(BB)

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-311377

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

PIN # 4713877253

APPLICANT/OWNER: Jim Hood APPLICANT ADDRESS: 2649 Breakouridge Center Dr. Monroe NC, 28110

SITE ADDRESS: 116 Dublin Ct, Statesville, NC 28677 PHONE: 704-506-3852 ALT. PHONE 704-502-5588

SITE DIRECTIONS: 21 S T/R Old Mountain Rd T/R Bethlehem Rd To Greenwich Dr. T/L Heathrow T/R Dublin SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: The Landings SECTION: 3 LOT # 58 LOT AREA: .58ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB 2071 Date INFILTRATOR ■ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

Pump Tank 1000 (gal) PT 2071 Date INFILTRATOR System Description: LPPPBPS

Pump Make ZOELLER Model 98 ½HP Serial # Repair LPPPBPS

Nitrification Fields 1 # Lines 4 Linear Ft: 242' Maintenance Agreement Required: ■ YES ☐ NO

Trench Width 36" Max Trench Bottom Depth 33" Gravel Depth N/A ☐ GRAVITY ■ PRESSURE

■ Residence ☐ Business ☐ Other ■ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☐ Crawl Space

Water Supply ☐ Private ■ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Per plan by: Septic Environmental Solutions

Lot Recorded BK 2755 PG 1574-1583.

INITIAL SITE SKETCH

See plan by: Septic Environmental Solutions

AS BUILT SKETCH

BCM TANKS CHECKED 2-17-2021
NEEDS RISERS

	Date	Initials
Drain Lines Checked	2-25-21	
Tanks Checked	2-17-2021	BCM
Pressure Manifold or Valve Box Checked	2-25-21	
Pressure Head Set	3-9-2021	
Electrical Checked	2-26-2021	BCM
Floats Set	2-26-21	BCM
Alarm Checked	2-26-21	BCM
Maintenance Contract Y / N	attached	
Comments:		

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.*

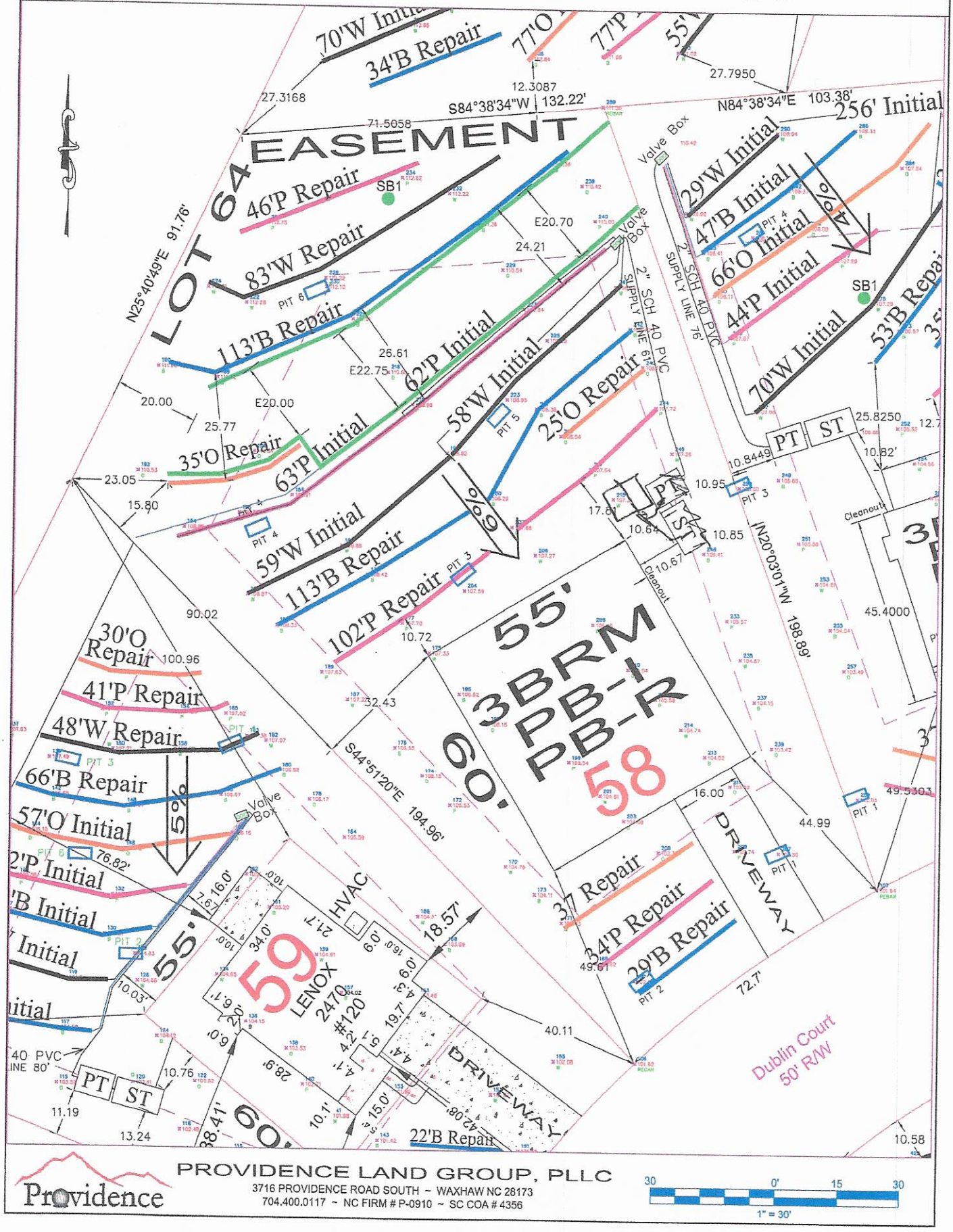
Owner / Applicant Signature: Jim Hood Date: 10-23-20 Installed by: (SID GASKINS) - Water Mgmt.

IMPROVEMENT PERMIT by: Date: 10/19/20 OPERATION PERMIT by: Date: 3-9-2021

AUTHORIZATION TO CONSTRUCT by: Bridget C. White Date: 10-26-2020 Existing System Inspected by: Date:

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

THE LANDINGS ~ LOT 58



Providence

PROVIDENCE LAND GROUP, PLLC
3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173
704.400.0117 ~ NC FIRM # P-0910 ~ SC COA # 4356

30 0' 15 30
1" = 30'

Design Specifications for Lot 58 The Landing, Iredell, North Carolina

Daily Design Flow	360	gals
Number of Bedrooms	3	bedrooms
Basement or Crawspace	Slab	
Dellinger Septic Tank Size	1000	gals, Effluent Poly Lock PL68 Filter or equal.
Dellinger Pump Tank Size	1000	gals
Sim/Tech Effluent Filter on Pump Tank	Yes	Connection inside pump tank vault and on supply line.
Primary System Loading Rate (LTAR)	0.25	gpd/ft^2 LTAR
Number of Lines	4	Total LP PPBPS, See Scaled Dwg.
Primary System	242	ft.
Trench Width	3	ft
Trench Spacing	9	ft
Trench Maximum Depth	33	inches
Pump required	Yes	
Distribution Device	Yes	Gate Valve Box with LPP Panel Distribution
Maintenance Agreement Required	Yes	Contracted by Septic Environmental Solutions, Inc.
Length and Diameter of Supply Line	61	2" SCH 40 PVC
Number of T&J Panels	55	Total panels for primary system
Flow Rate through System	28	gpm– use 5/32" holes with 3ft head
Elevation Head	10	ft.
Pressure Head	3	ft.
Friction Head	1.78	ft. ed
20% Contingency	3	ft.
Total Head	17.7	ft.
Pump Requirements	28	gpm. with 18-ft of Head; Use Goulds WE03M Pump or Equivelent with Compatible Electrical
Dosing Volume per day	198	s 1.9 doses/day@design flow*
Dosing Volume per dose	99	s 2 doses/day
Pump run time per day, approx.	7.1	min
Pump run time per dose, approx.	3.6	min
Check Valve	Yes	
Siphon Break Hole	Yes	
Repair System Loading Rate	0.25	gpd/ft2
Repair System	Yes	LP PPBPS, See attached dwg.
Total foot of Repair	375	ft

Before placement of cap block, one panel on each line near the center of the field should be observec filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occures, reduce floats by 25 gallons and reset until no overflow is observed.

LPPPPBPS Design Worksheet (Primary System)						File #/Name:	The Landing
System Requirements						Tax #:	4713877253.00
Number of bedrooms	3					Lot	58
Craw Space/Basement	Slab						
Daily Design Flow	360	gpd				Address:	Iredell County
LTAR	0.25	gpd/ft.^2				Consultant:	Septic Environmental Solutions Inc.
Linear footage	480.00	ft. (Conventional)				Phone:	704-502-5588
Linear footage	240.00	ft. (50% Reduction)					
Trench Maximum Depth	33	inches					
Laterals	Length (ft)	# Panels	Calculated				
Line # 1	63	14	14				
Line # 2	62	14	14				
Line # 3	59	14	14				
Line # 4	58	13	13				
Line # 5		0	0				
Line # 6		0	0				
Line # 7		0	0				
Line # 8		0	0				
Line # 9		0	0				
Line # 10		0	0				
Line # 11		0	0				
Line # 12		0	0				
Totals	242	55	55				
	*Lines longer than 70 ft. must be center-fed to comply with sewage rules.						
Absorption Area							
Length (ft)	Width (ft)	Spacing	Area (ft^2)				
242	3	9	3000+				
System Pressure Head	3	ft.	Value selected by system designer (must be between 2-5 ft.)				
Orifice Diameter	5/32	in.	Size selected by system designer (1/8 in. minimum)				
Flow Rate per Orifice/Panel	0.5	gpm	Determined from orifice flow design table (use table from Flow Rate tab)				
Total System Flow Rate	28	gpm	Total number of panels required multiplied by the orifice flow rate				
System Dose Volume	198	gal.	Total number of panels required multiplied by 3.6 gal./panel				
Doses Per Day	1.9	cycles	Number of dose cycles per day based on daily design flow. Daily design flow divided by system dose volume.				
Pump Run Time	7.07	min.	System dose volume divided by the total system flow rate				
Pump Tank Volume / Inch	21	gal./in.	1,000 gal. Pump tank, volume is approximately 21 gallons per inch. 1,500 gal. pump tank, volume is approximately				
			29 gallons per inch. Contractor is responsible in verifying tank gallons per inch.				
Pump Tank Drawdown	9.43	in.	System Dose Volume divided by gallons per inch for the designed tank size.				

T&J Panel Summary Table	
Linear Feet	# Panels
20	5
30	7
40	9
50	11
60	14
70	16
80	18
90	21
100	23
110	25
120	17
130	30
140	32
150	34
160	37
170	39
180	41
190	43
200	46

PROPERTY ID #: 4713877253
COUNTY: IREDELL

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

ID # 4713877253
CCEHA 88-95 OF

OWNER: MR. Rob Collier
ADDRESS: 243 Old Mocksville, STATESVILLE, NC 28625
PROPOSED FACILITY: 3 BDRM PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Lot 58, 116 DUBLIN CT, STATESVILLE, NC 28677
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE: 9-25-2
DATE EVALUATED: 9-4-2
PROPERTY SIZE: 0.579
PROPERTY RECORDED: AFTER 19

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
PA 1	LC 6%	0-9	sicl/WK/gr/FR	NS/NP/NEXP					
		9-36	sicl/mod-WK/SBK/FF	S/SP/SEXP				NONE	
		36-60	sicl/WK/SBK-ANG/FI-FR	NS/SP/SEXP		60	NONE	Bt2 36-60" RR	I. 25
					NONE				
PA 2	LC 6%	0-12	sicl/WK/gr/FR	NS/NP/NEXP					
		12-30	sicl/mod-WK/SBK-ANG	S/SP/SEXP				NONE	
		30-65	sicl/WK/SBK-ANG	NS/NP/NEXP					I. 25
					NONE	65	NONE	Bt2 RR 30-65"	
PA 3	LC 6%	0-6	sicl/WK/gr/FR	NS/NP/NEXP					
		6-27	sicl/mod-SBK	S/SP/SEXP				45"	
		27-45	sicl/WK/ANG/FI-VFI	NS/NP/NEXP				Bt2	I. 25
					NONE	45	NONE	NONE	
PA 4	LC 6%	0-6	sicl/WK/gr/FR	NS/NP/NEXP					
		6-28	sicl-c/mod-SBK	S/SP/SEXP				Bt2 45"	
		28-45	sicl-c/WK/ANG/FI-FR	NS/NP/NEXP	NONE	45	NONE	NONE	I. 25
		RR.							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	242	375
System Type(s)	36" LP PRPLPS	36" LP PRPLPS
Site LTAR	0.25	0.25

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Lot 58

PROPERTY ID #: 47138 97253

DATE OF EVALUATION: 9-4-20

COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
PA 5	LC 6 %	0-6	sicl/WK/gr/FR	VS/VP/vSP					
		6-25	sicl/WK/FI/SBK	S/SP/SEXP					
		25-65	sicl/WK/SBK-ANG/FI/VFI	SS/SP/SEXP	NONE	65	NONE	Bt2 65	0.25
PA 6	LC 6 %	0-12	sicl/WK/gr/FR	VS/VP/vSP					
		12-31	sicl/WK/FI/SBK	S/SP/SEXP					
		31-63	sicl/WK/FI/SBK-ANG	SS/SP/SEXP	NONE	63	RX Including NONE	Bt2 63	0.25

COMMENTS: _____

Water MPRS 10/20

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

EL AP-311377 $350.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:
(X) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: *Place an (X) beside whichever is submitted if applicable*
(X) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: MR JIM HOOD TRUE HOMES Address: 2649 BREKARIDGE CENTER DRIVE MONROE, NC Zip: 28110
Applicant Email: JHOOD@TRUEHOMESUSA.COM Phone: 704-506-3852 Alt. Phone: 704-502-5588
Owner Name: MR. ROB COLLIER COLLIER PROPERTIES Address: 743 OLD MOCKSVILLE RD, STATESVILLE Zip: 28625
Owner Email: ROBC57@GMAIL.COM Phone: 704-902-4598 Alt. Phone: _____

Property Information: TAX PARCEL ID 4713877253.000

Street Address: 116 DUBLIN COURT, STATESVILLE, NC 28677
Subdivision Name: THE LANDING Section/Phase: I Lot Number: 58
Driving Directions: I-40 W TO EXIT 150 TO HWY 115 N. (N. BROAD ST.) INTO STATESVILLE HWY INTO CHARLOTTE HWY TO GREENWICH DR., LEFT INTO HEATHROSE AND DUBLIN

Site Development Information: *(check or complete ALL that apply*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: NA

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: N/A Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: N/A Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference (2) Alternative (4) Conventional (1) Innovative (3) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

DocuSigned by:
Signature: Robert A Collier III 9/21/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

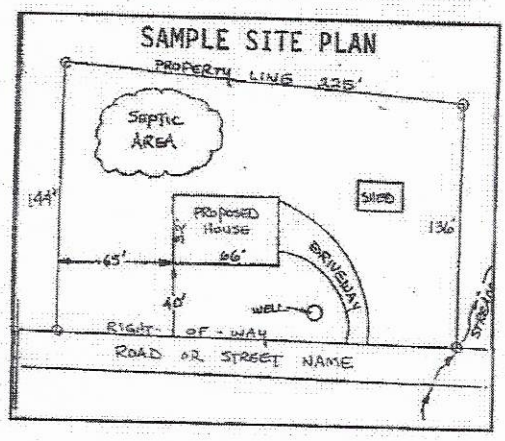
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) Preferred driveway location
- ( ) **Preferred well location** NA
- (X) **Preferred septic system location**
- (X) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property (N/A)
Location of easements and rights of ways on your property (N/A)
Location of any designated wetlands on the property (N/A)

USE THIS SPACE TO DRAW YOUR SITE PLAN

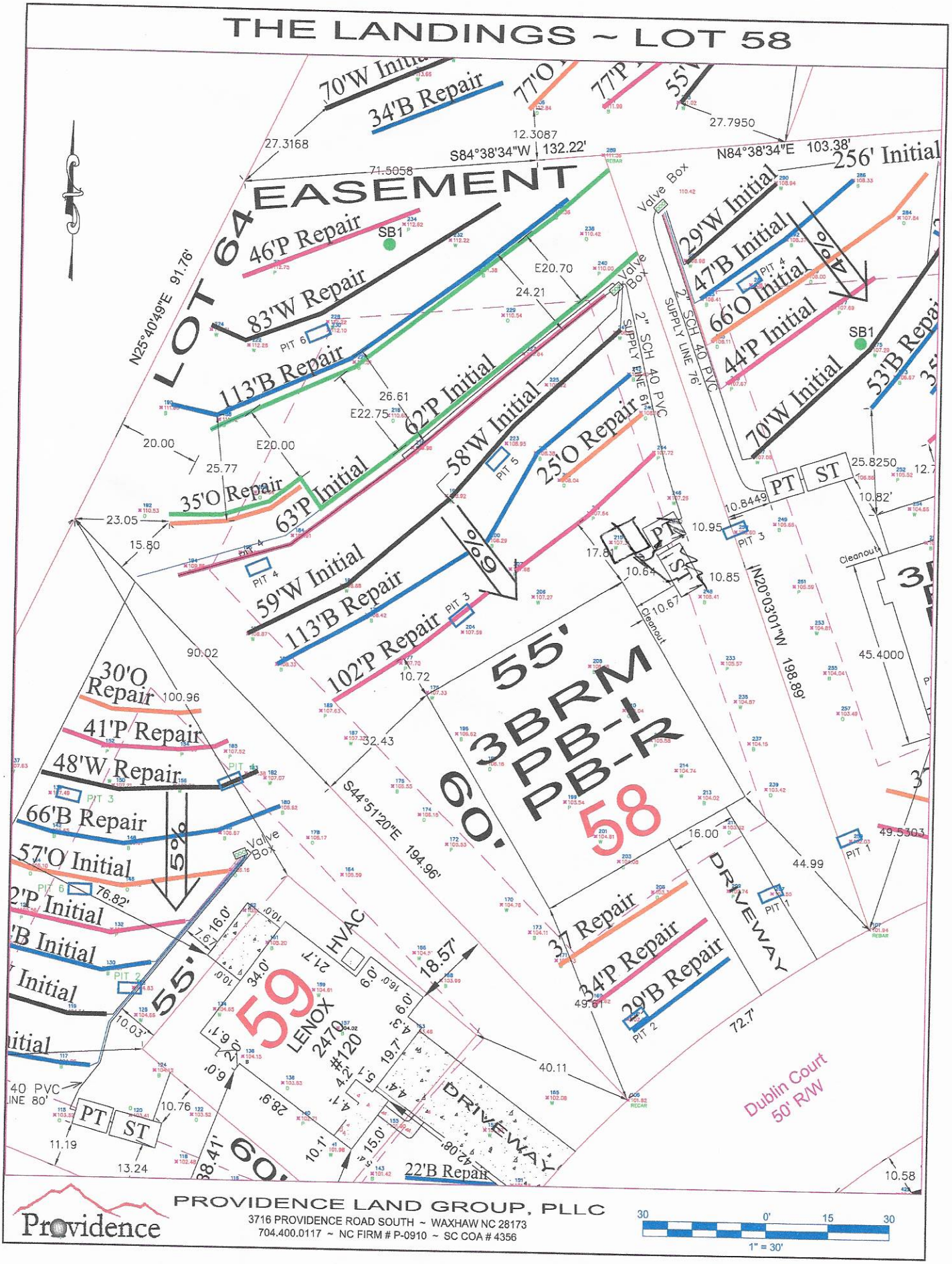
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE ATTACHED DWGS.

Signature: DocuSigned by: Robert A Collier III 73AE8ECE48BA443... 9/21/2020

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

THE LANDINGS ~ LOT 58



PROVIDENCE LAND GROUP, PLLC
3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173
704.400.0117 ~ NC FIRM # P-0910 ~ SC COA # 4356

30 0' 15 30
1" = 30'

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, MR. ROB COLLIER, am the legal owner(s) of the property located at 116 DUBLIN COURT, STATESVILLE, NC 28677, identified as LOT 58

PIN (Parcel Identification Number) 4713877253.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) MR. KENNETH L. OWENS WITH SEPTIC ENVIRONMENTAL SOLUTIONS to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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

DocuSigned by:
Robert A Collier III
73AE8ECE48BA443...
Signature of Owner(s)

9/21/2020
Date

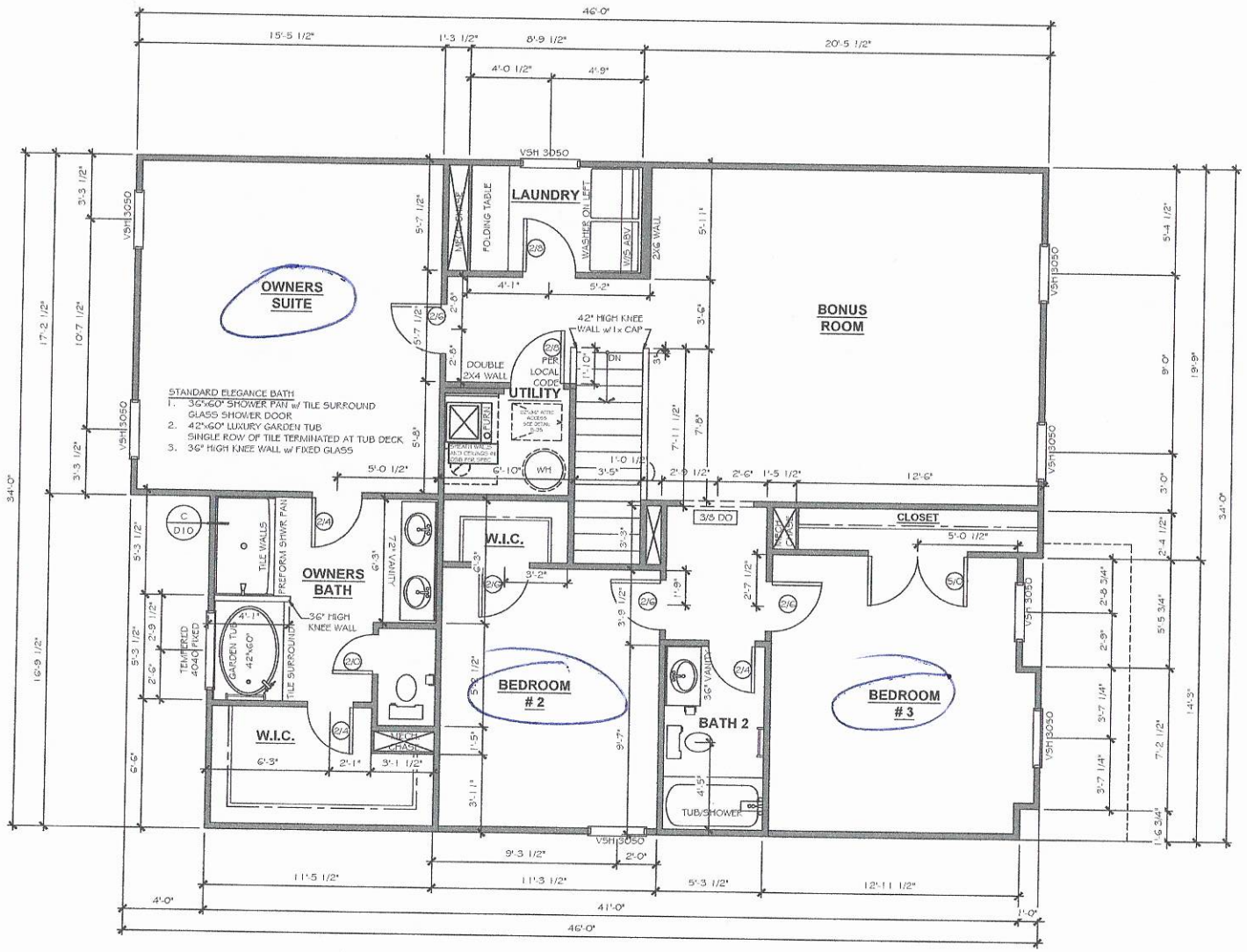
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!

[signature] - Trueltomes Date 10-23-20

[signature] Date 10-26-2020



2475 - SECOND FLOOR PLAN

TrueHomes
IT'S ALL ABOUT U
2649 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

TRUE CUSTOM SOLO
REGION A
LOT# 7116

LENOX
2475

IREDELL

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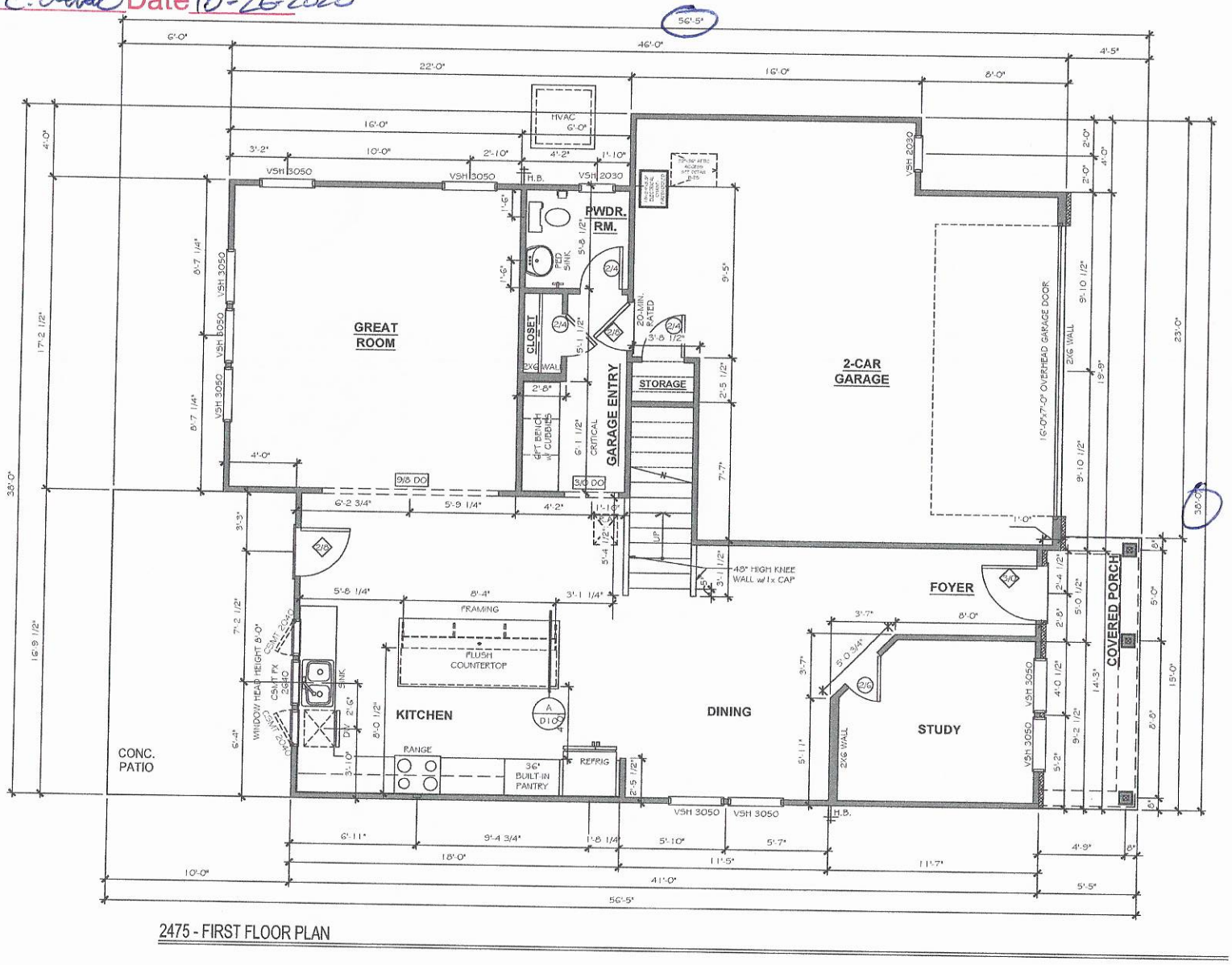
PREPARED BY: T.J.
DATE: 10-01-20
SCALE: 3/16"= 1'-0"
REVIEWED BY: CHUCK

SHEET: A2.2

Acknowledgement Of
Plans Submittal ONLY!

S R - True Homes Date 10-27-20

Barbara c. White Date 10-26-2020



2475 - FIRST FLOOR PLAN

TrueHomes
IT'S ALL ABOUT U
2649 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

TRUE CUSTOM SOLO
REGION A
LOT# 7116

LENOX
2475

IREDELL

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PREPARED BY: T.J.
DATE: 10-01-20
SCALE: 3/16"= 1'-0"
REVIEWED BY: CHUCK

SHEET: A2.1