ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 328675

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

PIN # 4750--72--1334

APPLICANT/OWNER: Foley Home Sales | APPLICANT ADDRESS: 1075 Blue Spruce Dr., Mooresville NC 28115

SITE ADDRESS: 108 Leafy Way, Troutman NC 28166 | PHONE: ~~980~~ 404 5379 | ALT. PHONE

SITE DIRECTIONS: (N) NC21 → (R) Shepherd → (L) Houston → (R) Leafy Way → lot on Corner | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Foley Home Sales | SECTION: N/A | LOT # 5 | LOT AREA: 0.62 | DESIGN FLOW: 360gpd | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	7/11/22	☒ 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:	25% Reduction	☐ Business	No. Persons	6	☒ Private
Pump Make		Model		Serial #		Repair System Description:	25% Reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	300	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: well abandoned 6/2/22

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11. (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil & Forestry Services of Carolinas

Wendell Overby

LSS# 1218

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.

As Built Attached

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: Shelah Foley Date: 6/20/22 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: D. Mekeny Date: 6/16/22 OPERATION PERMIT by: D. Mekeny Date: 9/1/22

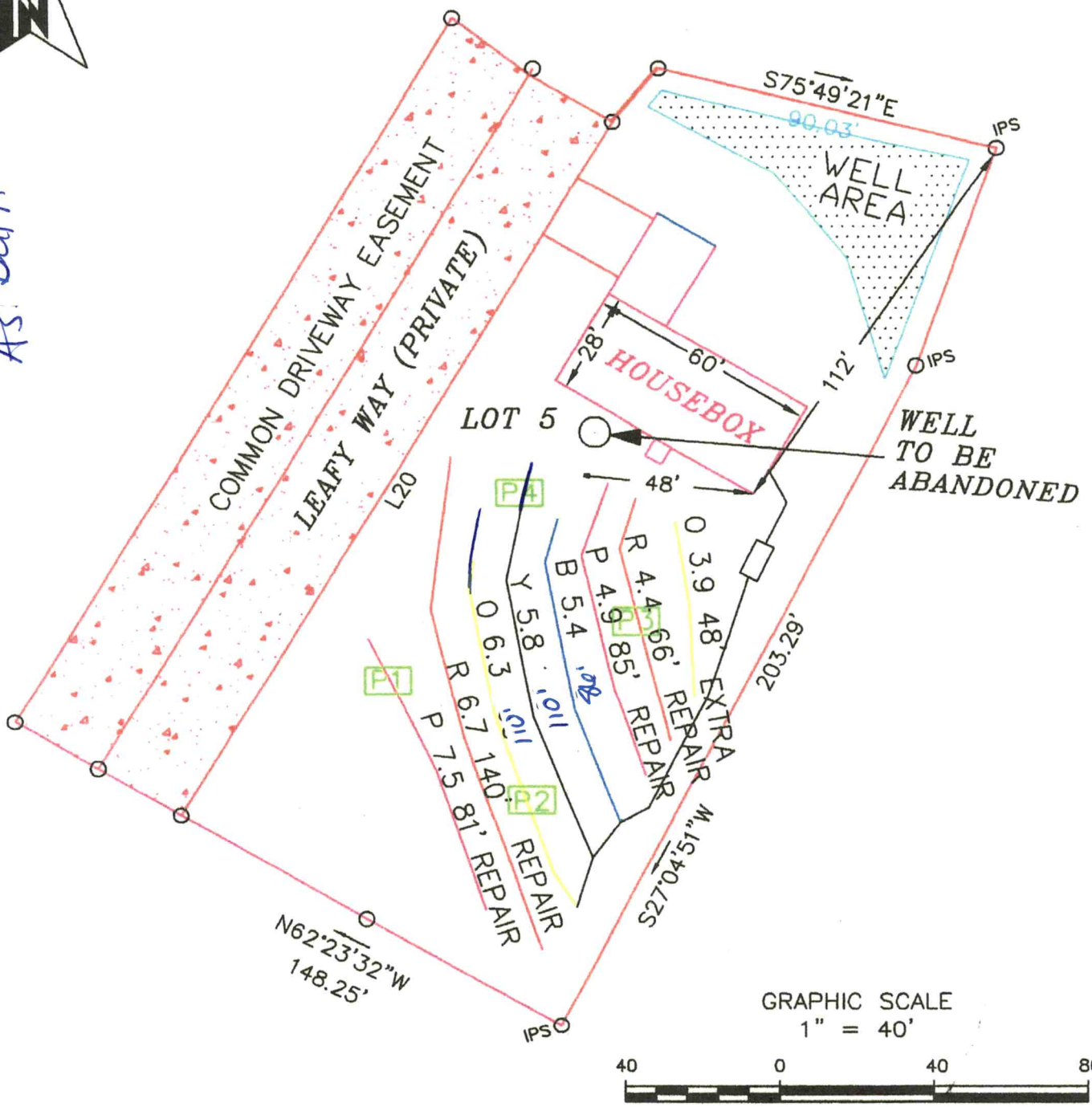
AUTHORIZATION TO CONSTRUCT by: D. Mekeny Date: 6/20/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	9/1/22	DW
Tanks Checked	8/31/22	CW
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? _____	

As Built



SHEET 1 OF 1	SHEET TITLE: SEPTIC SYSTEM LAYOUT SKETCH MAP	PROJECT NAME: FOLEY HOUSTON RD IREDELL, NC MAY 2022	SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA	Soil & Forestry Services of the Carolinas, PA 813 Davidson Dr NW Concord NC 28025 soilandforestryservices.com	SCALE 1" = 40'	FIELD WORK WO	DRAWN BY WO	PROJECT MGR. WO	PROJECT NO. 21-1083

108 Leafy Way, Lot# 5
INFORMATION FOR THE INSTALLER

* Tanks shall be approved by DHHS, and certification supplied by the manufacturer.
* 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 joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
* Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
* Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
* All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
* All tanks shall be properly back filled and compacted to prevent slump at a later date.
* Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
* No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
* Elevations at pinflag locations should be checked by the installer prior to beginning
* Septic tank riser shall be a minimum of 6" above finished grade.
* **System specified as ACCEPTED type using GRAVITY distribution**
* **Repair specified as ACCEPTED type using GRAVITY distribution**
* **System trench depth specified at 24"**
* **System trenches installed on 9' minimum; 3' wide trenches**
* **Lot contains existing well to be successfully abandoned.**

108 Leafy Way, Lot# 5
ACCEPTED GRAVITY SYSTEM
FOR WASTEWATER TREATMENT

Business (if applicable):	Foley Homes Sales
Contact:	Doug Foley
Phone:	856 404-5379
Email:	FOLEY1301@GMAIL.COM
County:	Iredell
Location:	108 Leafy Way

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

108 Leafy Way, Lot# 5
LAYOUT SPECS

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

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM INSTR. 1							
			REPAIR				
1	Orange			EXTRA		48	
2	Red					66	48
3	Pink					85	72
			SYSTEM				
4	Blue					100	100
5	Yellow					115	100
6	Orange					130	100
			REPAIR				
7	Red					140	100
8	Pink					81	80

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

Notes: **All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

108 Leafy Way, Lot# 5
Calculations

Designer	W. Overby
Project Name	108 Leafy Way
Project #	21-1083
Project MM YYYY	May 2022
Lot # (if applicable)	5
Business (if applicable)	Foley Homes Sales
Contact	Doug Foley
Phone	856 404-5379
Email	FOLEY1301@GMAIL.COM
County	Iredell
Bedrooms	3
Daily Flow	360
System LTAR	0.3
Repair LTAR	0.3
System Type	ACCEPTED
Repair Type	ACCEPTED
System Distribution	GRAVITY
Repair Distribution	GRAVITY
System Trench Depth	24
Repair Trench Depth	24
Required Feet of Line (system)	300
Required Feet of Line (repair)	300

PROPERTY ID #: 4750721334
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: FOLEY HOME SALES, LLC
APPLICATION DATE:
ADDRESS:
DATE EVALUATED: 10/21/2021
PROPOSED FACILITY: 3 BEDROOM
PROPERTY SIZE: .617
LOCATION OF SITE: 108 LEAFY WAY (LOT 5)
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
1	L 6	0-5	B SL WMS	FR SS SP	N/A	48	PS		.3
		5-26	R CL WMA	FR SS SP					
		26-49	BR CL WMS c SAP	FR SS SP					
		49-64	BR L MASS	VFR SS SP					
2	L 3	0-7	B SL WMG	F SS SP COMPACTED	N/A	64	N/A		.3
		7-50	R CL WMA	F SS SP					
		50-64	RB CL WFS	FI SS SP few SAP					
3	L 3	0-7	B SL WMG	F SS SP COMPACTED	N/A	60	N/A		.3
		7-36	R CL MMA	FR SS SP					
		36-60	BR CL WMA	F SS SP few SAP					
4	L 3	0-5	fill		N/A	60	N/A		.3
		5-11	B SL WMA	FR SS SP					
		11-40	R C MMA	FR SS SP					
		40-60	R CL WMA	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	300
System Type(s)	ACCEPTED	ACCEPTED
Site LTAR	.3	.3

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

LICENSED SOIL SCIENTIST

COMMENTS:

ICHD – Environmental Health Division

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 328675

PRIVATE DRINKING WATER WELL PERMIT PIN # 4750-72-1334 Type of Permit (circle one): New Repair Abandonment

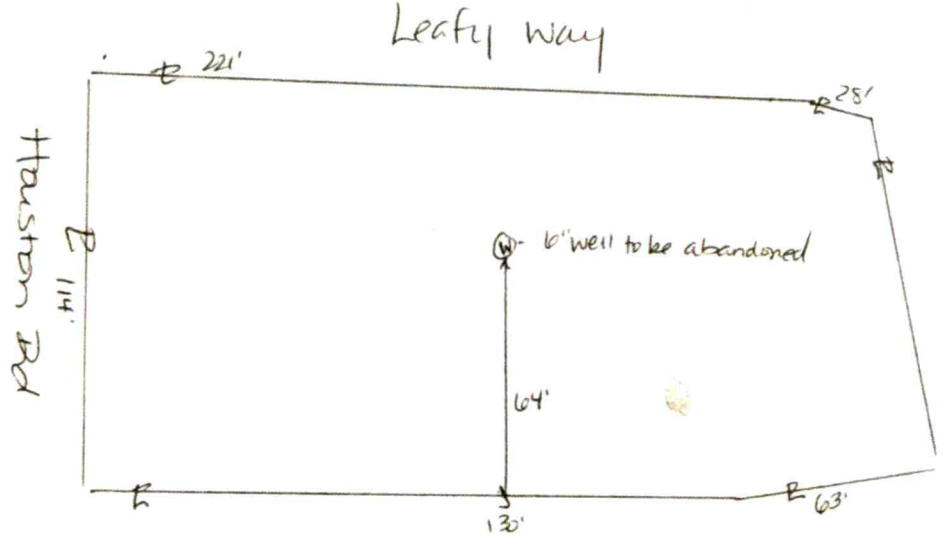
APPLICANT/OWNER NAME: Foley Home Sales ADDRESS: 1075 Blue Spruce Dr. Mooresville NC 28115 PHONE: ~~336-404-5379~~

DIRECTIONS TO SITE: (N) 21 → (R) Westmoreland → (R) Houston → (L) Leafy Way → lot on (R)

SITE ADDRESS: 108 Leafy Way, Troutman NC 28166 SUBDIVISION: Foley Home Sales SECTION/LOT: 5

Initial Site Sketch

1" = 50'



GROUTING RESULTS

Total Depth 245 FT

Depth of Casing —

Yield —

Notes:

ABANDONED W/ CONCRETE

Well GPS Latitude: _____

Longitude: _____

E-MAILED 5/22/22

PERMIT CONDITIONS/COMMENTS: Follow all NCAC 2C well rules - chlorinate before abandoning, fill completely w/ approved grout.

WELL PERMIT ISSUED BY: [signature] Dweber DATE: 5/19/22 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: CAROLINA PUMP & WELL CONTRACTOR CERT #: 3987-C GROUT INSPECTION BY: Bryant C. White DATE: 6-2-2022

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED MD

Iredell County Health Department – Environmental Health Division

S.L. **PAGE 1: *APPLICATION FORM*** AP-328675 $500.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Foley Homes Sales, LLC **Address:** 1075 Blue Spruce Drive **Zip:** 28115

Applicant Email: foley1301@gmail.com **Phone:** 856 404-5379 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 108 Leafy Way

Subdivision Name: Foley Home Sales **Section/Phase:** _____ **Lot Number:** 5

Driving Directions: Hwy 115 N from Mville to Hwy 21. Right on Westmoreland. Right on Houston, lot on left

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) 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: _____

(X) 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 (X) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

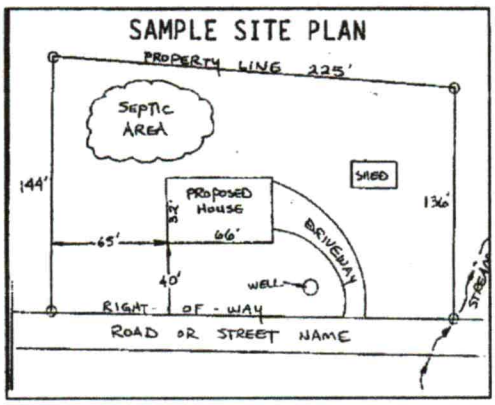
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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: _____ 5/23/22
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)

5/23/22
DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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

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

☒ **2.** I, Doug Foley, am the legal owner(s) of the property located at 108 Leafy Way, identified as PIN (Parcel Identification Number) 4750721334, 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.

_____ 5/23/22
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

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

May 13, 2022

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

Re: Session Law 2018-114 Submittal for 108 Leafy Way

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 3-bedroom accepted system using gravity distribution. The design packet is submitted under Session Law 2018-114 (HB 374).

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c)."

Owner: Doug Foley, Foley Home Sales, LLC.:

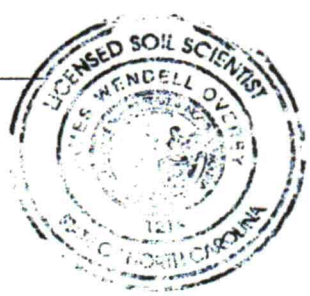
Signature: _____

"The LSS Evaluation is being submitted pursuant to and meets requirements of SL 2018-114 Section 11.(c)."

Wendell Overby, LSS

Signature: Wendell Overby

Seal:



SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

A design for a 3 Bedroom
ACCEPTED Septic System
using GRAVITY distribution
for 108 Leafy Way, Lot# 5

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

Environmental Health Form---------- 8

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

Zoning Permit---------- 10

Soil Descriptions---------- 11

May 2022
Design By: W. Overby

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
328675 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4750721334.000	108 LEAFY WAY	IREDELL COUNTY

Owner Information	Applicant Information
Name: FOLEY HOME SALES LLC	Name: Soil & Forestry Services
Address:	Address: 813 DAVIDSON DR NW
	CONCORD, NC 28115
Phone:	Phone: (704)239-2001

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.62	35	35	15	25	N/A	NO

Remarks
MODULAR SEE NOTES need disclaimer

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 05/17/2022

Permit Number	328675	TOTAL FEES:	$77.25

Acknowledgement of
Plans Submittal ONLY!

Shirley Foley Date 6/22/22
Date 6/20/22

Lot 5 108 Leafy Way, Troutman
Lot 2 107 Leafy Way, Troutman

140–150mph NOTES FOR EXTERIOR BRACED WALLS USING THE CS–WSP: CONTINUOUSLY SHEATHED WOOD STRUCTURAL PANEL METHOD:
1) ALL EXTERIOR WALLS ARE BRACED WALLS WITH 7/16" OSB SHEATHING FASTENED WITH 7/16"x1¾"x15ga STAPLES AT 2"oc STAGGERED ALONG HORIZONTAL EDGES, 3"oc ALONG VERTICAL EDGES, AND 4"oc IN THE FIELD. ALL EXTERIOR WALLS WITH LESS THAN 50% OF SHEATHING, BUT MORE THAN 25% SHEATHING REQUIRE BLOCKING AT JOINTS AND MUST BE FASTENED WITH 8d NAILS AT 3"oc ALONG THE EDGES AND 6"oc IN THE FIELD. LESS THAN 25% SHEATHING REQUIRES A P.E. DESIGN.
2) SEE SHEET 5.1 FOR ADDITIONAL BRACED WALL NOTES AND DETAILS.
3) ALL EXTERIOR BRACED WALLS ARE BLOCKED AT JOINTS.

	EXT. DOOR AND WINDOW HEADERS			
	2x4 EXT. WALLS		2x6 EXT. WALLS	
QTY	(2)#2 SPF	(2)#2 SYP	(3)#2 SPF	(3)#2 SYP
SIZE				
2x4	35"	38"	44"	47"
2x6	52"	55"	64"	67"
2x8	66"	71"	81"	87"
2x10	81"	85"	99"	104"
2x12	94"	99"	115"	122"

140–150mph NC NOTE FOR 7/12 THRU 9/12 PITCH ROOFS:
PER SECTION R602.10.4.5, SOLID 2x BLOCKING IS INSTALLED, BETWEEN TRUSSES, ABOVE ALL SHEATHED SECTIONS OF EAVE WALL EQUAL TO AND GREATER THAN 24" WIDE AND IS ATTACHED TO THE TOP PLATES WITH 8d NAILS @ 6"oc ALONG THE LENGTH. THIS BLOCKING IS NOT REQUIRED ABOVE DOOR, WINDOW, AND OTHER SIMILAR OPENINGS.
STACKED BLOCKING IS NOT REQUIRED WHEN THE TRUSS BOTTOM CHORD EXTENDS TO MEET THE FASCIA BOARD AND (1) SIMPSON SDWC15600 TOE–SCREW IS ADDED TO SECURE THE BOTTOM CHORD TO EXTERIOR WALL TOP PLATE.
SEE CN–16 pg 2–3 of 4 FOR APPROVED ALTERNATE METHOD.

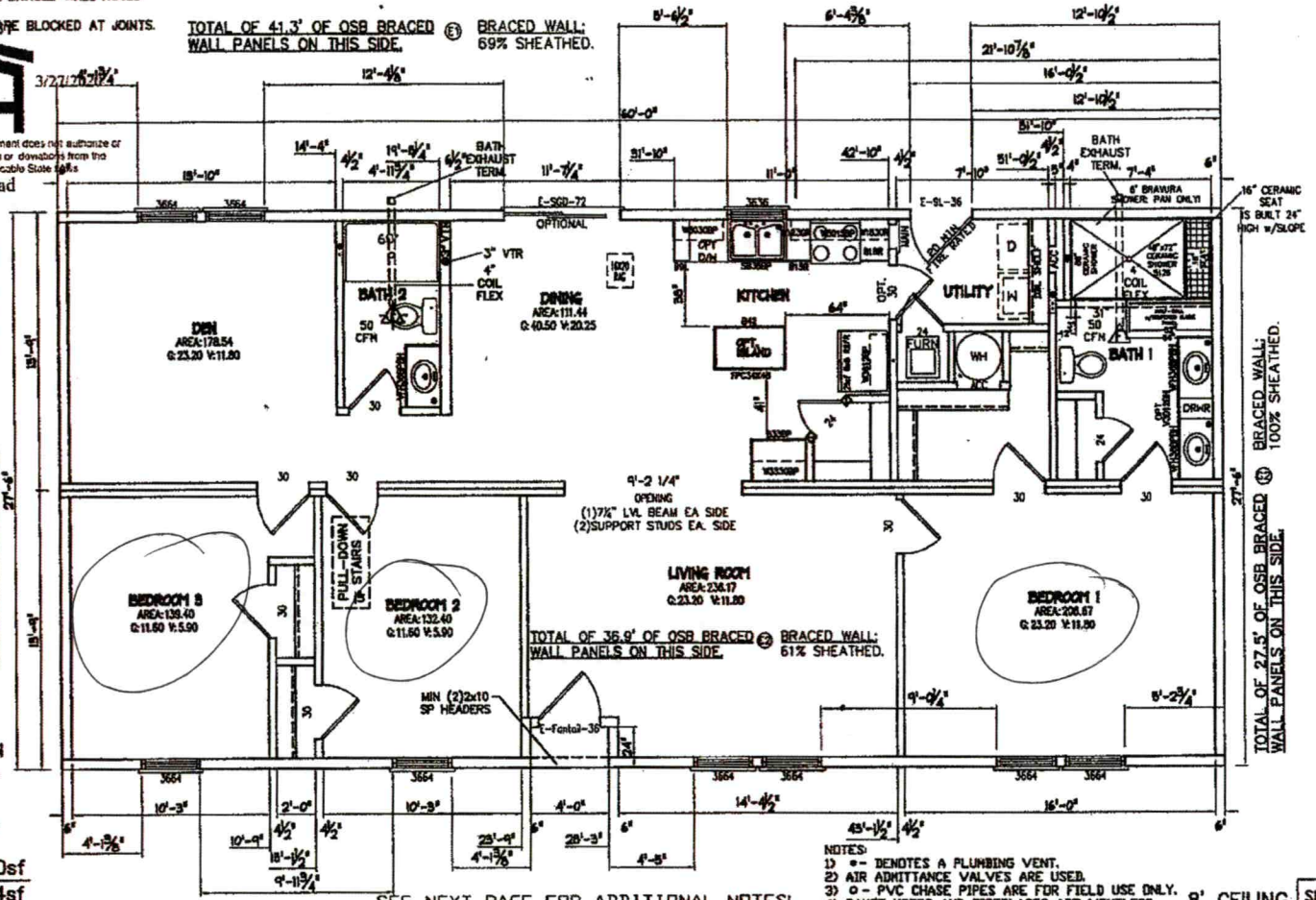
14'–9" MAX	LENGTH OF BRACED WALL ↕			
PITCH	7/12 w/10' EAVE–TO–RIDGE HT.			
WALL	EAVE 1	EAVE 2	GABLE 1	GABLE 2
LEGEND	E1	E2	G1	G2
LENGTH OF PERP. SIDE	27.5'	27.5'	60'	60'
MIN. LENGTH REQ'D. ↕	4.8'	4.8'	9.4'	9.4'
TOTAL PROVIDED	41.3'	36.9'	27.5'	27.5'

1. FROM TABLE R602.10.3 WITH A TYPICAL 130 MPH DESIGN USING 1.3 FACTOR FOR EXPOSURE C & 0.90 FACTOR FOR 8' CEILINGS.
2. REQUIRED BRACED WALL LENGTHS INTERPOLATED FROM TABLES R602.10.3.

NOTES:
1) MINIMAL ADJUSTMENTS MAY BE REQUIRED FOR BATH COIL FLEX AND WALL LOCATIONS DETERMINED PER PLAN.
2) FOR VENTED RANGE HOOD USE 100 CFM.
3) EXTEND ALL EXHAUST VENTS THROUGH EAVE SIDES ONLY. AIR FLOW DIRECTION IS TOWARD THE EXTERIOR.
4) EXHAUST VENTS CANNOT TERMINATE OVER DOORS & WINDOWS.
5) EXHAUST FANS SHALL USE CLASS 0 OR CLASS 1 DUCT IN ACCORDANCE WITH UL 181.

TRUSS CONNECTIONS NOTE
FOR A 30' MAX. MEAN ROOF HEIGHT:
INTERIOR AND EXTERIOR ZONE TRUSSES ARE SECURED TO THE EXTERIOR TOP PLATES WITH (3)¾"x6" SIMPSON SDS SCREWS OR (4) #10x5" SCREWS FOR PITCHES OF 7/12 THROUGH 15/12 AND (7)#10x5" SCREWS FOR A 5/12 PITCH.

NTA
3/27/2020
Approval of this document does not authorize or approve any deviation or deviations from the requirements of applicable State laws
Kip Whitehead



ALL APPLIANCES ARE SHOWN FOR REPRESENTATION ONLY. INSTALLATION AND/OR SHIPPING OF APPLIANCES DEPENDS ON SALES ORDER.

TOTAL AREA = 1650sf
CONDITIONED = 1564sf

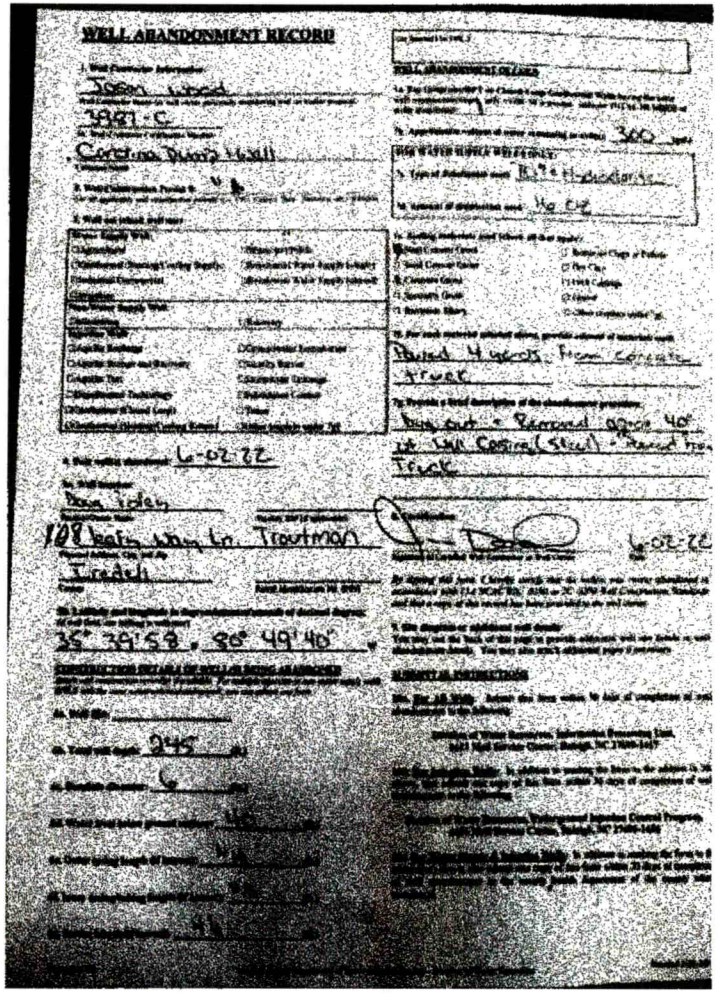
NOTES:
1) ⊕ – DENOTES A PLUMBING VENT.
2) AIR ADMITTANCE VALVES ARE USED.
3) ○ – PVC CHASE PIPES ARE FOR FIELD USE ONLY.
4) RANGE HOODS AND FIREPLACES ARE VENTLESS.

SEE NEXT PAGE FOR ADDITIONAL NOTES!

SHEET S. 0

211
FOLEY HOMES / SPEC
60'–0" X 27'–6"
CP–A–5014–4' Foley Spec RC Lot 24
1st AREA CALCS
DRAWN: GLH DATE: 2/17/20
REV: A–GLH DATE: 3/16/20
SCALE: 3/16"=1'–0"

Marie & Crestline Custom Builders
5080 Crestline Road
Lawrence, NC 28352
1–800–772–0195
www.mariescustombuilders.com
www.crestlinecustombuilders.com



WELL ABANDONMENT RECORD

Jason Wood

3987-C

Carolina Pump Well

6-02-22

Dave Tyler

109 Deer Run Ln. Troutman

Iredell

35° 39' 58. 80° 49' 40"

245

6

360

Rotted Wood From Corrosive Water

Dug out - Removed approx 40' of 6" Casing (Steel) - Hauled from Trash

6-02-22

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 328675

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

PIN # 4750--72--1334

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

SITE ADDRESS: 108 Leafy Way, Troutman NC 28166 PHONE: [redacted] 404 5379 ALT. PHONE

SITE DIRECTIONS: (N) NC21 → (R) Shepherd → (L) Houston → (R) Leafy Way → lot on Corner SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Foley Home Sales SECTION: N/A LOT # 5 LOT AREA: 0.62 DESIGN FLOW: 360gpd L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 760 Date 7/9/22
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft 300
Trench Width 36" Trench Bottom Depth(Low side) 24" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

well abandoned 6/2/22

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11. (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil & Forestry Services of Carolinas
Wendell Overby
LSS# 1218

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.

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: [signature] Date: 6/20/22 Installed by: Groundbreakers

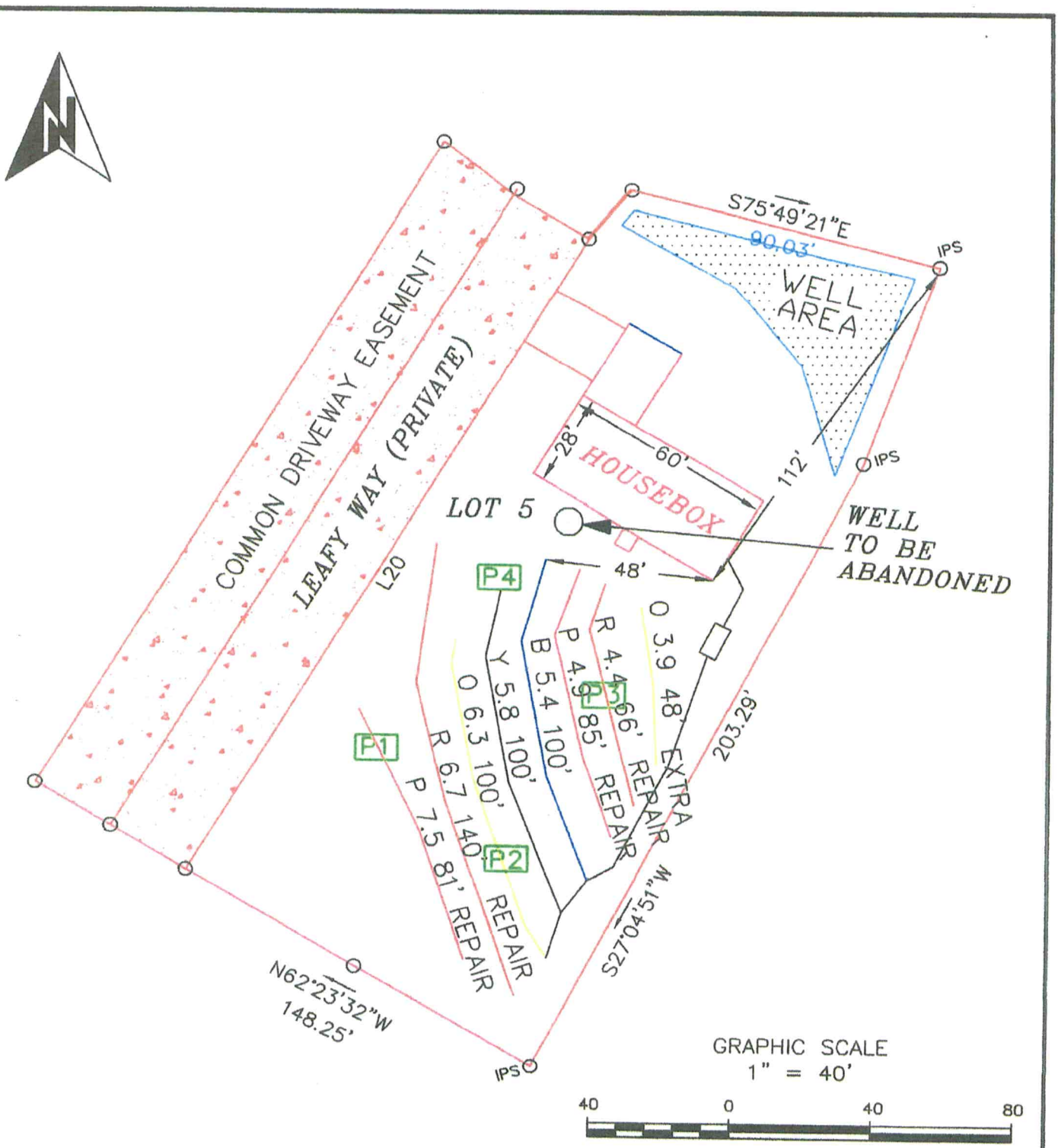
IMPROVEMENT PERMIT by: D. Meberg Date: 6/16/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 6/20/22 Existing System Inspected by: Date:

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

108 Leafy Way, Lot# 5
INFORMATION FOR THE INSTALLER

* Tanks shall be approved by DHHS, and certification supplied by the manufacturer.
* 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 joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
* Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
* Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
* All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
* All tanks shall be properly back filled and compacted to prevent slump at a later date.
* Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
* No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
* Elevations at pinflag locations should be checked by the installer prior to beginning
* Septic tank riser shall be a minimum of 6" above finished grade.
* **System specified as ACCEPTED type using GRAVITY distribution**
* **Repair specified as ACCEPTED type using GRAVITY distribution**
* **System trench depth specified at 24"**
* **System trenches installed on 9' minimum; 3' wide trenches**
* **Lot contains existing well to be successfully abandoned.**



SHEET 1 OF 1	SHEET TITLE: SEPTIC SYSTEM LAYOUT SKETCH MAP	PROJECT NAME: FOLEY HOUSTON RD IREDELL, NC MAY 2022	SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA	Soil & Forestry Services of the Carolinas, PA 813 Davidson Dr NW Concord NC 28025 soilandforestryservices.com	SCALE 1" = 40'	FIELD WORK WO	DRAWN BY WO	PROJECT MGR. WO	PROJECT NO. 21-1083

108 Leafy Way, Lot# 5
ACCEPTED GRAVITY SYSTEM
FOR WASTEWATER TREATMENT

Business (if applicable):	Foley Homes Sales
Contact:	Doug Foley
Phone:	856 404-5379
Email:	FOLEY1301@GMAIL.COM
County:	Iredell
Location:	108 Leafy Way

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

108 Leafy Way, Lot# 5
LAYOUT SPECS

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

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM INSTR. 1							
			REPAIR				
1	Orange			EXTRA		48	
2	Red					66	48
3	Pink					85	72
			SYSTEM				
4	Blue					100	100
5	Yellow					115	100
6	Orange					130	100
			REPAIR				
7	Red					140	100
8	Pink					81	80

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

Notes: **All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

108 Leafy Way, Lot# 5
Calculations

Designer	W. Overby
Project Name	108 Leafy Way
Project #	21-1083
Project MM YYYY	May 2022
Lot # (if applicable)	5
Business (if applicable)	Foley Homes Sales
Contact	Doug Foley
Phone	856 404-5379
Email	FOLEY1301@GMAIL.COM
County	Iredell
Bedrooms	3
Daily Flow	360
System LTAR	0.3
Repair LTAR	0.3
System Type	ACCEPTED
Repair Type	ACCEPTED
System Distribution	GRAVITY
Repair Distribution	GRAVITY
System Trench Depth	24
Repair Trench Depth	24
Required Feet of Line (system)	300
Required Feet of Line (repair)	300

PROPERTY ID #: 4750721334
COUNTY: IREDELL

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

OWNER: FOLEY HOME SALES, LLC
ADDRESS:
PROPOSED FACILITY: 3 BEDROOM
LOCATION OF SITE: 108 LEAFY WAY (LOT 5)
WATER SUPPLY: [✓] Private [✓] Well [ ] Spring [ ] Other
EVALUATION METHOD: [ ] Auger Boring [✓] Pit [ ] Cut

APPLICATION DATE:
DATE EVALUATED: 10/21/2021
PROPERTY SIZE: .617
PROPERTY RECORDED:
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPR CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 6	0-5	B SL WMS	FR SS SP	N/A	48	PS		.3
		5-26	R CL WMA	FR SS SP					
		26-49	BR CL WMS c SAP	FR SS SP					
		49-64	BR L MASS	VFR SS SP					
2	L 3	0-7	B SL WMG	F SS SP COMPACTED	N/A	64	N/A		.3
		7-50	R CL WMA	F SS SP					
		50-64	RB CL WFS	FI SS SP few SAP					
3	L 3	0-7	B SL WMG	F SS SP COMPACTED	N/A	60	N/A		.3
		7-36	R CL MMA	FR SS SP					
		36-60	BR CL WMA	F SS SP few SAP					
4	L 3	0-5	fill		N/A	60	N/A		.3
		5-11	B SL WMA	FR SS SP					
		11-40	R C MMA	FR SS SP					
		40-60	R CL WMA	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	300
System Type(s)	ACCEPTED	ACCEPTED
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATORS: OVERBY
OTHERS PRESENT:

LICENSED SOIL SCIENTISTS EVALUATOR

COMMENTS: