IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21952 7

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

PIN # 4730206657

APPLICANT: WHITLEY CONSTRUCTION APPLICANT ADDRESS: 127 HUNTERS PT LN

SITE ADDRESS: 221 SILVER FALLS DR - Troutman PHONE: ALT. PHONE: 704-658-9257

SITE DIRECTIONS: STATE PARK RD - TL MORRISON FARM - TL SILVER FALLS - ON LT

SUBDIVISION: FALLS COVE - Parkwood SECTION: 6 LOT # 615 LOT AREA: 2.67AC DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank 1000 (gal) STB 794 Date 3-2-17
Pump Tank 1000 (gal) PT 27 Date
Pump Make Gould Model WE03121 Serial #
Nitrification Fields 1 # Lines 6 Linear Ft: 500
Trench Width 36" Max. Trench Bottom Depth (31") Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: PUMP 25% REDUCTION
Repair System Description: LP OPBPS
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:

6/21/17 Checked tank, drainlines & supply line
A letter attached from Dellinger Precast regarding date on pump tank

INITIAL SITE SKETCH

SEE PENNINGER SOIL CONSULTING, PLLC PLAN

AS BUILT SKETCH

7/18/18 Set 2ft pressure Elect. & alarm

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: 8/31/16 Installed by: Hallman

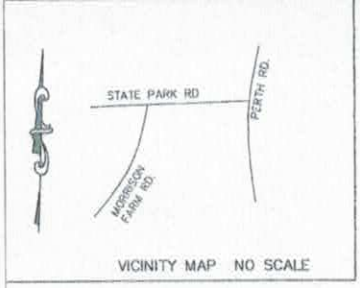
IMPROVEMENT PERMIT by: Date: 7/9/16 OPERATION PERMIT by: Maria Dotson Date: 7/18/17

AUTHORIZATION TO CONSTRUCT by: Date: 7/9/16 Existing System Inspected by: Date:

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

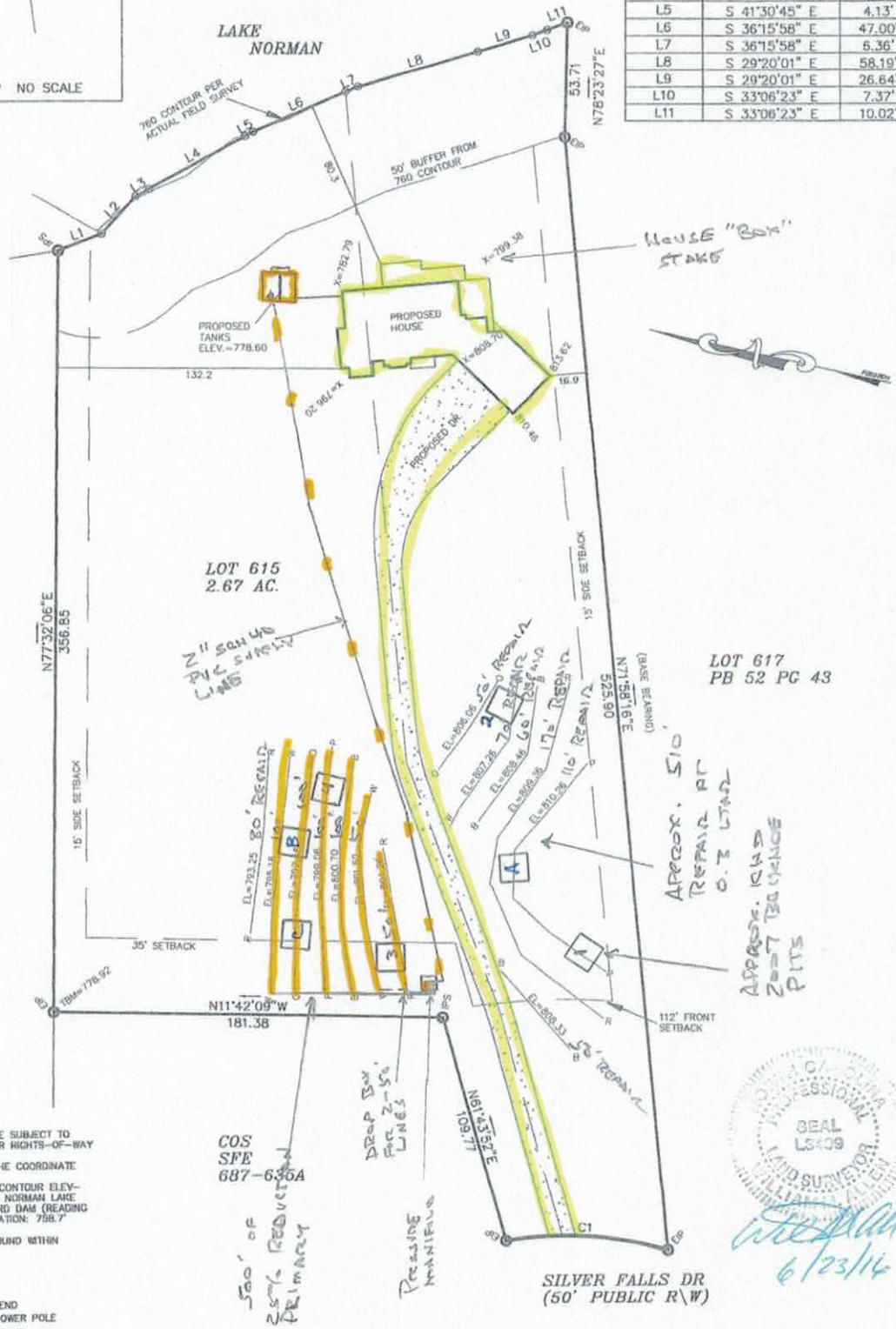
Whitley Construction – 615 Falls Cove, Parkwood Septic Site Plan (June 23, 2106)

Site plan must accompany Penninger Soil Consulting, PLLC written report dated June 23, 2016.



CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	175.00'	76.31'	N 09°12'16" W	75.70'

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 33°51'06" E	21.70'
L2	S 60°36'31" E	23.42'
L3	S 41°30'45" E	7.27'
L4	S 41°30'45" E	51.00'
L5	S 41°30'45" E	4.13'
L6	S 36°15'58" E	47.00'
L7	S 36°15'58" E	6.36'
L8	S 29°20'01" E	58.19'
L9	S 29°20'01" E	26.64'
L10	S 33°06'23" E	7.37'
L11	S 33°06'23" E	10.02'



NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 5/26/2016) ELEVATION: 758.7'
4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

LEGEND

P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT

SEAL L5409 LAND SURVEYOR

6/23/16

BOUNDARY\PLOT PLAN SURVEY OF

LOT 615 FALLS COVE

FALLS TOWN TWSP., IREDELL CO., N.C.

SCALE: 1" = 50' DATE: JUNE 23, 2016

OWNER: JAMES FREEMAN

0' 25' 50' 100'

SCALE IN FEET

DAS

DON ALLEN & ASSOCIATES P.A.

"Since 1971"

Commercial * Residential * Mortgage Surveys * Multi-Family Construction Staking * Subdivision Design * Topographical

131 Crosslake Park Drive – Suite 102 * Mooresville, N.C. 28117

(704) 664-7029 (704) 664-8041 Fax

donallensurvey@gmail.com

FIELD BOOK:
FILE: CLEMENET CIR 9063.DWG
DC FILE:
TAX MAP NO: 462705084680

ICHD

Penninger Soil Consulting, PLLC
Ph: 704-996-6330 Email: pgpenninger@gmail.com

July 7, 2016

Whitley Construction
127 Hunters Point
Mooresville, North Carolina 28117

Attention: Mr. Bill Whitley

Reference: **Technical Assistance with Septic Permitting**
Lot 615 Falls Cove - Parkwood (combination of original Lot 615 and 616)
221 Silver Falls Drive
Iredell County, North Carolina
Project No. 16-140

Dear Mr. Whitley:

Penninger Soil Consulting, PLLC has provided technical assistance to obtain a possible new, 4-bedroom septic system Improvement Permit on the above referenced lot from the Iredell County Health Department (ICHD). The technical assistance was performed in general accordance with our written proposal / letter of authorization dated June 11, 2016.

Lot 615 and 616 Parkwood were permitted individually for 4-bedroom T&J Panel septic systems for the developer in 2007. These Improvement Permits expired on July 1, 2016. We understand that the current owner has combined the two lots and has contracted you to construct a 4-bedroom home on the combined lots. You have requested Penninger Soil Consulting, PLLC to assist with obtaining a new Septic Improvement Permit for the proposed 4-bedroom home.

Your surveyor staked the property corners, lot lines, the proposed house box, and also located the septic lines permitted by the ICHD in 2007. Penninger Soil Consulting described seven backhoe pits in the proposed septic area (pits evaluated by ICHD in 2007 cleaned out) and re-flagged the proposed septic drainfield lines that were permitted by the ICHD in 2007. The proposed septic area utilizes the same septic areas previously permitted by the ICHD.

Once the septic area is permitted, it should be fenced off for protection during home construction. Access to the lot should only be by the proposed drive. There shall not be cuts 2 feet or greater within 15 feet of any part of the permitted septic system. The tanks and drainfield should be located 15 feet from a sideslope foundation drain and 25 feet from a downslope foundation drain. The supply line must be at least 5 feet from the foundation or any foundation drain. The tank locations can be modified as necessary and as the required setbacks allow after house pad grading. Any minor topographical irregularities in the

drainfield should be smoothed prior to system installation as indicated on the 2007 ICHD permits.

Penninger Soil Consulting, PLLC appreciates the opportunity to provide these services to you. The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist you with the Expedited Review site evaluation. The ICHD may show any changes or modifications they deem necessary to the proposed system on the ICHD Permits or attached site plan. The ICHD must approve each lot and only the ICHD can issue these permits. The ICHD should verify all soil suitability and system specifications, required setbacks, and whether a professional engineer plan is required before permitting and/or septic system installation. Soil evaluations and system layouts are done based on interpretations of the rules governing wastewater treatment and disposal systems and are not guarantees for site approval or future septic system performance.

If you have any questions or require additional information please contact us at your convenience.

Sincerely,

Penninger Soil Consulting, PLLC

Paul G. Penninger, L.S.S.
Soil Scientist



Attachments:

1. ICHD Septic Improvement Permit Application
2. Proposed Site Plan and System Information
3. 2007 ICHD IP and Soil Notes

Copy: ICHD

C:\Users\Paul G. Penninger\Documents\2016 Projects\16-140 Whitley Const - Lot 615,616 Parkwood at Falls Cove\Parkwood Lot 615-616 FT Summary Letter.doc

Whitley Construction - Lot 615 Falls Cove -Parkwood Expedited Review System Information

Summary of Primary Nitrification Lines

Line No.	Use	Line Color	System Type	Line Length (Ft.)	*Elevation (Ft.)
1	System	red	25% Reduction	50	804.3
2	System	white	25% Reduction	50	801.5
3	System	blue	25% Reduction	100	800.7
4	System	pink	25% Reduction	100	799.1
5	System	orange	25% Reduction	100	797.5
6	System	white	25% Reduction	100	795.2
				Total System: 500'	

Tank	blue	1000 gal (2 compartment)	*Elevation (ft.)
Pump Tank	blue	1000 gal.	778.6
House		left rear house box	782.8

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

NOTES:

- *Elevations must be verified by installer at installation and final tank placement.
- ** ICHD requested dose volume >240 gpd for similar systems.
- Install system per ICHD, NCDHSS, and manufacturer permits, policies, and requirements.
- Expedited System Review information tables must accompany Penninger Soil Consulting written report dated July 7, 1016.

