HJ 10:30

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238138

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4639415950

APPLICANT/OWNER: Marin Agency APPLICANT ADDRESS: 16405 North Cross Dr.

SITE ADDRESS: 226 Kenway Loop Mooresville, NC PHONE: 704-578-4951 ALT. PHONE ——

SITE DIRECTIONS: Perth → L on Fern Hill → L on Kenway Loop → lot on R SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Woodleaf SECTION: — LOT # 42 LOT AREA: .758 ac DESIGN FLOW: 480gpd L.T.A.R.: .3 (.3 repair)

Septic Tank	1000 (gal)	STB	7-15-19	Date	760	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4
Pump Tank	1000 (gal)	PT	8-2-19	Date	363	System Description: PM 25% reduction	☐ Business	No. Persons	8
Pump Make	Gilas	Model	VERTIGRAVITY	Serial #		Repair System Description: LP PPBPS	☐ Other	No. Employees	
# Filtrification Fields	1	# Lines	4@100'	Linear Ft	400'	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☑ Crawl Space	
Trench Width	36"	Trench Bottom Depth(Low side)	32"/36" bagged	Gravel Depth	——	☐ GRAVITY ☑ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Maintain 100' from any well

INITIAL SITE SKETCH

See attached site plan by The Oaks Group, PA

AS BUILT SKETCH

Tank 19' off House

	Date	Initials
Drain Lines Checked	9-18-19	
Tanks Checked	9-18-19	
Pressure Manifold or Valve Box Checked	9-18-19	
Pressure Head Set	9-18-19	
Electrical Checked	10-9-19	OK
Floats Set	9-18-19	
Alarm Checked	10-9-19	
Maintenance Contract Y (N)		
Comments: Lines Installed as Shown		

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 to the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT with plot plan/without elevation. ☑ 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: [signature] Date: 11-19-18 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Kayla Watson Date: 8-21-18 OPERATION PERMIT by: [signature] Date: 10-9-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 8-21-18 Existing System Inspected by: —— Date: ——

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 inspection time.

HS

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238138

PIN # 4639415950

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

APPLICANT/OWNER: Marin Agency

APPLICANT ADDRESS: 16405 North Cross Dr.

PHONE: 704-578-4951 ALT. PHONE —

SITE ADDRESS: 226 Kenway Loop Mooresville, NC

SAP CONTROLLED: ☑ YES ☐ NO

SITE DIRECTIONS: Perth → L on Fern Hill → L on Kenway Loop → lot on R

DESIGN FLOW: 480gpd L.T.A.R.: .3 (.3 repair)

SUBDIVISION: Woodleaf SECTION: — LOT # 42 LOT AREA: .758 ac

Septic Tank 1000 (gal) STB — Date —

Pump Tank 1000 (gal) PT — Date —

Pump Make — Model — Serial # —

Nitrification Fields 1 # Lines 4 @ 100' Linear Ft 400'

Trench Width 36" Trench Bottom Depth(Low side) 32"/36" high side Gravel Depth —

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

System Description: PM 25% reduction

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Maintain 100' from any well.

