ICHD - ENVIRONMENTAL HEALTH DIVISION

BLDR-2024-45 2820

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

PIN # 4705-30-2593

PPLICANT / OWNER: Bruce Porter APPLICANT ADDRESS: 2143 Mocksville Hwy Statesville NC 28625

TE ADDRESS: 361 ALPINE CIR, STATESVILLE, NC 28625 PHONE: 704-878-9314 ALT. PHONE:

TE DIRECTIONS: Old Mountain Road to Alpine Circle SAP CONTROLLED: YES ☐ NO ☑

UBDIVISION: Alexander Knoll SECTION: — LOT #: 33 LOT AREA: 0.557 DESIGN FLOW: 360 L.T.A.R.: 0.3

eptic Tank: 1000 (gal)	STB: 1600	Date: 10/15	☑ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 3	Water Supply: Municipal Water
ump Tank: (gal)	PT:	Date:	System Description: Accepted 25% reduction		☐ Business	No. Persons: 6	
ump Make:	Model:	Serial #:	Repair System Description: LP PPBPS		☐ Other	No. Employees:	
Nitrification Fields: 1	# Lines: 5	Linear Ft.: 300	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
rench Width: 36	Trench Bottom Depth (Low side): 34		Gravel Depth:	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

omments / Conditions: This Improvement Permit is issued pursuant to G.S. 130A-335 (a2), (a3), and (a4) using the signed and sealed LSS/LG evaluation(s) attached here. This Construction uthorization is issued pursuant to G.S. 130A-335(a2), (a5), and (a6) using the signed and sealed plans or evaluations attached here.

INITIAL SITE SKETCH

AS BUILT SKETCH

See attached as built

rmit 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.

wner / Applicant Signature: Date:

IPROVEMENT PERMIT by: Benjamin A. Botts Date: 1/8/2024

UTHORIZATION TO CONSTRUCT by: Benjamin A. Botts Date: 1/8/2024

Installed By: Joey Cothren

OPERATION PERMIT by: D Meberg Date: 1/21/25

Existing System Inspected By: Date:

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 BETWEEN 8am-9am the day the inspection is needed.

As Built Sketch

County: Iredell

This Section for Local Health Department Use Only

Initial submittal received: 1/8/24 (*Date*) by BB (*Initials*)

Permit Number: OSWP-2024-43935

G.S. 130A-335(a6) states the following: *'If a local health department fails to act on an application for a construction authorization submitted pursuant to subsection (a5) of the section within 10 business days of receipt of a complete application, the local health department shall issue the construction authorization.'*

In accordance with G.S. 130A-335(a5) the construction authorization application is:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Owner on _____ (*Date*)

State Authorized Agent: _____ Date: _____

☐ Denied (See attached report.)

Copies of this were sent to the AOWE/PE and the Owner on _____ (*Date*)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Benjamin A Botkins Date of Issuance: 1/8/24

This Construction Authorization is issued pursuant to G.S. 130A-335(a2), (a5), and (a6) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes, or if information submitted in the application was falsified, inaccurate or misleading. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. The location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the owner. Final landscaping shall be constructed to divert water and establish vegetative cover.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 1/8/29

See attached site sketch

Permit #: OSWP-2024-43935

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☐ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ Fee $_____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Iredell
PIN/Lot Identifier: 4705302593
Issued To: Bruce Porter
Property Location: 361 Alpine Circle
Subdivision (if applicable) Alexander's Knoll Lot #: 33 Block: _____ Section: _____
LSS Report Provided: Yes ☑ No ☐
If yes, name and license number of LSS: Samuel Ashley Rollans # 1231
New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐
Proposed Structure: Single family residence
Number of bedrooms: 3 Number of Occupants: 6 Other: _____
Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process
Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3
Proposed Wastewater System Type*: Accepted (Initial) Pump Required: ☐ Yes ☒ No ☐ May be required
Proposed Wastewater System Type*: PPBPS (Repair) Pump Required: ☒ Yes ☐ No ☐ May be required
Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)
Saprolite System (initial): ☐ Yes ☒ No Saprolite System (repair): ☐ Yes ☒ No
Fill System (Initial): ☐ Yes ☒ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (repair): ☐ Yes ☒ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Soil Depth (Initial): 64-65" Usable Soil Depth (Repair): 66"-72"
Max. Trench Depth (Initial)‡: 34" Max. Trench Depth (Repair)‡: 34" ‡ *Measured on the downhill side of the trench*
Artificial Drainage Required: ☐ Yes ☒ No If yes, please specify details: _____
Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☒ Municipal Supply ☐ Spring ☐ Other: _____
Drainfield location meets requirements of Rule .1945: Yes ☑ No ☐ Drainfield location meets requirements of Rule .1950: Yes ☑ No ☐
Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions: See design, Used Pits for morphology

Licensed Soil Scientist Print Name: Samuel A. Rollans
Licensed Soil Scientist Signature: Samuel A Rollans Date: 12/26/23

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

Permit #: OSWP-2024-43935

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: Iredell

PIN/Lot Identifier: 4705302593

Issued To: Bruce Porter

Property Location: 361 Alpine Circle

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: Samuel Ashley Rollans #10027E

Facility Type: Single family residence

☑ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☑ No

Type of Wastewater System* Accepted (Initial) PPBPS w/LP (Repair)

Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)

Design Daily Flow: 360 GPD Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☐ No
(if yes, please provide engineering documentation)

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 300 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.3 gpd/ft²

Soil Cover: 6 min inches Slope Corrected Maximum Trench/Bed Depth‡: 34" inches ‡ ***Measured on the downhill side of the trench***

Aggregate Depth: _____inches above pipe _____inches below pipe _____inches total

Pump Tank Size (if applicable): _____ gallons Requires more than 1 pump? ☐ Yes ☐ No

Pump Requirements: _____ ft. TDH vs. _____ GPM Grease Trap Size (if applicable): _____ gallons

Distribution Method: ☑ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: _____

Artificial Drainage Required: Yes ☐ No ☑ If yes, please specify details: _____

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.1937(h)]: ☐ Yes ☑ No

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: ☐ Yes ☑ No

Declaration of Restrictive Covenants: ☐ Yes ☑ No

Pre-Construction Conference Required: Yes ☐ No ☑

Conditions: See design

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print Name: Samuel Ashley Rollans Expiration Date: TBD - 5 YRS from LHDP Date.

AOWE/PE Signature: Samuel A Rollans Date: 12/26/23

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

NC ONSITE WASTEWATER Certification Number 10027E EVALUATOR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5).
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:
☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ (a2) Repair/Construction Authorization

Please check one of the following:
☑ New Construction ☐ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair
☑ 5 Year Expiration Requested (site plan provided)
☐ Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a)

Property Owner Name: Bruce Porter
Property Owner Mailing Address: 2143 Mocksville Hwy Statesville NC 28625
Property Owner Phone Number: 704-902-3124
Property Owner Email Address: 2xpapa2012@gmail.com

Applicant Name: Same
Applicant Mailing Address:
Applicant Phone Number:
Applicant Email Address:

Does the property include, or is subject to, any of the following:
☐ Yes ☑ No Previously identified jurisdictional wetlands
☐ Yes ☑ No Existing or proposed easements, rights-of-way, encroachments, or other areas subject to legal restrictions
☐ Yes ☑ No Approval by other public agencies

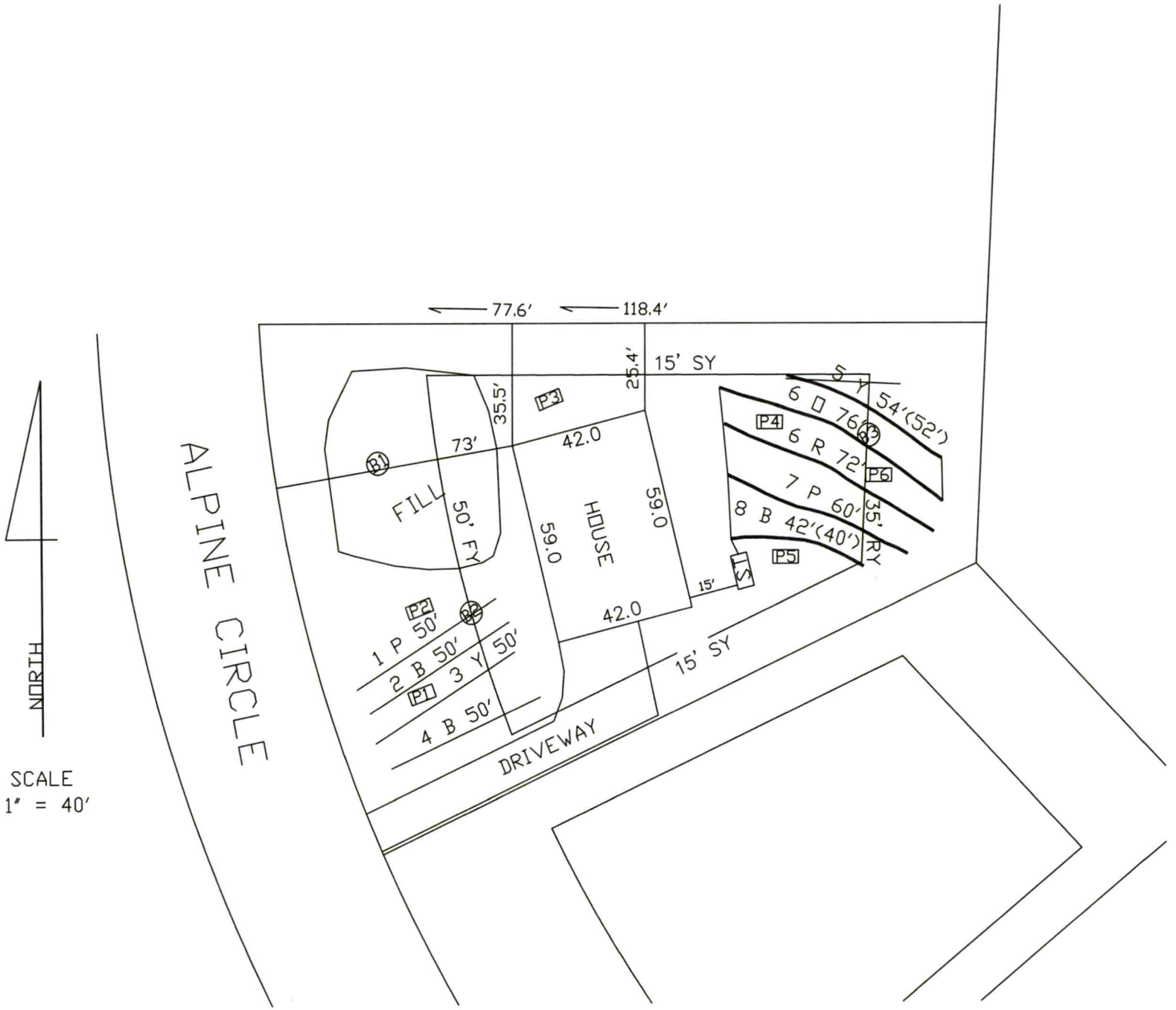
A site plan or plat is required, **OR** the site sketch submitted from the LSS/AOWE, must include the following:
(A) existing and proposed facilities, structures, appurtenances, and wastewater systems
(B) proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s)
(C) existing and proposed vehicular traffic areas
(D) existing and proposed water supplies, wells, springs, and water lines; and
(E) surface water, drainage features, and all existing and proposed artificial drainage, as applicable.

Requesting DHHS review: ☐ Yes ☑ No

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.

Applicant Signature: Bruce Port Date: 12-27-23

Owner's Signature: Bruce Port Date: 12-27-23


77.6'
118.4'
15' SY
25.4'
35.5'
P3
S Y 54'(52')
6 □ 76'
P4
6 R 72'
P6
7 P 60'
8 B 42'(40')
35' RY
P5
15'
73'
42.0
B1
FILL
50' FY
HOUSE
59.0
59.0
42.0
P2
1 P 50'
2 B 50'
P1
3 Y 50'
4 B 50'
15' SY
DRIVEWAY
ALPINE CIRCLE
NORTH
SCALE
1" = 40'

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 21-0095
December 21st, 2023

BRUCE PORTER
Attn: *Bruce Porter*
Email: 2xpapa2012@gmail.com

RE: Soil & Site Evaluation for a 3 Bedroom Residence (Crawl Space) at 361 Alpine Circle, 0.557 ac Parcel, PIN# 4705302593, Statesville, NC 28625.

Bruce:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above. The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittal to Iredell County Health Department.

Site Conditions

At the time of our evaluation land cover on the property was mostly open/cleared. Topography within the evaluated area was gentle slope near the house site and gentle slope near the proposed drainfield area. Property lines and corners were marked at the time of the evaluation by survey. The surveyor provided a parcel map that was utilized to produce a Site Plan for the design. The proposed septic layout was located via Trimble Submeter GPS and used to produce the attached *Site Plan*. The house envelope was staked by survey. The attached Site Plan provided has building setbacks to property lines. Lot has public water. There is an area on the front right side of the property that contains fill. (see Plan).

Methodology

We evaluated soil areas through the use of hand auger borings and backhoe pits. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with three borings and six pits on the property flagged and located via GPS. Seven of the soil borings/backhoe pits are located in or adjacent to the proposed system and repair. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each boring. The house envelope was located via survey. An on-ground layout of the system and repair was performed using a laser level. Pin flag locations of the layout were also located by GPS. Detailed system & repair information is summarized in the following paragraph for this Lot.

361 Alpine Circle (*See Attached Design*)
The septic layout for this lot (9' centers primary, 8' centers repair) yielded a total of 504 linear feet of line. The primary system is proposed as 300 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth (Low Side) is specified at 34 inches. The repair system is proposed as 200 feet of Modified Conventional (PPBPS) drainfield with low pressure distribution. Trench depth (Low Side) is specified at 34 inches.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)."

Owner

Date

Print Name Bruce Porter
Signature Bruce Port 12-27-23

The LSS Evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

"The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2)."* Any site modifications that impact the proposed septic areas on the site may nullify this design for 361 Alpine Circle, PIN# 4705302593. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

LICENSED SOIL SCIENTIST
SAMUEL A. ROLLANS
1231
STATE OF NORTH CAROLINA

S. Ashley Rollans, LSS
Attachment: *Septic Design*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 3 bedroom single family residence on 361 Apline Circle, Lot 33 Statesville NC, 28625 (PIN 4705302593), Iredell County, North Carolina.

Contents:

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Application	12-13
Green Sheet	14
Agent Authorization Form	15

November 22, 2021
Project #: 21-0095
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 NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- 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 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 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 for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a PPBPS system with Low Pressure Distribution.

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Applicant:	Porter Builders
Address:	2143 Mocksville Highway Statesville, NC 28625
Phone:	704.902.3124
County:	Iredell
Location:	361 Alpine Circle Statesville, NC 28625
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	300	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Max.Trench Depth (Low Side):	34 in.	Repair Trench Bottom 34 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	
Estimated Supply Line Length:	4	
Supply Line Diameter:	4 in. SCH 40 PVC	
Supply Line Volume:	2.61	
Dosing Volume:	N/A	
Supply Manifold:	N/A	
Supply Manifold Length:	N/A	
Supply Manifold Volume:	N/A	
Recommended Float Controls:	N/A	
Recommended Control Panel:	N/A	
Pressure Head:	N/A	
Friction Head:	N/A	
Elevation Head:	N/A	
Total Dynamic Head:	N/A	
Threaded Union:	N/A	
Gate Valves:	N/A	
Check Valves:	N/A	
Anti-Siphon Hole:	N/A	
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA.	

361 Alpine Circle

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	900
TOTAL LATERAL LENGTH:	300
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	300
SUPPLY LINE LENGTH:	4
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - 361 Apline Circle- Lot 33

Project #: 21-0095

LAYOUT FOR 3 BEDROOM HOME

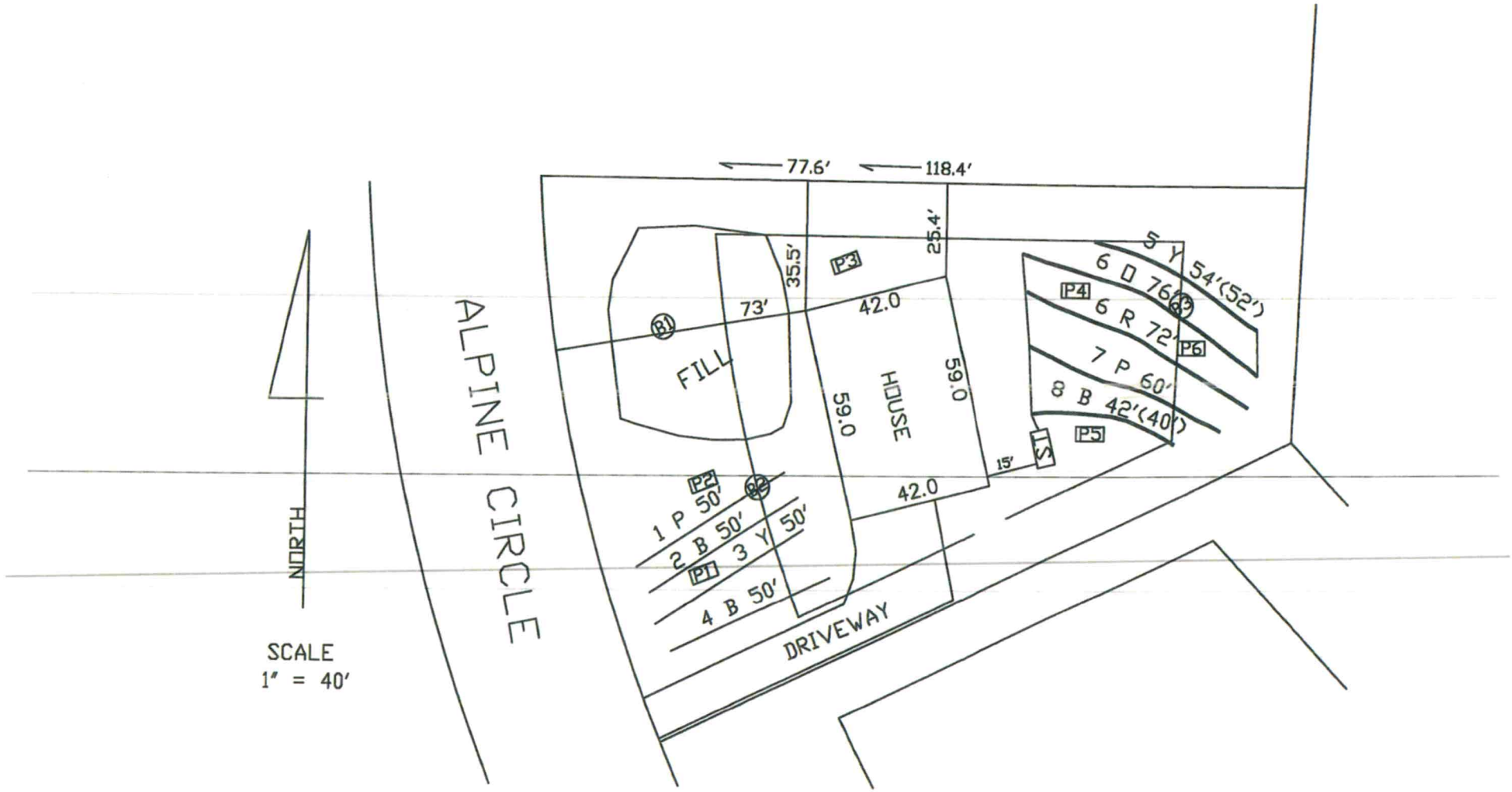
LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	############## DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	PINK					50	50
2	RED					50	50
3	YELLOW					50	50
4	ORANGE					50	50
5	***YELLOW***					*54*	*52*
6	***ORANGE***					*76*	*76*
7	***RED***					*72*	*72*
8	***PINK***					*60*	*60*
9	***BLUE***					*42*	*40*
					Total	504	500

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	(LOW SIDE) TRENCH DEPTH
** System*	*300*	*0.300*	*ACCEPT.*	*0.300*	*25% REDUCTION*	*GRAVITY*	34"
Repair	200	0.300	MOD. CONV.	0.300	PPBPS	LOW PRESSURE	34"

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

****HOUSE STAKED BY SURVEYOR.**


77.6'
118.4'
25.4'
35.5'
73'
42.0
59.0
59.0
42.0
15'
FILL
HOUSE
ALPINE CIRCLE
NORTH
SCALE
1" = 40'
DRIVEWAY
1 P 50'
2 B 50'
3 Y 50'
4 B 50'
5 Y 54'(52')
6 R 72'
7 P 60'
8 B 42'(40')
P1
P2
P3
P4
P5
P6
S1

CALCULATIONS

Location	361 Alpine Circle Statesville, NC 28625	
Project Number	21-0095	
Lot No:	33	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	NO	
Supply Line Length	4	ft.
Supply Line Volume	2.612	gal.
Required Feet of Line	300	ft.
Amount of Line from Layout	300	ft.
Gallons per Minute	N/A	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Septic Tank Size	1000	gal.
Panel Volume	N/A	gal.
# of Panels	N/A	
Dosing Volume	N/A	gal.
Tank Draw Down	N/A	
Pump Run Time		
Elevation Head	N/A	ft.
Pressure Head	N/A	ft.
Friction Factor	N/A	ft./100 ft. *(From the interpolater.)*
Friction Head	N/A	ft.
Total Dynamic Head (+15%)	N/A	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Sheet 1 of 2
PROPERTY ID #: 4705302548
COUNTY: Iredell

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

OWNER: Bruce Porter
ADDRESS: 2143 Mocksville HWY, Statesville NC 28625
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 3rd Alpine Circle, Statesville NC 28625
APPLICATION DATE
DATE EVALUATED: 10/21
PROPERTY SIZE: 0.557
PROPERTY RECORDED: YES

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	L/3%	0-30	Fill			50"	-	-	UN
		30-34	BL Gr	Fr SS SP					
		34-50	RC wfsbk/Abk	Fr SS SP					
B 2	L/3%	0-7	Fill			42"	PS	-	PS 0.3
		7-42	BRC wmsbk/Abk	Fr SS SP					
		42-50	VAR. SL MASS	Fr SS SP					
B 3	L/3%	0-6	RBCL wfsbk/Abk	Fr SS SP		50"	-	-	PS 0.3
		6-28	RC wfmbk/sbk	Fr SS SP					
		28-50	RBCL wfsbk	Fr SS SP					
P 1	L/4%	0-6	Fill			65"	-	-	PS 0.3
		6-13	BCL wfsbk	Fr SS SP					
		13-48	RC wmsbk/Abk	Fr SS SP					
		48-65	RBCL wmsbk	Fr SS SP	Few SAP Irelo.				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted 25%	PPBB/Low Pressure
Site LTAR	0.3	0.3

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

COMMENTS:

Updated February 2014

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: Same
DATE OF EVALUATION: Same
COUNTY: Same

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
P2	L/5%	0-7	Fill		- Few Wh. Rock - Few to C. SAP	64"	-	—	PS 0.3
		7-12	BCL wmsbk/AbK	Fr SS SP					
		12-48	BRC wmsbk/AbK	Fr SS SP					
		48-64	RBCL wfsbK	Fr SS SP					
P3	L/5%	0-8	BL Gr	Fr SS SP	- Few SAP Incl.	67"	-	-	PS 0.3
		8-20	BSCL wfsbK	Fr SS SP					
		20-48	RC wmsbk/AbK	Fr SS SP					
		48-67	RBCL wfsbK	Fr SS SP					
P4	L/5%	0-13	BCL wfsbK	Fr SS SP	- Few SAP Incl.	72"	-	-	PS 0.3
		13-33	BRC wmsbk/AbK	Fr SS SP					
		33-72	RBCL wfsbK	Fr SS SP					
P5	L/3%	0-6	BL Gr	Fr SS SP	- Few to C. SAP	63"	-	-	PS 0.3
		6-33	RC wmsbk/AbK	Fr SS SP					
		33-63	RBCL wfsbK	Fr SS SP					
		63-76	VARL. MASS	Fr SS SP					
P6	L/3%	0-4	BL Gr	Fr SS SP	- Few to C SAP	60"	-	-	PS 0.3
		4-15	BRC wmAbK	F SS SP					
		15-30	BRC wmSbK	Fr SS SP					
		30-60	RBCL wfsbK	Fr SS SP					
		60-76	VARL. MASS	Fr SS SP					

COMMENTS:

PERMIT SNAPSHOT REPORT OSWP-2024-43935 FOR IREDELL COUNTY

Permit Type	OSWP - AOWE|Session Law|EOP|Expedited Review	**Project:**		**App Date:**	01/02/2024
Work Class:	OSWP - AOWE|Session Law|EOP|Expedited Review	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	PRIORITY PERMIT	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Botkins, Ben	**Approval Expire Date:**	
Description:	Session Law				

Parcel: 4705302593.000 Main	**Address:** 361 Alpine Cir Statesville, NC 28625 Main	**Zone:** R-20(Suburban Residential District)

Applicant	Soil Scientist	Property Owner
SOIL AND FORESTRY SERVICES PO Box 5872 Statesville, NC 28687	SOIL AND FORESTRY SERVICES PO Box 5872 Statesville, NC 28687	Bruce A Porter 2143 Mocksville Hwy 2143 MOCKSVILLE HWY Statesville, NC 28625 Business: (704) 878-9314

Permit Custom Fields

EHExpeditedApplication/PermitType	Session Law	How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	see design
What are the proposed structures	New Single-Family Residence - Stick Built	New Single-Family Residence	Stick Built	If other Addition/Structure, please explain	
Maximum Number of Bedrooms	3	Number of Occupants	6	Foundation Type	Crawl Space Foundation
Water Supply	Municipal Water	Desired Septic System Type	Other	If other septic system type, please explain	Accepted 25% Reduction
Has this project been approved by TRC	No	Lot Acreage	0.557	Front Setback	35
Back Setback	35	Left Setback	15	Right Setback	15
Zoning Permit Issued Date	Jan 3 2024 12:00AM	Zoning Permit Expiration Date	Jul 1 2024 12:00AM	Is the structure or development in the floodplain	No
Is the property in a local historic district?	No	Is the property located downtown?	No	Additional Unique Setbacks Apply	No
Watershed	NOT IN A WATERSHED				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Randi_Williams_1/2/2024.jpg	01/02/2024 10:16	Williams, Randi		Uploaded via CSS
SITEPLAN_361_ALPINE_CIRCLE Mode (1).pdf	01/02/2024 10:49	Williams, Deborah	Available Online	site plan
Agent_Authorization_v1.pdf	01/02/2024 12:30	COMEAUX, DEBRA	Available Online	Authorize to Act as Agent
Floor_Plans_v1.pdf	01/02/2024 12:30	COMEAUX, DEBRA	Available Online	Floor Plan(s)
Session_Law_v1.pdf	01/02/2024 12:30	COMEAUX, DEBRA	Available Online	Site Plan

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00024971	Iredell Zoning Permit Fee	$75.00	$75.00
	Iredell Zoning Tech Fee	$2.25	$2.25
	New Gravity System AOWE IP/AC - 090123	$200.00	$200.00
	Total for Invoice INV-00024971	$277.25	$277.25
	Grand Total for Permit	**$277.25**	**$277.25**

PERMIT SNAPSHOT REPORT (OSWP-2024-43935)

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		01/02/2024 10:41	01/02/2024 10:42
Confirm application complete v.1	Generic Action		01/02/2024 10:42
Fees v.1		01/02/2024 12:31	01/03/2024 10:32
Fees Paid v.1	Generic Action		01/03/2024 10:32
Issue Invoice v.1	Generic Action		01/02/2024 12:32
Zoning Review v.1		01/02/2024 10:42	01/03/2024 10:32
~~Floodplain Admin Overview v.1~~	Task		01/02/2024 10:42
Iredell County Zoning Approval v.1	Task	01/02/2024 10:42	01/03/2024 10:32
Issue Invoice v.1	Generic Action		01/02/2024 12:32
Fees Paid v.1	Generic Action		01/03/2024 10:32
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		01/02/2024 12:31
OSWP Lab Evaluation v.1	Inspection		
Issue Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Fees v.1			
Septic Addition Permit v.1	Create Sub Permit		
Issue Permit v.1	Generic Action		