ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BLDR-2023-21550

PERMIT # 2023-24141

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

PIN # 4741 -- 46 -- 7361

APPLICANT/OWNER: Juan M Plasencia

APPLICANT ADDRESS: 16006 Henry Ln, Huntersville

SITE ADDRESS: 625 Hoover Rd, Troutman 28166

PHONE: 248-496-3558

ALT. PHONE

SITE DIRECTIONS: Amity Hill - Murdock - Hoover

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hoover Farms

SECTION: - LOT # 3

LOT AREA: 0.85 acres

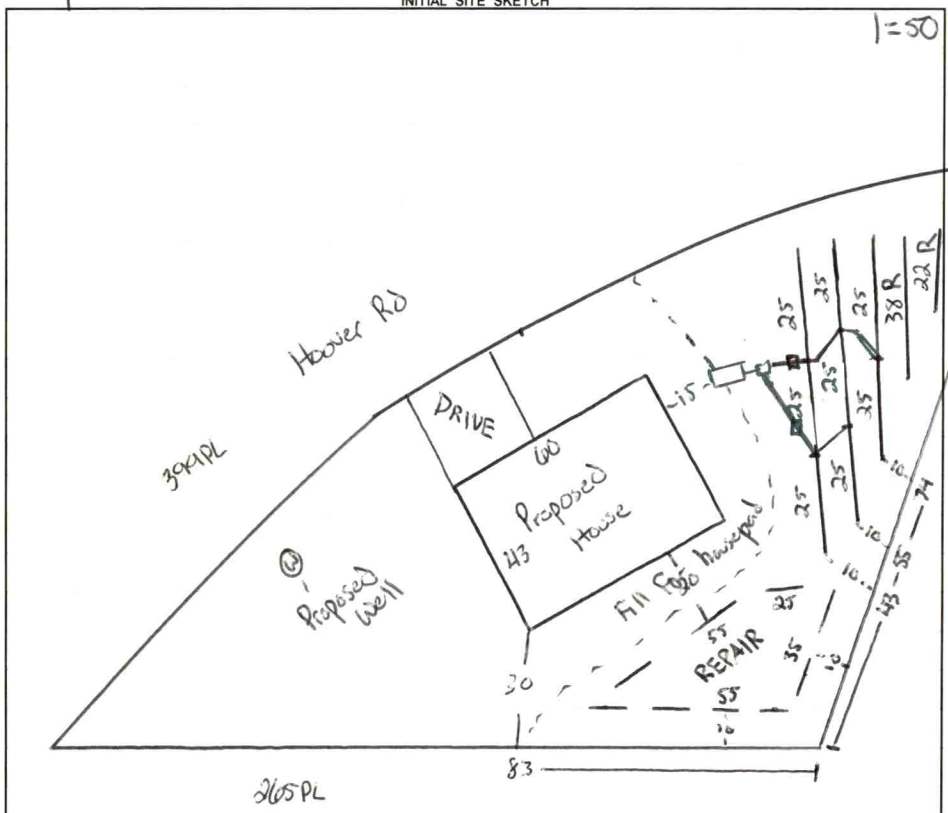
DESIGN FLOW: 360 gpd

L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB 760	Date 7/18/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT	Date	System Description:		50% reduction (vertical)		☐ Business	No. Persons	6	☒ Private
Pump Make		Model		Serial #	Repair System Description:		50% reduction		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	8	Linear Ft 300	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space		☐ Community
Trench Width	24 in	Trench Bottom Depth(Low side)		30 in	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install on contour with the land. Do not exceed 36 inch trench bottom. Do not grade, park, or drive on septic area.

