BLDR - 2023-28886

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # OSWP-2023-37468

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

PIN # 4724-34-7264

APPLICANT / OWNER: Garrison Davis APPLICANT ADDRESS: 1031 Brawley School Rd Mooresville NC

SITE ADDRESS: 916 WESTMINSTER DR, STATESVILLE, NC 28677 PHONE: 704-363-2845 ALT. PHONE:

SITE DIRECTIONS: Hwy 70 W -> R Westminster -> lot on L SAP CONTROLLED: YES ☐ NO ☑

SUBDIVISION: Robinson Forest SECTION: N/A LOT #: 8 LOT AREA: 0.91 DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank: 1000 (gal)	STB: 760	Date: 07/30/2023	☑ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 4	Water Supply: New Well
Pump Tank: (gal)	PT:	Date:	System Description: 25% Reduction		☐ Business	No. Persons: 8	
Pump Make:	Model:	Serial #:	Repair System Description: 50% Reduction		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: 4	Linear Ft.: 401	Maintenance Agreement Required: ☐ YES ☑ NO		☑ Slab	☐ Crawl Space	
Trench Width: 36	Trench Bottom Depth ([redacted]): 36 max		Gravel Depth: 0	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions: Trench bottom varies across drainfield - see updated soil notes

INITIAL SITE SKETCH

This permit is issued pursuant to G.S. 130A-335(a2), (a3) & (a4) using the signed and sealed LLS/LG Evaluation attached here, from:

AWT

LSS# 1227 - Jeff Vaughn

AS BUILT SKETCH

Site plan reflects as built installation

installed

lines, tanks 9/14/23 DW

✓ verify grading 10/5/23 DW

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: Garrison Davis Date:

IMPROVEMENT PERMIT by: Date: 10/4/23

AUTHORIZATION TO CONSTRUCT by: Date: 10/4/23

Installed By: Russell Williams

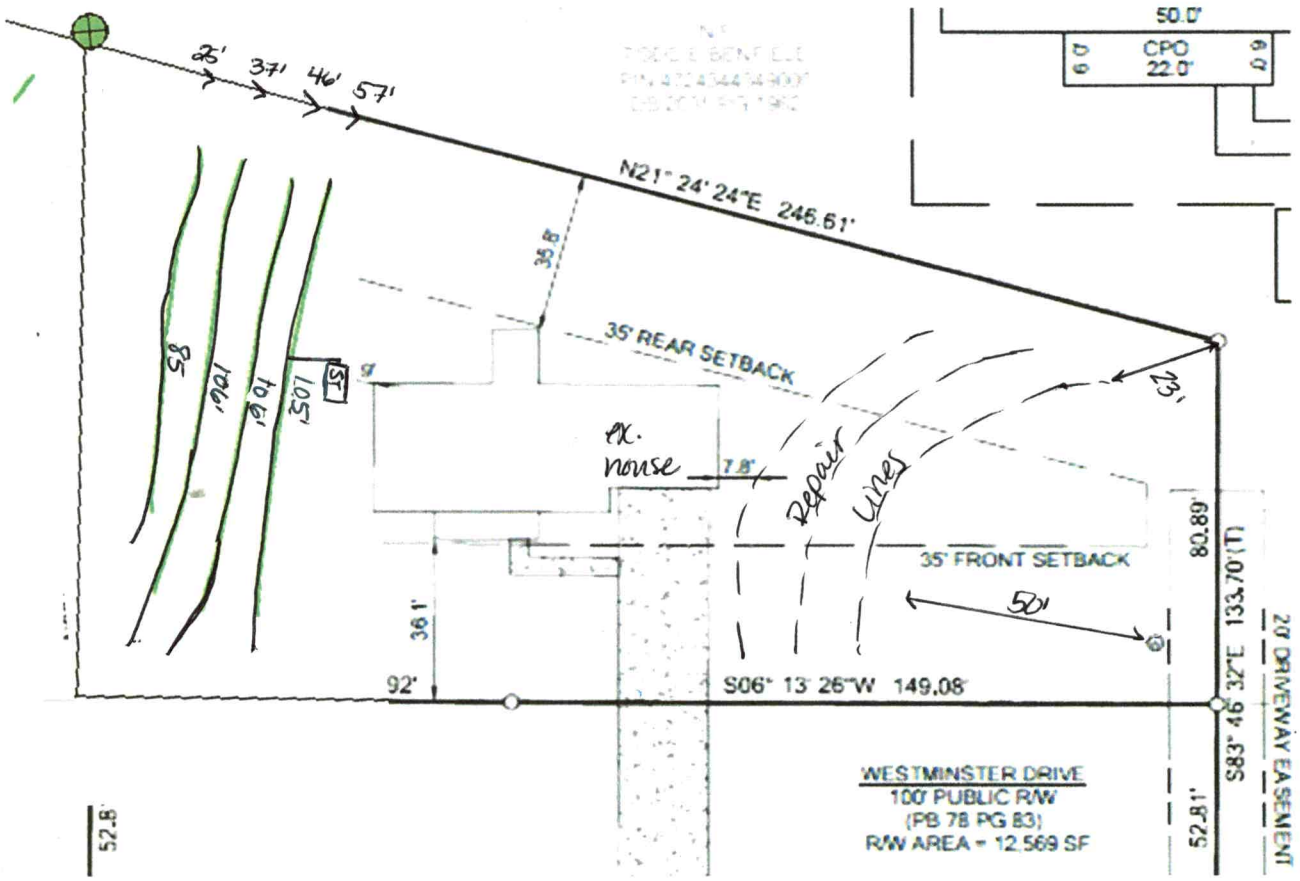
OPERATION PERMIT by: D. Weber Date: 10/5/23

Existing System Inspected By: Date:

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 BETWEEN 8am-9am the day the inspection is needed.

1'=40'

916 Westminster Dr.
Statesville



Trench bottom
varies across lines
b/w 20-36"

Permit #: OSWP-2023-37468

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: ☑ (a2) Improvement Permit ☐ (a2) Construction Authorization ☐ Fee $ 200

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Iredell
PIN/Lot Identifier: 4724347264
Issued To: Garrison Davis (TruNorth Homes, LLC)
Property Location: 916 Westminster Drive, Statesville, NC 28677
Subdivision (if applicable)_____ Lot #: 8 Block: _____ Section: _____
LSS Report Provided: Yes ☑ No ☐
If yes, name and license number of LSS: Jeff Vaughan, License number: 1227 Certification number:10003E
New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐
Proposed Structure: Single Family Residence
Number of bedrooms: 4 Number of Occupants: 8 Other: _____
Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3
Proposed Wastewater System Type*: Conventional Gravity (25% Reduction) (Initial) Pump Required: ☐ Yes ☑ No ☐ May be required
Proposed Wastewater System Type*: Pressure Manifold (50% Reduction) (Repair) Pump Required: ☑ Yes ☐ No ☐ May be required
**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*
Saprolite System (initial): ☑ Yes ☐ No Saprolite System (repair): ☐ Yes ☑ No
Fill System (Initial): ☐ Yes ☑ 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 ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Soil Depth (Initial): 48" Usable Soil Depth (Repair): 32"
Max. Trench Depth (Initial)‡: 36" Max. Trench Depth (Repair)‡: 20" ***‡ Measured on the downhill side of the trench***
Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____
Type of Water Supply: ☑ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____
Drainfield location meets requirements of Rule .1945: Yes ☑ No ☐ Drainfield location meets requirements of Rule .1950: Yes ☑ No ☐
Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
Primary system is installed with varying trench bottom depths from 20-36" depths.

Licensed Soil Scientist Print Name: Jeff Vaughan
Licensed Soil Scientist Signature: Jeff V/L Date: 9/27/2023

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NCDHHS

Permit #: OSWP-2023-374608

This Section for Local Health Department Use Only

Initial submittal received: 10/3/23 (Date) by DW (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: D. Wieberg Date: 10/4/23

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 by the Health Department 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 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 evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 10/4/28

See attached site sketch

Engineers and Soil Scientists
Agri-Waste Technology, Inc.
501 N. Salem Street, Suite 203
Apex, North Carolina 27502
919-859-0669
www.agriwaste.com





Soil Suitability for Domestic Sewage Treatment and Disposal Systems
916 Westminster Dr, Statesville, NC 28677
(Iredell County PIN: 4724-34-7264)
September 26, 2023

Soil suitability for domestic sewage treatment and disposal systems was evaluated on September 25, 2023, for the property located at 916 Westminster Drive in Statesville, NC. Trevor Hackney and Nathan Estevez of Agri-Waste Technology, Inc. (AWT) conducted the soil evaluation. This evaluation was done to facilitate permitting for a septic system for a 4-bedroom home. This report and attached documents were prepared to meet the requirements for G.S. 130A-335(a2).

A drawing of the site plan, septic layout, septic system design, and soil boring locations is included in Attachment 1. Profile descriptions for each soil boring are included in Attachment 2.

The total property area is approximately 0.91 acres. The house and septic area have been cleared. The proposed septic system for the property is a gravity dosed 25% reduction chamber system for initial and a pressure manifold T&J Panel for repair. The primary septic system has already been installed and this report updates the usable soil boring depths and maximum trench bottom for the primary septic system.

Soil Suitability for Domestic Sewage Treatment and Disposal Systems
The drawing in Attachment 1 details the property boundaries, soil boring locations, and layout of drain field trenches. Three soil borings were advanced within the proposed septic system area on the property. Soil borings were examined to determine soil suitability for on-site sewage disposal systems in accordance with 15A 18A .1900 Rules for Sewage Treatment and Disposal Systems. These borings were advanced with hand auger borings. All soil borings were provisionally suitable for a conventional style trench. Soil borings are within the proposed drain field area.

The layout shown in Attachment 1 indicates there is available space for a 4-bedroom conventional system. The initial system can be installed with the use of the accepted (25% reduction) trench product based on the drain field layout in the field.

The proposed LTAR (Long Term Acceptance Rate) by AWT is 0.3GPD/ft^2. The soils on this property are group IV soils within the distribution and treatment zone as used to define the LTAR. With an LTAR of 0.3GPD/ft^2, 400 linear feet of trench is necessary to

support a 4-bedroom home for the initial system with the use of the innovative (25% reduction) trench product. The slope corrected boring depth is 48 inches. The maximum slope corrected trench bottom is 36 inches. The probed trench bottoms are recorded to be 20-36 inches. The attached drawings substantiate that the necessary linear footage of trench can be installed on the property for the initial and repair system.

