IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232901

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

PIN # 4715759724

APPLICANT/OWNER: Castlegate LLC APPLICANT ADDRESS: 282 Scotts Creek Dr Statesville, NC 28625

SITE ADDRESS: 184 Greythorne Dr Statesville, NC PHONE: 704 578-4951 ALT. PHONE

SITE DIRECTIONS: I-40 TR 64 TR 90 TL Absner Farm LP TL Staffordshire TR Greythorne on right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Castlegate SECTION: — LOT # 36 LOT AREA: .46 Acre DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	825	Date	2-3-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	302	Date	2-14-18	System Description:	Pump-PM-25% Reduction			☐ Business	No. Persons 6
Pump Make	Zoeller	Model	N152	Serial #		Repair System Description:	LP PPBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	300 ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth (~~Low side~~) max		24"	Gravel Depth N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

See attached, approved Septic Plan by The Oaks Group, PA (dated 4/16/18)

AS BUILT SKETCH

Tanks and lines installed as permitted. Tanks 12' off House

	Date	Initials
Drain Lines Checked	3-27-19	
Tanks Checked	3-27-19	
Pressure Manifold or Valve Box Checked	3-27-19	
Pressure Head Set	3-27-19	
Electrical Checked	4-3-19	CC
Floats Set	3-27-19	
Alarm Checked	4-3-19	CC
Maintenance Contract Y (N)	not Required	

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: [signature] Date: 4/27/18 Installed by: Rayn Septic

IMPROVEMENT PERMIT by: [signature] Date: 4/20/18 OPERATION PERMIT by: Carla C. Cave Date: 4/3/19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 4/20/18 Existing System Inspected by: Date:

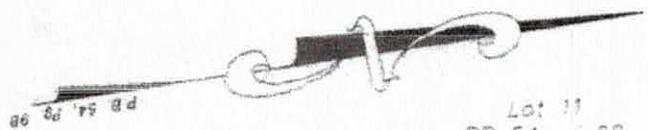
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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
—v— = Not to scale
= Telephone Pedestal
= Utility Pole
= Cable Pedestal
= Calculated Point



Lot 11
PB 54 pg 98

Lot 12
PB 54 pg 98

Lot 13
PB 54 pg 98

BM 3.12

S8°00'46"W 100.00'

10' Utility And Storm Drainage Easement

Approved
4/20/18

Lot 37
MB 54 PG 39

MD

75' Setback

60' R&P

75

75

7s Lot 36
20,000 Sq.Ft.
0.46 Acres

74 R&P

53 R&P

24 R&P

15' Setback

25' Setback

S82°15'48"E 200.00'

N82°15'48"W 200.00'

51'

5.31

51'

12'

15

35'

Drive

10' Utility And Storm Drainage Easement

N8°00'46"E 100.00'

B- 2.19
P - 2.74
B - 3.4
P - 3.86
R - 4.53
B - 5.17
O - 5.73

Lot 35
MB 54 PG 98
P - 6.75

T - 8.46

Greythorn Drive
50' Public R/W

GRAPHIC SCALE

50 0 25 50 100 200

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 184 Greythorn Drive

Date: April 16, 2018

Attached is the septic specification information required to permit 184 Greythorn Drive 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.

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

Kathleen Saunders

Approved
4/20/18

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Pink	LP PPBPS	34	6.75
2	Repair	Orange	LP PPBPS	53	5.78
3	Repair	Blue	LP PPBPS	74	5.17
4	System	Red	25% Reduction	75 endfed	4.53
5	System	Pink	25% Reduction	75 endfed	3.86
6	System	Blue	25% Reduction	75 endfed	3.4
7	System	Pink	25% Reduction	75 endfed	2.74
8	Repair	Blue	LP PPBPS	60	2.19
				Total System: 300'	
				Total Repair: 221'	

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000	8.46
House	blue		5.31

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD

Watertree Lot 36 Fast Track Septic Spec Sheet

~~Number of Bedrooms~~	3
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	~~480~~ 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.
Max Trench Depth	24"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	145' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 12.3'
Pressure head	2.0'
Friction head	1.2'
20% Contingency	3.1'
Total Head	18.6'
Pump Requirements	22 gpm @ 18.6' of head To be designed by installer.
Maximum Dosing Volume	180 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	8.2
Repair System	**LP PPBPS**
Total Linear Feet	221
Repair Loading Rate	0.3

