IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226496

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

PIN # 4715-85-7070

APPLICANT: Lake Luxury Homes / Castlegate LLC. APPLICANT ADDRESS: 282 Scotts Creek Rd. Statesville, NC

SITE ADDRESS: 147 Castle Pines Lane, Statesville, NC PHONE: 704-578-4951 ALT. PHONE:

SITE DIRECTIONS: Rt 64 W from Statesville → R. on Taylorsville Highway → L on Absher Farm Loop → L on Staffordshire → L on Castle Pines → lot on left

SUBDIVISION: Castlegate SECTION: - LOT # 81 LOT AREA: 0.46 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II ⓘ IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	50% Reduction (LP-PPBPS)			
# Nitrification Fields	1	# Lines	4		Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth	36" [high side]		Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☒ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH

See attached plans from The Oaks Group, PA. Kathleen Saunders LSS #1313

Dated 4/25/17

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: 5-2-17 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 5/1/2017 OPERATION PERMIT by: Kayla Wilson Date: 6-1-2018

AUTHORIZATION TO CONSTRUCT by: Brian Beck Date: 6/2/2018 Existing System Inspected by: Date:

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

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'.

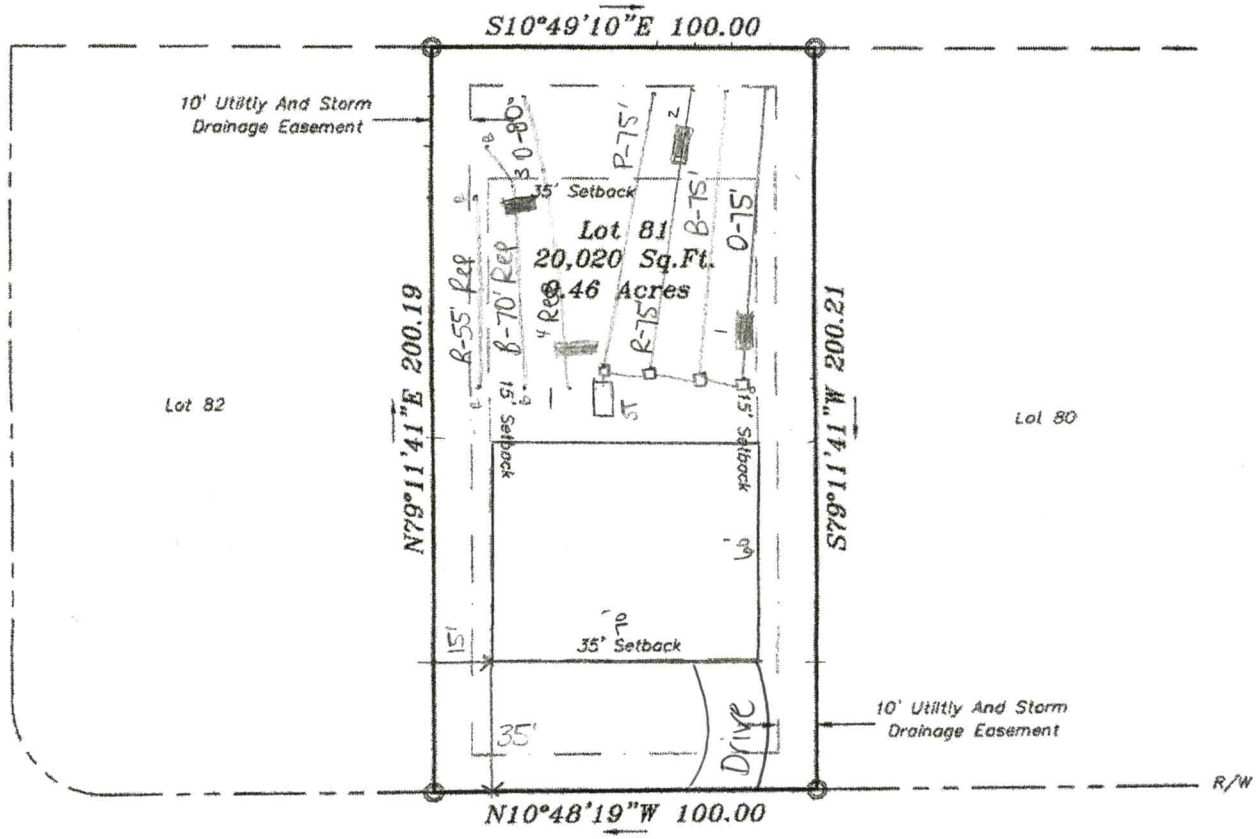
4) Area by coordinate method.

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

Stanley & Janice Elder
D.B. 2337, Pg. 528



Castle Pines Ln.

50' Public R/W

R/W — R/W

P.B. 54, Pg. 98

1"=50'

APPROVED MAY - 1 2017

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)
1 inch = 50 ft.

Lot 81 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	4 (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
Trench Bottom Depth (High Side)	36"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	205
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	Red	LP PPBPS	55
2	Repair	Blue	LP PPBPS	70
3	Repair	Orange	LP PPBPS	80
4	System	Pink	25% Reduction	75 endfed
5	System	Red	25% Reduction	75 endfed
6	System	Blue	25% Reduction	75 endfed
7	System	Orange	25% Reduction	75 endfed
				Total System: 300'
				Total Repair: 205'

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

APPROVED MAY - 1 2017

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 147 Castle Pines Lane

Date: April 25, 2017

Attached is the septic specification information required to permit the 147 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


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

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

Sheet 1 of 1
PROPERTY ID #: 4715-85-7070
COUNTY: Iredell

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

OWNER: Castlegate LLC
ADDRESS: 147 Castle Pines Ln Statesville
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Castlegate Bl
APPLICATION DATE 4/25/17
DATE EVALUATED: 4-12-17
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5%	0-20	Mo SBK C	FR SS/SP	R; F Sap				0.3
		20-48	WK SBK CL	↓	R yel; C Sap				
		48-80	MA L Sap	↓	yel R	48"	PS	N/A	
2	L 5%	0-22	Mo SBK C	FR SS/SP	R				0.3 ✓
		22-48	WK SBK CL	↓	R yel; C Sap				
		48-60	MA L Sap	↓	multi	48"	PS	N/A	
		0-20 F.Sl							
		20-38 HCL	clay w/SBK						
		38-60	clay w/SBK						
3	L 5%	0-30	Mo SBK C	FR SS/SP	R				0.3
		30-55	WK SBK CL	↓	R yel; C Sap	55"	PS	N/A	
4	L 5%	0-18	Mc GR SL	FR NS/NP	Br				0.3 ✓
		18-41	Mo SBK C	FR SS/SP	R				
		41-55	WK SBK CL	↓	R yel; C Sap	55"	PS	N/A	
		0-21	same						
		21-38							
		38-66"							

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: Tom Shuck (Pits 2+4) 4/27/17

COMMENTS:

Updated February 2014

APPROVED MAY - 1 2017

Non-Expiring

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

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonme
( ) *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 I 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 Saunders (704) 578-4951

Applicant Name: Lake Luxury Homes Castlegate LLC/ **Address:** _____ **Phone:** _____

Owner Name: Same **Address:** 282 Scotts Creek Rd Statesville 28625 **Phone:** _____

Property Information:

Street Address: 159 Castle Pines Ln Statesville NC

Subdivision Name: Castlegate **Section/Phase:** _____ **Lot Number:** 78

Driving Directions: Interstate 40 exit on to Hwy 64, Right on Taylorsville Hwy, L on Absher Farm Loop, L on Staffordshire, L on Castle Pine, 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 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 Helton / Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/2/18
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 147 Castle Pines Ln Statesville, identified as PIN(Parcel Identification Number) 4715-85-7070, 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.

_____ 2/1/17
Signature of Owner Date

_____ _____
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...

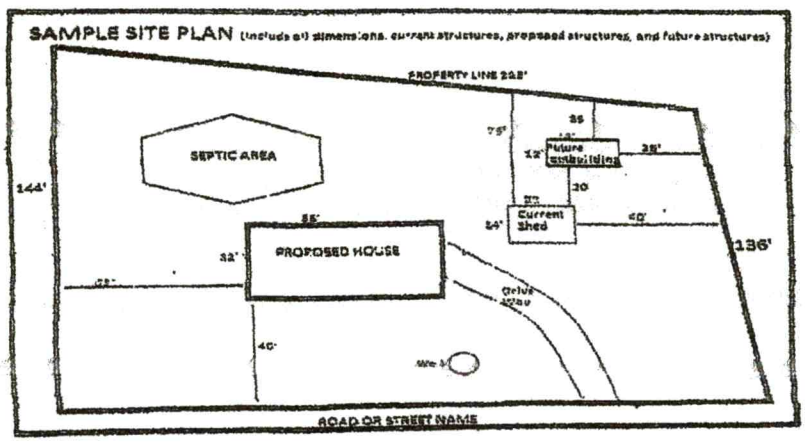
X North arrow, or other sufficient indicator of direction...

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

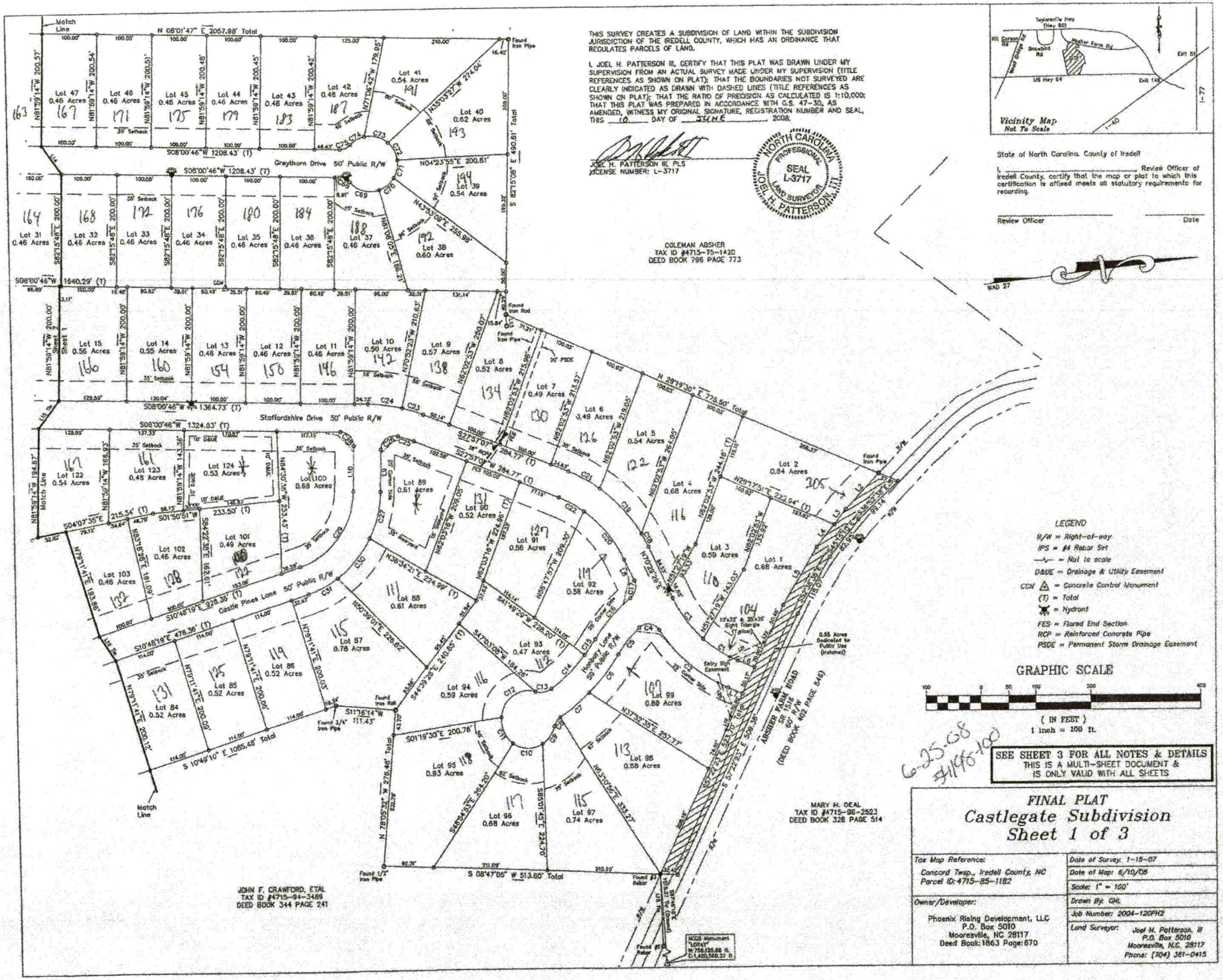
Please see attached site plan

Signature: Emma Hall / Kathleen Saunders

REQUIRED property owner or owner's legal representative signature.

1/2/18

DATE



THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE SUBDIVISION JURISDICTION OF THE IREDELL COUNTY, WHICH HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.

I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (TITLE REFERENCES AS SHOWN ON PLAT); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN WITH DASHED LINES (TITLE REFERENCES AS SHOWN ON PLAT); THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL, THIS 10 DAY OF JUNE 2008.

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717

NORTH CAROLINA PROFESSIONAL SEAL L-3717 LAND SURVEYOR JOEL H. PATTERSON, III

State of North Carolina, County of Iredell

I _____, Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review Officer _____ Date _____

NAD 27

LEGEND
R/W = Right-of-way
IPS = #4 Rebar Set
N/A = Not to scale
D&UE = Drainage & Utility Easement
CCM = Concrete Control Monument
(T) = Total
= Hydrant
FES = Flared End Section
RCP = Reinforced Concrete Pipe
PSDE = Permanent Storm Drainage Easement

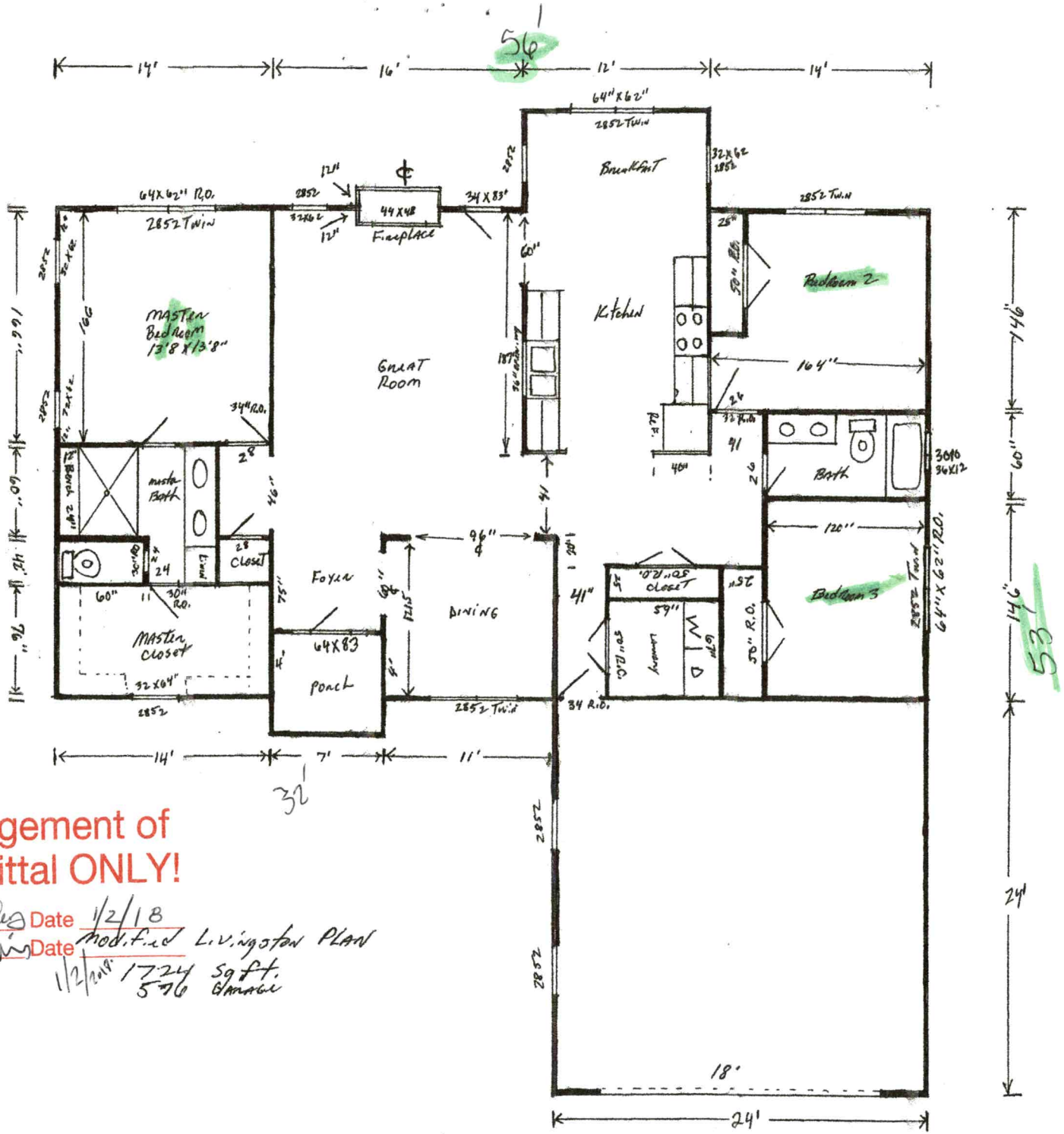
GRAPHIC SCALE
100 0 50 100 200 400
(IN FEET)
1 inch = 100 ft.

6-25-08
5148-100

SEE SHEET 3 FOR ALL NOTES & DETAILS
THIS IS A MULTI-SHEET DOCUMENT & IS ONLY VALID WITH ALL SHEETS

FINAL PLAT
Castlegate Subdivision
Sheet 1 of 3

Tax Map Reference: Concord Twsp., Iredell County, NC Parcel ID: 4715-85-1182	Date of Survey: 1-15-07
	Date of Map: 6/10/08
	Scale: 1" = 100'
Owner/Developer: Phoenix Rising Development, LLC P.O. Box 5010 Mooresville, NC 28117 Deed Book: 1863 Page: 670	Drawn By: GHL
	Job Number: 2004-120PH2
	Land Surveyor: Joel H. Patterson, III P.O. Box 5010 Mooresville, N.C. 28117 Phone: (704) 381-0415



Acknowledgement of
Plans Submittal ONLY!

Kathleen Sawdey Date 1/2/18

Brigham Bolling Date 1/2/2018

modified Livingston Plan
1724 sq ft.
576 Garage

IREDELL COUNTY

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

APPLICATION NUMBER
226496
Issue Date: 04/21/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4715857070.000	147 CASTLE PINES LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CASTLEGATE LLC	Applicant: KATHLEEN SAUNDERS
Address: 282 SCOTTS CREEK RD STATESVILLE, NC 28625	Address: 121 HOLT LANE 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	100336	TOTAL FEES:	$ 77.25