ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 300744

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

PIN # 4765910167.000

APPLICANT/OWNER: Herson Properties. LLC APPLICANT ADDRESS: 185 Shelborne Place Mooresville NC 28117

SITE ADDRESS: 225 Lone Pine Rd Statesville NC 28625 PHONE: ALT. PHONE

SITE DIRECTIONS: 64 E Rt on Lone Pine. 1st on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Carson Creek SECTION: 1 LOT # 8 LOT AREA: .705Ac DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB 760	Date 1-24-2021	☒ 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 2-5-2021	System Description:	Gravity -25% Reduction.			☐ Business	No. Persons	6	☐ Private			
Pump Make	Cords	Model	PESTM	Serial # M2057893	Repair System Description:	Low Pressure PPBPS -50%			☐ Other	No. Employees		☒ Public			
# Nitrification Fields	1	# Lines	4	Linear Ft: 376.	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community			
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing			☐ Basement w/o plumbing			

Comments / Conditions: Manifold to remain 10ft from Property Line.
Divert Surface water around Septic System.

*Larger Horse Box on does not impact Septic per Survey provided.
Do not make any cut around horse Pin Location.

INITIAL SITE SKETCH

See attached Proposal + Design by Soil + Forestry Services Atlantic 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	3-15	
Tanks Checked	3-15	
Pressure Manifold or Valve Box Checked	3-15	
Pressure Head Set	4-29	
Electrical Checked	5-18-21	
Floats Set	5-18-21	
Alarm Checked	5-18-20	
Maintenance Contract Y / N	Not Required	

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

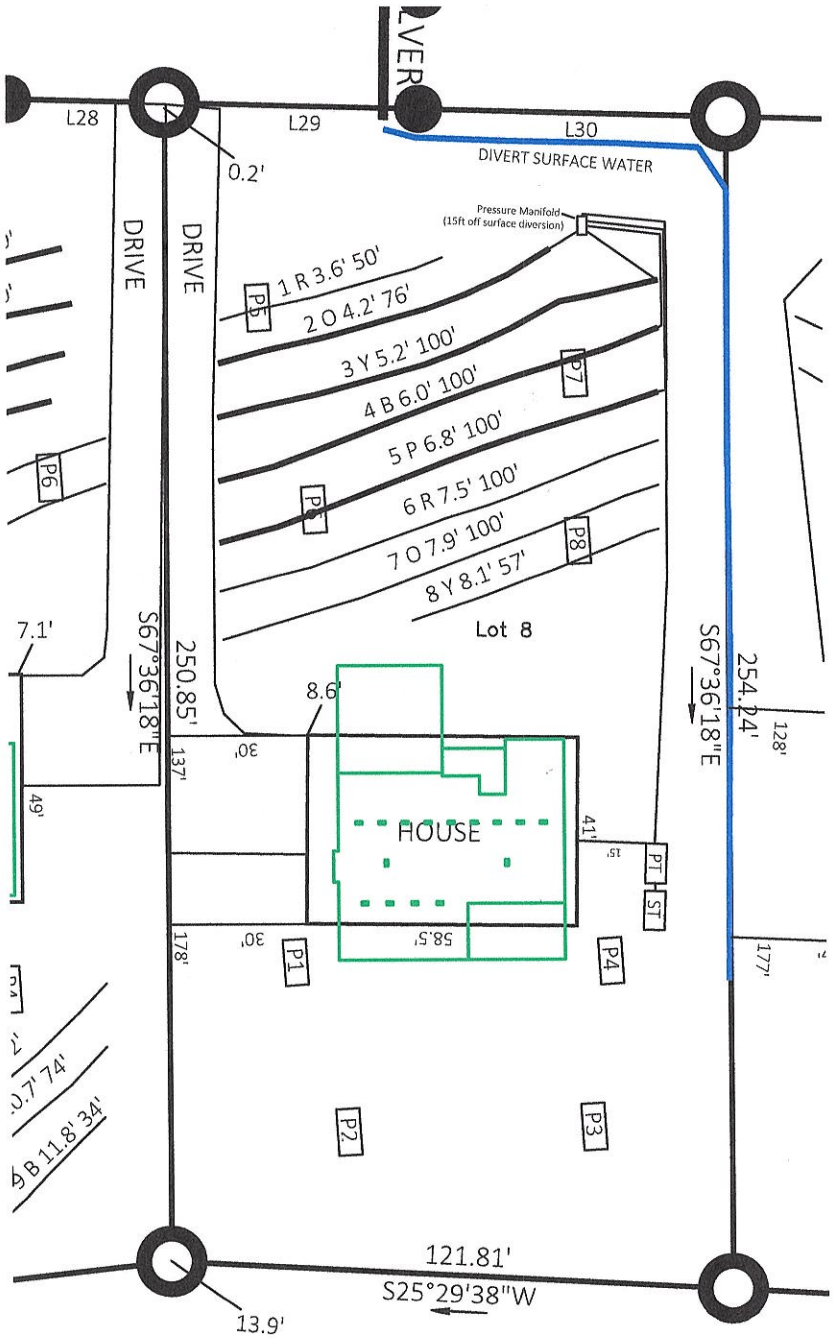
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 8-25-20 Installed by: Tommy Ey

IMPROVEMENT PERMIT by: Benjamin A. Botts Date: 6-22-2020 OPERATION PERMIT by: [signature] Date: 5-18-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Botts 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.


