ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24754

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

PIN # 4761-59-0134

APPLICANT/OWNER: Cynthia Blanding APPLICANT ADDRESS: 340 Saint Vardell Lane, Suite B, Charlotte, NC 28217

SITE ADDRESS: 154 Northlake Drive, Statesville, NC 28677 PHONE: 704-621-4664 ALT. PHONE

SITE DIRECTIONS: Stuart Amity Rd East → Bethesda Rd → Northlake Dr → lot on Right SAP CONTROLLED: ☐ YES ☒ NO

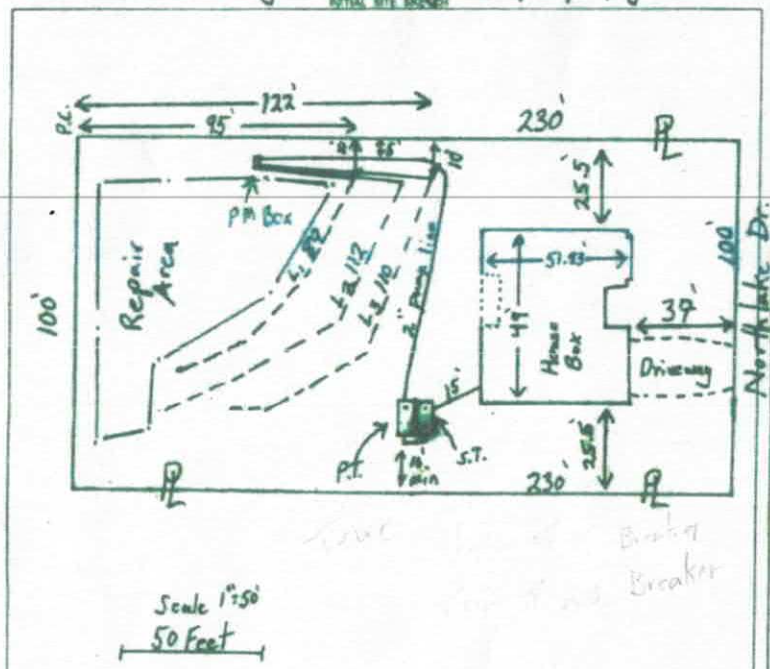
SUBDIVISION: Northlake SECTION: 1 LOT # 65 LOT AREA: 0.53 acres DESIGN FLOW: 360 GPD L.T.A.R. 0.30 (0.3 required)

Septic Tank	1000	(gal)	STB	760	Date	11/2	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT	363	Date	3/18	System Description: PM 25% Reduction		☐ Business	No. Persons	6	☐ Private
Pump Make	[illegible]		Model	[illegible]	Serial #	[illegible]	Repair System Description: LP- PMBPS (50% Reduction)		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3		Linear Ft	311	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab Stem Wall	☐ Crawl Space		☒ Community
Trench Width	36"	Trench Bottom Depth(Low side)	35"/36"		Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: No foundation drain to be installed on structure.
3 total TARS: L_1 ½" SCH 80 and L_2, L_3 to use ½" SCH 40.
Set Floats to dose system at 150 gallons per pumping event.

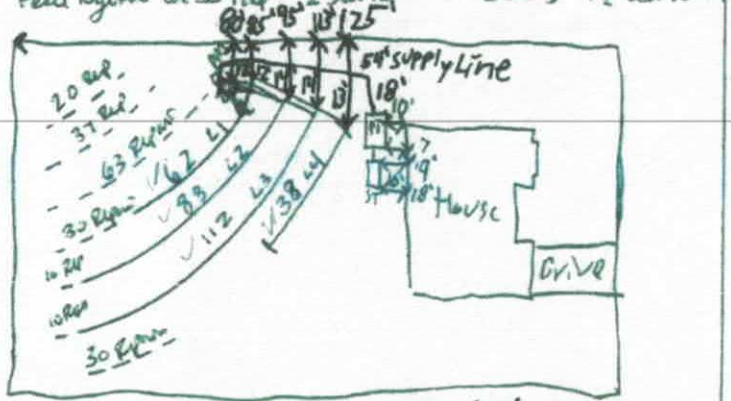
Recommend that the septic tank be pumped every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH

Line 1 + 4 (62+38) Not to scale Line 2 ½ sch 80 Tap
Feed together on 1 Tap ½ sch 40 Line 3 ½ Sch 40 Tap



4/17/2020: Tanks were checked 4/15/2020 and were good. drain Lines and pm Box were checked pressure was set, Floats and Alarms super Checked and all were good. Electric Box still needs to be checked. OK
5/22/2020: Septic Alarm Breaker #11
Pump #20

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 to the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

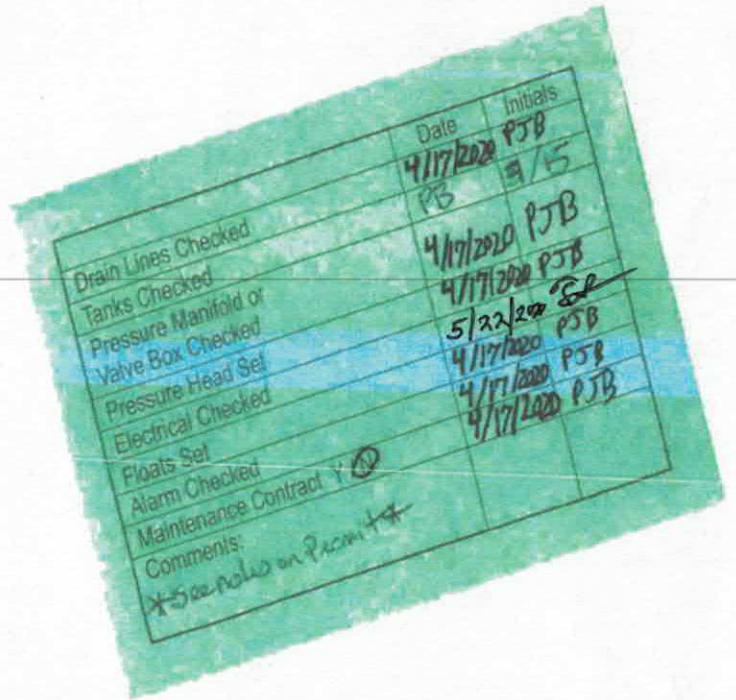
☐ IMPROVEMENT PERMIT with no plot plan valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT—not to exceed 60 mo.

Owner / Applicant Signature: Cynthia Blanding Date: 1-16-20 Installed by: Precision

IMPROVEMENT PERMIT by: Tom Shade Date: 1/13/2020 OPERATION PERMIT by: Tom Shade Date: 5/22/2020

AUTHORIZATION TO CONSTRUCT by: Tom Shade Date: 1/13/2020 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 inspector to confirm your inspection time.



	Date	Initials
Drain Lines Checked	4/17/2020	PJB
Tanks Checked	PB	5/15
Pressure Manifold or Valve Box Checked	4/17/2020	PJB
Pressure Head Set	4/17/2020	PJB
Electrical Checked	5/22/20	
Floats Set	4/17/2020	PJB
Alarm Checked	4/17/2020	PJB
Maintenance Contract Y ⓝ	4/17/2020	PJB
Comments: *5oz rolls on Pacific		

RECEIVED OCT 18 2019

Int. Relayout - Pd $320.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#241754

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@maipermits.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: 154 Northlake Drive, Statesville, NC 28677

Subdivision Name: Northlakes **Section/Phase:** _____ **Lot Number:** 65

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

September 24, 2019
DATE

154 Northlake Drive, Statesville, NC 28677 Lot

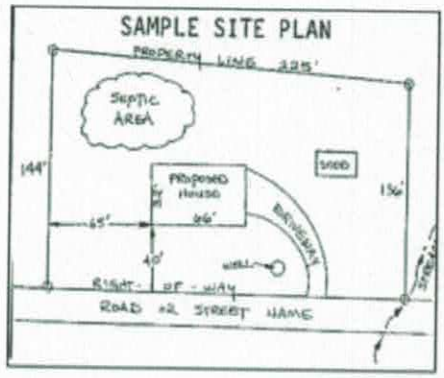
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

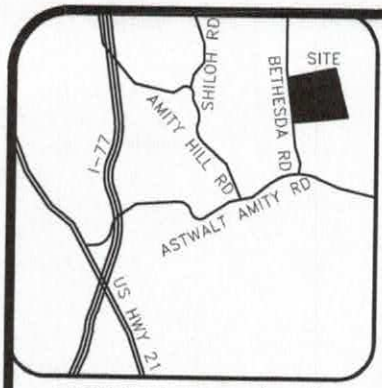
See attached

Signature: Cynthia Blanding

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

September 24, 2019

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.

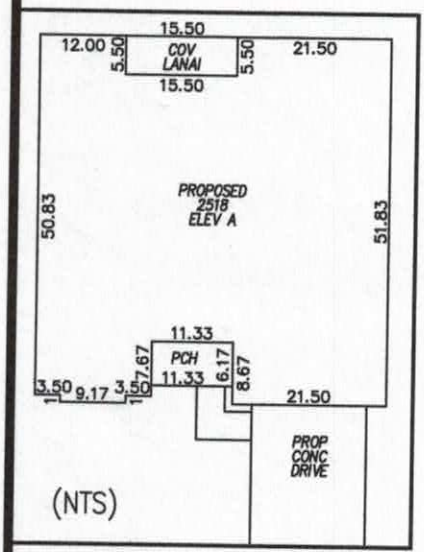
IMPERVIOUS AREA

HOUSE	2,504 SQ.FT.
DRIVE	558 SQ.FT.
WALK	45 SQ.FT.
TOTAL	3,107 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

N 86°16'36" W 100.00'

PLAT NORTH PB 53, PG 94

64

65

66

141.2

23,000 S.F.
0.53 AC.

S 03°43'24" W 230.00'

N 03°43'24" E 230.00'

25.5

25.5

37.0

S 86°16'36" E 100.00'

NORTHLAKE DRIVE
50' PUBLIC R/W

REVISION: HOUSE FLIPPED TO LEFT HAND GARAGE PER REQUEST 10-1-19

PRELIMINARY
PLOT PLAN

PROJECT:	18-005 NORTHLAKES
DRAWN BY:	CKR
SCALE:	1"=50'
DATE:	08-26-19

FOR
ADAMS HOMES CHARLOTTE
154 NORTHLAKE DRIVE, STATESVILLE
LOT 65 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

Northlake Lot: **65**

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 154 Northlake Drive, Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4671-590-134, 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.

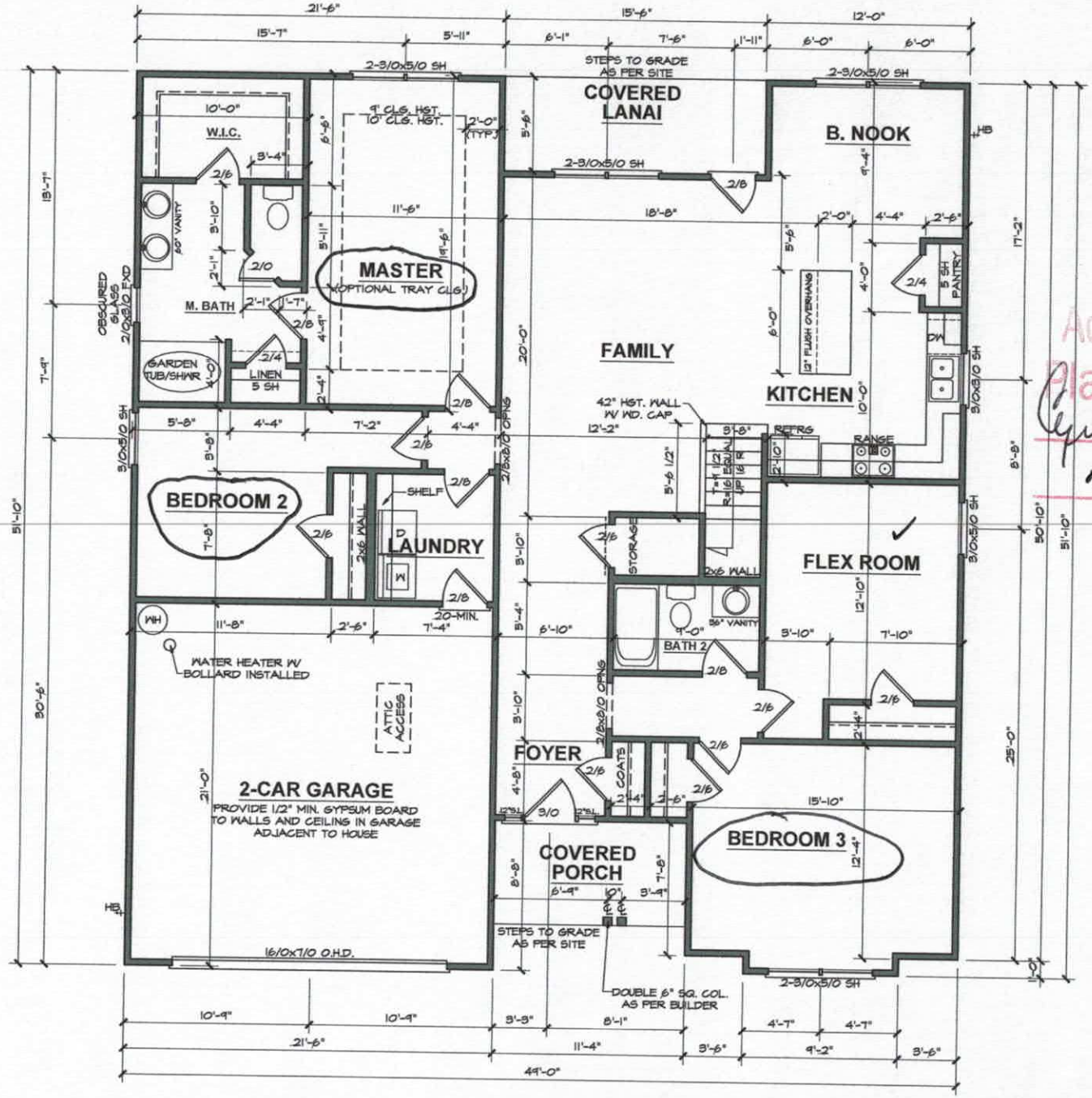
(X) MANAGER 7/19/2016
Signature of Owner(s) Date

(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



Acknowledgement of Plans Submittal Only

Cynthia Bo Date 1/10/20

Tom Shuck Date 1/10/2020

ADAMS HOMES AEC, LLC

2518 "A" FE (L) NR065

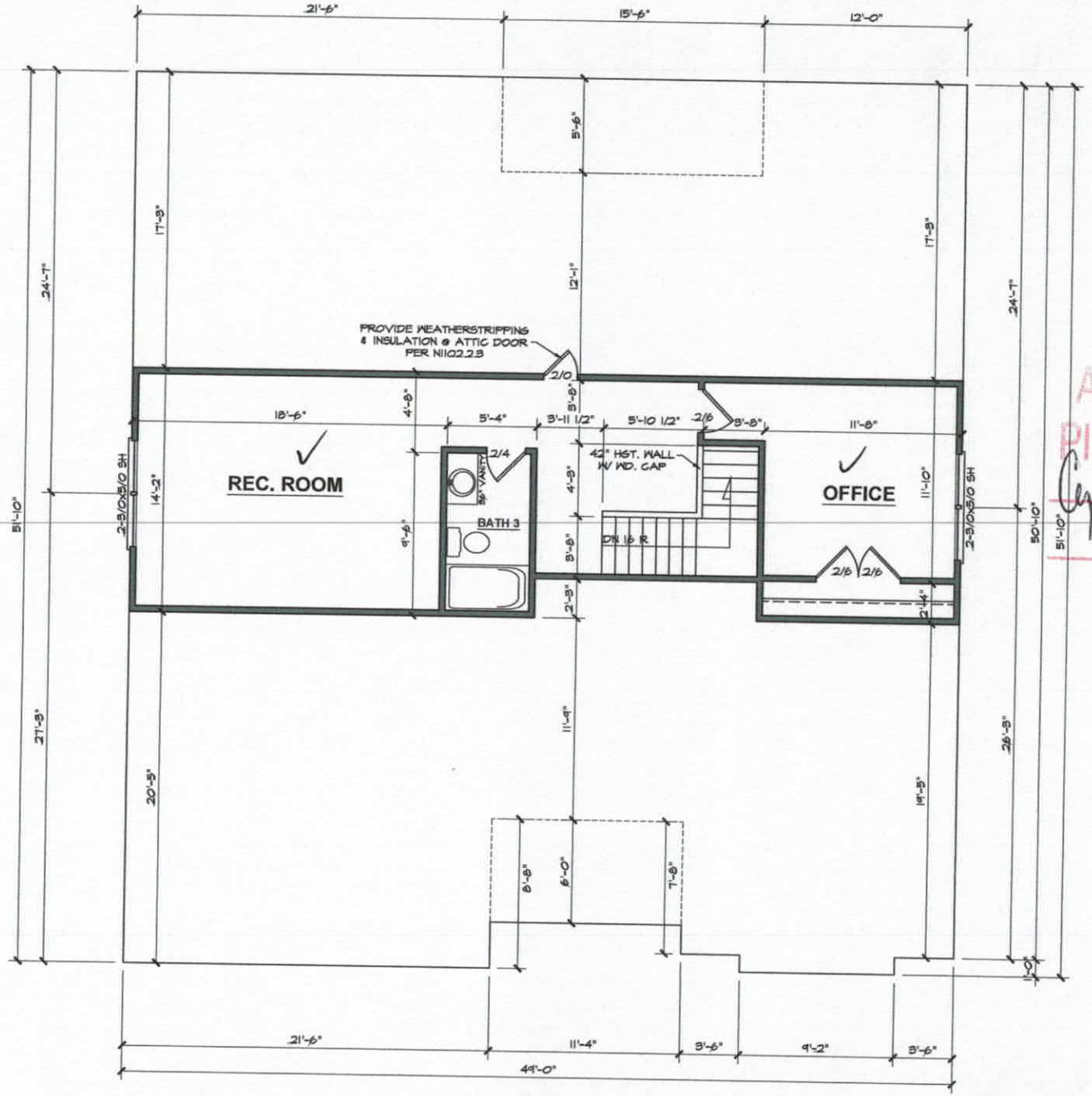
DATE DRAWN	1-6-2020
REVISIONS	4057

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"



SECOND FLOOR PLAN

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

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

ADAMS HOMES AEC, LLC

Acknowledgement of Plans Submittal Only
Date 1/16/20
Tom Shuck Date 1/10/2020

2518 "A" FE (L) NR065

DATE DRAWN
1-6-2020
REVISIONS
4057

SHEET
4

IREDELL COUNTY

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

APPLICATION NUMBER
241754
Issue Date: 01/28/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4761590134.000	154 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	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.530	35.00	35.00	15.00	15.00	NOT	X

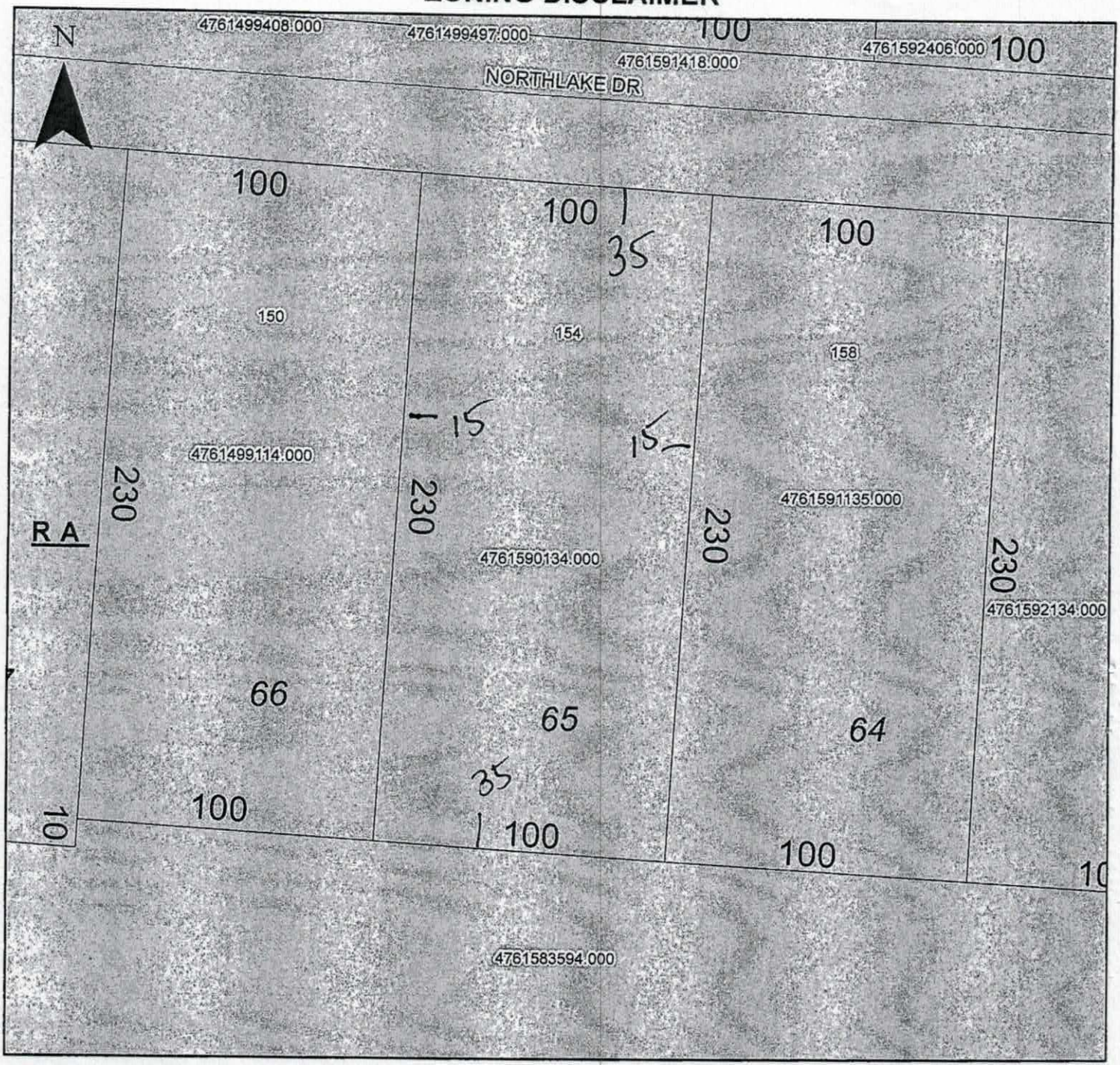
Remarks:

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	165704	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 154 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 Oli

Applicant

Date