BCDH-2024-30935

# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

PERMIT: OSWP 2023-31439

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

PIN # 4741 -45 -7502

APPLICANT/OWNER: Foley Homes Sales LLC APPLICANT ADDRESS: 1075 Blue Spruce Drive Mooresville, NC 28115

SITE ADDRESS: 561 Perry Rd Taylorsville, NC 28681 PHONE: 980-439-5007 ALT. PHONE 856-464-5379

SITE DIRECTIONS: SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Perry Road Estates SECTION: LOT # 8 LOT AREA: 55 DESIGN FLOW: 360 L.T.A.R.(Initial): .30 L.T.A.R (Repair): .30

Septic Tank 1000 (gal) STB 760 Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

# Nitrification Fields 1 # Lines 5 Linear Ft 300

Trench Width 36 *Max. Trench Depth(Initial) 30 *Max. Trench Depth(Repair) 30 Gravel Depth –

* Measured on the downhill side of the trench

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

System Description: Accepted Gravity

Repair System Description: VPPBPS - PManifold

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

Usable Depth to LC (Initial): 55

☒ 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): 60 *Limiting Condition*

**Water Supply**

☐ Private

☐ Public

☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

Improvement permit issued pursuant to G.S. 130A-335 (a2) & (a4) using the Signed and Sealed LSS/LG Evaluation from.

Wendell Overby 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.**

Installed as Drawn

*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: Groundbreakers

IMPROVEMENT PERMIT by: Date: 4/8/2024 OPERATION PERMIT by: Date: 7/9/24

AUTHORIZATION TO CONSTRUCT by: Date: 4/8/2024 Existing System Inspected by: Date:

| Item | Date | Initials |
|---|---|---|
| Drain Lines Checked | | |
| Tanks Checked | | |
| Pressure Manifold or Valve Box Checked | | |
| Pressure Head Set | | |
| Electrical Checked | | |
| Floats Set | | |
| Alarm Checked | | |
| Maintenance Contract Needed? Y / N | | |
| Comments: | | |
| | | |
| | | |

| Repairs Only | |
|---|---|
| | **State Code** |
| Failing System Code | |
| Type of Distribution | G or P |
| Type of Failure/Malfunction | |
| Primary Cause of Failure/Malfunction | |
| | |
| Age of System? _____ | |
| Initial or Repair? _____ | |

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

7/17/2023

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

Re: Improvement Permit & CA Submittal for 561 Perry Rd (Lot #8)

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 3 bedroom ACCEPTED system using GRAVITY distribution.

"The LSS evaluation attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)." "The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5) and (a6)."

Owner/Applicant: Doug Foley // Foley Home Sales, LLC

Signature: _____

Date: 7/17/2023

"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: 7/17/2023 Seal:






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

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

*(Check and sign only ONE of the options below)*

☐ 1. * APPLICANT AND OWNER ARE THE SAME. * (Sign here) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
**By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.**

2. I, Doug Foley, am the legal owner(s) of the property located

☒ at 561 Perry Rd, identified as

PIN (Parcel Identification Number) 4741457502.000, located in Iredell County, North Carolina.

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

Soil & Forestry Services of the Carolinas, PA, to act as an agent on my behalf in applying for/signing/obtaining 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.

_____ 7/17/2023
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

Permit #: OSWP2023-31439

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: 4741457502.000

Issued To: Doug Foley // Foley Home Sales, LLC

Property Location: 561 Perry Rd

Subdivision: Perry Road Estates Lot#: 8 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 [ ]

Proposed Structure: 3 bedroom house

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

Design Wastewater Strength: [X] domestic [ ] high strength [ ] industrial process

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3

Proposed Wastewater System Type*: ACCEPTED GRAVITY (Initial) Pump Required: [ ] Yes [X] No [ ] May be required

Proposed Wastewater System Type*: VPPBPS PMANIFOLD (Repair) Pump Required: [X] Yes [ ] No [ ] May be required

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

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 Soil Depth (Initial): 55 Usable Soil Depth (Repair): 60

Max. Trench Depth (Initial)†: 30 Max. Trench Depth (Repair)†: 30 *† 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 .1945: Yes [X] No [ ] Drainfield location meets requirements of Rule .1950: 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:

See Design

Licensed Soil Scientist Print Name: Wendell Overby

Licensed Soil Scientist Signature: Wendell Overby Date: 7/20/2023

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

***See attached site sketch***


**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH**

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1632 Mail Service Center, Raleigh, NC 27699-1632
www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972



AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

NCDHHS

Permit #: OSWP-2023-31439

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

County: Iredell

PIN/Lot Identifier: 4741457502.000

Issued To: Doug Foley // Foley Home Sales, LLC

Property Location: 561 Perry Rd

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

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

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

Type of Wastewater System* ACCEPTED GRAVITY (Initial) VPPBPS PMANIFOLD (Repair)

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

Design Daily Flow: 360 GPD Wastewater Strength: [X] domentic [ ] high strength [ ] industrial process

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)*

**Installation Requirements/Conditions**

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 300 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.3 gpd/ft²

Soil Cover: 0 inches Slope Adjusted Maximum Trench/Bed Depth‡: 30 inches ***‡ Measured on the downhill side of the trench***

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

Pump Tank Size (if applicable): 0 galllons Requires more than 1 pump? [ ] Yes [X] No

Pump Requirements: 0 ft. TDH vs. 0.0 GPM Grease Trap Size (if applicable): gallons

Distribution Method: [X] Serial [ ] D-Box or Parallel [ ] Pressure manifold(s) [ ] LPP [ ] Other

Artificial Drainage Required: Yes [ ] No [X] If yes, please specify details:

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

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

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

Declaration of Restrictive Covenants: [ ] Yes [X] No

Pre-Construction Conference Required: Yes [ ] No [X]

Conditions: See Design

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 Expiration Date: 12/31/2023

AOWE/PE Signature: Wendell Overby Date: 7/20/2023

**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

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

**Project# 22-1083**

**Septic System Design for a 3 Bedroom House**
**ACCEPTED using GRAVITY distribution**
**Site location: 561 Perry Rd, Lot # 8**

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

**Jul 2023**
**Design By: Overby**

**ACCEPTED using GRAVITY distribution**
**Site location: 561 Perry Rd, Lot # 8**

* **CALL 811 BEFORE DIGGING**
* The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
* Tanks shall be approved by DHHS, and certification supplied by the that must be considered along with all other considerations.
* The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
* The supply trench shall be compacted to eliminate cavities left during initial fill placement.
* Installation of the system shall be during dry conditions in order to protect the soil
* All fittings shall be pressure rated fittings.
* All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
* Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
* Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
* All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
* All tanks shall be properly back filled and compacted to prevent slump at a later date.
* Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
* No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
* Elevations at pinflag locations should be checked by the installer prior to beginning
* Septic tank riser shall be a minimum of 6" above finished grade.
* **System specified as ACCEPTED type using GRAVITY distribution**
* **Repair specified as VPPBPS type using PMANIFOLD distribution**
* **System trench depth specified at 30"**
* **System trenches installed on 9' minimum; 36" wide trenches**
* **Installation does not require a soil cap**

| Page 2 | DESIGN SPECIFICATIONS | Project #22-1083 |
|---|---|---|

**ACCEPTED using GRAVITY distribution**
**Site location: 561 Perry Rd, Lot # 8**

| | | |
|---|---|---|
| Business (if applicable): | Foley Home Sales, LLC | |
| Contact: | Doug Foley | |
| Phone: | 856 404-5379 | |
| Email: | FOLEY1301@GMAIL.COM | |
| County: | Iredell | |
| Location: | 561 Perry Rd | |
| Source of Wastewater Flow: | 3 | bedroom home |
| Estimated Daily Wastewater Production: | 360 | gpd |
| Drain field Size: | 300 | lf |
| Loading Rate: | 0.3 | gpd/ft.$^2$ |
| Trench Depth: | 30 | in |
| Trench Width: | 36 | in |
| Soil Cap: | 0 | in |
| Septic Tank Size: | 1000 | gal |

| Page 3 | LAYOUT SPECIFICATIONS | Project #22-1083 |
|---|---|---|

**ACCEPTED using GRAVITY distribution**
**Site location: 561 Perry Rd, Lot # 8**

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

| LINE # | FLAG COLOR | BS | HI | FS | ELEV | FLAGGED LENGTH | DESIGN LENGTH |
|---|---|---|---|---|---|---|---|
| **TBM** | | 0.0 | | | 100.0 | | |
| **INSTR. 1** | | | 100.0 | | | | |
| | | | **REPAIR** | | | | |
| 1 | Blue | | | 5.4 | 94.6 | 60 | 50 |
| 2 | Orange | | | 5.7 | 94.3 | 60 | 50 |
| 3 | Red | | | 6.1 | 93.9 | 58 | 50 |
| 4 | Blue | | | 6.5 | 93.5 | 58 | 50 |
| | | | **SYSTEM** | | | | |
| 5 | Pink | | | 7.0 | 93.0 | 60 | 60 |
| 6 | Yellow | | | 7.5 | 92.5 | 61 | 60 |
| 7 | Orange | | | 8.0 | 92.0 | 62 | 60 |
| 8 | Red | | | 8.5 | 91.5 | 62 | 60 |
| 9 | Blue | | | 9.0 | 91.0 | 61 | 60 |

| | LINE LENGTH | LTAR GPD/FT$^2$ | SYSTEM TYPE | REDUCTION TYPE | DIST | TRENCH DEPTH | SOIL CAP |
|---|---|---|---|---|---|---|---|
| **SYSTEM** | 300 | 0.300 | ACCEPTED | 25% | GRAVITY | 30 | 0 |
| **REPAIR** | 200 | 0.300 | VPPBPS | 50% | PMANIFOLD | 30 | 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

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 8 IREDELL COUNTY MAY 2023 | SHEET TITLE: SEPTIC SYSTEM LAYOUT SKETCH MAP | SHEET 1 OF 1 |

| Page 5 | CALCULATIONS | Project #22-1083 |
|---|---|---|

**ACCEPTED using GRAVITY distribution**
**Site location: 561 Perry Rd, Lot # 8**

| | | |
|---|---|---|
| PROJECT INFO | Designer | Overby |
| | Project # | 22-1083 |
| | Project MM YYYY | Jul 2023 |
| | Project Location | 561 Perry Rd |
| | Lot # (if applicable) | 8 |
| | Subdivision (if applicable) | Perry Road Estates |
| | Parcel # | 4741457502.000 |
| | Lot size (acres) | 0.55 |
| | Contact (Owner) | Doug Foley |
| | Business (if applicable) | Foley Home Sales, LLC |
| | Phone | 856 404-5379 |
| | Email | FOLEY1301@GMAIL.COM |
| | County | Iredell |
| | Bedrooms | 3 |
| | Water Source | Private Well |
| | Daily Flow | 360 |
| SYSTEM | System LTAR | 0.3 |
| | System Type | ACCEPTED |
| | System Distribution | GRAVITY |
| | System Trench Center Distance (feet) | 9 |
| | System Trench Width (inches) | 36 |
| | System Trench Depth (inches) | 30 |
| | Soil Cap (inches) | 0 |
| | Tank Size | 1000 |
| | Required Feet of Line (system) | 300 |
| | Designed Feet of Line (system) | 300 |
| REPAIR | Repair LTAR | 0.3 |
| | Repair Type | VPPBPS |
| | Repair Distribution | PMANIFOLD |
| | Repair Trench Center Distance (feet) | 9 |
| | Repair Trench Width (inches) | 36 |
| | Repair Trench Depth (inches) | 30 |
| | Soil Cap (inches) | 0 |
| | Tank Size | 1000 |
| | Required Feet of Line (repair) | 200 |
| | Designed Feet of Line (repair) | 200 |

PROPERTY ID #: 4741457502.000
COUNTY: Iredell

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

OWNER: Doug Foley // Foley Home Sales, LLC
ADDRESS: 1075 Blue Spruce Dr, Mooresville NC 28115
PROPOSED FACILITY: 3 bedroom house
LOCATION OF SITE: 561 Perry Rd

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) | | 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 | |
| 23 | L/6% | 0 - 6 | B L WFG | FR SS SP | N/A | 60 | N/A | N/A | 0.3 |
| | | 6 - 31 | BR C MMA | FR SS SP | | | | | |
| | | 31 - 50 | BR CL WMS | FR SS SP | | | | | |
| | | 50 - 60 | BR L WMS | FR SS SP C SAP | | | | | |
| 24 | L/6% | 0 - 8 | B CL WMA | FI SS SP | N/A | 55 | N/A | N/A | 0.3 |
| | | 8 - 33 | BR C MMA | FI SS SP | | | | | |
| | | 33 - 55 | YR CL WMS | FR SS SP F SAP | | | | | |
| 25 | L/6% | 0 - 7 | YB SL WFG | FI SS SP | N/A | 60 | N/A | N/A | 0.3 |
| | | 7 - 32 | R C MMA | FR SS SP | | | | | |
| | | 32 - 46 | BR CL WFS | FR SS SP | | | | | |
| | | 46 - 60 | YR L WFS | FR SS SP | | | | | |
| 26 | L/4% | 0 - 7 | YB SL WMG | FR SS SP | N/A | 60 | N/A | N/A | 0.3 |
| | | 7 - 27 | R C MMA | FI SS SP | | | | | |
| | | 27 - 50 | BR CL WMS | FR SS SP | | | | | |
| | | 50 - 60 | YR L MASS | FR SS SP | | | | | |
| | | 0 - | | | | | | | |

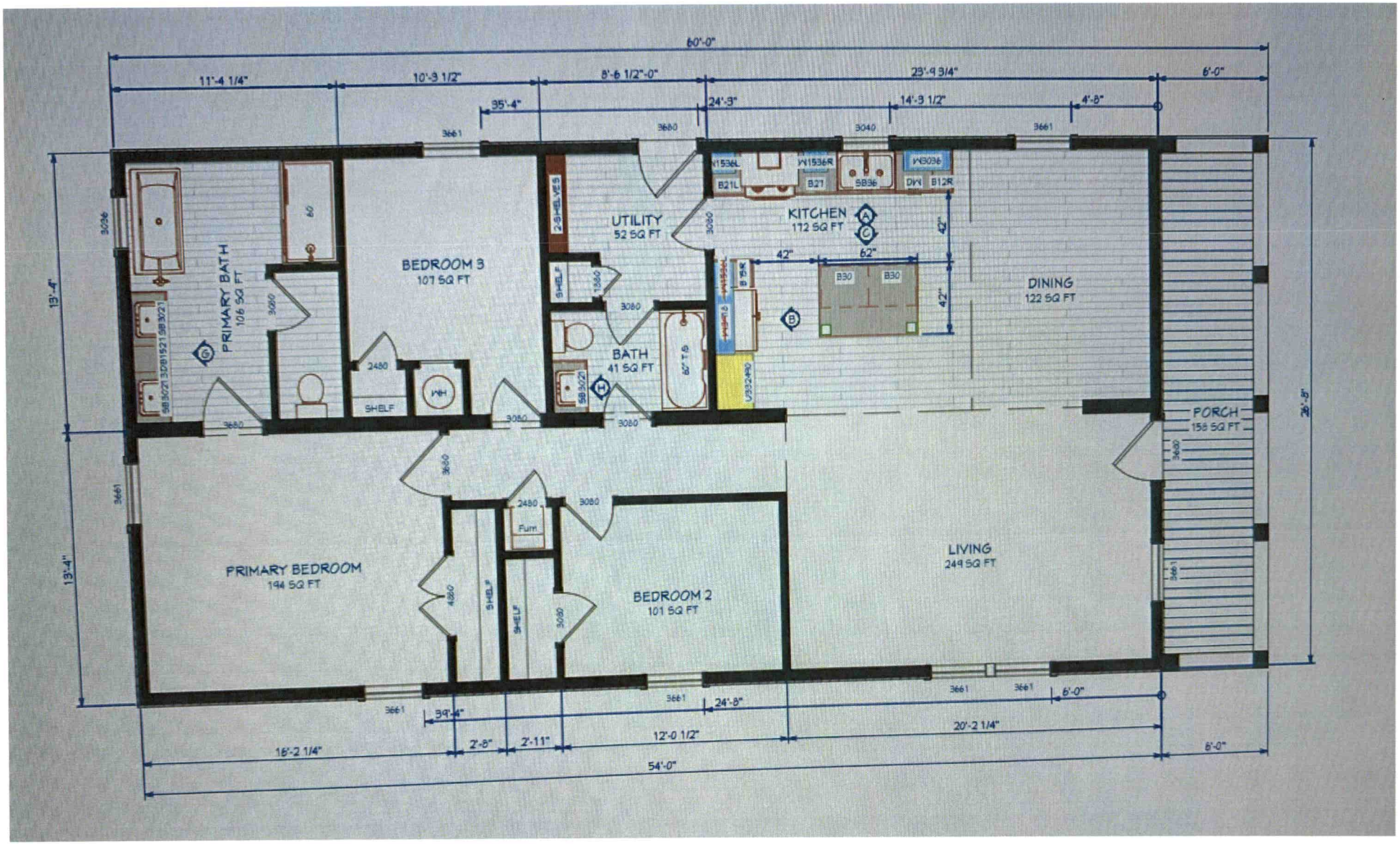
3

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 300 | 200 |
| System Type(s) | ACCEPTED | VPPBPS |
| Site LTAR | 0.3 | 0.3 |

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

LICENSED SOIL SCIENTIST JAMES WENDELL OVERBY 1215 NORTH CAROLINA

COMMENTS:


60'-0"
11'-4 1/4"
10'-3 1/2"
8'-6 1/2"-0"
23'-9 3/4"
6'-0"
35'-4"
24'-3"
14'-3 1/2"
4'-8"
PRIMARY BATH
106 SQ FT
BEDROOM 3
107 SQ FT
UTILITY
52 SQ FT
KITCHEN
172 SQ FT
DINING
122 SQ FT
BATH
41 SQ FT
PORCH
158 SQ FT
PRIMARY BEDROOM
144 SQ FT
BEDROOM 2
101 SQ FT
LIVING
249 SQ FT
SHELF
Furn
W
SHELF
SHELF
2-SHELVES
B21L
B27
SB36
DW
B12R
W1536L
W1536R
W3036
B30
B30
SB3021
SB3021
SB3021