BCW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 312630

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

PIN # 4638 -29 -7752 ✓

APPLICANT/OWNER: Northlake Development | APPLICANT ADDRESS: 106 Shedbrook Drive Mooresville

SITE ADDRESS: 502 Kenway Loop Mooresville NC 28117 ✓ | PHONE: 704-578 4451 | ALT. PHONE –

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

SUBDIVISION: Woodleaf ✓ | SECTION: 2 | LOT # 112 ✓ | LOT AREA: .758 Acres. | DESIGN FLOW: 480 | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	Inf/Htr	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4
Pump Tank	1000 (gal)	PT	Inf/Htr	Date	System Description: PM - 25% Reduction		☐ Business	No. Persons	8
Pump Make	Goulds	Model	WE0511	Serial #	Repair System Description: LP-PPBPS - 50% Reduction.		☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	4	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: If Foundation Drain is routed around Home Tanks must meet proper setbacks. Pressure Manifold must be 10ft from Property Line

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.

Installed as Drawn

	Date	Initials
Drain Lines Checked	12-28-21	
Tanks Checked	12-28-21	
Pressure Manifold or Valve Box Checked	12-28-21	
Pressure Head Set	12-28-21	
Electrical Checked	1/26/21	CW
Floats Set	12-28-21	
Alarm Checked	1/26/21	CW
Maintenance Contract Y (N)		
Comments:		

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 Remodeling

IMPROVEMENT PERMIT by: Benjamin A Batts | Date: 11-30-2020 | OPERATION PERMIT by: Cay Whitt | Date: 1/26/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batts | 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.

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 502 Kenway Loop

Date: November 6, 2020

Attached is the septic specification information required to permit 502 Kenway Loop for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

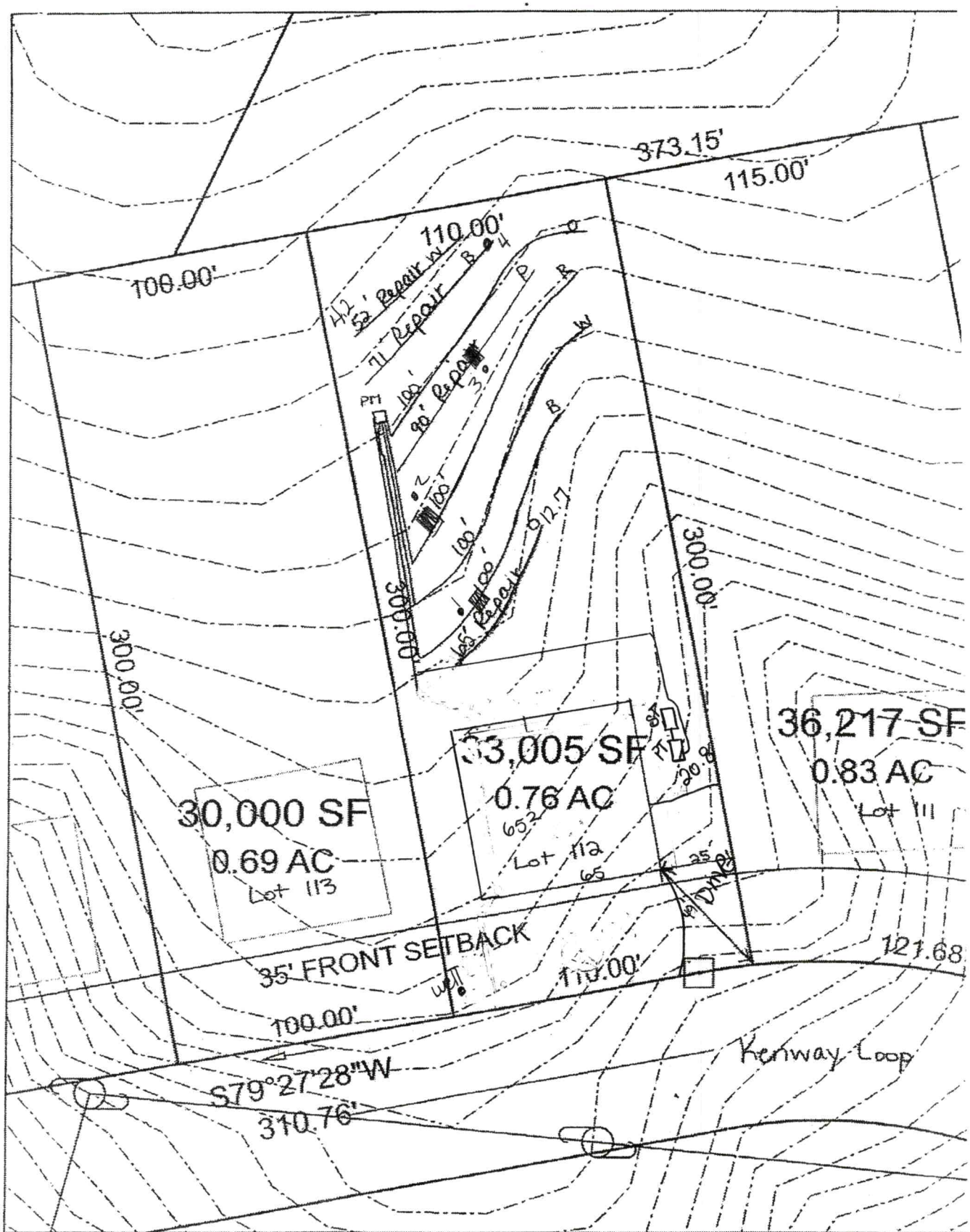
The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules,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



Scale: 1 inch equals 50 feet	S&MF	Woodleaf Phase 2
Drawn by: JBP		Lot 112

Woodleaf Lot 112 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	4 (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	220' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 22.6'
Pressure head	2.0'
Friction head	2.8'
20% Contingency	5.5'
Total Head	32.9'
Pump Requirements	22 gpm @ 32.9' 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	8.2
Repair System	**LP PPBPS**
Total Linear Feet	278
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Yellow	LP PPBPS	52	4.2
2	Repair	Blue	LP PPBPS	71	
3	System	Orange	25% Reduction	100 endfed	
4	Repair	Pink	LP PPBPS	90	
5	System	Red	25% Reduction	100 endfed	
6	System	Yellow	25% Reduction	100 endfed	
7	System	Blue	25% Reduction	100 endfed	
8	Repair	Orange	LP PPBPS	65	12.7
				Total System: 400'	
				Total Repair: 278'	

Tank	Red	1000 gal (2 compartment)	20.80
Pump Tank	Red	1000	
House	blue		

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
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

Session Law $1200

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM RECEIVED NOV 13 2020 AP-312630

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: Northlake Dev Address: 106 Sherbrook Dr Zip: 28117
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 502 Kenway Loop
Subdivision Name: Woodleaf 8 Section/Phase: _____ Lot Number: 112
Driving Directions: Fern Hill Rd, 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: _____
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 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 502 Kenway Loop, 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).

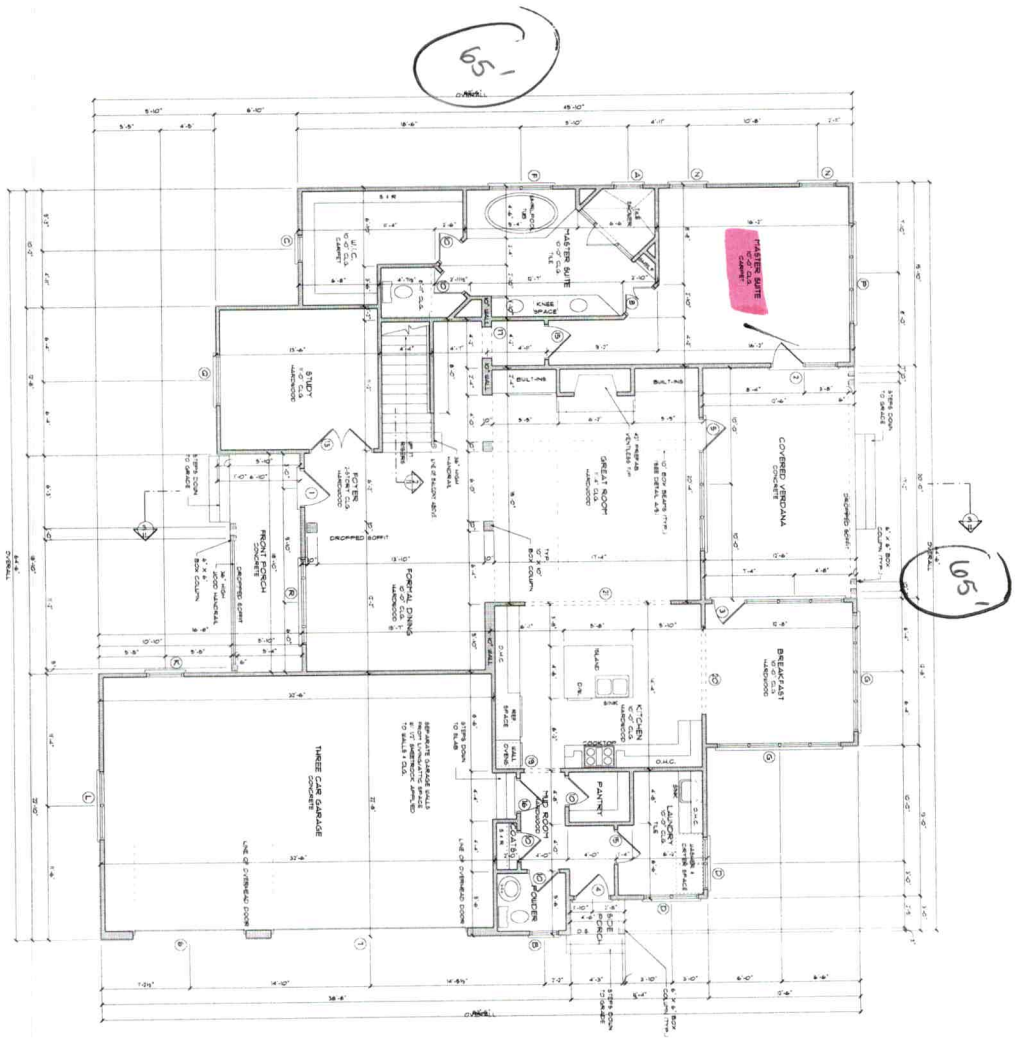
I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.



Signature of Owner — 11/9/2020 Date

_____ — _____

Signature of Witness — Date



FIRST FLOOR PLAN

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

SQUARE FOOTAGE

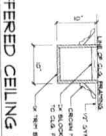
FIRST FLOOR HEATED	2758
SECOND FLOOR HEATED	1484
TOTAL HEATED AREA	3681
FRONT PORCH	110
THREE CAR GARAGE	741
SIDE PORCH	13
COVERED VERANDA	260
FUTURE BONUS ROOM	311
TOTAL UNDER ROOF	513

FIRST FLOOR NOTES

- ALL INTERIOR DOORS ARE 6'-8" HIGH (ALL 10' CEILINGS UNLESS NOTED OTHERWISE)
- ALL INTERIOR DOORS ARE 6'-8" HIGH (ALL CEILINGS UNLESS OTHERWISE NOTED)
- SEE SECOND FLOOR PAYING PLAN FOR ALL SECOND FLOOR SELF-PAINTED FLOOR HEIGHTS

A/5 COFFERED CEILING DETAIL

SCALE: 1"=1'-0"



Benjamin R. Butler 11/30/2020.
Kathleen Saunders 12-9-2020

PLAN # 3682

PROJECT:

ELITE DESIGN GROUP
custom residential designs

8033 Corporate Center Drive Suite 400
Charlotte, NC 28226
tel: 704-544-2771
fax: 704-544-2773

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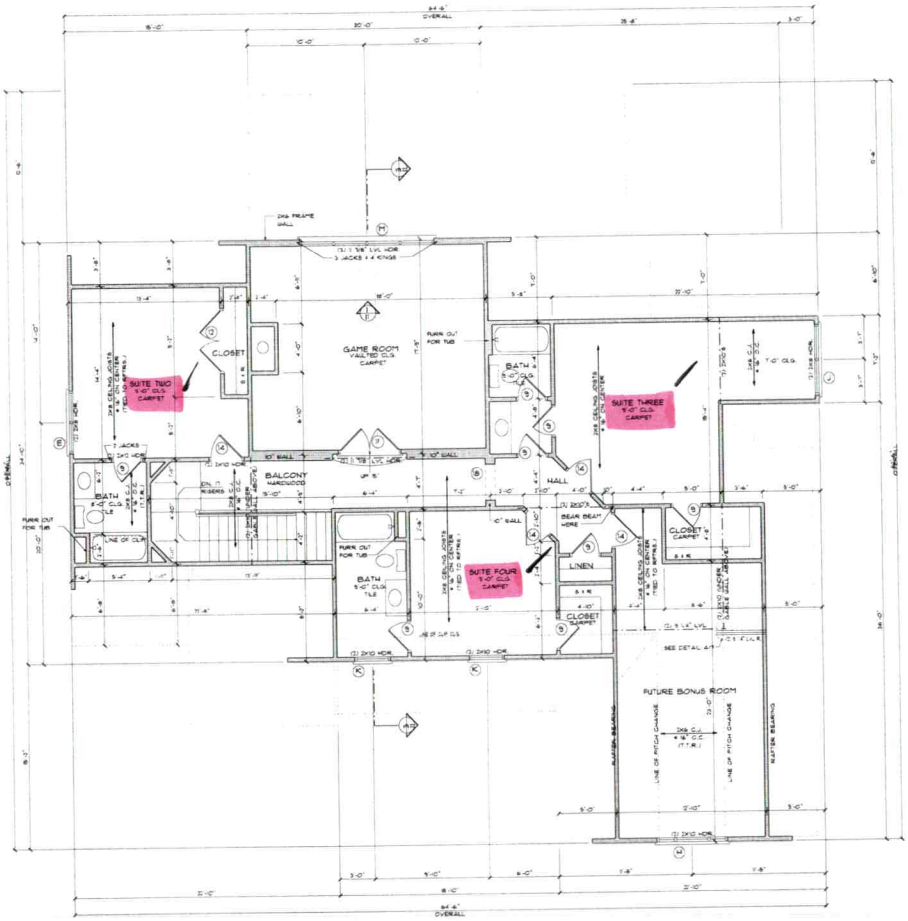
DATE: 02/21/2020

REVISIONS:

REV:

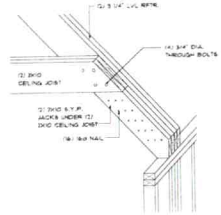
REV:

SHEET 5 OF 15



SECOND FLOOR PLAN

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



A/7 BENT BEAM DETAIL

NOT TO SCALE

SECOND FLOOR NOTES

- ALL ANGLED WALLS ARE 45 DEGREES OR 90 DEGREES UNLESS NOTED OTHERWISE
- ALL INTERIOR DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE
- INSTALL A MINIMUM OF (2) 2X4 STUDS UNDER ALL BEAMS, LVL OR BUILT-UP, AT THE SECOND FLOOR UNLESS NOTED OTHERWISE
- INSTALL A MINIMUM OF (2) 2X4 STUDS UNDER ALL ROOF BRACES THAT BEAR ON WALLS, UNLESS NOTED OTHERWISE
- ALL LVL BEAMS ARE 1 3/4" WIDE UNLESS NOTED OTHERWISE
- ALL CEILING JOISTS TO BE 2X8'S @ 16" ON CENTER UNLESS NOTED OTHERWISE
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCORDING TO CODE
- ALL SECOND FLOOR HEADERS TO BE (2) 2X8'S UNLESS NOTED OTHERWISE

ELITE DESIGN GROUP
custom residential designs

8033 Corporate
Center Drive Suite 400
Charlotte, NC 28226
tel: 704-544-2771
fax: 704-544-2773

PROJECT:

PLAN # 3682

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ALL CONSTRUCTION SHALL BE PERFORMED IN ACCORDANCE WITH THE NORTH CAROLINA BUILDING CODE. IT IS OUR FIRMS RESPONSIBILITY TO MAKE SURE THAT THE PLANS WE PROVIDE COMPLY WITH THE NORTH CAROLINA BUILDING CODE. IT IS THE RESPONSIBILITY OF THE BUILDER TO COMPLY WITH ALL APPLICABLE LAWS, RESTRICTIONS, OR ORDINANCES

DATE:
02/21/2020

REVISIONS:
REV:
REV:

SHEET 7 OF 15

IREDELL COUNTY · NC

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

APPLICATION NUMBER
312630 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4638297752.000	502 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
0.758	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	312630	TOTAL FEES:	$77.25