ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP-302587

APPLICANT/OWNER: Jeff Best / Audrey Russell

APPLICANT ADDRESS: 19701 Bethel Church Rd. Suites 103-308 Cornelius, NC

PIN # 4655-55-5887

SITE ADDRESS: 125 English Hills Dr. Mooresville NC 28115

PHONE: 704-892-5333 ALT. PHONE

SITE DIRECTIONS: Rt 115 South → Faith Rd → English Hills Dr → Lot on left

SUBDIVISION: English Hills

SECTION: 2 LOT # 7 LOT AREA: 0.555 acres

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	1042	Date	8-24-2020
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	5	Linear Ft	200
Trench Width	24"	Trench Bottom Depth ~~(Low side)~~	33"	Gravel Depth	—

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: PPBPS (50% Reduction)

Repair System Description: PM - 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms: 3 No. Persons: 6 No. Employees: — ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Foundation drain may only be installed at location(s) shown on the improvement permit drawing. Keep septic tank and any septic components at least 5 feet from any foundation. Recommend pumping septic tank every 3-5 years. System permitted as a 3 bedroom system only 2 bedrooms shown on floor plans. Applicant stated Den on

INITIAL SITE SKETCH

See attached plan design from Carolina Soil + Septic Consulting PLLC

Dated: 1-17-2020

Revised: 1-24-2020

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

(Adrian Pruett) Carolina Soil + Septic

LSS # 1314

AS BUILT SKETCH

Floor plans was possibly going to be turned in to 3rd bedroom. 2/27/2020.

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: Jeff Best Date: 2-27-20

IMPROVEMENT PERMIT by: Tom Shuck Date: 1/31/2020

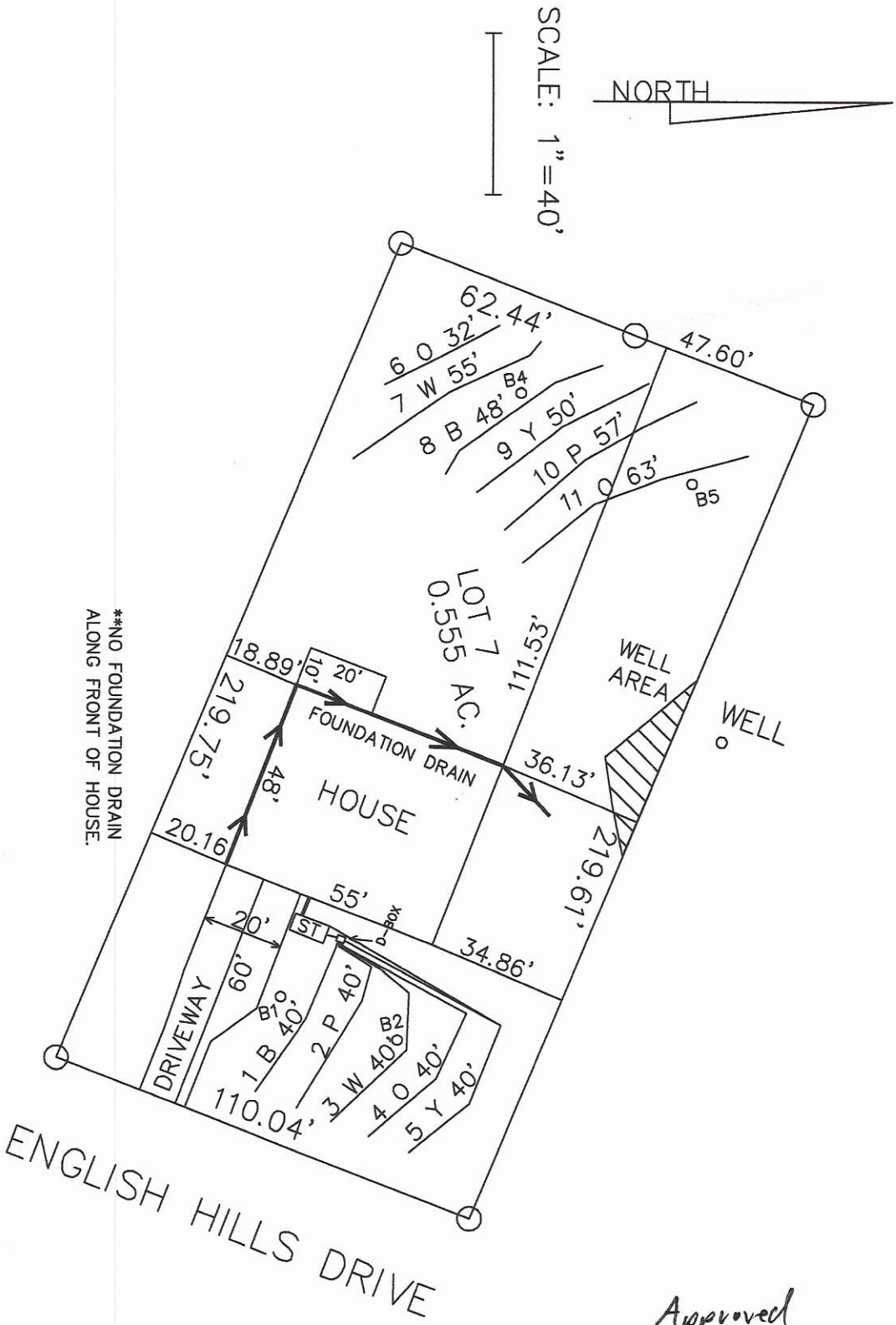
AUTHORIZATION TO CONSTRUCT by: Patrick Boyle III Date: 2/27/2020

Installed by: Beatty Grading

OPERATION PERMIT by: Date: 11-6-2020

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 inpsector to confirm your inspection time.



Approved
1/31/2020

CAROLINA SOIL & SEPTIC CONSULTING, PLLC

P.O. BOX 1703, Mooresville, NC 28115
(704) 202-5791 adrianpruett@yahoo.com
NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Date: 12/31/19
Project Name: 19224

SESSION LAW 2018-114, SECTION 11.(c)/HOUSE BILL 374, SECTION 11.(c) AUTHORIZATION FORM

Carolina Soil & Septic Consulting has been contracted to evaluate soil, design and submit a septic system proposal to Iredell (county) on behalf of RidgeViewRanch (owner/applicant) for the property located at 125 English Hills Dr., Mooresville; 4655555887 (address/PIN).

The Licensed Soil Scientist (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).

By completing this form, signing and dating it you agree that the permit issued by Iredell (county) will fall under the above referenced law.

Owner/Owners Legal Representative: Jeff Bost/RidgeView Ranch LLC
Mailing Address: 19701 Bethel Church Road Suites 103-308
Telephone Number: 704-892-5333 Cornelius NC 28031
Email Address: Avanti3255@gmail.com

Jeff Bost
Signature of Owner/Owners Legal Rep.

1-7-20
Date

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

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

Attached is a proposed design for a PPBPS Septic System with GRAVITY distribution for a 3 bedroom single family residence on 125 English Hills Dr., English Hills Subdivision, Iredell County, North Carolina.

Contents:

	Page
Installer Information	1
Design Information	
Install Specifications	2
Field Layout Specifications	3
Site Plan/System Plan	4
Dosing Calculations	5
Profile Descriptions	6
Sesson Law/House Bill 374 Authorization Form	7

January 17, 2020
Job Number: 19224
Design By: Adrian L. Pruett

Approved
1/31/2020



INSTALLER INFORMATION:

- The permit should be read very carefully prior to submitting bid. 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.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any 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 has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- **Design precludes use of foundation drains on the residence.**
- Backfill minimum of 6" of material (County Approved) over panels, rake trench walls, lime side walls, install trenches **24"** wide.
- **System is specified as a PPBPS with Gravity Distribution using a Distribution Box.**
- **Repair is specified as a Pressure Manifold 25% Reduction system.**
- Distribution Box must be on a level surface and to insure proper leveling, speed levelers must also be utilized, 3" to 2" reducer will need to be used outside box for speed leveler install.
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

PRESSURE MANIFOLD SYSTEM
INSTALL SPECIFICATIONS

Owner:	Ridge View Ranch LLC
Address:	6665 Dellwood Dr. Kannapolis, NC 28081
Client:	Jeff Bost
Phone:	704-892-5333
County:	Iredell
Location:	125 ENGLISH HILLS DR., ENGLISH HILLS LOT
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
Drainfield Size:	200
Required Drainfield Size:	200
Loading Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (50% reduction)
Gravel Size:	NA (50% reduction)
Trench Depth:	33 in.
Trench Width:	**24 in.**
Total Trench Bottom Area:	400
Repair Trench Spacing:	9 ft.
Repair Trench Depth:	32 in.
Repair Trench Width:	36 in.
Septic Tank Size:	**1000**
Estimated Supply Line Length:	3
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	1.15
Supply Manifold:	Distribution Box
Additional Comments:	Soil suitability was performed by Carolina Soil & Septic Consulting, PLLC

Approved
1/31/2020

125 ENGLISH HILLS DR., ENGLISH HILLS LOT
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 3 BEDROOM HOME

January 17, 2020

LINE #	FLAG COLOR	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM				
INSTR. 1 HOUSE CNR P. TANK				
1	***BLUE***	*N/A*	*45*	*40*
2	***PINK***	*N/A*	*45*	*40*
3	***WHITE***	*N/A*	*45*	*40*
4	***ORANGE***	*N/A*	*45*	*40*
5	***YELLOW***	*N/A*	*45*	*40*
6	ORANGE	N/A	32	32
7	WHITE	N/A	55	55
8	BLUE	N/A	48	48
9	YELLOW	N/A	50	50
10	PINK	N/A	57	57
11	ORANGE	N/A	63	63
		Total	**530**	**505**

* System	LINE LENGTH *200*	SYSTEM TYPE *MOD.*	SOIL LTAR GPD/FT2 *0.300*	TRENCH SYSTEM *PPBPS*	DISTRIBUTION *GRAVITY*
Repair	305	ACCPT.	0.300	25% RED.	PRESSURE MANIFOLD

Notes:
** TBM not required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Iredell County has CS&SC's permission to change septic tank location and distribution type**

Approved
1/31/2020
SR

DOSING CALCULATIONS

Location 125 English Hills
Subdivision: English Hills
Lot No: 7

No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.30	$^{gpd/ft^2}$
PPBPS.? (YES OR NO)	YES	
Supply Line Length	3	ft.
Supply Line Volume	1.152	gal.
Required Feet of Line	200	ft.
Amount of Line from Layout	200	ft.
Total Number of Panels:	45	
Panel Volume	3.6	gal. each
Total Panel Line Volume	162	gal.
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	gal.

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

PROPERTY ID #: 4655555887
COUNTY: Iredell

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

OWNER: Ridge View Ranch LLC
ADDRESS: 6665 Dellwood Dr., Kannapolis, NC 28081
PROPOSED FACILITY: Res. PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 125 English Hills Dr., Mooresville, NC 28115

APPLICATION DATE
DATE EVALUATED: 11/27/19
PROPERTY SIZE: 0.555 AC.
PROPERTY RECORDED: Yes

WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: X Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
B 1	LSS 8%	0-8	RB SCL GR	FR SS SP SEXP	N/A	48"	N/A	N/A	PS
		8-32	R C MFSBK	FI S P SEXP					
		32-48	YR CL WFSBK	FR SS SP SEXP	-COM SAP				
									0.3 GPD/SQFT
B 2	LSS 8%	0-6	B SCL GR	FR SS SP SEXP	N/A	48"	N/A	N/A	PS
		6-16	R C MFSBK	FI S P SEXP					
		16-30	R C WFSBK	FI S P SEXP					
		30-48	R C WFSBK	FI S P SEXP	-FEW SAP, FEW QUARTZ				0.3 GPD/SQFT
B 4	LSS 10%	0-4	B CL WFSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS
		4-26	R C MFSBK	FI S P SEXP					
		26-48	R CL WFSBK	FR SS SP SEXP	-COM SAP				
									0.3 GPD/SQFT
5	LSS 10%	0-6	B CL WFSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS
		6-26	R C WFSBK	FI S P SEXP					
		26-48	R CL WFSBK	FR SS SP SEXP	-COM SAP				
									0.3 GPD/SQFT

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	GRAVITY PPBPS	PM 25% RED.
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: ADRIAN L. PRUETT
OTHER(S) PRESENT: JEFF BOST AND SON

LICENSED SOIL SCIENTIST ADRIAN L. PRUETT 1314 STATE OF NORTH CAROLINA

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. **APPLICATION FOR:** ✓ **Improvement Permit** ✓ **Authorization To Construct** ___ **Existing System Inspection**

****

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application** AP-302587

The following optional attachments may also be submitted: ___**Survey Plat, Scaled no more than 1 Inch = 60 Feet**

Place check ( ) beside whichever is submitted if applicable ___**Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

****

3. **Applicant Information:**

Jeff Bost	19701 Bethel Church Rd Suites 103-308 Cornelius NC 28031	704-892-5333	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Andrey Russell	6665 Delwood Dr Zionapolis NC 28081	704-904-8215	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

****

4. **Property Information:**

125 English Hills Dr Mooresville NC	English Hills	Phase P2 Lot 7
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

4655555887

Driving Directions: Hwy 115 south from Mooresville
Left on Faith Rd
Left on English Hills Dr.
One block on left

****

5. **RESIDENTIAL Site Development Information:** ***(Check or Complete ALL that apply)***

(✓) **New, Single Family Residence**
( ) **New, Multi-Family Residence**
( ) **Expansion of Existing Septic System**
( ) **Repair To Failing Septic System due to** _____
( ) **Other** _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) **Crawl Space Foundation?**
( ) **Concrete Slab Foundation?**
( ) **Basement w/Plumbing?**
( ) **Basement w/out Plumbing?**

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

(✓) **New Well** ( ) **Existing Well** ( ) **Community Well** ( ) **City Water** ( ) **Other Public Water**

****

7. **Desired Septic System Type:** ***(You may rank in order of preference, if any)*** ( ) **EXISTING SYSTEM installed** _____ *Year*

( ) **Alternative** (✓) **Conventional** ( ) **Innovative** ( ) **Modified Conventional** ( ) **Other** _____

8. **Please Answer The Following** ( ) Yes ( ) No **Does the site contain any jurisdictional wetlands?** NO
To The Best of Your Ability: ( ) Yes ( ) No **Is any non-domestic sewage (i.e. industry) to be generated?** NO
( ) Yes ( ) No **Is the site subject to approval by any other public agency?** NO

****

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.

9. **Signature:** Jeff Bost — 11-12-19

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

See attached

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

I do hereby authorize (**print legal representative/company name**) _____, _____, 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

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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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…**

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

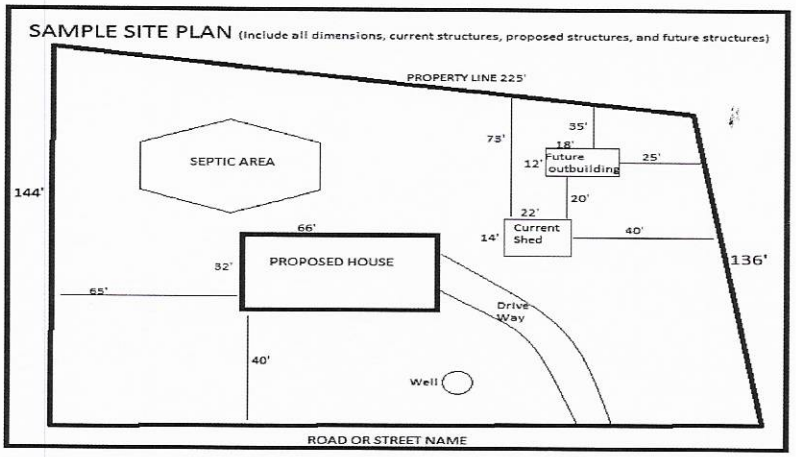
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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:

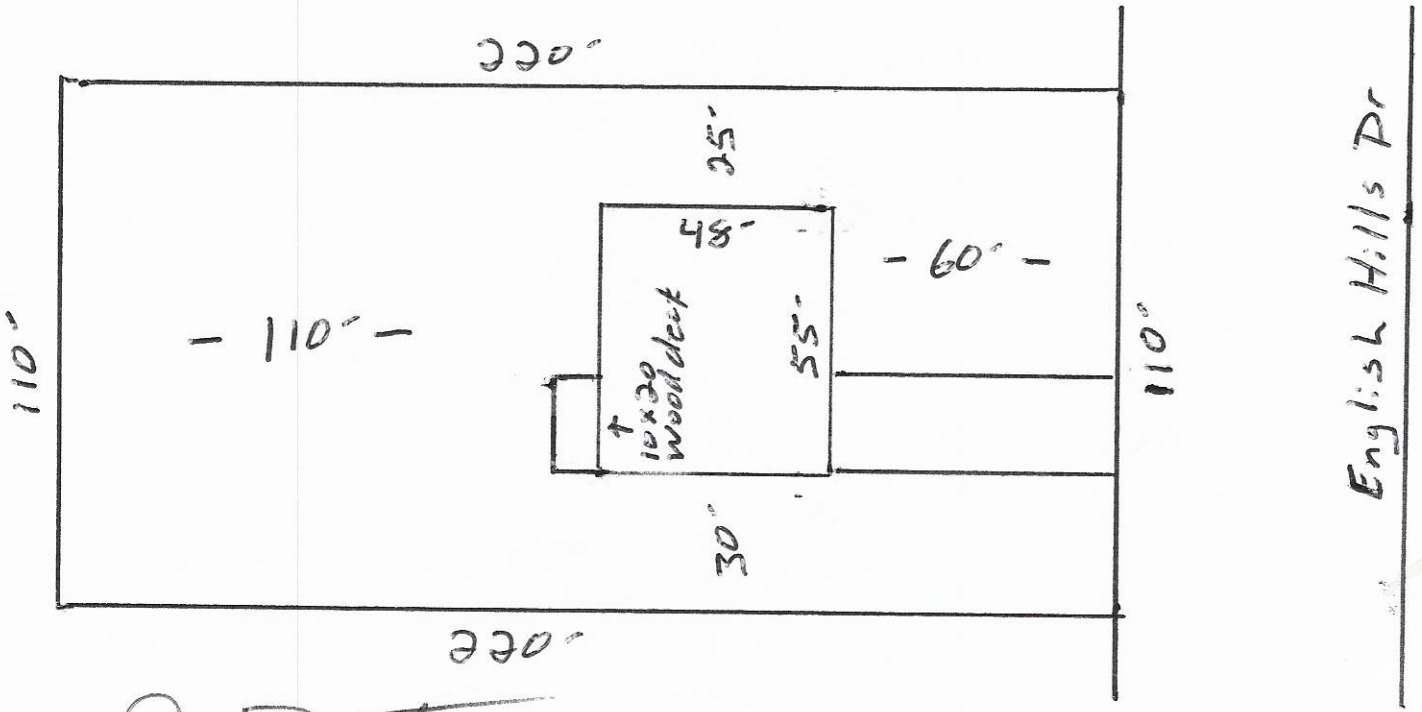
_____ Location of septic systems and wells within 100' of your property… N/A

_____ Location of easements and rights of ways on your property… N/A **_____ Location of any designated wetlands on the property… N/A**



1/4" = 10'

USE THIS SPACE TO DRAW YOUR SITE PLAN .56 acres

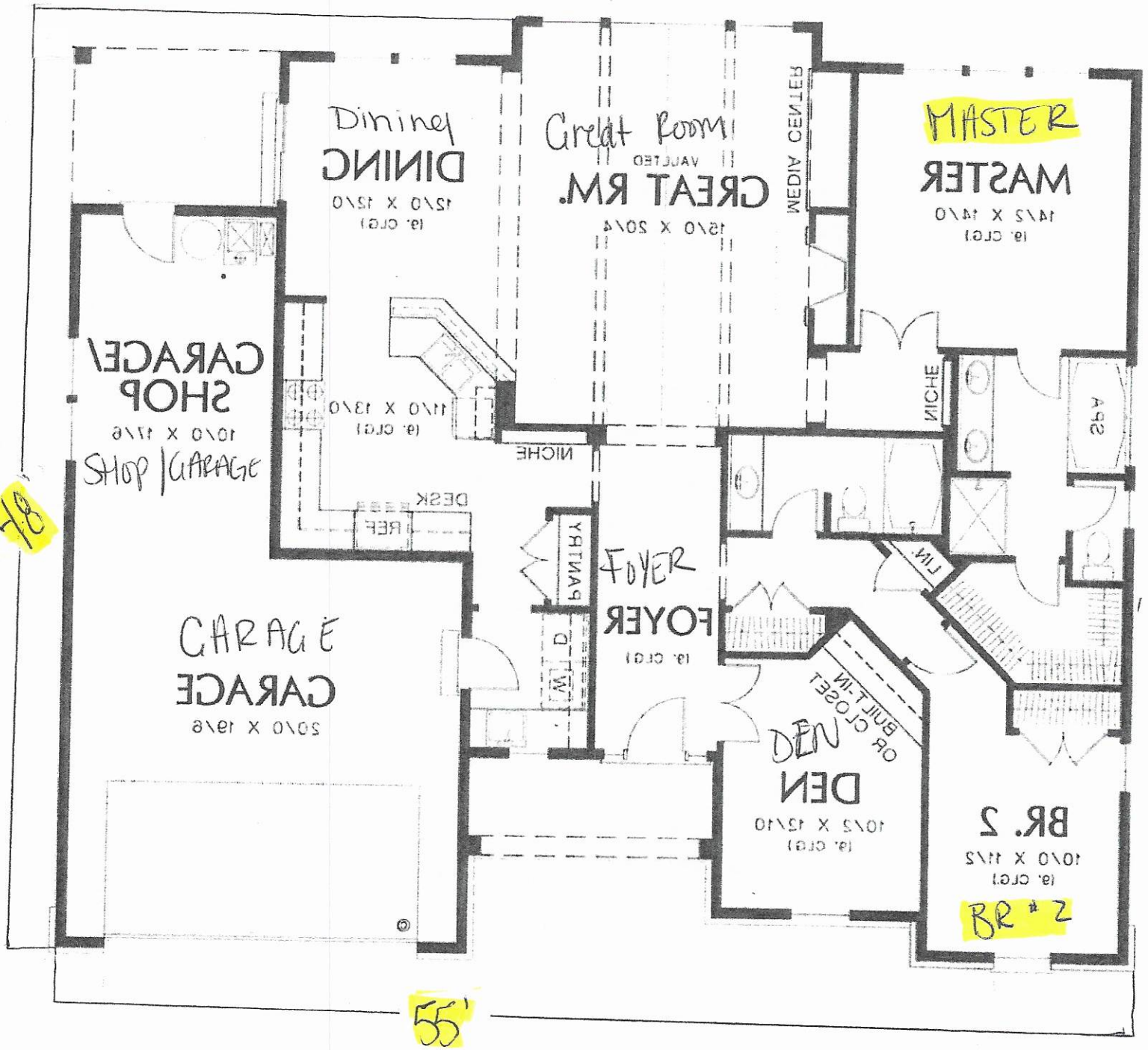


Signature: Jeff Bart

REQUIRED **property owner or owner's legal representative signature.**

11-12-19

DATE



Acknowledgement of
Plans Submittal ONLY!

Date 2-27-20

Date

IREDELL COUNTY · NC

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

APPLICATION NUMBER

302587
Issue Date: 11/12/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4655555887.000	125 ENGLISH HILLS DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: RUSSELL AUDREY J	Name: JEFF BOST
Address:	Address: 19701 BETHEL CHURCH RD SUITE 103-308 CORNELIUS , NC 28031
Phone:	Phone: 704-893-5333

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.56	35	35	15	15	N/A	NO

Remarks
SFD

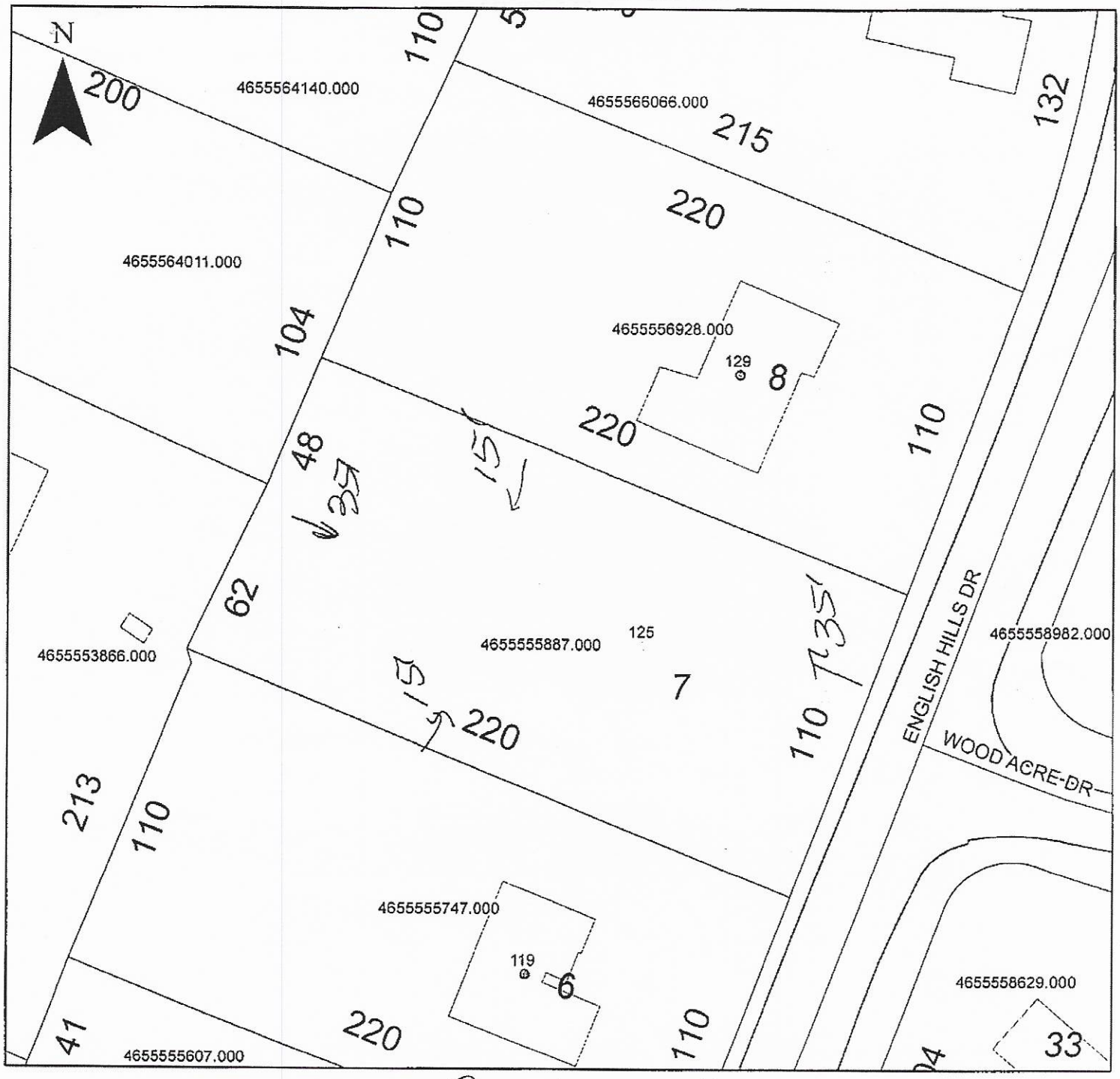
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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: 11/12/2019

Permit Number	000798	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 125 English Hills

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. Applicant further acknowledges that the 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.

Applicant

11-12-19
Date