ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-304513

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

PIN # 4761 - 49 - 6499

APPLICANT/OWNER: ADAMS HOMES AEC LLC | APPLICANT ADDRESS: 3401 SAINT VARDELL LANE, SUITE B, CHARLOTTE, N.C. 28217

SITE ADDRESS: 141 NORTHLAKE DRIVE, STATESVILLE, N.C. 28677 | PHONE: 704-558-4527 | ALT. PHONE 704-621-4664

SITE DIRECTIONS: (E) ON 70, (R) ON BETHESDA, (L) ON NORTHLAKE, LOT ON (L)

SUBDIVISION: NORTHLAKE | SECTION: -1- | LOT # 47+47A | LOT AREA: 0.59 AC | SAP CONTROLLED: [ ] YES [X] NO | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.25 (0.1 REPAIR)

Septic Tank	1000 (gal)	STB	347	Date	6-23-2020	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	363	Date	4-14-2021	System Description:	25% REDUCTION	[ ] Business	No. Persons 6
Pump Make	~~ZOELLER~~ LOADOS	Model	~~BNT 161-F~~	Serial #	~~224645~~	Repair System Description:	DRIP IRRIGATION	[ ] Other	No. Employees —
# Nitrification Fields	1	# Lines	8 WET/24	Linear Ft:	360 FT	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	24 IN	Gravel Depth	—		[ ] GRAVITY [X] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing

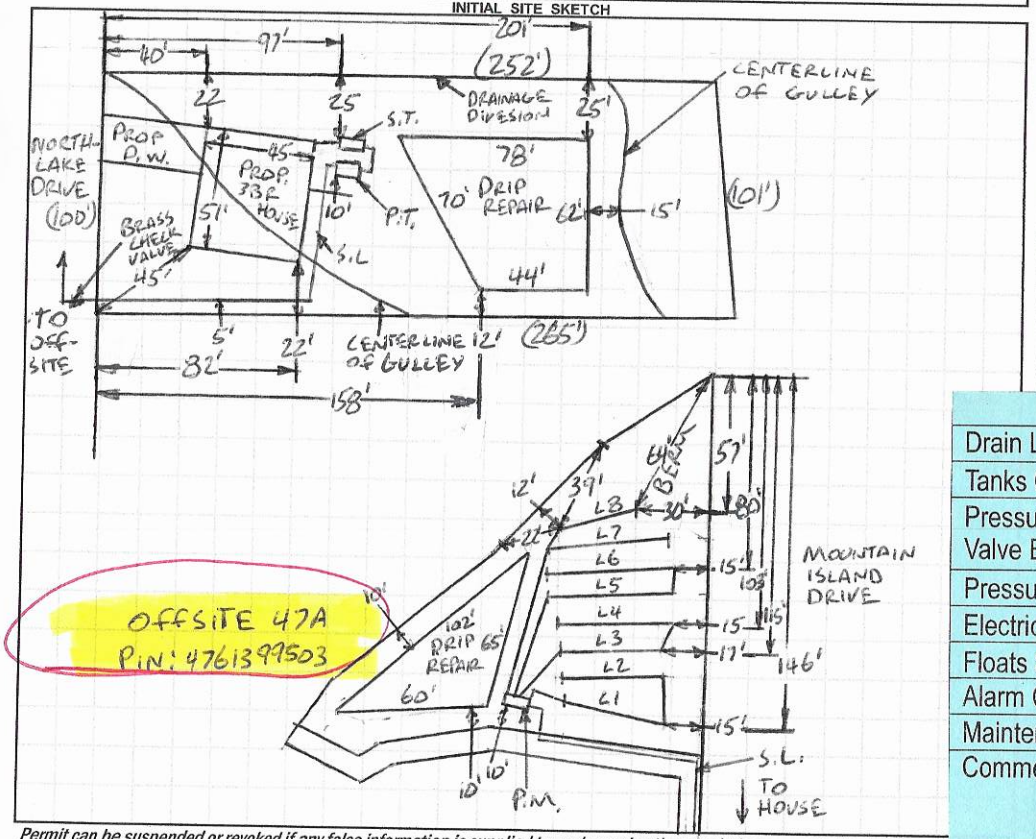
Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION, DO NOT EXCEED 26 IN MAX TRENCH BOTTOM

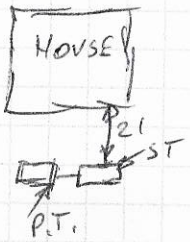
IF SUPPLY LINE CROSSES STORMWATER DRAINAGE IT MUST BE SLEEVED IN DUCTILE IRON OR CONCRETE, OR 30 IN DEEPER THAN FEATURE

TOP SEAM TANKS REQUIRED

INITIAL SITE SKETCH



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.

