ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # OSWP 2025-75417

PIN # 4750 -- 81 -- 0600

APPLICANT/OWNER: Soil & Forestry Services LLC

APPLICANT ADDRESS: 126 3rd Creek Rd, Statesville, NC 28677

SITE ADDRESS: 694 Houston Rd, Troutman NC 28166

PHONE:

ALT. PHONE:

SITE DIRECTIONS: 21N -> R Houston -> lot on R just past Colonial Congress

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Georgia Mills Plantation SECTION: 3 LOT # 59 LOT AREA: 0.811 DESIGN FLOW: 480 gpd

L.T.A.R.(Initial): existing L.T.A.R (Repair): 0.3

Septic Tank existing (gal) STB 760 Date 8/17/17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: exist

Trench Width 36 *Max. Trench Depth(Initial) exist *Max. Trench Depth(Repair) 54 Gravel Depth n/a

* Measured on the downhill side of the trench

☑ New System ☐ Repair ☐ Expansion System Type: I ☑ II III IV V VI

System Description: 25% Reduction - IIIb

Repair System Description: LPHPPBPS - IVa

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

Usable Depth to LC (Initial): existing

☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☑ Private ☐ Public ☐ Community

Usable Depth to LC (Repair): 83 *Limiting Condition*

Comments / Conditions: Do not pave, grade, drive, park, or bury utilties in drainfield.
Divert all drainage from septic area.

INITIAL SITE SKETCH

Improvement permit issued pursuant to: G.S. 130A-335(a2), (a3) & (a4) using signed & sealed LLS/LG Evaluation attached, from:

Ashley Rollans

LSS# 1231

Construction authorization issued pursuant to: G.S. 130A-335(a2) & (a5)

AOWE# 10027E

Please note - edits made in Bluebeam may not be visible if viewed on a cellphone! Use computer to ensure all comments & notes can be seen.

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.

Purpose of this permit is to relocate the repair area to allow for a pool to be constructed. Water's edge of the pool must remain 15' from all portions of the existing septic & the repair area.

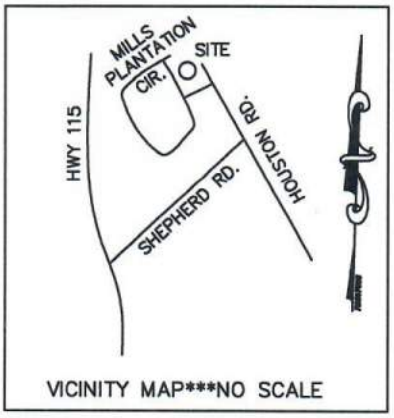
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **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: Date: Installed by: Specialty Septic

IMPROVEMENT PERMIT by: D. Wieberg Date: 5/6/25 OPERATION PERMIT by: Tom Shuck Date: 10/19/17

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 5/6/25 Existing System Inspected by: Date:



LOT 39
MICHELLE LEONARD
2307\2121

LOT 40
JOHN S. SEILER
2505/2017

EIP
N63°48'22"W
109.98
EIP

LOT 59
0.811 AC.

35' REAR SETBACK

R 59 P2
9 □ 60'
8 B 61'
6 Y 58'
5 P EXT. 122'
4 □ EXT.122'
3 B EXT.122'
2 R EXT.122'
1 0 106' P1

PB54PG82

N26°03'17"E
(BASE BEARING)

18'
POOL
32'
16'
38.4'
ST
TANK
DECK
15' SIDE SETBACK
323.97
S26°03'17"W
323.97
15' SIDE SETBACK
318.73'
N26°03'17"E
318.73

LOT 60
J & E HOLDING CO. LLC
2354\2076

LOT 58
ALVERA LESANE
2165\2245

1 STORY
BRICK
COMP. ROOF

31.7
19.9
65.0'
CONCRETE

35' FRONT SETBACK & DRIVEWAY
& LANDSCAPE & UTILITY EASEMENT

SHARED DRIVE
PK NAIL
(TIE ONLY)
N68°07'46"W
110.24
EIP
S67°05'53"E
49.73'
S66°04'04"E
60.37'
EIP

HOUSTON RD.
(60' PUBLIC R\W)

