IREDELL COUNTY HEALTH DEPARTMENT

Wetter

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

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

PERMIT# 144365 PIN# 4730551655 DATE 9/24/07

OWNER OR APPLICANT NEW AMERICAN BUILDERS PHONE: Business 704-201-8855 Home

ADDRESS PO BOX 567 WAXAW NC 28173

LOCATION 21 SOUTH @ PORTER @ State PARK @ TWIN CREEKS @ WINDING CREEK ON LEFT

SUBDIVISION TWIN CREEKS BLOCK / SECTION 2 LOT 32 LOT AREA 1.04AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 703 704 Date 8-14-07

Pump Tank: 1000 Gallons; PT 703 704 Date 10-20-07

Pump Make: ZOELLER Model N-140 Serial No.

Nitrification Field No. Fields 1 Square Feet 480=1600 Linear Feet 268'

No. Lines 5 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☑ Pressure

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

System Description: LOW Pressure 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

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

Comments/Conditions: (1) Previous Permit Voided DUE TO Positive Pressure LOT (2) Install Lines on Contours & MAINTAIN SETBACKS, (3) House & DRIVE LINES FLAGGED OUT Completely, (4) CALL

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LOUIE COOK, R.S.

Comments/Conditions: Prior to installation for system SPECS IF NECESSARY.

POLYLOC Filter + MARKER

TANKS 66' TO CREEK

5/32 Holes Installed @ 10+2 Position

AS BUILT SKETCH

24'
70
54
70
80

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: [signature] date 8/25

Improvement Permit by: [signature] date 9/24/07

Authorization to Construct by: [signature] date 9/24/07

Installed by: Commercial Services

Operation Permit by: [signature] date 2-14-08

Existing System Inspection by: date

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

I THAT ON THE 25 DAY OF July 20 07 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOWN HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

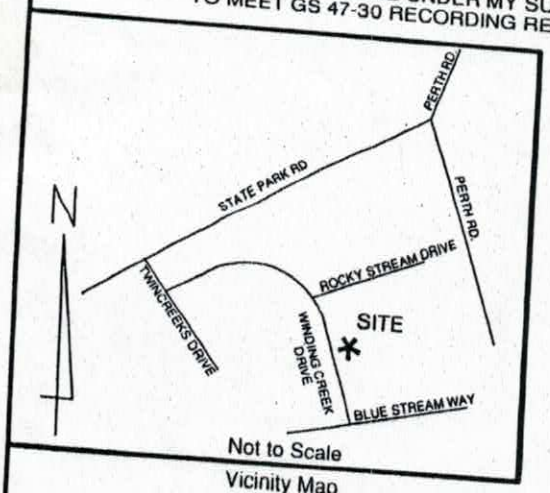
SIGNED Robert G. Bishop

Bishop Land Surveying, Inc.
15806 Brookway Drive, Suite 200-F
Huntersville N.C. 28078
Phone (704) 987-3080
Fax (704) 987-3008

NORTH CAROLINA PROFESSIONAL SEAL L-3957 LAND SURVEYOR ROBERT G. BISHOP

Permit # 144365

Pin # 4730551655



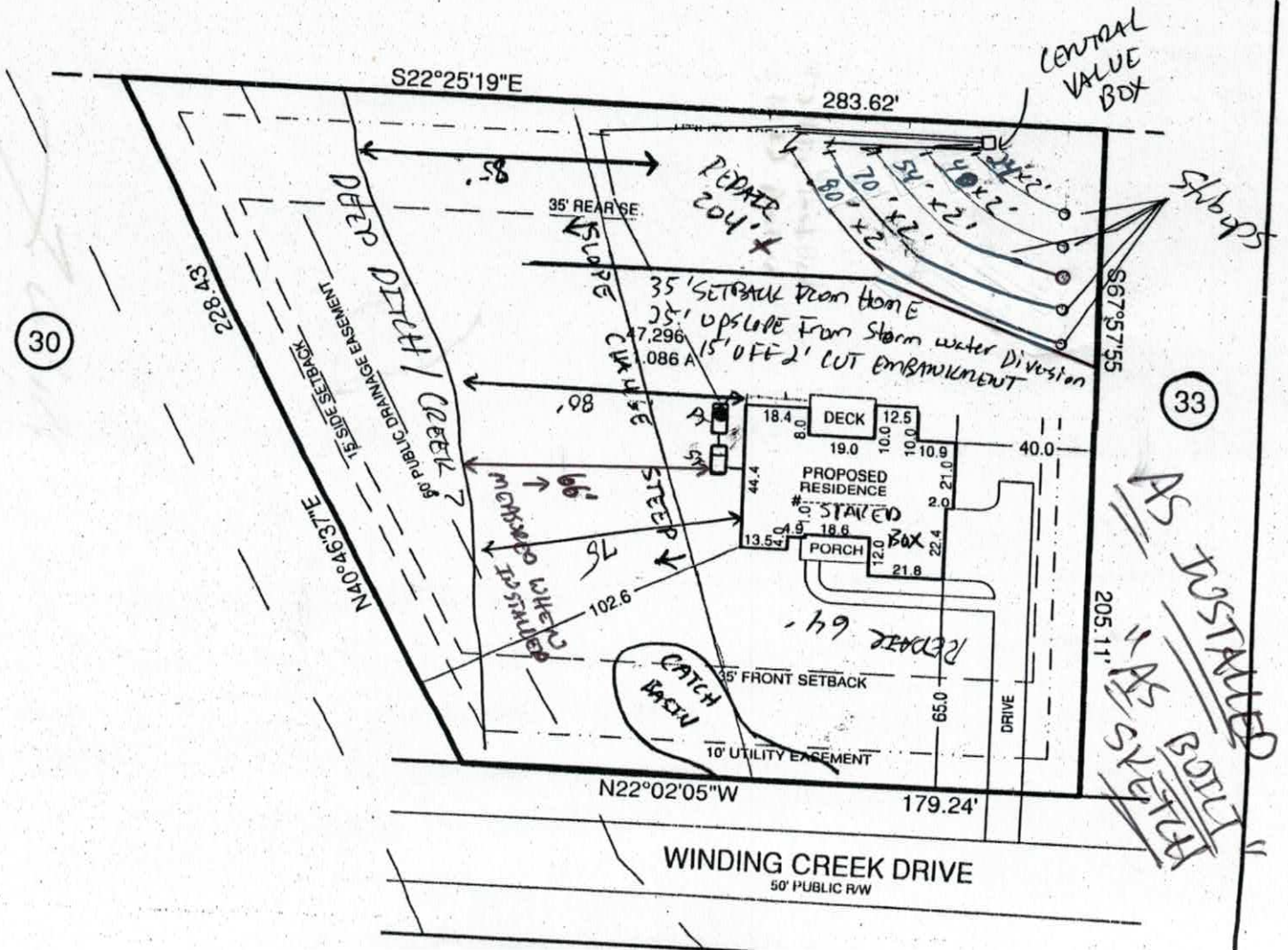
Vicinity Map

LEGEND

E.I.P.	EXISTING IRON PIN
N.P.S.	NO POINT SET
E.C.M.	EXISTING CONCRETE MONUMENT
S.I.P.	RE-SET IRON PIN
	PROPERTY LINE
	ADJOINER PROPERTY LINE BY DEED OR PLAT
P.S.D.E.	PUBLIC STORM DRAINAGE EASEMENT
CLOSURE	EXCEEDS 1'in 10,000'
F.P.E.	FLOOD PROTECTION ELEVATION
	POWER POLE

PB 48, PG 140

BILLY F. LITTLE
DB 1578, PG 1802



ATTN: ENVIROMENTAL HEALTH DEPT. OF IREDELL COUNTY, N.C.

I TODD WILLIAMS OF NEW AMERICAN BUILDERS AGREE WITH THE CHANGES IN LINE MEASUREMENTS ON LOT 32 TWIN CREEKS. THESE CHANGES ARE DIFFERENT THAN THE PERMIT THAT WAS ISSUED BUT STILL TOTAL THE OVERALL QUANTITY.

T d Wills

NEW AMERICAN BUILDERS

PIT (5) 0-20 [illegible] 20-80 loamy sap w/ less fragments

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

Sheet ___ of ___
PROPERTY ID #: 144360
COUNTY: 47 30 45 29 72

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: TOD Williams
ADDRESS: PO Box 567 WAXHAW NC 28173
PROPOSED FACILITY: 4BR HSE
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Twin Creek LOT 52
APPLICATION DATE: 7/26/
DATE EVALUATED: 7/25/
PROPERTY SIZE: [illegible]
PROPERTY RECORDED: Y/S

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	20% L	0-8"	Fill						
		8-18	loam sap mix			X (18)	PIT		US
		18-48	loamy sap	trasp sap					
2	6% L	0-6	scl wks	[illegible] trasp					PS .3
		6-48"	cond sbk	trasp		48"			
3	6%	0-6	scl wks	trasp sap					
		6-12	clwks	trasp					PS .3
		12-48"	cond sbk	trasp sap		48"			
4	6%	0-6	scl wks	trasp sap					
		6-48	cond sbk	trasp sap		48"			1.5

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	YES	YES
System Type(s)	CP SD	STD
Site LTAR	1.5	1.5

OTHER FACTORS (.1946): R
SITE CLASSIFICATION (.1948): R
EVALUATED BY: R. COOK
OTHER(S) PRESENT: TOD FUSE

COMMENTS: ___

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	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	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.

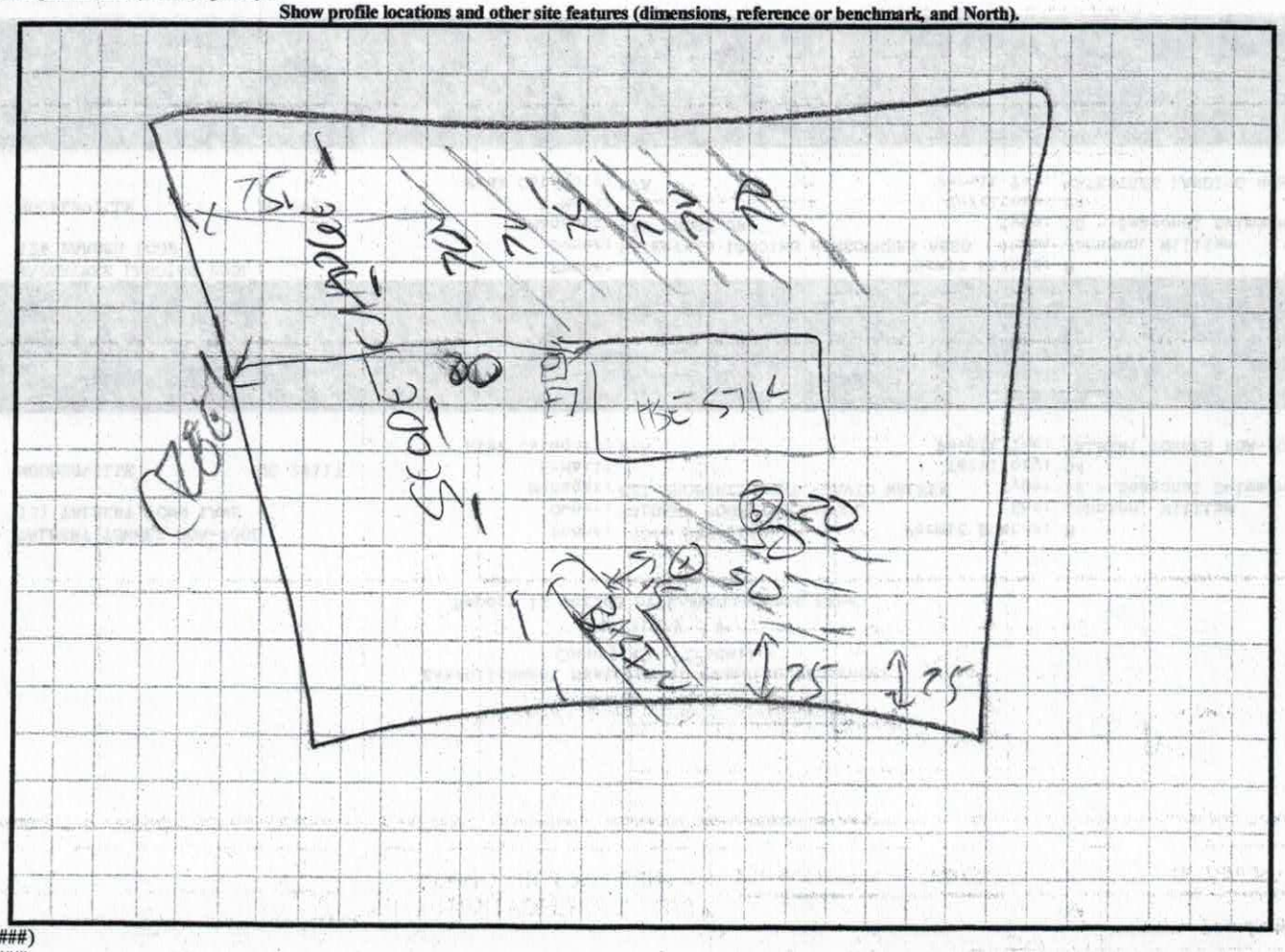
NOTES

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).



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: (X) 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
New American Builders	P.O. Box 567 Waxhaw N.C. 28173	704 201 8855	704-~~201~~ 8855
Owner Name	Mailing Address	Home Phone	Work Phone
Todd Williams	P.O. Box 567 Waxhaw N.C. 28173	704-201-8855	704-201-8855

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
161 Winding Creek Dr. Troutman 28166	Twin Creek	Phase 2 Lot 32

Driving Directions: _____

****

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 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

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

****

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

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

****

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

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

****

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. **Signature:** _____ 8/29
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) . **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 144365 PIN# 4730551655 DATE 8/29/07

OWNER OR APPLICANT NEW AMERICAN BUILDER PHONE: Business 704-201-8855 Home

ADDRESS PO BOX 567 WAXAW NC 28173

LOCATION 21 SOUTH ® PERTH ® STATE RTE ① TWIN CREEKS ② Winding Creek

SUBDIVISION Twin Creeks BLOCK / SECTION LOT 32 LOT AREA 1.09AC SITE CLASS. P5 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB Date

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet EO-1600 Linear Feet 268'

No Lines 4x67 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth ☐ Gravity ☒ Pressure

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

System Description: Low Pressure 50% REDUCT

Repair System Description: Low Pressure 50% REDUCT

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

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: ① DO NOT CUT FOR Positive Drainage Requirements ② IF Any CUTS / Ditches installed Permit will be void ③ Install Lines on Contours and AWAY SETBACKS ④ House & Drainlines

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LORNE COOK R.S.

