IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206018

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

PIN # 4740-62-1397

APPLICANT: 46 Design Build LLC APPLICANT ADDRESS: PO Box 984 Troutman NC 28166

SITE ADDRESS: 135 Hawks Landing Dr - Troutman PHONE: ALT. PHONE:

SITE DIRECTIONS: Hwy 21 N, TL on Flower House Lp, TL on Hawks Landing Dr, Lot on L

SUBDIVISION: Hawks Landing SECTION: — LOT # 17 LOT AREA: 0.526ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 825 Date 12-7-15

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 400

Trench Width 36" Max. Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: Gravity 25% Reduction LP PPBPS

Repair System Description:

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: * CHANGED TO CRAWLSPACE *

ST perpendicular to House.
Used Quick 4
End fed No "drop boxes"
Installed essentially as drawn

INITIAL SITE SKETCH

SEE DESIGN BY

THE OAKS GROUP

(Approved 11-7-14) ALP

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: Kathleen Saunders Date: 11-12-14 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Date: 11-7-14 OPERATION PERMIT by: Maria Olson RS Date: 5/4/15

AUTHORIZATION TO CONSTRUCT by: APPROVED DEC 31 2014 Date: Existing System Inspected by: Date:

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

Approved 11-7-19
AL

Lot 17 Hawks Landing Subdivision Fast Track

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	30 inches
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	270
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Red	LP PPBPS	30
2	System	Pink	25% Reduction	45 endfed
3	System	Orange	25% Reduction	136 endfed
4	System	Pink	25% Reduction	109 endfed
5	System	Orange	25% Reduction	110 endfed
6	Repair	Blue	LP PPBPS	60
7	Repair	Orange	LP PPBPS	60
8	Repair	Blue	LP PPBPS	50
9	Repair	Orange	LP PPBPS	40
10	Repair	Blue	LP PPBPS	30
				Total System: 400'
				Total Repair: 270'

Note: Design uses health department recommeded LTAR.
Design is a very tight fit. Caution should be used during clearing, grading, and drilling the well on Lot 16 in order to prevent losing available space

Approved 11-7-14
AP

On-site Wastewater Section

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Lot #: 17
File #:
AppID:
PIN: 4740621397

Owner: 4 G Design Build
Applicant: Jame
Address: 135 Hawks Landing Dr
Date Evaluated: 10/10/14
Proposed Facility: SFR
Design Flow (.1949) 480
Property Size: 0.526
Location of Site: Hawks Landing # 17
Property Recorded:

Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L	0-6	MoGRSL	FR ns/np	Br; Gravelly				0.35
		6-37	Mo SBKC	FR SS/SP	R				
		37-50	WK SBKCL	FR SS/SP	R				
2	L ~10%	0-3	MoGRSL	FR ns/np	Br; Gravelly				0.35
		3-29	Mo SBKC	FR SS/SP	R				
		29-51	WK SBKCL	FR SS/SP	R; F sap				
3	L ~5%	0-4	MoGRSL	FR ns/np	Br				0.35
		4-48	Mo SBKC	FR SS/SP	R; F sap				
4	L	0-6	MoGRSL	FR ns/np	Br				0.35
		6-39	Mo SBKC	FR SS/SP	R				
		39-50	WK SBKCL	FR SS/SP	R; F sap				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)	25% Red	LP PP BPS
Site LTAR	0.35	0.35

Other Factors (.1946):
Soil Evaluation By: KMS
Others Present: GRH
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present: GRH

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4740-62-1397
DATE OF EVALUATION: 10-29-14
COUNTY: Iredell

4G Design Builders 135 Hawks Landing Dr

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
B 1	LSS 5% Lot 17 ACP	0-8	B SCL Gr	Fr SS SP SEXP	—	48"	—	—	PS .3
		8-30	R C MFABK/SBK	Fr SS SP SEXP					
		30-48	R CL WFSBK	Fr SS SP SEXP					
B 2	LSS 6% Lot 17 ACP	0-6	B SCL Gr	Fr SS SP SEXP		48"	—	—	PS .3
		6-28	R C MFSBK/ABK	Fr SS SP SEXP					
		28-48	R CL WFSBK	Fr SS SP SEXP	few sap				

COMMENTS:

RECEIVED DEC 3 0 2014

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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:

Applicant Name: 4G DESIGN BUILD **Address:** PO BOX 984 TROUTMAN 28166 **Phone:** 704 208-8342

Owner Name: SAME **Address:** SAME **Phone:** SAME

Property Information:

Street Address: 135 HAWKS LANDING DRIVE

Subdivision Name: HAWKS LANDING **Section/Phase:** 1 **Lot Number:** 17

Driving Directions: TAKE FLOWER HOUSE LOOP, RIGHT ONTO HAWKS LANDING DRIVE, Property on Left.

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

(X) 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:

(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 ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: 25% Red

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: _____ 12/30/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Moved to F. Track List 10-24-14

2060018

MF 8/14

Paid $500.00 Statesville

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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- (X) Septic Improvement Permit
- (X) New Well Permit
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Applicant Information:

Applicant Name: 46 DESIGN BUILD LLC Address: PO BOX 984 TROUTMAN, NC 28166 Phone: 704-208-8342

Owner Name: TIERNEY HOMES Address: 4720 TRAILS END RD DENVER 28037 Phone: 704-489-1714

Property Information:

Street Address: 135 HAWKS LANDING DRIVE TROUTMAN NC 28166

Subdivision Name: HAWKS LANDING Section/Phase: _____ Lot Number: 17

Driving Directions: HWY 21, LEFT ON FLOWER HOUSE LOOP, Right ONTO HAWKS LANDING DRIVE

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

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

Maximum Number of Bedrooms: 4

Maximum Number of Occupants: _____

- ( ) Swimming Pool
- ( ) Other Addition/Structure: _____

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- (X) Concrete Slab Foundation
- ( ) Basement with Plumbing
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Non-Residential Site Development:

Type of Business: _____

Square Footage of Building: _____

Maximum Number of Employee: _____

Maximum Number of Seats/Beds/Other: _____

Water Supply:

- (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:

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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: _____ 9/25/14

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

IREDELL COUNTY HEALTH DEPARTMENT

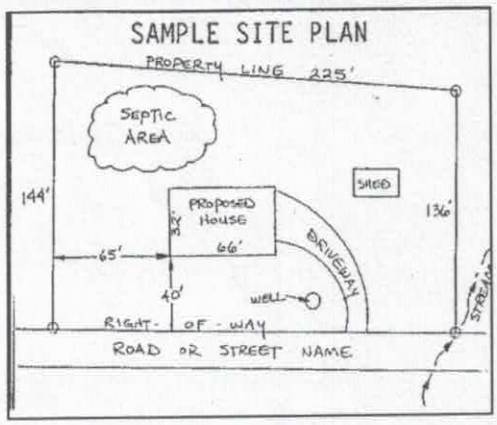
ENVIRONMENTAL HEALTH DIVISION

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

SEE PERMIT

Signature: _____

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

12/30/14

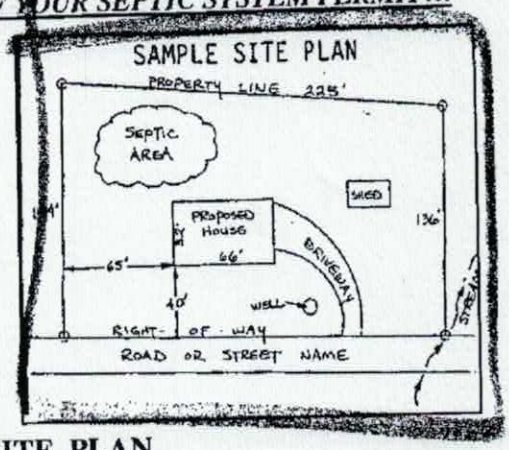
DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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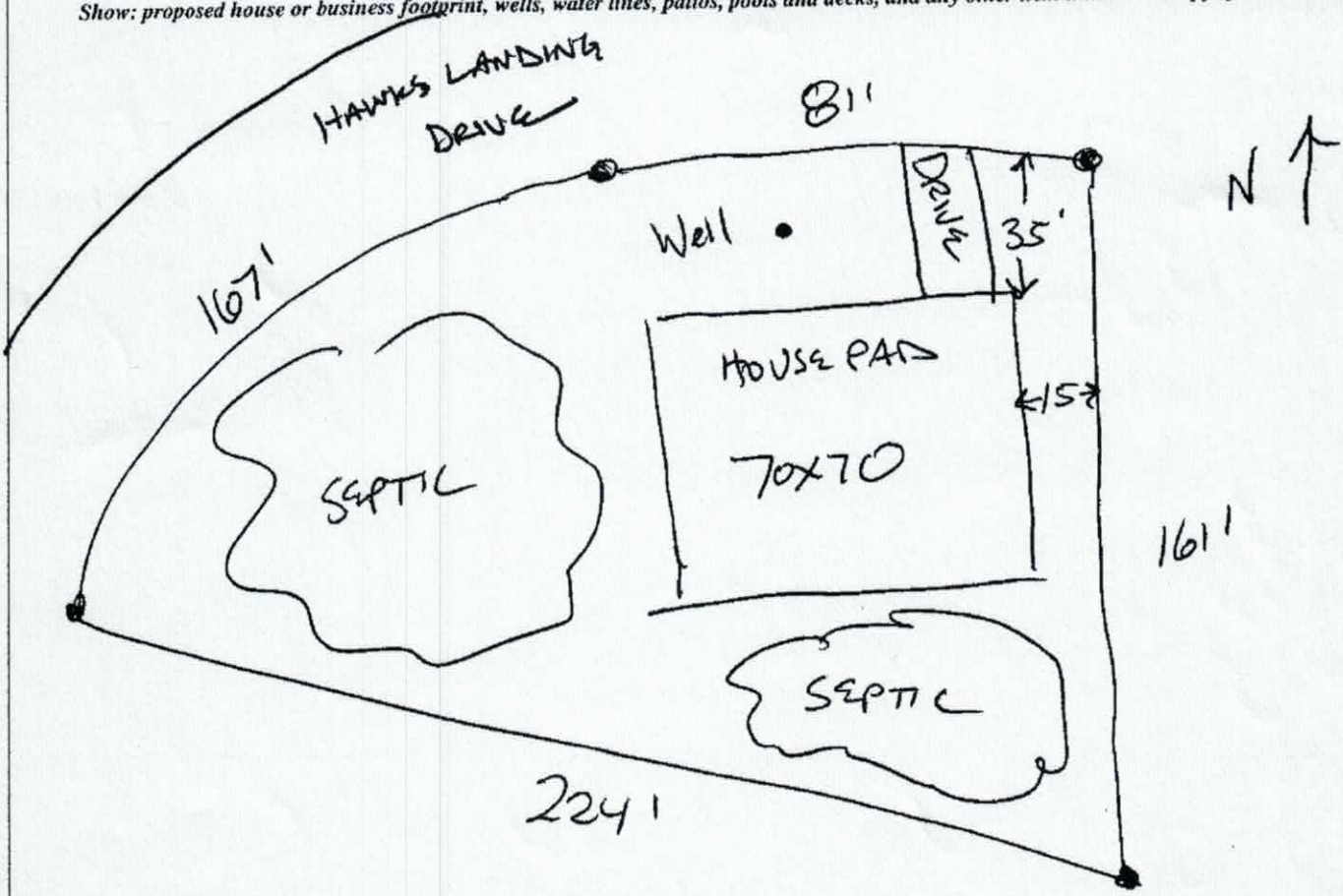
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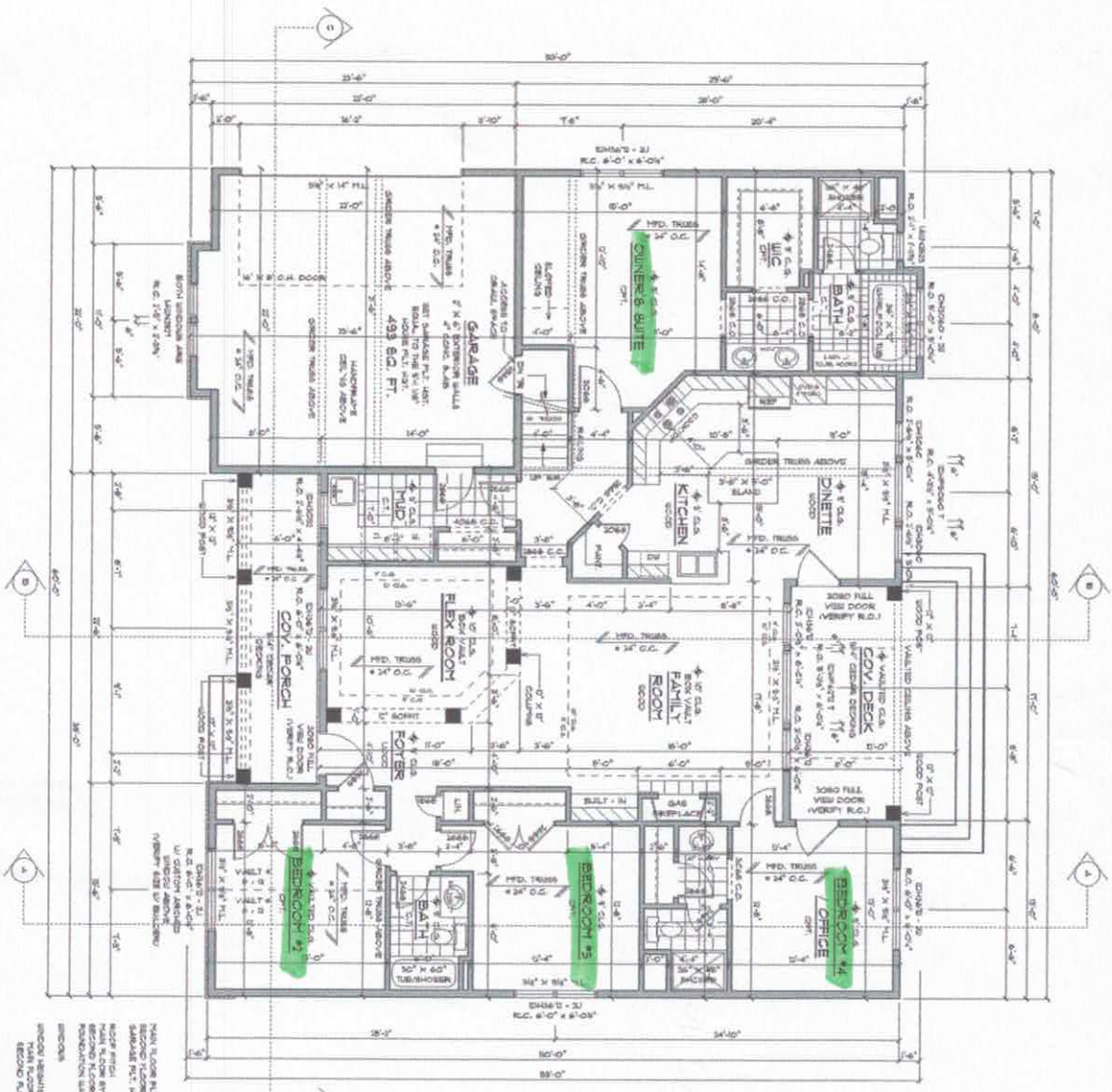
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Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/25/14
DATE

