106 Hanbury Ln - Stat

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224781

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

PIN # 4715866114

APPLICANT: Castlegate LLC/LakeLuxury APPLICANT ADDRESS: 7211 Long Island Rd Catawba, NC 28609

SITE ADDRESS: ~~119 Staffordshire~~ Dr. Statesville, NC PHONE: ALT. PHONE: Kathleen 704578-495

SITE DIRECTIONS: I-40 exit onto Hwy 64 TR Taylorsville Hwy TL Asher Farm Lp TL Staffordshire @ intersection

SUBDIVISION: Castlegate SECTION: — LOT # 92 LOT AREA: .58 Acre DESIGN FLOW: 360gpd L.T.A.R.: by Hanbu

Septic Tank	1000 (gal)	STB	See attach	Date	Letter	☒ 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:	Gravity - 25% Reduction			☐ Business	No. Persons 10	☐ Private
Pump Make		Model		Serial #		Repair System Description:	LPP PBPS			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

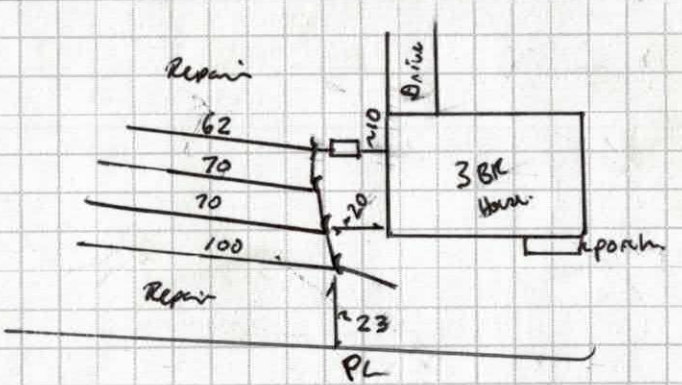
Comments / Conditions: Recommend pumping septic tank every 3-5 years. -5

See attached letter for Septic Tank

INITIAL SITE SKETCH

See attached, approved plan by The Oaks Group 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: 2-21-17 Installed by: Kevin Hyatt - Raven Septic

IMPROVEMENT PERMIT by: Maria L Dotson Date: 2/17/17 OPERATION PERMIT by: Benjamin H Bartlett Date: 11/2/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/9/2017 Existing System Inspected by: Date:

