IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227654

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

PIN # 4715856668

APPLICANT/OWNER: Castlegate LLC / Brady Fruman. APPLICANT ADDRESS: 282 Scotts Creek RD Statesville NC 28625

SITE ADDRESS: 115 Castle Pines Lane Statesville, NC 28625 PHONE: ~ ALT. PHONE 704 578 4951 Kathleen Saunders

SITE DIRECTIONS: I-40 exit Hwy 64 / R on Taylorsville Hwy / L on Abbotts Creek Loop / L on Stafford Shire / L on Castle Pines. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Castlegate SECTION: ~ LOT # 87 LOT AREA: .78 Acres DESIGN FLOW: 360 gpd L.T.A.R.: -3

Septic Tank	1000	(gal)	STB	825	Date	7-17-17	☒ 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:	25% reduction			☐ Business	No. Persons	6	☐ Private
Pump Make	—	Model		—	Serial #	—	Repair System Description:	50% reduction LP PPBPS			☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	2 @ 150	Linear Ft:	300		Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth(Lowside)	36 High	Gravel Depth	~		☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: System must be installed as proposed by The Oaks Group
Recommend pumping septic tank every 3-5 years

INITIAL SITE SKETCH

See Site Plan
Design by THE
Oaks Group.

Dated 6/5/2017 Kathleen Saunders LSS # 1313

AS BUILT SKETCH

INSTALLED AS SHOWN
37 CHAMBERS IN EACH DITCH

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. Batkins Date: 6/14/17.

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Batkins Date: 6/14/17

Installed by: Rowan Septic

OPERATION PERMIT by: BA Batkins Date: 9-26-17

Existing System Inspected by: Date:

property may be subject to any Easements, s-of-way, and/or Restrictive Covenants.

Boundary information based on Map Book: 54 at age: 98 as recorded in the Iredell County Register of Deeds.

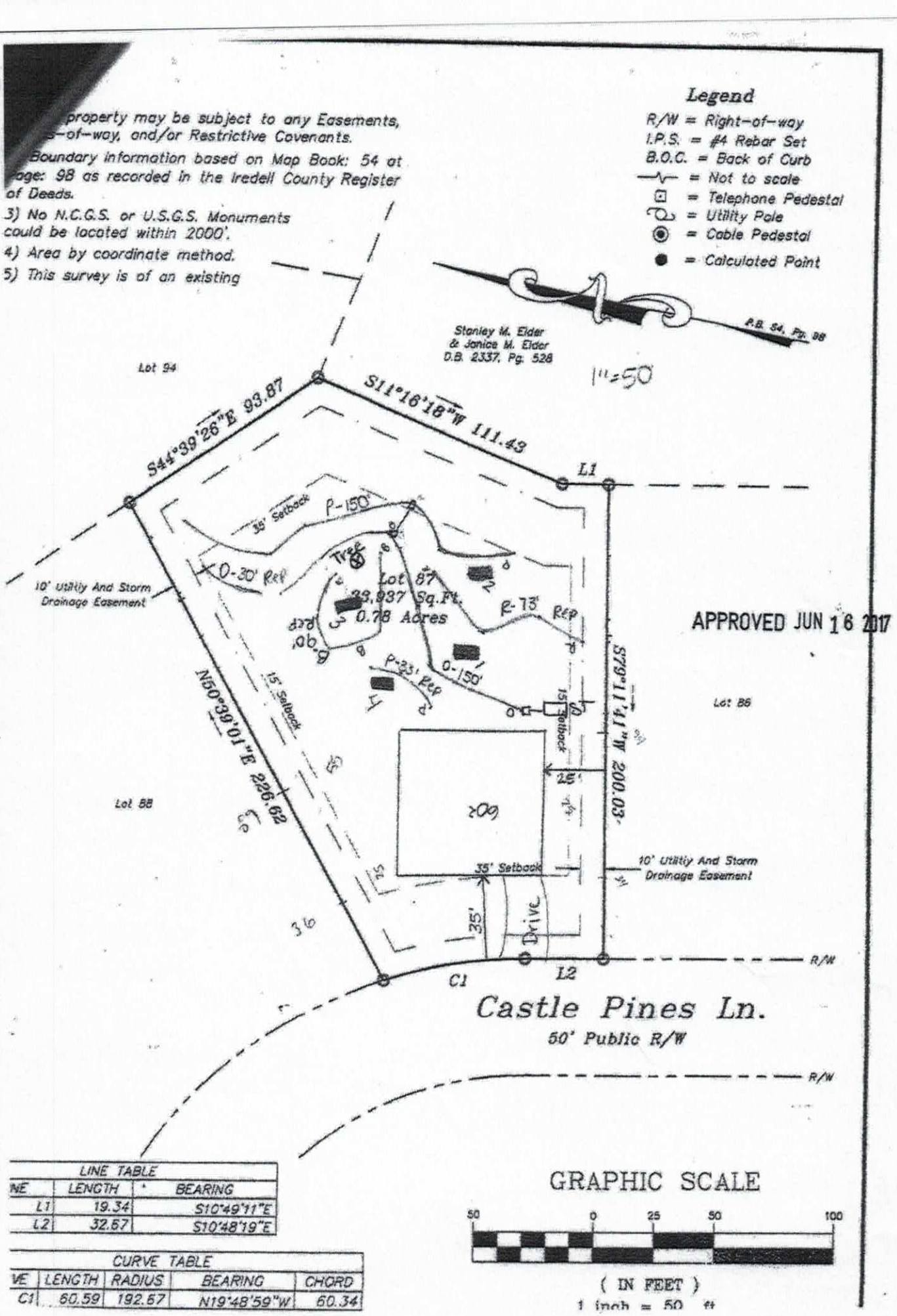
3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

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



LINE TABLE		
NE	LENGTH	BEARING
L1	19.34	S10°49'11"E
L2	32.67	S10°48'19"E

CURVE TABLE				
VE	LENGTH	RADIUS	BEARING	CHORD
C1	60.59	192.67	N19°48'59"W	60.34

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)

1 inch = 50 ft

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 115 Castle Pines Lane

Date: June 5, 2017

Attached is the septic specification information required to permit the 115 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.

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

Kathleen Saunders

Lot 87 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	2 (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	226
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

APPROVED JUN 16 2017

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Pink	LP PPBPS	33
2	Repair	Blue	LP PPBPS	90
3	System	Orange	25% Reduction	150 endfed
4	Repair	Orange	LP PPBPS	30
5	Repair	Red	LP PPBPS	73
6	System	Pink	25% Reduction	150 centerfed
				Total System: 300'
				Total Repair: 226'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Slight shaping to septic area may even out septic lines.

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

APPROVED JUN 16 ·'17

Sheet 1 of 1
PROPERTY ID #: 4715-85-6608
COUNTY: I

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

OWNER: Castlegate LLC
ADDRESS: 282 Scotts Creek Rd Statesville
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Lot 87
APPLICATION DATE:
DATE EVALUATED: 6/1/17
PROPERTY SIZE: 0.78
PROPERTY RECORDED: past 81

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%	0-20	mo SBK C	FR SS/SP	R	36"	PS	N/A	0.3
		20-36	WK SBK CL	↓	R; C sap				
		36-60	MA L Sap		R Br; F CL				
2	B. Boykins ICHD Approved 6/14/17 L ~5%	0-27	mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		27-48	WK SBK CL	↓	R; C sap				
3	B. Boykins ICHD Approved 6/14/17 ~2%	0-11	mo GR SL	FR ns/np	Br	48"	N/A	N/A	0.3
		11-28	mo SBK C	FR SS/SP	R				
		28-48	WK SBK CL	↓	R; C sap				
4	L ~3%	0-21	mo SBK C	FR SS/SP	R	48"	N/A	N/A	0.3
		21-48	WK SBK CL	↓	R; C sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Reduction LPP PBPS	
Site LTAR	0.3	0.3

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

COMMENTS:

RECEIVED JUN 8 - 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00
#227654

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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 S 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: Brady Freeman **Address:** 208 South River Church Rd Woodleaf NC 27054 **Phone:**

Property Information:

Street Address: 115 Castle Pine Ln Statesville NC

Subdivision Name: Castlegate **Section/Phase:** **Lot Number:** 87

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 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 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 grai 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 Helt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/11/17
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Brady Freeman, am the legal owner(s) of the property located at 4715-85-6668, identified as PIN (Parcel Identification Number) 115 Castle Pines Statesville located in Iredell County, North Carolina.

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

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) 6/5/17 Date

Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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 Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

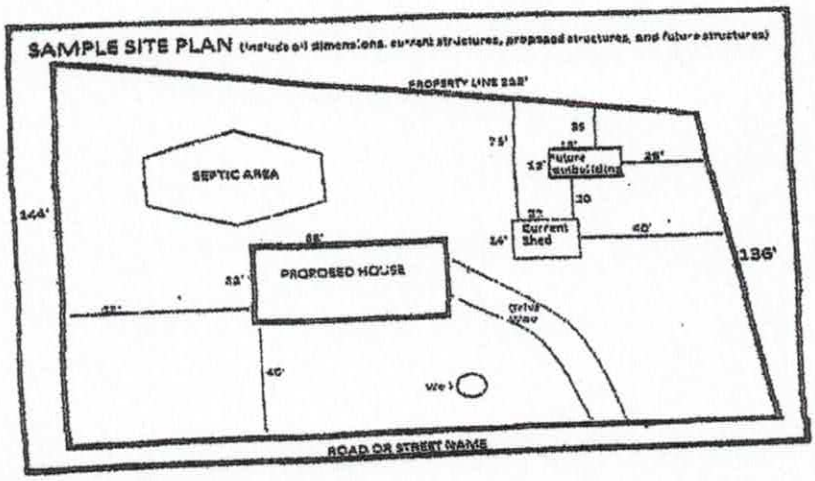
X North arrow, or other sufficient indicator of direction...

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

Please see attached site plan

Signature: Emma Hall

6/1/17
DATE

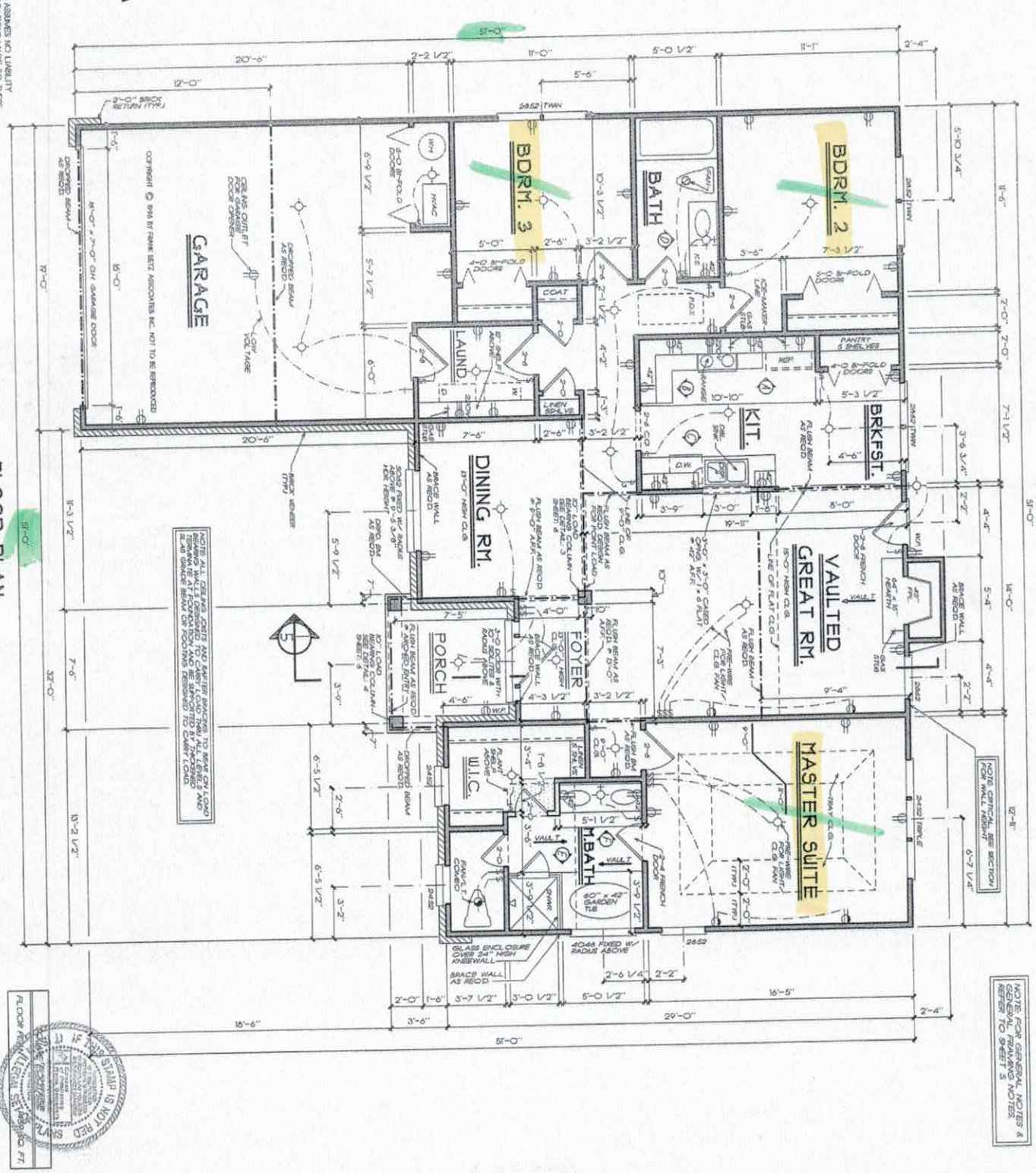
PROPERTY OWNER, property owner or owner's legal representative signature.

Acknowledgement of
Plans Submittal ONLY!

Kathleen Saunders Date 6/8/17

Bryant Bates Date 6/14/17.

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS



FLOOR PLAN

1/4" = 1'-0"

FLOOR PLANS ARE NOT RED STAMP IS NOT RED IF

SHEET	DATE	BY
4 OF 6	2/7/95	DCF & KRW

FBA
FRANK BETZ ASSOCIATES, INC.
1800 LAKE PARK DRIVE/SUITE 101
SMYRNA, GEORGIA 30080
770/431-0886

FLOOR PLAN

THE LIVINGSTON

HOMEPLANS

DATE	REV	DATE	REV

This drawing is not to be reproduced or used for constructing any building without the written authorization of Frank Betz Assoc., Inc.

IREDELL COUNTY

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

APPLICATION NUMBER
227654
Issue Date: 06/02/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4715856668.000	115 CASTLE PINES LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: FREEMAN C BRADY+WENDY W	Applicant: THE OAKS GROUP
Address: 2080 SOUTH RIVER CHURCH RD WOODLEAF, NC 27054	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
.780	35.00	35.00	15.00	15.00	NOT	X

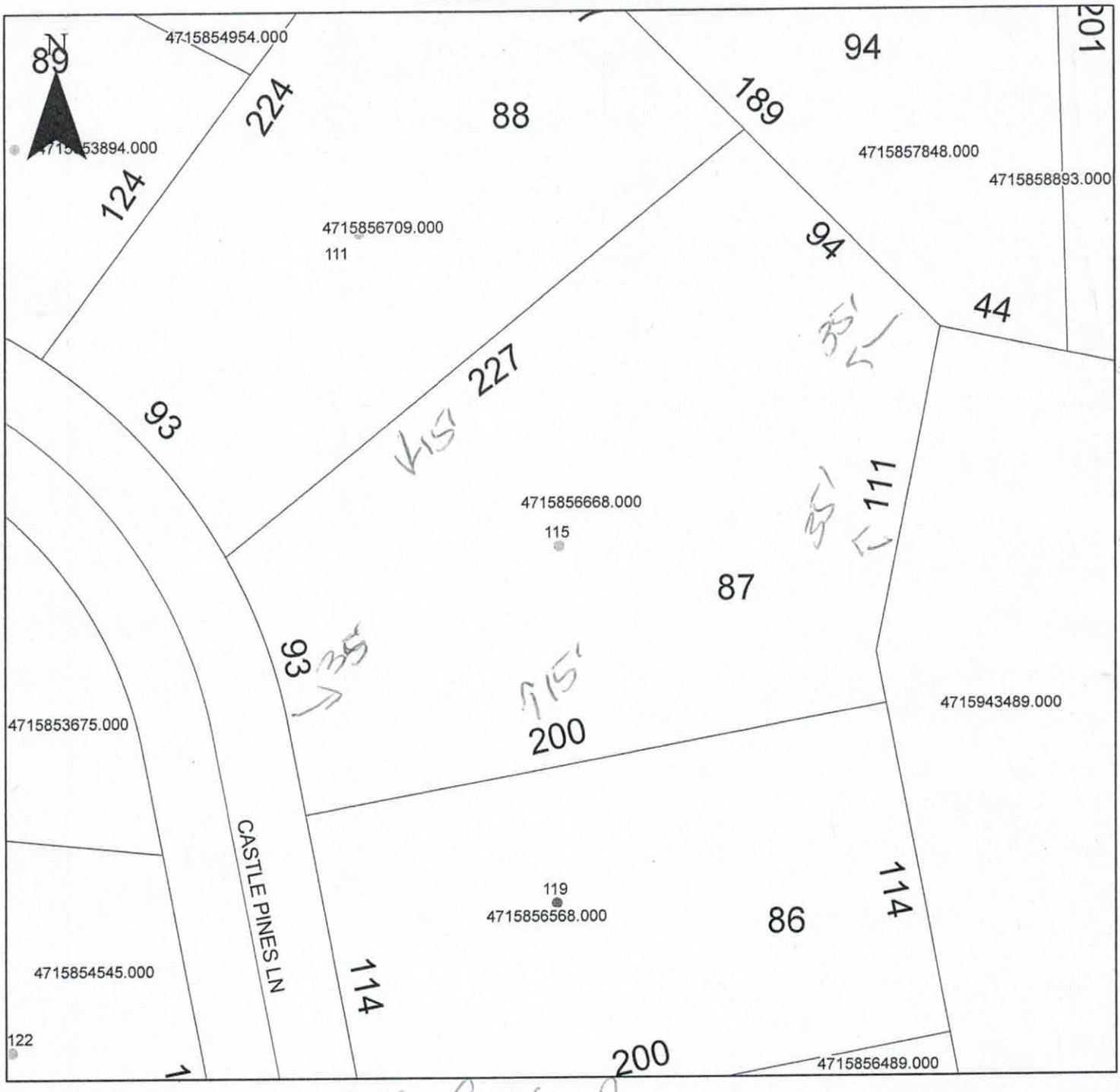
Remarks:

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	104899	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 115 Castle Pines

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