* AS BUILT *

BLDR 2024-49052

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 ~~Mooresville Office (704) 660-3825~~

PERMIT # OSWP-2022-2263

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

PIN # 4730-21-1712

APPLICANT / OWNER: 4G Design Build LLC | APPLICANT ADDRESS: 488 Pineville Rd, Statesville, NC 28677

SITE ADDRESS: 157 SILVER FALLS DR, TROUTMAN, NC 28166 | PHONE: 7042088342 | ALT. PHONE:

SITE DIRECTIONS: W NC 150 -> R Perth -> L State Park -> L Morrison Farm -> L Silver Falls -> lot on L | SAP CONTROLLED: YES ☐ NO ☑

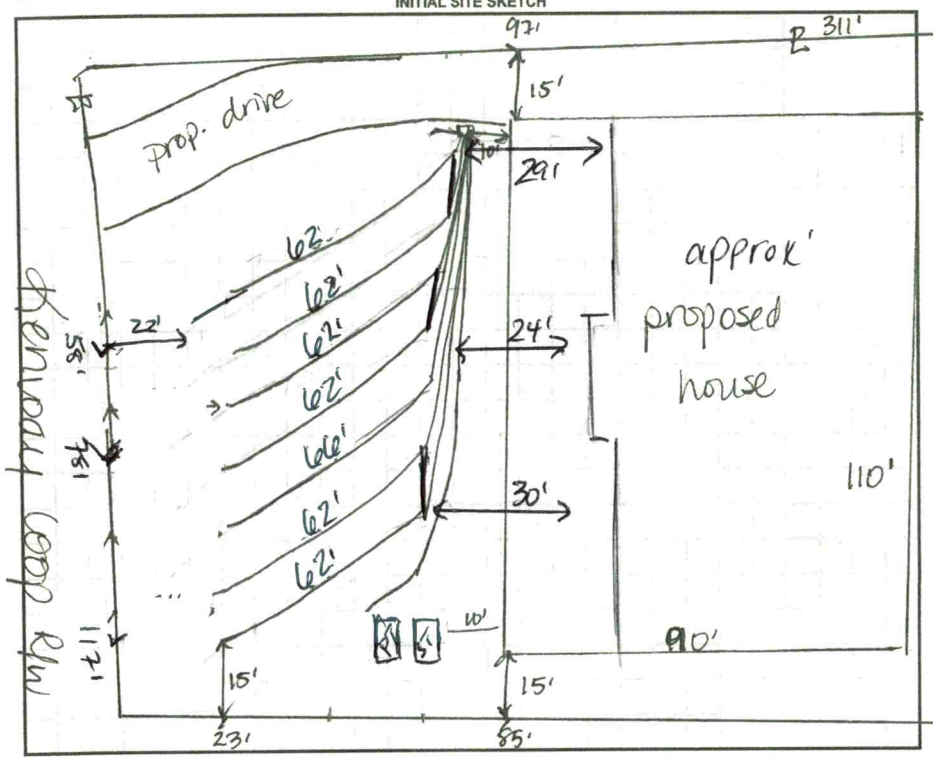
SUBDIVISION: Falls Cove - Parkwood | SECTION: 6 | LOT #: 608 | LOT AREA: 0.997 | DESIGN FLOW: 480 | L.T.A.R.: 0.275

Septic Tank: 1000 (gal)	STB: 7160	Date: 6/16/24	☑ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 4	Water Supply: Municipal Water
Pump Tank: 1000 (gal)	PT: 3623	Date: 5/11/24	System Description: 25% Reduction		☐ Business	No. Persons: 8	
Pump Make:	Model:	Serial #:	Repair System Description: 50% Reduction		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: ~~6~~ 7	Linear Ft.: 440	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
Trench Width: 36	Trench Bottom Depth (Low side): 24		Gravel Depth: 0	☐ GRAVITY ☑ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

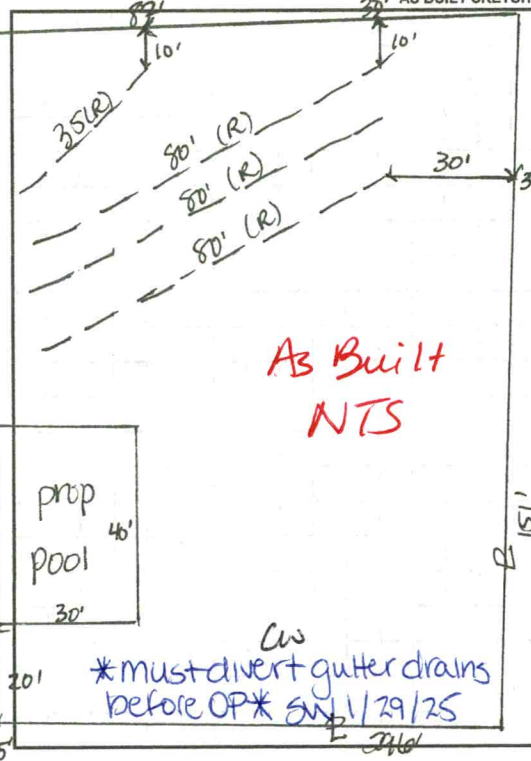
Comments / Conditions: Do not pave, grade, drive, park, or bury utilities in drainfield area. Install on contour, use pressure manifold distribution.
Pressure Manifold: 2" Supply, 2' Pressure Head Use 1/2" SCH 80 taps each line Dose: 199.3 g Flow: 43.84 Run time: 4.5 min Drawdown: 9.5"

Excessive cuts for drive or house will cause permit revocation*

INITIAL SITE SKETCH



AS BUILT SKETCH



1"=40'

- Keep lines 10' from foundation or no foundation drains

New Manifold

① & ② = 3/4 SCH 80
③ & ④ = 3/4 SCH 80
⑤ = 1/2" SCH 80
⑥ & ⑦ = 3/4 SCH 80

Flow: 35.78
Runtime: 5.57 min

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:

IMPROVEMENT PERMIT by: [signature] | Date: 11/4/22

AUTHORIZATION TO CONSTRUCT by: [signature] | Date: 2/4/25

Installed By: Shady Knotts - Andrew

OPERATION PERMIT by: [signature] | Date: 2/4/25

Existing System Inspected By: | Date:

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 BETWEEN 8am-9am the day the inspection is needed.

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2022-2263

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

PIN # 4730-21-1712

APPLICANT / OWNER: 4G Design Build LLC | APPLICANT ADDRESS: 488 Pineville Rd, Statesville, NC 28677

SITE ADDRESS: 157 SILVER FALLS DR, TROUTMAN, NC 28166 | PHONE: 7042088342 | ALT. PHONE:

SITE DIRECTIONS: W NC 150 -> R Perth -> L State Park -> L Morrison Farm -> L Silver Falls -> lot on L | SAP CONTROLLED: YES ☐ NO ☑

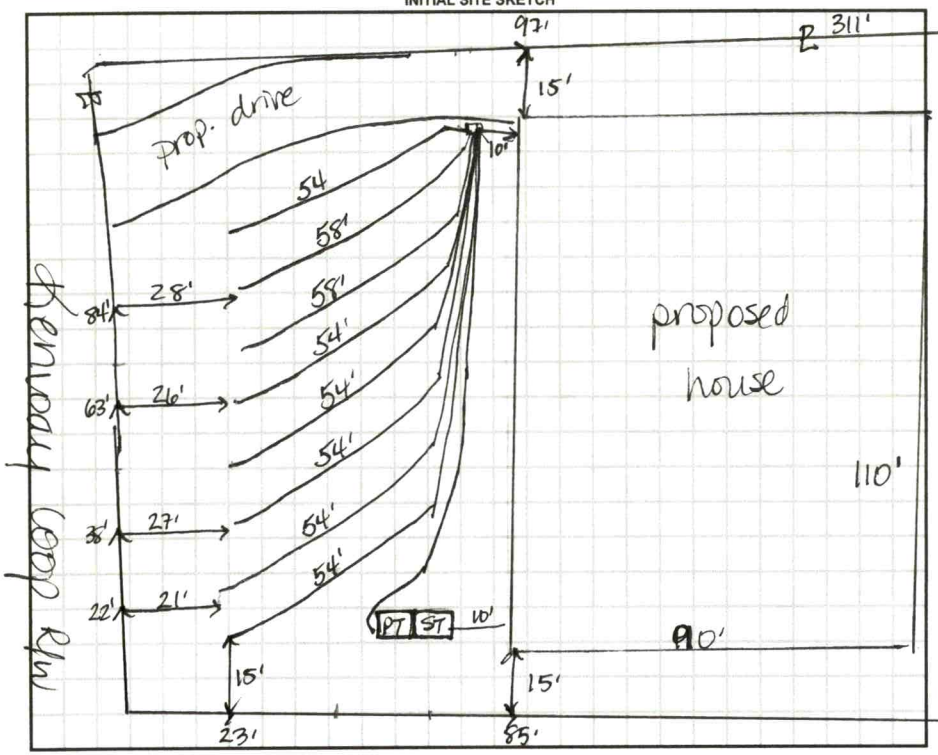
SUBDIVISION: Falls Cove - Parkwood | SECTION: 6 | LOT #: 608 | LOT AREA: 0.997 | DESIGN FLOW: 480 | L.T.A.R.: 0.275

Septic Tank: 1000 (gal)	STB:	Date:	☑ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 4	Water Supply: Municipal Water
Pump Tank: 1000 (gal)	PT:	Date:	System Description: 25% Reduction		☐ Business	No. Persons: 8	
Pump Make:	Model:	Serial #:	Repair System Description: 50% Reduction		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: 8	Linear Ft.: 440	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
Trench Width: 36	Trench Bottom Depth (Low side): 24		Gravel Depth: 0	☐ GRAVITY ☑ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

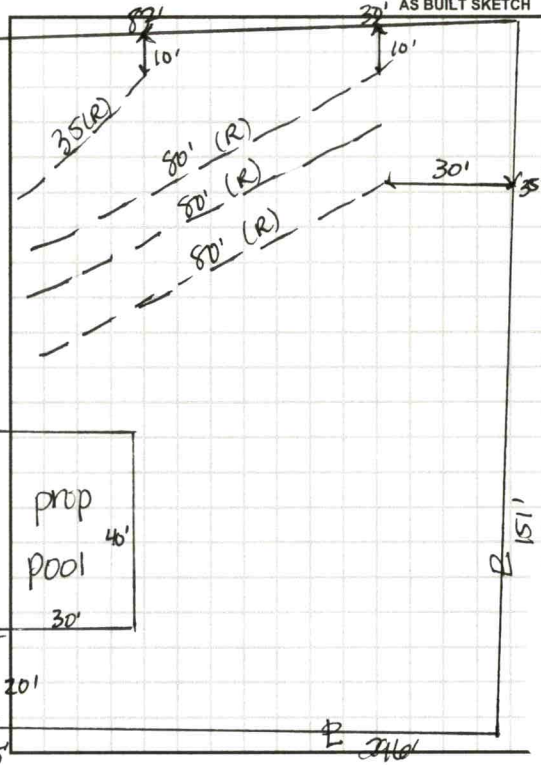
Comments / Conditions: Do not pave, grade, drive, park, or bury utilities in drainfield area. Install on contour, use pressure manifold distribution.
Pressure Manifold: 2" Supply, 2' Pressure Head Use 1/2" SCH 80 taps each line Dose: 199.3 g Flow: 43.84 Run time: 4.5 min Drawdown: 9.5"

Excessive cuts for drive or house will cause permit revocation

INITIAL SITE SKETCH



AS BUILT SKETCH



1"=40'

- Keep lines 10' from foundation or no foundation drains

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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:

IMPROVEMENT PERMIT by: Date: 11/4/22

AUTHORIZATION TO CONSTRUCT by: Date:

Installed By:

OPERATION PERMIT by: Date:

Existing System Inspected By: Date:

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 BETWEEN 8am-9am the day the inspection is needed.

	Date	Initials
Drain Lines Checked	8/1/24	DW
Tanks Checked	8/1/24	DW
Pressure Manifold or Valve Box Checked	1/29/25	SW
Pressure Head Set	1/29/25	SW
Electrical Checked	2/[illegible]/25	CW
Floats Set	1/29/25	SW
Alarm Checked	1/29/25	SW
Maintenance Contract Y / N		
Comments: Plumbing	8/2/24	CW

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

Sheet 1 of 2
PROPERTY ID #: 4130211712
COUNTY: Iredell

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

OWNER: HG
ADDRESS: 486 Pinevile Statesvile
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 157 Silver Falls, Troutman
APPLICATION DATE 8/22/22
DATE EVALUATED: 10-26-22
PROPERTY SIZE: 0.997
PROPERTY RECORDED: Y
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	side 10%	0-24	C / SBK	SS-SP-FR-SEXP	— Small pockets of WR some SAP inc thru-out	58"	—	—	P.S .3/0.275
		24-58	CL / SBK	SS-SP-FR-SEXP					
2	10-15%	0-35	C / SBK	SS-SP-FR-SEXP	— Sap inc. common 35"+	48"	—	—	P.S .3/0.275
		35-48	CL / SBK	SS-SP-FR-SEXP					
3	10-15%	0-9	SCL / SBK	SS-SP-FR-SEXP	— Sap inc 33"+	53"	—	—	P.S .3/0.275
		9-33	C / SBK	SS-SP-FR-SEXP					
		33-53	CL / SBK	SS-SP-FR-SEXP					
4	10-15%	0-24	C / SBK	SS-SP-FR-SEXP	—	53"	—	—	P.S .3/0.275
		24-53	CL / SBK	SS-SP-FR-SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	25%	50%
Site LTAR	0.275	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: D. Weberson
OTHER(S) PRESENT: S. Holland, S. Gandy

