ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 306817.

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

PIN # 4715 -85 -1844

APPLICANT/OWNER: Castlegate LLC APPLICANT ADDRESS: 7271 Long Island Rd Carrabus NC

SITE ADDRESS: 142 Staffordshire Drive Statesville NC 28625 PHONE: ALT. PHONE 704-578 4951 (CSS)

SITE DIRECTIONS: RT 64 RT 90 Absher Farm Loop Staffordshire

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Castlegate SECTION: — LOT # 10 LOT AREA: .5 Acres DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000 (gal)	STB RST 825	Date 11/25/2020	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank — (gal)	PT —	Date —	System Description: Gravity - 25% Reduction	☐ Business	No. Persons 6	☐ Private
Pump Make —	Model —	Serial # —	Repair System Description: LD-PPBPS- 50 Reduction	☐ Other	No. Employees —	☒ Public
# Nitrification Fields 1	# Lines 5	Linear Ft 300	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36	Trench Bottom Depth (low side) 30 in	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

Floorplan and original permit

INITIAL SITE SKETCH

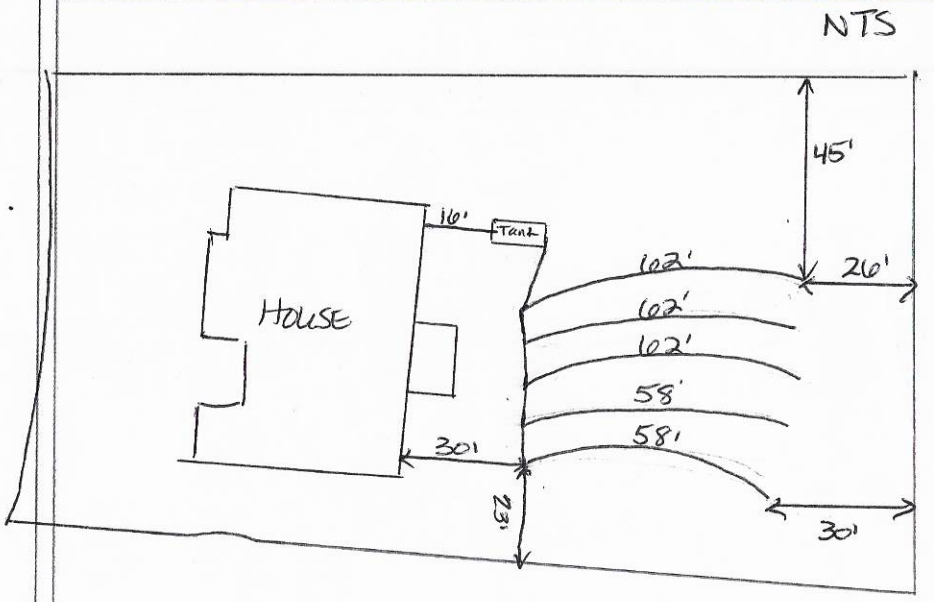
This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group PA

LSS # 1313

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: 11-17-2020 Installed by: Bacon Septic - Kevin Kirkpatrick

