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 2024-60550

PIN # 4711 -- 14 -- 3661

APPLICANT/OWNER: Soil & Forestry Services LLC

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

SITE ADDRESS: 202 Windingwood Drive, Statesville, NC 28677

PHONE: 980-223-2352

ALT. PHONE:

SITE DIRECTIONS: W Old Mountain Rd -> L Buffalo Shoals -> L Windingwood

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Ridgewood SECTION: 1 LOT # 22 LOT AREA: 2.431 DESIGN FLOW: 360 gpd

L.T.A.R.(Initial): 0.3 L.T.A.R (Repair): 0.3

Septic Tank 1000 (gal) STB 760 Date 11/13/24

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 302

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

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

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

System Description: 25% Reduction - IIb

Repair System Description: 25% Reduction - PM - IIIb

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

Usable Depth to LC (Initial): 55

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Usable Depth to LC (Repair): 53 *Limiting Condition*

Water Supply

☑ Private ☐ Public ☐ Community

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

Do not exceed 35" at any point or system will become saprolite 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.

Installed as permitted

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Online Signature Date:

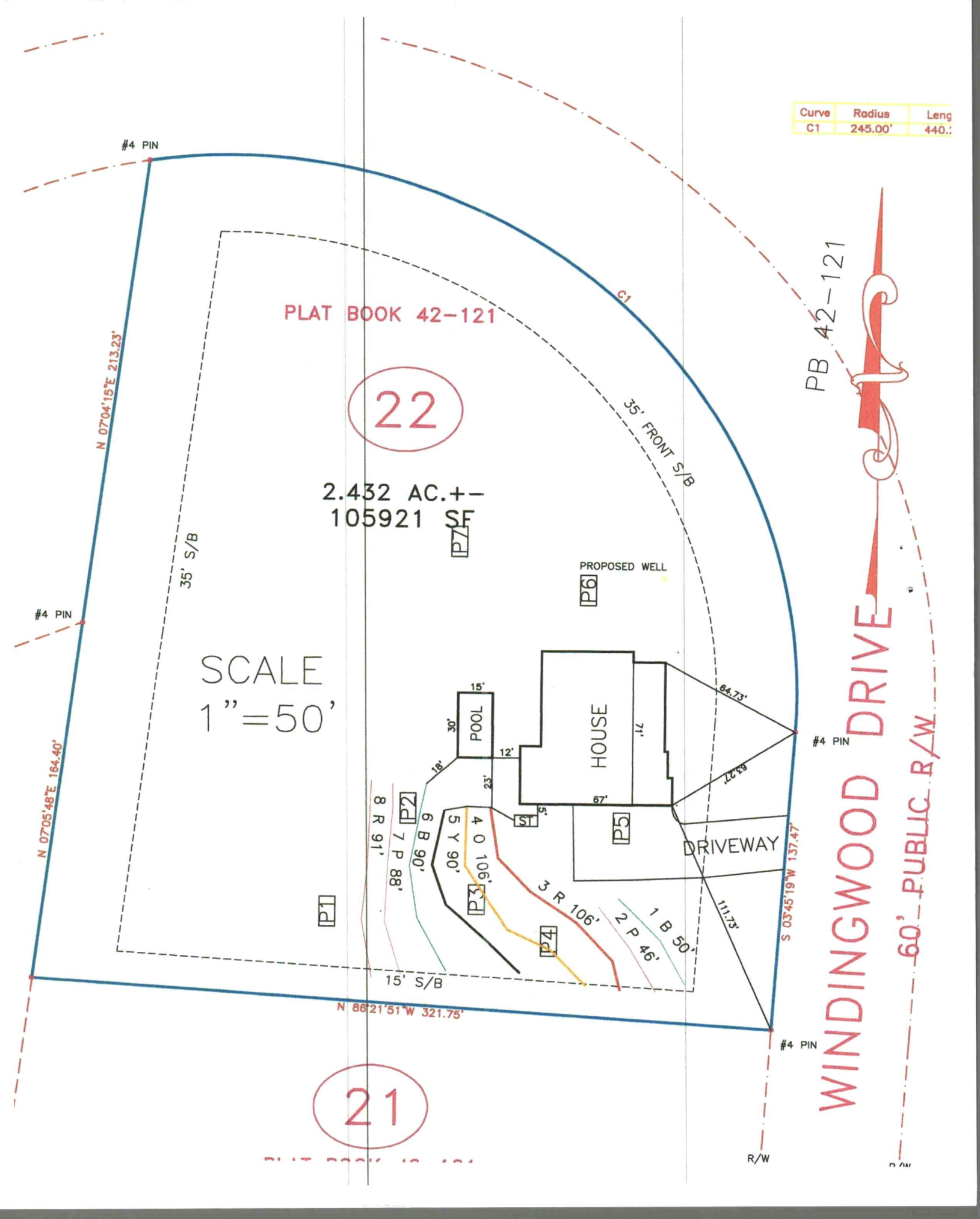
IMPROVEMENT PERMIT by: D. Wieberg Date: 8/29/24

