# ICHD - ENVIRONMENTAL HEALTH DIVISION

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

4:00

PERMIT : AP 323961

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

PIN # 4750-72-3476

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

SITE ADDRESS: 651 Houston Road Troutman NC 28166 | PHONE: 856-464-5379 | ALT. PHONE

SITE DIRECTIONS: Hwy 21 to Shepherd Rd to Houston Road | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: | SECTION: - | LOT # - | LOT AREA: .9 AC | DESIGN FLOW: 360 | L.T.A.R.: 130

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 760 | Date | 2-26-22 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI | ☒ Residence | No. Bedrooms 3 |
| Pump Tank | (gal) | PT | | Date | | System Description: | Gravity - 25% Reduction | ☐ Business | No. Persons 6 |
| Pump Make | | Model | | Serial # | | Repair System Description: | Gravity - 25% Reduction | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 3 | Linear Ft | 300 | Maintenance Agreement Required: | ☐ YES ☒ NO | ☐ Slab | ☒ Crawl Space |
| Trench Width | 36in | Trench Bottom Depth (Low side) | 24in | Gravel Depth | - | | ☐ GRAVITY ☐ PRESSURE | ☐ Basement w/ plumbing | ☐ Basement w/o plumbing |

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

ST - 1 lift to HC
Red filter

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 Mt Carmel, PA

**LSS #** 1218 Dated Jan 3, 2022.

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 Quick 4 as shown

CENTRAL PERMITTING
Please UPDATE Review Checklist once:
- __ Balance of _____ is paid
- ✓ Permit Signed & Dated
- ✓ Floor Plans Signed & Dated

*Permit can be 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: Hannah Foley Date: 1/25/22 | Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Benjamin A Beck Date: 1-6-2022 | OPERATION PERMIT by: Maria Dotson Date: 4/11/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Beck Date: 1/6/2022. | Existing System Inspected by: Date:

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

PROPERTY ID #: 4750723476
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: 360 gpd
PROPERTY SIZE: .9 AC
LOCATION OF SITE: HOUSTON RD LOT 5
PROPERTY RECORDED: Yes
WATER SUPPLY: ☑ Private ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

