Public Health
HEALTH AND HUMAN SERVICES

RICHARD O. BRAJER
*Secretary*

DANIEL STALEY
*Director, Division of Public Health*

# COMMON FORM FOR ENGINEERED OPTION PERMIT

*See Instructions for Use in Appendix A*

***Except for "Date received", this Section to be completed by the Professional Engineer licensed in accordance with G.S. 89C***

LHD USE ONLY: Initial submittal of this NOI received: _____ *Date* by _____ *Initials*

**PART 1: Notice of Intent to Construct (NOI)**

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): Josue Silva

   Mailing address: 9432 Tavistock Ct City: Matthews State: NC Zip: 28105

   Telephone number: 5137661193 E-mail Address: Jandksilva@gmail.com

2. Professional Engineer (PE) name: Brett G. Schaefer License number: 036114

   Mailing address: 6945 Curlee Ct. City: Charlotte State: NC Zip: 28277

   Telephone number: 631-786-4601 E-mail Address: _____

3. Licensed Soil Scientist (LSS) name: Steven J. Melin License number: 1254

   Mailing address: 15 Lone Coyote Ridge City: Fletcher State: NC Zip: 28732

   Telephone number: 828-551-9903 E-mail Address: SJMelin@gmail.com

4. Licensed Geologist (LG) (if applicable) name: _____ License Number: _____

   Mailing address: _____ City: _____ State: _____ Zip: _____

   Telephone number: _____ E-mail Address: _____

5. On-site Wastewater Contractor name: Brian Grissom License number: 6821

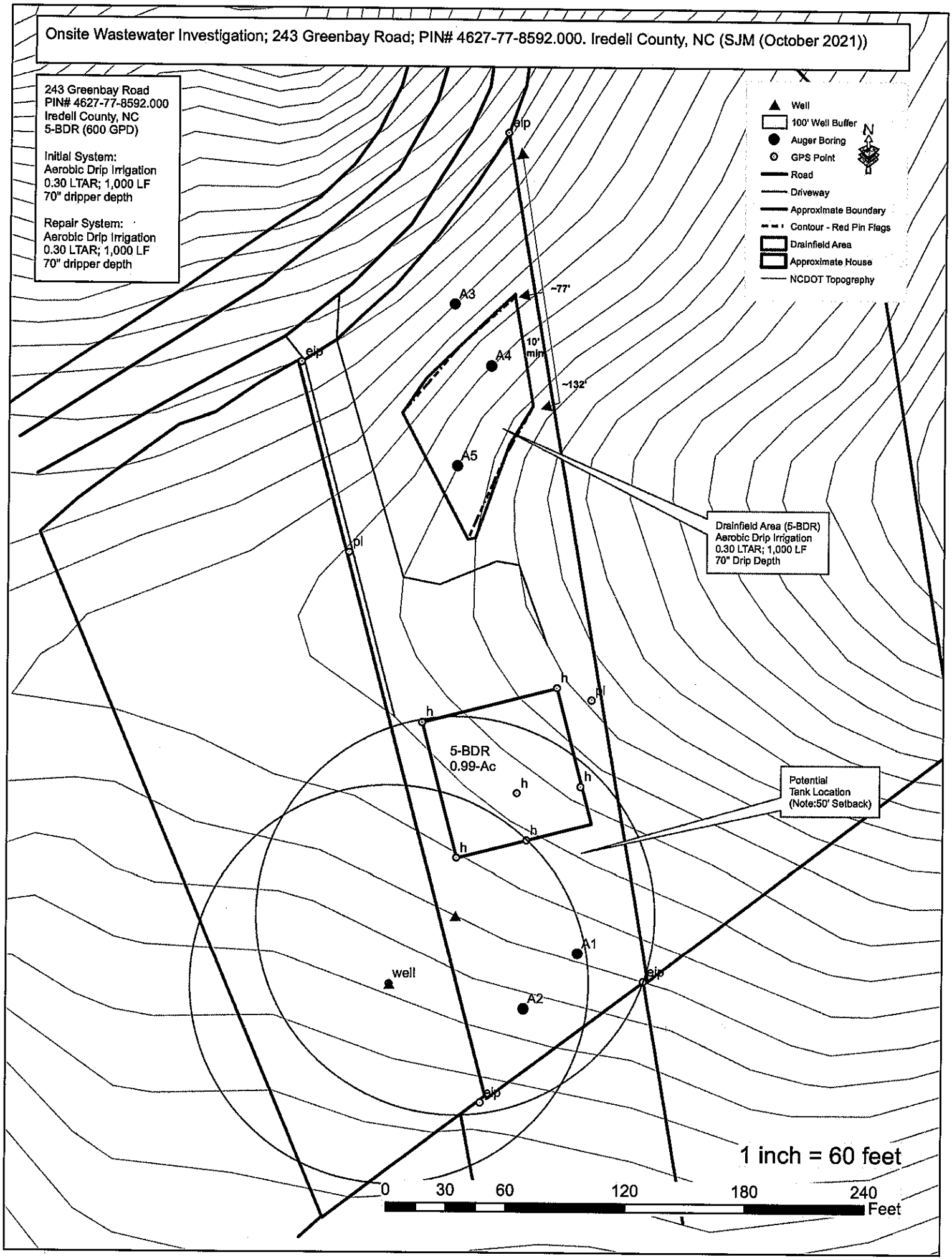
   Mailing address: 168 Hwy 274, Ste 155 City: Lake Wylie State: _____ Zip: 29710

   Telephone number: 803-627-4917 E-mail Address: briangrissom@alternativesepticservices.com

6. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:
   ☑ PE ☑ LSS ☑ LG ☑ On-site Wastewater Contractor

7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): ✓ PID: 4627-77-8592.000
   County Name: Iredell ✓ 243 Greenbay Rd. - MVL 28117
   ✓ Greenbay Forest, Lot 14

Nothing Compares℠


Onsite Wastewater Investigation; 243 Greenbay Road; PIN# 4627-77-8592.000. Iredell County, NC (SJM (October 2021))
243 Greenbay Road
PIN# 4627-77-8592.000
Iredell County, NC
5-BDR (600 GPD)
Initial System:
Aerobic Drip Irrigation
0.30 LTAR; 1,000 LF
70" dripper depth
Repair System:
Aerobic Drip Irrigation
0.30 LTAR; 1,000 LF
70" dripper depth
Well
100' Well Buffer
Auger Boring
GPS Point
Road
Driveway
Approximate Boundary
Contour - Red Pin Flags
Drainfield Area
Approximate House
NCDOT Topography
N
A1
A2
A3
A4
A5
well
~77'
~132'
10' min
Drainfield Area (5-BDR)
Aerobic Drip Irrigation
0.30 LTAR; 1,000 LF
70" Drip Depth
5-BDR
0.99-Ac
Potential
Tank Location
(Note:50' Setback)
1 inch = 60 feet
0
30
60
120
180
240
Feet

Alternative Septic Services, LLC

15 Lone Coyote Ridge
Fletcher, NC 28732

**243 Greenbay Road**
**PIN# 4627-77-8592.000 (Iredell County)**
**5-BDR (600 GPD)**
**Saprolite System: No**

10/3/2021

## Septic System Calculation Worksheet

### Initial System = Aerobic Drip Irrigation
### Recommended Drip Tubing Depth: 70"

| Gal / Day | Trench Width (Inches) | Trench Equivalency (Feet) | Soil Depth on 0% Slope |
|---|---|---|---|
| 600 | | | 82 |

| Slope | Auger# | Suitable Soil Depth (in.) | Total Suitable Depth/ Sap. Depth (in.) | Soil Needed (slope adjusted) (in.) | [1] Total Depth of Saprolite Required (2:1 ratio) factoring Soil Depth (in.) | Fill Material Required (in.) | Morphological Based Field LTAR |
|---|---|---|---|---|---|---|---|
| 9% | A3 | 82 | 82 | 82.0 | N/A | 0 | 0.3 |
| 12% | A4 | 88 | 88 | 82.0 | N/A | 0 | 0.3 |
| 10% | A5 | 88 | 88 | 82.0 | N/A | 0 | 0.3 |
| | | | | | **LTAR Utilized** | | **0.30** |
| | | | | | **Linear Feet Required** | | **1000** |

### Repair System = Aerobic Drip Irrigation
### Recommended Drip Tubing Depth: 70"

| Gal / Day | Trench Width (Inches) | Trench Equivalency (Feet) | Soil Depth on 0% Slope |
|---|---|---|---|
| 600 | | | 82 |

| Slope | Auger# | Suitable Soil Depth (in.) | Total Suitable Depth/ Sap. Depth (in.) | Soil Needed (slope adjusted) (in.) | [1] Total Depth of Saprolite Required (2:1 ratio) factoring Soil Depth (in.) | Fill Material Required (in.) | Morphological Based Field LTAR |
|---|---|---|---|---|---|---|---|
| 9% | A3 | 82 | 82 | 82.0 | N/A | 0 | 0.3 |
| 12% | A4 | 88 | 88 | 82.0 | N/A | 0 | 0.3 |
| 10% | A5 | 88 | 88 | 82.0 | N/A | 0 | 0.3 |
| | | | | | **LTAR Utilized** | | **0.30** |
| | | | | | **Linear Feet Required** | | **1000** |

