ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 1130 AP 309609

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

PIN # 4715842871

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

SITE ADDRESS: 185 Staffordshire Drive Statesville NC 28625 PHONE: ALT. PHONE 704 578 4951 (LSS)

SITE DIRECTIONS: RT 64 RT 90 Abshes Farm Loop, Staffordshire SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Castlegate SECTION: - LOT # 118 LOT AREA: 100x260 DESIGN FLOW: 360 L.T.A.R.: .35

Septic Tank 1000 (gal) STB 760 Shaw Date 2-8-21

Pump Tank 1000 (gal) PT 363 Date 2-23-21

Pump Make Liberty Model 280 Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 260

Trench Width 36 Trench Bottom Depth 30 in max Gravel Depth -

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

System Description: PM - 75% Reduction

Repair System Description: CD-PPBPS-50% Reduction

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:

Tanks 10ft to house, 10ft to PL

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 Dated April 15, 2021

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.

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: 4/22/21 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Date: 4-22-2021 OPERATION PERMIT by: D. Wieberg Date: 4/29/21

AUTHORIZATION TO CONSTRUCT by: Date: 4-22-2021 Existing System Inspected by: Date:

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

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.

P.B. 54, Pg. 98

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

Lot 106 PB 54 pg 98

Lot 107 PB 54 pg 98

Lot 108 PB 54 pg 98

Lot 109 PB 54 pg 98

S8°48'23"W 100.01'

10' Utility And Storm Drainage Easement

Lot 118
26,075 Sq. Ft.
0.60 Acres

35' Setback

15' Setback

261.45'

S81°41'69"E

Lot 119 MB 54 PG 98

280.08'

N81°41'69"W

Lot 117 MB 54 PG 98

Proposed House

Drive

N8°00'46"E 100.00'

Staffordshire Drive

50' Public R/W

Supply line 80ft to deck

P - 80' - 3.27 - 3/4 SCH 40
y - 80' - 4.36 - 3/4 SCH 40
R - 65' - 5.07 - 3/4 SCH 80
B - 35' - - 1/2 SCH 80
260 40.6

GRAPHIC SCALE

0 25 50 100

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 185 Staffordshire Dr

Date: April 15, 2021

Attached is the septic specification information required to permit 185 Staffordshire Dr 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 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.

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

Kathleen Saunders

Castlegate Lot 117 Fast Track Septic Spec Sheet

Number of Bedrooms	**3**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.35**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	260
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	30"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	135' of 2" SCH 40 PVC
Flow Rate through the system	41 gpm
Elevation head	Approx. 8.9'
Pressure head	2.0'
Friction head	4.1'
20% Contingency	3'
Total Head	18'
Pump Requirements	41 gpm @ 18' 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	4.4
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.)	Elevation (Ft.)
1	System	Pink	25% Reduction	80 endfed	3.27
2	System	Yellow	25% Reduction	80 endfed	4.36
3	System	Red	25% Reduction	65 endfed	5.07
4	System	Blue	25% Reduction	35 endfed	
5	Repair	Pink	LP PPBPS	71	
6	Repair	Orange	LP PPBPS	19	
7	Repair	Yellow	LP PPBPS	66	
8	Repair	Red	LP PPBPS	56	
				Total System: 260'	
				Total Repair: 211'	

Tank	Red	1000 gal (2 compartment)	6.20
Pump Tank	Red	1000	
House	blue		

Manifold Information	
Tap Size (In.)	See site plan
Tap Material	see site plan
No. Taps	4
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	See site plan

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 LHD

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: _____

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 11B
APPLICATION DATE _____
DATE EVALUATED: 4/9/21
PROPERTY SIZE: 0.6 Ac
PROPERTY RECORDED: yes
PROPOSED DESIGN FLOW (.1949): 360
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 2%	0-6	Fill						
		6-12	WK GR SL	FR NS/NP	Br				
		12-26	MO SBK C	FR SS/SP	R; F Sap	48+	N/A	N/A	0.3
		26-48	WK SBK C	↓	R; C Sap				
2	L 5-10%	0-12	WK SBK CL	FR SS/SP	R; C/M Sap				
		12-48	MA L Sap	↓	Mu Hi				0.35
3	L 2-3%	0-11	Compacted clay						
		11-36	MO SBK C	FR SS/SP	R				
		36-48	WK SBK C	↓	R; F Sap				0.3
4	L 3-5%	0-32	Fill						
		32-48	WK SBK C	FR SS/SP	R; C Br				0.25 32+

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IIIb	IV
Site LTAR	0.35	0.3

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

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

Kathleen Saunders

COMMENTS: _____

Updated February 2014

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: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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) .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
5	L	0-10	Clay Fill						
		10-16	Mo GR SL	FR NS/NP	DKBr				
		16-50	Mo SBK C	FR SS/SP	R	50+	N/A	N/A	0.3 10+
6	L	0-6	Mo SBK C	FR SS/SP	R				
		6-30	WK SBK CL	↓	R; Csap				
		30-48	MA L Sap	↓	Multi	30"	PS	N/A	0.35

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Kathleen Saunders
OTHER(S) PRESENT: _____

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

COMMENTS: _____

Updated February 2014

Session Law

RECEIVED APR 19 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-309009

$ 500.00

Session Law

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: (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: 185 Staffordshire Dr Statesville
Subdivision Name: Castlegate Section/Phase: _____ Lot Number: 118
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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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 4-14-21
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 185 Staffordshire, 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.

Signature of Owner — Date: 4-14-21

Signature of Witness — Date

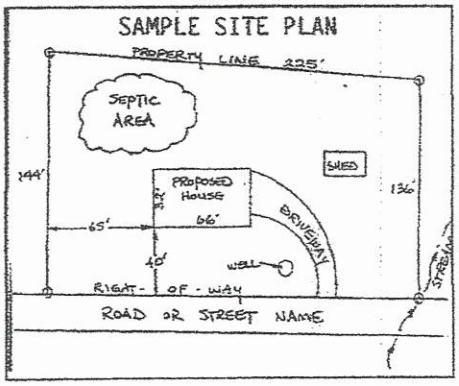
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (✓) 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)

4-14-21
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.

P.B. 54, Pg. 98

Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
B.O.C. = Back of Curb
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= Telephone Pedestal
= Utility Pole
= Cable Pedestal
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Lot 106 PB 54 pg 98

Lot 107 PB 54 pg 98

Lot 108 PB 54 pg 98

Lot 109 PB 54 pg 98

S8°48'23"W 100.01'

10' Utility And Storm Drainage Easement

Lot 118
26,075 Sq.Ft.
0.60 Acres

35' Setback

15' Setback

15' Setback

261.45'

260.06'

S81°59'14"E

N81°59'14"W

Lot 119 MB 54 PG 98

Lot 117 MB 54 PG 98

Proposed House

Drive

10' Utility And Storm Drainage Easement

N8°00'46"E 100.00'

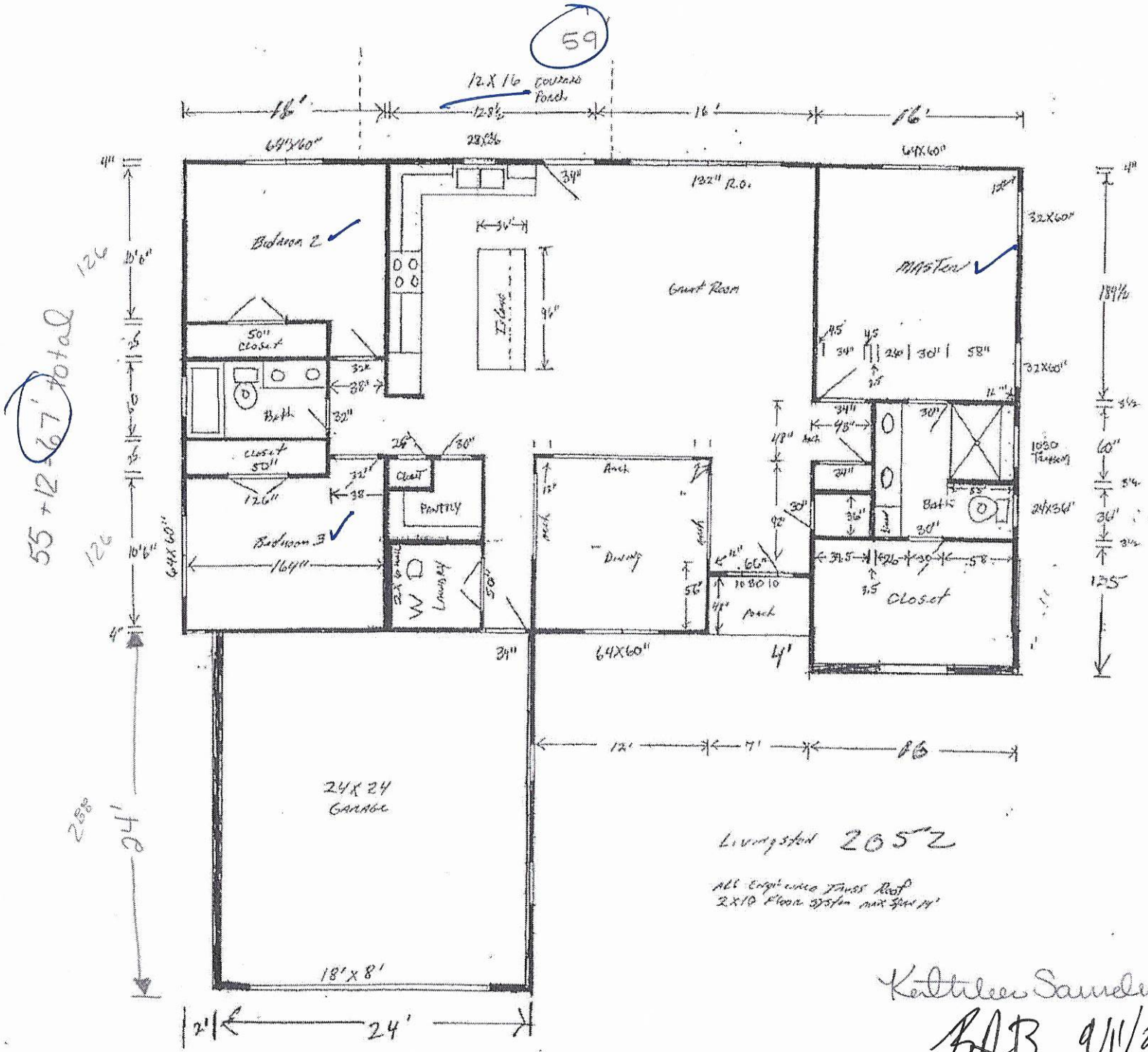
P - 80' - 3.27 - 3/4 SCH 40
y - 80' - 4.36 - 3/4 SCH 40
R - 65' - 5.07 - 3/4 SCH 80
B - 35' - - 1/2 SCH 80
260 40.6

Staffordshire Drive

50' Public R/W

GRAPHIC SCALE

0 25 50 100


59
12 X 16 COVERED Porch
18'
12 8½
16'
16'
64"X60"
28X36
64X60"
4"
132" R.O.
Bedroom 2
Great Room
Island
96"
50" Closet
32X60"
MASTER
Bath
32"
Closet 50"
126"
Bedroom 3
164"
Closet
Pantry
Laundry
Dining
Arch
Bath
Closet
24X36"
1080 Transom
60"
125"
64X60"
4'
12'
7'
8'
24X24 GARAGE
18'X8'
2'
24'
Livingston 2052
ALL Engineered Trusses Roof 2X10 Floor Systems max Span 14'
55 + 12 = 67' total
126
10'6"
126
10'6"
258
24'
Kathleen Sanders 7/11/2020
BOB 9/11/2020.
30009

IREDELL COUNTY · NC

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

APPLICATION NUMBER
309009 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4715842871.000	185 STAFFORDSHIRE DR	Iredell County

Owner Information	Applicant Information
Name: ST1 LLC	Name: THE OAKS GROUP
Address: PO BOX 3792	Address: 121 HOLT LN
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.6	35	35	15	15		NO

Remarks
SFD

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.

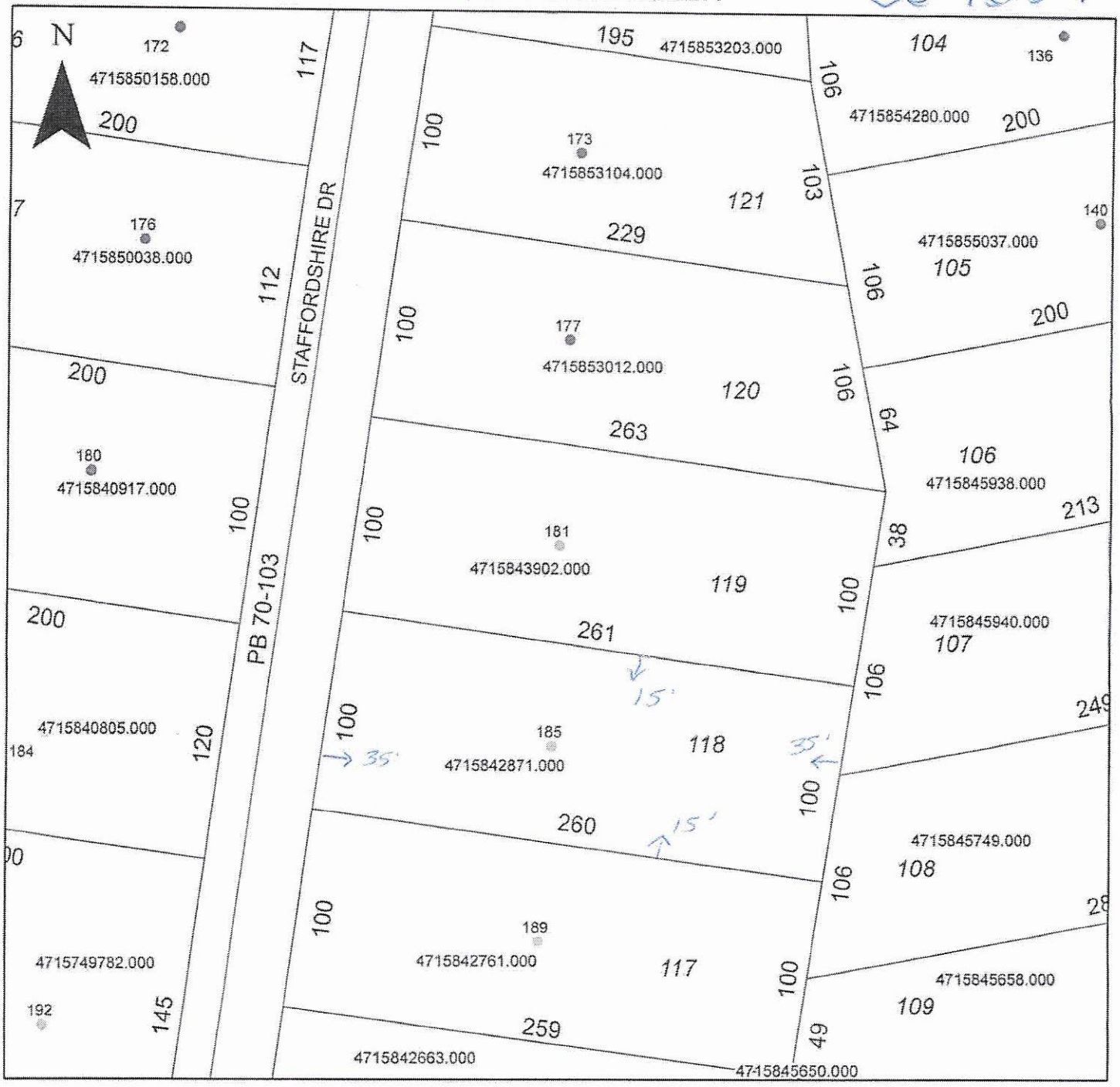
Date: 07/13/2020

Signature of Owner/Contractor

Permit Number	309009	TOTAL FEES:	$77.25

ZONING DISCLAIMER

309009



Property Address 185 Staffordshire 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.

Kathleen Saunders
Applicant

7/13/2020
Date