J2590 AP

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 308908

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

PIN # 4770 26 1400

APPLICANT/OWNER: Granite Ferry Inc | APPLICANT ADDRESS: 820 Harris Houston Rd #620013 Charlotte, NC 28262

SITE ADDRESS: 134 Charles Farm Dr. Cleveland, NC 27013 | PHONE: | ALT. PHONE 9193740121

SITE DIRECTIONS: Hwy 801 N TL Triplett TL Charles Farm on right | SAP CONTROLLED: ☐ YES ☒ NO

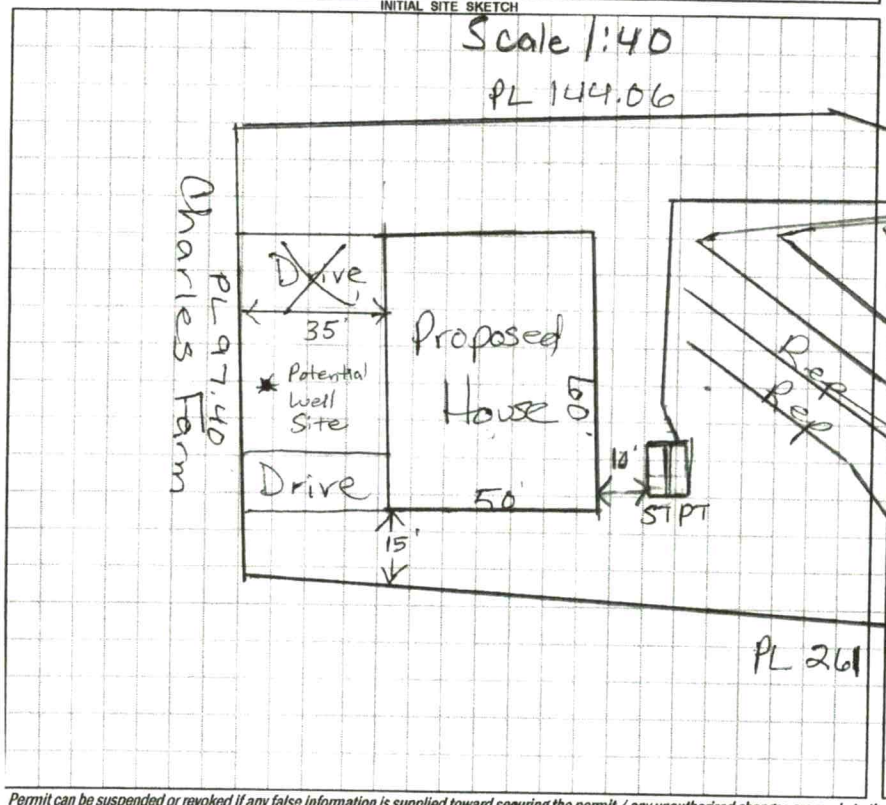
SUBDIVISION: Hidden Creek | SECTION: — | LOT # 48 | LOT AREA: .63 Acres | DESIGN FLOW: 480gpd | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	760	Date	9-5	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	100 (gal)	PT	363	Date	10-15	System Description: Pump - PM - 25% Reduction		☐ Business	No. Persons 8
Pump Make	Gault	Model	PESTM	Serial #		Repair System Description: PBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	480'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth (~~tow side~~)			24"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing ☐ Basement w/o plumbing

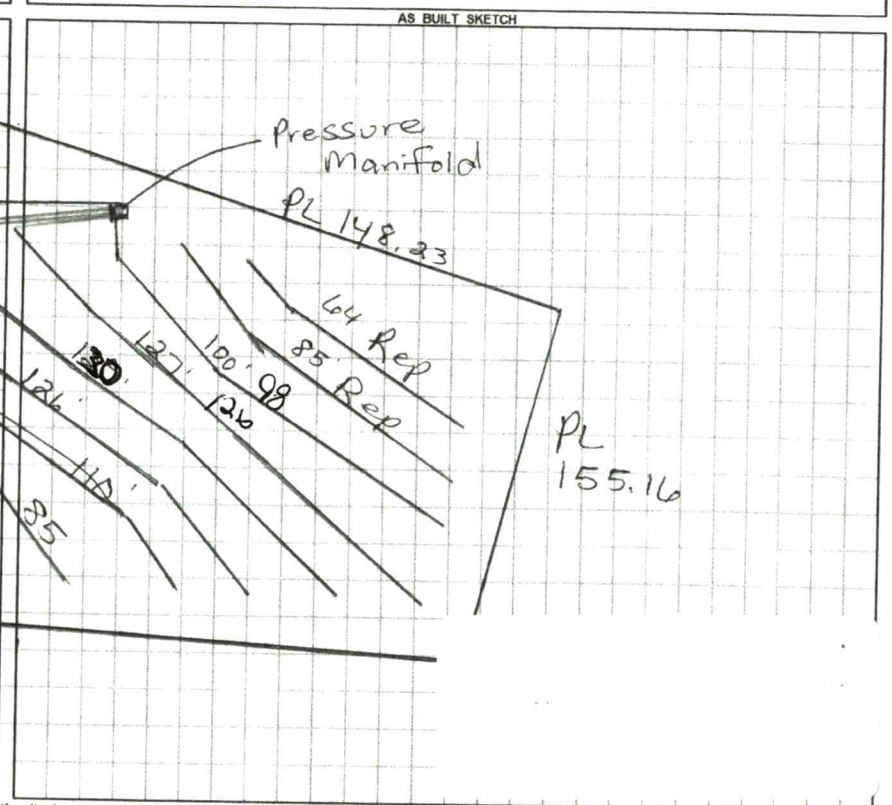
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Do not cut max down for slab.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: 7/29/20

IMPROVEMENT PERMIT by: Maria Dotson Date: 7/21/2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/5/2021

Installed by: Precision Excavation

OPERATION PERMIT by: Maria Dotson Date: 11/29/21

Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	11-19	
Tanks Checked	11-19	
Pressure Manifold or Valve Box Checked	11-19	
Pressure Head Set	11-19	
Electrical Checked	11/29/21	MD
Floats Set	11-19	
Alarm Checked	11-19	
Maintenance Contract Y (N)		
Comments:		