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 8/29/24

Installed by: Neil Stutts

OPERATION PERMIT by: Cory Wilds Date: 1/08/25

Existing System Inspected by: Date:


Curve | Radius | Leng
C1 | 245.00' | 440.:
#4 PIN
PLAT BOOK 42-121
C1
PB 42-121
22
2.432 AC.+-
105921 SF
35' FRONT S/B
35' S/B
N 07°04'15"E 213.23'
PROPOSED WELL
P6
P7
#4 PIN
SCALE
1"=50'
15'
30'
POOL
12'
18'
23'
HOUSE
71'
67'
64.73'
63.27'
5'
ST
P2
P5
DRIVEWAY
8 R 91'
7 P 88'
6 B 90'
5 Y 90'
4 O 106'
3 R 106'
2 P 46'
1 B 50'
P1
P3
P4
111.73'
S 03°45'19"W 137.47'
15' S/B
N 86°21'51"W 321.75'
N 07°05'48"E 164.40'
#4 PIN
#4 PIN
WINDINGWOOD DRIVE
60' PUBLIC R/W
21
R/W

Permit/File #: OSWP-2024-60550

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: 4711143661

Issued To: Harry Poole

Property Location: 202 Windingwood Dr., Statesville NC 28677

Subdivision (if applicable): Ridgewood Lot#: 22 Block: _____ Section: _____

LSS Report Provided: Yes [X] No [ ]

If yes, name and license number of LSS: Samuel 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): 0.3 Proposed LTAR (Repair): 0.3

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

Proposed Wastewater System Type*: IIIb(ACCEPTED) PRESSURE MANIFOLD (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): [ ] Yes [X] 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)*: 55-60 Usable Depth to LC (Repair)*: 53-62 ** 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: [X] Private well [ ] Public well [ ] Shared well [ ] 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: _____ Date: 8/23/2024

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-2024-60550

This Section for Local Health Department Use Only

Initial submittal received: 8/28/24 (*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: D. Wieberg Date: 8/29/24

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: 8/29/29

See attached site sketch

Permit/File #: OSWP-2024-60550

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

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

PIN/Lot Identifier: 4711143661

Issued To: Harry Poole

Property Location: 202 Windingwood Dr., Statesville NC 28677

AOWE/PE Plans/Evaluations Provided: Yes [X] No [ ] If yes, name and license number of AOWE/PE: Samuel 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) IIIb(ACCEPTED) PRESSURE MANIFOLD (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: [X] Private well [ ] Public well [ ] Shared well [ ] Municipal Supply [ ] Spring [ ] Other:

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 302 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.3 gpd/ft² Usable Depth to LC (Initial)*: 55-60 *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 gallons 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: 8/23/2029

AOWE/PE Signature: Samuel Ashley Rollans Date: 8/23/2024

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

See attached site sketch

NC Licensed Soil Evaluator Certification Number 10027E

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-60550

This Section for Local Health Department Use Only

Initial submittal received: 8/28/24 (*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: D. Wieberg Date of Issuance: 8/29/24

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: 8/29/29

See attached site sketch

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 24-0019
August 19th, 2024

Harry Poole
Attn: *Harry Poole*
Email: Hp3remote@charter.net

RE: Soil & Site Evaluation for a 3 Bedroom Residence at 202 Windingwood Dr. (LOT 22), Statesville, NC 28677, PIN # (4711143661), Iredell County.

Mr. Poole:

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 wooded but was cleared prior to performance of the septic field layout. Topography within the evaluated area was gentle slope near the house site and proposed drainfield area. Property lines and corners were marked at the time of the evaluation by Dedmon Surveys. 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*. The house envelope was located tape measure by the client.

Methodology

We evaluated soil areas through the use of excavator pits. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with seven pit locations on the property flagged and located via GPS. Four pits 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 pit. The house envelope was located by the builder/client. 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.

202 Windingwood Drive-Lot 22 (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 667 linear feet of line. The primary system is proposed as 302 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 300 linear feet of Accepted (25% Reduction) drainfield with pressure manifold distribution. Trench depth (Low Side) is specified at 30 inches. There is 365 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 Harry W. Poole
Signature Harry W. Poole 8/26/2024

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 202 Windingwood Drive, Statesville NC 28677 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,

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

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

8/23/2024

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

Re: Improvement Permit & CA Submittal for 202 Windingwood Dr., Statesville NC (Lot #2

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: Harry Poole

Signature: Harry W. Poole

Date: 8/26/2024

"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: 8/23/2024 Seal:

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
D vision 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:	Ashley Rollans // Soil & Forestry Services, PA"
Mailing Address:	P.O. Box 5872
City:	Statesville
State:	North Carolina
Zip:	28687
Phone #:	980-223-8352
Email:	sfsstatesville[illegible]@gmail.com

Owner:	Harry Poole
Mailing Address:	9185 Grayson Green Ln
City:	Sherrills Ford
State:	NC
Zip:	28673
Phone #:	704-907-3231
Email:	Hp3remote@charter.net

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: Ashley Rollans Date: 8/23/2024

Owner's Signature: Harry W. Poole Date: 8/26/2024

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

P.O. Box 5872
Statesville NC 28687
980-223-8352
SoilAndForestryServices.com

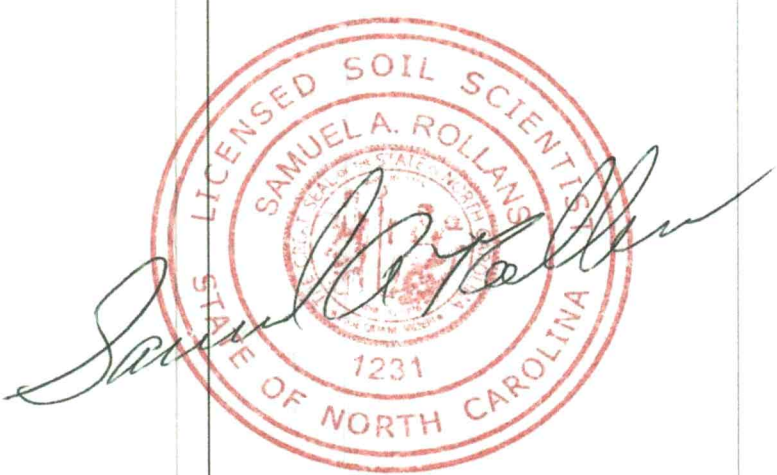
Project# 24-0019

Septic System Design for a 3 Bedroom House
ACCEPTED using GRAVITY distribution
Site location: 202 Windingwood Dr., Statesville NC, Lot # 22

Contents

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Information for the Installer	1
Design Specifications	2
Layout Specifications	3
Site Plan	4
Calculations	5
Soil Descriptions	6
Floor Plans	7

24-0019
Design By: Ashley Rollans



Page 1	INFORMATION FOR THE INSTALLER	Project #24-0019

ACCEPTED using GRAVITY distribution
Site location: 202 Windingwood Dr., Statesville NC, Lot # 22

* **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 ACCEPTED type using PMANIFOLD distribution**
* **System trench depth specified at 30"**
* **System trenches installed on 9' minimum; 36" wide trenches**
* **Installation does not require a soil cap**

DESIGN SPECIFICATIONS **Project #24-0019**

ACCEPTED using GRAVITY distribution
Site location: 202 Windingwood Dr., Statesville NC, Lot # 22

Business (if applicable):	N/A
Contact:	Harry Poole
Phone:	704-907-3231
Email:	Hp3remote@charter.net
County:	Iredell
Location:	202 Windingwood Dr., Statesville NC

Source of Wastewater Flow:	3	bedroom home
Estimated Daily Wastewater Production:	360	gpd
Drain field Size:	302	lf
Loading Rate:	0.3	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 #24-0019

ACCEPTED using GRAVITY distribution
Site location: 202 Windingwood Dr., Statesville NC, Lot # 22

Daily Flow (gpd) **360** **24-0019**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM INSTR. 1		0.0	100.0		100.0		
			SYSTEM				
3	Red					106	106
4	Orange					106	106
5	Yellow					90	90
			REPAIR				
1	Blue					50	50
2	Pink					46	46
6	Blue					90	90
7	Pink					88	88
8	Red					91	91

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH	SOIL CAP
SYSTEM	302	0.300	ACCEPTED	25%	GRAVITY	30	0
REPAIR	365	0.300	ACCEPTED	25%	PMANIFOLD	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

SYSTEM FLOW **Project #24-0019**

ACCEPTED using GRAVITY distribution
Site location: 202 Windingwood Dr., Statesville NC, Lot # 22

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area
3	Red	0.0	106	N/A	N/A	318
4	Orange	0.0	106	N/A	N/A	318
5	Yellow	0.0	90	N/A	N/A	270

total **feet =** **302** **gal/min =** **N/A**

Design Flow	**360**
Soil LTAR	**0.3**
Accepted LTAR	**0.4**

CALCULATIONS **Project #24-0019**

ACCEPTED using GRAVITY distribution
Site location: 202 Windingwood Dr., Statesville NC, Lot # 22

PROJECT INFO	Designer	Ashley Rollans
	Project #	24-0019
	Project MM YYYY	24-0019
	County	Iredell
	Project Location	202 Windingwood Dr., Statesville NC
	Lot # (if applicable)	22
	Subdivision (if applicable)	Ridgewood
	Parcel #	4711143661
	Lot size (acres)	2.43
	Easement(s) on parcel?	No
	Business (if applicable)	N/A
	Name (Owner)	Harry Poole
	Mailing Address (Owner)	9185 Grayson Green Ln
	City (Owner)	Sherrills Ford
	State (Owner)	NC
	Zip (Owner)	28673
	Phone (Owner)	704-907-3231
	Email (Owner)	Hp3remote@charter.net
	Bedrooms	3
	Water Source	Private Well
	Foundation Type	Crawl Space
	Daily Flow (gallons)	360
SYSTEM	System LTAR	0.3
	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)	55-60
	Media Height (inches)	12
	Tank Size (gallons)	1000
	Required Feet of Line (system)	300
	Designed Feet of Line (system)	302
	Saprolite system?	No
REPAIR	Repair LTAR	0.3
	Repair Type	ACCEPTED
	Repair Distribution	PMANIFOLD
	Repair Trench Center Distance (feet)	9
	Repair Trench Width (inches)	36
	Repair Trench Depth (inches)	30
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	53-62
	Tank Size (gallons)	1000
	Required Feet of Line (repair)	300
	Designed Feet of Line (repair)	365
	Saprolite system?	No

Sheet 1 of 1

PROPERTY ID #: 4711143661
COUNTY: Iredell

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

OWNER: Harry & Cynthia Poole
ADDRESS: 9165 Grayson Green Ln Sherrills Ford NC 28673
PROPOSED FACILITY & Design Flow(.0400): 3 Bedroom Residential Home- 360 GPD
LOCATION OF SITE: 202 Windingwood Dr. Statesville NC 28677

DATE EVALUATED: 2/28/2024
PROPERTY SIZE: 2.431
PROPERTY RECORDED: Yes
Water supply setback 50 Feet

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

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

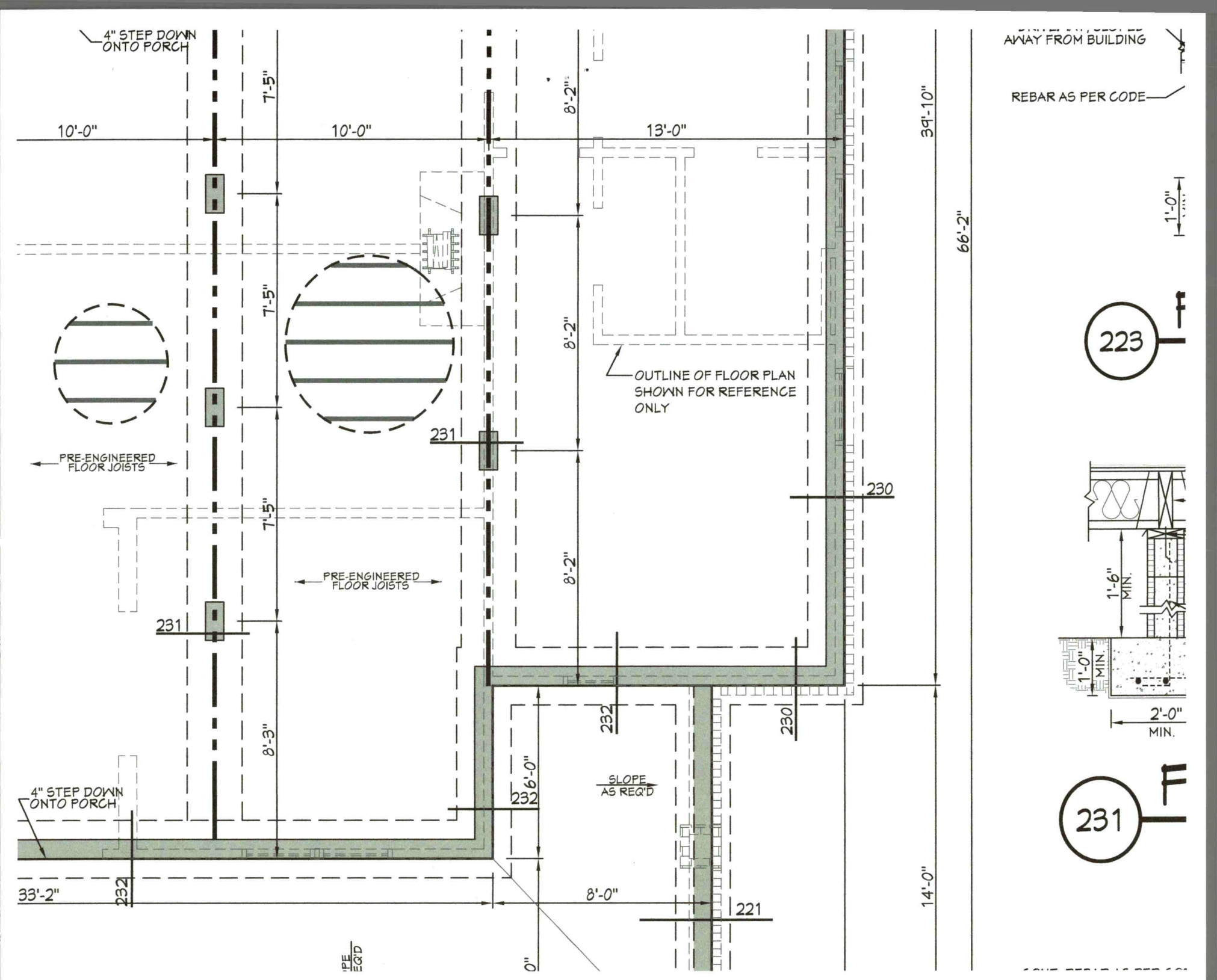
PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPR CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR	.0502(d) SLOPE CORRECTION
1	L/17%	0-7	BSL GR	FR SS SP	cgravel					
		7-29	BRC WMSBK/ABK	FR SS SP						
		29-53	RBCL WFSBK	FR SS SP	f-csap	53			S 0.3	6.12"
2	L/16%	0-6	BSL GR	FR SS SP						
		6-30	BRC WMSBK/ABK	FR SS SP						
		30-62	RBCL WFSBK	FR SS SP		62			S 0.3	5.76"
3	L/13%	0-6	BSL GR	FR SS SP						
		6-16	BRC WMSBK	FR SS SP						
		16-47	RBCL WFSBK	FR SS SP	csap	47	S		S 0.325	4.68"
		47-60	VAR L MASS	FR SS SP						
4	L/9%	0-8	BSL GR	FR SS SP						
		8-20	RBSCL WFSBK	FR SS SP						
		20-30	BRC WMSBK	FR SS SP		55			S 0.3	3.24"
		30-55	BRCL WFSBK	FR SS SP	fsap					
5	L/7%	0-9	BSL GR	FR SS SP						
		9-13	RBSCL WFSBK	FR SS SP						
		13-33	BRC WMSBK	FR SS SP		60			S 0.3	2.52"
		33-60	BRCL WFSBK	FR SS SP	fsap					
6	L/19%	0-8	BSL GR	FR SS SP						
		8-22	BRC WMSBK	FR SS SP						
		22-62	RBCL WFSBK	FR SS SP	f-csap	62			S 0.3-0.325	6.84"
7	L/25%	0-9	BSL GR	FR SS SP						
		9-22	BRC WMSBK	FR SS SP						
		22-53	RBCL WFSBK	FR SS SP						
		53-74	VAR SL MASS	FR SS SP	csap	53	S		S 0.3-0.325	9"

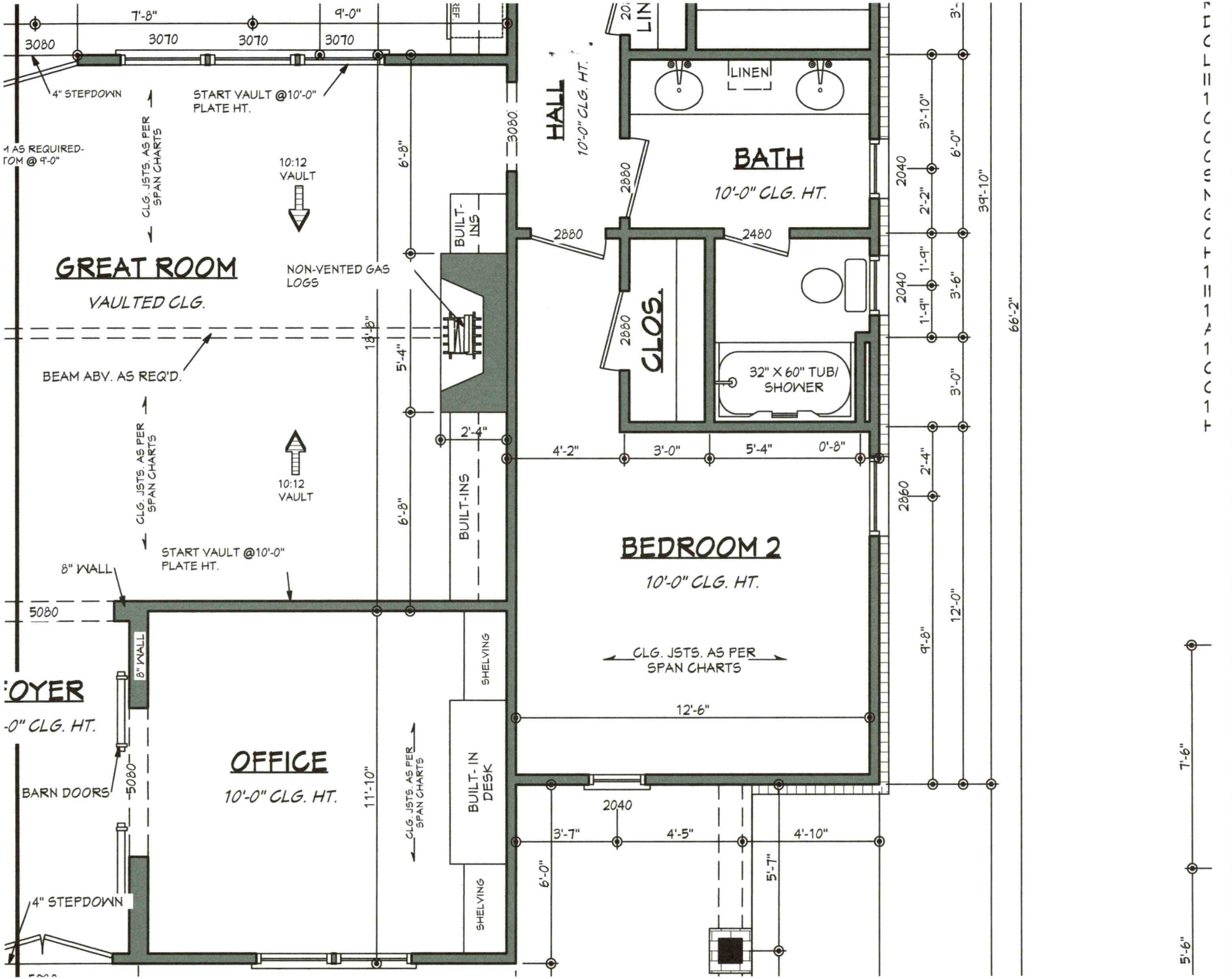
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.508)	Suitable	Suitable
System Types(s)	Accepted 25% Red-Gravity	Accepted 25% Red-PM
Site LTAR	0.3	0.3
Maximum Trench Depth	30"	30"

SITE CLASSIFICATION (.509): Suitable
EVALUATED BY: Ashley Rollans
OTHER(S) PRESENT: Chad Wagner

COMMENTS:

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


4" STEP DOWN ONTO PORCH
10'-0"
10'-0"
13'-0"
7'-5"
7'-5"
7'-5"
8'-3"
8'-2"
8'-2"
8'-2"
39'-10"
66'-2"
14'-0"
OUTLINE OF FLOOR PLAN SHOWN FOR REFERENCE ONLY
PRE-ENGINEERED FLOOR JOISTS
PRE-ENGINEERED FLOOR JOISTS
231
231
230
230
232
232
232
SLOPE AS REQ'D
6'-0"
4" STEP DOWN ONTO PORCH
33'-2"
8'-0"
221
AWAY FROM BUILDING
REBAR AS PER CODE
1'-0"
223
1'-6" MIN.
1'-0" MIN.
2'-0" MIN.
231


7'-8"
9'-0"
3080
3070
3070
3070
4" STEPDOWN
START VAULT @10'-0" PLATE HT.
CLG. JSTS. AS PER SPAN CHARTS
10:12 VAULT
6'-8"
3080
HALL
10'-0" CLG. HT.
LINEN
BATH
10'-0" CLG. HT.
2880
2480
BUILT-INS
NON-VENTED GAS LOGS
GREAT ROOM
VAULTED CLG.
CLOS.
32" X 60" TUB/ SHOWER
BEAM ABV. AS REQ'D.
5'-4"
2'-4"
4'-2"
3'-0"
5'-4"
0'-8"
BUILT-INS
BEDROOM 2
10'-0" CLG. HT.
8" WALL
START VAULT @10'-0" PLATE HT.
5080
SHELVING
CLG. JSTS. AS PER SPAN CHARTS
12'-6"
OFFICE
10'-0" CLG. HT.
11'-10"
BUILT-IN DESK
BARN DOORS
4" STEPDOWN
2040
3'-7"
4'-5"
4'-10"
6'-0"
5'-7"
2860
39'-10"
66'-2"
3'-10"
6'-0"
2'-2"
1'-9"
3'-6"
3'-0"
2'-4"
9'-8"
12'-0"
7'-6"
5'-6"

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, Harry Poole, am the legal owner(s) of the property located at 202 Windingwood Dr., Statesville NC 28677, identified as PIN (Parcel Identification Number) 4711143661, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Ashley Rollans 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.

* Harry W. Poole
Signature of Owner(s)

* 8/26/2024
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