# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 302698.

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

PIN # 4715848431.000.

APPLICANT/OWNER: Castlegate LLC APPLICANT ADDRESS: 282 Scotts Creek Rd Statesville NC 28625.

SITE ADDRESS: 167 Castle Pines Lane Statesville NC 28625 PHONE: 704-578-4951 ALT. PHONE

SITE DIRECTIONS: I-40 to exit 64 Right on Taylorsville Hwy Alosher Farm Logo Worstenbrushire

SUBDIVISION: Castlegate SECTION: LOT # 76 LOT AREA: .76 Acres

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 L.T.A.R.: -30

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 325 | Date | 3-2-2020 |
| Pump Tank | — | (gal) | PT | — | Date | — |
| Pump Make | — | Model | — | | Serial # | — |
| # Nitrification Fields | 1 | # Lines | 5 | | Linear Ft | 300 |
| Trench Width | 36" | Trench Bottom Depth(Low side) | 30" | | Gravel Depth | |

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

System Description: Gravity 25% Reduction

Repair System Description: LP-Panel 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ 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

Installed as permitted

*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: 12/11/19 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Benjamin A Bullins Date: 12/11/19 OPERATION PERMIT by: Benjamin A Bullins Date: 4/22/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bullins Date: 12/11/19. 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 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

**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

Stanley & Janice Elder
D.B. 2337, Pg. 528

S04°57'06"W 160.00

Bulk has been filled in

30' Setback

10' Utility And Storm Drainage Easement

Lot 76
33,032 Sq.Ft.
0.7[illegible] Acres

15' Setback

Lot 75

N09°24'49"W 319.34

S12°37'53"E 250.95

Lot 77

Proposed House

54' Setback

Drive

10' Utility And Storm Drainage Easement

C1

Castle Pines Ln.

50' Public R/W

R/W

GRAPHIC SCALE

50 0 25 50 100

( IN FEET )
1 inch = 50 ft.

| CURVE TABLE | | | | |
|---|---|---|---|---|
| CURVE | LENGTH | RADIUS | BEARING | CHORD |
| C1 | 87.23 | 350.00 | N70°51'04"E | 87.00 |

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 167 Castle Pines Dr

Date: December 5, 2019

Attached is the septic specification information required to permit 167 Castle Pines 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, **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
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
1313
STATE OF NORTH CAROLINA

## Castlegate Lot 76 - 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 | 5 (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 (Low 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 | Repair | Blue | LP PPBPS | 50 |
| 2 | Repair | Orange | LP PPBPS | 50 |
| 3 | Repair | Pink | LP PPBPS | 50 |
| 4 | Repair | Red | LP PPBPS | 50 |
| 5 | System | Blue | 25% Reduction | 60 endfed |
| 6 | System | Orange | 25% Reduction | 60 endfed |
| 7 | System | Pink | 25% Reduction | 60 endfed |
| 8 | System | Red | 25% Reduction | 60 endfed |
| 9 | System | Blue | 25% Reduction | 60 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**

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

Sheet 1 of 1
PROPERTY ID #: 4715848
COUNTY: I

-SITE WATER PROTECTION BRANCH

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

OWNER: Castle gate LLC
ADDRESS: 282 Scotts Creek Rd Statesville
PROPOSED FACILITY: SFR
LOCATION OF SITE: lot 76
APPLICATION DATE
DATE EVALUATED: 4/17
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: .760
PROPERTY RECORDED: post 81

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 5-10% | 0-6 | GR SL | FR ns/np | R | 60+ | N/A | N/A | 0.3 |
| | | 6-41 | mo SBK C | FR ss/sp | R | | | | |
| | | 41-60 | WK SBK C | ↓ | R, FSap | | | | |
| 2 | L 5-10% | 0-3 | GR SL | FR ns/np | R | 58+ | N/A | N/A | 0.3 |
| | | 3-44 | mo SBK C | FR ss/sp | R | | | | |
| | | 44-58 | WK SBK C | ↓ | R, FSap | | | | |
| 3 | L 5-10% | 0-6 | GR SL | FR ns/np | R | 55+ | NA | N/A | 0.3 |
| | | 6-36 | mo SBK C | FR ss/sp | R | | | | |
| | | 36-55 | WK SBK C | ↓ | R, F Sap | | | | |
| 4 | L 5-10% | 0-6 | GR SL | FR ns/np | R | 47" | PS | | 0.3 |
| | | 6-30 | mo SBK C | FR ss/sp | R | | | | |
| | | 30-47 | WK SBK C | ↓ | R, FSap | | | | |
| | | 47-60 | MA SL Sap | | R | | | | |

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

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

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

COMMENTS:

Kathleen Saunders

Updated February 2014

*Session Law

$580.00
12/9/19
AP-302698

# IREDELL COUNTY HEALTH DEPARTMENT
## *ENVIRONMENTAL HEALTH DIVISION*
### PAGE 1: *APPLICATION FORM*

**Application For:**
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonme
(X) *Septic Improvement Permit* (X) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Re*

*THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE I IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMIT APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETA*

**Page 2: *Site Plan Worksheet* form MUST accompany this application**

**The following optional attachments may also be submitted:**
*Place an (X) beside whichever is submitted if applicable*
(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 f

**Applicant Information:**

contact Kathleen Saunders (704) 578-4951

**Applicant Name:** Castlegate, LLC **Address:** 282 Scotts Creek Rd Statesville, 28625 **Phone:**

**Owner Name:** Same **Address:** **Phone:**

**Property Information:**

**Street Address:** 167 Castle Pines Ln Statesville

**Subdivision Name:** Castlegate **Section/Phase:** **Lot Number:** 76

**Driving Directions:** Interstate 40 exit on to Hwy 64, Right on Taylorsville Hwy, L on Absher Farm Loop, L on Staffordshire, L on Castle Pine, lot on left

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

(X) Crawl Space Foundation
(X) Concrete Slab Foundati
( ) Basement with Plumbin
( ) Basement without Plumb

**Non-Residential Site Development:**
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

**Water Supply:**
( ) 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 grat right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for 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:** Emma Helt 12/5/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# REDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION:

## 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:

X Property Line measurements are clearly identified...

X All proposed structures are indicated...

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

X Front and side setbacks from property line...

X Preferred driveway location and configuration, preferred well location...

X Area you prefer your septic system to be placed...

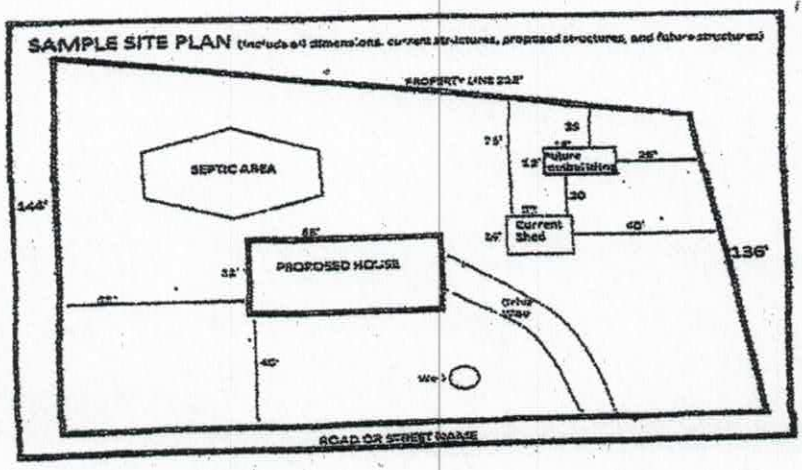
X North arrow, or other sufficient indicator of direction...

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

Please see attached site plan

Signature: Emma Hall

REQUIRED property owner or owner's legal representative signature.

12-5-19

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 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

**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

Stanley & Janice Elder
D.B. 2337, Pg. 528

S04°57'06"W 160.00

Gully has been filled in

35' Setback

10' Utility And Storm Drainage Easement

Lot 76
33,032 Sq.Ft.
0.76 Acres

15' Setback

S72°09'37"E 250.35

N09°24'43"W 318.94

Lot 75

Lot 77

Proposed House

54' Setback

Drive

10' Utility And Storm Drainage Easement

C1

Castle Pines Ln.

50' Public R/W

R/W

GRAPHIC SCALE

50 0 25 50 100

( IN FEET )
1 inch = 50 ft.

CURVE TABLE

| CURVE | LENGTH | RADIUS | BEARING | CHORD |
|---|---|---|---|---|
| C1 | 87.23 | 350.00 | N72°51'12"E | 87.00 |

# 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 167 Castle Pines Dr, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

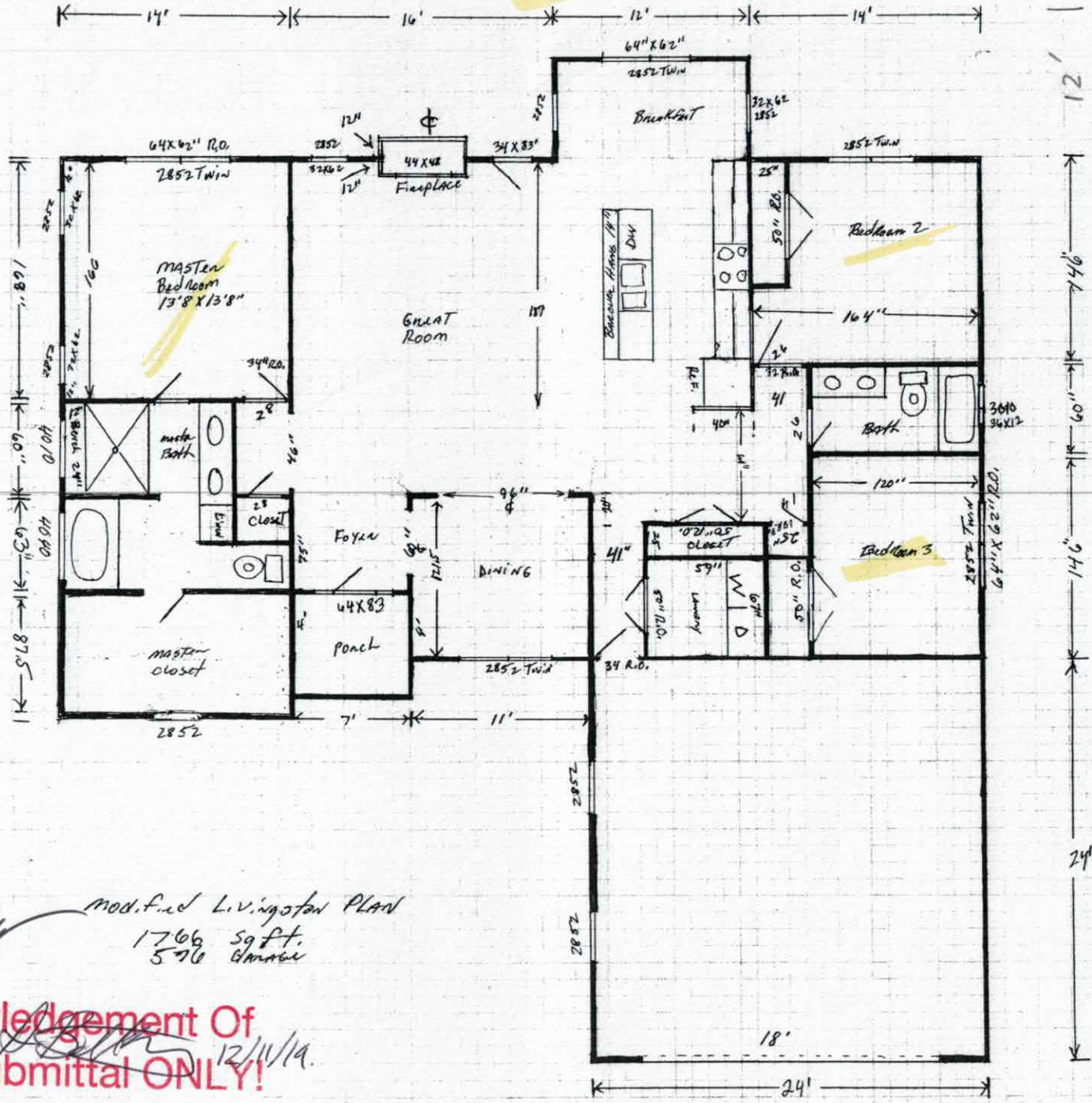
I do hereby authorize (print authorized agent/company name) The Oaks Group _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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.

Signature of Owner — Date: 12-5-19

Signature of Witness — Date




Modified Livingston PLAN

Acknowledgement Of
Plans Submittal ONLY!

12/11/19.

Date

Date

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| **302698**<br>Issue Date: 12/09/2019 |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4715848431.000 | 167 CASTLE PINES LN | 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 |
|---|---|---|---|---|---|---|
| 0.76 | 35 | 35 | 15 | 15 | N/A | NO |

| Remarks |
|---|
| SFD |

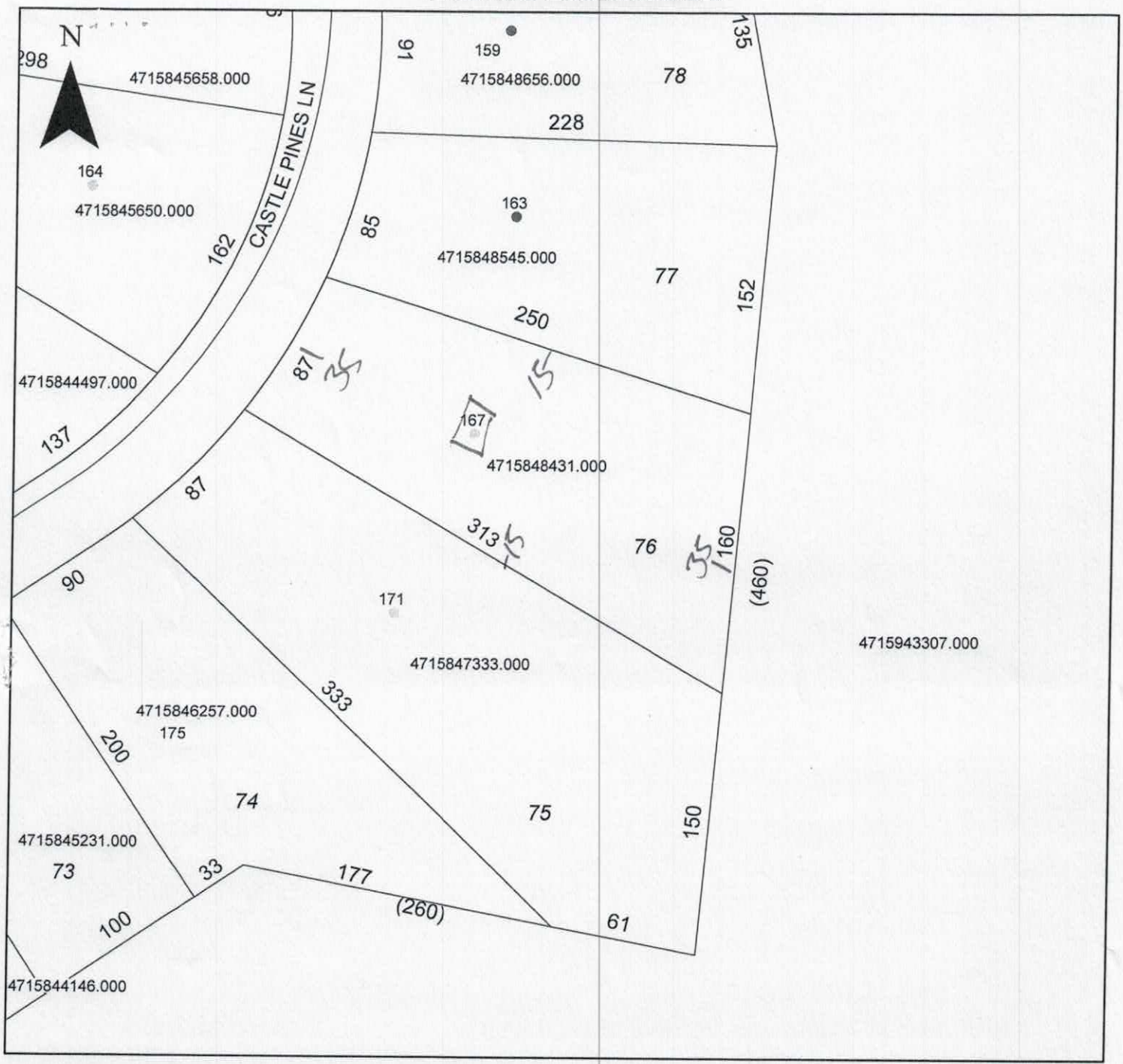
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Kathleen Saunders
Signature of Owner/Contractor

**Date:** 12/09/2019

| Permit Number | 302698 | TOTAL FEES: | $77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 167 Castle Pines

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 Saenz

Applicant

12-9-19

Date