BLDR-2023-30011

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-21490

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

PIN # 4741-46-6087

APPLICANT / OWNER: Foley Home Sales APPLICANT ADDRESS: 1075 Blue Spruce Drive Mooresville NC 28115

SITE ADDRESS: 533 PERRY RD, TROUTMAN, NC 28166 PHONE: ALT. PHONE:

SITE DIRECTIONS: Intersection of Perry + Hoover Roads Troutman SAP CONTROLLED: YES ☐ NO ☒

SUBDIVISION: Perry Road Estates CTION: LOT #: 1 LOT AREA: DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank: (gal) 1000	STB: 760	Date: 7-23-22	☒ New System ☐ Repair ☐ Expansion	System Type: III	☒ Residence	No. Bedrooms: 3	Water Supply: Existing Well
Pump Tank: (gal) 1000	PT: 363	Date: 8-7-2023	System Description: PM -25% Reduction		☐ Business	No. Persons: 6	
Pump Make:	Model:	Serial #:	Repair System Description: LPP - HPP BPS - 50%		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: 7	Linear Ft.: 308	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☑ Crawl Space	
Trench Width: 36 in	Trench Bottom Depth (Low side): 22 in.		Gravel Depth:	☐ GRAVITY ☑ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

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

Soil + Forestry Services of the Carolinas PA
LSS # 1218

AS BUILT SKETCH

9-20-2023 BCW
TANKS ✓
SUPPLY ✓
P.M. ✓
DRAINLINES
2ND DRAINLINE FIXED
IFT TO CLOSE TO R-PL 9-20-2023 BCW

Floats, electrical, PH 10/26/23

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: Brynn A Bell Date: 4/27/2023

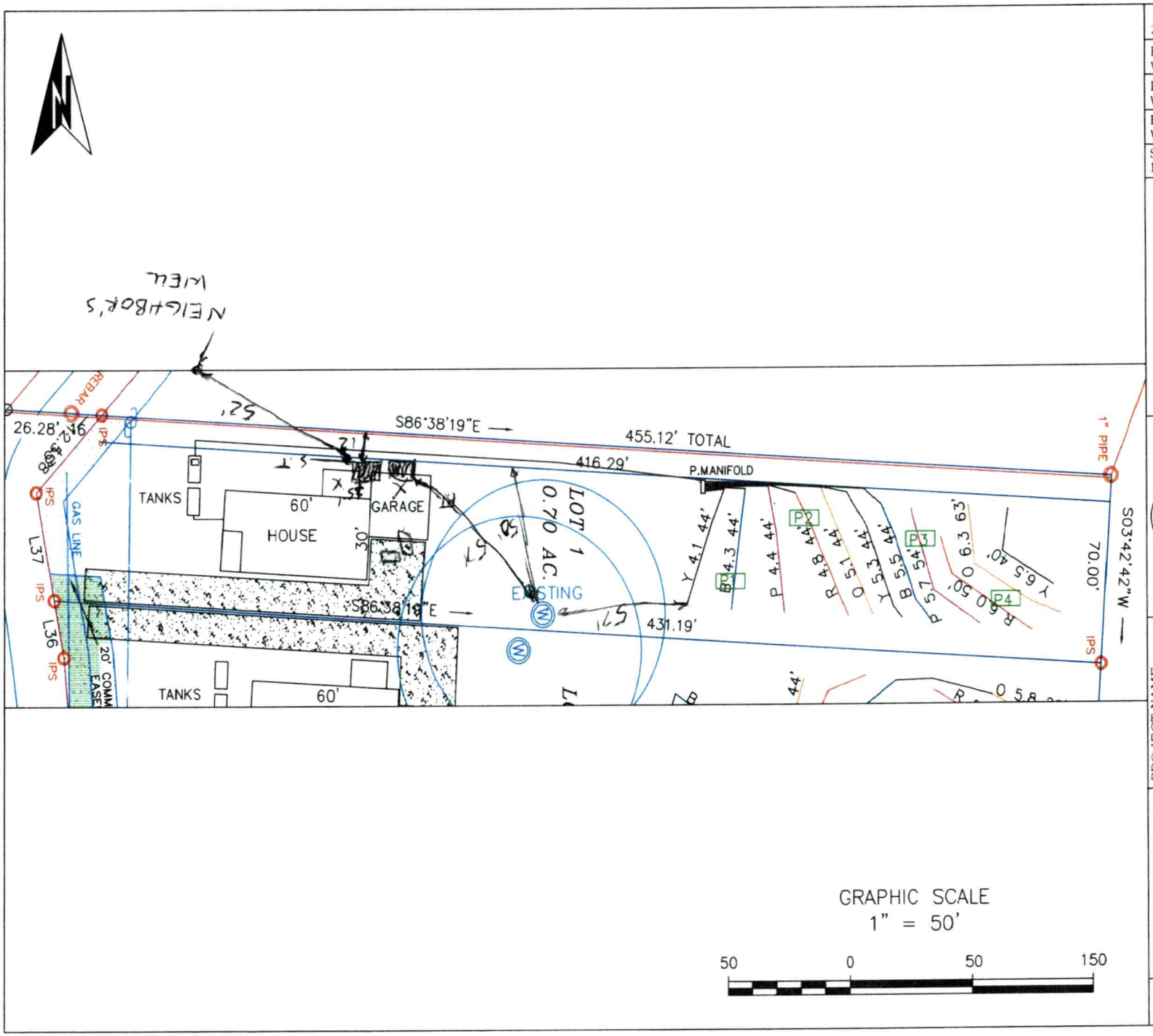
AUTHORIZATION TO CONSTRUCT by: Brynn A Bell Date: 4/27/2023

