IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13580 PIN# 4730359618 DATE 7-31-06

OWNER OR APPLICANT Segland-Brown Construction PHONE: Business 704-895 Home

ADDRESS 9550 Cornelius-NC 28031

LOCATION 21 S TK State Rd 1152 Rd Riding upper lot left at cul de sac

SUBDIVISION Turn Cuts BLOCK / SECTION -1- LOT 9 LOT AREA 1.3 SITE CLASS. RS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1420 Gallons: STB 600 Date 12-29-06

Pump Tank: 1000 Gallons: PT 270 Date 1-26-07

Pump Make: _____ Model Goulds Serial No. PE51M

Nitrification Field: No Fields ___ Square Feet 1400 Linear Feet 267

No Lines 1 Trench Width 24 Max Trench Bottom Depth 30"

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

System Description: 50% Low Pro.

Repair System Description: Low Pro. Pipe

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other ___

Water Supply: ☐ Individual ☐ Public ☐ Community

Gravel Depth ___ ☐ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

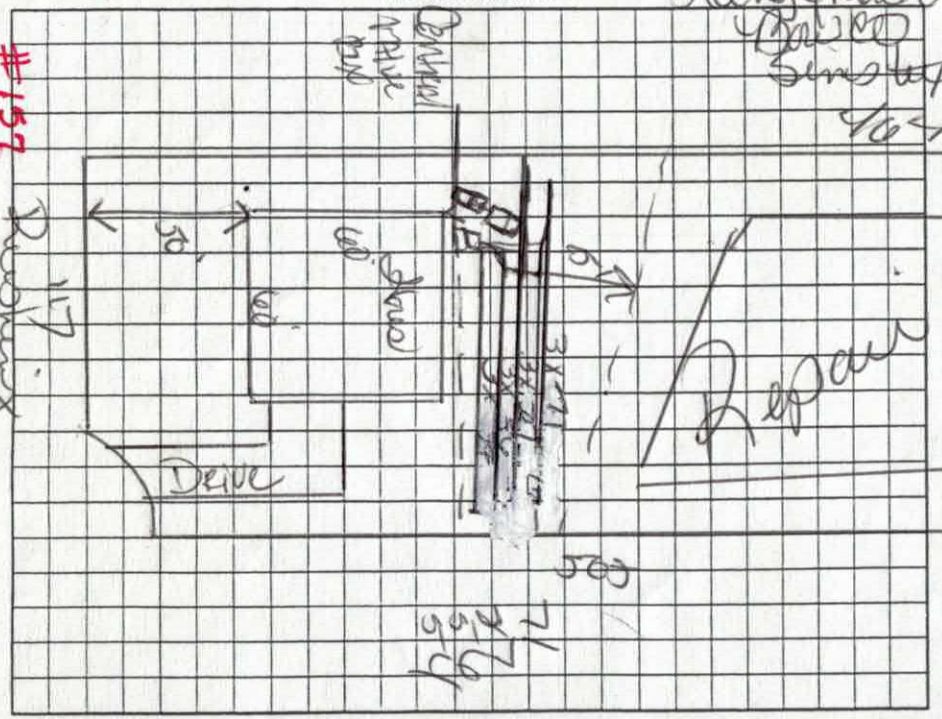
Comments:/Conditions:

Install an option
Maintain all setbacks

Comments:/Conditions:

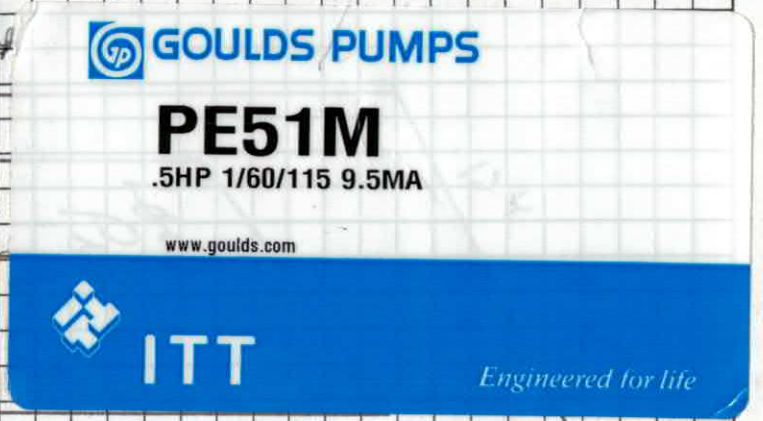
Fill in ditch / bottom to maintain setbacks as needed!