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

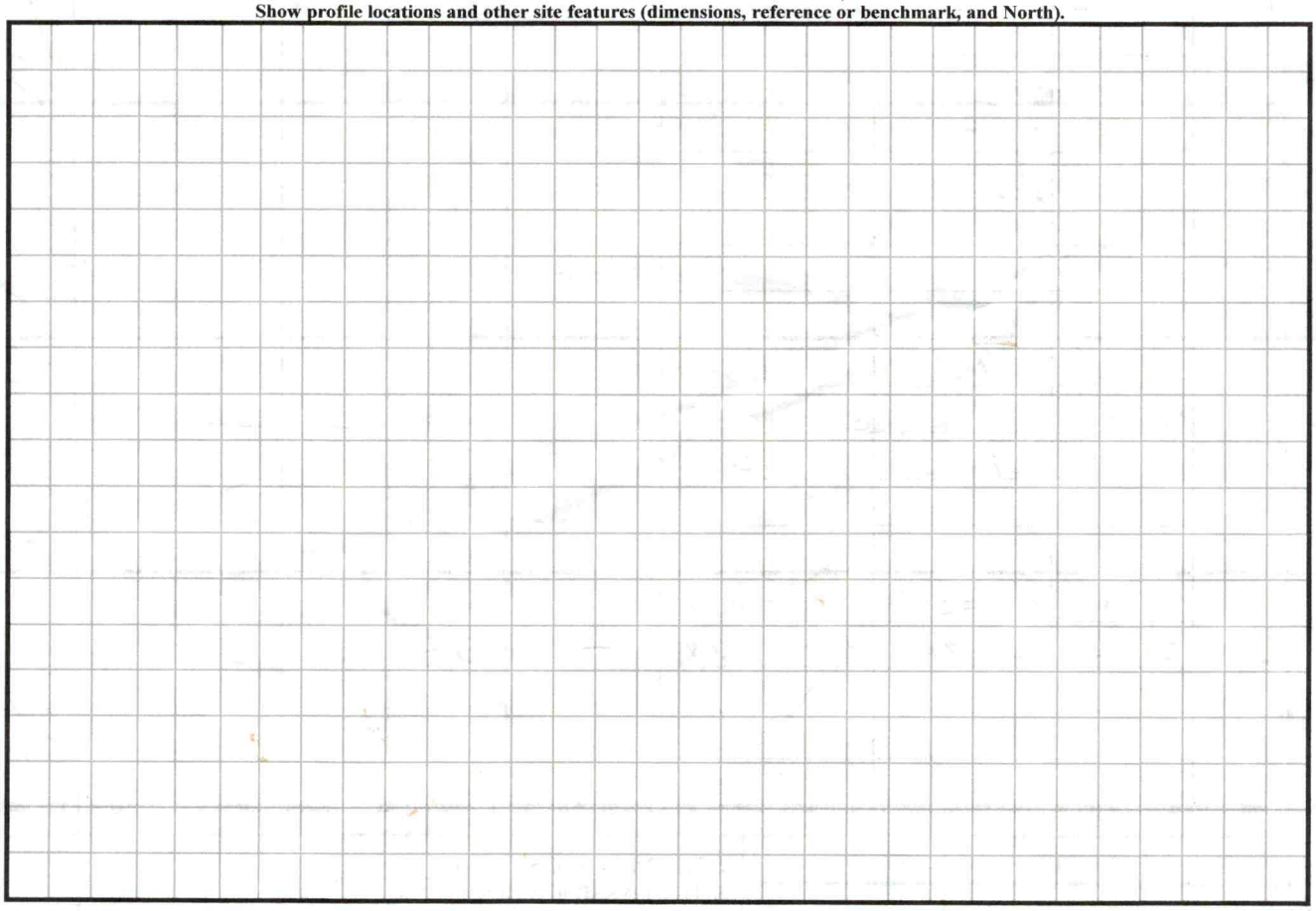
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



SOIL/SITE EVALUATION

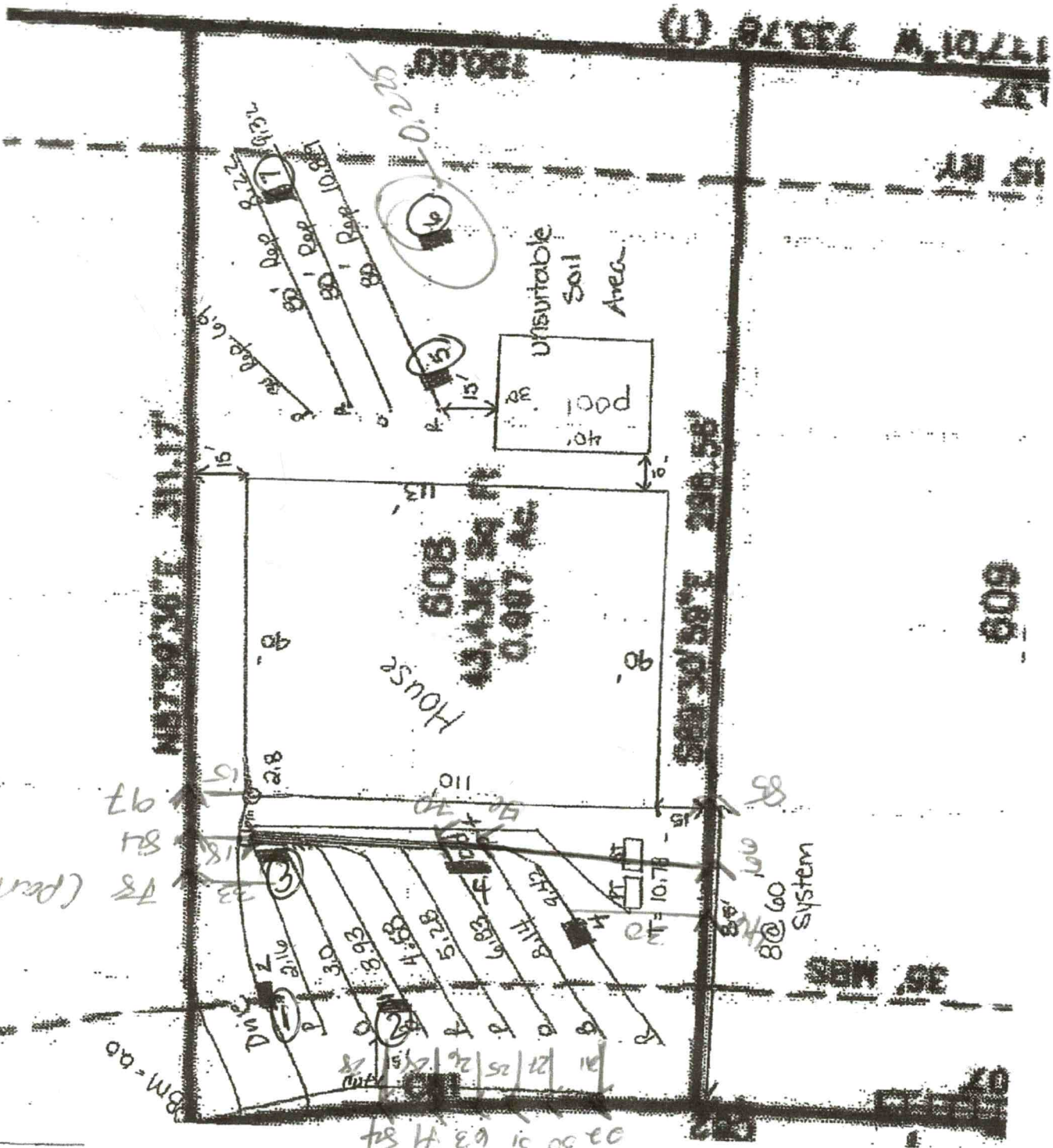
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 473021712
DATE OF EVALUATION: 10/26/22
COUNTY: Iredell

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
5	10-15%	0-27	C/SBK	SS-SP-FR-SEXP	—	59"	—	—	P.S ~~.3~~ .275
		27-59	CL/SBK/ABK	↓					
					Sap inc Minor Y/B	49"+ @ 8-30"	some ABK		
6	10-15%	0-17	SCL/SBK	SS-SP-FR-SEXP					P.S not using .25/.225
		17-51	C/SBK ↳CL mixed in w/ ABK						
					10YR 6/3 @ 26" ABK 26"+				
7	10-15%	0-33	C/SBK	SS-SP-FR-SEXP	—	54"	—	—	P.S ~~.275~~
		33-54	CL/SBK	SS-SP-FR-SEXP					
					Sap inc in CL layer				

COMMENTS:


Unsuitable Soil Area
House
Pool
15'
10'
40'
30'
8@60 System
Dry Well

Texted 10/21

PERMIT SNAPSHOT REPORT OSWP-2022-2263 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Improvement Permit
Status: In Progress
Valuation: $0.00
Project:
District: Troutman
Square Feet: 0.00
Assigned To: Wieberg, Danielle
App Date: 08/22/2022
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Description: This is an old approved permit that has expired and needs to be renewed. The old permit number was 229121, approved Aug. 9, 2017.

Parcel: 4730211712.000 Main
Address: 157 Silver Falls Dr Troutman, NC 28166 Main
Zone: RS(Suburban Residential District)

Applicant/Authorized Agent
4G Design Build LLC
488 Pineville Rd
Statesville, NC 28677
Mobile: (704) 208-8342

Applicant/Authorized Agent
4G Design Build LLC
488 Pineville Rd
Statesville, NC 28677
Mobile: (704) 208-8342

Property Owner
WATERVIEW INVESTMENTS LLC

Permit Custom Fields

How is your site plan being submitted	Survey Plat	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	90 X 110 (113)' plus pool 30 x 40	What are the proposed structures	New Single Family Residence
If other Addition/Structure, please explain	Site plan shows house box as 90 x 110 (113) w/pool.	Maximum Number of Bedrooms	4	Number of Occupants	8
Foundation Type	Crawl Space Foundation	Water Supply	Municipal Water	Desired Septic System Type	Other
If other septic system type, please explain	25% reduction	Additional Unique Setbacks Apply	No		

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Sam_Gandy_8/22/2022.jpg	08/22/2022 11:52	Gandy, Sam		Uploaded via CSS
Authorization to Act as Agent - FC608_v1.pdf	09/06/2022 14:46	Hart, Ronda	Available Online	Authorize to Act as Agent
Site Plan - FC608_v1.pdf	09/06/2022 14:46	Hart, Ronda	Available Online	Site Plan

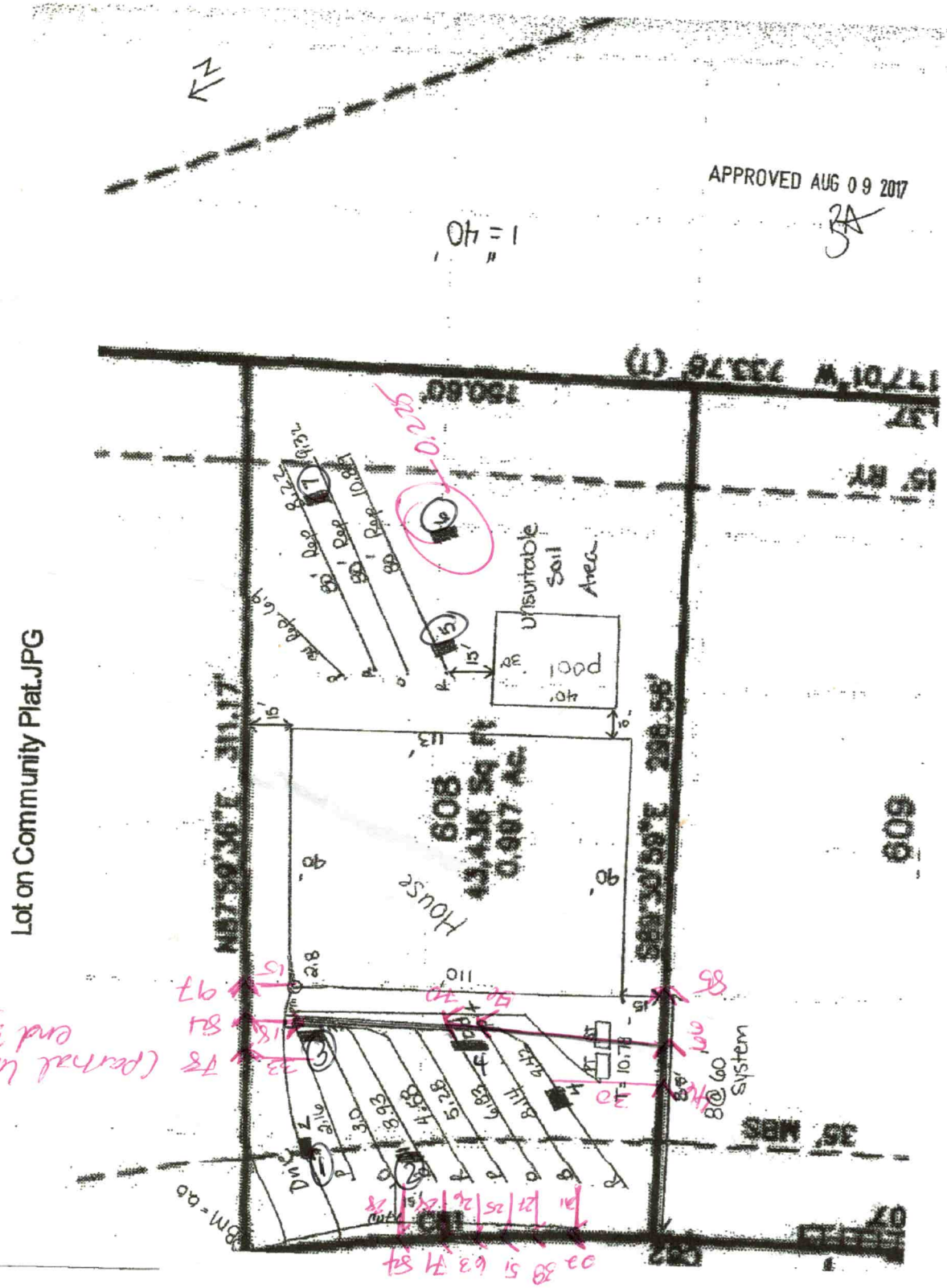
Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2022-22483	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	10/04/2022			10/04/2022 16:40	10/04/2022 16:40

Inspectors: Kobuck, Teanna (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00001633	New Gravity System	$500.00	$500.00
	Total for Invoice INV-00001633	$500.00	$500.00
	Grand Total for Permit	**$500.00**	**$500.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		09/06/2022 0:00	09/06/2022 14:46
Confirm application complete v.1	Generic Action		09/06/2022 14:46
~~**Zoning Review v.1**~~			09/06/2022 14:50
~~Troutman Zoning Approval v.1~~	Task		09/06/2022 14:50
~~Issue Invoice v.1~~	Generic Action		09/06/2022 14:50
~~Fees Paid v.1~~	Generic Action		09/06/2022 14:50
Fees v.1		09/06/2022 0:00	09/08/2022 8:18
Issue Invoice v.1	Generic Action		09/06/2022 14:50


N
APPROVED AUG 09 2017
1" = 40'
Lot on Community Plat.JPG
Unsuitable Soil Area
House
608
609
180.80'
311.17'
290.58'
733.78' (T)
N87°59'36"E
S88°30'56"E
N17°01'W
15' BTY
35' MBS
BM = ab
Dn
8@60 System

IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229121

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

PIN # 4730-21-1712

APPLICANT/OWNER: 4G DESIGN-BUILD APPLICANT ADDRESS: PO BOX 60 TROUTMAN NC

SITE ADDRESS: 157 SILVER FALLS TROUTMAN, NC. 28166 PHONE: 704-578-4951 ALT. PHONE

SITE DIRECTIONS: STATE PARK RD, MORRISON, TL SILVER FALLS, ON L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: FALLS COVE - PARKWOOD SECTION: 6 LOT # 608 LOT AREA: .997 AC DESIGN FLOW: 480 L.T.A.R.: .25 (.3R)

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III)B IV V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:		PM - 25%		
Pump Make		Model			Serial #		Repair System Description:		LP-PPBPS		
# Nitrification Fields	1	# Lines	8@60'		Linear Ft	480'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		32"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☒ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions:

INITIAL SITE SKETCH

SEE PLAN FROM THE OAKS GROUP

AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: 8-16-17 Installed by:

IMPROVEMENT PERMIT by: RA Date: APPROVED AUG 09 2017 OPERATION PERMIT by: Date:

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

Lot on Community Plat.JPG

APPROVED AUG 09 2017

3A

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 157 Silver Falls Dr

Date: August 1, 2017

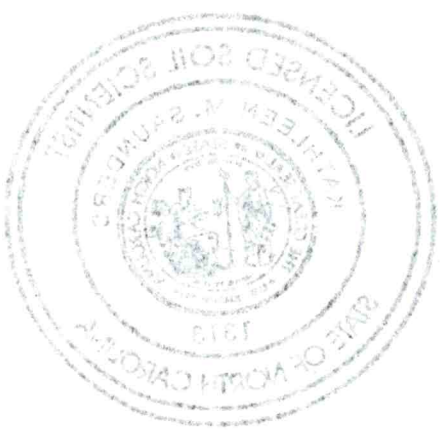
Attached is the septic specification information required to permit the 157 Silver Falls Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

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


LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1213
STATE OF NORTH CAROLINA

APPROVED AUG 09 2017

3A

Falls Cove Lot 608 Fast Track Septic Spec Sheet

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	8 (See Table)
Total Linear Feet	480
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	32"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	110' of 2" SCH 40 PVC
Flow Rate through the system	44 gpm
Elevation head	Approx. 14.6'
Pressure head	2.0'
Friction head	4.1'
20% Contingency	4.1'
Total Head	24.8'
Pump Requirements	44 gpm @ 24.8' of head To be designed by installer.
Maximum Dosing Volume	240 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	5.5
Repair System	**LP PPBPS**
Total Linear Feet	270
Repair Loading Rate	0.3

APPROVED AUG 0 9 2017

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	**System**	**Pink**	**25% Reduction**	**60 endfed**	**2.16**
2	**System**	**Orange**	**25% Reduction**	**60 endfed**	**3**
3	**System**	**Blue**	**25% Reduction**	**60 endfed**	**3.93**
4	**System**	**Red**	**25% Reduction**	**60 endfed**	**4.58**
5	**System**	**Pink**	**25% Reduction**	**60 endfed**	**5.28**
6	**System**	**Orange**	**25% Reduction**	**60 endfed**	**6.83**
7	**System**	**Blue**	**25% Reduction**	**60 endfed**	**8.14**
8	**System**	**Red**	**25% Reduction**	**60 endfed**	**9.42**
9	Repair	Pink	LP PPBPS	30	6.9
10	Repair	Red	LP PPBPS	80	8.22
11	Repair	Orange	LP PPBPS	80	9.32
12	Repair	Red	LP PPBPS	80	10.89
				Total System: 480'	
				Total Repair: 270'	

Tank	Red	1000 gal (2 compartment)	10.78
Pump Tank	Red	1000	
House	blue		2.80

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	8
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD
Use proper setbacks if foundation drains are used
Remove any berms in septic area to prevent ponding

APPROVED AUG 09 2017

BA

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

PROPERTY ID #:
COUNTY: Iredell

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

OWNER: 4 G Design Build
ADDRESS:
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Falls Cove 608

APPLICATION DATE
DATE EVALUATED: 7/27/17
PROPERTY SIZE:
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 5-10%	0-5	Mo GR SL	FR SS/SP	Por R R, F/c sap	48"	N/A	N/A	0.3 PS
		5-39	Mo SBK C	Fi SS/SP					
		39-48	WK SBK C	FR SS/SP					
2	L 5-10%	0-25	Mo SBK C	FR S/NP	R R, C/M sap	50"	N/A	N/A	0.3 PS
		25-30	WK SBK SCL	V					
3	L 5-10%	0-7	Mo GR SL	FR NS/NP	Bo R R, C sap	54"	N/A	N/A	0.3 PS
		7-24	Mo SBK C	Fi SS/SP					
		24-54	WK SBK C	Fi SS/SP					
4	L 5-10%	0-6	Mo GR SL	FR NS/NP	Bo R; C/M sap R; C sap	63"	N/A	N/A	0.25
		6-36	Mo SBK C	Fi S/P					
		36-63	WK SBK C	FR SS/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	LPP PBPS
Site LTAR	0.25	0.3

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

COMMENTS:

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

APPROVED AUG 09 2017

Sheet 1 of 2
PROPERTY ID #:
COUNTY: 1

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

OWNER: 4G Design Build
ADDRESS:
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Falls Cove 608

APPLICATION DATE
DATE EVALUATED: 7/27/17
PROPERTY SIZE:
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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	L ~10%	0-26	MU ABK C	FI, S/P	R R, C SAP MOIST	48"	PS	N/A	0.3 48" TB
		26-48	WC SBK C	FR SS/SP					
		48-60	MA LSAP	FR SS/SP					
6	L ~10%	0-7	MO GR2	FR NS/NP	R R, C VFI SBK R, F SAP	60"	N/A	N/A	0.25 48" TB
		7-43	MO ABK C	FI, S/P					
		43-60	WC SBK C	FR SS/SP					
7	L ~10%	0-25	MO ABK C	FR SS/SP	R R, C SAP MOIST	34"	PS	N/A	0.3 PS
		25-34	WC SBK C	FR SS/SP					
		34-60	MA LSAP	FR SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	CPPPBPS
Site LTAR	0.25	0.3

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

COMMENTS:

RECEIVED AUG 3 - 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $850.00
#229121

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) *Septic Improvement Permit* ( ) *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 SITI IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTEI APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

contact Kathleen Saunders (704) 578-4951

Applicant Name: HG Design Build **Address:** P.O Box 610 Troutman NC 28166 **Phone:**

Owner Name: Robert Cimino **Address:** **Phone:**

Property Information:

Street Address: 157 Silver Falls Troutman NC 28166

Subdivision Name: Falls Cove - Parkwood **Section/Phase:** P6 **Lot Number:** 608

Driving Directions: Perth, State Park Rd, 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
Maximum Number of Occupants: 8
( ) 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)

8/1/17
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, 4G Design Build, am the legal owner of the property located at 157 Silver Falls, identified as PIN(Parcel Identification Number) 4730-21-1712, 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 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***

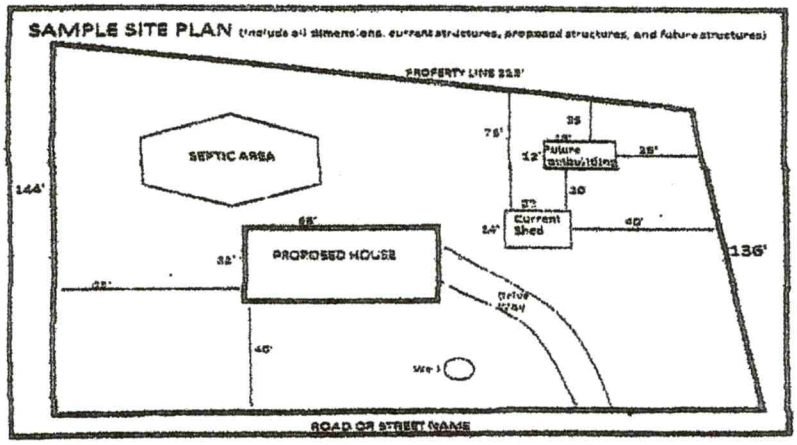
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

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

REQUIRED property owner or owner's legal representative signature

8/1/17

DATE

Zoning Permit # 229121
Fee $ 45.00 **Code 104**

See reverse for new construction.

Zoning Permit

LOCATION	**Date (mm/dd/yy)**	8/1/17	**Tax Parcel #**	4730-21-1712
	Business Name or Property Owner	4G Design Build		
	Street Address & Lot Number	Falls Cove 608 157 Silver Falls		
	Business Type and/or Project Description	SFR - Septic		
APPLICANT	**Applicant**	The Oaks Grap	**Preferred Phone**	704-578-4951
	Address City/State/Zip	121 Holt LN Mooresville 28117		
	E-Mail	KathleenMSaunders@gmail.com		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy (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.***			

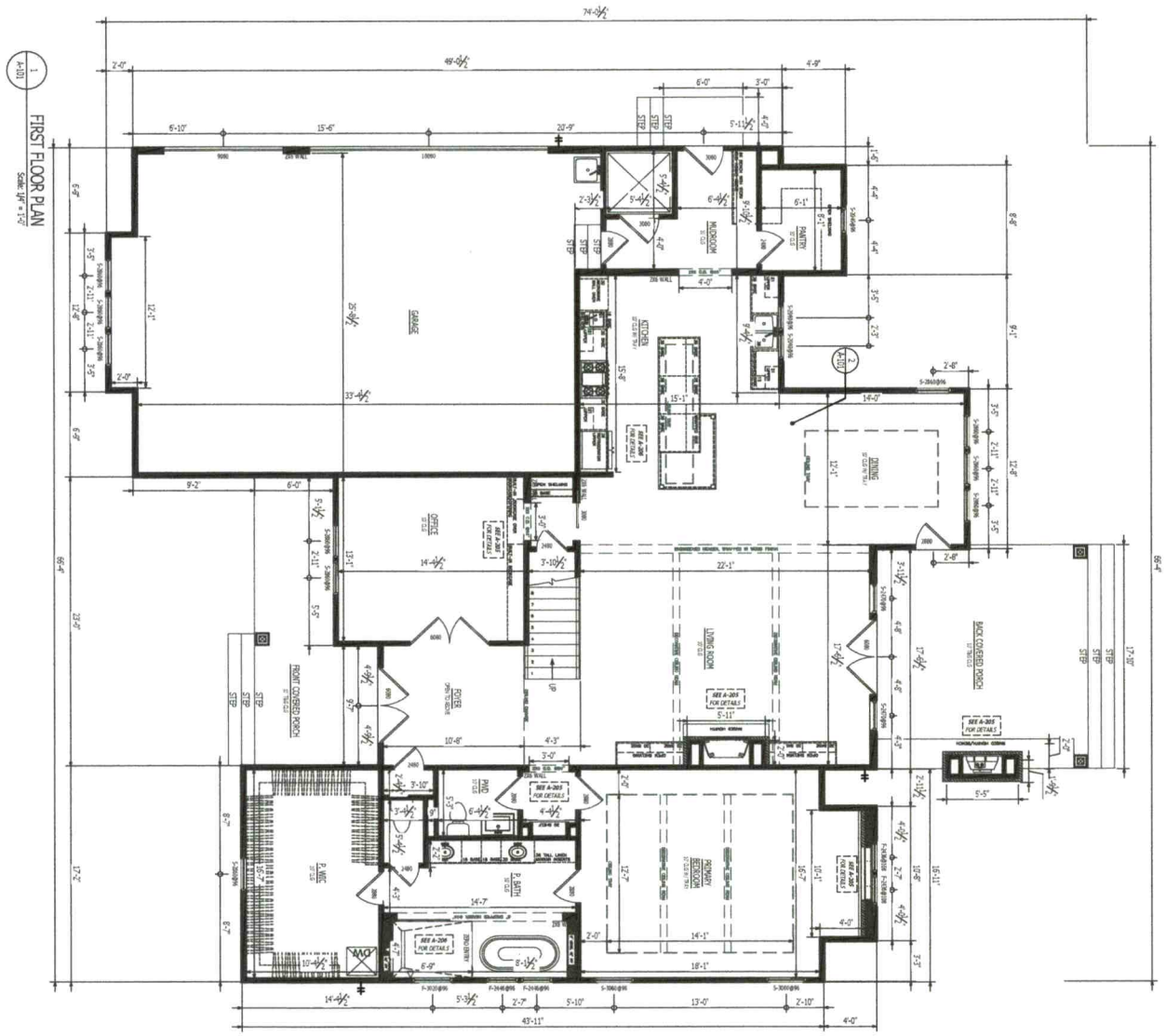
Comments: Septic Permit only * Hold all other permits until Troutman Zoning is approved.

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Kathleen Saunders
Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Daniel Light
Signature of Zoning Administrator



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

NOTE:
PLAN DIMENSIONS ARE TO STUD UNLESS OTHERWISE NOTED.

ANY MATERIALS MAY BE SUBJECT TO CHANGE. VERIFY WITH CLIENT AND SELECTION LIST.

ACTUAL DOOR & WINDOW SIZES ARE NOTED ON FLOOR PLANS. FOR ROUGH OPENINGS REFER TO SPECS.

* STRUCTURAL ENGINEERED PLANS ARE SEPARATE. REFER TO SHEET SCHEDULE.

HOSE BIB SYMBOL

CROSS DIMENSIONS

A - B	66' - 0"
A - C	49' - 10"
A - D	94' - 3 3/4"
B - C	77' - 11 1/4"
B - D	43' - 11"
C - D	66' - 4 3/4"

DATE	DESCRIPTION
12.20.2023	INITIAL DESIGN
01.05.2024	PLAN & ELEVATION CHANGES
02.07.2024	PLAN & ELEVATION CHANGES
03.13.2024	ADDED INTERIOR ELEVATIONS & DETAILS, FINALIZED PLANS
03.21.2024	PLAN CHANGES, ADDED ENGINEERED DRAWINGS

A-101
FLOOR PLAN
03.21.2024
MILTON XL - 157 SILVER FALLS

MILTON XL
157 SILVER FALLS DRIVE
TROUTMAN, NC 28166

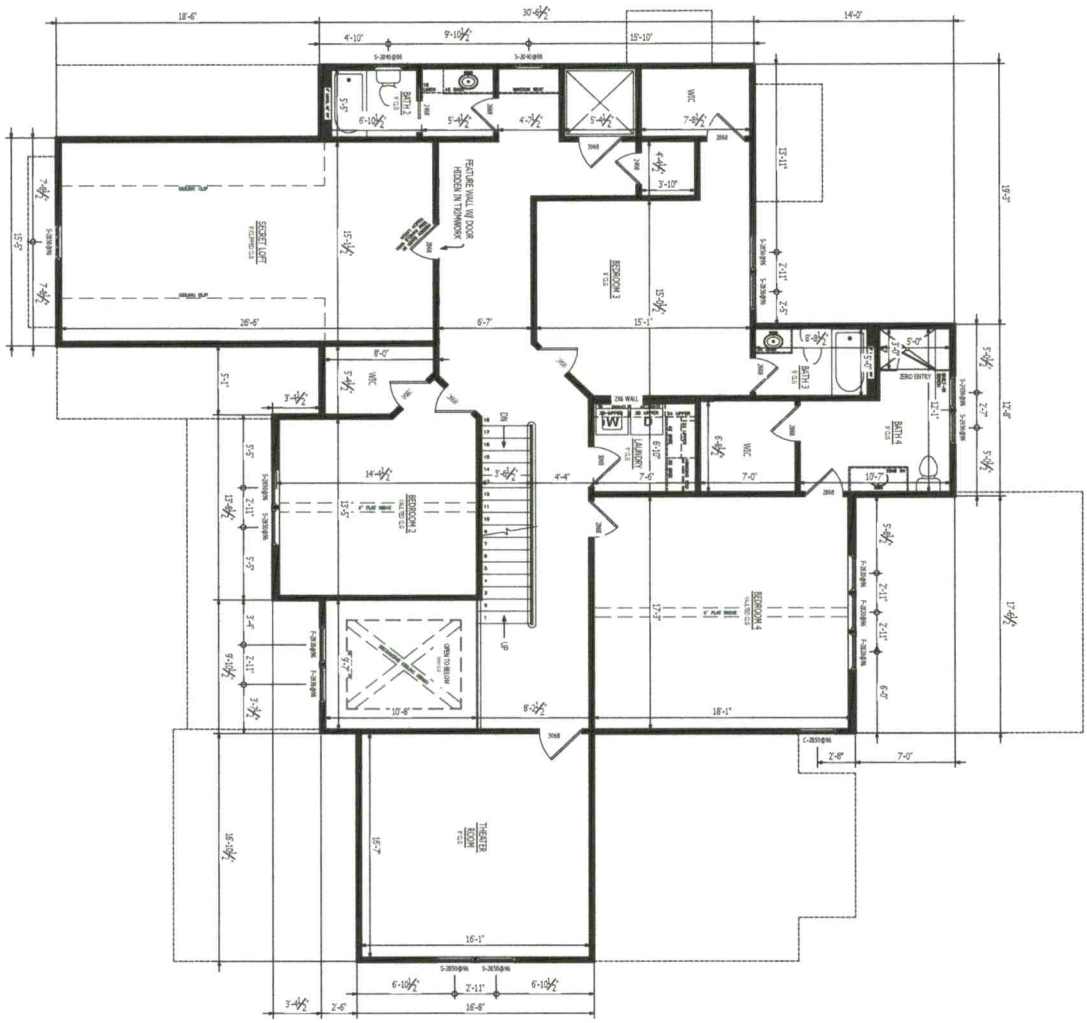
4G Signature FLOOR PLANS
MEMBER AIBD
488 Pineville Rd Statesville, NC 28677 980-635-0060 www.Build4G.com

FIELD

Copyright 4G Design Build: All rights reserved. This design or any portion thereof may not be reproduced or used in any manner whatsoever without the express written permission of 4G Design Build. For permission requests please contact: office@build4g.com

1 / A-102 SECOND FLOOR PLAN

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



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

NOTE:

PLAN DIMENSIONS ARE TO STUD UNLESS OTHERWISE NOTED.

ANY MATERIALS MAY BE SUBJECT TO CHANGE. VERIFY WITH CLIENT AND SELECTION LIST.

ACTUAL DOOR & WINDOW SIZES ARE NOTED ON FLOOR PLANS. FOR ROUGH OPENING REFER TO SPECS.

* STRUCTURAL ENGINEERED PLANS ARE SEPARATE. REFER TO SHEET S0.0/S0.1

A-102

FLOOR PLAN

03.21.2024

MILTON XL - 157 SILVER FALLS

DATE	DESCRIPTION
12.20.2023	INITIAL DESIGN
01.05.2024	PLAN & ELEVATION CHANGES
02.07.2024	PLAN & ELEVATION CHANGES
03.13.2024	ADDED INTERIOR ELEVATIONS & DETAILS, FINALIZED PLANS
03.21.2024	PLAN CHANGES, ADDED ENGINEERED DRAWINGS

MILTON XL

157 SILVER FALLS DRIVE

TROUTMAN, NC 28166

4G Signature FLOOR PLANS

488 Pineville Rd Statesville, NC 28677 980-635-0060 www.Build4G.com

MEMBER AIBD

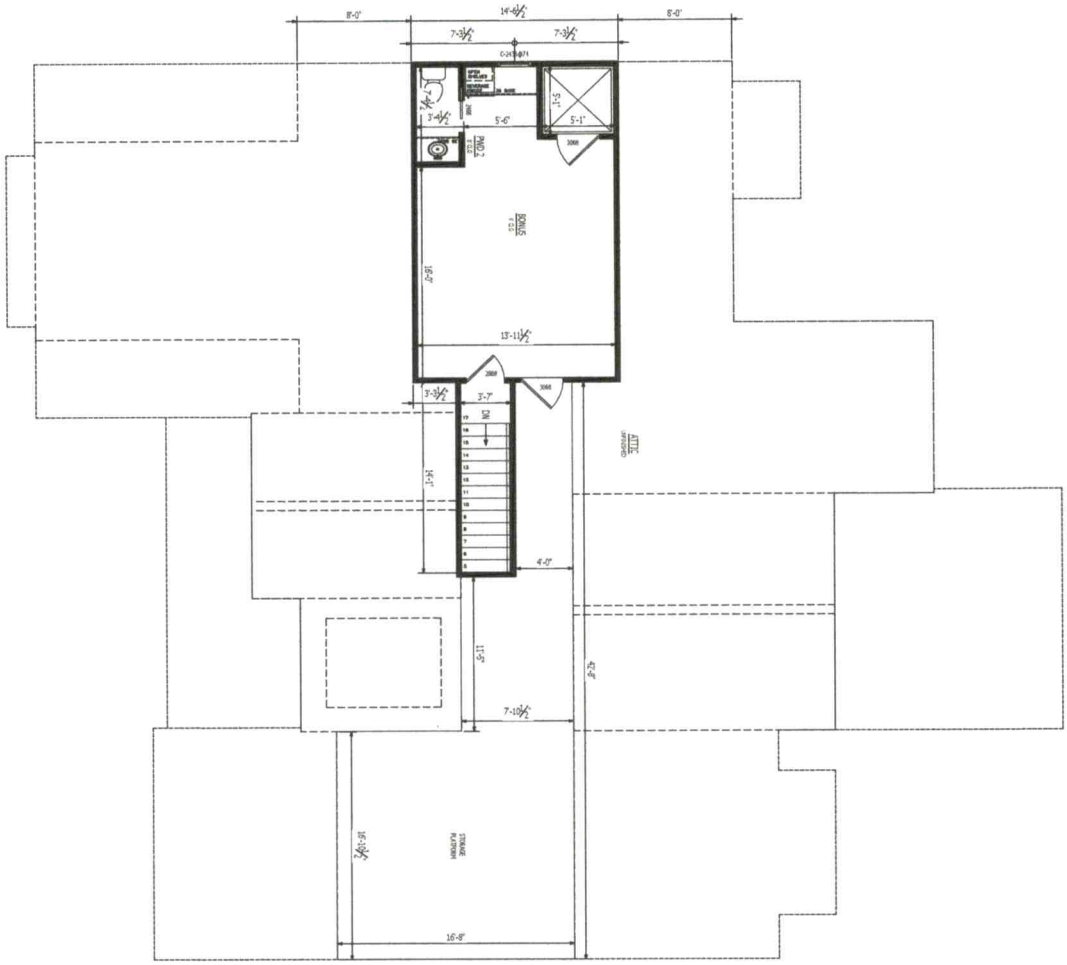
FIELD

Copyright 4G Design Build: All rights reserved. This design or any portion thereof may not be reproduced or used in any manner whatsoever without the express written permission of 4G Design Build. For permission requests please contact: office@build4g.com

1 / A-103

THIRD FLOOR PLAN

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



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

NOTE:

PLAN DIMENSIONS ARE TO STUD UNLESS OTHERWISE NOTED.

ANY MATERIALS MAY BE SUBJECT TO CHANGE. VERIFY WITH CLIENT AND SELECTION LIST.

ACTUAL DOOR & WINDOW SIZES ARE NOTED ON FLOOR PLANS. FOR ROUGH OPENINGS REFER TO SPECS.

* STRUCTURAL ENGINEERED PLANS ARE SEPARATE. REFER TO SHEET SCHEDULE.

DATE	DESCRIPTION
12.20.2023	INITIAL DESIGN
01.05.2024	PLAN & ELEVATION CHANGES
02.07.2024	PLAN & ELEVATION CHANGES
03.13.2024	ADDED INTERIOR ELEVATIONS & DETAILS, FINALIZED PLANS
03.21.2024	PLAN CHANGES, ADDED ENGINEERED DRAWINGS

A-103

FLOOR PLAN

03.21.2024

MILTON XL - 157 SILVER FALLS

MILTON XL

157 SILVER FALLS DRIVE

TROUTMAN, NC 28166

4G Signature FLOOR PLANS

488 Pineville Rd Statesville, NC 28677 980-635-0060 www.Build4G.com

MEMBER A|B|D

FIELD

Copyright 4G Design Build: All rights reserved. This design or any portion thereof may not be reproduced or used in any manner whatsoever without the express written permission of 4G Design Build. For permission requests please contact: office@build4g.com