IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223889

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

PIN # 4740-202808

APPLICANT: FRANK FERROSECCHIO APPLICANT ADDRESS: 179 RIVER PARK RD. MOORESVILLE

SITE ADDRESS: 214 BROOK CREEK DR. TROUTMAN PHONE: 914-255-5911 ALT. PHONE:

SITE DIRECTIONS: CLONTZ HILL, TR RIDGE CREEK, TR BROOK CREEK, ON R

SUBDIVISION: ROCKY CREEK COVE SECTION: — LOT # 77 LOT AREA: .83AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 760 Date 3-4
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5C40' Linear Ft: 200'
Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth —

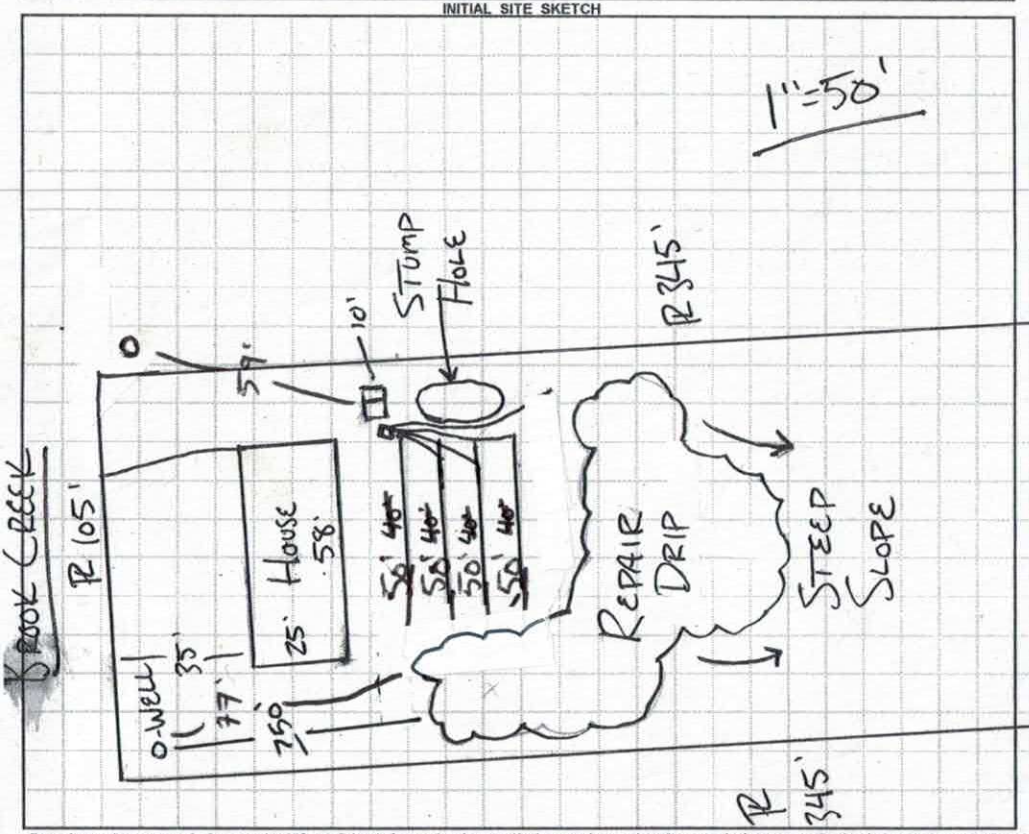
☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PANEL BLOCK
Repair System Description: DRIP
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

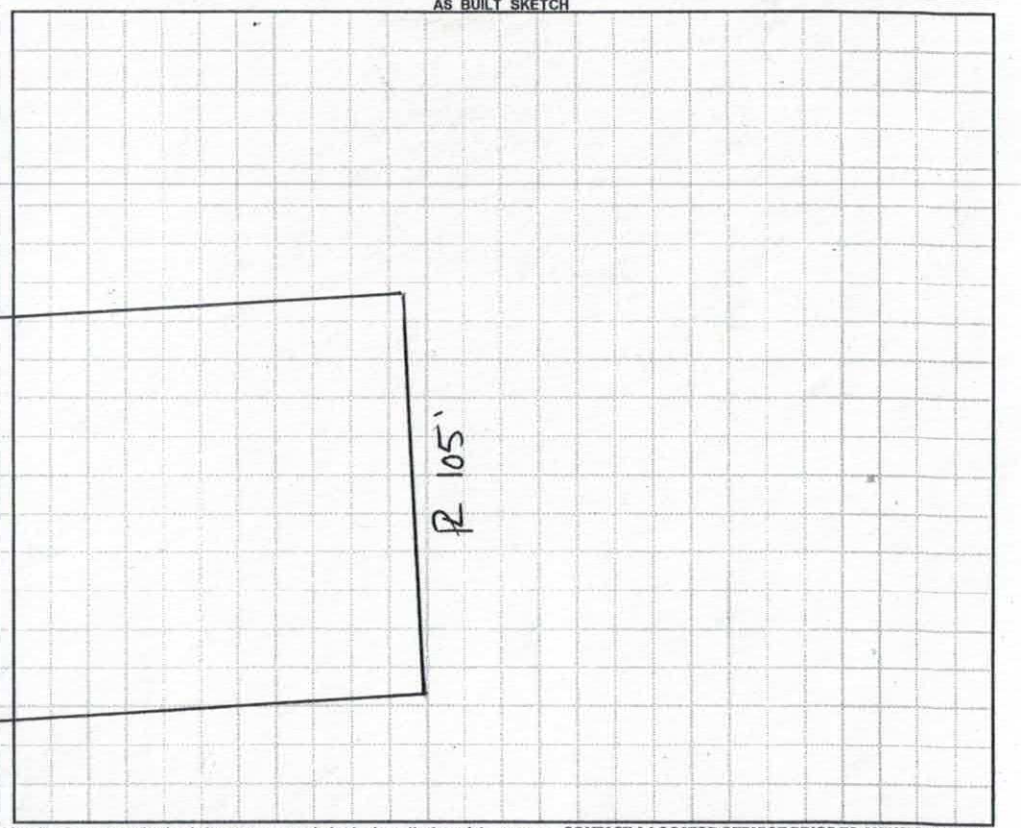
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: STAY 50' FROM WELL / STAY 10' FROM STUMP HOLE USING DRIP REPAIR TO STAY 12" ABOVE SAP. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

