IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 245602

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

PIN # 4761593712

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

SITE ADDRESS: 152 WYLIE TRAIL, STATESVILLE, NC. 28677 PHONE: 704-621-4664 ALT. PHONE 704-384-1548

SITE DIRECTIONS: (E) ON 70, (R) ON BETHESDA, (L) ON NORTH LAKE (L) ON MOUNTAIN ISLAND (R) ON WYLIE, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

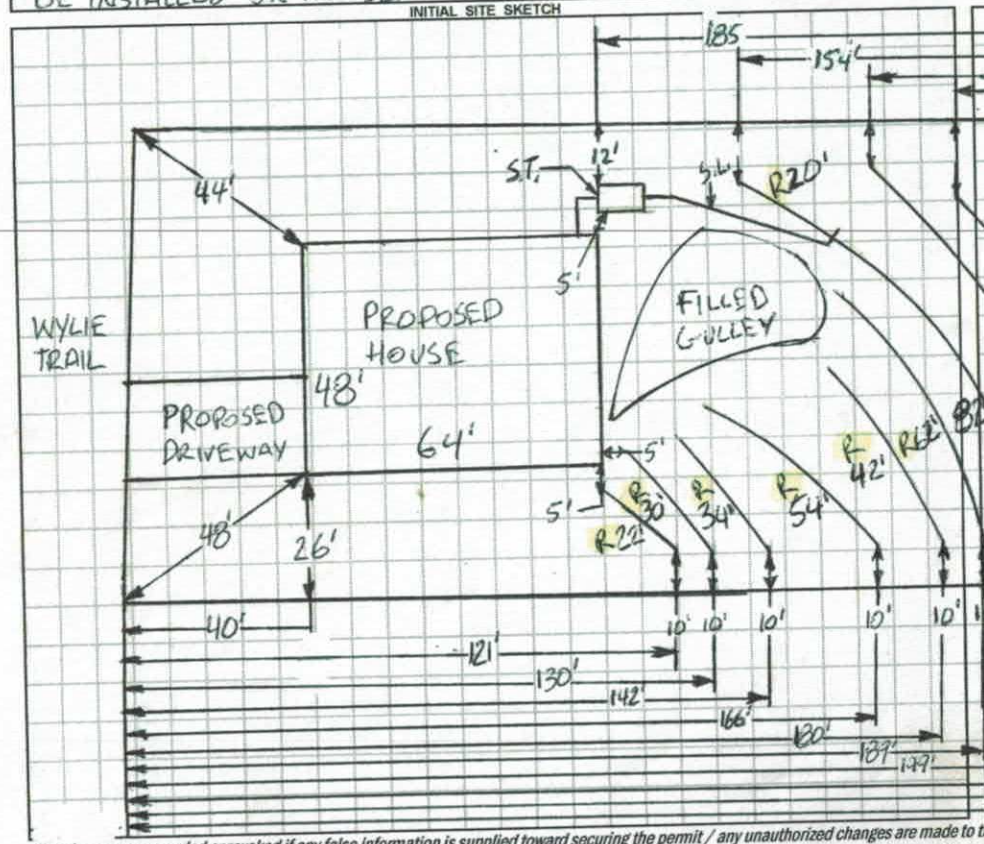
SUBDIVISION: ✓ NORTH LAKE SECTION: P2 LOT # 29 LOT AREA: 0.67AC DESIGN FLOW: 360GPD L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB 760	Date	2-20-2020	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	–	(gal)	PT –	Date	–	System Description:	25% REDUCTION	☐ Business	No. Persons 6
Pump Make	–	Model	–	Serial #	–	Repair System Description:	50% REDUCTION-LPP	☐ Other	No. Employees –
# Nitrification Fields	1	# Lines	4	Linear Ft	328FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	31 IN	Gravel Depth	–		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

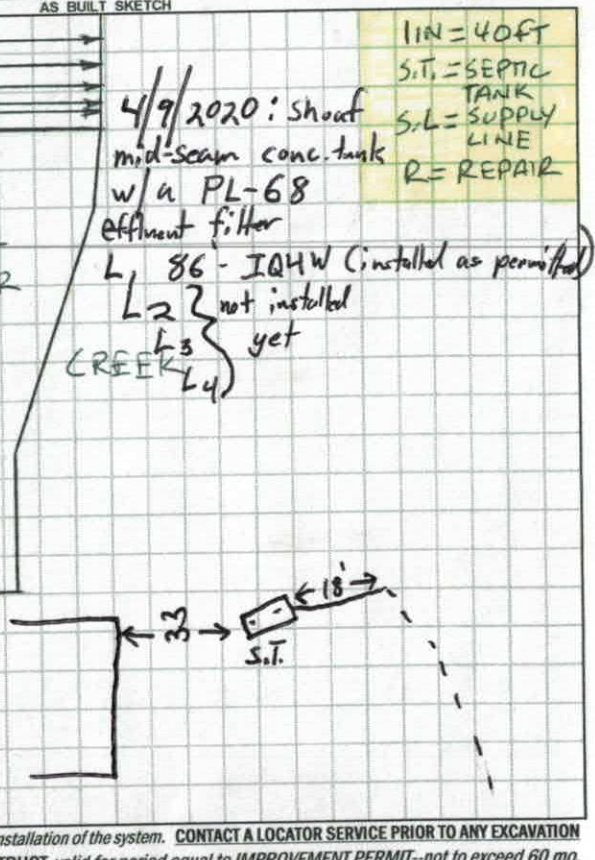
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, NO FOUNDATION DRAINAGE TO BE INSTALLED ON HOUSE.

INITIAL SITE SKETCH



AS BUILT SKETCH



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 Blavdy Date: 11/15/19 Installed by: Precision Excavating

IMPROVEMENT PERMIT by: Barbara C. White Date: 11-12-19 OPERATION PERMIT by: James Boggs (as) Date: 3-4-2020

AUTHORIZATION TO CONSTRUCT by: Barbara C. White Date: 11-12-19 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.

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

Sheet 1 of 1
PROPERTY ID #: 4761595715
COUNTY: IREDELL

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

OWNER: ADAMS HOMES AE8, LLC
APPLICATION DATE 6-8-2019
ADDRESS: 3401 SAINT VARDELL LANE, SUITE B, CHARLOTTE, N.C. 28217
DATE EVALUATED: 9-3-2019
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.67 AC
LOCATION OF SITE: 152 WYLIE TRAIL, STATESVILLE, N.C. 28677
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	SHOULDER LINEAR SIDE 5% OLD PIT CLEANED OUT	0-8	SL, SBK	FR/SS,SP/SE/P	SAP V/B 0-10 INC	60"+	NA	NA	PS .275
		8-28	C, ABK	FI/S, P/SE/P					
		28-50	CL, WABK	FI/SS.SP, SE/P	INCL MICA COMMON		CULLEY IN BETWEEN PITS		
2	SHOULDER LINEAR SIDE 5%	0-10	SL, SBK	FR/SS/SP/SE/P	SAP INC IN CL 0-16 Y/B MOT	50"+	NA	NA	PS .275
		10-40	C, ABK	FI/S, P/SE/P					
		40-50	CL, WABK	FI/SS/SP/SE/P					
3	LINEAR SIDE 8%	0-6	SL, SBK	FR/SS/SP/SE/P	SAP INC THRU OUT	55"+	NA	NA	PS .3
		6-25	C, ABK	FI/S/P/SE/P					
		25-55	CL, WABK	FR/SS/P, SE/P					
4	LINEAR SIDE 12%	0-30	C, ABK	FR/S/P/SE/P	SAP INC IN CL	52"+	NA	NA	PS .275
		30-52	CL WABK	FR/SS/P, SE/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.275	0.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burnett C. White
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

MINERALOGY/ CONSISTENCE

SEXP (Slightly Expansive)
EXP (Expansive)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

WET

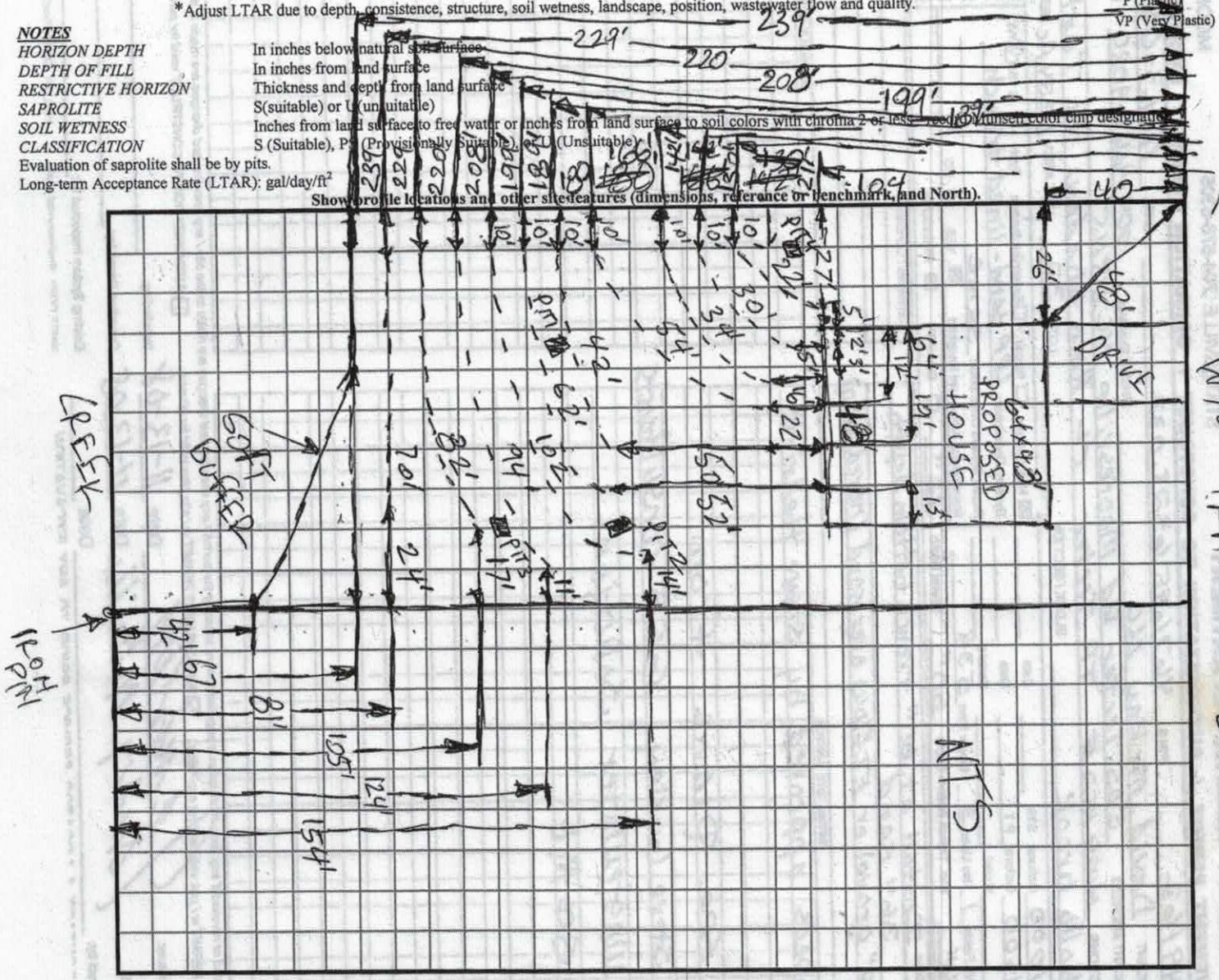
NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

NOTES

HORIZON DEPTH — In inches below natural soil surface
DEPTH OF FILL — In inches from land surface
RESTRICTIVE HORIZON — Thickness and depth from land surface
SAPROLITE — S(suitable) or U(unsuitable)
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less (Munsell color chip designation)
CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.
Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED OCT 2 1 2019

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: 152 Wylie Trail , Statesville, NC 28677
Subdivision Name: Northlakes Section/Phase: _____ Lot Number: 29
Driving Directions: I-77 North, exit 42, right onto NC-115 / US-21 toward Troutman , Turn left onto US-21 N / NC-115 N, Turn right onto Ostwalt Amity Rd, Turn left onto Bethesda Rd, Turn right onto Northlake Dr

Site Development Information: *(check or complete ALL that apply*

(X) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: _____
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(✓) 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 October 21, 2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

152 Wylie Trail , Statesville, NC 28677 Lot 29

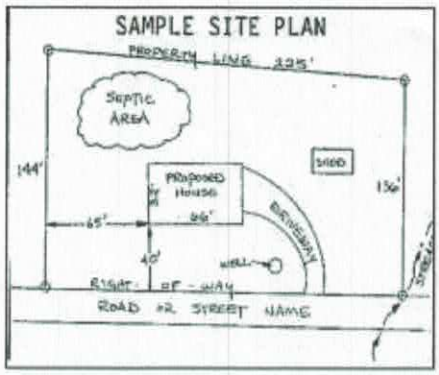
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

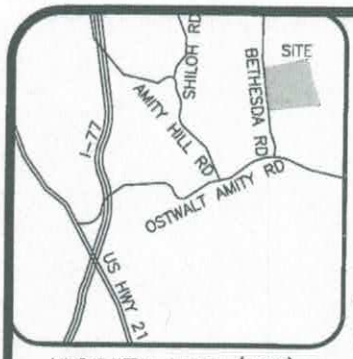
please see attached``

Signature: Cynthia Blanding

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

October 21, 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.

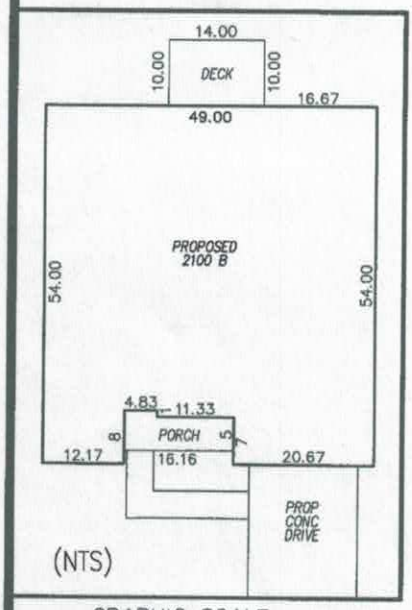
IMPERVIOUS AREA

HOUSE	2,614 SQ.FT.
DRIVE	600 SQ.FT.
WALK	96 SQ.FT.
DECK	140 SQ.FT.
TOTAL	3,450 SQ.FT.

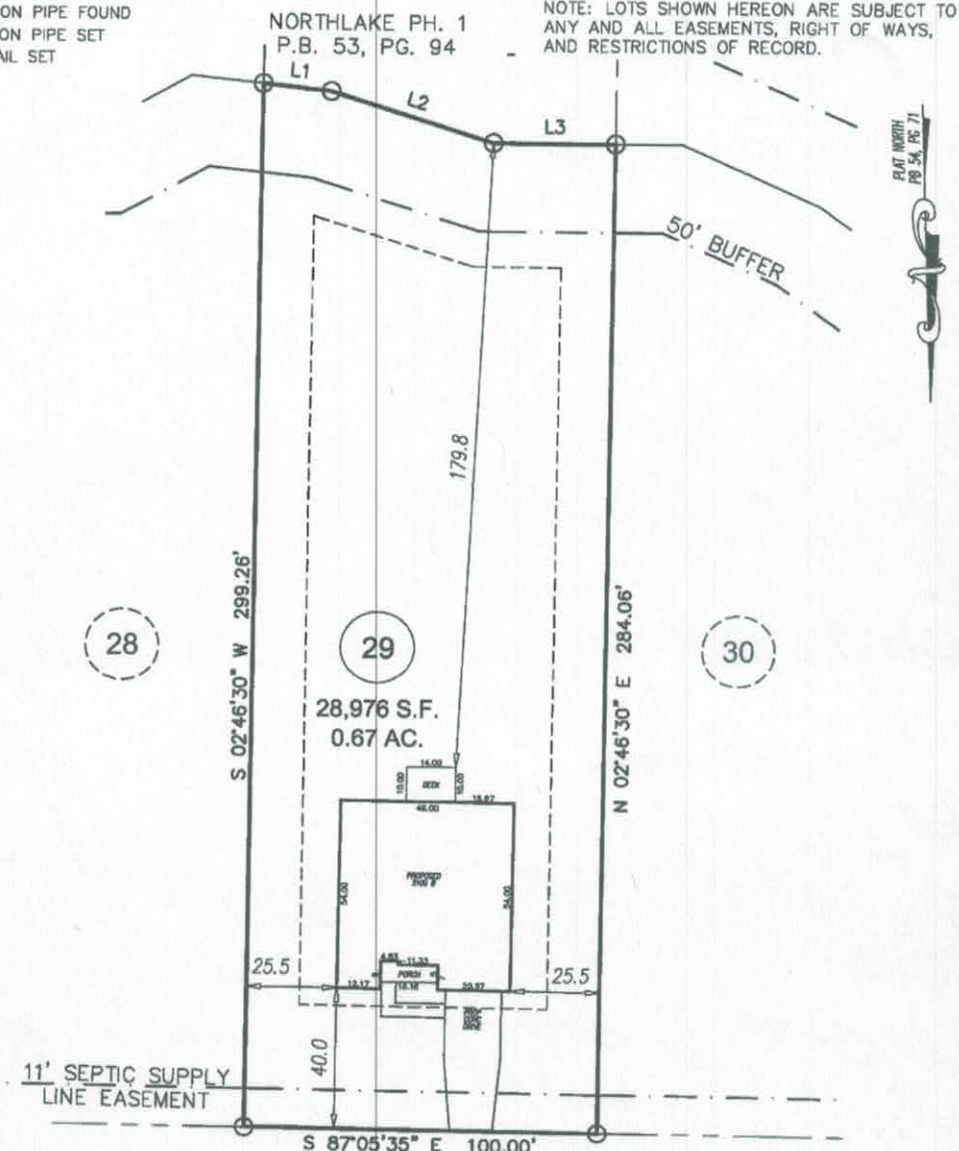
SETBACKS

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.



LINE	BEARING	DISTANCE
L1	N 81°46'20" W	19.33'
L2	N 70°27'49" W	48.05'
L3	N 87°39'17" W	34.75'

PRELIMINARY PLOT PLAN

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

FOR
ADAMS HOMES CHARLOTTE
152 WYLIE TRAIL, STATESVILLE
LOT 29 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: **29**

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 ATL, LLC, am the legal owner(s) of the property located at 152 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

Acknowledgement Of
Plans Submittal ONLY!
Date 11-15-19

Buyer's Initials Date 11-8-2019

FLOOR PLAN

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

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

2100 "B" FE (R) NR029

DATE DRAWN 6-11-2019
REVISIONS 9455

SHEET 3

ADAMS HOMES AEC, LLC