L28
L29
L30
DIVERT SURFACE WATER
0.2'
Pressure Manifold
(15ft off surface diversion)
DRIVE
DRIVE
1 R 3.6' 50'
2 O 4.2' 76'
3 Y 5.2' 100'
4 B 6.0' 100'
5 P 6.8' 100'
6 R 7.5' 100'
7 O 7.9' 100'
8 Y 8.1' 57'
P5
P6
P7
P8
Lot 8
7.1'
S67°36'18"E
250.85'
8.6'
30'
137'
49'
HOUSE
41'
15'
PT
ST
58.5'
30'
178'
P1
P4
177'
254.24'
128'
S67°36'18"E
P2
P3
121.81'
S25°29'38"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 225 Lone Pine Rd, Carson Creek Subdivision Lot 8 Lot PIN#(4765910167)

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	9-10
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Application	14-15
Agent Authorization Form	16
Green Sheet	17
Expedited Review Checklist	18

September 25, 2019
Project No. 18-0134
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 PPBPS installation with low pressure distribution.
- 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:	225 Lone Pine Rd - Lot 8

Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	26.81

Design Specifications

Drainfield Size:	376
Loading Rate:	0.25
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Trench Depth:	24 in. Repair: 28 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	136
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	23.66
Dosing Volume:	171.87
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:	2.42
Elevation Head:	14.00
Total Dynamic Head:	18.78
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.

225 Lone Pine Rd - Lot 8
PRESSURE MANIFOLD DESIGN

DESIGN FLOW:	360
SOIL APPLICATION RATE:	0.25
TOTAL AREA TRENCH BOTTOM:	1128
TOTAL LATERAL LENGTH:	376
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	360
SUPPLY LINE LENGTH:	136
TOTAL DYNAMIC HEAD:	18.78
MANIFOLD SIZE:	4 in.SCH 80 PVC
DOSING VOLUME:	171.87
PUMP TANK DRAW DOWN*:	8.2
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 - 225 Lone Pine - Lot 8

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		0.20			100.00		
HOUSE				8.60	91.60		
PUMP TANK				12.60	87.60		
INSTR. 1			100.2				
1	RED			3.60	96.60	50	50
2	*ORANGE*			*4.20*	*96.00*	*77*	*76*
3	*YELLOW*			*5.20*	*95.00*	*108*	*100*
4	*BLUE*			*6.00*	*94.20*	*107*	*100*
5	*PINK*			*6.80*	*93.40*	*107*	*100*
6	RED			7.50	92.70	108	100
7	ORANGE			7.90	92.30	106	100
8	YELLOW			8.10	92.10	63	63
					TOTAL	726	689

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	*376*	*0.250*	*ACCEPT.*	*0.250*	*25% RED*	[redacted] PM
Repair	313	0.225	MOD. CONV.	0.225	PPBPS	LOW PRESSURE

Notes: **All measures in feet

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

**Nitrification lines were located by GPS.

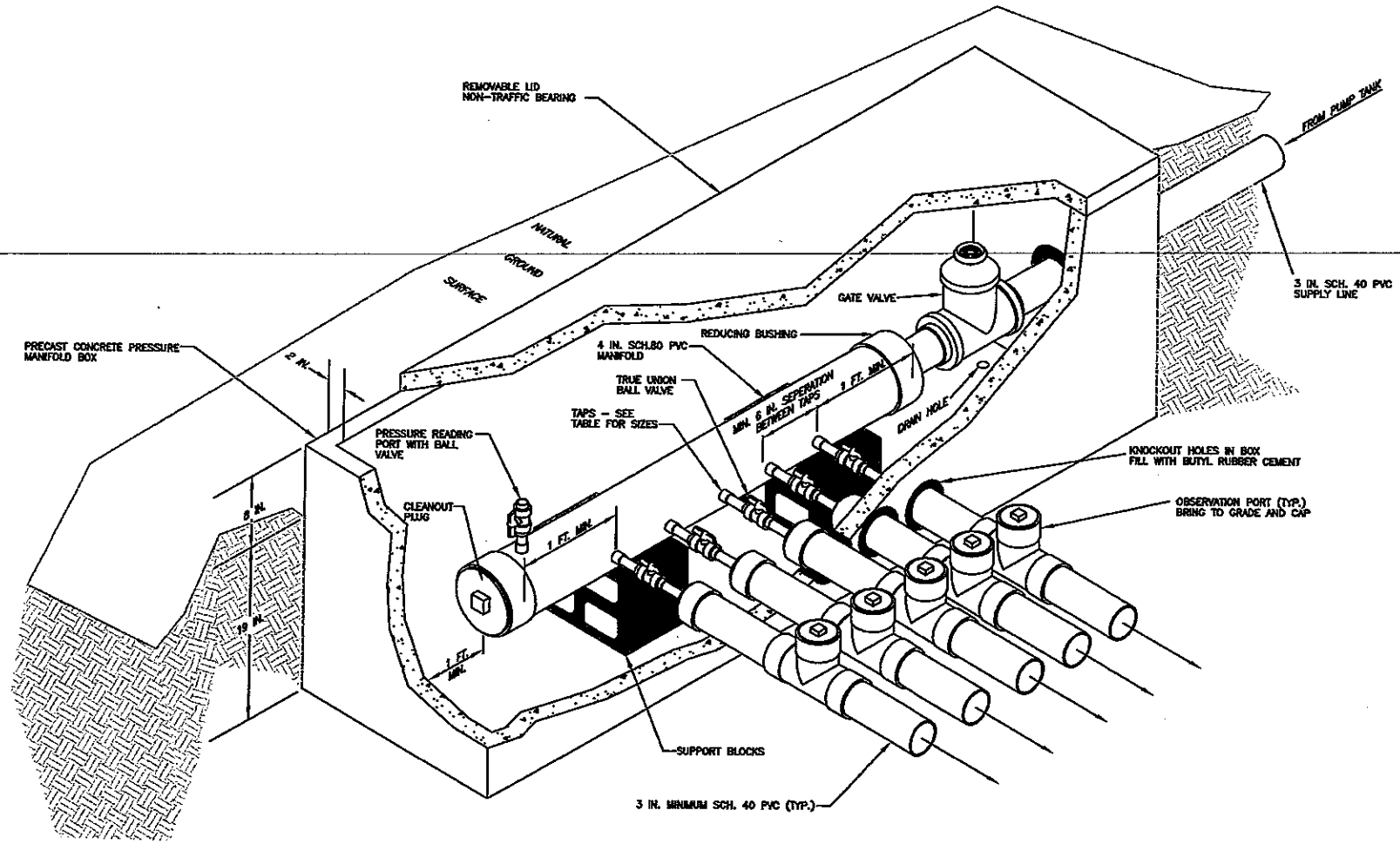
PRESSURE MANIFOLD TAPSHEET - 225 Lone Pine Rd - Lot 8

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area	Line LTAR
2	***ORANGE***	***96.00***	76	SCH 80 1/2	**5.48**	228	0.15
3	***YELLOW***	***95.00***	100	SCH 40 1/2	**7.11**	300	0.15
4	***BLUE***	***94.20***	100	SCH 40 1/2	**7.11**	300	0.15
5	***PINK***	***93.40***	100	SCH 40 1/2	**7.11**	300	0.15

total	**feet =**	**376**	**gal/min =**	**26.81**
		Des. Flow	**360**	
		Pump Run=	**6.41**	
		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	225 Lone Pine Rd	
Project Number	18-0134	
Lot No:	8	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.250	$^{gpd}/_{ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	136	ft.
Supply Line Volume	23.664	gal.
Required Feet of Line	360	ft.
Amount of Line from Layout	376	ft.
Gallons per Minute	26.81	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	245.528	gal.
Dosing Volume	171.87	gal.

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

Tank Draw Down	8.2	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	6.41	minutes
Elevation Head	14	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	2.42	ft.
Friction Head +15%	2.78392	
Total Dynamic Head	18.78	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

PROPERTY ID #: 4765910167
COUNTY: Iredell

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

OWNER: Kenson Properties LLC
ADDRESS: 186 Shelborne Place, Mooresville NC 28117
PROPOSED FACILITY: 3BR Single Family PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 225 Long Pine Rd, Statesville Lot 8 PIN# 4765910167
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
APPLICATION DATE
DATE EVALUATED: 6/13/19
PROPERTY SIZE: 0.705+/-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
P1	L/6%/0	0-3	BSCL wfsbk	Fr SS SP					PS .225
		3-22	BRC wmAbk/sbk	F SS P	- C. Fe Depl. - Possible S@16-24"				
		22-56	BRC wmsbk	F SS SP	- Few to C. Fe Depl Magn. Con. Cu R's@48"				
P2	L/6%/0	0-3	BSL Gr	Fr SS SP					PS .225
		3-21	BRC wmAbk/sbk	F S P	- C. Fe Depl. - Few Magn Cu R's@14-22"				
		21-58	BRC wmsbk/Abk	F SS P	- C. Fe & Mag. Depl. - Cu R's@52"				
P3	L/6%/0	0-2	BSCL wmsbk	Fr SS SP					PS .225 >24
		2-24	BRC wmAbk/sbk	Fr SP	- C. Fe Depl. - Cu R's@18-24"				
		24-60	BRC wmAbk/sbk	F SS P	- C. to Many Magn. - Few Fe Depl.				
P4	L/6%/0	0-7	BCL wmsbk	Fr SS SP					PS .25
		7-29	BRC wmsbk/Abk	Fr SS P	- Few to C. Fe Depl				
		29-56	RYC wmsbk/Abk	F SS SP	- C. Fe Depl.				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	PPBPS
Site LTAR	0.25	0.225

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans, Wendell Overby
OTHER(S) PRESENT: Chad Wagner, Kody 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 #: 4765910167
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	L/5%	0-10	BL Gr	Fr SS SP				Eval to 49	PS .225-.3
		10-20	BCL wmsbk	Fr SS P					
		20-42	RBC wmsbk	Fr SS P					
		42-57	BRC wmsbk/Abk	Fr SS P	- Few Fe Dep) 44"+ - Ch R 2's @ 48"+				
P6	L/6%	0-10	BCL wmsbk	Fr SS SP				" "	PS .25
		10-27	RBC wmsbk/Abk	Fr S P	- Few Mang. Con.				
		27-53	BRC wmAbk	F SS P	- Few to C, Fe Dep) 37" - Ch R 2's @ 45"				
P7	L/4%	0-15	BCL wfsbk/Abk	Fr SS P	- Few Mang. Con.			" "	PS .25
		15-35	RBC wfsbk/Abk	Fr S P	- Few Mang. Fe Dep.				
		35-53	BRC wmAbk/sbk	F S P	- Few Fe Dep). - Ch R 2's @ 46"+				
P8	L/4%	0-15	BCL wfsbk	Fr SS SP				" "	PS .225-.25
		15-38	RBC V wmsbk/Abk	Fr S P	- Few Mang - Few Fe Dep).				
		38-50	BRC wmAbk	Fr S P	- C, Fe Dep) - Ch R 2's @ 42"				

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 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: 225 LONE PINE RD, STATESVILLE NC 28625
Subdivision Name: CARSON CREEK Section/Phase: 1 Lot Number: 8
Driving Directions: 64 E – LONE PINE RD – LOT OF 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: _____ 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 225 LONE PINE RD STATESVILLE NC. 28625, identified as PIN (Parcel Identification Number) 4765 91 01 67.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) PETER DENICOLA, PETRONIC 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-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.

_____ 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

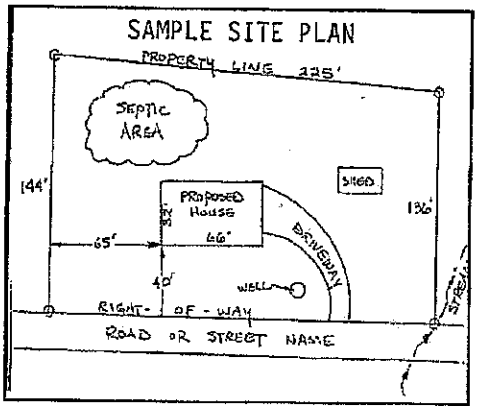
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

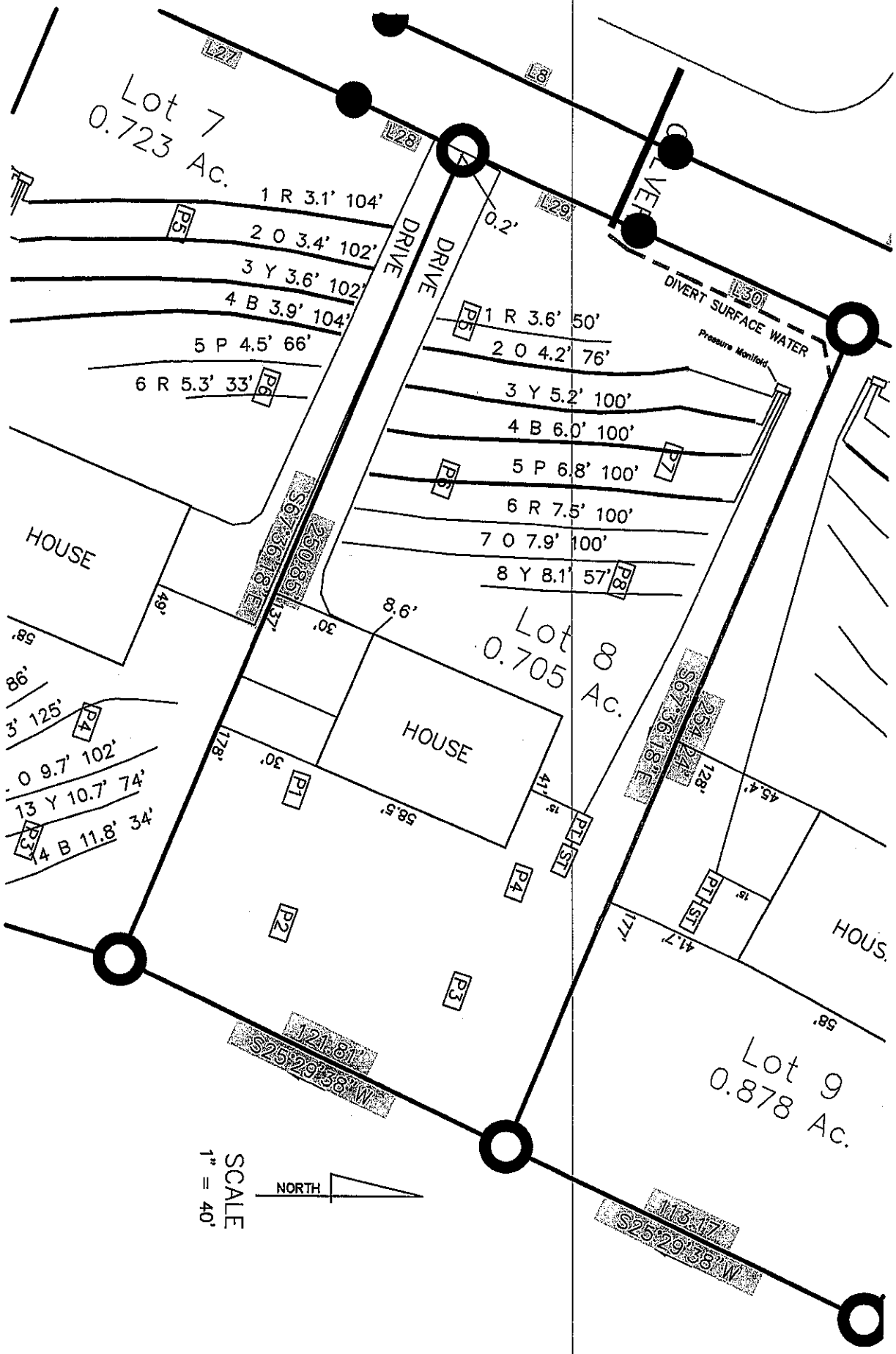
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 # 300744

Signature: _____ 7/9/2023

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


Lot 7
0.723 Ac.
Lot 8
0.705 Ac.
Lot 9
0.878 Ac.
HOUSE
HOUSE
HOUS
DRIVE
DRIVE
L27
L28
L29
L30
L8
1 R 3.1' 104'
2 O 3.4' 102'
3 Y 3.6' 102'
4 B 3.9' 104'
5 P 4.5' 66'
6 R 5.3' 33'
1 R 3.6' 50'
2 O 4.2' 76'
3 Y 5.2' 100'
4 B 6.0' 100'
5 P 6.8' 100'
6 R 7.5' 100'
7 O 7.9' 100'
8 Y 8.1' 57'
0.2'
DIVERT SURFACE WATER
Pressure Manifold
S67°36'18"E 290.85'
S67°36'18"E 254.71'
8.6'
30'
30'
58.5'
58'
86'
3' 125'
9.7' 102'
13 Y 10.7' 74'
4 B 11.8' 34'
121.81'
S25°29'38"W
113.17'
S25°29'38"W
41.7'
45.4'
128'
17'
15'
P1
P2
P3
P4
P5
P6
P7
P8
PL
PL ST
PT
PT ST
SCALE
1" = 40'
NORTH

RECEIVED OCT 2 - 2019

AP- 300744

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
(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: ERV4@aol.com Phone: 760-322-7415 Alt. Phone:
Owner Name: Same Address: Same Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 225 Lone Pine Rd, Statesville NC 28625
Subdivision Name: Carson Creek Section/Phase: Lot Number: 8
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:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

CHECK FOUNDATION TYPE
(X) 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 (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: [signature] 8/29/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, 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	[signature]	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

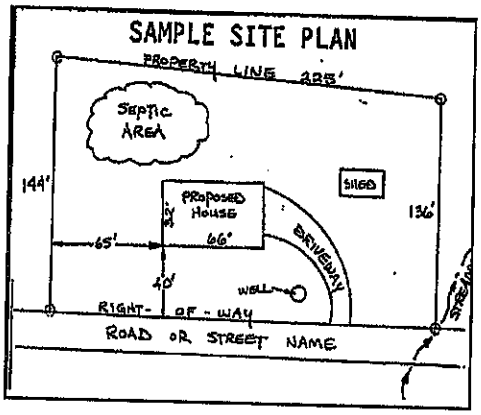
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

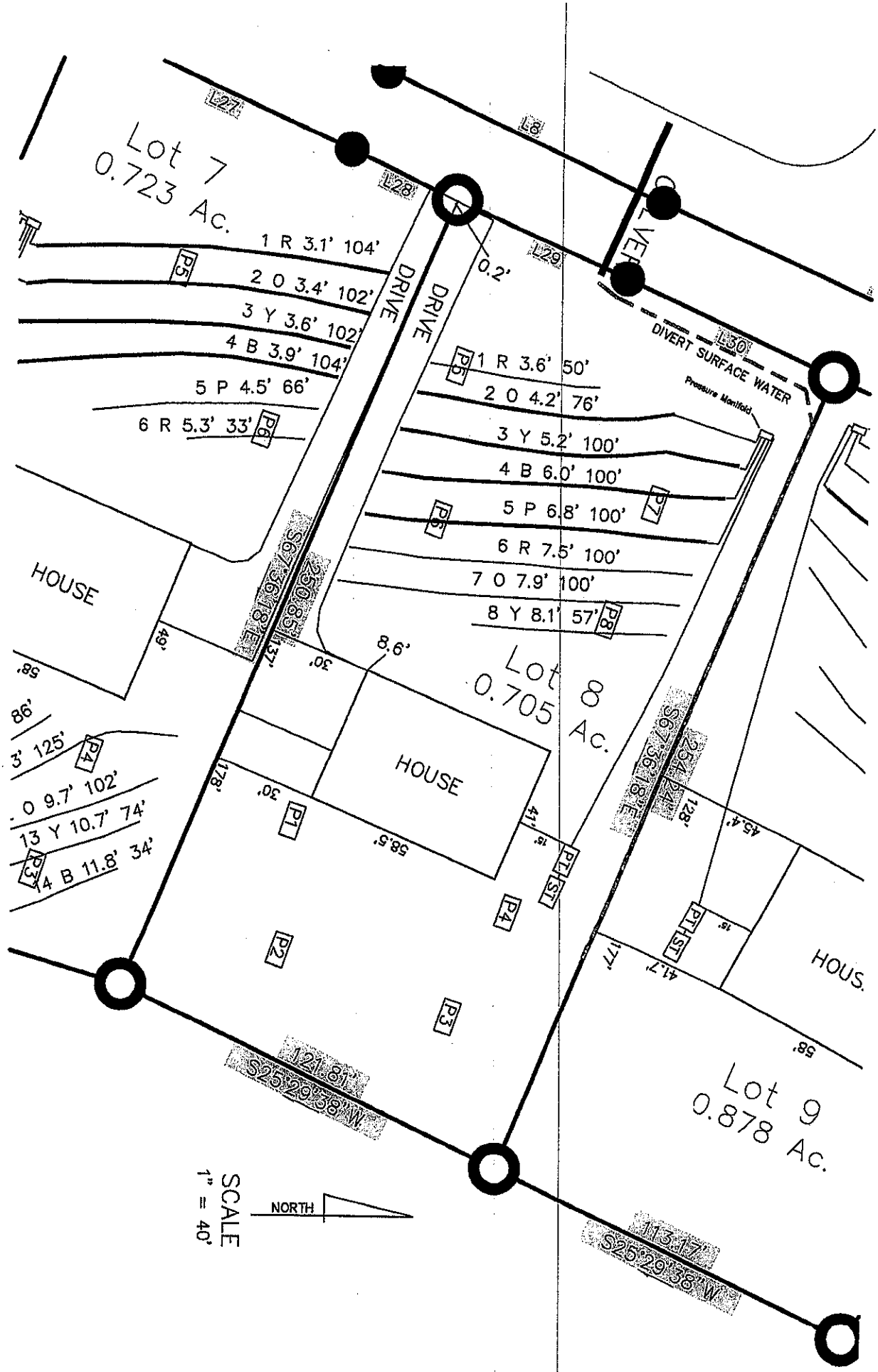
See Attached

Signature: _____

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

8/29/19

DATE


Lot 7
0.723 Ac.
1 R 3.1' 104'
2 O 3.4' 102'
3 Y 3.6' 102'
4 B 3.9' 104'
5 P 4.5' 66'
6 R 5.3' 33'
HOUSE
DRIVE
DRIVE
0.2'
L27
L28
L29
L8
L30
DIVERT SURFACE WATER
Pressure Manifold
1 R 3.6' 50'
2 O 4.2' 76'
3 Y 5.2' 100'
4 B 6.0' 100'
5 P 6.8' 100'
6 R 7.5' 100'
7 O 7.9' 100'
8 Y 8.1' 57'
S67°36'18"E 230.85'
8.6'
Lot 8
0.705 Ac.
HOUSE
S67°36'18"E 214.74'
86'
3' 125'
O 9.7' 102'
13 Y 10.7' 74'
14 B 11.8' 34'
121.81'
S25°29'38"W
Lot 9
0.878 Ac.
HOUS.
113.17'
S25°29'38"W
SCALE
1" = 40'
NORTH

Acknowledgement Of

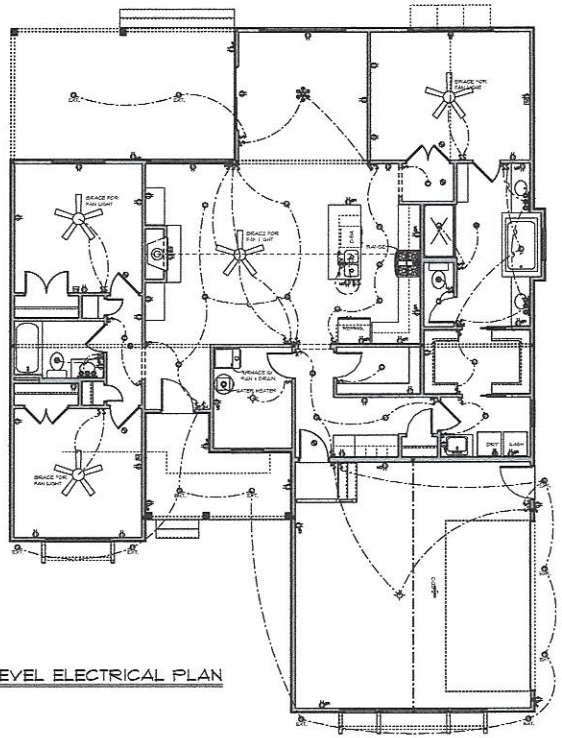
Plans Submittal ONLY!

Date 8-21-20

Date 8-24-20

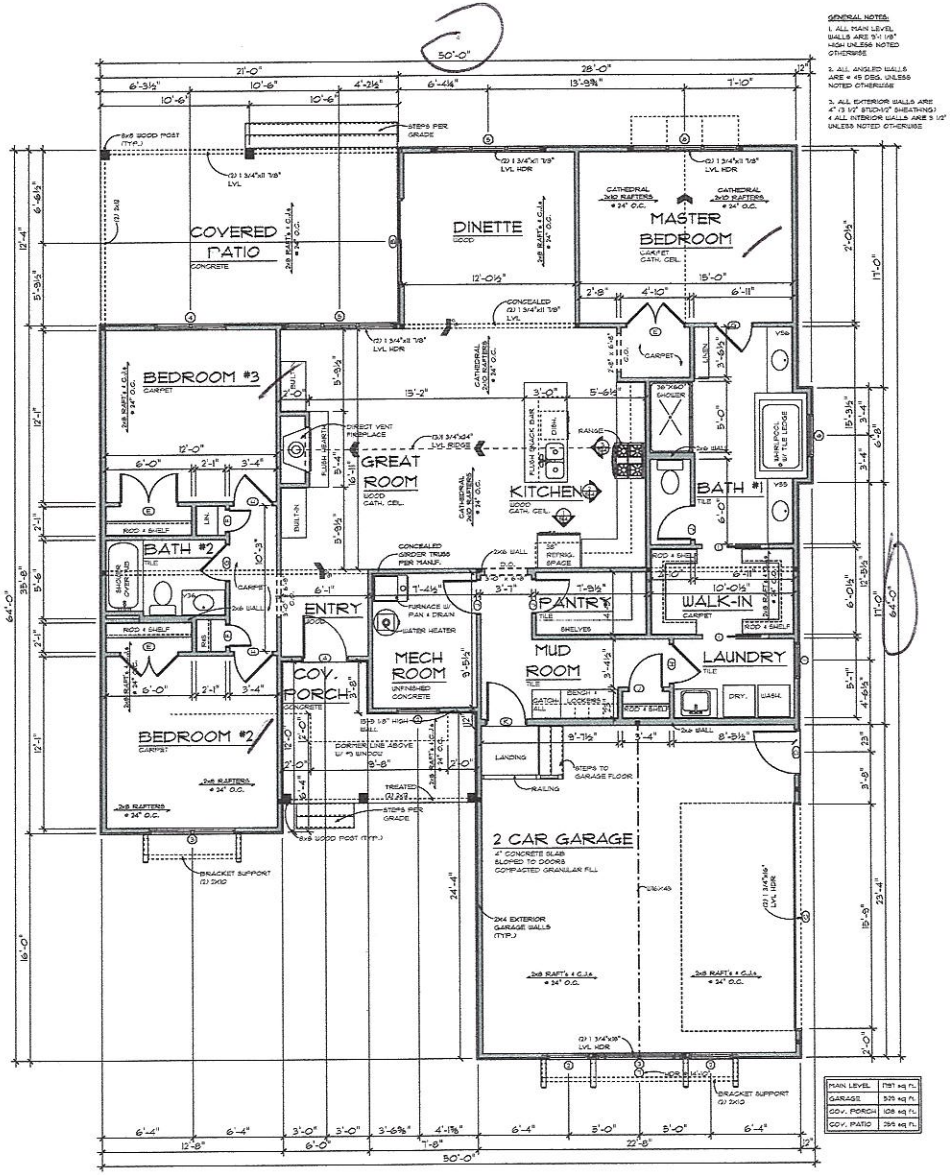
OPENING SCHEDULE				
OPENING ID	TYPE	PRODUCT CODE	SIZE	COUNT
1	WINDOW	30X48 CASEMENT 1	2'-6" x 4'-0"	1
2	WINDOW	36X60 CASEMENT 1	3'-0" x 5'-0"	3
3	WINDOW	72X60 CASEMENT 3	6'-0" x 5'-0"	2
4	WINDOW	60X60 CASEMENT 2	5'-0" x 5'-0"	1
5	WINDOW	90X60 CASEMENT 3	7'-6" x 5'-0"	1
6	WINDOW	36X36 CASEMENT 1	3'-0" x 3'-0"	1
7	WINDOW	60X48 CASEMENT 2	5'-0" x 4'-0"	1
8	WINDOW	90X60 CASEMENT 3 - 16IN TRANS	7'-6" x 5'-0"	1
9	WINDOW	90X24 CASEMENT 3	7'-6" x 2'-0"	1
A	DOOR	36X80 GLASS 1	3'-0" x 6'-8"	1
B	DOOR	72X80 PATIO 2	6'-0" x 6'-8"	1
C	GARAGE	192X96	16'-0" x 8'-0"	1
D	DOOR	36X80 EXTERIOR 1	3'-0" x 6'-8"	1
E	DOOR	48X80 2	4'-0" x 6'-8"	3
F	DOOR	18X80 1	1'-6" x 6'-8"	2
G	DOOR	30X80 1	2'-6" x 6'-8"	2
H	DOOR	32X80 1	2'-8" x 6'-8"	2
I	DOOR	36X80 POCKET 1	3'-0" x 6'-8"	2
J	DOOR	24X80 1	2'-0" x 6'-8"	4
K	DOOR	32X80 EXTERIOR 1	2'-8" x 6'-8"	1

ELECTRICAL LEGEND		
ELECTRICAL	QUANT	SYMBOL
CEILING FAN & RECESSED CAN	4	
CAN LIGHT - WHITE	16	
CAN LIGHT - WATERPROOF WHITE	2	
CHANDELIER 01	1	
PENDULAR DOME	3	
CAN LIGHT - BLACK	17	
EXTERIOR CAN LIGHT	3	
FAN	3	
GARAGE DOOR OUTLET	1	
GARBAGE DISPOSAL	1	
SMOKE DETECTOR	8	
SWITCH 3 WAY	4	
SWITCH 4 WAY	4	
TV	2	
OUTLET	21	
OUTLET 150V	3	
OUTLET GFI	15	
OUTLET WP	1	
OUTLET	19	
OUTLET 2 WAY	12	
OUTLET 4 WAY	8	
WALL MOUNT LED 03 3 LIGHTS	3	



MAIN LEVEL ELECTRICAL PLAN

SCALE: 3/16" = 1'-0"



GENERAL NOTES:
1. ALL MAIN LEVEL WALLS ARE 9'-1 1/8" HIGH UNLESS NOTED OTHERWISE
2. ALL ANGLED WALLS ARE @ 45 DEG. UNLESS NOTED OTHERWISE
3. ALL EXTERIOR WALLS ARE 4" (3 1/2" STUCCO/1/2" SHEATHING) 4 ALL INTERIOR WALLS ARE 3 1/2" UNLESS NOTED OTHERWISE

MAIN LEVEL	1787 sq. ft.
GARAGE	576 sq. ft.
COV. PORCH	108 sq. ft.
COV. PATIO	295 sq. ft.

MAIN LEVEL FLOOR PLAN

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

advanced houseplans

PRELIM
FINAL 2-13-19
REVISION

Cherry Creek Crawlspace

ORIGINAL DRAFT
IF THIS IS NOT RED DO NOT COPY

advancedhouseplans

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29678

SHEET 5 OF 6

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100% SCALE = 24"x36"

IREDELL COUNTY · NC

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

APPLICATION NUMBER
300744 Issue Date: 09/10/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4765910167.000	225 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
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.705	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.

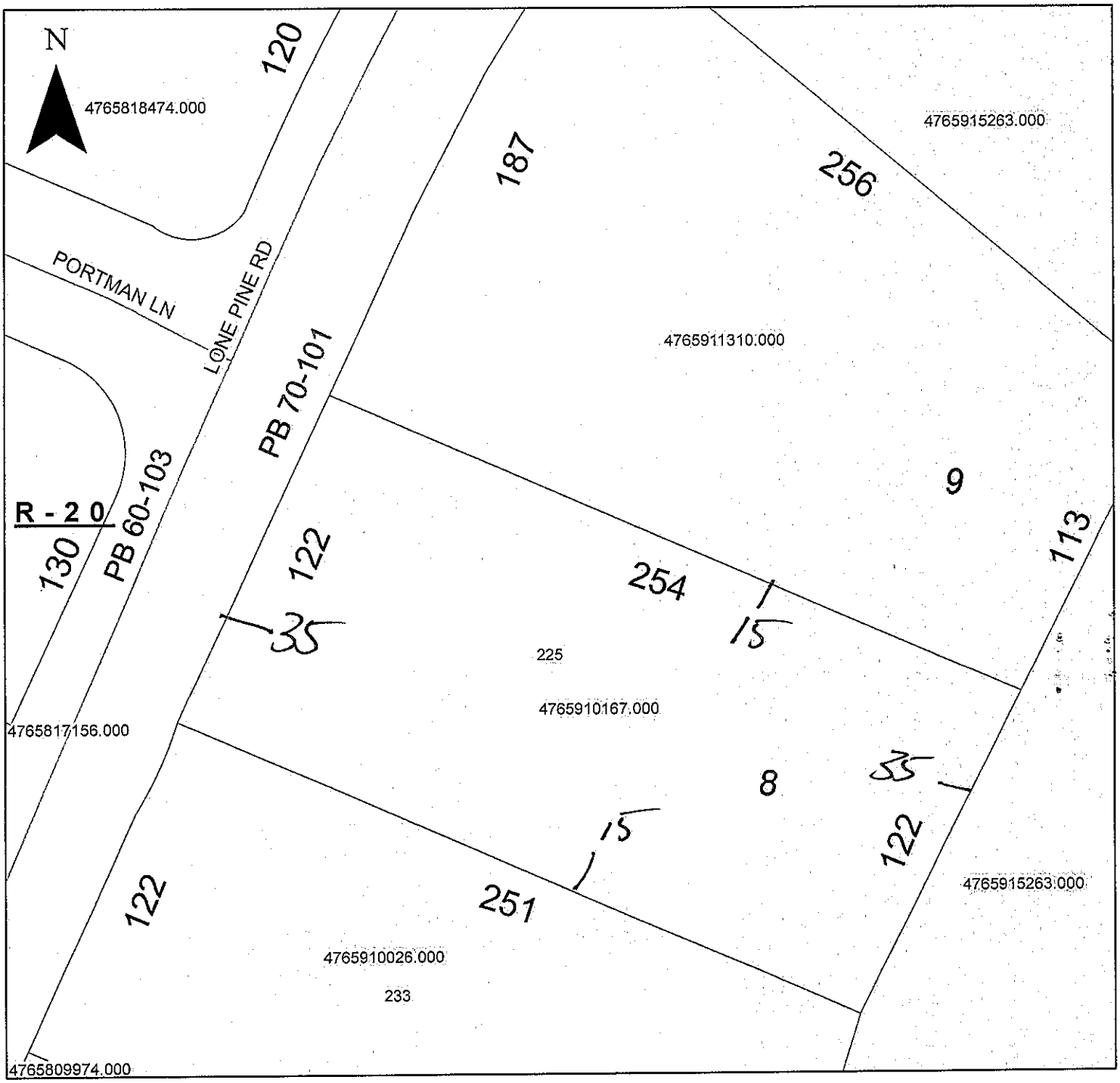
Signature of Owner/Contractor

Date: 09/10/2019

Permit Number	000220

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 225 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.

Sam Tolley
Applicant

9/10/19
Date