# IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 224782

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

PIN # 4715853522

APPLICANT: Lake Luxury Homes/Castlegate APPLICANT ADDRESS: 7271 Long Island Rd Catawba, NC 28609

SITE ADDRESS: 151 Staffordshire Dr Statesville, NC PHONE: ALT. PHONE:

SITE DIRECTIONS: I-40 exit Hwy 64 TR Tayorsville Hwy TL Absher Farm Lp TL Staffordshire on left

SUBDIVISION: Castlegate SECTION: LOT # 124 LOT AREA: DESIGN FLOW: 360gpd L.T.A.R.: .3

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB 823 | Date 9-20-17 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms 3 |
| Pump Tank | (gal) | PT | Date | System Description: | | | Gravity - 35% Reduction | ☐ Business | No. Persons 6 |
| Pump Make | | Model | Serial # | Repair System Description: | | | LPP BPS | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines 3 | Linear Ft: 300' | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☒ Slab | ☐ Crawl Space |
| Trench Width | 36" | Max. Trench Bottom Depth | 36" lowside | Gravel Depth N/A | ☒ GRAVITY | ☐ PRESSURE | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

Water Supply: ☐ Private ☒ Public ☐ Community

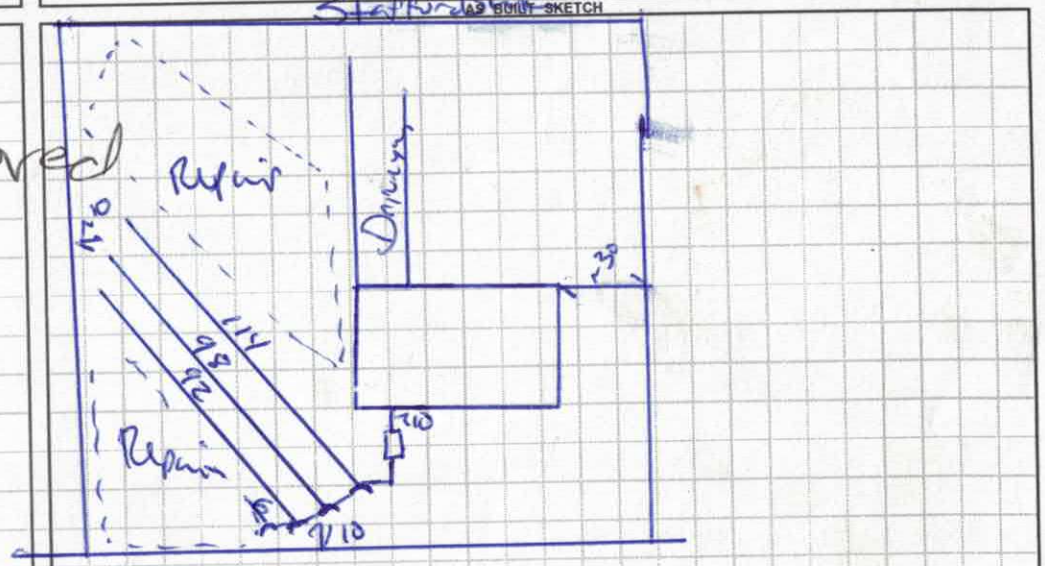
Comments / Conditions: Do not grade house site down.
Recommend pumping septic tank every 3-5 years.

* House placement moved

INITIAL SITE SKETCH

See attached, approved Septic plan by The Oaks Group, PA (dated 2/6/17)

AS BUILT SKETCH




*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: 3/1/17

IMPROVEMENT PERMIT by: Maria Dolgos Date: 2/24/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuler Date: 3/30/17

