ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317313

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

PIN # 4778 -- 68 -- 1770

APPLICANT/OWNER: WJH LLC APPLICANT ADDRESS: 9325 Center Lake Drive Ste 160 Charlotte NC 28216

SITE ADDRESS: 116 Anderson Acres Drive Harmony, NC 28634 PHONE: 704-488-1100 ALT. PHONE

SITE DIRECTIONS: Old Mooresville Rd @ Mt. Bethel @ into Rock Gate Development SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Rockgate Estates SECTION: - LOT # 24 LOT AREA: 2.197AC DESIGN FLOW: 480 L.T.A.R.: .80

Septic Tank	1000 ~~1060~~ (gal)	STB		Date	Tank Inspected	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT		Date		System Description: Gravity - 25% Reduction	☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #		Repair System Description: Gravity - 25% Reduction	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	400	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth ~~(Downside)~~	28 in high	Gravel Depth	-	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

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

Thompson Environmental Consulting Inc.

LSS # 1287

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.

Tank Checked 7/15/22 MW

Landscape final needed - See attached

must verify setbacks on right property line

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: 11-5-21 Installed by: Sid Gaskins

IMPROVEMENT PERMIT by: Benjamin A Butler Date: 10/25/2021 OPERATION PERMIT by: Benjamin A Butler Date: 9-2-2022

AUTHORIZATION TO CONSTRUCT by: Benjamin A Butler Date: 11-1-2021 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	8/12/22	DW
Tanks Checked	8/12/22	
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments: landscape final - check backyard fill/cover verify set backs on (R) prop line		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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SUBDIVISION: Rockgate SECTION: - LOT # 24 LOT AREA: 2.197AC DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000 ~~1000~~	(gal)	STB		Date	Installed	☒ 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:	Gravity - 25% Reduction			
# Nitrification Fields	1	# Lines	4		Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth ~~(Low side)~~		28 in high	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	**Water Supply**		
☐ Business	No. Persons	8	☐ Private		
☐ Other	No. Employees		☒ Public		
☒ Slab	☐ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions:

INITIAL SITE SKETCH

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

Thompson Environmental Consulting Inc.

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AS BUILT SKETCH

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Tank Checked 7/15/22 MW

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☐ **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: 11-5-21 Installed by:

IMPROVEMENT PERMIT by: Benjamin A Batts Date: 10/25/2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batts Date: 11-1-2021 Existing System Inspected by: Date:

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

Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107

Sheet 1 of 1
PROPERTY ID #: 4778681770.000
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**

OWNER: WJH LLC
ADDRESS:
PROPOSED FACILITY: Res PROPOSED DESIGN FLOW (.1949): 450
LOCATION OF SITE: 116 Anderson Haven Ln, Harmony NC
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other Lot 24 Rock Oak Estates
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

DATE EVALUATED: 3-21-21
PROPERTY SIZE: 2.197 ac
PROPERTY RECORDED:

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
1	LS 30%	0-12	GR/SL	FR/NS/NP/Mod	—	42+	—	—	PS 0.3
		12-19	SBK/SCL	FR/SS/SP/Mod					
		19-42+	SBK/C	FI/SS/SP/Mod					
2	LS 30%	0-12	GR/SL	FR/NS/NP/Mod	—	42+	—	—	PS 0.3
		12-29	SBK/SCL	FR/SS/SP/Mod					
		29-42+	SBK/C	FI/SS/SP/Mod					
3	LS 24%	0-12	GR/SL	FR/NS/NP/Mod	—	40	—	40" pm	PS 0.3
		12-35	SBK/SCL	FR/SS/SP/Mod					
		35-40	SBK/C	FI/SS/SP/Mod					
4	LS 24%	0-12	GR/SL	FR/NS/NP/Mod	—	41	—	41" pm	PS 0.3
		12-27	SBK/SCL	FR/SS/SP/Mod					
		27-41	SBK/C	FI/SS/SP/Mod					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	45	45
System Type(s)	Recirc Trench	Recirc Trench
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): Plow-[illegible]
SITE CLASSIFICATION (.1948):
EVALUATED BY: Larry P. Thompson
OTHER(S) PRESENT:

LICENSED SOIL SCIENTIST — LARRY P. THOMPSON — 1287 — STATE OF NORTH CAROLINA

COMMENTS:

Updated February 2014

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

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

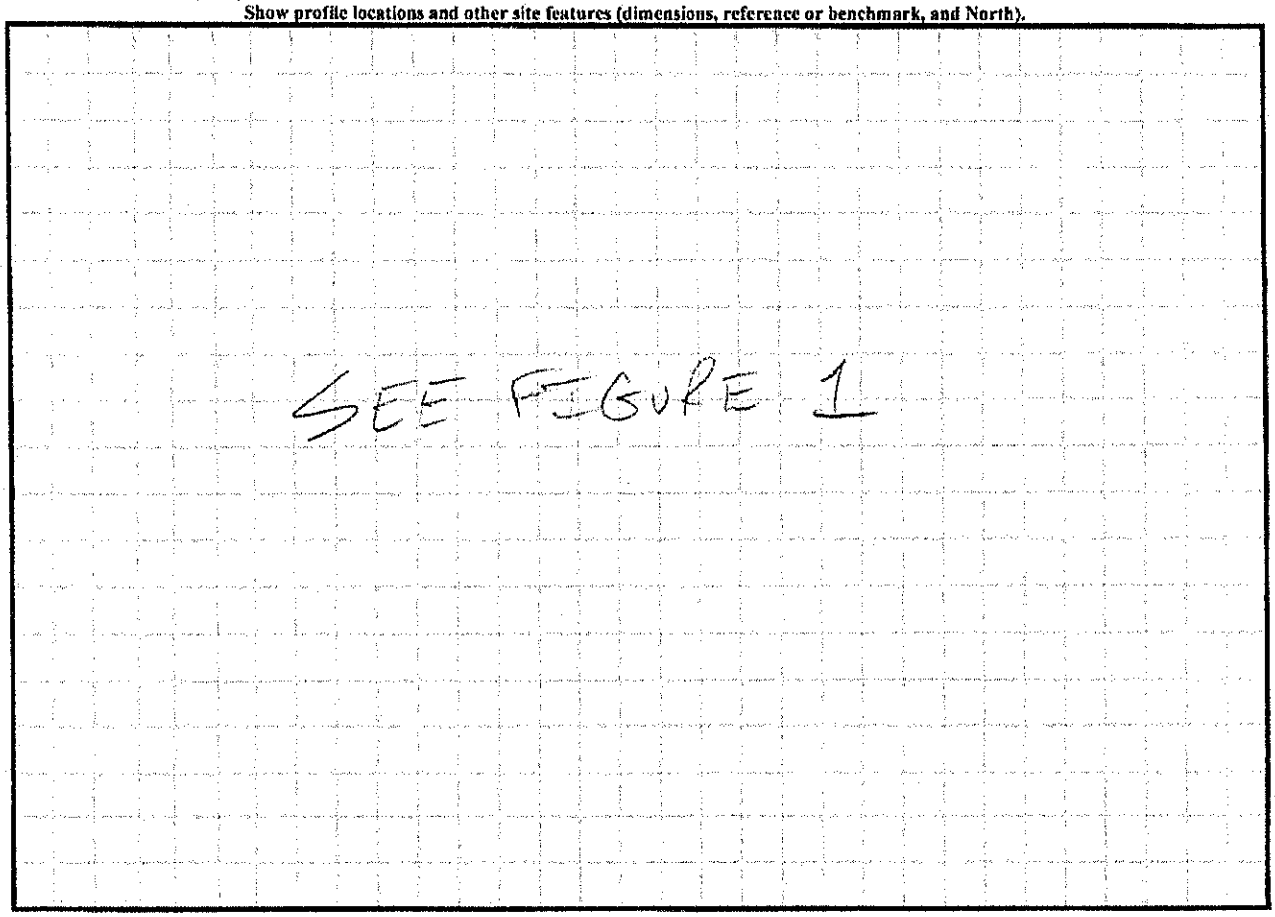
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