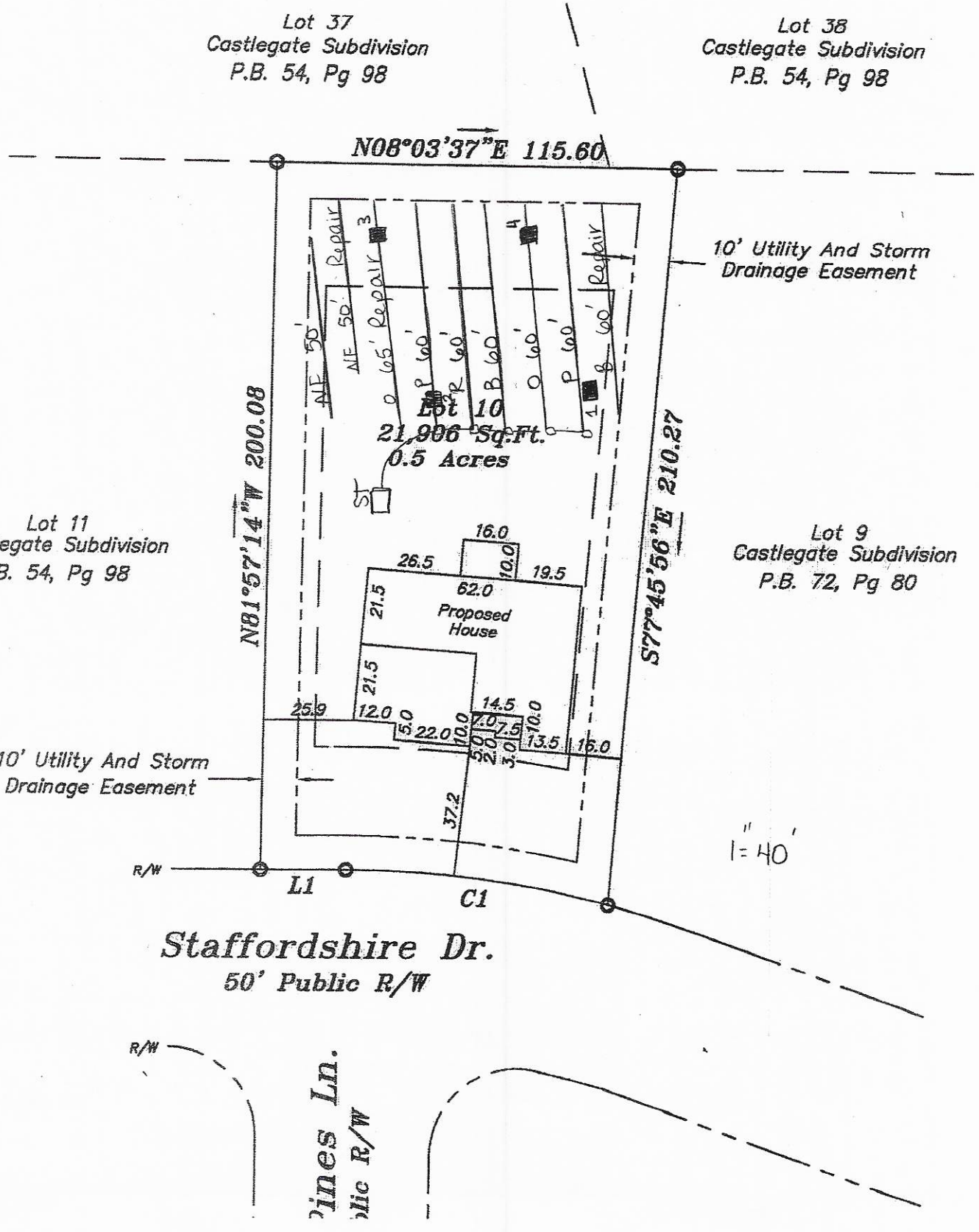
IMPROVEMENT PERMIT by: Benjamin A Bobbitt Date: 11-16-2020 OPERATION PERMIT by: Date: 1/6/21

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bobbitt Date: 11-16-2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

CURVE TABLE				
CURVE	LENGTH	RADIUS	Chord Distance	Chord Bearing
C1	76.58	300.00	76.37	S15°19'30"W

LINE TA	
LINE	LENGTH
L1	24.49



Castlegate Lot 10 - 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	225
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	NF	LP PPBPS	50
2	Repair	NF	LP PPBPS	50
3	System	Orange	LP PPBPS	65
4	System	Pink	25% Reduction	60 endfed
5	System	Red	25% Reduction	60 endfed
6	System	Blue	25% Reduction	60 endfed
7	System	Orange	25% Reduction	60 endfed
8	Repair	Pink	25% Reduction	60 endfed
9	Repair	Blue	LP PPBPS	60
				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

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

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

OWNER: Castlecate LLC
ADDRESS: 7271 Long Island Rd Catawba NC
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Castlecate Lot 10
APPLICATION DATE ___
DATE EVALUATED: 3/25/202x
PROPERTY SIZE: ___
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 15%	0 - 5	Mo GR SL	FR NS/NP	Br	48+	N/A	N/A	0.3
		5 - 30	Mo SBK C	FR SS/SP	R				
		30 - 48	WK SBK C	↓	R; C sap				
2	L 15%	0-28	Mo SBK C	FR SS/SP	R	48"	N/A	N/A	0.3
		28-48	WK SBK CL	↓	R; C/M sap				
		48"	MA L SAP	↓	Mo Th				
3	L 15%	0-26	Mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		26-48	WK SBK CL	↓	R; C sap				
4	L 15%	0-28	Mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		28-48	WK SBK CL	↓	R; F sap				

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: KnS
OTHER(S) PRESENT: ___

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

COMMENTS: ___

Kathleen Saunders

Updated February 2014

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 142 Staffordshire Dr

Date: October 20, 2020

Attached is the septic specification information required to permit 142 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 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
1313
STATE OF NORTH CAROLINA

RECEIVED NOV 05 2020

500

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

SL AP-306817 $580.00

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

Property Information:

Street Address: 142 Staffordshire Dr Statesville
Subdivision Name: Castlegate Section/Phase: _____ Lot Number: 10
Driving Directions: Rt 64, Rt 90, Absher Farm Loop, Staffordshire

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 10-20-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

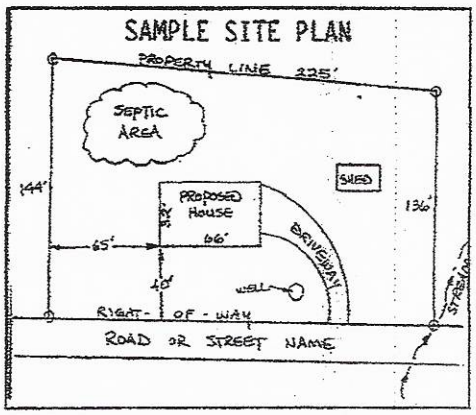
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

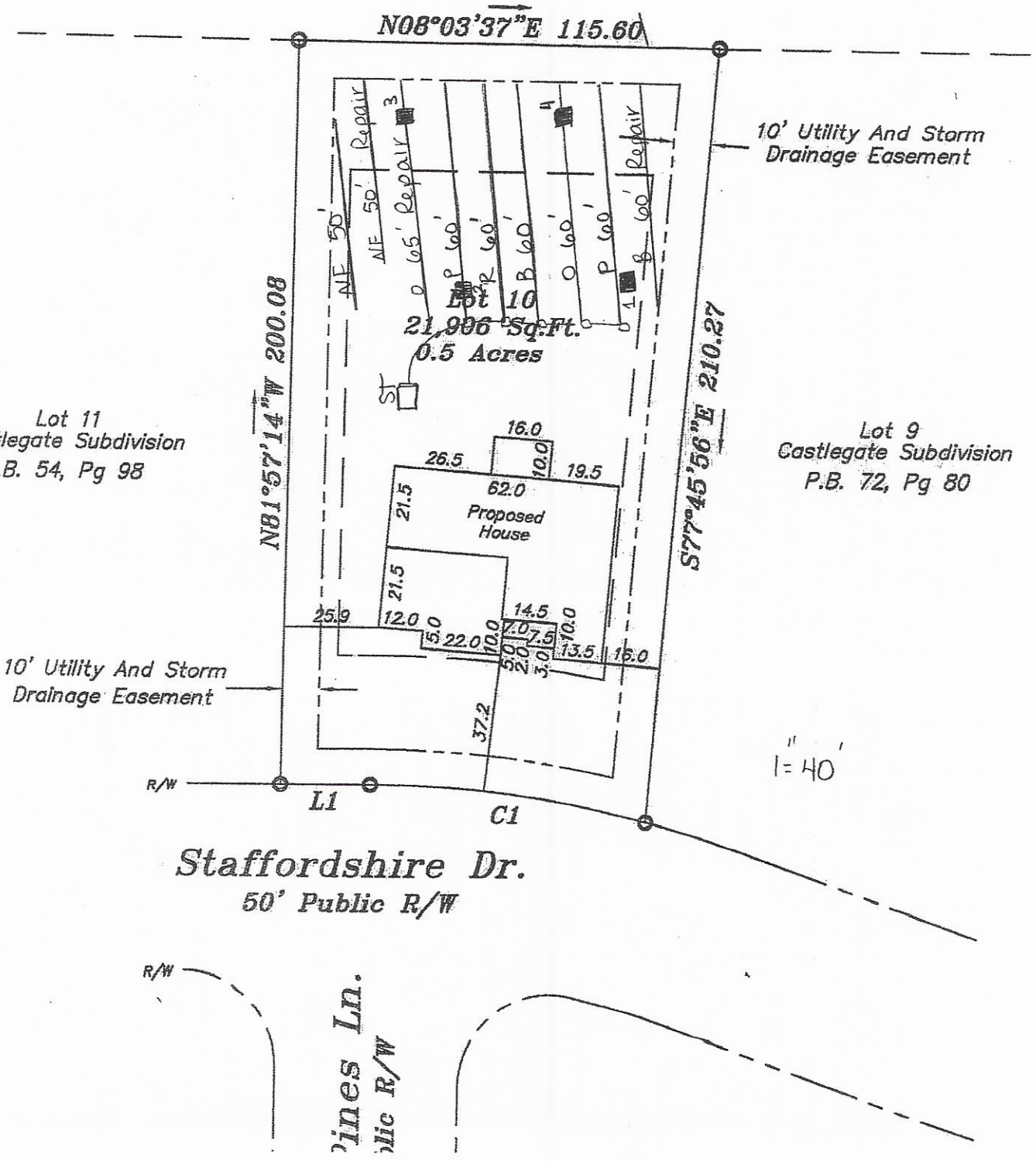
Please see Attached

Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-20-2020
DATE

CURVE TABLE				
CURVE	LENGTH	RADIUS	Chord Distance	Chord Bearing
C1	76.58	300.00	76.37	S15°19'30"W

LINE TA	
LINE	LENGTH
L1	24.49



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 142 Staffordshire 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.

