ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 306374

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

PIN # 4629656270.000

APPLICANT/OWNER: 4G Design Build APPLICANT ADDRESS: 488 Pineville Rd Statesville

SITE ADDRESS: 183 Randstone Drive Troutman NC 28166 PHONE: 704-578-4951 ALT. PHONE

SITE DIRECTIONS: State Park Rd, Morrison Farm, @ Randstone at End. SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Lakeway Estates. SECTION: - LOT# 6 LOT AREA: .854 Acres DESIGN FLOW: 360 L.T.A.R.: .35

Septic Tank	1000	(gal)	STB	1794	Date	8-12-2020	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms	3	Water Supply
Pump Tank	-	(gal)	PT	-	Date	-	System Description: Gravity -25% Reduction.		[ ] Business	No. Persons	6	[ ] Private
Pump Make	-	Model	-		Serial #	-	Repair System Description: LP-PPBPS (.3 LTAR).		[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines	4		Linear Ft:	275	Maintenance Agreement Required: [ ] YES [X] NO		[X] Slab	Crawl Space		[X] Community
Trench Width	36 in	Trench Bottom Depth(Low side)	30 in		Gravel Depth	-	[X] GRAVITY [ ] PRESSURE		[ ] Basement w/plumbing		[ ] Basement w/o plumbing	

Comments / Conditions:

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:

The Oaks Group PA

LSS # 1313

AS BUILT SKETCH

As Built on site plan
Not to scale

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

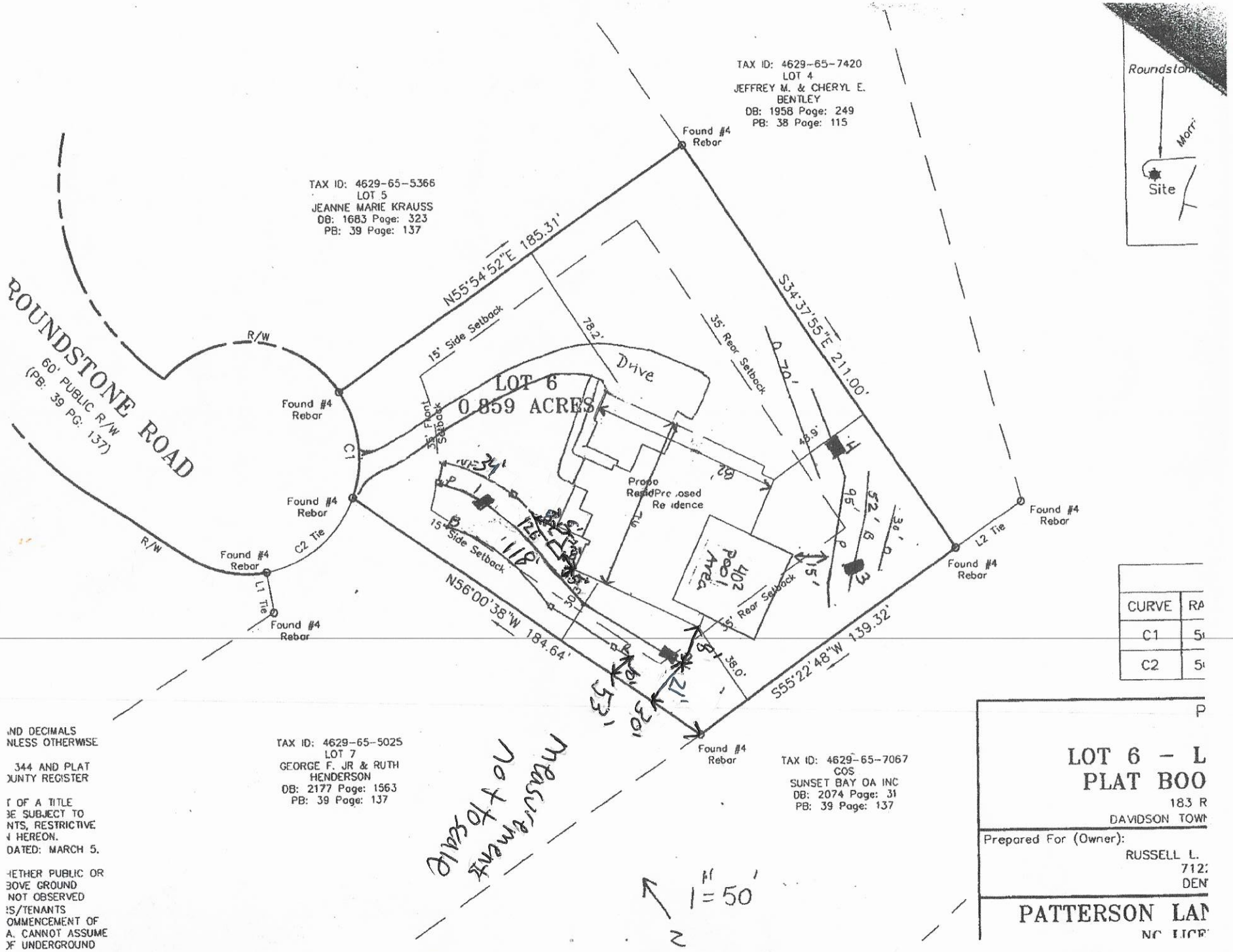
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Acknowledgement of Acceptance Rec Date: 4/15/2020 Installed by: Greenway Waste Solutions

