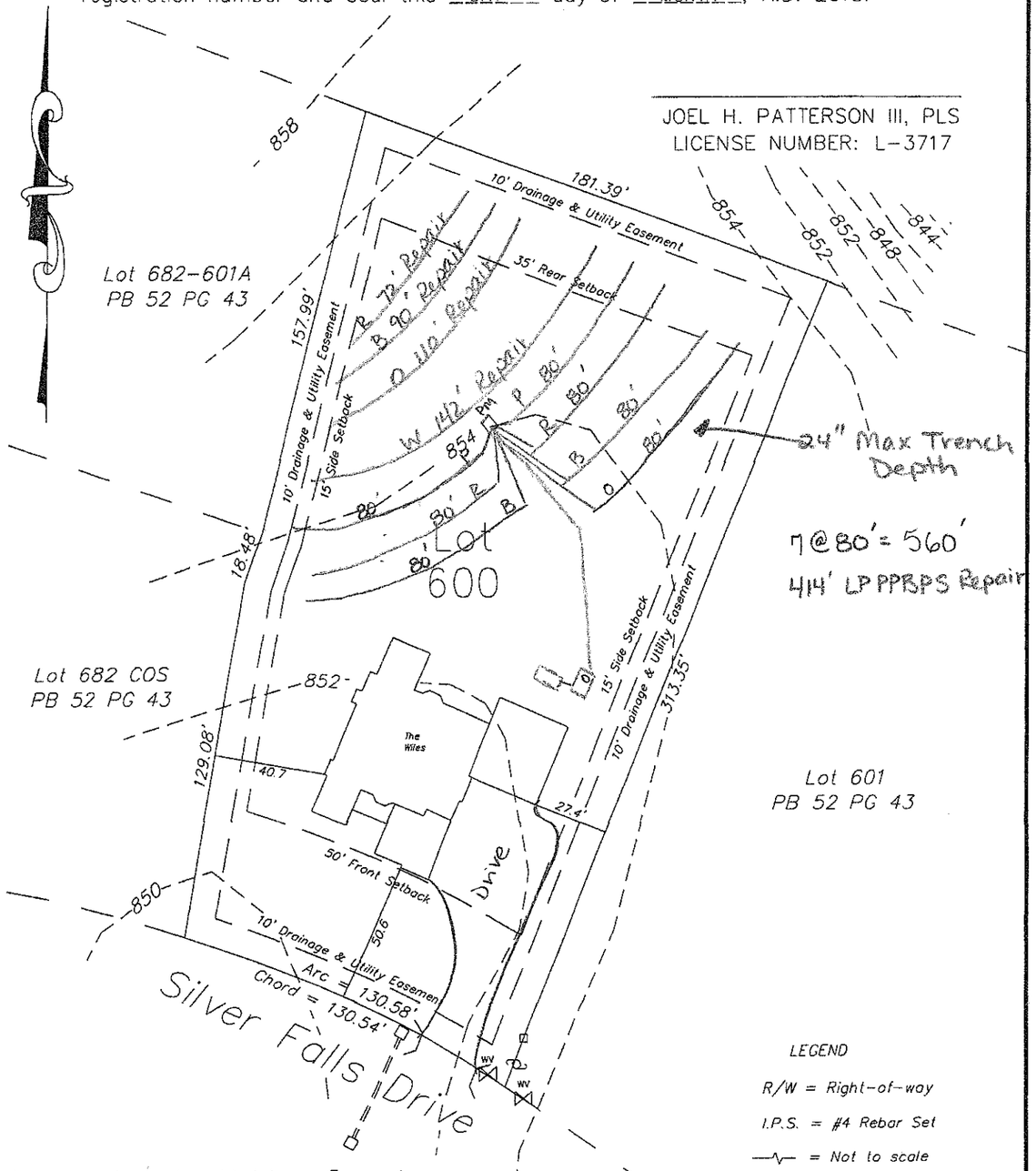
# PATTERSON LAND SURVEYING, P.A.

P.O. Box 5010, Mooresville, NC 28117 O-(704) 663-0110 M-(704) 361-0415

I Joel H. Patterson III, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book 52, Page 43). That the boundaries not surveyed are clearly indicated as drawn from information as shown on survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this DAY day of MONTH, A.D. 2013.

