ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 302283

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

PIN # 4664963150

APPLICANT/OWNER: Craig Bakstad | APPLICANT ADDRESS: 103 Masthead Ct Mooresville, NC 28117

SITE ADDRESS: 147 Broad Birch Dr. Davidson, NC | PHONE: 7046570240 | ALT. PHONE

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

SUBDIVISION: Ridgewalk | SECTION: | LOT # 12 | LOT AREA: 3.547 Ac. | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 760	Date 5-11-22	☒ 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:	Gravity – 25% Reduction	☐ Business	No. Persons	8	☒ Private
Pump Make	Model		Serial #	Repair System Description:	Drip Dispersal	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1 # Lines	5	Linear Ft 400 Ft	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36" Trench Bottom Depth(Low side)	36"	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

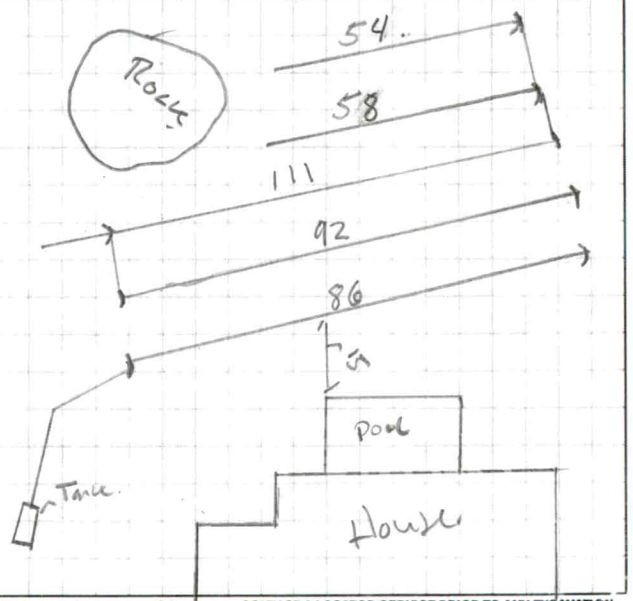
Comments / Conditions: Divert Surface/Storm water away from Septic.

This permit was redrawn to move house back & install pool.
Site plan appears to work w/ Septic - keep house where shown on site plan, pool must be marked at time of septic installation

INITIAL SITE SKETCH

See attached, approved Site plan by Michael Athanas & Assoc. (dated 4/29/2020)

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: Acceptance of Permit Recvd | Date: 5.20.2020 | Installed by: Speedway Septic

IMPROVEMENT PERMIT by: Maria Dotson | Date: 5/19/2020 | OPERATION PERMIT by: [signature] | Date: 8-31-2022

AUTHORIZATION TO CONSTRUCT by: D. Mebane | Date: 10/19/21 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3702 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

3x2
80.85
27.3
92
86.

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 302283

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SUBDIVISION: Ridgewalk | SECTION: | LOT # 12 | LOT AREA: 3.547 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

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

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

Comments / Conditions: Divert Surface/Storm water away from Septic.

This permit was redrawn to move house back & install pool.
Site plan appears to work w/ Septic - keep house where shown on site plan, pool must be marked at time of septic installation

INITIAL SITE SKETCH

See attached, approved Site plan by Michael Athanas & Assoc. (dated 4/29/2020)

AS BUILT SKETCH

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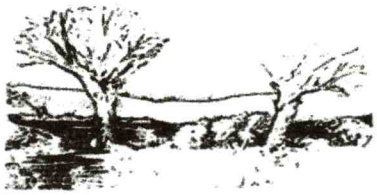
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Acceptance of Permit Recvd Date: 5.20.2020 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 5/19/2020 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Mebane Date: 10/19/21 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.



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
4/29/2020

Approved
5/19/2020
MS

Reference: Data Sheet for 147 Broad Birch Dr, Ridgewalk Lot 12
House Footprint: See attached plan
Building Setbacks: 134' front, 15' side, 35' rear
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: 25% Reduction
Proposed Repair System Type: Drip Dispersal
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24-36"

Line	Design Length	Actual Length
Pink 1	85'	100'
White 2	80'	80'
Orange 3	80'	80'
Blue 4	75'	75'
Yellow 5	50'	50'
White 6	30'	30'



Initial System: 400' **Repair System:** 4000 FT^2

Comments:
MA&A have adjusted the initial system and defined a new repair area to make room for moving the house back and a pool. The initial system is still in the previously approved soil area.

PROPERTY ID #: 4664963150_
COUNTY: __IREDELL_

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved
5/19/2020 mj

OWNER: Craig Bakstad_____ APPLICATION DATE_____
ADDRESS: 103 Masthead Ct, Mooresville, NC 28117_____ DATE EVALUATED: _____
PROPOSED FACILITY: __4 BDRM___ PROPOSED DESIGN FLOW (.1949): _480 GPD___ PROPERTY SIZE: _3.547 AC_____
LOCATION OF SITE: 147 Broad Birch Dr, Ridgewalk 12_____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X 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 12%	0-10	Br CL WSBK	FR SS SP SXP	N/A	53"	N/A	N/A	PS 0.3
		10-40	R C SBK	FR SS SP SXP					
		40-53	R CL WSBK	FR SS SP SXP					
PIT 2	LS 12%	0-20	R C SBK	FR SS SP SXP	N/A	35"	F-C SAP	N/A	PS 0.3
		20-35	R CL WSBK	FR SS SP SXP					
		35"	HARD SAP						
PIT 3	LS 8%	0-4	FILL		N/A	40"	F-C SAP PS	N/A	PS 0.3-0.4
		4-14	R C SBK	FR SS SP SXP					
		14-40	R CL WSBK	FR SS SP SXP					
		40-61	VER SL SAP M	FR SS SP SXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT^2	4000 FT^2
System Type(s)	25% Reduction	DRIP
Site LTAR	0.3	0.125

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

COMMENTS:_____
_____

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, CRAIG BAKSTAD, am the legal owner(s) of the property located at 147 BROAD BIRCH DR. DAVIDSON NC, 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.

5-1-2020 5-1-20

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

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Z:Shared/EH_Admin/Forms/OSWP/Document to Authorize

$350 Exp. Rev. Re-Lo

RECEIVED MAY 12 2020

AP-302283 $350.00

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: Craig Bakstad **Address:** 103 Masthead Ct, Mooresville, NC **Zip:** 28117

Applicant Email: CBAKstad@gmail. **Phone:** 704-657-0240 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 147 Broad Birch Dr

Subdivision Name: Ridgewalk **Section/Phase:** _____ **Lot Number:** 12

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: Accepted

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

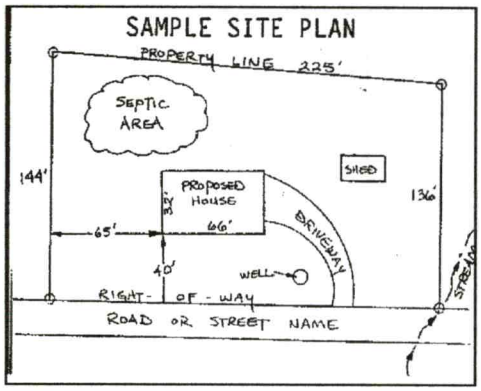
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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)

4/30/2020

DATE

IREDELL COUNTY · NC

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

APPLICATION NUMBER
302283 Issue Date: 05/11/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4664963150.000	147 BROAD BIRCH DR	Iredell County

Owner Information	Applicant Information
Name: RIDGE WALK LLC	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
,	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	50	15	15	N/A	YES

Remarks
Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

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.

Date: 05/11/2020

Signature of Owner/Contractor

Permit Number	302283	TOTAL FEES:	

~~220174~~

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

302283

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? ___ and stories?___

Please describe project (Details, Purpose, or Use): _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Craig Bakstad Phone # _____

Owner's Current Address 103 Masthead CT Mooresville, NC 2847

Property Information

Property Address 147 Broad Birch Parcel # 4664 96 3150

Subdivision: Ridge Walk Lot: 12 Zoning:____ Watershed: Y / N Flood Plain: Y / N Township:_____

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Michael Athens & Assoc Applicant's Phone # _____

Applicant's Address 561 Ennis Rd Wedington, NC 28173

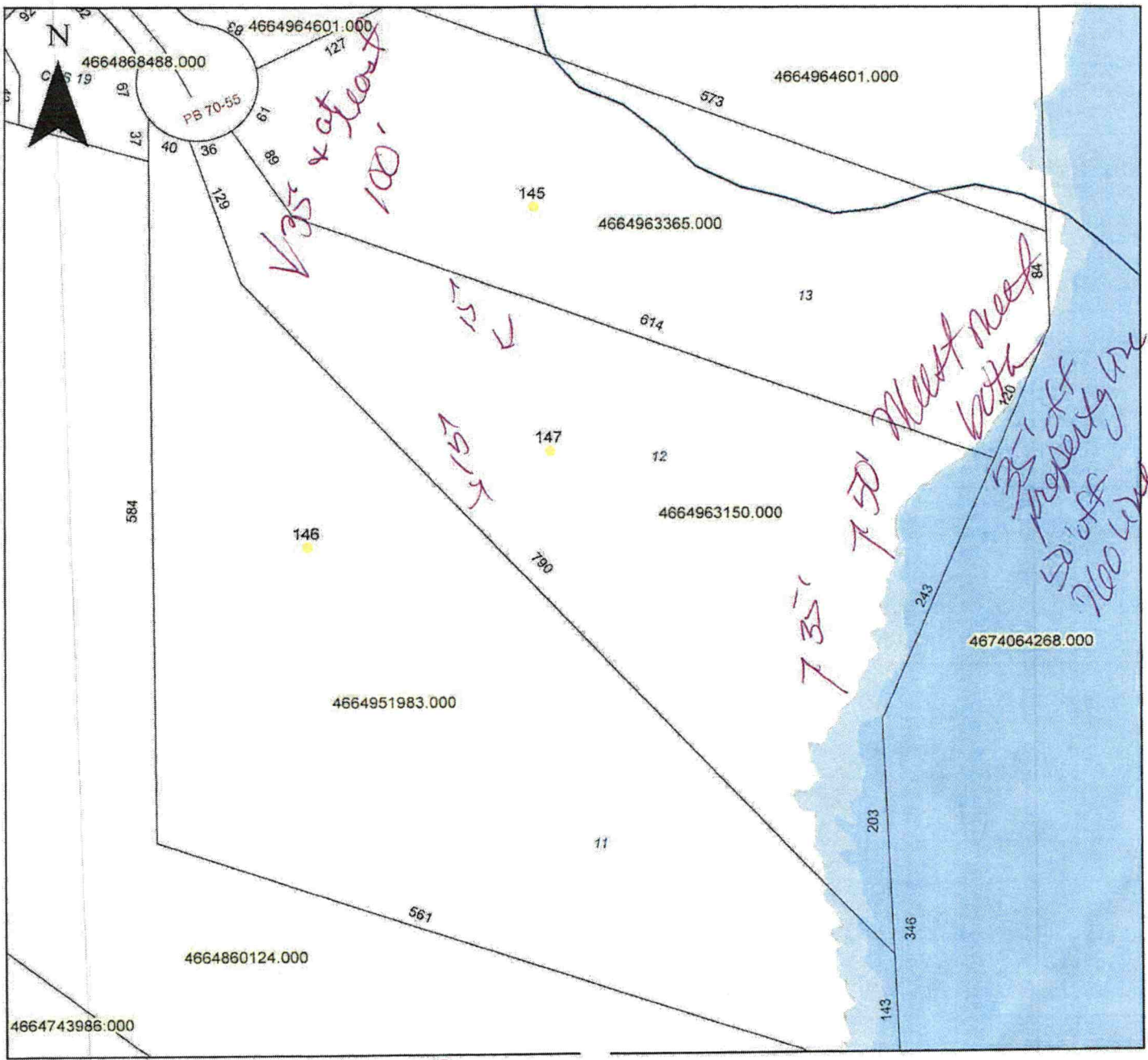
If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT _____ DATE 5/11/2020

WS-ND FL-Y 3.541 RA

ZONING DISCLAIMER

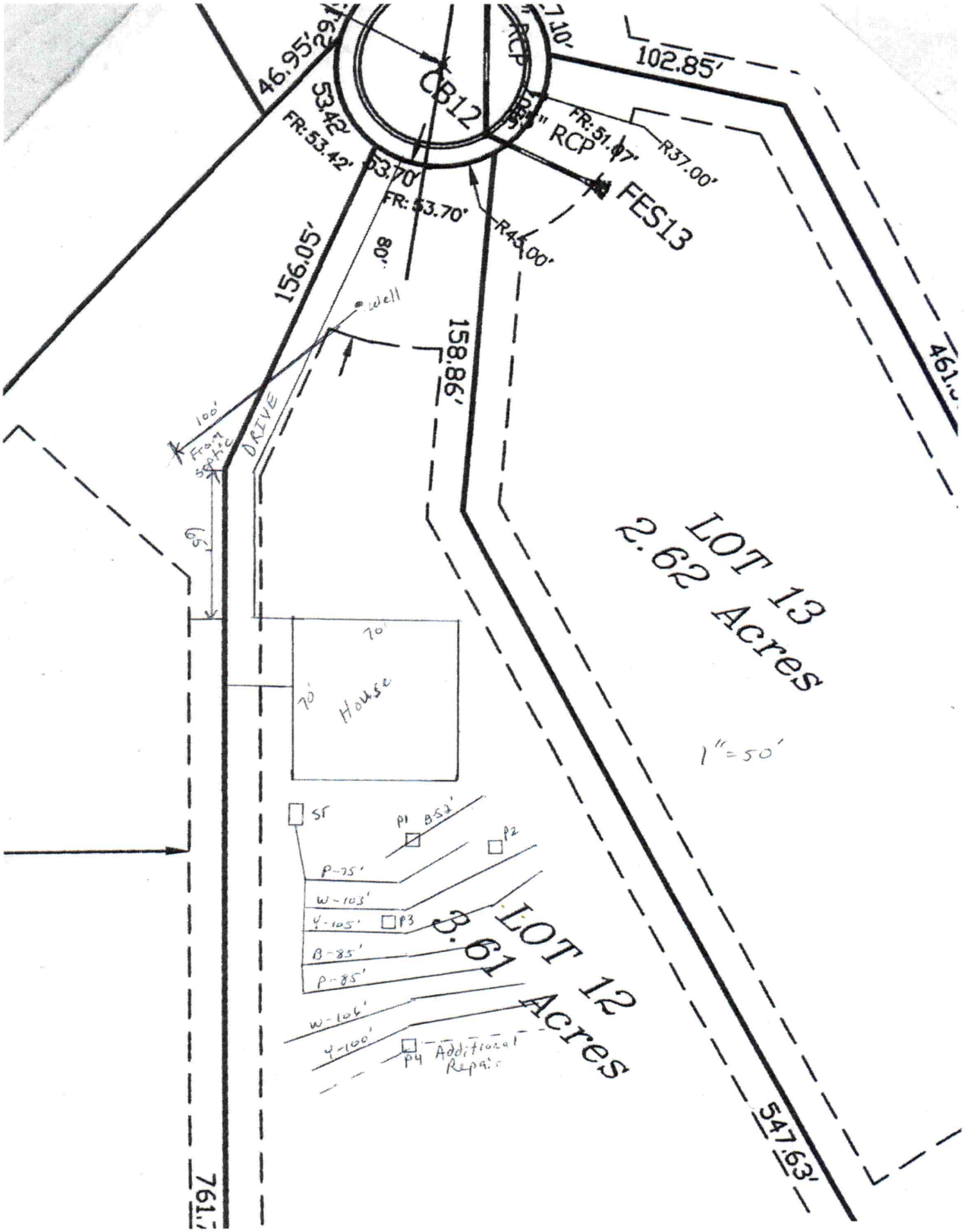


Property Address 147 Broad Birch Dr.

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

5/11/2020
Date


CB12
FES13
46.95'
53.42'
FR: 53.42'
53.70'
FR: 53.70'
R45.00'
102.85'
FR: 51.07'
R37.00'
156.05'
158.86'
Well
100' From Septic
DRIVE
65'
70'
70'
House
LOT 13
2.62 Acres
1"=50'
LOT 12
3.61 Acres
SF
P1 B52'
P2
P-75'
W-103'
Y-105'
P3
B-85'
P-85'
W-106'
Y-100'
P4 Additional Repairs
547.63'
761.7'