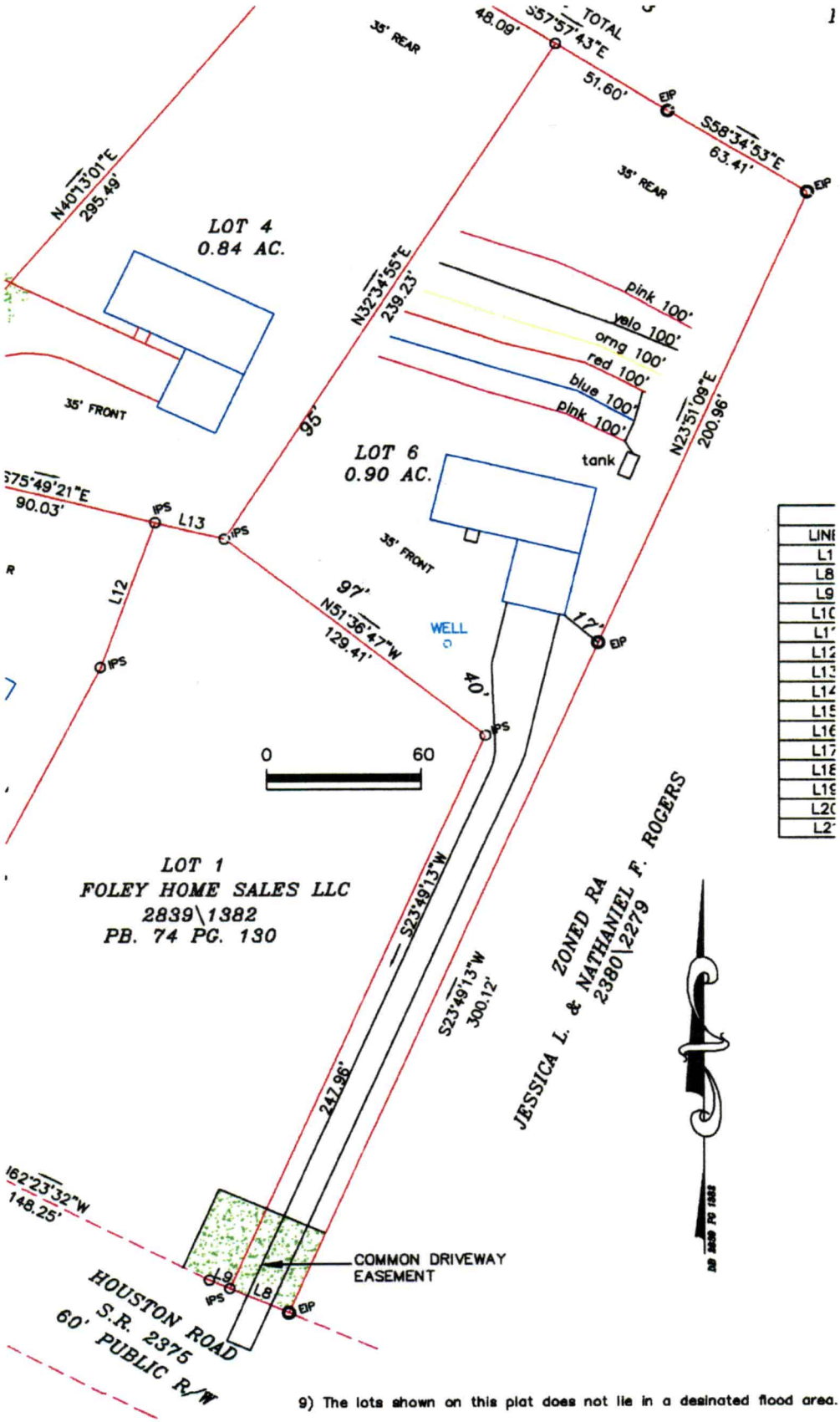
| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) | | OTHER PROFILE FACTORS | | | | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| | | | .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPR CLASS | .1944 RESTR HORIZ | |
| 1 | L / 4% | 0-10 | B SL WFGR | VFR NS NP | N/A | 56 | N/A | | .3 |
| | | 10-15 | YR CL WFS | FR SS SP | | | | | |
| | | 15-33 | R C MMA | FR SS SP | | | | | |
| | | 33-56 | R CL | FR SS SP | | | | | |
| | | | | | | | | | |
| 2 | L / 4% | 0-8 | B SL WFGR | VFR NS NP | N/A | 54 | N/A | | .3 |
| | | 8-35 | R C MMA | FR SS SP | | | | | |
| | | 35-54 | BR CL WMS | FR SS SP F/C SAP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3 | L / 4% | 0-6 | B SL WFGR | VFR NS NP | N/A | 56 | N/A | | .3 |
| | | 6-12 | R CL WMS | FR SS SP | | | | | |
| | | 12-42 | R C MMA | FR SS SP | | | | | |
| | | 42-56 | R CL WMS | FI SS SP | | | | | |
| | | | | | | | | | |
| 4 | L / 4% | 0-6 | B SL WFGR | VFR NS NP | N/A | 64 | N/A | | .3 |
| | | 6-40 | R C MMS | FR SS SP | | | | | |
| | | 40-64 | R CL WMS | FR SS SP F/C SAP | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

| 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):
EVALUATED BY: OVERBY
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014




9) The lots shown on this plat does not lie in a desinated flood area.

## LAYOUT SPECS
## 651 Houston Road, lot 6

**Daily Flow** 360 **Jan 2022**

| LINE # | FLAG | BS | HI | FS | ELEV | FLAGGED | DESIGN |
|---|---|---|---|---|---|---|---|
| **TBM INSTR. 1** | | | | | | | |
| | | | **SYSTEM** | | | | |
| 1 | Pink | | | | | 107 | 100 |
| 2 | Blue | | | | | 102 | 100 |
| 3 | Red | | | | | 100 | 100 |
| | | | **REPAIR** | | | | |
| 4 | Orange | | | | | 100 | 100 |
| 5 | Yellow | | | | | 100 | 100 |
| 6 | Pink | | | | | 100 | 100 |

| | 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

## Variables & Calculations

| | |
|---|---|
| Project Name | 651 Houston Road |
| Project # | 21-1083 |
| Project MM YYYY | Jan 2022 |
| Lot # (if applicable) | 6 |
| Business (if applicable) | Foley Homes Sales |
| Contact | Doug Foley |
| Phone | 856 404-5379 |
| Email | FOLEY1301@GMAIL.COM |
| County | Iredell |
| Bedrooms | 3 |
| Design Type | Manifold |
| 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 |

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

January 3, 2022

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

Re: Session Law 2018-114 Submittal for 651 Houston Road-Mooresville

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.

