IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-311376

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

PIN # 4713878406

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

SITE ADDRESS: 112 Heathrow Ln, 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 SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: The Landing SECTION: 3 LOT # 52 LOT AREA: .55ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	2071	Date	INFILTRED?	■ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	■ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reducution	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair	LPPPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	360'	Maintenance Agreement Required:	☐ YES ■ NO	■ Slab	☐ Crawl Space
Trench Width	36"	Max Trench Bottom Depth		33"	Gravel Depth	N/A	■ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ■ Public ☐ Community

Comments / Conditions: Per plan by: Septic Environmental Solutions

INITIAL SITE SKETCH

See plan by: Septic Environmental Solutions

AS BUILT SKETCH

BKH/ TANK CHECKED
2-17-2021
1st mnds D Box
Checked
2-25-2021 GS
D-BOX CHECKED
2-26-2021

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.*

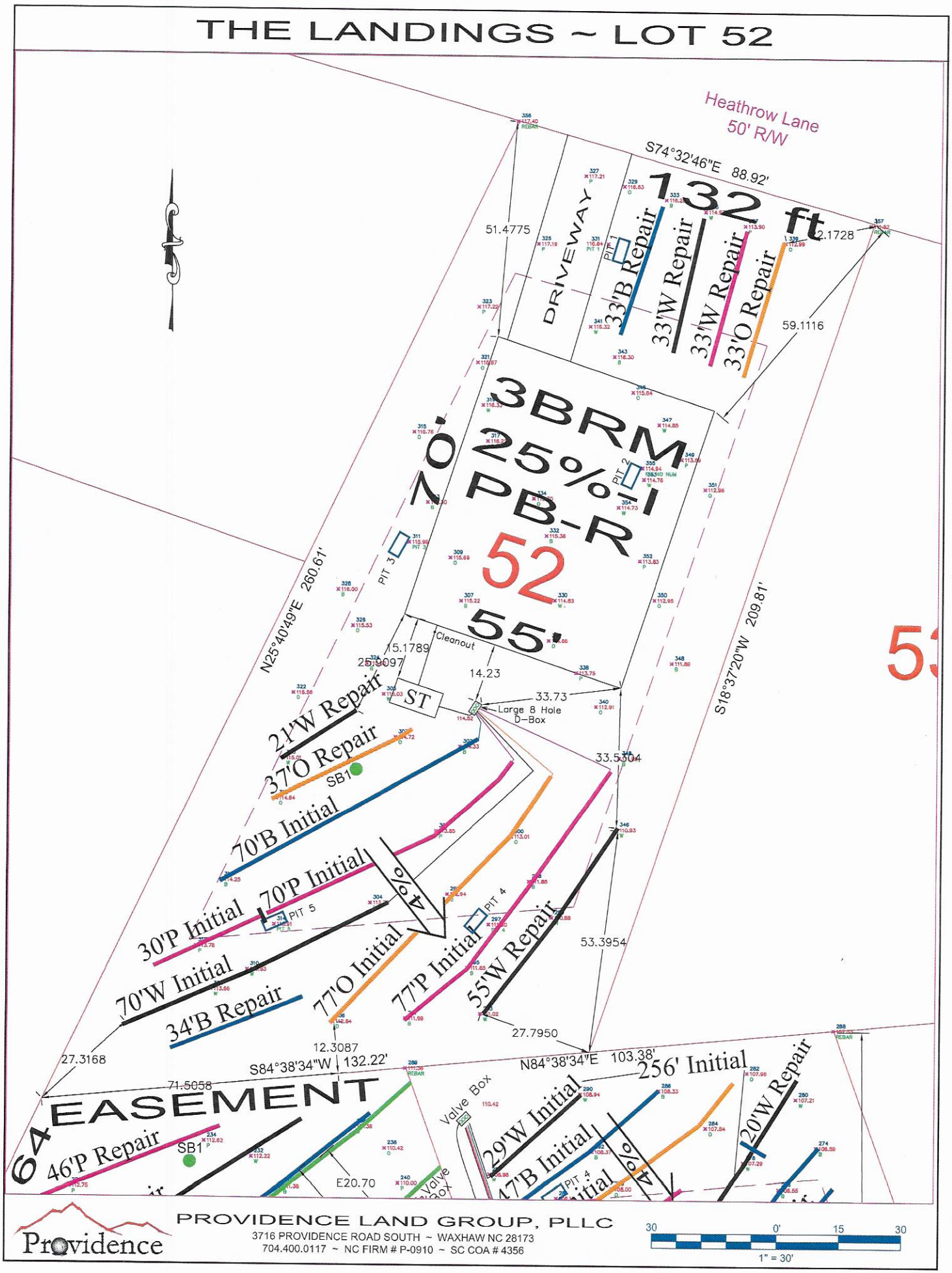
Owner / Applicant Signature: J. E. T. Hood Date: 10-23-20 Installed by: (SID GASKINS) Water Mgmt

IMPROVEMENT PERMIT by: Robert H. Lee Date: 10/19/20 OPERATION PERMIT by: Bryant C. White Date: 2-26-2021

AUTHORIZATION TO CONSTRUCT by: Bryant 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 52



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'

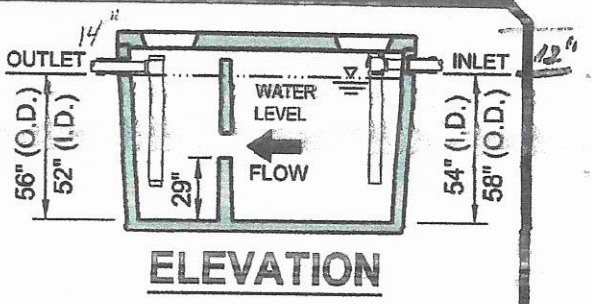
Design Specifications Proposal Lot 52 The Landing, Iredell North Carolina

Daily Design Flow: Number of Bedrooms Basement or Crawlspace	360 gpd 3 bedroom Stem Wall/Slab
Septic Tank Size	1000 gal, Delliger Tank with effluent filter Poly Lock PL68
Pump Tank Size	NA
Primary System Loading Rate (LTAR)	0.25 gpd/ft^2 LTAR
Primary System	25% reduction, 5 lines to be a minimum of 9-ft on center with 3-ft wide trench widths. Trench depth shall be maximum 28-inches. See scale map for total length.
Number and Length of Lines	5 See attached drawing.
Total foot of Primary System	requires 360-ft, provided 364-ft
Distribution Device	D-Box
Maintenance Agreement Required	NA
Pump Type	NA
Dosing Volume	NA
Depth of effluent Pumped per Dose	NA
Supply Line	NA
Check Valve	NA
Siphon Break Hole	NA
Repair System Loading Rate	0.25 gpd/ft^2
Repair System	LP PPBPS, See attached drawing
Total foot of Line	240+, See attached drawing,

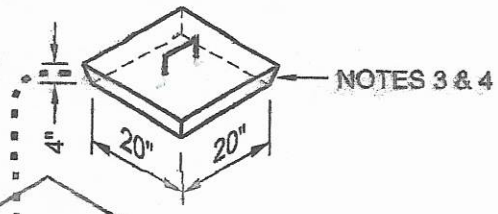
© 2008 Details Provided by APTAN Consulting Engineers www.appliancengineers.com

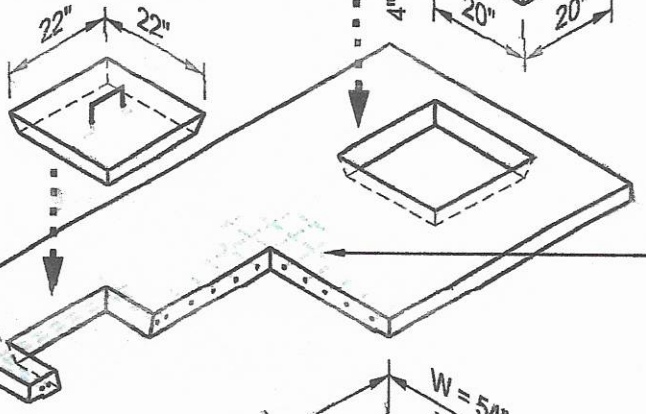
GENERAL NOTES:

1. Design specifications conform to latest ASTM C1227 specifications "Precast Concrete Water and Wastewater Structures"
2. Concrete compressive strength 4,000 psi minimum.
3. Steel reinforcing design to conform to the requirements of ASTM C890 specifications for "Structural Design Loading for Water and Wastewater Structures" and shall utilize grade 60 re-bars conforming to the requirements of ASTM A615 or WWF conforming to the *requirements of ASTM A185 or both. Place Additional reinforcing at all openings.*
4. Optional riser or 20" round EZ set lid. Supplied by either Dellinger Precast or customer. To be field adjusted using approved methods by contractor.
5. Pipe penetration locations as per job requirements. Pipe inlet and outlet locations to have PSX Direct Drive boots or equal. Pipe inlet locaions (typical 3 sides) to be knock out pannels. Effluent Filter supplied by Dellinger. Inlet Tee & Pipe supplied by contractor.
6. Joints to be sealed with ConSeal CS102. butyl rubber joint sealant or equal. Sealant meets or exceeds the requirements of latest federal specification SS-S-0021(210-A), AASHTO M-198B, and ASTM C-990-91.
7. Lift Insert / Lift Eye Pin by M.A Industries or equal, Cast-in by Dellinger Precast. Lifts meet or exceed OSHA requirements.
8. Method of namufacture is Wet Cast.
9. Sections are monolithic. Weights:
   Top Slab 1,687 ± lbs.
   Base Section 8,420 ± lbs.
10. I.D. = Inside dimension
    O.D. = Outside dimension
    L = Length
    W = Width
    H = Height

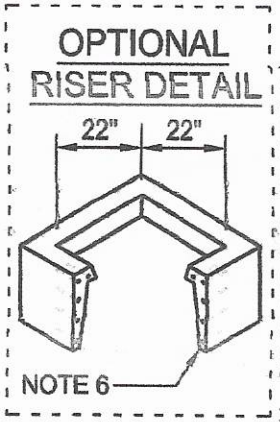


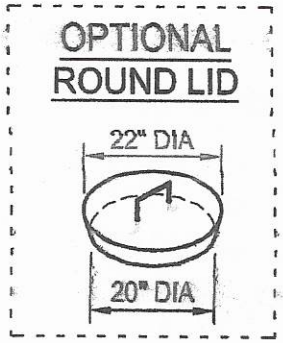
ELEVATION

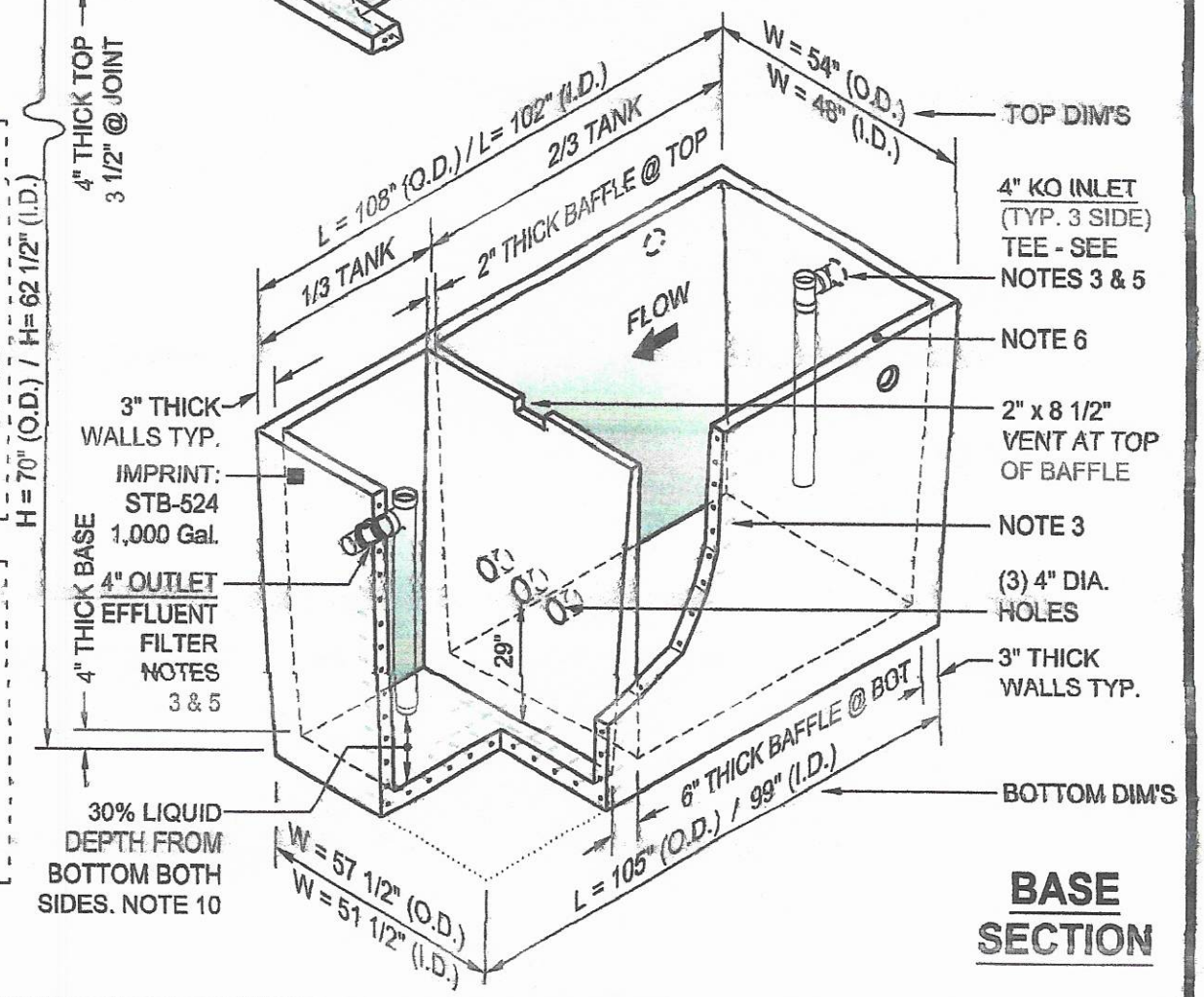




TOP SLAB







BASE SECTION

DELLINGER PRECAST
4531 North Hwy 16 ▪ Denver, N.C. 28037 ▪ Phone: 800-948-1666 ▪ 704-483-2868 ▪ Fax: 704-483-2363

1,000 Gallon (Top Slab) SEPTIC TANK

Scale: Not To Scale

Revision Date: February 2008

Detail # ST-1,000-TS

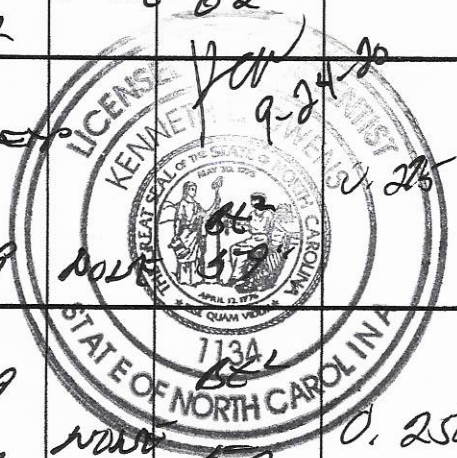
ST434

Sheet 2 of 2
PROPERTY ID #:
COUNTY Iredell
#4713878406.000

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

OWNER: MR. ROB CULLER
ADDRESS: 743 OLD MOCKSVILLE Rd, STATESVILLE, NC 28625
PROPOSED FACILITY: 3 BRM
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: LOT 52, 112 HEATHROW LANE, STATESVILLE NC 28677
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut
APPLICATION DATE 9-25-20
DATE EVALUATED: 9-14-20
PROPERTY SIZE: 0.553
PROPERTY RECORDED: AFTER 1972
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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
1	LL 40%	0-12	sicl/WK/GR/FR	MS/MP/SEXP	1				
		12-33	sicl/WK/FR/SBK/S/SP/SEXP		~~MS/MP/SEXP~~				
		33-48	sicl/WK/SBK-ANG/FI-FR		~~MS/MP/SEXP~~			6&2	
				SS/SP/SEXP	NONE	48	NONE	48	0.275
2	LL 40%	0-10	sicl/WK/GR/FR	MS/MP/SEXP					
		10-39	sicl/WK/FR/SBK S/SP/SEXP					6&2	
		39-62	sicl/WK/SBK/ANG/FI-FR		5				0.275
					MS/MP/SEXP		NONE	62"	
					NONE	62			
3	LL 40%	0-28	sicl/WK/GR/SBK/FR-FI		MS/SP/SEXP				
		28-59	sicl/WK/SBK-ANG/FI-FR		MS/MP/SEXP				
								9-24-20	
								6&2	0.275
					NONE	59	NONE	59	
4 5	LL 40%	0-6	sicl/WK/GR/FR		MS/MP/SEXP				
		6-30	c-sicl/WK/SBK/FI		S/SP/SEXP	59			
		30-59	sicl/WK/SBK-ANG/FI-FR				NONE	59	0.250
					MS/SP/SEXP				
					NONE				



DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	371	240+
System Type(s)	25% Chamber Reduction	LP 50% PPBPS
Site LTAR	0.25	0.25

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

COMMENTS:

LOT 52

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 49138784/6
DATE OF EVALUATION: 4-14-20
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
P1	LL	0-9	sil/WK/gr/FR	NS/NP/NEXP					
		9-31	C-sil/WK/SBK/FI	S/SP/SEXP					
	4%	31-58	sil/WK/SBK-ANG/FI-FR	5Y5/5CXP		58"	NONE	Bt2 58"	0.25
					NONE				
SB1	LL	0-6	sil/WK/gr/FR	NS/NP/NEXP					
		6-28	C-sil/WK/SBK/FI	S/SP/SEXP					
	4%	28-50	sil/WK/SBK-ANG/FI-FR	5Y5/5P/5EXP					
	Repair				LOAE	50"	NONE	Bt2 50	0.25

COMMENTS: _____

RECEIVED OCT 0 1 2020

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

ER AP-311376 $350.00

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:** 2649 BRECKENRIDGE 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: ROBBCSTC@GMAIL.COM **Phone:** 704-902-4598 **Alt. Phone:** _____

Property Information: TAX ID 4713878406.000

Street Address: 112 HEATHROW LANE, STATESVILLE, NC 28677

Subdivision Name: THE LANDING **Section/Phase:** I **Lot Number:** 52

Driving Directions: L ONTO E. CENTER AVE, Right ONTO N. MAPLE ST., LEFT ONTO E IREDELL, RGHT ONTO HWY 115 N. (N. BROAD ST.) INTO STATESVILLE HWY, INTO CHARLOTTE HWY 21 N, LEFT ONTO OLD MOUNTAIN Rd, Right ONTO BETHLEHEM Rd & INTO GREENWICH DR., LEFT INTO HEATHROW AND, OUR LOT

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 NA
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) 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:** NA **Max. Number of Seats/Beds/Other:** _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well **Number of Houses:** NA **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
73AE8ECE48BA443... (SIGNATURE REQUIRED) DATE

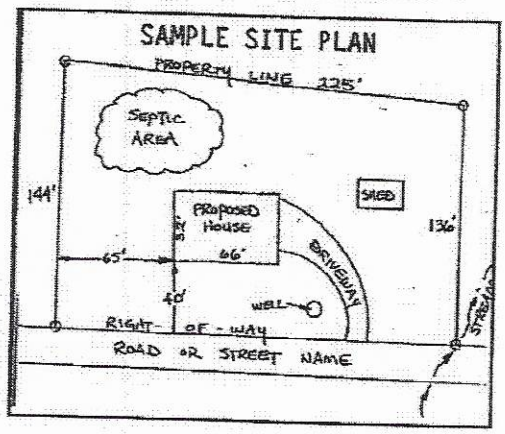
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

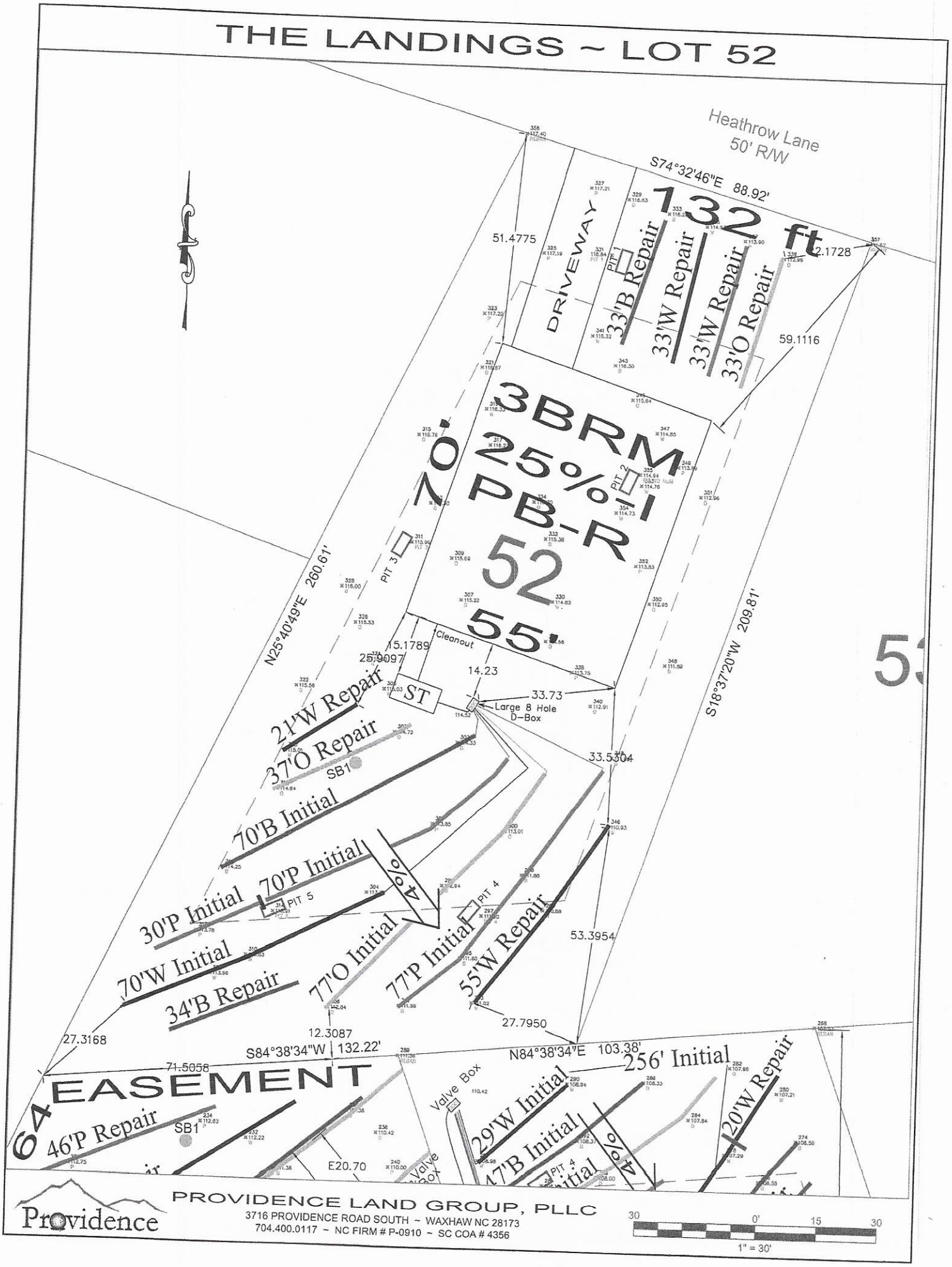
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

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 52



IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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 ~~LOT 52 Rd~~ 112 HEATHROW LANE, STATESVILLE, NC 28677 LOT 52, identified as PIN (Parcel Identification Number) 4713-28-406.000, 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
79AE8ECE48DA443...
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

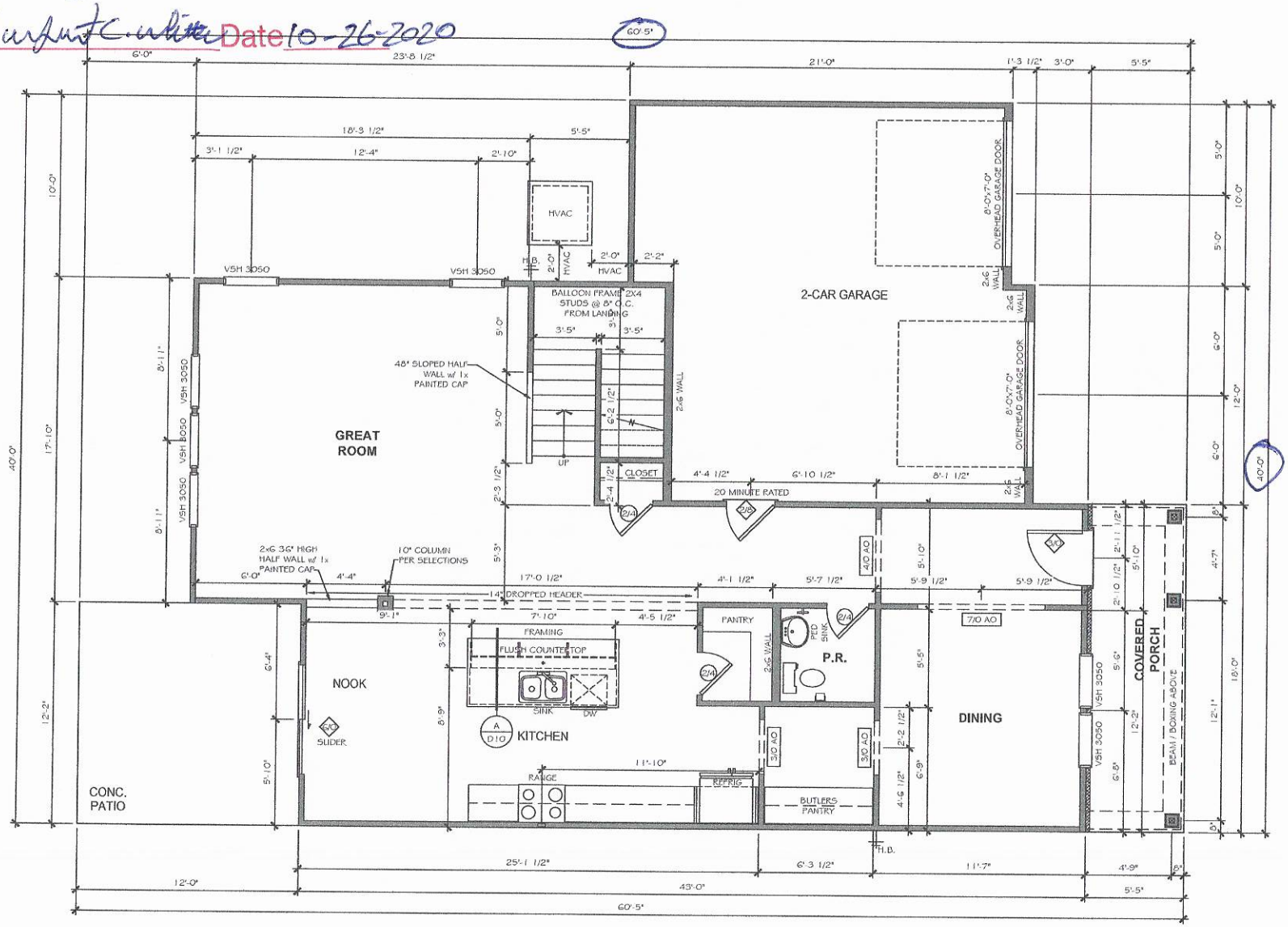
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!

Date 10-30-20

Date 10-26-2020

112 Heathrow



2317 - 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# 7112

JASPER
2317

IREDELL

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PREPARED BY: T.J.
DATE: 10-21-20
SCALE: 3/16"=1'-0"
REVIEWED BY: CHUCK

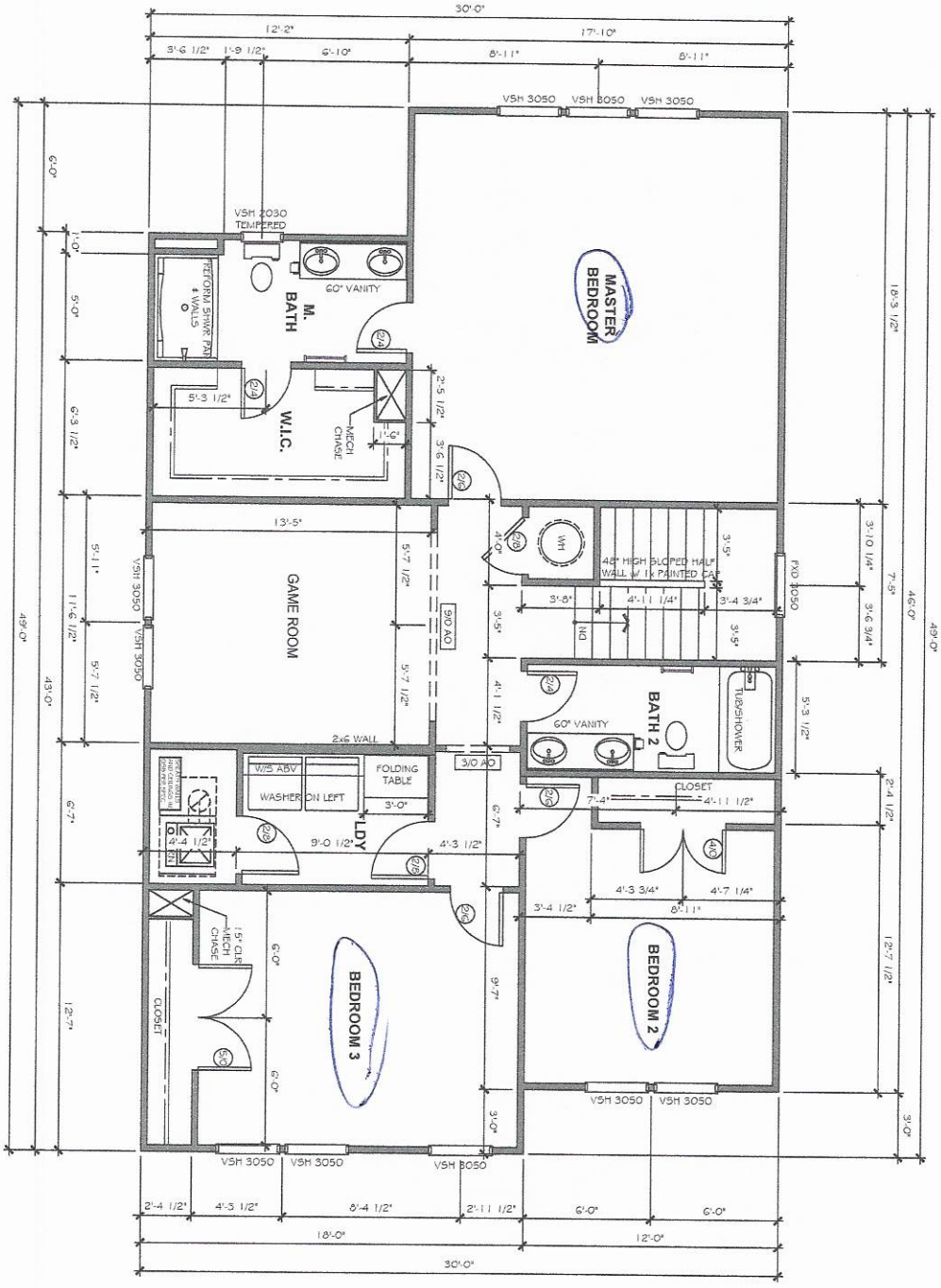
SHEET: A2.1

Acknowledgement Of
Plans Submittal ONLY!

Date 10-30-20

Buyer

Date 10-26-2020



OPTIONAL SECOND FLOOR PLAN 2

SHEET:	A2.2
REVIEWED BY:	CHUCK
SCALE:	3/16"= 1'-0"
DATE:	10-21-20
PREPARED BY:	T.J.

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LOT# 7112

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Suite 104
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