BLDR - 2024 - 43920

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-41423

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

PIN # 4730-55-7118

APPLICANT / OWNER: Soil & Forestry Services LLC APPLICANT ADDRESS: PO Box 832, Mooresville, NC 28115

SITE ADDRESS: 1004 PERTH RD, TROUTMAN, NC 28166 PHONE: 704-746-5046 ALT. PHONE:

SITE DIRECTIONS: N Perth -> lot on L, behind 1014 Perth SAP CONTROLLED: YES ☐ NO ☑

SUBDIVISION: N/A SECTION: N/A LOT #: N/A LOT AREA: 6.85 DESIGN FLOW: 240 L.T.A.R.: 0.275

Septic Tank: 1000 (gal)	STB:	Date:	☒ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 2	Water Supply: New Well
Pump Tank: (gal)	PT:	Date:	System Description: 25% Reduction		☐ Business	No. Persons: 4	
Pump Make:	Model:	Serial #:	Repair System Description: 50% Reduction		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: 4	Linear Ft.: 220	Maintenance Agreement Required: ☐ YES ☑ NO		☑ Slab	☐ Crawl Space	
Trench Width: 36	Trench Bottom Depth (Low side): 30		Gravel Depth: 0	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions:

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:

Ashley Rollans

LSS# 1231 / AOWE: 10027E

AS BUILT SKETCH

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: Date:

IMPROVEMENT PERMIT by: D. Imeber Date: 11/29/23

AUTHORIZATION TO CONSTRUCT by: D. Imebay Date: 11/29/23

Installed By: Abernathy

OPERATION PERMIT by: Matt Wilkie Date: 9/5/24

Existing System Inspected By: Date:

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

Permit #: OSWP 2023-41423

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Submittal Includes; [X] (a2) Improvement Permit [X] (a2) Construction Authorization [ ] Fee $

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

County: Iredell
PIN/Lot Identifier: 4730-55-7118
Issued To: Billy Little
Property Location: 1004 Perth Rd, Troutman NC 28166
Subdivision: N/A Lot#: N/A Block: Section:
LSS Report Provided: Yes [X] No [ ]
If yes, name and license number of LSS: Ashley Rollans #1231
New [X] Expansion [ ] System Relocation [ ] Change of Use [ ]
Proposed Structure: 2 bedroom house
Number of bedrooms: 2 Number of Occupants: 4 Other:
Design Wastewater Strength: [X] domestic [ ] high strength [ ] industrial process
Proposed Design Daily Flow: 240 GPD Proposed LTAR (Initial): 0.275 Proposed LTAR (Repair): 0.275
Proposed Wastewater System Type*: ACCEPTED GRAVITY (Initial) Pump Required: [ ] Yes [X] No [ ] May be required
Proposed Wastewater System Type*: VPPBPS LPP (Repair) Pump Required: [ ] Yes [X] 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 [X] No Saprolite System (Repair): [ ] Yes [X] No
Fill System (Initial): [ ] Yes [X] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): [ ] Yes [X] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Soil Depth (Initial): 50 Usable Soil Depth (Repair): 50
Max. Trench Depth (Initial)ǂ: 30 Max. Trench Depth (Repair)ǂ: 30 ǂ Measured on the downhill side of the trench
Artificial Drainage Required: [ ] Yes [X] No If yes, please specify details:
Type of Water Supply: [X] Private well [ ] Public well [ ] Shared well [ ] Municipal Supply [ ] Spring [ ] Other:
Drainfield location meets requirements of Rule .1945: Yes [X] No [ ] Drainfield location meets requirements of Rule .1950: Yes [X] No [ ]
Permit valid for: [X] Five years [site plan submitted pursuant to GS 130A-334(13a)] [ ] No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
See Design

Licensed Soil Scientist Print Name: Samuel Ashley Rollans
Licensed Soil Scientist Signature: Samuel A Rollans Date: 11/14/23

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

See attached site sketch

Permit #: OSWP-2023-41423

This Section for Local Health Department Use Only

Initial submittal received: 11/28/23 (*Date*) by ONLINE (*Initials*)

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ (*Date*)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: DWisberg Date: 11/29/23

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: 11/29/28

See attached site sketch

Permit #: OSWP 2023-41423

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

County: Iredell

PIN/Lot Identifier: 4730-55-7118

Issued To: Billy Little

Property Location: 1004 Perth Rd, Troutman NC 28166

AOWE/PE Plans/Evaluations Provided: Yes [X] No [ ] If yes, name and license number of AOWE/PE: Ashley Rollans #10027E

Facility Type: 2 bedroom house

[X] New [ ] Expansion [ ] Repair [ ] System Relocation [ ] Change of Use

Basement? [ ] Yes [X] No Basement Fixtures? [ ] Yes [ ] No

Type of Wastewater System* ACCEPTED GRAVITY (Initial) VPPBPS LPP (Repair)

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

Design Daily Flow: 240 GPD Wastewater Strength: [X] domestic [ ] high strength [ ] industrial process

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

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 220 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.275 gpd/ft²

Soil Cover: 0 inches Slope Adjusted Maximum Trench/Bed Depth‡: 30 inches *‡ Measured on the downhill side of the trench*

Aggregate Depth: ____ inches above pipe ____ inches below pipe 12 inches total

Pump Tank Size (if applicable): ____ gallons Requires more than 1 pump? [ ] Yes [X] No

Pump Requirements: 0 ft. TDH vs. 0.0 GPM Grease Trap Size (if applicable): ____ gallons

Distribution Method: [X] Serial [ ] D-Box or Parallel [ ] Pressure manifold(s) [ ] LPP [ ] Other ____

Artificial Drainage Required: Yes [ ] No [X] If yes, please specify details: ____

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.1937(h)]: [ ] Yes [X] No

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: [ ] Yes [X] No

Declaration of Restrictive Covenants: [ ] Yes [X] No

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

Conditions: See Design

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print name: Samuel Ashley Rollans

AOWE/PE Signature: Samuel Ashley Rollans

Expiration Date: 5 Years from HD signature

Date: 11/14/23

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

See attached site sketch

NC ONSITE WASTEWATER EVALUATOR Certification Number 10027E

Permit #: OSWP-2023-41423

This Section for Local Health Department Use Only

Initial submittal received: 11/28/23 *Date* by _____ *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: DWisberg Date of Issuance: 11/29/23

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: 11/29/28

See attached site sketch

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 23-0054
November 6th, 2023

BILLY LITTLE
Attn: *Billy Little*
Email: blittle_68@yahoo.com

RE: Soil & Site Evaluation for a 2 Bedroom Residence at 1004 Perth Rd, 6.85 ac Parcel, PIN#: 4730557118, Troutman, NC 28166, Iredell County, NC.

Billy:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above. The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittals to Iredell County Health Department.

Site Conditions

At the time of our evaluation land cover on the property was mostly wooded on the property. Topography within the evaluated area was gently to moderate slope near the house site with moderate percentage of slope in the proposed drainfield area. Property lines and corners were marked at the time of the evaluation by Jordan Grant Surveying. The Surveyor provided an Autocad File of the survey with the proposed house envelope as a basemap. The proposed septic layout was located via GPS & tape measure which was used to produce the attached *Site Plan*. The house envelope was pinned in the field by the client and located via GPS.

Methodology

We evaluated soil areas through the use of auger borings. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with five locations on the property flagged and located via GPS. Three of the five auger borings are located in or adjacent to the proposed septic layout. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each boring. The house envelope was located via GPS. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by survey and tape measure. Detailed system & repair information is summarized in the following paragraph for this Lot.

1004 Perth Rd- PIN#4730557118 (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 408 linear feet of line. The primary system is proposed as 220 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth (Low Side) is specified at 30 inches. The repair system is proposed as 145 linear feet of Modified Conventional PPBPS (50% Reduction) drainfield with low pressure distribution. Trench depth (Low Side) is specified at 30 inches. There is 188 linear feet available for repair.

Session Law Requirements

All information needed to issue the IP must be submitted with the application. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)."

Owner

Date

Print Name Billy Liff/s

Signature Billy Liff/s 11/17/23

The LSS evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

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

Disclaimer

This report reflects the findings of S&FS, PA. *This LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2)."* Any site modifications that impact the proposed septic areas on the site may nullify this design for 1004 Perth Rd- PIN#4730557118. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

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

S. Ashley Rollans, LSS
Attachment: *Septic Design, Required Statement for Local Health Department/NCDHHS*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

sfsstatesvillenc@gmail.com
980-223-8352
126-A Third Creek Rd
Statesville NC 28677
SoilAndForestryServices.com

Project# 23-0054

Septic System Design for a 2 Bedroom House
ACCEPTED using GRAVITY distribution
Site location: 1004 Perth Rd, Troutman NC 28166, Lot # N/A

Contents

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Calculations	5
Soil Descriptions	6
Floor Plans	7

11/6/2023
Design By: Ashley Rollans, LSS, AOWE



SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

11/14/2023

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

Re: Improvement Permit & CA Submittal for 1004 Perth Rd, Troutman NC 28166

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 2 bedroom ACCEPTED system using GRAVITY distribution.

"The LSS evaluation attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)."

"The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5) and (a6)."

Owner/Applicant: Billy Little

* Signature: Billy Little

* Date: 11-17-23

"The LSS Evaluation is being submitted pursuant to and meets requirements of GS 130A-335(a2)." This Improvement Permit is issued pursuant to G.S. 130A-335(a2),(a3), and (a4) using the signed and sealed LSS evaluation attached here". "This AOWE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5)"

"This Construction Authorization is issued pursuant to G.S. 130A-335 (a2), and (a5) and (a6) using the signed and sealed plans or evaluations attached here."

Samuel Ashley Rollans, LSS

Signature: Samuel A Rollans

Date: 11/14/2023 Seal:

INFORMATION FOR THE INSTALLER **Project #23-0054**

ACCEPTED using GRAVITY distribution
Site location: 1004 Perth Rd, Troutman NC 28166, Lot # N/A

* **CALL 811 BEFORE DIGGING**
* The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
* Tanks shall be approved by DHHS, and certification supplied by the that must be considered along with all other considerations.
* The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
* The supply trench shall be compacted to eliminate cavities left during initial fill placement.
* Installation of the system shall be during dry conditions in order to protect the soil
* All fittings shall be pressure rated fittings.
* All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
* Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
* Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
* All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
* All tanks shall be properly back filled and compacted to prevent slump at a later date.
* Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
* No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
* Elevations at pinflag locations should be checked by the installer prior to beginning
* Septic tank riser shall be a minimum of 6" above finished grade.
* **System specified as ACCEPTED type using GRAVITY distribution**
* **Repair specified as VPPBPS type using LPP distribution**
* **System trench depth (Low Side) specified at 30"**
* **System trenches installed on 9' minimum; 36" wide trenches**
* **Installation does not require a soil cap**

DESIGN SPECIFICATIONS **Project #23-0054**

ACCEPTED using GRAVITY distribution
Site location: 1004 Perth Rd, Troutman NC 28166, Lot # N/A

Business (if applicable):	N/A
Contact:	Billy Little
Phone:	704-797-6782
Email:	blittle_68@yahoo.com
County:	Iredell
Location:	1004 Perth Rd, Troutman NC 28166

Source of Wastewater Flow:	2	bedroom home
Estimated Daily Wastewater Production:	240	gpd
Drain field Size:	220	lf
Loading Rate:	0.275	gpd/ft.^{2}
Trench Depth (Low Side):	30	in
Trench Width:	36	in
Soil Cap:	0	in
Septic Tank Size:	1000	gal

LAYOUT SPECIFICATIONS

Project #23-0054

ACCEPTED using GRAVITY distribution
Site location: 1004 Perth Rd, Troutman NC 28166, Lot # N/A

Daily Flow (gpd) 240

Nov 2023

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM INSTR. 1		0.0	100.0		100.0		
			SYSTEM				
1	RED				100.0	63	58
2	ORANGE				100.0	65	58
3	YELLOW				100.0	65	58
4	BLUE				100.0	68	46
			REPAIR				
5	PINK				100.0	72	72
6	RED				100.0	75	75

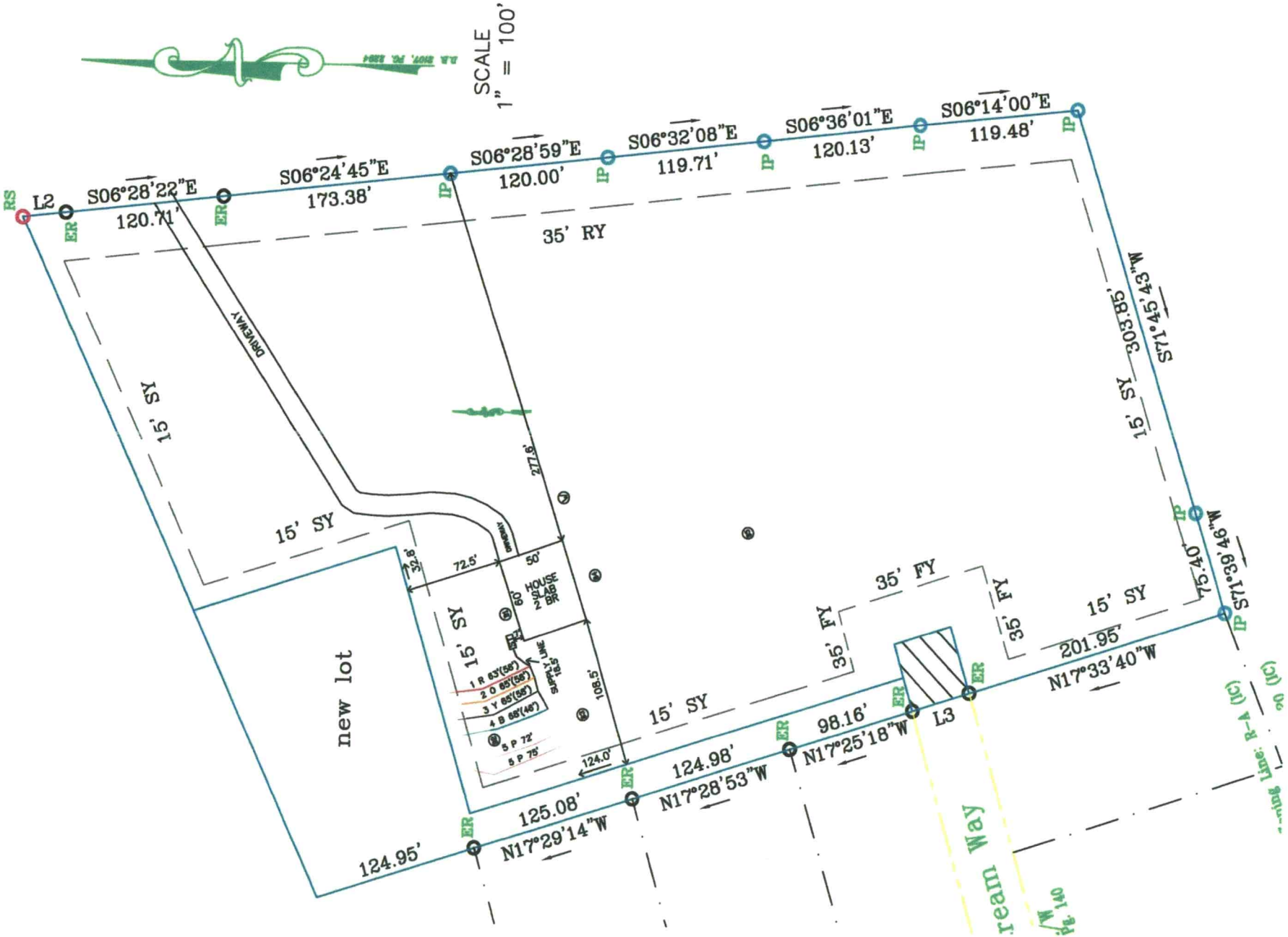
	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH LS	SOIL CAP
SYSTEM	220	0.275	ACCEPTED	25%	GRAVITY	30	0
REPAIR	188	0.275	VPPBPS	50%	LPP	30	0

Notes:
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

D.B. 2107, PG. 2294

SCALE
1" = 60'

L2
ER
S06°28'22"E
120.71'
ER
S06°24'45"E
173.38'
IP
S06°28'59"E
120.00'
IP
S0
35' RY
15' SY
DRIVEWAY
277.6'
15' SY
DRIVEWAY
32.8'
72.5'
50'
60'
HOUSE
SLAB
2 BR
15' SY
SUPPLY LINE
18.5'
1 R 63'(58')
2 O 65'(58')
3 Y 65'(58')
4 B 68'(46')
5 P 72'
5 P 75'
108.5'
124.0'
new lot
124.95'
ER
125.08'
N17°29'14"W
ER


SCALE
1" = 100'
L2
S06°28'22"E
120.71'
S06°24'45"E
173.38'
S06°28'59"E
120.00'
S06°32'08"E
119.71'
S06°36'01"E
120.13'
S06°14'00"E
119.48'
35' RY
15' SY
DRIVEWAY
277.6'
15' SY
32.8'
72.5'
50'
60'
HOUSE
new lot
15' SY
108.5'
124.0'
15' SY
35' FY
35' FY
35' FY
15' SY
S71°45'43"W
303.85'
S71°39'46"W
75.40'
201.95'
N17°33'40"W
98.16'
N17°25'18"W
L3
124.98'
N17°28'53"W
125.08'
N17°29'14"W
124.95'
ream Way

CALCULATIONS **Project #23-0054**

ACCEPTED using GRAVITY distribution
Site location: 1004 Perth Rd, Troutman NC 28166, Lot # N/A

PROJECT INFO	Designer	Ashley Rollans, LSS, AOWE
	Project #	23-0054
	Project MM YYYY	11/6/2023
	Project Location	1004 Perth Rd, Troutman NC 28166
	Lot # (if applicable)	N/A
	Subdivision (if applicable)	N/A
	Parcel #	4730-55-7118
	Lot size (acres)	6.85
	Contact (Owner)	Billy Little
	Mailing Address (Owner)	1006 Perth Rd, Troutman NC 28166
	Business (if applicable)	N/A
	Phone (Owner)	704-797-6782
	Email (Owner)	blittle_68@yahoo.com
	County	Iredell
	Bedrooms	2
	Water Source	Private Well
	Daily Flow	240
SYSTEM	System LTAR	0.275
	System Type	ACCEPTED
	System Distribution	GRAVITY
	System Trench Center Distance (feet)	9
	System Trench Width (inches)	36
	System Trench Depth (inches)	30
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	50
	Aggregate Depth (inches)	12
	Tank Size	1000
	Required Feet of Line (system)	218
	Designed Feet of Line (system)	220
REPAIR	Repair LTAR	0.275
	Repair Type	VPPBPS
	Repair Distribution	LPP
	Repair Trench Center Distance (feet)	8
	Repair Trench Width (inches)	24
	Repair Trench Depth (inches)	30
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	50
	Tank Size	1000
	Required Feet of Line (repair)	145
	Designed Feet of Line (repair)	188

Sheet 1 of 1
PROPERTY ID #: 4730557118
COUNTY: Iredell

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

OWNER: Billy Little
ADDRESS: 1006 Perth Road, Troutman, 28166
PROPOSED FACILITY: 2 Bedroom Residential- 240 GPD
LOCATION OF SITE: Perth Road,Troutman NC 28166

APPLICATION DATE:
DATE EVALUATED: 5/3/2023
PROPERTY SIZE: 6.85 ac
PROPERTY RECORDED: YES

WATER SUPPLY: ☑ Private ☑ 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 SAPR CLASS	.1944 RESTR HORIZ	
1	L/6%	0-6 6-10 10-50	BSLGR RBSCLWFSBK BRCWMSBK	FRSSSP FRSSSP FRSSSP	FEW FE DEPL	50"			PS 0.275
2	L/6%	0-3 3-39 39-50	RBCLWFSBK BRCWMSBK BRCLWMSBK	FRSSSP FRSSSP FRSSSP	F SAP	50"			PS 0.3
3	L/5%	0-9 9-50	BRSCLWFSBK BRCWMSBK	FRSSSP FRSSSP	FEW FE DEPL	50"			PS 0.275
4	L/5%	0-4 4-12 12-50	BSLG BRSCLWFSBK BRCWMSBK	FRSSSP FRSSSP FRSSSP	FEW FE DEPL	50"			PS 0.25-0.275
5	L/5%	0-4 4-8 8-50	BSLG BRSCLWFSBK BRCWMSBK	FRSSSP FRSSSP FRSSSP	FEW FE DEPL CHR2@30"	50"			PS-30" 0.25
6									
7									
8									
9									
10									

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

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Types(s)	Accepted 25%-Gravity	PPBPS-Low Pressure
Site LTAR	0.275	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Ashley Rollans
OTHER(S) PRESENT: Chad Wagner & Mason Freeman

COMMENTS:

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submited in accordance with G.S. 130A-335(a2), (a3), and (a5).
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:

[X] (a2) Improvement Permit [X] (a2) Construction Authorization [ ] (a2) Repair/Construction Authorization

Please check one of the following:

[X] New Construction [ ] Expansion [ ] System Relocation [ ] Change of Use [ ] Repair
[X] 5 Year Expiration Requested (site plan provided)
[ ] Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a)

Property Owner Name: Billy Little
Property Owner Mailing Address: 1006 Perth Rd, Troutman NC 28166
Property Owner Phone Number: 704-797-6782
Property Owner Email Address: blittle_68@yahoo.com

Applicant Name: Ashley Rollans // Soil & Forestry Services, PA
Applicant Mailing Address: 126-A Third Creek Rd Statesville NC 28677
Applicant Phone Number: 980-223-8352
Applicant Email Address: sfsstatesvillenc@gmail.com

Does the property include, or is subject to, any of the following:

[ ] Yes [X] No Previously identified jurisdictional wetlands
[ ] Yes [X] No Existing or proposed easements, rights-of-way, encroachments, or other areas subject to legal restrictions
[ ] Yes [X] No Approval by other public agencies

A site plan or plat is required, OR the site sketch submited from the LSS/AOWE, must include the following:
(A) existing and proposed facilities, structures, appurtenances, and wastewater systems
(B) proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s)
(C) existing and proposed vehicular traffic areas
(D) existing and proposed water supplies, wells, springs, and water lines; and
(E) surface water, drainage features, and all existing and proposed artificial drainage, as applicable.

Requesting DHHS review: [ ] Yes [X] No

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: Billy Little Date: 11/17/23

* Owner's Signature: Billy Little Date: 11/17/23

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1632 Mail Service Center, Raleigh, NC 27699-1632
www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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, Billy Little, am the legal owner(s) of the property located at 1004 Perth Rd, Troutman NC 28166, identified as PIN (Parcel Identification Number) 4730-55-7118, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Ashley Rollans/Randi Williams Soil & Forestry Services of the Carolinas, PA, to act as an agent on my behalf in applying for/signing/obtaining an 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.

* Billy Little
Signature of Owner(s)

11/17/23
Date

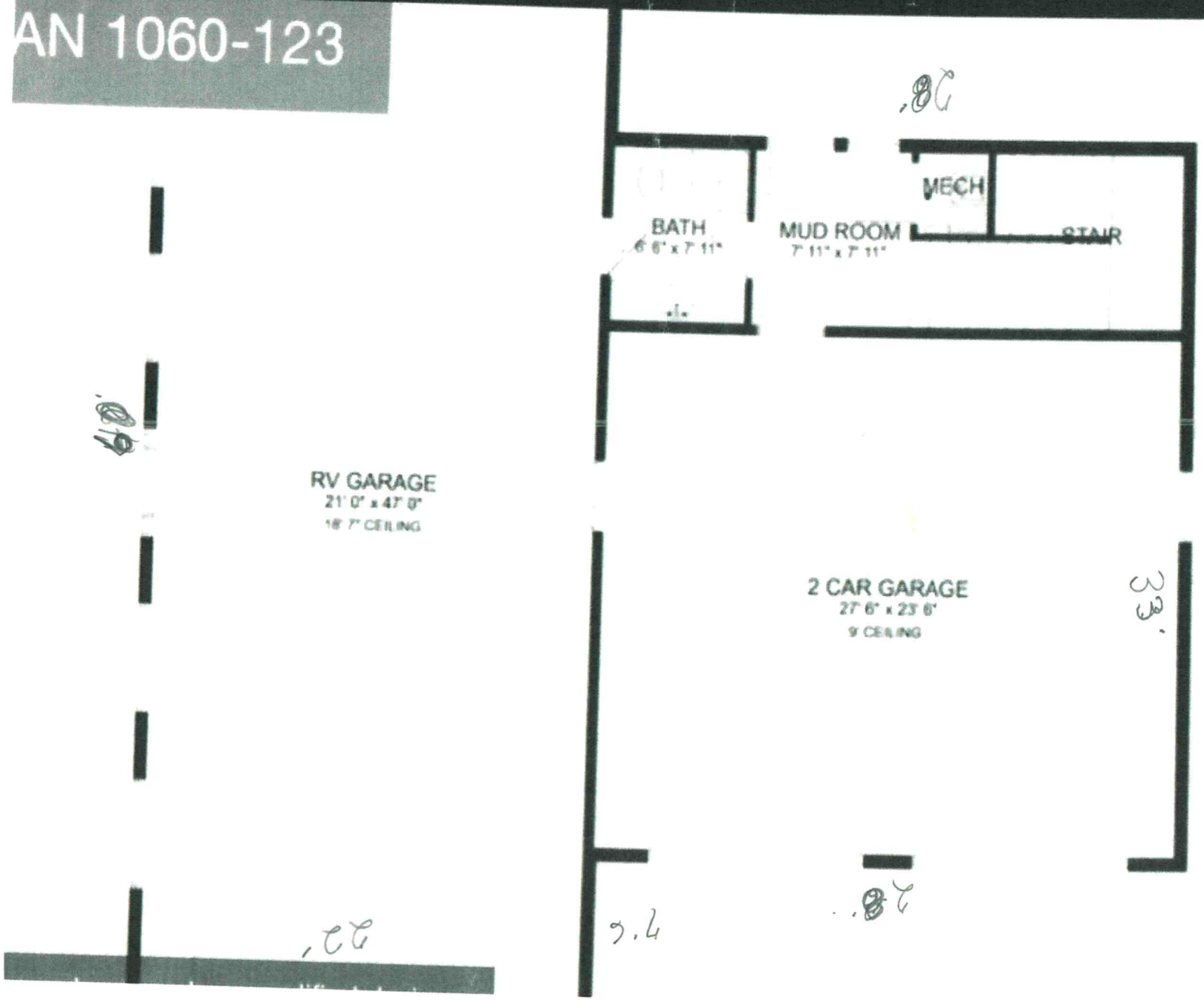
Mooresville - Environmental Health

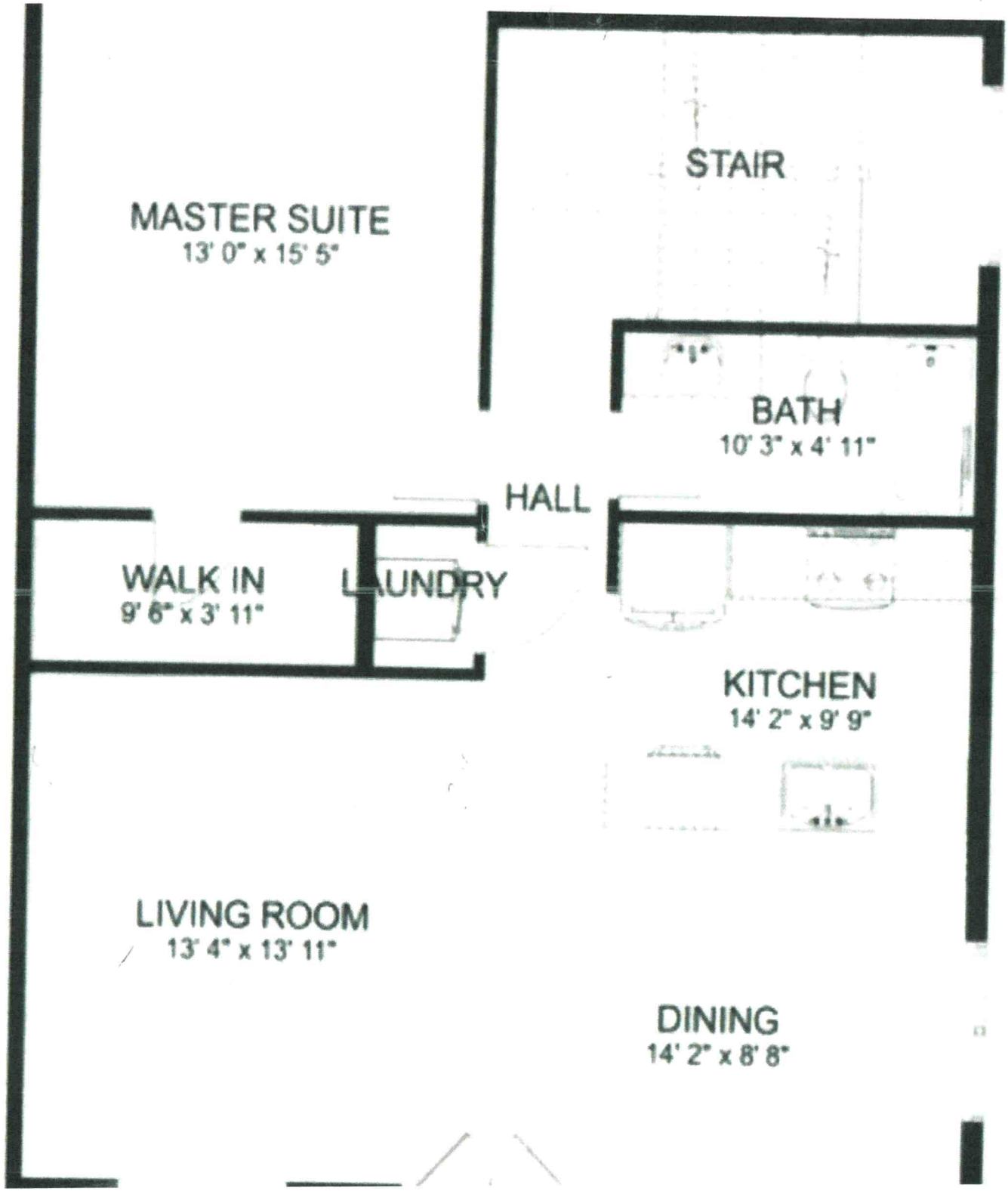
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

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

AN 1060-123


BATH
6' 6" x 7' 11"
MUD ROOM
7' 11" x 7' 11"
MECH
STAIR
RV GARAGE
21' 0" x 47' 0"
18' 7" CEILING
2 CAR GARAGE
27' 6" x 23' 6"
9' CEILING


STAIR
MASTER SUITE
13' 0" x 15' 5"
BATH
10' 3" x 4' 11"
HALL
WALK IN
9' 6" x 3' 11"
LAUNDRY
KITCHEN
14' 2" x 9' 9"
LIVING ROOM
13' 4" x 13' 11"
DINING
14' 2" x 8' 8"