5.a

HS 11AM

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241749

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

PIN # 4761495498

APPLICANT/OWNER: Lakeside Vista Partners LLC APPLICANT ADDRESS: PO Box 2091 Cornelius, NC

SITE ADDRESS: 137 Northlake Dr. Statesville, NC 28677 PHONE: 704-452-7000 ALT. PHONE ——

SITE DIRECTIONS: 801 N → L on Triplett → L on Ostwalt Amity → R on Bethesda → R on Northlake → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Northlake SECTION: 1 LOT # 46 LOT AREA: .58ac DESIGN FLOW: 480gpd L.T.A.R.: .275

Septic Tank	1000	(gal)	STB	760	Date	6-10	☐ New System	☑ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT	363	Date	7-5	System Description:	LP PPBPS			
Pump Make			Model		Serial #		Repair System Description:	drip			
# Nitrification Fields	1		# Lines	4@73'	Linear Ft	292'	Maintenance Agreement Required:	☑ YES	☐ NO		
Trench Width	24"		Trench Bottom Depth(Low side)	30"	Gravel Depth	——		☐ GRAVITY	☑ PRESSURE		

☑ Residence	No. Bedrooms	4	**Water Supply**
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☐ Public
☑ Slab	☐ Crawl Space		☑ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

See attached site plan by CS + SC, PLLC

AS BUILT SKETCH

11/13/2020: Brakers checked and good maintenance agreement and swale or ditch still needed

11/19/2020 - Maint. Contract rec'd.

11/23/2020 - Rear Ditches + Gullies need to be Filled. APPROVED 11-25-2020 BCM

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.*

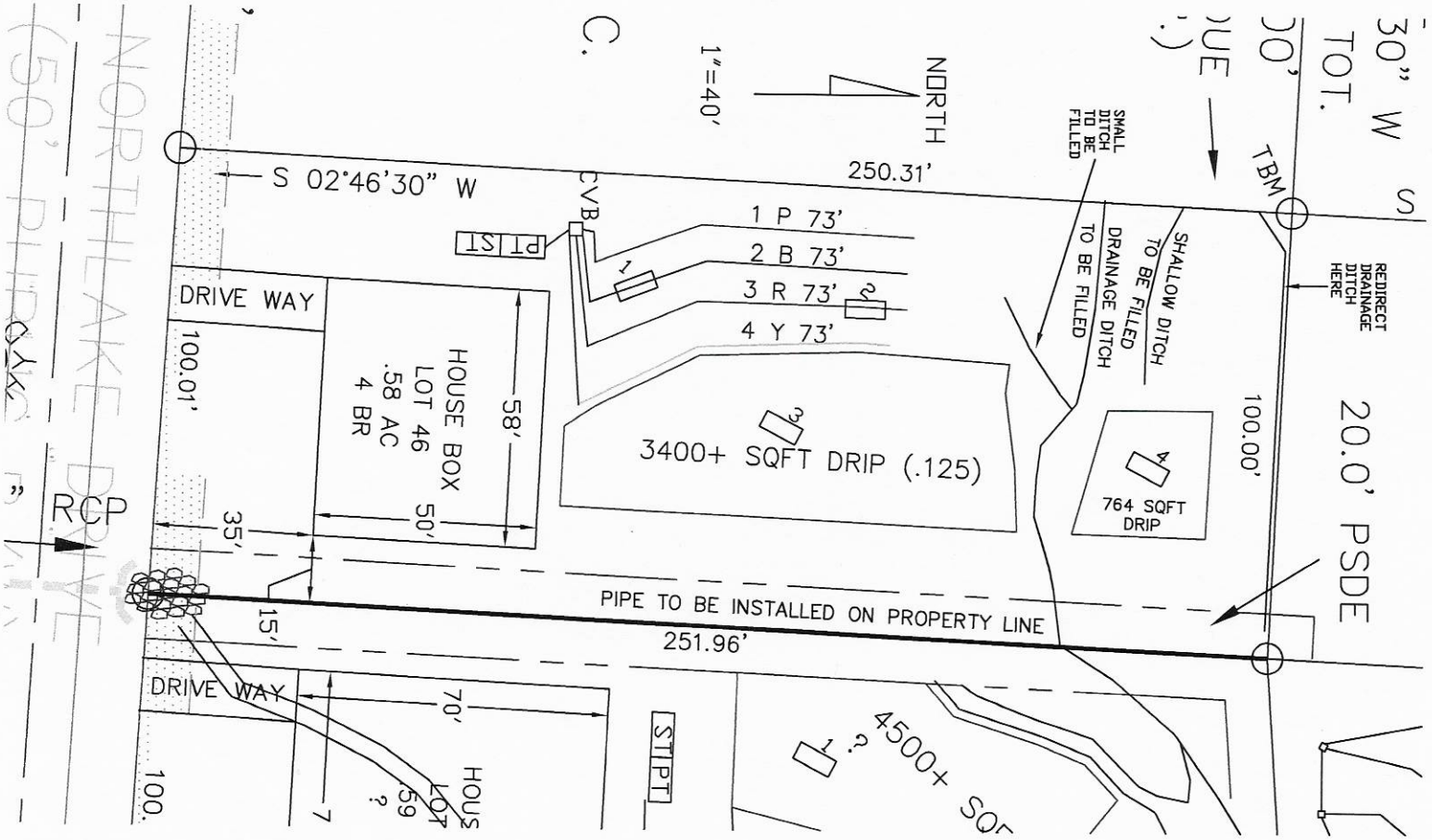
Owner / Applicant Signature: Date: 3-14-19 Installed by: PRECISION EXCAVATION

IMPROVEMENT PERMIT by: Kayla Watson Date: 3-14-19 OPERATION PERMIT by: Bryant C. Mitchell Date: 11-30-2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 4-10-20 Existing System inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

	Date	Initials
Drain Lines Checked	9-23	BCW
Tanks Checked	8-19-20	BCW
Pressure Manifold or Valve Box Checked	9-23-20	BCW
Pressure Head Set	9-23-20	BCW
Electrical Checked	11/13/2020	PJB
Floats Set	9-23-20	BCW
Alarm Checked	9-23-20	BCW
Maintenance Contract (Y) N	Rec'd 11-19-20	



APPROVED MAR 1 4 2019

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Attached is a proposed design for a PPBPS Septic System with LOW PRESSURE distribution for a 4 bedroom single family residence in Northlake Subdivision lot 46, Iredell County, North Carolina.

Contents:

	Page
Installer Information	1
Design Information	
Install Specifications	2
Field Layout Specifications	3
Tapsheet	4
Typical Pressure Manifold Diagram	5
Site Plan/System Plan	6
Dosing Calculations	7
Profile Descriptions	8

December 14, 2018
Job Number: 17133
Design By: Jacob Conrad



INSTALLER INFORMATION:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Backfill minimum of 6" of material (County Approved) over panels, rake trench walls, lime side walls, install trenches **24"** wide.
- **System is specified as a PPBPS with LOW PRESSURE Distribution.**
- **Repair is specified as a Drip Irrigation installation**
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

LP PPBPS
DESIGN SPECIFICATIONS
NORTHLAKE LOT 46

Owner:	Lakeside Vista Partners, LLC
Address:	PO BOX 2091 Cornelius, NC 28031
Telephone Number:	704-452-7000
Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.275
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Total Lateral Length From Layout:	292
Total Lateral Length Required:	290.9090909
Trench Depth:	~~23~~ 30" in. LOW SIDE
Trench Width:	24 in.
Trench Bottom Area:	876
Trench Spacing:	8 ft
Repair Trench Depth:	6 in.
Repair Trench Spacing:	2 ft.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	7
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	1.22
Dosing Volume:	244.80
Pump Tank Draw Down:	11.7
Recommended Dosing Controls:	Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	NEMA 4X Control Panel or Equivalent, County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.78
Elevation Head:	4.80
Total Dynamic Head:	8.31
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	***No***
Additional Comments:	Soil suitability was performed by BEN ALDRIDGE, REHS

**Pump tank draw down based on an industry standard volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

APPROVED MAR 14 2019

FIELD LAYOUT SPECIFICATIONS
NORTHLAKE LOT 46

LAYOUT FOR 4 BEDROOM HOME

December 14, 2018

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM				1.90	100.00		
INSTR. 1			101.90				
HOUSE				4.50	97.40		
TANK				4.10	97.80		
1	***PINK***			***4.30***	***97.60***	***80***	*73*
2	***BLUE***			***5.20***	***96.70***	***80***	*73*
3	***RED***			***5.80***	***96.10***	***80***	*73*
4	***YELLOW***			***6.10***	***95.80***	***80***	*73*
5	DRIP					4150+ SQFT	4150+ SQFT
					Total	**320**	**292**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION
** System*	*292*	***MOD.***	*0.275*	***PPBPS***	**LOW PRESSURE**
Repair	4150+ SQFT	INNOV.	0.125	DRIP IRRIG.	LOW PRESSURE

Notes:
** TBM located at front left corner (all elevations are best estimates)
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

Comments: **IREDELL Co. has pemission to relocate tanks, supply line or change distribution method as needed**
Drainage pipe to be installed inside PSDE as shown on site plan
Ditches located at back of lot to be filled and rerouted to back property line as shown on site plan
Minimum 1" of county approved cover required

APPROVED MAR 14 2019

LOW PRESSURE PPBPS TAPSHEET
NORTHLAKE LOT 46
SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	***PINK***	***97.60***	*73*	0.156	**0.41**	146	17
2	***BLUE***	***96.70***	*73*	0.156	**0.41**	146	17
3	***RED***	***96.10***	*73*	0.156	**0.41**	146	17
4	***YELLOW***	***95.80***	*73*	0.156	**0.41**	146	17
							68
	total	**feet =**	**292**	**gal/min =**	**27.88**		
			Des. Flow	**480**			
			Pump Run=	**8.78**			
			soil LTAR	**0.275**			

.156 equals 5/32 inch hole

APPROVED MAR 1 4 2019

CALCULATIONS

Location		
Subdivision:	NORTHLAKE	
Lot No:	46	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.275	$^{gpd}/_{ft^2}$
PPBPS RED.? (YES OR NO)	YES	
Supply Line Length	7	ft.
Supply Line Volume	1.218	gal.
Required Feet of Line	290.9091	ft.
Amount of Line from Layout	292	ft.
Gallons per Minute	27.88	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	
Number of Panels	68	
Dosing Volume	244.80	gal.
	Note:	*Dosing Volume based on 100% of # of panels times 3.6gal/panel*
Tank Draw Down	11.7	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	8.78	minutes
Elevation Head	4.8	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	0.12	ft.
Total Dynamic Head (+20%)	8.31	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

APPROVED MAR 1 4 2019

Sheet 1 OF 1
PROP. ID #: 4761495498
COUNTY: IREDELL

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

OWNER: LAKESIDE VISTA LLC
ADDRESS: PO Box 2091, Cornelius, NC 28031
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 137 NORTHLAKE DRIVE, LOT 46
WATER SUPPLY: PRIVATE X PUBLIC WELL SPRING OTHER:
EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** X SEWAGE INDUSTRIAL PROCESS MIXED

APPLICATION DATE:
DATE EVALUATED: 12/19/2018
PROPERTY SIZE: 0.58
PROPERTY RECORDED: YES

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	.1942 SOIL WETNESS/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	LS 6%	0-15	SCL WSBK	VFR SS SP SEXF	YBR 39-49	49"	N/A	49"+	0.275
		15-49	RC MABK	FR S SP SEXP					
2	LS 8%	0-17	SCL WSBK	VFR SS SP SEXF	YBR 37-48	48"	N/A	48"+	0.275
		17-30	RC MABK	FR S SP SEXP					
		30-48	RC MABK	FI S SP SEXP					
3	LS 6%	0-10	SCL WSBK	VFR SS SP SEXF	YBR 18" CHR2 26"	46"	N/A	26"	.125 DRIP
		10-24	YRC MABK	FR S SP SEXP					
		24-46	YRC MABK	FR S P SEXP					
4	LS 8%	0-11	SCL WSBK	VFR SS SP SEXF	YBR 28"+	51"	N/A	51"+	.125 DRIP
		11-38	RC WABK	FR S SP SEXP					
		38-51	RC MABK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	LP PPBPS	DRIP IRRIG.
SITE LTAR	0.275	0.125
COMMENTS		

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: BEN ALDRIDGE
OTHER(S) PRESENT: JACOB CONRAD MICHAEL TUCKER

APPROVED MAR 14 2019

RECEIVED APR 6 - 2020

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: 137 Northlake Drive, Statesville, NC 28677
Subdivision Name: Northlakes Section/Phase: Lot Number: 46
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: 4
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 Blanding April 6, 2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Northlake Lot: **46**

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Adams Homes NC, LLC, am the legal owner(s) of the property located at 137 Northlake Drive, Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4761-495-498, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Cynthia Blanding, MAJ Permits Inc., 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.

(X) MANAGER 7/19/2016
Signature of Owner(s) Date

(X) 7.19.16
Signature of Witness 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

PLEASE NOTIFY CS&SC BEFORE GOING TO SITE 241749

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) 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: LAKESIDE VISTA PARTNERS LLC./CS&SC Address: PO BOX 2091 CORNELIUS, NC 28031 Zip: _____

Applicant Email: ADRIANPRUETT@YAHOO.COM Phone: 704-452-7000 Alt. Phone: _____

Owner Name: SAME Address: SAME Zip: _____

Owner Email: _____ Phone: SAME Alt. Phone: _____

Property Information:

Street Address: 137 NORTHLAKE DR. STATESVILLE, NC 28078

Subdivision Name: NORTHLAKE Section/Phase: _____ Lot Number: 46

Driving Directions: 21N, TR NORTHLAKE, ON LEFT

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(✓) 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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) 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: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: BA Ellis 2-28-19

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

137 Northlake Drive, Statesville, NC 28677 Lot 46

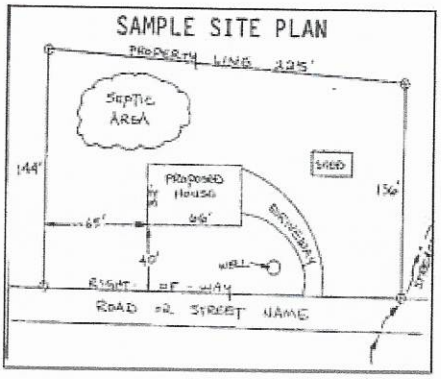
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

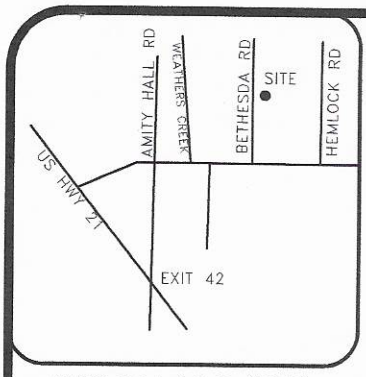
Please see attached

Signature: Cynthia Blanding

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

April 6, 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

SETBACKS

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

IMPERVIOUS AREA

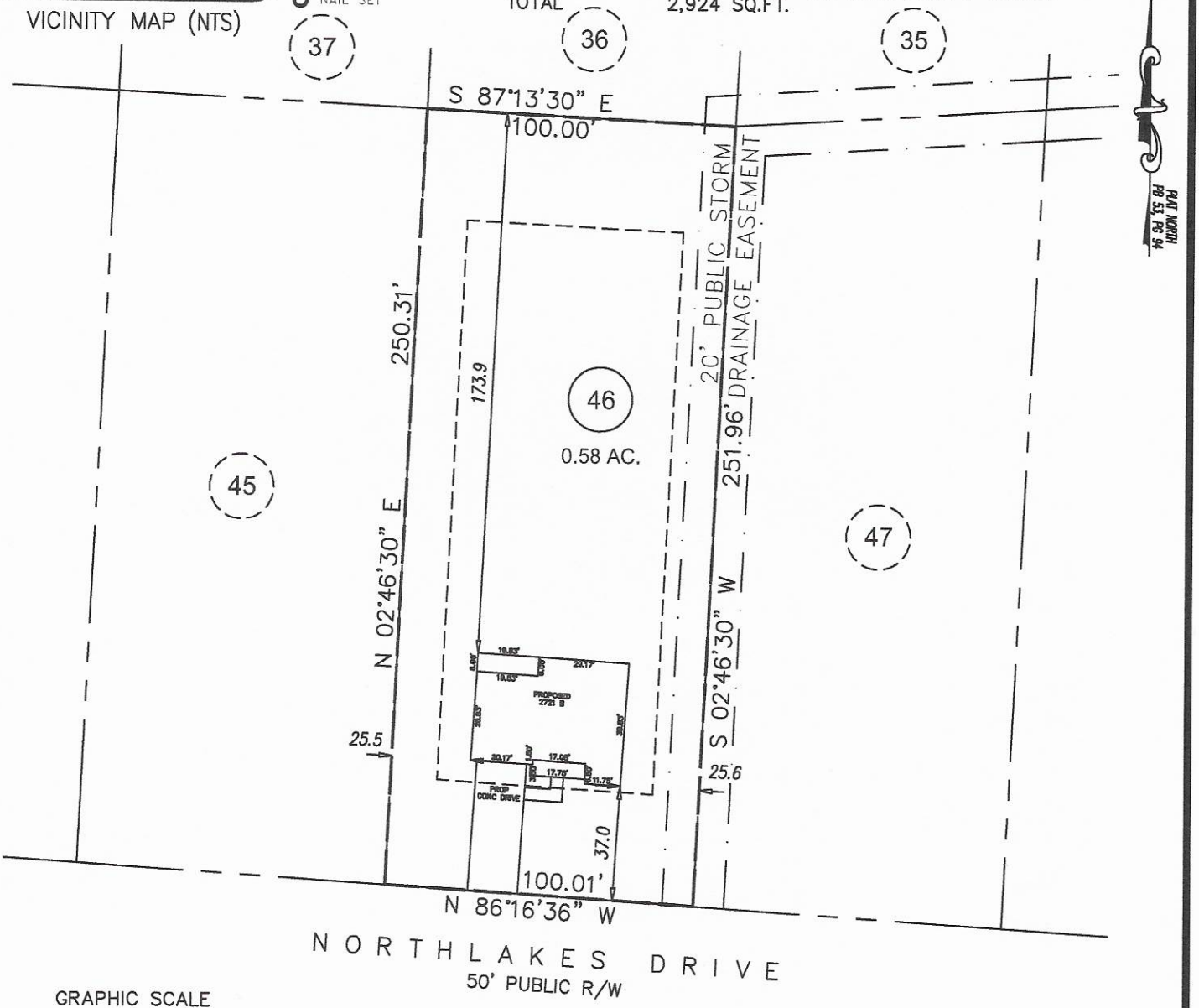
HOUSE	2,033 SQ.FT.
DRIVE TO R/W	648 SQ.FT.
WALK	103 SQ.FT.
PATIO	140 SQ.FT.
TOTAL	2,924 SQ.FT.

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.

NOTE: LOTS SHOWN HEREON ARE SUBJUCT TO ANY AND ALL EASEMENTS, RIGHT OF WAYS, AND RESTRICTIONS OF RECORD.



GRAPHIC SCALE

50 0 25

1 inch = 50 ft.

PRELIMINARY
PLOT PLAN

PROJECT:	18-005 NORTHLAKES
DRAWN BY:	APS
SCALE:	1"=50'
DATE:	2-25-20

FOR
ADAMS HOMES CHARLOTTE
137 NORTHLAKES DRIVE, STATESVILLE
LOT 46 NORTHLAKES SUBDIVISION
CHAMBERSBURG TWP., IREDELL CO., NC
P.B. 53, PG. 94

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

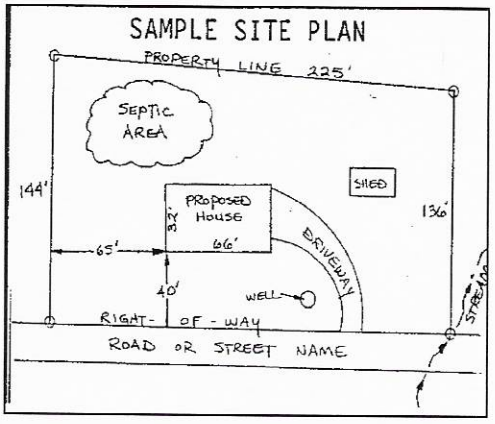
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

SEE ATTACHED SITE PLAN

Signature: BA Ollig

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

2-28-19

DATE

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, Michael Blackmon, President of Lakeside Vista Partners, LLC, am the legal owner(s) of the property located at 187 NORTHLAKE DR STATESVILLE NC 28677, identified as PIN (Parcel Identification Number) 4706149498, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ben Aldridge, Carolina Soil & Septic Consulting, 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

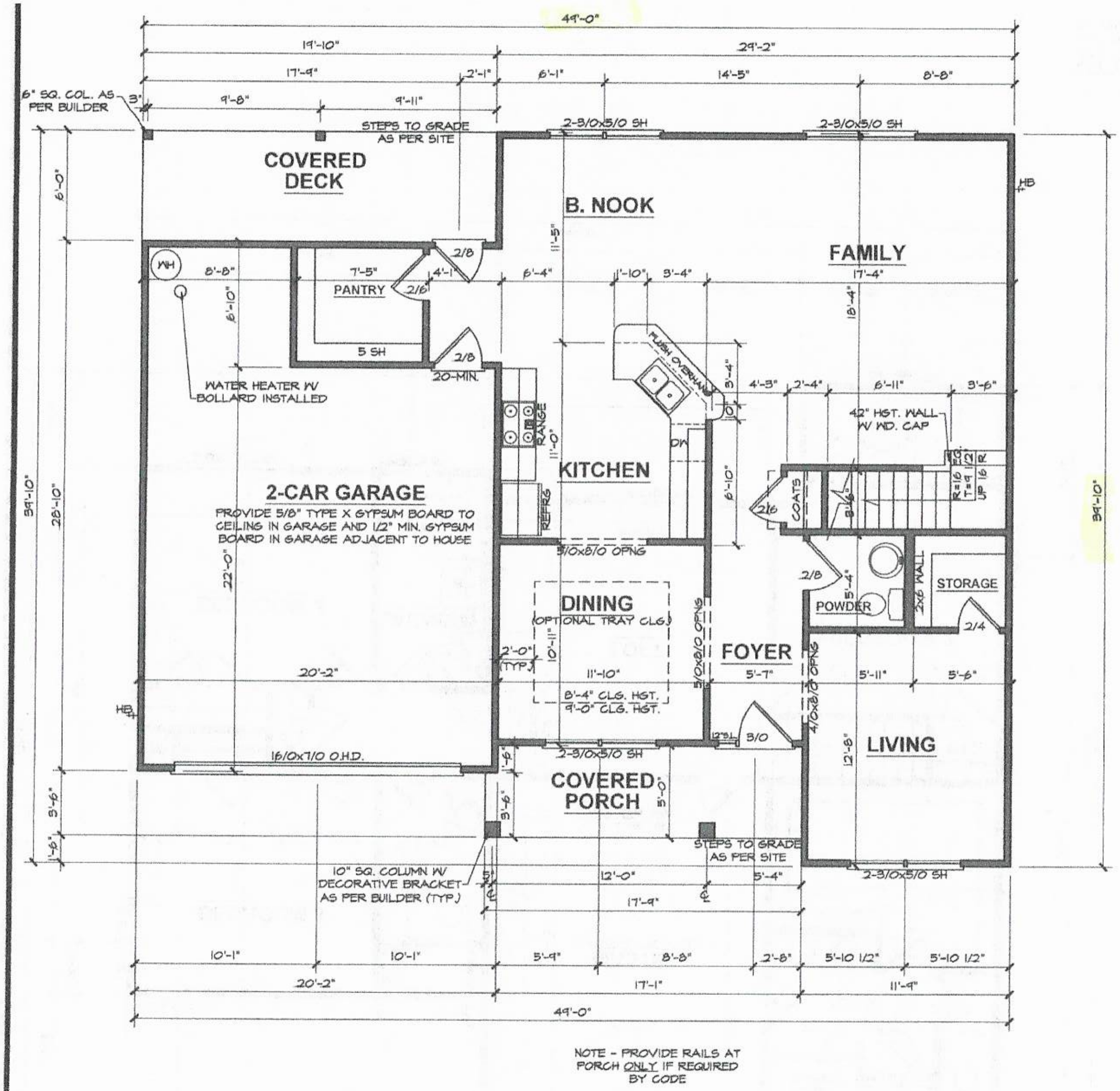
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	11/6/18		11/6/18

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



Acknowledgement Of Plans Submittal ONLY!

Carla C. Nichols Date 4-6-20

Cynthia Blanding Date 4-6-20

ADAMS HOMES AEC, LLC

2721 "B" FE (L) NR046

DATE DRAWN 3/5/2020

PROJECT 4291

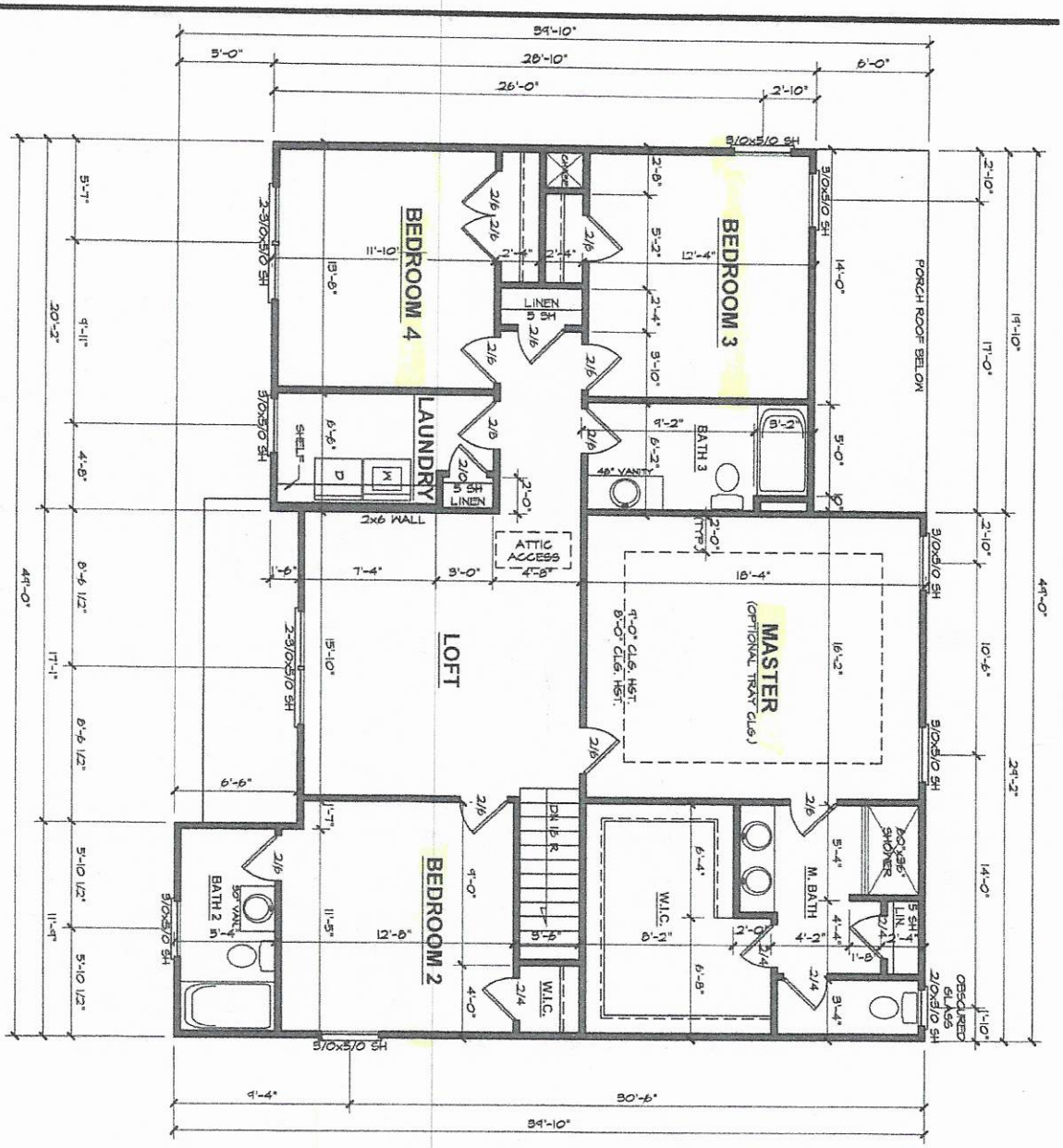
REVISIONS

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"



Acknowledgement Of
Plans Submittal ONLY!

Date 4-6-20

Date 4-6-20

SECOND FLOOR PLAN

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

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

2721 "B" FE (L) NR046

ADAMS HOMES AEC, LLC

DATE DRAWN	3/5/2020
PROJECT	42-1
REVISIONS	

SHEET 4

IREDELL COUNTY

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

APPLICATION NUMBER
241749
Issue Date: 01/28/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4761495498.000	137 NORTHLAKE DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LAKESIDE VISTA PARTNERS LLC	Applicant: CAROLINA SOIL SEPTIC C
Address: 12621 MCGINNIS LANE	Address: 162 WEST B ST
STATESVILLE, NC 28078	KANNAPOLIS, NC 28081
Phone:	Phone: 704-202-5791

Use Requested	Zone Code
SFD REPLACING PERMIT 155703	RA

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

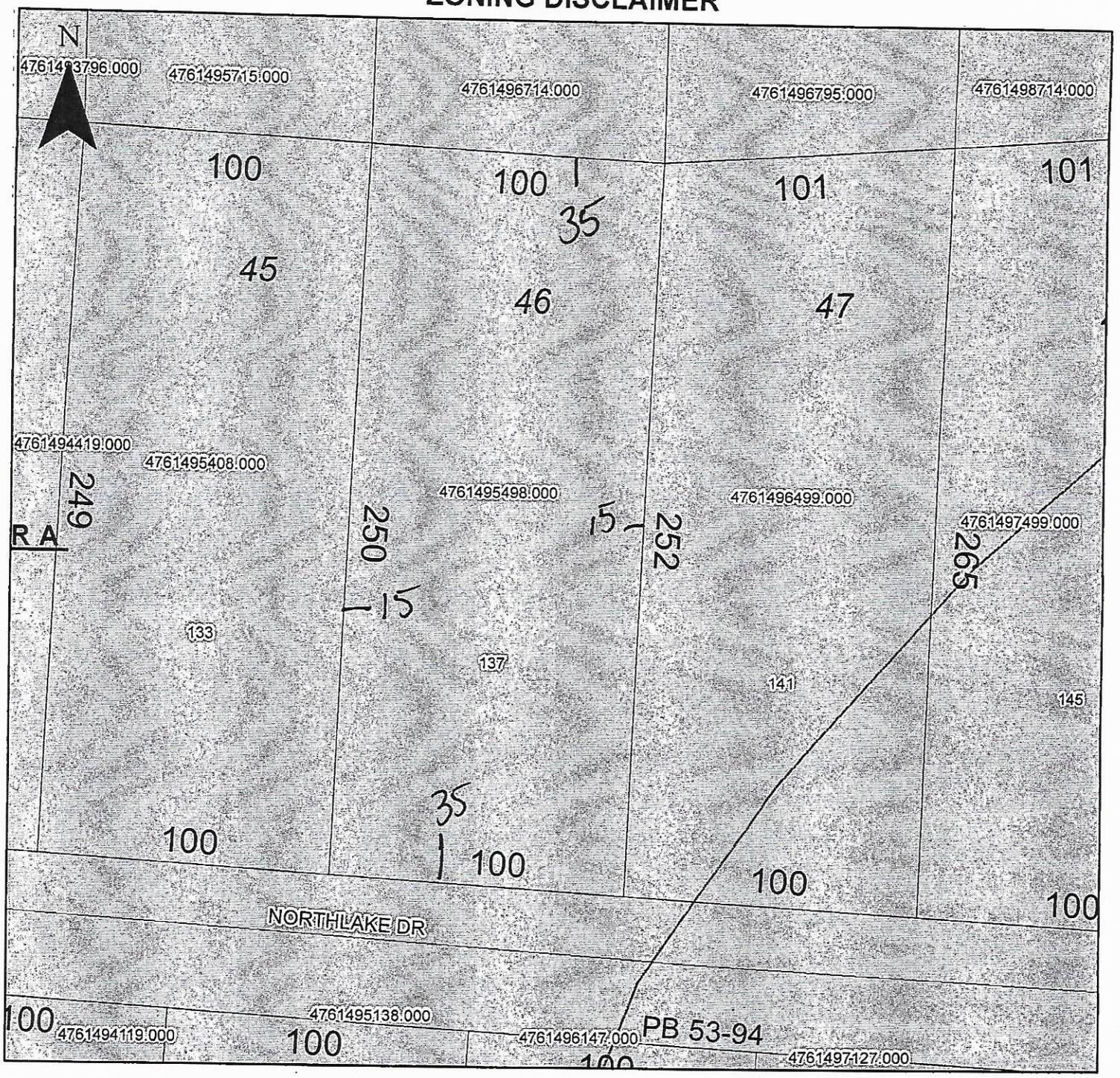
Remarks:

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	165693	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 137 Northlake 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.

BA

Applicant

Date