ICHD - ENVIRONMENTAL HEALTH DIVISION

~~Statesville Office~~ (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP326564

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

PIN # 4765--32--7417

APPLICANT/OWNER: Garrison Davis APPLICANT ADDRESS: 631-300 Brawley School Rd Mooresville NC 28117

SITE ADDRESS: 3532 Cambridge Pl Statesville NC 28625 PHONE: 704-363-2945 ALT. PHONE

SITE DIRECTIONS: E Broad St Brookmeade Cambridge Place SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Brookemeade IV SECTION: - LOT # 6 LOT AREA: DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	7100	Date	5/16/22	☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☐ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction.	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	LPP-PPBPS - 50% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	300	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space
Trench Width	36 in	Trench Bottom Depth(Low side)	30 in	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil + Forestry Services of the Carolinas.

LSS # 1231 Dated March 9th 2022

AS BUILT SKETCH

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

As Built Attached

Lines 5 & 6 shallowed up to 24" @ end near drive

See attached letter from A. Rollans

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: 3/31/22 Installed by: Russell Williams Wastewater Solutions + Design

IMPROVEMENT PERMIT by: Benjamin A Boss Date: 3/25/22 OPERATION PERMIT by: D. Webber Date: 6/20/22

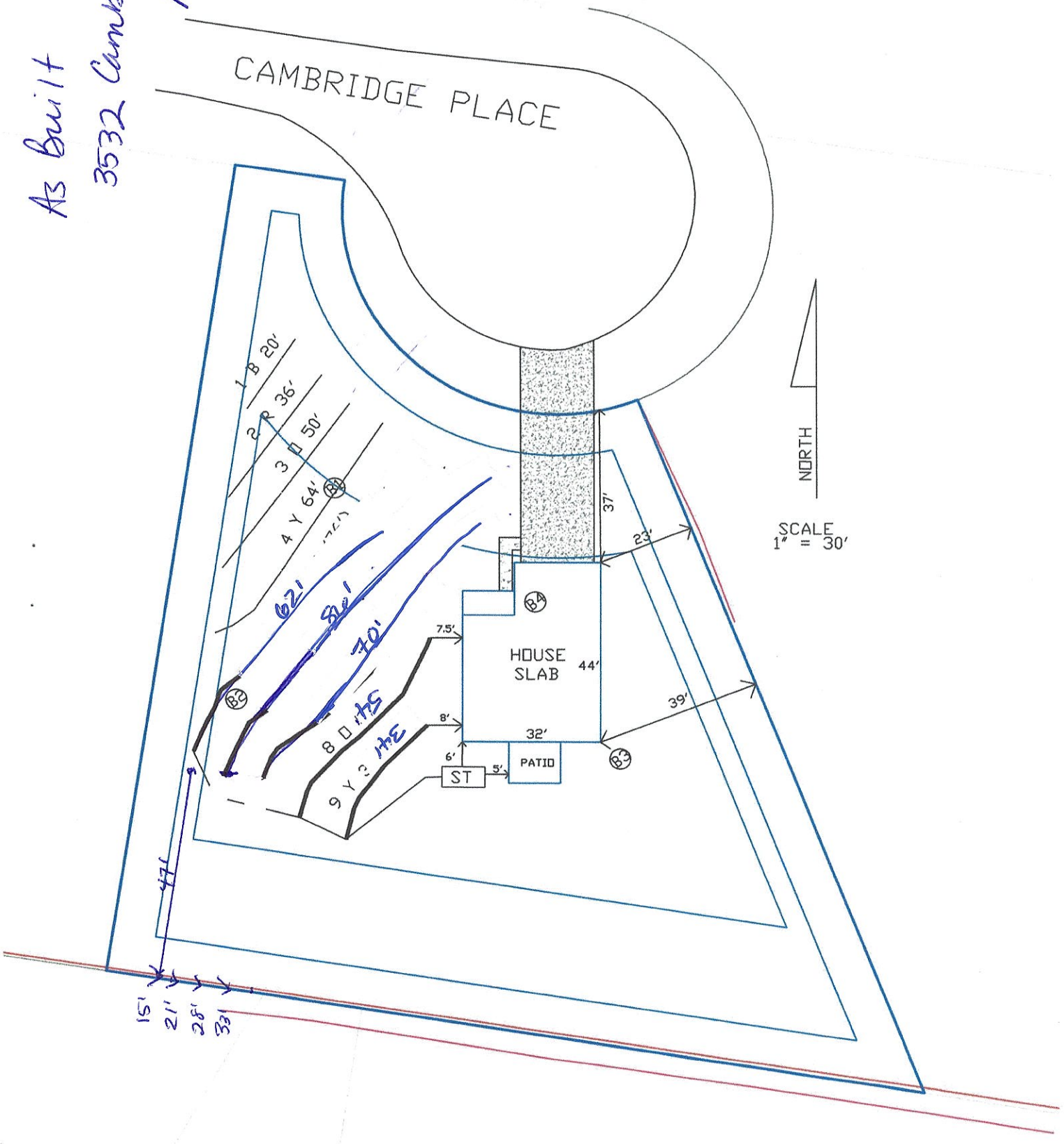
AUTHORIZATION TO CONSTRUCT by: Benjamin A Boss Date: 3/25/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked	6/15/22	DW
Tanks Checked	6/15/22	DW
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

As Built
3532 Cambridge
NTS



SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 22-0017
March 9th, 2022

TRUNORTH HOMES, LLC
Attn: *Garrison Davis*
Email: garrison@trunorthhomes.com

RE: Soil & Site Evaluation for a 3 Bedroom Residence at 3532 Cambridge Place (LOT 6), Statesville, NC 28625, PIN # (4765327417), Iredell County.

Mr. Davis:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above. The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittal to Iredell County Health Department.

Site Conditions
At the time of our evaluation land cover on the property was wooded. Topography within the evaluated area was gently slope near the house site and proposed drainfield area. Property lines and corners were marked at the time of the evaluation by Bateman Civil Survey Co. The Surveyor provided an Autocad File of the survey as a basemap. The proposed septic layout was located via measuring tape/GPS and used to produce the attached *Site Plan*. The house envelope was located via Survey by Bateman Civil Survey Co. The attached Survey provided has house plot and acreage.

Methodology
We evaluated soil areas through the use of hand augers. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with four boring locations on the property flagged and located via GPS. Two of the four of the soil borings are located in the proposed septic layout. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each boring. The house envelope was located via survey. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by tape measure and GPS. Detailed system & repair information is summarized in the following paragraph for this Lot.

DocuSign Envelope ID: 77B4A771-D566-4699-8898-CA50B2C9AC4B

3532 Cambridge Place (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 515 linear feet of line. The primary system is proposed as 304 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth is specified at 30 inches. **To insure gravity flow to proposed drainfield make sure final plumbing elevation stub out is above proposed septic tank location on Site Plan.** The repair system is proposed as 200 linear feet of LPPBPS (50% Reduction) drainfield with low pressure distribution. Trench depth is specified at 30 inches. There is 211 linear feet of repair available.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c).".

Owner Date

Print Name Genoa H. Taylor by Jason R. Shoemaker, POA

Signature DocuSigned by: 9DA6018CE662401... 3/11/2022

The LSS Evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

"The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas at 3532 Cambridge Place Statesville NC may nullify this design. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,



S. Ashley Rollans, LSS
Attachment: *Septic Design*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 3 bedroom single family residence at 3532 Cambridge Place, Lot 6, Brook Meadow Subdivision PIN#(4765327417) Statesville 28625, Iredell County, NC.

Contents: **Page**

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

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4

Site Plan/System Plan---------- 5

Calculations---------- 6

Profile Descriptions---------- 7

Septic Application---------- 8-9

Zoning Permit---------- 10-12

Agent Authorization---------- 13

Green Sheet---------- 14

Survey---------- 15

LICENSED SOIL SCIENTIST Samuel A. Rollins 1231 STATE OF NORTH CAROLINA

March 9, 2022
Project #: 22-0017
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. 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.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate 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 is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- 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 pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a low pressure 50% reduction Modified Conv. PPBPS installation.

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Owner/Applicant:	TruNorth Homes, LLC
Address:	631-300 Brawley School Rd Mooresville, NC 28117
Phone:	
County:	Iredell
Location:	3532 Cambridge Place Statesville NC 28625
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	360	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Trench Depth (Low Side):	30 in.	Repair Trench Bottom 30 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	
Estimated Supply Line Length:	28	
Supply Line Diameter:	4 in. SCH 40 PVC	
Supply Line Volume:	18.28	
Dosing Volume:	N/A	
Supply Manifold:	N/A	
Supply Manifold Length:	N/A	
Supply Manifold Volume:	N/A	
Recommended Float Controls:	N/A	
Recommended Control Panel:	N/A	
Pressure Head:	N/A	
Friction Head:	N/A	
Elevation Head:	N/A	
Total Dynamic Head:	N/A	
Threaded Union:	N/A	
Gate Valves:	N/A	
Check Valves:	N/A	
Anti-Siphon Hole:	N/A	
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA	

3532 Cambridge Place

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	912
TOTAL LATERAL LENGTH:	304
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	300
SUPPLY LINE LENGTH:	28
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - 3532 Cambridge Place

Project #: 22-0017

LAYOUT FOR 3 BEDROOM HOME

March 9, 2022

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	BLUE					20	20
2	RED					36	36
3	ORANGE					50	50
4	YELLOW					64	64
5	***BLUE***					*92*	*76*
6	***PINK***					*98*	*76*
7	***RED***					*68*	*68*
8	***ORANGE***					*52*	*52*
9	***YELLOW***					*35*	*32*
					Total	515	474

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	*304*	*0.300*	*ACCEPT.*	*0.300*	*25% RED*	*GRAVITY*
Repair	211	0.300	MOD. CONV.	0.300	PPBPS	LOW PRESSURE

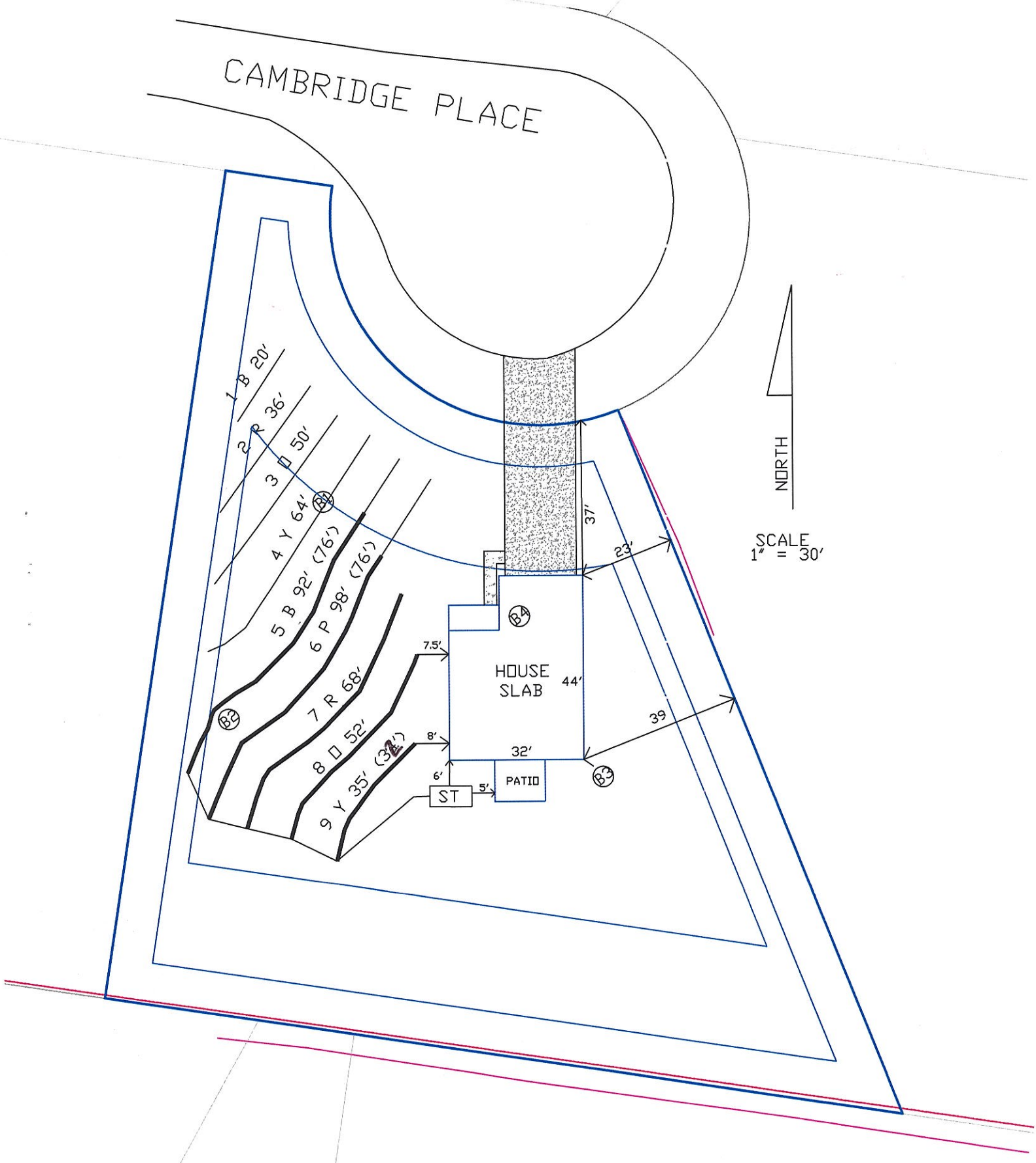
Notes:

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**Nitrification lines were located by tape measures & GPS.

**Property lines, corners & house were located by a Professional Land Surveyor.


CAMBRIDGE PLACE
1 B 20'
2 R 36'
3 O 50'
4 Y 64'
5 B 92' (76')
6 P 98' (76')
7 R 68'
8 O 52'
9 Y 35' (32')
B1
B2
B3
B4
HOUSE SLAB
44'
32'
37'
23'
39
7.5'
8'
6'
5'
ST
PATIO
NORTH
SCALE
1" = 30'

CALCULATIONS

Location	3532 Cambridge Place Statesville, NC 28625	
Project Number	20-0116	
Lot No:	6	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\,day}$
PPBPS? (YES OR NO)	NO	
Supply Line Length	28	ft.
Supply Line Volume	18.284	gal.
Required Feet of Line	300	ft.
Amount of Line from Layout	304	ft.
Gallons per Minute	N/A	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Septic Tank Size	1000	gal.
Panel Volume	N/A	gal.
# of Panels	N/A	
Dosing Volume	N/A	gal.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Tank Draw Down	N/A	
Pump Run Time		
Elevation Head	N/A	ft.
Pressure Head	N/A	ft.
Friction Factor	N/A	ft./100 ft. *(From the interpolater.)*
Friction Head	N/A	ft.
Total Dynamic Head (+15%)	N/A	ft.

Sheet 1 of 1
PROPERTY ID #: 4765307415
COUNTY: Iredell

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

OWNER: Garrison Davis
ADDRESS:
APPLICATION DATE
DATE EVALUATED: 2/2/22
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE:
LOCATION OF SITE: 3532 Cambridge Place, Statesville NC 28625
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
B 1	L/8%	0-6	B l sr	FrSSSPSExP	-f gravels	50	–	–	PS 0.3
		6-12	RBcl wfsbk	" " " "					
		12-36	Rcmmsbk	" " " "					
		36-50	RBcl wfsbk	" " " "	-f sap				
B 2	L/9%	0-10	B l sr	FrSSSPSExP		50	–	–	PS 0.3
		10-19	RBcl wfsbk	" " " "					
		19-36	Rcmmsbk	" " " "					
		36-50	RBcl wfsbk	" " " "	-csap				
B 3	L/6%	0-3	B l sr	FrSSSPSExP		50	–	–	fS 0.3-.325
		3-9	RBcl wfsbk	" " " "					
		9-30	Rcmmsbk	" " " "					
		30-50	RBcl wfsbk	" " " "	-f-csap				
B 4	L/8%	0-5	B l sr	FrSSSPSExP		50	–	–	PS 0.3-.325
		5-11	RBcl wfsbk	" " " "					
		11-32	Rcmmsbk	" " " "					
		32-50	RBcl wfsbk	" " " "	-f-csap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red. Gravity	LPPBBS/50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans
OTHER(S) PRESENT: Chad Wagner

LICENSED SOIL SCIENTIST Samuel A. Rollans 1231 STATE OF NORTH CAROLINA

COMMENTS:

RECEIVED MAR 16 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED AP- 326564

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Paid $500.00 Session Law

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) 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: Garrison Davis **Address:** 631-300 Brawley School Rd Mooresville **Zip:** 28117
Applicant Email: garrison@tcnorthhomes.com **Phone:** 704-363-2845 **Alt. Phone:** _____
Owner Name: Genoa Taylor **Address:** 2163 Davie Ave. Unit 401 Statesville **Zip:** 28625
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 3532 Cambridge Pl. Statesville NC 28625
Subdivision Name: Brookmeade IV **Section/Phase:** _____ **Lot Number:** 6
Driving Directions: E. Broad St, Brookmeade Dr., Cambridge Pl.

