IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243200

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

PIN # 4762408025

APPLICANT/OWNER: Adams Homes AEC LLC APPLICANT ADDRESS: 3401 St Vardell Ln.

SITE ADDRESS: 133 Wylie Trail Statesville, NC 28677 PHONE: 704-558-4527 ALT. PHONE 803-280-1288

SITE DIRECTIONS: NC 115 N → R on Ostwalt Amity → L on Bethesda → R on Northlake → L on Mountain Island → L on Wylie → 1st on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Northlake SECTION: 2 LOT # 15 LOT AREA: .57ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date						
Pump Tank		(gal)	PT		Date						
Pump Make		Model			Serial #						
# Nitrification Fields	1	# Lines	6		Linear Ft	304'					
Trench Width	36"	Trench Bottom Depth(Low side)	32"/36" high side		Gravel Depth	—					

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

System Description: 25% reduction

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

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

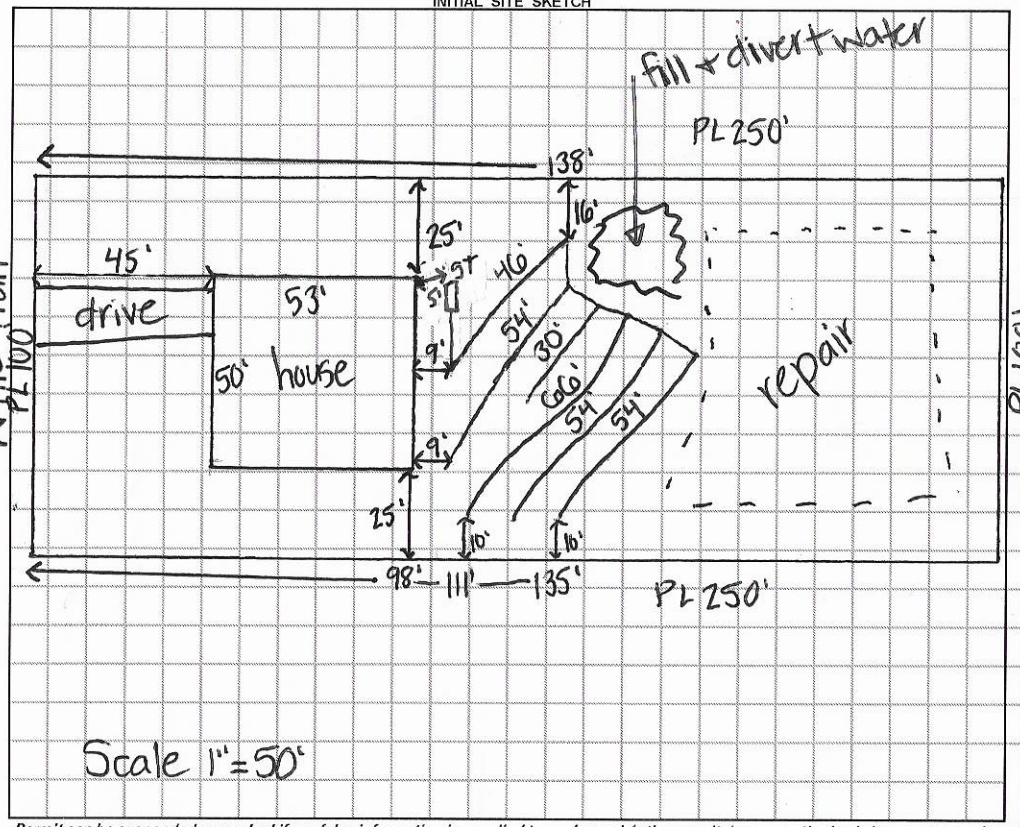
No. Bedrooms 3 No. Persons 6 No. Employees ☐ Crawl Space

Water Supply: ☐ Private ☑ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install 25% reduction with serial distribution.

INITIAL SITE SKETCH



Scale 1" = 50'

AS BUILT SKETCH

Installed as Drawn

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: 5/2/19

IMPROVEMENT PERMIT by: Kayla Wilson Date: 4-24-19

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 4-29-19

Installed by: Precision (Shane)

OPERATION PERMIT by: [signature] Date: 11-14-19

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day th ection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4762408025
COUNTY: Iredell

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

Northlake lot 15

OWNER: Adams Homes
ADDRESS: 133 Wylie Trail
PROPOSED FACILITY: SFR
LOCATION OF SITE: Bethesda → R on Northlake → L on Mountain Island → L on Wylie → lot on L

APPLICATION DATE
DATE EVALUATED: 4-24-19
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .57ac
PROPERTY RECORDED: yes

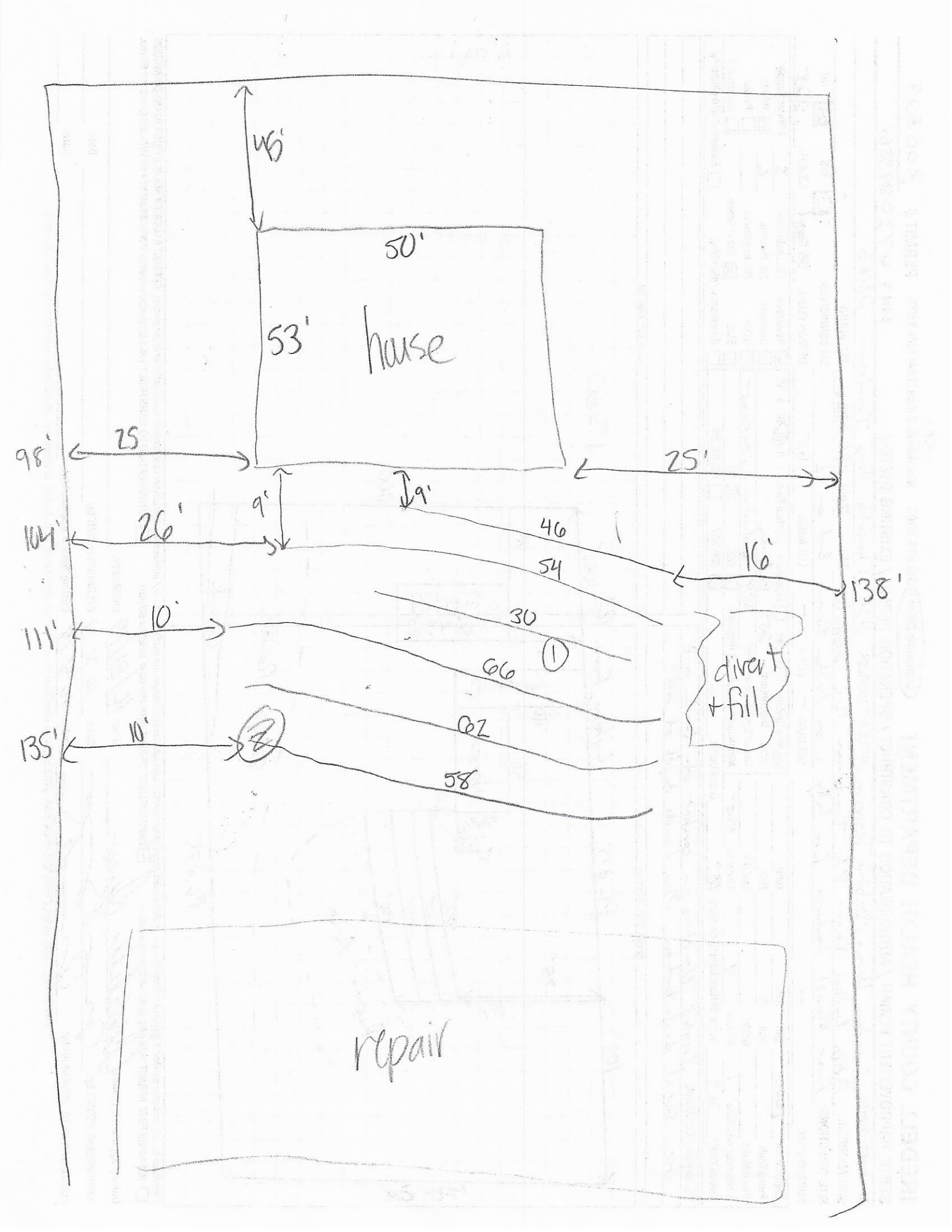
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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
1	9% LS	0-6	WSBK SCL	Fr, SS, SP, SE	—	48	—		PS .3
		6-23	ABK C	Fr, SS, SP, SE					
		23-48	WSBK CL	Fr, SS, SP, SE					
2	8% LS	0-21	ABK C	Fr, SS, SP, SE	—	48	—		PS .3
		21-48	WSBK CL	Fr, SS, SP, SE					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:


45'
50'
53'
house
95'
25
25'
9'
9'
104'
26'
46
16'
54
138'
111'
10'
30
1
66
divert + fill
135'
10'
2
62
58
repair

RECEIVED APR 1 2 2019

Paid $500.00 Comp. Relayout #243200

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: (X) 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 AEC LLC Address: 3401 St. Vardell Ln #B Zip: 28217
Applicant Email: charlotteaec@adamshomes.com Phone: 704 558 4527 Alt. Phone: 704 558 4527
Owner Name: Adams Homes AEC LLC Address: 3401 St. Vardell Ln #B Zip: 28217
Owner Email: Bcashion@adamshomes.com Phone: 704 558 4527 Alt. Phone: 704 558 4527

Property Information:

Street Address: 133 Wylie Trail
Subdivision Name: Northlake Section/Phase: 1 Lot Number: 15
Driving Directions: Oswalt Amity East. North on Bethesda. Entrance 1.5 miles on Right.