Whitley Construction - Lot 615 Falls Cove - Parkwood Expedited Review System Information
7/7/2016 (Combination of original Lot 615 + 616)

Number of Bedrooms	**4**
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/sqft)	**0.25 (system designed at LTAR used in 2007 IP)**
Primary System Type	**25% Reduction**
No. Lines	4 at 100 ft.; 2 at 50 ft. (see site plan)
Total Linear Feet	500
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth	31 in.
Pump Required	Yes
Distribution Device	Pressure Manifold
	(drop box or other ICHD approved device connecting two 50 ft. lines)
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	~330' of 2" SCH 40 PVC
Flow Rate through the system (gpm)	27.5
Elevation head	*Approx. 35'
Pressure head	2.0'
Friction head	Approx. 6.7'
10% Contingency	4.4'
Total Head	48.1'
Pump Requirements	27.5 gpm @ 48.1 ft. of head
	***To be verified by installer after final tank placement.**
Dosing Volume (gal) - 66% of drainfield capacity **	287
doses/day @ design flow	1.7
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 (min)	10.4
Check Valve	Yes
Siphon Break hole	no
Repair System	**25 Percent Reduction**
Total Linear Feet	590' shown - 480' required
Repair Loading Rate (gpd/sqft)	0.3 for old lot Lot 616 IP; 0.25 for old Lot 615
Repair Proposed Trench Depth (in)	31 in.

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY:

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

Parkwood – Falls Cov.

OWNER: Whitley Constr. – Freeman
ADDRESS: 221 Silver Falls Dr – Lot #66 or 611
PROPOSED FACILITY: SFR
LOCATION OF SITE: 611 Eagle Cove – Parkwood
APPLICATION DATE: 6-23
DATE EVALUATED: 7-7-16
PROPOSED DESIGN FLOW (.1949): 4BR
PROPERTY SIZE: 2.6 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	~10% L-2	0-4	WEAK SBK SCL	FR SS/SP	BR				PS .3
		4-22"	MOD BLK C	FR SS/SP	RED				
		22-44	WEAK BLK CL-SCL	FR SS/SP	YELLOWISH	C SAP SOIL			
		44-72	MASS L-SCL SOIL	FR SS/SP	(1)	44"	(PS)	(1)	
2	~10% L-2	0-19	WEAK SBK SCL	FR SS/SP	BR				PS .3
		19-49	MOD BLK C-L	FR SS/SP	RED				
		49-55	WEAK BLK CL	FR SS/SP	YELLOWISH	C SAP	IND		
		55-63	MASS L SOIL	FR SS/SP	(2)	55	PS	(1)	
3	L ~10% L-2	0-10	WEAK SBK SCL	FR SS/SP	BR				PS .3
		10-26	MOD BLK/ABK C	FR S/P	RED	F SAP + FRAGIPAN			
		26-63	MASS. SCL SOIL	FR SS/SP	ORANGE	IND	WP	RED CL	
			SCL / SL	2 WHTS	≥ 50"				
4	C ~16%	0-10	WEAK SBK SCL	FR SS/SP	BR				PS .3
		10-30	MOD BLK/ABK C	FR SS/SP	GRAY				
		30-60	MOD BLK CL	FR SS/SP	YELLOWISH RED	F GRAV/WP	IND	FRAGIPAN BANDS W/ SCL BELOW	
					(3)	60	(1)		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	2SC	2SC/T
Site LTAR	.25	.25 .3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: PGP – must be accompanied
OTHER(S) PRESENT: by ICPO

COMMENTS: Lots 611 & 610 Registered by ICPO in 2007 – for 4 BR systems CLY @ 0.25, C/L @ 0.3 LTAR

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

Sheet 2 of 2
PROPERTY ID #:
COUNTY:

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

OWNER: Whitley Const - Freeman
ADDRESS: 226 Silver Falls
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Lot 615 Falls Cove
APPLICATION DATE
DATE EVALUATED: 7-7-16
PROPERTY SIZE: 2.6 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
1A	C ~10	0-8	wsbk sil	fr ss/ss	br				PS .3
		8-36	msbk/abk c	fr ss/ss	red				
		36-52	wsbk cl	fr ss/ss	mott	clay			
		52-61	massive l-s/ sac fr	ss/ss		52	PS		
2B	L ~20%	0-9	wsbk sil	fr ss/ss	br				PS .3
		9-41	msbk/abk c	fr s/c	red				
		41-63	wsbk cl	fr ss/ss	mott	clay			
						62"			
3C	L ~15-20%	0-11	wsbk sil	fr ss/ss	br				PS .3
		11-42	msbk c	fr-fi ss/c	red				
		42-60	wsbk cl	fr ss/ss	mott	clay			
						fg bands 60"	slty sap		
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	2SL	2SL
Site LTAR	.25	.25-.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: PSP - most Lc Person
OTHER(S) PRESENT: Ty 1000

COMMENTS: Lots Painted by Field in Text
615 - 0.25 616 - 0.3

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: Pikwood A 616 6.15 PROPERTY RECORDED: _____
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)		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 Slight 7-15%	0-4	WK, Gr, SL	VFr, NS, NP (Lt Brwn)					PS 0.30
		4-32	WK, M, Sbk, C	Fr, SS, SP (Red)					
		32-54	WK, M, Sbk, SCL	Fr, SS, SP (Red)	w/ FSAP Inclus				
2	L 7-15%	0-9	WK, M, Gr, SL	VFr, NS, NP (Lt. Brwn)	Few Floating Rocks				PS 0.30
		9-46	WK, M, Sbk, C	Fr, SS, SP (Red)					
		46-52	WK, M, Sbk, CL	Fr, SS, SP (Red)					
3	L 7-15%	0-6	WK, M, Gr, SL	VFr, NS, NP (Lt. Brwn)					PS 0.30
		6-30	Mod WK, M, Sbk/Abk, C	Fr, SS, SP (Red)					
		30-51	WK, Sbk, CL +	L SAP Mix					
4		0-9	gr/wk/sbk scl	fr ss/sp					.25
		9-48	mod fabk c	fr ss/sp	few/com mn coatings + yel/br				

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: _____

⑤ 0-7 gr B sl fr ss/sp .25-
7-13 wk f sbk RB Cl fr ss/sp .30
13-40 mo f abk RC fr ss/sp few yel/br
40-56 wk f abk/sbk cl fr ss/sp few yel/br

⑥ 0-9 wk sbk Br Sl/scl .25-
9-40 mo f abk C fr ss/sp .30
40-57 wk sbk Cl fr ss/sp common sap

⑦ 0-12 wk gr/sbk scl Br fr ss/sp
12-22 sbk C fr ss/sp quartz vein @ 22"
17% 22-42 mass. sl sap fr ss/sp .25
42-47 Weathered rock on SE pit wall
other pit wall cl

⑧ 0-6 gr Br sl/scl fr ss/sp .25
6-43 mo m abk C fr/fi ss/sp few br mottles
43-66 wk abk/sbk cl fr ss/sp few/common sap

⑨ 0-7 gr Br sl fr ss/sp .25-.30
7-36 mo m abk RC fr ss/sp
36-55 wk sbk RCl fr ss/sp

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

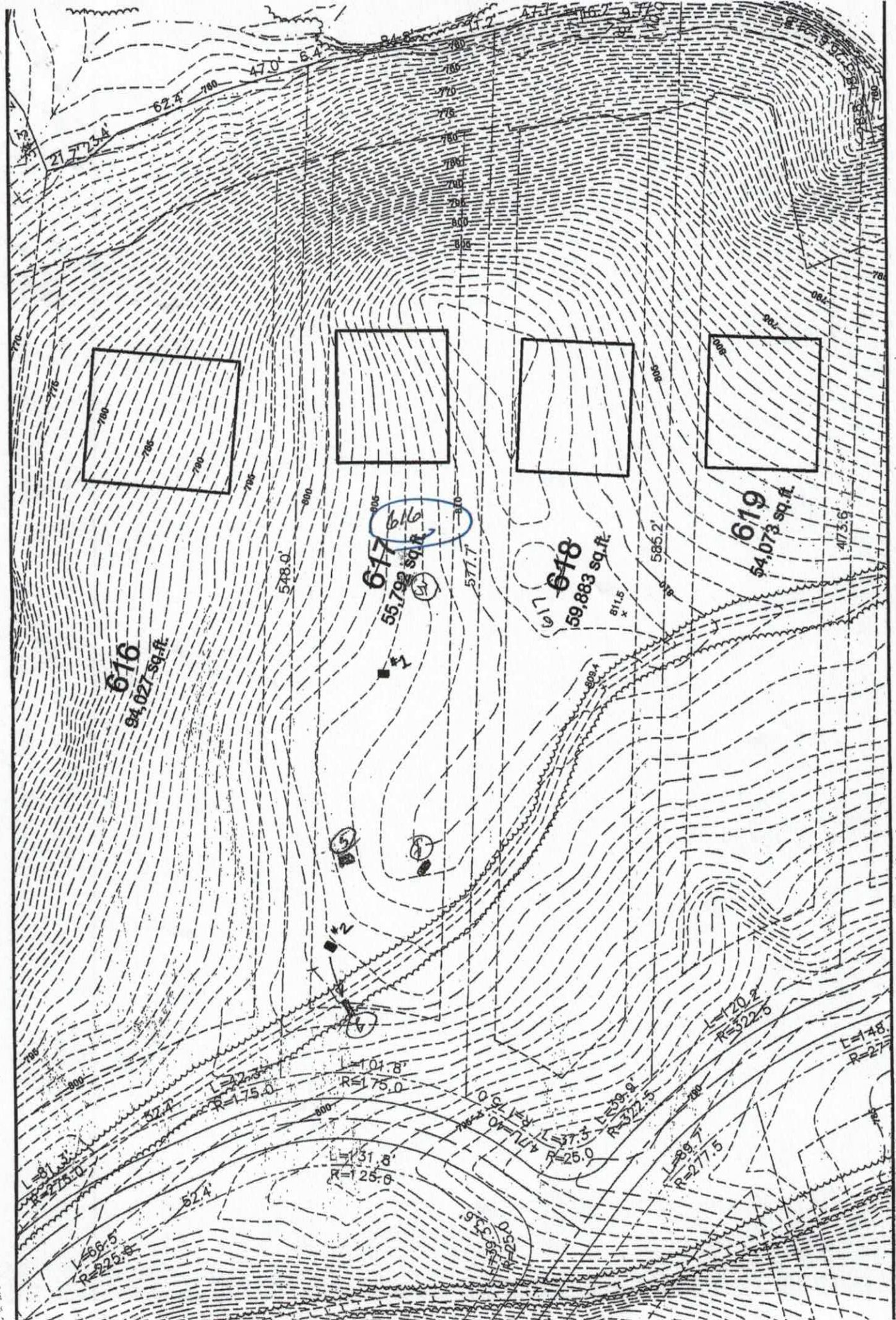
OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Pikwood # 617 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger 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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	N/S 5-10%	0-7	WK,F,Gr,SL	VFr,NS,NP (Lt Brwn)					PS 0.30
		7-31	Mo,M,SBK,C	Fr,SS,SP (Red)					
		31-56	Mass,L SAP W/F-CL Pockets						
2 (A9)		0-16	Mo,SBK,C	Fr,SS,SP (Red)	- SAP Inclus				PS 0.30
		16-32	WK,SBK,CL/SCL	Fr,SS,SP (Red)	C - SAP Inclus.				
		32-65	Massive,SL	SAP Fr					
3	2-7-07	0-13	gr brn SL	fr SS SP					0.3
		13-46	WK SBK yel br CL	fr SS SP SEP					
		46-55	WK SBK CL+	common SAP fr SS SP					
4		0-4	gr DRN L	fr SS SP					0.3
		4-24	WK SBK red CL	fr SS SP SAP					
		24-37	WK SBK CL	fr SS SP	many SAP mod				
		37-63	Massive LSAP	fr SS SP					

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: _____


616
94,027 sq.ft.
617
55,792 sq.ft.
618
59,883 sq.ft.
619
54,673 sq.ft.
548.0'
577.7'
585.2'
473.6'
#1
#2
#3
#4
#5
#6
#7
L=81.3'
R=275.0'
L=42.3'
R=175.0
L=101.8'
R=175.0
L=131.8'
R=125.0
L=37.3'
R=25.0
L=120.2'
R=322.5
L=89.7'
R=277.5
52.4'

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
(X) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Whitley Construction **Address:** 127 Hunters Pointe - jcwhitley@att.net - John Whitley **Phone:** 704-658-9257

Owner Name: Jim and Sheila Freeman **Address:** Use above address and contact info **Phone:**

Property Information:

Street Address: 221 Silver Falls Drive

Subdivision Name: Falls Cove - Parkwood **Section/Phase:** 6 **Lot Number:** 615+616

Driving Directions: Perth, L State Park, L Morrison Farm, TL Silver Falls, lot @ 221 Silver Falls Dr.

Site Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) 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 ( ) No ? **Does the site contain any jurisdictional wetlands?** Lake Norman
( ) 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: _____ 6-23-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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, _____, am the legal owner(s) of the property located at 221 Silver Falls Dr., Troutman, NC 28166, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Paul Penninger, John and Bill Whitley or Jennifer Whitley, 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.

Sheila J Fraser 6-13-16
Signature of Owner(s) Date

[signature] 6/13/16
Signature of Witness Date

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…**

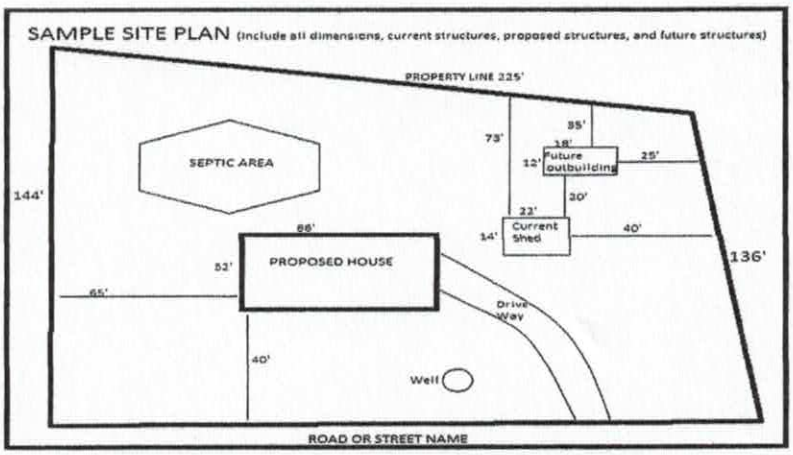
____ Area you prefer your septic system to be placed… **____ North arrow, or other sufficient indicator of direction…**

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**

Lake Norm ?



USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE Attached

Signature: _____ 6-23-24

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

(5) 0-29 wksbk c frssspsapp .03 6/6
29-38 wksbl cl frsssp
common sapd
38-48 Wksbl SL fr sssp

Zoning Permit # 219527
Fee $45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	6/13/16	Tax Parcel #	4730206657
	Business Name or Property Owner	Jim & Shelia Freeman		
	Street Address	221 Silver Falls DR		
	Business Type and/or Project Description	NEW HOUSE		
APPLICANT	Applicant	Whitley Construction	Preferred Phone	704 638-9257
	Address City/State/Zip	127 Hunters Pointe		
	E-Mail	jcwhitley@att.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 → Perc Test			
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 required, roof Pitch 4:12 - 12:12. Property is within HOA more rules 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

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140169 PIN# 4730109262.615 DATE 6-18-07

OWNER OR APPLICANT Falls Cove Dev. LLC PHONE: Business _____ Home _____

ADDRESS 2215 Brawley School Rd Mooresville NC 28115

LOCATION State Park Rd TL Morrison Farm Rd TL Silver Falls on left

SUBDIVISION Parkwood @ Falls Cove BLOCK / SECTION 6 LOT 615 LOT AREA 67022 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 1920 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
Site needs shaping to shed water

Comments/Conditions:

INITIAL SITE SKETCH

See plan from S&ME

AS BUILT SKETCH

Expired 7-1-16

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

Improvement Permit by: _____ date 6-18-07

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

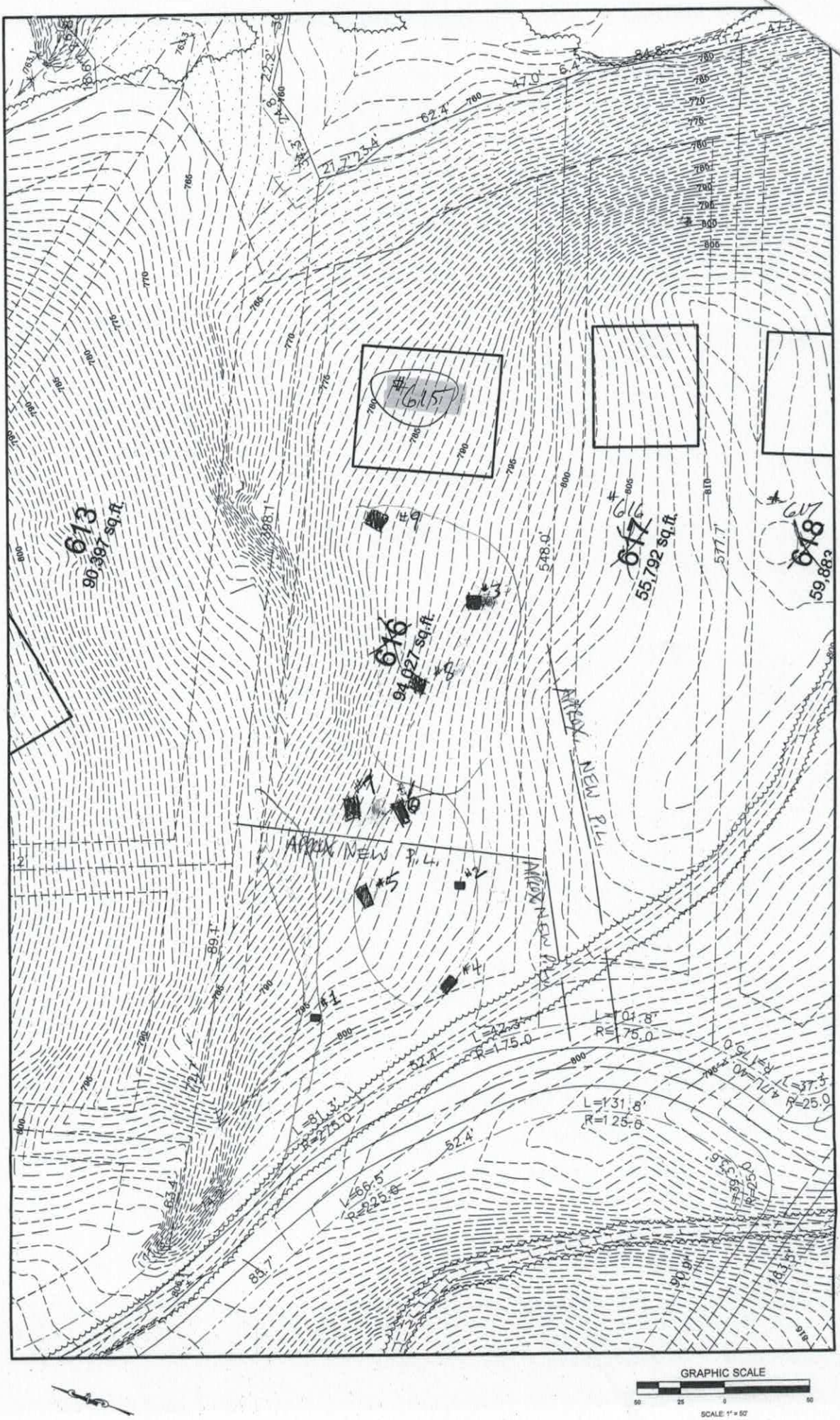
Existing System Inspection by: _____ date _____

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

S&ME
3718 OLD BATTLEGROUND ROAD
GREENSBORO, NC. 27410
PH. 336-288-7180
FAX. 336-288-8980
WWW.SMEINC.COM

LOT #615
CRESCENT PARKWOOD - PHASE 6
IREDELL COUNTY, NORTH CAROLINA

SCALE: AS SHOWN	DRAWN BY: RDM	CHECKED BY:
JOB NO. 1588-06-091	DATE: MAY 2007	FIGURE NO.


#615
613
90,397 sq.ft.
616
94,027 sq.ft.
617
55,792 sq.ft.
618
59,883
APPX. NEW P.L.
APPX. NEW P.L.
APPX. NEW P.L.
#1
#2
#3
#4
#5
#6
#7
#8
#9
L=81.3'
R=275.0
L=66.5'
R=225.8'
L=42.3'
R=175.0
L=131.8'
R=125.0
L=37.5'
R=25.0
GRAPHIC SCALE
50 25 0 50
SCALE: 1" = 50'

Lot 615 Parkwood Phase 6 Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Basement w/ Plumbing**
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	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	160' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	36 gpm
Elevation head	Approx. 32'
Pressure head	3.0'
Friction head	3.4'
20% Contingency	6.1'
Total Head	46'
Pump Requirements	**36 gpm @ 48' of head**
Dosing Volume	260 gal -2.0 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**
Total Linear Feet	320'

***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	Hole Size(In.) per panel
Line # 1	Pink	55	12	5/32"
Line # 2	Pink	55	12	5/32"
Line # 3	Orange	55	12	5/32"
Line # 4	Orange	55	12	5/32"
Line # 5	White	55	12	5/32"
Line # 6	White	55	12	5/32"
Totals		**330**	**72**	

Table 2: Summary of Repair System Specifications

Laterals	Line Color	Length (ft)
Line # 1	Red	65
Line # 2	White	95
Line # 3	Blue	110
Line # 4	Red	50
Totals		**320**

Tank	Red	1500 gal (2 compartment)
Pump Tank	Red	1500 gal.
House	Blue	Back Left Corner

**** Elevations should be verified by surveyor at time of installation**
ELEVATIONS WERE BASED ON TOPOGRAPHY MAP

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

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

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

2. **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 check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Fall Cove Development LLC	2214 Brawley School Rd. Mooresville NC 2811		
Owner Name	Mailing Address	Home Phone	Work Phone
			704-660-1185

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Parkwood @ Fall Cove Phase 6	Lot ~~615~~ 615

Driving Directions: State Park Rd. Turn Left on Morrison Farm Road, Turn on Apachee Rd.

****

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**
( ) **Repair To Failing Septic System**

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

( ) **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** ( ) **City Water** (✓) **Other Public Water**

****

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

( ) **Alternative** ( ) **Conventional** ( ) **Innovative** ( ) **Modified Conventional** ( ) **Other**___ ( ) **No Preference**

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) **Yes** (✓) **No** **Does the site contain any jurisdictional wetlands?**
( ) **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:** _____ 01/15/07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *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:

- N/A **Location of septic systems and wells within 100' of your property...** N/A
- N/A **Location of easements and rights of ways on your property...** N/A
- N/A **Location of any designated wetlands on the property...** N/A

Signature: Patrick Redd

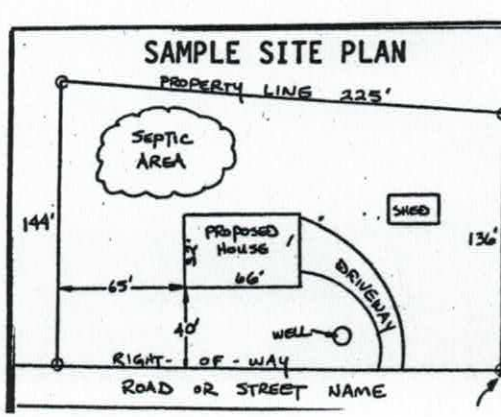
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

01/15/07

DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached



S&ME

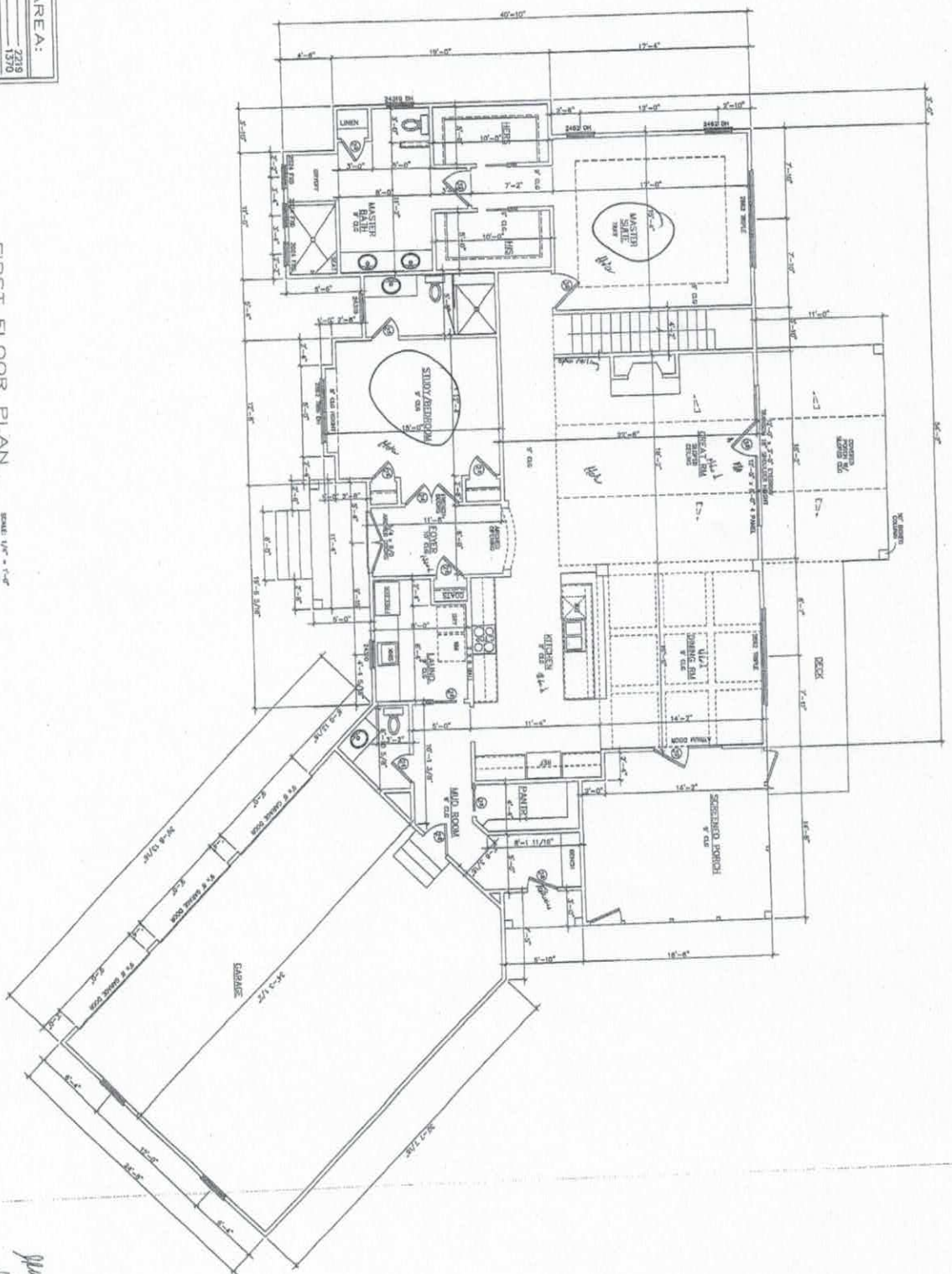
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PH. 336-288-7160
FAX. 336-288-6980
WWW.SMEINC.COM

LOT #615
CRESCENT PARKWOOD - PHASE 6
IREDELL COUNTY, NORTH CAROLINA

SCALE: AS SHOWN	DRAWN BY: RDM	CHECKED BY:
JOB NO. 1588-06-091	DATE: MAY 2007	FIGURE NO.

Acknowledgement Of
Plans Submittal ONLY!
Date 7/9/16
Date 8/31/16

DRAWN BY: VPA	
DATE: 12/07/15	AREA:
1ST. FLOOR HEATED	2219
FINISHED BASEMENT	1570
**TOTAL HEATED AREA	3589
GARAGE	848
***TOTAL AREA	4437



FIRST FLOOR PLAN

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

PLAN NUMBER : "THE_FREEMAN" FIRST_FLOOR_PLAN	VPA DESIGN	WHITLEY & COMPANY HARRISBURG N.C. 28075

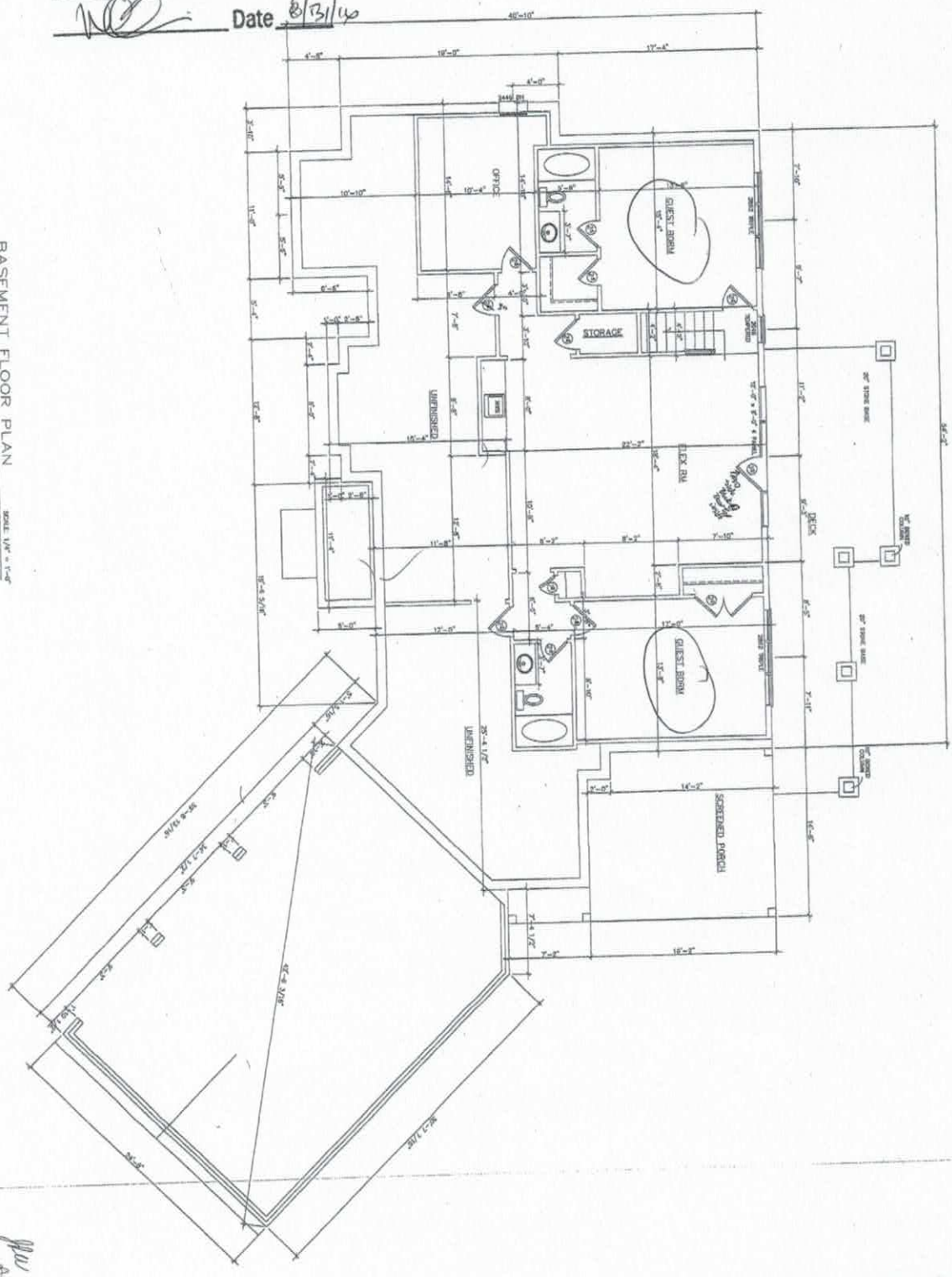
Sheet 2 | Checked *** | Drawn VPA | Scale 1/4"=1' | Date 10/22/15

Freeman

Acknowledgement Of
Plans Submittal ONLY!

Date 7/9/16

Date 8/31/16



BASEMENT FLOOR PLAN SCALE: 1/4" = 1'-0"

Sheet: 1B	Date: 10/22/15	PLAN NUMBER : "THE_FREEMAN" BASEMENT_PLAN	VPA DESIGN
Checked: ***	Drawn: VPA		

WHITLEY & COMPANY
HARRISBURG N.C. 28075

221 Silver Falls Dr

Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 140169ZO

Master #: 140169

Associated Permits:
140169ZO Zoning

Applicant

Name: S&ME INC. ENGINEERING (Toney Jacob **Phone:** 704-662-8625
Address: 105D DENVER BUSINESS PARK DR
Mooresville, NC 28115

Parcel

Parcel Number: 4730109262.615
Address: 000 Silver Falls Dr.
Mooresville, NC 28115
Subdivision: Parkwood at Falls Cove Ph 6

Zoning: RA
Township: 1500
Area: ~~94027~~ 67022
Lot(s): 615

Directions to Parcel: South on Morrison Farm Rd, left on Silver Falls Dr, lot on left

Owners

Name: Falls Cove Dev., LLC
Address: 2215 Brawley School Rd
Mooresville, NC 28115

Contractors

Contractor Type: Enviromental Services
Name: S&ME INC. ENGINEERING (Toney Jacobs) **Phone:** 704-662-8625
Address: 105D DENVER BUSINESS PARK DR
Mooresville, NC 28115

Fees and Receipts:

Number	Description	Amount
FEE-142939-07	Zoning - Permit / Inspection	$45.00
FEE-142940-07	Environmental Health - Type I or II Fast Track	$200.00
	Total Fees:	**$245.00**