IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 218036

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

PIN # 4730-11-2297

APPLICANT: ELG INVESTMENTS LLC APPLICANT ADDRESS: 1610 NORTH POINT RD HUNTERSVILLE

SITE ADDRESS: 142 EMERALD CREEK - Troutman PHONE: 704-506-5148 ALT. PHONE:

SITE DIRECTIONS: MORRISON FARM, TL EMERALD CREEK, ON R

SUBDIVISION: FALLS COVE - Parkwood SECTION: 6 LOT # 644 LOT AREA: 1.548 AC DESIGN FLOW: 480 L.T.A.R.: .3 (.225R)

Septic Tank 1000 (gal) STB 825 Date 7-4-16

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 400'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

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

System Description: 25% REDUCTION

Repair System Description: PANEL BLOCK

Maintenance Agreement Required: ☐ YES ☒ NO ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

Installed Quick 4 as drawn

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: Date: 5-2-16

IMPROVEMENT PERMIT by: APPROVED Date: APR 21 2016

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: APR 21 2016

Installed by: Rowan Septic Date: 3-16-17

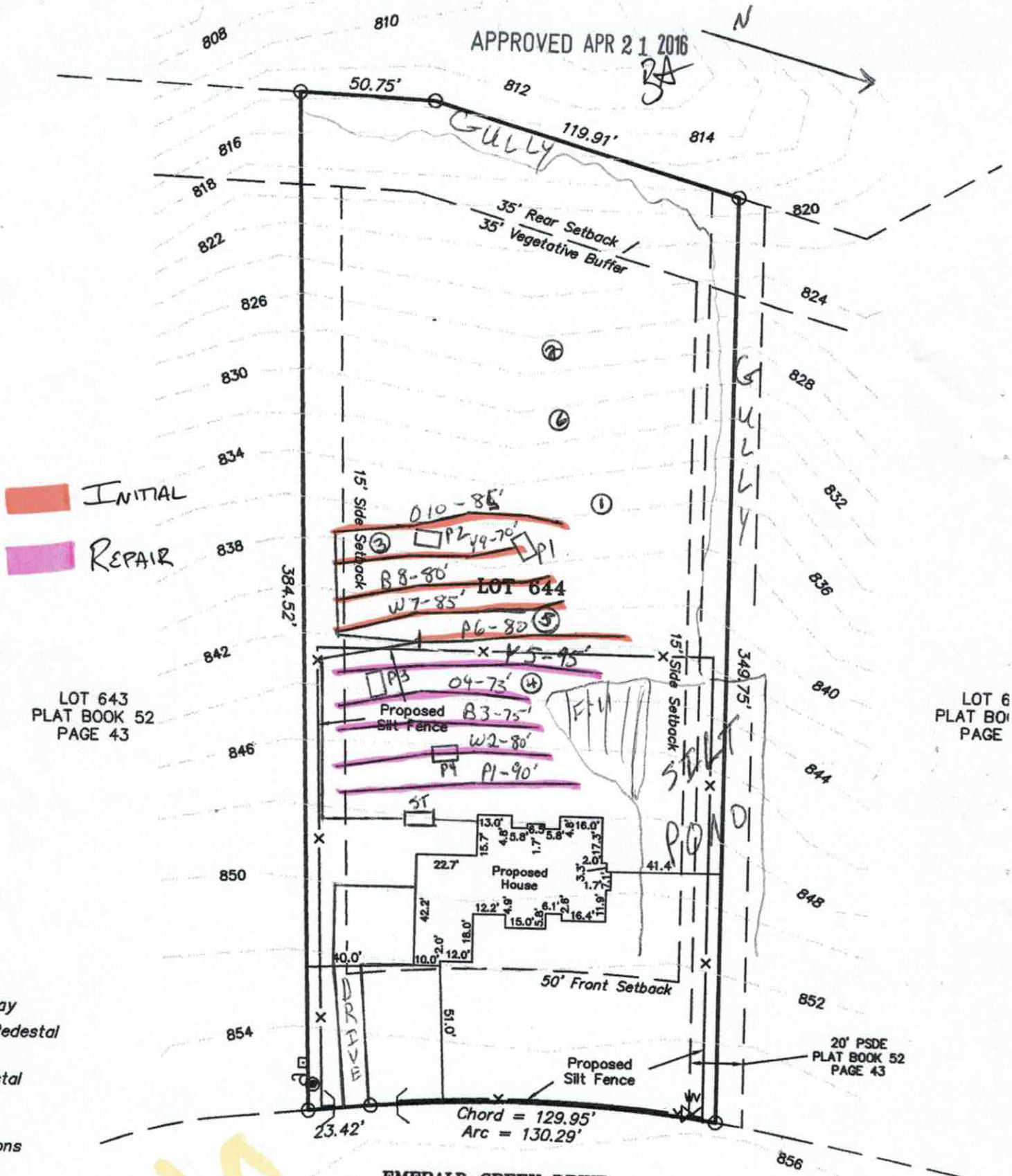
OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

