BLDR-2024-571630

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # OSWP 2024-54945

PIN # 3793 – 09 – 3827

APPLICANT/OWNER: Joe Payne | APPLICANT ADDRESS: 198 Old Lion Rd, Statesville, NC

SITE ADDRESS: 185 Falling Creek Dr, Statesville, NC 28625 | PHONE: 828-312-4662 | ALT. PHONE: 980-223-2352

SITE DIRECTIONS: W I40 -> N Sharon School Rd exit -> R Falling Creek -> lot at end | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Sharon Trace | SECTION: 2 | LOT # 27 | LOT AREA: 1.299 | DESIGN FLOW: 360 gpd | L.T.A.R.(Initial): 0.225 | L.T.A.R (Repair): 0.225

Septic Tank 1000 (gal) STB 1012 Date 8/3/24
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 400
Trench Width 36 *Max. Trench Depth(Initial) 20 *Max. Trench Depth(Repair) 18 Gravel Depth n/a
* Measured on the downhill side of the trench
Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction - IIb
Repair System Description: 25% Reduction - IIb
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE
Usable Depth to LC (Initial): 52

☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing
Usable Depth to LC (Repair): 46 *Limiting Condition*

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Do not pave, grade, drive, park, or bury utilties in drainfield.

INITIAL SITE SKETCH

Improvement permit issued pursuant to: G.S. 130A-335(a2), (a3) & (a4) using signed & sealed LLS/LG Evaluation attached, from:

Ashley Rollans

LSS# 1231

Construction authorization issued pursuant to: G.S. 130A-335(a2) & (a5)

AOWE# 10027E

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.

See attached as built sketch

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Online Signature Date:

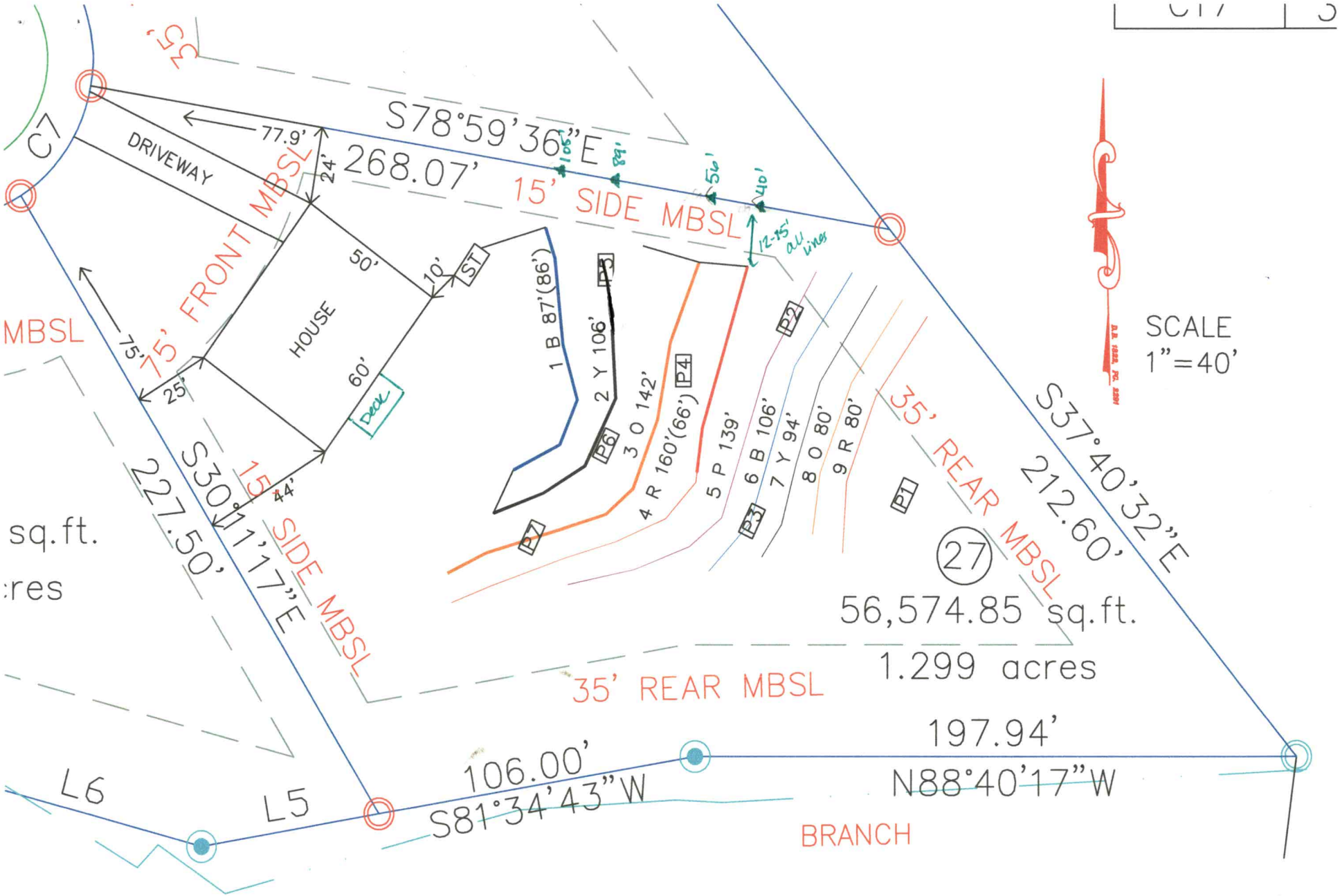
IMPROVEMENT PERMIT by: D. Wieberg Date: 07/08/2024

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 07/08/2024

Installed by: Steve Jordan

OPERATION PERMIT by: D. Wieberg Date: 10/21/24

Existing System Inspected by: Date:



As Built Sketch

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # OSWP 2024-54945

PIN # 3793 -- 09 -- 3827

APPLICANT/OWNER: Joe Payne

APPLICANT ADDRESS: 198 Old Lion Rd, Statesville, NC

SITE ADDRESS: 185 Falling Creek Dr, Statesville, NC 28625

PHONE: 828-312-4662

ALT. PHONE: 980-223-2352

SITE DIRECTIONS: W I40 -> N Sharon School Rd exit -> R Falling Creek -> lot at end

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Sharon Trace

SECTION: 2

LOT # 27

LOT AREA: 1.299

DESIGN FLOW: 360 gpd

L.T.A.R.(Initial): 0.225

L.T.A.R (Repair): 0.225

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 400

Trench Width 36 *Max. Trench Depth(Initial) 20 *Max. Trench Depth(Repair) 18 Gravel Depth n/a

* Measured on the downhill side of the trench

Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction - IIb

Repair System Description: 25% Reduction - IIb

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

Usable Depth to LC (Initial): 52

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Usable Depth to LC (Repair): 46 *Limiting Condition*

Water Supply

☐ Private

☑ Public

☐ Community

Comments / Conditions: Do not pave, grade, drive, park, or bury utilties in drainfield.

INITIAL SITE SKETCH

Improvement permit issued pursuant to: G.S. 130A-335(a2), (a3) & (a4) using signed & sealed LLS/LG Evaluation attached, from:

Ashley Rollans

LSS# 1231

Construction authorization issued pursuant to: G.S. 130A-335(a2) & (a5)

AOWE# 10027E

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.

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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.*

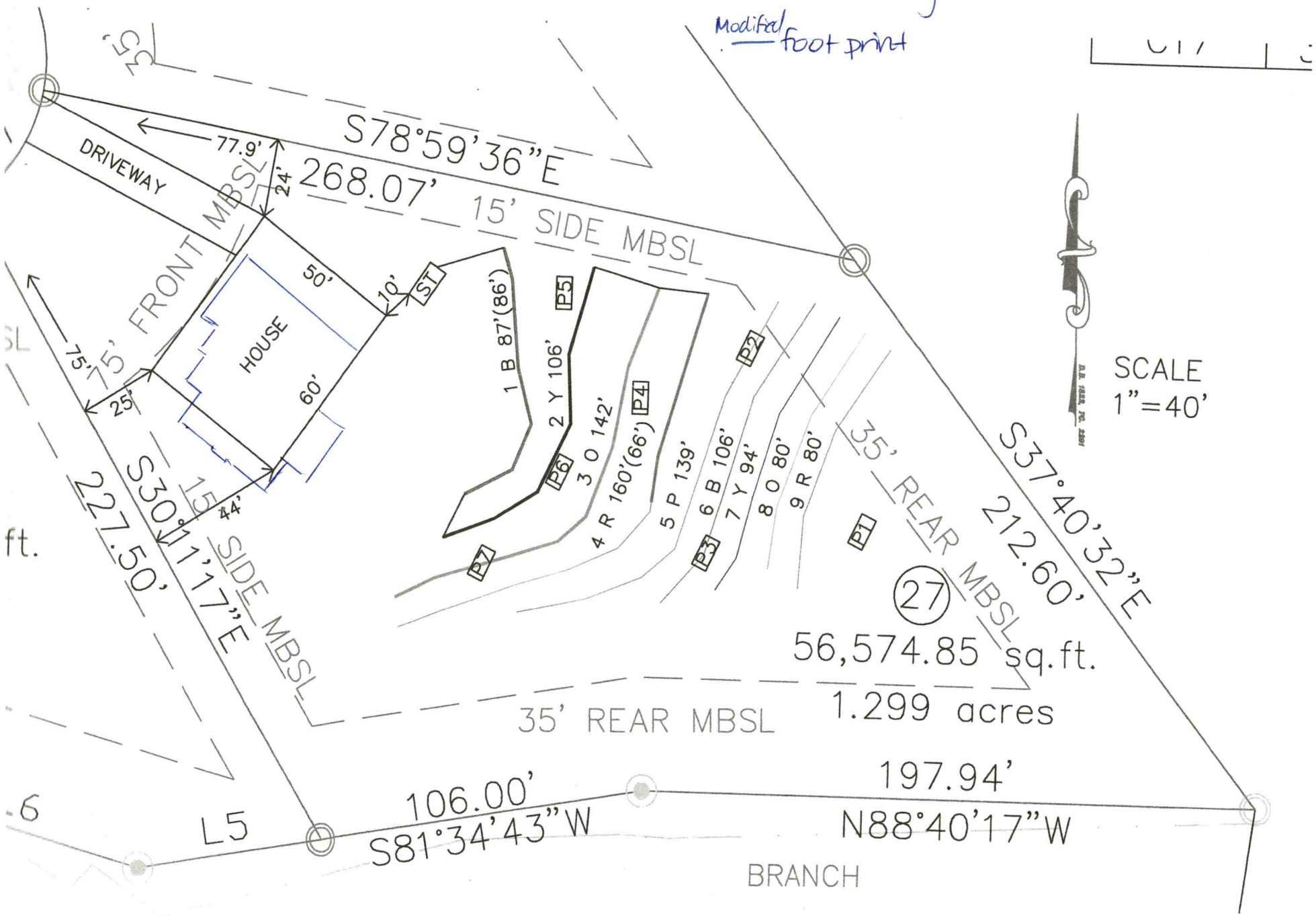
Owner / Applicant Signature: Online Signature Date: Installed by:

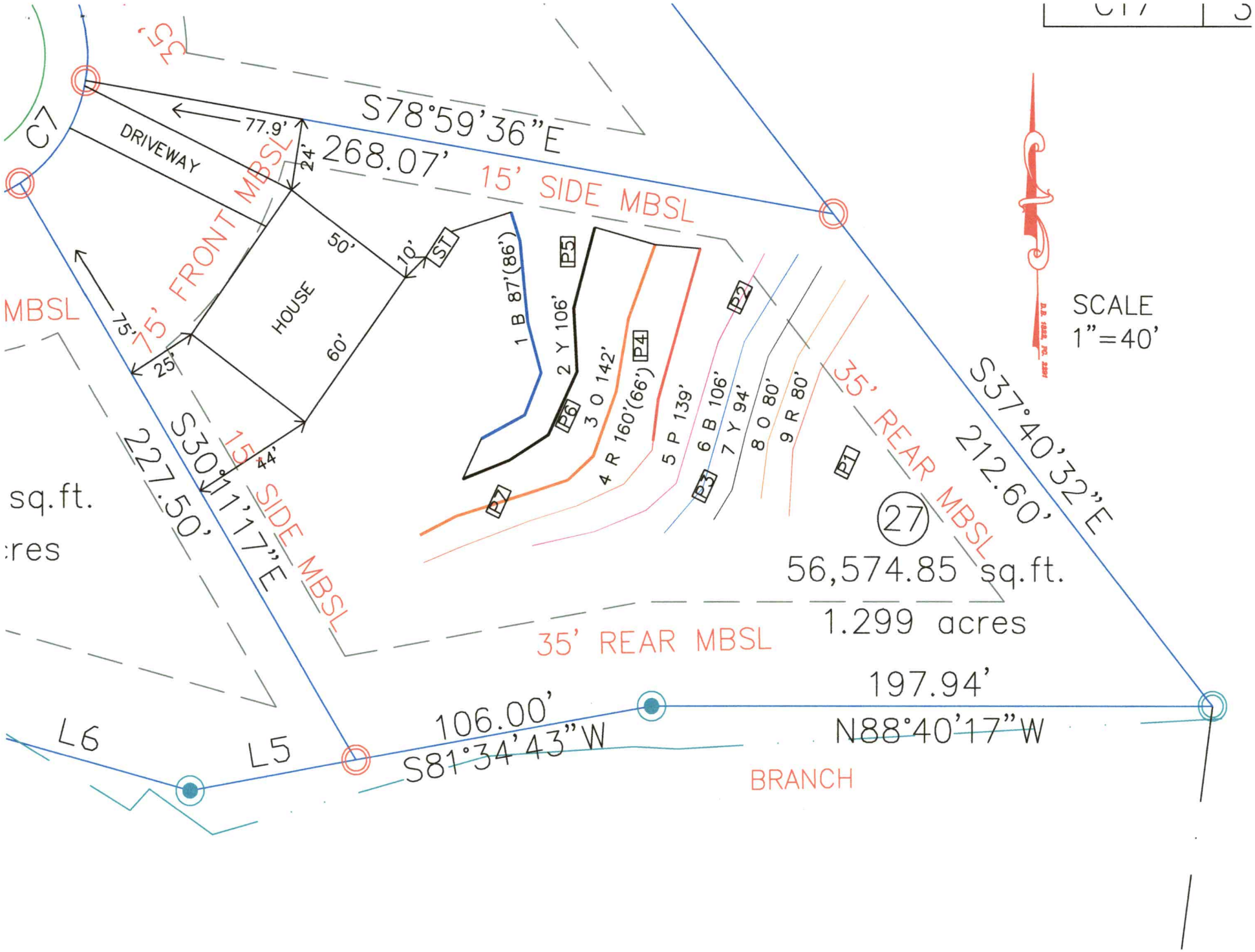
IMPROVEMENT PERMIT by: D. Wieberg Date: 07/08/2024 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 07/08/2024 Existing System Inspected by: Date:

185 Falling Creek

Modified foot print



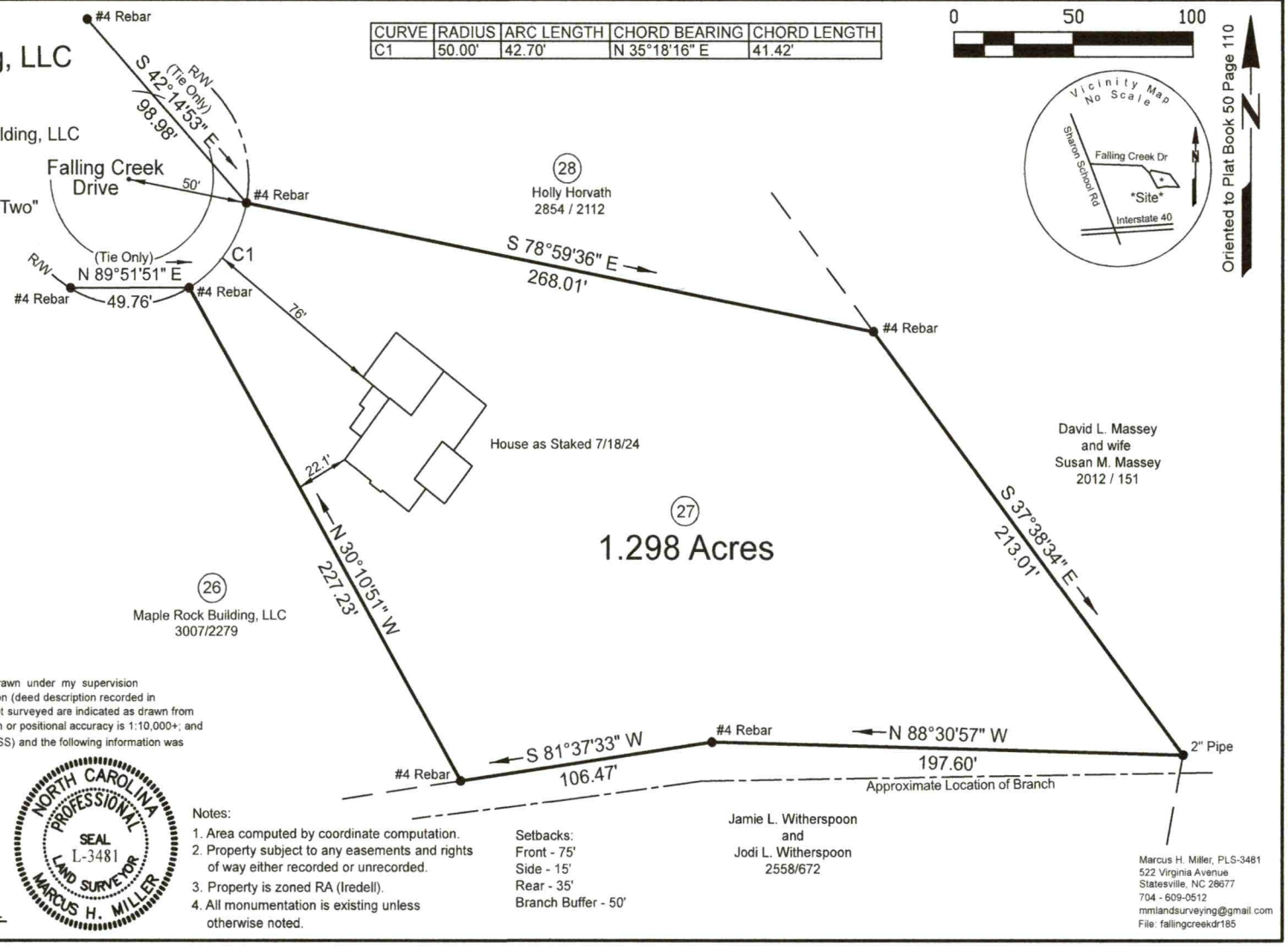

C7
C5
DRIVEWAY
77.9'
24'
S78°59'36"E
268.07'
15' SIDE MBSL
15' FRONT MBSL
MBSL
50'
10'
ST
HOUSE
60'
75'
75'
25'
44'
S30°11'17"E
227.50'
15' SIDE MBSL
1 B 87'(86')
2 Y 106'
3 O 142'
4 R 160'(66')
5 P 139'
6 B 106'
7 Y 94'
8 O 80'
9 R 80'
P1
P2
P3
P4
P5
P6
P7
35' REAR MBSL
S37°40'32"E
212.60'
SCALE
1"=40'
27
56,574.85 sq.ft.
1.299 acres
sq.ft.
:res
35' REAR MBSL
197.94'
N88°40'17"W
106.00'
S81°34'43"W
L6
L5
BRANCH

Site Plan For:

Maple Rock Building, LLC

Shiloh Township
Iredell County, NC
Current Owner: Maple Rock Building, LLC
and wife Kimberly M. Cook
Deed Book 3007 Page 2279
Lot 27 of "Sharon Trace Phase Two"
Plat Book 50 Page 110
PIN: 3793093827
Survey: 7/9/24
Map: 7/24/24
Scale: 1" = 50'

CURVE	RADIUS	ARC LENGTH	CHORD BEARING	CHORD LENGTH
C1	50.00'	42.70'	N 35°18'16" E	41.42'



"I, Marcus H. Miller, certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book: 3007, page: 2279); that the boundaries not surveyed are indicated as drawn from other information as shown, the ratio of precision or positional accuracy is 1:10,000+; and that the Global Navigation Satellite System (GNSS) and the following information was used to perform a portion of this survey:

Class of Survey: A Positional Accuracy: 0.05'
Type of GPS Field Procedure: RTK
Date of Survey: July 9th, 2024
Datum/Epoch: NAD83(2011) Epoch 2010.00
Published/Fixed-Control Used: VRS
Geoid Model: Geoid18 Units: US Survey Feet
Combined Grid Factor: 0.999875165
This 24th day of July, 2024.

Marcus H. Miller

NORTH CAROLINA PROFESSIONAL SEAL L-3481 LAND SURVEYOR MARCUS H. MILLER

Notes:
1. Area computed by coordinate computation.
2. Property subject to any easements and rights of way either recorded or unrecorded.
3. Property is zoned RA (Iredell).
4. All monumentation is existing unless otherwise noted.

Setbacks:
Front - 75'
Side - 15'
Rear - 35'
Branch Buffer - 50'

Jamie L. Witherspoon
and
Jodi L. Witherspoon
2558/672

Marcus H. Miller, PLS-3481
522 Virginia Avenue
Statesville, NC 28677
704 - 609-0512
mmlandsurveying@gmail.com
File: fallingcreekdr185

Permit #: OSWP-2024-54945

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes; [X] (a2) Improvement Permit [X] (a2) Construction Authorization [ ] Fee $

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Iredell
PIN/Lot Identifier: 3793093827
Issued To: Joe Payne // Maple Rock Building LLC
Property Location: 185 Falling Creek Dr., Statesville NC 28625
Subdivision: Sharon Trace Lot#: 27 Block: Section:
LSS Report Provided: Yes [X] No [ ]
If yes, name and license number of LSS: Ashley Rollans #1231
New [X] Expansion [ ] System Relocation [ ] Change of Use [ ]
Proposed Structure: 3 bedroom house
Number of bedrooms: 3 Number of Occupants: 6 Other:
Design Wastewater Strength: [X] domestic [ ] high strength [ ] industrial process
Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.225 Proposed LTAR (Repair): 0.225
Proposed Wastewater System Type*: ACCEPTED GRAVITY (Initial) Pump Required: [ ] Yes [X] No [ ] May be required
Proposed Wastewater System Type*: ACCEPTED GRAVITY (Repair) Pump Required: [ ] Yes [X] No [ ] May be required
Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)
Saprolite System (Initial): [ ] Yes [X] No Saprolite System (Repair): [ ] Yes [X] No
Fill System (Initial): [ ] Yes [X] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): [ ] Yes [X] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Soil Depth (Initial): 52-59 Usable Soil Depth (Repair): 46-55
Max. Trench Depth (Initial)ǂ: 20 Max. Trench Depth (Repair)ǂ: 18 *ǂ Measured on the downhill side of the trench*
Artificial Drainage Required: [ ] Yes [X] No If yes, please specify details:
Type of Water Supply: [ ] Private well [ ] Public well [ ] Shared well [X] Municipal Supply [ ] Spring [ ] Other:
Drainfield location meets requirements of Rule .1945: Yes [X] No [ ] Drainfield location meets requirements of Rule .1950: Yes [X] No [ ]
Permit valid for: [X] Five years [site plan submitted pursuant to GS 130A-334(13a)] [ ] No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
See Design

Licensed Soil Scientist Print Name: Samuel Ashley Rollans
Licensed Soil Scientist Signature: Samuel A Rollans Date: 4/11/24

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-54945

This Section for Local Health Department Use Only

Initial submittal received: 7/5/24 *Date* by DW *Initials*

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ *Date*

State Authorized Agent: _____ Date: _____

☒ Complete

State Authorized Agent: D. Wisberg Date: 7/8/24

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. *This permit is subject to revocation if the site plan, plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 7/8/29

See attached site sketch

Permit #: OSWP-2024-54945

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: Iredell

PIN/Lot Identifier: 3793093827

Issued To: Joe Payne // Maple Rock Building LLC

Property Location: 185 Falling Creek Dr., Statesville NC 28625

AOWE/PE Plans/Evaluations Provided: Yes [X] No [ ] If yes, name and license number of AOWE/PE: Ashley Rollans #10027E

Facility Type: 3 bedroom house

[X] New [ ] Expansion [ ] Repair [ ] System Relocation [ ] Change of Use

Basement? [ ] Yes [X] No Basement Fixtures? [ ] Yes [ ] No

Type of Wastewater System* ACCEPTED GRAVITY (Initial) ACCEPTED GRAVITY (Repair)

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

Design Daily Flow: 360 GPD Wastewater Strength: [X] domestic [ ] high strength [ ] industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? [ ] Yes [X] No
(if yes, please provide engineering documentation)

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 400 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.225 gpd/ft²

Soil Cover: 0 inches Slope Adjusted Maximum Trench/Bed Depth‡: 20 inches *‡ Measured on the downhill side of the trench*

Aggregate Depth: ____ inches above pipe ____ inches below pipe 12 inches total

Pump Tank Size (if applicable): 1000 galllons Requires more than 1 pump? [ ] Yes [X] No

Pump Requirements: 0 ft. TDH vs. 0.0 GPM Grease Trap Size (if applicable): ____ gallons

Distribution Method: [X] Serial [ ] D-Box or Parallel [ ] Pressure manifold(s) [ ] LPP [ ] Other

Artificial Drainage Required: Yes [ ] No [X] If yes, please specify details:

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.1937(h)]: [ ] Yes [X] No

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: [ ] Yes [X] No

Declaration of Restrictive Covenants: [ ] Yes [X] No

Pre-Construction Conference Required: Yes [ ] No [X]

Conditions: See Design

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print name: Samuel Ashley Rollans

AOWE/PE Signature: Samuel Ashley Rollans

Expiration Date: 12/31/2024

Date:

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

NC ONSITE WASTEWATER Certification Number 10027E EVALUATOR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-54945

This Section for Local Health Department Use Only

Initial submittal received: 7/5/24 (*Date*) by DW (*Initials*)

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____ (*Date*)

State Authorized Agent: _____ Date: _____

■ Complete

State Authorized Agent: D. Wieberg Date of Issuance: 7/8/24

This Construction Authorization is issued pursuant to *G.S. 130A-335(a2) and* (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 7/8/29

See attached site sketch

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 23-0066
January 8th, 2024

Joe Payne
Attn: *Joe Payne*
Email: joepayne40@gmail.com

RE: Soil & Site Evaluation for a 3 Bedroom Residence at 185 Falling Creek Dr., 1.299 ac Parcel, PIN# 3793093827 Statesville, NC 28625, Iredell County, NC.

Joe:

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 submittals to Iredell County Health Department.

Site Conditions

At the time of our evaluation land cover on the property was mostly open grass field on the property. Topography within the evaluated area was gently to moderate slope near the house site with moderate percentage of slope in the proposed drainfield area. Property lines and corners were marked at the time of the evaluation by Jordon Grant & Associates. The Surveyor provided an Autocad File of the survey. The proposed septic layout was located via GPS and was used to produce the attached *Site Plan*. The house envelope was drawn into the CAD file after importing the GPS data. House envelope will need to be staked by a surveyor based on our Site Plan prior to construction.

Methodology

We evaluated soil areas through the use of excavator pits. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with seven pit locations on the property flagged and located via GPS. All seven of the pits are located in 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 boring. The house envelope was located in the Autocad Survey. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by GPS and tape measure. Detailed system & repair information is summarized in the following paragraph for this Lot.

185 Falling Creek Dr-Lot 27 PIN#3793093827 (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 994 linear feet of line. The primary system is proposed as 400 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth (Low Side) is specified at 20 inches. The repair system is proposed as 400 linear feet of Accepted(25% Reduction) drainfield with gravity distribution. Trench depth (Low Side) is specified at 18 inches. There is 594 linear feet of line available.

Session Law Requirements

All information needed to issue the IP must be submitted with the application. 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/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)."

Owner Date

Print Name Joseph R. Payne
Signature 7/8/24

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 G.S. 130A-335(a2)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2)."* Any site modifications that impact the proposed septic areas on the site may nullify this design for 185 Falling Creek Dr.-Lot 27 PIN#3793093827. 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,

LICENSED SOIL SCIENTIST SAMUEL A. ROLLANS III STATE OF NORTH CAROLINA 1231

S. Ashley Rollans, LSS
Attachment: *Septic Design, Required Statements for Local Health Department/NCDHHS*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

1/11/2024

Iredell County Environmental Health
Attn: Heath Snow
349 N Center Street
Statesville, NC 28677

Re: Improvement Permit & CA Submittal for 185 Falling Creek Dr., Statesville (Lot #27)

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 3 bedroom ACCEPTED system using GRAVITY distribution.

"The LSS evaluation attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)."

"The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5) and (a6)."

Owner/Applicant: Joe Payne // Maple Rock Building LLC

* Signature: _____

* Date: 7/8/24

"The LSS Evaluation is being submitted pursuant to and meets requirements of GS 130A-335(a2)." This Improvement Permit is issued pursuant to G.S. 130A-335(a2),(a3), and (a4) using the signed and sealed LSS evaluation attached here". "This AOWE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5)"

"This Construction Authorization is issued pursuant to G.S. 130A-335 (a2), and (a5) and (a6) using the signed and sealed plans or evaluations attached here."

Samuel Ashley Rollans, LSS

Signature: _____

Date: 1/11/2024 Seal:

LICENSED SOIL SCIENTIST
SAMUEL A ROLLANS
1231
STATE OF NORTH CAROLINA

ON-SITE WASTEWATER
Certification Number
10027E

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)** _____

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, Joe Payne, am the legal owner(s) of the property located at 185 Falling Creek Dr., Statesville NC 28625, identified as PIN (Parcel Identification Number) 3793093827, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Ashley Rollans/Randi Williams Soil & Forestry Services of the Carolinas, PA, to act as an agent on my behalf in applying for/signing/obtaining an 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

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submited in accordance with G.S. 130A-335(a2), (a3), and (a5).
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:

[X] (a2) Improvement Permit [X] (a2) Construction Authorization [ ] (a2) Repair/Construction Authorization

Please check one of the following:

[X] New Construction [ ] Expansion [ ] System Relocation [ ] Change of Use [ ] Repair
[X] 5 Year Expiration Requested (site plan provided)
[ ] Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a)

Property Owner Name: Joe Payne
Property Owner Mailing Address: 198 Old Lion Rd., Statesville
Property Owner Phone Number: 828-312-4662
Property Owner Email Address: joepayne40@gmail.com

Applicant Name: Ashley Rollans // Soil & Forestry Services, PA
Applicant Mailing Address: 126-A Third Creek Rd Statesville NC 28677
Applicant Phone Number: 980-223-8352
Applicant Email Address: sfsstatesvillenc@gmail.com

Does the property include, or is subject to, any of the following:

[ ] Yes [X] No Previously identified jurisdictional wetlands
[ ] Yes [X] No Existing or proposed easements, rights-of-way, encroachments, or other areas subject to legal restrictions
[ ] Yes [X] No Approval by other public agencies

A site plan or plat is required, OR the site sketch submited from the LSS/AOWE, must include the following:
(A) existing and proposed facilities, structures, appurtenances, and wastewater systems
(B) proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s)
(C) existing and proposed vehicular traffic areas
(D) existing and proposed water supplies, wells, springs, and water lines; and
(E) surface water, drainage features, and all existing and proposed artificial drainage, as applicable.

Requesting DHHS review: [ ] Yes [X] No

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.

* Applicant Signature: Ashley A Rollans Date: 1/11/24

* Owner's Signature: Joe Payne Date: 7/8/24

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

sfsstatesvillenc@gmail.com
980-223-8352
126-A Third Creek Rd
Statesville NC 28677
SoilAndForestryServices.com

Project# 23-066

Septic System Design for a 3 Bedroom House
ACCEPTED using GRAVITY distribution
Site location: 185 Falling Creek Dr., Statesville, Lot # 27

Contents

	Page
Information for the Installer	1
Design Specifications	2
Layout Specifications	3
Site Plan	4
Calculations	5
Soil Descriptions	6
Floor Plans	Client

1/8/2024
Design By: Ashley Rollans



ACCEPTED using GRAVITY distribution
Site location: 185 Falling Creek Dr., Statesville, Lot # 27

* **CALL 811 BEFORE DIGGING**
* 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 DHHS, and certification supplied by the that must be considered along with all other considerations.
* 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
* 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.
* Elevations at pinflag locations should be checked by the installer prior to beginning
* Septic tank riser shall be a minimum of 6" above finished grade.
* **System specified as ACCEPTED type using GRAVITY distribution**
* **Repair specified as ACCEPTED type using GRAVITY distribution**
* **System trench depth specified at 20"**
* **System trenches installed on 9' minimum; 36" wide trenches**
* **Installation does not require a soil cap**

Page 2	DESIGN SPECIFICATIONS	Project #23-066

ACCEPTED using GRAVITY distribution
Site location: 185 Falling Creek Dr., Statesville, Lot # 27

Business (if applicable):	Maple Rock Building LLC
Contact:	Joe Payne
Phone:	828-312-4662
Email:	joepayne40@gmail.com
County:	Iredell
Location:	185 Falling Creek Dr., Statesville

Source of Wastewater Flow:	3	bedroom home
Estimated Daily Wastewater Production:	360	gpd
Drain field Size:	400	lf
Loading Rate:	0.225	gpd/ft.^{2}
Trench Depth (Low Side):	20	in
Trench Width:	36	in
Soil Cap:	0	in
Septic Tank Size:	1000	gal

Page 3	LAYOUT SPECIFICATIONS	Project #23-066

ACCEPTED using GRAVITY distribution
Site location: 185 Falling Creek Dr., Statesville, Lot # 27

Daily Flow (gpd) 360 **Jan 2024**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM INSTR. 1		0.0	100.0		100.0		
			SYSTEM				
1	BLUE					87	86
2	YELLOW					106	106
3	ORANGE					142	142
4	RED					160	66
			REPAIR				
5						139	139
6						106	106
7						94	94
8						80	80
9						80	80

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH	SOIL CAP
SYSTEM	400	0.225	ACCEPTED	25%	GRAVITY	20	0
REPAIR	594	0.225	ACCEPTED	25%	GRAVITY	18	0

Notes:
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

CALCULATIONS **Project #23-066**

ACCEPTED using GRAVITY distribution
Site location: 185 Falling Creek Dr., Statesville, Lot # 27

PROJECT INFO	Designer	Ashley Rollans
	Project #	23-066
	Project MM YYYY	1/8/2024
	Project Location	185 Falling Creek Dr., Statesville
	Lot # (if applicable)	27
	Subdivision (if applicable)	Sharon Trace
	Parcel #	3793093827
	Lot size (acres)	1.299AC
	Contact (Owner)	Joe Payne
	Mailing Address (Owner)	198 Old Lion Rd., Statesville
	Business (if applicable)	Maple Rock Building LLC
	Phone (Owner)	828-312-4662
	Email (Owner)	joepayne40@gmail.com
	County	Iredell
	Bedrooms	3
	Water Source	Municipal
	Daily Flow	360
SYSTEM	System LTAR	0.225
	System Type	ACCEPTED
	System Distribution	GRAVITY
	System Trench Center Distance (feet)	9
	System Trench Width (inches)	36
	System Trench Depth (inches)	20
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	52-59
	Aggregate Depth (inches)	12
	Tank Size	1000
	Required Feet of Line (system)	400
	Designed Feet of Line (system)	400
REPAIR	Repair LTAR	0.225
	Repair Type	ACCEPTED
	Repair Distribution	GRAVITY
	Repair Trench Center Distance (feet)	9
	Repair Trench Width (inches)	36
	Repair Trench Depth (inches)	18
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	46-55
	Tank Size	1000
	Required Feet of Line (repair)	400
	Designed Feet of Line (repair)	594

Sheet 1 of 1
PROPERTY ID #: 3793093827
COUNTY: Iredell

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

OWNER: Madison Authority LLC
ADDRESS: 1812 E Broad St Statesville NC 28625
PROPOSED FACILITY: 3 bedroom Residence- 360 GPD
LOCATION OF SITE: 185 Falling Creek Dr Statesville NC 28625- Lot 27

APPLICATION DATE:
DATE EVALUATED: 5/18/2023
PROPERTY SIZE: 1.299AC
PROPERTY RECORDED: YES

WATER SUPPLY: ☐ Private ☐ Well ☐ Spring ☑ Other Public

EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

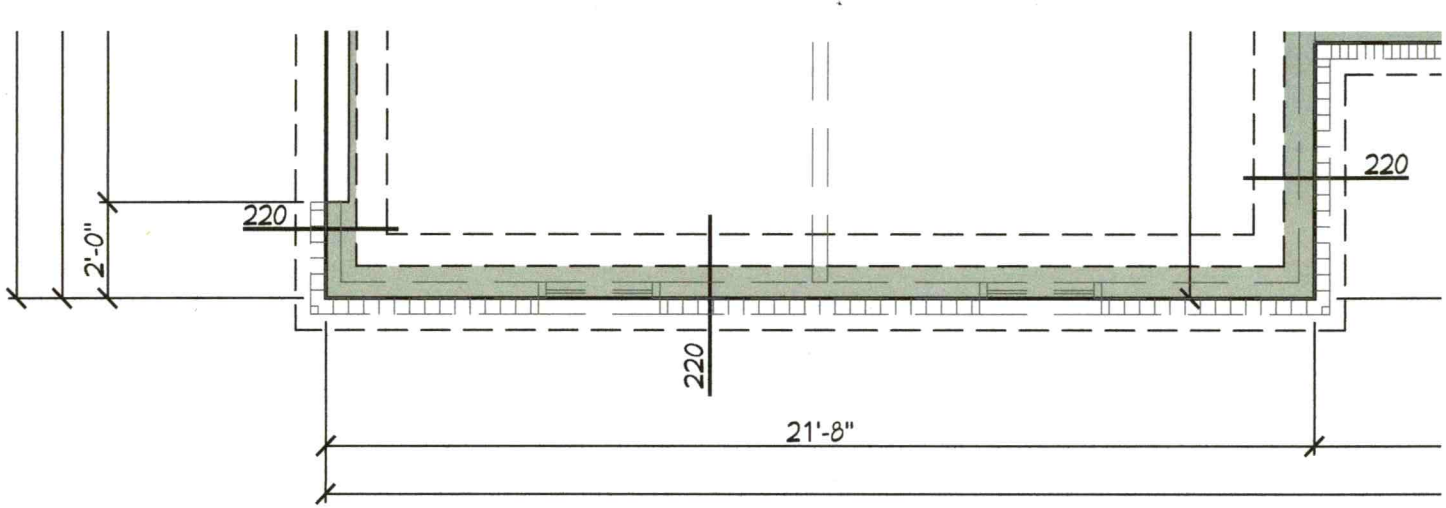
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPR CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L/5%	0-6	BSCL WFSBK	FR SS S	FFE DEPL CHR2@30" CFE DEPL CHR2	48		N/A	PS-30 0.225
		6-33	YBSC WMSBK	FR SS					
		33-48	RBC/SCV WMSBK	FR SS S					
2	L/6%	0-6	BSCL WFSBK	FR SS SP	FFE DEPL CFE DEPL CHR2@34"	46		N/A	PS-34 0.225
		6-30	RBC WMSBK	FR SS SP					
		30-46	YBSC WMSBK/ABK	FR SSP					
3	L/5%	0-4	BSCL WFSBK	FR SS SP	FFE DEPL CFE DEPL CHR2@36" CFE CHR2	55		N/A	PS-36 0.225
		4-21	RBSC WFSBK	FR SS					
		21-43	YRSC WFSBK	FR SS S					
		43-55	RBSC WMSBK/MASS	FR SS SP					
4	L/5%	0-2	BSCL WFSBK	FR SS SP	FFE DEPL FFE DEPL CHR2@37" CHR2	59		N/A	PS-37 0.225
		2-25	RBC WMSBK/ABK	FR SS S					
		25-39	YBC WMSBK	FR SS SP					
		39-59	GSC WMSBK	FR SS SP					
5	L/5%	0-6	BSCL WFSBK	FR SS SP	FFE DEPL F-CFE DEPL CHR2@39"	52		N/A	PS-39 0.225
		6-28	RBC WMSBK/ABK	FR SS SP					
		28-52	YBSCWFSBK	FR SS P					
6	L/5%	0-4	BSCL WFSBK	FR SS SP	F-CFE DEPL32 CHR2@43"	55		N/A	PS-43 0.25
		4-55	RBSC WFSBK	FR SS SP					
7	L/6%	0-7	BSCL WFSBK	FR SS SP		54		N/A	PS 0.25
		7-41	RBC WMSBK/ABK	FR SS P					
		41-54	YBC WMSBK	FR SS SP					
8									
9									
10									

LICENSED SOIL SCIENTIST SAMUEL A. ROLLANS STATE OF NORTH CAROLINA 1231

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Types(s)	Accepted 25%-Gravity	Accepted 25%-Gravity
Site LTAR	0.225	0.225

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

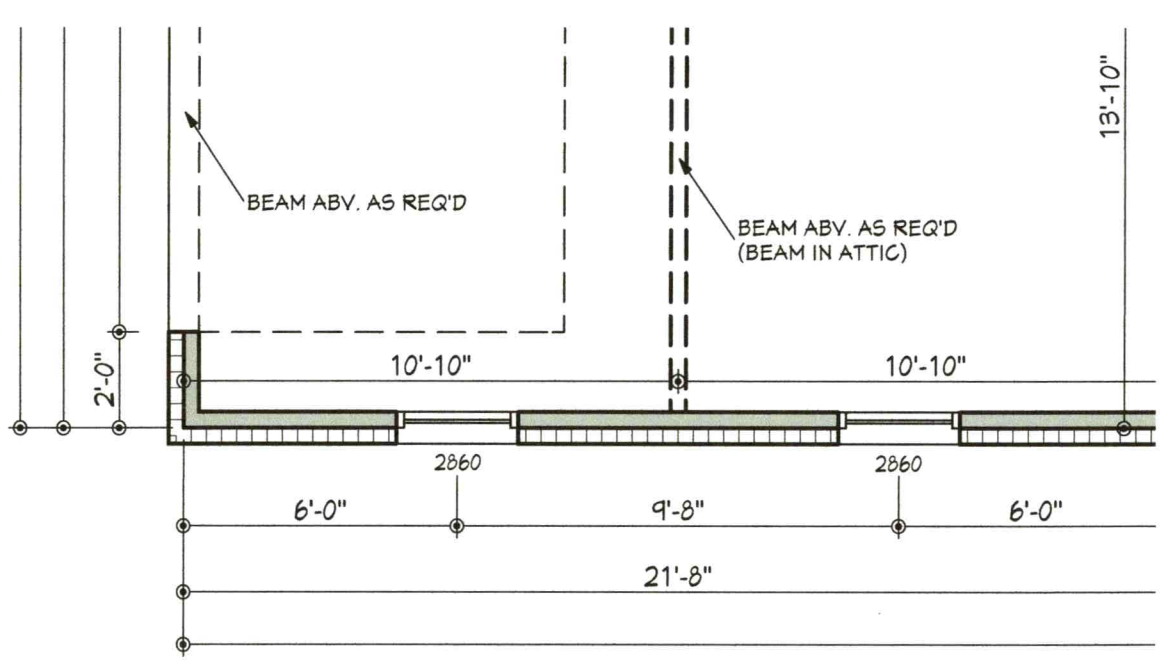
COMMENTS:



201 FOUND

SCALE----------

NOTE: PRE-ENGINEERED FLOOR JOISTS ARE
FOR JOIST SIZING, SPACING, CROSS E


BEAM ABV. AS REQ'D
BEAM ABV. AS REQ'D
(BEAM IN ATTIC)
13'-10"
2'-0"
10'-10"
10'-10"
2860
2860
6'-0"
9'-8"
6'-0"
21'-8"