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

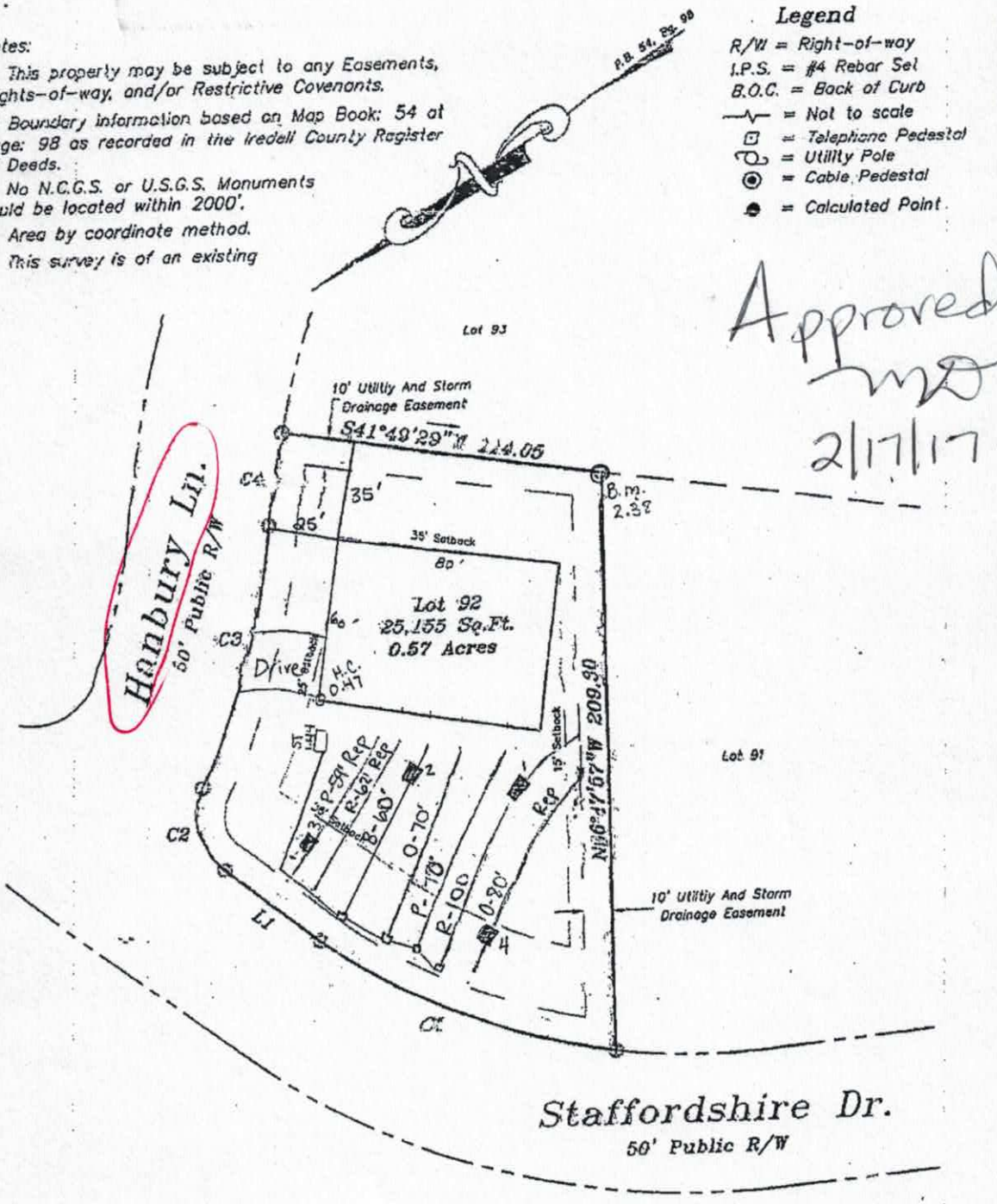
Notes:

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
= Calculated Point

Approved
MD
2/17/17



LINE TABLE		
LINE	LENGTH	BEARING
L1	41.74	N70°29'29"E

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	113.77	225.00	S56°00'21"W	112.56
C2	34.30	25.00	N70°12'07"W	31.67
			S41°01'43"E	96.77

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

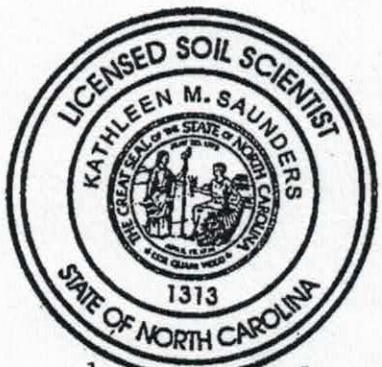
RE: 119 Staffordshire Drive

Date: February 6, 2017

Attached is the septic specification information required to permit the 119 Staffordshire Drive 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.



Kathleen Saunders

Approved
2/17/17
MD

Lot 92 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	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
Max Trench Bottom Depth (Low Side)	36"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	201
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	59
2	Repair	Red	LP PPBPS	62
3	System	Blue	25% Reduction	60 endfed
4	System	Orange	25% Reduction	70 endfed
5	System	Pink	25% Reduction	70 endfed
6	System	Red	25% Reduction	100 endfed
7	Repair	Orange	LP PPBPS	80
				Total System: 300'
				Total Repair: 201'

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

Approved
MS
2/17/17

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 Catawba
PROPOSED FACILITY: SFR
LOCATION OF SITE: Castlegate #92
APPLICATION DATE
DATE EVALUATED: 1/26/17
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.57
PROPERTY RECORDED: post BI

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	0-24	Mo SBK C	FR SS/SP	R				0.3
		24-52	WK SBK SCL	↓	R Br; C	sap			
						52+	NIA	NIA	
				TOP	10" compacted	36"	TB		
2	L	0-20	Mo SBK C	FR SS/SP	R				0.3
		20-30	WK SBK SCL	↓	R; C/M	sap			
		30-50	MA L/SL	sap	multi	30"	PS	NIA	
3	L	0-11	Mo GR SL	FR ns/np	Br				0.3
		11-21	Mo SBK C	FR SS/SP	R				
		21-48	WK SBK SCL	↓	R; C/M	sap			
						48+	NIA	NIA	
4	L	0-8	Mo GR SL	FR ns/np	Br				0.3
		8-24	Mo SBK C	FR SS/SP	R				
		24-32	WK SBK CL	↓	R; C	sap	32"	PS	NIA
		32-50	MA L	sap	yel R				

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

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

COMMENTS:

Updated February 2014

Rowan Septic Tank & Ditching Co., Inc.