INITIAL SITE SKETCH

See attached site plan by The Oaks Group, PA

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**

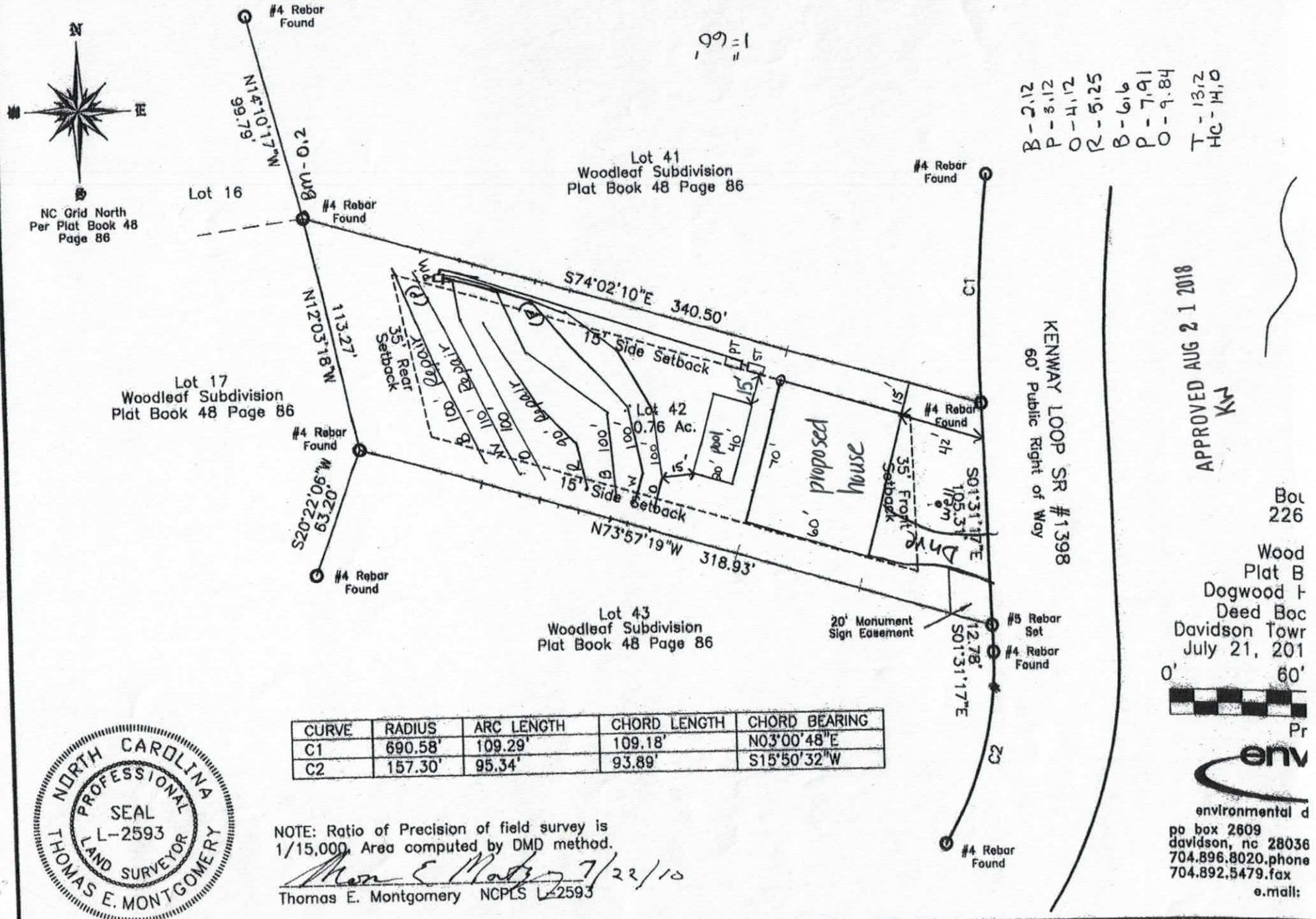
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 11-19-18 Installed by: —

IMPROVEMENT PERMIT by: Kayla Wilson Date: 8-21-18 OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 8-21-18 Existing System Inspected by: — Date: —

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



CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING
C1	690.58'	109.29'	109.18'	N03°00'48"E
C2	157.30'	95.34'	93.89'	S15°50'32"W

NOTE: Ratio of Precision of field survey is 1/15,000. Area computed by DMD method.

7/22/10

Thomas E. Montgomery NCPLS L-2593

NORTH CAROLINA PROFESSIONAL SEAL L-2593 LAND SURVEYOR THOMAS E. MONTGOMERY

Woodleaf Lot 42 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 Per Existing**
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" Per Existing
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	150' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 17.1'
Pressure head	2.0'
Friction head	1.9'
20% Contingency	4.2'
Total Head	25.2'
Pump Requirements	22 gpm @ 25.2' of head To be designed by installer.
Maximum Dosing Volume	240 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	10.9
Repair System	**LP PPBPS**
Total Linear Feet	300 Per Existing
Repair Loading Rate	0.3 Per Existing

APPROVED AUG 2 1 2018
KW

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Blue	LP PPBPS	100	2.12
2	Repair	Pink	LP PPBPS	110	3.12
3	System	Orange	25% Reduction	100 endfed	4.12
4	Repair	Red	LP PPBPS	90	5.25
5	System	Blue	25% Reduction	100 endfed	6.6
6	System	Pink	25% Reduction	100 endfed	7.91
7	System	Orange	25% Reduction	100 endfed	9.84
				Total System: 400'	
				Total Repair: 300'	

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000	13.20
House	blue		14.00

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 ICHD

APPROVED AUG 2 1 2018
KW

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Woodleaf S/D — APPLICATION DATE ___
ADDRESS: ___ — DATE EVALUATED: 4/21/04
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: ___
LOCATION OF SITE: Lot 42 — 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	L	0-28	WK/MO SBK C	FR SS/SP	Red				0.3
		28-45	WK SBK CL	FR SS/SP	Red; F/C	sap			
		45-52	MA L sap	FR SS/SP	Red Br				
2	L	0-24	WK/MO SBK C	FR SS/SP	Red				0.3
		24-52	WK SBK CL	FR SS/SP	Red; F/C	sap			
				* F/F yel Br on opp wall 24-52"					
3	10% S/L	0-6	wk sbk plow sole	fr ss sp					.3
		6-22	SBK red C	fr ss sp stky					
		22-52	wk sbk gred	fr ss sp incl stky 48"					
4		0-40	SBK red/cl	fr ss sp stky	Redoximorphic				.3
		40-53	wk sbk-massive	stky fr ss sp wavy soil/sap boundary					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: ___

RECEIVED AUG 1 7 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 #238138

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: (X) 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: Mann Agency Address: 16405 North Cross Dr St G-1 Zip: 28078
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Lee Blakely Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 226 Kenway Loop
Subdivision Name: Woodleaf Section/Phase: _____ Lot Number: 42
Driving Directions: Perth, L Fern Hill Rd, L 1st 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
(X) 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 8-16-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. **APPLICATION FOR:** X **Improvement Permit** ___**Authorization To Construct** ___**BOTH** ___**Existing System Inspection**

2. **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 check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Woodbridge Partners, LLC	PO Box 3608 Mooresville 28117		(Paul: S+ME, Inc) 704-996-6330
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Woodleaf	Lot # 42

Driving Directions: Hwy 150 W, R Perth Rd, L Fern Hill Rd, left Kenwa Loop, on Right

****

5. **RESIDENTIAL Site Development Information:** ***(Check or Complete ALL that apply)***

- X **New, Single Family Residence**
- ( ) **New, Multi-Family Residence**
- ( ) **Expansion of Existing Septic System**
- ( ) **Repair To Failing Septic System**

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- X **Crawl Space Foundation?**
- ( ) **Concrete Slab Foundation?**
- ( ) **Basement w/Plumbing?**
- ( ) **Basement w/out Plumbing?**

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. **Proposed Water Supply:**

X **New Well** ( ) **Existing Well** ( ) **Community Well** ( ) **City Water** ( ) **Other Public Water**

****

7. **Desired Septic System Type:** ***(You may rank in order of preference, if any)***

(4) **Alternative** (1) **Conventional** (2) **Innovative** (3) **Modified Conventional** ( ) **Other**___ ( ) **No Preferenc**

****

8. **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. industry) 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 o entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identificatio and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. **Signature:** Kathleen Saunders — 5/2/06
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, Main Development Co, LLC, am the legal owner of the property located at 226 Kenway Loop, identified as PIN(Parcel Identification Number) 4639 41 5950, located in Iredell County, North Carolina.

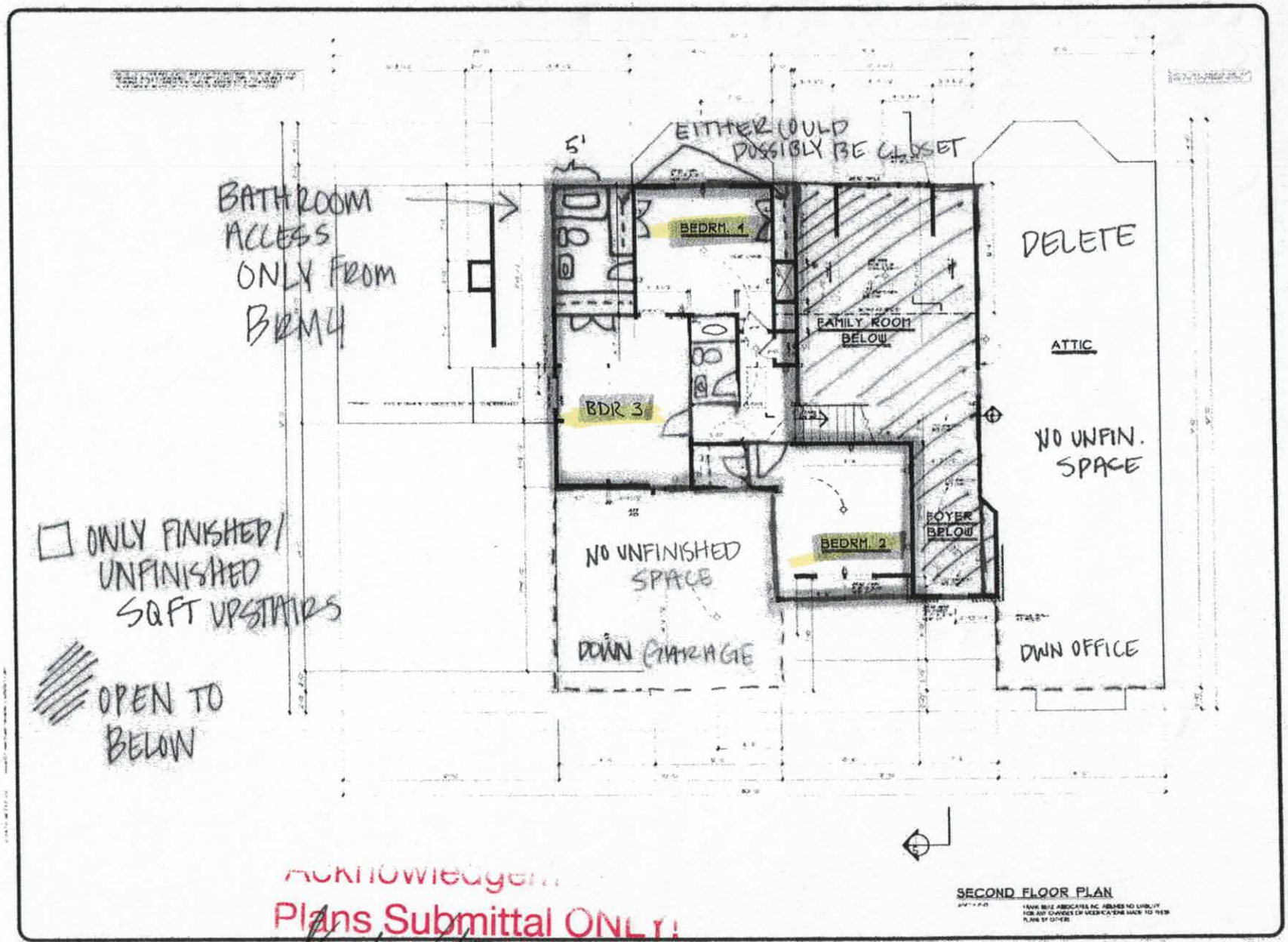
I do hereby authorize (print authorized agent/company name) Kathleen Saunders, The Oaks Group, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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: 8-16-18

Signature of Witness — Date



SECOND FLOOR PLAN

Acknowledgement:

Plans Submittal ONLY!

