IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14294 PIN# 4730364908 DATE 11-4-08

OWNER OR APPLICANT Summerwood Homes

ADDRESS 173 West Marantz Road Mooresville NC 28117 PHONE: Business 704-799-8085 Home

LOCATION 21 to Perth to State Rail to Twin Creek 1st lot on right

SUBDIVISION Twin Creek BLOCK / SECTION 2 LOT 62 LOT AREA 3.AC SITE CLASS R5 DESIGN FLOW 480 L.T.A.R. 3

Septic Tank: 1000 Gallons: STB 1017 Date 10-8-07
Pump Tank: 1000 Gallons: PT 17 Date 10-10-07
Pump Make: Model Serial No.
Nitrification Field: No Fields Square Feet 1680 Linear Feet 267
No Lines 5 Trench Width 24" Max Trench Bottom Depth 24"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 50% Low Pressure
Repair System Description: 50% Low Pressure
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons No. Employees

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions:

#116
Twin Creek
Central
Dr-2ftm.
INITIAL SITE SKETCH
311
105
70
Low Pressure
50
40
533
25
Gully
55
Unsuitable Soil and Rock

Comments:/Conditions:

Install on contour
Maintain all setbacks
water line

AS BUILT SKETCH

Yellow Septic Tank
Pump tank has Riser
Septic has Risers

	Date	Initials
Drain Lines Checked	11-12-08	JR
Tanks Checked	11-10-08	JR
Pressure Manifold or Valve Box Checked	11-12-08	KSC
Pressure Head Set	11-12-08	KSC
Electrical Checked	12-12-08	TCH
Floats Set	11-12-08	JR
Alarm Checked	12-12-08	TCH
Maintenance Contract Y / N		

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: Jed Bl date 11-5-08
Improvement Permit by: Rhett Cook date 11-4-08
Authorization to Construct by: Rhett Cook date 11-4-08

Installed by: Steve Jordan
Operation Permit by: Jim Hayes, R.S. date 12-12-08
Existing System Inspection by: date

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

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

System Length (linear ft)	240	Total Flow (gpm)	24.78
# of 16in Panels	55		
# of Lines	4		
Hole Size (in) (5/32=.156 3/16=.118)	0.156	Friction Loss (ft) - Supply Line	2.46
Drainfield Pipe Size (in)	1.25	Friction Loss (ft) - Valve Box	3.20
Supply Line Size (in)	2	Friction Loss (ft) - Drain Lines	10.41
Supply Line Length (ft)	140		
Pressure Head (ft)	2	Friction Loss (ft) - Total	16.08
Elevation Head (ft)	21		
		Total Dynamic Head (ft)	47.58
Septic Tank Size (gal)	1000		

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

24.78 GPM against **47.58** FT of Total Dynamic Head

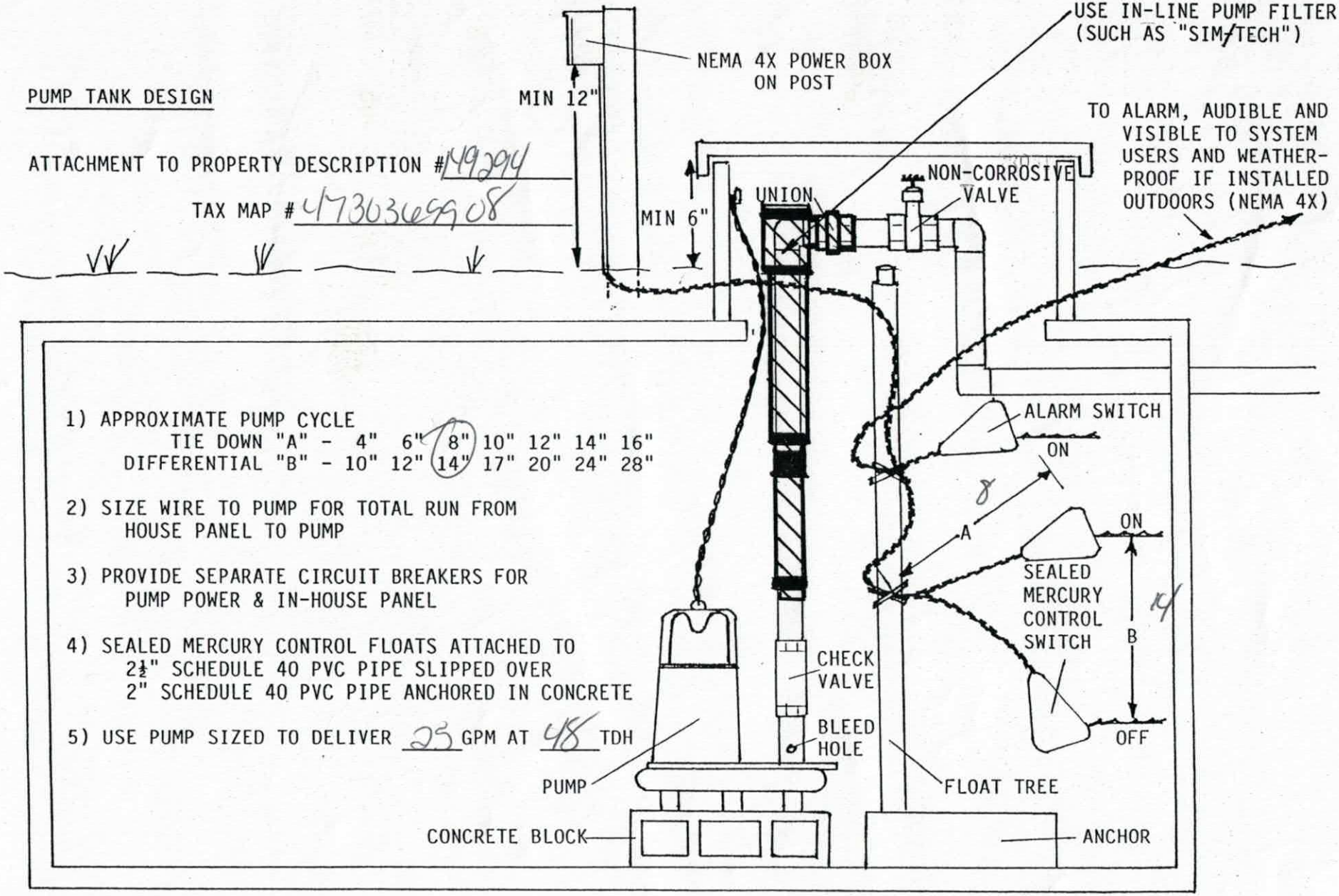
Dose Volume (gal)	199.38
Pump Run Time (min)	8.05
Tank Drawdown (in)	9.49


266
880
243
248
24'
120' superelevation
Central value Bp
60
STATE PARK RD
TWIN CREEKS DR
PB 48-140
247
533
391
880
870
850
860
62
243
55
311
840
1
184
226
830
2
N
W
E
S
1 inch equals 60 feet

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 49294

TAX MAP # 47303699 08



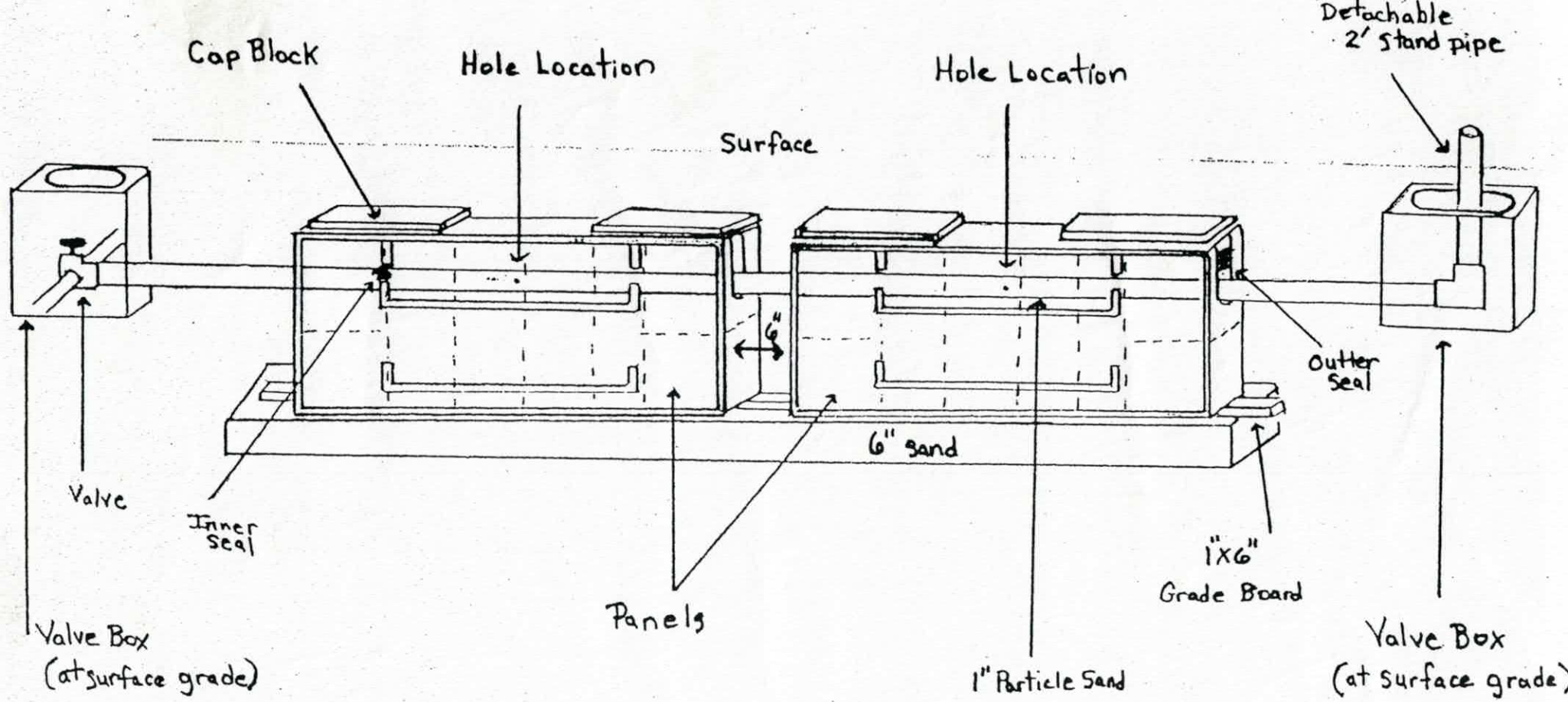
1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" (8") 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" (14") 17" 20" 24" 28"

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 25 GPM AT 48 TDH



149294
4736369908

Pressure Dosed PPBPS

# of panels 98.
Size holes 5/32. 1 hole per panel.
Approximate amount of sand needed 25 Tons.
100lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 25.
TDH 48.

Comments

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
Summerwood Homes	173 West Marantha Rd Mooresville NC 28117	704-799-8085	704-507-1245
Owner Name	Mailing Address	Home Phone	Work Phone

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
	Twin Creeks	Lot 62

Driving Directions: 21 South, Right on Perth Rd, Right State Park Rd
Corner of State Park & Twin Creeks

****

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 ~~2176~~
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)*

( ) 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 marking the site accessible so that a complete site evaluation can be performed.

9. Signature: _____ 4-21-08
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Lot 62

WELL ABANDONMENT RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 2554

1. WELL CONTRACTOR:
Robert Ashley
Well Contractor (Individual) Name
RC Water Pros
Well Contractor Company Name
STREET ADDRESS PO Bo 551314
GASTONIA NC 28055
City or Town State Zip Code
(704) 898-7113
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID # (if applicable)
STATE WELL PERMIT # (if applicable)
COUNTY WELL PERMIT # (if applicable)
DWQ or OTHER PERMIT # (if applicable)
WELL USE (Circle applicable use). Monitoring Residential Municipal/Public Industrial/Commercial Agricultural Recovery Injection Irrigation
Other (list use)

3. WELL LOCATION:
COUNTY QUADRANGLE NAME
NEAREST TOWN: Mooresville, NC
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
Slope Valley Flat Ridge Other
(Circle appropriate setting)
LATITUDE 35°N 40' 39.89"
LONGITUDE 80° W 51' 23.29"
May be in degrees, minutes, seconds, or in a decimal format
Latitude/longitude source: GPS Topographic map
(Location of well must be shown on a USGS topo map and attached to this form if not using GPS.)

4a. FACILITY: The name of the business where the well is located. Complete as needed. (If a residential well, skip 4a, complete 4b, well owner information only.)
FACILITY ID #(if applicable)
NAME OF FACILITY
STREET ADDRESS Lot 62
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:
NAME Ryan West
STREET ADDRESS
City or Town State Zip Code
( ) -
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 805 ft. Diameter 8 in.
b. Water Level (Below Measuring Point): 27 ft.
Measuring point is 1 ft. above land surface.

6. CASING: Length Diameter
a. Casing Depth (if known): 75 ft. 8 in
b. Casing Removed: 3 ft. 8 in

7. DISINFECTION:
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:
Neat Cement: Cement 6840 lb. Water 1230 gal.
Sand Cement: Cement lb. Water gal.
Bentonite: Bentonite lb. Type: Slurry Pellets Water gal.
Other: Type material Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
Poured Method

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used

11. DATE WELL ABANDONED 26 April 07

I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER

Robert Ashley 25 Apr 07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113)

PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06

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…

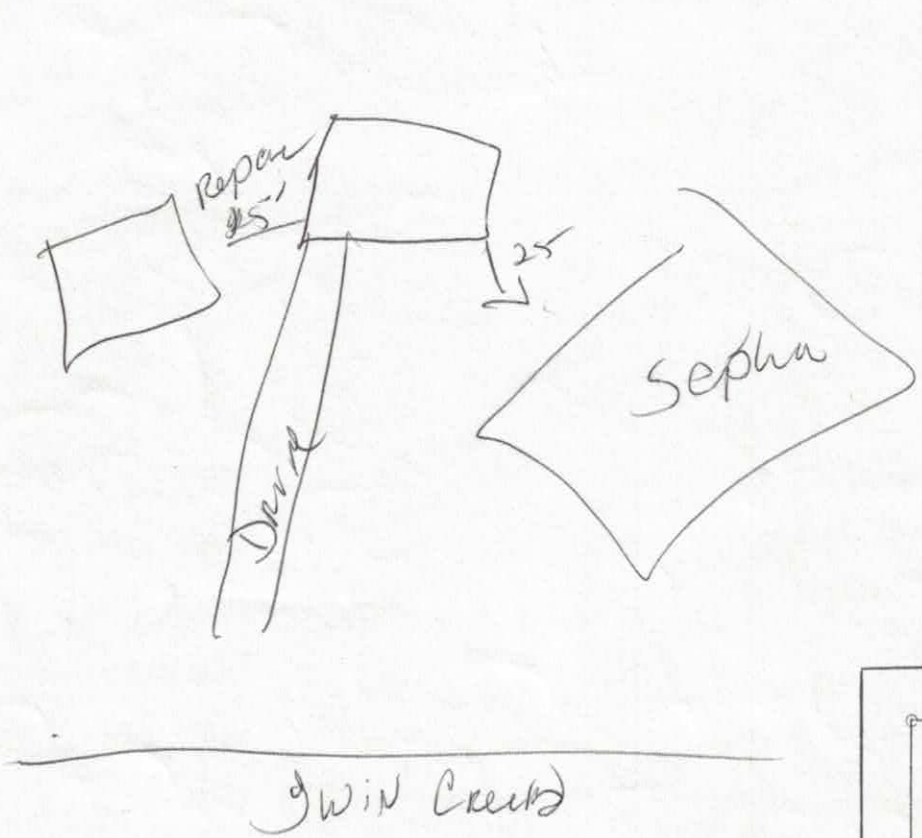
Circle N/A on the following if appropriate:

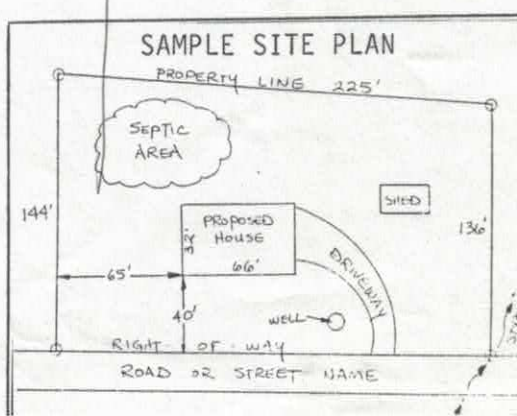
____ Location of septic systems and wells within 100' of your property… N/A
____ Location of easements and rights of ways on your property… N/A
____ Location of any designated wetlands on the property… N/A

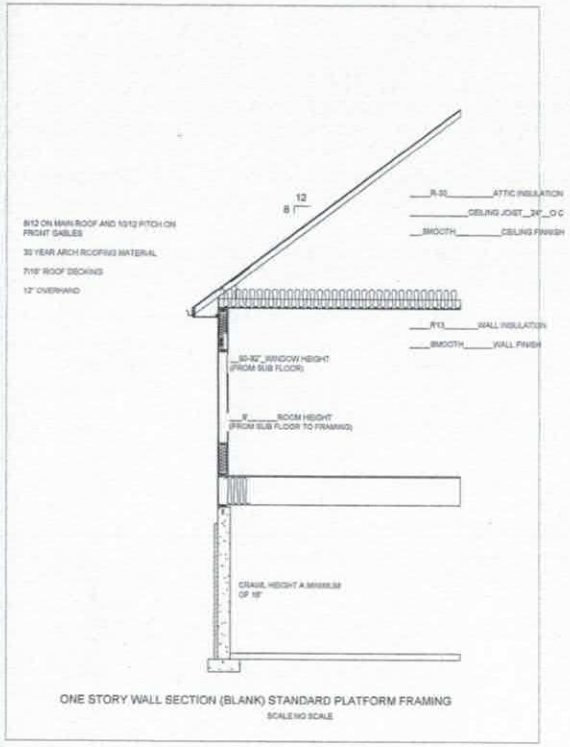
Signature: Ted Bell
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-21-08
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

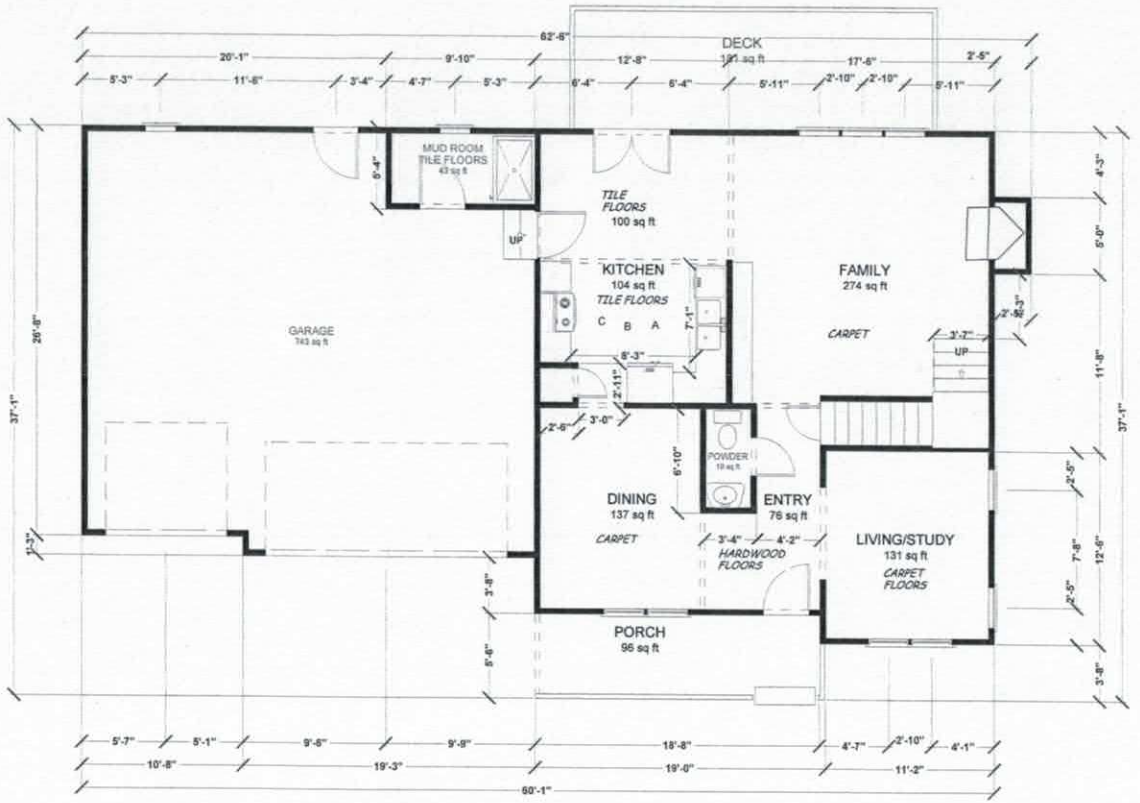






ONE STORY WALL SECTION (BLANK) STANDARD PLATFORM FRAMING

SCALE:NO SCALE

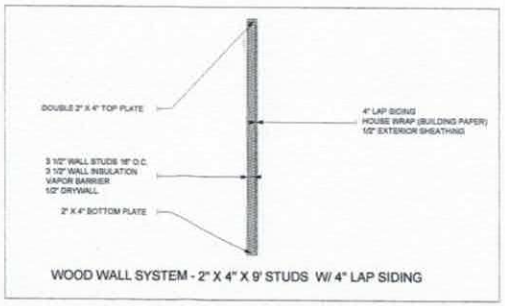


Window Height

1st floor rough opening = 92"

WATER HEATER = 50 GALLON

INTERIOR DOORS = 6 PANEL



WOOD WALL SYSTEM - 2" X 4" X 9' STUDS W/ 4" LAP SIDING

5

Bob & Laura Veshosky
Lot # 62 Twin Creeks
Troutman, NC
Iredell County

SummerWood Homes, LLC
173 West Maranna Road
Mooresville, NC 28117
704-799-8085
704-799-8068 fax

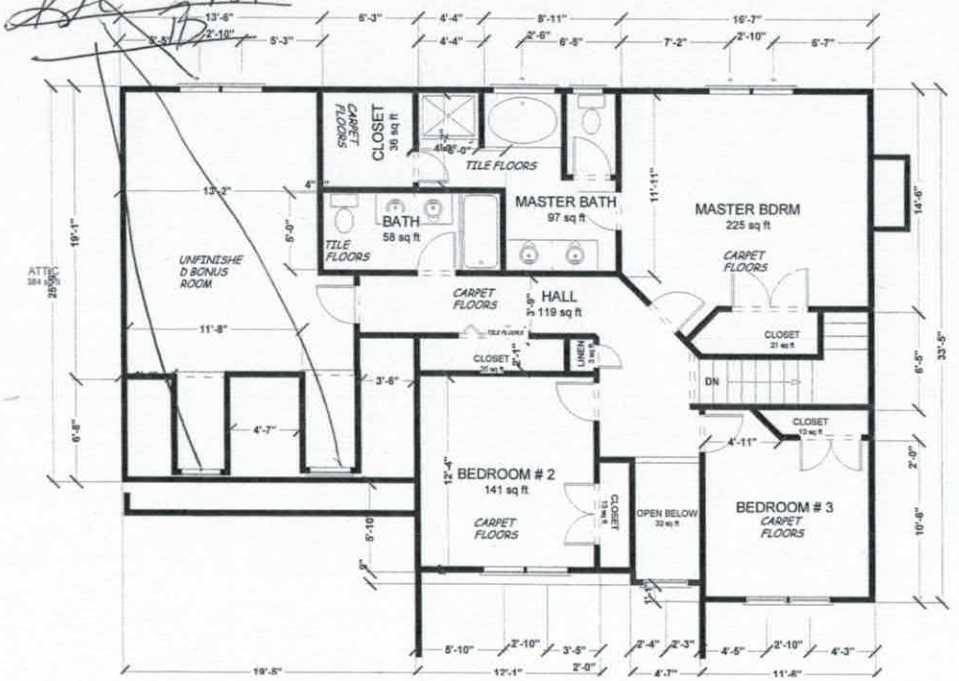
CUSTOMER
Ted Boaz
CONTRACTOR
03/12/08
DATE

FRAMING PLAN NOTES

1. Wood Framing. All wood framing shall be fabricated and installed per code for wood construction. Unless noted otherwise the following minimum lumber grades shall be used:
 a. Structural light framing size 2" to 4" thick x 2" to 4" wide - no. 2 or better.
 b. Stud size 2" to 4" thick x 2" to 6" wide- stud grade.
 c. Structural joists and planks size 2" to 4" thick x 2" to 4" wide standard or better.
 d. Light framing size 2" to 4" thick x 2" to 4" wide standard or better.
2. Interior Stud Walls. All main floor walls to be AS MARKED ON THE PLANS. Interior walls shall be constructed of #2 S.Y.P. minimum 2 x 4 wood studs at 16" on center (OC). Provide single bottom plates and double top plates throughout.
3. Exterior Stud Walls. Walls shall be constructed of #2 S.Y.P. minimum 2 x 4 wood studs at 16" on center (OC) Provide single bottom plates and double top plates throughout. Provide R-11 3 1/2" batt insulation at all locations shown on plans. Exterior sheathing shall be 1/2" osb at corners of building & where required for shear walls. Exterior finish shall be AS SPECIFIED ON EXTERIOR ELEVATIONS
4. Sheathing. OSB sheathing shall be APA structural I, group 1 size and span rating as shown on the drawings. Nail with 8d nails at 6" on center along panel edges and 12" on center at immediate supports.
5. Pressure Treated Lumber. All wood members exposed to weather or in contact with wood masonry, concrete or soil shall be pressure treated.
6. Nailing Schedule. Except as noted otherwise, all wood framing components shall be fastened as specified in the southern building code, section 1705 and table 1705.1 fastening schedule. Contractor shall provide all fastening devices necessary and suited for each application. Fastenings subject to moisture shall be hot-dip galvanized to ASTM A-153-80. All metal connections and fabrications shall comply with AISC specifications.
7. Headers. Provide 2 - 2 x 10 #2 southern yellow pine with continuous 1/2" plywood flitch plate. Provide double jack supports for openings 6'-0" or greater unless noted otherwise. Provide 2-16d nails at 3" on center at all headers.
8. Beam Supports. Provide multiple stud and/or jack supports from bearing points to slab foundation under all wood headers or beams.
9. Columns. Construct structural wood frame columns with 2 x 4 studs and finish surfaces as specified. Finish interior columns according to finish schedule. Finish exterior columns as shown on elevations.
10. Cross Bridging. Place one row of cross bridging on all spans over 8'-0" and two rows of cross bridging on all spans over 16'-0".
11. Ceiling Joists. Trusses
12. Vaulted and Raised Ceilings. Provide ceiling treatment as shown.
13. Stud and Joist Integrity. Studs and joists shall not be cut to install plumbing and/or wiring without adding metal or wood side members to strengthen member back to original capacity and maintain structural integrity.
14. Joist and Rafter Bearing. Joists and rafters shall be cut to have horizontal contact for the full width of the supporting member.
15. Subfloor. Use 3/4" tongue and groove OSB subfloor to be installed with both nails and approved subfloor adhesive.

Acknowledgement of Plans
Bob/Cook
Ted Bra

Non-egress windows
4-21-08



6

Bob & Laura Veshosky
Lot # 62 Twin Creeks
Troutman, NC
Iredell County

SummerWood Homes, LLC
173 West Maranta Road
Mooresville, NC 28117
704-799-8085
704-799-8068 fax

CUSTOMER
Ted Bra
CONTRACTOR
03/12/08
DATE

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

DEVELOPER PERMIT

Zoning Permit
Permit Number: 149294ZO

Printed: 3/18/2008

Master #: 149294

Associated Permits:
149294ZO Zoning

Applicant
Name: Summerwood Homes, LLC
Address: 173 West Maranta Road
Mooresville, NC 28117
Phone: 704-799-8085

Parcel
Parcel Number: 4730369908.000
Address: 000 TWIN CREEKS DR
TROUTMAN, NC 28166
Subdivision: Twin Creeks
Zoning: RA
Township: 1500
Area: 3.19
Lot(s): 62
Directions to Parcel: 21 SOUTH, RIGHT PERTH RD, RIGHT STATE PARK RD ON CORNER OF STATE PARK AND TWIN CREEKS

Owners
Name: RYON-WEST DEVELOPERS LLC
Address: 127-B PROMENADE DRIVE
MOORESVILLE, NC 281170000
Phone: 704-621-3012

Contractors
Contractor Type: Building
Name: Summerwood Homes, LLC
Address: 173 West Maranta Road
Mooresville, NC 28117
Phone: 704-799-8085

Fees and Receipts:

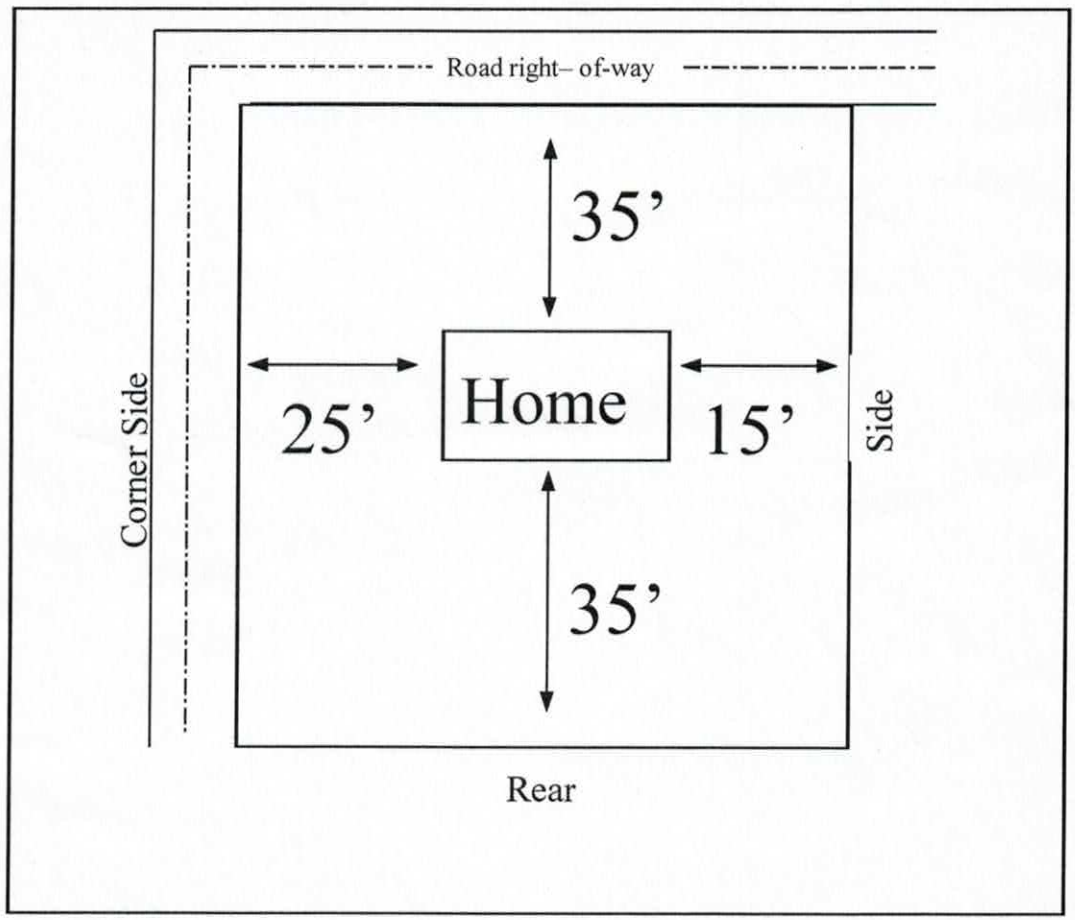
Number	Description	Amount
FEE-170265-07	Zoning - Permit / Inspection	$45.00
FEE-170266-07	Environmental Health - Type I or II System	$400.00
	Total Fees:	**$445.00**

ZONING DISCLAIMER

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. Applicant further acknowledges that the 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

STREET NAME : TWIN CREEKS DR



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.