IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-309283

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

PIN # 4713878266

APPLICANT/OWNER: True Homes – Jim Hood APPLICANT ADDRESS: 2649 Breakonridge Center Dr. Monroe NC, 28110

SITE ADDRESS: 112 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 Landing SECTION: 3 LOT # 57 LOT AREA: .42ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB		Date		■ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	LPPPBPS			
Pump Make			Model		Serial #		Repair	LPPPBPS			
# Nitrification Fields	1	# Lines	5	Linear Ft:	256'		Maintenance Agreement Required:	■ YES	☐ NO		
Trench Width	36"	Max Trench Bottom Depth		36"	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

INITIAL SITE SKETCH

See plan by: Septic Environmental Solutions

AS BUILT SKETCH

112 Dublin Ct

	Date	Initials
Drain Lines Checked	1-19-2021	
Tanks Checked	1-19-2021	
Pressure Manifold or Valve Box Checked	1-19-2021	
Pressure Head Set	1-28-21	
Electrical Checked	2-17-2021	BCW
Floats Set	1-28-21	
Alarm Checked	1-28-21	
Maintenance Contract (Y) / N		
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: [signature] Date: 1/29/21

IMPROVEMENT PERMIT by: [signature] Date: 12/9/20

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12/9/20

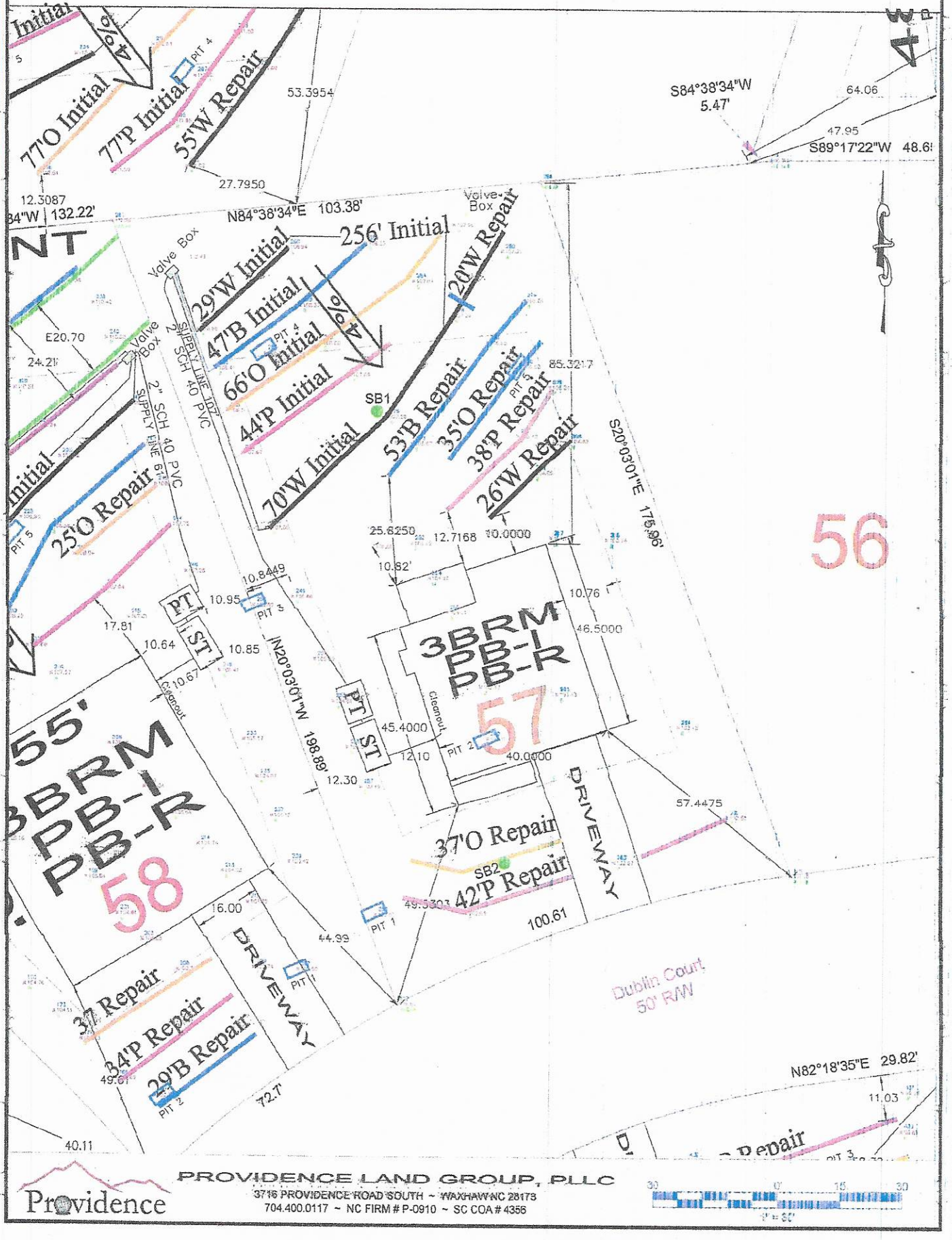
Installed by: SID GASKINS

OPERATION PERMIT by: [signature] Date: 2-22-2021

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 57



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 57 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	5	Total LP PPBPS, See Scaled Dwg.
Primary System	256	ft.
Trench Width	3	ft
Trench Spacing	9	ft
Trench Maximum Depth	36	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	107	2" SCH 40 PVC
Number of T&J Panels	59	Total panels for primary system
Flow Rate through System	30	gpm– use 5/32" holes with 3ft head
Elevation Head	10	ft.
Pressure Head	3	ft.
Friction Head	1.78	ft.
20% Contingency	3	ft.
Total Head	17.7	ft.
Pump Requirements	30	gpm. with 18-ft of Head; Use Goulds WE03M Pump or Equivelent with Compatible Electrical
Dosing Volume per day	213	s 1.7 doses/day@design flow*
Dosing Volume per dose	107	s 2 doses/day
Pump run time per day, approx.	7.1	min
Pump run time per dose, approx.	3.55	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	251	ft

Before placement of cap block, one panel on each line near the center of the field should be observed 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 #:	4713878266.00
Number of bedrooms	3				Lot	57
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	36	inches				
Laterals	Length (ft)	# Panels	Calculated			
Line # 1	29	7	7			
Line # 2	47	11	11			
Line # 3	66	15	15			
Line # 4	44	10	10			
Line # 5	70	16	16			
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	256	59	59			
	*Lines longer than 70 ft. must be center-fed to comply with sewage rules.					
Absorption Area						
Length (ft)	Width (ft)	Spacing	Area (ft^2)			
256	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	30	gpm	Total number of panels required multiplied by the orifice flow rate			
System Dose Volume	213	gal.	Total number of panels required multiplied by 3.6 gal./panel			
Doses Per Day	1.7	cycles	Number of dose cycles per day based on daily design flow. Daily design flow divided by system dose volume.			
Pump Run Time	7.10	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	10.14	in.	System Dose Volume divided by gallons per inch for the designed tank size.			
Supply Line Length	76.00	ft				
Elevation head+pump height	10.00	ft.				
Friction Head	1.78	ft.				
20% Contingency	2.96	ft.				
Total Head	17.7					
Comments:						
1. Install system using 3 ft. wide trenches.						
2. Install drainlines on 9 ft. centers (to be specified by the designer) and must be level and on contour.						
3. System design requires effluent pump for distribution.				Yes		
4. Requires repair septic system.	Yes			Cells with blue shading require user input.		
5. Maintanance Agreement Required	Yes			Cells with yellow shading are automatically calculated.		

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 #: 4713878226
COUNTY: IREDELL

4713878266.000

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

OWNER: MR. ROB CULLIER — APPLICATION DATE 9-25-20
ADDRESS: 243 OLD MOCKSVILLE, RD, STATESVILLE, NC 28625 — DATE EVALUATED: 9-4-20
PROPOSED FACILITY: 3 BRM — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: 0.423
LOCATION OF SITE: LOT 57, 112 DUBLIN CT, STATESVILLE, NC 28677 — PROPERTY RECORDED: AFTER 1982
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
Pit 1	LC 4%	0-9	sicl/WK/gr/FR	NS/NP/NEXP					
		9-24	C/sicl/mod-WK/SBK/FI	S/SP/SEXP					
		24-62	sicl/WK/SBK-ANG/FI-FR	SS/SP/SEXP	NONE	62	NONE	Bt2 60"	0.25
Pit 2	LC 4%	0-6	sicl/WK/gr/FR	NS/NP/NEXP					
		6-50	sicl/FR/SBK/WK	SS/SP/SEXP	NONE	50	NONE	Bt2 50"	0.25
Pit 3	LC 4%	0-16	sandyloam/WK/gr/FR	NS/NP/NEXP					
		16-32	sicl/WK/FI	S/SP/SEXP					
		32-59	sicl/BLK/SBK/ANG/FI-FR	SS/SP/SEXP NONE		59	NONE		
Pit 4	LC 4%	0-8	sicl/WK/gr/FR	NS/NP/NEXP NONE		59			
		8-28	sicl/WK/FI	S/SP/SEXP					
		28-59	sicl/FI-VFI/WK SBK/ANG	SS/SP/SEXP	NONE				

LICENSED SOIL SCIENTIST — KENNETH L OWENS — 2134 — STATE OF NORTH CAROLINA — 11-24-21

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240sf	240sf
System Type(s)	LPP 50% PPBPS	2P 50% PPBPS
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 57

PROPERTY ID #: 47587826
DATE OF EVALUATION: 9-4-20
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
PA 5	LC 4%	0-12	sicl/WK/gr/FR	NS/NP/NEAP	NONE	45	NONE	BT2 45	0.25
		12-45	sicl/WK/FR/SBK/Ang/	S/SP/SEAP					
SB 1	LC SB 4%	0-9	sicl/WK/gr/FR	NS/NP/NEAP	NONE SPK	50	NONE	BT2 50	0.25
		9-25	sicl/WK/FR/SBK	S/SP/SEAP					
		25-50	sicl/WK/FR/SBK-AVG	NS/SP/SEAP					
SB 2	LC 4% Repair	0-6	sicl/WK/gr/FR	NS/NP/NEAP	NONE	50	NONE	BT2 50	0.25
		6-28	sicl/WK/FR/SBK	S/SP/SEAP					
		28-50	sicl/WK/FR/SBK-AVG	NS/SP/SEAP					

COMMENTS:

RECEIVED DEC 07 2020

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

AP-309283 $75.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: MR JIM HOOD TRUE HOMES Address: 1649 BRECKENRIDGE CENTER DRIVE MOORE, NC Zip: 28110
Applicant Email: JHOOD@TRUEHOMESUSA.COM Phone: 704-506-3852 Alt. Phone: 704-872-3588
Owner Name: MR. ROB COLLIER COLLIER PROPERTIES Address: 7420 MOCKSVILLE RD, STATESVILLE Zip: 28625
Owner Email: ROBBCSTC@GMAIL.COM Phone: 704-902-4578 Alt. Phone:

Property Information: TAX I.D 4713878266

Street Address: 112 DUBLIN CT, STATESVILLE, NC 28677

Subdivision Name: THE LANDING Section/Phase: I Lot Number: 57

Driving Directions: I-40 TO E. CENTER AVE, RIGHT ONTO S. MAIN ST, LEFT ONTO E. IREDELL AVE, RIGHT ONTO HWY 115 N. (N. BROAD ST.) TURN STATESVILLE HWY, INTO CHARLOTTE HWY 21 N, LEFT ONTO OLD MOUNTAIN RD, RIGHT ONTO HEATHERMORE RD TURN GREENWICH DR, LEFT INTO HEATHERMORE AND DUBLIN CT

Site Development Information: (check or complete ALL that apply) CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — (X) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: N/A — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

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 B Collier III 9/21/2020
73AE8ECE48BA443...

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.

X 2. I, MR. ROB COLLIER, am the legal owner(s) of the property located at 112 DUBLIN CT, STATESVILLE, NC 28677, identified as LOT 59

PIN (Parcel Identification Number) 4713898266.000, 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.

X DocuSigned by: Robert A Collier III 73AC95CC485DA43... 9/21/2020

Signature of Owner(s) Date

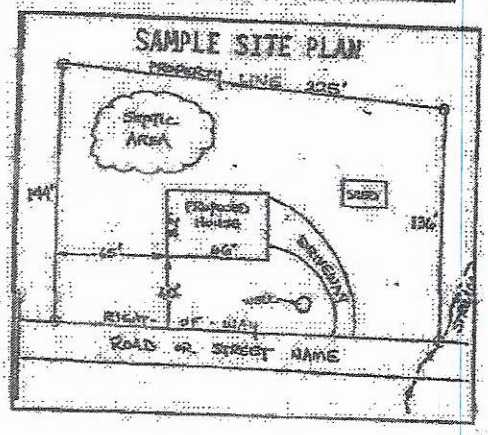
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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 N/A
- (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

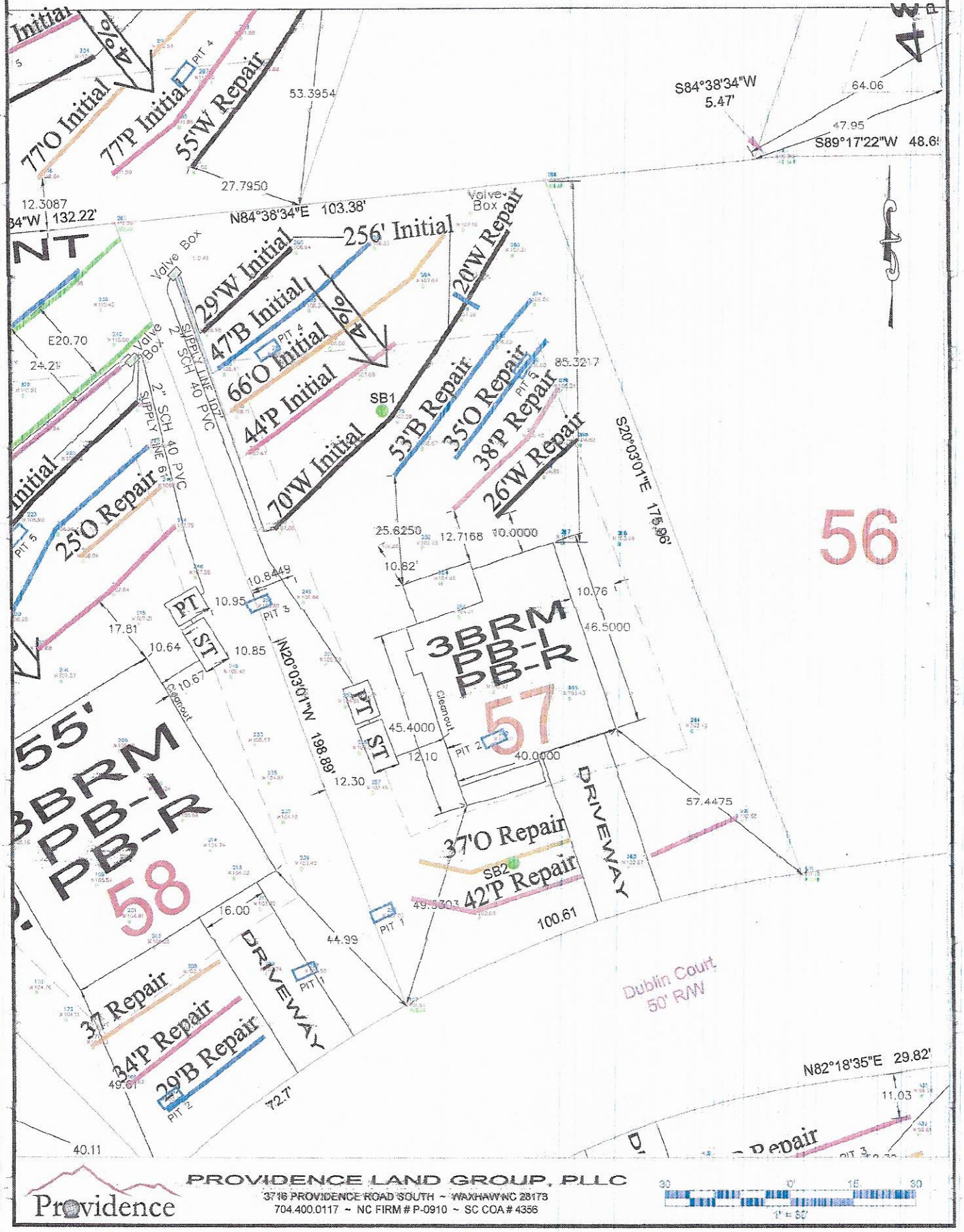
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE ATTACHED DWGS.

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

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

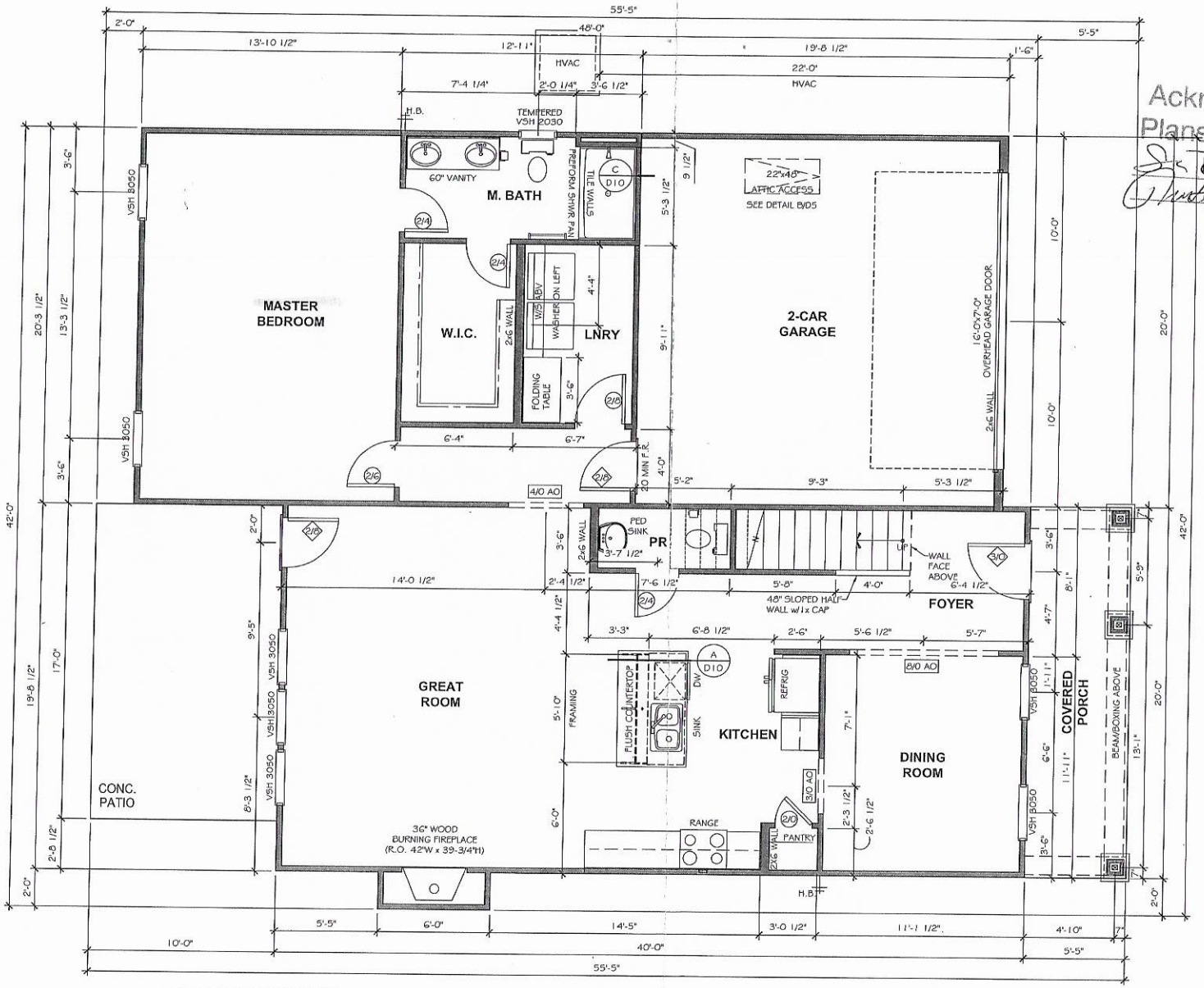
THE LANDINGS ~ LOT 57



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'



2098 - FIRST FLOOR PLAN

Acknowledgement to Plans Submittal ONLY

Date 10-23-20

Date 10/19/20

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

TRUE CUSTOM SOLO
REGION A
LOT# 7115

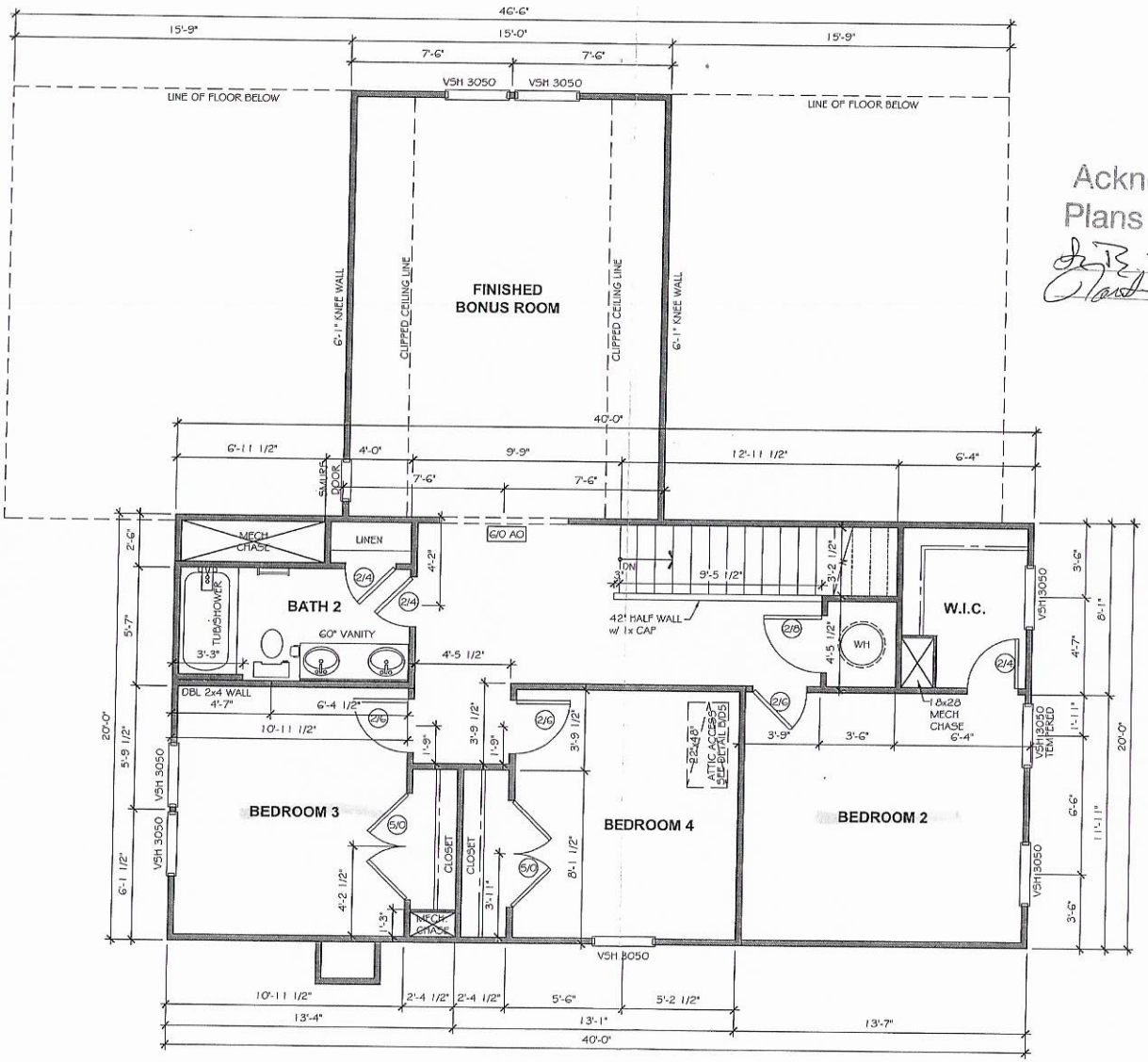
DEVIN
2098

IREDELL

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PREPARED BY: T.J.
DATE: 07-13-20
SCALE: 3/16"= 1'-0"
REVIEWED BY: CHUCK

SHEET: A2.1



2098 - SECOND FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Date 10-23-20

Date 10/19/20

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# 7115

DEVIN
2098

IREDELL

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PREPARED BY: T.J.
DATE: 07-13-20
SCALE: 3/16"= 1'-0"
REVIEWED BY: CHUCK

SHEET: A2.2