ICHD - ENVIRONMENTAL HEALTH DIVISION

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

RELAY-2022-1254

PERMIT # AP - 323318

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

PIN # 4664 -- 86 -- 8802

APPLICANT/OWNER: OAK HILL HOMES, LLC

APPLICANT ADDRESS: 9525 BIRKDALE CROSSING DRIVE, SUITE 208, HUNTERSVILLE, NC 28078

SITE ADDRESS: 127 BROAD BIRCH DRIVE, DAVIDSON, N.C 28036

PHONE: 704-309-9395 ALT. PHONE

SITE DIRECTIONS: (S) ON 77, (L) ON LANGTREE, (R) ON SHEARERS, (L) ON ANNISTON, (R) ON BURNELL, (L) ON WARNER CLOSE, (R) ON BROAD BIRCH TO SITE

SAP CONTROLLED: ☐ YES ☑ NO (REPAIR)

SUBDIVISION: RIDGEWALK

SECTION: - LOT # 16 LOT AREA: 1.701 AC

DESIGN FLOW: 480 GPD L.T.A.R. 0.3 / 0.25

Septic Tank	1000	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	LOW PRESSURE - PPBPS			
Pump Make			Model		Serial #		Repair System Description:	DRIP IRRIGATION			
# Nitrification Fields	1		# Lines	4	Linear Ft	267 FT	Maintenance Agreement Required:	☑ YES	☐ NO		
Trench Width	24 IN MIN		Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		☐ GRAVITY	☑ PRESSURE		

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☑ Private
☐ Other	No. Employees	-	☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☑ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: KEEP SEPTIC 15FT FROM ANY CUT OR CUT-FILL >2' AND FROM BASEMENT, DIVERT DRAINAGE FROM DRANFIELDS, DO NOT EXCEED A 36 IN MAX TRENCH DEPTH

THE PURPOSE OF THIS PERMIT IS TO CHANGE TANK PLACEMENT FOR A POOL

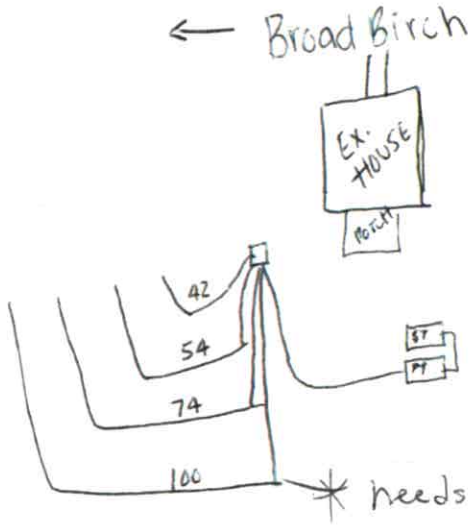
INITIAL SITE SKETCH

SEE ATTACHED SITE PLAN
BY: MICHAEL ATHANAS
AND ASSOCIATES

DATED 8-22-2022

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.



Tanks 12/30/22 SH
Lines 12/30/22

Electrical 3/3/23 MW
Pressure Head 3/3/23 MW
Floats 3/3/23 MW
Alarm 3/3/23 MW

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: ONLINE SIGNATURE Date: 8-23-2022 Installed by: Abernathy

IMPROVEMENT PERMIT by: Date: 8-22-2022 OPERATION PERMIT by: Date: 3/3/23

AUTHORIZATION TO CONSTRUCT by: Date: 8-22-2022 Existing System Inspected by: Date:

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



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
7/29/2022

Reference: Data Sheet for 127 Broad Birch Dr, Ridgewalk Lot 16
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: Drip Irrigation
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 36 GPM
Dosing Volume: 219.6 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 3.8'
Friction Head: 1.6'
Pressure Head: 2'
Total Dynamic Head: 7.4'
Supply Line Length: 50' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" (initial), 12" (repair)
Proposed Trench Width: 24" (8' on center)

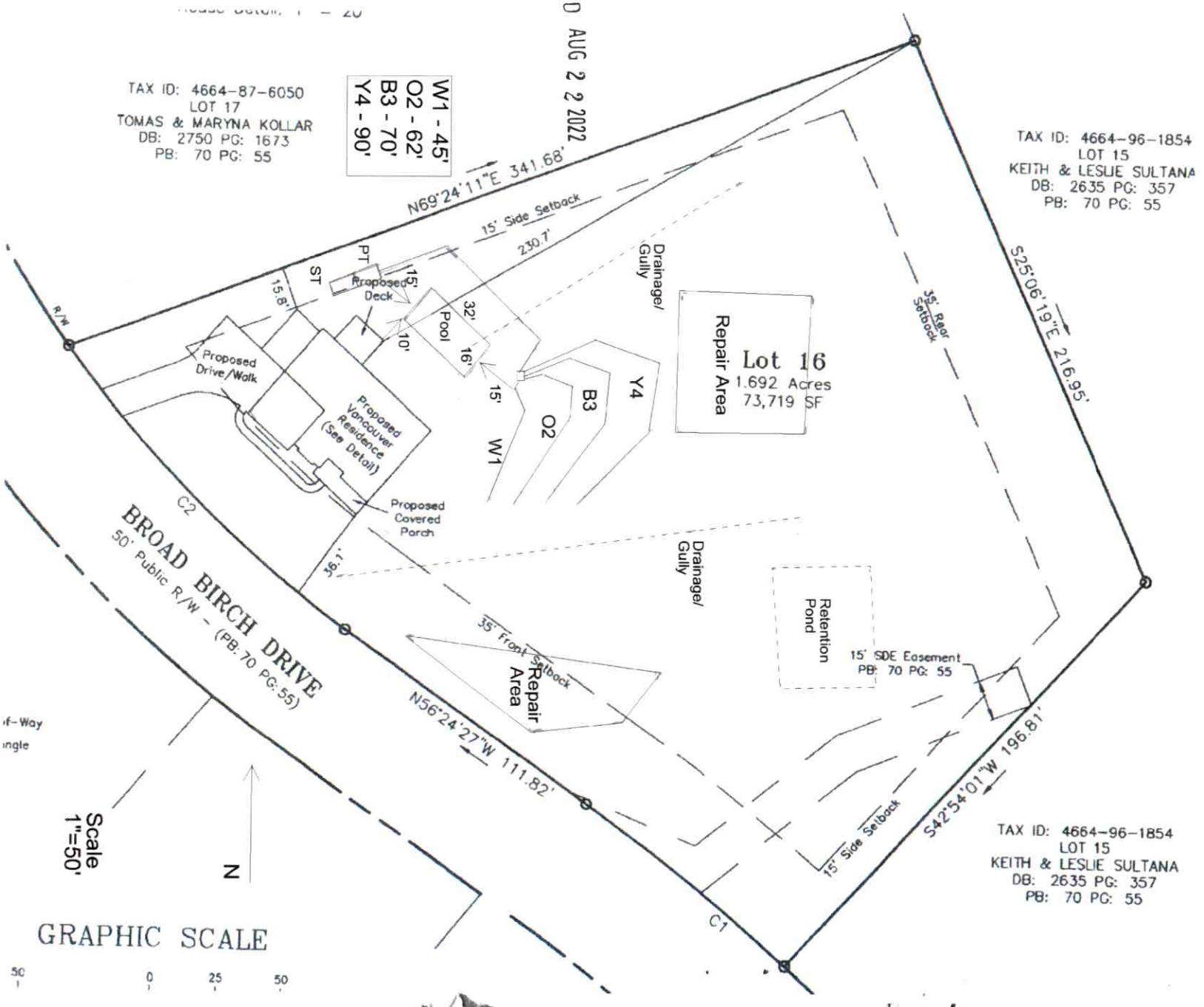
APPROVED AUG 2 2 2022



Line	Design Length	# of Panels	Actual Length	Elevation
White 1	45'	10	45'	5.2'
Orange 2	62'	14	63'	7.6'
Blue 3	70'	16	72'	9.8'
Yellow 4	90'	21	93'	12.8'

Initial System: 267'
Repair System: 3840 FT^2
Pump Tank: 4.0'
House Corner: 4.2'
Benchmark: 4.3' (nail in tree)

Comments:
The tank location has been changed to make room for a pool.


APPROVED AUG 2 2 2022
TAX ID: 4664-87-6050
LOT 17
TOMAS & MARYNA KOLLAR
DB: 2750 PG: 1673
PB: 70 PG: 55
W1 - 45'
O2 - 62'
B3 - 70'
Y4 - 90'
N69°24'11"E 341.68'
15' Side Setback
230.7'
TAX ID: 4664-96-1854
LOT 15
KEITH & LESLIE SULTANA
DB: 2635 PG: 357
PB: 70 PG: 55
S25°06'19"E 216.95'
35' Rear Setback
Drainage/ Gully
Repair Area
Lot 16
1.692 Acres
73,719 SF
Y4
B3
O2
W1
Proposed Deck
Pool
32'
16'
15'
10'
15.8'
PT
ST
R/W
Proposed Drive/Walk
Proposed Vancouver Residence (See Detail)
Proposed Covered Porch
C2
BROAD BIRCH DRIVE
50' Public R/W - (PB: 70 PG: 55)
35' Front Setback
Repair Area
Retention Pond
15' SDE Easement
PB: 70 PG: 55
N56°24'27"W 111.82'
S42°54'01"W 196.81'
15' Side Setback
C1
Scale
1"=50'
N
GRAPHIC SCALE
50
0
25
50

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

8/5/22 (Date)

Owner: OAK HILL HOMES NC, LLC
Address: 9525 BIRKDALE CROSSING DR. STE. 205
HUNTERSVILLE, NC 28078

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
127 BROAD BIRCH DR.
DAVIDSON, NC 28036

I, DAVID HOESH, OAK HILL HOMES, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 12/16/21 for a system
(date)

LPP1BPS
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner DAVID HOESH, MANAGER, OAK HILL HOMES NC, LLC

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
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Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
08/23/2022

Owner: Oak Hill Homes, LLC.
Address: 9525 Birkdale Crossing Drive, Suite 208, Huntersville, N.C. 28078

Subject: Notice of Intent to Revoke/Suspend: 127 Broad Birch Drive, Davidson, N.C. 28036

Dear Oak Hill Homes:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 127 Broad Birch Drive for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Referenced Above determined the following violations:

Violation	Law or Rule Citation
15A NCAC 18A.1937 (G) ".... If the information submitted in the application for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or changed or the site is altered, the IP/CA shall become invalid and may be suspended or revoked	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 323318

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

PIN # 4664 -- 86 --8802

APPLICANT/OWNER: Oak Hill Homes, LLC | APPLICANT ADDRESS: 9525 Birkdale Crossing Dr. Ste 208. Huntersville 28078

SITE ADDRESS: 127 Broad Birch Dr. Davidson NC 28036 | PHONE: 704-309-9395 | ALT. PHONE

SITE DIRECTIONS: Shearers → (L) Annison → (R) Burnell → (L) Walking Horse → (R) Broad Birch | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Ridgewalk | SECTION: — | LOT# 16 | LOT AREA: 1.701 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3 / 0.125(R)

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	UPPBPS			
Pump Make		Model			Serial #		Repair System Description:	Drip - 3840 ft2			
# Nitrification Fields	1	# Lines	4		Linear Ft	2607'	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24" min	Trench Bottom Depth(Low side)	36" Max		Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		

☒ Residence | No. Bedrooms 4 | Water Supply
☐ Business | No. Persons 8 | ☒ Private
☐ Other | No. Employees | ☐ Public
☐ Slab | ☐ Crawl Space | ☐ Community
☒ Basement w/ plumbing | ☐ Basement w/o plumbing

Comments / Conditions: Keep septic 15' from any cut or gully >2' and from basement. Divert drainage from drainfields.

INITIAL SITE SKETCH

See attached Site & design plan by Michael Athanas & Associates.

Approved 12/16/21

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.

REVOKED

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.*

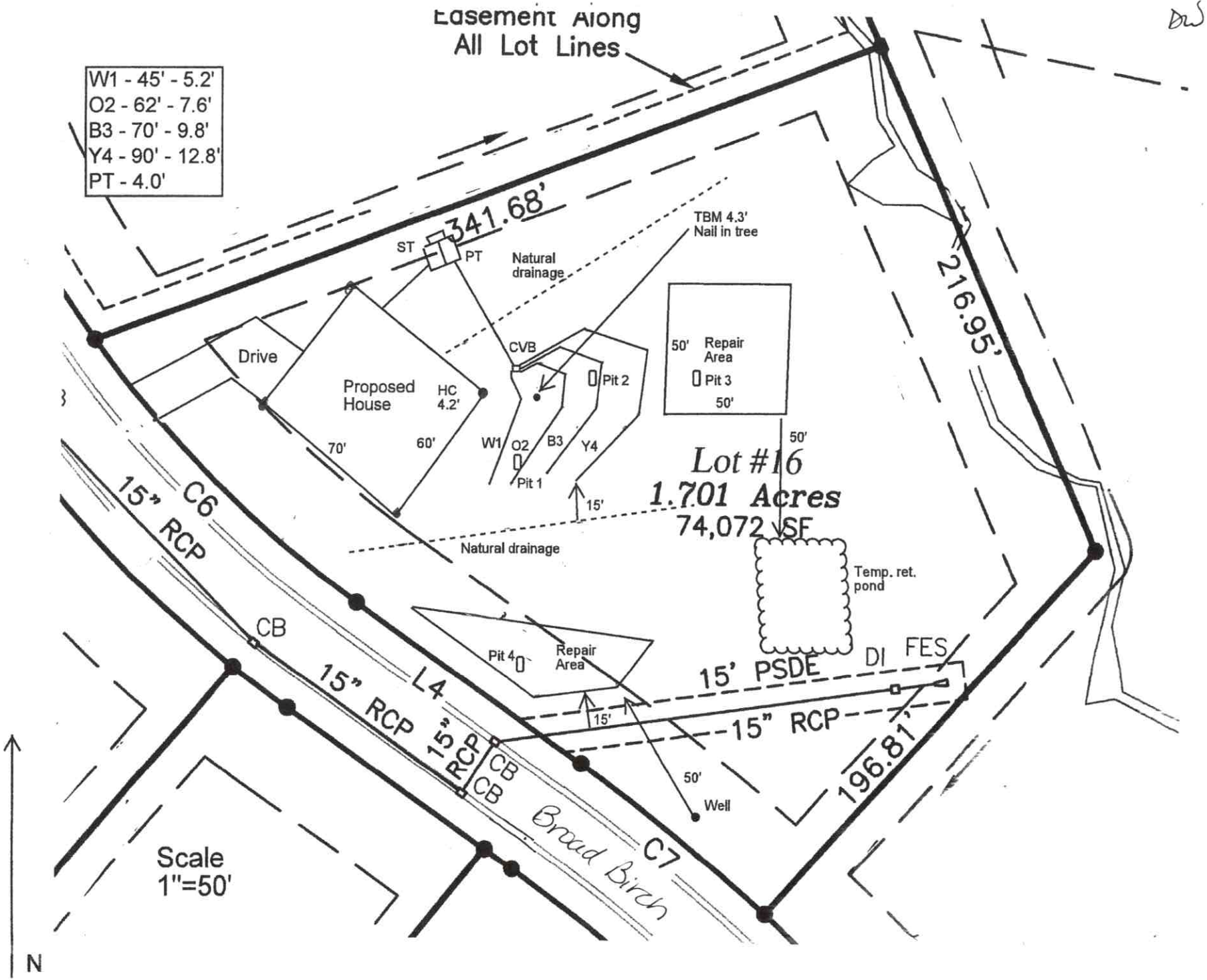
Owner / Applicant Signature: | Date: 12/22/21 | Installed by:

IMPROVEMENT PERMIT by: D. Wieberg | Date: 12/16/21 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: D. Wieberg | Date: 12/16/21 | Existing System Inspected by: | Date:

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

approved 12/14/21
DW



IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
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Iredell County Health Department

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Oak Hill Homes NC, LLC
Address: 9525 Birkdale Crossing, Suite 208, Huntersville, NC 28078

Date: 12/14/21

Subject: Notice of Intent to Revoke: 127 Broad Birch Dr, Davidson, NC 28036 : Permit: 237910 (Improvement Permit/Construction Authorization

Dear **Oak Hill** Homes NC, LLC :

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 127 Broad Birch Dr, Davidson, NC 28036 : Permit: 237910 for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization _____ Type IV_____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

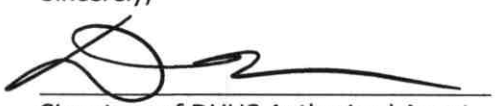
If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **12/**14/21 . Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,



Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

12/14/21

Owner: Oak Hill Homes NC, LLC
Address: 9525 Birkdale Crossing, Suite 208, Huntersville, NC 28078

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): 127 Broad Birch Dr, Davidson, NC 28036 : Permit: 237910

I, DAVID HOESKE, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 7/2/2019 for a system:
(permit date)

Type IV at 127 Broad Birch Dr, Davidson, NC 28036 : Permit: 237910

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

PROPERTY ID #: Ridgewalk 16_
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 7/2/19 MD

OWNER: Ken Foster_____ APPLICATION DATE_____
ADDRESS: PO Box 39, Cornelius, NC 28031_____ DATE EVALUATED: _____
PROPOSED FACILITY: __4 bdrm_____ PROPOSED DESIGN FLOW (.1949): ___480 GPD___ PROPERTY SIZE: _0.769 AC_____
LOCATION OF SITE: Broad Birch Dr, Ridgewalk Lot 16_____ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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	LS 12% OK	0-3	Br CL WSBK	FR SS SP SXP	N/A	42"	F-C SAP PS	N/A	PS 0.3+
		3-22	R C SBK	FR SS SP SXP					
		22-42	R CL WSBK	FR SS SP SXP					
		42-62	VER SL SAP M	FR SS SP SXP					
2	LS 6% OK	0-3	Br CL WSBK	FR SS SP SXP	N/A	55"	N/A	N/A	PS 0.3
		3-30	R C SBK	FR SS SP SXP					
		30-55	R CL WSBK	FR SS SP SXP					
3	PS 6% OK	0-3	Br CL WSBK	FR SS SP SXP	N/A	50"	N/A	N/A	PS 0.3
		3-26	R C SBK	FR SS SP SXP					
		26-50	R CL WSBK	FR SS SP SXP					
4	PS 15%	0-10	FILL		N/A	54"	N/A	N/A	PS 0.3
		10-27	R C SBK	FR SS SP SXP					
		27-54	R CL WSBK	FR SS SP SXP					
			6/28/19 Water in Pit @ 27"						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT^2	1260 FT^2
System Type(s)	25% Reduction	~~25% Reduction~~ Drip
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ___PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Approved
7/2/19
MD

Reference: Data Sheet for 127 Broad Birch Dr, Ridgewalk Lot 16
House Footprint: See attached plan
Building Setbacks: 35' front/rea, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: Drip Irrigation
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 36 GPM
Dosing Volume: 219.6 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 3.8'
Friction Head: 1.6'
Pressure Head: 2'
Total Dynamic Head: 7.4'
Supply Line Length: 50' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" (initial), 12" (repair)
Proposed Trench Width: 24" (8' on center)

LICENSED SOIL SCIENTIST
MICHAEL ATHANAS
1252
STATE OF NORTH CAROLINA

Line	Design Length	# of Panels	Actual Length	Elevation
White 1	45'	10	45'	5.2'
Orange 2	62'	14	63'	7.6'
Blue 3	70'	16	72'	9.8'
Yellow 4	90'	21	93'	12.8'

Initial System: 267' **Repair System:** 3840 FT^2
Pump Tank: 4.0' **House Corner:** 4.2' **Benchmark:** 4.3' (nail in tree)

Comments:
The purpose of this evaluation is to change the house location.

INTERMEDIATE REDRAW

RECEIVED NOV 2 2 2021

DW

CONVERT CRAWL TO BASEMENT

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-323318 $820.00

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 **Alt. Phone:** 704 309 9395

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

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

Property Information:

Street Address: 127 BROAD BIRCH Dr. DAVIDSON, NC 28036

Subdivision Name: ANNISTON **Section/Phase:** _____ **Lot Number:** 16

Driving Directions: SHEARS RD TO ANNISTON WAY (R) AT BURNELL PLACE (L) AT WALKING HORSE TRAIL (R) AT BROAD BIRCH

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.

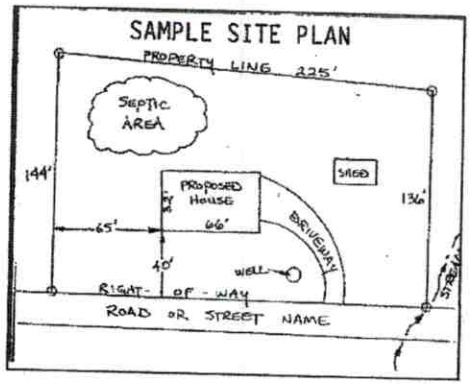
Signature: _____ 11/21/21

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)

11/21/21
DATE

D–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237910

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

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

SITE ADDRESS: 127 Broad Birch Dr. Davidson, NC PHONE: 704 622-3569 ALT. PHONE 704 310-1832

SITE DIRECTIONS: Shearers Rd S TL Amiston Hwy TR Burnell Tr Walking Horse Trail TR Broad Birch SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Ridge Walk SECTION: LOT # 116 LOT AREA: 1.74 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft 267'

Trench Width 24" Trench Bottom Depth(Low side) 36" Gravel Depth N/A

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

System Description: LP PPBPS

Repair System Description: Drip Irrigation

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:

INITIAL SITE SKETCH

See attached, approved Septic Plan by Michael Athanas & Assoc (dated 6/20/19)

AS BUILT SKETCH

Lot must be recorded prior to issuance of AC

New PIN needed

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: 7-9-19 Installed by:

IMPROVEMENT PERMIT by: Marian Tolson Date: 7/2/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 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.



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Approved
7/2/19
MD

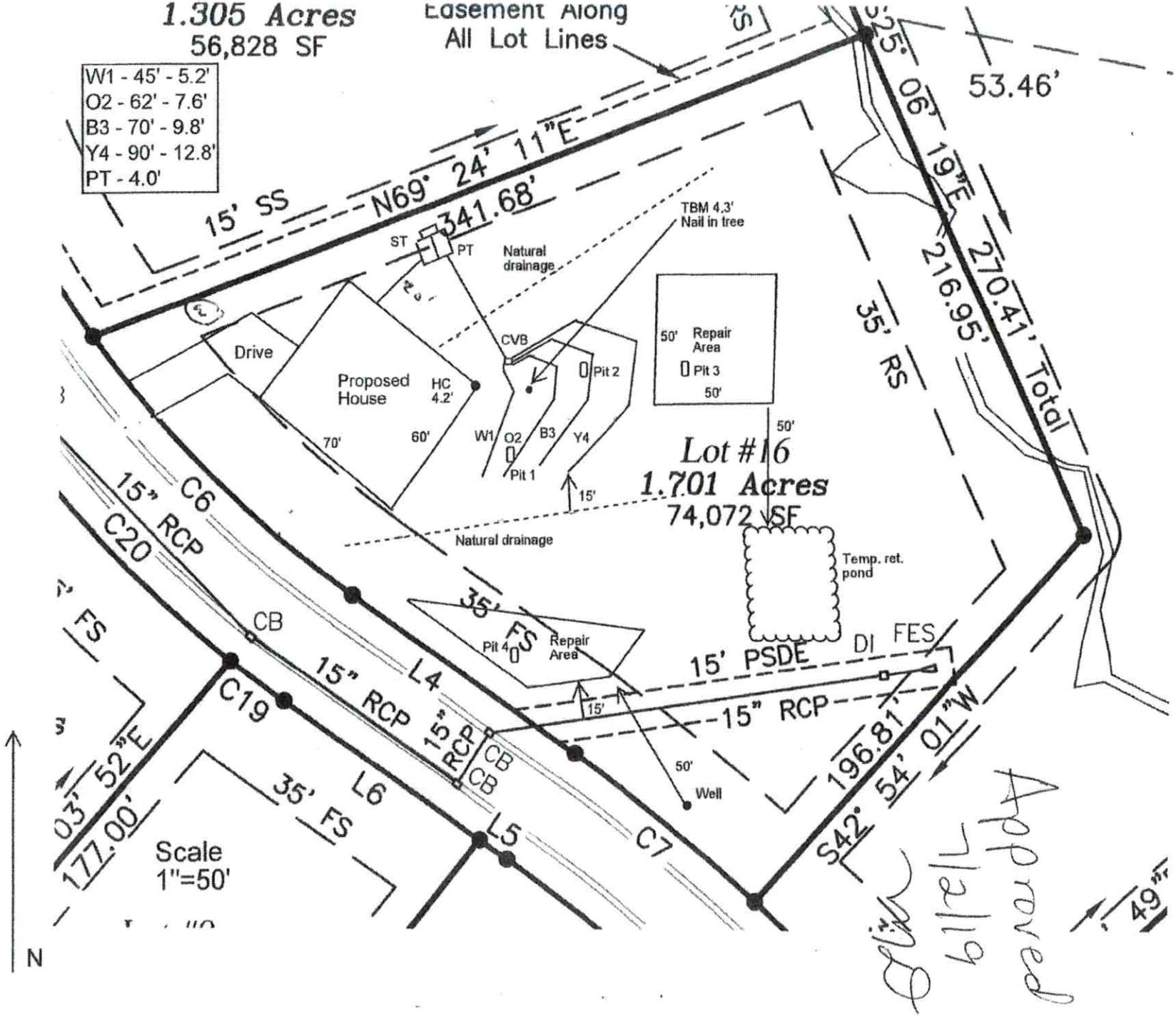
Reference: Data Sheet for 127 Broad Birch Dr. Ridgewalk Lot 16
House Footprint: See attached plan
Building Setbacks: 35' front/rea, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: Drip Irrigation
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 36 GPM
Dosing Volume: 219.6 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 3.8'
Friction Head: 1.6'
Pressure Head: 2'
Total Dynamic Head: 7.4'
Supply Line Length: 50' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" (initial), 12" (repair)
Proposed Trench Width: 24" (8' on center)



Line	Design Length	# of Panels	Actual Length	Elevation
White 1	45'	10	45'	5.2'
Orange 2	62'	14	63'	7.6'
Blue 3	70'	16	72'	9.8'
Yellow 4	90'	21	93'	12.8'

Initial System: 267' **Repair System:** 3840 FT^2
Pump Tank: 4.0' **House Corner:** 4.2' **Benchmark:** 4.3' (nail in tree)

Comments:
The purpose of this evaluation is to change the house location.


1.305 Acres
56,828 SF
Easement Along
All Lot Lines
W1 - 45' - 5.2'
O2 - 62' - 7.6'
B3 - 70' - 9.8'
Y4 - 90' - 12.8'
PT - 4.0'
15' SS
N69° 24' 11"E
341.68'
ST
PT
Natural drainage
TBM 4.3'
Nail in tree
Drive
Proposed House
HC 4.2'
70'
60'
CVB
W1
O2
B3
Y4
Pit 1
Pit 2
Pit 3
50' Repair Area
50'
50'
Lot #16
1.701 Acres
74,072 SF
15'
Natural drainage
Temp. ret. pond
35' FS
Pit 4
Repair Area
15' PSDE
DI
FES
15" RCP
C6
15" RCP
C20
CB
L4
C19
15" RCP
15" RCP
CB
CB
L6
35' FS
L5
C7
03° 52"E
177.00'
Scale
1"=50'
N
S42° 54' 01"W
196.81'
50'
Well
S25° 06' 19"E
216.95'
270.41' Total
53.46'
35' RS
49"
Approved
9/12/19

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.

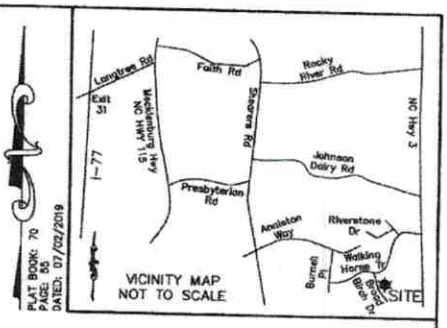
PRELIMINARY

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

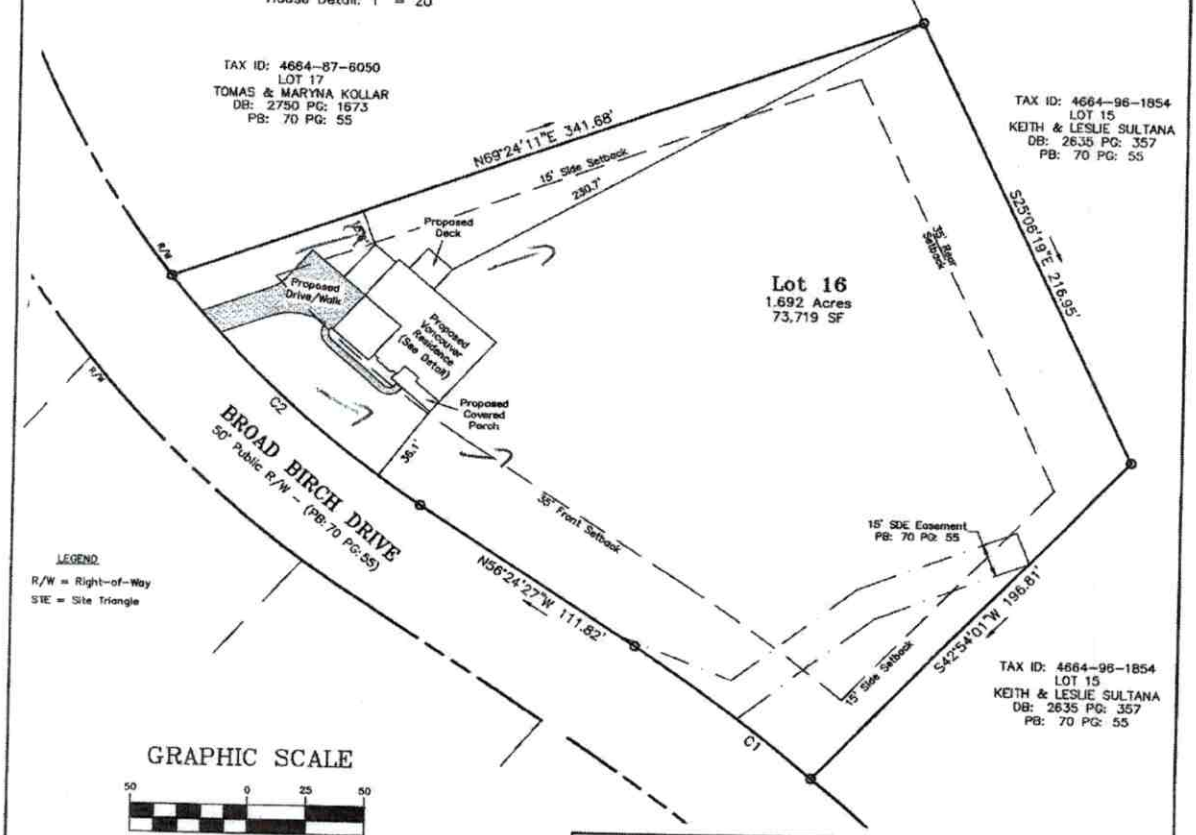
PRELIMINARY PLAN
NOT FOR RECORDATION
CONVEYANCES
AND/OR SALES



House Detail: 1" = 20'



CURVE TABLE				
CURVE	RADIUS	ARC	BEARING	CHORD
C1	830.00'	95.94'	N 53°05'45" W	95.89'
C2	450.00'	148.58'	N 46°56'54" W	147.91'



LEGEND
R/W = Right-of-Way
STE = Site Triangle

GRAPHIC SCALE
50 0 25 50
(IN FEET)
1 inch = 50 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 2831 PAGE 1950 AND PLAT BOOK 70 PAGE 55, 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: 70, PAGE: 55 - DATED: JULY 2, 2019.
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 HEREON 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" AND "AE" 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 16 - RIDGE WALK SUBDIVISION
MAP 2
127 BROAD BIRCH DRIVE
TOWN OF MOORESVILLE, CODDLE CREEK TOWNSHIP, IREDELL COUNTY, NC

Owner:	Prepared For:
RIDGE WALK, LLC P.O. BOX 39 CORNELIUS, NC 28031	OAK HILL HOMES, LLC 7380 McGINNIS FERRY ROAD SUWANEE, GA 30024

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: SAC	Checked By: JNF	Scale: 1" = 50'	Project No.: 21076
Tax Parcel: 4664-86-8802			
Date: October 20, 2021			Sheet No.: 1 of 1
File: 21076-Lot-16-Ridge-Walk-Plot-Plan			

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*) _____

DAVID HOESKE, MANAGER, OAK HILL HOMES

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

_____ 11/21/21
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

✓ **Complete all Environmental Health forms**:

- ✓ Application
- ✓ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ✓ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

✓ **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

✓ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 11/21/21

DAVID HOESKS, MANAGER, OAK HILL HOMES

Questions? Contact the Environmental Health Offices below:

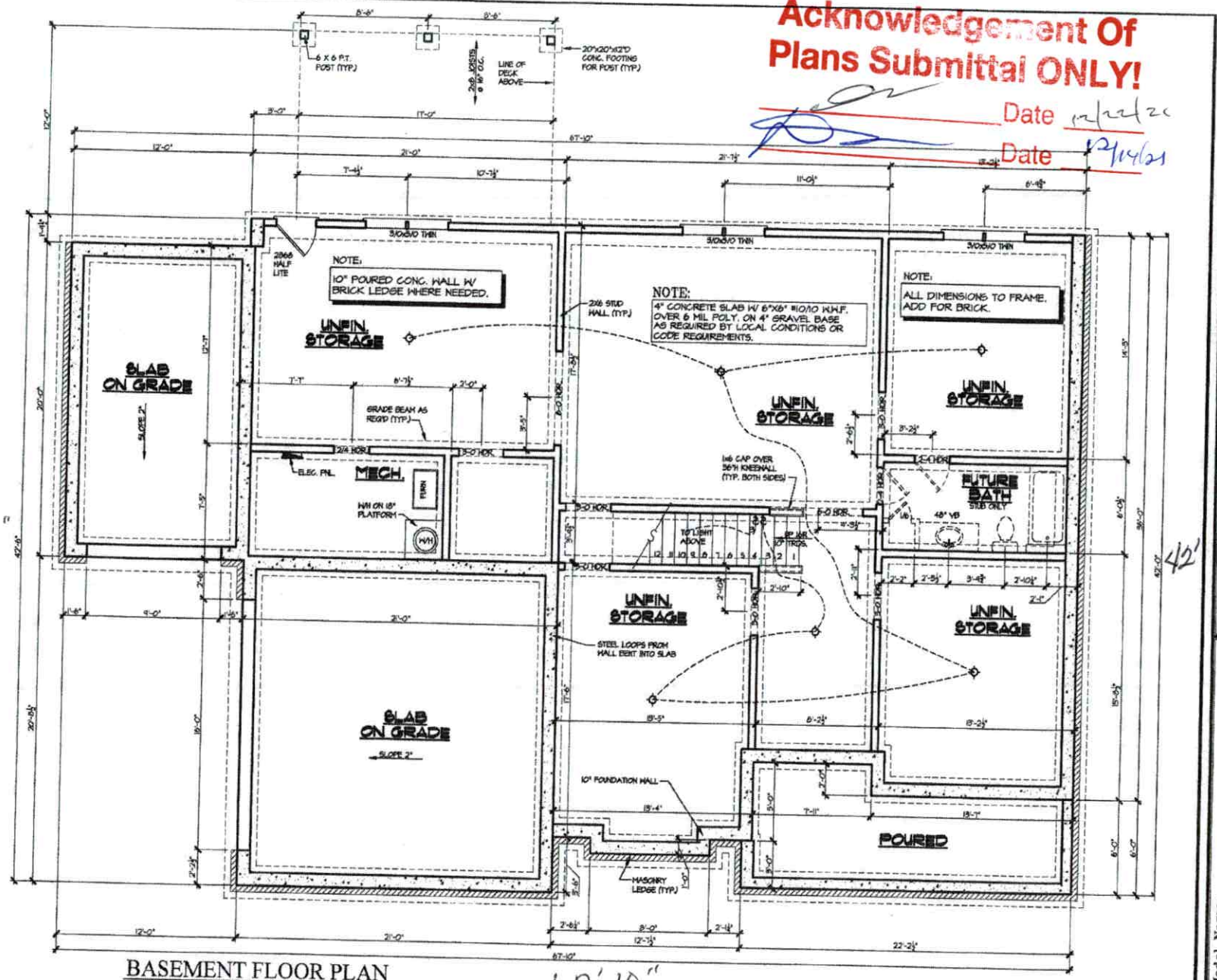
Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

Acknowledgement Of
Plans Submittal ONLY!

Date 12/22/20

Date 12/14/21



BASEMENT FLOOR PLAN

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

OAK HILL HOMES
9525 Brikdale Crossing Dr.
Suite 208
Huntersville, NC 28078

Drawn By: RJR
Date: 09/09/21
Plan No:

Revision:
ANNISTON
LOT 16

Model Name: VANCOUVER

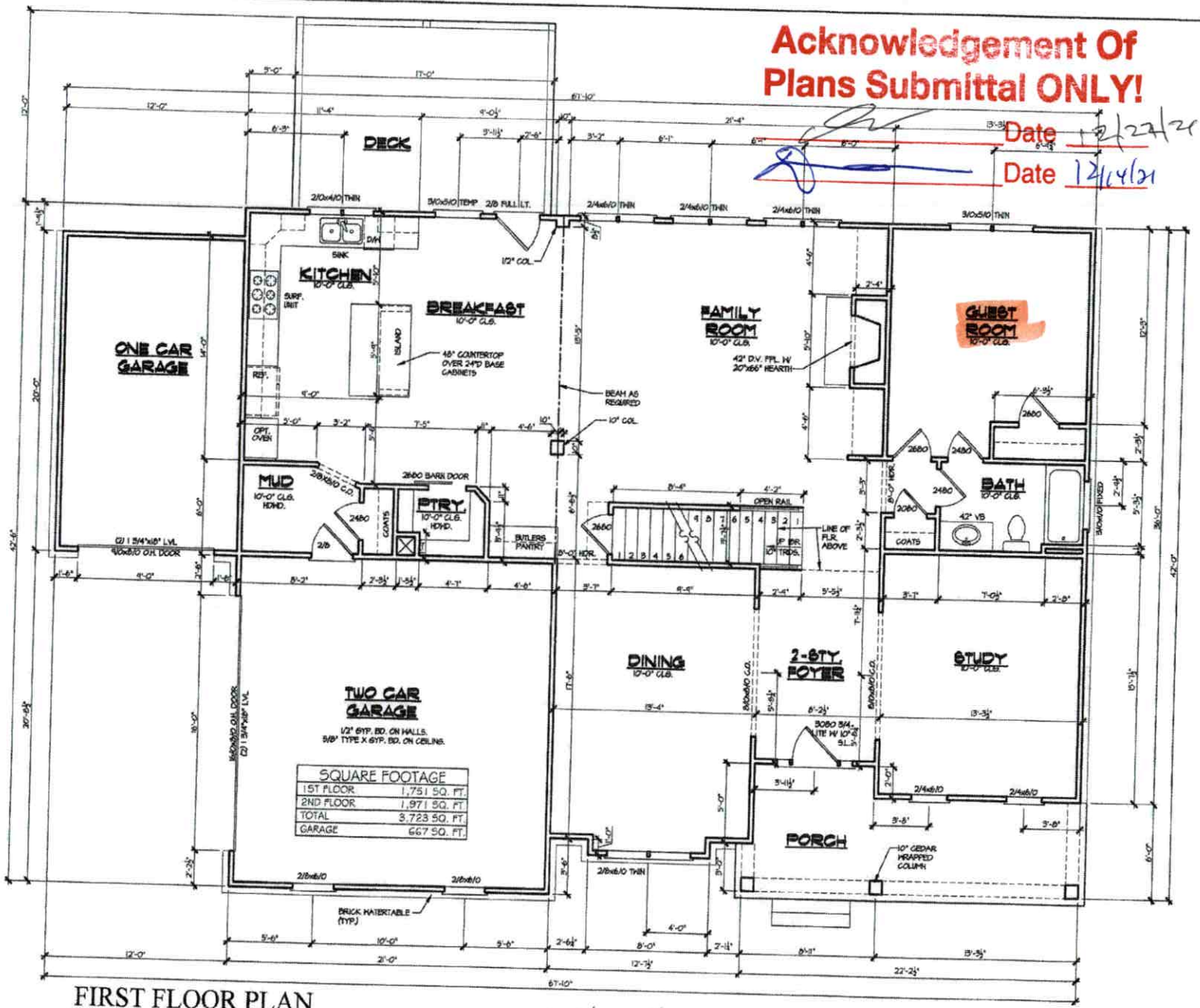
Sheet Title: BASEMENT FOUNDATION PLAN

SHEET NO. A2.2

Acknowledgement Of Plans Submittal ONLY!

Date 12/27/21

Date 12/4/21



FIRST FLOOR PLAN

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

67' 10"

OAK HILL HOMES
9525 Brikdale Crossing Dr.
Suite 208
Huntersville, NC 28078

Drawn By: RJR
Date: 09/09/21
Plan No:

Revisions: ANNISTON LOT 16

Model Name: VANCOUVER

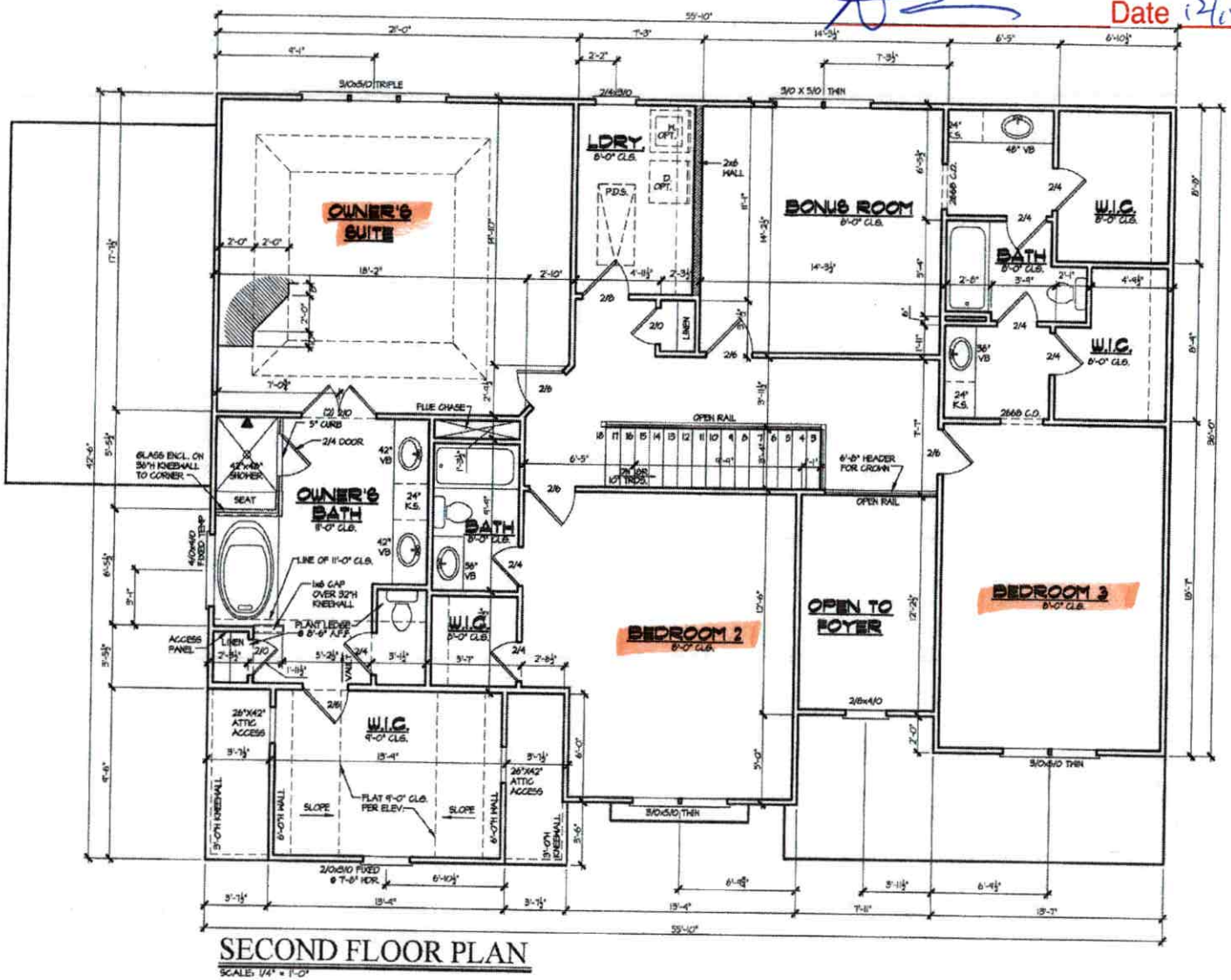
Sheet Title: FIRST FLOOR PLAN

SHEET NO. A3.1

Acknowledgement Of Plans Submittal ONLY!

Date 12/22/21

Date 12/17/21



SECOND FLOOR PLAN

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

OAK HILL HOMES
9525 Brikdale Crossing Dr.
Suite 208
Huntersville, NC 28078

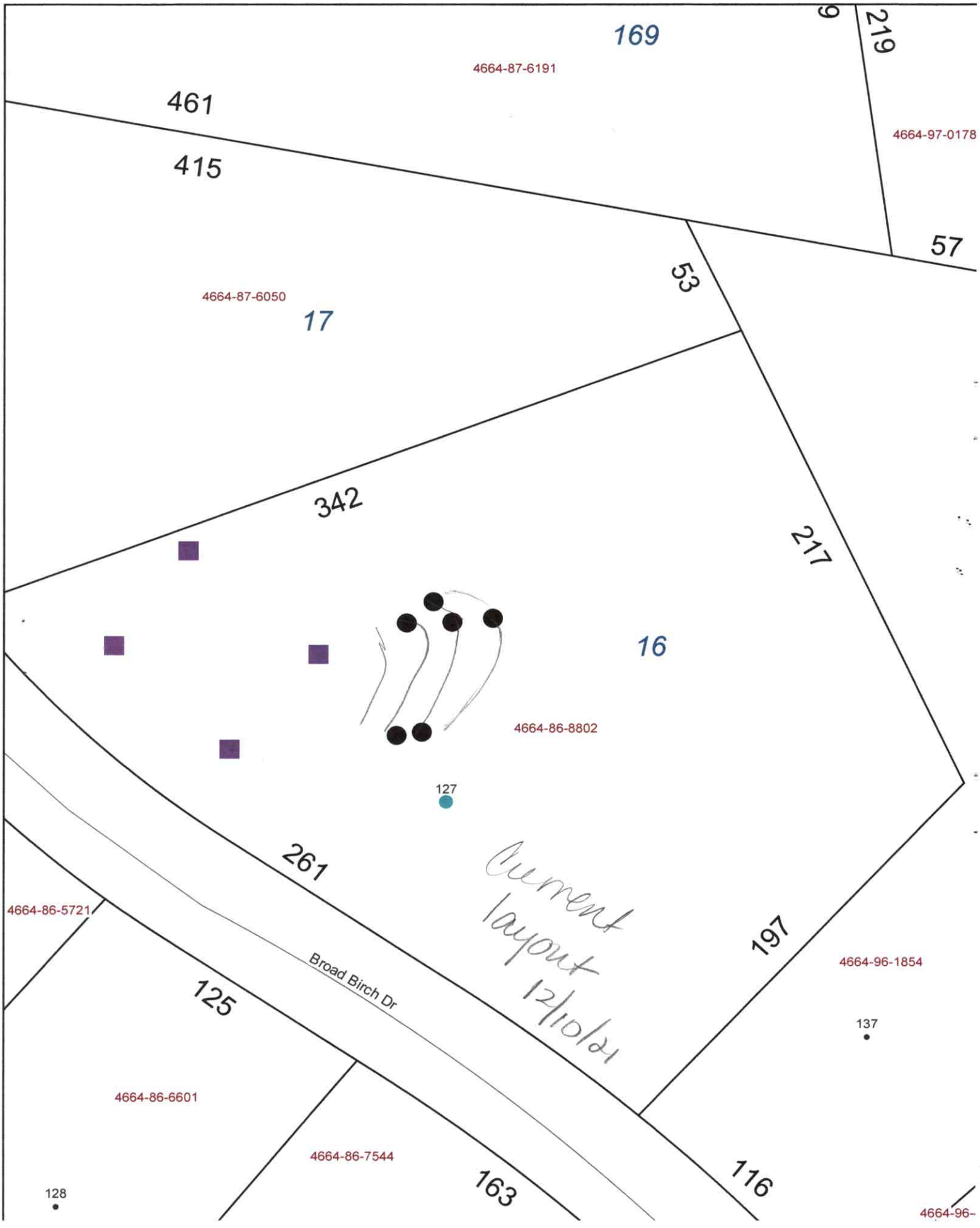
Drawn By: RJR
Date: 09/09/21
Plan No:

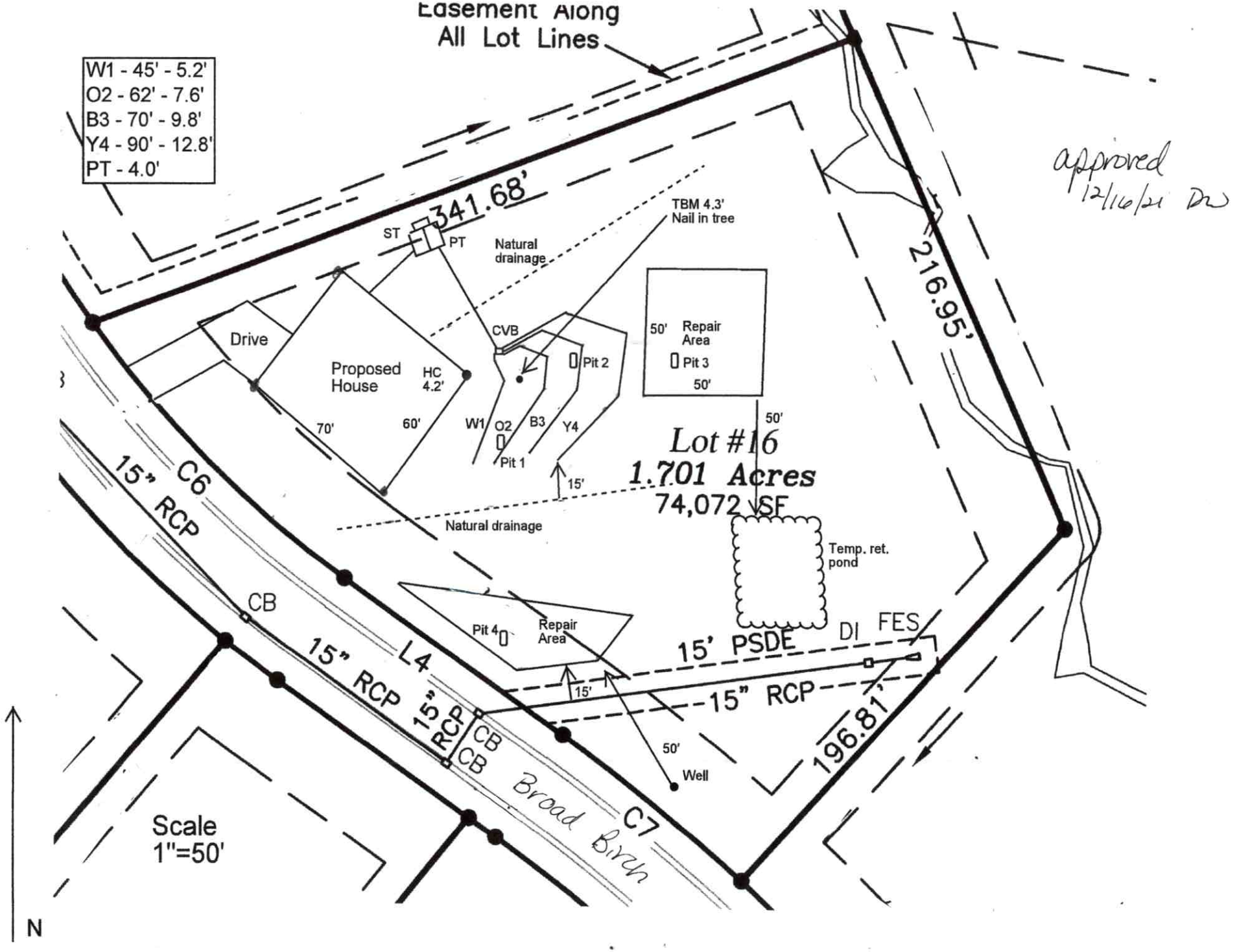
Subdivision: ANNISTON LOT 16

Model Name: VANCOUVER

Sheet Title: SECOND FLOO RPLAN

SHEET NO. A3.2


169
4664-87-6191
9
219
461
415
4664-97-0178
57
53
4664-87-6050
17
342
217
16
4664-86-8802
127
261
current layout 12/10/21
4664-86-5721
197
4664-96-1854
Broad Birch Dr
125
137
4664-86-6601
4664-86-7544
163
116
128
4664-96-


Easement Along
All Lot Lines
W1 - 45' - 5.2'
O2 - 62' - 7.6'
B3 - 70' - 9.8'
Y4 - 90' - 12.8'
PT - 4.0'
341.68'
ST
PT
Natural drainage
TBM 4.3'
Nail in tree
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Drive
Proposed House
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CVB
Pit 2
50' Repair Area
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1.701 Acres
74,072 SF
Natural drainage
Temp. ret. pond
C6
15" RCP
CB
Pit 4
Repair Area
15' PSDE
DI
FES
L4
15" RCP
15" RCP
15" RCP
CB
CB
50'
Well
196.81'
Broad Run
C7
Scale
1"=50'
N
approved
12/16/21 DW

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 237910

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

PIN #

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

SITE ADDRESS: 127 Broad Birch Dr. Davidson, NC | PHONE: 704622-3569 | ALT. PHONE 704 310-1832

SITE DIRECTIONS: Shearers Rd S TL Anniston Way TR Burnell TL Walking Horse Trail TR Broad Birch | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Ridge Walk | SECTION: | LOT # 16 | LOT AREA: 1.74 Ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description:	LP PPBPS			☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description:	Drip Irrigation			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft 267'	Maintenance Agreement Required:	☒ YES	☐ NO	☐ Slab	☒ Crawl Space
Trench Width	24"	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:

INITIAL SITE SKETCH

See attached, approved Septic Plan by Michael Athanas & Assoc (dated 6/20/19)

AS BUILT SKETCH

Revoked

Lot must be recorded prior to issuance of AC

New PIN needed

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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**

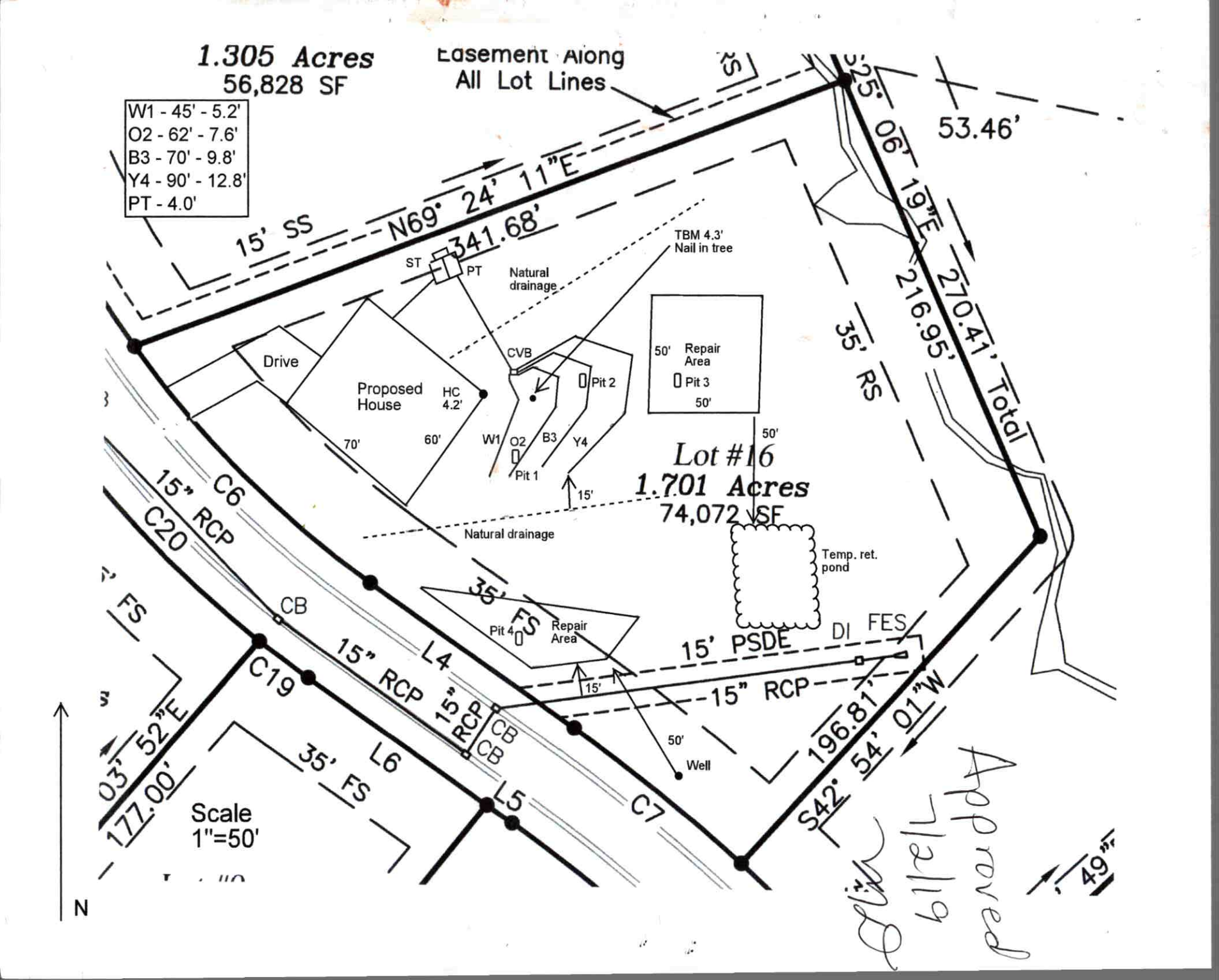
☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☒ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 7-9-19 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 7/2/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 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.


1.305 Acres
56,828 SF
Easement Along
All Lot Lines
W1 - 45' - 5.2'
O2 - 62' - 7.6'
B3 - 70' - 9.8'
Y4 - 90' - 12.8'
PT - 4.0'
15' SS
N69° 24' 11"E
341.68'
ST
PT
Natural drainage
TBM 4.3'
Nail in tree
Drive
Proposed House
HC 4.2'
70'
60'
CVB
W1
O2
B3
Y4
Pit 1
Pit 2
50' Repair Area
Pit 3
50'
50'
Lot #16
1.701 Acres
74,072 SF
15'
Natural drainage
Temp. ret. pond
35' RS
S25° 06' 19"E
216.95'
270.41' Total
53.46'
C6
15" RCP
C20
35' FS
CB
Pit 4
Repair Area
15' PSDE
DI
FES
15" RCP
L4
C19
15" RCP
15" RCP
CB
CB
CB
L6
35' FS
L5
C7
S03° 52"E
177.00'
S42° 54' 01"W
196.81'
50'
Well
Scale
1"=50'
N
Approved
9/12/19

#237910
6·21·19
$350.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Ken Foster **Address:** PO Box 39, Cornelius, NC **Zip:** 28031

Applicant Email: _____ **Phone:** 704-622-3569 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 127 Broad Birch Dr

Subdivision Name: Ridgewalk **Section/Phase:** _____ **Lot Number:** 16

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) 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: _____

(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 (X) 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: _____ 6/20/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

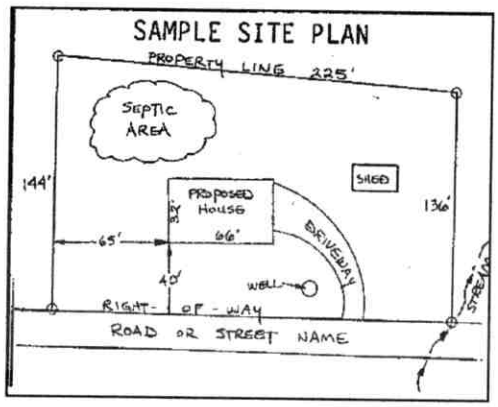
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) 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 plan

Signature: _____

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

6/20/2019

DATE

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

✓ **Complete all Environmental Health forms**:
- ✓ Application
- ✓ Site Plan with dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ✓ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

✓ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

✓ If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work**.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 6/20/2019

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

6-17-19 (Date)

Owner: RIDGE WALK, LLC
Address: P.O. BOX 39
CORNELIUS, NC 28031

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name property location site legal description):
134 BROAD BIRCH DR. - LOT 10 PERMIT #237264
127 BROAD BIRCH DR. - LOT 16 PERMIT #237910

I, W. KENDALL FOSTER voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 8/1/14 9/6/19 for a system
(date)

(system name)

for the site will be "revoked" immediately by the authorized agent local health department.

W. Kendall Foster
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, RIDGE WALK, LLC, am the legal owner(s) of the property located at 127 + 134 BIRCH BINER DR., DAVIDSON, identified as PIN (Parcel Identification Number) 4664867735, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates_, _____, 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.

BY: RIDGEWALK, LLC

W. Kelly Fox MGR 6-17-19 — Signature of Owner(s) — Date

C. Robin Belcher 6/17/19 — Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY HEALTH DEPARTMENT

JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

7/2/19 **(Date)**

Owner: Ken Foster
Address: P.O. Box 39
Cornelius, NC 28031

Subject: Notice of Intent to Revoke/Suspend Ridgewalk Lot #16
(**specify name/location**) Improvement Permit/Construction Authorization

Dear Ken Foster:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 127 Broad Birch (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Type 4 LPPPBPS (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
2 permits	15A NCAC 18A .1937 Permits

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 7/2/19. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Maria Dotson

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 23791D

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

PIN # 4664868764

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

SITE ADDRESS: 127 Broad Birch Dr Davidson, NC PHONE: ALT. PHONE 704 310-1832

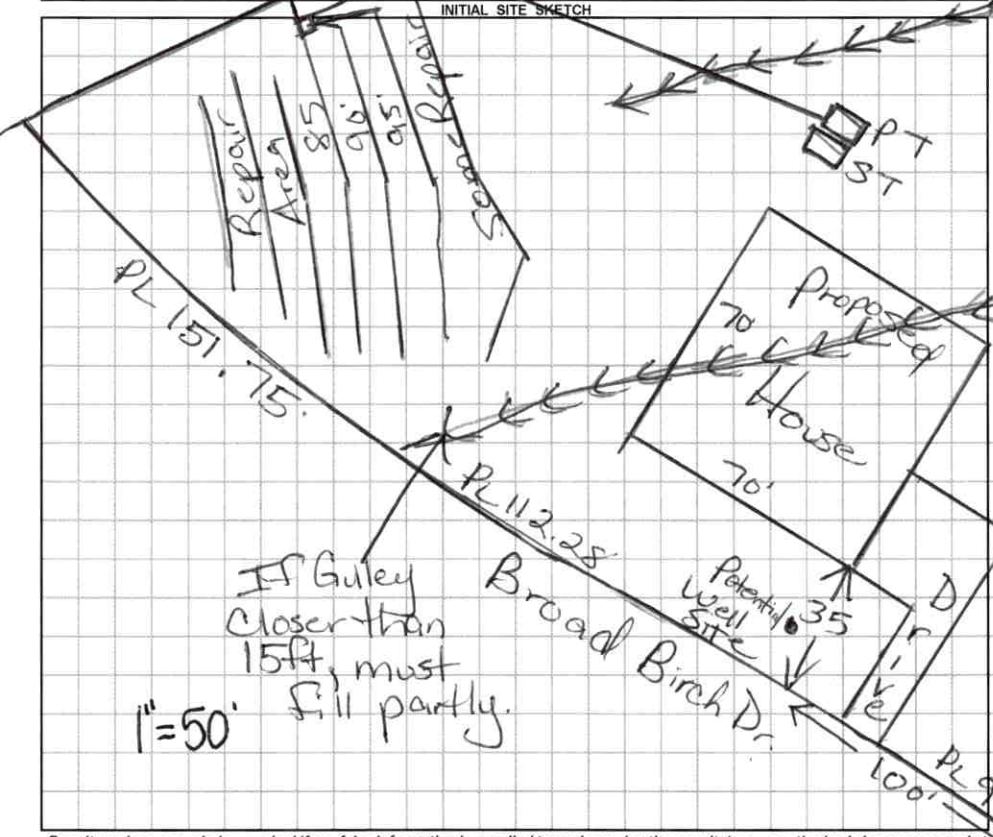
SITE DIRECTIONS: Shearers Rd TL Anniston TR Burnell TL Walking Horse Trail TR Broad Birch SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Ridge walk SECTION: LOT # LOT AREA: DESIGN FLOW: 480 gpd L.T.A.R.: 1.3

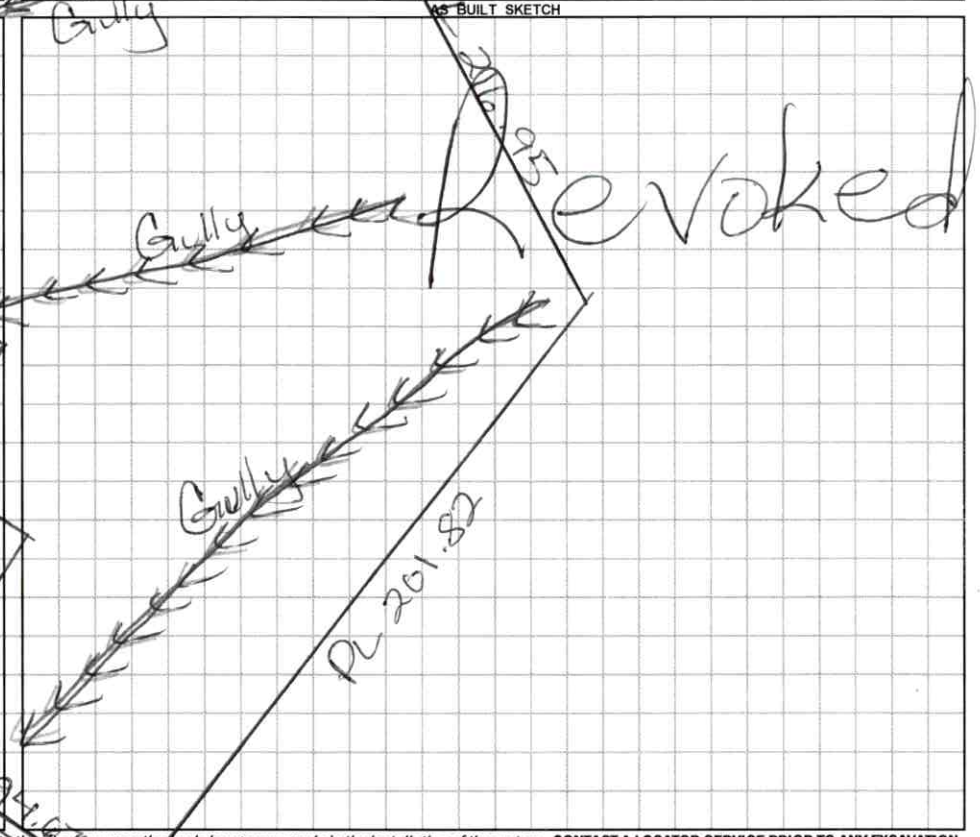
Septic Tank	1000	(gal)	STB		Date	3	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☒ Residence	No. Bedrooms	4	Water Supply				
Pump Tank	1000	(gal)	PT		Date		System Description: LPPBPS					☐ Business	No. Persons	8	☒ Private				
Pump Make			Model		Serial #		Repair System Description: LPPBPS					☐ Other	No. Employees		☐ Public				
# Nitrification Fields	1		# Lines	3	Linear Ft	270	Maintenance Agreement Required:		☒ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community				
Trench Width	min 24"		Trench Bottom Depth(Low side)	32"	Gravel Depth	N/A	☐ GRAVITY		☒ PRESSURE			☒ Basement w/ plumbing			☐ Basement w/o plumbing				

Comments / Conditions: OVB

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. Foster Date: 9/7/18 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 9/6/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 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 DEPARTMENT of ENVIRONMENTAL HEALTH

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

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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: Ken Foster **Address:** PO Box 39, Cornelius, NC **Zip:** 28031

Applicant Email: kenfoster@outlook.com **Phone:** Gary 704-310-1832 **Alt. Phone:** _____

Owner Name: Michael Young **Address:** 221 Fourtrax Dr, Mooresville, NC **Zip:** 28115

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 127 Broad Birch Dr

Subdivision Name: Ridgewalk **Section/Phase:** _____ **Lot Number:** 16

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (✓) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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?
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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: _____ 8/7/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