IMPROVEMENT PERMIT by: Benjamin A Bottoms Date: 4/15/2020 OPERATION PERMIT by: Patrick J Boyle III Date: 9/14/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottoms Date: 4/15/2020 Existing System Inspected by: Date:

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



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C2	5

ND DECIMALS
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344 AND PLAT
OUNTY REGISTER

T OF A TITLE
BE SUBJECT TO
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N HEREON.
DATED: MARCH 5.

HETHER PUBLIC OR
BOVE GROUND
NOT OBSERVED
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OMMENCEMENT OF
A. CANNOT ASSUME
OF UNDERGROUND

LOT 6 – L
PLAT BOO
183 R
DAVIDSON TOWN

Prepared For (Owner):
RUSSELL L.
712
DEN

PATTERSON LAN
NC LICE

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 183 Roundstone Dr

Date: March 23, 2020

Attached is the septic specification information required to permit 183 Roundstone Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

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). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

Kathleen Saunders

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

183 Roundstone Dr - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	~~Crawl Space~~ concrete slab ERMS
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.35**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	275
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	30"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	247
Repair Loading Rate	0.3
Repair trench depth	30"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	NF	25% Reduction	30 endfed
2	System	Pink	25% Reduction	150 endfed
3	System	Red	25% Reduction	40 endfed
4	System	Blue	25% Reduction	55 endfed
5	Repair	Orange	LP PPBPS	30
6	Repair	Blue	LP PPBPS	52
7	Repair	Pink	LP PPBPS	95
8	Repair	Orange	LP PPBPS	70
				Total System: 275'
				Total Repair: 247'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Grade "hump" off the front of the lot near road

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

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

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

OWNER: 4G Design Build
ADDRESS: 488 Pinkville Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Roundstone Dr Lot 6
APPLICATION DATE ___
DATE EVALUATED: 3-21-202
PROPERTY SIZE: 0.86 Ac
PROPERTY RECORDED: yes
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	L 5%	0-24	Mo SBK CL	FR SS/SP	R	31"	PS	N/A	0.35
		24-31	WK SBK CL	↓	R; C sap multi				
		31-60	MA L sap	↓					
2	L 5%	0-17	Mo SBK CL	FR SS/SP	R	23"	PS	N/A	0.35
		17-23	WK SBK CL	↓	R; C sap yel R				
		23-60	MA L sap	↓					
3	L <2%	0-13	WK SBK CL	FR SS/SP	R; C sap R yel	13"	PS	N/A	0.35
		13-60	MA L sap	↓					
4	L 5%	0-26	Mo SBK C	FR SS/SP	R	39"	PS	N/A	0.3
		26-39	WK SBK CL	↓	R; C sap multi				
		39-60	MA L sap	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III 9	IV
Site LTAR	0.35	0.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: ___
OTHER(S) PRESENT: ___

