ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 313596

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

PIN # 4638293194

APPLICANT/OWNER: Woodbridge Partners | APPLICANT ADDRESS: PO Box 3608 Mooresville NC 28117

SITE ADDRESS: 534 Kenway Loop Mooresville NC 28117. | PHONE: 704-578 4951 | ALT. PHONE

SITE DIRECTIONS: Perth Farm Hill Bypass R Kenway Loop on Right

SUBDIVISION: Fernleaf | SECTION: 2 | LOT # 2 | LOT AREA: .602Ac | SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	760	Date	6/22/21
Pump Tank	1000 (gal)	PT	363	Date	5/21/21
Pump Make		Model		Serial #	
# Nitrification Fields	1	# Lines	3	Linear Ft	270
Trench Width	36 in	Trench Bottom Depth (~~Low side~~)	23 in Max	Gravel Depth	

☐ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: Horizontal LPP-PPBPS-50% Reduction

Repair System Description: Horizontal LPP-PPBPS-50% Reduction

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence | No. Bedrooms 4 | Water Supply: ☒ Private ☐ Public ☐ Community

☐ Business | No. Persons 8

☐ Other | No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: Additional Cover Maybe Needed - to be approved by ICHD. Filter not installed yet 7/26/21 Tanks checked & top line (70ft) Checked 7/26/21 Box 10ft of ft 7/30/21 Supply line 5ft

INITIAL SITE SKETCH

AS BUILT SKETCH

PT ST

12

House

the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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. Dated June 23, 2021.

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: | Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Benjamin A Boss | Date: 7/23/2021 | OPERATION PERMIT by: Patrick J Bagley II | Date: 8/24/2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A Boss | Date: 7/23/2021 | Existing System Inspected by: | Date:

Item	Date	Initials
Drain Lines Checked top line 7/26/21 MD	7/29/21	JB
Tanks Checked	7/26/21	MD
Pressure Manifold or Valve Box Checked	8-18-2021	BW
Pressure Head Set	8-18-2021	BW
Electrical Checked	8-18-2021	BW
Floats Set	8-18-2021	BW
Alarm Checked	8-18-2021	BW
Maintenance Contract Needed? (Y) N	8/24/2021	PJB
Comments: SUPPLY TO BE CHECKED		
8/20/2021: Supply line checked and		
was good.		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

PHASE 3
C18
L24
L25
102.54'
102.93'
115.51'
111.37'
Drive
Drive
Fill
Gullies
Drop Inlets
Slope
Slope
Repair
Repair
well
well
well
well
well
Tank - 7.97
P - 1.03
R - 3.16
O - 3.16
P - 4.33
R - 5.32
O - 6.76
P - 7.82
2
26,257 SF
0.60 AC
3
30,200 SF
0.69 AC
4
31,210 SF
0.72 AC
5
30,795 SF
0.71 AC
243.36'
183.85'
312.89
309.53'
103.34'
100.00'
103.34'
94.83'
101.49'
98.80'
70.50'
31.55
47.00'
33.94
lot 3 being Re-permitted
46
275.00'

Fernleaf Lot 2 Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**HLP PPBPS**
No. Lines	3 (See Table)
Total Linear Feet	270
Trench Width	3'
Trench Spacing	9'
Max Trench Depth	23"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	75' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	31 gpm
Elevation head	Approx. 13'
Pressure head	3.0'
Friction head	1.3'
20% Contingency	3.5'
Total Head	20.8'
Pump Requirements	31 gpm @ 20.8' of head To be designed by installer.
Maximum Dosing Volume	223.2 gal -2.2 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	271
Repair LTAR	0.3
Repair Trench Depth	23"

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	Pink	LPPPBPS	46	1.03				
2	System	Red	LPPPBPS	70 endfed	2.16	16	16	1 per panel	5/32"
3	System	Orange	LPPPBPS	100 endfed	2.6	23	23	1 per panel	5/32"
4	System	Pink	LPPPBPS	100 endfed	4.33	23	23	1 per panel	5/32"
5	Repair	Red	LPPPBPS	105	5.32				
6	Repair	Orange	LPPPBPS	70	6.76				
7	Repair	Pink	LPPPBPS	50	7.82				
						Total: 62	Total: 62 (1 in each panel turned up)		
				Total System: 270'					
				Total Repair: 271'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	8.0
House	Blue		

Notes: Tanks and distribution devices can be altered at ICHD discretion
Keep foundation drain 25 ft from septic lines

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

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

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

OWNER: Princeton
ADDRESS: PO Box 3608
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Lot 2 Fernleaf
APPLICATION DATE _____
DATE EVALUATED: 12/12/2023
PROPERTY SIZE: 0.6
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 9%	0-38	Mo SBK C	FR SS/SP	R; F sap	48"	N/A	N/A	0.3
		38-48	WK SBK CL	↓	R; C sap				
		48"	Sap (MA L)						
2	L 7%	0-20	Mo SBK C	FR SS/SP	R; F sap	38"	PS	N/A	0.3
		20-38	WK SBK CL	↓	R; C/M sap				
		38-48	MA SL sap		multi				
3	L 9%	0-24	Mo SBK CL	FR SS/SP	R	40"	PS	N/A	0.35
		24-40	WK SBK CL	↓	R; C sap				
		40-48	MA L sap		multi				
4	L 9%	0-36	Mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		36-48	WK SBK CL	↓	R; F sap				

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

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

COMMENTS: _____

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

Kathleen Saunders

Updated February 2014

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 534 Kenway Loop

Date: June 23, 2021

Attached is the septic specification information required to permit 534 Kenway Loop 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 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 carries the proper insurance with the proper coverage.

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

Kathleen Saunders

RECEIVED JUL C 5 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-313596 $300.00

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.

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Woodbridge Partners Address: PO Box 31608 28117 Zip: _____
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 534 Kenway Loop
Subdivision Name: Fernleaf Section/Phase: _____ Lot Number: 2
Driving Directions: Perth, Fern Hill, Bagby, R Kenway Loop, 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
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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: _____
(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 6-23-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Jeff Cernuto, am the legal owner(s) of the property located at 534 Kenway Loop, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

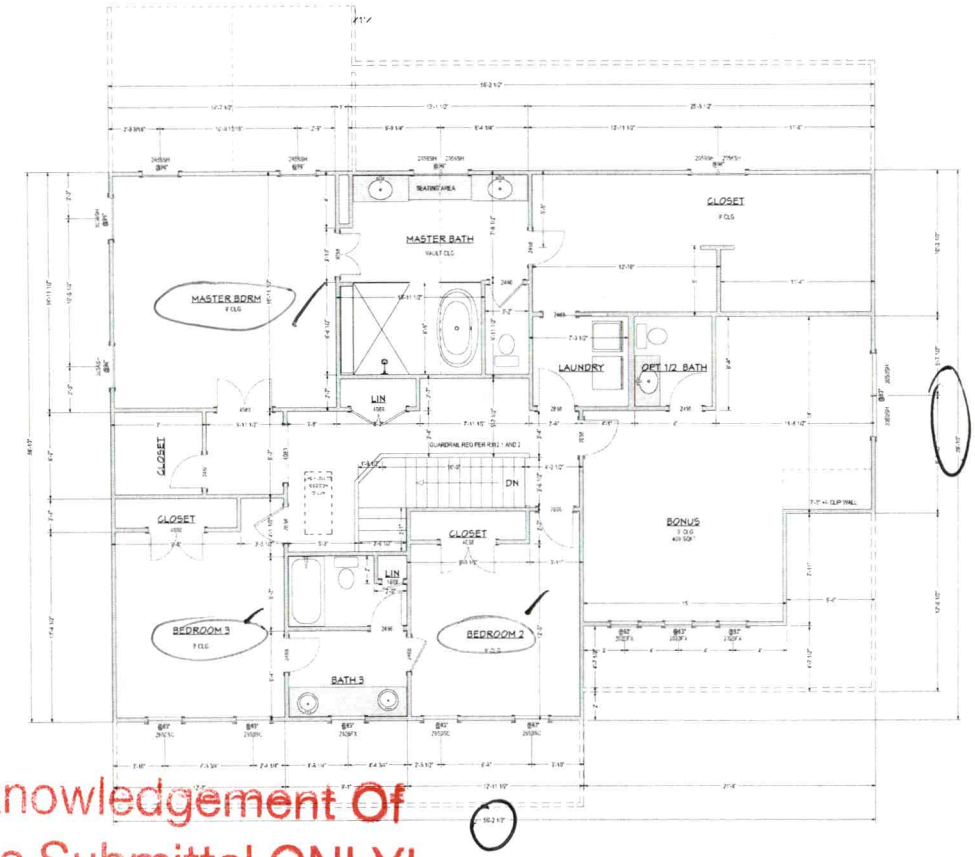
_____ 6-23-21 _____ _____

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



Acknowledgement Of
Plans Submittal ONLY!
Bryant Bates Date 1-11-2021
Kathleen Saunders Date 12-21-2020

SECOND FLOOR PLAN
SCALE 1/4" = 1' - 0"

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
FARM HOUSE
DEV 1.0
Princeton

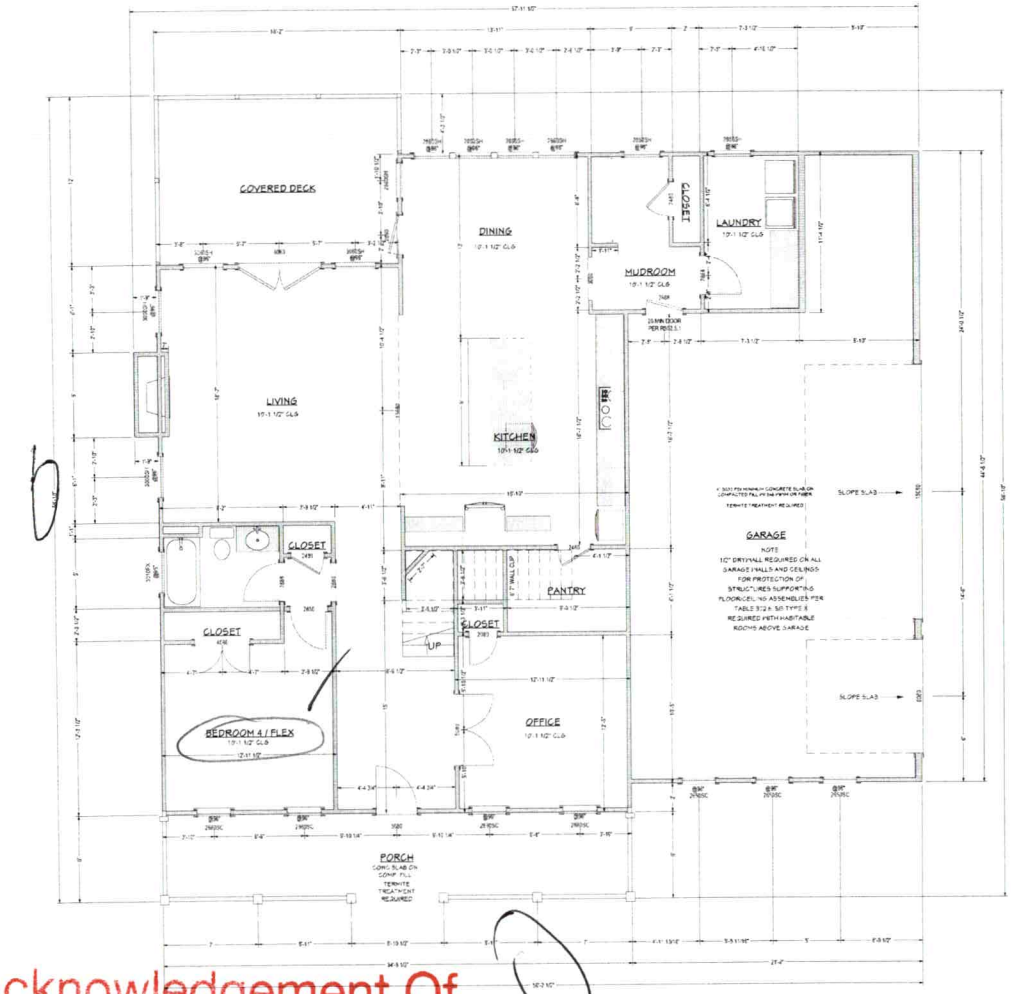
VISUAL DESIGN & DRAFTING
Justin Travis
(704)-200-6857
VisualDesignAndDrafting@gmail.com

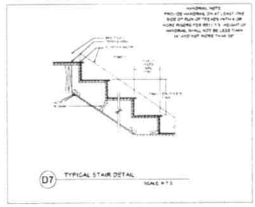
DATE:
11/4/2020

SCALE:

SHEET:
A-7

SQUARE FOOTAGE	
1ST FLOOR HEATED	1697
2ND FLOOR HEATED	1587
OPT BONUS	400
TOTAL HEATED	3574
GARAGES	808
PORCHES	432
TOTAL UNDER ROOF	4814





WINDOW AND GLAZING NOTE

Acknowledgement Of
Plans Submittal ONLY!
Date 1-11-2021
Date 12-21-2020

FIRST FLOOR PLANS
SCALE 1/4" = 1'-0"

NO.	DESCRIPTION	BY	DATE

FIELD

PROJECT DESCRIPTION:
FARM HOUSE
DEV 1.0
Princeton

VisualDesignAndDrafting@gmail.com
Justin Travis
706-485-9687
VISUAL DESIGN & DRAFTING

DATE:
11/4/2020
SCALE:
SHEET:
A-6

IREDELL COUNTY · NC

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

APPLICATION NUMBER
313596 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4638293194.000	534 KENWAY LOOP	Iredell County

Owner Information	Applicant Information
Name: WOODBRIDGE PARTNERS LLC	Name: THE OAKS GROUP
Address: P O BOX 3608	Address: 121 HOLT LN
MOORESVILLE, NC 28117	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
0.602	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: 12/22/2020

Signature of Owner/Contractor

Permit Number	313596	TOTAL FEES:	