ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 24087

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

PIN # 4664 --56 --9784

APPLICANT/OWNER: Oak Hill Homes/KristenDeskevich APPLICANT ADDRESS: 9525 Birkdale Crossing Ste 208 Huntersville, NC 28078

SITE ADDRESS: 195 Logan Crossing Dr. Davidson, NC 28036 PHONE: 7043099395 ALT. PHONE 704 791-1238

SITE DIRECTIONS: Shearers Rd TL Anniston Way TR Logan Crossing Dr on left nearend SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Anniston SECTION: R1 LOT # 24/24A LOT AREA: 1.01 Ac. DESIGN FLOW: 480gpd L.T.A.R.: , 3

Septic Tank	1000	(gal)	STB	Infiltrator	Date						
Pump Tank	1000	(gal)	PT	Infiltrator	Date						
Pump Make		Model			Serial #						
# Nitrification Fields	1	# Lines	5		Linear Ft	400'					
Trench Width	36"	Trench Bottom Depth(Low side)		30"	Gravel Depth	N/A					

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Grinder pump - 25% Reduction

Repair System Description: Grinder pump - 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

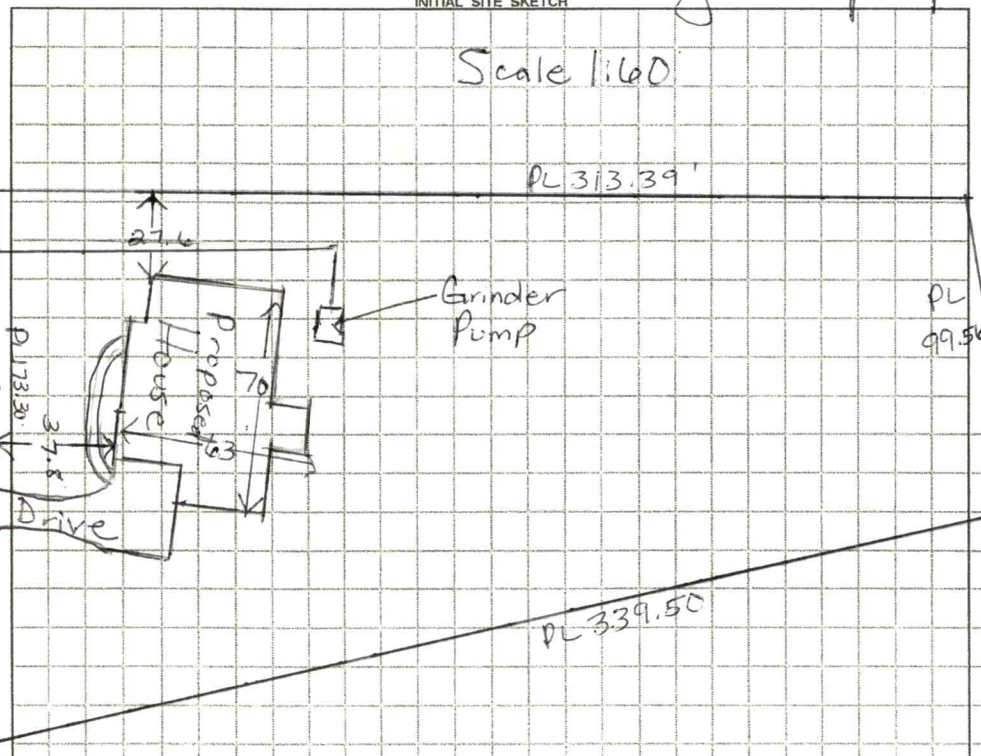
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% Reduction on Contour with Serial distribution. Use 2-1000gal Septic tanks in Series with use of whole house grinder pump.

