ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 305507

CCN

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

PIN # 4637014262.000

APPLICANT/OWNER: B & G Properties | APPLICANT ADDRESS: 124 Fernwood Lane Mooresville NC 28117

SITE ADDRESS: 112 Direct Drive Mooresville NC 28117 | PHONE: 704-233-3177 | ALT. PHONE LSS - 704-578-4951

SITE DIRECTIONS: BSR, Blume, Beaten Path, Direct Drive on Right. | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lakeview Haven | SECTION: - | LOT # 2 | LOT AREA: .694 Acres | DESIGN FLOW: 480 | L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	Infiltrator	Date	Infiltrator	☒ New System	☐ Repair	☐ Expansion
Pump Tank	-	(gal)	PT	-	Date	-	System Type: I II III IV V VI		
Pump Make	-		Model	-	Serial #	-	System Description:	Gravity - 25% Reduction	
# Nitrification Fields	1	# Lines	4	Linear Ft	400		Repair System Description:	LP - PPBPS - 50% Reduction	
Trench Width	36	Trench Bottom Depth(Low side)	30	Gravel Depth	-		Maintenance Agreement Required:	☐ YES ☒ NO	
								☐ GRAVITY ☐ PRESSURE	

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ 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

12/15/2020: Tank checked and was good. As built measurements on site sketch not to scale

12/21/2020: First 2 drainlines checked and were good and connected. As built measurements on site sketch 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**

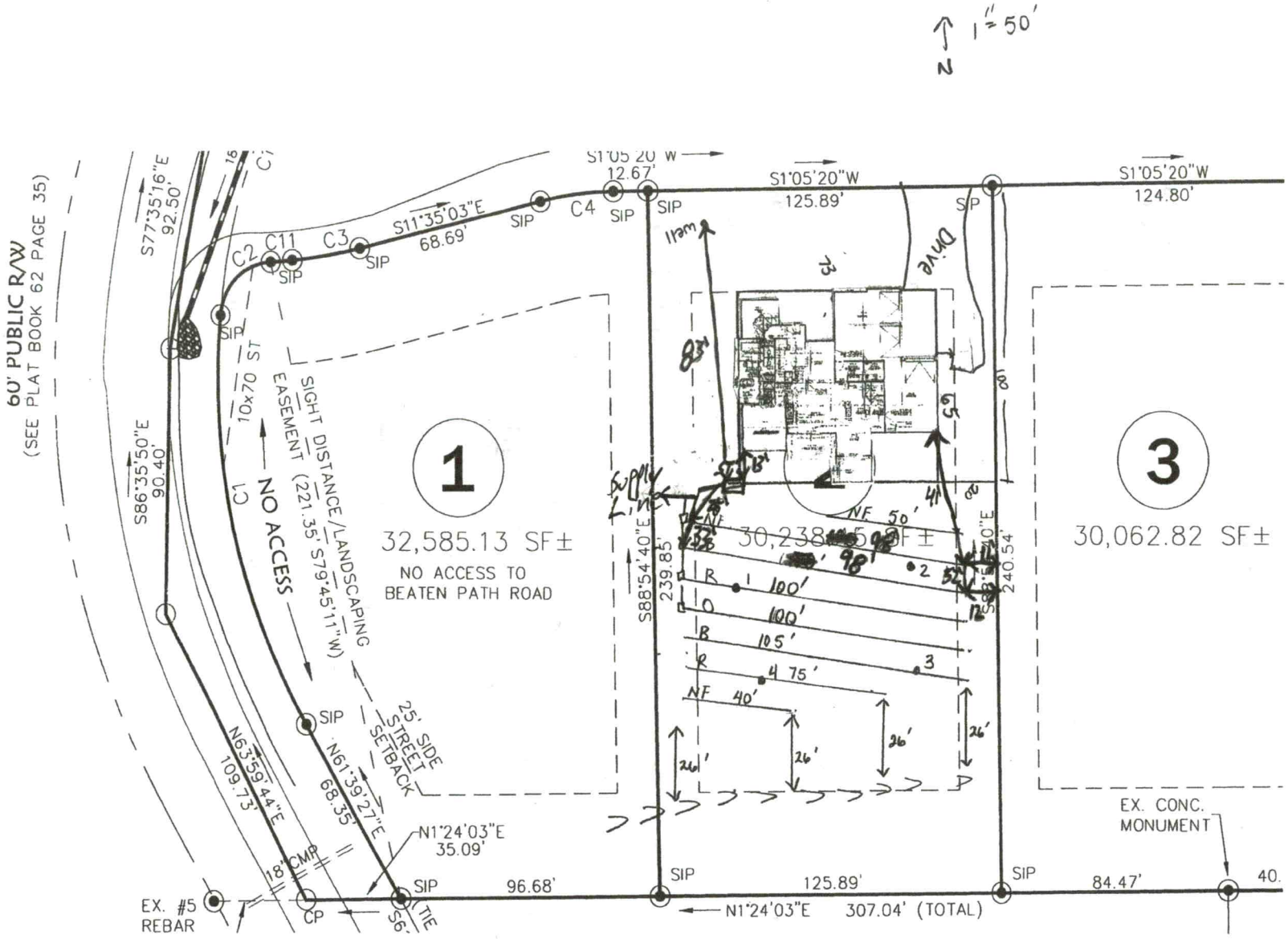
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders | Date: 3-18-2020 | Installed by: Precision