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

(✓) 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: _____

CHECK FOUNDATION TYPE
( ) 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:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 3/11/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 77B4A771-D566-4699-8898-CA50B2C9AC4B

Public Health
Present. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Present. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

☐ **2.** I, Genoa Taylor, am the legal owner(s) of the property located at Cambridge Pl Statesville NC 28625, identified as PIN (Parcel Identification Number) 4765327417, located in Iredell County, North Carolina.

I co hereby authorize (**print legal representative/company name**) SFS / Ashley Rollans, _____, 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.

* DocuSigned by: Genoa Taylor 9DA6018CE682401... — Signature of Owner(s)

3/11/2022 — Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

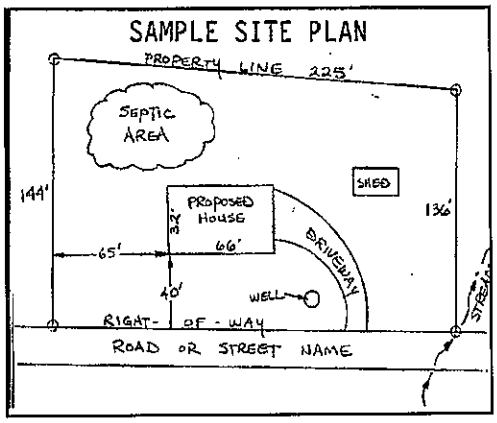
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***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
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and 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

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: _____ 3/11/22

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

LEGEND

- IPS - #5 REBAR SET
- EIP/EIR
- COMPUTED POINT
- UTILITY POLE
- CABLE PEDESTAL
- TELEPHONE PEDESTAL
- WATER VALVE

- ADJOINING PROPERTY
- OHE — OVERHEAD UTILITY
- 10' DRAINAGE & UTILITY EASEMENT
- BUILDING SETBACK
- FENCE

EIR - EXISTING IRON ROD
EIP - EXISTING IRON PIPE
DB - DEED BOOK
PB - PLAT BOOK
PG - PAGE
SF - SQUARE FEET
AC - ACRE
N/F - NOW OR FORMERLY
EP - EDGE OF PAVEMENT

LOT INFORMATION:

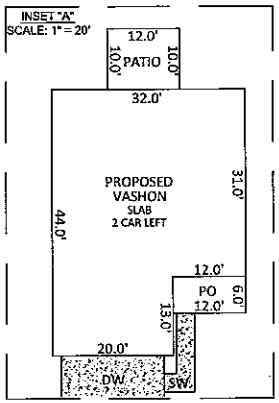
OWNER(S): GENOA TAYLOR
ADDRESS: 3532 CAMBRIDGE PLACE
PIN#: 4765327417
DB 15E, PG. 700
PB 21, PG. 57 (LOT 6)
TOTAL LOT AREA = 0.55 AC. / 24,137 SF
BUILDING SETBACKS: ZONED R-20
(PER IREDELL COUNTY U.D.O)
FRONT: 35'
SIDE: 15'
REAR: 35'
CORNER: 25'

THIS MAP IS OF AN EXISTING PARCEL OF LAND AND IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

BUILDER TO VERIFY HOUSE LOCATION, DIMENSIONS AND REVIEW TOTAL IMPERVIOUS NOTED ON THIS PLOT PLAN.

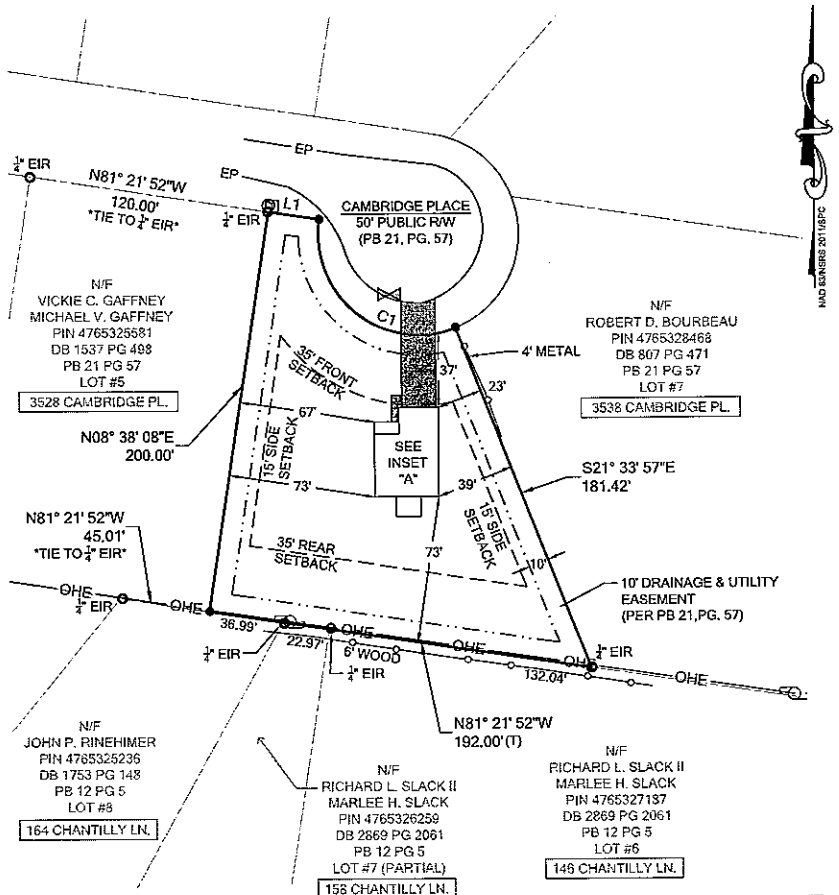
THIS MAP IS CONSIDERED PRELIMINARY, NOT FOR RECORDATION, CONVEYANCE OR SALES UNLESS SIGNED AND SEALED BY THE LICENSED SURVEYOR.

INSET "A"
SCALE: 1" = 20'



NOTES

1. THE PROPERTY LIES IN ZONE 'X' PER NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP # 3710476500J DATED 03/18/2008.
2. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE BASED ON GPS OBSERVATIONS. NAD 83/NSRS 2011/NAVD 88, STATE PLANE COORDINATES, UNLESS OTHERWISE NOTED.
3. AREAS COMPUTED BY COORDINATE METHOD.
4. SITE ZONED R-20 PER IREDELL COUNTY GIS.
5. NO GRID MONUMENTS FOUND WITHIN 2000' PER REFERENCE.
6. THIS MAP IS NOT FOR RECORDATION AND SHOULD BE REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH APPLICABLE LAND DEVELOPMENT REGULATIONS.
8. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.
9. SURVEY HAS MADE NO INVESTIGATION OR INDEPENDENT SEARCH FOR EASEMENTS OF RECORD, ENCUMBRANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE OR ANY OTHER FACTS THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.



PROPOSED IMPERVIOUS:
TOTAL IMPERVIOUS = 2,105 SF
HOUSE : 1,252 SF
DW: 616 SF
SW: 45 SF
PORCH: 72 SF
PATIO: 120 SF
TOTAL LOT AREA = 0.55 AC / 24,137 SF
PERCENT IMPERVIOUS = 8.72%

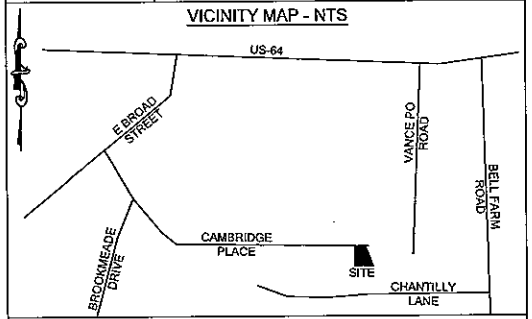
LINE TABLE		
LINE#	DIRECTION	LENGTH
L1	S81° 21' 52"E	25.59'

CURVE TABLE				
CURVE#	LENGTH	RADIUS	BEARING	CHORD
C1	104.88'	50.00'	S51° 28' 06"E	86.68'

SCALE:
1" = 60 ft.

BATEMAN CIVIL SURVEY COMPANY
ENGINEERS • SURVEYORS • PLANNERS
2524 RELIANCE AVENUE, APEX, NC 27539
PHONE: (919) 577-1080 FAX: (919) 577-1081
INFO@BATEMANCIVILSURVEY.COM
NCBELS FIRM# C-2378

VICINITY MAP - NTS



I, STEVEN P. CARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A SURVEY MADE UNDER MY SUPERVISION (PLAT BOOK REFERENCED IN TITLE BLOCK); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION LISTED UNDER REFERENCES; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARD OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA. L-4752
DATED:

PRELIMINARY

PROJECT# 220176

PRELIMINARY PLOT PLAN
EXCLUSIVELY PREPARED FOR:
TRUNORTH HOMES

3532 CAMBRIDGE PLACE
(LOT #6 - BROOKMEADE IV SUBDIVISION)
STATESVILLE, NC 28677
CHAMBERSBURG TOWNSHIP, IREDELL COUNTY
DRAWN BY: GCS CHECKED BY: SPC DATE: 02/25/2022
REFERENCE: PB 21, PG. 57 SCALE:1"=60'

3532 Cambridge Place

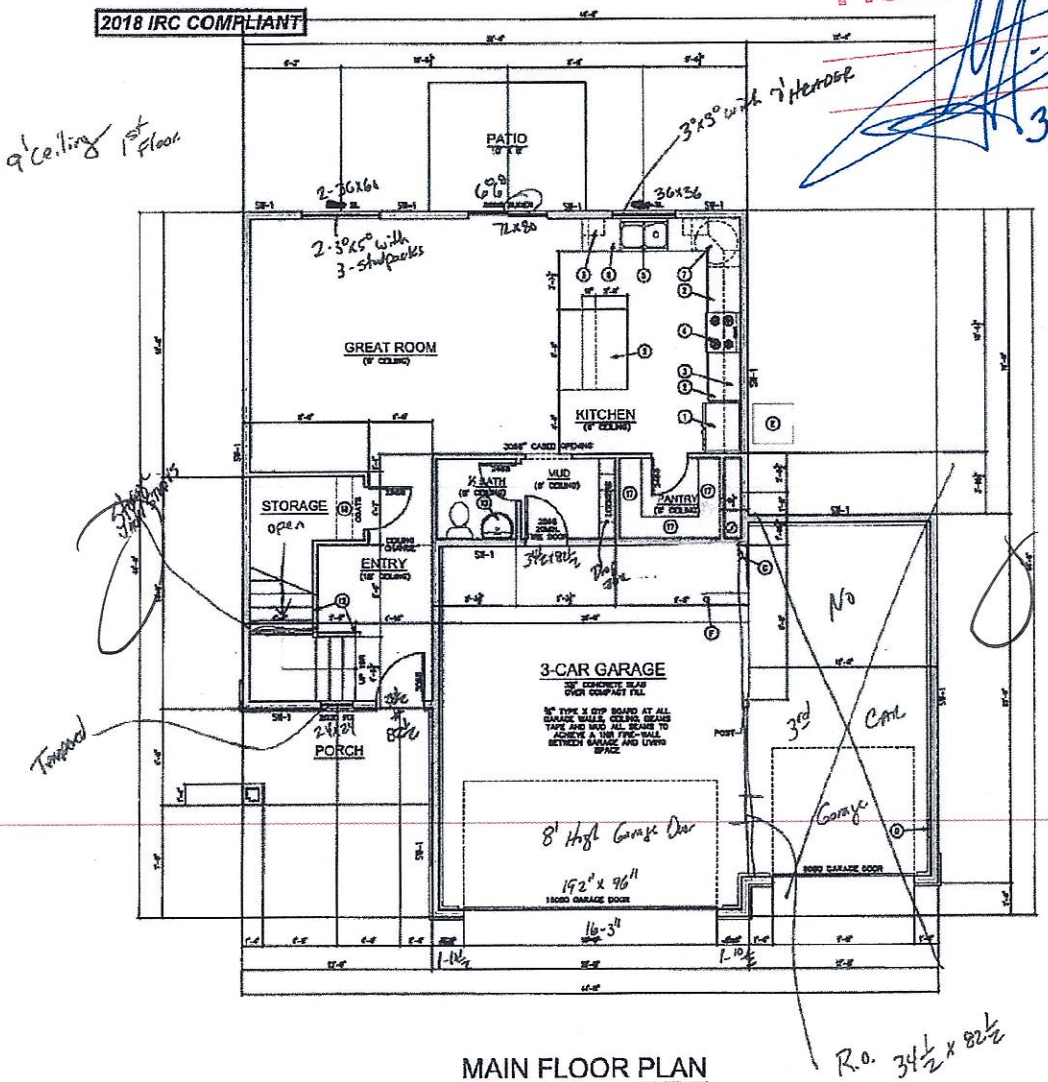
Acknowledgement Of Plans Submittal ONLY!

Date 3/25/2022.

3/10/22

2018 IRC COMPLIANT

9' ceiling 1st floor



MAIN FLOOR PLAN
SCALE: ¼" = 1'-0"

KEY NOTES:

1. 36" WIDE REFRIGERATOR-SPACE, (INSTALL WATER LINE)
2. COUNTERTOP OVER 36" HIGH BASE CABINET.
3. UPPER CABINETS (TOP AT 6'-0" A.F.F.)
4. 30" WIDE RANGE WITH HOOD ABOVE (VENT HOOD TO EXTERIOR AND PROVIDE AIR INTAKE
5. DOUBLE SINK WITH DISPOSAL AND SPRAYER
6. DISHWASHER
7. LAZY SUZAN
8. 24" X 30" CRAWL SPACE ACCESS
9. WASHER AND DRYER HOOKUPS (WASHER IS ON THE LEFT)
10. PEDESTAL SINK
11. SHELF OR CABINETS ABOVE WASHER AND DRYER
12. 36" HIGH RAILING WITH BALUSTERS SPACED SO THAT A 4" SPHERE CAN NOT PASS THROUGH
13. COUNTERTOP OVER 32" HIGH BASE CABINET
14. 30" X 60" TUB / SHOWER (2.5GPM SHOWER HEAD)
15. 42" X 60" TUB IN TILE OR MARBLE PLATFORM
16. TILE OR MARBLE SHOWER WITH SAFETY GLASS ENCLOSURE
17. (4) 16" SHELVES STARTING @ 24" ABOVE FINISHED FLOOR
18. 12" SHELF AND ROD
19. (2) 12" SHELVES AND (2) RODS
20. SINGLE UTILITY SINK

SQUARE FOOTAGE SCHEDULE:

FINISH MAIN FLOOR PLAN:	794
FINISH UPPER FLOOR PLAN:	1090
TOTAL FINISHED SQ. FT:	1884
GARAGE:	734
TOTAL PROJECT SQ. FT:	1884

SHEAR WALL NOTES

ALL EXTERIOR WALLS AND VERTICAL SURFACES AT STEPS IN ROOF SHALL BE SHEATHED WITH 7/16" APA RATED 24/0 OR BETTER STRUCTURAL WOOD PANELS. BLOCK ALL PANEL EDGES WITH 2" NOM. OR WIDER. 8" OR WIDER FRAMING AT ADJOINING PANEL EDGES AND NAILS SHALL BE STAGGERED. WHERE 8M NAILS ARE SPACED 3" O.C. OR LESS, SHEATHING SHALL EXTEND CONTINUOUS FROM FLOOR TO TOP PLATE FRAMING OR UPPER EXT. WALLS. NAILS SHALL BE PLACED NOT LESS THAN 1/2" FROM EDGE OF PANEL AND DRIVEN FLUSH BUT SHALL NOT FRACTURE THE SURFACE OF THE SHEATHING. EXTEND SHEATHING OVER RIM AND NAIL TO RIM AND WALL PLATES 4" O.C.

SHEAR WALL SCHEDULE

TYPE	SHEATHING	NAIL	EDGE	FIELD	STAPLE ED
TYPICAL	7/16" ONE SIDE	8d	6" O.C.	12" O.C.	16d @ 3" O.C.
SW-1	7/16" ONE SIDE	8d	4" O.C.	12" O.C.	16d @ 3" O.C.
SW-2	7/16" ONE SIDE	8d	3" O.C.	12" O.C.	NOT ALLOWED
SW-3	7/16" ONE SIDE	8d	2" O.C.	12" O.C.	NOT ALLOWED

NOTE: 16 GAUGE STAPLES MAY BE SUBSTITUTED FOR 8M NAILS AT 1/2 SPACING ON TYPICAL AND SW-1. SW-2 AND SW-3 REQUIRE 3X OR (2) 2X ON JOINING PANEL EDGES.

