IREDELL COUNTY HEALTH DEPARTMENT KW

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

PERMIT # 236368

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

PIN # 4664862928

APPLICANT/OWNER: Kendall Foster | APPLICANT ADDRESS: P.O. Box 39 Cornelius, NC 28031

SITE ADDRESS: 106 Copper Pine Davidson, NC 28036 | PHONE: | ALT. PHONE: Mike 704 576-3887

SITE DIRECTIONS: Shearers Rd TL Annistaway TR Burnell TL Walking Horse Tr TR Broad Birch TR Copper Pine

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Ridge Walk | SECTION: — | LOT # 3 | LOT AREA: 1.09 Acres | DESIGN FLOW: 480gpd | L.T.A.R.: .3

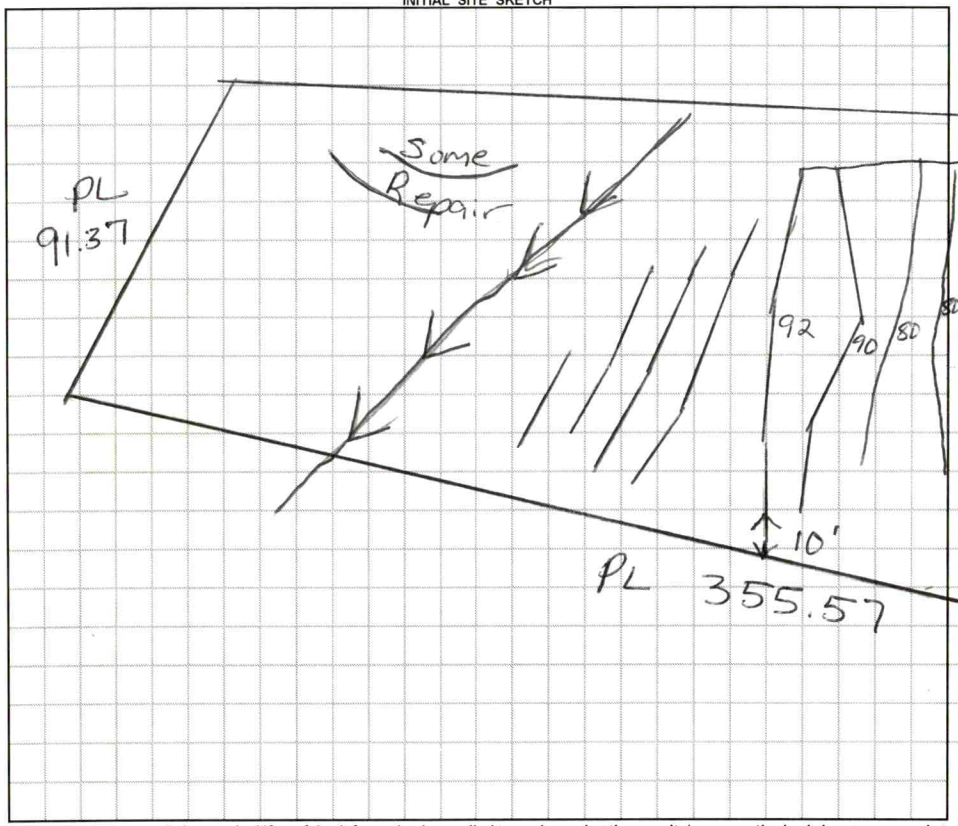
Septic Tank	1000 (gal)	STB	SHAF 760	Date	8/13	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing	No. Bedrooms 4 / No. Persons 8 / No. Employees / ☒ Crawl Space ☐ Basement w/o plumbing
Pump Tank	(gal)	PT		Date		System Description: Gravity- 25% Reduction			
Pump Make		Model		Serial #		Repair System Description: 50% Red- PPBPS			
# Nitrification Fields	1	# Lines	5	Linear Ft	400 402	Maintenance Agreement Required: ☐ YES ☒ NO			
Trench Width	36"	Trench Bottom Depth (Low side)	36"	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE			

Water Supply: ☒ Private ☐ Public ☐ Community

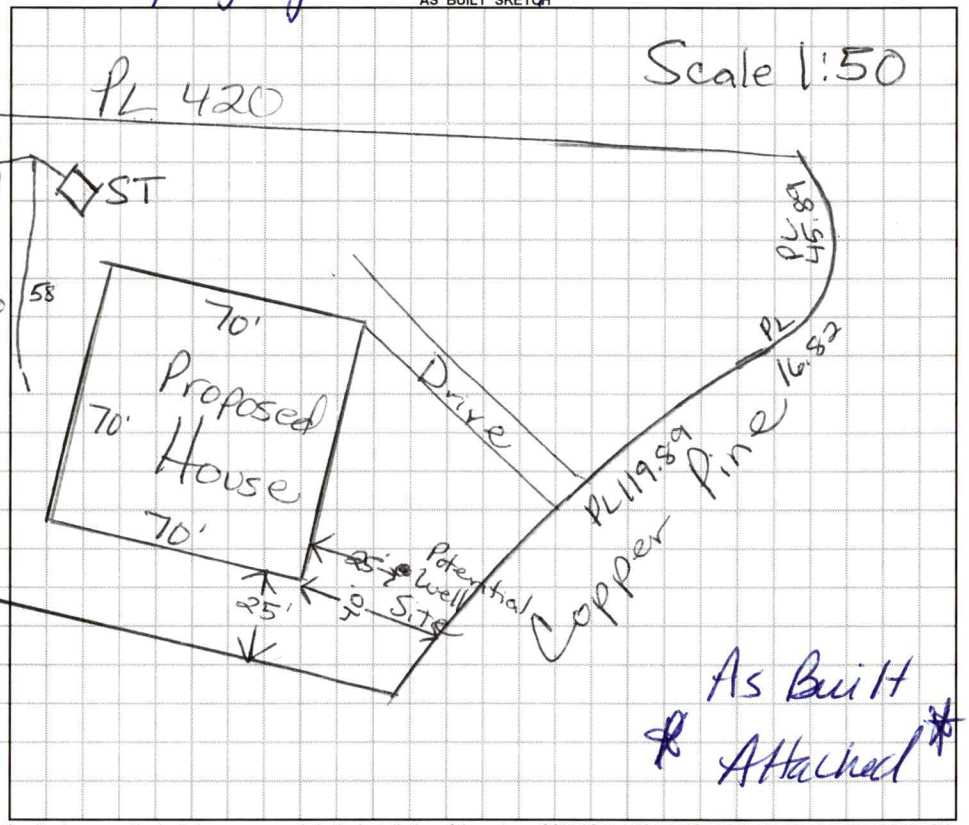
Comments / Conditions: * Install drainfield @ 36" trench bottom.

House position changed- lines still in indicated area, slightly different layout

INITIAL SITE SKETCH



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: W. Kendall Foster Date: 8-17-18 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Mary Dotson Date: 7/6/18 OPERATION PERMIT by: D. Webb Date: 9/28/21

AUTHORIZATION TO CONSTRUCT by: Date: 11/30/20 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.

IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 236368

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

PIN # 4664868764

APPLICANT/OWNER: Kendall Foster | APPLICANT ADDRESS: P.O. Box 39 Cornelius, NC 28031

SITE ADDRESS: 106 Copper Pine Davidson NC | PHONE: | ALT. PHONE: Mike 704 576-3887

SITE DIRECTIONS: Shearers Rd TL Anniston Way TR Burnell TL Walking Horse Tr TR Broad Brier TR Copper Pine | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Ridge Walk | SECTION: | LOT # 3 | LOT AREA: 1.09 Acres | DESIGN FLOW: 480gpd | L.T.A.R.: .3

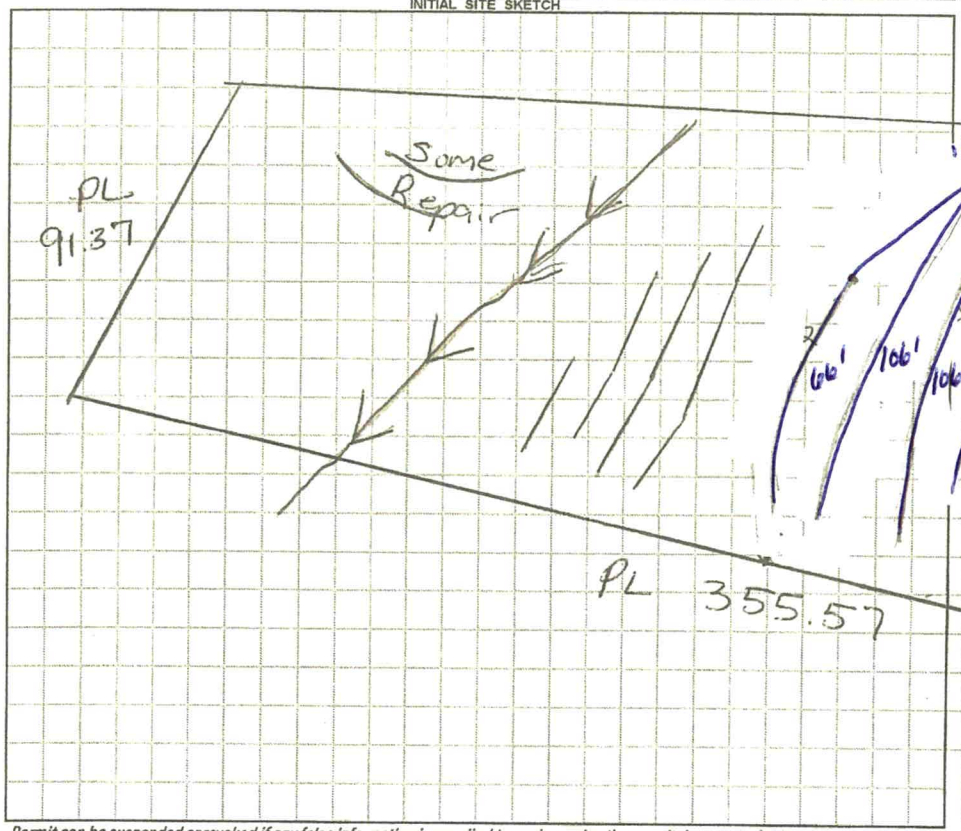
Septic Tank	1000 (gal)	STB: 3HOAF760	Date 8/13	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description: Gravity - 25% Reduction				☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description: 50% Red - PPBPS				☐ Other	No. Employees
# Nitrification Fields 1		# Lines 5	Linear Ft 402 407	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width 36"		Trench Bottom Depth (Low side) 36"		Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

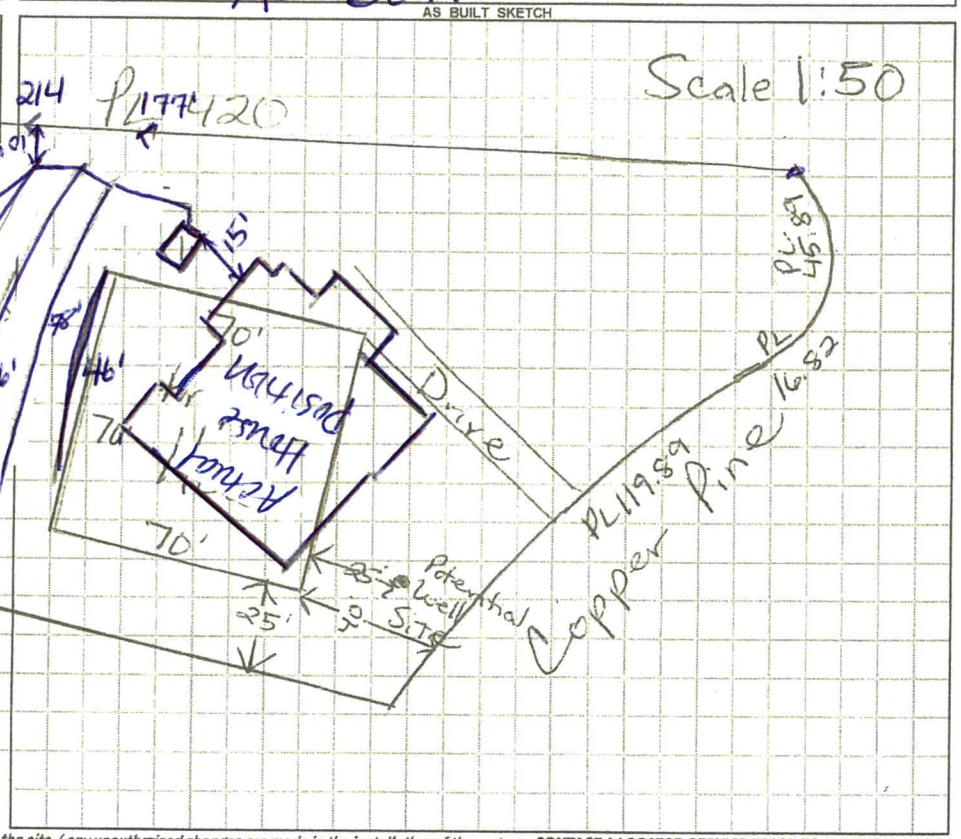
Comments / Conditions: * Install drainfield @ 36" trench bottom.

As Built to near scale

INITIAL SITE SKETCH



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: W. Kendall Foster Date: 8-17-18 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Mark Dotson Date: 7/6/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Mark Dotson Date: 11/30/20 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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: ___ . ___
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kendall Foster
ADDRESS: P.O Box 39 Cornelius NC 28031
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 1016 Copper Pine Davidson, NC
APPLICATION DATE 6/8/18
DATE EVALUATED: 6/19/18
PROPERTY SIZE: 1.09 Ac.
PROPERTY RECORDED: NO

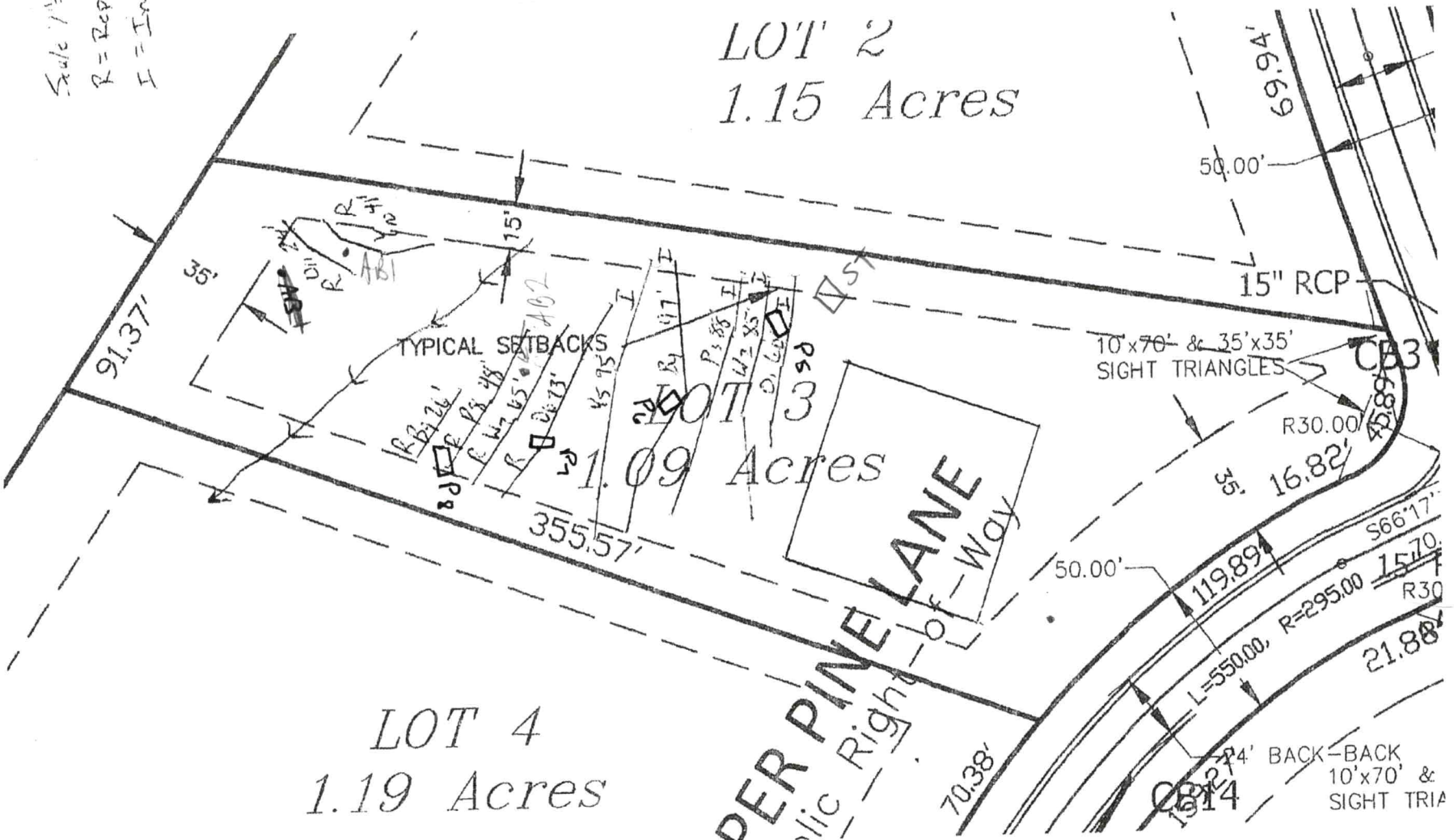
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1/5	10%	0-19"	R Cm SBK SS, SP, SExp, FR						PS .3
		19-55"	R CL w SBK SS, SP, SExp, FR						
2/6	12%	0-4	Brw SCL w SBK SS, SP, SExp, FR						PS .3
		4-16	R C m SBK SS, SP, SExp, FR						
		16-30	R C L w SBK SS, SP, SExp, FR						
		30-57	R CL w SBK SS, SP, SExp, FR						
			~~A~~ TR = 36"						
3/7	15%	0-4	Brw SCL						PS .3
		4-29	R C m SBK SS, SP, SExp, FR						
		29-58	R C L w SBK SS, SP, SExp, FR						
4/8	15%	0-5	Brw SCL w SBK SS, SP, SExp, FR						PS .3
		5-32"	R C m SBK SS, SP, SExp, FR						
		32-60"	R CL w SBK SS, SP, SExp, FR						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	50% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Gary McNeely

COMMENTS: ___


LOT 2
1.15 Acres
LOT 3
1.09 Acres
LOT 4
1.19 Acres
TYPICAL SETBACKS
10'x70' & 35'x35'
SIGHT TRIANGLES
15" RCP
69.94'
50.00'
91.37'
35'
15'
355.57'
50.00'
119.89'
R30.00'
16.82'
45.89'
S66°17'
L=550.00, R=295.00
21.88'
70.38'
4' BACK-BACK
10'x70' &
SIGHT TRIA
CB3
CB14
DER PINE LANE
lic Right-of-Way

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

AP-312578 + Fees owed
AP-236368

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: Mark Benitez Address: 9525 Birkdale Crossing Dr. Ste 208 Zip: 28078
Applicant Email: ncoffice@peachtreeres.com Phone: 980-689-2235 Phone:
Owner Name: Peachtree Residential Address: 9525 Birkdale Crossing Dr. Ste 208 Zip: 28078
Owner Email: ncoffice@peachtreeres.com Phone: 980-689-2295 Alt. Phone:

Property Information:

Street Address: 1016 Copper Pine Lane, Davidson, NC 28036
Subdivision Name: Anniston - Ridgewalk Section/Phase: Lot Number: 3
Driving Directions: Walking Horse Trail to Broad Birch to Copper Pine Lane

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: 5
( ) 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: _____ 11/12/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☑ **2.** I, Ken Foster, am the legal owner(s) of the property located at 1016 Copper Pine Ln, Davidson, NC, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mark Benitez Peachtree Residential to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 11/12/2020
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens

MANCHESTER
Model Name:
Sheet Title:
SECOND FLOOR PLAN
A3.2

55'

41'-9½"

SECOND FLOOR PLAN

Acknowledgment of Plans Submittal ONLY
Date 11/30/20

BRN30055CCF0B5F_020785.pdf

Done

Done

BRN30055CCF0B5F_020785.pdf

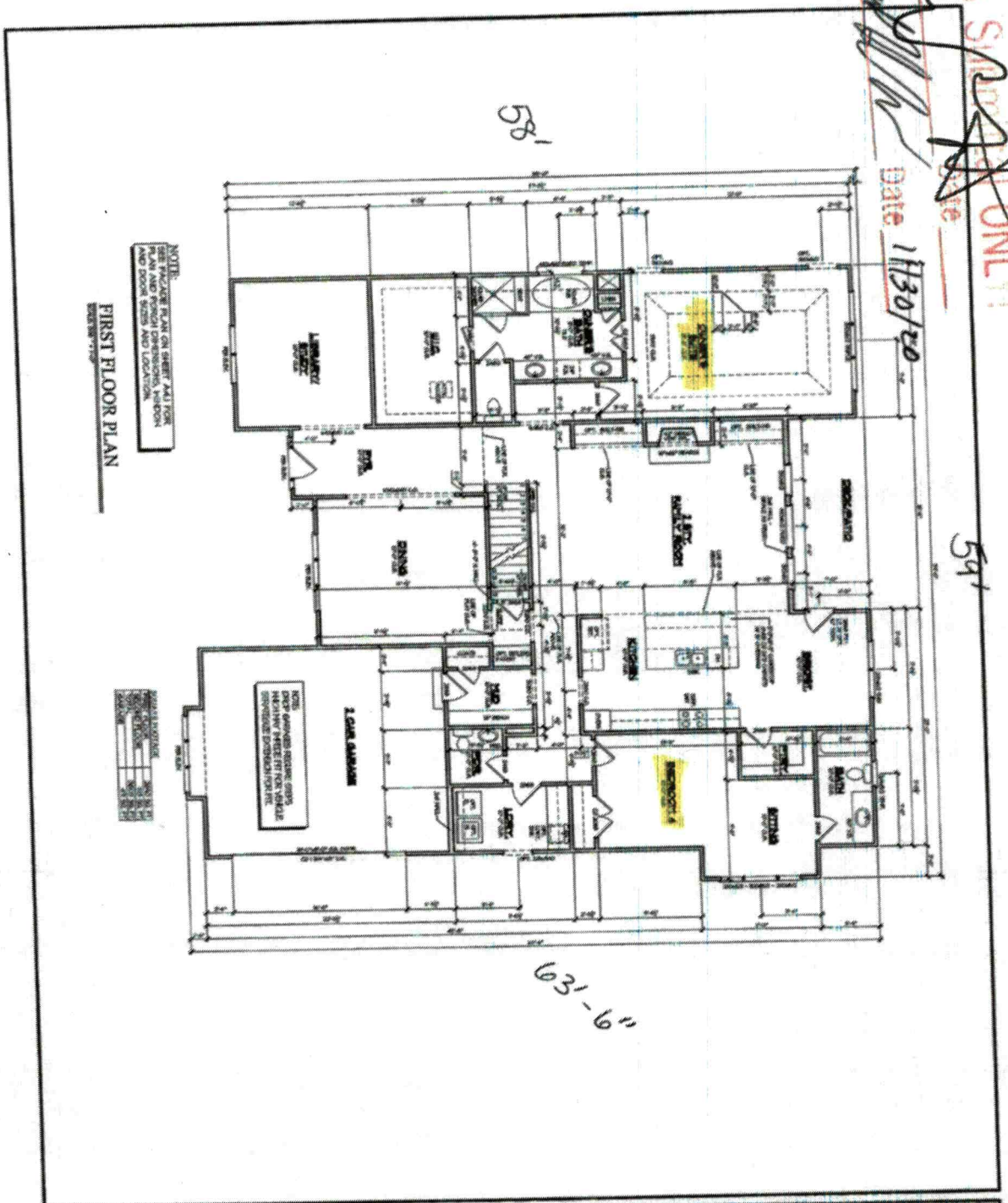
Acknowledgement Of Plans Submitted ONLY

Date 11/30/20

58'

54'

63'-6"



SHEET NO. A3.1	Model Name: MANCHESTER Sheet Title: FIRST FLOOR PLAN	PEACHTREE RESIDENTIAL PROPERTIES The Builder Who Listens

106 Copper Pcl

IREDELL COUNTY

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

APPLICATION NUMBER
236368
Issue Date: 06/08/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4664868764.000	106 COPPER PINE LANE, DAVIDSON, NC 28036	

FILE

Owner Information		Applicant Information	
Owner:	YOUNG MICHAEL L+FAYE	Applicant:	MICHAEL ATHANAS & ASSO
Address:	2360	Address:	561 ENNIS RD
	IREDELL CO, NC 28625		WEDDINGTON, NC 28173
Phone:		Phone:	704-576-3887

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
41.000	35.00	35.00	15.00	15.00	NOT	AE

Remarks:

PAID 1925 mtt 6/11/18

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	141810	TOTAL FEES:	$ 77.25