IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239973

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

PIN # 4730129354

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

SITE ADDRESS: 133 Silver Falls Dr Troutman, NC 28166 PHONE: 7045784951 ALT. PHONE

SITE DIRECTIONS: Perth Rd TL State Park Rd TL Morrison Farm TL Silver Falls 6th on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Falls Cove - Parkwood SECTION: 6 LOT # 604 LOT AREA: DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 825	Date 8-11-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Gravity - 25% Reduction	☐ Business	No. Persons	8	☐ Private
Pump Make		Model	Serial #	Repair System Description:	25% Reduction	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines 3	Linear Ft: 405	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth (Low side) High	24"	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions:

Note: Floorplans only show 3 Bedroom, Septic permit is for 4 Bedrooms

INITIAL SITE SKETCH

See attached, approved Septic Plan by The Oaks Group, PA (dated 10/31/18)

AS BUILT SKETCH

Installed as Drawn
Tank 22' off House

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**

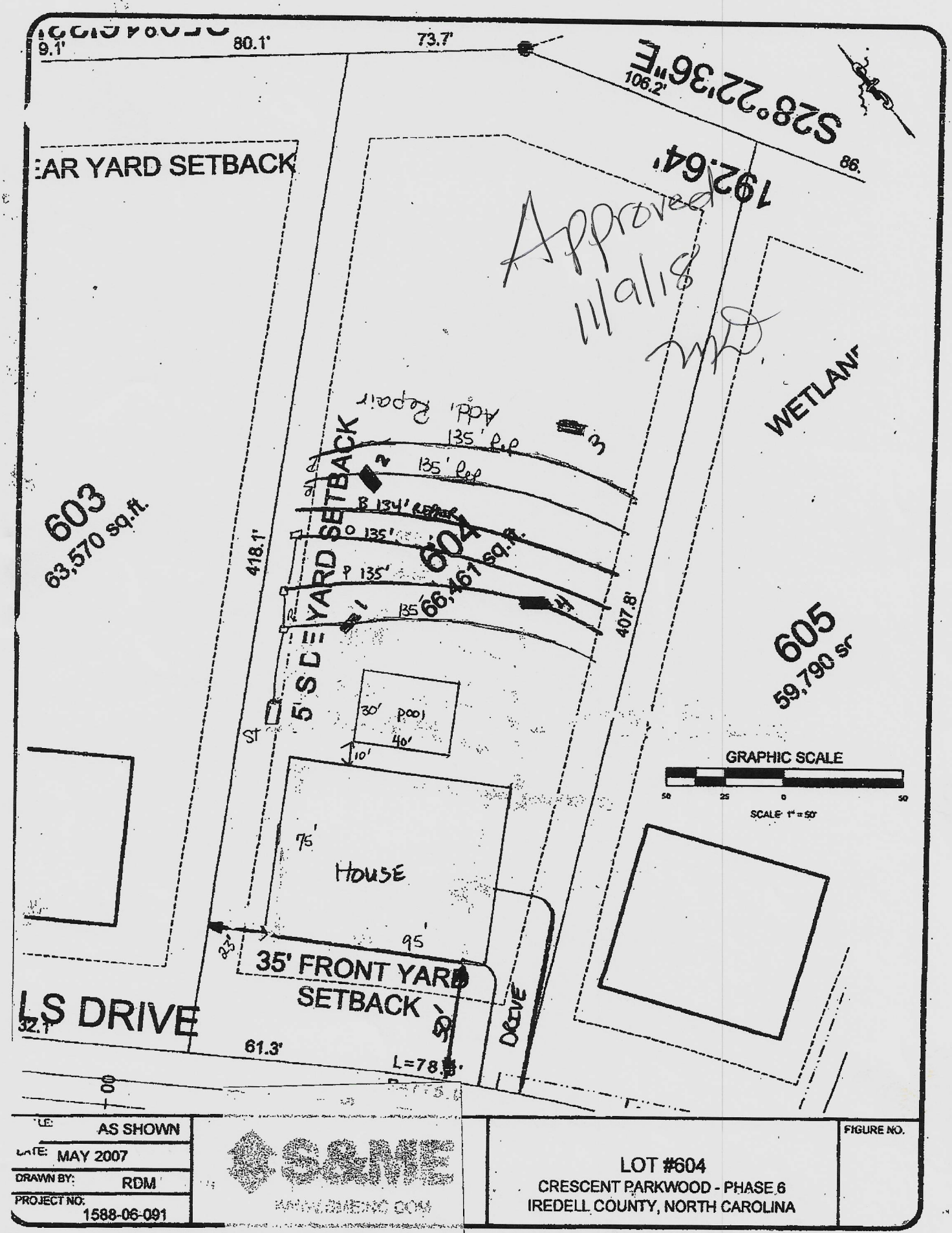
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 11-13-18 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Maria Dotson Date: 11/9/18 OPERATION PERMIT by: Date: 9-18-19

AUTHORIZATION TO CONSTRUCT by: Maria 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.



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

S&ME

LOT #604
CRESCENT PARKWOOD - PHASE 6
IREDELL COUNTY, NORTH CAROLINA

FIGURE NO.

Lot 604 Falls Cove Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	405
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)	24"
Maintenance Agreement Required	No
Repair System	**25% Reduction**
Total Linear Feet	405
Repair Loading Rate	0.3

Approved
11/9/18
MD

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Red	25% Reduction	135 endfed
2	System	Pink	25% Reduction	135 endfed
3	System	Orange	25% Reduction	135 endfed
4	Repair	Blue	25% Reduction	135
5	Repair	Red	25% Reduction	135
6	Repair	Pink	25% Reduction	135
				Total System: 405'
				Total Repair: 405'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 133 Silver Falls Dr

Date: October 31, 2018

Attached is the septic specification information required to permit 133 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.



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

Approved 11/9/18 MD

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

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

OWNER: Waterview Investments
ADDRESS: 488 Pineville Rd
PROPOSED FACILITY: SFR
LOCATION OF SITE: 604 Falls Cove

APPLICATION DATE _____
DATE EVALUATED: 9.28.18
PROPERTY SIZE: 1.52 AC
PROPERTY RECORDED: YES

PROPOSED DESIGN FLOW (.1949): 480

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 5-10%	0-11	Mo GR SL	FR NS/NP	Br GR	55+	N/A	N/A	0.3
		11-24	Mo SBK C	FR SS/SP	R				
		24-55	WK SBK C	↓	R; C SAP				
2	L 5-10%	0-10	Mo GR SL	FR NS/NP	GR Br	52+	N/A	N/A	0.3
		10-36	Mo SBK C	FR SS/SP	R				
		36-52	WK SBK C	↓	R; C SAP				
3	L 5-10%	0-29	Mo SBK C	FR SS/SP	R	45+	PS	N/A	0.3
		29-45	WK SBK C	↓	R, C SAP				
		45-55	MA L SAP		Multi				
4	L 5-10%	9	Mo GR SL		Br				0.3
		37	Mo SBK C		R				
		55	CLK SBK C		R; C SAP				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III 9	III 9
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: KMS
OTHER(S) PRESENT: _____

COMMENTS: _____

Updated February 2014

4 1 x Y1
3 X Y2

RECEIVED NOV - 1 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 #239973

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
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 Investments 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: 133 Silver Falls Dr Troutman
Subdivision Name: Falls Cove Section/Phase: _____ Lot Number: 604
Driving Directions: Perth, State Park Rd, Morrison Farm Rd, 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

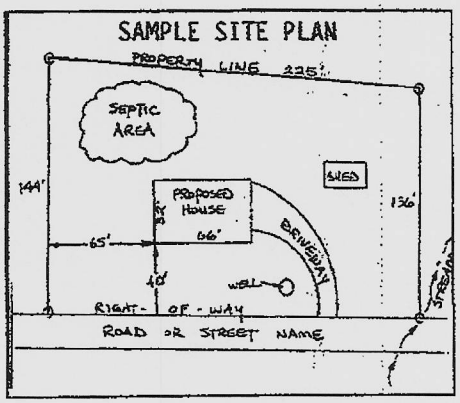
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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 Sanders
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 133 SILVER FALLS DRIVE TROUTMAN, identified as PIN(Parcel Identification Number) 4730-12-9354, located in Iredell County, North Carolina.

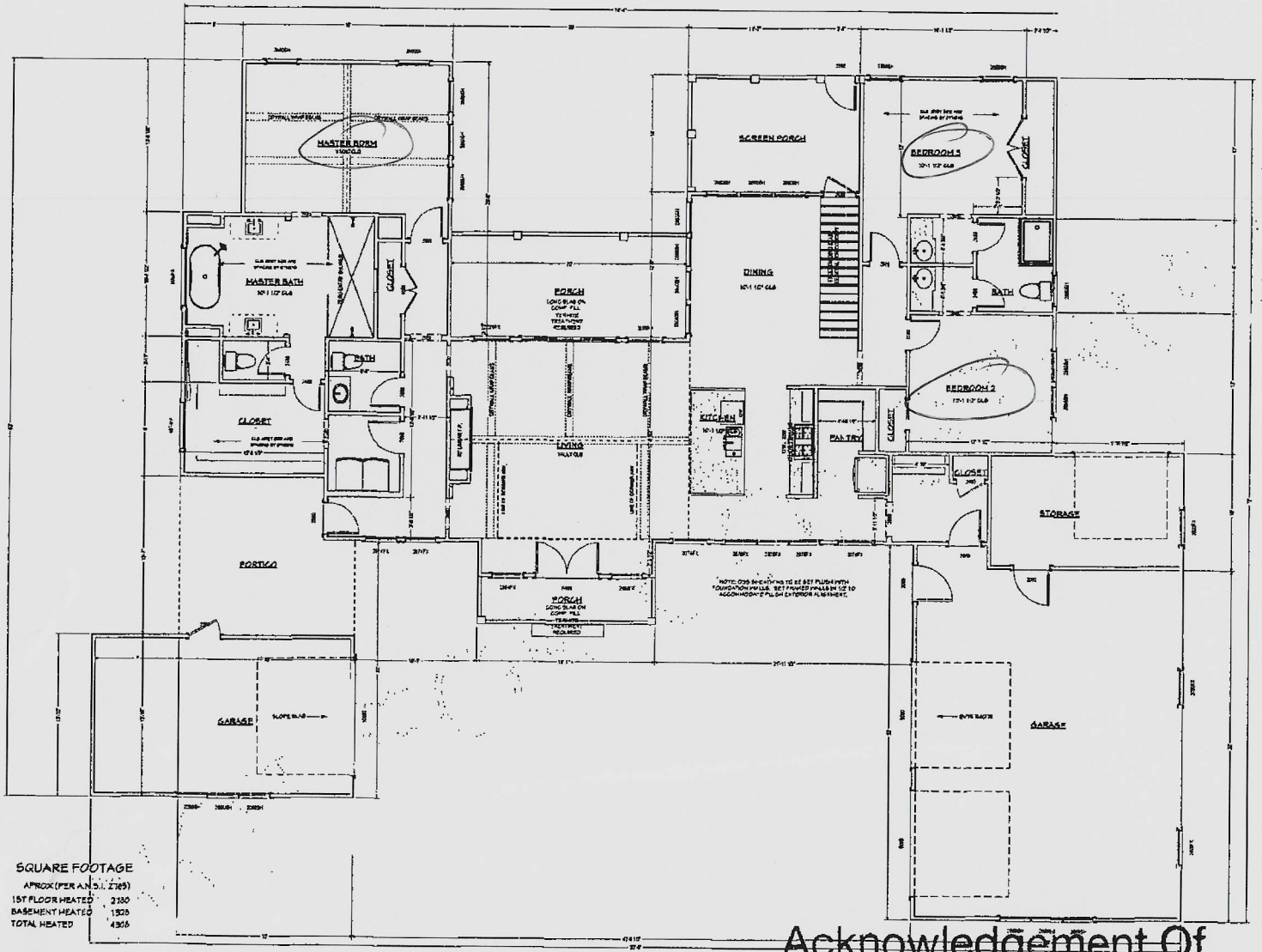
I do hereby authorize (print authorized agent/company name) The OAks Group, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

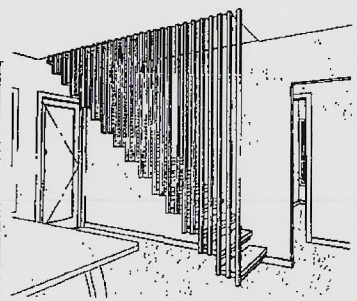
1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

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





FREESTANDING STAIR

SQUARE FOOTAGE

APROX (PER A.H.S.I. Z765)

1ST FLOOR HEATED	2380
BASEMENT HEATED	1926
TOTAL HEATED	4306
UNFINISHED BSMT	1292
GARAGES	467
PORCHES	113
TOTAL UNDER ROOF	1300

SQUARE FOOTAGE

APROX (PER A.H.S.I. Z765)

1ST FLOOR HEATED	2245
2ND FLOOR HEATED	622
TOTAL HEATED	2911
GARAGES	1173
PORCHES	581
TOTAL UNDER ROOF	4671

Acknowledgement Of Plans Submittal ONLY!

Date 11/9/18

Date 11-13-18

FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

ARC

NO.	DESCRIPTION	BY	DATE

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

PROJECT DESCRIPTION:
Lies Residence
133 Silver Falls Dr
Troutman NC 28166

4G DESIGN BUILD
BUILD4G.com
PO BOX 60
TROUTMAN NC 28166
704-665-7570

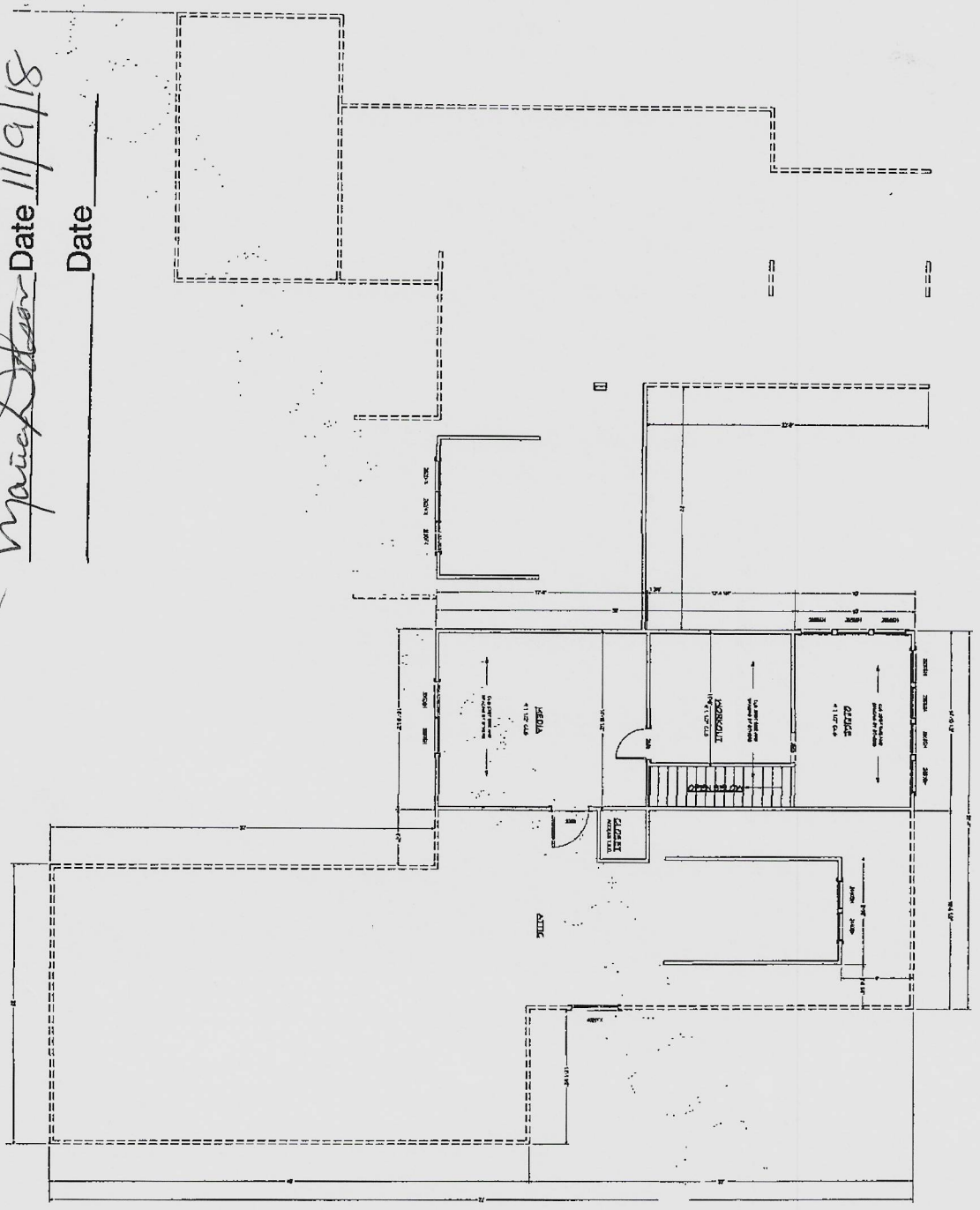
DATE: 9/5/2018

SCALE:

SHEET: A-6

Acknowledgement Of
Plans Submittal ONLY!
Date 11/9/18

Date



SECOND FLOOR PLAN

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

SHEET: A-7	SCALE:	DATE: 9/5/2018	BUILD4G.com PO BOX 60 TROUTMAN NC 28165 704-655-7578	PROJECT DESCRIPTION: Lies Residence 133 Silver Falls Dr Troutman NC 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

IREDELL COUNTY

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

APPLICATION NUMBER
239973
Issue Date: 11/01/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4730129354.000	133 SILVER FALLS DRIVE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: J+K DEVELOPERS LLC	Applicant: KATHLEEN SAUNDERS
Address: 3843 GORDON ST	Address: 121 HOLT LANE
TERRELL, NC 28682	MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.526	35.00	35.00	15.00	15.00	CACL	X

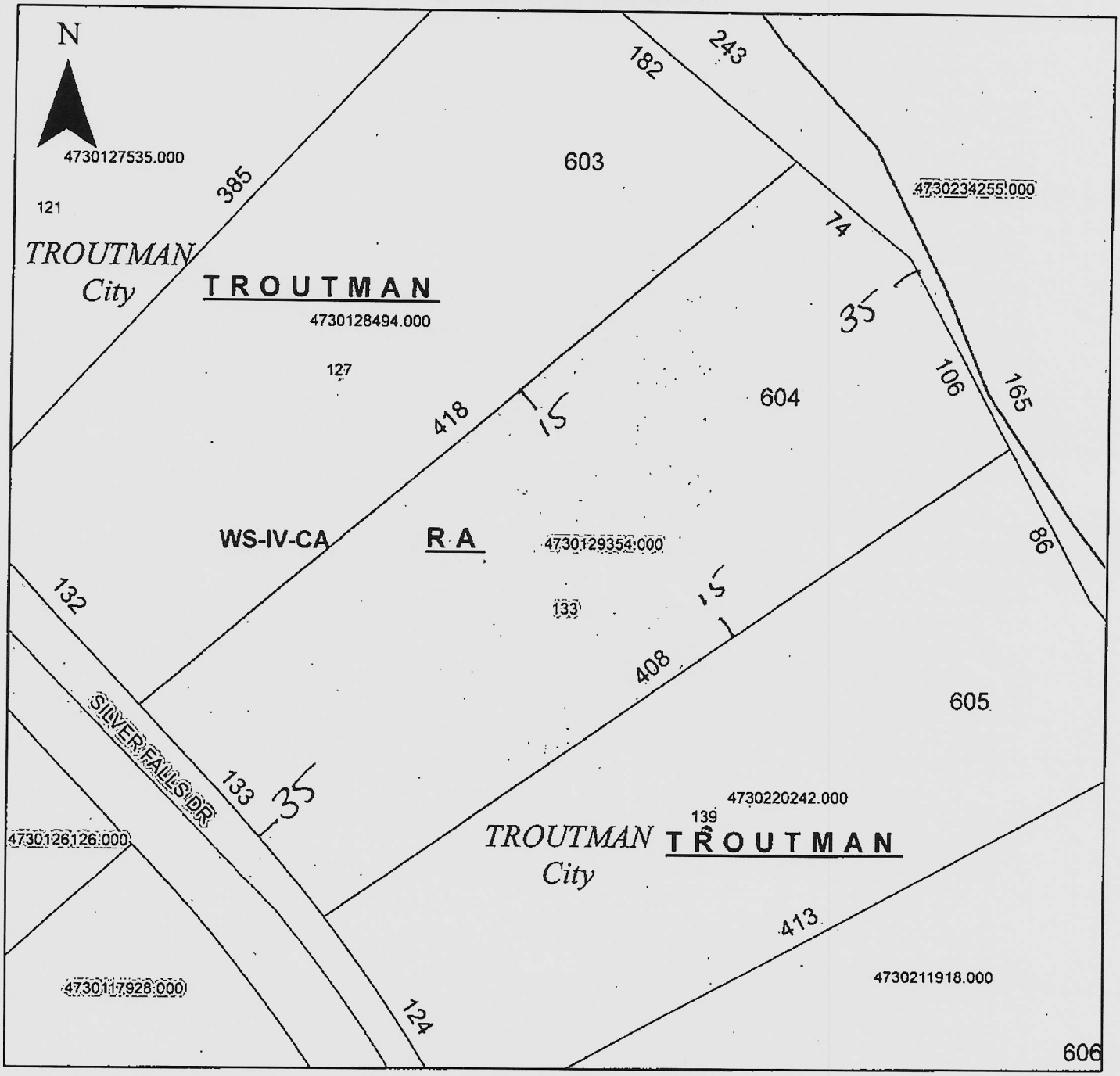
Remarks:

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.

Applicant: _____ Date: _____

Permit Number	157508	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 133 Silver Falls Dr

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.

Kathleen Saunders

Applicant

11-18

Date