BLDR 2024-63702

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 2024-62825

PIN # 4718 -- 28 --7386

APPLICANT/OWNER: Soil & Forestry Services LLC

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

SITE ADDRESS: 174 Bowles Farm Rd, Statesville, NC 286258

PHONE: 980-223-2352

ALT. PHONE

SITE DIRECTIONS: N Wilkesboro Highway -> L Bowles Farm -> lot on L before Pisgah Church

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Kent W Gregory

SECTION: n/a

LOT # 1

LOT AREA: 1.14

DESIGN FLOW: 360 gpd

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

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

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 304

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

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

System Description: 25% Reduction - IIb

Repair System Description: LPVPPBPS - IVa

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

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

Usable Depth to LC (Initial): 50

☑ 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): 50 *Limiting Condition*

Water Supply

☑ Private

☐ Public

☐ Community

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

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.

* LINES + TANK AS DRAWN
* NEEDS LANDSCAPE FINAL

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:

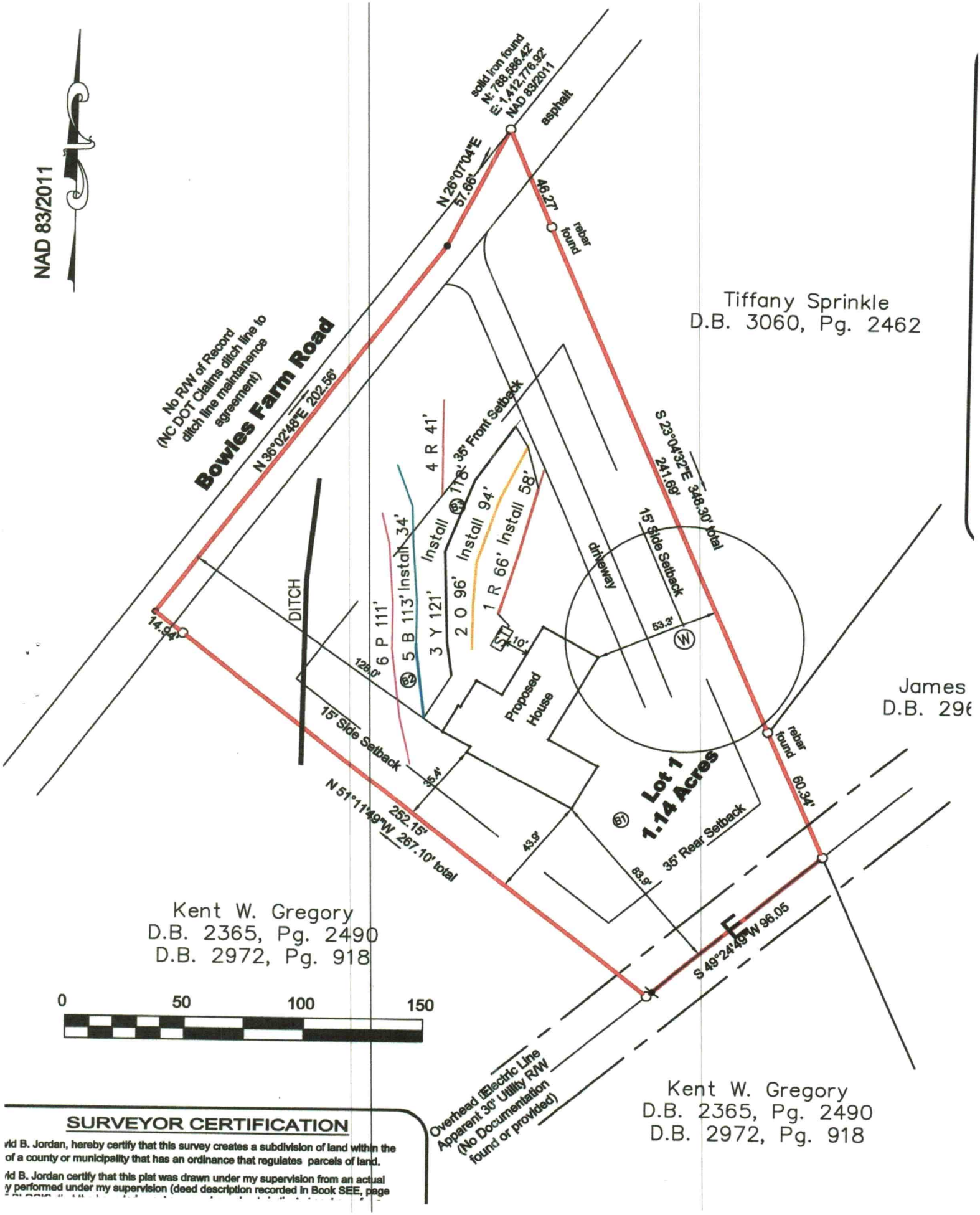
Installed by: MTB Services

IMPROVEMENT PERMIT by: D. Wieberg Date: 10/8/24

OPERATION PERMIT by: Zarah Williams Date: 3/28/25

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 10/8/24

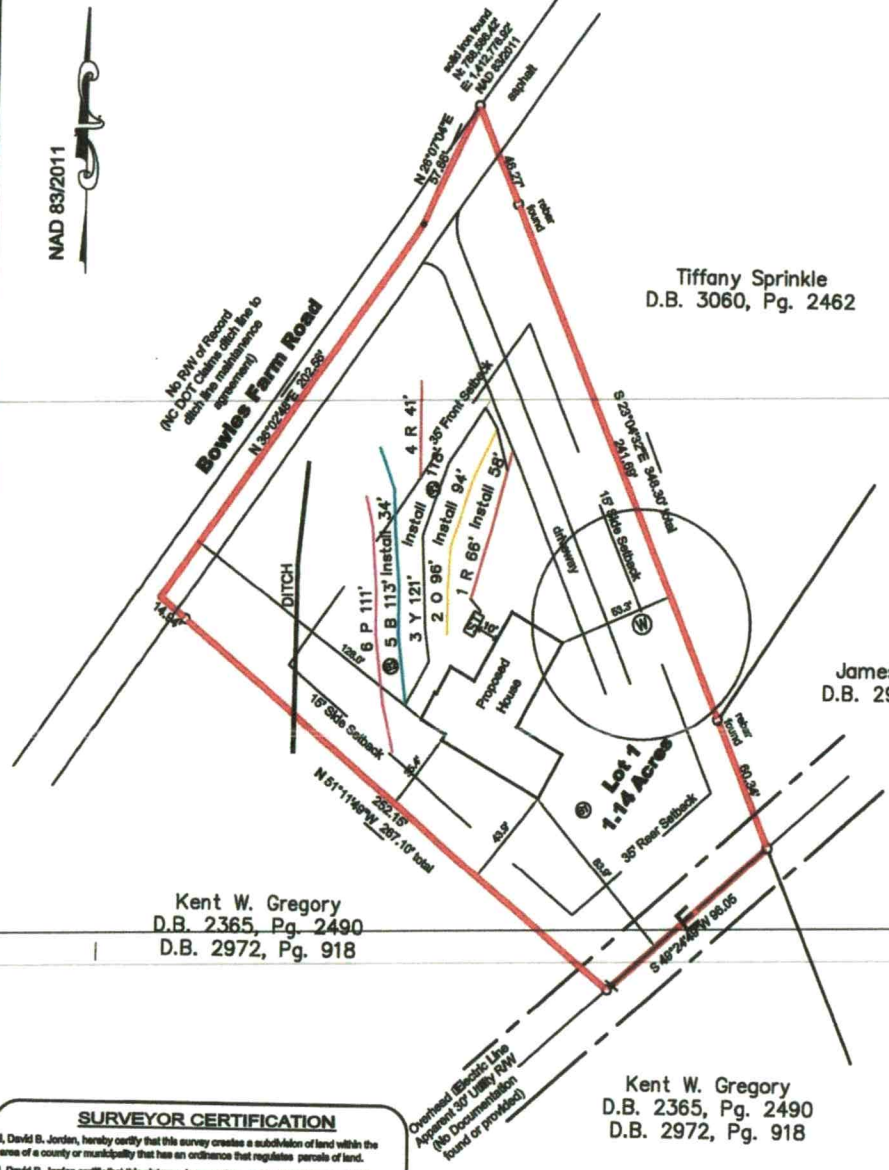
Existing System Inspected by: Date:



SURVEYOR CERTIFICATION

vid B. Jordan, hereby certify that this survey creates a subdivision of land within the of a county or municipality that has an ordinance that regulates parcels of land.

vid B. Jordan certify that this plat was drawn under my supervision from an actual y performed under my supervision (deed description recorded in Book SEE, page



OWNER CERTIFICATION

I (we) hereby certify that I am (we are) the owner(s) of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I (we) hereby adopt this plan of subdivision with my free consent and establish minimum building setbacks as noted.

a. there are no deed restrictions which will be violated by the requested subdivision; and
b. there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and
c. I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertake by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

Owner Date

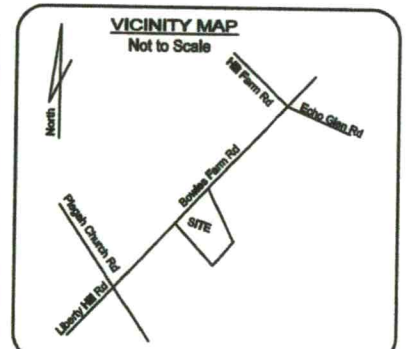
Iredell County North Carolina.
I, Derek A. Johnson a Notary Public of the County and State aforesaid, certify that personally appeared before me this day and acknowledged the execution and foregoing instrument. Witness my hand and seal this day of , 2024.

DEREK A. JOHNSON NOTARY PUBLIC IREDELL COUNTY NC

My commission expires Notary Public

VICINITY MAP

Not to Scale



Legend

- O ... rebar set unless noted
- ——— ... overhead power line
- ● ... computed point
- ✎ ... power pole

SCALE

0 50 100 150

SURVEYOR CERTIFICATION

I, David B. Jordan, hereby certify that this survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.

I, David B. Jordan certify that this plat was drawn under my supervision from an actual survey performed under my supervision (deed description recorded in Book SEE, page TITLE BLOCK); that the boundaries not surveyed are clearly indicated as drawn from information found in Book NA, page NA; that the ratio of precision as calculated is 1: 10,000 +; that the Global Positioning System (GPS) survey and the following information was used to perform the GPS (GNSS if dual constellations are used) survey:

Class of survey AA
Positional accuracy 95%+
Type of GPS field procedure: RTK networks
Dates of survey: 04/30/24
Datum/Epoch: NAD 83(2011) epoch 2010
Published/Fixed-control use: NCGS CORS Network
Geoid model: geoid12
Combined grid factor(s): 0.99991820018066
Units: US Survey feet
That this plat was prepared in accordance with G.S. 47-30 as amended.

Witness my original signature and seal this the _____ day of _____, 2024.

NORTH CAROLINA PROFESSIONAL SEAL L-3940 LAND SURVEYOR DAVID B. JORDAN

SURVEY NOTES

1) Subject Property and adjoining property is Zoned R-A.
2) Subject property is on FIRM Panel # 3703134800K Zone X having an effective date of 03-18-2008.
3) All areas shown are by Coordinate Computation Method.
4) Linear feet in proposed street N/A.
5) Subject property is not located within the Farmland Preservation Area of Iredell County.
6) No N.C.G.S. Horizontal Control found within 2000' of subject property.
7) Setback Information: 35' Front, 35' Rear & 15' Side (per Iredell County Zoning Ordinance).
8) It is the purpose of this plat to subdivide the property as shown.
9) This survey was prepared without the benefit of a title abstract and is made subject to any discrepancies which may be disclosed by a thorough and accurate title search..
10) All lots shown are to be served by Individual Septic Systems.
11) All lots shown are to be served by individual wells.
12) There shall exist along all property lines a 10' Drainage & Utility Easement. If restrictions permit the recombination or re-division of lots then the Drainage & Utility Easements along all interior line shall be relinquished. This does not apply to any easement or right-of-way of record prior to the recordation of this plat.

SUBDIVISION ADMINISTRATOR

I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and this plat has been approved by the Subdivision Administrator for recording in the Register Deeds of Iredell County.

Subdivision Administrator
Iredell County, North Carolina

The Subdivision shown hereon to the best of my knowledge does lie within the WSIV (PA) South Yadkin as designated by the North Carolina Division of Environmental Management and as appears on the Watershed Protection Map of Iredell County.

Date: Subdivision Administrator

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I,
Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Date: Review Officer

As of the date of this recording the lots represented on this plat have not been inspected or approved by the Iredell County Health Department. Until inspected there is no assurance that a Building Permit will be issued.

Surveyed by:
David B. Jordan
&
Asscociates, PLLC
592 Bowles Farm Road
Statesville, N.C. 28625
704-876-6898
Firm# P-2397

Drwn By:	D.A.J.	Deed Ref:	~~2365-2490~~ 2972-918
Aprvd By:	D.B.J.	Tax Id#:	4718-27-3980 4718-27-8616
Field Date:	04-30-24	Date:	
Plat Date:	05-31-24	Revision:	
Scale:	1" = 50'	Date:	
		Revision:	

Minor Subdivision Plat for:

Kent W. Gregory

Project Address:	Bowles Farm Road
Project Location:	Iredell /County, N.C.
Project Location:	Sharpesburg, Twsp., N.C.
Job Number:	240322

Permit/File #: OSWP-2024-62825

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: 0
Issued To: Greg Rovira
Property Location: Bowles Farm Rd, Statesville NC 28625
Subdivision (if applicable): N/A Lot#: N/A Block: Section:
LSS Report Provided: Yes [X] No [ ]
If yes, name and license number of LSS: 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*: IVA(PPBPS 8') LPP (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)*: 50 Usable Depth to LC (Repair)*: 50 * 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: Ashley Rollans
Licensed Soil Scientist Signature: Date: 7/26/2024

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-2024-62825

This Section for Local Health Department Use Only

Initial submittal received: 10/5/24 (*Date*) by ONLINE (*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: _____ Date: 10/8/24

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: 10/8/29

See attached site sketch

Permit/File #: OSWP-2024-62825

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

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

PIN/Lot Identifier: 0

Issued To: Greg Rovira

Property Location: Bowles Farm Rd, Statesville NC 28625

AOWE/PE Plans/Evaluations Provided: Yes [X] No [ ] If yes, name and license number of AOWE/PE: 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) IVA (VPPBPS 8') LPP (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: 304 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.3 gpd/ft² Usable Depth to LC (Initial)*: 50 *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: Ashley Rollans Expiration Date: 7/26/2029

AOWE/PE Signature: Ashley Rollans Date: 7/26/2024

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

See attached site sketch

NC On-Site Wastewater Certification Number 10027E Evaluator

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-62825

This Section for Local Health Department Use Only

Initial submittal received: 10/5/24 (*Date*) by ONLINE (*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: _____ Date of Issuance: 10/8/24

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: 10/8/29

See attached site sketch

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 24-0063
July 18th, 2024

Greg Rovira
Attn: Greg Rovira
Email: cynthia_rovira@yahoo.com

RE: Soil & Site Evaluation for a 3 Bedroom Residence at 114 Bowles Farm Rd (LOT 1), Statesville NC 28625, PIN # (4718387386), Iredell County.

Greg:

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 cleared. Topography within the evaluated area was gently slope near the house site and proposed drainfield area. Property lines and corners were marked at the time of the evaluation by David B. Jordan & Associates Surveying. The client provided an Autocad File of the subdivision plat 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 staked by the client.

Methodology

We evaluated soil areas through the use of auger borings. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with three boring locations on the property flagged and located via GPS. Two of the three borings 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 boring. The house envelope was located by the surveyor. 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.

Bowles Farm Rd-Lot 1 *(See Attached Design)*
The septic layout for this lot (9' centers) yielded a total of 548 linear feet of line. The primary system is proposed as 304 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 200 linear feet of VPPBPS (50% Reduction) drainfield with low pressure distribution. Trench depth (Low Side) is specified at 30 inches. There is 248 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 Greg Rovira
Signature Greg Rovira 10-2-24

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 Bowles Farm Rd, Statesville NC 28625 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,

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

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

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

7/26/2024

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

Re: Improvement Permit & CA Submittal for Bowles Farm Rd, Statesville NC 28625

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: Greg Rovira

* Signature: Greg Rovira

* Date: 10-2-24

"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: Samuel A. Rollans

Date: 7/26/2024 Seal:

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

ONSITE WASTEWATER
Certification Number
10027E
EVALUATOR

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

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:	sfsstatesvillenc@gmail.com

Owner:	Greg Rovira
Mailing Address:	P.O. Box 75
City:	Scotts
State:	NC
Zip:	28699
Phone #:	704-902-3744
Email:	cynthia_rovira@yahoo.com

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: _____ Date: 7/26/2024

* Owner's Signature: Greg Rovira * Date: 10-2-24

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

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, NC
SoilAndForestryServices.com

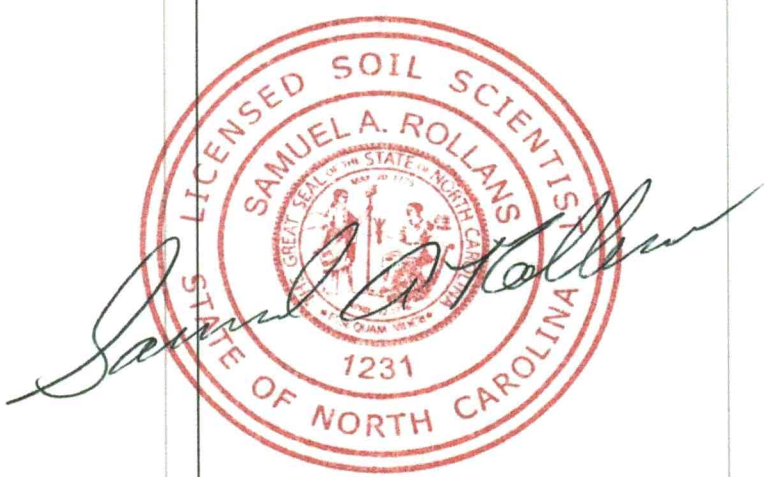
Project# 24-0063

Septic System Design for a 3 Bedroom House
ACCEPTED using GRAVITY distribution
Site location: Bowles Farm Rd, Statesville NC 28625, Lot # N/A

Contents

	Page
Information for the Installer	1
Design Specifications	2
Layout Specifications	3
Site Plan	4
Calculations	5
Soil Descriptions	6
Floor Plans	7
	8-10

7/18/2024
Design By: Ashley Rollans



INFORMATION FOR THE INSTALLER **Project #24-0063**

ACCEPTED using GRAVITY distribution
Site location: Bowles Farm Rd, Statesville NC 28625, Lot # N/A

* **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 VPPBPS 8' type using LPP 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 #24-0063**

ACCEPTED using GRAVITY distribution
Site location: Bowles Farm Rd, Statesville NC 28625, Lot # N/A

Business (if applicable):	N/A
Contact:	Greg Rovira
Phone:	704-902-3744
Email:	cynthia_rovira@yahoo.com
County:	Iredell
Location:	Bowles Farm Rd, Statesville NC 28625

Source of Wastewater Flow:	3	bedroom home
Estimated Daily Wastewater Production:	360	gpd
Drain field Size:	304	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

LAYOUT SPECIFICATIONS

Project #24-0063

ACCEPTED using GRAVITY distribution
Site location: Bowles Farm Rd, Statesville NC 28625, Lot # N/A

Daily Flow (gpd) 360 **7/18/2024**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM INSTR. 1		0.0					
			SYSTEM				
1	Red					66	**58**
2	Orange					96	**94**
3	Yellow					121	**118**
5	Blue					113	**34**
			REPAIR				
4	Red					41	41
6	Pink					111	111

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH	SOIL CAP
SYSTEM	304	0.300	ACCEPTED	25%	GRAVITY	30	0
REPAIR	244	0.300	VPPBPS 8'	50%	LPP	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 #24-0063**

ACCEPTED using GRAVITY distribution
Site location: Bowles Farm Rd, Statesville NC 28625, Lot # N/A

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area
1	Red	0.0	58	N/A	N/A	174
2	Orange	0.0	94	N/A	N/A	282
3	Yellow	0.0	118	N/A	N/A	354
5	Blue	0.0	34	N/A	N/A	102
	total	**feet =**	**304**	**gal/min =**	**N/A**	

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

CALCULATIONS	Project #24-0063
ACCEPTED using GRAVITY distribution **Site location: Bowles Farm Rd, Statesville NC 28625, Lot # N/A**	

PROJECT INFO	Designer	Ashley Rollans
	Project #	24-0063
	Project MM YYYY	7/18/2024
	County	Iredell
	Project Location	Bowles Farm Rd, Statesville NC 28625
	Lot # (if applicable)	N/A
	Subdivision (if applicable)	N/A
	Parcel #	
	Lot size (acres)	1.14
	Easement(s) on parcel?	No
	Business (if applicable)	N/A
	Name (Owner)	Greg Rovira
	Mailing Address (Owner)	P.O. Box 75
	City (Owner)	Scotts
	State (Owner)	NC
	Zip (Owner)	28699
	Phone (Owner)	704-902-3744
	Email (Owner)	cynthia_rovira@yahoo.com
	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)	50
	Media Height (inches)	12
	Tank Size (gallons)	1000
	Required Feet of Line (system)	300
	Designed Feet of Line (system)	304
	Saprolite system?	No
REPAIR	Repair LTAR	0.3
	Repair Type	VPPBPS 8'
	Repair Distribution	LPP
	Repair Trench Center Distance (feet)	8
	Repair Trench Width (inches)	24
	Repair Trench Depth (inches)	30
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	50
	Tank Size (gallons)	1000
	Required Feet of Line (repair)	200
	Designed Feet of Line (repair)	244
	Saprolite system?	No

Sheet 1 of 1

PROPERTY ID #: 4718278616

COUNTY: Iredell

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

OWNER: Laura A Gregory

ADDRESS: 108 Clio Ln Statesville NC 28625

PROPOSED FACILITY & Design Flow(.0400): 3 Bedroom Residential Home- 360 GPD

LOCATION OF SITE: 168 Bowles Farm Rd Statesville NC 28625

DATE EVALUATED: 6/13/2024

PROPERTY SIZE: 13.966

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/3%	0-28	BRC WMSBK	FR SS SP	fsap	50	S		0.3+	1.08"
		28-50	RBCL WFSBK	FR SS SP						
2	L/8%	0-7	FILL/DISTURBED		f-csap	50	S		0.3+	2.88"
		7-12	RBCL WMSBK	FR SS SP						
		12-29	BRC WMSBK	FR SS SP						
		29-50	RBCL WFSBK	FR SS SP						
3	L/7%	0-6	CL/C MIX DISTURBED		f-csap	50	S		0.3+	2.52"
		6-29	BRC WMSBK	FR SS SP						
		29-50	RBCL WFSBK	FR SS SP						
4										
5										
6										
7										
8										
9										
10										

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

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.508)	Suitable	Suitable
System Types(s)	25% Reduction-Gravity	VPPBPS- Low Pressure
Site LTAR	0.3	0.3
Maximum Trench Depth	30"	30"

SITE CLASSIFICATION (.509): Suitable

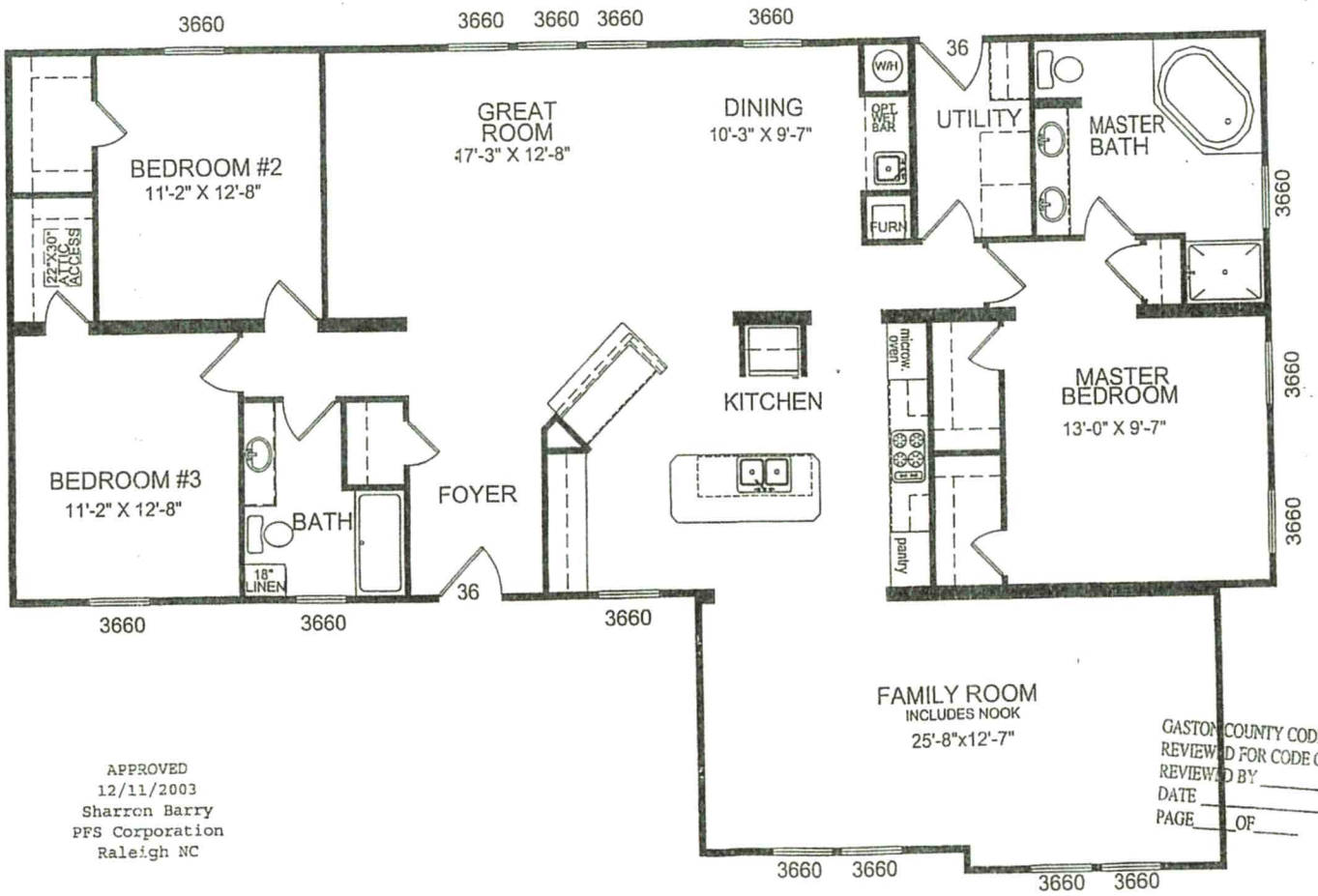
EVALUATED BY: Ashley Rollans

OTHER(S) PRESENT: Chad Wagner

COMMENTS:

MODEL 23-370-390-652

3 BED ROOM, 2 BATH
ACTUAL SIZE: 26'-8" x 64'-0"
TOTAL AREA: 2063 SQ. FT.
SHOWN WITH TRIPLE MODULE



APPROVED
12/11/2003
Sharron Barry
PFS Corporation
Raleigh NC

GASTON COUNTY CODE ENFORCEMENT
REVIEWED FOR CODE COMPLIANCE
REVIEWED BY
DATE
PAGE ___ OF ___

CHAMPION HOME BUILDERS

PROJECT

TITLE: LITERATURE PLAN
MODEL: 23-370-390-652
DATE: 11/25/03
SCALE:
DRAWN BY: JPT
REVISED:
REVISIONS
SHEET NO: L-101
PAGE:

10/4/24