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

(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: 6
( ) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business: —
Square Footage of Building: — Max. Number of Employees: — Max. Number of Seats/Beds/Other: —

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: _____ 3/24/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Michael
803-280-1288

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 NC, LLC (by Jason Adams, Manager) am the legal owner(s) of the property located at 3601 St. Vardell Ln Suite B Charlotte, identified as PIN (Parcel Identification Number) P.B 84. Pg 71, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Dave Jones, 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 NC, LLC

Signature of Owner(s) — 9.21.2018 — Date

Signature of Witness — 9.21.18 — 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

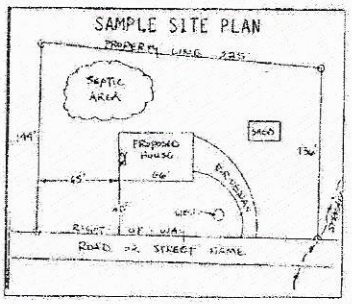
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- (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:

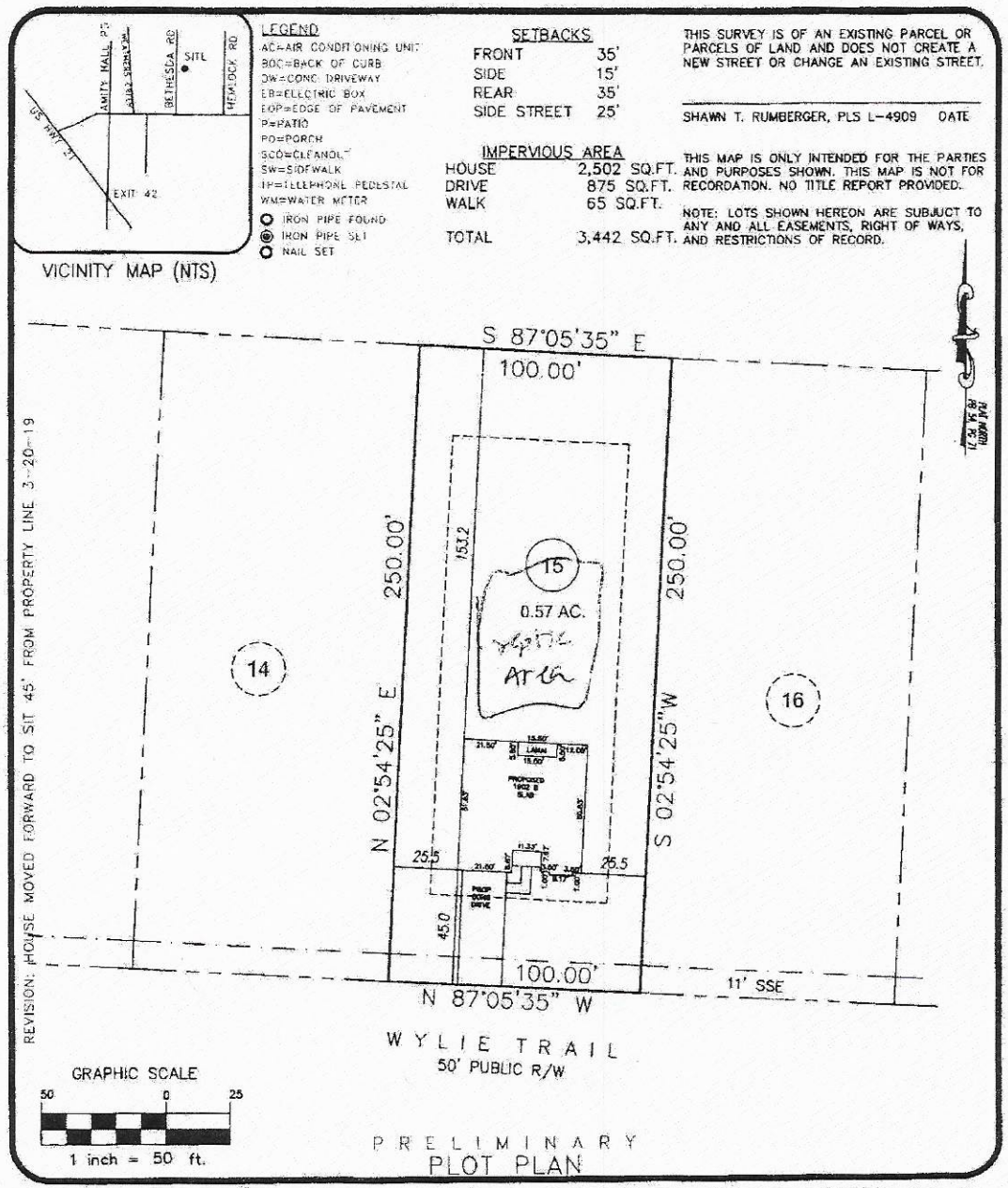
Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

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

Signature: _____ 3/24/19

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



PROJECT:	18-005 NORTHLAKES
DRAWN BY:	APS
SCALE:	1"=50'
DATE:	2-28-19

FOR
ADAMS HOMES CHARLOTTE
133 WYLIE TRAIL, STATESVILLE
LOT 15 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

Site address: 133 Tyree Lane - Unit

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 147120 PIN# 4761-59-6551.015 4762-40-8025 DATE 12-28-2007

OWNER OR APPLICANT ABMS DEVELOPMENT, INC PHONE: Business 704-664-7029 Home

ADDRESS 111-B RACEWAY DRIVE, MOORESVILLE, NC 28117

LOCATION US 70 E, TR BETHESDA ROAD, TL NORTHLAKE DR, TL MOUNTAIN ISLAND DR TR WY TR TRAIL, 7TH LOT ON LEFT

SUBDIVISION NORTHLAKE BLOCK / SECTION 2 LOT 15 LOT AREA 0.57 ACRE SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1600* Linear Feet 280

No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Supply Depth 24"

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

System Description: 50% REDUCTION, LOW-PRESSURE

Repair System Description: 50% REDUCTION, LOW-PRESSURE

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons No. Employees

Water Supply: ☐ Individual ☑ Public ☑ Community

☐ Gravity ☑ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: ① SEE ATTACHED SHEETS FOR PUMP & LOW-PRESSURE REQUIREMENTS ② A CONTRACT SHALL BE EXECUTED BETWEEN SYSTEM OWNER & MANAGEMENT ENTITY PRIOR TO ISSUANCE OF OPERATION PERMIT

Comments/Conditions:

INITIAL SITE SKETCH

SEE ATTACHED 'FAST TRACK' SITE PLAN PREPARED BY ROLLANS SOIL & ENVIRONMENTAL SERVICES, INC

PROJECT # : 01-1391

AS BUILT SKETCH

- IMPROVEMENT PERMIT ONLY -
DO NOT ISSUE BUILDING PERMIT
Floor Plan Still Needed
AC Inspection Required
New Zoning Permit Required
12-28-16 (SL2015-286)

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 1/10/08 Installed by:

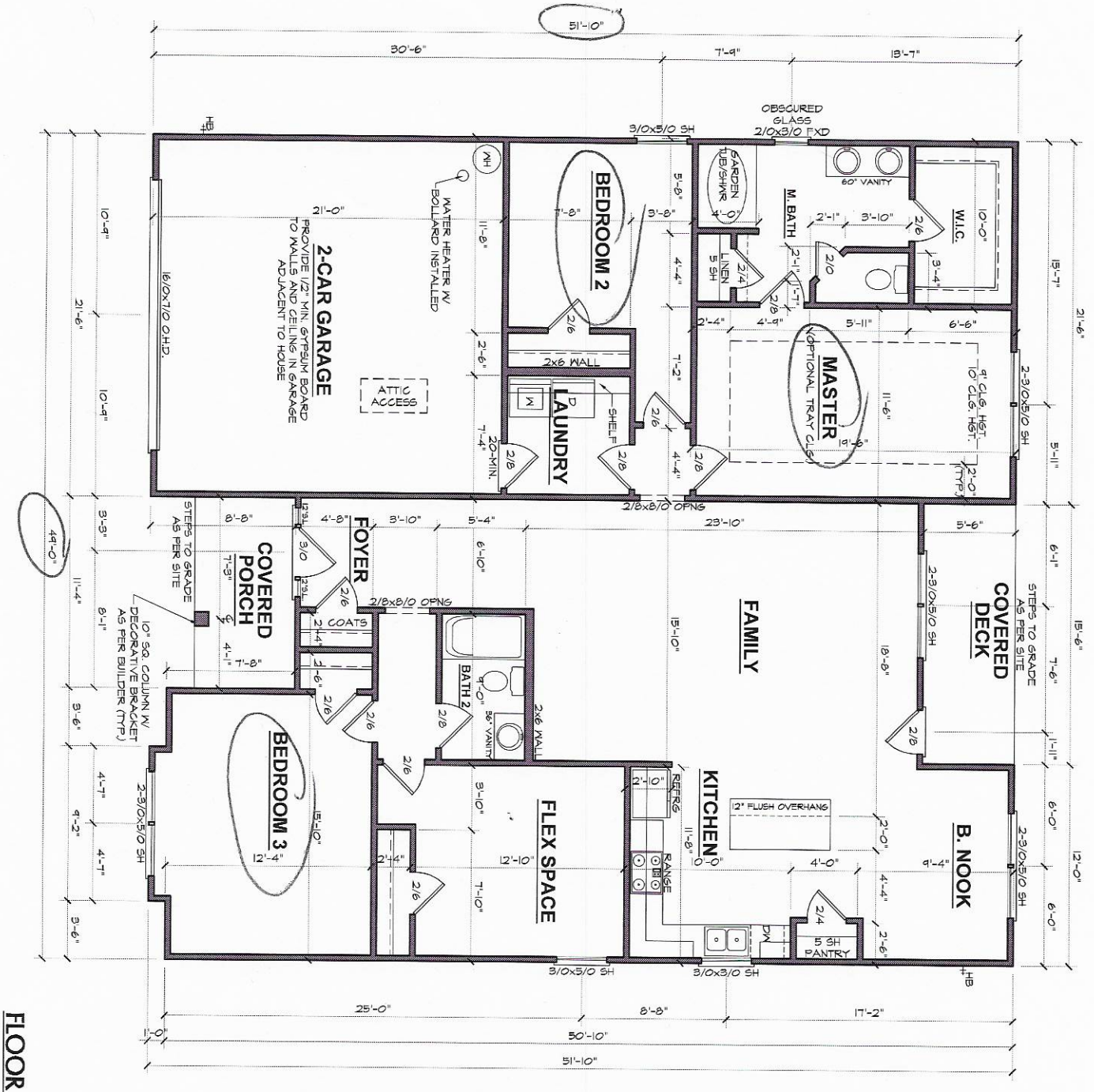
Improvement Permit by: STEVE HENDRICK date 12-28-07 Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

1" = 40'


100.0'
100.0'
100.0'
IBM 12.4'
10 P 15.4' 35'
11 R 12.9' 95'
10 O 14.2' 70'
8 P 12.1' 65'
7 B 10.6' 35'
94'
15'
14
0.57 AC.
70'
15
0.57 AC.
70'
16
0.57 AC.
70'
250.0'
60'
09'
10' PDUE
(TYP.)
Proposed Water Line
Proposed Water Line
DRIVEWAY (10' wide on property line)
HC
S.T.
P.T.
CVB
HYD
100.0'
100.0'
100.0'
7+00
8+00
9+00
13+00
14+00
S 87°05'35" E
1153.53'
100.0'
100.0'
100.0'
100



Acknowledgement Of
Plans Submittal ONLY!
Date 4-29-19
Date 5/2/19

1902 "B" FE (L) NR015

ADAMS HOMES AEC, LLC

FLOOR PLAN

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

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

DATE DRAWN 3-16-2019
PROJECT 3864
REVISIONS

SHEET 3

IREDELL COUNTY

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

APPLICATION NUMBER
243200
Issue Date: 03/26/2019

Permit Type: ZONING-IREDELL COUNTY

Parcel Number	Street Address	Jurisdiction
4762408025.000	133 WYLIE TRAIL	

Owner Information	Applicant Information	Contractor Information
Owner: ADAMS HOMES AEC LLC	Applicant: ADAMS HOMES AEC LLC	Contractor: ADAMS HOMES AEC LLC
Address: 3401 SAINT VARDELL LN SUITE B	Address: 3401 SAINT VARDELL LN SUITE B	Address: 3401 SAINT VARDELL LN SUITE B
CHARLOTTE, NC 28217	CHARLOTTE, NC 28217	CHARLOTTE, NC 28217
Phone: 704-558-4527	Phone: 704-558-4527	Phone: 704-558-4527
		License Type: BLDG — License Number: 59785-U

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

	TECHNOLOGY FEE - PLANNING	Amount:	2.25
	IREDELL COUNTY ZONING	Amount:	75.00
		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: 03/26/2019

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	171863	TOTAL FEES:	$ 77.25