BLDR-2024-57409

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 2024-56898

PIN # 4741 -- 45 -- 6474

APPLICANT/OWNER: Soil & Forestry Services LLC

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

SITE ADDRESS: 565 Perry Rd, Troutman, NC 28166

PHONE: 980-439-5007

ALT. PHONE:

SITE DIRECTIONS: N NC21 -> R Ostwalt Amity -> L Perry

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Perry Road Estates

SECTION: n/a

LOT # 9

LOT AREA: 0.55

DESIGN FLOW: 360 gpd

L.T.A.R.(Initial): 0.3

L.T.A.R (Repair): 0.3

Septic Tank 1000 (gal) STB 7600 Date 9/4/24

Pump Tank 1000 (gal) PT 3603 Date 9/10/24

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines 3 Linear Ft: 316

Trench Width 36 *Max. Trench Depth(Initial) 31 *Max. Trench Depth(Repair) 34 Gravel Depth n/a

* Measured on the downhill side of the trench

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

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

System Description: 25% Reduction PM - IIIb

Repair System Description: VPPBPS - PM - IIIbe

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

Usable Depth to LC (Initial): 48

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Usable Depth to LC (Repair): 48 *Limiting Condition*

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Do not pave, grade, drive, park, or bury utilties in drainfield.

STRONGLY RECOMMEND using 1 1/2" supply to achieve scour velocity.

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.

• Verify taps are correct in manifold

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

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

Owner / Applicant Signature: Online Signature Date: ____ Installed by: Groundbreakers

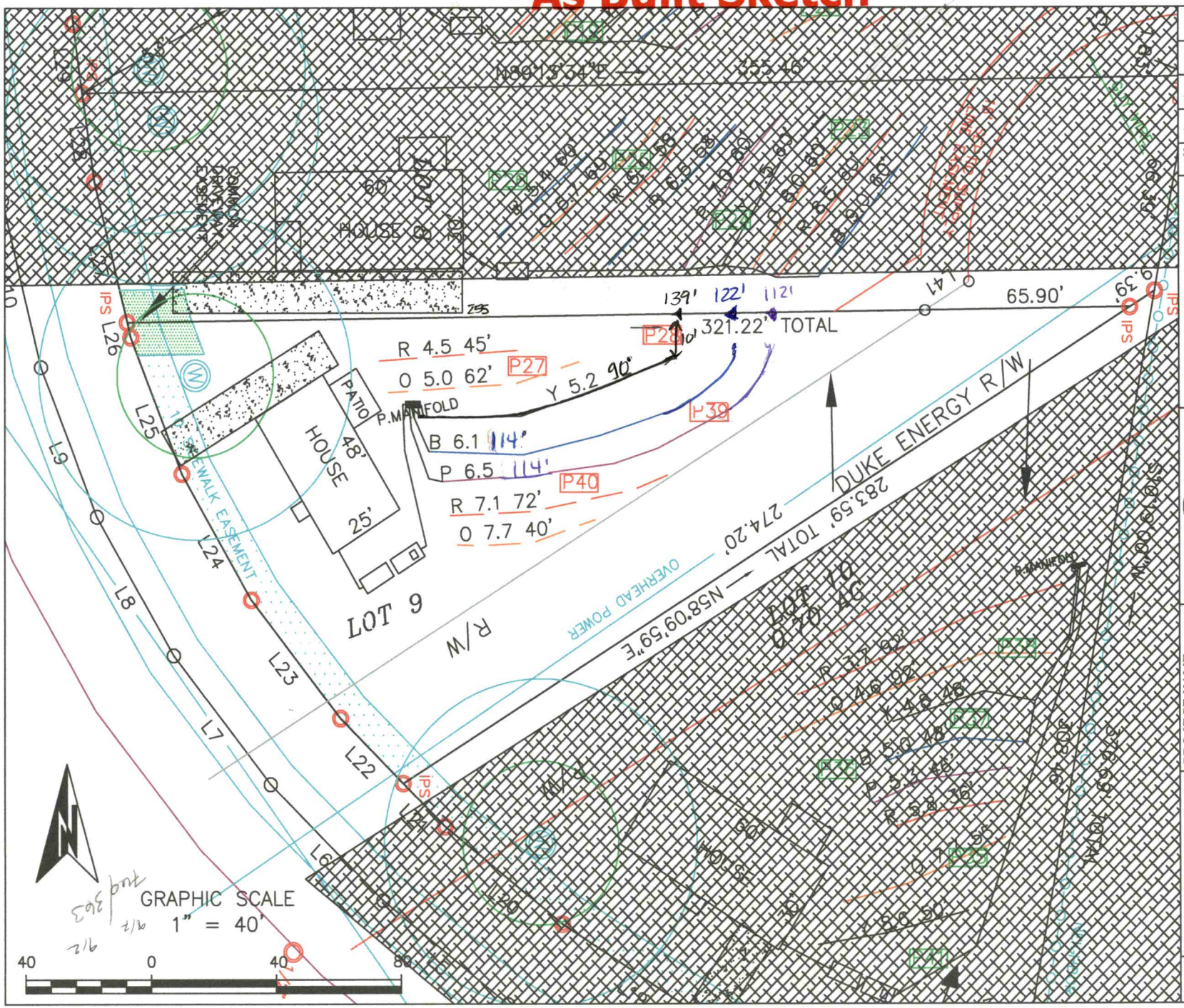
IMPROVEMENT PERMIT by: D. Wieberg Date: 07/15/2024

