ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317305

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4730-46-1322

APPLICANT/OWNER: Bluewave Cust. Bld. APPLICANT ADDRESS: 2113 Wright Rd Indian Trail, NC 28079

SITE ADDRESS: 146 Twin Creeks Dr Troutman, NC 28166 PHONE: ALT. PHONE

SITE DIRECTIONS: Perth Rd N TL State Park Rd TL Twin Creeks Dr lot on right (offsite easement on corner) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Twin Creeks SECTION: LOT # 60/60A LOT AREA: 1.03+offsite DESIGN FLOW: 480gpd L.T.A.R.: .3

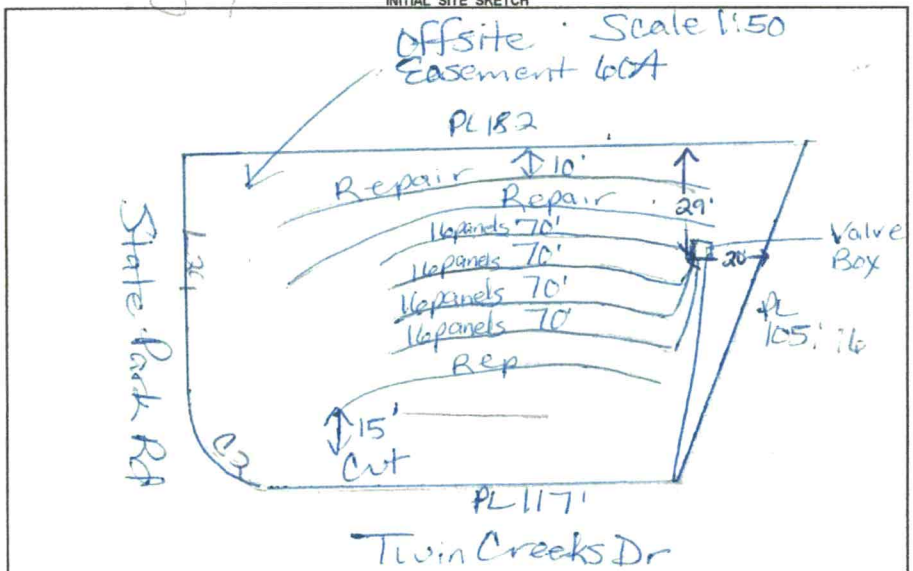
Septic Tank	1000 (gal)	STB	48	Date	7/10/23	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	592	Date	6/30/23	System Description: Pump-LP-50% Reduction Vert		☐ Business	No. Persons	8	☐ Private
Pump Make	~~Liberty~~ Zoeller	Model	~~2357~~ WE 15124	Serial #		Repair System Description: Pump-LP Hort. PP.BP's		☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	4@70'	Linear Ft	280	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth (Low side)	30"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: 64 panels drill 5/32" holes
Dose 230 gals @ 26.24 gal/min 10.95 in drawdown
8.76 gal/min

* Must have 50A buffer to Creek marked at time of tank(s) installation

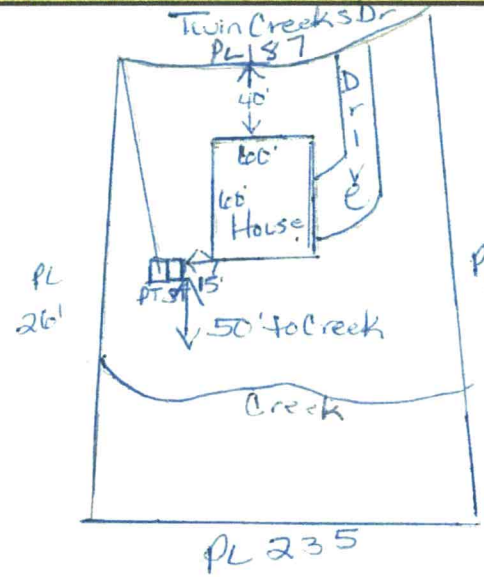
Ex. Well B 2901 P 1346

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



Scale 1:100

SETTLING TANK
STB-760
DATE: 7-4-2023

PH, CVB DW 12/6/23

Alarm
Electric SW
Contract 12/7/23

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

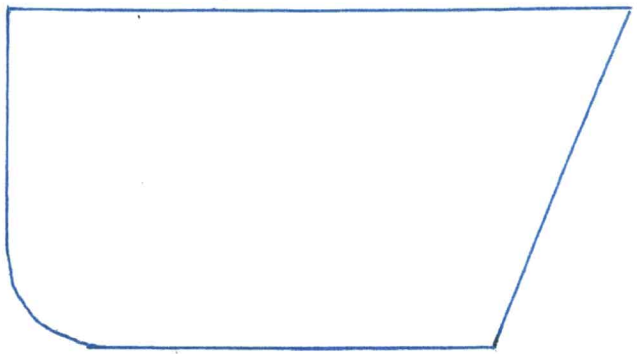
Owner / Applicant Signature: Date: 3/15/22 Installed by: COMMERCIAL SERVICES

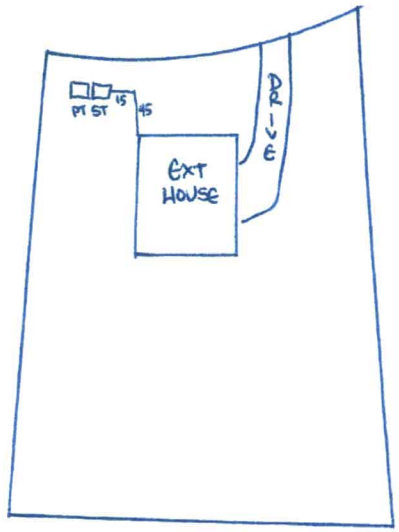
IMPROVEMENT PERMIT by: Marian Dotson Date: 12/20/21 OPERATION PERMIT by: Sarah Williams Date: 12/7/2023

AUTHORIZATION TO CONSTRUCT by: D. Wiepz Date: 3/8/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

AS BUILT SKETCH





TANKS SW 8/15/23

* needs settling tank for grinder pump.

BCW 8-17-2023

- DRAIN LINES INSTALLED AS SHOWN

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317305

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4730 -- 46 -- 1322

APPLICANT/OWNER: Bluewave Cust. Bld. APPLICANT ADDRESS: 2113 Wright Rd Indian Trail, NC 28079

SITE ADDRESS: 146 Twin Creeks Dr Troutman, NC 28166 PHONE: ALT. PHONE

SITE DIRECTIONS: Perth Rd N TL State Park Rd TL Twin Creeks Dr lot on right (offsite easement on corner)

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Twin Creeks SECTION: LOT # 60/60A LOT AREA: 1.03+offsite DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	48	Date	7/10/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	592	Date	6/30/23	System Description:	Pump-LP-50% Reduction Vet			☐ Business	No. Persons 8
Pump Make	Liberty	Model	290	Serial #		Repair System Description:	Pump-LP Hort PP.BPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4@70'	Linear Ft:	280'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

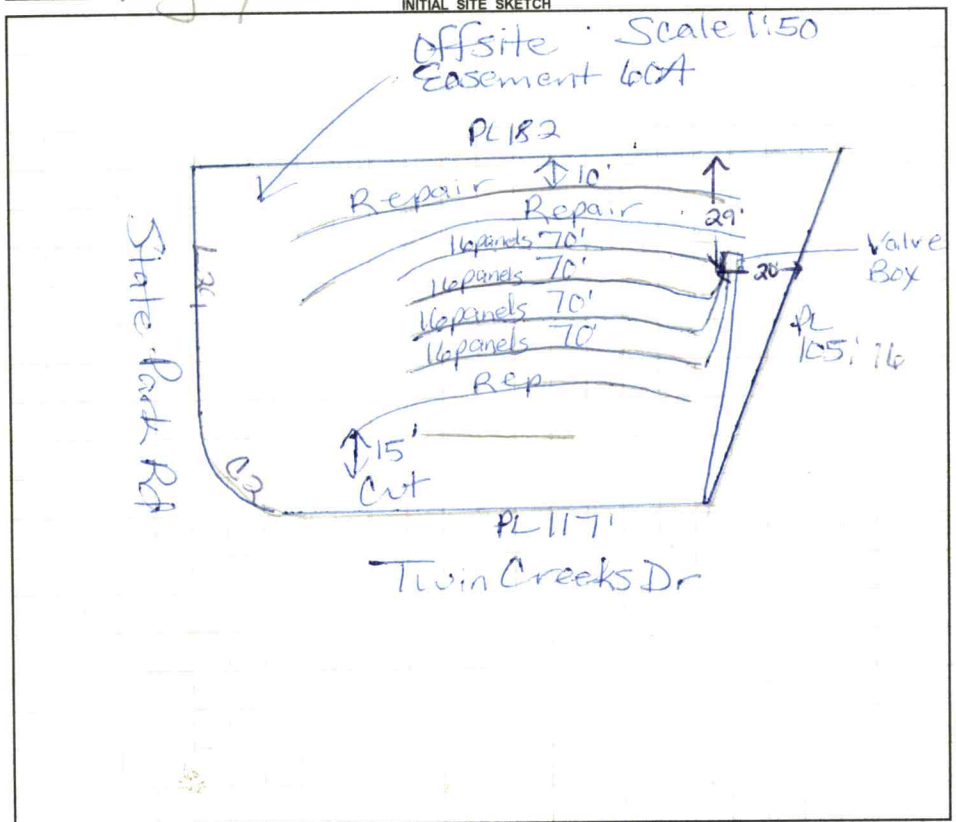
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: 64 panels drill 5/32" holes Dose 230 gals 26.24 gal/min 10.95 in-drawdown 8.76 gal/min

☒ Must have 50ft buffer to Creek marked at time of tank(s) installation

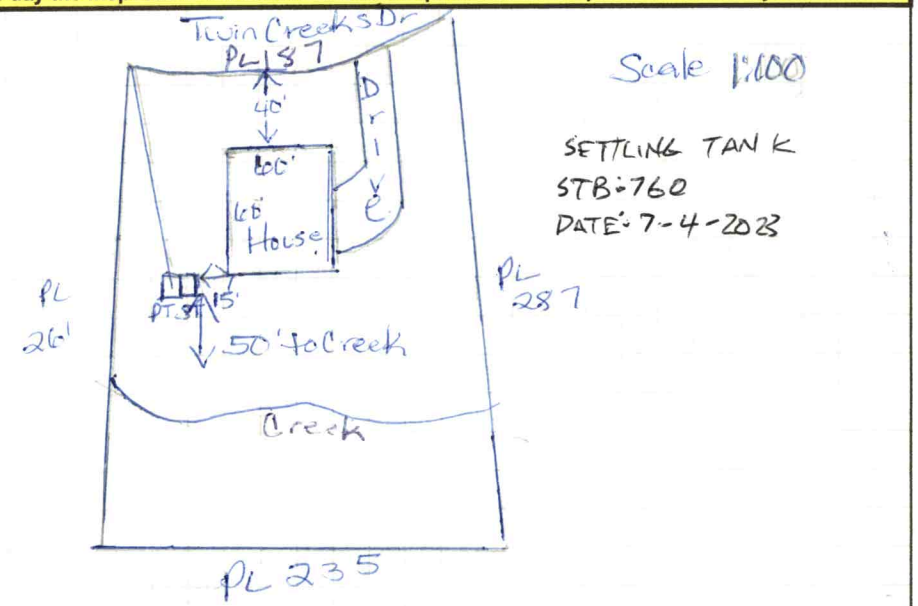
Easement BK 2901 PG 1346

INITIAL SITE SKETCH



AS BUILT SKETCH

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Owner / Applicant Signature: Date: 3/15/22 Installed by: COMMERCIAL SERVICES

IMPROVEMENT PERMIT by: Marian Potter IV Date: 12/20/21 OPERATION PERMIT by: Date:

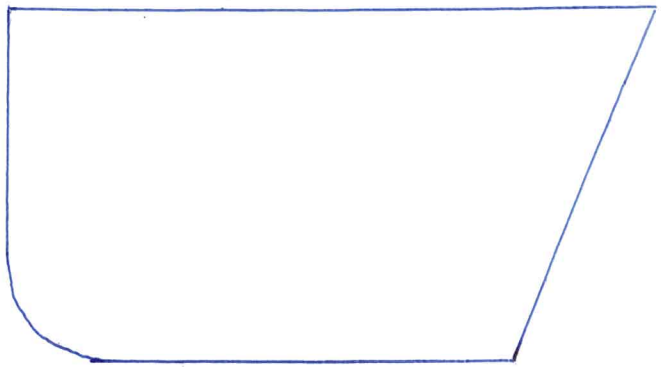
AUTHORIZATION TO CONSTRUCT by: DC DWelpley Date: 3/8/22 Existing System Inspected by: Date:

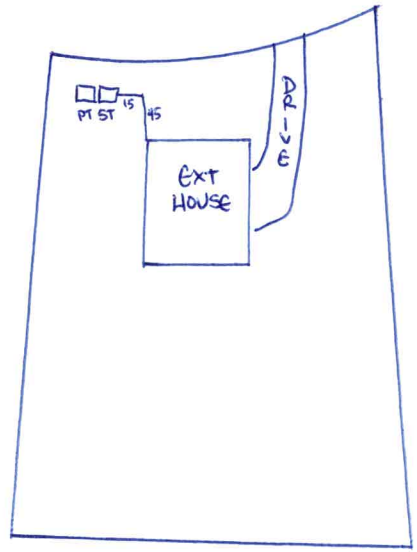
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked	✓	
Tanks Checked	✓	
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

AS BUILT SKETCH





TANKS SW 8/15/23

* needs settling tank for grinder pump.

BCW 8-17-2023

- DRAINLINES INSTALLED AS SHOWN

Type: CONSOLIDATED REAL PROPERTY
Recorded: 3/8/2022 11:31:34 AM
Fee Amt: $26.00 Page 1 of 3
Revenue Tax: $0.00
Iredell County, NC
Maureen P. Purcell Register of Deeds

BK 2901 PG 1366 - 1368

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax $ *0.00 (NTC)*

Parcel Identifier No. 4730-46-1322
Verified by Iredell County on the ____ day of _____, 20____ By: _____

Mail/Box to: Hinson Faulk, P.A. 309 Post Office Drive, Indian Trail, NC 28079

This instrument was prepared by: Hinson Faulk, P.A. **No Title Search Requested of or Performed by Preparer**

Brief description for the index: Lot 60 & 23-60A, Twin Creek Estates

THIS DEED made this the 5 day of March, 2021, by and between

GRANTOR	GRANTEE
Daniel Sima and spouse, Elizabeth Sima	**Rosemarie Kelley and spouse, James Kelley**
Mailing Address:	Mailing Address:
2937 Conservation Club Road Lafayette IN, 47905	10 Castle Court Theills, NY 10984

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all those certain lots or parcels of land situated in Iredell County, North Carolina and more particularly described as follows:

Being all of Lot No. 60, Twin Creek Estates, Phase 2, as shown on the plat recorded in Plat Book 48, Page 140, Iredell County Registry, TOGETHER WITH Septic Field Easement 23-60A as shown on said plat.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 1777, Page 1478, Iredell County Registry.

The purpose of this deed is to correctly convey the septic field easement 23-60A to the Grantee. A deed to Grantee was recorded in Book 2818, Page 1717 on 06/02/2021, Iredell County Registry, but failed to properly convey the septic field easement 23-60A to the Grantee.

Submitted electronically by "Hinson Faulk, P.A."
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions:

All such valid and enforceable easements, restrictions and rights of way of record and the lien of ad valorem taxes for the current year which the grantee herein assumes and agrees to pay.

All or a portion of the property herein conveyed does not include the primary residence of a Grantor.

IN WITNESS WHEREOF, the Grantor duly executed the foregoing as of the day and year first above written.

By: _____
Daniel Sima

SEAL - STAMP

State of ILL - County of COOK

I certify that the following person(s), personally known to me, personally appeared before me this day and acknowledged to me that they voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: Daniel Sima.

OFFICIAL SEAL
RODICA BUJDEI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/18/22

Date: 3-5-22

_____
Notary Public

My Commission Expires: 4/18/22

The foregoing Certificate(s) of _____ is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof. _____ Register of Deeds for _____ County

By _____ Deputy/Assistant - Register of Deeds

By: _____
Elizabeth Sima

SEAL - STAMP

OFFICIAL SEAL
RODICA BUJDEI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/18/22

State of ILL - County of COOK

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Date: 3-5-22

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Notary Public

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Fee Amt: $26.00 Page 1 of 3
Revenue Tax: $0.00
Iredell County, NC
Maureen P. Purcell Register of Deeds

BK 2901 PG 1366 - 1368

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax $ *0.00 (NTC)*

Parcel Identifier No. 4730-46-1322
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This instrument was prepared by: Hinson Faulk, P.A. **No Title Search Requested of or Performed by Preparer**

Brief description for the index: Lot 60 & 23-60A, Twin Creek Estates

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GRANTOR	GRANTEE
Daniel Sima and spouse, Elizabeth Sima	**Rosemarie Kelley and spouse, James Kelley**
Mailing Address:	Mailing Address:
2937 Conservation Club Road Lafayette IN, 47905	10 Castle Court Theills, NY 10984

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

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Submitted electronically by "Hinson Faulk, P.A."
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

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And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated.

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By: _____
Daniel Sima

SEAL - STAMP

State of ILL - County of COOK

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OFFICIAL SEAL
RODICA BUJDEI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/18/22

Date: 3-5-22

_____
Notary Public

My Commission Expires: 4/18/22

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By _____ Deputy/Assistant - Register of Deeds

By: _____
Elizabeth Sima

SEAL - STAMP

State of ILL - County of COOK

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NOTARY PUBLIC - STATE OF ILLINOIS
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Notary Public

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By _____ Deputy/Assistant - Register of Deeds

RECEIVED JAN 24 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

MD

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-317305

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: P&B HOMES / CARL PUMA Address: 107 Gudger Rd, MOORESVILLE, NC Zip: 28117
Applicant Email: G.winchester12@gmail.com Phone: 704-993-0572 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 146 Twin Creeks DR TROUTMAN NC 28166
Subdivision Name: Twin Creek Estates Section/Phase: _____ Lot Number: 60
Driving Directions: _____

Site Development Information: *(check or complete ALL that apply*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

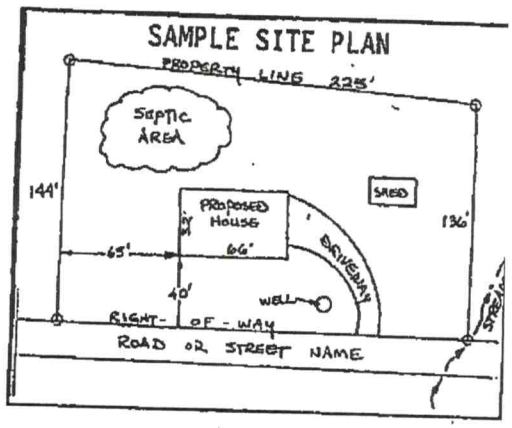
Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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.

Signature: _____ 4/20/21
(SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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:

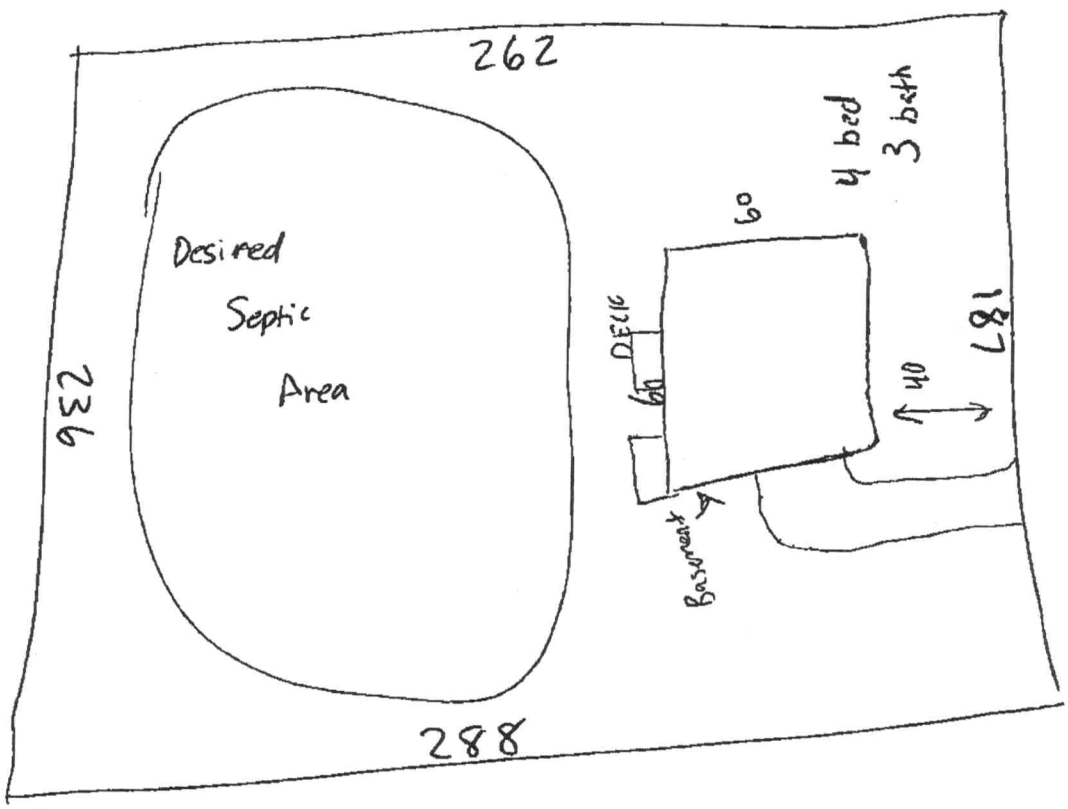
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



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

4/20/21
DATE

DigiSign Verified: 8D394700-72D5-409D-A469-0AD9E90B653E

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*)** _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ **2.** I, X Daniel Sima, am the legal owner(s) of the property located at X 146 Twin Creek Dr., Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4730-46-1322, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Grant Winchester, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Daniel Sima
_____ _____ 4/20/21
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

____ **Complete all Environmental Health forms:**

- ✓ Application
- ✓ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ✓ Copy of Zoning Permit when applicable
- ____ Sign this sheet after you have completed all items

✓ ____ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ ____ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

✓ ____ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The propose structure, etc. must be staked out on the property as per the site plan.

