ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 312629

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

PIN # 4638-29-6751

APPLICANT/OWNER: Northlake Development | APPLICANT ADDRESS: 106 Sherbrooke Drive

SITE ADDRESS: 506 Kenway Loop | PHONE: - | ALT. PHONE 704-578-4951

SITE DIRECTIONS: Fern Hill Rd @ Bayley @ Kenway Loop Site on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Woodleaf | SECTION: 2 | LOT # 113 | LOT AREA: .689 Acres | DESIGN FLOW: 480 | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	760	Date	11/7/21	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	703	Date	12/6/21	System Description: PM - 25% Reduction.		☐ Business	No. Persons 8
Pump Make	Gould	Model	½ Hp WE	Serial #	WE05111HU	Repair System Description: LD-PPBDS - 50% Reduction.		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	400	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth	36 in max	Gravel Depth	-		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Manifold and Tanks must be 10 ft off property lines.
If Foundation Drain installed on home tank setbacks must be met.

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

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.

	Date	Initials
Drain Lines Checked	1/26/22	CW
Tanks Checked	1/26/22	CW
Pressure Manifold or Valve Box Checked	1/26/22	CW
Pressure Head Set	3/21/22	MD
Electrical Checked	3/21/22	MD
Floats Set	1/26/22	CW
Alarm Checked	3-11-2022	BCW
Maintenance Contract Y (N)		
Comments: PT RISER NOT 6" ABOVE 3-11-2022 BCW NEEDS ROPE FOR PUMP		

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**

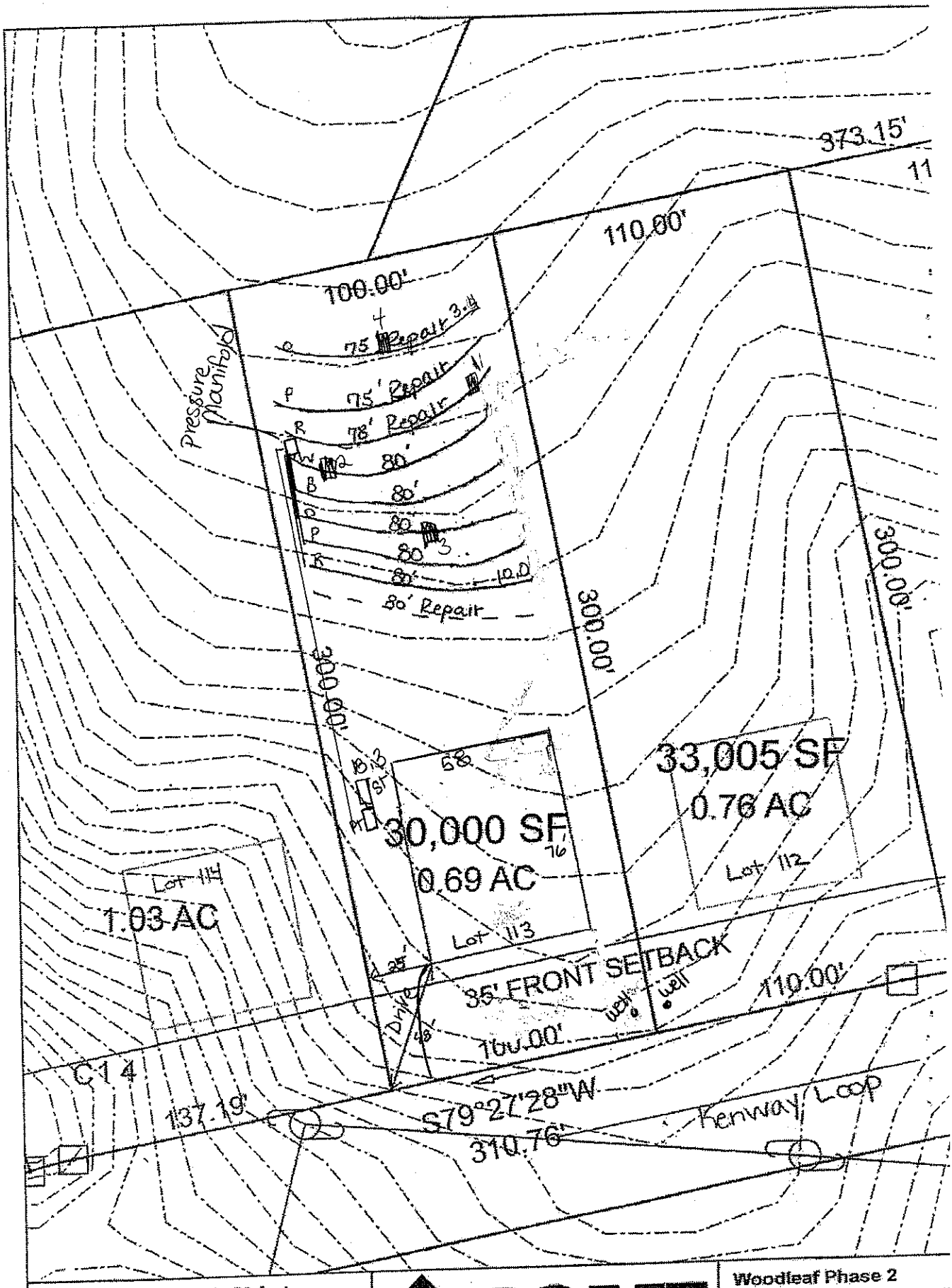
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders | Date: 12-9-2020 | Installed by: AJ Rendeling

IMPROVEMENT PERMIT by: Benjamin A Bottin | Date: 11-30-2020 | OPERATION PERMIT by: Marian Dobson | Date: 3/24/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottin | Date: 11-30-2020 | Existing System Inspected by: | Date:

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


373.15'
110.00'
100.00'
75' Repair
75' Repair
78' Repair
80'
80'
80'
80'
80'
10.0
80' Repair
Pressure Manifold
300.00'
300.00'
300.00'
30,000 SF
0.69 AC
33,005 SF
0.76 AC
1.03 AC
Lot 114
Lot 113
Lot 112
35' FRONT SETBACK
Drive
well
well
110.00'
100.00'
C14
137.19'
S79°27'28"W
310.76'
Kenway Loop
Scale: 1 inch equals 50 feet
Drawn by: JBP
C&MF
Woodleaf Phase 2
Lot 113

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 506 Kenway Loop

Date: November 6, 2020

Attached is the septic specification information required to permit 506 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, **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

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Orange	LP PPBPS	75	3.4
2	Repair	Pink	LP PPBPS	75	
3	Repair	Red	LP PPBPS	78	
4	System	Yellow	25% Reduction	80 endfed	
5	System	Blue	25% Reduction	80 endfed	
6	System	Orange	25% Reduction	80 endfed	
7	System	Pink	25% Reduction	80 endfed	
8	System	Red	25% Reduction	80 endfed	10
9	Repair	NF	LP PPBPS	80	
				Total System: 400'	
				Total Repair: 308'	

Tank	Red	1000 gal (2 compartment)	18.30
Pump Tank	Red	1000	
House	blue		

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	5
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the LHD

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: _____

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

OWNER: Northlake Dev
ADDRESS: 106 Shinnnock Dr
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Woodleaf 113
APPLICATION DATE _____
DATE EVALUATED: 10/15/2020
PROPERTY SIZE: _____
PROPERTY RECORDED: _____

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 5-8%	0-30	Mo SBKC	FR SS/SP	R	48+	N/A	N/A	0.3
		30-48	WK SBK CL	↓	R yel; C sap				
2	L 5-8%	0-12	Mo GR SL	FR NS/NP	Br	48+	N/A	N/A	0.3
		12-34	Mo SBKC	FR SS/SP	R; F sap				
		34-48	WK SBK CL	↓	R; C sap				
3	L 5-8%	0-10	Mo GR SL	FR NS/NP	Br	48+	N/A	N/A	0.3
		10-48	Mo SBKC	FR SS/SP	R				
4	L 5-8%	0-4	Mo GR SL	FR NS/NP	Br	48+	N/A	N/A	0.3
		4-39	Mo SBKC	FR SS/SP	R; F sap				
		39-48	WK SBK CL	FR SS/SP	R; C sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III b	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

Woodleaf Lot 113 Fast Track Septic Spec Sheet

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	5 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	36"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	140' of 2" SCH 40 PVC
Flow Rate through the system	27.5 gpm
Elevation head	Approx. 20.9'
Pressure head	2.0'
Friction head	2.5'
20% Contingency	5.1'
Total Head	30.5'
Pump Requirements	27.5 gpm @ 30.5' of head To be designed by installer.
Maximum Dosing Volume	180 gal -2.0 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	6.5
Repair System	**LP PPBPS**
Total Linear Feet	308
Repair Loading Rate	0.3

Session Law

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

RECEIVED NOV 13 2020 SL AP-312629

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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Northlake Dev Address: 106 Sherbrook Dr Zip: _____
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (Less)

Property Information:

Street Address: 506 Kenway Loop
Subdivision Name: Woodleaf Section/Phase: _____ Lot Number: 113
Driving Directions: Fero Hill Rd, L 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 11-9-2020
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, Blake Haugland, am the legal owner of the property located at 506 Kenway Loop, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I dc 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.

[signature] 11/9/2020

Signature of Owner — Date

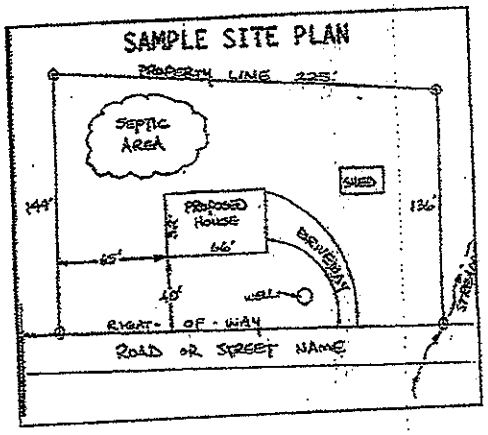
_____ _____

Signature of Witness — 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

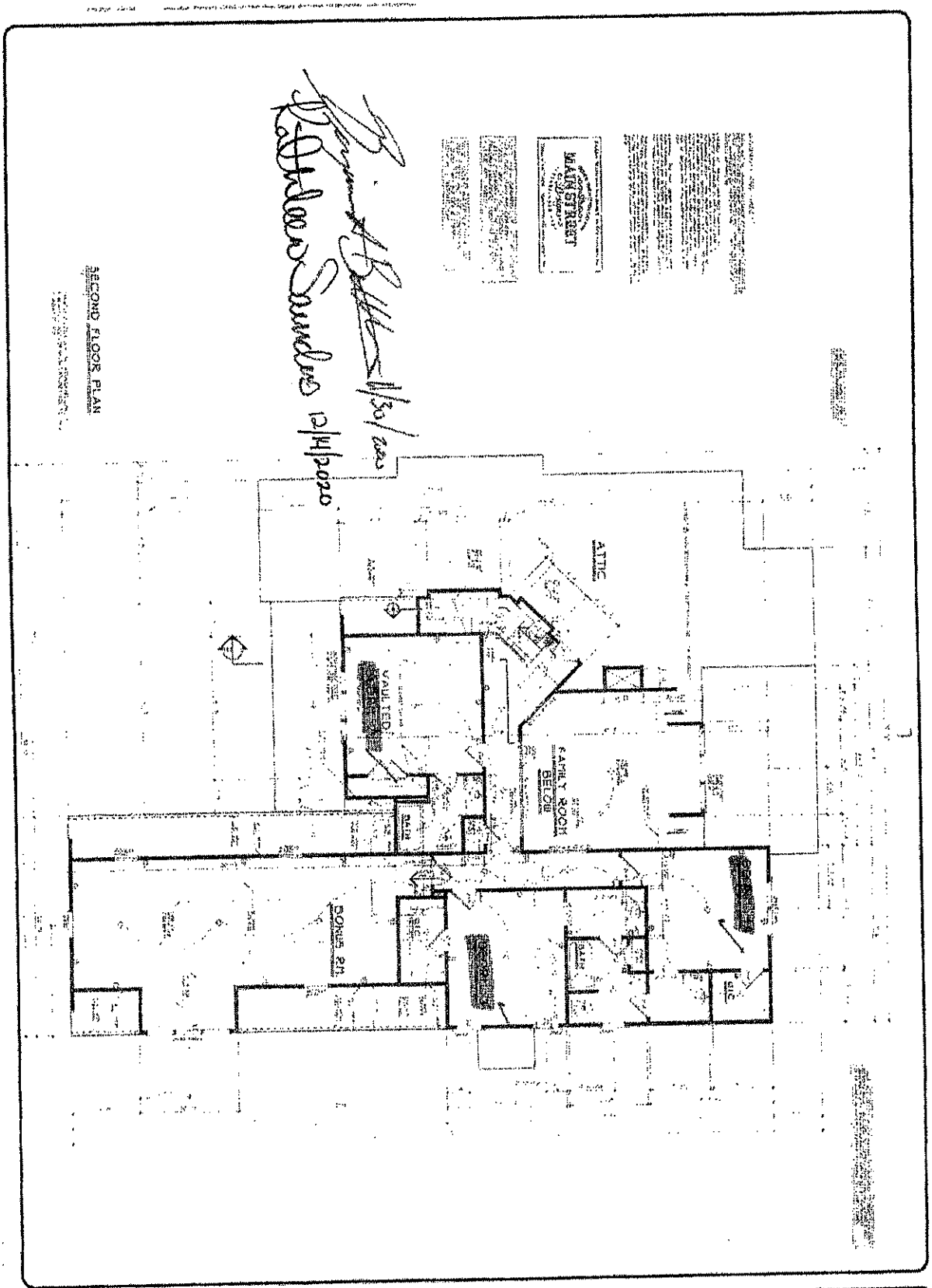
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Please see Attached

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

11-9-2020
DATE

FIRST FLOOR PLAN
GARAGE
PORCH
DINING ROOM
FOYER
OFFICE/DEN
HOME
LAUNDRY
BATH
VAULTED FAMILY ROOM
BRKFST
COVERED PORCH
SITTING
DECK
MAIN STREET
FIRST FLOOR PLAN
THE BERKSHIRE POINTE
8H CUSTOM HOMES
MOORESVILLE, NC
FRANK BETZ ASSOCIATES, INC.
C3



FRANK BETZ ASSOCIATES, INC.

SECOND FLOOR PLAN

THE BERKSHIRE POINTE

BH CUSTOM HOMES
MOORESVILLE, NC

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER

312629
Issue Date: 11/13/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4638296751.000	506 KENWAY LOOP	Iredell County

Owner Information	Applicant Information
Name: NORTHLAKE DEVELOPERS 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	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.689	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: 11/13/2020

Signature of Owner/Contractor

Permit Number	312629	TOTAL FEES:	$77.25