IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239970

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

PIN # 4730 128494

APPLICANT/OWNER: Waterview Investments APPLICANT ADDRESS: 488 Pineville Rd Statesville, NC

SITE ADDRESS: 127 Silver Falls Dr Troutman, NC PHONE: 704578-4951 ALT. PHONE

SITE DIRECTIONS: Perth Rd N TL State Park TL Morrison Farm TL Silver Falls on left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Falls Cove SECTION: LOT # 603 LOT AREA: 635707 ft² DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 825 Date 11.10.18

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 6 Linear Ft 276'

Trench Width min 24" Trench Bottom Depth(Low side) 58" Gravel Depth N/A

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

System Description: Gravity - PPBPS

Repair System Description: Up PPBPS

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: Divert storm/surface water away from Septic System.

A System will need vents for deep installation. Shaved berms & fill and compact gullies. Note: Place ST to achieve gravity flow to uppermost line.

INITIAL SITE SKETCH

See attached, approved Septic plan by The Oaks Group, P.A (dated 10/31/18)

AS BUILT SKETCH

Installed as shown on site plan.

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**

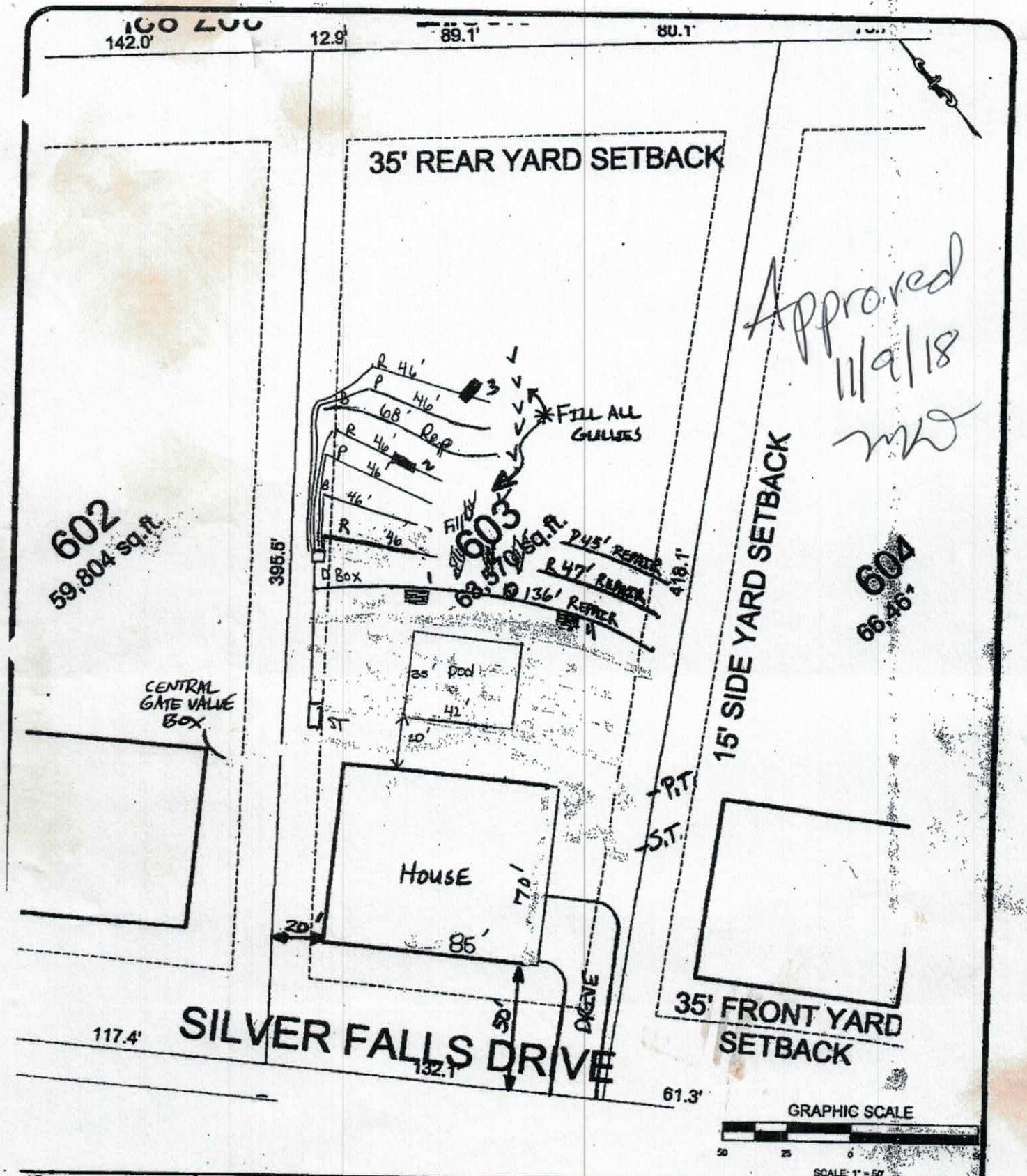
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 11-13-18 Installed by: Shady Knoll Septic Service (Andrew Daywalt)

IMPROVEMENT PERMIT by: Marian Dotson Date: 11/9/18 OPERATION PERMIT by: Kayla Wilson @ Date: 7.18.19

AUTHORIZATION TO CONSTRUCT by: Marian Dotson Date: 11/9/18 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.


142.0'
12.9'
89.1'
80.1'
35' REAR YARD SETBACK
Approved
11/9/18
MD
602
59,804 sq.ft.
603
FILL ALL GULLIES
395.5'
418.1'
15' SIDE YARD SETBACK
604
66.46'
CENTRAL GATE VALVE BOX
Box
35' Pool
42'
20'
ST
P.T.
S.T.
HOUSE
70'
85'
20'
30'
D/E/W
117.4'
SILVER FALLS DRIVE
132.1'
61.3'
35' FRONT YARD SETBACK
GRAPHIC SCALE
50
25
0
SCALE: 1" = 50'
LE: AS SHOWN
DATE: MAY 2007
DRAWN BY: RDM
PROJECT NO: 1588-06-091
S&ME
WWW.SMEINC.COM
LOT #603
CRESCENT PARKWOOD - PHASE 6
IREDELL COUNTY, NORTH CAROLINA
FIGURE NO.

Falls Cove Lot 603 Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**PPBPS**
No. Lines	6 (See Table)
Total Linear Feet	276
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth Low Side	58"
Pump Required	No
Distribution Device	Distribution Box
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	55 ft of 2" SCH 40 PVC
Repair System	**LP PPBPS**
Total Linear Feet	296
Repair LTAR	0.275

Approved

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Panels
1	Repair	Orange	LP PPBPS	136	
2	Repair	Red	LP PPBPS	47	
3	Repair	Pink	LP PPBPS	45	
4	System	Red	PPBPS	46 endfed	11
5	System	Blue	PPBPS	46 endfed	11
6	System	Pink	PPBPS	46 endfed	11
7	System	Red	PPBPS	46 endfed	11
8	Repair	Blue	LP PPBPS	68	
9	System	Pink	PPBPS	46 endfed	11
10	System	Red	PPBPS	46 endfed	11
					Total: 66
				Total System: 276'	
				Total Repair: 296'	

Tank	Red	1000
Pump Tank	Red	
House	Blue	

Note: Place tank to achieve gravity flow to uppermost line
Shave berms and fill and compact gullies
System will need vents for deep installation

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 127 Silver Falls Dr

Date: October 31, 2018

Attached is the septic specification information required to permit 127 Silver Falls Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders

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: Waterview Investments
ADDRESS: 488 Pineville Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 603 Falls Cove
APPLICATION DATE ___
DATE EVALUATED: 9/28
PROPERTY SIZE: 1.459
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
1	L 10-15%	0-32	Mo ABK C	FR SS/SP	yel R; C R; C sap	yel Br 55+	N/A	N/A	0.25 (0.3 32+)
		32-55	WK SBK C	↓					
2	L 10-15%	0-28	Mo ABK C	FR SS/SP	R; C yel R yel; C mult	BL sap 32"	PS	N/A	0.25 (0.3 28+)
		28-32	WK SBK CL	↓					
		32-70	MA L sap	↓					
3	L 10-15%	0-18	Mo ABK C	FR SS/SP	R; C yel R; F yel R; C sap	Br Br; F sap 70+	N/A	N/A	0.25 (0.3 36+)
		18-36	WK SBK SCL	↓					
		36-70	WK SBK SCL	↓					
4	L 10-15%	0-16	Mo SBK C	FR SS/SP	R R; C sap yel R	28"	PS	N/A	0.3
		16-28	WK SBK CL	↓					
		28-60	MA L sap	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PP BPS	LP PP BPS
Site LTAR	0.3	0.275

OTHER FACTORS (.1946): PS 58" TB
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: KMS
OTHER(S) PRESENT: ___

COMMENTS: ___

Updated February 2014

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

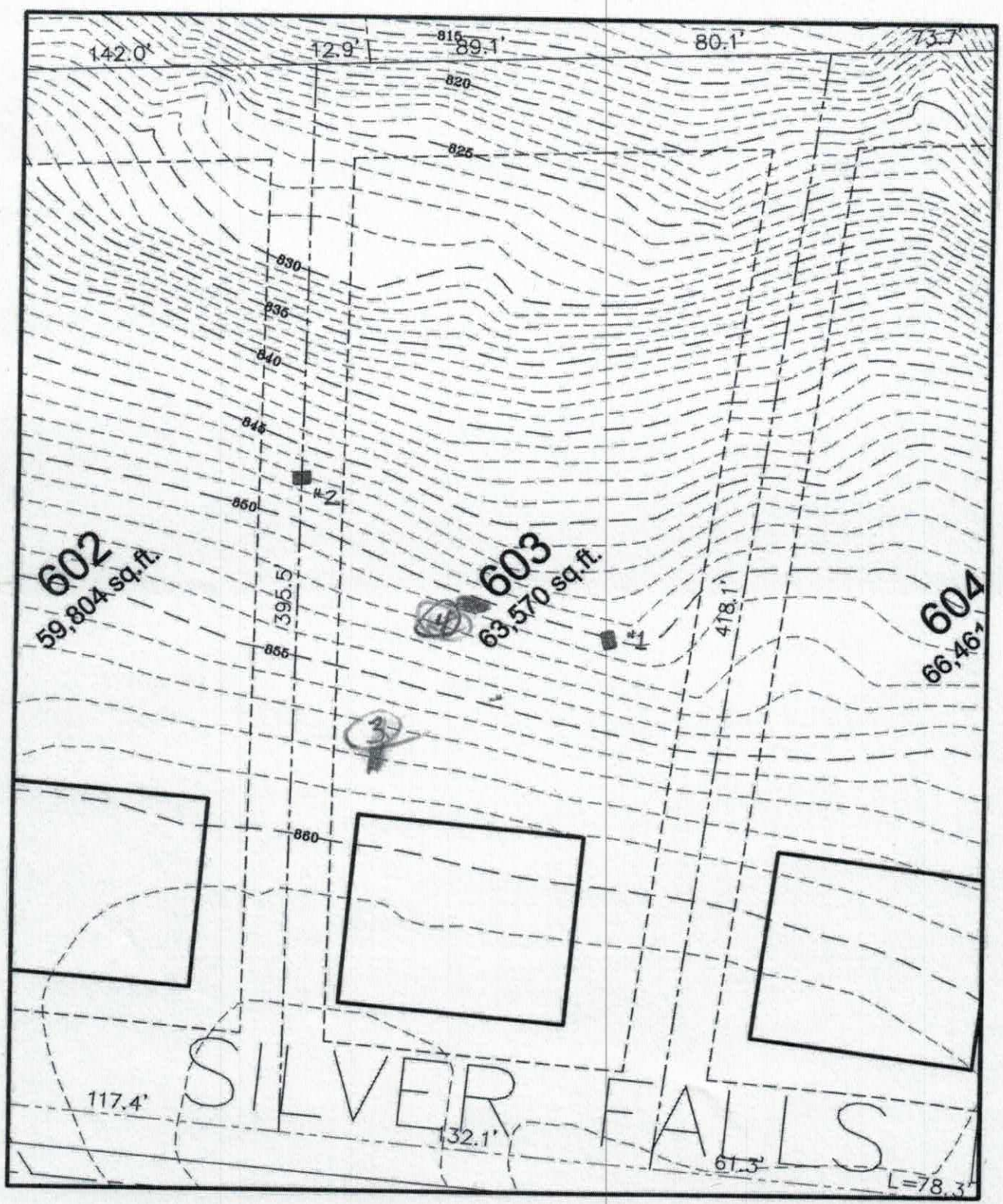
OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 2007
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Parkwood #603 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

