IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223216

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

PIN # 4762402039

APPLICANT/OWNER: Adams Homes AECN LLC APPLICANT ADDRESS: 3401 St. Vardell Lane Charlotte NC 28217

SITE ADDRESS: 107 Wylie Trail, Statesville NC 28677 PHONE: 704-558-4527 ALT. PHONE –

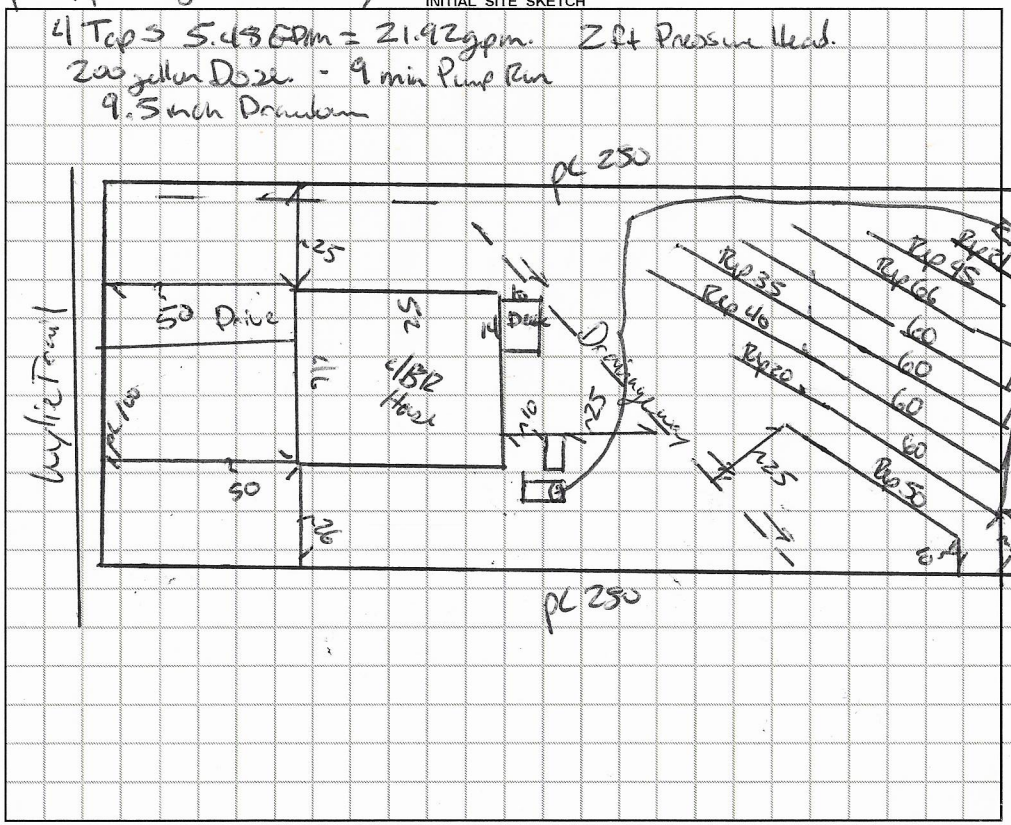
SITE DIRECTIONS: I-77 North exit Hwy 70 Right on Bethesda Rd on Northlake Drive SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Northlake SECTION: 2 LOT # 76 LOT AREA: .57Ac DESIGN FLOW: 480 L.T.A.R.: .35 (.3 Bpm)

