IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240799

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

PIN # 4762406047

APPLICANT/OWNER: Adams Homes APPLICANT ADDRESS: 3000 Gulf Breeze Pkwy

SITE ADDRESS: 125 Wylie Trail, Statesville 28677 PHONE: 704-361-5457 ALT. PHONE —

SITE DIRECTIONS: Hwy 70 turn L on Bethania L on Wylie Trail SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Northlake SECTION: 2 LOT # 15 LOT AREA: 0.47 DESIGN FLOW: 480 L.T.A.R.: .5

Septic Tank	1000	(gal)	STB	760	Date	4-22-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Gravity 50%			
Pump Make			Model		Serial #		Repair System Description:	LPP 50%			
# Nitrification Fields	1	# Lines	6	Linear Ft	270'		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	—			☒ GRAVITY	☐ PRESSURE		

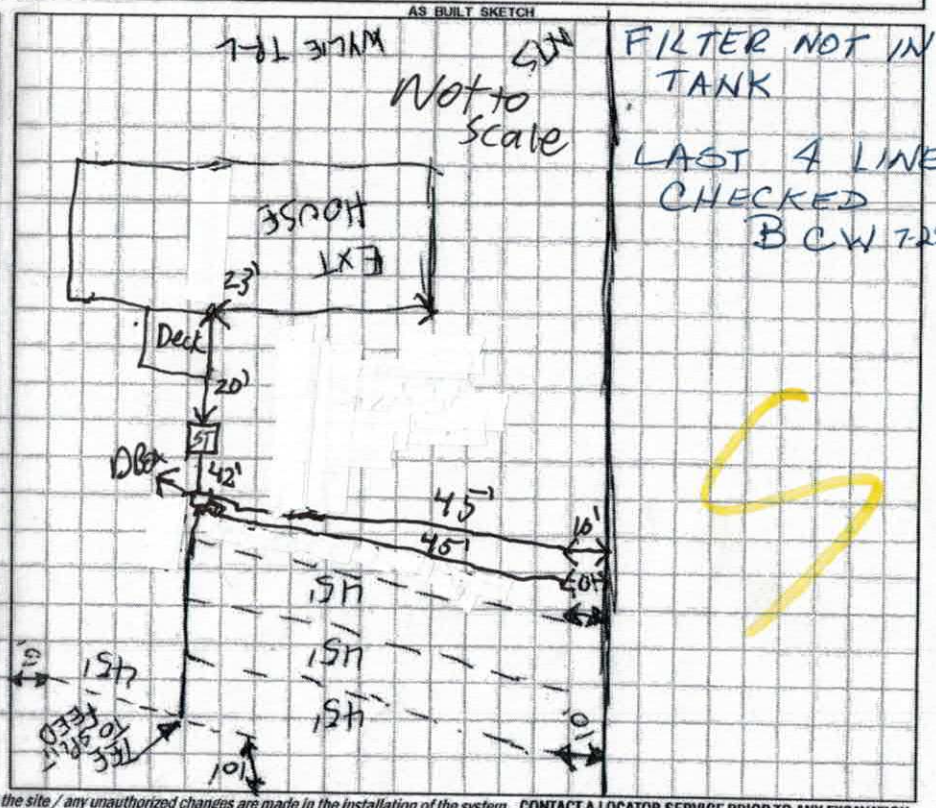
☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Fill Depression. - Gravity T&J Panel

INITIAL SITE SKETCH

See Attached Design and Site Proposal by Michael Athanas + Associates LSD.

AS BUILT SKETCH



FILTER NOT IN TANK

LAST 4 LINES CHECKED BCW 7-25-19

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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

Owner / Applicant Signature: Cynthia Blanding Date: 2/4/19 Installed by: Shane C

IMPROVEMENT PERMIT by: Benjamin A. Bolton Date: 12/20/18 OPERATION PERMIT by: Patrick J. Bagley III Date: 07/26/19

AUTHORIZATION TO CONSTRUCT by: Carla C. Owl Date: 1/25/19 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.

PROPERTY ID #: 4762406047
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Adams Homes
APPLICATION DATE
ADDRESS: 3000 Gulf Breeze Pkwy, Gulf Breeze, FL 32563
DATE EVALUATED:
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.47 AC
LOCATION OF SITE: 125 Wiley Trl, Northlake Lot 13
PROPERTY RECORDED:
WATER SUPPLY: Private Ξ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: Ξ Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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	
PIT 1	LS 5%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	56"		N/A	PS 0.3
		6-24	R C SBK	FR SS SP SXP					
		24-56	R CL WSBK	FR SS SP SXP			F-C SAP		
PIT 2	LS 5%	0-4	Br SCL WSBK	FR SS SP SXP	N/A	60"		N/A	PS 0.3
		4-26	R C SBK	FR SS SP SXP					
		26-60	R CL WSBK	FR SS SP SXP			F-C SAP		
PIT 3	LS 5%	0-5	Br SCL WSBK	FR SS SP SXP	N/A	60"		N/A	PS 0.3
		5-22	R C SBK	FR SS SP SXP					
		22-60	R CL WSBK	FR SS SP SXP			Few SAP		
PIT 4	LS 5%	0-8	FILL		N/A	62"	N/A	N/A	PS 0.3
		8-20	R C SBK	FR SS SP SXP					
		20-44	R CL WSBK	FR SS SP SXP					
		44-62	RBr L WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	810 FT²	948 FT²
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #:4762406047
DATE OF EVALUATION: _____
COUNTY: IREDELL

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	
AB 1	LS 5%	0-4	Br CL WSBK	FR SS SP SXP	N/A	48"		N/A	PS 0.3
		4-32	R C SBK	FR SS SP SXP					
		32-48	R CL WSBK	FR SS SP SXP			F-C SAP		
AB 2	LS 5%	0-5	Br CL WSBK	FR SS SP SXP	N/A	48"		N/A	PS 0.3
		5-28	R C SBK	FR SS SP SXP					
		28-48	R CL WSBK	FR SS SP SXP			F-C SAP		



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

LICENSED SOIL SCIENTIST
MICHAEL ATHANAS
1252
STATE OF NORTH CAROLINA

Reference: Data Sheet for Lot 13 Northlake;
125 Wylie Trail; PID#4762406047; Iredell County, NC

House Footprint: 50'x64'
Building Setback: 35' Front/Rear, 15' Side,
Water Source: Public Water
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 gpd/ft2
Suggested System Type: Gravity PPBPS
Proposed Repair LTAR: 0.3 gpd/ft2
Repair System Type: PPBPS
Distribution: Gravity with "D" box
Trench Bottom: 36"
Septic/ Pump tank size: 1000 ST

Line	Design Length	Number of Panels	Repair Length	Actual Length
Blue 1			35'	35'
Pink 2			35'	35'
Orange 3			37'	37'
Blue 4			38'	38'
Pink 5			40'	40'
Yellow 6	**45'**	**10**		**45'**
Orange 7	**45'**	**10**		**45'**
Blue 8	**45'**	**10**	34'	**84'**
Pink 9	**45'**	**10**	34'	**84'**
Yellow 10	**45'**	**10**	34'	**84'**
Orange 11	**45'**	**10**		**53'**
White 12			29'	29'

Initial System: 270' Gravity PPBPS
Repair System: 316' PPBPS

Comments:
The purpose of this evaluation is to re-permit the property for a 4-bedroom residence.

- MA&A is proposing to move the house to the front part of the lot and the system to the rear of the lot.
- The proposed house site has been marked using red pin flags.
- The drainage area indicated on the site plan should be filled, so that the system can be installed as shown.

RECEIVED JAN 2 5 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: 125 Wheat Trail Statesville NC
Subdivision Name: Northlake **Section/Phase:** 2 **Lot Number:** 13
Driving Directions: Enter off Bethesda Church Rd

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

Comp.

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

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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 Gulf 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:

Street Address: 125 Wylie Trail
Subdivision Name: Northlake **Section/Phase:** _____ **Lot Number:** 13
Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) 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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
(✓) 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: _____ 12/6/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

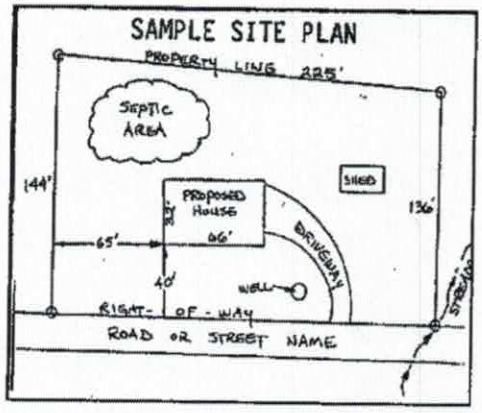
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

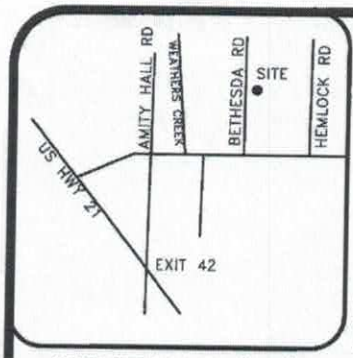
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ 12/6/2018

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

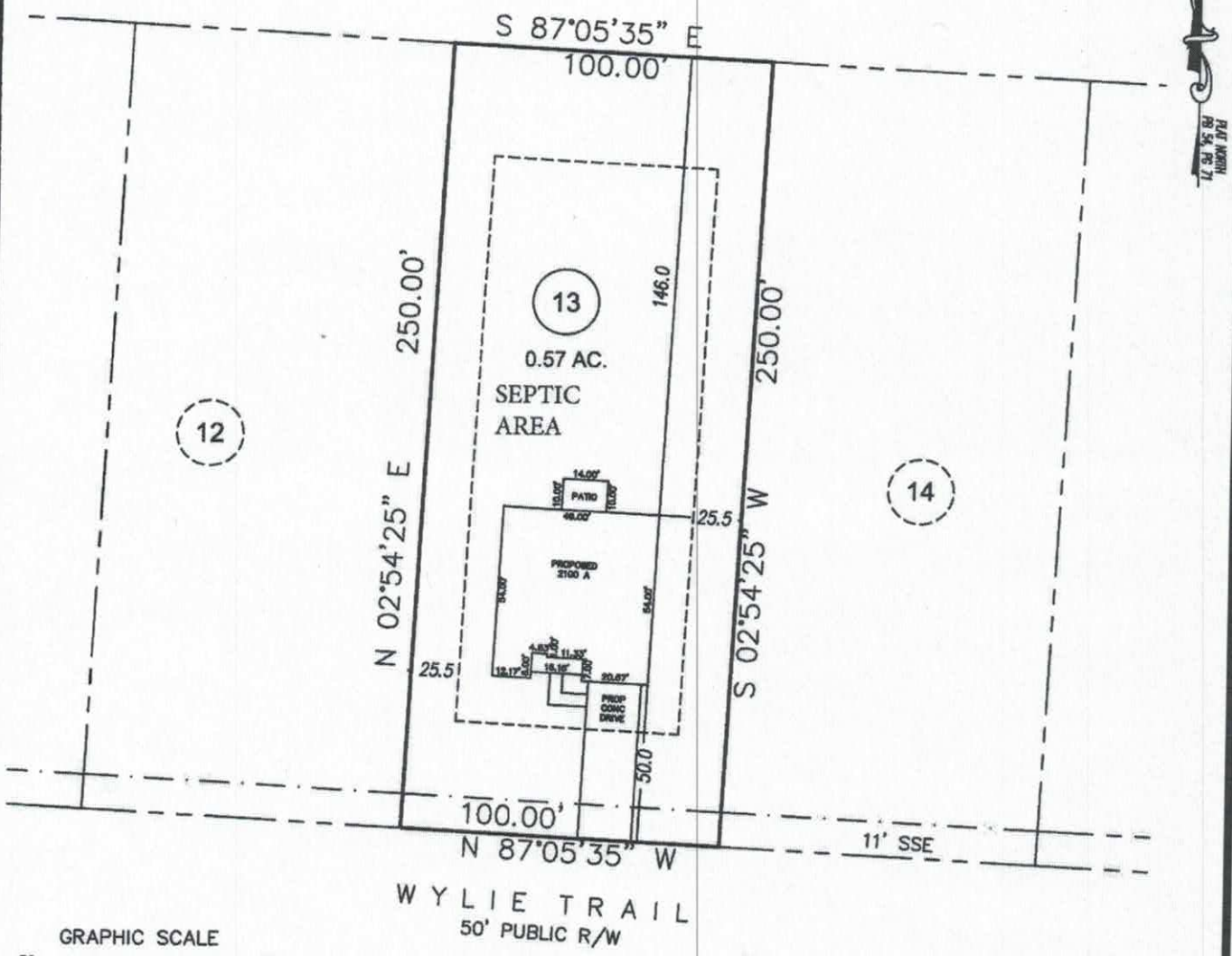
HOUSE	2,614 SQ.FT.
DRIVE	834 SQ.FT.
WALK	72 SQ.FT.
PATIO	140 SQ.FT.
TOTAL	3,660 SQ.FT.

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

50 0 25

1 inch = 50 ft.

PRELIMINARY
PLOT PLAN

ECLS

PROJECT:	18-005 NORTHLAKES
DRAWN BY:	APS
SCALE:	1"=50'
DATE:	9-27-18

FOR
ADAMS HOMES CHARLOTTE
125 WYLIE TRAIL, STATESVILLE
LOT 13 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

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 AEC, LLC / W. Brynn Adams, Manager, am the legal owner(s) of the property located at 125 Wiley Trail Northlake Lot 13, identified as PIN (Parcel Identification Number) 4762406047, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Ahrens, Michael Ahrens & Assoc., 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.

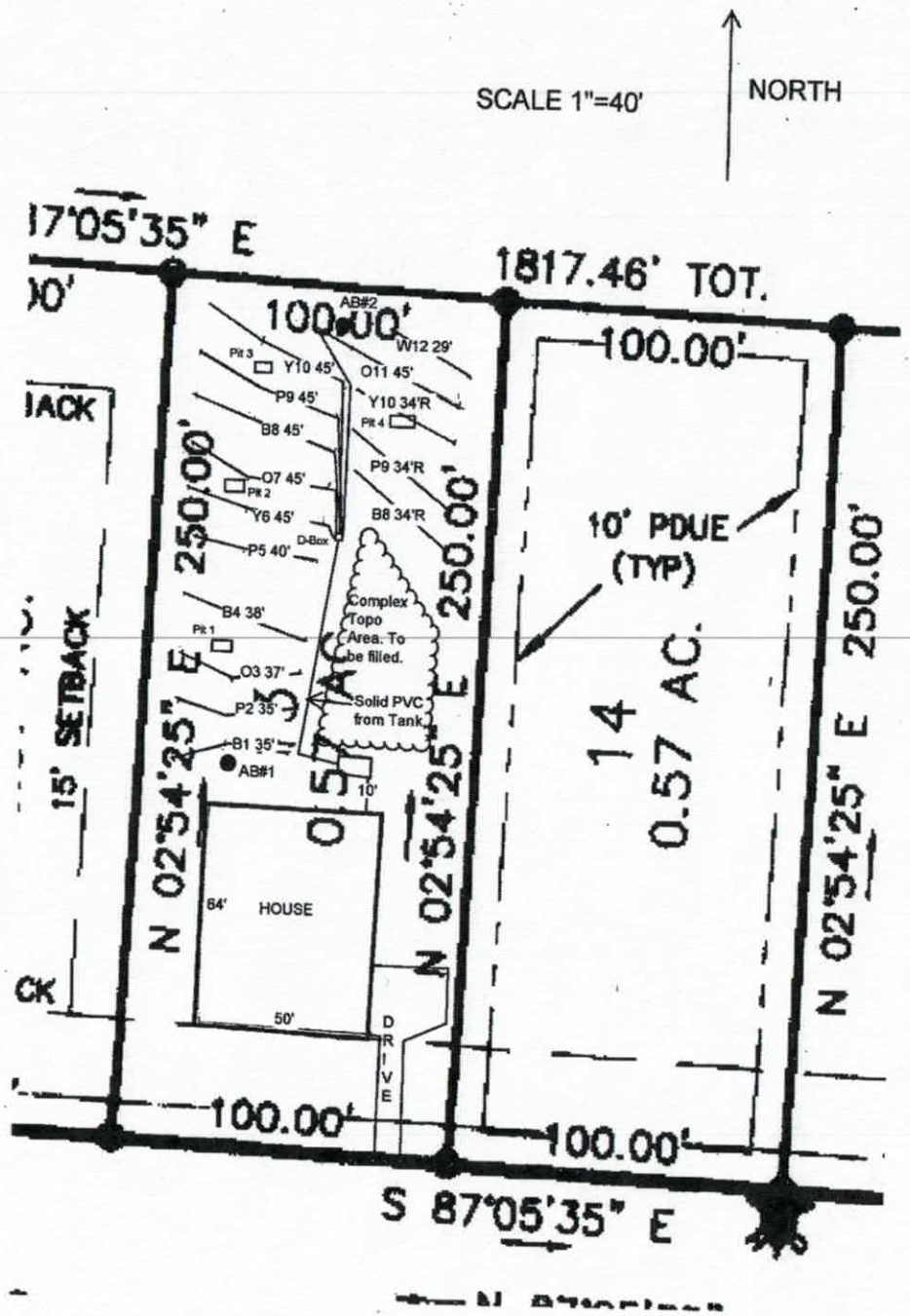
Adams Homes AEC, LLC Manager 9.21.2018 . 9.21.18

Signature of Owner(s) Date 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


SCALE 1"=40'
NORTH
17'05'35" E
1817.46' TOT.
100.00'
AB#2
W12 29'
Pit 3
Y10 45'
O11 45'
P9 45'
Y10 34'R
B8 45'
Pit 4
P9 34'R
O7 45'
Pit 2
Y6 45'
B8 34'R
P5 40'
D-Box
10' PDUE
(TYP)
Complex
Topo
Area. To
be filed.
B4 38'
Pit 1
O3 37'
P2 35'
Solid PVC
from Tank
B1 35'
AB#1
10'
15' SETBACK
250.00'
N 02'54'25" E
0.57 AC.
14
0.57 AC.
64'
HOUSE
50'
DRIVE
100.00'
100.00'
S 87'05'35" E

Acknowledgement Of
Plans Submittal ONLY!

Date

Date 1/25/19

FLOOR PLAN

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

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

SHEET 3

DATE DRAWN 9-18-2018
PROJECT 3735
REVISIONS

2100 "A" FE (R) NR013

ADAMS HOMES AEC, LLC