IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13435 PIN# 4730-45-4518 DATE 5-30-06

OWNER OR APPLICANT SUMMERWOOD HOMES PHONE: Business 704-799-8085 Home

ADDRESS 113 WEST MARANTA RD MOORESVILLE, NC 28117

LOCATION 21 SOUTH (R) PEETH (R) STATE PARK (L) TWIN CREEKS AT END (CUL-DE-SAC)

SUBDIVISION TWIN CREEKS BLOCK / SECTION 2 LOT 55 LOT AREA 2.194 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 5-5-06

Pump Tank: 1000 Gallons; PT 17 Date 1-9-07

Pump Make: Gilmore Model WE0712HU Serial No 0018399

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

No Lines 3490' Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III ⓘⓥ V VI

System Description: LP 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

Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

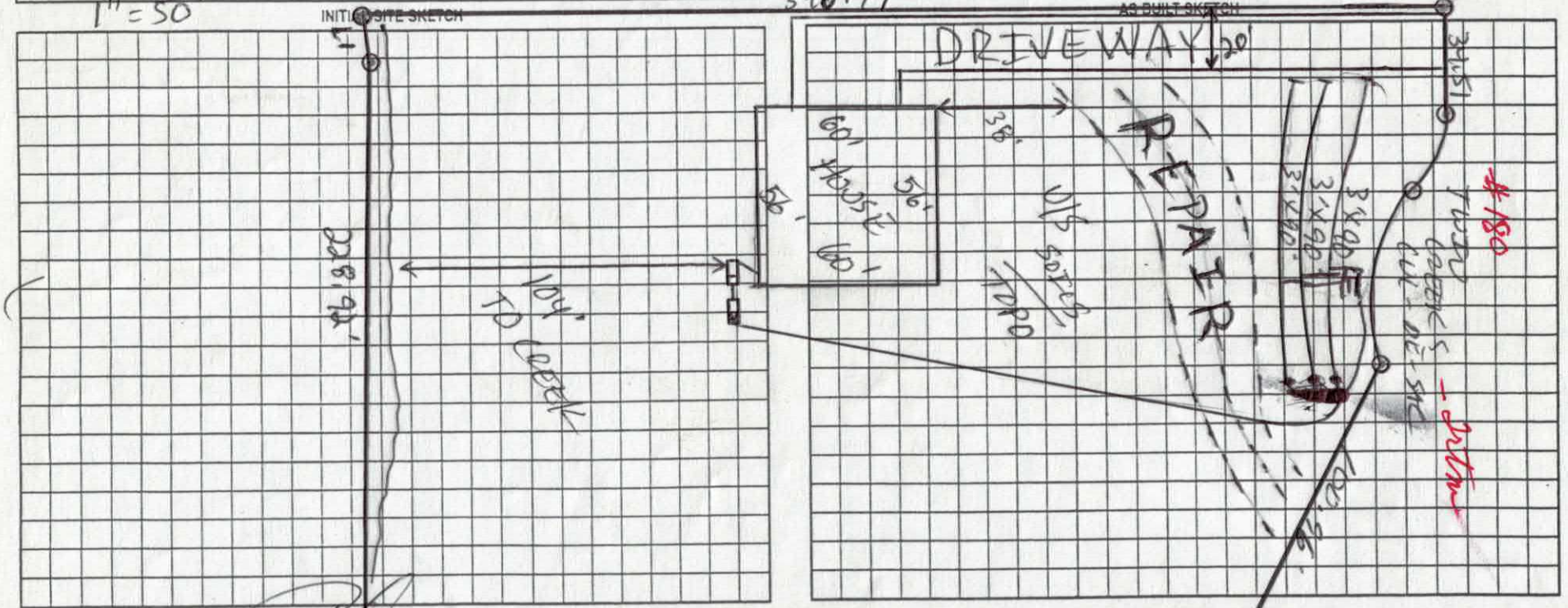
Comments:/Conditions: (1) MAINTAIN UPSLOPE SETBACK FROM FRONT OF HOME (2) INSTALL LEVES ON CONTOURS & MAINTAIN SETBACKS

Comments:/Conditions: Center feed - 12-24" - Central valve box

1" = 50'

INITIAL SITE SKETCH

AS BUILT SKETCH



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 6-1-06

Improvement Permit by: date 5-30-06

Authorization to Construct by: date 5-30-06

Installed by: Steve Jordan

Operation Permit by: date 30-4-may07

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

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

134352
473D-45-4518

OWNER: Sommerwood Homes
APPLICATION DATE _____
ADDRESS: _____
DATE EVALUATED: _____
PROPOSED FACILITY: Residence PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 2.19 ac
LOCATION OF SITE: TWIN CREEKS LOT 55
PROPERTY RECORDED: ~~Y~~N
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	17% L	0-8"	SCL/SiL gr	fri/vfr abs					PS .3
		8-33"	Cmpt/SiL	fss/s slp	sap in <50%				
		33"-60"	SL saprolite	wk mass/c fss/s nonp					
2	17% L	0-60	Cmpt/SiL	fss/s slp	sap in <50%			24-60"	PS .3
3	12%		SAPROLITE 2						PS .3
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: L. COOK
OTHER(S) PRESENT: B. FREEMAN POLLUTION SOIL

COMMENTS: AUGER HOLES BY VERIFIED SAPROLITE SD HAD

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)

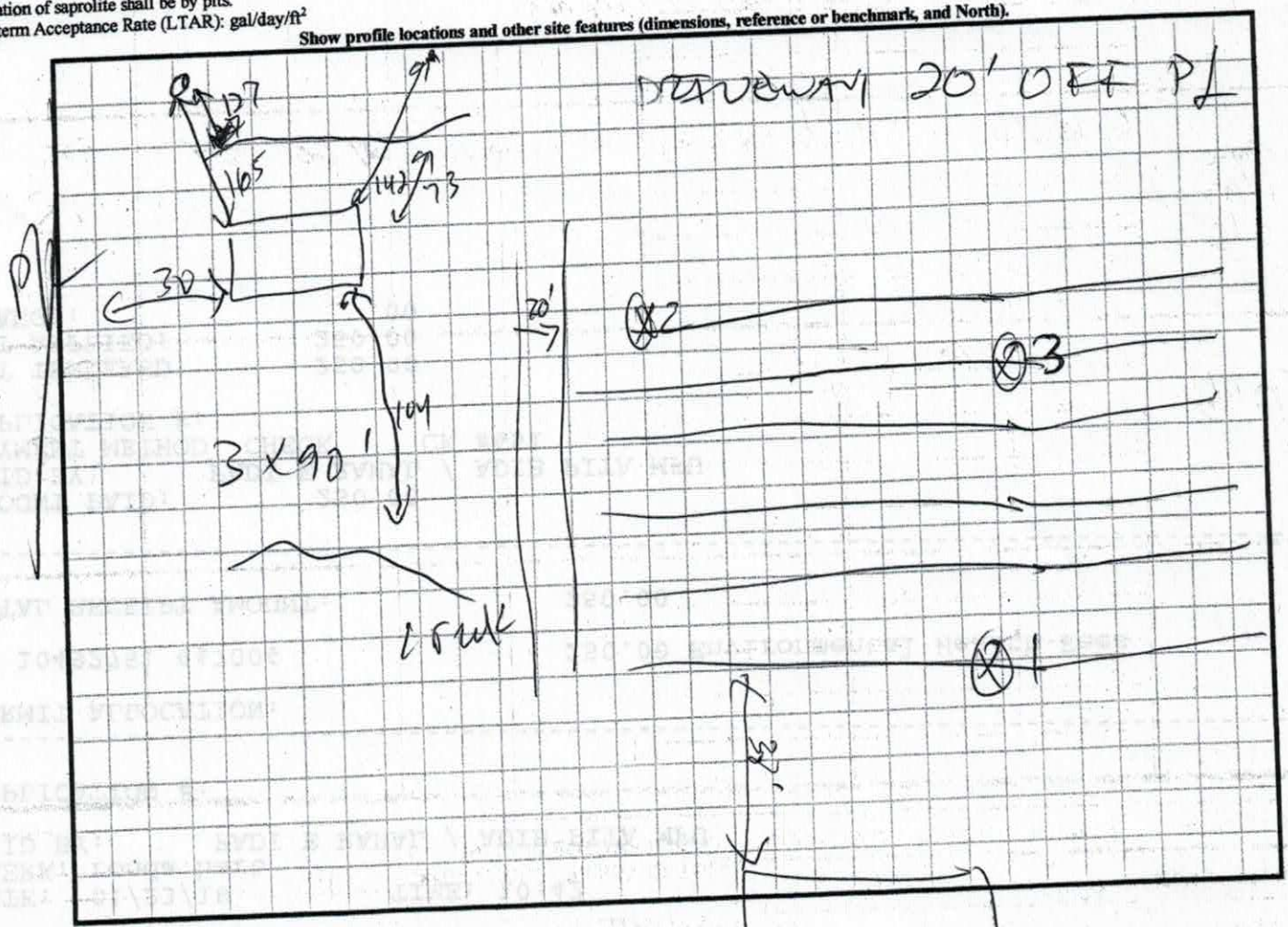
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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 (#####)

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
   ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Summerlebos Homes LLC	173 W Maranatha Rd, Mooresville NC 28117		704 799 8085
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Twin Creeks	Lot 55

Driving Directions: (Rt.) on State Park (Lft) into Twin Creek End of Cul-de-sac 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 ___
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 (X) Community Well ( ) City Water ( ) Other Public Water

****

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

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

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** _____ 6-1-06
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:

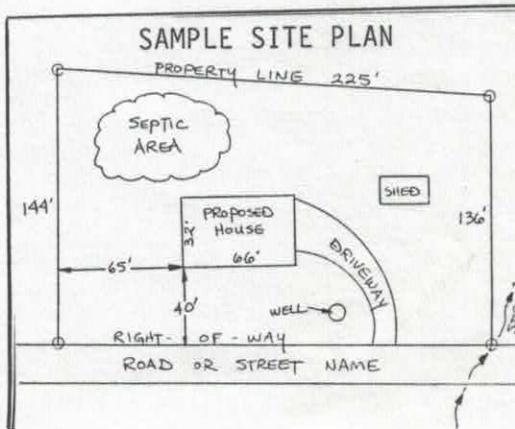
____ **Property Line measurements are clearly identified…**
____ **All proposed structures are indicated…**
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ **Front and side setbacks from property line…**
____ **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…**

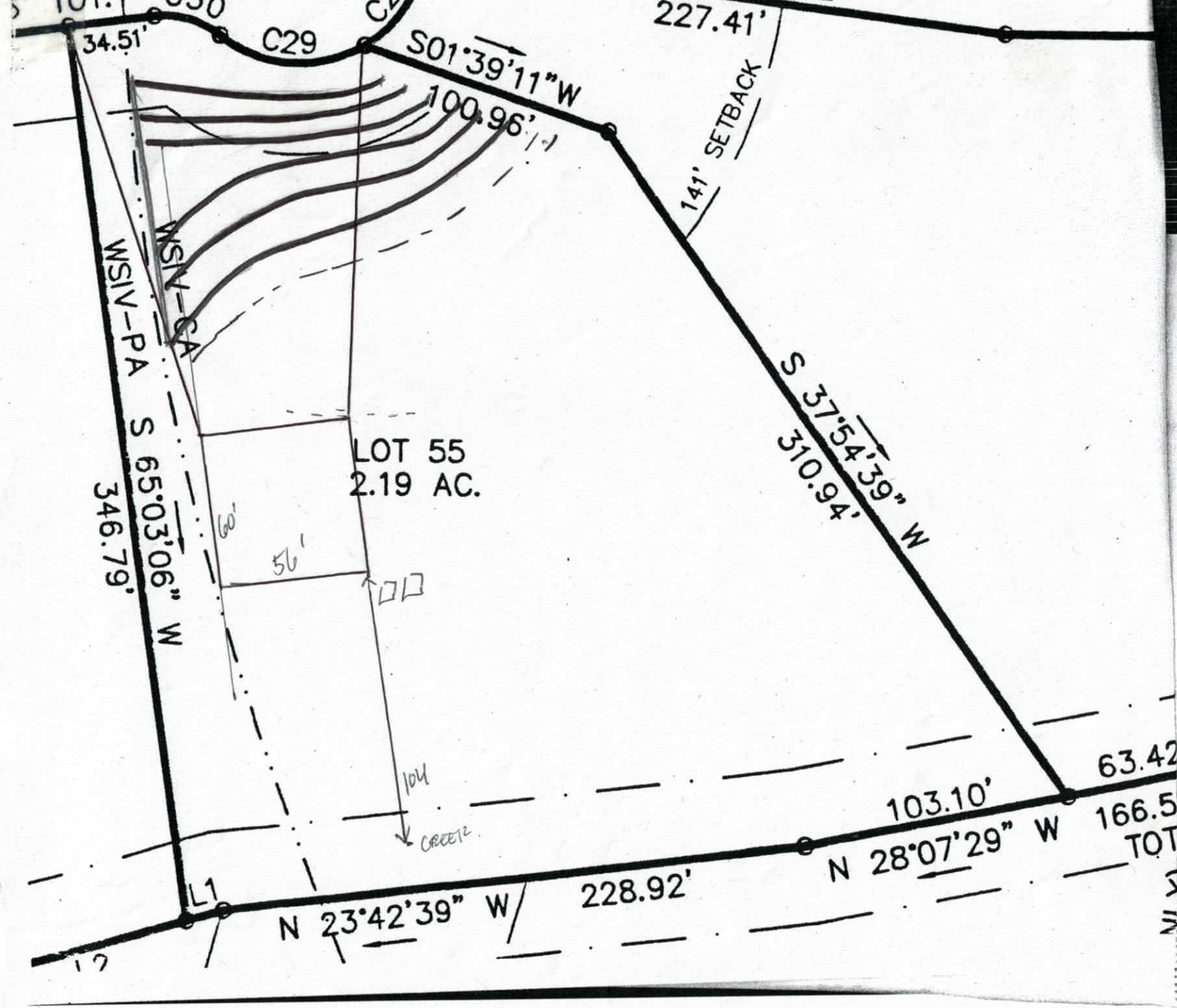
Circle N/A on the following if appropriate:

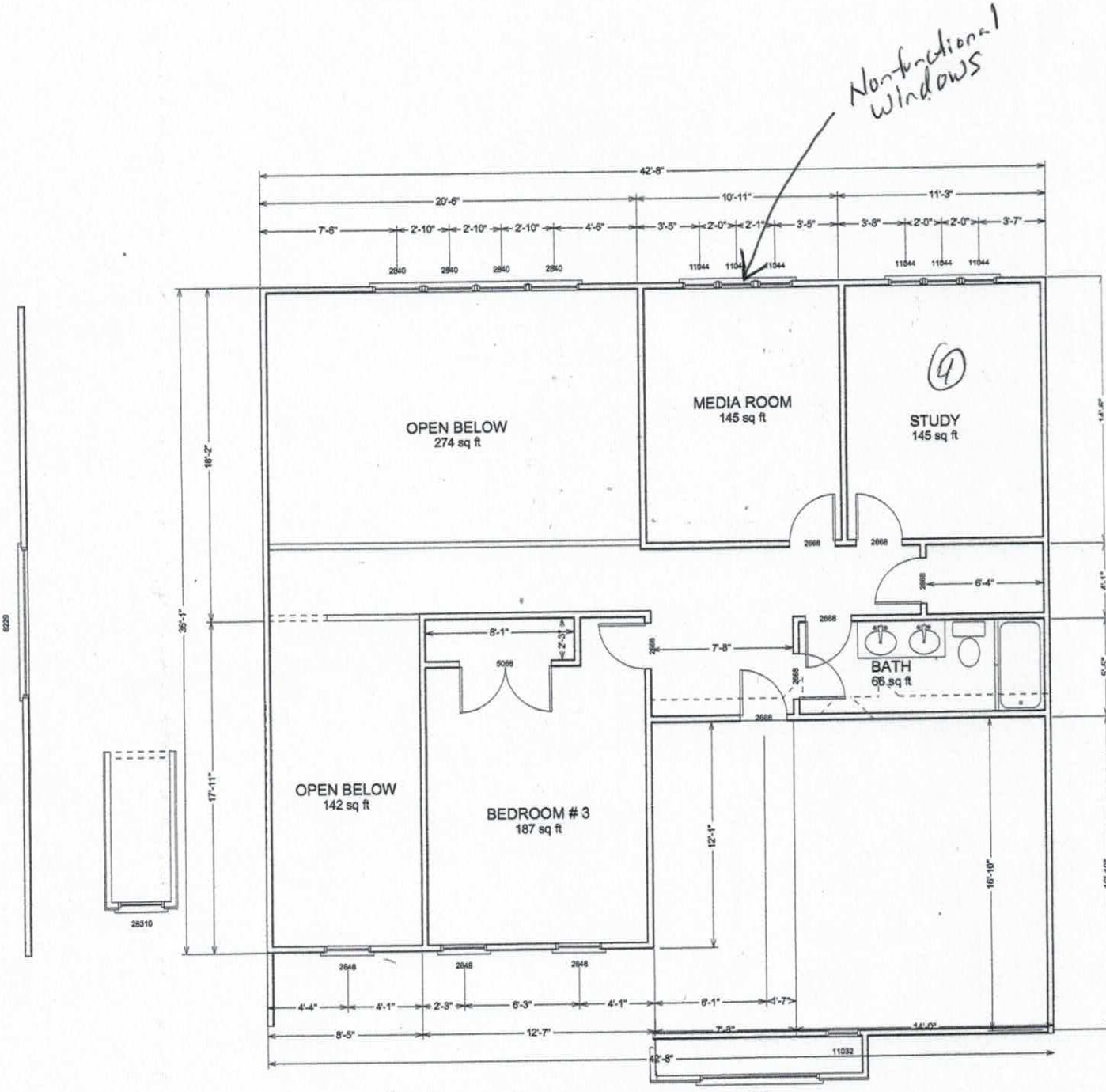
____ **Location of septic systems and wells within 100' of your property… N/A**
____ **Location of easements and rights of ways on your property… N/A**
____ **Location of any designated wetlands on the property… N/A**

Signature: _____ 6-1-06
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN




34.51'
C29
S01°39'11"W
100.96'
227.41'
141' SETBACK
WSIV-CA
WSIV-PA
S 65°03'06" W
346.79'
LOT 55
2.19 AC.
60'
56'
S 37°54'39" W
310.94'
104
CREEK
103.10'
63.42
N 28°07'29" W
166.5
TOT
L1
N 23°42'39" W
228.92'

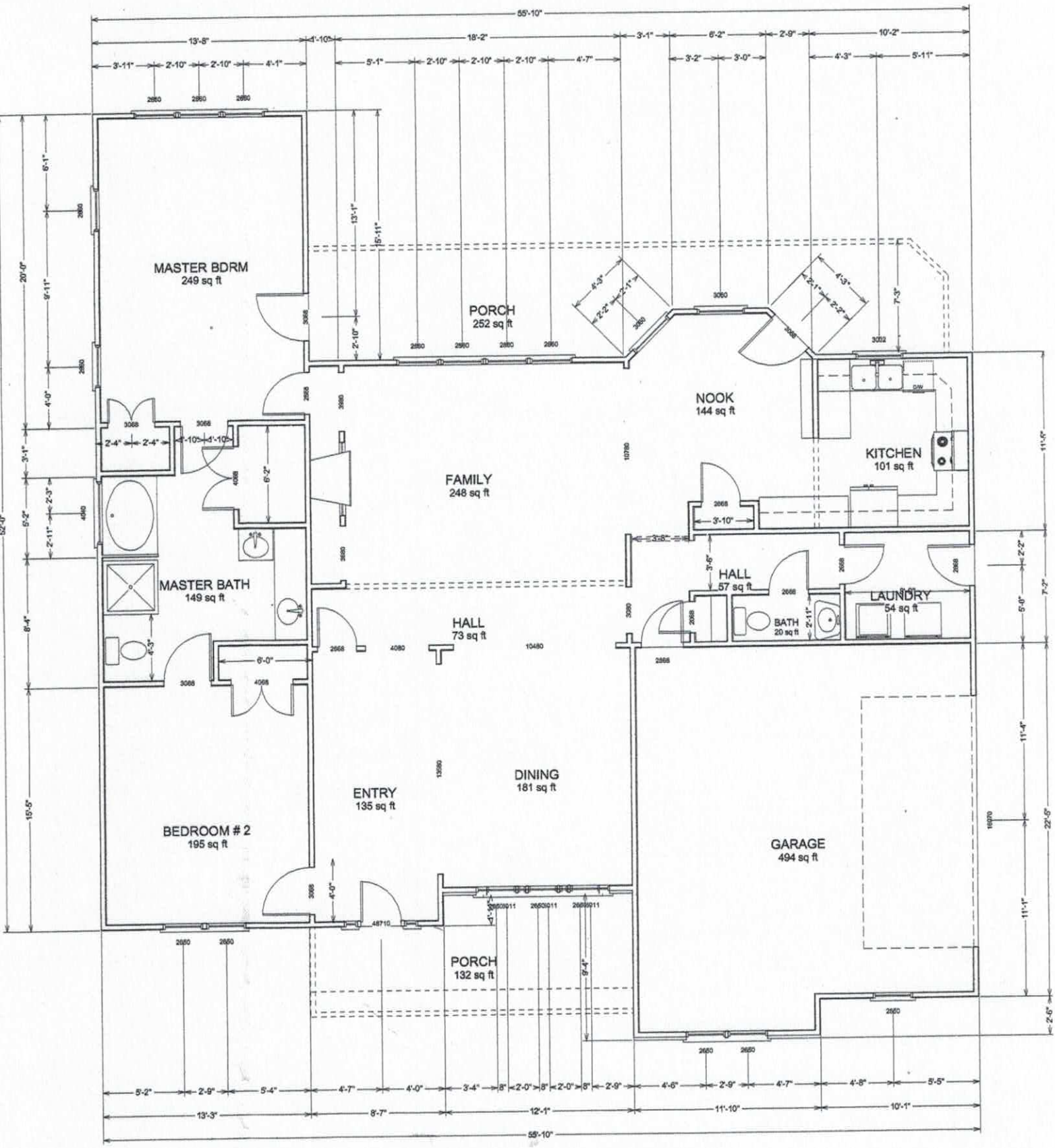


Acknowledgement Of
Plans Submittal ONLY!

Date 5-30-06

Date 6-1-06

Approved 4 BEDROOM PLAN


MASTER BDRM
249 sq ft
PORCH
252 sq ft
NOOK
144 sq ft
KITCHEN
101 sq ft
FAMILY
248 sq ft
MASTER BATH
149 sq ft
HALL
73 sq ft
HALL
57 sq ft
LAUNDRY
54 sq ft
BATH
20 sq ft
ENTRY
135 sq ft
DINING
181 sq ft
BEDROOM # 2
195 sq ft
GARAGE
494 sq ft
PORCH
132 sq ft
55'-10"
13'-8"
18'-2"
3'-1"
6'-2"
2'-9"
10'-2"
3'-11"
2'-10"
2'-10"
4'-1"
5'-1"
2'-10"
2'-10"
2'-10"
4'-7"
3'-2"
3'-0"
4'-3"
5'-11"
20'-0"
5'-1"
9'-11"
4'-0"
3'-1"
2'-3"
5'-2"
8'-4"
15'-5"
13'-1"
15'-11"
2'-10"
4'-3"
2'-2"
2'-2"
7'-3"
2'-4"
2'-4"
4'-10"
4'-10"
6'-2"
3'-10"
3'-6"
3'-6"
2'-11"
4'-3"
6'-0"
4'-0"
11'-6"
2'-2"
7'-2"
5'-0"
11'-4"
11'-1"
22'-5"
2'-6"
5'-2"
2'-9"
5'-4"
4'-7"
4'-0"
3'-4"
8"
2'-0"
8"
2'-0"
8"
2'-9"
4'-6"
2'-9"
4'-7"
4'-8"
5'-5"
13'-3"
8'-7"
12'-1"
11'-10"
10'-1"
55'-10"

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 #:	134352zo	Subdivision:	Twin Creek Estates PH 1
Proposed Use:	Single Family	Township:	1500 Fallstown
Location of Property:	000 Twin Creeks Dr. Troutman NC 28166		
Parcel #:	4730454518.000	Zoning:	Ra
Lot #:	55 Size: 55.336	Flood Plain:	No Watershed: WSIV-PA
Applicant:	Summerwood Homes, LLC	Owner:	RYON-WEST DEVELOPERS LLC
Address:	173 West Maranta Road Mooresville NC 28117	Address:	215 CRYSTAL CIRCLE MOORESVILLE, NC 281150000
Phone:	704-799-8085	Phone:	
Property Recorded:	No 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:

Hold Building permit til Plat has been recorded

Directions:

State Park Rd, left Twin Creeks Dr, property at the end

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: 4/24/2006

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

Grading Permit

Permit Number: 134352GR

Printed: 4/24/2006

Master #: 134352

Associated Permits:

134352ZO	Zoning
134352GR	Grading

Applicant

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

Parcel

Parcel Number: 4730454518.000
Address: 000 Twin Creeks Dr.
Troutman, NC 28166
Subdivision: Twin Creek Estates PH 1
Zoning: Ra
Township: 1500
Area: 55.336
Lot(s): 55
Directions to Parcel: State Park Rd, left Twin Creeks Dr, property at the end

Owners

Name: RYON-WEST DEVELOPERS LLC
Address: 215 CRYSTAL CIRCLE
MOORESVILLE, NC 281150000

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-120870-06	Grading Permit - One and Two Family Dwellings	$45.00
	Total Fees:	**$45.00**