209965

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *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
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: 4G Design Build **Address:** P.O. Box 60 28116 Kathleen Saunders **Phone:**

Owner Name: Same **Address:** **Phone:** (704) 572-495

Property Information:

Street Address: 175 Silver Falls Dr., Troutman 28166

Subdivision Name: Falls Cove Parkwood **Section/Phase:** **Lot Number:** 610

Driving Directions: Perth Rd, Right on State Park Rd, Left on Morrison Farm Rd, LT on 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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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 (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: Emma Holt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/26/15
DATE

PAID
1161
10-26-15

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

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

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

11/2/15 (Date)

Owner: 46 Design Build
Address: P.O Box 60
Troutman NC 28166

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
105 Cinder Ridge # 20996S

I, 46 Design Build, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 5/18/15 for a system
(date)

25% reduction
(system name)

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

Signature of Property Owner

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

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

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

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

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

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

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

3/9/15 Date

Owner: 4G Design Build
Address: Po Box 984
Troutman, NC 28166

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Permit ID 140163 Parkwood/Falls Cove # 610
PIN 4730109262.610 105 Cinder Ridge Ct.
Owner: ELG Investments

I, Michael Gandy (print full name), voluntarily relinquish my rights to pursue a formal appeal through the Office of Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 5/30/2007 (date) for a system LP PPBPS

~~25% Reduced (gravity)~~ (system name)

KMS - 5-18-15

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

X ~~Signature~~ of Property Owner

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

Mooresville Office
610 E. Center Avenue
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704 664-5281

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

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, Michael Gandy, am the legal owner of the property located at 105 Cinder Ridge Ct., identified as PIN(Parcel Identification Number) 4730409262.610, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, PA Kathleen Saunders, LSS _____, _____, _____, 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.

X _____ 4/23/15
Signature of Owner Date

_____ _____
Signature of Witness Date

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209965

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

PIN # 4730210441

APPLICANT: Kathleen Saunders APPLICANT ADDRESS: 121 Holt Ln Mooresville

SITE ADDRESS: 105 Cinder Ridge Ct. PHONE: 704-578-4951 ALT. PHONE: N/A

SITE DIRECTIONS: State Park Rd TL Morrison Farm Rd TL Silver Falls TL Cinder Ridge

SUBDIVISION: Falls Cove @ Parkwood SECTION: Pkm LOT # 610 LOT AREA: 0.945 acres DESIGN FLOW: 480gpd L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 480

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% Reduction

Repair System Description: LP 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:

INITIAL SITE SKETCH

See attached plan by:

Kathleen Saunders, LSS

AS BUILT SKETCH

REVOKED

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **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: 05/18/15 Installed by:

IMPROVEMENT PERMIT by: Justin Henderson Date: 05/18/15 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 05/18/15 Existing System Inspected by: Date:

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

Lot 610 Parkwood Subdivision Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Basement w/Plumbing**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.25 (Per Existing Permit)**
Primary System Type	**25% Reduction**
No. Lines	3 (See Table)
Total Linear Feet	480
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Distribution Box or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (~~30~~) KMS 5-18-15	36 inches
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	330
Repair Loading Rate	0.25

IC, 5.1

REVOKED

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Pink	LP PPBPS	25
2	Repair	Orange	LP PPBPS	30
3	Repair	Pink	LP PPBPS	45
4	Repair	Orange	LP PPBPS	127
5	System	Blue	25% Reduction	150 endfed
6	System	Red	25% Reduction	180 endfed
7	System	White	25% Reduction	150 endfed
8	Repair	White	LP PPBPS	50
9	Repair	Orange	LP PPBPS	80
				Total System: 480'
				Total Repair: 330'

Note: No cutting outside house box
Can switch lines to centerfed if needed

PATTERSON LAND SURVEYING, P.A.

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

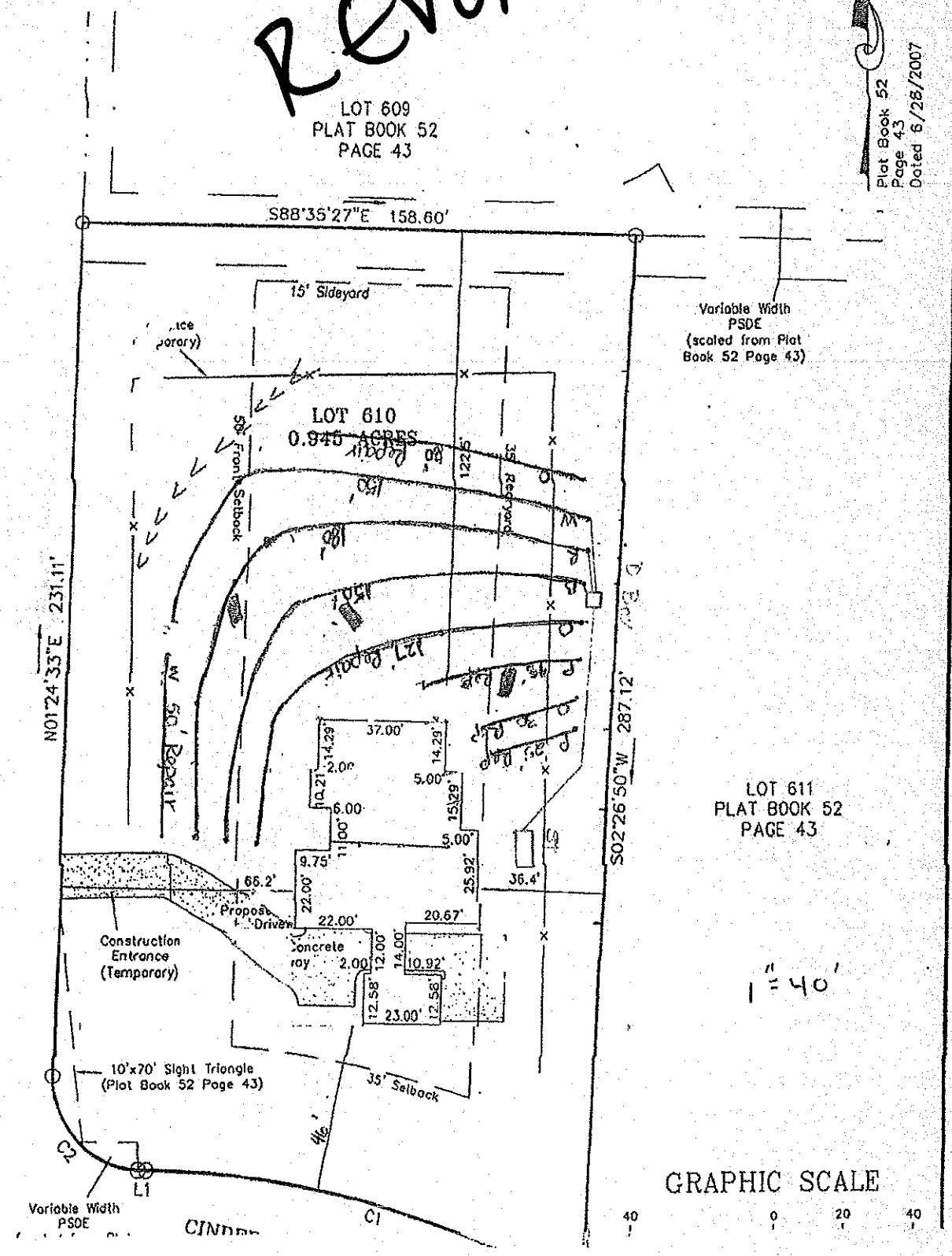
I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION FROM DEED DESCRIPTION AND/OR MAP BOOK 52, PAGES 43-45; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION AS SHOWN ON SURVEY; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 89-C AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS _____ DAY OF _____, 2015.

PRELIMINARY

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

REVOKED

Plat Book 52
Page 43
Dated 6/28/2007



1" = 40'

GRAPHIC SCALE

40 0 20 40