ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 308307.

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

PIN # 3793550163.000

APPLICANT/OWNER: Soil + Forestry Services - Sowers APPLICANT ADDRESS: PO Box 832 Mooresville NC 28115

SITE ADDRESS: 126 Top Flite Drive Statesville NC 28677 PHONE: 704-746-5046 ALT. PHONE

SITE DIRECTIONS: Mark Mill to Titleist @ on Top Flite, House on Rt SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Augusta Greens. SECTION: 2 LOT # 11 LOT AREA: .568 DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	Existing (gal)	STB		Date		☐ New System ☐ Repair ☒ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4
Pump Tank	— (gal)	PT	—	Date	—	System Description: 25% Reduction	☐ Business	No. Persons	8
Pump Make	—	Model	—	Serial #	—	Repair System Description: CP - PPBPS - 50% Reduction	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	2	Linear Ft:	100	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width	36.	Trench Bottom Depth (~~cover~~)	30in	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☒ Public ☐ Community

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:

Soil + Forestry Services of the Carolinas PA

LSS # 1231

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.

Installed as Drawn

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**

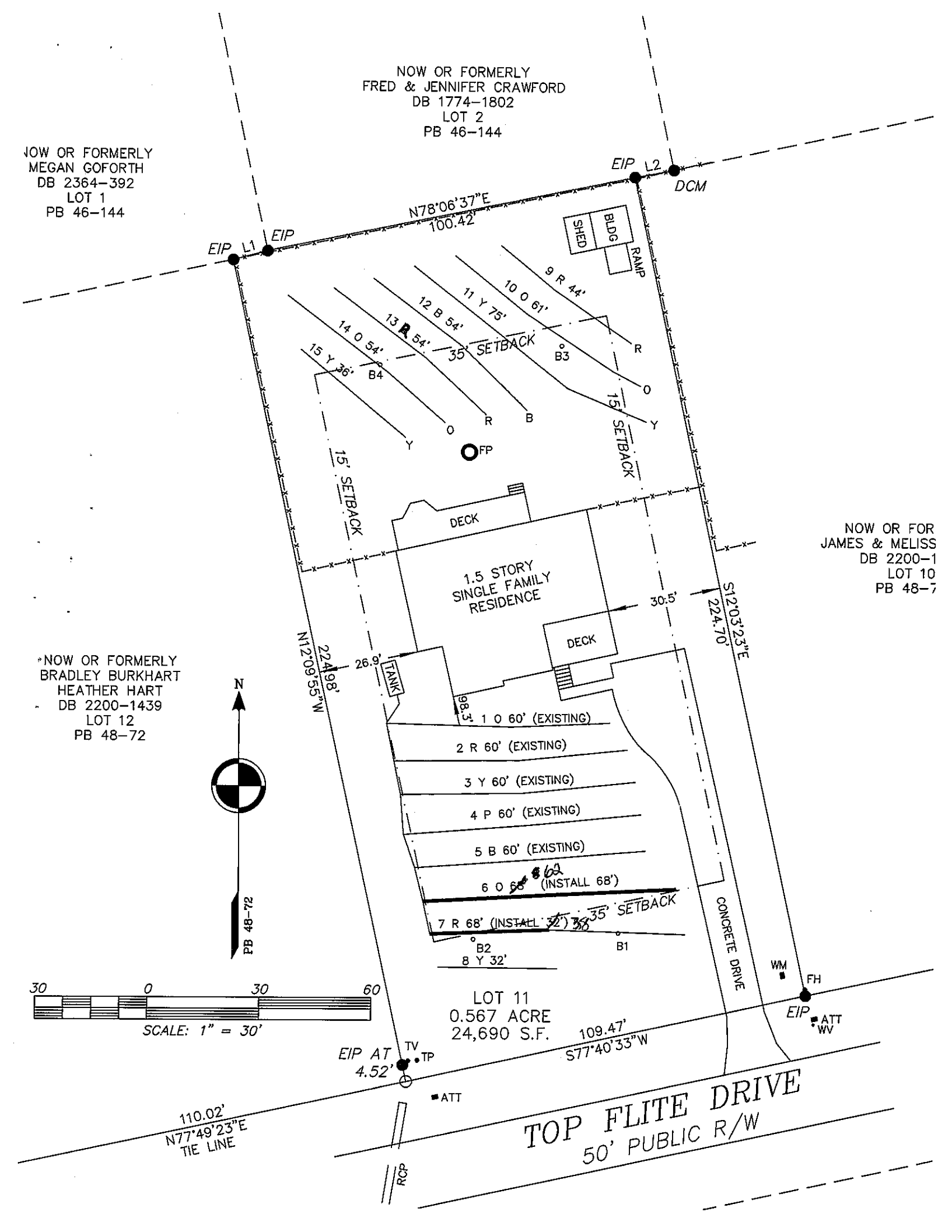
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: by Oral Date: 4/21/21 Installed by: Kelly Excavating 5777

IMPROVEMENT PERMIT by: Date: 6-17-2020 OPERATION PERMIT by: Cary Whit Date: 4/27/22

AUTHORIZATION TO CONSTRUCT by: Date: 1/14/2022 Existing System Inspected by: Date:

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


NOW OR FORMERLY
FRED & JENNIFER CRAWFORD
DB 1774–1802
LOT 2
PB 46–144
NOW OR FORMERLY
MEGAN GOFORTH
DB 2364–392
LOT 1
PB 46–144
EIP L2
DCM
EIP L1
EIP
N78°06'37"E
100.42'
SHED
BLDG
RAMP
9 R 44'
10 O 61'
11 Y 75'
12 B 54'
13 R 54'
14 O 54'
15 Y 36'
35' SETBACK
B3
B4
FP
15' SETBACK
15' SETBACK
DECK
1.5 STORY
SINGLE FAMILY
RESIDENCE
DECK
30.5'
S12°03'23"E
224.70'
NOW OR FOR
JAMES & MELISS
DB 2200–1
LOT 10
PB 48–7
NOW OR FORMERLY
BRADLEY BURKHART
HEATHER HART
DB 2200–1439
LOT 12
PB 48–72
N12°09'55"W
224.98'
26.9'
TANK
98.3'
1 O 60' (EXISTING)
2 R 60' (EXISTING)
3 Y 60' (EXISTING)
4 P 60' (EXISTING)
5 B 60' (EXISTING)
6 O 68' $62 (INSTALL 68')
7 R 68' (INSTALL 32') 38
35' SETBACK
B2
8 Y 32'
B1
CONCRETE DRIVE
WM
FH
EIP
ATT
WV
N
PB 48-72
30 0 30 60
SCALE: 1" = 30'
LOT 11
0.567 ACRE
24,690 S.F.
109.47'
S77°40'33"W
EIP AT
4.52'
TV
TP
ATT
110.02'
N77°49'23"E
TIE LINE
RCP
TOP FLITE DRIVE
50' PUBLIC R/W

RECEIVED JAN 11 2022

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Alair Homes Hickory - Alex Pierce Address: 2318 Maiden Blvd Zip: 28645
Applicant Email: Alex.pierce@alairhomes.com Phone: (828) 381-9277 Alt. Phone:
Owner Name: Blake & Kelsey Sanders Address: See below Zip: 28677
Owner Email: Koli11@charter.net Phone: (828) 505-5075 Alt. Phone:

Property Information:

Street Address: 126 Top Flite Drive, Statesville NC 28677
Subdivision Name: Augusta Greens Section/Phase: 2 Lot Number: 11
Driving Directions: Mock Rd. to Tiffeni, turn on Top Flite, House on Right

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(✓) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

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

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

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 5-19-09
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: Accepted

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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

Signature: Alex Pierce 1-11-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Kelsey Oliver Sowers, am the legal owner(s) of the property located at 126 Top Flite Dr Statesville, NC 28677, identified as PIN (Parcel Identification Number) 3791550163, located in Iredell County, North Carolina. I do hereby authorize (**print legal representative/company name**) Alex Pierce / Alex Home Hackney _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ Signature of Owner(s)

1/11/22 Date

Mooresville - Environmental Health

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

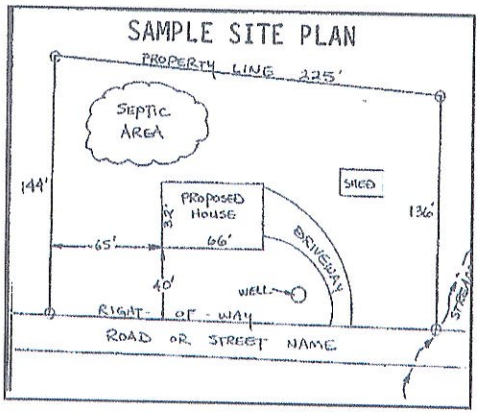
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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



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

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

Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

- See attached septic permit plans
- See attached Floor plans

Signature: _____

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

1-11-22

DATE

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 20-0045
June 9th, 2020

Blake & Kelsey Sowers
Attn: *Cody Byrd*
Email: cody.byrd@alairhomes.com

RE: Soil & Site Evaluation for a 4 Bedroom Residence (Existing 3BR Expansion to 4BR) at 126 Top Flite Drive, Statesville, NC 28677, Lot 11, 0.567 ac Parcel, PIN# 3793550163, Iredell County.

Blake & Kelsey:

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 with grass cover. Topography within the evaluated area was gently to moderate slope. There is an existing 3 bedroom house and septic onsite. Property lines, existing septic, proposed expansion lines & repair, house, drive and soil borings were marked after the evaluation by Williams Land Surveying. The Surveyor provided an Autocad File of the survey as a basemap. This map was used to produce the attached *Site Plan*.

Methodology

We evaluated soil areas through the use of hand augers. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with four boring locations on the property that were flagged. Four of the soil borings are located in the proposed septic expansion and repair area. 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 was located via 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 Survey. Detailed system & repair information is summarized in the following paragraph for this Lot.

Lot 11 (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 846 linear feet of line. The primary system is proposed as 300' of **EXISTING** Accepted (25% Reduction) drainfield and **100'** of **Proposed** Accepted (25% Reduction) drainfield with gravity distribution. Trench depth is specified at 30 inches. The repair system has available 410' of PPBPS (50% Reduction) drainfield with Low Pressure distribution. Trench depth is specified at 30 inches.

Session Law Requirements

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

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

Owner

Date

Print Name Kelsey Sowers
Signature

6/11/2020

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

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

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas at 126 Top Flite Drive, Statesville, NC 28677 may nullify this design. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

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

Lot 11 (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 846 linear feet of line. The primary system is proposed as 300' of **EXISTING** Accepted (25% Reduction) drainfield and **100'** of **Proposed** Accepted (25% Reduction) drainfield with gravity distribution. Trench depth is specified at 30 inches. The repair system has available 410' of PPBPS (50% Reduction) drainfield with Low Pressure distribution. Trench depth is specified at 30 inches.

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Owner Date

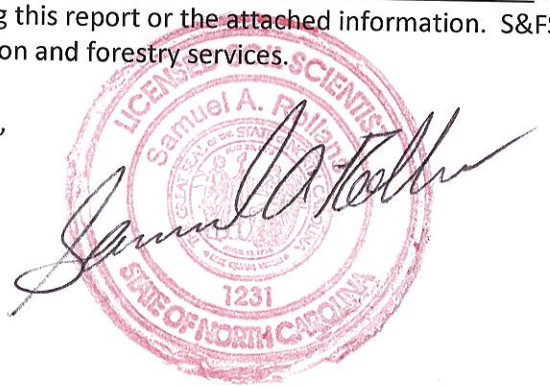
Print Name_____
Signature_____ _____

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

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

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas at 126 Top Flite Drive, Statesville, NC 28677 may nullify this design. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,



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

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for the Expansion of an Existing 3BR Accepted (25% reduction) Septic System with gravity distribution to a 4BR for a single family residence at 126 Top Flite Drive, Statesville, NC 28677 (PIN #:3793550163).

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2-3
Layout Specifications	4
Site Plan/System Plan	5
Calculations	6
Profile Descriptions	7
Application	8-9
Agent Authorization Form	10
Operations Permit	11
Session Law Report	COVER



June 9, 2020
Project #: 20-0045
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

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

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a pump to PPBPS installation with low pressure distribution.
- **INSTALLER TO ADD LINES 6 & 7 TO EXPAND EXISTING 3BR TO 4 BR**

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Owner/Applicant:	Blake & Kelsey Sowers
Address:	126 Top Flite Drive Statesville, NC 28677
Phone:	828.292.5664
County:	Iredell
Location:	126 Top Flite Drive

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	N/A

Design Specifications

Drainfield Size:	400	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Trench Depth:	30 in.	Repair Trench Bottom 30 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	

Estimated Supply Line Length:	10
Supply Line Diameter:	4 in. SCH 40 PVC
Supply Line Volume:	6.53
Dosing Volume:	N/A
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	N/A
Recommended Control Panel:	N/A
Pressure Head:	N/A
Friction Head:	N/A
Elevation Head:	N/A
Total Dynamic Head:	N/A
Threaded Union:	N/A
Gate Valves:	N/A
Check Valves:	N/A
Anti-Siphon Hole:	N/A
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

126 Top Flite Drive

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	1200
TOTAL LATERAL LENGTH:	400
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	400
SUPPLY LINE LENGTH:	10
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - 126 Top Flite Drive

Project #: 20-0045

LAYOUT FOR 4 BEDROOM HOME

June 9, 2020

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	***ORANGE***		*EXISTING*			*60*	*60*
2	***RED***		*EXISTING*			*60*	*60*
3	***YELLOW***		*EXISTING*			*60*	*60*
4	***PINK***		*EXISTING*			*60*	*60*
5	***BLUE***		*EXISTING*			*60*	*60*
6	***ORANGE***		***INSTALL***			*68*	*68*
7	***RED***		***INSTALL***			*68*	*32*
8	YELLOW					32	32
9	RED					44	44
10	ORANGE					61	61
11	YELLOW					75	75
12	BLUE					54	54
13	RED					54	54
14	ORANGE					54	54
15	YELLOW					36	36
					Total	846	810

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	TRENCH SYSTEM
* *System*	*400*	*0.300*	*ACCEPT.*	*0.300*	*25% RED*	*GRAVITY*	*30"*
Repair	410	0.300	MOD. CONV.	0.300	PPBPS	LOW PRESSURE	30"

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**Nitrification lines were located by Survey.

CALCULATIONS

Location 126 Top Flite Drive

Project Number 20-0045

Lot No: 11

No. of Bedrooms 4

Design Flow 480 $^{gal}/_{day}$

LTAR 0.300 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) NO

Supply Line Length 10 ft.

Supply Line Volume 6.53 gal.

Required Feet of Line 400 ft.
Amount of Line from Layout 400 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A ft.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 3793550
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Blake & Kelsey Sowers
ADDRESS: 126 Top Flite Drive, Statesville NC 28677
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 126 Top Flite Drive, Statesville NC 28677
APPLICATION DATE
DATE EVALUATED: 4/30/20
PROPERTY SIZE: 0.568 AC
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	L/8-10%	0-9	Fill			55			PS .3
		9-13	BSL Gr	Fr SS SP					
		13-17	RBCL wfsbk	Fr SS SP					
		17-36	RC wmsbk/1A6k	F SS SP					
		36-55	RBCL wfsbk	Fr SS SP	Few SAP Incl.				
B 2	L/8-10%	0-11	RBCL wfsbk	Fr SS SP		44			PS .3
		11-44	BRC wmsbk/1A6k	F SS SP					
		44-48	RBCL wfsbk/1A6k	Fr SS SP	Few SAP				
B 3	L/5-8%	0-7	RBCL wfsbk	Fr SS SP		48			PS .3
		7-38	RC wmsbk/1A6k	Fr SS P					
		38-48	RCL wfsbk	Fr SS SP	Few SAP				
B 4	L/5-8%	0-4	BSL Gr	Fr SS SP		48			PS .3
		4-9	RBSCL wfsbk	Fr SS SP					
		9-30	BRC wmsbk	Fr SS P					
		30-46	RC wmA6k/sbk	Fr SS SP	Few Quartz Veins				
		46-48	RBCL wfsbk/1A6k	Fr SS SP	Few SAP				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Reduction	PPBPS
Site LTAR	.3	.3

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

COMMENTS:

LICENSED SOIL SCIENTIST Samuel A. Rollins 1231 STATE OF NORTH CAROLINA

RECEIVED JUN 1 6 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

* Expansion from 3BR to 4BR Adding BR to Bonus Rm. **APPLICATION FORM** Paid $500.00 AP-308307

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Soil & Forestry Svcs Address: PO Box 832 Mooresville NC Zip: 28115
Applicant Email: ashleyrollans@gmail.com Phone: 7047465046 Alt. Phone: _____
Owner Name: Blake & Kelsey Somers Address: _____ Zip: _____
Owner Email: cody.byrd@dalairhomes.com Phone: 8282925664 Alt. Phone: _____

Property Information:

Street Address: 126 Top Flite Drive, Statesville NC 28677
Subdivision Name: Augusta Greens Section/Phase: 2 Lot Number: 11
Driving Directions: Mock Mill to Titleist, R on Top Flite, House on Rt

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 5/19/09
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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?
( ) Yes (X) 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: _____ 6/9/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC -18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Kelsey Sowers, am the legal owner(s) of the property located at 126 Top Flite Dr Statesville, NC 28677, identified as PIN (Parcel Identification Number) 3793550163.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) James / Ashley Rollins Rollins Soils Environmental Services, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	6/8/2020		6-8-20

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

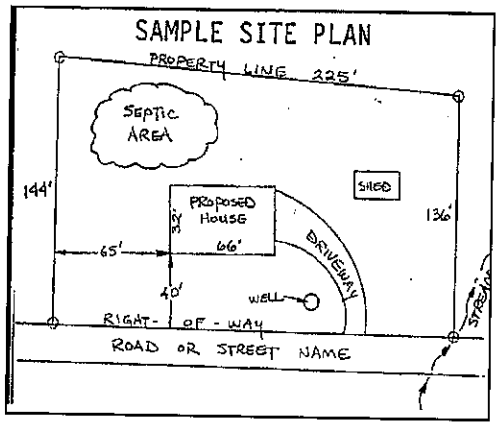
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

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

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

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See Attached

Signature: _____ 6/9/20

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

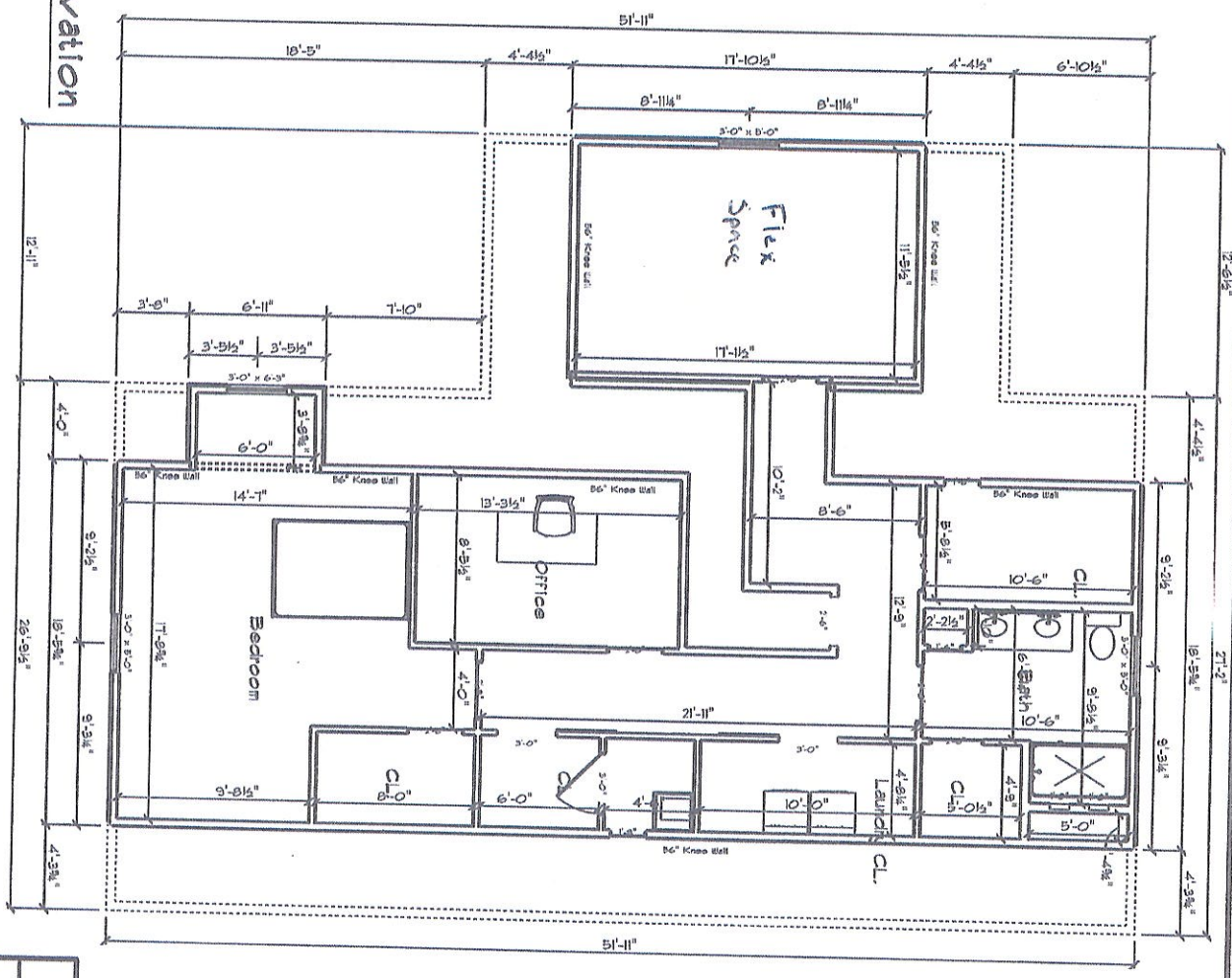
Acknowledgement Of
Plans Submittal ONLY!

_____Date_____

_____Date_____

Attic Renovation

SCALE: 3/16" = 1'-0"



Alair Homes Hickory
Phone: 828-322-0875
Contact: Rick

SOFTPLAN

SECTION LETTER A
PAGE NUMBER 111

Sowers Attic Renovation
196 Trail Ridge Drive
Statesville, NC 28677
FAX:

DRAWN BY:
SCALE: 3/16" = 1'-0"
DATE: Monday, June 28, 2021

PAGE: 3 / 9

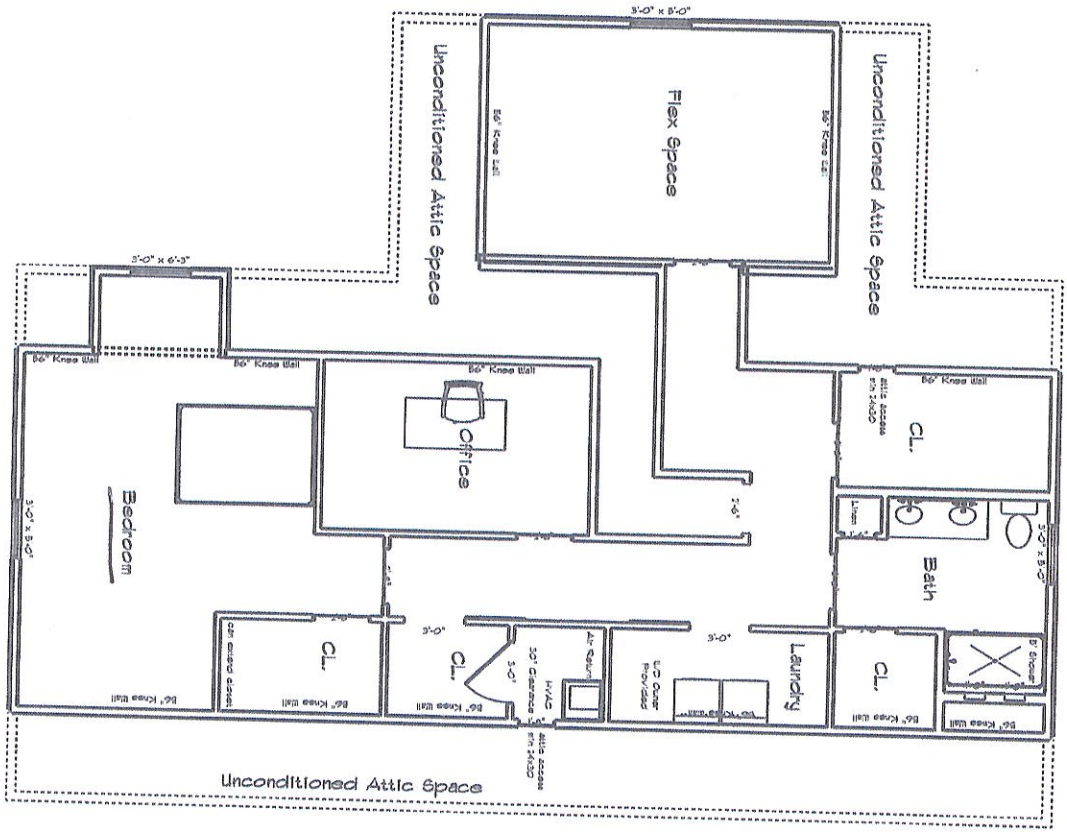
Acknowledgement Of
Plans Submittal ONLY!

BAB Date 1/14/2022

Date 1-27-2022

Attic Renovation

SCALE: 3/16" = 1'-0"



Alair Homes Hickory

Sowers Attic Renovation

SHEET NO. 2

Attic Renovation

132 Top Flite

Acknowledgement Of
Plans Submittal ONLY!

BAB Date 1/14/2022

Date 1-27-2022

