BLDR 2024-61356

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

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

PERMIT # OSWP 2024-58527

PIN # 4706 -- 44 -- 3165

APPLICANT/OWNER: Soil & Forestry Services LLC

APPLICANT ADDRESS: 126 3rd Creek Rd, Statesville, NC 28677

SITE ADDRESS: 136 Ridge Run Drive, Statesville, NC 28625

PHONE: 980-223-2352

ALT. PHONE:

SITE DIRECTIONS: Exit 148 on I40 -> N 64 -> R Hwy 90 -> L Roberston -> Straight onto Ridge Run -> lot on R

SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Ridgewest Estates

SECTION: n/a

LOT # 6

LOT AREA: 0.502

DESIGN FLOW: 360 gpd

L.T.A.R.(Initial): 0.325

L.T.A.R (Repair): 0.325

Septic Tank 1000 (gal) STB 760 Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 288

Trench Width 36 *Max. Trench Depth(Initial) 30 *Max. Trench Depth(Repair) 30 Gravel Depth n/a

* Measured on the downhill side of the trench

☑ New System ☐ Repair ☐ Expansion System Type: I ☑ II III IV V VI

System Description: 25% Reduction - IIb

Repair System Description: LPVPPBPS - IVa

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

Usable Depth to LC (Initial): 50

Usable Depth to LC (Repair): 50 *Limiting Condition*

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☐ Private

☑ Public

☐ Community

Comments / Conditions: Do not pave, grade, drive, park, or bury utilties in drainfield.

Repair is sap controlled.

INITIAL SITE SKETCH

Improvement permit issued pursuant to: G.S. 130A-335(a2), (a3) & (a4) using signed & sealed LLS/LG Evaluation attached, from:

Ashley Rollans

LSS# 1231

Construction authorization issued pursuant to: G.S. 130A-335(a2) & (a5)

AOWE# 10027E

AS-BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Checked
Tanks
Top 3 Lines - 3/18/25 MW
bottom 2 Lines - 3/28/25 SW

* Underground power line removed before finishing Init-M

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: Online Signature Date:

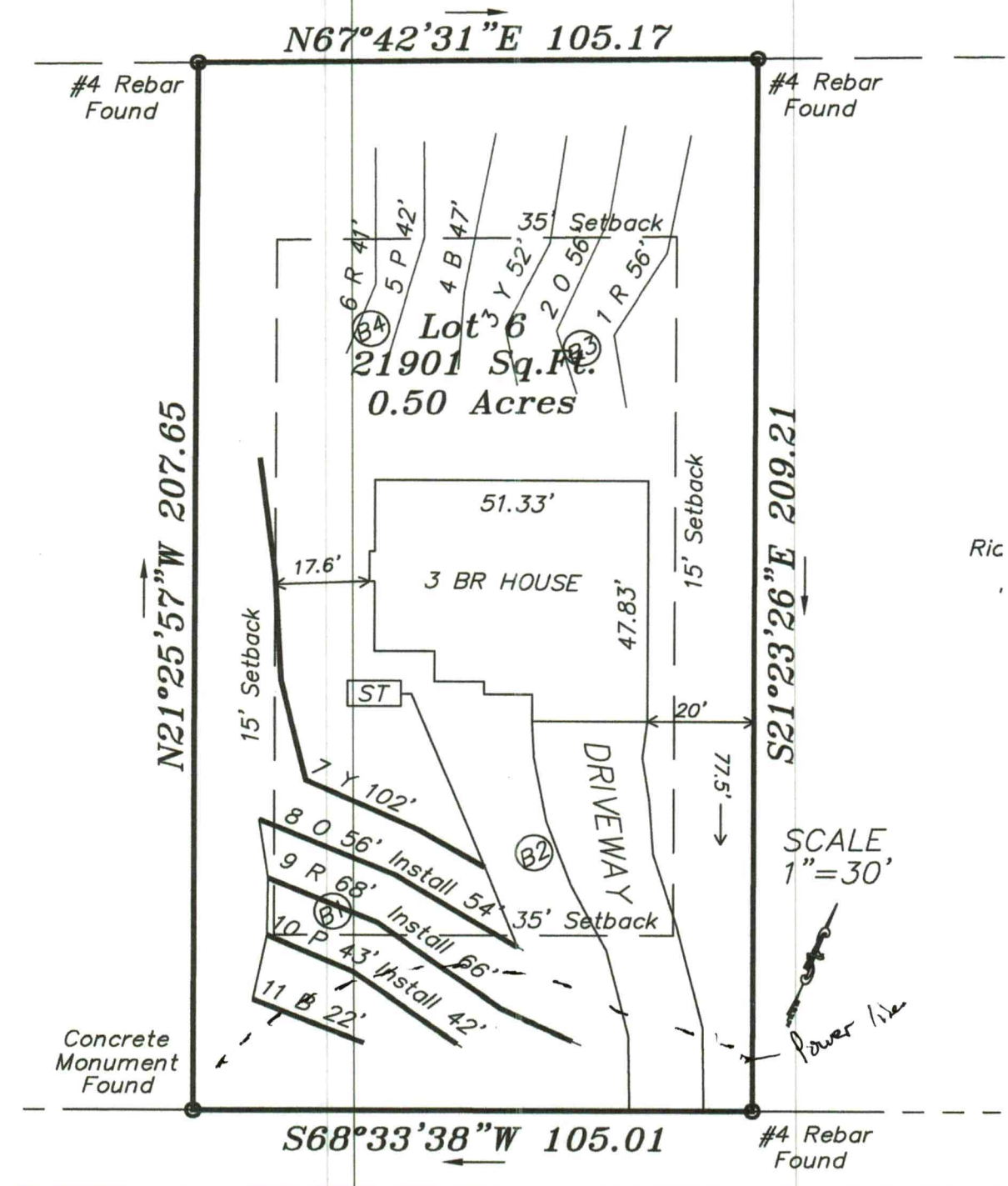
Installed by: Neil Stutts

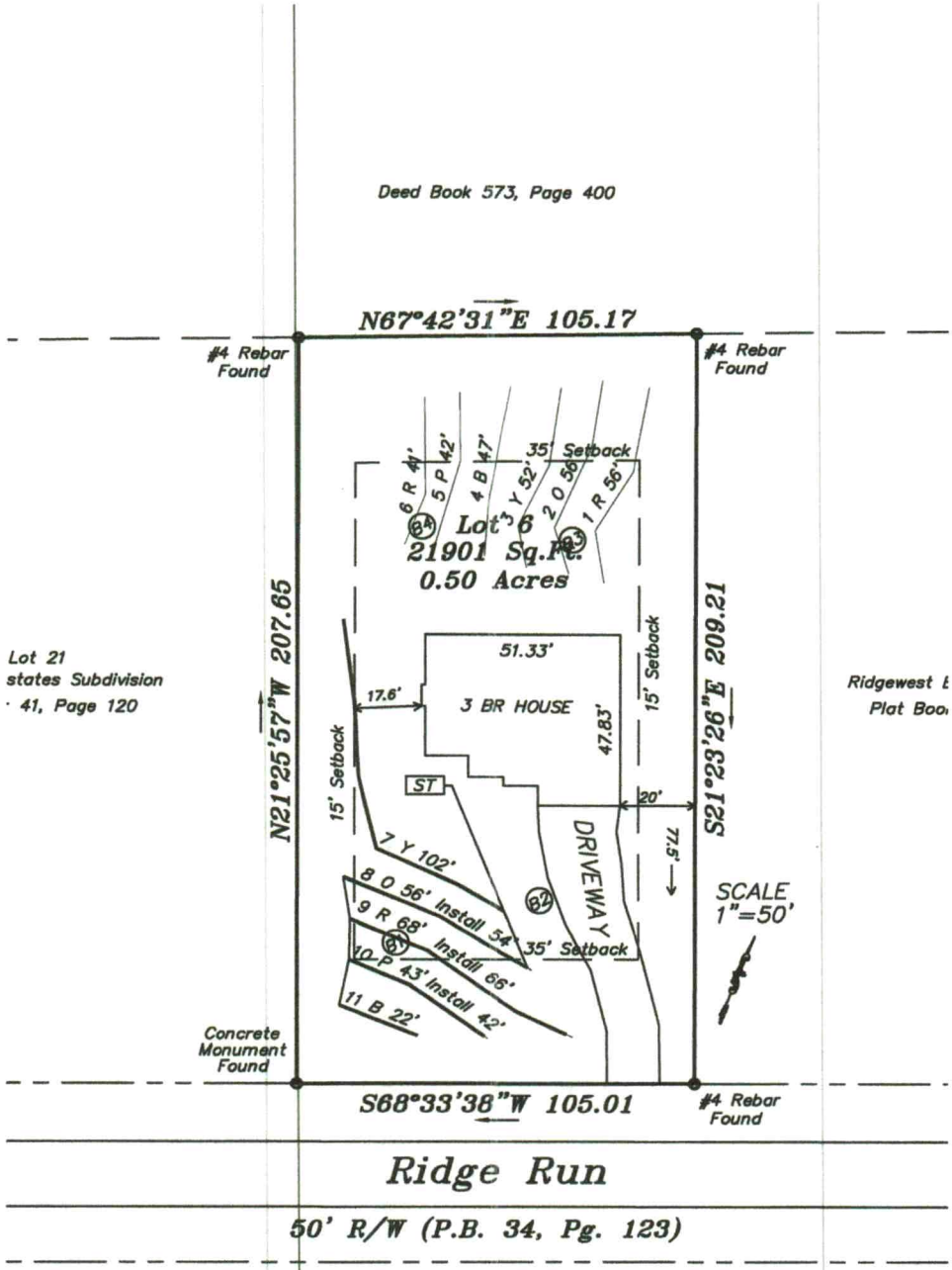
IMPROVEMENT PERMIT by: D. Wieberg Date: 8/26/24

OPERATION PERMIT by: Sarah Williams Date: 3/28/25

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 8/26/24

Existing System Inspected by: Date:


N67°42'31"E 105.17
#4 Rebar Found
#4 Rebar Found
35' Setback
6 R 41'
5 P 42'
4 B 47'
3 Y 52'
2 O 56'
1 R 56'
B4
B3
Lot 6
21901 Sq.Ft.
0.50 Acres
N21°25'57"W 207.65
S21°23'26"E 209.21
51.33'
3 BR HOUSE
47.83'
15' Setback
17.6'
15' Setback
ST
20'
DRIVEWAY
77.5'
7 Y 102'
8 O 56' Install 54'
9 R 68' Install 66'
10 P 43' Install 42'
11 B 22'
B2
B1
35' Setback
SCALE
1"=30'
Power line
Concrete Monument Found
S68°33'38"W 105.01
#4 Rebar Found



be subject
ights—
ctive Covenants.
on based on Map Book:
scorded in the Iredell
eds.
G.S. Monuments
n 2000'.
veyances or sales.
nt was provided or reviewed.

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)

1 inch = 50 ft.

Le
R/W = ,
=
= I
I.P.S. =
=
E.O.P.= E
CMP = Co

Permit/File #: OSWP-2024-58527

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; [X] (a2) Improvement Permit [X] (a2) Construction Authorization [ ] Fee $ _____

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

County: Iredell

PIN/Lot Identifier: 4706443165

Issued To: Danny Drye // Aerohead Inc.

Property Location: 136 Ridge Run Dr., Statesville NC 28625

Subdivision (if applicable): RidgeWest Estates Lot#: 6 Block: _____ Section: _____

LSS Report Provided: Yes [X] No [ ]

If yes, name and license number of LSS: Ashley Rollans #1231

New [X] Expansion [ ] System Relocation [ ] Change of Use [ ]

Facility Type: 3 bedroom house

Number of bedrooms: 3 Number of Occupants: 6 Other: _____

Design Wastewater Strength: [X] Domestic [ ] High Strength [ ] Industrial Process Wastewater

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.325 Proposed LTAR (Repair): 0.325

Proposed Wastewater System Type*: IIb (ACCEPTED) GRAVITY (Initial) Pump Required: [ ] Yes [X] No [ ] May be required

Proposed Wastewater System Type*: IVA(VPPBPS 8') LPP (Repair) Pump Required: [X] Yes [ ] No [ ] May be required

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Effluent Standard: [X] DSE [ ] HSE [ ] NSF/ANSI 40 [ ] TS-I [ ] TS-II [ ] RCW

Saprolite System (Initial): [ ] Yes [X] No Saprolite System (Repair): [X] Yes [ ] No

Fill System (Initial): [ ] Yes [X] 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 [X] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Depth to LC (Initial)*: 50 Usable Depth to LC (Repair)*: 50 ** Limiting Condition*

Max. Trench Depth (Initial)ǂ: 30 Max. Trench Depth (Repair)ǂ: 30 *ǂ Measured on the downhill side of the trench*

Artificial Drainage Required: [ ] Yes [X] No If yes, please specify details: _____

Type of Water Supply: [ ] Private well [ ] Public well [ ] Shared well [X] Municipal Supply [ ] Spring [ ] Other: _____

Drainfield location meets requirements of Rule .0508: Yes [X] No [ ] Drainfield location meets requirements of Rule .0601: Yes [X] No [ ]

Permit valid for: [X] Five years [site plan submitted pursuant to GS 130A-334(13a)] [ ] No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

Proposed septic areas are to remain undisturbed (no grading, no utilities installation)

Proposed septic areas should be fenced/protected from disturbance (vehicle traffic, debris, etc...)

See Design for any additional details

Licensed Soil Scientist Print Name: Samuel Ashley Rollans

Licensed Soil Scientist Signature: Samuel A Rollans Date: 7/25/2024

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

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-58527

This Section for Local Health Department Use Only

Initial submittal received: 8/26/24 (*Date*) by DW (*Initials*)

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

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

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ (*Date*)

State Authorized Agent: _____ Date: _____

☒ Complete

State Authorized Agent: _____ Date: 8/26/24

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. *This permit is subject to revocation if the site plan, plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

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 evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 8/26/29

See attached site sketch

Permit/File #: OSWP-2024-58527

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

County: Iredell — Pre-Construction Conference Required: [ ] Yes [X] No

PIN/Lot Identifier: 4706443165

Issued To: Danny Drye // Aerohead Inc.

Property Location: 136 Ridge Run Dr., Statesville NC , Lot#6

AOWE/PE Plans/Evaluations Provided: Yes [X] No [ ] If yes, name and license number of AOWE/PE: Ashley Rollans #10027E

Facility Type: 3 bedroom house

Number of bedrooms: 3 Number of Occupants: 6 Other:

[X] New [ ] Expansion [ ] Repair [ ] System Relocation [ ] Change of Use

Basement? [ ] Yes [X] No Basement Fixtures? [ ] Yes [ ] No

Crawl Space? [X] Yes [ ] No Slab Foundation? [ ] Yes [X] No

Type of Wastewater System* IIb (ACCEPTED) GRAVITY (Initial) IVA(VPPBPS 8') LPP (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: 360 GPD Wastewater Strength: [X] Domestic [ ] High Strength [ ] Industrial Process WW

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

Effluent Standard: [X] DSE [ ] HSE [ ] NSF/ANSI 40 [ ] TS-I [ ] TS-II [ ] RCW

Type of Water Supply: [ ] Private well [ ] Public well [ ] Shared well [X] Municipal Supply [ ] Spring [ ] Other:

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 286 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.325 gpd/ft² Usable Depth to LC (Initial)*: 50 *Limiting condition

Soil Cover: 18 inches Slope Adjusted Maximum Trench/Bed Depth‡: 30 inches *‡ Measured on the downhill side of the trench*

Pump Tank Size (if applicable): N/A galllons Requires more than 1 pump? [ ] Yes [X] No

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

Distribution Method: [X] Serial [ ] D-Box or Parallel [ ] Pressure manifold(s) [ ] LPP [ ] Other

Artificial Drainage Required: Yes [ ] No [X] 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 [.0204(g)]: [ ] Yes [X] No Declaration of Restrictive Covenants: [ ] Yes [X] No

Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: [ ] Yes [X] No

Management Entity Required: Yes [ ] No [X] Minimum O&M Requirements:

Permit conditions:

Proposed septic areas are to remain undisturbed (no grading, no utilities installation)

Proposed septic areas should be fenced/protected from disturbance (vehicle traffic, debris, etc..)

See Design for any additional details

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* 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 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

AOWE/PE Print name: Samuel Ashley Rollans Expiration Date: 7/25/2029

AOWE/PE Signature: Samuel Ashley Rollans Date: 7/25/2024

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 EVALUATOR Certification Number 10027E

This Section for Local Health Department Use Only

Initial submittal received: 8/26/24 (*Date*) by DW (*Initials*)

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by 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, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ 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 Applicant on _____ (*Date*)

State Authorized Agent: _____ Date: _____

■ Complete

State Authorized Agent: _____ Date of Issuance: 8/26/24

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) 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. 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 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: 8/26/29

See attached site sketch

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 23-0121
July 15th, 2024

Danny Drye
Attn: *Danny Drye*
Email: aerohead310@yahoo.com

RE: Soil & Site Evaluation for a 3 Bedroom Residence at 136 Ridge Run Dr. (LOT 6), Statesville NC 28625, PIN # (4706443165), Iredell County.

Mr. Drye

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 with some woods in the back. Topography within the evaluated area was gently slope near the house site and proposed drainfield area. Property lines and corners were marked at the time of the evaluation by Schamback Surveying. The client provided an Autocad File of the survey as a basemap. The proposed septic layout was located via measuring tape/GPS and used to produce the attached *Site Plan*.

Methodology

We evaluated soil areas through the use of auger borings. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with four boring locations on the property flagged and located via GPS. All four borings are located in the proposed septic layout. Soil suitability was determined by referencing 15A NCAC 18E "Wastewater Treatment & Dispersal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each boring. The house envelope was provided by the client. The house envelope must be surveyed prior to construction. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by tape measure and GPS. Detailed system & repair information is summarized in the following paragraph for this Lot.

136 Ridge Run Dr.-Lot 6 (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 585 linear feet of line. The primary system is proposed as 286 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth (Low Side) is specified at 30 inches. The repair system is proposed as 185 linear feet of PPBPS (50% Reduction) drainfield with low pressure distribution. Trench depth (Low Side) is specified at 30 inches. There is 299 linear feet of repair available.

Session Law Requirements

All information needed to issue the IP must be submitted with the application. The application shall include all information described in 15A NCAC 18E .0202 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 Danny C Drye jr
* Signature _____ 7/26/24

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 at 136 Ridge Run Dr., Statesville NC 28625 may nullify this design. 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

P.O. Box 5872 Statesville NC 28687
980-223-8352
SFSStatesvilleNC@gmail.com

Thank you for choosing us to design your septic system.

This design packet contains everything you will need to get your septic permit and can be used for obtaining quotes from septic installers.

Please print the packet and sign the cover page, the agent authorization (if in Iredell county) and the Application for Services page.

You will need to visit your county environmental services department and complete any applications they require along with paying any necessary fees for permitting.

Sincerely,

Soil & Forestry Services of the Carolinas, PA

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

7/25/2024

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

Re: Improvement Permit & CA Submittal for 136 Ridge Run Dr., Statesville NC (Lot #6)

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

"The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5) and (a6)."

Owner/Applicant: Danny Drye // Aerohead Inc.

Signature: _____

Date: 7/26/24

"The LSS Evaluation is being submitted pursuant to and meets requirements of GS 130A-335(a2)." This Improvement Permit is issued pursuant to G.S. 130A-335(a2),(a3), and (a4) using the signed and sealed LSS evaluation attached here". "This AOWE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5)"

"This Construction Authorization is issued pursuant to G.S. 130A-335 (a2), and (a5) and (a6) using the signed and sealed plans or evaluations attached here."

S. Ashley Rollans

Signature: _____

Date: 7/25/2024 Seal:

LICENSED SOIL SCIENTIST
SAMUELA ROLLANS
1231
STATE OF NORTH CAROLINA

ON-SITE 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 submited 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:

[X] (a2) Improvement Permit [X] (a2) Construction Authorization [ ] (a2) Repair/Construction Authorization

If applying for a Construction Authorization, please indicate desired system type(s):

[X] Accepted [ ] Conventional [ ] Innovative [ ] Other _____ [ ] Any

[X] New Construction [ ] Expansion [ ] System Relocation [ ] Change of Use [ ] Repair

[X] 5 Year Expiration Requested (site plan provided) [ ] Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a)

Requesting DHHS review? (systems >3000 GPD or IPWW) [ ] Yes [X] No

Applicant: Samuel Ashley Rollans// Soil & Forestry Services, PA"
Mailing Address: PO Box 5872
City: Statesville
State: North Carolina Zip: 28687
Phone #: 980-223-8352
Email: sfsstatesvillenc@gmail.com

Owner: Danny Drye // Aerohead Inc.
Mailing Address: 390 Liberty Hill Rd
City: Statesville
State: NC Zip: 28625
Phone #: 704-880-1396
Email: aerohead310@yahoo.com

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

[ ] Yes [X] No Does the site contain any jurisdictional wetlands?
[ ] Yes [X] No Is any wastewater going to be generated on the site other than domestic sewage?
[ ] Yes [X] No Is the site subject to approval by any other public agency?
[ ] Yes [X] No Are there any easements or right of ways on this property?

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: Samuel A Rollans Date: 7/25/2024

Owner's Signature: Danny Drye Date: 7/26/24

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

SoilAndForestryServices.com

Project# 23-0121

Septic System Design for a 3 Bedroom House
ACCEPTED using GRAVITY distribution
Site location: 136 Ridge Run Dr., Statesville NC , Lot # 6

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Design Specifications ---------- 2

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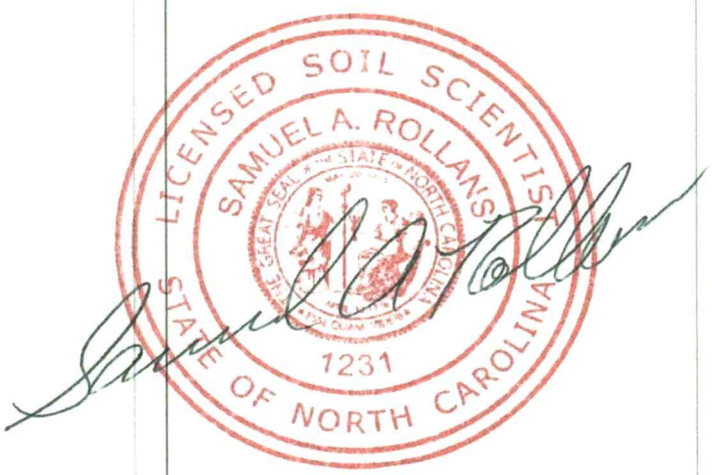
Site Plan ---------- 4

Calculations ---------- 5

Soil Descriptions ---------- 6

Floor Plans ---------- 7

7/15/2024
Design By: Ashley Rollans



ACCEPTED using GRAVITY distribution
Site location: 136 Ridge Run Dr., Statesville NC , Lot # 6

* **CALL 811 BEFORE DIGGING**
* 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 DHHS, and certification supplied by the that must be considered along with all other considerations.
* 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 8' type using LPP distribution**
* **System trench depth specified at 30"**
* **System trenches installed on 9' minimum; 36" wide trenches**
* **Installation does not require a soil cap**

Page 2	DESIGN SPECIFICATIONS	Project #23-0121

ACCEPTED using GRAVITY distribution
Site location: 136 Ridge Run Dr., Statesville NC , Lot # 6

Business (if applicable):	Aerohead Inc.	
Contact:	Danny Drye	
Phone:	704-880-1396	
Email:	aerohead310@yahoo.com	
County:	Iredell	
Location:	136 Ridge Run Dr., Statesville NC	
Source of Wastewater Flow:	3	bedroom home
Estimated Daily Wastewater Production:	360	gpd
Drain field Size:	286	lf
Loading Rate:	0.325	gpd/ft.^{2}
Trench Depth:	30	in
Trench Width:	36	in
Soil Cap:	0	in
Septic Tank Size:	1000	gal

Page 3	LAYOUT SPECIFICATIONS	Project #23-0121

ACCEPTED using GRAVITY distribution
Site location: 136 Ridge Run Dr., Statesville NC , Lot # 6

Daily Flow (gpd) 360 **7/15/2024**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM INSTR. 1							
			SYSTEM				
7	Yellow					102	102
8	Orange					56	54
9	Red					68	66
10	Pink					43	42
11	Blue					22	22
			REPAIR				
1	Red					56	56
2	Orange					56	56
3	Yellow					52	52
4	Blue					47	47
5	Pink					42	42
6	Red					41	41

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH	SOIL CAP
SYSTEM	286	0.325	ACCEPTED	25%	GRAVITY	30	0
REPAIR	299	0.325	VPPBPS 8'	50%	LPP	30	0

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

Page 4	SYSTEM FLOW	Project #23-0121

ACCEPTED using GRAVITY distribution
Site location: 136 Ridge Run Dr., Statesville NC , Lot # 6

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area
7	Yellow	0.0	102	N/A	N/A	306
8	Orange	0.0	56	N/A	N/A	168
9	Red	0.0	68	N/A	N/A	204
10	Pink	0.0	43	N/A	N/A	129
11	Blue	0.0	22	N/A	N/A	66
	total	**feet =**	**291**	**gal/min =**	**N/A**	

Design Flow **360**
Soil LTAR **0.325**
Accepted LTAR **0.433333**

CALCULATIONS	Project #23-0121

ACCEPTED using GRAVITY distribution
Site location: 136 Ridge Run Dr., Statesville NC , Lot # 6

PROJECT INFO	Designer	Ashley Rollans
	Project #	23-0121
	Project MM YYYY	7/15/2024
	County	Iredell
	Project Location	136 Ridge Run Dr., Statesville NC
	Lot # (if applicable)	6
	Subdivision (if applicable)	RidgeWest Estates
	Parcel #	4706443165
	Lot size (acres)	0.5
	Easement(s) on parcel?	No
	Business (if applicable)	Aerohead Inc.
	Name (Owner)	Danny Drye
	Mailing Address (Owner)	390 Liberty Hill Rd
	City (Owner)	Statesville
	State (Owner)	NC
	Zip (Owner)	28625
	Phone (Owner)	704-880-1396
	Email (Owner)	aerohead310@yahoo.com
	Bedrooms	3
	Water Source	Municipal Supply
	Foundation Type	Crawl Space
	Daily Flow (gallons)	360
SYSTEM	System LTAR	0.325
	System Type	ACCEPTED
	System Distribution	GRAVITY
	System Trench Center Distance (feet)	9
	System Trench Width (inches)	36
	System Trench Depth (inches)	30
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	50
	Media Height (inches)	12
	Tank Size (gallons)	1000
	Required Feet of Line (system)	277
	Designed Feet of Line (system)	286
	Saprolite system?	No
REPAIR	Repair LTAR	0.325
	Repair Type	VPPBPS 8'
	Repair Distribution	LPP
	Repair Trench Center Distance (feet)	8
	Repair Trench Width (inches)	24
	Repair Trench Depth (inches)	30
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	50
	Tank Size (gallons)	1000
	Required Feet of Line (repair)	185
	Designed Feet of Line (repair)	299
	Saprolite system?	No

Sheet 1 of 1

PROPERTY ID #: 4706443165

COUNTY: Iredell

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

OWNER:

ADDRESS: Aerohead Inc. 390 Liberty Hill Rd, Statesville NC 28625

PROPOSED FACILITY & Design Flow(.0400): 3 Bedroom Residential- 360 GPD

LOCATION OF SITE: 136 Ridge Run Dr Statesville NC 28625

DATE EVALUATED: 9/1/2023

PROPERTY SIZE: 0.502

PROPERTY RECORDED: Yes

Water supply setback: N/A

WATER SUPPLY: ☑ Public ☐ Single Family Well ☐ Shared Well ☐ Spring ☐ Other

EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPR CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR	.0502(d) SLOPE CORRECTION
1	L/12%	0-9	BRCWMSBK	FR SS SP	F-C SAP C-M SAP	50			S 0.325	4.32"
		9-40	RBCLWFSBK	FR SS SP						
		40-50	RBLWFSBK	FR SS SP						
2	L/12%	0-23	BRCWMSBK	FR SS SP	FWR CSAP	46			S 0.325	4.32"
		23-46	BRCLWFSBK	FR SS SP						
		46-50	VARLMASS	FR SS SP						
3	L/11%	0-10	BRCWMSBK	FR SS SP	F-C SAP	50			S 0.325	2.64"
		10-50	RBCLWFSBK	FR SS SP						
4	L/11%	0-12	BRCWMSBK	FR SS SP	F-C SAP	47	S		S 0.325	2.64"
		12-47	BRCLWFSBK	FR SS SP						
		47-50	VARLMASS	FR SS SP						
5										
6										
7										
8										
9										
10										

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

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.508)	Suitable	Suitable
System Types(s)	25% Reduction-Gravity	VPPBPS- Low Pressure
Site LTAR	0.325	0.325
Maximum Trench Depth	30"	30"

SITE CLASSIFICATION (.509): Suitable

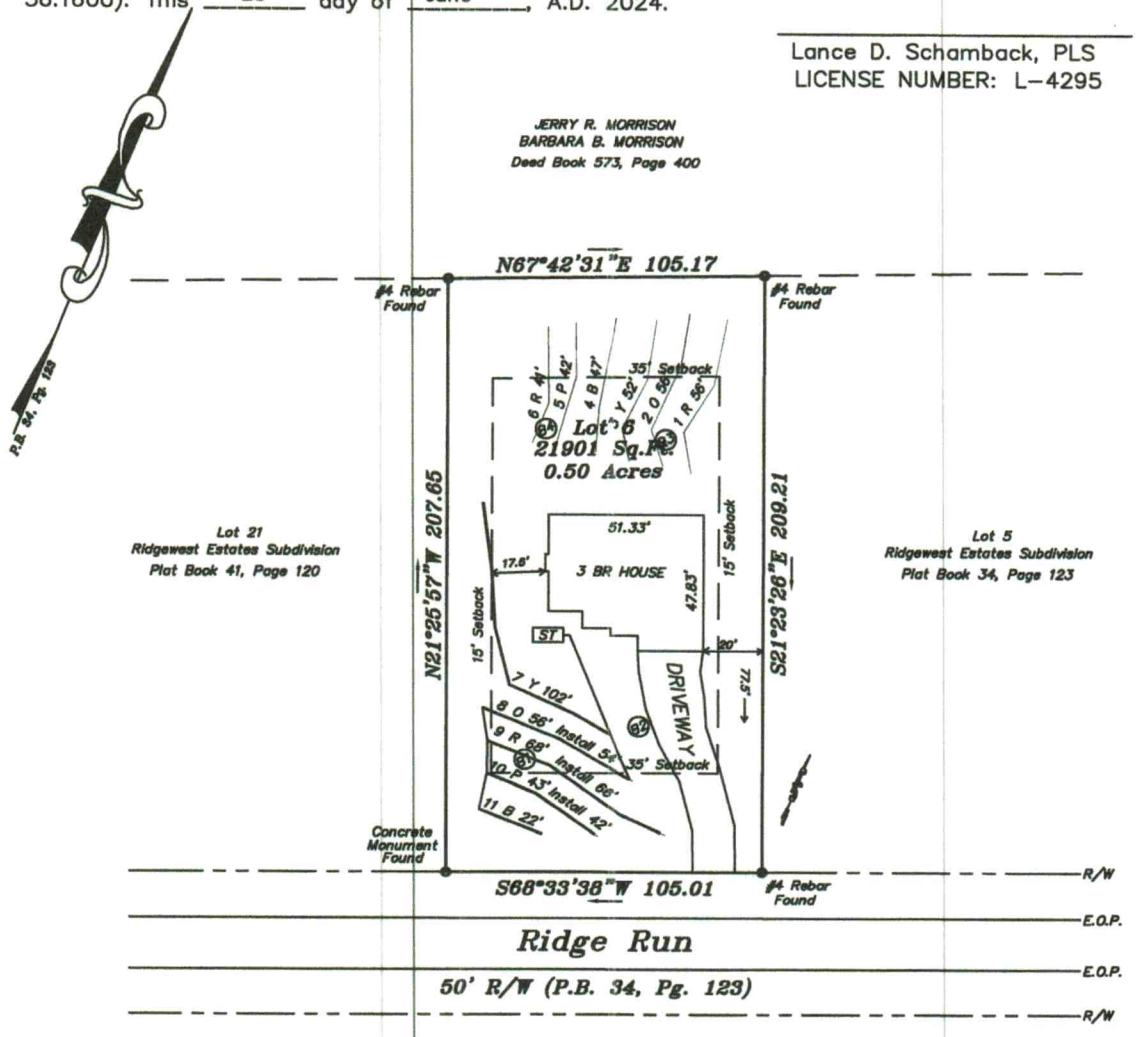
EVALUATED BY: Ashley Rollans

OTHER(S) PRESENT: Chad Wagner

COMMENTS:

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 34, Page 123. That the boundaries not surveyed are indicated as drawn from information as shown on the survey; that the ratio of precision as calculated is 1: 10,000+ that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600). This 28 day of June, A.D. 2024.

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295



Notes:

1) *This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.*
2) *Boundary information based on Map Book: 80 at Page: 126 as recorded in the Iredell County Register of Deeds.*
3) *No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.*
4) *Not for record conveyances or sales.*
5) *No Title Commitment was provided or reviewed.*
6) *Area by coordinate method.*

GRAPHIC SCALE

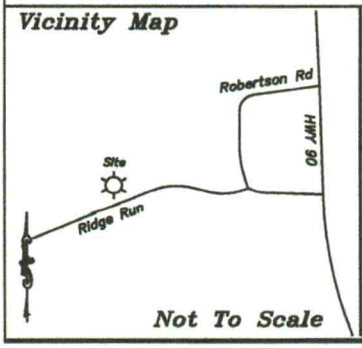
50 0 25 50 100

(IN FEET)
1 inch = 50 ft.

Legend

R/W = Right-of-way
= Not to scale
= Water Meter
I.P.S. = #4 Rebar Set
= Utility Pole
E.O.P. = Edge of Pavement
CMP = Corrugated Metal Pipe

Vicinity Map



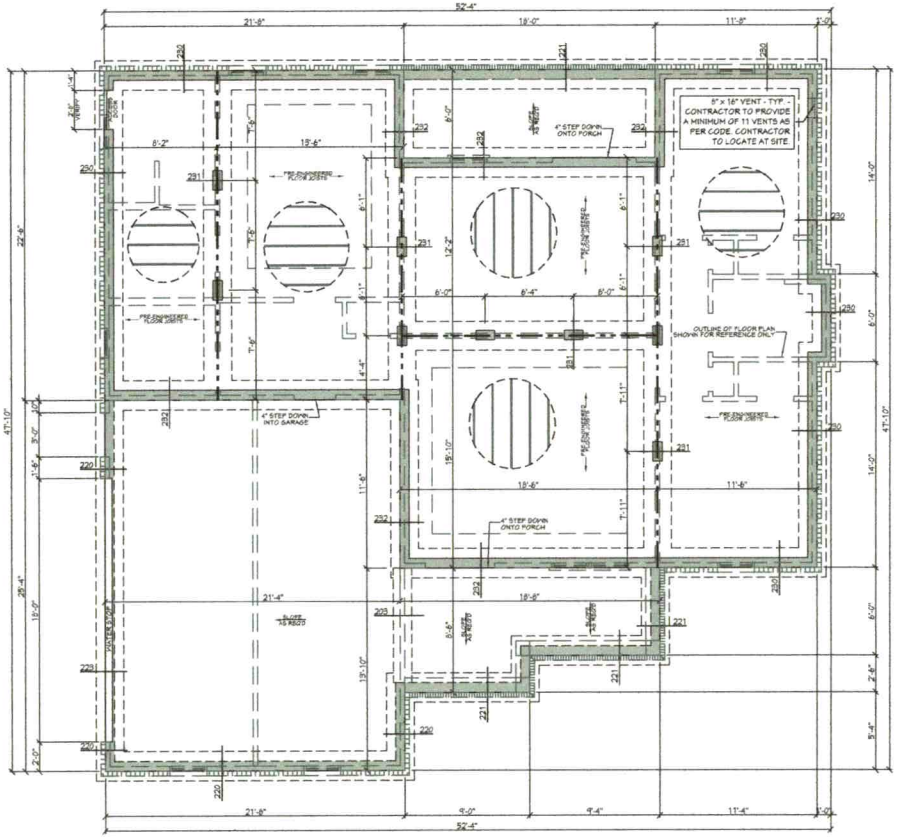
Not To Scale

Boundary Survey
FOR
Aerohead, INC.

PROPERTY DESCRIPTION
Lot 6
Ridgewest Estates Subdivision
Plat Book 34, Page 123
Deed Book 3034 at Page 139
Concord Township, Iredell County, NC

SCALE: 1" = 50'
FIELD BOOK:
FILE: 2024-95
Tax Pin #: 4706443165

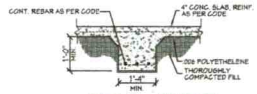
Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218



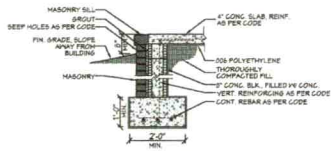
201 FOUNDATION PLAN

SCALE---------- 1/4" = 1'-0"

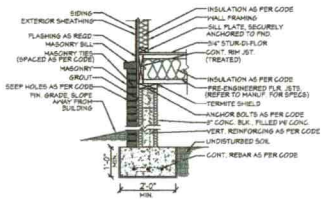
NOTE: PRE-ENGINEERED FLOOR JOISTS ARE SHOWN. REFER TO FLOOR JOIST MANUFACTURER FOR JOIST SIZING, SPACING, CROSS BRACING REQUIREMENTS, AND BEAM SIZES.



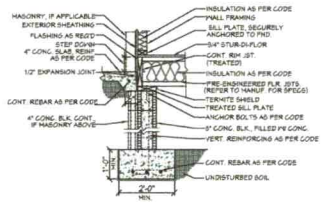
203 FTG. DET.



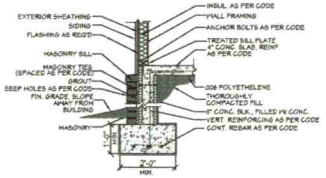
221 FTG. DET.



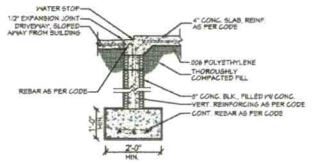
230 FTG. DET.



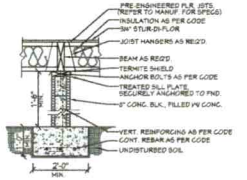
232 FTG. DET.



220 FTG. DET.



223 FTG. DET.



231 FTG. DET.

CRAWLSPACE FOUNDATION NOTES:

1. ALL FOOTING SIZES AND LOCATIONS TO BE VERIFIED BY A LICENSED STRUCTURAL ENGINEER.
2. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
3. CONTRACTOR SHALL VERIFY ALL DIMENSIONS WITH FLOOR PLAN PRIOR TO CONSTRUCTION AND MAKE ANY NECESSARY ADJUSTMENTS.
4. CONTRACTOR TO PROVIDE WATERPROOFING AS REQ'D TO MEET ALL APPLICABLE CODES AND TYPICAL BUILDING PRACTICES.
5. CONCRETE SLABS TO BE 4" (3000 psi MIN.), REINFORCED AS PER CODE OR AS DETERMINED BY LICENSED ENGINEER.
6. CONTRACTOR TO PROVIDE ADEQUATE DRAINAGE BASED ON EXISTING SITE CONDITIONS. VERIFY w/LOCAL CODES.
7. REFER TO FLOOR JOIST MANUFACTURER FOR JOIST SIZING AND SPACING, CROSS BRACING REQUIREMENTS, AND BEAM SIZES.
8. VERIFY THE QUANTITY AND LOCATION OF BRICK VENTS WITH ALL APPLICABLE CODES AT SITE.

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JONATHAN L. BOONE CERTIFICATION NO. 25-137

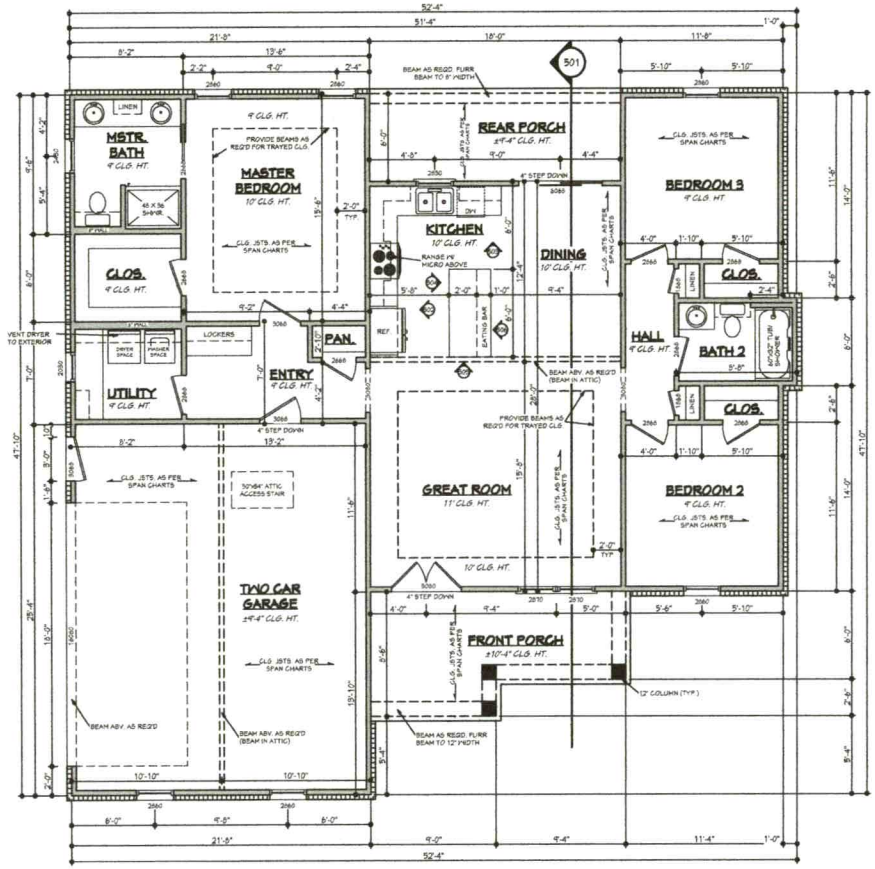
Pre-Drawn Plan ID: BB-1398

House Plan Zone, LLC has exercised great care and effort in the development of these plans and the completion of these construction documents. However, we assume no responsibility for errors or omissions in these documents. We also assume no responsibility for any damages, including errors or failures resulting from errors, omissions or deficiencies in the design, construction or operation of any structure designed from these plans. It is the responsibility of the owner and contractor, in addition to your local building officials prior to construction. Additional engineering may be required to comply to seismic, wind and other local requirements. Any structure designed from these plans is the responsibility of a licensed engineer and shall be verified by a licensed engineer prior to construction. Has been included in these plans. It is general in nature and shall be verified by a licensed engineer prior to construction.

Date: 05/21/19

Drawn By: R.B.W.

SHEET NUMBER 2



NOTES:

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
4. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, WINDOWS AND OTHER ITEMS THAT ARE CRITICAL, PRIOR TO CONSTRUCTION.
5. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
6. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
7. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 36 INCHES HORIZONTALLY SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 34 INCHES IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. INSECT SCREENING SHALL NOT BE CONSIDERED AS A GUARD. IRC 2018, R312.1.1 & R312.1.2
8. M1305.1.2 APPLIANCES IN ATTICS. ATTICS CONTAINING APPLIANCES SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 30 INCHES HIGH AND 22 INCHES WIDE AND NOT MORE THAN 20 FEET LONG MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH CHAPTER 5 NOT LESS THAN 24 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PRESENT ALONG ALL SIDES OF THE APPLIANCE WHERE ACCESS IS REQUIRED. THE CLEAR ACCESS OPENING DIMENSIONS SHALL BE A MINIMUM OF 20 INCHES BY 30 INCHES, AND LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE.
EXCEPTIONS:
a. THE PASSAGEWAY AND LEVEL SERVICE SPACE ARE NOT REQUIRED WHERE THE APPLIANCE CAN BE SERVICED AND REMOVED THROUGH THE REQUIRED OPENING.
b. WHERE THE PASSAGEWAY IS UNOBSTRUCTED AND NOT LESS THAN 6 FEET HIGH AND 22 INCHES WIDE FOR ITS ENTIRE LENGTH, THE PASSAGEWAY SHALL BE NOT MORE THAN 50 FEET LONG.
9. APPLIANCE ACCESS FOR INSPECTION SERVICE, REPAIR AND REPLACEMENT. APPLIANCES SHALL BE ACCESSIBLE FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT WITHOUT REMOVING PERMANENT CONSTRUCTION, OTHER APPLIANCES, OR ANY OTHER PIPING OR DUCTS NOT CONNECTED TO THE APPLIANCE BEING INSPECTED, SERVICED, REPAIRED OR REPLACED. A LEVEL WORKING SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PROVIDED IN FRONT OF THE CONTROL SIDE TO SERVICE AN APPLIANCE. M1305.1.1
10. EMERGENCY ESCAPE AND RESCUE OPENINGS SHALL BE OPERATIONAL FROM THE INSIDE OF THE ROOM WITHOUT THE USE OF KEYS, TOOLS OR SPECIAL KNOWLEDGE. WINDOW OPENING CONTROL DEVICES COMPLYING WITH ASTM F 2090 SHALL BE PERMITTED FOR USE ON WINDOWS SERVING AS A REQUIRED EMERGENCY ESCAPE AND RESCUE OPENING. ALL SLEEPING ROOMS TO HAVE AN EXTERIOR ACCESS THROUGH A DOOR OR WINDOW WITH A MINIMUM OF 5.7 SQUARE FEET NET CLEAR OPENING AS PER IRC 2018 R310.2.1. EXCEPTION: GRADE FLOOR OR BELOW GRADE OPENINGS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. MAXIMUM SILL HEIGHT TO BE 44 INCHES. MINIMUM NET CLEAR OPENING HEIGHT TO BE 24 INCHES. MINIMUM NET CLEAR OPENING WIDTH TO BE 20 INCHES.
11. ALL RETURN AIR GRILLS ARE TO BE LOCATED TO COMPLY WITH SECTION M1602 OF THE IRC 2018.
12. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
13. FIRE SPRINKLER SYSTEM TO BE DESIGNED AND INSTALLED (IF REQUIRED BY LOCAL CODES) AS PER THE IRC 2018 AND BY A LICENSED PROFESSIONAL IN THE AREA OF CONSTRUCTION.
14. ALL BATHROOM EXHAUST VENTS SHALL BE VENTED DIRECTLY TO THE EXTERIOR OF THE HOME AND NOT INTO THE ATTIC. IRC 2018, M1505.2

NOTE: CONTRACTOR TO LOCATE HVAC UNITS AND WATER HEATER AT SITE.

BB-1398 FLOOR PLAN

SCALE: 1/4" ========== 1'-0"

AREA:	1398	S.F. HEATED - WITHOUT MASONRY
	133	S.F. UNHEATED - FRONT PORCH
	545	S.F. UNHEATED - GARAGE
	108	S.F. UNHEATED - REAR PORCH
	786	S.F. TOTAL UNHEATED
	2184	S.F. TOTAL UNDER ROOF

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JONATHAN L. BOONE
CERTIFICATION NO. 25-137

Pre-Drawn Plan ID:
BB-1398

House Plan Zone, LLC has exercised great care and effort in the development of these plans and the completion of these construction documents. However due to the great variance in building codes and site specific conditions, House Plan Zone, LLC assumes no responsibility for errors or omissions in these construction documents. Prior to construction, it is the responsibility of the builder and/or owner to have these plans reviewed by a licensed structural engineer in the state of construction. House Plan Zone, LLC highly recommends that these plans be reviewed by a licensed structural engineer in the state of construction. The engineer should verify all structural components and confirm that they meet or exceed all requirements of the local building codes and other special conditions required by local building codes. All dimensions to be verified on site prior to construction. If a foundation plan has not been provided, one must be designed by a licensed professional engineer.

Date: 05/21/19
Drawn By: J.A.B.
Project Name:

SHEET NUMBER
3

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, Danny Drye // Aerohead Inc., am the legal owner(s) of the property located at 136 Ridge Run Dr., Statesville NC 28625, identified as PIN (Parcel Identification Number) 4706443165, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Ashley Rollans of Soil & Forestry Services of the Carolinas, PA, to act as an agent on my behalf in applying for/signing/obtaining an 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.

* _____ * 7/26/24

Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239

610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

ronda.hart@co.iredell.nc.us

Fax: 704-871-3483

349 N. Center Street, Statesville, NC 28677