ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # RELAY-2023-26466

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

PIN # 3793-53-1404

PPLICANT / OWNER: Cornerstone III Properties Inc APPLICANT ADDRESS: 4509 Faith Church Rd, Indian Trail, NC 28079

TE ADDRESS: 129 TAYLOR MADE DR, STATESVILLE, NC 28677 PHONE: 7043013229 ALT. PHONE:

TE DIRECTIONS: SAP CONTROLLED: YES ☐ NO ☑

UBDIVISION: Augusta Greens SECTION: LOT #: 70 LOT AREA: DESIGN FLOW: 360 L.T.A.R.: 0.275

eptic Tank: 1000 (gal)	STB: 760	Date: 8-28-23	☑ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 3	Water Supply: Municipal Water
ump Tank: (gal)	PT:	Date:	System Description: IQ4 Chamber		☐ Business	No. Persons: 3	
ump Make:	Model:	Serial #:	Repair System Description: Sub-surface Drip		☐ Other	No. Employees: 0	
Nitrification Fields: 1	# Lines: 5	Linear Ft.: 330	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
rench Width: 36	Trench Bottom Depth (Low side): 18		Gravel Depth:	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

omments / Conditions: This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) ttached here. This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here.

INITIAL SITE SKETCH

AS BUILT SKETCH

Installed as Shown

rmit 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.

wner / Applicant Signature: Date: Installed By: Lentz

IPROVEMENT PERMIT by: Date: 8-7-2023 OPERATION PERMIT by: Sydney Holland Date: 10/6/23

UTHORIZATION TO CONSTRUCT by: Date: 8-7-2023 Existing System Inspected By: Date:

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

Permit #: 2023-26466

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: ☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ Fee $_____

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

County: Iredell

PIN/Lot Identifier: 3793531404

Issued To: Stan Pressley / Buller River Development Partners

Property Location: 129 Taylor Made Drive, Statesville

Subdivision (if applicable) Augusta Greens Lot #: 70 Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: R. Edwin Stott #1229

New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐

Proposed Structure: Single Family Residence

Number of bedrooms: 3 Number of Occupants: 6 max Other: _____

Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.275 Proposed LTAR (Repair): 0.1

Proposed Wastewater System Type*: IQ4 Chamber (Initial) Pump Required: ☐ Yes ☑ No ☐ May be required

Proposed Wastewater System Type*: Sub-Surface Drip (Repair) Pump Required: ☑ Yes ☐ 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 ☑ No Saprolite System (repair): ☐ Yes ☑ No

Fill System (Initial): ☐ Yes ☑ 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 ☑ 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): 30 Usable Soil Depth (Repair): 18

Max. Trench Depth (Initial)‡: 18 Max. Trench Depth (Repair)‡: 6 ***‡ Measured on the downhill side of the trench***

Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☑ Municipal Supply ☐ Spring ☐ Other: _____

Drainfield location meets requirements of Rule .1945: Yes ☑ No ☐ Drainfield location meets requirements of Rule .1950: Yes ☑ No ☐

Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
SEE ATTACHED SHEET

Licensed Soil Scientist Print Name: R. Edwin Stott

Licensed Soil Scientist Signature: R. Edwin Stott Date: 7/14/2023

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

See attached site sketch

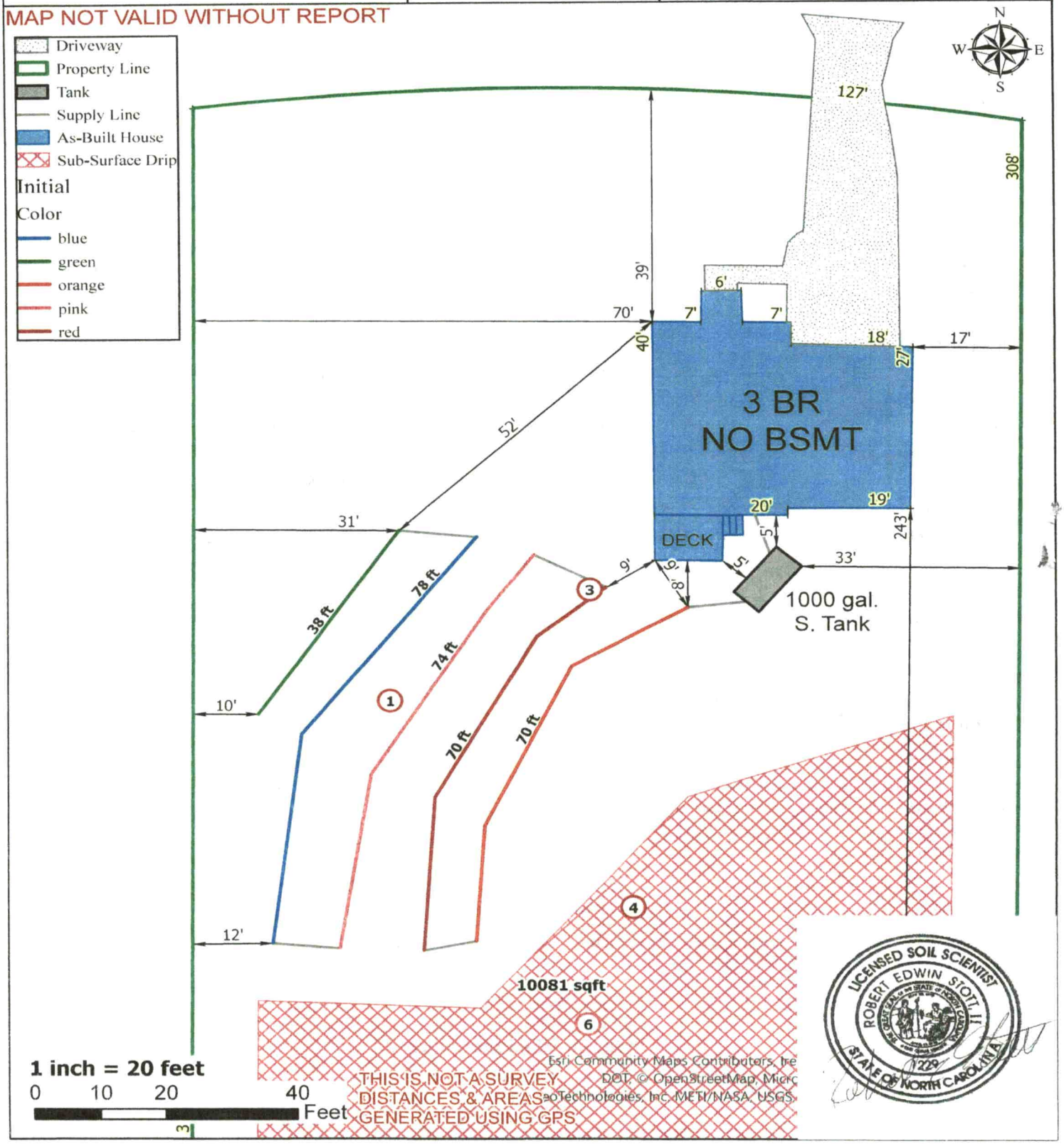
PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

216 S. Swing Rd. Suite 1
Greensboro, NC 27409
piedmontsoil.com

Site Plan/Borings/Layout Diagram -129 Taylor Made Dr

Job# 2410
Date: 7/14/2023
Client: Buller River Development
County: Iredell

MAP NOT VALID WITHOUT REPORT



Permit #: 2023-26466

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

County: Iredell

PIN/Lot Identifier: 3793531404

Issued To: Stan Pressley / Buller River Development Partners

Property Location: 129 Taylor Made Drive, Statesville

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: R. Edwin Stott #10009E

Facility Type: Single Family Residence

☑ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☐ No

Type of Wastewater System* IQ4 Chamber (Type III g) (Initial) Sub-Surface Drip (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: ☑ domestic ☐ high strength ☐ industrial process

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

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 330 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.275 gpd/ft²

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth‡: 18 inches ‡ ***Measured on the downhill side of the trench***

Aggregate Depth: N/A inches above pipe N/A inches below pipe N/A inches total

Pump Tank Size (if applicable): N/A gallons Requires more than 1 pump? ☐ Yes ☑ No

Pump Requirements: N/A ft. TDH vs. N/A GPM Grease Trap Size (if applicable): N/A gallons

Distribution Method: ☑ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other:

Artificial Drainage Required: Yes ☐ No ☑ 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 ☑ No

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

Declaration of Restrictive Covenants: ☐ Yes ☑ No

Pre-Construction Conference Required: Yes ☑ No ☐

Conditions: SEE ATTACHED SHEET

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: R. Edwin Stott Expiration Date:

AOWE/PE Signature: R. Edwin Stott Date: 7/14/2023

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

See attached site sketch

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # RELAY-2023-26466

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

PIN # 3793-53-1404

PPLICANT / OWNER: Cornerstone III Properties Inc APPLICANT ADDRESS: 4509 Faith Church Rd, Indian Trail, NC 28079

TE ADDRESS: 129 TAYLOR MADE DR, STATESVILLE, NC 28677 PHONE: 7043013229 ALT. PHONE:

TE DIRECTIONS: SAP CONTROLLED: YES ☐ NO ☑

UBDIVISION: Augusta Greens SECTION: LOT #: 70 LOT AREA: DESIGN FLOW: 360 L.T.A.R.: 0.275

eptic Tank: 1000 (gal)	STB:	Date:	☑ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 3	Water Supply: Municipal Water
ump Tank: (gal)	PT:	Date:	System Description: IQ4 Chamber		☐ Business	No. Persons: 3	
ump Make:	Model:	Serial #:	Repair System Description: Sub-surface Drip		☐ Other	No. Employees: 0	
Nitrification Fields: 1	# Lines: 5	Linear Ft.: 330	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
ench Width: 36	Trench Bottom Depth (Low side): 18		Gravel Depth:	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

omments / Conditions: This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) ttached here. This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here.

INITIAL SITE SKETCH

AS BUILT SKETCH

rmit 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.

wner / Applicant Signature: STATE PRESUMPTIVE Date: Installed By:

IPROVEMENT PERMIT by: Date: 8-7-2023 OPERATION PERMIT by: Date:

UTHORIZATION TO CONSTRUCT by: Date: 8-7-2023 Existing System Inspected By: Date:

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

Permit #: 2023-26466

This Section for Local Health Department Use Only

Initial submittal received: _____ by _____
Date *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: Benjamin A Batts Date: 8/7/2023

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 by the Health Department 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 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 evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 8/7/2028

See attached site sketch

Permit #: 2023-26466.

This Section for Local Health Department Use Only

Initial submittal received: 8/4/2023 (Date) by BB (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: Benjamin A. Booth Date of Issuance: 8/7/2023

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: 8/7/2028

See attached site sketch

Permit #: 2023-26466

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: ☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ Fee $_____

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

County: Iredell

PIN/Lot Identifier: 3793531404

Issued To: Stan Pressley / Buller River Development Partners

Property Location: 129 Taylor Made Drive, Statesville

Subdivision (if applicable) Augusta Greens Lot #: 70 Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: R. Edwin Stott #1229

New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐

Proposed Structure: Single Family Residence

Number of bedrooms: 3 Number of Occupants: 6 max Other: _____

Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.275 Proposed LTAR (Repair): 0.1

Proposed Wastewater System Type*: IQ4 Chamber (Initial) Pump Required: ☐ Yes ☑ No ☐ May be required

Proposed Wastewater System Type*: Sub-Surface Drip (Repair) Pump Required: ☑ Yes ☐ 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 ☑ No Saprolite System (repair): ☐ Yes ☑ No

Fill System (Initial): ☐ Yes ☑ 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 ☑ 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): 30 Usable Soil Depth (Repair): 18

Max. Trench Depth (Initial)‡: 18 Max. Trench Depth (Repair)‡: 6 ***‡ Measured on the downhill side of the trench***

Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☑ Municipal Supply ☐ Spring ☐ Other: _____

Drainfield location meets requirements of Rule .1945: Yes ☑ No ☐ Drainfield location meets requirements of Rule .1950: Yes ☑ No ☐

Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
SEE ATTACHED SHEET

Licensed Soil Scientist Print Name: R. Edwin Stott

Licensed Soil Scientist Signature: Robert Edwin Stott Date: 7/14/2023

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

See attached site sketch

Permit #: 2023-26466

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

County: Iredell

PIN/Lot Identifier: 3793531404

Issued To: Stan Pressley / Buller River Development Partners

Property Location: 129 Taylor Made Drive, Statesville

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: R. Edwin Stott #10009E

Facility Type: Single Family Residence

☑ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☐ No

Type of Wastewater System* IQ4 Chamber (Type III g) (Initial) Sub-Surface Drip (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: ☑ domestic ☐ high strength ☐ industrial process

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

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 330 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.275 gpd/ft²

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth‡: 18 inches ‡ ***Measured on the downhill side of the trench***

Aggregate Depth: N/A inches above pipe N/A inches below pipe N/A inches total

Pump Tank Size (if applicable): N/A gallons Requires more than 1 pump? ☐ Yes ☑ No

Pump Requirements: N/A ft. TDH vs. N/A GPM Grease Trap Size (if applicable): N/A gallons

Distribution Method: ☑ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other:

Artificial Drainage Required: Yes ☐ No ☑ 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 ☑ No

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

Declaration of Restrictive Covenants: ☐ Yes ☑ No

Pre-Construction Conference Required: Yes ☑ No ☐

Conditions: SEE ATTACHED SHEET

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: R. Edwin Stott Expiration Date:

AOWE/PE Signature: R. Edwin Stott Date: 7/14/2023

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

See attached site sketch

PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

07/14/2023 Project # 4568

Iredell County Environmental Health Department

To whom it may concern,

In accordance with Session Law 2023-90 (H628) Section 5.(a), this statement is submitted respectfully to satisfy signed and dated statement requirement from the property owner or owner's legal representative:

"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)."

Sincerely,

Stan Pressley

Buller River Development Partners

216 S. Swing Rd., Suite 1 Greensboro, NC 27409 (336) 344-4008

Permit Parameters and Conditions

- Design flow with residential systems utilizes the number of bedrooms and assumes no more than two residents per bedroom at 60 gallons per resident or 120 gallons per bedroom. This is how the design flow of 360 gallons per day is calculated. The wastewater system is designed to handle a maximum flow of 360 gallons per day. This flow should not be maintained for any sustained length of time or oversaturation can occur in the trenches. An average daily water usage of 50% is recommended for peak performance.
- No garbage disposals should be added to the wastewater stream.
- Water softener waste should not be added to the wastewater stream.
- Fats, oils and greases or FOG should not be added to the wastewater stream and can cause premature failure. Dispose of fats, oils, greases and garbage properly in household waste.
- There should be no traffic over the wastewater system area.
- Piedmont Environmental recommends a preconstruction conference prior to any installation to ensure that the system is placed in the correct area once the site is cleared of vegetation.
- Please note that mechanical clearing that is done in wet conditions or done by someone not following best management practices can render an otherwise usable site unsuitable.
- Piedmont Environmental Associates, PA highly recommends using a reputable septic system installer that is licensed in North Carolina to perform or oversee any clearing.
- All installation work shall be performed by a licensed Wastewater System Installer
- Do not install during wet conditions
- Pump tank every three to five years
- Landscape promptly to obtain a good grass cover to prevent erosion over new part of system
- Septic tank shall be buried to a depth to maintain adequate fall to drainfield or a pump will be required. Minimum cover 6 inches over tank.

Disclaimer

This report discusses the general location of potentially usable soils for on-site wastewater disposal and the soil and site limitations on the property that exists at the time of the evaluation. Piedmont Environmental Associates, PA ("Piedmont") provides professional consulting specializing in the practice of soil science and wastewater management. Piedmont is therefore hired for its professional opinion regarding these matters. This report is being prepared as part of a packet to obtain an improvement permit SL2023-90 and GS 130A-335 and GS 130A-336. Piedmont Environmental Associates provides no warranty either written or implied regarding the lifespan of any type of septic system. Piedmont Environmental Associates utilizes accepted soil science practices and assigns LTAR's and proposes trench depths based on field observation, law, rule, published data and accepted practice of the profession. Piedmont Environmental Associates however cannot guarantee the life span of any type of septic system component, trench media, pretreatment device, distribution device, distribution method, or installation method as there are simply too many variables that are not within the control of Piedmont Environmental Associates.

If you have any further questions, please feel free to call. Thank you for the opportunity to serve.

Sincerely,





R. Edwin Stott, REHS, MSEH
NC Licensed Soil Scientist
NC On-site Wastewater Evaluator

.1950 Location of Sanitary Sewage Systems

(c) Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following:

(1) Any private water supply source including a well or spring 100 feet
(2) Any public water supply source 100 feet
(3) Streams classified as WS-I 100 feet
(4) Water classified as S.A. 100 feet
from mean high water mark
(5) Other coastal waters 50 feet
from mean high water mark
(6) Any other stream, canal, marsh, or other surface waters 50 feet
(7) Any Class I or Class II reservoir 100 feet
from normal pool elevation
(8) Any permanent storm water retention pond 50 feet
from flood pool elevation
(9) Any other lake or pond 50 feet
from normal pool elevation
(10) Any building foundation 5 feet
(11) Any basement 15 feet
(12) Any property line 10 feet
(13) Top of slope of embankments or cuts of 2 feet or more
vertical height 15 feet
(14) Any water line 10 feet
(15) Drainage systems:
(A) Interceptor drains, foundation drains and storm water diversions
(i) upslope 10 feet
(ii) sideslope 15 feet
(iii) downslope 25 feet
(B) Groundwater lowering ditched and devices 25 feet
(16) any swimming pool 15 feet
(17) any other nitrification field (except repair area) 20 feet

(b) Ground absorption, sewage treatment and disposal systems may be located closer than 100 feet from a private well supply, except springs and uncased wells located downslope and used as a source of drinking water, repairs, space limitations and other site-planning considerations but shall be located the maximum feasible distance and, in no case, less than 50 feet.

(c) Nitrification fields and repair areas shall not be located under paved areas or areas subject to vehicular traffic. If effluent is to be conveyed under areas subject to vehicular traffic, ductile iron or its equivalent pipe shall be used. However, pipe specified in Rule .1955 (e) may be used if a minimum of 30 inches of compacted cover is provided over the pipe.

Note: Systems over 3000 GPD or an individual nitrification fields with a capacity of 1500 GPD or more have more restrictive setback requirements, see .1950 (a) (17) (d) for specifics.

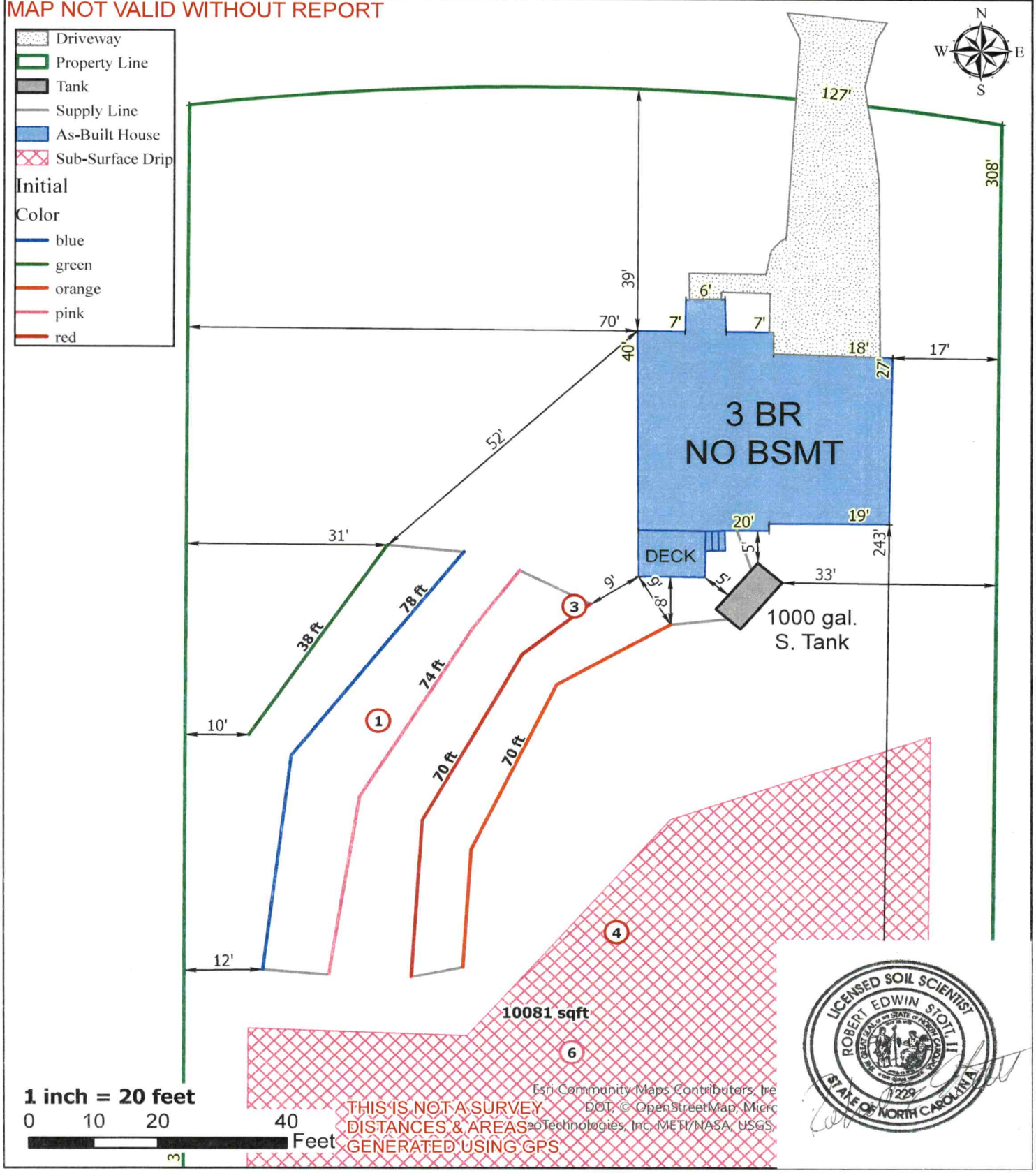
PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

Site Plan/Borings/Layout Diagram -129 Taylor Made Dr

216 S. Swing Rd. Suite 1
Greensboro, NC 27409
piedmontsoil.com

Job# 2410
Date: 7/14/2023
Client: Buller River Development
County: Iredell

MAP NOT VALID WITHOUT REPORT



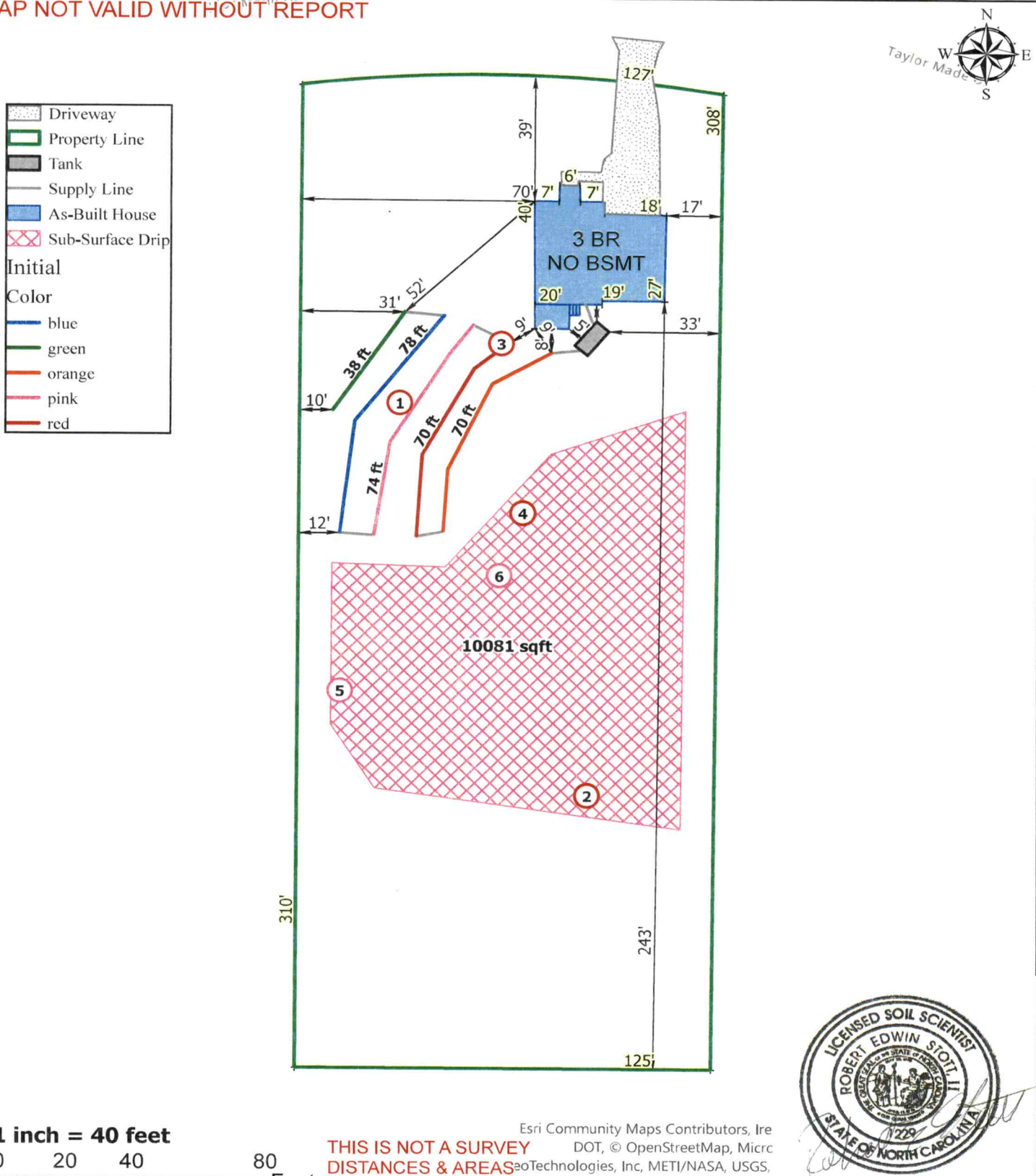
PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

Site Plan/Borings/Layout Diagram -129 Taylor Made Dr

216 S. Swing Rd. Suite 1
Greensboro, NC 27409
piedmontsoil.com

Job# 2410
Date: 7/14/2023
Client: Buller River Development
County: Iredell

MAP NOT VALID WITHOUT REPORT



1 inch = 40 feet
0 20 40 80 Feet

THIS IS NOT A SURVEY
DISTANCES & AREAS GENERATED USING GPS

Esri Community Maps Contributors, Ire DOT, © OpenStreetMap, Micrc GeoTechnologies, Inc, METI/NASA, USGS,

LICENSED SOIL SCIENTIST
ROBERT EDWIN STOTT, II
229
STATE OF NORTH CAROLINA

Client:	Stan Pressley	**Site Classification:**	PS
Address/Lot #:	129 Taylor Made Dr.	**Initial System:**	IQ4 Chamber
Parcel#:	3793531404	**Initial System LTAR:**	0.275
DATE:	7/28/2021	**Repair System:**	Sub-Surface Drip
LSS:	R. Edwin Stott	**Repair System LTAR:**	0.1
Eval Method:	Auger	**Others Present:**	TH
Facility/Flow:	3 BR/ 360 GPD	**Water Supply:**	Municipal

PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

Number	UsableDep	LTAR	Boring Type	Horizon1	Horizon2	Horizon3	Horizon4	Landscape	Slope	Comment
1	36	0.3	Conv	0-4 sl	4-30 c fi,s,p,bcky,se	30-36 cl fr,ss,sp,bcky,se		Side	12	
2	36	0.3	Conv	0-2 sl	2-36 c fi,s,p,bcky,se			Ridge	10	
3	32	0.275	Conv	0-5 sl	5-17 c fi,ss,sp,bcky,se	17-32 c cfrags,fr,ss,sp,bcky,se		Ridge	6	Cr 32"
4	36	0.3	Conv	0-7 sl	7-26 c fi,s,sp,bcky,se	26-36 cl,fr,ss,sp,bcky,se	36-39 l,fr,mass,ns,np	Ridge	6	
5	24	0.1	Drip	0-4 sl	4-24 c fi,s,p,bcky,se			Side	15	rock 24"
6	18	0.1	Drip	0-4 sl	4-18c fi,s,p,bcky,se			Ridge	15	rock 18"

Notes: 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, U - Unsuitable
LTAR - Long Term Acceptance Rate
Landscape Position: SU - summit, SH - shoulder, BS - backslope, FS - footslope, TS - toeslope, SS - sideslope, HS - headslope
Mineralogy: SE - slightly expansive, EXP - expansive

Comments/Conditions:

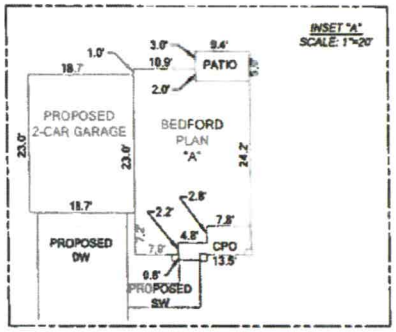
Septic System Layout Specifications

129 Taylor Made Drive - Augusta Greens - Iredell County
Piedmont Environmental Associates Job # 4568

Facility/Design Flow: 3 BR Single Family Residence

PRIMARY LINE # Ref. Pt.	FLAG COLOR	ELEV.	DESIGN LINE LENGTH (ft)	CHAMBERS NEEDED	REPAIR LINE #	FLAG COLOR	ELEV.	DESIGN LINE LENGTH (ft)
1	orange		70	17	1			
2	red		70	17	2			
3	pink		74	18	3			
4	blue		78	19	4			REPAIR BASED ON
5	green		38	9	5			AVAILABLE AREA
6					6			
7					7			
8					8			
9					9			
10					10			
		Total:	330	80			Total:	0
		LTAR:	0.275				LTAR:	0.1
		SYSTEM TYPE:	Accepted				SYSTEM TYPE:	Innovative
		DISTRIBUTION MEDIA:	IQ4 Chamber				DISTRIBUTION MEDIA:	Sub-Surface Drip
		DISTRIBUTION METHOD:	Gravity to Serial				DISTRIBUTION METHOD:	Pump

Notes:
**All measurements in feet.
**Soil evaluated by private LSS
**Nitrification lines are demonstrated on contour via colored pin flags.



BUILDER TO VERIFY HOUSE LOCATION, DIMENSIONS AND REVIEW TOTAL IMPERVIOUS NOTED ON THIS PLOT PLAN.

CURVE TABLE				
CURVE#	LENGTH	RADIUS	BEARING	CHORD
C5	125.38'	475.00'	S88° 50' 58"E	125.02'

NOTES

1. SURVEY PERFORMED BY TED BENBOW LAND SURVEYING AND ALL EXISTING FEATURES ARE SCALED IN FROM SURVEY TITLED "BOUNDARY SURVEY" FOR BULLER RIVER DEVELOPMENT PARTNERS, LP DATED 04/23/2021.

2. ALL HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE BASED ON TED BENBOW LAND SURVEYING AND ALL EXISTING FEATURES ARE SCALED IN FROM SURVEY TITLED "BOUNDARY SURVEY" FOR BULLER RIVER DEVELOPMENT PARTNERS, LP DATED 04/23/2021.

3. THE PROPERTY LIES IN ZONE "X" PER NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP # 3710379300J DATED 03/18/2008.

4. SITE ZONED "RA" PER IREDELL COUNTY.
FRONT: 35' SIDE: 15' REAR: 35' SIDE STREET: 25'

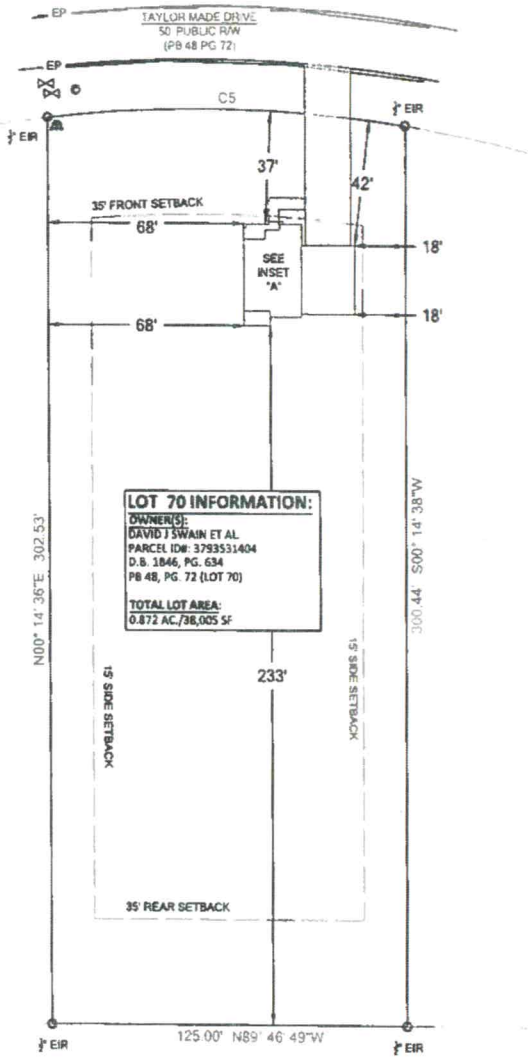
5. AREAS COMPUTED BY COORDINATE METHOD

6. NO GRID MONUMENTS FOUND WITHIN 2000' PER REFERENCE.

7. THIS MAP IS NOT FOR RECORDATION AND SHOULD BE REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH APPLICABLE LAND DEVELOPMENT REGULATIONS.

8. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.

9. SURVEY HAS MADE NO INVESTIGATION OR INDEPENDENT SEARCH FOR EASEMENTS OF RECORD, ENCUMBRANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE OR ANY OTHER FACTS THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.



LEGEND
- IPS - IRON PIPE SET
- EIR - EXISTING IRON ROD
- CABLE PEDESTAL
- FIRE HYDRANT
- WATER VALVE
- ADJOINING PROPERTY
- EIR - EXISTING IRON ROD
- EP - EDGE OF PAVEMENT
- CPO - COVERED PORCH
- SW - SIDEWALK
- DW - DRIVEWAY

IMPERVIOUS:

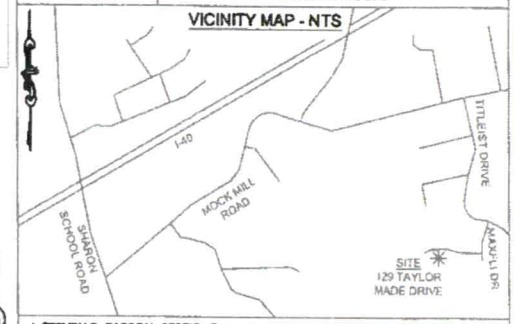
PROPOSED IMPERVIOUS = 1,867 SF
HOUSE/GARAGE: 1,003 SF
DW: 699 SF
SW: 65 SF
CPO: 53 SF
PATIO: 47 SF
TOTAL LOT AREA = 0.87 AC / 38,005 SF
PERCENT IMPERVIOUS = 4.91%

THIS MAP IS OF AN EXISTING PARCEL OF LAND AND IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

SCALE:
1" = 40 ft.

BATEMAN CIVIL SURVEY COMPANY
ENGINEERS • SURVEYORS • PLANNERS
2524 RELIANCE AVENUE APEX, NC 27539
PHONE (919) 577-1080 FAX (919) 577-1081
INFO@BATEMANCIVILSURVEY.COM
NCBELS FIRM # C-2378

VICINITY MAP - NTS



I, STEVEN P. CARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A SURVEY MADE UNDER MY SUPERVISION (PLAT BOOK REFERENCED IN TITLE BLOCK); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION LISTED UNDER REFERENCES; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARD OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA. L-4752
DATED:

PRELIMINARY

THIS MAP IS CONSIDERED PRELIMINARY, NOT FOR RECORDATION, CONVEYANCE OR SALES UNLESS SIGNED AND SEALED BY THE LICENSED SURVEYOR.

PROJECT# 210637

Plot Plan Exclusively For:
Buller River Development Partners, LP

129 TAYLOR MADE DRIVE (LOT 70)
AUGUSTA GREENS SUBDIVISION - PHASE 2
STATESVILLE, NC 28677
SHILOH TOWNSHIP, IREDELL COUNTY
DRAWN BY: CKW CHECKED BY: SPC DATE: 04/11/2022
REFERENCE: SEE NOTE 2 SCALE: 1"=40'