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717




1) This property may be subject to any Easements.

## Lot 600 Parkwood Phase 6 Subdivision Fast Track

| | |
|---|---|
| **Number of Bedrooms** | **4** |
| **Basement or Crawl** | **Crawl Space/Slab** |
| **Design Flow (gpd)** | **480** |
| **Primary System LTAR (gpd/ft2)** | **0.225** |
| **Primary System Type** | **25% Reduction** |
| | |
| No. Lines | 7 (See Table) |
| Total Linear Feet | 560 |
| | |
| Trench Width | 3' min. |
| Trench Spacing | 9' min. |
| Trench Depth (low side) | 24" |
| | |
| Pump Required | Yes |
| Distribution Device | Pressure Manifold |
| | |
| Maintenance Agreement Required | No |
| | |
| Length and Diameter of Supply Pipe | 80' of 2" SCH 40 PV( |
| | |
| Flow Rate through the system | 39 |
| Elevation head | Approx. 12.5' |
| Pressure head | 2.0' |
| Friction head | 2.5' |
| 20% Contingency | 3.0' |
| Total Head | 18' |
| | |
| Pump Requirements | 39 gpm @ 18' of hea<br>To be designed by ir |
| | |
| Maximum Dosing Volume | 240 gal -2.0 doses/d |
| | |
| Volume of water pumped per dose | Calculated to specifi<br>measure or dealer e<br>specifications ( 1 cut<br>equals 7.48 gal.) |
| | |
| Pump Run per dose | approx. 6.2 min. |
| | |
| **Repair System** | **LP PPBPS** |
| Total Linear Feet | 414 |
| Repair Loading Rate | 0.2 |

## Table: Summary of Primary and Repair Nitrification Line Specif

| Line No. | Use | Line Color | System Type | Line Length (Ft.) | Elevation (Ft.) |
|---|---|---|---|---|---|
| 1 | Repair | Red | 25% Reduction | 72 | Same as Original |
| 2 | Repair | Blue | 25% Reduction | 90 | |
| 3 | Repair | Orange | 25% Reduction | 110 | |
| 4 | Repair | White | 25% Reduction | 142 | |
| 5 | Repair | Pink | 25% Reduction | 80 endfed | |
| 6 | System | Pink | 25% Reduction | 80 endfed | |
| 7 | System | Red | 25% Reduction | 80 endfed | |
| 8 | System | Red | 25% Reduction | 80 endfed | |
| 9 | System | Blue | 25% Reduction | 80 endfed | |
| 10 | System | Blue | 25% Reduction | 80 endfed | |
| 11 | System | Orange | 25% Reduction | 80 endfed | Same as Original |
| | | | | Total System: 560' | |
| | | | | Total Repair: 414' | |

| | | | |
|---|---|---|---|
| Tank | Red | 1000 gal (2 compartment) | |
| Pump Tank | Red | 1000 gal. | Same as Original |
| House | Blue | | |

| Manifold Information | |
|---|---|
| Tap Size (In.) | 1/2 |
| Tap Material | SCH 80 PVC |
| No. Taps | 7 |
| Barrel Size (In.) | 4 |
| Barrel Material | SCH 80 PVC |
| Flow (gpm)/Tap | 5.5 |

Note: **Soil LTAR used from original, unexpired permit**
**All elevations should be verified by installer prior to installation.**
**Elevations for this sheet should be assumed to be the same as the original de submitted by S&ME, Inc for original IP since same lines and pump locations were used**

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 206059

APPLICANT: Sam Gandy

PIN # 4730124770

APPLICANT ADDRESS: P.O. Box 984 Troutman NC 28166

SITE ADDRESS: 109 Silver Falls Dr

PHONE: 704-208-8342 ALT. PHONE: N/A

SITE DIRECTIONS: State Park Rd T/L Morrison Farm Rd T/L Silver Falls Dr 2nd on left

SUBDIVISION: Parkwood @ Falls Cove

SECTION: Pom! LOT # 600 LOT AREA: 1.108ac

DESIGN FLOW: 360 L.T.A.R.: .225

| | | | | | |
|---|---|---|---|---|---|
| Septic Tank | 1500 (gal) | STB | Date | | |
| Pump Tank | 1500 (gal) | PT | Date | | |
| Pump Make | | Model | Serial # | | |
| # Nitrification Fields | 1 | # Lines | 5 | Linear Ft: | 400 |
| Trench Width | 36" | Max. Trench Bottom Depth | 24" | Gravel Depth | N/A |

[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI

System Description: 25% Reduction pm

Repair System Description: 25% Reduction pm

Maintenance Agreement Required: [ ] YES [X] NO

[ ] GRAVITY [X] PRESSURE

[X] Residence No. Bedrooms 3

[ ] Business No. Persons 6

[ ] Other No. Employees

[X] Slab [X] Crawl Space

[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: * per plan specs

Max Trench bottom depth 24"

INITIAL SITE SKETCH

See site plan from Kathleen Saunders

AS BUILT SKETCH

REVOKED

*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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: 10-24-14 Installed by: _____

IMPROVEMENT PERMIT by: Judy Melville Date: 05/21/07 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: 10/24/14 Existing System Inspected by: _____ Date: _____

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

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140152 PIN# 4730109262 DATE 5-21-07

OWNER OR APPLICANT Fall Cove Development LLC PHONE: Business _____ Home _____

ADDRESS 2214 Brawley School Rd Mooresville NC 28117

LOCATION State Park Rd TL Morrison Farm Rd TL Silver Falls Dr 2nd on left

SUBDIVISION Parkwood @ Falls Cove BLOCK / SECTION C LOT 600 LOT AREA .48 SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .225 gpd/ft²

Septic Tank: 1500 # Gallons: STB _____ Date _____

Pump Tank: 1500 # Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 560

No Lines 7@80' Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: 25% reduction pm

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: # Per plan specs

max. trench bottom depth 24"

Comments/Conditions:

INITIAL SITE SKETCH

See plan from SYME

Revoked

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: Patrick Mitchell date 06/25/07 Installed by: _____

Improvement Permit by: Judy Merrill date 5-21-07 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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

**IREDELL COUNTY HEALTH DEPARTMENT**
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

## Voluntary Relinquishment of Administrative Appeal Rights
## (Completion of Form by Property Owner)

12/29/14 (Date)

Owner: 4G DESIGN BUILD
Address: PO BOX 984
TROUTMAN NC 28166

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
FALLS COVE LOT 6000
109 SILVER FALLS DR
TROUTMAN NC 28166

I, Samuel M Leroy voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 5/21/07 (date) for a system 10/24/14
25% reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

**Central Office**
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

**Mooresville Office**
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

**Environmental Health**
349 N. Center Street
Statesville, NC 28677
704 878-5358

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

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

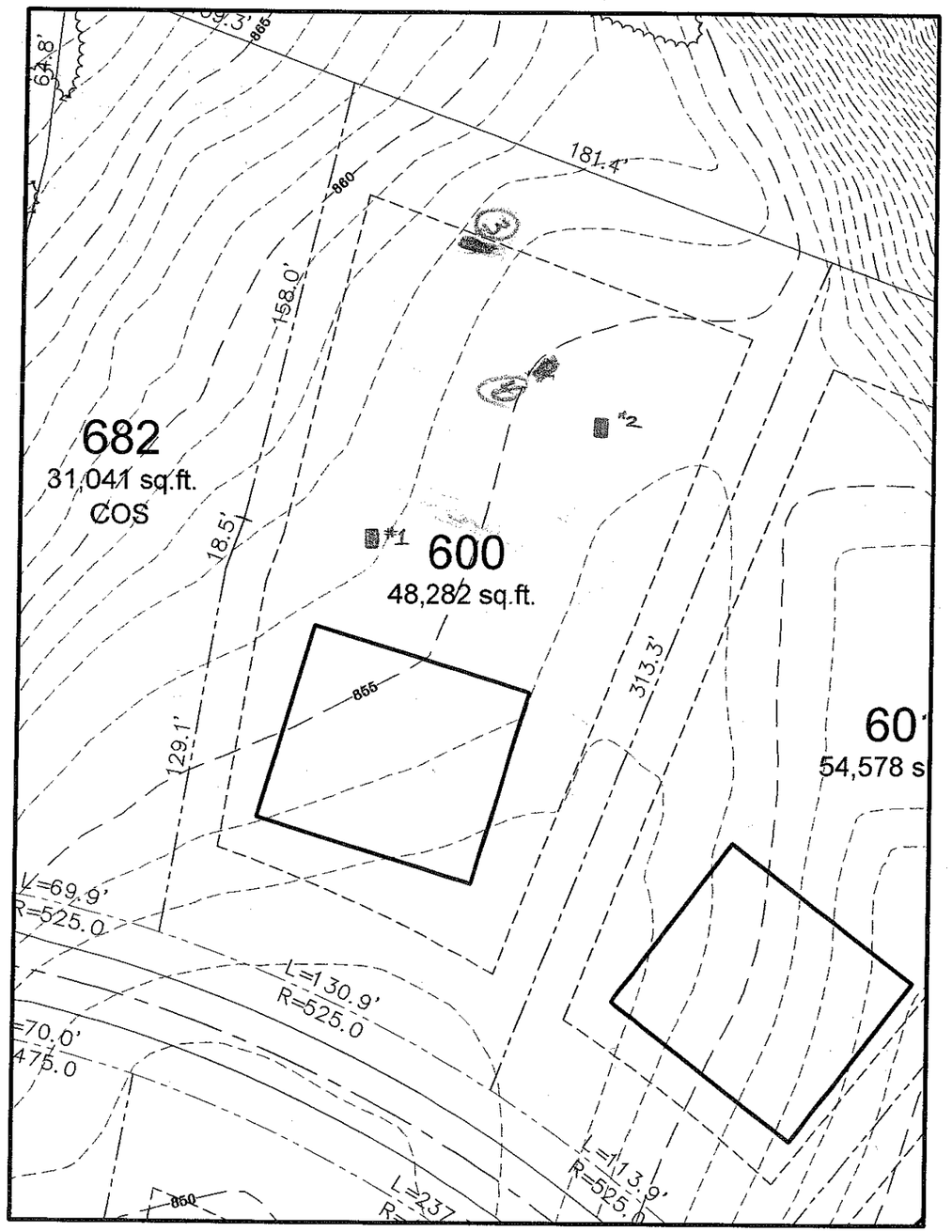
OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Pikuni # 600 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1949 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 | L ~3-6% | 0-8 | Mo,F,Gr,SL | VFr,NS,NP | | | | | PS 0,25 |
| | | 8-28 | WK,M,SBK,SC | Fr,SS,SP | | | | | |
| | | 28-52 | WK,M,SBK,CL | Fr,SS,SP | W Mott & Fe SAP Discrete w/ Scattered Rocks (Few Yellow Brn mottles) | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 | Very slight H/L 3-6% | 0-13 | WK,G,SL/L | VFr,SS,NP (Pale Brn) | | | | | PS 0,25 >33" 0,20-0,25 |
| | | 13-24 | WK,M,SBK,C | Fr,SS,SP (W/F-Yellow/Brn Mottles) | | | | | |
| | | 24-53 | WK,M,SBK,C/C | Fr/Fi,SS,SP (C-M-Yell/Brn Mottles) | | | | | |
| | | | | | Few SAP Inclus, @ 36-53" | | | | |
| | | | | | | | | | |
| 3 | | 0-6 | gr Sandy L | Fr,SS,SP | | | | | .25 |
| | | 6-42 | WK,M,SBK,C | Fr,SS,SP w/ few Sandy lenses mottles | | | | | |
| | | 42-53 | WK,M,SBK,C/C | Fr,SS,SP w/ many Brn Mottles | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 | 2-90 | 0-8 | WK,M,SBK,SL | Fr,SS,SP | | | | | .225 to .2 |
| | | 8-24 | WK,M,SBK,L | Fr,SS,SP | | | | | |
| | | 24-55 | WK,M,SBK,C | Fr,SS,SP w/ few Sandy lenses mottles | | | | | |
| | | | | | Few Chalcedony | | | | |
| | | | | | | | | | |

| 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: _____




GRAPHIC SCALE

50 25 0 50

SCALE: 1" = 50'