ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 313597

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

PIN # 4638 -29 -4033

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

SITE ADDRESS: 540 Kenway Loop Mooresville NC 28117 | PHONE: - | ALT. PHONE 704-679-4951

SITE DIRECTIONS: Perin, Fern Hill, Bayley @ Kenway on L | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Fenleaf | SECTION: 2 | LOT # 3 | LOT AREA: .69 AC | DESIGN FLOW: 480 | L.T.A.R.: .30

Septic Tank 1000 (gal) STB 7603 Date 5-23-21 | ☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI | ☒ Residence No. Bedrooms 4 | Water Supply

Pump Tank 1000 (gal) PT 3623 Date 6-8-21 | System Description: Hort-LP - PPBPS- 50% Reduction | ☐ Business No. Persons 8 | ☒ Private

Pump Make LIBERTY Model 290 Serial # | Repair System Description: LP- PPBPS - 50% Reduction | ☐ Other No. Employees | ☐ Public

Nitrification Fields 1 # Lines 4 Linear Ft 270 | Maintenance Agreement Required: ☒ YES ☐ NO | ☐ Slab ☒ Crawl Space | ☐ Community

Trench Width 36in Trench Bottom Depth 24in max Gravel Depth - | ☐ 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 Dated Feb 22, 2021

AS BUILT SKETCH

~~12FT From house to ST~~

Bed Filter

Supply line ~~11FT~~ to PL.

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

Installed Septic System as Shown (Hort. PP BPS)

10-20-2021 BCM
- ELECTRICAL
- FLOATS
- ALARM
- CVB
- PRESSURE HEAD

* Still need maintenance 10/20/21

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**

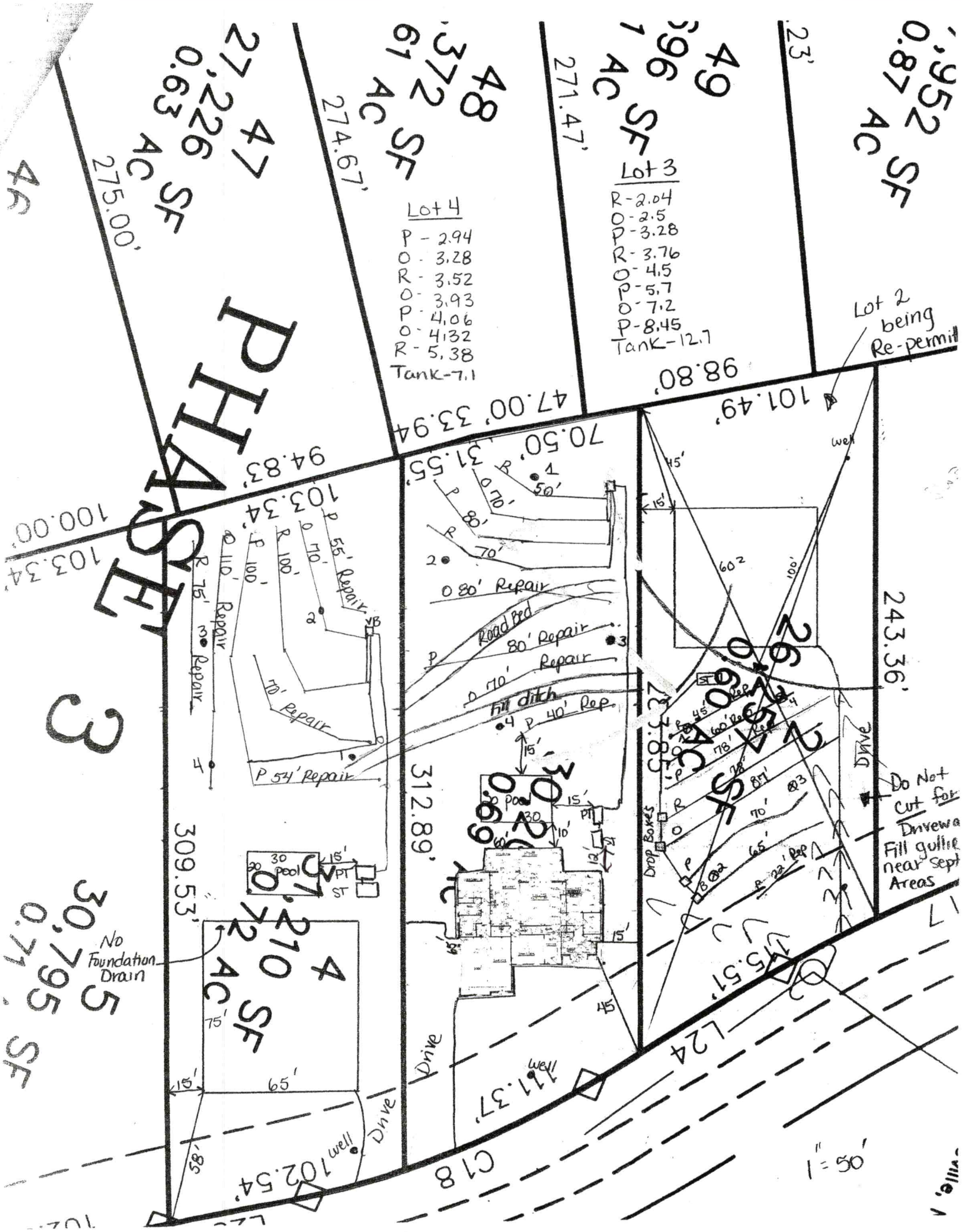
☐ **IMPROVEMENT PERMIT** *with plat* valid without expiration. ☒ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☐ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Kathleen Saunders Date: 3-9-21 | Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Benjamin A Bailey Date: 3-8-2021 | OPERATION PERMIT by: D Ireberg Date: 10/25/21

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bailey Date: 3-9-21 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.


PHASE 3
Lot 4
P - 2.94
O - 3.28
R - 3.52
O - 3.93
P - 4.06
O - 4.32
R - 5.38
Tank-7.1
Lot 3
R-2.04
O-2.5
P-3.28
R-3.76
O-4.5
P-5.7
O-7.2
P-8.45
Tank-12.7
Lot 2 being Re-permit
Road Bed
80' Repair
Fill ditch
P 40' Rep
P 54' Repair
70' Repair
Repair
Drive
Well
Pool
Pool House
No Foundation Drain
Do Not Cut for Driveway
Fill gully near Septic Areas
Drop Boxes
L24
C18
1" = 50'
271.47'
274.67'
275.00'
98.80'
101.49'
47.00'
33.94'
70.50'
31.55'
94.83'
103.34'
100.00'
312.89'
309.53'
243.36'
102.54'
111.37'
115.51'
58.37'
30.795 SF
0.71 AC
4210 SF
0.97 AC
3726 SF
0.86 AC
2722 SF
0.63 AC
2226 SF
0.51 AC
3796 SF
0.87 AC

Fernleaf Lot 3 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	24"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	140' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	31 gpm
Elevation head	Approx. 16.7'
Pressure head	3.0'
Friction head	2.5'
20% Contingency	4.4'
Total Head	26.6'
Pump Requirements	31 gpm @ 26.6' 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	270
Repair LTAR	0.3
Repair Trench Depth	24"

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	System	Red	LPPPBPS	50 endfed	2.04	12	12	1 per panel	5/32"
2	System	Orange	LPPPBPS	70 endfed	2.5	16	16	1 per panel	5/32"
3	System	Pink	LPPPBPS	80 endfed	3.28	18	18	1 per panel	5/32"
4	System	Red	LPPPBPS	70 endfed	3.76	16	16	1 per panel	5/32"
5	Repair	Orange	LPPPBPS	80	4.5				
6	Repair	Pink	LPPPBPS	80	5.7				
7	Repair	Orange	LPPPBPS	70	7.2				
8	Repair	Pink	LPPPBPS	40	8.45				
						Total: 62	Total: 62 (1 in each panel turned up)		
				Total System: 270'					
				Total Repair: 270'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	12.7
House	Blue		

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

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: Woodbridge Partners
ADDRESS: PO Box 13608
PROPOSED FACILITY: SFR
LOCATION OF SITE: Lot 3 Fernleaf
APPLICATION DATE _____
DATE EVALUATED: 12-12-2020
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 0.69
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 6%	0-30	Mo SBK C	FR SS/SP	R; C sap	48+	N/A	N/A	0.3
		30-48	WK SBK CL	↓	R; C sap				
2	L 6%	0-34	Mo SBK C	FR SS/SP	R; C sap	40"	PS	N/A	0.3
		34-40	WK SBK CL	↓	R; C sap				
		40-48	MA L sap	↓	yel R				
3	L 8%	0-28	Mo SBK C	FR SS/SP	R; C sap	48+	N/A	N/A	0.3
		28-48	WK SBK CL	↓	R; C sap				
4	L 8%	0-31	Mo SBK C	FR SS/SP	R; F sap	48+	N/A	N/A	0.3
		31-48	WK SBK CL	↓	R; C 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: 24" TB

Kathleen Saunders

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

Updated February 2014

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 540 Kenway Loop

Date: February 22, 2021

Attached is the septic specification information required to permit 540 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 contains the proper insurance with the proper coverage.

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

Kathleen Saunders

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-313597 $500.00

re-layout-SL

Application For:

(●) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(●) Septic Improvement Permit (●) 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 3608 28117 Zip: _____

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

Owner Name: same Address: _____ Zip: _____

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

Property Information:

Street Address: 540 Kenway Loop

Subdivision Name: Fernleaf Section/Phase: _____ Lot Number: 3

Driving Directions: Perth, Fero Hill, Bagby, R Kenway, 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: _____

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

~~2-21-2020~~ 2-22-21
DATE

GENERAL NOTES

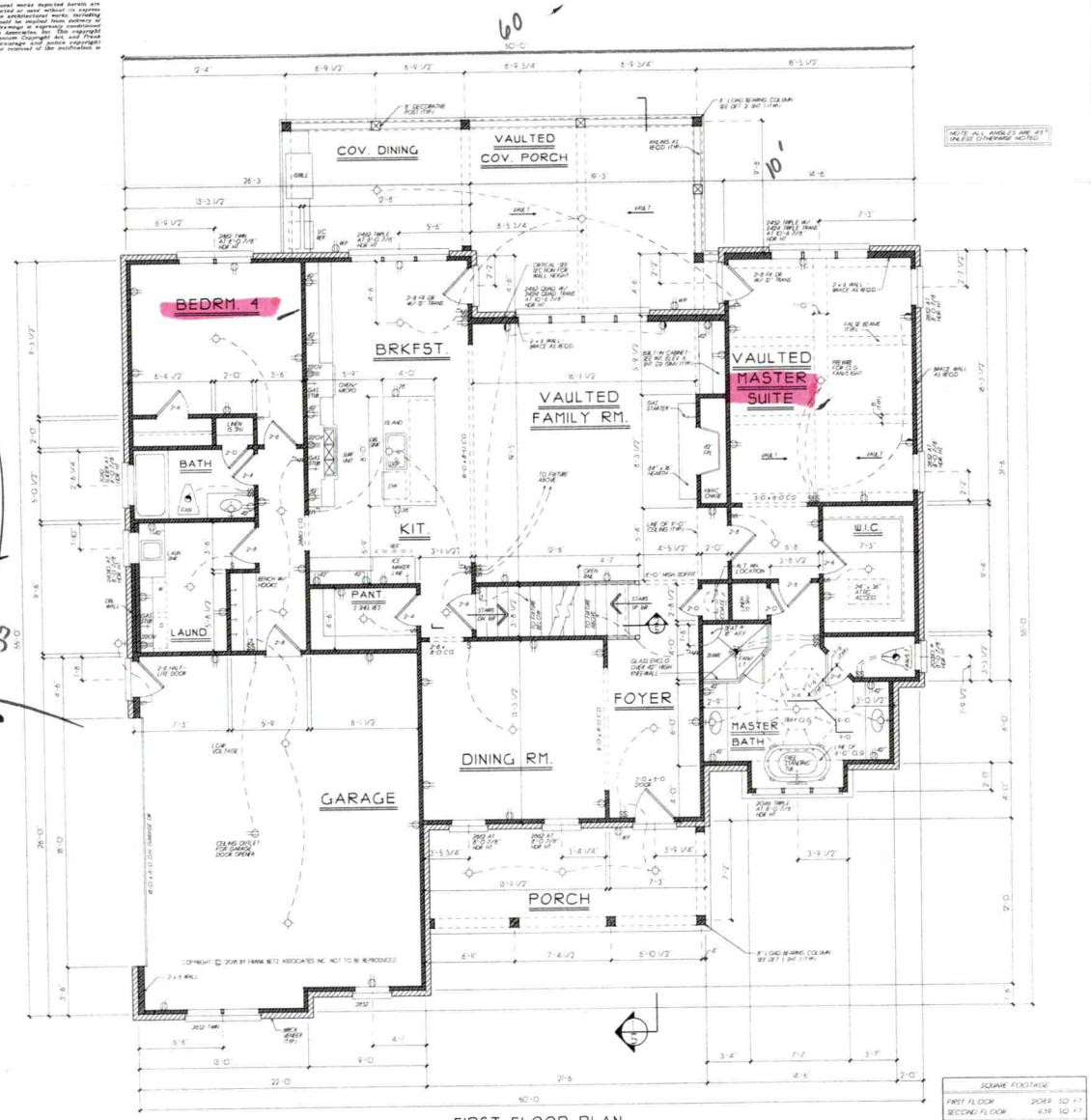
1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE, AND LOCAL CODES, REGULATIONS, AND W.O.S. M.P.D.
2. CONTRACTOR SHALL VERIFY ALL GRADES, LOCATIONS, AND DIMENSIONS AT SITE BEFORE ANY CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO FRANK BETZ ASSOCIATES, INC. FOR RECTIFICATION BEFORE PROCEEDING WITH WORK. DIMENSIONS ARE NECESSARY AND NOT REPEATED. SHALL ASSUME RESPONSIBILITY FOR ERRORS THAT ARE NOT REPORTED.
3. ALL DIMENSIONS ARE TO FACE OF STUD UNLESS NOTED OTHERWISE. DRAWINGS ARE NOT TO BE SCALED.
4. ALL FOOTINGS TO BE BELOW FROST LINE (SEE LOCAL CODES) AND MUST BEAR ON UNDISTURBED SOIL CAPABLE OF HANDLING THE BUILDING LOADS. CONSULT LOCAL ENGINEER FOR PROPER FOOTING AND REINFORCEMENT NEEDS.
5. CONTRACTOR SHALL INSURE COMPATIBILITY OF THE BUILDING WITH ALL SITE CONDITIONS.
6. IF BACKFILL EXCEEDS 4' ADJACENT ANY FOUNDATION WALL, RETAINTURE WALL MUST BE BUILT.
7. ALL FOUNDATION AND STRUCTURAL MEMBERS SHOULD BE VERIFIED AND STAMPED BY AN ENGINEER IN THE STATE WHERE CONSTRUCTION IS OCCURRING. ENGINEER SHALL BE FAMILIAR WITH LOCAL CODES, SOIL BEARING CONDITIONS, FROST LINE DEPTHS, GEOLOGICAL AND WEATHER CONDITIONS.
8. IT IS THE CONTRACTOR IS RESPONSIBLE FOR ADJUSTING AND VERIFYING ALL STRUCTURAL DETAILS AND CONDITIONS TO MEET ALL LOCAL CODES AND TO INSURE A QUALITY AND SAFE STRUCTURE.
9. ALL WOOD, STEEL, AND CONCRETE STRUCTURAL MEMBERS SHALL BE OF A SUFFICIENT QUALITY AND STRENGTH AND MEET ALL NATIONAL STATE AND LOCAL BUILDING CODES WHERE APPLICABLE.
10. ALL COLUMNS OR SOLID FRAMING SHOULD BE DESIGNED TO CARRY LOADS AND SHOULD EXTEND DOWN THRU THE LEVELS BELOW AND TERMINATE AT THE BASEMENT FLOOR OR AT OTHER BEARING POINTS DESIGNED TO CARRY THE LOAD.

GENERAL FRAMING NOTES

THE FOLLOWING NOTES ARE SUGGESTED MINIMUM REQUIREMENTS ONLY. DUE TO VARIATIONS IN CODES PER REGION, PLEASE REFER AND COMPLY WITH ALL YOUR LOCAL CODES. CONSULT WITH LOCAL ENGINEERS FOR ALL STRUCTURAL REQUIREMENTS.

1. ALL FRAMED WALL DIMENSIONS ARE BASED ON 8' x 4' STUDS UNLESS NOTED OTHERWISE. PROVIDE PURLINS AT MID HEIGHT OF ALL WALLS
2. ALL LOAD BEARING WALLS SHALL BE ALIGNED OVER STUDS BELOW.
3. ALL WALLS SHALL BE 2"x10" @ 2'0" WITH 1/2" PLYWOOD.
4. PLATE BETWEEN UNLESS NOTED OTHERWISE.
5. FRAMER TO INSTALL DOUBLE FLOOR JOISTS UNDER PARTITION WALL PARALLEL TO JOIST DIRECTION.
6. PROVIDE CROSS BRIDGING AT MID SPAN OR 8'-0".
7. ELECTRICAL PANEL IN ALL FLOORS.
8. FLOOR SHEATHING TO BE 5/8" RATED STURD' TAG PLYWOOD EXPOSURE 1 GLUED AND NAILED PER MANUFACTURER SPECIFICATIONS
9. EXTERIOR SHEATHING TO BE CONTINUOUS 7/16" RATED SHEATHING OVER STUDS OR APPROVED EQUAL. PROVIDE METAL T-BRACE AT 45° AT ALL EXPOSED AND RE-ENTRANT CORNERS AT 10'-0" AT ALL INTERMEDIATE STUDS ALL EDGES AND RE-ENTRANCES AT 10'-0" AT ALL INTERMEDIATE STUDS
10. PROVIDE DOUBLE 2x8 STRINGERS AT MID SPAN FOR CEILING JOISTS WITH SPAN GREATER THAN 10'-0"
11. PROVIDE COLLAR TIES AT UPPER 1/3 OF VERTICAL DISTANCE BETWEEN RAFTERS. PROVIDE COLLAR TIES AT MID SPAN FOR CEILING JOISTS AT 4'-0" O.C. MAXIMUM.
12. HIP, VALLEY RAFTERS, AND RIDGE BOARDS SHALL BE ONE "DA" SIZE LARGER THAN RAFTERS.
13. ROOF SHEATHING TO BE APA (4 RATED 1/2" PLYWOOD, CDX EXPOSURE 1, BOTTOMS OF 1/8" MANUFACTURERS SPECIFICATIONS. SPACING OF 1/8" AT ALL EDGES AND END JOINTS AND 1/4" AT ALL INTERMEDIATE SUPPORTS. SPACE 1/16" FOR EACH 4'-0" RATED PANEL WIDTH PER MANUFACTURER INSTRUCTIONS.
14. WHERE PRE ENGINEERED FLOOR AND ROOF TRUSSES ARE USED, TRUSS MANUFACTURER MUST PROVIDE SHOP DRAWINGS WHICH BEAR SEAL OF REGISTERED ENGINEER IN STATE WHERE CONSTRUCTION IS PERFORMED
15. ALL CEILING JOISTS AND RAFTER BRACING TO BEAR ON STUD BEARING POINTS. ALL LOADS TO BE TAKEN THRU ALL LEVELS AND TERMINATE AT BASEMENT FLOOR AND BE SUPPORTED BY THICKENED SLAB STALE BEAM OR FOOTING DESIGNED TO CARRY LOAD.
16. ALL BASEMENT WALLS, BEAMS AND COLUMNS TO BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES.
17. ALL STAIRS, DECKS, HANDRAILS AND RAILINGS, ETC. TO BE REVIEWED BY LOCAL STRUCTURAL ENGINEERS AND MEET ALL LOCAL CODES

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FIRST FLOOR PLAN

1/4" = 1'-0"

SQUARE FOOTAGE	
FIRST FLOOR	2068 SQ FT
SECOND FLOOR	939 SQ FT
TOTAL	3008 SQ FT
OPT. BONUS RM	333 SQ FT
TOTAL	3341 SQ FT

(65 total)

55

Benjamin A Betz 3/3/21

Kathleen Saunders 3-9-21

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REVISIONS	DATE	BY

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www.frankbetz.com

Southern Living® Design Collection

FIRST FLOOR PLAN

THE CHELSEA WALK

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3550 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-431-0888 888-717-3003

BY DCF CK JCH

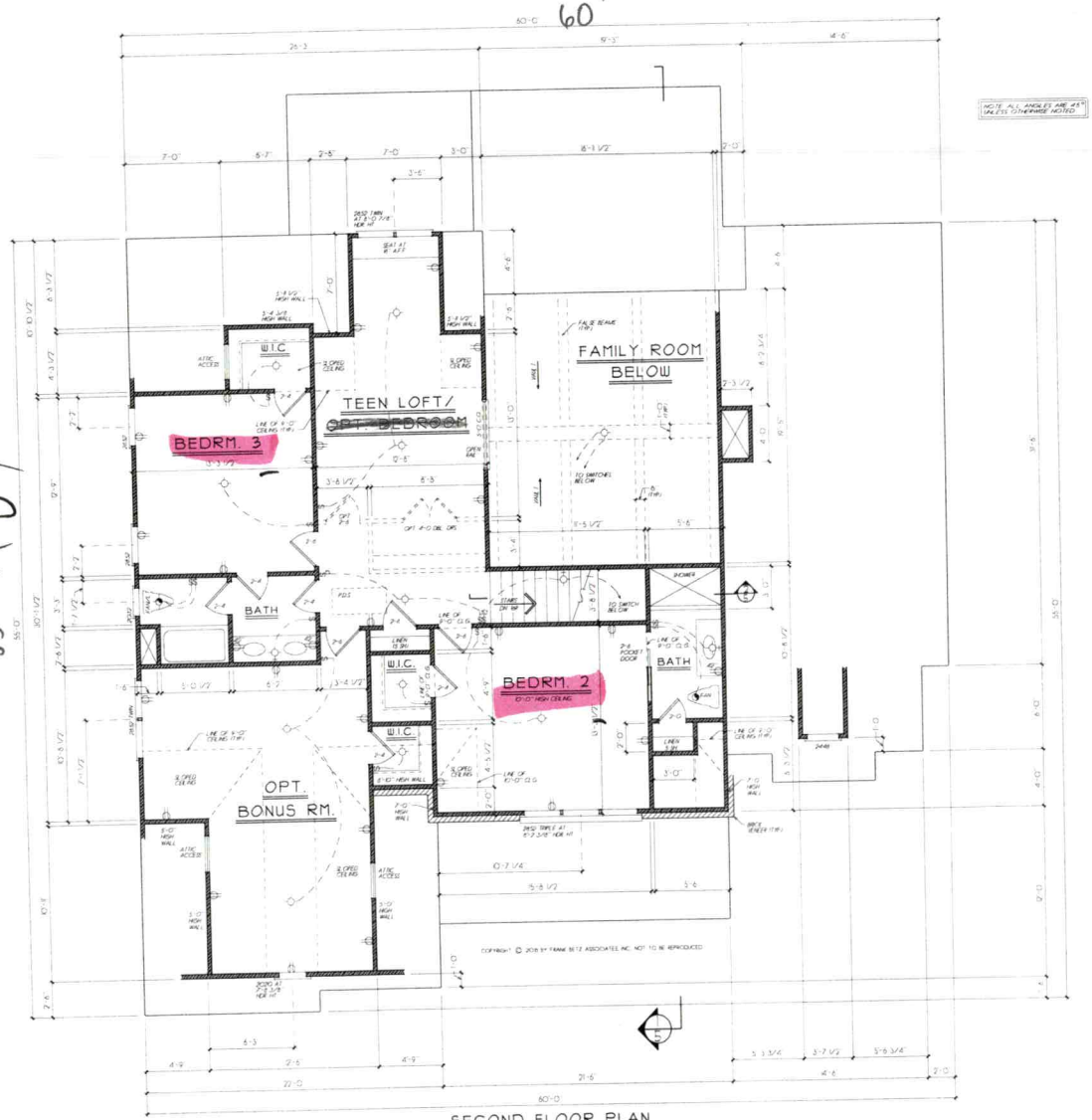
DATE 4/16/98

SHEET 3 OF 5

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NOTE: ALL CEILING JOISTS AND RAFTER BRACING TO BEAR ON LOAD BEARING WALLS DESIGNED TO CARRY LOAD THRU ALL LEVELS AND FOUNDATION AND BE SUPPORTED BY SYSTEMS SLAB GARDE BEAM OR FOOTING DESIGNED TO CARRY LOAD.

NOTE: ALL ANGLES ARE 45° UNLESS OTHERWISE NOTED



SECOND FLOOR PLAN

Benjamin Betz 3/3/21

Kathleen Saunders 3-9-21

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SECOND FLOOR PLAN

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770-431-0888 888-717-3003

BY: DCP CK AH

DATE: 4/6/18

SHEET 4 OF 5