[1] [(soil depth needed-soil depth) x 2] + Soil depth = sap. Depth needed.
Above equation only to be used if the difference in soil depth needed and actual soil depth present = 12" or less

# SOIL/SITE EVALUATION

*(Continuation Sheet)*

Sheet ___ of ___

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

243
Granby

PROPERTY ID #:
DATE OF EVALUATION: 9-22-21
COUNTY: Iredell

LICENSED SOIL SCIENTIST
STEVEN J. MOLIN

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON | DEPTH (IN.) | SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 8+ | BA | 0-18 | SbL / gr | vfr | 5Y 5/4 | | | | |
| | | Bt | 18-28 | sbk c | Fi | 10YR 5/6 | | | | |
| | | Bt | 28-49 | AbL Firm | tiger stain | mcs | 178" | | 28-49" | 0.3 |
| | | Bt | 49-78 | 1/2 inch / col | F | | | | | DI-4 |
| | | | | | | Rmar | | | | 64" Qm |
| 2 | 7+ | Ap | 0-8 | lmsgr / cl | FR | 5Y 3/2 | | | | |
| | | Bt | 8-25 | Abk / c | Fi | 10YR 5/4 | | | | |
| | | Bt | 25-59 | Abl / c | Fi | +mcs | 177 | | 25-59" | 0.3 |
| | | Bc | 59-77 | 1/2 inch sl | Fi (2%) | | | | | 64" |
| | | | | | 64" Qmar | Rmar | | | | Dr |
| 3 | 9 | | 0-8 | Cn / sl | | | | | | |
| | | Bt | 8-60 | AbL tiger stain | | mcs | | | 8-60 | 0.3 |
| | | Bc | 60-80 | clay wp | | 5Y 5/6 | 180 | | | 62" |
| | | | | | | +r | | | | |
| | | | | | | Rmar | | | | |
| 4 | 12+ | Bt | 0-18 | lmsbk / cL | Fr | 5YR 5/6 | | | | |
| | | Bt | 18-40 | AbL / c | Fi | 10R 5/6 | | | | 0.3 |
| | | Bt | 40-61 | sbk / cL | Fr | 10R 4/6 | 188 | | | 72" Qt |
| | | Bc | 61-88 | sbL / sL | FR (5%) | 2.5YR 4/6 | | | | |
| | | | | | | +r | | | | |
| 5 | pf | Ap | 0-9 | lmsgr / sl | Fr | 5YR 4/6 | | | | |
| | | Bt1 | 9-27 | 2 mabk / c | Fi | 2.5YR 4/6 | | | | 0.3 |
| | | Bt2 | 27-55 | 1/2 mabk / c | Fi | 2.5YR 5/8 | 188 | | | 72" |
| | | Bc | 55-88 | lmsbL / cL | Fr (5%) | 2.5YR 5/8 | | | | Qt |
| | | | | | | +r | | | | |

COMMENTS:

Iredell Loam S-BDR 0.30

RECEIVED OCT 1 9 2020

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

AP-311499
$500.00

## Iredell County Health Department – Environmental Health Division

**PAGE 1: *APPLICATION FORM***

**Application For:** (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Team Luter Construction Address: 12405 Cool Mist Lane Zip: 28078
Applicant Email: Teamluter@gmail.com Phone: 704-965-0522 Alt. Phone:
Owner Name: Josue & Kristina Silva Address: 9432 Tavistock Ct. Zip: 28105
Owner Email: JandKSilva@gmail.com Phone: 513-766-1193 Alt. Phone:

**Property Information:**

Street Address: 243 Greenbay Rd.
Subdivision Name: Greenbay Forest Section/Phase: Lot Number: 14
Driving Directions: Hwy 150 west, left on paradise peninsula, left on Greenbay Rd.

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

**CHECK FOUNDATION TYPE**

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines

Maximum Number of Bedrooms: 5
Maximum Number of Occupants:
(X) Swimming Pool Future option
( ) Other Addition/Structure:

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

Describe Problem:

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

**Water Supply:** ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
(X) 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:
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

**Please answer the following to the best of your ability:**

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) 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:** E S Luter 10/5/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

*(Check and sign only ONE of the options below)*

☐ 1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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, Josue Silva, am the legal owner(s) of the property located at 243 Greenbay Rd. Mooresville, identified as PIN (Parcel Identification Number) 4627-~~55-5496~~-77 8592, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Scott Luten Team Luten Construction, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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

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

_____ 10/5/2020
Signature of Owner(s) Date

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

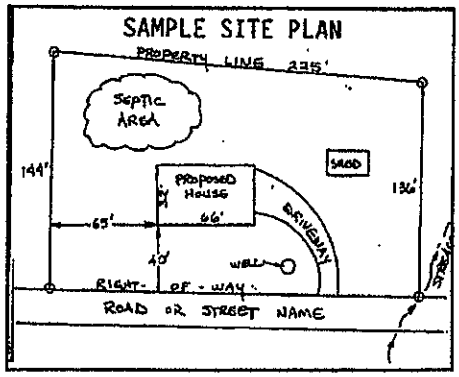
**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# IREDELL COUNTY HEALTH DEPARTMENT

## *ENVIRONMENTAL HEALTH DIVISION*

**PAGE 2: *SITE PLAN WORKSHEET***

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




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

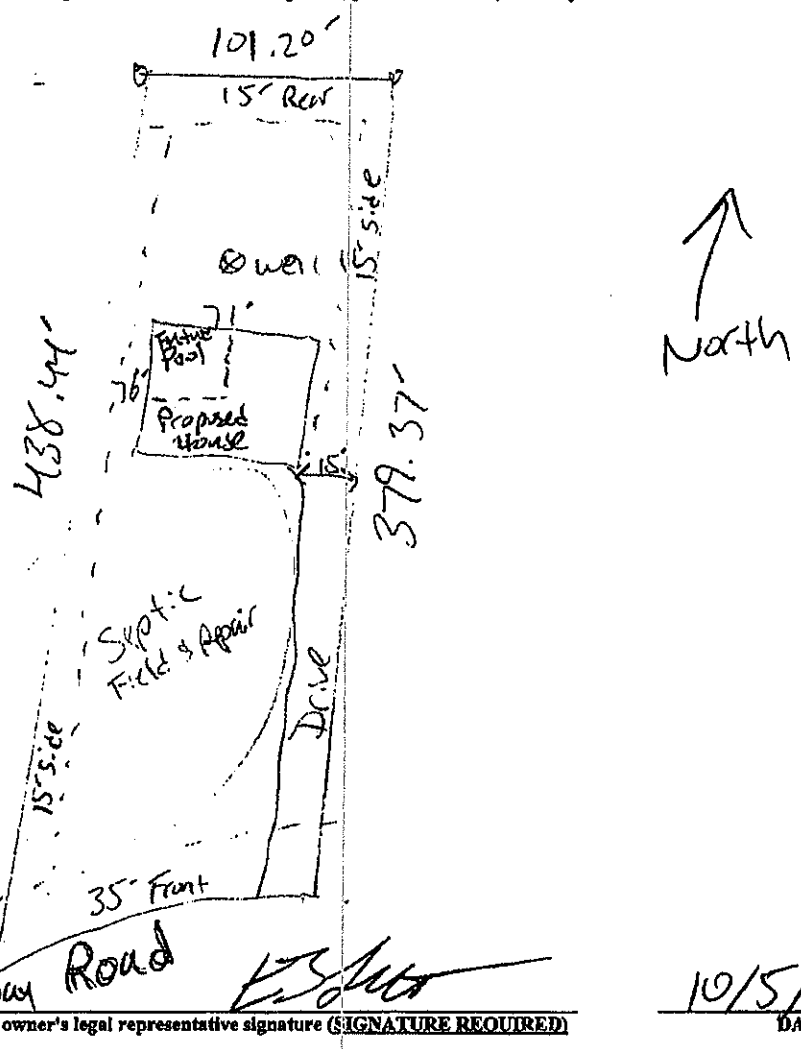
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

Circle N/A on the following if appropriate:

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

## USE THIS SPACE TO DRAW YOUR SITE PLAN

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




**Signature:** _____ _____

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

10/5/2020

DATE

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 311499<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4627778592.000 | 243 GREENBAY RD | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: PRINCETON ASSET MANAGEMENT LP | Name: TEAM LUTEN CONSTRUCTION LLC |
| Address: PO BOX 3604 | Address: 12405 COOL MIST LANE |
| MOORESVILLE, NC 28117 | HUNTERSVILLE, NC 28078 |
| Phone: | Phone: (704)965-0522 |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0.99 | 35 | 35 | 15 | 15 | WSIV-CA Catawba/Lake Norman | NO |

| Remarks |
|---|
| SFD-NEED DISCLAIMER |

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

**Date:** 10/06/2020

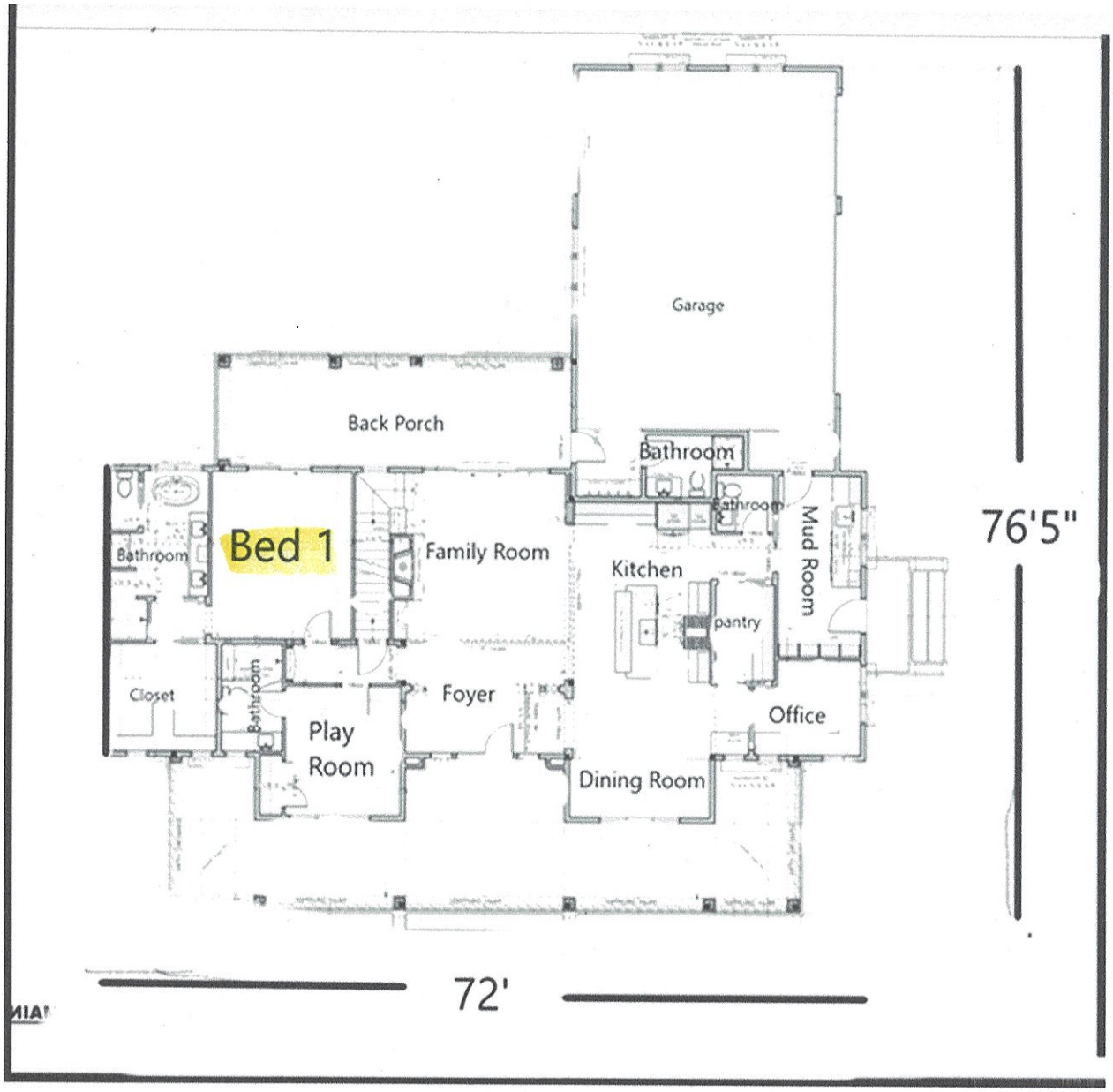
| Permit Number | 311499 |
|---|---|

| TOTAL FEES: | $77.25 |
|---|---|




2/8/21

2/3/2021




Plan ONL
Date 2/8/21

Patrick J Bagley III Date 2/3/2021

8. Type of facility: ☑ Place of residence No. Bedrooms: 5 No. Occupants: 10
☐ Place of business Basis for flow calculation:_____
☐ Place of public assembly Basis for flow calculation:_____

9. Factors that would affect the wastewater load: N/A (Domestic Wastewater)

10. Type and location of wastewater system: Engineered Waste Water Treatment System (Type Vc) located west of proposed house location (Figure 1).

11. Design wastewater flow: 600 gpd *(For flow >3,000gpd, duplicate plans shall be sent to the State.)*

Design wastewater strength: ☑ domestic ☐ high strength ☐ industrial process *(Duplicate plans shall be sent to the State.)*

12. A plat as defined in G.S. 130A 334(7a) is attached: ☑ Yes ☐ No

13. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j): ☑ Yes ☐ No

14. Easement or encroachment agreement required per 15A NCAC 18A .1938(j): ☐ Yes ☑ No

If yes, documentation filed in _____County Register of Deeds in Deed book _____ Page _____

15. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h): ☐ Yes ☑ No

If yes, agreements filed in _____County Register of Deeds in Deed book _____ Page _____

16. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950: ☑ Yes ☐ No

This is a saprolite system. ☐ Yes ☑ No

17. Soils and site evaluation as defined in 130A-335(a1) signed and sealed by either a LSS or LG is attached: ☑ Yes ☐ No

18. Proposed landscape, site, drainage, or soil modifications are attached: ☐ Yes ☑ NA

***Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C***

I, Brett G. Schaefer hereby attest that the information required to be included with this
*Registered Professional Engineer (Print Name)*
Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336-.1(e)(6).

Brett G. Schaefer 10/4/2021
*Signature of Licensed Professional Engineer* *Date*

***This section is for Owner use to either designate PE as their legal representative or to self-submit the NOI.***

***Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Intent:***

I, Josue Silva hereby designate Brett G Schaefer
*Print Name of Owner* *Print Name of Registered Professional Engineer*

as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.

_____ 10/06/21
*Signature of Owner* *Date*

***Owner self-submittal of NOI:***

I, _____ hereby submit this NOI prepared by _____
*Print Name of Owner* *Print Name of Licensed PE*

pursuant to G.S. 130A-336.1.

_____ _____
*Signature of Owner* *Date*

***NOTES:***

*LIABILITY: The Department, the Department's authorized agents or local health departments shall have no liability for wastewater systems designed, constructed and installed pursuant to an Engineered Option Permit. [(NC General Statute 130A-336.1(f)]*

*RIGHT OF ENTRY: The submittal of this* **Notice of Intent to Construct** *grants right of entry to the Local Health Department and the State to the referenced property.*

*ISSUANCE OF BUILDING PERMIT:* Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section above, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.

State of NC EOP LHD Reference: 311499

*This section for Local Health Department use only.*

**PART 2: *LHD Completeness Review of the Notice of Intent to Construct***

*"(c) Completeness Review for Notice of Intent to Construct. — The local health department shall determine whether a notice of intent to construct, as required pursuant subsection (b) of this section, is complete within 15 business days after the local health department receives the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the department shall notify the owner or the professional engineer of the components needed to complete the notice. The owner or professional engineer may submit additional information to the department to cure the deficiencies in the notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within 10 business days after the department receives the additional information from the owner or professional engineer. If the department fails to act within any time period set out in this subsection, the owner or professional engineer may treat the failure to act as a determination of completeness."*

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

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

Based upon review of information submitted by the PE in Part 1, the following items are missing: _____

Copies of this form listing missing items were sent to the design PE and the Owner on _____ (Date)

via _____ (Email, FAX, USPS, hand-delivered) with directions to re-submit missing items using Page 5 of this form.

☑ COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted by the PE in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the design PE and the Owner on 11/4/21 (Date) via Email (Email, FAX, USPS, hand-delivered).

A copy of this NOI and tracking information was sent to the State on 11/4/21 (Date) via Email (Email, FAX, USPS, hand).

Robert H. Snow (Print Name of Authorized Agent of the LHD) | Robert H. Snow (Signature of Authorized Agent of the LHD) | 11/4/21 (Date)

LHD Reference:_____

## Re-submittal of NOI with missing items included

*This Section is for use by PE to submit items noted as missing during LHD Completeness Review above. Resubmittals must be accompanied by a cover letter from the PE.*

LHD USE ONLY: This NOI resubmittal received: _____ by _____
*Date* *Initials*

| Item # from initial NOI | Resubmittal description |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

### *Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C*

I, _____ hereby attest that the information re-submitted for this Notice of
*Licensed Professional Engineer (Print Name)*

Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336-.1(e)(6).

_____ _____
*Signature of Licensed Professional Engineer* *Date*

*The section below is for Local Health Department use after submittal of items noted as missing above.*

### *LHD Follow-up Completeness Review of Notice of Intent to Construct*

This follow-up review for completeness of this Notice and Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

☐ INCOMPLETE
Based upon review of information submitted by the PE in the RESUBMITTAL above, this Notice of Intent remains INCOMPETE because the following items from Part 1 of this form remain missing: _____

Copies of this signed form were sent to the design PE and the Owner on _____ via _____.
*Date* *Email, FAX, USPS, hand*

☐ COMPLETE
Based upon review of information submitted by the PE in the RESUBMITTAL above in addition to information provided in Part 1 of this form, this NOI is deemed complete.

Copies of this signed form were sent to the PE and the Owner on _____ via _____.
*Date* *Email, FAX, USPS, Hand*

A complete copy of this form with tracking information was sent to the State: _____ via _____.
*Date* *Email, FAX, USPS, hand*

_____ _____ _____
*Print name of authorized Agent of the LHD* *Signature of authorized Agent of the LHD* *Date*

**PART 3: Authorization to Operate (ATO)**

***Except for date received, the Section below is to be completed by the Owner or by the PE designated to act as their legal representative for the EOP.***

LHD USE ONLY: Initial submittal of request for ATO received: _____ (Date) by _____ (Initials)

Date of Post-construction Conference: _____

The following items are included in this submittal for an Authorization to Operate under an EOP:

1. Signed and sealed copy of the Engineer's report that includes:
   a. Signed and sealed evaluation of soil conditions and site features ☑ Yes ☐ No
   b. Drawings, specifications, plans ☑ Yes ☐ No
   c. Reports on special inspections and final inspection ☑ Yes ☐ No
   d. Management Program manual ☑ Yes ☐ No
   e. On-site Wastewater Contractor's signed statement ☑ Yes ☐ No
   f. Signed and sealed statement pursuant to 15A NCAC 18A .1938(h) ☑ Yes ☐ No
2. Fee (as applicable) ☑ Yes ☐ No
3. Notarized letter documenting Owner's acceptance of the system from the PE ☑ Yes ☐ No

***Attestation by the Owner or the PE for Authorization to Operate***

I, Brett G. Schaefer (*Print name of Owner or Professional Engineer*) hereby attest that all items indicated above have been provided to the Iredell County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336-.1(e)(6).

Brett G. Schaefer — *Signature of Owner or Professional Engineer*

11/15/21 — *Date*

***This section for LHD Use Only.***

***LHD Review of required information for the ATO***

☐ INCOMPLETE

Based upon review of information submitted by the Owner or PE in the Section above, the following items are missing from the information required for an Authorization to Operate for an EOP: _____.

Copies of this signed form were sent to the design PE and the Owner on _____ (Date) via _____ (Email, FAX, USPS, hand).

☑ COMPLETE

Based upon review of information submitted by the Owner or PE in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.1(m).

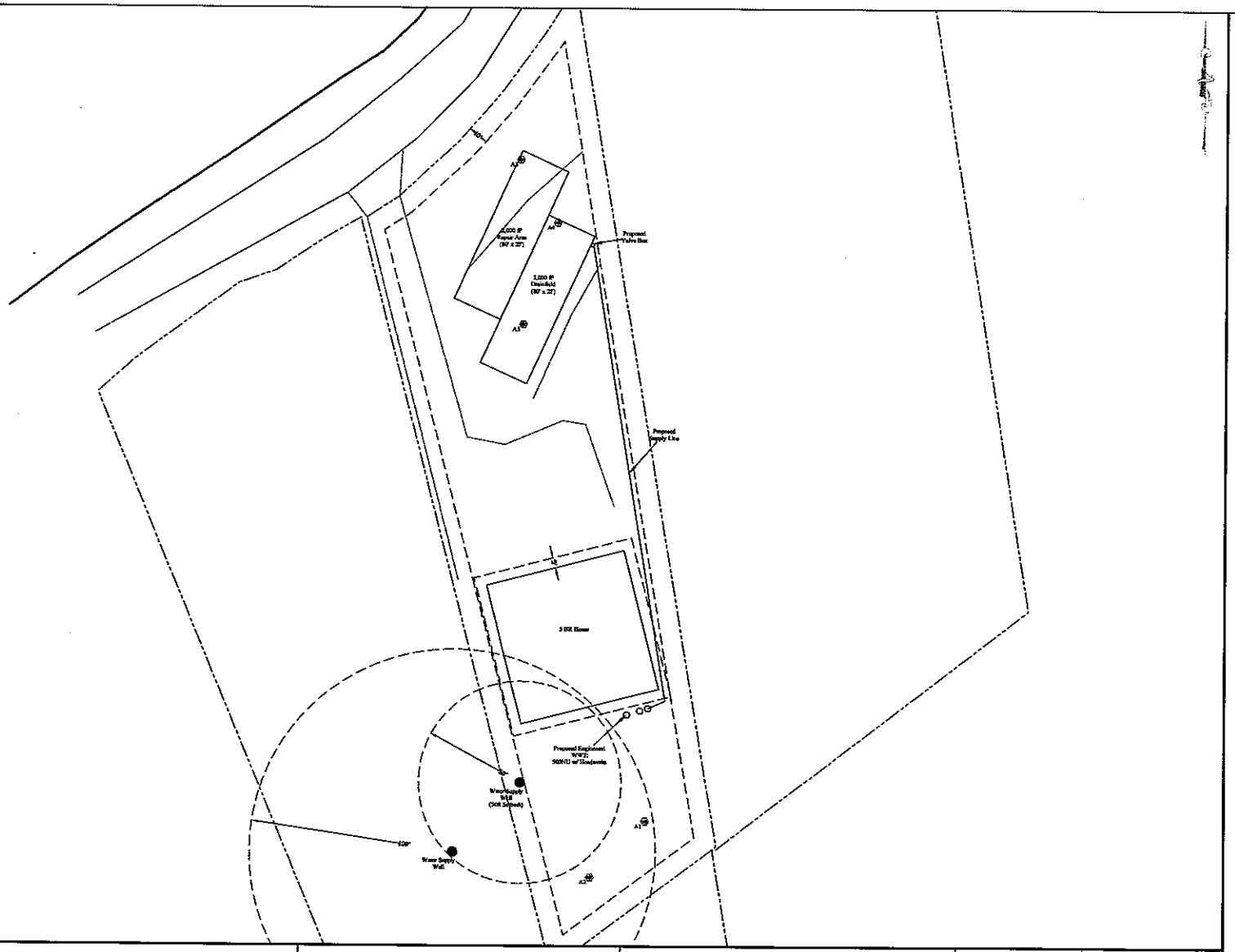
A copy of this complete NOI/ATO with tracking information was sent to the State on 11-17-2021 (Date) via Email (Email, FAX, USPS, hand).

Benjamin A. Bottkins — *Print Name of Authorized Agent of the LHD*

Benjamin A. Bottkins — *Signature of Authorized Agent of the LHD*

11-17-2021. — *Date*

*ISSUANCE OF CERTIFICATE OF OCCUPANCY:* Once the LHD determines completeness based upon the PE submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.




## Legend

- Approximate Property Line
- Buffer Line
- Soil Boring

**Notes:**

All locations, dimensions, and property lines depicted on this plan are approximate. This plan should not be used for construction or land conveyance purposes.

All WWI component locations are subject to change based on site conditions and construction activities.

NORTH CAROLINA PROFESSIONAL SEAL 036114 ENGINEER BRETT G. SCHAEFER

Brett G. Schaefer

| | | | | |
|---|---|---|---|---|
| 243 Greenbay Road<br>Morrisville, NC | Proposed Waste Water Treatment System | 50 25 0 25 50 | DRAWN BY: BS | DESIGNED BY: BS |
| | | | SCALE: 1" = 50' | DATE: 10/4/21 |
| | | | | FIGURE NO.: 1 |

# Drain Field and Drain Line Calculation Sheet

**Address:** 243 Greenbay Road, Morrisville, NC
(5 BR House)

**Number of Bedrooms**
5

**Soil Scientist:** Alternative Septic Services, LLC

**Drain Loading Rate:** 0.3

| Given Gal Per Day | Soils Report (LR) Loading Rate/SF | GPD/LR=SF | Drain Lines 2 Feet OC SF/2=LF |
|---|---|---|---|
| 600 | 0.3 | 2000.00 | 1000.00 |

| LF | Emitters 2' OC | # of Emitters |
|---|---|---|
| 1000.00 | 2 | 500.00 |

| # of Emitters | Emitter Flow (GPH) | GPH |
|---|---|---|
| 500.00 | 0.53 | 265.00 |

| GPH | Minutes | GPM (Dosing Rate) |
|---|---|---|
| 265.00 | 60 | 4.42 |

| GPD | # of Doses/Day | Gal per Dose |
|---|---|---|
| 600 | 12 | 50.00 |

| Gal per Dose | GPM (Dosing Rate) | Run Time in Minutes |
|---|---|---|
| 50.00 | 4.42 | 11.32 |

PT=Pressure Time
2.79 min.

| Dosing Every 240 Minutes | Run Time-Minutes | Rest Time-Minutes |
|---|---|---|
| 240 | 11.32 | 228.68 |

Calculations for length of drain lines are based on the recommendations of Alternative Septic Services, LLC
Registered Soil Classifier. Recommended flow rate (LR/SF): 0.3
Dosing Rate based on emitter flow rate of 0.53 Gallons per Hour.
**Drain field area to be located within GPS Coordinates as noted on drawing.**
**All water from roofs, roads, and other impervious areas must be diverted away from the drain field area.**

**During construction activities: secure drain field area to prevent any manipulation of soil.**

NORTH CAROLINA PROFESSIONAL SEAL 036114 ENGINEER BRETT G. SCHAEFER

Brett G. Schaefer, PE