IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 2205670

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

PIN # 4730211620

APPLICANT/OWNER: ELG Investments LLC APPLICANT ADDRESS: P.O. Box 60 Troutman, NC 28166

SITE ADDRESS: 1163 Silver Falls Dr. Troutman NC PHONE: 704 578-4951 ALT. PHONE

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

SUBDIVISION: Falls Cove - Parkwood SECTION: P6 LOT # 609 LOT AREA: 1.078 Acres DESIGN FLOW: 360gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB 825	Date 9/1/17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT 302	Date 10/3/17	System Description: LPPBPS.				☐ Business	No. Persons 10	☐ Private
Pump Make Zoeller	Model 152.	Serial #		Repair System Description: Subsurface Drip				☐ Other	No. Employees	☒ Public
# Nitrification Fields 1	# Lines 3	Linear Ft 240'		Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 24" min	Trench Bottom Depth(Low side) 28"	Gravel Depth N/A			☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing

Comments / Conditions:

Tanks ✓
Lines ✓
Floats ✓
CUB ✓
Final ✓

B. Botkins.
Still needs electrical & Alarm Test

INITIAL SITE SKETCH

See Attached, approved plan by The Oaks Group, PA (dated 2/27/18)

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	3/29	DB
Tanks Checked	3/29	BB
Pressure Manifold or Valve Box Checked	3/29	BB
Pressure Head Set	3/29	BB
Electrical Checked	4/3	BB
Floats Set	3/29	BB.
Alarm Checked	4/3	BB.
Maintenance Contract Y / N	(Y) attached	
Comments: * Digging into septic line told to stop. For Trees. needs Maintenance		

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.*

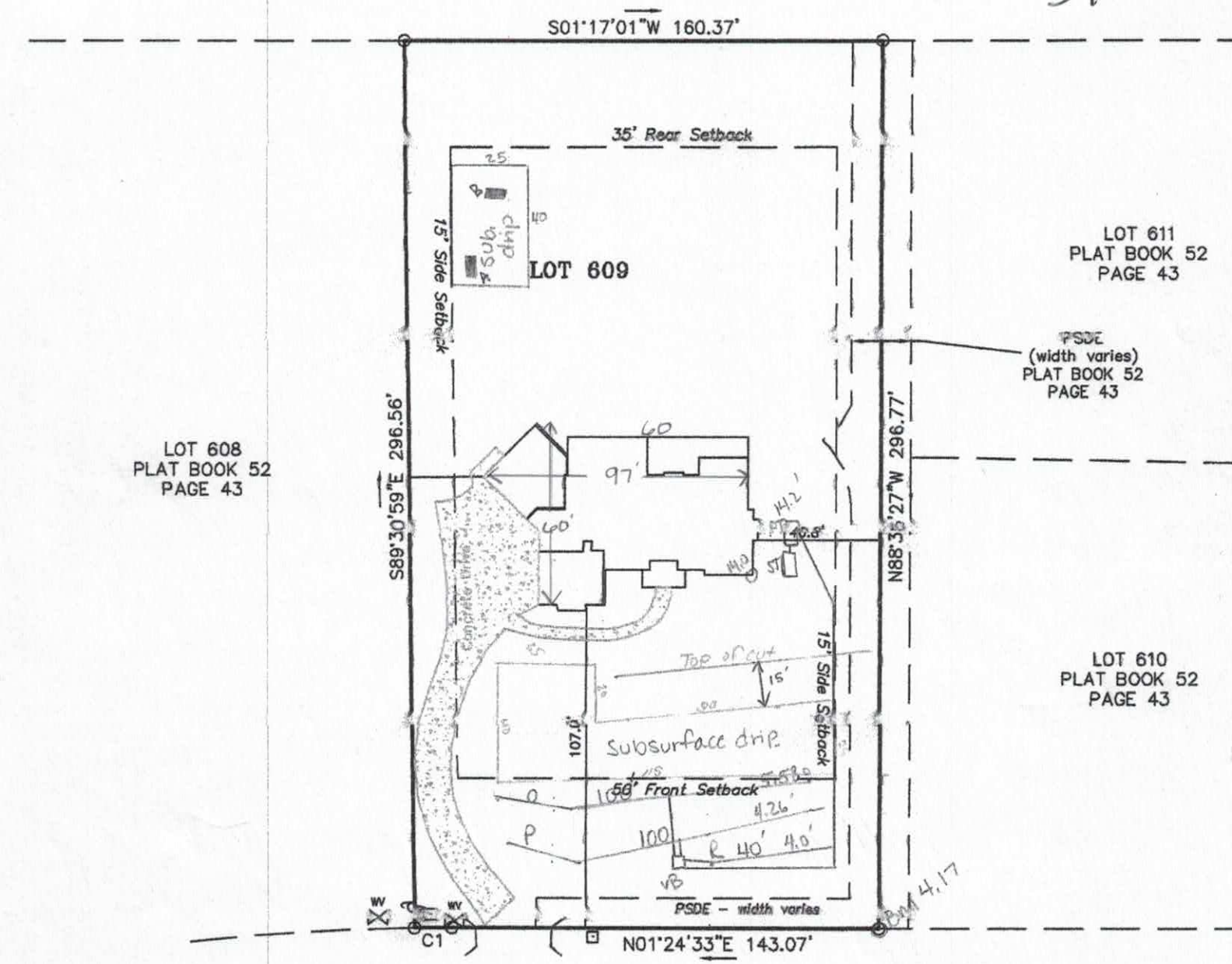
Owner / Applicant Signature: [signature] Date: 3/9/18 Installed by: Rowen Septic

IMPROVEMENT PERMIT by: Myra Dotson Date: 3/7/18 OPERATION PERMIT by: Benjamin Botkins Date: 4/5/2018.

