ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243380

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

PIN # 4762502024

APPLICANT/OWNER: Adams Homes NEC LLC APPLICANT ADDRESS: 3401 St. Vardell Ln. Suite B

SITE ADDRESS: 149 Wylie Trail Statesville, NC 28677 PHONE: 704-558-4527 ALT. PHONE 704-361-5437

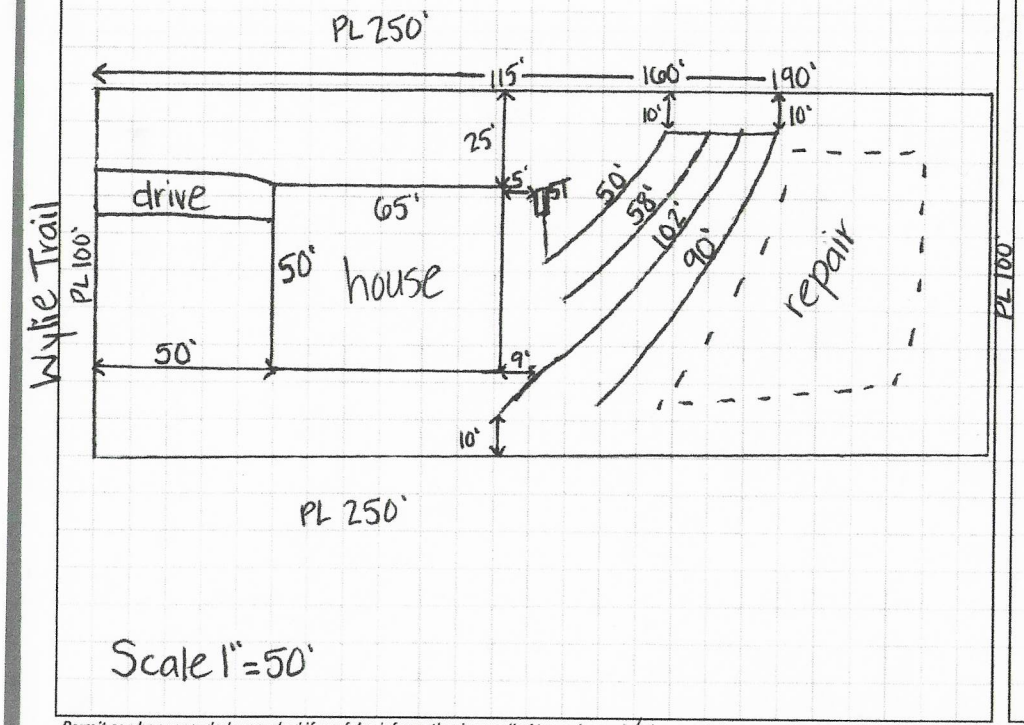
SITE DIRECTIONS: Ostwalt Amity (E) → L on Bethesda → R on Northlake → L on Mountain Island → R on Wylie → 1st on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Northlake SECTION: 2 LOT # 19 LOT AREA: .57ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank 1000 (gal)	STB 760'	Date 8-27	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% reduction	☐ Business	No. Persons 6	☐ Private
Pump Make	Model	Serial #	Repair System Description: gravity PPBPS	☐ Other	No. Employees	☑ Public
# Nitrification Fields 1	# Lines 4	Linear Ft: 300'	Maintenance Agreement Required: ☐ YES ☑ NO	☑ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 32"/36" high side	Gravel Depth —	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

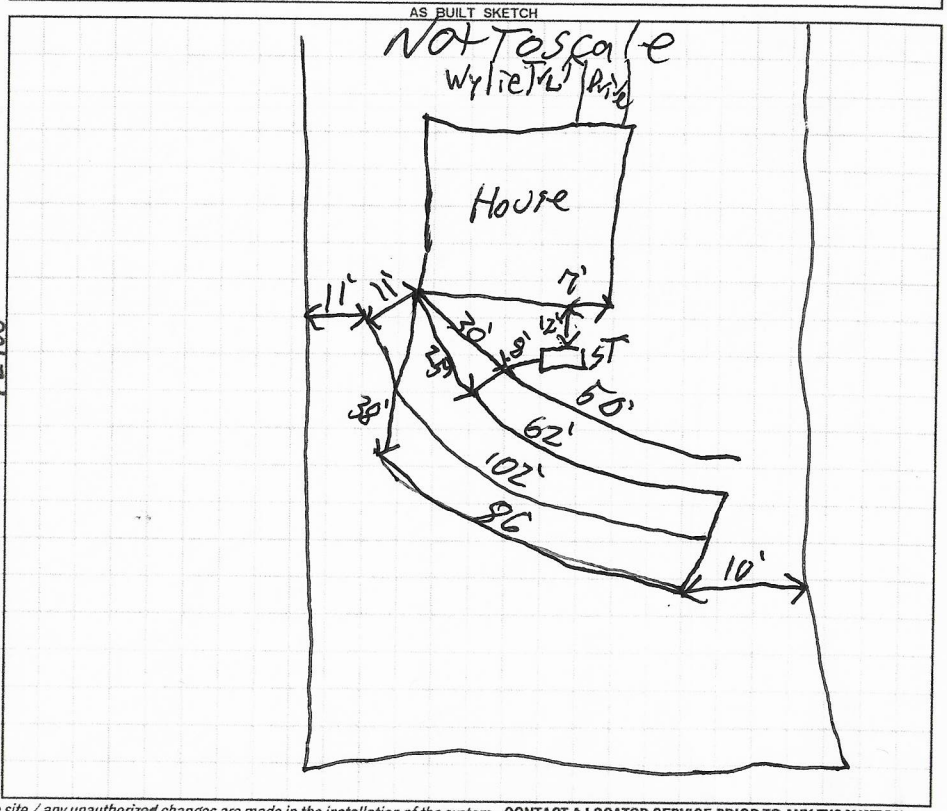
Comments / Conditions: Install 25% reduction with serial distribution.

INITIAL SITE SKETCH



Scale 1"=50'

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

Owner / Applicant Signature: Date: 6/4/19 Installed by: Precision Excavation

IMPROVEMENT PERMIT by: Kayla Watson Date: 5-29-19 OPERATION PERMIT by: Patrick E Bagley III Date: 11/20/19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 5-30-19 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.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell
~~4761596551.~~
4761596551.019

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: ABMS Development
APPLICATION DATE 12/12/07
ADDRESS: 111-B Raceway Dr. Mooresville, NC 28117
DATE EVALUATED: 2/12/08
PROPOSED FACILITY: 4 Bd house
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: .57 acre
LOCATION OF SITE: Northlake Subdivision Lot 19
PROPERTY RECORDED:
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	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
1	L 6%	0-7	w, gr, SL	Fr	NA	48"	NA	none	P.S. 0.3
		7-48	m, sbk, CL	Fr					
2	L 5%	0-6	w, gr SL	Fr	NA	48"	NA	none	P.S. 0.3
		6-48	m, sbk CL	Fr					
3	L 5%	0-6	w, gr, SL	Fr	NA	48"	NA	none	P.S. 0.3
		6-48	m, sbk, CL	Fr					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	P.S.	P.S.
System Type(s)	50% gravity	50% Pump
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): none
SITE CLASSIFICATION (.1948): P.S.
EVALUATED BY: Randy Moore
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None		

MOIST	WET
VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

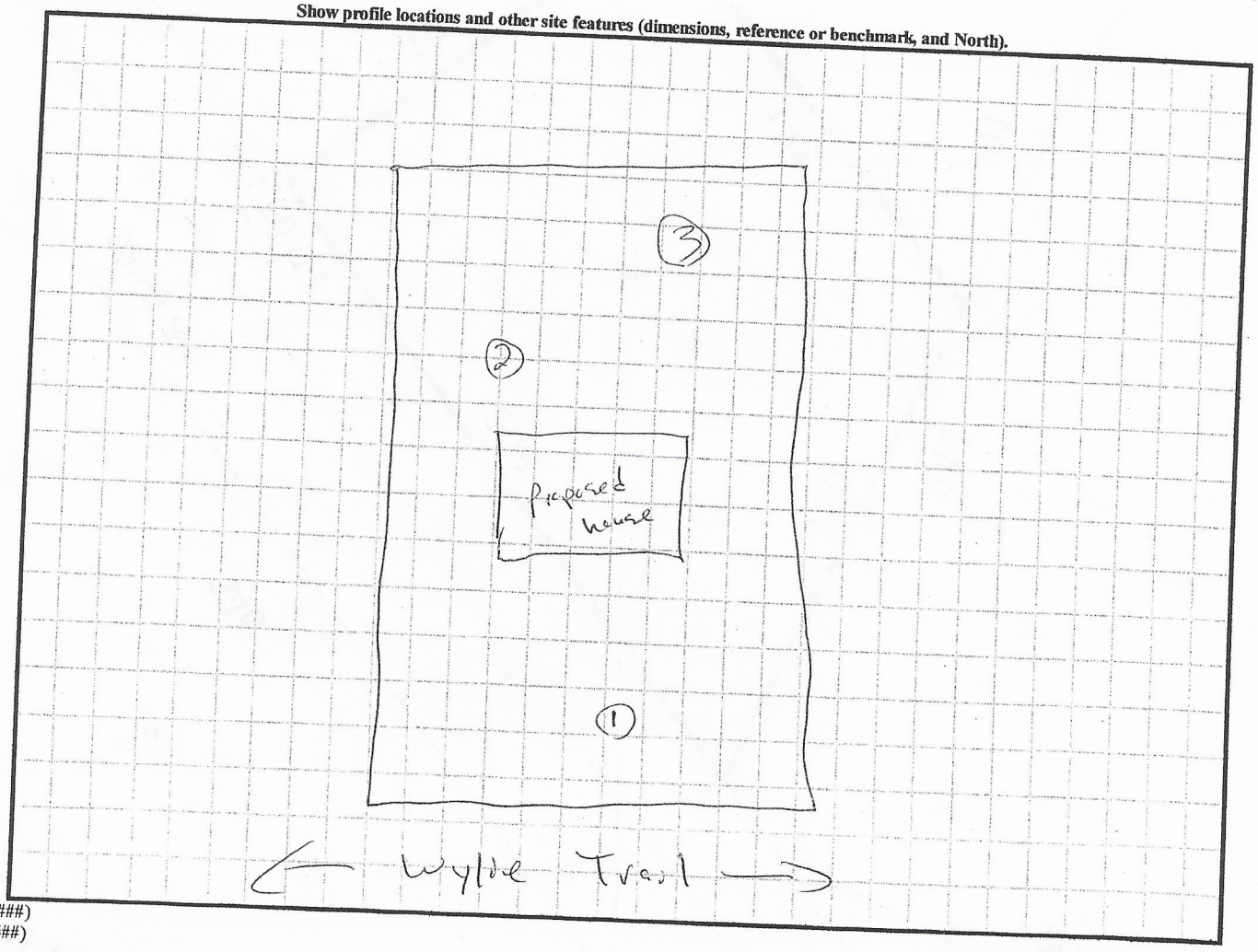
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

HORIZON DEPTH In inches below natural soil surface
DEPTH OF FILL In inches from land surface
RESTRICTIVE HORIZON Thickness and depth from land surface
SAPROLITE S(suitable) or U(unsuitable)
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.
Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)

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

Sheet 1 of 1
PROPERTY ID #: 4702502024
COUNTY: Iredell

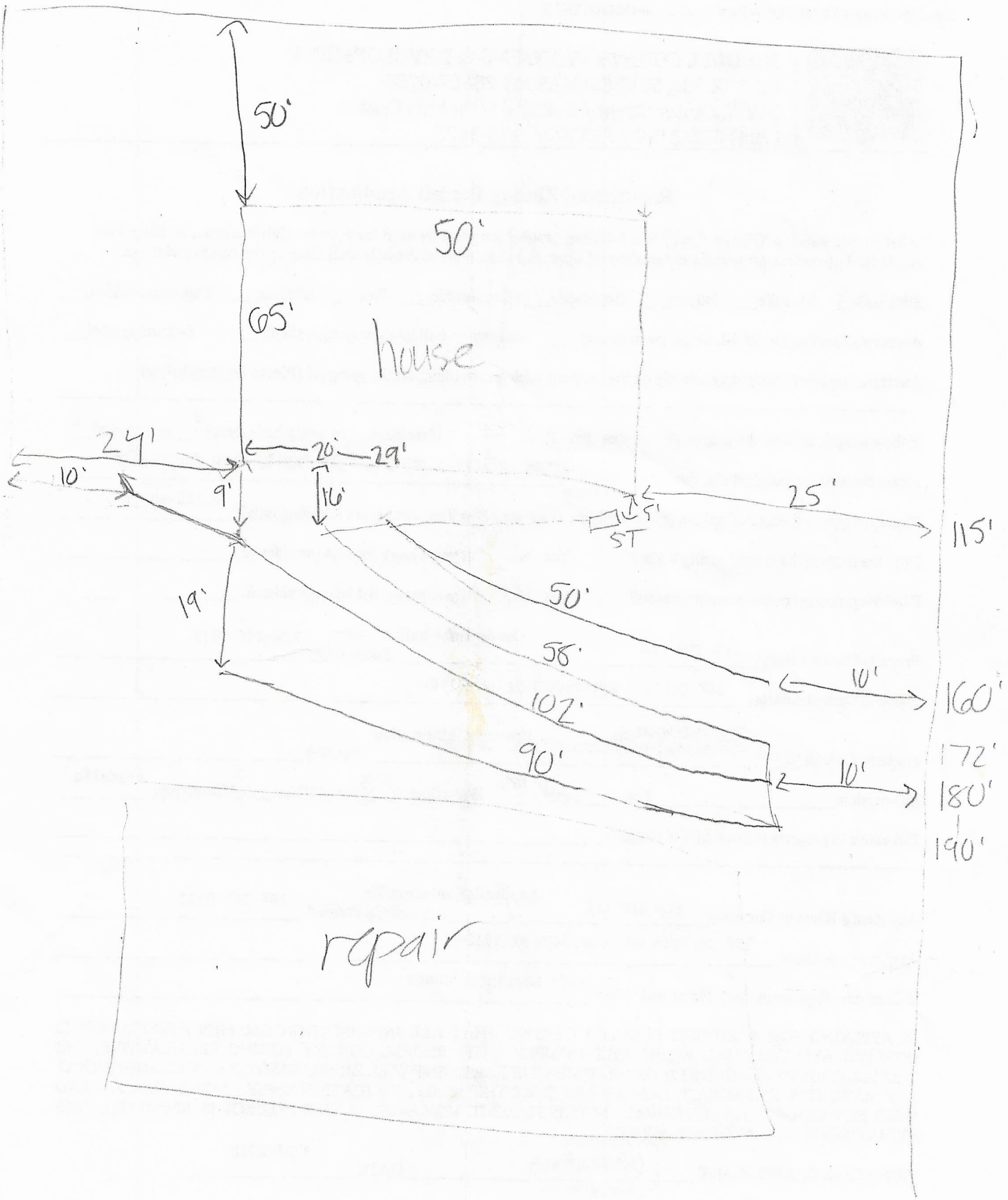
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Adams Homes
ADDRESS: 149 Wylie Trail
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: Bethesda → R on Northlake → L on Mountain Island → R on Wylie → lot on L
APPLICATION DATE: 3-24-19
DATE EVALUATED: 5-24-19
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10% LS	0-5	WSBK SCL	Fr,SS,SP,SE	—	49	25-49 com SAP inc		PS .3
		5-25	SBK C	Fr,SS,SP,SE					
		25-49	WSBK CL	Fr,SS,SP,SE					
2	9% LS	0-7	WSBK SCL	Fr,SS,SP,SE	—	53	28-53 com-many SAP inc.		PS .3
		7-28	SBK C	Fr,SS,SP,SE					
		28-53	WSBK CL	Fr,SS,SP,SE					
3									
4									

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

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


50'
50'
65'
house
24'
10'
9'
20'
29'
16'
5'
5T
25'
115'
19'
50'
58'
10'
160'
102'
172'
90'
10'
180'
190'
repair

RECEIVED APR 2 6 2019

Comprehensive Relayout
#243380 Paid $500.00

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: chandelwarranty@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: 149 Wylie Trail
Subdivision Name: Northlake Section/Phase: 1 Lot Number: 17
Driving Directions: Oswalt Amity East, North on Bethesda, Entrance 1.5 miles on Right.

