ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 306096

BCW 9:30

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

PIN # 4715 -86 -5014

APPLICANT/OWNER: STI LLC | APPLICANT ADDRESS: 7271 Long Island Rd Catawba NC

SITE ADDRESS: 127 Staffordshire Drive Statesville NC 28625 | PHONE: - | ALT. PHONE 704-578-4951 (LSS)

SITE DIRECTIONS: Taylorsville Hwy Dobbs Farm Loop Staffordshire on Left | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Costigett | SECTION: - | LOT# 91 | LOT AREA: .82 | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	8-20-2020	Date	760	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing	No. Bedrooms 3	Water Supply: ☐ Private ☒ Public ☐ Community
Pump Tank	1000	(gal)	PT	11-4-2020	Date	302	System Description: PM - 25% Reductn			No. Persons 6	
Pump Make	Liberty		Model	280	Serial #		Repair System Description: LP - PPBPS - 50% Reduc			No. Employees	
# Nitrification Fields	1		# Lines	3	Linear Ft	300	Maintenance Agreement Required: ☐ YES ☒ NO			☒ Crawl Space	
Trench Width	36		Trench Bottom Depth (Invert)	Max 36	Gravel Depth	-	☐ GRAVITY ☒ PRESSURE			☐ Basement w/o plumbing	

Comments / Conditions: * Pressure Manifold must be 10ft away from Property Line *

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: Dec 9, 2020

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.

	Date	Initials
Drain Lines Checked	12-23	
Tanks Checked	12-23	
Pressure Manifold or Valve Box Checked	12-23	
Pressure Head Set	12-23	
Electrical Checked	12/24	BB
Floats Set	12/24	BB
Alarm Checked	12/24	BB
Maintenance Contract Y / (N)	not required	
Comments:		

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**

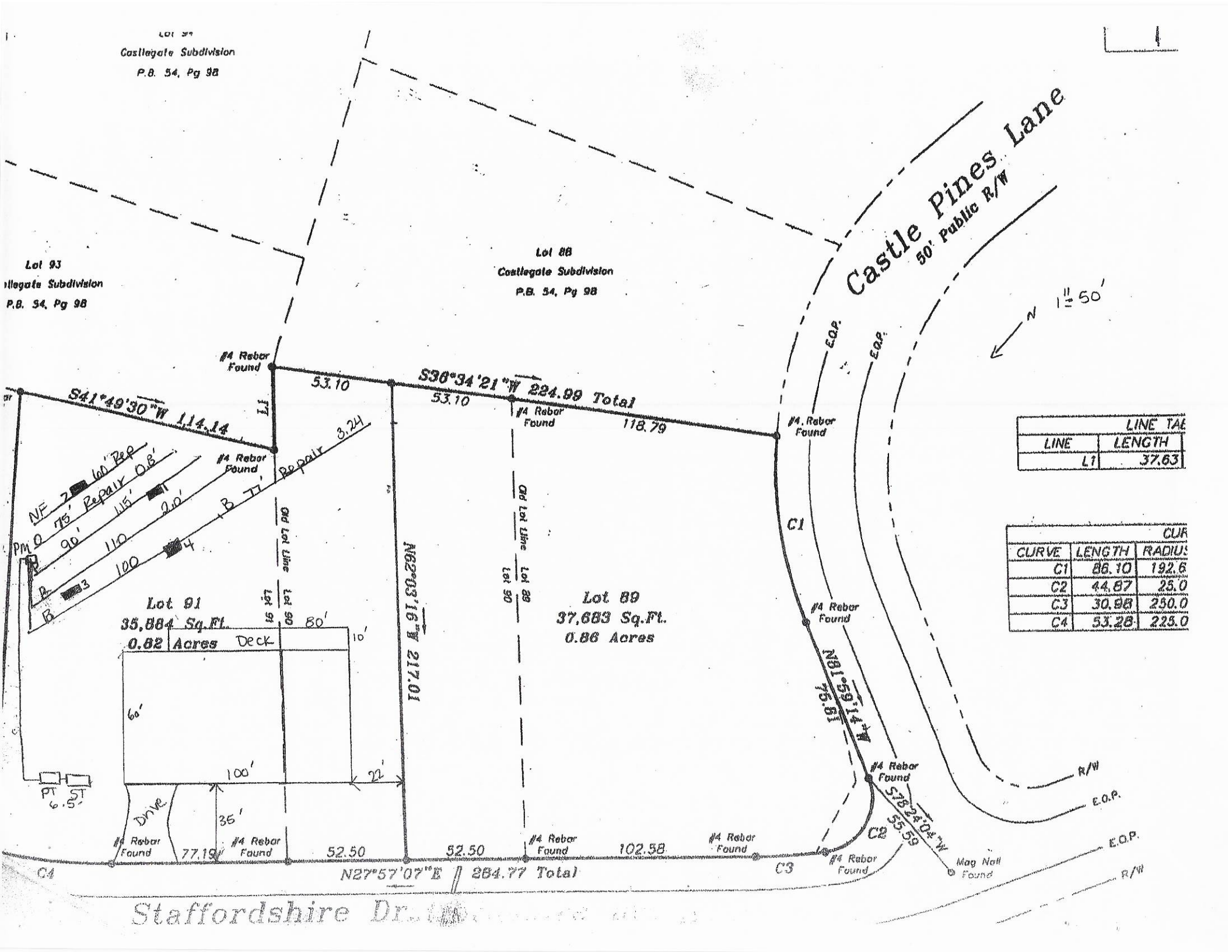
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: | Date: 12/18/20 | Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Benjamin A. Bolton | Date: 12-16-2020 | OPERATION PERMIT by: Benjamin A. Bolton | Date: 12-29-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolton | Date: 12-16-2020 | Existing System Inspected by: | Date:

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



LINE TAB	
LINE	LENGTH
L1	37.63

CUR		
CURVE	LENGTH	RADIUS
C1	86.10	192.6
C2	44.87	25.0
C3	30.98	250.0
C4	53.28	225.0

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 127 Staffordshire Dr

Date: December 9, 2020

Attached is the septic specification information required to permit 127 Staffordshire Drive 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

Castlegate Lot 91 Fast Track Septic Spec Sheet

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	3 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	36"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	100' of 2" SCH 40 PVC
Flow Rate through the system	21.3 gpm
Elevation head	Approx. 11.7'
Pressure head	2.0'
Friction head	1.0'
20% Contingency	2.9'
Total Head	17.6'
Pump Requirements	21.3 gpm @ 17.6' of head To be designed by installer.
Maximum Dosing Volume	180 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	8.5
Repair System	**LP PPBPS**
Total Linear Feet	212
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	NF	LP PPBPS	60	3.56
2	Repair	Orange	LP PPBPS	75	4.33
3	Repair	Pink	25% Reduction	100 endfed	4.7
4	System	Red	25% Reduction	100 endfed	5.39
5	System	Blue	25% Reduction	100 endfed	6.1
6	System	Blue	LP PPBPS	77	7.22
				Total System: 300'	
				Total Repair: 212'	

Tank	Red	1000 gal (2 compartment)	6.50
Pump Tank	Red	1000	
House	blue		

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 40 PVC
No. Taps	3
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	7.11

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the LHD

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

Sheet 1 of 1
PROPERTY ID #: 4715-86 S
COUNTY: Iredell

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

OWNER: Castlegate
ADDRESS: 282 Scotts Creek Statesville
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Lot 91
APPLICATION DATE
DATE EVALUATED: 3-22-17
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 10%	0-5	Mo GR SL	FR ns/np	Br				0.3 PS
		5-20	Mo ABK C	FR ss/sp	R				
		20-36	WK SBK CL	↓	R; C sap				
		36-52	MA 4/SL sap	↓	Multi	36"	PS	N/A	
2	L 10%	0-4	Mo GR SL	FR ns/np	Br				0.3 PS
		4-14	MA C	Compacted	R				
		14-22	Mo SBK C	FR ss/sp	R	52+			
		22-36	WK SBK CL	↓	R yel; F/C sap		N/A	N/A	
		36-52	WK SBK SCL	↓	yel R; C sap				
3	L 10%	0-6	Compacted C						0.3 PS
		6-18	Mo ABK C	FR ss/sp	R				
		18-32	WK SBK CL	FR ss/sp	R; C sap	55+	N/A	N/A	
		32-55	WK SBK SCL	↓	yel R; C/M sap				
4	L 10%	0-11	Compacted C						0.3 PS
		11-23	Mo SBK C	FR ss/sp	R				
		23-36	WK SBK CL	↓	R yel; C sap				
		36-60	MA 4/SL sap	↓	Multi	36"	PS		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Panel block
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): 36
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: EL

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

COMMENTS:

Updated February 2014

RECEIVED DEC 09 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

SL AP-306996 $500.00

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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: ST I LLC Address: 7271 Long Island Rd Catawba Zip: _____

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: 704-678-4951 (LSS)

Property Information:

Street Address: 127 Staffordshire Dr Statesville

Subdivision Name: Castlegate Section/Phase: _____ Lot Number: 91

Driving Directions: Taylorsville Hwy, Alosher Farm Loop, Staffordshire, on L

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 12-9-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

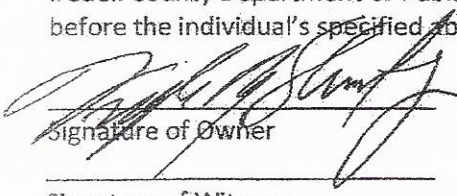
Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit 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 127 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.



Signature of Owner — Date: 12-9-2020

Signature of Witness — Date

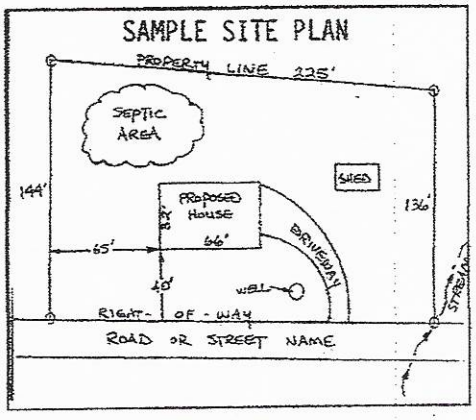
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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)

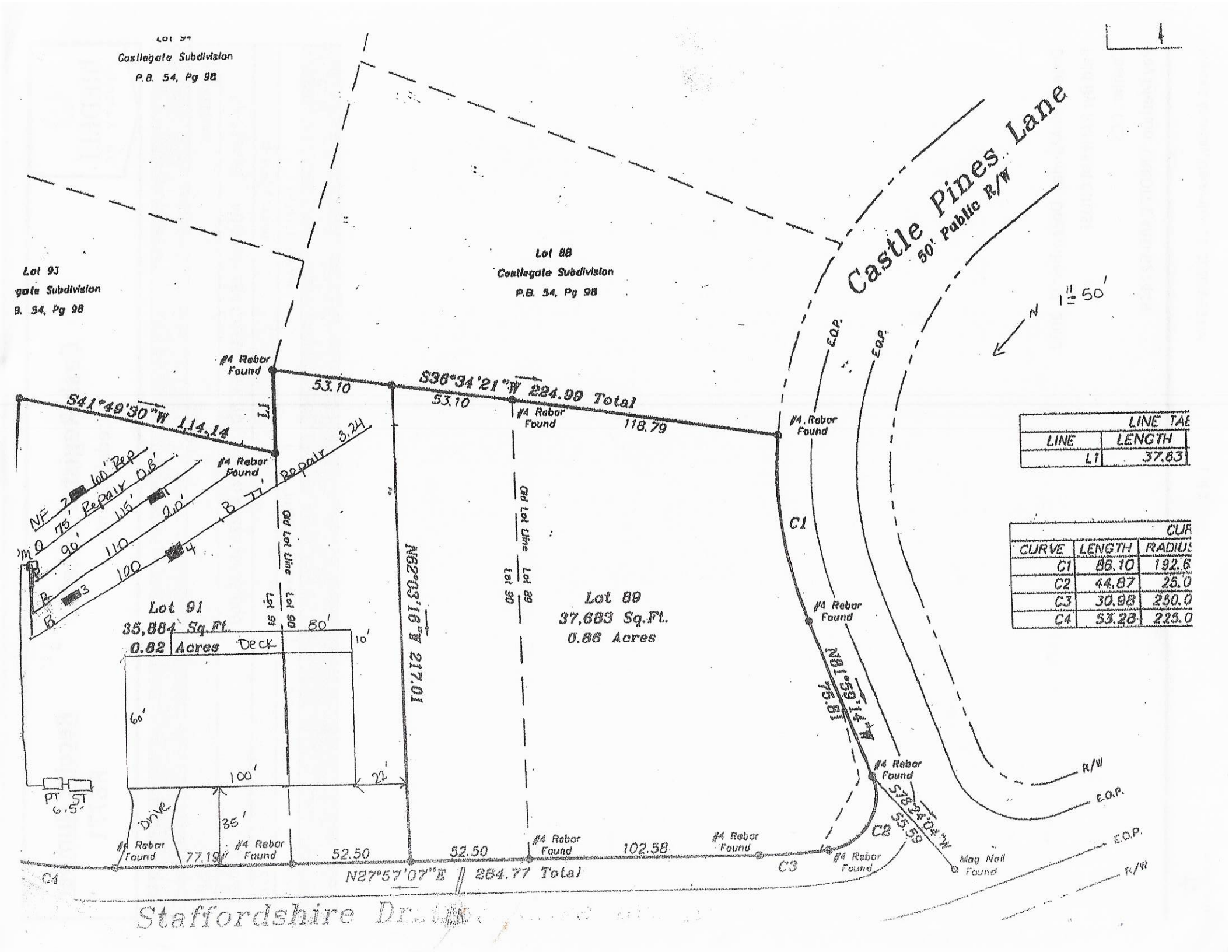
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

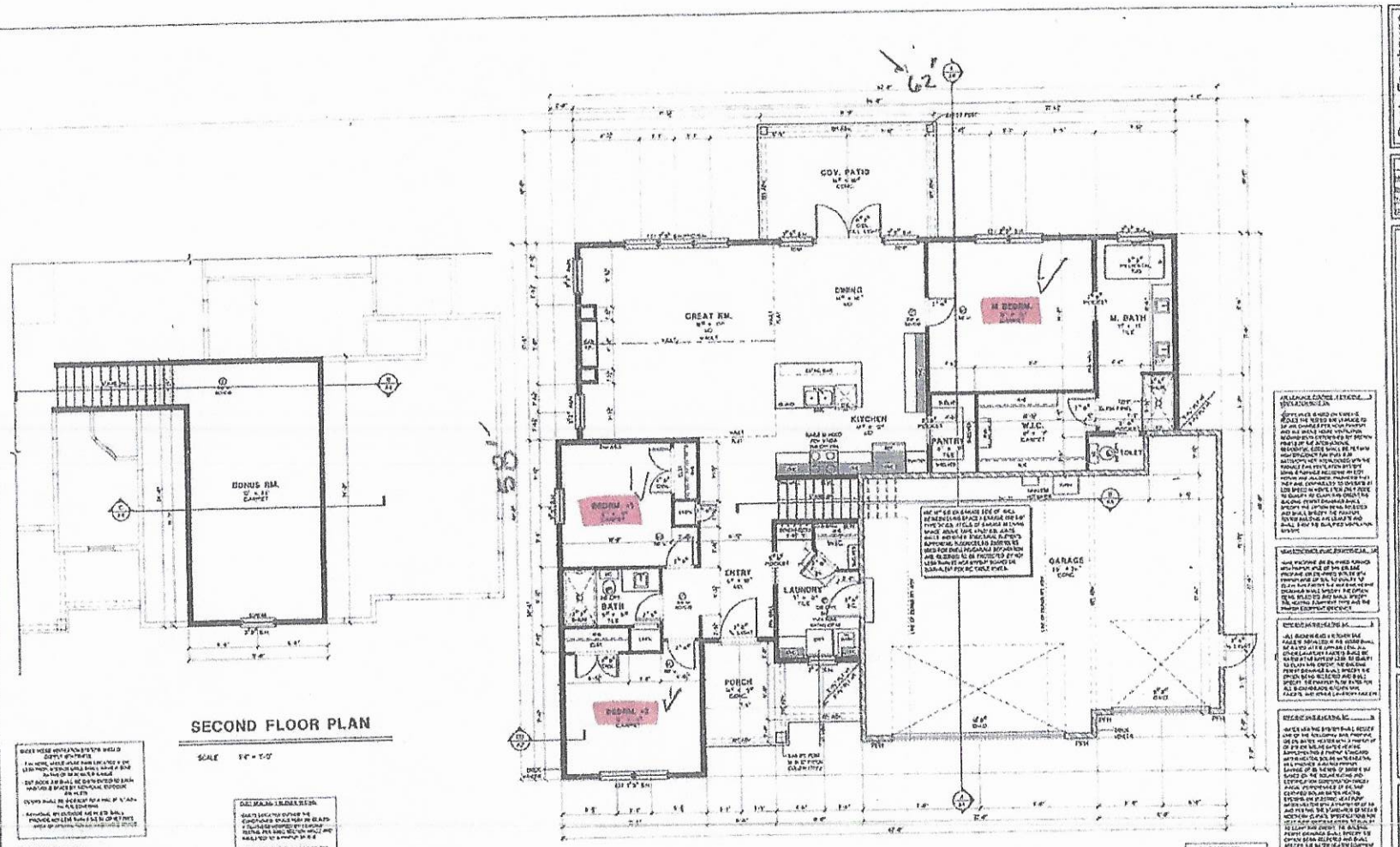
Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12-9-2020
~~3-17-2020~~
DATE



LINE TAB	
LINE	LENGTH
L1	37.63

CURVE	LENGTH	RADIUS
C1	86.10	192.6
C2	44.87	25.0
C3	30.98	250.0
C4	53.28	225.0



FLOOR PLAN NOTES

FRAMING NOTE:
FOR ALL BEAM SIZES & LOCATIONS REFER TO STRUCTURAL FRAMING PLANS & ENGINEERING CALCS DURING FRAMING CONSTRUCTION

CLARIFICATION NOTE:
SHOP DRAWINGS SIGNED & SEALED BY A REGISTERED DESIGN PROFESSIONAL WILL BE REQUIRED FOR THE CLARIFICATION SYSTEMS AT THE STAIRS & DECK

SQUARE FOOTAGE

MAIN FLR.	1783 SF
BONUS RM.	336 SF
TOTAL	2,119 SF
GARAGE	795 SF
COVED PATIO	160 SF

Acknowledgement Of
Plans Submittal ONLY 7/1/2020

Date 7/1/20

Date

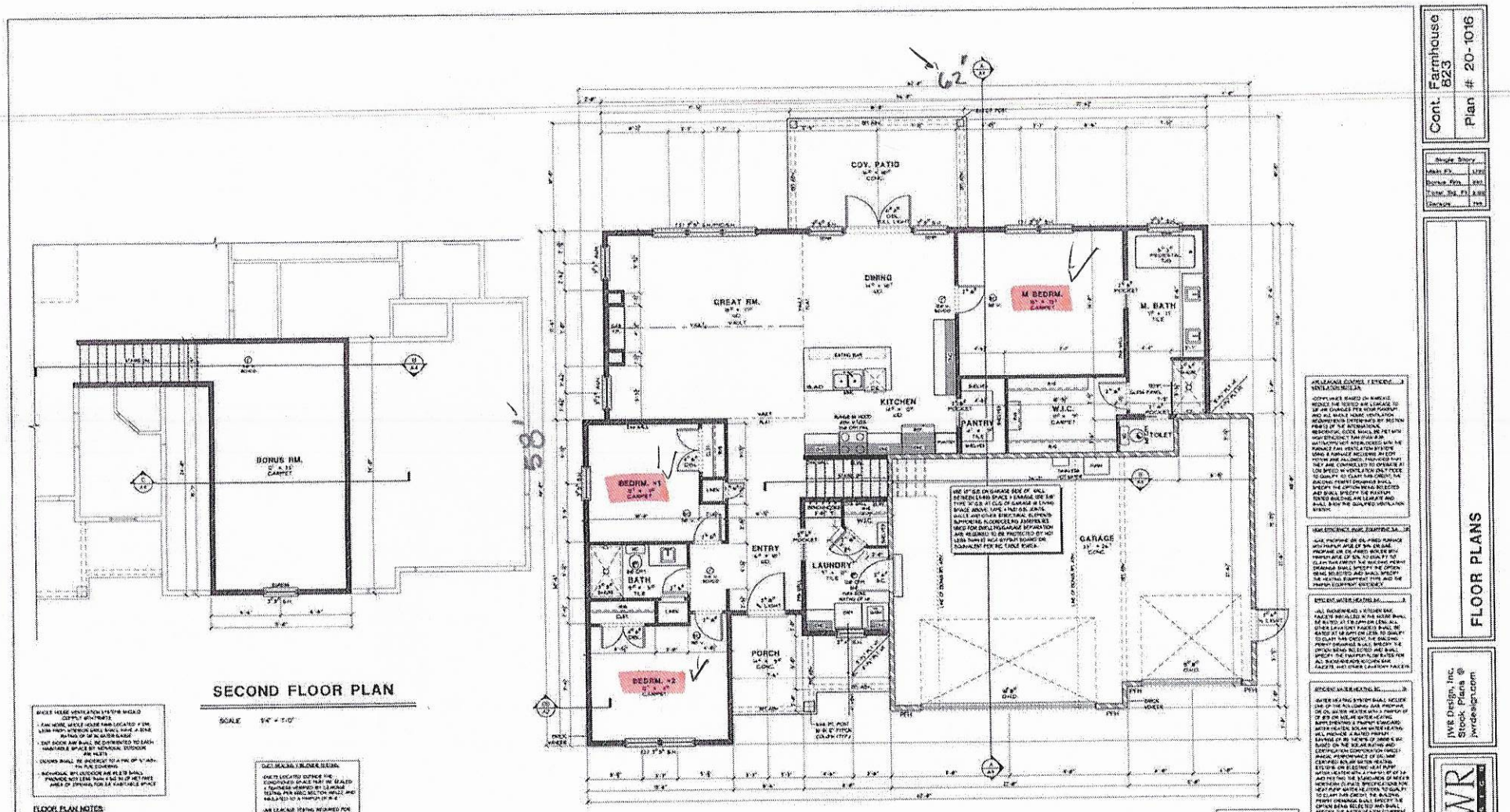
Cont. Farmhouse 823 | Plan # 20-1016

FLOOR PLANS

JWR Design, Inc. Stock Plans & Specifications

JWR DESIGN

SCALE: AS NOTED
DRAWN: T.V.S.
SHEET: A3 / A4



Cont. Farmhouse 823 Plan # 20-1016

FLOOR PLANS

JWR Design, Inc. Stock Plans @ jwrdesign.com

JWR DESIGN

DESIGN LSR
DATE 1-30-20
SCALE AS NOTED
DRAWN J.W.R.
SHEET A3 / A4

Acknowledgement Of Plans Submittal ONLY 4/1/2020

Date

Date