IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223361

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

PIN # 4730211918

APPLICANT: Shaw Custom Homes APPLICANT ADDRESS: P.O. Box 1061 Troutman NC 28166

SITE ADDRESS: 151 Silver Falls Dr Troutman NC PHONE: 704-528-4494 ALT. PHONE: 704-902-4339

SITE DIRECTIONS: Perth Rd T/R State Park Rd T/L Morrison Farm Rd T/L Silver Falls Lot on Rt

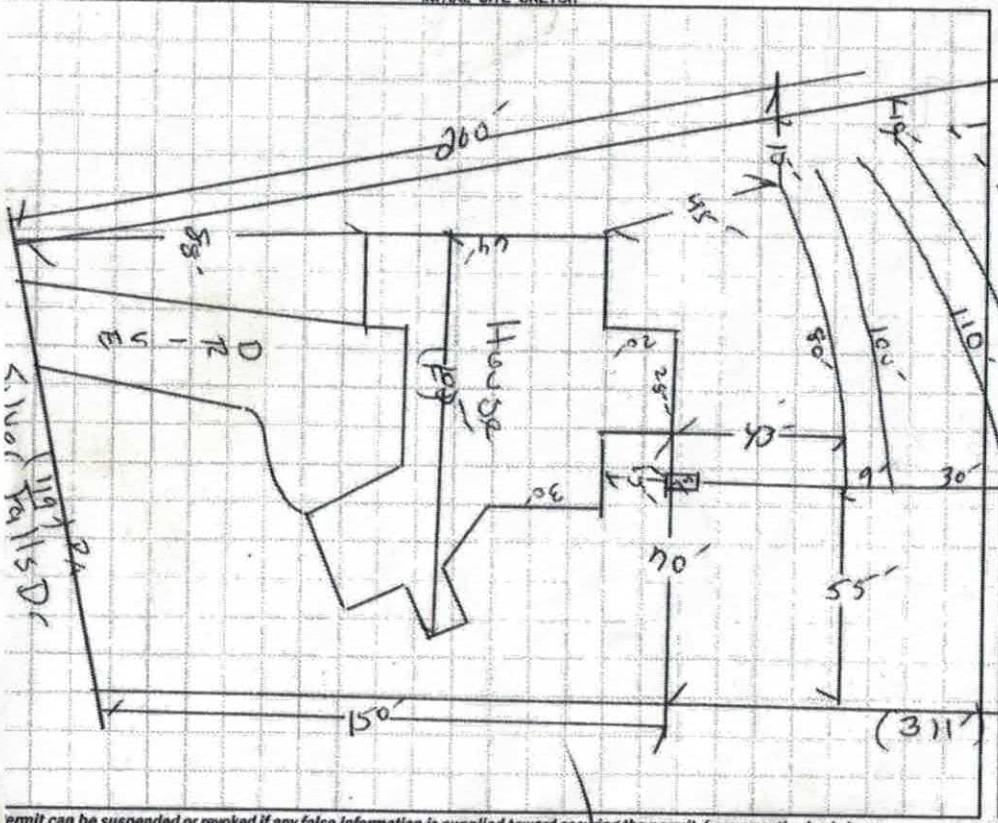
SUBDIVISION: Parkwood @ Falls Cove SECTION: 6 LOT # 606+607 LOT AREA: 2.607 ac DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	794 Dellinger	Date	3-14-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☐III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply			
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction			☐ Business	No. Persons	8	☐ Private			
Pump Make		Model			Serial #		Repair System Description:	25% Reduction			☐ Other	No. Employees		☒ Public			
# Nitrification Fields	1	# Lines	4		Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community			
Trench Width	36"	Max. Trench Bottom Depth	36"		Gravel Depth	6"+2		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing			

Comments / Conditions: Install 25% reduction on contour with Serial distribution.

6/10/17 OK to extend lines towards 311' P/L - B.C.

INITIAL SITE SKETCH



AS BUILT SKETCH 1" = 50

	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

7/11/17: Dellinger Mid Seam Tank w/ a polylok PL-68

L1 82 L2 110 15' 9.5" ok

L2 98 L4 110 16'5" ok

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: 12/14/16

AUTHORIZATION TO CONSTRUCT by: Date: 12/14/16

Installed by: Richard Abernathy

OPERATION PERMIT by: Tom Shuck Date: 7/11/17

Existing System Inspected by: Date:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

