BLDR-2024-49715

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 2024-47860

PIN # 4730 -- 10 -- 3898

APPLICANT/OWNER: Bill Denton

APPLICANT ADDRESS: 137 Wildwood Cove Dr, Mooresville, NC 28117

SITE ADDRESS: 154 Emerald Creek Dr, Troutman, NC 28166 ✓

PHONE: 704-706-4645

ALT. PHONE:

SITE DIRECTIONS: N Perth -> L State Park -> L Morrison Farm -> L Emerald Creek

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Falls Cove - Parkwood ✓

SECTION: 6

LOT # 642 ✓

LOT AREA: 2.32

DESIGN FLOW: 480

L.T.A.R.(Initial): 0.25

L.T.A.R (Repair): 0.1

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 7 Linear Ft: 320

Trench Width 36 *Max. Trench Depth(Initial) 30 *Max. Trench Depth(Repair) 6 Gravel Depth n/a

* Measured on the downhill side of the trench

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

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

System Description: HPPBPS - Serial

Repair System Description: Vd Anaerobic Drip

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

Usable Depth to LC (Initial): 42

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

Usable Depth to LC (Repair): 18 *Limiting Condition*

Water Supply

☑ Private

☐ Public

☐ Community

Comments / Conditions: Do not pave, grade, drive, park, or bury utilities in drainfield.
Divert all drainage from drain field.

INITIAL SITE SKETCH

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

Steve Cannon

LSS# 1291

Construction authorization issued pursuant to: G.S. 130A-335(a2) & (a5)

AOWE# 10047E

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.

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: Abernathy

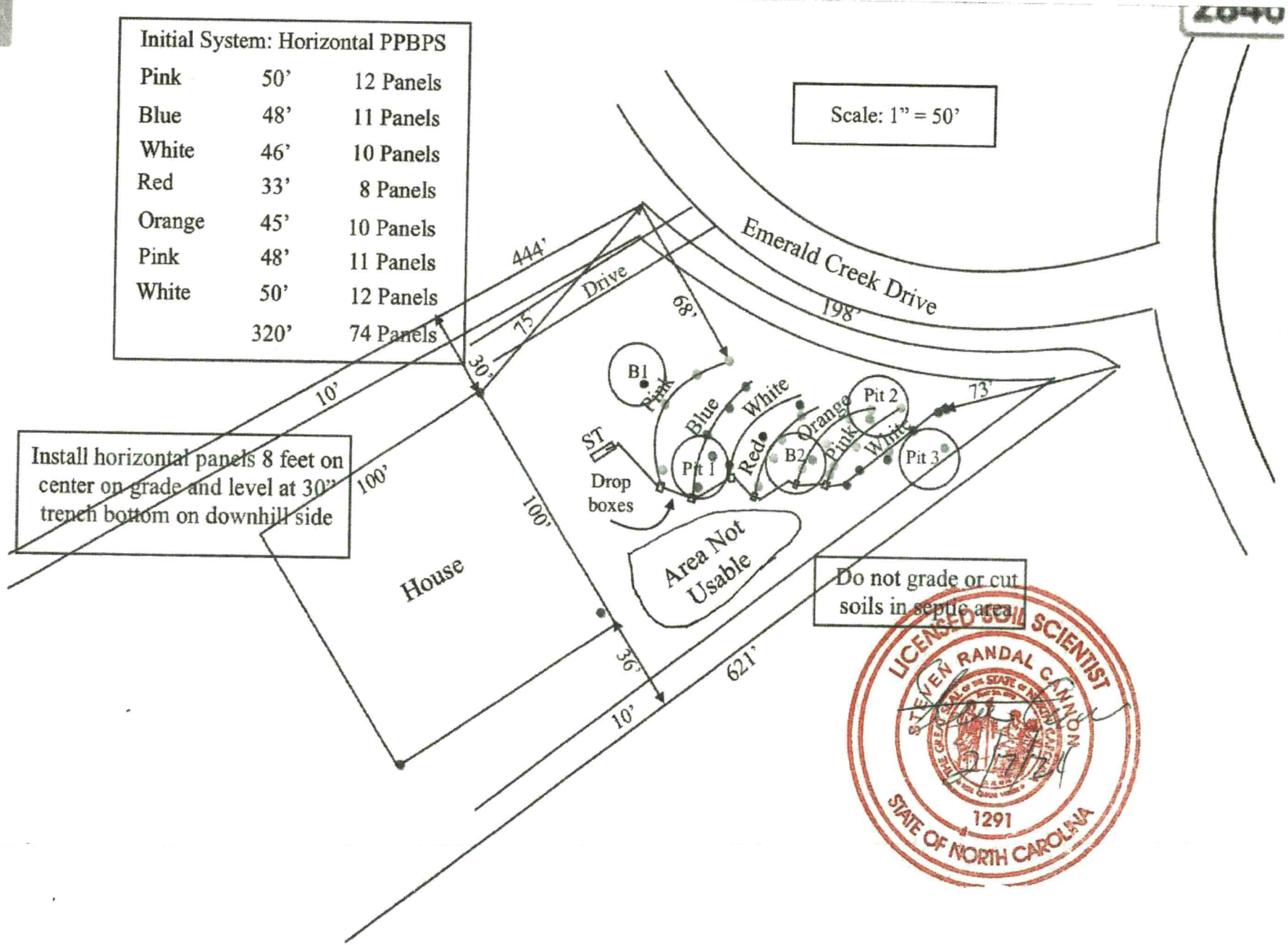
IMPROVEMENT PERMIT by: D. Wisberg Date: 3/7/24 ✓

OPERATION PERMIT by: Date: 1/14/25 ✓

AUTHORIZATION TO CONSTRUCT by: D. Wisberg Date: 3/7/24 ✓

Existing System Inspected by: Date:

6:04 PM Wed Feb 7
Bill Denton
85%
Done

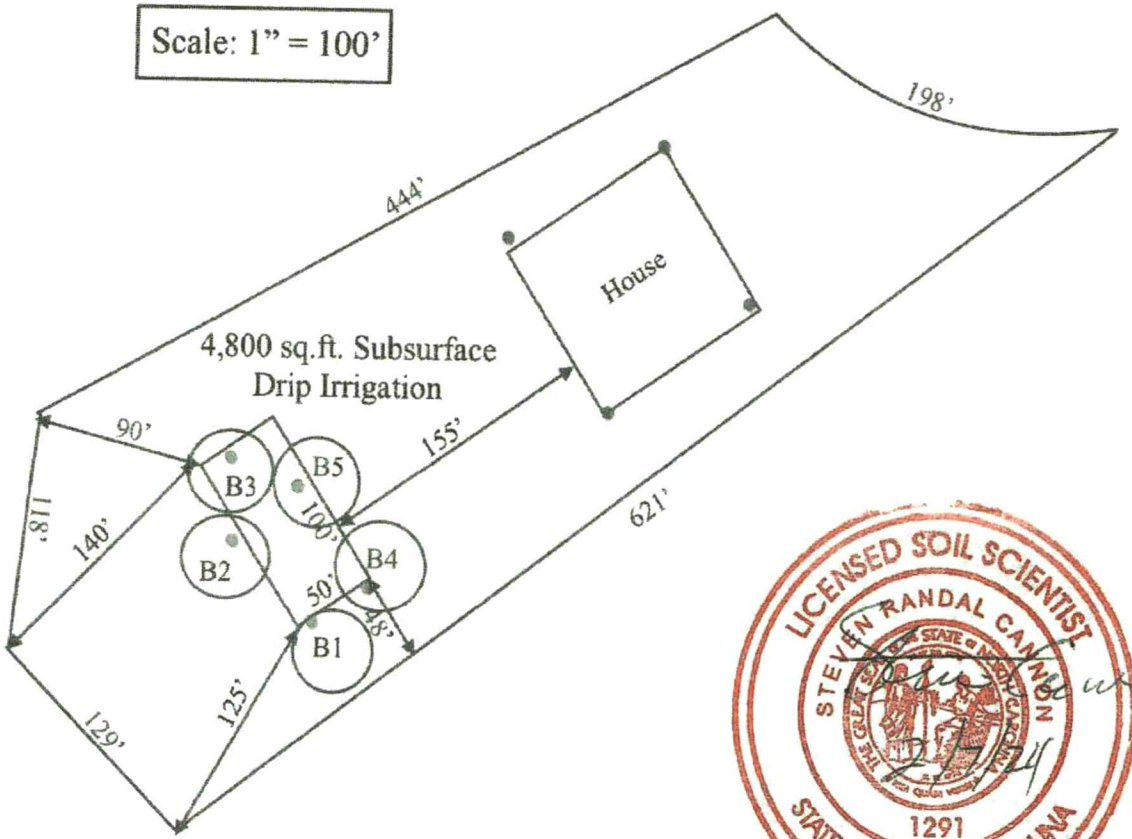


6:06 PM Wed Feb 7
Bill Denton
85%
Done

Emerald Creek Drive

2846

Scale: 1" = 100'



Permit/File #: OSWP-2024-47860

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: 4730-10-3898
Issued To: Bill Denton
Property Location: 154 Emerald Creek Drive Troutman, NC 28166
Subdivision (if applicable) Falls Cove - Parkwood Lot #: 642 Block: _____ Section: 6
LSS Report Provided: Yes ■ No ☐
If yes, name and license number of LSS: Steven R. Cannon #1291

New ■ Expansion ☐ System Relocation ☐ Change of Use ☐
Facility Type: House
Number of bedrooms: 4 Number of Occupants: 8 Other: _____
Design Wastewater Strength: ■ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): .25 Proposed LTAR (Repair): .1
Proposed Wastewater System Type*: III-e Horizontal PPBPS (Initial) Pump Required: ☐ Yes ■ No ☐ May be required
Proposed Wastewater System Type*: Vd Anaerobic drip dispersal (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]: 42 Usable Depth to LC (Repair)[x]: 18 *[x] Limiting Condition*
Max. Trench Depth (Initial)[‡]: 30 Max. Trench Depth (Repair)[‡]: 6 *[‡] 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:

Licensed Soil Scientist Print Name: Steven R. Cannon
Licensed Soil Scientist Signature: Steven R. Cannon Date: February 7, 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-2024-47860

This Section for Local Health Department Use Only

Initial submittal received: 3/6/24 (*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. Wisberg Date: 3/7/24

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: 3/7/29

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-47860

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

County: Iredell

Pre-Construction Conference Required: Yes ☐ No ☒

PIN/Lot Identifier: 4730-10-3898

Issued To: Bill Denton

Property Location: 154 Emerald Creek Drive Troutman, NC 28166

AOWE/PE Plans/Evaluations Provided: Yes ☒ No ☐ If yes, name and license number of AOWE/PE: Steven R. Cannon #10047E

Facility Type: House

Number of bedrooms: 4 Number of Occupants: 8 Other:

☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☐ No

Crawl Space? ☒ Yes ☐ No Slab Foundation? ☐ Yes ☐ No

Type of Wastewater System* III-e Horizontal PPBPS (Initial) Vd Anaerobic Subsurface Drip (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: 480 GPD Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process WW

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☒ No
(if yes, please provide engineering documentation)

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

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☒ Municipal Supply ☐ Spring ☐ Other:

Installation Requirements/Conditions

Septic Tank Size: 1,000 gallons Total Trench/Bed Length: 320 feet Trench/Bed Spacing: 8 feet on center

Trench/Bed Width: 36 inches LTAR: .25 gpd/ft² Usable Depth to LC (Initial)ˣ: 42 ˣ***Limiting condition***

Soil Cover: 16 inches Slope Corrected Maximum Trench/Bed Depth‡: 30 inches ‡ ***Measured on the downhill side of the trench***

Pump Tank Size (if applicable): gallons Requires more than 1 pump? ☐ Yes ☐ No

Pump Requirements: ft. TDH vs. GPM Grease Trap Size (if applicable): gallons

Distribution Method: ☒ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: Drop-box

Artificial Drainage Required: Yes ☐ No ☒ 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 ☒ No Declaration of Restrictive Covenants: ☐ Yes ☒ No

Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: ☐ Yes ☒ No

Management Entity Required: ☐ Yes ☒ No Minimum O&M Requirements:

Permit conditions:

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: Steven R. Cannon

AOWE/PE Signature: Steven R. Cannon Date: February 7, 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 DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-47860

This Section for Local Health Department Use Only

Initial submittal received: 3/6/24 (*Date*) by DW (*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: D. Wisberg Date of Issuance: 3/7/29

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: 3/7/29

See attached site sketch

Coddle Creek Soil Consulting, LLC
5500 Deer Run Court
Davidson, NC 28036
(704) 706-4645

February 7, 2024

Iredell County Environmental Health
349 North Center Street
Statesville, North Carolina 28677

Subject: Recommended Wastewater Disposal System
154 Emerald Creek Drive
Troutman, North Carolina 28166
Falls Cove Lot 642
Pin # 4730-10-3898
Bill Denton, Owner

Enclosed you will find a copy of the wastewater disposal system proposed for Bill Denton. The property is located 154 Emerald Creek Drive Troutman, North Carolina 28166 described as being Pin # 4730-10-3898 Lot 642 in the Falls Cove subdivision. Attached are sealed soil notes as well as site plans and designs for the on-site wastewater disposal system. This design is submitted under Session Law 2022-11 (S372). Please review the enclosed document presented to you. Please contact me for concerns regarding the wastewater disposal system design.

"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: Bill Denton

Signature: _____

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

Steve Cannon, LSS

Signature: _____ 2/7/24

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 III-e Horizontal PPBPS ☐ 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: Steven R. Cannon
Mailing Address: 5500 Deer Run Court
City: Davidson
State: NC Zip: 28036
Phone #: 704-706-4645
Email: Sc55drc@gmail.com

Owner: Bill Denton
Mailing Address: 137 Wildwood Cove Drive
City: Mooresville
State: NC Zip: 28117
Phone #: 704-706-4500
Email: billdentonre@gmail.com

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: Steven Cannon Date: 2/7/24

Owner's Signature: Bill Denton Date: 2-12-2024

Design Specifications for Proposed Wastewater Systems

Applicant: Bill Denton
Physical Address: 154 Emerald Creek Drive
Troutman, North Carolina 28166
Falls Cove
Pin # 4730-10-3898
Lot 642
Acres: 2.32
Iredell County, North Carolina

Source of Water Flow	**4 Bedroom House**
Source of Water	**Municipal**
Wastewater Treatment Systems	**H.PPBPS/Drip Irrigation**
Septic Tank	**1000 gallons**
Estimated Daily Flow	**480 gallons/day**
Wastewater Treatment: Initial	**Horizontal PPBPS**
Loading Rate	**.25 g/d/sq.ft.**
Drainfield Size	**320 feet**
Number of Panels	**74 panels on 8 feet centers**
Distribution Device	**Drop-box**
Slope	**9 percent**
Slope Correction	**4 inches**
Trench Bottom Depth	**30 inches on downhill side**
Wastewater Treatment: Repair	**Subsurface Drip Irrigation**
Loading Rate	**.1 g/d/sq.ft**
Drainfield Size	**4,800 sq.ft.**

Nitrification Lines Elevation and Length

Applicant: Bill Benton
Physical Address: 154 Emerald Creek Drive
Troutman, North Carolina 28166
Falls Cove
Pin # 4730-10-3898
Lot 642
Acres: 2.32
Iredell County, North Carolina

Initial: Horizontal PPBPS

Line	Flag Color	Line Elevation	Flagged Length	Number of Panels
1	Pink	2.54'	50'	12
2	Blue	3.45'	48'	11
3	White	4.91'	46'	10
4	Red	6.77'	33'	8
5	Orange	8.20'	45'	10
6	Pink	9.33'	48'	11
7	White	10.37'	50'	12

Repair: Subsurface Drip Irrigation

4,800 sq.ft. Drip Irrigation

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: Bill Denton
ADDRESS: 137 Wildflower Cove Drive Mooresville NC
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 154 Emerald Creek Drive Troutman, NC
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE: ___
DATE EVALUATED: 1/31/24
PROPERTY SIZE: 2.32
PROPERTY RECORDED: ___

LICENSED SOIL SCIENTIST — KAYLEN RANDAL CANNON — STATE OF NORTH CAROLINA — 2911

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	.1950 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B1 *	L 9%	0-3"	L gr	NS NP	7.5YR 5/4	50"			PS .25
		3-25"	C SSL	sp hi smp	10R 4/6				
		25-50"	C wSSL	sp hi smp	10YR 5/8				
B2 *	L 9%	0-6"	L gr	NS np	7.5YR 5/4	50"			PS .25
		6-25"	C SSL	sp hi smp	10R 4/6				
		25-50"	C wSSL	sp hi smp	10YR 5/8				
Pit #1	L 9%	0-4"	L gr	NS np	7.5YR 5/4	50"			PS .25
		4-23"	C SSL	sp hi smp	10R 4/6				
		23-50"	C wSSL	sp hi smp	10YR 5/8				
Pit #2	L 9%	0-6"	L gr	NS np	7.5YR 5/4	50"			PS .25
		6-26"	C SSL	sp hi smp	10R 4/6				
		26-50"	C wSSL	sp hi smp	10YR 5/8				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	✓	✓
System Type(s)	H.PPBPS	Drip Irrigation
Site LTAR	.25	✓

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Shane Cannon
OTHER(S) PRESENT: ___

COMMENTS: ___

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ____ of ____

PROPERTY ID #:
DATE OF EVALUATION: 1/30/24
COUNTY: Iredell

Bill Denton

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1954 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
P1	L	0-5"	L SL	NS NP	7.5YR 5/4				PS
		5-24"	C SSL	SP HI SP	10R 4/6				
3	9%	24-50"	C WSSL	SP HI SP	10YR 5/8	50"			.25
B1	Repair	0-3"	L SL	NS NP	7.5YR 5/4				PS
		3-10"	CL WSSL	SP HI SP	7.5YR 6/3				
	3%	10-27"	C WSSL	SP HI SP	5YR 5/4				.1
		27"	Chroma ≤ 2		7/1	27"			
B2	Repair	0-3"	L SL	NS NP	7.5YR 5/4				PS
		3-12"	CL WSSL	SP HI SP	7.5YR 6/3				
	3%	12-23"	C WSSL	SP HI SP	5YR 5/4				.1
		23"	Chroma ≤ 2		7/1	23"			
B3	Repair	0-4"	L SL	NS NP	7.5YR 5/4				PS
		4-11"	CL WSSL	SP HI SP	7.5YR 6/3				
	3%	11-23"	C WSSL	SP HI SP	5YR 5/4				.1
		23"	Chroma ≤ 2		7/1	23"			
B4	Repair	0-6"	L SL	NS NP	7.5YR 5/5				PS
		6-10"	CL WSSL	SP HI SP	7.5YR 6/3				
	10%	10-26"	C WSSL	SP HI SP	5YR 5/4				.1
	SS	26"	Chroma ≤ 2		7/1	26"			

LICENSED SOIL SCIENTIST
STEVEN RANDAL CANNON
2/7/24
1291
STATE OF NORTH CAROLINA

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ___ of ___

PROPERTY ID #: ___

DATE OF EVALUATION: 1/30/24

COUNTY: Iredell

Bill Denton

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
BS	Repair 10% SS	0-5"	L SL	NS NP	7.5YR 5/3				PS .1
		5-10"	Ch WS SL	SP FI SNP	7.5YR 6/3				
		10-26"	C WS SL	SP FI SNP	5YR 5/4	26"			
		26"	Chroma ≤ 2		7/1				

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 2024-47860

PIN # 4730 -- 10 -- 3898

APPLICANT/OWNER: Bill Denton

APPLICANT ADDRESS: 137 Wildwood Cove Dr, Mooresville, NC 28117

SITE ADDRESS: 154 Emerald Creek Dr, Troutman, NC 28166

PHONE: 704-706-4645

ALT. PHONE:

SITE DIRECTIONS: N Perth -> L State Park -> L Morrison Farm -> L Emerald Creek

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Falls Cove - Parkwood

SECTION: 6 LOT # 642 LOT AREA: 2.32 DESIGN FLOW: 480

L.T.A.R.(Initial): 0.25 L.T.A.R (Repair): 0.1

Septic Tank 1000 (gal) STB 1000 Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 7 Linear Ft: 320

Trench Width 36 *Max. Trench Depth(Initial) 30 *Max. Trench Depth(Repair) 6 Gravel Depth n/a

* Measured on the downhill side of the trench

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

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

System Description: HPPBPS - Serial

Repair System Description: Vd Anaerobic Drip

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

Usable Depth to LC (Initial): 42

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Usable Depth to LC (Repair): 18 *Limiting Condition*

Water Supply

☑ Private

☐ Public

☐ Community

Comments / Conditions: Do not pave, grade, drive, park, or bury utilities in drainfield.
Divert all drainage from drain field.

INITIAL SITE SKETCH

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

Steve Cannon

LSS# 1291

Construction authorization issued pursuant to: G.S. 130A-335(a2) & (a5)

AOWE# 10047E

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.

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:

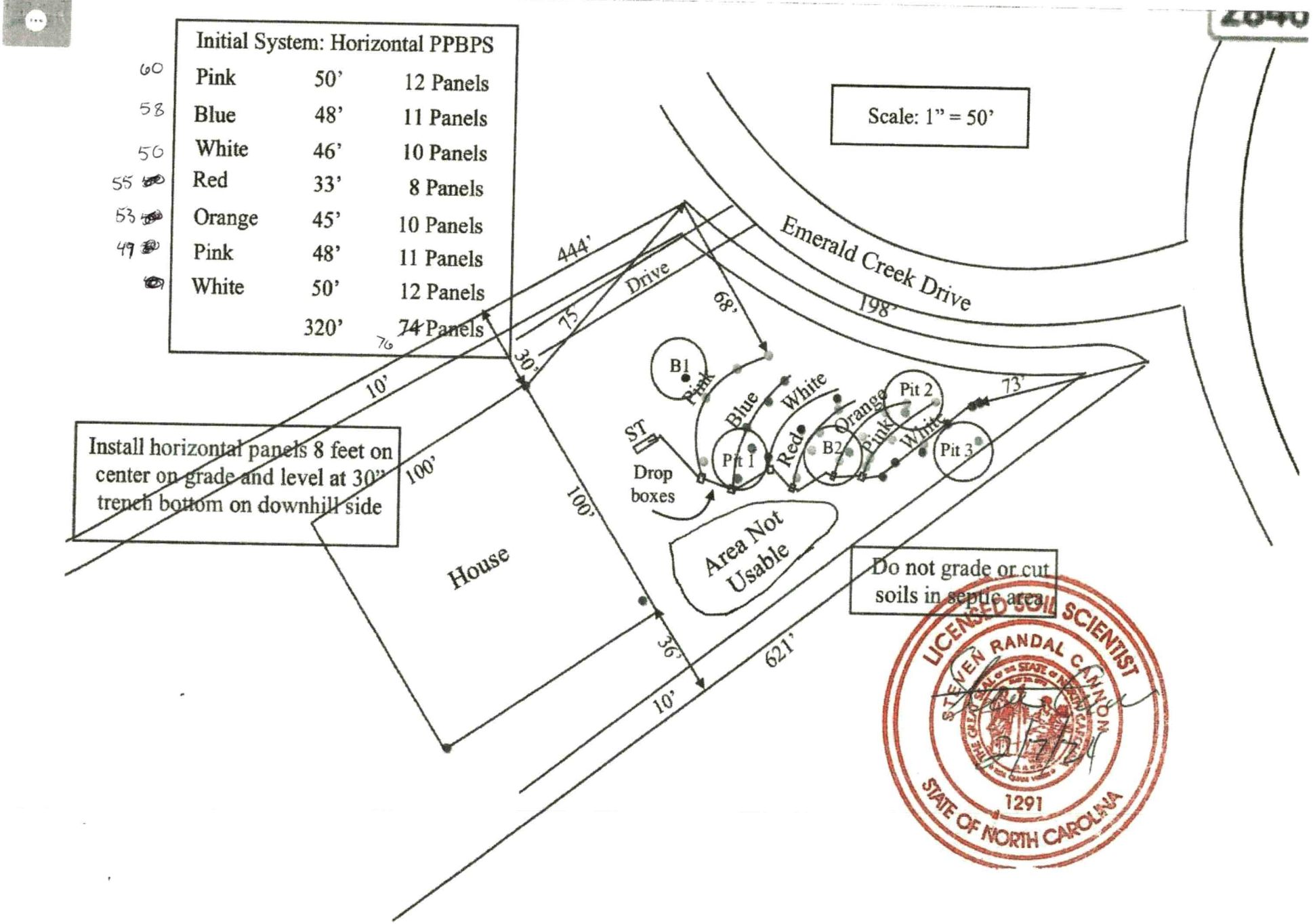
Installed by: Abernathy

IMPROVEMENT PERMIT by: D. Wisberg Date: 3/7/24

OPERATION PERMIT by: Date: 1/14/24

AUTHORIZATION TO CONSTRUCT by: D. Wisberg Date: 3/7/24

Existing System Inspected by: Date:

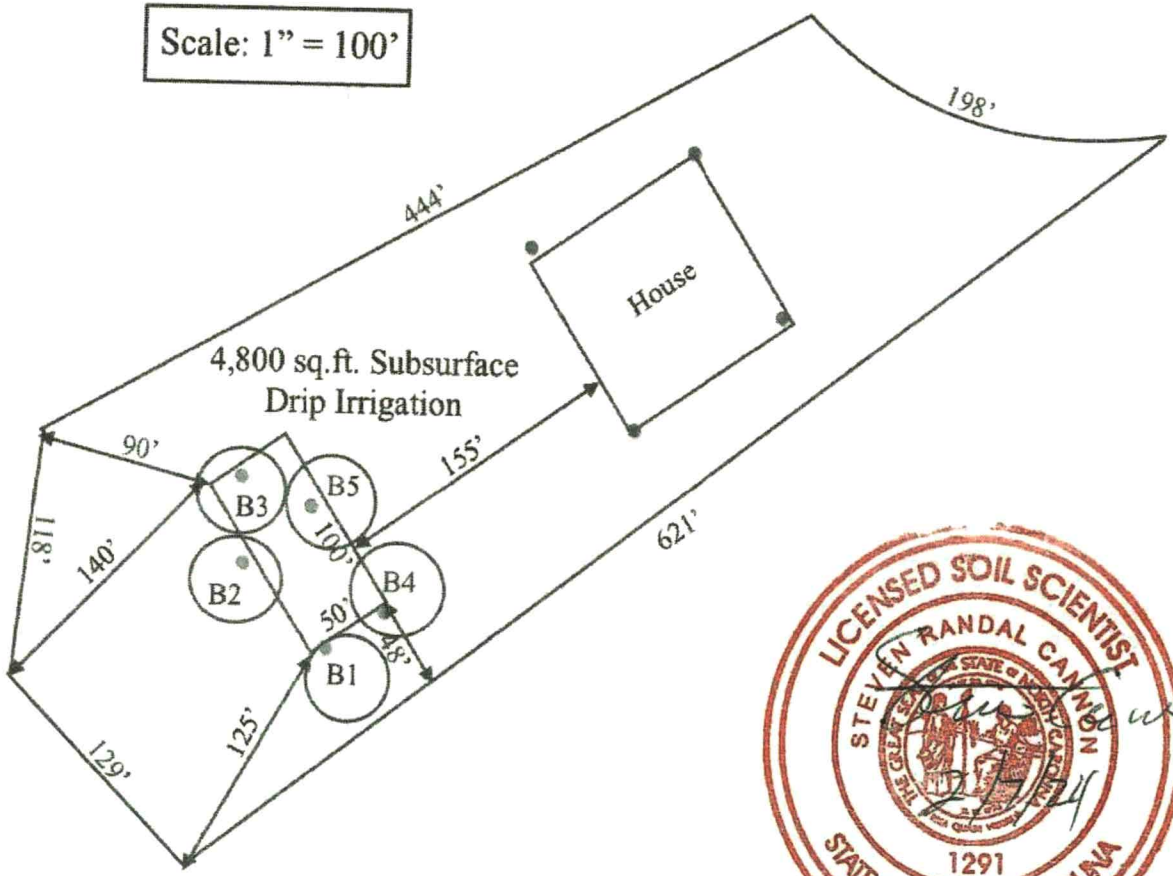

Initial System: Horizontal PPBPS
Pink 50' 12 Panels
Blue 48' 11 Panels
White 46' 10 Panels
Red 33' 8 Panels
Orange 45' 10 Panels
Pink 48' 11 Panels
White 50' 12 Panels
320' 74 Panels
Scale: 1" = 50'
Emerald Creek Drive
198'
Drive
444'
75'
68'
30'
10'
100'
100'
36'
621'
10'
73'
B1
Pink
Blue
White
Red
Orange
Pink
White
B2
Pit 1
Pit 2
Pit 3
ST
Drop boxes
Area Not Usable
House
Install horizontal panels 8 feet on center on grade and level at 30" trench bottom on downhill side
Do not grade or cut soils in septic area
LICENSED SOIL SCIENTIST
STEVEN RANDAL CANNON
1291
STATE OF NORTH CAROLINA

6:06 PM Wed Feb 7
Bill Denton
85%
Done

Emerald Creek Drive

2846

Scale: 1" = 100'



Permit/File #: OSWP-2024-47860

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: 4730-10-3898

Issued To: Bill Denton

Property Location: 154 Emerald Creek Drive Troutman, NC 28166

Subdivision (if applicable) Falls Cove - Parkwood Lot #: 642 Block: _____ Section: 6

LSS Report Provided: Yes ■ No ☐

If yes, name and license number of LSS: Steven R. Cannon #1291

New ■ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: House

Number of bedrooms: 4 Number of Occupants: 8 Other: _____

Design Wastewater Strength: ■ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): .25 Proposed LTAR (Repair): .1

Proposed Wastewater System Type*: III-e Horizontal PPBPS (Initial) Pump Required: ☐ Yes ■ No ☐ May be required

Proposed Wastewater System Type*: Vd Anaerobic drip dispersal (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]: 42 Usable Depth to LC (Repair)[x]: 18 ***[x] Limiting Condition***

Max. Trench Depth (Initial)[‡]: 30 Max. Trench Depth (Repair)[‡]: 6 ***[‡] 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:

Licensed Soil Scientist Print Name: Steven R. Cannon

Licensed Soil Scientist Signature: Steven R. Cannon Date: February 7, 2024

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

See attached site sketch

HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-47860

This Section for Local Health Department Use Only

Initial submittal received: 3/6/24 *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: 3/7/24

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: 3/7/29

See attached site sketch