CCW 1400

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242532.

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

PIN # 4761496147

APPLICANT/OWNER: Adams Homes APPLICANT ADDRESS: 3401 Saint Vardell Lane Suite B Charlotte NC

SITE ADDRESS: 138 Northlake Drive Statesville NC 28677 PHONE: 704-621-4664 ALT. PHONE 704-884-1548

SITE DIRECTIONS: US-21/115 N Right on Ostwelt Mill L on Bethesda R on Northlake SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Northlakes SECTION: 1 LOT # 69+69A LOT AREA: 0.53 DESIGN FLOW: 360gpd L.T.A.R.: .3

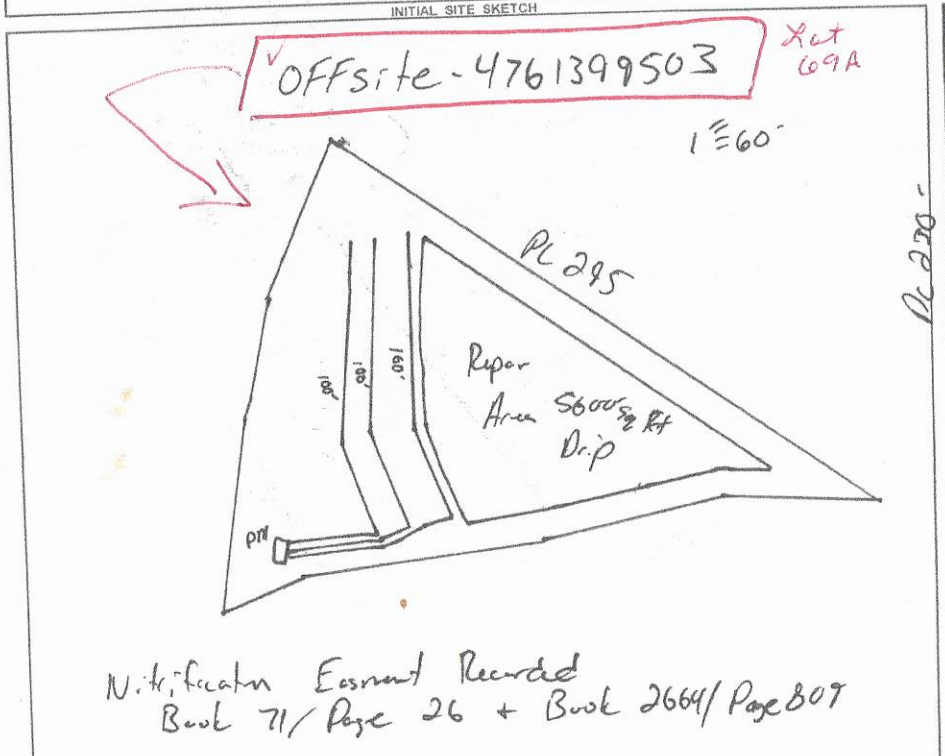
Septic Tank	1000	(gal)	STB	2071	Date	7-12-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT	2071	Date	INFILTRATOR	System Description:	PM 25% Reduction (offsite)			
Pump Make	ZOELLER		Model	BE65-D	Serial #	220230X	Repair System Description:	Drip			
# Nitrification Fields	1		# Lines	3	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(Low side)	32"/36"high	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install Lines on Contour and use PM for Distribution

Top Size ½ Sch 40 @ 7.11
136 gal dose volume
6.5" drawdown

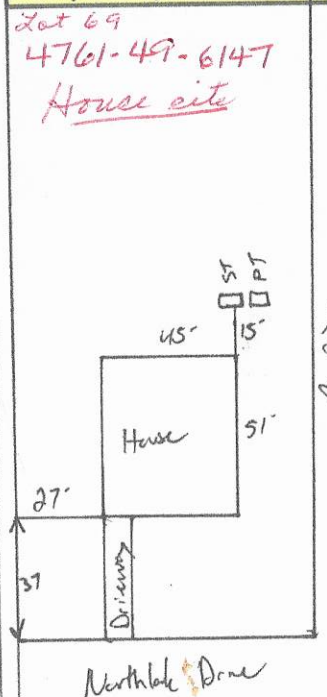
INITIAL SITE SKETCH



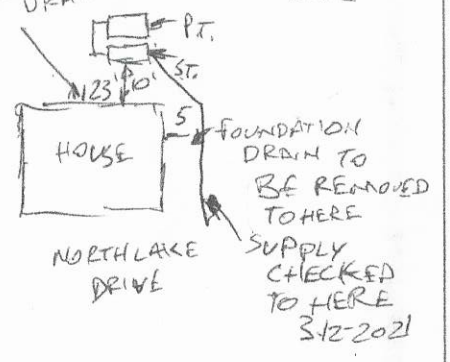
Nitrification Easement Recorded Book 71/Page 26 + Book 2664/Page 807

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.



3/23/2021: supply line from Road to PM box checked and good



Foundation drains 3/22/21 removed, solid pipe installed as indicated above DW

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: Permit Acceptance Form Rec'd Date: 7-13-20

IMPROVEMENT PERMIT by: Date: 7-9-20

AUTHORIZATION TO CONSTRUCT by: Date: 7-9-20

Installed by: PERCISION EXCAVATION

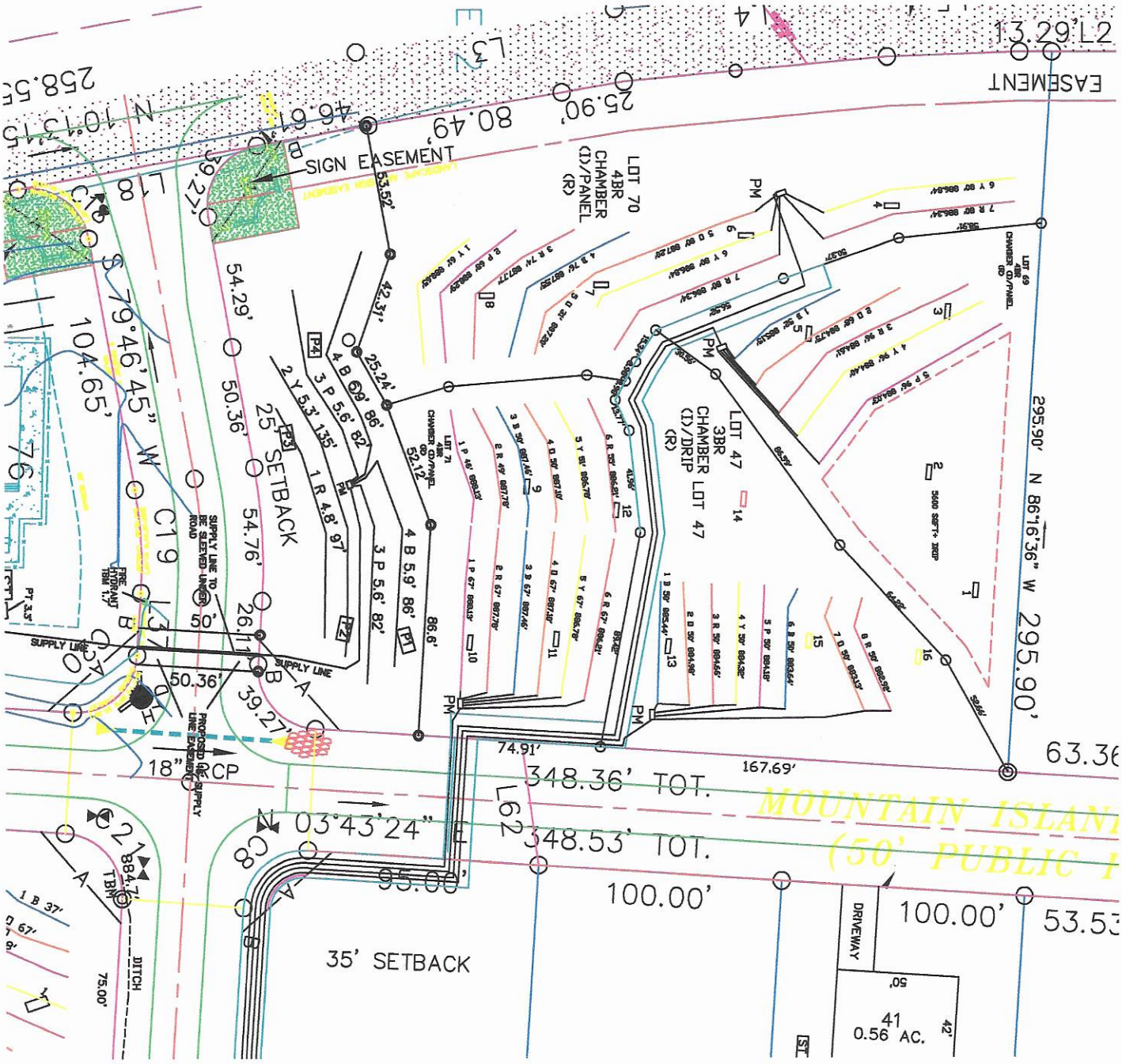
OPERATION PERMIT by: Date: 3-29-2021

Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	3/11/21	MD
Tanks Checked		
Pressure Manifold or Valve Box Checked	3/11/21	MD
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	



APPROVED DEC 23 2019

KW

Scale 1"=60'

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

Proposed design for a 25% Reduction Septic System with Pressure Manifold distribution for a 4 bedroom single family residence on Lot 69, Northlake Subdivision, Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2
- Layout Specifications---------- 3
- System Tapsheet---------- 4
- Pressure Manifold Diagram---------- 5

Site Plan/System Plan---------- 6

Calculations---------- 7

Profile Descriptions---------- 8

September 17, 2019
Job Number: 17133
Design By: Ben Aldridge, REHS



INFORMATION FOR INSTALLER:

- 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 when requested.
- All tanks shall be properly back filled and compacted to prevent slumping 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 riser is used it should be a minimum of 6" above finished grade or within 6" below finished grade.
- Design precludes use of foundation drains on the residence and assumes back filling for positive drainage unless other wise noted.
- Trench walls should be raked, limed and installed at the depth specified by this design.
- Rake trench walls, lime sidewalls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.
- **System is specified as a 25% Reduction Pressure Manifold installation.**
- **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.**

PRESSURE MANIFOLD SYSTEM
DESIGN SPECIFICATIONS

Owner:	Lakeside Vista Partners
Address:	PO Box 2091 Cornelius, NC 28031
Phone:	704-452-7000
County:	Iredell
Location:	NORTHLAKE LOT 69
Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	408
Total Lateral Length Required:	400
Trench Depth:	32 in. Low side
Trench Width:	36 in.
Trench Spacing:	9 ft. on center
Trench Bottom Area:	1224
Repair Trench Spacing:	2 ft. on center
Repair Trench Depth:	6 in. Low side
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	1160
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	201.84
Dosing Volume:	186.50
Pump Tank Draw Down:	8.9
Supply Manifold Size:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Dosing Controls:	Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	NEMA 4X Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	3.48
Elevation Head:	34.00
Total Dynamic Head:	91.64
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by CS&SC

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

NORTHLAKE LOT 69
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM HOME

September 17, 2019

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM					884.70		
INSTR. 1							
HOUSE					859.00		
TANK					858.00		
1	***BLUE***				***885.15***	***52***	***52***
2	***ORANGE***				***884.75***	***69***	***68***
3	***RED***				***884.61***	***116***	***96***
4	***YELLOW***				***884.40***	***109***	***96***
5	***PINK***				***884.03***	***100***	***96***
6	RED					5600 SQFT+	5600 SQFT+
					Total	**446**	**408**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION
** System*	*408*	*ACCEPT.*	*0.300*	*25% RED.*	**PRESSURE MANIFOLD**
Repair	***5600 SQFT***	INNOV.	0.100	DRIP	LOW PRESSURE

Notes: ** TBM located at corner of lot 74 (see site plan)
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Iredell County has CS&SC's permission to relocate tanks and distribution devices as needed. TBM is located at the corner of lot 74 as shown on map.**

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PRESSURE MANIFOLD TAPSHEET - NORTHLAKE LOT 69

SYSTEM

Line #	Color	Elev	Length	Hole Size	Flow/Tap	gpd	Trench Area	Line LTAR
1	*BLUE*	*885.15*	*52*	SCH 80 1/2	**5.48**	23.83	156	0.15
2	*ORANGE*	*884.75*	*68*	SCH 40 1/2	**7.11**	30.92	204	0.15
3	*RED*	*884.61*	*96*	SCH 80 3/4	**10.1**	43.92	288	0.15
4	*YELLOW*	*884.40*	*96*	SCH 80 3/4	**10.1**	43.92	288	0.15
5	*PINK*	*884.03*	*96*	SCH 80 3/4	**10.1**	43.92	288	0.15
	total	**feet =**	**408**	**gal/min =**	**42.89**			
			Des. Flow	**480**				
			Pump Run=	**4.35**				
			LTAR	**0.300**				

Some lines flagged longer in the field, shorten to lengths shown here.

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CALCULATIONS

Location NORTHLAKE

Lot No: 69

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.3	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	1160	ft.
Supply Line Volume	201.84	gal.
Required Feet of Line	400	ft.
Amount of Line from Layout	408	ft.
Gallons per Minute	42.89	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Required Pump Tank Capacity	1000	gal.
Lateral Line Volume	266.424	gal.
Dosing Volume	186.50	gal.

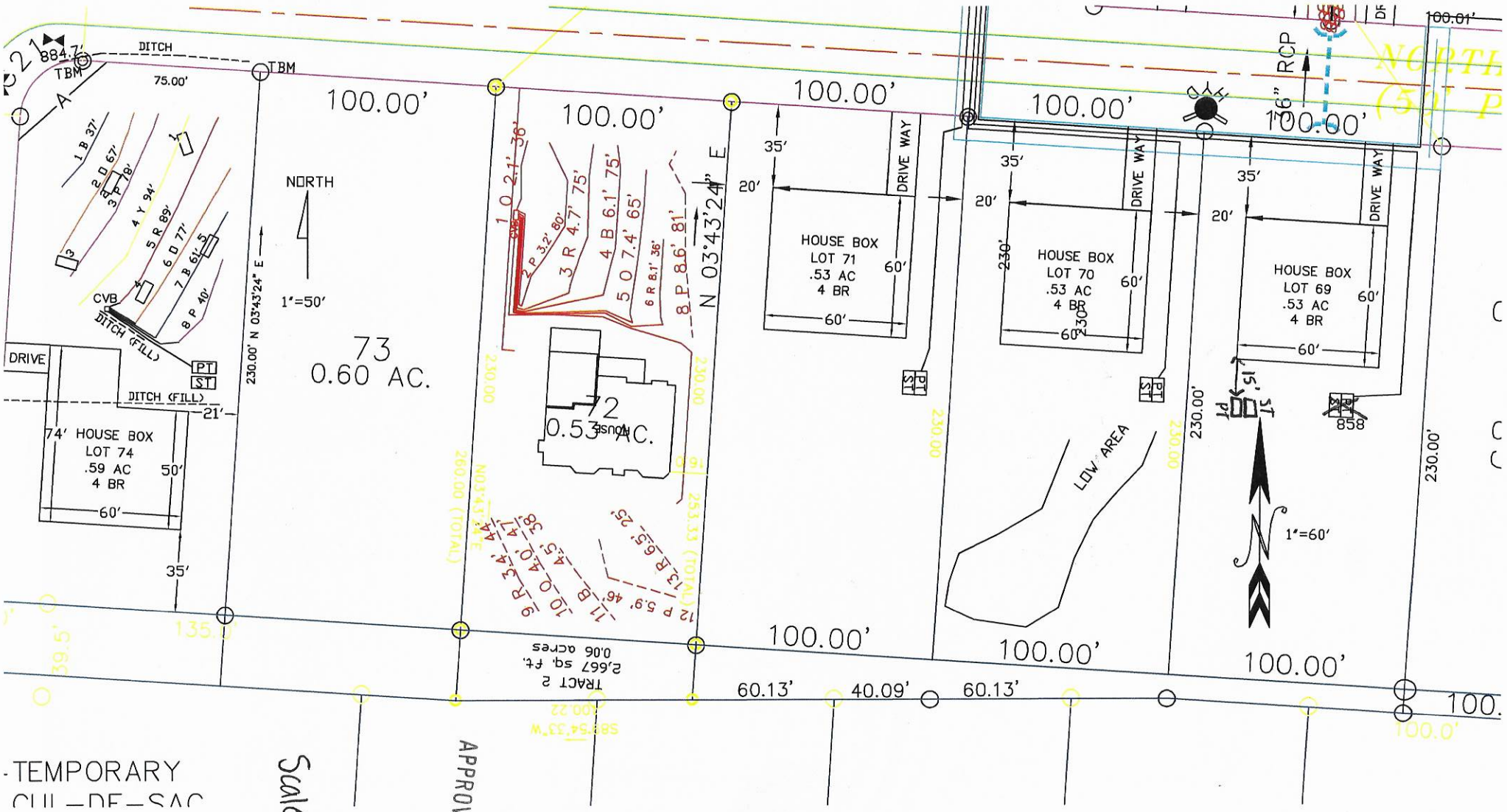
Note: Dosing Volume based on 70% of lateral line volume

Tank Draw Down	8.9	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	4.35	minutes
Elevation Head	34	ft.
Pressure Head	2	ft.
Friction Factor	3.48	ft./100 ft. *(From the interpolater.)*
Friction Head	40.37	ft.
Total Dynamic Head (+20%)	91.64	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

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KW


DITCH
TBM
75.00'
884.7'
100.00'
NORTH
1"=50'
230.00' N 03°43'24" E
73
0.60 AC.
CVB
DITCH (FILL)
PT
ST
DRIVE
DITCH (FILL)
21'
74' HOUSE BOX
LOT 74
.59 AC
4 BR
50'
60'
35'
72
0.53 AC.
House
N 03°43'24" E
HOUSE BOX
LOT 71
.53 AC
4 BR
60'
DRIVE WAY
35'
20'
HOUSE BOX
LOT 70
.53 AC
4 BR
HOUSE BOX
LOT 69
.53 AC
4 BR
230'
LOW AREA
RCP
36"
858
15'
1"=60'
TRACT 2
2,667 sq. ft.
0.06 acres
60.13'
40.09'
60.13'
100.00'
TEMPORARY
CUL-DE-SAC
Scale 1"=60'
APPROVED DEC 23 2019
KW

Comp

RECEIVED ~~MAR 1~~ 3 2020
RECEIVED APR 1 - 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 #242532

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: 138 Northlake Drive, Statesville, NC 28677

Subdivision Name: Northlakes **Section/Phase:** **Lot Number:** 69

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 — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: ___ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: ___ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: ___

CHECK FOUNDATION TYPE

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 — March 13, 2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

138 Northlake Drive, Statesville, NC 28677 Lot 69

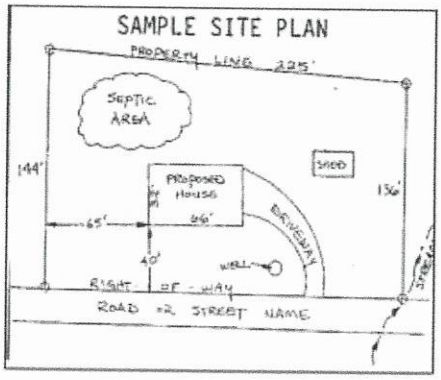
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

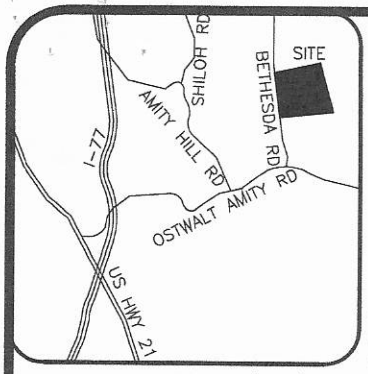
Please see attached

Signature: Cynthia Blanding

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

March 13, 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.

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

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.

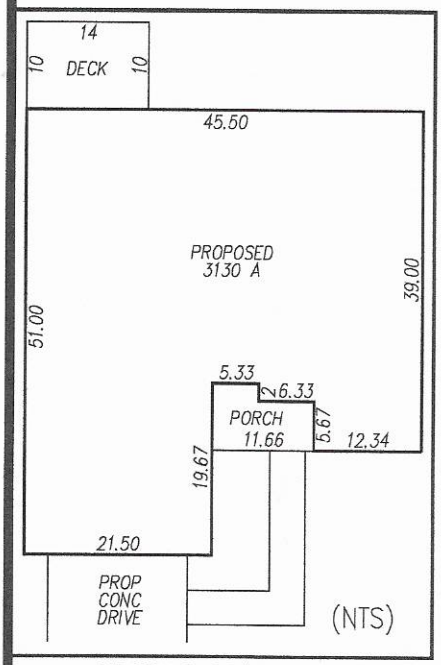
IMPERVIOUS AREA

HOUSE	2,033 SQ.FT.
DRIVE TO R/W	592 SQ.FT.
WALK	118 SQ.FT.
DECK	140 SQ.FT.
TOTAL	2,883 SQ.FT.

SETBACKS

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

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

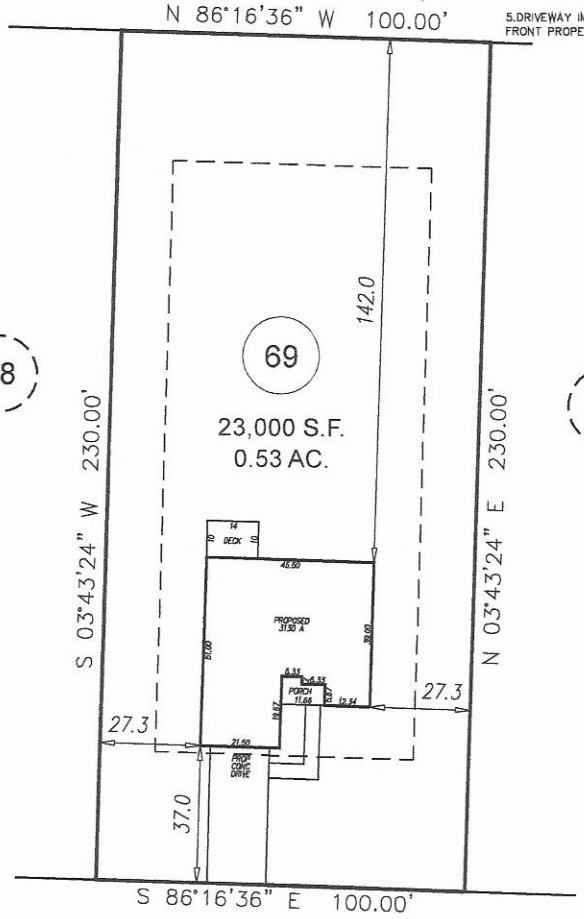


GRAPHIC SCALE

50 0 25

1 inch = 50 ft.

N/F
PLEASANT PAUL DEATON
D.B. 773, PG. 123



PLAT NORTH
PB 53, PG 94

NORTHLAKE DRIVE
50' PUBLIC R/W

PRELIMINARY PLOT PLAN

PROJECT:	18-005 NORTHLAKES
DRAWN BY:	SEER
SCALE:	1"=50'
DATE:	03-03-2020

FOR
ADAMS HOMES CHARLOTTE
138 NORTHLAKE DRIVE, STATESVILLE
LOT 69 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

ICHD–ENVIRONMENTAL HEALTH DIVISION FJ 15

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

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

PERMIT # AP-242532

PIN # 4761496147

APPLICANT/OWNER: Lakeside Vista Partners

APPLICANT ADDRESS: PO Box 2091 Cornelius, NC

SITE ADDRESS: 138 Northlake Dr. Statesville, NC

PHONE: 704-798-0337 ALT. PHONE

SITE DIRECTIONS: NC 801 N → L on Triplett → L on Ostwalt Amity → R on Bethesda → R on Northlake → 1st on R

SUBDIVISION: Northlake

SAB CONTROLLED: ☐ YES ☑ NO

SECTION: 1 LOT # 69 LOT AREA: .53 ac

DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date		
Pump Tank	1000 (gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields	1	# Lines	5	Linear Ft	408'
Trench Width	36"	Trench Bottom Depth(Low side)	32"/36" high side	Gravel Depth	—

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: PM 25% reduction (offsite)

Repair System Description: drip

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☑ Crawl Space

Water Supply: ☐ Private ☑ Public ☑ Community

☐ Basement w/o plumbing

Comments / Conditions: * Offsite septic and supply line easements must be recorded prior to issuing AC. * A site visit by ICHD will be required to verify new property lines are marked at offsite septic.

INITIAL SITE SKETCH

See attached site plan by CS + SC, PLLC

Nitrification Easement Recorded Book 71/Page 26 + Book 2664/Page 809

AS BUILT SKETCH

Revised

* offsite septic/supply line easement recorded

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED

Only give client attached photo copy

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**

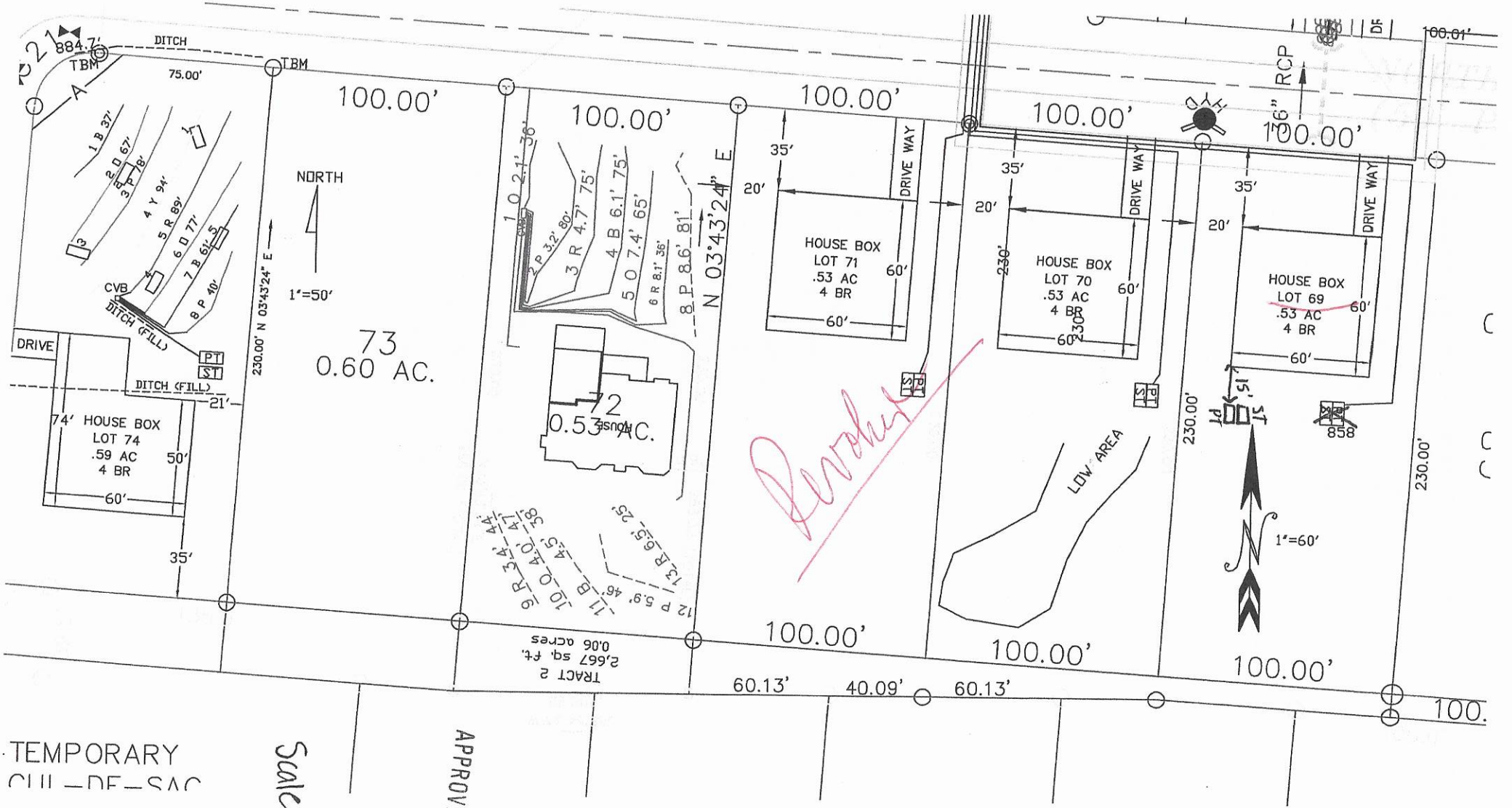
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 12/27/19 Installed by:

IMPROVEMENT PERMIT by: Kayla Watson Date: 12-23-19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 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.


884.7'
DITCH
TBM
TBM
75.00'
100.00'
100.00'
100.00'
100.00'
100.00'
NORTH
1"=50'
230.00' N 03°43'24" E
73
0.60 AC.
72
0.53 AC.
House
N 03°43'24" E
DRIVE WAY
HOUSE BOX
LOT 71
.53 AC
4 BR
HOUSE BOX
LOT 70
.53 AC
4 BR
HOUSE BOX
LOT 69
.53 AC
4 BR
60'
35'
20'
230'
DRIVE
DITCH (FILL)
74' HOUSE BOX
LOT 74
.59 AC
4 BR
50'
21'
CVB
PT
ST
LOW AREA
RCP
36"
858
15'
1"=60'
TRACT 2
2,667 sq. ft.
0.06 acres
60.13'
40.09'
60.13'
100.
TEMPORARY
CUL-DE-SAC
Scale 1"=60'
APPROVED DEC 23 2019
KW

Northlake Lot: **69**

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 138 Northlake Drive, Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4761-496-147, 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.

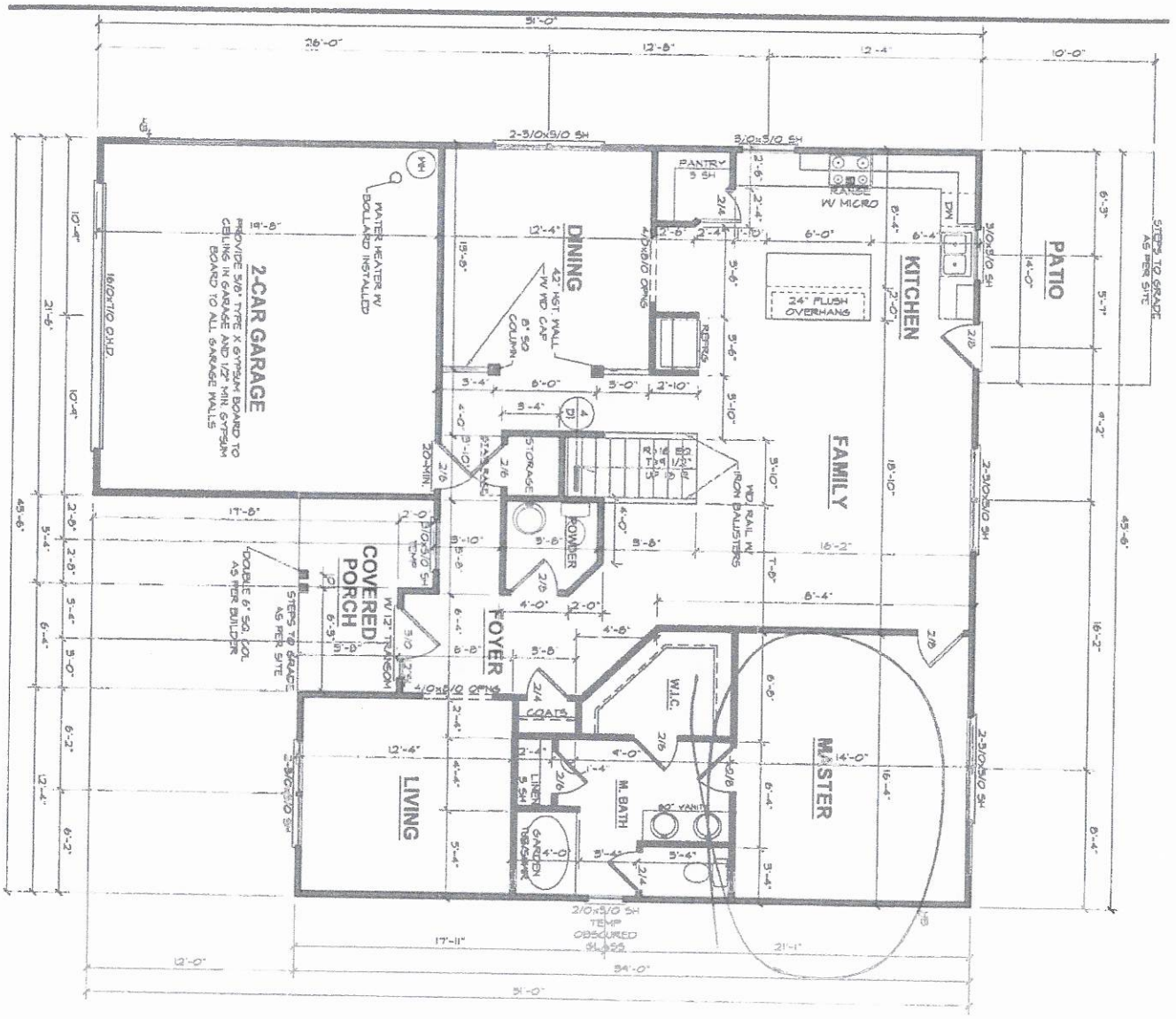
X _____ MANAGER 7/9/2016
Signature of Owner(s) Date

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



Acknowledgement Of
Plans Submittal ONLY!

Date 7-9-20

Date 7/13/2020

FIRST FLOOR PLAN

4'-0" (NOM.) CLG. HGT. U.N.O.
SET WINDOWS @ 7'-0" U.N.O.

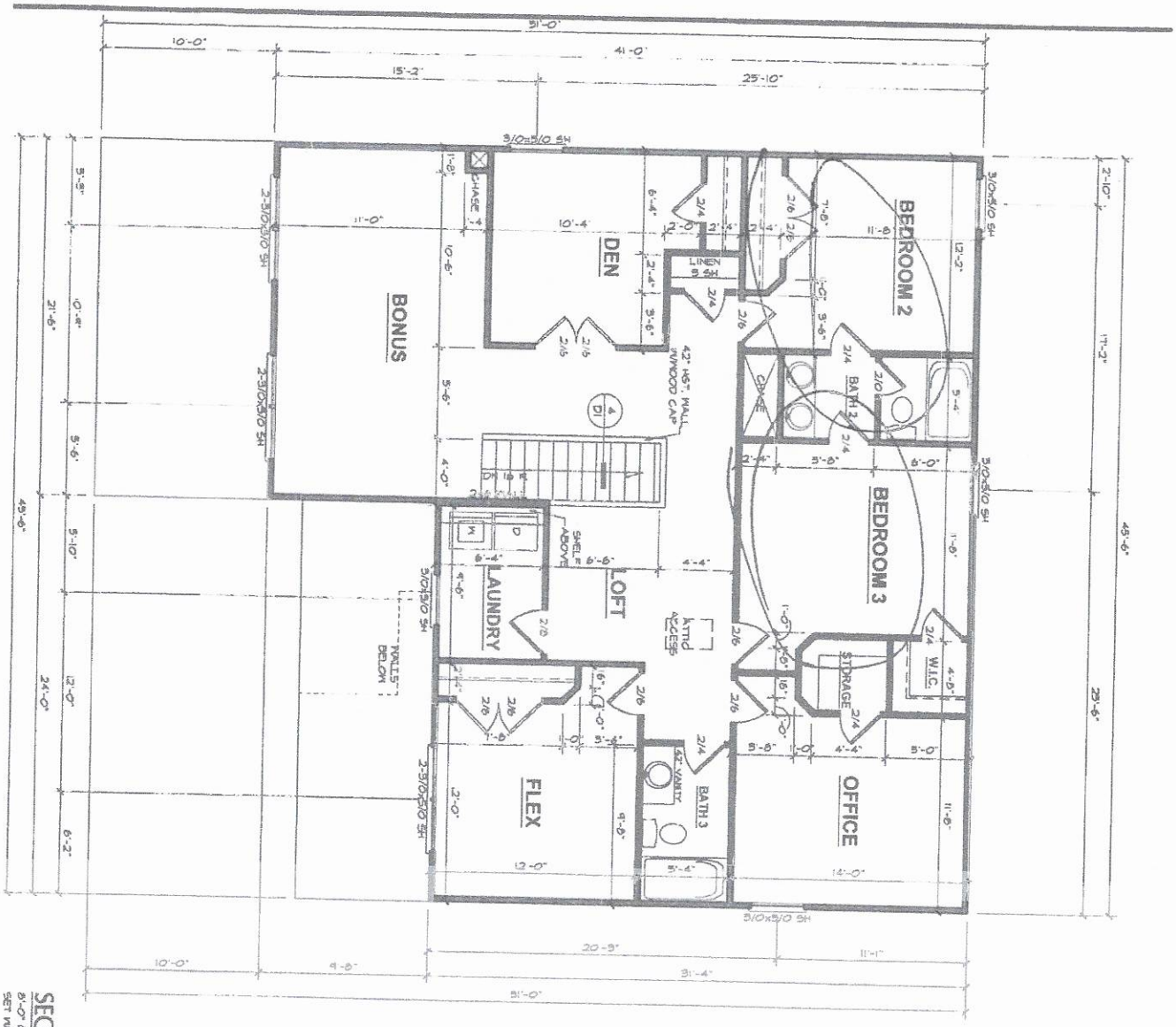
SCALE: 1/4"=1'-0"

SHEET 3

DATE DRAWN 5/5/2020
PROJECT 4242
REVISIONS

3130 "A" FE (L) NR069

ADAMS HOMES AEC, LLC



SECOND FLOOR PLAN

9'-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 7-8-20

Date 7/13/2020

SHEET 4

DATE DRAWN 3/5/2020
PROJECT 42H2
REVISIONS

3130 "A" FE (L) NR069

ADAMS HOMES AEC, LLC

IREDELL COUNTY · NC

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

APPLICATION NUMBER
242532 Issue Date: 02/27/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4761496147.000	138 NORTHLAKE DR	

Owner Information	Applicant Information
Name: LAKESIDE VISTA PARTNERS LLC	Name: CAROLINA SOIL SEPTIC CONSULTING, PLLC
Address:	Address: 162 WEST B ST KANNAPOLIS, NC 28677
Phone:	Phone: (704)202-5791

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35	35	15	15		

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: 11/05/2019

Permit Number	168992	TOTAL FEES:	$77.25