Comments/Conditions: FLAGGED OUT Completely ⑤ CALL Prior to installation for system specs / design info if necessary.

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 8/29

Improvement Permit by: date 8/29/07

Authorization to Construct by: date 8/29/07

Installed by:

Operation Permit by: date

Existing System Inspection by: date

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

THIS IS TO CERTIFY THAT ON THE 25 DAY OF July 20 07 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOWN HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

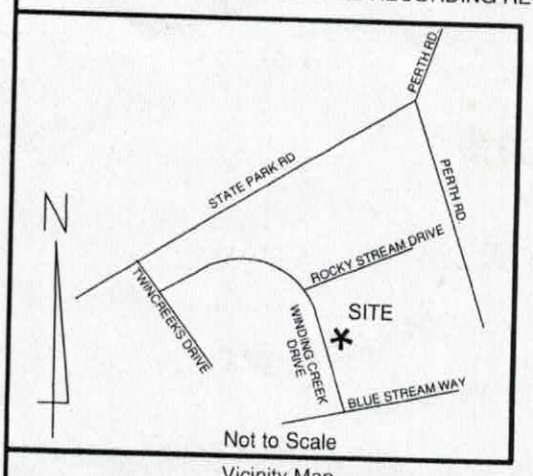
SIGNED Robert G. Bishop

Bishop Land Surveying, Inc.
15806 Brookway Drive, Suite 200-F
Huntersville N.C. 28078
Phone (704) 987-3080
Fax (704) 987-3008

NORTH CAROLINA PROFESSIONAL SEAL L-3957 LAND SURVEYOR ROBERT G. BISHOP

Permit # 144365

Pin # 4730551655



Vicinity Map

LEGEND

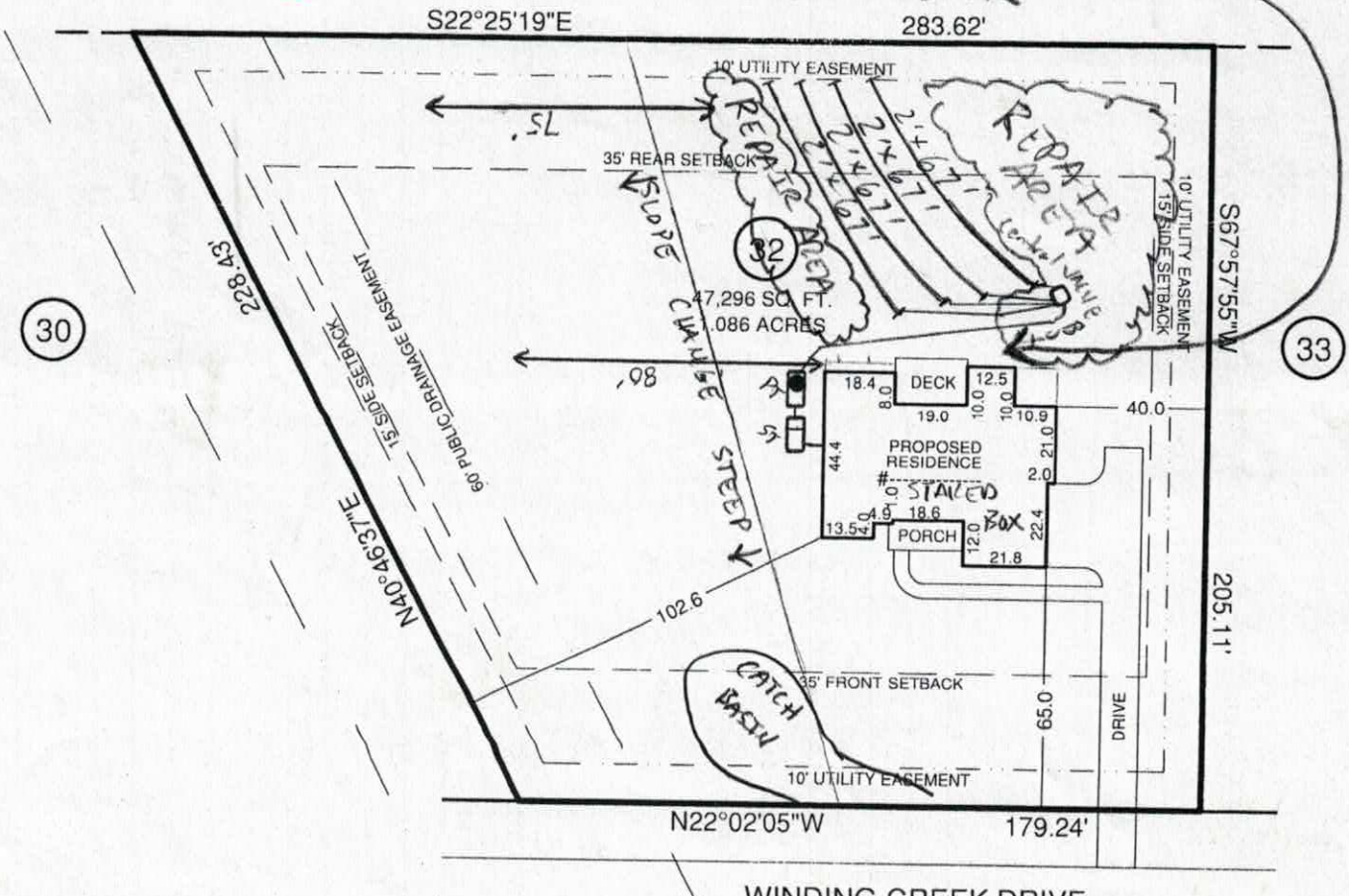
E.I.P.	EXISTING IRON PIN
N.P.S.	NO POINT SET
E.C.M.	EXISTING CONCRETE MONUMENT
S.I.P.	RE-SET IRON PIN
———	PROPERTY LINE
— — —	ADJOINER PROPERTY LINE BY DEED OR PLAT
P.S.D.E.	PUBLIC STORM DRAINAGE EASEMENT
CLOSURE	EXCEEDS 1'in 10,000'
F.P.E.	FLOOD PROTECTION ELEVATION
	POWER POLE

PB 48, PG 140

VOID

BILLY F. LITTLE
DB 1578, PG 1802

* No Positive Drainage Cuts/Ditch TO BE MADE *



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:

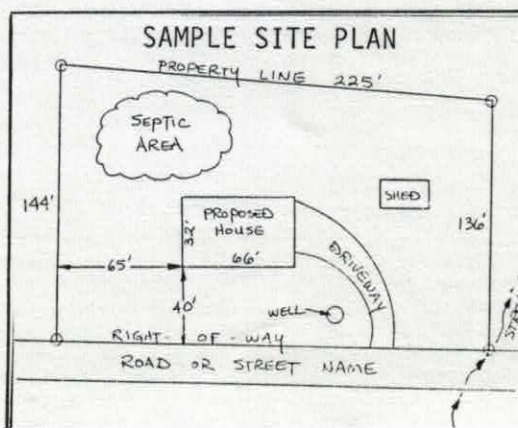
____ **Location of septic systems and wells within 100' of your property…** **N/A**
____ **Location of easements and rights of ways on your property…** **N/A**
____ **Location of any designated wetlands on the property…** **N/A**

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

8/17/07
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached

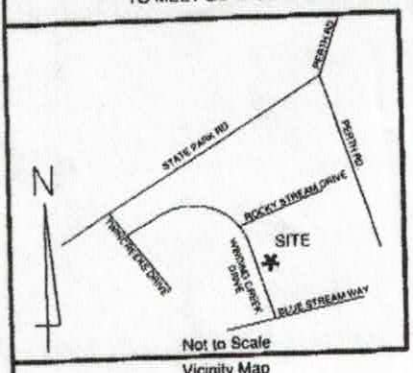


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SIGNED Robert G. Bishop

Bishop Land Surveying, Inc.
15806 Brookway Drive, Suite 200-F
Huntersville N.C. 28078
Phone (704) 987-3080
Fax (704) 987-3008

NORTH CAROLINA PROFESSIONAL SEAL L-3957 LAND SURVEYOR ROBERT G. BISHOP



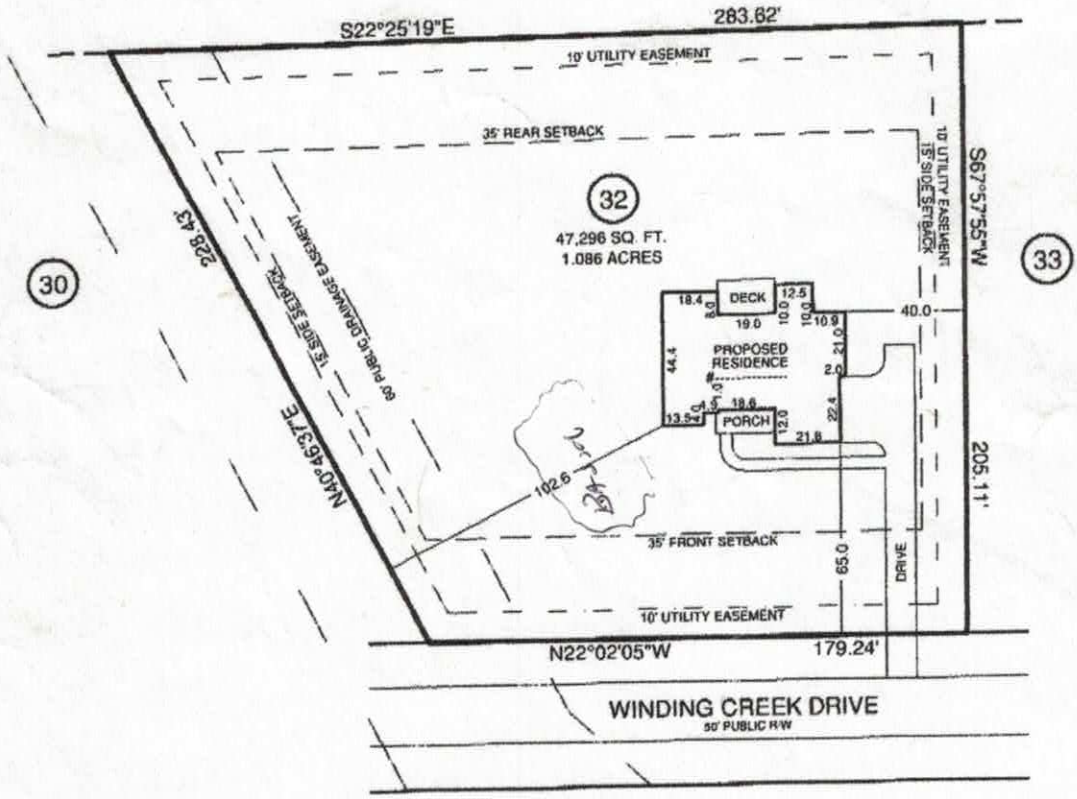
Not to Scale
Vicinity Map

LEGEND

EIP	EXISTING IRON PIN
NPS	NO POINT SET
ECM	EXISTING CONCRETE MONUMENT
SIP	RE-SET IRON PIN
	PROPERTY LINE
	ADJOINER PROPERTY LINE BY DEED OR PLAT
PSDE	PUBLIC STORM DRAINAGE EASEMENT
CLOSURE	EXCEEDS 1 in 10,000
FPE	FLOOD PROTECTION ELEVATION
PQ	POWER POLE

PB 48, PG 140

BILLY F. LITTLE
DB 1576, PG 1802



Plot Plan SURVEY
OF
Lot 32, Twin Creek Estates, Phase 2
Failstown Twsp., Iredell County, N.C.

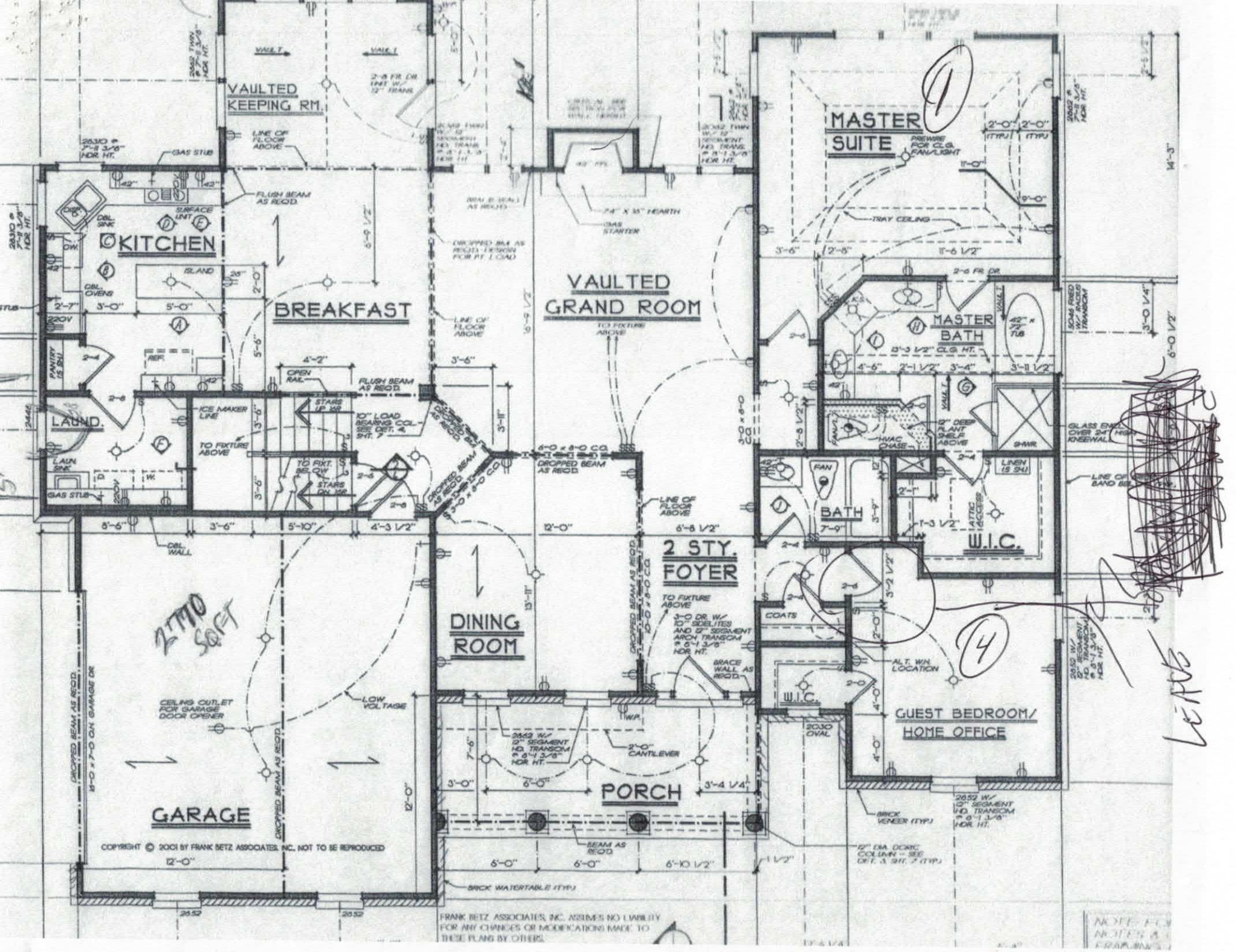
SCALE 1" = 50'

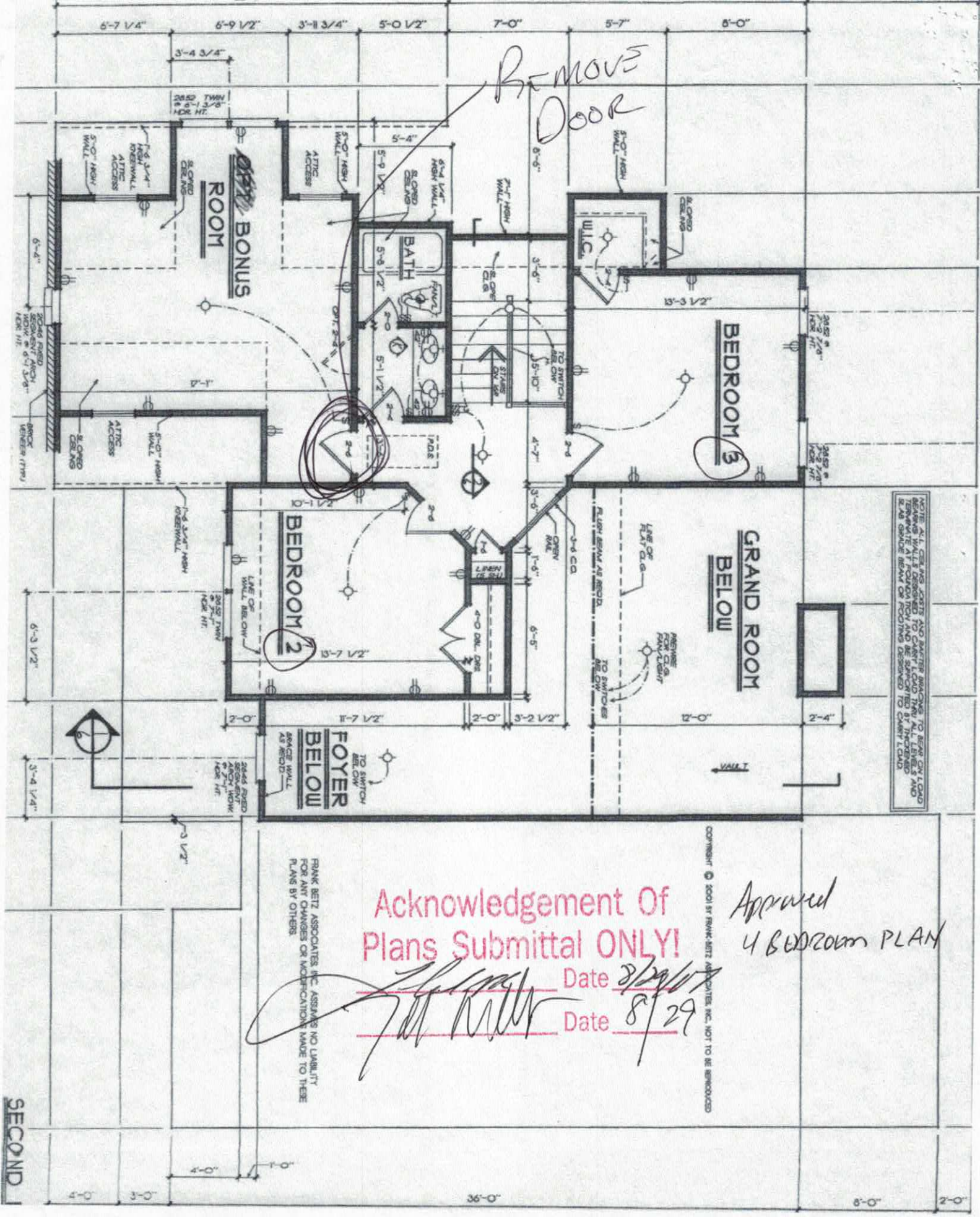
THE PROPERTY OF New American Builders

MAP RECORDED IN BOOK 48 AT PAGE 140 DEED RECORDED IN BOOK _____ PAGE _____

Drawn By: CWI

FILE:C:\LAND PROJECTS 3\Iredell County\DWG\Twin Creek Estates L32.DWG


VAULTED KEEPING RM.
KITCHEN
BREAKFAST
LAUND.
VAULTED GRAND ROOM
2 STY. FOYER
DINING ROOM
PORCH
GARAGE
MASTER SUITE
MASTER BATH
BATH
W.I.C.
GUEST BEDROOM/ HOME OFFICE
2710 SQFT
COPYRIGHT © 2001 BY FRANK BETZ ASSOCIATES, INC. NOT TO BE REPRODUCED
FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.



COPYRIGHT © 2001 BY FRANK BETZ ASSOCIATES, INC. NOT TO BE REPRODUCED

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

Acknowledgement Of
Plans Submittal ONLY!

Date 8/29/07

Date 8/29

Approved
4 BEDROOM PLAN

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

Zoning Permit
Permit Number: 144365ZO

Printed: 7/26/2007

Master #: 144365

Associated Permits:
144365ZO Zoning

Applicant
Name: NEW AMERICAN BUILDERS
Address: PO BOX 567
Waxaw, NC 28173
Phone: 704-201-8855

Parcel
Parcel Number: 4730551655.000
Address: 161 WINDING CREEK DR
TROUTMAN, NC 28166
Subdivision: Twin Creeks
Zoning: RA
Township: 1500
Area: 1.09
Lot(s): 32
Directions to Parcel: PERTH RD, RIGHT PERTH RD, RIGHT STATE PARK RD, RIGHT TWIN CREEKS DR, LEFT WINDING CREEK

Owners
Name: FMA ENTERPRISES LLC
Address: 2020B YOUNTS RD
INDIAN TRAIL, NC 280798504

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-157798-07	Zoning - Permit / Inspection	$45.00
FEE-157799-07	Environmental Health - Type I or II System	$400.00
	Total Fees:	**$445.00**
REC-86862-07		$445.00
	Total Receipts:	**$445.00**

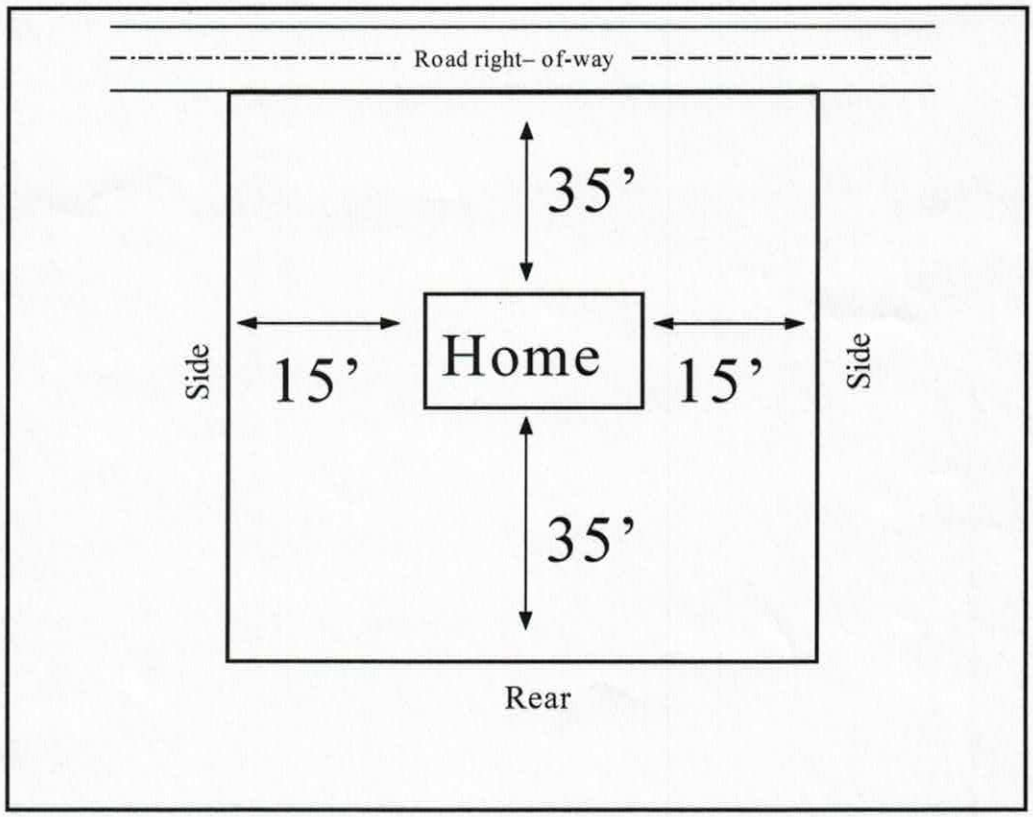
Conditions

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 : 161 WINDING CREEK 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.