IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240031

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

PIN # 4761-59-1705

APPLICANT/OWNER: CS+SC / Lakeside Vista Partners APPLICANT ADDRESS: P.O. Box 1703 Mooresville, NC 28115

SITE ADDRESS: 144 Wylie Trail Statesville, NC 28677 PHONE: 704-202-5791 ALT. PHONE

SITE DIRECTIONS: Ostwalt Amity Rd East from I-77 → Lon Bethesda → Ron Northlake → Lon Mountain Island → Ron Wylie → on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Northlake SECTION: 2 LOT # 31 LOT AREA: 0.54 acres DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	Infiltrator	Date	IM-1060	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT	Infiltrator	Date	IM-1060	System Description: LP-PPBPS (50% Reduction)		☐ Business	No. Persons	6	☐ Private
Pump Make	Zoeller		Model	N-151	Serial #		Repair System Description: LP-PPBPS (50% Reduction) w/ TS-I pretreatment		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	3	Linear Ft	240	Maintenance Agreement Required: ☒ YES ☐ NO		☒ Slab	☐ Crawl Space		☒ Community
Trench Width	24"		Trench Bottom Depth(Low side)		33"		Gravel Depth —	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Care must be taken to not encroach upon the septic area when the pad is constructed for the slab house box. Recommend setting floats to dose system 140 gallons per pumping event. Road ditch/surface drainage originating up-hill of lot 32 must be directed down the county-approved PSDE as shown on drawing

INITIAL SITE SKETCH

See attached plans from Carolina Soil + Septic Consultants

Dated 11-2-18

Revised 12-7-18 (site plan drawing)

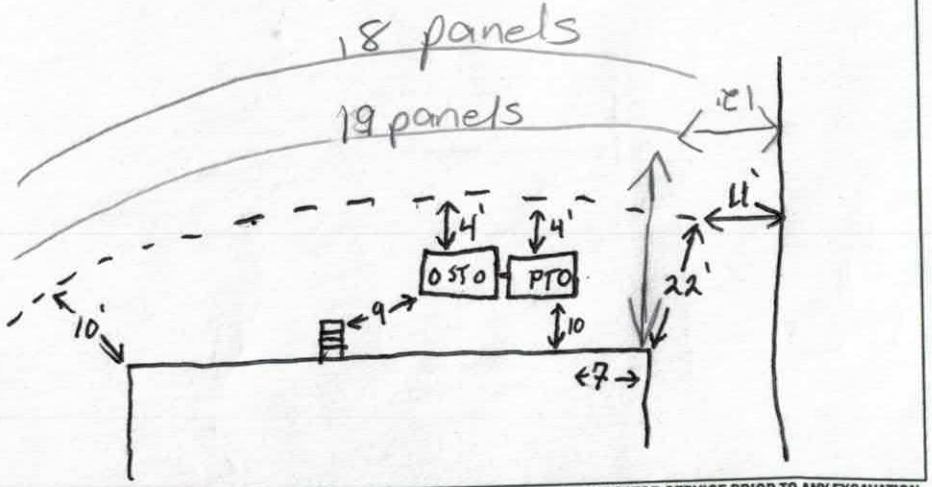
	Date	Initials
Drain Lines Checked 1st (typ) Time 3/20	3/24/20	MD
Tanks Checked	3/20/2020	
Pressure Manifold or Valve Box Checked	3/24/20	MD
Pressure Head Set	3/24/20	MD
Electrical Checked	4.15.2020	PB
Floats Set	3.24.2020	MD
Alarm Checked	4.15.2020	PB
Maintenance Contract Y / N	4.15.2020	PB

AS BUILT SKETCH

3/20/2020: Polylok PL-68 effluent filter only, L1 installed (82') PPBPS (19 panels) -5/32 orifice 11 inches drawdown

