ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 308901

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

PIN # 4770-26-4309

APPLICANT/OWNER: Cynthia Blanding | APPLICANT ADDRESS: 3401 Saint Vardell Ln Suite B Charlotte NC 28217

SITE ADDRESS: 120 Charles Farm Dr Cleveland NC 27013 | PHONE: 704-621-4664 | ALT. PHONE 704-884-1548

SITE DIRECTIONS: E Statesville Ave to Ron N Main, L on W Park Ave L on Triplett Rd, L on Charles Farm Dr, Lot on R

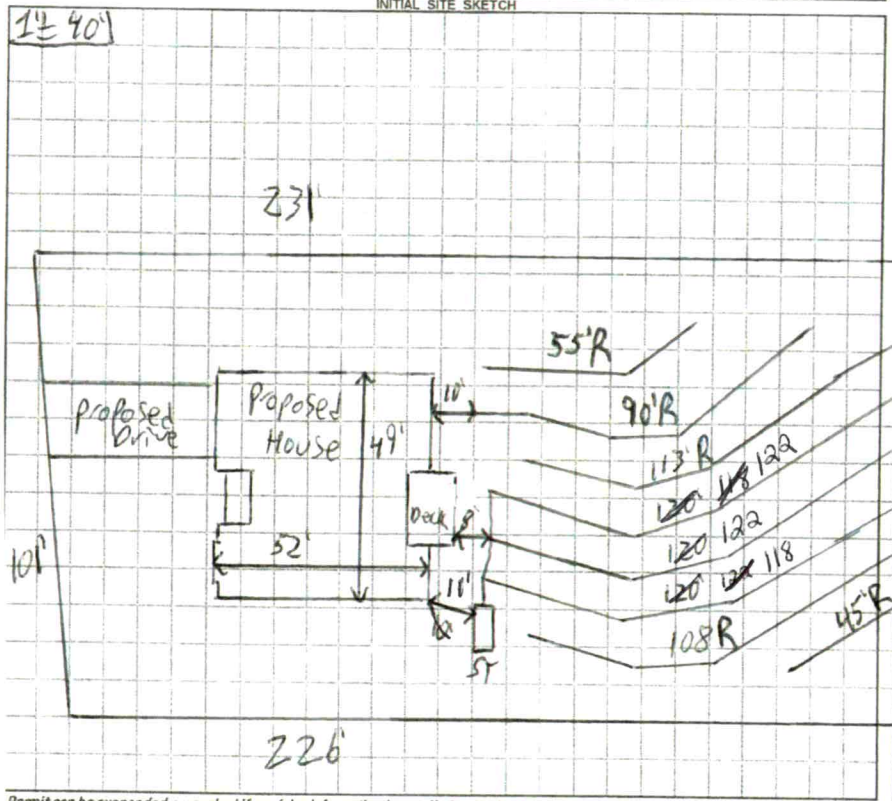
SUBDIVISION: Hidden Creek | SECTION: P1 | LOT # 53 | LOT AREA: 0.52 acres | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 360GPD | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB 760	Date 11-9-2021	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT —	Date —	System Description:			Gravity 25% Reduction
Pump Make	—	Model —	Serial # —	Repair System Description:			LPPPDPS
# Nitrification Fields	1	# Lines	Linear Ft 360'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth (Low side)	24" max	Gravel Depth —	☒ GRAVITY	☐ PRESSURE	

☐ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in any way.

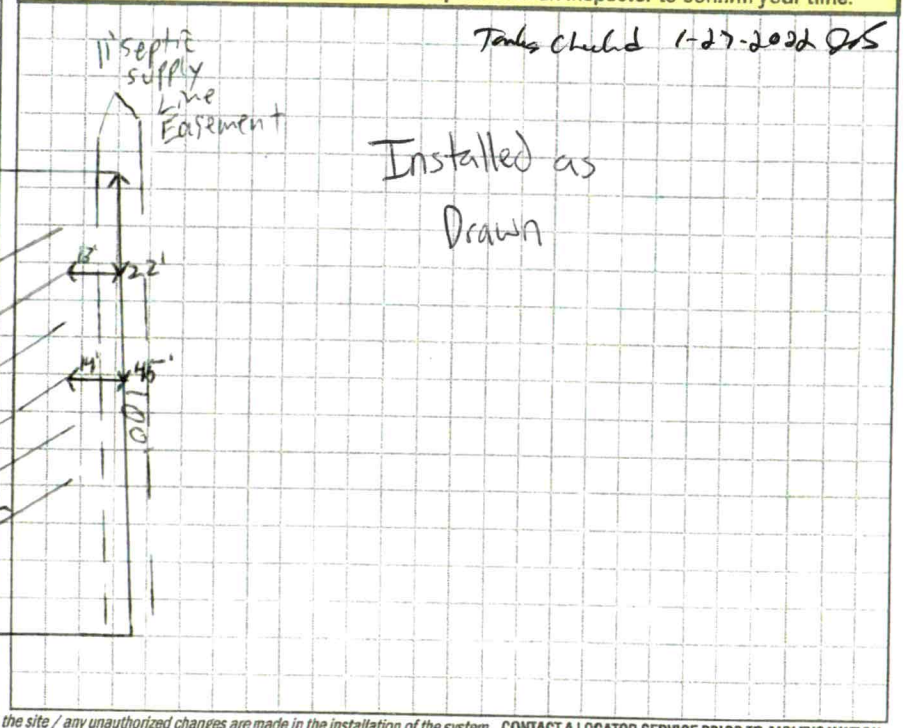
INITIAL SITE SKETCH



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.

Tanks Checked 1-27-2022 DS



Installed as Drawn

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: Cynthia Blanding | Date: 6/15/21 | Installed by: PRECISION EXCAVATION

IMPROVEMENT PERMIT by: Patrick J Boyle III | Date: 6/17/2021 | OPERATION PERMIT by: Cary Wash | Date: 2/2/22

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III | Date: 6/17/2021 | Existing System Inspected by: | Date:

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

RECEIVED MAR 0 4 2021

AP-212591
AP-308901-fees
$320.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Cynthia Bladning **Address:** 3401 Saint Vardell Lane, Suite B, Charlotte, NC **Zip:** 28217
Applicant Email: submit@majpermits.com **Phone:** (704) 621-4664 **Alt. Phone:** (704) 884-1548
Owner Name: Adams Homes AEC, LLC **Address:** 3401 Saint Vardell Lane, Suite B, Charlotte, NC **Zip:** 28217
Owner Email: charlottewarranty@adamshomes.com **Phone:** (704) 558-4527 **Alt. Phone:** _____

Property Information:

Street Address: 120 Charles Farm Drive, Statesville, NC 28677

Subdivision Name: ~~Northlakes~~ Hidden Creek **Section/Phase:** _____ **Lot Number:** 53

Driving Directions: I-77 North, exit 42, right onto NC-115 / US-21 toward Troutman , Turn left onto US-21 N / NC-115 N.
Turn right onto Ostwalt Amity Rd, Turn left onto Bethesda Rd, Turn right onto Northlake Dr

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: ~~2~~ 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: _____

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

Desired Septic System Type: ***(you may rank in order of preference)*** Year existing system installed: _____
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

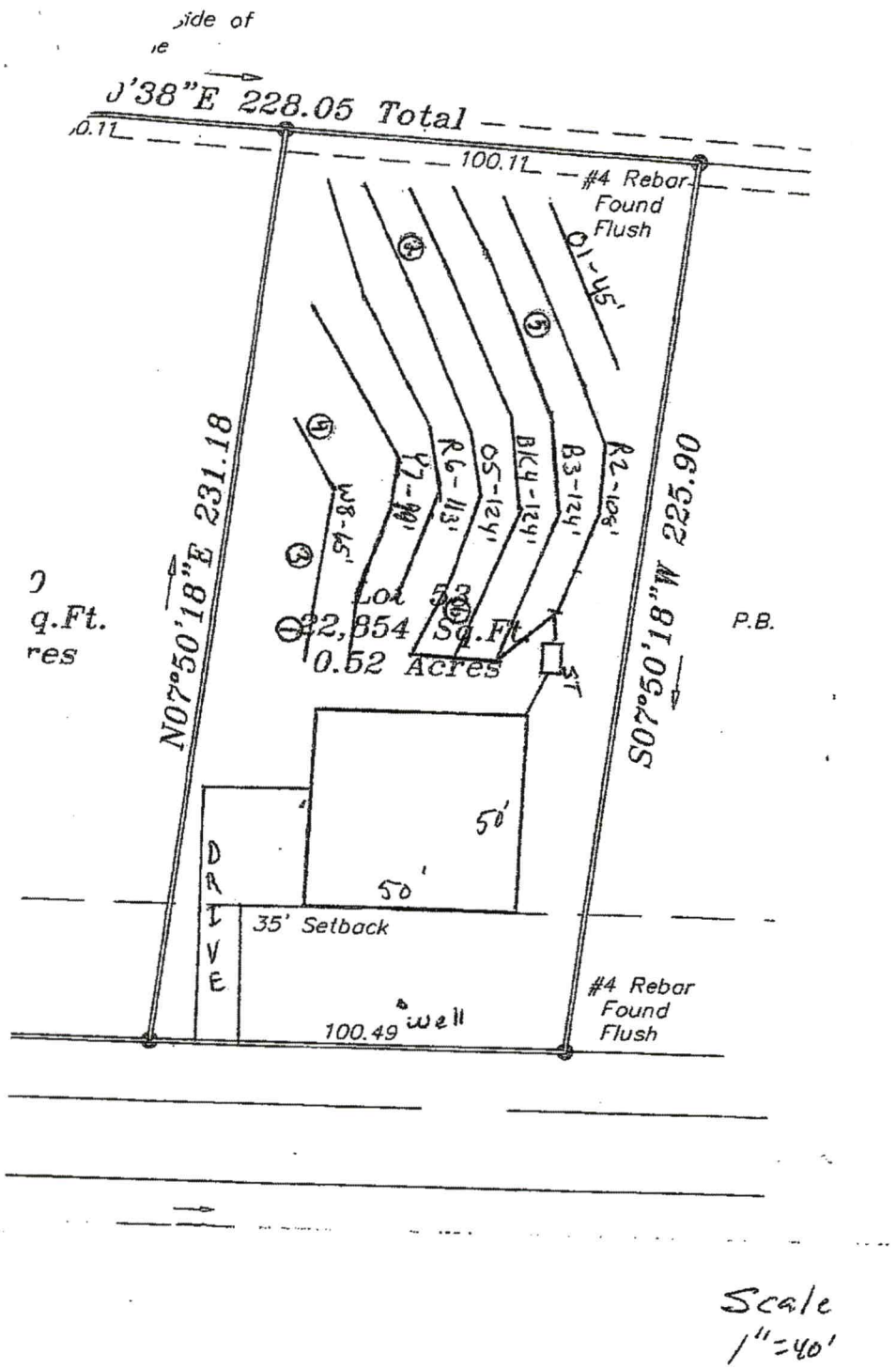
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Cynthia Bladning 6/15/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

December 2, 2020
DATE

Jenkins – 910-777-8531 Northlake Drive lots

Ryan Kinard – 704-813-7535 Wylie Trial lots



APPROVED AUG 2 1 2015

RA

Scale
1"=40'

Hidden Creek Lot: **53**

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 info

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, Arbors Homes AEC, LLC, am the legal owner(s) of the property located at 120 Charles Farm Drive, Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4770-264-309, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Cynthia Blanding, MAJ Permits Inc., to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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

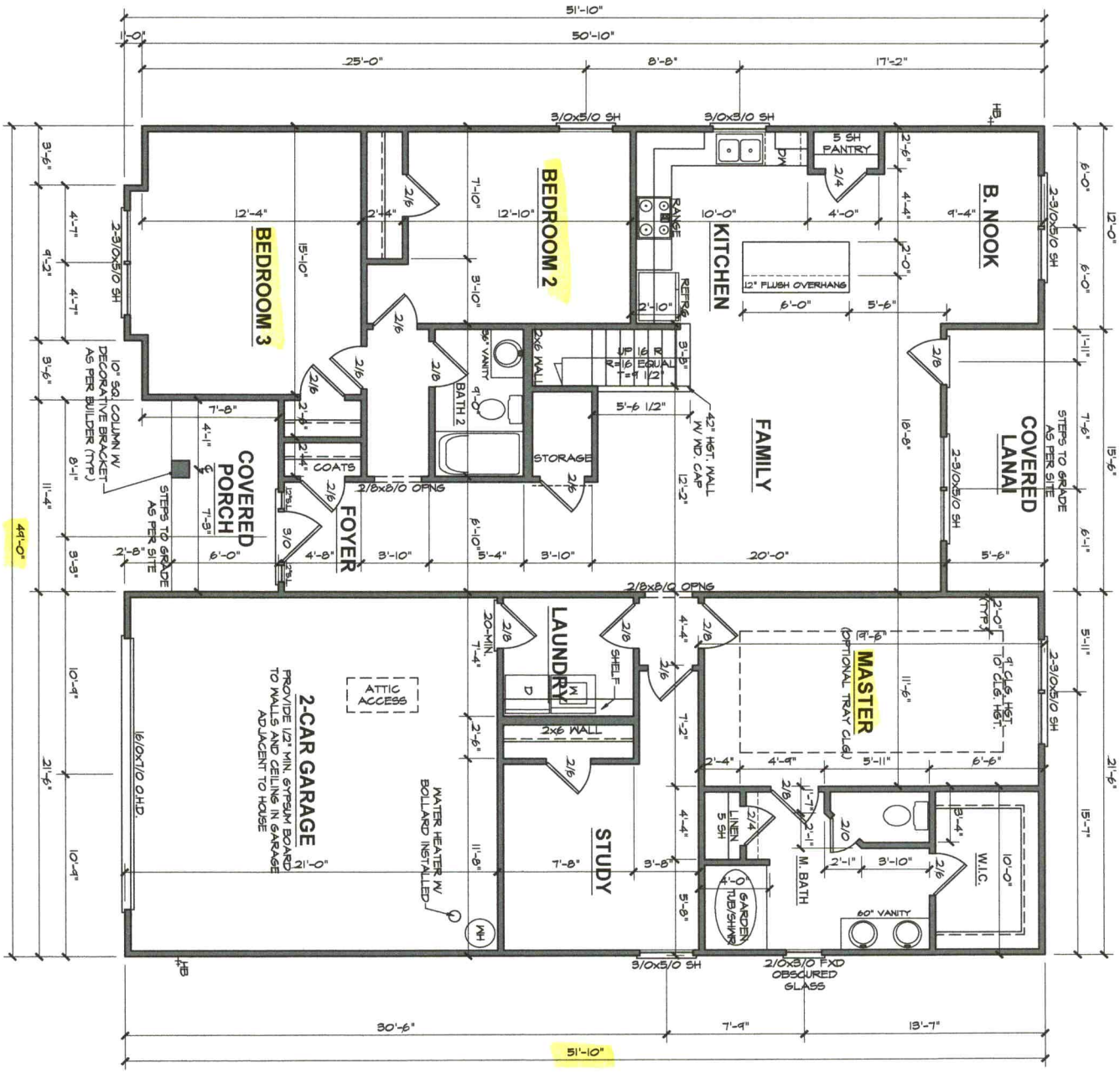
X MANAGER 7/19/2016
Signature of Owner(s) Date

X 7.19.16
Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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



Acknowledgement Of Plans Submittal ONLY!

Cynthia Blandy Date _____

Patrick J Boe III Date 6/17/2021

FIRST FLOOR PLAN

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

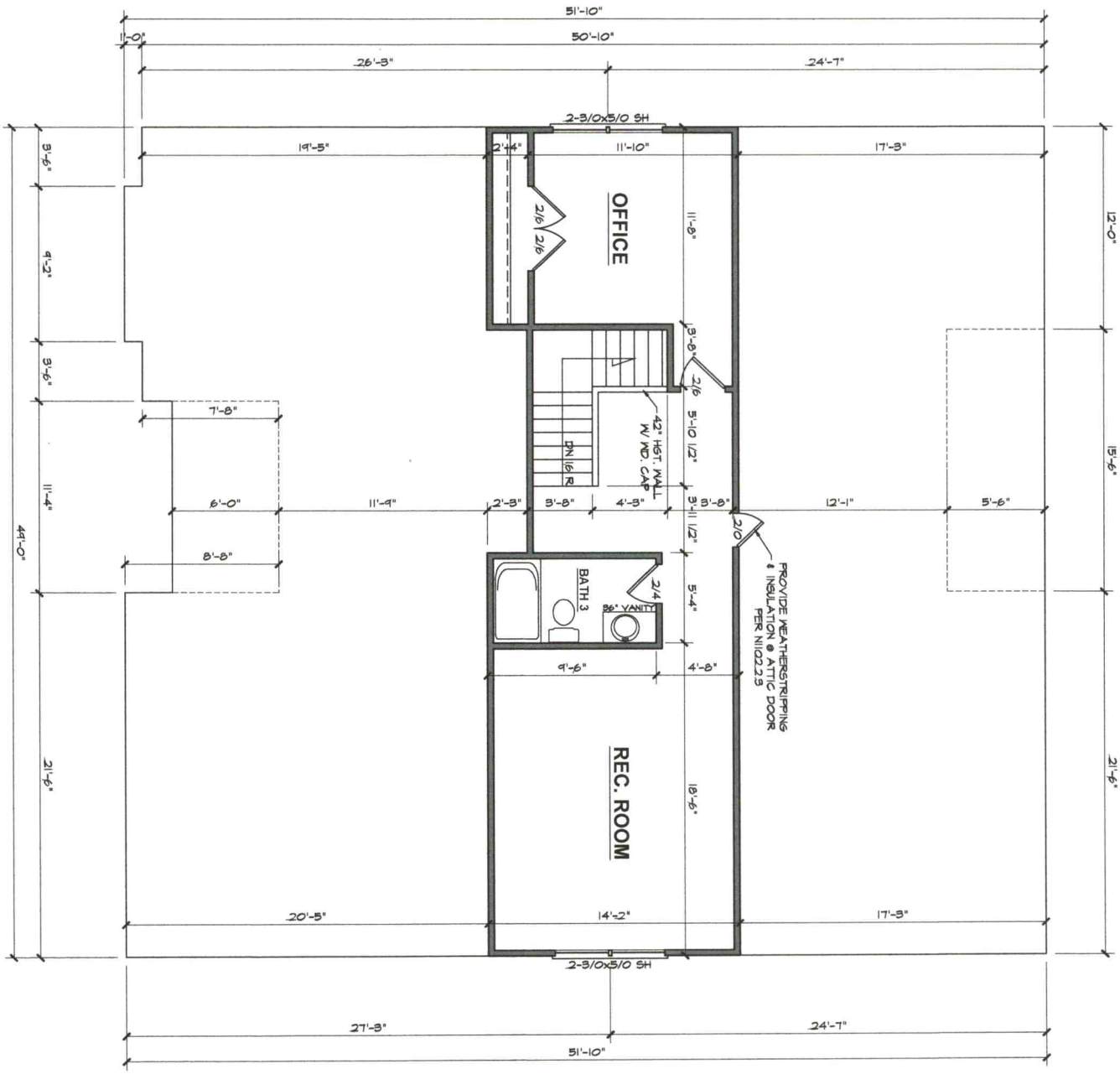
SCALE: 1/4"=1'-0"

SHEET 3

DATE DRAWN 5/14/2021
REVISIONS 4699

2518 "B" FE (R) HK053

ADAMS HOMES AEC, LLC



SECOND FLOOR PLAN

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

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

Acknowledgement Of Plans Submittal ONLY!

Cynthia Blanchard Date

Patrick J Bryant III Date 6/17/2021

SHEET 4

DATE DRAWN 5/14/2021

REVISIONS 4699

2518 "B" FE (R) HK053

ADAMS HOMES AEC, LLC

IREDELL COUNTY · NC

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

APPLICATION NUMBER
308901 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4770264309.000	120 CHARLES FARM DR	Iredell County

Owner Information	Applicant Information
Name: GRANITE FERRY INC	Name: GRANITE FERRY INC
Address:	Address:
Phone:	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
0.52	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: 07/08/2020

Signature of Owner/Contractor

Permit Number	308901	TOTAL FEES:	$77.25