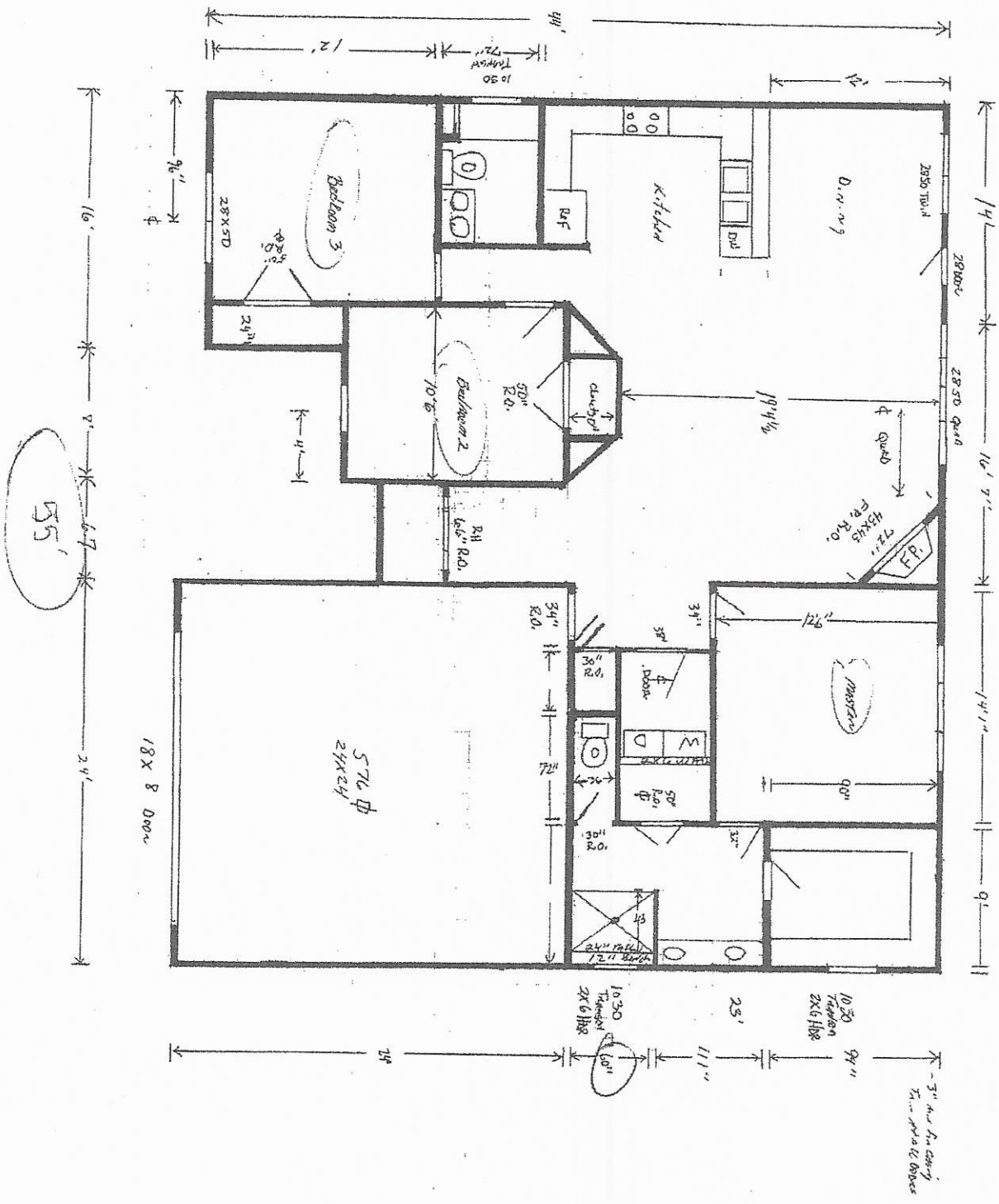
1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

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.

_____ 10-20-2020
Signature of Owner Date

_____ _____
Signature of Witness Date

Acknowledgement Of
Plans Submittal ONLY!
Benjamin A Butler Date 4-21-2020
Kathleen Saunders Date 4-27-2020



IREDELL COUNTY · NC

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

APPLICATION NUMBER
306817 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4715851814.000	142 STAFFORDSHIRE DR	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
0.5	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.

Signature of Owner/Contractor

Date: 04/16/2020

Permit Number	306817

TOTAL FEES:	$77.25