ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 311335

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

PIN # 4664 --87 -2150

APPLICANT/OWNER: Oak Hill Homes NC LLC | APPLICANT ADDRESS:

SITE ADDRESS: 104 Broad Birch Drive Davidson NC 28036 | PHONE: 704 309 9395 | ALT. PHONE: -

SITE DIRECTIONS: Shears Rd to Annitan Way R at Burnell Pl L at Walking Horse L Broad Birch. | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Ridge Walk | SECTION: - | LOT # 2 | LOT AREA: 1.153 Ac | DESIGN FLOW: 480 | L.T.A.R.: .30

Septic Tank 1000 (gal) STB 760 Date 11/15/21
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft 400
Trench Width 36 Trench Bottom Depth ~~(Low side)~~ 30 in max Gravel Depth -

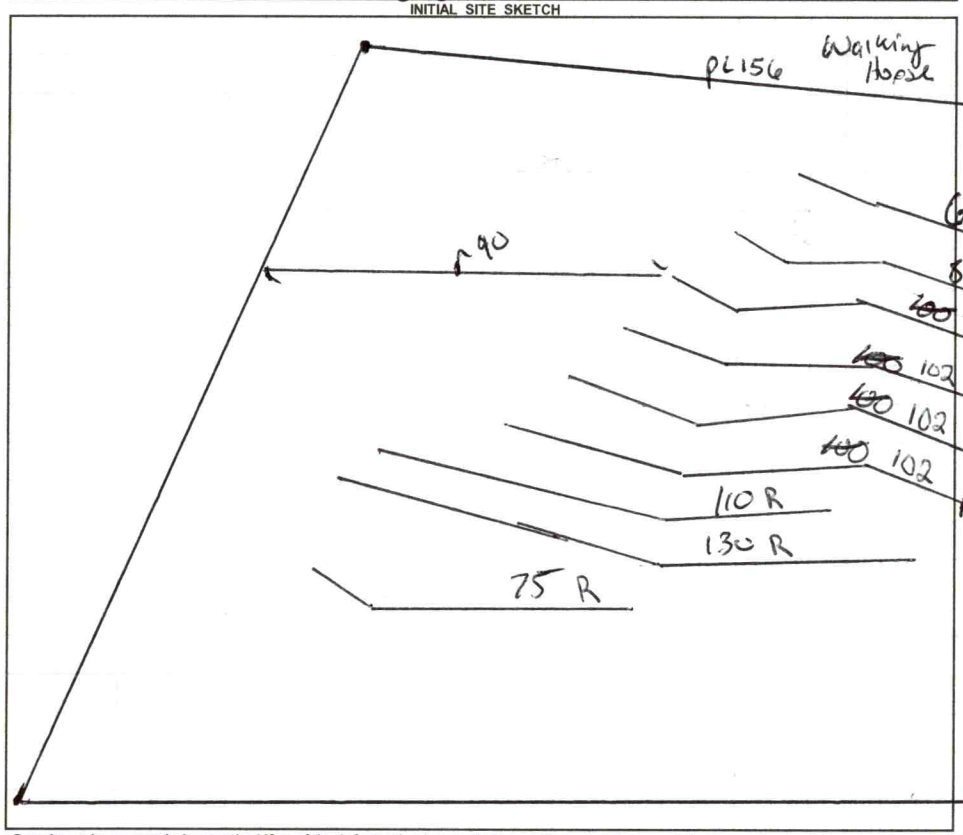
[X] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: [ ] YES [X] NO
[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 4
[ ] Business No. Persons 8
[ ] Other No. Employees
[ ] Slab [ ] Crawl Space
[X] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

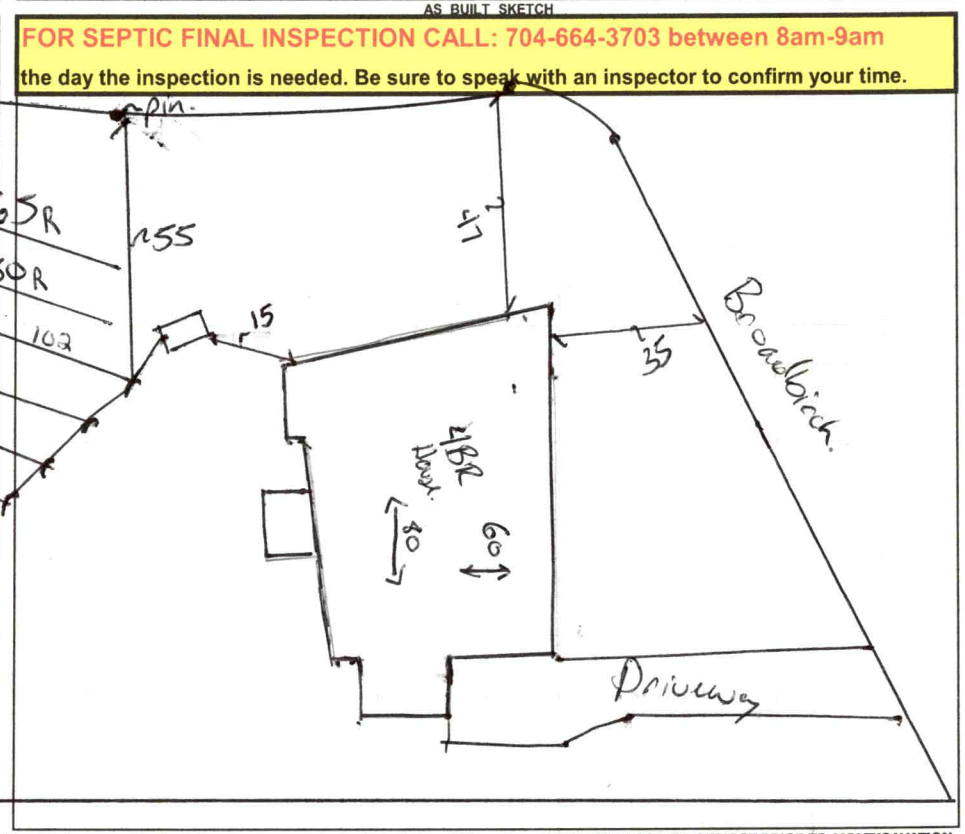
Comments / Conditions: *Re-Draw for basement * basement to have grinder pump for basement plumbing only - House to be plumbed as high as possible for gravity flow. Install on the contour of Land.

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: | Date: 4/30/21 | Installed by:

IMPROVEMENT PERMIT by: Benjamin D Batt | Date: 4-27-2021 | OPERATION PERMIT by: Abernathy | Date: 1/13/22

AUTHORIZATION TO CONSTRUCT by: Benjamin D Batt | Date: 4-27-2021 | Existing System Inspected by: | Date:

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

RECEIVED APR C 6 2021

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

"INTERMEDIATE REDRAW" $320

PAGE 1: *APPLICATION FORM*

AP-311335 $320.00

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 704 309 9395 Alt. Phone:
Owner Name: OAK HILL HOMES NC, LLC Address: 9525 BIRKDALE CROSSING DR, STE 208 HUNTERSVILLE NC Zip: 28078
Owner Email: DHOESKE@OAKHILLHOMESLLC.COM 704 309 9395 Alt. Phone:

Property Information:

Street Address: 104 BROAD BIRCH DR DAVIDSON NC 28036
Subdivision Name: ANNISTON Section/Phase: Lot Number: 2
Driving Directions: SHEARS RD TO ANNISTON WAY (R) at BURNELL PL (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:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

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

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: _____ 4/2/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE
DAVID HOESKE, MANAGER, OAK HILL HOMES

RECEIVED MAR 2 4 2021

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*

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

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

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( ) 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:

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( ) Multi-connection Well Number of Houses: Number of Persons:
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

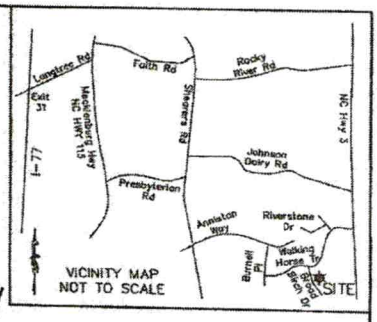
Signature: _____ 3/24/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE
DAVID HOESKE, MANAGER, OAK HILL HOMES

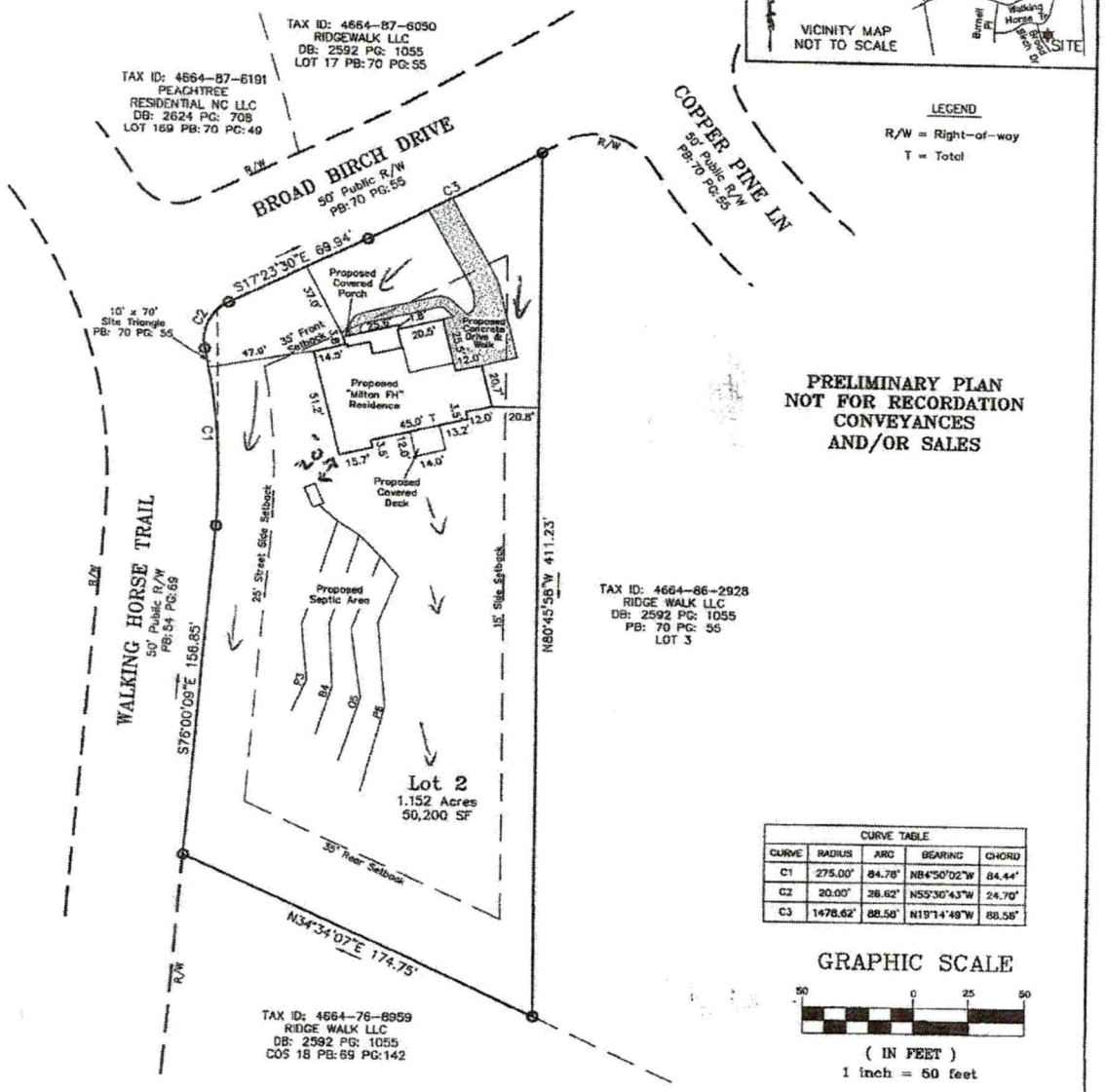
I, JIMMY N. FAIRES, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE, PAGE NOTE #2; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK N/A, PAGE N/A; THAT THE RATIO OF 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

PLAT BOOK: 70
PAGE: 55
DATED: 05-17-2019





LEGEND

R/W = Right-of-way
T = Total

PRELIMINARY PLAN
NOT FOR RECORDATION
CONVEYANCES
AND/OR SALES

CURVE TABLE				
CURVE	RADIUS	ARC	BEARING	CHORD
C1	275.00'	84.78'	N84°50'02"W	84.44'
C2	20.00'	28.62'	N55°30'43"W	24.70'
C3	1478.62'	88.58'	N19°14'49"W	88.58'

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 2743 PAGE 1225 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: 05-17-2019.
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" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANEL 3710466400H, WITH AN EFFECTIVE DATE OF November 16, 2018.
10. PROPOSED SEPTIC AREA BASED ON SEPTIC LAYOUT SKETCH PROVIDED BY MICHAEL ATHANAS & ASSOCIATES (704-576-3887).

PLOT PLAN
LOT 2 - RIDGE WALK SUBDIVISION
MAP 2 PLAT BOOK: 70 PAGE: 55
104 BROAD BIRCH DRIVE
CODDLE CREEK TOWNSHIP, IREDELL COUNTY, NC

Prepared For (Owner):
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: CJC	Checked By: JNF	Scale 1" = 50'	Project No. 20110
Tax Parcel: 4664-87-2150			Sheet No. 1 of 1
Date: March 23, 2021			
File: 20110-Lot-2-Ridge-Walk-Rev1.dwg			

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 HOZSKI, MANAGER, OAKHILL HOMES NC, LLC

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.

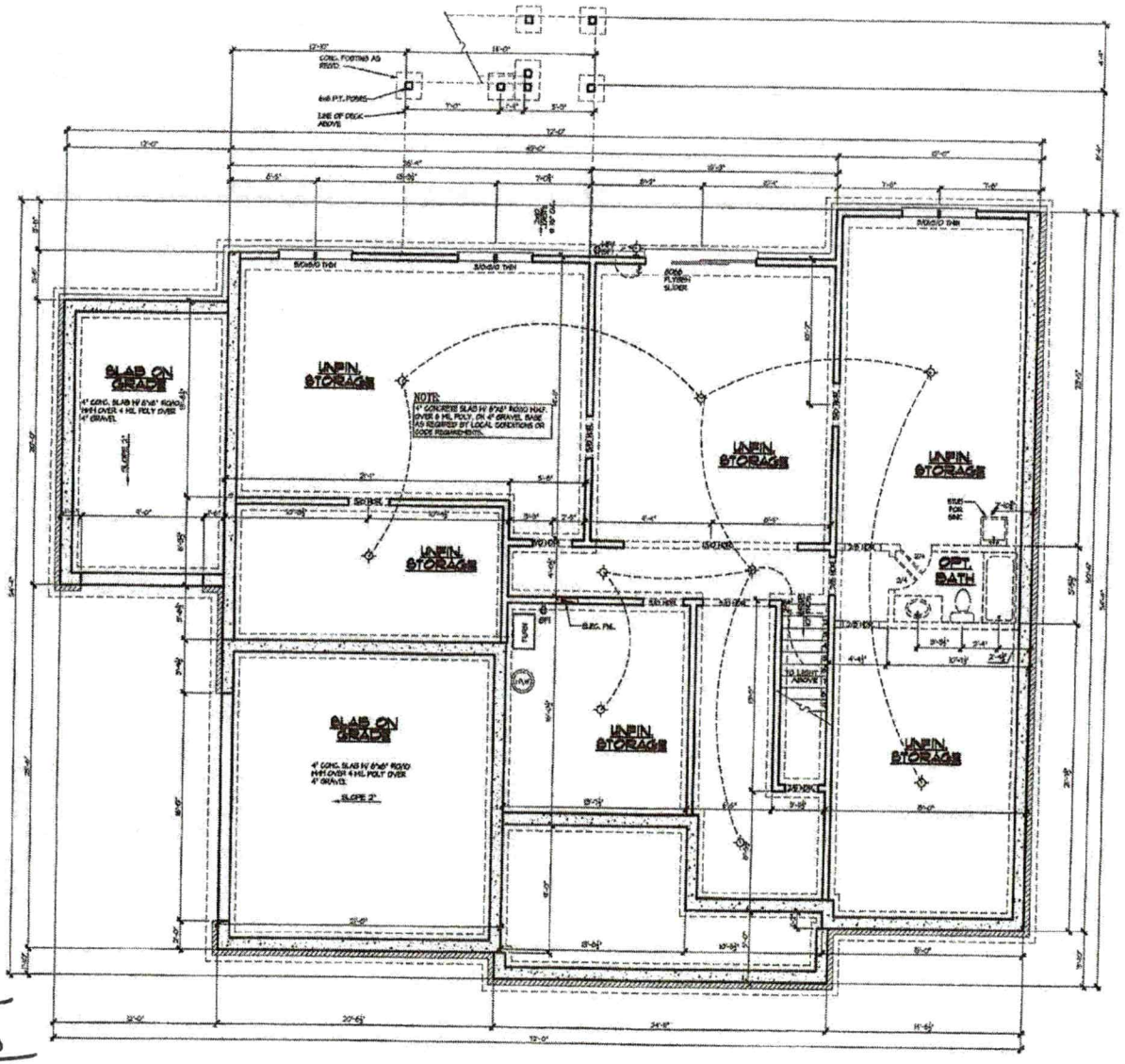
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

_____ 3/24/21
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



PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7580 McGinnis Ferry Rd. Suwanee, Georgia 30174
Main: (770) 622-8282 • Fax: (770) 622-8171

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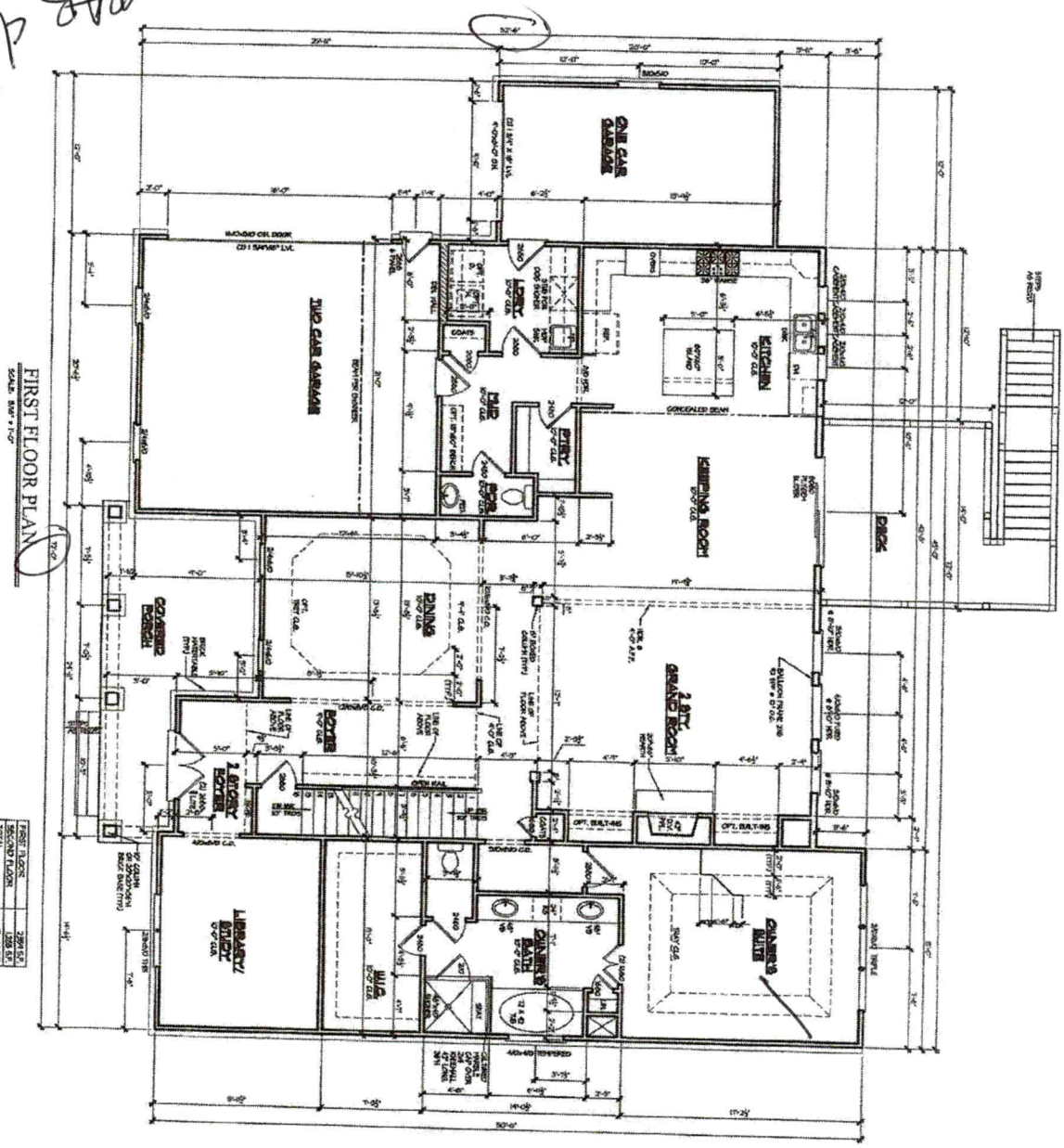
Drawn By: R.J.R
Date: 02/23/2
Plan No:

Subdivision: ANNISTON
LOT 2

Model Name: MILTON
Sheet Title: BASEMENT FLOOR PLAN
SHEET NO. A2.2

4/27/21
4/30/21

12/2/12 SHR



FIRST FLOOR	3285 S.F.
SECOND FLOOR	1386 S.F.
TOTAL	5444 S.F.
GARAGE	699 S.F.

SHEET NO. A3.1

Model Name:
MILTON

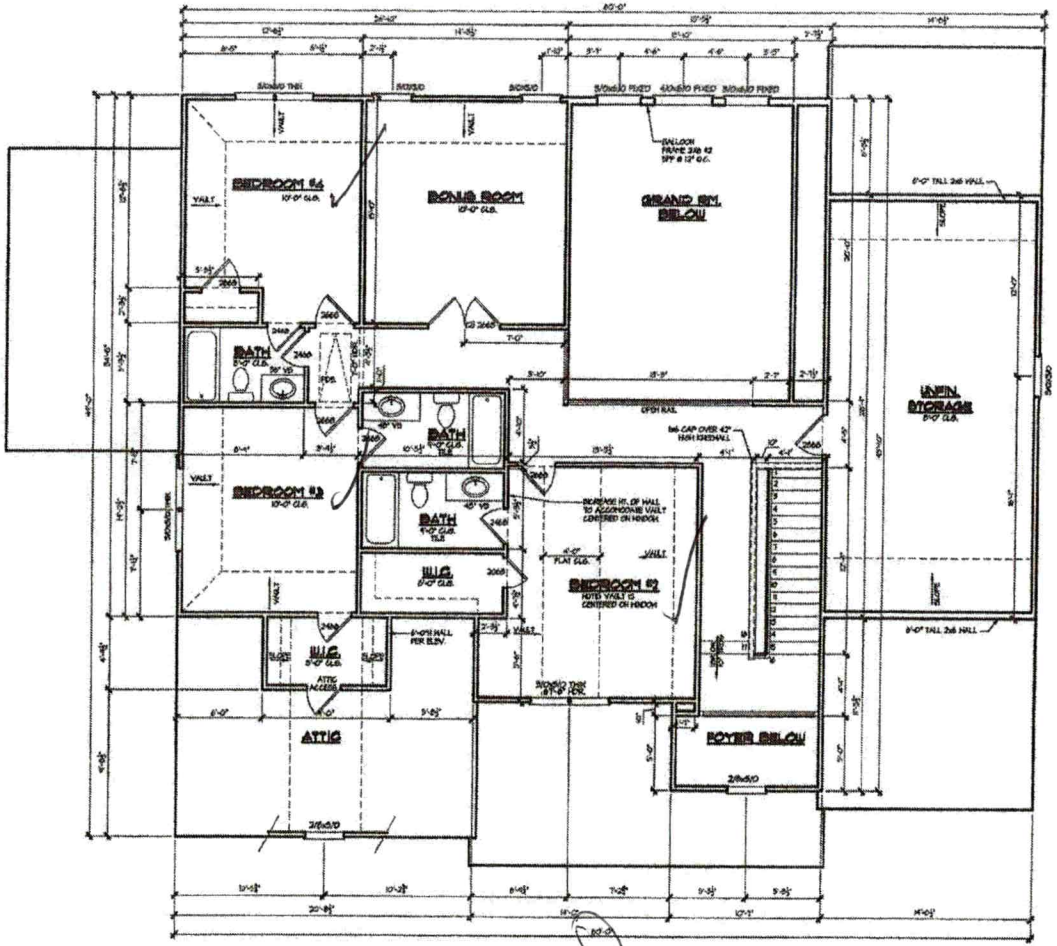
Sheet Title:
FIRST FLOOR PLAN

Revision:
ANNISTON
LOT 2

Draw. By: R.R
Date: 02/28/2
Plan No:

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PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7390 McGinnis Ferry Rd. Suwanee, Georgia 30174
Voice (770) 622-2222 • Fax (770) 622-9171



SECOND FLOOR PLAN

SCALE: 3/16" = 1'-0"

PEACHTREE RESIDENTIAL PROPERTIES

The Builder Who Listens

2360 McGinnis Ferry Rd. • Suwanee, Georgia 30174

Voice: (770) 622-8622 • Fax: (770) 622-8777

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Drawn By: R.R.

Date: 02/23/23

Plan No:

Section: ANNISTON LOT 2

Model Name: MILTON

Sheet Title: SECOND FLOOR PLAN

SHEET NO. A3.2

IREDELL COUNTY

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

APPLICATION NUMBER
236367
Issue Date: 06/08/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4664868764.000	104 BROAD BIRCH DRIVE, DAVIDSON, NC 28036	

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	25.00	NOT	AE

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	141809	TOTAL FEES:	$ 77.25