ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 309455

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

PIN # 4715 -33 -1908

APPLICANT/OWNER: Castlegate, LLC | APPLICANT ADDRESS: 7271 Long Island Rd Catawba NC

SITE ADDRESS: 199 Castle Pine Drive Statesville NC 28625 | PHONE: — | ALT. PHONE 704-578-4951 (CSS)

SITE DIRECTIONS: RT 64 RT 90 Absher Farm Loop Statesville

SAP CONTROLLED: ☐ YES ☒ NO

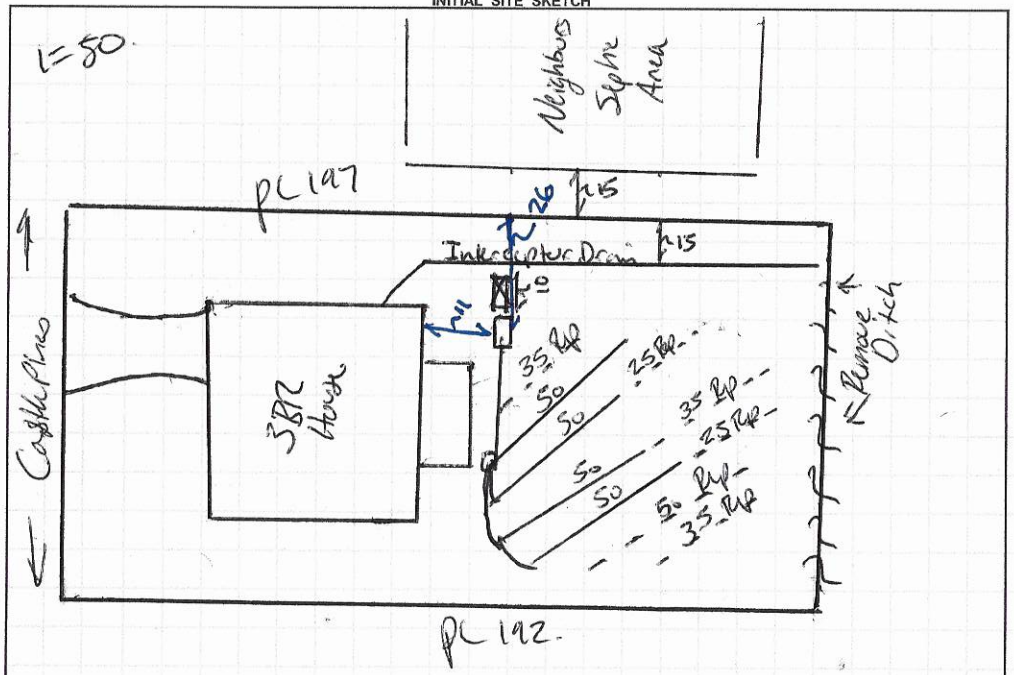
SUBDIVISION: Castlegate | SECTION: — LOT # 68 | LOT AREA: .46 Acres | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB		Date		☐ New System ☒ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Existing	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Tank-Relocation + Interceptor Drain	☐ Other	No. Employees
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft:	EXT	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: * Ditch must be Removed * Interceptor Drain to begin at 48 inches. Tank to be Relocated 10 ft away from Interceptor Drain

INITIAL SITE SKETCH



AS BUILT SKETCH

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

*Still needs interceptor drain installed. Used existing Septic Tank.

10/22/2020* Tank Located 26 Ft from PL used existing Septic Tank *

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: 10/02/20 Installed by: Rawan Septic

IMPROVEMENT PERMIT by: [signature] Date: 10-1-2020 OPERATION PERMIT by: [signature] Date: 11-3-2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10-19-20 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 199 Castle Pines LN

Date: March 31, 2020

Attached is the septic specification information required to permit 199 Castle Pines LN for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell 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, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

Kathleen Saunders

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

Castlegate Lot 68 Septic System Information

Number of Bedrooms	3
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.3
Primary System Type	**PPBPS**
No. Lines	4 (See Table)
Total Linear Feet	200
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth Low Side	30"
Pump Required	No
Distribution Device	Distribution Box
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	30 ft of 2" SCH 40 PVC
Repair System	**LP PPBPS**
Total Linear Feet	200
Repair LTAR	0.3

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Panels
1	Repair	Pink	LP PPBPS	25	
2	Repair	Blue	LP PPBPS	55	
3	System	Red	PPBPS	50 endfed	12
4	Repair	Red	LP PPBPS	25	
5	System	Orange	PPBPS	50 endfed	12
6	Repair	Orange	LP PPBPS	35	
7	System	Blue	PPBPS	50 endfed	12
8	Repair	Blue	LP PPBPS	20	
9	System	NF	PPBPS	50 endfed	12
10	Repair	NF	LP PPBPS	40	
					Total: 48
				Total System: 200'	
				Total Repair: 200'	

Tank	Red	1000
Pump Tank	Red	
House	Blue	

Note: Place tank to achieve gravity flow to uppermost line
Do not grade in septic area
Very Tight Fit! Can remove ditch at rear property line for more repair

Notes:

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

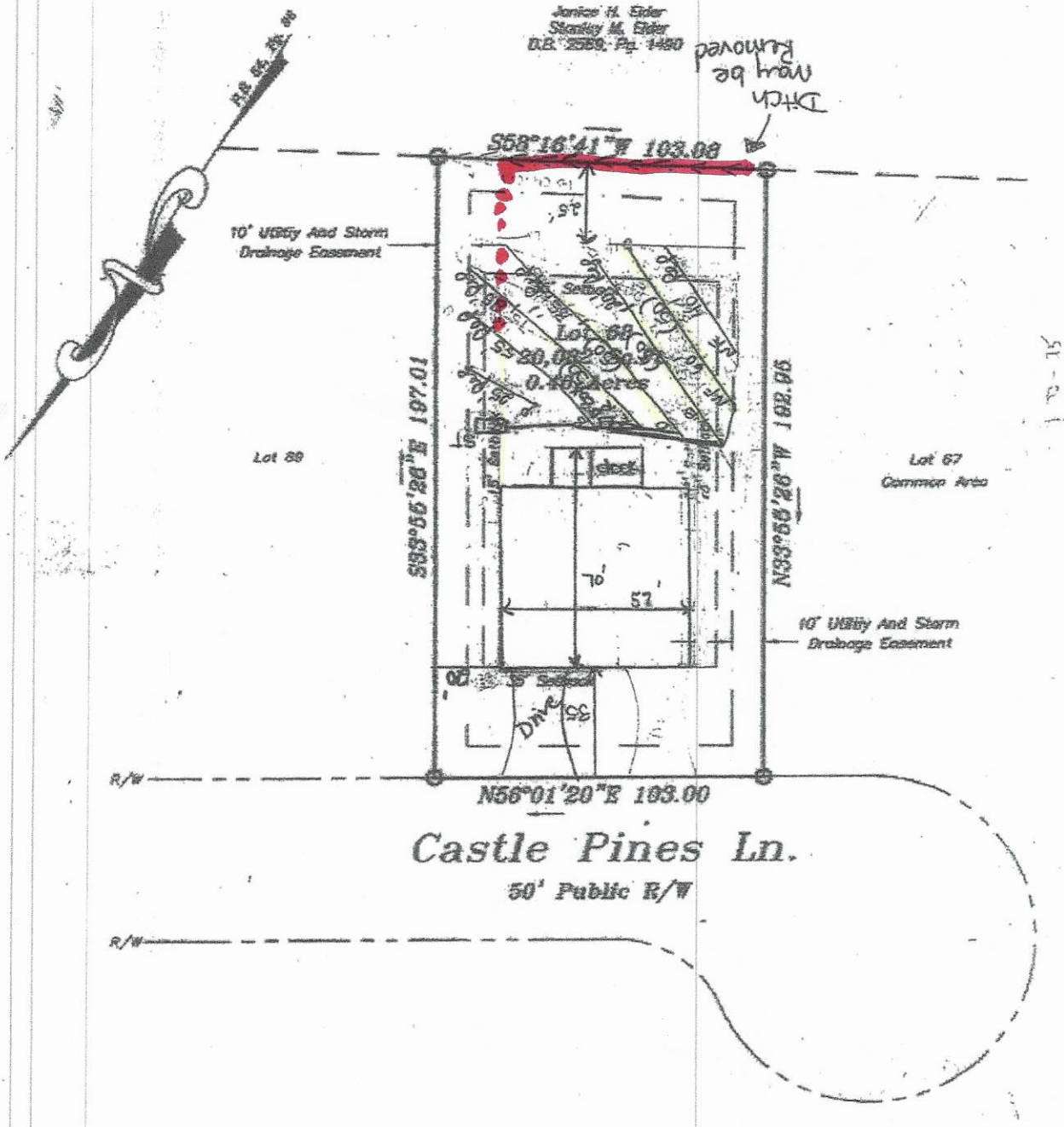
2) Boundary information based on Map Book: 54 at Page: 98 as recorded in the Iredell County Register of Deeds.

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

4) Area by coordinate method.

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



GRAPHIC SCALE

50 0 25 50 100 200

(IN FEET)

1 inch = 50 ft.

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

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

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

OWNER: Castlegate LLC — APPLICATION DATE ___
ADDRESS: 7271 Long Island Rd Catawba — DATE EVALUATED: 10/28/19
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: 0.48 AC
LOCATION OF SITE: Lot 68 Castlegate — 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5%	0-48	MoSBKC	FR SS/SP	R; F Quartz	48+	N/A	N/A	0.3
2	L 5%	0-58	MoSBKC	FR SS/SP	R; FSap	58+	N/A	N/A	0.3
3	L 5%	0-48	MoSBKC	FR SS/SP	R; FFSap	48+	N/A	N/A	0.3
4 PB	L 5%	0-42	MoSBKC	FR SS/SP	R	51+	N/A	N/A	0.3
		42-51	WKSBKCL	↓	R; LSap				

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

LICENSED SOIL SCIENTIST
KATHLEEN M SAUNDERS
1313
STATE OF NORTH CAROLINA

COMMENTS: ___

Kathleen Saunders

RECEIVED JUL 2 1 2020

Repair Evaluation-No Chg

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE AP-309455 OR IT WILL NOT BE PROCESSED Iredell County Health Department – Environmental Health Division PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment ( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: Edward and Linda Lynch **Address:** 199 Castle Pines Ln **Zip:** 28625

Applicant Email: linda.lynch757@gmail.com **Phone:** (757) 508-9555 **Alt. Phone:** (252) 331-9242

Owner Name: SAME **Address:** SAME **Zip:** _____

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

Property Information:

Street Address: 199 Castle Pines Ln

Subdivision Name: Castle Gate **Section/Phase:** _____ **Lot Number:** 68

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

(X) New Single Family Residence Maximum Number of Bedrooms: 3

(X) Crawl Space Foundation

(X) New Multi-Family Residence Maximum Number of Occupants:

( ) Concrete Slab Foundation ( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing ( ) Bedroom(s) Addition ( ) Other Addition/Structure: ( ) Basement without Plumbing

( ) Repair to failing septic system ✓ **Tank** ___

Drain lines Describe Problem: House has septic system effluent that is ponding in one area along with other small areas that have minor surface effluent in the fields. Provided builder with photos several times.

