ICHD - ENVIRONMENTAL HEALTH DIVISION

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

CW BLDR-2023-40812

PERMIT # OSWIP-2023-21932

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

PIN # 4727 -- 81 -- 5430

APPLICANT/OWNER: CUSTOM HOMES BY LISA | APPLICANT ADDRESS: 194 CROSS COUNTRY ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 159 FOY LANE, STATESVILLE, N.C. 28625 | PHONE: 704-902-0733 | ALT. PHONE —

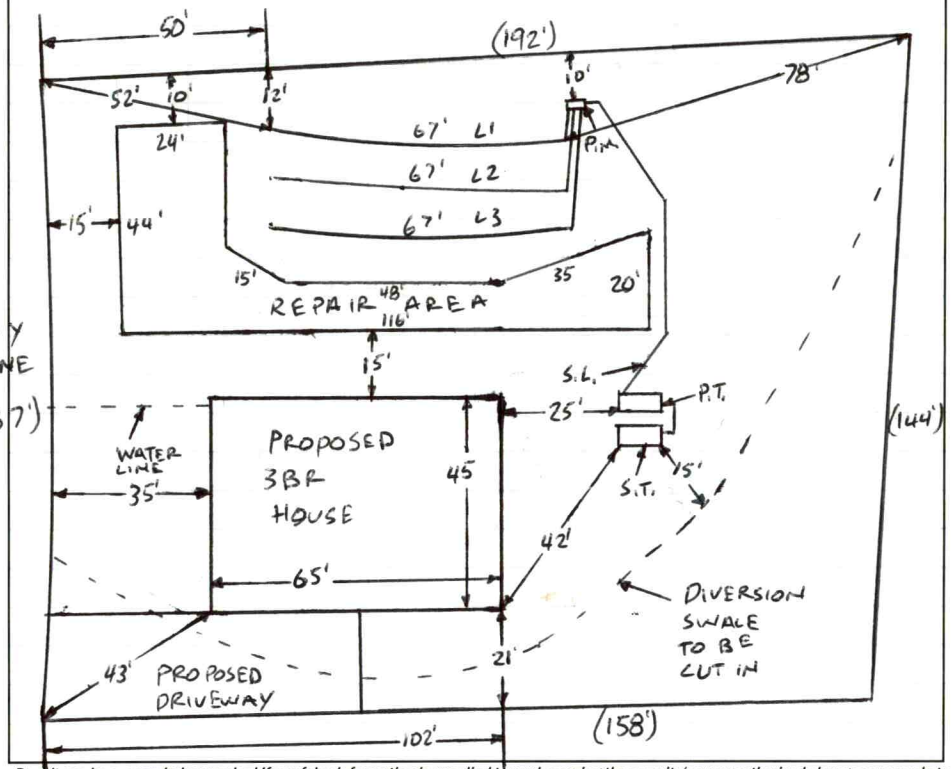
SITE DIRECTIONS: (N) ON 115, (R) ON REDCHIMNEY, (R) ON FOY, LOT ON (L) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: NORTH CROSSING | SECTION: P2 | LOT # 14 | LOT AREA: 0.524 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	InFiltrator	Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	5/3/24	System Description:	50% REDUCTION-HPPBPS-P.M.			☐ Business	No. Persons 6	☐ Private
Pump Make		Model		Serial #		Repair System Description:	50% REDUCTION-HPPBPS			☐ Other	No. Employees	☑ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	201 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	24 IN	Trench Bottom Depth(Low side)	28 IN	Gravel Depth			☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE EQUAL DISTRIBUTION VIA PRESSURE MANIFOLD, DO NOT EXCEED A 36IN MAX TRENCH DEPTH, NO FOUNDATION DRAINAGE ON LEFT SIDE OF HOUSE

INITIAL SITE SKETCH



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 CW
Tanks 7/9/24
11/1/2024
- PH / Flocks / Electrical Alarm - BB-

1IN = 40 FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
S.L. = SUPPLY LINE
P.M. = PRESSURE MANIFOLD

TAPS
L1 = ½ SCH 40
L2 = ½ SCH 40
L3 = ½ SCH 40

DOSE VOLUME = 162 GAL
# OF PANELS = 45
RUNTIME = 7.5 MINS
GPM = 21.33
DRAW DOWN = 7.75 IN
PRESSURE HEAD = 2FT
SUPPLY LINE DIA = 2IN

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: Jake Williams

IMPROVEMENT PERMIT by: Bryant C. White ✓ | Date: 6-27-2023 | OPERATION PERMIT by: Bryant C. White ✓ | Date: 11-1-2024

AUTHORIZATION TO CONSTRUCT by: Bryant C. White ✓ | Date: 6-27-2023 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4727-81-5430
DATE OF EVALUATION: 5-26-2023
COUNTY: IREDELL

159 FOY LANE, STATESVILLE, N.C. 28625

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	OLD DRIVEWAY CUT 12%	0-6	GRAVEL		SAP INC THRU OUT	40"	PS II L	NA	PS .3
		6-16	C, ABK	FI, S, P, SEXP					
		16-40	CL, WABK	FR, SS, SP, SEXP					
		40-60	SAP, MAS	VFR, NS, NP, SEXP					
2	LINEAR SIDE 18%	0-24	C, ABK	FI, S, P, SEXP	SAP INC THRU OUT	48"+	PS II L	NA	PS .3
		24-48	CL, WABK	FR, SS, SP, SEXP					
		48-56	SAP, MAS	VFR, NS, NP, SEXP					
3	LINEAR SIDE FOOT 19%	0-12	C, WABK	FR, S, P, SEXP	SAP INC THRU OUT MANY FI	36"	PS II L VFI-FR	ROCK 48"	PS .3 ABOVE 36"
		12-36	CL, WABK	FR, SS, SP, SEXP					
		36-48	SAP, RC	VFI-FR, NS, NP, SEXP					
		48+	BHR	ROCK					
4	FOOT 15%	0-18	C, ABK	FR, S, P, SEXP	SAP INC THRU OUT	52"	PS II 2	NA	PS .3
		18-52	CL, WABK	FR, SS, SP, SEXP					
		52-60	SAP, MAS	VFR, NS, NP, SEXP					

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

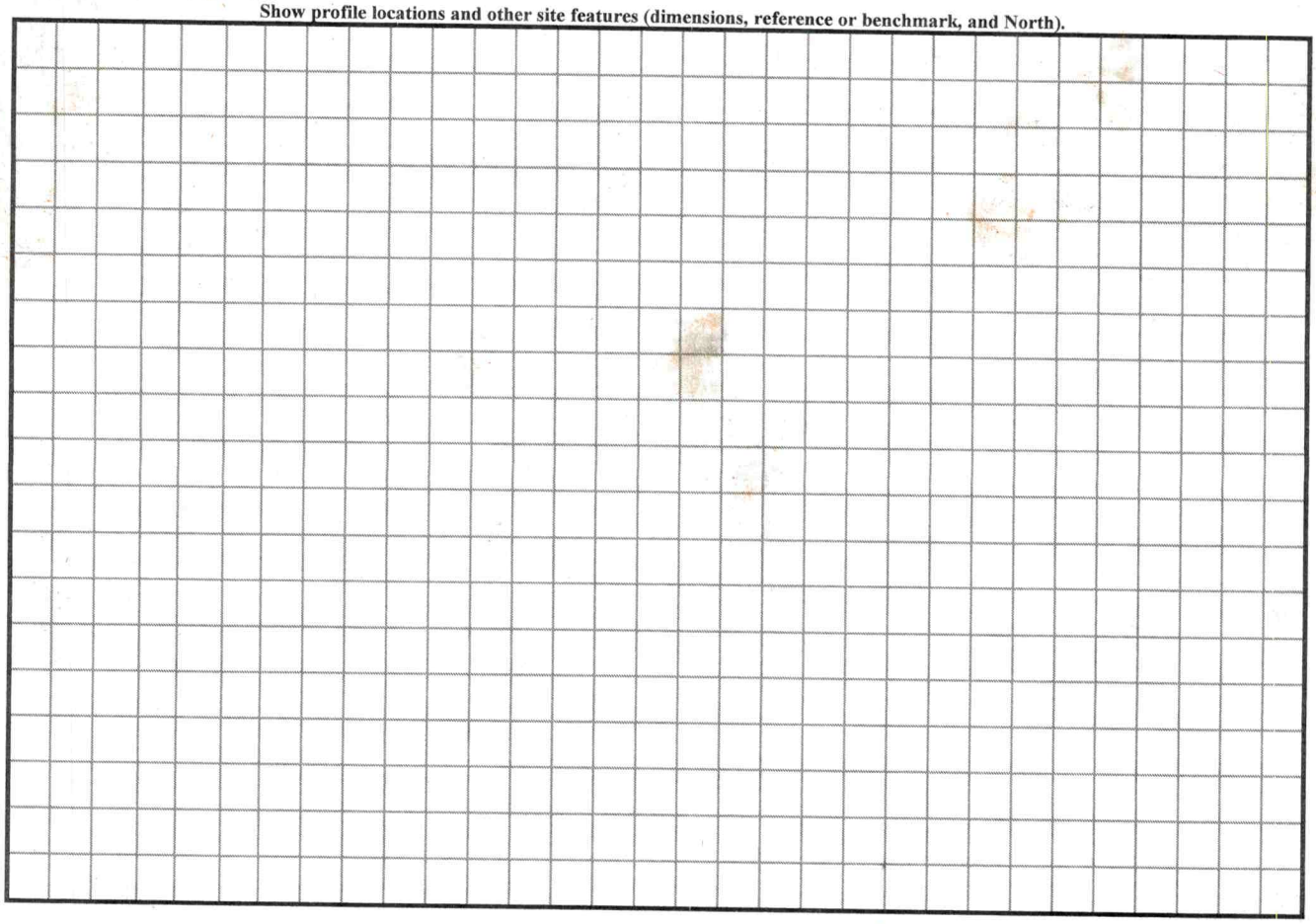
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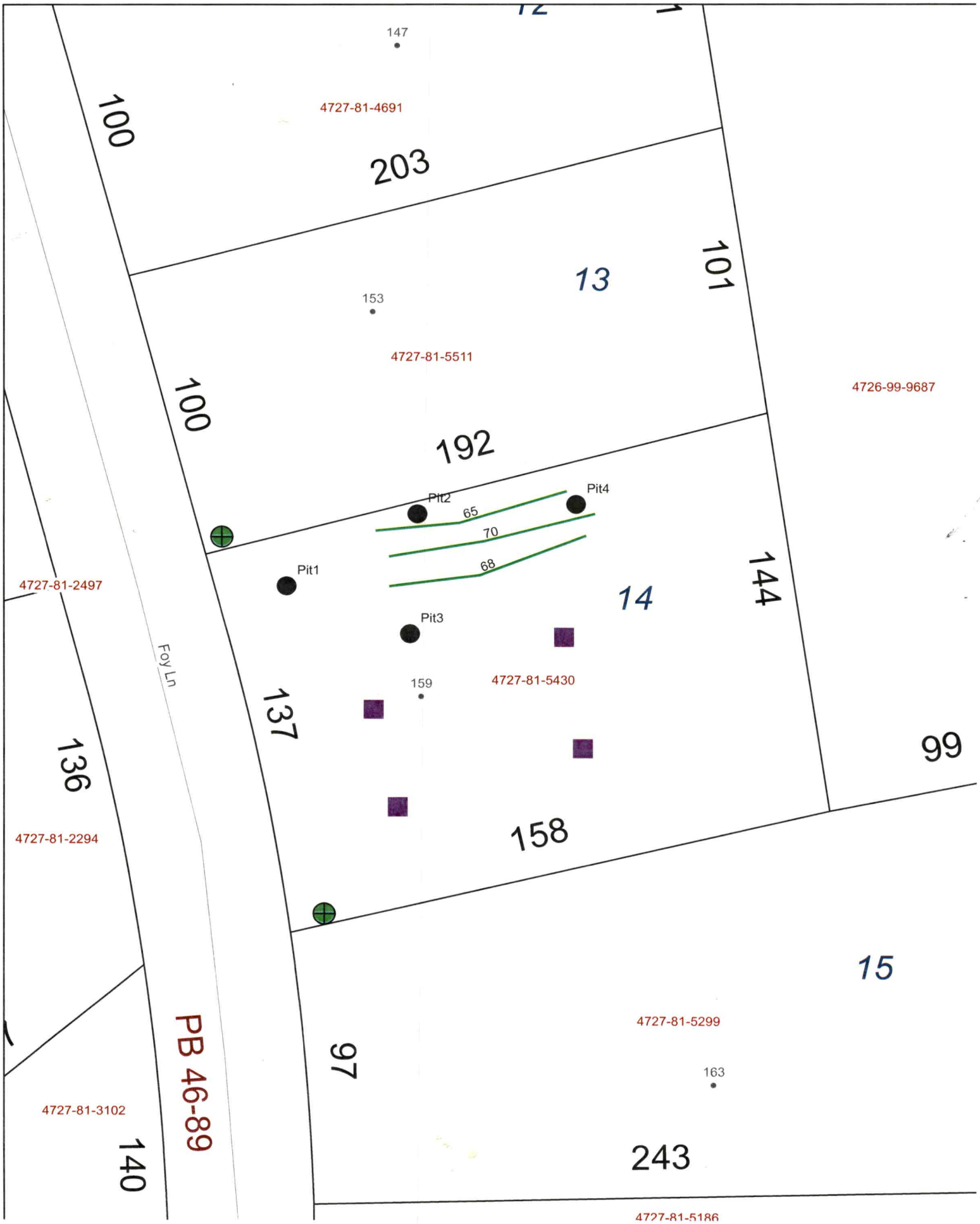
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).




