CCN

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 305514

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

PIN # 4638420498.000

APPLICANT/OWNER: IQ Custom Construction APPLICANT ADDRESS: 301 Watauga Farm Rd Cleveland NC

SITE ADDRESS: 595 Normandy Rd Mooresville NC 28117 PHONE: — ALT. PHONE 704-578-4451 (LSS)

SITE DIRECTIONS: Hwy 150 to Peeler Rd to Normandy on Left near end SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Normandy Greens SECTION: — LOT # 2 LOT AREA: .901 Acres DESIGN FLOW: 480 gpd L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	B25	Date	8-6-2020	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Gravity - 25% Reduction			☐ Business	No. Persons	8	☒ Private	
Pump Make	—	Model	—		Serial #	—	Repair System Description:	LP - Panel Bldg - 50% Reduction			☐ Other	No. Employees	—	☐ Public	
# Nitrification Fields	1	# Lines	6		Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36	Trench Bottom Depth(Low side)	24		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing			

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group, PA

LSS # 1313

AS BUILT SKETCH

GULLEY TO BE FILLED AND TANK TO BE GRADED TO WITHIN 6", CHANGES NEED LSS APPROVALE 9-16-2020 BCW

INSTALLED AS SHOWN SEE ATTACHED

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

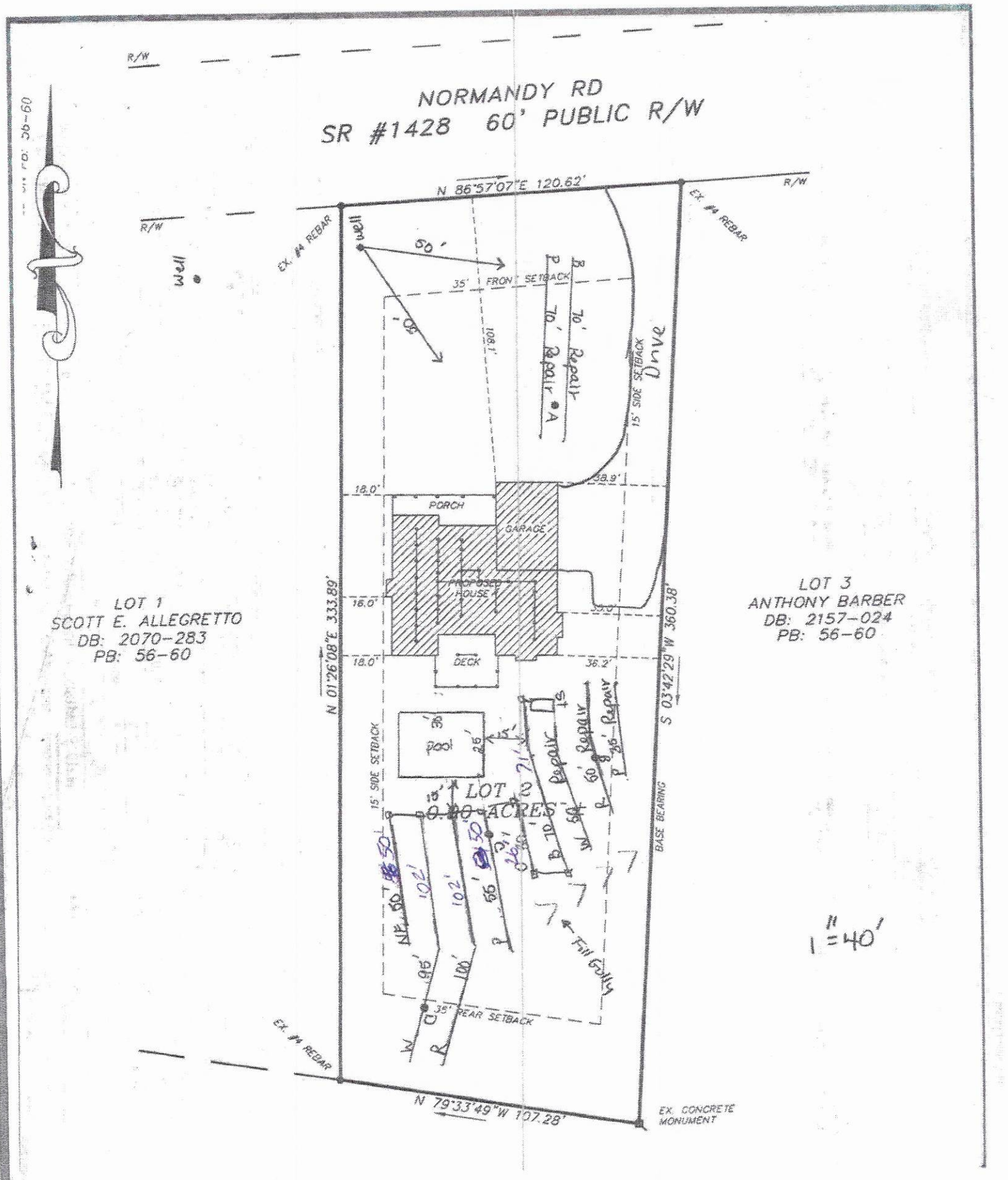
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Acknowledgment Received Date: 4/15/2020 Installed by: ROWAN SEPTIC

IMPROVEMENT PERMIT by: Brian L Bolton Date: 4/15/2020 OPERATION PERMIT by: James Boggs Date: 12-9-2020

AUTHORIZATION TO CONSTRUCT by: Brian L Bolton Date: 4/15/2020 Existing System Inspected by: Date:

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 inspection time.


NORMANDY RD
SR #1428 60' PUBLIC R/W
R/W
N 86°57'07"E 120.62'
EX. #4 REBAR
Well
50'
35' FRONT SETBACK
108.1'
70' Repair
A
15' SIDE SETBACK
Drive
38.9'
18.0'
PORCH
GARAGE
PROPOSED HOUSE
16.0'
DECK
36.2'
N 01°26'08"E 333.89'
S 03°42'29"W 360.38'
LOT 1
SCOTT E. ALLEGRETTO
DB: 2070-283
PB: 56-60
LOT 3
ANTHONY BARBER
DB: 2157-024
PB: 56-60
LOT 2
0.80 ACRES
Repair
Pool
Fill Grade
BASE BEARING
35' REAR SETBACK
N 79°33'49"W 107.28'
EX. CONCRETE MONUMENT
1" = 40'

Normandy Creek Lot 2 - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	24"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	275
Repair Loading Rate	0.3
Repair trench depth	36"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	NF	LP PPBPS	70
2	Repair	NF	LP PPBPS	70
4	Repair	Pink	LP PPBPS	35
5	Repair	Red	LP PPBPS	50
6	Repair	White	LP PPBPS	50
7	System	Blue	25% Reduction	70 endfed
8	System	Orange	25% Reduction	30 endfed
9	System	Pink	25% Reduction	55 endfed
10	System	Red	25% Reduction	100 endfed
11	System	White	25% Reduction	95 endfed
12	System	NF	25% Reduction	50 endfed
				Total System: 400'
				Total Repair: 275'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 595 Normandy Rd

Date: March 5, 2020

Attached is the septic specification information required to permit 595 Normandy Road for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

Kathleen Saunders

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

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

Sheet ___ of ___
RTY ID #: ___
COUNTY: Iredell

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

OWNER: IQ Custom Const
ADDRESS: 301 Watkins Farm Rd Woodleaf NC
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Normandy Lot 2
APPLICATION DATE ___
DATE EVALUATED: 2/17/2020
PROPERTY SIZE: 0.9 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
A	L ~5%	0-6	Mo GR SL	FR NS/NP	DK Br R; F WR (yel Br) R F WR; C Sap	48+	N/A	N/A	0.3
		6-36	Mo SBK C	FR SS/SP					
		36-48	Mo SBK CL	↓					
B	L ~5%	0-6	Mo GR SL	FR NS/NP	Br R R; C Sap	49+	N/A	N/A	0.3
		6-28	Mo SBK C	FR SS/SP					
		28-49	WK SBK CL	↓					
C	L ~5%	0-3	Mo GR SL	FR NS/NP	Br R; F Sap R yel; C Sap	52+	N/A	N/A	0.3
		3-39	Mo SBK C	FR SS/SP					
		39-52	WK SBK C	FR SS/SP					
D	L ~5%	0-4	Mo GR SL	FR NS/NP	DK Br R R; C Sap	48+	N/A	N/A	0.3
		4-18	Mo SBK C	FR SS/SP					
		18-48	WK SBK C	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III 9	~~IV~~
Site LTAR	0.3	0.3

OTHER FACTORS (.1940): None
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: KMS
OTHER(S) PRESENT: ___

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

COMMENTS: ___

Kathleen Saunders

Updated February 2014

RECEIVED MAR 05 2020 Session Law $500 + $550

AP-305514 $1050.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) 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: ( ) 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: IG Custom Const Address: 301 Watkins Farm Rd Cleveland Zip: _____
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 595 Normandy Rd
Subdivision Name: Normandy Creek Lot 2 Section/Phase: _____ Lot Number: 2
Driving Directions: Perth, Normandy, on L near end

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

(X) 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
(X) 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: _____
(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 ( ) 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: Kathleen Saunders 3/5/2020
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

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, IQ Custom Construction, am the legal owner(s) of the property located at 595 Normandy Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** The Oaks Group, 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]	3/5/2020	[signature]	3/5/2020
Signature of Owner(s)	Date	Signature of Witness	Date

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

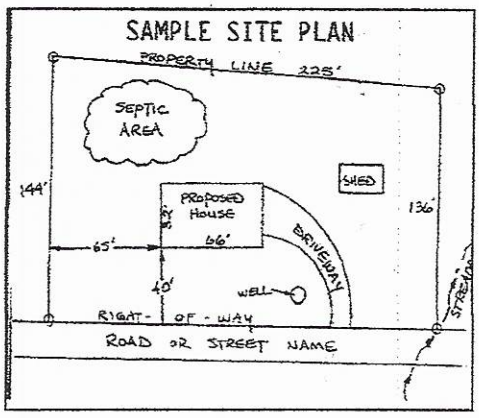
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- (✓) Preferred well location
- (✓) Preferred septic system location
- (✓) 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

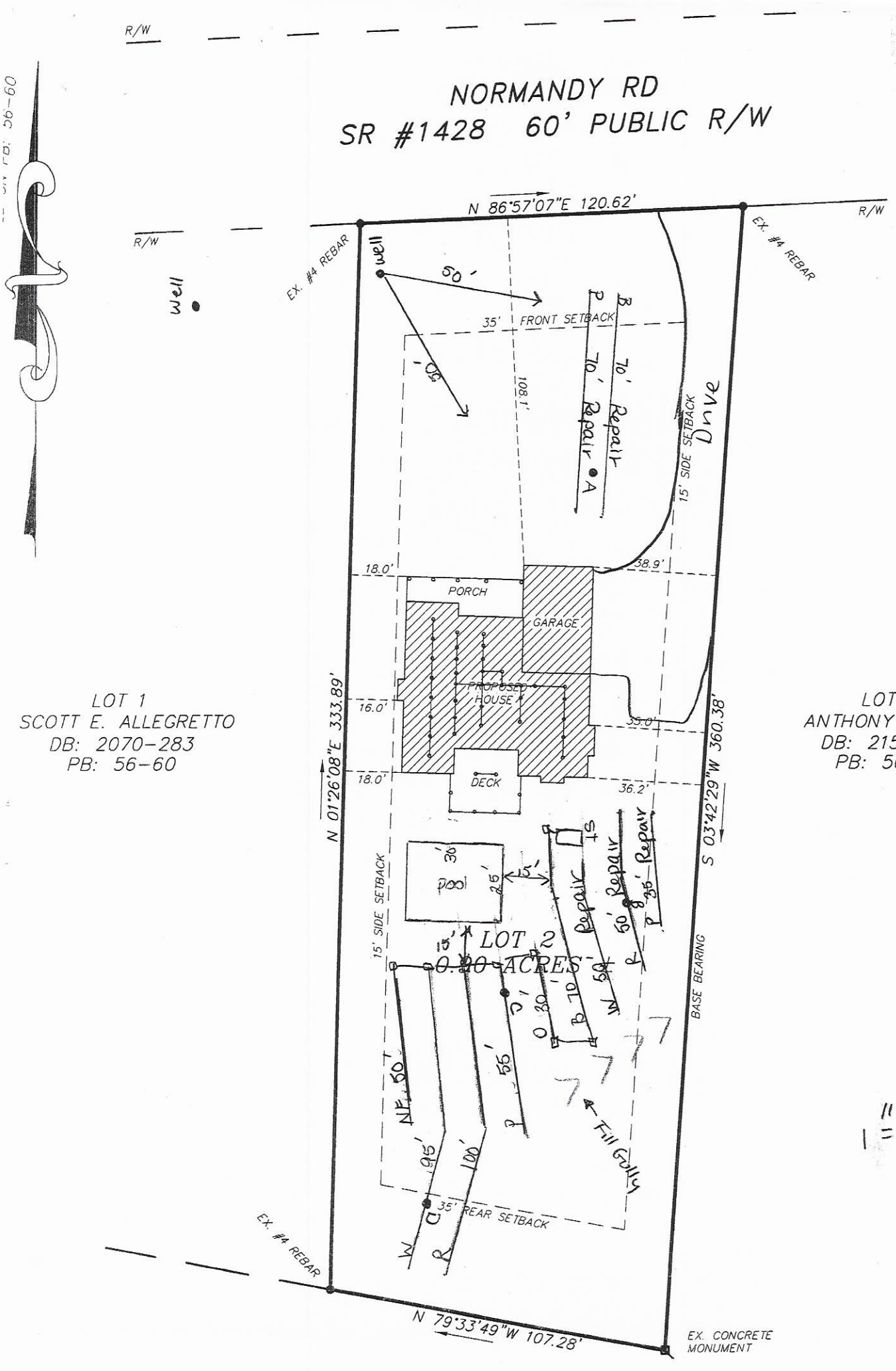
Please see Attached

Signature: Kathleen Saunders

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

3/5/2020

DATE


R/W
NORMANDY RD
SR #1428 60' PUBLIC R/W
N 86°57'07"E 120.62'
R/W
EX. #4 REBAR
EX. #4 REBAR
well
well
50'
35' FRONT SETBACK
108.1'
70' Repair
15' SIDE SETBACK
Drive
18.0'
38.9'
PORCH
GARAGE
PROPOSED HOUSE
16.0'
35.0'
18.0'
36.2'
DECK
N 01°26'08"E 333.89'
S 03°42'29"W 360.38'
15' SIDE SETBACK
pool
36'
25'
5'
LOT 2
0.20 ACRES
Repair
Repair
BASE BEARING
NE 50'
95'
100'
35' REAR SETBACK
Fill Gully
EX. #4 REBAR
N 79°33'49"W 107.28'
EX. CONCRETE MONUMENT
LOT 1
SCOTT E. ALLEGRETTO
DB: 2070-283
PB: 56-60
LOT 3
ANTHONY BARBER
DB: 2157-024
PB: 56-60
1" = 40'

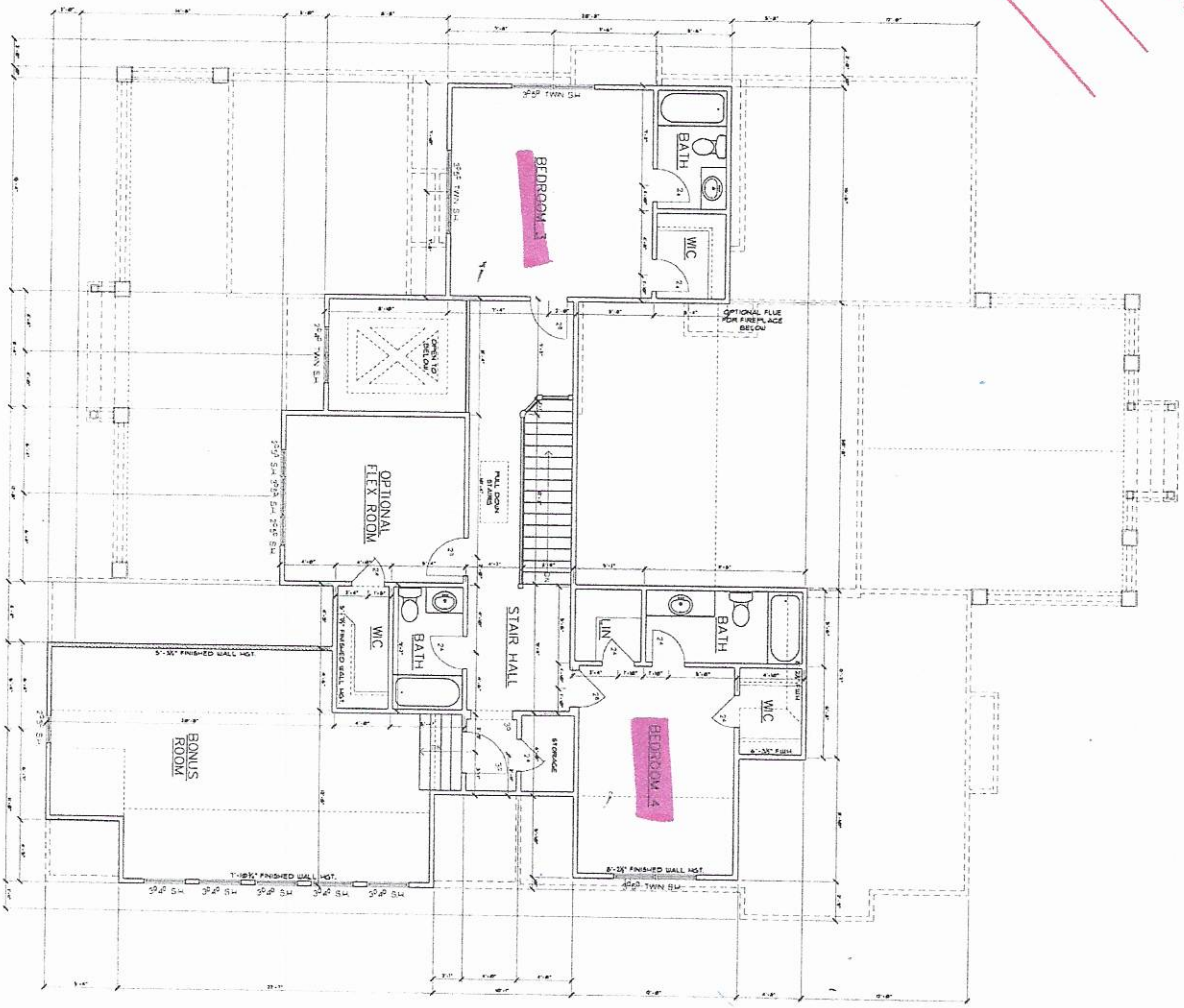
Acknowledgement Of Plans Submittal ONLY

Benjamin Elliott 2/22/2022

Date

Date

SQUARE FOOTAGE	
1ST FLOOR HEATED	2363
2ND FLOOR HEATED	1251
TOTAL HEATED SQ. FT.	3614
COVERED ENTRY	31
COVERED REAR PORCH	116
2 CAR GARAGE	701
TOTAL UNDER ROOF SQ. FT.	4462



SECOND FLOOR

SHEET A2

DRAWN BY: JONATHAN ROGERS

DATE: DECEMBER 12, 2019

REVISIONS: JANUARY 3, 2020

Southern dynamic
Engineering and Design, PLLC
P.O. BOX 87, Waxhaw, NC 28173
Ph: (704) 900-4596 Fax: (704) 749-9439
Email: Scott@SouthernDynamic.com
Website: SouthernDynamic.com

PROJECT:

IQ CUSTOM
The Slagle Res.

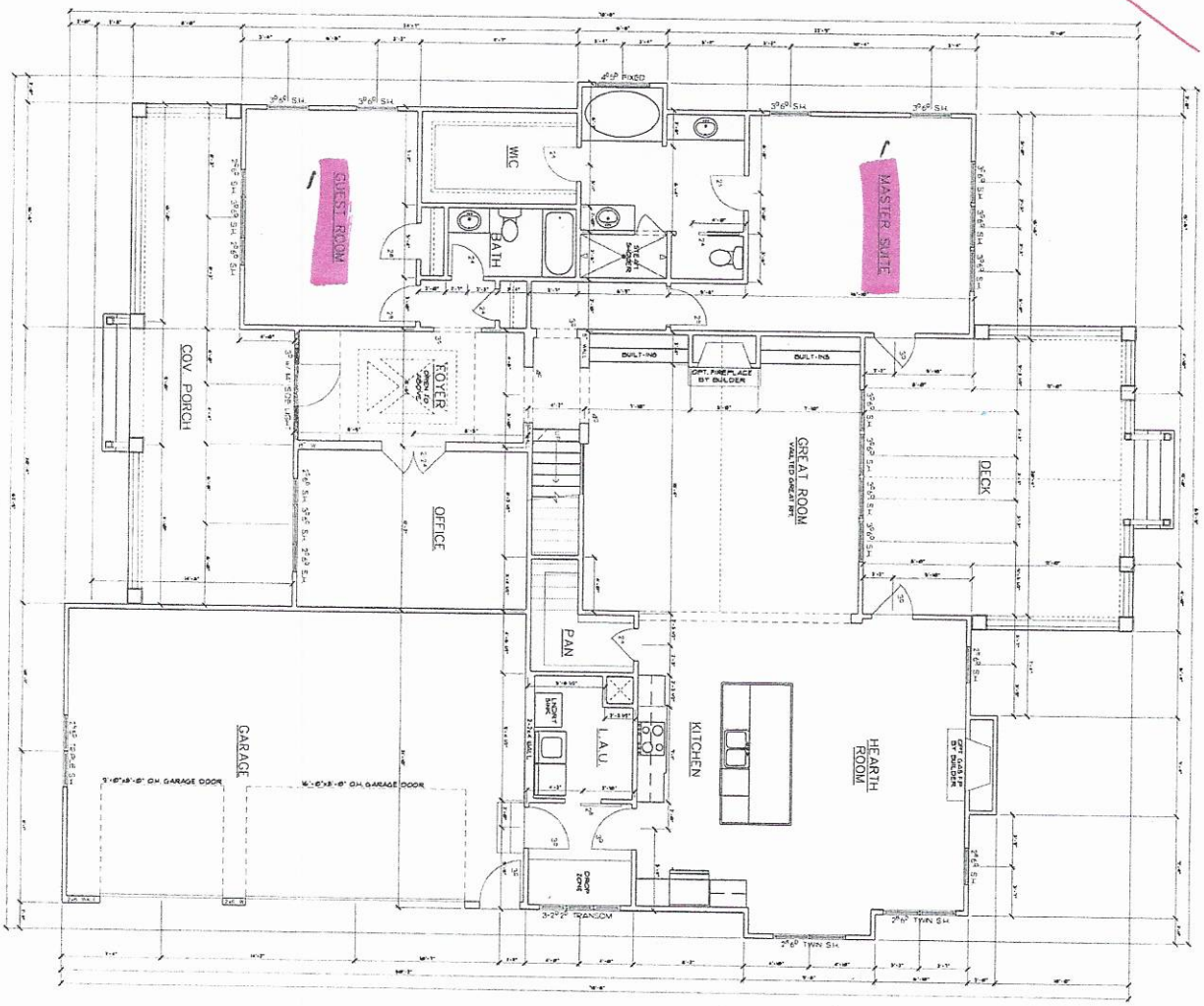
SEAL FOR STRUCTURAL ONLY

Acknowledgement Of Plans Submittal ONLY!

Date 3/23/2020

Date

SQUARE FOOTAGE	
M. FLOOR HEATED	2345
TOTAL HEATED SQ. FT.	2351
COVERED ENTRY	114
COVERED REAR PORCH	49
TOTAL UNDER ROOF SQ FT	2514



63

1

FIRST FLOOR

SHEET	DATE	REVISIONS	DRAWN BY
A1	DECEMBER 12, 2019	JANUARY 3, 2020	JONATHAN ROGERS

Southern dynamic
Engineering and Design, PLLC
P.O. BOX 87, Waxhaw, NC 28173
Ph: (704) 900-4596 Fax: (704) 749-9439
Email: Scott@SouthernDynamic.com
Website: SouthernDynamic.com

PROJECT:

IQ CUSTOM
The Slagle Res.

SEAL FOR STRUCTURAL ONLY