ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243316

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

PIN # 4761594712

APPLICANT/OWNER: Adams Homes AEC LLC APPLICANT ADDRESS: 3401 St Vardell Ln. STE B

SITE ADDRESS: 156 Wylie Trail Statesville, NC 28677 PHONE: 704-558-4527 ALT. PHONE 704-361-5437

SITE DIRECTIONS: Ostwalt Amity (E) → L on Bethesda → R on Northlake → L on Mountain Island → R on Wylie → lot on R SAP CONTROLLED: ☑ YES ☐ NO

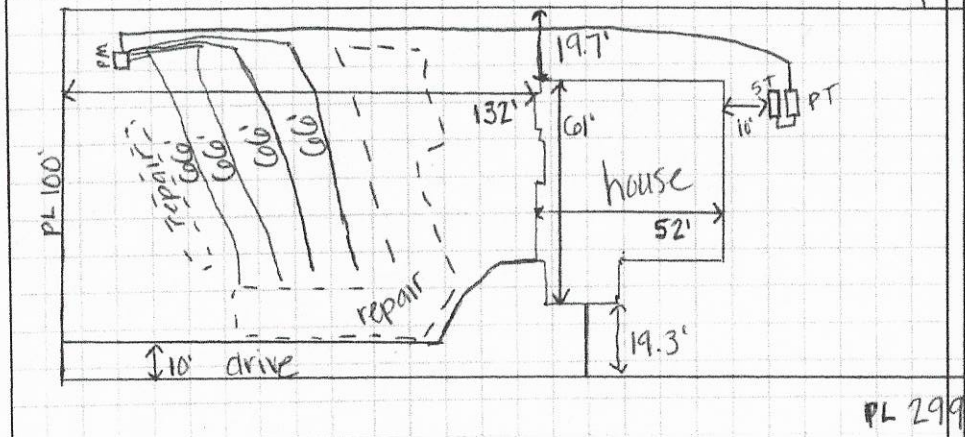
SUBDIVISION: Northlake SECTION: 2 LOT # 28 LOT AREA: .67ac DESIGN FLOW: 360gpd L.T.A.R.: .35

Septic Tank 1000 (gal)	STB Inf.Trnfter	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 Inf.Trnfter	Date IM 1060 (PT)	System Description: PM 25% reduction	☐ Business	No. Persons 6	☐ Private
Pump Make ZOELLER	Model N 152	Serial # —	Repair System Description: LP PPBPS	☐ Other	No. Employees	☑ Public
# Nitrification Fields 1	# Lines 4@66'	Linear Ft 264'	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☑ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 32"/36" high side	Gravel Depth —	☐ GRAVITY ☑ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Tap size: 1½ SCH 80 pressure head: 2'
dosing volume: 120.12 gal supply line: 2"
draw down: 5.72

* Drive cannot exceed 10' from property line. Drive can widen after 110' from front property line *

INITIAL SITE SKETCH

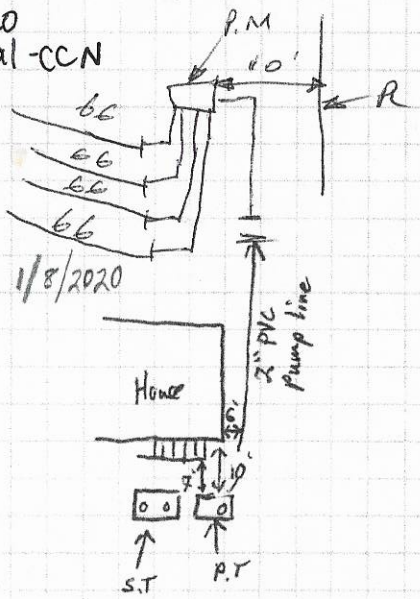


Scale 1"=50'

AS BUILT SKETCH

PRESSURE HEAD & ELECTRICAL CHECK STILL NEEDED
EVERYTHING ELSE INSTALLED AS PERMITTED
L9-2020 BLW

- pressure set 1-10-20
- still needs electrical -CCN



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: Date: 6/4/19 Installed by: PRECISION EXCAVATION

IMPROVEMENT PERMIT by: Date: 5-31-19 OPERATION PERMIT by: Date: 2-3-2020

AUTHORIZATION TO CONSTRUCT by: Date: 5-31-19 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	1-9-20	BCW
Tanks Checked	1-8-20	TS
Pressure Manifold or Valve Box Checked	1-9-20	BCW
Pressure Head Set	1-10-20	CCN
Electrical Checked		
Floats Set	1-9-20	BCW
Alarm Checked	1-9-20	BCW
Maintenance Contract Y / N	1-9-20	BCW

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 #28 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	6-7
Calculations	8
Profile Descriptions	9

July 18, 2008
Project #: 01-1391
Design By: Rollans Soil & Environmental Services

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DENR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate 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 is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Design precludes foundation drains.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a PPBPS installation.
- Repair is specified as a PPBPS installation.
- Backfill 4 - 6" of material (County Approved) over panels, rake trench walls, lime side-walls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.
- Backfill against house to achieve positive drainage.
- All gullies near system and repair areas must be filled with provisionally suitable material.

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 #28
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	22.55

Design Specifications

Drainfield Size:	235
Loading Rate (gpd/ft.^{2}):	0.35
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:	209
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	36.37
Dosing Volume:	132.66
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:	2.65
Elevation Head:	23.30
Total Dynamic Head:	32.15
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	YES
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services

Northlake LOT #28

LP PPBPS

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.35
TOTAL AREA TRENCH BOTTOM:	705
TOTAL LATERAL LENGTH:	235
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	228.5714286
SUPPLY LINE LENGTH:	209
TOTAL DYNAMIC HEAD:	32.15
MANIFOLD SIZE:	N/A
DOSING VOLUME:	132.66
PUMP TANK DRAW DOWN*:	6.3
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.*

Northlake LOT #28

Project #: 01-1391

LAYOUT FOR 4 BEDROOM HOME

July 18, 2008

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		4.5			100.00		
INSTR. 1			104.50				
HOUSE CNR				11.10	93.40		
P. TANK				21.60	82.90		
1	PINK			2.40	102.10	41	41
2	***ORANGE***			***3.30***	***101.20***	***67***	***65***
3	***DARK PINK***			***4.60***	***99.90***	***87***	***85***
4	***BLUE***			***5.90***	***98.60***	***85***	***85***
5	PINK			7.30	97.20	85	85
6	ORANGE			8.30	96.20	83	83
7	DARK PINK			9.50	95.00	86	86
8	BLUE			10.50	94.00	26	26
					Total	560	556

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***235***	***0.35***	***MOD.***	***0.35***	***PPBPS***	***LOW PRESSURE***
Repair	321	0.35	MOD.	0.35	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

LP PPBPS TAPSHEET -NORTHLAKE LOT#28

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
2	*ORANGE*	*101.20*	*65*	0.156	**0.41**	195	15
3	*DARK PINK*	*99.90*	*85*	0.156	**0.41**	255	20
4	*BLUE*	*98.60*	*85*	0.156	**0.41**	255	20
							55
	total	**feet =**	**235**	**gal/min =**	**22.55**		
			Des. Flow	**480**			
			Pump Run=	**5.88**			
			soil LTAR	**0.35**			
			LTAR +5%	**0.3675**			
			LTAR with mod.	**0.7**			
			LTAR with mod.. + 5%	**0.735**			

.156 equals 5/32 inch hole

CALCULATIONS

Location	Northlake	
Project Number	01-1391	
Lot No:	Lot 28	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.350	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	209	ft.
Supply Line Volume	36.366	gal.
Required Feet of Line	228.5714	ft.
Amount of Line from Layout	235	ft.
Gallons per Minute	22.55	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	55	
Dosing Volume	132.66	gal.

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

Tank Draw Down	6.3	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.88	minutes
Elevation Head	23.30	ft.
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	2.65	ft.
Total Dynamic Head (+15%)	32.15	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

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4761594712
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: ABMS Development, Inc — APPLICATION DATE: 8/08
ADDRESS: 111-B Raceway Drive Mooresville, NC 28117 — DATE EVALUATED: 6/08
PROPOSED FACILITY: 4BRM — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: 0.67 ac
LOCATION OF SITE: Northlake Subdivison Lot 28 — PROPERTY RECORDED: yes
WATER SUPPLY: ☒ Private ☒ Public ☐ Well ☐ Spring ☐ Other Community water
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	
P	SS	0-40	RYCLWFSBK	SS,SP,Fo,Sexp	Many Sap Com RC/ CL ind.	40"	PS	—	PS
28	0-5%	40-60	Var. L Sap Matr	SS,SP,Fo,Sexp					.35
A									
P	SS	0-9	RCMMSBK	SS,SP,Fo,Sexp	— Many Sap, Com RCL ind.	32"	PS	—	PS
28	0-5%	9-32	RCLWFSBK	SS,SP,Fo,Sexp					.35
B		32-60	RYL Sap Matr	SS,SP,Fo,Sexp					
P	SS	0-20	RCMMSBK	SS,SP,Fo,Sexp	— Many Sap, Com RCL ind.	32"	PS	—	PS
28	5-10%	20-32	RYCLWFSBK	SS,SP,Fo,Sexp					.35
C		32-60	RYL Sap Matr	SS,SP,Fo,Sexp					
P	SS	0-12	RCMMSBK	SS,SP,Fo,Sexp	— Com/Many Sap Com RCL ind. Few RC veins	30"	PS	—	PS
28	0-5%	12-30	RYCLWMSBK	SS,SP,Fo,Sexp					.35
D		30-60	YRL Sap Matr	SS,SP,Fo,Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	LP PPBPS	LP PPBPS
Site LTAR	.35	.35

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: ALP
OTHER(S) PRESENT: None

COMMENTS:

RECEIVED APR 2 6 2019

Comprehensive Relayout
#243316 Paid $500.00

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: (X) 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: Adams Homes AEC LLC Address: 3401 St. Vardell Ln #B Zip: 28217
Applicant Email: cherrick@warranty@adamshomes.com Phone: 704 558 4527 Alt. Phone: 704 558 4527
Owner Name: Adams Homes AEC LLC Address: 3401 St. Vardell Ln #B Zip: 28217
Owner Email: Bcashion@adamshomes.com Phone: 704 558 4527 Alt. Phone: 704 558 4527

Property Information:

Street Address: 150 Wylie Trail
Subdivision Name: Northlake Section/Phase: 1 Lot Number: 28
Driving Directions: Oswalt Amity East, North on Bethesda, Entrance 1.5 miles 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: ~~X~~ 3 QRD
Maximum Number of Occupants: 8
( ) 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 (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative (X) 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: _____ 3/24/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 51793 PIN# 4761594772 DATE 8-26-08

OWNER OR APPLICANT ABMS Development LLC PHONE: Business _____ Home _____

ADDRESS 111-B Rayleway Dr Mooresville 28117

LOCATION Oswalt Amb Rd to Bethesda Rd to Northlake Rd to Mountain Island Rd to right

SUBDIVISION Northlake BLOCK / SECTION 3 LOT 28 LOT AREA .67 SITE CLASS. RS DESIGN FLOW 460 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet 1370 Linear Feet 235

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 50% Low Pipe

Repair System Description: 50% Low Pipe

Maintenance Agreement Required: ☑ Yes ☐ No

☐ Gravity ☑ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

36" trench width per soil scientist

Comments:/Conditions:

Install on Contour
Maintain all setbacks

INITIAL SITE SKETCH

See Attached
Designed by: Rollins Soil & Environmental SVC

AS BUILT SKETCH

REVISED

- 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 Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐

Signed: _____ date 8-27-08

Improvement Permit by: _____ date 8-26-08

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

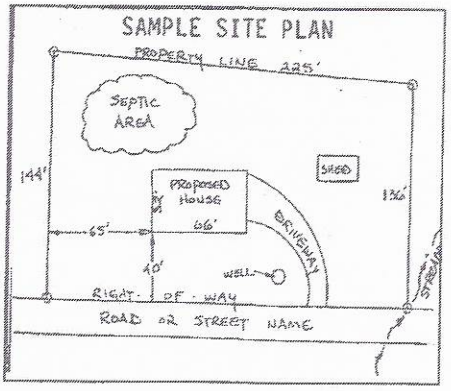
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

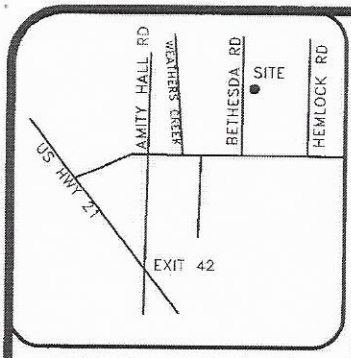
Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

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

Signature: _____ 3/24/19

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

SETBACKS

FRONT	35'
SIDE	15'
REAR	35'
SIDE STREET	25'

IMPERVIOUS AREA

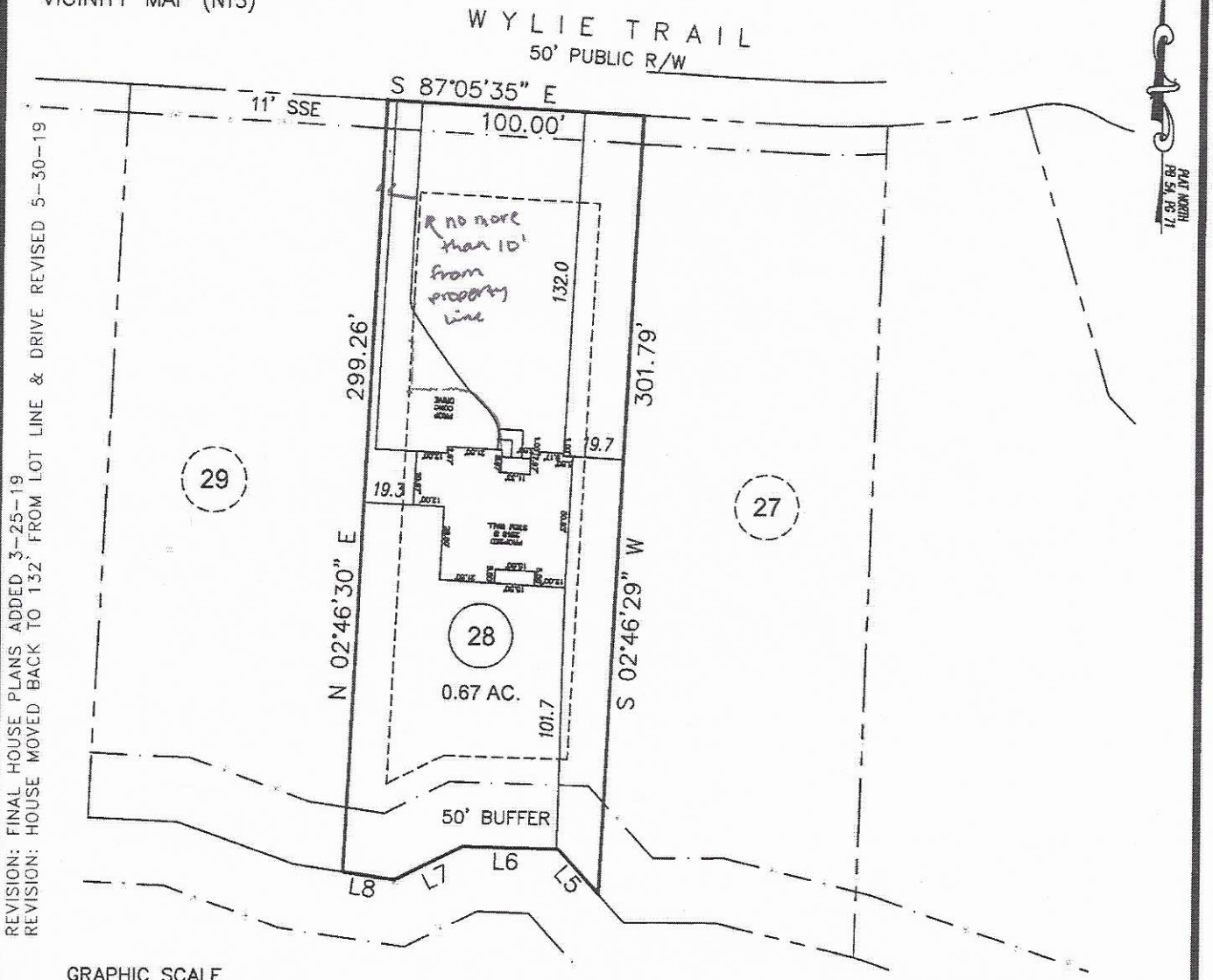
HOUSE	2,750 SQ.FT.
DRIVE	2,534 SQ.FT.
WALK	89 SQ.FT.
TOTAL	5,373 SQ.FT.

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 SUBJUCT TO ANY AND ALL EASEMENTS, RIGHT OF WAYS, AND RESTRICTIONS OF RECORD.



GRAPHIC SCALE

60 0 30

1 inch = 60 ft.

LINE TABLE

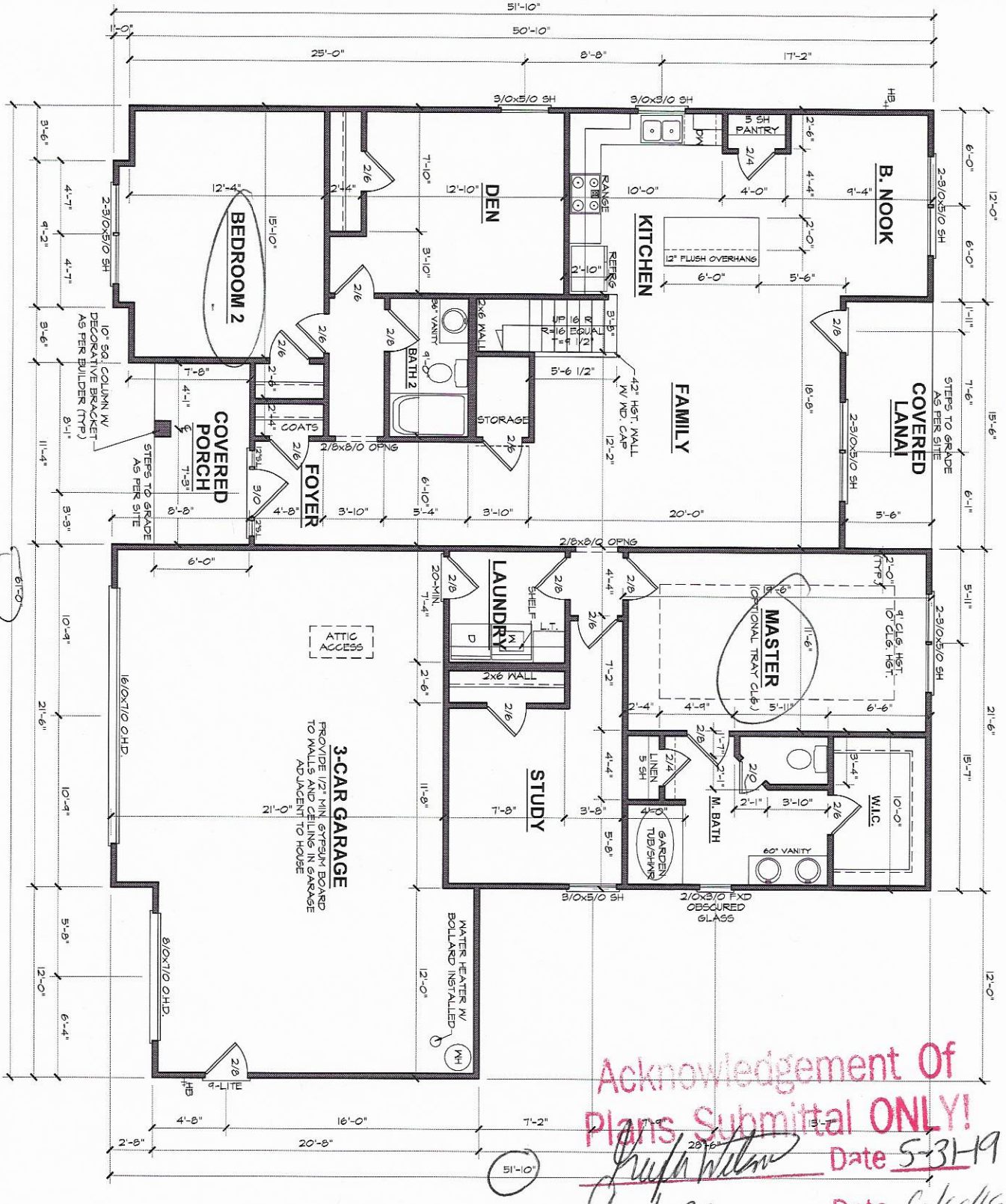
LINE	LENGTH	BEARING
L5	23.13	N42°21'45"W
L6	37.14	N88°40'47"W
L7	30.00	N63°46'26"E
L8	20.33	N81°46'20"W

PRELIMINARY PLOT PLAN

PROJECT:	18-005 NORTHLAKES
DRAWN BY:	APS
SCALE:	1"=60'
DATE:	3-20-19

FOR
ADAMS HOMES CHARLOTTE
156 WYLIE TRAIL, STATESVILLE
LOT 28 NORTHLAKES SUBDIVISION
CHAMBERSBURG TWP., IREDELL CO., NC
P.B. 54, PG. 71

ECLS GLOBAL
U.S. VETERAN-OWNED
19 N McKINLEY ST
COATS, NC 27521
910.897.3257 ECLSGLOBAL.COM
910.897.2329 (FAX) CO#C-4175



Acknowledgement Of Plans Submittal ONLY!

Date 5-31-19

Date 6/6/19

FIRST FLOOR PLAN

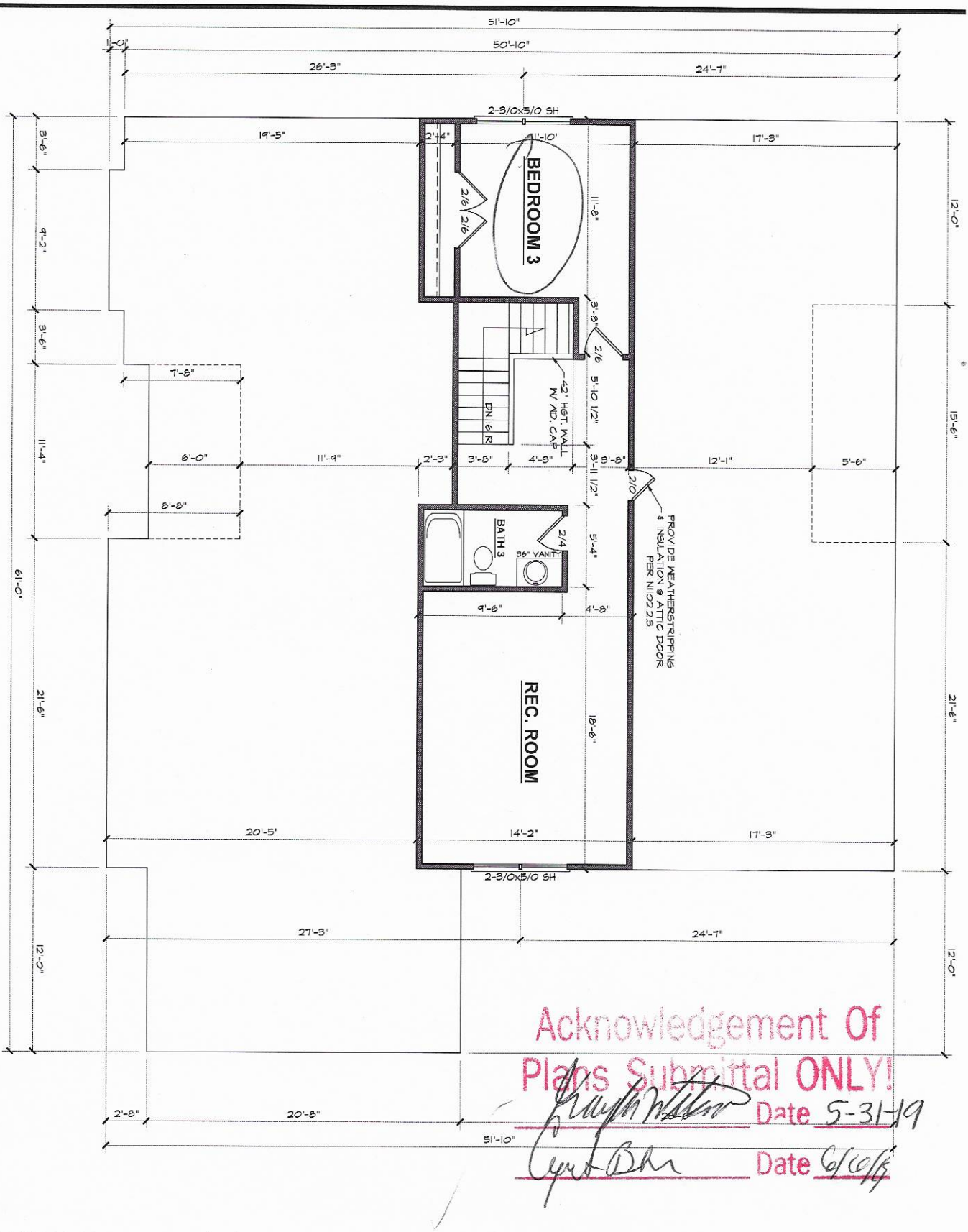
9'-0" (NOM.) CLG. HGT. U.N.O.
SET WINDOWS @ 7'-0" U.N.O.

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

2518 "B" FE (R) 3-CAR NR028

ADAMS HOMES AEC, LLC

DATE DRAWN	3-26-2019
PROJECT	3878
REVISIONS	
SHEET	3



Acknowledgement Of Plans Submittal ONLY!

Date 5-31-19

Date 6/10/19

SECOND FLOOR PLAN

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

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

SHEET 4

DATE DRAWN 3-22-2019

PROJECT 3579

REVISIONS

2518 "B" FE (R) 3-CAR NR028

ADAMS HOMES AEC, LLC

IREDELL COUNTY

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

APPLICATION NUMBER
243316
Issue Date: 03/29/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4761594712.000	156 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 151793	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.670	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	172429	TOTAL FEES:	$ 77.25