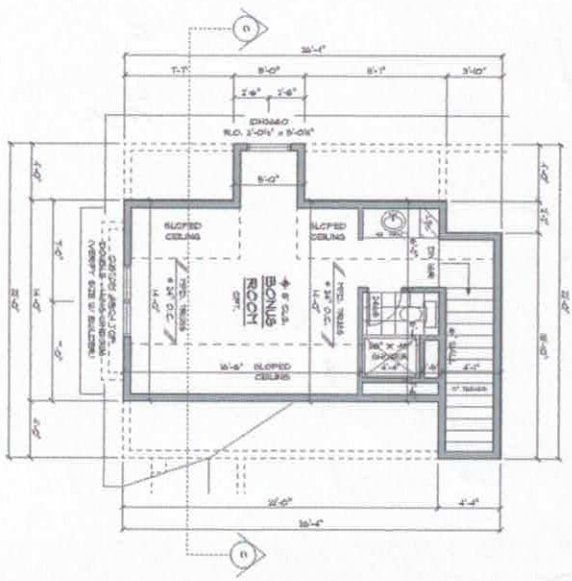
LOT 17 – HAWKSLANDING



MAIN FLOOR PLAN
(CRAWL SPACE)

2219 SQ. FT.

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



SECOND FLOOR PLAN
(CRAWL SPACE)

335 SQ. FT.

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

Acknowledgement Of Plans Submittal ONLY!

Date 12/30/14

APPROVED DEC 31 2014

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ROYAL OAKS DESIGN
EMAIL: www.RoyalOaksDesign.com
PHONE: 651-785-4751
kieran@royaloaksdesign.com

PROJECT NO. CL-2239
SHEET NO. 3 OF 4

DATE 3 - 14 - 12
DRAWN BY: J. BAVELA
CHECKED BY:

(CL - 2239)
(CRAWL SPACE)

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IREDELL COUNTY

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

APPLICATION NUMBER
206018
Issue Date: 09/25/2014

Hawks Landing 17

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4740621397.000	135 HAWKS LANDING DRIVE, TROUTMAN, NC 28166	TROUTMAN

Owner Information	Applicant Information
Owner: ELG INVESTMENTS LLC	Applicant: 4G DESIGN BUILD
Address: 0 IREDELL CO, NC 28625	Address: PO BOX 984 TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.520	35.00	35.00	15.00	25.00	PA	X

Remarks:

25 FOOT S/B IS ON THE ROAD SIDE

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	22636	TOTAL FEES:	$ 77.25