BLDG - 2024 - 04458
BLDG - 2024 - 03934

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 2025-71211

PIN # 4725 -- 21 -- 2483

APPLICANT/OWNER: Miranda Stamper / Joe Hyde

APPLICANT ADDRESS: 4115 Highland Pointe Dr, Unionville, NC 28110

SITE ADDRESS: 211 Marble Rd, Statesville, NC 28625

PHONE:

ALT. PHONE:

SITE DIRECTIONS: I40 -> exit 148 -> N Hwy 64 -> L Marble Rd -> lot on L

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: n/a SECTION: n/a LOT # n/a LOT AREA: 12.785 DESIGN FLOW: 1140 gpd L.T.A.R.(Initial): 0.3 L.T.A.R (Repair): 0.3

Septic Tank 1834 (gal) STB 2103 Date –

Pump Tank 1834 (gal) PT 2103 Date –

Pump Make Model Serial #

Nitrification Fields 1 # Lines 12 Linear Ft: 640

Trench Width 24 *Max. Trench Depth(Initial) 33 *Max. Trench Depth(Repair) 33 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: VPPBPS - PM (IIIbe)

Repair System Description: VPPBPS - PM (IIIbe)

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

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

Usable Depth to LC (Initial): 48

☐ Residence No. Bedrooms

☑ Business No. Persons

☐ Other No. Employees 20

☑ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Usable Depth to LC (Repair): 48 *Limiting Condition*

Water Supply

☐ Private

☑ Public

☐ Community

Comments / Conditions: Requires larger than a 1500g septic tank.

Do not pave, grade, drive, park, or bury utilties in drainfield.

1834 Gallon tank minimum required - see design showing 2500g.

INITIAL SITE SKETCH

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

Miranda Stamper

LSS# 1258

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.

PRIOR TO ISSUING OP:

REMOVE ALL EQUIPMENT & TRAILERS FROM ENTIRE REPAIR AREA

SHAVE BACK DIRT MOUND TO 10' OR GREATER FROM ALL DRAIN LINES, DIVERT DRAINAGE OFF OF MOUND AWAY FROM SYSTEM

2500 gal Tanks
Lines
PM
SH 3/28/25

~~Bottom 2 lines need foam on panels~~

Supply line 30" - SH

Buildings to be moved off repair

- FLOATS
- ALARM
- ELECTRICAL
- PRESSURE HEAD

BCW 3-31-2025

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:

IMPROVEMENT PERMIT by: D. Wieberg Date: 3/12/25

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 3/12/25

Installed by: Craig Thompson

OPERATION PERMIT by: Brittney C. White Date: 4-7-2025

Existing System Inspected by: Date:



0 50 100 200 Feet

1:600



WELL	SOIL PIT/BORING
UG UTILITY	OH UTILITY LINE
POND BOUNDARY	FENCE
PARCEL	10' OFFSET
EXISTING BUILDINGS	PROPOSED DWELLING
EXISTING ROAD	FORCE MAIN
INITIAL LINE	REPAIR LINE

ALL LOCATIONS APPROXIMATE - NOT A SURVEY

General Notes

SITE LAYOUT

No.	Revision/Issue	Date

STAMPER soil services

Project Name and Address

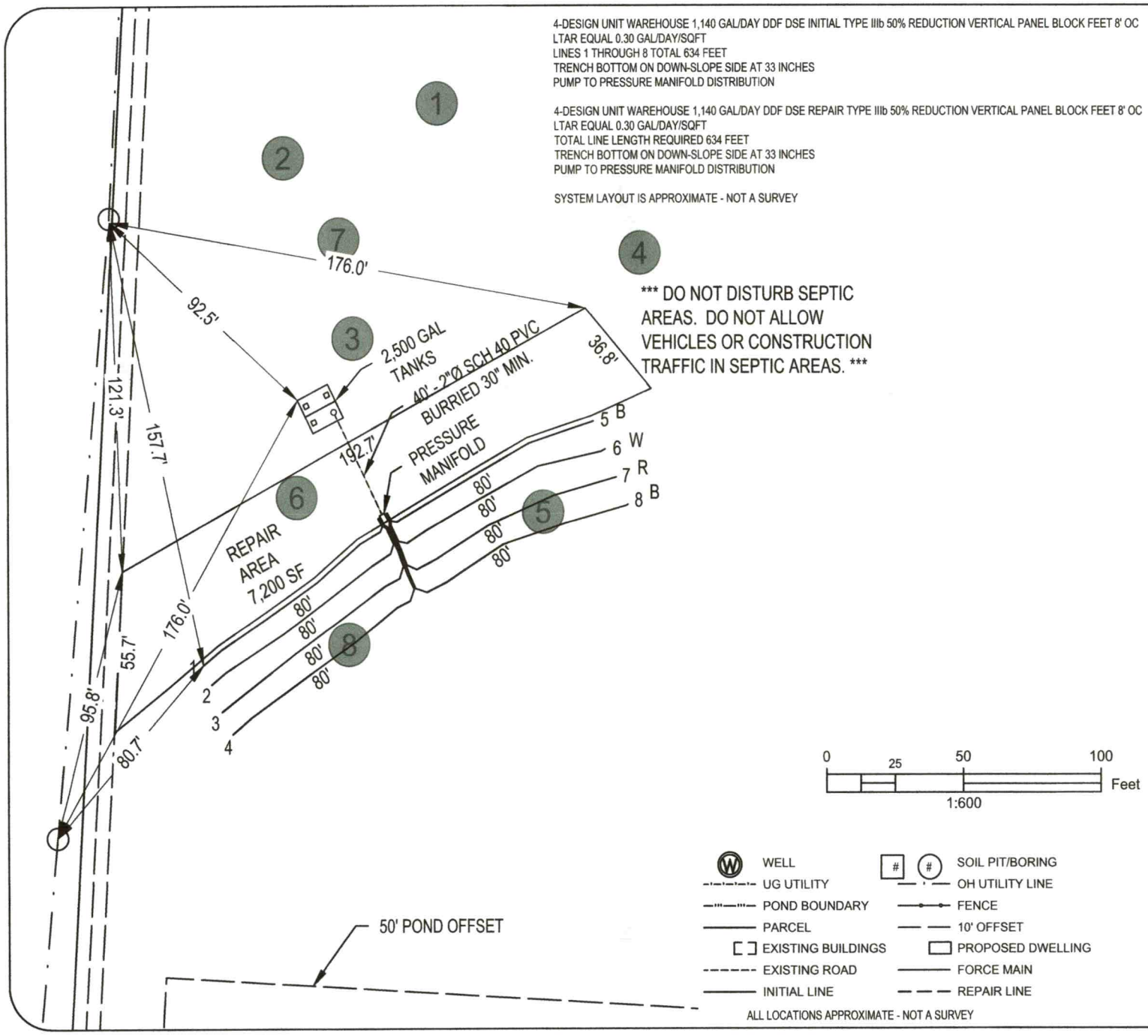
Joe Hyde
211 Marble Rd.
Statesville, NC 28625
Iredell County
PID:

Project	24-005
Date	02/28/2025
Scale	As Noted
Sheet	1

4-DESIGN UNIT WAREHOUSE 1,140 GAL/DAY DDF DSE INITIAL TYPE IIIb 50% REDUCTION VERTICAL PANEL BLOCK FEET 8' OC
LTAR EQUAL 0.30 GAL/DAY/SQFT
LINES 1 THROUGH 8 TOTAL 634 FEET
TRENCH BOTTOM ON DOWN-SLOPE SIDE AT 33 INCHES
PUMP TO PRESSURE MANIFOLD DISTRIBUTION

4-DESIGN UNIT WAREHOUSE 1,140 GAL/DAY DDF DSE REPAIR TYPE IIIb 50% REDUCTION VERTICAL PANEL BLOCK FEET 8' OC
LTAR EQUAL 0.30 GAL/DAY/SQFT
TOTAL LINE LENGTH REQUIRED 634 FEET
TRENCH BOTTOM ON DOWN-SLOPE SIDE AT 33 INCHES
PUMP TO PRESSURE MANIFOLD DISTRIBUTION

SYSTEM LAYOUT IS APPROXIMATE - NOT A SURVEY



ALL LOCATIONS APPROXIMATE - NOT A SURVEY

General Notes

SYSTEM DETAIL

N

No.	Revision/Issue	Date

STAMPER soil services

Project Name and Address
Joe Hyde
211 Marble Rd.
Statesville, NC 28625
Iredell County
PID: 4725212483

Project	Sheet
24--005	2
Date: 02/28/2025	
Scale: As Noted	

Permit/File #: OSWP-2025-71211

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☒ **(a2) Improvement Permit** ☐ **(a2) Construction Authorization** ☐ **Fee $**_____

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

County: IREDELL
PIN/Lot Identifier: 4725212483
Issued To: JOE HYDE
Property Location: 211 MARBLE RD. STATESVILLE, NC 28625
Subdivision (if applicable) NA Lot #: _____ Block: _____ Section: _____
LSS Report Provided: Yes ☒ No ☐
If yes, name and license number of LSS: Miranda E. Stamper LSS #1258

New ☒ Expansion ☐ System Relocation ☐ Change of Use ☐
Facility Type: COMMERCIAL
Number of bedrooms: _____ Number of Occupants: _____ Other: 4-DESIGN UNIT WAREHOUSE
Design Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Proposed Design Daily Flow: 1140 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3
Proposed Wastewater System Type*: PPBPS VERTICAL PRESSURE MANIFOLD (Initial) Pump Required: ☒ Yes ☐ No ☐ May be required
Proposed Wastewater System Type*: PPBPS VERTICAL PRESSURE MANIFOLD (Repair) Pump Required: ☒ Yes ☐ No ☐ May be required
**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*
Effluent Standard: ☒ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW
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 Depth to LC (Initial)[x]: 48" Usable Depth to LC (Repair)[x]: 48" ***[x] Limiting Condition***
Max. Trench Depth (Initial)[‡]: 33" Max. Trench Depth (Repair)[‡]: 33" ***[‡] 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 .0508: Yes ☒ No ☐ Drainfield location meets requirements of Rule .0601: 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:
SEE DESIGN

Licensed Soil Scientist Print Name: Miranda E. Stamper
Licensed Soil Scientist Signature: Miranda E. Stamper Date: 3/2/25

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-2025-71211

This Section for Local Health Department Use Only

Initial submittal received: 3/10/25 *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: 3/12/25

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: 3/12/30

See attached site sketch

STAMPER SOIL SERVICES, PLLC
RESIDENTIAL PRESSURE MANIFOLD DESIGN

Name: Hyde Homes **P.I.N. #:** 472521248 **Permit #**

Address: 211 Marble Rd., Statesville, NC **Subdiv:** NA **Lot#:** NA

# of BDR: NA **Daily Flow:** 1140 **gal/day** **L.T.A.R.:** 0.30 **gal/day/sq.ft**

Septic Tank: 2500 **gals** **Pump Tank:** 2500 **gals** **Sq. Foot:** 1920 **Aggregate Depth** N/A

Number of Taps: 8 **Length of Trenches:** 640 **ft(See Tap Chart for Details)**

Depth of Trenches: 33 **in** **Manifold Length:** 45 **in**

Manifold Diameter: 4in sch 80pvc **Tap Configuration: 6 in spacing** 2 **side(s) of manifold**

Supply Line: length: 40 **ft** **Diameter:** 2 **in sch 40pvc**
volume: 6.96 **gal**

Friction Loss + Fitting Loss: 14.36 **ft(supply line length + 70' for fittings in pump tank)**

Design Head: 2 **ft** **Elevation Head:** 6 **ft**

Total Head: 22.36 **ft** **Pump to Deliver:** 80.80 **gals/min at** 22.36 **ft head**
Supply Line Scour: 78.8 **gals/min**

Dosing Volume: 518 **gals,**

Drawdown: 518 **gals divided by** 43.95 **gals/in =** 11.8 **inches**

TAP CHART

Bench Mark	rod read	Elev.	set at	Tanks	Pump tank elev.	924.5	Design Head:	2
					Pump elev.	919.50	Manifold elev.	922.50

line	color	rod read	elevation	line length	tap size	flow/tap	gal/day	trench area	line LTAR
1	Blue	9.50	921.50	80	3/4in SCH 80	10.10	142.50	240	0.297
2	White	10.20	920.80	80	3/4in SCH 80	10.10	142.50	240	0.297
3	Red	10.90	920.10	80	3/4in SCH 80	10.10	142.50	240	0.297
4	Blue	11.60	919.40	80	3/4in SCH 80	10.10	142.50	240	0.297
5	Blue	9.50	921.50	80	3/4in SCH 80	10.10	142.50	240	0.297
6	White	10.20	920.80	80	3/4in SCH 80	10.10	142.50	240	0.297
7	Red	10.90	920.10	80	3/4in SCH 80	10.10	142.50	240	0.297
8	Blue	11.60	919.40	80	3/4in SCH 80	10.10	142.50	240	0.297

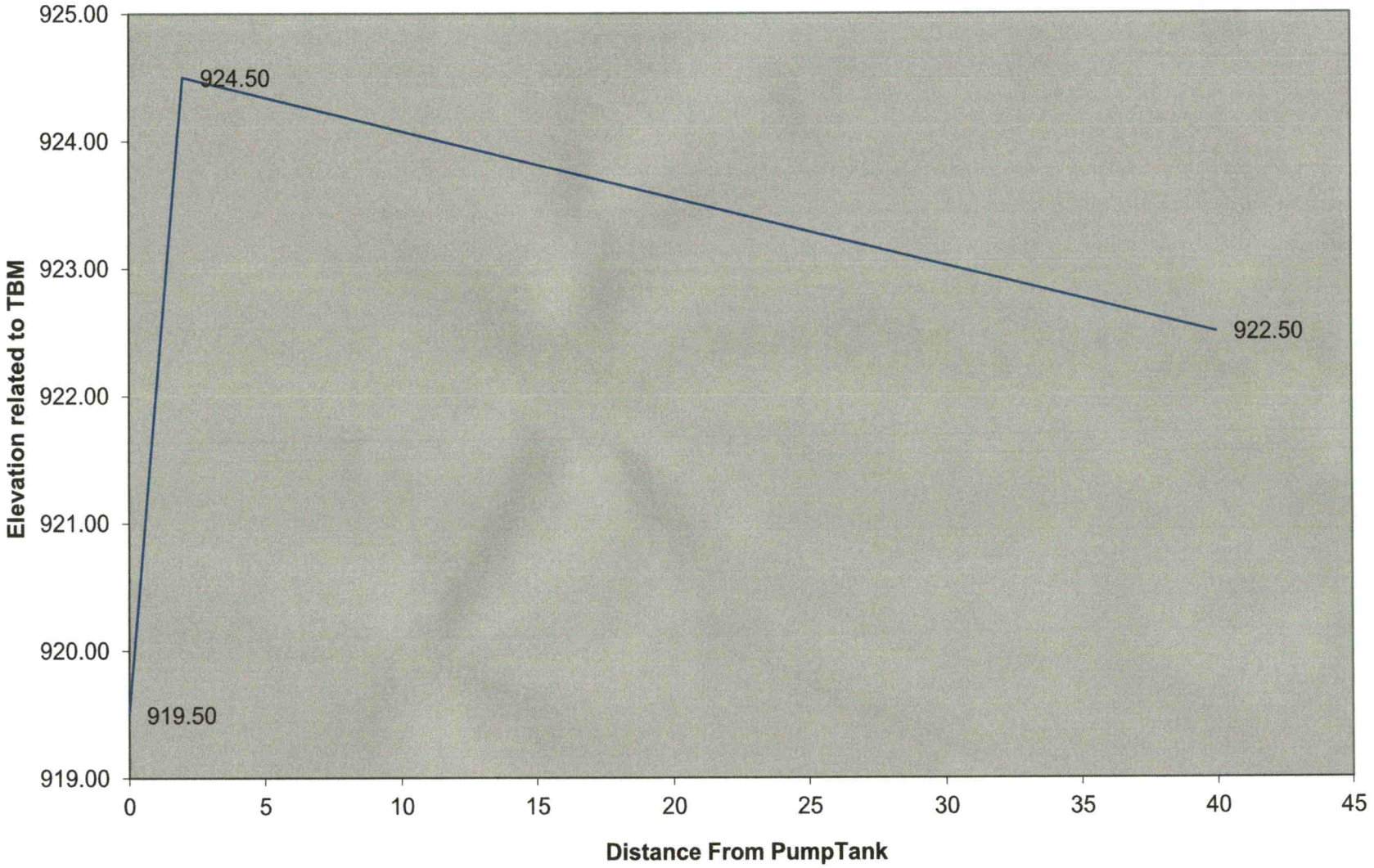
No. of panels	144	total line length feet =	640	total gal/min =	80.8
% of Dose Vol.	100	*100 for T&J*	Des. Flow	1140	gal/day
Dose Volume	518	gal/dose	Pump Run=	14.11	min/day
Dose Pump Time	5.15	min/dose	Tank	43.95	gal/inch
Drawdown	11.8	inch	Elev. Head	6	feet
Supply Line Length	40	feet			

LTAR =	0.30
(ltar + 5%)	0.32
(ltar W/ INOV)	0.40
(ltar W/INOV+ 5%)	0.42

Comments: Supply volume does not exceed 25% of dose volume
Provide anti-siphon hole.

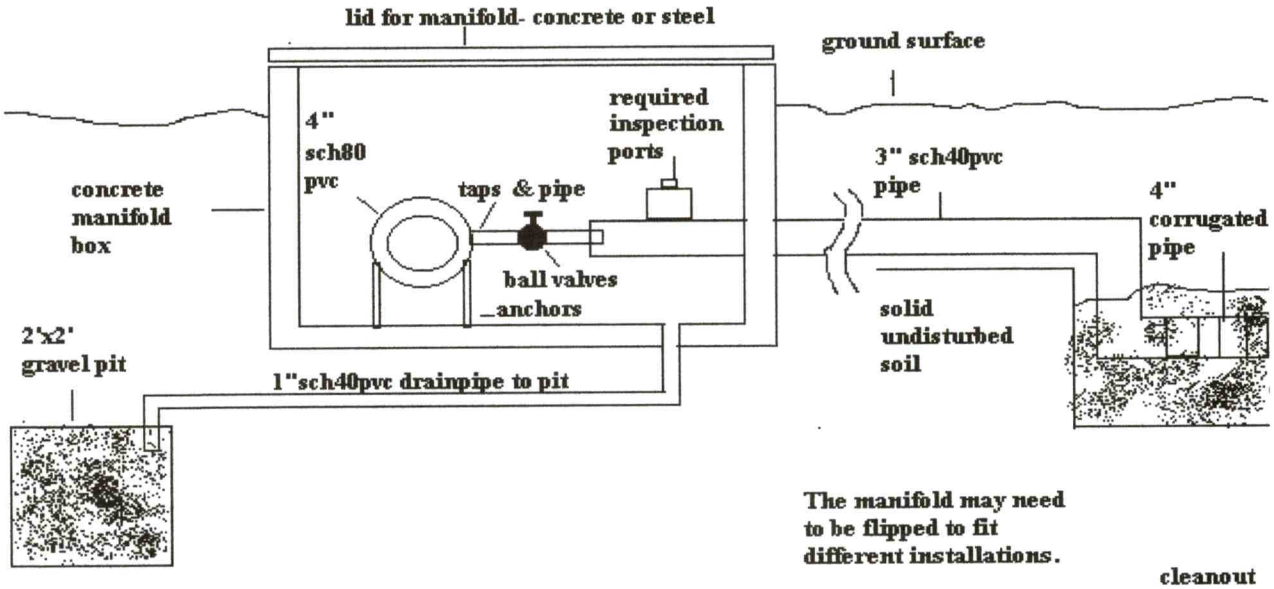
Hydraulic Profile		
Manifold Elevation	922.50	40
Pump tank elev.	924.50	2
Pump elev.	919.50	0

Hydraulic Profile

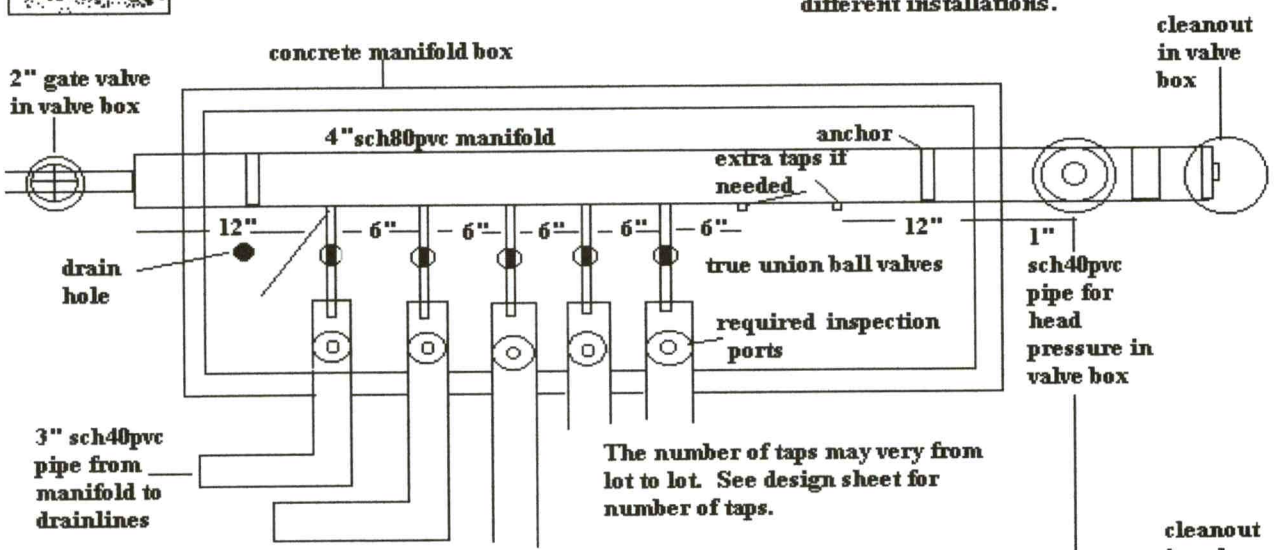


PM Draw

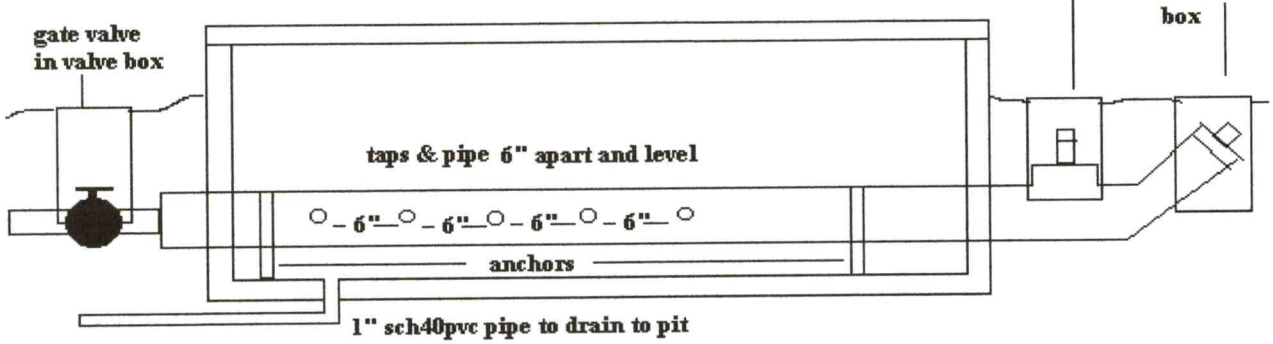
	Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7	Line 8
Taps	3/4in SCH 80	3/4in SCH 80	3/4in SCH 80	3/4in SCH 80	3/4in SCH 80	3/4in SCH 80	3/4in SCH 80	3/4in SCH 80
Flow	10.10	10.10	10.10	10.10	10.10	10.10	10.10	10.10

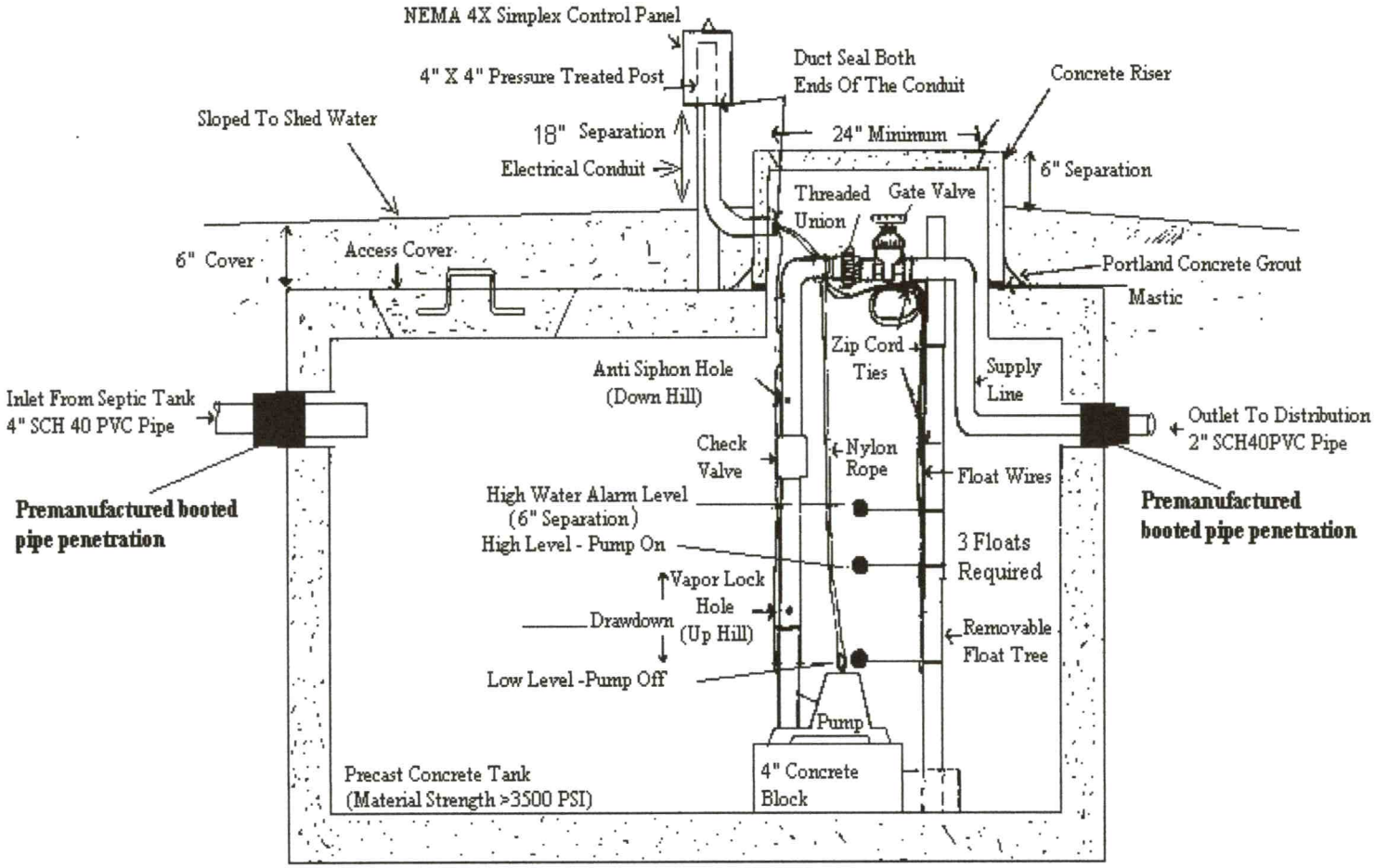


The manifold may need to be flipped to fit different installations.



The number of taps may very from lot to lot. See design sheet for number of taps.





2500 Gallon Pump Tank

Minimum Panel Requirements per 18E Rules

The following items will be considered the minimum for all pump systems:

1. NEMA 4X Box and list by 3rd party electrical testing and listing agency;
2. Independent overload protection, if not integral with the pump motor;
3. Circuit breaker(s);
4. A motor contactor that disconnects all current to the pump or a so0lid-state relay that controls current to the pump;
5. A hand-off-automatic (H-O-A) switch or alternate method to enable manual or automatic pump operation and for the pump to be deactivated manually;
6. A pump run light;
7. Audible and visual alarms;
8. **An elapsed time meter and event counter**;
9. The panel shall be mounted a minimum of 24 inches above finished grade, within 50 feet of and in the line of sight of the pump tank. Panel shall be accessible when the owner is not present;
10. It must have 2 separate power supplies, wired from the breaker panel at the house.
11. All panels must have 2 circuit breakers installed in the panel to allow for disconnecting of power, so that the pump or switches maybe serviced.
12. Wiring shall be conveyed to the control panel or outside junction box through waterproof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes inside the tank. Wire and wire conduit openings inside the pump tank and disconnect enclosure shall be sealed.
13. Panels and pumps are to be wired at the time of our inspection. Power must be supplied by use of generators or from the house temporary meter, if the builder applied for it and has had all required inspections and the temporary meter has been set. We will not inspect any system that has been hot wired from the temporary power pole or jumped through the house wiring without a meter being set.

STAMPER SOIL SERVICES, PLLC
UNIONVILLE, NC
(919) 815-3997 / INFO@STAMPERSOILSERVICES.COM

PROPERTY ID #: 4725212483
COUNTY: IREDELL

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: _____ DATE EVALUATED: 2/15/24

ADDRESS: 211 MARBLE RD

PROPOSED FACILITY: COMMERCIAL WAREHOUSE PROPOSED DESIGN FLOW (.0400): 1140 GALLON PROPERTY SIZE: _____

LOCATION OF SITE: _____ PROPERTY RECORDED: _____

WATER SUPPLY: ☑ Public ☐ Single Family Well ☐ Shared Well ☐ Spring ☐ Other _____ WATER SUPPLY SETBACK: _____

EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .0505 SOIL DEPTH	OTHER PROFILE FACTORS .0506 SAPRO CLASS	OTHER PROFILE FACTORS .0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
B1	L 8%	0-21	SBK CL	SS SP FR	-	36" SC 34"	-	-	0.3	2"
		21-36	SBK C	S P FI						
B2	L 8%	0-6	SBK CL	SS SP FR/FI	-	40" SC 38"	COMMON INCLUSIONS 30"	-	0.3	2"
		6-40	SBK C	S P FI						
B3	L 8%	0-8	SBK SCL	NS NP FR	-	38" SC 36"	MANY INCLUSIONS @36"	-	0.3	2"
		8-38	SBK C	S P FI						
B4	L 8%	0-6	SBK SCL	NS NP FR/FI	-	42" SC 40"	-	-	0.3	2"
		6-42	SBK C	S P FI						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	640 LF	640 LF
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3
Maximum Trench Depth	33"	33"

SITE CLASSIFICATION (.0509): S

EVALUATED BY: MIRANDA STAMPER 3/2/25

OTHER(S) PRESENT: _____



Comments: _____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

STAMPER SOIL SERVICES, PLLC
UNIONVILLE, NC
(919) 815-3997 / INFO@STAMPERSOILSERVICES.COM

PROPERTY ID #: 4725212483
DATE OF EVALUATION: 2/15/24
COUNTY: IREDELL

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS				.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ		
B5	L 8%	0-37	SBK CL	SS SP FR	-	48"	-	-	0.3	2"
		37-48	SBK C	S P FI		SC 46"				
B6	L 5%	0-5	SBK CL	SS NP FR	-	48"	-	-	0.3	2"
		5-48	SBK C	S P FI		SC 46"				
B7	L 8%	0-6	SBK CL	SS SP FR	-	48"	-	-	0.3	2"
		6-34	SBK C	S P FI		SC 46"				
		34-48	SBK CL	SS SP FI						
B8	L 5%	0-5	SBK CL	SS NP FR	-	48"	-	-	0.3	2"
		5-42	SBK C	S P FI		SC 46"				
		42-48	SBK CL	SS SP FI						

COMMENTS:

COMMERCIAL WAREHOUSE SEPTIC DAILY DESIGN FLOW (DDF) (DSE)					
ADDRESS:	211 MARBLE ROAD				
	STATESVILLE, NC 28625				
USE	UNIT A	UNIT B	UNIT C	UNIT D	TOTALS
BAY DOORS	3	1	2	3	9
OFFICES	6	2	2	10	20
SHOWROOM (SF)	0	0	0	0	0
DAILY DESIGN FLOW (GAL/DAY)	372	124	224	420	**1140**
OCCUPANT LOAD (PERSONS)	28	13	12	28	81
OCCUPANT LOAD DDF (GAL/DAY)	336	156	144	336	972

WATER TECHNOLOGY
a xylem brand

Job/Project: 211 Marble Rd.		Representative:	
ESP-Systemwize: WIZE-01FCB499	Created On: 03/01/2025	Phone:	
Location/Tag:		Email: info@stampersoilservices.com	Revision:
Engineer:		Submitted By: Miranda E. Stamper, LSS	Date: 03/01/2024
Contractor: TBD		Approved By:	Date:

Wastewater

Type: Elevator Kit

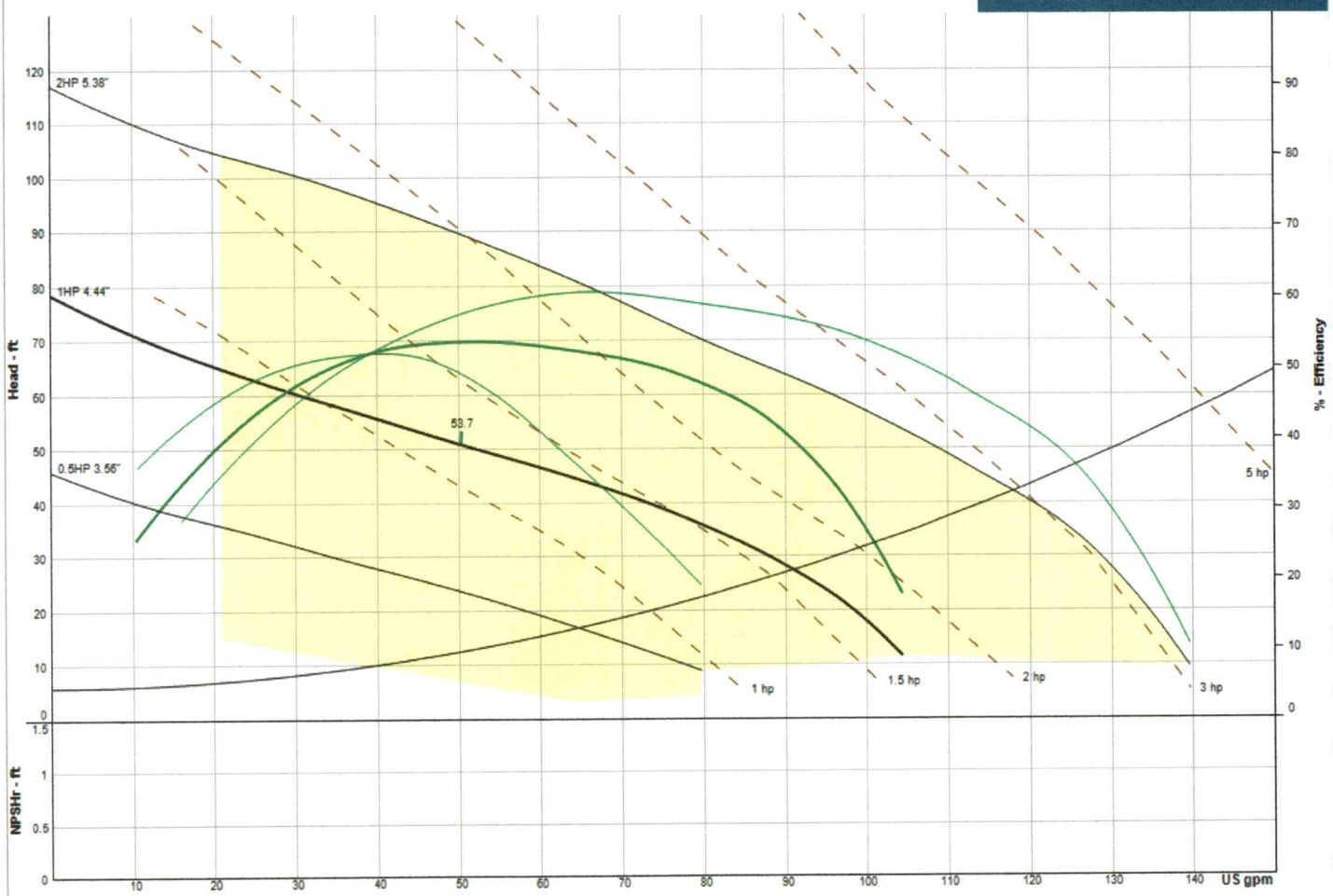
Model: WE1012HS



Pump Selection Summary	
No. of Pumps / Reserve	1 / 0
Nominal flow	81 US gpm
Nominal Head	23 ft
Static Head	6 ft
Inlet Pressure	0
NPSHr	---
Fluid Type	Water
Fluid Temperature	68 °F
Duty Point Pump Efficiency	39.5 %
Hydraulics	1HP 4.44"
Duty Point Power	1.59 bhp
Motor Speed	3600 rpm
RPM @ Duty Point	3500 rpm
Minimum Shutoff Head	78.5 ft
Minimum Flow at RPM	--- gpm
Flow @ BEP	50.3 gpm

Performance Curve

Elevator Kit
WE1012HS



xylem
Let's Solve Water

Xylem Inc.,
2881 East Bayard Street Ext., Suite A, Seneca Falls, NY 13148
Phone: (866) 325-4210 Fax: (888) 322-5877
www.xyleminc.com/brands/gouldswatertechnology

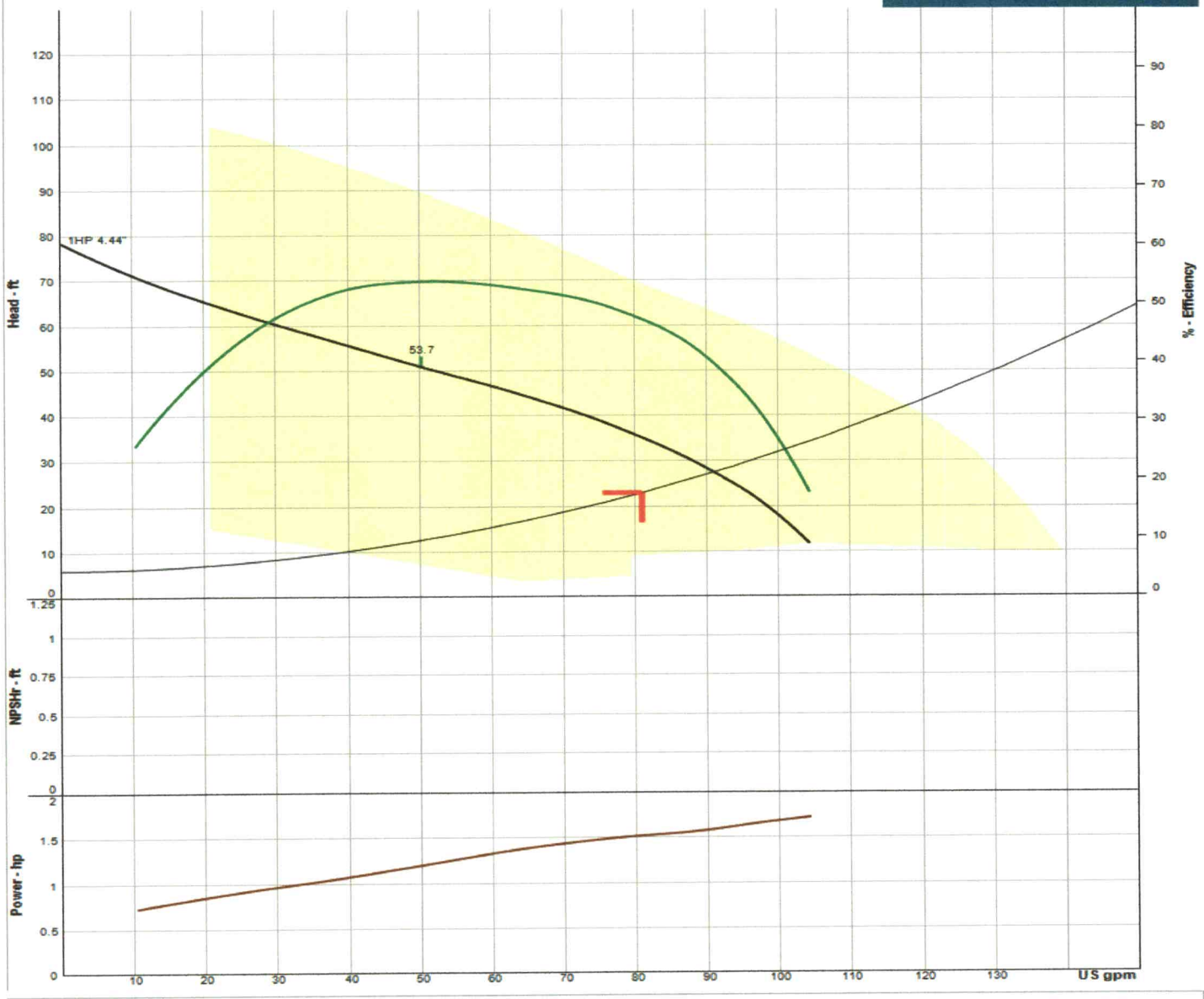
Goulds is a registered trademark of Goulds Pumps, Inc. and is used under license.

WATER TECHNOLOGY
a xylem brand

Job/Project: 211 Marble Rd		Representative:	
ESP-Systemwize: 47F3ED80	Created On: 2025-03-01	Phone:	
Location/Tag:		Email:	Revision:
Engineer:		Submitted By:	Date:
Contractor:		Approved By:	Date:

Performance Curve

Effluent
WE



Pump Selection Summary

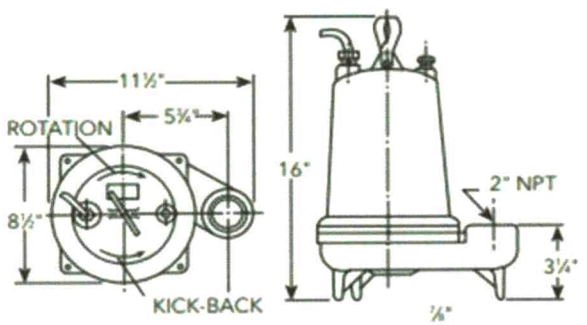
Pump Capacity	81 US gpm	RPM @ Duty Point	3500
Pump Head	23 ft	Impeller Diameter	1HP 4.44"
Control Head	6 ft	NPSHr	---
Duty Point Pump Efficiency	39.5 %	Motor Power	2 hp
Pump PLEVv Efficiency	0.0 %	Motor Speed	3600 rpm
Duty point Power	1.59 bhp	Minimum Shutoff Head	78.5 ft
Minimum Flow at RPM	--- US gpm	Fluid Type	Water
Flow @ BEP	50.3 US gpm	Fluid Temperature	68 °F
Weight (approx. - consult rep)	lbs	Floor Space	ft²

xylem
Let's Solve Water

Xylem Inc.
8200 N. Austin Avenue, Morton Grove, IL 60053
Phone: (847)966-3700 Fax: (847)965-8379
www.bellgossett.com

DIMENSIONS

(All dimensions are in inches. Do not use for construction purposes.)



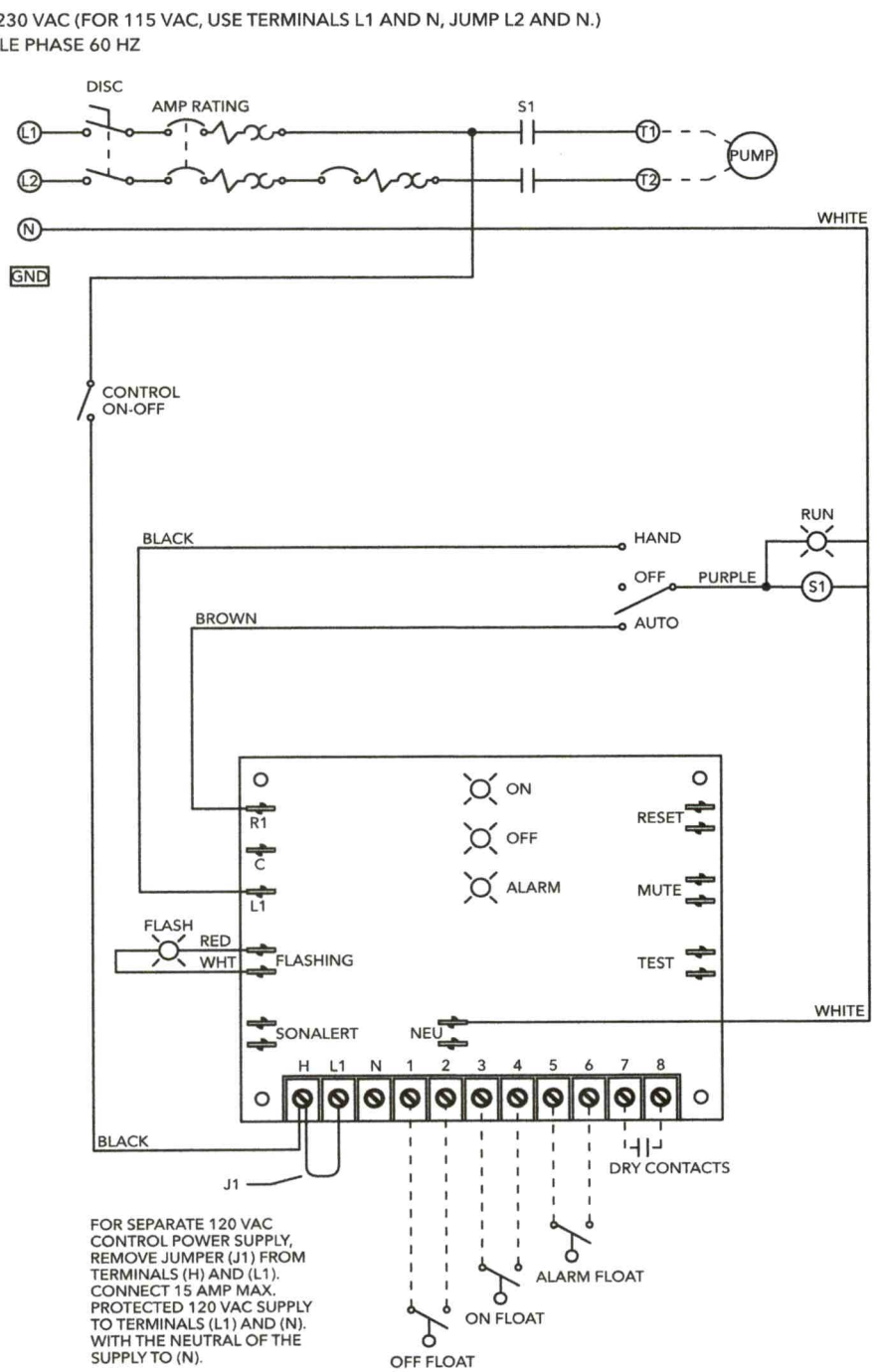
GOULDS WATER TECHNOLOGY

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SUBMITTAL

SIM1ØDISC

Simplex Panel Installation - Single Phase



Xylem Inc.
2881 East Bayard Street Ext., Suite A, Seneca Falls, NY 13148
Phone: (866) 325-4210 Fax: (888) 322-5877
www.xylem.com/gouldswatertechnology

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GOULDS WATER TECHNOLOGY

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SUBMITTAL

A2DSERIES

A2D Series

SJE PUMPMASTER® PUMP SWITCH



Features

- Mechanically activated, heavy duty contacts
- Non-corrosive PVC housing for use in liquids up to 140° F (60° C)
- Not sensitive to rotation or turbulence
- Pumping range: 7" to 36"
- 16 AWG, SJOW cord
- For non-potable water, water or sewage applications
- UL Recognized for use in water and sewage
- CSA Certified

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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, Joseph Hyde / ISource Properties, LLC, am the legal owner(s) of the property located at 211 Marble Rd, Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4725212483., located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

Miranda Stamper, Stamper Soil Services, PLLC, 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.

Joel Hyde
_____
Signature of Owner(s)

7/16/2024
Date

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

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

CITY of Statesville
NORTH CAROLINA

PO Box 1111 Statesville, NC 28687

11345
Ser PUD/048
25 July 2024

Iredell County Environmental Health
Iredell County Government Center
P.O. Box 788
Statesville, NC 28687

Subject: City of Statesville Sewer Waiver ICO PIN 4725212483

References: (a) § 8.03 City of Statesville Unified Development Ordinance (UDO)
(b) City Council Meeting 5 June 2023

To Whom It May Concern:

Please be apprised that the Statesville City Council at its regularly scheduled meeting held on June 5, 2023, granted a waiver to 1SOURCEKITCHENS, LLC for the installation of a septic system at PIN 4725212483 (aka 211 Marble Road). Point of contact is the undersigned at phone (704) 761-2383, email wvaughan@statesvillenc.net.

Sincerely,

William E. Vaughan, DPA, PE
Public Utilities Director

Cc: Ms. Autumn Hill, PUD Office Manager

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief 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 submitted 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:
☒ (a2) Improvement Permit ☒ (a2) Construction Authorization ☐ (a2) Repair/Construction Authorization

If applying for a Construction Authorization, please indicate desired system type(s):
☒ Accepted ☐ Conventional ☐ Innovative ☐ Other _____ ☐ Any

☒ New Construction ☐ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair
☒ 5-Year Expiration Requested (site plan provided) ☐ Non-Expiring Permit Requested (plat provided, defined in G.S.130A-334(7a)
Requesting DHHS review? (systems >3000 GPD or IPWW) ☐ Yes ☒ No

Applicant: Stamper Soil Services, PLLC
Mailing Address: 4115 Highland Pointe Dr.
City: Unionville
State: NC Zip: 28110-9113
Phone #: 919-815-3997
Email: info@stampersoilservices.com

Owner: 1 Source Properties
Mailing Address: 387 Wood Bridge Rd.
City: Statesville
State: NC Zip: 28625
Phone #: 704-201-9935
Email: joehyde@bellsouth.net

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

☐ Yes	☒ No	Does the site contain any jurisdictional wetlands?
☐ Yes	☒ No	Is any wastewater going to be generated on the site other than domestic sewage?
☐ Yes	☒ No	Is the site subject to approval by any other public agency?
☐ Yes	☒ 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: Miranda E. Stamper Date: 5/28/24

Owner's Signature: Joe Hyde Date: _____
Joe Hyde (May 28, 2024 16:30 EDT)

Application for Services

Final Audit Report 2024-05-28

Created:	2024-05-28
By:	Kevin Miller (info@stampersoilservices.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAO-nYN8XaSDTg2D0v0obAru7PNorRGMTT

"Application for Services" History

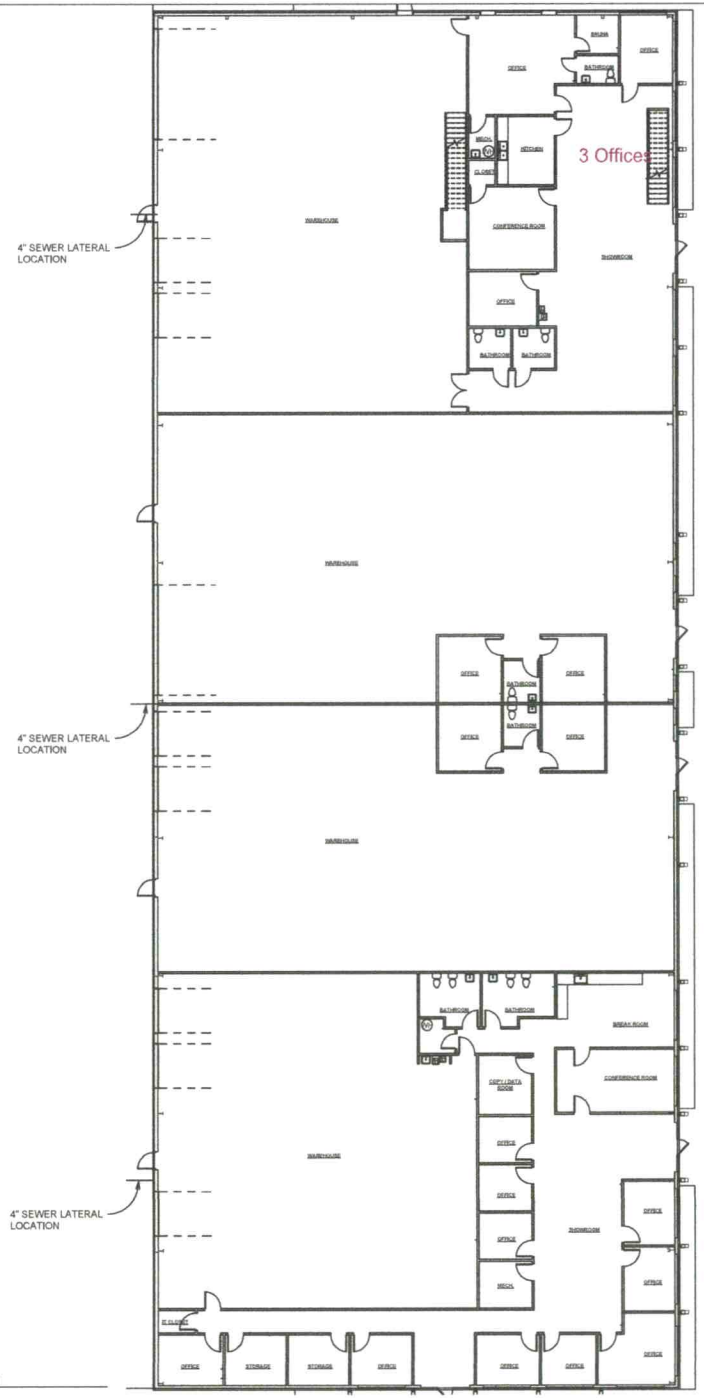
Document created by Kevin Miller (info@stampersoilservices.com)
2024-05-28 - 8:16:34 PM GMT

Document emailed to Joe Hyde (joehyde@bellsouth.net) for signature
2024-05-28 - 8:16:41 PM GMT

Email viewed by Joe Hyde (joehyde@bellsouth.net)
2024-05-28 - 8:29:54 PM GMT

Document e-signed by Joe Hyde (joehyde@bellsouth.net)
Signature Date: 2024-05-28 - 8:30:52 PM GMT - Time Source: server

Agreement completed.
2024-05-28 - 8:30:52 PM GMT



OVERALL PLAN
3/32" = 1'-0"

UPFIT A

UPFIT B

UPFIT C

UPFIT D



② OVERALL PLAN-2ND STORY
3/32" = 1'-0"

PROVIDENCE PARTNERS
8101 Tower Point Dr. Suite 200
Charlotte, NC 28227
(704) 266-6621
www.providencepartnersinc.com
NC COA: C-4456

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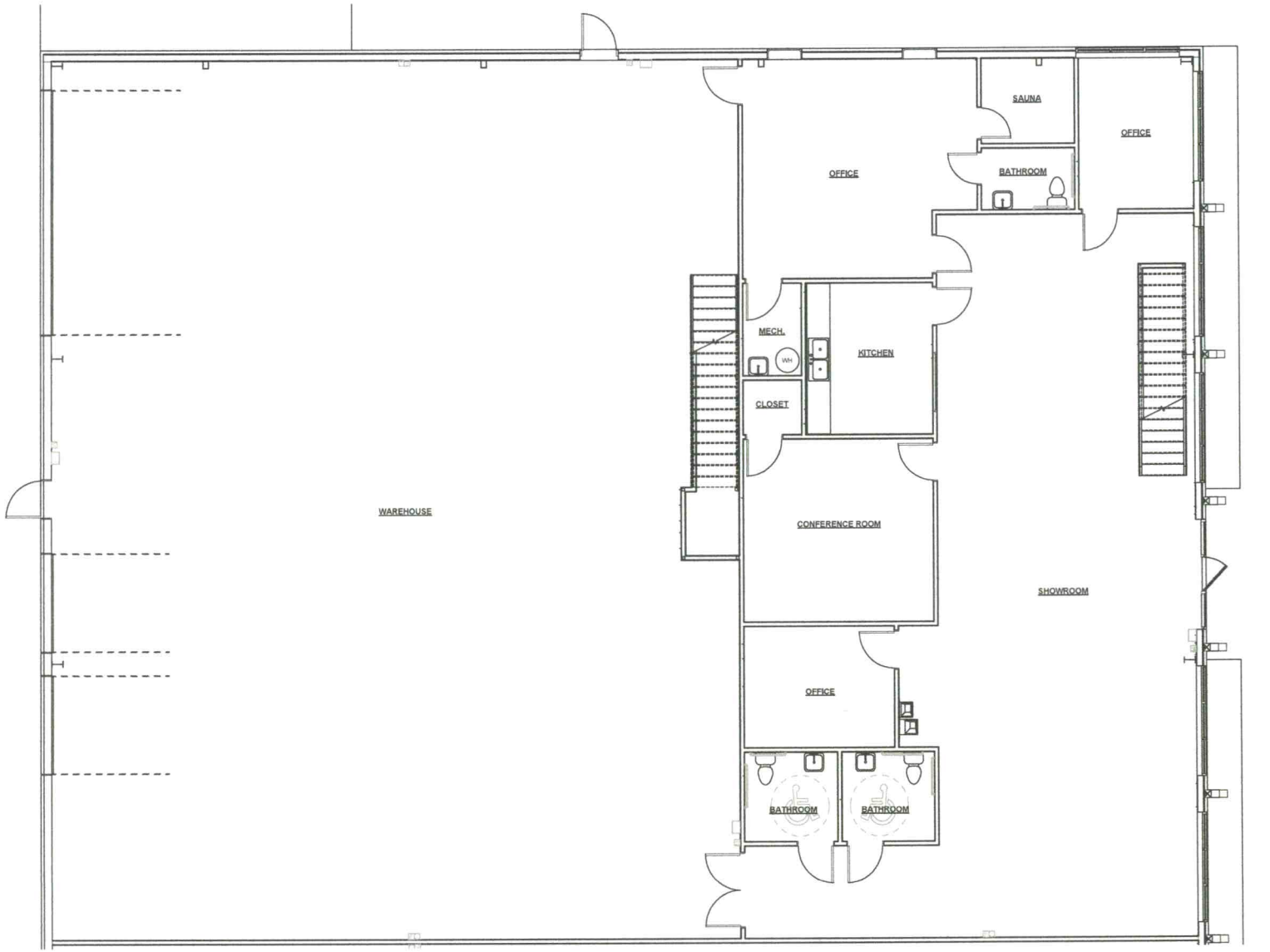
Client: MARBLE RD. UPFIT A-D

Address: 211 MARBLE RD. STATESVILLE, NC 28625

Checked By:	B. Cone
Drawn By:	N. Morgan
Date:	02/20/2025

OVERALL PLAN

01



1 UPFIT A
1/4" = 1'-0"

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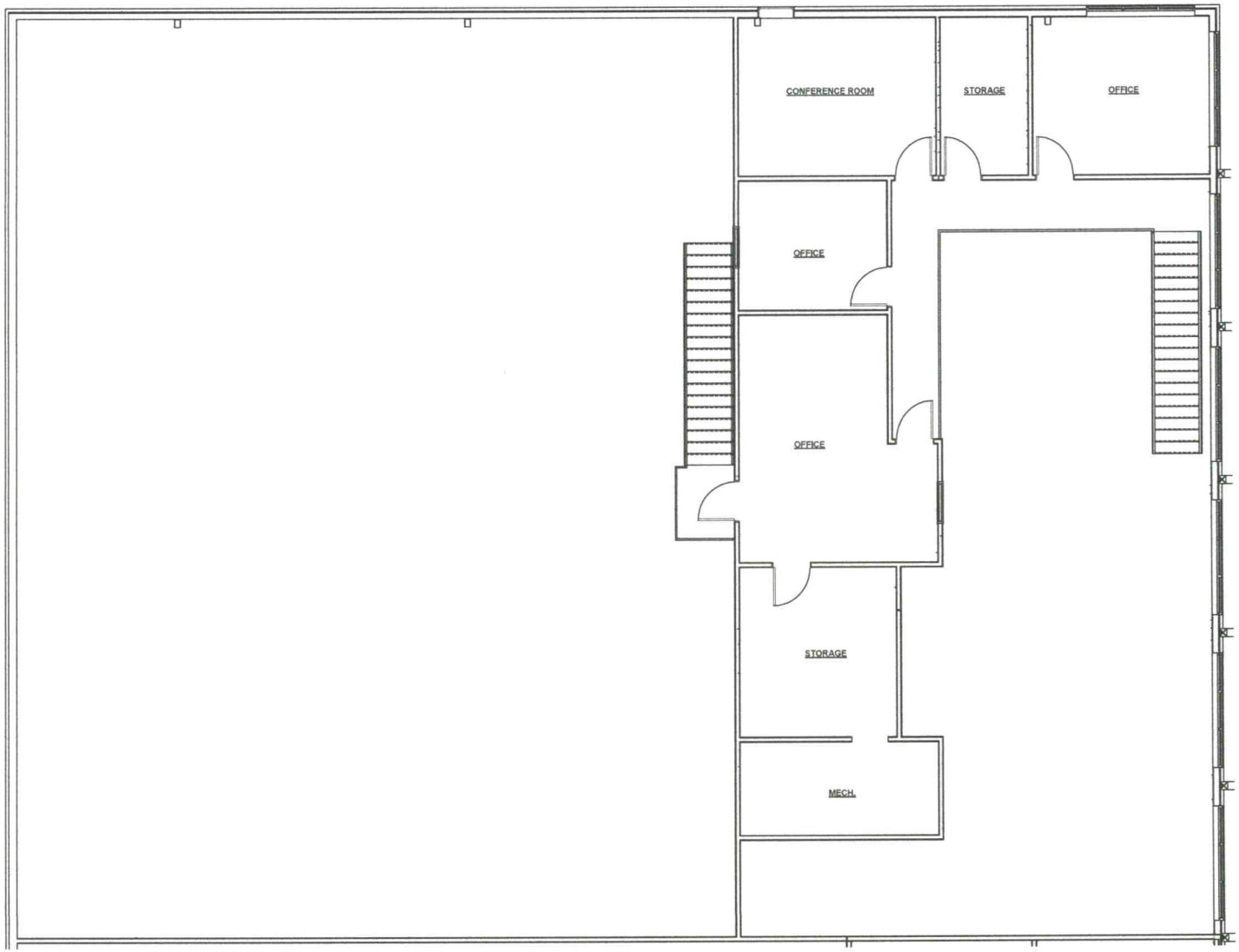
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Address: 211 MARBLE RD.
STATESVILLE, NC 28625

Checked By:	B. Cone
Drawn By:	N. Morgan
Date:	02/20/2025

UPFIT A

02



1 UPFIT A-2nd FLOOR
1/4" = 1'-0"

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Date:	02/20/2025

UPFIT A-2ND STORY

03

13 Person Occupant Load

= BUSINESS AREA

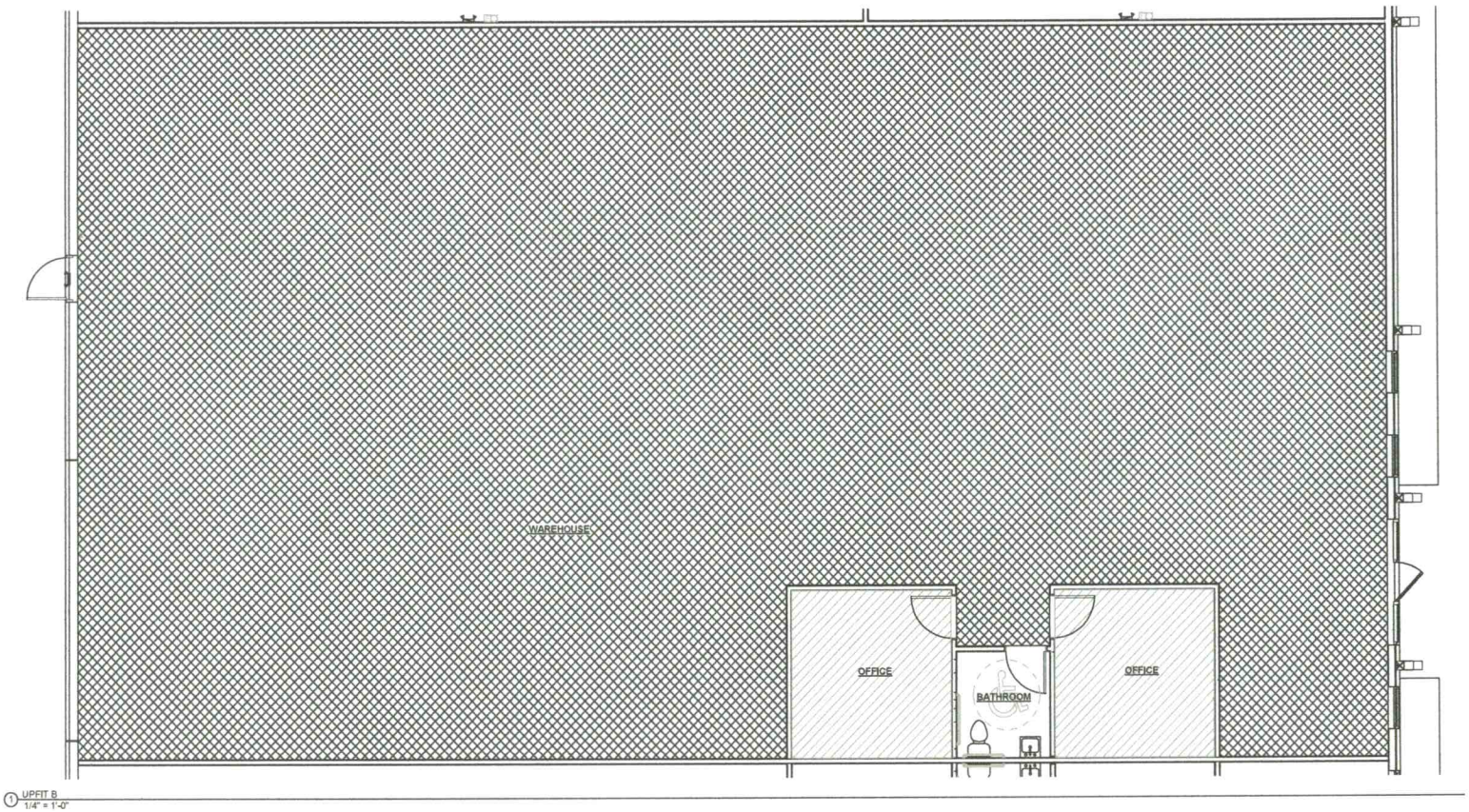
= WAREHOUSE AREA

OCCUPANT LOAD CALCULATION FOR UPFIT B

THE OCCUPANT LOAD FOR UNIT B HAS BEEN DETERMINED IN ACCORDANCE WITH TABLE 1004.1.2 OF THE 2018 NORTH CAROLINA BUILDING CODE (NCBC), WHICH ESTABLISHES MAXIMUM FLOOR AREA ALLOWANCES PER OCCUPANT BASED ON THE USE OF THE SPACE.

- BUSINESS AREA (288 SQ. FT.)
  - OCCUPANT LOAD FACTOR: 100 SQ. FT. PER PERSON
  - OCCUPANT LOAD: 288 ÷ 100 = 2.88 ≈ 3 PERSONS
- WAREHOUSE AREA (4,797 SQ. FT.)
  - OCCUPANT LOAD FACTOR: 500 SQ. FT. PER PERSON
  - OCCUPANT LOAD: 4,797 ÷ 500 = 9.59 ≈ 10 PERSONS

TOTAL OCCUPANT LOAD FOR UPFIT B: 13 PERSONS



1 UPFIT B
1/4" = 1'-0"

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Checked By:	B. Cone
Drawn By:	N. Morgan
Date:	02/20/2025

UPFIT B

04

12 Person Occupant Load

= BUSINESS AREA

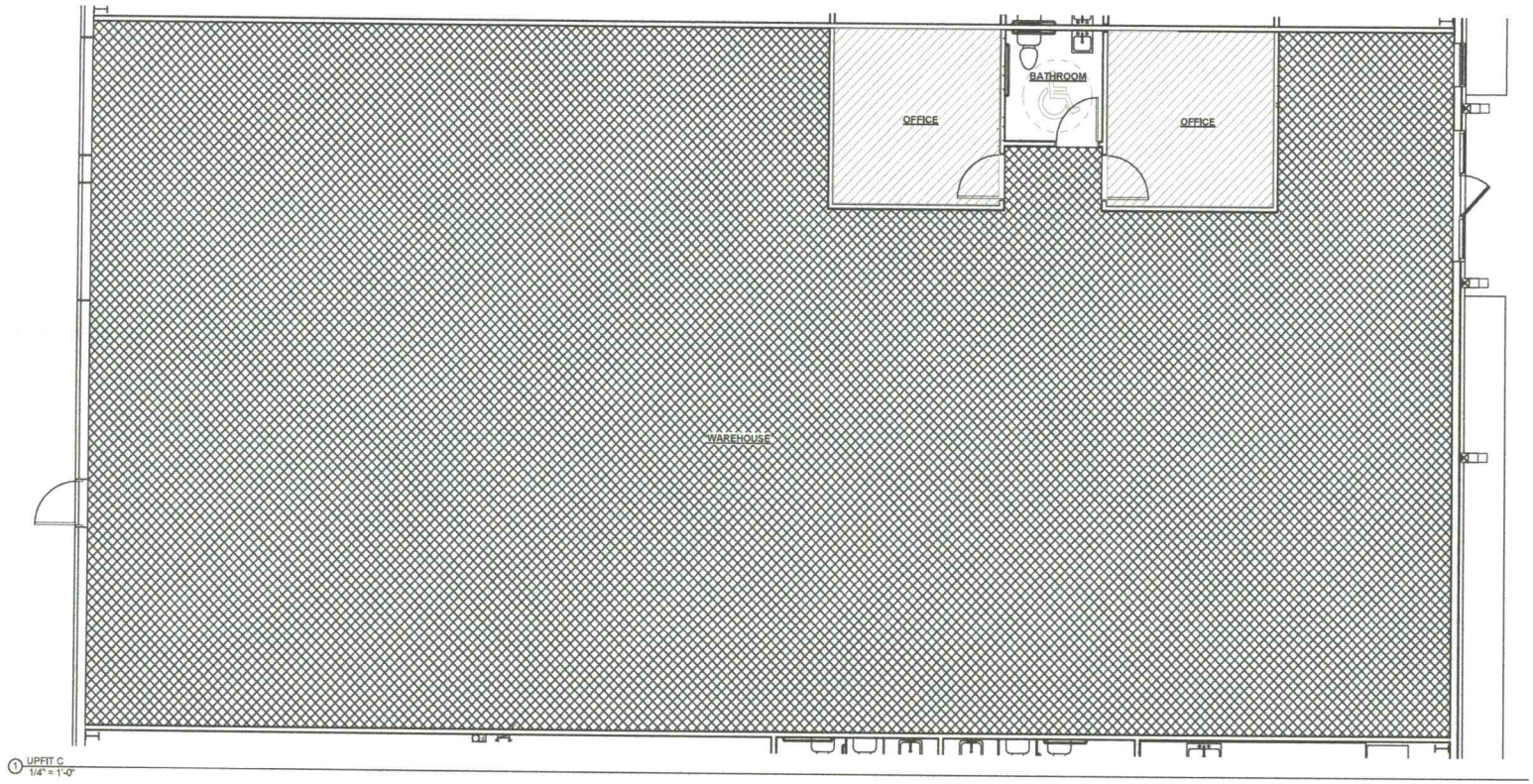
= WAREHOUSE AREA

OCCUPANT LOAD CALCULATION FOR UPFIT C

THE OCCUPANT LOAD FOR UNIT B HAS BEEN DETERMINED IN ACCORDANCE WITH TABLE 1004.1.2 OF THE 2018 NORTH CAROLINA BUILDING CODE (NCBC), WHICH ESTABLISHES MAXIMUM FLOOR AREA ALLOWANCES PER OCCUPANT BASED ON THE USE OF THE SPACE.

- BUSINESS AREA (288 SQ. FT.)
  - OCCUPANT LOAD FACTOR: 100 SQ. FT. PER PERSON
  - OCCUPANT LOAD: 288 ÷ 100 = 2.88 = 3 PERSONS
- WAREHOUSE AREA (4,400 SQ. FT.)
  - OCCUPANT LOAD FACTOR: 500 SQ. FT. PER PERSON
  - OCCUPANT LOAD: 4,400 ÷ 500 = 8.8 = 9 PERSONS

TOTAL OCCUPANT LOAD FOR UPFIT C: 12 PERSONS



1 UPFIT C
1/4" = 1'-0"

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No.	Description	Date

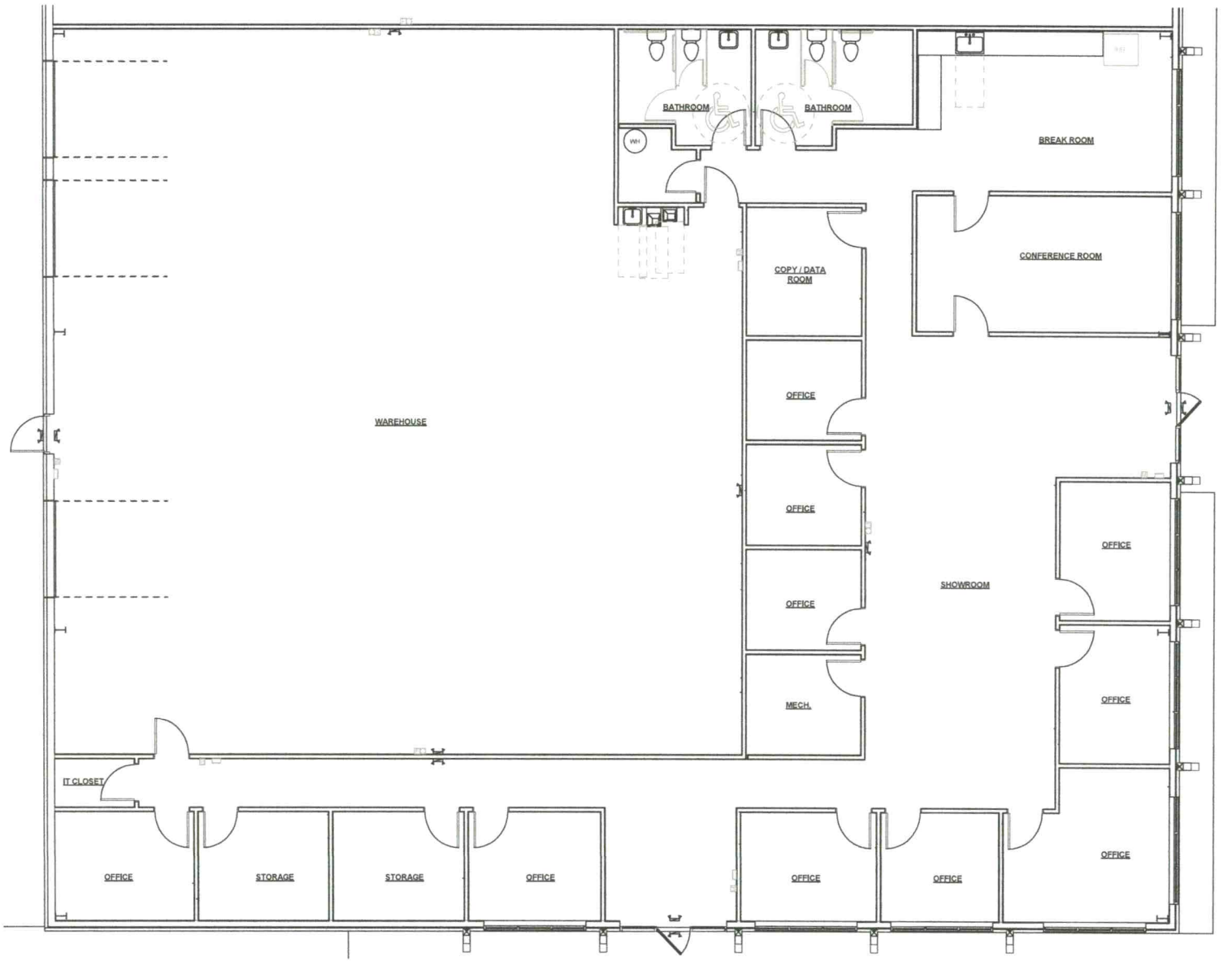
Client: MARBLE RD. UPFIT A-D

Address: 211 MARBLE RD.
STATESVILLE, NC 28625

Checked By:	B. Cone
Drawn By:	N. Morgan
Date:	02/20/2025

UPFIT C

06



1 UPFIT D
1/4" = 1'-0"

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UPFIT D

07