IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242159

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

PIN # 4730127535

APPLICANT/OWNER: 4G Design Build APPLICANT ADDRESS: 488 Pineville Rd Statesville

SITE ADDRESS: 121 Silver Falls Dr. Troutman 28166 PHONE: 704-578-4951 ALT. PHONE ← Kathleen

SITE DIRECTIONS: State Park Rd → L on Morrison Farm → L on Silver Falls → on left SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Falls Cove - Parkwood SECTION: 6 LOT # 602 LOT AREA: 1.3 ac DESIGN FLOW: 3100 gpd L.T.A.R.: .25 (.3 repl.)

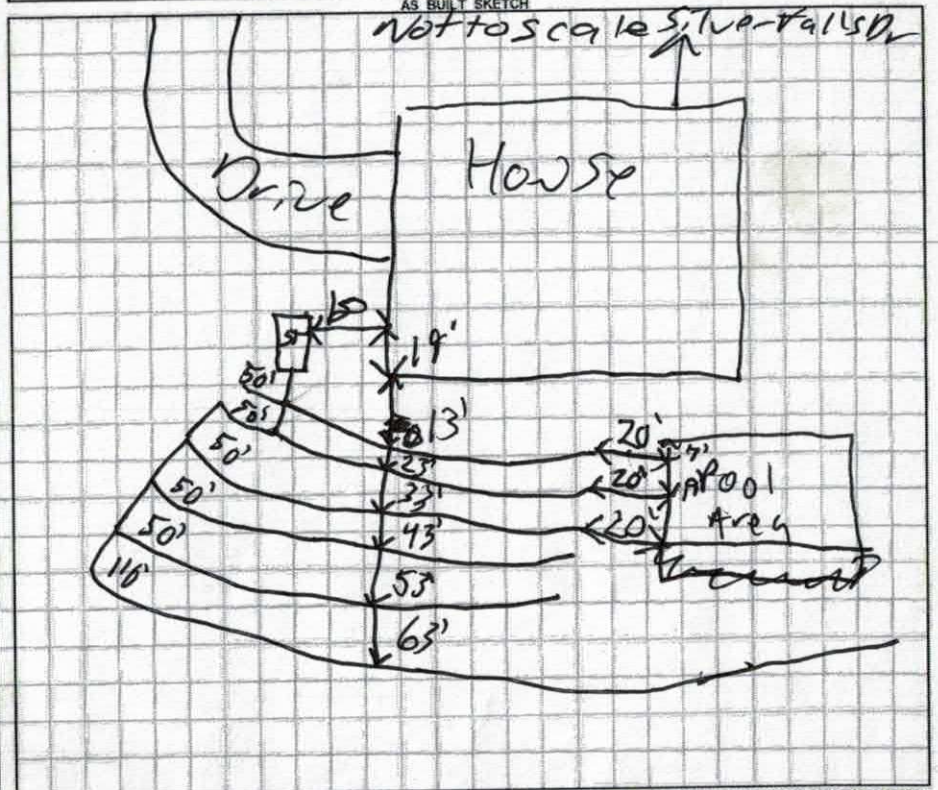
Septic Tank 1000 (gal)	STB 3/23/18	Date 8/25	[X] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: 75% reduction	[ ] Business	No. Persons 6	[ ] Private
Pump Make	Model	Serial #	Repair System Description: LPP85	[ ] Other	No. Employees	[X] Public
# Nitrification Fields 1	# Lines 6	Linear Ft 310'	Maintenance Agreement Required: [ ] YES [X] NO	[X] Slab	[ ] Crawl Space	[ ] Community
Trench Width 36"	Trench Bottom Depth/ 36" max	Gravel Depth —	[X] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: Driveway / garage must be on right side per previous permit.

INITIAL SITE SKETCH

See attached design by The Oaks Group LSS Kathleen Sanders #1313

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. **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: Kathleen Sanders Date: 2-20-19 Installed by: Rowan Septic Tank and ditching

IMPROVEMENT PERMIT by: Carlen C. Cave Date: 2/20/19 OPERATION PERMIT by: Patrick J Byle III Date: 07/15/19

AUTHORIZATION TO CONSTRUCT by: Carlen C. Cave Date: 2/20/19 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.

PRELIMINARY

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

PRELIMINARY
NOT FOR RECORDATION
CONVEYANCES
AND/OR SALES

NORTH CAROLINA PROFESSIONAL SEAL L-3717 LAND SURVEYOR JOEL H. PATTERSON, III

Plat Book Page 283 Dated: 07/14/...

TAX ID: 4730-23-4255
ERIC G GOVERNALE
DB: 2425 PG: 1985

Approved-
CC
2/20/19

S50°16'33"E 142.02'

L1

10' Drainage & Utility Easement

35' Rear Setback

LOT 602
1.253 ACRES

Unsuitable soil

S42°03'18"W 395.80'

10' Drainage & Utility Easement

15' Side Setback

N38°55'32"E 368.24'

TAX ID: 4730-12-6643
LOT 601
BROCK & ANDREA WHINNERY
DB: 2403 PG: 541
PB: 52 PG: 43

Deck
Pool
Deck

120'
50'
50'
50'
50'

31.2'
17.7'
20.1'
26.0'
36.0'
36.9'
26.0'
43.8'
33.8'
1.0'
15.1'
0.8'
12.3'
3.0'
25.6'
9.0'
40.2'
10.0'
11.8'
51.0'

Proposed "Post" Residence

Drive

50' Front Setback

10' Drainage & Utility Easement

R/W

C1 N43°02'09"W 117.42'

SILVER FALLS DRIVE
50' PUBLIC R/W
(PLAT BOOK 52 PAGE 43)

1" = 50'

Initial system in existing permitted area

Total 251

Repair
0 - 43
43 - 242
242 - 322
322 - 396
396 - 451

Falls Cove Lot 602 Fast Track - The Oaks Group, PA

Number of Bedrooms	3
Basement or Crawl	~~Crawl Space~~ Slab KMS
Design Flow (gpd)	360
Primary System LTAR (gpd/ft2)	**0.25 Per Existing**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	370
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (High Side)	36" Per Existing
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	251
Repair Loading Rate	0.3
Trench Depth	36"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Red	LP PPBPS	26
2	Repair	Blue	LP PPBPS	32
3	Repair	Orange	LP PPBPS	32
4	Repair	Pink	LP PPBPS	32
5	Repair	Red	LP PPBPS	43
6	Repair	Blue	LP PPBPS	43
7	Repair	Orange	LP PPBPS	43
8	System	Orange	25% Reduction	50 endfed
9	System	Pink	25% Reduction	50 endfed
10	System	Red	25% Reduction	50 endfed
11	System	Blue	25% Reduction	50 endfed
12	System	Orange	25% Reduction	50 endfed
13	System	Pink	25% Reduction	120 endfed
				Total System: 370'
				Total Repair: 251'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Must get gravity flow from house to tank location
Initial system uses previously permitted septic area

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

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

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

OWNER: HG Design Build
ADDRESS: 121 Silver Falls
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Falls Cove 602
APPLICATION DATE ___
DATE EVALUATED: 2/1/19
PROPERTY SIZE: 1.25 Ac
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	L 3-5%	0-12	MO SBK C	FR SS/SP	R; F sap	36"	PS	N/A	0.3
		12-36	WK SBK CL	↓	R; C sap				
		36-50	MA L SAP	↓	yel R				
2	L 2-3%	0-3	MO GR SL	FR NS/NP	Br	36"	PS	N/A	0.3
		3-12	MO SBK C	FR SS/SP	R; F sap				
		12-86	WK SBK CL	↓	R; C sap				
		36-50	MA L SAP	↓	R yel				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	0.25	0.3
Site LTAR	III g	IV

OTHER FACTORS (.1946): 36" TB per Existing permit
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ___

COMMENTS: ___

Comp-Relay 242159 Paid 2/11/19 $350 — Misc. Receipt —

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) 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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: 4G Design Build Address: 488 Pineville Rd Statesville Zip: 28677
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 121 Silver Falls Dr Troutman
Subdivision Name: Falls Cove Section/Phase: _____ Lot Number: 602
Driving Directions: State Park Rd, L Morrison Farm, L Silver Falls, on L

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: 3
Maximum Number of Occupants: 6
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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: _____
( ) New Well ( ) Existing Well ( ) Community Well (X) 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?

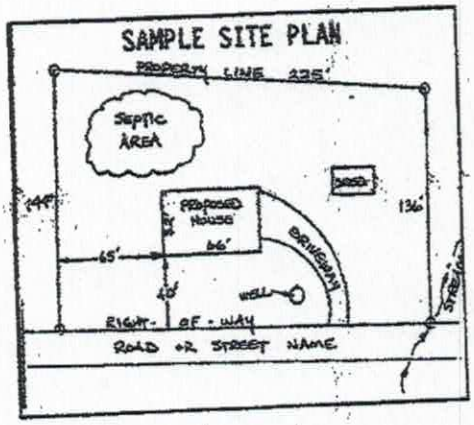
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Kathleen Sanders 2-11-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

Please see attached

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

2-11-19
DATE

PRELIMINARY

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

NORTH CAROLINA PROFESSIONAL SEAL L-3717 LAND SURVEYOR JOEL H. PATTERSON, III

Plat Book Page 283 Dated: 07/14/

PRELIMINARY
NOT FOR RECORDATION
CONVEYANCES
AND/OR SALES

TAX ID: 4730-23-4255
ERIC G GOVERNALE
DB: 2425 PG: 1985

Approved- CC 2/20/19

S50°16'33"E 142.02'

10' Drainage & Utility Easement

35' Rear Setback

LOT 602
1.253 ACRES

Unsuitable soil

10' Drainage & Utility Easement

15' Side Setback

S42°01'18"W 293.80'

10' Drainage & Utility Easement

Side Setback

N38°55'32"E 368.24'

Deck

35' Pool

Deck

120'

50'

50'

50'

31.2'

17.7'

20.1'

26.0'

36.0'

36.8'

26.0'

Proposed "Post" Residence

33.8'

1.0'

0.8'

15.1'

9.0'

40.2'

25.6'

6.3'

3.3'

10.0'

11.8'

Drive

50' Front Setback

51.0'

10' Drainage & Utility Easement

TAX ID: 4730-12-6643
LOT 601
BROCK & ANDREA WHINNERY
DB: 2403 PG: 541
PB: 52 PG: 43

R/W

C1

N43°02'09"W 117.42'

SILVER FALLS DRIVE
50' PUBLIC R/W
(PLAT BOOK 52 PAGE 43)

1" = 50'

Total 251

Repair 4-632-0-0-0

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, 4G Design Build, am the legal owner of the property located at 121 Silver Falls Dr, identified as PIN(Parcel Identification Number) 4676214140, located in Iredell County, North Carolina.

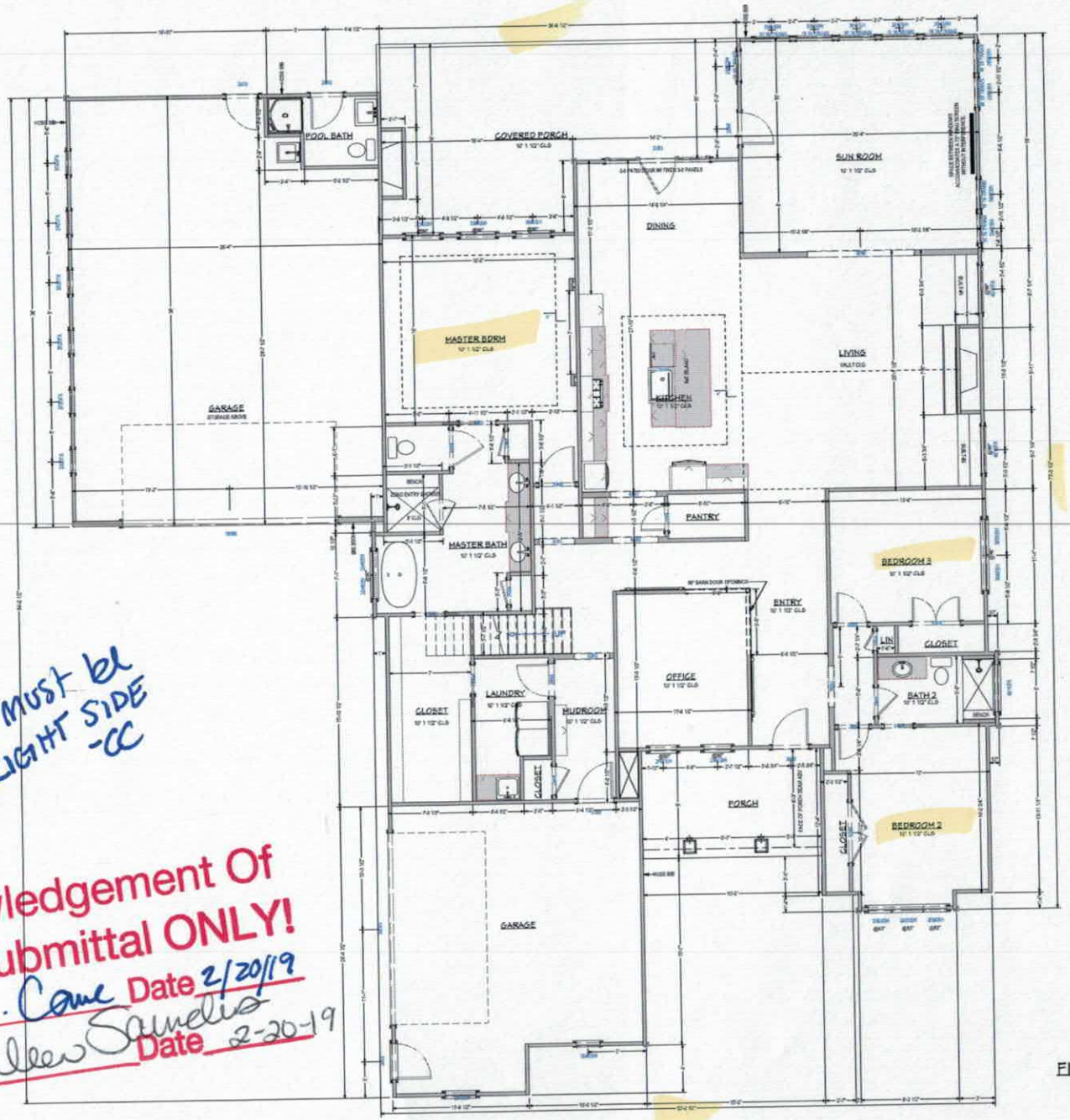
I do hereby authorize (print authorized agent/company name) The Oaks Group, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — Date: 8/1/18

Signature of Witness — Date



SQUARE FOOTAGE	
1ST FLOOR HEATED	2977
2ND FLOOR HEATED	70
TOTAL HEATED	3041
GARAGES	1319
PORCHES	534
TOTAL UNDER ROOF	4460

* plans are flipped- garage must be on RIGHT SIDE -CC

Acknowledgement Of Plans Submittal ONLY!

Caden C. Cone Date 2/20/19

Kathleen Sanelius Date 2-20-19

FIRST FLOOR PLAN

SCALE 1/4" = 1' - 0"

FIELD

NO.	DESCRIPTION	BY	DATE

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For permission requests please contact:
4G Design Build
PO Box 60
Troutman NC 28166

PROJECT DESCRIPTION:
Post Residence
121 Silver Falls Dr
Troutman NC 28166

4G DESIGN BUILD
BUILD4G.com
PO BOX 60
TROUTMAN NC 28166
704-665-7578

DATE: 12/27/2018

SCALE:

SHEET: A-6

Zoning Permit # 2/2/19
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	2-11-19	Tax Parcel #	4730-12-7535
	Business Name or Property Owner	4G Design Build		
	Street Address & Lot Number	121 Silver Falls Dr / Falls Cove #602		
	Business Type and/or Project Description	SFR - Septic		
APPLICANT	Applicant	The Oaks Group	Preferred Phone	704-578-4951
	Address City/State/Zip	121 Holt LN 28117		
	E-Mail	Kathleen M Saunders@gmail.com		
	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. 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	TL ☑ ETJ ☐	Plans Attached	Yes ☑ No ☐
Utilities	Public WA/Septic		Floodplain	Yes ☐ No ☑
Permitted Use of Property	SFR			
Minimum Setback Requirements	Front 25', Rear 25', Left Side 10', Right Side 10' *Setback measured from nearest projecting point of structure to Property Line.*			

Comments: 2 Front Yard trees required. Property is within an HOA more rules may apply.

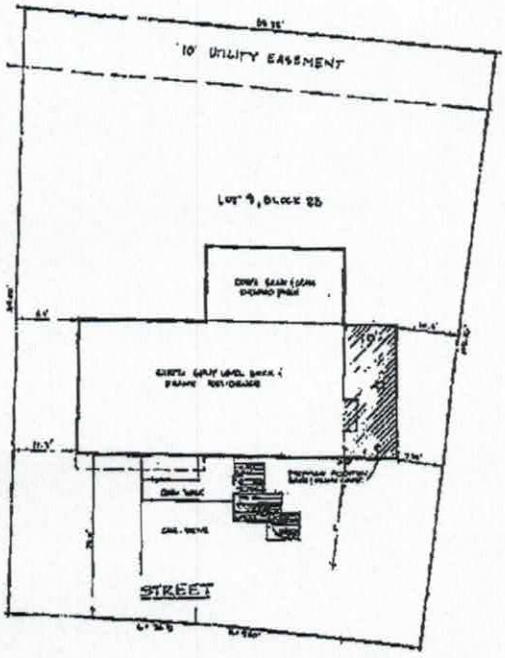
I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work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

Kathleen Saunders
Signature of Applicant

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.

Danielle Upright
Signature of Zoning Administrator

Falls Cove - Parkwood



Please provide a drawing of your property in the space below (similar to drawing on the left) or attached in a separate document showing the layout of your home or business on the lot. If applicable, please clearly note expansions.

Silver Falls Dr