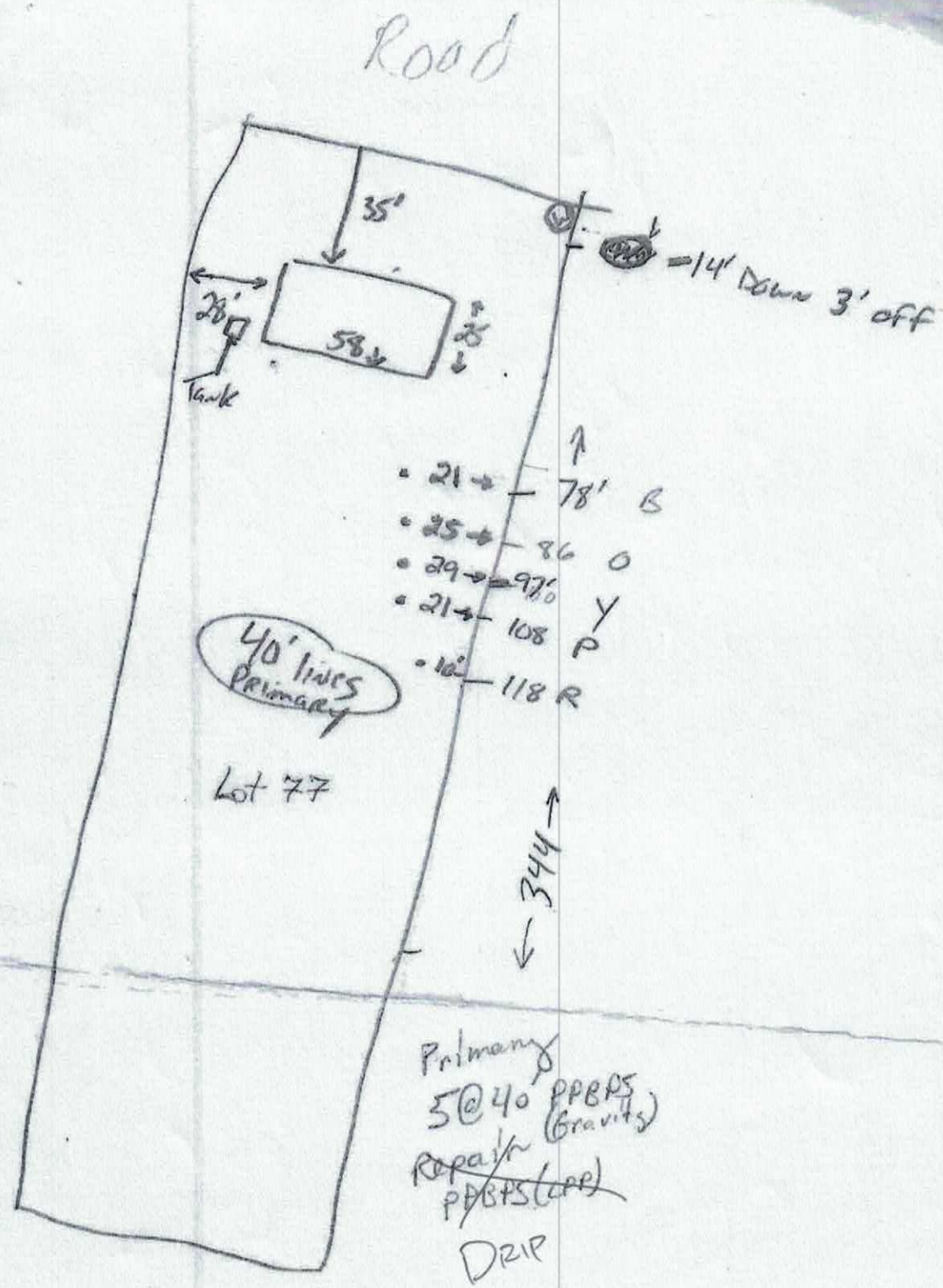
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 2-23-17 Installed by: A-1

IMPROVEMENT PERMIT by: Date: 2-22-17 OPERATION PERMIT by: Date: 7-18-17

AUTHORIZATION TO CONSTRUCT by: Date: 2-23-17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


Road
35'
28'
58'
28'
Tank
-14' Down 3' off
21 → 78' B
25 → 86 O
29 → 97' Y
21 → 108 P
12 → 118 R
40' lines Primary
Lot 77
344'
Primary
5@40 PPBPS (Gravity)
Repair
PPBPS (Low)
DRIP
Not to Scale

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

Sheet 1 of 1
PROPERTY ID #: 4740202
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Iron ~~Trey~~
ADDRESS: 214 Brook Creek (Lot 77)
PROPOSED FACILITY: Home
PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE: Rocky Creek SubDivision
APPLICATION DATE
DATE EVALUATED: 2-1-17
PROPERTY SIZE: .831 Acres
PROPERTY RECORDED: Y-S
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

