IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223215

PIN # 4762-40-1058

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

APPLICANT: CS&SC APPLICANT ADDRESS: Po Box 1703 Mooresville

SITE ADDRESS: 158 Mountain Island Dr. Statesville PHONE: 704-202-5791 ALT. PHONE:

SITE DIRECTIONS: Bethesda, TR North Lake, TL Mountain Island, C End on R

SUBDIVISION: North Lake SECTION: P2 LOT # 9 LOT AREA: .78 AC DESIGN FLOW: 480 L.T.A.R.: .325

Septic Tank 1000 (gal) STB 360 Date 4-15-19
Pump Tank 1000 (gal) PT 363 Date 3-4-19
Pump Make Goulds Model WE1311M Serial #
Nitrification Fields 1 # Lines 6 Linear Ft: 372'
Trench Width 36" Max. Trench Bottom Depth 32" Lowside Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PM-25% Reduction
Repair System Description: Panel Block
Maintenance Agreement Required: ☐ YES ☑ NO
☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☑ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☑ Community

Comments / Conditions: Do not issue AC until lots are recorded
10/4/2017 Applicant changed to slab See new Application package from 10/4/2017.

6/5/19 Checked tanks - 10ft to house
No SAP

INITIAL SITE SKETCH

See Plan From CS & SC

AS BUILT SKETCH

6/6/19 Checked upper 2 drainlines
Sbftea used Quick 4
Checked supply line from PT to Pres Man

	Date	Initials
Drain Lines Checked	6-11	KW
Tanks Checked		MD
Pressure Manifold or Valve Box Checked	6-11	KW
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y/(N)	not required	
Comments:		

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

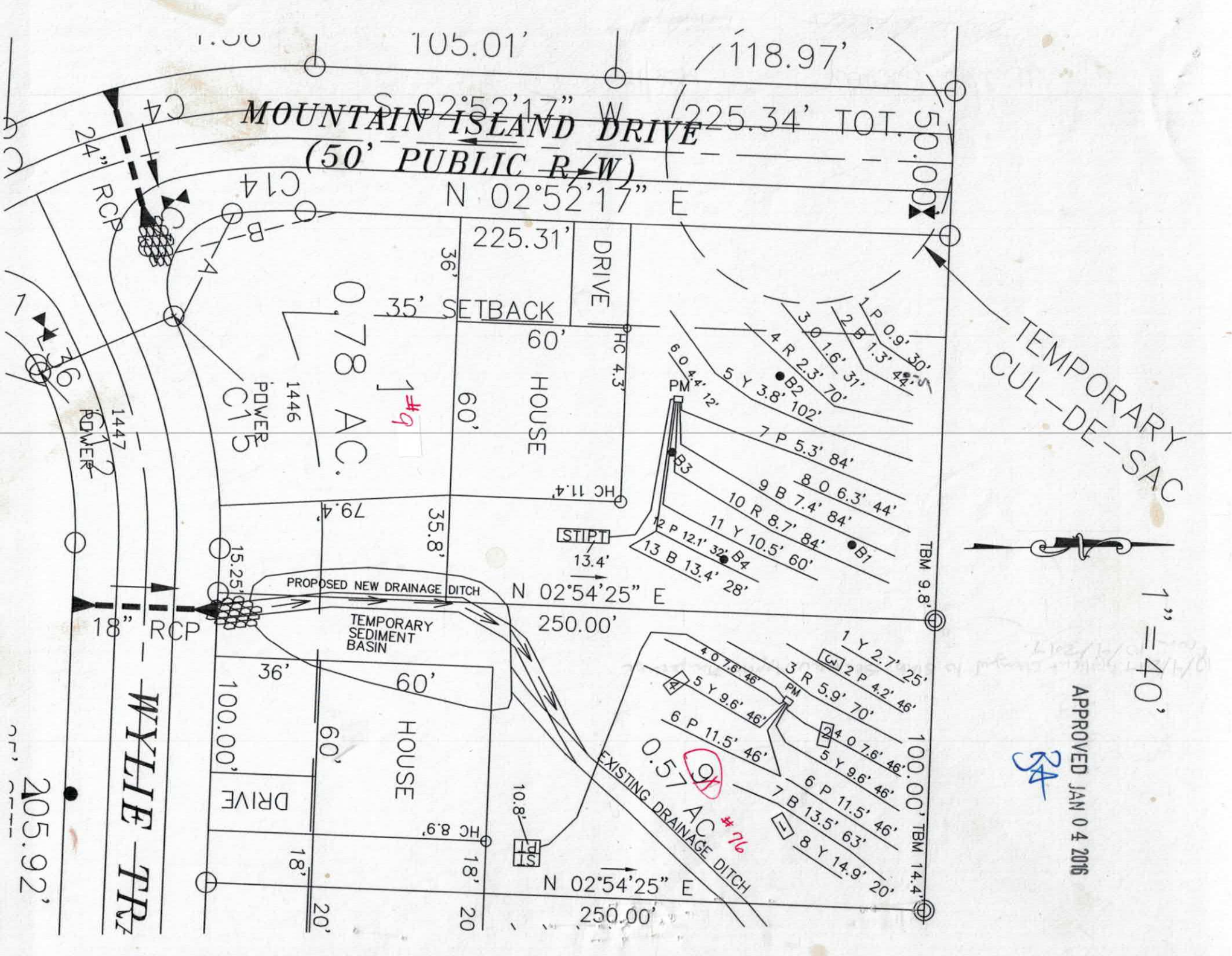
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☑ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 12/26/18 Installed by: Precision Excavating

IMPROVEMENT PERMIT by: RA Date: 1-4-19 OPERATION PERMIT by: Kayla Wilson @ Date: 6-11-19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 4/10/18/19 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


105.01'
118.97'
S 02°52'17" W 225.34' TOT.
50.00'
MOUNTAIN ISLAND DRIVE
(50' PUBLIC R/W)
N 02°52'17" E
225.31'
DRIVE
36'
35' SETBACK
60'
HC 4.3'
0.78 AC.
#9
60'
HOUSE
HC 11.4'
79.4'
35.8'
15.25'
24" RCP
18" RCP
POWER
1446
1447
C15
C14
C4
PROPOSED NEW DRAINAGE DITCH
TEMPORARY SEDIMENT BASIN
STIPT
13.4'
N 02°54'25" E
250.00'
TBM 9.8'
TEMPORARY CUL-DE-SAC
1" = 40'
APPROVED JAN 04 2016
1 P 0.9' 30'
2 B 1.3' 44'
3 O 1.6' 31'
4 R 2.3' 70'
5 Y 3.8' 102'
6 O 4.4' 12'
7 P 5.3' 84'
8 O 6.3' 44'
9 B 7.4' 84'
10 R 8.7' 84'
11 Y 10.5' 60'
12 P 12.1' 32'
13 B 13.4' 28'
PM
B1
B2
B3
B4
1 Y 2.7' 25'
2 P 4.2' 46'
3 R 5.9' 70'
4 O 7.6' 46'
5 Y 9.6' 46'
6 P 11.5' 46'
7 B 13.5' 63'
8 Y 14.9' 20'
100.00'
TBM 14.4'
0.57 AC
#76
EXISTING DRAINAGE DITCH
10.8'
HC 8.9'
DRIVE
100.00'
36'
60'
HOUSE
18'
20'
N 02°54'25" E
250.00'
205.92'
WYLIE TRL

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

Proposed design for an Accepted 25% reduction Septic System with Pressure Manifold distribution for a 4 bedroom single family residence on Lot #1 of Northlake Subdivision, Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2
- Layout Specifications---------- 3
- System Tapsheet---------- 4
- Pressure Manifold Diagram---------- 5

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

Calculations---------- 7

Profile Descriptions---------- 8-9

November 15, 2016
Job Number: 2016-026
Design By: Adrian L. Pruett



INFORMATION FOR INSTALLER:

- 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 when requested.
- All tanks shall be properly back filled and compacted to prevent slumping 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 riser is used it should be a minimum of 6" above finished grade or within 6" below finished grade.
- Design precludes use of foundation drains on the residence and assumes back filling for positive drainage unless other wise noted.
- Trench walls should be raked, limed and installed at the depth specified by this design.
- Rake trench walls, lime sidewalls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.
- **System is specified as an Accepted Pressure Manifold 25% reduction installation.**
- **Repair is specified as an modified Low Pressure 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.**

PRESSURE MANIFOLD SYSTEM
DESIGN SPECIFICATIONS

APPROVED JAN 04 2016

BA

Owner:	Lakeside Vista Partners, LLC Michael Blackmon
Address:	12621 McGinnis Ln. Huntersville, NC 28078
Phone:	980-216-0652
County:	Iredell
Location:	NORTHLAKE SUBDIVISION LOT 1
Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.325
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	372
Total Lateral Length Required:	369.2307692
Trench Depth:	30 in. Low side
Trench Width:	36 in.
Trench Spacing:	9 ft. on center
Trench Bottom Area:	1116
Repair Trench Spacing:	9 ft. on center
Repair Trench Depth:	32 in. Low side
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	60
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	10.44
Dosing Volume:	170.04
Pump Tank Draw Down:	8.1
Supply Manifold Size:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Dosing Controls:	Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	NEMA 4X Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	2.37
Elevation Head:	13.10
Total Dynamic Head:	19.83
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by CS&SC

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

APPROVED JAN 0 4 2016

BA

NORTHLAKE SUBDIVISION LOT 1
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM HOME ##############

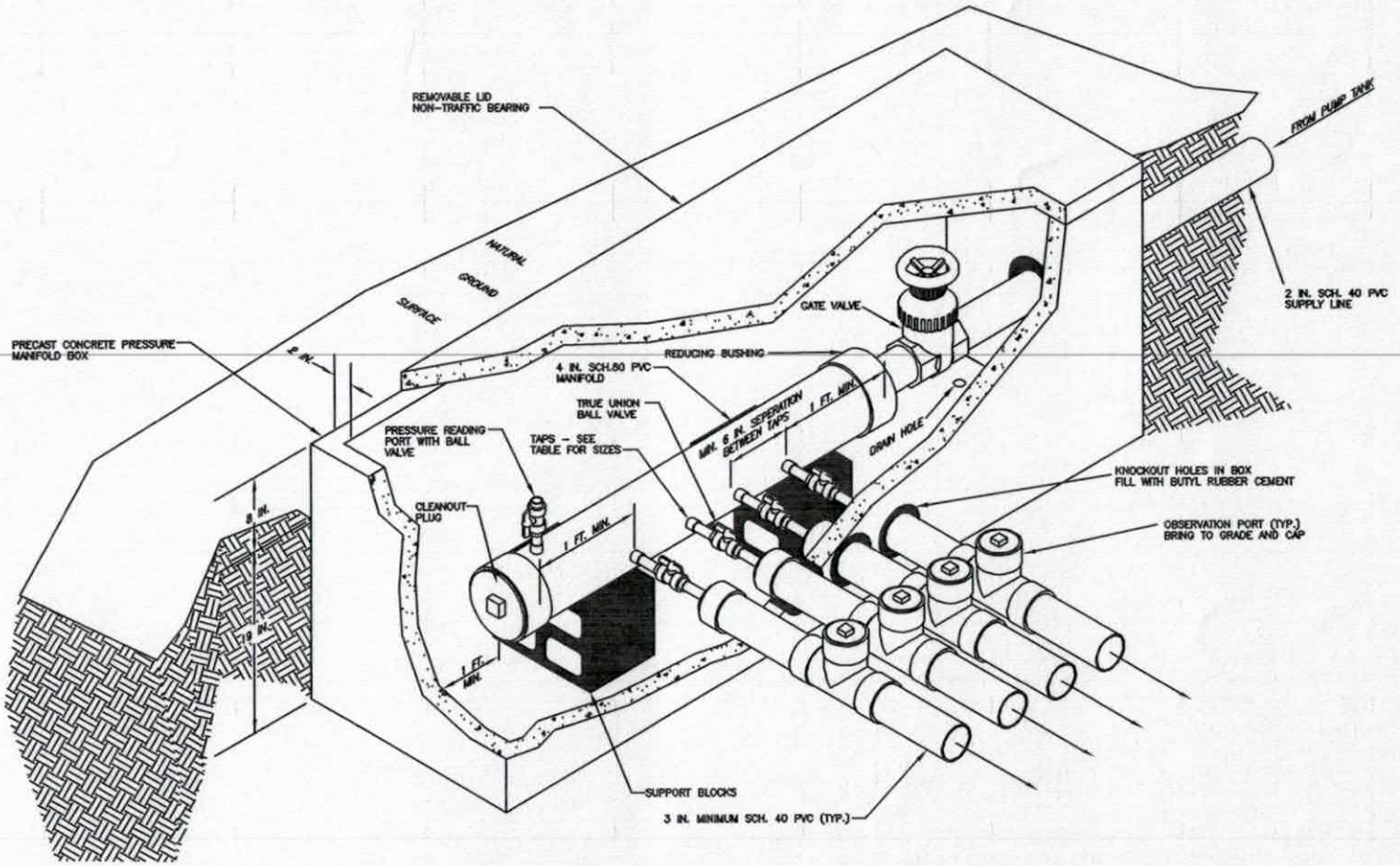
LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		9.8			100.00		
INSTR. 1			109.80				
HOUSE				11.40	98.40		
TANK				13.40	96.40		
1	PINK			0.90	108.90	30	30
2	BLUE			1.30	108.50	44	44
3	ORANGE			1.60	108.20	31	31
4	RED			2.30	107.50	70	70
5	YELLOW			3.80	106.00	102	102
6	ORANGE			4.40	105.40	12	12
7	***PINK***			***5.30***	***104.50***	***89***	***84***
8	ORANGE			6.30	103.50	44	44
9	***BLUE***			***7.40***	***102.40***	***92***	***84***
10	***RED***			***8.70***	***101.10***	***93***	***84***
11	***YELLOW***			***10.50***	***99.30***	***60***	***60***
12	***PINK***			***12.10***	***97.70***	***44***	***32***
13	***BLUE***			***13.40***	***96.40***	***28***	***28***
					Total	**739**	**705**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION
**** System***	***372***	***ACCEPT.***	***0.325***	***25% RED.***	**PRESSURE MANIFOLD**
Repair	333	MOD.	0.325	PPBPS	LOW PRESSURE

Notes:
** TBM located at nail on ridge top in transmisson right of way (see site plan)
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

Comments: **Maintain minimum of 15 ft. away from basement with all septic lines and 10 with supply line and tanks.**

TYPICAL PRESSURE MANIFOLD DETAIL



APPROVED JAN 04 2016

PRESSURE MANIFOLD TAPSHEET - NORTHLAKE LOT 1

SYSTEM

Line #	Color	Elev	Length	Hole Size	Flow/Tap	gpd	Trench Area	Line LTAR
7	*PINK*	*104.50*	*84*	SCH 40 1/2	**7.11**	37.44	252	0.15
9	*BLUE*	*102.40*	*84*	SCH 40 1/2	**7.11**	37.44	252	0.15
10	*RED*	*101.10*	*84*	SCH 40 1/2	**7.11**	37.44	252	0.15
11	YELLOW	*99.30*	60	SCH 80 1/2	**5.48**	28.86	180	0.16
12&13	PINK&BLUE	*97.70*	60	SCH 80 1/2	**5.48**	28.86	180	0.16
	total	feet =	372	gal/min =	32.29			
			Des. Flow	480				
			Pump Run=	5.27				
			LTAR	25% RED.				

Some lines flagged longer in the field, shorten to lengths shown here.

APPROVED JAN 04 2016

CALCULATIONS

Location NORTHLAKE

Lot No: 1

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.325	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	60	ft.
Supply Line Volume	10.44	gal.
Required Feet of Line	369.2308	ft.
Amount of Line from Layout	372	ft.
Gallons per Minute	32.29	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	242.916	gal.
Dosing Volume	170.04	gal.

Note: Dosing Volume based on 70% of lateral line volume

Tank Draw Down	8.1	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.27	minutes
Elevation Head	13.1	ft.
Pressure Head	2	ft.
Friction Factor	2.37	ft./100 ft. *(From the interpolater.)*
Friction Head	1.42	ft.
Total Dynamic Head (+20%)	19.83	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

DENR/DEH

ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____

COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

APPROVED JAN 04 2016

OWNER: Lakeside Vista Partners APPLICATION DATE _____

ADDRESS: 12621 McGinnis Ln., Huntersville, NC 28078 DATE EVALUATED: 9/25/16

PROPOSED FACILITY: 4 Bedroom PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: _____

LOCATION OF SITE: MOUNTAIN ISLAND DR. SVL NC NORHTLAKE LOT 9 PROPERTY RECORDED: NO

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

EVALUATION METHOD: X Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: 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/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 REST HORI	
B 1	LSS 9%	0-6	B SCL GR	FR, SS, SP SEXP	N/A	48"	N/A	N/A	PS
		6-20	R C MFSBK	FR, SS, SP SEXP	-FEW/COM SAP				
		20-32	YR CL WFSBK	FR, SS, SP SEXP					
		32-48	YR CL WFSBK	FR, SS, SP SEXP	-COM/MANY SAP				0.325
B 2	LSS 4%	0-3	B CL WFSBK	FR, SS, SP SEXP	N/A	48"	N/A	N/A	PS
		3-29	R C WFABK	FR, SS, SP SEXP	-FEW/COM SAP				
		29-48	R CL WFSBK	FR, SS, SP SEXP	-COM/MANY SAP				0.325
B 3	LSS 12%	0-3	B CL WFSBK	FR, SS, SP SEXP	N/A	48'	N/A	N/A	PS
		3-22	R C MFSBK	FR, SS, SP SEXP	-FEW/COM SAP				
		22-33	R CL MFSBK	FR, SS, SP SEXP	-COM SAP				
		33-48	R CL WFSBK	FR, SS, SP SEXP	-COM/MANY SAP				0.325
B 4	LSS 13%	0-3	B CL WFSBK	FR, SS, SP SEXP	N/A	48"	N/A	N/A	PS
		3-23	R C MFSBK	FR, SS, SP SEXP	-FEW SAP				
		23-40	R CL WFSBK	FR, SS, SP SEXP	-FEW/COM SAP				
		40-48	R CL VWFSBK	FR, SS, SP SEXP	-COM/MANY SAP				0.325

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PM 25% RED.	LP PPBPS
Site LTAR	0.325	0.325

OTHER FACTORS (.1946): NONE

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: CS&SC

OTHER(S) PRESENT: _____

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

APPROVED JAN 0 4 2016

PROPERTY ID #: _____
DATE OF EVALUATION: 9/25/16
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON 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
BS	LSS 5%	0-12	BB SCL Gr	FrSSSPSExP	N/A	~~N/A~~ 48"	N/A	N/A	PS
		12-36	RC BASBK	FrSS SPSExP					
		36-41	R CLWFSBK	FrSS SP SEXP	Con Sap				
		41-48	R CLWFSBK	FrSS SP SExP	Con Sap				0.3

RECEIVED OCT 16 2018

AC 239512

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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: (✓) 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 **Address:** 3000 Gilf Breeze Pkwy, Gulf Breeze, FL **Zip:** 32563

Applicant Email: _____ **Phone:** Bob-704-361-5437 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

Property Information: 158

Street Address: ~~158 Wiley Trl~~ 158 Mountain Island

Subdivision Name: Northlake **Section/Phase:** 2 **Lot Number:** 9

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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:** _____

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:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: Accepted

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: _____ 10/12/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Northlake Lot: **9**

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 NEE, LLC, am the legal owner(s) of the property located at 158 Mountain Island Drive, Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4762-401-120, 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

RECEIVED OCT -4 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Ltd Rd layout Pd. $75.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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 #223215

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: Lakeside Vista Partners LLC SASC Address: 12621 McGinnis Ln, Huntersville Zip: 28078
Applicant Email: Mike@michaelryanhomes.com Phone: 704-504-9000 Alt. Phone: _____
Owner Name: Lakeside Vista Partners Address: 12621 McGinnis Ln Huntersville Zip: 28078
Owner Email: Mike@michaelryanhomes.com Phone: 704-504-9000 Alt. Phone: _____

Property Information:

Street Address: 158 Mountain Island Dr
Subdivision Name: North Lake Section/Phase: 1 Lot Number: 9
Driving Directions: Hwy 115 N, TR on Shinnville, TL on Brawley, TL on Oswalt Ave, TR on Beresda, TR on North Lake Dr, TL on Mountain Island,

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

(✓) 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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____
CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well (✓) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference (✓) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: _____ 10-4-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

10/4/17 (Date)

Owner: Lakeside Vista Partners LLC
Address: PO Box 630013
Statesville, NC 28163

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Lakeside Vista Partners/158 Mountain Island Dr, Statesville, NC, PIN 4776240120
Lot 9 on Northlake Subdivision

I, Shaina Alexander, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system
(date)
Pressure Manifold 25% Reduction Chamber
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
Environmental Health
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300
704 878-5358

610 E. Center Avenue
Mooresville, NC 28115

704 664-5281

Mooresville Office
349 N. Center Street
Statesville, NC 28677

http://www.co.iredell.nc.us/Departments/Health/

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 (Shanin Alexander), am the legal owner(s) of the property located at 158 Mountain Island Dr, Statesville NC 28677, identified as PIN (Parcel Identification Number) 4762401120, located in Iredell County, North Carolina.

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

Signature of Owner(s) — Date: 8/4/16

Signature of Witness — Date: 8-4-16

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

RECEIVED NOV 16 2016 OK

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

223215

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

Paid $350.00

2. 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 check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
CS&SC	PO Box 1703 Mooresville NC 28115	704-202-5791	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Lakeside Vista Partners	12621 McGinnis Ln, Huntersville NC 28078	980-216-0652	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
158 Mountain Island Dr	North Lake	1

Driving Directions: Hwy 70 E, R on Bethesda, L on North Lake, L on Mountain Island, To end on R

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- (✓) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to ___
- ( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

- ( ) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- (✓) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (✓) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

(✓) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following To The Best of Your Ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) 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.

9. Signature: ___ 11-16-16

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

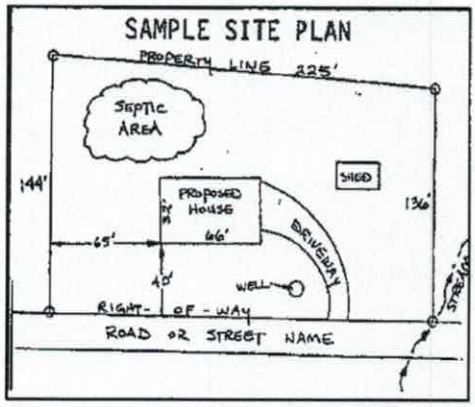
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

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

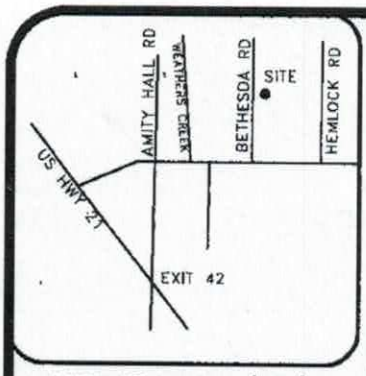
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached plan

Signature: _____ 10/12/2018

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

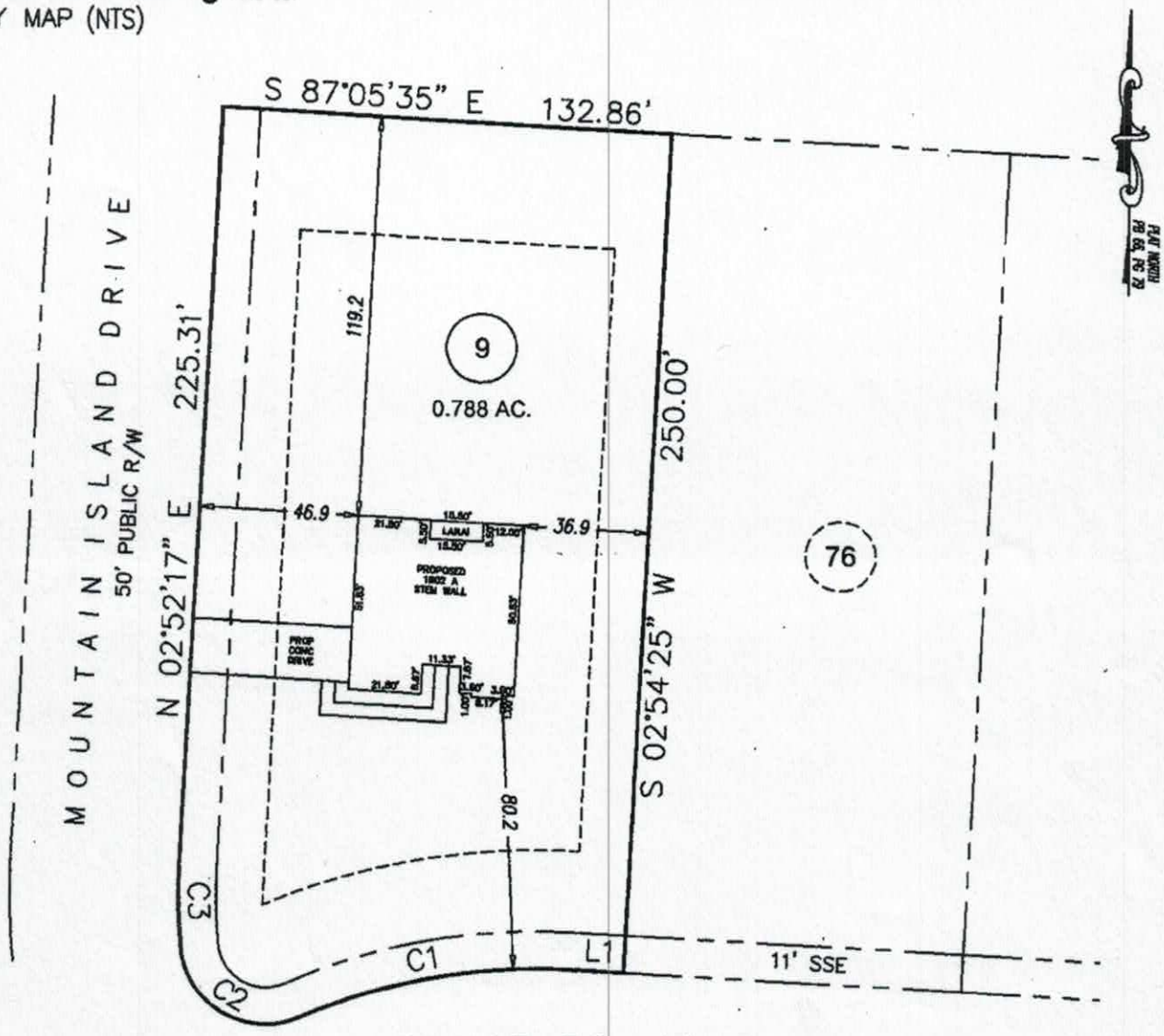
HOUSE	2,434 SQ.FT.
DRIVE	762 SQ.FT.
WALK	223 SQ.FT.
TOTAL	3,419 SQ.FT.

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.



WYLIE TRAIL
50' PUBLIC R/W

GRAPHIC SCALE
50 0 25
1 inch = 50 ft.

LINE TABLE

LINE	LENGTH	BEARING
L1	15.25	N87°05'35"W

CURVE TABLE

CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	82.56	175.00	N79°23'27"E	81.80
C2	47.45	25.00	N59°45'31"W	40.64
C3	25.24	175.00	N01°13'38"W	25.22

PRELIMINARY PLOT PLAN

ECLS

PROJECT:	18-005 NORTHLAKES
DRAWN BY:	APS
SCALE:	1"=50'
DATE:	7-23-18

FOR
ADAMS HOMES CHARLOTTE
158 WYLIE TRAIL, STATESVILLE
LOT 9 NORTHLAKES SUBDIVISION
CHAMBERSBURG TWP., IREDELL CO., NC
P.B. 66, PG. 79

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

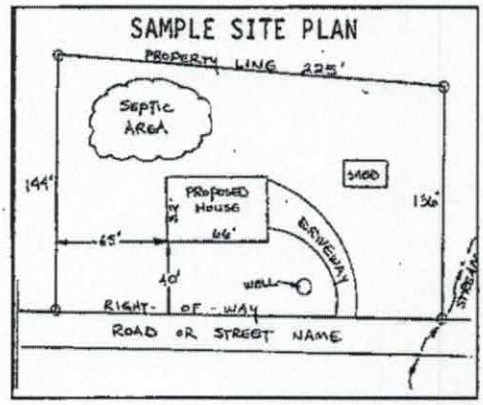
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- ( ) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

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

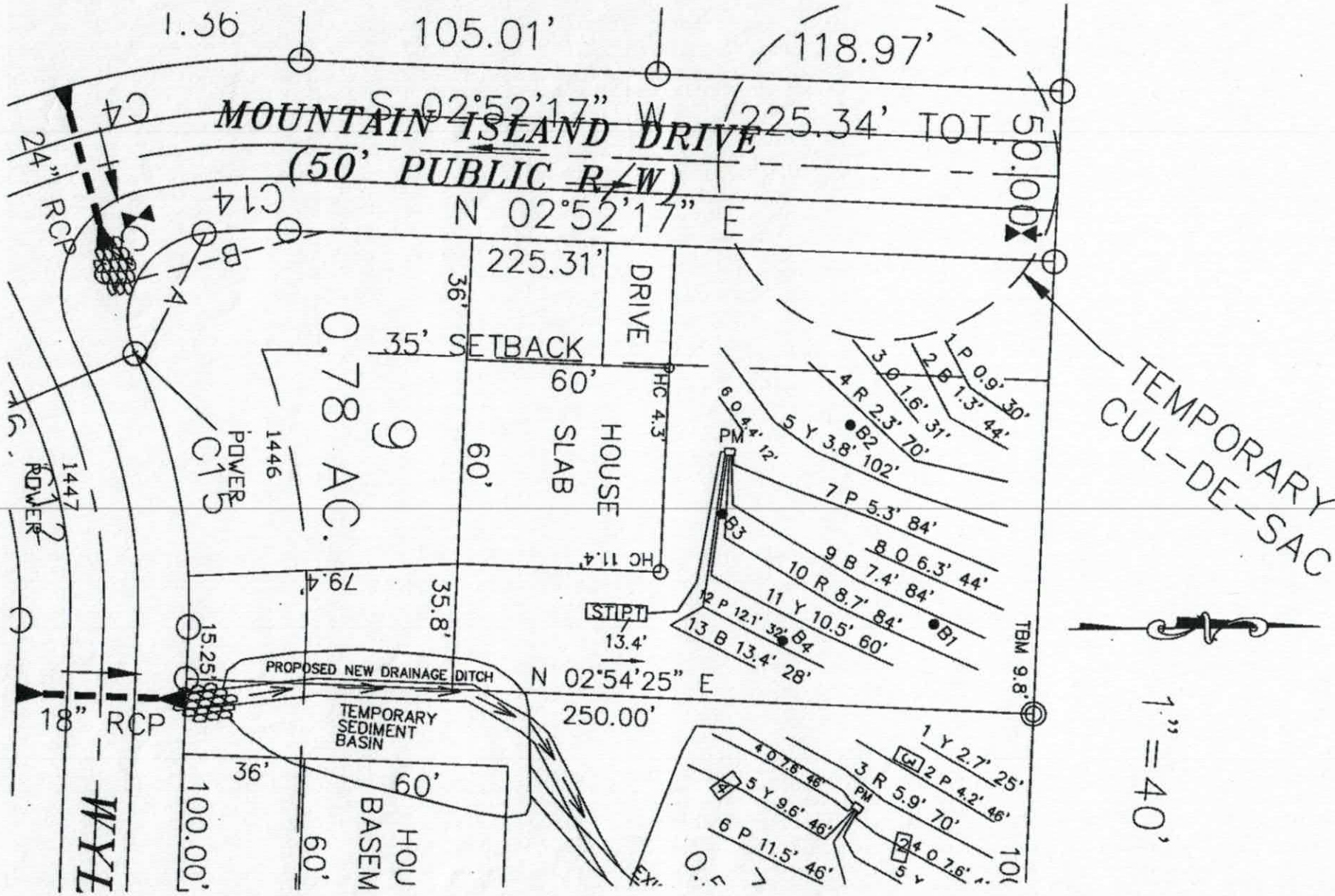
USE THIS SPACE TO DRAW YOUR SITE PLAN

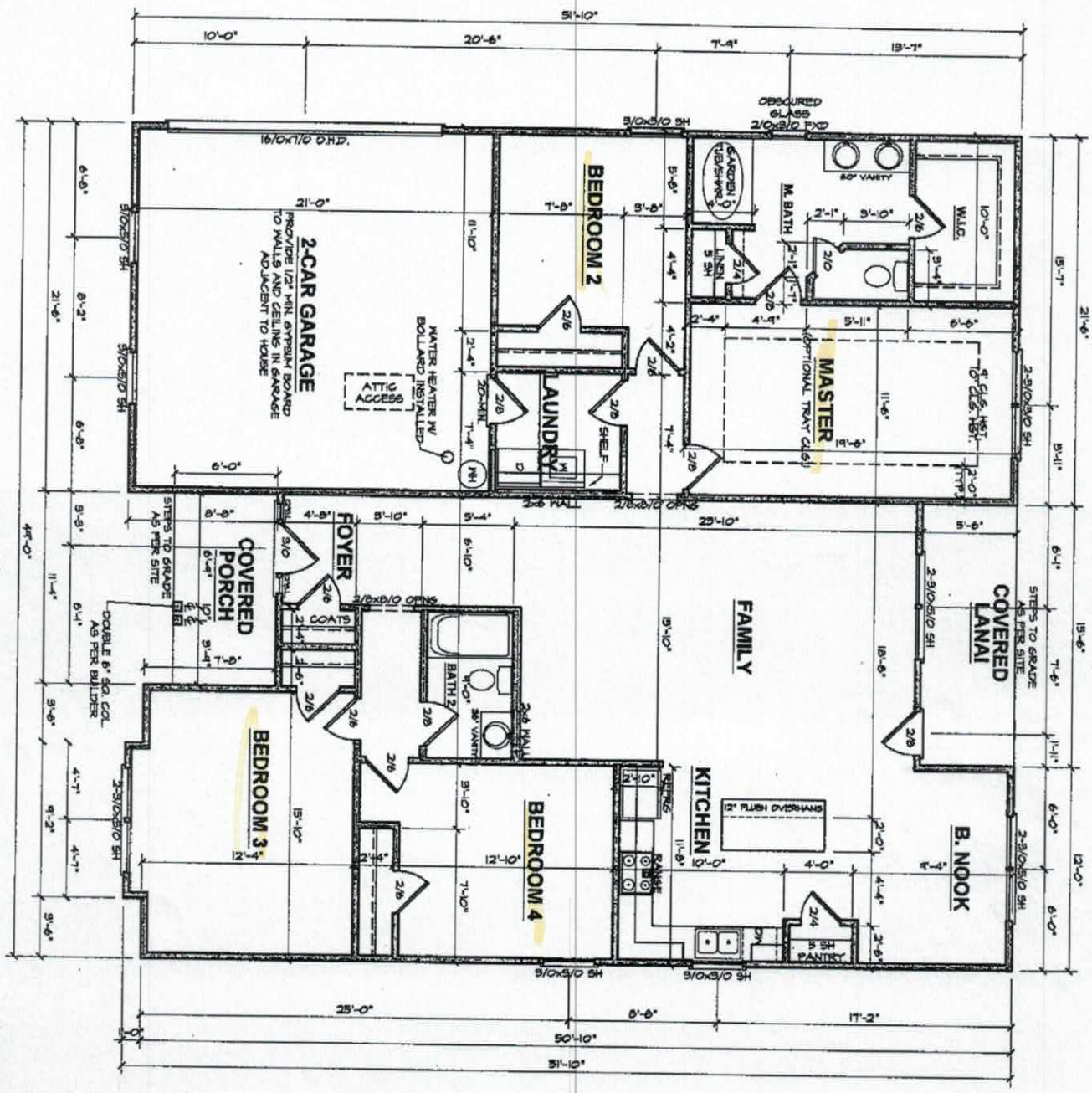
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached Site Plan, Nothing has Changed but Foundation type.

Signature: _____ 10-4-17

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


1.36
105.01'
118.97'
S 02°52'17" W
225.34' TOT.
50.00'
MOUNTAIN ISLAND DRIVE
(50' PUBLIC R/W)
N 02°52'17" E
24" RCP
C14
C4
B
A
225.31'
36'
DRIVE
35' SETBACK
60'
0.78 9 AC.
60'
HOUSE SLAB
FHC 4.3'
HC 11.4'
POWER
C15
1446
1447
POWER
79.4'
35.8'
15.25'
STIPT
13.4'
PROPOSED NEW DRAINAGE DITCH
N 02°54'25" E
250.00'
TEMPORARY SEDIMENT BASIN
36'
60'
100.00'
60'
HOU
BASEM
18" RCP
TAM
EX
TBM 9.8'
TEMPORARY CUL-DE-SAC
1" = 40'
PM
B1
B2
B3
B4
1 P 0.9' 30'
2 B 1.3' 44'
3 O 1.6' 31'
4 R 2.3' 70'
5 Y 3.8' 102'
6 O 4.4' 12'
7 P 5.3' 84'
8 O 6.3' 44'
9 B 7.4' 84'
10 R 8.7' 84'
11 Y 10.5' 60'
12 P 12.1' 32'
13 B 13.4' 28'
1 Y 2.7' 25'
2 P 4.2' 46'
3 R 5.9' 70'
4 O 7.6' 46'
5 Y 9.6' 46'
6 P 11.5' 46'



Acknowledgement Of
Plans Submittal ONLY!

Benjamin A Bell Date 10/18/2018

Cynthia Black Date 10/29/18

FLOOR PLAN

4'-0" (NOM.) CLG. HGT. U.N.O.
SET WINDOWS @ 7'-0" U.N.O.

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

SHEET 3

DATE DRAWN 8-8-2018
PROJECT 9569
REVISIONS

1902 "A" SE (L) NR009

ADAMS HOMES AEC, LLC

IREDELL COUNTY

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

APPLICATION NUMBER
223215
Issue Date: 11/16/2016

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4762401058.000	158 MOUNTAIN ISLAND DRIVE	

Owner Information	Applicant Information	Contractor Information
Owner: LAKESIDE VISTA PARTNERS LLC Address: 12621 MCGINNIS LANE STATESVILLE, NC 28078 Phone:	Applicant: CAROLINA SOIL SEPTIC C Address: 162 WEST B ST KANNAPOLIS, NC 28081 Phone: 704-202-5791	Contractor: CAROLINA SOIL SEPTIC C Address: 162 WEST B ST KANNAPOLIS, NC 28081 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: 11/16/2016

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	85912	TOTAL FEES:	$ 350.00