ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 309010

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

PIN # 4746623151.000

APPLICANT/OWNER: ELG Investments | APPLICANT ADDRESS: 16108 North Point Rd Mooresville 28078

SITE ADDRESS: 108 Jayhawk CT Troutman NC 28166 | PHONE: — | ALT. PHONE

SITE DIRECTIONS: Flowerhouse Loop @ Hawks Landing @ Jayhawk on the End | SAP CONTROLLED: YES ☐ NO ☒

SUBDIVISION: Hawks Landing | SECTION: — | LOT # 20 | LOT AREA: 1.13 Acres | DESIGN FLOW: 360 | L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	794	Date	2/15/2021	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT	233	Date	2/16/2021	System Description:	LP-PPBPS-50% Reduction			☐ Business	No. Persons	6	☒ Private
Pump Make	Zoeller		Model	NE/53C	Serial #	ZK19U1	Repair System Description:	Drip Repair Areas			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	4	Linear Ft	200	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24		Trench Bottom Depth (~~average~~)	30 max	Gravel Depth	—		☐ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Attached Drawing not to Scale
* Repair System 25ft offset from Storm Drain Pipe

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:

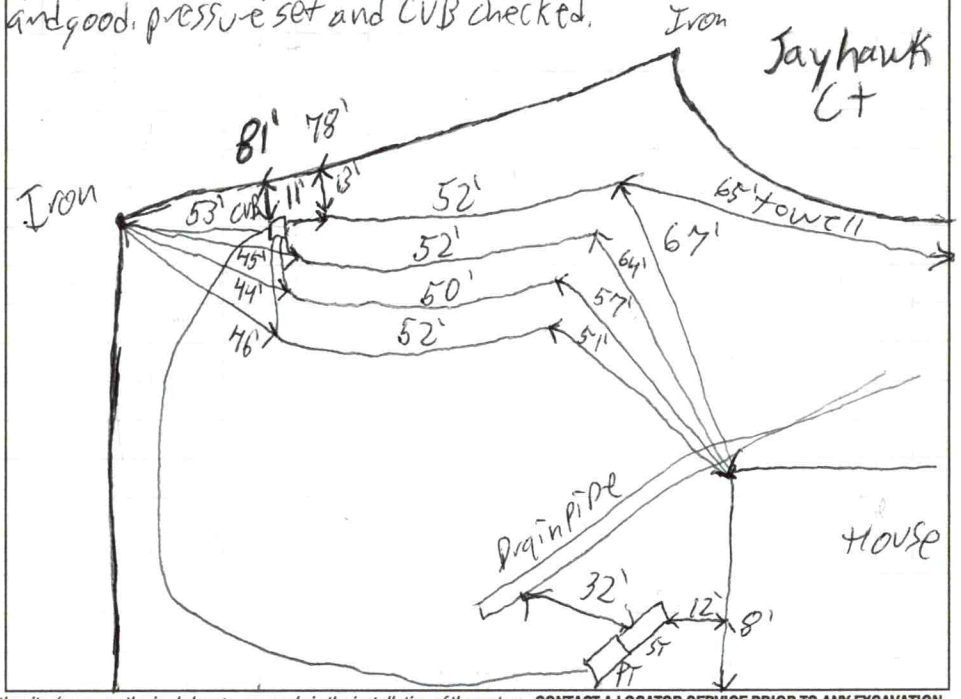
The Owls Group PA

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.

4/5/2021: Tanks, and drainlines all checked and good. pressure set and CUB checked.



