IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 PERMIT # 22314

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

PIN # 4762407036

APPLICANT: CS & SC

APPLICANT ADDRESS: PO Box 1703 Mooresville NC 28115

SITE ADDRESS: 129 WYLIE TRL - Stat.

PHONE: ALT. PHONE:

SITE DIRECTIONS: OSWALT ANIM - TL BETHESDA - TR NORTHLAKE - TL MT ISLAND - TL WYLIE - ON LT

SUBDIVISION: NORTHLAKE SECTION: 2 LOT # 14 LOT AREA: .57 AC DESIGN FLOW: 360 450 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 760 Date 4/29/19

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 6 Linear Ft: 400

Trench Width 36" Max. Trench Bottom Depth 29" Gravel Depth NA

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: LP PUMPS

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions:

* although floorplans for 3BR were submitted 4BR system must be installed per permit *

INITIAL SITE SKETCH

See Carolina Soil & Septic Consultant's Design

AS BUILT SKETCH

7/18/19: House stubbed @ opposite end of rear as drawn.

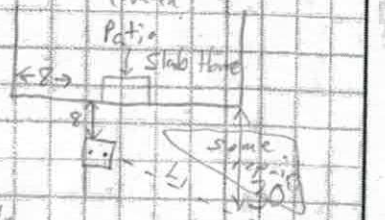
- Shoaf mid-seam 1000-gallon conc. tank w/ a Polylok PL-69 effluent filter

L1 50' (cont)
L2 50'
L3 84'
L4 70
L5 62
L6 80
406

IQ4W installed @ 29" per permit Verified by laser

Originally permitted as repair line #7. Now primary septic line)

☆ - Additional repair line above primary system area (previously line #1)



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 Bradley Date: 11/4/16

IMPROVEMENT PERMIT by: Date: 11/24/16

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

Installed by: Shane Cashion

OPERATION PERMIT by: Tom Shuck Date: 7/18/2019

Existing System Inspected by: Date:

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

WYLIE TRAIL
N 87°05'35" W 1451 POWER
S 87°05'35" E 1367.30' TOT.
POWER
100.00'
DRIVE
35'
20'
36'
60'
14
0.57 AC.
HOUSE
13
0.57 AC.
HOUSE
N 02°54'25" E 250.00'
15
0.57 AC.
250.00'
1" = 40'
SMALL DITCH
COMPLEX TOPO TO BE FILLED TO SMOOTHED CONTOUR
T.S.
1817.46' TOT.

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 a 25% Reduction Septic System using Gravity distribution for a 4 bedroom single family residence on Lot 14 of Northlake Subdivision,129 Wylie TRL, in Statesville, Iredell County, North Carolina.

Contents: **Page**

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

Design Information
Design Specifications---------- 2
Layout Specifications---------- 3

Site Plan/System Plan---------- 4

Dosing Calculations---------- 5

Soil Profile Descriptions---------- 6

October 7, 2016
Design By: Adrian L. Pruett

NON-EXPIRING

LICENSED SOIL SCIENTIST
ADRIAN L. PRUETT
1314
STATE OF NORTH CAROLINA

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.
- All tanks shall be properly back filled and compacted to prevent slump 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.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- Repair is specified as PPBPS Low Pressure installation.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **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.**

OWNER INFORMATION

Owner:	Lakeside Vista Partners, LLC Mike Blackmon
Address:	12621 McGinnis Ln. Huntersville, NC 28078
Phone:	980-216-0652
County:	Iredell
Location:	NORTHLAKE LOT 14, 129 WYLIE TRL
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	480	
Loading/Soil Application Rate (gpd/ft.^{2}):	0.300	
Depth of Gravel in Trench:	NA	
Gravel Size:	NA	
Total Lateral Length From Layout:	400	
Total Lateral Length Required:	400	
Trench Depth:	29 in.	Lowside
Trench Width:	36 in.	
TOTAL AREA TRENCH BOTTOM:	1200	
Trench Spacing on Center:	9 ft.	
Repair Trench Spacing on Center:	8 ft	
Repair Trench Depth:	32 in.	
Septic Tank Size:	1000	gal.
Estimated Supply Line Length:	10	
Supply Line Diameter:	3 in. SCH 40 PVC	
Supply Line Volume:	3.60	
Dosing Volume:	NA	
Supply Manifold:	SERIAL DISTRIBUTION	

Additional Comments: Soil suitability was performed by Adrian L. Pruett LSS

NORTHLAKE LOT 14, 129 WYLIE TRL
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE — October 7, 2016

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	***BLUE***	*NA*	*NA*	*53*	*50*
2	***RED***	*NA*	*NA*	*67*	*66*
3	***PINK***	*NA*	*NA*	*93*	*82*
4	***ORANGE***	*NA*	*NA*	*80*	*78*
5	***BLUE***	*NA*	*NA*	*69*	*66*
6	***PINK***	*NA*	*NA*	*60*	*58*
7	ORANGE	NA	NA	91	91
8	BLUE	NA	NA	93	93
10	PINK	NA	NA	57	57
11	RED	NA	NA	54	54
12	BLUE	NA	NA	51	51
13	PINK	NA	NA	30	30
			Total	**798**	**776**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	***400***	***ACCEPT.***	***0.300***	***25% RED.***	***GRAVITY***
Repair	376	*MOD.*	0.300	PPBPS	LOW PRESSURE

