ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 310800

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

PIN # 4736-61-4773

APPLICANT/OWNER: BCIT Estate Holdings. APPLICANT ADDRESS: 229 Cedar Cove Drive Statesville NC

SITE ADDRESS: 133 Baccarush Court Statesville NC 28625 PHONE: ALT. PHONE 704-902-0399

SITE DIRECTIONS: N. Chipley Ford Rd R FT Dobbs Rd L Cedar Cove L Baccarush SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Dobbs Valley SECTION: 3 LOT # 57 LOT AREA: 4.439 Acres DESIGN FLOW: 480 L.T.A.R.: .40

Septic Tank 1000 (gal)	STB 760	Date 6-8-2021	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank - (gal)	PT -	Date -	System Description: Gravity - 25% Reduction		☐ Business	No. Persons 8	☐ Private
Pump Make -	Model -	Serial # -	Repair System Description: 25% Reduction		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 3	Linear Ft 300	Maintenance Agreement Required: ☐ YES ☒ NO		☑ Slab	☐ Crawl Space	☐ Community
Trench Width 36	Trench Bottom Depth(Low side) 18	Gravel Depth -	☐ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: * Maintain 50ft from High Water Mark of Pond * * Property marker recorded Prior to AC *

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:

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.

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**

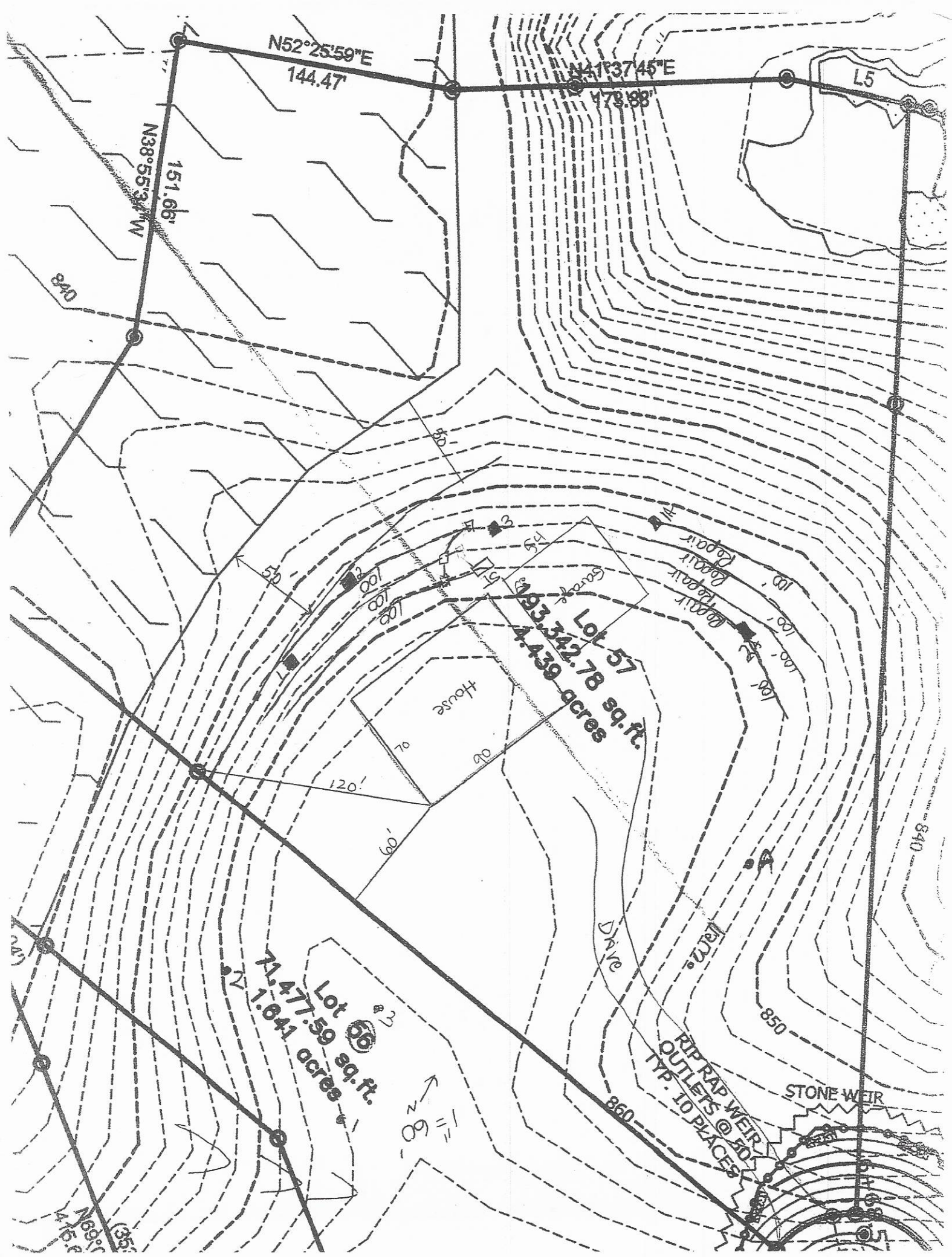
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Carolyn O Stowe Date: 3/16/2021 Installed by: Frye Grading + Repair

