IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 305903

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

PIN # 4659337930.000

APPLICANT/OWNER: Foley Home Sales | APPLICANT ADDRESS: 1075 Blue Springs Drive Mooresville NC 28115

SITE ADDRESS: 105 Grisland Drive Mooresville NC 28115 | PHONE: 856-404-5379 | ALT. PHONE –

SITE DIRECTIONS: Hwy 115 past Hwy 150 Continue on Hwy 21 Property on Right South of Freeze | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Country Meadows | SECTION: – | LOT # 17 | LOT AREA: .52 | DESIGN FLOW: 4/80 | L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	1000	Date	12-9-19	☒ 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 - 50% Reductions	☐ Business	No. Persons 8	☒ Private
Pump Make	–	Model		Serial #		Repair System Description:	LPP - 50% Reduction	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	10	Linear Ft	300	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	24	Trench Bottom Depth	30 max	Gravel Depth	–	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

Permit issued pursuant to SL-2018-114 Section II.(C) Wing Signed and Sealed Lss Evaluation by: Soil & Forestry Services of the Carolinas P.A.

E-MAILED 3-25-20 Foley

AS BUILT SKETCH

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: Acknowledgement of Acceptance Rec'd Date: 3-24-20 Installed by: Grand Breakers

IMPROVEMENT PERMIT by: Benjamin A Bass Date: 3-19-2020 OPERATION PERMIT by: [signature] Date: 3-27-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bass Date: 3-19-2020 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.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Doug Foley, am the legal owner or the agent of the property located at 105 grassland Drive, identified as PIN(Parcel Identification Number) 4659337793.000, located in Iredell County, North Carolina.
Permit # 245666.

I do hereby agree to the permit design and the conditions of this permit.

Signature of Owner — 3/24/20 Date

Signature of Witness — 3/24/20 Date

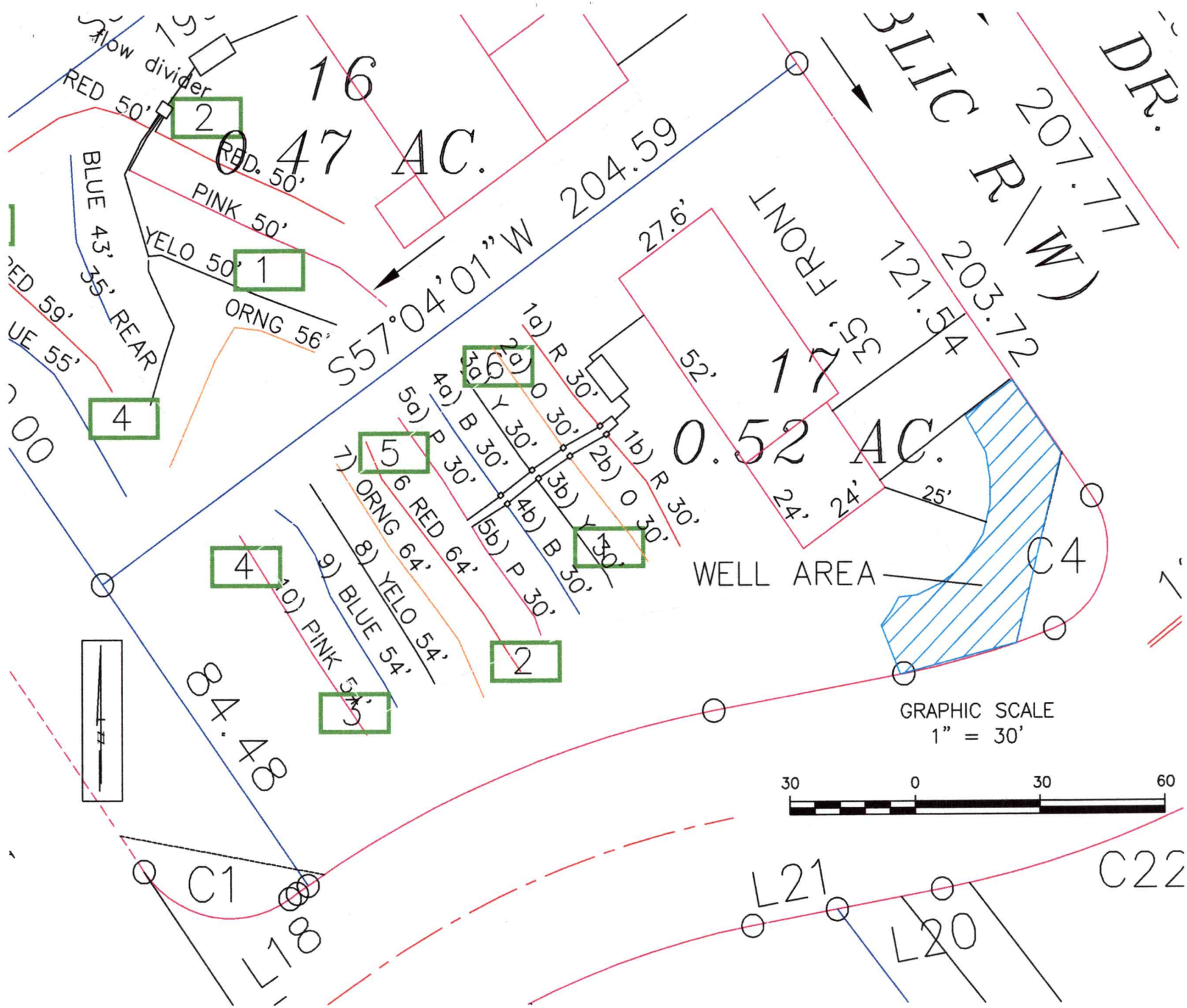
Foley1301@gmail.com
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/