____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) a a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 4/20/21

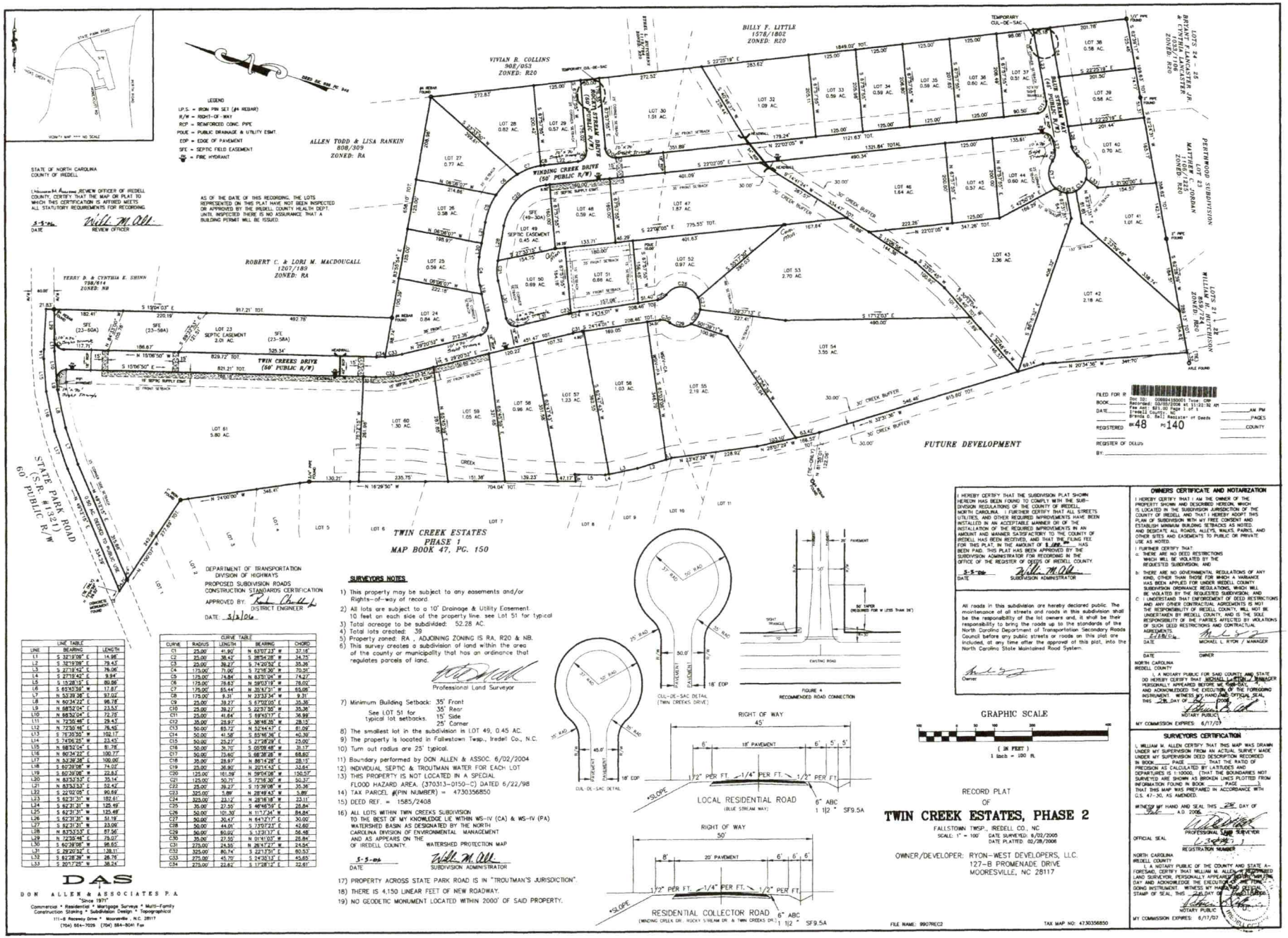
Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

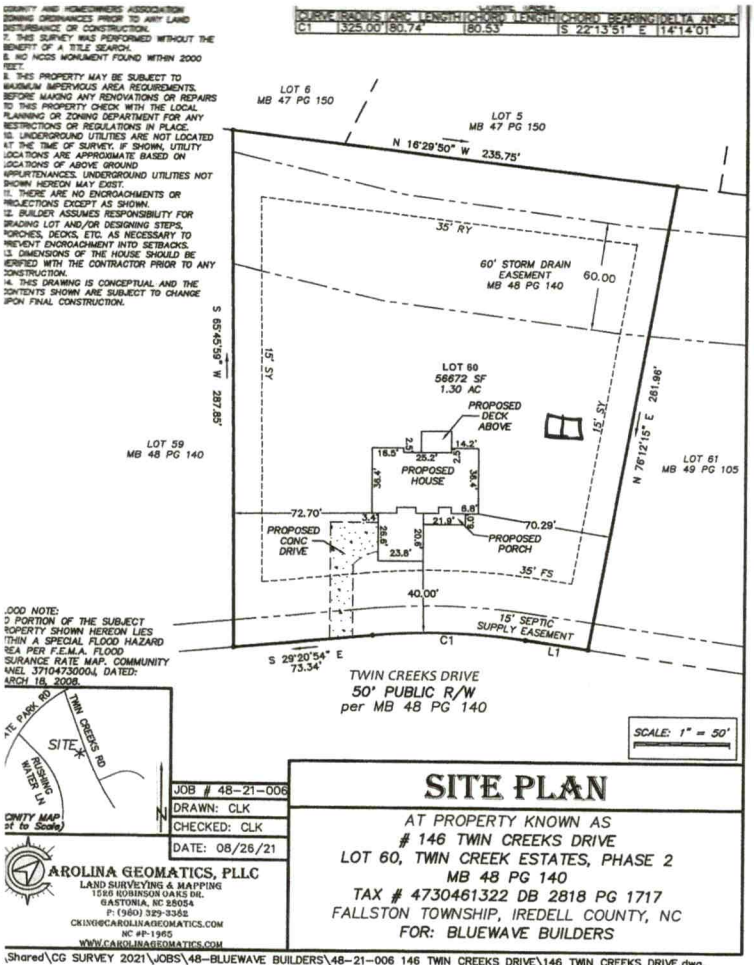
146 Twin Creeks - Twin Creeks Lot 60

RECEIVED FEB 17 2022



DAS

DON ALLEN & ASSOCIATES P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
111-B Raceway Drive * Mooresville, N.C. 28117
(704) 664-7025 (704) 664-8041 Fax



New Site Plan

Acknowledgement Of Plans Submittal ONLY!

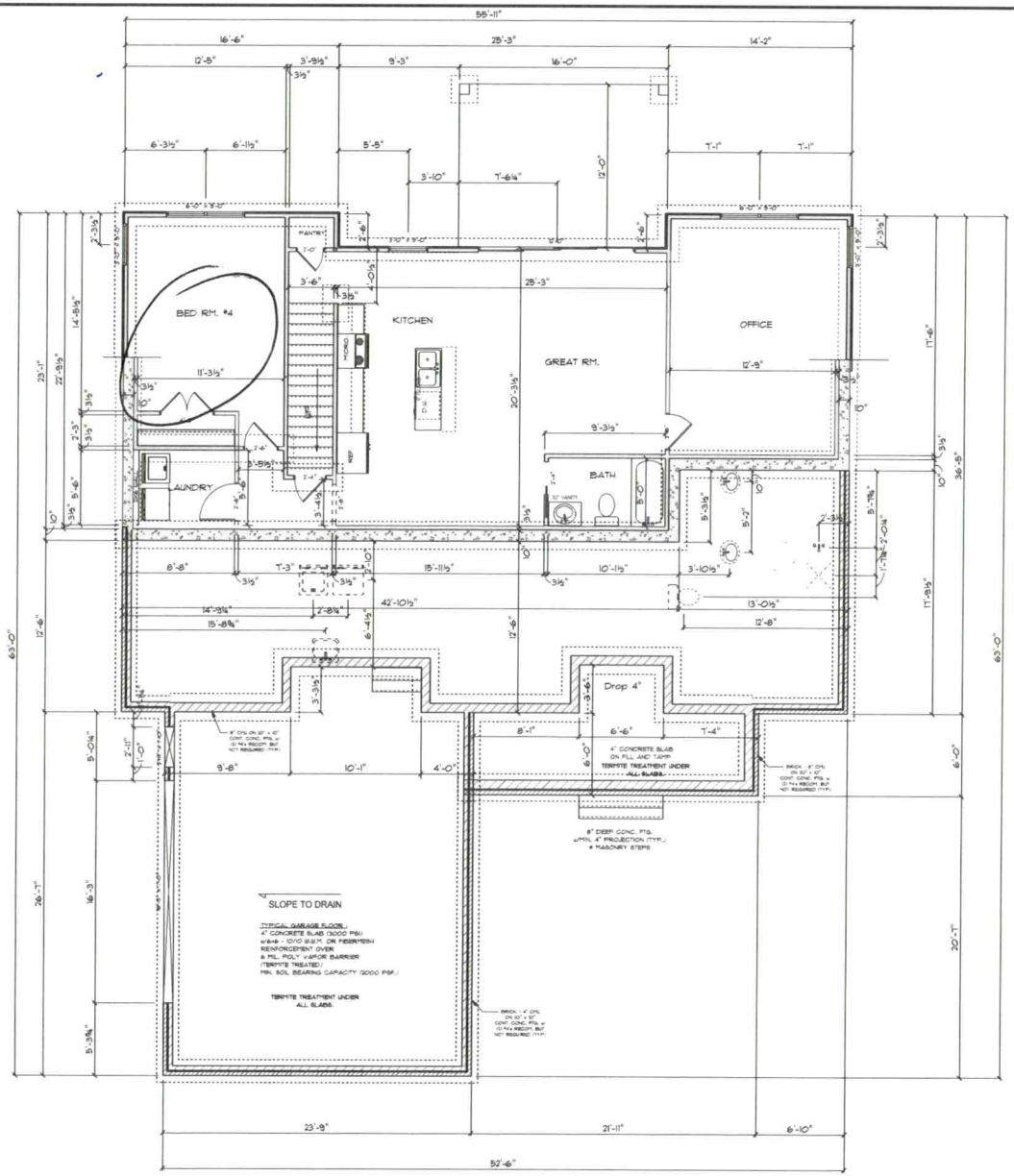
Date 1/18/22

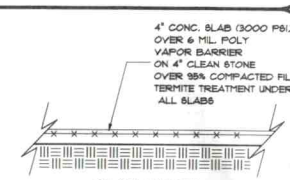
Date 3/15/22

RECEIVED FEB 2 - 2022

Revised FP 146 Twin Creeks Twin Creeks Lot 60

Acknowledgement Of Plans Submittal ONLY!
Date 3/15/22
Date 2/18/22





SLAB DETAIL
SCALE: 3/4"=1'-0"

GENERAL NOTES:

1. FLOOR JOIST SHALL BE 2X10 SPF #2 @ 16"O.C. U.N.O.
2. DOUBLE JOIST UNDER ALL PARALLEL PARTITION WALLS GREATER THAN 5'-0" IN LENGTH.
3. 8" X 16" C.M.U. PIER ON 24" X 32" X 10" CONC. FOOTING (TYP.)
4. CONCRETE TO HAVE 3000 PSI. MIX (MIN.)
5. ALL SOIL TO HAVE 2000 PSF. BEARING CAPACITY

VENTILATION NOTE:

THE MINIMUM NET AREA OF VENTILATION OPENINGS SHALL NOT BE LESS THAN 1 SQ. FT. FOR EACH 150 SQ.FT. OF UNDER FLOOR AREA. ONE SUCH VENTILATING OPENING SHALL BEWITH IN 3' OF EACH CORNER OF SAID BUILDING

ATTENTION

1 - ALL WORK SHALL MEET ALL LOCAL, STATE, AND NATIONAL BUILDING CODES THAT APPLY
2 - THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS BEFORE STARTING CONSTRUCTION
3 - ALL DIMENSIONS SHOULD BE READ OR CALCULATED. NOT SCALED.
NOT RESPONSIBLE FOR ERRORS DISCOVERED AFTER CONSTRUCTION HAS STARTED.

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

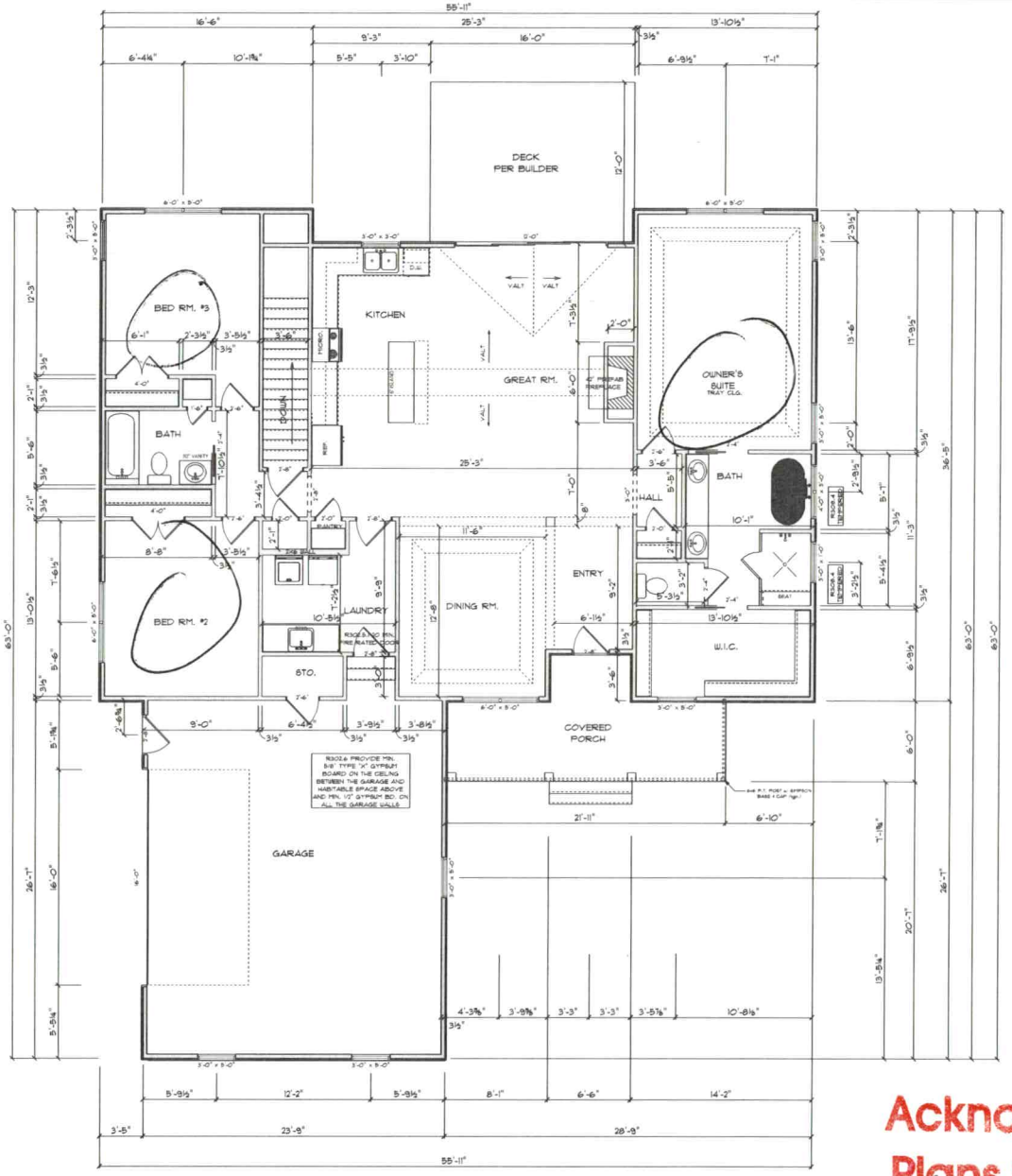
Jerry Clifford has been made in the preparation of these plans to avoid errors. There is no guarantee by the designer against errors! The Contractor and/or Owner shall be responsible for checking all dimensions before construction. Any error or omissions should be reported to the designer for correction before any work is done. The Contractor and/or Owner shall be responsible for errors that are not reported.

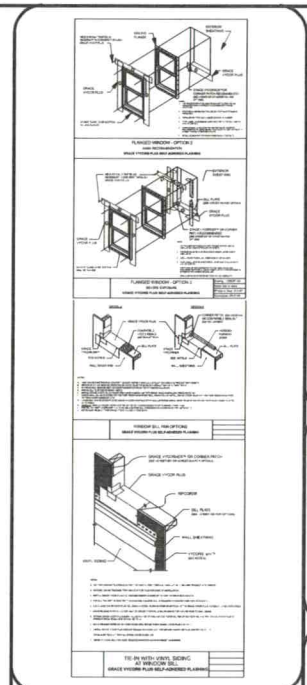
The Designer accepts no responsibility, liability or part or any legal action related to the use of these plans for construction purposes unless the Designer has been notified in writing that it may be copy righted by another party. All materials used to produce this drawing are the property of the designer and may not be used in any way without the designer's written consent. Violation of copyright are as required by law. The Contractor and/or Owner has obtained written from any copyright ownership interests in wood or unbeknown by designer.

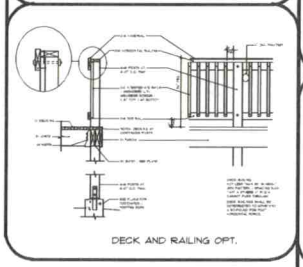
146 TWIN CREEKS DR.
TROUTMAN, NC

REVISIONS: 07-25-2021
DATE DRAWN 07-25-2021

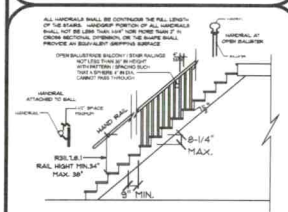
A-3



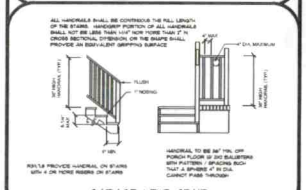




DECK AND RAILING OPT.



STAIRS SECTION



GARAGE / EXT. STAIR

NOTE:
1. ALL EXTERIOR HDRS. ARE (2) 2 x 10 #2 WITH (2) 2 x 4 JACKS EACH (SIDE) UNLESS OTHERWISE NOTED
2. ALL INTERIOR HDRS. ARE (2) 2 x 10 #2 WITH (1) 2 x 4 JACKS EACH (SIDE) UNLESS OTHERWISE NOTED
3. HATCHED AREAS INDICATE DROPPED CEILINGS
4. ALL CASED OPENINGS @ 7'-11" H

SQUAREFOOTAGE :
1ST. FLOOR 1931 SQFT. BASEMENT 1154 SQFT
TOTAL HEATED 3085 SQFT.
GARAGE 638 SQFT FRONT PORCH 153 SQFT.
TOTAL UNDER ROOF 3876 SQFT.

ATTENTION
1. ALL WORK SHALL MEET ALL LOCAL, STATE, AND NATIONAL BUILDING CODES THAT APPLY.
2. THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS BEFORE STARTING CONSTRUCTION.
3. ALL DIMENSIONS SHOULD BE READ OR CALCULATED, NOT SCALED.
4. NOT RESPONSIBLE FOR ERRORS DISCOVERED AFTER CONSTRUCTION HAS STARTED

Acknowledgement Of Plans Submittal ONLY!

Date 3/15/22

Date 2/18/22

1ST FLOOR PLAN
SCALE: 1/4" = 1'-0"

146 TWIN CREEKS DR.
TROUTMAN, NC

REVISIONS:
07-25-2021

DATE DRAWN
07-25-2021

A-4

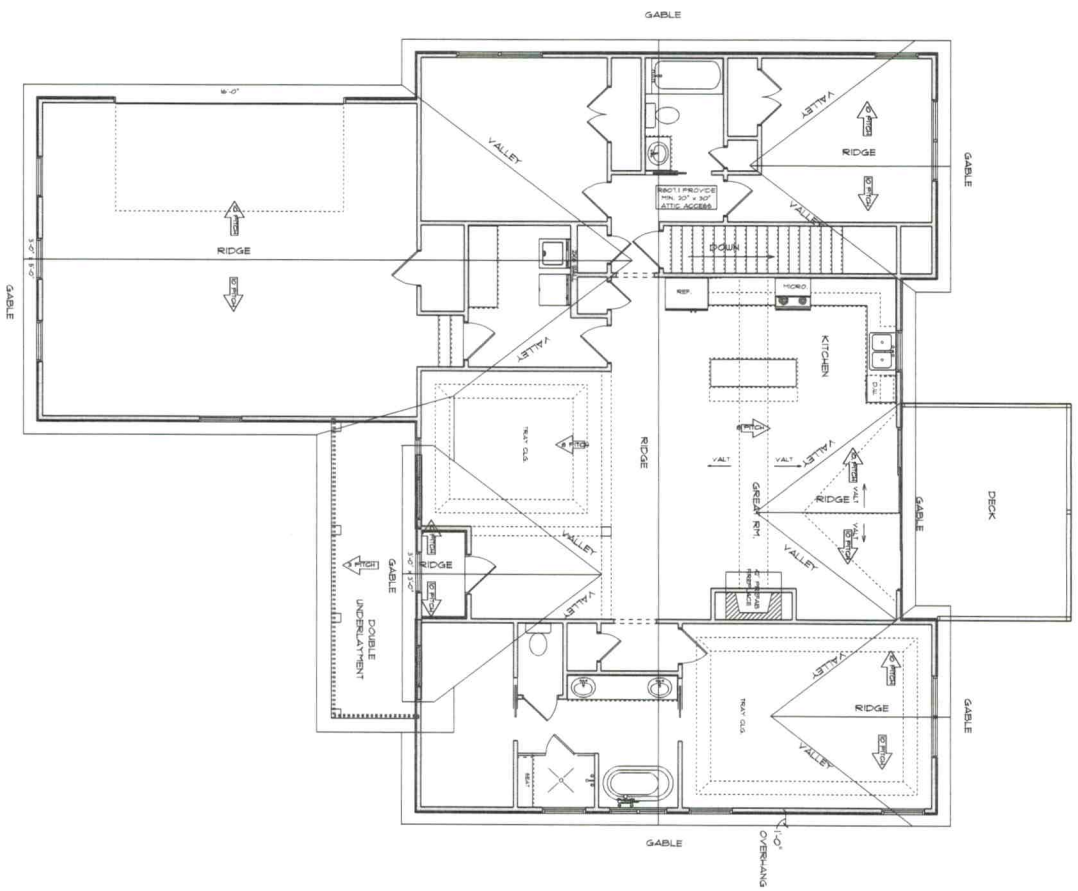
Every Effort has been made in the preparation of these plans to avoid errors. However, it is the responsibility of the Contractor and/or Owner to review these plans prior to beginning construction. Owner shall verify all dimensions and conditions prior to beginning construction. Any discrepancies found in these plans must be reported to the Designer prior to beginning construction. The Contractor and/or Owner shall assume responsibility for any errors not reported.

The Designer accepts no responsibility, liability, or part of any cost action related to documentation supplied by The Contractor and/or Owner for preparing this drawing set. Any changes made to these plans after they have been released for construction are to be considered to be a breach of The Contractor and/or Owner for any resulting errors and omissions. Reproduction of these plans without written approval from this copyrighted copyright ownership is unlawful by designer.

Acknowledgement Of Plans Submittal ONLY!

_____ Date 3/15/22

_____ Date _____



ROOF PLAN

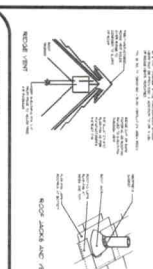
SCALE: 1/4" = 1'-0"

ATTENTION

1. ALL WORK SHALL MEET ALL LOCAL, STATE, AND NATIONAL BUILDING CODES.
2. THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS.
3. ALL DIMENSIONS SHOULD BE READ, OR CALCULATED.
4. NOT RESPONSIBLE FOR ERRORS DISCOVERED AFTER CONSTRUCTION HAS STARTED.

ROOF NOTES

- RAFTERS ARE 2X6 @ 24" O.C. (U.N.O.)
- RIDGE BOARD IS 1X8 (U.N.O.)
- VALLEYS ARE 2X10 (U.N.O.)
- SHADED AREAS ARE OVERHANG
- ROOF SLOPE MINIMUM OF 2/12 FOR ALL ROOF SHEDS THAT WORK ON WALLS



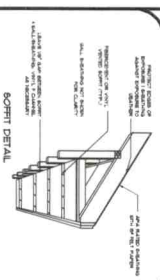
ROOF VENTILATION CALCULATIONS

2" CONT. ALUM. SOFFIT VENT - 1 SQ. IN./1 SF. OF VENT AREA NEEDS VENT - 12.3 SQ. IN./1 SF. OF VENT AREA

MAIN BUILDING (AS PER SECTION R806.2 OF 2018 NCRC)

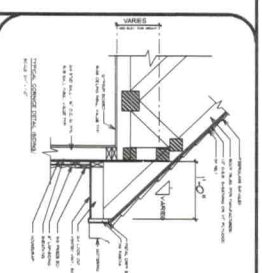
ATTIC VENTILATED AREA - 145 SQ. IN. x (1/300) = 502 IN. VENT

SOFFIT DETAIL



STRUCTURAL NOTES

1. R.T. = ROOF TRUSS PER MANUFACTURER @ 24" O.C. MAX.
2. G.T. = GIRDER TRUSS PER MANUFACTURER
3. DESIGN AND LAYOUT OF ROOF TRUSSES SHALL BE PROVIDED BY MANUFACTURERS INSTALLATION SHALL BE PER MANUFACTURERS INSTRUCTIONS
4. ROOF TRUSS STRUCTURAL DESIGN FOR EXTERIOR WALL BEARING ONLY. CONSULT WITH ENGINEER OF RECORD SHOULD INTERIOR SUPPORT BE NECESSARY



A-5

REVISIONS:
07-25-2021

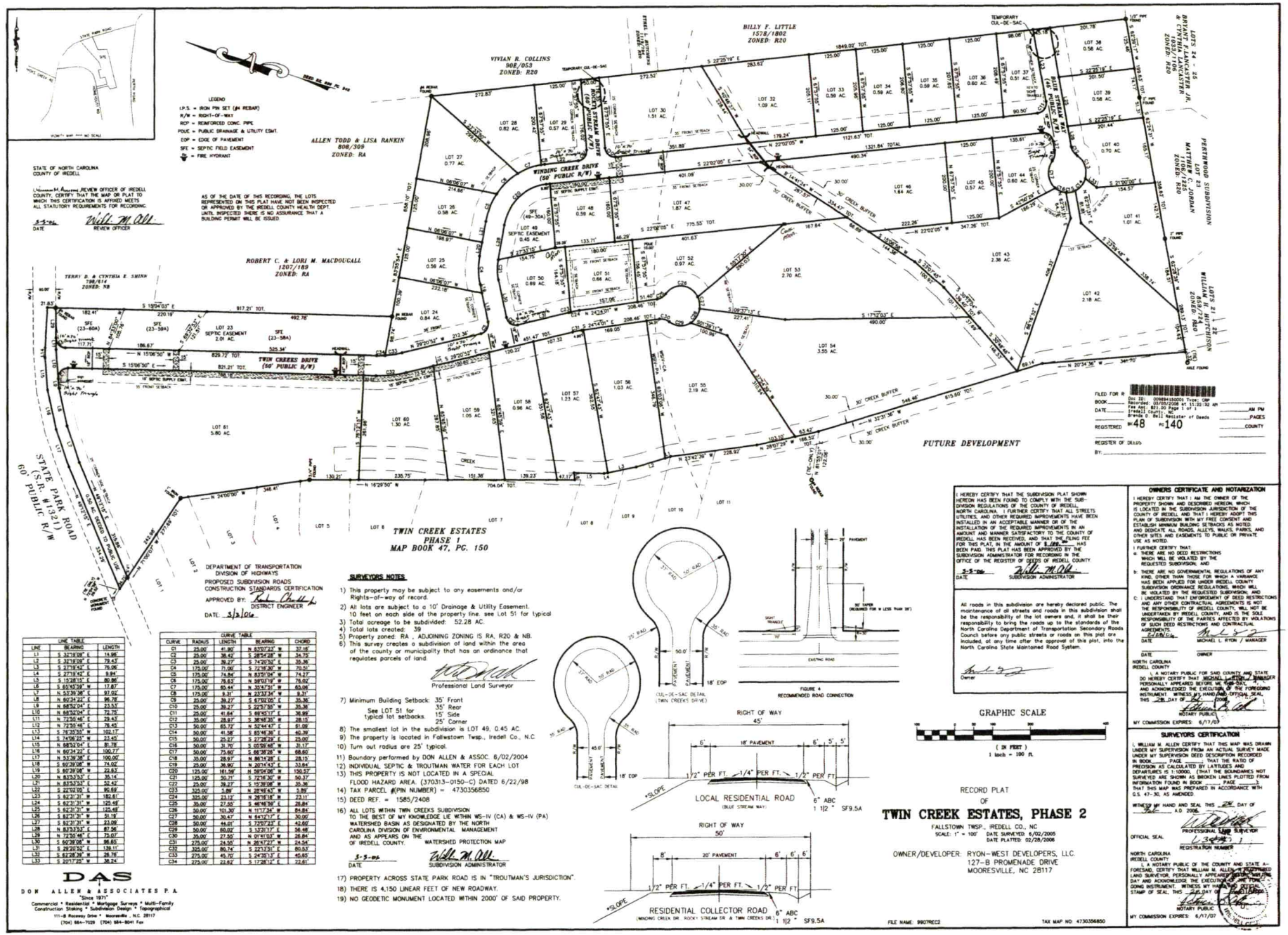
DATE DRAWN:
07-25-2021

146 TWIN CREEKS DR.

TROUTMAN, NC

Every Effort has been made in the preparation of these plans to avoid errors. There is no guarantee by the designer against error. The Contractor and/or Owner shall verify all dimensions and conditions prior to beginning construction. Any error or omissions should be reported to the designer for correction before beginning construction. The Contractor and/or Owner shall assume responsibility for errors that are not reported.

The Designer accepts no responsibility, liability or part of any legal action related to documentation supplied by The Contractor and/or Owner for preparing this drawing that may be copy righted by another party. All materials used to produce this drawing are to be considered to be researched by The Contractor and/or Owner for any copyright and as required by law, The Contractor and/or Owner has obtained approval from any originating copyright owner(s) know or unknown by designer.



LINE TABLE		
LINE	BEARING	LENGTH
L1	S 32°19'09" E	16.95'
L2	S 32°19'09" E	79.43'
L3	S 27°18'45" E	76.06'
L4	S 27°18'45" E	9.84'
L5	S 15°28'15" E	80.86'
L6	S 85°45'39" W	17.87'
L7	S 53°39'09" E	21.02'
L8	N 60°34'22" E	96.76'
L9	N 68°52'04" E	23.53'
L10	N 68°52'04" E	72.76'
L11	N 72°50'46" E	29.43'
L12	N 72°50'46" E	78.45'
L13	S 78°30'36" W	100.17'
L14	S 74°06'25" W	23.45'
L15	N 68°52'04" E	81.78'
L16	N 60°34'22" E	100.77'
L17	N 53°39'38" E	100.00'
L18	S 60°39'08" W	74.02'
L19	S 60°39'08" W	24.83'
L20	N 83°53'53" E	35.14'
L21	N 83°53'53" E	50.42'
L22	S 22°02'05" E	90.69'
L23	S 62°31'31" W	182.61'
L24	S 62°31'31" W	123.48'
L25	S 62°31'31" W	123.48'
L26	S 62°31'31" W	51.18'
L27	S 62°31'31" W	23.08'
L28	N 83°53'53" E	87.56'
L29	N 72°50'46" E	75.07'
L30	S 60°39'08" W	96.85'
L31	S 29°20'52" E	139.11'
L32	S 62°38'26" W	26.76'
L33	S 20°17'25" W	36.24'

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	25.00'	41.80'	N 83°07'23" W	37.15'
C2	25.00'	38.42'	S 28°54'28" W	34.75'
C3	25.00'	39.27'	S 74°20'56" E	35.36'
C4	175.00'	71.00'	S 71°18'30" W	70.51'
C5	175.00'	74.84'	N 83°51'04" W	74.27'
C6	175.00'	78.63'	N 58°01'19" W	78.02'
C7	175.00'	65.44'	N 39°47'31" W	65.06'
C8	175.00'	9.31'	N 33°33'34" W	9.31'
C9	25.00'	39.27'	S 67°30'05" E	35.36'
C10	25.00'	39.27'	S 22°57'55" W	35.36'
C11	25.00'	41.64'	S 68°50'17" W	36.89'
C12	35.00'	28.97'	S 36°48'35" W	28.15'
C13	50.00'	85.72'	N 52°44'47" E	61.08'
C14	50.00'	41.38'	S 83°46'36" E	40.19'
C15	50.00'	25.27'	S 27°28'29" E	25.00'
C16	50.00'	31.70'	S 05°09'48" W	31.17'
C17	50.00'	73.60'	S 66°38'28" W	68.60'
C18	35.00'	28.97'	N 86°14'28" E	28.15'
C19	25.00'	36.90'	N 20°14'43" E	33.64'
C20	125.00'	161.56'	N 39°54'36" E	150.57'
C21	125.00'	50.71'	S 72°16'30" W	50.37'
C22	25.00'	39.27'	S 15°39'08" W	35.36'
C23	325.00'	5.89'	N 28°05'45" W	5.89'
C24	325.00'	23.12'	N 28°16'18" W	23.11'
C25	35.00'	27.50'	S 46°46'36" E	26.84'
C26	50.00'	101.30'	N 11°17'34" W	84.84'
C27	50.00'	30.47'	N 64°27'17" E	30.00'
C28	50.00'	44.01'	S 73°07'23" E	42.60'
C29	50.00'	80.02'	S 13°31'17" E	71.69'
C30	35.00'	27.50'	N 01°41'03" W	26.84'
C31	275.00'	24.58'	N 26°47'27" W	24.54'
C32	325.00'	80.74'	S 22°13'51" E	80.53'
C33	275.00'	45.70'	S 24°36'13" E	45.65'
C34	275.00'	22.62'	S 17°28'17" E	22.61'

DAS
DON ALLEN & ASSOCIATES P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family Construction Staking * Subdivision Design * Topographical
111-B Mooresville * Mooresville, N.C. 28117
(704) 664-7029 (704) 664-8041 Fax

146 Twin Creek

4

RECEIVED MAY C 4 2021

LM 10/28/21

LM 10/29/21 Emailed offsite easement info.

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE

OR IT WILL NOT BE PROCESSED

MD

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-317305 $500.00

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: P&B HOMES / CARL PUMA Address: 107 Gudger Rd, MOORESVILLE, NC Zip: 28117
Applicant Email: G.winchester120@gmail.com Phone: 704-993-0572 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 146 Twin Creeks DR TROUTMAN NC 28166
Subdivision Name: Twin Creek Estates Section/Phase: _____ Lot Number: 60
Driving Directions: _____

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence — Maximum Number of Occupants: 4
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

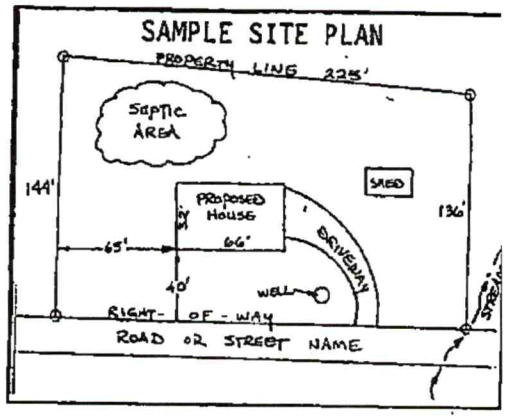
Signature: _____ 4/20/21
(SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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:

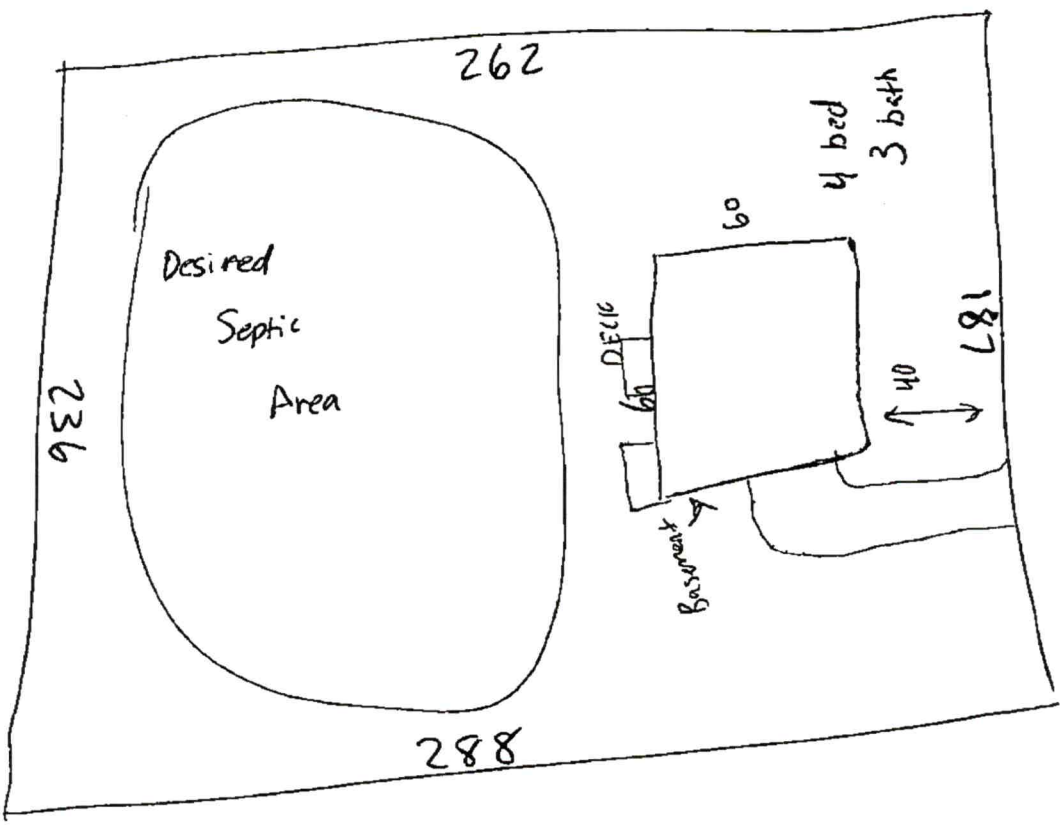
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____

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

4/20/21

DATE

DigiSign Verified: 8D394700-72D5-409D-A469-0AD9E90B653E

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ **2.** I, Daniel Sima, am the legal owner(s) of the property located at 146 Twin Creek Dr., Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4730-46-1322, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Grant Winchester, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Daniel Sima
Signature of Owner(s)

4/20/21
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

____ **Complete all Environmental Health forms:**

- ✓ Application
- ✓ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ✓ Copy of Zoning Permit when applicable
- ____ Sign this sheet after you have completed all items

✓ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified <u>prior to application submittal</u> (exception <u>may</u> apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a <u>$100 site re-visit fee</u> charged.**

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The propos structure, etc. <u>must be staked</u> out on the property as per the site plan.

____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) a a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a <u>$100 site revisit fee</u> being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The <u>applicant/agent is responsible for securing these services</u>
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 4/20/21

Questions? Contact the Environmental Health Offices below:

<u>Statesville Office</u>
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

<u>Mooresville Office</u>
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
317305 Issue Date: 04/29/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4730461322.000	146 TWIN CREEKS DR	Iredell County

Owner Information	Applicant Information
Name: SIMA DANIEL	Name: BLUEWAVE CUSTOM BUILDERS
Address: 2937 CONSERVATION CLUB RD	Address: 2113 WRIGHT RD.
LAFAYETTE, IN 47905	INDAIN TRAIL, NC 28079
Phone:	Phone: (704)993-0572

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
SFD

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. The applicant further acknowledges that 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.

Date: 04/29/2021

Signature of Owner/Contractor

Permit Number	317305	TOTAL FEES:	$77.25

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: 4730461320
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: P&B Homes/Bluewave Custom Bld/Grant Winchester APPLICATION DATE 4/20/21
ADDRESS: 2113 Wright Rd Indian Trail NC 28079 DATE EVALUATED: 11/24/21
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: 1.3Ac +/-
LOCATION OF SITE: 196 Twin Creeks PROPERTY RECORDED: Y
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4%	0-6	Brw SCL	w SBK	SS, SP, Sexp, FR				PS
		6-22	RCm	SBK	SS, SP, Sexp, FR				.3
		22-30	RCm	SBK	SS, SP, Sexp, FR				
		30-48	RCm/Cl	w SBK	SS, SP, Sexp, FR				
			w/ SAP Indus						
2	10%	0-6	Brw SCL	w SBK	SS, SP, Sexp, FR				PS
		6-21	RCm	SBK	SS, SP, Sexp, FR				.3
		21-36	RC/Cl	w SBK	SS, SP, Sexp, FR				
		36-52	RCl	w SBK	SS, SP, Sexp, FR w/ SAP Indus				
3	10%	0-12"	Brw SCL	w/SBK	SS, SP, Sexp, FR				PS
		12-24"	RCm-w	SBK	SS, SP, Sexp, FR				.3
		24-32"	RC/Cl	w SBK	SS, SP, Sexp, FR				
		32-52	RCl	w SBK	SS, SP, Sexp, FR w/ common SL SAP Indus				
4	6%	0-8	Brw SCL	w SBK	SS, SP, Sexp, FR				PS
		8-20	RCm-w	SBK	SS, SP, Sexp, FR				.3 to
		20-41	RC	w SBK	SS, SP, Sexp, FR w/ SAP Indus				41"
		41-48"	Rd/Brw	Rock Cont	rolled SAP				UD 42"

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Vert 50% Red	Hor 50% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: ____

COMMENTS: ____

Updated February 2014

LEGEND

use the following standard abbreviations

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

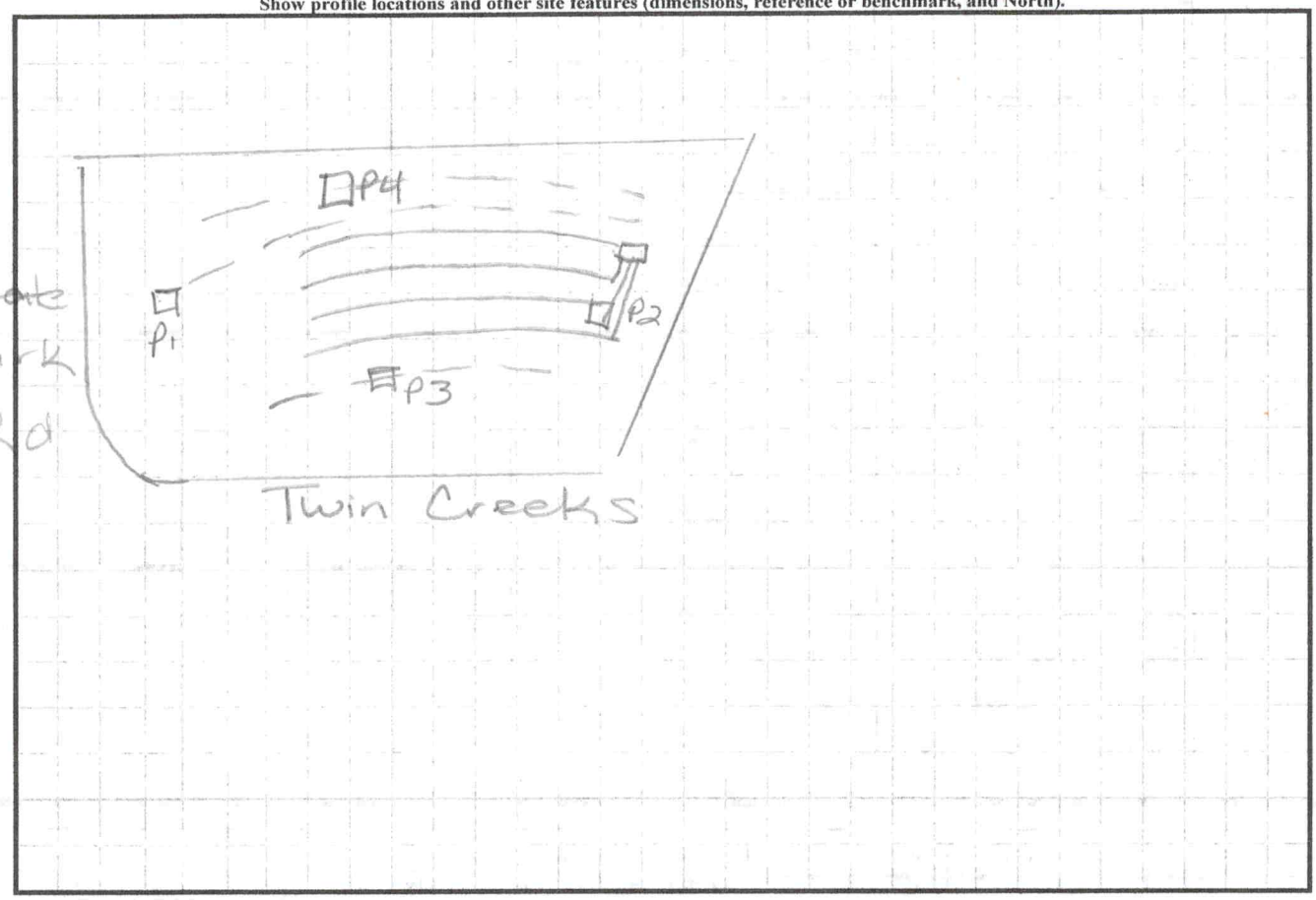
NOTES

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)

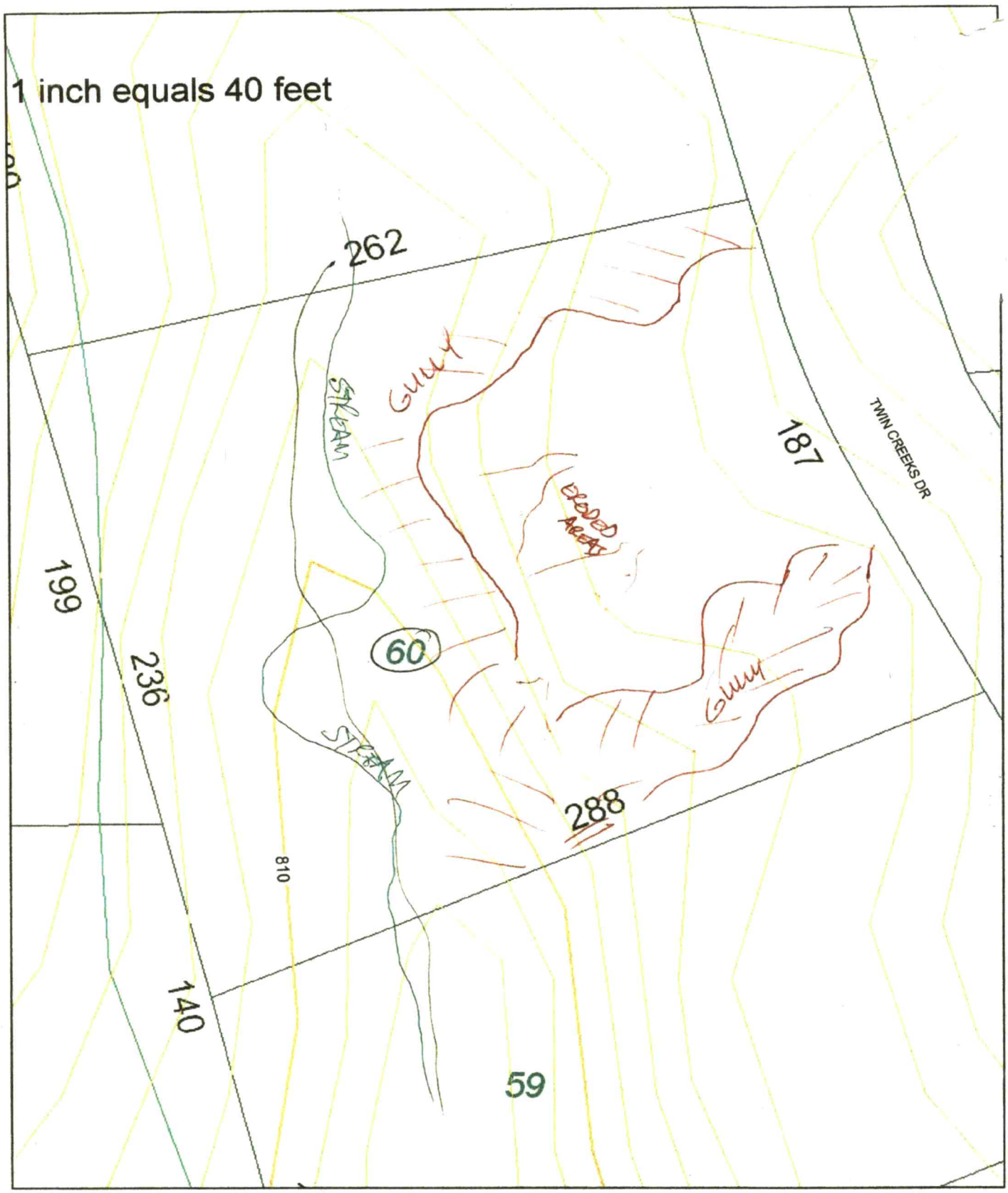
Evaluation of saprolite shall be by pits.

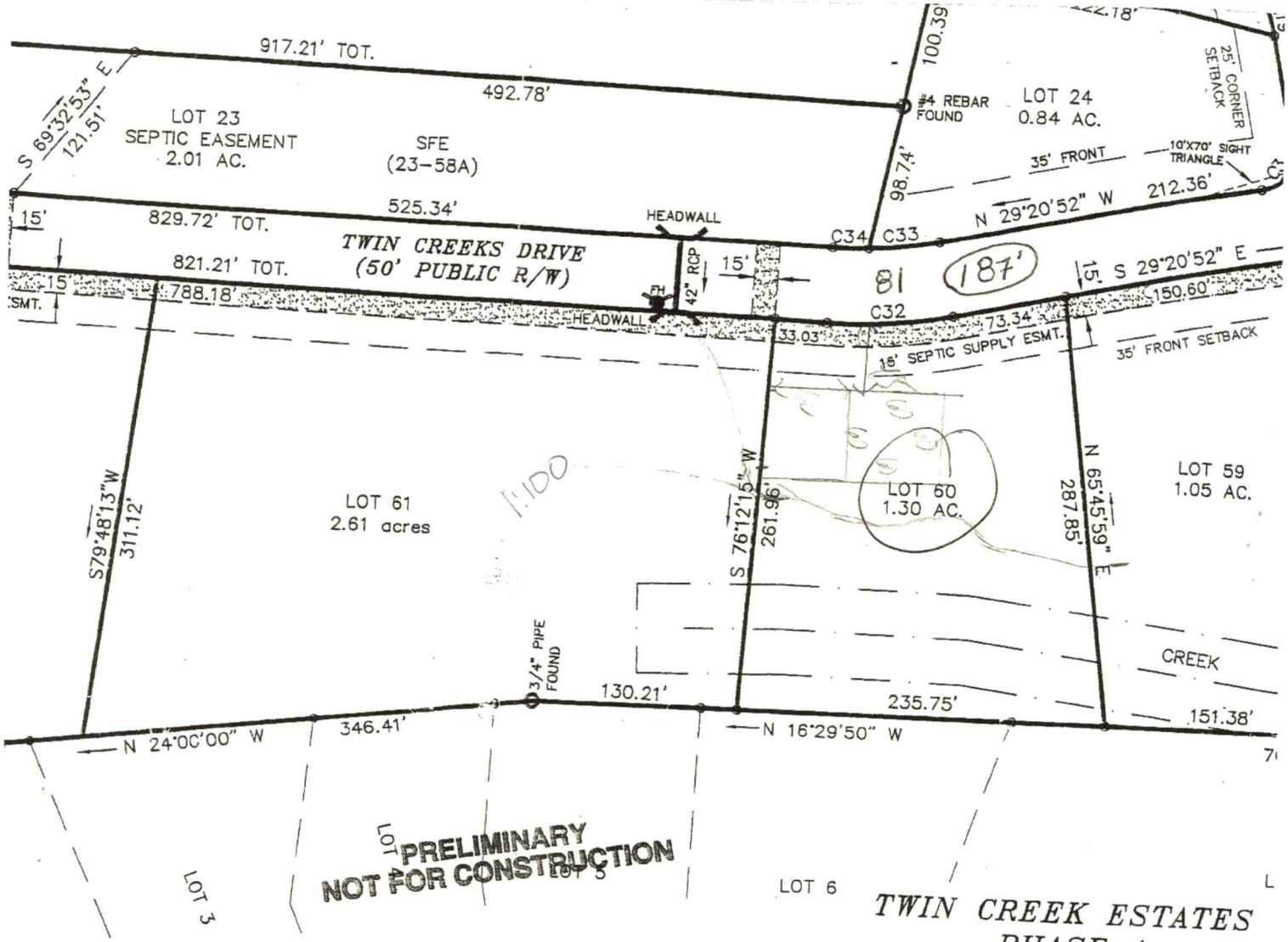
Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



Twin Creeks
LOA (Offsite
Easement


1 inch equals 40 feet
262
187
199
236
140
288
60
59
810
TWIN CREEKS DR
STREAM
GULLY
FLOOD AREA
STREAM
GULLY



PRELIMINARY
NOT FOR CONSTRUCTION

TWIN CREEK ESTATES
PHASE 1
MAP BOOK 47, PG. 150

DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS

PROPOSED SUBDIVISION ROADS
CONSTRUCTION STANDARDS CERTIFICATION

APPROVED BY: _____
DISTRICT ENGINEER

DATE: _____

CURVE TABLE

RADIUS	LENGTH	BEARING	CHORD
25.00'	41.90'	N 63°07'23" W	37.16'
25.00'	38.42'	S 28°54'28" W	34.75'
25.00'	39.27'	S 74°20'52" E	35.36'
175.00'	71.00'	S 72°16'30" W	70.51'
175.00'	74.84'	N 83°51'04" W	74.27'
175.00'	76.63'	N 59°03'19" W	76.02'
175.00'	65.44'	N 35°47'51" W	65.06'
175.00'	9.31'	N 23°33'34" W	9.31'
25.00'	39.27'	S 67°02'05" E	35.36'
25.00'	39.27'	S 22°57'55" W	35.36'
25.00'	41.64'	S 69°45'17" E	36.99'
35.00'	28.97'	S 38°48'35" W	28.15'
50.00'	65.72'	N 52°44'47" E	61.00'

SURVEYORS NOTES

1) This property may be subject to any easemen Rights-of-way of record.
2) All lots are subject to a 10' Drainage & Utilit 10 feet on each side of the property line. see
3) Total acreage to be subdivided: 52.28 AC.
4) Total lots created: 39
5) Property zoned: RA , ADJOINING ZONING IS RA,
6) This survey creates a subdivision of land within of the county or municipality that has an ordi regulates parcels of land.

_____
Professional Land Su

7) Minimum Building Setback: 35' Front
35' Rear
15' Side

See LOT 51 for typical lot setbacks.

NOTES

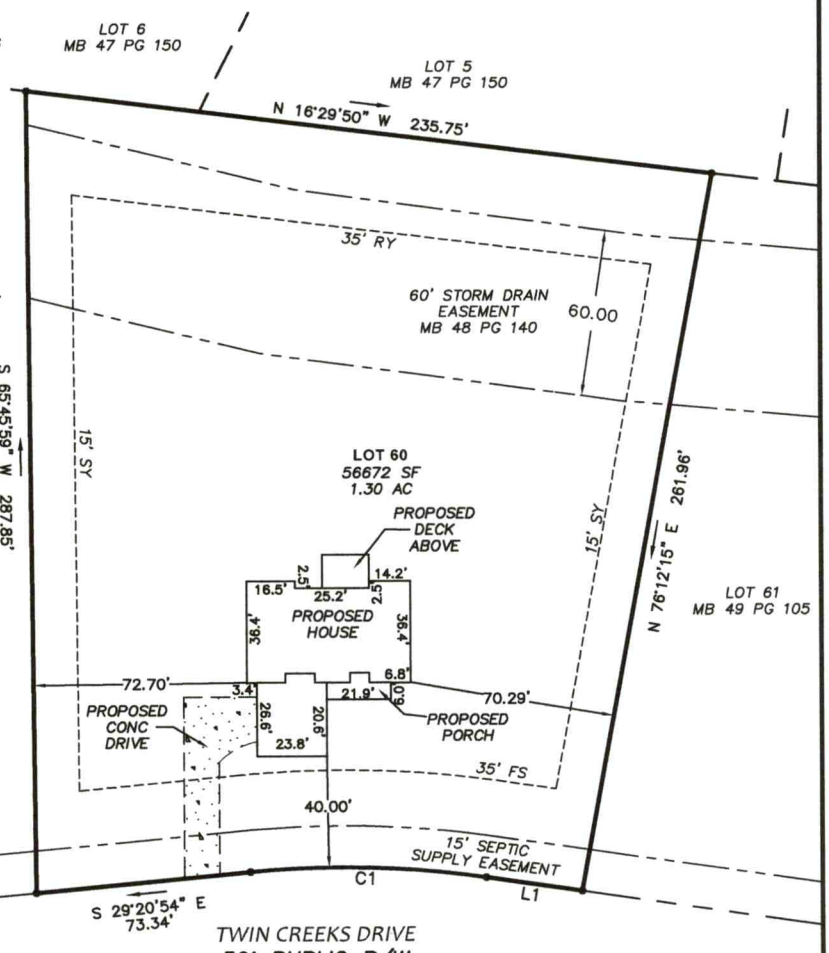
1. AREA CALCULATED BY COORDINATE COMPUTATION.
2. ADJOINING PROPERTY OWNERS NAMES WERE TAKEN FROM IREDELL COUNTY TAX OFFICE RECORDS, AND ARE CONSIDERED AS NOW OR FORMERLY.
3. IRON RODS AT ALL CORNERS UNLESS NOTED.
4. THIS MAP IS SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AN RESTRICTIVE COVENANTS AND PRELIMINARY PLAN WHICH MAY BE OF RECORD.
5. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES, MEASURED WITH ELECTRONIC MEASURING DEVICES.
6. LOT SUBJECT TO ALL ZONING ORDINANCES OF IREDELL COUNTY. BUILDER/OWNER MUST VERIFY THAT LOT IS IN COMPLIANCE WITH ALL COUNTY AND HOMEOWNERS ASSOCIATION ZONING ORDINANCES PRIOR TO ANY LAND DISTURBANCE OR CONSTRUCTION.
7. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE SEARCH.
8. NO NCGS MONUMENT FOUND WITHIN 2000 FEET.
9. THIS PROPERTY MAY BE SUBJECT TO MAXIMUM IMPERVIOUS AREA REQUIREMENTS. BEFORE MAKING ANY RENOVATIONS OR REPAIRS TO THIS PROPERTY CHECK WITH THE LOCAL PLANNING OR ZONING DEPARTMENT FOR ANY RESTRICTIONS OR REGULATIONS IN PLACE.
10. UNDERGROUND UTILITIES ARE NOT LOCATED AT THE TIME OF SURVEY. IF SHOWN, UTILITY LOCATIONS ARE APPROXIMATE BASED ON LOCATIONS OF ABOVE GROUND APPURTENANCES. UNDERGROUND UTILITIES NOT SHOWN HEREON MAY EXIST.
11. THERE ARE NO ENCROACHMENTS OR PROJECTIONS EXCEPT AS SHOWN.
12. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
13. DIMENSIONS OF THE HOUSE SHOULD BE VERIFIED WITH THE CONTRACTOR PRIOR TO ANY CONSTRUCTION.
14. THIS DRAWING IS CONCEPTUAL AND THE CONTENTS SHOWN ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.

NORTH CAROLINA PROFESSIONAL SEAL L-5188 LAND SURVEYOR CHEVIS L. KING

MB 48 PG 140

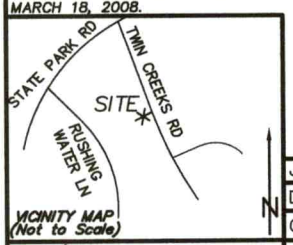
LINE TABLE		
LINE	BEARING	DISTANCE
L1	S 15°06'50" E	33.03'

CURVE TABLE					
CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING	DELTA ANGLE
C1	325.00'	80.74'	80.53'	S 22°13'51" E	14°14'01"



FLOOD NOTE:
NO PORTION OF THE SUBJECT PROPERTY SHOWN HEREON LIES WITHIN A SPECIAL FLOOD HAZARD AREA PER F.E.M.A. FLOOD INSURANCE RATE MAP. COMMUNITY PANEL 3710473000J, DATED: MARCH 18, 2008.

SCALE: 1" = 50'



VICINITY MAP (Not to Scale)

JOB # 48-21-006
DRAWN: CLK
CHECKED: CLK
DATE: 08/26/21

CAROLINA GEOMATICS, PLLC
LAND SURVEYING & MAPPING
1526 ROBINSON OAKS DR.
GASTONIA, NC 28054
P: (980) 329-3382
CKING@CAROLINAGEOMATICS.COM
NC #P-1965
WWW.CAROLINAGEOMATICS.COM

SITE PLAN

AT PROPERTY KNOWN AS
146 TWIN CREEKS DRIVE
LOT 60, TWIN CREEK ESTATES, PHASE 2
MB 48 PG 140
TAX # 4730461322 DB 2818 PG 1717
FALLSTON TOWNSHIP, IREDELL COUNTY, NC
FOR: BLUEWAVE BUILDERS

Z:\Shared\CG SURVEY 2021\JOBS\48-BLUEWAVE BUILDERS\48-21-006 146 TWIN CREEKS DRIVE\146 TWIN CREEKS DRIVE.dwg

New Site Plan