IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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

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

The following optional attachments may also be submitted: (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:

Applicant Name: EL Gotinvestments Address: 16108 NorthPoint Rd Huntersville Nc. Phone: _____

Owner Name: Same Address: _____ Phone: _____

Property Information:

Street Address: 139 Silver Falls

Subdivision Name: Falls Cove Section/Phase: _____ Lot Number: 605

Driving Directions: _____

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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

Please answer the following to the best of your ability:

(X) Yes ( ) 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.

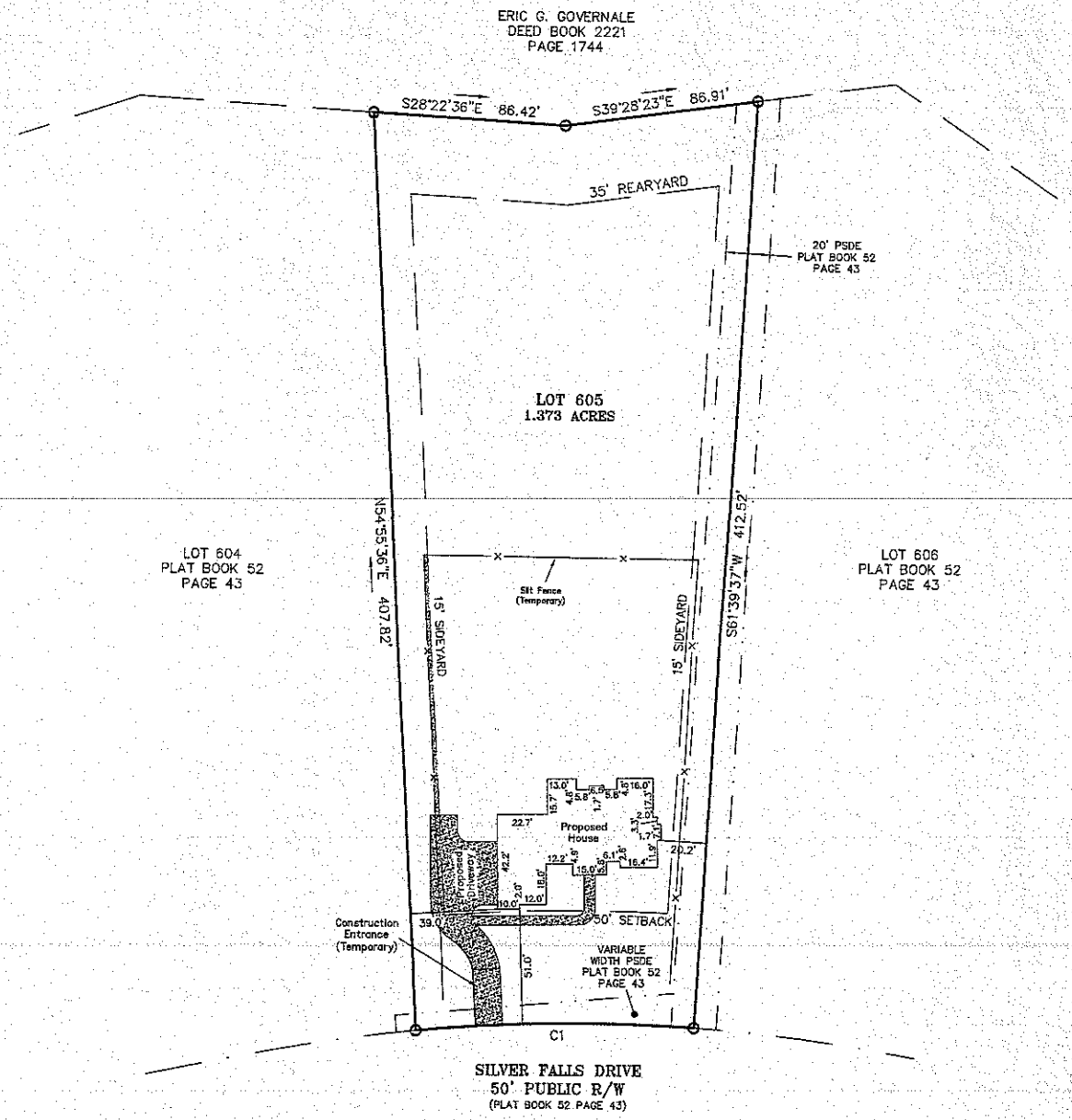
Signature: _____ 6/29/2015
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

