IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225008

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

PIN # 4715859995

APPLICANT: CASTLEGATE LLC / LUXURY HOMES APPLICANT ADDRESS: 7271 LONE ISLAND RD CATAWBA 28609

SITE ADDRESS: 117 HANBURY LN STATESVILLE 28625 PHONE: ALT. PHONE: 704 578 4951

SITE DIRECTIONS: HWY 64/90 - TL ABSHER FARM - TL STAFFORDSHIRE - TL HANBURY - ON LEFT

SUBDIVISION: CASTLEGATE SECTION: — LOT # 96 LOT AREA: .68 AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 825 Date 9.29.19

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 300

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II ☑ III IV V VI

System Description: GRAVITY 25% REDUCTION

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☑ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees Crawl Space

Water Supply: ☐ Private ☑ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

See Oaks Group Design.

AS BUILT SKETCH

Installed as shown on Site Plan

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: Date: 3/17/17 Installed by: Rowan Septic (Kevin)

IMPROVEMENT PERMIT by: Date: 3/15/17 OPERATION PERMIT by: Kayla Wilson (ad Date: 11-15-19

AUTHORIZATION TO CONSTRUCT by: Benjamin D Berry Date: 6/20/17 Existing System Inspected by: Date:

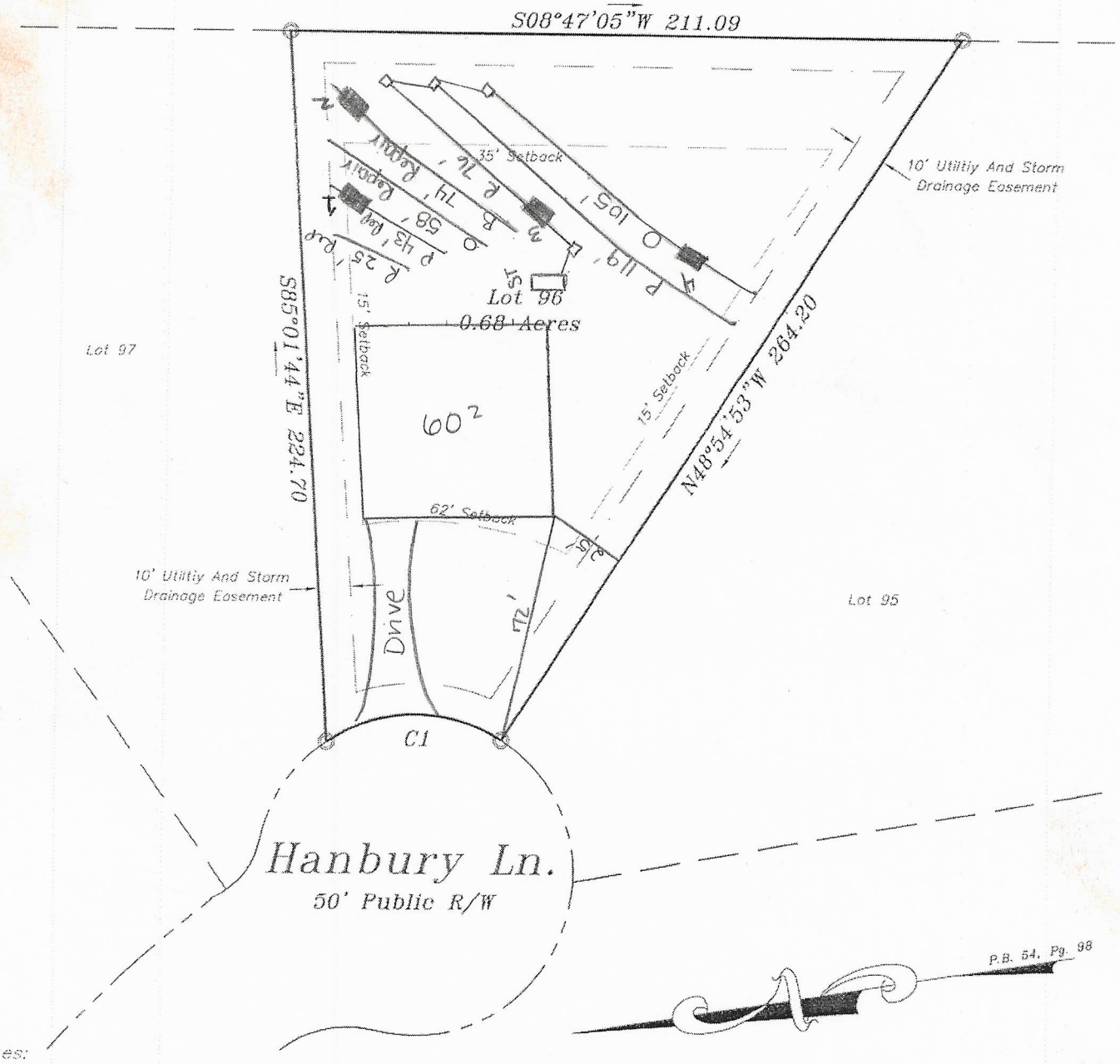
Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	58.21	50.00	N07°51'41"E	54.98

