IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135868 PIN# ~~4730-36-1597~~ 4730-36-7597 DATE 8-8-06

OWNER OR APPLICANT Lee and Brant Contractors PHONE: Business 704-845-9622 Home

ADDRESS 19355 Weavers Circle Cornelius NC 28031

LOCATION Fork South, (R) State Road RD (R) Rushing Water LN Property on left

SUBDIVISION Fern Creek BLOCK / SECTION 1 LOT 3 LOT AREA 1.68 SITE CLASS. B DESIGN FLOW 360 L.T.A.R. .825

Septic Tank: 1000 Gallons; STB 194 Date 4-30-07

Pump Tank: 1000 Gallons; PT 27 Date

Pump Make: ZOELLER Model N152-B Serial No.

Nitrification Field: No Fields ___ Square Feet 1920 Linear Feet 320

No Lines 6 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N

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

System Description: 50% low Pressure

Repair System Description: 30% low Pressure

Maintenance Agreement Required: ☑ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

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

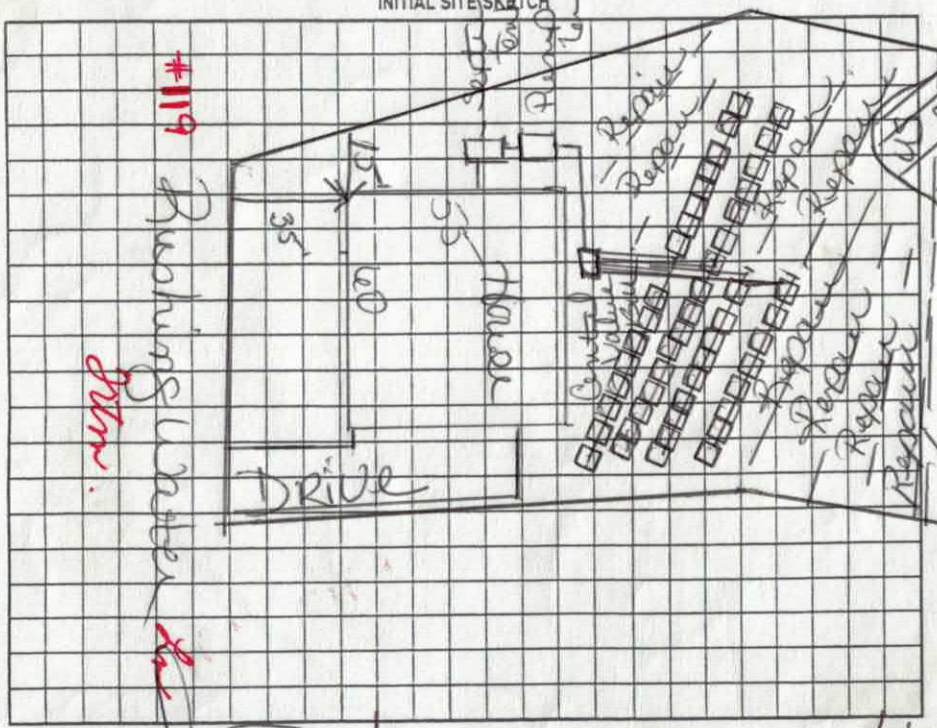
Comments:/Conditions:

Install as noted
Maintain all setbacks

Comments:/Conditions:

@ 54' each
* Pump worksheet - Check valve as anti siphon rule.

INITIAL SITE SKETCH


911 #
Rushing Water Ln
DRIVE
Repair
Repair
Repair

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: _____ 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		0-6	Suspect fill						
		6-13	SCL WBL	SSSPSeqPk					
		13-21	SCLWB	SSSPSeqPk					
		21-39	CSBK	SSSPSeqPk	SAP inclusion				.3
		39-54	CSBK	SSSPSeqPk					
2		0-31	Fill	Material					
		3-38	SCLWBK		→ US				
			US						US
3	Concave	0-13	SCLWBK	SSSPSeqPk					
		13-44	C WBK	SSSPSeqPk	HM	modified			.25
4	Front	0-20	CBK	SSSPSeqPk	SR-fi				B
		20-38	C SBPK	SSSPSeqP					
		38-54	C/SAPM	SSSPSeqP	SAP	silt loam			.25

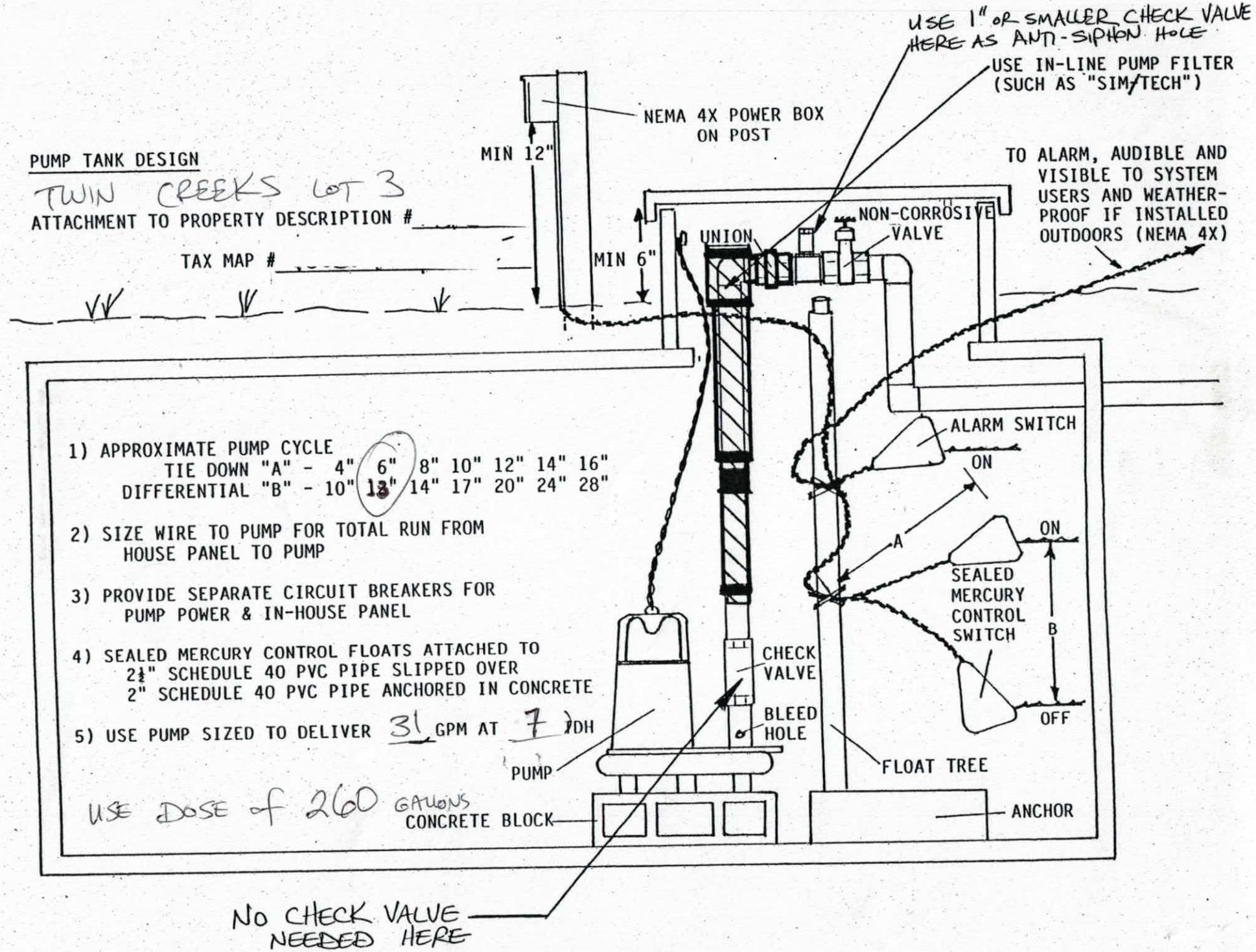
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

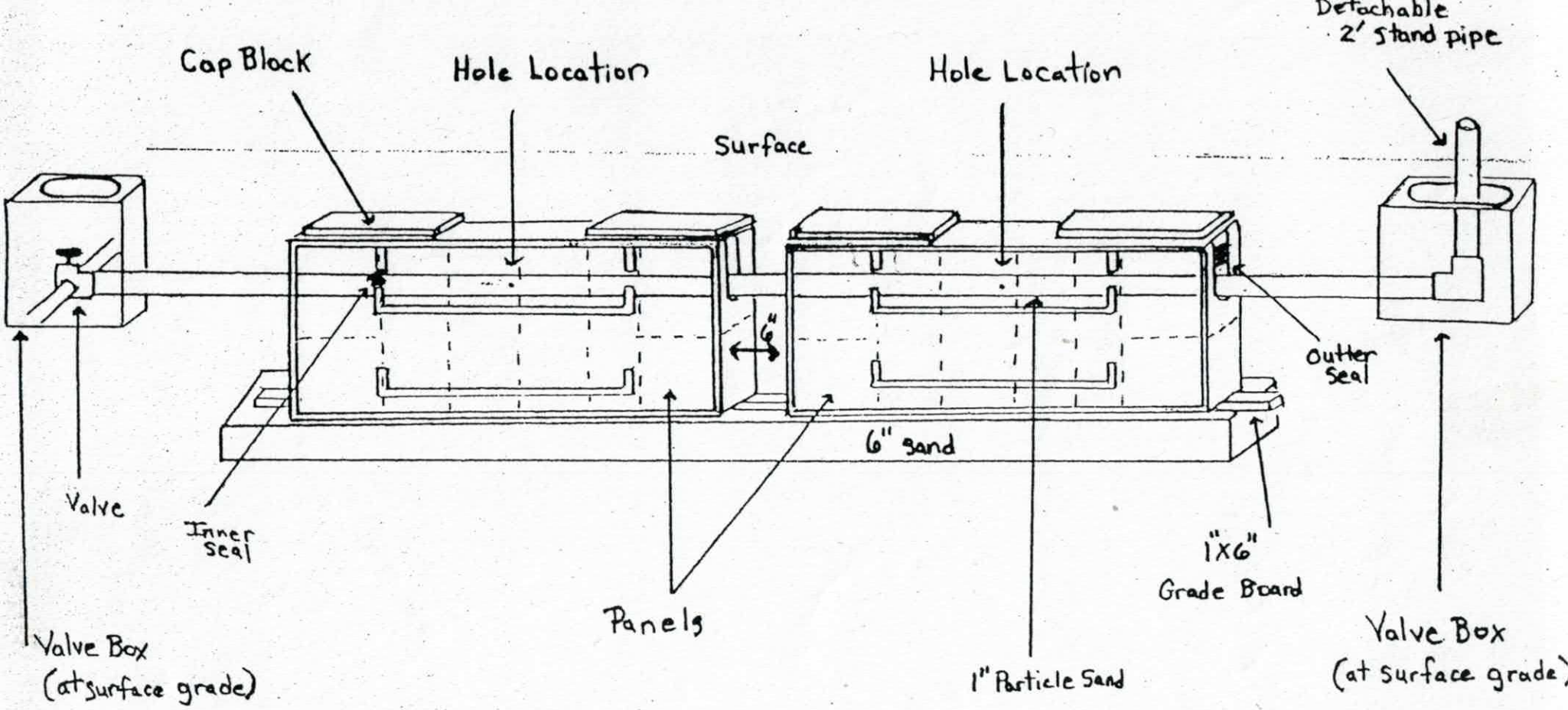
OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____


4730-36-9784
4730-36-1322
4730-36-8352
4730-36-7597
4730-36-8428
4730-36-7740
4730-36-6821
4730-36-5423
4730-36-5350
RUSHING WATER LN
130
132
830
820
199
346
184
126
119
840
850
860
870
138
115
172
93
105
61
1
2
11

Twin Creek Lot 3


USE 1" OR SMALLER CHECK VALVE HERE AS ANTI-SIPHON HOLE
USE IN-LINE PUMP FILTER (SUCH AS "SIM/TECH")
NEMA 4X POWER BOX ON POST
MIN 12"
MIN 6"
TO ALARM, AUDIBLE AND VISIBLE TO SYSTEM USERS AND WEATHER-PROOF IF INSTALLED OUTDOORS (NEMA 4X)
UNION
NON-CORROSIVE VALVE
PUMP TANK DESIGN
TWIN CREEKS LOT 3
ATTACHMENT TO PROPERTY DESCRIPTION #
TAX MAP #
1) APPROXIMATE PUMP CYCLE
TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
DIFFERENTIAL "B" - 10" 13" 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 31 GPM AT 7 TDH
USE DOSE of 260 GALLONS
ALARM SWITCH
ON
A
ON
SEALED MERCURY CONTROL SWITCH
B
OFF
CHECK VALVE
BLEED HOLE
PUMP
FLOAT TREE
CONCRETE BLOCK
ANCHOR
NO CHECK VALVE NEEDED HERE



TWIN CREEKS Lot 1

Pressure Dosed PPBPS

# of panels 72.
Size holes 5/32". 1 hole per panel.
Approximate amount of sand needed _____.
100 lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 31.
TDH 7.

Comments

SCOUR TRENCH SIDEWALLS & APPLY A LIGHT DUSTING of LIME PRIOR TO INSTALLING SAND & PANELS

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

System Length (linear ft)	320	Total Flow (gpm)	33.04
# of 16in Panels	74		
# of Lines	6		
Hole Size (in) (5/32=.156 3/16=.188)	0.156	Friction Loss (ft) - Supply Line	1.65
Drainfield Pipe Size (in)	1.25	Friction Loss (ft) - Valve Box	4.80
Supply Line Size (in)	2	Friction Loss (ft) - Drain Lines	23.64
Supply Line Length (ft)	55		
Pressure Head (ft)	2	Friction Loss (ft) - Total	30.09
Elevation Head (ft)	0		
		Total Dynamic Head (ft)	40.59

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

33.04 GPM against **40.59** FT of Total Dynamic Head

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

Lot #3

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
TEAGLAND-BROWN CONST	17315 BELLE ISLE DR 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
119 LOT #3 RUSHING WATER	TWIN CREEKS	L-3

Driving Directions: PERTH RD SOUTH FROM TROUTMAN, RIGHT ON STATE PARK RD, LEFT ON RUSHING WATER 3RD 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:**

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

****

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:** Who R ___ 6/14/06
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Lot #3

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…**

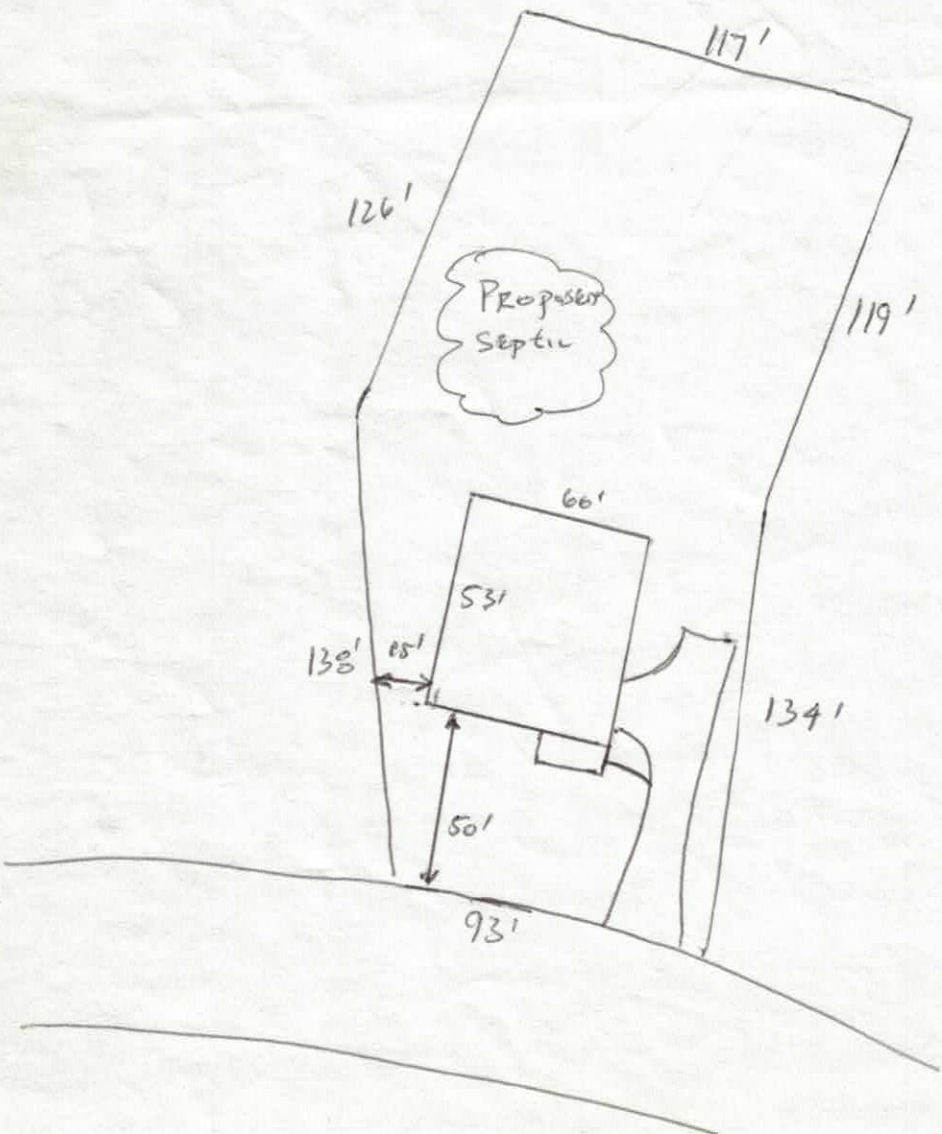
Circle N/A on the following if appropriate:

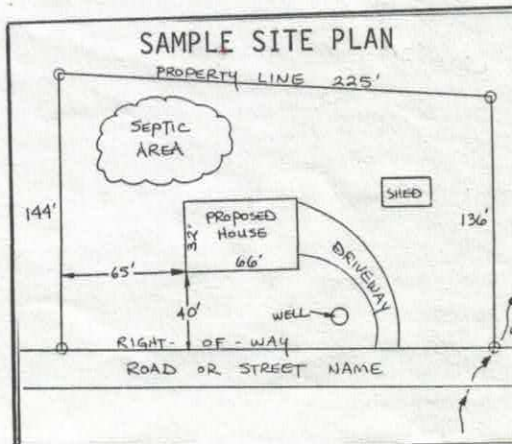
- ___ — **Location of septic systems and wells within 100' of your property…** N/A
- ___ — **Location of easements and rights of ways on your property…** N/A
- ___ — **Location of any designated wetlands on the property…** N/A

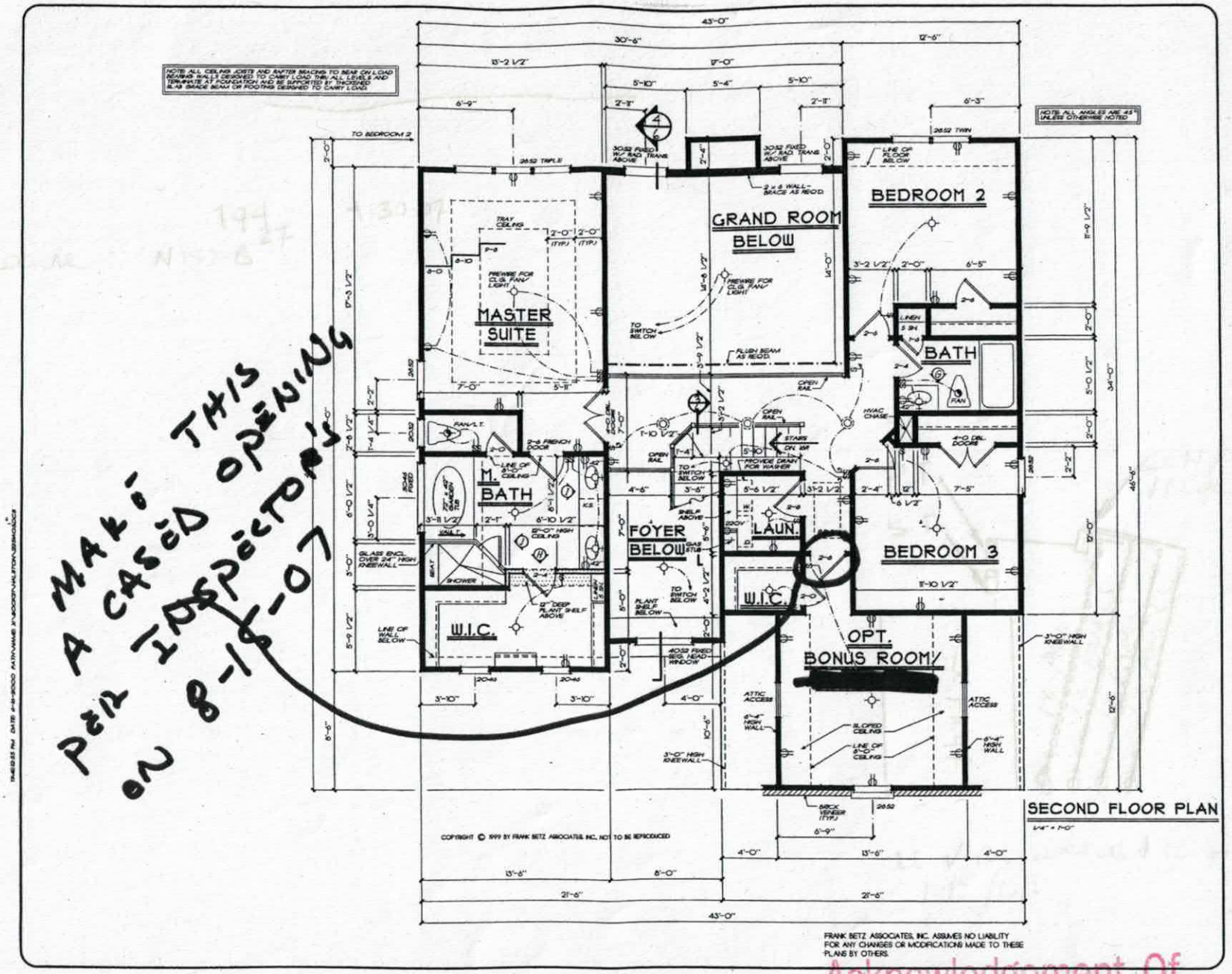
Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/14/06
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN







MAKE THIS A CASED OPENING PER INSPECTOR'S ON 8-14-07

HOMEPLANS

SECOND FLOOR PLAN

THE HALSTON

FBA
FRANK BETZ ASSOCIATES, INC.
3401 LAKE PARK DRIVE/SUITE 250
RALEIGH, NC 27612-2858
www.frankbetz.com

BY: MB CK: JAG

DATE: 5/12/99

SHEET 5 OF 7

Acknowledgement Of Plans Submittal ONLY!

Date

Date

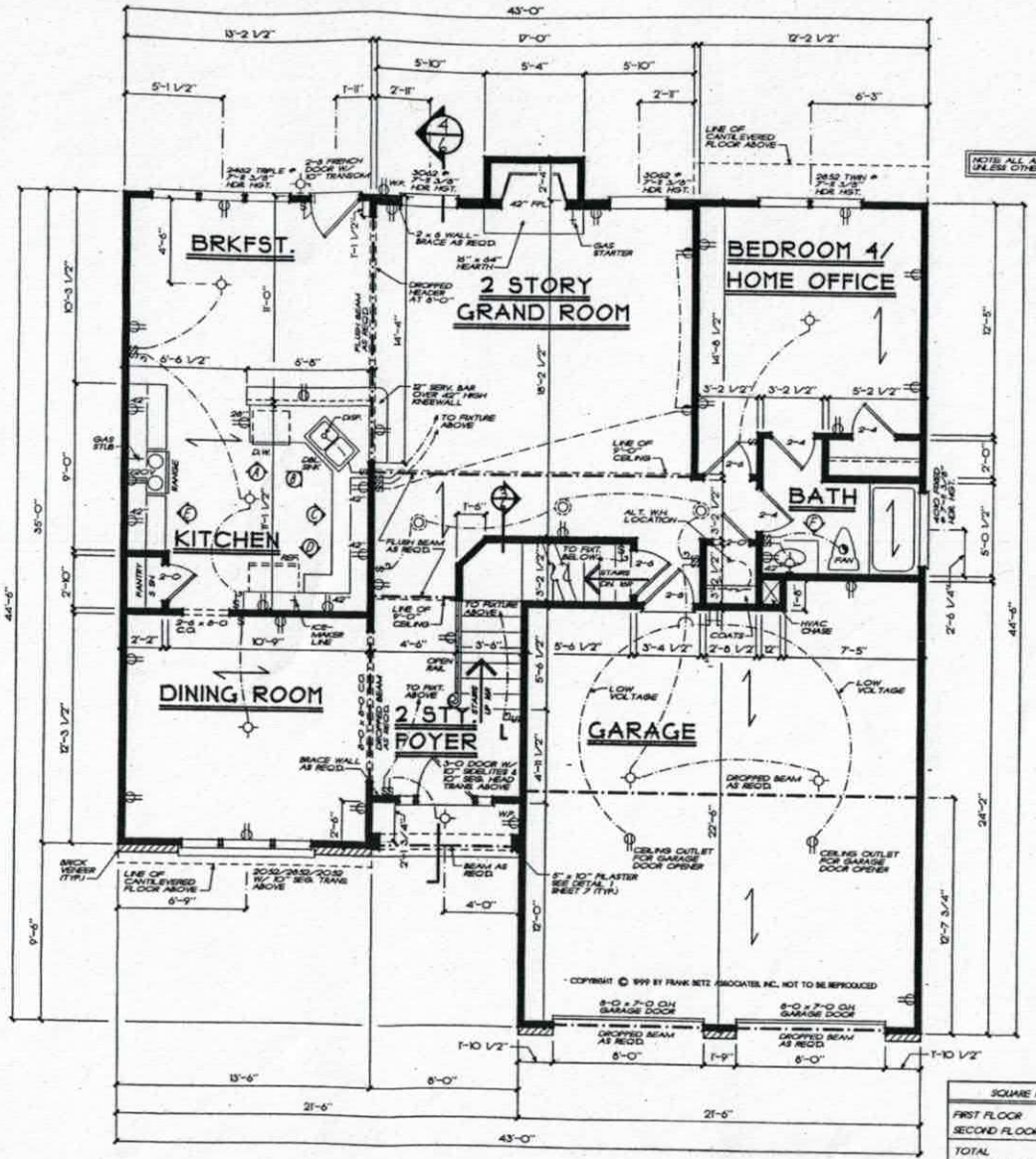
GENERAL FRAMING NOTES

THE FOLLOWING NOTES ARE SUGGESTED MINIMUM REQUIREMENTS ONLY. DUE TO A VARIANCE OF CODES PER REGION, PLEASE REFER AND COMPLY WITH ALL YOUR LOCAL CODES. CONSULT WITH LOCAL ENGINEERS FOR ALL STRUCTURAL REQUIREMENTS.

1. PROVIDE PURLINS AT MID HEIGHT OF ALL WALLS.
2. ALL JOISTS AND RAFTERS SHALL BE ALIGNED OVER STUDS BELOW.
3. ALL HEADERS SHALL BE 2-2x12's WITH 1/2" PLYWOOD FILLER PLATE UNLESS OTHERWISE NOTED.
4. FRAMER TO INSTALL DOUBLE FLOOR JOISTS UNDER PARTITION WALL PARALLEL TO JOIST DIRECTION.
5. PROVIDE 1x4 CROSS BRIDGING AT MID POINT OF SPAN OR 8'-0" O.C. MAXIMUM IN ALL FLOORS.
6. ALL EXTERIOR CORNERS INSIDE AND OUTSIDE CORNERS SHALL BE BRACED WITH 1/2" CDX PLYWOOD (HAILING SCHEDULE SHALL BE 6d COMMONS AT 6" O.C. AT ALL EDGES AND 8d COMMONS AT 12" O.C. AT ALL INTERMEDIATE STUDS) OPTION - APPROVED DIAGONAL CORNER BRACES BOTH DIRECTIONS AT ALL CORNERS.
7. ALL COLUMNS OR SOLID FRAMING SHALL EXTEND DOWN THRU ALL LEVELS AND TERMINATE AT THE BASEMENT FLOOR AND BE SUPPORTED BY A THICKENED SLAB (GRADE BEAM) OF FOOTING DESIGNED TO CARRY LOAD.
8. PROVIDE DOUBLE OVER STRONGBACK AT MID SPAN FOR CEILING JOISTS WITH SPAN GREATER THAN 10'-0".
9. PROVIDE COLLAR TIES AT UPPER 1/3 OF VERTICAL DISTANCE BETWEEN ROOF BOARD AND CEILING JOISTS AT 4'-0" O.C. MAXIMUM.
10. IF VALLEY RAFTERS, AND RIDGE BOARDS SHALL BE ONE "2x" SIZE LARGER THAN RAFTERS.
11. ROOF DECKING SHALL BE 1/2" CDX PLYWOOD MINIMUM.
12. WHERE PRE ENGINEERED FLOOR AND ROOF TRUSSES ARE USED, TRUSS MANUFACTURER MUST PROVIDE SHOP DRAWINGS WHICH BEAR SEAL OF REGISTERED ENGINEER IN STATE IN WHICH WORK IS TO BE PERFORMED.
13. ALL CEILING JOISTS AND RAFTER BRACING TO BE ON LOAD BEARING WALLS DESIGNED TO CARRY LOAD THRU ALL LEVELS AND TERMINATE AT BASEMENT FLOOR AND BE SUPPORTED BY THICKENED SLAB GRADE BEAM OR FOOTING DESIGNED TO CARRY LOAD.
14. ALL BASEMENT WALLS BEAMS AND COLUMNS TO BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES.
15. ALL SOLID FRAMING COLUMNS, BEAMS ETC., TO BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES.
16. ALL FRAMED WALL DIMENSIONS ARE BASED ON 2 x 4 STUDS UNLESS OTHERWISE NOTED.

GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE AND LOCAL CODES, REGULATIONS, AND THEIR VARIANCES.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT SITE BEFORE BEGINNING CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO FRANK BETZ ASSOCIATES, INC. FOR ARTICULATION AND/OR CORRECTION BEFORE PROCEEDING WITH WORK. CONTRACTORS SHALL ASSUME RESPONSIBILITY FOR ERRORS THAT ARE NOT REPORTED.
3. ALL DIMENSIONS SHOULD BE READ OR CALCULATED AND NEVER SCALED.
4. ALL FOOTINGS TO BE BELOW FROST LINE (SEE LOCAL CODES) AND MUST REST ON UNDISTURBED SOIL, CAVINGS OR HANDLING THE BUILDING CONSULT LOCAL ENGINEER FOR PROPER FOOTING AND REINFORCING SIZES.
5. CONTRACTOR SHALL ASSURE COMPATIBILITY OF THE BUILDING WITH ALL SITE REQUIREMENTS.
6. IF BACKFILL EXCEEDS 4' AGAINST ANY FOUNDATION WALL, REINFORCE AS PER CODE.
7. ALL FOUNDATION AND STRUCTURAL MEMBERS SHOULD BE VERIFIED AND STAMPED BY AN ENGINEER IN THE STATE WHERE CONSTRUCTION IS OCCURRING DUE TO A WIDE VARIANCE IN LOCAL CODES, SOIL BEARING CONDITIONS, FROST LINE DEPTH, SEISMOLOGICAL AND WEATHER CONDITIONS, ETC. THE CONTRACTOR IS RESPONSIBLE FOR ADJUSTING AND VERIFYING ALL STRUCTURAL DETAILS AND CONDITIONS TO MEET ALL LOCAL CODES AND TO INSURE A QUALITY AND SAFE STRUCTURE.
8. ALL WOOD, CONCRETE, AND STEEL STRUCTURAL MEMBERS SHALL BE OF A GOOD GRADE AND QUALITY AND MEET ALL NATIONAL, STATE AND LOCAL BUILDING CODES WHERE APPLICABLE.
9. ALL COLUMNS OR SOLID FRAMING SHOULD BE DESIGNED TO CARRY LOADS AND SHOULD EXTEND DOWN THRU THE LEVELS BELOW AND TERMINATE AT THE BASEMENT FLOOR OR AT OTHER BEARING POINTS DESIGNED TO CARRY THE LOAD.



FIRST FLOOR PLAN

1/4" = 1'-0"

SQUARE FOOTAGE	
FIRST FLOOR	1196 SQ. FT.
SECOND FLOOR	1055 SQ. FT.
TOTAL	2251 SQ. FT.
OPT. BONUS/ BEDRM. 5	206 SQ. FT.
TOTAL	2457 SQ. FT.

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

Acknowledgement Of
Plans Submittal ONLY!
Date
Date

HOMEPLANS

FIRST FLOOR PLAN
THE HALSTON

FBA
FRANK BETZ ASSOCIATES, INC.
6400 SHILOH ROAD, SUITE 250
ALPHARETTA, GEORGIA 30005
770/751-0866
www.frankbetz.com

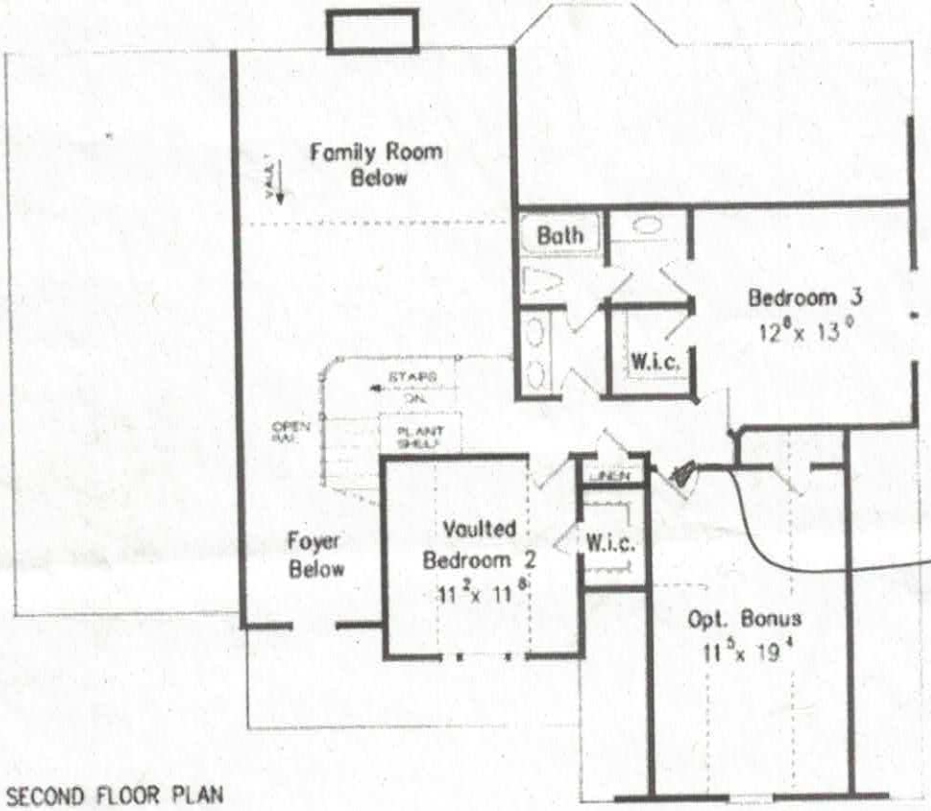
BY MAB CK JAG
DATE 9/10/99
SHEET 4 OF 7

TAB3@PM DATE 9-9-2000 PATHNAME X:\JOBS\HALSTON\2SMOADCS

FRANK BETZ ASSOCIATES INC

HOMEPLANS *Designed for Today's Market.*

COLONNADE - Upper Floor



CASED OPENING
NO DOOR
Ulla Brown
6/14/06

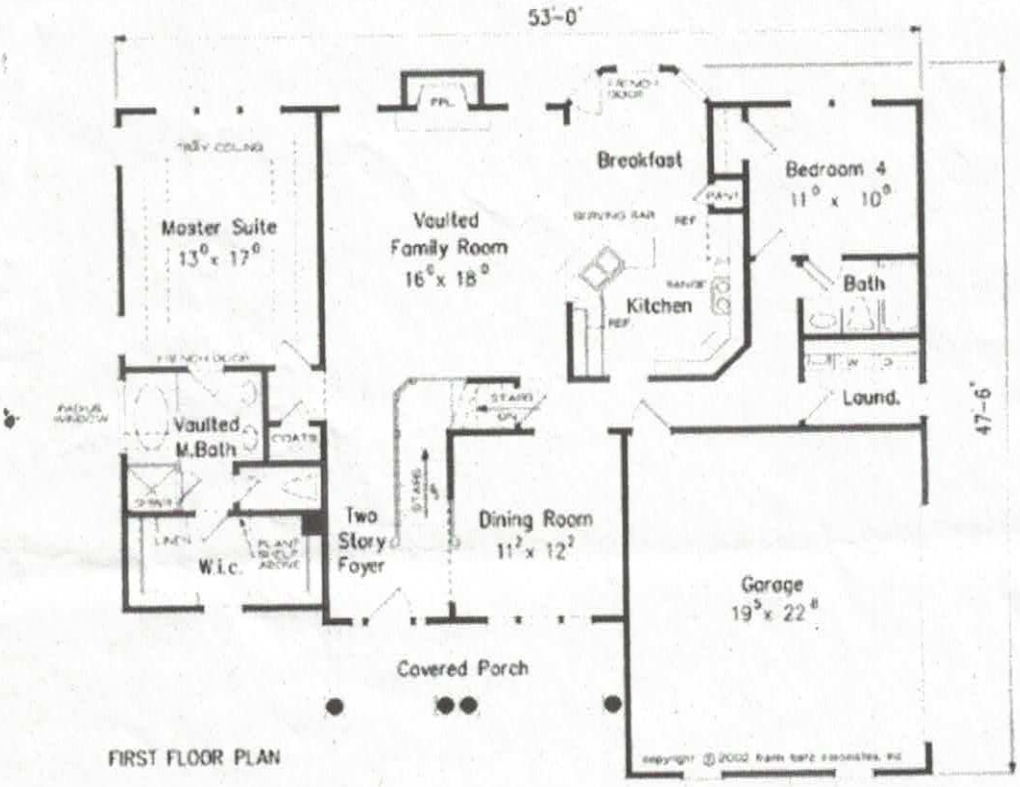
SECOND FLOOR PLAN

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

Acknowledgement Of Plans Submittal ONLY!
Date 8-28-06
Date 6/14/06

HOMEPLANS *Designed for Today's Market*

COLONNADE - 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.

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 #: 135868ZO
Proposed Use: Single Family
Location of Property: 119 RUSHING WATER LN Troutman NC 28166
Parcel #: 4730367597.000
Lot #: 3 Size: 0.686
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: FMA ENTERPRISES LLC
Address: 2020B YOUNTS RD
INDIAN TRAIL, NC 280798504
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 Ln, property 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