IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 (12)

PERMIT # 243076

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

PIN # 4715845940

APPLICANT/OWNER: Castlegate, LLC

APPLICANT ADDRESS: 7271 Long Island Rd, Catawba

SITE ADDRESS: 148 Castle Pines Dr, Statesville 28625

PHONE: 704-578-4951 (Kathleen)

ALT. PHONE —

SITE DIRECTIONS: 90 → Absher Farm Lp → L on Staffordshire → L on Castle Pines → on right

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Castlegate

SECTION: — LOT # 107 LOT AREA: .53ac

DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	825	Date	3/21/19	[X] 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:		LPP/BPS	
# Nitrification Fields	1	# Lines	4	Linear Ft:	300	Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	36"	Trench Bottom Depth	30" max	Gravel Depth	—		[X] GRAVITY	[ ] PRESSURE	

[X] Residence No. Bedrooms 3
[ ] Business No. Persons 6
[ ] Other No. Employees
[ ] Slab [X] Crawl Space
[ ] Basement w/ plumbing [ ] Basement w/o plumbing

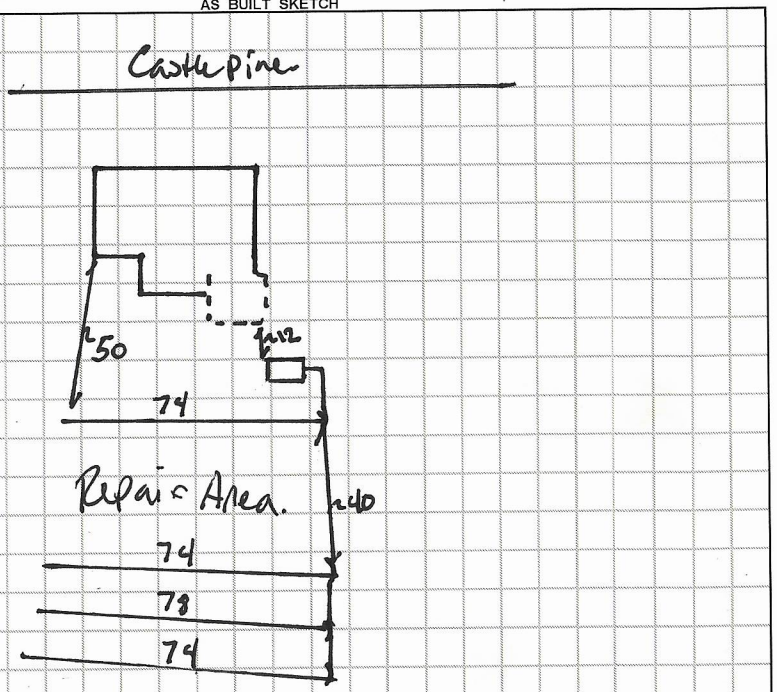
Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: Install on contour. Do not exceed max trench depth of 30". May use serial distribution.

INITIAL SITE SKETCH

See attached design by the Carls Group, PA Kathleen Saunders, 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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 3/29/19

IMPROVEMENT PERMIT by: Carla C. Caul Date: 3/27/19

AUTHORIZATION TO CONSTRUCT by: Carla C. Caul Date: 3/27/19

Installed by: Kevin Hieptanner

OPERATION PERMIT by: Benjamin A Bass Date: 10/1/2019

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'.

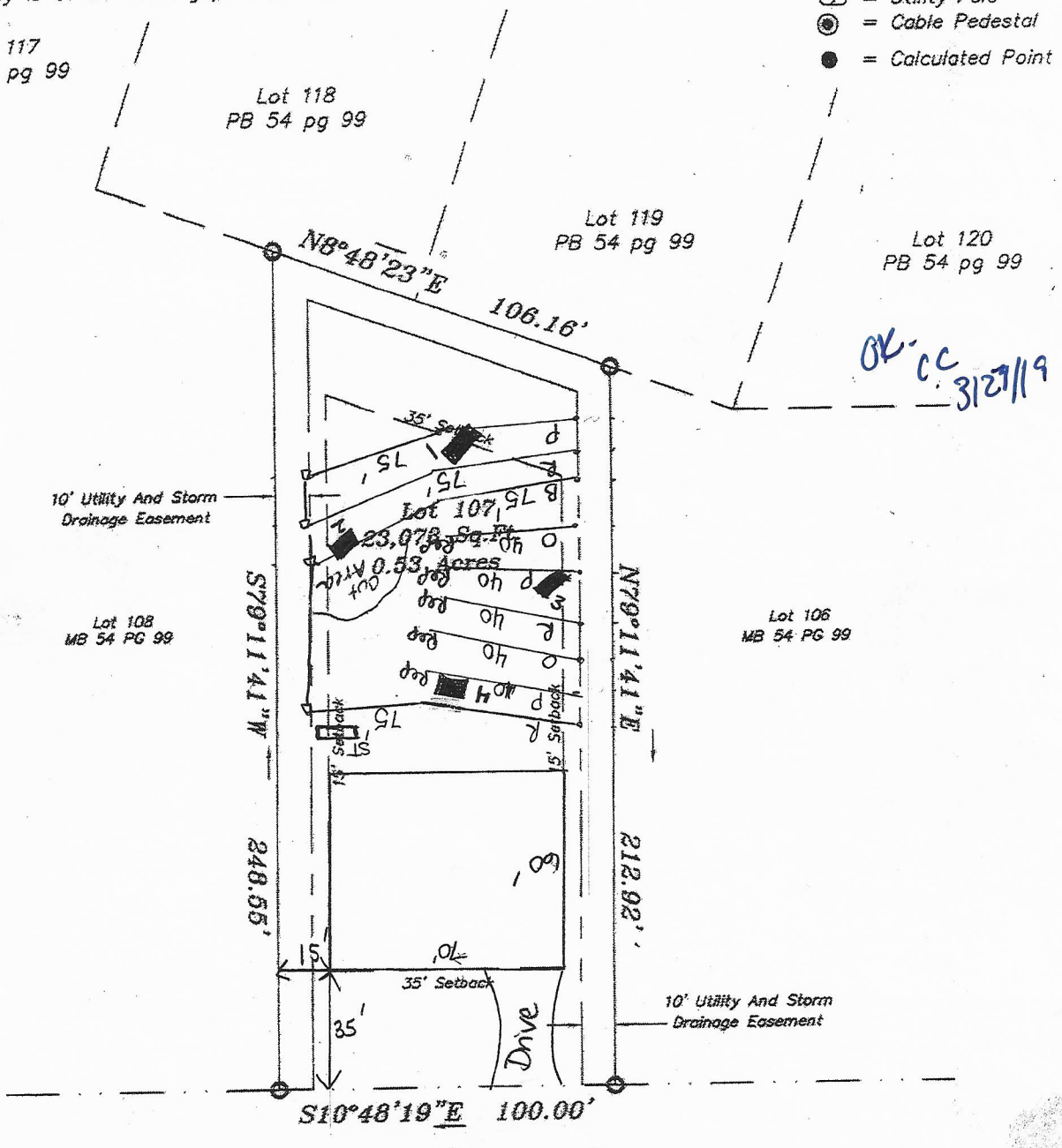
4) Area by coordinate method.

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

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



Castle Pines Lane

50' Public R/W

GRAPHIC SCALE

0 25 50 100

1 inch = 50 ft

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 148 Castle Pines Dr

Date: March 20, 2019

Attached is the septic specification information required to permit 148 Castle Pines Dr 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

Lot 107 Castlegate Fast Track - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**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)	30"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	200
Repair Loading Rate	0.3
Repair trench depth	30"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Red	25% Reduction	75 endfed
2	Repair	Pink	LP PPBPS	40
3	Repair	Orange	LP PPBPS	40
4	Repair	Red	LP PPBPS	40
5	Repair	Pink	LP PPBPS	40
6	Repair	Orange	LP PPBPS	40
7	System	Blue	25% Reduction	75 endfed
8	System	Red	25% Reduction	75 endfed
9	System	Pink	25% Reduction	75 endfed
				Total System: 300'
				Total Repair: 200'

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 ___ 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 Dr Catawba NC — DATE EVALUATED: 3-19-19
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: 0.53
LOCATION OF SITE: Lot 107 — 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 5-10%	0-17	WK SBK CL	FR SS/SP	R;C sap multi	17"	PS	N/A	0.3
		17-60	MAL sap	↓					
2	L 5-10%	0-18	WK SBK CL	FR SS/SP	R;C sap multi	18"	PS	N/A	0.3
		18-62	MAL sap	↓					
3	L 5-10%	0-28	WK SBK CL	FR SS/SP	R;C sap multi	28"	PS	N/A	0.3
		28-65	MAL sap	↓					
4	L 5-10%	0-24	WK SBK CL	FR SS/SP	R;C sap multi	24"	PS	N/A	0.3
		24-60	MAL 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: ___

Updated February 2014

OK-CC 3/27/19

RECEIVED MAR 2 0 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $350.00 #243076

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
Place an (X) beside whichever is submitted if applicable (X) 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 NC Zip: _____
Applicant Email: _____ Phone: 704-578-4951 (Kat Saunders, LSS) Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 148 Castle Pines Dr Statesville
Subdivision Name: Castlegate Section/Phase: _____ Lot Number: 107
Driving Directions: Rt 64, Rt 90, L Absher Farm Lp, L Staffordshire, L Castle Pines, on R

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 3/18/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

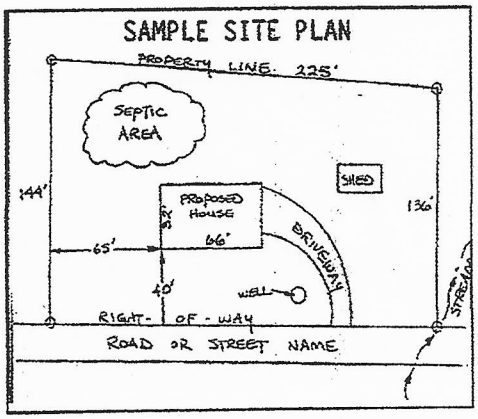
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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)

3/18/19
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 148 Castle Pines Dr, identified as PIN(Parcel Identification Number) 4715 84 5940, located in Iredell County, North Carolina.

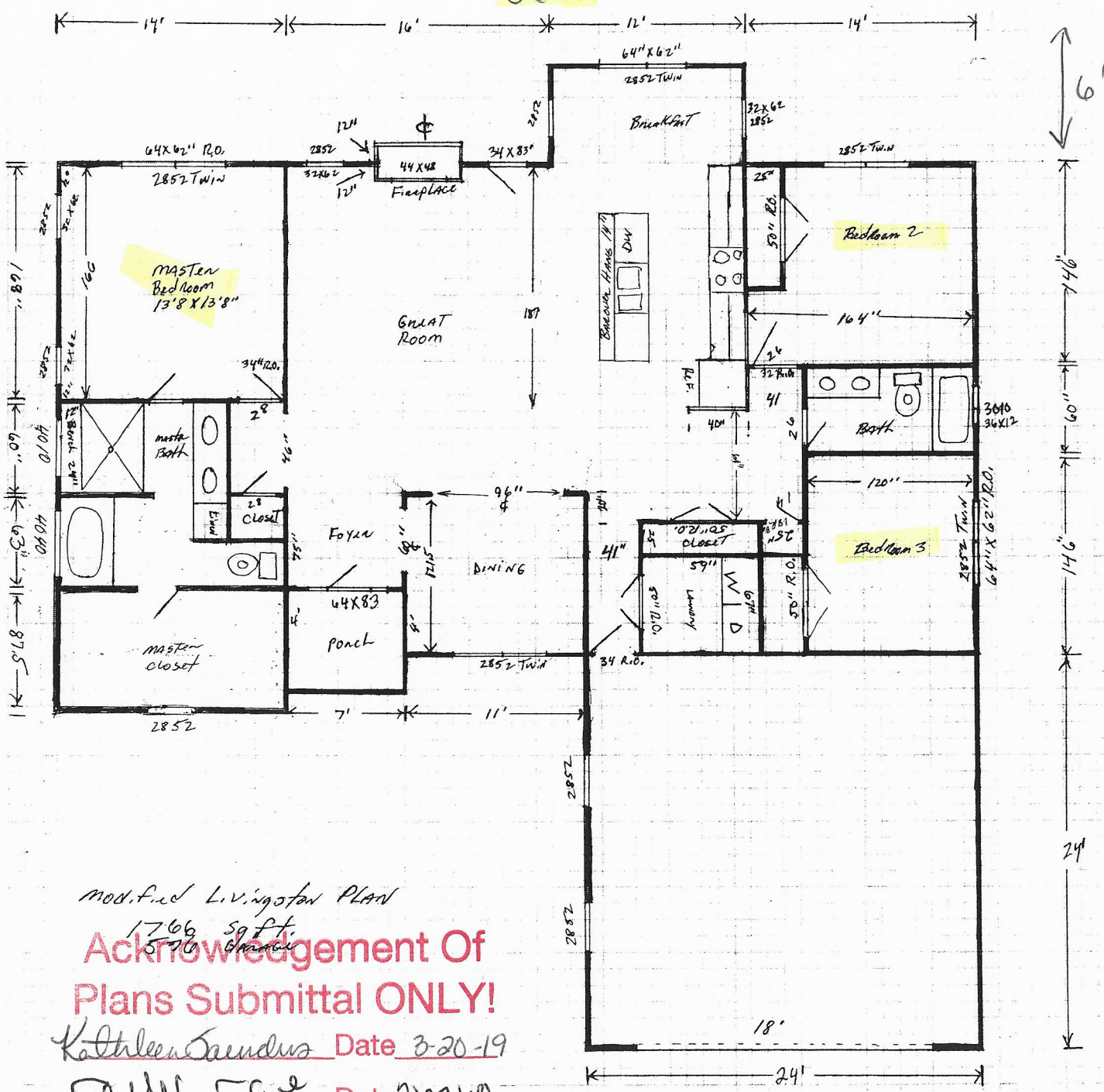
I do hereby authorize (print authorized agent/company name) The Oaks Group _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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: 3-19-19

Signature of Witness — Date



Modified Livingston PLAN

1766 sq ft

~~5706~~ Granada

Acknowledgement Of

Plans Submittal ONLY!

Kathleen Saunders Date 3-20-19

Date 3/27/19

IREDELL COUNTY

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

APPLICATION NUMBER
243076
Issue Date: 03/20/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4715845940.000	148 CASTLE PINES LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CASTLEGATE LLC	Applicant: CASTLEGATE LLC
Address: 282 SCOTTS CREEK RD	Address: 282 SCOTTS CREEK RD
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.530	35.00	35.00	15.00	15.00	NOT	X

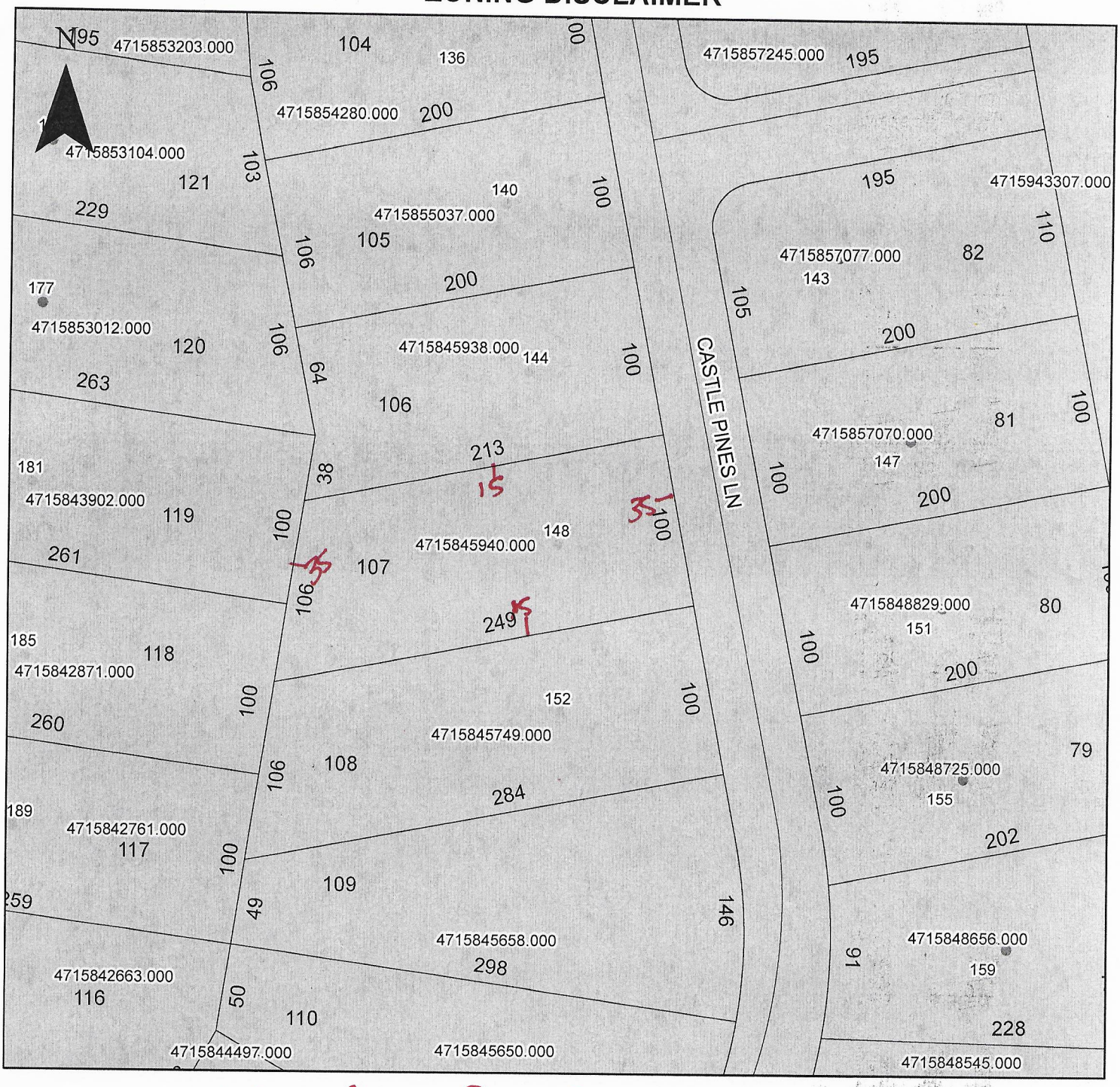
Remarks:

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	171286	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 148 Castle Pines 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

3-20-19
Date