3:30

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-31084b

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

PIN # 4713877253 9036

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

SITE ADDRESS: 113 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 # 77 LOT AREA: .37ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	160	Date	10-19-2020	■ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT	319	Date	10-20-2020	System Description:	LPPPBPS			
Pump Make	Zoeller		Model	½HP 98	Serial #		Repair	LPPPBPS			
# Nitrification Fields	1		# Lines	5	Linear Ft:	245'	Maintenance Agreement Required:	■ YES	☐ NO		
Trench Width	36"		Max Trench Bottom Depth			34"	Gravel Depth	N/A	☐ GRAVITY	■ PRESSURE	

■ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☐ Private	
☐ Other	No. Employees		■ Public	
■ Slab	☐ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Per plan by: Septic Environmental Solutions

INITIAL SITE SKETCH

See plan by: Septic Environmental Solutions

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	1-14-2021	
Tanks Checked	1-14-2021	
Pressure Manifold or Valve Box Checked	1-14-2021	
Pressure Head Set	1-28-21	
Electrical Checked	2-17-2021	BcW
Floats Set	1-26-21	
Alarm Checked	1-28-21	
Maintenance Contract (Y) / N	Rec'd 1-19-2021	
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.*

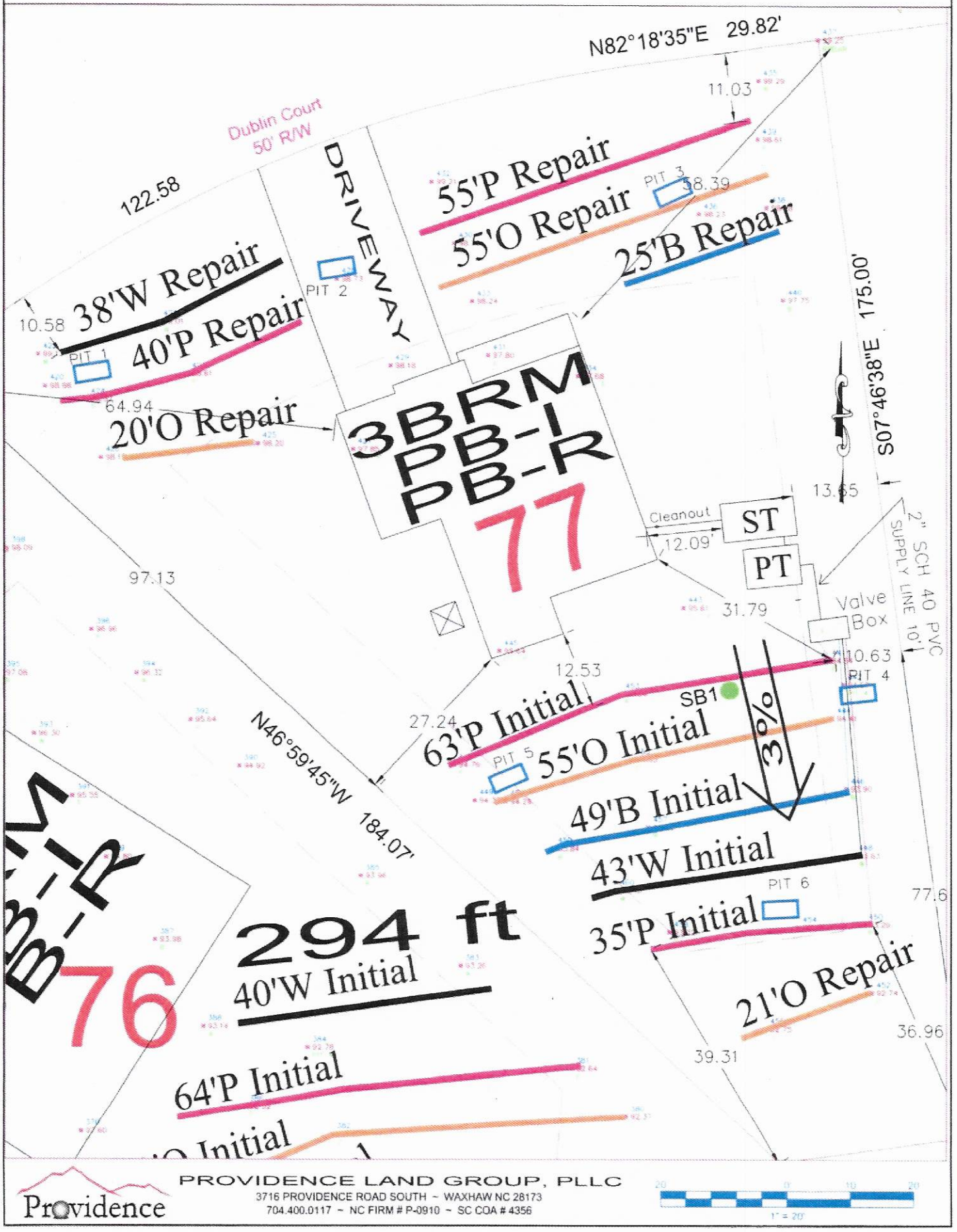
Owner / Applicant Signature: Date: 10-30-20 Installed by: Water Management

IMPROVEMENT PERMIT by: Robert Hayes Date: 10/28/20 OPERATION PERMIT by: Burgett C. White Date: 2-19-2021

AUTHORIZATION TO CONSTRUCT by: Robert Hayes Date: 10/28/20 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 77



Providence

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

20 0 10 20
1" = 20'

Design Specifications for Lot 77 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	245	ft.
Trench Width	3	ft
Trench Spacing	9	ft
Trench Maximum Depth	34	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	10	2" SCH 40 PVC
Number of T&J Panels	56	Total panels for primary system
Flow Rate through System	28	gpm– use 5/32" holes with 3ft head
Elevation Head	6	ft.
Pressure Head	3	ft.
Friction Head	1.78	ft.
20% Contingency	2	ft.
Total Head	12.9	ft.
Pump Requirements	28	gpm. with 13-ft of Head; Use Goulds WE03M Pump or Equivelent with Compatible Electrical
Dosing Volume per day	202	s 1.8 doses/day@design flow*
Dosing Volume per dose	101	s 2 doses/day
Pump run time per day, approx.	7.2	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	254	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.

PROPERTY ID #: 4715 79036
COUNTY: IREDELL

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

CLEAR 88 - 95%F

OWNER: COLLIER PROPERTIES LLC STATESVILLE APPLICATION DATE: 9-25-20
ADDRESS: P.O. Box 366 STATESVILLE, NC 28687 943 OLD MOCKSVILLE DATE EVALUATED: 9-4-20
PROPOSED FACILITY: 3 BRM PROPOSED DESIGN FLOW (.1949): 360 NC 2625 PROPERTY SIZE: 0.370
LOCATION OF SITE: LOT 97 113 Dublin CT, STATESVILLE, NC 2 PROPERTY RECORDED: AFTER 1985
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) 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
Pit 1	LL 3%	0-12	SCL/SiCL/WK/GR	VFR NS/NP/NEXP	NONE	50+	NONE	NONE	0.25
		12-31	C SiCL/MOD/SBK/FI	S/SP/SEXP				Btl	
		31-50	SiCL/WK/SBK/FINE/FR	S/SP/NEXP				50+	
Pit 2	LL 3%	0-12	SCL/SiCL/WK/GR/FR	NS/NP/NEXP	NONE	48+	NONE	NONE	0.25
		12-48	SiCL/WK/SBK/FI	NS/NP/NEXP				Btl	
								48+	
Pit 3	LL 3%	0-10	SCL SiCL/WK/GR/FR	NS/NP/NEXP	NONE	50+	NONE	NONE	0.25
		10-31	SiCL/WK-MOD/SBK/FI	S/SP/SEXP				Btl	
		31-50	SiCL/WK/SBK/ANG/FR	S/SP/SEXP				50+	
Pit 4	LL 3%	0-6	SiCL/WK/GR/FR	NS/NP/NEXP	NONE @ 47"	47	NONE	NONE	0.25
		6-24	C SiCL/WK-MOD/SBK/FI	S/SP/SEXP				Btl	
		24-47	SiCL/WK/SBK-ANG/FR	S/SP/SEXP				47	
			(ROCK INCLUSIONS IN ARGILLIC)						

LICENSED SOIL SCIENTIST — KENNETH E. OWENS — 7134 — STATE OF NORTH CAROLINA

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	245 %	254
System Type(s)	LPP 50% PPPLPS	50% 2P PPPLPS
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)

PROPERTY ID #: 47138 77036
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
PIT 5	LL 3%	0-14	sicl/WK/gr/FR	NS/NP/NEXP				~~KCB~~	
		14-32	C-sicl/WK-MOD/SBK/FR-FI	S/SP/SEXP				~~HORIZ~~	
		32-46	sicl/WK/SBK-ANG/FR	SS/SP/SEXP	NONE	46	NONE	BE2 46"	0.25
PIT #6	LL 3%	0-12	sicl/WK/gr/FR	NS/NP/NEXP				~~KCB~~	
		12-48	C-sicl/WK-MOD/SBK/FR-FI	S/SP/SEXP	NONE	48	NONE	~~HORIZ~~ Bt2 48"	0.25
SB1	3% Initial	0-10	sicl/WK/gr/FR	NS/NP/NEXP					
		10-30	C-sicl/WK/SBK-~~ANG~~/FI-~~FR~~	S/SP/SEXP				Bt2	
		30-50	sicl/WK/SBK/FI-FR	NS/SP/SEXP	NONE	50	NONE	50	0.25

COMMENTS: _____

LPPPPBPS Design Worksheet (Primary System)					File #/Name:	The Landing
System Requirements					Tax #:	4713879036.00
Number of bedrooms	3				Lot	77
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	34	inches				

Laterals	Length (ft)	# Panels	Calculated
Line # 1	63	14	14
Line # 2	55	13	13
Line # 3	49	11	11
Line # 4	43	10	10
Line # 5	35	8	8
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	245	56	56

*Lines longer than 70 ft. must be center-fed to comply with sewage rules.

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

Absorption Area			
Length (ft)	Width (ft)	Spacing	Area (ft^2)
245	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	202	gal.	Total number of panels required multiplied by 3.6 gal./panel
Doses Per Day	1.8	cycles	Number of dose cycles per day based on daily design flow. Daily design flow divided by system dose volume.
Pump Run Time	7.21	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	9.62	in.	System Dose Volume divided by gallons per inch for the designed tank size.

Water in pits 10/6

RECEIVED OCT 01 2020

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

ER AP-310846 $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:** 1649 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: ROBCSTCGMAIL.COM **Phone:** 704-902-4598 **Alt. Phone:** _____

Property Information: TAX ID 4713879036

Street Address: 113 DUBLIN COURT, STATESVILLE, NC 28677

Subdivision Name: THE LANDING **Section/Phase:** I **Lot Number:** 99

Driving Directions: I-40 TO E. CENTER AVE, Right ONTO N. MAPLE ST, LEFT ONTO E TREDELL DR, RIGHT ONTO HWY 115 N. (N. BROAD ST.) INTO STATESVILLE HWY INTO CHARLOTTE HWY 21 N, LEFT ONTO OLD MOUNTAIN RD, RIGHT ONTO BETHEL RD TURN TO GREENWICH DR., LEFT ONTO HEATHROW 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: N/A

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

Non-Residential Site Development: Type of Business: N/A
Square Footage of Building: _____ Max. Number of Employees: _____ 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 (1) Alternative (4) Conventional (2) 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.

Signature: Robert A Collier III 73AE8ECE48BA443... 9/21/2020
(SIGNATURE REQUIRED) DATE

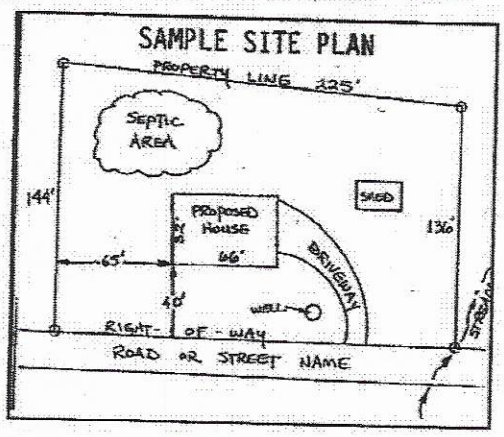
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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.

DocuSigned by:
Robert A Collier III
73AE8ECE48BA443...

9/21/2020

Signature: _____ _____

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

THE LANDINGS ~ LOT 77



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

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.

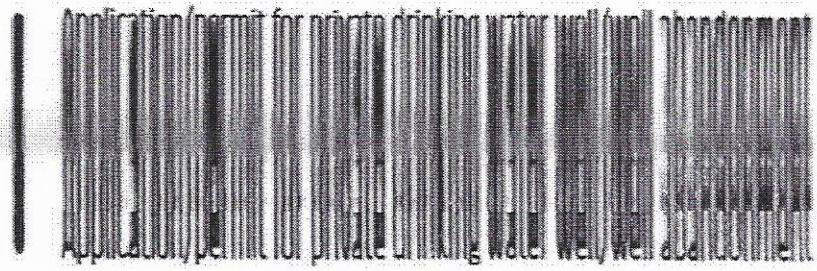
*

2. I, MR. ROB COLLIER, am the legal owner(s) of the property located at 113 DUBLIN Rd, STATESVILLE, NC 28677, identified as LOT 77

PIN (Parcel Identification Number) 4713879036.000, 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 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
73AE8E6E548BA443...

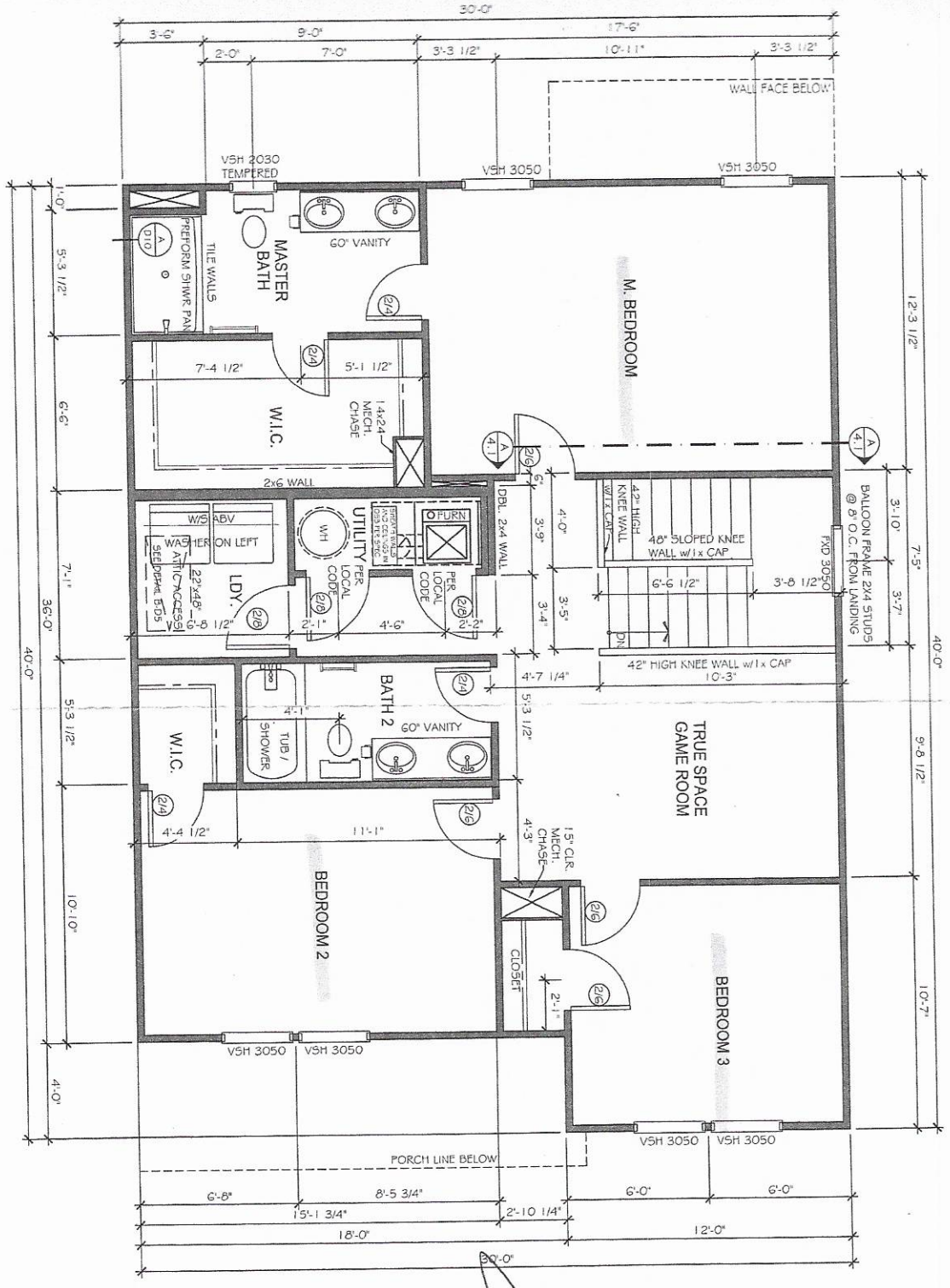
Signature of Owner(s)

9/21/2020

Date

Mooresville - Environmental Health **Statesville - Environmental Health**

2002 - SECOND FLOOR PLAN



Acknowledged
Plans Submitted

Date 8/20/20

HUDSON
2002

IREDELL

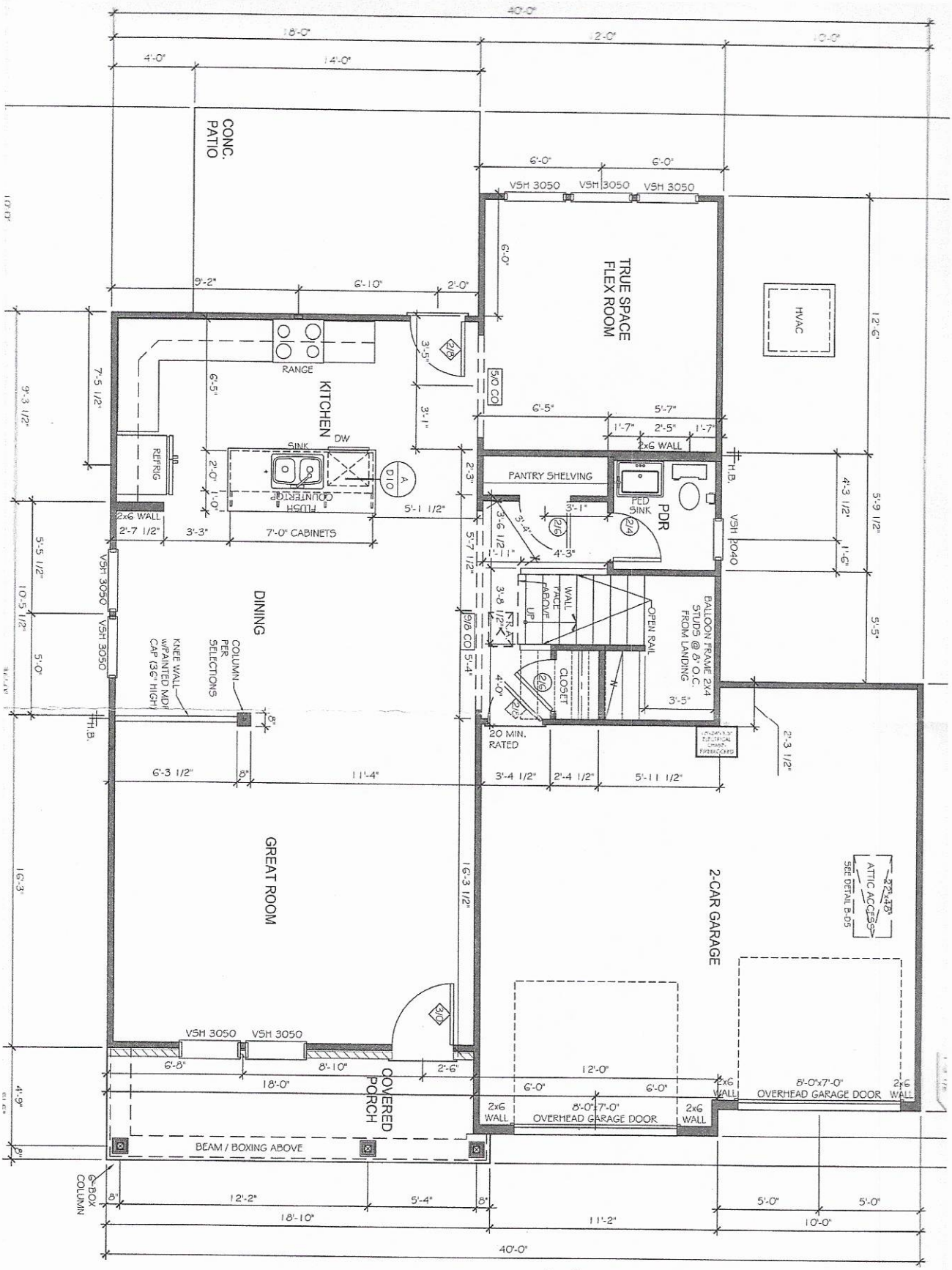
TRUE CUSTOM SOLO
REGION A

LOT# 7125

TrueH
IT'S ALL
2649 Brekonric
Suite
Monroe, N
704-27

PREPARED BY: T.J.
DATE: 08-24-20
SCALE: 3/16"=1'-0"
REVIEWED BY:

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Acknowledged
Plans Submitted

HUDSON

TRUE CUSTOM SOLO

TrueHo

Copyright True reserved. The design other disclosed herein is stric

PREPARE

DATE:

SCALE: