ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 300743

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

PIN # 4765910026.000

APPLICANT/OWNER: Kenson Properties LLC APPLICANT ADDRESS: 185 Shelburne Place Mooresville NC 28117

SITE ADDRESS: 233 Lone Pine Rd Statesville NC 28625 PHONE: 760-522 7415 ALT. PHONE

SITE DIRECTIONS: 64 E Rt Lone Pine Lot on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Carson Creek SECTION: 1 LOT # 7 LOT AREA: .723 Acres DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	760	Date	10-14-2020	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply					
Pump Tank	1000.	(gal)	PT	363	Date	11-9-2020	System Description:	Pressure Manifold - 25% Reduction.			☐ Business	No. Persons	6	☐ Private					
Pump Make	Gatlos		Model	PE31M	Serial #	K2034120	Repair System Description:	CP-H PPBPS - 50% Reduction			☐ Other	No. Employees		☒ Public					
# Nitrification Fields	1		# Lines	4	Linear Ft.	360	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community					
Trench Width	36		Trench Bottom Depth (Low side)			24	Gravel Depth		☐ GRAVITY	☒ PRESSURE	☐ Basement w/ plumbing			☐ Basement w/o plumbing					

Comments / Conditions: Manifold to Remain 10ft From Property Line.

* Have Box/Plan dig per Survey not Foundation or cut away front of house.

INITIAL SITE SKETCH

See attached Proposal + Design by Soil + Forestry Services of the Carolinas, PA Lss # 1231

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.

	Date	Initials
Drain Lines Checked	12-22	
Tanks Checked	12-22	
Pressure Manifold or Valve Box Checked	12-22	
Pressure Head Set	4-29-2021	
Electrical Checked	4-30-2021	BCM
Floats Set	4-29-21	
Alarm Checked	4-29-21	
Maintenance Contract Y / (N)	4-30-2021	BCM
Comments:		

for IP

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**

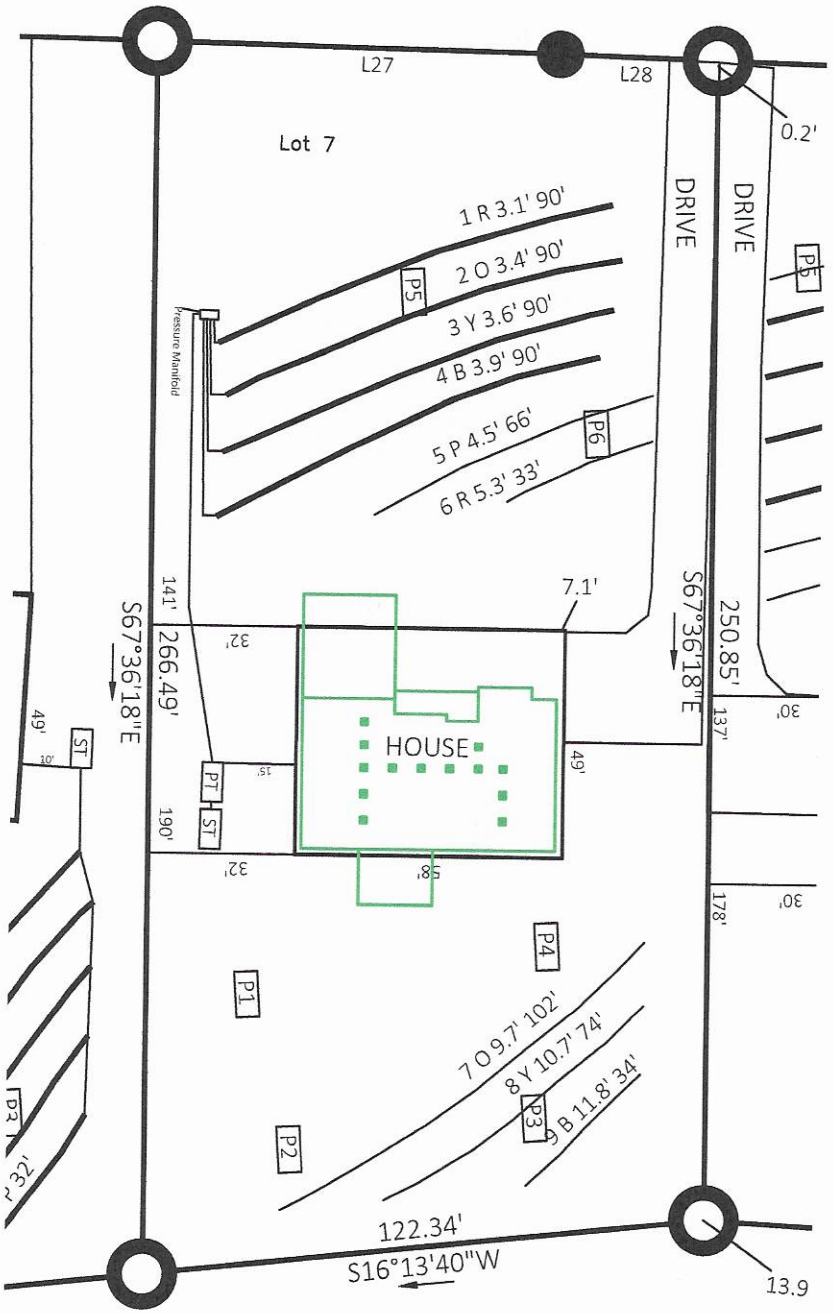
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 8-25-20 Installed by: (Tommy) Frye Grading & Repair Inc.

IMPROVEMENT PERMIT by: Benjamin A. Bolton Date: 6/23/2020 OPERATION PERMIT by: Bryant C. white Date: 4-30-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolton Date: 8/24/2020 Existing System Inspected by: Date:

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


L27
L28
Lot 7
0.2'
DRIVE
DRIVE
1 R 3.1' 90'
2 O 3.4' 90'
3 Y 3.6' 90'
4 B 3.9' 90'
5 P 4.5' 66'
6 R 5.3' 33'
P5
P6
P5
Pressure Manifold
7.1'
141'
S67°36'18"E
266.49'
32'
HOUSE
49'
S67°36'18"E
250.85'
137'
30'
ST
P7
ST
190'
32'
49'
P4
P1
7 O 9.7' 102'
8 Y 10.7' 74'
9 B 11.8' 34'
P3
P2
178'
30'
122.34'
S16°13'40"W
13.9

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted (25% reduction) Septic System with Pressure Manifold distribution for a 3 bedroom single family residence at 233 Lone Pine Rd, Carson Creek Subdivision Lot 7 PIN#(4765910026)

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2-3
Layout Specifications	4
System Tapsheet	5
Pressure Manifold Diagram	6
Site Plan/System Plan	7
Calculations	8
Profile Descriptions	9
Zoning Permit & Receipt	10-12
Application	13-14
Agent Authorization Form	15
Green Sheet	16
Expedited Review Checklist	17

September 25, 2019
Project No. 18-0108
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 DHHS, and certification supplied by the manufacturer.
- 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.
- 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.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as an Accepted 25% reduction installation w/Pressure Manifold.
- Repair is specified as HPPBPS w/Low Pressure Distribution and 3" Cover.
- Iredell County HD has approval to move distribution device, tank, etc.

PRESSURE MANIFOLD SYSTEM FOR WASTEWATER TREATMENT

Owner/Applicant:	Kenson Properties LLC
Address:	185 Shelborne Place Mooresville, NC 28117
Phone:	760.522.7415
County:	Iredell
Location:	233 Lone Pine Rd - Lot 7
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	21.92

Design Specifications

Drainfield Size:	360
Loading Rate:	0.25
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Trench Depth:	24 in. Repair: 19 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	100
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	17.40
Dosing Volume:	164.56
Supply Manifold:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.27
Elevation Head:	8.40
Total Dynamic Head:	11.86
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA.

233 Lone Pine Rd - Lot 7
PRESSURE MANIFOLD DESIGN

DESIGN FLOW:	360
SOIL APPLICATION RATE:	0.25
TOTAL AREA TRENCH BOTTOM:	1080
TOTAL LATERAL LENGTH:	360
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	360
SUPPLY LINE LENGTH:	100
TOTAL DYNAMIC HEAD:	11.86
MANIFOLD SIZE:	4 in.SCH 80 PVC
DOSING VOLUME:	164.56
PUMP TANK DRAW DOWN*:	7.8
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

Layout Specifications - 233 Lone Pine Rd - Lot 7

Project #: 18-0134

LAYOUT FOR 3 BEDROOM HOME

September 25, 2019

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		13.90			100.00		
HOUSE				7.10	106.80		
PUMP TANK				6.30	107.60		
INSTR. 1			113.9				
1	*RED*			*3.10*	*110.80*	*104*	*90*
2	*ORANGE*			*3.40*	*110.50*	*102*	*90*
3	*YELLOW*			*3.60*	*110.30*	*102*	*90*
4	*BLUE*			*3.90*	*110.00*	*104*	*90*
5	PINK			4.50	109.40	66	66
6	RED			5.30	108.60	33	33
7	ORANGE		*NOT USED*	7.50	106.40	32	0
8	YELLOW		*NOT USED*	8.30	105.60	50	0
9	BLUE		*NOT USED*	8.80	105.10	66	0
10	PINK		*NOT USED*	9.10	104.80	86	0
11	RED			9.30	104.60	125	85
12	ORANGE			9.70	104.20	102	85
13	YELLOW			10.70	103.20	74	74
14	BLUE			11.80	102.10	34	34
					TOTAL	1080	737

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	*360*	*0.250*	*ACCEPT.*	*0.250*	*25% RED*	*GRAVITY*
Repair	377	0.225	MOD. CONV.	0.225	HPPBPS	LOW PRESSURE

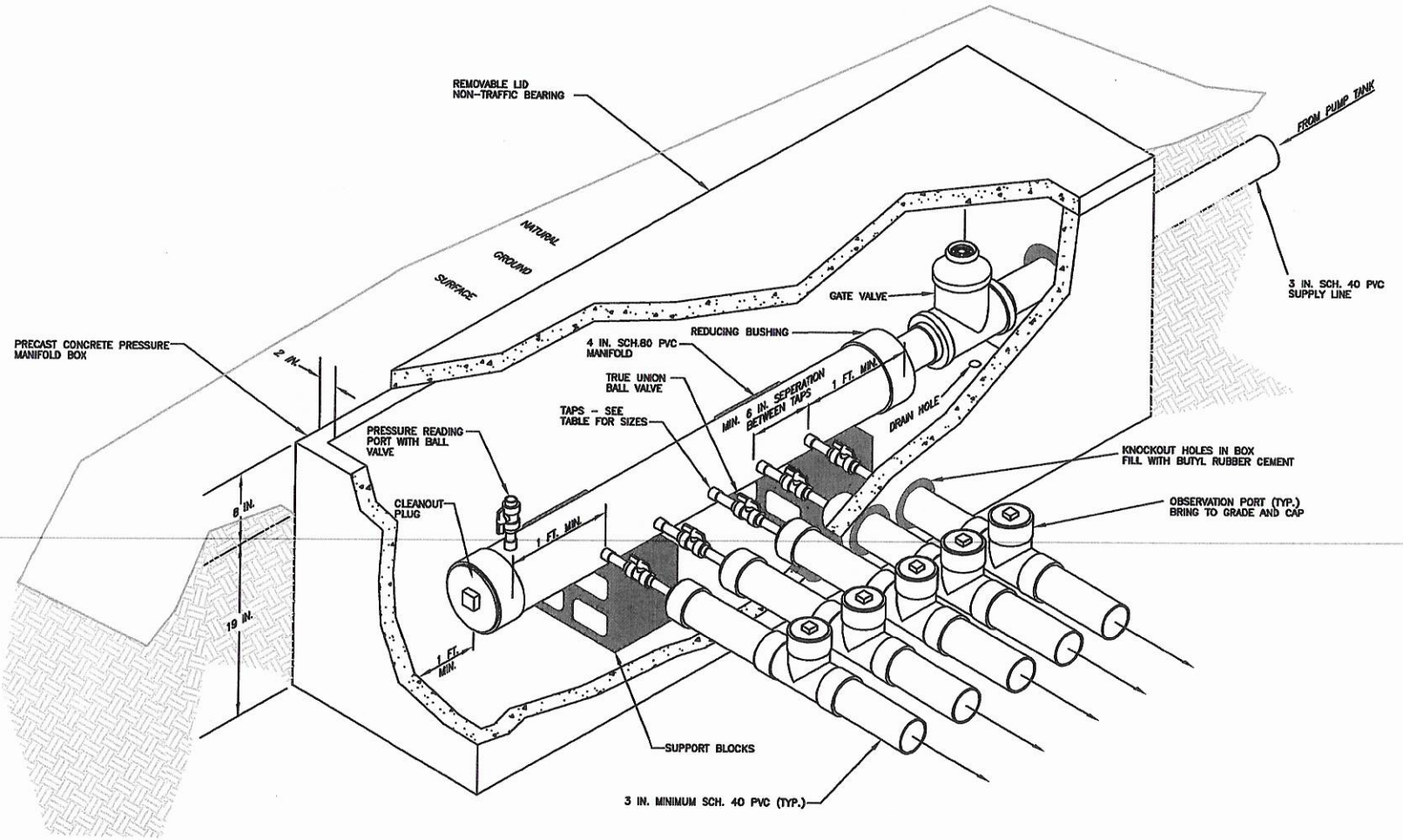
PRESSURE MANIFOLD TAPSHEET - 233 Lone Pine Rd -Lot 7

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area	Line LTAR
1	***RED***	***110.80***	90	SCH 80 1/2	**5.48**	270	0.15
2	***ORANGE***	***110.50***	90	SCH 80 1/2	**5.48**	270	0.15
3	***YELLOW***	***110.30***	90	SCH 80 1/2	**5.48**	270	0.15
4	***BLUE***	***110.00***	90	SCH 80 1/2	**5.48**	270	0.15

total	**feet =**	**360**	**gal/min =**	**21.92**
		Des. Flow	**360**	
		Pump Run=	**7.51**	
		soil LTAR	**0.25**	
		LTAR +5%	**0.2625**	
		LTAR with ACCEPTED	**0.333333333**	
		LTAR with ACCEPTED + 5%	**0.35**	

TYPICAL PRESSURE MANIFOLD DETAIL



CALCULATIONS

Location	233 Lone Pine Rd	
Project Number	18-0134	
Lot No:	7	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.250	$^{gpd}/_{ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	100	ft.
Supply Line Volume	17.4	gal.
Required Feet of Line	360	ft.
Amount of Line from Layout	360	ft.
Gallons per Minute	21.92	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	235.08	gal.
Dosing Volume	164.56	gal.

Note: Dosing Volume based on 70% of lateral line volume

Tank Draw Down	7.8	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	7.51	minutes
Elevation Head	8.4	ft.
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	1.27	ft.
Friction Head +15%	1.4605	
Total Dynamic Head	11.86	ft.

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

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

Sheet 1 of 2
PROPERTY ID #: 47659/1002
COUNTY: Iredell

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

OWNER: Kenson Properties LLC
ADDRESS: 185 Shelborne Place, Mooresville NC 28117
PROPOSED FACILITY: 3BR Single Family PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 233 Long Pine Rd, Statesville Lot 7 PIN # 4765910026
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

APPLICATION DATE
DATE EVALUATED: 6/13/19
PROPERTY SIZE: ~~More~~ 0.723 AC
PROPERTY RECORDED:
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P 1	L/6%	0-4	RBCL wfsbk/mabk	Fr SS SP	C. Fe Depl. IB27 Poss Chrz's Few Fe Depl SHP Indu.		only Eval to 36	Chroma 10 4/2 6/2 @22 inches Reduced 20-36.	PS .25 Poss Deep Trench Drip +1
		4-33	BRC wfmabk/sbk	Fr S P					
		33-60	RC wmsbk/mabk	F SS SP					
P 2	L/6%	0-10	BSCL wmsbk	Fr SS SP	C. Fe & Mag. Depl. 21-27" Poss Chrz's Few Fe & Mag. Depl.			10YR 6/6 @22 inches	PS .25 PS, LD Drip Shallow placement
		10-30	BRC wmmabk	Fr S P					
		30-63	BRC wmsbk/mabk	F SS SP					
P 3	L/6%	0-7	BCL wmsbk	Fr SS SP	Few Fe Depl C. Fe & Mag. Depl. Poss Chrz @ 34-42"			10YR 6/6 Chroma 2 @30 inches	PS .225-.25
		7-32	RC wmmabk/sbk	Fr S P					
		32-56	RBSC/C wmsbk/mabk	F SS P					
P 4	L/5%	0-16	BSCL wmsbk	Fr SS SP	Few Fe & Mag. Depl. C. Fe Depl. Chrz @ 40-41			only Eval to 38 pit cave In.	PS .225-.25
		16-40	BRC wmsbk/mabk	Fr S P					
		40-56	RC wmmabk	Fr S P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	HPBFS
Site LTAR	.25	0.225

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: S. Ashley Rollins, Wendell Overby
OTHER(S) PRESENT: Chad Wagner, Katy Neil, Mason Freeman

COMMENTS:

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 #: 476591/0026
DATE OF EVALUATION: 6/13/19
COUNTY: Iredell

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
P5	4/5%	0-9	BCL wmsbk	Fr SS SP					PS ✓ .275
		9-32	BRC wmsbk/Absk	Fr SS P	- Few Fe Depl				
		32-44	RC wfsbk	F SS SP	- Few Fe Depl.				
		44-55	RBCL wfsbk	Fr SS SP					
P6	4/6%	0-10	BSL Gr	Fr SS SP				only Eval to 48.	PS ✓ .25
		10-39	BRC wmsbk/Absk	Fr SS P	- Ch, R 2'@39" ✓				
		39-58	RC wmAbk	F SS P	- C to Many Fe Depl.				

COMMENTS:

RECEIVED AUG 2 1 2020

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: PECONIC BAY HOMES Address: 127 BLUFF MEADOW LN, MOORESVILLE Zip: 28115
Applicant Email: PETE@PECONICBAYHOMES.COM Phone: 704-235-8489 Alt. Phone: _____
Owner Name: KENSON PROPERTIES LLC Address: 185 SHELBURNE PL, MOORESVILLE Zip: 28117
Owner Email: FKV4@AOL.COM Phone: 760-522-7415 Alt. Phone: _____

Property Information:

Street Address: 233 LONE PINE RD, STATESVILLE NC 28625
Subdivision Name: CARSON CREEK Section/Phase: 1 Lot Number: 7
Driving Directions: 64E RT ON LONE PINE - LOT ON LEFT

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: _____
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
( ) 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 (✓) 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: X _____ 7/9/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health

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, FRANK KASH VESSELS OF KENSON PROP, am the legal owner(s) of the property located at 233 LONE PINE ROAD, STATESVILLE NC, identified as PIN (Parcel Identification Number) 4765910026.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) PETER DEANGELO, PELICAN BAY HOMES, 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-line 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

_____ of Kenson Properties _____ 7/9/2020

Signature of Owner(s) 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

RECEIVED OCT 2 - 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-300743 Paid $850.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Benson Properties LLC **Address:** 185 Shelburne Place Mooresville **Zip:** 28117
Applicant Email: EKV4@aol.com **Phone:** 760-322-7415 **Alt. Phone:**
Owner Name: Same **Address:** Same **Zip:**
Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 233 Lone Pine Rd, Statesville NC 28625
Subdivision Name: Carson Creek **Section/Phase:** **Lot Number:** 7
Driving Directions: 64E, Rt on Lone Pine, Lot on Lt

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: 6
( ) 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 (X) 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: _____ 8/29/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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, Frank Kash Vessels of Kenson Homes LLC am the legal owner(s) of the property located at 179 Lone Pine Road, Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4765913219, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Samuel Ashley Rollans Rollans Soil Environmental Services, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]	8/7/19	Kelly Vessels	8.7.19

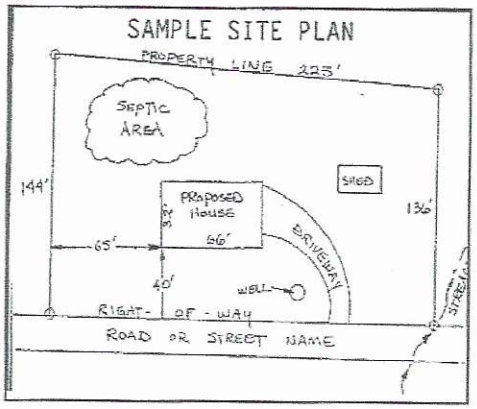
Please return this signed form to the appropriate office:

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 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

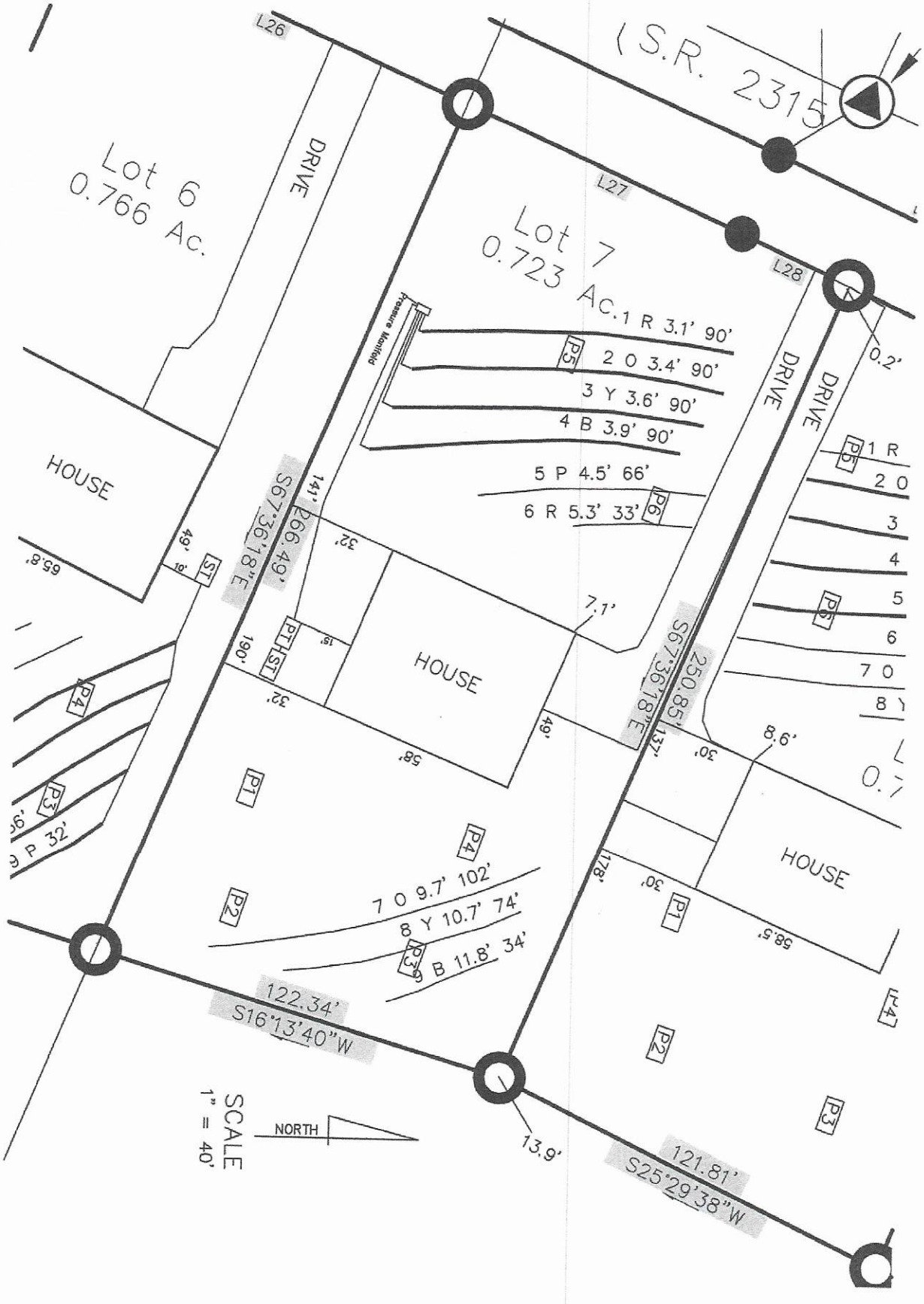
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 SEPTIC IMPROVEMENT PERMIT # 300743

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

7/9/2020
DATE


(S.R. 2315
L26
L27
L28
Lot 6
0.766 Ac.
Lot 7
0.723 Ac.
DRIVE
DRIVE
DRIVE
HOUSE
HOUSE
HOUSE
Pressure Manifold
1 R 3.1' 90'
2 O 3.4' 90'
3 Y 3.6' 90'
4 B 3.9' 90'
5 P 4.5' 66'
6 R 5.3' 33'
7 O 9.7' 102'
8 Y 10.7' 74'
9 B 11.8' 34'
S67°36'18"E 250.85'
S67°36'18"E 199.49'
122.34'
S16°13'40"W
121.81'
S25°29'38"W
13.9'
SCALE
1" = 40'
NORTH
P1
P2
P3
P4
P5
P6
ST
PT
ST

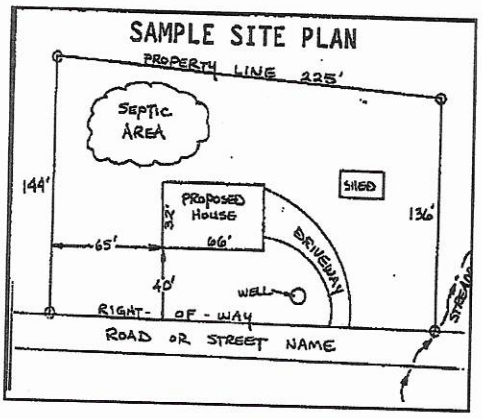
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

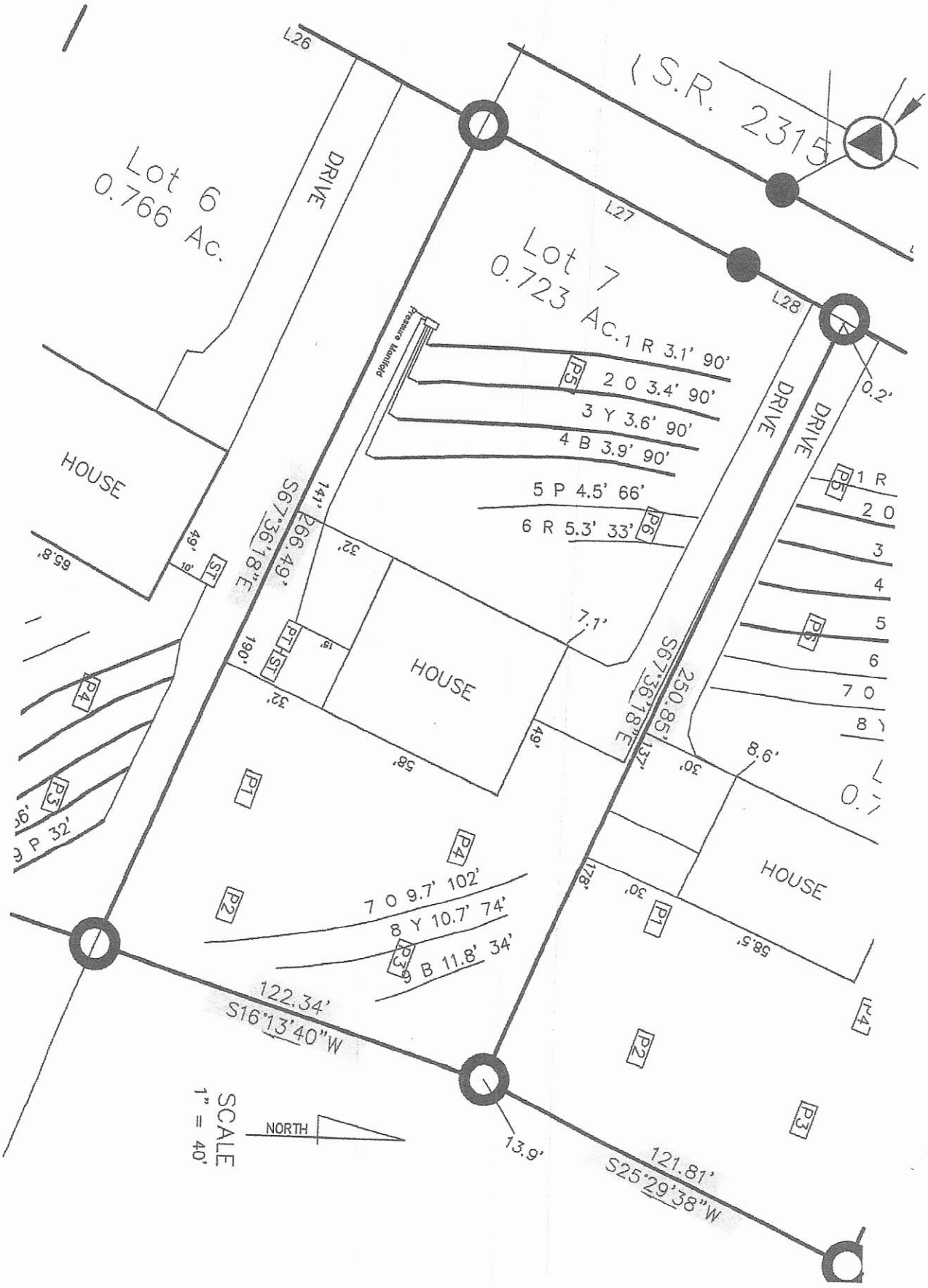
USE THIS SPACE TO DRAW YOUR SITE PLAN

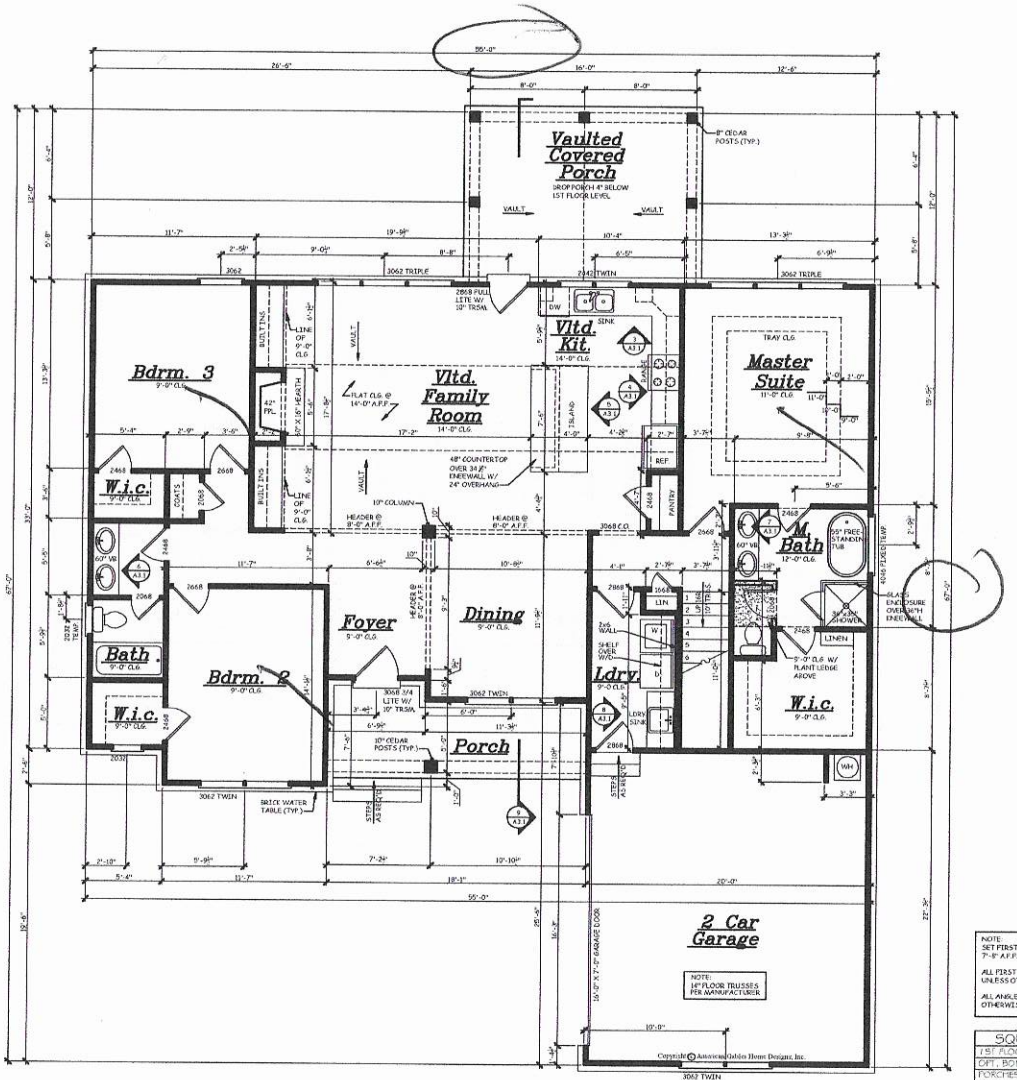
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached

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

8/29/19
DATE


L26
S.R. 2315
L27
L28
Lot 6
0.766 Ac.
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S67°36'18"E 250.85'
122.34'
S16°13'40"W
121.81'
S25°29'38"W
13.9'
SCALE
1" = 40'
NORTH



1 / A2.2 FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

GENERAL NOTES:
1. THESE PLANS ARE DESIGNED TO MEET THE 2018 INTERNATIONAL RESIDENTIAL CODE FOR ONE AND TWO FAMILY DWELLINGS WITH THE 2020 GEORGIA STATE AMENDMENTS.

2. BUILDER IS RESPONSIBLE TO SEE THAT THE HOUSE IS BUILT IN STRICT COMPLIANCE WITH CITY, COUNTY, STATE AND FEDERAL CODES IN THE AREA THE HOUSE IS TO BE CONSTRUCTED.

3. BUILDER MUST VERIFY ALL DIMENSIONS PRIOR TO CONSTRUCTION AND REPORT ANY DISCREPANCIES TO AMERICAN GABLES HOME DESIGNS, INC. FOR JUSTIFICATION AND/OR CORRECTIONS. BUILDER SHALL ASSUME RESPONSIBILITY FOR ERRORS THAT ARE NOT REPORTED.

4. ALL DIMENSIONS SHOULD BE READ OR CALCULATED AND NEVER SCALED.

5. THESE PLANS ARE NOT TO BE COPIED OR REPRODUCED IN ANY FORM WITHOUT THE EXPRESS WRITTEN PERMISSION OF AMERICAN GABLES HOME DESIGNS, INC.

6. ALL LOAD BEARING WALLS, BEAM SUPPORTS AND RAFTER BRACING SHOULD CARRY LOAD THRU ALL LEVELS TO FOUNDATION AND BE SUPPORTED BY GRADE BEAMS OR FOOTINGS DESIGNED TO CARRY LOADS.

7. ALL ANGLED WALLS ARE 45° UNLESS NOTED OTHERWISE.

8. ALL STRUCTURAL BEAMS AND WALLS ARE TO BE DESIGNED BY A LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES.

9. FLOOR AND ROOF TRUSS DRAWINGS MUST BE PROVIDED BY TRUSS MANUFACTURER. PLUMBING AND HVAC PLANS SHOULD BE PROVIDED BY A LOCAL CONTRACTOR.

10. SQUARE FOOTAGE CALCULATIONS ARE MADE FROM OUTSIDE OF EXTERIOR FRAME WALL AND INCLUDE FINISHED AREAS ONLY. AREAS NOT INCLUDED ARE DECKS, PORCHES, GARAGES, BASEMENTS, ATTICS, FIREPLACES, ETC. TWO STORY, VAULTED AREAS AND STAIRS ARE COUNTED ONCE IN THE FIRST FLOOR SQUARE FOOTAGE CALCULATIONS. BRICK IS NOT COUNTED IN OUR SQUARE FOOTAGE CALCULATIONS.

11. AMERICAN GABLES HOME DESIGNS, INC ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

12. THESE PLANS ARE PROTECTED BY COPYRIGHT. REPRODUCTION OF THE HOUSE PLANS, EITHER IN WHOLE OR PART, INCLUDING ANY FORM OF COPYING AND/OR PREPARATION OF DERIVATIVE WORKS THEREOF, FOR ANY REASON WITHOUT PRIOR WRITTEN PERMISSION BY AMERICAN GABLES HOME DESIGNS, INC IS STRICTLY PROHIBITED.

NOTE:
SET FIRST FLOOR WINDOW HEADERS AT 7'-8" A.F.F. UNLESS OTHERWISE NOTED.

ALL FIRST FLOOR DOORS ARE 6'-8"H UNLESS OTHERWISE NOTED.

ALL ANGLES SHOWN ARE 45° UNLESS OTHERWISE NOTED.

SQUARE FOOTAGE	
1ST FLOOR	1,771 SQ. FT.
OPT. BONUS ROOM	254 SQ. FT.
PORCHES	233 SQ. FT.
GARAGE	440 SQ. FT.

Acknowledgement Of Plans Submittal ONLY!
Date 8/24/20
Date 8-25-20

AMERICAN GABLES HOME DESIGNS, INC. hereby reserves its common law copyright and other property rights in these plans, designs, arrangements and ideas. These ideas, plans and designs are not to be reproduced, changed or copied in any form or manner whatsoever, nor are they to be assigned to any third party without first obtaining the express written permission from AMERICAN GABLES HOME DESIGNS, INC.

DAWSON
FIRST FLOOR PLAN

American Gables HOME DESIGNS, INC
1256 Johnson Ferry Place # Suite J-10
Marietta, GA 30068 678-919-7717
www.AmericanGables.com

DRAWN BY: AMH
DATE: 07/11/19
REVISIONS

SHEET A2.2

AMERICAN GABLES HOME DESIGNS, INC. hereby reserves its common law copyright and other property rights in these plans, designs, arrangements and ideas. These ideas, plans and designs are not to be reproduced, changed or copied in any form or manner whatsoever, nor are they to be assigned to any third party without first obtaining the express written permission from AMERICAN GABLES HOME DESIGNS, INC.

DAWSON

SECOND FLOOR PLAN

American Gables
HOME DESIGNS, INC
1230 Johnson Ferry Place • Suite J-10
Marietta, GA 30068 678-919-7717
www.AmericanGables.com

DRAWN BY: ANH
DATE: 07/11/19
REVISIONS:

SHEET A2.3

Acknowledgement Of
Plans Submittal ONLY!

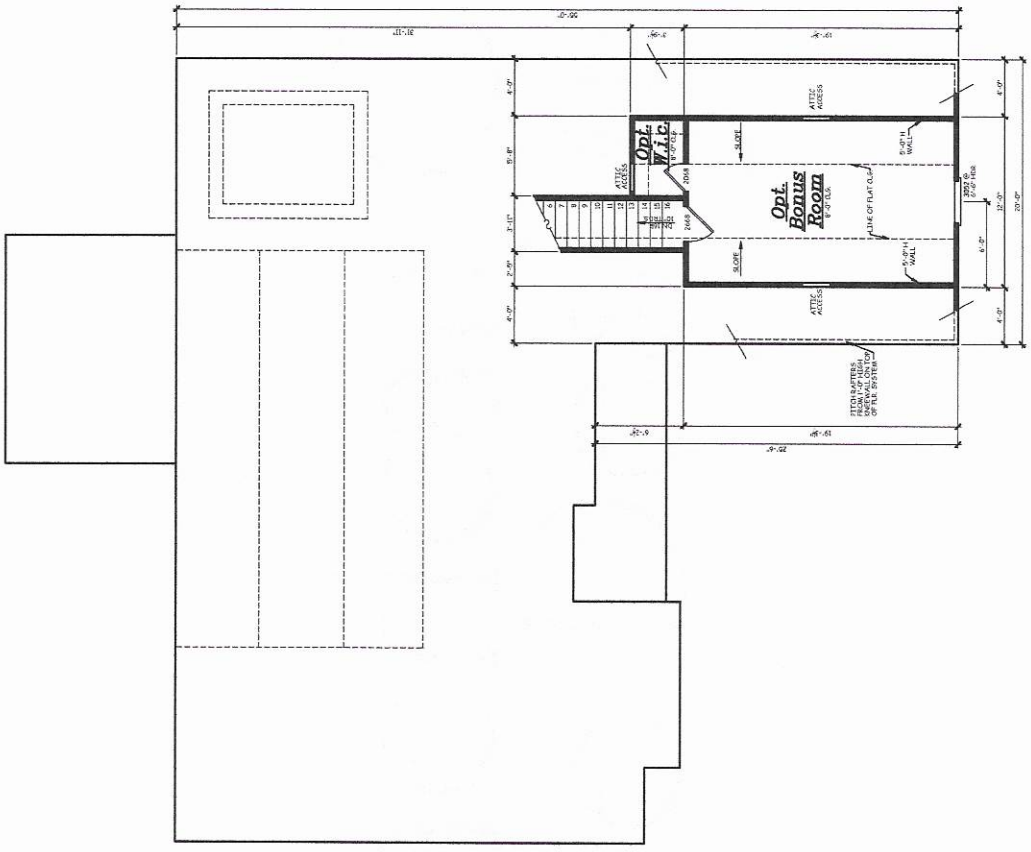
BAB Date 8/24/2020

Date 8-25-20

NOTE:
SET SECOND FLOOR WINDOW HEADERS AT 6'-8" A.F.F. UNLESS OTHERWISE NOTED.

ALL STAIR RISERS ARE 8-1/4" MAX. UNLESS OTHERWISE NOTED.

ALL ANGLES SHOWN ARE 45° UNLESS OTHERWISE NOTED.



1 SECOND FLOOR PLAN
A2 SCALE: 1/4" = 1'-0"

IREDELL COUNTY · NC

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

APPLICATION NUMBER
300743 Issue Date: 09/10/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4765910026.000	233 LONE PINE RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: KENSON HOMES LLC	Name: ROLLANS SOIL & ENVIRONMENTAL SERVICES
Address:	Address: 470 NORTH BROAD STREET SUITE D MOORESVILLE, NC 28115
Phone:	Phone: (704)658-1723

Use Requested	Zone Code
	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.723	35	35	15	15	N/A	NO

Remarks
SFD

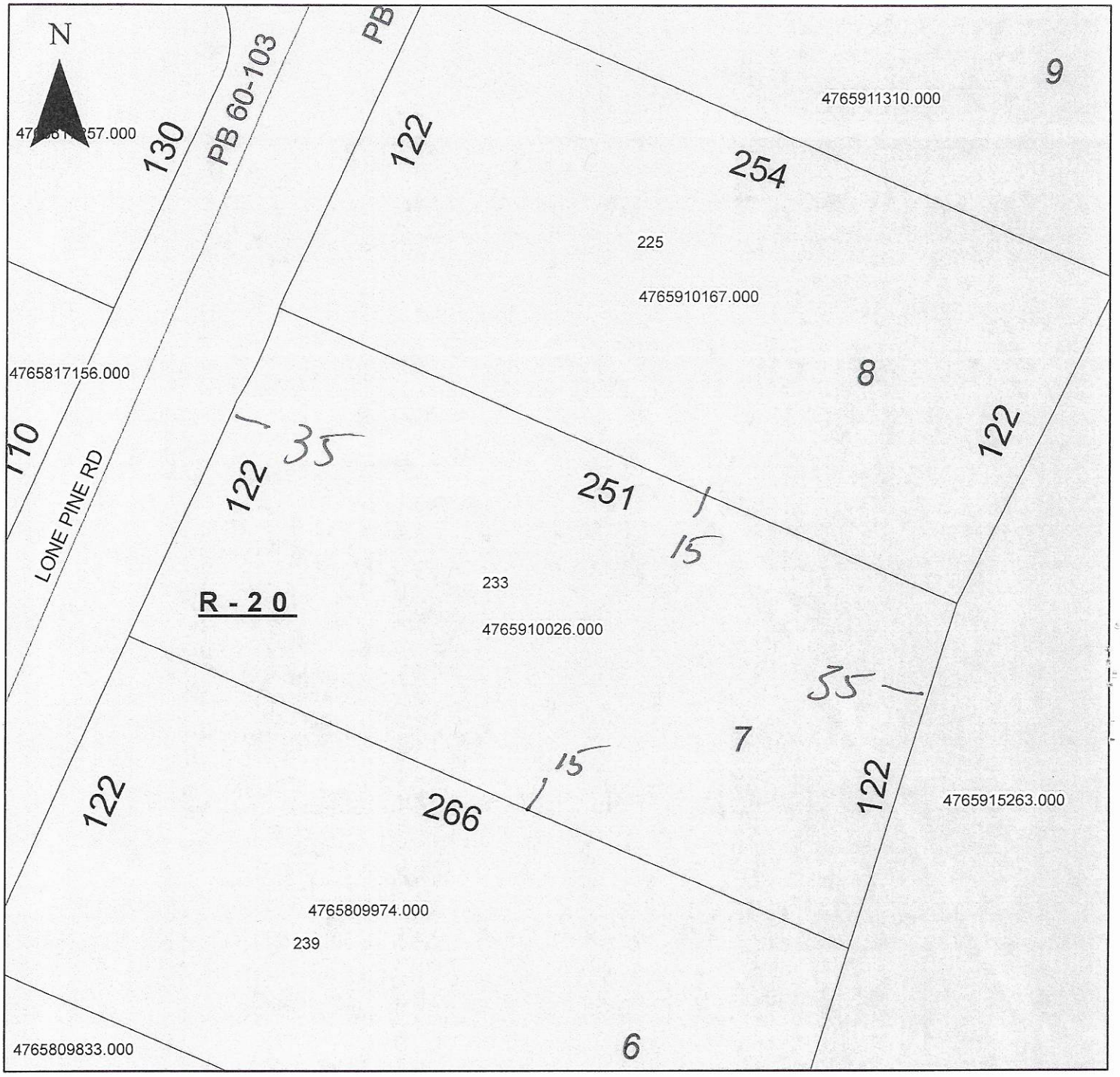
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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: 09/10/2019

Permit Number	000219	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 233 Lone Pine

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

9/10/19
Date