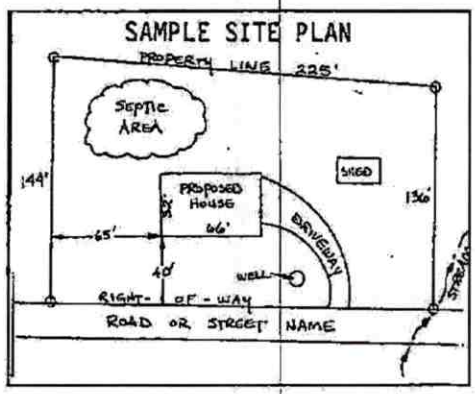
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

- ( ) Property Line measurements are clearly identified
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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

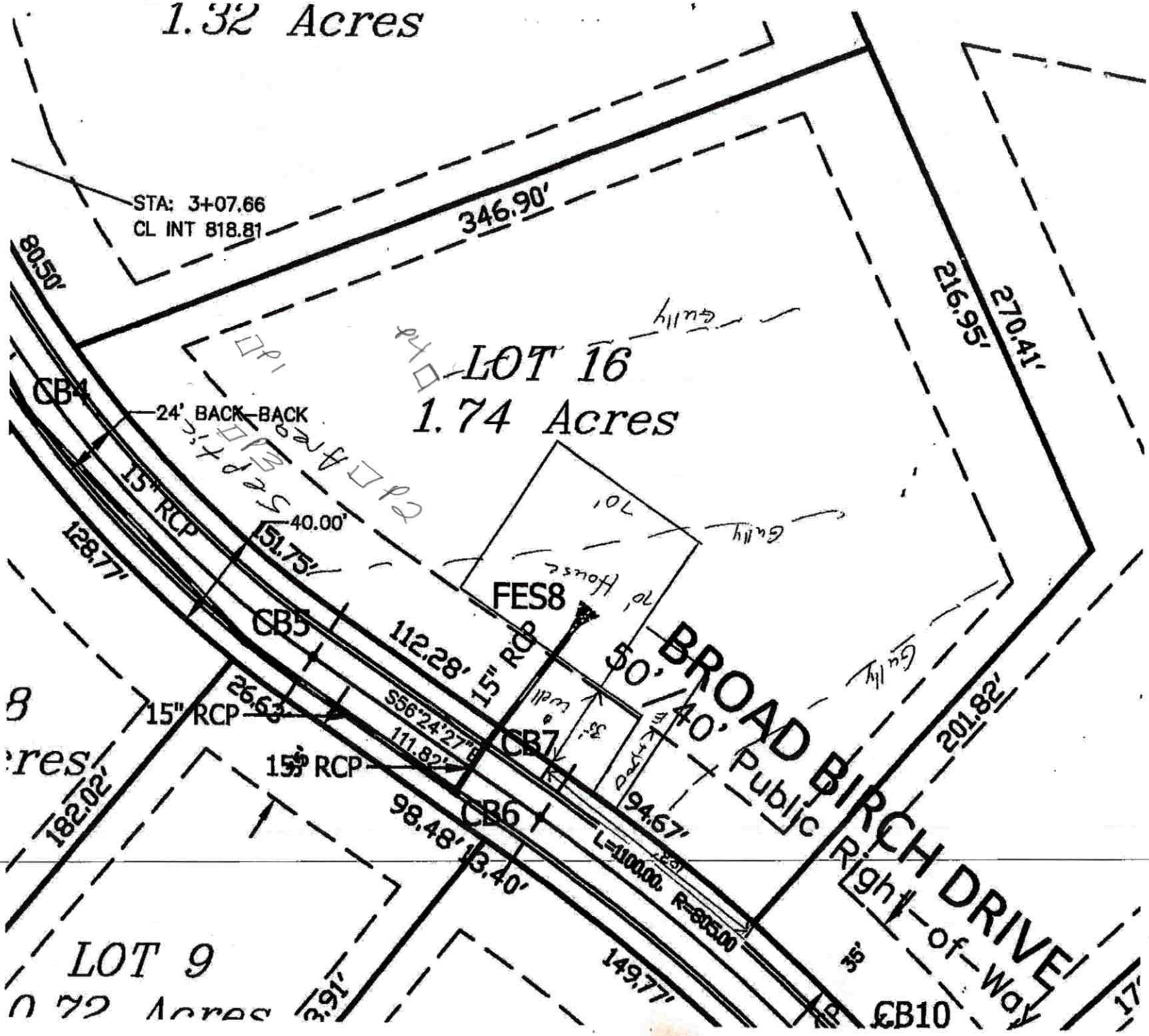
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 plan

Signature: _____ 8/7/2018

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


1.32 Acres
STA: 3+07.66
CL INT 818.81
346.90'
80.50'
216.95'
270.41'
LOT 16
1.74 Acres
CB4
24' BACK-BACK
15" RCP
40.00'
128.77'
51.75'
FES8
CB5
112.28'
15" RCP
50' Public
BROAD BIRCH DRIVE
Right-of-Way
201.82'
26.63'
15" RCP
S56°24'27"E
111.82'
CB7
15" RCP
182.02'
98.48'
CB6
94.67'
L=100.00'
R=615.00'
13.40'
LOT 9
0.72 Acres
3.91'
149.77'
35'
CB10

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

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✓ **Complete all Environmental Health forms:**
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- ✓ Sign this sheet after you have completed all items

✓ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

✓ If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 8/7/2018

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, _Michael L. Young_____, am the legal owner(s) of the property located at_the_proposed Ridge Walk Subdivision_____, identified as PIN (Parcel Identification Number) __4664868764_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)
Michael Athanas & Associates, _____, 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.

Signature of Owner(s) — Date: 6-8-18

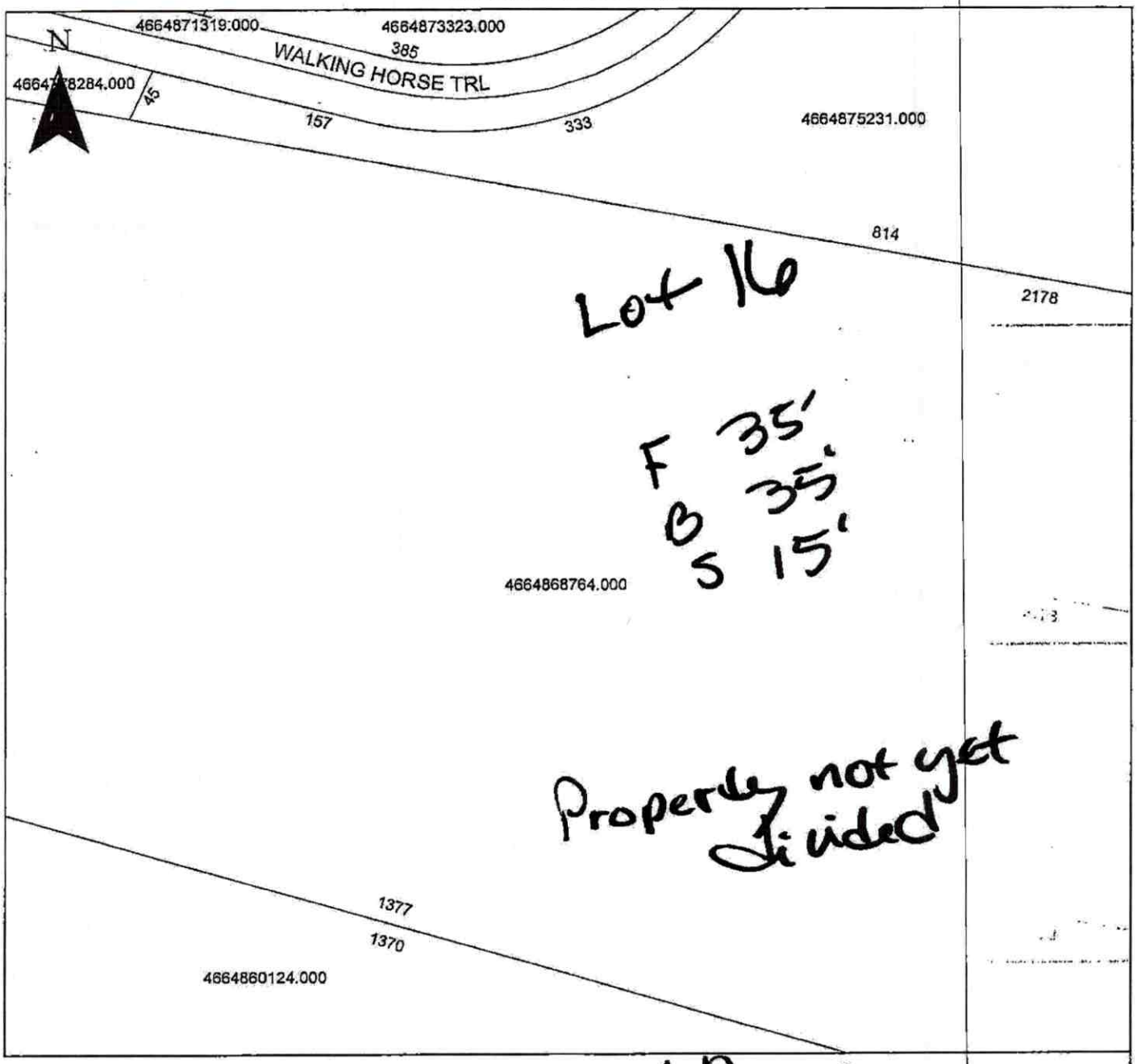
Signature of Witness — Date: 6-8-18

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

ZONING DISCLAIMER

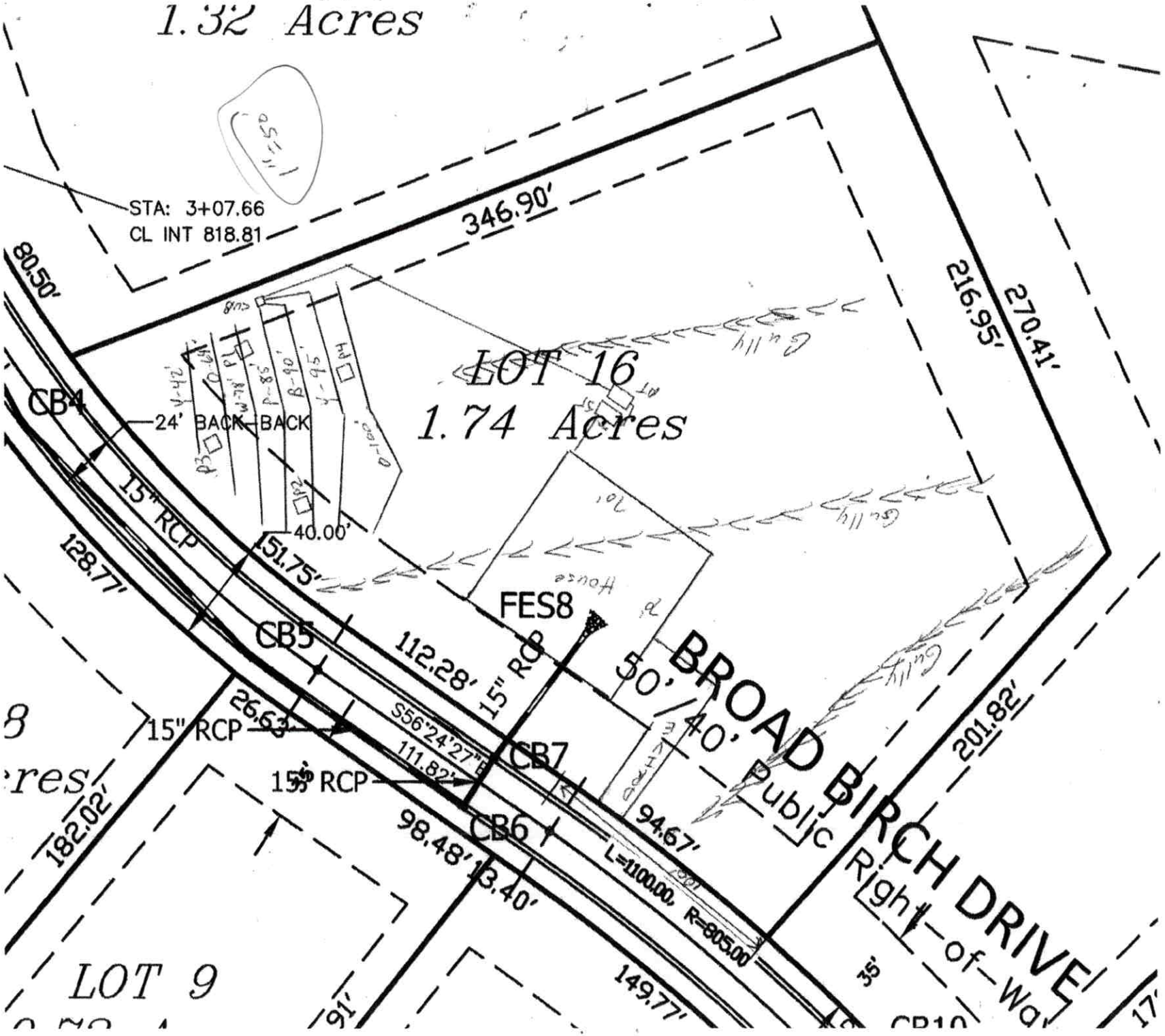


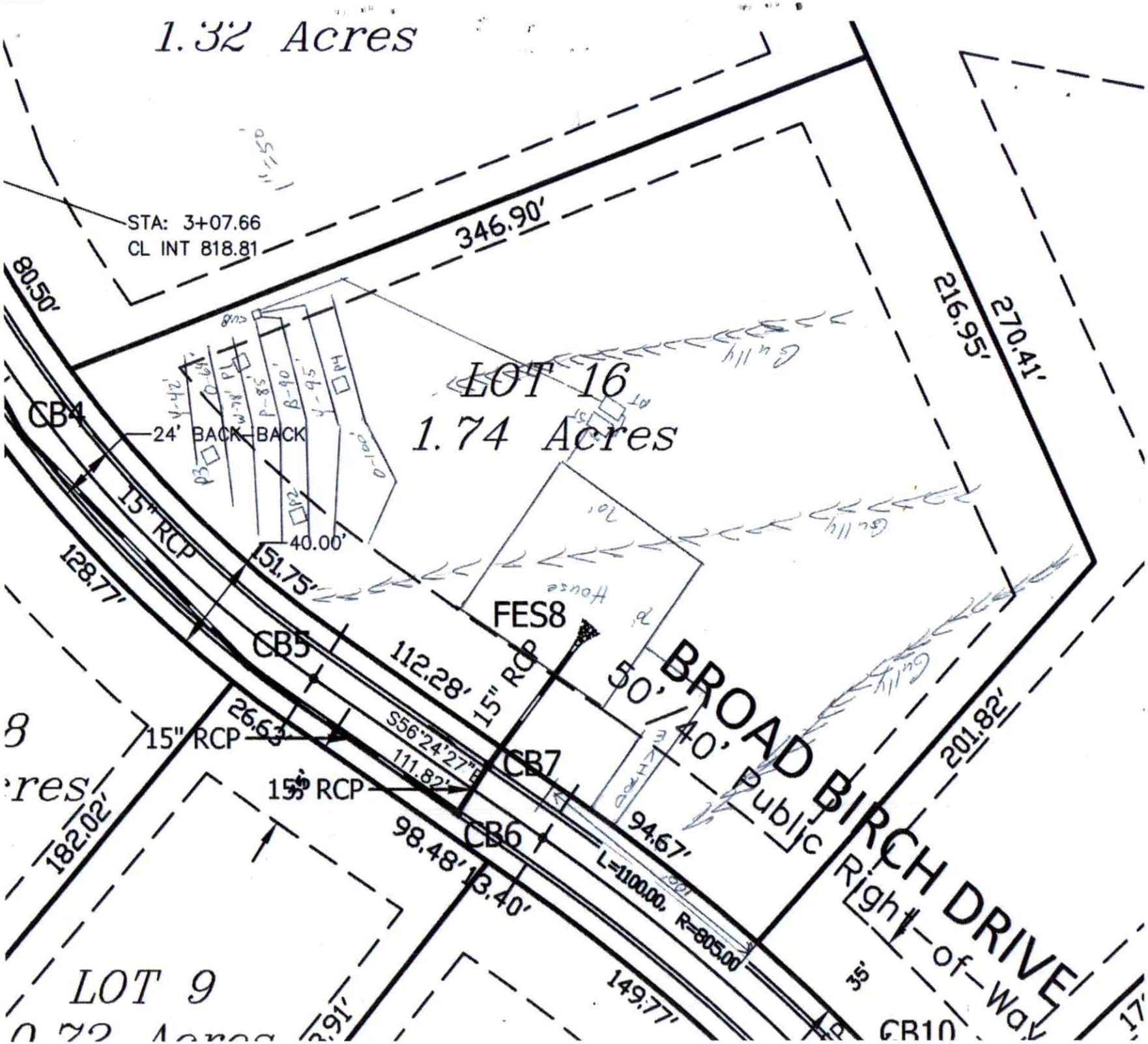
Property Address 127 Broad Birch

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. Applicant further acknowledges that the 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

8/8/2018
Date


1.32 Acres
STA: 3+07.66
CL INT 818.81
346.90'
80.50'
216.95'
270.41'
LOT 16
1.74 Acres
CB4
24' BACK-BACK
15" RCP
128.77'
40.00'
51.75'
CB5
112.28' 15" RCP
FES8
50'/40' Public
BROAD BIRCH DRIVE
Right-of-Way
26.63'
15" RCP
S56°24'27"E
111.82'
15" RCP
CB7
CB6
94.67'
98.48'
13.40'
L=1100.00, R=805.00
201.82'
182.02'
LOT 9
149.77'
91'
35'


1.32 Acres
STA: 3+07.66
CL INT 818.81
346.90'
80.50'
216.95'
270.41'
LOT 16
1.74 Acres
CB4
24" BACK-BACK
15" RCP
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CB5
112.28'
15" RCP
50' / 40' Public
BROAD BIRCH DRIVE
Right-of-Way
26.63'
15" RCP
S56°24'27"E
111.82'
CB7
15" RCP
201.82'
182.02'
98.48'
13.40'
CB6
94.67'
L=100.00, R=805.00
LOT 9
149.77'
35'
CB10

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: ___ - ___
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

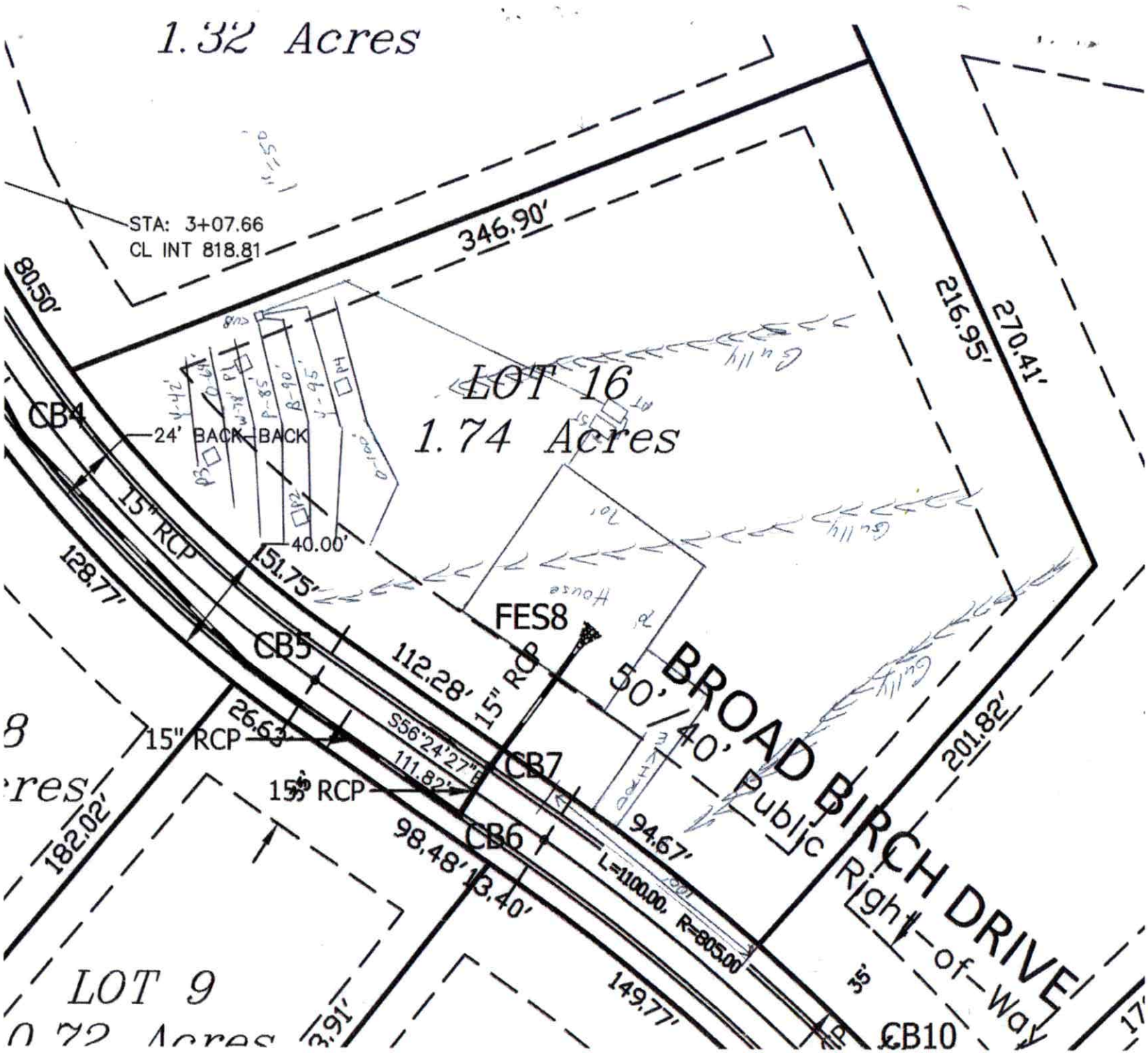
OWNER: Ken Foster
ADDRESS: P.O Box 139 Cornelius NC 28031
APPLICATION DATE
DATE EVALUATED: 8/15/18
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE:
LOCATION OF SITE: Ridgewalk Lot 116
PROPERTY RECORDED:
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Pit 14%	0-22	RC	mSBK SS, SP, SExP, FR					PS .3
		22-57	RCL	wSBK SS, SP	SExP, FR	57"			
2	Pit 15%	0-16	RCm	SBK SS, SP, SExP, FR					PS .3
		16-65	RCL	wSBK SS, SP, SExP, FR w/ Inclus of SAP	—	65"			
3	Pit 15%	0-20	RCm	SBK SS, SP, SExP, FR					PS .3
		20-56	RCL	wSBK SS, SP, SExP, FR w/ Inclus of SAP	—	56"			
4	Pit 15%	0-16	Cm	SBK SS, SP, SExP, FR					PS .3
		16-50	RCL	wSBK SS, SP, SExP, FR w/ Inclus of SAP					
		50-62	SL SAP	massive, FR	—	50"			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

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

COMMENTS:


1.32 Acres
STA: 3+07.66
CL INT 818.81
346.90'
80.50'
216.95'
270.41'
LOT 16
1.74 Acres
CB4
24' BACK-BACK
15" RCP
128.77'
151.75'
40.00'
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L=1100.00, R=805.00
149.77'
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50' / 40' Public
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Right-of-Way
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LOT 9
0.72 Acres
3.91'
35'
House
Gully