ICHD–ENVIRONMENTAL HEALTH DIVISION PTB

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239944

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

PIN # 4762-50-5032 ✓

APPLICANT/OWNER: Cynthia Bladning APPLICANT ADDRESS: 3401 Saint Vardell Lane, Suite B Charlotte, NC

SITE ADDRESS ✓ 161 Wylie Trail Statesville, NC 28677 PHONE: 704-621-4664 ALT. PHONE

SITE DIRECTIONS: Ostwalt Amity → Bethesda → Northlake Dr → Mountain Island → Wylie Trail → on left GAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: ✓ Northlake SECTION: 2 LOT # 22 LOT AREA: 0.59 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	760	Date	11-30-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	50% Reduction (PPBPS + Distribution Box)			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	LP- PPB PS (50% Reduction)			
# Nitrification Fields	1	# Lines		4	Linear Ft	200	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	24"	Trench Bottom Depth(cut-side)		36"	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: Remove fill in area as specified within paperwork. Recommend that you have the septic tank pumped every 3-5 years. As of 2/7/2020, house already built.

INITIAL SITE SKETCH

See attached plans from Carolina Soil + Septic Consulting, PLLC

Dated: 1/24/2020
Received: 2/4/2020

Adrian Pruett LSS # 1314

AS BUILT SKETCH

- tank checked 2/17/20 needs risers KW
- Checked top 3 lines, Needs last line checked, D Box and all line connections checked 2-25-20 JH
- last line checked 2/26
- graded soil around tank area, no risers needed

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

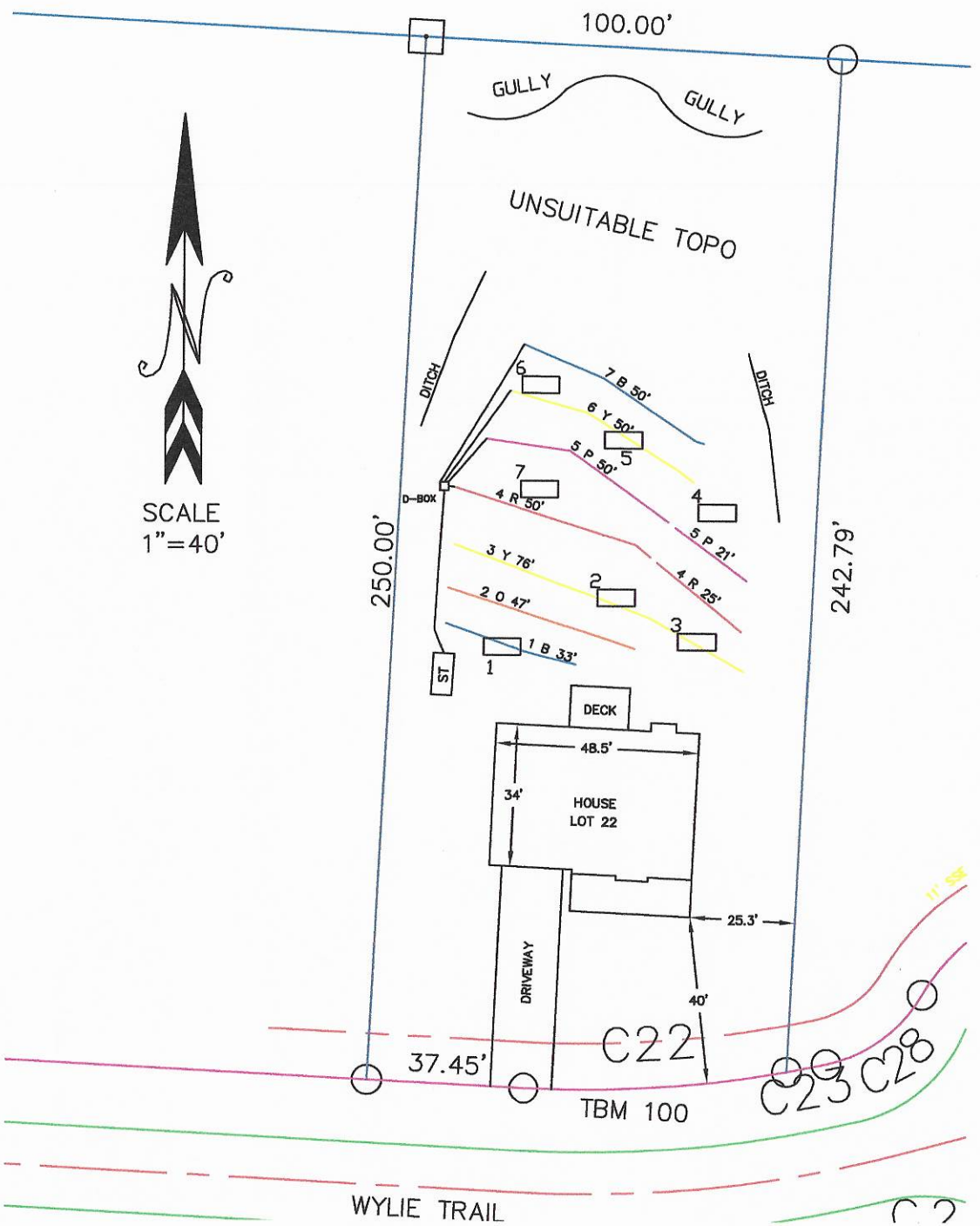
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 2/12/20 Installed by: Precision Excavation (Shane)

IMPROVEMENT PERMIT by: Tom Shuck Date: 2/7/2020 OPERATION PERMIT by: [signature] Date: 2-26-20

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2/7/2020 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.



Approved
2/7/2020

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

Attached is a proposed design for a PPBPS Septic System with GRAVITY distribution for a 3 bedroom single family residence on Northlake lot 22, Iredell County, North Carolina.

Contents: **Page**

Installer Information---------- 1

Design Information
Install Specifications---------- 2
Field Layout Specifications---------- 3

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

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

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

Sesson Law/House Bill 374 Authorization Form---------- 7

Subdivision Plat---------- 8

January 24, 2020
Job Number: 20014
Design By: Ben Aldridge



INSTALLER INFORMATION:

- 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.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- 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.**
- Backfill minimum of 6" of material (County Approved) over panels, rake trench walls, lime side walls, install trenches **24"** wide.
- **System is specified as a PPBPS with Gravity Distribution using a Distribution Box.**
- **Repair is specified as a PPBPS with Low Pressure distribution.**
- Distribution Box must be on a level surface and to insure proper leveling, speed levelers must also be utilized, 3" to 2" reducer will need to be used outside box for speed leveler install.
- **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.**

Approved
2/7/2020

PRESSURE MANIFOLD SYSTEM
INSTALL SPECIFICATIONS

Owner:	James McIntyre
Address:	149 Jocelyn Ln. Apt 102 Mooresville, NC 28117
Phone:	571-232-1821
County:	Iredell
Location:	NORTHLAKE LOT 22
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
Drainfield Size:	200
Required Drainfield Size:	200
Loading Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (50% reduction)
Gravel Size:	NA (50% reduction)
Trench Depth:	36 in.
Trench Width:	**24 in.**
Total Trench Bottom Area:	400
Repair Trench Spacing:	8 ft.
Repair Trench Depth:	36 in.
Repair Trench Width:	24 in.
Septic Tank Size:	**1000**
Estimated Supply Line Length:	45
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	17.28
Supply Manifold:	Distribution Box
Additional Comments:	Soil suitability was performed by Carolina Soil & Septic Consulting, PLLC

Approved
2/17/2020

NORTHLAKE LOT 22
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 3 BEDROOM HOME

January 24, 2020

LINE #	FLAG COLOR	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM				
INSTR. 1				
HOUSE CNR				
P. TANK				
1	BLUE	N/A	33	33
2	ORANGE	N/A	47	47
3	YELLOW	N/A	76	76
4	***RED***	***N/A***	***50***	***50***
4	RED	N/A	25	25
5	***PINK***	***N/A***	***50***	***50***
5	PINK	N/A	21	21
6	***YELLOW***	***N/A***	***50***	***50***
7	***BLUE***	***N/A***	***50***	***50***
		Total	**402**	**402**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	*200*	*MOD.*	*0.300*	*PPBPS*	*GRAVITY*
Repair	*202*	*MOD.*	*0.300*	*PPBPS*	*LOW PRESSURE*

Notes: ** TBM not required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Remove 6" of fill around pit #5.**
Do not remove more than 6" as this will creat a bowl in the drainfield area.
Do not remove soil from any other area.
Iredell County has CS&SC's permission to change septic tank location and distribution type

Approved
2/17/2020

DOSING CALCULATIONS

Subdivision: Northlake
Lot No: 22

No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.30	gpd/ft^2
PPBPS.? (YES OR NO)	YES	
Supply Line Length	45	ft.
Supply Line Volume	17.28	gal.
Required Feet of Line	200	ft.
Amount of Line from Layout	200	ft.
Total Number of Panels:	60	
Panel Volume	3.6	gal. each
Total Panel Line Volume	216	gal.
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	gal.

Approved
2/17/2020

PROP. ID #: 4762505032
COUNTY: IREDELL

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

OWNER: ADAMS HOMES
ADDRESS:
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: NORTHLAKE LOT 22

APPLICATION DATE: 1/27/2020
DATE EVALUATED: 1/21/2020
PROPERTY SIZE: .57 AC
PROPERTY RECORDED: YES

WATER SUPPLY: PRIVATE X PUBLIC X WELL SPRING OTHER:

EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** 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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
PIT 1	LS/10%	0-2	FILL		NA	55	COM TO MANY 28-55	NA	0.3
		2-28	RC,M,SBK	FI,S,SP,SEXP					
		28-55	RCL,W,SBK	FR,S,SP,SEXP					
PIT 2	LS/10%	0-12	FILL		NA	41	COM TO MANY 24-41	NA	0.3
		12-24	RC,M,SBK	FI,S,SP,SEXP					
		24-44	RCL,W,SBK	FR,SS,SP,SEXP					
		44-63	VARLSAP	VFR,SS,SP,SEXI					
PIT 3	LS/8%	0-4	FILL		NA	44	FEW 4-22 / COM TO MANY 22-44	NA	0.325
		4-22	RC,M,SBK	FI,S,SP,SEXP					
		22-44	RCL,W,SBK	FR,SS,SP,SEXP					
		44-56	VARLSAP	VFR,SS,SP,SEXI					
PIT 4	LS/11%	0-3	FILL		NA	56	COM TO MANY 22-56	NA	0.325
		3-22	RC,M,SBK	FI,S,SP,SEXP					
		22-56	RCL,W,SBK	FR,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): NA
AVAILABLE SPACE (.1945)	PS	PS	SITE CLASSIFICATION (.1948): PS
SYSTEM TYPE(S)	GRAVITY PPBPS	LPP PPBPS	EVALUATED BY: BEN ALDRIDGE
SITE LTAR	0.3	0.3	OTHER(S) PRESENT
COMMENTS			

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

PROP. ID #: 4762505032
COUNTY: IREDELL

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

OWNER: ADAMS HOMES
ADDRESS:
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: NORTHLAKE LOT 22
WATER SUPPLY: PRIVATE X PUBLIC X WELL SPRING OTHER:
EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** X SEWAGE INDUSTRIAL PROCESS MIXED

APPLICATION DATE: 1/27/2020
DATE EVALUATED: 1/21/2020
PROPERTY SIZE: .57 AC
PROPERTY RECORDED: YES

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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
PIT 1	LS/10%	0-2	FILL		NA	55	COM TO MANY 28-55	NA	0.3
		2-28	RC,M,SBK	FI,S,SP,SEXP					
		28-55	RCL,W,SBK	FR,S,SP,SEXP					
PIT 2	LS/10%	0-12	FILL		NA	41	COM TO MANY 24-41	NA	0.3
		12-24	RC,M,SBK	FI,S,SP,SEXP					
		24-44	RCL,W,SBK	FR,SS,SP,SEXP					
		44-63	VARLSAP	VFR,SS,SP,SEXP					
PIT 3	LS/8%	0-4	FILL		NA	44	FEW 4-22 / COM TO MANY 22-44	NA	0.325
		4-22	RC,M,SBK	FI,S,SP,SEXP					
		22-44	RCL,W,SBK	FR,SS,SP,SEXP					
		44-56	VARLSAP	VFR,SS,SP,SEXP					
PIT 4	LS/11%	0-3	FILL		NA	56	COM TO MANY 22-56	NA	0.325
		3-22	RC,M,SBK	FI,S,SP,SEXP					
		22-56	RCL,W,SBK	FR,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	GRAVITY PPBPS	LP PPBPS
SITE LTAR	0.3	0.3
COMMENTS		

OTHER FACTORS (.1946): NA
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: BEN ALDRIDGE
OTHER(S) PRESENT Tom Shuck on 1/30/2020

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet

PROP. ID #:

COUNTY:

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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
PIT 5	LS/12%	0-12	FILL		NA	54	COM TO MANY 35-54 / SUITABLE	NA	0.3
		12-35	RC,M,SBK	FI,S,SP,SEXP					
		35-54	RCL,W,SBK	FR,SS,SP,SEXP					
		54-63	VARLSAP	VFR,SS,SP,SEXI					
PIT 6	LS/12%	0-30	RC,M/S,SBK	FI,S,P,SEXP	NA	65	COM TO MANY 30-65	NA	0.3
		30-65	RCL,W,SBK	FR,SS,SP,SEXP					
PIT 7	LS/11%	0-7	FILL		NA	63	COM TO MANY 45-63	NA	0.3
		7-26	RC,S,SBK	FI,S,P,SEXP					
		26-45	RC,W,SBK	FI,S,SP,SEXP					
		45-63	RCL,W,SBK	FR,SS,SP,SEXP					
COMMENTS									

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@majpermits.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: 161 Wylie Trail, Statesville, NC 28677

Subdivision Name: Northlakes **Section/Phase:** **Lot Number:** 22

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

January 2, 2020
DATE

161 Wylie Trail, Statesville, NC 28677 Lot 22

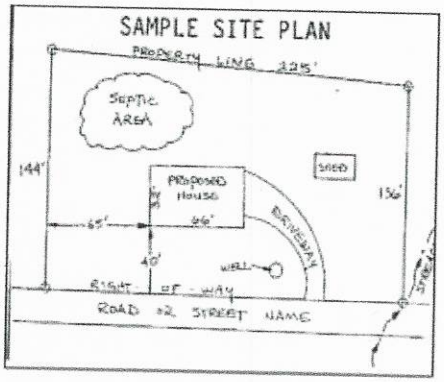
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

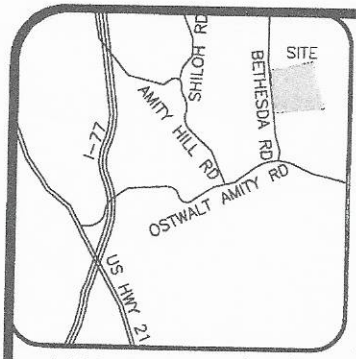
Please see attached

Signature: Cynthia Blanding

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

January 2, 2020

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	1,860 SQ.FT.
DRIVE	750 SQ.FT.
WALK	88 SQ.FT.
DECK	140 SQ.FT.
TOTAL	2,838 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.

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

S 87°05'35" E 100.00'

PLAT NORTH
BB 54, PG 71

156.0

N 02°54'25" E 250.00'

S 02°54'25" W 242.79'

21

22

24,852 S.F.
0.57 AC.

N/F
ABMS
DEVELOPMENT, LLC.
D.B. 1872, PG. 1082

26.2

25.3

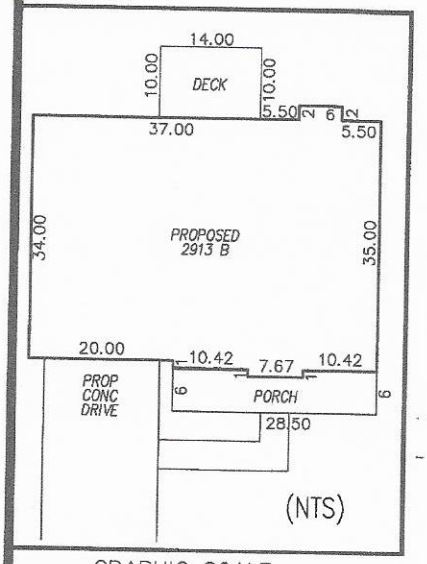
40.0

11' SEPTIC SUPPLY LINE EASEMENT

L16

C1

WYLIE TRAIL
50' PUBLIC R/W



GRAPHIC SCALE

50 0 25

1 inch = 50 ft.

LINE	BEARING	DISTANCE
L16	N 87°05'35" W	37.45'

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING
C1	275.00'	63.11'	62.97'	S 86°19'59" W

PRELIMINARY PLOT PLAN

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

FOR
ADAMS HOMES CHARLOTTE
161 WYLIE TRAIL, STATESVILLE
LOT 22 NORTHLAKE 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 ECLSGLOBALING.COM
910.897.2329 (FAX) CO#C-4175

Northlake Lot: **22**

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, am the legal owner(s) of the property located at 161 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

FIRST FLOOR PLAN

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

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

Plans Submittal ONLY!

Date 2/7/2020

Date

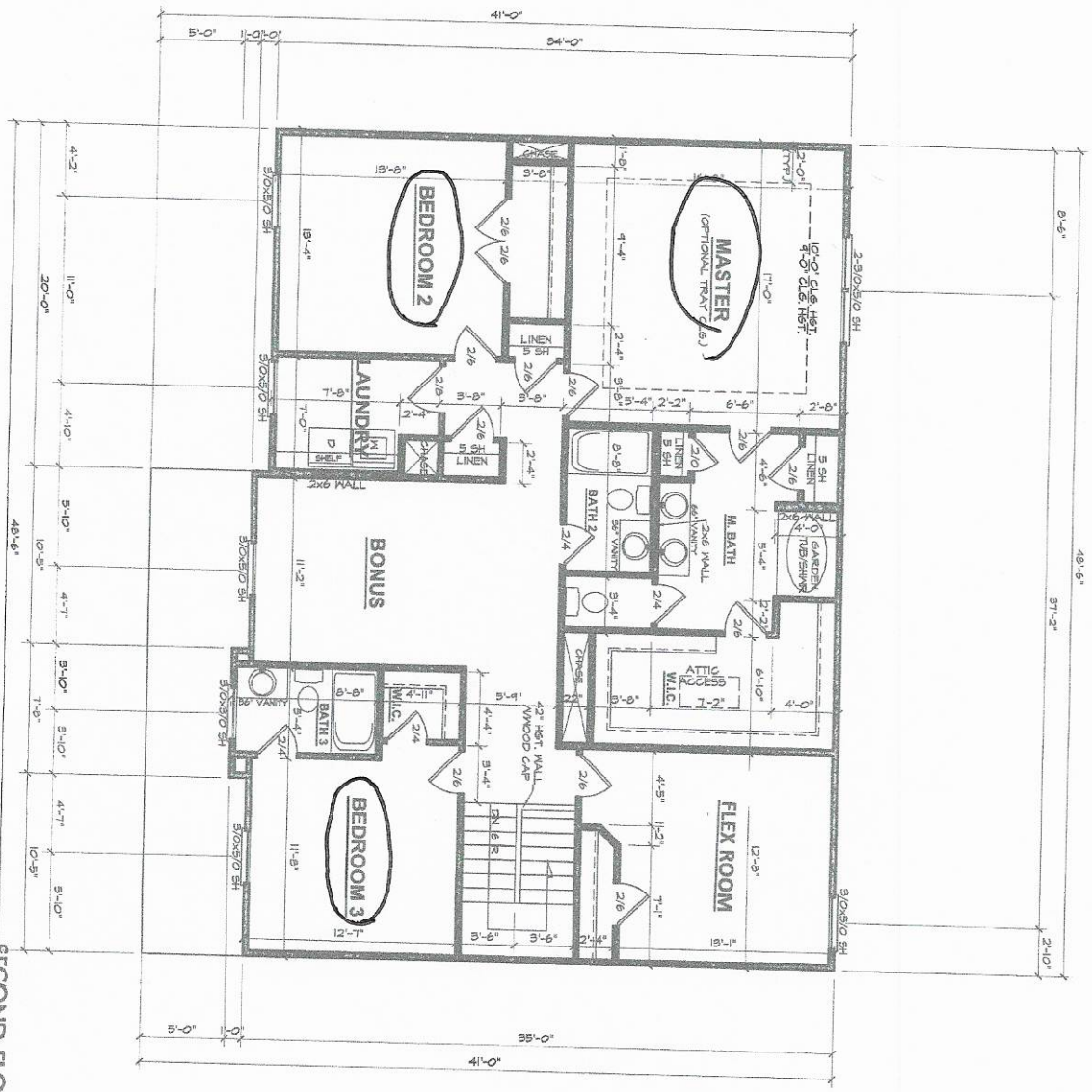
Acknowledgement Of

2913 "B" FE (L) NR022

ADAMS HOMES AEC, LLC

DATE DRAWN	6-11-2019
PROJECT	
REVISIONS	

SHEET 3



SECOND FLOOR PLAN

8'-0" (NOM.) CLG. HGT. U.N.O.
SET WINDOWS @ 7'-2" U.N.O.

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

Date 2/17/2020

Date

Plans Submittal ONLY!

Acknowledgement Of

SHEET 4

DATE DRAWN 2020 EE (V) NR022

PROJECT

SHEET

REVISIONS

ADAMS HOMES AEC, LLC

IREDELL COUNTY

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

APPLICATION NUMBER
239944
Issue Date: 10/31/2018

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4762505032.000	161 WYLIE TRAIL	

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

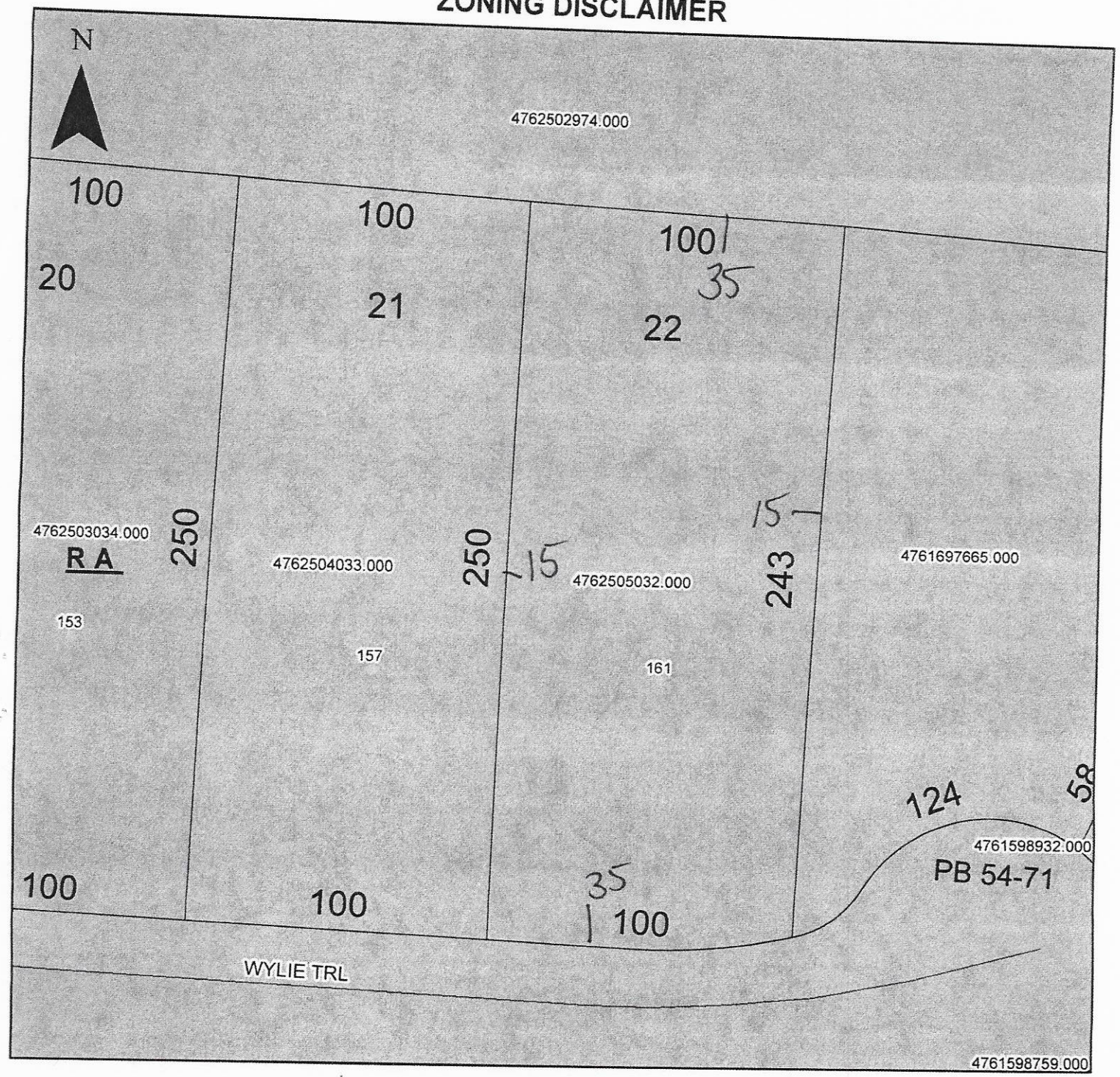
Signature of Owner/Contractor

Date: 10/31/2018

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	157369	TOTAL FEES:	$ 350.00

ZONING DISCLAIMER



Property Address 161 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

Date