ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

4:00

PERMIT # AP 324104

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

PIN # 4750-72-1547

APPLICANT/OWNER: Foley Home Sales APPLICANT ADDRESS: 105 Blue Spruce Drive Mooresville NC 28115

SITE ADDRESS: 115 Leafy Way PHONE: 856-464-5379 ALT. PHONE

SITE DIRECTIONS: 115 N to Hwy 21 Right on Westmoreland Right on Hayton. Property left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Foley Home Sales Property SECTION: LOT # 3 LOT AREA: 1.88 AC DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000 (gal) STB 760 Date 12-26-22

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 300

Trench Width 36 in. Trench Bottom Depth (Deepest) 24 in. Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: Gravity - 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:

22 Ft from H to ST

Real-fitter installed is ST

INITIAL SITE SKETCH

AS BUILT 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 the Carolinas, PA

LSS # 1218. Dated July 1st 2022.

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.

18 Chambers

25

23

9

Installed Quick 4 as shown

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**

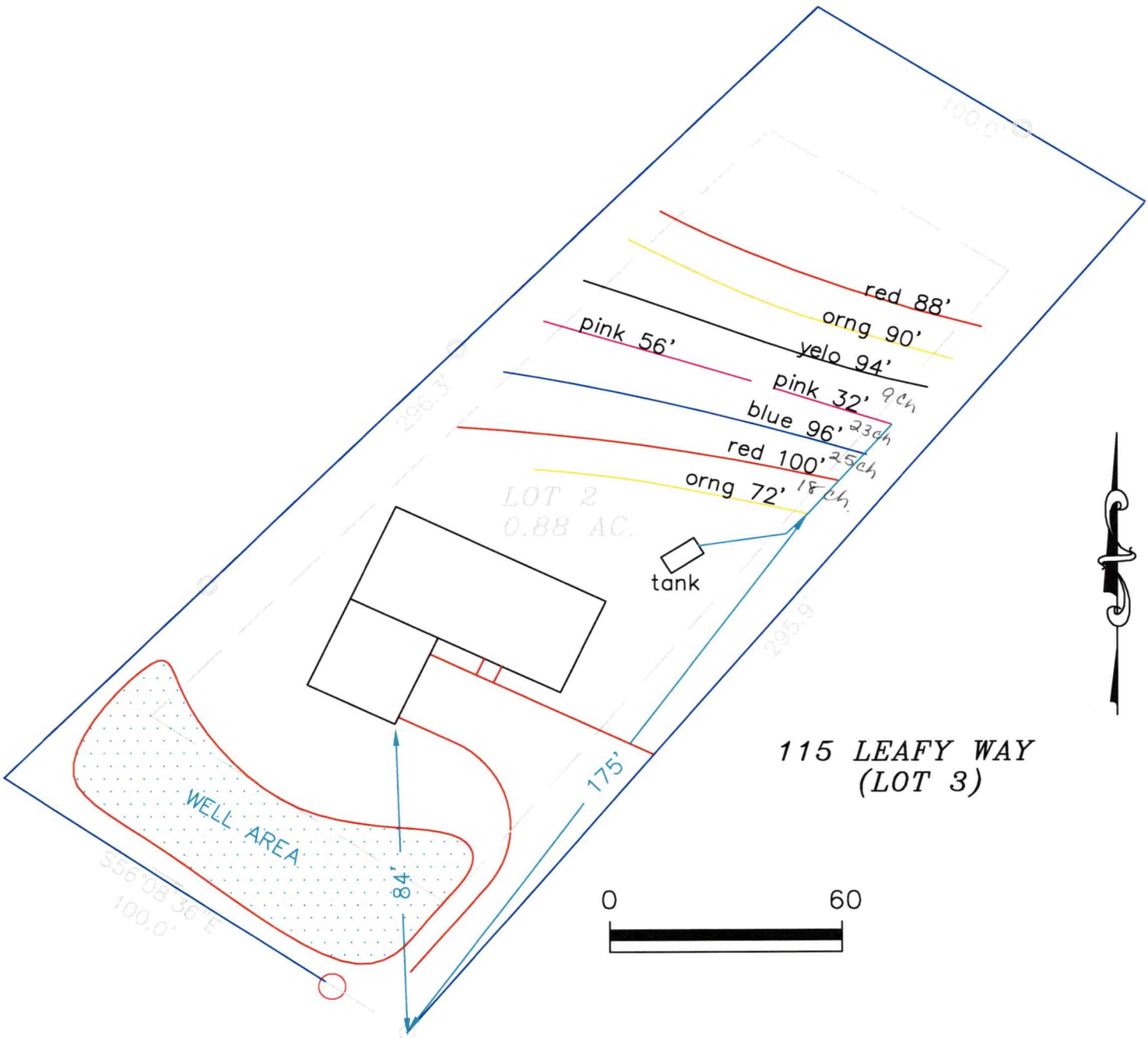
☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☐ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Sheleah Foley Date: 1/25/22 Installed by: Ground Breakers

IMPROVEMENT PERMIT by: Date: 1/13/2022 OPERATION PERMIT by: Marian Dotson Date: 4/21/23

AUTHORIZATION TO CONSTRUCT by: D. Mieberg Date: 1/26/22 Existing System Inspected by: Date:

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



115 LEAFY WAY
(LOT 3)

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

January 7, 2022

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

Re: Session Law 2018-114 Submittal for 115 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, Inc.:

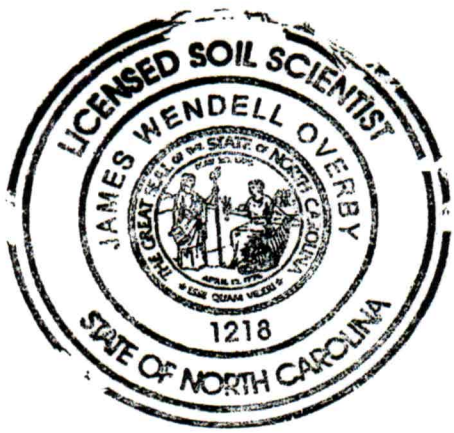
Signature: _____

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

Wendell Overby, LSS

Signature: _____

Seal:



SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

A design for a 3 Bedroom
ACCEPTED Septic System
using GRAVITY distribution
for 115 Leafy Way, 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

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

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

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

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

Jan 2022
Design By: W. Overby

115 Leafy Way, Lot# 3
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**
* **See Figure 1. Septic System Layout and House Plan**

115 Leafy Way, Lot# 3
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:	115 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

115 Leafy Way, Lot# 3
LAYOUT SPECS

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

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM INSTR. 1							
			SYSTEM				
1	orange					72	72
2	red					100	100
3	blue					96	96
4a	pink					32	32
			REPAIR				
4b	pink					56	56
5	yellow					94	94
6	orange					90	90
7	red					88	60

	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

115 Leafy Way, Lot# 3
Calculations

Designer	W. Overby
Project Name	115 Leafy Way
Project #	21-1083
Project MM YYYY	Jan 2022
Lot # (if applicable)	3
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

RECEIVED JAN 1 1 2022

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

Paid $ 500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 324104

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (✓) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (✓) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: FOLEY HOME SALES **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: SAME **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 115 LEAFY WAY

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** 3

Driving Directions: 115 N TO HWY 21 RIGHT ON WESTMORELAND, RIGHT ON HOUSTON PROPERTY 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.

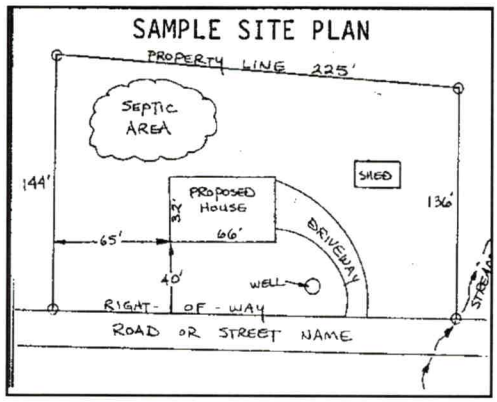
Signature: _____ 1/7/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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: _____ 1/10/22

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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

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

☒ **2.** I, DOUG FOLEY, am the legal owner(s) of the property located at 115 LEAPY WAY, identified as PIN (Parcel Identification Number) 4750721547, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** WENDELL OVERBY, _____, 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.

_____ 1/7/22
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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
324104 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4750721547.000	115 LEAFY WAY	IREDELL COUNTY

Owner Information	Applicant Information
Name: FOLEY HOME SALES LLC	Name: SOIL AND FORESTRY SERVICES
Address:	Address: 813 DAVIDSON DR NW CONCORD, NC 28025
Phone:	Phone: (704)239-2001

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.88	35	35	15	15	N/A	NO

Remarks
MODULAR HOME 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.

Wendell Overby
Signature of Owner/Contractor

Date: 12/21/2021

Permit Number	324104	TOTAL FEES:	$77.25

PROPERTY ID #: 4750721547
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: 360gpd
PROPERTY SIZE:
LOCATION OF SITE: 115 Leafy Way
PROPERTY RECORDED: yes
WATER SUPPLY: ☑ Private ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPR CLASS	.1944 RESTR HORIZ	
1	L / 5	0-10	YW SL WFG	FR NS NP	N/A	60	N/A		.3
		10-33	R C MMA	FR SS SP					
		33-60	R CL WFS	FR SS SP c SAP					
2	L / 3	0-6	YR WFG	FR SS SP	N/A	60	N/A		.3
		6-30	R C MMA	FR SS SP					
		30-36	BR CL WMS	FR SS SP					
		36-60	BR CL WMS	FR SS SP c SAP					
3	L / 5	0-7	YR WFG	FR SS SP	N/A	50	N/A		.3
		7-34	R C MMA	FI SS SP					
		34-50	R CL WMA	FI SS SP					
		50-64	VAR L MASS	VFR SS SP					
4	L / 5	0-5	B SL WFG	FR SS SP	N/A	60	N/A		.3
		5-12	R CL WFS	FR SS SP					
		12-44	R C MMA	FR SS SP					
		44-60	YR CL WMS	FR SS SP f SAP					

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
OTHER(S) PRESENT:

COMMENTS:

Acknowledgement Of Plans Submittal ONLY!

Date

Date