APPROVED AUG 2 1 2015

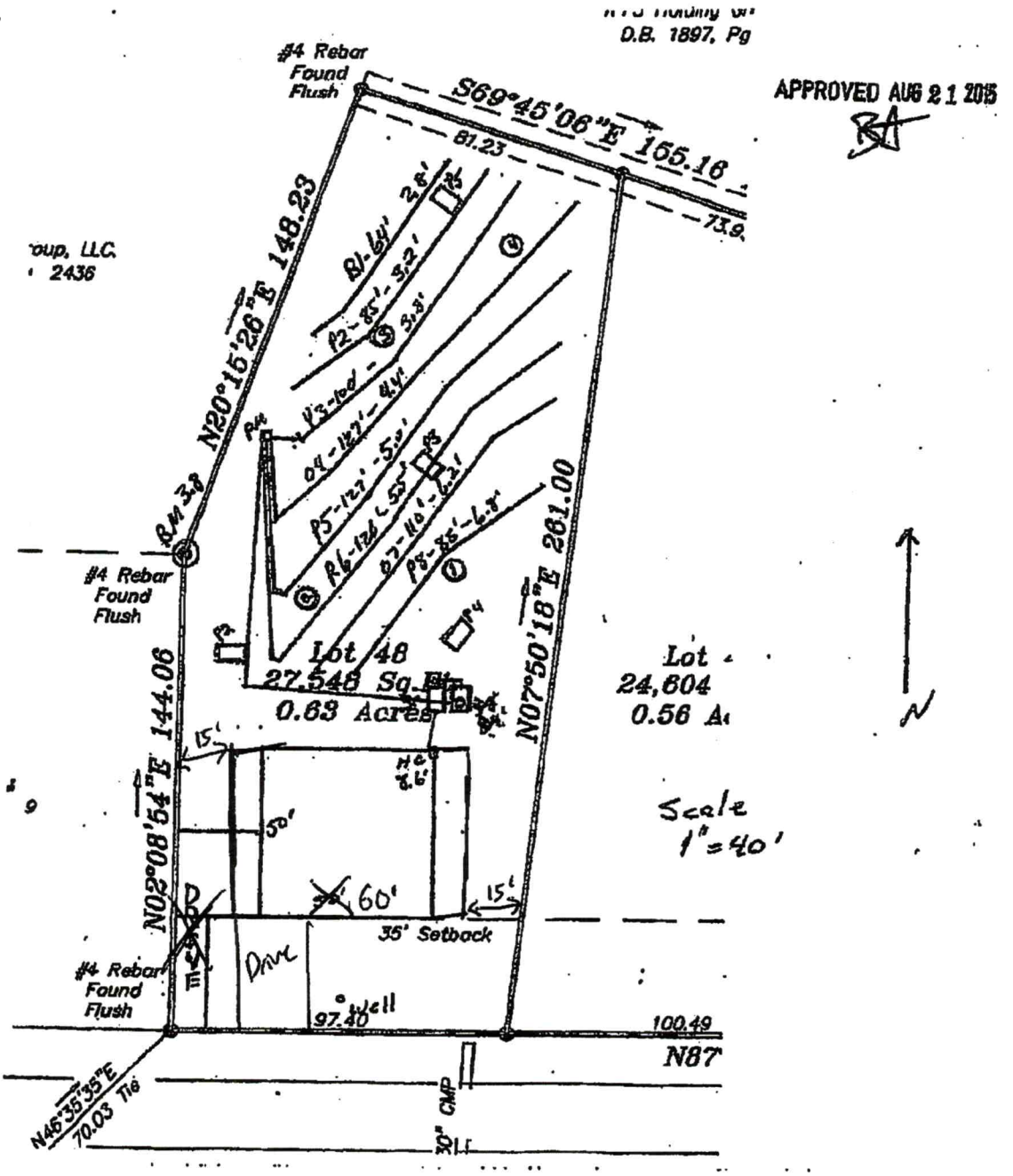


MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for Hidden Creek Lot 48
House Footprint: 50' x 50'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.25 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 1 @ 5.48 GPM, 3 @ 7.11 GPM
Tap Size and Material: 1 @ ½" SCH 80, 3 @ ½" SCH 40
System Flow: 26.8 GPM
Dosing Volume: 210 gallons
Pump Run Time: 7.8 minutes
Elevation Head: 9.6'
Friction Head: 2.6'
Pressure Head: 2'
Total Dynamic Head: 14.2'
Supply Line Length: 140'
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: ~~36"~~ 24" GM

Line	Design Length	Actual Length	Elevation
Blue 1		64'	2.8'
Pink 2		85'	3.2'
Yellow 3	**100'**	**110'**	**3.8'**
Orange 4	**127'**	**142'**	**4.4'**
Pink 5	**127'**	**153'**	**5.0'**
Red 6	**126'**	**140'**	**5.5'**
Orange 7		110'	6.2'
Pink 8		83'	6.8'

Initial System: ~~480~~ 480' GM **Repair System:** 342'
Pump Tank: 8.4' **House Corner:** 8.6' **Benchmark:** 3.8'



AG#5

0-26 RC MSBK SS

26-38 RCC MSBK SS

38-44 SCSA7 FM CINC

(15)

RECEIVED JUL 0 9 2020 AP-308908 $105.00 (AP-212590)

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. **APPLICATION FOR:** X **Improvement Permit** ___ **Authorization To Construct** ___ **Existing System Inspection**

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
   The following optional attachments may also be submitted: X **Survey Plat, Scaled no more than 1 Inch = 60 Feet**
   Place check ( ) beside whichever is submitted if applicable ___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. **Applicant Information:**

Granite Ferry, Inc	1820 Harris Houston Rd #620013 Charlotte, NC 28262	919-374-0121	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Granite Ferry, Inc	1820 Harris Houston Rd #620013 Charlotte, NC 28262	919-374-0121	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

134 Charles Farm Dr, Cleveland, NC 27013	Hidden Creek	48
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: From Ostwalt Amity Rd, Right onto Triplett Rd, Charles Farm Dr on right - Lot on Right

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** _____ 7-8-20
   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, Granite Ferry, Inc. attn. Bruce Bernard, am the legal owner(s) of the property located at 134 Charles Farm Dr, Cleveland, NC 27013, identified as PIN (Parcel Identification Number) 4770261400.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) _____, _____, 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

