Ridgecliff Lot 1-2

115 Ridgecliff Drive Statesville NC 28677

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
HELEN WOLSTENHOLME • Interim Deputy Secretary for Health
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

COMMON FORM FOR AUTHORIZED ON-SITE WASTEWATER EVALUATOR PERMIT OPTION FOR NON-ENGINEERED SYSTEMS

See Instructions for Use in Appendix A

OSWP-2023-29165

Except for "Date received", this Section to be completed by the AOWE in accordance with G.S. 130A-336.2

LHD USE ONLY: Initial submittal of this NOI received: 7/13/2023 (Date) by BB (Initials)

PART 1: Notice of Intent to Construct (NOI) - Please check all that apply

☒ Single System or ☐ Multiple Systems

AND

☒ New ☐ Expansion ☐ Relocation of all or part of the Existing System ☐ Relocation of Repair Area

☐ Repair – LHD Permit Number_____ ☐ Repair – EOP/LSS COVID 19/AOWE Permit Number _____

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): IQ CUSTOM CONSTRUCTION

Mailing address: 115 RIDGE CLIFF DR City: STATESVILLE State: NC Zip: 28677

Telephone number: 704-400-6472 E-mail Address: iqcustom CONSTRUCTION@gmail.com

2. Authorized On-Site Wastewater Evaluator (AOWE) name: Gene Young AOWE

LSS License number: 1080 AOWE Certification number: 10005E

Mailing address: 7296 STYERS FERRY RD City: CLEMMONS State: NC Zip: 27012

Telephone number: 336-608-9206 E-mail Address: youngGene1956@gmail.com

3. Licensed Geologist (LG) (if applicable) name: _____ License Number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail Address: _____

4. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

☒ AOWE ☐ LG

5. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 4710657925

County Name: IREDELL

AOWE Common Form

6. Type of facility: ☒ Place of residence No. Bedrooms: 3 LHD Reference: OSWP-2023-29165
   No. Occupants: 6
   ☐ Place of business Basis for flow calculation: _____
   ☐ Place of public assembly Basis for flow calculation: _____
7. Factors that would affect the wastewater load: NONE
8. Type and location of proposed wastewater system: TYPE III g PUMP SEE SITE DRAWING
9. Design wastewater flow: 360 gpd
   Design wastewater strength: ☒ domestic ☐ high strength ☐ industrial process *(For high strength and industrial process wastewater, a Professional Engineer licensed in accordance with G.S. 89C shall design the on-site wastewater system.)*
10. A plat as defined in G.S. 130A-334(7a) is attached: ☐ Yes ☒ No
    A site plan as defined in G.S. 130A-334(13a) is attached: ☒ Yes ☐ No
11. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950: ☒ Yes ☐ No
    This is a saprolite system. ☐ Yes ☒ No
12. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: ☒ Yes ☐ No
13. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached ☐ Yes ☒ NA
14. Proposed landscape, site, drainage, or soil modifications are attached: ☐ Yes ☒ NA

Attestation by AOWE pursuant to G.S. 130A-336.2

I, Gene Young AOWE hereby attest that the information required to be included with
Authorized On-Site Wastewater Evaluator (Print Name)
this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules and ordinances, and that the proposed system does not require a Professional Engineer, licensed in accordance with G.S. 89C, and in accordance with 15A NCAC 18A .1938 and activities determined to be engineering as determined by the North Carolina Board of Examiners for Engineers and Surveyors.

Gene Young AOWE — 6-16-2023
Signature of Authorized On-Site Wastewater Evaluator — *Date*

NC ONSITE WASTEWATER EVALUATOR
GENE YOUNG AOWE 10005E

Owner self-submittal of NOI:

I, _____ hereby submit this NOI prepared by _____
Print Name of Owner — *Print Name of Licensed PE*

pursuant to G.S. 130A-336.1.

_____ _____
Signature of Owner — *Date*

NOTES:

LIABILITY: The Department, the Department's authorized agents, or local health departments shall have no liability for wastewater systems designed, constructed, and installed pursuant to an AOWE Permit Option [G.S. 130A-336.2(f)]

RIGHT OF ENTRY: The submittal of this **Notice of Intent to Construct** *grants right of entry to the Local Health Department and the State to the referenced property.*

ISSUANCE OF BUILDING PERMIT: Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section below, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location, or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.

This section for Local Health Department use only.

PART 2: *LHD Completeness Review of the Notice of Intent to Construct*

"(c) Completeness Review for Notice of Intent to Construct. –The local health department shall determine whether the notice of intent to construct required pursuant to subsection (b) of this section is complete within five business days after receiving the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the local health department shall notify the owner and list the information needed to complete the notice. The owner may then submit additional information to the local health department to cure the deficiencies in the initial notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within five business days after the department receives the additional information. If the local health department fails to act within any time period set out in this subsection, the owner may treat the failure to act as a determination of completeness. The owner shall be able to apply for the building permit for the project upon the decision of completeness of the notice of intent by the local health department or if the local health department fails to act within the five business day time period."

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.2(c). This NOI is determined to be:

☐ INCOMPLETE (If box is checked, Information in this section is required.)

Based upon review of information submitted in Part 1, the following items are missing: _____

_____

Copies of this form listing missing items were sent to the AOWE and the Owner on _____
Date

via _____ with directions to re-submit missing items using Page 5 of this form.
Email, FAX, USPS, hand-delivered

_____	_____	_____
Print Name of Authorized Agent of the LHD	*Signature of Authorized Agent of the LHD*	*Date*

☑ COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the AOWE and the Owner on 7/17/2023 via Email.
Date *Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on 7/17/2023 via Email.
Date *Email, FAX, USPS, hand-delivered*

Benjamin A. Bottcin	Benjamin A Bottcin	7/17/2023
Print Name of Authorized Agent of the LHD	*Signature of Authorized Agent of the LHD*	*Date*

Re-submittal of NOI with missing items included

This Section is for use by owner to submit items noted as missing during LHD Completeness Review above. Resubmittals must be accompanied by a cover letter from the AOWE.

LHD USE ONLY: This NOI resubmittal received: _____ (Date) by _____ (Initials)

Item # from initial NOI	Resubmittal description

Attestation by AOWE certified in North Carolina pursuant to G.S. 130A-336.2

I, _____ (Authorized On-Site Wastewater Evaluator (Print Name)) hereby attest that the information required to be included with this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ (Signature of Authorized On-Site Wastewater Evaluator) _____ (Date)

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Notice of Intent to Construct

This follow-up review for completeness of this Notice and Intent was conducted in accordance with G.S. 130A-336.2(c). This NOI is determined to be:

☐ INCOMPLETE

Based upon review of information submitted in the RESUBMITTAL above, this Notice of Intent remains INCOMPETE because the following items from Part 1 of this form remain missing: _____.

Copies of this signed form were sent to the AOWE and the Owner on _____ (Date) via _____ (Email, FAX, USPS, Hand-delivered).

_____ (Print name of authorized Agent of the LHD) _____ (Signature of authorized Agent of the LHD) _____ (Date)

☐ COMPLETE

Based upon review of information submitted in the RESUBMITTAL above in addition to information provided in Part 1 of this form, this NOI is deemed complete.

Copies of this signed form were sent to the AOWE and the Owner on _____ (Date) via _____ (Email, FAX, USPS, Hand-delivered).

A complete copy of this form with tracking information was sent to the State: _____ (Date) via _____ (Email, FAX, USPS, hand-delivered).

_____ (Print name of authorized Agent of the LHD) _____ (Signature of authorized Agent of the LHD) _____ (Date)

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner.

LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____
Date *Initials*
Date of Post-construction Conference: _____

The following items are included in this submittal for an Authorization to Operate under an AOWE permit:

1. Signed and sealed copy of the AOWE's report that includes the information in G.S. 130A-336.2(k) ☐ Yes ☐ No
2. Operation and management program ☐ Yes ☐ No
3. Fee (as applicable) ☐ Yes ☐ No
4. Notarized letter documenting Owner's acceptance of the system from the AOWE ☐ Yes ☐ No
5. On-site Wastewater Contractor name: _____ License number: _____
   Mailing address: _____ City: _____ State: _____ Zip: _____
   Telephone number: _____ E-mail Address: _____
6. Proof of Errors and Omissions or other appropriate liability insurance for the On-site Wastewater Contractor is attached and includes the name of the insurer, name of the insured, and the effective dates of coverage.
   ☐ Yes ☐ No

Attestation by the Owner for Authorization to Operate

I, _____ hereby attest that all items indicated above have been provided to the
Print name of Owner
_____ County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ _____
Signature of Owner *Date*

This section for LHD Use Only.

LHD Review of required information for the ATO

☐ INCOMPLETE

Based upon review of information submitted in the Section above, the following items are missing from the information required for an Authorization to Operate for an AOWE permit: _____

_____.

Copies of this signed form were sent to the AOWE and the Owner on _____ via _____.
Date *Email, FAX, USPS, Hand-delivered*

_____ _____ _____
Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

☐ COMPLETE

Based upon review of information submitted in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.2(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on _____ via _____.
Date *Email, FAX, USPS, Hand-delivered*

_____ _____ _____
Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the ATO submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.

RidgeCliff SD
Lot 1+2

115 RidgeCliff, Statesville NC

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner.

LHD USE ONLY: Initial submittal of request for ATO received: 8/8/24 (Date) by DW (Initials)

Date of Post-construction Conference: n/a

The following items are included in this submittal for an Authorization to Operate under an AOWE permit:

1. Signed and sealed copy of the AOWE's report that includes the information in G.S. 130A-336.2(k) — [x] Yes [ ] No
2. Operation and management program — [x] Yes [ ] No
3. Fee (as applicable) — [ ] Yes [ ] No
4. Owner's acceptance of the system from the AOWE — [x] Yes [ ] No
5. On-site Wastewater Contractor name: Rowan Septic License number: _____
   Mailing address: 7321 Old Mocksville Rd. City: Salisbury State: N.C Zip: 28144
   Telephone number: 704 633-2412 E-mail Address: rowanseptic@gmail.com
6. Proof of Errors and Omissions or other appropriate liability insurance for the On-site Wastewater Contractor is attached and includes the name of the insurer, name of the insured, and the effective dates of coverage.
   [x] Yes [ ] No

Attestation by the Owner for Authorization to Operate

I, Suzanne Allison (Print name of Owner) hereby attest that all items indicated above have been provided to the Iredell County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances and I accept ownership of the Onsite wastewater System (See attached Owners Acceptance Letter) .

ON-SITE WASTEWATER Certification Number 10014E EVALUATOR

This section for LHD Use Only.

LHD Review of required information for the ATO

[ ] INCOMPLETE

Based upon review of information submitted in the Section above, the following items are missing from the information required for an Authorization to Operate for an AOWE permit: _____

Copies of this signed form were sent to the AOWE and the Owner on _____ (Date) via _____ (Email, FAX, USPS, Hand-delivered).

Print name of authorized Agent of the LHD | Signature of authorized Agent of the LHD | Date

[x] COMPLETE

Based upon review of information submitted in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.2(m).

D. Wieberg | 08/12/2024 (Date, Email, FAX, USPS, Hand-delivered) | Signature of authorized Agent of the LHD | Date

ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the ATO submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.

LEY SOIL & Onsite Wastewater CONSULTING PLLC
AOWE, NC Licensed Soil Scientist, NC Environmental Health Specialist

File/Permit Number: _____

OPERATION PERMIT

County: IREDELL PIN/Lot Identifier: 4710657925

Owner: IQ Custom Homes (Suzanne Allison) Applicant: IQ Custom Homes

Property Address: 115 Ridge Cliff Drive

Facility Description: Single Family Residence

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

Design Daily Flow: 360 GPD ☑ New System ☐ Expansion ☐ Repair ☐ Tank Replacement Only

If a repair, was best professional judgement used? ☐ Yes ☐ No *If yes, please attach BPJ-23.1 form to this Operation Permit.*

Type of Wastewater System* Pressure Manifold Vertical PPBPS (Initial) Pressure Manifold Vertical PPBPS (Repair)

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

Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater

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

Type of Water Supply: ☑ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Saprolite System: ☐ Yes ☑ No Pump Required: ☑ Yes ☐ No

Grease Trap Required: ☐ Yes ☑ No Additional Soil Cover Required: ☐ Yes ☑ No

Operator required: ☐ Yes ☑ No If yes, minimum inspection frequency required: _____

Installation Specifications:

Wastewater System Installed: Pressure Manifold Vertical PPBPS

Wastewater System Classification Type*: III B, G

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

Septic Tank Size: 1000 gallons 1-26-24 Septic Tank ID Number: _____

Pump Tank Size (if applicable): 1000 gallons 12-1-23 Pump Tank ID Number: _____

Grease Trap Size (if applicable): _____ gallons Grease Tank ID Number: _____

Total Trench/Bed Length: 220 feet Trench/Bed Width: 24 inches

Soil Cover: 8 inches Additional Soil Cover Checked (if applicable): ☐ Yes ☑ No Date: _____

Trench/Bed Depth*: 30 inches ***Measured on the downhill side of the trench***

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

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

OP Conditions: _____

ONSITE WASTEWATER EVALUATOR Certification Number 10014E

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. This Operation Permit 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 Printed Name: Gary L. Easter AOWE Signature: [signature] 10014E Date: 7-9-24

Permit Expiration Date for Type V and VI Systems: _____

Revised January 2024

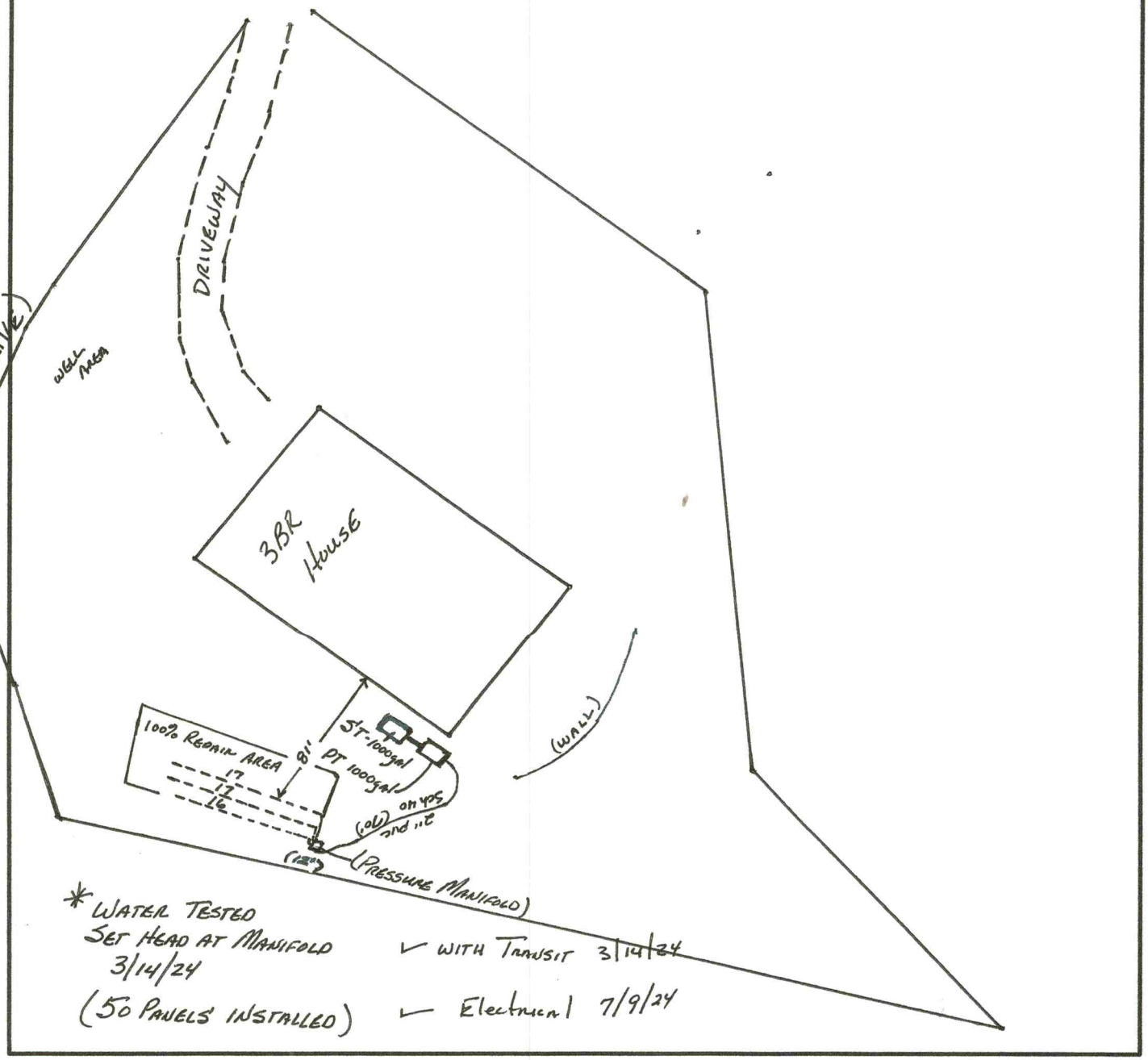
LEY SOIL & Onsite Wastewater CONSULTING PLLC
AOWE, NC Licensed Soil Scientist, NC Environmental Health Specialist

See attached site sketch

OPERATION PERMIT
SITE SKETCH

Operation Permit #: _____ PIN/Lot Identifier: 4910657925

Owner: Suzanne Allison IQ Custom Homes Property Location/Address: 115 Ridge Cliff Drive Statesville



Revised January 2024

Owners Acceptance Letter

130A-336.2 (L) Authorization to Operate an Onsite Wastewater System

Date: 8/7/24

To Whom it may Concern:

As the owner of the property located at 115 Ridge Cliff Drive Statesville, NC 28677

I understand that the Onsite Wastewater System was instated according to the GS 130A-336.2 alternative wastewater system AOWE permit. As such, I hereby acknowledge acceptance of the said system. As the owner of the wastewater system, I shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding the system operation and maintenance.

Owner Signature: W S Brouke

Print Name: IQ Custom Homes (Bill Brouke)

Phone Number: (704) 230-9808

Email address: iqcustomconstruction@gmail.com

Owners Acceptance Letter

130A-336.2 (L) Authorization to Operate an Onsite Wastewater System

Date: 8-7-2024

To Whom it may Concern:

As the owner of the property located at 115 RIDGECLIFF DR. STATESVILLE, NC 28677

I understand that the Onsite Wastewater System was instated according to the GS 130A-336.2 alternative wastewater system AOWE permit. As such, I hereby acknowledge acceptance of the said system. As the owner of the wastewater system, I shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding the system operation and maintenance.

Owner Signature: Suzanne P Allison

Print Name: SUZANNE P. ALLISON

Phone Number: (661) 600-5133

Email address: LATOLWRY@AOL.COM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/18/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Bankers Insurance Company
128 NC 65
Reidsville NC 27320

License#: 6387078

CONTACT NAME: William Teague, CIC, CISR
PHONE (A/C, No, Ext): 336-280-0323 **FAX (A/C, No):**
E-MAIL ADDRESS: wteague@bankersinsurance.net

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Frankenmuth Insurance Company	13986
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Rowan Septic Tank & Ditching Co, Inc.
7321 Old Mocksville Road
Salisbury NC 28144

ROWASEP-01

COVERAGES **CERTIFICATE NUMBER:** 433264832 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			6740785	6/26/2024	6/26/2025	EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	[ ] POLICY [X] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			6740784	6/26/2024	6/26/2025	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[X] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB [X] OCCUR			6740785	6/26/2024	6/26/2025	EACH OCCURRENCE	$ 1,000,000
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED [X] RETENTION $ 10,000							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			6740783	6/26/2024	6/26/2025	X PER STATUTE [ ] OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? [Y] (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

LEY Soil & Wastewater Consulting
363 Hannah Ferry Road
Linwood NC 27299

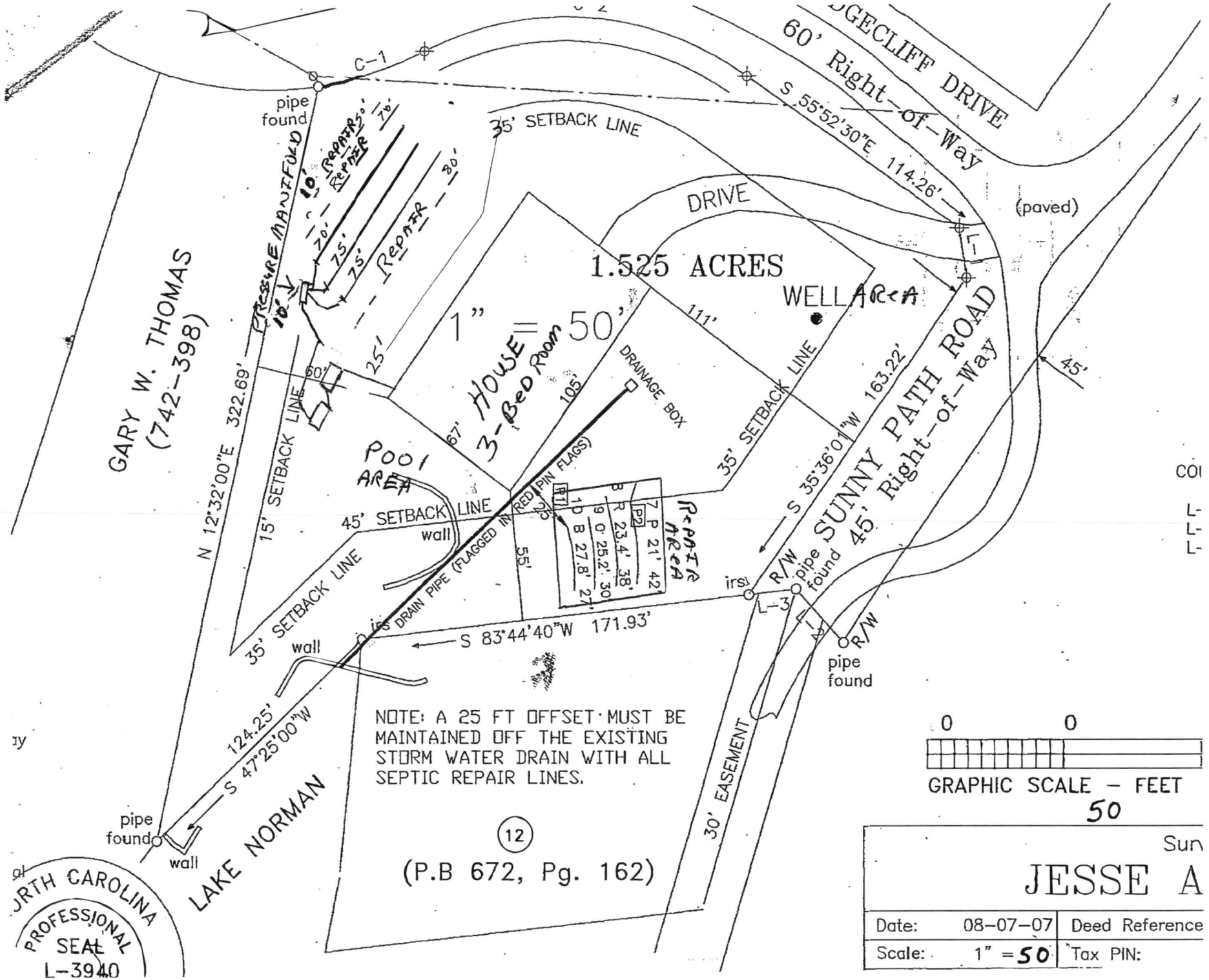
CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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60' Right-of-Way
DRIVE
(paved)
S 55°52'30"E 114.26'
35' SETBACK LINE
C-1
pipe found
PRESSURE MANIFOLD
10' REPAIR
20' REPAIR
75' REPAIR
30' REPAIR
10'
20'
75'
75'
25'
1.525 ACRES
WELL AREA
1" = 50'
HOUSE
3-BED ROOM
111'
105'
67'
DRAINAGE BOX
POOL AREA
GARY W. THOMAS
(742-398)
N 12°32'00"E 322.69'
15' SETBACK LINE
60'
45' SETBACK LINE
35' SETBACK LINE
wall
RED PIN FLAGS
REPAIR AREA
55'
S 35°36'01"W 163.22'
SUNNY PATH ROAD
45' Right-of-Way
45'
R/W
pipe found
irs
DRAIN PIPE (FLAGGED IN
S 83°44'40"W 171.93'
124.25'
S 47°25'00"W
LAKE NORMAN
30' EASEMENT
NOTE: A 25 FT OFFSET MUST BE MAINTAINED OFF THE EXISTING STORM WATER DRAIN WITH ALL SEPTIC REPAIR LINES.
12
(P.B 672, Pg. 162)
0 0
GRAPHIC SCALE - FEET
50
JESSE A
Date: 08-07-07
Deed Reference
Scale: 1" = 50
Tax PIN:
PROFESSIONAL SEAL L-3940

County: Iredell

IMPROVEMENT PERMIT

PIN/Lot Identifier: 4710657925

Issued To: I Q Custom Construction

Property Location: 115 Ridgecliff Drive

Subdivision: Ridge Cliff Lot #: 1 & 2 Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: Gene Young ,LSS, 10 80

New ☑ Repair ☐ Expansion ☐ System Relocation ☐

Proposed Structure: House

Proposed Wastewater System Type: PPB B (Initial) PPBPS (Repair)

Fill System: ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area please provide a fill plan)

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): .275 Proposed LTAR (Repair): .275

Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

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

Pump Required: ☑ Yes ☐ No ☐ May be required based upon final location and elevations of facilities

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

Type of Water Supply: ☑ Private well ☐ Public 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 Installer Information Sheet

Licensed Soil Scientist Print Name: Gene Young, LSS

Licensed Soil Scientist Signature: Gene Young LSS Date: 6/16/23

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

See attached site sketch



County: Iredell

CONSTRUCTION AUTHORIZATION

PIN/Lot Identifier: 4710657925

Issued To: I Q Custom Construction

Property Location: 115 Ridgecliff Drive

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: Gene Young, AOWE, 1005E

Facility Type: House

☑ New ☐ Expansion ☐ Repair ☐ System Relocation

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

Type of Wastewater System** PPBPS (Initial) PPBPS (Repair)

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

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 220 feet Trench/Bed Spacing: 8 feet on center

Drainfield square footage: 1309 Trench/Bed Width: 24 inches LTAR: .275 gpd/ft²

Soil Cover: 8 inches Slope Adjusted Maximum Trench/Bed Depth: 30 inches

Aggregate Depth: _____inches above pipe _____inches below pipe _____inches total

Pump Tank Size (if applicable): 1000 gallons Requires more than 1 pump? ☐ Yes ☑ No

Pump Requirements: 40.41 ft. TDH vs. 16.44 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

****If applicable:**

I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Print Name: _____

Owner/Legal Representative Signature: _____ Date: _____

Pre-Construction Conference Required: Yes ☑ No ☐

Conditions: See Installer Information Sheet

NC ONSITE WASTEWATER EVALUATOR

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: Gene Young, AOWE

AOWE/PE Signature: Gene Young AOWE Date: 6/16/23

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

See attached site sketch

CALCULATIONS

Location	115 Ridge Cliff Drive	
Lot No:	1 & 2	
Address:		
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.275	$^{gpd/ft^2}$
PPBPS RED.? (YES OR NO)	YES	
Supply Line Length	50	ft.
Supply Line Volume	8.7	gal.
Required Feet of Line	220	ft.
Amount of Line from Layout	240	ft.
Gallons per Minute	16.44	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	
Number of Panels	45	
Dosing Volume	162.00	gal.
	Note: Dosing Volume based on 100% of # of panels times 3.6gal/panel	
Tank Draw Down	7.7	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	9.85	minutes
Elevation Head	33	ft.
Pressure Head	2	ft.
Friction Factor	0.84	ft./100 ft. *(From the interpolater.)*
Friction Head	0.42	ft.
Total Dynamic Head (+20%)	42.50	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

PRESSURE MANIFOLD TAPSHEET

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Line GPD	Line Capacity	# of Panels
1			*70*	*SCH 80 1/2*	*5.48*	*54*	*58*	*16*
2			*75*	*SCH 80 1/2*	*5.48*	*54*	*61*	*17*
3			*75*	*SCH 80 1/2*	*5.48*	*54*	*61*	*17*
4						*0*		
						0		
	total	**feet =**	**220**	**gal/min =**	**16.44**			
			Des. Flow	**360**				
			Pump Run=	**9.85**				
			soil LTAR	**0.275**				

COUNTY: Iredell

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

OWNER: IQ CUSTOM CONSTRUCTION APPLICATION DATE

ADDRESS: 115 RIDGECLIFF DR LOTS #2 DATE EVALUATED: 4-18-23

PROPOSED FACILITY: HOUSE PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: 1.5 ACRES

LOCATION OF SITE: ABOVE PROPERTY RECORDED:

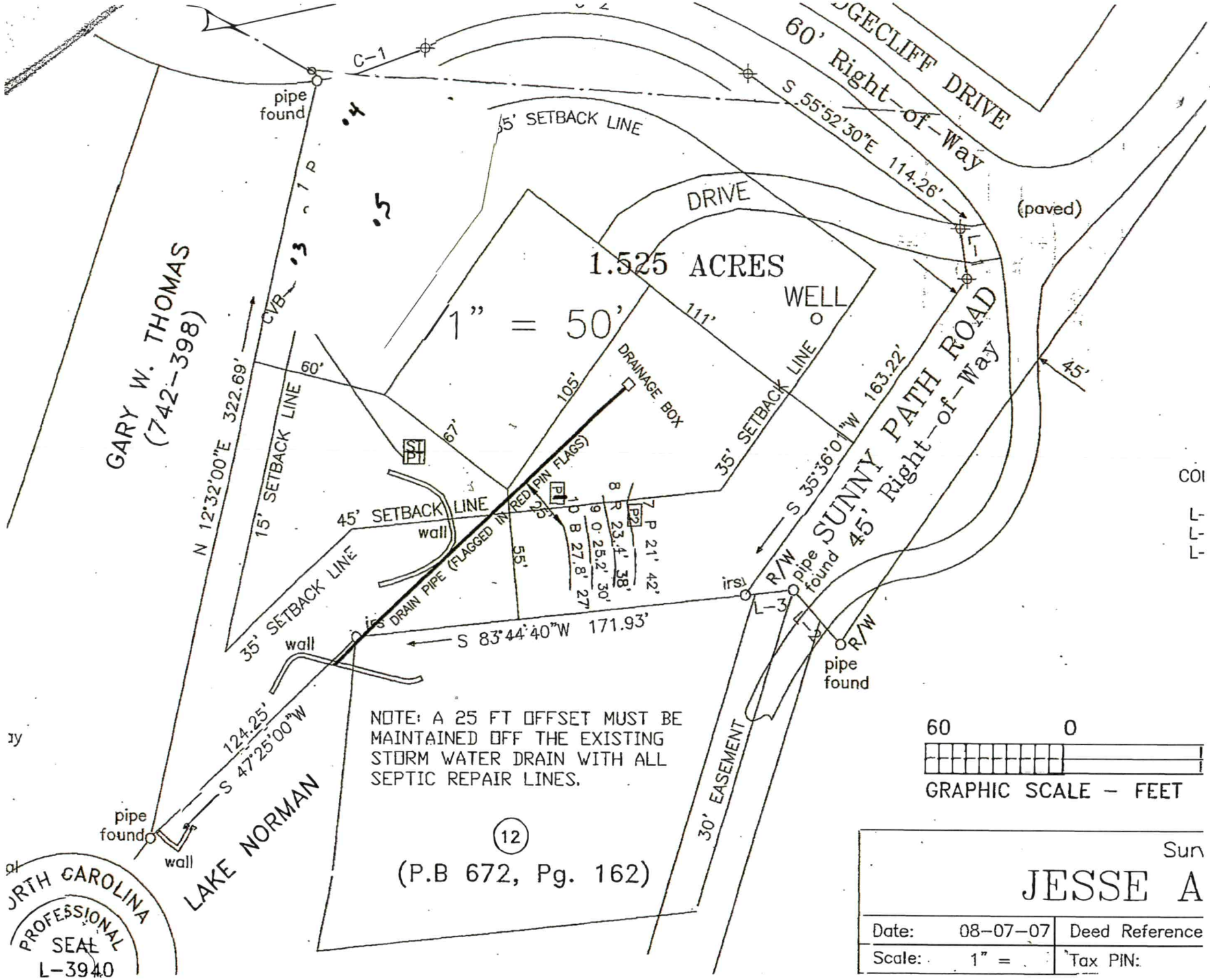
WATER SUPPLY: . Private . Public (Well) . Spring . Other

EVALUATION METHOD: (Auger Boring) . Pit . TYPE OF WASTEWATER: (Sewage) . Industrial Process . Mixed

Boring	1	2	3	4	5	6	7	8
Landscape Position (1940)	L-CC	L	L	L	L			
Slpoe%	20%	20	20	18	15			
H 1 Depth (1943)	0-8	0-12	0-10	0-10	0-11			
H1 texture 1941	SCl	Cl	SCl	SCl	SCl			
H1 Structure 1941	BKY	BKY	BKY	BKY	BKY			
H1 Consistance 1941	FR-SP	FRSP	FRSP	FRSP	FRSP			
H1 Mineralogy 1941	SE	SE	SE	se	se			
H 2 Depth (1943)	8-46	12-26	10-30	10-30	11-32			
H2 texture 1941	C	C	C	C	C			
H2 Structure 1941	BKY	BKY	BKY	BKY	BKY			
H2 Consistance 1941	Fi-P	Fi-P	Fi-P	Fi-SP	Fi-SP			
H2 Mineralogy 1941	SE	SE	SE	se	se			
H 3 Depth (1943)	46-48	26-48	30-48	30-48	32-48			
H3 texture 1941	BC	BC	BC	BC	BC			
H3 Structure 1941	BKY	BKY	BKY	BKY	BKY			
H3 Consistance 1941	Fi-SP	Fi-SP	Fi-SP	Fi-SP	Fi-SP			
H3 Mineralogy 1941	SE	SE	SE	se	se			
H 4 Depth (1943)								
H4 texture 1941								
H4 Structure 1941								
H4 Consistance 1941								
H4 Mineralogy 1941								
Soil Wettness								
Saprolite								
LTAR	.3	.275	.275	.3	.275			
Description	Initial System		Repair		Other Factors 1946			
System Type	PPBPS		PPBPS		Site Classification			

LICENSED SOIL SCIENTIST
GENE YOUNG
1080
STATE OF NORTH CAROLINA

Evaluated By GENE YOUNG LSS, KEVIN NEAL, LSS, GARY EASTER, LSS


60' Right-of-Way
SUGECLIFF DRIVE
S 55°52'30"E 114.26'
(paved)
DRIVE
1.525 ACRES
1" = 50'
WELL
GARY W. THOMAS
(742-398)
N 12°32'00"E 322.69'
CVB
15' SETBACK LINE
60'
67'
105'
111'
35' SETBACK LINE
45' SETBACK LINE
DRAINAGE BOX
RED PIN FLAGS
wall
DRAIN PIPE (FLAGGED IN
S 35°36'01"W 163.22'
SUNNY PATH ROAD
45' Right-of-Way
pipe found
R/W
S 83°44'40"W 171.93'
124.25'
S 47°25'00"W
LAKE NORMAN
30' EASEMENT
NOTE: A 25 FT OFFSET MUST BE MAINTAINED OFF THE EXISTING STORM WATER DRAIN WITH ALL SEPTIC REPAIR LINES.
12
(P.B 672, Pg. 162)
NORTH CAROLINA
PROFESSIONAL
SEAL
L-3940
60
0
GRAPHIC SCALE - FEET
JESSE A
Date: 08-07-07
Deed Reference
Scale: 1" =
Tax PIN:

Installer Information

The following details must be considered along with all other considerations:

Preconstruction Conference required with the installer, contractor, and AOWE before installation.

•Installation inspections by the AOWE (designer) must be scheduled 5 weekdays in advance

• Concrete Septic Tank shall be used an approved by NC DHHS, (Shoaf or HPPP 1000-gallon STB 760 1-piece septic tank and Shoaf or HPPP PT-363 1 piece pump tank required)

•All tanks shall be properly back filled and compacted to prevent slump in the future

•The installer is responsible for final grades and returning that grade to original, with the exception of added structural features

•The supply trench shall be compacted to eliminate any cavities left during initial fill placement continuous fall of 1/8 inches per foot required or sewage effluent pump will be required

•Installation of the system shall be completed during dry conditions in order to protect the soil structure

•All fittings shall be pressure rated fitting

•All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints

•Trenches shall be carefully excavated so the bottom has no more than ¼" fall in 10 feet, with no high or low areas within. **Do not over excavate trenches!** Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.

•All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the rise.

•Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.

•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 pin flag locations should be checked by the installer prior to beginning trenches to ensure accuracy

•If septic tank risers are used, they should be a minimum of 6" above finished grade or within 6" of final grade if buried

See Design Specification Sheet for Onsite Wastewater System information.

•If grading for slab foundation is utilized, do not grade/create greater than 2 feet of elevation difference within 15 feet of any component of the septic or repair. If back filling, do not backfill over any initial or repair septic line.

Onsite Wastewater Initial System is specified as a pressure manifold PPBPS system . Replacement System is a PPBPS system.

The system must be installed in accordance with the T & J PANEL DESIGN INSTALLATION manual.

•All Onsite Wastewater System components shall be 25' upslope, 15' side slope, and 10' downslope from any foundation drain

Divert all surface water from system area, and seed and landscape.

MARKEL®

Markel Insurance Company

PROFESSIONAL LIABILITY INSURANCE DECLARATIONS

Claims Made and Reported Coverage: The coverage afforded by this policy is limited to liability for only those **Claims** that are first made against the **Insured** during the **Policy Period** or the Extended Reporting Period, if exercised, and reported to Markel Insurance Company during the **Policy Period** or the Extended Reporting Period, if exercised, or within 60 days after the expiration of the **Policy Period** or the Extended Reporting Period, if exercised.

Notice: This policy contains provisions that reduce the Limits of Liability stated in the policy by the costs of legal defense and permit legal defense costs to be applied against the deductible, unless the policy is amended by endorsement. Please read the policy carefully.

POLICY NUMBER: MEO1174-05 RENEWAL OF POLICY: MEO1174-04

NAMED INSURED: Ley Soil & Onsite Wastewater Consulting PLLC

BUSINESS ADDRESS: 127 CREEK RIDGE DR
Lexington, NC 27295

POLICY PERIOD: From 04/05/2023 to 04/05/2024
12:01 A.M. Standard Time at address of Insured stated above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE COMPANY AGREES WITH THE NAMED INSURED TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

1. **PROFESSIONAL SERVICES:** SOIL SCIENCE
2. **LIMITS OF LIABILITY**

Professional Liability Coverage	
A. Each Claim:	$2,000,000
B. Policy Aggregate:	$2,000,000
Additional Payments	
A. Contingent Bodily Injury And Property Damage	$0
B. Pollution	$10,000
C. Pre-Claim Assistance Expenses	$20,000
D. Sexual Abuse	$10,000
E. Third Party Discrimination	$25,000
Supplementary Payments	
A. Disciplinary Proceeding	$25,000 per Policy Period
B. Loss Of Earnings And Expense Reimbursement	$10,000
C. Public Relations Expenses	$5,000
D. Subpoena And Record Request Assistance	$5,000

Producer Number, Name and Mailing Address
98496
Wade Associates, LLC. - New Bern
PO Box 1209
Davidson, NC, 28036

3. **DEDUCTIBLE**

   A. Each Claim: $1,000

   B. Aggregate: $3,000

4. **RETROACTIVE DATE:** 04/05/2019

5. **PREMIUM RATE:** Flat **PREMIUM BASE:** Flat

6. **PREMIUM FOR POLICY PERIOD**

   Minimum: $1,053

   Deposit: $1,053

   Adjusted Annual Premium: $1,053

7. **PREMIUM PERCENTAGE FOR EXTENDED REPORTING PERIOD: ADDITIONAL PERIOD:**

8. **FORMS AND ENDORSEMENTS ATTACHED AT POLICY INCEPTION:**

   See MDIL 1001 attached.

These declarations, together with the Coverage Form and any Endorsement(s), complete the above numbered policy.

Countersigned: 01/12/2023 (Date)	By: John K Clark Authorized Representative Signature