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: X3(5)
Maximum Number of Occupants: 8
( ) 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

*under growth to be cleared before pits

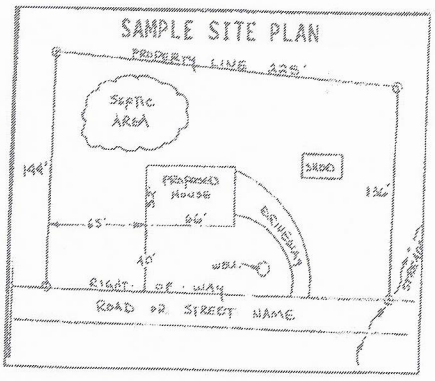
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

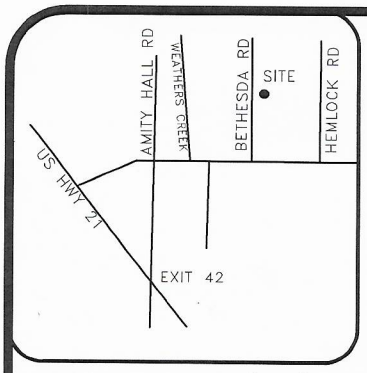
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____

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

3/24/19
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

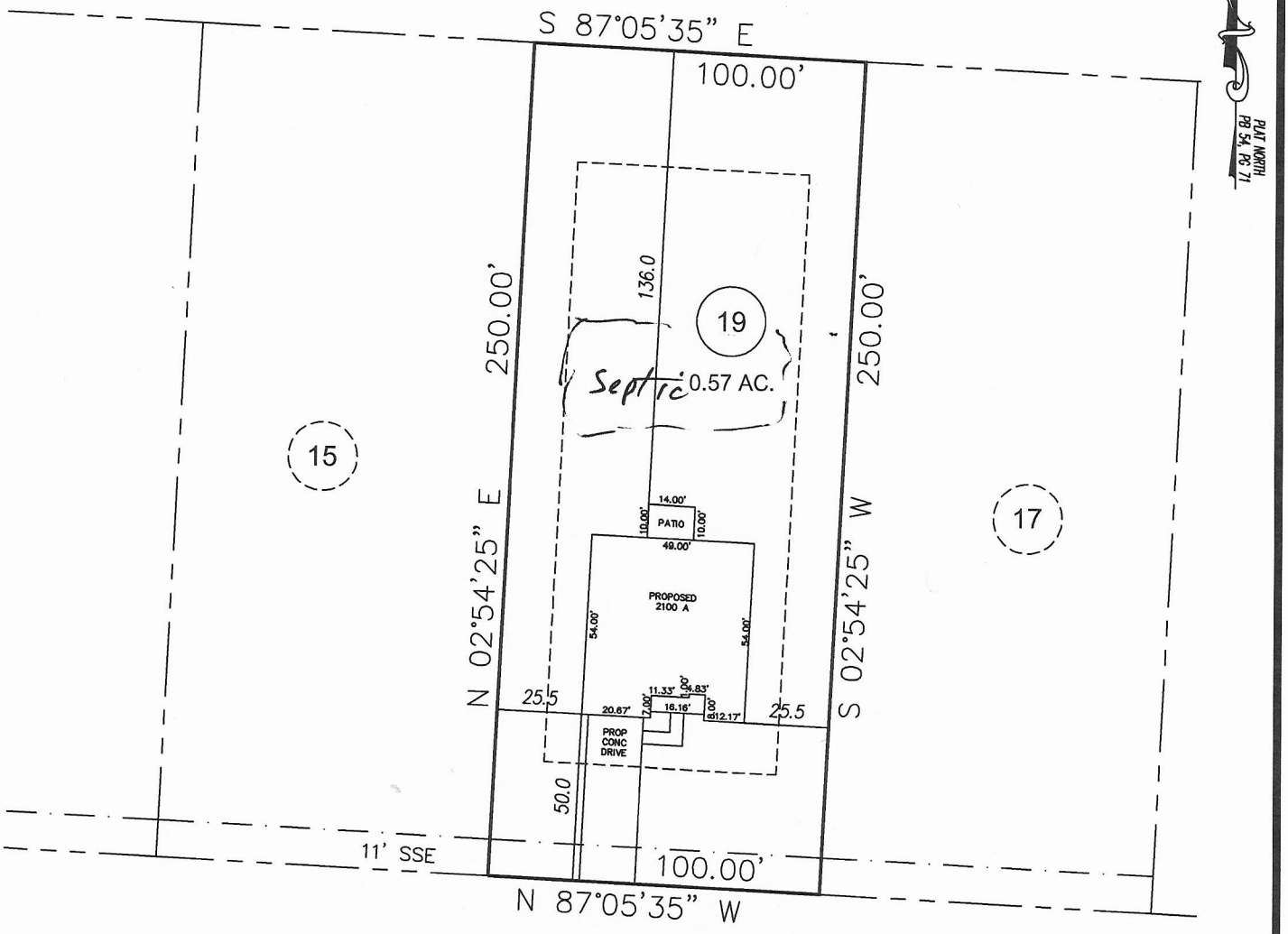
HOUSE	2,614 SQ.FT.
DRIVE	834 SQ.FT.
WALK	72 SQ.FT.
PATIO	140 SQ.FT.
TOTAL	3,660 SQ.FT.

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.



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:	3-20-19

FOR
ADAMS HOMES CHARLOTTE
149 WYLIE TRAIL, STATESVILLE
LOT 19 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: 149 Kylee Trail

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 147124 PIN# 4761596551.019 4762-50 2024 DATE 2/14/08

OWNER OR APPLICANT ABMS Development, Inc. PHONE: Business 704.664.7029 Home

ADDRESS 111-B Raceway Dr. Mooresville, NC 28117

LOCATION Bethesda Rd, Northlake TR, 1st LT, 1ST RT, lot 19 on left

SUBDIVISION Northlake BLOCK / SECTION 2 LOT 19 LOT AREA 0.57 acres SITE CLASS. P S. DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 266

No Lines 10 Trench Width ~~36~~ 24" Max Trench Bottom Depth 36"

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

System Description: 50% ~~gravity~~ reduction gravity

Repair System Description: 50% pump

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☐ Individual ☒ Public ☐ Community

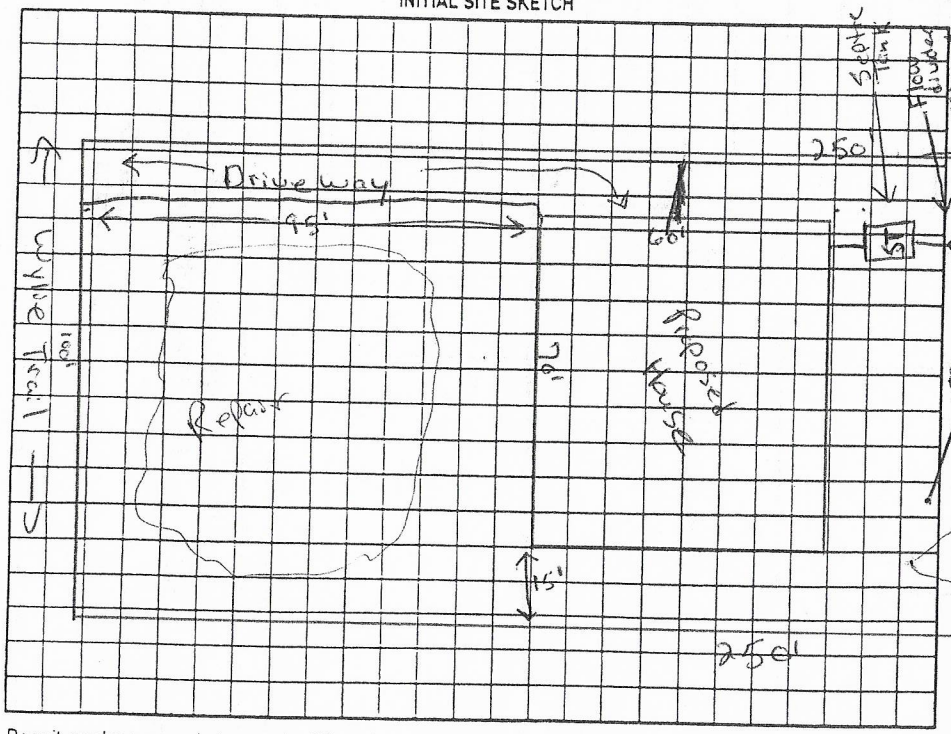
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

