ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322702

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

PIN # 4775 -- 91 -- 7964

APPLICANT/OWNER: K+T Properties V LLC APPLICANT ADDRESS: 141 S Longfellow Lane Mooresville NC 28117

SITE ADDRESS: 710 Elmwood Rd, Statesville NC 28625 PHONE: 704-235-8438 ALT. PHONE

SITE DIRECTIONS: Mocksville Hwy, Berry Owen Rd Elmwood Rd SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Woodstone Estates SECTION: - LOT # 2 LOT AREA: .474C DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank	1000	(gal)	STB	760	Date	1-4-22	☒ 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	11-15-21	System Description:	PM-50's Reduction				☐ Business	No. Persons	6	☐ Private		
Pump Make			Model		Serial #		Repair System Description:	LP-50's Reduction				☐ Other	No. Employees		☒ Public		
# Nitrification Fields	1	# Lines		3	Linear Ft	219	Maintenance Agreement Required:	☐ YES	☒ NO			☒ Slab	☐ Crawl Space		☐ Community		
Trench Width	24 in	Trench Bottom Depth(Low side)		33 in	Gravel Depth	-		☐ GRAVITY	☒ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: * Abandon Well Prior to A/C * / Remove Power Pole From Septic Repair Area / NO Foundation Drains / Abandon old Septic Tank Prior to O/P. / WELL ABANDONED

INITIAL SITE SKETCH

11-4-2021

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

Soil + Forestry Services of the Carolinas, PA

LSS# 1231 Dated Nov 12, 2021

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.

3/22/22 - Floats / Pressurehead / Lines / Taps

	Date	Initials
Drain Lines Checked	3/22/22	BB
Tanks Checked	3/22/22	BB
Pressure Manifold or Valve Box Checked	7-5-2022	BCW
Pressure Head Set	3/22/22	BB
Electrical Checked	7-6-2022	BCW
Floats Set	3/22/22	BB
Alarm Checked	7-6-2022	BCW
Maintenance Contract Y (N)	Not Required	
Comments:		

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: 12-15-21 Installed by: Tommy Fry (Fry Grading)

IMPROVEMENT PERMIT by: Benjamin A Batts Date: 12-10-21 OPERATION PERMIT by: Burpat C. White Date: 7-6-2022

AUTHORIZATION TO CONSTRUCT by: Burpat C. White Date: 12-29-2021 Existing System Inspected by: Date:

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

2.6005
117.6268
EIP
73.79'
LOT 2
0.47 AC
60.14'
N64°20'05"E
155.99'
24.4'
105.01'
S28°16'37"E
35' REAR
25' CORNER
LOT 1
0.47 AC
DITCH
35' FRONT
15' SIDE
ABANDON
HOUSE
50' x 50'
NO FOUNDATION DRAIN
POWER POLE
OLD
DRIVE
N64°20'05"E
188.32'
ABANDON
DRIVE
35' FRONT
67.77'
24.4'
P1
P2
P3
P4
P5
P6
P7
P8
P9
P10
P11
P12
P13
P14
P15
P16
P17
P20
P21
PM
ST
PT
5 P 101'
4 B 102'
3 Y 102' (73')
2 O 102' (73')
1 R 100' (73')
7 O 75'
6 R 75'
5 P 75'
4 B 75'
3 Y 75'
2 O 74'
1 R 73'
FRONT
(0.55 AC. DEDICATED PUBLIC USE)
175
168
169
60' PUBLIC R/W
ELMWOOD ROAD
SCALE
1" = 40'
CP

LOT #2

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 21-0018
November 29th, 2021

K + T Properties V, LLC
Attn: *Pete Denicola*
Email: pete@peconicbayhomes.com

RE: Soil & Site Evaluation for a 3 Bedroom Residence on Lot 2 Woodstone Estates Subdivision, 0.47 ac Parcel, PIN# 4775917964, Elmwood Road, Statesville, NC 28625.