Installed By: GROUND BREAKERS

OPERATION PERMIT by: Dwetty 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.



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
soilandforestryservices.com

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA

PROJECT NAME:
FOLEY HOME SALES
533 PERRY RD
LOT 1
IREDELL COUNTY
MARCH 2023

SHEET TITLE:
SEPTIC SYSTEM LAYOUT
SKETCH MAP

SHEET
1 OF 1

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-21490

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Pump Tank: (gal) 1000	PT: 363	Date: 8-7-2023	System Description: PM -25% Reduction		☐ Business	No. Persons: 6	
Pump Make:	Model:	Serial #:	Repair System Description: LPP-HPPBPS-50%		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: 7	Linear Ft.: 308	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
Trench Width: 36 in	Trench Bottom Depth (Low side): 22 in.		Gravel Depth:	☐ GRAVITY ☑ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

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Soil & Forestry Services of the Carolinas PA
LSS # 1218

AS BUILT SKETCH

9-20-2023 BCW
TANKS ✓
SUPPLY ✓
P.M. ✓
DRAINLINES
2ND DRAINLINE FIXED
1FT TO CLOSE TO R-PL
9-20-2023 BCW

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Owner / Applicant Signature: Wendell Overby Date:

IMPROVEMENT PERMIT by: Bryant Bost Date: 4/27/2023

AUTHORIZATION TO CONSTRUCT by: Bryant Bost Date: 4/27/2023

Installed By: GROUND BREAKERS

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

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

PIN/Lot Identifier: 4741466087

Issued To: Foley Home Sales

Property Location 533 Perry Road

Subdivision: Perry Road Estates Lot #: 1 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) hppbps (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): .3 Proposed LTAR (Repair): .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: 3/9/23

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

See attached site sketch

County: Iredell

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

PIN/Lot Identifier: 4741466087

Issued To: Foley Home Sales

Property Location: 533 Perry Road Troutman

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

Facility Type: single family residence

☑ New ☐ Expansion ☐ Repair ☐ System Relocation

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

Type of Wastewater System** accepted (Initial) hppbps (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: 308 feet Trench/Bed Spacing: _____ feet on center

Drainfield square footage: 924 Trench/Bed Width: 36 inches LTAR: .3 gpd/ft²

Soil Cover: 0 inches Slope Adjusted Maximum Trench/Bed Depth: 22 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: 20.5 ft. TDH vs. 38.4 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: 3/9/23

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

March 9, 2023

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

Re: Improvement Permit & CA Submittal for 533 Perry Road-Lot 1

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: 4/4/2023

"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: Wendell Overby
Date: 3/2/23

Seal:





SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

A design for a 3 Bedroom
ACCEPTED Septic System
using MANIFOLD distribution
for 533 Perry Road, Lot# 1

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---------- 12

Soil Descriptions---------- 13

Mar 2023
Design By: Wendell Overby

533 PERRY ROAD, LOT# 1
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 HORIZONTAL distribution**
* **System trench depth specified at 22"**
* **System trenches installed on 9' minimum; 36" wide trenches**

533 PERRY ROAD, LOT# 1
DESIGN SPECIFICATIONS
ACCEPTED MANIFOLD SYSTEM
FOR WASTEWATER TREATMENT

Business (if applicable):	Foley Home Sales
Contact:	Doug Foley
Phone:	856 404-5379
Email:	foley1301@gmail.com
County:	Iredell
Location:	533 Perry Road

Design Specifications

Source of Wastewater Flow:	3	bedroom home
Estimated Daily Wastewater Production:	360	gpd
System Flow:	38.36	gpm
Drain field Size:	308	lf
Lateral Length Required:	300	lf
Loading Rate:	0.3	$gpd/ft.^2$
Trench Depth:	22	in
Trench Width:	36	in
Total Area Trench Bottom:	900	sf
Septic Tank Size:	1000.00	gal
Pump Tank Size:	1000	gal
Estimated Supply Line Length:	215	lf
Supply Line Diameter:	2 in. SCH 40 PVC	
Supply Line Volume:	31.61	gal
Dosing Volume:	1000.00	gal
Pump Draw Down:	201.1	in
Pressure Head:	2	ft
Friction Head:	6.65	ft
Elevation Head:	11.00	ft
Total Dynamic Head:	20.46	ft
Threaded Union:	In Tank	
Gate Valves:	1 in Tank: 1 @ manifold	
Check Valves:	In Tank	
Anti-Siphon Hole:	n/a	
Recommended Pump:	Zoeller Model 152 or County Approved Effluent Rated Pump Capable of Delivering 20 ft.of Head at 38 gpm Total Flow	

533 PERRY ROAD, LOT# 1
LAYOUT SPECIFICATIONS

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

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM INSTR. 1					100.0		
			SYSTEM				
1	YELLOW			4.1	**95.9**	47	44
2	BLUE			4.3	**95.7**	46	44
3	PINK			4.4	**95.6**	48	44
4	RED			4.8	**95.2**	51	44
5	ORANGE			5.1	**94.9**	54	44
6	YELLOW			5.3	**94.7**	54	44
7	BLUE			5.5	**94.5**	50	44
			REPAIR				
8	PINK			5.7	**94.3**	54	50
9	RED			6.0	**94.0**	50	50
10	ORANGE			6.3	**93.7**	63	60
11	YELLOW			6.5	**93.5**	40	40

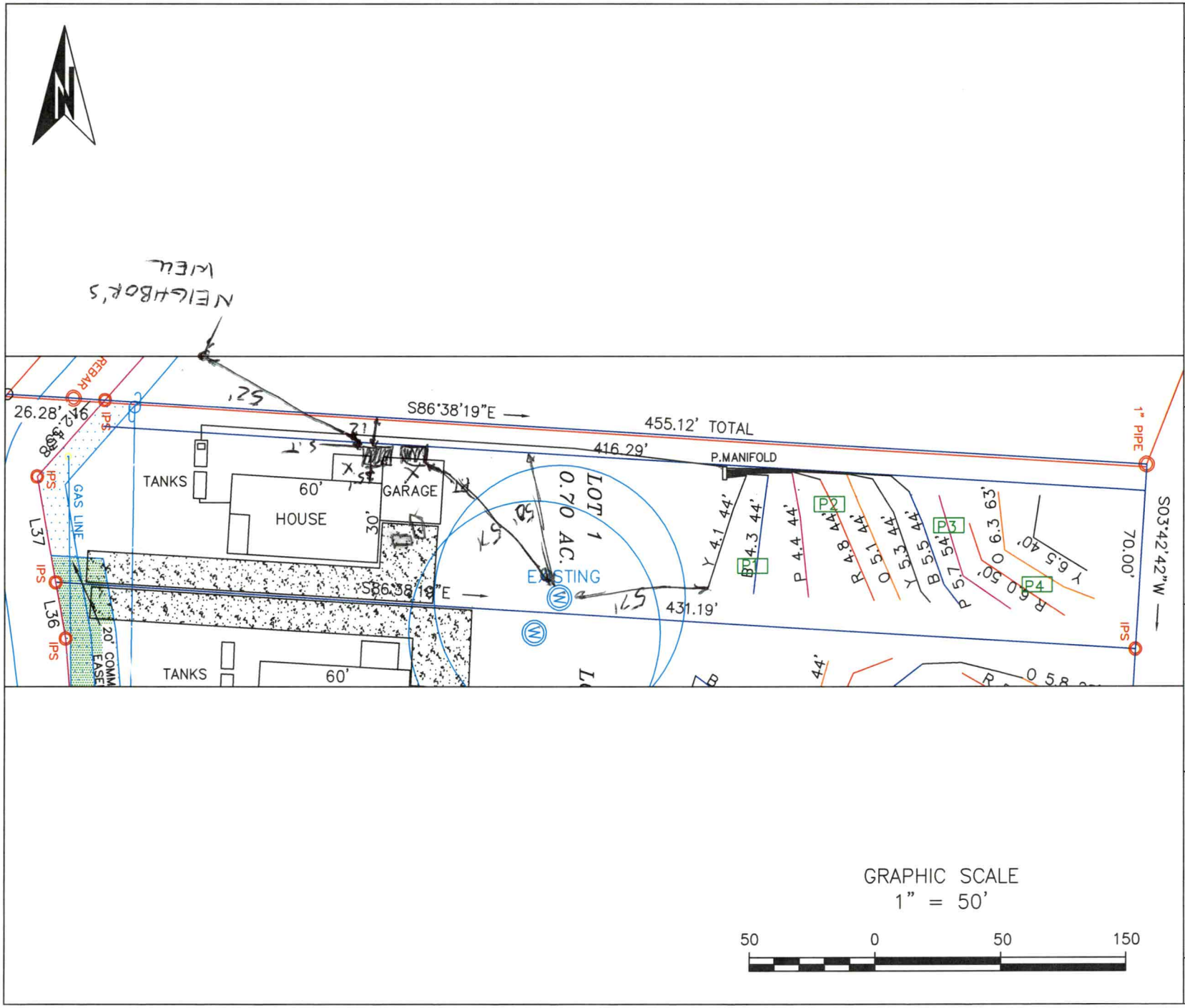
	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH	Soil Cap
SYSTEM	308	0.300	ACCEPTED	25%	MANIFOLD	22 low side	0
REPAIR	200	0.300	HPPBPS	50%	LPP	22 low side	0

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'

533 PERRY ROAD, LOT# 1
SYSTEM FLOW
PRESSURE MANIFOLD DESIGN SPECIFICATIONS

Line #	Color	Elev	Length	Hole Size	Flow/Tap	gpd	Trench Area	Flow/Line	Line LTAR
1	Y		44	SCH 80 1/2	**5.48**	51	132	**0.125**	**0.39**
2	B		44	SCH 80 1/2	**5.48**	51	132	**0.125**	**0.39**
3	P		44	SCH 80 1/2	**5.48**	51	132	**0.125**	**0.39**
4	R		44	SCH 80 1/2	**5.48**	51	132	**0.125**	**0.39**
5	O		44	SCH 80 1/2	**5.48**	51	132	**0.125**	**0.39**
6	Y		44	SCH 80 1/2	**5.48**	51	132	**0.125**	**0.39**
7	B		44	SCH 80 1/2	**5.48**	51	132	**0.125**	**0.39**
	total	**feet =**	**308**	**gal/min =**	**38.36**				

Design Flow	**360**
Pump Run to Dose 360 gpd=	**9.38**
Soil LTAR	**0.3**
Accepted LTAR	**0.40**



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
soilandforestryservices.com

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA

PROJECT NAME:
FOLEY HOME SALES
533 PERRY RD
LOT 1
IREDELL COUNTY
MARCH 2023

SHEET TITLE:
SEPTIC SYSTEM LAYOUT
SKETCH MAP

SHEET
1 OF 1

137, 139, 140, 145

Flow-Mate

In high head dewatering or effluent applications where pumping performance is critical, this robust family of pumps is known for reliability, durability and performance. These pumps are especially suited for harsh environments. Zoeller's cool run design and corrosion-resistant, powder coated epoxy finish add up to a long-lasting, trouble-free product.



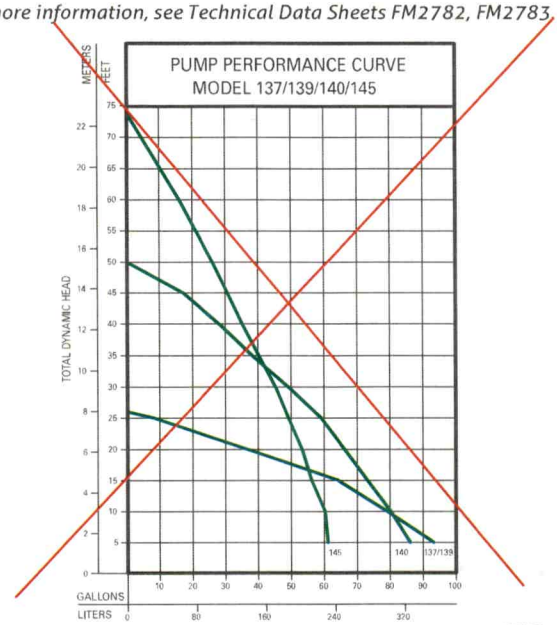
APPLICATIONS:

- STEP or onsite applications
- Water transfer
- Light commercial dewatering

SPECIFICATIONS:

- 1-1/2" NPT discharge
- 1/2 HP through 1 HP
- Available in automatic or nonautomatic
- Model 137, 139, 140: 1/2" (12 mm) spherical solids capacity with vortex impeller
- Model 145: 3/4" (19 mm) spherical solids capacity with vortex impeller
- Bronze construction available (139 series)
- High head version available (145 series)
- Double shaft seal versions available for added protection on models 140/145.

For more information, see Technical Data Sheets FM2782, FM2783.



152656

151, 152, 153

Dose-Mate

This is our fastest growing line of effluent pumps. The 150 series is truly a workhorse designed for reliability under extreme conditions in an effluent environment. 150 series pump curves cover a wide range of applications. They are well suited to applications with low pressure pipe (LPP) and enhanced flow STEP systems. Zoeller's cool run design and corrosion-resistant, powder coated epoxy finish, in addition to the hermetically sealed, oil-filled motor and non-clogging vortex impeller add up to a long-lasting, trouble-free product.



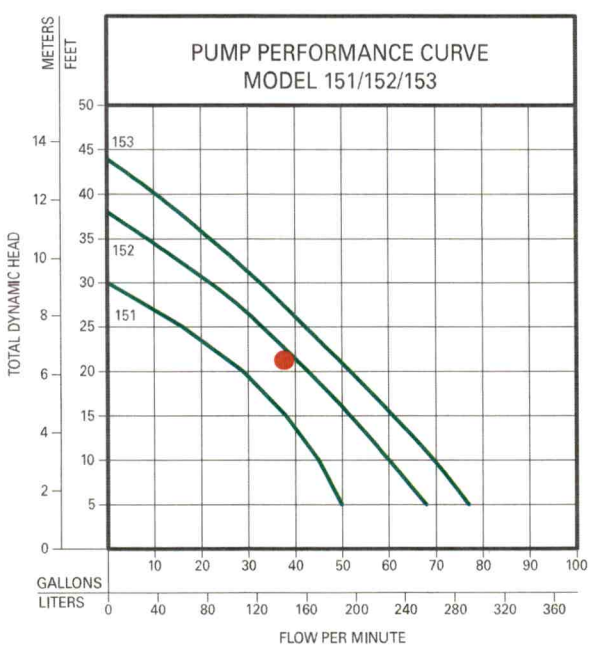
APPLICATIONS:

- STEP or onsite applications
- Light commercial dewatering

SPECIFICATIONS:

- 1-1/2" NPT discharge
- 3/10 HP through 1/2 HP
- Available in nonautomatic or with a variable level piggyback mechanical switch
- 1/2" (12 mm) spherical solids capacity with vortex thermoplastic impeller

For more information, see Technical Data Sheet FM2784.



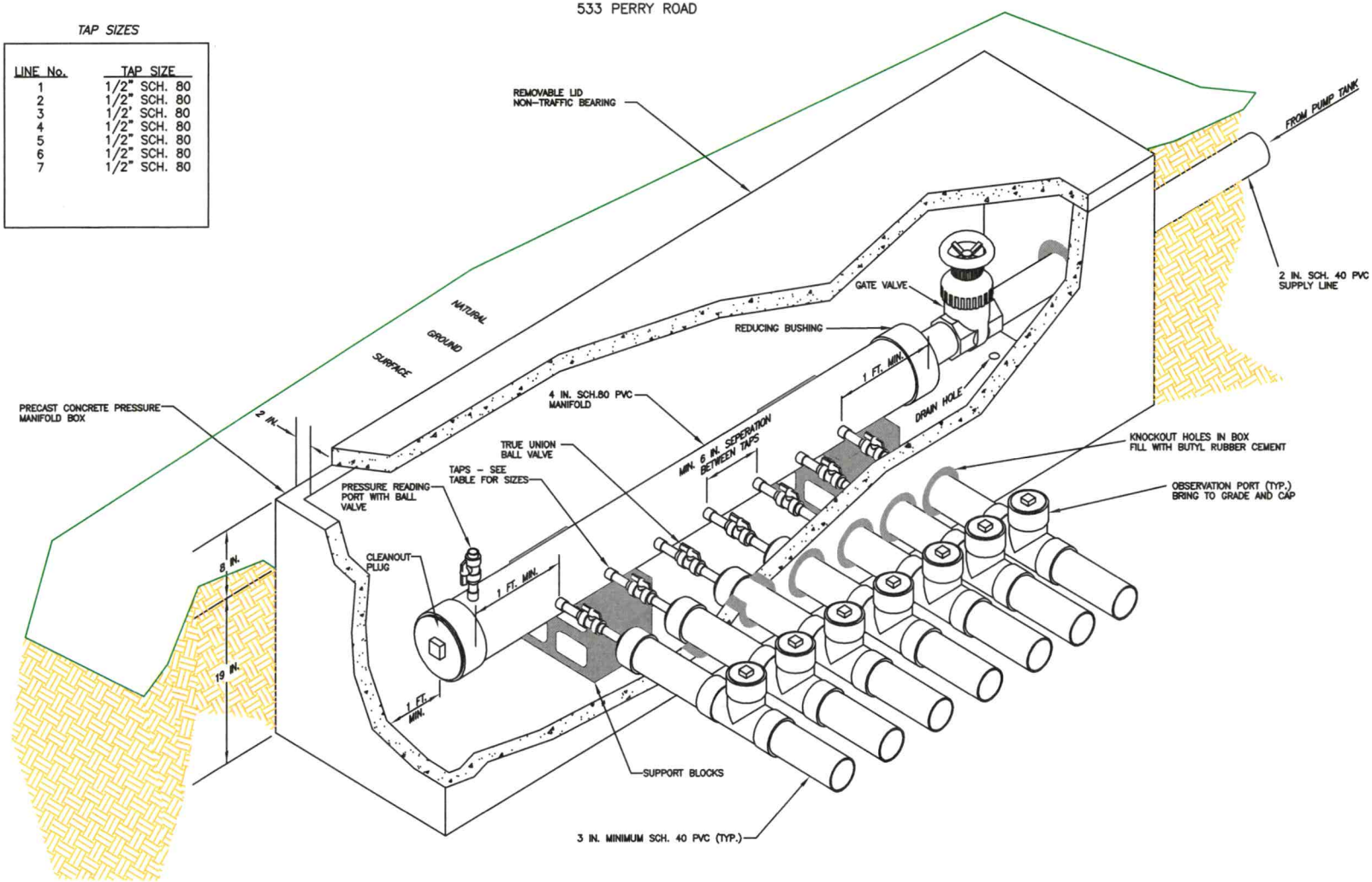
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PRESSURE MANIFOLD DETAILS
FOR
533 PERRY ROAD

TAP SIZES

LINE No.	TAP SIZE
1	1/2" SCH. 80
2	1/2" SCH. 80
3	1/2' SCH. 80
4	1/2" SCH. 80
5	1/2" SCH. 80
6	1/2" SCH. 80
7	1/2" SCH. 80



533 Perry Road, Lot# 1
Calculations

SITE INFO	Designer	Wendell Overby
	Project Name	533 Perry Road
	Project #	22-1083
	Project MM YYYY	Mar 2023
	Lot # (if applicable)	1
	Business (if applicable)	Foley Home Sales
	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)	22
	Soil Cap	0
	Supply Line Length (feet)	215
	Supply Line Volume (gal)	31.605
	Required Feet of Line (system)	300
REPAIR	Repair LTAR	0.3
	Repair Type	PANEL BLOCK
	Panel Vertical or Horizontal	HORIZONTAL
	Repair Distribution	LPP
	Repair Trench Center Distance (feet)	9
	Repair Trench Width (inches)	36
	Repair Trench Depth (inches)	22
	Soil Cap	0
	Required Feet of Line (repair)	300
SYSTEM PUMP VARIABLES	Amount of Line from Layout (feet)	308
	Gallons per Minute	38.36
	Required Septic Tank Capacity (gal)	1000
	Minimum Standard Tank Size (gal)	1000
	Lateral Line Volume (gal)	201.124
	Dosing Volume (gal)	140.79
	Tank Draw Down (inches)	4.9
	Pump Run Time (min)	4.0
	Elevation Head (feet)	11
	Pressure Head (feet)	2
	Friction Factor (ft/100ft from the interpolater)	2.81
	Friction Head (feet)	6.04
	Friction Head +10% (feet)	6.64565
	Total Dynamic Head (feet)	20.46
	Pump Recommendation	Zoeller Model 152

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: 533 Perry Road

Subdivision Name: Perry Road Estates **Section/Phase:** _____ **Lot Number:** 1

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.

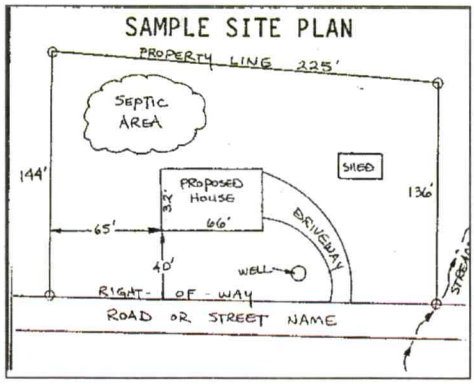
Signature: _____ 3/9/23
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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: _____ 3/9/23

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** 3/9/23

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

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, Douglas Foley, am the legal owner(s) of the property located at 533 Perry Road, identified as PIN (Parcel Identification Number) 4741466087, 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.

_____ 3/13/23

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 #: 4741466087
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: 533 Perry Rd - Lot 1
APPLICATION DATE:
DATE EVALUATED: 8/19/2022
PROPERTY SIZE: 0.7
PROPERTY RECORDED: yes

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

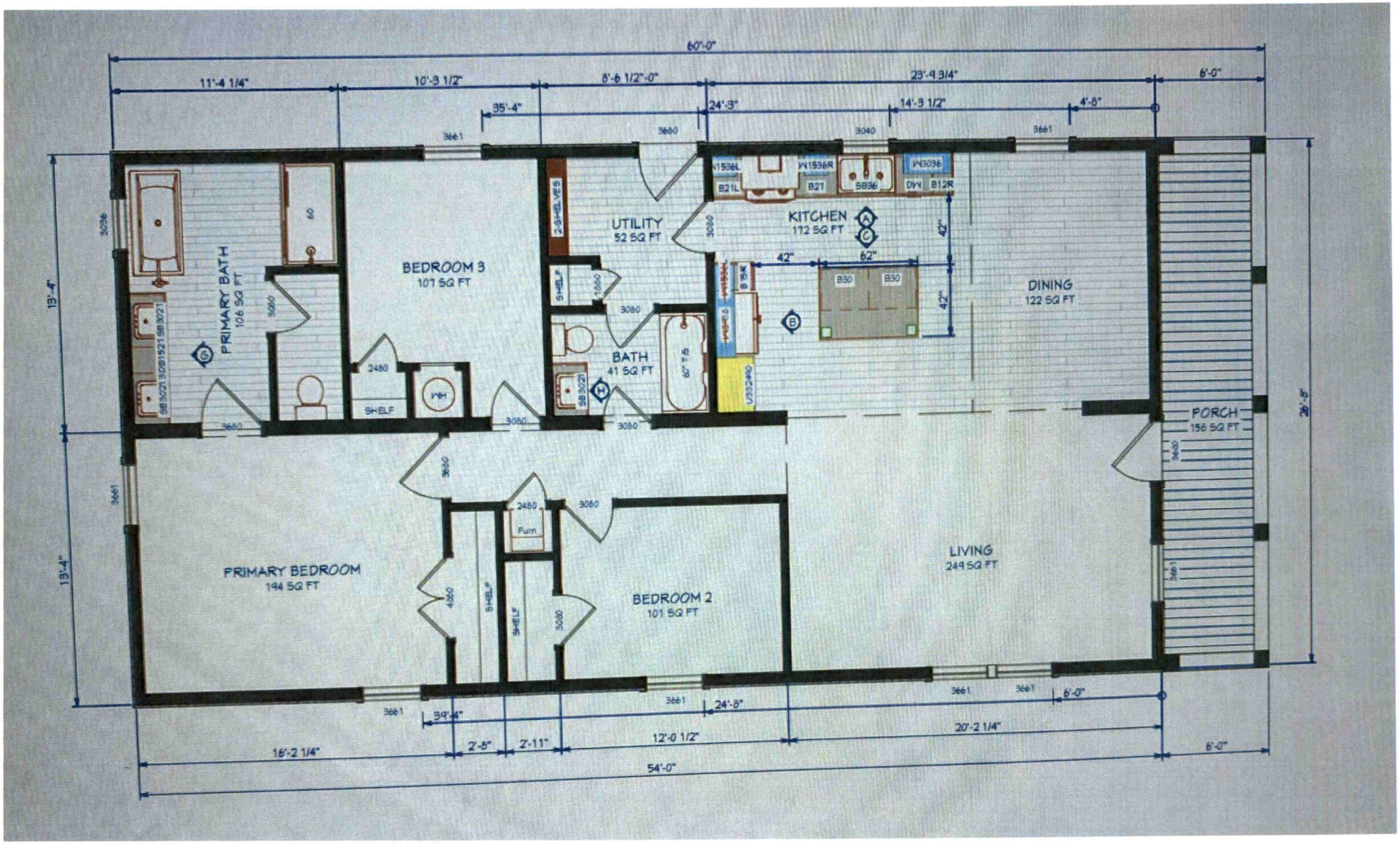
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPR CLASS	.1944 RESTR HORIZ	
1	L / 3%	0-5	B L WFG	FR SS SP	N/A	N/A	N/A	N/A	0.3
		5-24	BR C WMS	FR SS SP					
		24-42	BR CL WMS	FR SS SP F SAP					
		42-48	BR L WMS	FR SS SP F SAP					
2	L / 3%	0-11	B SL WMG	FR SS SP	N/A	36	N/A	N/A	0.3
		11-27	BR C WMS	FR SS SP					
		27-36	BR CL WMS	FR SS SP F SAP					
		36-60	BR SL MASS	VFR NS NP					
3	L / 3%	0-14	B SL WMG	FR SS SP	N/A	N/A	N/A	N/A	0.3
		14-36	BR C WMS	FR SS SP					
		36-48	BR CL WMS	FR SS SP C SAP					
4	L / 3%	0-8	B SCL WMS	FR SS SP	N/A	N/A	N/A	N/A	0.3
		8-32	R C MMS	FR SS SP					
		32-48	BR CL WMS	FR SS SP					
5									
6									
7									
8									
9									
10									

LICENSED SOIL SCIENTIST
JAMES WENDELL OVERBY
1218
NORTH CAROLINA

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	200
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:


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'-6"
PRIMARY BATH
106 SQ FT
BEDROOM 3
107 SQ FT
UTILITY
52 SQ FT
BATH
41 SQ FT
KITCHEN
172 SQ FT
DINING
122 SQ FT
PORCH
156 SQ FT
PRIMARY BEDROOM
194 SQ FT
BEDROOM 2
101 SQ FT
LIVING
249 SQ FT
SHELF
Furn
W
42"
62"
B30
B30
19'-4"
13'-4"
16'-2 1/4"
2'-8"
2'-11"
12'-0 1/2"
20'-2 1/4"
6'-0"
54'-0"