L1=42FT L5=50FT
L2=46FT L6=50FT
L3=42FT L7=50FT
L4=46FT L8=34FT

TAPS
L1+L2=1 1/2 SCH80
L3+L4=1 1/2 SCH80
L5+L6=1 1/2 SCH 40
L7+L8=1 1/2 SCH80

1 IN = 80 FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
S.L. = SUPPLY LINE
P.M. = PRESSURE MANIFOLD
D.W. = DRIVEWAY
GPM = 23.55

	Date	Initials
Drain Lines Checked	5-21-21	
Tanks Checked	5-20-21	BCW
Pressure Manifold or Valve Box Checked	5-27-2021	BCW
Pressure Head Set	5-27-2021	BCW
Electrical Checked	7-23-2021	
Floats Set	5-27-2021	BCW
Alarm Checked	5-27-2021	BCW
Maintenance Contract Y (N)	5-27-2021	BCW
Comments: SUPPLY LINE CHECKED	5-25-21	BCW

DOSE VOLUME = 164 GAL
RUN TIME = 7 MIN
DRAWDOWN = 8 IN

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.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Cynthia Blandy | Date: 9/30/20 | Installed by: Precision Excavating

IMPROVEMENT PERMIT by: Burgett C. White | Date: 9-18-2020 | OPERATION PERMIT by: | Date: 7-22-2021

AUTHORIZATION TO CONSTRUCT by: Burgett C. White | Date: 9-18-2020 | Existing System Inspected by: | Date:

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

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

Sheet 1 of 2
PROPERTY ID #: 476149669
COUNTY: IREDELL

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

OWNER: ADAMS HOMES REC, LLC,
ADDRESS: 3401 SAINT VARDELL LANE, CHARLOTTE, NC, 28217
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE:
APPLICATION DATE: 6-11-2020
DATE EVALUATED: 7-20-2020
PROPERTY SIZE: 0.59 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	LINEAR SIDE 5%	0-30	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	48"+	NA	NA	PS .3
		30-48	CL, WABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 10%	0-42	C, ABK	FR, S, P, SEXP	Y/B MOTS 30"+ 10YR 6/2 34"+ WET	53"+	NA	NA	PS .25 ABOVE 34"
		42-53	CL/WABK	FI, SS, SP, SEXP					
3	LINEAR SIDE 10%	0-35	C, ABK	FR, S, P, SEXP	Y/B MOTS 27"+ 10YR 6/2 30"+ WET	53"+	NA	NA	PS .225 ABOVE 30"
		35-53	CL, WABK	FI, SS, SP, SEXP					
4	LINEAR SIDE 10%	0-29	C, ABK	FI, S, P, SEXP	CHROMA 3 & 4S THRU OUT 10YR 6/1 10YR 7/1 29"+	53"	NA	WET 29"	PS .1 DRIP

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	DRIP
Site LTAR	0.25	0.1

OTHER FACTORS (.1946): PS TOPO
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Buford C. Wilkie
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		None	None			

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

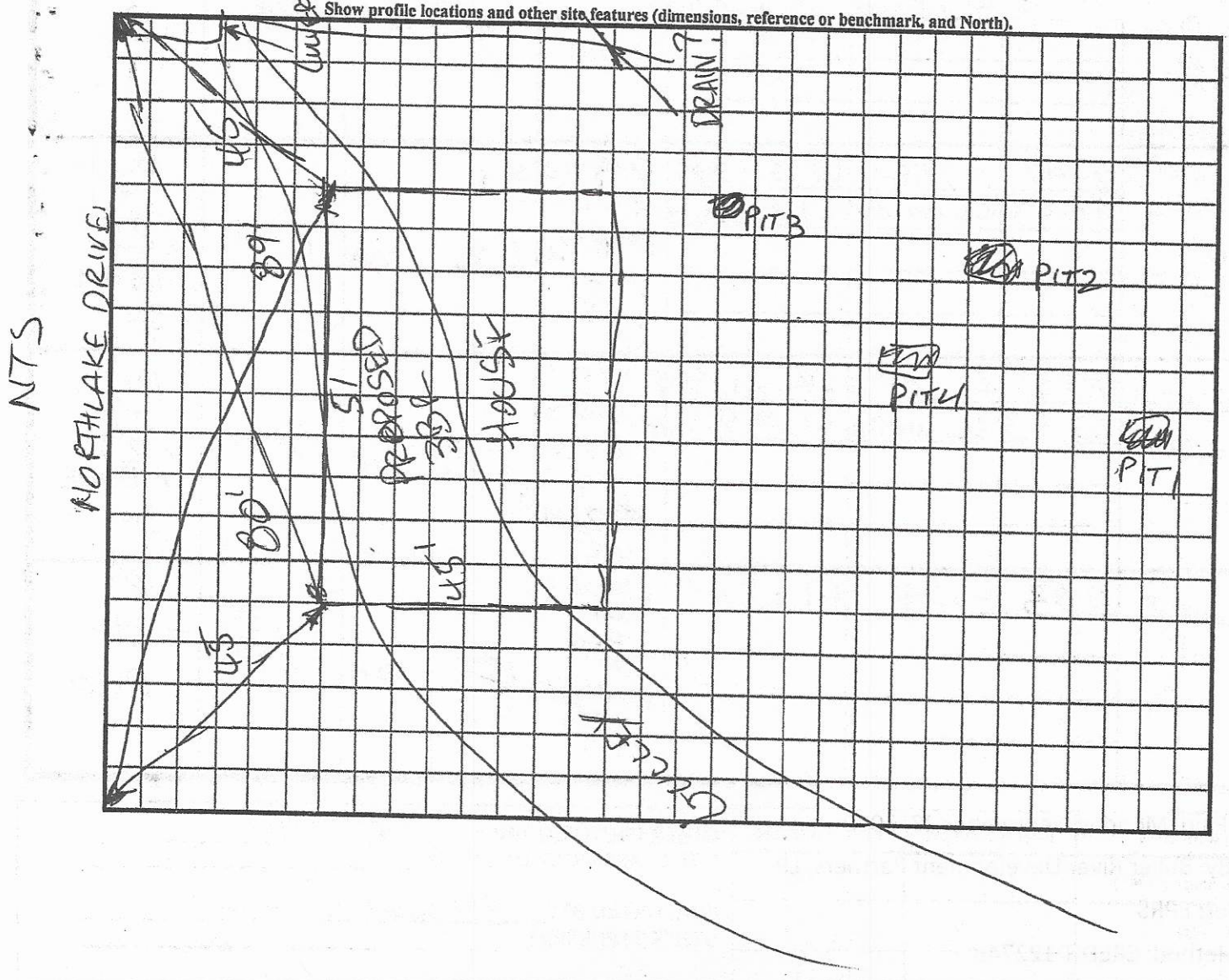
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

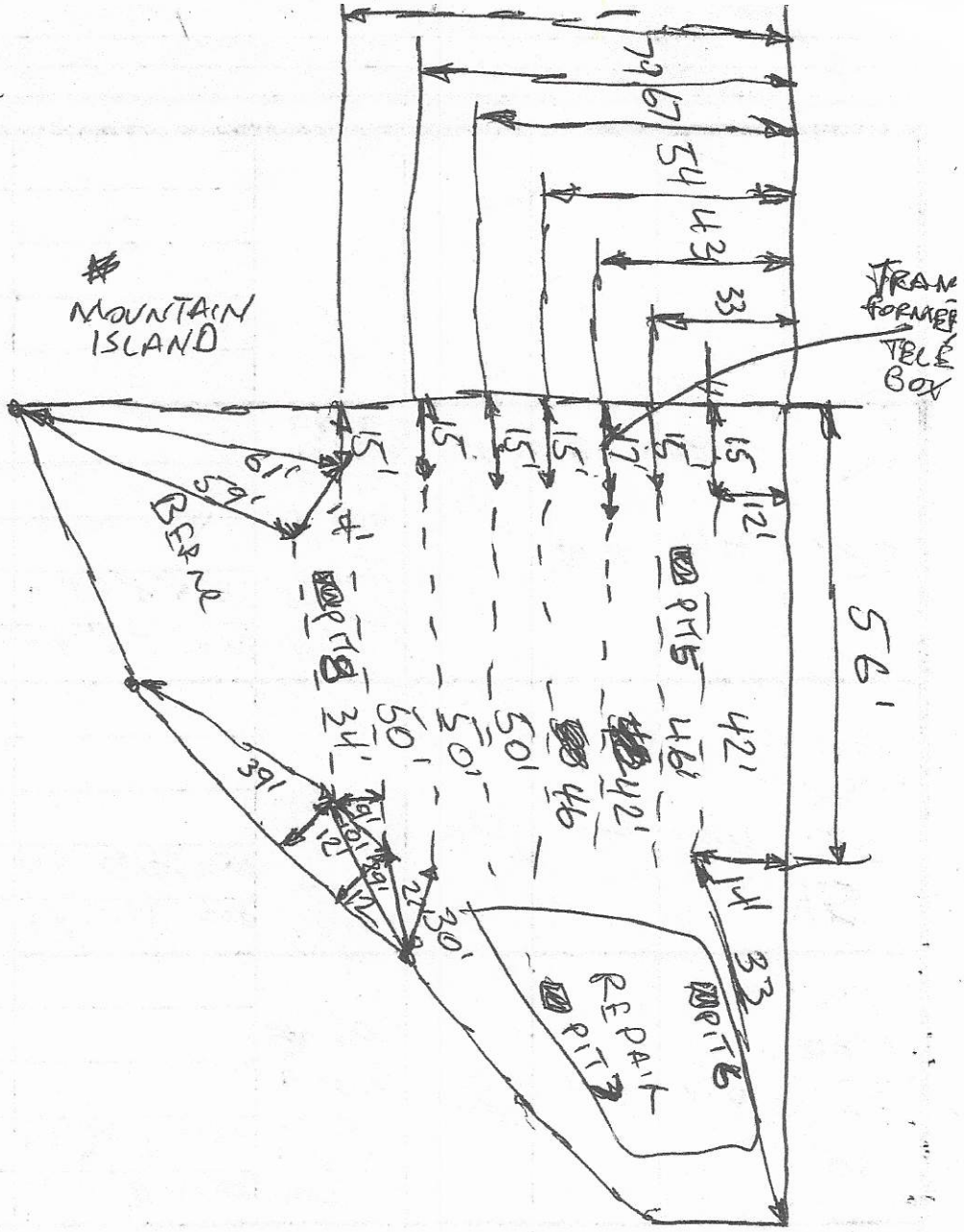
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4761496499
DATE OF EVALUATION: 7-20-2020
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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
5	LINEAR SIDE 3%	0-36	L, ABK	FR, S, P, SEXP	SAP INC THRU OUT	48"+	NA	NA	PS .3
		36-48	CL, WABK	FR, SS, SP, SEXP					
6	SLIGHT HEAD 3%	0-30	L, ABK	FR, S, P, SEXP	Y/B MOTS 22"+ 10YR6/2 30"+	48"+	NA	NA	PS .25 ABOVE 30"
		30-48	SL, WABK	FI, SS, SP, SEXP					
7	SLIGHT HEAD 3%	0-33	SL, SBK	FR, S, P, SEXP	Y/B MOTS 38"+ 10YR6/2 43"+	48"+	NA	NA	PS .25 ABOVE 43"
		33-48	SL, ABK	FI, SS, SP, SEXP					
8	LINEAR SIDE	0-36	SL, SBK	FR, S, P, SEXP	Y/B MOTS THRU OUT MANG CONC. 10YR6/2 46"+	48" H_2O BLEED @ 48	NA	NA	PS .25
		36-48	SL, ABK	FI, S, P, SEXP					

COMMENTS:

47A OFF SITE
NTS
5%
SLOPE



RECEIVED JUN 17 2020

Paid $500.00

AP-304513

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Cynthia Bladning **Address:** 3401 Saint Vardell Lane, Suite B, Charlotte, NC **Zip:** 28217

Applicant Email: submit@majpermits.com **Phone:** (704) 621-4664 **Alt. Phone:** (704) 884-1548

Owner Name: Adams Homes AEC, LLC **Address:** 3401 Saint Vardell Lane, Suite B, Charlotte, NC **Zip:** 28217

Owner Email: charlottewarranty@adamshomes.com **Phone:** (704) 558-4527 **Alt. Phone:** _____

Property Information:

Street Address: 141 Northlake Drive, Statesville, NC 28677

Subdivision Name: Northlakes **Section/Phase:** _____ **Lot Number:** 47

Driving Directions: I-77 North, exit 42, right onto NC-115 / US-21 toward Troutman , Turn left onto US-21 N / NC-115 N, Turn right onto Ostwalt Amity Rd, Turn left onto Bethesda Rd, Turn right onto Northlake Dr

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: _____
( ) 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 ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) 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: Cynthia Bladning June 11, 2020

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

141 Northlake Drive, Statesville, NC 28677 Lot 47

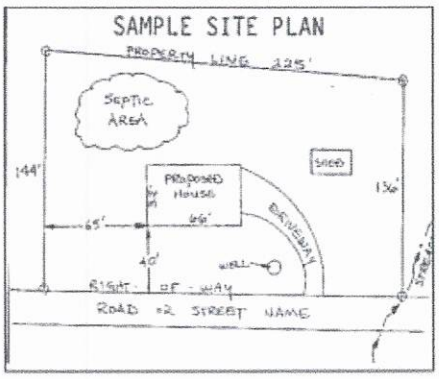
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system 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

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

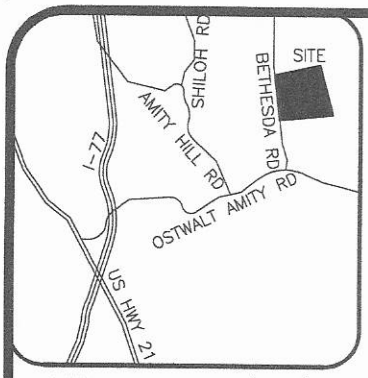
Please see attached

Signature: Cynthia Blanding

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

June 11, 2020

DATE



VICINITY MAP (NTS)

LEGEND

AC=AIR CONDITIONING UNIT
BOC=BACK OF CURB
DW=CONC DRIVEWAY
EB=ELECTRIC BOX
EOP=EDGE OF PAVEMENT
P=PATIO
PO=PORCH
SCO=CLEANOUT
SW=SIDEWALK
TP=TELEPHONE PEDESTAL
WM=WATER METER
IRON PIPE FOUND
IRON PIPE SET
NAIL SET

THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

SHAWN T. RUMBERGER, PLS L-4909 DATE

THIS MAP IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP IS NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.
GENERAL NOTES:

1. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES IN U.S. SURVEY FEET UNLESS OTHERWISE NOTED.

2. AREAS SHOWN HEREON WERE COMPUTED USING THE COORDINATE METHOD.

3. LINES NOT SURVEYED ARE SHOWN AS DASHED LINES FROM INFORMATION REFERENCED ON THE FACE OF THIS SURVEY.

4. PROPERTY MAY BE SUBJECT TO ANY/ALL EASEMENTS AND RESTRICTIONS OF RECORD. THIS SURVEY IS A CORRECT REPRESENTATION OF THE LAND PLATTED AND OR DEEDED AND HAS BEEN PREPARED IN CONFORMITY WITH NORTH CAROLINA STANDARDS, G.S. 47-30, AND REQUIREMENTS OF LAW, BUT WITHOUT A FULL TITLE REPORT. A NORTH CAROLINA LICENSED ATTORNEY-AT-LAW SHOULD BE CONSULTED REGARDING CORRECT OWNERSHIP, WIDTH AND LOCATION OF EASEMENTS, AND OTHER TITLE QUESTIONS REVEALED BY TITLE EXAMINATION.

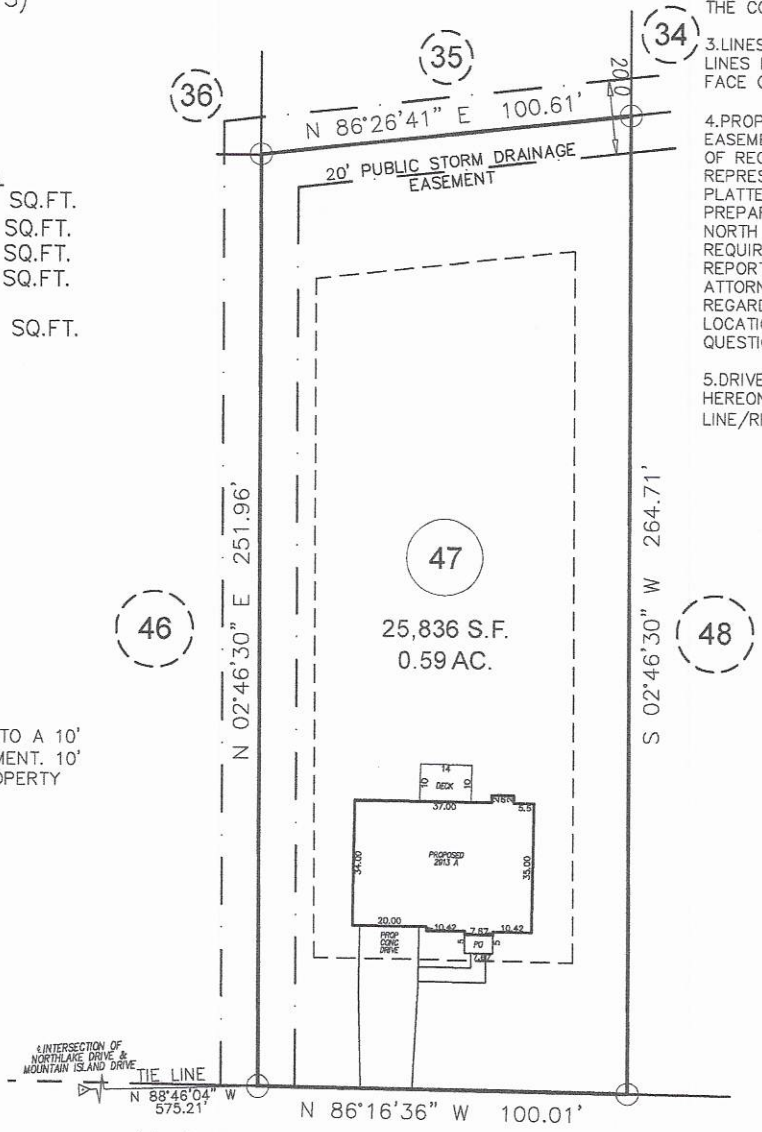
5. DRIVEWAY IMPERVIOUS CALCULATION SHOWN HEREON CALCULATED TO THE FRONT PROPERTY LINE/RIGHT-OF-WAY.

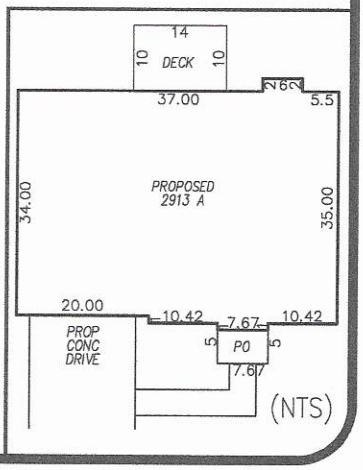
SETBACKS	
FRONT	35'
SIDE	15'
REAR	35'
SIDE STREET	25'

IMPERVIOUS AREA	
HOUSE	1,736 SQ.FT.
DRIVE TO R/W	677 SQ.FT.
WALK	89 SQ.FT.
DECK	140 SQ.FT.
TOTAL	2,642 SQ.FT.



NOTE: ALL LOTS SUBJECT TO A 10' UTILITY & DRAINAGE EASEMENT. 10' ON EACH SIDE OF ALL PROPERTY LINES.





GRAPHIC SCALE

50 0 25

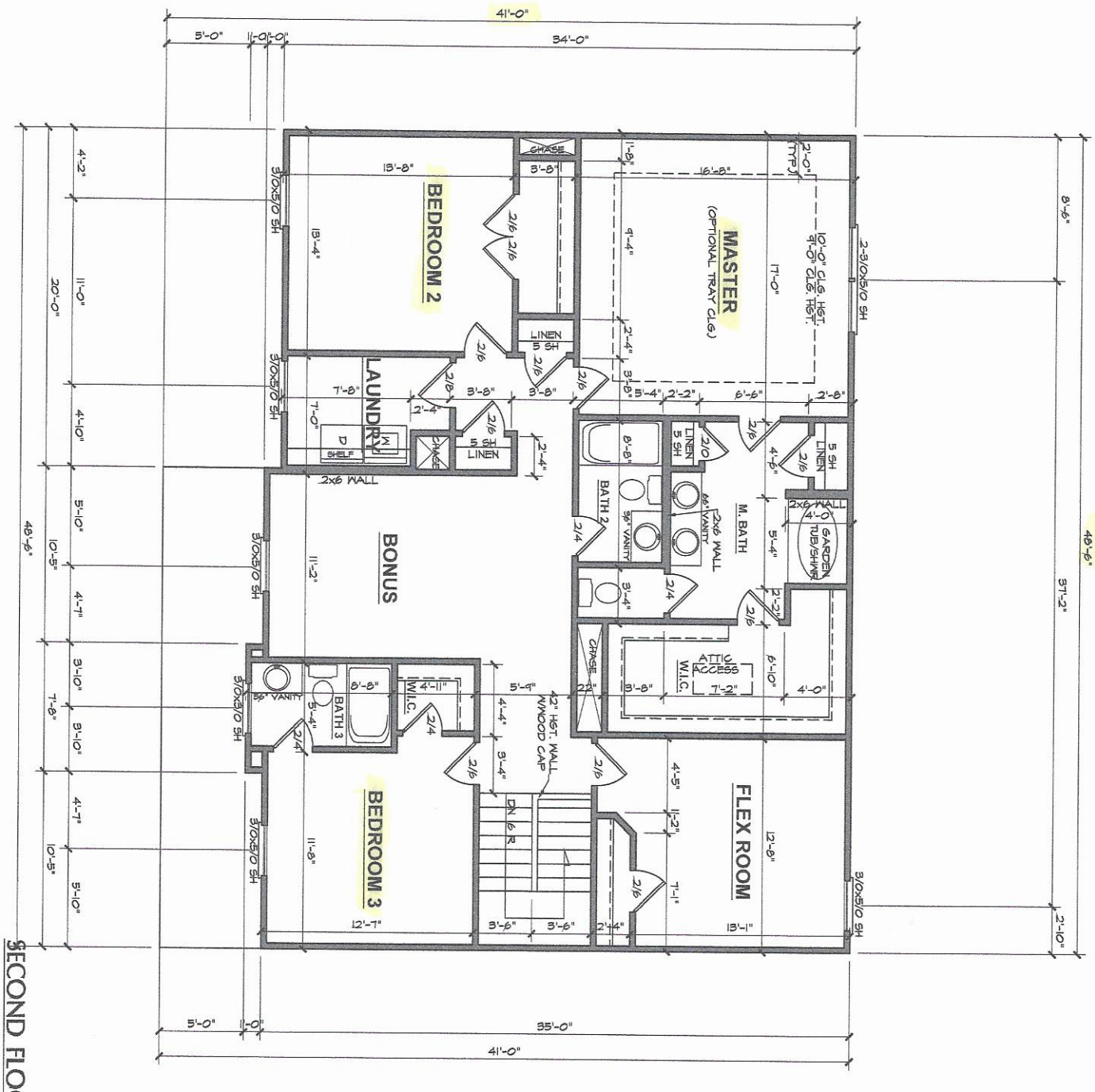
1 inch = 50 ft.

PRELIMINARY PLOT PLAN

PROJECT:	18-005 NORTHLAKES
DRAWN BY:	SEER
SCALE:	1"=50'
DATE:	06-04-2020

FOR
ADAMS HOMES
141 NORTHLAKE DRIVE, STATESVILLE
LOT 47 NORTHLAKE SUBDIVISION
CHAMBERSBURG TWP., IREDELL CO., NC
P.B. 53, PG. 94

ECLS GLOBAL, INC.
U.S. VETERAN-OWNED
19 N McKINLEY ST
COATS, NC 27521
910.897.3257 ECLSGLOBALINC.COM
910.897.2329 (FAX) CO#C-4175



SECOND FLOOR PLAN

8'-0" (NOM.) CLG. HGT. U.N.O.
SET WINDOWS @ 7'-2" U.N.O.

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

Acknowledgement Of
Plans Submittal ONLY!
Date 9-18-2020

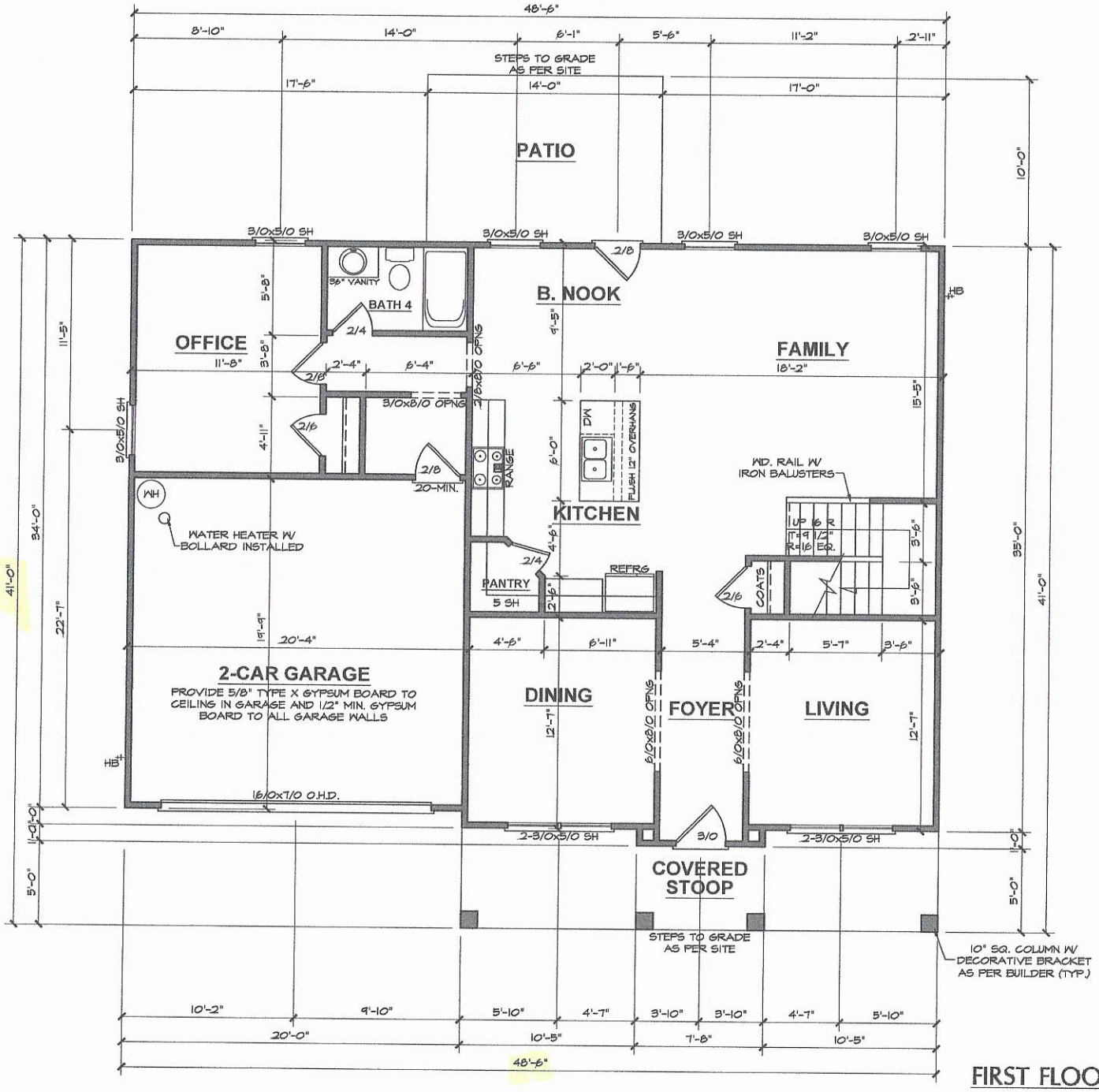
Date 9-18-20

2913 "B" FE (L) NR047

DATE DRAWN	6/12/2020
PROJECT	4443
REVISIONS	

SHEET 4

ADAMS HOMES AEC, LLC



ADAMS HOMES AEC, LLC

Acknowledgement Of Plans Submittal ONLY!

Date 9/30/20

Date 9-18-2020

2913 "B" FE (L) NR047

DATE DRAWN
6/12/2020
PROJECT
4443
REVISIONS

SHEET
3

FIRST FLOOR PLAN

9'-0" (NOM.) CLG. HGT. U.N.O.
SET WINDOWS @ 7'-0" U.N.O.

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
304513 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4761496499.000	141 NORTHLAKE DR	Iredell County

Owner Information	Applicant Information
Name: ADAMS HOMES AEC LLC	Name: ADAMS HOMES AEC LLC
Address: 2 OFFICE PARK CT STE 103	Address: 3401 SAINT VARDELL LN SUITE B
COLUMBIA, SC 29223	CHARLOTTE, NC 28217
Phone:	Phone: (704)558-4527

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.59	35	35	15	15	N/A	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.

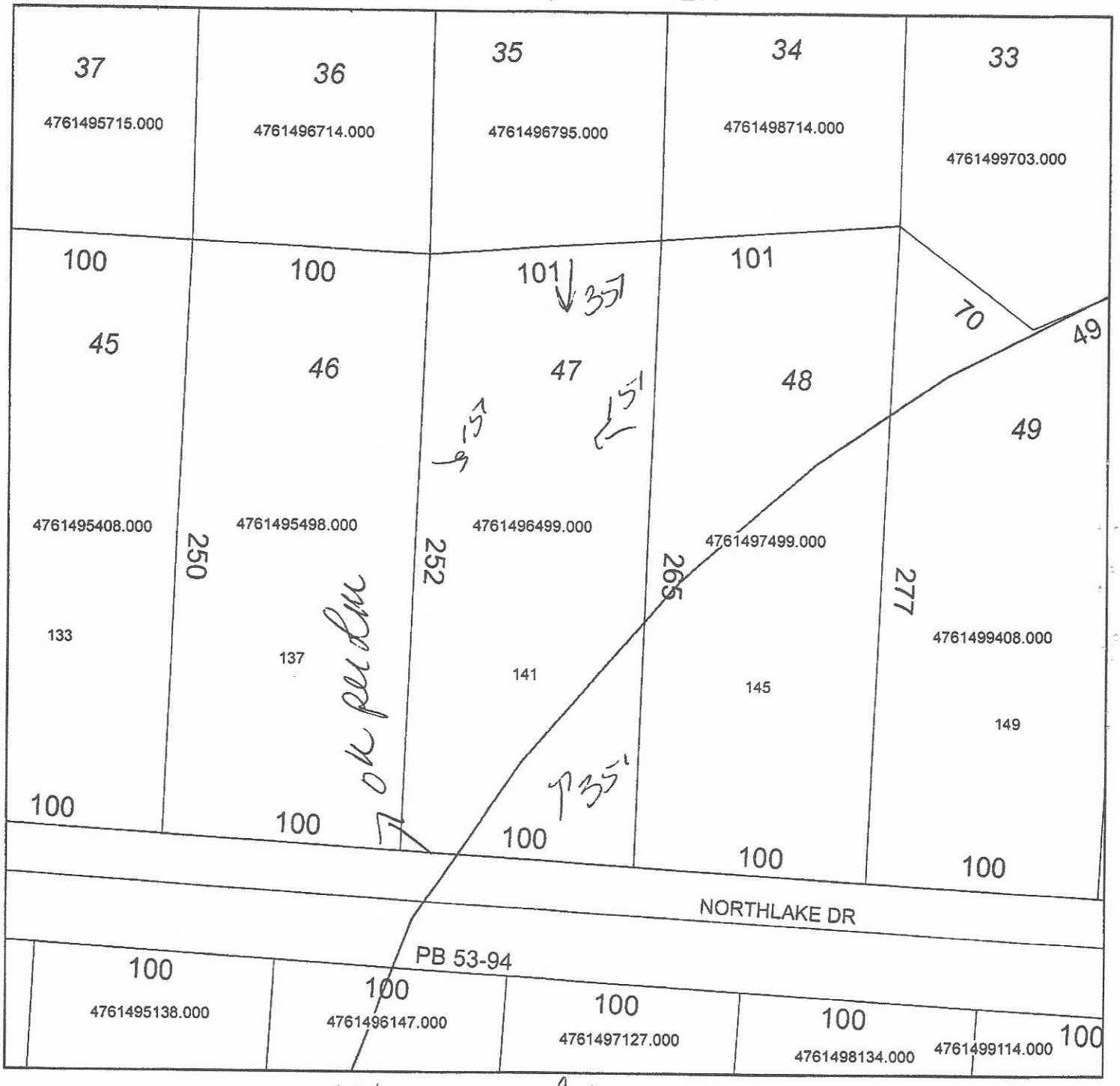
Signature of Owner/Contractor

Date: 02/12/2020

Permit Number	304513

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 141 Northlake

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

Date