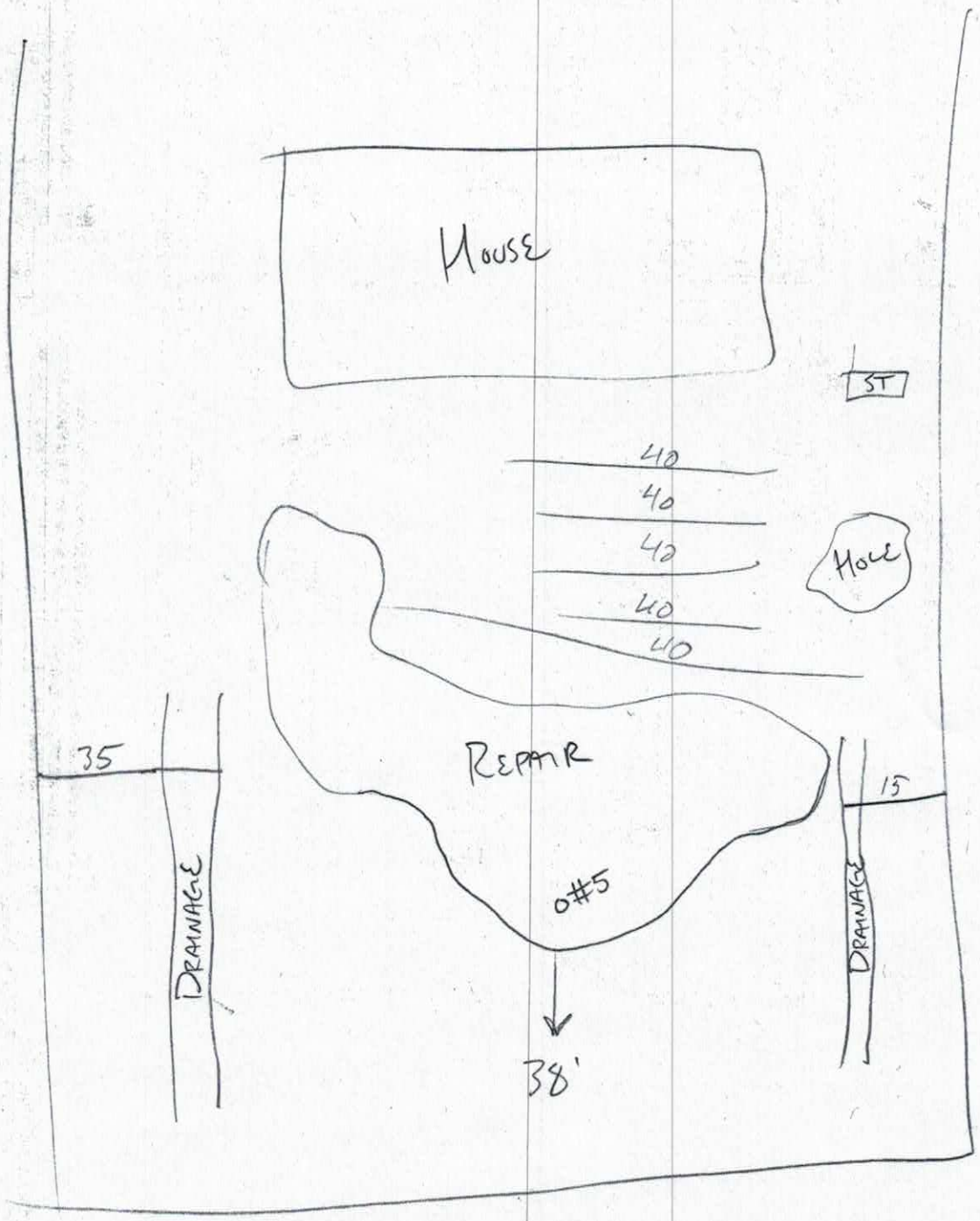
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
D 1	9%	0-12	RBRC w-m SBK/MBK	FR SS, P	few SAP common-many SAP inc	60"			PS.3 .325
		12-42	BRRC w-m SBK/ABK	FR SS SP					
		42-60	RBRCL-L w-m SBK	" " "					
D 2	8%	0-14	BRRC w-m SBK	FR SS SP	com SAP	24"	60"		PS .125 DRIP (.4 conv.)
		14-24	BRRCL WF SBK	" " "					
		24-60	VSL MASS	FR SS SP					
3	6%	0-6	BRL GR		Ban Aldridge Few YB mottles	*LTAR 0.25-.275			PS.3
		6-18	BRRCL WF SBK	FR SS SP					
		18-44	RC w-m SBK	" " "					
		44-55	BRRCL WF SBK	" " "	com SAP	55"			
4	7%	0-3	BRCL WF SBK	FR SS SP					PS.3
		3-12	BRRC w-m SBK	" " "					
		12-41	RC m-m SBK/ABK	" " "					
		41-55	RBRCL WF SBK	" " "	Few Iron SAP	55	-	-	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)	PS	PS
stem Type(s)	PPBPS	PPBPS
e LTAR	0.3	0.25

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

MMENTS:

AB 5 0-7 R/BR CL WSBK SSSP
7-32 R/BR C WSBK SSSP



IREDELL COUNTY HEALTH DEPARTMENT

Paid $500.00 #223889

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

- (✓) Septic Improvement Permit
- (✓) Authorization to Construct
- ( ) New Well Permit
- ( ) Existing System Inspection
- ( ) Well Repair Permit
- ( ) Septic System Repair
- ( ) Well Abandonment
- ( ) 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
- ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Frank Ferrosecchio Address: 179 River Park Rd, Mooresville Phone: 914-255-5411

Owner Name: Iron Irey LLC Address: 179 River Park Rd, Mooresville Phone: (704) 360-2874

Property Information:

Street Address: 214 Brook Creek Dr, Troutman NC 28166

Subdivision Name: Rocky Creek Cove Section/Phase: _____ Lot Number: 77

Driving Directions: Perth Rd to Clontz hill Rd, Clontz hill to Ridge Creek Dr Ridge Creek to Brook Creek Drive

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

- (✓) New Single Family Residence
- ( ) New Multi-Family Residence
- ( ) Accessory Building
- ( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(✓) 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 (2) Alternative (1) Conventional ( ) Innovative (3) 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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/14/16
DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

X Property Line measurements are clearly identified...

X 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

X Front and side setbacks from property line...

X Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

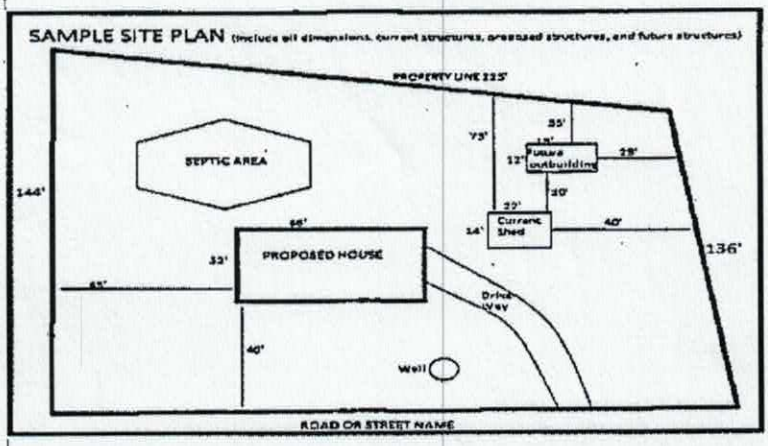
X North arrow, or other sufficient indicator of direction...

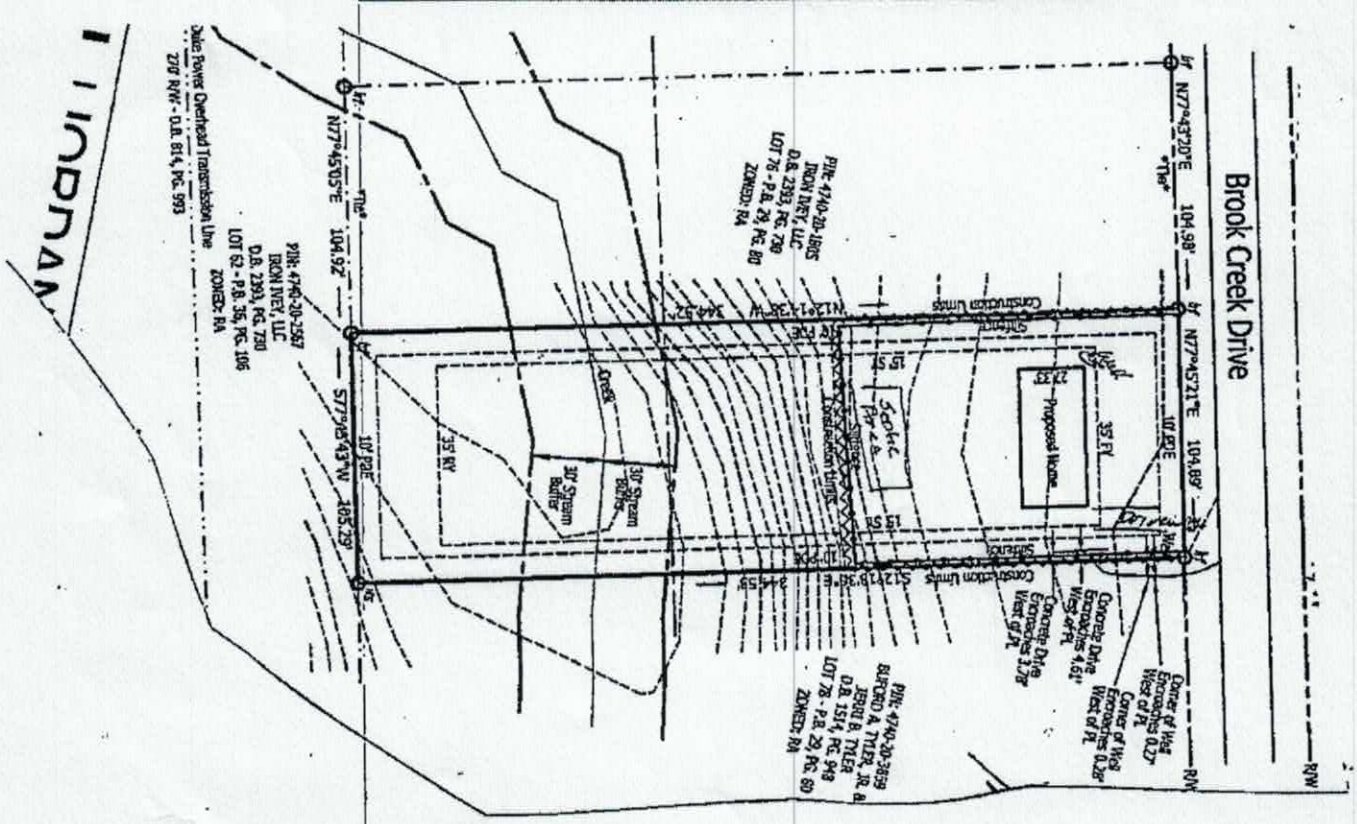
Circle N/A on the following if appropriate:

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



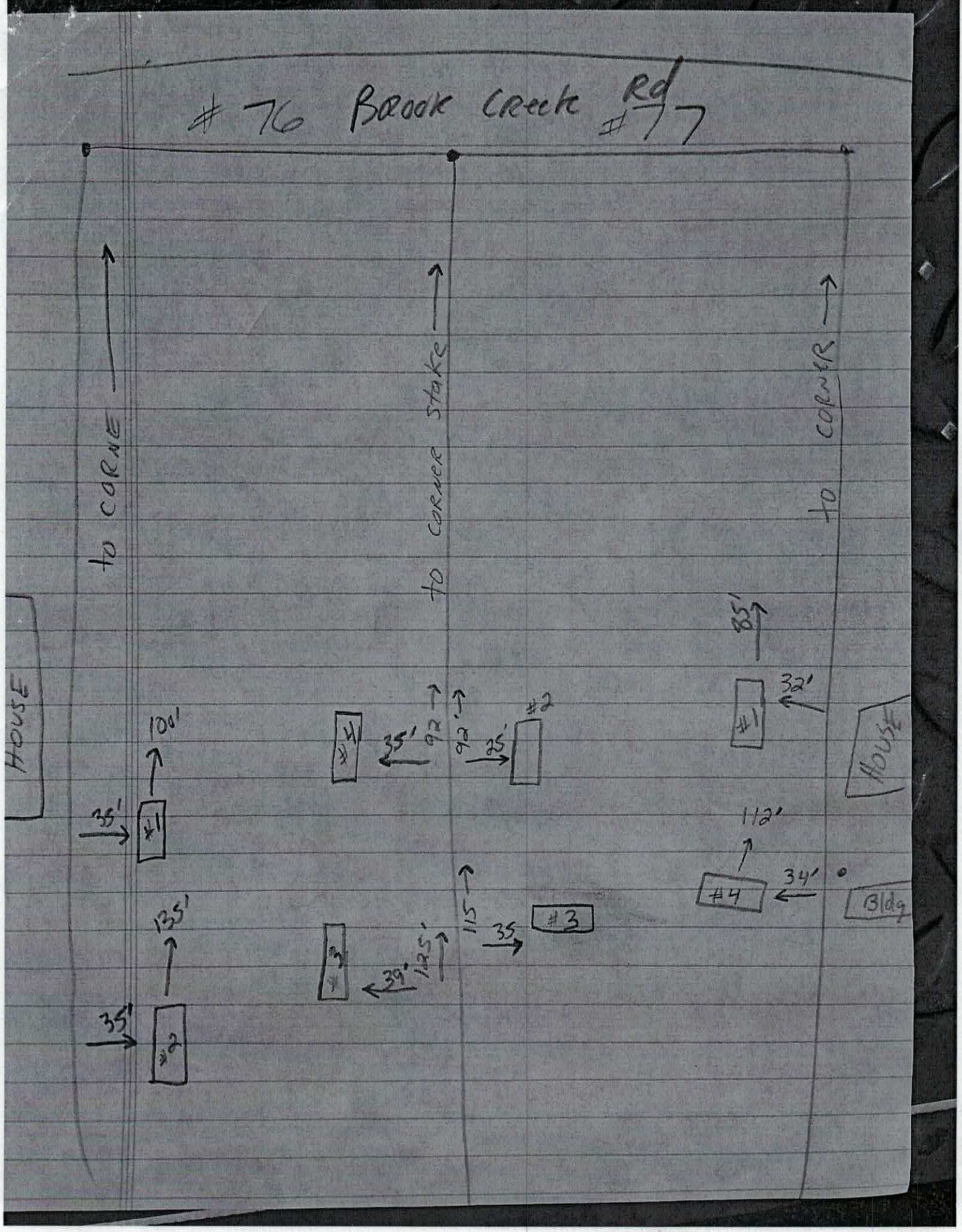


Signature: _____

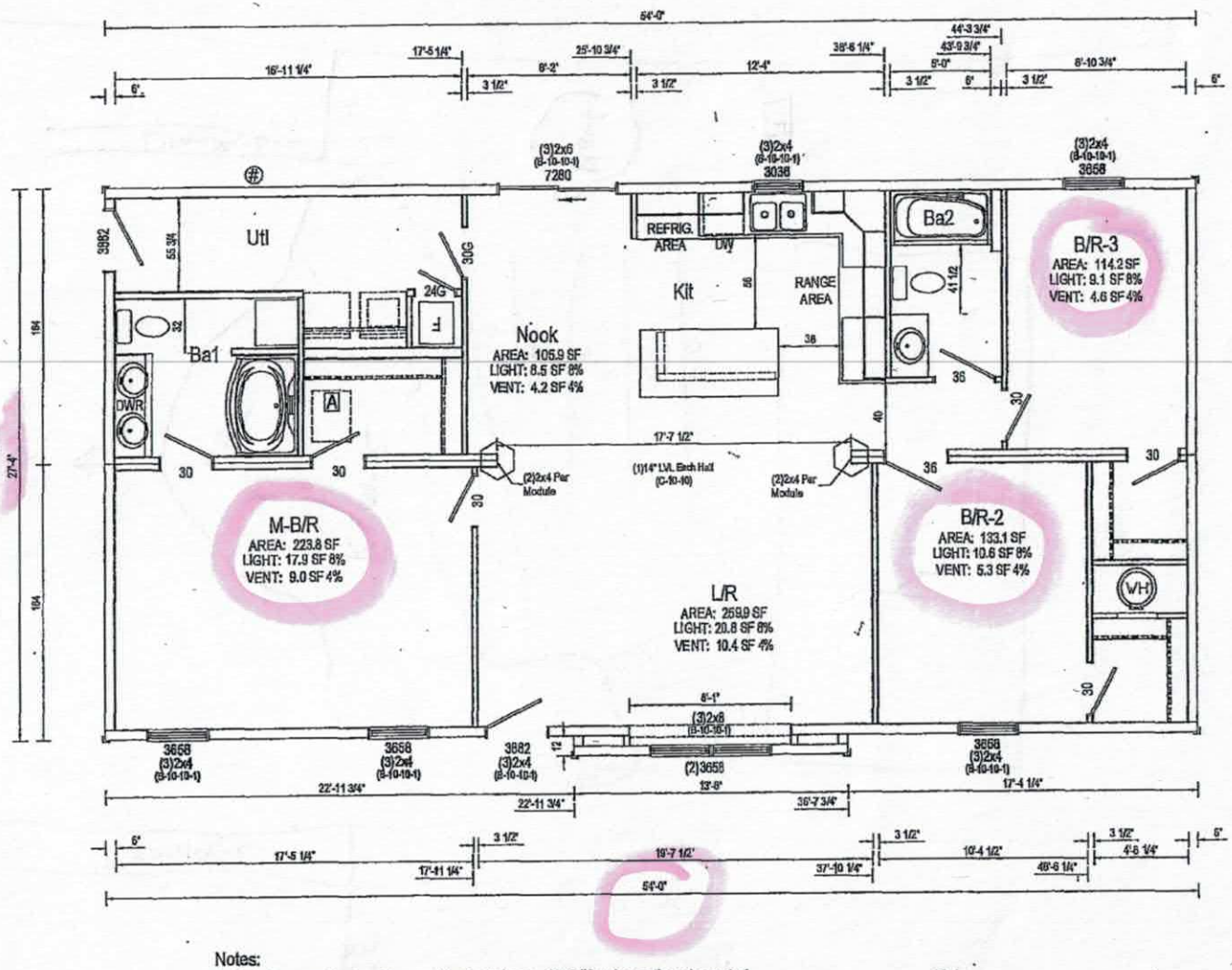
REQUIRED property owner or owner's legal representative signature.

12/14/16

DATE


#76 Brook Creek Rd #77
to corner
to corner stake
to corner
House
House
Bldg
#1
#2
#3
#4
#1
#2
#3
#4
#1
#2
100'
35'
92'
92'
25'
85'
32'
112'
34'
115'
35'
135'
35'
125'
39'

Rocky Cove Lot 73



Acknowledgement of Plans Submittal ONLY!

Date 2-23-17

Date 2-23-17

Notes:
1. Exterior opening headers and jack studs are SPF #2 unless otherwise noted.
2. Sidewall headers may use alternate construction per section B-10 of Systems Manual.
3. LVL's where specified to be minimum of 1 1/2" wide, M.O.E. = 2.0 and fb = 2900 PSI.

Note:
* LVLs noted must extend past column on at least one end 24" minimum and be overlayed with OSB sheathing.

APPROVED BY
NA INC.
1/16/2017
Approval of this document does not authorize or approve any deviation or deviations from the requirements of applicable State Laws.
Coraya Siwy

See Schedules and General Notes Page

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.

Title: Floor Plan

Cutsheet: 2654

Revisions: Date / Number

Scale: 3/16" = 1'-0"

Date: 01/13/2017

Drawn By: NE

Reference: B28521-A

Cust. Specification: 54

Dir: Old Iron Mgmt.

Unit: 40671

Model/Elev. No.: B28523-A10

Pg: FP

214 Burnt Creek Dr. 27889

IREDELL COUNTY

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

APPLICATION NUMBER
223889
Issue Date: 12/19/2016

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4740202808.000	214 BROOK CREEK DRIVE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ROCKY RIVER LLC	Applicant: FERROVECCHIO, FRANK
Address: 2710 S MAIN ST #1E SALISBURY, NC 28147	Address: 179 RIVER PARK RD MOORESVILLE, NC 28117
Phone:	Phone: 914-255-5411

Use Requested	Zone Code
MODULAR HOME	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.830	35.00	35.00	15.00	15.00	PACL	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	88639	TOTAL FEES:	$ 77.25