19 panels

18 panels



Permit can be su... ...ing 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

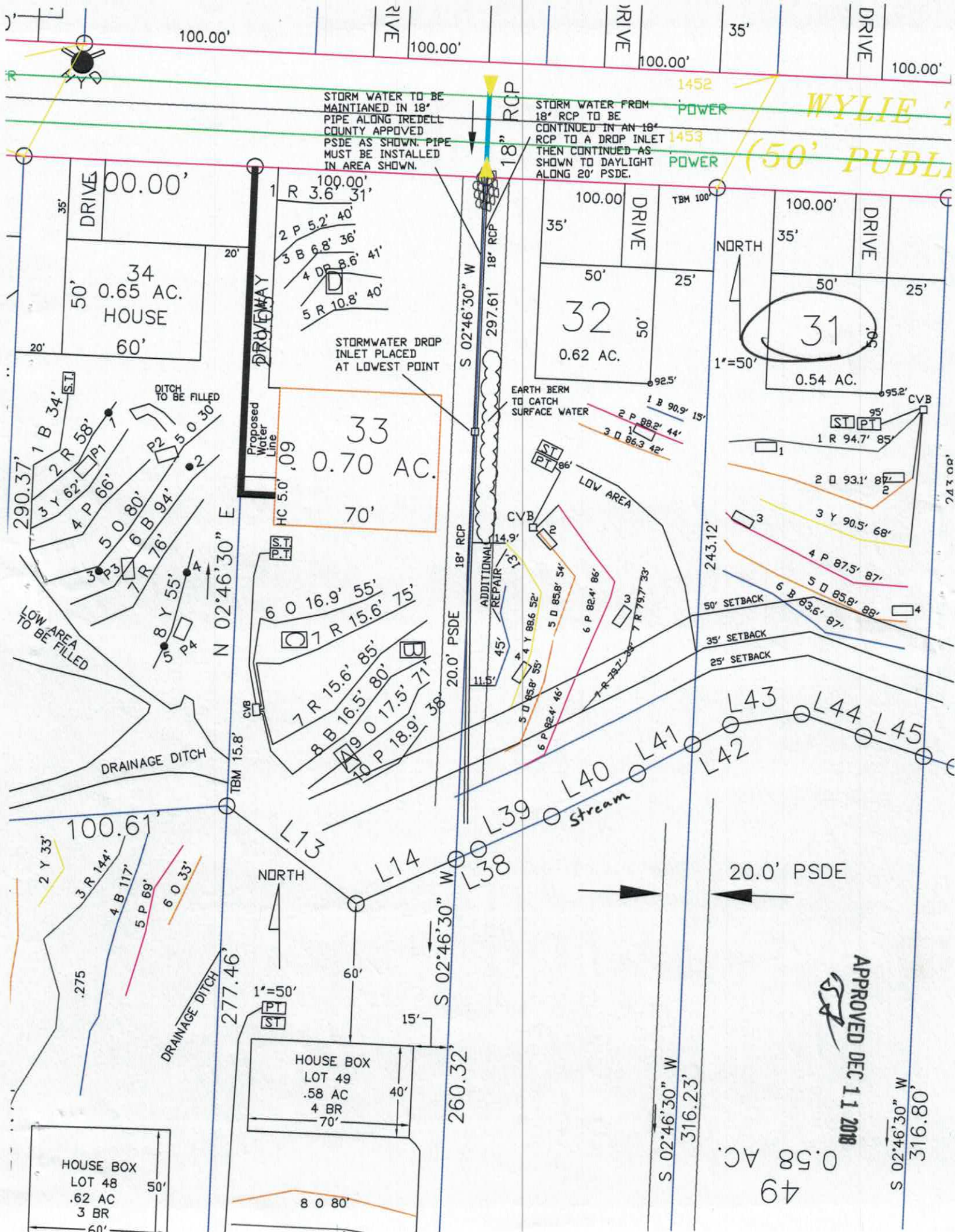
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 12/20/18 Installed by: Precision Grading

IMPROVEMENT PERMIT by: Tom Shuck Date: 12/13/18 OPERATION PERMIT by: Patrick Boyle Date: 4/15/2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 6-19-19 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.


100.00'
DRIVE
35'
STORM WATER TO BE MAINTIANED IN 18" PIPE ALONG IREDELL COUNTY APPOVED PSDE AS SHOWN. PIPE MUST BE INSTALLED IN AREA SHOWN.
STORM WATER FROM 18" RCP TO BE CONTINUED IN AN 18" RCP TO A DROP INLET THEN CONTINUED AS SHOWN TO DAYLIGHT ALONG 20' PSDE.
18" RCP
POWER
1452
1453
WYLIE
(50' PUBL
34
0.65 AC.
HOUSE
50'
60'
20'
DRIVEWAY
Proposed Water Line
STORMWATER DROP INLET PLACED AT LOWEST POINT
33
0.70 AC.
70'
HC 5.0'
S 02°46'30" W
297.61'
N 02°46'30" E
290.37'
32
0.62 AC.
50'
25'
92.5'
31
0.54 AC.
95.2'
1"=50'
NORTH
TBM 100'
EARTH BERM TO CATCH SURFACE WATER
LOW AREA
LOW AREA TO BE FILLED
DITCH TO BE FILLED
ADDITIONAL REPAIR
14.9'
11.5'
20.0' PSDE
50' SETBACK
35' SETBACK
25' SETBACK
DRAINAGE DITCH
TBM 15.8'
100.61'
277.46'
260.32'
316.23'
316.80'
0.58 AC.
49
Stream
L13
L14
L38
L39
L40
L41
L42
L43
L44
L45
HOUSE BOX
LOT 49
.58 AC
4 BR
70'
40'
HOUSE BOX
LOT 48
.62 AC
3 BR
60'
50'
APPROVED DEC 11 2018

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

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

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

Attached is a proposed design for a PPBPS Septic System with LOW PRESSURE distribution for a 3 bedroom single family residence in Northlake Subdivision lot 31, Iredell County, North Carolina.