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.*

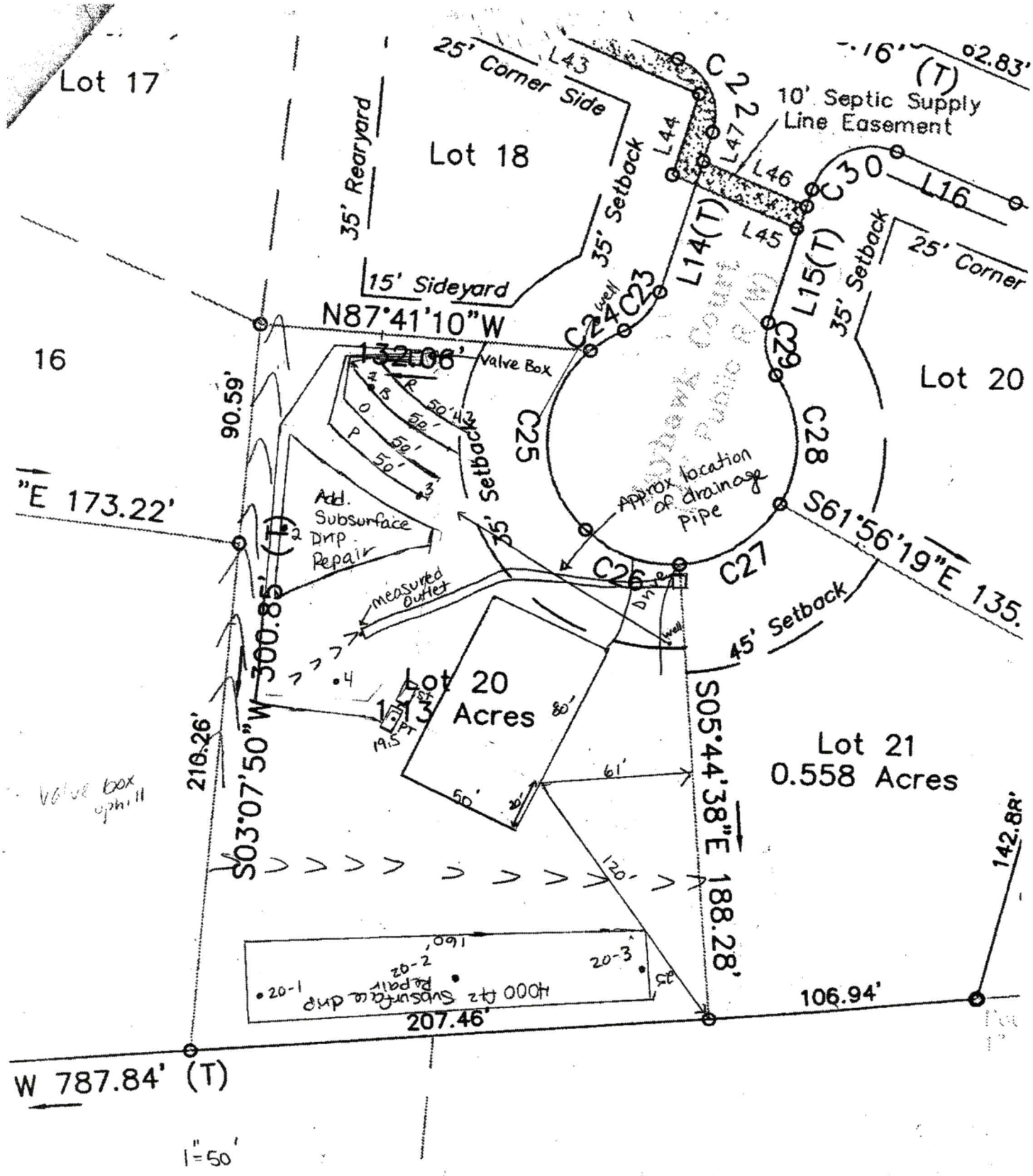
Owner / Applicant Signature: Kathleen Saunders | Date: 8-6-20 | Installed by: Dellinger Grading

IMPROVEMENT PERMIT by: Benjamin A Bell | Date: 8/3/2020 | OPERATION PERMIT by: Patrick J Bylett | Date: 5/6/2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bell | Date: 8/3/2020 | Existing System Inspected by: | Date:

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

	Date	Initials
Drain Lines Checked	4/5/2021	PJB
Tanks Checked	4/5/2021	PJB
Pressure Manifold or Valve Box Checked	4/5/2021	PJB
Pressure Head Set	4/5/2021	PJB
Electrical Checked	5/6/2021	PJB
Floats Set	5/6/2021	PJB
Alarm Checked	5/6/2021	PJB
Maintenance Contract (Y) / N	5/6/2021	PJB
Comments:		



ise C. Moose
ook 1195 Page 36

Lark J. & Rebecca Y. Gr
Deed Book 803 Page 3
Parcel ID #4740-61-68

309010

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: Hawks Landing Lot 20

Date: July 11, 2020

Attached is the septic specification information required to permit Hawks Landing Lot 20 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

309010

Hawks Landing Lot 20 Septic System Information

Horizontal Installation

Number of Bedrooms	3
Basement or Crawl	**Basement with plumbing**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Total Linear Feet	200
Trench Width	3'
Trench Spacing	9'
Max Trench Depth	30"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	175' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	24 gpm
Elevation head	Approx. 21.3'
Pressure head	3.0'
Friction head	2.2'
20% Contingency	5.3'
Total Head	31.8'
Pump Requirements	24 gpm @ 31.8' of head To be designed by installer.
Maximum Dosing Volume	172.8 gal -2.2 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	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**Subsurface Drip**
Total Linear Feet	3200 sqft
Repair LTAR	0.1
Repair Trench Depth	6"

309010

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	red	LPPPBPS	50 endfed	4.2	12	12	1 per panel	5/32"
2	System	Blue	LPPPBPS	50 endfed		12	12	1 per panel	5/32"
3	System	Orange	LPPPBPS	50 endfed		12	12	1 per panel	5/32"
4	System	Pink	LPPPBPS	50 endfed		12	12	1 per panel	5/32"
						Total: 48	Total: 48 (1 in each panel turned up)		
				Total System: 200'					
				Total Repair: xxx'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	19.5
House	Blue		

Notes: **Keep drainage ditches 15' from end of septic lines**

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

30901R

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

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

OWNER: ELG Investments
ADDRESS: ___
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Lot 20 Hawks Landing
APPLICATION DATE ___
DATE EVALUATED: 7/1/2020
PROPERTY SIZE: 1.129 Ac
PROPERTY RECORDED: ___

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
Pit	L 5-10%	0-28	Mo SBK CL	FR SS/SP	R	46"	PS	N/A	0.4
		28-46	WK SBK CL	↓	R; C sap yel R				
		46-48	MA L sap	↓					
2	L 3-5%	0-4	Mo GR SL	FR NS/NP	Br	40"	PS	40"	0.3 to 40"
		4-22	Mo SBK CL	FR SS/SP	R; F sap				
		22-40	WK SBK CL	↓	R; C sap; C yel Br				
		40-48	MA L sap	↓	R yel; 2 Chr				
3	L 5-10%	0-3	Mo GR SCL	FR SS/SP	Br	48+	N/A	N/A	0.3
		3-32	Mo SBK C	↓	R				
		32-48	WK SBK CL	↓	R; F sap				
4	LCC 3-5%	0-4	Mo GR SL	FR NS/NP	Br	28+	N/A		0.3 to 28"
		4-28	Mo SBK CL	FR SS/SP	R; F yel Br				
		28+	WK SBK CL		R; F sap, 2 Chr				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	H LPP PBPS	Sub chip
Site LTAR	0.3	0.15

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

COMMENTS: 30" TB

Kathleen Saunders

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

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 ___
PERTY ID #:
COUNTY: Iredell

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

OWNER: ELG Investments
ADDRESS:
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Hawks Landing Lot 20
APPLICATION DATE
DATE EVALUATED: 7/17/2020
PROPERTY SIZE: 1.129 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	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
20-1	L ~10%	0-3	Mo GR SL	FR NS/NP	Br				0.15 Drip
		3-23	Mo SBK CL	↓	R; C yel Br				
		23+	WK SBK CL	↓	R; F sap; C 2 chr				
						23+	N/A	23"	
20-2	L CC ~10%	0-3	Mo GR SL	FR NS/NP	Br				0.3
		3-40	WK SBK SCL	FR SS/SP	Br R; C/M mn				
		40-48	WK SBK SCL	↓	Br R; C yel Br/Mn				
						48+	N/A	N/A	
20-3	L ~10%	0-26	Mo SBK C	FR SS/SP	R; F sap				0.3
		26-35	WK SBK CL	↓	R; C sap				
		35-52	MA L SAP	↓	MULTI				
						35"	PS	N/A	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	H LPP BPS	Subdrip
Site LTAR	0.3	0.15

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

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

COMMENTS:

Kathleen Saunders

Updated February 2014

RECEIVED JUL 13 2020 Session Law

AP-309010
$1200.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) 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
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: ELG Investments Address: 16108 North Point Rd Zip: 28078
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 108 Jayhawk Ct
Subdivision Name: Hawks Landing Section/Phase: _____ Lot Number: 20
Driving Directions: Flowerhouse Loop, L Hawks Landing, L Jayhawk on R @ end

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(X) New Well ( ) Existing Well ( ) Community Well ( ) 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 7-11-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

309010

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, 4G Design Build/4IG Inv., am the legal owner of the property located at 108 Jayhawk Ct, identified as PIN(Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, Michael Grandy, _____, _____, _____, 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.

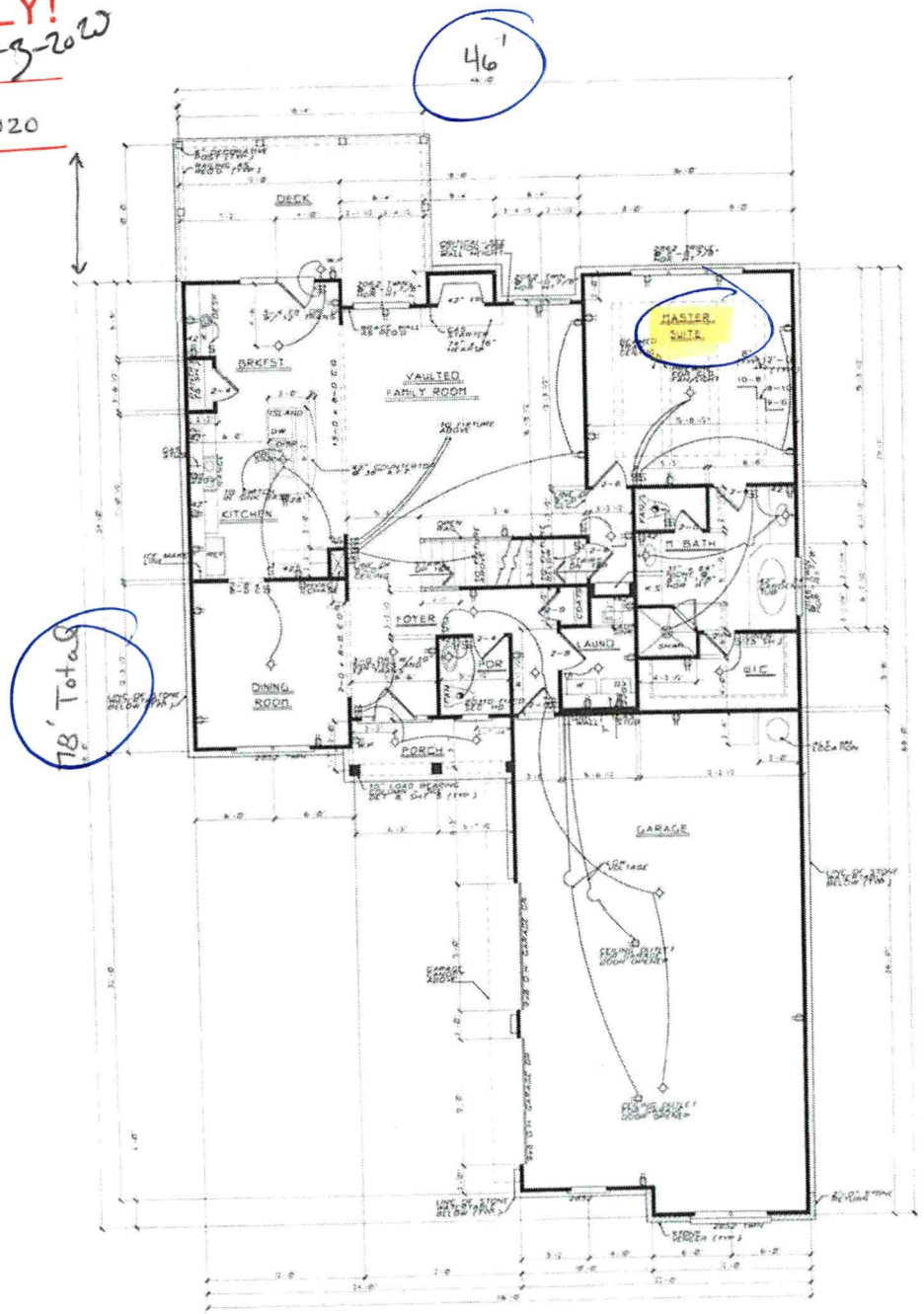
_____ 7-11-2020
Signature of Owner Date

_____ _____
Signature of Witness Date

Acknowledgement Of
Plans Submittal ONLY!

Date 9-3-2020

Kathleen Bandeen Date 7/11/2020



FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

PROJECT
The Stoneleigh Cottage
FOR
ELG Investments

Southern dynamic
Engineering and Design, PLLC
P.O. BOX 87, Waxhaw, NC 28173
Ph. (704) 940-4594 Fax (704) 749-9439
Email: Scott@SouthernDynamic.com
Website: SouthernDynamic.com

DRAWN BY KATHY HARRIS

DATE MAY 18, 2020

REVISIONS

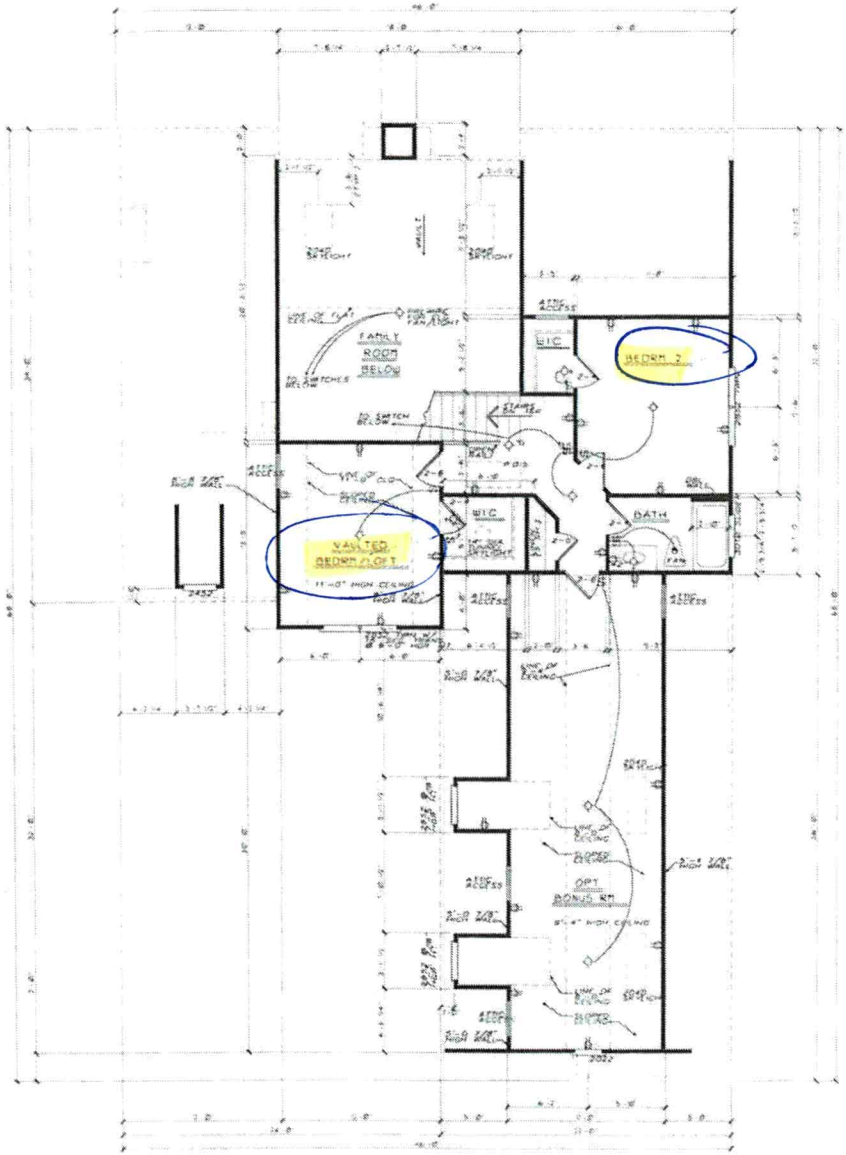
SHEET
A1

30400

Acknowledgement Of
Plans Submittal ONLY!

Date

Kathleen Saunders Date 4/14/2020



SECOND FLOOR PLAN

01d03

The Stoneleigh Cottage
FOR
ELG Investments

Southern dynamic
Engineering and Design, PLLC
P.O. BOX 84, Waxhaw, NC 28173
Ph: (704) 944-4296 Fax: (704) 749-9439
Email: scott@southerndynamic.com
Website: SouthernDynamic.com

DRAWN BY: KATHY HARRIS
DATE: MAY 18, 2020
REVISIONS:

SHEET
A2

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
309010 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4740623151.000	108 JAYHAWK CT	Iredell County

Owner Information	Applicant Information
Name: ELG INVESTMENTS LLC	Name: THE OAKS GROUP
Address: 16108 NORTH POINT RD	Address: 121 HOLT LN
HUNTERSVILLE, NC 28078	MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.13	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
SFD

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.

Date: 07/13/2020

Signature of Owner/Contractor

Permit Number	309010	TOTAL FEES:	$77.25