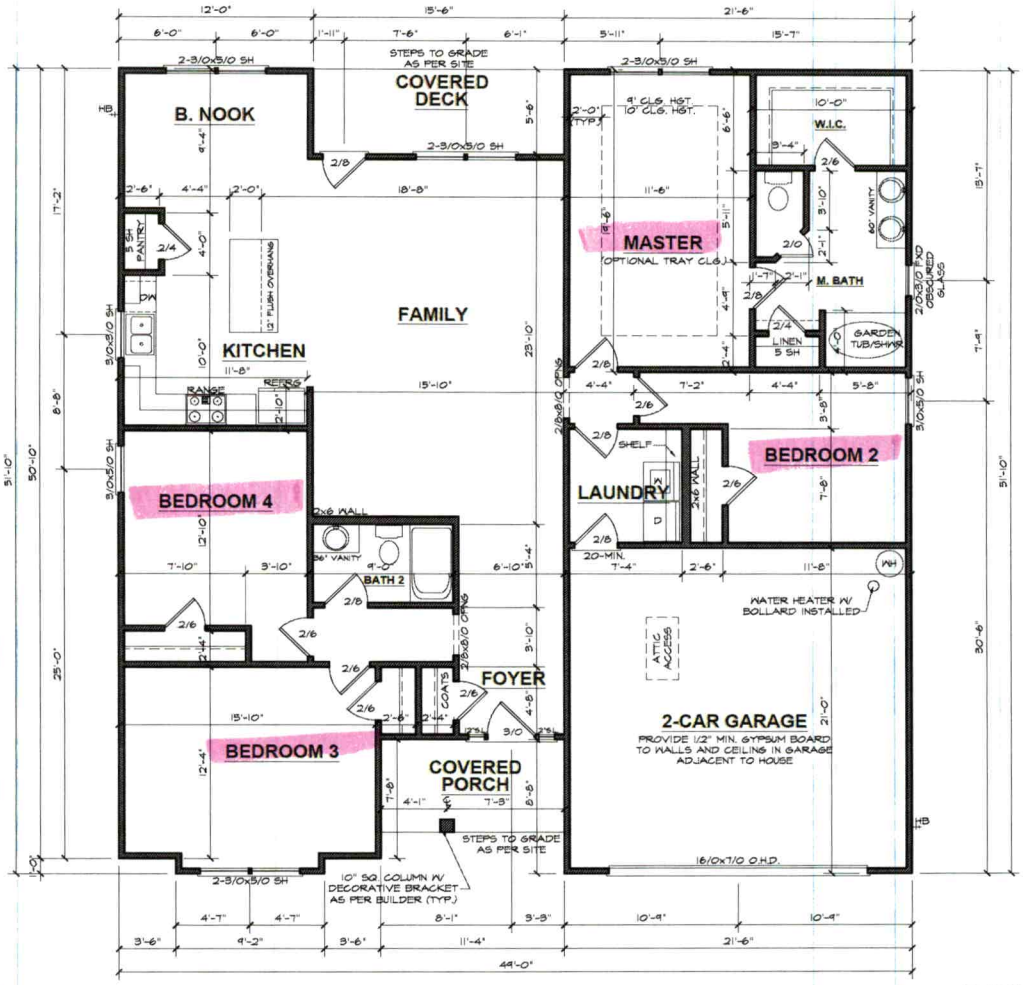
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	7-8-20		7-8-20

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



FLOOR PLAN

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

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

ADAMS HOMES AEC, LLC

1902 "B" FE (R) HK048

DATE DRAWN
11/20/2020
PROJECT
4708
REVISIONS

SHEET 3

Approved Plans Dept Of Public Works ONLY

Maria Dotson Date 1/15/2021

Cynd Bh Date 1/19/21

IREDELL COUNTY · NC

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

APPLICATION NUMBER
308908 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4770261400.000	134 CHARLES FARM DR	Iredell County

Owner Information	Applicant Information
Name: GRANITE FERRY INC Address: , Phone: (919)374-0121	Name: GRANITE FERRY INC Address: , Phone: (919)374-0121

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.63	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.

Date: 07/09/2020

Signature of Owner/Contractor

Permit Number	308908	TOTAL FEES:	$77.25