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Complex topography must be filled with clay and compacted, keep a minimum of 2 ft off of filled topo with septic lines.**
Small drainage ditch at rear of property must also be filled with clay and compacted
Smooth/Fill any rough topo in septic area upon install.
Iredell County has CS&SC's permission to change septic tank location and distribution type

DOSING CALCULATIONS

Location NORTHLAKE
Lot No: 14
Address: 129 Wylie Trail

No. of Bedrooms	4
Design Flow	480 $^{gal}/_{day}$
LTAR	0.300 $^{gal}/_{ft^2\,day}$
25% REDUCTION? (YES OR NO)	YES
Supply Line Length	10 ft.
Supply Line Volume	3.6 gal.
Required Feet of 25% RED. Line	400 ft.
Amount of Line from Layout	400 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	261.2 gal.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4762407036
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Lakeside Vista Partners, LLC APPLICATION DATE
ADDRESS: 12621 McGinnis Ln., Huntersville, NC 28078 DATE EVALUATED: 8/2016
PROPOSED FACILITY: 4 BRM PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: 0.57 ac
LOCATION OF SITE: 129 Wylie Trail, Troutman, NC Northlake Lot 14 PROPERTY RECORDED: Yes
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 RESTR HORIZ	
B 1	LSS 10%	0-12	B SCL WFSBK	FR SS SP SEXP	N/A	45"	PS	N/A	PS
		12-18	R C WFSBK	FR SS SP SEXP					
		18-24	R C MFSBK	FR SS SP SEXP	-COM SAP				0.3 GPD/SQFT
		24-45	R CL WFSBK	FR SS SP SEXP					
		45-48	VAR SL SAP M	FR SS SP SEXP	-FEW WR				
B 2	LSS 10%	0-48	R C MFSBK	FR SS SP SEXP	-COM SAP 30-48"	48"	N/A	N/A	PS
					N/A				0.3 GPD/SQFT
B 3	LSS 10%	0-35	R C MFSBK	FR SS SP SEXP	-COM SAP	48"	N/A	N/A	PS
		35-48	R CL WFSBK	FR SS SP SEXP	-COM/MANY SAP				
									0.3 GPD/SQFT
					N/A				
B 4	LSS 10%	0-3	B SCL WFSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS
		3-28	R C MFABK	FI S P SEXP					
		28-38	R CL WFSBK	FR SS SP SEXP					0.3 GPD/SQFT
		38-43	R CL WFSBK	FR SS SP SEXP	-COM WR, FEW SAP				
		43-48	R CL WFSBK	FR SS SP SEXP	-COM SAP				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	GRAVITY 25%	LP PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: CS&SC
OTHER(S) PRESENT: NONE

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: _4762407036___
DATE OF EVALUATION: ___8/2016____
COUNTY: __IREDELL____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 5	FS 10%	0-3	B SCL GR	FR SS SP SEXP	N/A	48"	N/A	N/A	PS
		3-22	R C MFSBK	FI S P SEXP	-FEW SAP				
		22-48	R CL WFSBK	FR SS SP SEXP	-COM SAP				0.3 GPD/SQFT
B 6	LSS 10%	0-3	B CL WFSBK	FR SS SP SEXP	N/A -FEW SAP	48"	N/A	N/A	PS
		3-36	R C MFSBK	FR SS SP SEXP					
		36-48	RCL WFSBK	FR SS SP SEXP	-COM. SAP				0.3 GPD/SQFT

Pump Design Sheet **For:** **By:**

System Length (linear ft)	267	Total Flow (gpm)	27.57
# of 16in Panels	62		
# of Lines	5		
Hole Size (in) (5/32=.156 3/16=.188)	0.156	Friction Loss (ft) - Supply Line	4.82
Drainfield Pipe Size (in)	1.25	Friction Loss (ft) - Valve Box	4.00
Supply Line Size (in)	2	Friction Loss (ft) - Drain Lines	14.11
Supply Line Length (ft)	225		
Pressure Head (ft)	2	Friction Loss (ft) - Total	22.93
Elevation Head (ft)	18		
		Total Dynamic Head (ft)	43.43

When choosing a pump for this system, you will need a pump that can deliver:

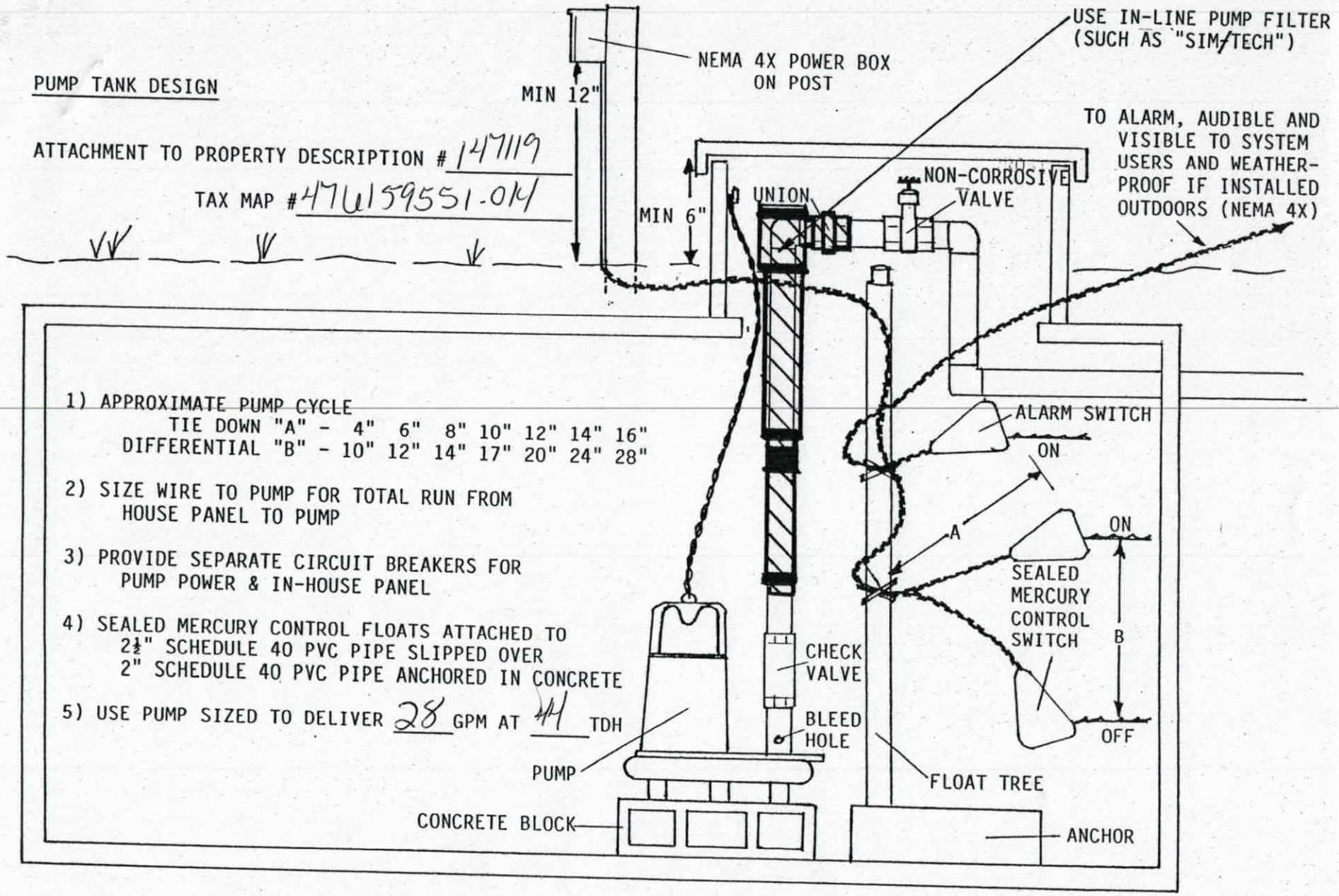
27.57 GPM against **43.43** FT of Total Dynamic Head

Dose Volume (gal)	221.82
Pump Run Time (min)	8.05
Tank Drawdown (in)	10.56

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 147119

TAX MAP # 47U159551.014



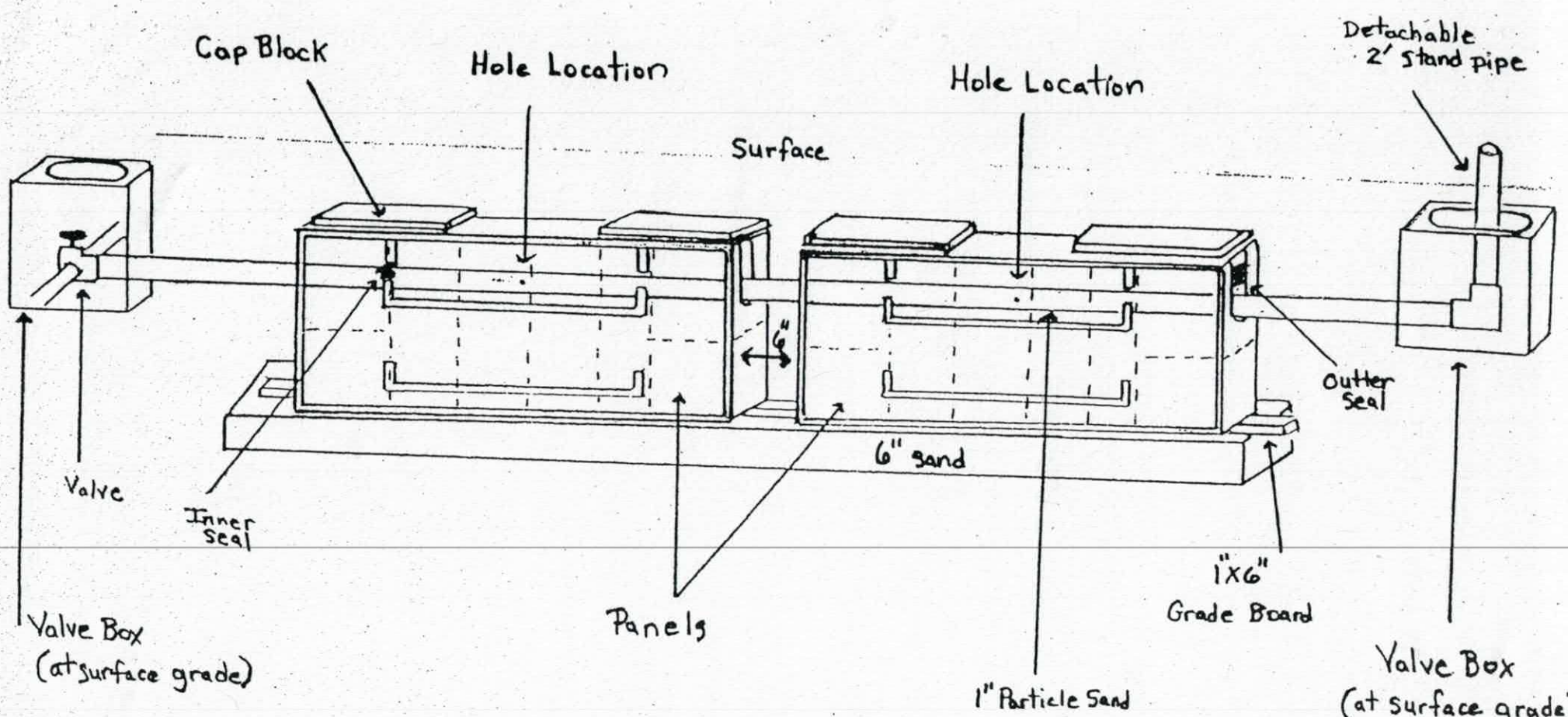
1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 28 GPM AT 44 TDH



Pressure Dosed PPBPS

# of panels 62.
Size holes 5/32. 1 hole per panel.
Approximate amount of sand needed 45 tons
100 lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 28.
TDH 44.

Comments

147119
4741597551-014

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 (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: Adams Homes AECN LLC **Address:** 3401 St Vardell Lane Ste B Charlotte NC **Zip:** 28217

Applicant Email: Adams Homes AECN LLC **Phone:** 704 558 4527 **Alt. Phone:** 7043615437

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

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

Property Information:

Street Address: 129 Wylie Trail Statesville NC 28667

Subdivision Name: Northlake **Section/Phase:** 2 **Lot Number:** 14

Driving Directions: Turn off Bethesda on Northlake, TL Mtn Island Trl, Tr Wylie Trail

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — (X) 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 (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: _____ 1-19-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED OCT 17 - 2016

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)

Paid $350.00

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

* NON-EXPIRING *

222314

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

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
129 Wylie Trl	North Lake	14

Driving Directions: Hwy 115 N, TR on Shinnville, TL on Brawley, TL on Oswalt Amity, TR on Bethesda, TR on North Lake, TL on Mountain Island, TR on Wylie, Lot on L

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

(✓) New, Single Family Residence	Maximum Number of Bedrooms 4	( ) Crawl Space Foundation?
( ) New, Multi-Family Residence	Maximum Number of Occupants 8	(✓) Concrete Slab Foundation?
( ) Expansion of Existing Septic System	If Expansion, Current Number of Bedrooms ___	( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to ___		( ) Basement w/out Plumbing?
( ) Other ___		

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 ( ) Yes (✓) No **Does the site contain any jurisdictional wetlands?**
To The Best of Your Ability: ( ) 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: ___ 10-7-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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 (Shonie Alexander), am the legal owner(s) of the property located at 129 Wylie Tr., Statesville NC, identified as PIN (Parcel Identification Number) 4762-40-7036, 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.

Shonie Alexander 8/4/16 — Signature of Owner(s) — Date

Dave Cobb 8-4-16 — 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

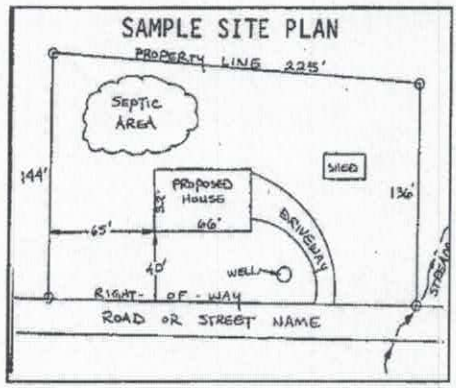
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**
- ( ) **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**

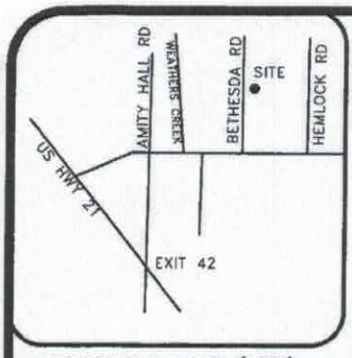
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Signature: _____ 1-21-19

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



VICINITY MAP (NTS)

LEGEND

AC=AIR CONDITIONING UNIT
BOC=BACK OF CURB
DW=CONC DRIVEWAY
EB=ELECTRIC BOX
EOP=EDGE OF PAVEMENT
P=PATIO
PO=PORCH
SCO=CLEANOUT
SW=SIDEWALK
TP=TELEPHONE PEDESTAL
WM=WATER METER
IRON PIPE FOUND
IRON PIPE SET
NAIL SET

SETBACKS

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

IMPERVIOUS AREA

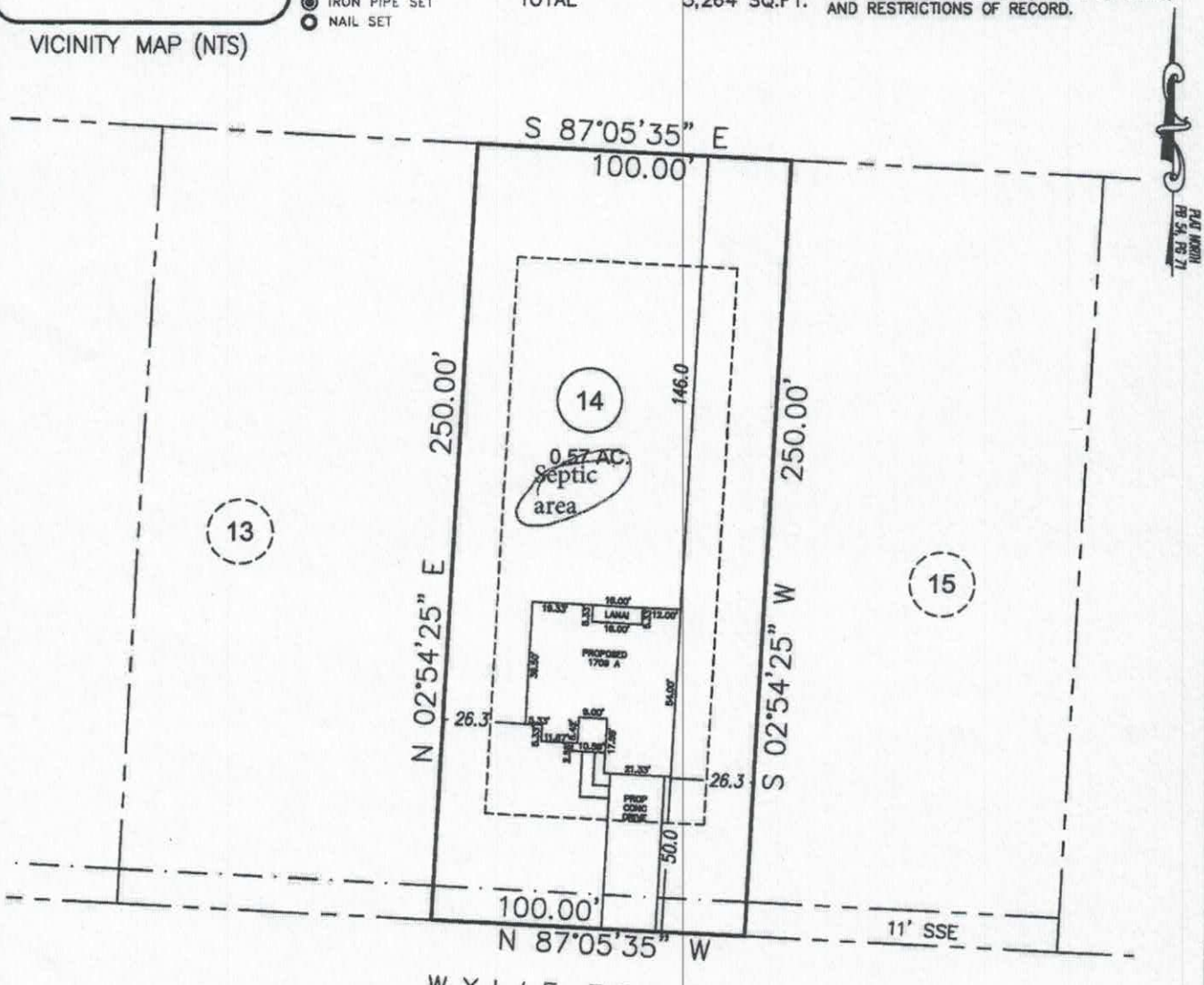
HOUSE	2,317 SQ.FT.
DRIVE	867 SQ.FT.
WALK	80 SQ.FT.
TOTAL	3,264 SQ.FT.

