CLN

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-304519

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

PIN # 4761 -59 -1418

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

SITE ADDRESS: 157 NORTHLAKE DRIVE, STATESVILLE, N.C. 28677 PHONE: 704-558-4527 ALT. PHONE 704-621-4664

SITE DIRECTIONS: (E) ON 70, (R) ON BETHESDA, (L) ON NORTHLAKE, LOT ON (L) SAP CONTROLLED: ☐ YES ☐ NO REPAIR

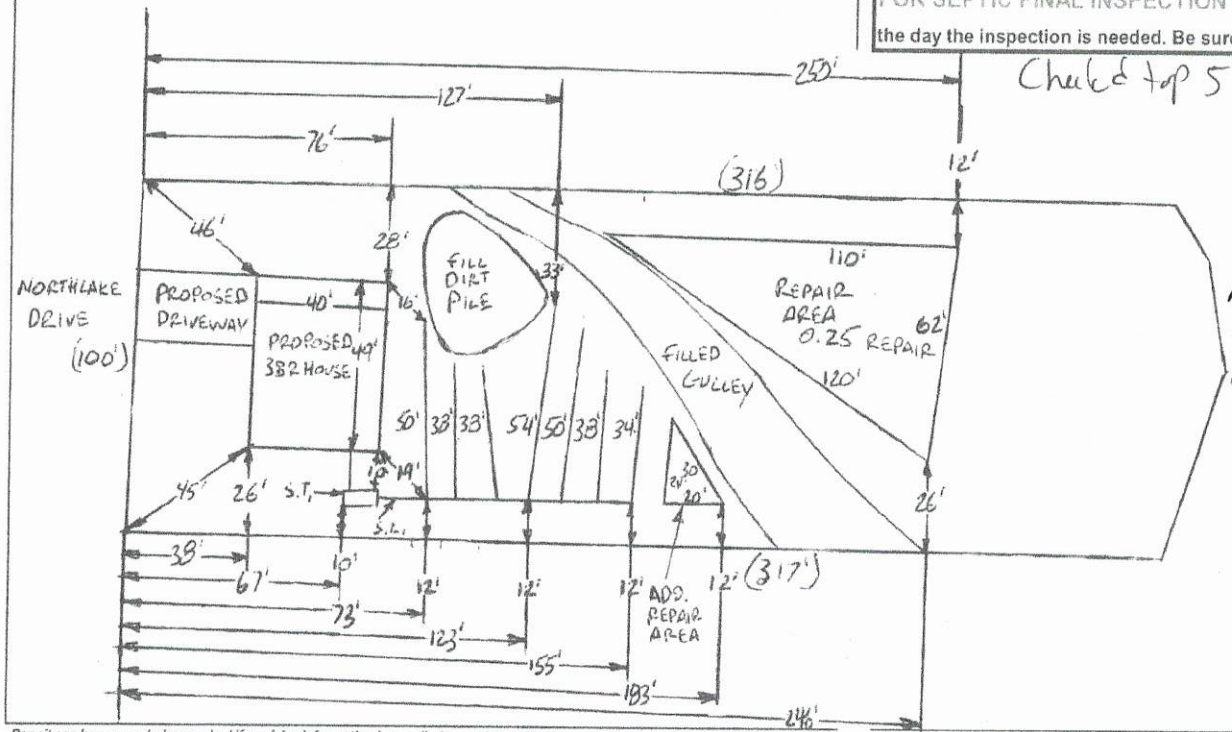
SUBDIVISION: ✓ NORTHLAKE SECTION: 1 LOT # 51 LOT AREA: 0.75 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3 (0.25)

Septic Tank	1000	(gal)	STB		Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	—	(gal)	PT	—	Date —	System Description:			25% REDUCTION	☐ Business	No. Persons 6	☐ Private
Pump Make	—	Model	—		Serial # —	Repair System Description:			50% REDUCTION - HORIZONTAL PIPES	☐ Other	No. Employees —	☑ Public
# Nitrification Fields	1	# Lines	7		Linear Ft 302 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	28 IN		Gravel Depth —		☑ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS UTILIZE SERIAL DISTRIBUTION. PROPERTY LINES AND SOFT BUFFER MUST BE MARKED AT TIME of INSTALLATION

INSTALL AT 28 IN LOWSIDE TRENCH BOTTOM

INITIAL SITE SKETCH



AS BUILT SKETCH

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

Checked top 5 lines & tank 1 IN = 50 FT
JS 3-30-2021 S.L. = SUPPLY LINE
S.T. = SEPTIC TANK
ADD. = ADDITIONAL

4/1/2021: Final 2 lines were checked and good. 2nd to last one was 38', last line was 34' neighbors fence was over PL, Lines were 12' off fence.

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: [signature] Date: 9/9/20 Installed by: Precision Excavation

IMPROVEMENT PERMIT by: Burgent C. White Date: 8-31-2020 OPERATION PERMIT by: Patrick J Boyle III Date: 4/1/2021

AUTHORIZATION TO CONSTRUCT by: Burgent C. White Date: 8-31-2020 Existing System Inspected by: Date:

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

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4761-57-1418
DATE OF EVALUATION: 7-14-2020
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 12%	0-12	SL, SBK	FR, SS, SP, SEXP	MANY SAP INC		PS		PS
		12-25	C, SBK	FRS, P, SEXP	INC		II	NK	.325
		25-48	CL, WSBK	VFR SS, SP, SEXP	FEW	48"	SL		
		48-60	SAP, NVAS	VFR, NS, NP, SEXP	f1				
2	LINEAR SIDE 12%	0-14	SL, SBK	fr, SS, SP, SEXP	MANY SAP INC				PS
		14-43	C, SBK	f1, S, P, SEXP	FEW f1 FEW Y/B 14-18"	60"+	NA	NA	.3
		43-60	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 12%	0-14	SL, SBK	fr, SS, SP, SEXP	FEW SAP INC THRU OUT Y/B MOTS CHROMA 3 @ 15" 30"+	60"+	NA	NA	PS .25 ABOVE 30"
		14-45	C, SBK	f1, S, P, SEXP					
		45-60	CL, WABK	f1, SS, SP, SEXP					
4	LINEAR SIDE 12%	0-40	FILL	FILL	40"+ CHROMA 10YR 6/2 + 10YR 7/2 MOTL	60"+	NA	NA	P U
		40-66	C, ABK	f1, S, P, SEXP					
5	LINEAR SIDE 12%	0-12	SCL, SS, SP, SEXP	FR, SBK	10YR 7/4 MOTS 30"+ 10YR 6/3 38"+	60"+	NK	NA	PS .25 ABOVE 38"
		12-36	C, S, P, SEXP	f1, ABK					
		36-60	SC, S, P, SEXP	f1, WABK					

COMMENTS:

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

PROPERTY ID #: 4761591418
COUNTY: IREDELL

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

OWNER: ADAM HOMES AEC, LLC.
ADDRESS: 3401 SAINT VARDELL LANE, SUITE B, CHARLOTTE, N.C. 28217
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 157 NORTHLAKE DRIVE, STATESVILLE, N.C. 28677

APPLICATION DATE 4-16-2020
DATE EVALUATED: 7-14-2020
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.75
PROPERTY RECORDED: YES

WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

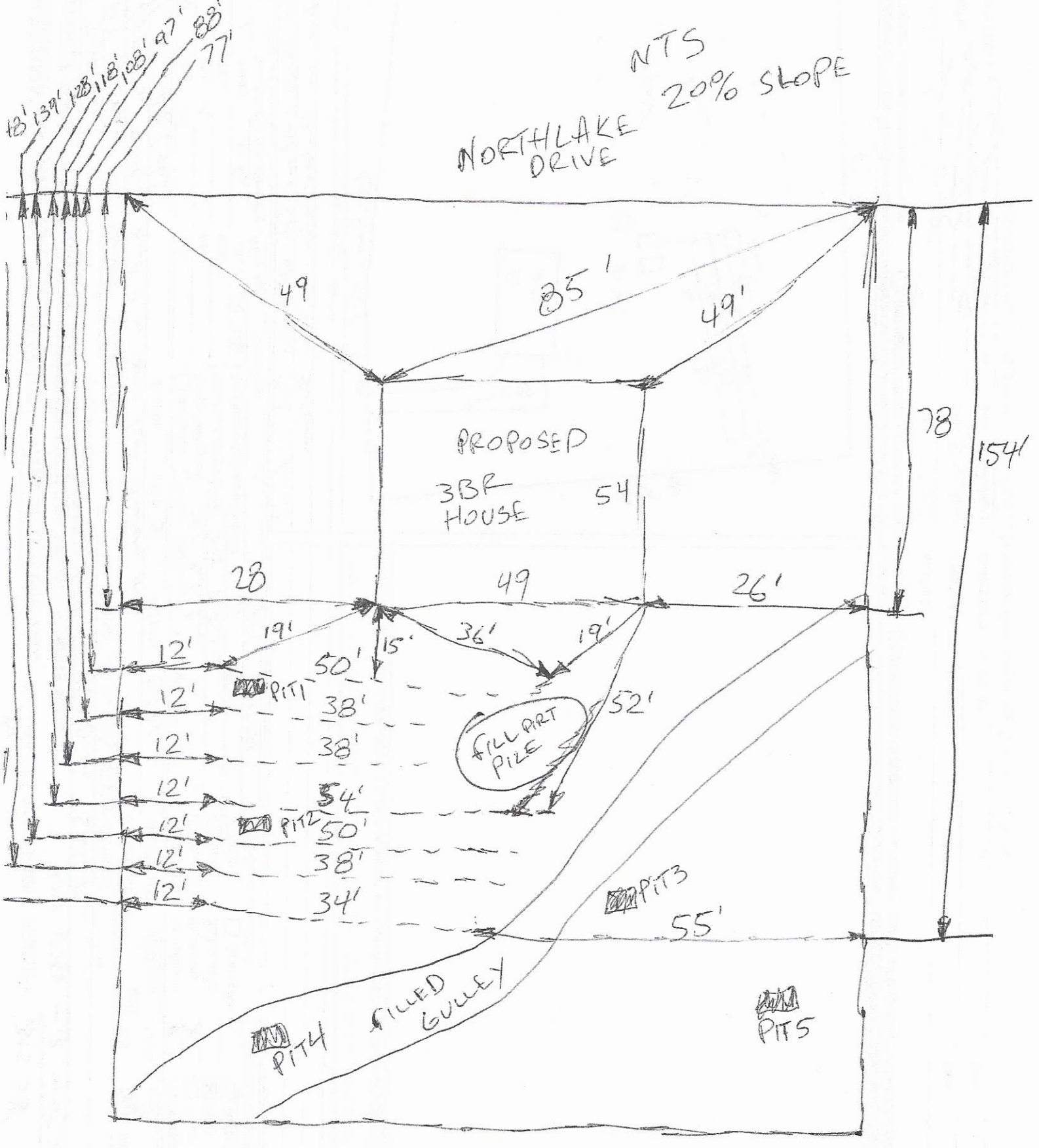
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50% HORIZONTAL
Site LTAR	0.3	0.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. Whitt
OTHER(S) PRESENT: _____

COMMENTS: _____


NTS
20% SLOPE
NORTHLAKE DRIVE
13' 139' 128' 118' 108' 97' 88' 77'
49
85'
49'
PROPOSED
3BR HOUSE
54
78
154'
28
49
26'
12'
19'
15'
36'
19'
50'
PIT1
12'
38'
52'
FILL DIRT PILE
12'
38'
12'
54'
12'
PIT2
50'
12'
38'
12'
34'
PIT3
55'
PIT4
FILLED GULLEY
PIT5

RECEIVED APR 16 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-304519 Paid $500.00

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: 157 Northlake Drive, Statesville, NC 28677
Subdivision Name: Northlakes Section/Phase: _____ Lot Number: 51
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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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 16, 2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

157 Northlake Drive, Statesville, NC 28677 Lot 51

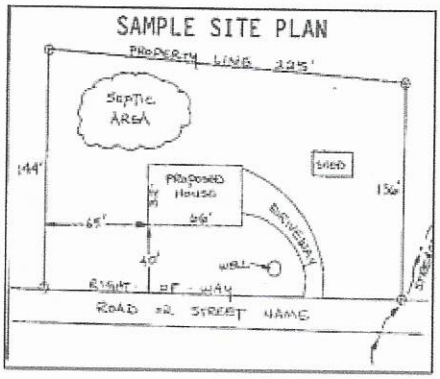
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

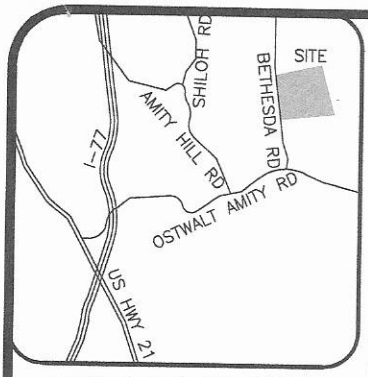
Please see attached

Signature: Cynthia Blanding

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

April 16, 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

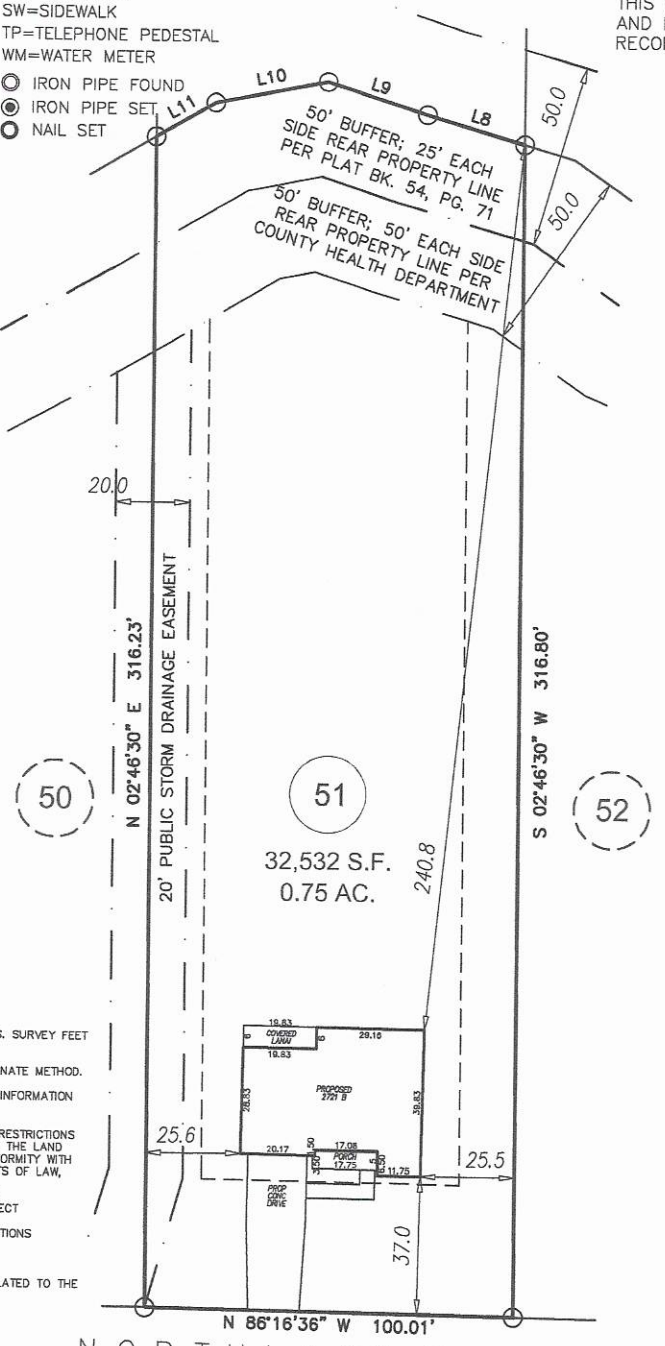
THIS MAP IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP IS NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

IMPERVIOUS AREA

HOUSE	1,828 SQ.FT.
DRIVE TO R/W	648 SQ.FT.
WALK	90 SQ.FT.
TOTAL	2,566 SQ.FT.

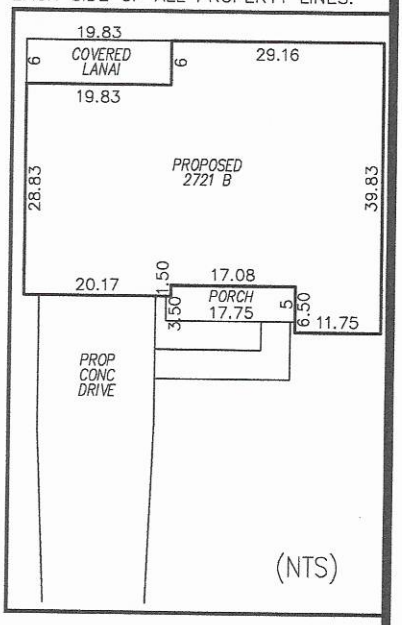
SETBACKS

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.



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.

GRAPHIC SCALE

50 0 25

1 inch = 50 ft.

LINE	BEARING	DISTANCE
L8	S 70°47'52" E	27.57'
L9	S 69°25'21" E	28.43'
L10	N 81°37'24" E	31.01'
L11	N 62°25'34" E	18.56'

PRELIMINARY PLOT PLAN

ECLS

PROJECT: 18-005 NORTHLAKES
DRAWN BY: CKR
SCALE: 1"=50'
DATE: 04-01-2020

FOR
ADAMS HOMES CHARLOTTE
157 NORTHLAKE DRIVE, STATESVILLE
LOT 51 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: **51**

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 157 Northlake Drive, Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4761-591-418, 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.

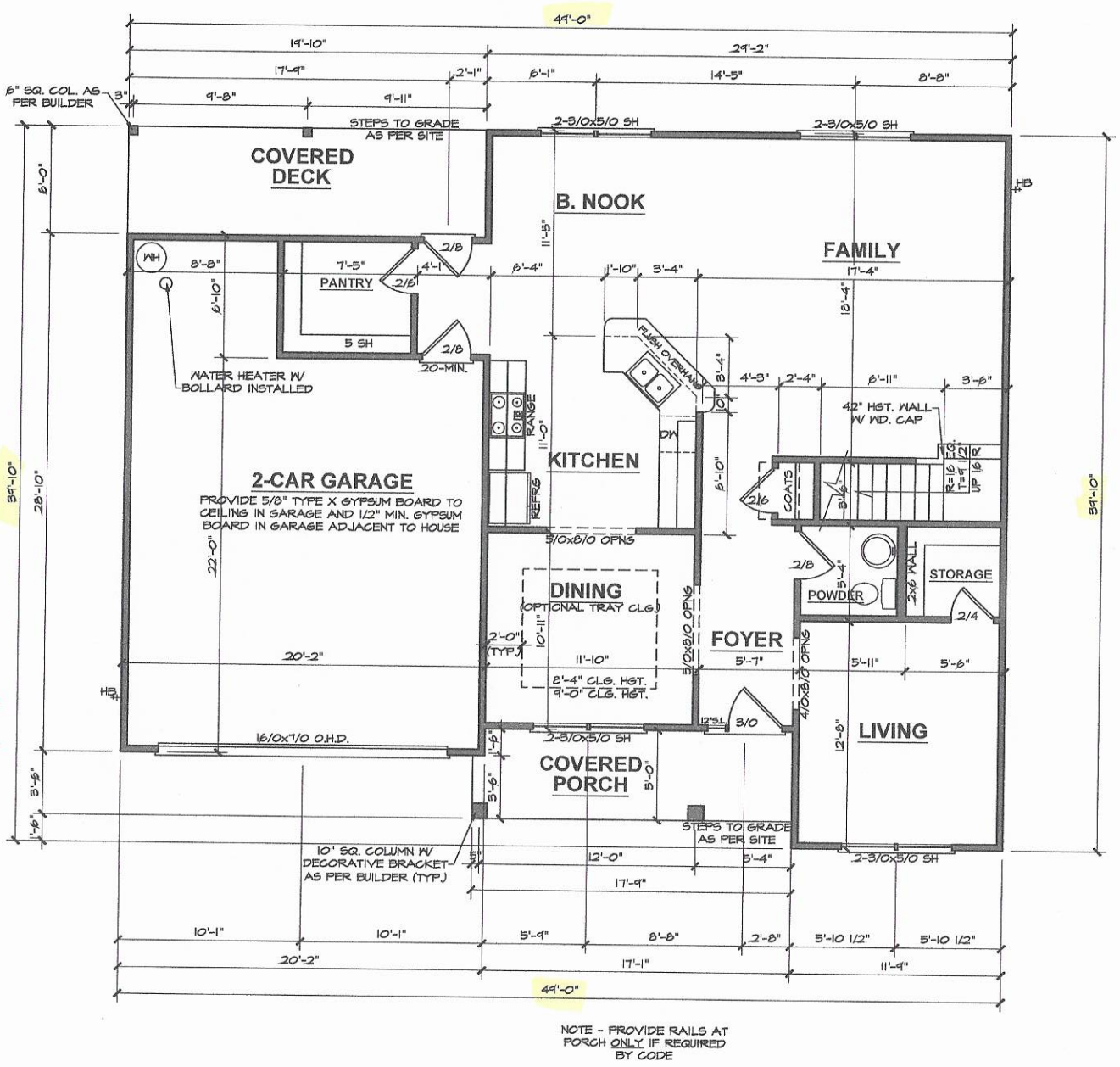
X MANAGER 7/19/2016
Signature of Owner(s) Date

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



NOTE - PROVIDE RAILS AT PORCH ONLY IF REQUIRED BY CODE

FIRST FLOOR PLAN

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

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

ADAMS HOMES AEC, LLC

2721 "B" FE (L) 3-CAR NR051

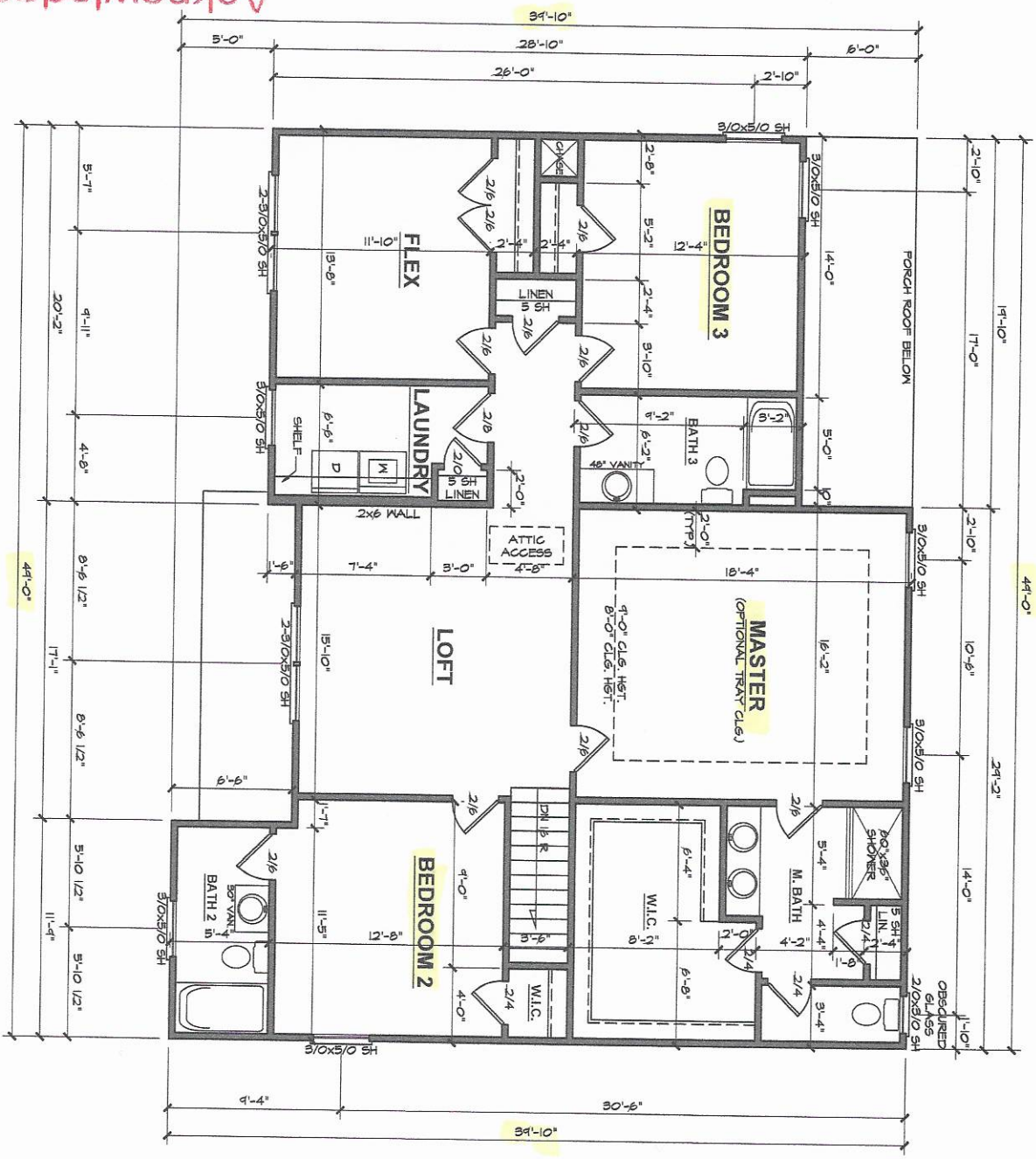
DATE DRAWN	4/8/2020
PROJECT	4342
REVISIONS	
SHEET	3

Acknowledgement Of Plans Submittal ONLY!

Buyer Cynthia White Date 8-31-2020

Cynthia Woods Date 9/9/2020

Acknowledgement Of
Plans Submittal ONLY!
Signed C. Walker Date 8-31-2020
Cynthia Bevel Date 9/4/20



SECOND FLOOR PLAN

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

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

SHEET 4

DATE DRAWN 4/8/2020
PROJECT 4342
REVISIONS

2721 "B" FE (L) 3-CAR NR051

ADAMS HOMES AEC, LLC

IREDELL COUNTY

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

APPLICATION NUMBER
304519 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4761591418.000	157 NORTHLAKE DR	Iredell County

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

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.75	35	35	15	15	N/A	NO

Remarks
SFD

✓ GOOD TO GO NLM 3/10/20

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

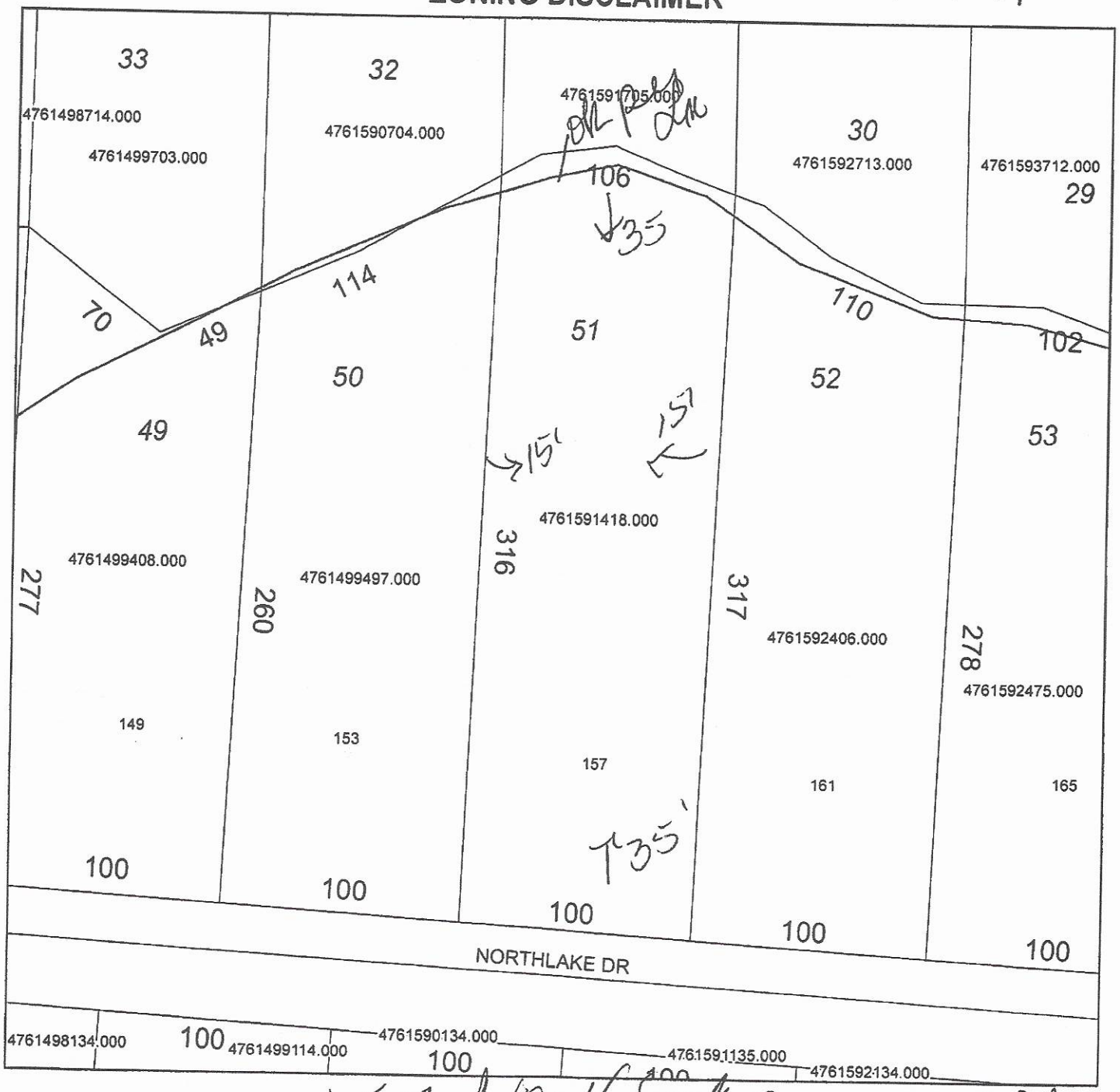
Signature of Owner/Contractor

Date: 02/12/2020

Permit Number	304519	TOTAL FEES:	$77.25

ZONING DISCLAIMER

304519



Property Address 157 Northlake

.75 RA

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

Date