7321 Old Mocksville Rd.
Salisbury, NC 28144-1253
704-633-2412*800-649-3014

November 1, 2017

Benjamin Botkins
Iredell Co Environmental Health Department

RE: #92 Castlegate

I certify that the 1000 gal septic tank installed at lot # 92 Castlegate was poured with concrete meeting the 3500 PSI standards and has been on our yard in excess of 30 days.

Sincerely,

Kevin Kirkpatrick
Rowan Septic Tank & Ditching Co Inc

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* ( ) *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 THI 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 DE

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 / Cas Hegate LLC **Address:** 7211 Long Island Rd Catawba 28609 **Phone:**

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

Property Information:

Street Address: 119 Staffordshire Dr Statesville 28625

Subdivision Name: Castlegate **Section/Phase:** SIT1 **Lot Number:** 92

Driving Directions: Interstate 40 exit on to Hwy 64, Right on Taylorsville Hwy, L on Absher Farm Loop, L on Staffordshire, lot on corner of Staffordshire / Hanbury Ln.

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 Foundat
( ) Basement with Plumbi
( ) Basement without Plun

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 gr 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 labelling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Emma Helton 2/1/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

06 Hanbury Ln X

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 119 Staffordshire Dr Statesville, identified as PIN(Parcel Identification Number) 4715-86-6114, 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...

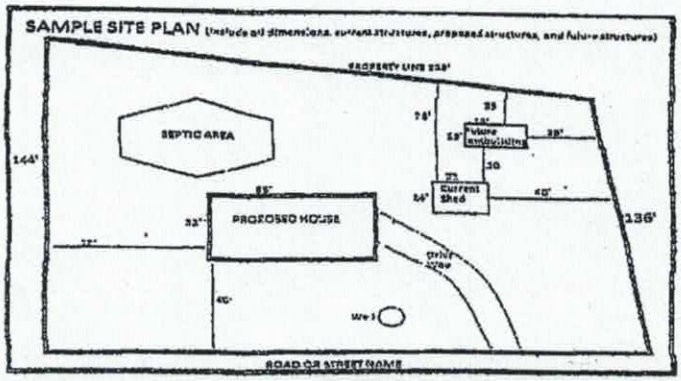
SHOW: ***proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***

- X Front and side setbacks from property line...
- X 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)

SAMPLE SITE PLAN (include all dimensions, current structures, proposed structures, and future structures)



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.

2/1/17
DATE

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.

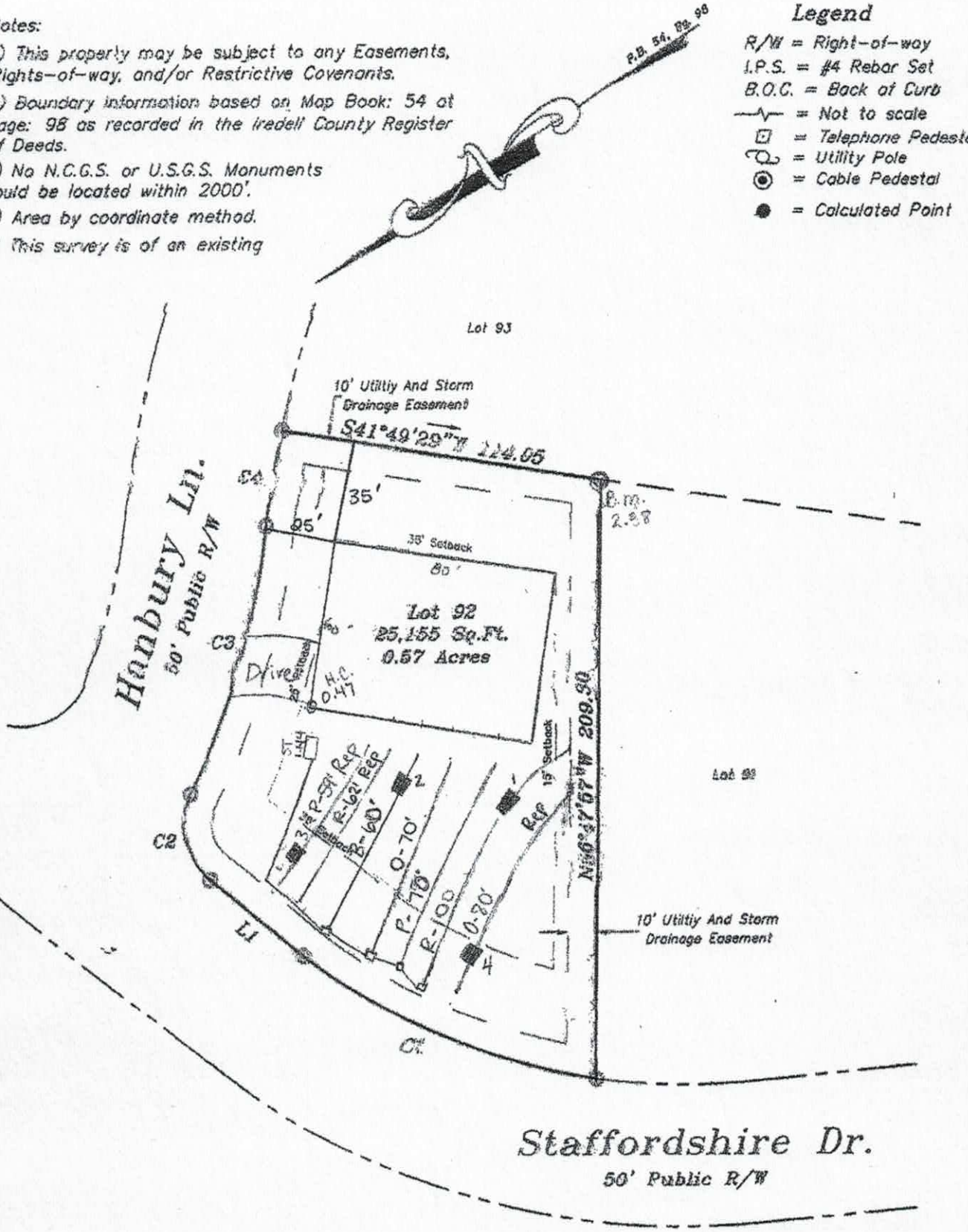
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4) Area by coordinate method.

5) This survey is of an existing

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LINE TABLE		
LINE	LENGTH	BEARING
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CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
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GRAPHIC SCALE

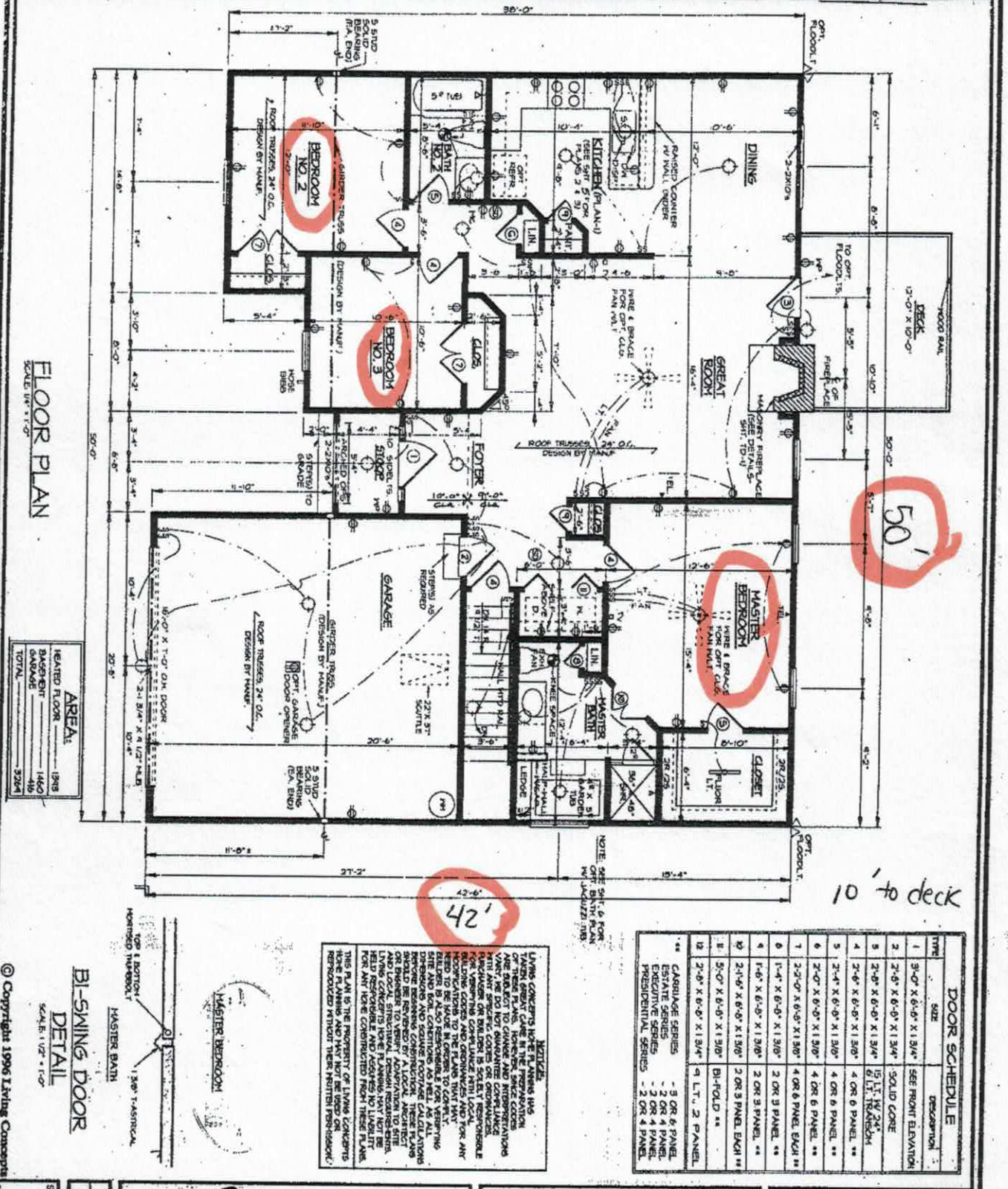
50 0 25 50 100

(IN FEET)

Acknowledgement of
Plans Submittal ONLY!

Kathleen Saundy Date 6/8/17

Thomas Lauch Date 6/8/2017



DOOR SCHEDULE

TYPE	SIZE	DESCRIPTION
1	9'-0" X 6'-8" X 1 3/4"	SEE FRONT ELEVATION
2	2'-6" X 6'-8" X 1 3/4"	SOLID CORE
3	2'-8" X 6'-8" X 1 3/4"	15 LT. W/ 24" BI 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'-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 - 5 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 EVERY PRECAUTION IN THE PREPARATION OF THESE PLANS. HOWEVER, SPECIFICATIONS VARY, WE DO NOT GUARANTEE COMPLIANCE WITH ANY SPECIFIC CODES OR ORDINANCES. BUILDING CODES AND ORDINANCES AND FOR ANY MODIFICATIONS TO THE PLANS THAT MAY NEED TO BE MADE IN ORDER TO COMPLY. SITE AND BUILDER IS SOLELY RESPONSIBLE FOR VERIFYING DIMENSIONS AND SQUARE FOOTAGE CALCULATIONS BEFORE BEGINNING CONSTRUCTION. THESE PLANS SHOULD BE REVIEWED BY A LOCAL ARCHITECT AND LOCAL STRUCTURAL ENGINEER PRIOR TO SITE PREPARATION OR CONSTRUCTION TO SITE 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.

© Copyright 1996 Living Concepts

Living Concepts HOME PLANNING

Caroline

A-1383

SHEET NO. 2

DRAWN BY

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
224781
Issue Date: 02/06/2017

ZONING PERMIT
Open Space

& Be 106 Hanbury Ln

Parcel Number	Street Address	Jurisdiction
4715866114.000	119 STAFFORDSHIRE DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CASTLEGATE LLC	Applicant: THE OAKS GROUP
Address: 282 SCOTTS CREEK RD STATESVILLE, NC 28625	Address: 121 HOLT LN MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.580	35.00	35.00	25.00	15.00	NOT	X

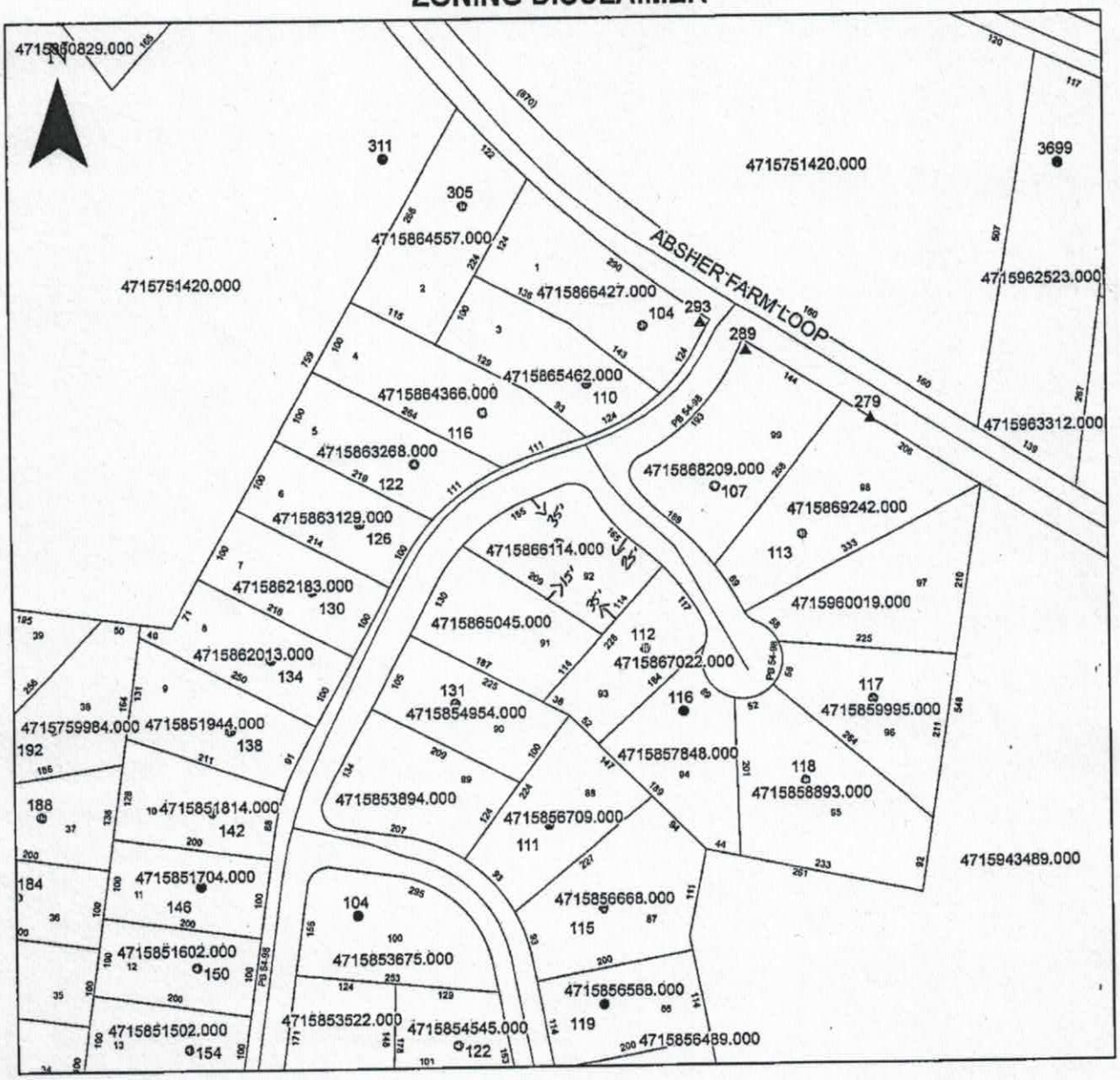
Remarks:

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	92424	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 119 Staffordshire 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.

Applicant

216117

Date