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

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

FOR
ADAMS HOMES CHARLOTTE
129 WYLIE TRAIL, STATESVILLE
LOT 14 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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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 PERMIT*!!!

Place an (X) beside each item as you complete the site plan:

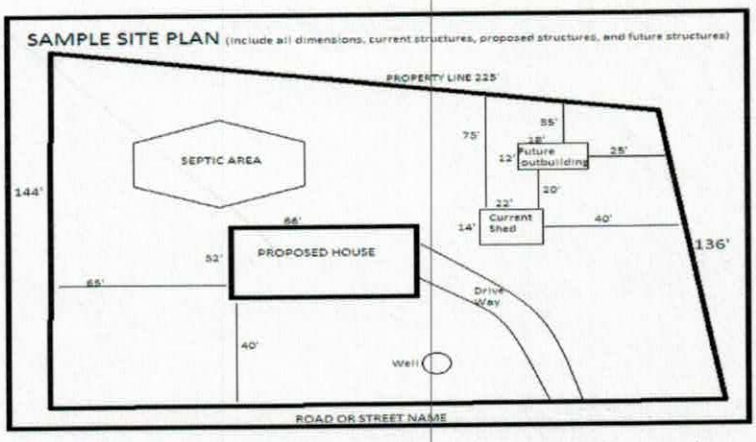
- ✓ **Property Line measurements are clearly identified…**
- ✓ **All proposed structures are indicated…**

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

- ✓ **Front and side setbacks from property line…**
- ✓ **Preferred driveway location and configuration, preferred well location…**
- ✓ **Area you prefer your septic system to be placed…**
- ✓ **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

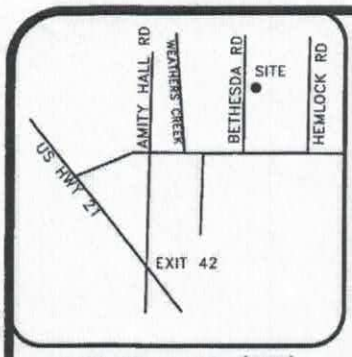
See Attached Site Plan

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

10-7-16

DATE



VICINITY MAP (NTS)

LEGEND

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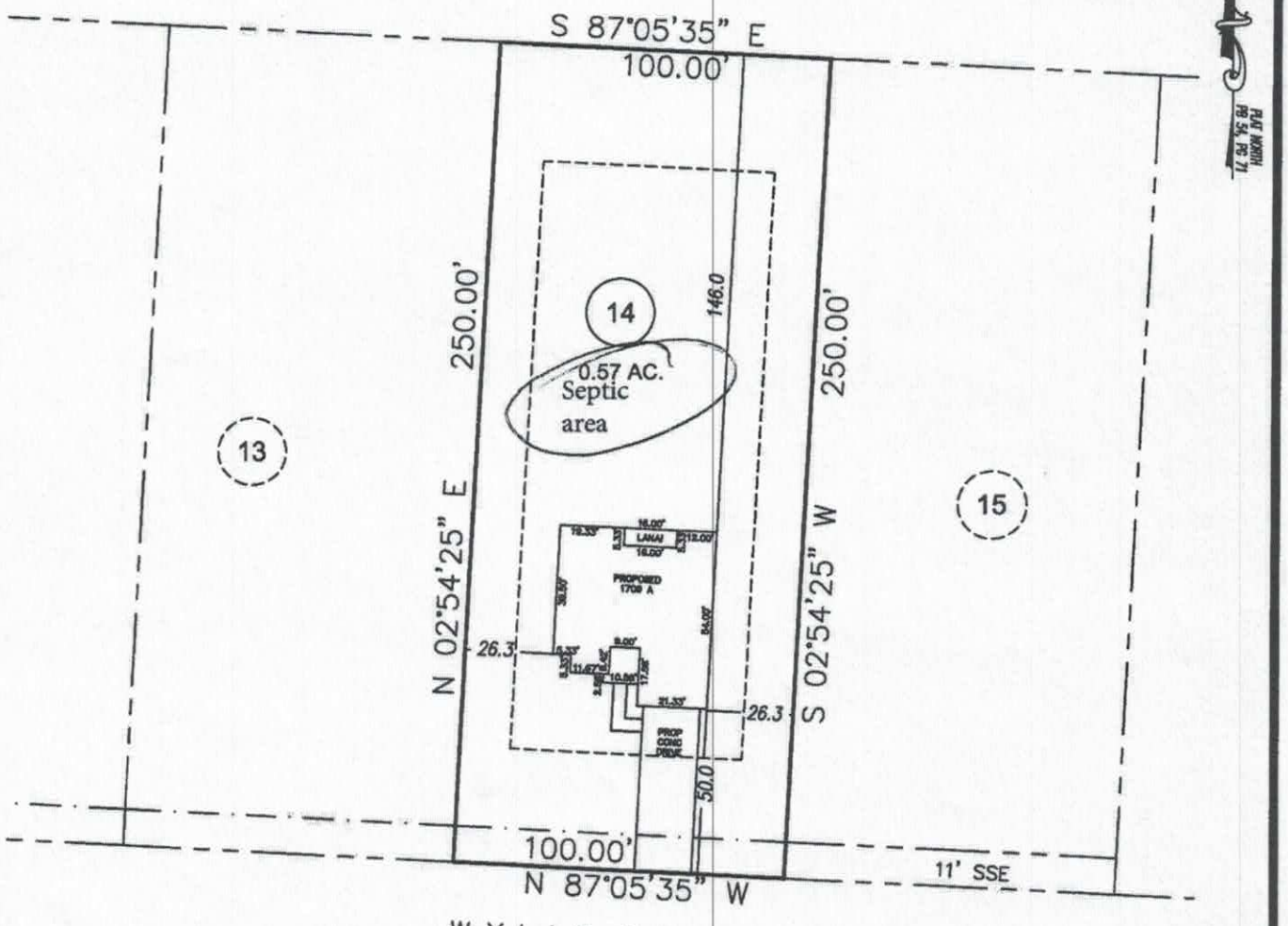
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50 0 25

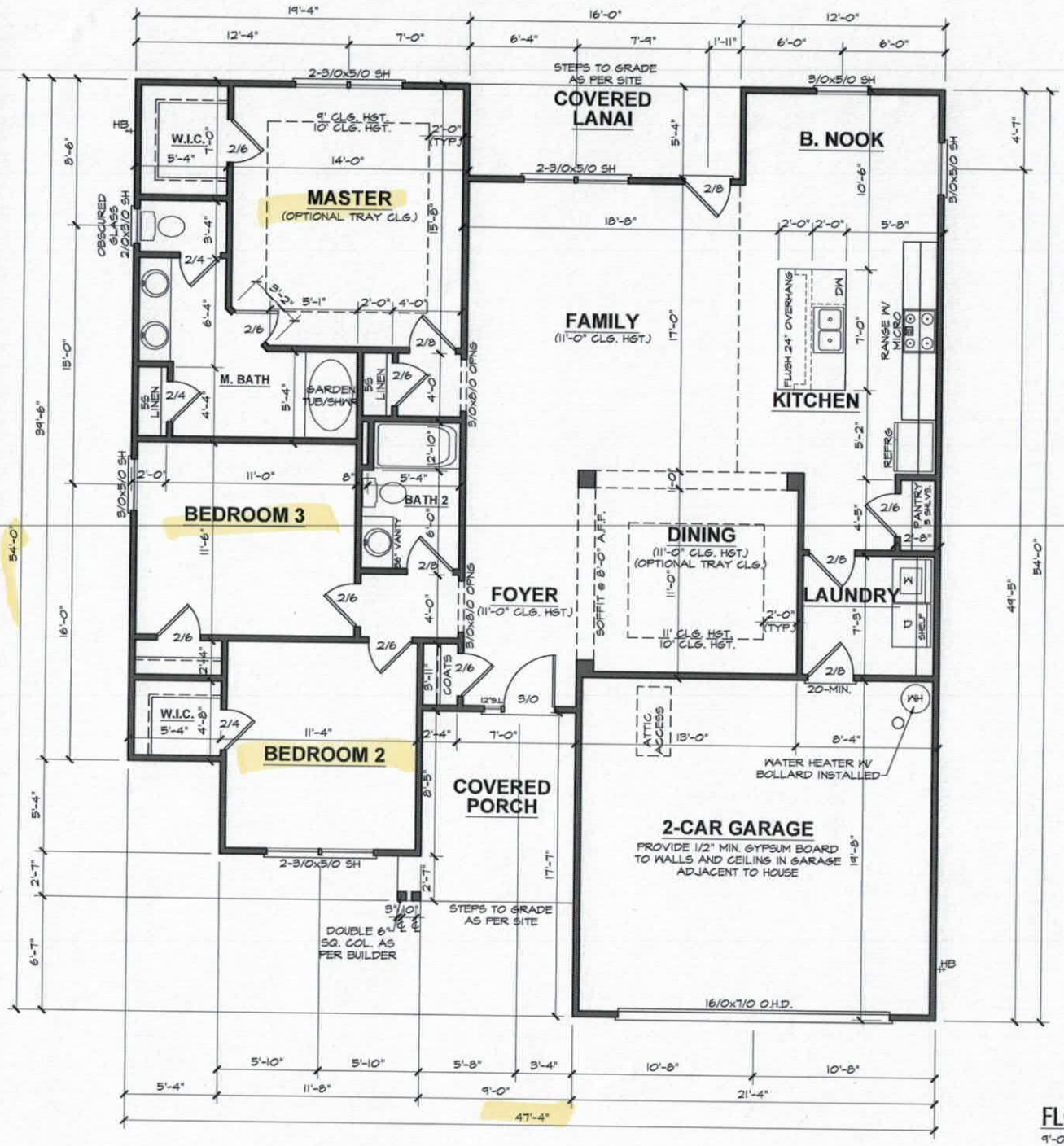
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PRELIMINARY
PLOT PLAN

PROJECT:	18-005 NORTHLAKES
DRAWN BY:	APS
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910.897.3257 ECLSGLOBAL.COM
910.897.2329 (FAX) CO#C-4175



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

Date 1/25/19

ADAMS HOMES AEC, LLC

1709 "A" FE (R) NR014

DATE DRAWN
9-12-2018
PROJECT
3738
REVISIONS

SHEET 3

IREDELL COUNTY

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

APPLICATION NUMBER
222314
Issue Date: 10/06/2016

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4762407036.000	129 WYLIE TRAIL	

Owner Information	Applicant Information	Contractor Information
Owner: ABMS DEVELOPMENT LLC Address: 1230 IREDELL CO, NC 28625 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.

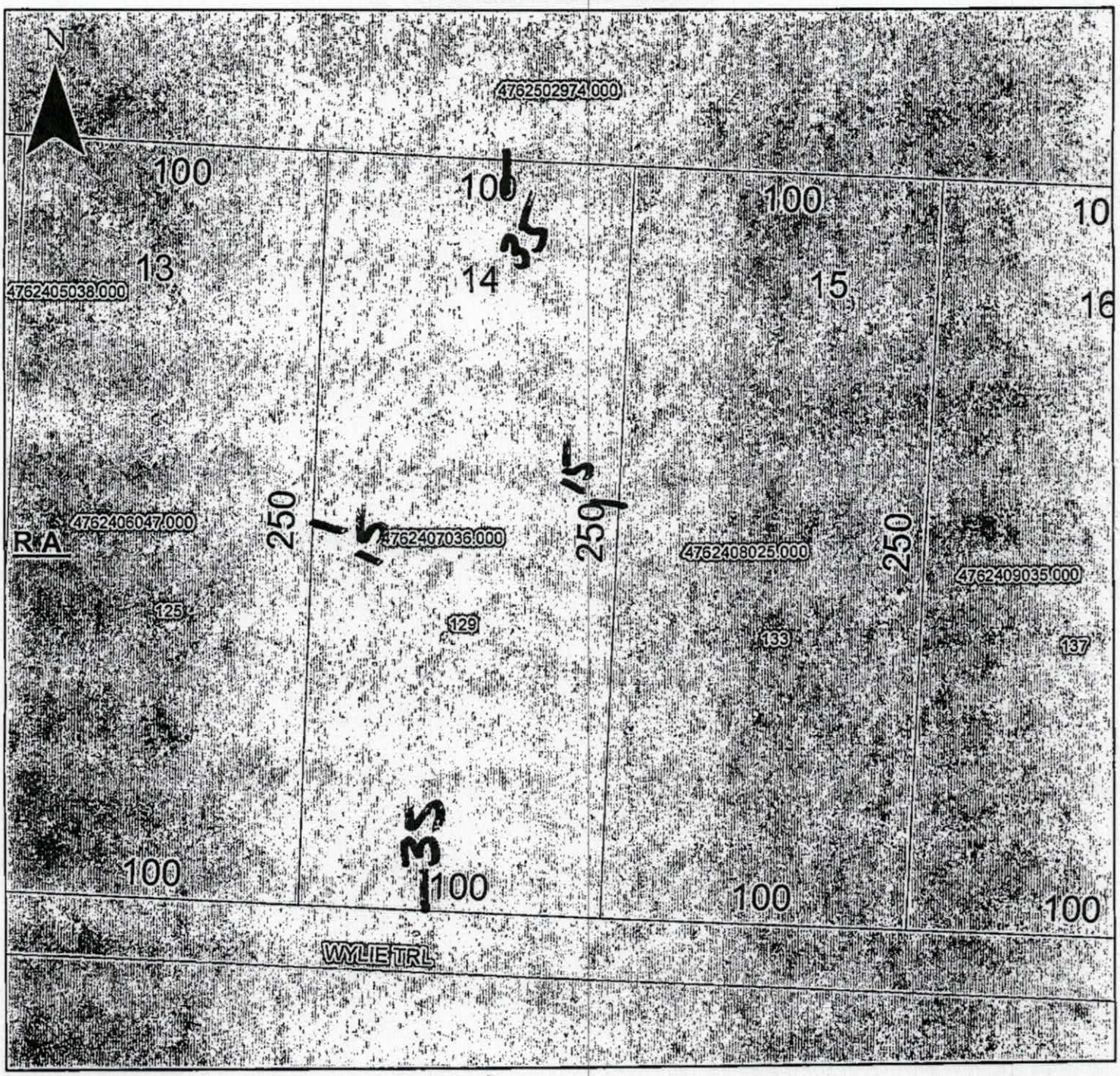
Date: 10/06/2016

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	82416	TOTAL FEES:	$ 350.00

ZONING DISCLAIMER



Property Address 129 Wylie Trl

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

10-6-16

Date