10:00

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 314854

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

PIN # 4740 -10 -0975

APPLICANT/OWNER: HH Wittshire Holdings LLC | APPLICANT ADDRESS: PO Box 3465 Mooresville NC 28117

SITE ADDRESS: 137 Brown Creek Dairy Troutman NC 28166 | PHONE: 704 202 1524 | ALT. PHONE: -

SITE DIRECTIONS: Perth to Clarke Hill Right Brown Creek Left on Left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Rocky Creek Cove | SECTION: 5 | LOT # 32 | LOT AREA: .47 Acres | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	760	Date	8-8-2021	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3
Pump Tank	(gal)	PT		Date		System Description:	Gravity PPBPS - 50% Reduction	☐ Business	No. Persons	6
Pump Make		Model		Serial #		Repair System Description:	LPP PPBPS - 50% Reduction	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	4	Linear Ft	200	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space	
Trench Width	24 in.	Trench Bottom Depth	30 in max.	Gravel Depth	-		☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

Red filter Installed

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil & Forestry Services of the Carolinas, PA

LSS # 1231 Dated 2/5/2021

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.

Site plan must be updated to show correct road name - contacted Ashley 9/30/21

Tank 9-29-2021 No filter BB

- Lucas Z Dominion Inspected 10-7 BB

10/12/21 Checked upper 2 drainlines, Checked supply lines & set Dist. box

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: [signature] Date: 2/11/21

IMPROVEMENT PERMIT by: Benjamin A. Bost Date: 2-11-2021

AUTHORIZATION TO CONSTRUCT by: DLweberg Date: 4/5/21

Installed by: Specialty Septic

OPERATION PERMIT by: Marian Dotson Date: 10/12/21

Existing System Inspected by: Date:

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

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

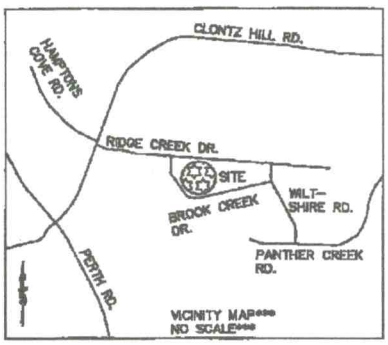
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2742, page 1, and/or plat book 29, page 80, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 5, day of MARCH

A.D. 20 21

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	205.00'	173.79'	S 43°01'54" E	168.63'
C2	384.23'	33.47'	N 21°14'28" W	33.46'

PB.29 PG.80

LOT 81
FRANKLIN D. &
LINDA L. TEVEPAUGH
1808/1986

LOT 83
SUMTER
INVESTMENTS LLC.
2668/2075

35' REAR

S17°40'37"W

194.03'

15' SIDE

LOT 82
(0.47 AC.)

15' SIDE

20.3

N77°42'38"E

THE BANYAN
ELEV. A

TANK

SEPTIC AREA

205.45'

R/W

R/W

PROPOSED WELL

41.2

35' FRONT

C2

C1

R/W

R/W

BROOK CREEK DRIVE
50' PUBLIC R/W

CONCRETE CALCULATION:
DRIVE: 610 SQ. FT.
WALK: 35 SQ. FT.
TOTAL: 645 SQ.FT.

0' 20' 40' 100'

SCALE IN FEET

LEGEND
E.I.P. = EXISTING IRON FOUND
I.P.S. = ¾ REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.
5) SETBACKS SHOWN PER PLAT PB.29 PG.80

PLOT PLAN SURVEY

OF

137 BROOK CREEK DR.

LOT 82 ROCKY CREEK COVE

SCALE 1" = 40'

FALLSTOWN TWP., IREDELL CO., N.C.

ACQUIRED BY: HELMSMAN HOMES LLC.

FIELD BOOK: –
FILE: ROCKY CREEK COVE 82.DWG
DC FILE:
TAX MAP NO: 4740100975

GRAVITY PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Applicant:	HH Wiltshire Holdings LLC
Address:	P.O. Box 3965 Mooresville, NC 28117
Phone:	704.202.1524
County:	Iredell
Location:	137 Brook Creek Dr. Troutman, NC 28166
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	200	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Max.Trench Depth:	30 in.	Repair Trench Bottom 30 in.
Trench Width:	24 in.	
Septic Tank Size:	1000	

Estimated Supply Line Length:	3
Supply Line Diameter:	4 in. SCH 40 PVC
Supply Line Volume:	1.31
Dosing Volume:	N/A
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	N/A
Recommended Control Panel:	N/A
Pressure Head:	N/A
Friction Head:	N/A
Elevation Head:	N/A
Total Dynamic Head:	N/A
Threaded Union:	N/A
Gate Valves:	N/A
Check Valves:	N/A
Anti-Siphon Hole:	N/A
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas

137 Brook Creek Dr.

PPBPS SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	418
TOTAL LATERAL LENGTH:	200
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	200
SUPPLY LINE LENGTH:	3
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	N/A

Layout Specifications - 137 Brook Creek Dr.-Lot 82

Project #: 20-0091

LAYOUT FOR 3 BEDROOM HOME

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	2/3/2021 DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	PINK					36	36
2	RED					45	45
3	ORANGE					31	31
4	YELLOW					33	33
5	BLUE					39	39
6	PINK					42	42
7	RED					47	42
8	***ORANGE***					*52*	***50***
9	***YELLOW***					*56*	***50***
10	***BLUE***					*62*	***50***
11	***PINK***					*51*	***50***
					Total	494	**468**

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***200***	***0.300***	**MOD. CONV**	***0.300***	***PPBPS***	***GRAVITY***
Repair	268	0.300	MOD. CONV	0.300	PPBPS	LOW PRESSURE

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

GRAVITY PPBPS SPECIFICATIONS - 137 Brook Creek Dr.

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	# of Panels
8	*ORANGE*	*N/A*	*50*	*N/A*	*N/A*	100	12
9	*YELLOW*	*N/A*	*50*	*N/A*	*N/A*	100	12
10	BLUE	*N/A*	*50*	*N/A*	*N/A*	100	12
11	PINK	*N/A*	*50*	*N/A*	*N/A*	100	12
						400	48

total	feet =	200	gal/min =	N/A	
		Des. Flow	360		
		Pump Run=	N/A		
		soil LTAR	0.3		
		LTAR +5%	0.315		
		LTAR with mod.	0.6		
		LTAR with mod.. + 5%	0.63		

CALCULATIONS

Location 137 Brook Creek Dr.
Troutman, NC 28166
Project Number 20-0091

Lot No: 82

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.300 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) YES

Supply Line Length 3 ft.

Supply Line Volume 1.959 gal.

Required Feet of Line 200 ft.
Amount of Line from Layout 200 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

PROPERTY ID #: 4740009975
COUNTY: Iredell

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

OWNER: HH Wiltshire Holdings LLC
ADDRESS:
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 137 Brook Creek Dr., Troutman NC 28166
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE
DATE EVALUATED: 1/15/21
PROPERTY SIZE: 0.49 AC
PROPERTY RECORDED: Yes

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
B 1	L/10%	0-6	RBSCL wfsbk	Fr SSSP SEXP		50	—	—	PS 0.3
		6-41	BRC WMSBK/MBK	Fr SS SP "					
		41-50	RBCL wfsbk	Fr SS SP "	fsap				
P 2 1	L/10%	0-7	BSCL wfsbk	Fr SS SP SEXP		50	—	—	PS 0.3
		7-30	BRC WMSBK/MBK	Fr SS SP					
		30-50	RBCL wfsbk	Fr SS SP "					
B 3 2	L/12%	0-10	BSL SL	Fr SSS P SEXP	f[M,W] f[F]deep/ chr 2's@39"	50	—	—	PS-.39 0.25
		10-18	RBSCL wfsbk	Fr SS SP "					
		18-50	BRC WMSBK	Fr SS P "					
B 4 3	L/9%	0-10	BRSCL wfsbk	Fr SS SP SEXP		36"			PS .225-.25
		10-36	BRC WMSBK	Fr S P "	Few to C Fr Orgl FCL Mgl Chr 2'@32"				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	PP BPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollins
OTHER(S) PRESENT: Chad Wagner

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4740109975
DATE OF EVALUATION: 1/15/21
COUNTY: Iredell

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
B4	L/12%	0-5	BCL wfsbk	Fr SS SP SE XP		50"			PS .3
		5-35	BRC wmsbk	Fr SS SP					
		35-50	RBCL wfsbk	Fr SS SP					
B5	L/12%	0-7	RBCL wfsbk	Fr SS SP SE XP		50"			PS .3
		7-35	RBC wmsbk/~~MK~~	Fr SS SP					
		35-50	RBCL wfsbk	Fr SS SP					

COMMENTS:

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 20-0091
February 3rd, 2021

NEST HOMES
Attn: *Michael Wetter*
Email: mwetter@nesthomes.com

RE: Soil & Site Evaluation for a 4 Bedroom Residence on Lot 82 Rocky Creek Cove Subdivision, .47 ac Parcel, PIN# 4740100975, 137 Brook Creek Drive,Troutman, NC 28166.

Mr. Wetter:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above. The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittal to Iredell County Health Department.

Site Conditions

At the time of our evaluation land cover on the property was mostly mixed pine/hardwood. Topography within the evaluated area was gentle to moderate slope near the house site and proposed drainfield area. Property lines and corners were marked at the time of the evaluation by Jordan-Grant Surveying. The surveyor provided an Autocad File of a survey as a basemap. The proposed septic layout was located via Trimble Submeter GPS/tape measures and used to produce the attached *Site Plan*. The house envelope was located via Survey by Jordan-Grant Surveying.

Methodology

We evaluated soil areas through the use of backhoe pits and hand augers. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with one pit location and five hand augers on the property flagged and located via GPS. One backhoe pit and three hand augers are located in or adjacent to the proposed septic layout. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each pit or boring. The house envelope was located via survey. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by GPS and tape measures. Detailed system & repair information is summarized in the following paragraph for this Lot.

137 Brook Creek Drive (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 494 linear feet of line. The primary system is proposed as 200 linear feet of PPBPS (50% Reduction) drainfield with gravity distribution. Trench depth is specified at 30 inches. The repair system is proposed as 200 linear feet of PPBPS (50% Reduction) drainfield with gravity distribution. There is 268 linear feet available for repair. Trench depth is specified at 30 inches.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c).".

Owner Date

Print Name M. WETTER
Signature 2/4/21

The LSS Evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

"The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas on Lot 82 of Rocky Creek Cove Subdivision may nullify this design. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

S. Ashley Rollans, LSS
Attachment: *Septic Design*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Modified Conventional Septic System with gravity dist. for a 3 bedroom single family residence at 137 Brook Creek Dr., Lot 82, PIN#(4740100975) Troutman 28166, Iredell County, NC.

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2-3
Layout Specifications	4
Site Plan/System Plan	5
Calculations	6
Profile Descriptions	7-8
Zoning Permit & Receipt	9-10
Application	11-12
Green Sheet	13
Agent Authorization Form	14

LICENSED SOIL SCIENTIST
Samuel A. Collins
1231
SOIL CONSERVATION DISTRICT

February 3, 2021
Project #: 20-0091
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity PPBPS installation.
- Repair is specified as a PPBPS with low pressure installation.

RECEIVED MAR 30 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: (x) 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: Nest Homes, LLC **Address:** 236 Raceway Dr St 7 Mooresville NC **Zip:** 28117

Applicant Email: tcarr@nesthomes.com **Phone:** 704-402-8594 **Alt. Phone:**

Owner Name: Helmsman Homes, LLC **Address:** 236 Raceway Dr St 7 Mooresville NC **Zip:** 28117

Owner Email: tcarr@nesthomes.com **Phone:** 704-402-8594 **Alt. Phone:**

Property Information:

Street Address: 137 Brook Creek Dr - Troutman

Subdivision Name: Rocky Creek Cover **Section/Phase:** **Lot Number:** 82

Driving Directions: Perth Rd to Clontz Hill Rd to Ridge Creek Rd

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

(x) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — (x) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) 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:**

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

(x) New Well ( ) Existing Well ( ) Community Well ( ) 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: Tim Carr 3/29/2021

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

RECEIVED FEB 10 2021

Session Law

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 AP-314854

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) 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:

Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: HH Wiltshire Holdings LLC Address: P.O. Box 3965 Mooresville NC Zip: 28117
Applicant Email: mwetterau@nesthomes.com Phone: 704.202.1524 Alt. Phone:
Owner Name: Same Address: Same Zip: Same
Owner Email: Same Phone: Same Alt. Phone:

Property Information:

Street Address: 137 Brook Creek Dr. Troutman NC 28166
Subdivision Name: Rocky Creek Cove Section/Phase: SH 75 Lot Number: 82
Driving Directions: Perth Rd to Clontz Hill Rd, Ridge Creek Dr., Brook Creek Dr., 137 Brook Creek Dr. will be on left

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

(✓) 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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE

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

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

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

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

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. industrial) 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.

Signature: Samuel A Walker 2/8/21

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

Tim Carr

X **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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

_____ 3/29/2021

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, HH Wiltshire Holdings LLC/Michael Weller, am the legal owner(s) of the property located at 137 Brook Creek Dr. Troutman NC 28166, identified as PIN (Parcel Identification Number) 4774010975, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) SFS / Ashley Rollens, 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.

* _____ 2/4/21 _____ 2/4/21
Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

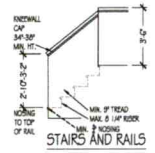
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

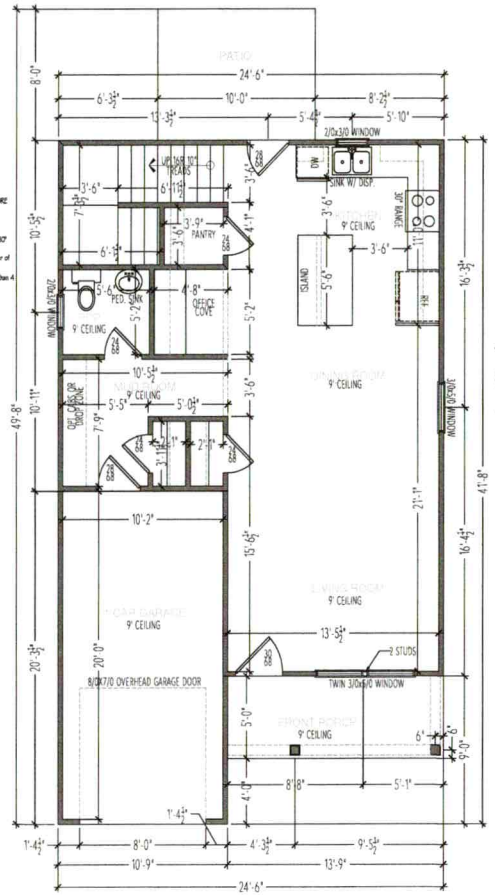
WALL STUD REQUIREMENTS	
EXT. WALL HEIGHT (h)	STUD SIZE AND SPACING
h < 10'-0"	2x4 @ 16" O.C.
10'-0" < h <11'-0"	2x4 @ 12" O.C.
11'-0" < h < 18'-0"	2x6 @ 16" O.C.
	CONSULT ENGINEER

Acknowledgement of Plans Submittal ONLY!
Date 3-29-21
Date 4/15/21

1. STAIRWAYS SHOULD BE NO LESS THAN 36" IN WIDTH.
2. THE LENGTH OF RUN AND HEIGHT OF RISER SHALL NOT VARY MORE THAN $\frac{3}{8}$" IN ENTIRE RUN OF STAIRS
3. STAIRS ARE REQUIRED TO BE ILLUMINATED
4. OPEN RISERS PERMITTED IF OPENING IS LESS THAN 4"
5. GUARDRAIL REQUIRED ON DECKS AND STAIRWAYS MORE THAN 30" ABOVE GRADE OR FLOOR BELOW
6. Handrails with a circular cross section shall have an outside diameter of not less than 1 $\frac{1}{4}$" and not greater than 2". If the handrail is not circular, it shall have a perimeter dimension of not less than 4 inches (102 mm) and not greater than 6 $\frac{1}{4}$" with a cross section of dimension of not more than 2 $\frac{1}{4}$". Edges shall have a radius of not less than 0.01 inch



STAIRS AND RAILS



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

41'8"
24'6

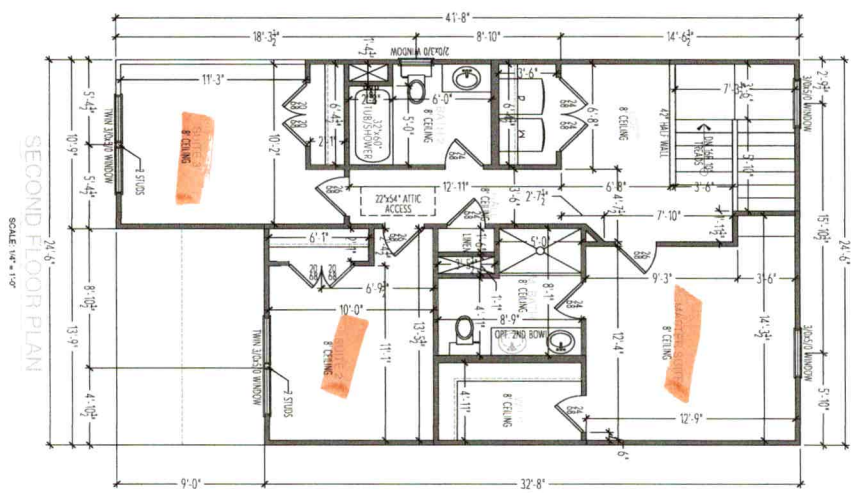
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Acknowledgement of Plans Submittal ONLY!

Date 3-29-21

Date 4/5/21

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11. CONTRACTOR
ATTIC.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
314854 Issue Date: 02/10/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4740100975.000	137 BROOK CREEK DR	Iredell County

Owner Information	Applicant Information
Name: HH WILTSHIRE HOLDINGS LLC	Name: HELMSMAN HOMES
Address:	Address: PO BOX 3965
	MOORESVILLE, NC 28117
Phone:	Phone:

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-CA Catawba/Lake Norman	NO

Remarks
SFD NEEDS ZONING DISCLAIMER EH APPS SENT TO RONDA BY APPLIC

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: 02/10/2021

Signature of Owner/Contractor

Permit Number	314854

TOTAL FEES:	$77.25