Any disturbances or grading done in the usable area or within the proposed setbacks will change the potential of using the area designated for a drain field. Prior to moving forward with any additional development on the property, Iredell County Health Department should be contacted to complete the necessary CA (Construction Authorization), Construction Oversight, and to issue an OP (Operations Permit) for the property once the septic system has been installed.

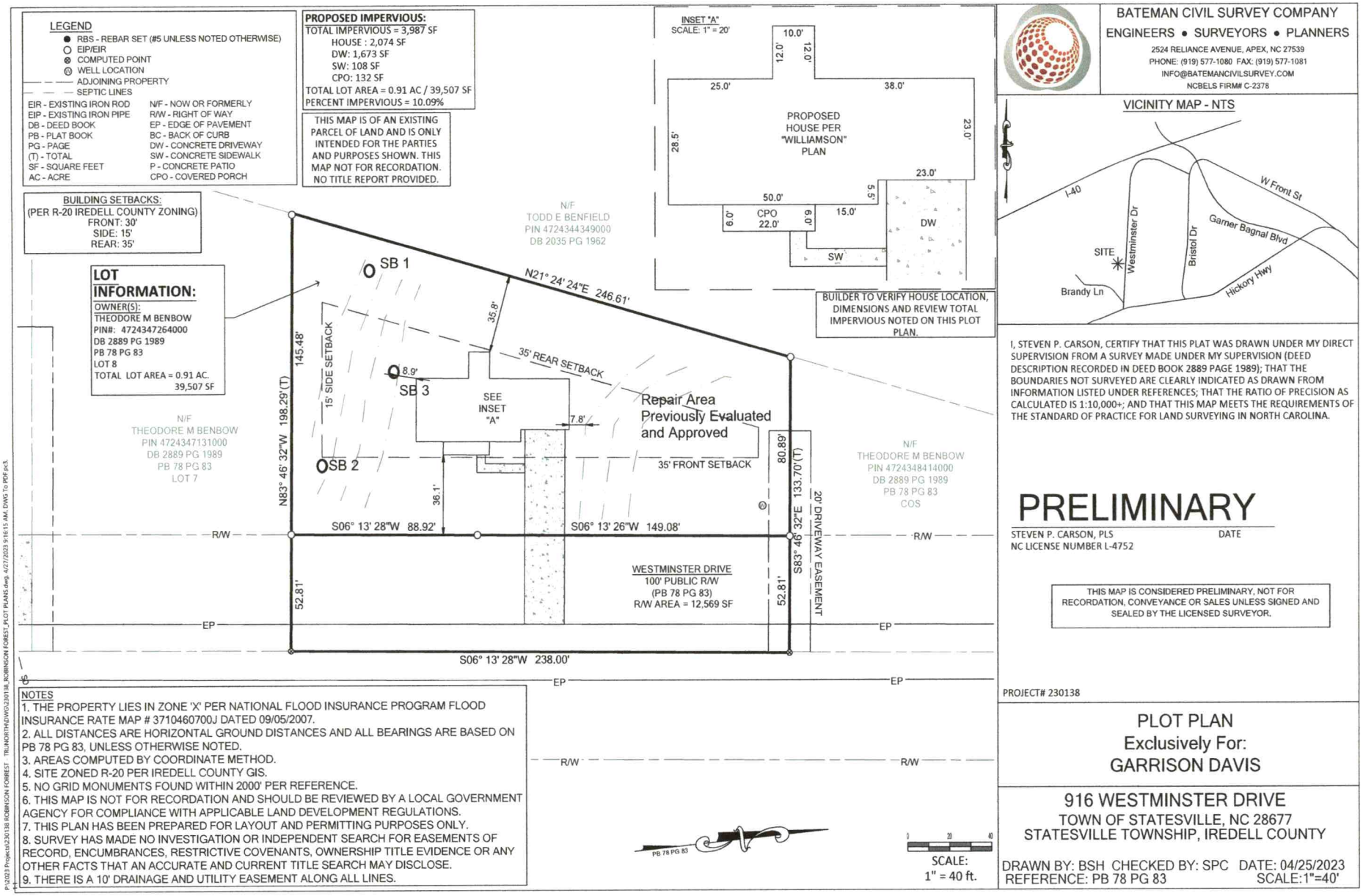
Conclusions

An IP (Improvement Permit) for this property can be issued with the site plan that is in Attachment 1. A CA permit will be required to secure a building permit for the property. The county issues an Operation Permit after the system has been installed to meet the specifications of the Authorization to Construct. Additional septic layouts have been or will be performed as needed. It will be critical to not disturb any of the proposed septic area or there is a risk that the IP and CA will be revoked. This report and attached documents were prepared to meet the requirements for G.S. 130A-335(a2).

We appreciate the opportunity to assist you in this matter. Please contact us with any questions, concerns, or comments.

Sincerely,

Jeff Vaughan, NC LSS



BATEMAN CIVIL SURVEY COMPANY
ENGINEERS • SURVEYORS • PLANNERS
2524 RELIANCE AVENUE, APEX, NC 27539
PHONE: (919) 577-1080 FAX: (919) 577-1081
INFO@BATEMANCIVILSURVEY.COM
NCBELS FIRM# C-2378

VICINITY MAP - NTS

I, STEVEN P. CARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN DEED BOOK 2889 PAGE 1989); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION LISTED UNDER REFERENCES; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARD OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA.

PRELIMINARY

STEVEN P. CARSON, PLS — DATE
NC LICENSE NUMBER L-4752

THIS MAP IS CONSIDERED PRELIMINARY, NOT FOR RECORDATION, CONVEYANCE OR SALES UNLESS SIGNED AND SEALED BY THE LICENSED SURVEYOR.

PROJECT# 230138

PLOT PLAN
Exclusively For:
GARRISON DAVIS

916 WESTMINSTER DRIVE
TOWN OF STATESVILLE, NC 28677
STATESVILLE TOWNSHIP, IREDELL COUNTY

DRAWN BY: BSH CHECKED BY: SPC DATE: 04/25/2023
REFERENCE: PB 78 PG 83 SCALE:1"=40'

P:\2023 Projects\230138 ROBINSON FORREST TRU\NORTH\DWG\230138_ROBINSON FORREST_PLOT PLANS.dwg, 4/27/2023 9:16:15 AM, DWG To PDF.pc3

COUNTY: Iredell Co.__

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

CLIENT: Garrison Davis — APPLICATION DATE_____
ADDRESS: Lot 8 Westminster Dr, Statesville, NC 28625 — DATE EVALUATED: 09/25/2023
PROPOSED FACILITY: Single Family Residence — PROPOSED DESIGN FLOW (.1949): 480 GPD — PROPERTY SIZE: 0.9 ac.
LOCATION OF SITE: Lot 8 Westminster Dr, Statesville, NC 28625 — PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

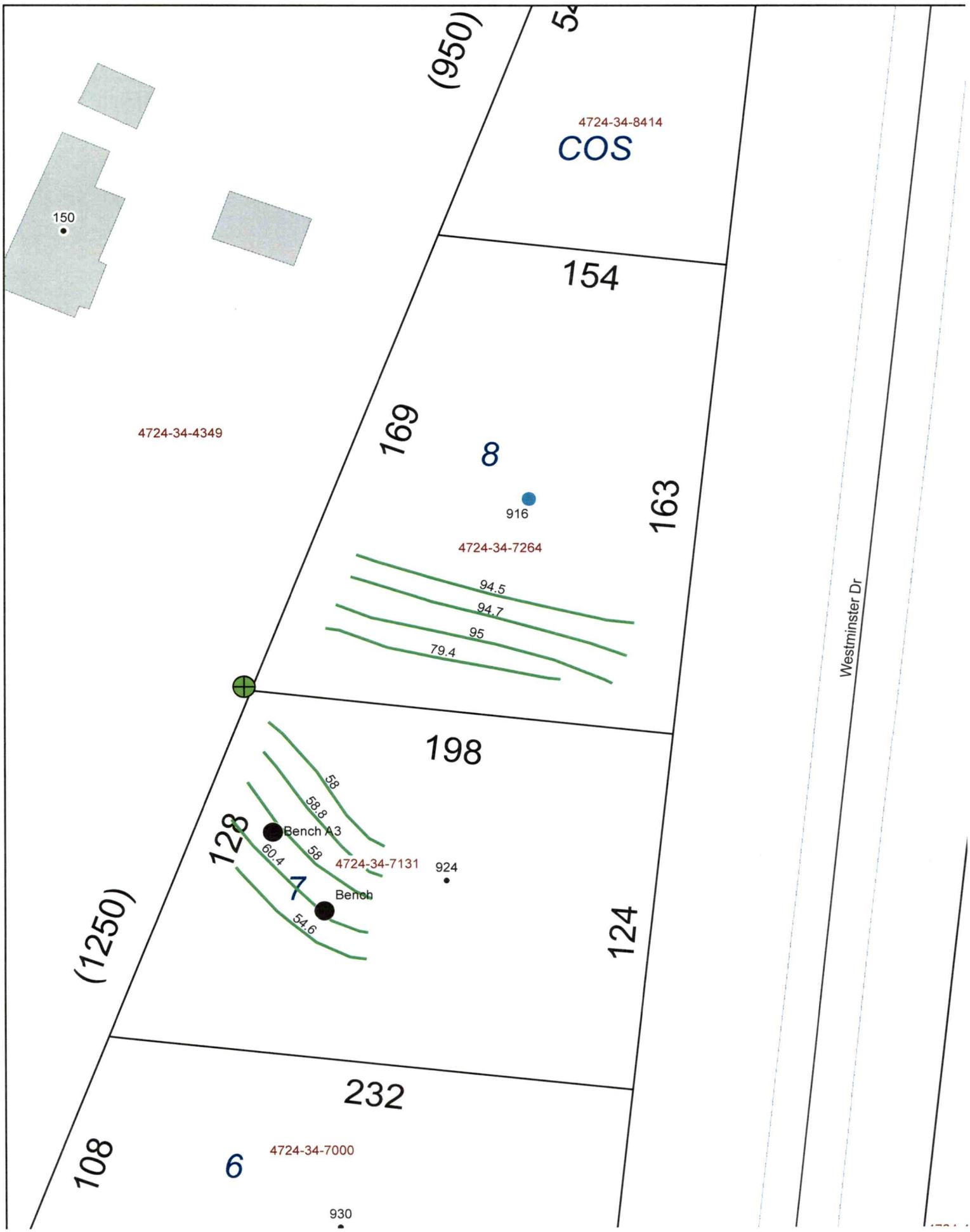
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
SB 1	5%	0-10"	GR; SCL	SS; SP; FR	-	68"	-	-	0.3
		10-38"	SBK; C	SS; SP; FI					
		38-68"	MA; L	SS; SP; FR					
SB 2	5%	0-16"	GR; SCL	SS; SP; FR	-	50"	-	-	0.3
		16-50"	SBK; C	SS; SP; FI					
		50"+	ROCK	-					
SB 3	5%	0-3"	FILL SOIL		-	68"	-	-	0.3
		3-16"	SCL; WSBK	SS; SP; FR					
		16-39"	C; SBK	SS; SP; FI					
		39-68"	L; MA	SS; SP; FR					
SB 4									

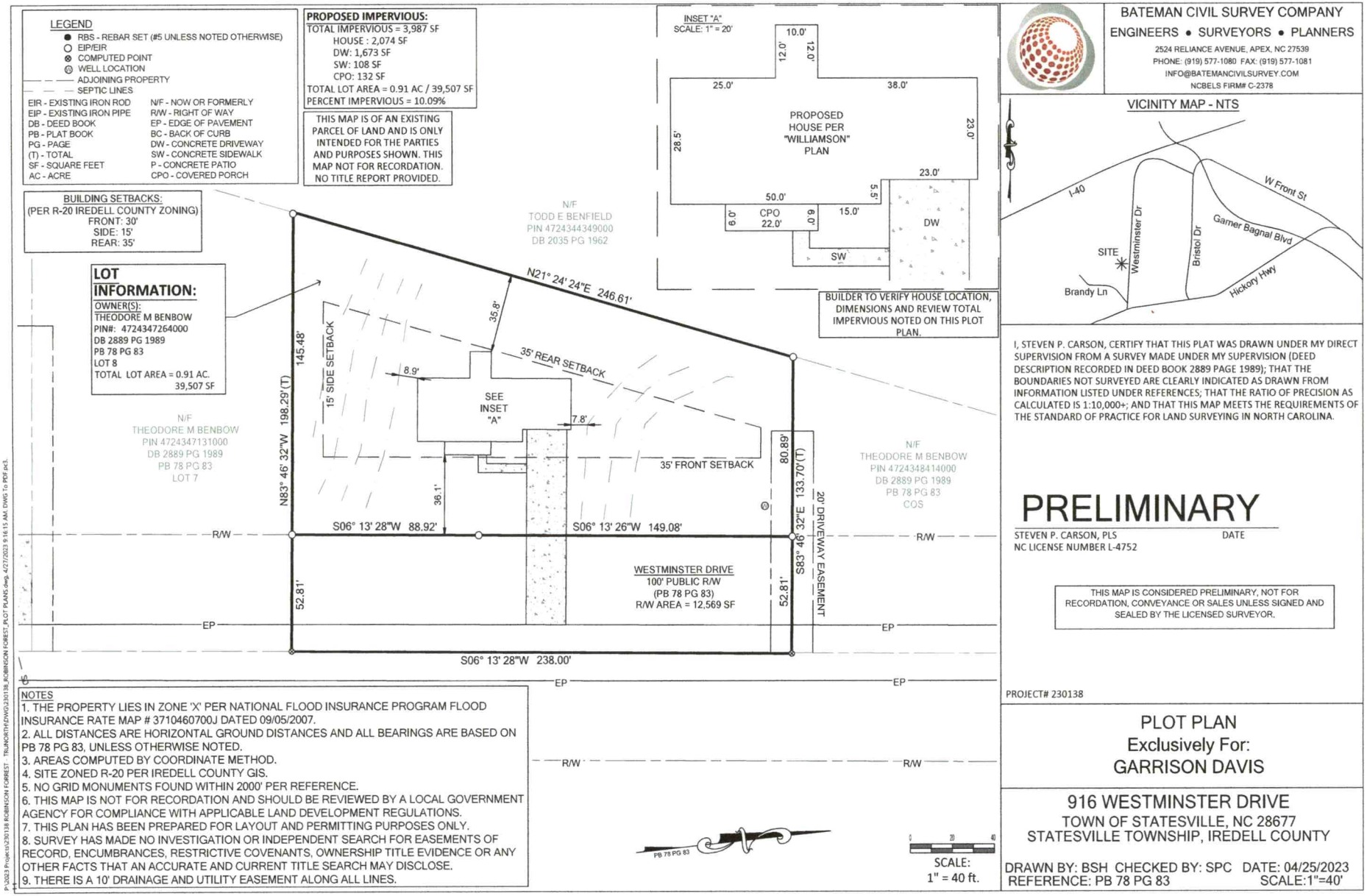
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Provisionally Suitable	Provisionally Suitable
System Type(s)	Conventional Gravity, 25% Reduction	Pressure Manifold 50% Reduction
Site LTAR	0.3 GPD/Ft²	0.3 GPD/Ft²

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: Trevor Hackney
OTHER(S) PRESENT: _____ _____

COMMENTS


(950)
4724-34-8414
COS
150
154
4724-34-4349
169
8
916
163
4724-34-7264
94.5
94.7
95
79.4
Westminster Dr
198
58
58.8
Bench A3
128
60.4
58
4724-34-7131
924
7
Bench
54.6
(1250)
124
232
108
4724-34-7000
6
930



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PRELIMINARY

STEVEN P. CARSON, PLS — DATE
NC LICENSE NUMBER L-4752

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PROJECT# 230138

PLOT PLAN
Exclusively For:
GARRISON DAVIS

916 WESTMINSTER DRIVE
TOWN OF STATESVILLE, NC 28677
STATESVILLE TOWNSHIP, IREDELL COUNTY

DRAWN BY: BSH CHECKED BY: SPC DATE: 04/25/2023
REFERENCE: PB 78 PG 83 SCALE:1"=40'

P:\2023 Projects\230138 ROBINSON FORREST - TRUNORTH\DWG\230138_ROBINSON FORREST_PLOT PLANS.dwg, 4/27/2023 9:16:15 AM, DWG To PDF.pc3,

AGRITEC-01 GKROHL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/14/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Connie Garkalns	
Hartsfield & Nash Agency, Inc. 10405 Ligon Mill Rd., Ste H Wake Forest, NC 27587	PHONE (A/C, No, Ext): (919) 556-3698	FAX (A/C, No): (919) 556-8758
	E-MAIL ADDRESS: Connie@hartsfield-nash.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Selective Insurance Company of the Southeast	39926
INSURED	INSURER B : ACCIDENT FUND INSURANCE COMPANY OF AMERICA	10166
Agri-Waste Technology Inc 501 N. Salem St Ste 203 Apex, NC 27502	INSURER C : Evanston Insurance Company	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE [X] OCCUR			S 2253659	1/18/2023	1/18/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	POLICY [X] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			S 2253659	1/18/2023	1/18/2024	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB [X] OCCUR			S 2253659	1/18/2023	1/18/2024	EACH OCCURRENCE	$ 2,000,000
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$ 2,000,000
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			100003072	1/18/2023	1/18/2024	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N / A						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Prof & Pollution			MKLV3ENV103400	8/22/2022	8/22/2023	Each Claim	5,000,000
A	Leased / Rented			S 2253659	1/18/2023	1/18/2024	Equipment	25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

***This is ONLY For Informational Purposes
Contact Agency for Specific Holder info to be added
****

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gina Krohl

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ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # OSWP-2023-24775

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

PIN # 4724-34-7264 BLDR-2023-28880

PPLICANT / OWNER:	TRUNORTH HOMES LLC	APPLICANT ADDRESS:	631-300 BRAWLEY SCHOOL ROAD PMB 217, MOORESVILLE, NC 28117				
TE ADDRESS:	916 WESTMINSTER DR, STATESVILLE, NC 28677	PHONE:	7043632845	ALT. PHONE:			
TE DIRECTIONS:	Hwy 70 - Westminster			SAP CONTROLLED:	YES ☐	NO ☑	
UBDIVISION:	Robinson Forest	SECTION: -	LOT #: 8	LOT AREA: 0.91	DESIGN FLOW: 480	L.T.A.R.: 0.3	

eptic Tank: ~~1000 (gal)~~ 500	STB: Fleo	Date: 7/30/23	☐ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 4	Water Supply: New Well
ump Tank: (gal)	PT:	Date:	System Description: 25% Reduction		☐ Business	No. Persons: 8	
ump Make: N/A	Model:	Serial #:	Repair System Description: 50% reduction (pump)		☐ Other	No. Employees:	
Nitrification Fields: 1	# Lines: 4	Linear Ft.: 400	Maintenance Agreement Required: ☐ YES ☑ NO		☑ Slab	☐ Crawl Space	
rench Width: 36 in	Trench Bottom Depth (max): 20 in		Gravel Depth: -	☒ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to GS 130A-335 (a2), (a3) & (a4) using the signed and sealed LSS/LG Evaluation attached here, from:

Agri-Waste Technology Inc.
LSS # 1227

AS BUILT SKETCH

- Trench bottom exceeded all lines
- see as built for line locations - contour changed, lines moved down hill.
- will need soil scientist eval before signing off.

Hybrid/SAP system on primary

20-36" T.B throughout Lines

SB1 38" Clay rock out
38-68 L SAP

SB2 0-16 SCL; wSBK
16-48 C; SBK
48+ rock

SB3 0-3" Fill
3-16" SCL; wSBK
16-39 C; SBK
39-68" C; SAP

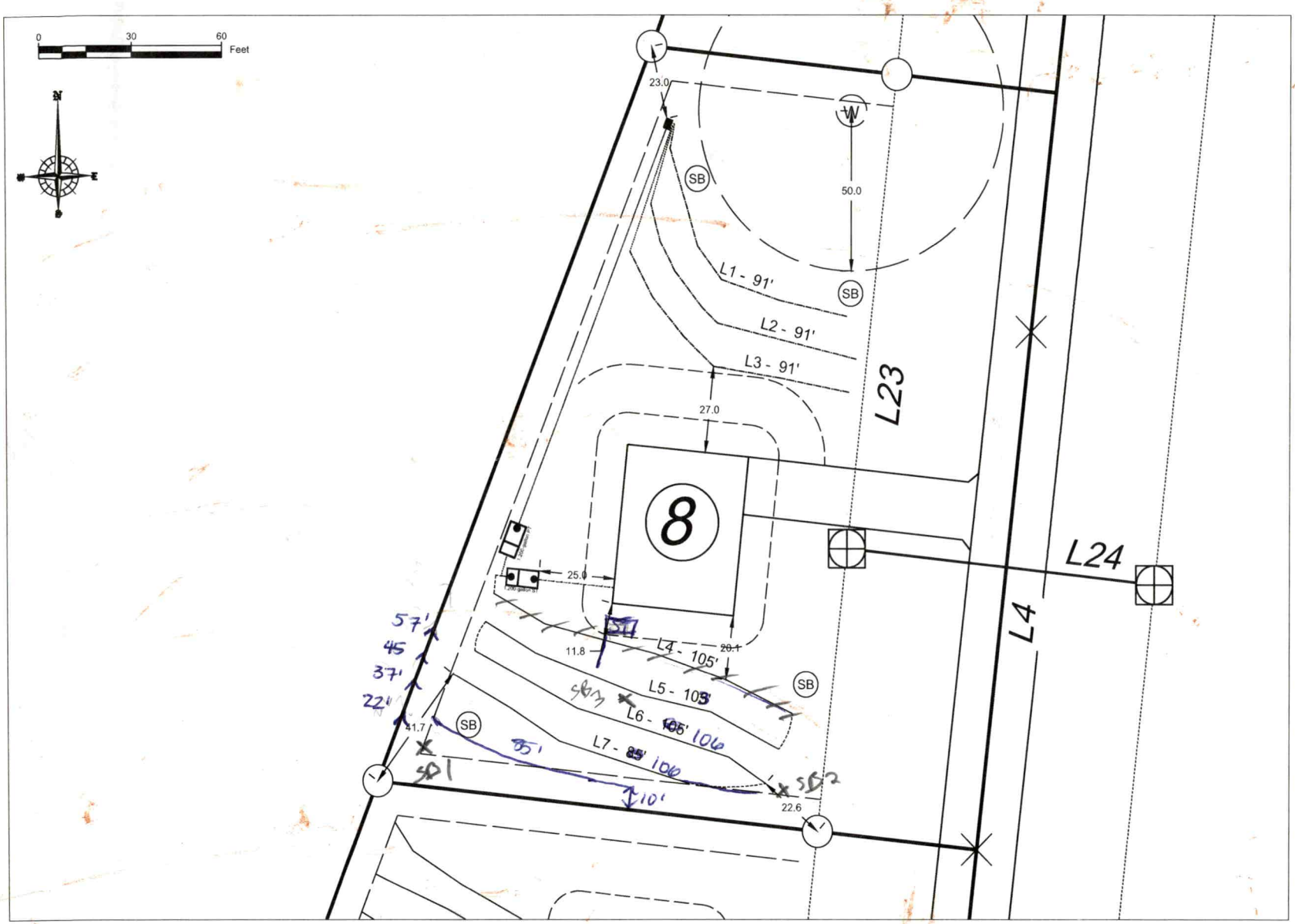
rmit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ 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.

wner / Applicant Signature:	Online Signature	Date:	Installed By:	Russell Williams	
IPROVEMENT PERMIT by:	Cory Wild	Date: 6/20/23	OPERATION PERMIT by:		Date:
UTHORIZATION TO CONSTRUCT by:	Cory Wild	Date: 6/20/23	Existing System Inspected By:		Date:

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 BETWEEN 8am-9am the day the inspection is needed.

As Built



PROPERTY LAYOUT

WW-2 N.T.S. SOURCE: AWT, Inc.

AWT
Engineers and Soil Scientists
Agri-Waste Technology, Inc.
501 N. Salem Street, Suite 203
Apex, North Carolina 27502
919-859-0669
www.agriwaste.com

Ted Benbow
Robinson Woods - Lot 8

Project Location:
Westminster Dr
Statesville, NC 28677
Iredell County
PIN: 4721-34-7264

Project Owner:
Ted Benbow
630 Signal Hill Dr
Statesville, NC 28625
704-878-9661
tedb@boundarydevelopment.com

For Review Only

REV.	ISSUED DATE	DESCRIPTION

SHEET TITLE
Property Layout

DRAWN BY:	CREATED ON:
T. Bostic	11/18/2022
REVISED BY:	REVISED ON:
####	####
RELEASED BY:	RELEASED ON:
####	####

DRAWING NUMBER
WW-2

General Drainfield Notes:

1. Clear all trees less than 8" in diameter (measured at a height 3' from soil surface) from the drainfield.
2. Vegetation that will re-grow from a cut stump shall be stumped or pulled from the ground. Stumps shall not be pushed over.
3. Drainfield area shall be cleared of all leaves, pine straw, debris, etc. The accumulated material shall be removed from the drainfield.
4. In clayey soils, sides of trenches shall be raked and limed per manufacturer's instructions.
5. Supply lines shall be installed with a minimum of 18" cover.
6. The trenches shall be backfilled appropriately so that no low areas are present.
7. Apply lime over the drainfield area as needed. Seed fine fescue over the drainfield at the rate
8. recommended by the seed manufacturer. Hand rake the seed into the soil surface. Straw the seeded area at the rate of 1.5-2 bales per 1000 sq. ft.

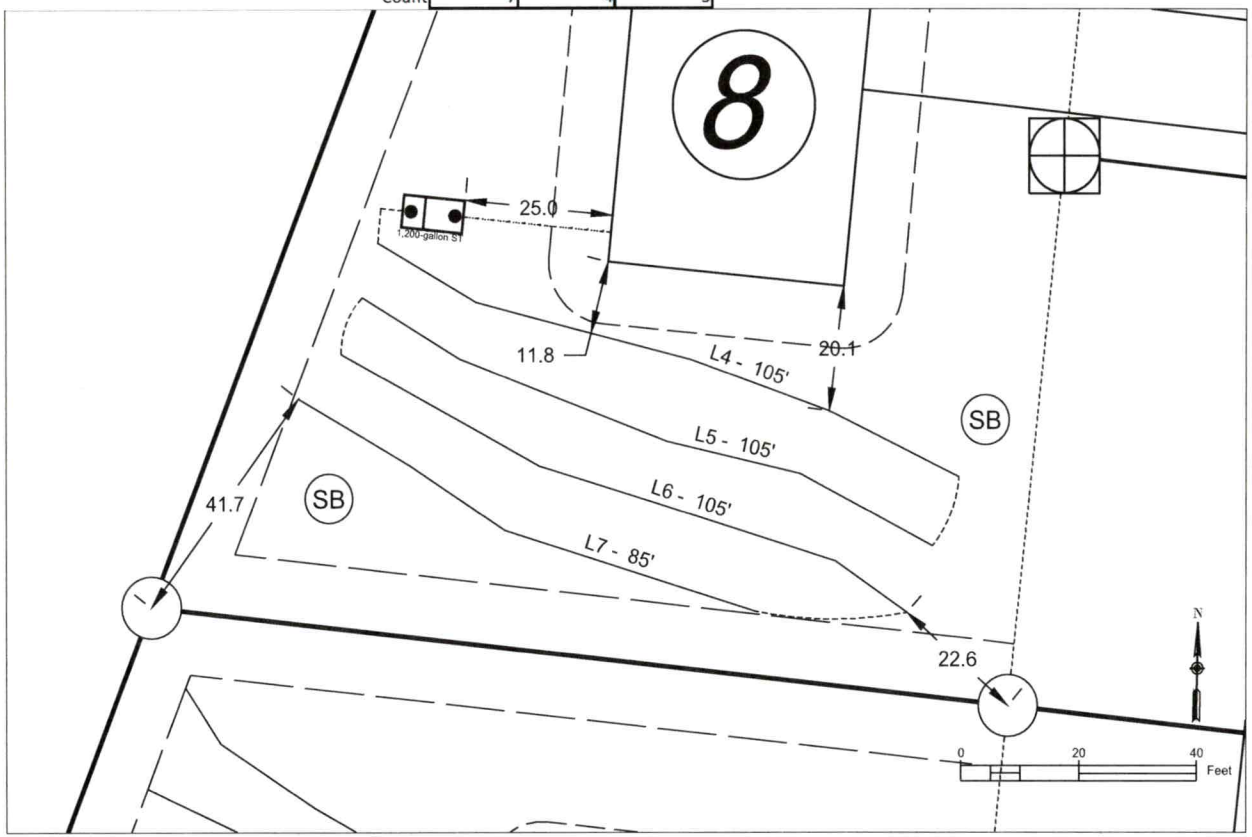
Installation Notes:

Contractor to adjust tank placements as necessary to maintain:

1. 25' downslope/15' sideslope/10' upslope setback from foundation drain
2. Min. 12" cover over Septic Tank (Not to exceed 36")
3. Min. 18" cover over pipes
4. Min. 2% grade on gravity pipe from house to Septic Tank

Note:
Primary system is chambers w/ serial distribution.

1	Layout Line	blue	883.0	60		91.0
2	Layout Line	yellow	882.5	60		91.0
3	Layout Line	red	882.0	60		91.0
4	Layout Line	white	876.0	60	105.0	
5	Layout Line	purple	875.5	60	105.0	
6	Layout Line	yellow	875.0	85	105.0	
7	Layout Line	red	874.0	65	85.0	
			Total	450	400	273
			Count	7	4	3



System Layout

SOURCE: Agri-Waste Technology, Inc.

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For Review Only

REV.	ISSUED DATE	DESCRIPTION

SHEET TITLE
System Layout

DRAWN BY: T. Bostic	CREATED ON: 11/18/2022
REVISED BY: ####	REVISED ON: ####
RELEASED BY: ####	RELEASED ON: ####

DRAWING NUMBER
WW-3