MECHANICAL KEY NOTES

A. 90K MIN. EFFICIENT DIRECT VENT FURNACE.
B. 40 GALLON GAS WATER HEATER WITH TEMPERATURE SAFETY VALVE.
C. FLUE
D. ELECTRICAL PANEL.
E. 13 SEER A/C UNIT
F. 4" DIAMETER STEEL BOLLARD

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ARCHWAY DESIGNS L.L.C.
ARCHITECTURAL DESIGN AND DRAFTING
www.archwaydesigns.com

PLAN STATUS

PRELIMINARY DRAWINGS DATED:
1ST DRAFT DATED:
FINAL DRAFT DATED: 4/25/22
PERMIT SET DATED: 5/15/22

REVISIONS:

DATE: 10/20/22 CRAWL
DATE:
DATE:
DATE:

VASHON BASE PLAN

ADDRESS:

PAGE: A 6

3532 Cambridge Place

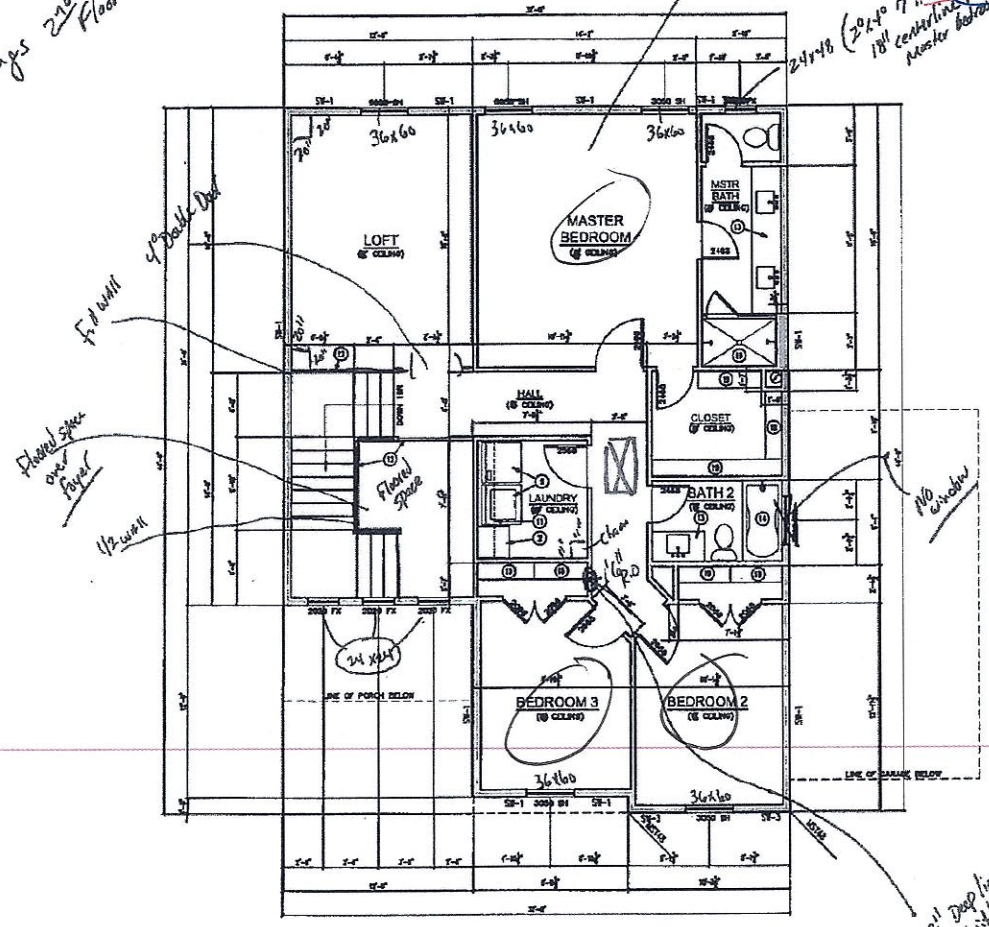
Acknowledgement Of Plans Submittal ONLY!

RJB 3/25/22.

3/4/22 Date

2018 IRC COMPLIANT

9' Ceilings 2nd Floor



UPPER FLOOR PLAN

SCALE: ¼" = 1'-0"

KEY NOTES:

1. 36" WIDE REFRIGERATOR SPACE (INSTALL WATER LINE)
2. COUNTERTOP OVER 36" HIGH BASE CABINET.
3. UPPER CABINETS (TOP AT 8'-0" A.F.F.)
4. 30" WIDE RANGE WITH HOOD ABOVE (VENT HOOD TO EXTERIOR AND PROVIDE AIR INTAKE
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15. 42" X 60" TUB IN TILE OR MARBLE PLATFORM
16. TILE OR MARBLE SHOWER WITH SAFETY GLASS ENCLOSURE
17. (4) 18" SHELVES STARTING @ 24" ABOVE FINISHED FLOOR
18. 12" SHELF AND ROD
19. (2) 12" SHELVES AND (2) RODS
20. SINGLE UTILITY SINK

SHEAR WALL NOTES

ALL EXTERIOR WALLS AND VERTICAL SURFACES AT STEPS IN ROOF SHALL BE SHEATHED WITH 7/16" APA RATED 24/0 OR BETTER STRUCTURAL WOOD PANELS. BLOCK ALL PANEL EDGES WITH 2" NOM. OR WIDER. 3" OR WIDER FRAMING AT ADJOINING PANEL EDGES AND NAILS SHALL BE STAGGERED WHERE 8d NAILS ARE SPACED 3" O.C. OR LESS. SHEATING SHALL EXTEND CONTINUOUS FROM FLOOR TO TOP PLATE FRAMING OF UPPER EXT. WALLS. NAILS SHALL BE PLACED NOT LESS THAN 1/2" FROM EDGE OF PANEL AND DRIVEN FLUSH BUT SHALL NOT FRACTURE THE SURFACE OF THE SHEATHING. EXTEND SHEATHING OVER RIM AND NAIL TO RIM AND WALL PLATES 6" O.C.

SHEAR WALL SCHEDULE

TYP	SHEATHING	NAIL	EDGE	FIELD	STAPLE 24
TYPICAL	7/16" ONE SIDE	8d	4" O.C.	12" O.C.	16G @ 3" O.C.
SW-1	7/16" ONE SIDE	8d	4" O.C.	12" O.C.	16G @ 3" O.C.
SW-2	7/16" ONE SIDE	8d	3" O.C.	12" O.C.	NOT ALLOWED
SW-3	7/16" ONE SIDE	8d	2" O.C.	12" O.C.	NOT ALLOWED

NOTE: 16 GAUGE STAPLES MAY BE SUBSTITUTED FOR 8d NAILS AT 1/2 SPACING ON TYPICAL AND SW-1.
SW-2 AND SW-3 REQUIRE 3X OR (2) 2X ON JOINING PANEL EDGES.

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ARCHWAY DESIGNS, L.L.C.
ARCHITECTURAL DESIGNING
541-420-3400
WWW.ARCHWAYDESIGNS.COM

PLAN STATUS

PRELIMINARY DRAWINGS DATED:

1ST DRAFT DATED:

FINAL DRAFT DATED: 4/29/19

PERMIT SET DATED: 5/13/19

REVISIONS:

DATE: 12/30/20 CRAWL

DATE:

DATE:

DATE:

VASHON BASE PLAN

ADDRESS:

PAGE: A 7

IREDELL COUNTY · NC

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

APPLICATION NUMBER
326564 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4765327417.000	3532 CAMBRIDGE PL	Iredell County

Owner Information	Applicant Information
Name: TAYLOR GENOA	Name: SOIL AND FORESTRY SERVICES
Address:	Address: 813 DAVIDSON DR NW
	CONCORD, NC 28025
Phone:	Phone: (704)239-2001

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
sfd

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.

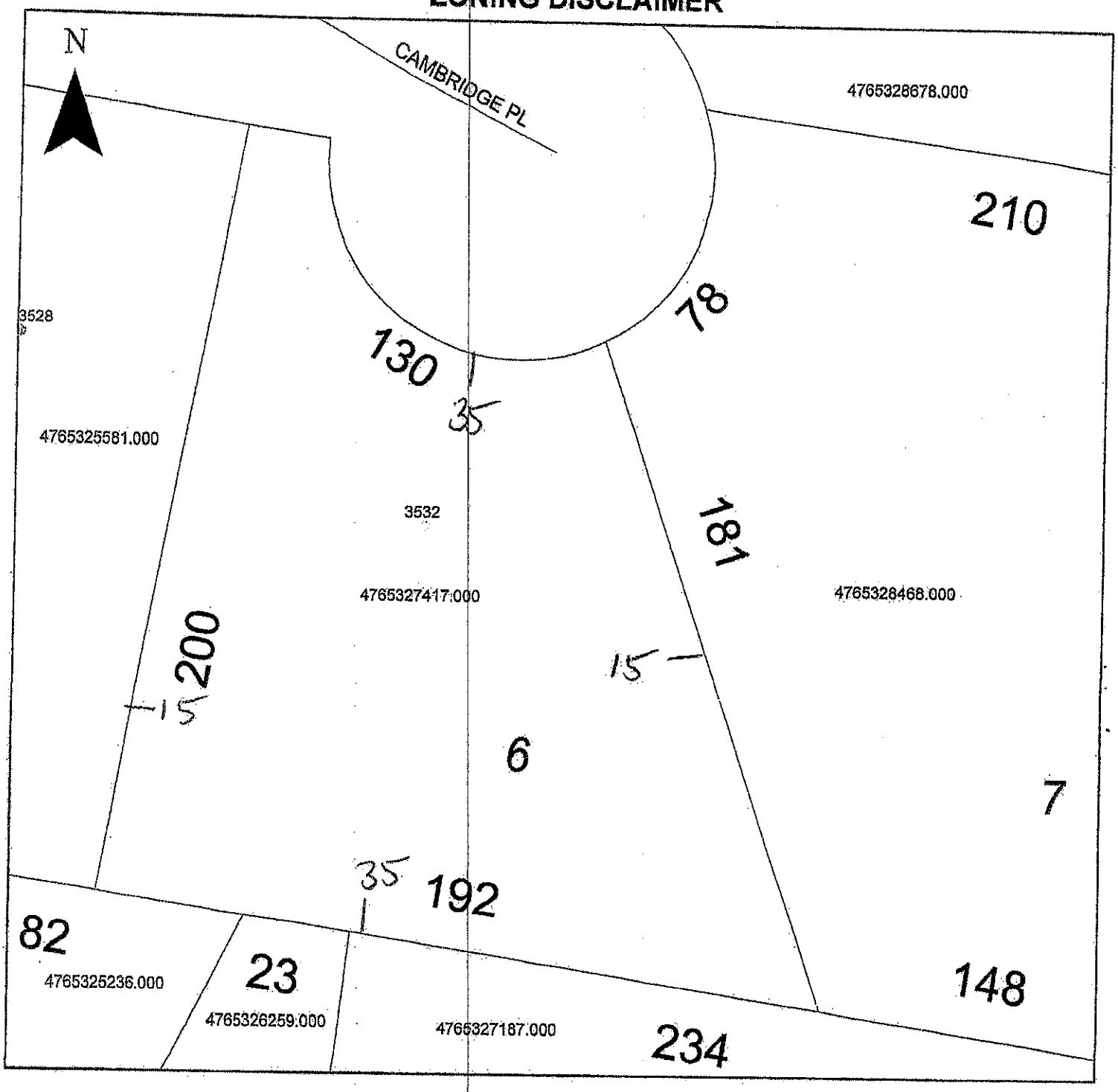
Signature of Owner/Contractor

Date: 03/14/2022

Permit Number	326564

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 3532 Cambridge PL

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.

Rachel Cimino

Applicant

3/14/22

Date