ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 238919

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

PIN # 4664877216

APPLICANT/OWNER: Peachtree Residential LLC | APPLICANT ADDRESS: 9525 Birkdale Crossing Dr. Ste 208 Huntersville, NC 28078

SITE ADDRESS: 190 Walking Horse Trail Davidson, NC | PHONE: 704928-9215 | ALT. PHONE

SITE DIRECTIONS: Shearers Rd S TL Anniston Way TR Burnell TR Walking Horse Trail lot on Rt | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Anniston | SECTION: 4 | LOT # 168 | LOT AREA: 1.197 Ac | DESIGN FLOW: 480gpd | L.T.A.R.: .325 Inf / .3 Rep

Septic Tank 1000 (gal) | STB Infiltrator | Date IM-1060

Pump Tank (gal) | PT | Date

Pump Make | Model | Serial #

Nitrification Fields 1 | # Lines 5 @ 50' | Linear Ft 250'

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

[X] New System [ ] Repair [ ] Expansion | System Type: I II (III) IV V VI

System Description: Gravity - PPBPS

Repair System Description: PPBPS

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence | No. Bedrooms 4

[ ] Business | No. Persons 8

[ ] Other | No. Employees

[ ] Slab | [X] Crawl Space

[ ] Basement w/ plumbing | [ ] Basement w/o plumbing

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

Comments / Conditions: ~~AA~~ Must divert storm/surface water runoff away from Septic. Pipe gutter drains away from Septic.

* Check for storm/surface water diversion prior to issuing O.P.

INITIAL SITE SKETCH

See attached Septic Plan by Michael Athanas & Assoc. (dated 4/30/2020)

AS BUILT SKETCH

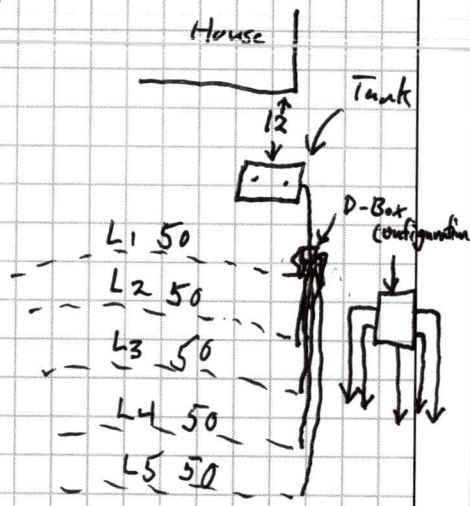
5/18/20 Checked 4 & 5th line

4th line 47' to house

11ft to drainline ditch mo

6/4/2020 - Stormwater surface diversion appears to be removed.

- Im 1060 tank w/ Polylok PL-68 filter
- L1 50' PPBPS
- L2 50' PPBPS
- L3 50' PPBPS



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: Acceptance of Permit Recvd | Date: 5.12.2020 | Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Maria Solan | Date: 5/12/2020 | OPERATION PERMIT by: Tom Shud | Date: 6/4/2020

AUTHORIZATION TO CONSTRUCT by: Maria Solan | Date: 5/12/2020 | Existing System Inspected by: | Date:

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

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

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Mark Benitez, am the legal owner or the agent of the property located at 190 Walking Horse Trl, Davidson, NC, identified as PIN(Parcel Identification Number) 4666418772162, located in Iredell County, North Carolina.
Permit # 23899.

I do hereby agree to the permit design and the conditions of this permit.

Mark Benitez
Signature of Owner/Authorized Agent Date

Elizabeth Drew 5/12/20
Signature of Witness Date

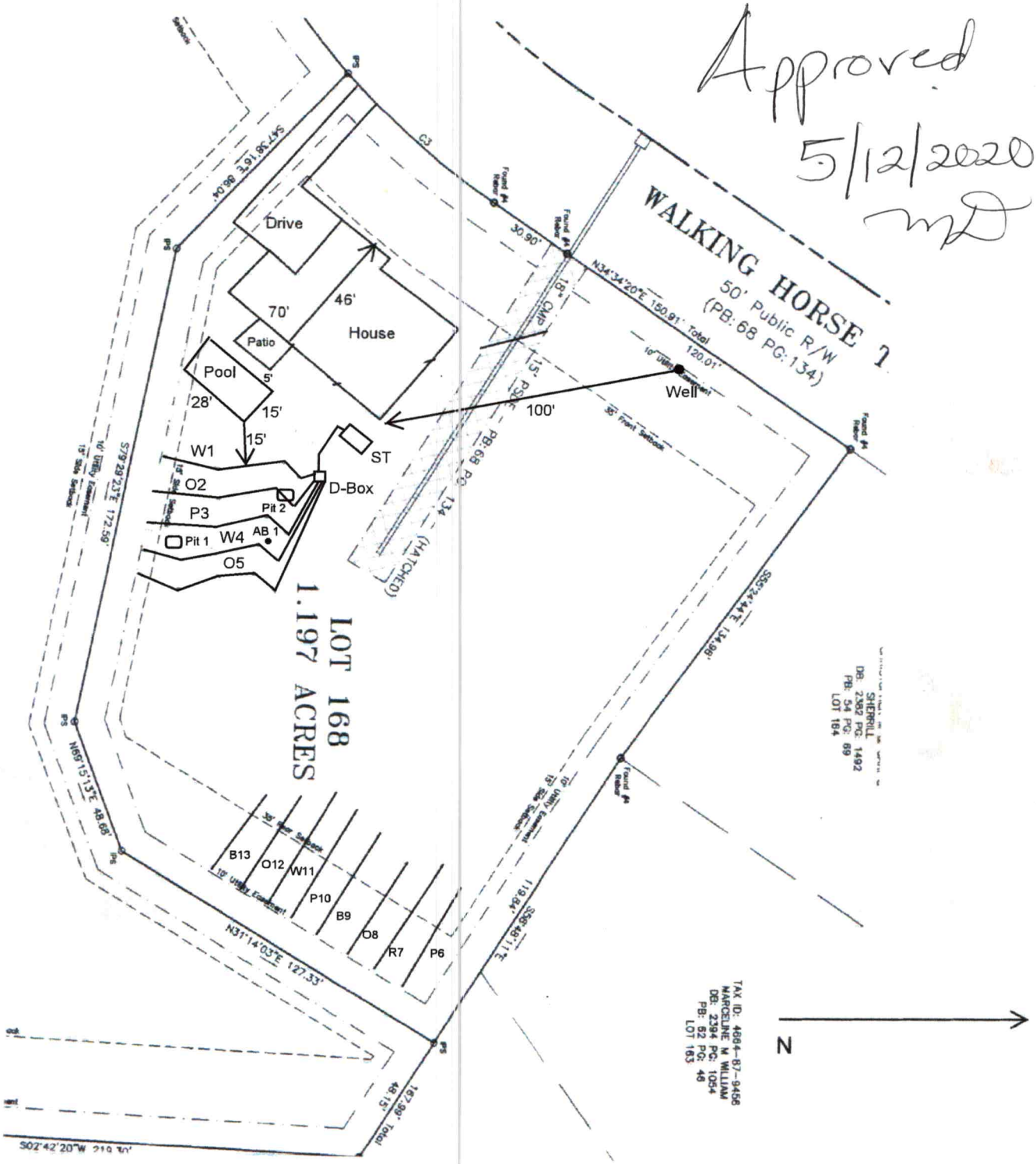
mbenitez@peachtreeres.com
email

	Date	Initials
Drain Lines Checked 2 lowest lines	5/18/20	MD
Tanks Checked	6/4/2020	SR
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / (N)		

Approved
5/12/2020
MD

Scale
1"=50'

W1 - 50'
O2 - 50'
P3 - 50'
W4 - 50'
O5 - 50'
P6 - 40'
R7 - 45'
O8 - 37'
B9 - 40'
P10 - 45'
W11 - 45'
O12 - 38'
B13 - 33'



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

Approved
5/12/2020
MD

Reference: Data Sheet for 190 Walking Horse Trail, Anniston Lot 168
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: 0.325 GPD/FT^2 (initial), 0.3 GPD/FT^2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Gravity-Distribution box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"
Proposed Trench Width: 24" (8' on center)

Line	Design Length	Actual Length
White 1	**50'**	70'
Orange 2	**50'**	67'
Pink 3	**50'**	64'
White 4	**50'**	54'
Orange 5	**50'**	54'
Pink 6		40'
Red 7		45'
Orange 8		37'
Blue 9		40'
Pink 10		45'
White 11		45'
Orange 12		38'
Blue 13		33'

LICENSED SOIL SCIENTIST
MICHAEL ATHANAS
1252
STATE OF NORTH CAROLINA

Initial System: 250' **Repair System:** 323'

Comments:
The initial system is being redesign to make room for a pool. This lot has been previously approved. MA&A are adjusting the initial system, the repair will remain the same.

PROPERTY ID #: 4664877295
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 5/12/2020 mp

OWNER: Peachtree Res Dev _____ APPLICATION DATE _____
ADDRESS: Charlotte, NC _____ DATE EVALUATED: 4/2020
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 1.197 AC
LOCATION OF SITE: 190 Walking Horse Tr, Anniston 168 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	
PIT 1	LS 15%	0-10	R C SBK	FR SS SP SXP	N/A	32"	F-C SAP PS	N/A	PS 0.3-0.4
		10-32	R CL WSBK	FR SS SP SXP					
		32-64	VER SL SAP M	VFR SS SP SPX					
PIT 2	LS 15%	0-10	R C SBK	FR SS SP SXP	N/A	30"	F-C SAP PS	N/A	PS 0.3-0.4
		10-30	R CL WSBK	FR SS SP SXP					
		30-65	VER SL SAP M	VFR SS SP SXP					
AB 1	LS 15%	0-30	R CL WSBK	FR SS SP SXP	N/A	30"	F-C SAP PS	N/A	PS 0.3-0.4
		30-48	VER SL SAP M	VFR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	500 FT^2	969 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.325	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT: _____

COMMENTS: _____

Comp. Ex. Review $350

RECEIVED MAY 1 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $350.00 #238919

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:** 9525 Birkdale Crossing Dr, STE 208, Huntersville, NC **Zip:** 28078

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

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

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

Property Information:

Street Address: 190 Walking Horse Trail

Subdivision Name: Anniston **Section/Phase:** _____ **Lot Number:** 168

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) 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: _____

(✓) 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: _____ 4/30/2020
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

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, Mark Benitez, am the legal owner(s) of the property located at 190 Walking Horse Trail Anniston Lot 168, identified as PIN (Parcel Identification Number) 4664877216, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Michael Athanas & Associates_, Mark Benitez - Peachtree, 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.

4/30/2020

Signature of Owner(s) Date | 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

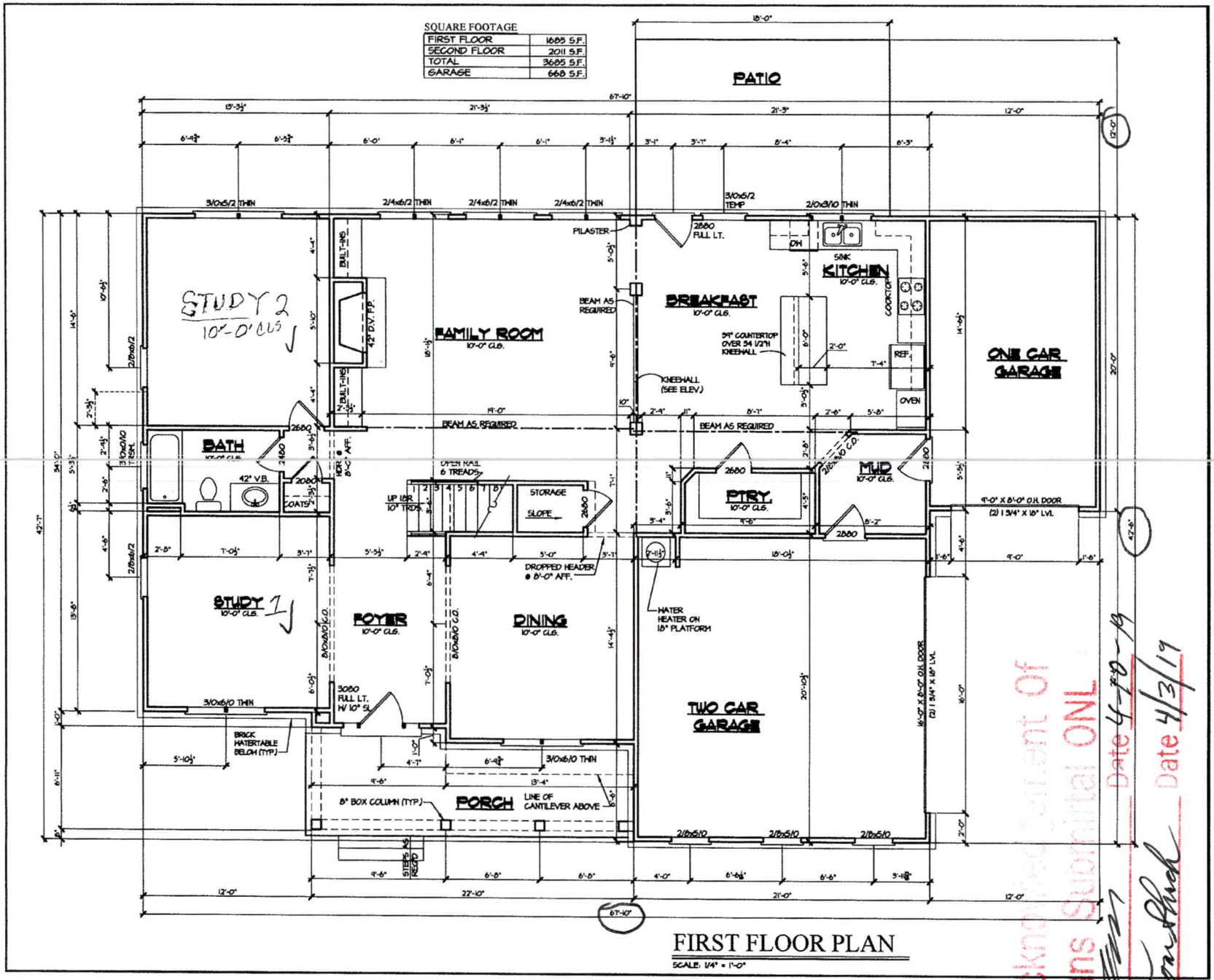
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

adrienne.shea@co.iredell.nc.us

Fax: 704-871-3483

349 N. Center Street, Statesville, NC 28677



Acknowledgment of Plans Submittal ONLY

Date 4-3-19

Date 4/3/19

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7880 McGinnis Ferry Rd. • Suwanee, Georgia 30174
Voice (770) 622-2622 • Fax (770) 622-2171

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: RED
Date: 08/29/16
Plan No:

Builder: MCLEAN
LOT

Model Name: BILTMORE "AST-MC"
Sheet Title: FIRST FLOOR PLAN
SHEET NO. A3.1

Model Name: BILTMORE "AST-MC"	Sheet Title: SECOND FLOOR PLAN	SHEET NO. A3.2

Revised: MCLEAN LOT

Drawn By: RED
Date: 08/29/16
Plan No:

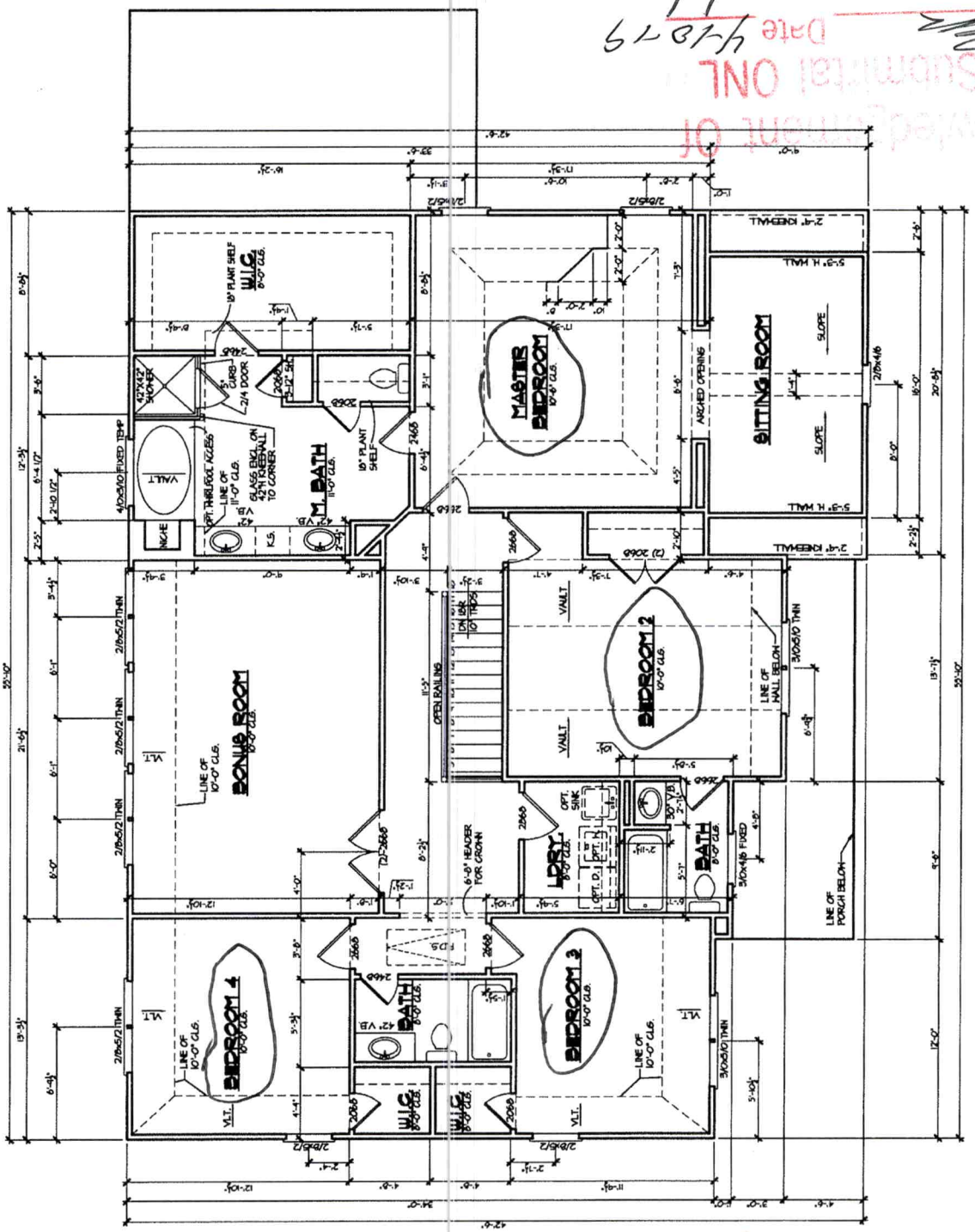
This drawing is the property of Peachtree Residential Properties and may not be used or reproduced without the written permission of Peachtree Residential Properties.

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7360 McGinnis Ferry Rd. • Suwanee, Georgia 30174
Voice (770) 622-2622 • Fax (770) 622-9171

Date 4/3/19

Date 4/18/19

Acknowledgment of Plans Submittal ONLY


MASTER BEDROOM
10'-6" CLG.
SITTING ROOM
SLOPE
SLOPE
ARCHED OPENING
5'-9" H. WALL
5'-9" H. WALL
2'-4" KNEEWALL
2'-4" KNEEWALL
10" PLANT SHELF
W.I.C.
6'-0" CLG.
42"X42" SHOWER
CURB
2/4 DOOR
M. BATH
11'-0" CLG.
10" PLANT SHELF
OPT. THERMOSTAT NICHES
LINE OF 11'-0" CLG.
GLASS BELOW WALL TO CORNER
42" V.B.
K.S.
42" V.B.
NICHE
MONUMENTED TUB
(2) 2068
VAULT
BEDROOM 2
10'-0" CLG.
VAULT
LINE OF HALL BELOW
3'-0" X 6'-10" THIN
OPEN RAILING
ON UNDER TOO TREADS
BONUS ROOM
8'-0" CLG.
LINE OF 10'-0" CLG.
VAULT
OPT. SINK
OPT. D.W.
OPT. R.
LPRT.
8'-0" CLG.
30" V.B.
BATH
8'-0" CLG.
3'-0" X 6'-10" FIXED
LINE OF PORCH BELOW
6'-8" HEADER FOR CROWN
F.D.S.
BEDROOM 4
8'-0" CLG.
LINE OF 10'-0" CLG.
VAULT
BATH
8'-0" CLG.
42" V.B.
W.I.C.
6'-0" CLG.
W.I.C.
6'-0" CLG.
BEDROOM 3
10'-0" CLG.
LINE OF 10'-0" CLG.
VAULT
3'-0" X 6'-10" THIN
2/8x12 THIN
2/8x12 THIN
2/8x12 THIN
2/8x12
2/8x12
2/8x12

IREDELL COUNTY

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

APPLICATION NUMBER
238919
Issue Date: 09/18/2018

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4664877295.000	190 WALKING HORSE TRAIL, DAVIDSON, NC 28036	

Owner Information	Applicant Information
Owner: FOSTER W KENDALL	Applicant: MICHAEL ATHANAS & ASSO
Address: P O BOX 39	Address: 561 ENNIS RD
CORNELIUS, NC 28031	WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code

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

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	152914	TOTAL FEES:	$ 77.25