IMPROVEMENT PERMIT by: Benjamin D Batts Date: 9/17/2020 OPERATION PERMIT by: Date: 7-16-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin D Batts Date: 5-11-2021 Existing System Inspected by: Date:

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


N52°25'59"E
144.47'
N41°37'45"E
479.88'
L5
N38°55'33"W
151.66'
840
50'
50'
100'
100'
100

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: Dobbs Valley Ph 3 Lot 57

Date: August 19, 2020

Attached is the septic specification information required to permit Dobbs Valley Ph 3 Lot 57 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

Dobbs Valley Lot 57 - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Concrete Slab**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.4**
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)	18"
Maintenance Agreement Required	No
Repair System	**25% Reduction**
Total Linear Feet	400
Repair Loading Rate	0.4
Repair trench depth	18"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Orange	25% Reduction	100 endfed
2	System	Pink	25% Reduction	100 endfed
3	System	Red	25% Reduction	100 endfed
4	Repair	Blue	25% Reduction	100
5	Repair	Orange	25% Reduction	100
6	Repair	Pink	25% Reduction	100
7	Repair	Red	25% Reduction	100
				Total System: 300'
				Total Repair: 400'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Soils are highly variable; features may exist which weren't encountered during the evaluation

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: JH Building LLC
ADDRESS: 229 Cedar Lake Dr
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Dobbs Valley III Lot 57
APPLICATION DATE _____
DATE EVALUATED: 8/21/2020
PROPERTY SIZE: 4.439 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
1A	L ~15-20%	0-12	MoGR SL	FR ns/np	Br	24"	PS	N/A	0.4
		12-24	WK SBK SCL	FR SS/SP	RBr; CSap				
		24-60	MA SL sap	FR ns/np	multi				
2A	L ~15-20%	0-24	WK SBK SCL	FR SS/SP	RBr; CSap	24"	PS	N/A	0.4
		24-48	MA SL sap	FR ns/np	multi				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III g	III b
Site LTAR	0.4	0.4

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
ESSE QUAM VIDERI
1313
STATE OF NORTH CAROLINA

COMMENTS: _____

Kathleen Saunders

Updated February 2014

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

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: Iredell

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

OWNER: JH Building LLC
ADDRESS: 229 Cedar Lake Dr
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Dobbs Valley III Lot 57
APPLICATION DATE ____
DATE EVALUATED: 8/21/2020
PROPERTY SIZE: 4.439 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 20%	0-56	MA SL Sap	FR NS/NP	Multi (6" Wk GR SL on top)	6"	PS	N/A	0.5
2	L 20%	0-37	Mo GR SCL	FR SS/SP	Br R Multi	40"	PS	40"	0.4
		37-40	MA SL Sap	FR NS/NP					
		40"	Cr						
3	L 10%	0-37	Wk SBK SCL	FR SS/SP	Br; C Sap Multi	37"	PS	N/A	0.4
		37-60	MA SL Sap	FR NS/NP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IIIb
Site LTAR	0.4	0.4

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: ____
OTHER(S) PRESENT: ____

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

Kathleen Saunders

COMMENTS: ____

Updated February 2014

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

RECEIVED SEP 10 2020

(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)

AP-310800

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Paid $500.00 Session Law

The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	~~Home~~ Phone # cell	Alternate Phone #
J & A Building LLC	229 Cedar Lake Dr. Statesville NC	704-902-0399	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
BCIT Estate Holdings LLC	141 Cedar Lake Dr. Statesville NC	704-872-8585	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
133 Backrush Court Statesville NC	Hobbs Valley – Phase III	[redacted] 57

Driving Directions: N. Chipley Ford Rd - R - H. Hobbs Rd. L - Cedar Lake L - Backrush Court (proposed Rd)

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(✓) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) 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.

