IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223217

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

PIN # 4762403039

APPLICANT/OWNER: Cynthia Bladning APPLICANT ADDRESS: 3401 Saint Vardell Lane Suite B, Charlotte NC 28217

SITE ADDRESS: 111 Wylie Trail Statesville NC 28677 PHONE: 704 361 5437 ALT. PHONE –

SITE DIRECTIONS: 79 E TR Bethesda TL NorthLake TL Lot on Left SAP CONTROLLED: ☒ YES ☐ NO

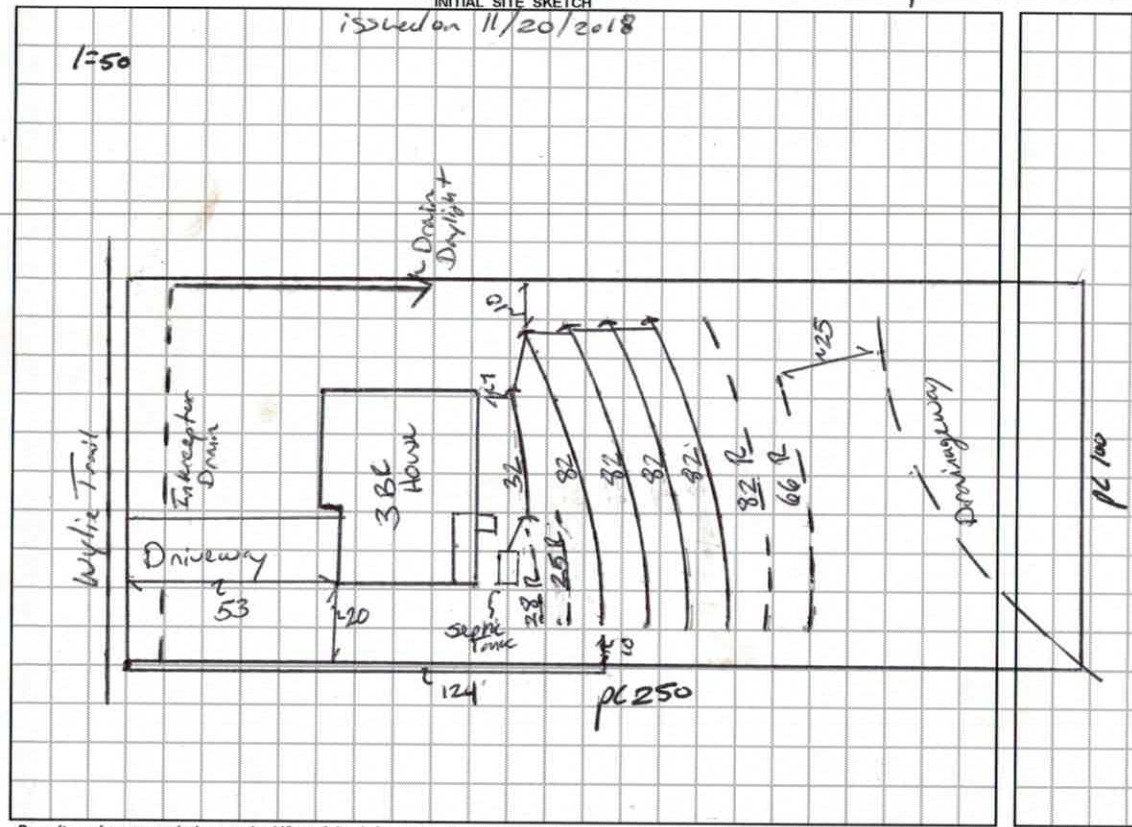
SUBDIVISION: NorthLake SECTION: 2 LOT # 10 LOT AREA: .82 AC DESIGN FLOW: 360 L.T.A.R.: .25 (.3R)

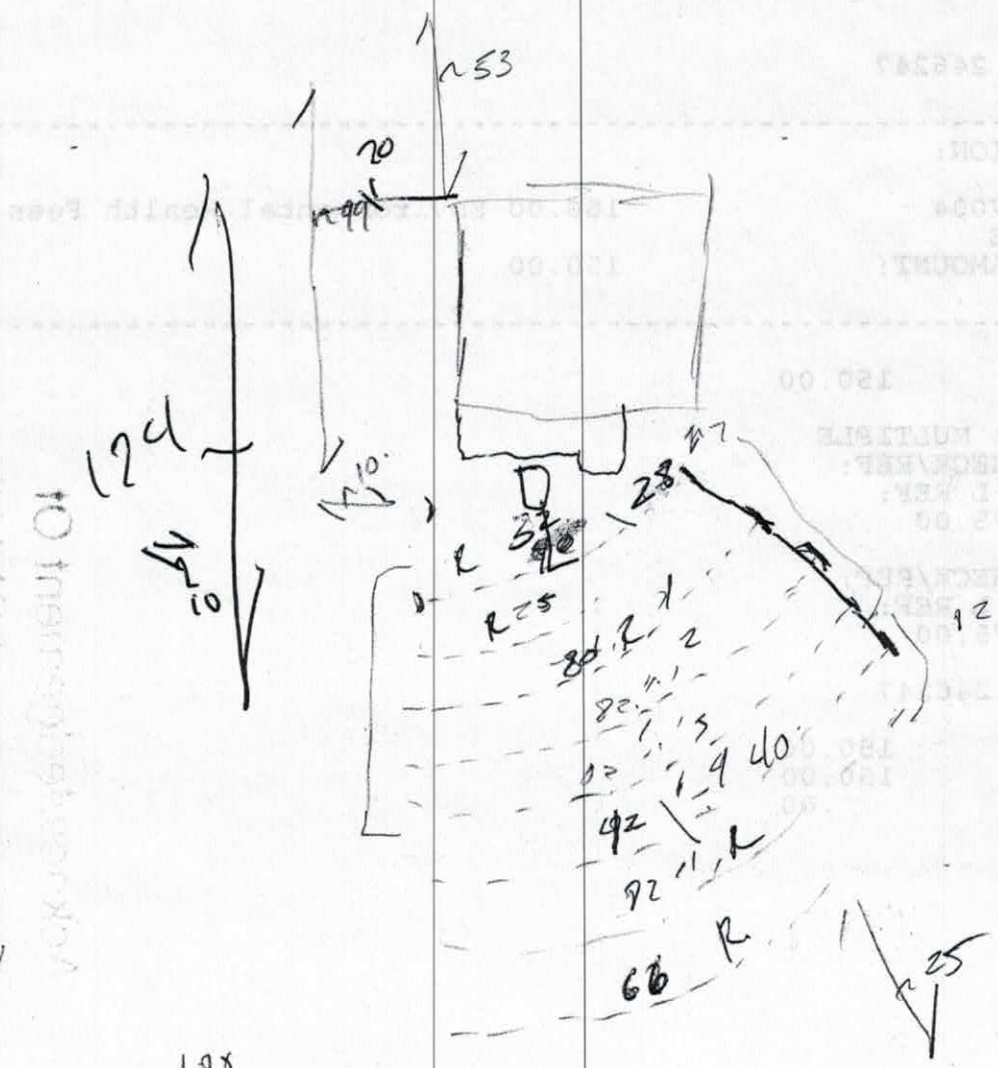
Septic Tank	1000	(gal)	STB	760	Date	5-11-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	–	(gal)	PT	–	Date	–	System Description:	25% Reduction - Gravity			
Pump Make	–	Model		–	Serial #	–	Repair System Description:	LP - Panel 50% Reduction			
# Nitrification Fields	1	# Lines		5	Linear Ft	360	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth (Low side)		36	Gravel Depth		☒ GRAVITY	☐ PRESSURE			

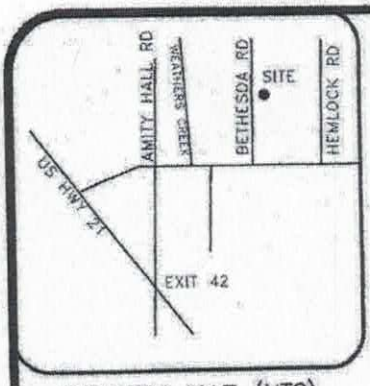
☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☐ Public
☒ Slab STEM	☐ Crawl Space		☒ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install Septic Drawlines on the Contour of the Land. Trench Bottom must be 36 inches max. Do not Drive, park, pave, grade or bury utilities in drainfield. Interceptor Drain installed on 7/16-19 under permit issued on 11/20/2018

INITIAL SITE SKETCH


1=50
Drain Daylight
Interceptor Drain
3BC House
Wylie Trail
Driveway
53
20
Septic Tank
124'
pc 250
pc 100
Driveway
25
82
82
82
82
82
66
10
10
10


328+32
240
317
80x4
53
20
99
124
10
10
28
37
33
R25
82
82
82
82
40
92
92
66
R
25
198
396
360 - 240
560
551
24
+25
+92
+66
92x4
+32
360



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	1,768 SQ.FT.
DRIVE	889 SQ.FT.
WALK	89 SQ.FT.
TOTAL	2,746 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.

