BLDR-2023-29100

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-20010

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

PIN # 4741-45-6999

APPLICANT / OWNER: Soil & Forestry Services of the Carolinas, PA | APPLICANT ADDRESS: 813 Davidson Dr NE, Concord, NC 28025

SITE ADDRESS: 537 PERRY RD, TROUTMAN, NC 28166 | PHONE: (980) 439-5007 | ALT. PHONE:

SITE DIRECTIONS: Ostwalt Amity to Perry Road. | SAP CONTROLLED: YES ☐ NO ☒

SUBDIVISION: Perry Road Estates | SECTION: – | LOT #: 2 | LOT AREA: .68Ac | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank: (gal) 1000	STB: 760	Date:	☒ New System ☐ Repair ☐ Expansion	System Type: III	☒ Residence	No. Bedrooms: 3	Water Supply: New Well
Pump Tank: (gal) 1000	PT: 363	Date:	System Description: PM -25% Reduction		☐ Business	No. Persons: 6	
Pump Make: Zoeller	Model:	Serial #:	Repair System Description: CPP - UPPBPS-50% Reductio		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: 6	Linear Ft.: 328	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	
Trench Width: 36in	Trench Bottom Depth (Low side): 24in		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:

Soil & Forestry Services of the Carolinas, PA

LSS# 1218

AS BUILT SKETCH

5.2" drawdown

Lines PM CW 9/19/23

Tanks Ben Botkins 9/14/23

PH, floats, electrical, 10/26/23 DW

alarm 10/27/23

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: Wendell Overby Date:

IMPROVEMENT PERMIT by: Benjamin A Botkins Date: 4-10-2023

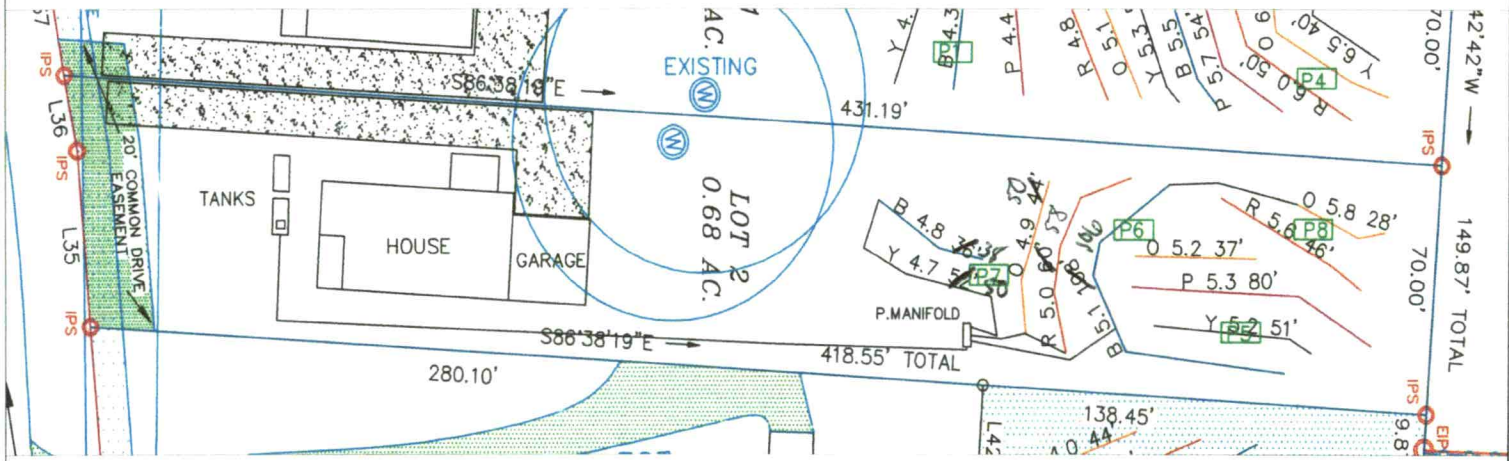
AUTHORIZATION TO CONSTRUCT by: Benjamin A Botkins Date: 5-5-2023.

Installed By: Groundbreakers

OPERATION PERMIT by: D Wilson Date: 10/27/23

Existing System Inspected By: Date:

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



GRAPHIC SCALE
1" = 50'

50 0 50 150

PROJECT NO.	22-1083
PROJECT MGR.	WO
DRAWN BY	WO
FIELD WORK	WO
SCALE	1" = 50'

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

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA

PROJECT NAME:
FOLEY
PERRY RD
LOT 2
IREDELL COUNTY
NOVEMBER 2022

EM LAYOUT MAP

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-20010

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SITE DIRECTIONS: Ostwalt Smith to Perry Road. | SAP CONTROLLED: YES ☐ NO ☑

SUBDIVISION: Perry Road Estates | SECTION: – | LOT #: 2 | LOT AREA: .68Ac | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank: (gal) 1000	STB:	Date:	☑ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 3	Water Supply: New Well
Pump Tank: (gal) 1000	PT:	Date:	System Description: PM -25% Reduction		☐ Business	No. Persons: 6	
Pump Make: Zoeller	Model:	Serial #:	Repair System Description: CPP - UPPBPS -50% Reductio		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: 6	Linear Ft.: 328	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
Trench Width: 36in	Trench Bottom Depth (Low side): 24in		Gravel Depth: –	☐ GRAVITY ☑ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions:

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Soil & Forestry Services of the Carolinas, PA

LSS# 1218

AS BUILT SKETCH

Lines CW PM 9/19/23

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: Wendell Overby Date:

IMPROVEMENT PERMIT by: Benjamin A Botti Date: 4-10-2023

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botti Date: 5-5-2023.

Installed By: Groundbreakers

OPERATION PERMIT by: Date:

Existing System Inspected By: Date:

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

County: Iredell

This Section for Local Health Department Use Only

Initial submittal received: 6/3/2023 (Date) by BB. (Initials)

Permit Number: OSWP-2023-23926

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 D Bost Date of Issuance: 5-4-2023.

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: 4-10-2028

See attached site sketch

County: Iredell

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

PIN/Lot Identifier: 4741456999

Issued To: Foley Home Sales

Property Location: 537 Perry Road

Subdivision: Perry Road Estates Lot #: 2 Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: Wendell Overby #1218

New ☑ Repair ☐ Expansion ☐ System Relocation ☐

Proposed Structure: single family residence

Proposed Wastewater System Type: accepted (Initial) vppbps (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): 0.3 Proposed LTAR (Repair): 0.3

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: existing

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:

See design

Licensed Soil Scientist Print Name: Wendell Overby

Licensed Soil Scientist Signature: Wendell Overby Date: 3/23/23

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

See attached site sketch

County: Iredell

This Section for Local Health Department Use Only

Initial submittal received: 4-10-2023 (Date) by BB. (Initials)

Permit Number: OSWP-2023-20010

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 Batten Date of Issuance: 4-10-2023

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: 4-10-2028

See attached site sketch

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

March 23, 2023

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

Re: Improvement Permit & CA Submittal for 537 Perry Road-Lot 2

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 3-bedroom accepted system using pressure manifold 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: Foley Home Sales

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: 3/23/2023

Seal:





County: Iredell

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

PIN/Lot Identifier: 4741456999

Issued To: Perry Home Sales, LLC

Property Location: 537 Perry Road Troutman, Lot #2

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: Wendell Overby

Facility Type: _____

☑ New ☐ Expansion ☐ Repair ☐ System Relocation

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

Type of Wastewater System** accepted (Initial) vppbps (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: 328 feet Trench/Bed Spacing: 9 feet on center

Drainfield square footage: 984 Trench/Bed Width: 36 inches LTAR: 0.3 gpd/ft²

Soil Cover: 0 inches Slope Adjusted Maximum Trench/Bed Depth: 24 inches

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

Pump Tank Size (if applicable): 1000 gallons Requires more than 1 pump? ☐ Yes ☑ No

Pump Requirements: 16.73 ft. TDH vs. 22.69 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: _____

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: Wendell Overby

AOWE/PE Signature: Wendell Overby Date: 3/23/23

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

See attached site sketch

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

A design for a 3 Bedroom
ACCEPTED Septic System
using MANIFOLD distribution
for Perry Road Estates, Lot# 2

Contents: **Page**

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

Design Information
- Design Specifications---------- 2
- Layout Specifications---------- 3
- System Flow---------- 4

Site Plan---------- 5

Pump Specifications---------- 6

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

Pressure Manifold Specifications---------- 8

Iredell County Septic Application---------- 9-10

Iredell County Environmental Health Requirements---------- 11

Agent Authorization---------- 13

Soil Descriptions---------- 14

Feb 2023
Design By: Wendell Overby

PERRY ROAD ESTATES, LOT# 2
INFORMATION FOR THE INSTALLER

* ***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
* Pump tank riser should be 6" above grade, control panel should be 12" above grade.
* Septic tank riser shall be a minimum of 6" above finished grade.
* **System specified as ACCEPTED type using MANIFOLD distribution**
* **Repair specified as PANEL BLOCK type using VERTICAL distribution**
* **System trench depth specified at 24"**
* **System trenches installed on 9' minimum; 36" wide trenches**

PERRY ROAD ESTATES, LOT# 2
DESIGN SPECIFICATIONS
ACCEPTED MANIFOLD SYSTEM
FOR WASTEWATER TREATMENT

Business (if applicable):	Foley Home Sales, LLC
Contact:	Doug Foley
Phone:	856 404-5379
Email:	FOLEY1301@GMAIL.COM
County:	Iredell
Location:	Perry Road Estates

Design Specifications

Source of Wastewater Flow:	3 bedroom home
Estimated Daily Wastewater Production:	360 gpd
System Flow:	22.69 gpm
Drain field Size:	328 lf
Lateral Length Required:	300 lf
Loading Rate:	0.3 gpd/ft.^{2}
Trench Depth:	24 in
Trench Width:	36 in
Total Area Trench Bottom:	900 sf
Septic Tank Size:	1000 gal
Pump Tank Size:	1000 gal
Estimated Supply Line Length:	240 lf
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	35.28 gal
Dosing Volume:	1000 gal
Pump Draw Down:	214.2 in
Pressure Head:	2 ft
Friction Head:	3.21 ft
Elevation Head:	11.20 ft
Total Dynamic Head:	16.73 ft
Threaded Union:	In Tank
Gate Valves:	1 in Tank: 1 @ manifold
Check Valves:	In Tank
Anti-Siphon Hole:	n/a
Recommended Pump:	Zoeller 75 or County Approved Effluent Rated Pump Capable of Delivering 17 ft.of Head at 23 gpm Total Flow

PERRY ROAD ESTATES, LOT# 2
LAYOUT SPECIFICATIONS

Daily Flow (gpd) 360 **Feb 2023**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM INSTR. 1					100.0		
			SYSTEM				
1	YELLOW			4.7	**95.3**	52	52
2	BLUE			4.8	**95.2**	36	36
3	ORANGE			4.9	**95.1**	44	44
4	RED			5.0	**95.0**	60	60
5	BLUE			5.1	**94.9**	108	108
10	ORANGE			5.8	**94.2**	30	28
			REPAIR				
6	ORANGE			5.2	**94.8**	37	37
7	PINK			5.3	**94.7**	80	70
8	YELLOW			5.2	**94.8**	51	47
9	RED			5.6	**94.4**	46	46

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH	Soil Cap
SYSTEM	328	0.300	ACCEPTED	25%	MANIFOLD	24	0
REPAIR	200	0.300	VPPBPS	50%	LPP	30	0

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

PERRY ROAD ESTATES, LOT# 2
SYSTEM FLOW
PRESSURE MANIFOLD DESIGN SPECIFICATIONS

Line #	Color	Elev	Length	Hole Size	Flow/Tap	gpd	Trench Area	Flow/Line	Line LTAR
1+2	Y+B		88	SCH 80 1/2	**5.48**	87	264	**0.062**	**0.33**
3+4	O+R		104	SCH 40 1/2	**7.11**	113	312	**0.068**	**0.36**
5	BLUE		136	SCH 80 3/4	**10.1**	160	408	**0.074**	**0.39**
	total	**feet =**	**328**	**gal/min =**	**22.69**				

Design Flow	**360**
Pump Run to Dose 360 gpd=	**15.87**
Soil LTAR	**0.3**
Accepted LTAR	**0.4**

PROJECT NO. 22-1083	PROJECT MGR. WO	DRAWN BY WO	FIELD WORK WO	SCALE 1" = 50'	Soil & Forestry Services of the Carolinas, PA 813 Davidson Dr NW Concord NC 28025 solandforestryservices.com	SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA	PROJECT NAME: FOLEY PERRY RD LOT 2 IREDELL COUNTY NOVEMBER 2022	SHEET TITLE: SEPTIC SYSTEM LAYOUT SKETCH MAP	SHEET 1 OF 1

~~73~~, 75

Builder Series



The Models 73 and 75 offer accessible quality for the cost conscious. These submersible pumps are designed for use in residential or light commercial dewatering applications and can be used to transfer groundwater or effluent. The pump includes a cast iron motor housing with a corrosion-resistant, baked-on enamel finish and is designed to provide great heat dissipation from the motor, ensuring a long service life.

SUMP, EFFLUENT

APPLICATIONS:

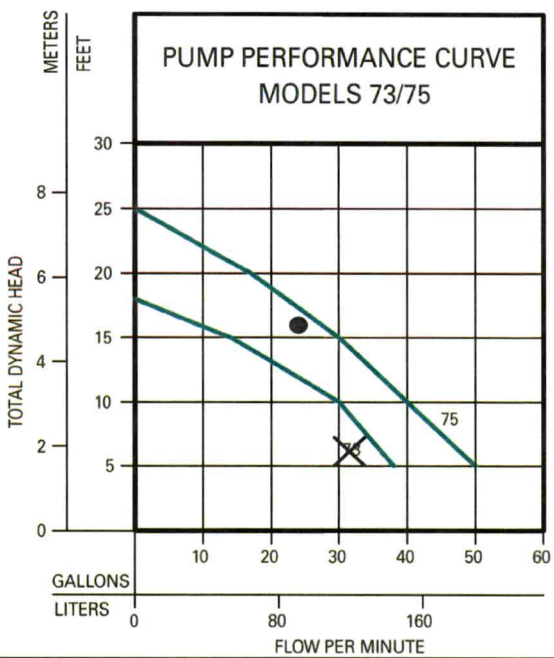
- Water transfer
- Sump and dewatering systems
- New sump and residential construction

BUILDER

SPECIFICATIONS:

- 1/3 HP (Model 73) and 1/2 HP (Model 75)
- 1-1/2" NPT discharge
- Thermally protected motor
- Available with 10' (3 m) power cord
- 3/8" (9 mm) solids passing

For more information, see Technical Data Sheets FM2897 and FM2849.



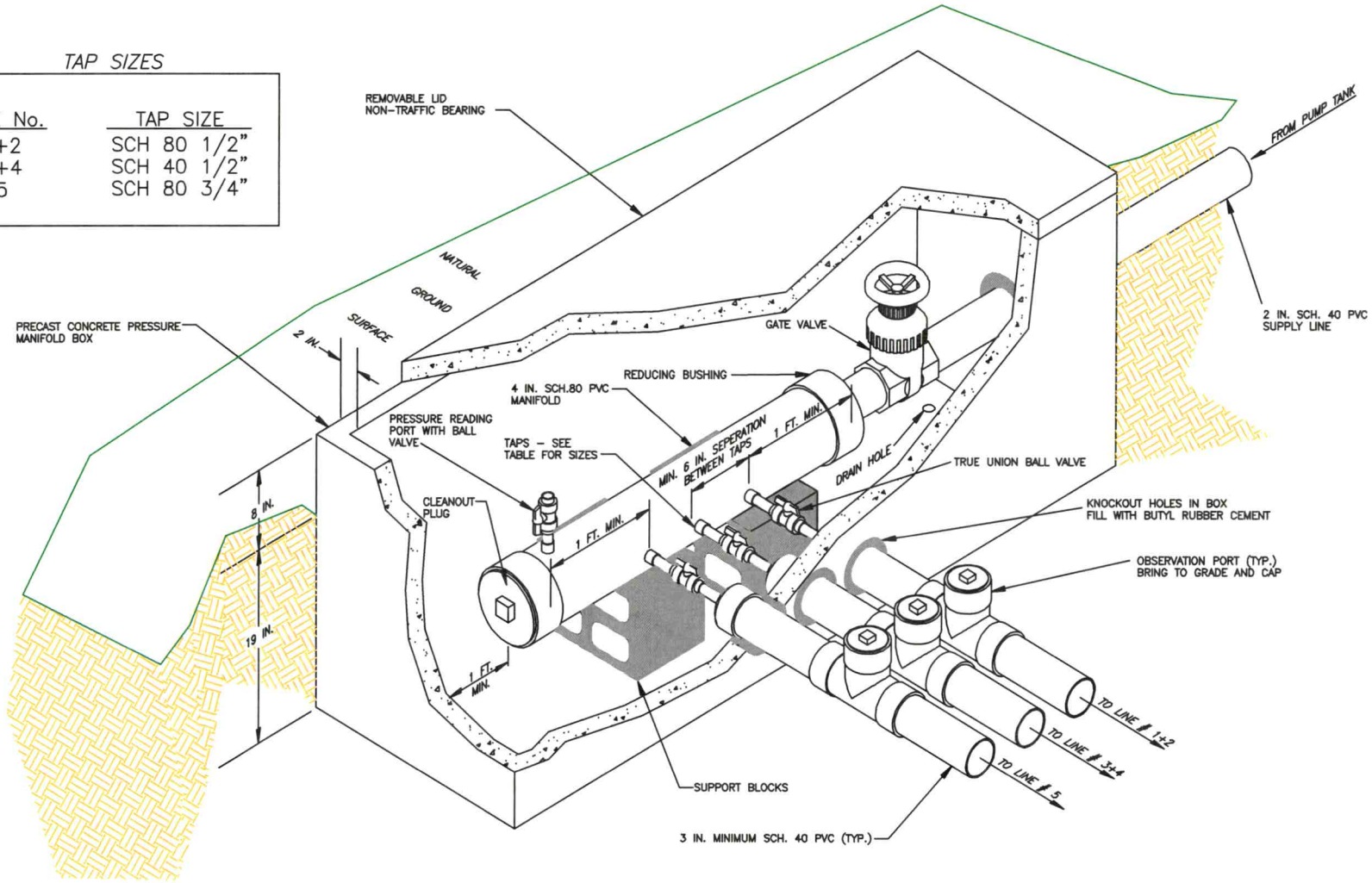
Perry Road Estates, Lot# 2 Calculations		
SITE INFO	Designer	Wendell Overby
	Project Name	Perry Road Estates
	Project #	22-1083
	Project MM YYYY	Feb 2023
	Lot # (if applicable)	2
	Business (if applicable)	Foley Home Sales, LLC
	Contact	Doug Foley
	Phone	856 404-5379
	Email	FOLEY1301@GMAIL.COM
	County	Iredell
	Bedrooms	3
	Daily Flow	360
SYSTEM	System LTAR	0.3
	System Type	ACCEPTED
	System Distribution	MANIFOLD
	System Trench Center Distance (feet)	9
	System Trench Width (inches)	36
	System Trench Depth (inches)	24
	Soil Cap	0
	Supply Line Length (feet)	240
	Supply Line Volume (gal)	35.28
	Required Feet of Line (system)	300
REPAIR	Repair LTAR	0.3
	Repair Type	PANEL BLOCK
	Panel Vertical or Horizontal	VERTICAL
	Repair Distribution	LPP
	Repair Trench Center Distance (feet)	9
	Repair Trench Width (inches)	36
	Repair Trench Depth (inches)	30
	Soil Cap	0
	Required Feet of Line (repair)	200
SYSTEM PUMP VARIABLES	Amount of Line from Layout (feet)	328
	Gallons per Minute	22.69
	Required Septic Tank Capacity (gal)	1000
	Minimum Standard Tank Size (gal)	1000
	Lateral Line Volume (gal)	214.184
	Dosing Volume (gal)	149.93
	Tank Draw Down (inches)	5.2
	Pump Run Time (min)	6.61
	Elevation Head (feet)	11.2
	Pressure Head (feet)	2
	Friction Factor (ft/100ft from the interpolater)	1.07
	Friction Head (feet)	3.21
	Friction Head +10% (feet)	3.53
	Total Dynamic Head (feet)	16.73
	Pump Recommendation	Zoeller 75

PRESSURE MANIFOLD DETAILS

FOLEY HOME SALES, LLC
PERRY ROAD ESTATES, LOT #2, IREDELL COUNTY

TAP SIZES

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



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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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

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

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

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Foley Home Sales c/o Doug Foley **Address:** 1075 Blue Spruce Dr Mooresville **Zip:** 28115

Applicant Email: foley1301@gmail.com **Phone:** 856 404-5379 **Alt. Phone:** _____

Owner Name: _____ **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 537 Perry Road

Subdivision Name: Perry Road Estates **Section/Phase:** _____ **Lot Number:** 2

Driving Directions: Intersection of Perry and Hoover Roads, Troutman

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

CHECK FOUNDATION TYPE

(×) New Single Family Residence — Maximum Number of Bedrooms: 3 — (×) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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

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

Please answer the following to the best of your ability:

( ) Yes (×) No Does the site contain any jurisdictional wetlands?
( ) Yes (×) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (×) No Is the site subject to approval by any other public agency?

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

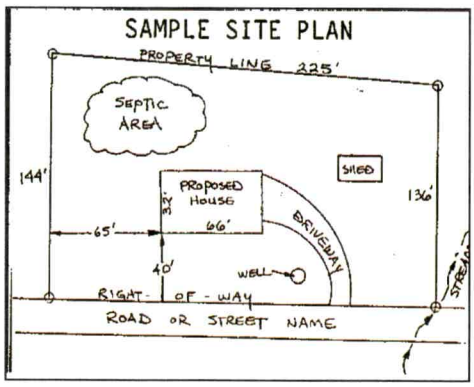
Signature: _____ 3/23/2023
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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



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

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

Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

SEE ATTACHED PLANS

Signature: _____ 3/23/2023

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

WO **Complete all Environmental Health forms**:

WO Application
WO Site Plan including the dimensions of proposed structure, addition, pool etc.
WO Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
WO Copy of Zoning Permit when applicable
WO Sign this sheet after you have completed all items

WO **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

WO **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

WO **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

WO **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 3/23/2023

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

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, am the legal owner(s) of the property located at 537 Perry Rd, Lot #2, identified as PIN (Parcel Identification Number) 4741456999, 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 any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 3/23/2023
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

Sheet 1 of 1

PROPERTY ID #: 4741456999.000

COUNTY: Iredell

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

OWNER: Foley Home Sales LLC

ADDRESS: 1075 Blue Spruce Dr, Mooresville NC 28115

PROPOSED FACILITY: 3 bedroom house

LOCATION OF SITE: Perry Rd - Lot 2

APPLICATION DATE:

DATE EVALUATED: 8/19/2022

PROPERTY SIZE: 0.68 AC

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)		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	
5	L / 1%	0-9	YB SL WMG	FR SS SP	N/A	48	N/A	N/A	0.3
		9-40	R C MMS	FR SS SP					
		40-48	BR CL WMS	FR SS SP F SAP					
6	L / 1%	0-5	B SL WFG	FR SS SP	N/A	48	N/A	N/A	0.3
		5-27	R C MMS	FR SS SP					
		27-48	BR CL WMS	FR SS SP F SAP					
7	L / 1%	0-6	B SL WFG	FR SS SP	N/A	48	N/A	N/A	0.3
		6-13	YR SCL WMS	FI SS SP					
		13-39	R C MMS	FR SS SP					
		39-48	R CL WFS	FR SS SP F SAP					
8	L / 2%	0-8	B SL WFG	FR SS SP	N/A	48	N/A	N/A	0.3
		8-43	R C MMS	FR SS SP					
		43-49	R CL WMS	FR SS SP F SAP					

LICENSED SOIL SCIENTIST
JAMES WENDELL OVERBY
1215
STATE OF NORTH CAROLINA

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300 lf	200 lf
System Types(s)	ACCEPTED	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: OVERBY

OTHER(S) PRESENT:

COMMENTS: