OSWP-2022-2787 RELAY-2022-0399

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 310905

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

PIN # 4761-12-0507

APPLICANT/OWNER: Chad Holloway APPLICANT ADDRESS: 186 Carnage Rd. Statesville NC 28677

SITE ADDRESS: 169 Fallen Acorn Dr, Troutman NC 28166 PHONE: 704-746-7094 ALT. PHONE 704-618-1127

SITE DIRECTIONS: Weathers Creek → L Fallen Acorn → lot @ end SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Oakridge SECTION: ___ LOT # 36 LOT AREA: 1.32ac DESIGN FLOW: 480 L.T.A.R.: 0.35

Septic Tank	1000 (gal)	STB	760	Date	2/13/23	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction	[ ] Business	No. Persons 8
Pump Make	Model			Serial #		Repair System Description:	25% Reduction	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	352'	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space
Trench Width	36"	Trench Bottom Depth	[redacted]		36" MAX	Gravel Depth	N/A	[X] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Divert all drainage, maintain 100' from any well.

Floor plans show 3 bedrooms - must install 4 bedroom system

INITIAL SITE SKETCH

This permit is issued pursuant to G.S. 130A-335(a2), (a3) & (a4) using the signed and sealed LSS/LG Evaluation attached here, from:

Soil & Forestry Services of the Carolinas

LSS# 1231

Ashley Rollans

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.

See 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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

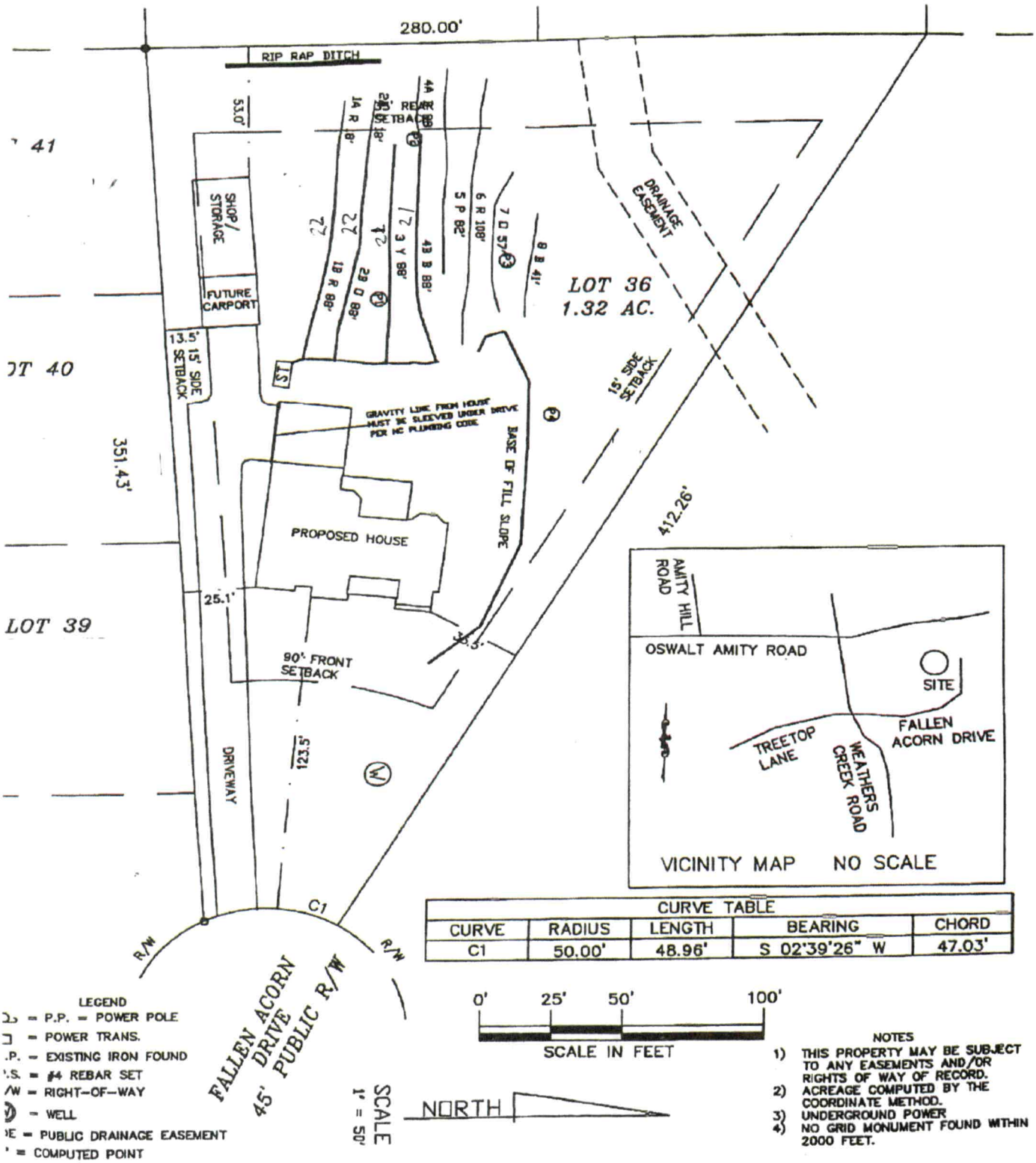
Owner / Applicant Signature: EnerGov signed Date: ___ Installed by: heaven Septic

IMPROVEMENT PERMIT by: D. Meberg Date: 8/27/22 OPERATION PERMIT by: Matt Wiz Date: 3/23/23

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 8/27/22 Existing System Inspected by: ___ Date: ___

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

Staked



CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	48.96'	S 02°39'26" W	47.03'

LEGEND
- ⌂ = P.P. = POWER POLE
- ⊓ = POWER TRANS.
- .P. = EXISTING IRON FOUND
- .S. = #4 REBAR SET
- /W = RIGHT-OF-WAY
- = WELL
- E = PUBLIC DRAINAGE EASEMENT
- ' = COMPUTED POINT

0' 25' 50' 100'
SCALE IN FEET

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.

County: Iredell

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)/SL2022-11

PIN/Lot Identifier: 4761620507

Issued To: James Campbell

Property Location: 169 Fallen Acorn Dr. Troutman NC 28166

Subdivision: Oak Ridge Lot #: 36 Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

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

New ☒ Repair ☐ Expansion ☐ System Relocation ☐

Proposed Structure: Residential

Proposed Wastewater System Type: _____ (Initial) _____ (Repair)

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

Proposed Design Daily Flow: _____ GPD Proposed LTAR (Initial): _____ Proposed LTAR (Repair): _____

Design Wastewater Strength: ☑ Domestic ☐ high strength ☐ Industrial process

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

Pump Required: ☐ Yes ☐ No ☐ May be required based upon final location and elevations of facilities

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

Type of Water Supply: ☐ Private well ☐ Public well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Drainfield location meets requirements of Rule .1945: Yes ☑ No ☐

Drainfield location meets requirements of Rule .1950: Yes ☑ No ☐

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

Permit conditions:

Licensed Soil Scientist Print Name: Samuel Ashley Rollans

Licensed Soil Scientist Signature: Samuel A Rollans Date: _____

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

See attached site sketch

CamScanner

County: Iredell

This Section for Local Health Department Use Only

Initial submittal received: 8/15/22 (*Date*) by RH (*Initials*)

Permit Number: RELAY-2022-0399

G.S. 130A-335(a4) states the following: *'If a local health department fails to act on an application for an improvement permit submitted pursuant to subsection (a3) of the section within 10 business days of receipt of a complete application, the local health department shall issue the improvement permit.'*

In accordance with G.S. 130A-335(a3) the improvement permit application is:

☐ 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 Owner on _____ (*Date*)

State Authorized Agent: _____ Date: _____

☐ Denied (See attached report.)

Copies of this were sent to the LSS and the Owner on _____ (*Date*)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Danielle A Wieberg Digitally signed by Danielle A Wieberg Date: 2022.08.26 16:07:22 -04'00' Date of Issuance: 8/27/22

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2), (a3), and (a4) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes, or if information submitted in the application was falsified, inaccurate or misleading. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. The location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the owner.

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: 8/27/27

See attached site sketch

County: Iredell

This Section for Local Health Department Use Only

Initial submittal received: 8/15/22 (*Date*) by RH (*Initials*)

Permit Number: RELAY-2022-0399

G.S. 130A-335(a6) states the following: *'If a local health department fails to act on an application for a construction authorization submitted pursuant to subsection (a5) of the section within 10 business days of receipt of a complete application, the local health department shall issue the construction authorization.'*

In accordance with G.S. 130A-335(a5) the construction authorization application is:

☐ 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 Owner on _____ (*Date*)

State Authorized Agent: _____ Date: _____

☐ Denied (See attached report.)

Copies of this were sent to the AOWE/PE and the Owner on _____ (*Date*)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Danielle A Wieberg Digitally signed by Danielle A Wieberg Date: 2022.08.26 16:12:45 -04'00' Date of Issuance: 8/27/22

This Construction Authorization is issued pursuant to G.S. 130A-335(a2), (a5), and (a6) 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, or if information submitted in the application was falsified, inaccurate or misleading. 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 location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the owner. Final landscaping shall be constructed to divert water and establish vegetative cover.

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: 8/27/27

See attached site sketch

DocuSign Envelope ID: 4A509000-8460-4E4E-904B-CF4CD4848F93

PROPERTY ID #: 4761120500
COUNTY: Iredell

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

OWNER: Peter & Loretta Borgelli
ADDRESS: 30 Franklin Ave Derby CT 06418
PROPOSED FACILITY: 4 BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 169 Fallen Acorn Dr. Troutman NC 28166
APPLICATION DATE
DATE EVALUATED: 7/2/20
PROPERTY SIZE: 1.31 AC
PROPERTY RECORDED: Yes

WATER SUPPLY: ☑ Private ☐ Public ☐ 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 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1 / P1	L/10%	0-4	BSCL wmsbk	Fr SS SP SEXP	Few SAP	48	PS	—	PS .325-.35 36" TB
		4-23	RC wmsbk	" Fr SS SP SEXP "					
		23-40	RBCL wfsbk	" Fr SS SP "					
		40-48	RBL vwfsbk	" Fr SS SP "	C to Many SAP Inc				
		48-60	VARFSL/L MASS	" Fr SS SP "					
B 2 / P2	L/6%	0-3	BCL wmsbk	Fr SS SP SEXP		30	PS	—	PS .35-.4
		3-13	BRC wmsbk	" Fr SS SP SEXP "					
		13-30	RBCL wfsbk	" Fr SS SP "	Few SAP				
		30-60	VAR SL MASS	" Fr SS SP "					
B 3 / P3	L/14%	0-3	BSL Gr	Fr SS SP SEXP		23	PS	—	PS .35-.4
		3-23	RBSCL wfsbk	Fr SS SP SEXP					
		23-63	VAR L MASS	" Fr SS SP "					
B 4 / P4	L/14%	0-6	BSCL wmsbk	Fr SS SP SEXP		30	PS	—	PS .325-.35
		6-15	BRC wmsbk	" Fr SS SP "					
		15-30	RBCL wfsbk	Fr SS SP					
		30-61	VAR SL MASS	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	35% Reduction	25% Reduction
Site LTAR	0.35	0.35

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollins
OTHER(S) PRESENT: Chad Wagner

COMMENTS:

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 20-0092
July 21st, 2022

JAMES CAMPBELL
Attn: *James Campbell*
Email: james.campbell@cokeconsolidated.com

RE: Soil& Site Evaluation for a 4 Bedroom Residence (Crawl Space) at 169 Fallen Acorn Dr., Lot 36, 1.31 ac Parcel, PIN# 4761120507,169 Fallen Acorn Drive, Troutman, NC 28166.

ridge -

Mr. Campbell:

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

Site Conditions

At the time of our evaluation land cover on the property was a mixture of open/grass & mature hardwoods. Topography within the evaluated area was gentle to moderate slope near the house site and proposed drainfield area. Property lines and corners were marked at the time of the evaluation by Ascension Land Surveying. The Surveyor provided an Autocad File of the survey as a basemap. The proposed septic layout was located via Trimble Submeter GPS and used to produce the attached *Site Plan*. The house envelope was staked by survey and GPS located at the time of the evaluation. The attached Survey provided has house setbacks to property lines. An accessory building was also staked by survey.

Methodology

We evaluated soil areas through the use of hand augers & backhoe pits. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with four borings & 4 pit locations on the property flagged and located via GPS. All four of the soil borings/pits are located in or adjacent to the proposed septic layout. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each pit/boring. The house envelope was located via survey. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout

CamScanner

were also located by GPS. Detailed system & repair information is summarized in the following paragraph for this Lot.

169 Fallen Acorn Dr. *(See Attached Design)*
The septic layout for this lot (9' centers) yielded a total of 704 linear feet of line. The primary system is proposed as 352 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Max. trench depth is specified at 36 inches. House foundation and plumbing must be constructed to achieve gravity flow otherwise a pump will be required. The repair system is proposed as 352 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. There is 352 linear feet available for repair. Max. trench depth is specified at 36 inches.

Session Law Requirements

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

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

Owner Date

Print Name James Corbett
Signature [signature] 7-26-22

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 at 169 Fallen Acorn Dr., Troutman, NC 28166 may nullify this design. 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*

CamScanner

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 4 bedroom single family residence at 169 Fallen Acorn Drive, Lot 36, Troutman 28166, Iredell County, NC.

Contents: **Page**

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

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4

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

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

Profile Descriptions---------- Submitted

Zoning Permit & Receipt---------- Submitted

Application---------- Submitted

Green Sheet---------- Submitted

Agent Authorization Form---------- Submitted

LICENSED SOIL SCIENTIST
Samuel A. Rogers
1231
STATE OF NORTH CAROLINA

July 21, 2022
Project #: 20-0092
Design By: Soil & Forestry Services of the Carolinas, PA

CamScanner

Layout Specifications - 169 Fallen Acorn Drive

Project #: 20-0092

LAYOUT FOR 4 BEDROOM HOME

July 21, 2022

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1A	RED					18	18
1B	*RED*					*88*	*88*
2A	ORANGE					18	18
2B	*ORANGE*					*88*	*88*
3	*YELLOW*					*88*	*88*
4A	BLUE					28	28
4B	*BLUE*					*88*	*88*
5	PINK					82	82
6	RED					108	108
7	ORANGE					57	57
8	BLUE					41	41
					Total	704	704

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	Max. TRENCH DEPTH
** System*	*352*	*0.350*	*ACCEPT.*	*0.350*	*25% RED*	*GRAVITY*	*36"*
Repair	352	0.350	ACCEPT.	0.350	25% RED	GRAVITY	36"

Notes: **All measures in feet

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

**Nitrification lines were located by GPS.

CamScanner

CALCULATIONS

Location 169 Fallen Acorn Drive
Troutman, NC 28117
Project Number 20-0092

Lot No: 36

No. of Bedrooms 4

Design Flow 480 $^{gal}/_{day}$

LTAR 0.350 $^{gal}/_{ft^2\,day}$

PPBPS? (YES OR NO) NO

Supply Line Length 5 ft.

Supply Line Volume 3.265 gal.

Required Feet of Line 342.8571 ft.
Amount of Line from Layout 352 ft.

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

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

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

Tank Draw Down N/A

Pump Run Time

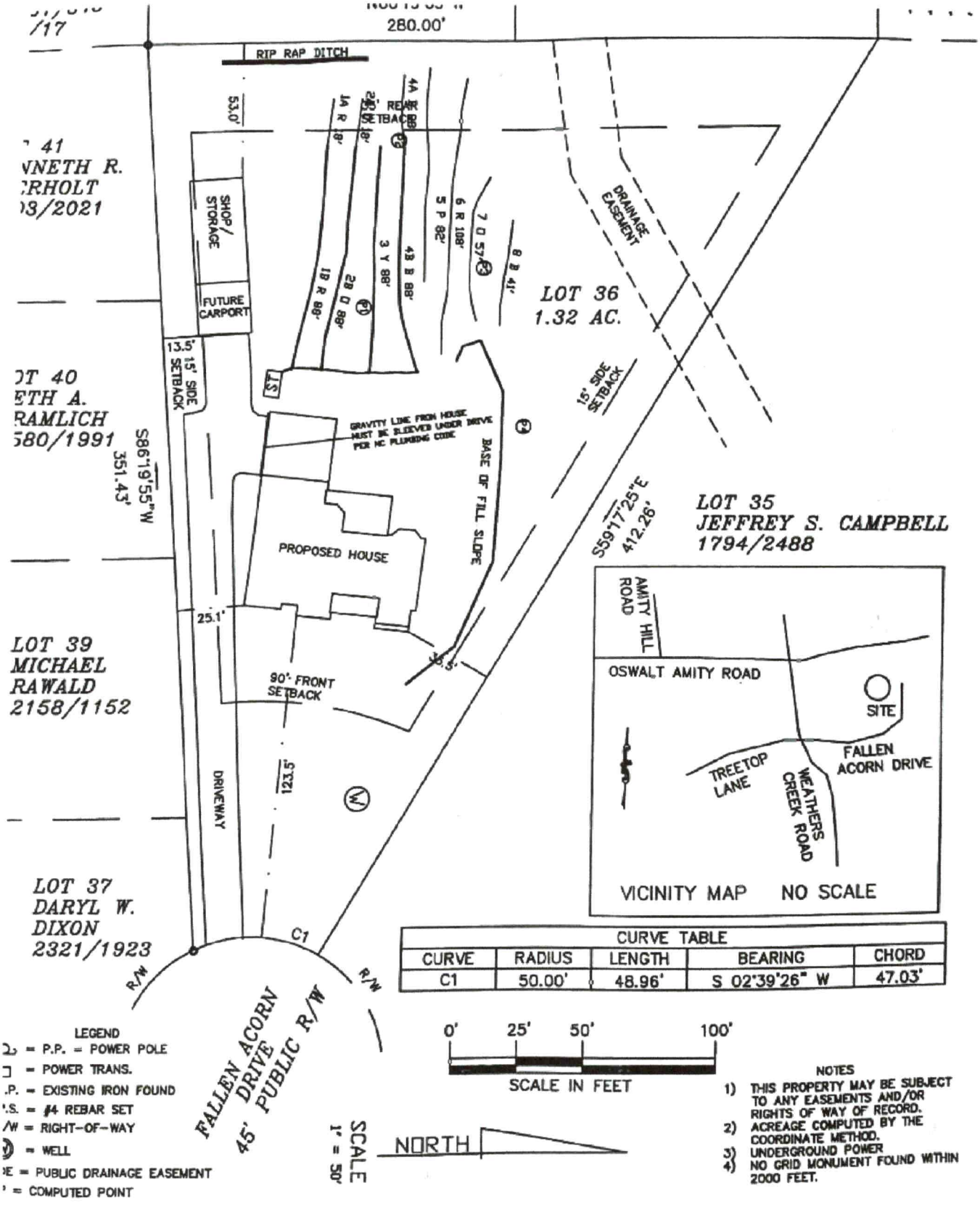
Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

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

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

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

CamScanner



CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	48.96'	S 02°39'26" W	47.03'

LEGEND
- = P.P. = POWER POLE
- = POWER TRANS.
.P. = EXISTING IRON FOUND
'.S. = #4 REBAR SET
/W = RIGHT-OF-WAY
= WELL
:E = PUBLIC DRAINAGE EASEMENT
' = COMPUTED POINT

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.

CamScanner

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Owner: Peter & Loretta Borrelli

Address: 30 Franklin Ave
Derby, CT 06418

Phone: 704.618.1127

County: Iredell

Location: 169 Fallen Acorn Drive
Troutman NC 28166

Source of Wastewater Flow: 4 Bedroom Single Family Residence

Estimated Gallons Per Day Flow: 480

System Flow: N/A

Design Specifications

Drainfield Size: 352

Loading Rate (gpd/ft.^{2}): 0.35

Depth of Gravel in Trench: N/A

Gravel Size: N/A

Max.Trench Depth: 36 in. Repair Trench Bottom 36 in.

