ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

PERMIT : AP 317307

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

PIN # 4778-68-9648

APPLICANT/OWNER: WJH LLC

APPLICANT ADDRESS: 9325 Center Lake Drive Ste 100 Charlotte NC 28216.

SITE ADDRESS: 124 Zach Drive Harmony NC

PHONE: 704 488-1100

ALT. PHONE —

SITE DIRECTIONS: Exit 154 to old Mocksville Rd @ to Mt. Bethel @ into Rock Gate

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Rock Gate

SECTION: - LOT # 14 LOT AREA: .937AC

DESIGN FLOW: 480 L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	1160	Date	9/13/22	☒ 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	6	Linear Ft	438	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36in	Trench Bottom Depth(Low side)	24in	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.

LSS # 1219 Dated Dec 30, 2021

AS BUILT SKETCH

Installed as Drawn

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.

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: 1/12/22

Installed by: Maiden Grading

IMPROVEMENT PERMIT by: Benjamin A Botts Date: 11/1/2022

OPERATION PERMIT by: Cary Whit Date: 11/10/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botts Date: 1/6/2022

Existing System Inspected by: Date:

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

DocuSign Envelope ID: B4E15E00-408B-4FDC-B5C9-D2F35D044D9D

To: Iredell County Environmental Health

From: WJH LLC

Regarding: Rock Gate Estates – Session Law 2018-114 Permit Packages

The NC LSS evaluation attached to these applications is to be used to produce a design and construction features for permitting in accordance with Session Law 2018-114 Section 11. (c).

DocuSigned by:

3A6EC48879C5476...

Project Manager

12-1-21

Date

Residential Subsurface Wastewater Treatment and Disposal System Proposal

for

Lot 14 – Rock Gate
124 Zach Drive, Harmony
Iredell County, NC

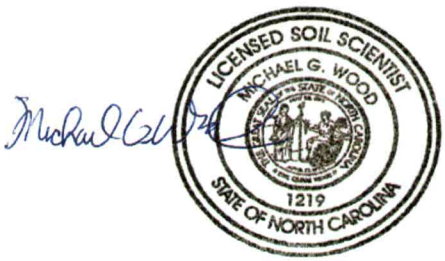
Tax Parcel # 4778689648
December 30, 2021

Prepared for:

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

Prepared by:

Michael G. Wood, LSS
Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107-0541
Phone: 704-301-4881
larry@thompsonenv.com



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).

Details

Century Complete has contracted with Thompson Environmental Consulting, Inc. (TEC) to prepare Session Law 2018-114 Section 11 (c) septic proposal for the 4-bedroom single family residence on Lot 14 – Rock Gate Estates located at 124 Zach Drive, Iredell County, North Carolina.

Based upon a soils investigation performed by TEC, it has been determined that a sufficient amount of "Suitable" Group IV soils is available for the installation of a **Gravity Accepted System** with a 25% reduction for the initial and repair systems at a 0.275 GPD/ft. sq. long term acceptance rate (LTAR). The property is served by a municipal water supply.

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

Location

From Statesville, take I-40 East to Exit 154. Left on Old Mocksville Road for 8.1 miles, then left onto Mt. Bethel Road for 0.8 mile. Left onto Four Andrews Drive, second left on Jo Creek Lane, first left onto Zach Drive. Lot 14 is in back right of cul-de-sac.

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, December 6, 2018.

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 Licensed Soil Scientist No. 1219
SC Professional Soil Classifier No. 114

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 will be fitted with an approved effluent filter and riser for easy access and periodic maintenance.
3. It is the responsibility of the septic contractor to thoroughly inspect the septic tank prior to accepting delivery to assure that the tank has had time to properly cure and is 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 from the septic tank to the distribution box (D-Box) shall be 3-inch Schedule 40 PVC (approximate length of supply line is 8 feet).

C. Distribution Method – Distribution Box (D-Box)

1. The drainlines will be fed via a D-Box. The D-Box shall be water tested and level at the time of the final inspection.
2. The D-Box will have six taps.

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 the shallow placed innovative wastewater system Infiltrator Quick4 Chamber System or any other system with a state-approved 25% reduction in required drainline length.
4. The drainfield consists of six trenches; four (4) lateral trenches 3-foot wide and 72 feet long and two (2) 3-foot wide and 75 feet long. Total drainline length is 438 feet.
5. The trench depth for this system shall be **24-inches maximum on the low-side trench**.
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 County.

Initial and Repair System - Rock Gate Lot 14

Field Line #	Color	Initial/Repair	Field Length	System Length	Setup #1	Relative Elevation
1	Orange	Initial/Repair	108	72 / 36	3.16	100.0
2	Yellow	Initial/Repair	120	72 / 48	4.82	98.3
3	Blue	Initial/Repair	185	75 / 105	6.96	96.2
4	Green	Initial/Repair	172	75 / 82	8.95	94.2
5	White	Initial/Repair	160	72 / 88	11.03	92.1
6	Red	Initial/Repair	150	72 / 78	13.05	90.1

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 entire area of the drainfield 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/Drive Conflicts

1. The builder and property owner must take special care in planning for utilities (water, power, gas, telephone, cable lines, etc.). All utilities shall be kept clear 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 County as soon as possible.
2. Water lines must be kept at least ten (10) feet from any portion of the septic system.
3. Irrigation systems should not be placed in the drain field area.

Maintenance

G. In General

The designed system does not require ongoing maintenance via a person certified (Certified Subsurface System Operator) by the North Carolina Department of Environment and Natural Resources to operate subsurface wastewater systems (Section .1961 Maintenance of Sewage Systems). However, the following maintenance should be considered by the owner.

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% of the volume of the tank. In some situations, the tanks may need to be pumped more frequently. If you are using a garbage disposal, it is recommended that the septic and pump tanks be cleaned out annually.

3. When it becomes necessary to clean the effluent filters, the filters should be removed, and the accumulated debris washed back into the septic or pump tank – not onto the lawn.
4. Any damp areas, leakages or malfunctions in the drainfield should be addressed immediately.
5. Divert gutter downspouts and surface water runoff away from the drainfield and septic and pump tanks.

Initial System Design Specifics

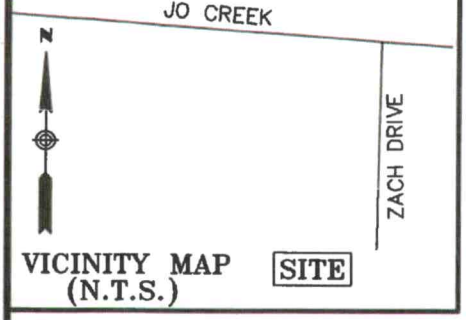
Daily Design Flow:	480 GPD – 4 bedroom house
Effluent Loading Rate:	0.275 GPD per sq. ft.
Drainfield Type:	Accepted (25 % Reduction)
Maximum Trench Depth:	24 Inches on low-side
Supply Size:	3 Inch
Supply Line Length:	Approximately 8 feet
Number of Drainlines:	6
**Drain Lines:	(6) 3' Wide x 72' Long
**Drainline Spacing:	9 Foot on Centers
Total Trench Length:	438 Linear Feet
Distribution Method:	D-box
Final Cover Requirement:	6 Inches

** See drainfield layout for site locations and more details.

Repair System Design Specifics

Effluent Loading Rate:	0.275 GPD per sq. ft.
Drainfield Type:	Accepted (25 % Reduction)
Installation Trench Depth:	19 Inches on low-side
Number of Drainlines:	6
**Drain Lines:	3' Wide x 36, 48, 98, 75, 88 and 78' Long
**Drainline Spacing:	9 Foot on Centers
Total Trench Length:	437 Linear Feet

** See drainfield layout for site locations and more details.



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);

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

PRELIMINARY

NOT FOR SALES, RECORDATION OR CONVEYANCES

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

LEGEND

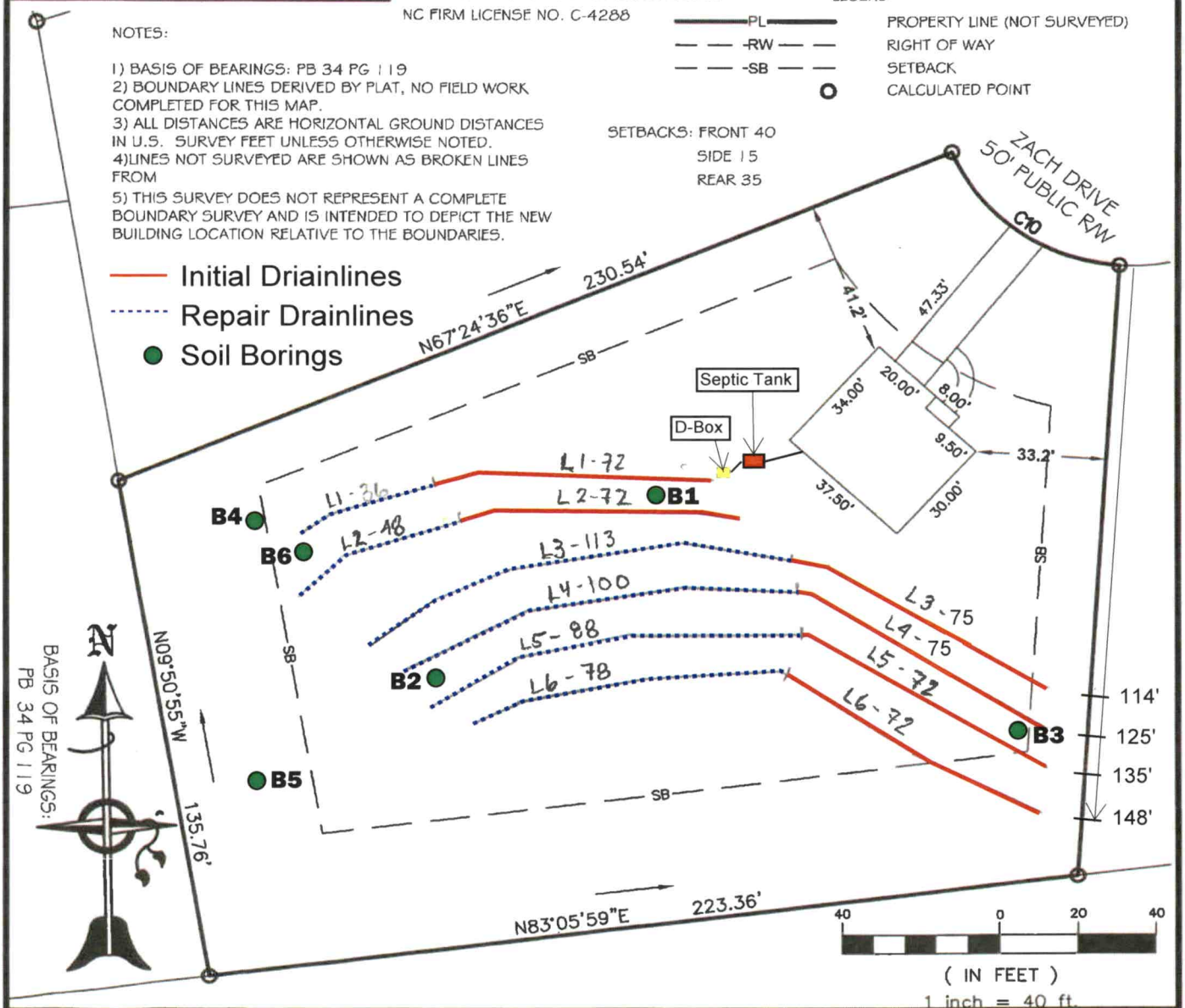
PL — PROPERTY LINE (NOT SURVEYED)
RW — RIGHT OF WAY
SB — SETBACK
O — CALCULATED POINT

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.

SETBACKS: FRONT 40
SIDE 15
REAR 35

Initial Driainlines
Repair Drainlines
Soil Borings



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: 4778689648
DRAWN BY: CC
CHECKED BY: JH
SCALE: 1"=40'
JOB: 21-02-24

PLOT PLAN
LOT-14
124 ZACH DRIVE
ROCK GATE ESTATES
TURNERSBURG TWNSHP, IREDELL CO., NC

Thompson Environmental Consulting
Post Office Box 541
Midland, NC 28107

LOT 14

Sheet 1 of 1
PROPERTY ID #: 4778-68-9648
COUNTY: IREDELL

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

OWNER: DAVIDSON LAND DEVELOPMENT CO. APPLICATION DATE
ADDRESS: 896 SHIPTON ROAD, LEXINGTON, NC 27292 DATE EVALUATED: 11-18-21
PROPOSED FACILITY: RES PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: 0.937 AC
LOCATION OF SITE: 124 ZACH DRIVE, STATESVILLE, NC PROPERTY RECORDED:
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS-CC / 15	0-27	SBK/C/FR	SS, SP, SE	–	>42	–	–	PS 0.275
		27-40	SBK/CL/FR	SS, SP, SE					
		40-42+	SBK/L/FR	SS, SP, SE					
2	LS-CC / 15	0-17	SBK/CL/FR	SS, SP, SE	–	>41"	–	–	PS 0.275
		17-29	SBK/C/FI	SS, SP, SE					
		29-41+	SBK/CL/FR	SS, SP, SE					
3	LS / 16	0-4	SBK/CL/FR	SS, SP, SE	–	>42"	–	–	PS 0.275
		4-27	SBK/C/FI	SS, SP, SE					
		27-42+	SBK/CL/FR	SS, SP, SE					
4	LS / 17	0-19	SBK/SIC/FI	SS, SP, SE	–	28	–	–	PS 0.30
		19-28	SBK/CL/FR	SS, SP, SE					
		28-40+	M/SL/FR	NE					
23									

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PROV. SUIT
EVALUATED BY: M. WOOD
OTHER(S) PRESENT: E. MORGAN

LICENSED SOIL SCIENTIST MICHAEL G. WOOD 1219 STATE OF NORTH CAROLINA

Updated February 2014

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

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

LOT 14

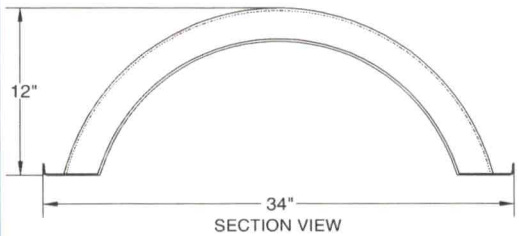
4778-68-9648
PROPERTY ID #:
DATE OF EVALUATION: 11-18-21
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5 (22)	LS / 15	0-5	SBK / CL / FR	SS, SP, SE	—	5	—	5 Cr	U
		5+	Cr						
6	LS / 15	0-17	SBK / CL / FR	SS, SP, SE	—	35	35	—	PS 0.275
		17-30	SBK / C / FI	SS, SP, SE					
		30-35	SBK / CL / FM	SS, SP, SE					
		35+	M / L / UHQ	NS, NP, NE					

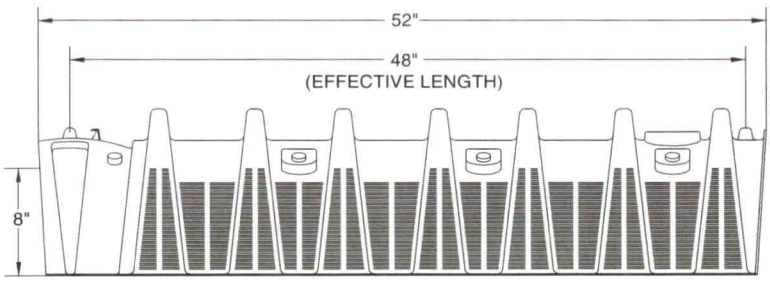
COMMENTS:

Quick4™
STANDARD CHAMBER

Quick4 Standard Chamber

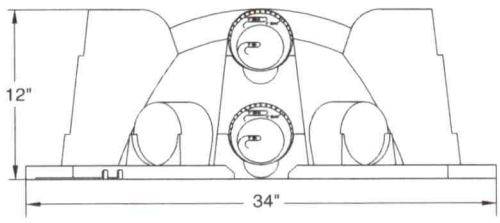


SECTION VIEW

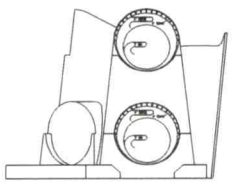


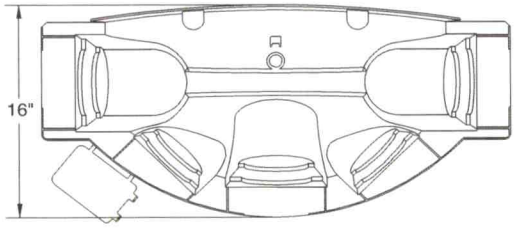
SIDE VIEW

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.

Infiltrator, Equalizer and SideWinder are registered trademarks of Infiltrator Systems Inc. Infiltrator is a registered trademark in France. Infiltrator Systems Inc. is a registered trademark in Mexico. Contour, Contour Swivel Connection, MicroLeaching, PolyTuff, SnapLock, ChamberSpacer, PosiLock, QuickCut, QuickPlay and Quick4 are trademarks of Infiltrator Systems Inc. © 2003 Infiltrator Systems Inc. Printed in U.S.A.

RECYCLED PAPER

RECEIVED DEC 2 - 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED Session Law - Paid $

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP- 317307

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: WJH LLC **Address:** **Zip:**
Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 124 Zach Dr
Subdivision Name: Rock Gate **Section/Phase:** **Lot Number:** 14
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***

CHECK FOUNDATION TYPE

(X) New Single Family Residence **Maximum Number of Bedrooms:** 4 (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:**

( ) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: See Session Package

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.

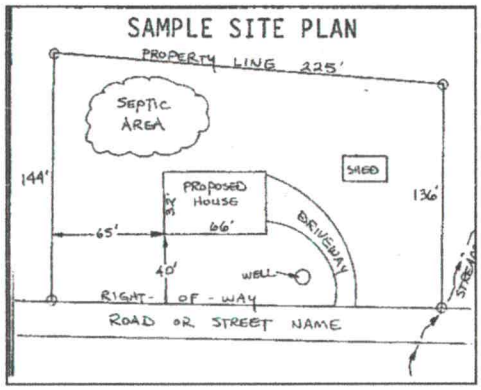
Signature: Katie Dyess for WJH LLC 12-1-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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**

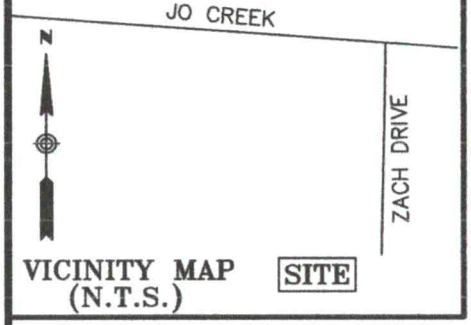
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 — 12-1-21

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



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);

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

PRELIMINARY

NOT FOR SALES, RECORDATION OR CONVEYANCES

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

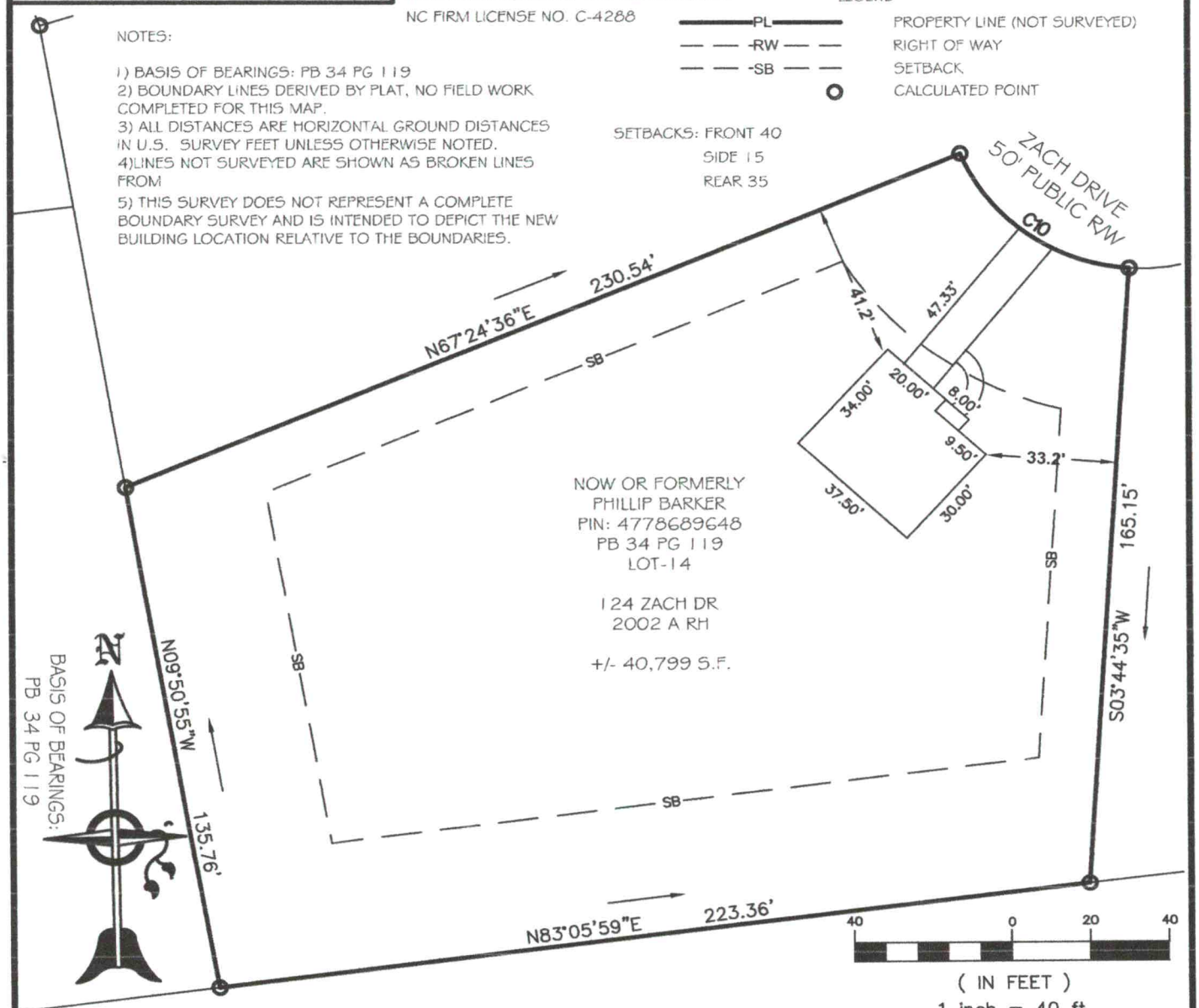
LEGEND

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

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.

SETBACKS: FRONT 40
SIDE 15
REAR 35



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:
4778689648
DRAWN BY: CC
CHECKED BY: JH
SCALE: 1"=40'
JOB: 21-02-24

PLOT PLAN
LOT-14
124 ZACH DRIVE
ROCK GATE ESTATES
TURNERSBURG TWNSHP, IREDELL CO., NC

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.

WJH LLC _____ 12-1-21

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 · NC

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

APPLICATION NUMBER
317307 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4778689648.000	124 ZACH 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
0.937	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: 04/29/2021

Signature of Owner/Contractor

Permit Number	317307	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
No

These are septic lots

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories? 2

If an addition, please describe project: New single family

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? (Yes) No If yes, please list who provides it: Iredell Water Company

Does the property have community sewer? Yes (No) If yes, please list who provides it: Septic

Owner Information

Property Owner's Name WJH LLC Phone # 704-488-1100

Owner's Current Address 9325 Center Lake Drive Ste 160 Charlotte NC 28216

Property Information

Property Address 124 Zach Drive Parcel # 4778689648

Subdivision: Rock Gate Lot: 14 Zoning: X Watershed: Y or (N) Flood Plain: Y or (N) Township:____

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company WJH LLC Applicant's Phone # 704-488-1100

Applicant's Address 9325 Center Lake Drive Ste 160 Charlotte NC 28216

If Company, Representative's Name and Title Katie Dyess- WJH LLC

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Katie Dyess DATE 12-1-21

14

Acknowledgement Of
Plans Submittal ONLY!

Date 1/10/22

Date 1/12/22

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

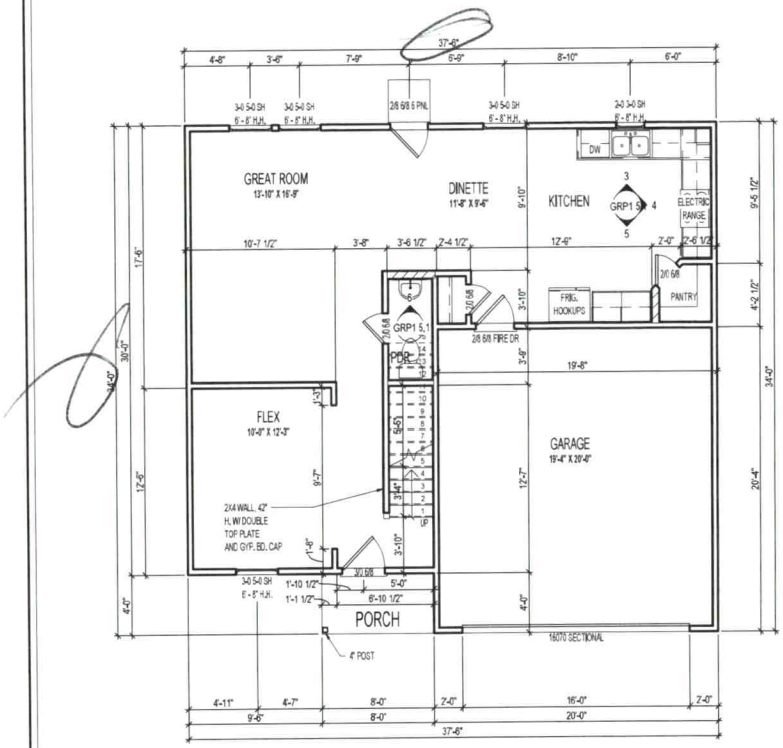
1 ROD & SHELF

STUD WALL BELOW
HEIGHT AND STUD SIZE AS NOTED

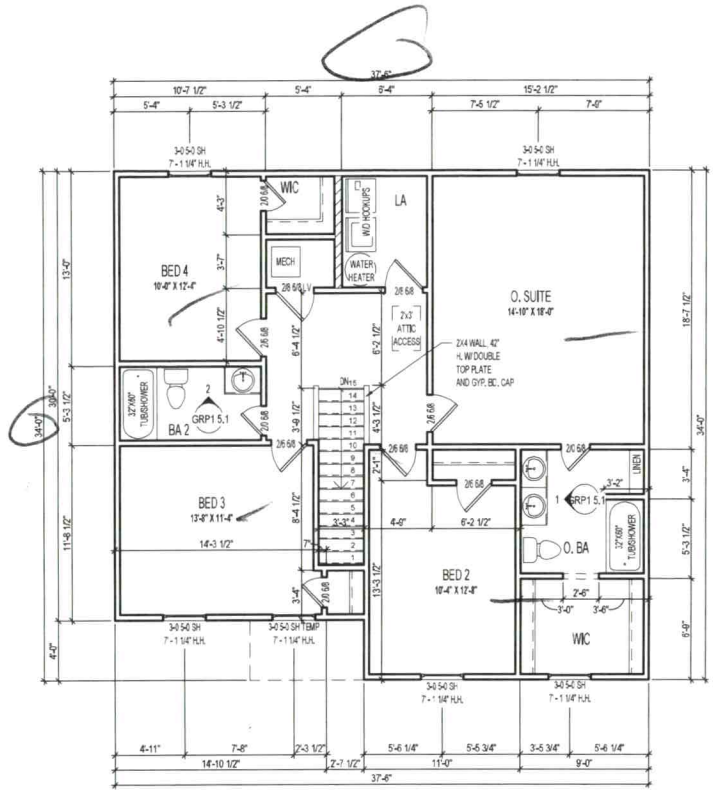
NOTE: EXTERIOR WALLS FRAMED AT 16" O.C. INTERIOR NON-BEARING WALLS FRAMED AT 24" O.C. REF TO STRUCTURAL SHEETS FOR BEARING WALL SPECIFICATIONS AND PLATE INFORMATION

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

Rock Gate Lot 14- Crawl 124 Zach Dr 2002A RH



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



2 SECOND FLOOR PLAN ELEV 'A'
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

WJH, LLC © 2021

GRP1 - 'A'

FLOOR PLANS

LOT #:

JOB #: COMMUNITY: ADDRESS:

PLAN # / ORIENTATION:
3822009 / RH

SERIES NAME:
DIAMOND

PLAN NAME:

LAST REVISION
2.03

SHEET #
GRP1 1.1