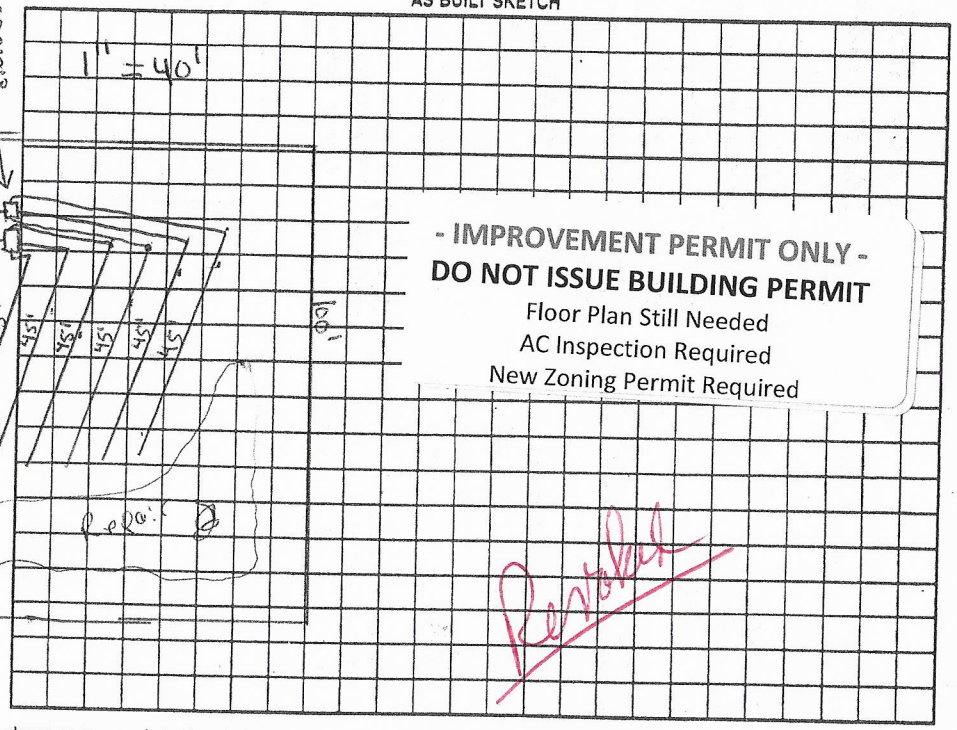
- maintain all setbacks

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



- IMPROVEMENT PERMIT ONLY -
DO NOT ISSUE BUILDING PERMIT
Floor Plan Still Needed
AC Inspection Required
New Zoning Permit Required

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: Tom Rowe date 2/21/08

Improvement Permit by: Rachel Moore date 2/14/08

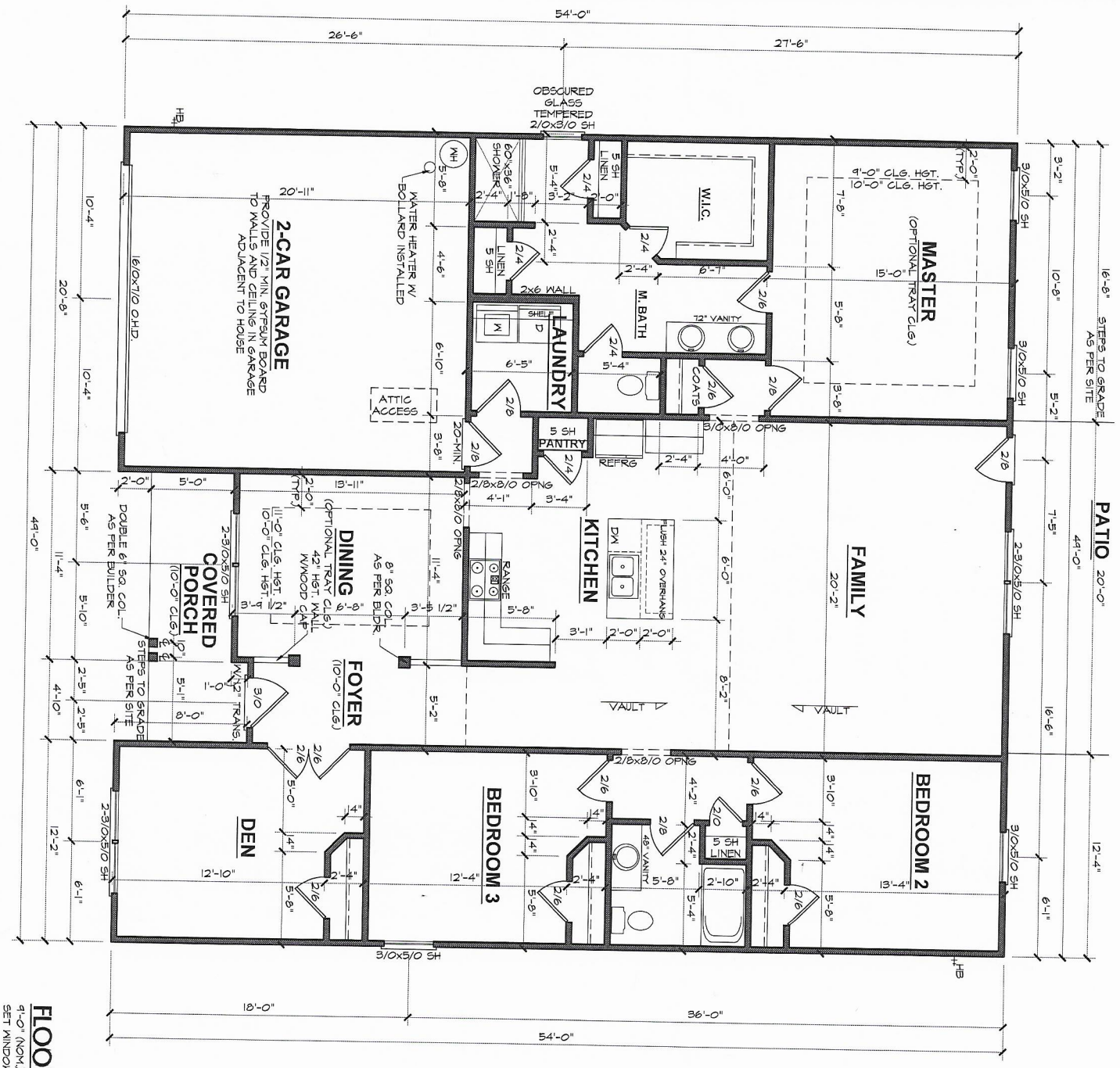
Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: date

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



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 5-30-19

Date 6/6/19

2100 "A" FE (L) NR019

ADAMS HOMES AEC, LLC

DATE DRAWN	3-28-2019
PROJECT	3874
REVISIONS	

SHEET 3

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, [illegible], am the legal owner(s) of the property located at [illegible], identified as PIN (Parcel Identification Number) [illegible], located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) [illegible], 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.

[illegible] 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

IREDELL COUNTY

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

APPLICATION NUMBER
236074
Issue Date: 05/30/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4762502024.000	149 WYLIE TRAIL, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: LAKESIDE VISTA PARTNERS LLC	Applicant: CAROLINA SOIL SEPTIC C
Address: 12621 MCGINNIS LANE	Address: 162 WEST B ST
STATESVILLE, NC 28078	KANNAPOLIS, NC 28081
Phone:	Phone: 704-202-5791

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.570	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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. The applicant further acknowledges that 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: _____ Date: _____

Permit Number	140582	TOTAL FEES:	$ 77.25