Trench Width: 36 in.

Septic Tank Size: 1000

Estimated Supply Line Length: 5

Supply Line Diameter: 4 in. SCH 40 PVC

Supply Line Volume: 3.27

Dosing Volume: N/A

Supply Manifold: N/A

Supply Manifold Length: N/A

Supply Manifold Volume: N/A

Recommended Float Controls: N/A

Recommended Control Panel: N/A

Pressure Head: N/A

Friction Head: N/A

Elevation Head: N/A

Total Dynamic Head: N/A

Threaded Union: N/A

Gate Valves: N/A

Check Valves: N/A

Anti-Siphon Hole: N/A

Additional Comments: Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

CamScanner

169 Fallen Acorn Drive

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.35
TOTAL AREA TRENCH BOTTOM:	1056
TOTAL LATERAL LENGTH:	352
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	342.8571429
SUPPLY LINE LENGTH:	5
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

CamScanner

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: James & Ashley Campbell Date: 8/25/22
Address: 169 Fallen Acorn Dr, Troutman, NC 28166

Subject: Notice of Intent to Revoke: 169 Fallen Acorn Dr, Troutman, NC 28166 #310905 (Improvement Permit/Construction Authorization

Dear **James &** Ashley Campbell:

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 169 Fallen Acorn Dr, Troutman, NC 28166 #310905 for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Type III conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Suspend your Improvement Permit/Construction Authorization 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension will not go into effect. If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **8/25/22** . Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by General Statute 150B-23 to serve a copy of your petition to the Registered Agent for the Office of General Counsel, Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001. The Registered Agent for the Department of Health and Human Services is Lisa Corbett.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,



Danielle Wieberg, MS, REHS

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

8/25/22

Owner: James & Ashley Campbell
Address: 169 Fallen Acorn Dr, Troutman, NC 28166

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): 169 Fallen Acorn Dr, Troutman, NC 28166 #310905

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____9/23/2020_____ for a system:
(permit date)

Type III at 169 Fallen Acorn Dr, Troutman, NC 28166 #310905

for the site will be "revoked" immediately by the authorized agent/local health department.

See digital signature
Signature of Property Owner

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Chad Holloway Address: 186 Carriage Rd Statesville NC Zip: 28677
Applicant Email: whitleycreek.chad@gmail.com Phone: 704-746-7094 Alt. Phone: _____
Owner Name: James Campbell Address: 151 Pandora Road, Mooresville NC Zip: 28115
Owner Email: james.campbell@cokeconsolidated.com Phone: 704-618-1627 Alt. Phone: _____

Property Information:

Street Address: 169 Fallen Acorn Drive Troutman NC 28166
Subdivision Name: Oakridge Section/Phase: _____ Lot Number: 36
Driving Directions: I-77 South exit 45. Amity Hill South, TL onto Oswalt Amity, TR onto Weathers Creek TL onto Fallen Acorn. Lot in cul-de-sac

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) No Preference ( ) Alternative (.) Conventional ( ) 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?

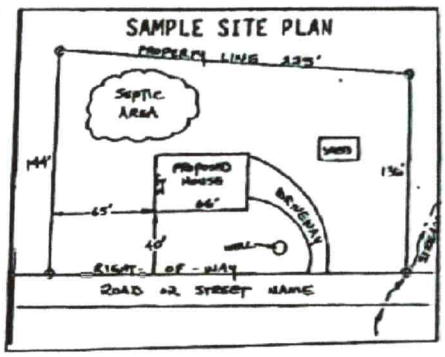
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Chad Holloway 8/1/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

CamScanner

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 Plot Plan

Signature: Noel Holle

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

8/1/2022

DATE

CamScanner

Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

CH **Complete all Environmental Health forms:**

CH Application
CH Site Plan including the dimensions of proposed structure, addition, pool etc.
CH Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
CH Copy of Zoning Permit when applicable
CH Sign this sheet after you have completed all items

CH **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must b visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 fe of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain fiel do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluatio will be put on HOLD until the requirement is met.**

CH **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

CH **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The propc structure, etc. must be staked out on the property as per the site plan.

CH **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 8/1/2022

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

CamScanner

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a gravity 25% reduction (Accepted) installation.
- **GRAVITY LINE FROM HOUSE WILL NEED TO BE SLEEVED UNDER DRIVE.**

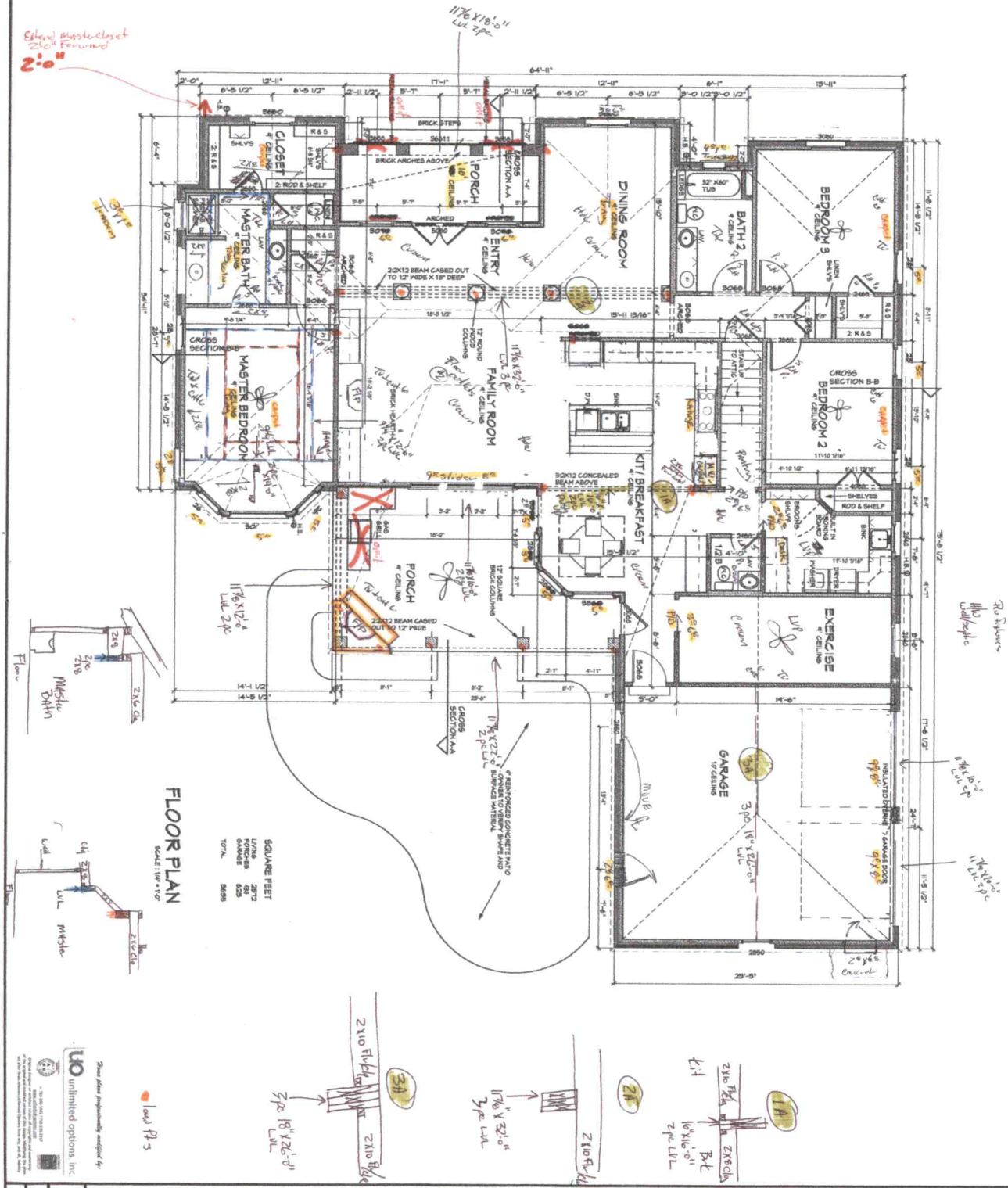
CamScanner

Acknowledgement Of
Plans Submittal ONLY!

Date 5/11/2022

Date 6/3/22

Single Build License Agreement with James & Leslie Campbell. Site Location: 169 Fallen Acorn Dr., Troutman, NC.



unlimited options inc

LARRY JAMES DESIGNS
2209 JUSTICE STREET, MONROE, LOUISIANA 71201 PH. 318-322-5842 FAX 318-325-5936
WWW.LARRYJAMES.COM
LJDESIGNS@LARRYJAMES.COM
TOLL FREE 1-800-742-8672

The purchaser of these plans assumes all responsibility for their accuracy including verification of all dimensions, compliance with any and all governing codes, ordinances, and covenants having jurisdiction over the site of construction and determining any modifications necessary to meet actual conditions of site. If changes or modifications are necessary or desired, only persons qualified to make such changes should be consulted (i.e., Professional Engineer, Architect, Building Designer or Building Contractor). Larry James & Associates, Inc. assumes no liability for any home constructed from these plans.

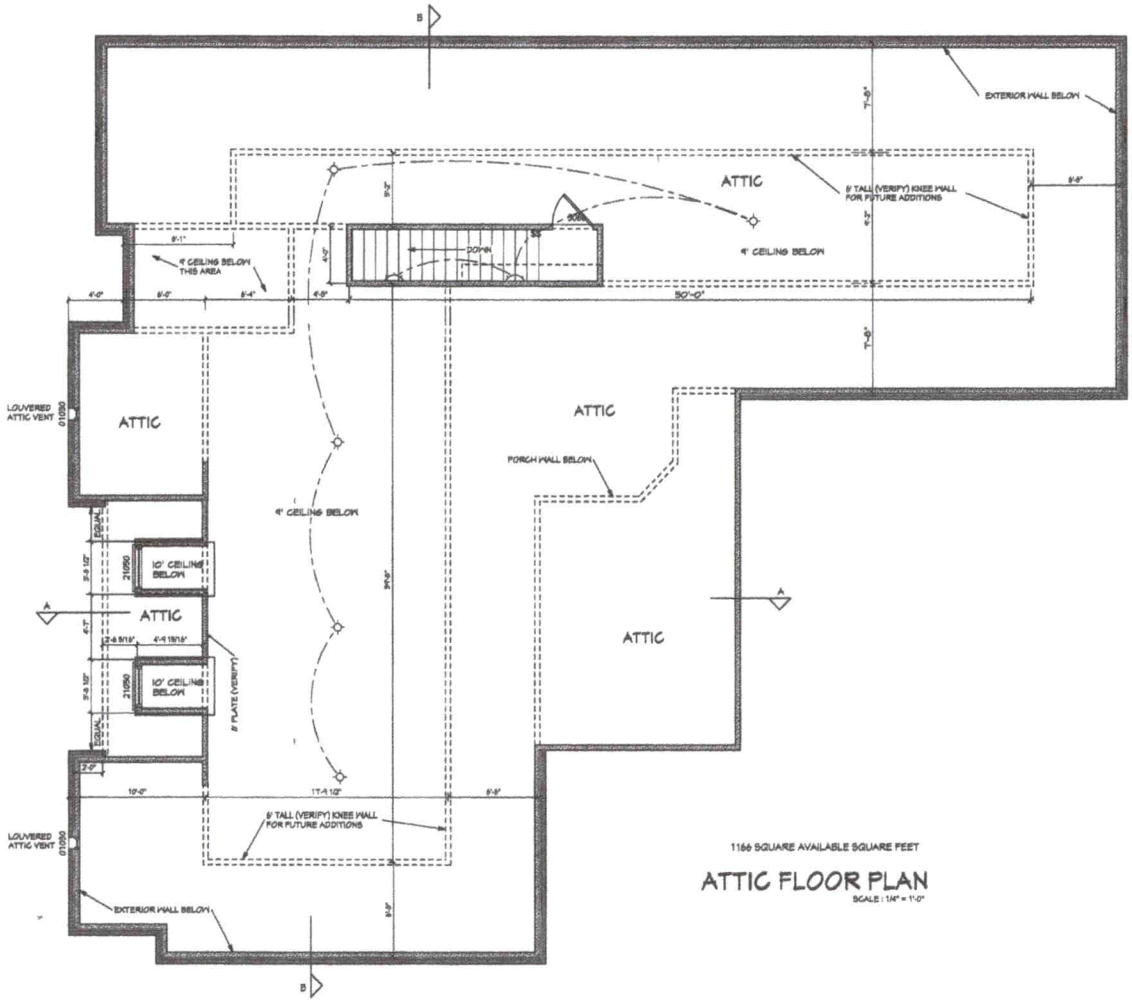
FOUR | 0707 | MAIN FLOOR PLAN

Single Build License Agreement with James & Leslie Campboll. Site Location: 169 Fallen Acorn Dr., Troutman, NC.

Acknowledgement Of Plans Submittal ONLY!

Date 5/14/2022

Date 6/3/22



1166 SQUARE AVAILABLE SQUARE FEET

ATTIC FLOOR PLAN

SCALE : 1/4" = 1'-0"

These plans professionally modified by:

unlimited options, inc.

Original designs or architects retains all copyrights and ownership of the original and modified version of this design. Modifying this plan set after finals releases Unlimited Options from any and all liability.

LARRY JAMES DESIGNS
2209 JUSTICE STREET; MONROE, LOUISIANA 71201 PH. 318-322-5542 FAX 318-329-9580
WWW.LARRYJAMES.COM

SECOND FLOOR PLAN

0707 FIVE

(Bcc)

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 310905

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

PIN # 4761 - 12 - 0507

APPLICANT/OWNER: James Campbell | APPLICANT ADDRESS: 151 Pardom Rd Mooresville NC 28115

SITE ADDRESS: 169 Fallen Acorn Drive Troutman NC | PHONE: 704-618-1127 | ALT. PHONE -

SITE DIRECTIONS: Weathers Creek to Fallen Acorn in Cul de Sac | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Oak Ridge | SECTION: - | LOT # 36 | LOT AREA: 1.3 Acres. | DESIGN FLOW: 4/80 | L.T.A.R.: .35

Septic Tank	1000 (gal)	SPB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	- (gal)	PT -	Date -	System Description:	Gravity 25% Reduction			[ ] Business	No. Persons 8
Pump Make	-	Model -	Serial # -	Repair System Description:	Gravity 25% Reduction			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines 4	Linear Ft: 352	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space
Trench Width	36	Trench Bottom Depth(~~max~~)	36 max	Gravel Depth	[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: ~~* Mountain 100Ft from any well *~~

3 Bedrooms shown, install 4 Bedroom system

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 the Carolinas PA

LSS # 1231

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.

Revoked

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 9-23-20 Installed by:

IMPROVEMENT PERMIT by: Benjamin A Butler Date: 9/23/2020. OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Weber Date: 6/3/22 Existing System Inspected by: Date:

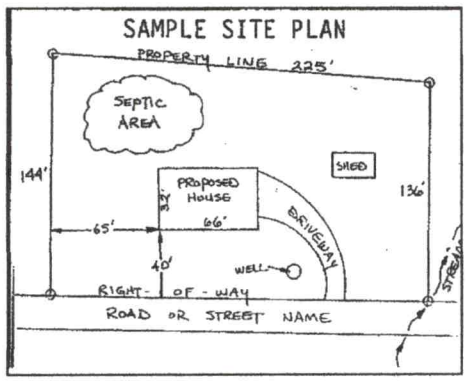
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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 Attach FP

Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/11/2022
DATE

DAS
DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2740, page 62, and/or plat book 50, page 28, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina, Chapter 89C.

my hand and seal on the 27, day of MAY, A.D. 20 22. REVISED 6/3/22
MOVED HOUSE & ADDED DRIVE

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

WILLIAM M. ALLEN, PLS

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	48.96'	S 02°39'26" W	47.03'

LOT 6
JEFFREY D. PAXTON
2161/345
49/17

LOT 5
JENNIFER H. MCLANE
2452/1766

N00°19'09"W
280.00'

LOT 4
JOHN N. SOLBERG
1770/1902

LOT 3
LATOYIA G. DAVIDSON
2821/1017

35' REAR SETBACK

LOT 41
KENNETH R. OVERHOLT
2403/2021

SEPTIC AREA

LOT 36
1.32 AC.

DRAINAGE EASEMENT

15' SIDE SETBACK

ST

CONC. CALC.
DRIVE = 391 SQ. FT.
WALK = 3,124 SQ. FT.

LOT 40
SETH A. KRAMLICH
2580/1991

S86°19'55"W
351.43'

15' SIDE SETBACK

PROPOSED HOUSE

S59°17'25"E
412.26'

LOT 35
JEFFREY S. CAMPBELL
1794/2488

LOT 39
MICHAEL RAWALD
2158/1152

90' FRONT SETBACK

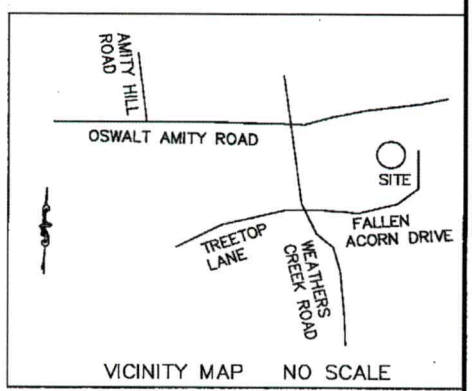
LOT 37
DARYL W. DIXON
2321/1923

C1

R/W

FALLEN ACORN DRIVE
45' PUBLIC R/W

R/W



VICINITY MAP NO SCALE

LEGEND
P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
Ⓦ = WELL
PDE = PUBLIC DRAINAGE EASEMENT
CP = COMPUTED POINT

0' 25' 50' 100'
SCALE IN FEET

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.

PLOT PLAN SURVEY

OF

169 FALLEN ACORN DRIVE

LOT 36 OAK RIDGE, PH. 2

CHAMBERSBURG TWSP., IREDELL CO., N.C.

SCALE 1" = 50'

ACQUIRED BY: WHITLEY CONSTRUCTION

FIELD BOOK:
FILE: OAK RIDGE 36 PH2
DC FILE:
TAX MAP NO: 4761120507

169 Fallen Acorn dr.

RECEIVED JUN 3 - 2022

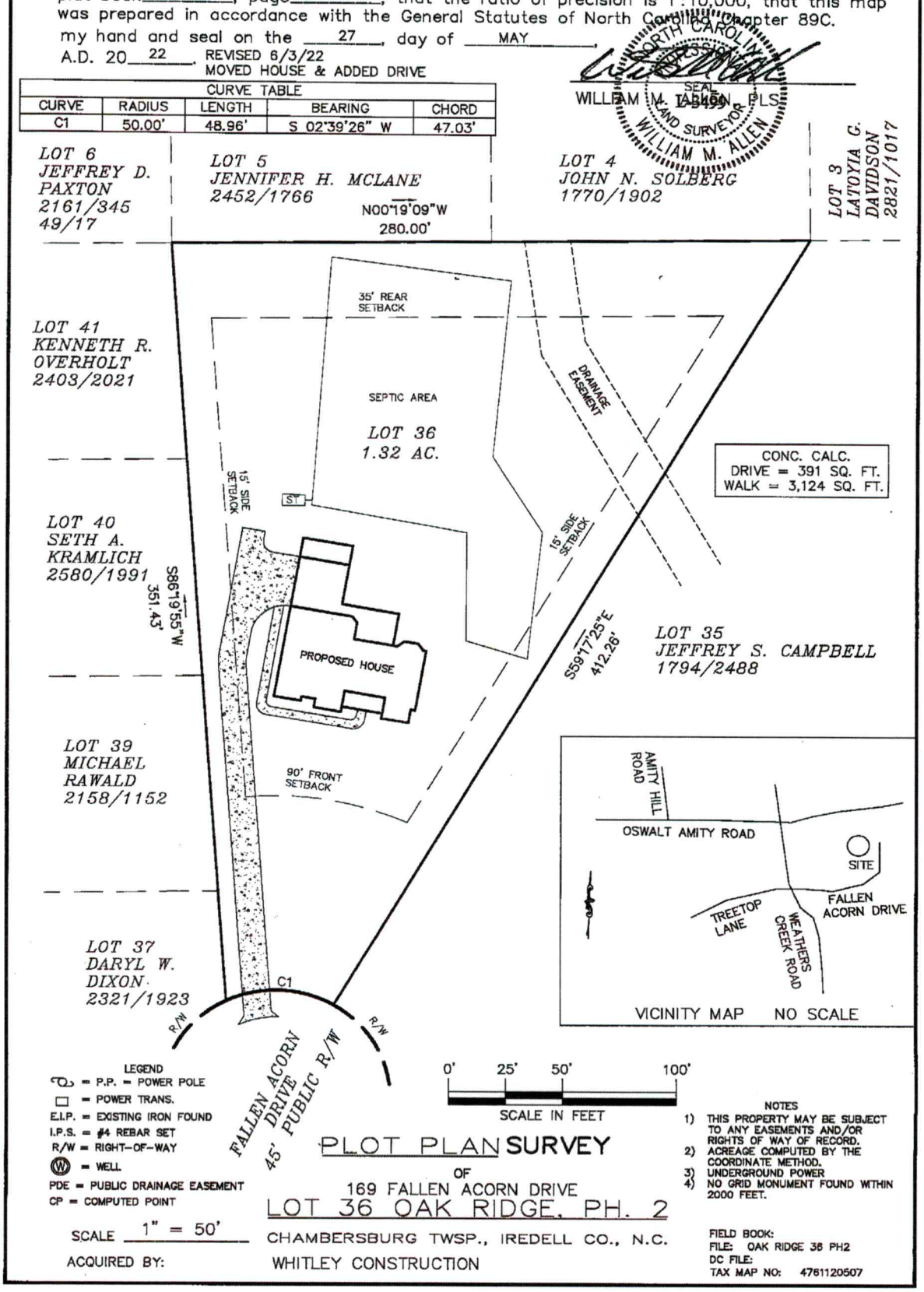
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2740, page 62, and/or plat book 50, page 28, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina, Chapter 89C. my hand and seal on the 27, day of MAY, A.D. 20 22. REVISED 6/3/22 MOVED HOUSE & ADDED DRIVE

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

WILLIAM M. TARLTON, PLS

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	48.96'	S 02°39'26" W	47.03'



LEGEND
- P.P. = POWER POLE
- = POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY
- W = WELL
- PDE = PUBLIC DRAINAGE EASEMENT
- CP = COMPUTED POINT

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.

PLOT PLAN SURVEY

OF

169 FALLEN ACORN DRIVE

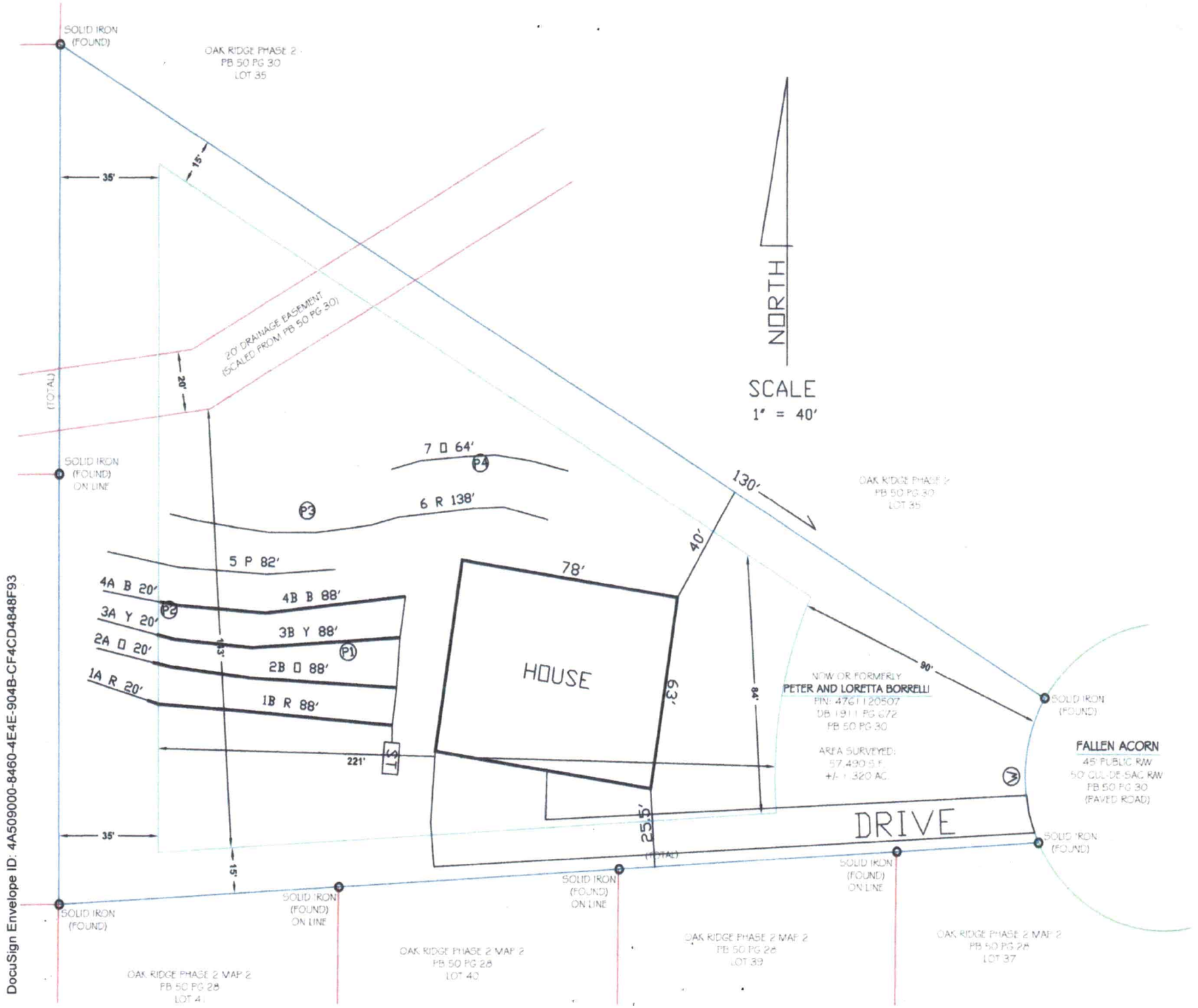
LOT 36 OAK RIDGE, PH. 2

CHAMBERSBURG TWSP., IREDELL CO., N.C.

