IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 227655

PIN # 4715848545

APPLICANT/OWNER: Castlegate LLC

APPLICANT ADDRESS: 282 Scotts Creek RD Statesville NC

SITE ADDRESS: 163 Castle Pines Ln Statesville 28625

PHONE: 7045784951

ALT. PHONE Kathleen Saunders

SITE DIRECTIONS: I-40 exit Hwy 64 Right on Taylorsville Hwy Left on Absher Ferry Loop Left on Stafford Mill

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Castlegate

SECTION: LOT # 77 LOT AREA: .64 Acres DESIGN FLOW: 360 gpd L.T.A.R.: .30 CTAR

Septic Tank	1000	(gal)	STB	825	Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II ◉ IV V VI	
Pump Tank	~	(gal)	PT		Date		System Description:	25% Reduction			
Pump Make	~	Model			Serial #		Repair System Description:	60% Reduction LPP			
# Nitrification Fields	1	# Lines	6		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)	34		Gravel Depth	~		☒ GRAVITY	☐ PRESSURE		

☒ Residence No. Bedrooms 3 — Water Supply: ☐ Private ☒ Public ☐ Community

☐ Business No. Persons 6

☐ Other No. Employees

☒ Slab ☐ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

Comments / Conditions: System must be installed in accordance w/ septic specification information proposed by the Oakes Group.

INITIAL SITE SKETCH

See Site Plan + Design by The Oakes Group.

Dated 6/5/2017 Kathleen Saunders LSS #1313.

AS BUILT SKETCH

INSTALLED 4C75'

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: Emailed to customer Date: ?

IMPROVEMENT PERMIT by: Benjamin A. Bottoms Date: 6/12/2017

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottoms Date: 6/12/2017

Installed by: Rowan Septic

OPERATION PERMIT by: [signature] Date: 9-26-17

Existing System Inspected by: 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.

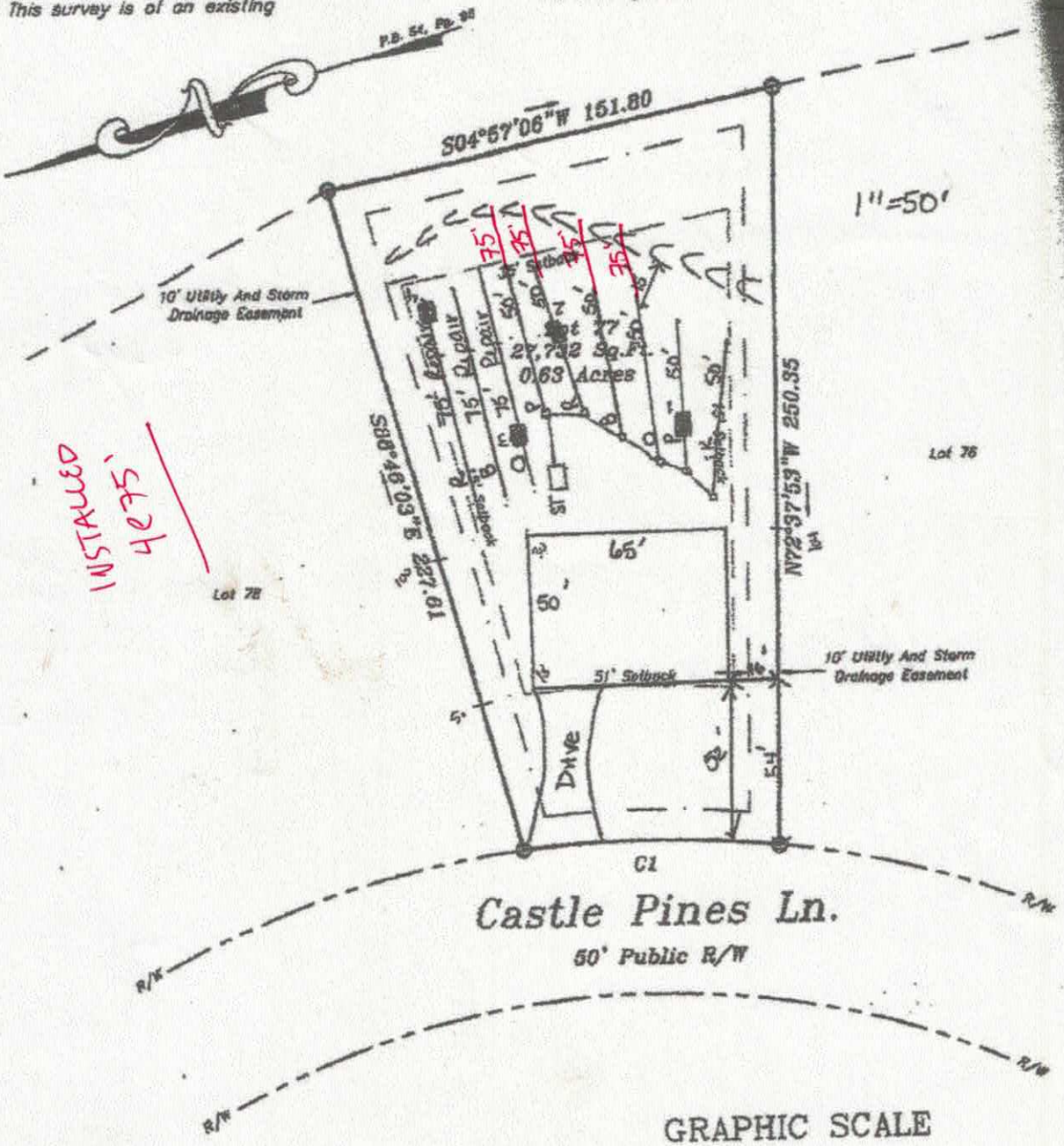
3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

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



GRAPHIC SCALE

-50 0 25 50 100

(IN FEET)
1 inch = 50 ft.

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	85.21	350.00	N16°44'13"E	85.00

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

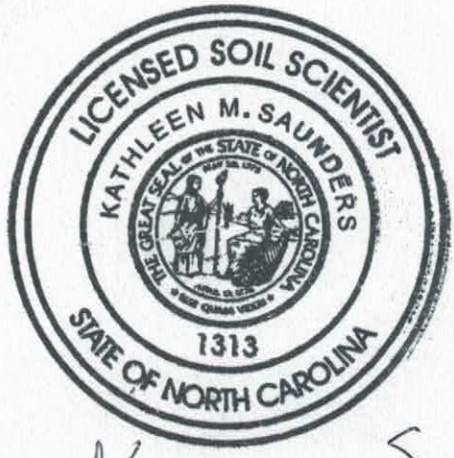
RE: 163 Castle Pines Lane

Date: June 5, 2017

Attached is the septic specification information required to permit the 163 Castle Pines Lane 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 77 Castlegate Fast Track - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Concrete Slab/Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	6 (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)	36"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	225
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Red	LP PPBPS	75
2	Repair	Blue	LP PPBPS	75
3	Repair	Orange	LP PPBPS	75
4	System	Pink	25% Reduction	50 endfed
5	System	Red	25% Reduction	50 endfed
6	System	Blue	25% Reduction	50 endfed
7	System	Orange	25% Reduction	50 endfed
8	System	Pink	25% Reduction	50 endfed
9	System	Red	25% Reduction	50 endfed
				Total System: 300'
				Total Repair: 225'

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 1 of 1
PROPERTY ID #: 4715-80-8545
COUNTY: I

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

OWNER: Castlegate LLC
ADDRESS: 282 Scotts Creek Ln Statesville
PROPOSED FACILITY: SFR
LOCATION OF SITE: Lot 77

APPLICATION DATE
DATE EVALUATED: 6-2-17
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.63 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	.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	mo GR SL	FR ns/np	Br	55+	N/A	N/A	0.3
		6-33	mo SBK C	FR ss/sp	R				
		33-55	WK SBK C	↓	R; C sap				
2	L 5-10%	0-9	mo GR SL	FR ns/np	Br	61"	PS	N/A	0.3
		9-35	mo SBK C	FR ss/sp	R				
		35-61	WK SBK CL	↓	R; C/M sap				
		61-68	MA L sap	↓	yel R				
3	L 5-10%	0-3	mo GR SL	FR ns/np	Br	60+	N/A	N/A	0.3
		3-43	mo SBK C	FR ss/sp	R				
		43-60	WK SBK CL	↓	R; F sap				
4	L 5-10%	0-3	mo GR SL	FR ns/np	Br	64+	N/A	N/A	0.3
		3-32	mo SBK C	FR ss/sp	R				
		32-64	WK SBK CL	↓	R; C sap				

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

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

COMMENTS:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 47158 48545
COUNTY: Iredell

Exp - Review Kathleen Sanders.

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

OWNER: Castlegate LLC
ADDRESS: 282 Scotts Crossing RD SVC
PROPOSED FACILITY: House (3BR) PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 163 Castlepines LN SVC Lot 77.

APPLICATION DATE 6/5/17
DATE EVALUATED: 6/14/17
PROPERTY SIZE: .6 Acres
PROPERTY RECORDED: N/A

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									
2	LSS 5-8% Inland	0-10	scl wsbk	ss sp fr sexp					PS .3
		10-36	c sbk	ss sp fm					
		36-50	cl wsbk	ss sp fr					
3	LSS 3-5% Rear.	0-7	scl wsbk	ss sp fr sexp	2.5Y 4/6				PS .3
		7-38	c sbk	ss sp fm					
		38-48	cl wsbk	ss sp fr					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	200
System Type(s)	III - Gravity	IV - Pump
Site LTAR	.3	.3

OTHER FACTORS (.1946): Large Diversion Ditch through Property.
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Botwins
OTHER(S) PRESENT:

COMMENTS: * Checked Pits 2+3. Agree with K. Sanders

Non expiring

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

RECEIVED JUN 5 - 2017

Paid $350.00 #227655

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: (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 f

Applicant Information: Contact Kathleen Sauriders (704) 578-4951

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

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

Property Information:

Street Address: 163 Castle Pines Ln Statesville

Subdivision Name: Castlegate **Section/Phase:** **Lot Number:** 77

Driving Directions: Interstate 40, exit on to Hwy 64, Right on Taylorsville Hwy, L on Absher Farm Loop, L on Staffordshire, L on Castle Pines, Lot on L

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:

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

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

5/11/17
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

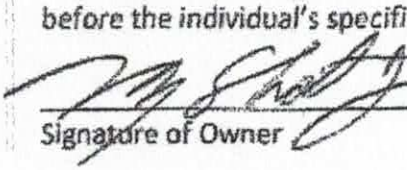
Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit 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 163 Castle Pines Statesville, identified as PIN(Parcel Identification Number) 4715-84-8545, 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: 2/1/17

Signature of Witness — Date

IREDELL 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

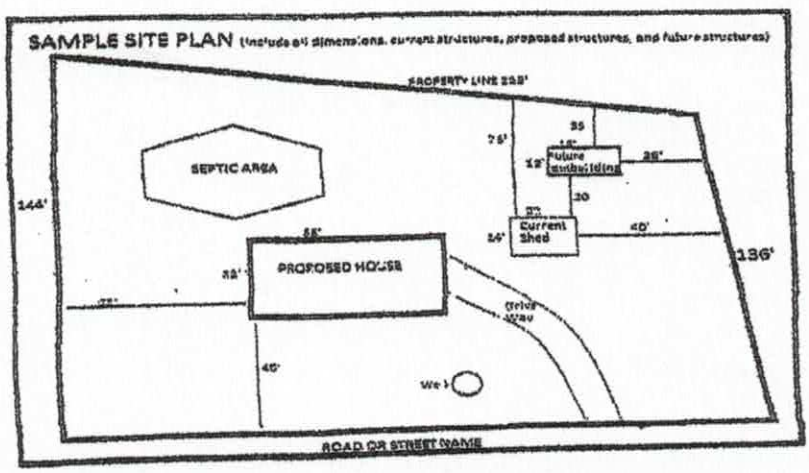
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

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.

6/1/17

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.

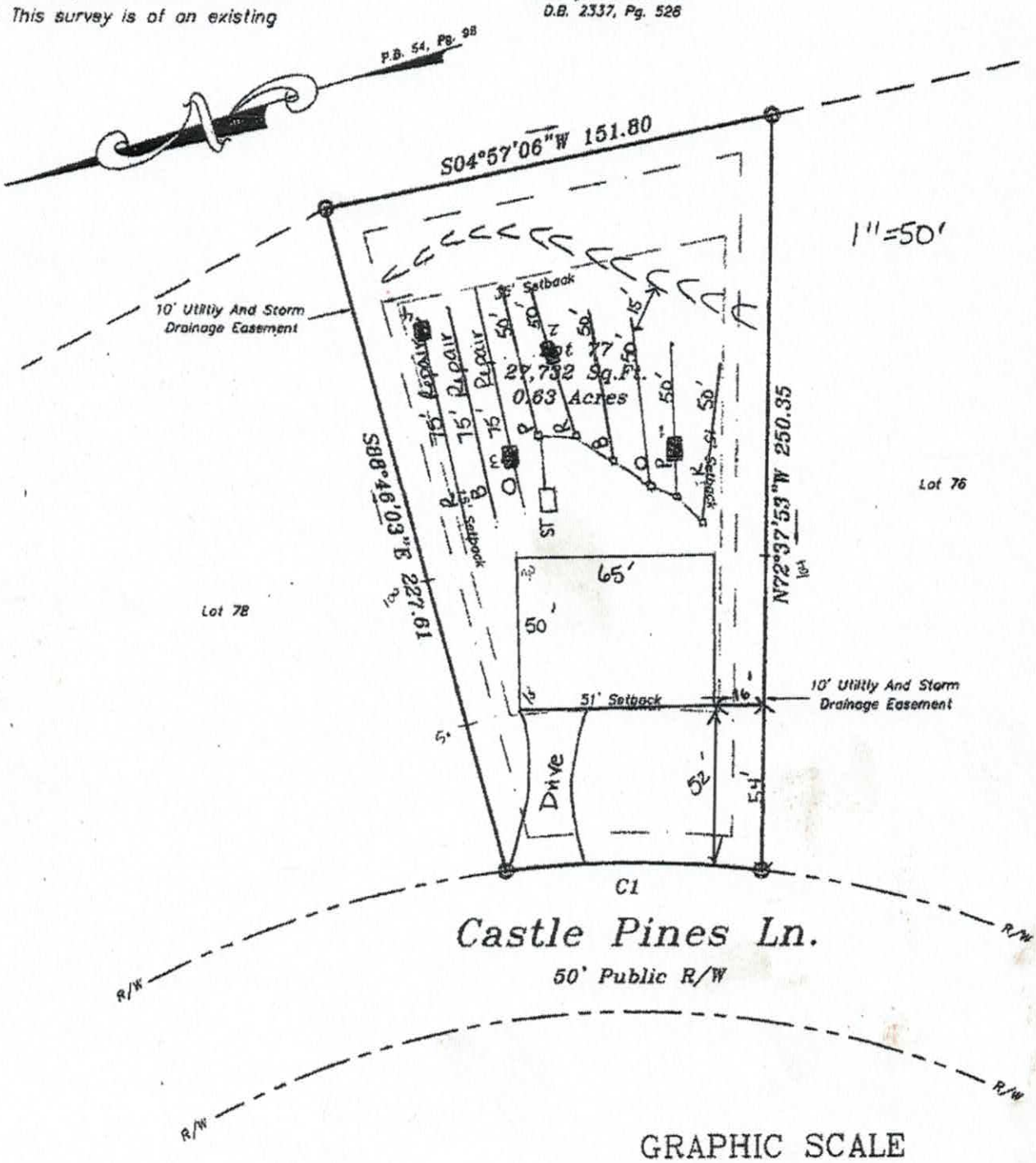
3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

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



GRAPHIC SCALE

50 0 25 50 100

(IN FEET)
1 inch = 50 ft.

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	85.21	350.00	N16°44'13"E	85.00
~~~

Acknowledgement of Plans Submittal ONLY!

Kathleen Saunders Date 6/5/17

Benjamin Barrett Date 6/12/17

FLOOR PLAN
1/4" = 1'-0"

GENERAL FRAMING NOTES

GENERAL NOTES

NOTE: ALL ANGLED WALLS ARE AT 45° UNLESS OTHERWISE NOTED

garage
bedrm. 2
bath
bedrm. 3
foyer
vaulted family room
dining room
kit.
brkfst.
master suite
mstr. bath
W.I.C.

SQUARE FOOTAGE:
FIRST FLOOR 1911 SF

IF THIS STAMP IS NOT HERE IT IS AN ILLEGAL SET OF PLANS

Frank Betz Associates, Inc. assumes no liability for any changes or modifications made to these plans by others.

FBA
FRANK BETZ ASSOCIATES, INC.
1600 LAKE PARK DRIVE/SUITE 101
SMYRNA, GEORGIA 30080
404/431-0068

FLOOR PLAN
THE KNOLLWOOD

HOMEPLANS
DESIGNED FOR TODAY'S MARKET

DATE	BY	DATE	BY
4-21-94			
6-1-94			

IREDELL COUNTY

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

APPLICATION NUMBER
227655
Issue Date: 06/02/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4715848545.000	163 CASTLE PINES LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CASTLEGATE LLC	Applicant: THE OAKS GROUP
Address: 282 SCOTTS CREEK RD STATESVILLE, NC 28625	Address: 121 HOLT LN MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.640	35.00	35.00	15.00	15.00	NOT	X

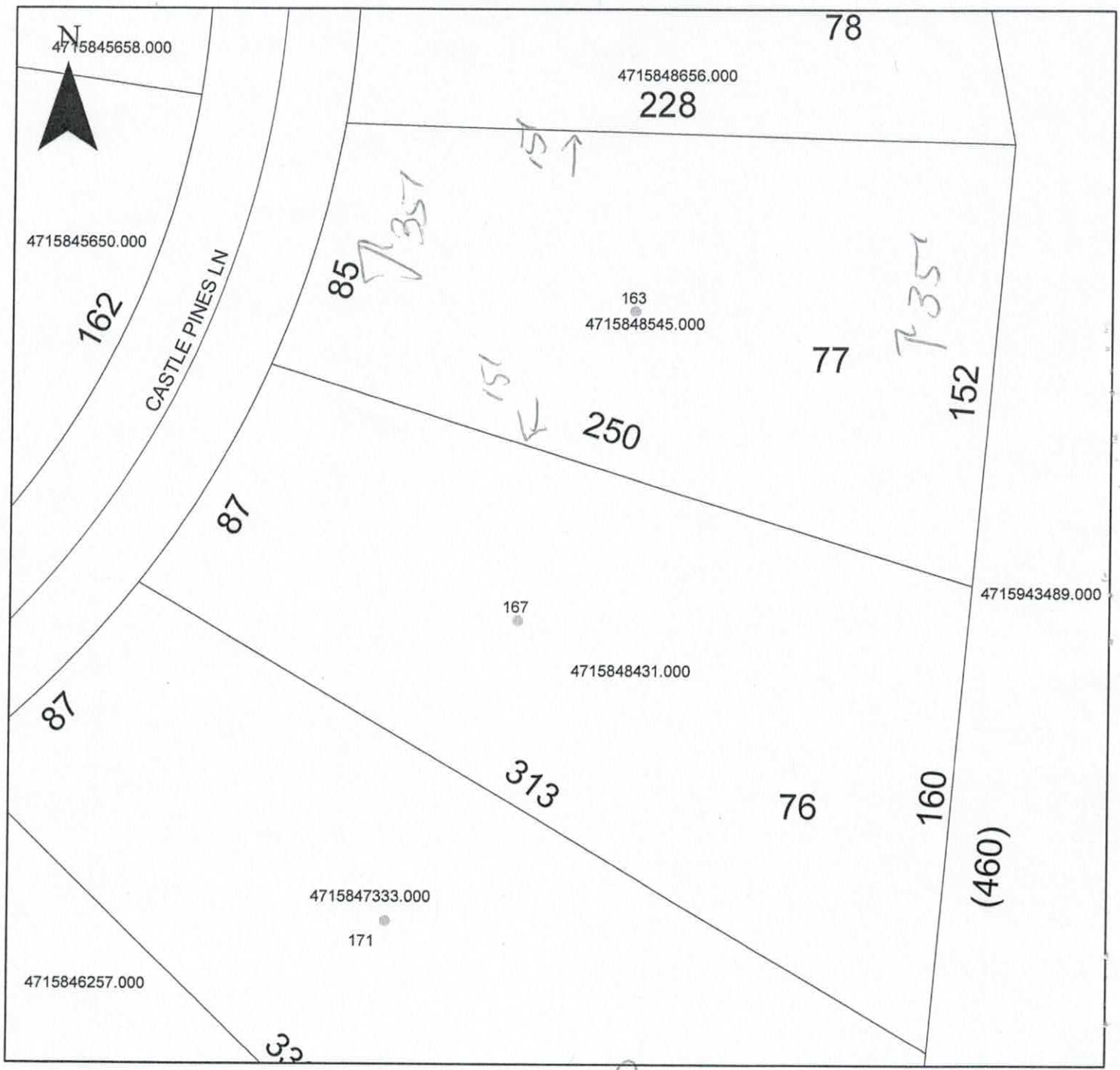
Remarks:

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	104897	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 163 Castle Pine

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

6-2-17
Date