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: County Water

Desired Septic System Type: *(you may rank in order of preference)*

Year existing system installed: 04/28/2020

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:_____

Please answer the following ( ) Yes (X) No Does the site contain any jurisdictional wetlands? **to the best of your ability:** ( ) 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? Unknown

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: _____ 07-27-2020

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

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:

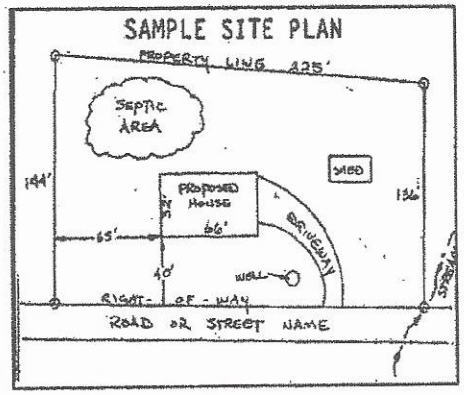
( ) Property Line measurements are clearly identified () All proposed structures are indicated ()
Front and side setbacks from property line ( )
Preferred driveway location and well location ( )
Area you prefer your septic system to be placed ( )

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 pdf.

Signature: Linda Lynch Susan Lyle

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

07-27-2020

DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 303266.

CCN 7200

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

PIN # 4715831908.000

APPLICANT/OWNER: Castlegate LLC LW APPLICANT ADDRESS: 7271 Long Island Rd Catawba NC

SITE ADDRESS: 199 Castle Pine ~~Drive~~ Statesville NC 28625 PHONE: — ALT. PHONE 704 578-4951

SITE DIRECTIONS: RT 64 - RT 90 Absher Farm Loop Staffordshire SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Castlegate SECTION: — LOT # 68 LOT AREA: .46 Acres DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000 (gal)	STB 825	Date 1-6-2020	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank — (gal)	PT	Date	System Description: Gravity - 50% Reduction		☐ Business	No. Persons 6	☐ Private
Pump Make —	Model —	Serial # —	Repair System Description: LP - PPBPS		☐ Other	No. Employees —	☒ Public
# Nitrification Fields 1	# Lines 4	Linear Ft 200	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 24	Trench Bottom Depth(Low side) 80	Gravel Depth —	☒ GRAVITY ☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

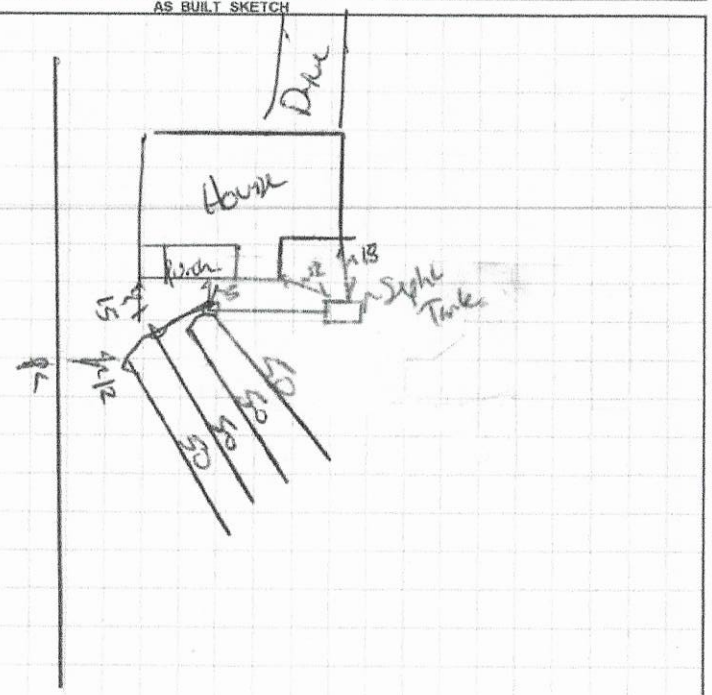
INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group PA

LSS # 1313

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 Received Date: 4-20-2020 Installed by: Ranger Septic Instl

IMPROVEMENT PERMIT by: Benjamin A Bost Date: 4/16/2020 OPERATION PERMIT by: Benjamin A Bost Date: 4-22-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bost Date: 4/16/2020 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.

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

☒ **2.** I, Edward Lynch, am the legal owner(s) of the property located at 199 Castle Pines Ln., identified as PIN (Parcel Identification Number) 6E, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

McTe Luxury Homes, 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.

Edward Lynch
Signature of Owner(s)

10-02-2020
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677