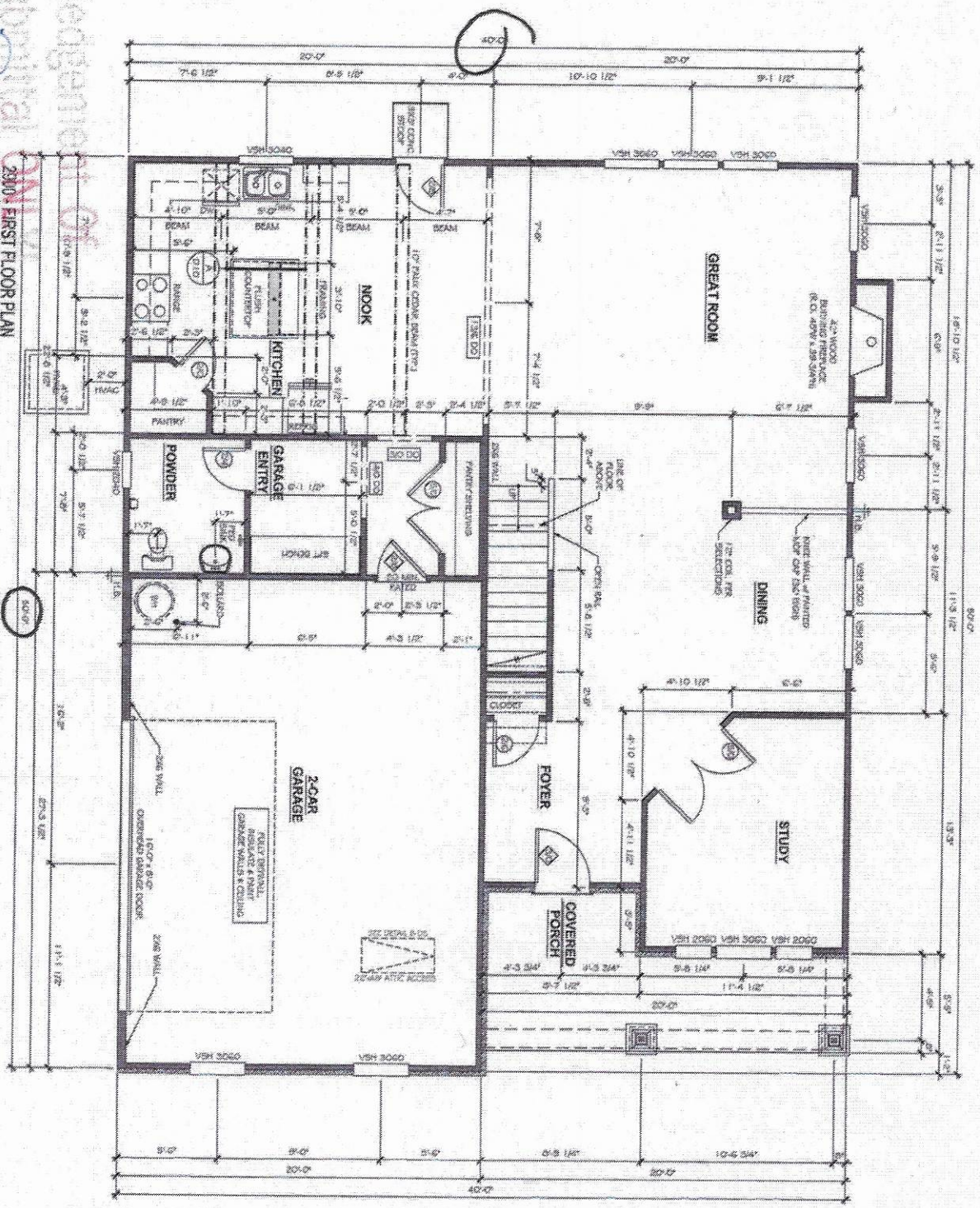
Date: 10/27/2020

SIGN HERE

Date 7/29/2020

Date 7/29/2020

2900 FIRST FLOOR PLAN



SHEET	PREPARED BY	DATE	REVISED BY	DATE
A2.1	TJ	05-12-20	SCOTT	07-29-20

RILEY
2900

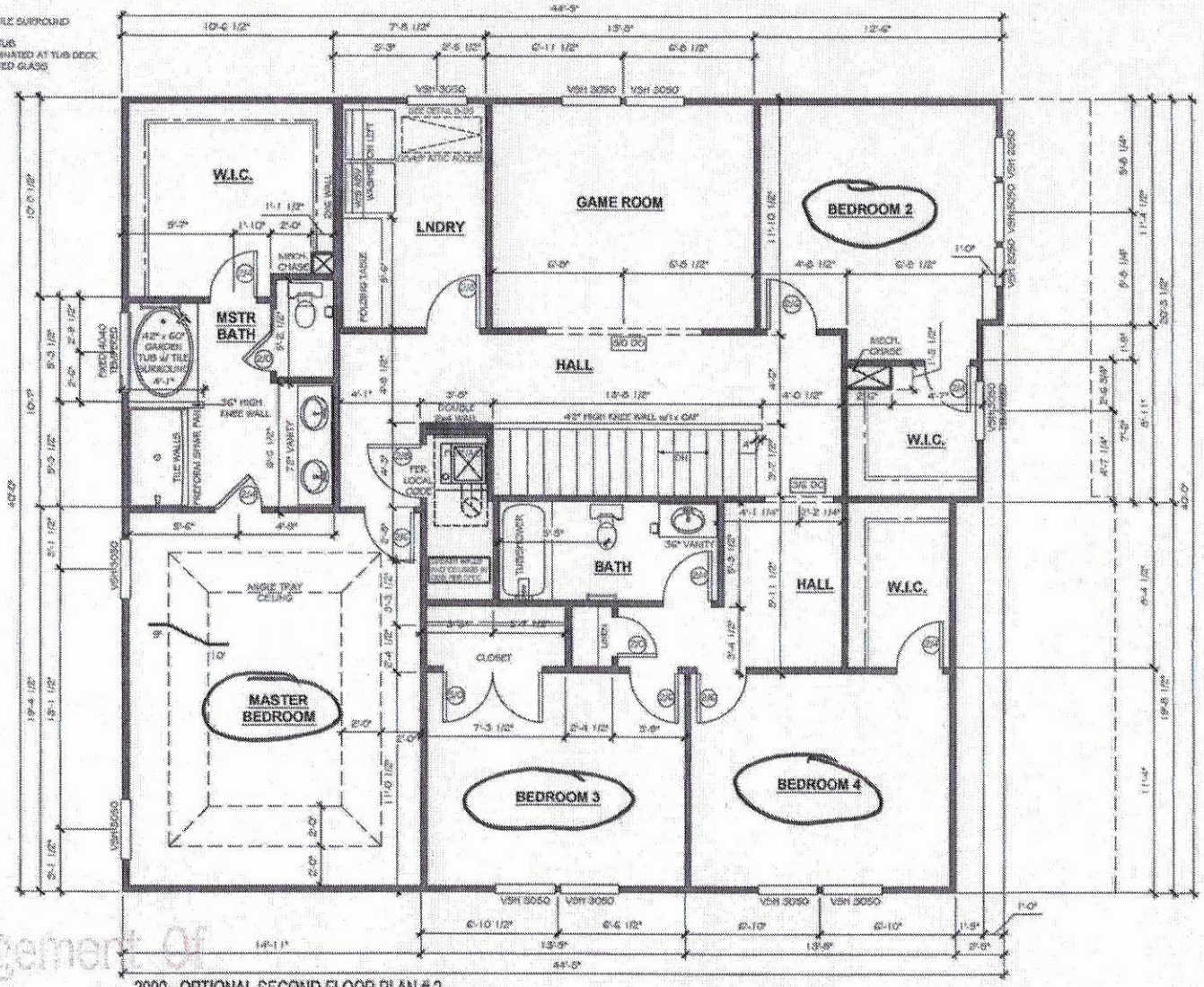
IREDELL

YOUR LOT - REGION A

LOT # 1025

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

STANDARD ELEGANCE BATH
1. 36X60 SHOWER PAN w/ TILE SURROUND
   GLASS SHOWER DOOR
2. 42X60 LUXURY GARDEN TUB
   SINGLE ROW OF TILE TERMINATED AT TUB DECK
3. 36" HIGH KNEE WALL w/ FIXED GLASS



2900 - OPTIONAL SECOND FLOOR PLAN # 2

SIGN HERE

Acknowledgement of Plan Submittal ONLY!

