WELL ON AP-305707

IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 245662

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

PIN # 4659345095

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

SITE ADDRESS: 113 Grasslands Drive Mooresville NC 28115 | PHONE: 8564045379 | ALT. PHONE: -

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

SUBDIVISION: Country Meadows | SECTION: - | LOT # 15 | LOT AREA: .47 Acres | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	3-15-20	Date	760			
Pump Tank	-	(gal)	PT	-	Date	-			
Pump Make	-	Model	-		Serial #	-			
# Nitrification Fields	1	# Lines	4		Linear Ft	300			
Trench Width	36	Trench Bottom Depth	[redacted] + 24 +		Gravel Depth				

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

System Description: Gravity 25% Reduction

Repair System Description: LPP- PPBPS 50% 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 | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

3/17/2020 Reviewed floor plans, in compliance with IP House is 4ft wider but should not impact Septic System. MD

INITIAL SITE SKETCH

Permit issued pursuant to SL-2018-114 Section 11.(c) using the signed and Sealed Lss evaluation by: Soil & Forestry Services of the Carolinas P.A.

AS BUILT SKETCH

COPY

SEE ATTACHED

INSTALLED AS PERMITTED

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: Shelagh Foley Date: 9/5/19 Installed by: GROUND BREAKERS

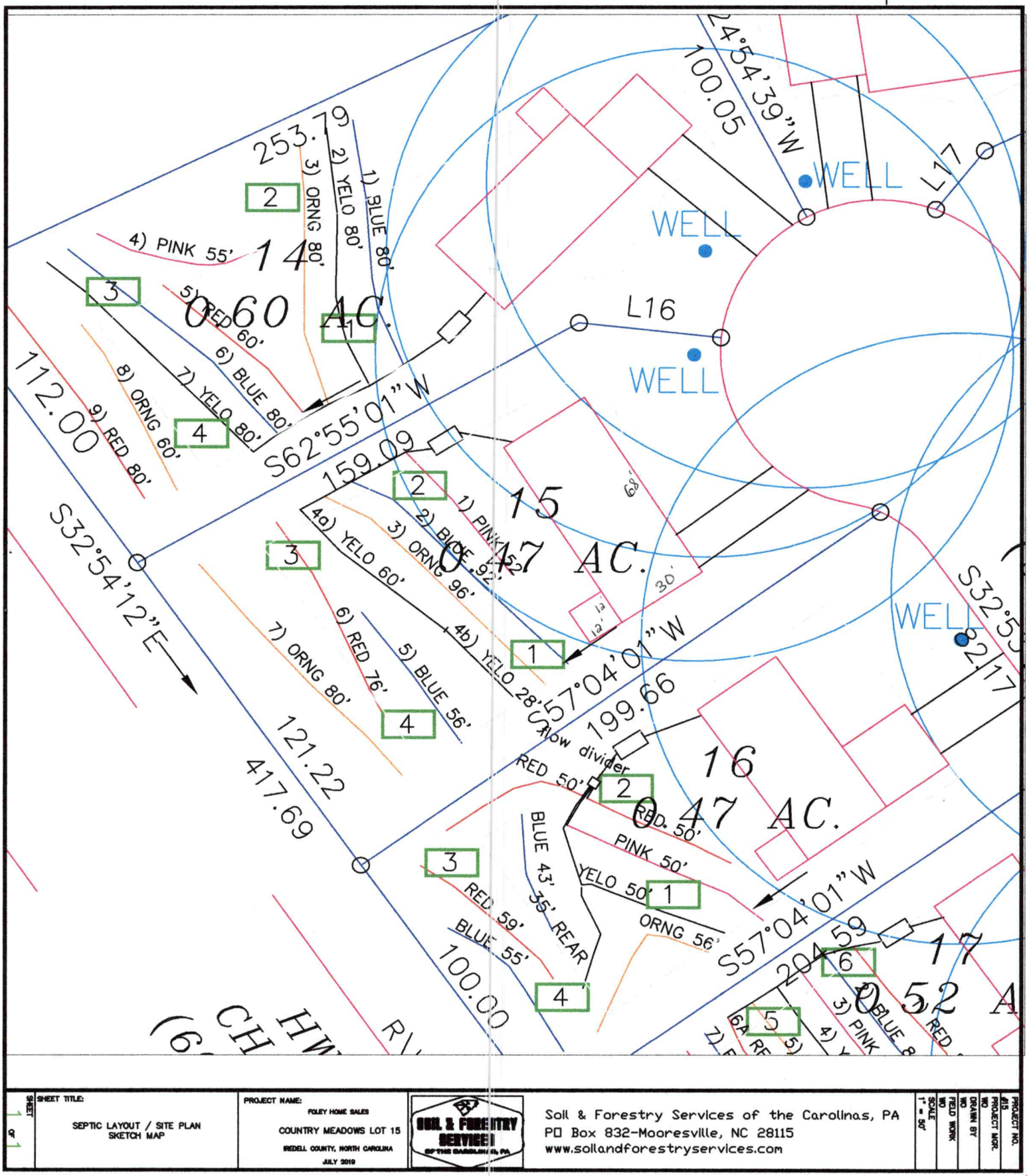
IMPROVEMENT PERMIT by: Benjamin A. Robbins Date: 7/23/2019 OPERATION PERMIT by: [illegible] Date: 4-24-2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 3/17/2020 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



SHEET 1 of 1	SHEET TITLE: SEPTIC LAYOUT / SITE PLAN SKETCH MAP	PROJECT NAME: FOLEY HOME SALES COUNTRY MEADOWS LOT 15 IREDELL COUNTY, NORTH CAROLINA JULY 2019	SOIL & FORESTRY SERVICES	Soil & Forestry Services of the Carolinas, PA PO Box 832-Mooresville, NC 28115 www.soilandforestryservices.com	SCALE 1" = 50'	FIELD WORK WD	DRAWN BY WD

PROJECT MGR. WD | PROJECT NO. #13

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 15

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

Design Specifications

Drainfield Size:	300 lf
Loading Rate:	0.3
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:	10 lf
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	3.80 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 15

Gravity Design

DESIGN FLOW:	360	gpd
SOIL APPLICATION RATE:	0.3	
TOTAL AREA TRENCH BOTTOM:	900	sf
TOTAL LATERAL LENGTH:	300	lf
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	300	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 15

Layout for a 3 bedroom home **Jun-19**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM							
INSTR. 1							
Back Rt House Crnr							
			SYSTEM				
1	Pink					52	52
2	Blue					95	92
3	Orange					96	96
4a	Yellow					98	60
			REPAIR				
4b	Yellow					98	28
5	Blue					57	56
6	Red					77	76
7	Orange					99	80

	LINE LENGTH	LTAR GPD/FT²	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	300	0.300	ACCEPT	25%	GRAVITY	24
REPAIR	240	0.250	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

CALCULATIONS

Location	Country Meadows	
Project Number	18-1185	
Lot No:	15	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.3	$^{gal}/_{ft^2\ day}$
Accepted? (YES OR NO)	Yes	
Supply Line Length	10	ft.
Supply Line Volume	3.8	gal.
Required Feet of Line	300	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	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

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

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 15-113 Grasslands 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: 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:



PROPERTY ID #: 4659349026
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Foley Home Sales APPLICATION DATE 7/3/19
ADDRESS: 1571 Charlotte Hwy Mooresville, NC 28115 DATE EVALUATED: 3/20/19
PROPOSED FACILITY: New Home PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: .47
LOCATION OF SITE: Country Meadows Lot 15 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 / 5%	0-9	B SL WFGr	Fr SS SP	N/A	51	PS	N/A	PS .3
		9-19	B CL WFS/A	Fr SS SP					
		19-32	BR C WMS/A	Fr SS SP					
		32-51	RB CL WFS	Fi SS SP					
		51-60	VAR SL Mass	Fr SS SP					
2	L / 5%	0-11	B SL WFGr	Fr SS SP	N/A	53	PS	N/A	PS .3
		11-53	BR C MMA/S	Fr SS SP					
3	L / 5%	0-10	B SL WFGr	Fr SS SP	N/A	58	PS	N/A	PS .3
		10-58	R C MMS	Fr SS P					
4	L / 5%	0-9	B SL WFGr	Fr SS SP	N/A	60	PS	N/A	PS .25
		9-52	BR C WMA/S	Fr SS P [Fe dep 22-36]					
		52-60	RB CL WMS	Fi SS SP f sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	240
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.25

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

LICENSED SOIL SCIENTIST JAMES HENDELL 1218 STATE OF NORTH CAROLINA

COMMENTS:

RECEIVED JUL 1 8 2019

Paid $500.00

245662

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: (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: _____ **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 113 GRASSLANDS DRIVE MOORESVILLE

Subdivision Name: COUNTRY MEADOWS **Section/Phase:** _____ **Lot Number:** 15

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 ( ) 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 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

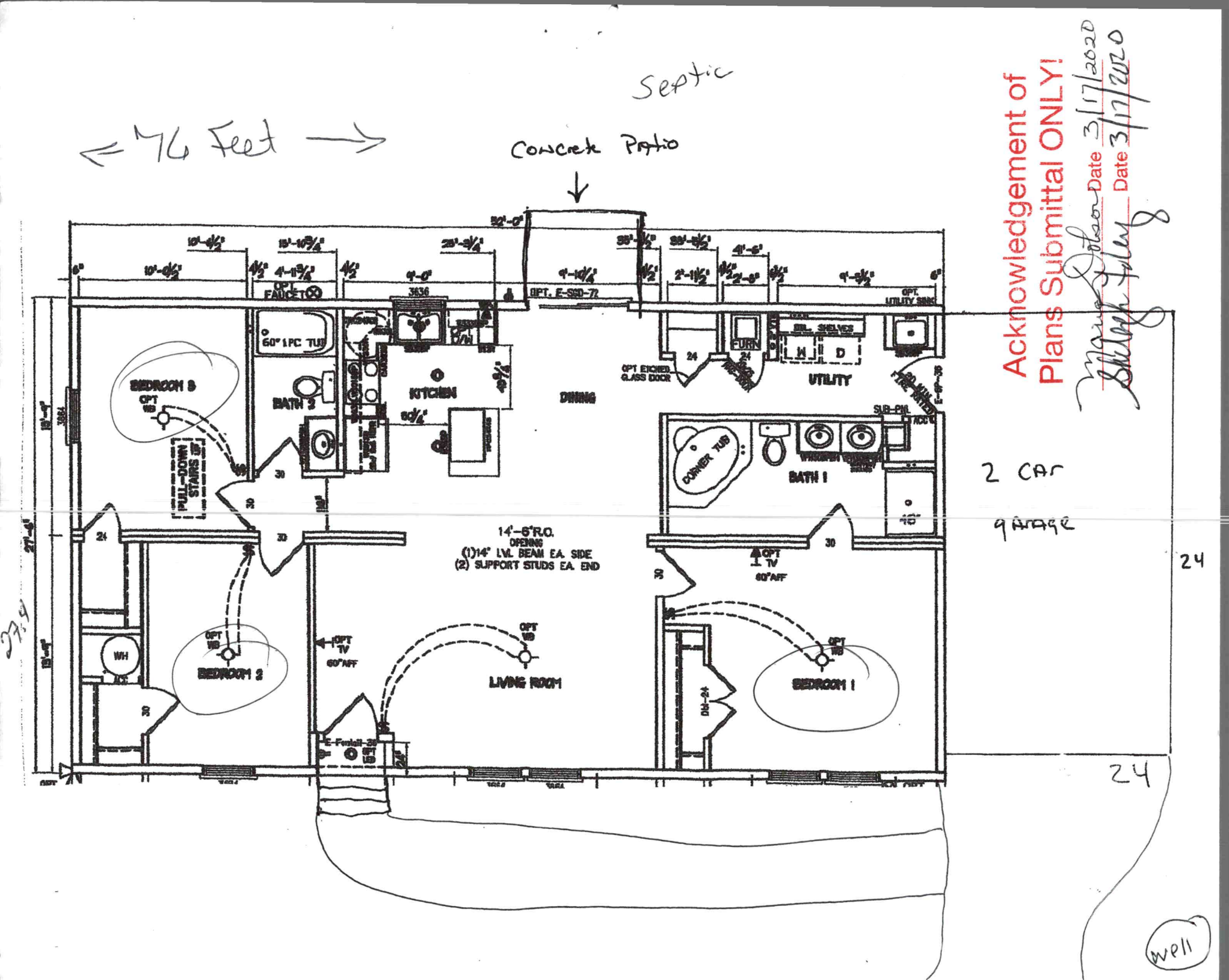
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	5/17/19		5/17/19

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


Septic
← 76 Feet →
Concrete Patio
Acknowledgement of
Plans Submittal ONLY!
Date 3/17/2020
Date 3/17/2020
2 CAR
GARAGE
24
24
BEDROOM 3
BATH 2
KITCHEN
DINING
UTILITY
BATH 1
BEDROOM 2
LIVING ROOM
BEDROOM 1
14'-6"R.O.
OPENING
(1)14" LVL BEAM EA. SIDE
(2) SUPPORT STUDS EA. END
60" 1PC TUB
CORNER TUB
OPT. E-SSD-72
OPT. TV
60"AFF
WH
PULL-DOWN STAIRS
OPT. UTILITY SINK
SUB-PNL
WVP11

IREDELL COUNTY

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

APPLICATION NUMBER
245662
Issue Date: 06/13/2019

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4659349026.000	113 GRASSLAND 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 15	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: 6-18-19

Permit Number	181168	TOTAL FEES:	$ 77.25