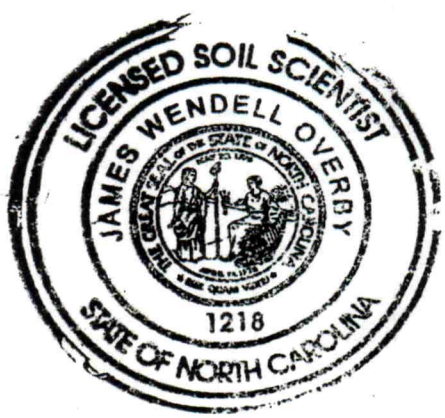
Signature: _____

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

Wendell Overby, LSS

Signature: Wendell Overby

Seal:



SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

**A design for a 3 Bedroom ACCEPTED Septic System using gravity distribution for 651 Houston Road**

**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**

## INFORMATION FOR THE INSTALLER:

* The permit should be read very carefully prior to bidding. The following are details that must be
* 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
* 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
* Where required by the county health department, post installation inspections by the designer
* Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest
* All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the
* 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
* No heavy equipment shall be used on the field during or after installation. The use of a small
* 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**

# GRAVITY DOSED SYSTEM
# FOR WASTEWATER TREATMENT

| | |
|---|---|
| Business (if applicable): | Foley Homes Sales |
| Contact: | Doug Foley |
| Phone: | 856 404-5379 |
| Email: | FOLEY1301@GMAIL.COM |
| County: | Iredell |
| Location: | 651 Houston Road |

## 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 |

RECEIVED JAN 4 - 2022

**APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE**
**OR IT WILL NOT BE PROCESSED** AP- 323961

# Iredell County Health Department – Environmental Health Division

**PAGE 1: *APPLICATION FORM*** Paid $ 500.00 Session Law

**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, LLC **Address:** 1075 BLUE SPRUCE PL **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:** 651 HOUSTON ROAD

**Subdivision Name:** _____ **Section/Phase:** _____ **Lot Number:** 6

**Driving Directions:** FROM MOORESVILLE 115 N TO 21 RIGHT ON WESTMORELAND, RIGHT ON HOUSTON, PROPERTY ON LEFT.

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

**CHECK FOUNDATION TYPE**

(✗) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✗) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(✗) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

**Desired Septic System Type:** ***(you may rank in order of preference)*** Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional (✗) Innovative ( ) Modified Conventional ( ) Other: _____

**Please answer the following to the best of your ability:**
( ) Yes (✗) No Does the site contain any jurisdictional wetlands?
( ) Yes (✗) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✗) No Is the site subject to approval by any other public agency?

***I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.***

**Signature:** _____ 1/3/22
**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 651 HOUSTON ROAD, identified as PIN (Parcel Identification Number) 4750723476, 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.

_____ 12/14/21
Signature of Owner(s) Date

**Mooresville - Environmental Health**
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

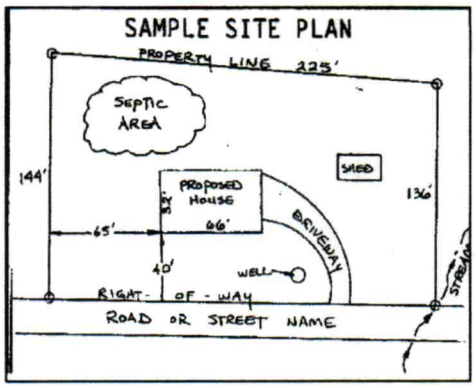
**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# IREDELL COUNTY 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:**

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) 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

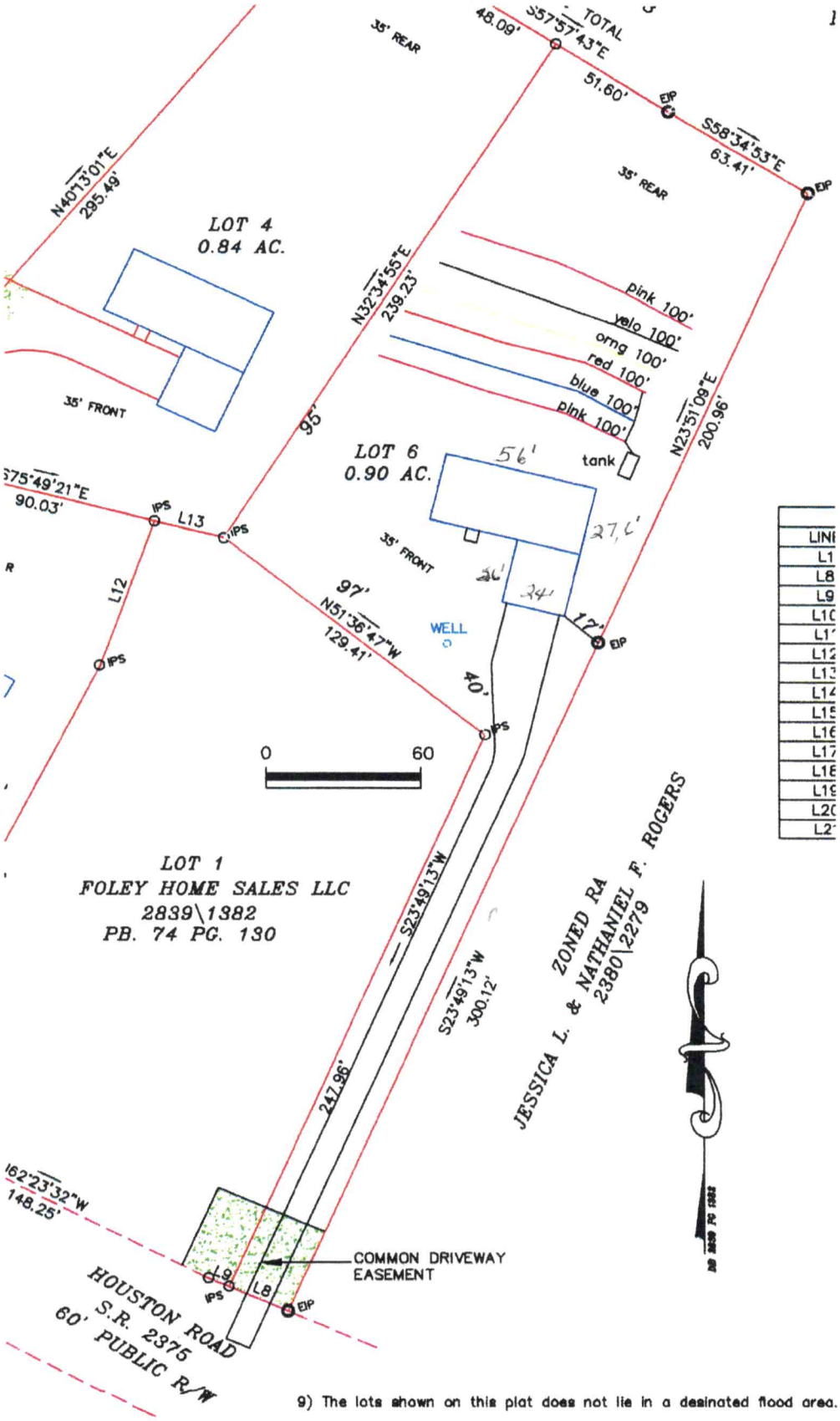
## USE THIS SPACE TO DRAW YOUR SITE PLAN

***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

**Signature:** _____ 1/3/22

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




| LINE |
|---|
| L1 |
| L8 |
| L9 |
| L10 |
| L11 |
| L12 |
| L13 |
| L14 |
| L15 |
| L16 |
| L17 |
| L18 |
| L19 |
| L20 |
| L21 |

9) The lots shown on this plat does not lie in a desinated flood area.

Gmail

**Ashley Rollans <ashleyrollans@gmail.com>**

# Iredell Session Law for Doug Foley

**Wendell Overby** <wendelloverby@gmail.com> Tue, Jan 4, 2022 at 8:23 AM
To: ASHLEY ROLLANS <ashleyrollans@gmail.com>

Please have the admin person take to Iredell County. Fees have been paid. Application number AP-323961.

Thanks,

Wendell Overby RF, LSS, SC
Soil & Forestry Services of the Carolinas, PA
(980) 439-5007
www.soilandforestryservices.com

**Septic Design Packet.pdf**
6883K

Give to Ronda Hart

?'s
Randy Williams
704-818-8562

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| **323961**<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4750723476.000 | 651 HOUSTON RD | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Name: FOLEY HOME SALES LLC | Name: SOIL AND FORESTRY SERVICES |
| Address: | Address: 813 DAVIDSON DR NW<br>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 |
|---|---|---|---|---|---|---|
| 0.9 | 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.

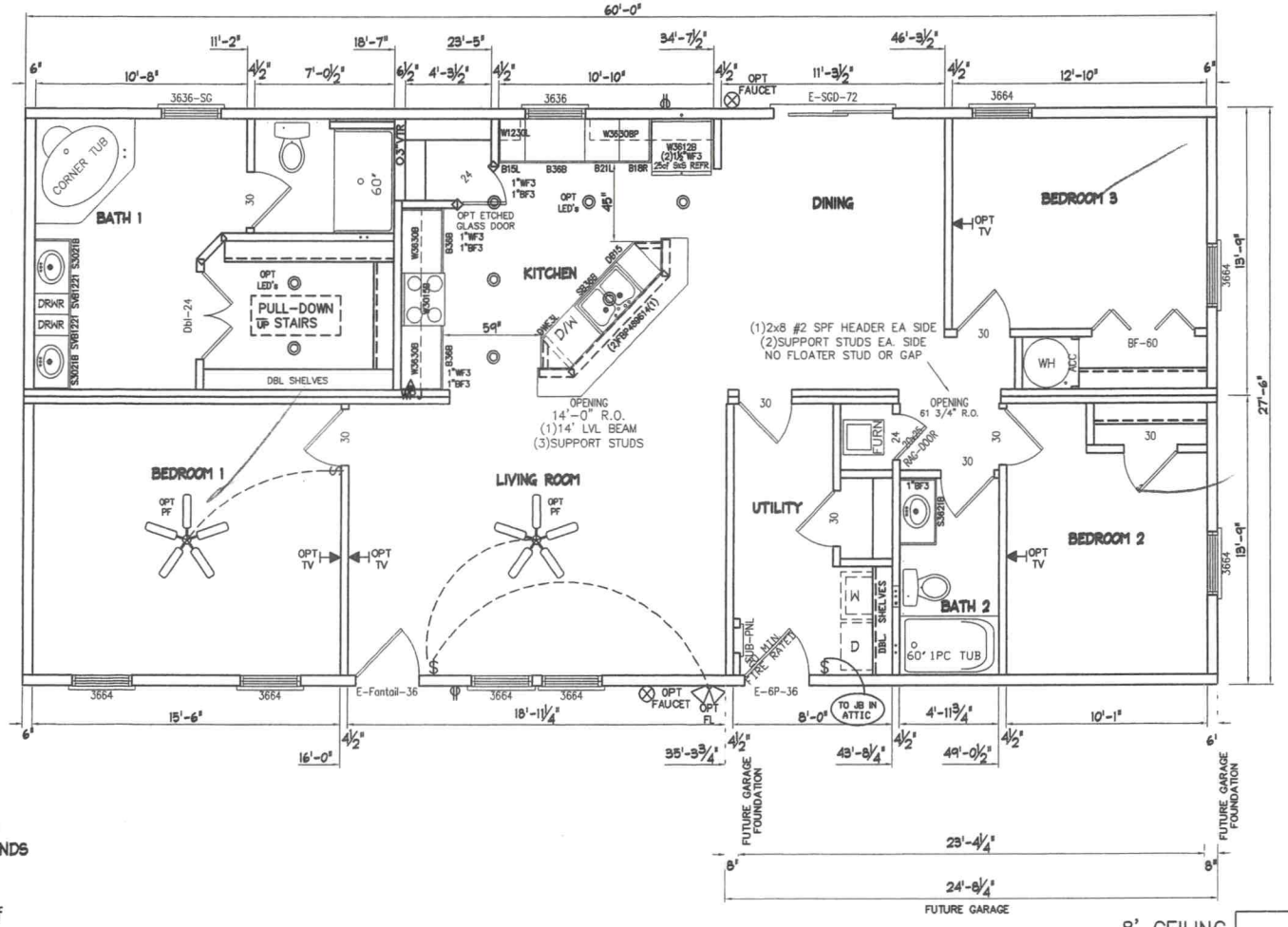
Signature of Owner/Contractor

**Date:** 12/15/2021

| Permit Number | 323961 |
|---|---|

| TOTAL FEES: | $77.25 |
|---|---|

BAB 1/7/2022




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

TOTAL AREA = 1650sf

CONDITIONED AREA = 1564sf

Shelby Foley

201

FOLEY HOME SALES / SPEC LOT 5

60'-0" x 27'-6" SN 4195

CP-60' FHS Spec Lot 5 Flipped

1st FLOOR ORDER

DRAWN JRH DATE 10/29/2021

REV. DATE

SCALE 3/16"=1'-0"


Manis & Crestline Custom Builders
5880 Crestline Road
Lawrenburg, NC 28352
1-800-772-0195
www.manischestercustombuilders.com www.crestlinecustombuilders.com


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