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

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



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

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)

Lot 96 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	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	200
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	25
2	Repair	Pink	LP PPBPS	43
3	Repair	Orange	LP PPBPS	58
4	Repair	Blue	LP PPBPS	74
5	System	Red	25% Reduction	76 endfed
6	System	Pink	25% Reduction	119 endfed
7	System	Orange	25% Reduction	105 endfed
				Total System: 300'
				Total Repair: 200'

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

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: Castlegate Lot 96

Date: February 6, 2017

Attached is the septic specification information required to permit the Castlegate Lot 96 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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: Lake Luxury Homes
ADDRESS: ____
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Castlegate 96
APPLICATION DATE ____
DATE EVALUATED: 2-8-17
PROPERTY SIZE: 0.68 Ac
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L OK 5-10%	0-17	mo SBK C	FR ss/sp	R	45"	PS	N/A	0.3
		17-45	WK SBK SCL	↓	R, F Sap				
		45-56	MA SL Sap	↓	Yel, FC pocket				
2	OK L	0-19	mo SBK CL	FR ss/sp	R	27"	PS	N/A	0.3
		19-27	WK SBK CL	↓	R, F Sap				
		27-49	MA SL Sap	↓	Yel				
			30" to Sap						
3	OK L	0-8	mo GR SL	FR ns/np	Br	51+	N/A	N/A	0.3
		8-15	mo SBK C	FR ss/sp	R				
		15-29	WK SBK CL	↓	R				
		29-51	WK SBK SCL	↓	R, C Sap				
4	L	0-9	mo GR SL	FR ns/np	R	61+	N/A	N/A	0.3
		9-33	mo SBK CL	FR ss/sp	R				
		33-61	WK SBK CL	↓	R, C/m Sap pockets F Sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	25% Red	LP PPBPS
Site LTAR	0.3	0.3

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

COMMENTS: ____

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

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonm
( ) *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 Castlegate LLC **Address:** 7271 Long Island Rd Catawba 28609 **Phone:**

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

Property Information:

Street Address: 117 Hanbury Ln Statesville

Subdivision Name: Castlegate **Section/Phase:** **Lot Number:** 96

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

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 Holt/Kathleen Saunders 6/18/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED FEB 15 2017

Nonexpiring
Paid $350.00
#225008

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

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Signature: Emma Helton 2/1/17

Property owner or owner's legal representative signature (*SIGNATURE REQUIRED*) 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 Area you prefer your septic system to be placed...

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

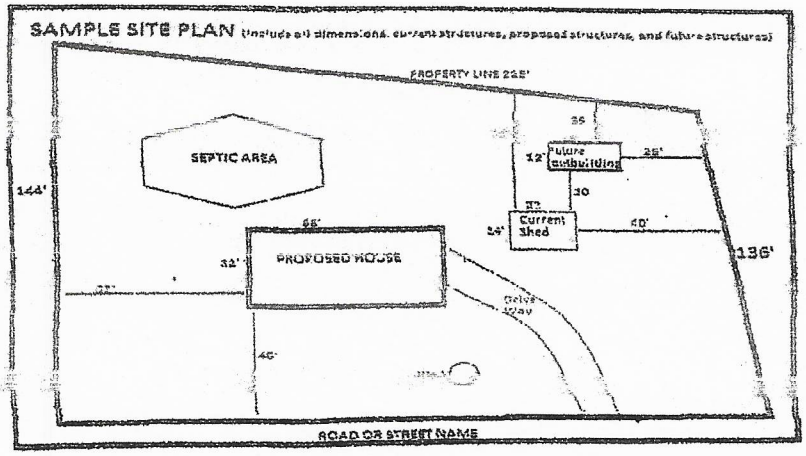
X North arrow, or other sufficient indicator of direction...

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: Erinne Hall / Kathleen Saunders

REQUIRED property owner or owner's legal representative signature

6/18/18

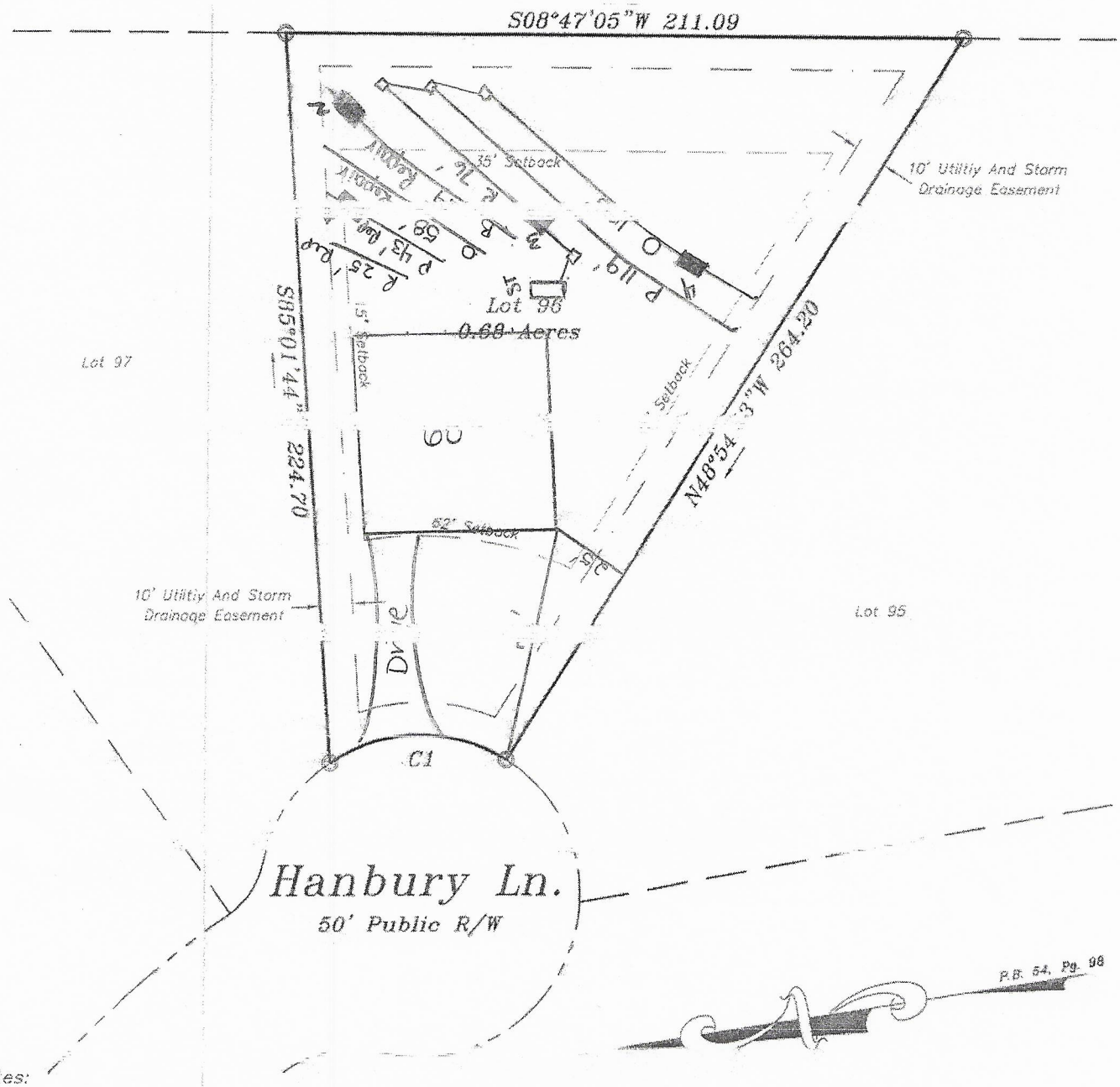
DATE

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
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Legend

R/W = Right-of-way
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Stanley M. Elder & Janice M. Elder
D.B. 2337, Pg. 528



Notes:

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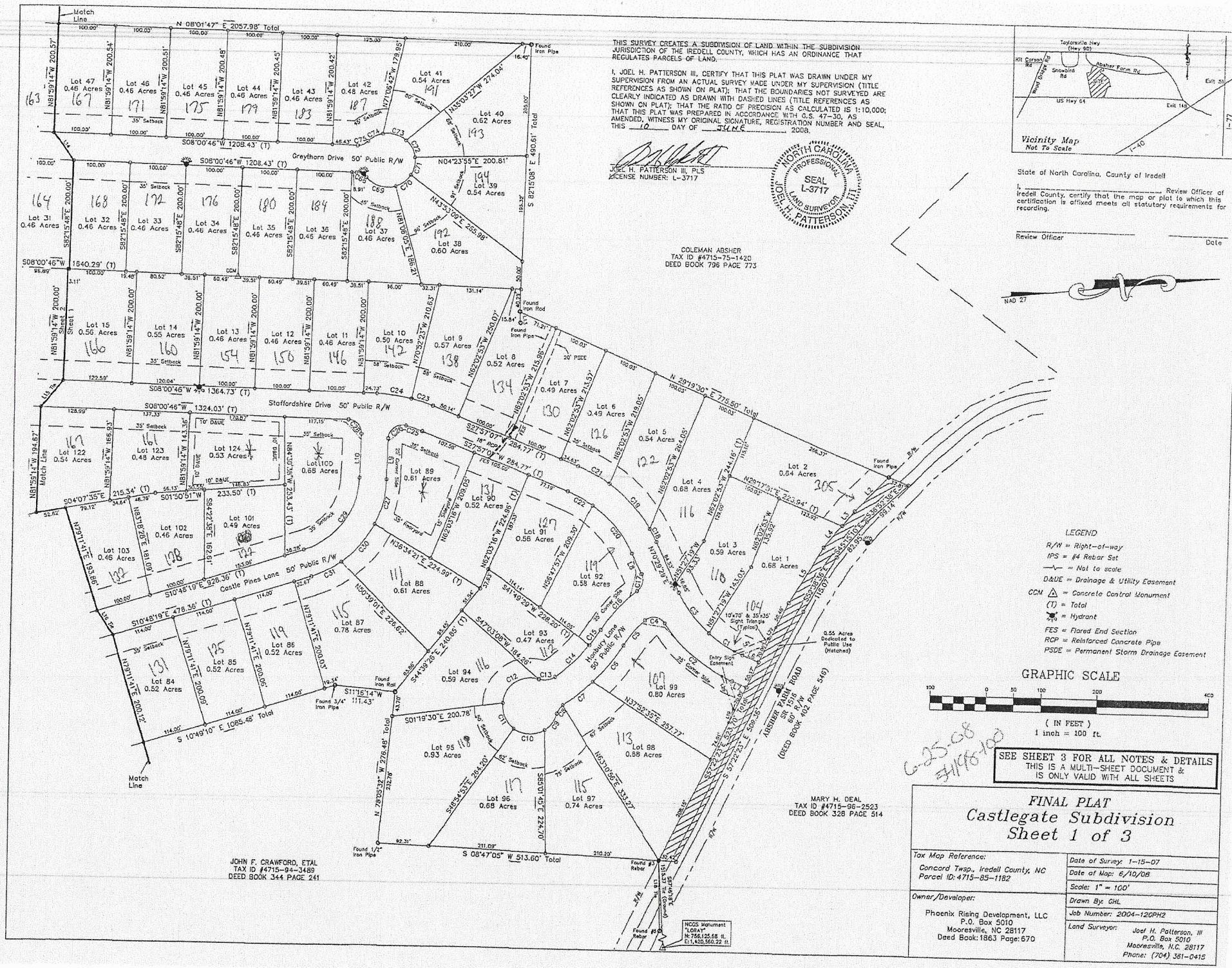
4) Area by coordinate method.

5) This survey is of an existing

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)



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 _____

LEGEND

R/W = Right-of-way
IPS = #4 Rebar Set
—\— = 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
3/1/06-100

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

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 117 Hanbury Ln, identified as PIN(Parcel Identification Number) 471585 9995, located in Iredell County, North Carolina.

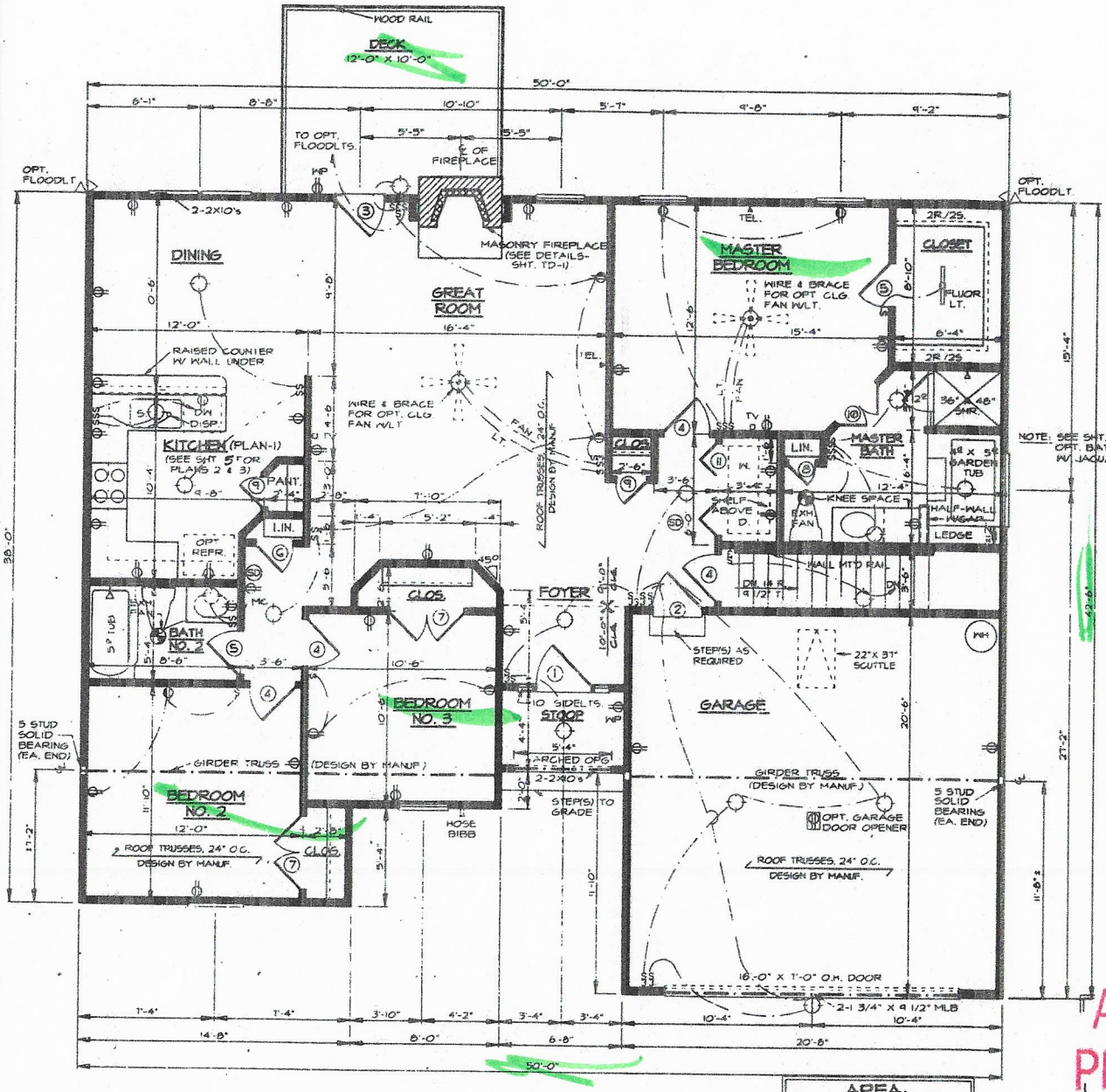
I do hereby authorize (print authorized agent/company name) The Oaks Group _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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



FLOOR PLAN
SCALE: 1/4" = 1'-0"

AREA:	
HEATED FLOOR	1343
BASEMENT	1460
GARAGE	416
TOTAL	3269

DOOR SCHEDULE

TYPE	SIZE	DESCRIPTION
1	3'-0" X 6'-8" X 1 3/4"	SEE FRONT ELEVATION
2	2'-8" X 6'-8" X 1 3/4"	SOLID CORE
3	2'-8" X 6'-8" X 1 3/4"	15 LT. W/ 24" 6 LT. TRANSOM
4	2'-6" X 6'-8" X 1 3/8"	4 OR 6 PANEL **
5	2'-4" X 6'-8" X 1 3/8"	4 OR 6 PANEL **
6	2'-0" X 6'-8" X 1 3/8"	4 OR 6 PANEL **
7	2-2'-0" X 6'-8" X 1 3/8"	4 OR 6 PANEL EACH **
8	1'-4" X 6'-8" X 1 3/8"	2 OR 3 PANEL **
9	1'-6" X 6'-8" X 1 3/8"	2 OR 3 PANEL **
10	2-1'-6" X 6'-8" X 1 3/8"	2 OR 3 PANEL EACH **
11	5'-0" X 6'-8" X 1 3/8"	BI-FOLD **
12	2'-8" X 6'-8" X 1 3/4"	9 LT., 2 PANEL

** CARRIAGE SERIES - 3 OR 6 PANEL
ESTATE SERIES - 2 OR 4 PANEL
EXECUTIVE SERIES - 2 OR 4 PANEL
PRESIDENTIAL SERIES - 2 OR 4 PANEL

NOTICE:
LIVING CONCEPTS HOME PLANNING HAS TAKEN GREAT CARE IN THE PREPARATION OF THESE PLANS. HOWEVER, SINCE CODES ARE SUBJECT TO CHANGE AND INTERPRETATIONS VARY, WE DO NOT GUARANTEE COMPLIANCE WITH ANY SPECIFIC CODES OR ORDINANCES. PURCHASER OR BUILDER IS SOLELY RESPONSIBLE FOR VERIFYING COMPLIANCE WITH LOCAL BUILDING CODES AND ORDINANCES AND FOR ANY MODIFICATIONS TO THE PLANS THAT MAY NEED TO BE MADE IN ORDER TO COMPLY. BUILDER IS ALSO RESPONSIBLE FOR VERIFYING SITE AND SOIL CONDITIONS AS WELL AS ALL DIMENSIONS AND SQUARE FOOTAGE CALCULATIONS BEFORE BEGINNING CONSTRUCTION. THESE PLANS SHOULD BE REVIEWED BY A LOCAL ARCHITECT OR ENGINEER TO VERIFY ADAPTATION TO SITE AND LOCAL STRUCTURAL DESIGN REQUIREMENTS. LIVING CONCEPTS HOME PLANNING MAY NOT BE HELD RESPONSIBLE AND ASSUMES NO LIABILITY FOR ANY HOME CONSTRUCTED FROM THESE PLANS.

THIS PLAN IS THE PROPERTY OF LIVING CONCEPTS HOME PLANNING AND MAY NOT BE USED OR REPRODUCED WITHOUT THEIR WRITTEN PERMISSION.

Caroline A-1383

Living Concepts HOME PLANNING

DRAWN BY
DATE
SHEET NO. 1-19-18

Acknowledgement Of Plans Submittal ONLY!
Kathleen Sanders
By _____ Date 6/15/2018

© Copyright 2018 Living Concepts

IREDELL COUNTY

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

APPLICATION NUMBER
225008
Issue Date: 02/15/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4715859995.000	117 HANBURY 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
.680	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	93484	TOTAL FEES:	$ 77.25

IREDELL COUNTY

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

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Phone:	Phone: 704-578-4951

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Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.680	35.00	35.00	15.00	15.00	NOT	X

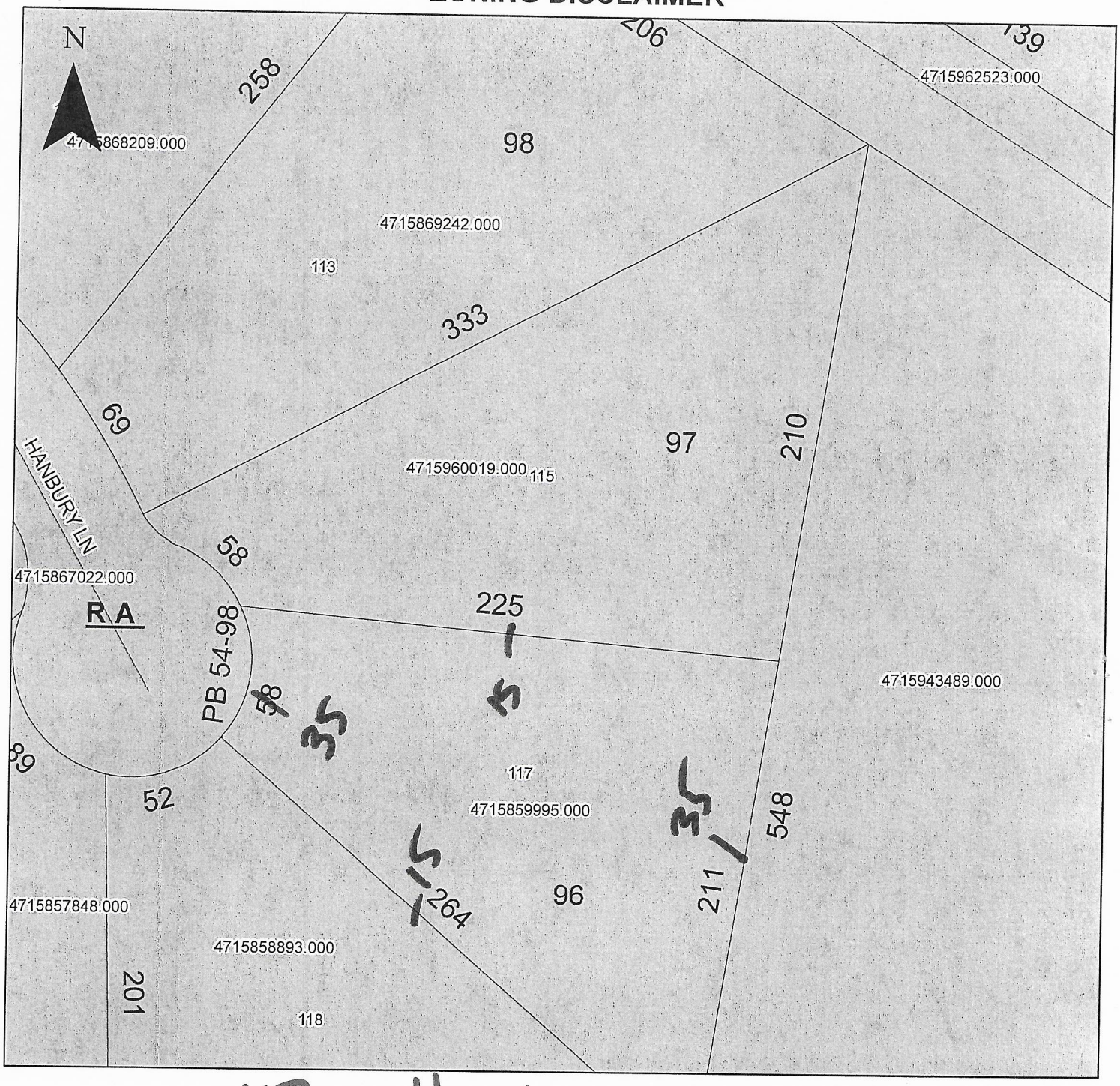
Remarks:

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	93484	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 117 Hanbury Ln

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Emma Dietz
Applicant

2/15/17
Date