Approved
4/20/18
MD

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

Approved 4/20/18 MD

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Castlegate LLC
ADDRESS: 7271 Long Island Rd Catawba NC
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Lot 36 Castlegate
APPLICATION DATE
DATE EVALUATED: 3/27/18
PROPERTY SIZE: 0.46
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5%	0 - 19	mo SBK C	FR SS/SP	R	32"	PS	N/A	0.3
		19 - 32	WK SBK CL	↓	R; F/C sap multi				
		32 - 50	MA L sap	↓					
2	L 10%	0 - 21	WK SBK CL	FR SS/SP	R; F/C sap multi	21"	PS	N/A	0.35
		21 - 60	MA L SAP	↓					
3	L 5%	0 - 22	mo SBK C	FR SS/SP	R	43"	PS	N/A	0.3
		22 - 43	WK SBK CL	↓	R; C sap multi				
		43 - 60	MA L sap	↓					
4	L 5%	0 - 21	mo SBK C	FR SS/SP	R	32"	PS	N/A	0.3
		21 - 32	WK SBK CL	↓	R; C sap multi				
		32 - 60	MA L sap	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III g	IV
Site LTAR	0.3	0.3

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

COMMENTS:

RECEIVED APR 16 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $850.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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.

#232901

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) Contact Kathleen Saunders 7045754951

Applicant Name: Castlegate LLC Address: 282 Scotts Creek Dr Statesville Zip: 28625
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 184 Greythorn Drive Statesville NC 28625
Subdivision Name: Castlegate Section/Phase: _____ Lot Number: 36
Driving Directions: Rt. 64, Rt 90, Left Absher Farm Loop Left Staffordshire Dr Rt. Greythorn Dr Property is on Rt.

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

(X) 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: 3
Maximum Number of Occupants: 6 max
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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 (X) 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: _____ 1-24-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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 184 Greythorn Dr, identified as PIN(Parcel Identification Number) 4715 75 9724, 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.

_____ 4-16-18
Signature of Owner Date

_____ _____
Signature of Witness Date

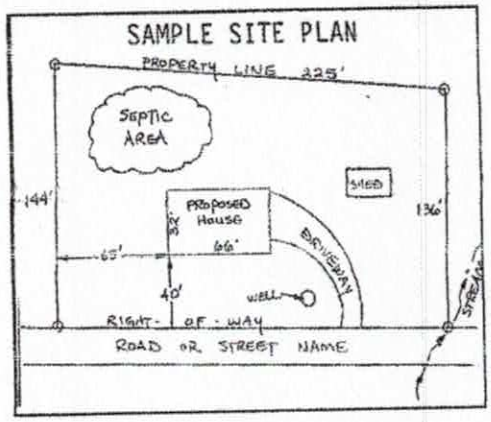
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system 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

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

Please see attached site

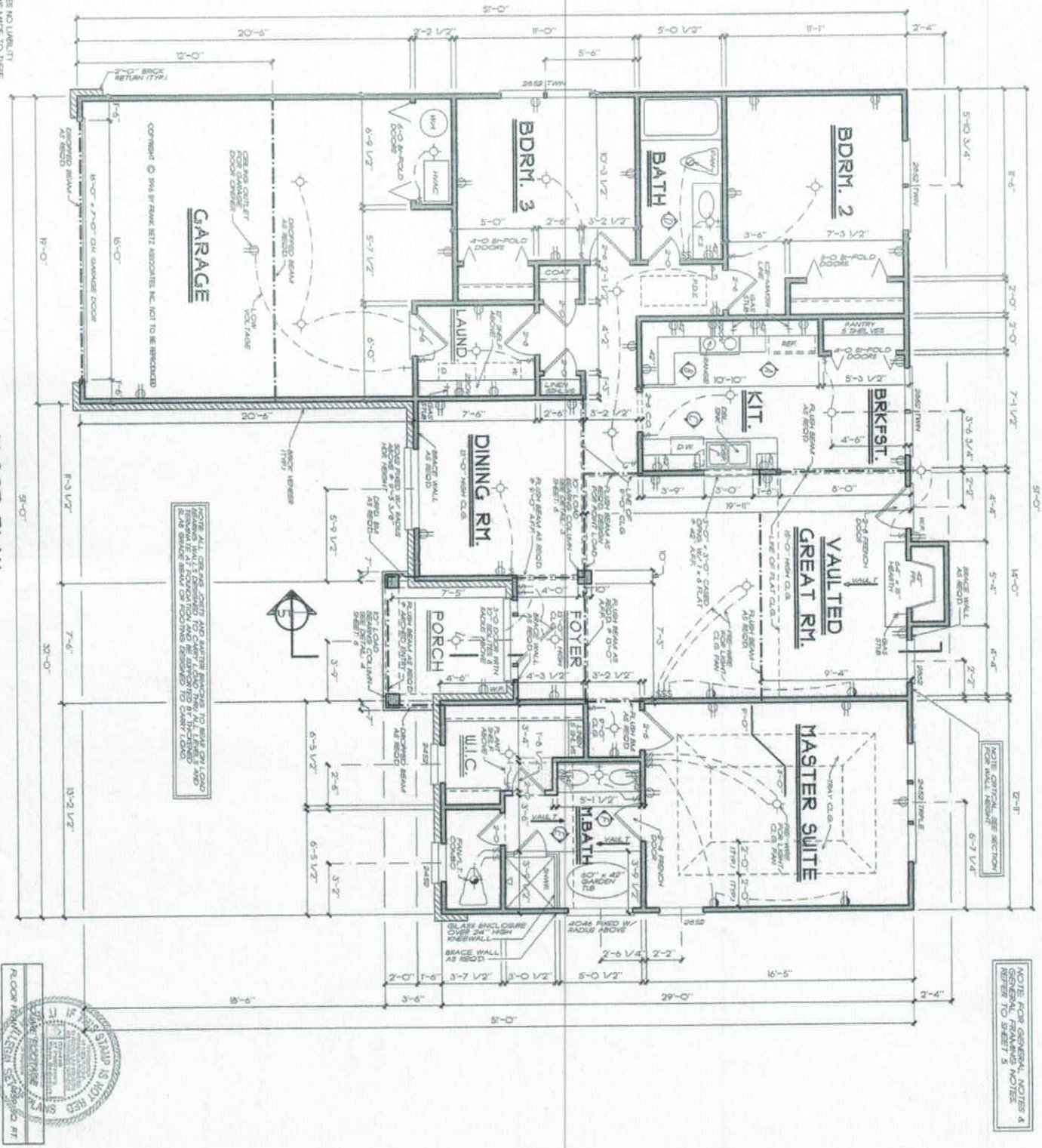
Signature: _____ 1-24-18

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

Acknowledgement of Plans Submittal ONLY!

Approved Date 4-16-18

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.


GARAGE
BDRM. 3
BATH
BDRM. 2
LAUND.
KIT.
BRKFST.
DINING RM.
VAULTED GREAT RM.
FOYER
PORCH
W.I.C.
M.BATH
MASTER SUITE
20'-6"
12'-0"
19'-0"
16'-0" x 7'-0" O.H. GARAGE DOOR
20'-6"
7'-6"
11'-3 1/2"
5'-9 1/2"
7'-6"
32'-0"
13'-2 1/2"
6'-5 1/2"
3'-2"
15'-6"
3'-6"
2'-0"
1'-6"
3'-7 1/2"
3'-0 1/2"
5'-0 1/2"
29'-0"
16'-5"
2'-4"
51'-0"
11'-6"
5'-10 3/4"
7'-1 1/2"
3'-6 3/4"
2'-3"
4'-6"
5'-4"
4'-4"
2'-7"
12'-11"
6'-7 1/4"
14'-0"
5'-0"
2'-2"
2'-6 1/4"
2'-0"
2'-0"
2'-0

IREDELL COUNTY

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

APPLICATION NUMBER
232901
Issue Date: 01/24/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4715759724.000	184 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

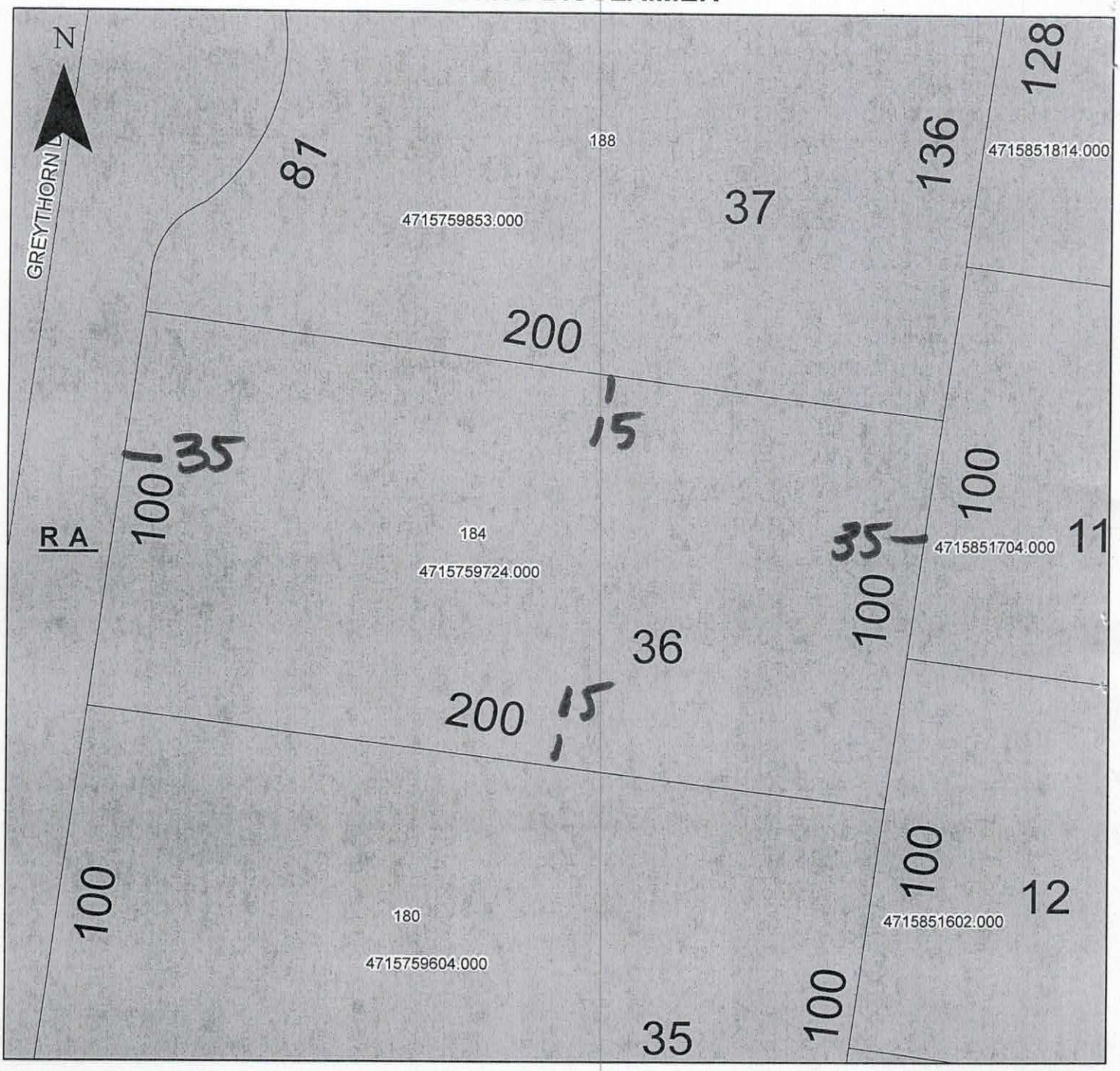
Remarks:

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	126589	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 184 Greythorn 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

Date