OPERATION PERMIT by: [signature] Date: 2/3/25

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 07/15/2024

Existing System Inspected by: ____ Date: ____

As Built Sketch



22-1083	
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
soilandforestryservices.com

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA

PROJECT NAME:
FOLEY
PERRY RD
LOT 9
IREDELL COUNTY
JULY 2024

SHEET TITLE:
SEPTIC SYSTEM LAYOUT
SKETCH MAP

SHEET
1 OF 1

Page 4	SYSTEM FLOW	Project #22-1083

ACCEPTED using PMANIFOLD distribution
Site location: 565 Perry Road, Lot # 9

Line #	Color	Elev	Length	Hole Size	Flow/Tap	Line gpd	Line Trench Area	Flow/Line	Line LTAR
3	Yellow	4.5	92	SCH 80 1/2	**5.48**	100	276	**0.060**	**0.36**
4	Blue	5.0	112	SCH 40 1/2	**7.11**	130	336	**0.063**	**0.39**
5	Pink	5.2	112	SCH 40 1/2	**7.11**	130	336	**0.063**	**0.39**
	total	**feet =**	316	**gal/min =**	**19.7**				

Design Flow	**360**	gpd
Pump Run to Dose 360 gpd=	**18.27**	
Soil LTAR	**0.300**	
Accepted LTAR	**0.40**	

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 2024-56898

PIN # 4741 -- 45 -- 6474

APPLICANT/OWNER: Soil & Forestry Services LLC

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

SITE ADDRESS: 565 Perry Rd, Troutman, NC 28166

PHONE: 980-439-5007

ALT. PHONE:

SITE DIRECTIONS: N NC21 -> R Ostwalt Amity -> L Perry

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Perry Road Estates

SECTION: n/a

LOT # 9

LOT AREA: 0.55

DESIGN FLOW: 360 gpd

L.T.A.R.(Initial): 0.3

L.T.A.R (Repair): 0.3

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 316

Trench Width 36 *Max. Trench Depth(Initial) 31 *Max. Trench Depth(Repair) 34 Gravel Depth n/a

* Measured on the downhill side of the trench

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

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

System Description: 25% Reduction PM - IIIb

Repair System Description: VPPBPS - PM - IIIbe

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

Usable Depth to LC (Initial): 48

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3

No. Persons 6

No. Employees

☑ Crawl Space

☐ Basement w/o plumbing

Usable Depth to LC (Repair): 48 *Limiting Condition*

Water Supply

☑ Private ☐ Public ☐ Community

Comments / Conditions: Do not pave, grade, drive, park, or bury utilties in drainfield.

STRONGLY RECOMMEND using 1 1/2" supply to achieve scour velocity.

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.

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

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

Owner / Applicant Signature: Online Signature Date:

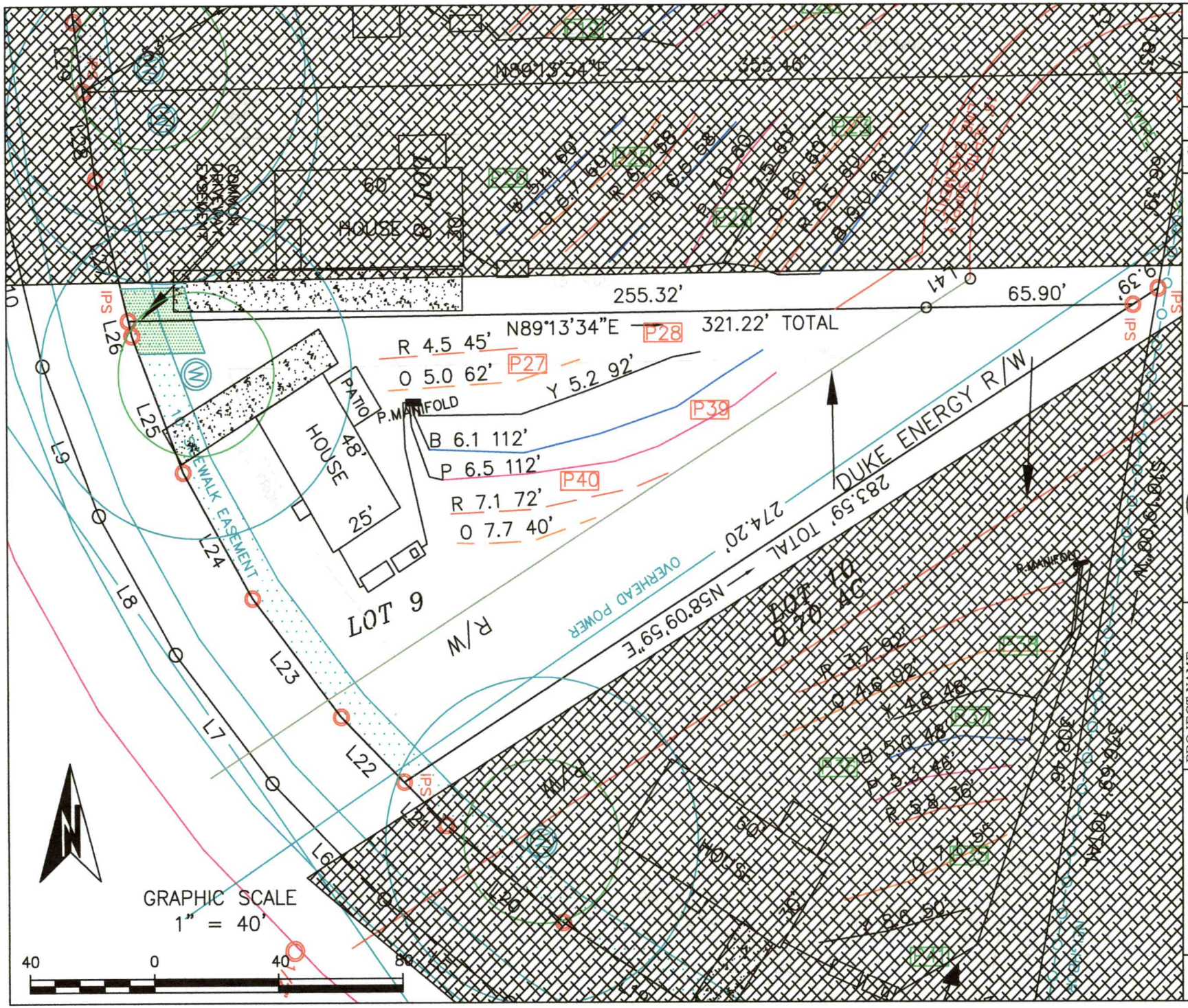
Installed by:

IMPROVEMENT PERMIT by: D. Wieberg Date: 07/15/2024

OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 07/15/2024

Existing System Inspected by: Date:



22-1083

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
soilandforestryservices.com

SOIL & FORESTRY SERVICES
BY THE CAROLINAS, PA

PROJECT NAME:
FOLEY
PERRY RD
LOT 9
IREDELL COUNTY
JULY 2024

SHEET TITLE:
SEPTIC SYSTEM LAYOUT
SKETCH MAP

SHEET
1 OF 1

Permit/File #: OSWP-2024-56898

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: 4741456474
Issued To: Doug Foley // Foley Home Sales
Property Location: 565 Perry Road
Subdivision (if applicable): Perry Road Estates Lot#: 9 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: 3 bedroom house
Number of bedrooms: 3 Number of Occupants: 6 Other:
Design Wastewater Strength: [X] Domestic [ ] High Strength [ ] Industrial Process Wastewater
Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3
Proposed Wastewater System Type*: IIIbg (Initial) Pump Required: [X] Yes [ ] No [ ] May be required
Proposed Wastewater System Type*: IIIe (VPPBPS 8') PMANIFOLD (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)*: 48 Usable Depth to LC (Repair)*: 48 ***Limiting Condition***
Max. Trench Depth (Initial)ǂ: 31 Max. Trench Depth (Repair)ǂ: 34 ***ǂ Measured on the downhill side of the trench***
Artificial Drainage Required: [ ] Yes [X] No If yes, please specify details:
Type of Water Supply: [X] Private well [ ] Public well [ ] Shared well [ ] Municipal Supply [ ] Spring [ ] Other:
Drainfield location meets requirements of Rule .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, LSS
Licensed Soil Scientist Signature: Date: 7/3/2024

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

See attached site sketch

This Section for Local Health Department Use Only

Initial submittal received: 7/12/24 *Date* by dw *Initials*

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

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

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

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

The following items are missing:

_____

_____

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

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: D. Wieberg Date: 7/15/24

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: 7/15/29

See attached site sketch

NCDHHS

Permit/File #: OSWP-2024-56898

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

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

PIN/Lot Identifier: 4741456474

Issued To: Doug Foley // Foley Home Sales

Property Location: 565 Perry Road, Lot#9

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

Facility Type: 3 bedroom house

Number of bedrooms: 3 Number of Occupants: 6 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* IIIbg (Initial) IIIe (VPPBPS 8') PMANIFOLD (Repair)

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

Design Daily Flow: 360 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: [X] Private well [ ] Public well [ ] Shared well [ ] Municipal Supply [ ] Spring [ ] Other:

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 316 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.3 gpd/ft² Usable Depth to LC (Initial)*: 48 *Limiting condition

Soil Cover: 19 inches Slope Adjusted Maximum Trench/Bed Depth*: 31 inches ***Measured on the downhill side of the trench**

Pump Tank Size (if applicable): 1000 galllons Requires more than 1 pump? [ ] Yes [X] No

Pump Requirements: 11 ft. TDH vs. 19.7 GPM Grease Trap Size (if applicable): gallons

Distribution Method: [ ] Serial [ ] D-Box or Parallel [X] 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, LSS Expiration Date: 7/3/2029

AOWE/PE Signature: Date: 7/3/2024

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-2024-56898

This Section for Local Health Department Use Only

Initial submittal received: 7/12/24 (*Date*) by dw (*Initials*)

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

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

The following items are missing: _____

_____

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

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: D. Wieberg Date of Issuance: 7/15/24

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: 7/15/29

See attached site sketch

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

7/1/2024

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

Re: Improvement Permit & CA Submittal for 565 Perry Road (Lot #9)

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 3 bedroom ACCEPTED system using PMANIFOLD 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: Doug Foley // Foley Home Sales

Signature: _____

Date: 7/11/24

"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, 980-439-5007

Signature: _____

Date: 7/1/2024 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, Doug Foley // Foley Home Sales, am the legal owner(s) of the property located

☒ at 565 Perry Road, Lot#9, identified as

PIN (Parcel Identification Number) 4741456474, 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.

_____ 7/1/2024

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

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, LSS // Soil & Forestry Services, PA
Mailing Address:	Concord
City:	Concord
State:	North Carolina Zip: 28025
Phone #:	SFSConcordNC@gmail.com
Email:	813 Davidson Dr NW

Owner:	Doug Foley // Foley Home Sales
Mailing Address:	1075 Blue Spruce Dr
City:	Mooresville
State:	North Carolina Zip: 28115
Phone #:	856 404-5379
Email:	foley1301@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?
[X] Yes	[ ] No	Are there any easements or right of ways on this property?

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. ***I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.***

Applicant Signature: _____ Date: 7/1/2024

Owner's Signature: _____ Date: 7/11/24

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

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

Project# 22-1083

Septic System Design for a 3 Bedroom House
ACCEPTED using PMANIFOLD distribution
Site location: 565 Perry Road, Lot # 9

Contents	**Page**
Information for the Installer	1
Design Specifications	2
Layout Specifications	3
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Pressure Manifold Specifications	7
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Jun 2024
Design By: Wendell Overby

ACCEPTED using PMANIFOLD distribution
Site location: 565 Perry Road, Lot # 9

* **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.
* Pump tank riser should be 6" above grade, control panel should be 24" above grade.

* **System specified as ACCEPTED type using PMANIFOLD distribution**
* **Repair specified as VPPBPS 8' type using PMANIFOLD distribution**
* **System trench depth specified at 31"**
* **System trenches installed on 9' minimum; 36" wide trenches**
* **Installation does not require a soil cap**

ACCEPTED using PMANIFOLD distribution
Site location: 565 Perry Road, Lot # 9

Business (if applicable):	Foley Home Sales
Contact:	Doug Foley
Phone:	856 404-5379
Email:	foley1301@gmail.com
County:	Iredell
Location:	565 Perry Road
Source of Wastewater Flow:	3 bedroom home
Estimated Daily Wastewater Production:	360 gpd
Drain field Size:	316 lf
Loading Rate:	0.3 gpd/ft.^{2}
Trench Depth:	31 in
Trench Width:	36 in
Soil Cap:	0 in
Septic Tank Size:	1000 gal
Pump Tank Size:	1000 gal
System Flow:	19.70 gpm
Lateral Length Required:	300 lf
Total Area Trench Bottom:	900 sf
Estimated Supply Line Length:	50 lf
Supply Line Diameter:	2" SCH 40 PVC
Supply Line Volume:	9 gal
Dosing Volume:	144 gal
Pump Draw Down:	6.9 in
Pressure Head:	2 ft
Friction Head:	0.0 ft
Elevation Head:	9.0 ft
Total Dynamic Head:	11.0 ft
Threaded Union:	In Tank
Gate Valves:	1 in Tank: 1 @ manifold
Check Valves:	In Tank
Anti-Siphon Hole:	n/a
Recommended Pump:	Zoeller 53/55/57/59 or County Approved Effluent Rated Pump Capable of Delivering 11 ft.of Head at 20 gpm Total Flow

ACCEPTED using PMANIFOLD distribution
Site location: 565 Perry Road, Lot # 9

Daily Flow (gpd) **360** **Jun 2024**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM		0.0			100.0		
INSTR. 1			100.0				
			REPAIR				
1	Red			4.5	95.5	45	45
2	Orange			5.0	95.0	62	62
			SYSTEM				
3	Yellow			5.2	94.8	95	92
4	Blue			6.1	93.9	114	112
5	Pink			6.5	93.5	127	112
			REPAIR				
6	Red			7.1	92.9	72	72
7	Orange			7.7	92.3	40	40

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH	SOIL CAP
SYSTEM	316	0.300	ACCEPTED	25%	PMANIFOLD	31	0
REPAIR	219	0.300	VPPBPS 8'	50%	PMANIFOLD	34	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

ACCEPTED using PMANIFOLD distribution
Site location: 565 Perry Road, Lot # 9

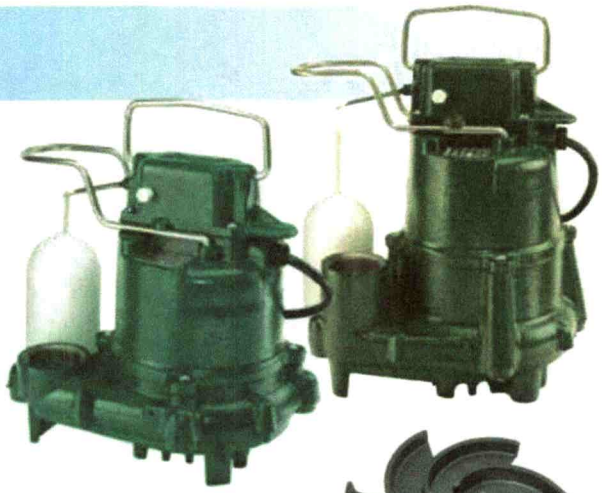
Line #	Color	Elev	Length	Hole Size	Flow/Tap	Line gpd	Line Trench Area	Flow/Line	Line LTAR
3	Yellow	4.5	92	SCH 80 1/2	**5.48**	100	276	**0.060**	**0.36**
4	Blue	5.0	112	SCH 40 1/2	**7.11**	130	336	**0.063**	**0.39**
5	Pink	5.2	112	SCH 40 1/2	**7.11**	130	336	**0.063**	**0.39**
	total	**feet =**	316	**gal/min =**	**19.7**				

Design Flow	**360**	gpd
Pump Run to Dose 360 gpd=	**18.27**	
Soil LTAR	**0.300**	
Accepted LTAR	**0.40**	

53, 55, 57, 59, ~~98~~

Mighty-Mate/Flow-Mate

Considered one of America's most popular sump pumps. This robust family of sump pumps is known for reliability, durability and performance. Available with an intergral, 2-pole, snap-action float switch. The heat-dissipating cast iron body with powder coated epoxy finish provides maximum pumping performance under the most extreme conditions. With Zoeller's cool run design, the hermetically sealed, oil-filled motor and non-clogging vortex impeller add up to a long-lasting, trouble-free product.





PROFESSIONAL

ZOELLER GREEN ®

"This design is a registered trademark of Zoeller Pump Co." #5,024,907

APPLICATIONS:

- Water transfer
- Sump and effluent systems
- Light commercial
- New sump and residential construction

SPECIFICATIONS:

- 1-1/2" NPT discharge
- 3/10 HP (53, 55, 57, 59), 1/2 HP (98)
- Available in automatic or nonautomatic
- 1/2" (12 mm) spherical solids capacity
- Thermoplastic or cast iron base
- Thermoplastic or cast iron impeller
- Bronze construction available (55/59 series)

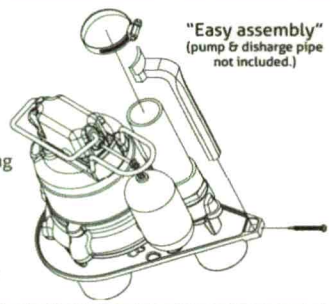
For more information, see Technical Data Sheets FM2778, FM2779.

OPTIONAL* PUMP STAND P/N 10-2421

- Reduces potential clogging by debris
- Replaces rocks or bricks under the pump
- Made of durable, non-corrosive ABS
- Raises pump 2" (5 cm) off bottom of basin
- Provides the ability to raise intake by adding sections of 1-1/2" or 2" (DN40 or DN50) PVC piping
- Attaches securely to pump
- Accommodates sump, dewatering and effluent applications