LEGEND
- P.P. = POWER POLE
- □ = POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

0' 25' 50' 100'
SCALE IN FEET

Permit/File #: OSWP-2025-75417

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; [X] (a2) Improvement Permit [X] (a2) Construction Authorization [ ] Fee $

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

County: Iredell

PIN/Lot Identifier: 4750810600

Issued To: Matthew Antonelli

Property Location: 694 Houston Rd, Troutman NC 28166

Subdivision (if applicable): Georgia Mills Plantation Lot#: 59 Block: Section:

LSS Report Provided: Yes [X] No [ ]

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

New [ ] Expansion [ ] System Relocation [X] Change of Use [ ]

Facility Type: Residential- Repair System Type Change/Modification for Pool Installation

Number of bedrooms: 4 Number of Occupants: 8 Other:

Design Wastewater Strength: [X] Domestic [ ] High Strength [ ] Industrial Process Wastewater

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0 Proposed LTAR (Repair): 0.3

Proposed Wastewater System Type*: Existing Permitted by Local HD (Initial) Pump Required: [ ] Yes [X] No [ ] May be required

Proposed Wastewater System Type*: Iva (HPFBPS) LPP (Repair) Pump Required: [X] Yes [ ] No [ ] May be required

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Effluent Standard: [X] DSE [ ] HSE [ ] NSF/ANSI 40 [ ] TS-I [ ] TS-II [ ] RCW

Saprolite System (Initial): [ ] Yes [ ] No Saprolite System (Repair): [ ] Yes [X] No

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

Usable Depth to LC (Initial)*: HD Permit Usable Depth to LC (Repair)*: 83 ** Limiting Condition*

Max. Trench Depth (Initial)ǂ: HD Permit Max. Trench Depth (Repair)ǂ: 54 *ǂ Measured on the downhill side of the trench*

Artificial Drainage Required: [ ] Yes [X] No If yes, please specify details:

Type of Water Supply: [X] Private well [ ] Public well [ ] Shared well [ ] Municipal Supply [ ] Spring [ ] Other:

Drainfield location meets requirements of Rule .0508: Yes [X] No [ ] Drainfield location meets requirements of Rule .0601: Yes [X] No [ ]

Permit valid for: [X] Five years [site plan submitted pursuant to GS 130A-334(13a)] [ ] No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

Proposed septic areas are to remain undisturbed (no grading, no utilities installlation)

Proposed septic areas should be fenced/protected from disturbance (vehicle traffic, debris, etc...)

Repair System Type Change for Pool Installation

See Design for any additional details

Licensed Soil Scientist Print Name: Samuel Ashley Rollans

Licensed Soil Scientist Signature: Samuel Ashley Rollans Date: 5/1/2025

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

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: oswp-2025-75417

This Section for Local Health Department Use Only

Initial submittal received: 5/6/25 *Date* by DW *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: D. Wieberg Date: 5/6/25

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 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 15A NCAC 18E 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: 5/6/30

See attached site sketch

NCDHHS

Permit/File #: OSWP-2025-75417

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

County: Iredell | Pre-Construction Conference Required: [ ] Yes [X] No

PIN/Lot Identifier: 4750810600

Issued To: Matthew Antonelli

Property Location: 694 Houston Rd, Troutman NC 28166, Lot#59

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

Facility Type: Residential- Repair System Type Change for Pool Installation

Number of bedrooms: 4 Number of Occupants: 8 Other:

[ ] New [ ] Expansion [ ] Repair [X] System Relocation [ ] Change of Use

Basement? [ ] Yes [X] No Basement Fixtures? [ ] Yes [ ] No

Crawl Space? [X] Yes [ ] No Slab Foundation? [ ] Yes [X] No

Type of Wastewater System* Existing Permitted by Local HD (Initial) Iva (HPPBP) LPP (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: 480 GPD Wastewater Strength: [X] Domestic [ ] High Strength [ ] Industrial Process WW

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? [ ] Yes [X] No

(if yes, please provide engineering documentation)

Effluent Standard: [X] DSE [ ] HSE [ ] NSF/ANSI 40 [ ] TS-I [ ] TS-II [ ] RCW

Type of Water Supply: [X] Private well [ ] Public well [ ] Shared well [ ] Municipal Supply [ ] Spring [ ] Other:

Installation Requirements/Conditions

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

Trench/Bed Width: Permitted inches LTAR: Permitted gpd/ft² Usable Depth to LC (Initial)*: Permitted *Limiting condition

Soil Cover: 0 inches Slope Adjusted Maximum Trench/Bed Depth‡: Permitted inches *‡ Measured on the downhill side of the trench*

Pump Tank Size (if applicable): 1,000 galllons Requires more than 1 pump? [ ] Yes [X] No

Pump Requirements: NA ft. TDH vs. NA GPM Grease Trap Size (if applicable): gallons

Distribution Method: [X] Serial [ ] D-Box or Parallel [ ] Pressure manifold(s) [ ] LPP [ ] Other

Artificial Drainage Required: Yes [ ] No [X] 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 [.0204(g)]: [ ] Yes [X] No Declaration of Restrictive Covenants: [ ] Yes [X] No

Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: [ ] Yes [X] No

Management Entity Required: Yes [ ] No [X] Minimum O&M Requirements:

Permit conditions:

Proposed septic areas are to remain undisturbed (no grading, no utilities installlation)

Proposed septic areas should be fenced/protected from disturbance (vehicle traffic, debris, etc...)

Residential- Repair System Type Change for Pool Installation

See Design for any additional details

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *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 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

AOWE/PE Print name: Samuel Ashley Rollans Expiration Date: 5/1/2030

AOWE/PE Signature: Samuel A Rollans Date: 5/1/2025

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

See attached site sketch

NC ONSITE WASTEWATER EVALUATOR Certification Number 10027E

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2025-75417

This Section for Local Health Department Use Only

Initial submittal received: 5/6/25 (*Date*) by DW (*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: D. Wieberg Date of Issuance: 5/6/25

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: 5/6/30

See attached site sketch

694 Houston Rd- Lot 59 (*See Attached Design*)***Note: Repair Type Change for Pool Installation**
The repair septic layout for this lot (9' centers) yielded a total of 344 linear feet of line. The primary system is previously permitted by the Local Health Department and a copy is attached along the repair type change submittal. The repair system is proposed as 267 linear feet of Mod. Conv. (HPPBPS) drainfield with low pressure distribution. Trench depth (Low Side) is specified at 54 inches. There is 344 linear feet 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 18E .0202 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 Date

- Print Name Matthew J. Antonelli
- Signature 5/6/22

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 694 Houston Rd, Troutman NC 28166. 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*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

5/1/2025

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

Re: Improvement Permit & CA Submittal for 694 Houston Rd, Troutman NC 28166 (Lot #59)

Mr. Snow,

Attached please find sealed soil notes, site plan and design related data for a 4BR repair relocation to accommodate a proposed pool.

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

"The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5) and (a6)."

Owner/Applicant: Matthew Antonelli

Signature: _____

Date: 5/6/25

"The LSS Evaluation is being submitted pursuant to and meets requirements of GS 130A-335(a2)." This Improvement Permit is issued pursuant to G.S. 130A-335(a2),(a3), and (a4) using the signed and sealed LSS evaluation attached here". "This AOWE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5)"

"This Construction Authorization is issued pursuant to G.S. 130A-335 (a2), and (a5) and (a6) using the signed and sealed plans or evaluations attached here."

S. Ashley Rollans

Signature: _____

Date: 5/1/2025 Seal:

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

NC ONSITE WASTEWATER
Certification Number
10027E
EVALUATOR

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 25-0042
April 30th, 2025

Matthew Antonelli
Attn: *Matthew Antonelli*
Email: drmattantonelli@gmail.com

RE: Soil & Site Evaluation for a 4 Bedroom Existing Residenceat 694 Houston Rd (LOT 59 Georgia Mills Plantation) Troutman, NC 28166, PIN # (4750810600), Iredell County. *Note: Only for Repair System Type Change/Modification for a Pool Installation.

Matthew:

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 plat& soil evaluation form. The purpose of our work was to identify soil areas to change the type of repair system to accommodate a proposed pool and provide design details for Session Law submittal to Iredell County Health Department.

Site Conditions

At the time of our evaluation land cover on the property was mostly open yard. Topography within the evaluated area was gentle slopenear the existing house and gentle slope near the proposed existing drainfield area. Property lines and corners were marked at the time of the evaluation by survey. Don Allen & Associates provided an Autocad File of the survey as a basemap. The house was located via Survey. The attached Site Plan/plat provided has house plot, setbacks and lot size. There were two backhoe pits dug in the repair area.

Methodology

We evaluated soil areas through the use of backhoe pits/auger borings. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with two pit locations on the property flagged and located via GPS. Both of thebackhoe pits are located in the proposed repair septic layout. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". . Soil suitability was determined by referencing 15A NCAC 18E "Wastewater Treatment & Dispersal Systems". Additional soil depth was determined by advancing two auger holes in the existing backhoe pits. The existing house and proposed pool are shown on the Site Plan. An on-ground layout of the repair was performed using a laser level for the prior design. The existing trenches were probed, flagged and located via GPS as part of the evaluation. Detailed system & repair information is summarized in the following paragraph for this Lot.

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, Matthew Antonelli, am the legal owner(s) of the property located at 694 Houston Rd, Troutman NC 28166, Lot#59, identified as PIN (Parcel Identification Number) 4750810600, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Ashley Rollans Soil & Forestry Services of the Carolinas, PA, to act as an agent on my behalf in applying for/signing/obtaining an 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.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
latasha.fleming@iredellcountync.gov
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@iredellcountync.gov
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submited in accordance with G.S. 130A-335(a2), (a3), and (a5).
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:

[X] (a2) Improvement Permit [X] (a2) Construction Authorization [ ] (a2) Repair/Construction Authorization

If applying for a Construction Authorization, please indicate desired system type(s):

[X] Accepted [ ] Conventional [ ] Innovative [X] Other Repair Area Relocation for Pool [ ] Any

[ ] New Construction [ ] Expansion [X] System Relocation [ ] Change of Use [ ] Repair

[X] 5 Year Expiration Requested (site plan provided) [ ] Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a)

Requesting DHHS review? (systems >3000 GPD or IPWW) [ ] Yes [X] No

Applicant:	Ashley Rollans// Soil & Forestry Services, PA"
Mailing Address:	P.O. Box 5872
City:	Statesville
State:	North Carolina
Zip:	28687
Phone #:	980-223-8352
Email:	sfsstatesvillenc@gmail.com

Owner:	Matthew Antonelli
Mailing Address:	694 Houston Rd
City:	Troutman
State:	North Carolina
Zip:	28166
Phone #:	980-444-0060
Email:	drmattantonelli@gmail.com

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

[ ] Yes	[X] No	Does the site contain any jurisdictional wetlands?
[ ] Yes	[X] No	Is any wastewater going to be generated on the site other than domestic sewage?
[ ] Yes	[X] No	Is the site subject to approval by any other public agency?
[ ] Yes	[X] No	Are there any easements or right of ways on this property?

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: _____ Date: 5/1/2025

Owner's Signature: _____ Date: _____

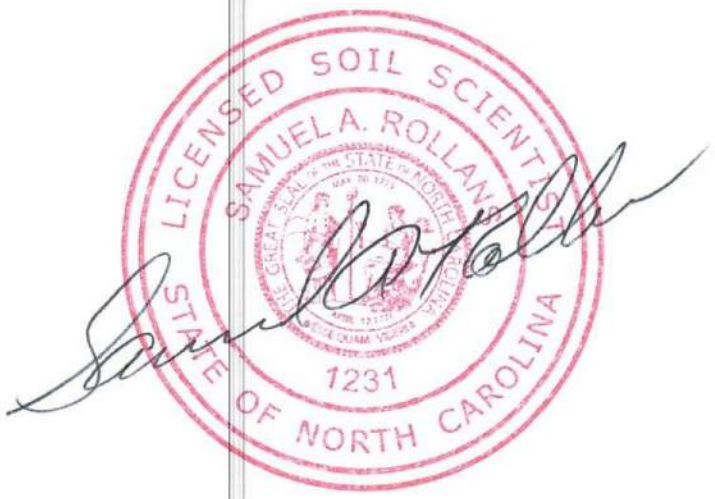
Soil & Forestry Services of the Carolinas, PA.
S. Ashley Rollans
P.O. Box 5872
Statesville, NC 28687
SoilAndForestryServices.com

Project# 25-0042

Septic system repair area relocation to accommodate a pool.
Existing 4BR Accepted system.
Site location: 694 Houston Rd, Troutman NC 28166, Lot # 59

Contents	**Page**
Information for the Installer	1
Design Specifications	2
Layout Specifications	3
Site Plan	4
Calculations	5
Soil Descriptions	6

4/30/2025
Design By: Ashley Rollans



Existing 4BR Accepted system.
Site location: 694 Houston Rd, Troutman NC 28166, Lot # 59

* **CALL 811 BEFORE DIGGING**
* The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
* Tanks shall be approved by DHHS, and certification supplied by the that must be considered along with all other considerations.
* The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
* The supply trench shall be compacted to eliminate cavities left during initial fill placement.
* Installation of the system shall be during dry conditions in order to protect the soil
* All fittings shall be pressure rated fittings.
* All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
* Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
* Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
* All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
* All tanks shall be properly back filled and compacted to prevent slump at a later date.
* Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
* No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
* Elevations at pinflag locations should be checked by the installer prior to beginning
* Septic tank riser shall be a minimum of 6" above finished grade.

* **Existing Primary System Permitted by Local Health Department**
* **Repair System Type Change for Pool Installation.**
* **Information to be used only in the event of Repair.**
*
*

Page 2	DESIGN SPECIFICATIONS	Project #25-0042

Existing 4BR Accepted system.
Site location: 694 Houston Rd, Troutman NC 28166, Lot # 59

Business (if applicable):	N/A	
Contact:	Matthew Antonelli	
Phone:	980-444-0060	
Email:	drmattantonelli@gmail.com	
County:	Iredell	
Location:	694 Houston Rd, Troutman NC 28166	
Source of Wastewater Flow:	4 bedroom house	
Estimated Daily Wastewater Production:	480	gpd
Drain field Size:	HD Permit	lf
Loading Rate:	HD Permit	$gpd/ft.^2$
Trench Depth:	HD Permit	in
Trench Width:	HD Permit	in
Soil Cap:	0	in
Septic Tank Size:	- Existing Tank 1,000g	

Page 3	LAYOUT SPECIFICATIONS	Project #25-0042

Existing 4BR Accepted system.
Site location: 694 Houston Rd, Troutman NC 28166, Lot # 59

Daily Flow (gpd) 480 **4/30/2025**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH	END CAP LENGTH	TOTAL LENGTH
TBM		0.0			100.0				
INSTR. 1			100.0						
			SYSTEM						
2	Red	Existing	Permitted by Local HD			122	122	0	122
3	Orange	Existing	Permitted by Local HD			122	122	0	122
4	Yellow	Existing	Permitted by Local HD			122	122	0	122
5	Blue	Existing	Permitted by Local HD			122	122	0	122
			REPAIR						
1	Orange					106	106	0	106
6	Yellow					58	58	0	58
7	Red					59	59	0	59
8	Blue					61	61	0	61
9	Orange					60	60	0	60

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH	SOIL CAP
SYSTEM	488	0.000	Permitted by Local Health Department	25%	0	0	0
REPAIR	344	0.300	HPPBPS	50%	LPP	54	0

Notes:
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

Page 4	SYSTEM FLOW	Project #25-0042

Existing 4BR Accepted system.
Site location: 694 Houston Rd, Troutman NC 28166, Lot # 59

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area
2	Red	0.0	122	N/A	N/A	244
3	Orange	0.0	122	N/A	N/A	244
4	Yellow	0.0	122	N/A	N/A	244
5	Blue	0.0	122	N/A	N/A	244
			0			
	total	**feet =**	**488**	**gal/min =**	**N/A**	

Design Flow **480**
Soil LTAR **0**
Accepted LTAR **0**

*Note: Primary Septic System Permitted by Local HD
*Repair System Type Changed for Pool Installation.

CALCULATIONS	Project #25-0042

Existing 4BR Accepted system.
Site location: 694 Houston Rd, Troutman NC 28166, Lot # 59

PROJECT INFO	Designer	Ashley Rollans
	Project #	25-0042
	Project MM YYYY	4/30/2025
	County	Iredell
	Project Location	694 Houston Rd, Troutman NC 28166
	Lot # (if applicable)	59
	Subdivision (if applicable)	Georgia Mills Plantation
	Parcel #	4750810600
	Lot size (acres)	0.811
	Easement(s) on parcel?	No
	Business (if applicable)	N/A
	Current Owner (for AA)	Matthew Antonelli
	Electronic Signature OK?	N
	Name	Matthew Antonelli
	Mailing Address	694 Houston Rd
	City	Troutman
	State	North Carolina
	Zip	28166
	Phone	980-444-0060
	Email	drmattantonelli@gmail.com
	Facility Type	Residential
	Facility	House
	Bedroom	4
	Water Source	Private Well
	Foundation Type	Crawl Space
	Daily Flow (gallons)	480
SYSTEM	System LTAR	
	System Type	
	System Distribution	
	System Trench Center Distance (feet)	See Local HD Permit
	System Trench Width (inches)	See Local HD Permit
	System Trench Depth (inches)	
	Soil Cap (inches)	
	Usable Soil Depth (inches)	
	Media Height (inches)	See Local HD Permit
	Tank Size (gallons)	1,000 - Existing Tank
	Required Feet of Line (system)	See Local HD Permit
	Designed Feet of Line (system)	See Local HD Permit
	Saprolite system?	
REPAIR	Repair LTAR	0.3
	Repair Type	HPPBPS
	Repair Distribution	LPP
	Repair Trench Center Distance (feet)	8
	Repair Trench Width (inches)	36
	Repair Trench Depth (inches)	54
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	83
	Tank Size (gallons)	1,000
	Required Feet of Line (repair)	267
	Designed Feet of Line (repair)	344
	Saprolite system?	No

Sheet 1 of 1

PROPERTY ID #: 4750810600

COUNTY: Iredell

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

OWNER: Matthew & Jessica Antonelli

ADDRESS: 694 Houston Rd Troutman NC 28166

PROPOSED FACILITY & Design Flow(.0400): Existing 4 Bedroom Home (480 GPD)- Repair System Type Change for Pool Installation

LOCATION OF SITE: 694 Houston Rd Troutman NC 28166

DATE EVALUATED: 4/9/2025

PROPERTY SIZE: 0.811

PROPERTY RECORDED: Yes

Water supply setback: 50 FT

WATER SUPPLY: ☐ Public ☑ Single Family Well ☐ Shared Well ☐ Spring ☐ Other

EVALUATION METHOD: ☑ Auger Boring ☑ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPR CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR	.0502(d) SLOPE CORRECTION
1	L/6%	0-10	RBSCL WFSBK	FR SS SP	fsap fFe Chr22-25 csap	83	S		>25 USE HPPBPS@ 0.3-0.325	2.16"
		10-30	BRC WMSBK/ABK	FR SS P						
		30-77	BRCL WFSBK	FR SS SP						
		77-83	VAR SL MASS	FR SS SP						
2	L/7%	0-10	BSLGR	FR SS SP	cFe22+ Chr225-38 f-csap	83	S		>38+ 0.3-0.325 USE HPPBPS DEEP 54" TB	2.52"
		10-17	RBSCL WFSBK	FR SS SP						
		17-43	BRC WMSABK/SBK	F SS P						
		43-80	BRCL WFSBK	FR SS SP						
		80-83	VAR SL MASS	FR SS SP						
3										
4										
5										
6										
7										
8										
9										
10										

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

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.508)	Permitted by Local HD	Suitable
System Types(s)	Permitted by Local HD	HPPBPS- 50% Reduction
Site LTAR	Permitted by Local HD	0.3
Maximum Trench Depth	See Local HD Permit	54"

SITE CLASSIFICATION (.509): Suitable

EVALUATED BY: Ashley Rollans

OTHER(S) PRESENT: Chad Wagner

COMMENTS: *Note: Primary Septic System Permiited by Local Health Department
*Note: Repair System Type Change for Pool Installation

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22147

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

PIN # 4750810600

APPLICANT: Nest Homes LLC APPLICANT ADDRESS: P.O. Box 3965 Mooresville, NC 28117

SITE ADDRESS: 694 Houston Rd Troutman, NC PHONE: ALT. PHONE: 704 433-9907

SITE DIRECTIONS: US21/Hwy 115 N TR Shepherd Rd TL Houston Rd on left

SUBDIVISION: GA Mills Plantation SECTION: LOT # 59 LOT AREA: .80 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .25

Septic Tank 1000 (gal) STB 760 Date 8/7/17
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4@120' Linear Ft: 480FT
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

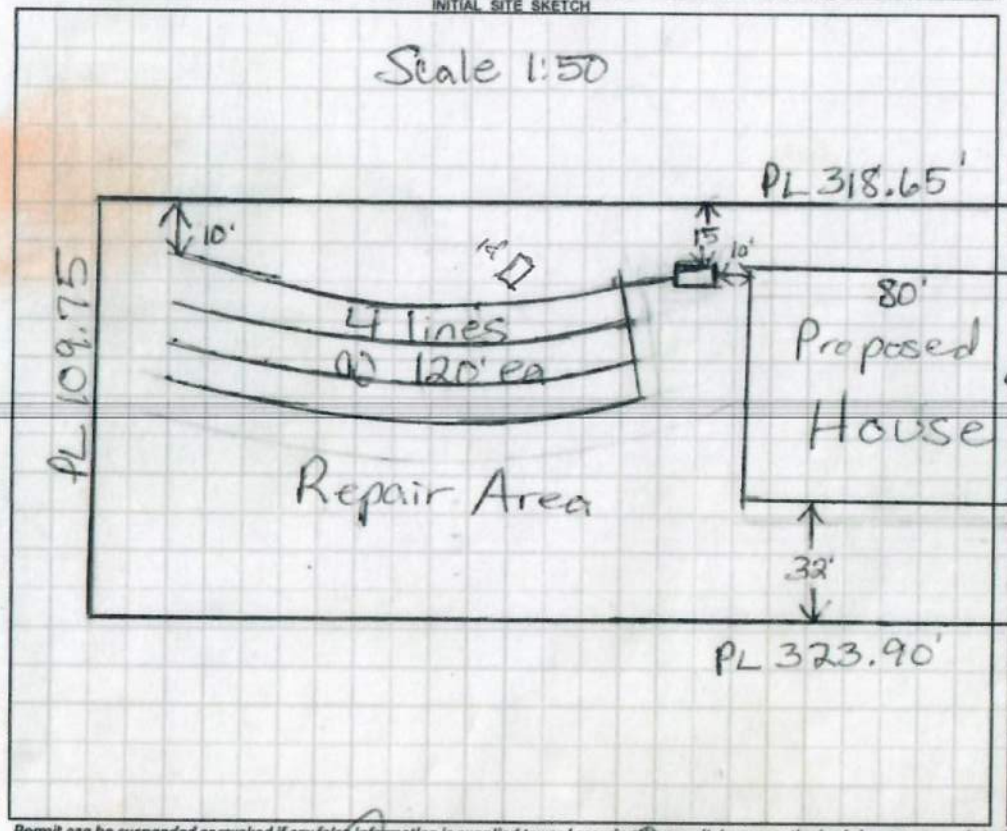
☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☒ YES ☐ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

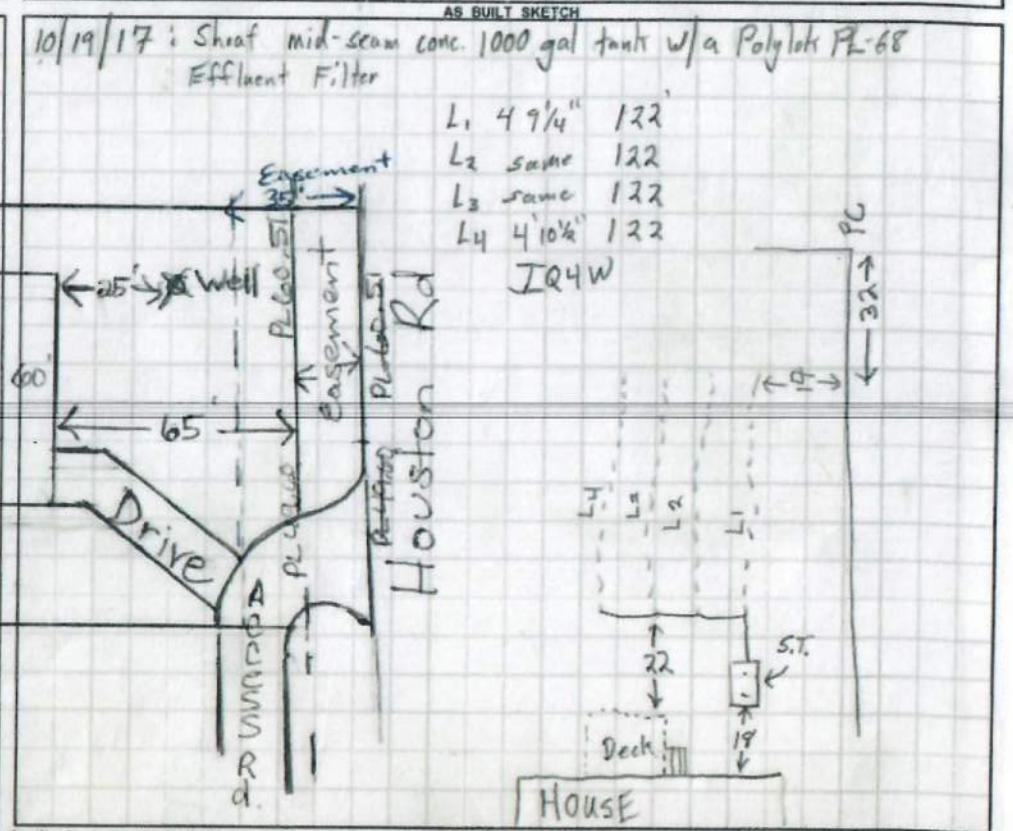
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Date: 10/19/17 Installed by: Jamie O'Daniel

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 10/8/16 OPERATION PERMIT by: Tom Shuck Date: 10/19/17

AUTHORIZATION TO CONSTRUCT by: Date: 6/13/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK