IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234674

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

PIN # 4715850360 - 1602

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

SITE ADDRESS: 150 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: 1 LOT # 12 LOT AREA: 0.46 DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 325 Date 3-21-19

Pump Tank 1000 (gal) PT 302 Date 2-4-19

Pump Make Zoeller Model BN151-13 Serial # 1HP

Nitrification Fields 1 # Lines 4 Linear Ft 300

Trench Width 36" Trench Bottom Depth (low Side) 24" Gravel Depth N/A

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

System Description: 25% Reduction

Repair System Description: LPPBPPS

Maintenance Agreement Required: ☐ YES ■ NO

☐ GRAVITY ■ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees

■ Crawl Space ☐ Basement w/o plumbing

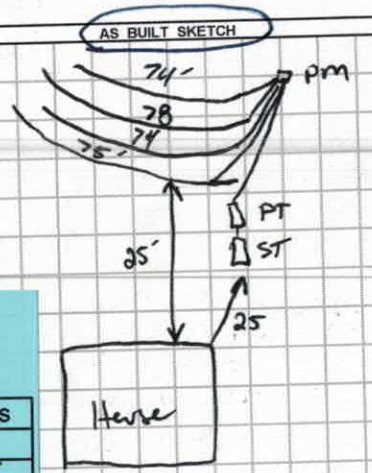
Water Supply: ☐ Private ■ Public ☐ Community

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

INITIAL SITE SKETCH

See plan by: The Oaks Group, PA

AS BUILT SKETCH



	Date	Initials
Drain Lines Checked	5-22-19	
Tanks Checked	5-22-19	
Pressure Manifold or Valve Box Checked	5-22-19	
Pressure Head Set	5-22-19	
Electrical Checked	6-17-19	CC
Floats Set	5-22-19	
Alarm Checked	6-17-19	CC
Maintenance Contract Y / N	6-17-19	BLW

not Required

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: [signature] Date:

IMPROVEMENT PERMIT by: [signature] Date: 12/18/18

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12/18/18

Installed by: Rowan Septic

OPERATION PERMIT by: Carla C. Cave Date: 6-17-19

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.

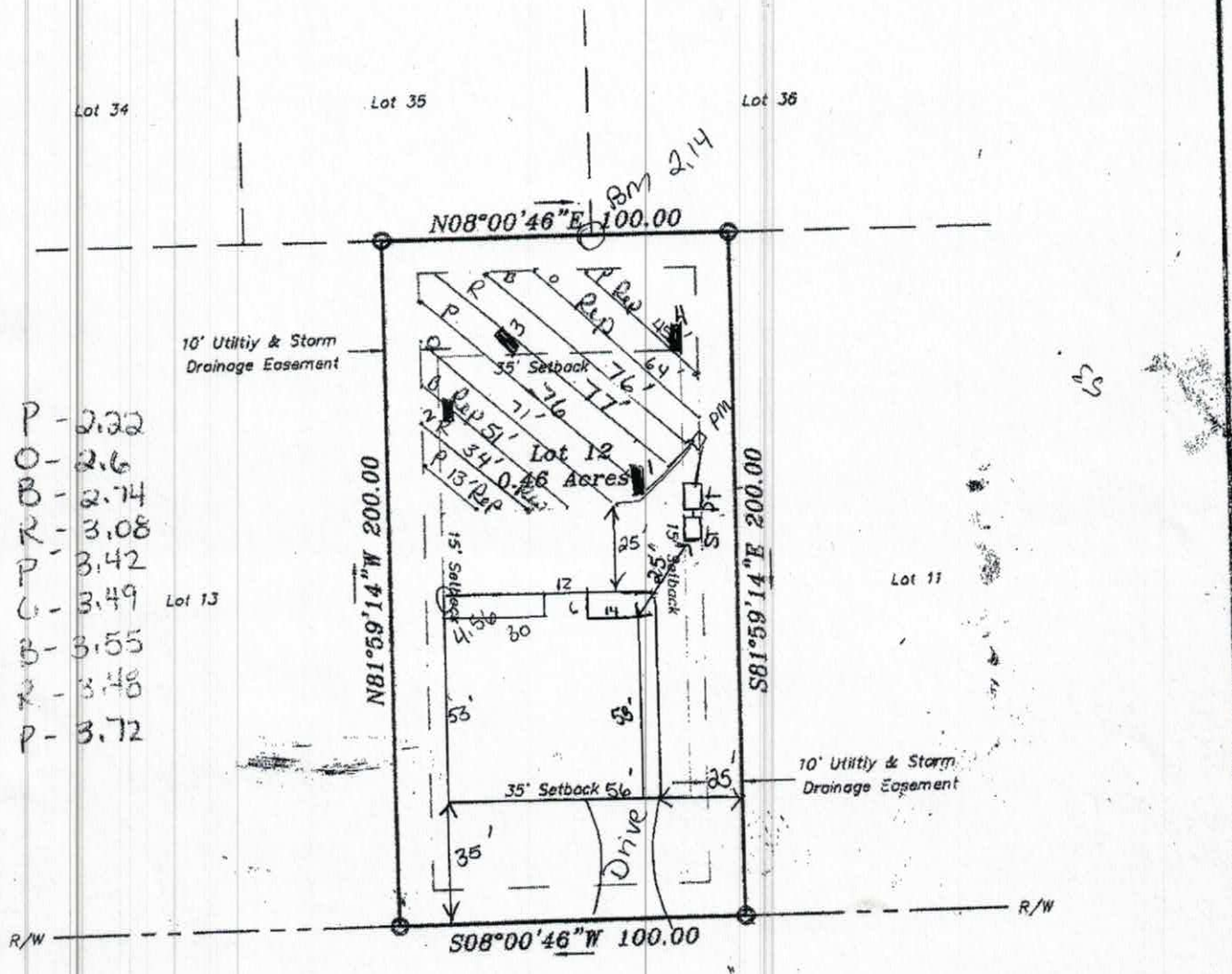
3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

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
= Calculated Point



P - 2.32
O - 2.6
B - 2.74
R - 3.08
P - 3.42
O - 3.49
B - 3.55
R - 3.48
P - 3.72

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)

P.B. 54, Pg. 98

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 150 Staffordshire Dr

Date: August 14, 2018

Attached is the septic specification information required to permit 150 Staffordshire 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.

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

Kathleen Saunders

Castlegate Lot 12 Fast Track Septic Spec Sheet

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.
Max Trench Depth	24"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	20' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 8.34'
Pressure head	2.0'
Friction head	1.0'
20% Contingency	2.3'
Total Head	13.64'
Pump Requirements	22 gpm @ 13.64' 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	8.2
Repair System	**LP PPBPS**
Total Linear Feet	207
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	Repair	Pink	LP PPBPS	45	2.22
2	Repair	Orange	LP PPBPS	64	2.6
3	System	Blue	25% Reduction	76 endfed	2.74
4	System	Red	25% Reduction	77 endfed	3.08
5	System	Pink	25% Reduction	76 endfed	3.42
6	System	Orange	25% Reduction	71 endfed	3.49
7	Repair	Blue	LP PPBPS	51	3.55
8	Repair	Red	LP PPBPS	34	3.48
9	Repair	Pink	LP PPBPS	13	3.72
				Total System: 300'	
				Total Repair: 207'	

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000	3.46
House	blue		4.56

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

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 ICHD

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
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
ADDRESS: 7271 Long Island Rd
PROPOSED FACILITY: SFR
LOCATION OF SITE: Lot 12 Castlegate
APPLICATION DATE
DATE EVALUATED: 12/7/18
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.46
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L <2%	0-22	Mo SBK C	FR SS/SP	R				0.3
		22-48	WK SBK CL	↓	R; C SAP	48+	N/A	N/A	
2	L <2%	0-17	Mo SBK C	FR SS/SP	R				0.3
		17-44	WK SBK CL	↓	R; C SAP	44+	N/A	N/A	
3	L <2%	0-24	Mo SBK C	FR SS/SP	R				0.3
		24-42	WK SBK CL	↓	R; C SAP; F Quartz yel R				
		42-48	MA L SAP	↓		42	PS	N/A	
4	L <2%	0-24	Mo SBK C	FR SS/SP	R, F Quartz				0.3
		24-48	WK SBK CL	↓	R; C SAP	48+	N/A	N/A	

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

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

COMMENTS:

18
x3 x4
x1 x2

RECEIVED AUG 17 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#234674 Paid $350.00

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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY) Contact Kathleen Saunders 704 578 4951

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: 150 Staffordshire Drive Statesville, NC
Subdivision Name: Castlegate Section/Phase: _____ Lot Number: 12
Driving Directions: Rt. 64 Rt. 90 Left Absher Farm Loop Left Staffordshire property is on Right.

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: Jessica Maguire 8-14-18
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 190 Staffordshire Drive, identified as PIN(Parcel Identification Number) 4715851402.000, 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

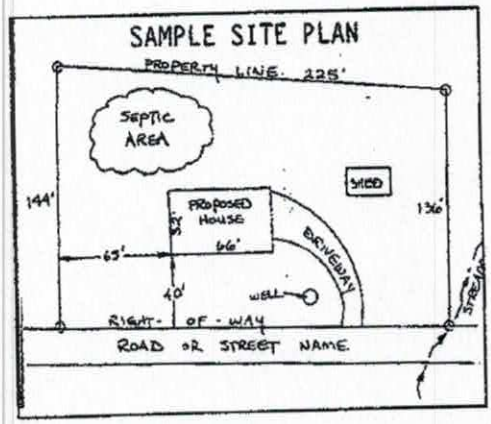
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (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

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

8-14-18
DATE

Acknowledgement Of
Plans Submittal ONLY!

Date 12/13/18

Kathleen Swaffar 8-16-18

IREDELL COUNTY

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

APPLICATION NUMBER
234674
Issue Date: 04/09/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4715851602.000	150 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
.460	35.00	35.00	15.00	15.00	NOT	X

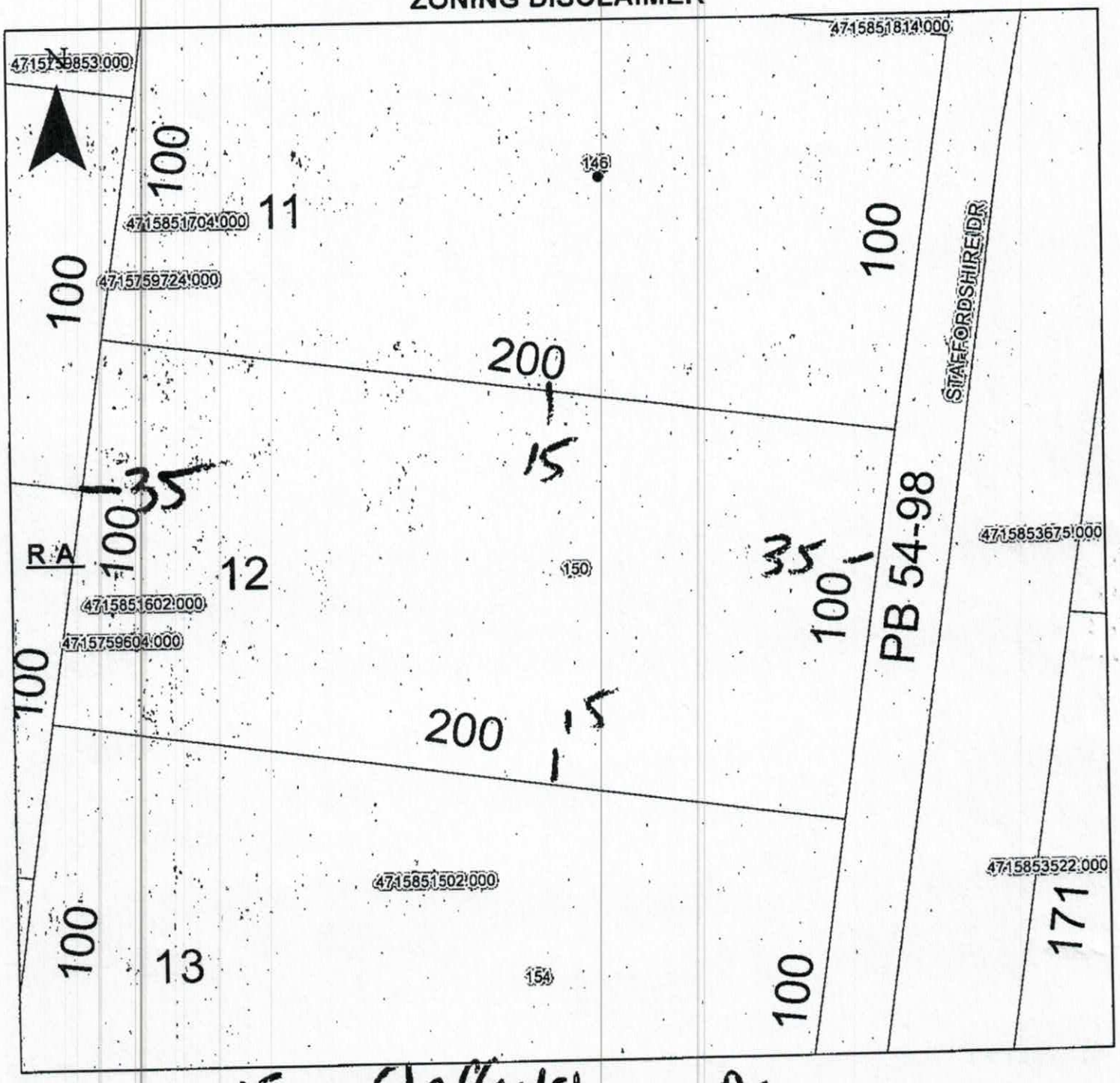
Remarks:

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	134777	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 150 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.

J Mansum

4-9-18