IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234582

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

PIN # 4715850158

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

SITE ADDRESS: 172 Staffordshire Dr. Statesville NC 28625 PHONE: 704-578-4951 ALT. PHONE N/A

SITE DIRECTIONS: Rt. On 64, Rt on 90W/ left onto Absher Farm Lp, left onto Staffordshire Dr, Property on right SAP CONTROLLED: ■ YES ☐ NO

SUBDIVISION: Castlegate SECTION: — LOT # 16 LOT AREA: 0.54 DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 825 Date 6-21-19
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft 200
Trench Width 24" Trench Bottom Depth(High Side) 36" Gravel Depth N/A

■ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PPBPS
Repair System Description: LPPBPPS
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

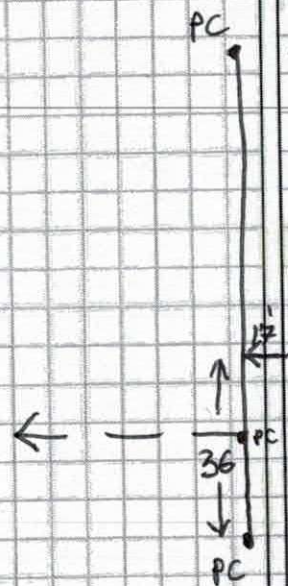
Comments / Conditions: Per plan By The Oaks Group, PA

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed

LSS Evaluation attached here.

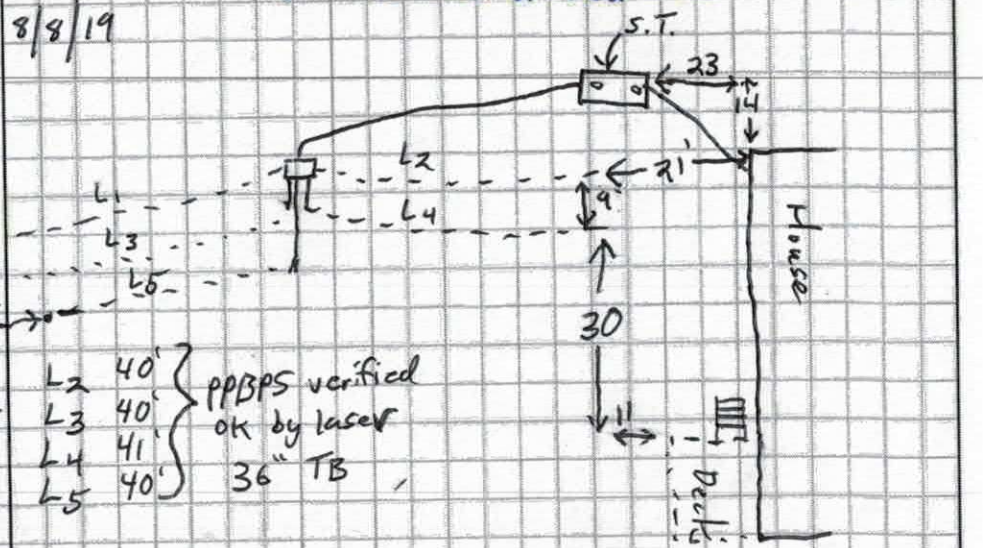
See plan by:The Oaks Group, PA



AS BUILT SKETCH

8/8/19

· 7-7-19 - tank, d-box, and 1st 40' line checked - CC



L2 40' L3 40' L4 41' L5 40' } PPBPS verified ok by laser 36" TB

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: Kathleen Saunders Date: 3/8/19 Installed by: Kevin w/ Raven Septic

IMPROVEMENT PERMIT by: Date: 03/04/19 OPERATION PERMIT by: Tom Shuck Date: 8/8/2019

AUTHORIZATION TO CONSTRUCT by: Date: 03/04/19 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.

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 172 Staffordshire Dr

Date: February 26, 2019

Attached is the septic specification information required to permit 172 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, **excluding** soil descriptions, before permitting and/or septic system installation.

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

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.

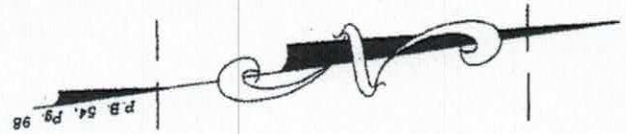
3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

4) Area by coordinate method.

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

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 29
MB 54 PG 99

Lot 30
MB 54 PG 99

Lot 31
MB 54 PG 99

Lot 32
MB 54 PG 98

N8°00'46"E 117.37'

10' Utility And Storm Drainage Easement

50'

35' Setback

40'

40'

IP

40'

38'

90'

Repair

N81°59'14"W

Lot 16
23,475 Sq.Ft.
0.54 Acres

S81°59'14"E

200.00'

200.00'

Lot 17
MB 54 PG 99

Lot 15
MB 54 PG 98

15' Setback

60'

15'

70'

35' Setback

35'

Drive

10' Utility And Storm Drainage Easement

S8°00'46"W 117.37'

Staffordshire Drive

50' Public R/W

GRAPHIC SCALE

50 0 25 50 100 200

(IN FEET)
1 inch = 50 ft.

Castlegate Lot 16Septic 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	5 (See Table)
Total Linear Feet	200
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth ~~Low~~ High Side	36"
Pump Required	No
Distribution Device	Distribution Box
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	45 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	Red	LP PPBPS	90	
2	System	Pink	PPBPS	40 endfed	9
3	System	Pink	PPBPS	40 endfed	9
4	System	Orange	PPBPS	40 endfed	9
5	System	Orange	PPBPS	40 endfed	9
6	System	Blue	PPBPS	40 endfed	9
7	Repair	Red	LP PPBPS	50	
8	Repair	Pink	LP PPBPS	38	
9	Repair	Orange	LP PPBPS	22	
					Total: 45
				Total System: 200'	
				Total Repair: 200'	

Tank	Red	1000
Pump Tank	Red	
House	Blue	

Note: Place tank to achieve gravity flow to uppermost line
Divert surface water towards street

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 Rd — DATE EVALUATED: 10/24/18
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: 0.54
LOCATION OF SITE: Lot 16 — 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%	0-33	Mo SBK C	FR SS/SP	R	39"	PS	N/A	0.3
		33-39	WK SBK CL	↓	R; C sap				
		39-48	MA L sap	↓	Multi				
2	L 5-10%	0-22	Mo SBK C	FR SS/SP	R	36"	PS	N/A	0.3
		22-36	WK SBK CL	↓	R; C sap				
		36-48	MA L sap	↓	Yel Br				
3	L 5-10%	0-28	Mo SBK C	FR SS/SP	R	40"	PS	N/A	0.3
		28-40	WK SBK CL	↓	R; F sap				
		40-52	MA L sap	↓	Multi				
4	L 5-10%	0-38	Mo SBK C	FR SS/SP	R,	49"	N/A	N/A	0.3
		38-49	WK SBK C	↓	R; C sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PP BPS	LP PPBPS
Site LTAR		

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

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

COMMENTS:

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

- session law- $500.00 #234682

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY) Contact Kathleen Saunders 7045784951

Applicant Name: Castlegate LLC Address: 282 Scotts Creek Dr. Statesville Zip: 28625
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 172 Staffordshire Dr. Statesville NC
Subdivision Name: Castlegate Section/Phase: _____ Lot Number: 16
Driving Directions: Rt. 64 Rt. 90 L Absner farm Loop left. Staffordshire property on Rt.

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: Jmangrum 2-27-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

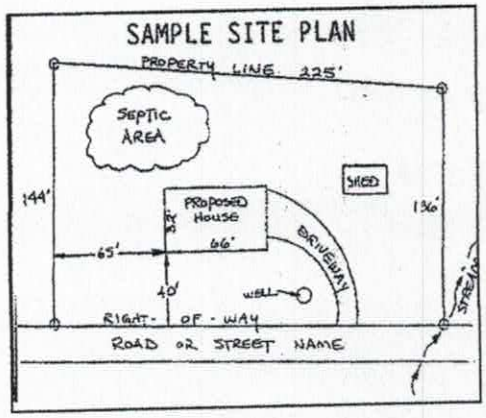
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

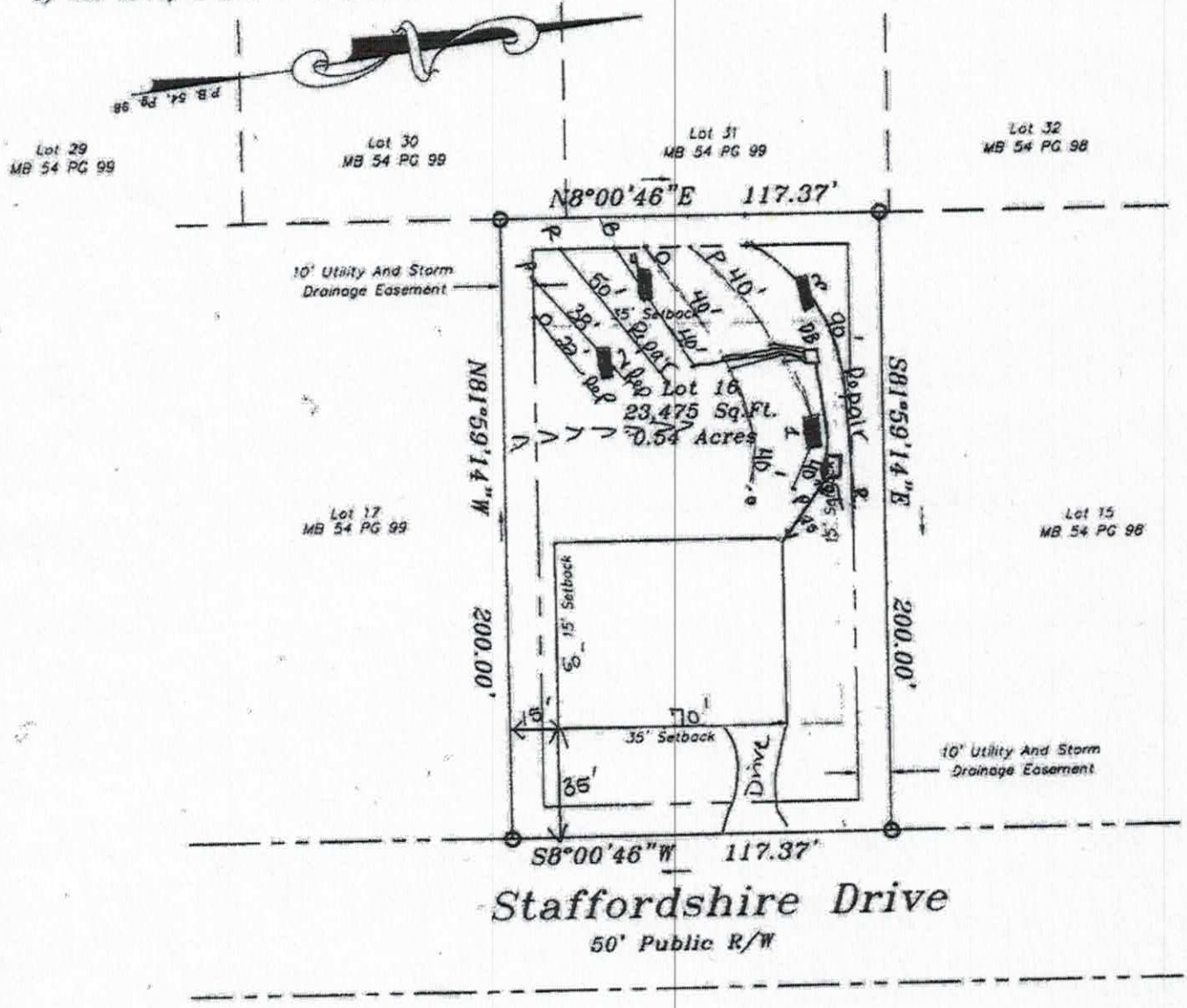
[redacted] 2-27-19
DATE

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: 98-100 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.

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 172a Stafford Shire Dr Statesville identified as PIN(Parcel Identification Number) 4715850158.000, located in Iredell County, North Carolina.

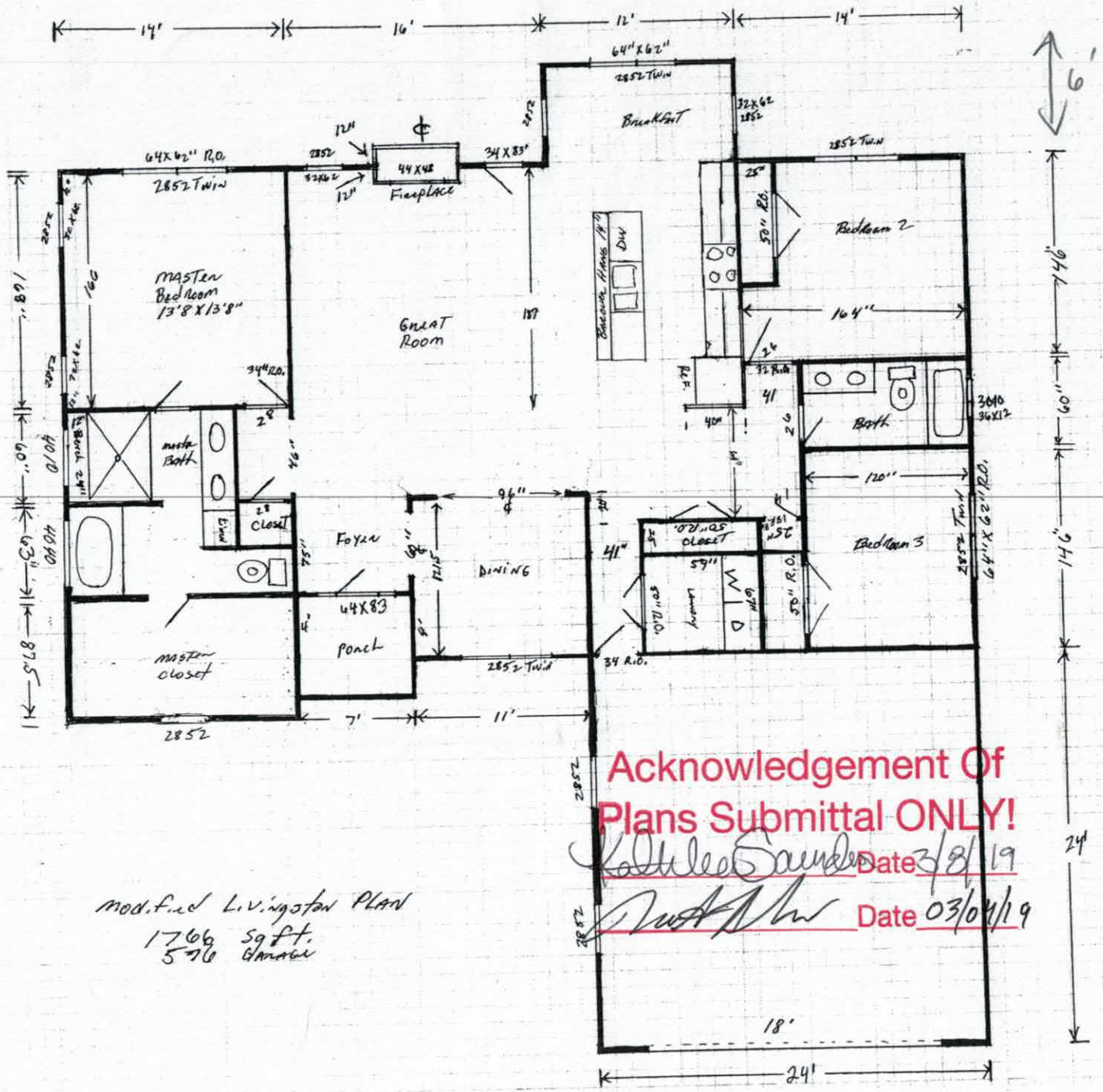
I do hereby authorize (print authorized agent/company name) The OAKS Group _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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.

_____ 4-10-18
Signature of Owner Date

_____ _____
Signature of Witness Date


56'
14'
16'
12'
14'
6'
64"X62"
2852 TWIN
BREAKFAST
32X62
2852
64X62" R.O.
2852 TWIN
12"
2852
32X62
12"
44X48
Fireplace
34X83"
2852 TWIN
25"
50" R.O.
Bedroom 2
MASTER
Bedroom
13'8"X13'8"
GREAT
Room
BREAKFAST HANG 14"
DW
164"
REF.
32 R.H.
41
40"
3010
36X12
Bath
2852
166
34" R.O.
2852
28
master
Bath
2852
TWIN
60"
28
CLOSET
Foyer
96"
DINING
120"
Bedroom 3
2852 TWIN
30"X62" R.O.
41"
25"
CLOSET
25"
59"
Laundry
30" R.O.
60"
W
D
30" R.O.
44X83
porch
master
closet
2852
7'
11'
34 R.O.
2852
2852
18'
24'
89"
60"
63"
87.5"
96"
109"
24'
60' total
Acknowledgement Of
Plans Submittal ONLY!
Kathleen Saunders Date 3/8/19
Date 03/04/19
Modified Livingston PLAN
1766 sq ft.
576 Garage

IREDELL COUNTY

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

APPLICATION NUMBER
234682
Issue Date: 04/09/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4715850158.000	172 STAFFORDSHIRE DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CASTLEGATE LLC	Applicant: KATHLEEN SAUNDERS
Address: 282 SCOTTS CREEK RD	Address: 121 HOLT LANE
STATESVILLE, NC 28625	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
.540	35.00	35.00	15.00	15.00	NOT	X

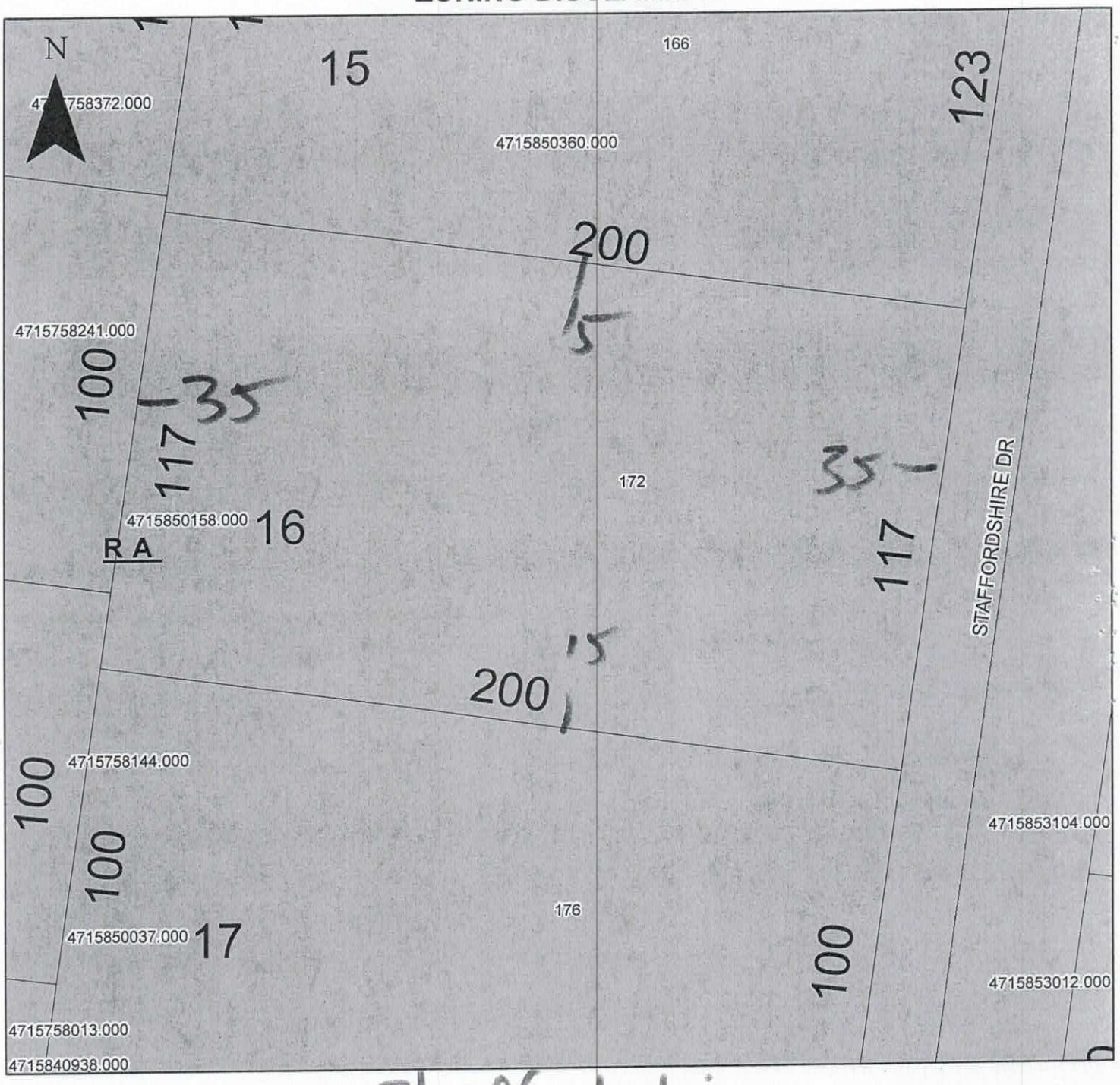
Remarks:

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	134784	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 172 Staffordshire

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.

J Mangum

4-9-18