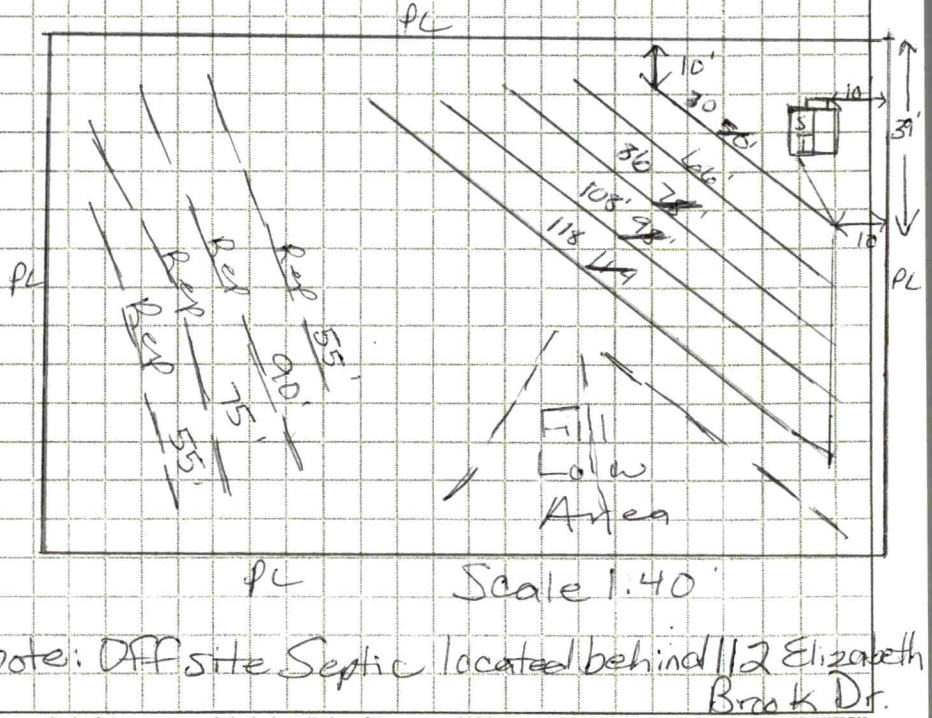
Per Wilson Mize (NCDHHS) Regional Well Specialist, Current supply line does not require variance.

INITIAL SITE SKETCH



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.



Note: Off site Septic located behind 112 Elizabeth Brook Dr.

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: 4/28/21 Installed by: Abernathy

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/10/21 OPERATION PERMIT by: [signature] Date: 1/13/22

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/23/21 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

RECEIVED MAR 2 5 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Paid $105.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

#240877

LIMITED R2 LAYOUT

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: OAK HILL HOMES NC, LLC **Address:** 9525 BIRKDALE CROSSING DR STE 208 HUNTERSVILLE, NC **Zip:** 28078

Applicant Email: DHOESKE@OAKHILLHOMESLLC.COM 704 309 9395 **Alt. Phone:**

Owner Name: OAK HILL HOMES NC, LLC **Address:** 9525 BIRKDALE CROSSING DR, STE 208 HUNTERSVILLE NC **Zip:** 28078

Owner Email: DHOESKE@OAKHILLHOMESLLC.COM 704 309 9395 **Alt. Phone:**

Property Information:

Street Address: 195 LOGAN CROSSING DR DAVIDSON NC 28036

Subdivision Name: ANNISTON **Section/Phase:** **Lot Number:** 24

Driving Directions: SHEARS RD TO ANNISTON WAY (R) AT LOGAN CROSSING DR

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

(✓) 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
(✓) 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:

(✓) 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 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.