IMPROVEMENT PERMIT by: Benjamin A. Gothie | Date: 3-16-2020 | OPERATION PERMIT by: [signature] | Date: 12-23-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Gothie | Date: 3-16-2020 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3783 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.


N
1" = 50'
60' PUBLIC R/W
(SEE PLAT BOOK 62 PAGE 35)
S77°35'16"E
92.50'
S86°35'50"E
90.40'
S11°35'03"E
68.69'
S1°05'20"W
12.67'
S1°05'20"W
125.89'
S1°05'20"W
124.80'
SIP
C1
C2
C3
C4
C11
10x70 ST
SIGHT DISTANCE/LANDSCAPING EASEMENT (221.35' S79°45'11"W)
NO ACCESS
1
32,585.13 SF±
NO ACCESS TO
BEATEN PATH ROAD
2
30,238.55 SF±
3
30,062.82 SF±
Drive
S88°54'40"E
239.85'
N88°54'40"W
240.54'
NF 50'
B 100'
D 100'
B 105'
R 475'
NF 40'
26'
25' SIDE STREET SETBACK
N61°39'27"E
68.35'
N63°59'44"E
109.73'
N1°24'03"E
35.09'
8" CMP
CP
TIE
S6°
EX. #5
REBAR
96.68'
125.89'
84.47'
EX. CONC.
MONUMENT
N1°24'03"E 307.04' (TOTAL)

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 112 Direct Drive

Date: March 5, 2020

Attached is the septic specification information required to permit 112 Direct Drive for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

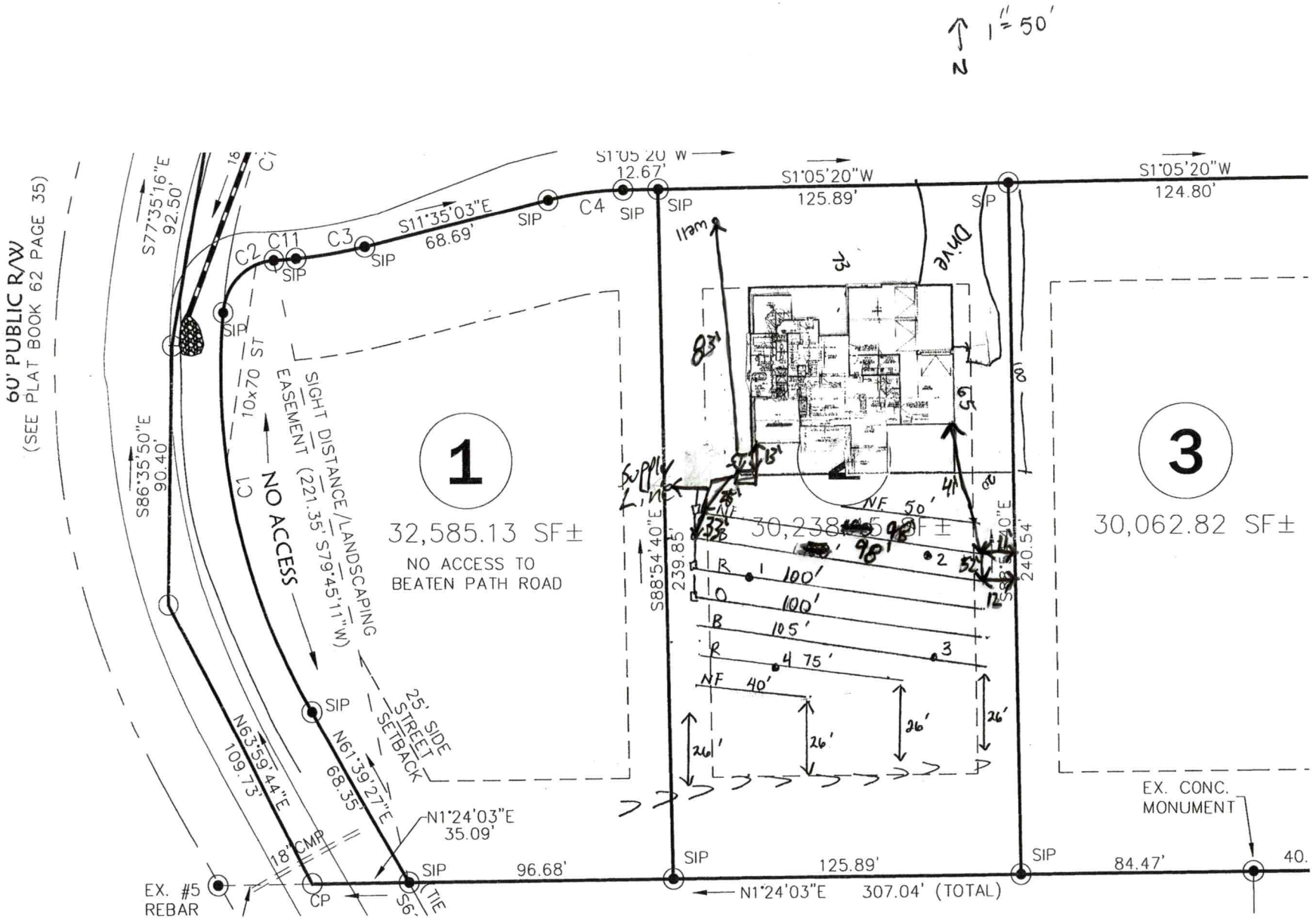
The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, 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


1" = 50'
60' PUBLIC R/W
(SEE PLAT BOOK 62 PAGE 35)
S77°35'16"E
92.50'
S86°35'50"E
90.40'
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CP
EX. #5
REBAR
TIE
96.68'
125.89'
84.47'
N1°24'03"E 307.04' (TOTAL)
EX. CONC.
MONUMENT
Drive
Item
Supply Line
NF

Lakeview Haven Lot 2 - The Oaks Group, PA

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 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	270
Repair Loading Rate	0.3
Repair trench depth	38"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	NF	LP PPBPS	50
2	System	NF	25% Reduction	100 endfed
3	System	Blue	25% Reduction	100 endfed
4	System	Red	25% Reduction	100 endfed
5	System	Orange	25% Reduction	100 endfed
6	Repair	Blue	LP PPBPS	105
7	Repair	Red	LP PPBPS	75
8	Repair	NF	LP PPBPS	40
				Total System: 400'
				Total Repair: 270'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion

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: B & G Properties
ADDRESS: 124 Fernwood LN 28117
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Lot 2 Lakeview Haven
APPLICATION DATE ___
DATE EVALUATED: 11/16/19
PROPERTY SIZE: 30,000 sqft
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 ~10%	0-4	Mo GR SL	FR ns/np	Br R; C Quartz R; F sap	60+	N/A	N/A	0.3
		4-24	Mo SBK CL	FR SS/SP					
		24-60	WK SBK CL	↓					
2	L ~10%	0-4	Mo GR SL	FR ns/np	Br R, F WR R; C/M sap	60+	N/A	N/A	0.3
		4-24	Mo SBK CL	FR SS/SP					
		24-60	WK SBK CL	↓					
3	L ~20%	0-19	Mo SBK C	FR SS/SP	R R, C sap	50+	N/A	N/A	0.3
		19-50	WK SBK C	↓					
4	L ~20%	0-32	Mo SBK C	FR SS/SP	R R; C sap	55+	N/A	N/A	0.3
		32-55	WK SBK CL	↓					

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
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

Session Law

Paid $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

RECEIVED MAR 6 2020

Application For: (X) 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.

AP-305507

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: B+G Properties Address: 124c Fernwood LN Zip: 28117
Applicant Email: _____ Phone: 704-233-3177 Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 112 Direct Dr Mooresville 28117
Subdivision Name: Lakeview Haven Section/Phase: _____ Lot Number: 2
Driving Directions: BSR, Blume, Beaten Path, Direct Dr on R

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: 4
Maximum Number of Occupants: 8
(X) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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 ( ) 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 3/5/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Chad Barnby B+C properties LLC, am the legal owner of the property located at 112 Direct Dr, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kathleen Saunders, 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.

_____ 3/5/2020
Signature of Owner Date

_____ _____
Signature of Witness Date

MARK
SIEMIENIEC
ARCHITECTURE
108 DELLBROOK TWNH C
MOORESVILLE, NC 28117
P 704 696 8840
mas@ms-arch.com

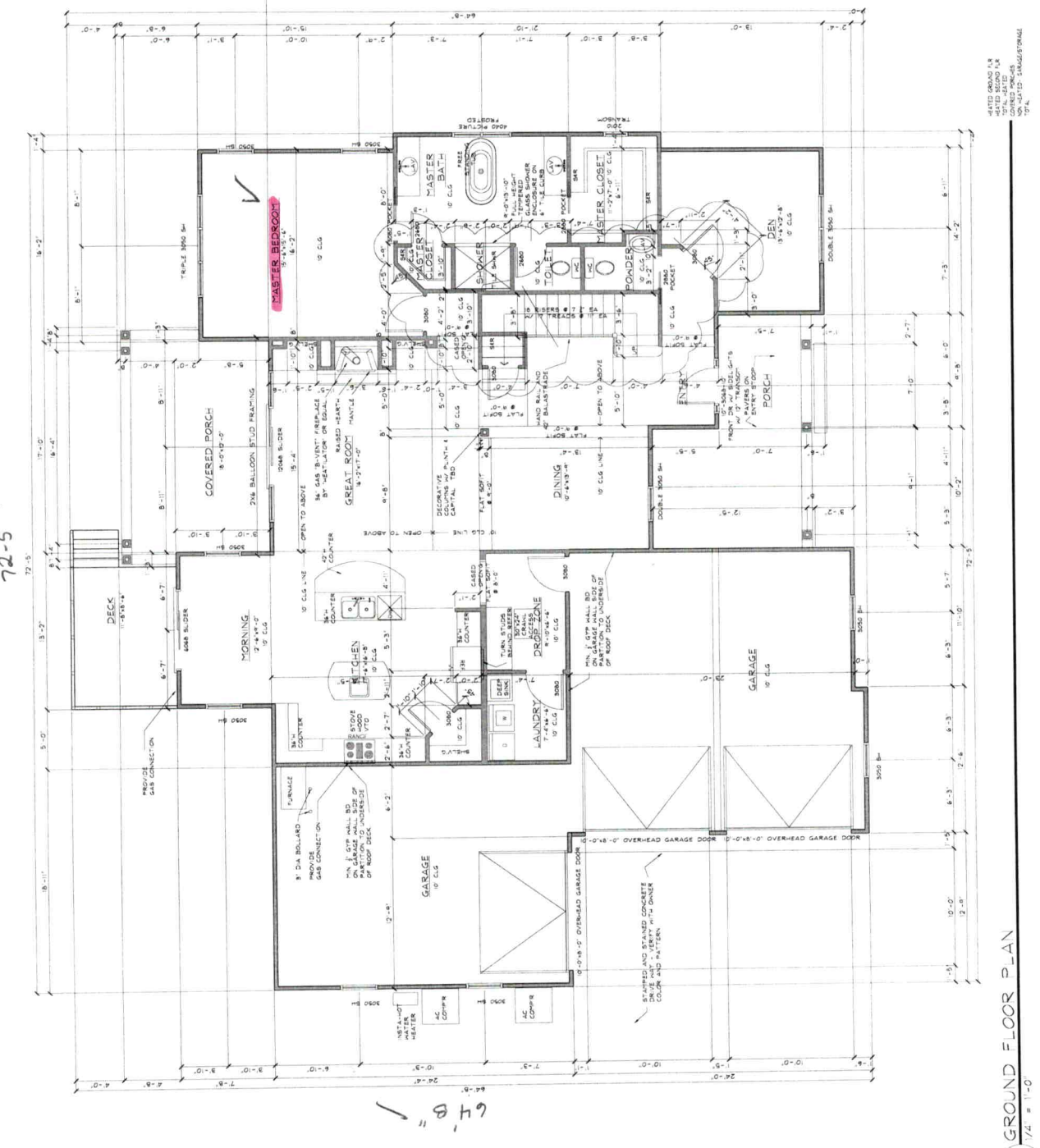
RESIDENCE FOR
BACON CUSTOM HOMES
WOOD LEAF PHASE 2, LOT 104
MOORESVILLE, NC

Project Number: 063017

NO.	ISSUE / REVISION	DATE
01	ISSUED FOR PERMITS	07/27/2017
02	REVISION #1 STAIRS	08/31/2017

CAD BY
CHECK BY

SHEET NAME & NUMBER
GROUND FLOOR PLAN
A2.0



GROUND FLOOR PLAN
1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Date 3-16-2020
Date 3-18-2020

© 2017 MS-ARCHITECTURE

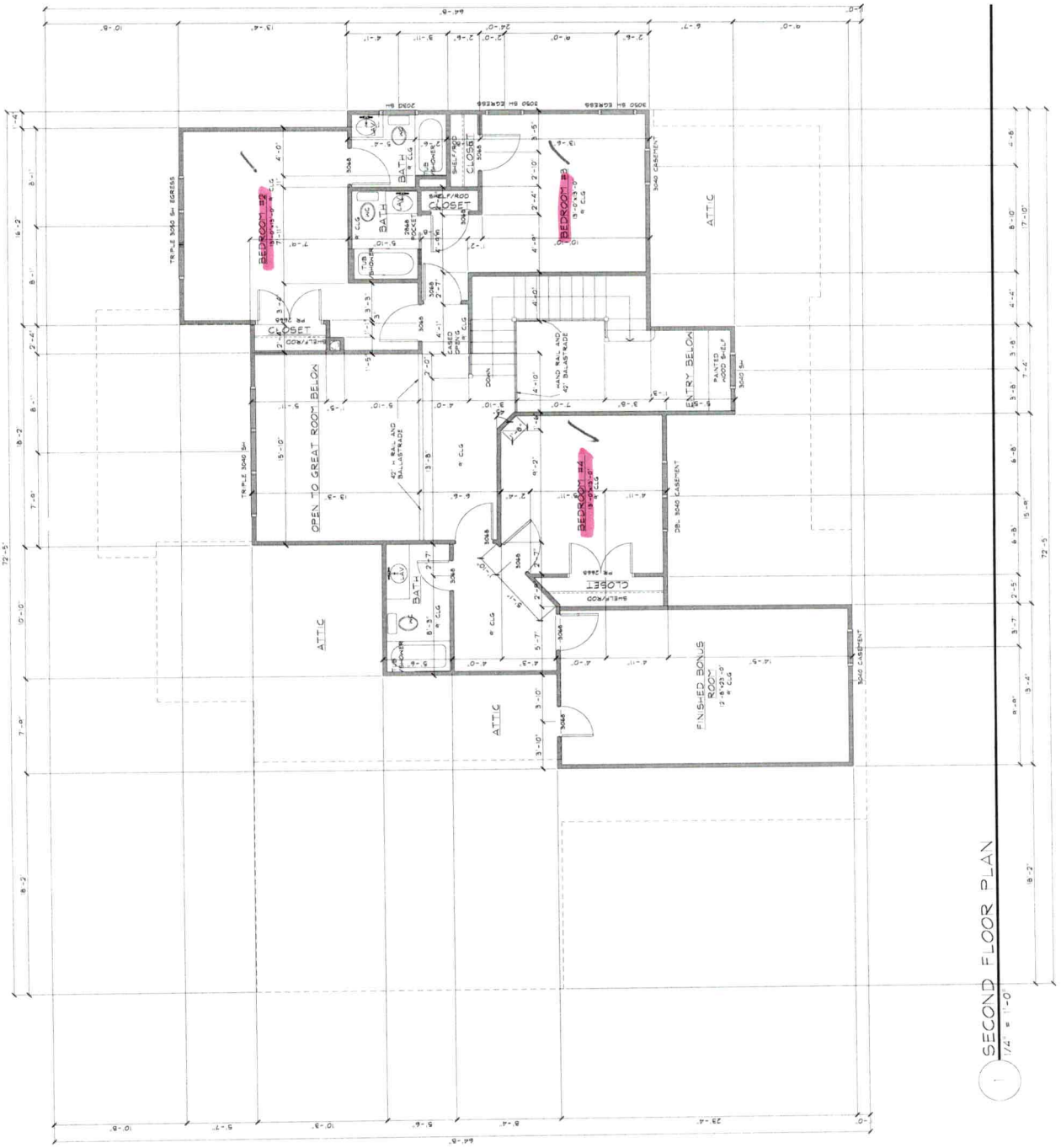
MARK SIEMIENIEC ARCHITECTURE
108 DELLBROOK TWNH C
MOORESVILLE, NC 28117
P. 704. 696. 8840
mas@ms-arch.com

RESIDENCE FOR
BACON CUSTOM HOMES
WOOD LEAF PHASE 2, LOT 104
MOORESVILLE, NC

Project Number: 006201.7

NO.	CAD BY / CHECK BY / ISSUE / REVISION	DATE
01	ISSUED FOR PERMITS	01/20/2017
02	REVISION STAMPS	02/21/2017
03	REVISION	08/28/2017

SHEET NAME & NUMBER: SECOND FLOOR PLAN — A2.1



Lot 2

Acknowledgement Of
Plans Submittal ONLY!
Date 3-16-2020
Date 3-18-2020

© 2017 MS-ARCHITECTURE

IREDELL COUNTY · NC

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

APPLICATION NUMBER
305507 Issue Date: 03/02/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4637014262.000	112 DIRECT DR	Iredell County

Owner Information	Applicant Information
Name: BANDG PROPERTIES LLC	Name: THE OAKS GROUP
Address:	Address: 121 HOLT LN
,	MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.694	35	35	15	15	WSIV-CA Catawba/Lake Norman	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.

Date: 03/02/2020

Signature of Owner/Contractor

Permit Number	305507	TOTAL FEES:	$77.25