IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180964

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

PIN # 4666497354.5

APPLICANT: Peachtree Res, LLC APPLICANT ADDRESS: P.O. Box 39 Cornelius, NC 28031

SITE ADDRESS: 123 Overlook Ridge Davidson, NC PHONE: ALT. PHONE: 704 928 9215

SITE DIRECTIONS: Shearers Rd S TL Anniston Way TR Burnell TL Walking Horse TR Overlook Ridge on LH

SUBDIVISION: Anniston SECTION: IV LOT # 157 LOT AREA: .9Ac DESIGN FLOW: 600 L.T.A.R.: .3

Septic Tank 1500 (gal) STB 444 Date 1-26-17
Pump Tank 1500 (gal) PT 444 Date 1-26-17
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 500'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Pump-PM-25% Reduction
Repair System Description: PPBPS
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 5
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

3/7/17 Checked tanks, drainlines & supply line

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc. (dated 11/7/16, approved 12/6/16)

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	3/7/17	MD
Tanks Checked	3/7/17	MD
Pressure Manifold or Valve Box Checked	4/19/17	BA
Pressure Head Set		BA
Electrical Checked		BA
Floats Set		BA
Alarm Checked		BA
Maintenance Contract Y / (N)		
Comments: Supply line	3/7/17	MD

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**

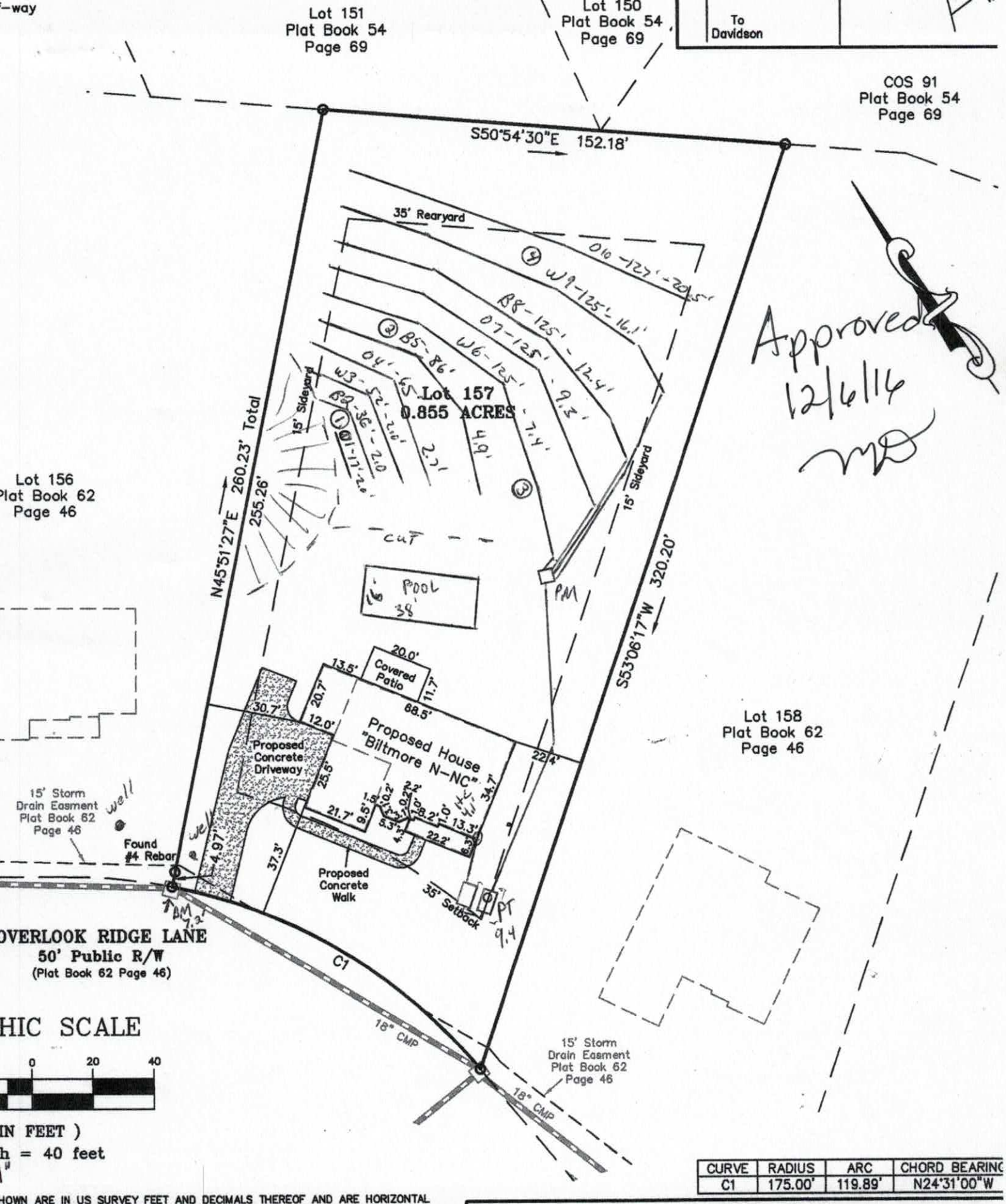
☐ **IMPROVEMENT PERMIT** *with plat* valid without expiration. ☐ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☐ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 3-6-17 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Maria L Thoen Date: 12/6/16 OPERATION PERMIT by: BA Date: 4-19-17

AUTHORIZATION TO CONSTRUCT by: Maria L Thoen Date: 12/6/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK



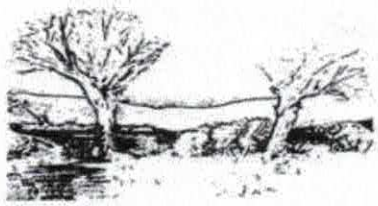
CURVE	RADIUS	ARC	CHORD BEARING
C1	175.00'	119.89'	N24°31'00"W

HOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL
NLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.

S BASED ON PLAT BOOK 62 PAGE 46 AND DEED BOOK 2347 PAGE 699 AS
EDELL COUNTY REGISTER OF DEEDS.

PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE
UBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE
ITIONS NOT OBSERVED OR SHOWN HEREON.

PLOT PLAN
LOT 157 - ANNISTON SUBDIVI
PHASE 4 MAP 2
PLAT BOOK 62 PAGE 46



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

Reference: Data Sheet for 123 Overlook Ridge Ln., Anniston 157
House Footprint: See attached
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 5/600 GPD
Predetermined LTAR: 0.3 GPD/FT2 (ICHD)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 218.8 gallons
Pump Run Time: 7.7 minutes
Elevation Head: 7'
Friction Head: 2'
Pressure Head: 2'
Total Dynamic Head: 11'
Supply Line Length: 105' of 2" PVC
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 24-36"

Approved
MD
12/6/16

Line	Design Length	Actual Length	Elevation
Orange 1		17'	2.0'
Blue 2		36'	2.0'
White 3		52'	2.0'
Orange 4		65'	2.7'
Blue 5		86'	4.9'
White 6	**125'**	**160'**	**7.4'**
Orange 7	**125'**	**142'**	**9.3'**
Blue 8	**125'**	**136'**	**12.4'**
White 9	**125'**	**125'**	**16.1'**
Orange 10		127'	20.5'

Approved
12/6/16
MD

Initial System: 500' **Repair System:** 383'
Pump Tank: 9.4' **House Corner:** 4.1'
Benchmark: 7.2' (top of concrete drain cover)

Comments:
This lot has a current septic permit for five bedrooms. MA&A are proposing to add a pool area. All the soils have been previously approved. We performed soil observations to confirm LTAR. The area around AB 1 has been graded. The repair line are laid out on 8' centers. The pool is marked in red and the tanks in yellow.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet __1__ *of* __1__
PROPERTY ID #: 4664973545_
COUNTY: _Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

Approved 12/6/16 MD

OWNER: Vernon Keith Gargus_____ APPLICATION DATE_____
ADDRESS: 1000 Honors Ct, Marvin, NC 28173_____ DATE EVALUATED: _____
PROPOSED FACILITY: _5 BDRM_____ PROPOSED DESIGN FLOW (.1949): _600 GPD____ PROPERTY SIZE: __0.855 AC_____
LOCATION OF SITE: 123 Overlook Ridge LN_, Anniston Lot 157_____ 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)		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 0-1%	0-18	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3+
		18-48	R CL WSBK	FR SS SP SEXP					
2	LS 25%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		4-28	R C SBK	FR SS SP SEXP					
		28-48	R CL WSBK	FR SS SP SEXP					
3	LS 13%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	60"	F-C SAP	N/A	PS 0.3
		4-36	R C SBK	FR SS SP SEXP					
		36-60	R CL WSBK	FR SS SP SEXP					
4	LS 30%	0-6	Br SCL	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		6-36	R C SBK	FR SS SP SEXP					
		36-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1500 FT2	766 FT2
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: _____

COMMENTS:_____

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Anniston, LLC
ADDRESS: Lot 157 Anniston — APPLICATION DATE ___
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 600gpd — DATE EVALUATED: 8/25/13
LOCATION OF SITE: ___ — PROPERTY SIZE: ± 0.86
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___ — PROPERTY RECORDED: ___
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
3 1	L/16%	0-5	BR cl wsbk	Fr SS SP SE XP		48	—	—	PS 0.3
		5-48	Rc wm sbk	Fr SS SP SE XP	-mf sap				
3 2	L/8%	0-8	BR l-cl wsbk/gr	Fr SS SP SE XP		48	—	—	PS 0.3
		8-26	Rc mm sbk	" " " "					
		26-48	Rc wm sbk	" " " "	-f sap				
3 3	L/17%	0-6	B l gr	Fr SS SP SE XP		48	—	—	PS 0.3
		6-13	BR cl wsbk	" " " "					
		13-48	Rc mf sbk	" " " "					
8)	L/9%	0-7	B l gr	Fr SS SP SE XP		48	—	—	PS 0.3
		7-11	RB cl wsbk	" " " "					
		11-30	Rc mm sbk	" " " "	-f sap				
		30-48	Rc l mf sbk	" " " "	-f c sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	PP ~~PS~~
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S Ashley Rollins
OTHER(S) PRESENT: ___

COMMENTS: ___

RECEIVED NOV 18 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

180964
Paid $350.00 / Pd $500.00
Comprehensive Redraw 3-7-17

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: (X) 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:

Mark Benitez 704

Applicant Name: Peachtree Res. LLC **Address:** PO Box 39 Cornelius NC 28031 **Phone:** 928-9215

Owner Name: Vernon Keith Gargus **Address:** 1000 Honors Ct. Marvin NC 28173 **Phone:**

Property Information:

Street Address: 123 Overlook Ridge

Subdivision Name: Anniston **Section/Phase:** _____ **Lot Number:** 157

Driving Directions: Shearers, TL Anniston Way, TR Burnell, TL Walking Horse, TR Overlook Ridge, on Lt

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: _____
(X) 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: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(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 ( ) Modified Conventional (X) Other: Accepted

Please answer the following to the best of your ability:

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) 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: _____ 11/17/2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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 123 Overlook Ridge Anniston 157, identified as PIN (Parcel Identification Number) 4644 97 3545, located in Iredell County, North Carolina.

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

	11/18/2016		11/18/2016
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

IREDELL COUNTY HEALTH DEPARTMENT

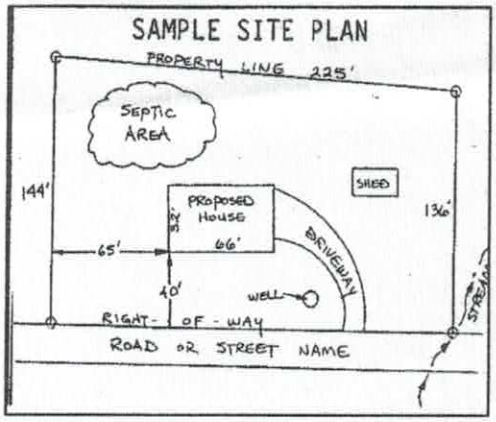
ENVIRONMENTAL HEALTH DIVISION

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

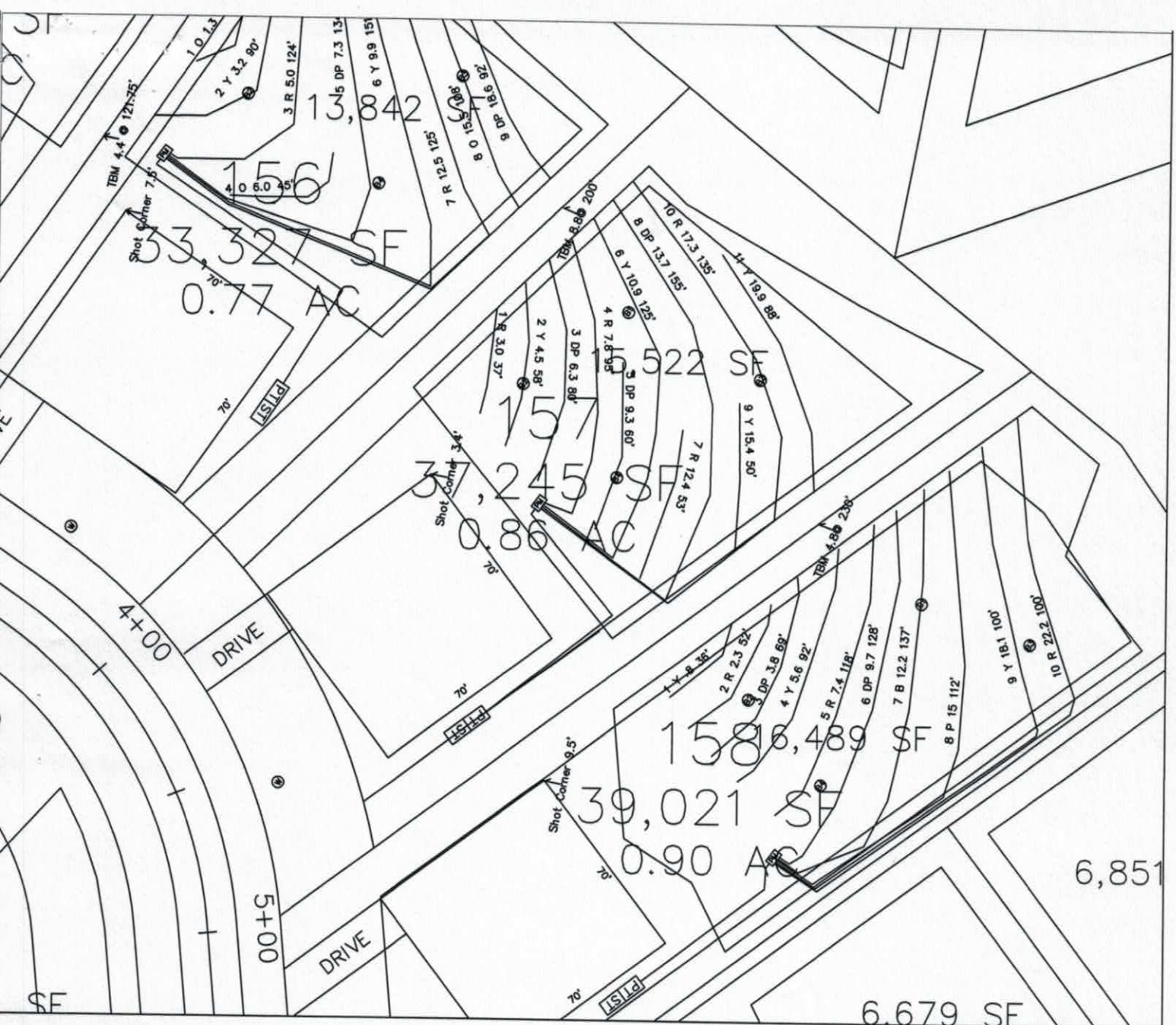
See Attached Plan

Signature: _____

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

11/17/2016

DATE



LEGEND

Areas contain soils with 24 inches or more of useable material and have potential for conventional, modified conventional and low-pressure pipe (lpp) septic systems.

House Footprint

System lines.

Repair lines.

Temporary Bench Mark (TBM)

Well Location. (25) Pit Location.

GRAPHIC SCALE
1" = 50'

50 0 50 100

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

ROLLANS SOIL & ENVIRONMENTAL SERVICES, PA
P.O. BOX 832
MOORESVILLE, NC 28115
PHONE/FAX: (704) 278-0989
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: rollans.ashley@yahoo.com

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: ANNISTON II, LLC / ANNISTON SUBDIVISION

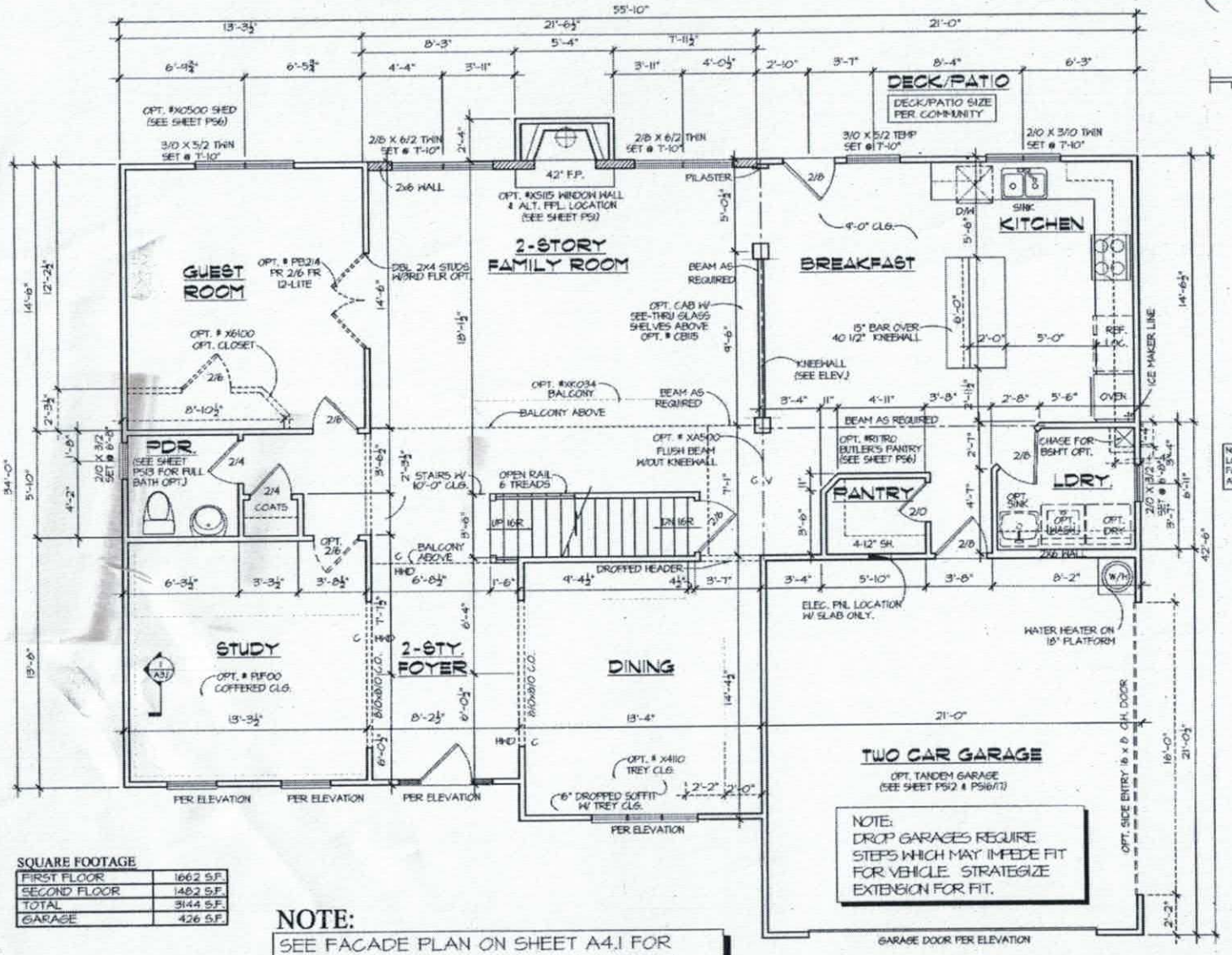
LOCATION/DATE: SHEARER CHAPEL ROAD IREDELL COUNTY, NORTH CAROLINA SEPTEMBER 2013

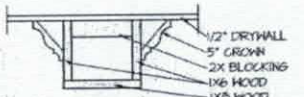
JOB # : 01-1005
FILE: C:\JOBS\01-1005
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.

Acknowledgement of
Plans Submittal ONLY!

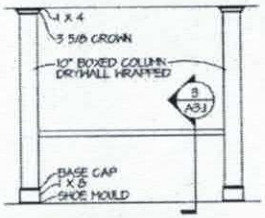
APPROVED SEP 13 2016

Date 9/19/16



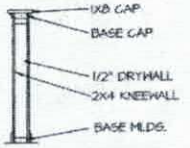


1 COFFERED CEILING
SCALE: 1 1/2" = 1'-0"

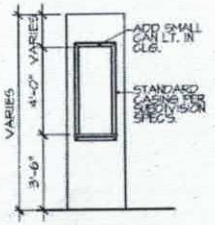


2 ELEV. @ KNEEWALL
SCALE: 1/4" = 1'-0"

NOTE:
LOCATE ENTRY DOOR INTO LDRY. FOR AMPLE ROOM BETWEEN DOOR AND WASHER/DRYER.



3 KNEEWALL SECTION
SCALE: 1/2" = 1'-0"



OPT. NICHE DETAIL
SCALE: 1/2" = 1'-0"

SQUARE FOOTAGE	
FIRST FLOOR	1662 S.F.
SECOND FLOOR	1482 S.F.
TOTAL	3144 S.F.
GARAGE	426 S.F.

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

FIRST FLOOR PLAN

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

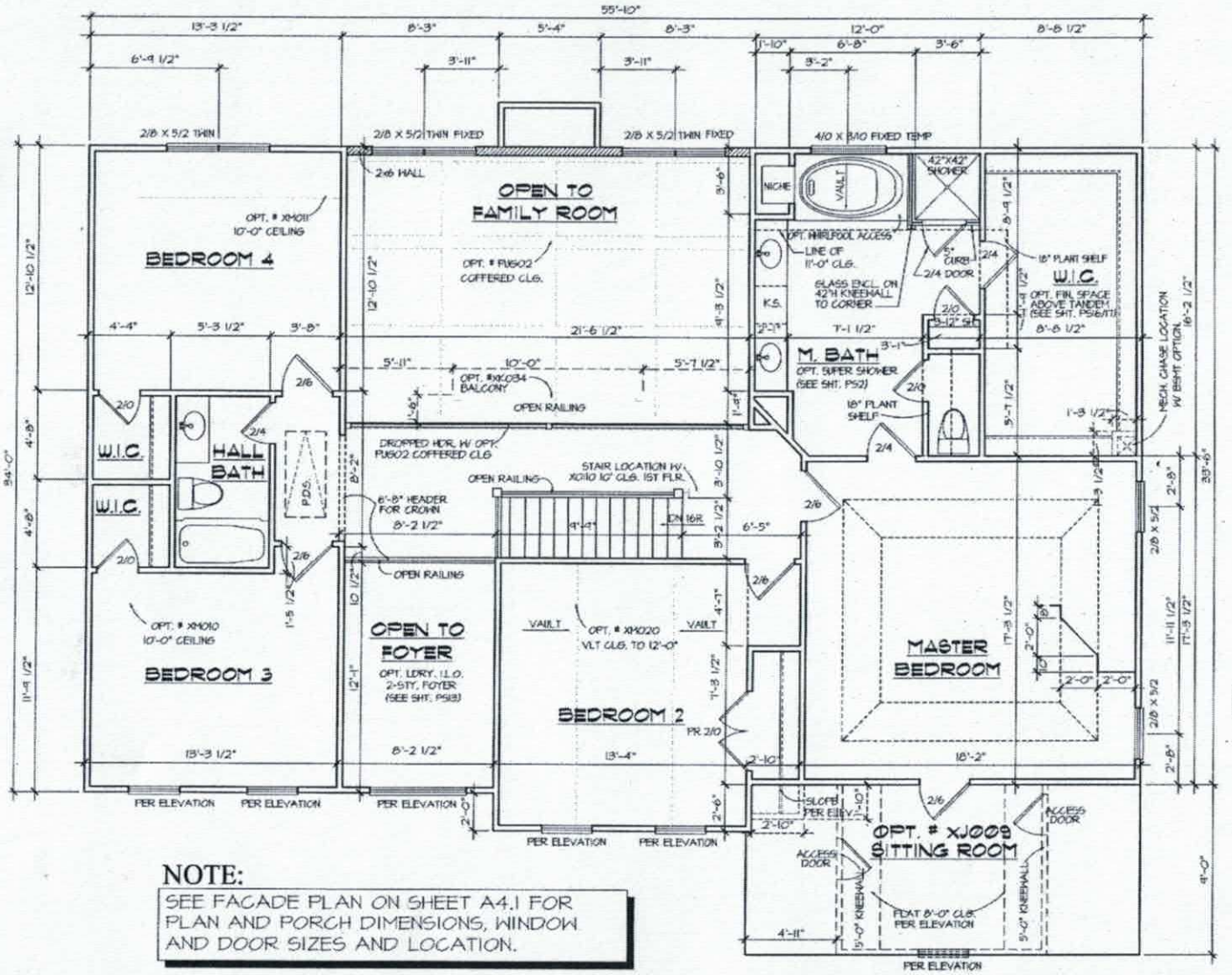
PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7080 McGinnis Ferry Rd. • Suwanee, Georgia 30174
Voice (770) 622-2522 • Fax (770) 622-0171

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: RKB
Date: 05/01/01
Plan No:

Revision:
04/25/06 J.S.
04/24/06 J.S.
03/20/07 - 2148 J.S.
09/26/06-3506
01/13/04-3666

Model Name: BILTMORE
Sheet Title: FIRST FLOOR PLAN
SHEET NO. A3.1



NOTE:

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

SECOND FLOOR PLAN

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

Acknowledgement of Plans Submittal ONLY!

APPROVED SEP 13 20

Date

Date 9/16/16

PEACHTREE RESIDENTIAL PROPERTIES

The Builder Who Listens

7380 McGinnis Ferry Rd. • Suwanee, Georgia 30174
Voice: (770) 622-2522 • 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: RKB

Date: 05/01/01

Plan No:

Revisions: 0312/01-2748 JLS, 082701-3121, 051408-34495, 061808-3508

Model Name: BILTMORE

Sheet Title: SECOND FLOOR PLAN

SHEET NO. A3.2