CCN

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 245674

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

PIN # 4659 339703

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

SITE ADDRESS: 110 Country Meadows Drive Mooresville NC 28115 | PHONE: 856-464-5379 | ALT. PHONE —

SITE DIRECTIONS: Hwy 150 to Hwy 21 Property on Right Sof Freeze Crossing | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Country Meadows | SECTION: — | LOT # 2 | LOT AREA: .54 | DESIGN FLOW: 360 | L.T.A.R.: .275

Septic Tank	1000	(gal)	STB 750	Date 12/27	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	—	(gal)	PT —	Date —	System Description:	Gravity 25% Reduction	☐ Business	No. Persons 6	☒ Private
Pump Make	—	Model —		Serial # —	Repair System Description:	Gravity 25% Reduction	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft 327	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36	Trench Bottom Depth (deepest)	24" max	Gravel Depth —	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

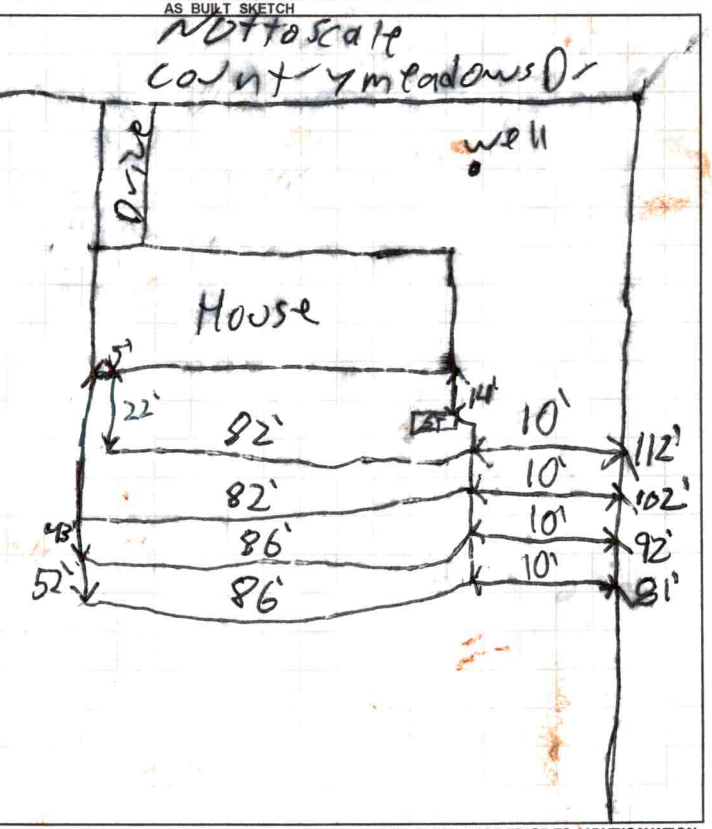
INITIAL SITE SKETCH

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

Soil + Forestry Services of th Carolinas PA

LSS # 1218

AS BUILT SKETCH



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**

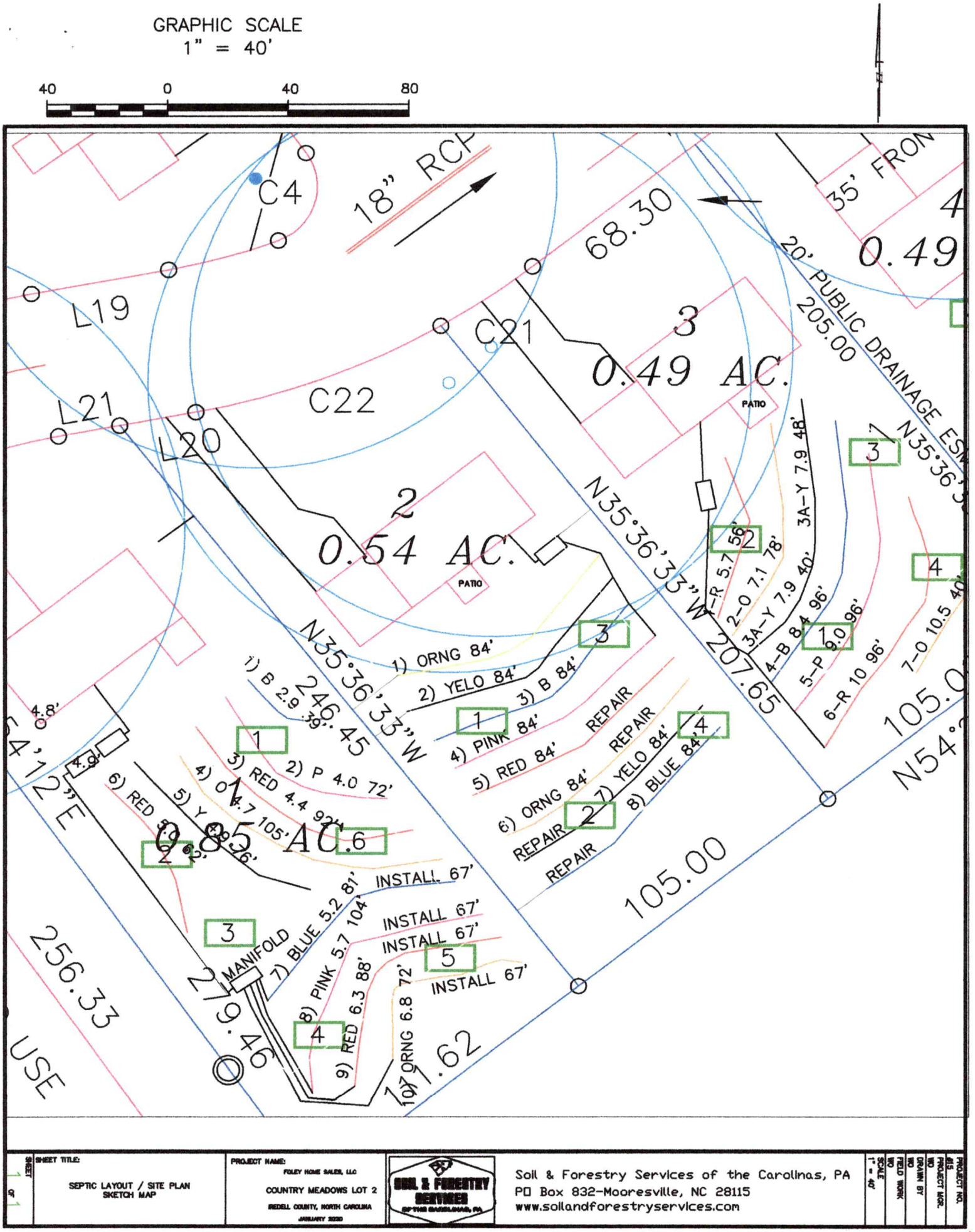
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Shirley Foley | Date: 1-17-2020 | Installed by: Groundbreakers Grading

IMPROVEMENT PERMIT by: Benjamin A Batts | Date: 1-16-2020 | OPERATION PERMIT by: Patrick J Boyle III | Date: 3/17/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batts | Date: 1-16-2020 | 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.


GRAPHIC SCALE
1" = 40'
40 0 40 80
C4
18" RCP
68.30
L19
C21
3
0.49 AC.
PATIO
L21
C22
L20
2
0.54 AC.
PATIO
20' PUBLIC DRAINAGE ESM
205.00
N35°36'33"W
207.65
N35°36'33"W
246.45
1) ORNG 84'
2) YELO 84'
3) B 84'
4) PINK 84'
5) RED 84'
REPAIR
6) ORNG 84'
REPAIR
7) YELO 84'
REPAIR
8) BLUE 84'
REPAIR
1) B 2.9 39'
2) P 4.0 72'
3) RED 4.4 92'
4) ORNG 4.7 105'
5) YELO 5.6 36'
6) RED 5.2 62'
9.85 AC.
INSTALL 67'
INSTALL 67'
INSTALL 67'
INSTALL 67'
MANIFOLD
7) BLUE 5.2 81'
8) PINK 5.7 104'
9) RED 6.3 88'
10) ORNG 6.8 72'
279.46
271.62
105.00
105.00
256.33
USE
4.8'
4.0'
54°12'E
35' FRON
0.49
3A-Y 7.9 48'
2-O 7.1 78'
3A-Y 7.9 40'
4-B 8.4 96'
5-P 9.0 96'
6-R 10 96'
7-O 10.5 40'
1-R 5.7 56'
N54°
SHEET TITLE:
SEPTIC LAYOUT / SITE PLAN
SKETCH MAP
PROJECT NAME:
FOLEY HOME SALES, LLC
COUNTRY MEADOWS LOT 2
IREDELL COUNTY, NORTH CAROLINA
JANUARY 2020
SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA
Soil & Forestry Services of the Carolinas, PA
PO Box 832-Mooresville, NC 28115
www.soilandforestryservices.com
SHEET 1 OF 1
SCALE 1" = 40'
FIELD WORK
DRAWN BY
PROJECT MGR.
PROJECT NO. 813

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

January 7, 2020

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 2-110 Country Meadows Drive

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 3-bedroom accepted (25% reduction) 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: _____

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

Wendell Overby, LSS

Signature: _____

Seal:

Three (3) Bedroom Accepted Septic System Design using
Gravity Distribution for Lot 2 of Country Meadows Subdivision
110 Country Meadows Drive, Mooresville, NC 28115

Contents: **Page**

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Design Information
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Owner: Foley Home Sales, LLC
856 404-5379
January 7, 2020
Job #18-1185
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 DHH, 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
- 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.
- Elevations at pinflag locations should be checked by the installer prior to beginning
- Septic tank riser shall be a minimum of 6" above finished grade.
- **System specified as accepted type using gravity distribution**
- **Repair specified as accepted type using gravity distribution**
- **System trench depth specified at 24"**
- **System trenches installed on 9' minimum; 3' wide trenches**

GRAVITY DOSED SYSTEM
FOR WASTEWATER TREATMENT

Applicant:	Foley Home Sales, LLC
Phone:	856 404-5379
County:	Iredell
Location:	Country Meadows Lot 2

Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	gpm

Design Specifications

Drainfield Size:	336	lf
Loading Rate:	0.275 gpd/ft.^{2}	
Depth of Gravel in Trench:	n/a	
Gravel Size:	n/a	
Trench Depth:	24	in
Trench Width:	36 in.	
Septic Tank Size:	1000	
Pump Tank Size:	1000	
Estimated Supply Line Length:	10	lf
Supply Line Diameter:	3 in. SCH 40 PVC	
Supply Line Volume:	3.80	gal
Dosing Volume:		gal

Recommended Float Controls:

Recommended Control Panel:

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

Country Meadows Lot 2

Gravity Design

DESIGN FLOW:	360	gpd
SOIL APPLICATION RATE:	0.275	gpd/ft.^{2}
TOTAL AREA TRENCH BOTTOM:	1008	sf
TOTAL LATERAL LENGTH:	336	lf
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	327	lf
SUPPLY LINE LENGTH:	10	lf
TOTAL DYNAMIC HEAD:		gpm
DOSING VOLUME:		gal
PUMP TANK DRAW DOWN*:		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 2

Layout for a 3 bedroom home **Jan-20**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM							
INSTR. 1							
			SYSTEM				
1	Orange					85	84
2	Yellow					86	84
3	Blue					86	84
4	Pink					85	84
			REPAIR				
5	Red					85	84
6	Orange					85	84
7	Yellow					85	84
8	Blue					85	84

	LINE LENGTH	LTAR GPD/FT²	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	336	0.275	ACCEPT	25%	GRAVITY	24
REPAIR	336	0.275	ACCEPT	25%	GRAVITY	24

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

CALCULATIONS

Location Country Meadows

Project Number 18-1185

Lot No: 2

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.275 $^{gal}/_{ft^2\ day}$

Accepted? (YES OR NO) Yes

Supply Line Length 10 ft.

Supply Line Volume 3.8 gal.

Required Feet of Line 327 ft.
Amount of Line from Layout 336 ft.

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

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

Lateral Line Volume 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 ft.
Pressure Head ft.
Friction Factor ft./100 ft. *(From the interpolater.)*
Friction Head 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, LLC APPLICATION DATE
ADDRESS: 1075 Blue Spruce Drive Mooresville, NC DATE EVALUATED: 3/30/19
PROPOSED FACILITY: New Home PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: 0.54
LOCATION OF SITE: Country Meadows Lot 2-110 Country Meadows Drive PROPERTY RECORDED:
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 / 6%	0-7	B SCL WFGr	Fr SS SP	N/A	44	PS	N/A	PS .3
		7-33	R C WFS	Fr S SP					
		33-44	R CL WFS	Fr SS SP c sap					
		44-58	BR SL MASS	VFr SS SP					
2	L / 6%	0-9	YB SCL WFGr	Fr SS SP	N/A	52	PS	N/A	PS .3
		9-28	R C WFS	Fr SS SP					
		28-52	R CL WFS	Fr SS SP					
		52-60	RB SL MASS	VFr NS NP					
3	L / 6%	0-11	B SL WFGr	Fr SS SP	N/A	44	PS	N/A	PS .275
		11-36	YR C WFS	Fr S P					
		36-44	BR CL WMS	Fr SS SP f/c sap					
		44-66	RB SL MASS	VFr SS SP					
4	L / 6%	0-11	B SL WFGr	Fr SS SP	25-37 Y/B mottles	52	PS	N/A	PS .275
		11-37	R C WFS	Fr S SP					
		37-52	R CL WFS	Fr SS SP f/c sap					
		52-62	R L WMS	VFr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	336	336
System Type(s)	ACCEPTED	ACCEPTED
Site LTAR	.275	.275

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

EVALUATED BY: Overby
OTHER(S) PRESENT:

COMMENTS:

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

#2456741/10/2020 $105.00

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 (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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an* (X) *beside whichever is submitted if applicable (X) 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: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 110 COUNTRY MEADOWS DRIVE MOORESVILLE NC 28115

Subdivision Name: COUNTRY MEADOWS Section/Phase: _____ Lot Number: 2

Driving Directions: STATESVILLE AVE N (115) PAST HWY 150. CONTINUE ON HWY 21. PROPERTY ON RIGHT S OF FREEZE CROSSING.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) 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 (X) 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: Wendell Foley 1/7/20
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

(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, DOUG FOLEY, am the legal owner(s) of the property located at 110 COUNTRY MEADOWS DRIVE, identified as

PIN (Parcel Identification Number) 4659389703, 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.

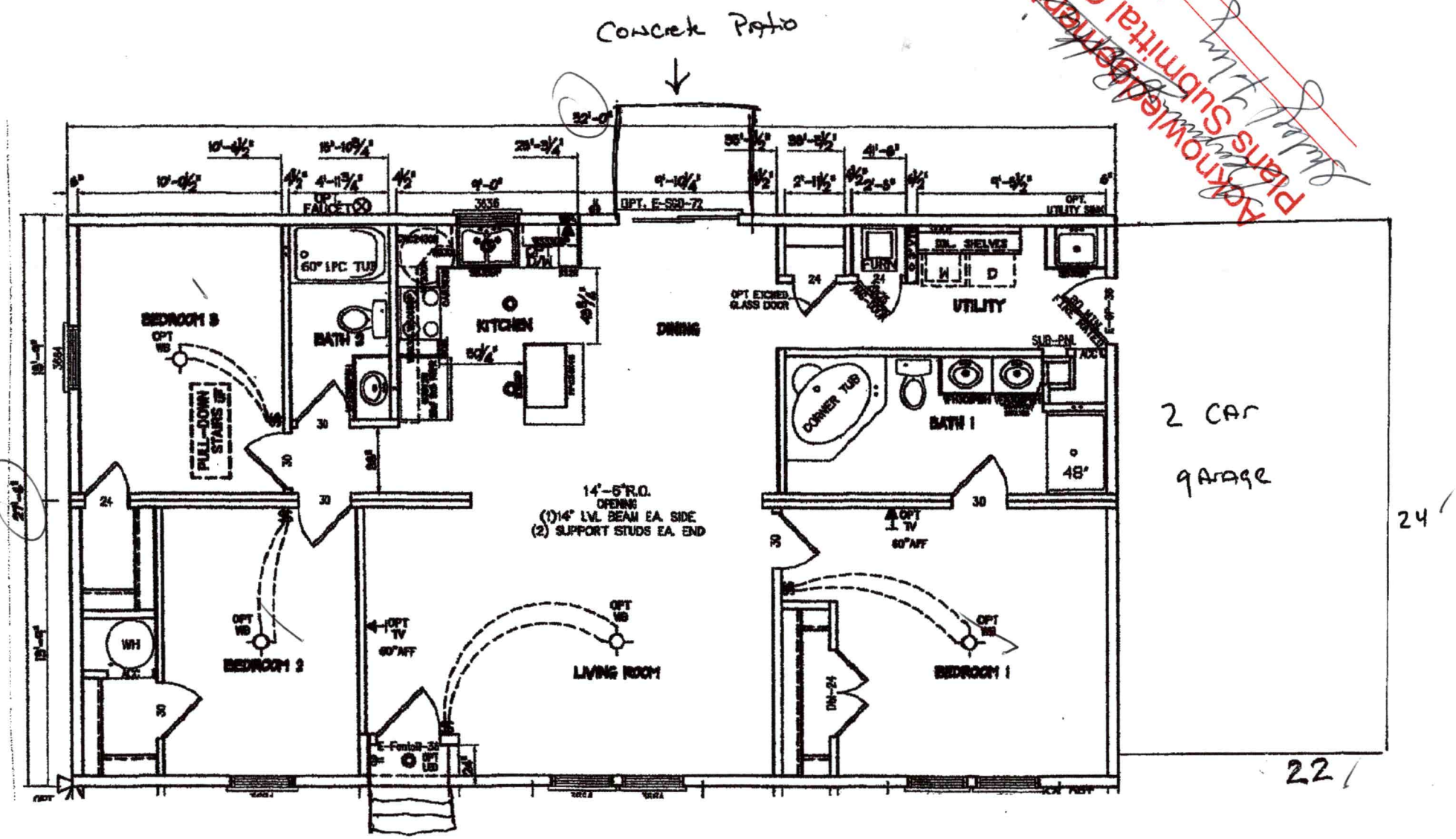
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

_____ 1/7/2020
Signature of Owner(s) Date

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



Lot 2 110 Country Meadows Drive

IREDELL COUNTY

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

APPLICATION NUMBER
245674
Issue Date: 06/13/2019

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4659349026.000	110 COUNTRY MEADOWS DRIVE, MOORESVILLE, NC 28115	IREDELL COUNTY

Owner Information	Applicant Information
Owner: FOLEY HOME SALES LLC	Applicant: FOLEY HOME SALES LLC
Address: 1075 BLUE SPRUCE DRIVE	Address: 1075 BLUE SPRUCE DRIVE
MOORESVILLE, NC 28115	MOORESVILLE, NC 28115
Phone: 856-404-5379	Phone: 856-404-5379

Use Requested	Zone Code
MODULAR LOT 2	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
12.030	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	181182	TOTAL FEES:	$ 77.25