Date 7/29/2020

Tom Shuck Date 7/29/2020

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

YOUR LOT - REGION A

LOT # 1025

RILEY
2900

IREDELL

PREPARED BY: TJ
DATE: 05-22-20
SCALE: 3/16"=1'-0"
REVIEWED BY: SCOTT

SHEET: A2.2

IREDELL COUNTY · NC

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

APPLICATION NUMBER
307647 Issue Date: 05/21/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4677793047.000	142 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
1.036	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: 05/21/2020

Signature of Owner/Contractor

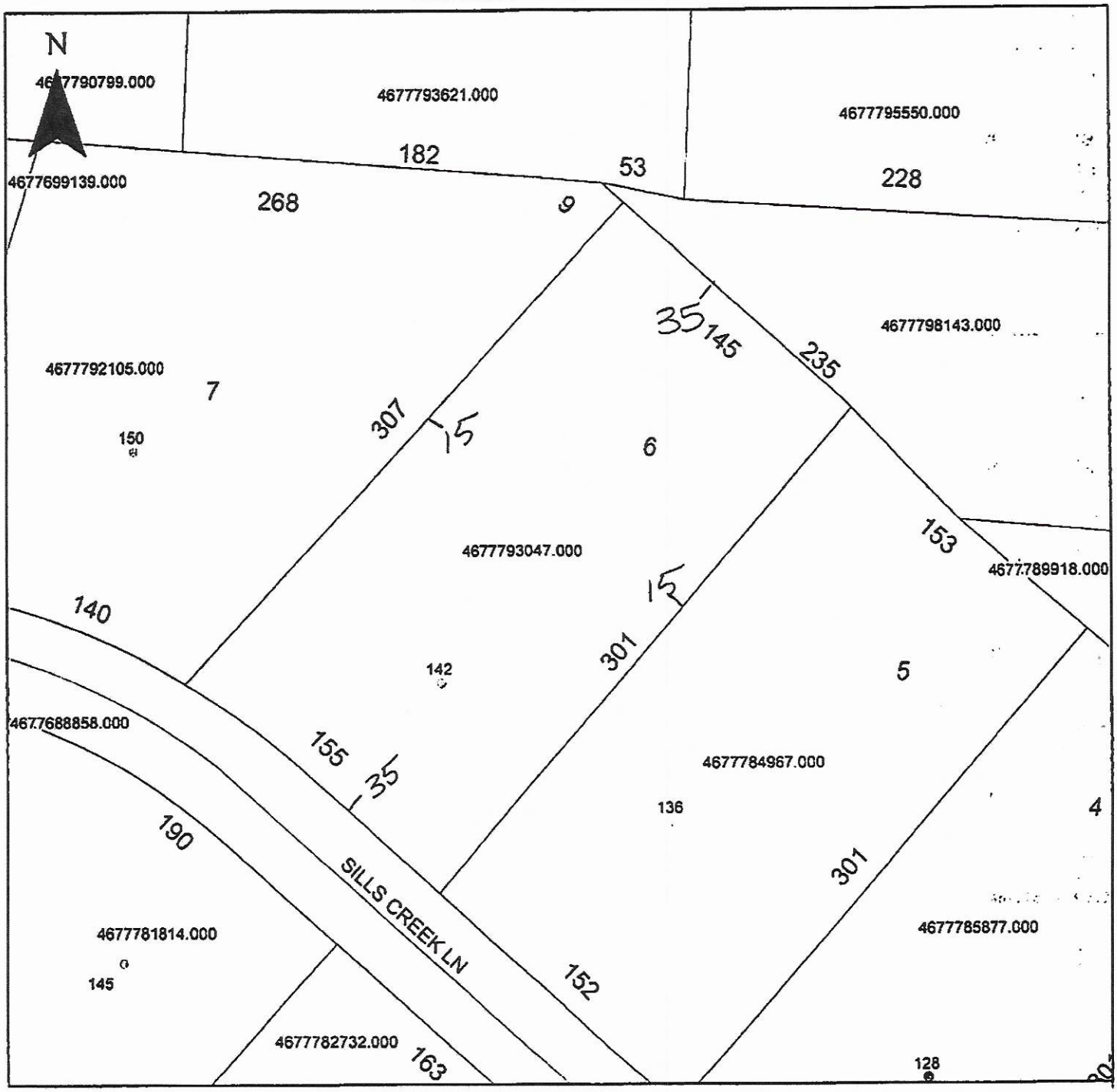
Permit Number	307647	TOTAL FEES:	$77.25

Need to pay Septic + well

Zoned

PAID ONLINE DATE: ~~Online~~ 5/21/20 MH

ZONING DISCLAIMER



Property Address 142 Sills Creek

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. Applicant further acknowledges that the 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.

S G R

Applicant

5/21/2020

Date