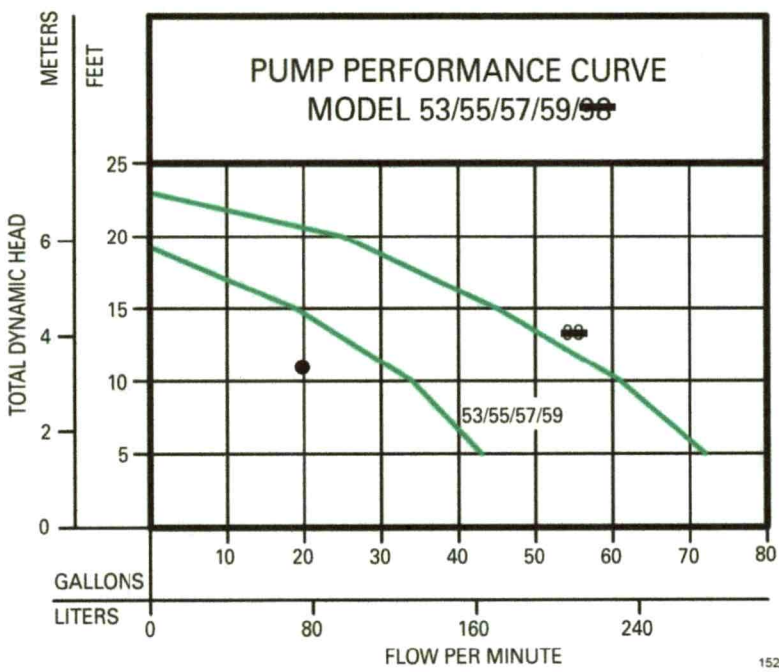
NOTE: Make sure float is free from obstruction.

**Fits series 49, 50, 63, 70, 95, 98, 130, 140 and 150.*





Nonautomatic model with piggyback

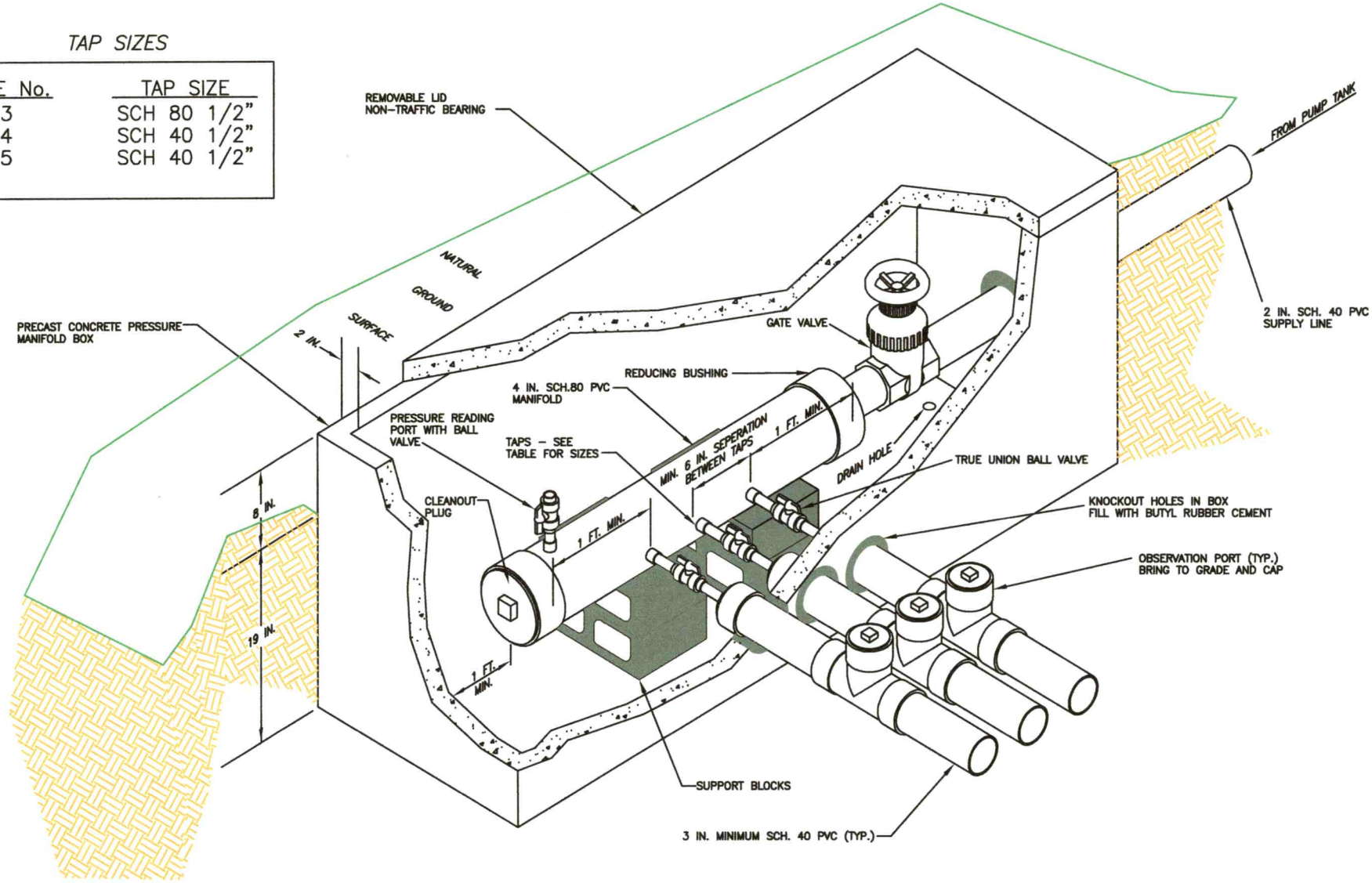


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PRESSURE MANIFOLD DETAILS
565 PERRY RD (Lot 9)

TAP SIZES

LINE No.	TAP SIZE
3	SCH 80 1/2"
4	SCH 40 1/2"
5	SCH 40 1/2"



CALCULATIONS	Project #22-1083

ACCEPTED using PMANIFOLD distribution
Site location: 565 Perry Road, Lot # 9

PROJECT INFO	Designer	Wendell Overby
	Project #	22-1083
	Project MM YYYY	Jun 2024
	County	Iredell
	Project Location	565 Perry Road
	Lot # (if applicable)	9
	Subdivision (if applicable)	Perry Road Estates
	Parcel #	4741456474
	Lot size (acres)	0.55
	Easement(s) on parcel?	Yes
	Business (if applicable)	Foley Home Sales
	Name (Owner)	Doug Foley
	Mailing Address (Owner)	1075 Blue Spruce Dr
	City (Owner)	Mooresville
	State (Owner)	North Carolina
	Zip (Owner)	28115
	Phone (Owner)	856 404-5379
	Email (Owner)	foley1301@gmail.com
	Bedrooms	3
	Water Source	Private Well
	Foundation Type	Crawl Space
	Daily Flow (gallons)	360
SYSTEM	System LTAR	0.3
	System Type	ACCEPTED
	System Distribution	PMANIFOLD
	System Trench Center Distance (feet)	9
	System Trench Width (inches)	36
	System Trench Depth (inches)	31
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	48
	Media Height (inches)	12
	Tank Size (gallons)	1000
	Required Feet of Line (system)	300
	Designed Feet of Line (system)	316
	Saprolite system?	No
REPAIR	Repair LTAR	0.3
	Repair Type	VPPBPS 8'
	Repair Distribution	PMANIFOLD
	Repair Trench Center Distance (feet)	8
	Repair Trench Width (inches)	24
	Repair Trench Depth (inches)	34
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	48
	Tank Size (gallons)	1000
	Required Feet of Line (repair)	200
	Designed Feet of Line (repair)	219
	Saprolite system?	No
SYSTEM PUMP VARIABLES	Amount of Line from Layout (feet)	316
	Gallons per Minute	19.7
	Required Septic Tank Capacity (gallons)	1000
	Minimum Standard Tank Size (gallons)	1000
	Lateral Line Volume (gallons)	206
	Dosing Volume (gallons)	144
	Tank Draw Down (inches)	6.9
	Pump Run Time (minutes)	7.3
	Elevation Head (feet)	9
	Pressure Head (feet)	2
	Supply Line Length (feet)	50
	Supply Line Volume (gallons)	9
	Supply Line Diameter	2" SCH 40 PVC
	Friction Factor (ft/100ft from the interpolater)	0.0
	Friction Head (feet)	0.0
	Friction Head +10% (feet)	0.0
	Total Dynamic Head (feet)	11.0
	Pump Recommendation	Zoeller 53/55/57/59

Sheet 1 of 1
PROPERTY ID #: 4741456474
COUNTY: Iredell

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

OWNER: Doug Foley // Foley Home Sales
ADDRESS: 565 Perry Road
PROPOSED FACILITY: 3 bedroom house
LOCATION OF SITE: 565 Perry Road
APPLICATION DATE:
DATE EVALUATED: 8/19/2022
PROPERTY SIZE: 0.55 acres
PROPERTY RECORDED:

WATER SUPPLY: ☑ Private ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

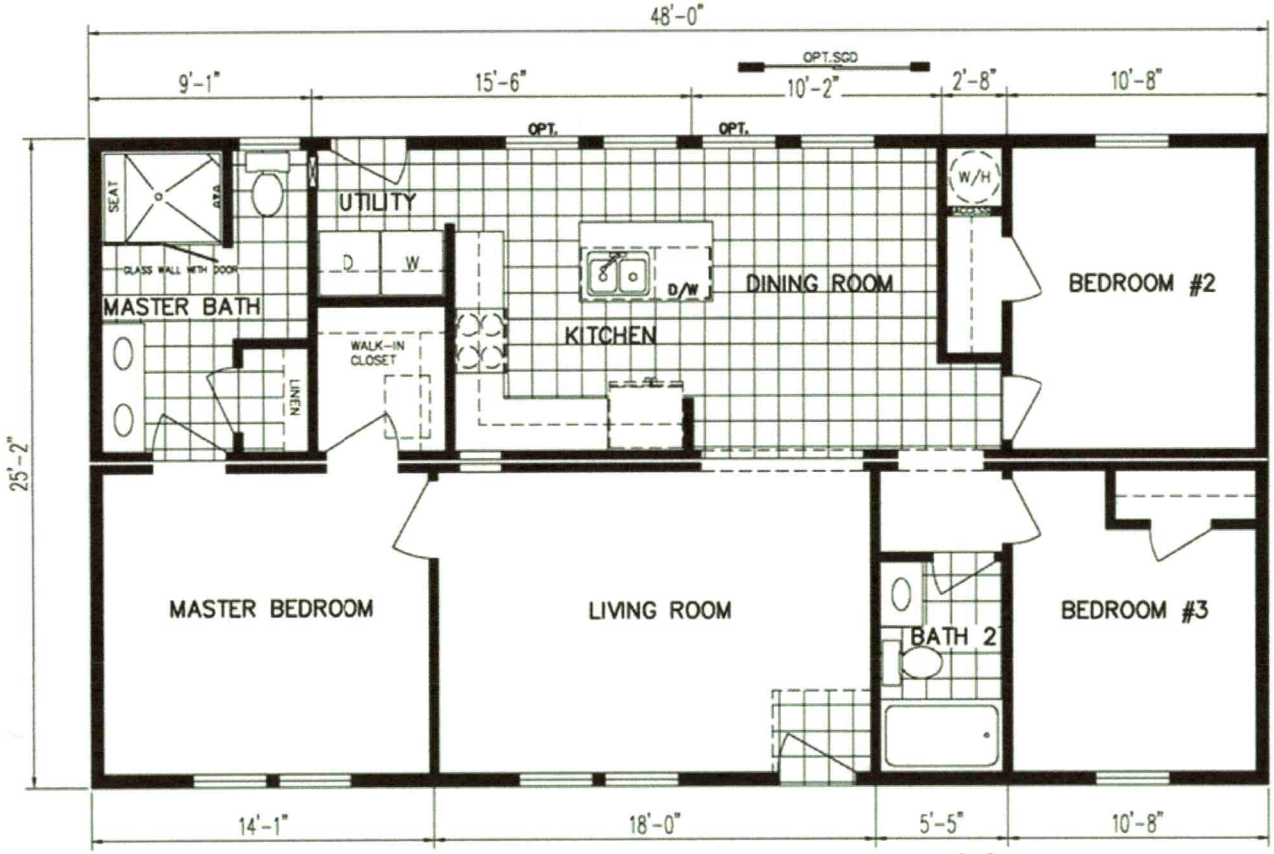
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPR CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
27	L / 7%	0 - 6 6 - 32 32 - 52	B SL WFG R C MMA BR CL WMS	FR SS SP FI SS SP FR SS SP F SAP	N/A	52	N/A	N/A	0.3
28	L / 7%	0 - 7 7 - 30 30 - 52	B SL WFG R C MMA BR CL WMS	FR SS SP FR SS SP FR SS SP F SAP	N/A	52	N/A	N/A	0.3
39	L / 7%	0 - 4 4 - 32 32 - 48	DB L WFG R C WMS YR SCL WMS	FR SS SP FR SS SP FR SS SP FC SAP	N/A	48	N/A	N/A	0.3
40	L / 8%	0 - 3 3 - 35 35 - 48	B L WFG R C WMS YR SCL WMS	FR SS SP FR SS SP FR SS SP FC SAP	N/A	48	N/A	N/A	0.3

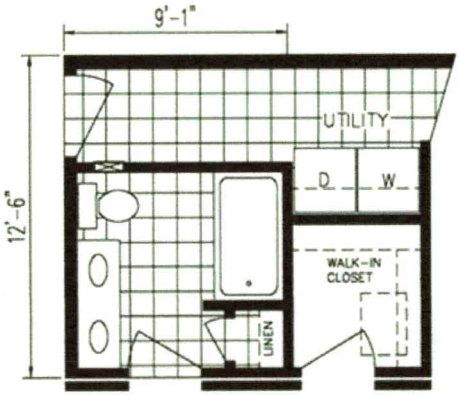
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	316	219
System Types(s)	ACCEPTED	VPPBPS 8'
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): S
EVALUATED BY: Wendell Overby
WATER(S) PRESENT:

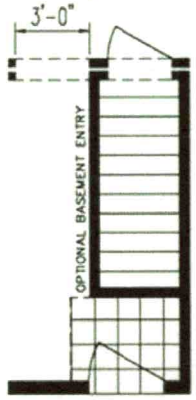
LICENSED SOIL SCIENTIST WENDELL OVERBY 1215 N.C. NORTH CAROLINA

COMMENTS:





OPTIONAL END ENTRY



OPTIONAL BASEMENT ENTRY

HOLMES
BUILDING SYSTEMS