BLDR - 2023 - 427216

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-38755

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

PIN # 4746-48-6264

APPLICANT / OWNER: Colby Lewis APPLICANT ADDRESS: 1796 Old Mooresville Rd Statesville NC 28625

ITE ADDRESS: 256 HOUPE RD, STATESVILLE, NC 28625 PHONE: ALT. PHONE:

ITE DIRECTIONS: SAP CONTROLLED: YES ☐ NO ☑

UBDIVISION: James Rex Gallaher SECTION: LOT #: 1 LOT AREA: 0.528 DESIGN FLOW: 360 L.T.A.R.: 0.3

eptic Tank: 1000 (gal)	STB: 1012	Date: 2/25/24	☐ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 3	Water Supply: Municipal Water
ump Tank: (gal)	PT:	Date:	System Description: Accepted 25% reduction-gravity.		☐ Business	No. Persons: 6	
ump Make:	Model:	Serial #:	Repair System Description: Modified conventional 50% reduction PPBPS Low Pressure		☐ 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): 30		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 as 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: Date: 11/21/2023

UTHORIZATION TO CONSTRUCT by: Date: 11/21/2023

Installed By: Piedmont Backhoe

OPERATION PERMIT by: Date: 7/16/24

Existing System Inspected By: Date:

STATE OF NORTH CAROLINA
IREDELL COUNTY

I, NICHOLAS D. SMITH, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 48, page 349(ML, etc.) (other); that the boundaries not surveyed are clearly indicated as drawn from information found in Book 48, page 349(ML); that the ratio of precision as calculated is 1: 10,000+; that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number and seal this 20th day of MAY, A.D., 2022.

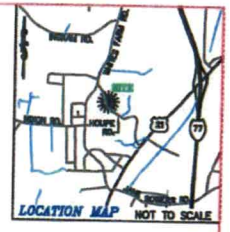
"PRELIMINARY PLAT"
NOT FOR RECORDATION, CONVEYANCES, OR SALES

Professional Land Surveyor
L-4882

NOTES:
1. THIS PLAT IS OF A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.
2. THAT THE SURVEY IS OF AN EXISTING BUILDING OR OTHER STRUCTURE, OR NATURAL FEATURE, SUCH AS A WATERCOURSE, OR
3. THAT THE SURVEY IS A CONTROL SURVEY.
X 4. THIS PLAT IS OF A SURVEY THAT CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.
5. THIS PLAT IS OF A SURVEY THAT IS LOCATED IN SUCH PORTION OF A COUNTY OR MUNICIPALITY THAT IS UNREGULATED AS TO AN ORDINANCE THAT REGULATES PARCELS OF LAND.
6. THIS PLAT IS OF A SURVEY OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY OR OTHER EXCEPTION TO THE DEFINITION OF SUBDIVISION.

Professional Land Surveyor
L-4882

NOTES:
- ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE NOTED.
- AREA BY COORDINATE COMPUTATION.
- PROPERTY SUBJECT TO ANY VALID & ENFORCEABLE EASEMENTS, RESTRICTIONS & RIGHTS OF WAY OF RECORD.
- SURVEY IS BASED ON PHYSICAL EVIDENCE AND EXISTING MONUMENT FOUND DURING THE SURVEY.
- PROPERTY CORNER PIPE SIZES AS SHOWN ARE NOMINAL IRON DIAMETER.
- NO HORZ MONUMENT FOUND WITHIN 2000'.
- SUBJECT PROPERTY ZONED R-30.
- SETBACKS: FRONT = 30'
  REAR = 30'
  SIDE = 15'
- LOTS WILL BE SERVED BY IREDELL WATER.



LINE TABLE		
LINE	BEARING	DISTANCE
L1	N68°02'00"E	7.37

OWNERSHIP CERTIFICATE

I (WE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON, WHICH IS LOCATED IN THE SUBDIVISION JURISDICTION OF THE COUNTY OF IREDELL AND THAT I (WE) HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY (OUR) FREE CONSENT, ESTABLISH MINIMUM BUILDING SETBACK LINES, AND DEDICATE ALL ROADS, ALLEYS, WALKS, PARKS, AND OTHER SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED. FURTHER CERTIFY THAT:
A. THERE ARE NO DEED RESTRICTIONS WHICH WILL BE VIOLATED BY THE REQUESTED SUBDIVISION;
B. THERE ARE NO GOVERNMENT REGULATIONS OF ANY KIND, OTHER THAN THOSE FOR WHICH A VARIANCE HAS BEEN APPLIED FOR UNDER THE IREDELL COUNTY SUBDIVISION ORDINANCE REGULATIONS, WHICH WILL BE VIOLATED BY THE REQUESTED SUBDIVISION; AND
C. I (WE) UNDERSTAND THAT ENFORCEMENT OF DEED RESTRICTIONS AND ANY OTHER CONTRACTUAL AGREEMENTS IS NOT THE RESPONSIBILITY OF IREDELL COUNTY, WILL NOT BE UNDERTAKEN BY IREDELL COUNTY, AND IS THE SOLE RESPONSIBILITY OF THE PARTIES AFFECTED BY VIOLATIONS OF SUCH DEED RESTRICTIONS AND CONTRACTUAL AGREEMENTS.

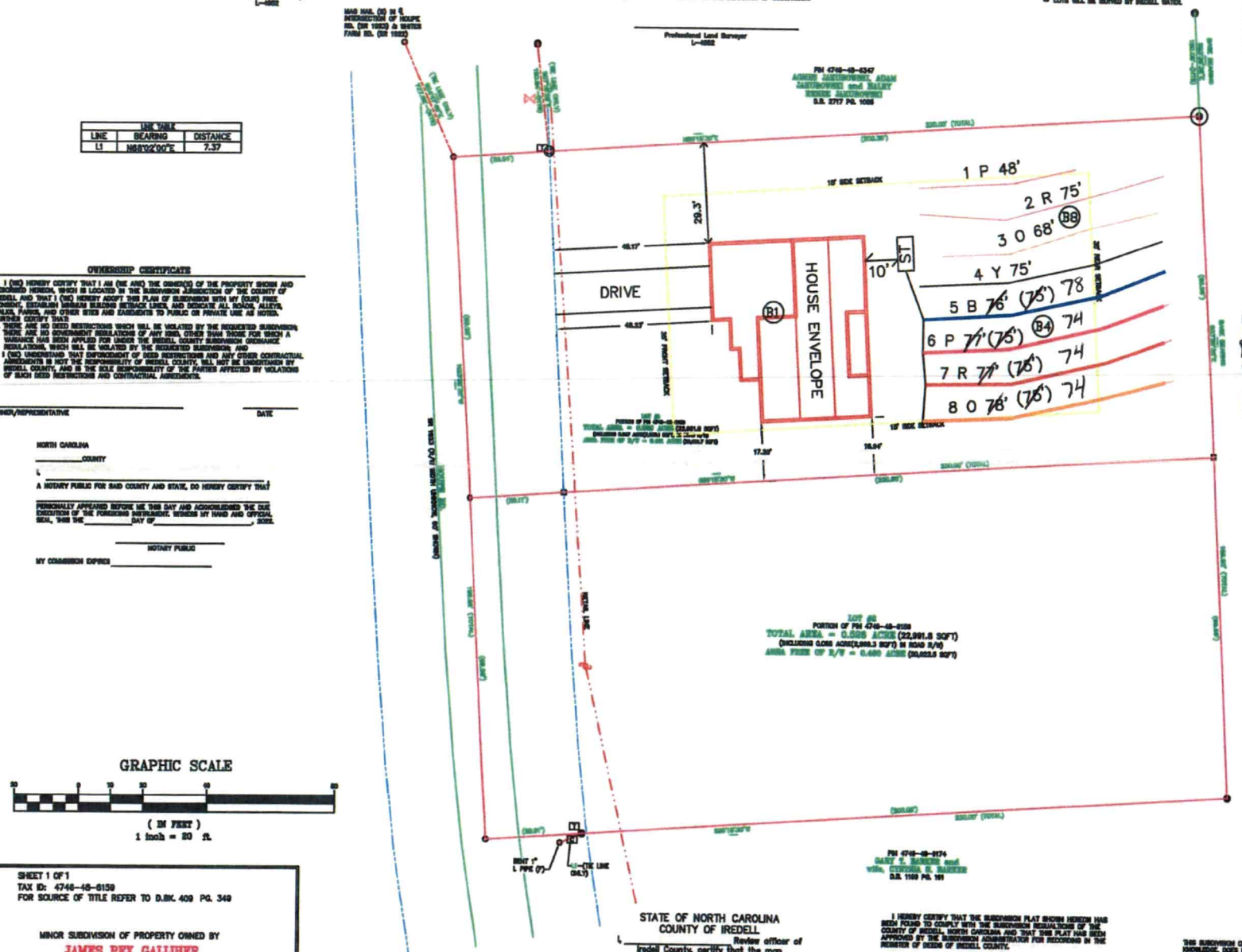
OWNER/REPRESENTATIVE _____ DATE _____

NORTH CAROLINA
_____COUNTY

I, _____, A NOTARY PUBLIC FOR SAID COUNTY AND STATE, DO HEREBY CERTIFY THAT _____ PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE DUE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL, THIS THE _____ DAY OF _____, 2022.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____



LEGEND
- LINES SURVEYED
- LINES NOT SURVEYED
- TIE LINES
- OHD DISTRIBUTION LINE (OVERHEAD)
- R/W LIMITS
- ⊡ ¾" REBAR (S) ○ NO MONUMENTATION UNLESS OTHERWISE NOTED
- ⊙ 1/2" L PIPE (F)
- ⊙ 7/8" L PIPE (F)
- PP/GA POWER POLE
- TB TELEPHONE BOX
- CB CABLE BOX
- ℄ CENTERLINE
- ℄ PROPERTY LINE
- WM WATER METER
- (F) DENOTES "FOUND"
- (S) DENOTES "SET"
- NTS DENOTES "NOT TO SCALE"

SCALE
1"=30'

GRAPHIC SCALE
30 0 15 30 60 90
(IN FEET)
1 inch = 30 ft.

SHEET 1 OF 1
TAX ID: 4746-48-9159
FOR SOURCE OF TITLE REFER TO D.BK. 409 PG. 349

MINOR SUBDIVISION OF PROPERTY OWNED BY
JAMES REX GALLIHER

BETHANY TOWNSHIP IREDELL COUNTY, N.C.
SCALE: 1" = 30' DATE OF SURVEY: APRIL 29, 2022
BOOK: NA DATE OF MAPPING: MAY 5, 2022

PROJECT NO.: COLE111
DWG NO.: COLE111

SURVEY AND MAP PREPARED BY:
NICHOLAS D. SMITH, PLS #4882
1988 OLD MOCKSVILLE RD.
STATESVILLE, NC 28625
MOBILE:(704)880-8804

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, _____, Review officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review Officer

Date _____

I HEREBY CERTIFY THAT THE SUBDIVISION PLAT SHOWN HEREON HAS BEEN FOUND TO COMPLY WITH THE SUBDIVISION REGULATIONS OF THE COUNTY OF IREDELL, NORTH CAROLINA AND THAT THIS PLAT HAS BEEN APPROVED BY THE SUBDIVISION ADMINISTRATOR FOR RECORDING IN THE REGISTER OF DEEDS OF IREDELL COUNTY.

DATE _____ SUBDIVISION ADMINISTRATOR

AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED BY THE IREDELL COUNTY HEALTH DEPARTMENT. UNTIL INSPECTED, THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.

THIS SUBDIVISION OF PIN 4746-48-9159, TO THE BEST OF MY KNOWLEDGE, DOES NOT LIE WITHIN A WATER SUPPLY WATERSHED DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT, AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

DATE _____ SUBDIVISION ADMINISTRATOR

NCDHHS

Permit #: OSWP-2023-38775

This Section for Local Health Department Use Only

Initial submittal received: 11/21/2023 (*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: 11/21/2023

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: 11/21/2028

See attached site sketch

NCDHHS

Permit #: OSWP-2023-38775

This Section for Local Health Department Use Only

Initial submittal received: 11/21/2023 (*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: 11/21/2023

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: 11/21/2028

See attached site sketch

Permit #: CBWP-2023-38775

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ Fee $_____

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

County: Iredell

PIN/Lot Identifier: 4746486264

Issued To: Colby Lewis

Property Location: 256 Haupe Rd, Statesville NC 28625

Subdivision (if applicable)_____ Lot #: 1 Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: Samuel Ashley Rollins #1231

New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐

Proposed Structure: 3 Bedroom Residential

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

Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

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

Proposed Wastewater System Type*: Accepted 25% Red - Gravity (Initial) Pump Required: ☐ Yes ☑ No ☐ May be required

Proposed Wastewater System Type*: Mod. Conv. - 50% Red - PPBPS (Repair) Pump Required: ☑ Yes ☐ No ☐ May be required

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

Saprolite System (initial): ☐ Yes ☑ No Saprolite System (repair): ☐ Yes ☑ No

Fill System (Initial): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Fill System (repair): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Soil Depth (Initial): 50" Usable Soil Depth (Repair): 50"

Max. Trench Depth (Initial)‡: 30" Max. Trench Depth (Repair)‡: 30" ***‡Measured on the downhill side of the trench***

Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared 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: See design

Licensed Soil Scientist Print Name: Samuel Ashley Rollins

Licensed Soil Scientist Signature: Samuel A Rollins Date: 10/9/23

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

See attached site sketch

Permit #: CSWP-2023-38775

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

County: Iredell

PIN/Lot Identifier: 4746496264

Issued To: Colby Lewis

Property Location: 256 Hoope Rd, Statesville NC 28625

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: Samuel Ashley Rollans #10027E

Facility Type: 3 Bedroom Residential

☑ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

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

Type of Wastewater System* Accepted 25% Red-Gravity (Initial) Mod. Conv. 50% Red-PPBPS-Low Pressure (Repair)

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

Design Daily Flow: 360 GPD Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☑ No
(if yes, please provide engineering documentation)

Installation Requirements/Conditions

Septic Tank Size: 1,000 gallons Total Trench/Bed Length: 300 feet Trench/Bed Spacing: 9 feet on center

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

Soil Cover: 6" inches Slope Corrected Maximum Trench/Bed Depth‡: 30 inches ‡ ***Measured on the downhill side of the trench***

Aggregate Depth: _____inches above pipe _____inches below pipe _____inches total

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

Pump Requirements: _____ ft. TDH vs. _____ 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

Pre-Construction Conference Required: Yes ☐ No ☑

Conditions: See design

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print Name: Samuel Ashley Rollans Expiration Date: TBD By Local HD

AOWE/PE Signature: Samuel A Rollans Date: 10/9/23

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

NC ONSITE WASTEWATER EVALUATOR Certification Number 10027E

See attached site sketch

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.

* Applicant Signature: Colby Lewis Date: 10/11/2023

* Owner's Signature: Colby Lewis Date: 10/11/2023

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 23-0120
October 9th, 2023

Colby Lewis
Attn: *ColbyLewis*
Email: crlewis97@yahoo.com

RE: Soil & Site Evaluation for a 3 Bedroom Residence at 256 Houpe Rd, 0.528 ac Parcel, PIN# 4746486264 Statesville, NC 28625, (Lot 1) Iredell County, NC.

Colby:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above. The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittals to Iredell County Health Department.

Site Conditions

At the time of our evaluation land cover on the property was mostly wooded on the property. Topography within the evaluated area was gently to moderate slope near the house site with moderate percentage of slope in the proposed drainfield area. Property lines and corners were marked at the time of the evaluation by Nick Whitley Surveying. The Surveyor provided an Autocad File of the survey with the proposed house envelope as a basemap. The proposed septic layout was located via survey which was used to produce the attached *Site Plan*. The house envelope was pinned in the field by the surveyor.

Methodology

We evaluated soil areas through the use of auger borings. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field (previously 1 acre parcel) with eight boring locations on the property flagged and located via GPS. Three of the eight auger borings are located in the proposed septic layout located on Lot 1. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each boring. The house envelope was located via survey. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by GPS and tape measure. Detailed system & repair information is summarized in the following paragraph for this Lot.

256 Houpe Rd-Lot 1 PIN#4746486264(*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 574 linear feet of line. The primary system is proposed as 300 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth (Low Side) is specified at 30 inches. The repair system is proposed as 200 linear feet of Modified Conventional PPBPS (50% Reduction) drainfield with low pressure distribution. Trench depth (Low Side) is specified at 30 inches. There is 274 linear feet of line available for repair.

Session Law Requirements

All information needed to issue the IP must be submitted with the application. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)."

Owner Colby Lewis Date

Print Name Colby Lewis

Signature Colby Lewis 10/11/2023

The LSS evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

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

Disclaimer

This report reflects the findings of S&FS, PA. *This LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2)."* Any site modifications that impact the proposed septic areas on the site may nullify this design for 256 Houpe Rd-Lot 1 PIN#4746486264 System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

LICENSED SOIL SCIENTIST SAMUEL A. ROLLANS 1231 STATE OF NORTH CAROLINA

S. Ashley Rollans, LSS

Attachment: *Septic Design, Required Statement for Local Health Department/NCDHHS*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 3 bedroom single family residence at 256 Houpe, Statesville 28625 Lot 1, Iredell County, NC. PIN#: 4746486264

Contents: **Page**

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

Design Information

Design Specifications---------- 2-3

Layout Specifications---------- 4

Site Plan/System Plan---------- 5+

Calculations---------- 6

Profile Descriptions---------- 7-8

Application---------- ONLINE

Improvements Permit Form---------- 9

Construction Authorization Permit Form---------- 10

LICENSED SOIL SCIENTIST
SAMUEL A. ROLLANS
1231
STATE OF NORTH CAROLINA

9/28/2023
Project #: 23-0120
Design By: Soil & Forestry Services of the Carolinas, PA

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 NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- 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 structure.
- 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 for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a PPBPS (Mod. Conv.) w/LP distribution installation .

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Owner/Applicant:	Colby Lewis
Address:	1796 Old Mocksville Road Statesville, NC 28625
Phone:	704.437.2850
County:	Iredell
Location:	256 Houpe Rd Statesville, NC 28625
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	300	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Trench Depth (Low Side):	30 in.	Repair Trench Bottom 30 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	
Estimated Supply Line Length:	7	
Supply Line Diameter:	4 in. SCH 40 PVC	
Supply Line Volume:	4.57	
Dosing Volume:	N/A	
Supply Manifold:	N/A	
Supply Manifold Length:	N/A	
Supply Manifold Volume:	N/A	
Recommended Float Controls:	N/A	
Recommended Control Panel:	N/A	
Pressure Head:	N/A	
Friction Head:	N/A	
Elevation Head:	N/A	
Total Dynamic Head:	N/A	
Threaded Union:	N/A	
Gate Valves:	N/A	
Check Valves:	N/A	
Anti-Siphon Hole:	N/A	
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA	

256 Houpe Rd

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	900
TOTAL LATERAL LENGTH:	300
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	300
SUPPLY LINE LENGTH:	7
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - 256 Houpe Rd

Project #: 23-0120

LAYOUT FOR 3 BEDROOM HOME

9/28/2023

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	PINK					48	48
2	RED					75	75
3	ORANGE					68	68
4	YELLOW					75	75
5	***BLUE***					*76*	*75*
6	***PINK***					*77*	*75*
7	***RED***					*77*	*75*
8	***ORANGE***					*78*	*75*
					Total	574	566

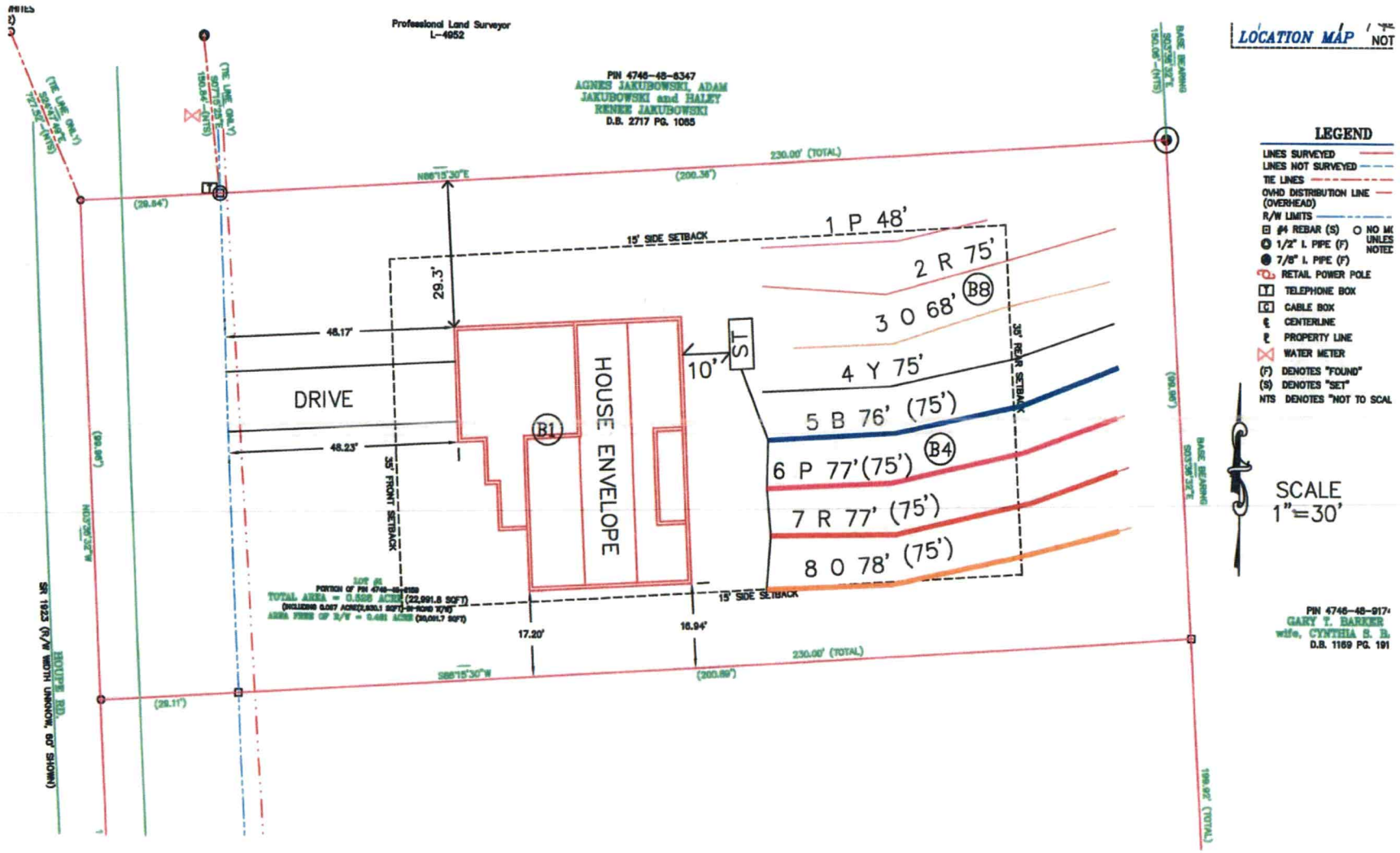
	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	TRENCH DEPTH LOW SIDE
** System*	*300*	*0.300*	*ACCEPT.*	*0.300*	*25% RED*	*GRAVITY*	30"
Repair	271	0.300	MOD. CONV.	0.300	PPBPS	LOW PRESSURE	30"

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**Nitrification lines were located by GPS.

**Property Corners, lines & house envelope were located by Survey.


Professional Land Surveyor
L-4952
PIN 4746-48-6347
AGNES JAKUBOWSKI, ADAM JAKUBOWSKI and HALEY RENEE JAKUBOWSKI
D.B. 2717 PG. 1085
230.00' (TOTAL)
N88°15'30"E
(200.36')
(29.84')
15' SIDE SETBACK
29.3'
48.17'
48.23'
DRIVE
HOUSE ENVELOPE
B1
ST
10'
35' FRONT SETBACK
35' REAR SETBACK
1 P 48'
2 R 75'
3 O 68' B8
4 Y 75'
5 B 76' (75')
6 P 77'(75') B4
7 R 77' (75')
8 O 78' (75')
15' SIDE SETBACK
17.20'
16.94'
S88°15'30"W
230.00' (TOTAL)
(200.89')
(29.11')
SR 1523 (N/A) NORTH UNKNOWN, 60' SHOWN
198.90' (TOTAL)
BASE BEARING S33°36'33"E
150.00' (MEAS)
LOCATION MAP
NOT
LEGEND
LINES SURVEYED
LINES NOT SURVEYED
TIE LINES
OVHD DISTRIBUTION LINE (OVERHEAD)
R/W LIMITS
#4 REBAR (S)
1/2" I. PIPE (F)
7/8" I. PIPE (F)
RETAIL POWER POLE
TELEPHONE BOX
CABLE BOX
CENTERLINE
PROPERTY LINE
WATER METER
(F) DENOTES "FOUND"
(S) DENOTES "SET"
NTS DENOTES "NOT TO SCAL
SCALE
1"=30'
PIN 4746-48-917
GARY T. BARKER
wife, CYNTHIA S. B.
D.B. 1169 PG. 191

CALCULATIONS

Location 256 Houpe Rd
Statesville, NC 28625
Project Number 23-0120

Lot No: 1

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.300 $^{gal}/_{ft^2\,day}$

PPBPS? (YES OR NO) NO

Supply Line Length 7 ft.

Supply Line Volume 4.571 gal.

Required Feet of Line 300 ft.
Amount of Line from Layout 300 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Sheet 1 of 3

PROPERTY ID #: 4746486264

COUNTY: Iredell

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

OWNER: James Galliher

ADDRESS: 325 E Memorial Hwy Harmony, NC 28634

PROPOSED FACILITY: 3Br

APPLICATION DATE

PROPOSED DESIGN FLOW (.1949): 360 GPD

DATE EVALUATED: 4/6/22

LOCATION OF SITE: 256 Houpe Rd Statesville NC, 28625 - Lot 1

PROPERTY SIZE: 0.82

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other

PROPERTY RECORDED: YES

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 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	L/4%	0-3	DBCL wmsbk	Fr SS SP	C to Many SMP	50	-	-	PS 0.325
		3-16	BRC wmsbk	" "					
		16-50	RBCL wfsbk	" "					
B 2	L/4-5%	0-4	RBCL wmsbk	Fr SS SP	C SMP	50	-	-	PS 0.325
		4-26	BRC wmsbk	" "					
		26-50	RBCL wfsbk	" "					
B 3	L/4-5%	0-6	RBCL wmsbk	Fr SS SP		50	-	-	PS 0.3
		6-36	BRC wmsbk	" "					
		36-50	RBCL wfsbk	" "					
B 4	L/3-4%	0-40	BRC wmsbk	Fr SS SP		50	-	-	PS 0.3
		40-50	RBCL wfsbk						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Reduction Conv.	PPBS w/ Low Pressure
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: S. Ashley Rollins

OTHER(S) PRESENT: Chad Wagner, Mason

LICENSED SOIL SCIENTIST Joseph A. Rollins 1231

COMMENTS:

Updated February 2014

SOIL/SITE EVALUATION
(Continuation Sheet-Complete all field in full)

Sheet 2 of 2

PROPERTY ID #: Same

DATE OF EVALUATION: 7/7/22

COUNTY: Iredell

TR DR1= HOUPE RD

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5		0-7	Bclwfsbk	FrSSSPSEXP					PS
B	L/7%	7-44	Rcwmsbk	" " " "					0.3
		44-50	Rclwfsbk	" " " "	fsap	50	—	—	
6		0-28	Rcwmsblc	FrSSSPSEXP					PS
B	L/6%	28-50	Rclwfsbk	" " " "	fsap	50	—	—	0.3-.325
7		0-10	RBclwmsbk	FrSSPSEXP	disturbed to 8"				PS
B	L/6%	10-35	Rcwmsbk/sbk	FrSSSPSEXP	fsap	50	—	—	0.3
		35-50	RBclwfsbk	" " " "	fcsap				
8		0-3	RBclwfsbk	FrSSSPSEXP					PS
B	L/6%	3-20	RBCwmsbk	" " " "	fsap	50	—	—	0.325
		20-50	RBclwfsbk	" " " "	csap				
9									0

COMMENTS:

Revised February 2014