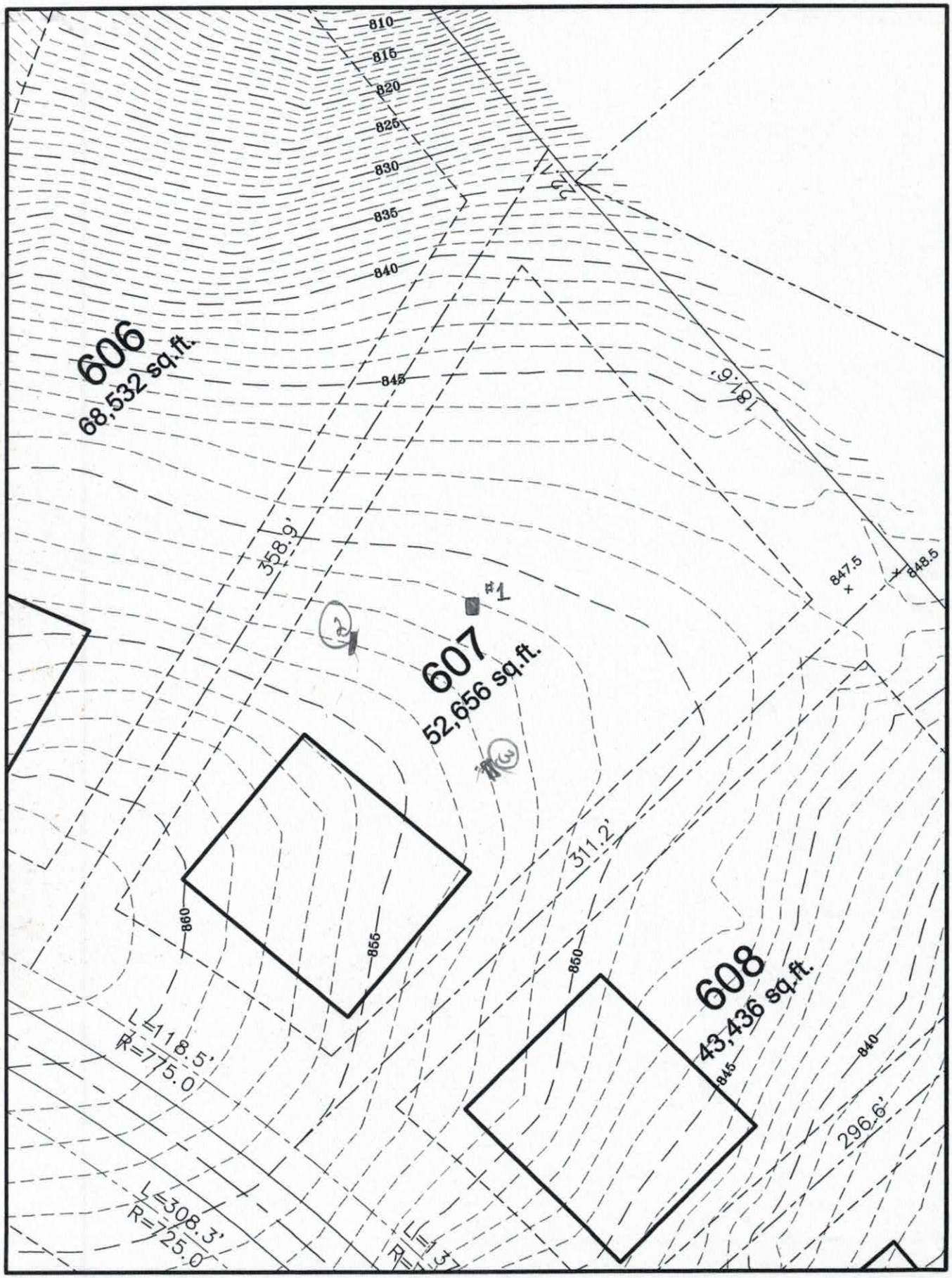
OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Pikwood #607 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	L/N 4-8%+	0-5	Wk,M,Gr,SCL	Fr,SS,SP (Red/Brown)					PS 0,30
		5-24	Mo,M,Sbk/Abk,C	Fr,SS,SP (Red)					
		24-36	Wk,M,Sbk,CL	Fr,SS,SP w/C-	SAP Inclus				
		36-57	Mass,L SAP	Fr,SS					
2	2-6-07	0-7	gr SL	fr SSSP					.25 .3 deeper ✓
	2-7-07	7-36	wk MB C	fr SSSP	common yellow mottles				
		36-48	wk SBK red	fr SSSP SEP					
		-69	wk SBK cl+SAP	fr SSSP	Up dep !				
3	4%0	0-6	gr BSL	fr SS/SP					.3 36" TB
		6-20	wk SBK RB SE	fr SS/SP SE					
		20-57	wk fSBK RB CL	fr SL/SP SE	few SAP				
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____
Do 6B" TB Depth ok

COMMENTS: _____



GRAPHIC SCALE

50 25 0 50

SCALE: 1" = 50'