16
0.47 AC.
RED. 50'
PINK 50'
YELO 50'
ORNG 56'
BLUE 43' 35' REAR
RED 59'
UE 55'
S57°04'01"W 204.59
27.6'
FRONT
52'
35'
17
0.52 AC.
121.54
203.72
207.77
DR.
3LIC R/W)
1a) R 30'
2a) O 30'
3a) Y 30'
4a) B 30'
5a) P 30'
6 RED 64'
7) ORNG 64'
8) YELO 54'
9) BLUE 54'
10) PINK 54'
1b) R 30'
2b) O 30'
3b) Y 30'
4b) B 30'
5b) P 30'
24'
24'
25'
WELL AREA
C4
GRAPHIC SCALE
1" = 30'
30 0 30 60
84.48
C1
L18
L21
L20
C22

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

REV 3/12/2020 (WO)
~~July 1,~~ 2019

Iredell County Environmental Health
Attn: Heath Snow
349 N Center Street
Statesville, NC 28677

Re: Session Law 2018-114 Submittal for Country Meadows Subdivision-Mooresville

Lot 17-105 Grasslands Drive

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 4-bedroom accepted system using gravity distribution. The design packet is submitted under Session Law 2018-114 (HB 374).

"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: Doug Foley, Foley Home Sales, Inc.:

Signature: D Foley

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

Wendell Overby, LSS

Signature: Wendell Overby 7-1-19

Seal:



Four (4) Bedroom PPBPS Septic System Design using
Gravity Distribution for Lot 17 of Country Meadows Subdivision
105 Grasslands Drive Mooresville

Contents: **Page**

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Agent Authorization---------- 13

Owner: Foley Home Sales
856 404-5379
March 12, 2020
\

GRAVITY DOSED SYSTEM
FOR WASTEWATER TREATMENT

Applicant:	Foley Home Sales
Phone:	856 404-5379
County:	Iredell
Location:	Country Meadows Lot 17

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	480 gpd
System Flow:	gpm

Design Specifications

Drainfield Size:	300	lf
Loading Rate:	0.275 gpd/ft.^{2}	
Depth of Gravel in Trench:	n/a	
Gravel Size:	n/a	
Trench Depth:	30	in
Trench Width:	24 in.	
Septic Tank Size:	1000	
Pump Tank Size:	n/a	
Estimated Supply Line Length:	10	lf
Supply Line Diameter:	3 in. SCH 40 PVC	
Supply Line Volume:	n/a	gal
Dosing Volume:	n/a	gal

Recommended Float Controls:	n/a
Recommended Control Panel:	n/a

Pressure Head:	n/a	
Friction Head:	0.00	ft
Elevation Head:	0.00	ft
Total Dynamic Head:	0.00	ft
Threaded Union:	n/a	
Gate Valves:	n/a	
Check Valves:	n/a	
Anti-Siphon Hole:	n/a	
Recommended Pump:	n/a	

Country Meadows Lot 17
Gravity Design

DESIGN FLOW:	480	gpd
SOIL APPLICATION RATE:	0.275	gpd/ft.^{2}
TOTAL AREA TRENCH BOTTOM:	900	sf
TOTAL LATERAL LENGTH:	300	lf
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	290	lf
SUPPLY LINE LENGTH:	10	lf
TOTAL DYNAMIC HEAD:	0.00	gpm
DOSING VOLUME:	0.00	gal
PUMP TANK DRAW DOWN*:	0.0	in
SEPTIC TANK SIZE:	1000	
PUMP TANK SIZE:	n/a	

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

Country Meadows Lot 17

Layout for a 4 bedroom home **Mar-20**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM							
INSTR. 1							
			SYSTEM				
1	Red					62	30' x 2
2	Orange					62	30' x 2
3	Yellow					62	30' x 2
4	Blue					62	30' x 2
5	Pink					62	30' x 2
			REPAIR				
6	Red					64	64
7	Orange					64	64
8	Yellow					54	54
9	Blue					54	54
10	Pink					54	54

	LINE LENGTH	LTAR GPD/FT²	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	300	0.275	PPBPS	50%	GRAVITY	30
REPAIR	290	0.275	PPBPS	50%	LPP	36

Notes:

**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

Country Meadows Lot 17

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Ar	Number of Panels
1a	*RED*	N/A	*30*	N/A	N/A	90	7
1b	*RED*	N/A	*30*	N/A	N/A	90	7
2a	*ORNG*	N/A	*30*	N/A	N/A	90	7
2b	*ORNG*	N/A	*30*	N/A	N/A	90	7
3a	*YELO*	N/A	*30*	N/A	N/A	90	7
3b	*YELO*	N/A	*30*	N/A	N/A	90	7
4a	*BLUE*	N/A	*30*	N/A	N/A	90	7
4b	*BLUE*	N/A	*30*	N/A	N/A	90	7
5a	*PINK*	N/A	*30*	N/A	N/A	90	7
5b	*PINK*	N/A	*30*	N/A	N/A	90	7
	total	**feet =**	**300**	**gal/min =**	**N/A**		**70**

Des. Flow	**480**
Pump Run=	**N/A**
soil LTAR	**0.275**
LTAR +5%	**0.28875**
LTAR with mod.	**0.55**
LTAR with mod.. + 5%	**0.5775**

CALCULATIONS

Location	Country Meadows	
Project Number	18-1185	
Lot No:	17	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.275	$^{gal}/_{ft^2\,day}$
Accepted? (YES OR NO)	No	
Supply Line Length	10	ft.
Supply Line Volume	0	gal.
Required Feet of Line	290	ft.
Amount of Line from Layout	300	ft.
Gallons per Minute	0.00	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	195.9	gal.
Dosing Volume	0.00	gal.
Tank Draw Down	0.0	in.
		Generic Draw Down of 21 gal.per in.
Pump Run Time	#DIV/0!	minutes
Elevation Head	0	ft.
Pressure Head	0	ft.
Friction Factor	0	ft./100 ft. *(From the interpolater.)*
Friction Head	0.00	ft.
Elevation Head +15%	0	
Total Dynamic Head	0.00	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
27.4	1.51
30	1.78
	-1.76
35	2.37
37	2.63
40	3.03
42.7	3.43
45	3.77
46.51	4.01
50	4.58
57.11	5.89
60	6.42

PROPERTY ID #: 4659349026
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Foley Home Sales APPLICATION DATE
ADDRESS: 1571 Charlotte Hwy Mooresville28115 DATE EVALUATED: 3/20/19
PROPOSED FACILITY: New Home PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: .52
LOCATION OF SITE: Country Meadows Lot 17 PROPERTY RECORDED: No
WATER SUPPLY: x☐ Private ☐ Public x☐ Well ☐ Spring Other
EVALUATION METHOD: ☐ Auger Boring x☐ 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	
1	L / 4%	0-9	B CL WMS	Fr SS SP	N/A	44	PS	N/A	PS .275
		9-24	BR C WMS/A	Fr SS SP					
		24-44	RB CL WFS	Fr SS SP f/c sap					
		44-64	VAR L Mass	Fr SS SP					
2	L / 3%	0-3	Fill	Fr SS SP	N/A	55	PS	N/A	PS .275
		3-17	B SCL WMS	Fr SS SP compact 0-12					
		17-42	BR C WMS/A	Fr SS P f Fe depl					
		42-55	RB CL WMS	Fr SS SP f sap					
3	L / 3%	0-19	B SCL WFS	Fr SS SP few blk mot		58	PS	N/A	PS .275
		19-58	BR C MMS/A	Fi SS P few Fe depl					
4	L / 2%	0-16	B SCL WFS	Fr SS SP [compact]	Rock 33-48" 15%	58	PS	N/A	PS .275
		16-21	BR C WCA	Fi SS P [compact]					
		21-48	BR C WMA/S	Fr SS P					
		48-58	RB CL WMS/A	Fr SS SP few sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	290
System Type(s)	PPBPS	PPBPS
Site LTAR	.275	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Overby
OTHER(S) PRESENT: Rollans

LICENSED SOIL SCIENTIST JAMES WENDELL OVERBY STATE OF NORTH CAROLINA 1219

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4659349026
DATE OF EVALUATION: 3/19
COUNTY: Iredell

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	
5	L / 3%	0-8	B SCL WFS	Fr SS SP	N/A	62"	N/A	N/A	.275
		8-43	BR C WMS/A	Fr SS P					
		43-62	RB CL WFS/A	Fi SS SP few sap					
6	L / 3%	0-7	B SCL WFS	Fr SS SP	Rock 18-43" 20%	60"	N/A	N/A	.275
		7-37	RB CL WMS/A	Fr SS SP					
		37-60	B CL WFS/A	Fr SS SP few sap					

COMMENTS:

X

RECEIVED MAR 13 2020 AP-305903 $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: FOLEY HOME SALES Address: 1075 BLUE SPRUCE DRIVE Zip: 28115

Applicant Email: FOLEY1301@GMAIL.COM Phone: 856 404-5379 Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

Owner Email: SAME Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 105 GRASSLAND DRIVE MOORESVILLE NC

Subdivision Name: COUNTRY MEADOWS Section/Phase: _____ Lot Number: 17

Driving Directions: FROM M'VILLE TAKE STATESVILLE AVE N PAST HWY 150. CONTINUE ON HWY 21. PROPERTY ON RIGHT JUST SOUTH OF FREEZE CROSSING.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines 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 ( ) Conventional ( ) Innovative (X) 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: _____ 7/16/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

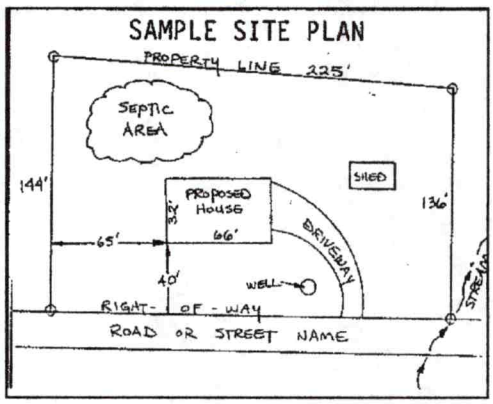
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Wendell Cg

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

7-16-19

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, DOUG FOLEY, am the legal owner(s) of the property located at 1571 CHARLOTTE HWY, MOORESVILLE, NC 28115, identified as PIN (Parcel Identification Number) 4659-34-9026-000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) SOIL & FORESTRY 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.

D Foley 5/17/19

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