BLDR-2024-50347

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-25549

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

PIN # 4741-45-7509

PPLICANT / OWNER: Foley Home Sales LLC APPLICANT ADDRESS:

TE ADDRESS: 559 PERRY RD, TROUTMAN, NC 28166 PHONE: ALT. PHONE:

TE DIRECTIONS: SAP CONTROLLED: YES ☐ NO ☑

UBDIVISION: Pery Road Estates SECTION: — LOT #: 7 LOT AREA: .58 DESIGN FLOW: 360 L.T.A.R.: 0.3

eptic Tank: 1000 (gal)	STB: 760	Date: 5/24/2024	☐ New System ☐ Repair ☐ Expansion	System Type:	☑ Residence	No. Bedrooms: 3	Water Supply: New Well
ump Tank: 1000 (gal)	PT:	Date:	System Description: Accepted Gravity		☐ Business	No. Persons: 6	
ump Make:	Model:	Serial #:	Repair System Description: LPP HPPBPS		☐ Other	No. Employees:	
Nitrification Fields: 1	# Lines: 4	Linear Ft.: 300	Maintenance Agreement Required: ☐ YES ☐ NO		☐ Slab	☑ Crawl Space	
rench Width: 36	Trench Bottom Depth (Low side): 24		Gravel Depth:	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

omments / Conditions: This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) ttached here. This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here.

INITIAL SITE SKETCH

AS BUILT SKETCH

Installed & Drawn

rmit 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.

wner / Applicant Signature: Date:

IPROVEMENT PERMIT by: Brianna Bass Date: 7/17/2023

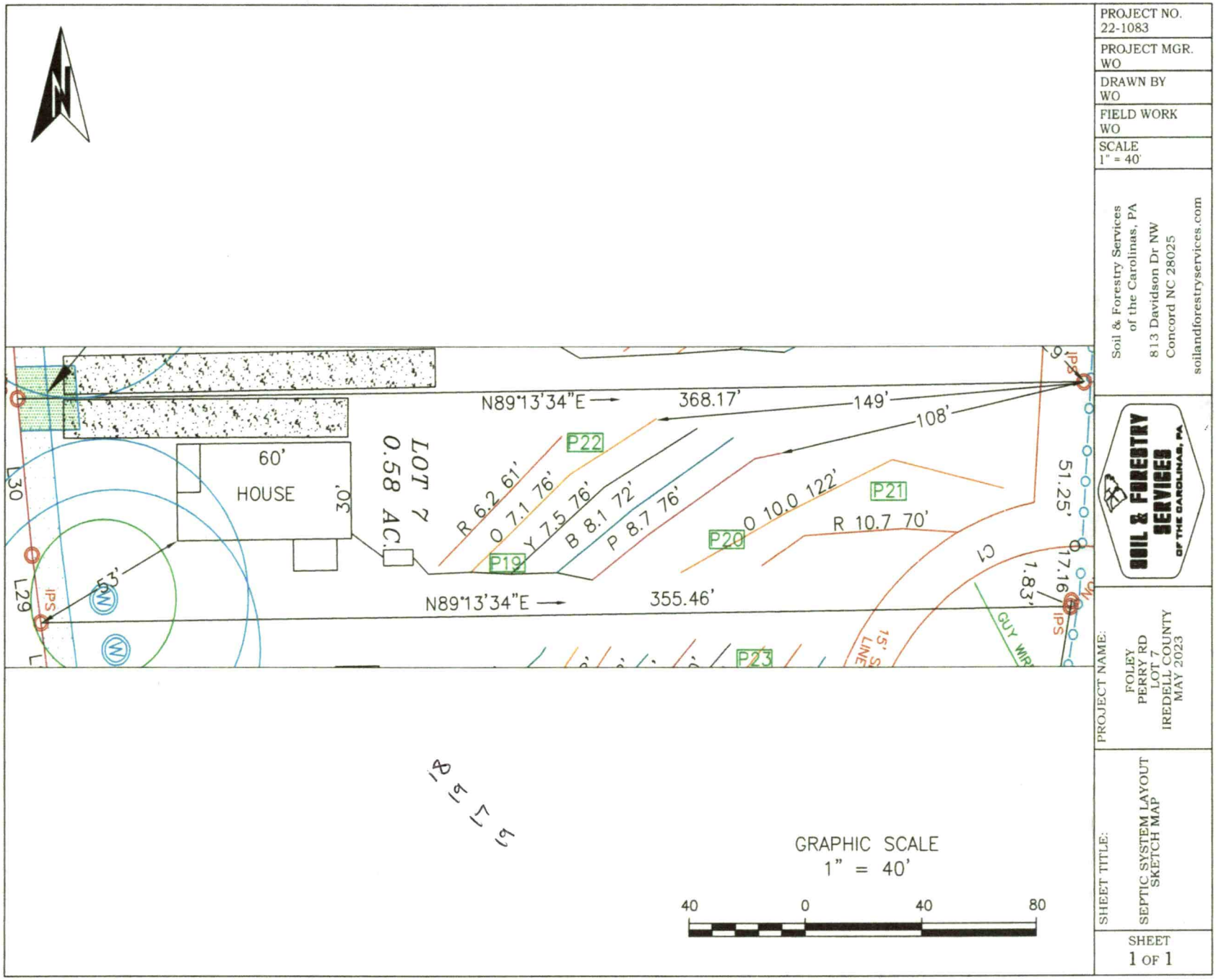
UTHORIZATION TO CONSTRUCT by: Brianna Bass Date: 7/17/2023

Installed By: Ground Breaker

OPERATION PERMIT by: Date: 7/10/24

Existing System Inspected By: Date:

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



PROJECT NO.	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 7
IREDELL COUNTY
MAY 2023

SHEET TITLE:
SEPTIC SYSTEM LAYOUT
SKETCH MAP

SHEET
1 OF 1

Permit #: OSWP-2023-25549

This Section for Local Health Department Use Only

Initial submittal received: 7/14/2023 (Date) by BB (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: Benjamin A Botkins Date: 7/17/2023

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 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 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 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 evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 7/17/2028

See attached site sketch

Permit #: OSWP-2023-25549

This Section for Local Health Department Use Only

Initial submittal received: 7/14/2023 (*Date*) by BB (*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: Benjamin A Botkins Date of Issuance: 7/17/2023

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: 7/17/2028

See attached site sketch

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

5/3/2023

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

Re: Improvement Permit & CA Submittal for 559 Perry Rd (Lot #7)

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: Foley Home Sales, LLC // Doug Foley

Signature: _____

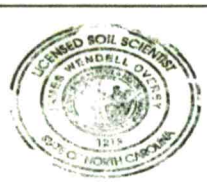
Date: 5/3/2023

"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: 5/3/2023 Seal:





County: Iredell

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

PIN/Lot Identifier: 4741457509.000

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

Property Location: 559 Perry Rd

Subdivision: Perry Road Estates Lot#: 7 Block: _____ Section: _____

LSS Report Provided: Yes [X] No [ ]

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

New [X] Repair [ ] Expansion [ ] System Relocation [ ]

Proposed Structure: 3 bedroom house

Proposed Wastewater System Type: ACCEPTED GRAVITY (Initial) HPPBPS LPP (Repair)

Fill System: [ ] Yes [X] 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: [X] domestic [ ] high strength [ ] industrial process

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

Pump Required: [ ] Yes [X] No [ ] May be required based upon final location and elevations of facilities

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

Type of Water Supply: [X] Private well [ ] Public 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: _____ Date: 5/3/2023

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

See attached site sketch

County: Iredell

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

PIN/Lot Identifier: 4741457509.000

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

Property Location: 559 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

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

Type of Wastewater System** ACCEPTED GRAVITY (Initial) HPPBPS LPP (Repair)

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

Installation Requirements/Conditions

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

Drainfield square footage: 900 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): ____ galllons Requires more than 1 pump? [ ] Yes [ ] No

Pump Requirements: ____ ft. TDH vs. ____ 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

**If applicable:

I understand the system type specified is different from the type of 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 [X]

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: 5/3/2023

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: 559 Perry Rd, Lot # 7

Contents **Page**

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

Design Information
Design Specifications---------- 2
Layout Specifications---------- 3

Site Plan---------- 4

Calculations---------- 5

Environmental Health Form---------- 6

Soil Descriptions---------- 7

Floor Plans---------- 8

May 2023
Design By: Overby

ACCEPTED using GRAVITY distribution
Site location: 559 Perry Rd, Lot # 7

* **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 GRAVITY distribution**
* **Repair specified as HPPBPS type using LPP distribution**
* **System trench depth specified at 24"**
* **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: 559 Perry Rd, Lot # 7

Business (if applicable):	Foley Home Sales, LLC	
Contact:	Doug Foley	
Phone:	856 404-5379	
Email:	FOLEY1301@GMAIL.COM	
County:	Iredell	
Location:	559 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:	24	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: 559 Perry Rd, Lot # 7

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

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM		0.0			100.0		
INSTR. 1			100.0				
			REPAIR				
1	Red			6.2	93.8	61	60
			SYSTEM				
2	Orange			7.1	92.9	79	76
3	Yellow			7.5	92.5	79	76
4	Blue			8.1	91.9	74	72
5	Pink			8.7	91.3	77	76
			SYSTEM				
6	Orange			10.0	90.0	122	70
7	Red			10.7	89.3	70	70

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	300	0.300	ACCEPTED	25%	GRAVITY	24
REPAIR	200	0.300	HPPBPS	50%	LPP	24

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

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 ****

LvO **Complete all Environmental Health forms**:

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

LvO **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.**

LvO **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.**

LvO **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.

LvO **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** 5/3/23

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

Page 5	CALCULATIONS	Project #22-1083

ACCEPTED using GRAVITY distribution
Site location: 559 Perry Rd, Lot # 7

PROJECT INFO	Designer	Overby
	Project Location	559 Perry Rd
	Parcel #	4741457509.000
	Project #	22-1083
	Project MM YYYY	May 2023
	Lot # (if applicable)	7
	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	GRAVITY
	System Trench Center Distance (feet)	9
	System Trench Width (inches)	36
	System Trench Depth (inches)	24
	Soil Cap (inches)	0
	Tank Size	1000
	Required Feet of Line (system)	300
REPAIR	Repair LTAR	0.3
	Repair Type	HPPBPS
	Repair Distribution	LPP
	Repair Trench Center Distance (feet)	9
	Repair Trench Width (inches)	36
	Repair Trench Depth (inches)	24
	Soil Cap (inches)	0
	Tank Size	1000
	Required Feet of Line (repair)	200

PROPERTY ID #: 4741457509.000
COUNTY: Iredell

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

OWNER: Foley Home Sales, LLC // Doug Foley
ADDRESS: 1075 Blue Spruce Dr, Mooresville NC 28115
PROPOSED FACILITY: 3 bedroom house
LOCATION OF SITE: 559 Perry Rd Lot# 7
APPLICATION DATE:
DATE EVALUATED: 8/19/2022
PROPERTY SIZE: 0.58 AC
PROPERTY RECORDED: 2022

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

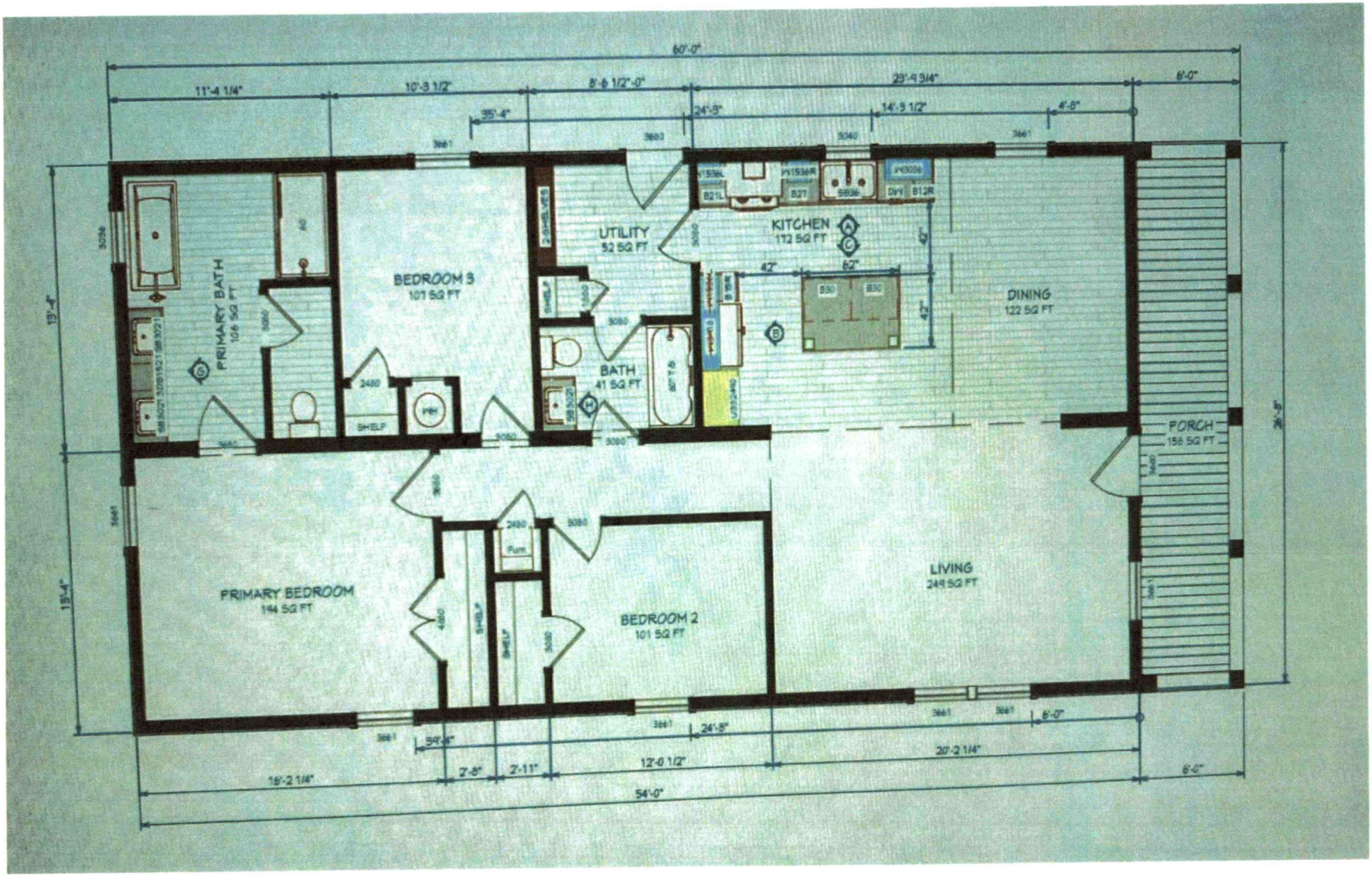
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPR CLASS	.1944 RESTR HORIZ	
19	L / 5%	0-8	B SL WFG	FR SS SP	N/A	58	N/A	N/A	0.3
		8-30	R C WMS	FR SS SP					
		30-58	BR CL WMS	FR SS SP F SAP					
20	L / 8%	0-10	YB SL WFG	FR SS SP	N/A	57	N/A	N/A	0.3
		10-28	R C MMA	FR SS SP					
		28-43	BR CL WMS	FR SS SP F SAP					
		43-57	BR L WMS	FR SS SP C SAP					
21	L / 8%	0-27	YB SL WFG	FR SS SP	2CH@42	56	N/A	N/A	0.3
		27-40	BR SC WMA	FR SS SP YB MOTT					
		40-56	YR SCL WFA	FR SS SP C SAP					
22	L / 10%	0-9	YB SL WFG	FR SS SP	N/A	64	N/A	N/A	0.3
		9-32	R C WMA	FR SS SP					
		32-48	BR CL WMS	FR SS SP F SAP					
		48-64	BR L WFS	FR SS SP C SAP					

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

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

LICENSED SOIL SCIENTIST — WES 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"
8'-0"
35'-4"
24'-5"
14'-3 1/2"
4'-8"
PRIMARY BATH
106 SQ FT
BEDROOM 3
101 SQ FT
UTILITY
52 SQ FT
BATH
41 SQ FT
KITCHEN
112 SQ FT
DINING
122 SQ FT
PORCH
158 SQ FT
PRIMARY BEDROOM
144 SQ FT
BEDROOM 2
101 SQ FT
LIVING
249 SQ FT
SHELF
Furn
42"
62"
42"
13'-4"
15'-4"
26'-8"
5'-4"
2'-8"
2'-11"
12'-0 1/2"
24'-8"
20'-2 1/4"
16'-2 1/4"
54'-0"