147
4727-81-4691
100
203
101
13
153
4727-81-5511
4726-99-9687
100
192
Pit2
Pit4
65
70
68
Pit1
4727-81-2497
14
144
Pit3
Foy Ln
159
4727-81-5430
137
99
136
158
4727-81-2294
15
4727-81-5299
PB 46-89
97
163
4727-81-3102
140
243
4727-81-5186

PERMIT SNAPSHOT REPORT OSWP-2023-21932 FOR IREDELL COUNTY

Permit Type:	Environmental Health OSWP	**Project:**		**App Date:**	04/12/2023
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	

Description: new septic applying for IP/AC ***Bryant has pits scheduled at 106 foy for Friday 5/26, same owner, wants to do pits at same time - per BCW***

Parcel:	4727815430.000	Main	**Address:**	159 Foy Ln Statesville, NC 28625	Main	**Zone:**	R-20(Suburban Residential District)

Property Owner	Applicant/Authorized Agent
Custom Homes By Lisa, Inc.	Custom Homes By Lisa, Inc.
4861 wilkesboro hwy 194	4861 wilkesboro hwy 194
CROSS COUNTRY ROAD	CROSS COUNTRY ROAD
Statesville, NC 28625	Statesville, NC 28625
Business: (704) 902-0733	Business: (704) 902-0733

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	30 x 60	What are the proposed structures	New Single Family Residence
Type of New Single-Family Residence	Stick Built	Maximum Number of Bedrooms	3	If other Addition/Structure, please explain	
Number of Occupants	4	Foundation Type	Crawl Space Foundation	Residential/Business/Other	Residential
Water Supply	Other Public Water	Desired Septic System Type	Conventional (most common)	If other septic system type, please explain	
Pump Make		# of Nitrification Fields		Model	
Serial #		System Description		Repair System Description	
Comments/Conditions		Permit type(s)	Authorization to Construct, Improvement Permit with Plat, Improvement Permit with Site Plan	Lot Acreage	0.524
Front Setback	35	Back Setback	35	Left Setback	15
Right Setback	15	Zoning Permit Issued Date	May 16 2023 12:00AM	Zoning Permit Expiration Date	Nov 12 2023 12:00AM
Additional Unique Setbacks Apply	No	Watershed	NOT IN A WATERSHED		

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Lisa_Williams_4/13/2023.jpg	04/12/2023 21:13	Williams, Lisa		Uploaded via CSS
Scan Apr 12, 2023 (2)_v1.pdf	04/13/2023 8:06	COMEAUX, DEBRA	Available Online	Authorize to Act as Agent
IMG_2922_v1.jpg	04/13/2023 8:09	COMEAUX, DEBRA	Available Online	Floor Plan(s)
OSWP-2023-21932 SITE PLAN.pdf	05/12/2023 16:53	Bailey, Julia		

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00013973	New Gravity System	$500.00	$500.00
	Iredell Zoning Tech Fee	$2.25	$2.25
	Iredell Zoning Permit Fee	$75.00	$75.00
	Total for Invoice INV-00013973	$577.25	$577.25
	Grand Total for Permit	**$577.25**	**$577.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		05/10/2023 9:43	05/10/2023 9:43

Iredell County
Central Permitting Division

349 North Center Street P.O. Box 788 Statesville, NC 28687
Plan Review 704-878-3113 Fax 704-878-3171

Please Complete for Environmental Health if on Septic and/or Well:

Water Source: New Well ☐ Existing Well ☐

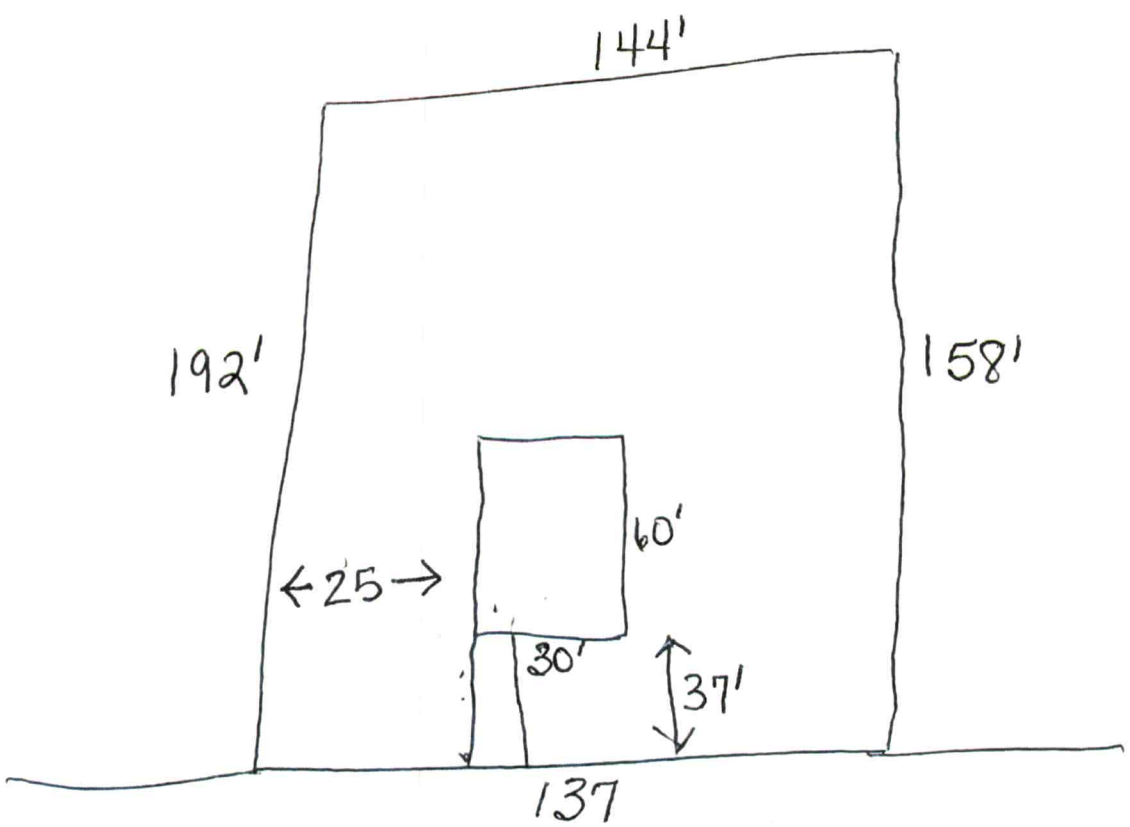
Is there an Existing Septic System on the Property: Yes☐ No☑

If Yes, Do you plan to use the Existing System: Yes☐ No☐

Do you plan to Expand or Relocate the Existing System: Yes☐ No☐

Site Plan Drawing

Please include a drawing of the property including existing buildings and structures, intended buildings and structures, property lines, dimensions, and separation distances.



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, Lisa C. Williams, am the legal owner(s) of the property located at 159 Foy Lane Statesville NC, identified as PIN (Parcel Identification Number) 4727815430.000, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Custom Homes By Lisa, INC _____, 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.

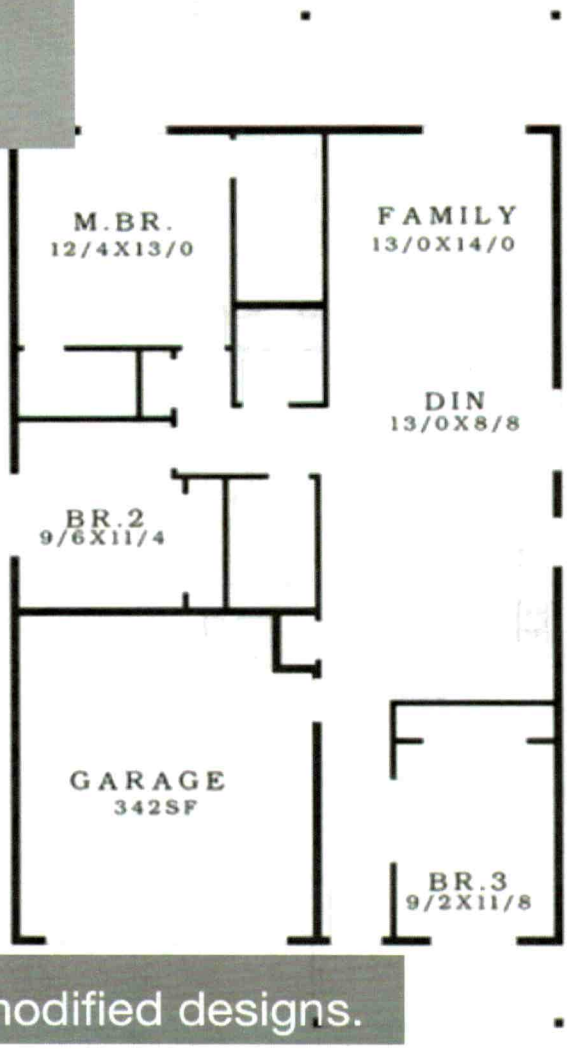
Lisa C. Williams
Signature of Owner(s)

4-12-23
Date

Mooresville - Environmental Health
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

PLAN 943-46



Photographs may show modified designs.