# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 226243

2:30

## IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4638-39-2622

APPLICANT: DG Custom Homes | APPLICANT ADDRESS: 631 Brawley School Rd. Suite B Mooresville, NC

SITE ADDRESS: 448 Kenway Loop Mooresville NC 28117 | PHONE: 704-578-4951 | ALT. PHONE:

SITE DIRECTIONS: Perth Rd North → L on Fern Hill Rd → L on Bagby Rd → R on Kenway Loop → 1st on Right

SUBDIVISION: Woodleaf | SECTION: 2 | LOT # 107 | LOT AREA: 0.950 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.30

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | | Date | with front plate | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI | |
| Pump Tank | — | (gal) | PT | — | Date | — | System Description: | 25% Reduction - Serial Distribution | | | |
| Pump Make | — | Model | | — | Serial # | — | Repair System Description: | 25% Reduction | | | |
| # Nitrification Fields | 1 | # Lines | 4 | | Linear Ft: | 300 | Maintenance Agreement Required: | ☐ YES | ☒ NO | | |
| Trench Width | 36" | Trench Bottom Depth | 36" [high side] | | Gravel Depth | — | | ☒ GRAVITY | ☐ PRESSURE | | |

| | | | | | |
|---|---|---|---|---|---|
| ☒ Residence | No. Bedrooms | 3 | Water Supply | | |
| ☐ Business | No. Persons | 6 | ☒ Private | | |
| ☐ Other | No. Employees | | ☐ Public | | |
| ☒ Slab | ☒ Crawl Space | | ☐ Community | | |
| ☐ Basement w/ plumbing | | | ☐ Basement w/o plumbing | | |

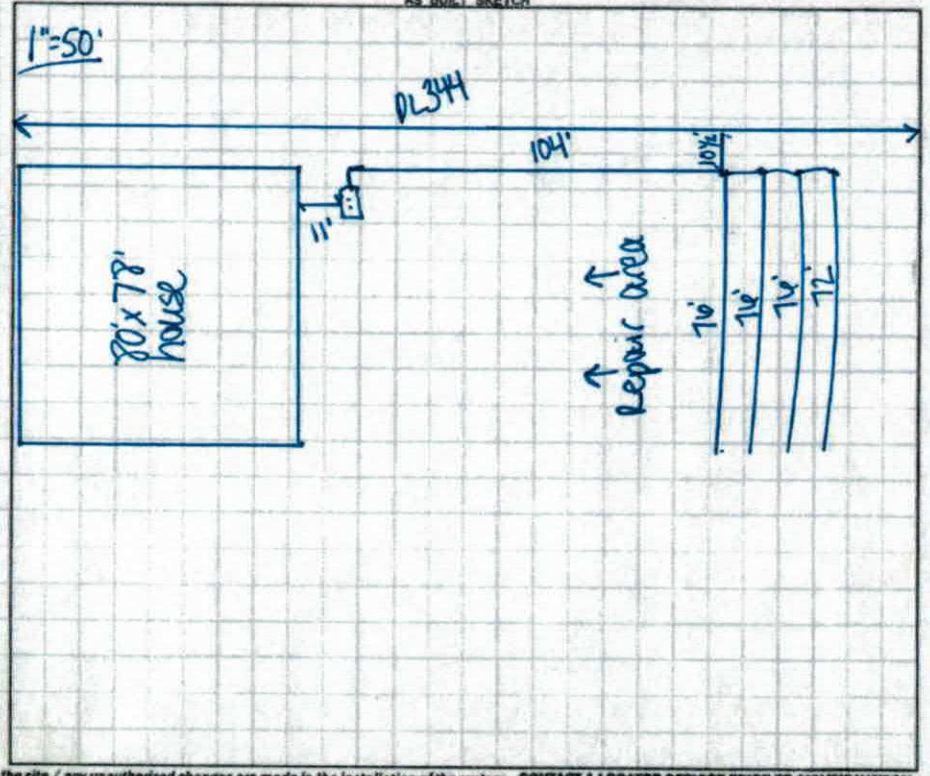
Comments / Conditions: Recommend pumping septic tank every 3-5 years. ★ Remove any surface berms / terrace features in both primary + repair septic areas ★

INITIAL SITE SKETCH

See attached plans from The Oaks Group, PA.

Dated 4/10/2017 Kathleen Saunders LSS # 1313

AS BUILT SKETCH




*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: 4-25-17 Installed by: Gunters Grading

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/24/17 OPERATION PERMIT by: Carla C. Cave Date: 3/9/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 4/24/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

## Woodleaf Lot 107 Fast Track - The Oaks Group, PA

| | |
|---|---|
| **Number of Bedrooms** | **3** |
| **Basement or Crawl** | **Concrete Slab/Crawl Spac** |
| **Design Flow (gpd)** | **360** |
| **Primary System LTAR (gpd/ft2)** | **0.3** |
| **Primary System Type** | **25% Reduction** |
| No. Lines | 4 (See Table) |
| Total Linear Feet | 300 |
| 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) | 36" |
| Maintenance Agreement Required | No |
| **Repair System** | **25% Reduction** |
| Total Linear Feet | 304 |
| Repair Loading Rate | 0.3 |

### Table: Summary of Primary and Repair Nitrification Line Specifications

| Line No. | Use | Line Color | System Type | Line Length (Ft.) |
|---|---|---|---|---|
| 1 | Repair | Blue | 25% Reduction | 40 |
| 2 | Repair | Pink | 25% Reduction | 93 |
| 3 | Repair | Orange | 25% Reduction | 91 |
| 4 | Repair | Blue | 25% Reduction | 80 |
| 5 | System | Red | 25% Reduction | 75 endfed |
| 6 | System | Orange | 25% Reduction | 75 endfed |
| 7 | System | Blue | 25% Reduction | 75 endfed |
| 8 | System | Pink | 25% Reduction | 75 endfed |
| | | | | Total System: 300' |
| | | | | Total Repair: 304' |

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

APPROVED APR 24 2017

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

Sheet ___ of
PROPERTY ID #: 4638392622
COUNTY: Iredell

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

OWNER: Frank Palmer
ADDRESS: 448 Kenway Loop
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Lot 107 Woodleaf

APPLICATION DATE: 4-10-17
DATE EVALUATED: 3-23-17
PROPERTY SIZE: 0.95 Ac
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% | 0-30 | Mo SBKC | FR SS/SP | R | 43" | PS | N/A | 0.3 ✓ |
| | | 30-43 | WK SBKCL | ↓ | R; C sap | | | | |
| | | 43-60 | MA L sap | ↓ | Mcl R | | | | |
| | | | ↑ clay Low w/SBK Structure | | | | | | |
| | | 57-60" SAP | | | | | | | |
| 2 | L ~10% | 0-5 | Mo GR SL | FR SS/SP | F | 42" | PS | N/A | 0.35 OK ✓ |
| | | 5-20 | Mo SBKL | ↓ | F | | | | |
| | | 20-42 | WK SBKCL | ↓ | F, C sap | | | | |
| | | 42-60 | MA L sap | ↓ | F | | | | |
| 3 | L ~10% | 0-30 | Mo SBKC | FR SS/SP | R | 60+ | N/A | N/A | 0.3 |
| | | 30-60 | WK SBKCL | ↓ | R; C/H sap | | | | |
| | | | | | Some pockets of L sap | | | | |
| 4 | L ~10% | 0-23 | Mo SBKCL | FR SS/SP | R | 37" | PS | N/A | 0.35 OK ✓ |
| | | 23-37 | WK SBKCL | ↓ | R, C sap | | | | |
| | | 37-64 | MA L sap | ↓ | R Mcl | | | | |

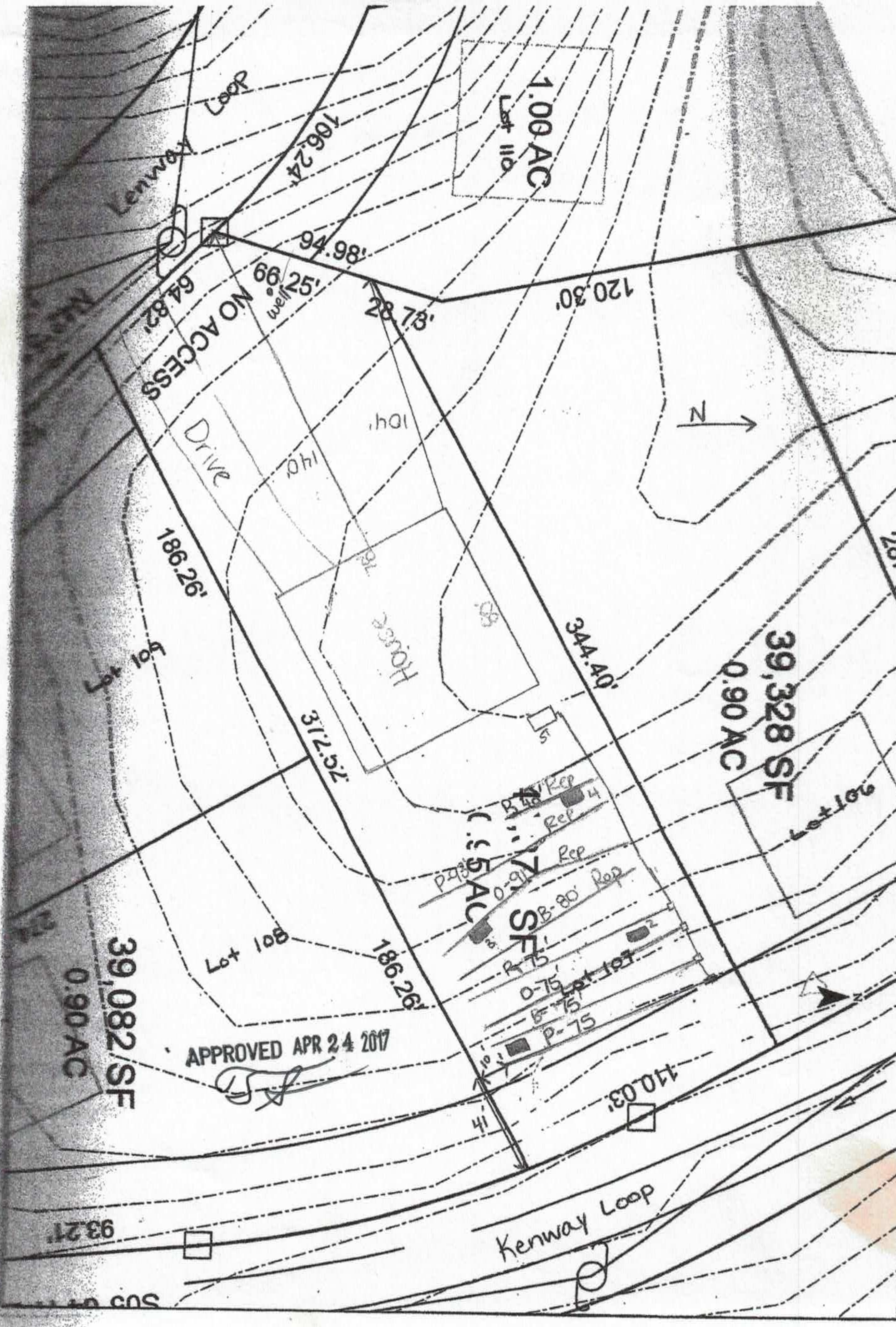
| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | III g | III g |
| Site LTAR | 0.3 | 0.3 |

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH Tom Shook (Pits 1, 2 + 4)
Remove terrace / berms

COMMENTS: ___

Updated February 2014

APPROVED APR 24 2017


Kenway Loop
106.24'
1.00 AC
Lot 110
94.98'
120.30'
66.25'
well
64.82'
NO ACCESS
28.78'
Drive
140'
104'
76'
House
N
186.26'
344.40'
39,328 SF
0.90 AC
Lot 106
Lot 109
312.52'
Rep
B-80' Rep
P-75
O-75
B-75
Lot 107
Lot 108
186.26'
39,082 SF
0.90 AC
APPROVED APR 24 2017
110.03'
41
93.21'
Kenway Loop

e

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 448 Kenway Loop

Date: April 10, 2017

Attached is the septic specification information required to permit the 448 Kenway Loop for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD 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, including soil descriptions, before permitting and/or septic system installation.




Kathleen Saunders

RECEIVED APR 1 0 2017

# IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00
# 226243

## ENVIRONMENTAL HEALTH DIVISION

### PAGE 1: APPLICATION FORM

**Application For:**

(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repa

*THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SIT IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTE APPLICATON WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAIL*

**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 fe

*Place an (X) beside whichever is submitted if applicable*

contact Kathleen Saunders (704) 578-4951

**Applicant Information:**

**Applicant Name:** DG Custom Homes **Address:** 631 Brawley School Rd Suite B Mooresville 28115 **Phone:**
postal mail 219 28117

**Owner Name:** Frank Palmer **Address:** **Phone:**

**Property Information:**

**Street Address:** 448 Kenway Loop Mooresville 28117

**Subdivision Name:** Woodleaf **Section/Phase:** **Lot Number:** 107

**Driving Directions:** Perth Rd. left on Fern Hill Rd, LT on Bagby Rd. Right on Kenway Loop, lot on Right

**Site Development Information:** *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

**Maximum Number of Bedrooms:** 4 3
**Maximum Number of Occupants:** 8 6
( ) Swimming Pool
( ) Other Addition/Structure:

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

**Non-Residential Site Development:**

**Type of Business:**
**Square Footage of Building:**
**Maximum Number of Employee:**
**Maximum Number of Seats/Beds/Other:**

**Water Supply:**

(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 ( ) No **Does the site contain any jurisdictional wetlands?**
( ) Yes ( ) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes ( ) 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 gra right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible fo 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:** Emma Helt Rep 4/10/17

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, Frank Adria/Lynette Robinson, am the legal owner of the property located at 448 Kenway Loop, identified as PIN(Parcel Identification Number) 4639218089.107, 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 — Date 4-7-17

Signature of Witness — Date 4/7/17

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

## *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 PERMIT!!!***

**Place an (X) beside each item as you complete the site plan:**

X **Property Line measurements are clearly identified...**

X **All proposed structures are indicated...**

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

X **Front and side setbacks from property line...**

X **Area you prefer your septic system to be placed...**

X **Preferred driveway location and configuration, preferred well location...**

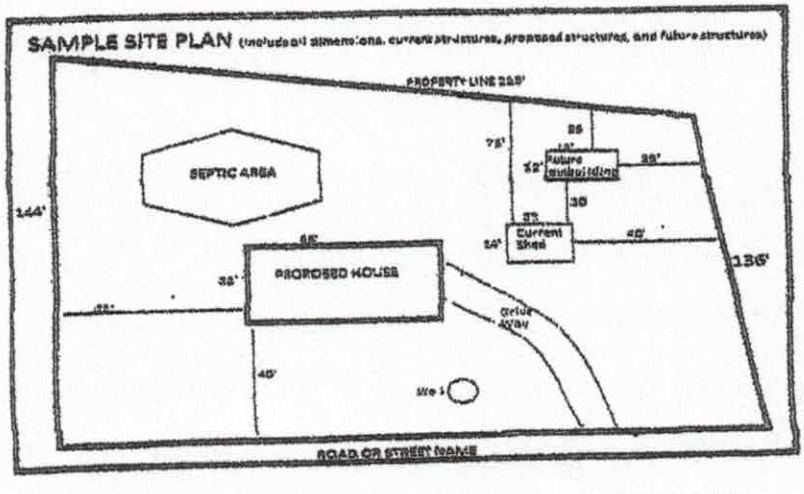
X **North arrow, or other sufficient indicator of direction...**

**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)

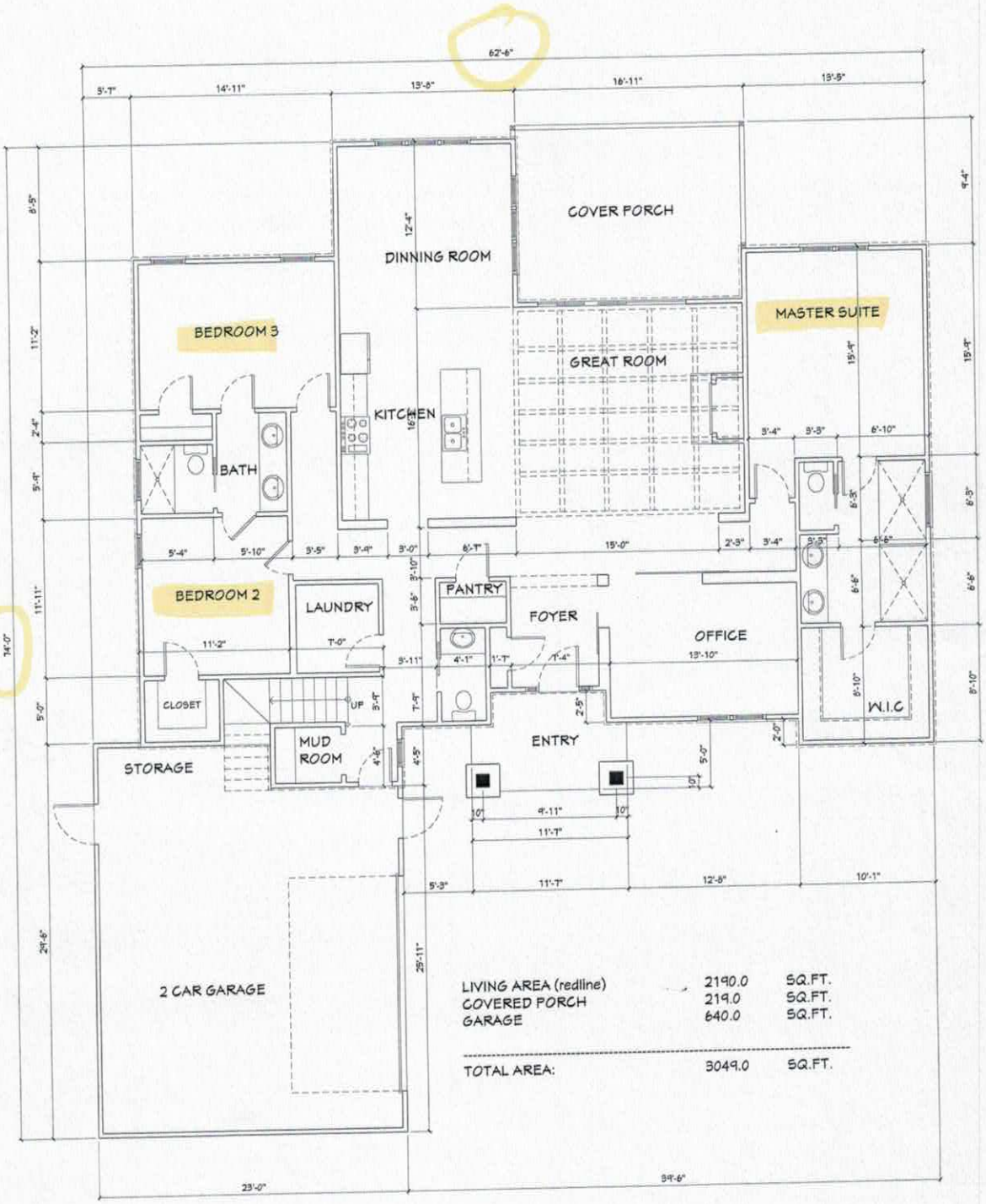
__ __ **Location of any designated wetlands on the property..** (N/A)




**USE THIS SPACE TO DRAW YOUR SITE PLAN**

Please see attached site plan

Signature: Emma Hall 4/10/17




Acknowledgement of Plans Submittal ONLY!

Emma Holt Date 4/10/17

Tom Shuck Date 4/24/17

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 226243 |
| Issue Date: 04/10/2017 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4638392622.000 | 448 KENWAY LOOP, MOORESVILLE, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: PALMER FRANK+YVETTE | Applicant: THE OAKS GROUP |
| Address: 883 E MONBO RD<br>STATESVILLE, NC 28677 | Address: 121 HOLT LN<br>MOORESVILLE, NC 28117 |
| Phone: | Phone: 704-578-4951 |

| Use Requested | Zone Code |
|---|---|
| | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .950 | 35.00 | 35.00 | 15.00 | 15.00 | CACL | X |

**Remarks:**

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.

Applicant: _____ Date: _____

| Permit Number | 99128 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|