INITIAL SITE SKETCH



AS-BUILT SKETCH

Septic tank
pump tank Road



#159

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: Richard Abernathy date 7-31-06

Improvement Permit by: Kelly Cook date 7-31-06

Authorization to Construct by: Kelly Cook date 7-31-06

Installed by: Richard Abernathy

Operation Permit by: Kelly Cook date 4-24-07

Existing System Inspection by: ___ date ___

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

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

135-867

Sheet ___ of ___
PROPERTY ID #: 0730359676
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Leland - Bowe
ADDRESS: ___
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: ___

APPLICATION DATE ___
DATE EVALUATED: ___
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	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		0-6	C W SBL	SSSPSapA		48			P 125
		6-48	C W msbk	SSSPSapA					
2		0-6	SC W SBK	SSSPSapA		48			P 125
		6-38	C W SBK	SSSPSapA					
		38-48	C W SBK	SSSPSapA					
3		0-6	C W SBK	SSSPSapA		48			P 125
		6-30	C W SBL	SSSPSapA					
		30-48	SC W SBK	SSSPSapA					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1920/320	1920/320
System Type(s)	1205 Low Pres	Low Pres
Site LTAR	1.25	1.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): P
EVALUATED BY: Kelly Cox
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) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 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)

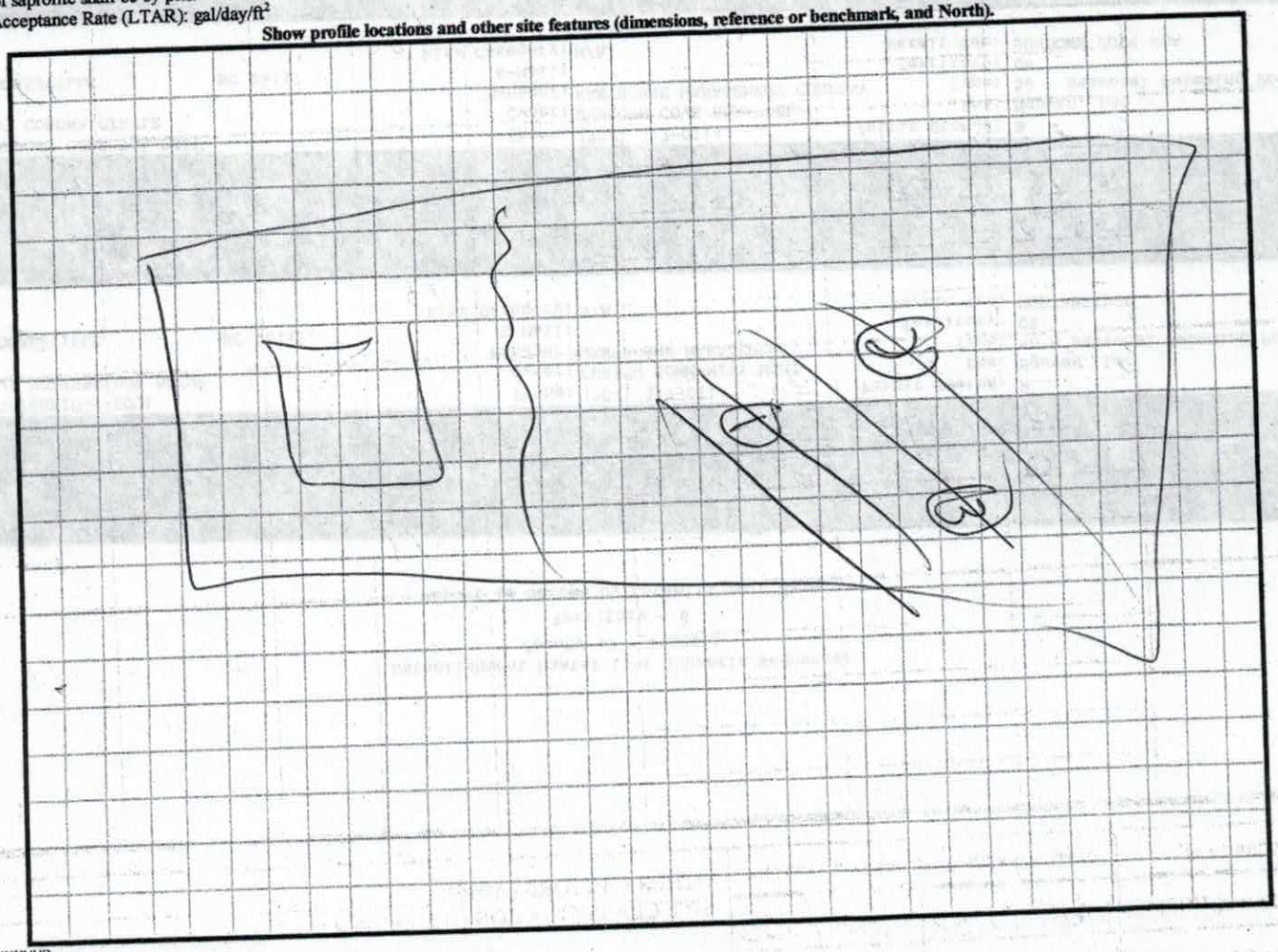
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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).

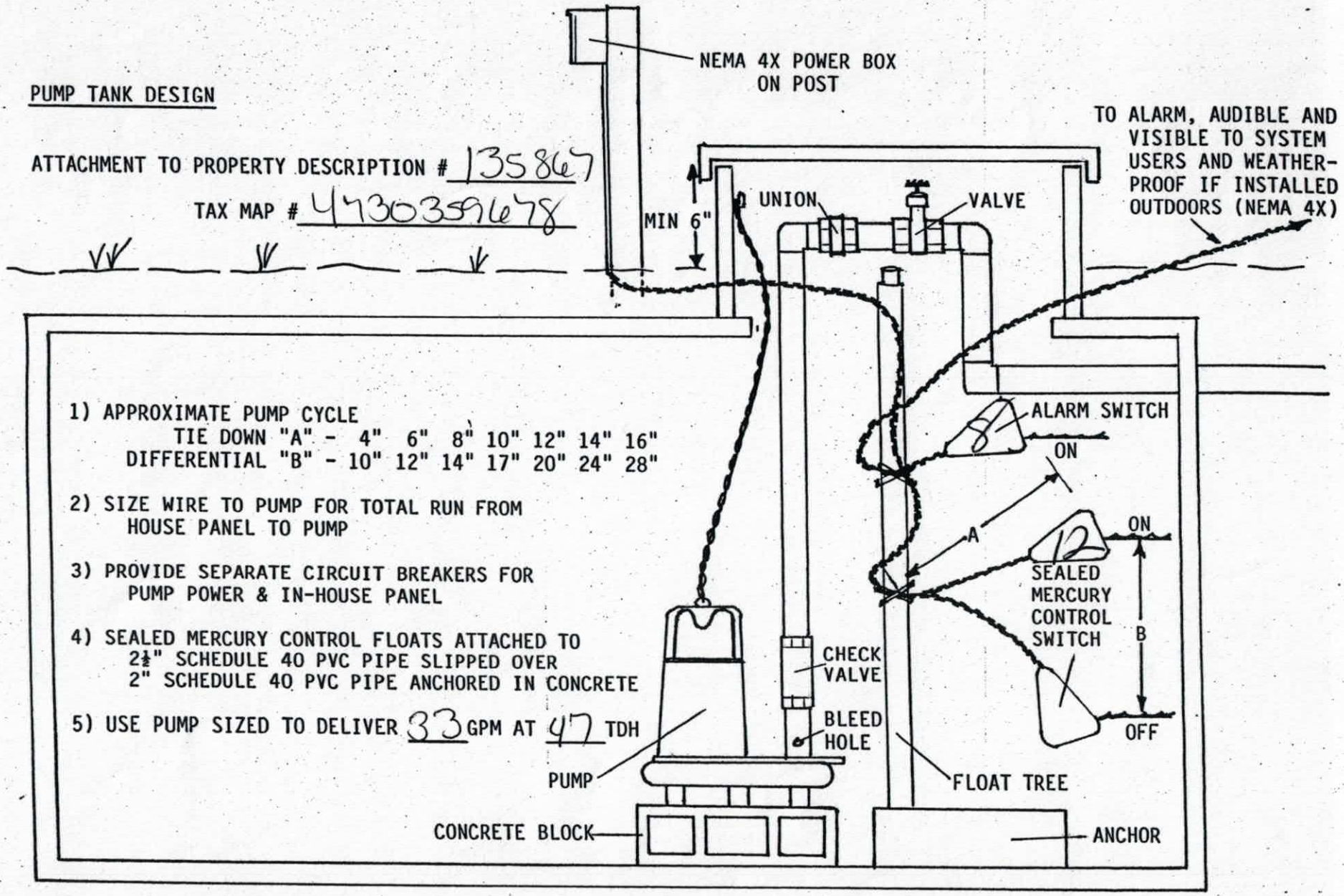


DENR (######)
Review (#####)

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 135867

TAX MAP # 4730359678



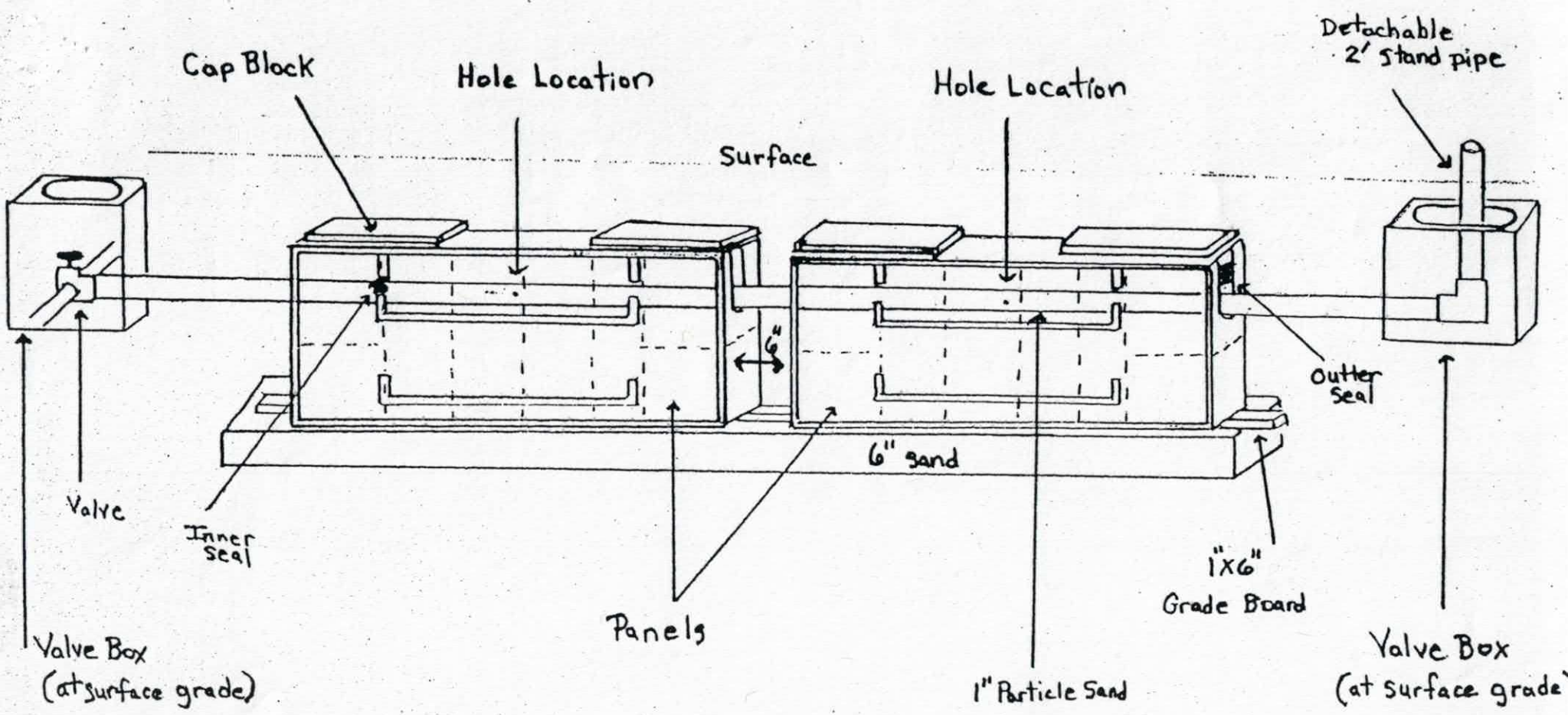
1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 33 GPM AT 47 TDH



Pressure Dosed PPBPS

# of panels 74.
Size holes 5/32. 1 hole per panel.
Approximate amount of sand needed 53 tons
100 lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 34.
TDH 47.

Comments

135867
4730359678

Pump Design Sheet **For:** **By:**

System Length (linear ft)	320	Total Flow (gpm)	33.04
# of 16in Panels	74		
# of Lines	4		
Hole Size (in) (5/32=.156 3/16=.188)	0.156	Friction Loss (ft) - Supply Line	3.00
Drainfield Pipe Size (in)	1.25	Friction Loss (ft) - Valve Box	3.20
Supply Line Size (in)	2	Friction Loss (ft) - Drain Lines	23.64
Supply Line Length (ft)	100		
Pressure Head (ft)	2	Friction Loss (ft) - Total	29.83
Elevation Head (ft)	6		
		Total Dynamic Head (ft)	46.33

When choosing a pump for this system, you will need a pump that can deliver:

33.04 GPM against **46.33** FT of Total Dynamic Head

Dose Volume (gal)	265.85
Pump Run Time (min)	8.05
Tank Drawdown (in)	12.66

Lot #9

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: ✓ Improvement Permit ___Authorization To Construct ___BOTH ___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	Work Phone
TEGLAND-BROWN CONST.	17315 BELLE ISLE CORNELIUS, NC 28031	704-361-1644	704-361-1644
(SAME)			
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
157 RUSHING WATERS	TWIN CREEK	PH 1 LOT #9

Driving Directions: PERTH RD SOUTH, RIGHT ON STATE PARK, LEFT ON RUSHING WATERS, 9TH LOT ON LEFT

****

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) 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:** TROUTMAN

( ) 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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) 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:** Wm Brown — 6/14/06

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:

- 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…**
- ___ — **North arrow, or other sufficient indicator of direction…**

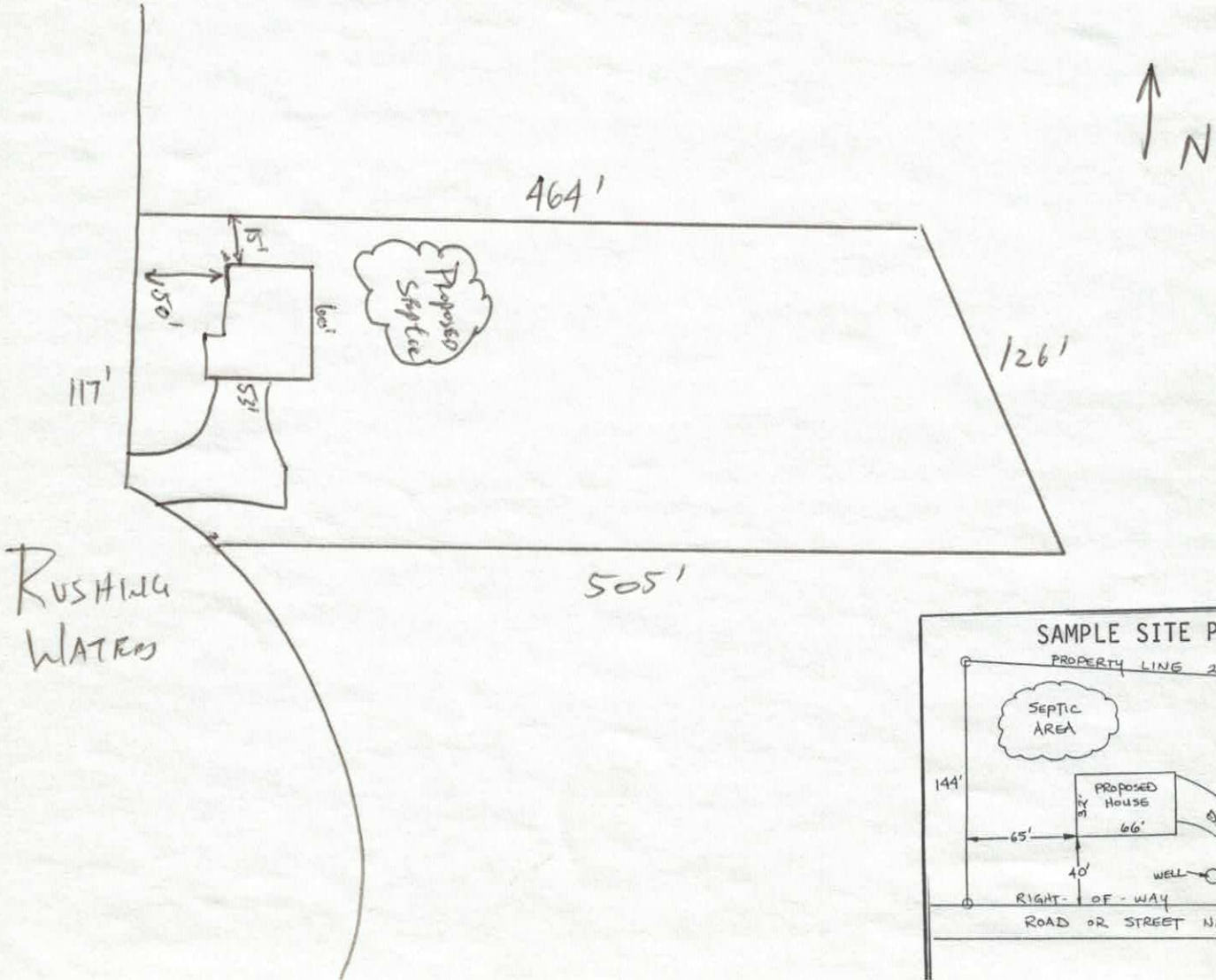
Circle N/A on the following if appropriate:

- ___ — **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: W D B
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

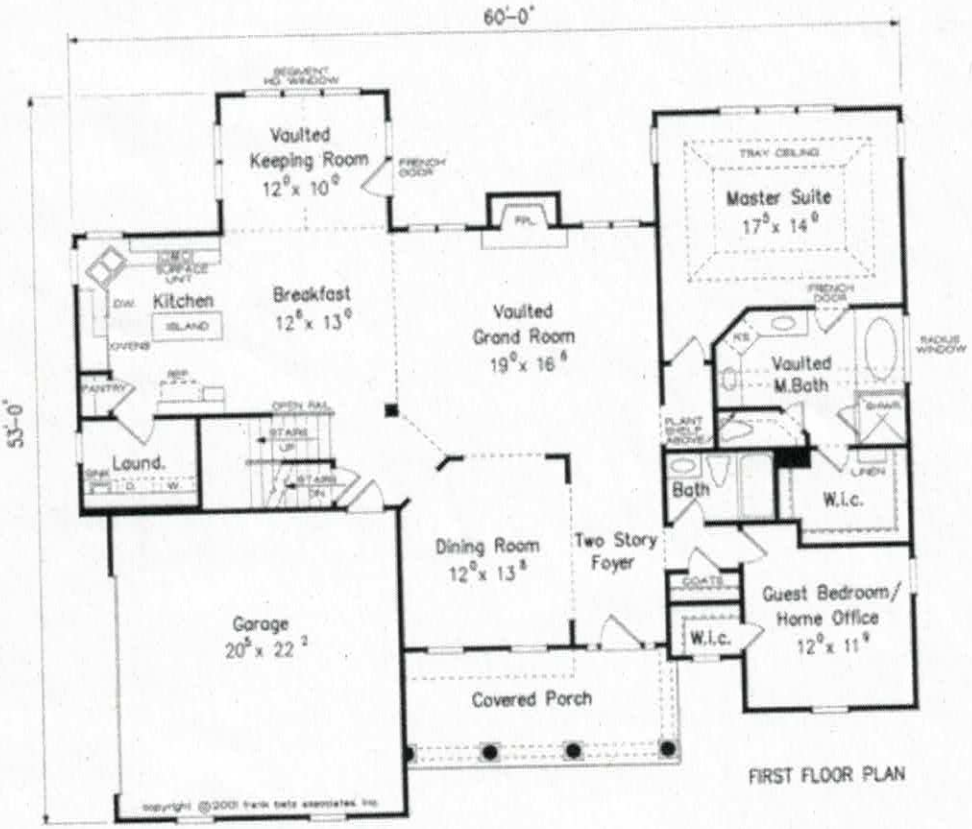
6/14/06
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



HOMEPLANS *Designed for Today's Market*

CARLTON SQUARE - Main Floor



Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions.

Acknowledgement of Plans Submittal ONLY

Date 7-31-06

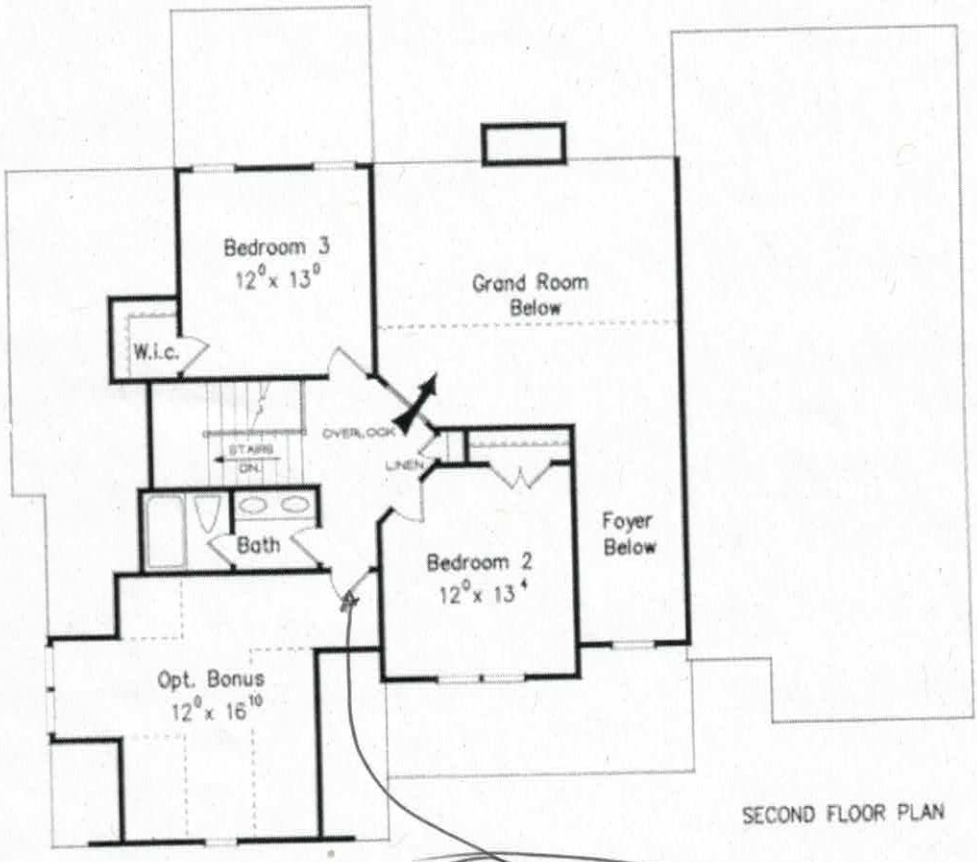
Date

REVERSE ON LOT

FRANK BETZ ASSOCIATES INC

HOMEPLANS *Designed for Today's Market.*

CARLTON SQUARE - Upper Floor



SECOND FLOOR PLAN

Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions.

Cased openings
W/D R

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 #: 135867ZO
Proposed Use: Single Family
Location of Property: 157 RUSHING WATER LN Troutman NC 28166
Parcel #: 4730359678.000
Lot #: 9 Size: 1.329
Applicant: Tegland-Brown Construction Inc
Address: 19550 Weaver's Circle
Cornelius NC 28031
Phone: 704-895-9652
Property Recorded: Yes Site Plan Reviewed:

Subdivision: Twin Creek Estates PH 1
Township: 1500 Fallstown
Zoning: Ra
Flood Plain: No Watershed: WSIV-PA
Owner: ~~RYON-WEST DEVELOPERS LLC~~ FMA Enterprises
Address: 215 CRYSTAL CIRCLE
~~MOORESVILLE, NC 281150000~~
Phone:
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:

Directions:

Perth Rd south, right State Park Rd, left Rushing water, lot on left

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

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: _____ Date: _____

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

DEBBIE WILLIAMS

Printed: 5/11/2006