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

COMMENTS: ___

Updated February 2014

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: 4G Design Build Address: 488 Pineville Rd Statesville Zip: _____

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 183 Roundstone Dr Troutman

Subdivision Name: Lakeway Estates Section/Phase: _____ Lot Number: 6

Driving Directions: State Park Rd, Morrison Farm, R Roundstone, at end

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

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) 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 (X) 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 (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: Kathleen Saunders 3-25-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

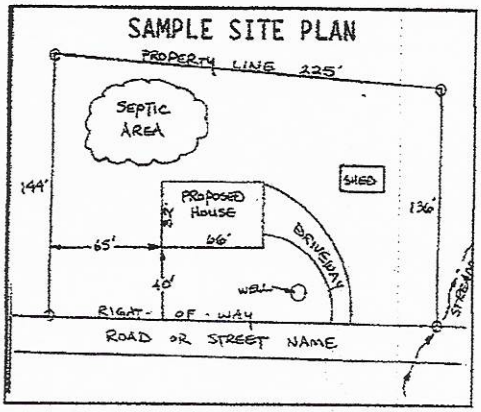
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (✓) Preferred well location
- (✓) Preferred septic system location
- (✓) 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)

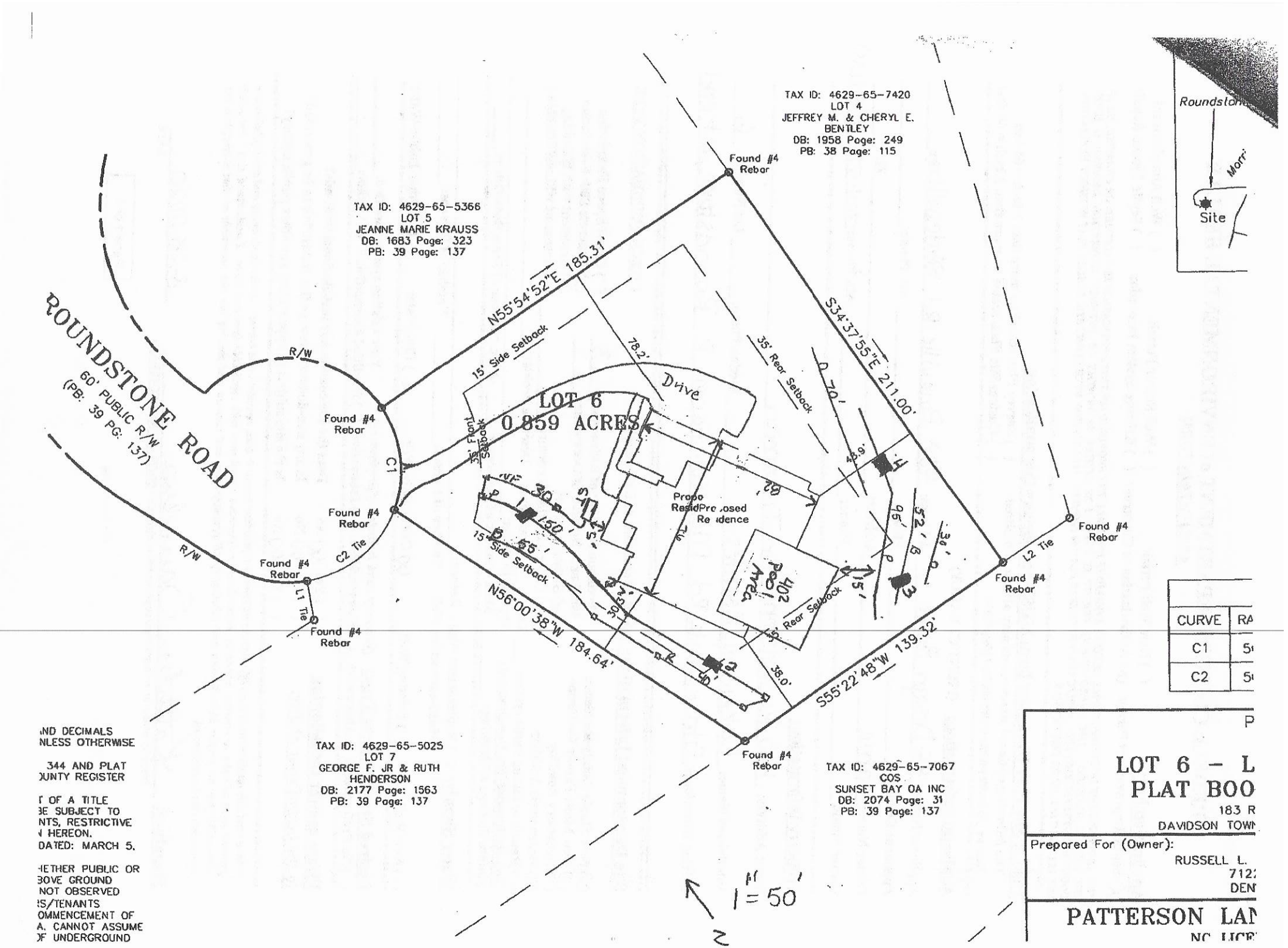
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Please see Attached

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

3-25-2020
DATE



CURVE	RA
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C2	5(

ND DECIMALS
NLESS OTHERWISE

344 AND PLAT
OUNTY REGISTER

T OF A TITLE
BE SUBJECT TO
NTS, RESTRICTIVE
N HEREON.
DATED: MARCH 5,

HETHER PUBLIC OR
BOVE GROUND
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ES/TENANTS
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A. CANNOT ASSUME
OF UNDERGROUND

P

LOT 6 - L
PLAT BOO
183 R
DAVIDSON TOWN

Prepared For (Owner):
RUSSELL L.
712
DEN

PATTERSON LAN
NC LICE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, 4G Design Build, am the legal owner of the property located at 183 Roundstone Dr, identified as PIN(Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 3/25/2020
Signature of Owner Date

_____ _____
Signature of Witness Date

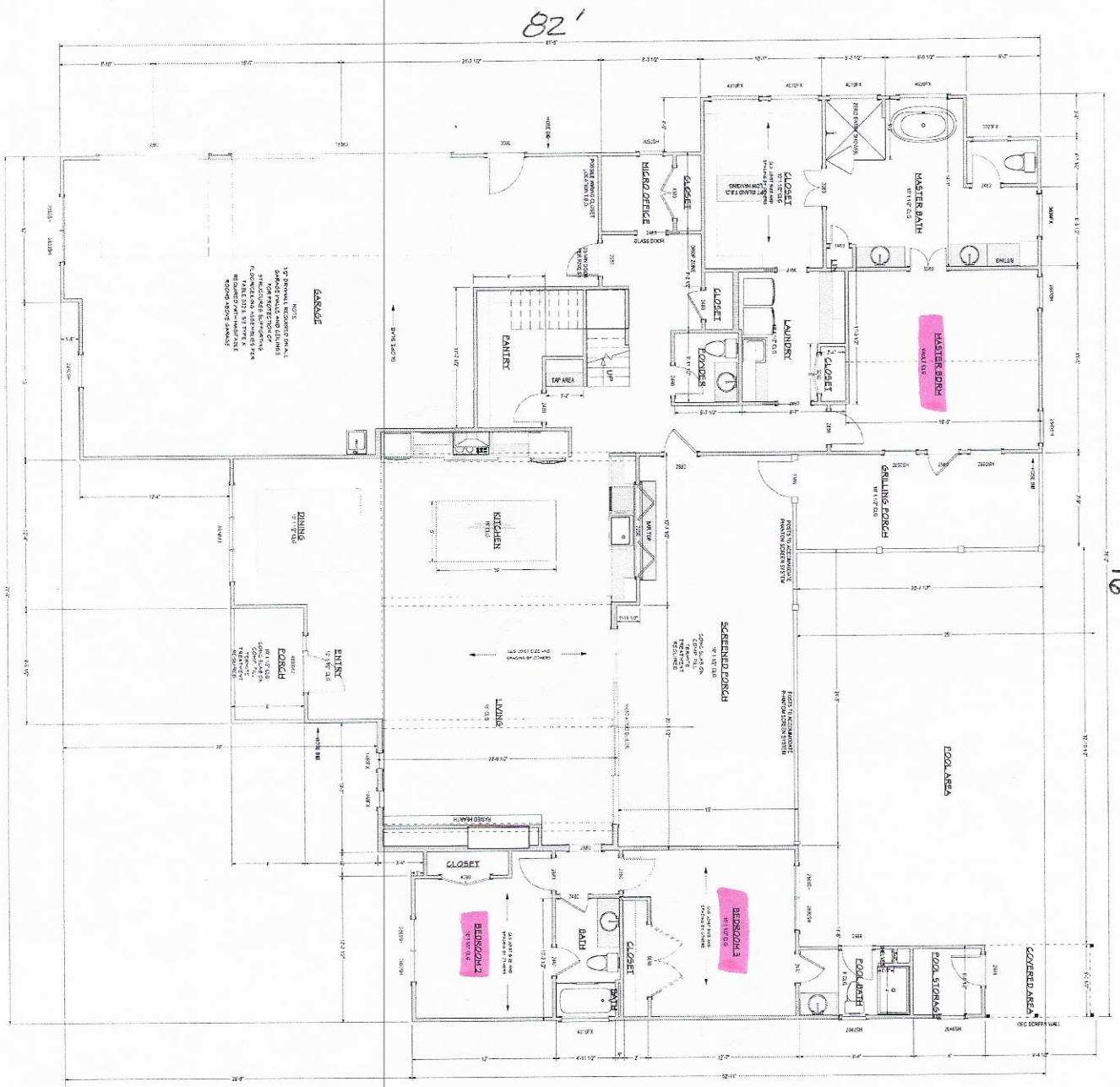
Acknowledgement Of
Plans Submittal ONLY!
Date 4/15/20
Date 3-25-2020

SECOND FLOOR PLAN

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

SQUARE FOOTAGE	
1ST FLOOR HEATED	2544
TOTAL HEATED	2544
FUTURE BONUS	342