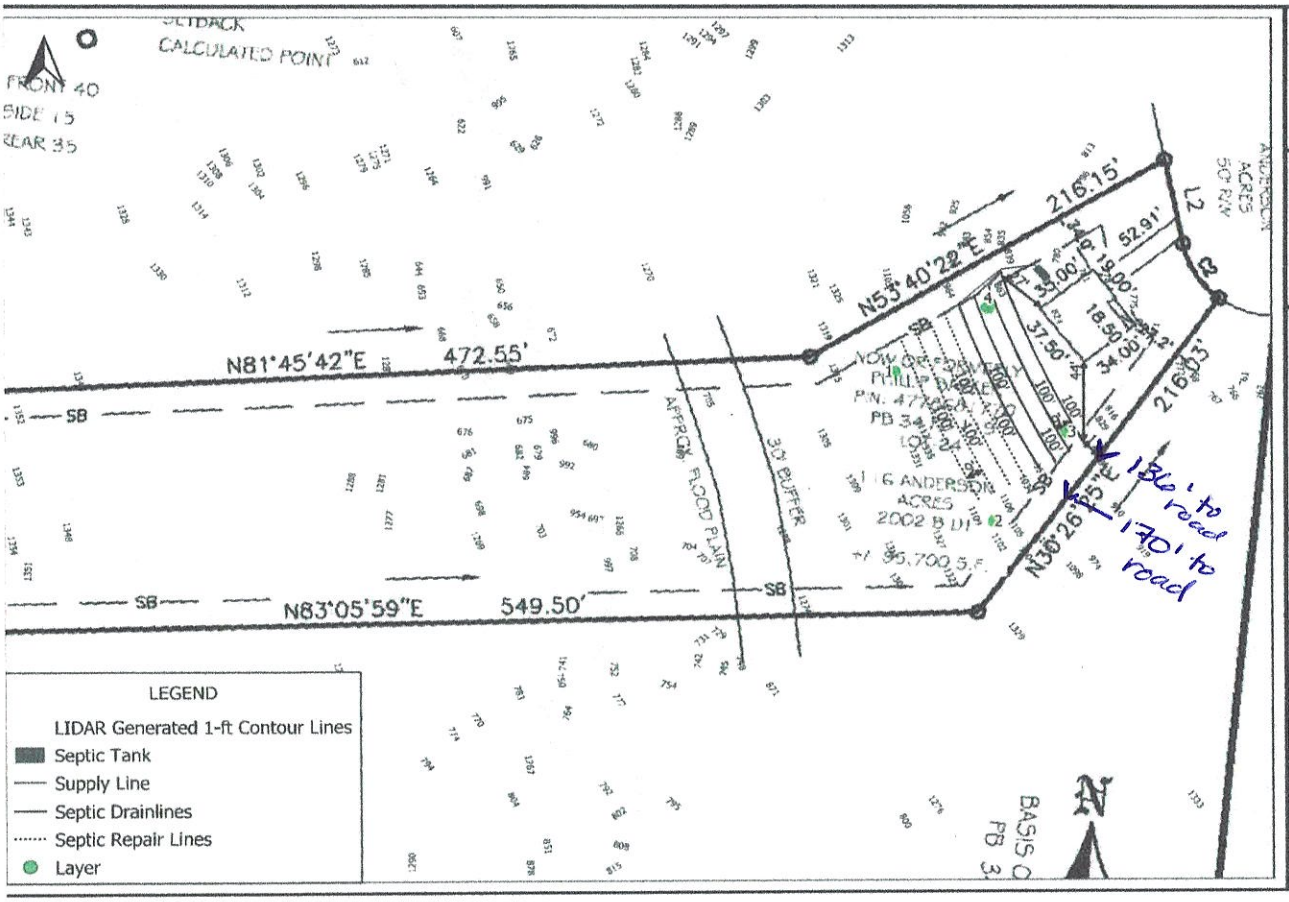


FIGURE 1

Prepared For:

Century Complete

Proposed Septic Layout

Lot 24 - Rock Gate Estates
116 Anderson Acres Drive
Harmony, NC 28634

Iredell County

Scale:
0 30 60 ft

Date:	TEC Job No.
October 2021	21-261

Thompson Environmental Consulting
WATER • WASTEWATER • WETLANDS

Residential Subsurface Wastewater Treatment and Disposal System Proposal

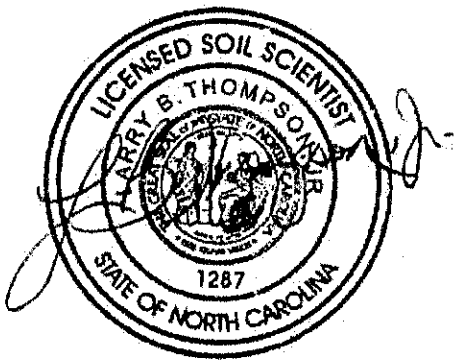
for

Lot 24 – Rock Gate Estates
116 Anderson Acres Drive
Harmony, NC 28634

Tax Parcel # 4778681770.000
October 8, 2021

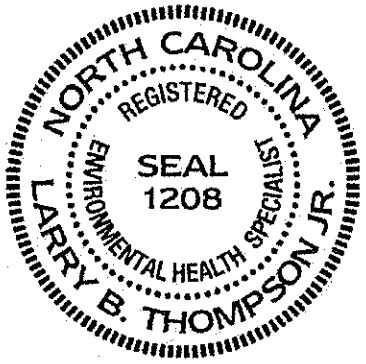
Prepared for:

Glenn Bird
Century Complete
9325 Center Lake Dr., Suite 160
Charlotte, NC 28216
1-833-791-0192



Prepared by:

Larry Thompson, REHS, LSS
Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107-0541
Phone: 704-301-4881
info@thompsonenv.com



Details

Century Complete has contracted with Thompson Environmental Consulting, Inc. (TEC) to prepare a septic proposal for a 4-bedroom single family residence to be located on Lot 24, Rock Gate Estates, Harmony, North Carolina.

Based upon an investigation performed by TEC, it was determined that a sufficient amount of "Suitable" Group IV soils are available for the installation of a **Gravity Flow Accepted System** for a 4-bedroom residence (the proposed repair system will be a Gravity Flow Accepted System as well). The property will be served by a municipal water supply.

Century Complete would like to request that Iredell County Environmental Health (ICEH) issue the appropriate permits for a subsurface wastewater treatment and disposal system based upon the following proposal and the enclosed Licensed Soil Scientist Evaluation, which is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11. (c).

Location

From Statesville, take I-40 to Old Mocksville Road. Turn left onto Old Mocksville Road, left onto Mt. Bethel Road, and left onto 4 Andrews Drive (Rock Gate Estates).

References

Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A, Section .1900, Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, April 1, 2017.

Accepted Wastewater System No. AWWS-2005-02-R6; North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, August 21, 2015.

Primary Investigator's Credentials

NC Registered Sanitarian No. 1208
NC Licensed Soil Scientist No. 1287
SC Certified Professional Soil Classifier No. 111
NC Subsurface Septic System Operator No. 22199
NC Grade IV Wastewater System Installer No. 1762
NC Certified Wastewater System Inspector No. 17621

Plans and Specifications

A. Septic Tank

1. The septic tank shall be State approved (Section .1953 of 15A NCAC 18A), watertight, structurally sound, and 1,000 gallons in capacity.
2. The septic tank shall be fitted with an approved effluent filter.
3. It is the responsibility of the septic contractor to thoroughly inspect the septic tank prior to accepting delivery to assure that the tanks have had time to properly cure and are free of cracks or other structural deficiencies.

B. Pipes and Fittings

1. All discharge piping, connectors and supply lines should be made of SCH 40 PVC.
2. All joints must be properly "welded" utilizing the appropriate PVC cement for each application.
3. The supply line will be approximately 20 feet long from the septic tank to the distribution box.

C. Distribution Method

1. The drainlines will be fed a distribution box.
2. Distribution box shall be water tested at the time of the final inspection.

D. Drainfield Installation

1. The drainfield has been previously laid out on-site utilizing metal stemmed flags. The property owner/builder should mark this area and isolate it as much as possible from construction traffic.
2. Under no circumstances shall any construction take place within the drainfield area while the soil is in a wet condition.
3. The specified system is an accepted wastewater system, specifically the Infiltrator Quick 4 chamber system or any other system with a state-approved 25% reduction in required drainline length.
4. The drainfield consists of four (4) lateral trenches to be constructed 3-foot wide by 100 feet long. Total drainline length is 400 feet.
5. The maximum trench depth for this system shall be **28 inches (high side)**.
6. The laterals are to be installed on contour with the land, keeping the individual trench bottoms level from beginning to end.
7. The trenches should be left open for the final inspection by the ICEH.

E. Final Landscaping

1. Final cover over the drainfield shall be at least 6 inches deep. Additional soil cover may be required to achieve the 6 inch requirement.
2. The drainfield shall be shaped to shed rainwater and be free from low spots.

3. The drainfield area should be planted with grass as soon as possible to prevent erosion. The soil should be properly tilled, limed (if necessary) and fertilized prior to planting. After applying grass seed, the area should be heavily mulched with straw or other suitable material.

F. Utility Conflicts

1. The builder and property owner must take special care in planning for water, power, gas, telephone, and cable lines. These utilities shall be kept clear of all parts of the septic system and its proposed repair area. Improper planning for underground utilities can negatively impact the installation and, in some cases, cause irreparable damage and permit revocation. If there are any questions regarding preferred routes, contact the ICEH as soon as possible.
2. Lawn irrigation should not be placed over the drainfield area.

Maintenance

G. In General

1. The homeowner must maintain the drainfield area through periodic mowing. The drainfield must not be allowed to become overgrown.
2. The septic tank should be pumped every 4 years or when the solids within the septic tank reach an elevation that is equivalent to 25 percent of the volume of the tank. In some situations, the tanks may need to be pumped more frequently. If using a garbage disposal, it is recommended that the homeowner has the septic and pump tanks cleaned out annually.
3. When it becomes necessary to clean the effluent filter, the filter should be removed, and the accumulated debris washed back into the septic tank – not onto the lawn.
4. Any damp areas, leakages, or malfunctions in the drainfield area should be addressed immediately.
5. Divert gutter downspouts and surface water runoff away from the septic and pump tanks.

Design Specifics

Daily Design Flow:	480 GPD – 4 bedroom house
Septic Tank Size:	1,000 Gallons (minimum)
Effluent Loading Rate:	0.3 GPD per sq. ft.
Drainfield Type:	Accepted 25% Reduction
Distribution Method:	Distribution Box

Number of Drainlines:	(4) 3' Wide x 100' Long
Total Trench Length:	400 Linear Feet
Maximum Trench Depth:	28 Inches (High Side)
Final Cover Requirement:	6 Inches

Repair Option

Effluent Loading Rate:	0.3 GPD per sq. ft.
Drainfield Type:	Accepted
Required Linear Footage:	400 Linear Feet
Available Linear Footage:	400 Linear Feet
Maximum Trench Depth:	28 Inches (High Side)
Installation Depth:	6 Inches

RECEIVED OCT 2 0 2021

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

AP- 317313

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $500.00

Application For: ( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: WJH LLC **Address:** 9325 Center Lake Drive Ste 160 Charlotte NC 28216 **Zip:**

Applicant Email: katie.dyess@centurycommunities.com **Phone:** 704-488-1100 **Alt. Phone:**

Owner Name: Phillip P Barker (WJH LLC is under contract to purchase this lot) **Address:** 2904 Harmony Hwy- Harmony NC 28634 **Zip:**

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

Property Information:

Street Address: 116 Anderson Acres Dr

Subdivision Name: Rock Gate **Section/Phase:** **Lot Number:** 24

Driving Directions: Turn right onto Kelly St, Turn right onto Feimster St, Take I-40 E and Old Mocksville Rd to Mt Bethel Rd, Turn left onto N Center St ,Turn right to merge onto I-40 E, Take exit 154 for Old Mocksville Rd, Turn left onto Old Mocksville Rd, Turn left onto Mt Bethel Rd. Drive and turn left into Rock Gate Development

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~~ 4 per Katie
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

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

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

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

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative (X) 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?
(X) 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: Katie Dyess for WJH LLC 10-18-21
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

(Check and sign only ONE of the options below)

☒ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) WJH LLC

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, 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.

_____ 10-19-21

Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

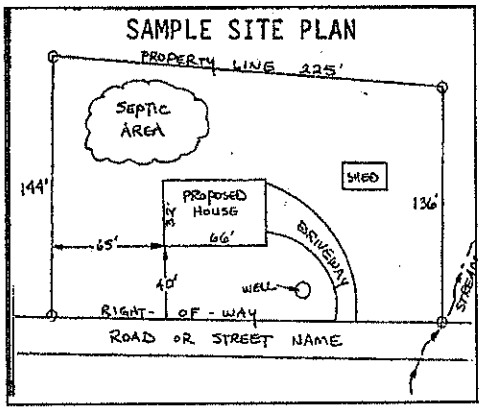
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (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 and well location
- (X) Area you prefer your septic system to be placed
- (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

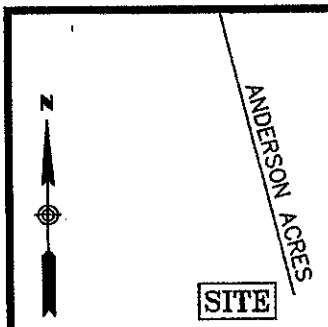
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 session Permit paperwork

Signature: Katie Dyess for WJH LLC — 10-18-21

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



VICINITY MAP
(N.T.S.)

CERTIFICATE OF SURVEY AND ACCURACY

I, CHRISTOPHER L COLE, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN (REFERENCES AS SHOWN); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN (REFERENCES AS SHOWN); THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:15,000; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600);

PRELIMINARY

NOT FOR SALES, RECORDATION OR CONVEYANCES

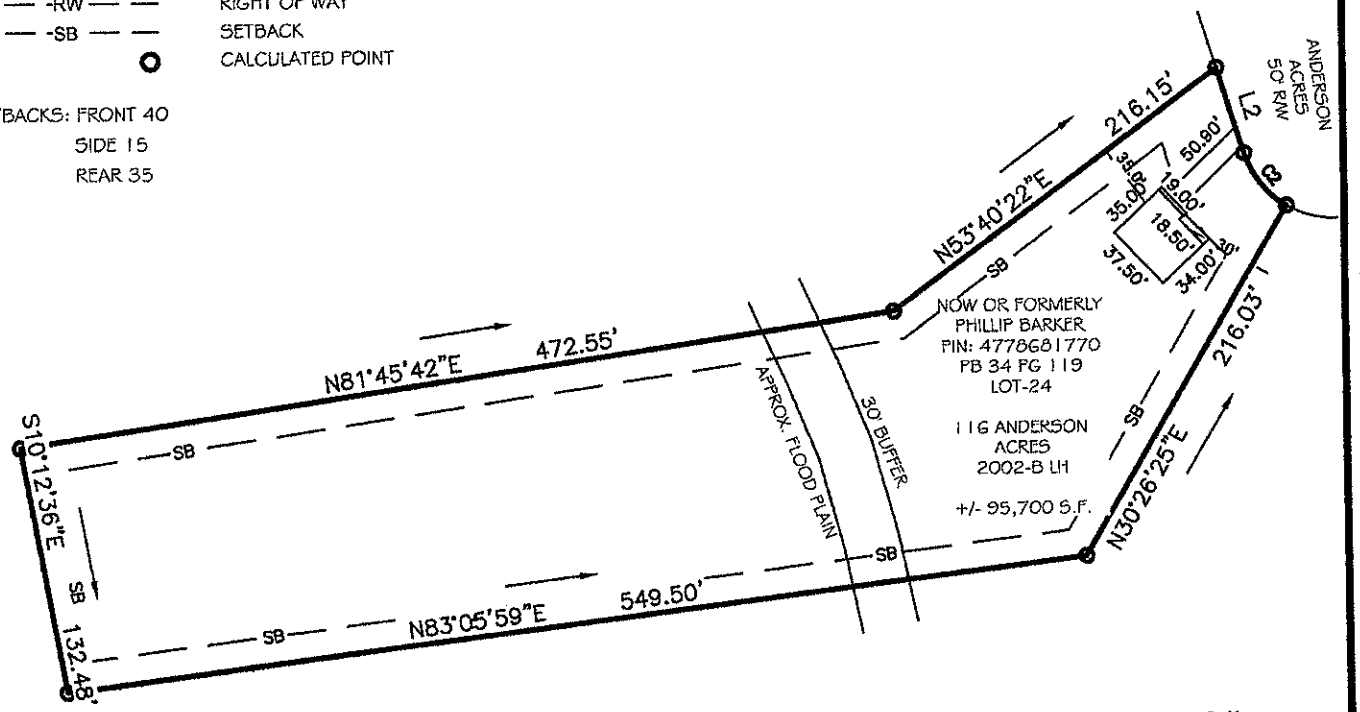
NORTH CAROLINA PROFESSIONAL SEAL L-5008 LAND SURVEYOR CHRISTOPHER L. COLE

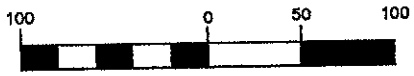
CHRISTOPHER L. COLE
REGISTRATION/LICENSE NO. NCPLS L-5008
NC FIRM LICENSE NO. C-4288

LEGEND

PL	PROPERTY LINE (NOT SURVEYED)
-RW-	RIGHT OF WAY
-SB-	SETBACK
O	CALCULATED POINT

SETBACKS: FRONT 40
SIDE 15
REAR 35





(IN FEET)
1 inch = 100 ft.



NOTES:

1) BASIS OF BEARINGS: PB 34 PG 119
2) BOUNDARY LINES DERIVED BY PLAT, NO FIELD WORK COMPLETED FOR THIS MAP.
3) ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES IN U.S. SURVEY FEET UNLESS OTHERWISE NOTED.
4)LINES NOT SURVEYED ARE SHOWN AS BROKEN LINES FROM
5) THIS SURVEY DOES NOT REPRESENT A COMPLETE BOUNDARY SURVEY AND IS INTENDED TO DEPICT THE NEW BUILDING LOCATION RELATIVE TO THE BOUNDARIES.

Ascension Land Surveying P.C.
Professional Land Surveying & Consulting
116 Williams Road, Mocksville, NC 27028
Phone: (704) 579-7197
Email: surveyor.chris007@gmail.com
NC FIRM LICENSE NO: C-4288
NC PLS NO: L-5008

4/14/2021

PIN:
4778681770
DRAWN BY: CC
CHECKED BY: JH
SCALE: 1"=100'
JOB: 21-02-24

PLOT PLAN
LOT-24
116 ANDERSON ACRES
ROCK GATE ESTATES
TURNERSBURG TWNSHP, IREDELL CO., NC

Acknowleagement Of
Plans Submittal ONLY!
BAS 11-1-2021
Date
Date 11-9-21

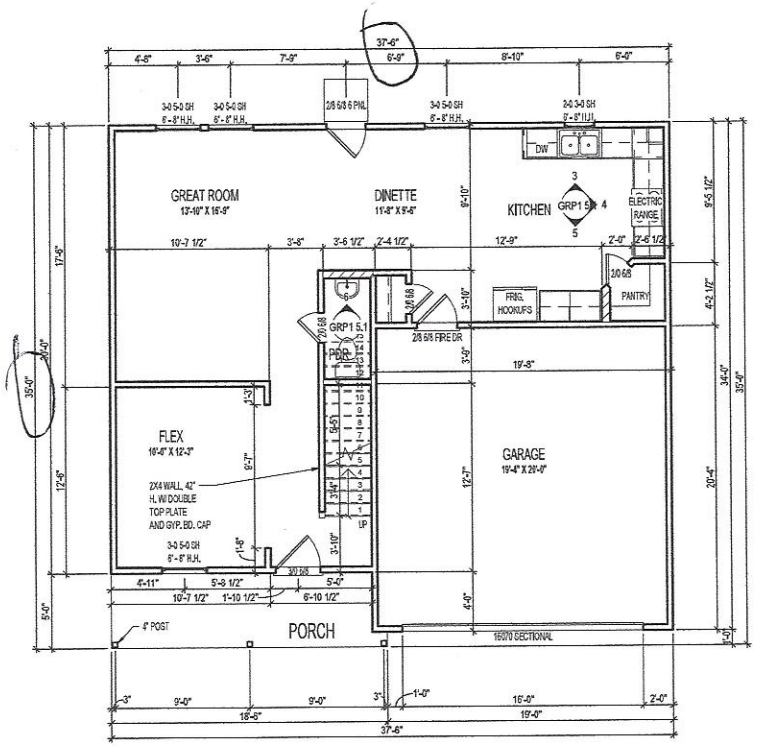
WALL LEGEND

FULL HEIGHT 2X4 WOOD STUD PARTITION	FULL HEIGHT 2X6 WOOD STUD PARTITION
STONE VENEER	DRYWALL OPENING HEIGHT AS NOTED ON PLAN, 6'-8" HDR HT.
BRICK VENEER	1 ROD & SHELF
STUD WALL BELOW HEIGHT AND STUD SIZE AS NOTED	NOTE: EXTERIOR WALLS FRAMED AT 16" O.C. INTERIOR NON-BEARING WALLS FRAMED AT 24" O.C. REF TO STRUCTURAL SHEETS FOR BEARING WALL SPECIFICATIONS AND PLATE INFORMATION

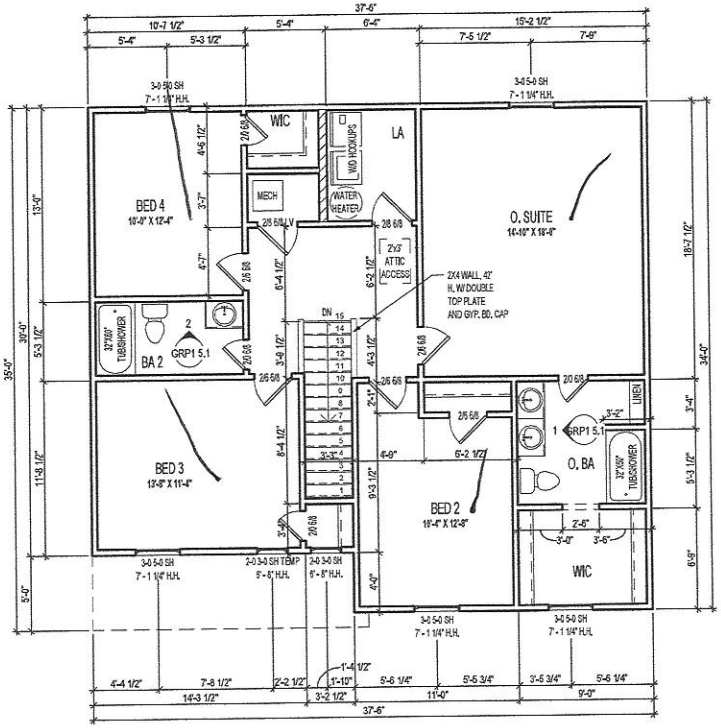
TABLE R302.6 Dwelling/Garage Separation

Separation	Material
From the residence and attics	Not less than ½-inch gypsum board or equivalent applied to the garage side
From all habitable rooms above the garage	Not less than 5/8-inch Type X gypsum board or equivalent
Structure(s) supporting floor-ceiling assemblies used for separation required by this section	Not less than ½-inch gypsum board or equivalent

24 116 Anderson Acres Dr2002B RH



1 FIRST FLOOR PLAN ELEV 'B'
1/4" = 1'-0" AT 22" X 34" LAYOUT
1/8" = 1'-0" AT 11" X 17" LAYOUT



2 SECOND FLOOR PLAN ELEV 'B'
1/4" = 1'-0" AT 22" X 34" LAYOUT
1/8" = 1'-0" AT 11" X 17" LAYOUT

CENTURY Complete
MORE HOME • LESS MONEY
3091 GOVERNORS LAKE DR.
SUITE 300
NORCROSS, GA 30071
PHONE: 336-282-3606

W/H, LLC © 2021

GRP1 - 'B'

FLOOR PLANS

LOT #:
JOB #:
COMMUNITY:
ADDRESS:

PLAN # / ORIENTATION:
3822009 / RH

SERIES NAME:
DIAMOND

PLAN NAME:

LAST REVISION
2.03

SHEET #
GRP1 1.2

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

APPLICATION NUMBER
317313 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4778681770.000	116 ANDERSON ACRES DR	Iredell County

Owner Information	Applicant Information
Name: BARKER PHILLIP P	Name: WJH, LLC
Address:	Address: 9325 CENTER LAKE DR CHARLOTTE, NC 28216
Phone:	Phone: (704)488-1100

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.197	35	35	15	15	N/A	YES

Remarks

SFD

Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure.
per rh will need to be 30ft buffer from floodline

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.

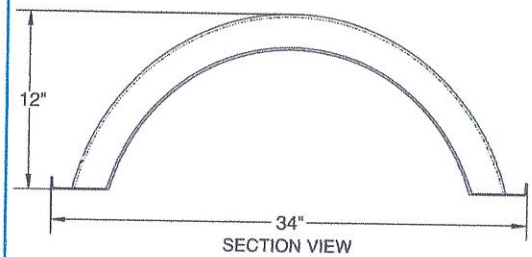
Date: 04/29/2021

Signature of Owner/Contractor

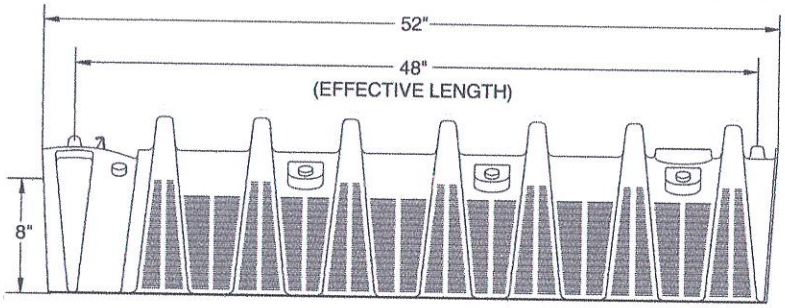
Permit Number	317313	TOTAL FEES:	$77.25

Quick4™
STANDARD CHAMBER

Quick4 Standard Chamber

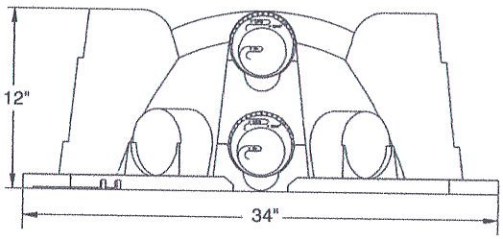


SECTION VIEW

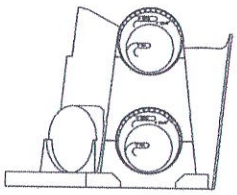


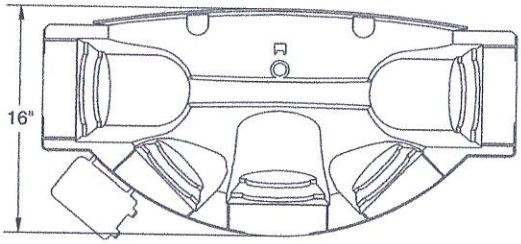
SIDE VIEW

MultiPort End Cap



FRONT VIEW


SIDE VIEW



TOP VIEW

Quick4 Standard Chamber Nominal Specifications

Size (W x L x H)	34" x 52" x 12"
Effective Length	48"
Invert Height	8"

MultiPort End Cap Nominal Specifications

Size (W x L x H)	34" x 16" x 12"
Invert Height	8" or 1.25"

INFILTRATOR SYSTEMS, INC. STANDARD LIMITED WARRANTY

(a) The structural integrity of each chamber, end plate, wedge and other accessory manufactured by Infiltrator ("Units"), when installed and operated in a leachfield of an onsite septic system in accordance with Infiltrator's instructions, is warranted to the original purchaser ("Holder") against defective materials and workmanship for one year from the date that the septic permit is issued for the septic system containing the Units; provided, however, that if a septic permit is not required by applicable law, the warranty period will begin upon the date that installation of the septic system commences. To exercise its warranty rights, Holder must notify Infiltrator in writing at its Corporate Headquarters in Old Saybrook, Connecticut within fifteen (15) days of the alleged defect. Infiltrator will supply replacement Units for Units determined by Infiltrator to be covered by this Limited Warranty. Infiltrator's liability specifically excludes the cost of removal and/or installation of the Units.

(b) THE LIMITED WARRANTY AND REMEDIES IN SUBPARAGRAPH (a) ARE EXCLUSIVE. THERE ARE NO OTHER WARRANTIES WITH RESPECT TO THE UNITS, INCLUDING NO IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

(c) This Limited Warranty shall be void if any part of the chamber system is manufactured by anyone other than Infiltrator. The Limited Warranty does not extend to incidental, consequential, special or indirect damages. Infiltrator shall not be liable for penalties or liquidated damages, including loss of production and profits, labor and materials, overhead costs, or other losses or expenses incurred by the Holder or any third party. Specifically excluded from Limited Warranty coverage are damage to the Units due to ordinary wear and tear, alteration, accident, misuse, abuse or neglect of the Units; the Units being subjected to vehicle traffic or other conditions which are not permitted by the installation instructions; failure to maintain the minimum ground covers set forth in the installation instructions; the placement of improper materials into the system containing the Units; failure of the Units or the septic system due to improper siting or improper sizing, excessive water usage, improper grease disposal, or improper operation; or any other event not caused by Infiltrator. This Limited Warranty shall be void if the Holder fails to comply with all of the terms set forth in this Limited Warranty.

Further, in no event shall Infiltrator be responsible for any loss or damage to the Holder, the Units, or any third party resulting from installation or shipment, or from any product liability claims of Holder or any third party. For this Limited Warranty to apply, the Units must be installed in accordance with all site conditions required by state and local codes; all other applicable laws; and Infiltrator's installation instructions.

(d) No representative of Infiltrator has the authority to change or extend this Limited Warranty. No warranty applies to any party other than the original Holder.

* * * * * * *

The above represents the Standard Limited Warranty offered by Infiltrator. A limited number of states and counties have different warranty requirements. Any purchaser of Units should contact Infiltrator's Corporate Headquarters in Old Saybrook, Connecticut, prior to such purchase, to obtain a copy of the applicable warranty, and should carefully read that warranty prior to the purchase of Units.

INFILTRATOR® SYSTEMS INC
Environmental Onsite Wastewater Solutions℠

6 Business Park Road • P.O. Box 768
Old Saybrook, CT 06475
860-577-7000 • FAX 860-577-7001

800-221-4436

U.S. Patents: 4,759,661; 5,017,041; 5,156,488; 5,336,017; 5,401,116; 5,401,459; 5,511,903; 5,716,163; 5,588,778; 5,839,844
Canadian Patents: 1,329,959; 2,004,564 Other patents pending.

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