BLDE-2023-140 CO

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-326259

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

PIN # 4730582348

BLDE-2024-639604

APPLICANT/OWNER: Bachar Abu Mayaleh APPLICANT ADDRESS: 125 W Morehouse Ave Mooresville NC 28117

SITE ADDRESS: 132 Meadow Glenn Dr Troutman NC 28166 PHONE: 704-881-6264 ALT. PHONE N/A

SITE DIRECTIONS: Perth Rd, State Park Rd, Meadow Glen Dr. SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Meadow Glen SECTION: 2 LOT # 123 LOT AREA: 0.48 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 760 Date 9/19

Pump Tank 1000 (gal) PT 363 Date 9/26

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 200'

Trench Width 24" Trench Bottom Depth(Low side) 30" Gravel Depth N/A

■ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: LPPPBPS

Repair System Description: HPPBPS

Maintenance Agreement Required: ■ YES ☐ NO

☐ GRAVITY ■ PRESSURE

■ Residence ☐ Business ☐ Other ☐ Slab ■ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 3 No. Persons 6 No. Employees

Water Supply: ☐ Private ■ Public ☐ Community

Comments / Conditions: Per plan By Soil & Forestry Services of the Carolina, PA

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed

LSS Evaluation attached here.

See plan by: Soil & Forestry Services of the Carolina, PA

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.

DW PH, Electrical 8/12/24

Tanks Upper Line 11/9/23 DW

LOWER LINES SUPPLY LVB 11-14-2023

FLOATS ALARM 8-6-2024 BCW

MC 8/13/24 DW

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

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ■ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 3/21/22 Installed by: Galle Grading

IMPROVEMENT PERMIT by: Date: 03/04/22 OPERATION PERMIT by: Date: 8/13/24

AUTHORIZATION TO CONSTRUCT by: Date: 2/7/23 Existing System Inspected by: Date:

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

BLDR-2023-14826

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # **AP-326259**

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

PIN # 4730582348

APPLICANT/OWNER: Bachar Abu Mayaleh APPLICANT ADDRESS: 125 W Morehouse Ave Mooresville NC 28117

SITE ADDRESS: 132 Meadow Glenn Dr Troutman NC 28166 PHONE: 704-881-6264 ALT. PHONE N/A

SITE DIRECTIONS: Perth Rd, State Park Rd, Meadow Glen Dr. SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Meadow Glen SECTION: LOT # 123 LOT AREA: 0.48 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB Date
Pump Tank 1000 (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft 200'
Trench Width 24" Trench Bottom Depth(Low side) 30" Gravel Depth N/A

■ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LPPPBPS
Repair System Description: HPPBPS
Maintenance Agreement Required: ■ YES ☐ NO
☐ GRAVITY ■ PRESSURE

■ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ■ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ■ Public ☐ Community

Comments / Conditions: Per plan By Soil & Forestry Services of the Carolina, PA

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.

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed LSS Evaluation attached here.

See plan by: Soil & Forestry Services of the Carolina, PA

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**

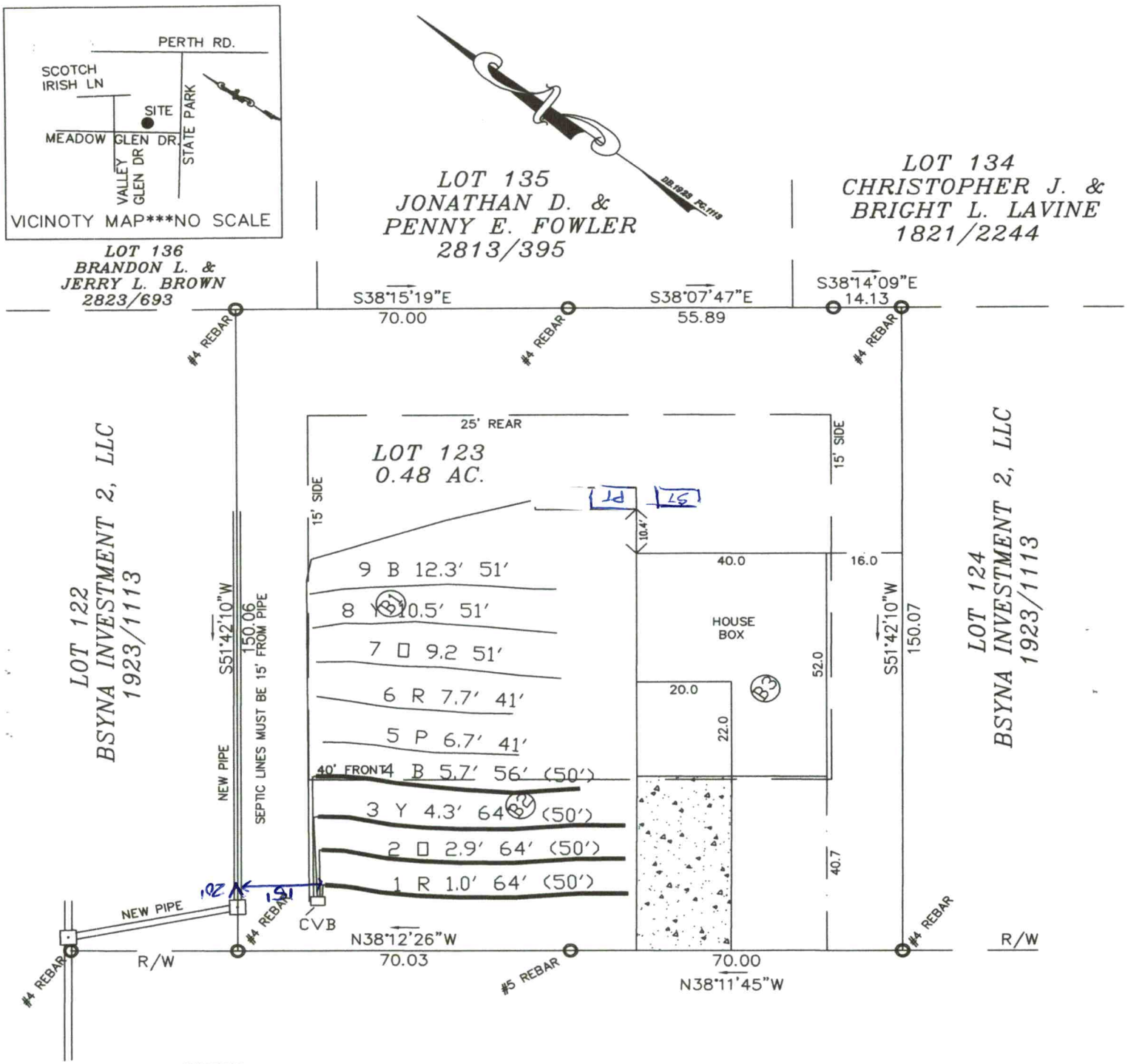
☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ■ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 3/21/22 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 03/04/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 2/7/23 Existing System Inspected by: Date:

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



NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

MEADOW GLEN DR
(60' PUB R/W)

LEGEND

P.P. = POWER POLE
POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

0' 15' 30' 60'

SCALE IN FEET

STATE OF NORTH CAROLINA
COUNTY of Iredell-Statesville 2024

CONTRACT FOR INSPECTIONS OF ON-SITE WASTEWATER SYSTEMS TYPE II, III, IV and V

This Contract is entered into this 12th day of August, 2024 by and between TCW Wastewater Management, Inc., a North Carolina Corporation of Mecklenburg County, North Carolina (hereinafter "TCW") and **BYSNA INVESTMENT 1, LLC**

Preamble

TCW is contracting with The Owner to provide inspection services as described on Attachment A for the fees or charges also shown in Attachment A.

The Owner owns or controls the property upon which a ground absorption sewage treatment system ("System") is installed, such System being designated as a type II, III, IV or V system under the Rules for Sanitary Sewage Collection. Treatment and Disposal found at 15A N.C. Admin. Code 18E. 1301 et seq.; and 15A N.C. Admin. Code 18E.1301 requires that a condition of the Operation Permit for certain systems be that a properly executed inspection contract between the System Owner and a management entity shall be in effect for as long as the System is in use. TCW is a management entity which employees certified operators of a type authorized by 15A N.C. Admin. Code 18E.1301 to manage and inspect type II, III, IV, and V systems.

In consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and TCW as stipulated below.

Conditions of the Contract

A. TCW, in consideration of the payment by the Owner as set out in the schedule of services and charges in Attachment A, incorporated herein, agrees:

1) To provide the services set out in Attachment A according to the minimum schedule of inspections/services required by regulations for the lots or parcels set out in Attachment B.

2) To report results of the inspections to the local environmental regulatory agency having jurisdiction as required by applicable laws or regulations.

3) If inspections indicate the need for System repairs:

   a) to notify the local environmental regulatory agency within 48 hours.
   b) to give notice to the "Owner" of needed repairs, and, if the necessary repairs are outside the scope of the routine maintenance described in Attachment A, then The Owner may request TCW to provide an estimate. At the authorization of The Owner TCW will perform the necessary repairs at TCW's then prevailing charges for services and materials.

4) If TCW's services are terminated, TCW will notify the local environmental regulatory agency within 48 hours.

B. The Owner, in consideration of the services performed, agrees:

1) To pay TCW for its services according to the schedule of charges as set out in Attachment A.

2) Within 30 days of receipt of notice of repairs under A (3) above, the Owner(s) must provide proof that repairs have been performed by a licensed or qualified entity and the System is functioning properly or request and authorize TCW to complete the needed repairs.

3) To notify TCW promptly of any emergency or malfunction known to it which may violate environmental, health, or other laws and regulations, and to authorize immediate repair as necessary to restore the System to proper function and operation.

4) To use reasonable efforts to provide and to maintain at all times, such access to the Systems as is reasonably necessary for TCW to comply with its obligations under this Agreement.

C. **Terms of the Agreement**

1) This Agreement shall be effective for one year from the date of this contract, and will be automatically renewed from year-to-year thereafter, unless written notice of termination and non-renewal is given to the other party not less than 60 days prior to the end of the then current annual contract year.

2) The real property to be serviced under this contract is listed on Attachment B.

3) This Agreement automatically terminates if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for making an appeal has passed.

4) The parties may terminate at the end of the then current term by consent of each party or by not less than 60 days written notice to the other party prior to the end of the then current contract year, and not less than 30 days written notice to the local environmental regulatory agency.

5) This Agreement may be terminated for cause for breach which remains unremedied after 15 days written notice to the defaulting party.

D. **Limited Warranty**

TCW'S SOLE DUTIES AND RESPONSIBILITIES UNDER THIS AGREEMENT IS TO PROVIDE INSPECTION AND ROUTINE MAINTENANCE ONLY AS SPECIFIED IN THIS AGREEMENT. INSPECTIONS WILL COMPLY WITH APPLICABLE CODES, LAWS, AND REGULATIONS IN FORCE AT THE TIME OF THE INSPECTION AND REPORT. WORK AND MATERIALS USED IN REPAIRS ARE WARRANTED ONLY TO BE OF GOOD WORKMANSHIP, FREE OF DEFECTS, AND CONFORM TO THE SYSTEMS SPECIFICATIONS AND EQUAL TO THE ORIGINAL PARTS AND EQUIPMENT. THE OWNER'S SOLE REMEDY UNDER THIS EXPRESS WARRANTY IS REPAIR OR REPLACEMENT AND CONSEQUENTIAL DAMAGE OR DAMAGES FOR DELAY ARE LIMITED TO TOTAL SUMS PAID TCW UNDER THIS AGREEMENT FOR THE PARTICULAR LOT OR PARCEL FOR THE THEN CURRENT YEAR. ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE, ARE EXPRESSLY AND SPECIFICALLY EXCLUDED. REPAIRS, REPLACEMENTS, ADDITIONS AND CHANGES BY OTHERS TO THE SYSTEMS COVERED BY THIS AGREEMENT WITHOUT PRIOR NOTICE TO TCW OR ACCEPTANCE OF THE WORK BY TCW DURING THE TERM OF THIS AGREEMENT VOIDS ANY WARRANTY GRANTED HEREIN AS TO TCW.

E. **Miscellaneous**

1) Transfer of rights, responsibilities, and duties under this Agreement by any party shall be valid only on written notice and consent signed by all parties, which consent shall not be unreasonably or arbitrarily withheld.

2) TCW may perform its duties and responsibilities by subcontract but TCW will remain directly liable and responsible to the Owner under the terms of this Agreement.

3) Waiver of default or a breach of the Agreement by any party shall not operate nor be construed as a waiver of further or subsequent defaults or breach of this Agreement. Failure to take action in any default or breach does not bear action on such default at any time subsequent to such breach or default.

4) This Agreement constitutes the entire agreement of the parties, incorporating, and superseding all prior representations and negotiations and may not be changed or amended except in writing signed by the parties. The Agreement shall be interpreted under North Carolina law. Any part of the Agreement declared void, illegal, or unenforceable will not affect other provisions of the Agreement.

5) Disputes arising under this Agreement shall be determined by any method of Alternative Dispute Resolution the parties choose, including but not limited to, mediation or arbitration, under the Uniform Arbitration Act of North Carolina or its equivalent, or such means or methods as the parties agree to in writing.

6) Notices are deemed delivered if delivered in person; by certified or registered mail; by courier; or delivery service, if properly receipted, charges and postage prepaid, as follows:

Owner: **BYSNA INVESTMENT 1, LLC**
125 W Morehouse Ave
Mooresville, NC 28117

Operator:
TCW Wastewater Management, Inc.
5600 Lakeview Rd
Charlotte, NC 28269

Environmental Regulatory Agency:

Iredell Dept of Environmental Health

610 East Center Ave

Mooresville, NC 28115

A party may change its address my giving notice in the manner provided above.

Each party has executed this Agreement with full power, authority, and legal right to enter into; to bind itself to the rights, duties and responsibilities under this Agreement, which is binding on the parties, their successors and assigns, heirs and personal representatives, on the date first above written.

WITNESS:

_____

:

OWNER: BYSNA INVESTMENT 1, LLC_____

Bachar Abou-Mayaleh

TCW Wastewater Management, Inc.

BY: Lee Boyd

EXHIBIT A
TYPE II, III, IV

MONITORING & INSPECTION PLAN

1. **COST:** **INITIAL CONTRACT YEAR:**

$ 350.00	**(2 required inspection)**
$ N/A	**(0 required lab)**
$ 350.00	**Total Initial Year**

RENEWAL YEARS:

$ TBD	**(2 required inspection)**
$ N/A	**(0 required lab)**
$ TBD	**Total Renewal Years**

a. The Owner shall pay to TCW the aforementioned sums for each parcel listed on Attachment B. The initial annual fees are payable upon the execution of the contract. Annual billings will be made thereafter and payable within 30 days of billing. The annual billings will be made on the anniversary dates. The annual renewal fees may increase no more than 5% per year. The Owner shall pay to TCW his normal and customary fees for any authorized work performed on the System as a result of non-scheduled service or maintenance calls. These fees are due and payable within 30 days of billing. Payments due to TCW, and unpaid by the Owner after 30 days, shall be assessed late payment fee of 15% per month, accruing monthly on the unpaid balance.

2. **PERFORMANCE DUTIES:**

- Inspections and services that meet state requirements, i.e., inspections of System using an itemized check list, monitoring "septic tanks" to insure proper operation, and make adjustments of imbalances to systems through the distribution devices.
- Inspection report copies are sent to the environmental regulatory agency (if applicable) and homeowner
- Emergency service calls at an additional charge.
- 24-hour availability at an additional charge.
- The Owner will be advised of any repairs needed and estimated cost or repairs. Repairs will not be made without Owner authorization.
- The Owner will be advised when pumping is recommended

Bacteria Additive Option – Additional $60 per year:

- The addition of a bacterial product into the individual septic tank as needed to maintain the proper level of bacteria.

EXHIBIT B

1. PHYSICAL ADDRESS OF SYSTEM(S):

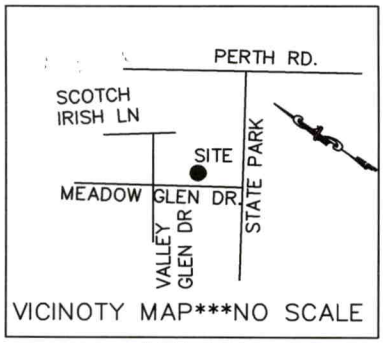
132 Meadow Glen Dr
Troutman, NC 28166

Meadow Glen Lot 123

b. _____

c. _____

d. _____



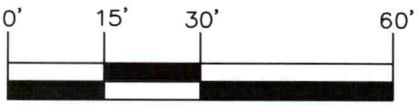
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(60' PUB R/W)

LEGEND

P.P. = POWER POLE
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I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY



SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 21-0103
February 7, 2022

Bachar Abou-Mayaleh
Attn: **Bachar Abou-Mayaleh**
Email: bashar.am6194@gmail.com

RE: Soil & Site Evaluation for a 3 Bedroom Residence at 132/138 Meadow Glen Dr (LOT 123 Meadow Glen), Troutman, NC 28166, PIN # (4730582348), Iredell County.

Mr. Abou-Mayaleh:

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 submittal to Iredell County Health Department.

Site Conditions

At the time of our evaluation land cover on the property was mostly open. Topography within the evaluated area was gentle to moderate slope near the house site and gentle to moderate slope near the proposed drainfield area. Property lines and corners were marked at the time of the evaluation by DAS & Associates. The Surveyor provided an Autocad File of the survey as a basemap. The proposed septic layout was located via measuring tape/GPS and used to produce the attached *Site Plan*. The house envelope was located via Survey. The attached Site Plan provided has house plot, setbacks and lot size.

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 three auger hole locations on the property flagged and located via GPS. Two of the three of the borings are located in 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 auger boring. The house envelope is shown on the Site Plan. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by tape measure and GPS. Detailed system & repair information is summarized in the following paragraph for this Lot.

132/138 Meadow Glen Dr Lot 123 (*See Attached Design*)
The septic layout for this lot (8' centers) yielded a total of 483 linear feet of line. The primary system is proposed as 200 linear feet of Mod. Conv. (PPBPS 50% Reduction) drainfield with low pressure distribution. Trench depth (Low Side) is specified at 30 inches. The repair system is proposed as 200 linear feet of HPPBPS (50% Reduction) drainfield with low pressure distribution. Trench depth (Low Side) is specified at 24 inches. There is 283 linear feet available for repair.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. 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 Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c).".

Owner Date

Print Name BYSNA Investment 2, LLC
Signature _____ 2/18/2022

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 SL 2018-114 Section 11.(c)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas at 132/138 Meadow Glen Dr Lot 123 may nullify this design. 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*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for a PPBPS System with Low Pressure Distribution for a 3 bedroom single family residence at 132/138 Meadow Glen Dr., (Lot 123) Troutman, (PIN# 4730582348), Iredell County, NC.

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4
- System Tapsheet---------- 5

Site Plan/System Plan---------- 6

Calculations---------- 7

Profile Descriptions---------- 8

Septic Application---------- 9-10

Agent Authorization---------- 11

Green Sheet---------- 12

LICENSED SOIL SCIENTIST
Samuel A. Rollins
1231
STATE OF NORTH CAROLINA

February 7, 2022
Project #: 21-0103
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

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 NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- 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 structure.
- 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 for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a PPBPS installation with low pressure distribution.
- Repair is specified as a HPPBPS installation with low pressure distribution.

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Bachar Abou Mayaleh
Current Address:	125 W. Morehouse Ave. Mooresville, NC 28117
Phone:	704.763.8045
County:	Iredell
Location:	132/138 Meadow Glen Dr. Troutman, NC 28166
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360 gpd
System Flow:	19.68 gpm

Design Specifications

Drainfield Size:	200
Loading Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Max Trench Depth (LOW SIDE):	30 in., Repair 24 in. Trench Depth
Trench Width:	24 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	130
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	22.62
Dosing Volume:	172.80
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.65
Elevation Head:	20.00
Total Dynamic Head:	27.20
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

132/138 Meadow Glen Dr.

LP PPBPS

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	400
TOTAL LATERAL LENGTH:	200
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	200
SUPPLY LINE LENGTH:	138
TOTAL DYNAMIC HEAD:	27.20
MANIFOLD SIZE:	N/A
DOSING VOLUME:	172.80
PUMP TANK DRAW DOWN*:	8.2
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

Layout Specifications - Meadow Glen Dr-Lot 123

Project #: 21-0103

LAYOUT FOR 3 BEDROOM HOME

February 7, 2022

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM	(LEFT FRONT HC)	5.7	105.7		100.00		
INSTR. 1 HOUSE CNR							
P. TANK				15.00	90.70		
1	***RED***			***1.00***	***104.70***	***64***	***50***
2	***ORANGE***			***2.90***	***102.80***	***64***	***50***
3	***YELLOW***			***4.30***	***101.40***	***64***	***50***
4	***BLUE***			***5.70***	***100.00***	***56***	***50***
5	PINK			6.70	99.00	41	41
6	RED			7.70	98.00	41	41
7	ORANGE			9.20	96.50	51	51
8	YELLOW			10.50	95.20	51	51
9	BLUE			12.3	93.40	51	51
					Total	**483**	**435**

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	(LOW SIDE) TRENCH DEPTH
**** System***	***200***	***0.300***	MOD. CONV.	***0.300***	**PPBPS**	**LOW PRESSURE**	30"
Repair	283 Plus 48Ft on Lines 1,2,3 & 4	0.300	MOD. CONV.	0.300	HPPBPS	LOW PRESSURE	24"

Notes:

**All measures in feet

LP PPBPS TAPSHEET - Meadow Glen Dr.- Lot 123

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	*RED*		*50*	*0.156*	*0.41*	*100*	**12**
2	*ORANGE*		*50*	*0.156*	*0.41*	*100*	**12**
3	*YELLOW*		*50*	*0.156*	*0.41*	*100*	**12**
4	*BLUE*		*50*	*0.156*	*0.41*	*100*	**12**
	total	**feet =**	**200**	**gal/min =**	**19.68**		48

Des. Flow	**360**
Pump Run=	**8.78**
soil LTAR	**0.3**
LTAR +5%	**0.315**
LTAR with mod.	**0.6**
LTAR with mod.. + 5%	**0.63**

.156 equals 5/32 inch hole

CALCULATIONS

Location	132/138 Meadow Glen Dr. Troutman, NC 28166	
Project Number	20-0103	
Lot No:	123	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.3	$^{gal}/_{ft^2\ day}$
HPPBPS? (YES OR NO)	YES	
Supply Line Length	130	ft.
Supply Line Volume	22.62	gal.
Required Feet of Line	200	ft.
Amount of Line from Layout	200	ft.
Gallons per Minute	19.68	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Pump Tank Capacity	1000	gal.
Panel Volume	3.6	gal.
# of Panels	48	
Dosing Volume	172.80	gal.

Note: Dosing Volume based on 100% of # of panels times 3.6 gal/panel

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Tank Draw Down	8.2	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	8.78	minutes
Elevation Head	20	ft.
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	1.65	ft.
Total Dynamic Head (+15%)	27.20	ft.

Sheet 1 of 1
PROPERTY ID #: 4930582348
COUNTY: Iredell

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

OWNER: DPG Properties LLC
APPLICATION DATE
ADDRESS: 7679 Lynwood Lane Sherrills Ford NC 28673
DATE EVALUATED: 11/30/21
PROPOSED FACILITY: 3bs
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 0.48 AC
LOCATION OF SITE: 132/138 Meadow Glen Dr., Troutman NC 28166 Lot 123
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .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 .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	L/18%	0-27	BRC wmsbk	Fr SS SP	Few to C. SAP	50	—	—	PS 0.3
		27-50	RBCL wfsbk	Fr SS SP	Cr. 22's @ 46"				TB - 25" Low. side?
B 2	L/18-20%	0-9	RBCL wfsbk	Fr SS SP	Few to C. SAP	50	—	—	PS 0.3
		9-26	BRC wmsbk	Fr SS SP					
		26-50	RBCL wfsbk	Fr SS SP					
B 3	L/20%	0-14	RBSCL wfsbk	Fr SS SP	Few to C. SAP	50	—	—	PS 0.3
		14-26	BRC wmsbk	Fr SS SP					
		26-50	RBCL wfsbk	Fr SS SP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS/Low Pressure	PPBPS/Low Pressure
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollins
OTHER(S) PRESENT: Chad Wagner

LICENSED SOIL SCIENTIST Samuel A. Rollins 1231 STATE OF NORTH CAROLINA

COMMENTS:

Updated February 2014

RECEIVED MAR 3 - 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED Paid $1200.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Session Law AP-326259

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an **(X)** *beside whichever is submitted if applicable* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Bachar Aba Mayaleh **Address:** 125 W Morehouse Ave Mooresville NC **Zip:** 28117
Applicant Email: Bashar.am6194@gmail.com **Phone:** 704-881-6264 **Alt. Phone:**
Owner Name: Same **Address:** Same **Zip:**
Owner Email: Same **Phone:** Same **Alt. Phone:**

Property Information:

Street Address: 136/132 Meadow Glenn Dr. Troutman NC 28166
Subdivision Name: Meadow Glenn **Section/Phase:** **Lot Number:** 123
Driving Directions: Peeth Rd, State Park Rd, Meadow Glenn Dr.

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Samuel A Tallman 2/7/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, BYSNA Investment 2, LLC Bachar Abou Mayaleh, am the legal owner(s) of the property located at 135/132 Meadow Glenn Dr. Troutman NC 28166, identified as PIN (Parcel Identification Number) 4730582348, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) SFS / Ashley Rollans, _____, 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.

_____ 2/7/22
Signature of Owner(s) Date

Mooresville - Environmental Health

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

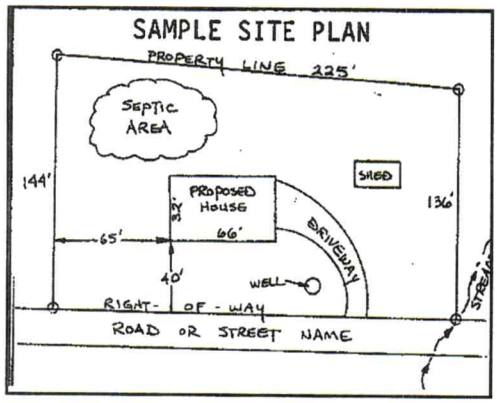
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient indicator of direction**

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property **N/A**
Location of easements and rights of ways on your property **N/A**
Location of any designated wetlands on the property **N/A**

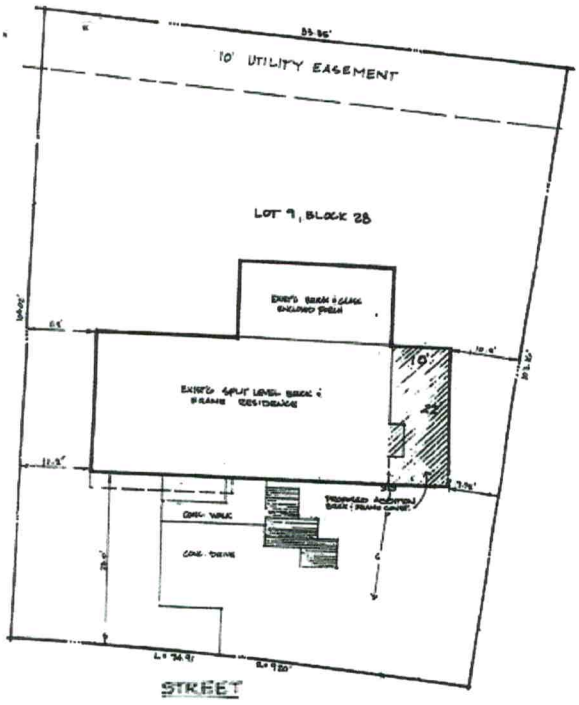
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached

Signature: Samuel A Kallam
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/7/22
DATE



Please provide a drawing of your property in the space below (similar to drawing on the left) or attached in a separate document showing the layout of your home or business on the lot. If applicable, please clearly note expansions.

See attached

Zoning Permit # 326259
Fee $ 45.00 **Code 104**

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	2/18/22		Tax Parcel #	4730582348
	Business Name or Property Owner	BYSNA Investment2 LLC			
	Street Address	138 132 Meadow Glenn Dr. Troutman NC 28166			
	Business Type and/or Project Description	Residential			
APPLICANT	Applicant	BYSNA Investment LLC		Preferred Phone	704-881-6264
	Address City/State/Zip	125 Morehouse Ave Mooresville NC 28117			
	E-Mail	bashar.am6194@gmail.com			
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)			

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy (exception, single family residential additions/expansions). Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only				
Zoning District(s)	R5	Plans Attached	Yes ☐	No ☒
Utilities	Town Water	Floodplain	Yes ☐	No ☒
Permitted Use of Property	Single-Family Home			
Minimum Setback Requirements	Front 25', Rear 25', Right Side 15', Left Side 15' *Setback measured from nearest projecting point of structure to Property Line.*			
Comments:	Single-family Home on Town Water			

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Signature of Zoning Administrator