IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 **Mooresville Office (704) 660-3625** PERMIT # 245665

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

PIN # 4659-33-9799

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

SITE ADDRESS: 116 Country Meadows Drive Mooresville NC 28115 — PHONE: 856 404 5879 — ALT. PHONE: -

SITE DIRECTIONS: Hwy 115 past Hwy 150 continue on Hwy 21 Property on Right South of Freece crossing — SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Country Meadows — SECTION: - — LOT# 3 — LOT AREA: .49 Ac — DESIGN FLOW: 360 — L.T.A.R.: .275

Septic Tank	1000	(gal)	STB	760	Date	5-30-20	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	Gravity 25% Reduction	
Pump Make	-	Model	Poly-Flo PL 63	Serial #	-		Repair System Description:	LP PPBPS 50% Reduction	
# Nitrification Fields	1	# Lines	4	Linear Ft:	328		Maintenance Agreement Required:	☐ YES ☒ NO	
Trench Width	36	Trench Bottom Depth	24	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE	

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

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

☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

See attached Design Proposal

Plat Recorded Bk 70 PG 105

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11: (c) of SL 2018-114 using the Signed and Sealed Lss evaluation attached:

Soil & Forestry Services of the Carolinas, P.A.

AS BUILT SKETCH

Installed Quicky 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**

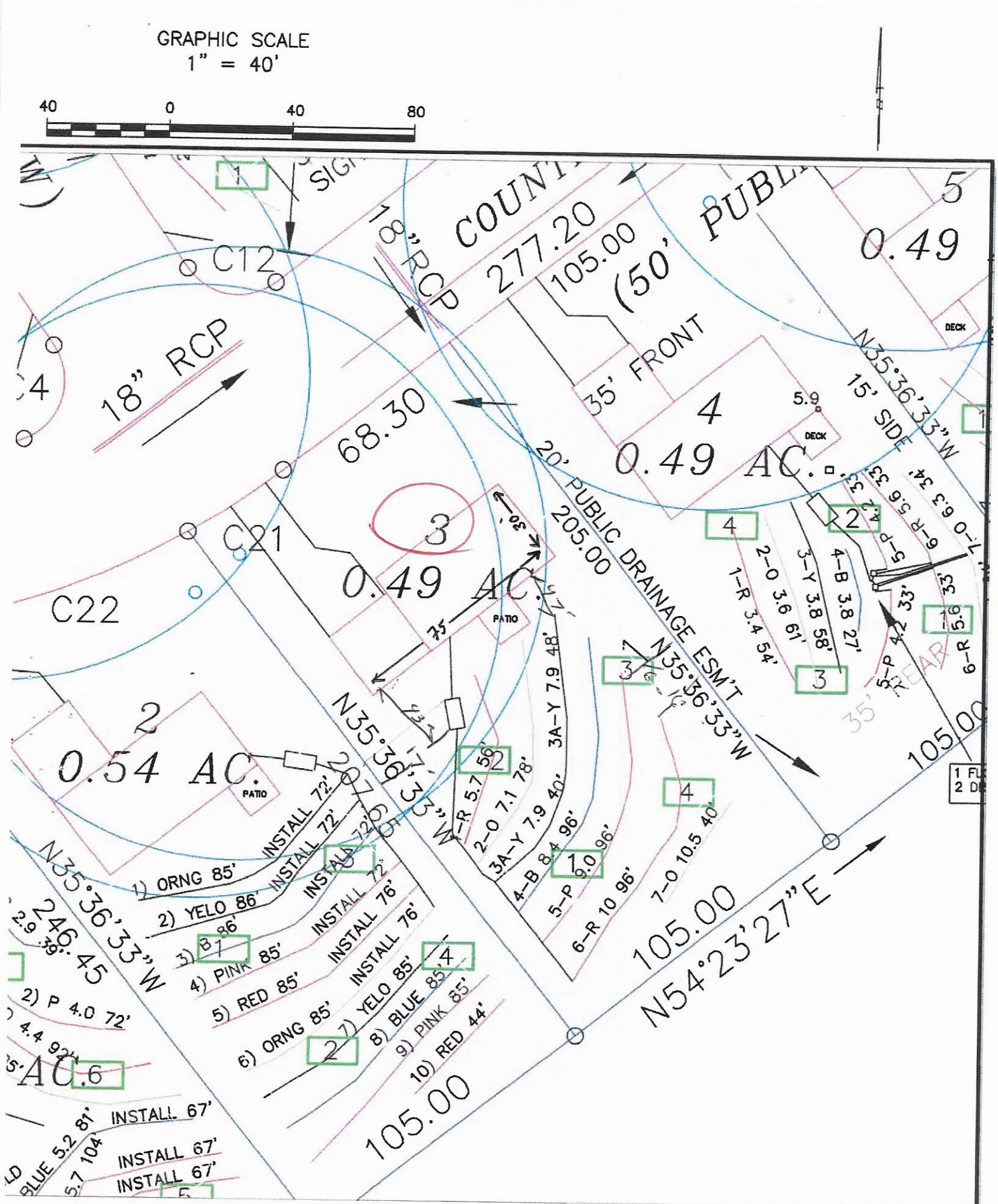
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 9/3/19 Installed by: Shannon Henderson

IMPROVEMENT PERMIT by: [signature] Date: 8/16/2019. OPERATION PERMIT by: [signature] Date: 10/16/20

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7/29/2020 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.



SHEET TITLE: SEPTIC LAYOUT / SITE PLAN SKETCH MAP	PROJECT NAME: FOLEY HOME SALES COUNTRY MEADOWS LOT 3 IREDELL COUNTY, NORTH CAROLINA AUGUST 2018	SOIL & FORESTRY SERVICES	Soil & Forestry Services of the Carolinas, PA PO Box 832-Mooresville, NC 28115 www.soilandforestryservices.com	SCALE: 1" = 40' FIELD WORK BY: DRAWN BY: PROJECT MGR.: PROJECT NO.: 18-1168

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

August 8, 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 3-116 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 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: [redacted] _____

Seal:



Three (3) Bedroom Accepted Septic System Design using Gravity Distribution for Lot 3 of Country Meadows Subdivision 116 Country Meadows Drive Mooresville, NC 28115

Contents:

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Owner: Foley Home Sales, LLC
856 404-5379
August 8, 2019
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 VPPBPS with LPP 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
Phone:	856 404-5379
County:	Iredell
Location:	Country Meadows Lot 3

Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	0.00 gpm

Design Specifications

Drainfield Size:	328 lf
Loading Rate:	0.275
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:	n/a
Estimated Supply Line Length:	50 lf
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	19.00 gal
Dosing Volume:	0.00 gal

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

Pressure Head:	0
Friction Head:	0.00 ft
Elevation Head:	0.00 ft
Total Dynamic Head:	0.00 ft
Threaded Union:	In Tank
Gate Valves:	
Check Valves:	In Tank
Anti-Siphon Hole:	n/a
Recommended Pump:	

Country Meadows Lot 3
Gravity Design

DESIGN FLOW:	360	gpd
SOIL APPLICATION RATE:	0.275	
TOTAL AREA TRENCH BOTTOM:	984	sf
TOTAL LATERAL LENGTH:	328	lf
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	327	lf
SUPPLY LINE LENGTH:	50	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 3

Layout for a 3 bedroom home **Aug '19**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM							
INSTR. 1							
			REPAIR				
1	Red			5.70		58	56
2	Orange			7.10		78	78
3b	Yellow			7.90		92	48
			SYSTEM				
3a	Yellow			7.90			40
4	Blue			8.40		100	96
5	Pink			9.00		98	96
6	Red			10.00		98	96
			REPAIR				
7	Orange			10.50		40	40

	LINE LENGTH	LTAR GPD/FT²	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	328	0.275	ACCEPT	25%	GRAVITY	24
REPAIR	222	0.275	PPBPS	50%	LPP	28

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: 3

No. of Bedrooms 3

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

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

Accepted? (YES OR NO) Yes

Supply Line Length 50 ft.

Supply Line Volume 19 gal.

Required Feet of Line 327 ft.
Amount of Line from Layout 328 ft.

Gallons per Minute 0.00 $^{gal}/_{min}$

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

Lateral Line Volume 0 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, LLC
ADDRESS: 1075 Blue Spruce Drive, Mooresville, NC 28115
PROPOSED FACILITY: New Home
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Country Meadows Lot 3, 116 Country Meadows Drive
WATER SUPPLY: x☐ Private ☐ Public x☐ Well ☐ Spring Other
EVALUATION METHOD: ☐ Auger Boring x☐ Pit ☐ Cut
TYPE OF WASTEWATER: x☐ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE:
DATE EVALUATED: 3/30/19
PROPERTY SIZE: .49
PROPERTY RECORDED: No

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L / 7%	0-9	B SL WFGr	VFr SS SP	N/A	44	PS	N/A	PS .3
		9-36	R C WFS	Fr SS P					
		36-44	BR CL WMS	Fr SS SP					
		44-60	BR L MASS	VFr SS SP					
2	L / 15%	0-12	B SL WFGr	Fr SS SP	N/A	60	PS	N/A	PS .275
		12-35	R C WFS	Fr SS SP					
		35-60	BR CL WMS	Fr SS SP c sap f Fe dpl					
3	L / 7%	0-9	B SL WFGr	Fr SS SP	N/A	60	PS	N/A	PS .3
		9-27	R C WMS	Fr S P					
		27-37	RB CL WMS	Fr SS SP few sap					
		37-60	RB L WMS	Fr SS SP com sap					
4	L / 6%	0-14	B SL WFGr	VFr SS SP	N/A	46	PS	N/A	PS .3
		14-36	R C WFS	Fr SS P					
		36-46	BR CL WMS	Fr SS SP f/c sap					
		46-60	RB L Mass	VFr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	328	218
System Type(s)	ACCEPTED	PPBPS
Site LTAR	.275	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Overby
OTHER(S) PRESENT:

COMMENTS:

RECEIVED AUG 15 2019

Session Law

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#245665 Paid $500.00

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: (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: FOLEY1301C GMAIL.COM **Phone:** 856 404-5379 **Alt. Phone:** _____

Owner Name: SAME **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 116 COUNTRY MEADOWS DRIVE, MOORESVILLE, NC 28115

Subdivision Name: COUNTRY MEADOWS **Section/Phase:** _____ **Lot Number:** 3

Driving Directions: STATESVILLE AVENUE NORTH (HWY 115) 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: 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: _____ 5/30/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

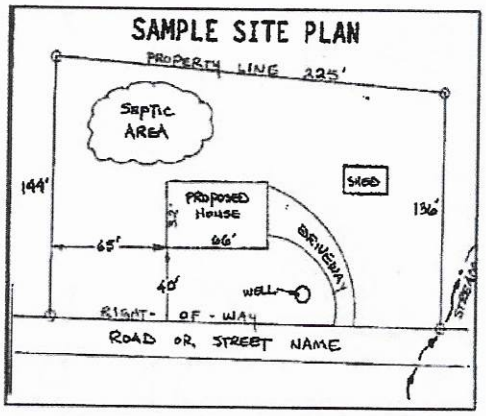
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Signature: Wendell G — 5/30/19

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, 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 — Signature of Owner(s) — 5/17/19 — Date

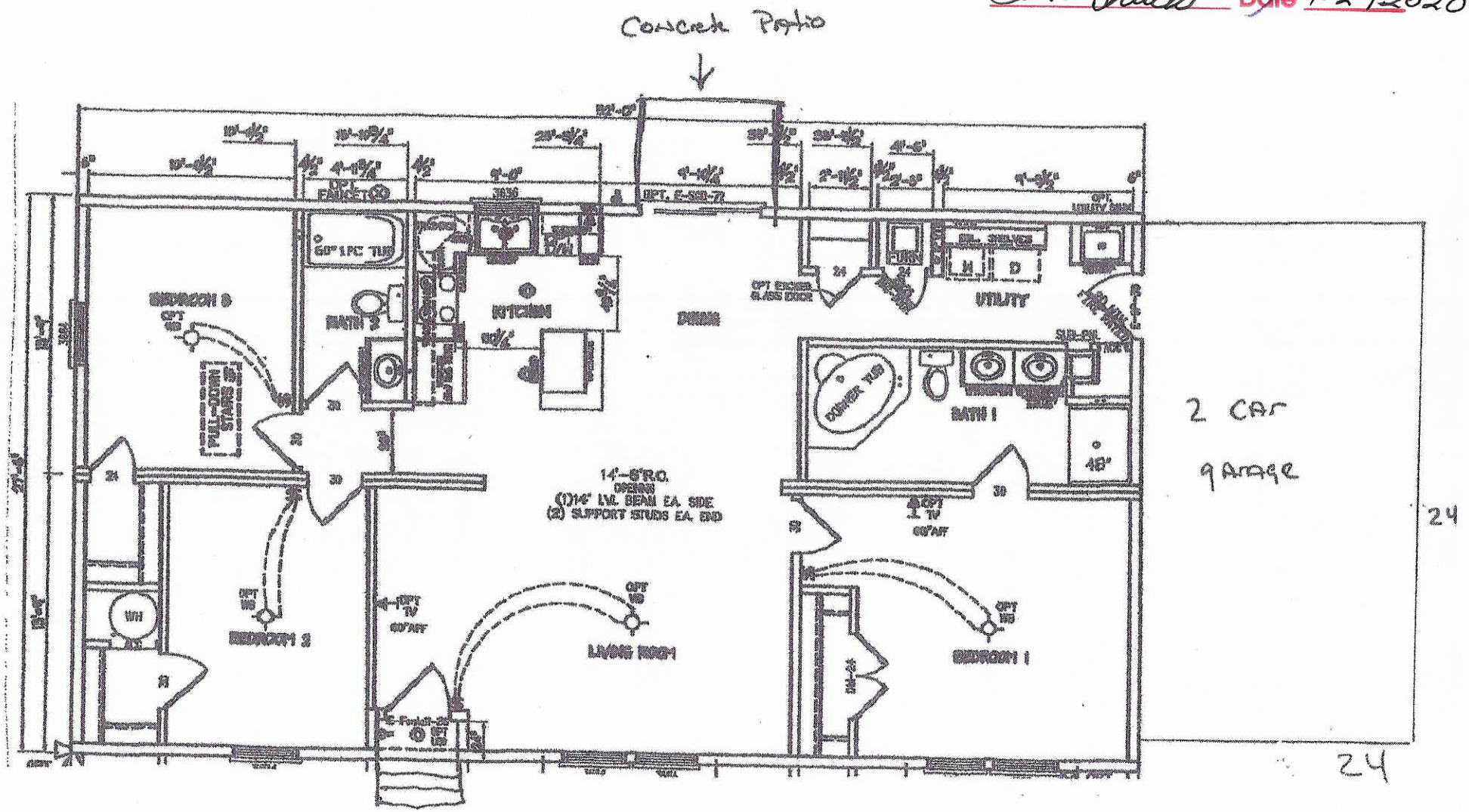
Wendell Cl — Signature of Witness — 5/17/19 — Date

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

Acknowledgement Of
Plans Submittal ONLY!
Date
Jim Shuck Date 7-29-2020



116 Country Meadow

IREDELL COUNTY

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

APPLICATION NUMBER
245665
Issue Date: 06/13/2019

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4659349026.000	116 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 3	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	181188	TOTAL FEES:	$ 77.25