IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 245628

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

PIN #: 4762-50-4033

APPLICANT/OWNER: ADAMS HOMES AEC, LLC APPLICANT ADDRESS: 3401 SAINT VARDELL LANE, SUITE B, CHARLOTTE, NC 28217

SITE ADDRESS: 157 WYLIE TRAIL, STATESVILLE, N.C. 28677 PHONE: 704-621-4664 ALT. PHONE 704-884-1548

SITE DIRECTIONS: E ON (70), (R) ON BETHESDA, (L) ON NORTHLAKE DRIVE, (L) ON MOUNTAIN ISLAND, (R) ON WYLIE, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: NORTHLAKE SECTION: P2 LOT # 21 LOT AREA: 0.57 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

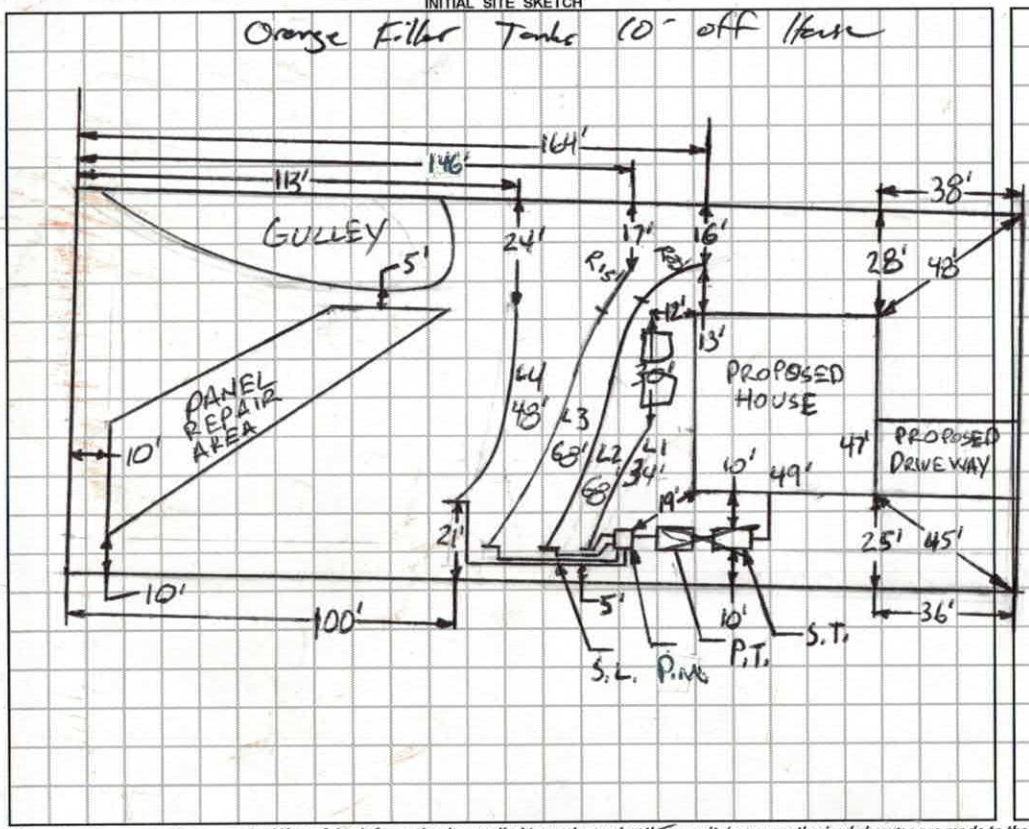
Septic Tank	1000	(gal)	STB	766	Date	3/20/20	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	363	Date	3/24/20	System Description:	PPBPS - P.M.			
Pump Make		Model	Zoeller		Serial #	BN151	Repair System Description:	PPBPS - LPP			
# Nitrification Fields	1	# Lines	4		Linear Ft	218	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	24 IN	Trench Bottom Depth(Low side)				32 IN	Gravel Depth	—	☐ GRAVITY	☑ PRESSURE	

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

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS DO NOT SHALLOW UP SYSTEM, FILL ALL GULLEYS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION

RECOMMEND AN INLINE PUMP FILTER, AN ANTISIPHON HOLE IS REQUIRED AND NEEDS TO BE ACCOUNTED FOR WHEN SIZING PUMP.

INITIAL SITE SKETCH



AS BUILT SKETCH

WYLIE TRAIL

L1 = 1/2 SCH 80 TAP
L2 = 3/4 SCH 80 TAP
L3 = 3/4 SCH 80 TAP
L4 = 1/2 SCH 40 TAP
Lins Installed as Drawn
51 PANELS
183.6 DOSE VOLUME
33 GPM
5.5 MIN RUNTIME
9 IN DRAW DOWN

1 IN = 50 FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
S.L. = SUPPLY LINES
P.M. = PRESSURE MANIFOLD

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: 11/7/19 Installed by: Precision Grading

IMPROVEMENT PERMIT by: Bernard C. White Date: 10-21-2019 OPERATION PERMIT by: Benjamin Botkins Date: 6-17-2020

AUTHORIZATION TO CONSTRUCT by: Bernard C. White Date: 10-21-2019 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.

	Date	Initials
Drain Lines Checked	5-18-20	
Tanks Checked	5-13-20	
Pressure Manifold or Valve Box Checked	5-18-20	
Pressure Head Set	5-18-20	
Electrical Checked	5-17-20	BB
Floats Set	5-18-20	
Alarm Checked	5-18-20	
Maintenance Contract Y (N) Not Required		
Comments:		

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

Sheet 1 of 2
PROPERTY ID #: 47625040
COUNTY: IREDELL

LOT 21

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

OWNER: ADAMS HOMES AEC, LLC
APPLICATION DATE 6-6-2019
ADDRESS: 3401 SAINT VARDELL LANE, SUITE B, CHARLOTTE, NC 28217
DATE EVALUATED: 9-3-2019
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
PROPERTY SIZE: 0.57 AC
LOCATION OF SITE: 157 WYLIE TRAIL, STATESVILLE, NC 28677
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	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	NOSE 10%	0-11	MIXED FROM CLEARING		Y/B MOTS AROUND ROOTS IN (C) LAYER	50"+	NA	NA	PS .275
		11-28	C, ABK	FI, S, P, SEXP					
		28-50	CL/WABK	FR, SS, SP, SEXP	HEAVY SAP INC IN CL				
2	LINEAR SIDE 12%	0-7	MIXED FROM CLEARING		Y/B MOTS AROUND ROOTS IN (C) LAYER HEAVY SAPING IN (CL)	48"+	NA	FILLED GULLY OR IN STUMP HOLE SW CORNER OF PIT	PS .275
		7-17	C, ABK	FI, S, P, SEXP					
		17-48	CL/WABK	FR, SS, SP, SEXP					
3	LINEAR SIDE 12%	0-6	SCL/SBK	FR/SS/SP/SEXP	Y/B MOTS IN (C) SAP INC HEAVY IN (CL) QUARTZ COMMON	48"+	NA	NA	PS .275
		6-22	C, ABK	FI, S, P, SEXP					
		22-48	CL/WABK	FR/SS/SP, SEXP					
4 OLD PIT CLEANED UP SIDE WALL	LINEAR SIDE 8%	0-4	SCL/SBK	FR/SS/SP, SEXP	Y/B MOTS IN (C) SAP INC IN (CL)	58"+	NA	NA	PS .275
		4-33	C/ABK	FI, S, P, SEXP					
		33-50	CL/WABK	FR/SS/SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50%	50%
Site LTAR	0.275	0.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Benjamin Crabtree
OTHER(S) PRESENT:

COMMENTS: PITS FILLED GULLY IN ~~NE~~ SE CORNER OF PIT

0-17 C/ABK FI 39-48 - SAP, MAS PER SAP INC IN CL

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 #: 4762504
DATE OF EVALUATION: 9-3-2019
COUNTY: IREDELL

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
5	HEAD 10%	0-17	L, ABK	FI, ~~SP~~, SEXP	SAP INC IN (SCL) FILLED GULLY INSE CORNER OF PIT, 18" DEEP	39"	II L PS	NA	PS 0.2~~5~~
		17-39	SCL, WABK	FRISS, SP, SEXP					
		39-48	SAP, MAS	VFR, NS, NP, SEXP					

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	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)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

NTS

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

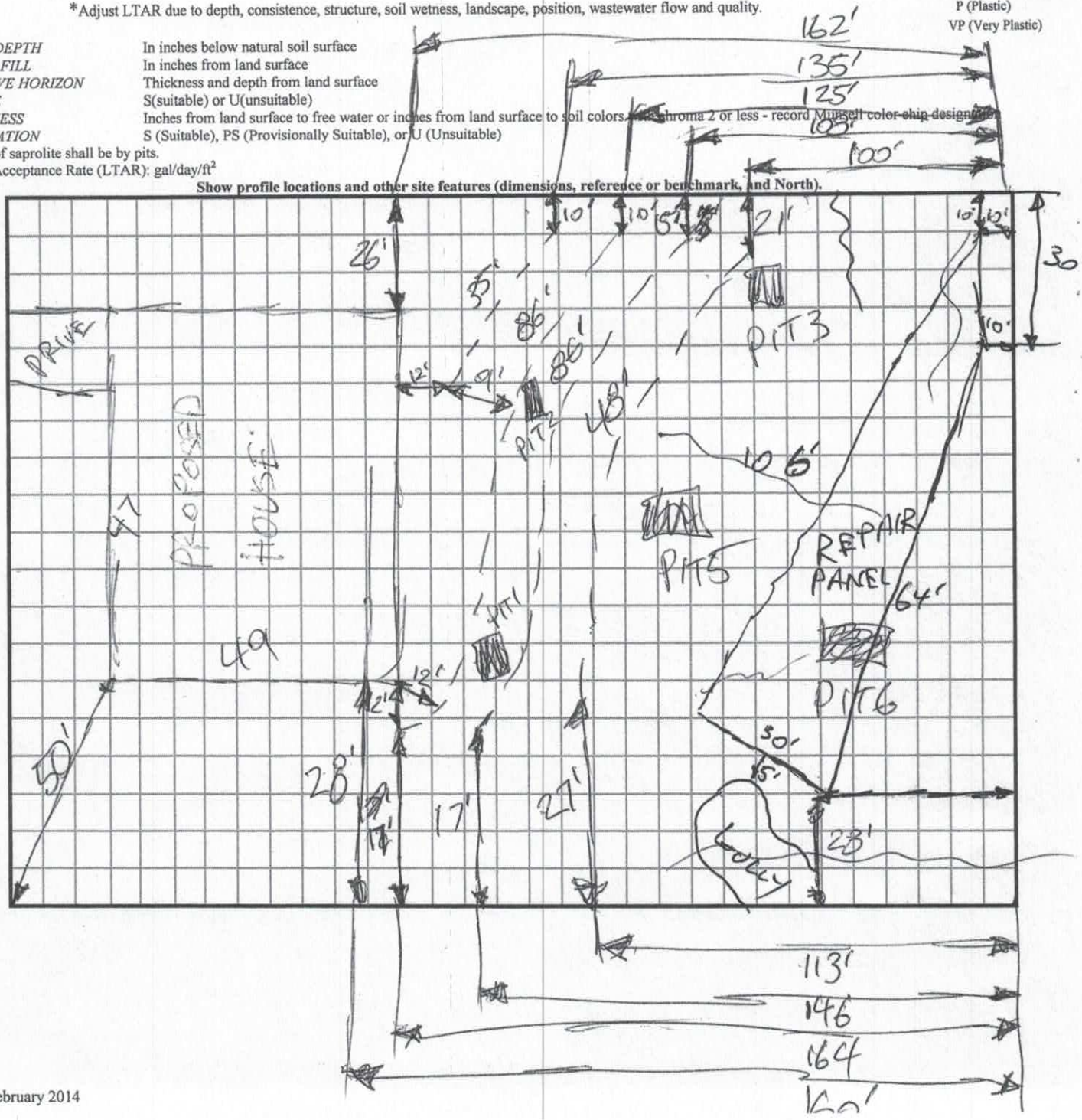
NOTES

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/ft^2

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



#245628
6·18·19
$0

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@maipermits.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: 157 Wylie Trail , Statesville, NC 28677

Subdivision Name: Northlakes **Section/Phase:** _____ **Lot Number:** 21

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
( ) 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:** _____
(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 June 6, 2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

157 Wylie Trail , Statesville, NC 28677 Lot 21

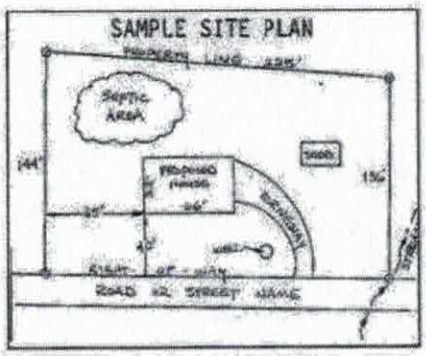
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

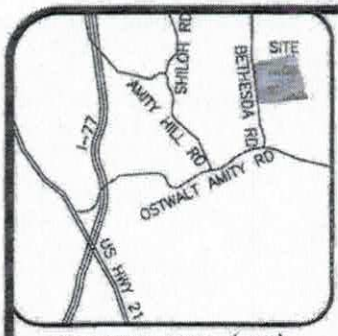
Please see Attached

Signature: Cynthia Blanding

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

June 6, 2019

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

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

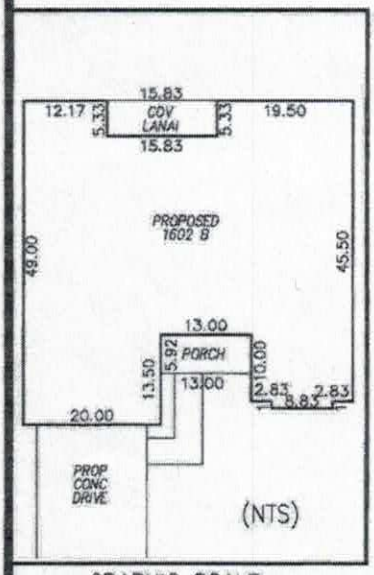
THIS MAP IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP IS NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

NOTE: LOTS SHOWN HEREON ARE SUBJECT TO ANY AND ALL EASEMENTS, RIGHT OF WAYS, AND RESTRICTIONS OF RECORD.

IMPERVIOUS AREA	
HOUSE	2,187 SQ.FT.
DRIVE	600 SQ.FT.
WALK	70 SQ.FT.
TOTAL	2,857 SQ.FT.

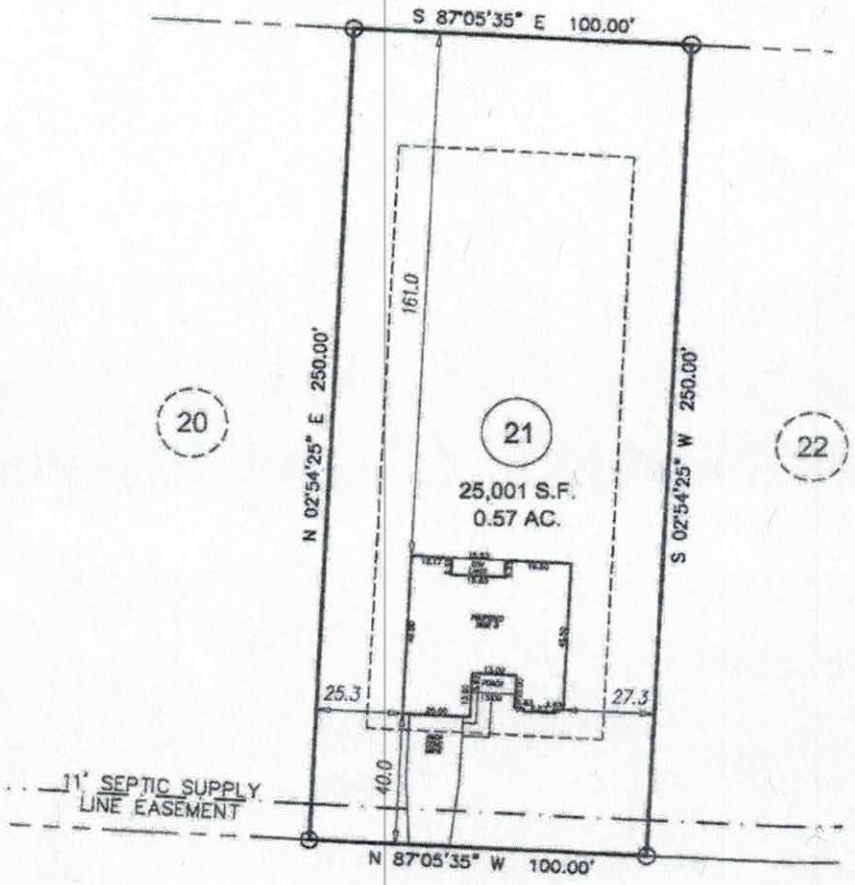
SETBACKS	
FRONT	35'
SIDE	15'
REAR	35'
SIDE STREET	25'

NOTE: ALL LOTS SUBJECT TO A 10' UTILITY & DRAINAGE EASEMENT, 10' ON EACH SIDE OF ALL PROPOERTY LINES.



GRAPHIC SCALE
50 0 25
1 inch = 50 ft.

N/F
PAMELA M. CARPENTER
R.S. MCNEELY
D.B. 1241, PG. 118



WYLIE TRAIL
50' PUBLIC R/W

PLAT BOOK 54 PG 71

PRELIMINARY PLOT PLAN

PROJECT:	18-005 NORTHLAKES
DRAWN BY:	CKR
SCALE:	1"=50'
DATE:	06-03-19

FOR
ADAMS HOMES CHARLOTTE
157 WYLIE TRAIL, STATESVILLE
LOT 21 NORTHLAKES SUBDIVISION
CHAMBERSBURG TWP., IREDELL CO., NC
P.B. 54, PG. 71

ECLS GLOBAL, INC.
U.S. VETERAN-OWNED
19 N McKINLEY ST
COATS, NC 27521
910.897.3257 ECLSGLOBALINC.COM
910.897.2329 (FAX) COA#C-4175

Northlake Lot: **21**

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, Arrow Home AIC, LLC, am the legal owner(s) of the property located at 157 Wylie Trail, Statesville, NC 28677, identified as PIN (Parcel Identification Number) _____, 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 7/19/2016
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

IREDELL COUNTY

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

APPLICATION NUMBER
245628
Issue Date: 06/13/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4762504033.000	157 WYLIE TRAIL, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: ADAMS HOMES AEC LLC	Applicant: ADAMS HOMES AEC LLC
Address: P O BOX 1328	Address: 3401 SAINT VARDELL LN SUITE B
ASHEBORO, NC 27204	CHARLOTTE, NC 28217
Phone:	Phone: 704-558-4527

Use Requested	Zone Code
SINGLE FAMILY RESIDENCE--NEW CONSTRUCTION	RA

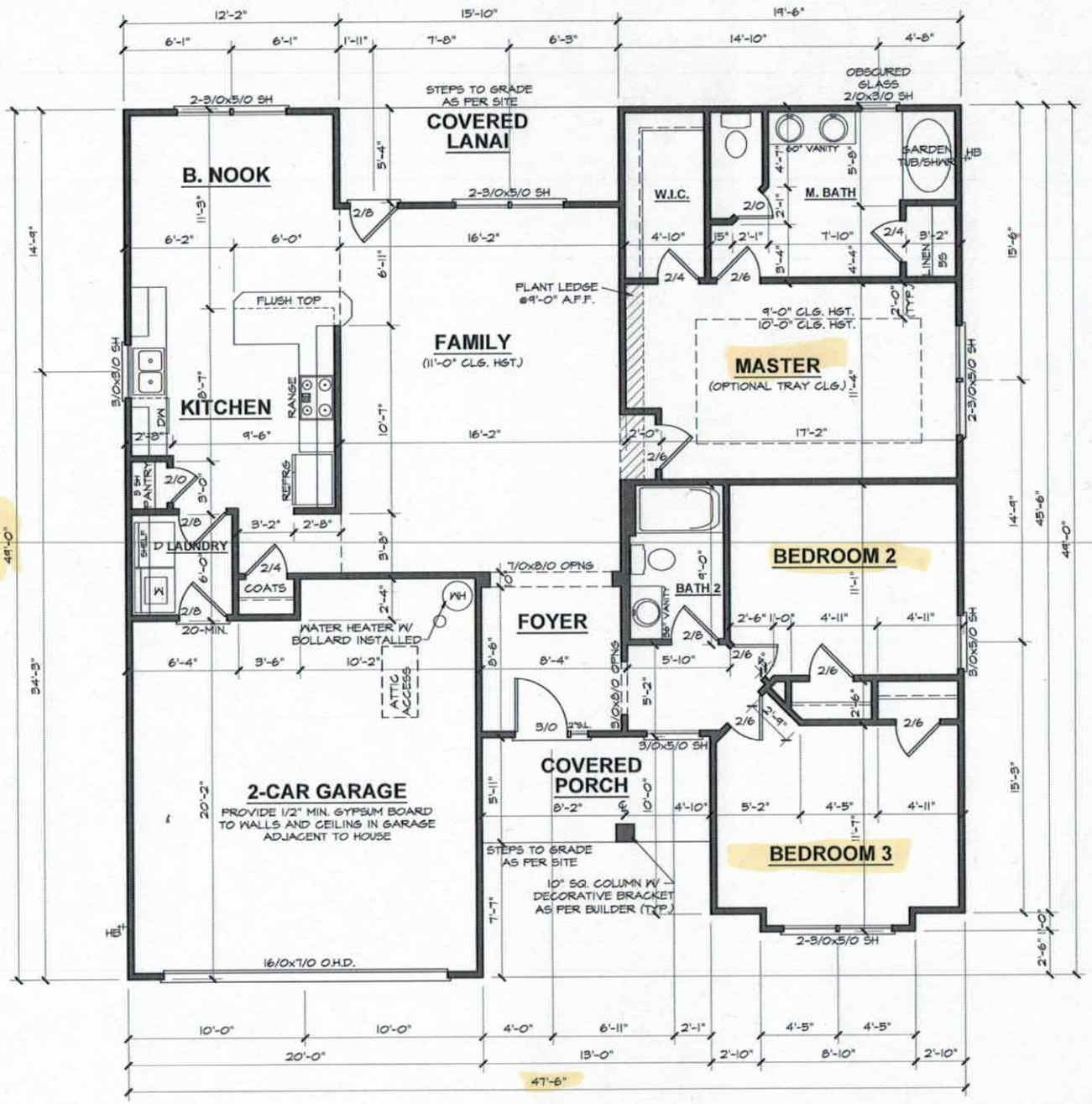
Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.570	35.00	35.00	15.00	15.00		X

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	181065	TOTAL FEES:	$ 77.25



Acknowledgement of Plans Submittal ONLY!
Updated Date 11/2/19
Builder Date 11-4-2019

ADAMS HOMES AEC, LLC

1602 "B" FE (L) NR021

DATE DRAWN
6-11-2019
PROJECT
3452
REVISIONS
SHEET
3

FLOOR PLAN

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

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