Site Address: 158 Rushing Water Ln - Iron.

8" 5/32

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137084 PIN# 4730355655 ✓ DATE 2-13-07

OWNER OR APPLICANT KEMASABE LLC PHONE: Business 704-309-9173 Home 828-322-3280

ADDRESS 835 3RD AVE NW Hickory NC 28601

LOCATION State Park RD (L) ROSHEW6 WATER AT END ON RT IN COL-DE-SAC

SUBDIVISION TWIN CREEKS ✓ BLOCK / SECTION 1 LOT 13/13A LOT AREA .65 + .35AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 160 Date 7-25-07

Pump Tank: 1000 Gallons; PT 319 Date 8-17-07

Pump Make: GOULDS Model WE3511 Serial No.

Nitrification Field: No Fields 1 Square Feet ED=1600' Linear Feet 270'

No Lines 3 SPLIT FED Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

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

System Description: Low Pressure 50% Reduct

Repair System Description: SAME

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions: (1) CALL PRIOR TO INSTALLATION FOR CONSULTATIVE VISIT & SYSTEM SPECIFICATIONS (2) MAINTAIN SETBACKS

Comments:/Conditions: Off site septic is on part of - PIN # 4730-44-4961-13A lot #1

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LORNE COOK, R.S.

AS BUILT SKETCH

Lorne Cook Kelly Cook NO TANKS

NO Drop Lines

NO VALVE BOX

NO Pressure

NO ELECTRICAL

NO Floats

NO Alarm

NO Control

ELECTRICIAN VERIFIED & Supplied Circuits / BREAKERS 1 Pump 1 ALARM

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: [signature] date 2/17/06

Improvement Permit by: [signature] date 2-14-07

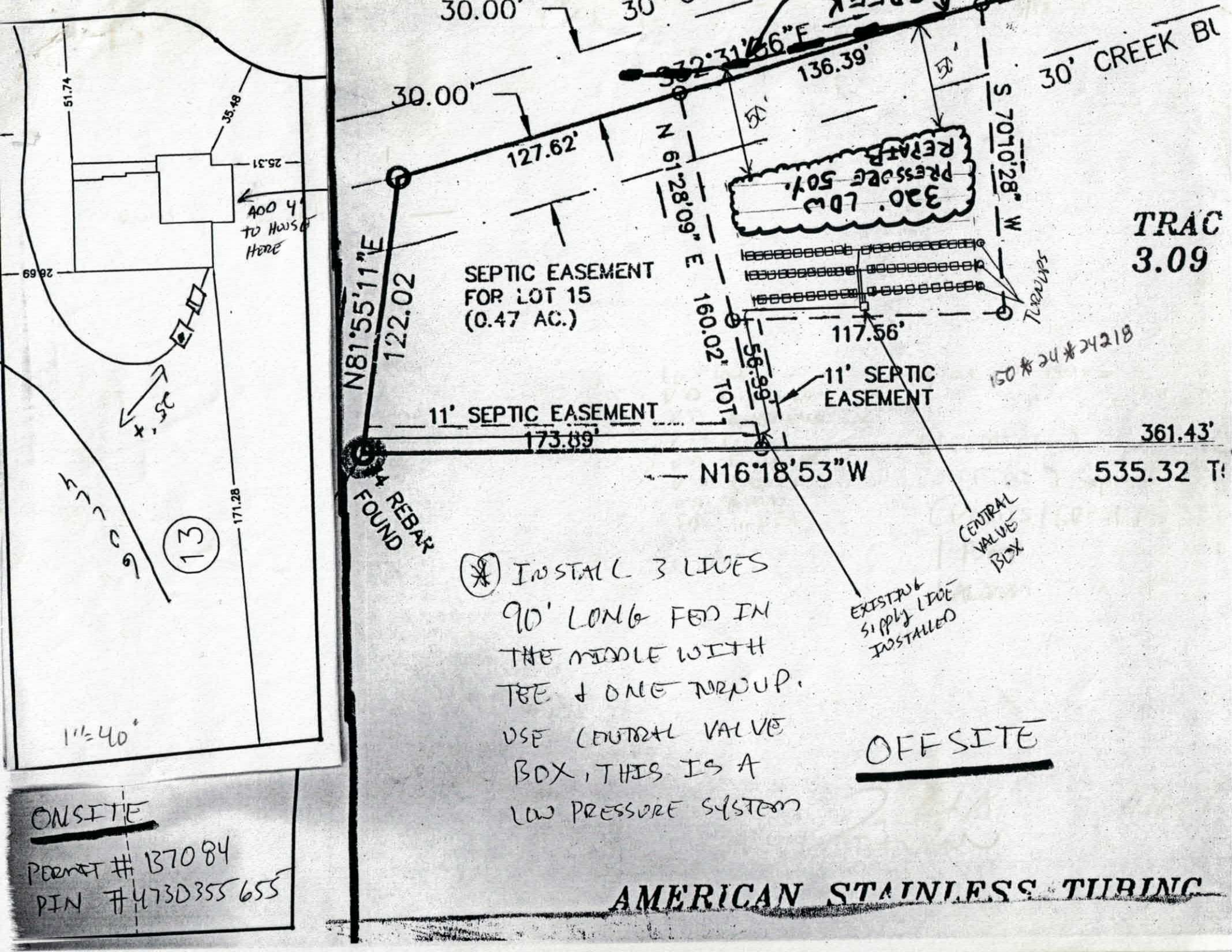
Authorization to Construct by: [signature] date 5-2-07

Installed by: [signature] date

Operation Permit by: [signature] date 11-16-07

Existing System Inspection by: [signature] date

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


30.00'
30'
S 72°31'66"E
136.39'
30' CREEK BL
30.00'
127.62'
N 61°28'09" E
160.02'
S 70°10'28" W
50'
50'
330' LOW PRESSURE SOIL REPAIR
TRAC
3.09
SEPTIC EASEMENT
FOR LOT 15
(0.47 AC.)
N81°55'11"E
122.02
117.56'
11' SEPTIC EASEMENT
11' SEPTIC EASEMENT
173.89'
361.43'
N16°18'53"W
535.32 T
1/2" REBAR FOUND
CENTRAL VALVE BOX
EXISTING SUPPLY LINE INSTALLED
51.74
35.48
25.31
400 4" TO HOUSE HERE
26.69
171.28
13
1"=40'
(*) INSTALL 3 LINES 90' LONG FED IN THE MIDDLE WITH TEE & ONE NIPPLE UP. USE CENTRAL VALVE BOX, THIS IS A LOW PRESSURE SYSTEM
OFFSITE
ONSITE
PERMIT # 137084
PIN # 4730355655
AMERICAN STAINLESS TUBING

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

Sheet ___ of ___
PROPERTY ID #: 137084
COUNTY: 47 03 55655

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: KEMASARE
ADDRESS: 835 3RD AVE NW
PROPOSED FACILITY: 4BR HSE
LOCATION OF SITE: TWIN OAKS LOT 13 OFFSITE

APPLICATION DATE ___
DATE EVALUATED: 2-13-07
PROPOSED DESIGN FLOW (.1949): 480
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	20% L	0-6	SCL wk gr	fr nsnpnp		48"			PS .35
		6-30"	C med sbk	fr ss sp so					
		30-48"	C wk sbk	fr ss sp so					
2	20% L	0-6	SCL wk sbk	fr nsnpnp		48"			PS .3
		6-34"	C med sbk	fr ss sp so					
		34-48"	C wk sbk	fr ss sp so					
3	16%	0-6	SCL wk sbk	fr nsnpnp		48"			PS .25
		6-48"	C med sbk/wk sbk	fr ss sp so	manganese spots 18-30"				
4	16% L	0-6	SCL wk gr	fr nsnpnp		48"			PS .3
		6-36	C med sbk	fr ss sp so					
		36-48	C wk sbk	fr ss sp so					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Prop 50	LP 50%
System Type(s)	YES	YES
Site LTAR	.3	.25

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

COMMENTS: ___

LEGEND

use the following standard abbreviations

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

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

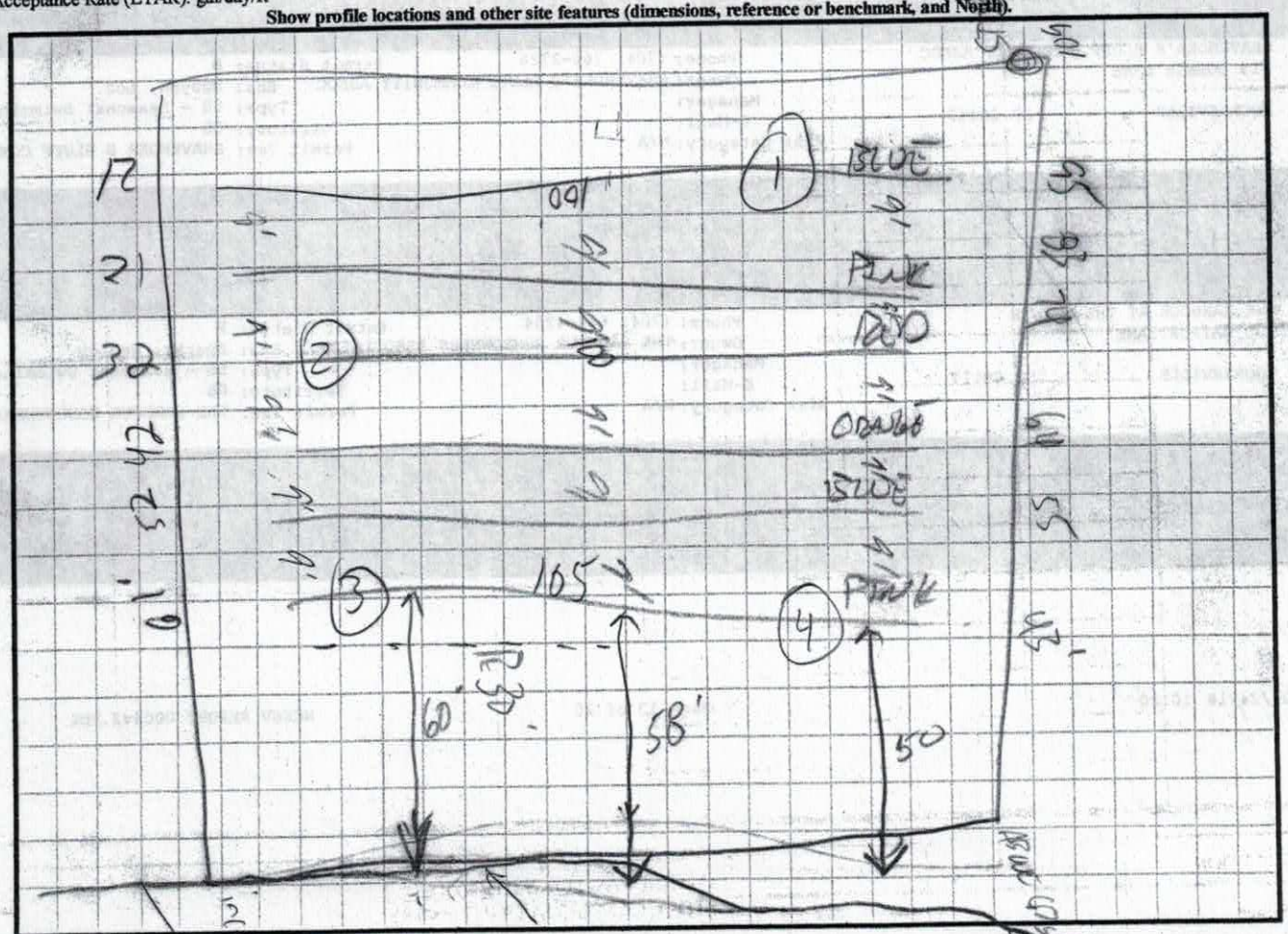
NOTES

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)

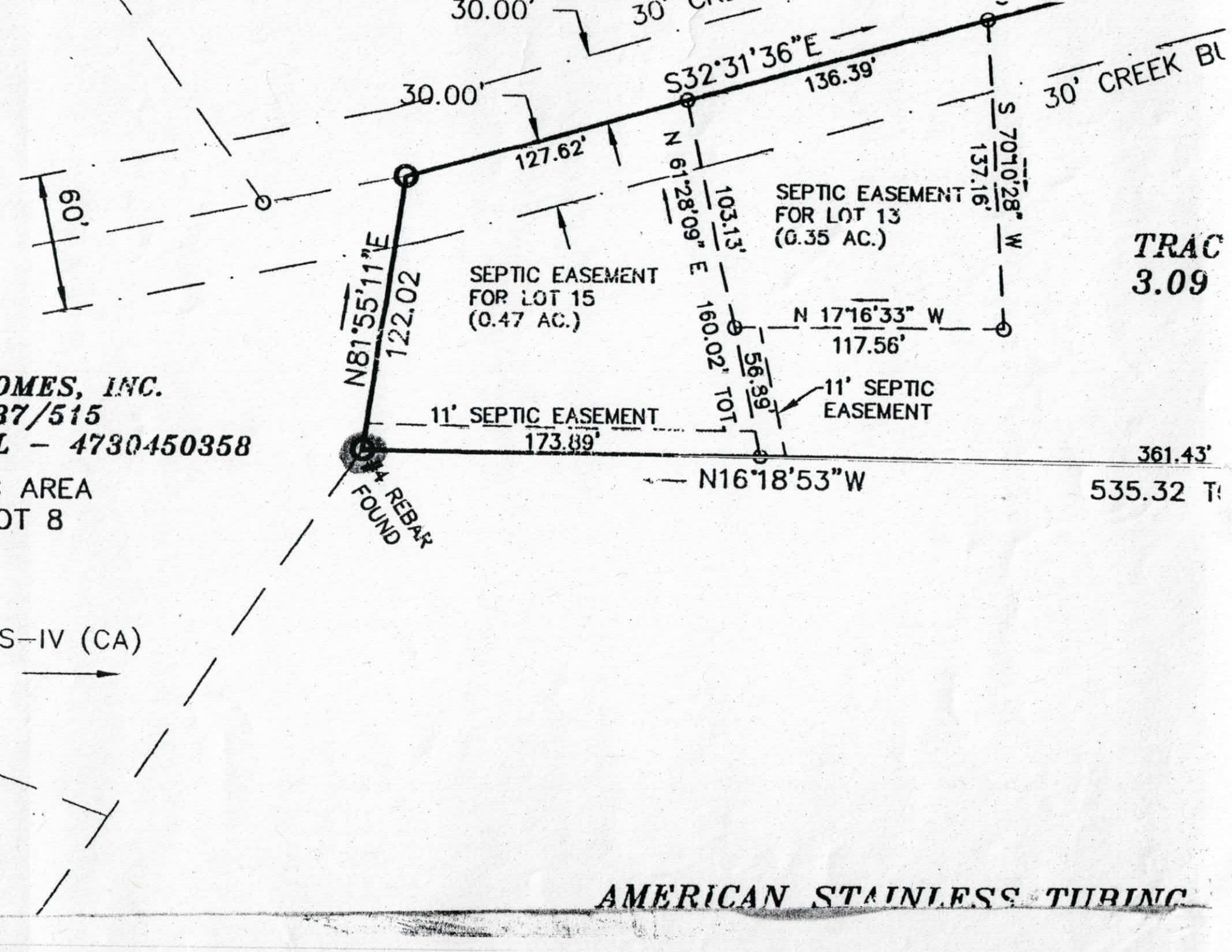
Evaluation of saprolite shall be by pits.

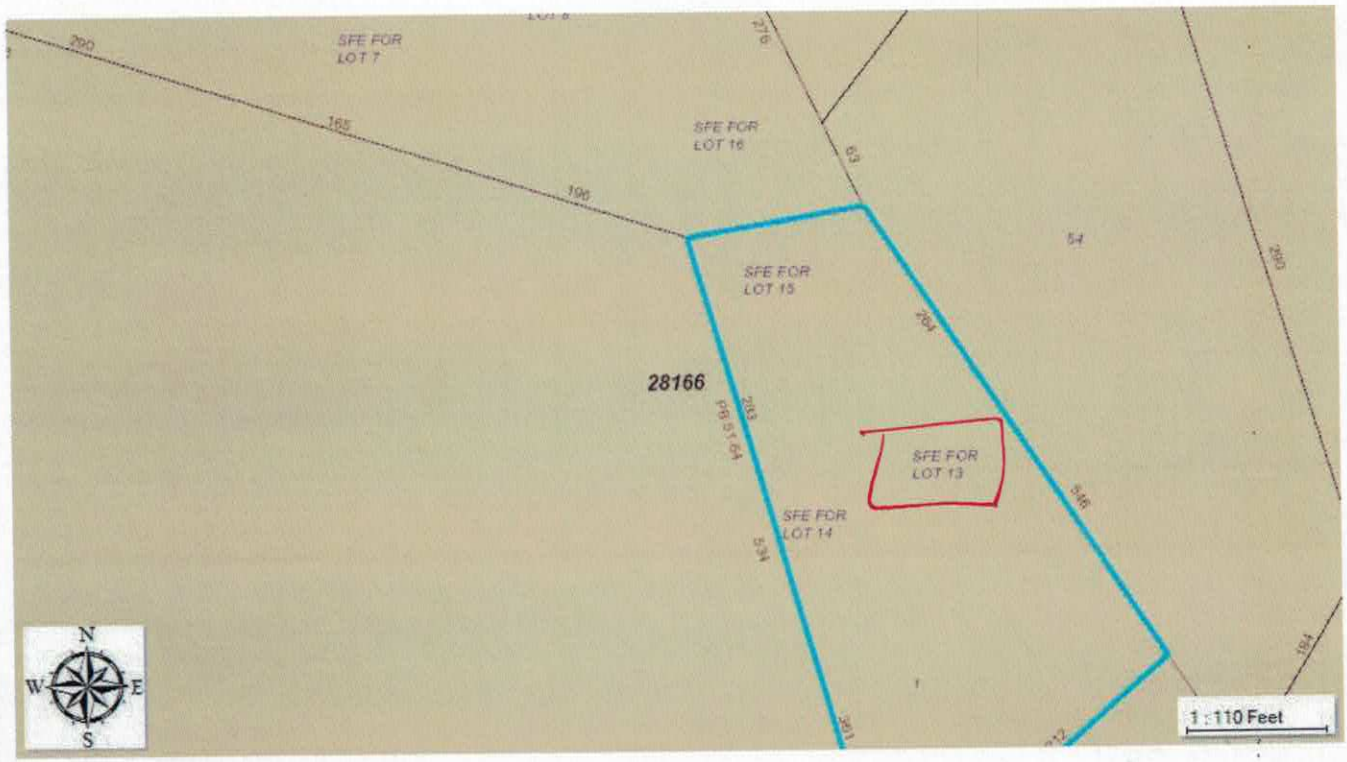
Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



DENR (######)
Review (#####)


30.00'
30' CREEK BL
S32°31'36"E
136.39'
30.00'
127.62'
N 61°28'09" E
103.13'
S 70°10'28" W
137.16'
SEPTIC EASEMENT
FOR LOT 13
(0.35 AC.)
60'
N81°55'11"E
122.02
SEPTIC EASEMENT
FOR LOT 15
(0.47 AC.)
N 17°16'33" W
117.56'
160.02' TOT
56.89'
11' SEPTIC
EASEMENT
11' SEPTIC EASEMENT
173.89'
361.43'
N16°18'53"W
535.32 T
1/4 REBAR
FOUND
TRAC
3.09
OMES, INC.
37/515
L - 4730450358
AREA
OT 8
S-IV (CA)
AMERICAN STAINLESS TUBING


SFE FOR
LOT 7
SFE FOR
LOT 16
SFE FOR
LOT 15
SFE FOR
LOT 13
SFE FOR
LOT 14
28166
290
165
196
276
63
54
280
284
253
PB 51-64
546
534
361
194
N
W
E
S
1 : 110 Feet

4730-44-4961

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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:** X Improvement Permit ___ Authorization To Construct X BOTH ___ Existing System Inspection

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
   The following optional attachments may also be submitted:
   Place check ( ) 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

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Highland Home Builders	52 River Point Ct		(704) 309-9173

Owner Name	Mailing Address	Home Phone	Work Phone
Komasaloff SAME	835 3rd Ave NW	Hickory, NC 28601	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Twin Creek	13

Driving Directions: Path Rd to State Park Left on Rushing Water LN property on right

****

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) 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 (X) City Water ( ) Other Public Water

****

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

( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional (Pump) ( ) Other ___ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) 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:** Tracy D. — 4/30/07

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

IREDELL COUNTY HEATLH DEPARTMENT

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…**
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ **Front and side setbacks from property line…**
____ **Preferred driveway location and configuration, preferred 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:

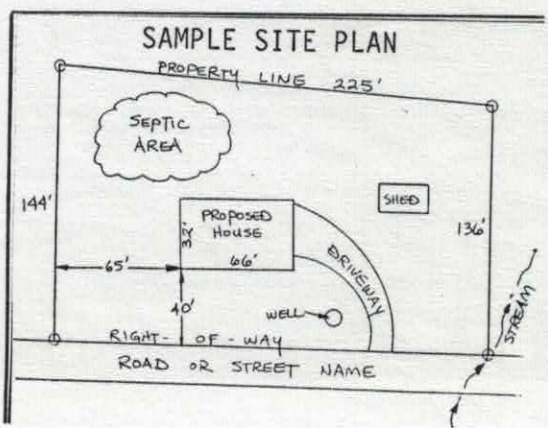
____ **Location of septic systems and wells within 100' of your property… N/A**
____ **Location of easements and rights of ways on your property… N/A**
____ **Location of any designated wetlands on the property… N/A**

Signature: Tocy
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

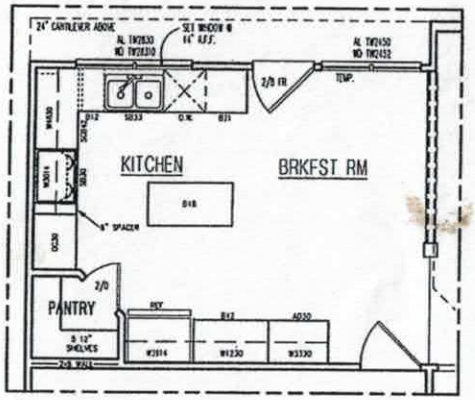
4/30/01
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED PLAT



Twin Creek Lot 13

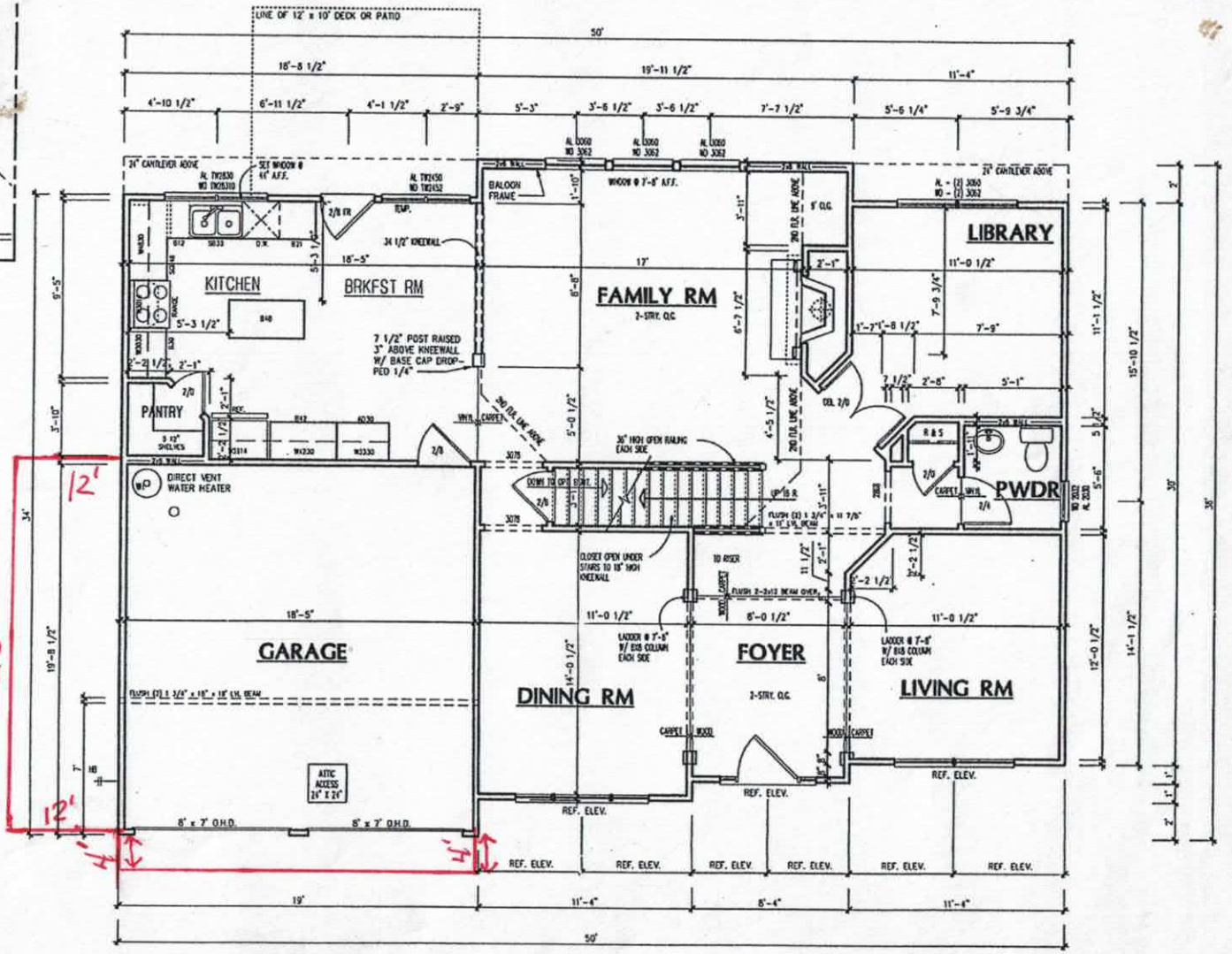


OPT. UPGRADE KIT.

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

(1) ADD 4' TO Front of Garage

(2) ADD 12'x20' Third Car Garage



FIRST FLOOR PLAN

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

NOTES:

1. ALL EXTERIOR WALLS ARE SHOWN @ 3 1/2" UNLESS OTHERWISE SPECIFIED.
2. ALL INTERIOR WALLS ARE SHOWN @ 3 1/2" UNLESS OTHERWISE SPECIFIED.
3. ALL EXTERIOR WINDOW AND DOOR HEADERS ARE 2-2x10 UNLESS OTHERWISE SPECIFIED.
4. SOLID BLOCK ALL GIRDERS AND BEAMS TO THE FOUNDATION.

Acknowledgement of Plans Submittal ONLY!

Date 5-22-17

Date 5/22/17

Highland HOME BUILDERS

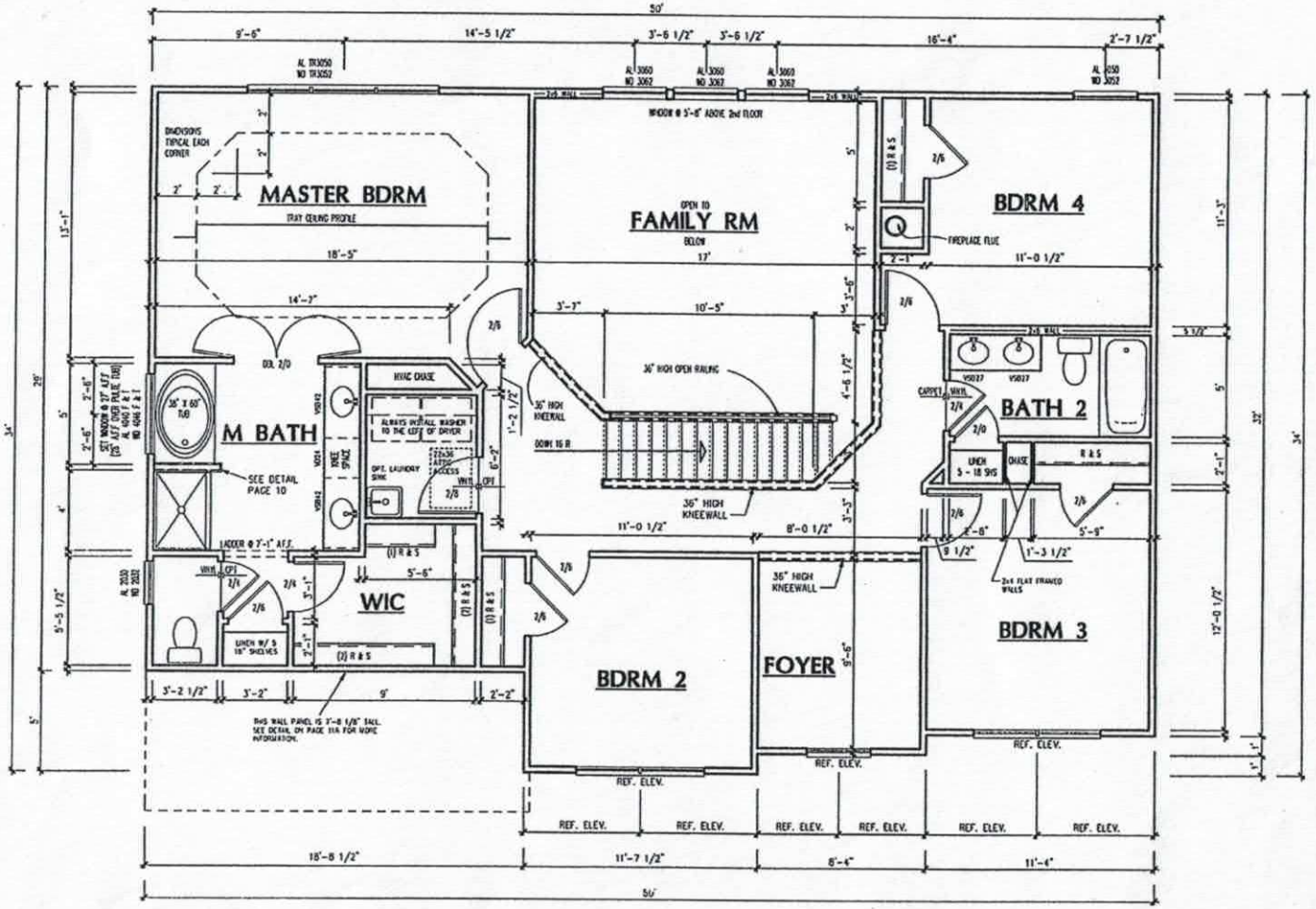
The Belmont

First Floor Plan

Sheet 7

Twin Creek Lot 13

Approved 4 BEDROOM PLAN



SECOND FLOOR PLAN

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

NOTES:

1. ALL EXTERIOR WALLS ARE SHOWN @ 3 1/2" UNLESS OTHERWISE SPECIFIED
2. ALL INTERIOR WALLS ARE SHOWN @ 3 1/2" UNLESS OTHERWISE SPECIFIED.
3. ALL EXTERIOR WINDOW AND DOOR HEADERS ARE 2-2x10 UNLESS OTHERWISE SPECIFIED.
4. SOLID BLOCK ALL GIRDERS AND BEAMS TO THE FOUNDATION.

Acknowledgement Of Plans Submittal ONLY!

Date 5-3-10

Date 5/3/10

Highland HOME BUILDERS

The Belmont

Second Floor Plan

Sheet 8

FAX TO: LORNE COOK
FROM: JOEY @ Highland Homes

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	137084ZO	Subdivision:	Twin Creek Estates PH 1
Proposed Use:	Single Family	Township:	1500 Fallstown
Location of Property:	158 Rushing Water Ln. Troutman NC 28166		
Parcel #:	4730355655.000	Zoning:	RA
Lot #:	13 Size: .65	Flood Plain:	No Watershed: WSIV-PA
Applicant:	Kemasabe LLC	Owner:	Foothills Land & Development
Address:	835 3rd Ave NW Hickory NC 28601	Address:	52 River Point Court Hickory , NC 28601
Phone:	828-322-3280	Phone:	828-217-4670
Property Recorded: Yes	Site Plan Reviewed:	Community Water: No	Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 21780 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft
Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft
Min. Number Parking Spaces: Max. Built Upon Area:

Comments:
single family

Directions:
Perth Rd, right State Park, left Rushing Water, preoperty on right

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$350.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$395.00

+45 = 440
+30
470

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: Joey B Date: 7/18/06

A non-refundable fee of $45.00 is charged on all permit applications.

DEBBIE WILLIAMS Printed: 7/18/2006

Collected 30.00 toward Bldg Permit ✓ was 30.00 toward

#4411