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

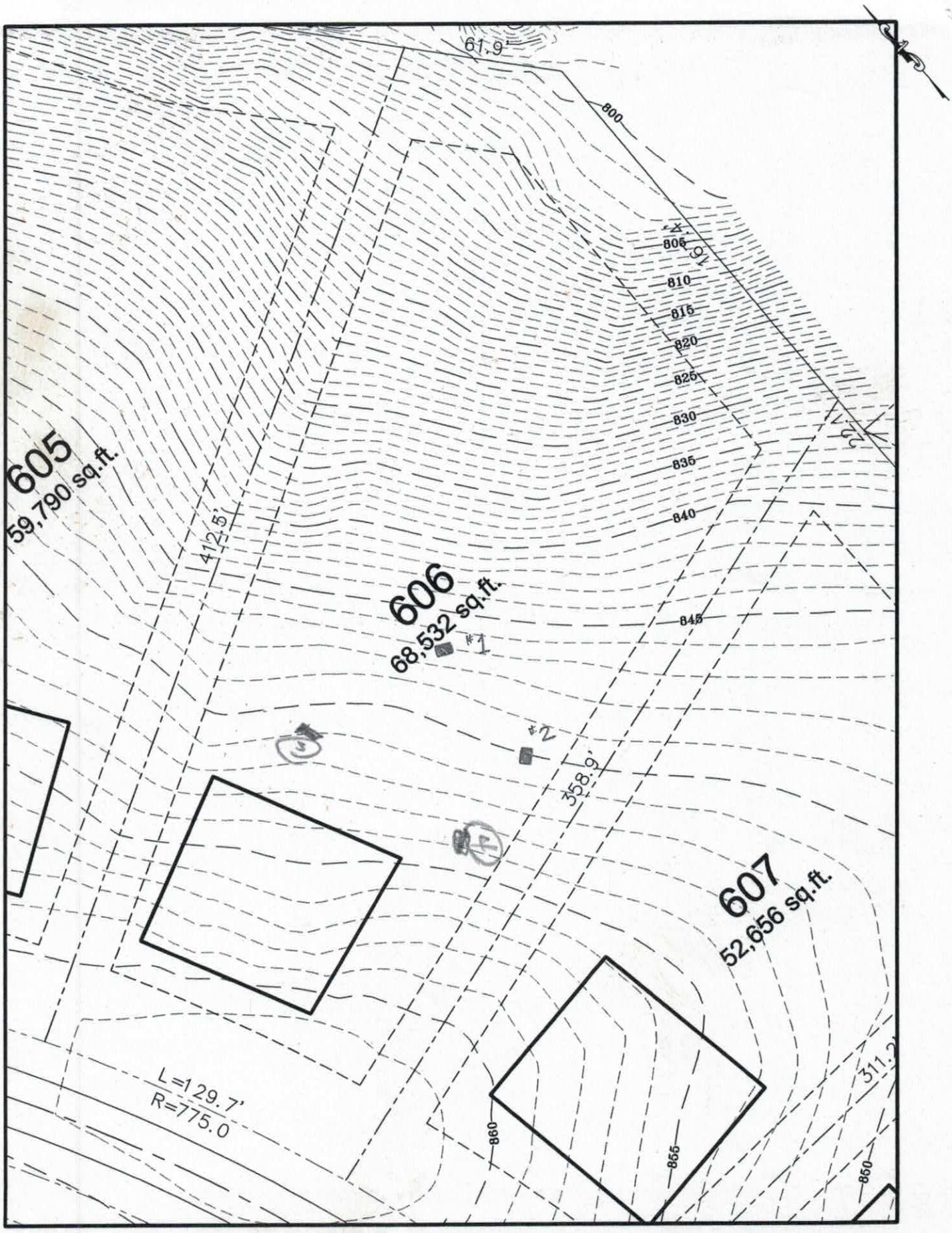
OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Pinkwood #606 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L/S ~8-15%	0-4	Wk, M, Gr, SCL	Fr, SS, SP (Lt Brn)	w/ F-Sap Inclus.				PS 0.30
		4-30	Mo, M, SBK, C	Fr, SS, SP (Red)					
		30-42	Wk, M, SBK, CL	Fr, SS, SP (Red)					
		42-57	Mass., L SAP	w/ F-CL Inclus					
2 (17)		0-10	Gr, SL	Fr, NS, NP (Br)	Yellow-Brown Mottles SAP Inclus.				PS 0.25
		10-30	SBK, C	Fr-Fi, SS, SP (Red)					
		30-48+	SBK, C	Fri, SS, SP (Red)					
3	90%	0-7	gr SL	fr SS/SP	few sap				.3
		7-29	mf SBK R C	fr SS/SP					
		29-53	wk f SBK R CL	fr SS/SP					
4		0-12	gr SL	fr SS/SP					.3
		12-46	wk SBK C	fr SS/SP					
		46-54	wk SBK CL + sap	fr SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)		
stem Type(s)		
e LTAR		

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

MMENTS: _____


61.9'
800
805
810
815
820
825
830
835
840
845
605
59,790 sq.ft.
412.5'
606
68,532 sq.ft.
#1
#2
358.9'
607
52,656 sq.ft.
L=129.7'
R=775.0
860
855
850
311.2'
GRAPHIC SCALE
50
25
0
50
SCALE: 1" = 50'