LOT 684 – COS
PLAT BOOK 52
PAGE 43

APPROVED APR 21 2016



LOT 643
PLAT BOOK 52
PAGE 43

LOT 6
PLAT BO
PAGE

EMERALD CREEK DRIVE
50' PUBLIC R/W
(PLAT BOOK 52 PAGE 43)

1" = 50'
SCALE

GRAPHIC SCA
50 0

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hone Pedestal
r
e Pedestal
Meter
Locations

ARY PLAN
ECORDATION,
ES OR SALES

PLOT PLAN
FALLS COVE-PARKWOOD

APPROVED APR 2 1 2016



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 142 Emerald Creek Dr, Falls Cove, Lot 644
House Footprint: See attached
Building Setbacks: 50' front, 35' rear, 15' side
Water Source: Troutman water
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2 (initial), 0.225GPD/FT2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
Pink 1		90'
White 2		80'
Blue 3		75'
Orange 4		73'
Yellow 5		95'
Pink 6	**80'**	**90'**
White 7	**85'**	**120'**
Blue 8	**80'**	**100'**
Yellow 9	**70'**	**78'**
Orange 10	**85'**	**122'**

Initial System: 400' **Repair System:** 413'

Comments:
The gully behind the house and next to the repair area should be filled. The septic tank is marked in red flags.

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

PROPERTY ID #: 4730112297
COUNTY: Iredell

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

APPROVED APR 21 2016
BA

OWNER: ELG Investments LLC
ADDRESS: 16108 North Point Rd, Huntersville, NC 28078
APPLICATION DATE
DATE EVALUATED:
PROPOSED FACILITY: 4 bdrm
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 1.348 AC
LOCATION OF SITE: 142 Emerald Creek Dr, Falls Cove lot 644
PROPERTY RECORDED: 6/28/2007
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other
EVALUATION METHOD: Ξ Auger Boring Ξ Pit ☐ Cut
TYPE OF WASTEWATER: Ξ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 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	
AB 1	LS 8%	0-6	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		6-45	R C SBK	FR SS SP SEXP					
		45-48	SL SAP M	VFR NS NP NEXP					
AB 2	LS 5%	0-8	R C SBK	FR SS SP SEXP	Com YB CHR 2 @ 8"	8"	N/A	N/A	US
AB 3	LS 10%	0-6	R SCL WSBK	FR SS SP SEXP	N/A	36"	C-M SAP PS	N/A	PS 0.3
		6-18	R C SBK	FR SS SP SEXP					
		18-36	R CL WSBK	FR SS SP SEXP					
		36-50	SL SAP M	VFR NS NP NEXP					
AB 4	LS 10%	0-4	Br CL WSBK	FR SS SP SEXP	YB's TO 28" NO YB's >28"	48"	N/A	N/A	PS 0.25
		4-40	R C SBK	FR SS SP SEXP					
		40-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	1239 FT2 Add
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.225

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

APPROVED APR 21 2016
SA

PROPERTY ID #: 4730112297
DATE OF EVALUATION:
COUNTY: IREDELL

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
P 1	LS 10%	0-7	Br CL WSBK	FR SS SP SEXP	N/A	48"		N/A	PS 0.3 ✓
		7-26	R C SBK	FR SS SP SEXP					
		26-48	R CL WSBK	FR SS SP SEXP			PS		
		48-65	SL SAP M	VFR NS NP NEXP					
P 2	LS 10%	0-8	RBr SCL WSBK	FR SS SP SEXP	N/A	48"		N/A	PS 0.3 ✓
		8-25	R C SBK/ABK	FR SS SP SEXP					
		25-48	R CL WSBK	FR SS SP SEXP			PS		
		48-63	LS SAP M	VFR NS NP NEXP					
P 3	LS 10%	0-6	Br SL GR	VFR SS SP SEXP	Few YB's No YB's	60"		N/A	PS 0.3-0.275 ✓
		6-16	R Br SCL WSBK	FR SS SP SEXP					
		16-34	R C SBK	FR SS SP SEXP			Few SAP		
		34-60	R CL WSBK	FR SS SP SEXP					
P 4	LS 10%	0-11	R Br SCL WSBK	FR SS SP SEXP	F-C YB	66"	N/A	N/A	PS 0.25-0.225 ✓
		11-45	R C ABK	FR SS SP SEXP					
		45-66	R CL WSBK	FR SS SP SEXP					
AB 5	LS 10%	0-9	Br SCL WSBK	FR SS SP SEXP	N/A	48"		N/A	PS 0.3
		9-32	R C SBK	FR SS SP SEXP					
		32-48	R CL WSBK	FR SS SP SEXP			F-C SAP		

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

APPROVED APR 21 2016
BA

PROPERTY ID #: 4730112297
DATE OF EVALUATION:
COUNTY: IREDELL

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
AB 6	LS 12%	0-3	Br SCL WSBK	FR SS SP SEXP	Few YB	36"	N/A	N/A	PS 0.3-0.25
		3-36	R C SBK	FR SS SP SEXP					
		36	CHR 2						

RECEIVED APR 14 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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) Paid $350.00

1. **APPLICATION FOR:** X **Improvement Permit** X **Authorization To Construct** ___ **Existing System Inspection**

****

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application #218036

The following optional attachments may also be submitted: X 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 #	Alternate Phone #
ELG Investments LLC	16108 North Point Rd Huntersville NC 28078	Michael Gandy 7045065748	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Same			

****

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
142 Emerald Creek	Fall Cove	644

Driving Directions: Morrison Farm, Th Emerald Creek, on Rt

****

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
(X) Repair To Failing Septic System due to _____
( ) Other _____

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

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

****

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

( ) Alternative ( ) Conventional (X) Innovative ( ) Modified Conventional ( ) Other_____

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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:** _____ 4/14/2016

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

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.

I, Michael Grady (ELG Investments LLC), am the legal owner(s) of the property located at 142 Emerald Creek Dr Troutman Lot 644, identified as PIN (Parcel Identification Number) 473 010 9262.644, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Michael Athanas + Assoc., 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) — Date: 4/13/14

Signature of Witness — Date: 4/13/2014

Please return this signed form to the appropriate office:

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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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

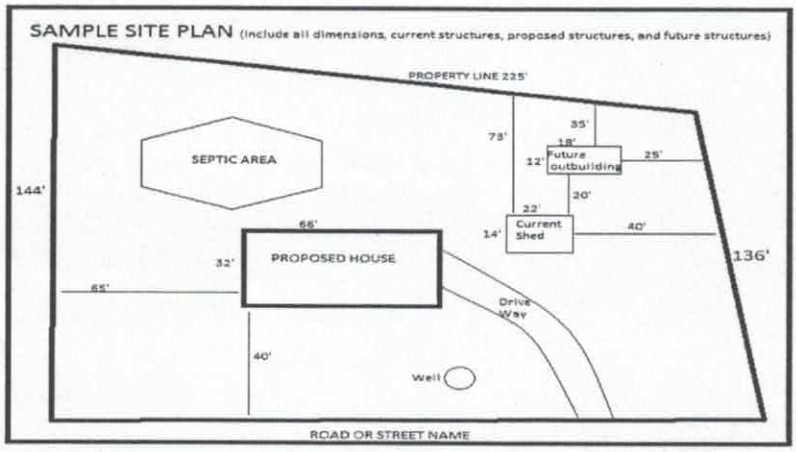
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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:

_____ 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

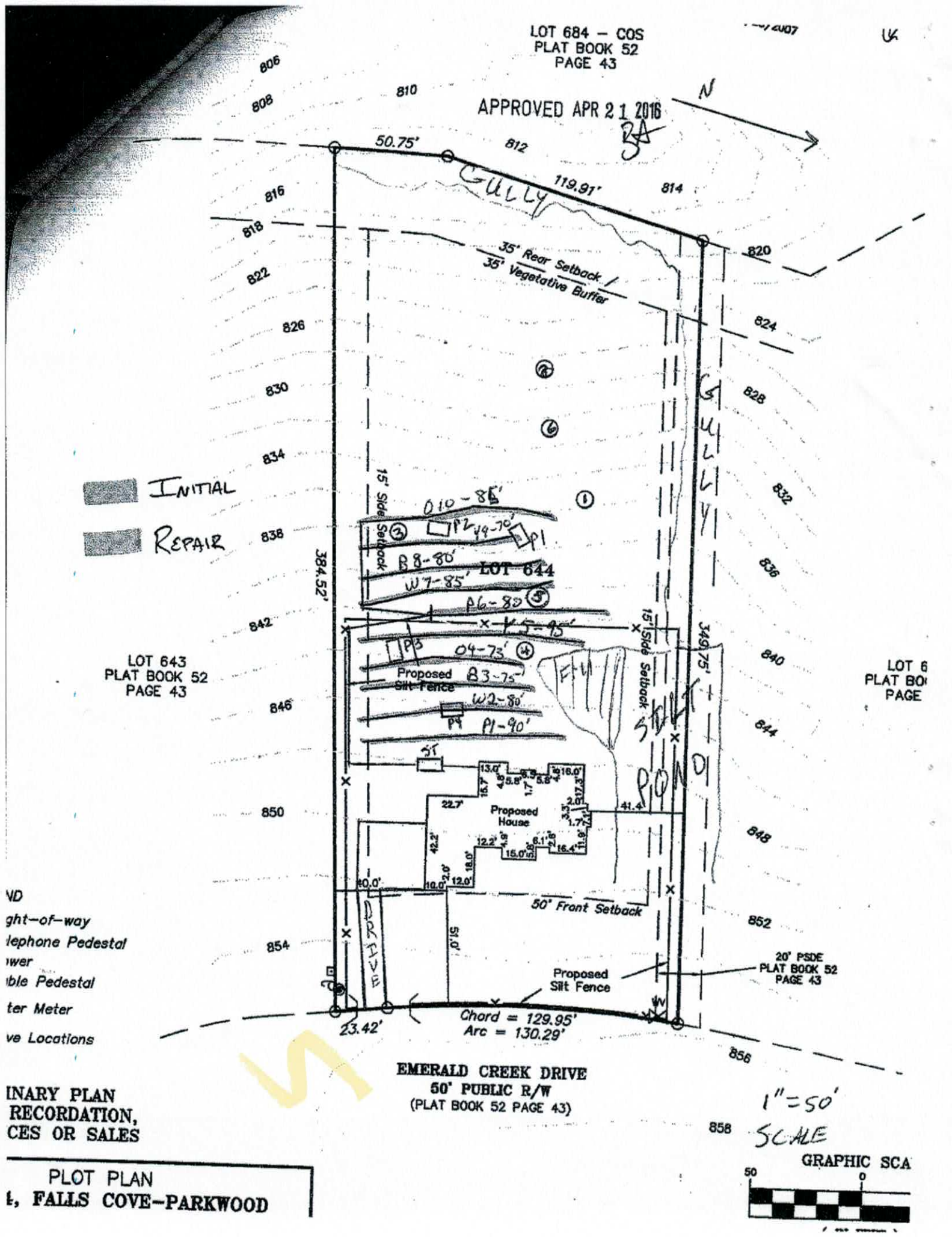
See Attached Plan

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

4/14/2016

DATE



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ble Pedestal
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ve Locations

INARY PLAN
RECORDATION,
CES OR SALES

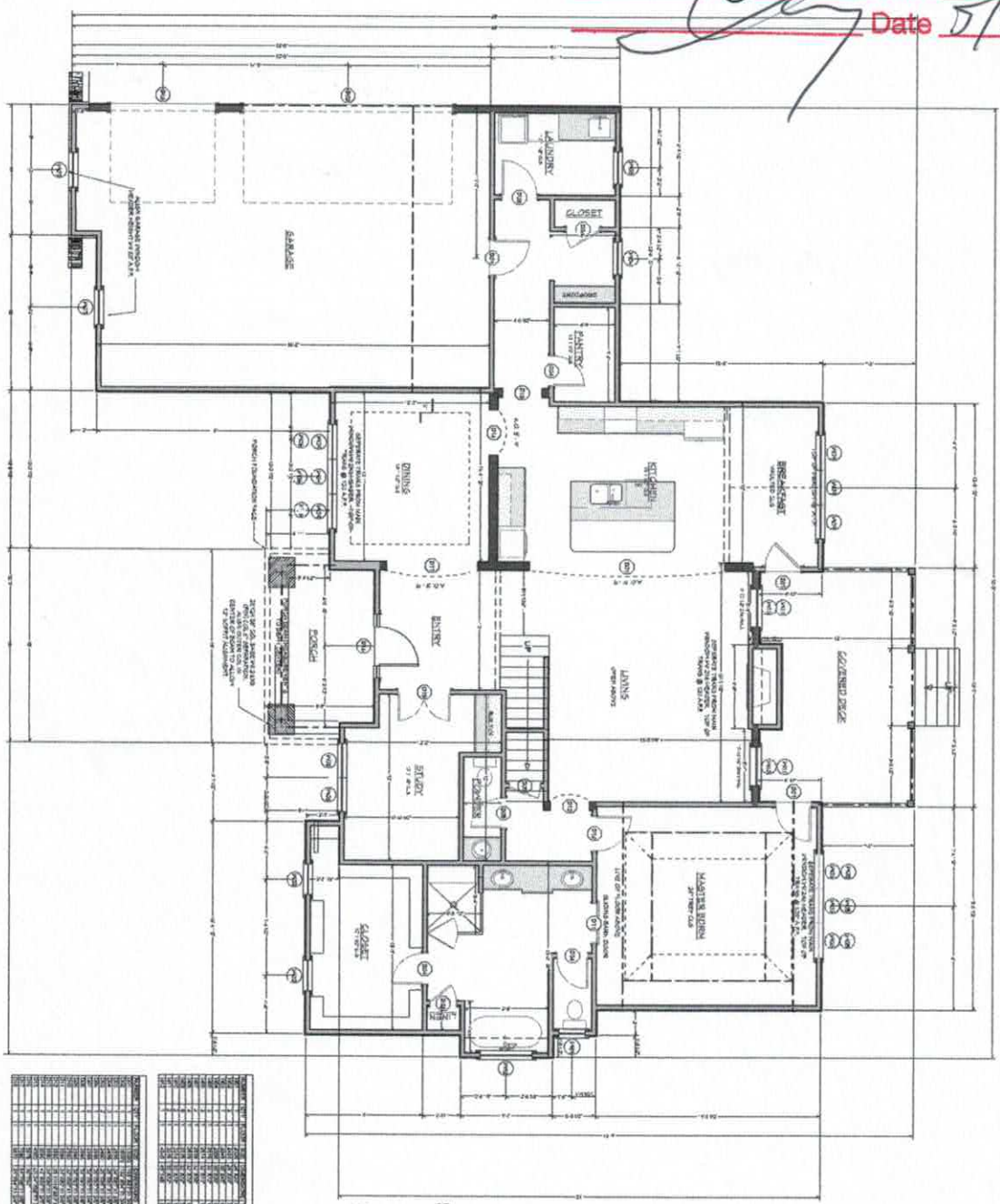
PLOT PLAN
t, FALLS COVE–PARKWOOD

Acknowledgement of
Plans Submittal ONLY!

APPROVED APR 21 2016

Date

Date 5/2/16







FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

SUMMIT ENGINEERING, INC.

STRUCTURAL ENGINEERING, ANALYSIS &OVERSIGHT BY:

SEAL DATE: 06-15-2015

SQUARE FOOTAGE	
1ST FLOOR HEATED	1910
2ND FLOOR HEATED	476
TOTAL HEATED	2446
BONUS	946
TOTAL H.S.F.	3242
GARAGE	679
PORCHES	334
TOTAL UNDER ROOF	4305

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Falls Cove
FC605 Lot 605
TROUTMAN NC 28166

BUILD4G.com
PO BOX 60
TROUTMAN NC 28166
704-665-7578

DESIGN BUILD

DATE: 6/19/2015

SCALE:

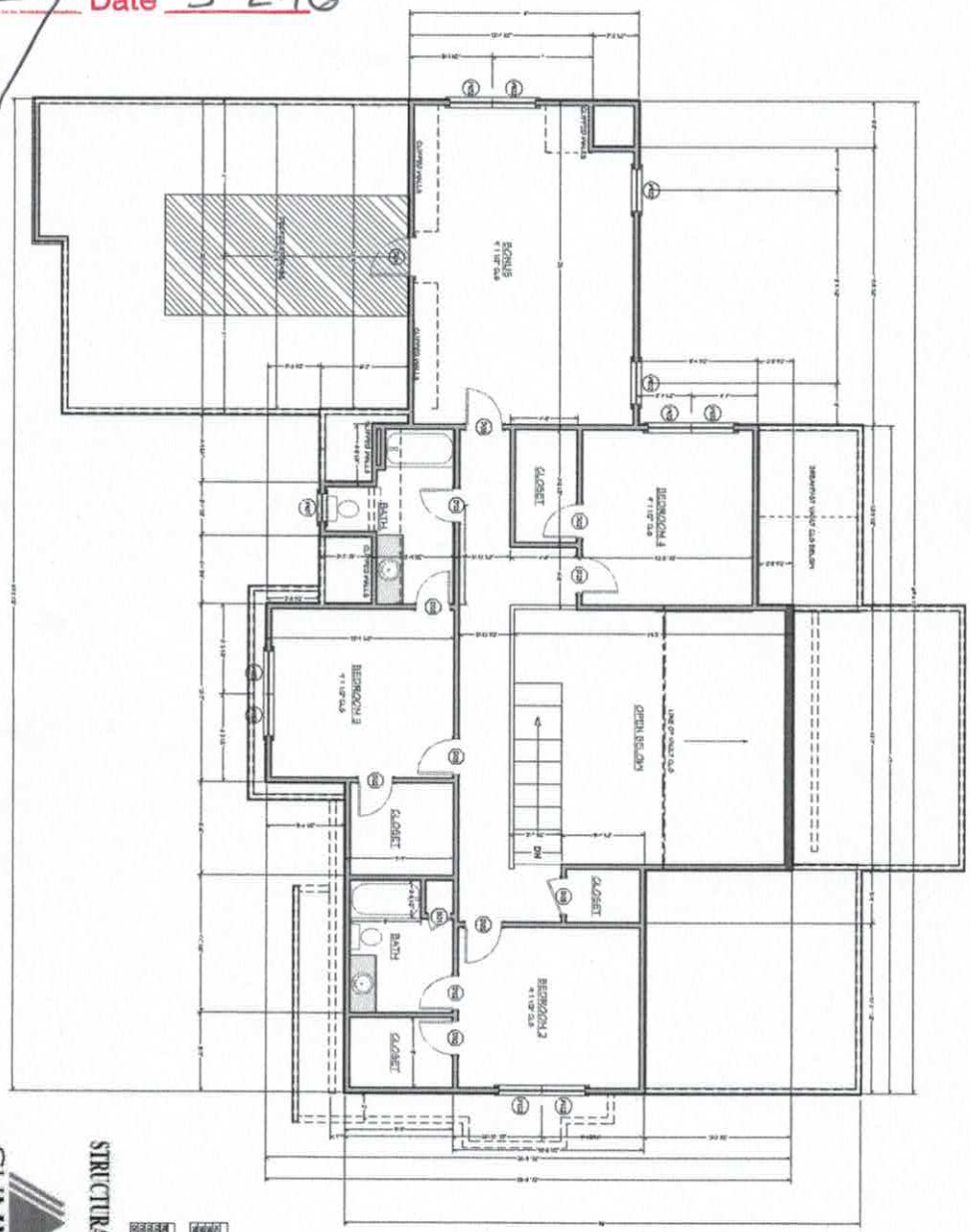
SHEET: A-6

Acknowledgement of
Plans Submittal ONLY!

APPROVED APR 21 2016

Date

Date 5.2.16



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"

SUMMIT
ECS, INC.
P.O. BOX 1945
CHARLOTTE, NC 28241
OFFICE: 704-394-1177
FAX: 704-394-1225
WWW.SUMMITCONSULTING.COM

STRUCTURAL ENGINEERING, ANALYSIS & OVERSIGHT BY:

SEAL DATE: 06-15-2015

SQUARE FOOTAGE	
1ST FLOOR HEATED	1470
2ND FLOOR HEATED	476
TOTAL HEATED	2446
BONUS	946
TOTAL H.S.F.	3242
GARAGE	679
PORCHES	384
TOTAL UNDER ROOF	4305

SHEET:	SCALE:	DATE:	BUILD4G.com	PROJECT DESCRIPTION:	NO.	DESCRIPTION	BY	DATE
A-7		6/19/2015	PO BOX 60 TROUTMAN NC 28166 704-665-7578	Falls Cove FC605 Lot 605. TROUTMAN NC 28166				

Zoning Permit # 2180360
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	4/13/2016	Tax Parcel #	4730112297
	Business Name or Property Owner	ELG Investments LLC		
	Street Address	142 Emerald Creek Dr.		
	Business Type and/or Project Description	New Construction		
APPLICANT	Applicant	Michael Gandy	Preferred Phone	704 506 5148
	Address City/State/Zip			
	E-Mail	Michaelgandy@bellsouth.net		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy (exception, single family residential additions/expansions). Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only

Zoning District(s)	RS	Plans Attached	Yes ☐ No ☑
Utilities	Public WA/Septic	Floodplain	Yes ☐ No ☐
Permitted Use of Property	SFR		
Minimum Setback Requirements	Front 25', Rear 25', Right Side 10', Left Side 10', *Setback measured from nearest projecting point of structure to Property Line.*		
Comments:	2 Front Yard Trees / Roof Pitch 4:12-12:12. Property has HOA more restrictive rules may Apply.		

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Signature of Applicant

gary@michaelthanas.com

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Signature of Zoning Administrator