IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 243240

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

PIN # 4666 87 6191

APPLICANT/OWNER: Peachtree Residential LLC | APPLICANT ADDRESS: 7380 McGinnis Ferry Rd. Suwanee, GA

SITE ADDRESS: 182 Walking Horse Trail Davidson, NC | PHONE: 704-928-9215 | ALT. PHONE —

SITE DIRECTIONS: Shearers Rd (S) → L on Anniston → R on Burnell → L on Walking Horse → lot on R | SAB CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Anniston | SECTION: 4 | LOT # 164 | LOT AREA: 1.294 ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	Infiltrator	Date	1060 Gal	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank		(gal)	PT		Date		System Description: 25% reduction		☐ Business	No. Persons 8	☑ Private
Pump Make		Model			Serial #		Repair System Description: GRAVITY PPP PS		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	10@40'		Linear Ft	400'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	30" | 36" higher		Gravel Depth	—	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: * Lot must be recorded prior to issuing AC*

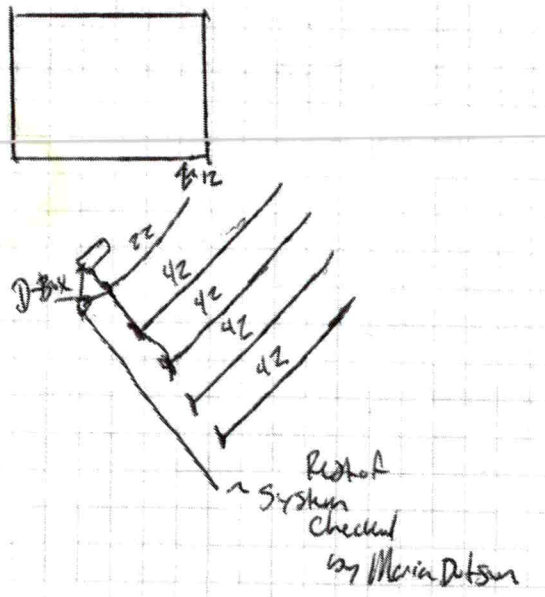
6/26/2020 Checked lower 5 drainlines Used Quick 4 as Drawn

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Associates

AS BUILT SKETCH

Risers installed.



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

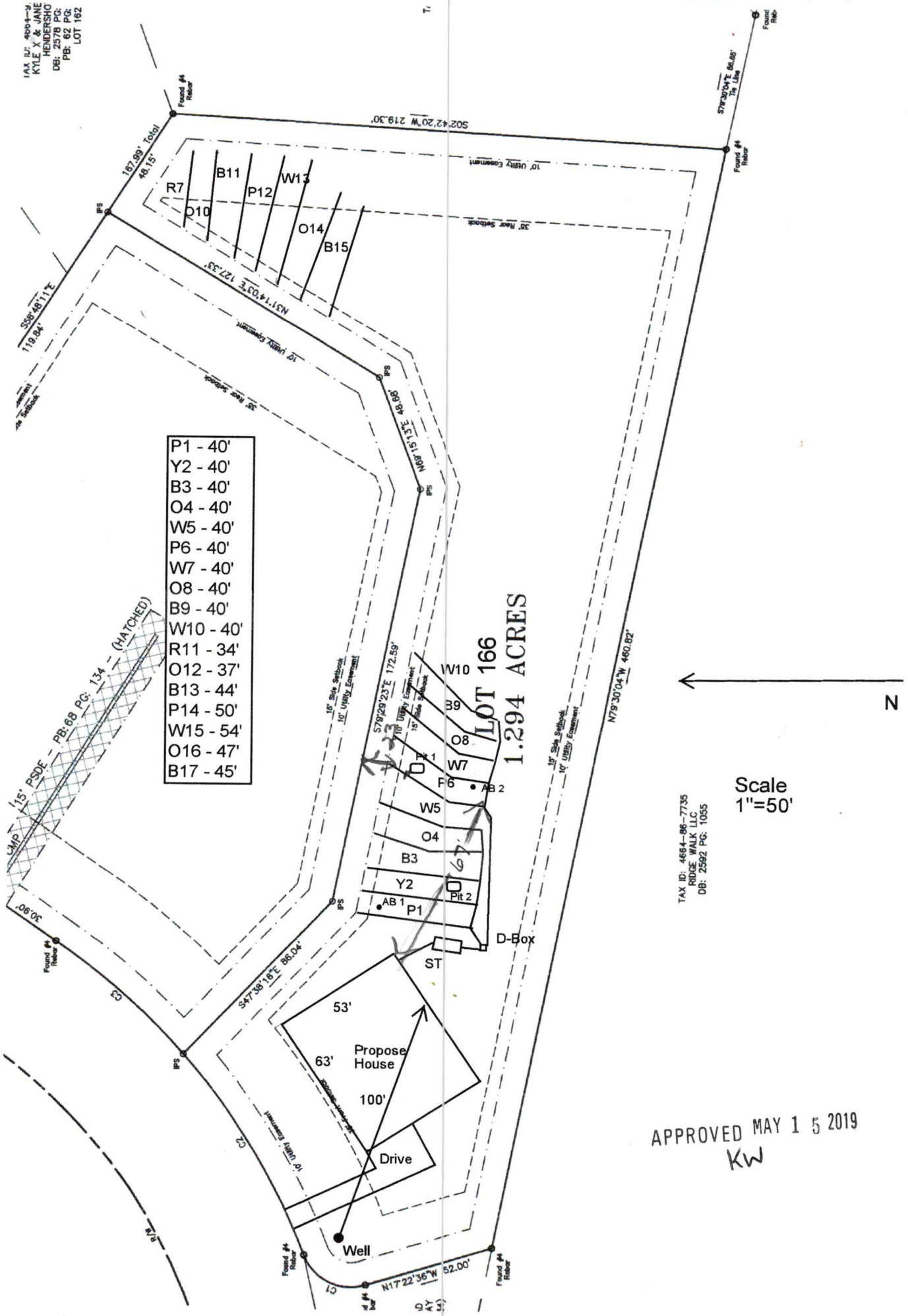
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☑ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

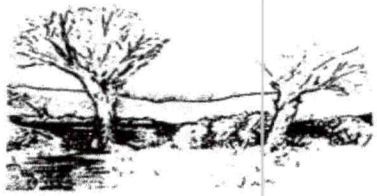
Owner / Applicant Signature: _____ Date: 5-17-19 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Kayla Watson Date: 5-15-19 OPERATION PERMIT by: Benjamin A Boller Date: 6/29/2020

AUTHORIZATION TO CONSTRUCT by: Patricia A Boller III Date: 07/12/19 Existing System Inspected by: _____ Date: _____

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


P1 - 40'
Y2 - 40'
B3 - 40'
O4 - 40'
W5 - 40'
P6 - 40'
W7 - 40'
O8 - 40'
B9 - 40'
W10 - 40'
R11 - 34'
O12 - 37'
B13 - 44'
P14 - 50'
W15 - 54'
O16 - 47'
B17 - 45'
LOT 166
1.294 ACRES
Scale
1"=50'
N
Propose House
Drive
Well
D-Box
Pit 1
Pit 2
AB 1
AB 2
ST
APPROVED MAY 1 5 2019
Kw



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

Reference: Data Sheet for 182 Walking Horse Trail, Anniston Lot 166
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
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-Distribution box and End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36" maximum

Line	Design Length	Actual Length
Pink 1	**40'**	**45'**
Yellow 2	**40'**	**45'**
Blue 3	**40'**	**45'**
Orange 4	**40'**	**45'**
White 5	**40'**	**45'**
Pink 6	**40'**	**45'**
White 7	**40'**	**45'**
Orange 8	**40'**	**45'**
Blue 9	**40'**	**48'**
White 10	**40'**	**48'**
Red 11		34'
Orange 12		37'
Blue 13		44'
Pink 14		50'
White 15		54'
Orange 16		47'
Blue 17		45'

Initial System: 400' **Repair System:** 311'

Comments:
The property lines on 165 and 166 have been altered to make a better house site for lot 165. The permitted system and repair area of lot 165 for 2018 will be used for the repair area of 165 and 166.

APPROVED MAY 15 2019
KW

PROPERTY ID #: 4664876185__
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kendall Foster_____ APPLICATION DATE_____
ADDRESS: PO Box 39, Cornelius, NC 28031_____ DATE EVALUATED: __4/2019_____
PROPOSED FACILITY: ___4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD____ PROPERTY SIZE: __1.294 AC_____
LOCATION OF SITE: 182 Walking Horse Tr, Anniston 166_____ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ 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	
AB 1	LS 15%	0-3	Br CL WSBK	FR SS SP SXP	N/A	40"	F-C SAP PS	N/A	PS 0.3-0.35
		3-40	R CL WSBK	FR SS SP SXP					
		40-48	VER L SAP M	VFR SS SP SXP					
AB 2	LS 15%	0-5	Br CL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3-0.35
		5-48	R CL WSBK	FR SS SP SXP					
PIT 1	LS 15%	0-10	Br SCL WSBK	FR SS SP SXP	N/A	48"	F-C SAP PS	N/A	PS 0.3-0.35
		10-20	R C SBK	FR SS SP SXP					
		20-48	R CL WSBK	FR SS SP SXP					
		48-60	VER SL SAP M	VFR SS SP SXP					
PIT 2	LS 15%	0-8	Br SCL WSBK	FR SS SP SXP	N/A	63"	F-C SAP PS	N/A	PS 0.3-0.35
		8-30	R CL WSBK	FR SS SP SXP					
		30-40	R L WSBK	FR SS SP SXP					
		40-63	VER SL SAP M	VFR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT^2	933 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____
APPROVED MAY 1 5 2019 KW

COMMENTS:_____

#243240
5-9-19
$500.00

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

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: Peachtree Residential LLC **Address:** 7380 McGinnis Ferry Rd, Suwanee, GA **Zip:** 30024

Applicant Email: _____ **Phone:** Mark-704-928-9215 **Alt. Phone:** _____

Owner Name: Kendall Foster **Address:** PO Box 39, Cornelius, NC **Zip:** 28031

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

Property Information:

Street Address: 182 Walking Horse Trail

Subdivision Name: Anniston **Section/Phase:** _____ **Lot Number:** 166

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?
( ) 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: _____ 5/7/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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, Dave Borreson / Peachtree Residential Properties LLC, am the legal owner(s) of the property located at 182 Walking Horse Trail identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

Michael Athanas & Associates

I do hereby authorize **Mark Benitez, Peachtree Residential LLC**, 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	Signature of Witness	Date

Please return this signed form to the appropriate office:

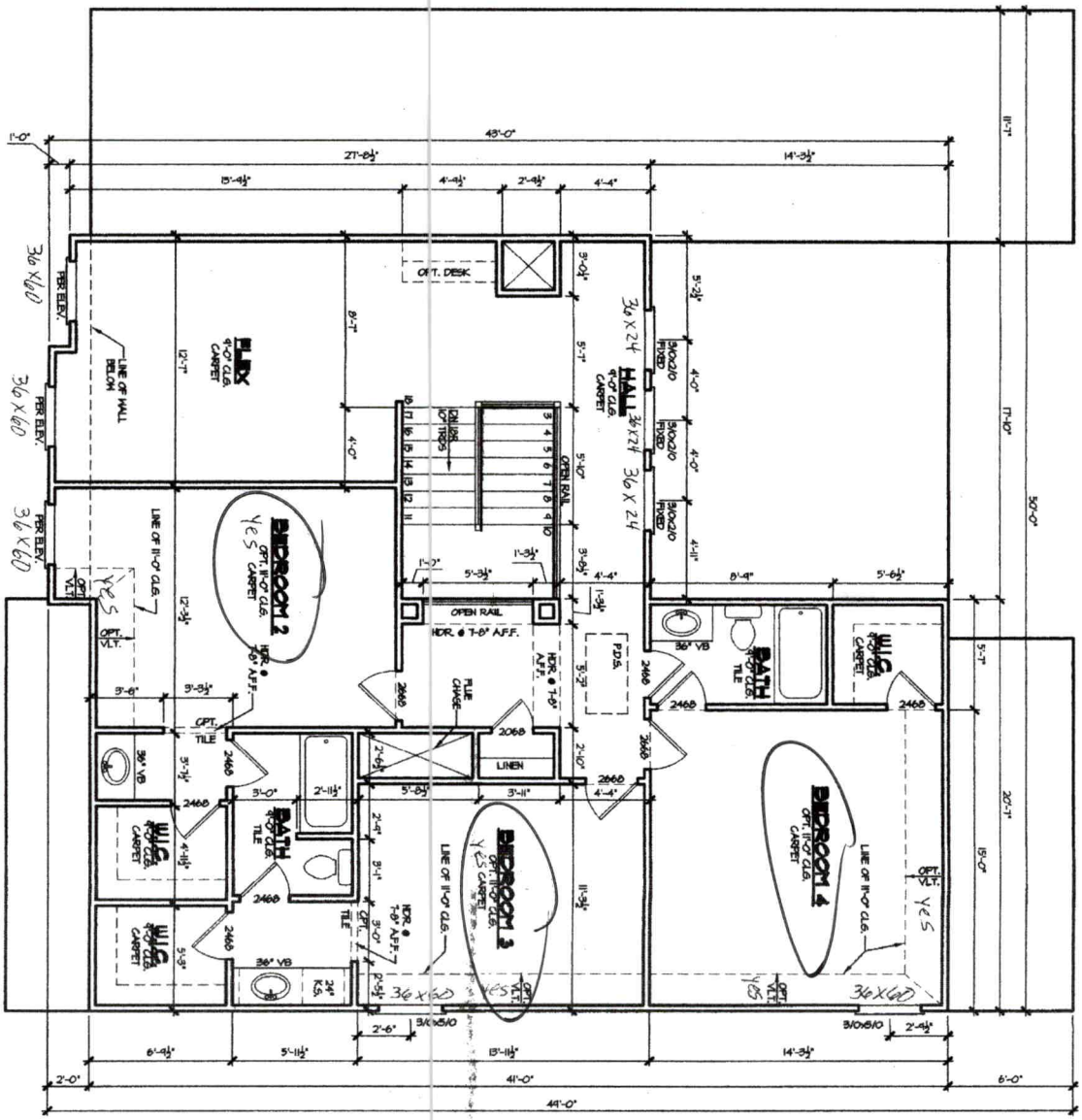
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledged
Plans Submitted ONLY
Kayla Watson Date 5-15-19
Date 5-17-19

SECOND FLOOR PLAN

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



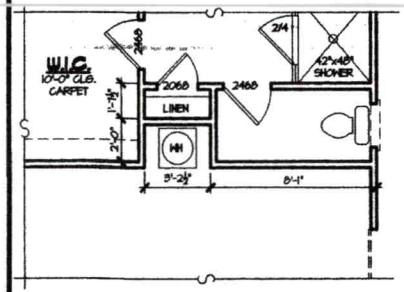
NOTE:
SEE FACADE PLAN ON SHEET A4.1 FOR PLAN AND PORCH DIMENSIONS, WINDOW AND DOOR SIZES AND LOCATION.

SHEET NO. A3.2	Model Name: TREMONT MANOR Sheet Title: SECOND FLOOR PLAN	Revision:	Drawn By: AMH Date: 11/30/17 Plan No:	This drawing is the property of Peachtree Residential Properties and may not be copied or reproduced without the written permission of Peachtree Residential Properties.

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7380 McGinnis Ferry Rd. Suwanee, Georgia 30174
Voice (770) 622-2522 • Fax (770) 622-9171

Acknowledgement Of Plans Submittal ONLY! Date 5-15-19

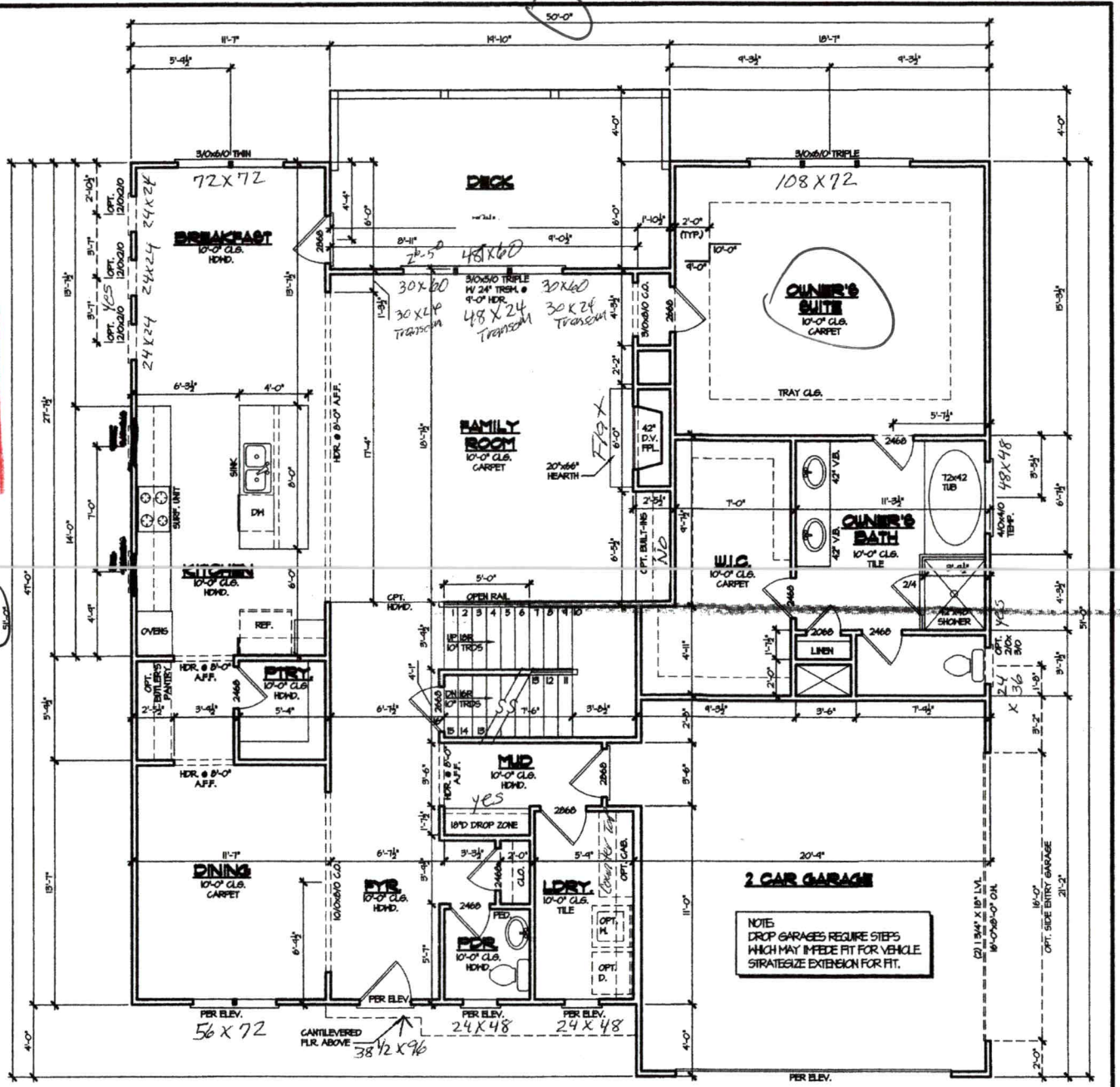
Date 5-17-19



FIRST FLR. ON SLAB/CRAWL

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

SQUARE FOOTAGE	
FIRST FLOOR	1882 SQ. FT.
SECOND FLOOR	1290 SQ. FT.
TOTAL	3172 SQ. FT.
GARAGE	432 SQ. FT.



FIRST FLOOR PLAN

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

NOTE:
SEE FACADE PLAN ON SHEET A4.1 FOR PLAN AND PORCH DIMENSIONS, WINDOW AND DOOR SIZES AND LOCATION.

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7380 McGinnis Ferry Rd. Suwanee, Georgia 30174
Voice (770) 622-2622 • Fax (770) 622-9171

This drawing is the property of Peachtree Residential Properties and may not be copied or reproduced without the written permission of Peachtree Residential Properties.

Drawn By: AMH
Date: 11/30/17
Plan No:

Revision:

Model Name: TREMONT MANOR

Sheet Title: FIRST FLOOR PLAN

SHEET NO. A3.1