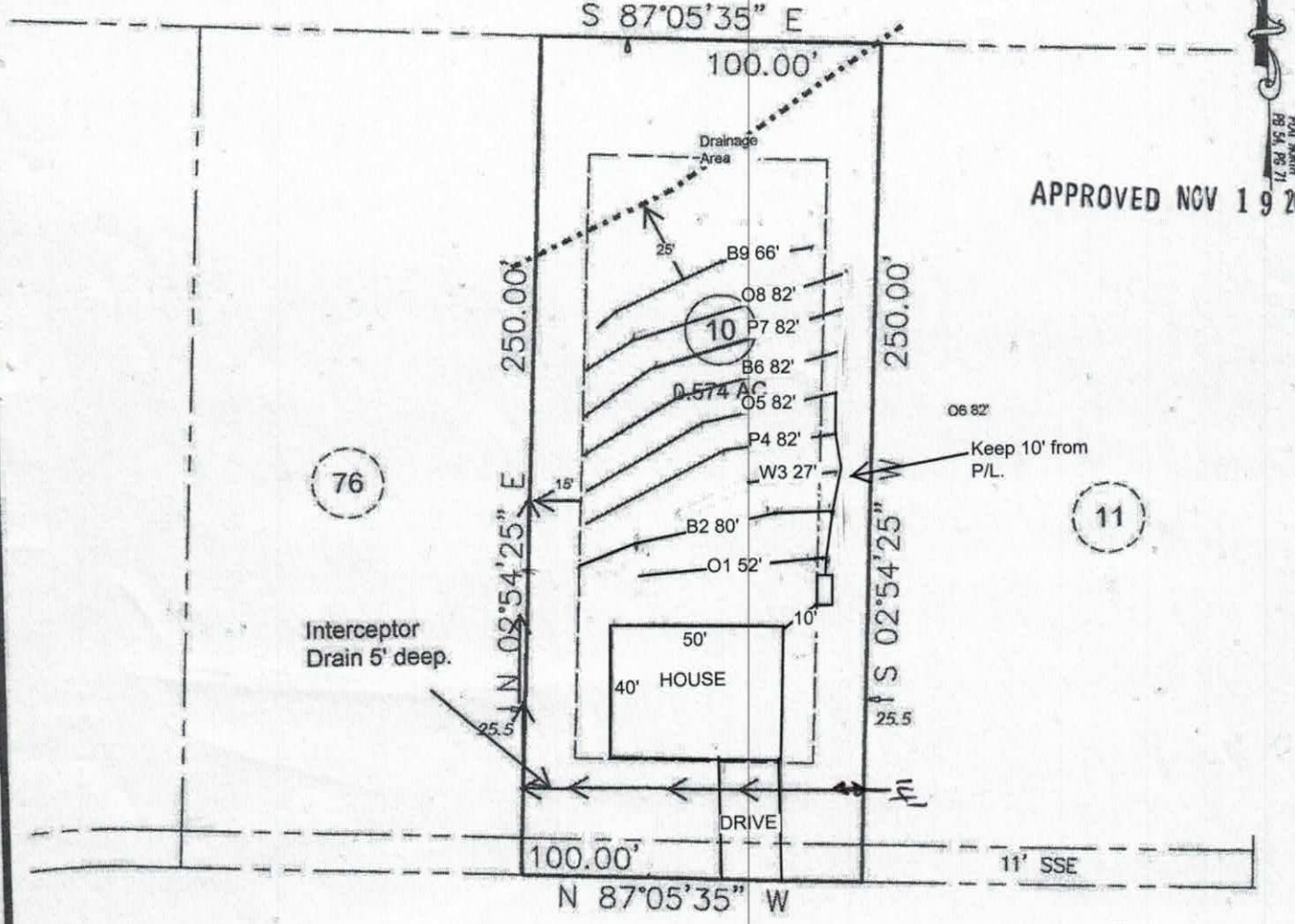
SHAWN T. RUMBERGER, PLS L-4909 DATE

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.

PLAT BOOK 66 PG. 79

APPROVED NOV 19 2018



WYLIE TRAIL
50' PUBLIC R/W

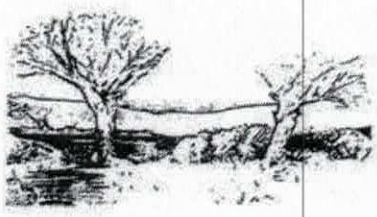
GRAPHIC SCALE
50 0 25
1 inch = 50 ft.

PRELIMINARY PLOT PLAN

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

FOR
ADAMS HOMES CHARLOTTE
111 WYLIE TRAIL, STATESVILLE
LOT 10 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



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

Reference: Data Sheet for Lot 10 Northlake; Wylie Trail; Iredell County, NC

House Footprint: 48'x40'
Building Setback: 35' Front/Rear, 15' Side,
Water Source: Public Water
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.25 gpd/ft2 (Previously determined by ICHD)
Suggested System Type: 25% Reduction
Proposed Repair LTAR: 0.25 gpd/ft2 (Previously determined by ICHD)
Repair System Type: PPBPS
Distribution: Gravity
Trench Bottom: 36" (Previously determined by ICHD)
Septic/ Pump tank size: 1000 ST

Line	Design Length	Repair Length	Actual Length
Orange 1	**50'**		**52'**
Blue 2	**80'**		**80'**
White 3		27'	**27'**
Pink 4	**80'**		**83'**
Orange 5	**70'**		**82'**
Blue 6	**80'**		**82'**
Pink 7		82'	82'
Orange 8		82'	82'
Blue 9		66'	66'

Initial System: 360' 25% Reduction
Repair System: 257' 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 interceptor drain should be installed at 5' deep and daylight as shown.
- The system should be kept a minimum of 25' upslope of the existing drainage area.

Bryant White

From: gary michaelathanas.com <gary@michaelathanas.com>
Sent: Thursday, June 27, 2019 5:05 PM
To: Bryant White
Subject: Northlake lot 10

Bryant
We are good with the interceptor drain as installed by Precision excavation.

Gary McNeely
Michael Athanas & Associates, Inc
704-310-1832

#223217
$320 online
7-24-P

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: 111 Wylie Trail, Statesville, NC

Subdivision Name: Northlakes **Section/Phase:** _____ **Lot Number:** 10

Driving Directions: I-77 North, exit 42, right onto NC-115 / US-21 toward Troutman , Turn left onto US-21 N / NC-115 N, Turn right onto Ostwalt Amity Rd, Turn left onto Bethesda Rd, Turn right onto Northlake Dr

****

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
X Stem Wall
( ) 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: _____
(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 July 23, 2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

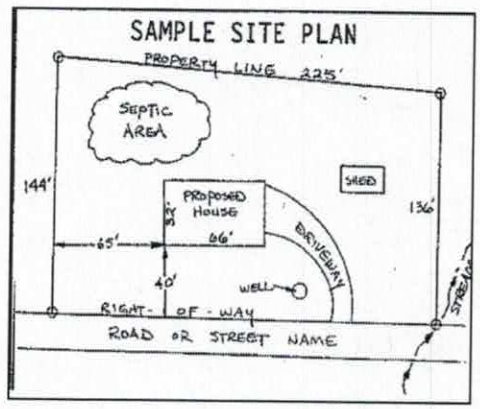
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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

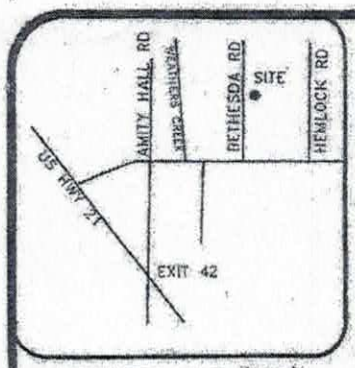
Please see attached

Signature: Cynthia Blanding

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

July 29, 2018

DATE



VICINITY MAP (NTS)

LEGEND

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BOC=BACK OF CURB
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EB=ELECTRIC BOX
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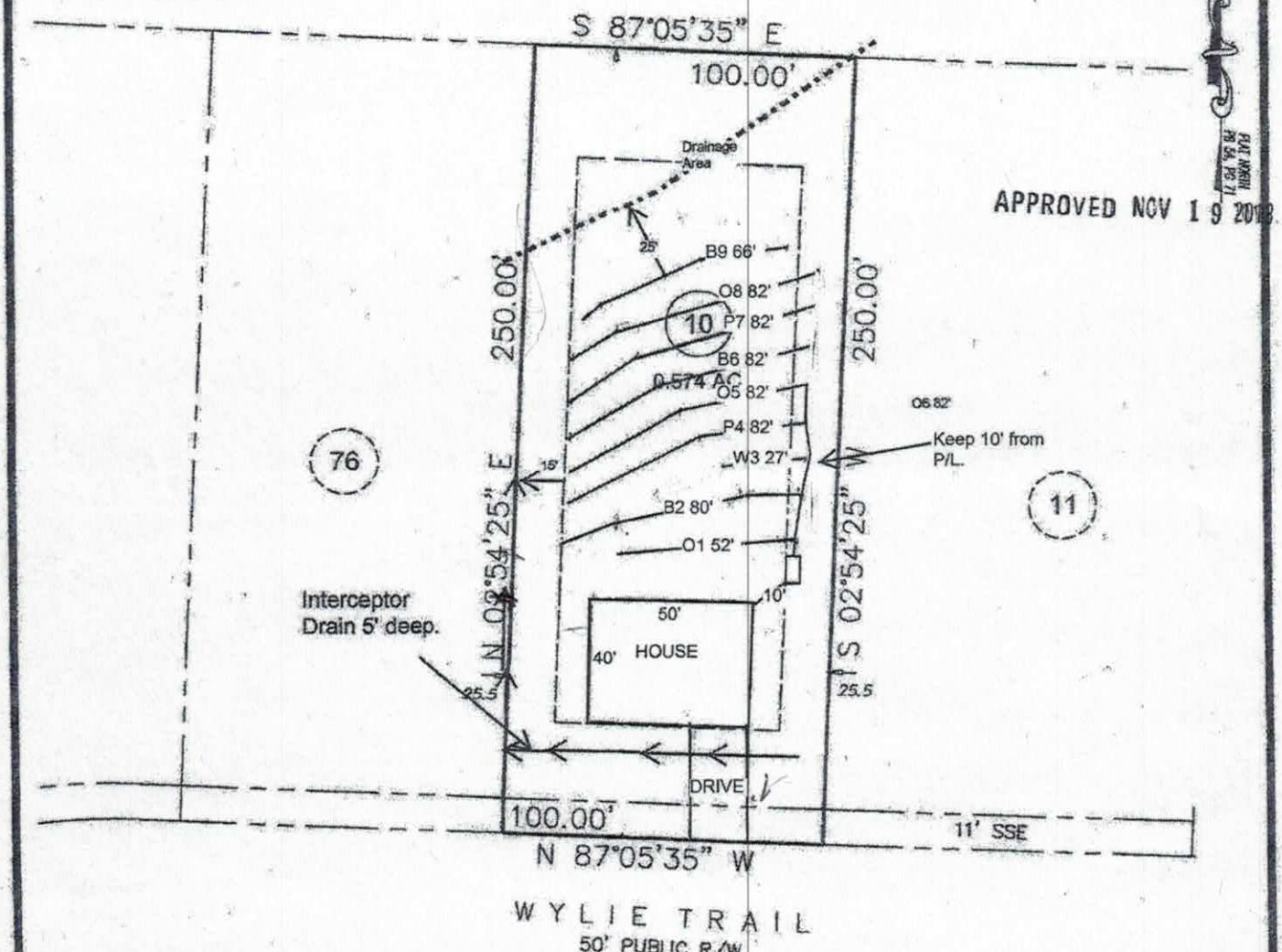
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SHAWN T. RUMBERGER, PLS L-4909 DATE

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APPROVED NOV 19 2018

GRAPHIC SCALE

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1 inch = 50 ft.

PRELIMINARY PLOT PLAN

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

FOR
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910.897.3257 ECLSGLOBAL.COM
910.897.2329 (FAX) COA#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 AEZ, LLC, am the legal owner(s) of the property located at 111 Wylie Trail, Statesville, NC, identified as PIN (Parcel Identification Number) 4762-403-039, 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.

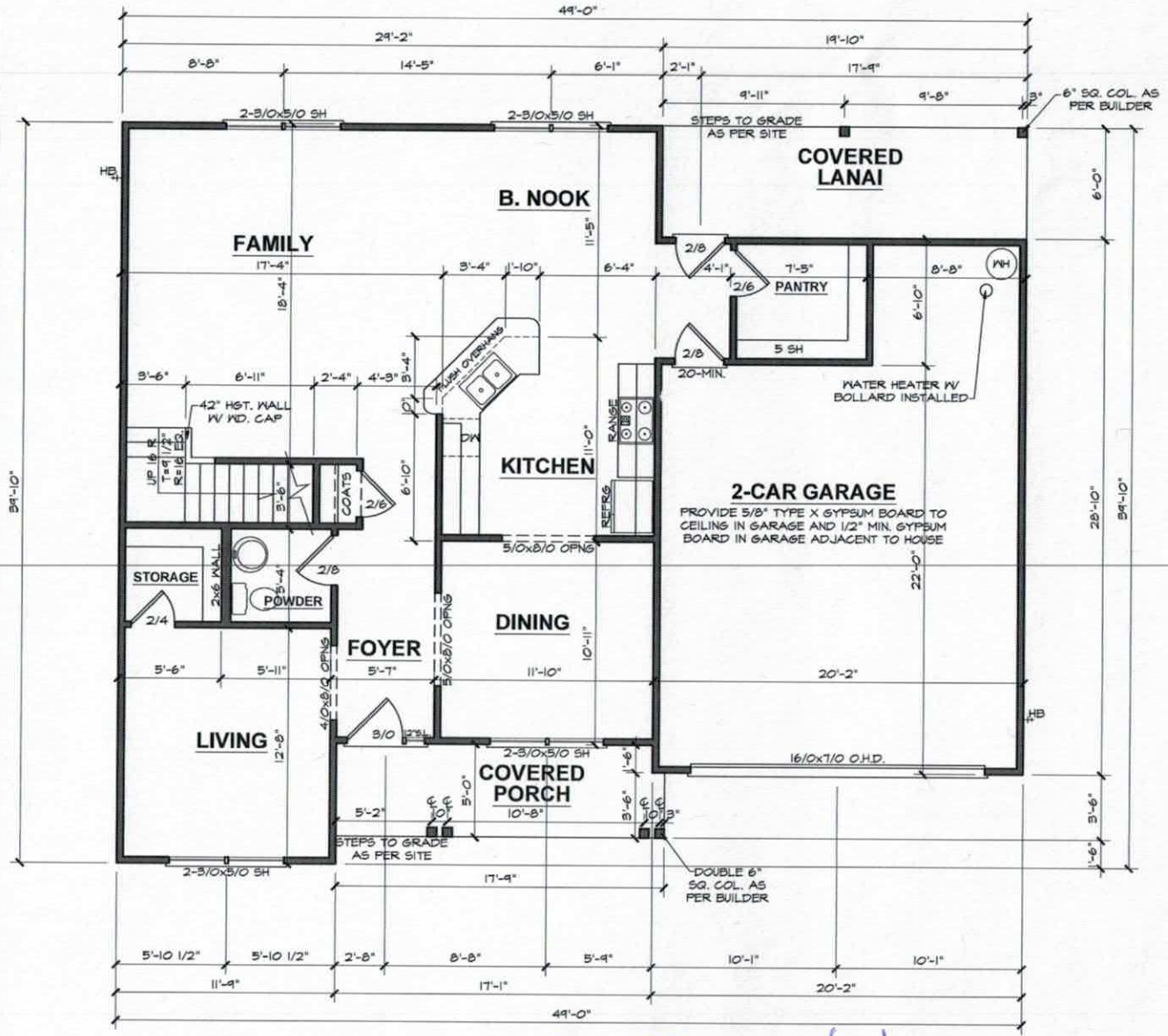
X _____ MANAGER 7/9/2016
Signature of Owner(s) Date

X _____ 7.19.16
Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



Cynthia Blue 8/2/18

Benjamin A. Bottin

ADAMS HOMES AEC, LLC

2721 "A" FE (R) NR010

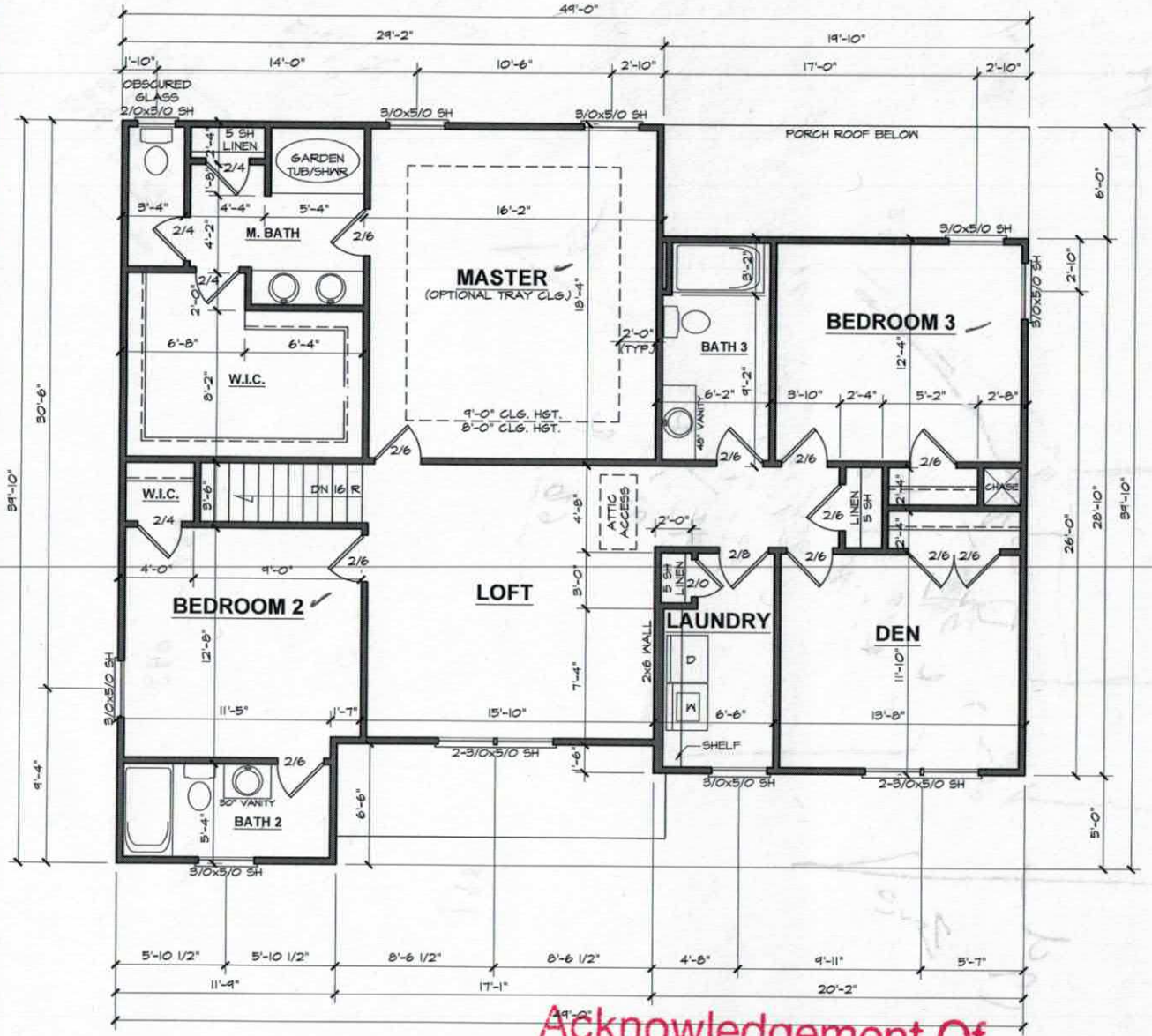
DATE DRAWN
7-26-2018
PROJECT
3664
REVISIONS

SHEET 3

FIRST FLOOR PLAN

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

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



Acknowledgement Of Plans Submittal ONLY!

Date 8/2/19

Date

SECOND FLOOR PLAN

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

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

ADAMS HOMES AEC, LLC

2721 "A" FE (R) NR010

DATE DRAWN
7-26-2018
PROJECT
3664
REVISIONS

SHEET
4

IREDELL COUNTY

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

APPLICATION NUMBER
223217
Issue Date: 11/16/2016

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4762402068.000	111 WYLIE TRAIL	

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.

Signature of Owner/Contractor

Date: 11/16/2016

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	85920	TOTAL FEES:	$ 350.00