PRELIMINARY

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

CURVE	RADIUS	ARC	CHORD BEARING	CHORD
C1	775.00'	124.35'	S32°36'49"E	124.22'



Plat Book 52
Page 43
Dated 6/28/2007

PLOT PLAN

LOT 605 - FALLS COVE-PARKWOOD

PHASE 6 MAP 1

PLAT BOOK 52 PAGES 43-45

139 SILVER FALLS DRIVE

FALLSTOWN TOWNSHIP, IREDELL COUNTY, NORTH CAROLINA

Prepared For: 4G DESIGN BUILD, LLC
P.O. BOX 60
TROUTMAN, NC 28166

PATTERSON LAND SURVEYING, P.A.
NC LICENSE #: P-1031
P.O. BOX 5010, MOORESVILLE, NC 28117
PHONE: (O) 704-663-0100 (M) 704-361-0415

Drawn By: GHL	Checked By: JHP	Scale	Project No.
Tax PIN: 4730-22-0242		1" = 50'	15034
Date: MAY 28, 2015			Sheet No.
File: 15034-Lot 605-FC_Plot Plan-REV1.dwg			1 of 1

1. THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS, RIGHTS-OF-WAY, AND/OR RESTRICTIVE COVENANTS.
2. BOUNDARY INFORMATION BASED ON PLAT BOOK 52 PAGES 43-45 AS RECORDED IN THE IREDELL COUNTY REGISTER OF DEEDS. NO FIELDWORK WAS PERFORMED FOR THIS PLOT PLAN.
3. THIS LOT IS PART OF A SUBDIVISION PLAT THAT WAS PREVIOUSLY TIED TO GRID.
4. AREA BY COORDINATE METHOD.
5. EACH LOT HAS A 10' STORM DRAINAGE AND UTILITY EASEMENT WHICH RUNS WITH THE PERIMETER OF THE LOT.
6. THIS IS A PRELIMINARY SURVEY AND IS NOT INTENDED FOR RECORDATION, CONVEYANCES OR SALES.

LEGEND

R/W = Right-of-way
PSDE = Public Storm Drain Easement

GRAPHIC SCALE

50 0 25 50

(IN FEET)
1 inch = 50 feet

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)

6/29/15 (Date)

Owner: ELG Investments LLC
Address: 139 Silver Falls Dr Lot 605 / 16108 North Point Rd
Statesville NC 28625 Huntersville NC 28078

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Permit 140158 Parkwood/Falls Cove Lot 605
PIN 4730109262.605 139 Silver Falls Dr

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

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 5/30/07 (date) for a system LP / Panel System (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/

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Michael Gandy, am the legal owner of the property located at 139 Silver Falls Dr, identified as PIN(Parcel Identification Number) 4730220242, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Michael Athanas & Assoc, _____, _____, _____, _____, 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.

Signature of Owner — Date 6/24/15

Signature of Witness — Date 6/24/15

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140158 PIN# 4730109262.605 DATE 5-21-07

OWNER OR APPLICANT Fall Cove Development LLC PHONE: Business 704-660-1185 Home

ADDRESS 2214 Brawley School Rd Mooresville NC 28117

LOCATION State Park Rd TL Morrison Farm TL Applecha Silver Falls Dr 4th on left

SUBDIVISION Parkwood @ Falls Cove BLOCK / SECTION 6 LOT 605 LOT AREA 59790 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

Comments:/Conditions: * House Proposed & Slightly Shifted But Location Should Not Affect Septic System

4L

INITIAL SITE SKETCH

See Plan from S&ME

RC

AS BUILT SKETCH

NOT USED

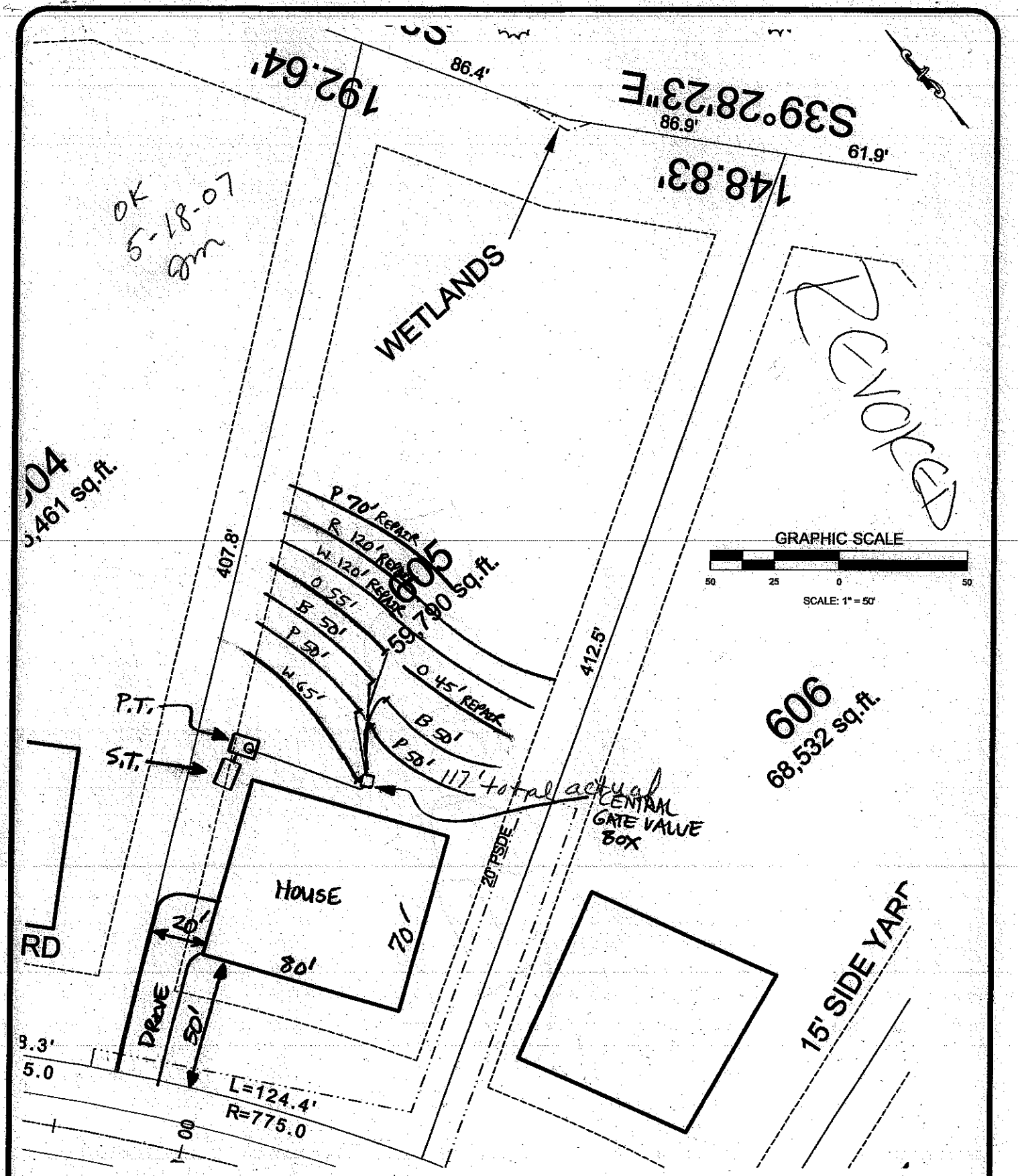
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. ☐ Improvement Permit with site plan 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 5-21-07 Operation Permit by: date

Authorization to Construct by: date 6/29/15 Existing System Inspection by: date

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



SCALE:	AS SHOWN
DATE:	MAY 2007
DRAWN BY:	RDM
PROJECT NO:	1588-06-091

S&ME
WWW.SMEINC.COM

LOT #605
CRESCENT PARKWOOD - PHASE 6
IREDELL COUNTY, NORTH CAROLINA

FIGURE NO.



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 139 Silver Falls Dr., Falls Cove Lot 605
House Footprint: See attached plan
Building Setbacks: 50' front, 35' rear, 15' side
Water Source: Public water
Number of Bedrooms: 4/480 GPD
Predetermined LTAR: 0.25 GPD/FT2 (ICHD)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/drop boxes
Septic Tank Size: 1500 gallons
Proposed Trench Bottom: 24-36"

OK Todd 6/29/15 SL

Line	Design Length	Actual Length
Pink 1	**120'**	**120'**
White 2	**120'**	**120'**
Orange 3	**120'**	**120'**
Blue 4	**120'**	**120'**
White5		95'
Pink 6		132'
Orange 7		95'

Initial System: 480' **Repair System:** 322'

Comments:
The purpose of this evaluation is to change the system to a 25% reduction system. The system is laid out in the original soil area. The old pit locations are still visible at the time of this evaluation. MA&A performed one soil observation to confirm the LTAR.