IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228877

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

PIN # 4715756530

APPLICANT/OWNER: STI LLC / Castlegate LLC APPLICANT ADDRESS: 282 Scotts Creek RD Statesville NC 28625

SITE ADDRESS: 175 Greythorn Drive Statesville NC 28625 PHONE: ~ ALT. PHONE Kathleen Sanders 704-578-4951

SITE DIRECTIONS: Taylorsville Hwy Absher Farm Loop Left on Staffordshire R on Greythorn Lot on Left SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Castlegate SECTION: — LOT # 45 LOT AREA: .460 Acres DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 825 Date 8-14-17

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines 4 Linear Ft 300

Trench Width ____ Trench Bottom Depth(Low side) ____ Gravel Depth ____

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction LP PPBPS.

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees ____

☑ Slab ☐ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install as shown on attached Site Design. Installed Quick 4 as drawn

INITIAL SITE SKETCH

See Attached
Site Design by
The Oaks Group
Lss
#1313 Kathleen Sanders

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: Kathleen Sanders Date: 8/1/17 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Benjamin A Botts Date: 7/26/2017 OPERATION PERMIT by: Marian Dotson Date: 11/22/17

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botts Date: 7/26/2017 Existing System Inspected by: ____ Date: ____

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228877

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Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction			
Pump Make			Model		Serial #		Repair System Description:	50% Reduction LP PPBPS.			
# Nitrification Fields	1	# Lines	4		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width		Trench Bottom Depth(Low side)			Gravel Depth		☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	3	Water Supply		
☐ Business	No. Persons	6	☐ Private		
☐ Other	No. Employees		☒ Public		
☒ Slab	☐ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Install as shown on attached Site Design.

INITIAL SITE SKETCH

See Attached
Site Design by
The Oaks Group
LSS
#1313 Kathleen Sanders

AS BUILT SKETCH

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☐ **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: Kathleen Sanders Date: 8/1/17 Installed by:

IMPROVEMENT PERMIT by: Benjamin A. Botkin Date: 7/26/2017 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Botkin Date: 7/26/2017 Existing System Inspected by: Date:

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Map Book: 54 at Page: 98-100 as recorded in the Iredell County Register of Deeds.

3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

4) Area by coordinate method.

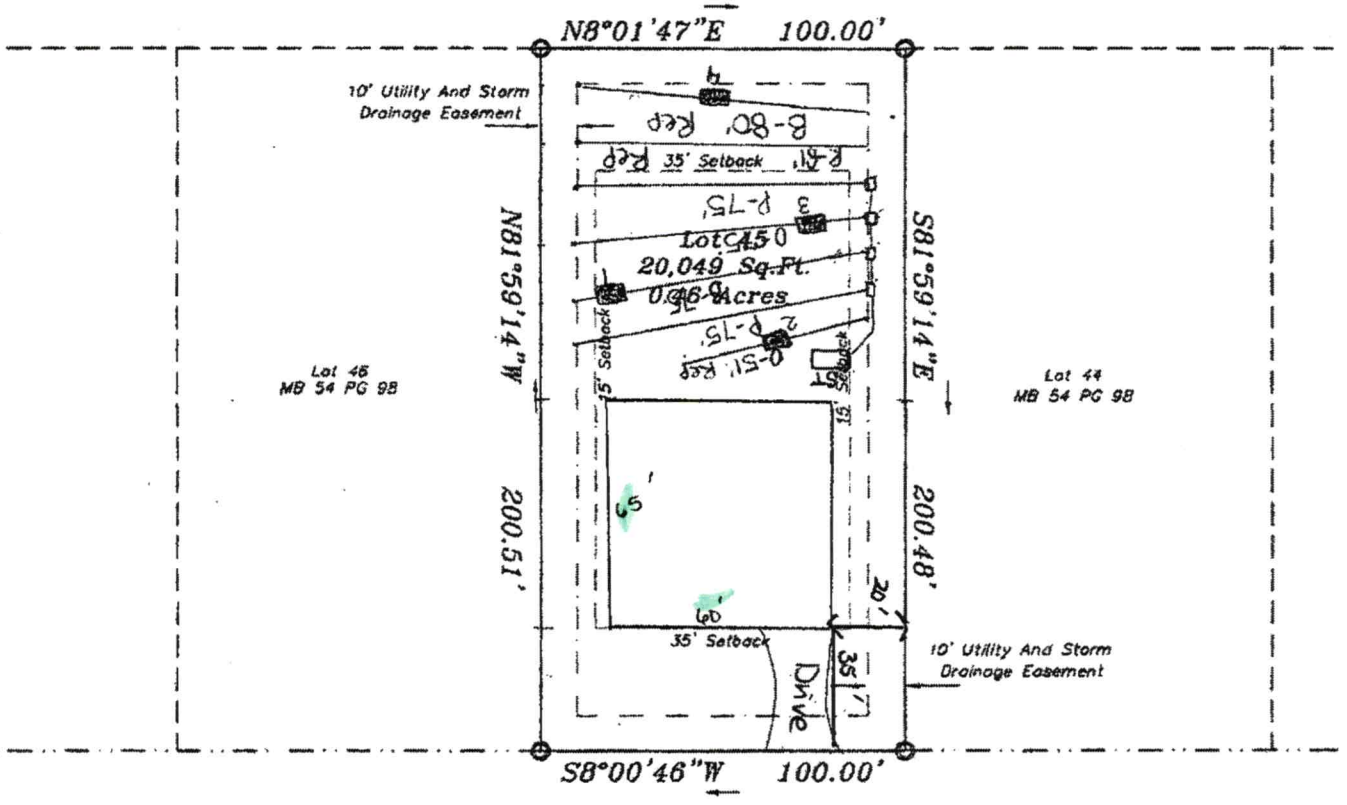
5) This survey is of an existing parcel of land.

Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
B.O.C. = Back of Curb
~ = Not to scale
= Telephone Pedestal
= Utility Pole
= Cable Pedestal
= Calculated Point

P.B. 54, PG. 98

N/F
Coleman Absher
DB 796 pg 773



Greythorn Drive

50' Public R/W

GRAPHIC SCALE

50 0 25 50 100 200

(IN FEET)

1 inch = 50 ft.

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 175 Graythorne Road

Date: July 25, 2017

Attached is the septic specification information required to permit the 175 Graythorne for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.

Kathleen Saunders

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Lot 45 Castlegate Fast Track - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Concrete Slab/Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (High Side)	36"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	211
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Orange	LP PPBPS	51
2	System	Pink	25% Reduction	75 endfed
3	System	Blue	25% Reduction	75 endfed
4	System	Orange	25% Reduction	75 endfed
5	System	Pink	25% Reduction	75 endfed
6	Repair	Red	LP PPBPS	80
7	Repair	Blue	LP PPBPS	80
				Total System: 300'
				Total Repair: 211'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion

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

Sheet 1 of 1
PROPERTY ID #: Iredell
COUNTY:

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

OWNER: STI LLC
ADDRESS: 282 Scott Creek Rd Statesville
PROPOSED FACILITY: SFR
LOCATION OF SITE: Lot 45
APPLICATION DATE: 7/25
DATE EVALUATED: 7/24
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.46 Ac
PROPERTY RECORDED: yes

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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 3-5%	0-10	mo GR SL L	FR ss/sp	BR	35"	PS	N/A	0.3
		10-17	mo SBK C		R				
		17-35	wk SBK CL		R, CSap mult.				
		35-48	MA FSL Sap						
2	L 3-5%	0-22	mo SBK C		R	48+	N/A	N/A	0.3
		22-48	wk SBK CL		R, m Sap				
			* Fi Sap	view @ 23'					
3	L 3-5%	0-20	mo SBK C		R	48+	N/A	N/A	0.3
		20-48	wk SBK CL		R, m Sap				
4	L 3-5%	0-29	mo SBK C		R	48+	N/A	N/A	0.3
		29-48	wk SBK CL		R				
			* large rock inside wall						

non Sap observed Sap Invert water @ 35

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	LPPPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS/ELH
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

RECEIVED JUL 2 5 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00
#228877

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: APPLICATION FORM

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repai

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 fee

Applicant Information: Contact Kathleen Saunders (704) 578-4951

Applicant Name: STI LLC **Address:** 282 Scotts Creek Rd Statesville NC **Phone:**

Owner Name: same **Address:** **Phone:**

Property Information:

Street Address: 175 Greythorn Dr Statesville NC

Subdivision Name: Castlegate **Section/Phase:** **Lot Number:** 45

Driving Directions: Taylorsville Hwy, Absher Farm Loop, L on Staffordshire Dr, R on Greythorn, lot on left

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbin

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (X) 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 (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: Emma Helt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/25/17
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Ray Short, am the legal owner of the property located at 115 Greythorn Dr Statesville, identified as PIN(Parcel Identification Number) 4715-75-6530, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — Date: 7/25/17

Signature of Witness — Date

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

X Property Line measurements are clearly identified...

X All proposed structures are indicated...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

X Front and side setbacks from property line...

X Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

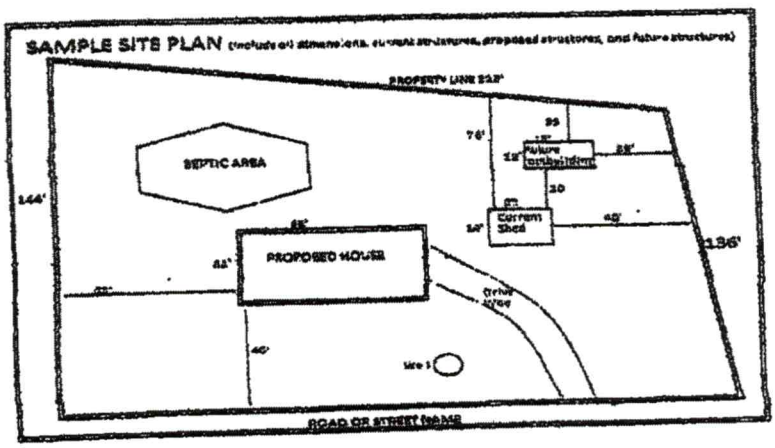
X North arrow, or other sufficient indicator of direction...

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)



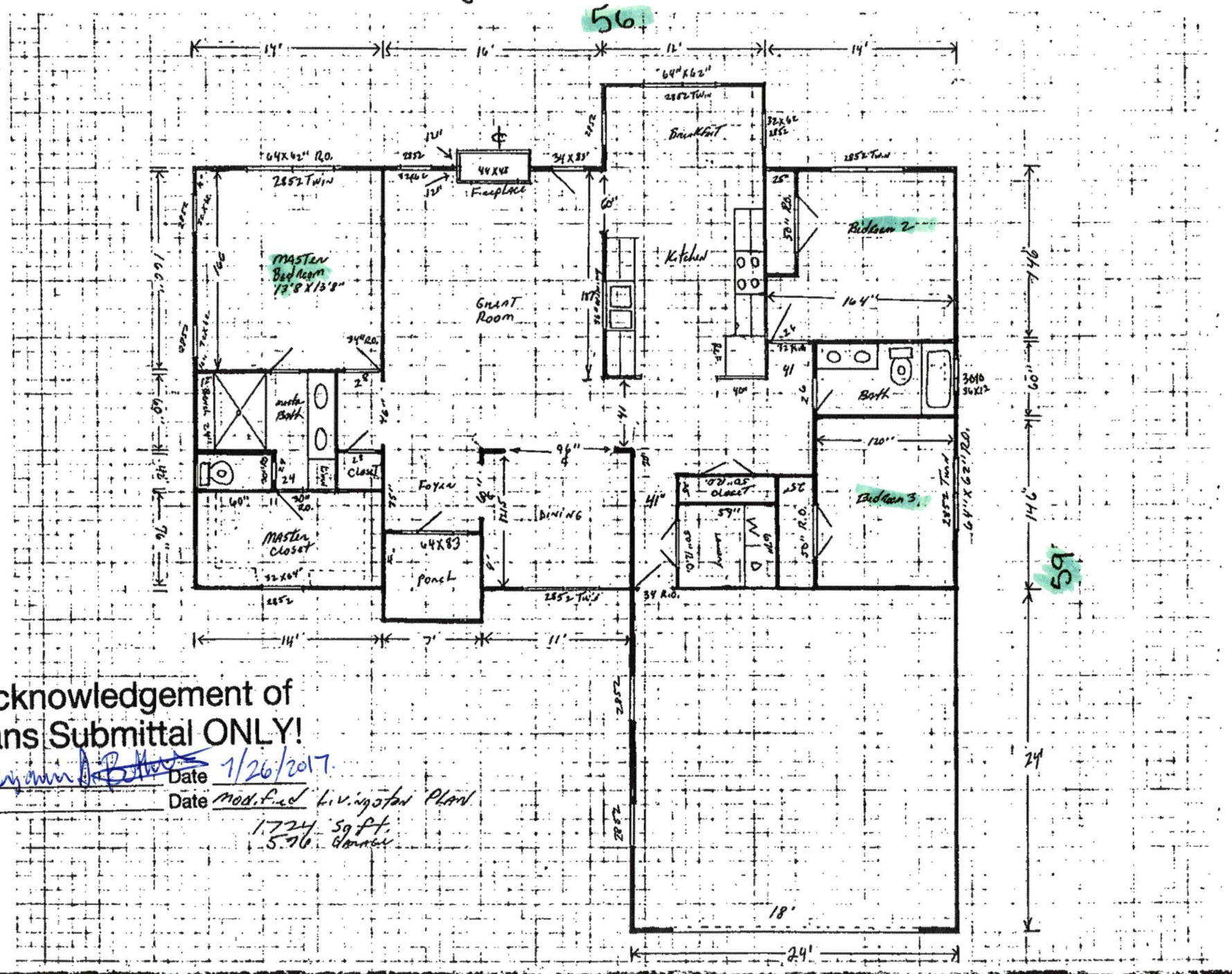
USE THIS SPACE TO DRAW YOUR SITE PLAN

Please see attached site plan

Signature: Emma Hall *...or representative signature.*

7/25/17
DATE

Lot 45 Castlegate



Acknowledgement of Plans Submittal ONLY!

Benjamin A Butters Date 1/26/2017

Date modified Livingston PLAN

1,724 sq ft.

5.16 Garage

IREDELL COUNTY

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

APPLICATION NUMBER
228877
Issue Date: 07/24/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4715756530.000	175 GREYTHORN DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CASTLEGATE LLC	Applicant: KATHLEEN SAUNDERS
Address: 282 SCOTTS CREEK RD STATESVILLE, NC 28625	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.460	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	109939	TOTAL FEES:	$ 77.25