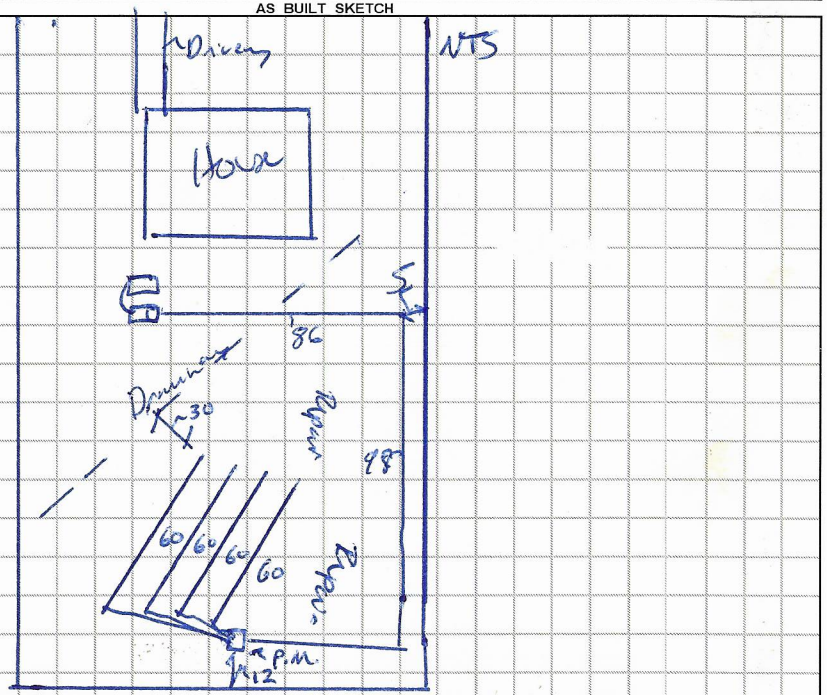
Septic Tank	1000	(gal)	STB		Date		[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT		Date		System Description:	Pressure manifold - 50% Reduction			[ ] Business	No. Persons	3	[ ] Private
Pump Make			Model		Serial #		Repair System Description:	LP- Pixel Biocore 50% Reduction			[ ] Other	No. Employees		[X] Public
# Nitrification Fields	1	# Lines	4	Linear Ft	240		Maintenance Agreement Required:	[ ] YES	[X] NO		[X] Slab	[ ] Crawl Space		[ ] Community
Trench Width	2.4	Trench Bottom Depth(Low side)		34	Gravel Depth	–		[ ] GRAVITY	[X] PRESSURE		[ ] Basement w/plumbing		[ ] Basement w/o plumbing	

Comments / Conditions: Maintain 25ft From Drainage way with any part of Septic System. Install 4 - 60ft 50% Reduction Drainfields. Do not drive over, pave, grade or bury utilities in drainfield.

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.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 3/26/19 Installed by: Precision Excavating (Shane Cashion)

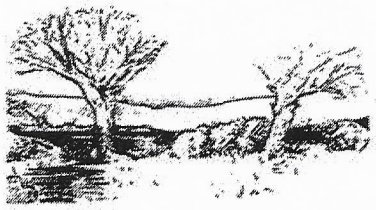
IMPROVEMENT PERMIT by: Date: 3/25/19 OPERATION PERMIT by: Thomas Shuck (as) Date: 12-6-19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 3/25/19. 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	9/11/19	BB
Tanks Checked	09/10/19	PJB
Pressure Manifold or Valve Box Checked	9/11/19	BB.
Pressure Head Set	9/12/19	PJB
Electrical Checked	12/6/19	JS
Floats Set	9/12/19	PJB
Alarm Checked	9/11/19	BB.
Maintenance Contract Y / (N)	Not required	

Breakers OK ——— 12-6-19 JS



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for Lot 76 Northlake; Wylie Trail; Iredell County, NC

House Footprint: 51'x46'
Building Setback: 35' Front/Rear, 15' Side,
Water Source: Public Water
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.35 gpd/ft2 (Previously determined by ICHD)
Suggested System Type: 25% Reduction
Proposed Repair LTAR: 0.3 gpd/ft2 (Previously determined by ICHD)
Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 5.48 GPM ½" SCH 80
Tap Size and Material: ½" SCH 80
System Flow: 21.92 GPM
Dosing Volume: 113.75 Gallons
Pump Run Time: 5.19 Minutes
Elevation Head: 18.5'
Friction Head: 2.44'
Pressure Head: 2'
Total Dynamic Head: 22.94'
Supply Line Length: 185'
Septic/Pump Tank Size: 1000 gallon Pump Tank and Septic Tank
Proposed Trench Bottom: 34" low side of trench

APPROVED NOV 19 2018

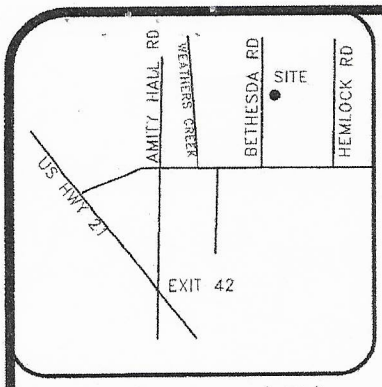
Line	Design Length	Repair Length	Actual Length	Elevation
White 1		21'	21'	4.9'
Orange 2		45'	45'	6.6'
Blue 3		66'	66'	7.8'
White 4	**65'**		**81'**	**9.4'**
Pink 5	**65'**	27'	**97'**	**11.1'**
Blue 6	**65'**	36'	**106'**	**12.9'**
White 7	**65'**	16'	**86'**	**14.3'**
Pink 8		50'	50'	16.4'

Initial System: 260' 25% Reduction
Repair System: 261' PPBPS

Comments:
The purpose of this evaluation is to re-permit the property for a 3-bedroom residence. The proposed septic area is the same as previously permitted by Iredell Environmental Health. See attached permit.

- The proposed house site has been staked by the surveyor using stakes with pins and pink flagging.
- The system should be kept a minimum of 25' upslope of the existing drainage area.

APPROVED NOV 19 2018



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

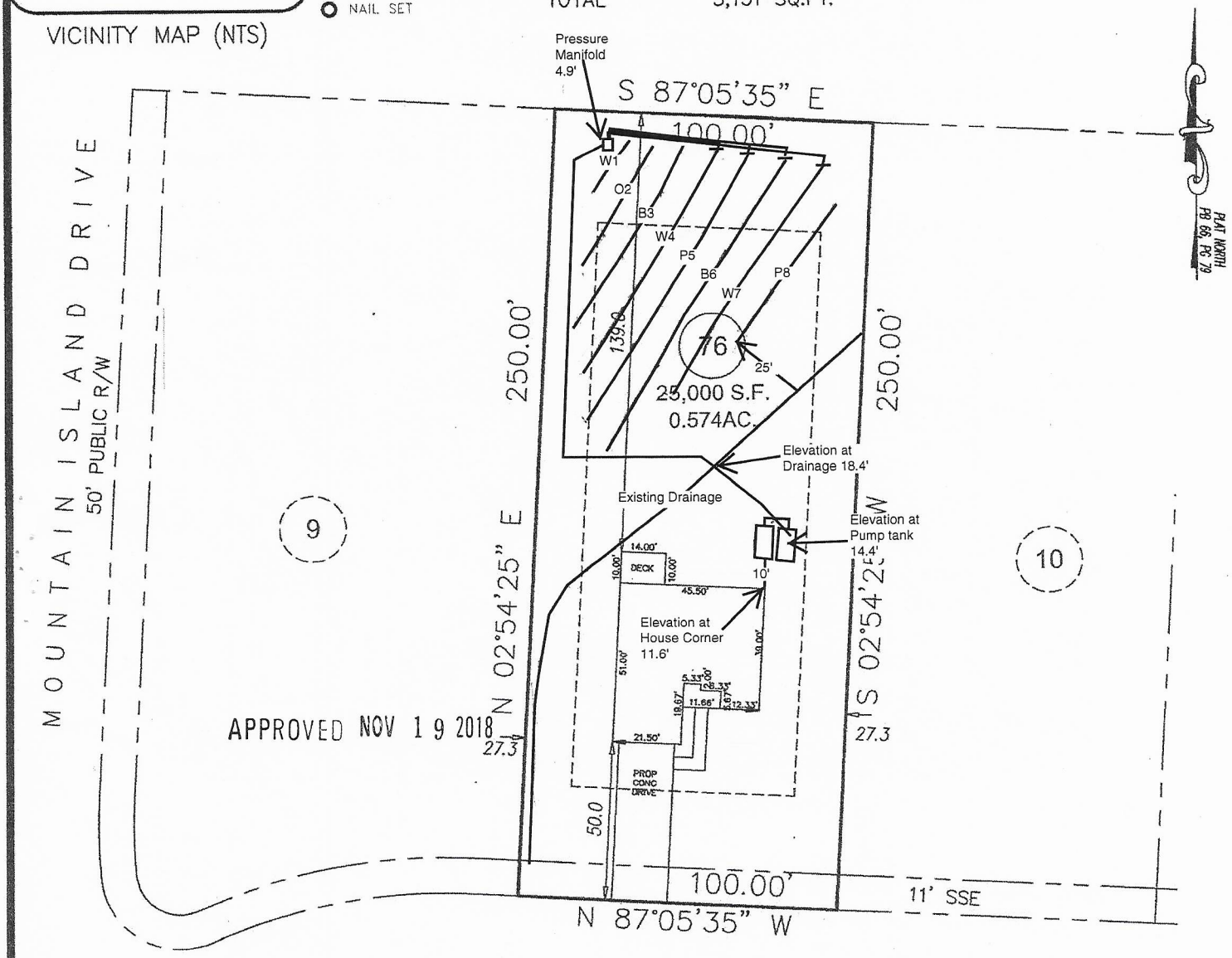
HOUSE	2,033 SQ.FT.
DRIVE	875 SQ.FT.
WALK	103 SQ.FT.
DECK	140 SQ.FT.
TOTAL	3,151 SQ.FT.

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.



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GRAPHIC SCALE

50 0 25

1 inch = 50 ft.

PRELIMINARY PLOT PLAN

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

FOR
ADAMS HOMES CHARLOTTE
107 WYLIE TRAIL, STATESVILLE
LOT 76 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

1 pds x 14
5'2"x6"

Paid $320.00

RECEIVED FEB 2 5 2018

RECEIVED JAN 2 8 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

223216

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: ( ) 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 AECN LLC **Address:** 3401 St Vardell Lane Charlotte NC **Zip:** 28217

Applicant Email: bcashion@adamshomes.com **Phone:** 704-558-4527 **Alt. Phone:** 704-361-5437

Owner Name: Adams Homes AECN LLC **Address:** Same as Above **Zip:** _____

Owner Email: Same as above **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 107 Wylie Trail, Statesville, NC

Subdivision Name: Northlakes **Section/Phase:** _____ **Lot Number:** 76

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*

CHECK FOUNDATION TYPE

(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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) 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:** _____
( ) 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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

46 x 52 $5 100 107
← 15
50 ↓

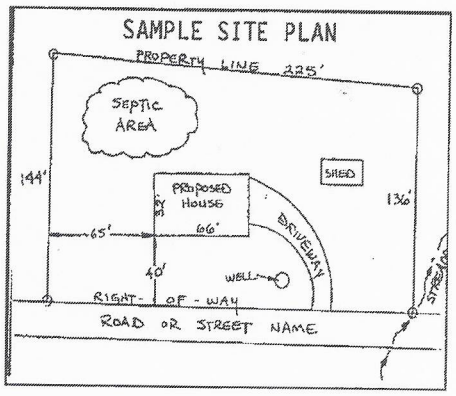
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

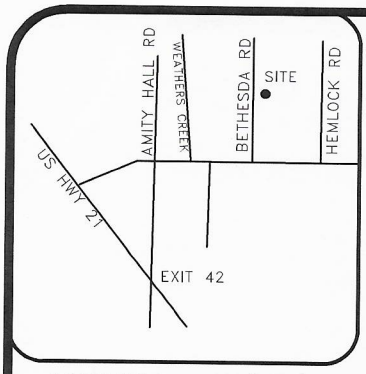
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Signature: _____ _____

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



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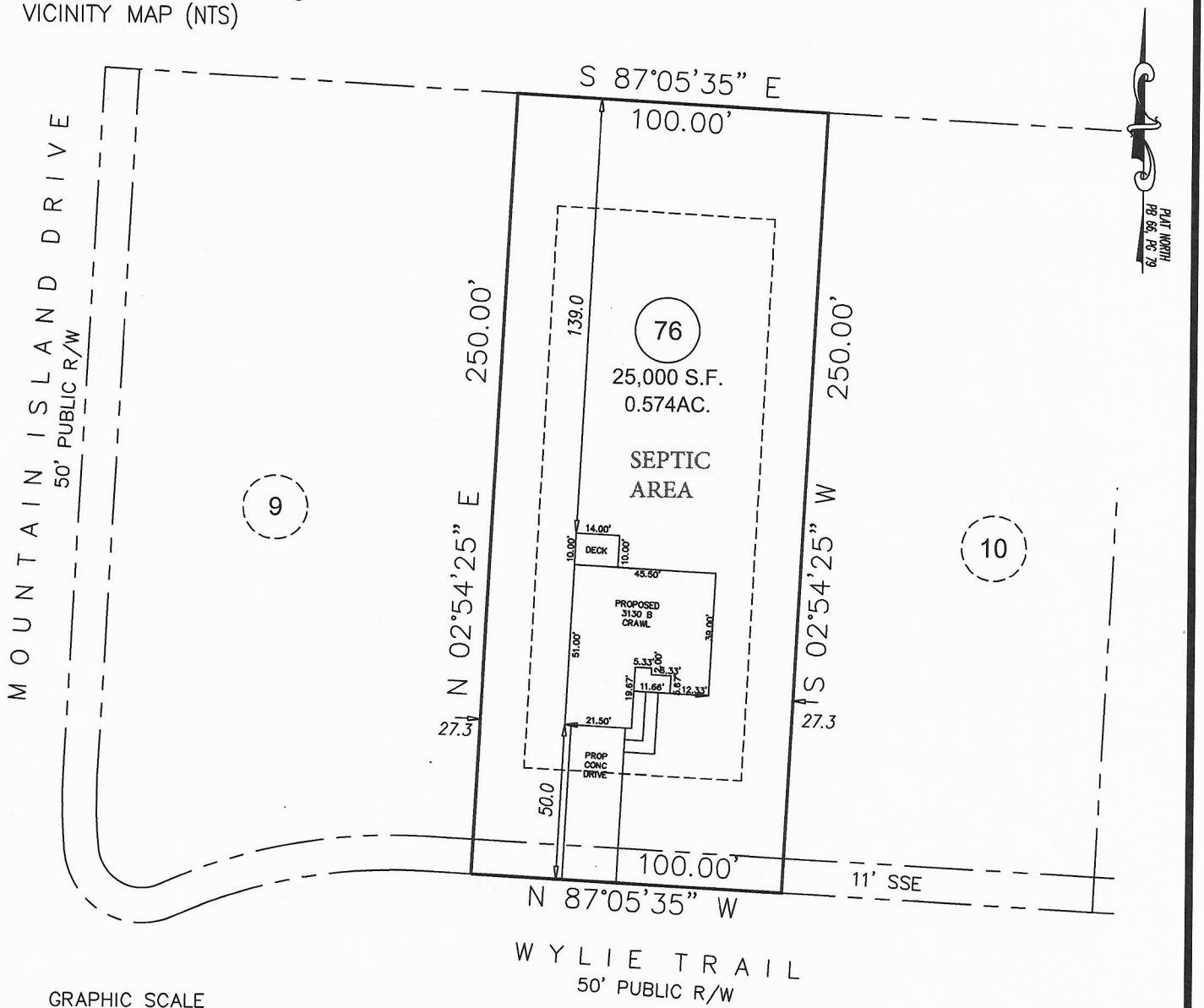
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PRELIMINARY
PLOT PLAN

PROJECT:	18-005 NORTHLAKES
DRAWN BY:	APS
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FOR
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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

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 NEZ, LLC, am the legal owner(s) of the property located at 107 Wylie Trail, Statesville, NC, identified as PIN (Parcel Identification Number) 4762-402-039, 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.

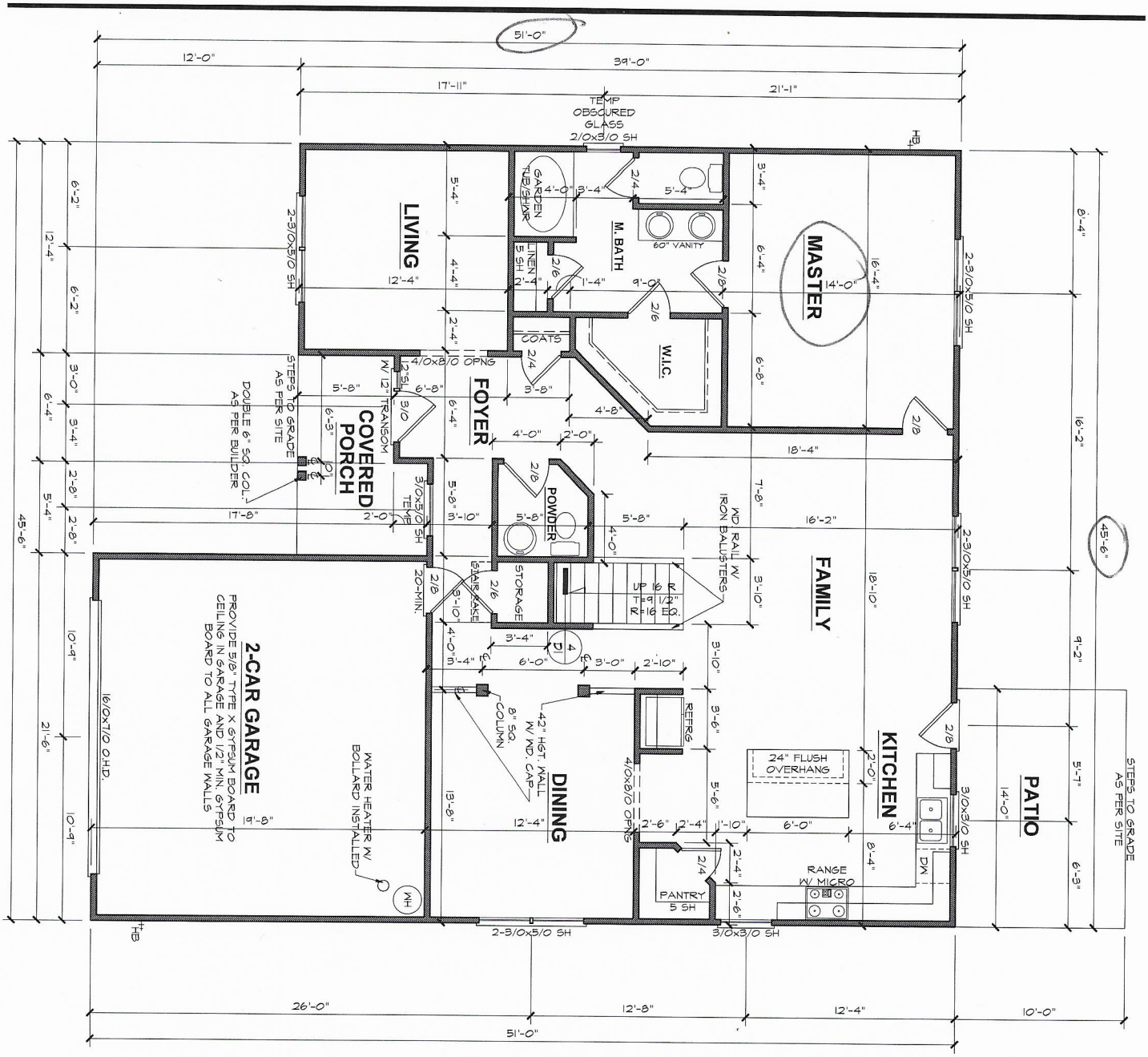
X _____ MANAGER 7/19/2016
Signature of Owner(s) Date

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!

Cynthia B Date 3/26/19

Benjamin A Bell Date 3/25/19.

FIRST FLOOR PLAN

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

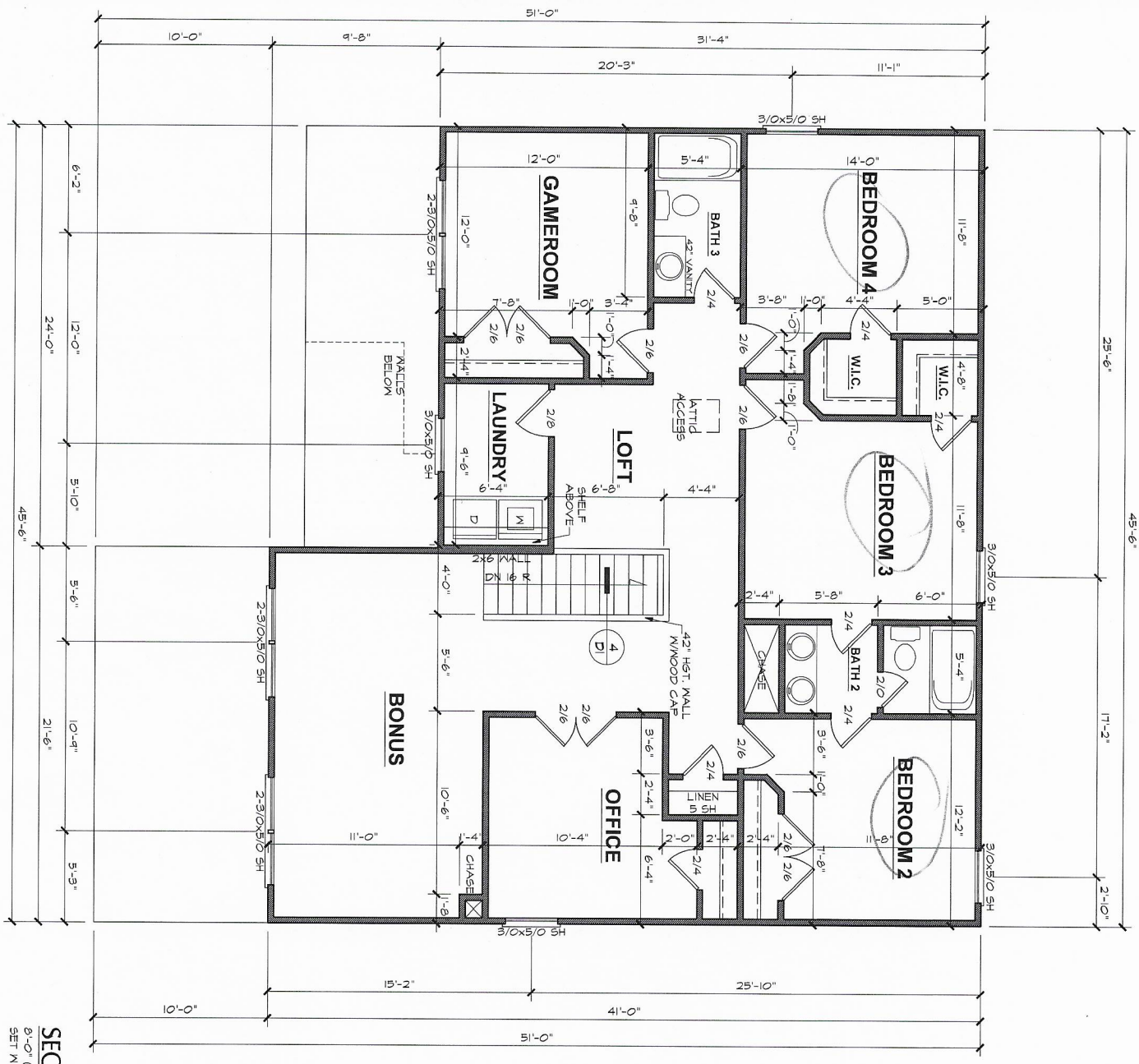
SCALE: 1/4"=1'-0"

SHEET 3

DATE DRAWN 6-8-2018
PROJECT 3661
REVISIONS

3130 "A" FE (R) NR076

ADAMS HOMES AEC, LLC



Acknowledgement Of
Plans Submittal ONLY!

Capt Stark Date 3/26/19

Date 3/25/19.

SECOND FLOOR PLAN

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

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

SHEET 4

DATE DRAWN 8-8-2018
PROJECT 3661
REVISIONS

3130 "A" FE (R) NR076

ADAMS HOMES AEC, LLC