ICHD–ENVIRONMENTAL HEALTH DIVISION

PTB

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 245921

PIN # 4761-49-9703

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

APPLICANT/OWNER: Cynthia Blading / Adams Homes APPLICANT ADDRESS: 3401 Saint Vardell Lane, Ste. B Charlotte, NC

SITE ADDRESS: 136 Wylie Trail Statesville, NC 28677 PHONE: 704-621-4664 ALT. PHONE 704-884-1548

SITE DIRECTIONS: Ostwalt Amity Rd East → Bethesda → Northlake → Wylie Trl → Lot on Right SAP CONTROLLED: ☒ YES ☐ NO

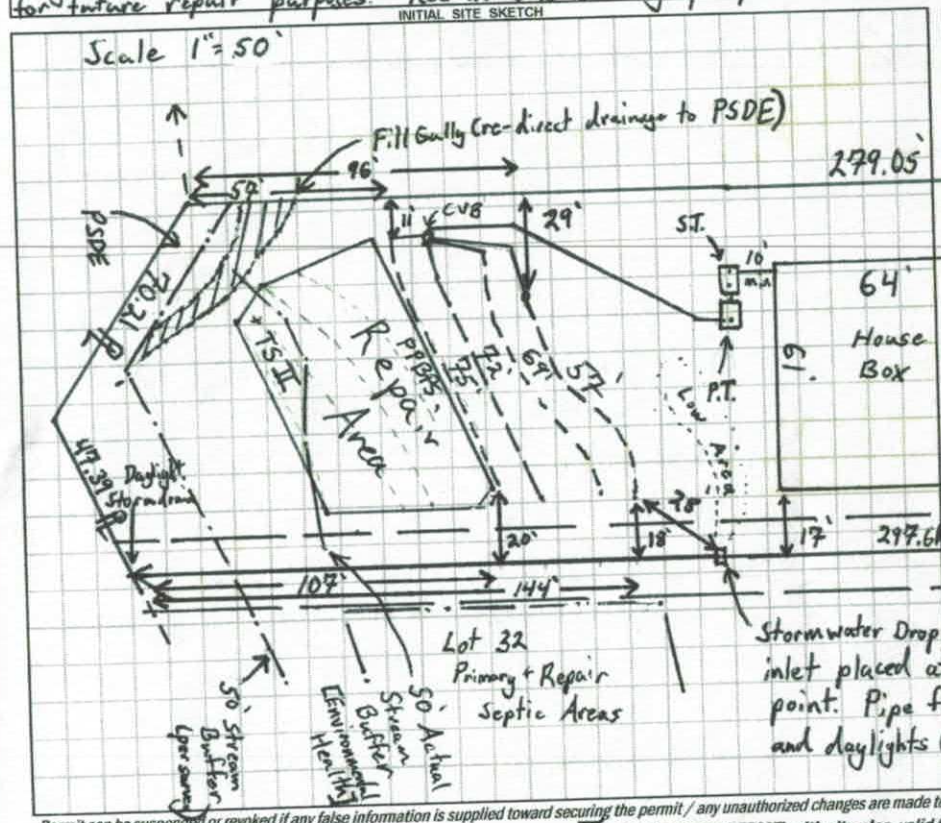
SUBDIVISION: Northlakes SECTION: Ph2 LOT# 33 LOT AREA: 0.70 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	760	Date	2-27-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT	353	Date	3-16-20	System Description:	LP-PPBPS (50% Reduction)			
Pump Make	ZOELLER		Model	BN151-C	Serial #	ZK260116	Repair System Description:	PPBPS + TSII Pretreatment			
# Nitrification Fields	1		# Lines	4	Linear Ft	267	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24"		Trench Bottom Depth(Low side)			32"	Gravel Depth		☐ GRAVITY	☒ PRESSURE	