INITIAL SITE SKETCH



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: Online Signature Date:

Installed by: Leitz Wastewater

IMPROVEMENT PERMIT by: Cory Whit Date: 6/2/23

OPERATION PERMIT by: Cory Whit Date: 9/7/23

AUTHORIZATION TO CONSTRUCT by: Cory Whit Date: 6/2/23

Existing System Inspected by: Date:

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

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? _____	

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Juan M Plasencia — APPLICATION DATE:
ADDRESS: 16006 Henry Ln — DATE EVALUATED: 5/30/23
PROPOSED FACILITY: 3 bd/r — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE: 0.85
LOCATION OF SITE: 625 Hoover — PROPERTY RECORDED: yes
WATER SUPPLY: Private Public x Well Spring Other
EVALUATION METHOD: Auger Boring x Pit Cut — TYPE OF WASTEWATER: x Sewage Industrial Process Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 8%	0 - 14	Fill		-	52	-	-	.3 PS
		14 - 52	C SBK	SS SP FR SE					
2	Linear 10%	0 - 12	Fill		-	48	SAP inc in C & CL layer		.3 PS
		12 - 30	C SBK	SS SP FR SE					
		30 - 48	CL SBK	SS SP FR SE					
3	Linear 10%	0 - 9	Fill		-	48	Yellow/browns at 9"-12"		.3 PS DEEP
		9 - 27	C ABK	SS SP FR SE					
		27 - 48	CL SBK	SS SP FR SE					
4	Linear 12%	0 - 23	C SBK	SS SP FR SE	-	48	Common SAP inc	in CL layer	.3 PS
		23 - 48	CL SBK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	.3	.3

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

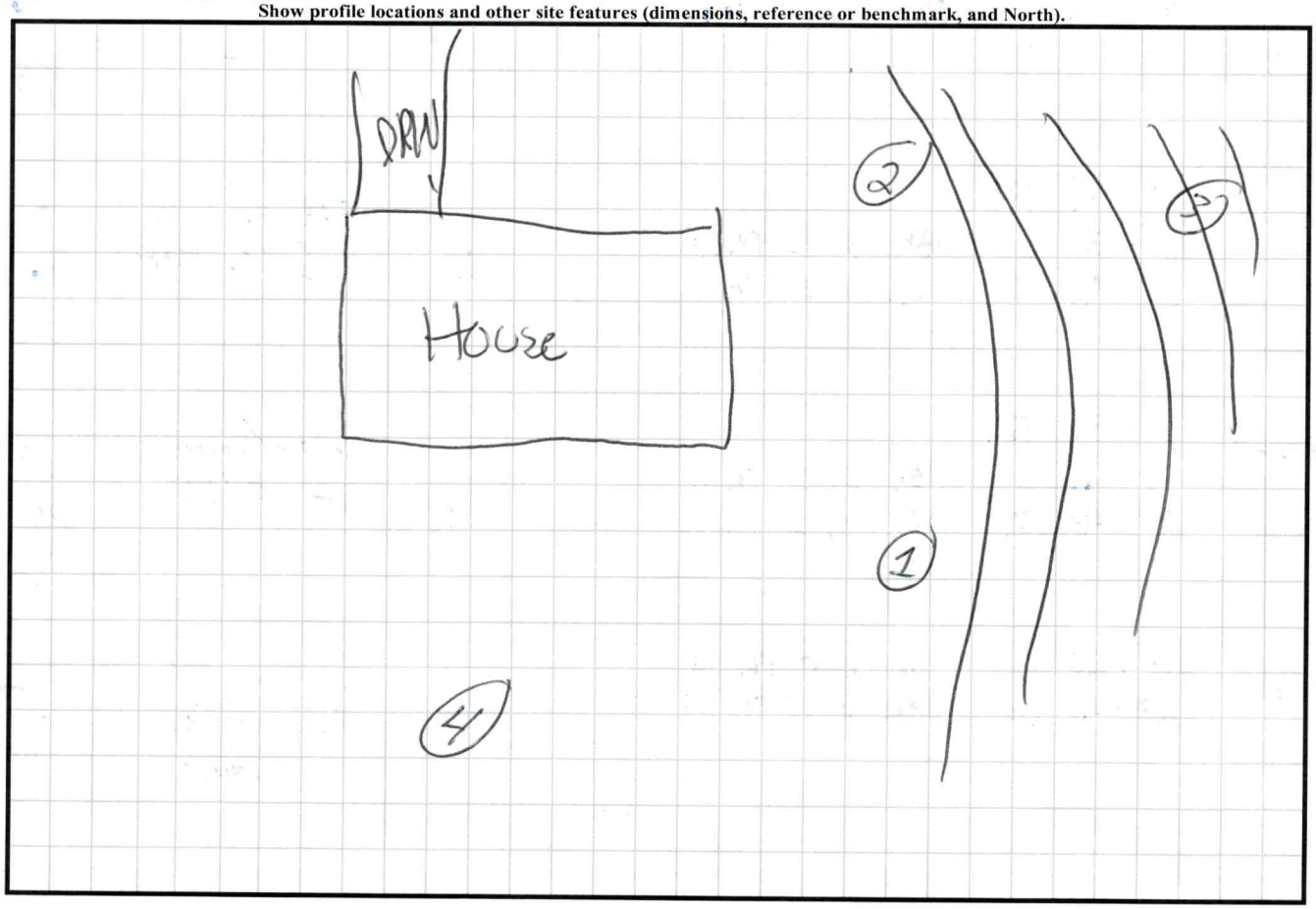
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



PERMIT SNAPSHOT REPORT OSWP-2023-24141 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Permit
Status: In Progress
Valuation: $0.00
Description: APPLYING FOR IP - AC LINKED: BLDR-2023-21550

Project:
District: Troutman
Square Feet: 0.00
Assigned To: Whicker, Cory

App Date: 05/03/2023
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Parcel: 4741467361.000 Main
Address: 625 Hoover Rd Troutman, NC 28166 Main
Zone: RS(Suburban Residential District)

Applicant/Authorized Agent
StratX Construction LLC
Juan M Plasencia
19925 Jetton Rd Suite 202
Cornelius, NC 28031

Property Owner
Greg Kasdorf
Home: (248) 496-3558
Mobile: (248) 496-3558

Property Owner
Austin Vollmar
16006 Henry Ln
Huntersville, NC 28078
Business: (248) 821-8398

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Authorization to Construct, Improvement Permit	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	59'x40'
What are the proposed structures	New Single Family Residence	Type of New Single-Family Residence	Stick Built	Maximum Number of Bedrooms	3
If other Addition/Structure, please explain		Number of Occupants	6	Foundation Type	Concrete Slab Foundation
Residential/Business/Other	Residential	Water Supply	New Well	Desired Septic System Type	Conventional (most common)
Front Setback	25	Back Setback	25	Left Setback	15
Right Setback	15	Zoning Permit Issued Date	May 9 2023 12:00AM	Zoning Permit Expiration Date	Nov 5 2023 12:00AM
Is the structure or development in the floodplain	No	Is the property in a local historic district?	No	Is the property located downtown?	No
Zoning Notes/Addendums	APPLYING FOR IP - AC Septic Permit	Additional Unique Setbacks Apply	No	Watershed	NOT IN A WATERSHED

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Juan_M_5/4/2023.jpg	05/03/2023 22:38	M Plasencia, Juan		Uploaded via CSS
Owner Legal Representative Hoover Rd Lot 3_v1.pdf	05/04/2023 16:30	COMEAUX, DEBRA	Available Online	Authorize to Act as Agent
625 Hoover Rd - Lot 3 Site Plan 5.6.2023_v2.pdf	05/08/2023 9:45	COMEAUX, DEBRA	Available Online	Site Plan

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-93823	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	05/18/2023	05/18/2023 0:00	05/18/2023 0:00	05/18/2023 15:07	05/18/2023 15:07

Inspectors: Holland, Sydney (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Linked Record Relationship	Module	Record Number	Linked Record Type	Linked Record Work Class
Parent	Permit	BLDR-2023-21550	Residential Building	New Single-Family Dwelling

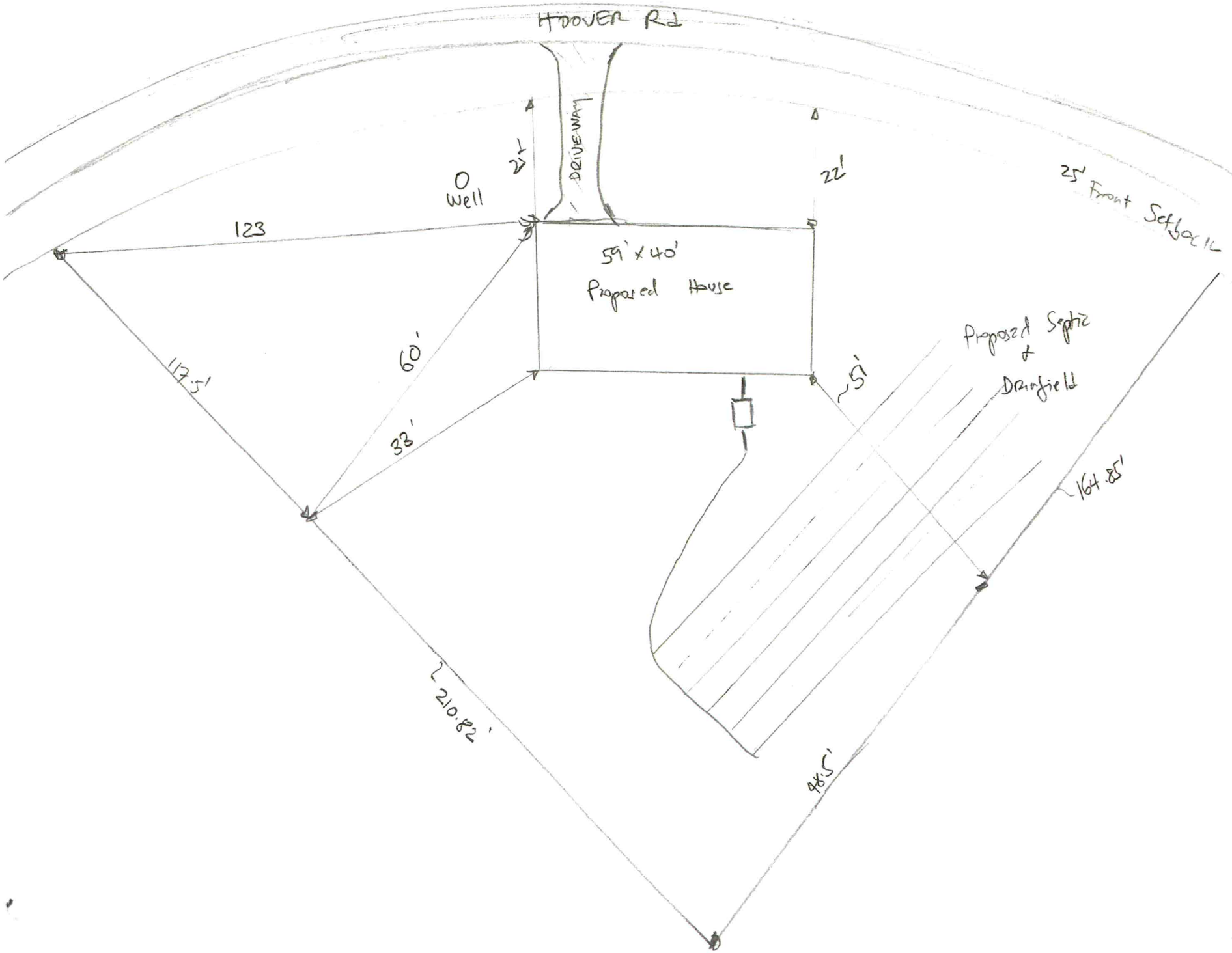
Note	Created By	Date and Time Created

PERMIT SNAPSHOT REPORT (OSWP-2023-24141)

1.	Owner to call back once all 3 lots are surveyed and ready- 625-635- 639 Hoover	Sydney Holland	05/15/2023 13:56

Invoice No.	Fee		Fee Amount	Amount Paid
INV-00013670	New Gravity System		$500.00	$500.00
	Troutman Zoning Fee		$45.00	$45.00
		Total for Invoice INV-00013670	$545.00	$545.00
		Grand Total for Permit	**$545.00**	**$545.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		05/08/2023 9:46	05/08/2023 9:47
Confirm application complete v.1	Generic Action		05/08/2023 9:47
Zoning Review v.1		05/09/2023 8:44	05/09/2023 8:48
Floodplain Admin Overview v.1	Task	05/09/2023 0:00	05/09/2023 8:48
Troutman Zoning Approval v.1	Task	05/09/2023 8:44	05/09/2023 8:48
Issue Invoice v.1	Generic Action		05/09/2023 8:48
Fees Paid v.1	Generic Action		05/09/2023 8:48
Fees v.1		05/11/2023 8:44	05/11/2023 8:44
Issue Invoice v.1	Generic Action		05/11/2023 8:44
Fees Paid v.1	Generic Action		05/11/2023 8:44
Lot Readiness Verification v.1		05/18/2023 15:07	
OSWP Septic Preliminary Site Visit v.1	Inspection	05/18/2023 15:07	05/18/2023 15:08
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		


HOOVER Rd
DRIVE-WAY
27'
22'
25' Front Setback
Well
123
59' x 40'
Proposed House
Proposed Septic & Drainfield
60'
117.5'
33'
~51'
164.85'
210.82'
98.5'

County: Iredell.

This Section for Local Health Department Use Only

Initial submittal received: 9-9-2022 (Date) by Iredell County (Initials)

Permit Number: _____

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 Botts Date of Issuance: 9/26/2022.

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: 9/26/2027

See attached site sketch

County: Iredell

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

PIN/Lot Identifier: 4741467361

Issued To: MartinRay Holdings, LLC

Property Location: 625 Hoover Road Troutman, NC

Subdivision: Hoover Farms Lot #: 3 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 residential

Proposed Wastewater System Type: accepted (Initial) ppbps (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: _____

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:

n/a

Licensed Soil Scientist Print Name: Wendell Overby

Licensed Soil Scientist Signature: Wendell Overby Date: 9/8/22

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

See attached site sketch

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

September 8, 2022

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

Re: Improvement Permit Submittal for Lot 3 Hoover Farms

Dear Mr. Snow:

Attached please find sealed soil notes as well as site plans and design related data for a 3-bedroom accepted (25% reduction) 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)."

Owner/Buyer: Martinray Holdings, LLC c/o Nick Marinelli

Signature:_____

Date: 9/6/22

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

Wendell Overby, LSS

Signature: Wendell Overby

Date: 9/8/22

Seal:



SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

A design for a 3 Bedroom
ACCEPTED Septic System
using GRAVITY distribution
for 625 Hoover Rd, Lot# 3

Contents: **Page**

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

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

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

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

Iredell County Septic Application---------- 6-7

Iredell County Environmental Health Requirements---------- 8

Agent Authorization---------- 9

Soil Descriptions---------- 10

Sep 2022
Design By: W Overby

625 Hoover Rd, Lot# 3
INFORMATION FOR THE INSTALLER

* 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 VPPBPS type using PUMP distribution**
* **System trench depth specified at 31"**
* **System trenches installed on 9' minimum; 3' wide trenches**

625 Hoover Rd, Lot# 3
ACCEPTED GRAVITY SYSTEM
FOR WASTEWATER TREATMENT

Business (if applicable):	Martinray Holdings, LLC
Contact:	Nick Marinelli
Phone:	704-622-2772
Email:	nick@landandluxury.com
County:	Iredell
Location:	625 Hoover Rd

Design Specifications

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:	31	in
Trench Width:	36	in
Septic Tank Size:	1000	gal

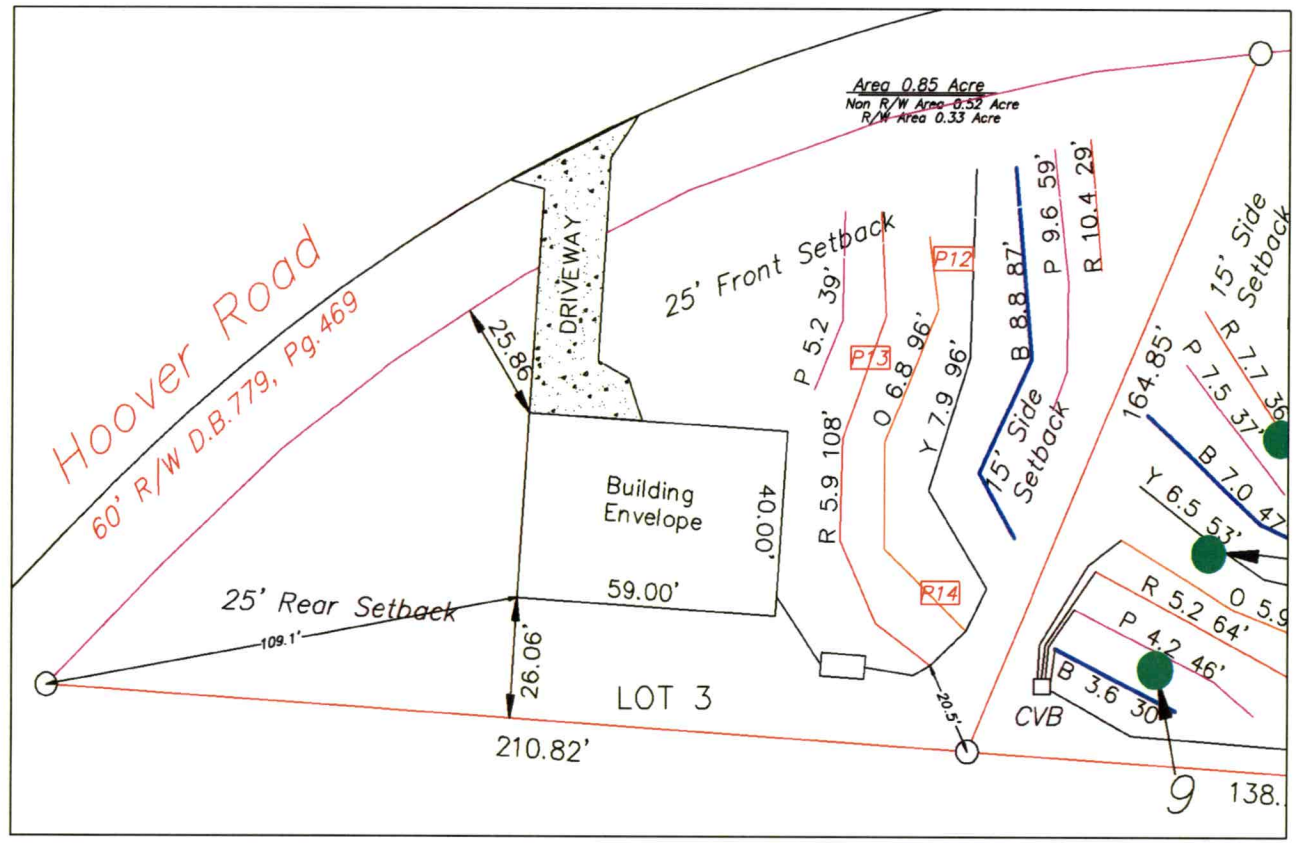
625 Hoover Rd, Lot# 3
LAYOUT SPECS

Daily Flow (gpd) **360** **Sep 2022**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM		0.0			100.0		
INSTR. 1			100.0				
			REPAIR				
1	Pink			5.2	94.8	39	36
			SYSTEM				
2	Red			5.9	94.1	116	108
3	Orange			6.8	93.2	110	96
4	Yellow			7.9	92.1	97	96
			REPAIR				
5	Blue			8.8	91.2	87	80
6	Pink			9.6	90.4	59	56
7	Red			10.4	89.6	29	28

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	300	0.300	ACCEPTED	25%	GRAVITY	31
REPAIR	200	0.300	VPPBPS	50%	PUMP	31

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



GRAPHIC SCALE
1" = 40'
40 0 40 80

PROJECT NO.	22-1076
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

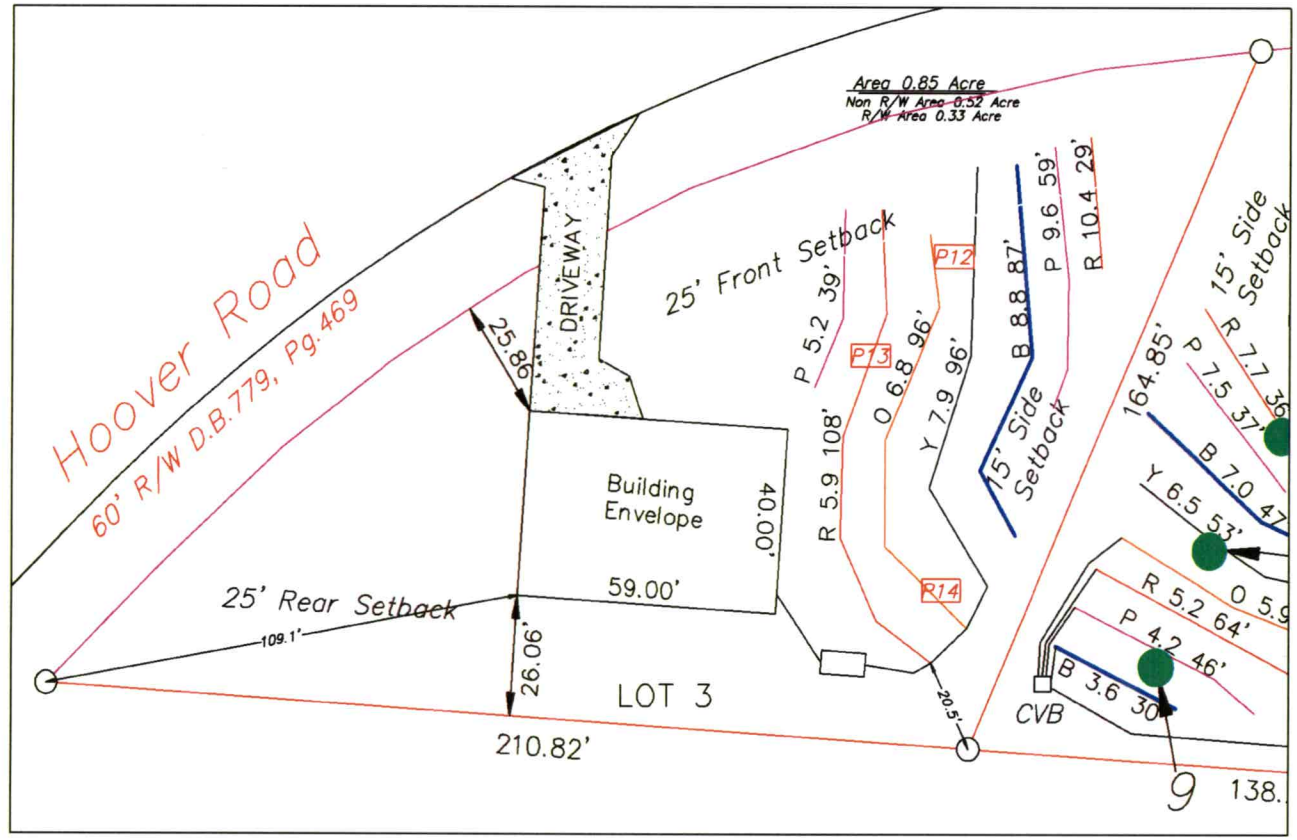
PROJECT NAME: MARINELLI HOOVER RD LOT 3 IREDELL COUNTY SEPTEMBER 2022

SHEET TITLE: SEPTIC SYSTEM LAYOUT SKETCH MAP

SHEET 1 OF 1

625 Hoover Rd, Lot# 3
Calculations

SITE INFO	Designer	W Overby
	Project Name	625 Hoover Rd
	Project #	22-1076
	Project MM YYYY	Sep 2022
	Lot # (if applicable)	3
	Business (if applicable)	Martinray Holdings, LLC
	Contact	Nick Marinelli
	Phone	704-622-2772
	Email	nick@landandluxury.com
	County	Iredell
	Bedrooms	3
	Daily Flow	360
SYSTEM	System LTAR	0.3
	System Type	ACCEPTED
	System Distribution	GRAVITY
	System Trench Depth	31
	Required Feet of Line (system)	300
REPAIR	Repair LTAR	0.3
	Repair Type	VPPBPS
	Repair Distribution	PUMP
	Repair Trench Depth	31
	Required Feet of Line (repair)	200



GRAPHIC SCALE
1" = 40'
40 0 40 80

PROJECT NO.	22-1076
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:
MARINELLI
HOOVER RD
LOT 3
IREDELL COUNTY
SEPTEMBER 2022

SHEET TITLE:
SEPTIC SYSTEM LAYOUT
SKETCH MAP

SHEET
1 OF 1

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: _____ **Address:** _____ **Zip:** _____

Applicant Email: _____ **Phone:** _____ **Alt. Phone:** _____

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

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

Property Information:

Street Address: _____

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: _____ — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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.

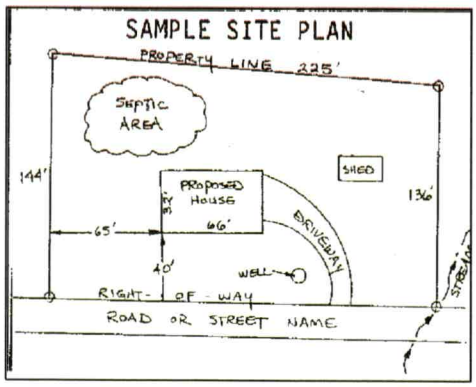
Signature: _____ _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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: _____

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**_____

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

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Protect. 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, Nick Marinelli, am the legal owner(s) of the property located at Martinray Holdings LLC, identified as PIN (Parcel Identification Number) 4741467361 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.

_____ 8/16/22
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 #: 4741467361
COUNTY: Iredell

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

OWNER: MartinRay Holdings, LLC
ADDRESS:
PROPOSED FACILITY: 3 Bedroom
LOCATION OF SITE: 625 Hoover Road
APPLICATION DATE:
DATE EVALUATED: 8/1/2022
PROPERTY SIZE: 0.85
PROPERTY RECORDED:

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPR CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
12	L / 12%	0-8 8-30 30-48	B L WFG R C WMS R CL WFS	FR SS SP FI SS SP FR SS SP F SAP	N/A	48	N/A	N/A	0.3
13	L / 13%	0-9 9-30 30-48	B L WMG YR C WMA YR CL WFS	FR SS SP FI SS SP YB FR SS SP F SAP	N/A	48	N/A	N/A	0.3
14	L / 13%	0-7 7-32 32-49	B L WFG R C WMA R CL WFA	FR SS SP FI SS SP FR SS SP	N/A	49	N/A	N/A	0.3
4		0-						N/A	
5		0-						N/A	
6								N/A	
7								N/A	
8								N/A	
9								N/A	
10								N/A	

LICENSED SOIL SCIENTIST
JAMES WENDELL OVERBY
3247
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: