BLDR-2023-17160

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2022-12170

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

PIN # 4736-21-6071

APPLICANT / OWNER: HELMSMAN HOMES, LLC | APPLICANT ADDRESS: PO Box 3965, MOORESVILLE, NC 28117

SITE ADDRESS: 128 RED CEDAR LN, STATESVILLE, NC 28625 | PHONE: (980) 500-1251 | ALT. PHONE: (980) 500-1251

SITE DIRECTIONS: Hwy 115 N to Sullivan Farm | SAP CONTROLLED: YES ☐ NO ☑

SUBDIVISION: Sullivan Fields | SECTION: | LOT #: 6 | LOT AREA: | DESIGN FLOW: 360 | L.T.A.R.: .25

Septic Tank: (gal) 1000	STB: 760	Date: 3/2023	☑ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 3	Water Supply: Other Public Water
Pump Tank: (gal)	PT:	Date:	System Description: PPBPS - 50% Reductio		☐ Business	No. Persons: 6	
Pump Make:	Model:	Serial #:	Repair System Description: PPBPS - 50% Reductio		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: 4	Linear Ft.: 240	Maintenance Agreement Required: ☐ YES ☑ NO		☑ Slab	☐ Crawl Space	
Trench Width: 24in	Trench Bottom Depth (Low side): 32 in.		Gravel Depth:	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions:

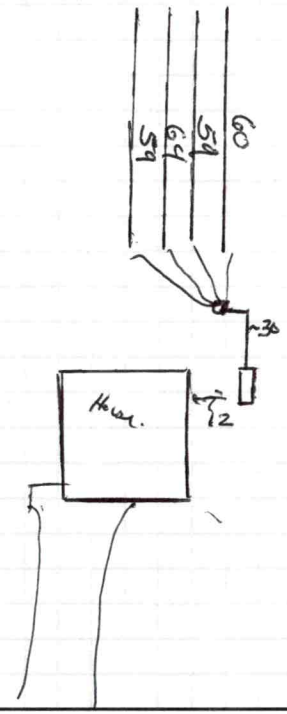
INITIAL SITE SKETCH

This permit is issued pursuant to G.S. 130A-335 (a2), (a3) & (a4), using the signed and Sealed LSS/LG Evaluation attached here From:

LEY Soil & Onsite Wastewater Consulting PLLC

LSS# 1073

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: | Installed By: Rowan Septic

IMPROVEMENT PERMIT by: Benjamin R. Bobbitt | Date: 2-1-2023 | OPERATION PERMIT by: Benjamin R. Bobbitt | Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin R. Bobbitt | Date: 2-1-2023 | Existing System Inspected By: | Date:

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

LEY
SOIL & Onsite Wastewater CONSULTING PLLC

Date: 10/11/22

Project Name: Helmsman Homes Sullivan Farms Lot 6

Session Law 2022-11 (S372), AUTHORIZATION FORM

LEY Soil & Onsite Wastewater Consulting has been contracted to evaluate soil, design, and submit an Onsite Wastewater system proposal to the Iredell County Environmental Health Department on behalf of Helmsman Homes, 236 Raceway Drive, Suite 7, Mooresville NC 28117
The Licensed Soil Scientist (LSS) Evaluation attached to this application is to be used to produce, design, and include construction features for permitting in accordance with SL 2022-11, S372

"The LSS evaluation is being submitted pursuant to and meets the requirements 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).

Tim Carr _____ Owner Signature

Gene Young--(336)-909-9060 geneleysoils@icloud.com
Gary Easter--(336)-909-9058 garyleysoils@icloud.com
Jeff Link--(336)-909-8624 jeffleysoils@icloud.com
NC Licensed Soil Scientist, AOWE, NC Environmental Health Specialist

County: Iredell

This Section for Local Health Department Use Only

Initial submittal received: 1-31-2023 (Date) by BB. (Initials)

Permit Number: OSWP-2022-12170

G.S. 130A-335(a4) states the following: *'If a local health department fails to act on an application for an improvement permit submitted pursuant to subsection (a3) of the section within 10 business days of receipt of a complete application, the local health department shall issue the improvement permit.'*

In accordance with G.S. 130A-335(a3) the improvement permit application is:

☐ 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 Owner on _____ (Date)

State Authorized Agent: _____ Date: _____

☐ Denied (See attached report.)

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

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Benjamin A. Bost Date of Issuance: 2-1-2023.

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2), (a3), and (a4) 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 site is subject to revocation if the site plan, plat, or the intended use changes, or if information submitted in the application was falsified, inaccurate or misleading. 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 conditions of this permit. The location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the owner.

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: 2-1-2028.

See attached site sketch

County: Iredell.

This Section for Local Health Department Use Only

Initial submittal received: 1-31-2023 (Date) by BB (Initials)

Permit Number: OSWP-2022-12170

G.S. 130A-335(a6) states the following: *'If a local health department fails to act on an application for a construction authorization submitted pursuant to subsection (a5) of the section within 10 business days of receipt of a complete application, the local health department shall issue the construction authorization.'*

In accordance with G.S. 130A-335(a5) the construction authorization application is:

☐ 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 Owner on _____ (Date)

State Authorized Agent: _____ Date: _____

☐ Denied (See attached report.)

Copies of this were sent to the AOWE/PE and the Owner on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Benjamin A Botts Date of Issuance: 2-1-2023

This Construction Authorization is issued pursuant to G.S. 130A-335(a2), (a5), and (a6) 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, or if information submitted in the application was falsified, inaccurate or misleading. 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 location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the owner. Final landscaping shall be constructed to divert water and establish vegetative cover.

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: 2-1-2028

See attached site sketch

County: Iredell

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)/SL2022-11

PIN/Lot Identifier: _____

Issued To: HELMSMAN HOMES 236 Raceway Drive, Suite 7 Mooresville NC 28177

Property Location: Red Cedar Lane

Subdivision: Sullivan Farms Lot #: 6 Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: Gary Easter, LSS 10014E

New ☑ Repair ☐ Expansion ☐ System Relocation ☐

Proposed Structure: House

Proposed Wastewater System Type: PPBPS (Initial) PPBPS (Repair)

Fill System: ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area please provide a fill plan)

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): .25 Proposed LTAR (Repair): .25

Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Number of bedrooms: 3 Number of Occupants: 6 Other: _____

Pump Required: ☐ Yes ☑ No ☐ May be required based upon final location and elevations of facilities

Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____

Type of Water Supply: ☐ Private well ☑ Public well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Drainfield location meets requirements of Rule .1945: Yes ☑ No ☐

Drainfield location meets requirements of Rule .1950: Yes ☑ No ☐

Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

Licensed Soil Scientist Print Name: Gary Easter LSS

Licensed Soil Scientist Signature: LSS 1073 Date: 10/11/22

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

See attached site sketch

LICENSED SOIL SCIENTIST
GARY L. EASTER
1073
STATE OF NORTH CAROLINA

County: Iredell

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)/SL2022-11

PIN/Lot Identifier: _____

Issued To: HELMSMAN HOMES 236 Raceway Drive Suite 7 Mooresville NC 28177

Property Location: Lot 6 Red Cedar Lane (Sullivan Farms)

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: Gary Easter 10014E

Facility Type: 3BR House

☑ New ☐ Expansion ☐ Repair ☐ System Relocation

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

Type of Wastewater System** PPBPS (Initial) PPBPS (Repair)

Design Daily Flow: 360 GPD Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☑ No

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 240 feet Trench/Bed Spacing: 8 feet on center

Drainfield square footage: 1440 Trench/Bed Width: 24 inches LTAR: .25 gpd/ft²

Soil Cover: 10 inches Slope Adjusted Maximum Trench/Bed Depth: 32 inches

Aggregate Depth: _____inches above pipe _____inches below pipe 6 inches total SAND

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

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

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

Artificial Drainage Required: Yes ☐ No ☑ If yes, please specify details: _____

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

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

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

~~Declaration of Restrictive Covenants: ☐ Yes ☑ No~~

****If applicable:**

I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Print Name: _____

Owner/Legal Representative Signature: _____ Date: _____

~~Pre-Construction Conference Required: Yes No~~ Conditions: SEE PAGE 2 FOR INFORMATION SHEET

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: Gary L Easter

AOWE/PE Signature: [signature] 10014E Date: 10/11/22

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (e5).

See attached site sketch

ONSITE WASTEWATER EVALUATOR Certification Number 10014E

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: IREDELL

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

OWNER: Heleman Holmes APPLICATION DATE _____
ADDRESS: 236 Raceway Drive, Suite 7 Mooresville N.C. 28117 DATE EVALUATED: 10/10/22
PROPOSED FACILITY: 3BR/HSE PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: _____
LOCATION OF SITE: Sullivan Farms Lot #6 PROPERTY RECORDED: ____
WATER SUPPLY: . Private . Public (Well) . Spring . Other _____
EVALUATION METHOD: (Auger Boring) . Pit . TYPE OF WASTEWATER: (Sewage) Industrial Process . Mixed

	H1	H2	H3	H4						
Landscape Position (1940)	L	L	L	L						
Slpoe%	2 6%	2 6%	2 6%	2 6%						
H 1 Depth (1943)	0-4	0-4	0-6	0-4						
H1 texture 1941	SL	SL	SL	SL						
H1 Structure 1941	GR	GR	GR	GR						
H1 Consistance 1941	FR SSSP	FR SS SP	FR SSSP	FRSSSP						
H1 Mineralogy 1941	SEXP	SEXP	SEXP	SEXP						
H 2 Depth (1943)	4-46	4-42	6-40	4-36						
H2 texture 1941	C	C	C	C						
H2 Structure 1941	Blky	Blky	Blky	Blky						
H2 Consistance 1941	FSP	FSP	FSP	FSP						
H2 Mineralogy 1941	SEXP	SEXP	SEXP	SEXP						
H 3 Depth (1943)	40-48	42-48	40-48	36-48						
H3 texture 1941	C/BC	C/BC	C/BC	C/BC						
H3 Structure 1941	Blky	Blky	Blky	Blky						
H3 Consistance 1941	FI SP	FI SP	FI SP	FI SP						
H3 Mineralogy 1941	SEXP	SEXP	SEXP	SEXP						
H 4 Depth (1943)										
H4 texture 1941										
H4 Structure 1941										
H4 Consistance 1941										
H4 Mineralogy 1941										
LTAR	.25	.25	.25	.25						
Description	Initial System		Repair		Other Factors 1946					
System Type	25%		50%		Site Classification	PS				
LTAR	.25		.25							

LICENSED SOIL SCIENTIST GARY L EASTER 1073 STATE OF NORTH CAROLINA

Evaluated by Gary Easter, Jeff Lwk GPC LSS 1073

Installer Information

The following details must be considered along with all other considerations:

Preconstruction Conference required with the installer, contractor, and AOWE before installation

•Installation inspections by the AOWE (designer) must be scheduled 5 weekdays in advance

• Concrete Septic Tank shall be used an approved by NC DHHS, (Shoaf or HPPP 1000-gallon STB 760 septic tank and Shoaf or HPPP PT-363 1 piece pump tank recommended for repair)

•All tanks shall be properly back filled and compacted to prevent slump in the future

•The installer is responsible for final grades and returning that grade to original, with the exception of added structural features

•The supply trench shall be compacted to eliminate any cavities left during initial fill placement continuous fall of 1/8 inches per foot required or sewage effluent pump will be required

•Installation of the system shall be completed during dry conditions in order to protect the soil structure

•All fittings shall be pressure rated fitting

•All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints

•Trenches shall be carefully excavated so the bottom has no more than ¼" fall in 10 feet, with no high or low areas within. **Do not over excavate trenches!** Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.

•All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the rise.

•Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.

•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 pin flag locations should be checked by the installer prior to beginning trenches to ensure accuracy

•If septic tank risers are used, they should be a minimum of 6" above finished grade or within 6" of final grade if buried

See Design Specification Sheet for Onsite Wastewater System information

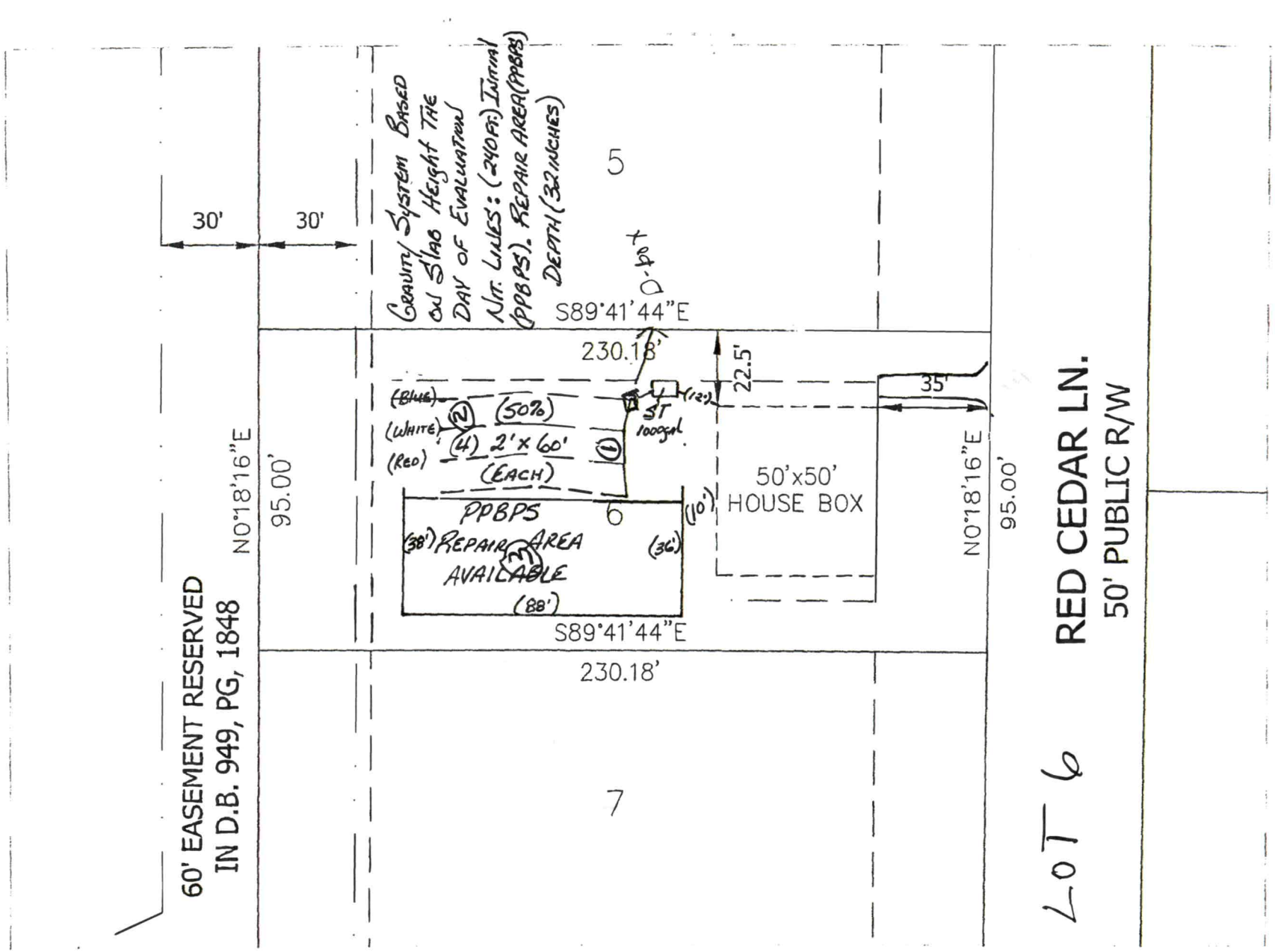
•If grading for slab foundation is utilized, do not grade/create greater than 2 feet of elevation difference within 15 feet of any component of the septic or repair. If back filling, do not backfill over any initial or repair septic line

Onsite Wastewater Initial System is specified as a PPBPS with a D-Box. Replacement System is a PPBPS.

•All Onsite Wastewater System components shall be 25' upslope, 15' side slope, and 10' downslope from any foundation drain

If the dwelling plumbing stub out is installed to deep a sewage effluent pump will be required

Divert all surface water from system area, and seed and landscape



Sullivan Fields Subdivision Lot 6 Septic Site Plan

GRAPHIC SCALE

0 20 40 80

1 inch = 40 feet

Base site plan from Sullivan Fields Subdivision Plans provided by Jordan Grant & Associates.

60
59
64
59.

242.

