ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PIN # 4715831908.000

APPLICANT/OWNER: Castlegate LLC

APPLICANT ADDRESS: 7271 Long Island Rd Catawba NC

SITE ADDRESS: 199 Castle Pine ~~Drive~~ Ln 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
Pump Tank		(gal)	PT		Date		System Type: I II III IV V VI		
Pump Make			Model		Serial #		System Description: Gravity -50% Reduction		
# Nitrification Fields	1		# Lines	4	Linear Ft	200	Repair System Description: EP-1 PPBPS		
Trench Width	24		Trench Bottom Depth(Low side)	80	Gravel Depth	—	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:

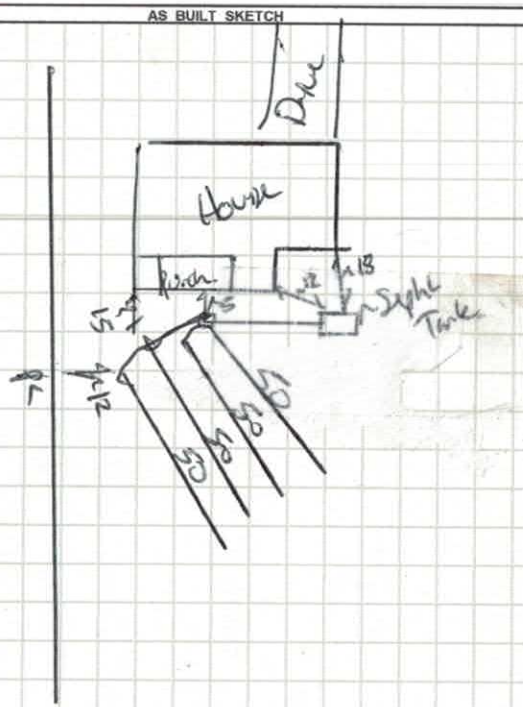
INITIAL SITE SKETCH

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: Accepted & Received Date: 4-20-2020 Installed by: Ranar Septic Inc

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

AUTHORIZATION TO CONSTRUCT by: Benjamin A Brown 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.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Kathleen Saunders, am the legal owner or the agent of the property located at 199 Castle Pines Dr Statesville, identified as PIN(Parcel Identification Number) 4715 83 1908, located in Iredell County, North Carolina.
Permit # 303266.

I do hereby agree to the permit design and the conditions of this permit.

Kathleen Saunders 4-16-2020
Signature of Owner Date

4-16-2020
Signature of Witness Date

KathleenMSaunders@gmail.com
email

Notes:

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

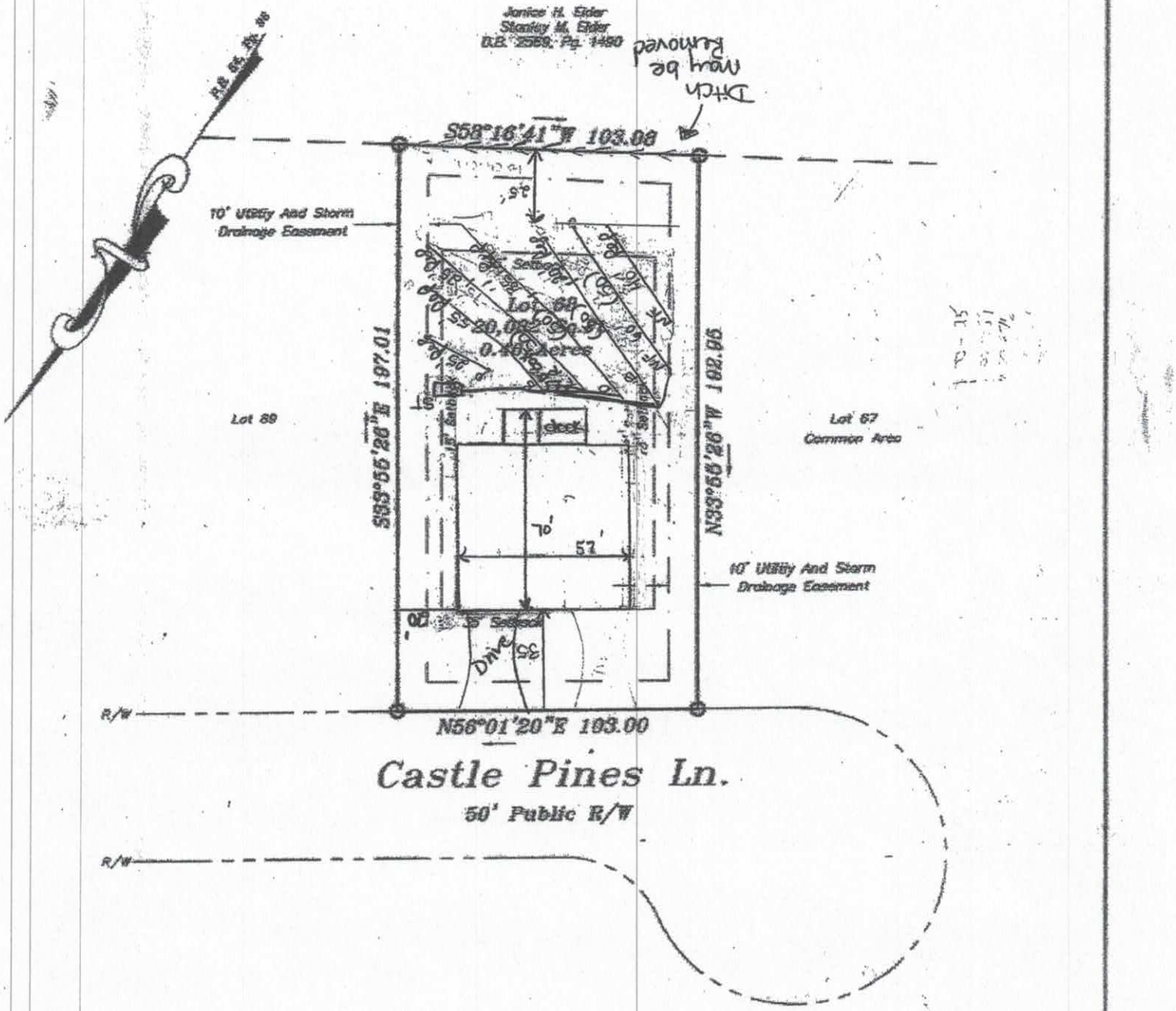
2) Boundary information based on Map Book: 54 at Page: 98 as recorded in the Iredell County Register of Deeds.

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
ADDRESS: 7271 Long Island Rd Catawba
PROPOSED FACILITY: SFR
LOCATION OF SITE: Lot 68 Castlegate
APPLICATION DATE ___
DATE EVALUATED: 10/22/19
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.48 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	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 AB	L 5%	0-42 42-51	MoSBKC WKSBKCL	FR SS/SP ↓	R R; CSap	51+	N/A	N/A	0.3

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

LICENSED SOIL SCIENTIST
KATHLEEN M SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

COMMENTS: ___

Updated February 2014

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
				Totai 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

RECEIVED APR 06 2020 Session Law $500

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

AP-303266 $500.00

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 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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Castlegate LLC Address: 7271 Long Island Rd Catawba Zip: NC
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 199 Castle Pine Dr
Subdivision Name: Castlegate Section/Phase: _____ Lot Number: 68
Driving Directions: Rt 64, Rt 90, Absher Farm Loop, Staffordshire

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
( ) 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 (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: Kathleen Saunders 3/31/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

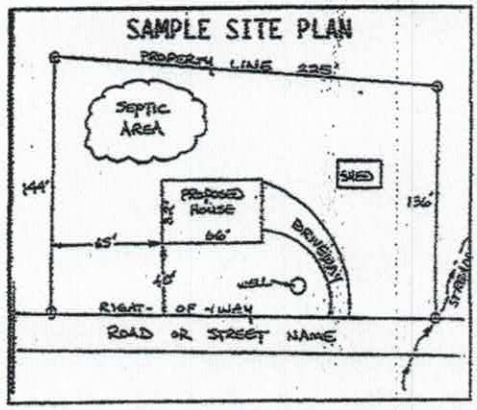
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Please see Attached

Signature: Kathleen Saunders

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

DATE 3/31/2020

Notes:

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

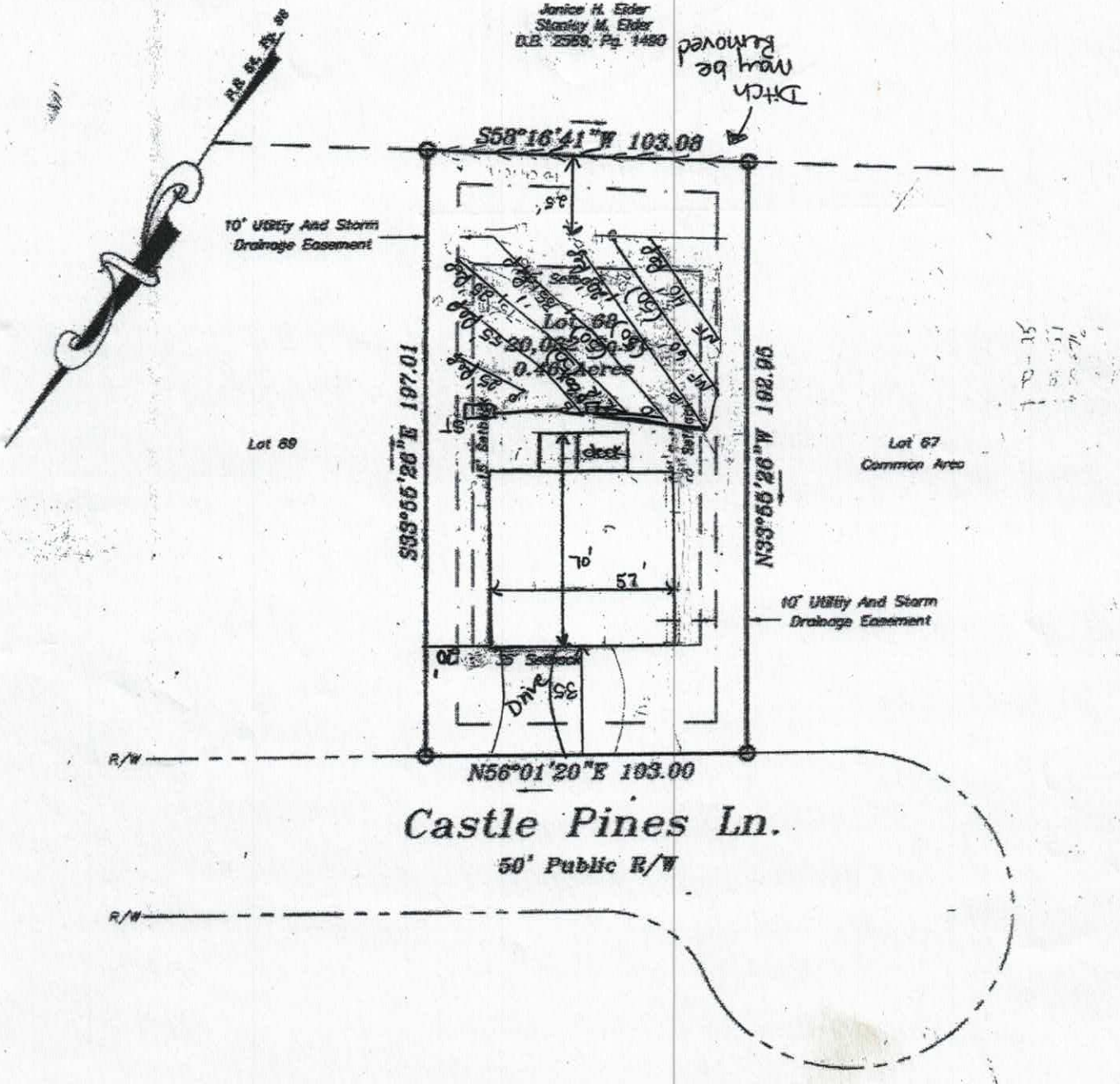
2) Boundary information based on Map Book: 54 at Page: 98 as recorded in the Iredell County Register of Deeds.

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.

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 199 Castlepines Dr, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

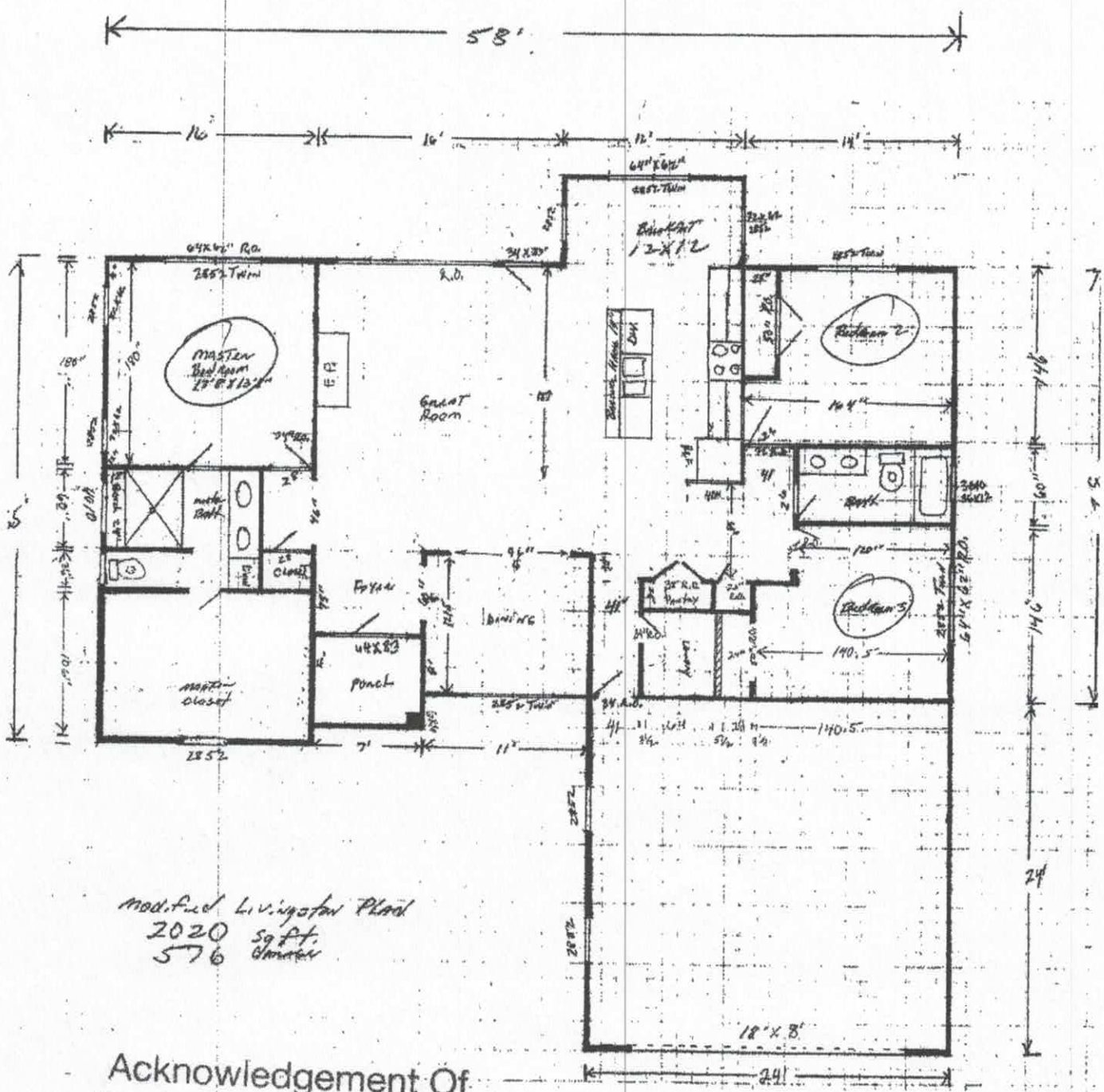
I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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.

_____ 3-31-2020
Signature of Owner Date

_____ _____
Signature of Witness Date

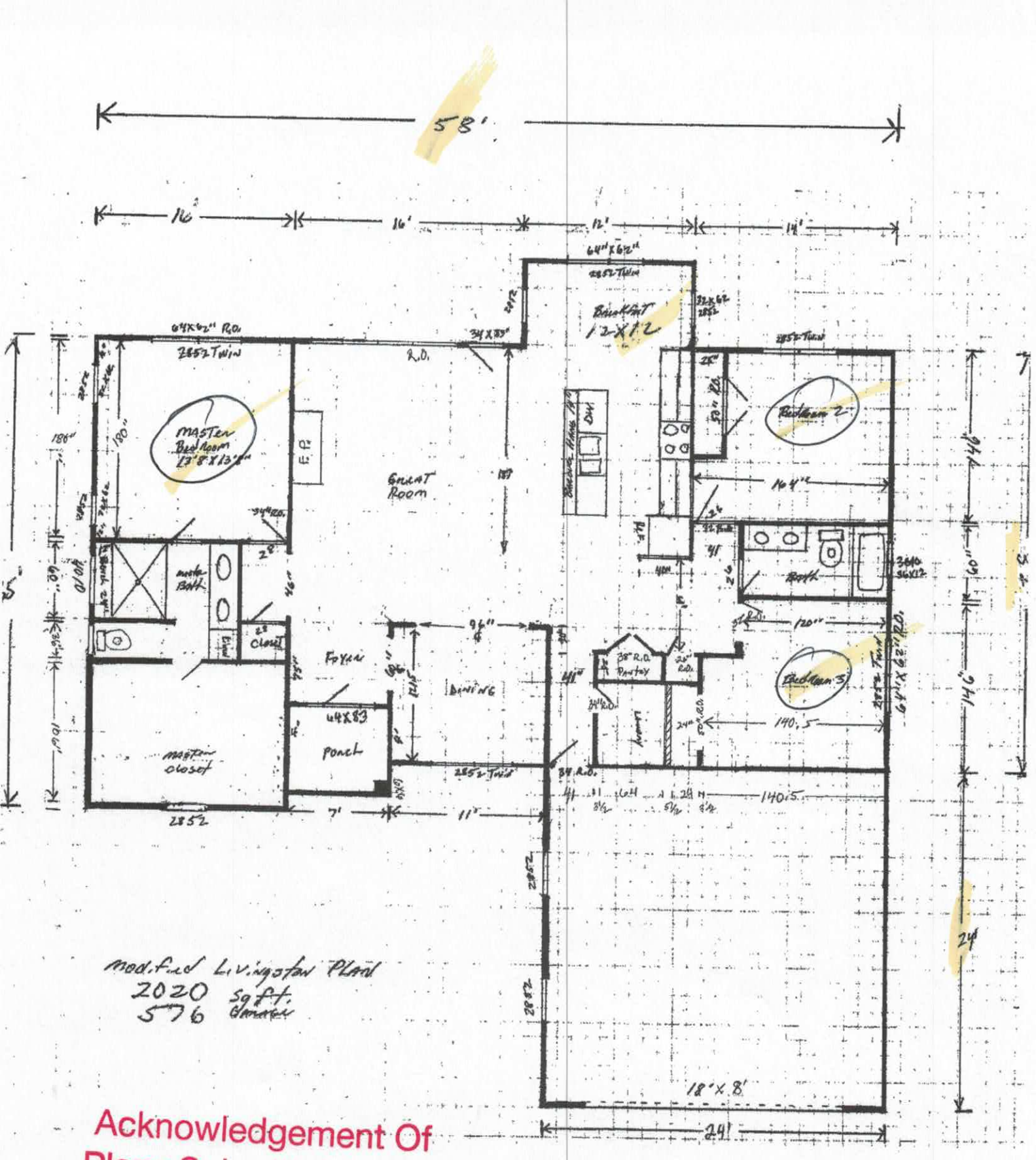


modified Livingston Plan
2020 sq ft.
576 Garage

Acknowledgement Of
Plans Submittal ONLY!

Benjamin A Bittle Date 4/16/20

Kathleen Sanders Date 4-16-2020



modified Livingston Plan
2020 sqft.
576 Garage

Acknowledgement Of
Plans Submittal ONLY!

Benjamin A Bell Date 4/16/20

_____ Date _____