Butler

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

Sheet 1 of 2.
PROPERTY ID #:
COUNTY:

possible Gables for basement

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

OWNER: Shaw Custom Builders (Joshua Woodin) APPLICATION DATE 11/23/2016
ADDRESS: PO Box 1061 Franklin / 115 W Monohasset Ave Moorestown DATE EVALUATED: 12/9/2016
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE:
LOCATION OF SITE: 151 Silver Falls Drive 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	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	8% Shoulder	0-9	SCL WSBK	SS SP FR SEXP		48	–	–	.3 LTR PS
		9-37	C MSBK BTHC	SS SP FI					
		37-48	CL Btoc. Mott. WSBK	SS SP MFR					
2	8% Shoulder	0-6	SCL WSBK	SS SP FR SEXP	–	48	–		Clay Loam 2L .3 LTAR PS
		6-40	L SBK WABK	SS SP FI					
		40-48	CL WSBK	SS SP MFR					
3	10% Side	0-12	SCL WSBK	SS SP FR SEXP		48	=		Clay Loam C 2S PS .3 LTAR
		12-33	L SBK	SS SP FI					
		33-48	CL WSBK	SS SP MFR					
4	10% Side	0-29	SCL WSBK	SS SP FR SEXP		48	–		PS .3 LTAR *large top* layer.
		29-48	C WSBK	SS SP FI					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

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

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

PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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 5	8% Shoulder	0-6	SCL WSBK	SS SP MFR SEXP		48	-	10YR5/6 Root channel @20inch	PS .3 LTR
		6-28	C SBK	SS SP FI SEXP					
		28-48	CL B to C WSBK	SS SP FR SEXP					
2									
3									
4									

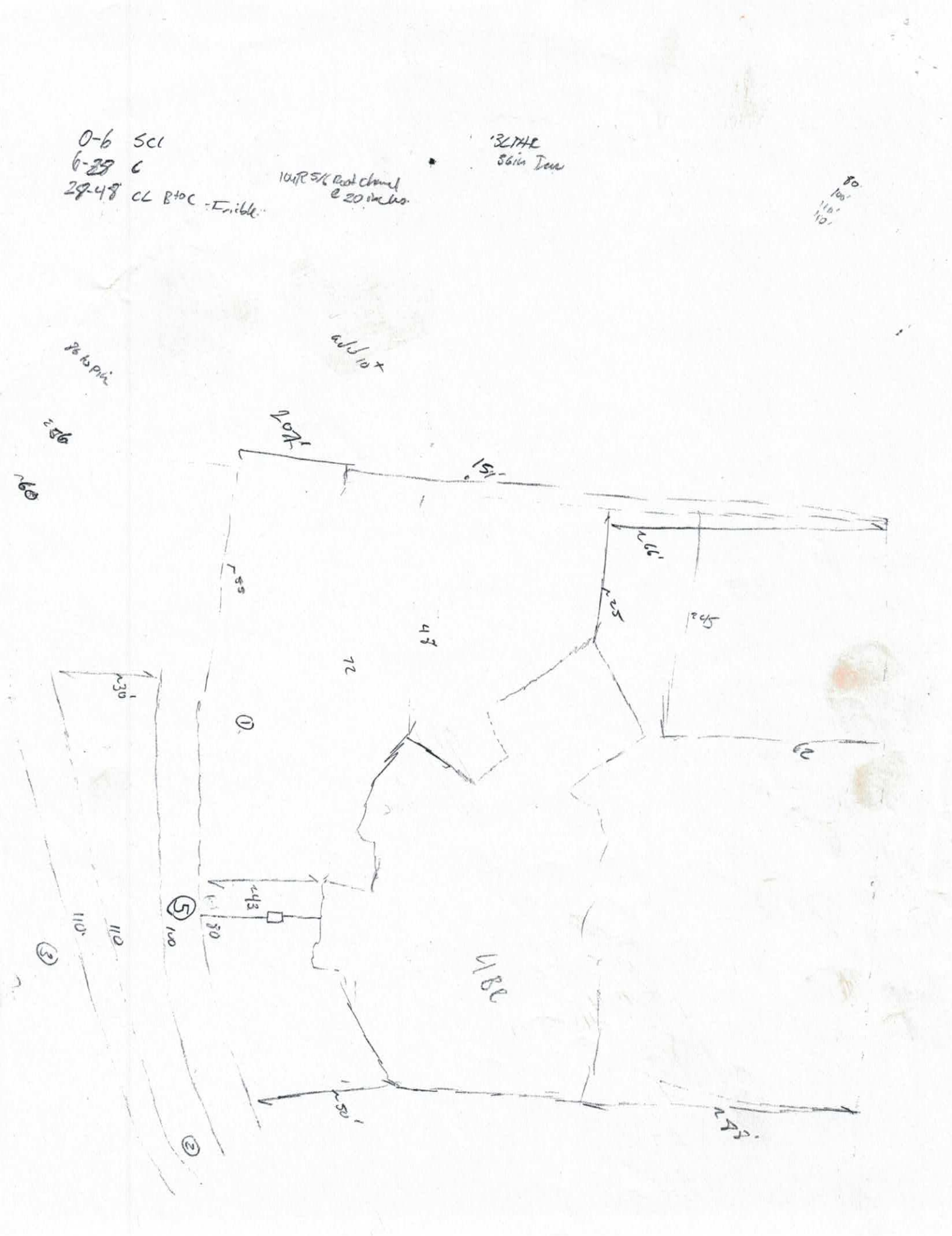
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

0-6 SCL
6-28 C
28-48 CL B+C - Friable

10YR 5/6 Root channel @ 20 inches

3CTHL
56in Deep



IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ✓Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Shaw Custom Builders	P.O. Box 1061 Troutman	704-528-4494	704-902-4339
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
JOSHUA WOODIE	115 W MOREHOUSE AVE MOORESVILLE NC, 28117	704-579-1711	704-875-1605

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
151 Silver Falls Dr.	Falls Cove	lot 606 & 607

Driving Directions: Perth Rd. left on to Morrison Farm Rd. left on Silver Falls Dr. (Falls Cove) Sub sits on the left lot 606 & 607

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (✓) City Water ( ) Other Public Water

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other 25% Reduction Gravity

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
   ( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: _____ 11-15-16
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, JOSHUA WOODIE, am the legal owner(s) of the property located at 147 SILVER FALLS DR TROUTMAN, NC 28166, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) SHAW CUSTOM _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	11-15-16		11-15-16

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT
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)

12/21/16 (Date)

Owner: Wesley Shaw
Address: P.O. Box 1061
Troutman, N.C. 28166

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):

Lot 607 Parkwood @ Falls Cove

I, Wesley Shaw (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 5/23/07 (date) for a system

25% reduction gravity (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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
12/16/2016

Owner: Shaw Custom Builders
Address: 145 Silver Falls Dr Troutman NC

Subject: Notice of Intent to Revoke/Suspend _: 145 Silver Falls Dr Troutman NC

Dear Shaw Custom Builders :
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 153 Fieldhaven Pl Troutman NC 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 III determined the following violations:

Violation	Law or Rule Citation
Combined Lot 606 and 607 into 1 lot	

[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 12/16/2016. 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,

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140159 PIN# 4730109262.606 DATE 5-22-07

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

ADDRESS 2215 Brawley School Rd Mooresville NC 28115

LOCATION State Park Rd TL Morrison Farm TL Silver Falls 8th on left

SUBDIVISION Parkwood @ Falls Cove BLOCK / SECTION 6 LOT 606 LOT AREA 68532 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25 gpd/ft²

Septic Tank: 1500 * Gallons: STB _____ Date _____

Pump Tank: 1500 * Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines 6 Trench Width 36" * Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Comments:/Conditions: * per plan specs
smooth/shave berms
fill gullies

Comments:/Conditions:

INITIAL SITE SKETCH

See plan from SxME

AS BUILT SKETCH

Revised

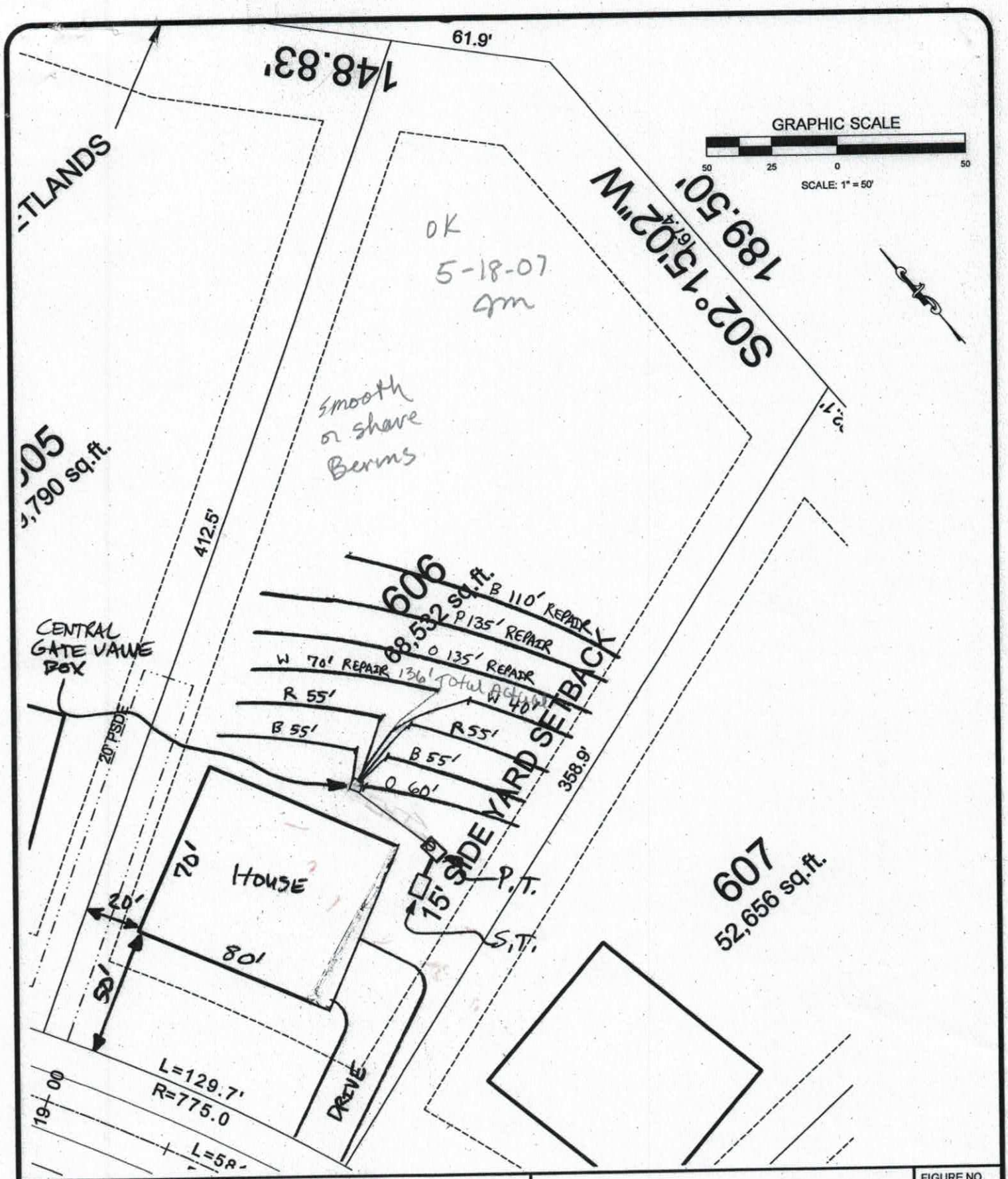
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 06/25/07 Installed by: _____

Improvement Permit by: _____ date 5-22-07 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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



SCALE: AS SHOWN	S&ME WWW.SMEINC.COM	LOT #606 CRESCENT PARKWOOD - PHASE 6 IREDELL COUNTY, NORTH CAROLINA	FIGURE NO.
DATE: MAY 2007			
DRAWN BY: RDM			
PROJECT NO: 1588-06-091			

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140160 PIN# 4730109262.607 DATE 5-23-07

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

ADDRESS 2215 Brawley School Rd Mooresville NC 28115

LOCATION State Park Rd TL Morrison Farm TL Silver Falls Dr 9th on left

SUBDIVISION Parkwood @ Falls Cove BLOCK / SECTION 6 LOT 607 LOT AREA 52656ft² SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3 gpd/ft²

Septic Tank: 1500* Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3@133' Trench Width 36" Max Trench Bottom Depth 48"* Gravel Depth NA ☒ Gravity ☐ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 2590 reduction gravity

Repair System Description: 2590 reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: * per plan specs
Install at 48" trench bottom depth

INITIAL SITE SKETCH

See plan from S & ME

Comments:/Conditions: Approved 70' 7½" WIDE HOUSE & 70' DEEP HOUSE. PLANS SUBMITTED WERE 2'-3' TO LONG IN DEPTH. BUILDER CONFIRMED DEPTH OF Home WOULD NOT EXCEED 70' & DECK WOULD DECREASE IN SIZE TO NOT EXCEED THE 70' DEPTH.

AS BUILT SKETCH

Revised

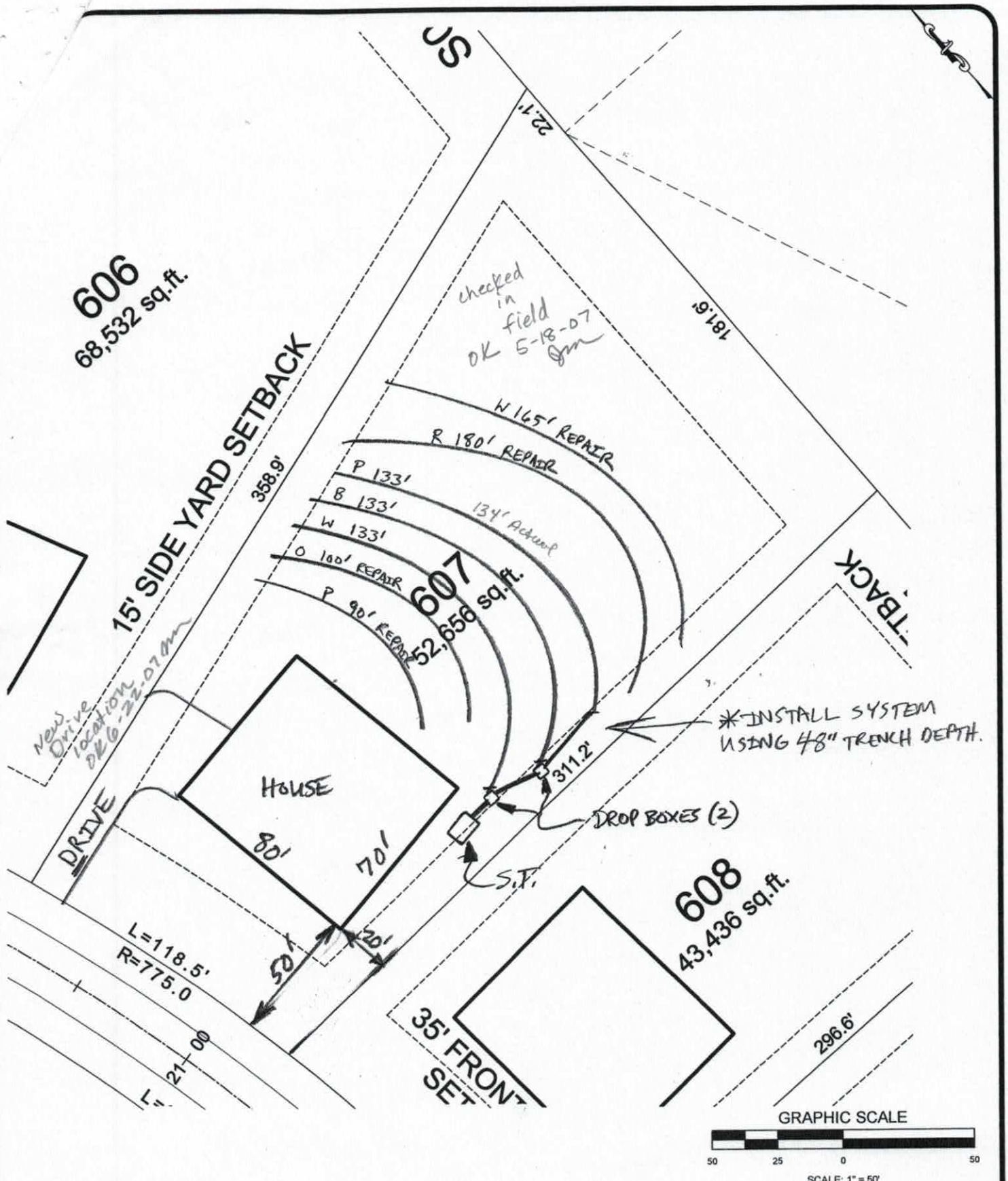
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 06/25/07 Installed by: _____

Improvement Permit by: _____ date 5-23-07 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date 11-21-07 Existing System Inspection by: _____ date _____

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



SCALE:	AS SHOWN
DATE:	MAY 2007
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S&ME
WWW.SMEINC.COM

LOT #607
CRESCENT PARKWOOD - PHASE 6
IREDELL COUNTY, NORTH CAROLINA

FIGURE NO.

IREDELL COUNTY HEALTH DEPARTMENT

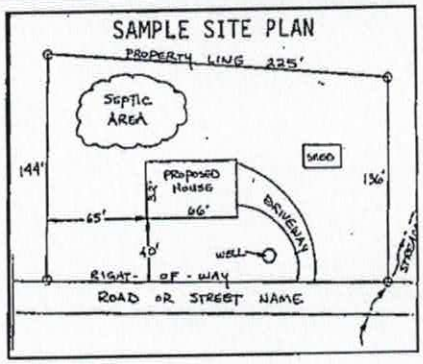
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***SITE PLAN WORKSHEET***

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

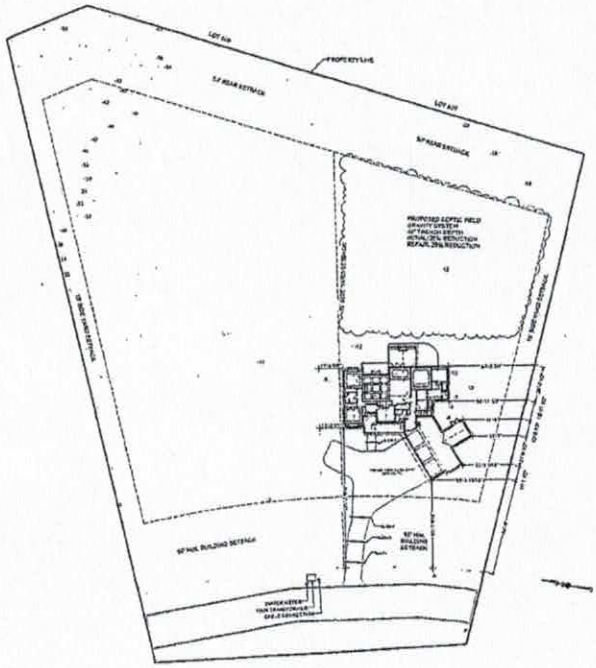
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached Plan

Signature: _____ _____ 11-15-16

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

NOTE: THIS SITE PLAN IS FOR REFERENCE ONLY FOR BOTH ROUGH STAKING AND THE HOA APPLICATION SUBMISSION. DIMENSIONS REFERENCED FROM THE LOT 606 - 607 PROPERTY LINE SHOULD OVER RULE ANY DIMENSIONS REFERENCED FROM THE LOT 607 - 608 PROPERTY LINE TO ENSURE THE 15' SIDE SETBACK REQUIREMENT IS MET ON THE 606-607 PROPERTY LINE.



1st Floor

SITE PLAN

SCALE 1" = 20' - 0"

HOODIE
FALLS COVE 606 & 607

STRUCTURAL ENGINEER:

DRAWING PREPARED BY:
Joshua Woodie
115 W Morehouse Ave
Mooresville NC, 28117

DATE:
11/21/2016

SCALE:
1" = 20'-0"

SHEET:
A-3

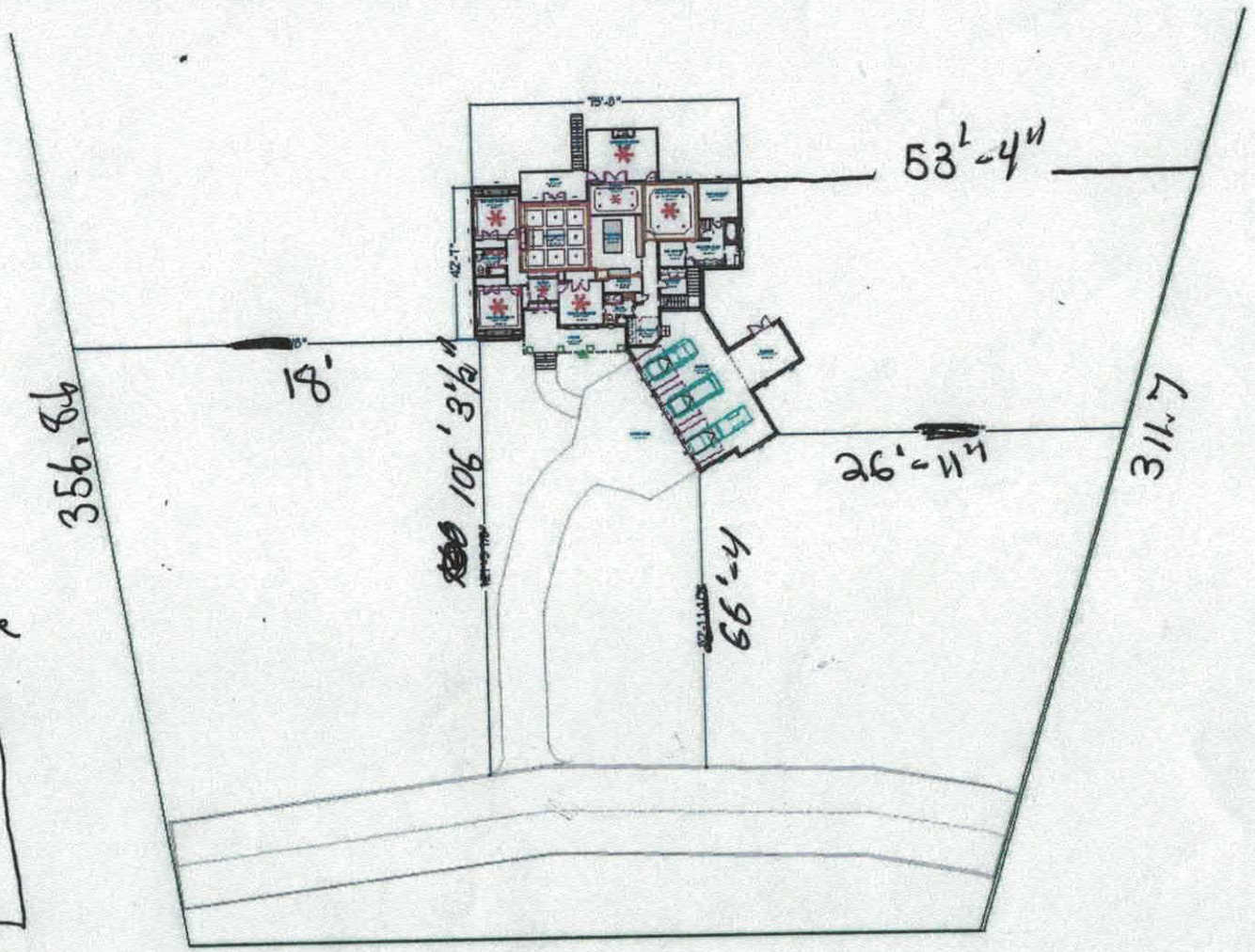
Acknowledgement of
Plans Submittal ONLY!

Date 12-6-16

Date 12/16/16

161.64'

151 Silver Falls Dr.



House envelope

76'-4"

98'-7"

DRAWINGS PROVIDED BY:

DATE:
7/1/2016

SCALE:

SHEET:

IREDELL COUNTY

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

APPLICATION NUMBER
223361
Issue Date: 11/23/2016

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4730211918.000	151 SILVER FALLS DRIVE, TROUTMAN, NC 28166	TROUTMAN

Owner Information	Applicant Information
Owner: WOODIE JOSHUA DEREK+MINDY C	Applicant: KENT SHAW & SONS CONST
Address: 10750 TRADERS CT DAVIDSON, NC 28036	Address: PO BOX 1061 TROUTMAN, NC 28166
Phone:	Phone: 704-528-4494

Use Requested	Zone Code
SFD	RS

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.602	35.00	35.00	15.00	15.00	CACL	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	86507	TOTAL FEES:	$ 77.25