POOL STORAGE	35
GARAGES	626
PORCHES	644
TOTAL UNDER ROOF	4539

SHEET: A-7		SCALE:	DATE: 8/30/2019	BUILD4G.com PO BOX 69 TROUTMAN NC 28166 704-665-7578	PROJECT DESCRIPTION: SIMONTON Residence 157 Silver Falls Dr Troutman NC 28166	NO. DESCRIPTION BY DATE	BID



FIRST FLOOR PLAN

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

Acknowledgement Of
Plans Submittal ONLY!

Date 4/15/2020

Date 3-25-20

SQUARE FOOTAGE	
1ST FLOOR HEATED	2544
TOTAL HEATED	2544
FUTURE BONUS	342
POOL STORAGE	35
GARAGES	426
PORCHES	694
TOTAL UNDER ROOF	4530

SHEET: A-6	SCALE:	DATE: 8/30/2019	BUILD4G.com PO BOX 60 TROUTMAN NC 28166 704-665-7578	PROJECT DESCRIPTION: SIMONTON Residence 157 Silver Falls Dr Troutman NC 28166		NO. DESCRIPTION BY DATE	BID

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

APPLICATION NUMBER
306374 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4629656270.000	183 ROUNDSTONE RD	Iredell County

Owner Information	Applicant Information
Name: NATION RUSSELL L JR+DEBBIE L	Name: THE OAKS GROUP
Address:	Address: 121 HOLT LN MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

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	N/A	NO

Remarks
SFD

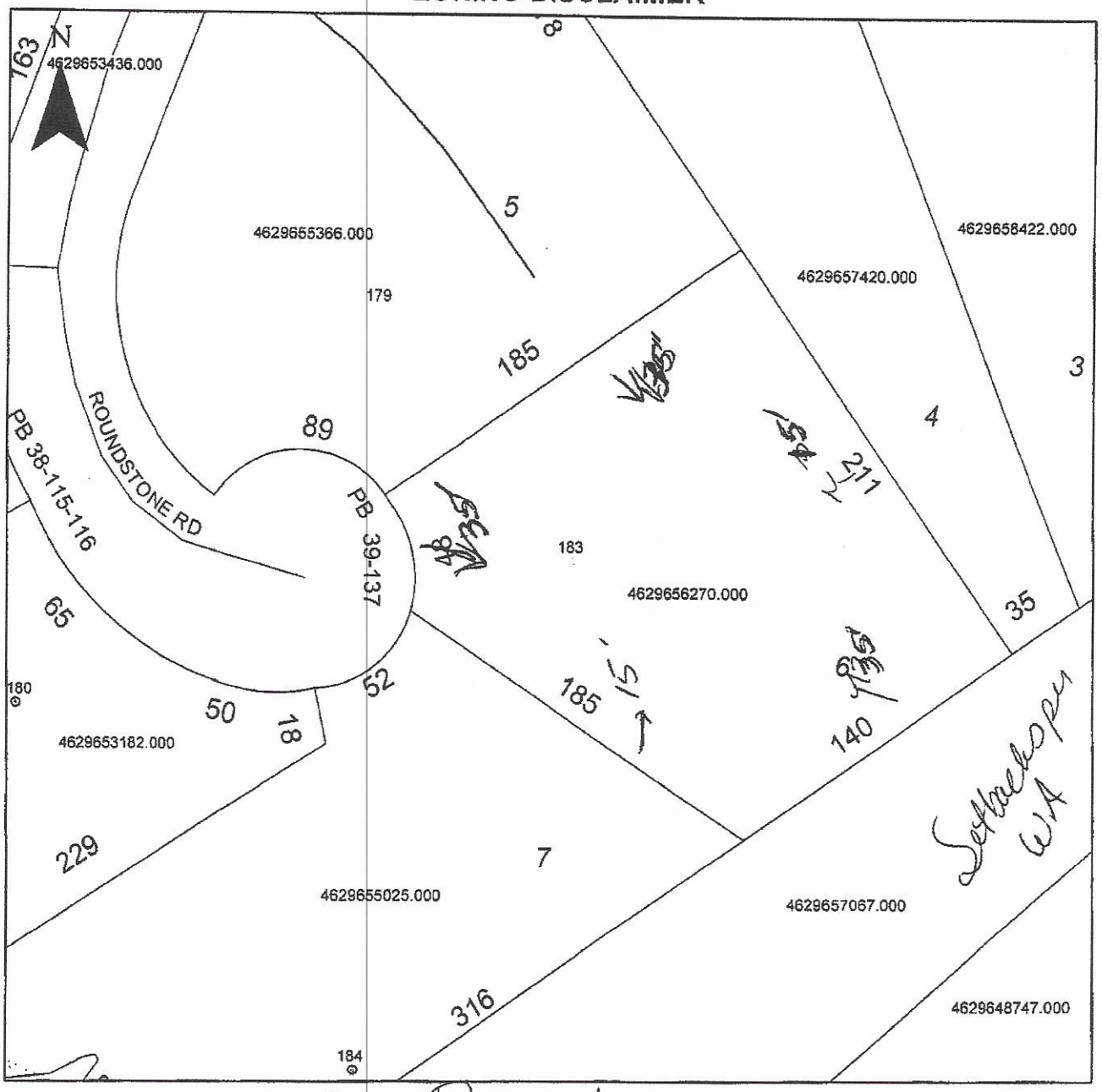
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Kathleen Sanders
Signature of Owner/Contractor

Date: 03/27/2020

Permit Number	306374	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 183 Roundstone

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.

Kathleen Saunders
Applicant

4/1/2020
Date