Installed by: Kevin Kirkpatrick - Rowan Septic

OPERATION PERMIT by: Benjamin A. Bottoms Date: 10/31/201

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

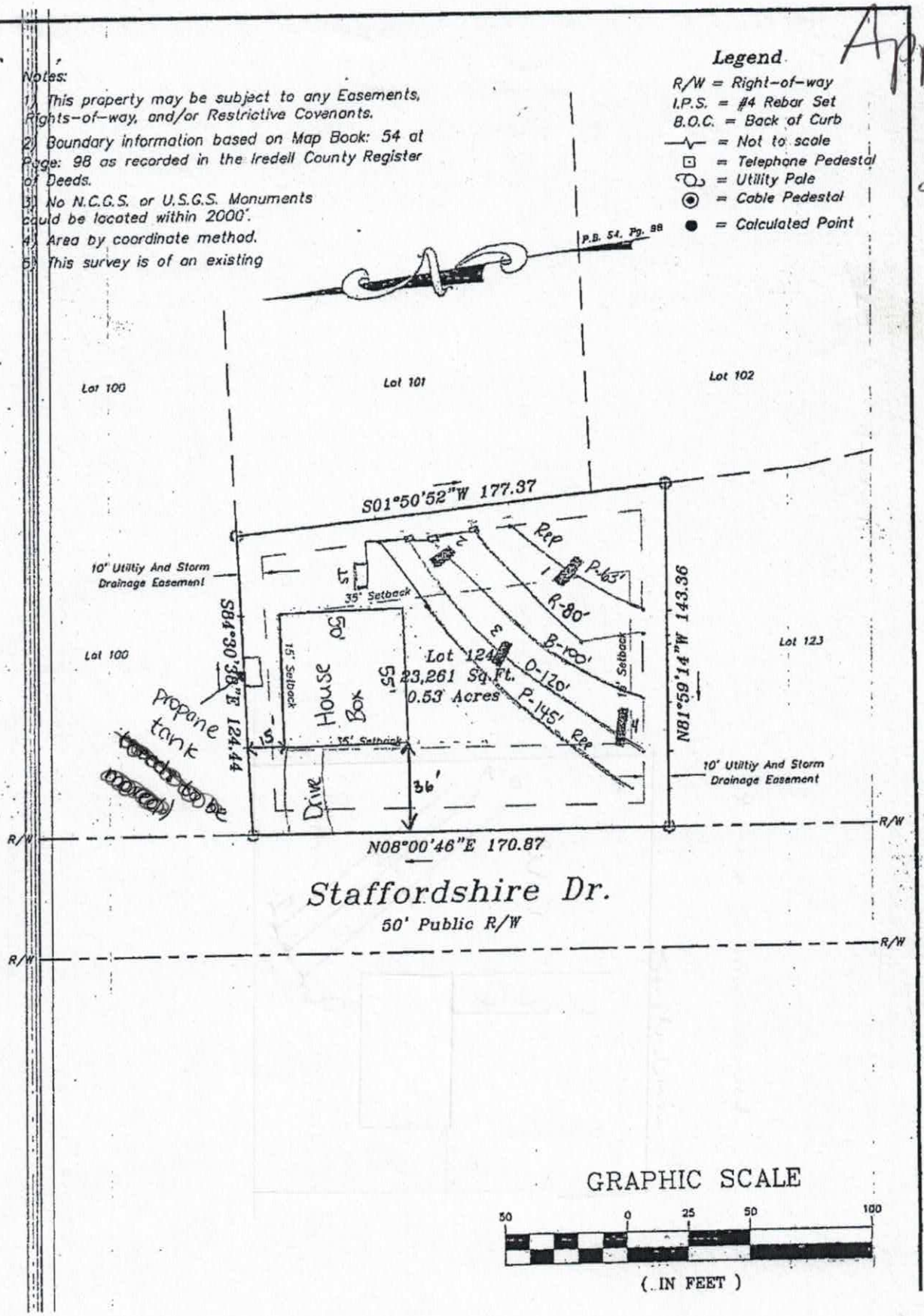
Approved
MD
2/24/17

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




GRAPHIC SCALE

50 0 25 50 100

( IN FEET )

Approved
2/24/17
MS

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Lake Luxury Homes
ADDRESS: 7271 Long Island Rd
PROPOSED FACILITY: SFR
LOCATION OF SITE: Castlegate 124
APPLICATION DATE
DATE EVALUATED: 1/26/17
PROPERTY SIZE: 0.53
PROPERTY RECORDED: ~~DB 1581~~
PROPOSED DESIGN FLOW (.1949): 360
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 3-5% | 0-6 | Mo GR SL | FR ns/np | Br | 50+ | N/A | N/A | 0.3 |
| | | 6-24 | Mo SBK C | FR ss/sp | R | | | | |
| | | 24-50 | WK SBK C | ↓ | R; F sap | | | | |
| 2 | L | 0-6 | Mo GR SL | FR ns/np | Br | 50+ | N/A | N/A | 0.3 |
| | | 6-24 | WK SBK CL | FR ss/sp | R | | | | |
| | | 24-50 | Mo SBK C | ↓ | R; F Quartz | | | | |
| 3 | L | 0-6 | Mo GR SL | FR ns/np | Br | 53+ | N/A | N/A | 0.3 |
| | | 6-24 | WK SBK C | FR ss/sp | R | | | | |
| | | 24-53 | Mo SBK C | ↓ | R | | | | |
| 4 | L | 0-6 | Mo GR SL | FR ns/np | Br | 58+ | N/A | N/A | 0.3 |
| | | 6-26 | Mo SBK C | FR ss/sp | R | | | | |
| | | 26-58 | WK SBK CL | ↓ | R; F/C sap | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 25% Red | LD PP BPS |
| Site LTAR | 0.3 | 0.3 |

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

COMMENTS:

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: Castlegate Lot 124

Date: February 6, 2017

Attached is the septic specification information required to permit the Castlegate Lot 124 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

Approved
2/24/17
MD

## Lot 124 Castlegate Fast Track - The Oaks Group, PA

| | |
|---|---|
| **Number of Bedrooms** | **3** |
| **Basement or Crawl** | **Concrete Slab** |
| **Design Flow (gpd)** | **360** |
| **Primary System LTAR (gpd/ft2)** | **0.3** |
| **Primary System Type** | **25% Reduction** |
| No. Lines | 3 (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) | 36" |
| Maintenance Agreement Required | No |
| **Repair System** | **LP PPBPS** |
| Total Linear Feet | 208 |
| 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 | Pink | LP PPBPS | 145 |
| 2 | Repair | Orange | 25% Reduction | 120 endfed |
| 3 | Repair | Blue | 25% Reduction | 100 endfed |
| 4 | System | Red | 25% Reduction | 80 endfed |
| 5 | System | Pink | LP PPBPS | 63 |
| | | | | Total System: 300' |
| | | | | Total Repair: 208' |

**Note: Keep necessary setbacks to foundation drains if used**
**Tank locations and distribution devices can be altered at ICHD's discretion**

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

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

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

**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

**Applicant Information:** Contact Kathleen Saunders (704) 578-4951

**Applicant Name:** Lake Luxury Homes **Address:** 7271 Long Island Rd Catawba 28609 **Phone:**

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

**Property Information:**

**Street Address:** 151 Staffordshire Dr Statesville 28625

**Subdivision Name:** Castlegate **Section/Phase:** SHT1 **Lot Number:** 124

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

( ) Crawl Space Foundatio
(X) Concrete Slab Foundati
( ) Basement with Plumbin
( ) Basement without Plum

**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 Wate

**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 fo 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
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-29-17
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 Lot 124 Castlegate, 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.

_____ 3-29-17
Signature of Owner Date

_____ _____
Signature of Witness 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 Staffordshire Dr Statesville identified as PIN(Parcel Identification Number) 4715-85-3522, 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...

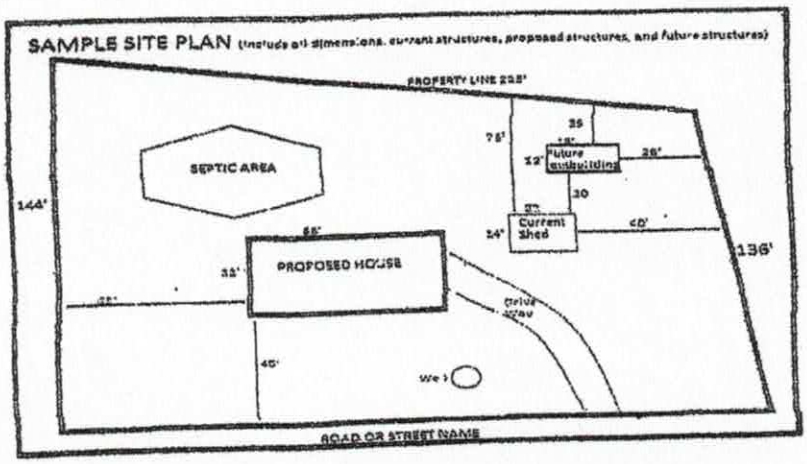
X North arrow, or other sufficient indicator of direction...

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.

3-29-17

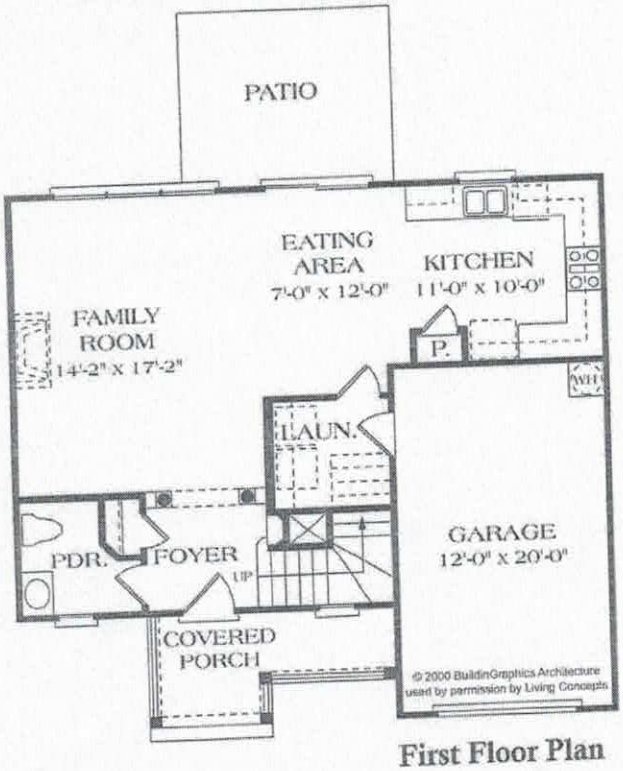
DATE

Lot 124

# Woodrun

**A-1354**




First Floor Plan




Second Floor Plan

Plan Available on AutoCAD

## PLAN SPECIFICATIONS

| | | | | | |
|---|---|---|---|---|---|
| First Floor | 680 | Sq.Ft. | Bedrooms | 3 | |
| Second Floor | 716 | Sq.Ft. | Baths | 2.5 | |
| TOTAL | 1396 | Sq.Ft. | Width | 31'-3" | |
| Garage | 253 | Sq.Ft. | Depth | 31'-3" | |
| | | | Foundation | Slab | |
| | | | Price Code | A | |

Acknowledgement of Plans Submittal ONLY!

Kathleen Sweeney Date 3-29-17

Tom Shuck Date 3/30/17


living concepts
Home plans by Frank Snodgrass
7400 Carmel Executive Park, Suite 150-B
Charlotte North Carolina 28226
Telephone: (704) 541-5917 Fax: (704) 542-1499
Website: www.livingconcepts.com


permit
55w x 50d

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 224782 |
| Issue Date: 02/06/2017 |

**ZONING PERMIT**
Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4715853522.000 | 151 STAFFORDSHIRE DRIVE, STATESVILLE, NC 28625 | |

| Owner Information | Applicant Information |
|---|---|
| Owner: CASTLEGATE LLC | Applicant: THE OAKS GROUP |
| Address: 182<br>IREDELL CO, NC 28625 | Address: 121 HOLT LN<br>MOORESVILLE, NC 28117 |
| Phone: | Phone: 704-578-4951 |

| Use Requested | Zone Code |
|---|---|
| | |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .530 | 35.00 | 35.00 | 15.00 | 15.00 | NO | X |

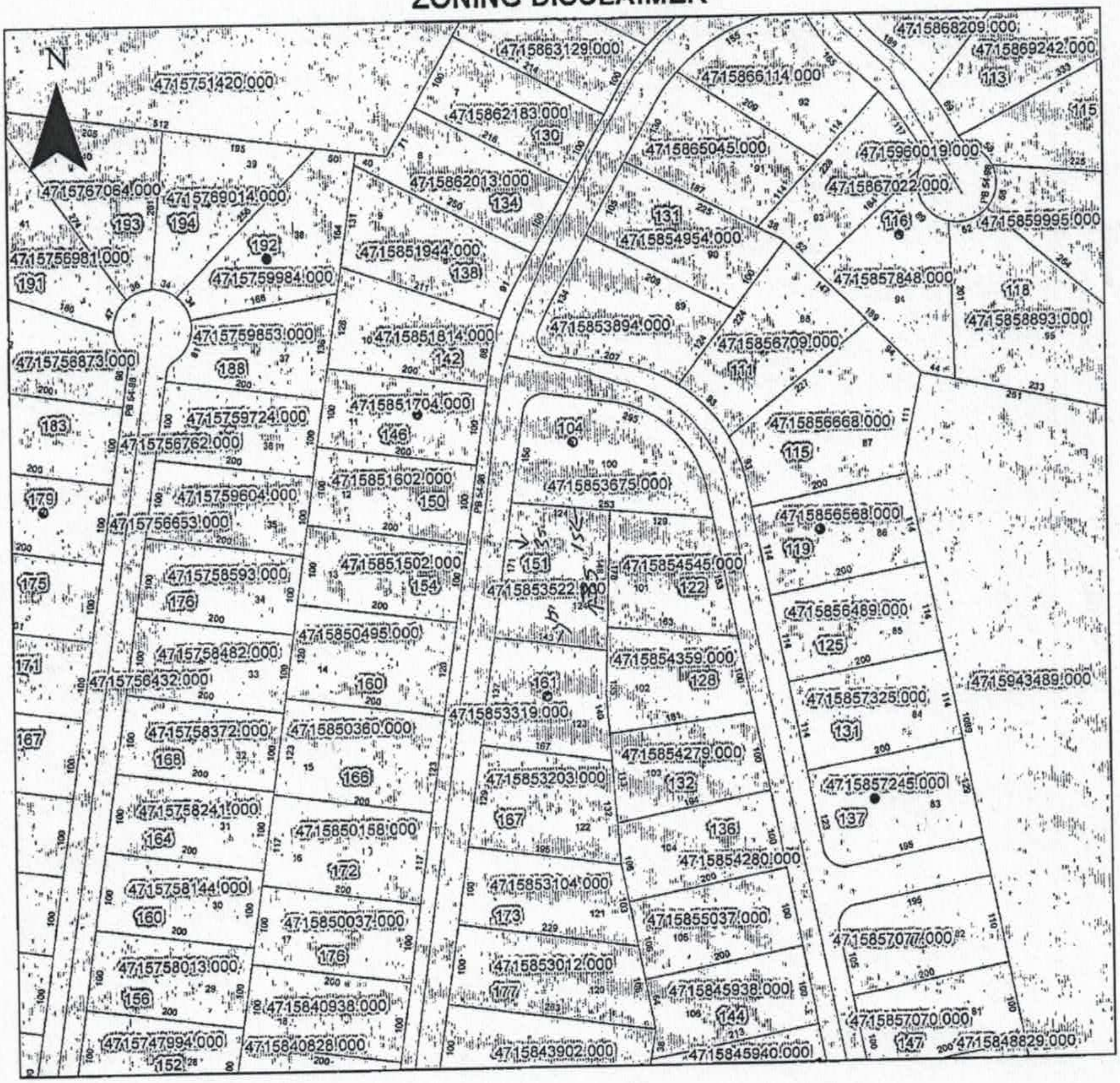
**Remarks:**

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 | 92429 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 151 Stafford Shire 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.

[signature]

Applicant

2/6/17

Date