Contents: **Page**

Installer Information---------- 1

Design Information
- Install Specifications---------- 2
- Field Layout Specifications---------- 3
- Pressure Manifold Tapsheet---------- 4

Typical Pressure Manifold Diagram---------- 5

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

Dosing Calculations---------- 7

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

November 2, 2018
Job Number: 17133
Design By: BEN ALDRIDGE, REHS

APPROVED DEC 11 2018

LICENSED SOIL SCIENTIST ADRIAN L. PRUETT 1214 STATE OF NORTH CAROLINA

INSTALLER INFORMATION:

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

APPROVED DEC 11 2018

LP PPBPS
DESIGN SPECIFICATIONS
NORTHLAKE LOT 31

Owner:	Lakeside Vista Partners, LLC Michael Blackmon
Address:	12621 McGinnis Ln. Huntersville, NC 28078
Telephone Number:	980-216-0652
Drainfield Design Flow (gpd):	360
Loading/Soil Application Rate (gpd/ft.^{2}):	0.25
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Total Lateral Length From Layout:	240
Total Lateral Length Required:	240
Trench Depth:	33 in. LOW SIDE
Trench Width:	24 in.
Trench Bottom Area:	720
Trench Spacing:	8
Repair Trench Depth:	33 in. LOW SIDE
Repair Trench Width:	24 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	19
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	3.31
Dosing Volume:	201.60
Pump Tank Draw Down:	9.6
Recommended Dosing Controls:	Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	NEMA 4X Control Panel or Equivalent, County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.27
Elevation Head:	4.70
Total Dynamic Head:	8.33
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	***YES***
Additional Comments:	Soil suitability was performed by BEN ALDRIDGE, REHS

APPROVED DEC 11 2018

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

FIELD LAYOUT SPECIFICATIONS
NORTHLAKE LOT 31

LAYOUT FOR 3 BEDROOM HOME

November 2, 2018

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH	
TBM				1.00	100.00			
INSTR. 1			100.00					
HOUSE				4.80	95.20			
TANK				5.00	95.00			
1	***RED***			***5.30***	***94.70***	***85***	***85***	***50% REDUCTION***
2	***ORANGE***			***6.90***	***93.10***	***87***	***87***	***50% REDUCTION***
3	***YELLOW***			***9.50***	***90.50***	***68***	***68***	***50% REDUCTION***
4	PINK			12.50	87.50	87	87	50% REDUCTION
5	ORANGE			14.20	85.80	88	88	50% REDUCTION
6	BLUE			16.40	83.60	29	29	50% REDUCTION
6	BLUE			16.40	83.60	57	57	25% REDUCTION
					Total	**501**	**501**	

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION	GPD FLOW	
**** System***	***240***	***MOD.***	***0.250***	***PPBPS***	**LOW PRESSURE**		
Repair	204	MOD.	0.250	50% PPBPS	LOW PRESSURE	306	
	57	MOD.	0.250	25% PPBPS	LOW PRESSURE	57	
						363	GPD

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

Comments: IREDELL Co. has pemission to relocate tanks, supply line or change distribution method as needed

APPROVED DEC 11 2018

LOW PRESSURE PPBPS TAPSHEET
NORTHLAKE LOT 31
SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	*RED*	*94.70*	*85*	0.156	**0.41**	170	20
2	*ORANGE*	*93.10*	*87*	0.156	**0.41**	174	20
3	*YELLOW*	*90.50*	*68*	0.156	**0.41**	136	16
							56
	total	**feet =**	**240**	**gal/min =**	**22.96**		
			Des. Flow	**360**			
			Pump Run=	**8.78**			
			soil LTAR	**0.25**			

.156 equals 5/32 inch hole

APPROVED DEC 11 2018

CALCULATIONS

Location 144 WYLIE TRAIL
Subdivision: NORTHLAKE
Lot No: 31

No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.25	$^{gpd/ft^2}$
PPBPS RED.? (YES OR NO)	YES	
Supply Line Length	19	ft.
Supply Line Volume	3.306	gal.
Required Feet of Line	240	ft.
Amount of Line from Layout	240	ft.
Gallons per Minute	22.96	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	
Number of Panels	56	
Dosing Volume	201.60	gal.

Note: Dosing Volume based on 100% of # of panels times 3.6gal/panel

Tank Draw Down	9.6	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	8.78	minutes
Elevation Head	4.7	ft.
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	0.24	ft.
Total Dynamic Head (+20%)	8.33	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

Sheet 1 OF 1
PROP. ID #: 4761591705
COUNTY: IREDELL

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

OWNER: LAKESIDE VISTA PARTNERS
ADDRESS: 12621 MCGINNIS LN. HUNTERSVILLE, NC 28078
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: NORTHLAKE LOT 31

APPLICATION DATE: 5/29/2018
DATE EVALUATED: 5/15/2018
PROPERTY SIZE: .54 AC
PROPERTY RECORDED: YES

WATER SUPPLY: PRIVATE X PUBLIC X WELL SPRING OTHER:
EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** X 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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	LS/10%	0-16	RC,M,ABK	FI,S,SP,SEXP	Y/BR 0-16	52	MANY SAP 20-52	52+	0.275
		16-20	QUARTZ	VEIN					
		20-52	RCL,W,SBK	FR,SS,SP,SEXP					
2	LS/5%	0-4	SCL,W,SBK	FR,SS,SP,SEXP	Y/BR 4-43	56	NA	56+	0.25
		4-30	RC,S,ABK	FI,S,SP,SEXP					
		30-43	RC,M,ABK	FI,S,SP,SEXP					
		43-56	RC,M,SBK	FI,S,SP,SEXP					
3	LS/7%	0-4	SCL,W,SBK	FR,SS,SP,SEXP	NA	60	COMMON TO MANY 18-60	60+	0.35
		4-18	RC,S,ABK	FI,S,SP,SEXP					
		18-60	RCL,W,SBK	FR,SS,SP,SEXP					
4	LS/6%	0-55	RC,S,ABK	FI,S,SP,SEXP	Y/BR THROUGH OUT	55	NA	55+	0.25

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	LP PPBPS	PRETREATED PPBPS
SITE LTAR	0.25	0.25
COMMENTS		

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

Tom Shuck (Holes 1+3) APPROVED DEC 11 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Cynthia Bladning **Address:** 3401 Saint Vardell Lane, Suite B, Charlotte, NC **Zip:** 28217

Applicant Email: submit@majpermits.com **Phone:** (704) 621-4664 **Alt. Phone:** (704) 884-1548

Owner Name: Adams Homes AEC, LLC **Address:** 3401 Saint Vardell Lane, Suite B, Charlotte, NC **Zip:** 28217

Owner Email: charlottewarranty@adamshomes.com **Phone:** (704) 558-4527 **Alt. Phone:**

Property Information:

Street Address: 144 Wylie Trail , Statesville, NC 28677

Subdivision Name: Northlakes **Section/Phase:** **Lot Number:** 31

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
( ) Crawl Space Foundation
(X) 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 (X) 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 6, 2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PLEASE NOTIFY CS&SC BEFORE GOING TO SITE

240031

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: CS&SC Address: PO BOX 1703 MOORESVILLE, NC Zip: 28115

Applicant Email: ADRIANPRUETT@YAHOO.COM Phone: 704-202-5791 Alt. Phone: _____

Owner Name: LAKESIDE VISTA PARTNERS Address: 12621 MCGINNIS LN. HUNTERSVILLE, NC Zip: 28078

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

Property Information:

Street Address: 144 WYLIE TR. STATESVILLE, NC 28677

Subdivision Name: NORTHLAKE Section/Phase: _____ Lot Number: 31

Driving Directions: HWY 70 E, TR BETHESDA, TL NORTHLAKE, TL MOUNTAIN ISLAND, TR WYLIE, 9TH ON RIGHT

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: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) 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 (X) 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: _____ 5-29-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

144 Wylie Trail , Statesville, NC 28677 Lot 31

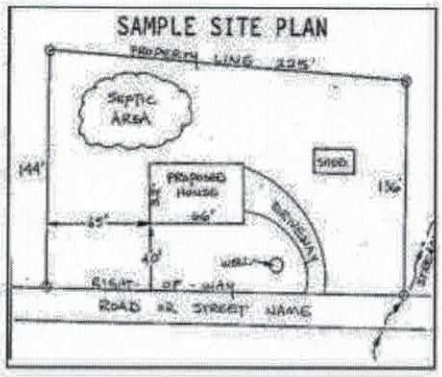
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

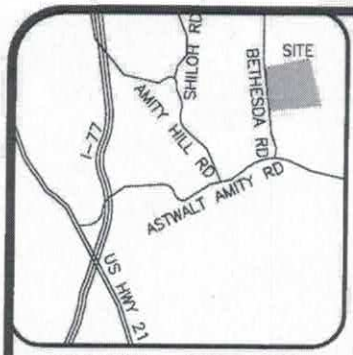
Please see Attached

Signature: Cynthia Blanding

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

June 6, 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.