Mr. Denicola:

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

Site Conditions

At the time of our evaluation land cover on the property was mostly cleared and had an existing well and septic. **The well and septic will need to be properly abandoned.** Topography within the evaluated area was gently slope near the house site and proposed drainfield area. Property lines and corners were marked at the time of the evaluation by Don Allen & Associates. The client provided an Autocad File of a survey as a basemap. The proposed septic layout was located via tape measures and used to produce the attached *Site Plan*. The proposed house is for a slab foundation and should be survey located prior to digging footings. **No Foundation Drains can be utilized for the slab. Any 2' or greater cut upslope of the house foundation would nullify the proposed septic design.**

Methodology

We evaluated soil areas through the use of backhoe pits. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with six backhoe pits on the property flagged and located via GPS. Five of the six backhoe pits are located in or adjacent to the proposed septic layout. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each pit. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were located via GPS and tape measures. Detailed system & repair information is summarized in the following paragraph for this Lot. Existing well & septic Abandonment will be required.

Woodstone Estates Lot 3 *(See Attached Design)*
The septic layout for this lot (9' centers) yielded a total of 522 linear feet of line. The primary system is proposed as 300 linear feet of Accepted (25% Reduction) drainfield with pressure manifold distribution. Trench depth (LOW SIDE) is specified at 30 inches. The repair system is proposed as 222 linear feet of PPBPS (50% Reduction) drainfield with low pressure distribution. Trench depth (LOW SIDE) is specified at 30 inches.

Session Law Requirements

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

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

Owner Date

Print Name Jennifer Klink
Signature _____ 11/15/21

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

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

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas on Lot 3 of Woodstone Estates Subdivision may nullify this design. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

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

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an PPBPS (50% reduction) Septic System with Pressure Manifold distribution for a 3 bedroom single family residence on Woodstone Estates Subdivision Lot 2, (PIN #: 4775917964), Statesville NC, 28625.

Contents: **Page**

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

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4
- System Tapsheet---------- 5

Site Plan/System Plan---------- 6

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November 12, 2021
Project #: 21-0018
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- 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 a PPBPS installation with pressure manifold distribution.
- Repair is specified as a PPBPS installation with low pressure distribution.
- Backfill 4 - 6" of material (County Approved) over panels, rake trench walls, lime side-walls, install trenches 24" wide and have no more than 1/4" fall in 10 feet.
- **Properly abandon existing septic system & existing well.**

PRESSURE MANIFOLD PPBPS SYSTEM FOR WASTEWATER TREATMENT

Owner/Applicant:	K + T Properties V, LLC
Current Address:	141 Cedar Woods Drive Mooresville, NC 28117
Phone:	704.235.8489
County:	Iredell
Location:	Woodstone Estates - Lot 2

Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360 gpd
System Flow:	21.33 gpm

Design Specifications

Drainfield Size:	219
Loading Rate (gpd/ft.^{2}):	0.275
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth (LOW SIDE):	33 in., Repair 33 in. Trench Depth
Trench Width:	24 in.
Septic Tank Size:	1000
Pump Tank Size:	1000

Estimated Supply Line Length:	127
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	22.10
Dosing Volume:	183.60
Supply Manifold:	N/A
Supply Manifold Length:	N/A
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:	1.61
Elevation Head:	8.50
Total Dynamic Head:	13.93

Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

Woodstone Estates - Lot 2

PRESSURE MANIFOLD PPBPS

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.275
TOTAL AREA TRENCH BOTTOM:	438
TOTAL LATERAL LENGTH:	219
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	218.1818182
SUPPLY LINE LENGTH:	127
TOTAL DYNAMIC HEAD:	13.93
MANIFOLD SIZE:	N/A
DOSING VOLUME:	183.60
PUMP TANK DRAW DOWN*:	8.7
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 - Woodstone Estates Lot 2

Project #: 21-0018

LAYOUT FOR 3 BEDROOM HOME

November 12, 2021

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
HOUSE					897.00		
PUMP TANK					895.50		
INSTR. 1							
1	***RED***				***899.00***	***100***	***73***
2	***ORANGE***				***898.50***	***102***	***73***
3	***YELLOW***				***898.00***	***102***	***73***
4	BLUE				897.50	102	102
5	PINK				897.00	101	101
					Total	507	422

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***219***	***0.275***	***MOD. CONV.***	***0.275***	***PPBPS 50% RED***	***PRESSURE MANIFOLD***
Repair	288	0.275	MOD. CONV.	0.275	PPBPS 50% RED	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 PPBPS TAPSHEET - Woodstone Estates Lot 2

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tan	Trench Area	No.of Panels
1	*RED*	*899.00*	*73*	*SCH 40 1/2*	*7.11*	*146*	*17*
2	*ORANGE*	*898.50*	*73*	*SCH 40 1/2*	*7.11*	*146*	*17*
3	*YELLOW*	*898.00*	*73*	*SCH 40 1/2*	*7.11*	*146*	*17*
	total	feet =	219	gal/min =	21.33		51
			Des. Flow	360			
			Pump Run=	8.61			
			soil LTAR	0.275			
			LTAR +5%	0.28875			
			LTAR with mod.	0.55			
			LTAR with mod.. + 5%	0.5775			

CALCULATIONS

Location	Woodstone Estates Lot 2	
Project Number	21-0018	
Lot No:	2	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.275	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	127	ft.
Supply Line Volume	22.098	gal.
Required Feet of Line	218.1818	ft.
Amount of Line from Layout	219	ft.
Gallons per Minute	21.33	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Pump Tank Capacity	1000	gal.
Panel Volume	3.6	gal.
# of Panels	51	
Dosing Volume	183.60	gal.

Note: Dosing Volume based on 100% of # of panels times 3.6 gal/panel

Tank Draw Down	8.7	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	8.61	minutes
Elevation Head	8.5	ft.
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	1.61	ft.
Total Dynamic Head (+15%)	13.93	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

PROPERTY ID #: 4795917964
COUNTY: Iredell

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

OWNER: KJT Properties V LLC
ADDRESS: 141 S Long Fellow Dr., Mooresville NC 28117
PROPOSED FACILITY: 3 BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: Elmwood Rd, Statesville NC 28625
APPLICATION DATE
DATE EVALUATED: 7/13/21
PROPERTY SIZE: 6.47
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P7	L/4%	0-3	Gravel			60	—	—	PS 0.275
		3-9	BSCL wfsbk	Fr SS SP SEXP					
		9-34	RC wmsbk/Abk	Fr SS SP SEXP					
		34-60	BRC wmsbk	Fr SS SP					
P8	L/5%	0-11	BSCL wfsbk	F SS SP SEXP	Comp. Few Fe Depl.	58	—	—	PS 0.275
		11-58	BRC wfAbk/sbk	Fr SS SP SEXP					
P9	L/5%	0-12	BSCL wfsbk	Fr SS SP SEXP	C. Fe Depl.	64	—	-	PS 0.275
		12-35	BRC wmsbk/Abk	Fr SS SP SEXP					
		35-48	BRC wmsbk	Fr SS SP SEXP					
		48-64	RBCL wmsbk	Fr SS SP	Few SAP				
P13	L/4%	0-5	Gravel	Pit in old Drive	Compacted	55	-	—	PS 0.275-0.3
		5-16	BCL/SCL wmsbk/Abk	Fr SS SP SEXP					
		16-55	RC wmsbk/Abk	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Mod. Conv.	Mod. Conv.
Site LTAR	0.275	0.275

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: Same
DATE OF EVALUATION: Same
COUNTY: Same

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
P 14	L/6%	0-7	BL Gr	Fr SS SP SE XP		58	—	—	PS 0.3
		7-58	RC wm sbk/A6K	Fr SS SP					
P 15	L/5%	0-10	Gravel	In Drive		57	—	—	PS 0.25 – 0.275
		10-20	BL Gr	Fr SS SP SE XP	– Compacted				
		20-27	RBCL wm sbk	Fr SS SP					
		27-57	BRC wm sbk/A6K	Fr SS SP	– Few Fe Pcl.				