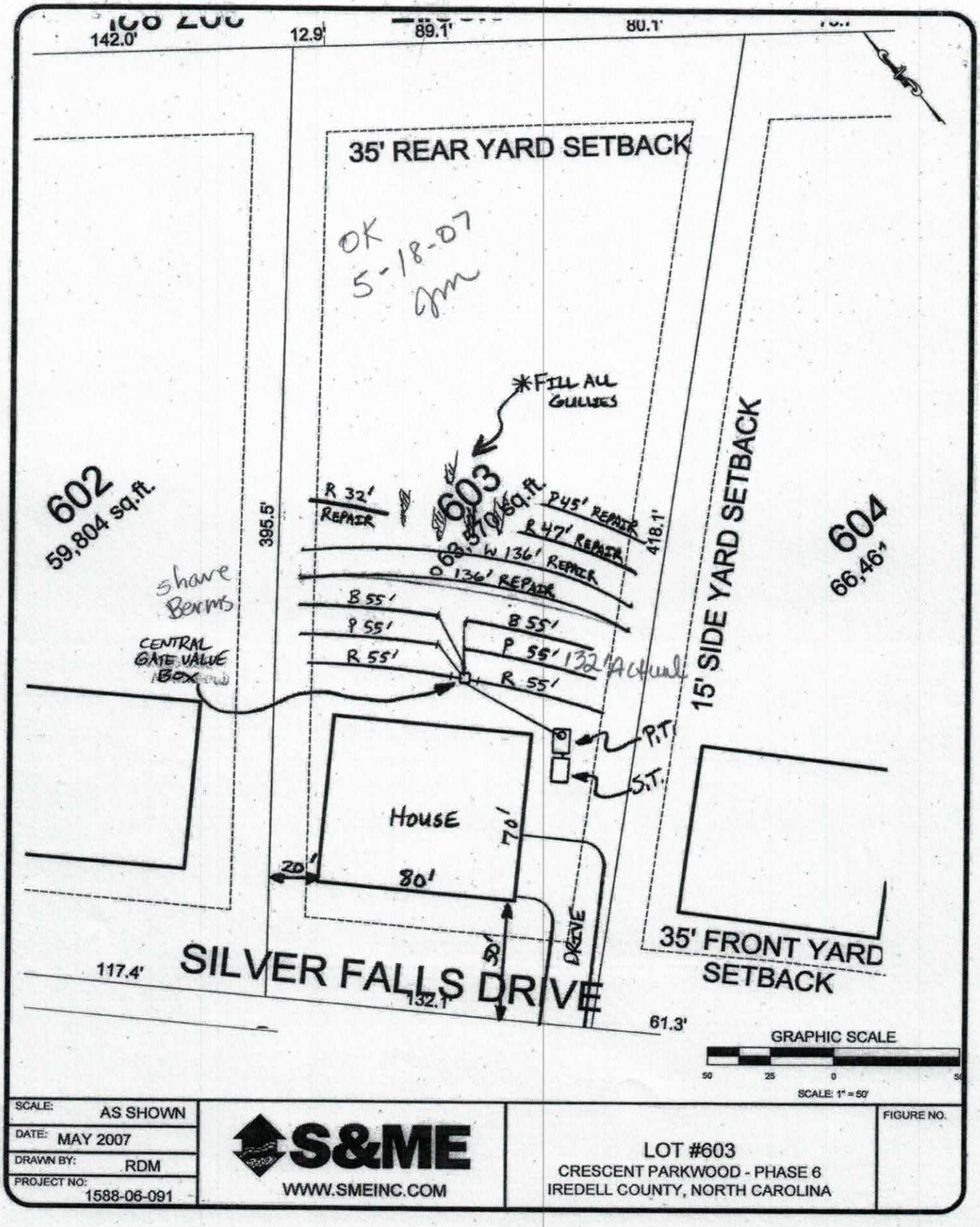
PROFILE #	.1948 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1955 SAPRO CLASS	.1944 RESTR HORIZ	
1 (#85)	8%	0-4	Gr, SL	Fr, NS, NP (Br)					PS
		4-20	Wk, sbk A&k, C	Fr, SS, SP (Red)	Few Yellow-Brown Mottles				0.25
		20-40	sbk, C	Fr, SS, SP (Red)	Rel rot				
		40-48+	sbk, CL	Fr, SS, SP (Light Red)	SAP Inclus.				
2	L 5-10%	0-10	Wk M, Gr SL	VFr, NS, NP (Brn)					PS
		10-30	Mod Wk A&k, CL	Fr, SS, SP (Red)					0.30
		30-44	Wk, M, Sbk, CL	Fr, SS, SP w F	SAP Inclus.				
		44-59	Mass, L Sap	w few CL Pockets					
3		0-7	gr SL	fr ss/sp					.3
		7-30	m f sbk C	fr ss/sp SE	few/common sap				
		30-54	Wk f sbk C	fr ss/sp					
4		0-7	gr sd	fr ss sp					.25
		7-24	Mod f sbk C	fr ss sp few/common sap, few/many mottles					
		24-48	W/sbk C	fr ss sp common sap, few/many mottles					

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: _____


142.0'
12.9'
89.1'
80.1'
73.7'
815
820
825
830
835
840
845
850
855
860
#2
#1
602
59,804 sq.ft.
603
63,570 sq.ft.
604
66,46
395.5'
418.1'
117.4'
132.1'
61.3'
L=78.3'
SILVER FALLS
GRAPHIC SCALE
50
25
0
50
SCALE: 1" = 50'



SCALE:	AS SHOWN
DATE:	MAY 2007
DRAWN BY:	RDM
PROJECT NO:	1588-06-091

S&ME
WWW.SMEINC.COM

LOT #603
CRESCENT PARKWOOD - PHASE 6
IREDELL COUNTY, NORTH CAROLINA

FIGURE NO.

Lot 603 Parkwood Phase 6 Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	Crawl Space
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.25
Initial System Type	**LP PPBPS**
No. Lines	6 (See Table)
Total Linear Feet	330
Trench Width	3' min.
Trench Spacing	9' min.
Pump Required	Yes
Distribution Device	Central Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	~45' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	36 gpm
Elevation head	Approx. 6'
Pressure head	3.0'
Friction head	2.0'
20% Contingency	2.3'
Total Head	14'
Pump Requirements	**36 gpm @ 14' of head**
Dosing Volume	258 gal. - 2.2 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	Yes
Repair System	**LP PPBPS** (320' Required)
Total Linear Feet	396'

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Initial LPPPBPS System Specifications

Line No.	Line Color	Length (ft)	# Panels	Calculated	**Rod Reading Elev. (Ft.)	Hole Size(In.) per panel
Line # 1	Red	55	12	12.69	4.7'	5/32"
Line # 2	Red	55	12	12.69		5/32"
Line # 3	Pink	55	12	12.69		5/32"
Line # 4	Pink	55	12	12.69		5/32"
Line # 5	Blue	55	12	12.69		5/32"
Line # 6	Blue	55	12	12.69		5/32"
Totals		330	72	76.15		

Table 2: Summary of Repair System Specifications

Laterals	Line Color	Length (ft)	Elev. (Ft.)
Line # 1	Orange	136	
Line # 2	White	136	
Line # 3	Red	32	
Line # 4	Red	47	
Line # 5	Pink	45	12.1'
Totals		396	

			Elev. (ft.)
Tank	Red	1500 gal (2 compartment)	
Pump Tank	Red	1500 gal.	3.5'
House	Blue	Back Left Corner	3.6'

** Elevations should be verified by surveyor at time of installation

NOTES: ** Place one 5/32" hole per panel
Fill all gullies

RECEIVED NOV - 1 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM #239970 Paid $350.00

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: (X) 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: Waterview Invest. Address: 488 Pineville Rd Statesville Zip: _____
Applicant Email: _____ Phone: 704-578-4951 Kat Saunders, LSS Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 127 Silver Falls Dr Troutman
Subdivision Name: Falls Cove Section/Phase: _____ Lot Number: 603
Driving Directions: Perth, State Park Rd, 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: 4
Maximum Number of Occupants: 8
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) 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 Saunders 10-29-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

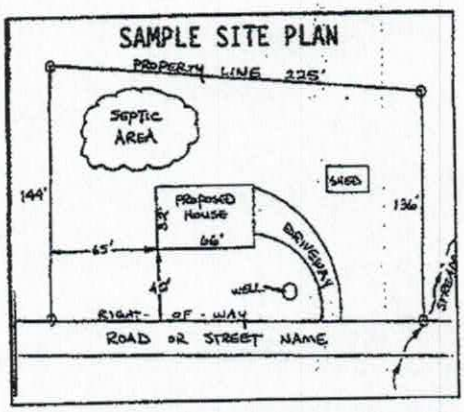
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

10-31-18
DATE

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, WaterView Investments, am the legal owner of the property located at 127 SILVER FALLS DRIVE TROUTMAN, identified as PIN(Parcel Identification Number) 4730 128494, 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.

_____ 10/30/18
Signature of Owner Date

_____ 10/30/18
Signature of Witness Date

Site Address: 127 Silver Falls Dr - Intn

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140156 PIN# 4730-09-26-2.603 12-8494 DATE 5-22-07

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

ADDRESS 2215 Brawley School Rd Mooresville NC 28115

LOCATION State Park Rd TL Morrison Farm TL Silver Falls

SUBDIVISION Parkwood @ Falls Cove BLOCK / SECTION 6 LOT 603 LOT AREA 63570 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25 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 990 Linear Feet 330

No Lines 6 @ 55' Trench Width 36" * Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

* per plan specs

Shave Berms
Fill Gullies

Comments/Conditions:

INITIAL SITE SKETCH

See Plan from S+ME

AS BUILT SKETCH

Revoked

EXPIRED
7-1-16 (SL 2015-286)

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

Improvement Permit by: _____ date 5-22-07 Operation Permit by: _____ date _____

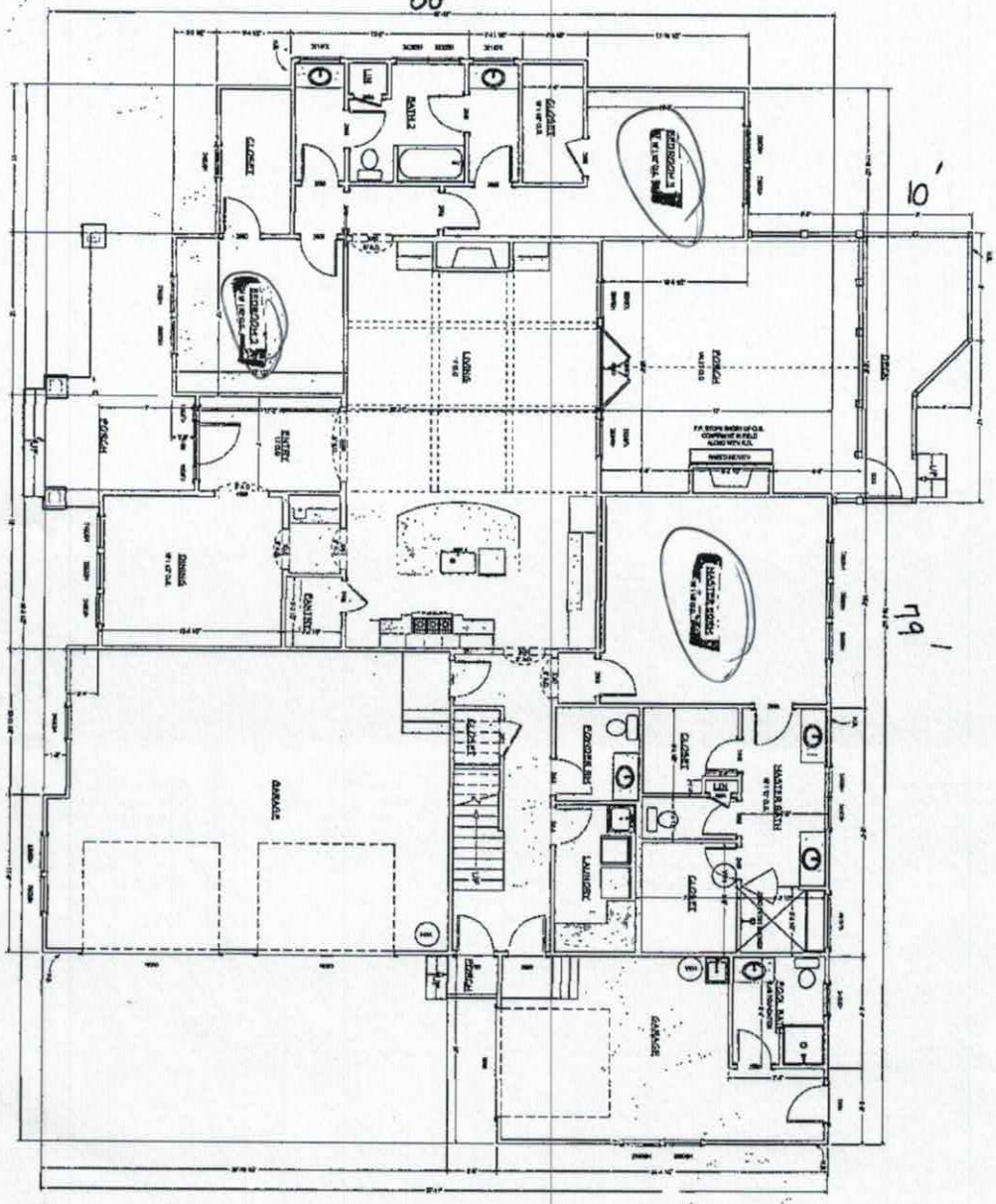
Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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

58'

10'

79'



Acknowledgement Of
Plans Submittal ONLY!

Maria Date 11/9/18

Kathleen Saunders Date 11-13-18

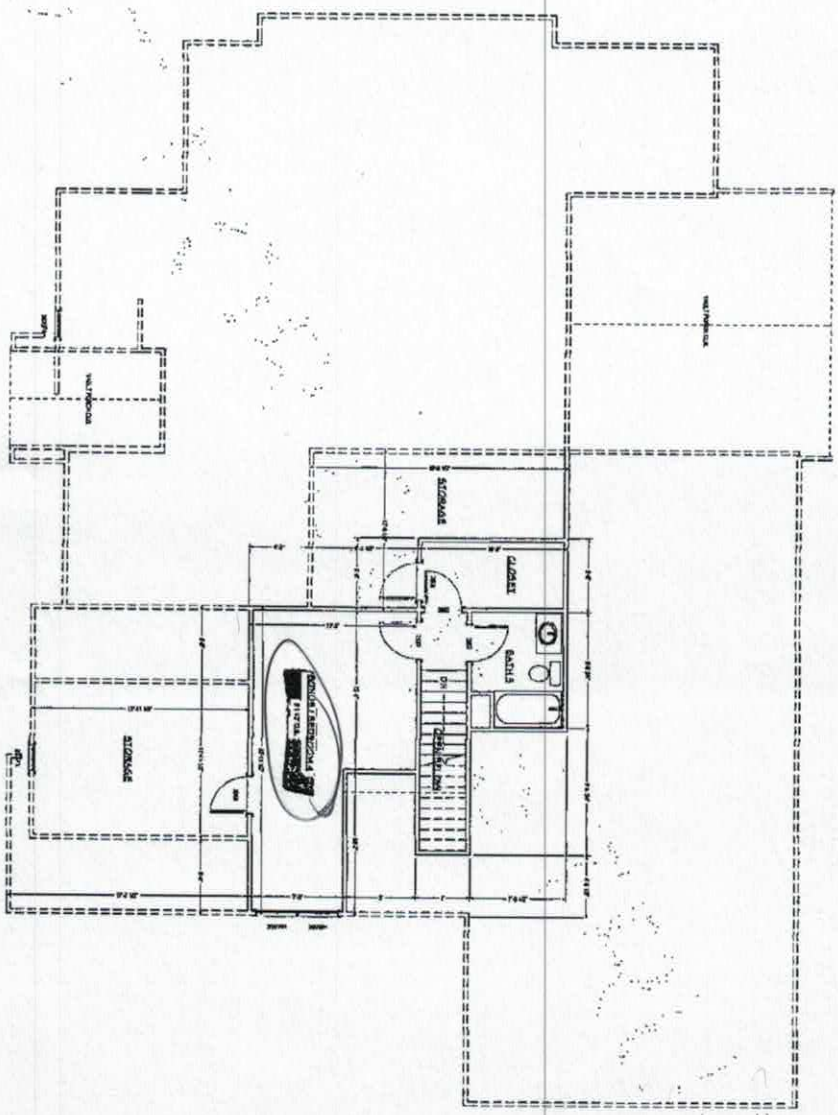
FIRST FLOOR PLAN

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

SQUARE FOOTAGE	
APROX (PER A.N.S.I. Z765)	
1ST FLOOR HEATED	3434
2ND FLOOR HEATED	428
TOTAL HEATED	3862
GARAGES	964
PORCHES	508
TOTAL UNDER ROOF	4314

Lot 603

SHEET: A-6	SCALE:	DATE: 9/5/2018	BUILD4G.com PO BOX 60 TROUTMAN NC 28166 704-585-7578	PROJECT DESCRIPTION: Ward Residence 127 Silver Falls Dr Troutman CN 28166	Copyright © 4G Design Build	NO.	DESCRIPTION	BY	DATE	ARC



SECOND FLOOR PLAN

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

Acknowledgement Of Plans Submittal ONLY!

Maria Dolan Date 11/9/18

Kathleen Saunders Date 11-13-18

SQUARE FOOTAGE	
APROX (PER ANSI Z765)	
1ST FLOOR HEATED	2354
2ND FLOOR HEATED	428
TOTAL HEATED	2882
GARAGES	964
PORCHES	308
TOTAL UNDER ROOF	4314

SHEET: A-7	SCALE:	DATE: 9/5/2018	BUILD4G.com PO BOX 60 TROUTMAN NC 28166 704-855-7578	PROJECT DESCRIPTION: Ward Residence 127 Silver Falls Dr Troutman CN 28166	Copyright © 4G Design Build All rights reserved. This design or any portion thereof may not be reproduced or used in any manner whatsoever without the express written permission of 4G Design Build. For permission requests please contact 4G Design Build PO Box 60 Troutman NC 28166	NO. / DESCRIPTION / BY / DATE	ARC

Permit # 239970
145.00
Code 104

See reverse for new construction.

Zoning Permit

LOCATION

Date (mm/dd/yy)	11-1-18	Tax Parcel #	4730 12 8494
Business Name or Property Owner	Waterview Investments		
Street Address & Lot Number	127 Silver Falls Dr Falls Cove # 603		
Business Type and/or Project Description	SFR Septic Permit		

APPLICANT

Applicant	The Oaks Group	Preferred Phone	704-578-4951
Address City/State/Zip	121 Holt LN Mooresville 28117		
E-Mail	KathleenMSaunders@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 & 10 Shrubs

Septic Permit.

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.

Daniel Hoyt
Signature of Zoning Administrator