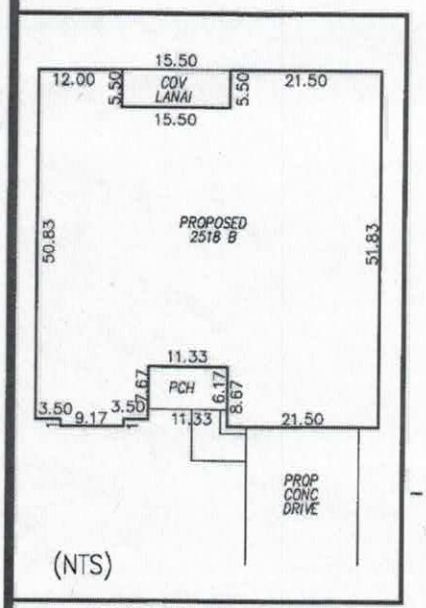
IMPERVIOUS AREA

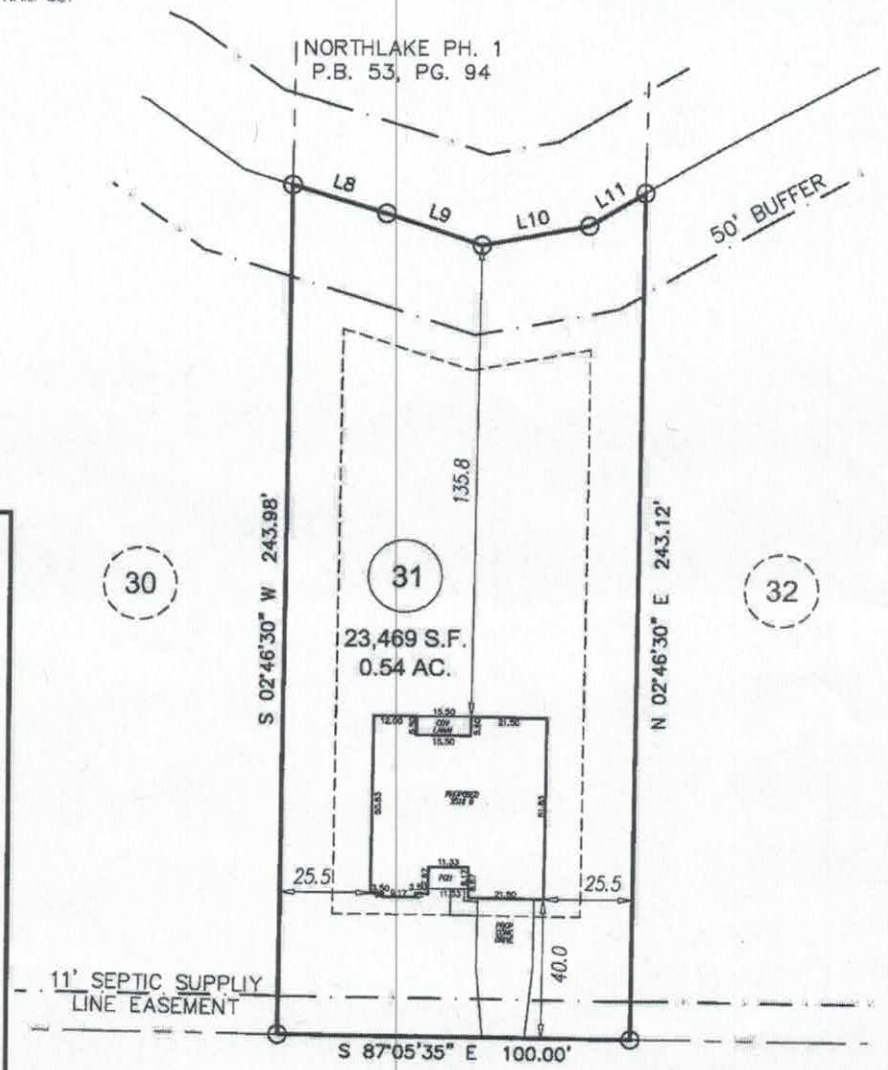
HOUSE	2,504 SQ.FT.
DRIVE	600 SQ.FT.
WALK	45 SQ.FT.
TOTAL	3,149 SQ.FT.

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.

WYLIE TRAIL
50' PUBLIC R/W

LINE	BEARING	DISTANCE
L8	N 70°47'52" W	27.57'
L9	N 69°25'21" W	28.43'
L10	S 81°37'24" W	31.01'
L11	S 62°25'34" W	18.51'

PRELIMINARY PLOT PLAN

PROJECT:	18-005 NORTHLAKES
DRAWN BY:	CKR
SCALE:	1"=50'
DATE:	06-04-19

FOR
ADAMS HOMES CHARLOTTE
144 WYLIE TRAIL, STATESVILLE
LOT 31 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 ECLS@GLOBALINC.COM
910.897.2329 (FAX) CO#C-4175

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, Lakeside Vista Partners LLC (Shania Alexander), am the legal owner(s) of the property located at 1144 KYLIE TRAIL STATESVILLE, NC, identified as PIN (Parcel Identification Number) 4761-59-1705, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Adrian Pruett, CS&SC, 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.

Shania Alexander 8/4/16 — Signature of Owner(s) — Date

Dan Cobb 8-4-16 — 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

Northlake Lot: **31**

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, Arama Homes ATC, LLC, am the legal owner(s) of the property located at 144 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.

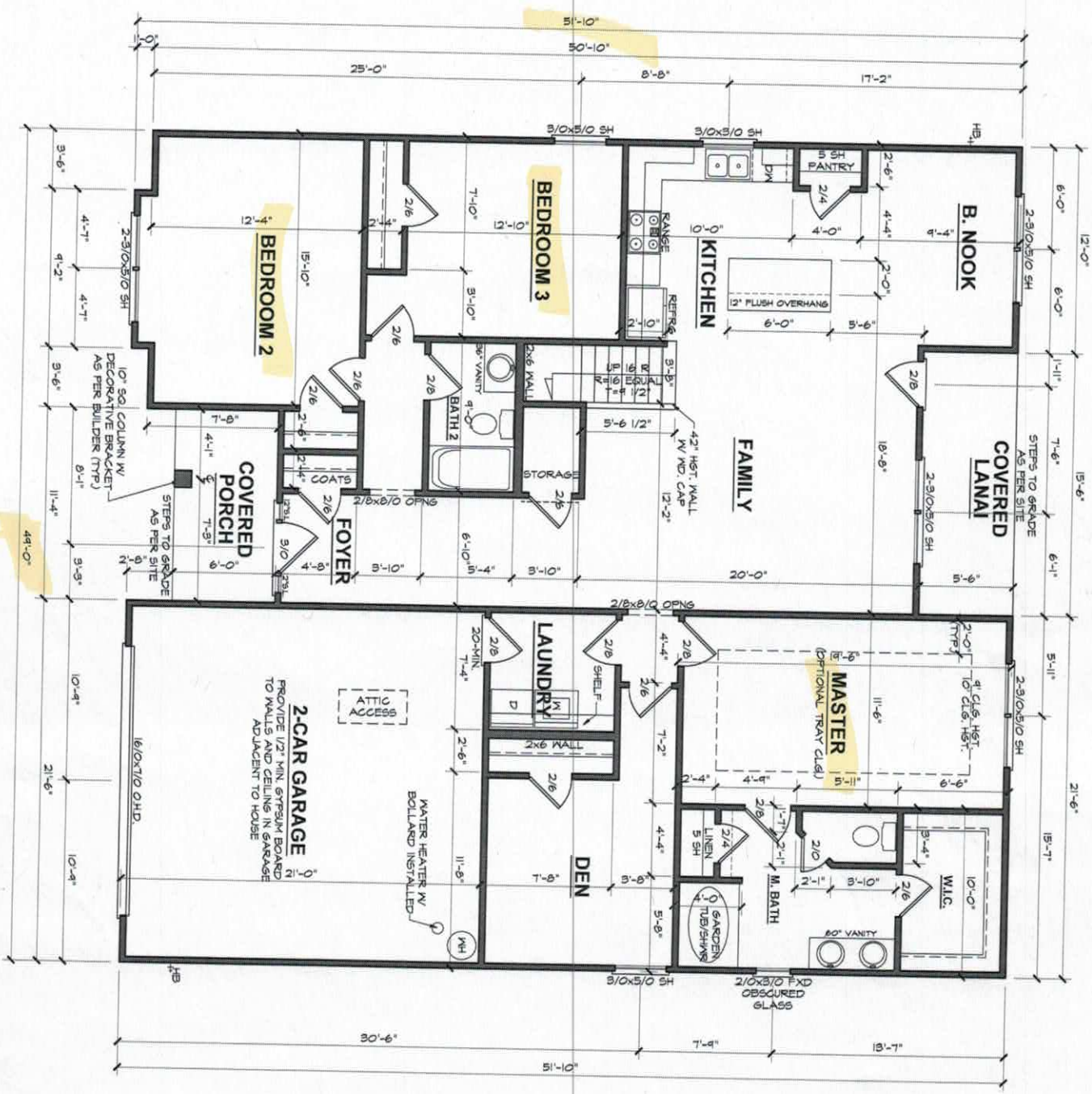
(X) MANAGER 7/9/2016 — Signature of Owner(s) — Date

(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



FIRST FLOOR PLAN

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

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

SHEET 3

DATE DRAWN 6-11-2014
REVISIONS
34157

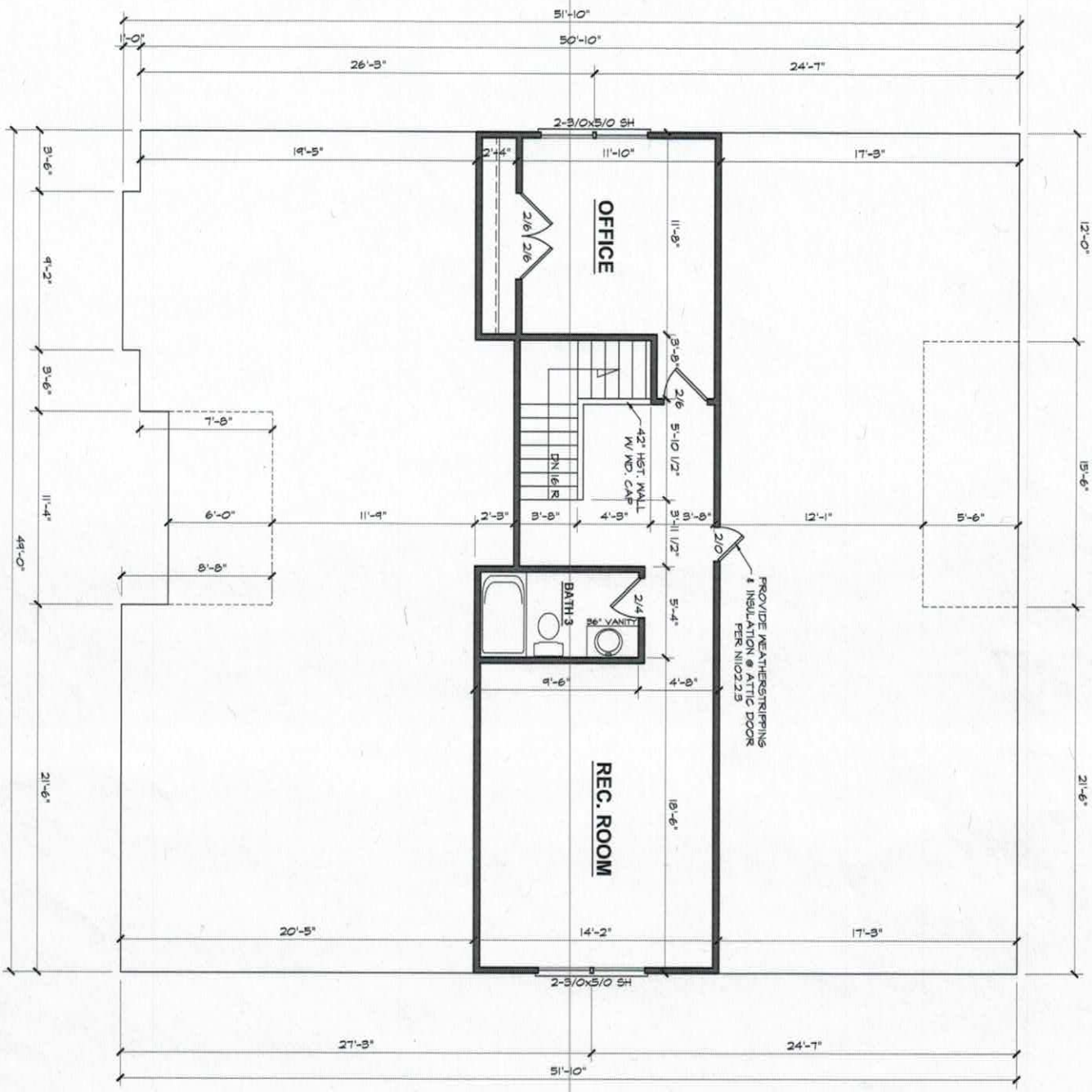
2518 "B" FE (R) NR031

Acknowledgement of Plans Submittal ONLY!

Carla C. Cave Date 6-19-14

Date 6-24-14

ADAMS HOMES AEC, LLC



SECOND FLOOR PLAN

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

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

Acknowledgement of Plans Submittal ONLY!

Carla C Cox Date 6-19-19

Date 6-24-19

2518 "B" FE (R) NR031

ADAMS HOMES AEC, LLC

DATE DRAWN	6-11-2019
REVISIONS	9457
SHEET	4

IREDELL COUNTY

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

APPLICATION NUMBER
240031
Issue Date: 11/05/2018

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4761591705.000	144 WYLIE TRAIL	

Owner Information	Applicant Information	Contractor Information
Owner: ABMS DEVELOPMENT LLC	Applicant: CAROLINA SOIL SEPTIC C	Contractor: CAROLINA SOIL SEPTIC C
Address: 1230	Address: 162 WEST B ST	Address: 162 WEST B ST
IREDELL CO, NC 28625	KANNAPOLIS, NC 28081	KANNAPOLIS, NC 28081
Phone:	Phone: 704-202-5791	Phone: 704-202-5791
		License Type: UNLI License Number:

Project Description
NEW SINGLE FAMILY - IREDELL

Scope of Work
SFD

Permit Details:		
EFT	IMPROVEMENT PERMIT FEE	Amount: 350.00
		Amount:
		Amount:
		Amount:
		Amount:
		Amount:
		Amount:

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

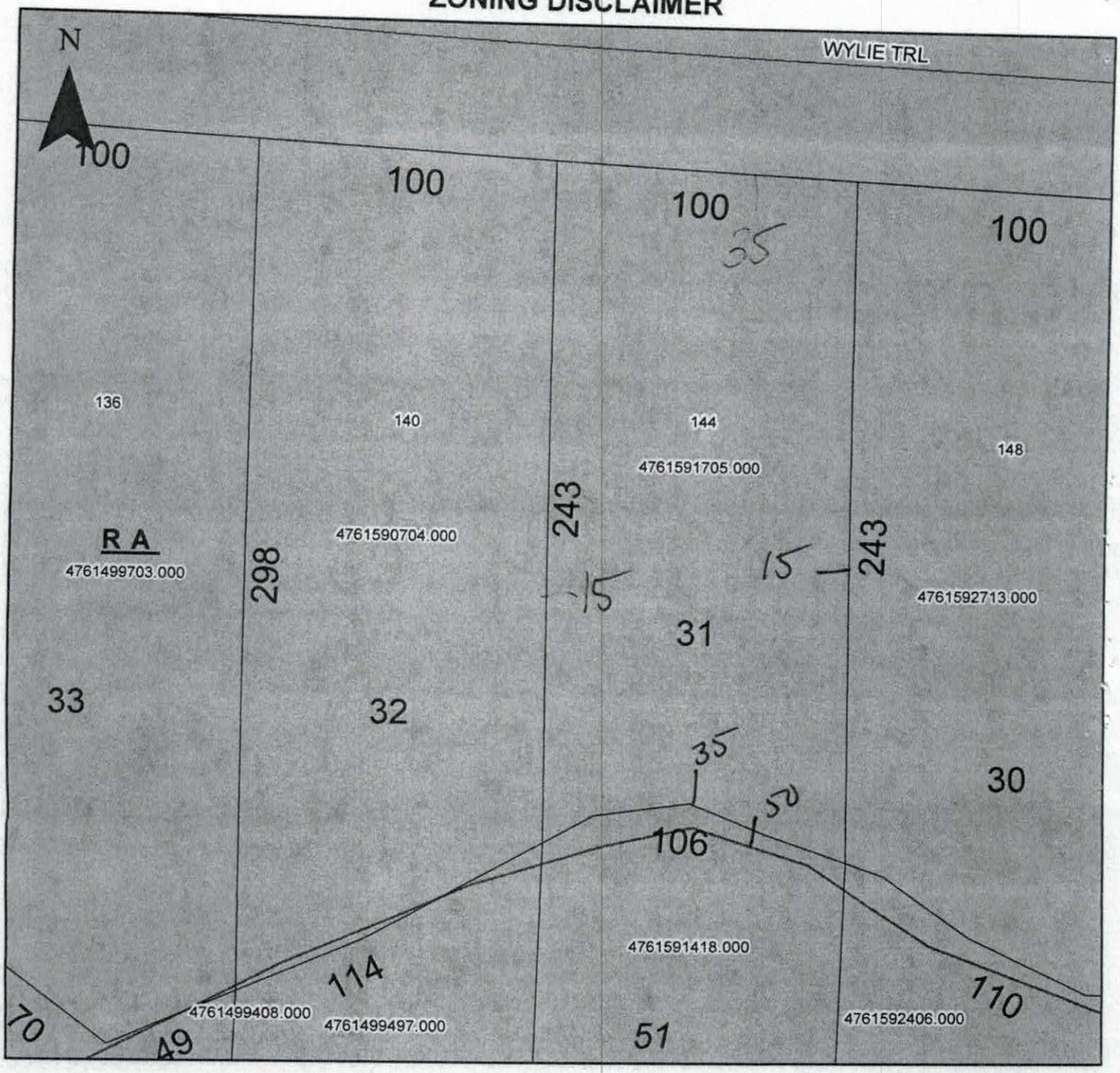
Date: 11/05/2018

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	157828	TOTAL FEES:	$ 350.00

ZONING DISCLAIMER



Property Address 144 Wylie Trl

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