AUTHORIZATION TO CONSTRUCT by: Myra Dotson Date: 3/12/18 Existing System Inspected by: Date:

THOMAS A. &
JAN S. COMER
DEED BOOK 883
PAGE 1035

Approved
MD
3/7/18



PHIC SCALE
0 25 50
IN FEET)
ch = 50 feet

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

CURVE TABLE			
IUS	ARC	BEARING	CHORD
.00'	12.51'	N 00°56'19" E	12.51'

PLOT PLAN
09 FALLS COVE-PARKWOOD

PRELIMINARY PLAN
NOT FOR RECORDATION,
CONVEYANCES OR SALES

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 163 Silver Falls Dr

Date: February 27, 2018

Attached is the septic specification information required to permit 163 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

Falls Cove 609 Fast Track Septic System Information

Number of Bedrooms	3
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.25
Primary System Type	**LP PPBPS**
No. Lines	3 (See Table)
Minimum Linear Feet	240
Total Linear Feet	240
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth (low side)	28"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	165' of **2**" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	27.5 gpm
Elevation head	Approx: 16.2 ft
Pressure head	3 ft
Friction head	2.9 ft
20% Contingency	4.42 ft
Total Head	26.52 ft
Pump Requirements	27.5 gpm @ 27' of head *To be designed by installer.*
Maximum Dosing Volume	198 gal -1.8 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	no
Repair System	**Subsurface Drip**
Total Linear Feet	*3600 sqft*
Repair LTAR	0.1

Approved 3/7/18 MD

***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.**

Approved
3/7/18
MD

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	Red	LPPPBPS	40 endfed	4	9	9	1 per panel	5/32"
2	System	Pink	LPPPBPS	100 centerfed	4.26	23	23	1 per panel	5/32"
3	System	Orange	LPPPBPS	100 centerfed	5.58	23	23	1 per panel	5/32"
						Total: 55	Total: 55 (1 in each panel turned up)		
				Total System: 240'					
				Total Repair: xxx'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	14.20
~~House~~	~~orange~~		~~14.00~~

Note: Tanks and Distribution devices can be altered at the ICHD's discretion
Rod Readings should be verified by installer before installation
Will need 6 inches of cover material over system

Approved
3/7/18

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: Iredell

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

OWNER: 4 G Design Build
ADDRESS: 163 Silver Falls
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Falls Cove 609
APPLICATION DATE
DATE EVALUATED: 2/12/18
PROPERTY SIZE:
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
A	L <2%	0-11	mo GR SL	FR NS/NP	Br	18"	N/A	18"	0.1 drip
		11-18	mo SBK C	FR SS/SP	R				
		18"	2 chr						
B	L <2%	0-11	mo GR SL	FR NS/NP	Br	24"	N/A	24"	0.1 drip
		11-17	wk SBK SCL	FR SS/SP	Br R				
		17-24	mo SBK C	FR SS/SP	R				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	II	Sub. drip
Site LTAR	0.25	0.1

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

COMMENTS:

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L ~5%	0-20	mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.25
		20-40	mo SBK C	FI SS/SP	R; Cyel Br				
		40-48	WK SBK C	FR SS/SP	R				
2	L 5%	0-18	mo SBK C	FR SS/SP	R	27"	N/A	27"	0.1 Drip
		18-27	WK SBK C	↓	R; Cyel Br				
		27"	2 chroma						
3	LCC 5%	0-25	mo SBK C	FR SS/SP	R; F/Cyel Br	25"	N/A	25"	0.1 Drip
		25"	2 chroma						
4	L 5%	0-32	mo SBK C	FR SS/SP	R	48"	N/A	N/A	0.3
		32-48	WK SBK C	↓	R; C sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	LP PPBPS	Sub. Drip
Site LTAR	0.25	0.1

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

COMMENTS:

3/5/18 @ 1:30pm RECEIVED FEB 27 2018 File

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: APPLICATION FORM

Paid $350.00 3/7/18
Paid $500.00 Comprehensive Pel

APPLICATION FOR:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repai

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 #228640

The following optional attachments may also be submitted:
(X) Survey Plat, scaled no more than 1 inch = 50 feet
Place an (X) beside whichever is submitted if applicable
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: contact Kathleen Saunders (704) 578-4951

Applicant Name: ELG Investments LLC Address: P.O. Box 60 Trautman Phone:

Owner Name: same Address: 28166 Phone:

Property Information:

Street Address: 163 Silver Falls Dr

Subdivision Name: Falls Cove Section/Phase: P6 Lot Number: 609

Driving Directions: Perth, L on State Park Rd, L on Morrison, L on Silver Falls, 1st on left

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 Foundation
( ) 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 wastewater from outside sources (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.

Emma Hall / Kathleen Saunders 2/27/18

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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, 4G Design Build, am the legal owner of the property located at 463 Silver Falls, identified as PIN(Parcel Identification Number) 4730 10 9262.609, 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.

_____ 8/1/17
Signature of Owner Date

_____ _____
Signature of Witness Date

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 CORRECTION 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:

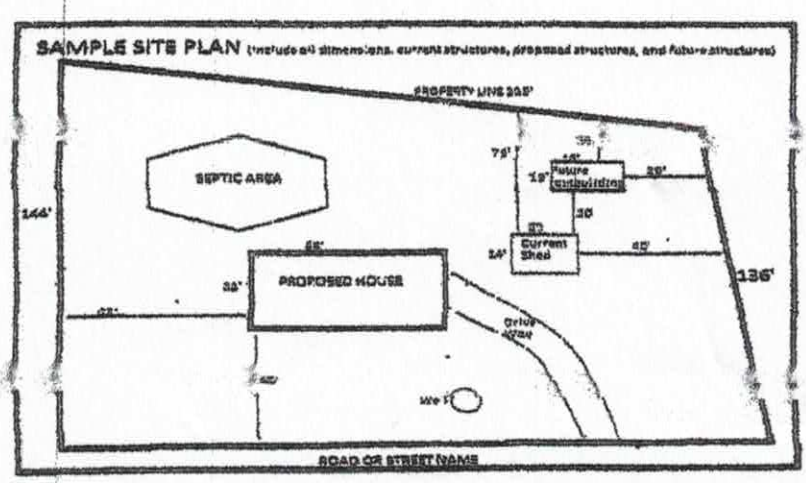
X Property Line measurements are clearly identified...
X All proposed structures are indicated...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

X Front and side setbacks from property line...
X Preferred driveway location and configuration, preferred well location...
X Area you prefer your septic system to be placed...
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

Please see attached site plan

Signature: Emma Bell / Kathleen Saunders 2/27/18

DOOR SCHEDULE

⊙	WIDTH	HEIGHT	NOTES
01*	3'-0"	8'-0"	½ GLASS EXT. DOOR w/ 5" SIDELIGHTS AND TRANSOM
02	16'-0"	8'-0"	O/H GARAGE DOOR
03	3'-0"	8'-0"	PANELED EXTERIOR HARDBOARD DOOR
04*	3'-0"	8'-0"	FRENCH GLASS EXTERIOR DOOR
05	2'-6"	8'-0"	FRENCH GLASS EXTERIOR DOOR
06	3'-0"	8'-0"	SINGLE - PANELED SOLID CORE (20 MIN. FIRE RATED)
07	(3) 2'-6"	8'-0"	PANELED INTERIOR HARDBOARD DOOR
08	2'-4"	8'-0"	PANELED INTERIOR HARDBOARD DOOR
09	2'-6"	8'-0"	PANELED INTERIOR HARDBOARD DOOR
10	2'-0"	8'-0"	PANELED INTERIOR HARDBOARD DOOR
11	2'-6"	8'-0"	PANELED INTERIOR HARDBOARD DOOR
12	2'-0"	8'-0"	PANELED INTERIOR HARDBOARD DOOR
13	1'-6"	8'-0"	PANELED INTERIOR HARDBOARD DOOR
14	2'-6"		GLASS SHOWER DOOR
15	3'-0"	8'-0"	SLIDING PANELED INTERIOR HARDBOARD BARN DOOR
16	2'-0"	8'-0"	CASED OPENING
17	3'-0"	8'-0"	CASED OPENING
18	3'-6"	8'-0"	CASED OPENING
19	18'-0"	8'-0"	CASED OPENING
20	2'-4"	6'-8"	PANELED INTERIOR HARDBOARD DOOR

ALL WINDOW & DOOR SIZES ARE NOMINAL. VERIFY ALL CONDITIONS W/ MANUFACTURER & CODE RESTRICTIONS

* - DENOTES TEMPERED GLASS

WINDOW SCHEDULE

⊙	WIDTH	HEIGHT	NOTES
A	3'-0"	5'-0"	SINGLE DOUBLE HUNG UNIT
B	(3) 3'-0"	5'-0"	TWIN DOUBLE HUNG UNIT
C	2'-6" 3'-0" 2'-6"	5'-0"	TRIPLE DOUBLE HUNG UNIT
D	3'-0"	5'-0"	SINGLE DOUBLE HUNG UNIT
E	2'-6"	5'-0"	SINGLE DOUBLE HUNG UNIT
F	(3) 3'-0"	5'-0"	TRIPLE DOUBLE HUNG UNIT
G	2'-6" 3'-0" 2'-6"	5'-0"	TRIPLE DOUBLE HUNG UNIT w/ 28" TRANSOM
H	3'-0"	5'-0"	SINGLE DOUBLE HUNG UNIT
I	(3) 3'-0"	1'-0"	TRIPLE CASEMENT UNIT (FIXED)
J	2'-0"	4'-0"	SINGLE DOUBLE HUNG UNIT
K*	4'-0"	4'-0"	SINGLE CASEMENT UNIT (FIXED)
L	5'-0"	4'-0"	SINGLE CASEMENT UNIT (FIXED) w/ ANGLED TOP (SEE ELEV.)
M	2'-6"	4'-6"	SINGLE DOUBLE HUNG UNIT
N	(3) 3'-0"	5'-0"	TWIN DOUBLE HUNG UNIT w/ 4" MULLION

ALL WINDOW & DOOR SIZES ARE NOMINAL. VERIFY ALL CONDITIONS W/ MANUFACTURER & CODE RESTRICTIONS

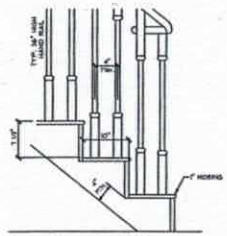
GENERAL FLOOR PLAN NOTES

1. SEE SHEET GN-1 FOR FRAMING NOTES
2. ALL HEADERS ARE 3-2x8 (U.N.O.)
3. PROVIDE ½" DRYWALL SEPARATION BETWEEN WALLS OF GARAGE & HOUSE. PROVIDE ⅝" TYPE "X" DRYWALL SEPARATION ON CEILING OF GARAGE (TABLE R-302.6)
4. BUILD UP FLOOR AREAS AS REQUIRED TO HAVE FLUSH FLOOR FINISHES AT DIFFERENT MATERIALS (PER PLAN)
5. ALL ANGLES ARE 45° (U.N.O.)
6. ALL INTERIOR DOORS ARE 6" FROM WALL (U.N.O.)
7. INSTALL DOUBLE JOIST UNDER ALL PARALLEL PARTITION WALLS (U.N.O.)
8. INSTALL A TRN OF 3-2x4 STUDS UNDER ALL BEAMS, LVL's OR BUILT-UP AT THE FIRST FLOOR LEVEL (U.N.O.)
9. ALL EXTERIOR WALL TO HAVE ½" OSB SHEATHING FASTENED w/ 8d NAILS @ 6" O.C. AROUND EDGES & 12" O.C. IN FIELD
10. SEE STRUCTURAL SHEET FOR ALL POINT LOADS, BEAMS, HEADERS & JOIST LAYOUTS (PER STRUCTURAL ENGINEER DRAWINGS)

U.N.O. = UNLESS NOTED OTHERWISE

SQUARE FOOTAGE

1st. FLOOR HEATED	2,689
2nd. FLOOR HEATED	606
TOTAL HEATED SQ. FT.	3,815
COVERED ENTRY	33
COVERED REAR PORCH	543
2-CAR GARAGE	441
FLOOR OVERHANG	347
TOTAL UNDER ROOF SQ. FT.	4,540



STAIR DETAIL

SCALE: 1" = 1'-0"

STAIR SPECS.

16 RISERS @ 7 1/2" EACH
15 TREADS @ 10" EACH w/ 1" NOSING

NOTE:
VERIFY ACTUAL CONDITIONS & FLOOR FINISH MATERIALS PRIOR TO STAIR FABRICATION

NOTE:
GUARD RAILS & HANDRAILS SHALL BE IN COMPLIANCE w/ 2012 I.R.C./R.C.

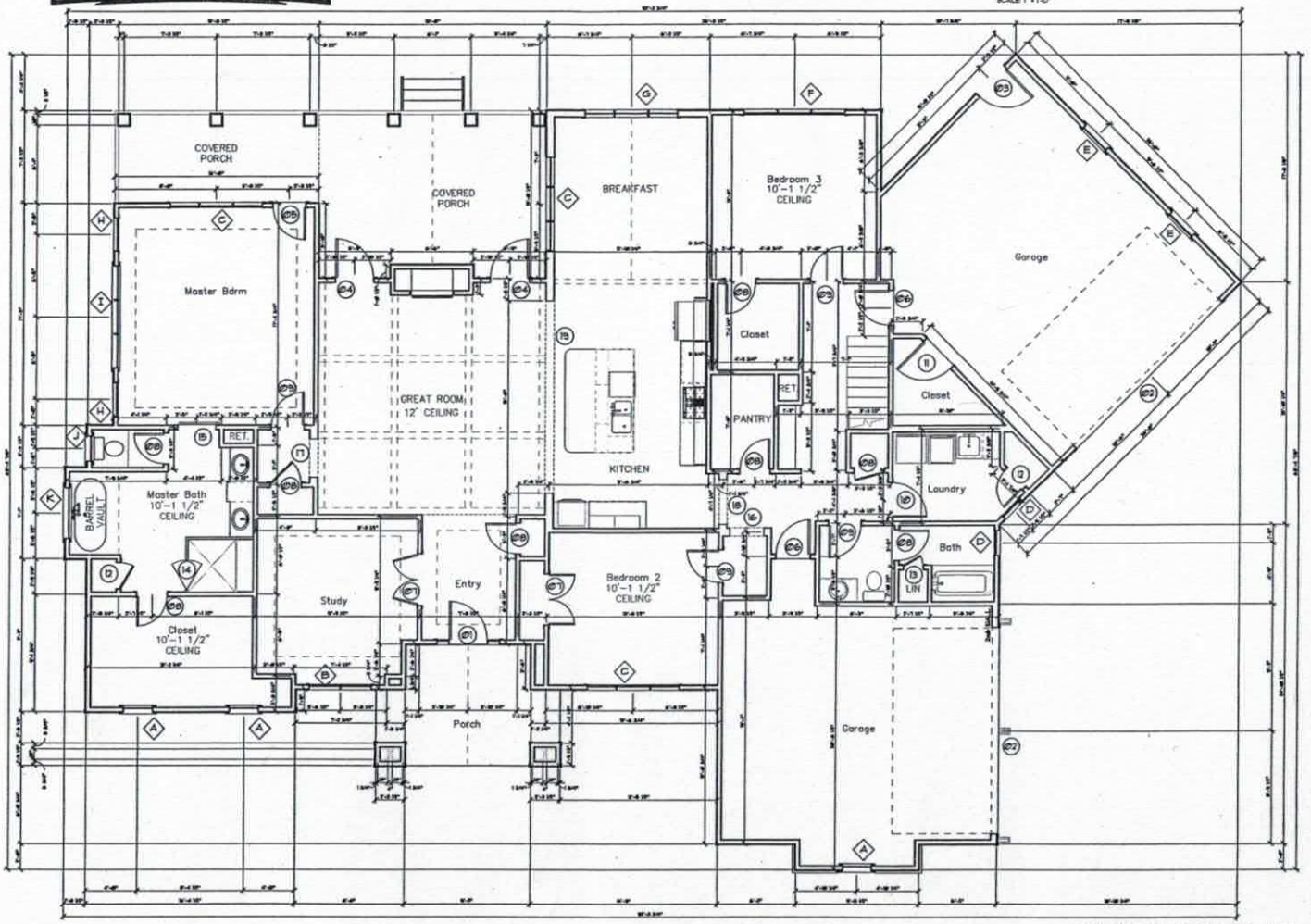
NOTE:
HANDRAILS & BALUSTERS SHOWN MAY NOT REPRESENT THE FINAL PRODUCT. THIS DRAWING IS FOR CODE PURPOSES ONLY.

Acknowledgement of Plans Submittal ONLY!

Date 3-[illegible]

Date 3/13/17

SEAL FOR STRUCTURAL ONLY



FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

4G DESIGN BUILD

PROJECT: Falls Cove - Lot 609

Southern dynamic
Engineering and Design, PLLC
P.O. BOX 87, Waxhaw, NC 28173
Ph: (704) 900-4596 Fax: (704) 749-9439
Email: Scott@SouthernDynamic.com
Website: SouthernDynamic.com

DRAWN BY: K.H.

DATE: JULY 7, 2017

REVISIONS:

SHEET A1

DOOR SCHEDULE

⊙	WIDTH	HEIGHT	NOTES
01*	3'-0"	8'-0"	¾ GLASS EXT. DOOR w/ 9" SIDELIGHTS AND TRANSOM
02	16'-0"	8'-0"	O.H. GARAGE DOOR
03	3'-0"	8'-0"	PANELED EXTERIOR HARDBOARD DOOR
04*	3'-0"	8'-0"	FRENCH GLASS EXTERIOR DOOR
05	2'-6"	8'-0"	FRENCH GLASS EXTERIOR DOOR
06	3'-0"	8'-0"	SINGLE - PANELED SOLID CORE (20 MIN. FIRE RATED)
07	(2) 2'-6"	8'-0"	PANELED INTERIOR HARDBOARD DOOR
08	2'-6"	8'-0"	PANELED INTERIOR HARDBOARD DOOR
09	2'-6"	8'-0"	PANELED INTERIOR HARDBOARD DOOR
10	2'-6"	8'-0"	PANELED INTERIOR HARDBOARD DOOR
11	2'-6"	8'-0"	PANELED INTERIOR HARDBOARD DOOR
12	2'-6"	8'-0"	PANELED INTERIOR HARDBOARD DOOR
13	7'-0"	8'-0"	PANELED INTERIOR HARDBOARD DOOR
14	2'-6"		GLASS SHOWER DOOR
15	3'-0"	8'-0"	SLIDING PANELED INTERIOR HARDBOARD BARN DOOR
16	2'-6"	8'-0"	CASED OPENING
17	3'-0"	8'-0"	CASED OPENING
18	3'-0"	8'-0"	CASED OPENING
19	16'-0"	8'-0"	CASED OPENING
20	2'-6"	6'-8"	PANELED INTERIOR HARDBOARD DOOR

ALL WINDOW & DOOR SIZES ARE NOMINAL. VERIFY ALL CONDITIONS W/ MANUFACTURER & CODE RESTRICTIONS

* - DENOTES TEMPERED GLASS

WINDOW SCHEDULE

◇	WIDTH	HEIGHT	NOTES
A	2'-0"	3'-6"	SINGLE DOUBLE HUNG UNIT
B	(2) 2'-6"	6'-0"	TWIN DOUBLE HUNG UNIT
C	2'-0" 3'-0" 2'-0"	6'-0"	TRIPLE DOUBLE HUNG UNIT
D	2'-0"	3'-0"	SINGLE DOUBLE HUNG UNIT
E	2'-6"	3'-0"	SINGLE DOUBLE HUNG UNIT
F	(3) 2'-6"	6'-0"	TRIPLE DOUBLE HUNG UNIT
G	2'-0" 3'-0" 2'-0"	6'-0"	TRIPLE DOUBLE HUNG UNIT w/ 36" TRANSOM
H	2'-6"	6'-0"	SINGLE DOUBLE HUNG UNIT
I	(3) 2'-0"	7'-6"	TRIPLE CASEMENT UNIT (FIXED)
J	2'-0"	4'-0"	SINGLE DOUBLE HUNG UNIT
K*	4'-0"	4'-0"	SINGLE CASEMENT UNIT (FIXED)
L	5'-6"	4'-0"	SINGLE CASEMENT UNIT (FIXED) w/ ARCHED TOP (SEE ELEV)
M	2'-6"	4'-6"	SINGLE DOUBLE HUNG UNIT
N	(2) 2'-0"	5'-0"	TWIN DOUBLE HUNG UNIT w/ 4" MULLION

ALL WINDOW & DOOR SIZES ARE NOMINAL. VERIFY ALL CONDITIONS W/ MANUFACTURER & CODE RESTRICTIONS

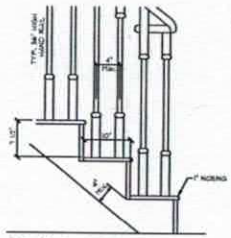
GENERAL FLOOR PLAN NOTES

1. SEE SHEET GN-1 FOR PRINTING NOTES
2. ALL HEADERS ARE 2-2x8 (U.N.O.)
3. PROVIDE 3" DRYWALL SEPARATION BETWEEN WALLS OF GARAGE & HOUSE. PROVIDE ⅝" TYPE "X" DRYWALL SEPARATION ON CEILING OF GARAGE (TABLE R-302.6)
4. BUILD UP FLOOR AREAS AS REQUIRED TO HAVE FLUSH FLOOR FINISHES AT DIFFERENT MATERIALS (TYP. PLAN)
5. ALL ANGLES ARE 45° (U.N.O.)
6. ALL INTERIOR DOORS ARE 6" FROM WALL (U.N.O.)
7. INSTALL DOUBLE JOIST UNDER ALL PARALLEL PARTITION WALLS (U.N.O.)
8. INSTALL A TRK OF 2-2x4 STUDS UNDER ALL BEAMS, LVL's OR BUILT-UP AT THE FIRST FLOOR LEVEL (U.N.O.)
9. ALL EXTERIOR WALL TO HAVE ½" OSB SHEATHING FASTENED w/ 8d NAILS @ 6" O.C. AROUND EDGES & 12" O.C. IN FIELD
10. SEE STRUCTURAL SHEET FOR ALL POINT LOADS, BEAMS, HEADERS & JOIST LAYOUTS (TYP. STRUCTURAL ENGINEER DRAWINGS)

U.N.O. = UNLESS NOTED OTHERWISE

SQUARE FOOTAGE

1st. FLOOR HEATED	2,488
2nd. FLOOR HEATED	665
TOTAL HEATED SQ. FT.	3,253
COVERED ENTRY	22
COVERED REAR PORCH	343
3-CAR GARAGE	441
FLOOR BONUS	241
TOTAL UNDER ROOF SQ. FT.	4,340



STAIR DETAIL

SCALE: 1" = 1'-0"

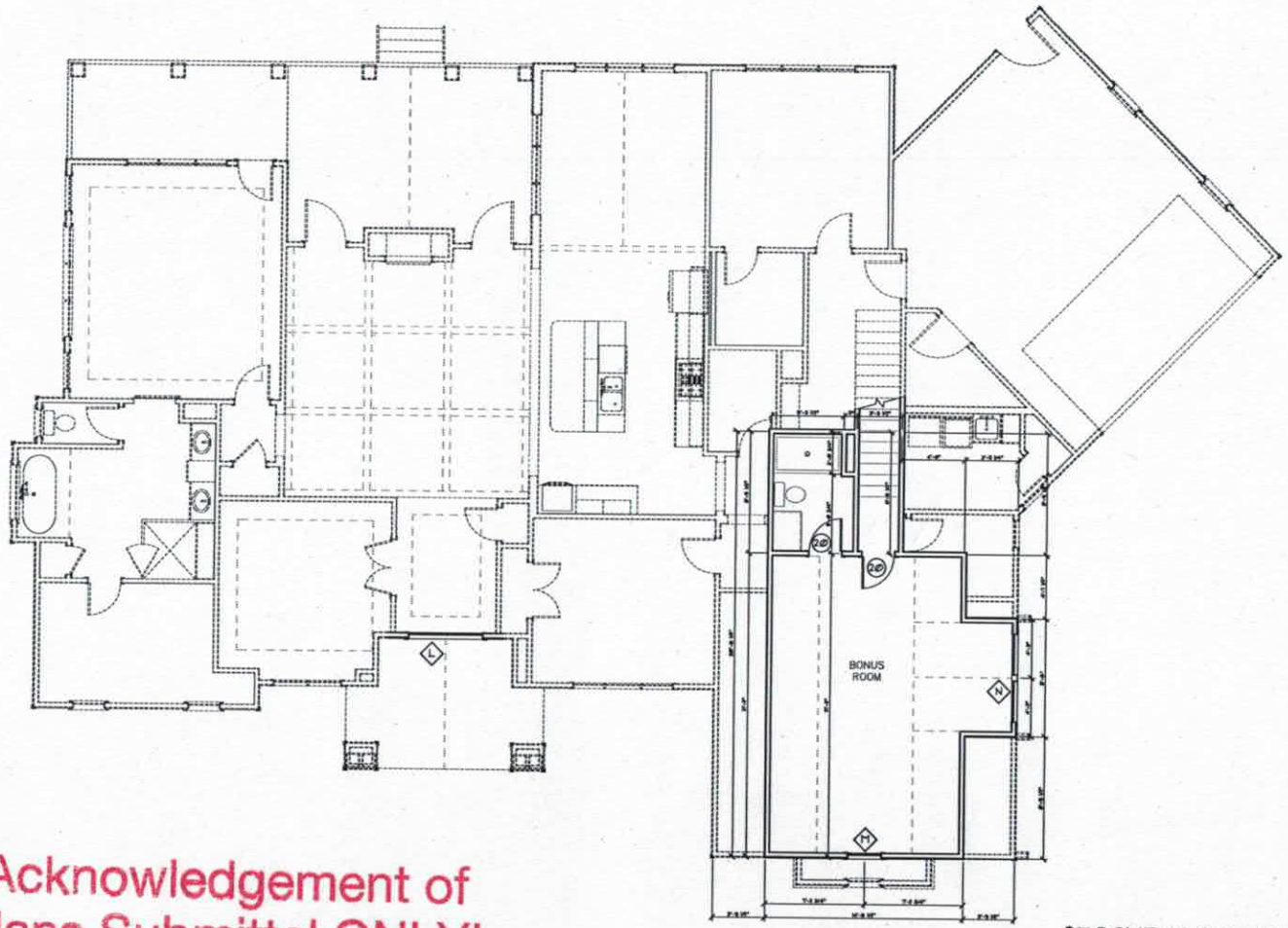
STAIR SPECS.

18 RISERS @ 7 1/2" EACH
17 TREADS @ 10" EACH w/ 1" NOSING

NOTE:
VERIFY ACTUAL CONDITIONS & FLOOR FINISH MATERIALS PRIOR TO STAIR FABRICATION

NOTE:
GUARD RAILS & HANDRAILS SHALL BE IN COMPLIANCE w/ 2015 N.C.R.C.

NOTE:
HANDRAILS & BALUSTERS SHOWN MAY NOT REPRESENT THE FINAL PRODUCT. THIS DRAWING IS FOR CODE PURPOSES ONLY.



SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

Date 3-9-17

Date 3/12/18

SEAL FOR STRUCTURAL ONLY

4G DESIGN BUILD

PROJECT: Falls Cove - Lot 609

Southern dynamic Engineering and Design, PLLC
P.O. BOX 87, Waxhaw, NC 28173
Ph: (704) 900-4596 Fax: (704) 749-9439
Email: Scott@SouthernDynamic.com
Website: SouthernDynamic.com

DRAWN BY: K.H.

DATE: JULY 7, 2017

REVISIONS:

SHEET A2

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)

2/27/18 (Date)

Owner: ELG Invesments
Address: 1608 North Point Rd
Huntersville 28078

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Permit 22558B
Falls Cove 609

I, Sam 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 3/29/17 (date) for a system LP PPBPS (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 HINSON, RN BSN MS
HEALTH DIRECTOR

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

3/7/18 (Date)

Owner: ELG Investments
Address: P.O. Box 60
Troutman, NC

Subject: Notice of Intent to Revoke/Suspend Falls Cove Pl6 #609
(**specify name/location**) Improvement Permit/Construction Authorization

Dear ELG Investments
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 163 Silver Falls Dr (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Type 4 LPPPBPS (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
2 permits for 1 site	15A NCAC 18A. 1937 Permits

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 3/7/18. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Maria Dotson

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225588

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

PIN # 4730211620

APPLICANT: ELG Investments LLC APPLICANT ADDRESS: P.O. Box 60 Troutman, NC 28166

SITE ADDRESS: 163 Silver Falls Dr - Troutman, NC PHONE: 704 578-4951 ALT. PHONE:

SITE DIRECTIONS: Perth Rd TL State Park Rd TL Morrison TL Silver Falls lot on left.

SUBDIVISION: Falls Cove - Parkwood SECTION: PK LOT # 609 LOT AREA: DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank 1000 (gal) STB Date
Pump Tank 1000 (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 240'
Trench Width min 24" Max. Trench Bottom Depth 28" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II III (IV) V VI
System Description: LPPPBPS
Repair System Description: Subsurface Drip
Maintenance Agreement Required: [X] YES [ ] NO
[X] GRAVITY [X] PRESSURE

[X] Residence No. Bedrooms 3
[ ] Business No. Persons
[ ] Other No. Employees
[ ] Slab [X] Crawl Space
[ ] Basement w/ plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions:

INITIAL SITE SKETCH

See attached, approved plan by The Oaks Group, PA (dated 3/13/17)

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. [X] **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: Erma Helton Date: 4/4/17 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 3/29/17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: Falls Cove Lot 609

Date: March 13, 2017

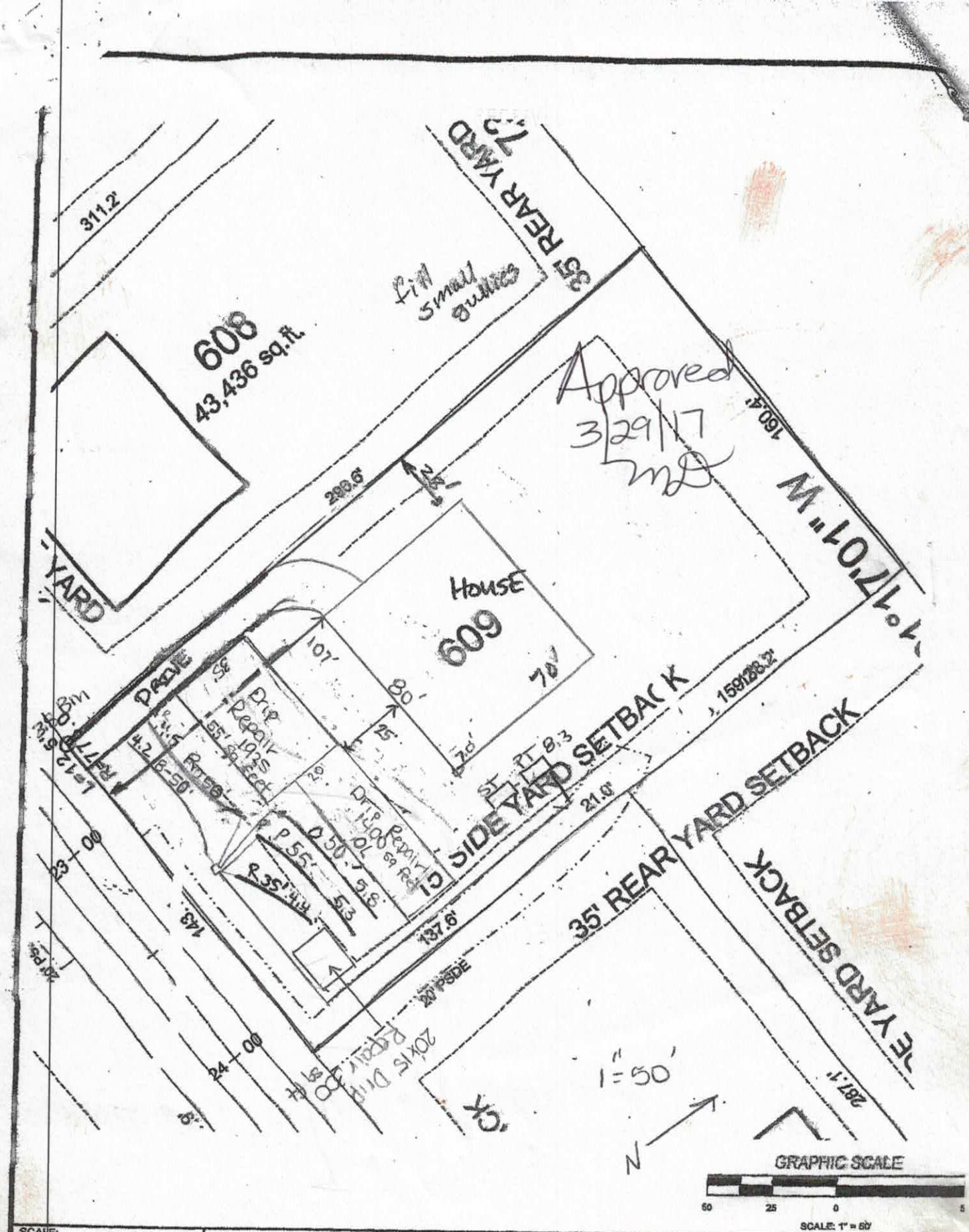
Attached is the septic specification information required to permit the Falls Cove Lot 609 for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

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.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders



SCALE:	AS SHOWN
DATE:	MAY 2007
DRAWN BY:	RDM
PROJECT NO:	1588-06-081

S&ME

WWW.SMEINC.COM

LOT #609
CRESCENT PARKWOOD - PHASE 6
IREDELL COUNTY, NORTH CAROLINA

FIGURE N

Falls Cove 609 Fast Track Septic System Information

Approved MD 3/29/17

Number of Bedrooms	3
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.25
Primary System Type	**LP PPBPS**
No. Lines	5 (See Table)
Minimum Linear Feet	240
Total Linear Feet	240
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth (low side)	~~36"~~ 28" kms
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	205' of **2**" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	28.5 gpm
Elevation head	Approx: 10.1 ft
Pressure head	3 ft
Friction head	3.6 ft
20% Contingency	3.34 ft
Total Head	20.04 ft
Pump Requirements	28.5 gpm @ 20' of head To be designed by installer.
Maximum Dosing Volume	205.2 gal -1.8 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	no
Repair System	**Subsurface Drip**
Total Linear Feet	3600 sqft
Repair LTAR	0.1

***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.**

Approved
3/29/17
MD

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	Blue	LPPPBPS	50 endfed	4.2	12	12	1 per panel	5/32"
2	System	Red	LPPPBPS	35 endfed	4.4	8	8	1 per panel	5/32"
3	System	Red	LPPPBPS	50 endfed	4.5	12	12	1 per panel	5/32"
4	System	Pink	LPPPBPS	55 endfed	5.3	13	13	1 per panel	5/32"
5	System	Orange	LPPPBPS	50 endfed	5.8	12	12	1 per panel	5/32"
						Total: 57	Total: 57 (1 in each panel turned up)		
				Total System: 320'					
				Total Repair: xxx'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	8.30
House	orange		7.00

Note: Tanks and Distribution devices can be altered at the ICHD's discretion
Rod Readings should be verified by installer before installation

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

Approved 3/29/17

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

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

OWNER: ELG Investments
ADDRESS: PO Box 60 Troutman NC
PROPOSED FACILITY: SFR
LOCATION OF SITE: Falls Cove #609
APPLICATION DATE ___
DATE EVALUATED: 3-13-17
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: ___
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L ~5%	0-20	moSBKC	FR SS/SP	R	48+	N/A	N/A	0.25
		20-40	moSBKC	Fi SS/SP	R; CyelBr				
		40-48	WKSBKC	FR SS/SP	R				
2	L 5%	0-18	moSBKC	FR SS/SP	R	27"	N/A	27"	0.1 Drip
		18-27	WKSBKC	↓	R; CyelBr				
		27"	2 chroma						
3	LCC 5%	0-25	moSBKC	FR SS/SP	R; F/CyelBr	25"	N/A	25"	0.1 Drip
		25"	2 chroma						
4	L 5%	0-32	moSBKC	FR SS/SP	R	48"	N/A	N/A	0.3
		32-48	WKSBKC	↓	R; C sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	LP PPBPS	Sub. Drip
Site LTAR	0.25	0.1

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

COMMENTS: ___

RECEIVED MAR 13 2017

County

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $850.00
#225588

Application For:

(X) *Septic Improvement Permit* ( ) New Well Permit ( ) *Authorization to Construct* ( ) Well Repair Permit ( ) *Existing System Inspection* ( ) Well Abandonment ( ) *Septic System Repai*

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:

Place an (X) beside whichever is submitted if applicable

(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: Contact Kathleen Saunders (704) 578-4951

Applicant Name: ELG Investments LLC **Address:** P.O. Box 60 Troutman 28166 **Phone:**

Owner Name: same **Address:** **Phone:**

Property Information:

Street Address: 163 Silver Falls Dr Troutman

Subdivision Name: Falls Cove **Section/Phase:** P6 **Lot Number:** 609

Driving Directions: Perth, L on State Park Rd, L on Morrison, L on Silver Falls, lot on left

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~~ 3
Maximum Number of Occupants: ~~8~~ 6
( ) Swimming Pool
( ) Other Addition/Structure:

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

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

3/13/17
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, ELG Investments, am the legal owner of the property located at 163 Silver Falls Trautman, identified as PIN(Parcel Identification Number) 4730 211 620, 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.

_____ 3/13/17
Signature of Owner Date

_____ 3/13/17
Signature of Witness Date

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:

X Property Line measurements are clearly identified... **X 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

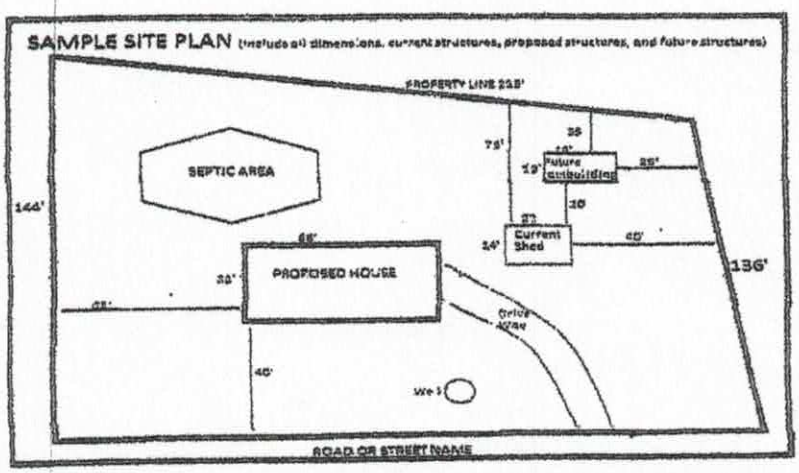
X Front and side setbacks from property line... **X Preferred driveway location and configuration, preferred well location...**

X Area you prefer your septic system to be placed... **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

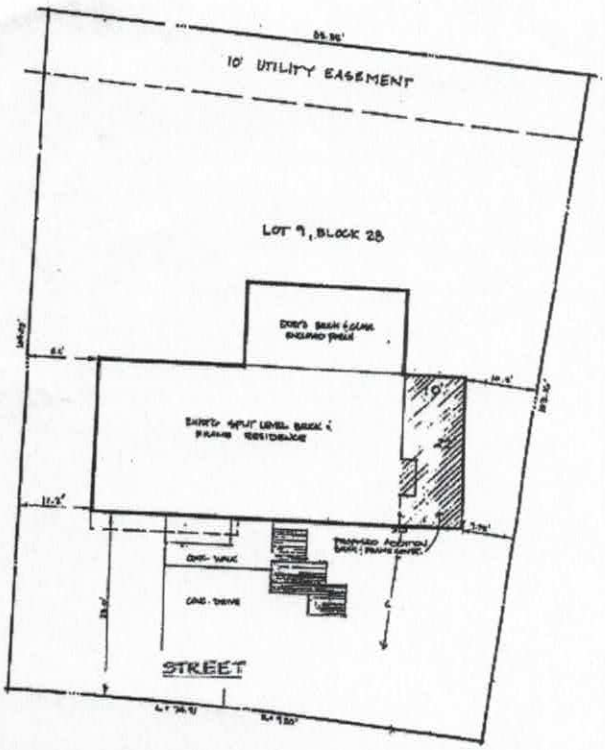
Please see attached site plan

Signature: Emma Hall

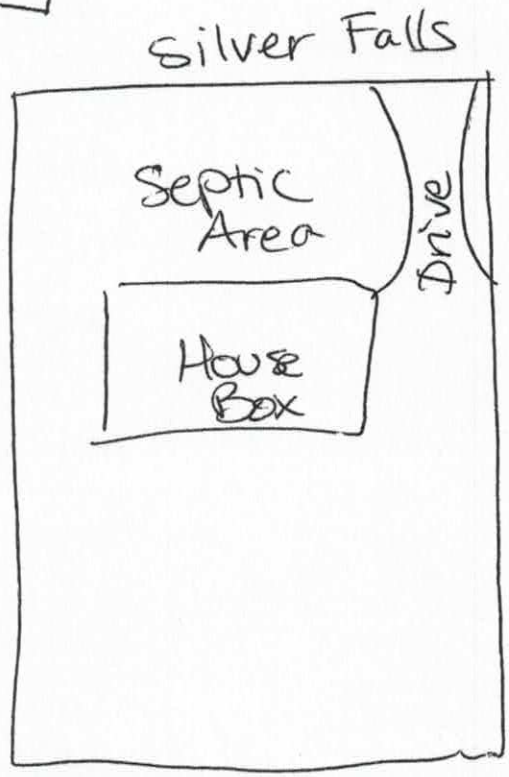
PROPERTY owner or owner's legal representative signature.

3/13/17

DATE



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



Zoning Permit # 225588
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	3-13-17	Tax Parcel #	4730211620
	Business Name or Property Owner	ELG Investments, LLC		
	Street Address & Lot Number	163 Silver Falls Dr Troutman		
	Business Type and/or Project Description	Septic Permit		
APPLICANT	Applicant	The Oaks Group, PA	Preferred Phone	704-578-4951
	Address City/State/Zip	121 Holt LN 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 (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 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: "Septic only" Please hold all Other Zoning until Troutman Zoning is approved.
2 Front Yard Trees

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.

Daneen Upright
Signature of Zoning Administrator