BLDR 2024-48482

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 2024-47890 ✓

PIN # 4735 -- 89 -- 7775 ✓

APPLICANT/OWNER: Soil & Forestry Services LLC

APPLICANT ADDRESS: 813 Davidson Dr NE, Concord, NC 28025

SITE ADDRESS: 131 Natures Trail, Statesville, NC 28625

PHONE: 980-439-5007

ALT. PHONE:

SITE DIRECTIONS: N Wilkesboro Hwy -> R/S Chipley Ford -> R Fort Dobbs -> L Natures Trail -> lot on L

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Dobbs Valley ✓ SECTION: 1 ✓ LOT # 21 ✓ LOT AREA: 1.166 DESIGN FLOW: 480 gpd L.T.A.R.(Initial): 0.275 L.T.A.R (Repair): 0.3

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 436

Trench Width 1 *Max. Trench Depth(Initial) 30 *Max. Trench Depth(Repair) 28 Gravel Depth n/a

* Measured on the downhill side of the trench

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

System Description: 25% Reduction

Repair System Description: HPPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

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

Usable Depth to LC (Initial): 50

☑ 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): 46 *Limiting Condition*

Water Supply

☐ Private

☑ Public

☐ Community

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

INITIAL SITE SKETCH

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

Wendell Overby

LSS# 1218

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

AOWE# 10044E

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.

See attached for As-Built

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

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

Owner / Applicant Signature: online signature Date:

IMPROVEMENT PERMIT by: D. Wiseberg ✓ Date: 2/28/24

AUTHORIZATION TO CONSTRUCT by: D. Wiseberg ✓ Date: 2/28/24

Installed by: Ronan Septic ✓

OPERATION PERMIT by: Sydney Holland ✓ Date: 8/19/24

Existing System Inspected by: Date:



23-1063	
PROJECT MGR. WO	
DRAWN BY WO	
FIELD WORK WO	
SCALE 1" = 40'	

Soil & Forestry Services of the Carolinas, PA
813 Davidson Dr NW
Concord NC 28025

usablesoil@gmail.com
980-439-5007
soilandforestryservices.com

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA

PROJECT NAME:
CHAVEZ
NATURES TRAIL
IREDELL COUNTY
MAY 2023

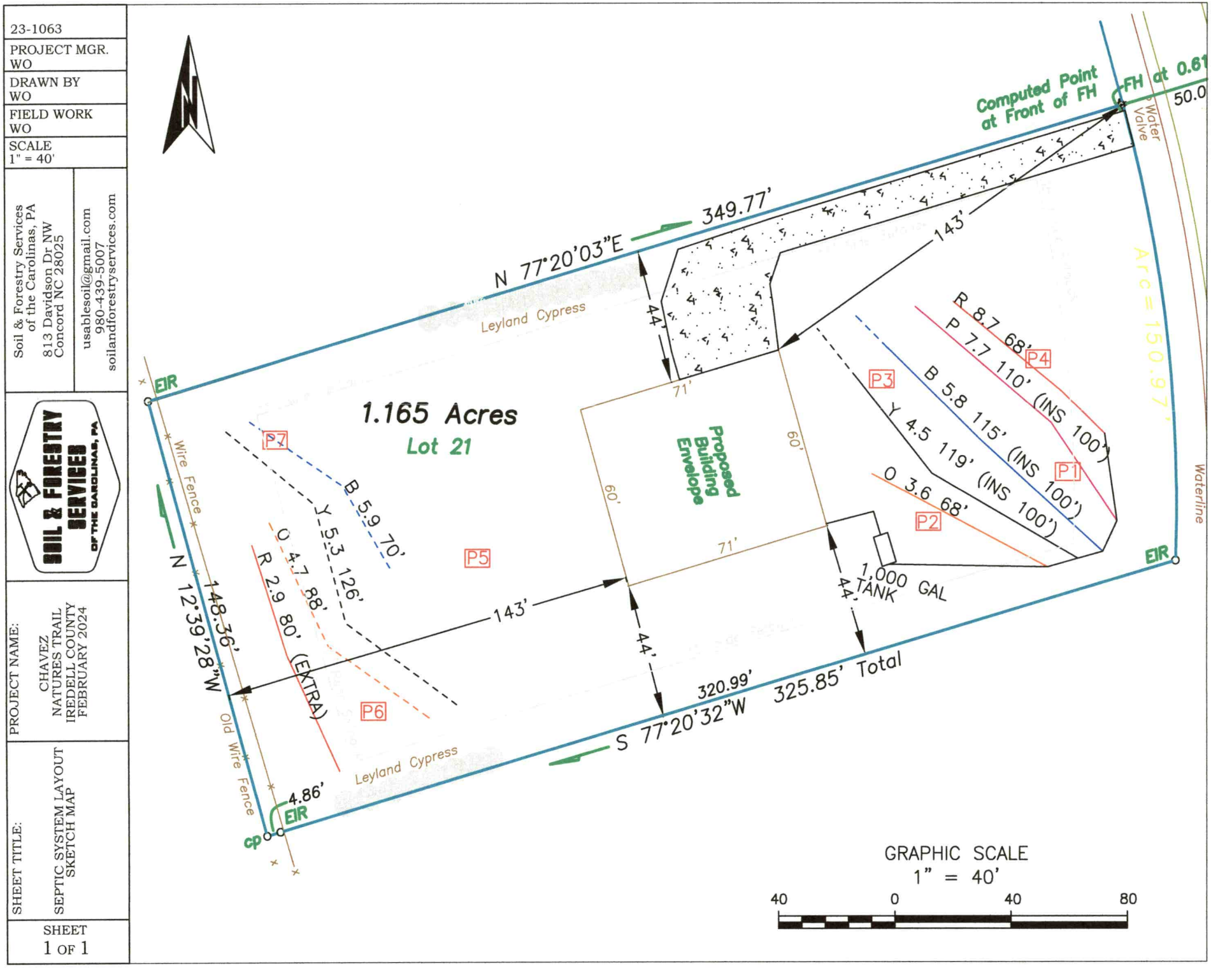
SHEET TITLE:
SEPTIC SYSTEM LAYOUT SKETCH MAP

SHEET
1 OF 1

AS BUILT

INSTALLED

12/16/8 SS7
Approved by


23-1063
PROJECT MGR.
WO
DRAWN BY
WO
FIELD WORK
WO
SCALE
1" = 40'
Soil & Forestry Services
of the Carolinas, PA
813 Davidson Dr NW
Concord NC 28025
usablesoil@gmail.com
980-439-5007
soilandforestryservices.com
SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA
PROJECT NAME:
CHAVEZ
NATURES TRAIL
IREDELL COUNTY
FEBRUARY 2024
SHEET TITLE:
SEPTIC SYSTEM LAYOUT
SKETCH MAP
SHEET
1 OF 1
N
1.165 Acres
Lot 21
Proposed Building Envelope
N 77°20'03"E 349.77'
S 77°20'32"W 325.85' Total
N 12°39'28"W 148.36'
Computed Point at Front of FH
FH at 0.61
50.0
Water Valve
Waterline
Arc=150.97'
Leyland Cypress
Leyland Cypress
Wire Fence
Old Wire Fence
EIR
EIR
EIR
cp
4.86'
44'
143'
71'
60'
60'
71'
44'
143'
44'
320.99'
P1
P2
P3
P4
P5
P6
P7
R 8.7 68'
P 7.7 110' (INS 100')
B 5.8 115' (INS 100')
Y 4.5 119' (INS 100')
O 3.6 68'
1,000 GAL TANK
B 5.9 70'
Y 5.3 126'
O 4.7 88'
R 2.9 80' (EXTRA)
GRAPHIC SCALE
1" = 40'
40 0 40 80

Permit/File #: OSWP-2024-47890

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: 4735897775.000
Issued To: Cameron and Asleigh Waugh
Property Location: 131 Natures Trail
Subdivision (if applicable): Dobbs Valley Lot#: 31 Block: Section:
LSS Report Provided: Yes [X] No [ ]
If yes, name and license number of LSS: Wendell Overby #1218
New [X] Expansion [ ] System Relocation [ ] Change of Use [ ]
Facility Type: 4 bedroom house
Number of bedrooms: 4 Number of Occupants: 8 Other:
Design Wastewater Strength: [X] Domestic [ ] High Strength [ ] Industrial Process Wastewater
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.275 Proposed LTAR (Repair): 0.3
Proposed Wastewater System Type*: IIb (ACCEPTED) GRAVITY (Initial) Pump Required: [ ] Yes [X] No [ ] May be required
Proposed Wastewater System Type*: IIIb (Repair) Pump Required: [X] Yes [ ] No [ ] May be required
Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII
Effluent Standard: [X] DSE [ ] HSE [ ] NSF/ANSI 40 [ ] TS-I [ ] TS-II [ ] RCW
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 Depth to LC (Initial)*: 50 Usable Depth to LC (Repair)*: 46 ***Limiting Condition***
Max. Trench Depth (Initial)ǂ: 30 Max. Trench Depth (Repair)ǂ: 28 ***ǂ Measured on the downhill side of the trench***
Artificial Drainage Required: [ ] Yes [X] No If yes, please specify details:
Type of Water Supply: [ ] Private well [ ] Public well [ ] Shared well [X] Municipal Supply [ ] Spring [ ] Other:
Drainfield location meets requirements of Rule .0508: Yes [X] No [ ] Drainfield location meets requirements of Rule .0601: 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:

Proposed septic areas are to remain undisturbed (no grading, no utilities installlation)
Proposed septic areas should be fenced/protected from disturbance (vehicle traffic, debris, etc...)

See Design for any additional details

Licensed Soil Scientist Print Name: Wendell Overby
Licensed Soil Scientist Signature: Wen Ill Ov Date: 2/12/2024

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-2024-47890

This Section for Local Health Department Use Only

Initial submittal received: 2/27/24 (*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: D. Wieberg Date: 2/28/24

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: 2/28/29

See attached site sketch

NCDHHS

Permit/File #: OSWP-2024-47890

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

County: Iredell **Pre-Construction Conference Required:** [ ] Yes [X] No

PIN/Lot Identifier: 4735897775.000

Issued To: Cameron and Asleigh Waugh

Property Location: 131 Natures Trail

AOWE/PE Plans/Evaluations Provided: Yes [X] No [ ] If yes, name and license number of AOWE/PE: Wendell Overby #10044E

Facility Type: 4 bedroom house

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

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

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

Crawl Space? [X] Yes [ ] No Slab Foundation? [ ] Yes [X] No

Type of Wastewater System* IIb (ACCEPTED) GRAVITY (Initial) IIIb (Repair)

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

Design Daily Flow: 480 GPD Wastewater Strength: [X] Domestic [ ] High Strength [ ] Industrial Process WW

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)

Effluent Standard: [X] DSE [ ] HSE [ ] NSF/ANSI 40 [ ] TS-I [ ] TS-II [ ] RCW

Type of Water Supply: [ ] Private well [ ] Public well [ ] Shared well [X] Municipal Supply [ ] Spring [ ] Other:

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 436 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.275 gpd/ft² Usable Depth to LC (Initial)*: 50 *Limiting condition

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

Pump Tank Size (if applicable): N/A galllons Requires more than 1 pump? [ ] Yes [X] No

Pump Requirements: N/A ft. TDH vs. N/A 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 [.0204(g)]: [ ] Yes [X] No Declaration of Restrictive Covenants: [ ] Yes [X] No

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

Management Entity Required: Yes [ ] No [X] Minimum O&M Requirements:

Permit conditions:

Proposed septic areas are to remain undisturbed (no grading, no utilities installlation)

Proposed septic areas should be fenced/protected from disturbance (vehicle traffic, debris, etc...)

See Design for any additional details

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: Wendell Overby Expiration Date: 2/12/2029

AOWE/PE Signature: Date: 2/12/2024

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-2024-47890

This Section for Local Health Department Use Only

Initial submittal received: 2/27/24 (*Date*) by ONLINE (*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: 2/28/24

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: 2/28/29

See attached site sketch

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

2/12/2024

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

Re: Improvement Permit & CA Submittal for 131 Natures Trail (Lot #31)

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 4 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: Cameron and Asleigh Waugh

Signature: _____

Date: _____

"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."

Wendell Overby, LSS

Signature: _____

Date: 2/12/2024 Seal:





SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

2/12/2024

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

Re: Improvement Permit & CA Submittal for 131 Natures Trail (Lot #31)

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 4 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: Cameron and Asleigh Waugh

Signature: Cameron E. Waugh Asleigh Waugh

Date: 2/12/2024

"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."

Wendell Overby, LSS

Signature: Wendell Overby

Date: 2/12/2024 Seal:





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, Cameron and Asleigh Waugh, am the legal owner(s) of the property located

☒ at 131 Natures Trail, identified as

PIN (Parcel Identification Number) 4735897775.000, located in Iredell County, North Carolina.

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

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.

Cameron E. Waugh — Signature of Owner(s)

2-26-24 — 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

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

If applying for a Construction Authorization, please indicate desired system type(s):

[X] Accepted [ ] Conventional [ ] Innovative [ ] Other _____ [ ] Any

[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)

Requesting DHHS review? (systems >3000 GPD or IPWW) [ ] Yes [X] No

Applicant:	Wendell Overby // Soil & Forestry Services, PA
Mailing Address:	813 Davidson Dr NW
City:	Concord
State:	North Carolina
Zip:	28025
Phone #:	980-439-5007
Email:	usablesoil@gmail.com

Owner:	Cameron and Asleigh Waugh
Mailing Address:	164 Tarrington Dr
City:	Statesville
State:	North Carolina
Zip:	28625
Phone #:	336-466-6360
Email:	Cameron9883@gmail.com

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

[ ] Yes	[X] No	Does the site contain any jurisdictional wetlands?
[ ] Yes	[X] No	Is any wastewater going to be generated on the site other than domestic sewage?
[ ] Yes	[X] No	Is the site subject to approval by any other public agency?
[ ] Yes	[X] 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: _____ Date: 2/12/2024

Owner's Signature: _____ Date: _____

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

If applying for a Construction Authorization, please indicate desired system type(s):

[X] Accepted [ ] Conventional [ ] Innovative [ ] Other _____ [ ] Any

[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)

Requesting DHHS review? (systems >3000 GPD or IPWW) [ ] Yes [X] No

Applicant:	Wendell Overby // Soil & Forestry Services, PA
Mailing Address:	813 Davidson Dr NW
City:	Concord
State:	North Carolina
Zip:	28025
Phone #:	980-439-5007
Email:	usablesoil@gmail.com

Owner:	Cameron and Asleigh Waugh
Mailing Address:	164 Tarrington Dr
City:	Statesville
State:	North Carolina
Zip:	28625
Phone #:	336-466-6360
Email:	Cameron9883@gmail.com

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

[ ] Yes [X] No Does the site contain any jurisdictional wetlands?
[ ] Yes [X] No *Is any wastewater going to be generated on the site other than domestic sewage?*
[ ] Yes [X] No Is the site subject to approval by any other public agency?
[ ] Yes [X] 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: Wendell Overby Date: 2/12/2024

Owner's Signature: Cameron E. Waugh Asleigh Waugh Date: 2/12/24

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

usablesoil@gmail.com
980-439-5007
813 Davidson Dr NW
Concord NC 28025
SoilAndForestryServices.com

Project# 23-1065

Septic System Design for a 4 Bedroom House
ACCEPTED using GRAVITY distribution
Site location: 131 Natures Trail, Lot # 31

Contents	**Page**
Information for the Installer	1
Design Specifications	2
Layout Specifications	3
Site Plan	4
Calculations	5
Soil Descriptions	6
Floor Plans	7-8

Feb 2024
Design By: Overby

ACCEPTED using GRAVITY distribution
Site location: 131 Natures Trail, Lot # 31

* **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 HPPBPS type using PMANIFOLD distribution**
* **System trench depth specified at 30"**
* **System trenches installed on 9' minimum; 36" wide trenches**
* **Installation does not require a soil cap**

ACCEPTED using GRAVITY distribution
Site location: 131 Natures Trail, Lot # 31

Business (if applicable):	N/A
Contact:	Cameron and Asleigh Waugh
Phone:	336-466-6360
Email:	Cameron9883@gmail.com
County:	Iredell
Location:	131 Natures Trail

Source of Wastewater Flow:	4	bedroom home
Estimated Daily Wastewater Production:	480	gpd
Drain field Size:	436	lf
Loading Rate:	0.275	$gpd/ft.^2$
Trench Depth:	30	in
Trench Width:	36	in
Soil Cap:	0	in
Septic Tank Size:	1000	gal

Page 3	LAYOUT SPECIFICATIONS	Project #23-1065

ACCEPTED using GRAVITY distribution
Site location: 131 Natures Trail, Lot # 31

Daily Flow (gpd) **480** **Feb 2024**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM		0.0			100.0		
INSTR. 1			100.0				
			REPAIR				
1	Red		Extra -->	2.9	97.1	70	0
2	Orange			4.7	95.3	88	80
3	Yellow			5.3	94.7	126	120
4	Blue			5.9	94.1	80	80
			SYSTEM				
5	Orange			3.6	96.4	68	68
6	Yellow			4.5	95.5	119	100
7	Blue			5.8	94.2	115	100
8	Pink			7.7	92.3	110	100
9	Red			8.7	91.3	72	68
10	Orange			9.8	90.2	55	0
11	Yellow			10.6	89.4	36	0

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH	SOIL CAP
SYSTEM	436	0.275	ACCEPTED	25%	GRAVITY	30	0
REPAIR	280	0.300	HPPBPS	50%	PMANIFOLD	28	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

CALCULATIONS	Project #23-1065

ACCEPTED using GRAVITY distribution
Site location: 131 Natures Trail, Lot # 31

PROJECT INFO	Designer	Overby
	Project #	23-1065
	Project MM YYYY	Feb 2024
	County	Iredell
	Project Location	131 Natures Trail
	Lot # (if applicable)	31
	Subdivision (if applicable)	Dobbs Valley
	Parcel #	4735897775.000
	Lot size (acres)	1.166
	Business (if applicable)	N/A
	Name (Owner)	Cameron and Asleigh Waugh
	Mailing Address (Owner)	164 Tarrington Dr
	City (Owner)	Statesville
	State (Owner)	North Carolina
	Zip (Owner)	28625
	Phone (Owner)	336-466-6360
	Email (Owner)	Cameron9883@gmail.com
	Bedrooms	4
	Water Source	Municipal
	Foundation Type	Crawl Space
	Daily Flow (gallons)	480
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
	Media Height (inches)	12
	Tank Size (gallons)	1000
	Required Feet of Line (system)	436
	Designed Feet of Line (system)	436
REPAIR	Repair LTAR	0.3
	Repair Type	HPPBPS
	Repair Distribution	PMANIFOLD
	Repair Trench Center Distance (feet)	9
	Repair Trench Width (inches)	36
	Repair Trench Depth (inches)	28
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	46
	Tank Size (gallons)	1000
	Required Feet of Line (repair)	267
	Designed Feet of Line (repair)	280

PROPERTY ID #: 4735897775.000
COUNTY: Iredell

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

OWNER: Cameron and Asleigh Waugh
ADDRESS: 164 Tarrington Dr
PROPOSED FACILITY: 4 bedroom house
LOCATION OF SITE: 131 Natures Trail

APPLICATION DATE:
DATE EVALUATED: 3/24/2023
PROPERTY SIZE: 1.166 acres
PROPERTY RECORDED: 1978

WATER SUPPLY: ☐ Private ☐ Well ☐ Spring ☑ Other — Municipal

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/19%	0 - 8 8 - 35 35 - 54	B CL WFG RB C WFS RB CL WFS	FR SS SP FR S P FR SS SP FC SAP	N/A	54	N/A	N/A	0.275
2	L/12%	0 - 4 4 - 28 28 - 55	B L WFG BR C WFS BR CL WMS	FR SS SP FR SS P F SAP FR SS SP C SAP	N/A	55	N/A	N/A	0.275
3	L/14%	0 - 15 15 - 38 38 - 60	RB SCL WFG BR C WMA RB CL WFS	FR SS SP FR SS SP F SAP FR SS SP C SAP	N/A	60	N/A	N/A	0.3
4	L/12%	0 - 24 24 - 40 40 - 50 50 - 56	RB CL WFS BR C WFS BR CL WFS B SL MASS	FR SS SP FR SS SP F SAP FR SS SP C SAP VFR NS NP	N/A	50	N/A	N/A	0.275
5	L/8%	0 - 5 5 - 40 40 - 58	BR C WFG R C WFS RB CL WFS	FR SS SP FR SS SP F SAP FR SS SP C SAP	N/A	58	N/A	N/A	0.3
6	L/15%	0 - 7 7 - 33 33 - 56	B CL WFG R C WMS RB CL WFS	FR SS SP F SS P FR SS SP F ROCK C SAP	N/A	56	N/A	N/A	0.3
7	L/7%	0 - 5 5 - 26 26 - 46 46 - 54	RB CL WFG BR C WMS BR CL WFS RB L MASS	FR SS SP FR SS P FR SS SP C SAP VFR SS SP	N/A	46	N/A	N/A	0.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	436	280
System Type(s)	ACCEPTED	HPPBPS
Site LTAR	0.275	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): S
EVALUATED BY: OVERBY
OTHER(S) PRESENT:

LICENSED SOIL SCIENTIST — JAMES WENDELL OVERBY — 1215 — STATE OF NORTH CAROLINA

COMMENTS:

GENERAL NOTES:

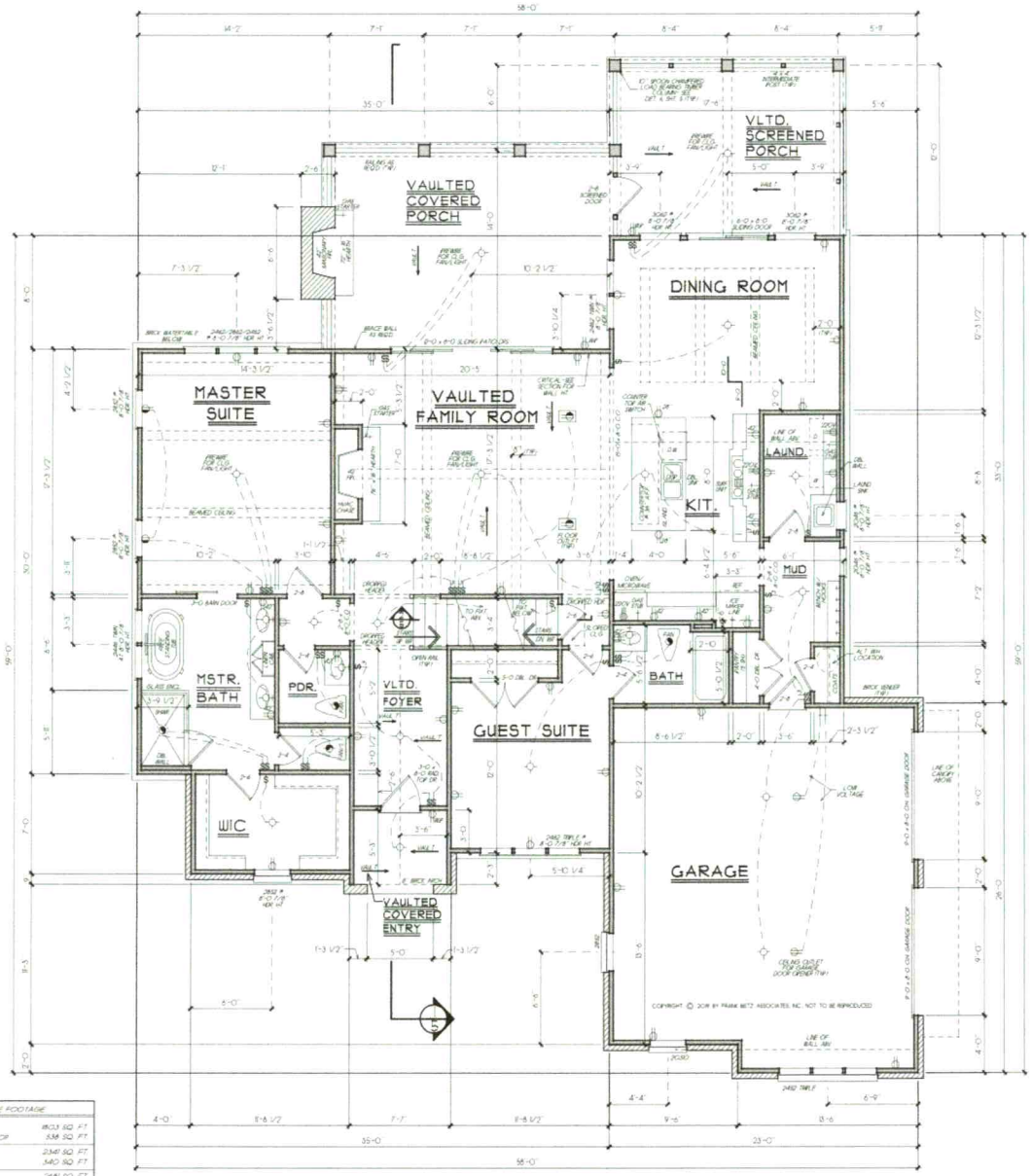
1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE AND LOCAL CODES, REGULATIONS AND 2012 I.R.C.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT SITE BEFORE BEGINNING CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO FRANK BETZ ASSOCIATES, INC. FOR CLARIFICATION AND/OR CORRECTION BEFORE PROCEEDING WITH WORK. CONTRACTOR SHALL ASSUME RESPONSIBILITY FOR ERRORS THAT ARE NOT REPORTED.
3. ALL DIMENSIONS ARE TO FACE OF STUD, UNLESS NOTED OTHERWISE.
4. ALL FOOTINGS TO BE MINIMUM FIRST AND OVER LOCAL CODES AND MUST REST ON UNDISTURBED SOIL CAPABLE OF HANDLING THE BUILDING. CONSULT LOCAL ENGINEER FOR PROPER FOOTING AND REINFORCING NEED.
5. CONTRACTOR SHALL INSURE COMPATIBILITY OF THIS BUILDING WITH ALL SITE REQUIREMENTS.
6. IF BACKFILL EXCEEDS 4' AGAINST ANY FOUNDATION WALL, REINFORCE AS REQUIRED.
7. ALL FOUNDATION AND STRUCTURAL MEMBERS SHOULD BE VERIFIED AND STAMPED BY AN ENGINEER IN THOSE STATE WHERE CONSTRUCTION IS OCCURRING DUE TO A WIDE VARIANCE IN LOCAL CODES, SOIL BEARING CONDITIONS, FROST LINE DEPTHS, GEOLOGICAL AND WEATHER CONDITIONS. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO REVIEW AND VERIFYING ALL STRUCTURAL DETAILS AND CONDITIONS TO MEET ALL LOCAL CODES AND TO ENSURE A QUALITY AND SAFE STRUCTURE.
8. ALL WOOD, CONCRETE, AND STEEL STRUCTURAL MEMBERS SHALL BE OF A GOOD GRADE AND QUALITY AND MEET ALL NATIONAL, STATE AND LOCAL BUILDING CODES WHERE APPLICABLE.
9. ALL CEILINGS OR ROOF FRAMING SHOULD BE DESIGNED TO CARRY LIGHT WEIGHT CEILING FINISH ONLY UNLESS OTHERWISE NOTED. CONSULT AN ENGINEER IF THE BASEMENT FLOOR OR AT OTHER BEARING POINTS DESIGNED TO CARRY THE LOAD.

GENERAL FRAMING NOTES:

THE FOLLOWING NOTES ARE SUGGESTED MINIMUM REQUIREMENTS ONLY DUE TO A VARIANCE OF CODES FOR REGIONS. PLEASE REFER AND COMPLY WITH ALL YOUR LOCAL CODES. CONSULT WITH LOCAL ENGINEERS FOR ALL STRUCTURAL REQUIREMENTS!

1. ALL FRAMED WALL DIMENSIONS ARE BASED ON 2 x 4 STUDS UNLESS NOTED OTHERWISE. PROVIDE PLENUM AT MID HEIGHT OF ALL WALLS.
2. ALL JOISTS AND RAFTERS SHALL BE ALIGNED OVER STUDS BELOW.
3. ALL HEADERS SHALL BE 2-2x10 @ 2'10" WITH 1/2" PLYWOOD SPACER PLATE BETWEEN UNLESS NOTED OTHERWISE.
4. ALL JOISTS UNDER PARTITIONS PARALLEL TO FLOOR JOISTS UNDER PARTITION WALL PARALLEL TO JOIST DIRECTION.
5. PROVIDE CROSS BRIDGING AT MID POINT OF SPAN OR 8'-0".
6. FLOOR DECKING TO BE APA 24 RATED EXT/INT TONGUE AND GROOVE PLYWOOD EXPOSURE 1 GLUED AND NAILED PER MANUFACTURERS SPECIFICATIONS.
7. EXTERIOR SHEATHING TO BE CONSTRUCTION APA RATED 16/16 7/16 OSB EXPOSURE 1 INSTALLED PER MANUFACTURING SPECIFICATIONS. ALL EDGES AND ALL EDGES AND ENDS TO BE BLOCKED AT 12" O.C. AT ALL INTERMEDIATE STUDS.
8. PROVIDE DOUBLE 2x8 STIFFENERS AT MID SPAN FOR CEILING JOISTS WITH SPAN EXCEEDS THAN 10'-2".
9. PROVIDE COLLAR TIES AT UPPER 1/3 OF VERTICAL DISTANCE BETWEEN RIDGE BOARD AND CEILING JOISTS AT 4' O.C. MAXIMUM.
10. ROOF VALLEY RAFTERS AND RIDGE BOARDS SHALL BE ONE "2x" WIDE LARGER THAN RAFTERS.
11. ROOF SHEATHING TO BE APA 32 RATED 1/2" PLYWOOD CDX EXPOSURE 1 INSTALLED PER MANUFACTURING SPECIFICATIONS. NAILING SCHEDULE TO BE 8d COMMON AT 6" O.C. AT ALL EDGES AND 8d COMMON AT 12" O.C. AT ALL INTERMEDIATE STUDS. INSTALL PANEL CLIPS AT OPEN TYPE EDGE CLIPS PER MANUFACTURER SPECIFICATIONS.
12. ALL TRUSS ENGINEERED FLOOR AND ROOF TRUSSES ARE LOOSE TRUSS MANUFACTURER MUST PROVIDE SHOP DRAWINGS WHICH BEAR SEAL OF REGISTERED ENGINEER IN STATE IN WHICH WORK IS TO BE PERFORMED.
13. ALL CEILING JOISTS AND RAFTERS BEARING TO RIDGE OR LOAD BEARING WALLS DESIGNED TO CARRY LOAD THEM. ALL LEVELS AND TERMINATE AT EXTERIOR WALLS WHICH ARE DESIGNED TO CARRY LOAD OR THICKENED SLAB EDGE OR FOOTING DESIGNED TO CARRY LOAD.
14. ALL BASEMENT WALLS, BEAMS AND COLUMNS TO BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES.
15. ALL STEEL FRAMING, COLUMNS, BEAMS, ETC. TO BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES.

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FIRST FLOOR PLAN

1/4" = 1'-0"

SQUARE FOOTAGE	
FIRST FLOOR	1803 SQ. FT.
SECOND FLOOR	538 SQ. FT.
TOTAL	2341 SQ. FT.
OPT. BONUS	340 SQ. FT.
TOTAL	2681 SQ. FT.

REVISIONS	DATE	BY

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FIRST FLOOR PLAN

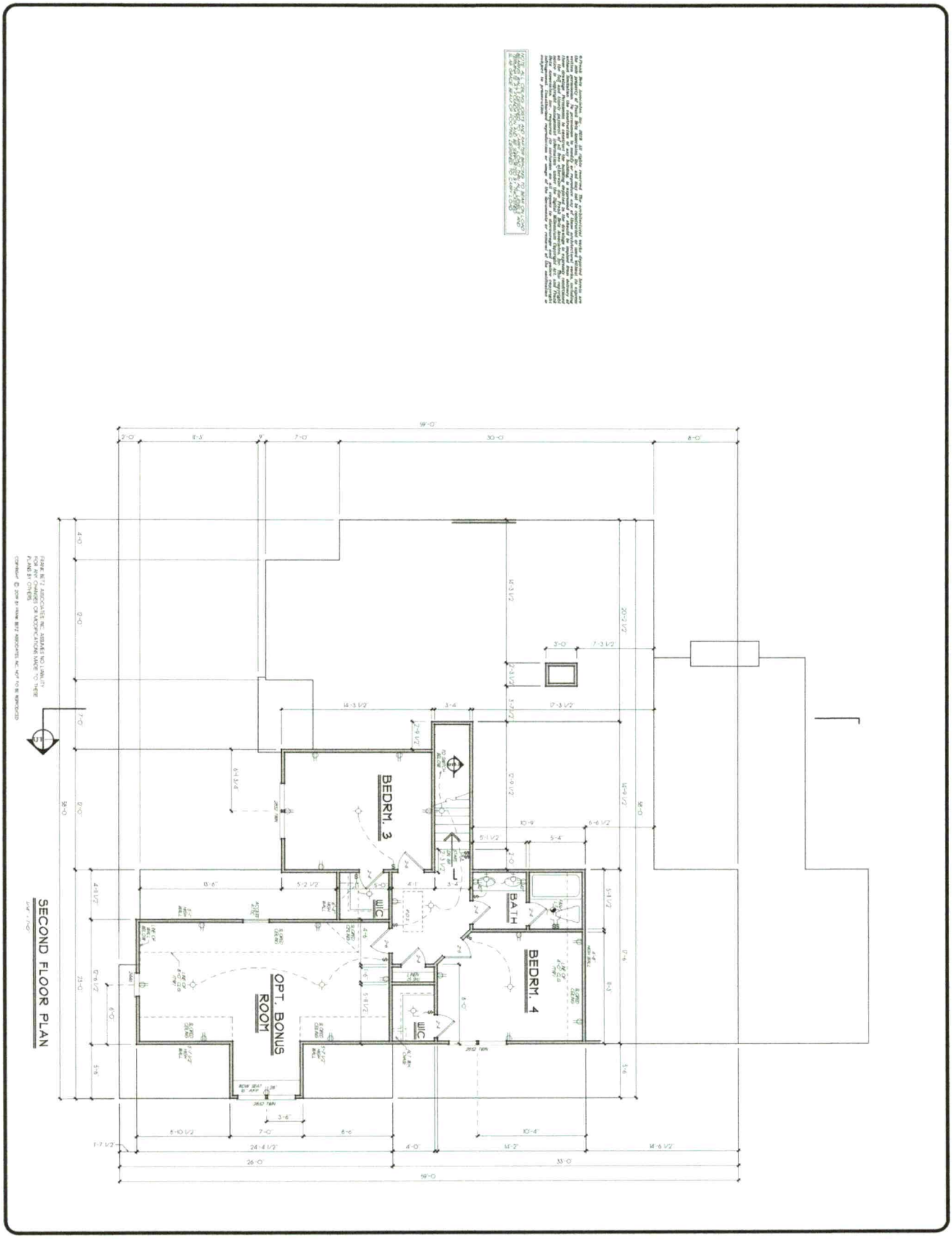
THE TYRRELL PLACE

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
12045 Highway 92
Woodstock, GA 30188
770-431-0888 888-717-3003

BY BMG CK DCF

DATE 01/10/19

SHEET 3 OF 5



SHEET 4 OF 5

DATE

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DESIGNERS OF CUSTOM AND STOCK HOMEPLANS

12045 Highway 92
Woodstock, GA 30188
770-431-0888 888-717-3003

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