COMMENTS: _____

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: PDM PROPERTIES LLC Address: 127 BLUFF MEADOW LN, MOORESVILLE Zip: 28115
Applicant Email: DIANE@PEconicBAYHOMES.COM Phone: 704-235-8489 Alt. Phone: 704-235-8443
Owner Name: K:T PROPERTIES V LLC. Address: 141 S LONGFELLOW LANE, MOORESVILLE Zip: 28117
Owner Email: KKLINK@POWERHOME.COM Phone: 704-956-1169 Alt. Phone: _____

****

Property Information:

Street Address: 110 ELMWOOD RD, STATESVILLE NC 28625
Subdivision Name: WOODSTONE ESTATES Section/Phase: 1 Lot Number: 2
Driving Directions: MOCKSVILLE HWY, BARRY OAK, ELMWOOD

****

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence Maximum Number of Bedrooms: 3 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 6 (✓) 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: _____

( ) 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: _____ 12/20/21
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, KEVIN KUNK | KET, am the legal owner(s) of the property located at 110 ELMWOOD RD, STATESVILLE, identified as PIN (Parcel Identification Number) 4775 91 7964, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) PETE DENICOLA, PDM PROPERTIES LLC, 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
	10/7/21		10/19/21

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

RECEIVED DEC 1 - 2021

Session Law - Paid LOT #2

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP- 322702 $1,200.00

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: K+T Properties V LLC **Address:** 141 ~~Cedar Woods Dr.~~ S LONGFELLOW LN, Mooresville NC **Zip:** 28117

Applicant Email: pete@peconicbayhomes.com **Phone:** 704-235-8489 **Alt. Phone:**

Owner Name: Same **Address:** Same **Zip:** Same

Owner Email: Same **Phone:** Same **Alt. Phone:**

Property Information:

Street Address: 110 Elmwood Rd, Statesville NC 28625

Subdivision Name: Woodstone Estates **Section/Phase:** **Lot Number:** 2

Driving Directions: Mocksville Hwy, Barry Oak Rd, Elmwood Rd

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: 6
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure:
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

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

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

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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

Signature: Samuel G Keller
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/29/21
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, KEVIN KLINK, am the legal owner(s) of the property located at 110 ELMWOOD RD, STATESVILLE NC, identified as PIN (Parcel Identification Number) 4775917964, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) PETE DENICOLA / PDM PROPERTIES LLC, 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.

10/19/21 — 10/19/21

Signature of Owner(s) — Date — 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

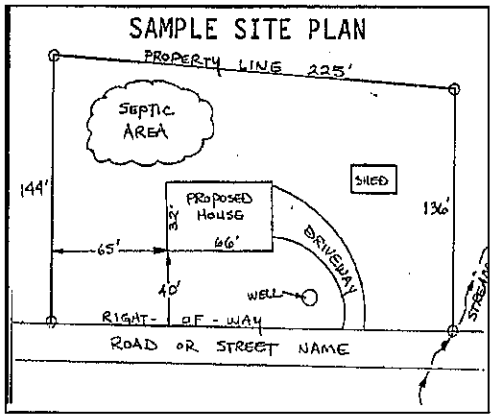
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***SITE PLAN WORKSHEET***

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***



Place an (X) beside each item as you complete the site plan:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

SEE ATTACHED

Signature: _____

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

12/20/21

DATE

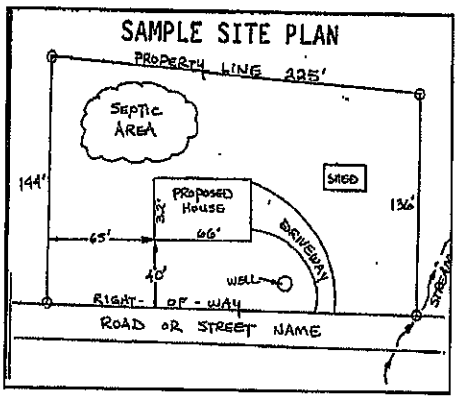
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Samuel A Tallman

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

11/29/21

DATE

ARCHITECTURAL LEGEND

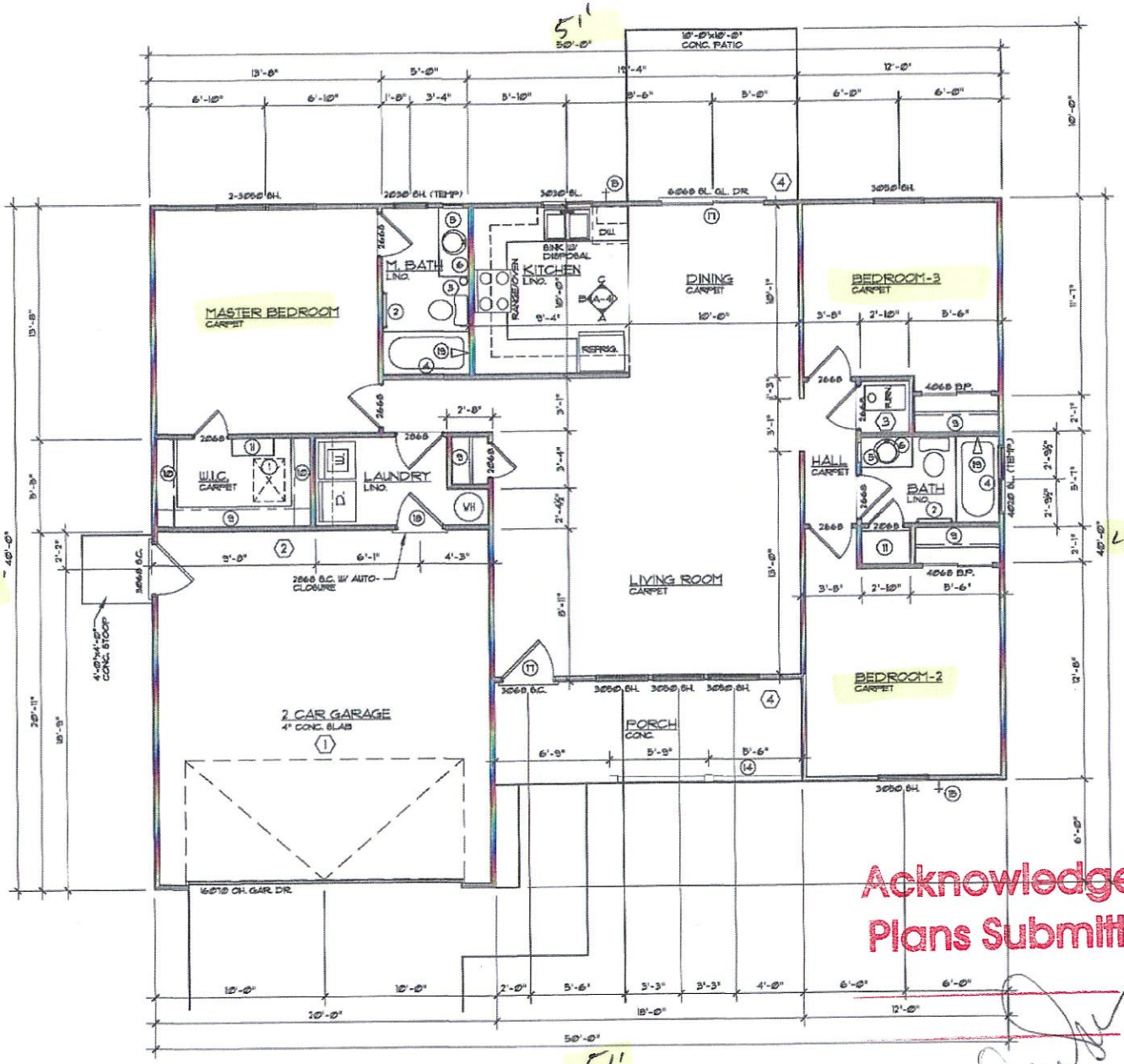
1. Provide 22"x30" attic access.
2. 24" towel bar.
3. Towel ring.
4. Soap and grab bar.
5. Recessed medicine cabinet.
6. Mirror.
7. 36"x36" shower receptor w/ tempered glass enclosure.
8. Provide 10'x24' c.s. access
9. One shelf and one rod.
10. One shelf and two rods 42" high and 40" between.
11. Linen closet - 5 shelves.
12. 34" High (min) 38" high (max) 1½" ø handrail.
13. 34" High (min) 38" high (max) 600 type grabrail w/ 2x2 balusters @ 4" o.c.
14. 38" high guardrail w/ 2x2 balusters @ 6" O.C.
15. Hose bibb.
16. 2x6 stud wall
17. Maximum vertical height measured from top of threshold of door to landing not to exceed 7¾". Maximum threshold height at door to interior landing not to exceed 1".
18. Door between house and garage to be 1⅜" minimum. Changes in elevations at doors due to landings or tarnination of stairs, to be measured from top of door threshold.
19. Provide water-resistive type gyp. bd. @ bath walls at tub & shower locations.

GENERAL NOTES

1. Provide ⅝" Type "X" 1-hour fire rated drywall @ garage walls, ceilings and structural members adjacent to living areas as per section 302.2 of the IRC. (drywall to extend to the underside of the highest roof sheathing or be installed to entire ceiling)
2. Start top of 4" concrete garage slab, 2" below top of garage foundation wall @ rear and slope 4" down to front foundation wall over blockout (2" min. req. by code)
3. Provide 1" minimum clearance around furnace flue.
4. Install an impervious membrane between all concrete patios/porches and wood frame as per code.

Do not scale drawings, use dimensions as specified on drawings.

NOTE: FOR BEAM SIZES AND FRAMING NOTES, REFER TO STRUCTURAL SHEETS.



1 FLOOR PLAN
1/4"=1'-0" 1256 SQ. FT.

Acknowledgement Of Plans Submittal ONLY!
Date
Date
Bryant C. Miller
12-29-2021

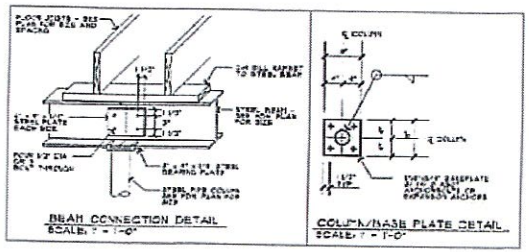
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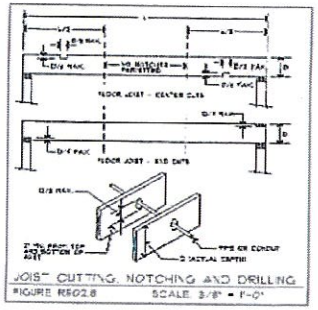
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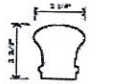
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6098 South Lakeview Street
Littleton, Colorado 80120
www.marshallarchitecture.com
Email: jim@marshallarchitecture.com
Fax: (303) 791-8288

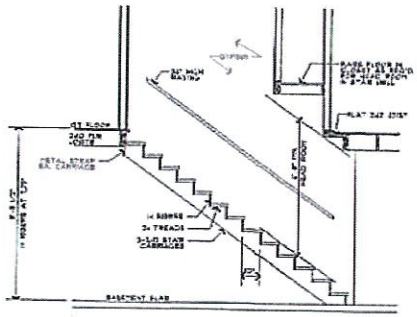
drawn by: J.B.M.
checked by: D.L.M.
date: 12-15-06
revisions:

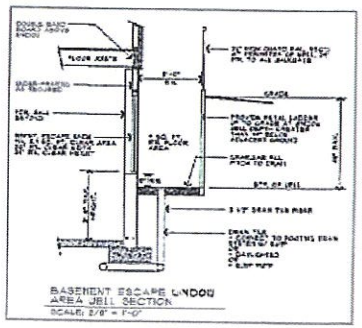
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sheet no. A3 of 11

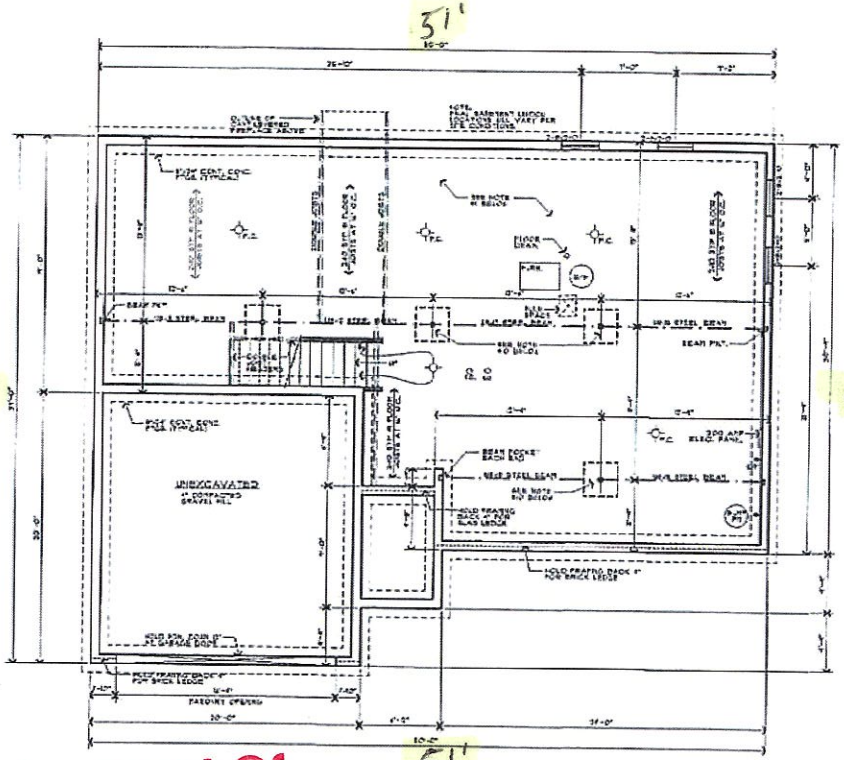












Acknowledgement Of Plans Submittal ONLY!

B Grant C. White Date 12-29-2021

Date

RESIDENTIAL DESIGN SERVICES, INC
14900 PAPPAS FARM DRIVE
CHESTERFIELD, MO 63017
314-454-1004

PLAN NO. 2002

COPYRIGHT 2021

DATE: 8/8/99

SHEET: 2 of 6

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER

322702
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4775917964.000	110 ELMWOOD RD	Iredell County

Owner Information	Applicant Information
Name: K+T PROPERTIES V LLC	Name: PDM Properties LLC
Address:	Address: 127 Bluff Meadow Lane
	Mooresville, NC 28115
Phone:	Phone: (704)235-8443

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.47	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: 10/29/2021

Permit Number	322702	TOTAL FEES:	$77.25