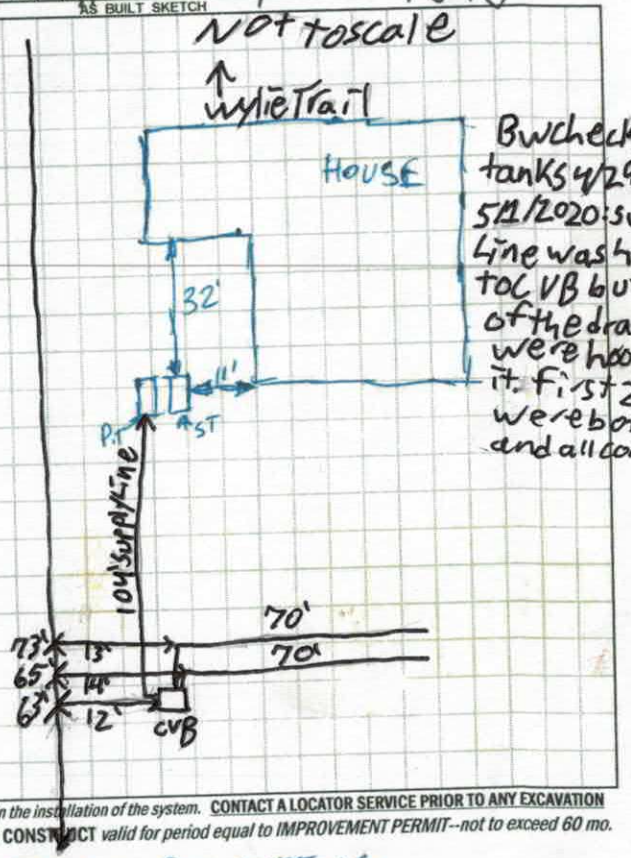
☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Though 273 l.f. of septic line has been laid out, only 267 l.f. need be installed. Any spare area to be set aside for future repair purposes. Recommend setting pump to dose system 180 gallons per pumping event. * Trees are to be cut down [not pushed over] with remaining stumps ground down [not ripped out] to preserve topography. *

INITIAL SITE SKETCH



AS BUILT SKETCH



BW checked tanks 4/29/2020 5/1/2020: supply line was hooked to CVB but none of the drain lines were hooked to it. first 2 lines were both 70' and all correct.

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: Cynthia Blading Date: 10/18/19 Installed by: PRECISION EXCAVATING

IMPROVEMENT PERMIT by: Tom Shuck Date: 10/16/19 OPERATION PERMIT by: Carla C. Nicholson Date: 7-28-20

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 10/16/19 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	5-4	CB
Tanks Checked	4-29	BCW
Pressure Manifold or Valve Box Checked	5-4	CB
Pressure Head Set	5-4	CB
Electrical Checked	7-24	CCN
Floats Set	5-4	CB
Alarm Checked	5-4	CB
Maintenance Contract Y/N	7-28	CCN

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ___ of ___

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

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

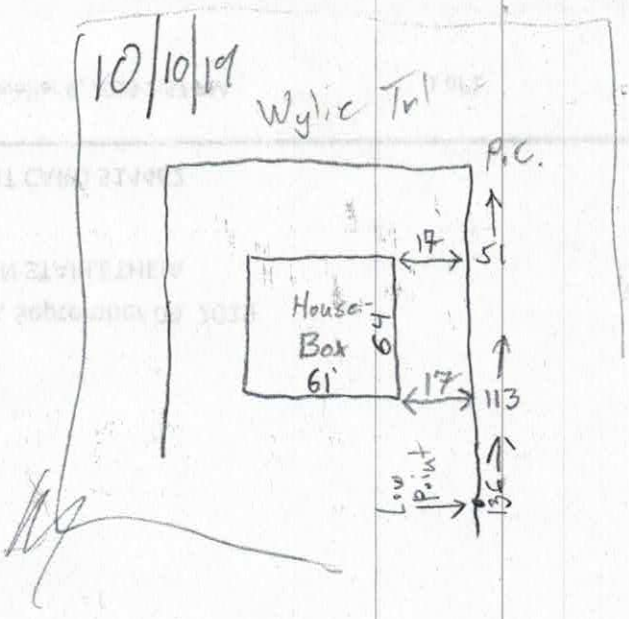
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	Repair	0-18	SCL V.W. SBK	Sl. Firm, SS, Sp, Sexp	Dusty				
		18-46	Clay M ABK/ SBK	Firm, Sticky, Sp, Sexp					0.30
		46-56	Clay Loam W. SBK some magnesia	Sl. Friable, SS, Sp, Sap					
	In Buffer 10-12								PS
	Primary	0-8	SCL V.W. SBK	Sl. Firm, SS, Sp, Sexp	Dusty				
		8-25	Clay W. ABK/SBK some mica	Sl. Firm, Sticky, Sp, Sexp					
		25-33	Clay W. SBK Loam common SAP	Friable, SS, Sp, Sexp					0.325
	Front TOE Slope	33-61	MA Loamy, Saprolite	Very Friable + Well Drained					PS
				LP in DW:	174" (Exact)	145'			
				LP @ ℄ of SB	222" (EST)				
			9.41 @ Base	of 50' Buffer Stake	3' off ℄				
	6.16' change in Elev when base moved	[3.25 @ "	" " "	" " "	" " "] (moved base)				
		13.07 @ ℄	of Stream @ rear	of lot	(157")				
					★ 230.92" Elev @ Stream ★ Ditch Center				
						19.166			
						4.666 Elev Change			

COMMENTS: _____

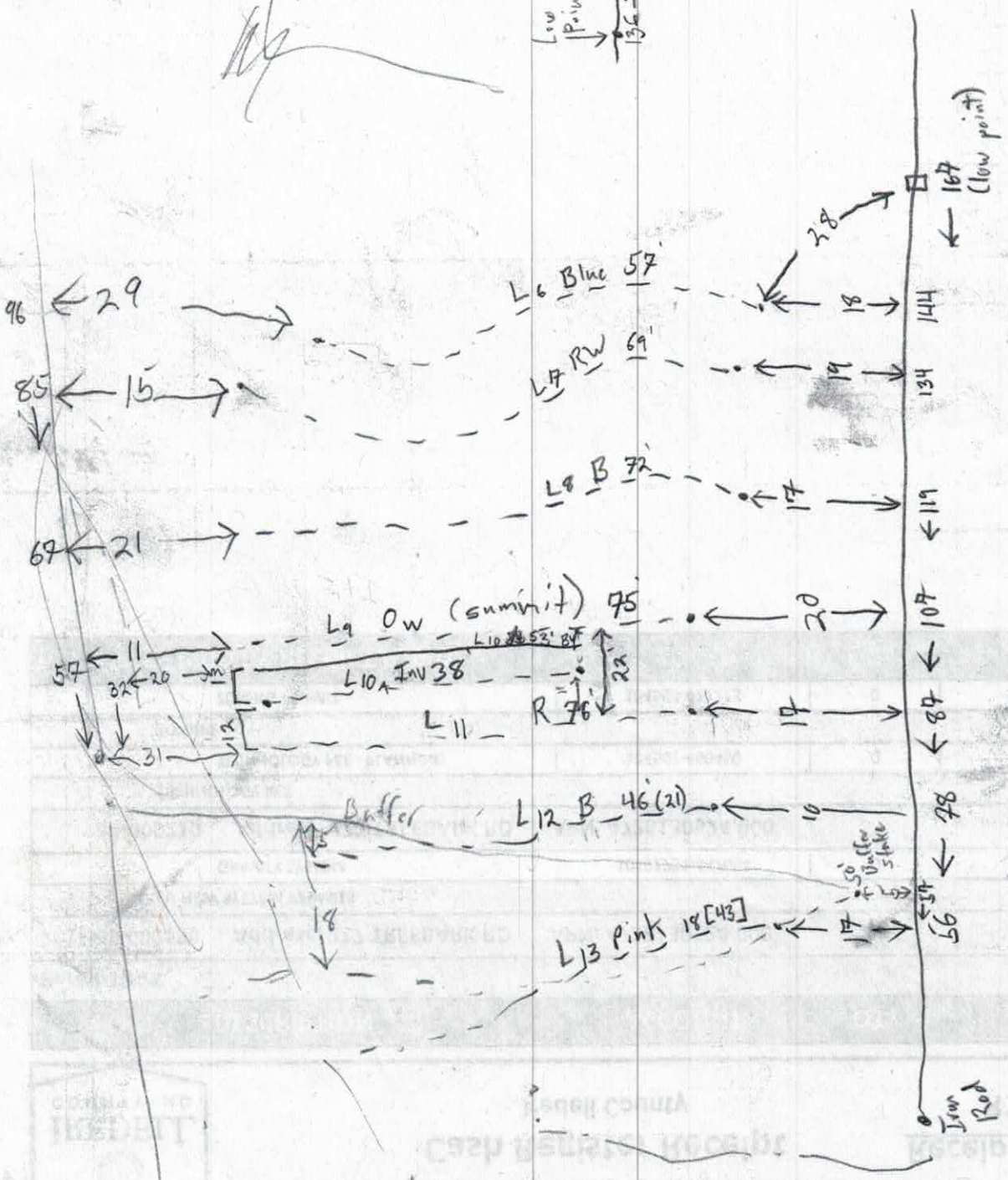
10/10/19

Wylie Trl

9/20/19



L6 8.98
L7 7.27
L8 5.60
L9 4.84 (summit)
L10 5.16
L10A —
L11 6.28
L12 7.55



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

Sheet ___ of ___
PROPERTY ID #: 4761-49-99
COUNTY: Iredell

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

OWNER: Cynthia Blading
ADDRESS: 136 Wylie Trail Statesville, NC
PROPOSED FACILITY: 4BR SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 136 Wylie Trail

APPLICATION DATE 6/20/2019
DATE EVALUATED: 9/19/2019
PROPERTY SIZE: 0.70 acres
PROPERTY RECORDED: Yes - 2008

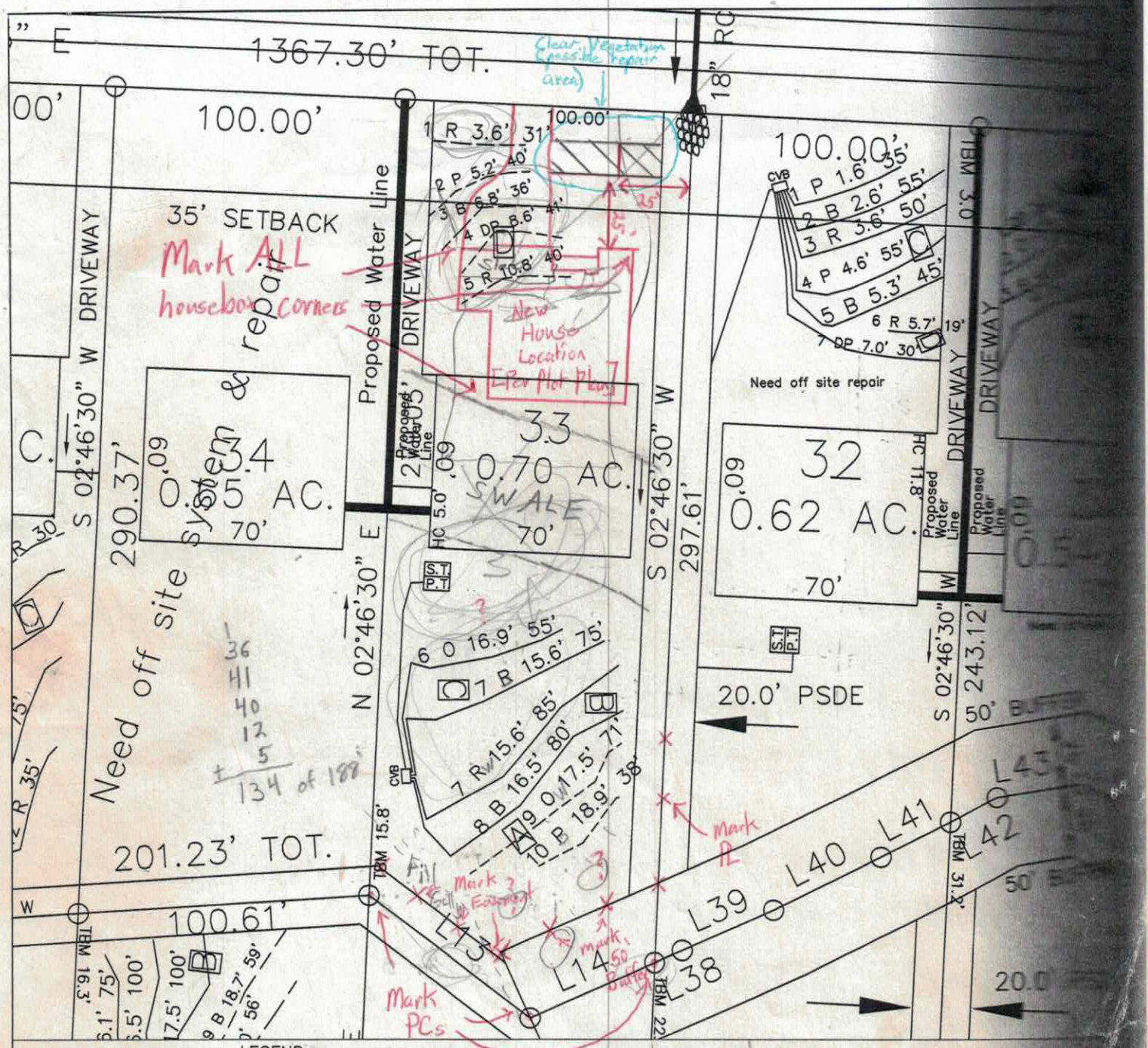
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #.	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1									
2									
3									
4									

SPE Attached

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	273	300
System Type(s)	LP-PPBPS	PPBPS+TSII
Site LTAR	0.30	0.30

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): RS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: N/A



ROLLANS SOIL & ENVIRONMENTAL SERVICES
470 NORTH BROAD STREET SUITE D
MOORESVILLE, NC 28115
PHONE: (704) 658-1723
FAX: (704) 658-1724
BRADY FREEMAN, ES
MOBILE: (704) 746-1497
EMAIL: BFREE20@YAHOO.COM
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ROLLANS@WINDSTREAM.NET

MAP TITLE: SITE PLAN & DRAINFIELD AREAS
PROJECT NAME: NORTHLAKE SUBDIVISION
LOCATION/DATE: BETHESDA RD IREDELL COUNTY, NORTH CAROLINA AUG 2006
JOB #:
FILE:
PROJECT MGR.:
FIELD WORK:
DRAWN BY:

ROLLANS *Soil & Environmental Services, Inc.*

470 N Broad Street, Suite D, Mooresville, NC 28115 Phone: (704) 658-1723 Fax: (704) 658-1724

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Brady Freeman, Registered Sanitarian
Mobile: (704) 746-6497
Email: bfree209@yahoo.com

Attached is a proposed design for a PPBPS Septic System with low pressure distribution for a 4 bedroom single family residence on Lot # 33 in Northlake Subdivision, Iredell County, North Carolina.

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2-3
Layout Specifications	4
System Tapsheet	5
Site Plan/System Plan	6
Calculations	7
Profile Descriptions	8

October 30, 2008
Project #: 01-1391
Design By: Rollans Soil & Environmental Services

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	ABMS Development, Inc
Address:	111-B Raceway Drive Mooresville, NC 28117
Phone:	704-664-7029
County:	Iredell
Location:	Northlake LOT # 33
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	27.88

Design Specifications

Drainfield Size:	295
Loading Rate (gpd/ft.^{2}):	0.275
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth:	36 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	71
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	12.35
Dosing Volume:	164.02
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.26
Elevation Head:	5.00
Total Dynamic Head:	9.50
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services

Northlake LOT # 33

LP PPBPS

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.275
TOTAL AREA TRENCH BOTTOM:	885
TOTAL LATERAL LENGTH:	295
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	290.9090909
SUPPLY LINE LENGTH:	71
TOTAL DYNAMIC HEAD:	9.50
MANIFOLD SIZE:	N/A
DOSING VOLUME:	164.02
PUMP TANK DRAW DOWN*:	7.8
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

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

LP PPBPS TAPSHEET -NORTHLAKE LOT# 33

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
6	*ORANGE*	*98.90*	*55*	0.156	**0.41**	165	13
7	*RED*	*100.20*	*75*	0.156	**0.41**	225	17
7	*RED*	*100.20*	*85*	0.156	**0.41**	255	20
8	*BLUE*	*99.30*	*80*	0.156	**0.41**	240	18
							68
	total	feet =	295	gal/min =	27.88		
			Des. Flow	480			
			Pump Run=	5.88			
			soil LTAR	0.275			
			LTAR +5%	0.28875			
			LTAR with mod.	0.55			
			LTAR with mod.. + 5%	0.5775			

.156 equals 5/32 inch hole

Northlake LOT # 33

Project #: 01-1391

LAYOUT FOR 4 BEDROOM HOME

October 30, 2008

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		15.8			100.00		
INSTR. 1			115.80				
HOUSE CNR				16.20	99.60		
P. TANK				16.90	98.90		
1	RED			3.60	112.20	31	31
2	PINK			5.20	110.60	40	40
3	BLUE			6.80	109.00	36	36
4	DARK PINK			8.60	107.20	41	41
5	RED			10.80	105.00	40	40
6	***ORANGE***			***16.90***	***98.90***	***55***	***55***
7	***RED***			***15.60***	***100.20***	***75***	***75***
7	***RED***			***15.60***	***100.20***	***87***	***85***
8	***BLUE***			***16.50***	***99.30***	***80***	***80***
9	ORANGE			17.50	98.30	71	71
10	PINK			18.90	96.90	38	38
					Total	594	592

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***295***	***0.275***	***MOD.***	***0.275***	***PPBPS***	***LOW PRESSURE***
Repair	297	0.275	MOD.	0.275	PPBPS	LOW PRESSURE

Notes:
** TBM located top of ground at EIP at corner of lot (see site plan)
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

CALCULATIONS

Location Northlake

Project Number 01-1391

Lot No: Lot 33

No. of Bedrooms [4]

Design Flow 480 $^{gal}/_{day}$

LTAR 0.275 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) [YES]

Supply Line Length	71	ft.
Supply Line Volume	12.354	gal.
Required Feet of Line	290.9091	ft.
Amount of Line from Layout	295	ft.
Gallons per Minute	27.88 $^{gal}/_{min}$	
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	68	
Dosing Volume	[164.02]	gal.

Note: Dosing Volume based on 67% of # of panels times 3.6 gal/panel

Tank Draw Down	7.8	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.88	minutes
Elevation Head	[5.00]	ft.
Pressure Head	[2]	ft.
Friction Factor	[1.78]	ft./100 ft. *(From the interpolater.)*
Friction Head	1.26	ft.
Total Dynamic Head (+15%)	9.50	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

RECEIVED JUN 2 4 2019

Paid $320.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#245921

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 Blanding **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: 136 Wylie Trail , Statesville, NC 28677

Subdivision Name: Northlakes **Section/Phase:** **Lot Number:** 33

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 June 20, 2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

136 Wylie Trail , Statesville, NC 28677 Lot 33

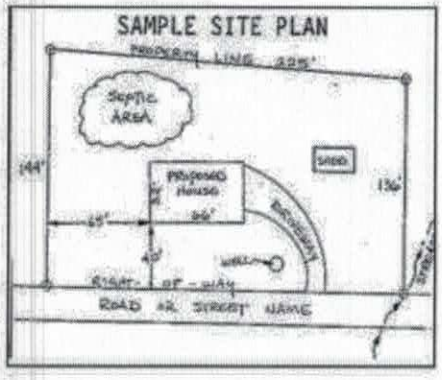
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

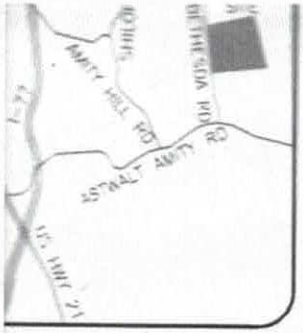
Please see attached

Signature: Cynthia Blanding

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

June 20, 2019

DATE



VICINITY MAP (NTS)

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

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.

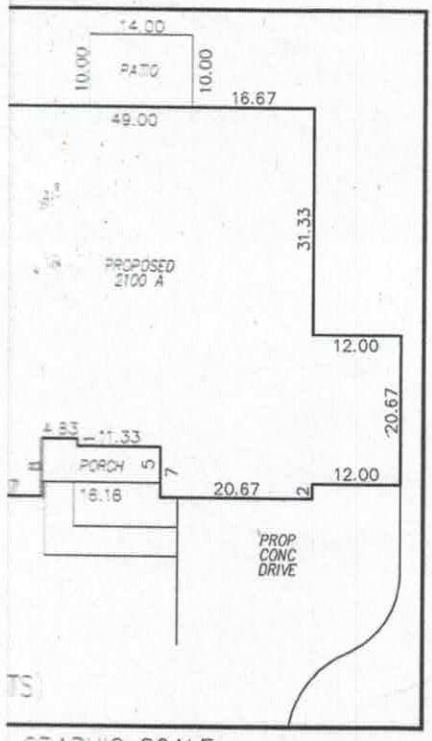
IMPERVIOUS AREA

E	2,861 SQ.FT.
E	1,065 SQ.FT.
K	96 SQ.FT.
D	140 SQ.FT.
L	4,162 SQ.FT.

SETBACKS

T	35'
	15'
R	35'
STREET	25'

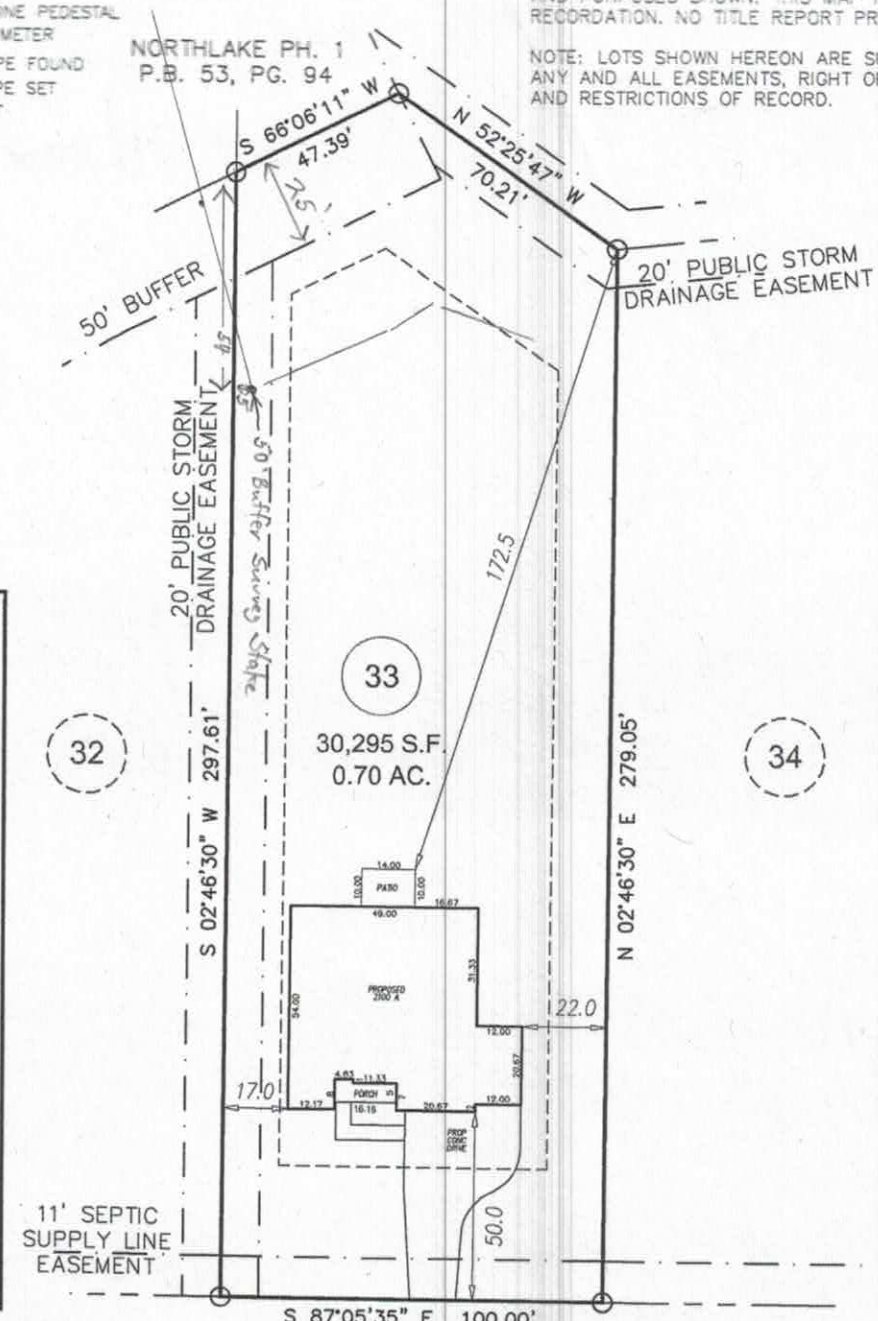
ALL LOTS SUBJECT TO A 10' & DRAINAGE EASEMENT. 10' ON SIDE OF ALL PROPERTY LINES.



GRAPHIC SCALE

0 25

1 inch = 50 ft.



PRELIMINARY PLOT PLAN

REVISION: UPDATED PLOT PLAN PER SITE SPECIFIC PLANS PER REQUEST 06-20-19 CKR

54/71

PROJECT:	18-005 NORTHLAKES
DRAWN BY:	CKR
SCALE:	1"=50'
DATE:	06-12-19

FOR
ADAMS HOMES CHARLOTTE
136 WYLIE TRAIL, STATESVILLE
LOT 33 NORTHLAKE SUBDIVISION
CHAMBERSBURG TWP., IREDELL CO., NC
P.B. 54, PG. 71

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

Northlake Lot: **33**

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, Aroma Homes NC, LLC, am the legal owner(s) of the property located at 136 Wylie Trail , Statesville, NC 28677, identified as PIN (Parcel Identification Number) _____, 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

Site Address: 136 Hollis Trail - Stat.

IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 15291 PIN # 4761499703 DATE 11-11-08

OWNER or APPLICANT ABMS Development PHONE: Business Home:

OWNER or APPLICANT ADDRESS 145 Falmouth RD Mooresville NC 28117

LOCATION / DIRECTIONS Oswalt Amity RD Bethoda RD Northlake RD Mountain Island Lake Way left

SUBDIVISION Northlake BLOCK / SECTION 2 LOT # 33 LOT AREA .7 DESIGN FLOW 480 L.T.A.R. 1275

Septic Tank 1000 Gallons: STB Date

Pump Tank 1000 Gallons: PT Date

Pump Make Model Serial #

Nitrification Field No Fields No Lines 4 Linear Feet 295

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 50% Low Pad

Repair System Description: 50% Low Pad

Maintenance Agreement Required ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions

Comments / Conditions

Install as Coastal
Maintain all setbacks

INITIAL SITE SKETCH

(See attached design by Pollard Soil and Environmental)

AS BUILT SKETCH

~~Revoked 7/2/19 (redrawn)~~

Revoked 10/16/19 (redrawn - house not moved) JS

- IMPROVEMENT PERMIT ONLY -
DO NOT ISSUE BUILDING PERMIT
Floor Plan Still Needed
AC Inspection Required
New Zoning Permit Required

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.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / 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 10-10-08

Improvement Permit by: Date 11-11-08

Authorization to Construct by: Date

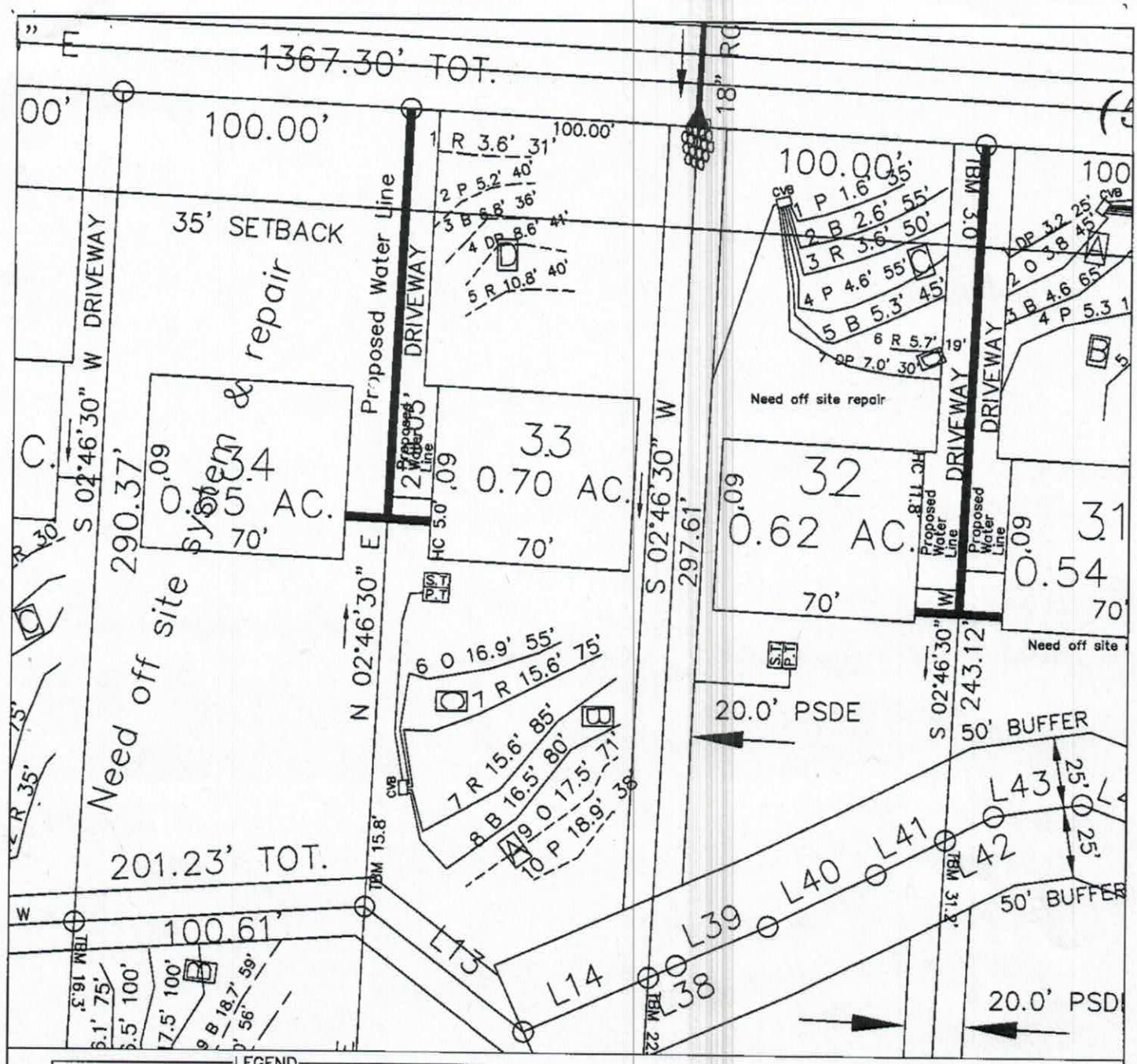
YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Date:

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant



LEGEND

House Box.

System lines.

Repair lines.

GRAPHIC SCALE
1" = 50'

50 0 50 100

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

ROLLANS SOIL & ENVIRONMENTAL SERVICES
470 NORTH BROAD STREET SUITE D
MOORESVILLE, NC 28115
PHONE: (704) 658-1723
FAX: (704) 658-1724

BRADY FREEMAN, R.S.
MOBILE: (704) 766 - 9497
EMAIL: BFREEMAN@VANCO.COM

ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 761 - 5061
EMAIL: ROLLANS@WINDSTREAM.NET

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: NORTHLAKE SUBDIVISION

LOCATION/DATE: BETHESDA RD IREDELL COUNTY, NORTH CAROLINA AUG 2008

JOB # : 01-1391
FILE: C:\JOBS\01-1391
PROJECT MGR.: A.L.P.
FIELD WORK: A.L.P.
DRAWN BY: A.L.P.

2100 "A" FE (R) 3-CAR NR033

ADAMS HOMES AEC, LLC

DATE DRAWN	6-12-2019
PROJECT	3412
REVISIONS	10/11/19

SHEET 3

Acknowledgement Of Plans Submittal ONLY!

Date 10/14/19

IREDELL COUNTY

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

APPLICATION NUMBER
245921
Issue Date: 06/21/2019

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4761499703.000	136 WYLIE TRAIL, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LAKESIDE VISTA PARTNERS LLC	Applicant: ADAMS HOMES AEC LLC
Address: 12621 MCGINNIS LANE	Address: 3401 SAINT VARDELL LN SUITE B
STATESVILLE, NC 28078	CHARLOTTE, NC 28217
Phone:	Phone: 704-558-4527

Use Requested	Zone Code
SFD REPLACING PERMIT 152911	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.700	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID
V2013
6-21-19

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	182305	TOTAL FEES:	$ 77.25