9. Signature: Jeffrey Herne
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

[redacted] 8/31/20
DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, BCIT Estate Holdings LLC, Marvin BCLive - member-manager, am the legal owner(s) of the property located at Backrush Court, identified as PIN (Parcel Identification Number) 4736-61-8738 [redacted], located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** JH Building LLC, The Oaks Group, PA, 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.

BCIT Estate Holdings, LLC
Marvin BCLive member-manager — Signature of Owner(s) — Date

Carolyn Horne — Signature of Witness — [redacted] 8/31/2020 — 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

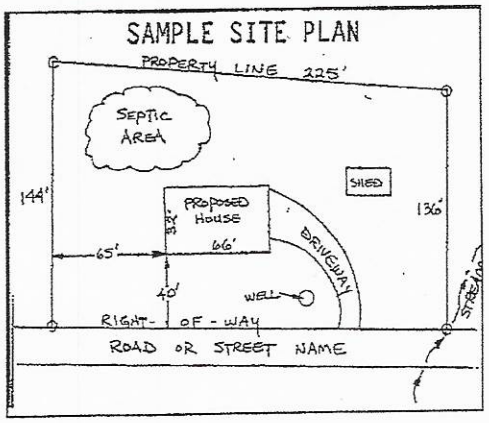
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: ***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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) 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

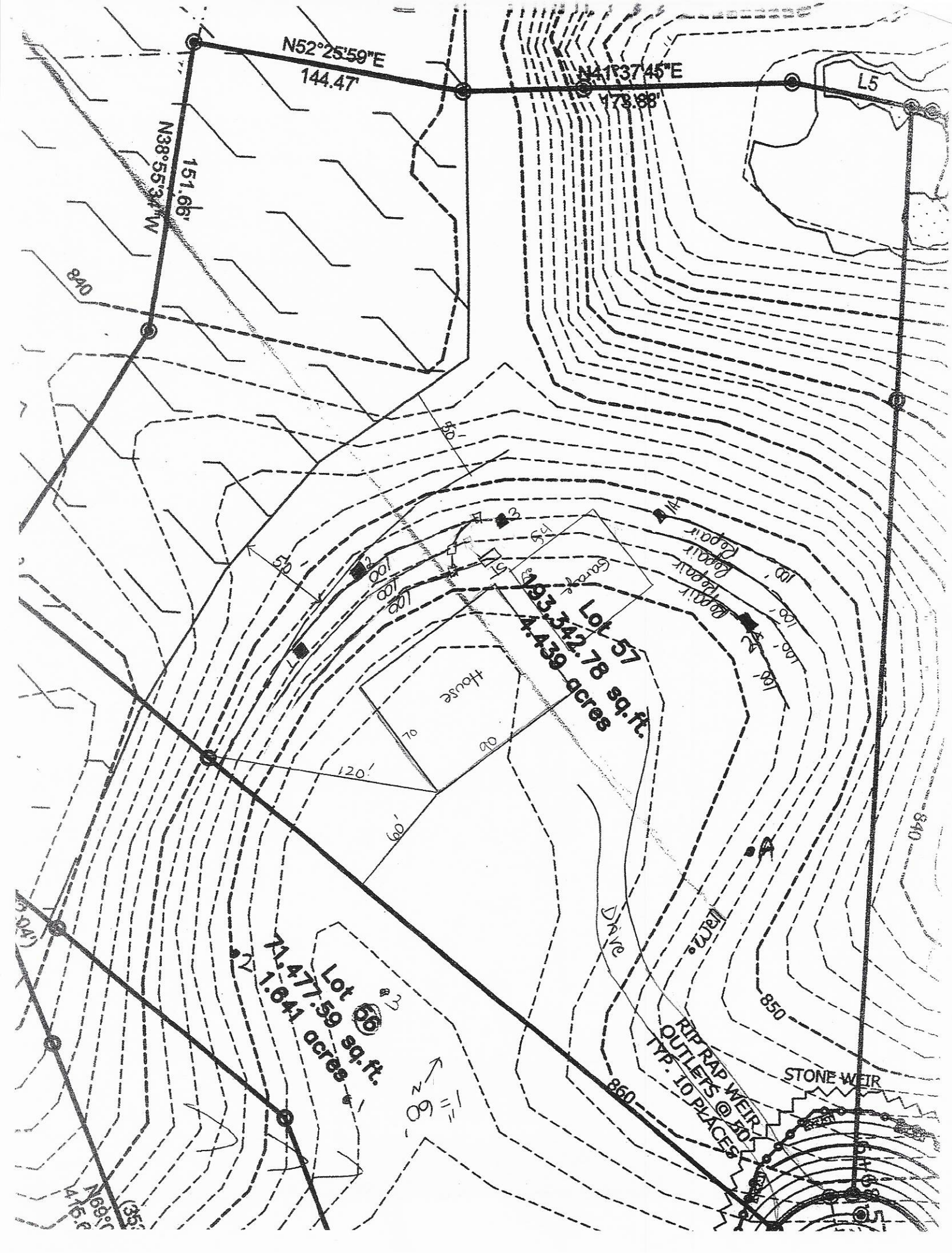
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached

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

8/31/2020
DATE


N52°25'59"E
144.47'
N41°37'45"E
178.88'
L5
N38°55'34"W
151.66'
840
50'
50'
Lot 57
193,342.78 sq.ft.
4.439 acres
House
70
90
120'
60'
Lot 56
71,477.59 sq.ft.
1.641 acres
Drive
850
860
RIP RAP WEIR
OUTLETS @ 50'
TYP. 10 PLACES
STONE WEIR
1" = 60'

Acknowledgement Of

Plans Submittal ONLY!

Carolyn Horne Date 5/11/2021

BLB Date 5/11/2021

3084 sq ft Unfinished

Back Porch	624	12x52
Front Porch	96	8x12
Garage	1140	26x40
		10x10
Courtyard	324	14x16
Bonus Room	480	16x30
Master Bedroom	846	18x47
Great Room	1386	33x42
Back Bedrooms	702	39x18
Pantry Powder Room	200	10x20
Laundry	208	14x13

3342 Sq. Ft. Finished

702 SQFT

3236

39'

2 FT

PORCH

Hot Tub

PORCH

12

12 FT

BEDROOM 11'-8" x 14'-4"

DRESSING 3'-4" x 10'-0"

BATH 5'-0" x 10'-0"

DRESSING 3'-4" x 10'-0"

BEDROOM 11'-9" x 14'-0"

12 x 14

CLOSET 7'-4" x 2'-0"

CLOSET 11'-0" x 2'-0"

PANTRY 6'-0" x 5'-10"

POWDER RM.

STORAGE

16'

COURTYARD

10'

20'

HALL

LAUNDRY

STAIRS

GREAT ROOM

KITCHEN

GARAGE

MASTER BEDROOM

MASTER BATH

16'-0" x 12'-0"

9 FT

32 FT

30 FT

12 FT

33 FT

18 FT

Shower 4 FT

NO Door

PORCH 11'-0" x 8'-0"

84650 FT

138650 FT

HEATED FLOOR AREA: 3514 SQ. FT.
GARAGE FLOOR AREA: 1113 SQ. FT.

PROPOSED FLOOR PLAN

120

624

240

NANTZ DRAFTING & DESIGN
DRAFTING SERVICES & RESIDENTIAL DESIGN
147 NANTZ WOODS LANE
TROUTMAN, N. C. 28166
TELE. 704-902-6043
EMAIL: jnantz@bellsouth.net

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NO.	DATE	DESCRIPTION	BY
		REVISIONS	

SHEET NO. 1

A NEW RESIDENCE FOR: JEFF and CAROLYN HORNE
STATESVILLE, NORTH CAROLINA

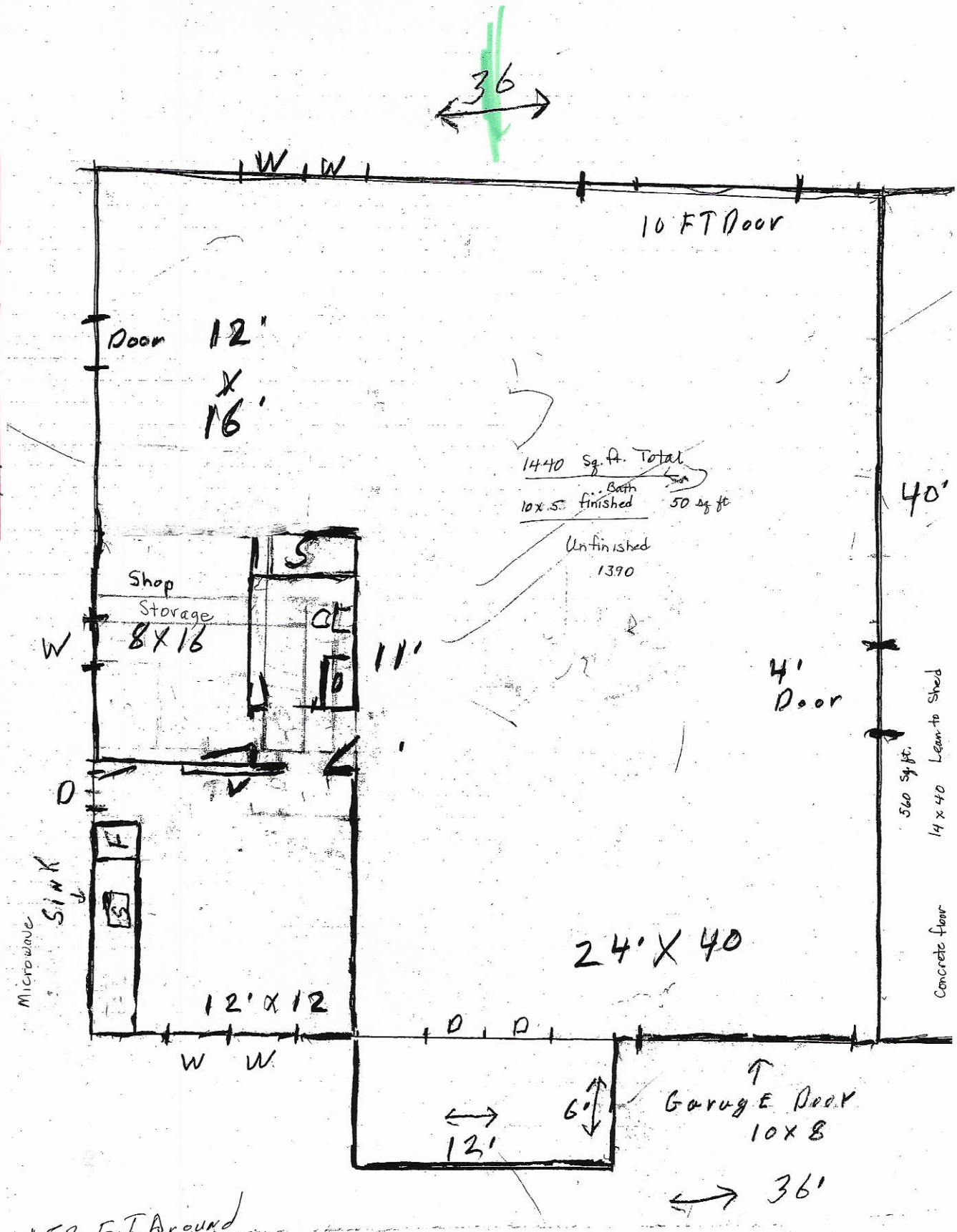
PROPOSED MAIN FLOOR PLAN

DRAWN: NANTZ

DATE: 6-11-2020

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

Acknowledgement Of
Plans Submittal ONLY!
Carlyn Horn Date 5/11/2021
BMB Date 5-11-2021



152 FT Around
#14 Course
14 C 1596
Concrete 30 Yds

Acknowledgement Of
Plans Submittal ONLY!
Date
Date

IREDELL COUNTY · NC

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

APPLICATION NUMBER

310800
Issue Date: 09/10/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4736618714.000	133 BACKCREE	Iredell County

Owner Information	Applicant Information
Name: BCIT ESTATE HOLDINGS LLC	Name: THE OAKS GROUP
Address:	Address: 121 HOLT LN
,	MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	50	15	15	N/A	YES

Remarks

SFD

Lots with a perennial stream: Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure.
KEEP ALL BUILDINGS OUT OF FLOOD ZONE

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.

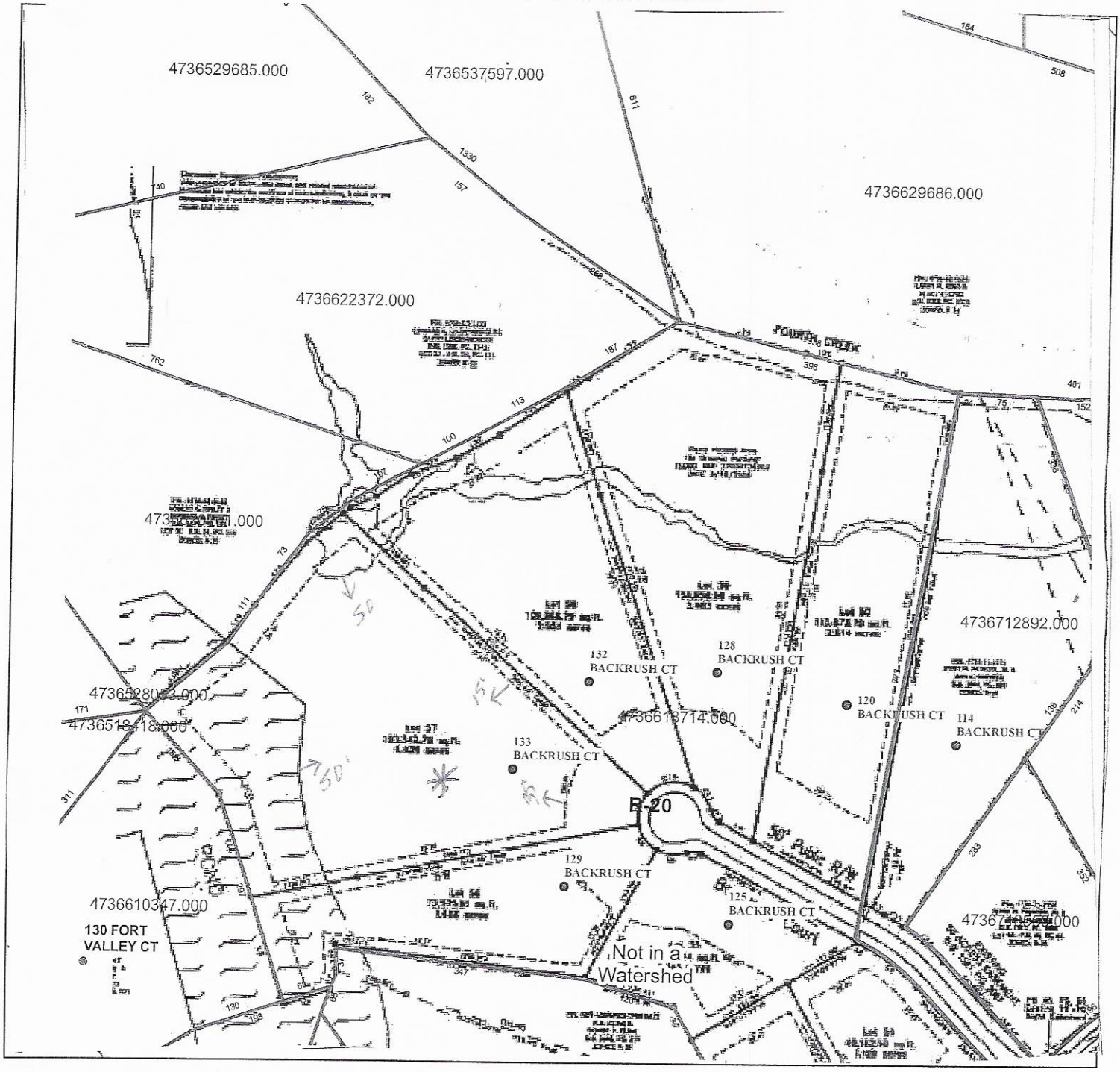
Signature of Owner/Contractor

Date: 09/10/2020

Permit Number	310800

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 133 Backcreek Court

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

9-10-2020
Date