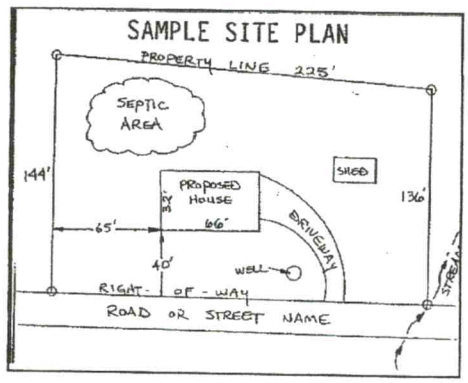
Signature: _____ 3/24/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE
DAVID HOESKE, MANAGER, OAK HILL HOMES

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **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

SEE ATTACHED site plan

Signature: _____

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

DAVID HOZSKI, MANAGER, OAK HILL HOMES NC, LLC

3/24/21

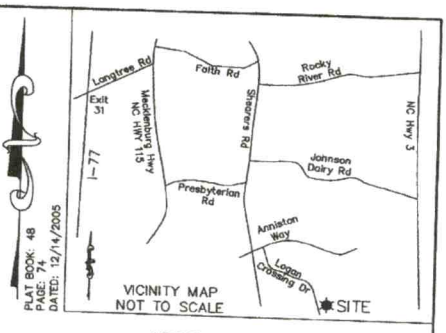
DATE

I, JIMMY N. FAIRES, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE, PAGE NOTE #2 ; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK N/A, PAGE N/A ; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS _____ DAY OF _____, 2021.

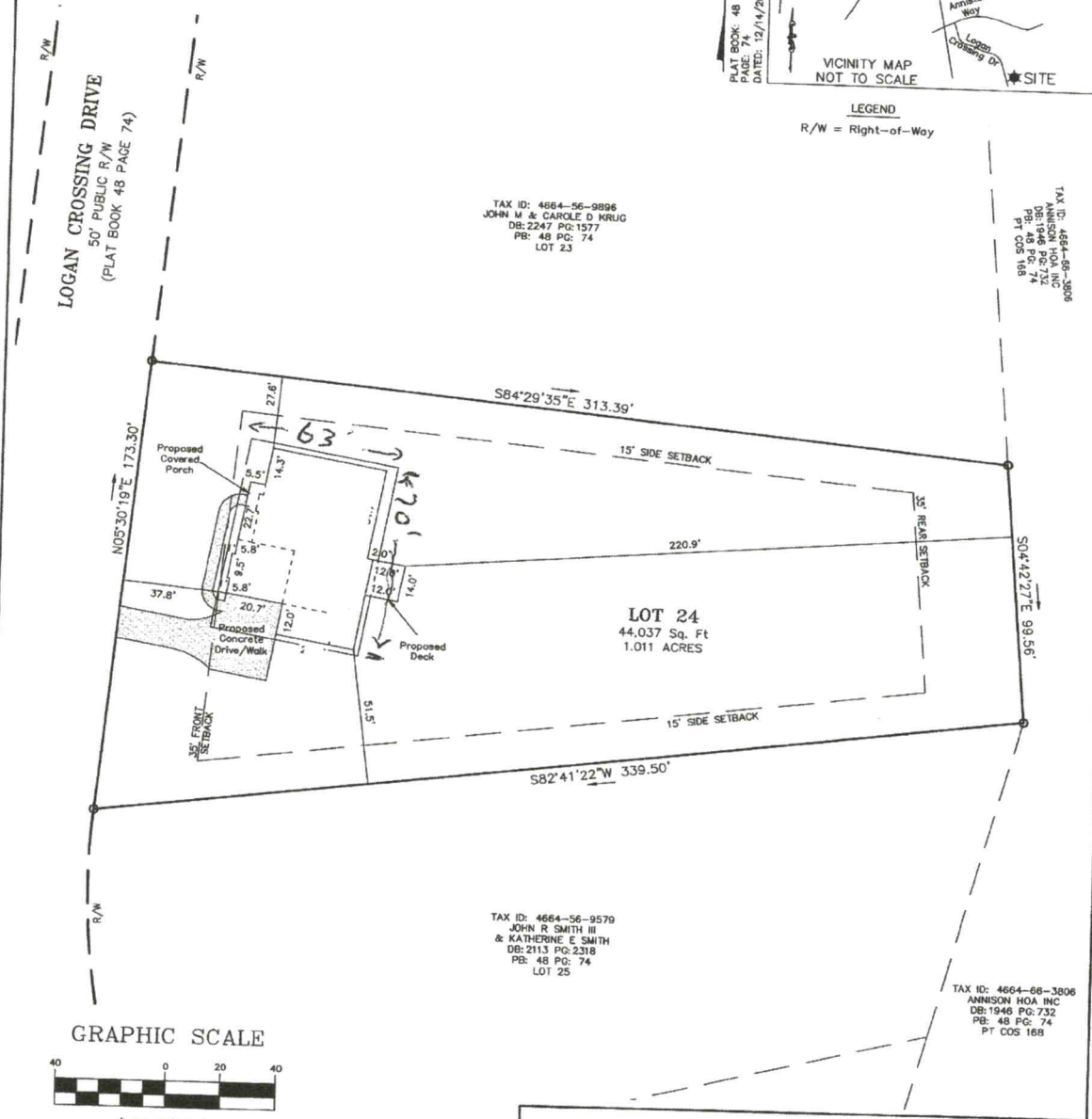
PRELIMINARY

JIMMY N. FAIRES, PLS
LICENSE NUMBER: L-4311

**PRELIMINARY PLAN
NOT FOR RECORDATION
CONVEYANCES
AND/OR SALES**



LEGEND
R/W = Right-of-Way



GRAPHIC SCALE

40 0 20 40

(IN FEET)
1 inch = 40 feet

SURVEYOR NOTES

1) ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.
2) THIS SURVEY IS BASED ON DEED BOOK 2595 PAGE 524 AND PLAT BOOK 48 PAGE 74 AS RECORDED AT THE IREDELL COUNTY REGISTER OF DEEDS.
3) THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE COVENANTS OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.
4) SUBJECT PARCEL LIES WITHIN A SUBDIVISION PREVIOUSLY TIED TO NC GRID.
5) BASIS OF BEARINGS: PLAT BOOK: 48, PAGE: 74 - DATED: DECEMBER 14, 2005.
6) ALL CORNERS "FOUND" or "SET" ARE FLUSH WITH THE GROUND, UNLESS OTHERWISE NOTED. POINTS NOT LABELED "FOUND" OR "SET" ARE COMPUTED POINTS.
7) THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES ONLY. OTHER UTILITIES WHICH WERE NOT OBSERVED AND NOT SHOWN HERON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY TO VERIFY THE LOCATION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. GEOMATIC CONCEPTS, PLLC CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.
8) THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.
9) THIS PROPERTY LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANEL 3710468400M, WITH AN EFFECTIVE DATE OF NOVEMBER 16, 2018.

PLOT PLAN

LOT 24 ANNISON PHASE 1 MAP 2
PLAT BOOK: 48 PAGE: 74

195 LOGAN CROSSING DRIVE
CODDLE CREEK TOWNSHIP, IREDELL COUNTY, NC

Owners:	Prepared For:
STEPHEN & KRISTEN DESKEVICH 118 LUTOMMA CIRCLE CHARLOTTE, NC 28270	DAVID HOESKE 9525 BIRKDALE CROSSING DR, STE 208 HUNTERSVILLE, NC 28078

GEOMATIC CONCEPTS, PLLC
NC LICENSE #: P-1031
470 NORTH BROAD STREET, SUITE A, MOORESVILLE, NC 28115
PHONE: 704-664-1994 EMAIL: JIMMY.FAIRES@GEOMATICCONCEPTS.COM

Drawn By: STR	Checked By: JNF	Scale	Project No.
Tax Parcel: 4664-56-9784		1" = 40'	21019
Date: March 1, 2021			Sheet No.
File: 21019-Lot-24-Annison			1 of 1