Date 8-21-18

Date

Date

HOMEPLANS
Designed for Today's Markets
www.frankbetz.com

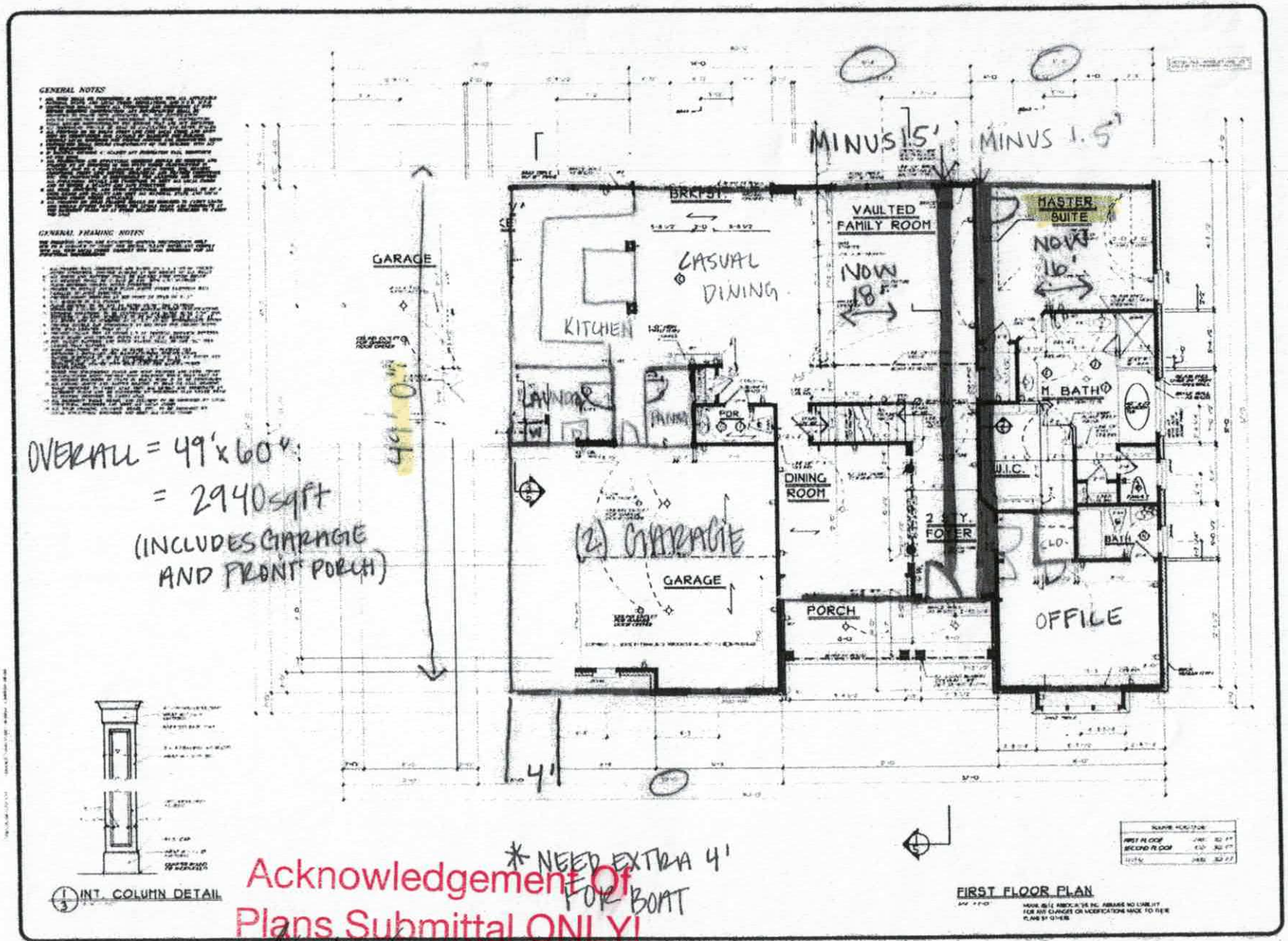
SECOND FLOOR PLAN

THE KENTHURST

FRANK BETZ ASSOCIATES, INC.

4

60'-0"



OVERALL = 49'x60' =
= 2940sqft
(INCLUDES GARAGE AND FRONT PORCH)

* NEED EXTRA 4' FOR BOAT

Acknowledgement Of
Plans Submittal ONLY!

Date 8-21-18

Date

PORCH = 9x21 = 189
GARAGE = 24'x26' = 624

HOMEPLANS
Designed for Today's Master.
www.frankbetz.com

FIRST FLOOR PLAN / DETAIL

THE KENTHURST

FRANK BETZ ASSOCIATES, INC.

3

IREDELL COUNTY

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

APPLICATION NUMBER
238138
Issue Date: 08/17/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639415950.000	226 KENWAY LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BLAKELY LEE R JR+SHANNON H	Applicant: KATHLEEN SAUNDERS
Address: 244 BROOK GLEN DR	Address: 121 HOLT LANE
MOORESVILLE, NC 28115	MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.758	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	149259	TOTAL FEES:	$ 77.25