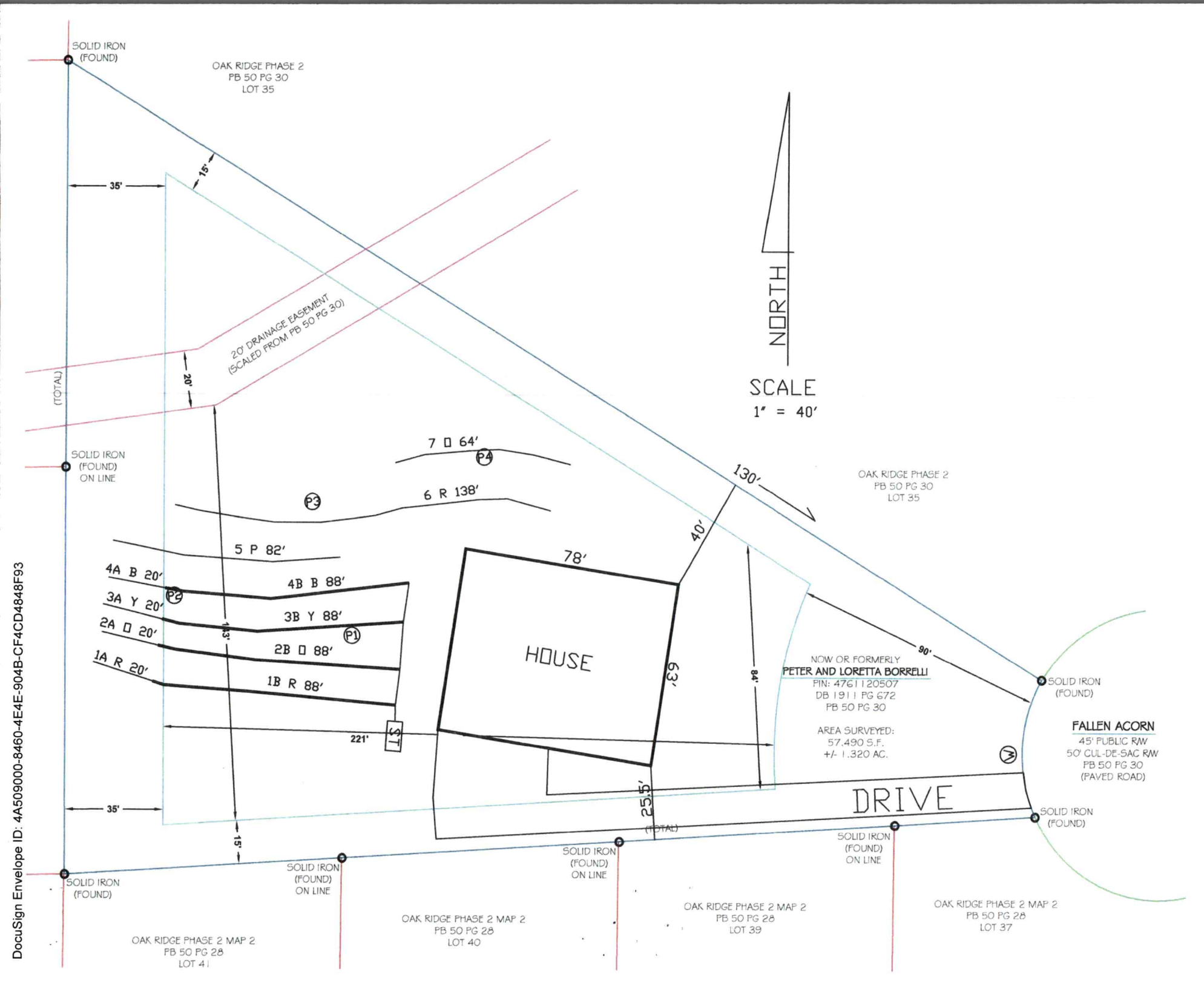
SCALE 1" = 50'

ACQUIRED BY: WHITLEY CONSTRUCTION

FIELD BOOK:
FILE: OAK RIDGE 36 PH2
DC FILE:
TAX MAP NO: 4761120507



DocuSign Envelope ID: 4A509000-8460-4E4E-904B-CF4CD4848F93



DocuSign Envelope ID: 4A509000-8460-4E4E-904B-CF4CD4848F93

DocuSign Envelope ID: 4A509000-8460-4E4E-904B-CF4CD4848F93

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA
www.soilandforestryservices.com

Project#: 20-0092
September 10th, 2020

JAMES CAMPBELL
Attn: *James Campbell*
Email: james.campbell@cokeconsolidated.com

RE: Soil & Site Evaluation for a 4 Bedroom Residence (Crawl Space) at Oak Ridge Subdivision, Lot 36, 1.31 ac Parcel, PIN# 4761120507, 169 Fallen Acorn Drive, Troutman, NC 28166.

Mr. Campbell:

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

Site Conditions

At the time of our evaluation land cover on the property was a mixture of open/grass & mature hardwoods. Topography within the evaluated area was gentle to moderate slope near the house site and proposed drainfield area. Property lines and corners were marked at the time of the evaluation by Ascension Land Surveying. The Surveyor provided an Autocad File of the survey as a basemap. The proposed septic layout was located via Trimble Submeter GPS and used to produce the attached *Site Plan*. The house envelope was staked by the client and GPS located at the time of the evaluation. The attached Survey provided has house setbacks to property lines.

Methodology

We evaluated soil areas through the use of hand augers & backhoe pits. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with four boring & 4 pit locations on the property flagged and located via GPS. All four of the soil borings/pits are located in the proposed septic layout. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each pit/boring. The house envelope was located via survey. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by GPS. Detailed system & repair information is summarized in the following paragraph for this Lot.

DocuSign Envelope ID: 4A509000-8460-4E4E-904B-CF4CD4848F93

Lot 36 (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 716 linear feet of line. The primary system is proposed as 352 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth is specified at 36 inches. The repair system is proposed as 364 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. There is 364 linear feet available for repair. Trench depth is specified at 36 inches.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS 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

Date

Print Name Peter Borrelli Loretta Borrelli

Signature DocuSigned by: Peter Borrelli 93574316B8DF42F... DocuSigned by: Loretta Borrelli E4482E18C81E40B... 9/13/2020 9/13/2020

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 SL 2018-114 Section 11.(c)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas on Lots 36 of Oak Ridge Subdivision may nullify this design. 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,

S. Ashley Rollans, LSS
Attachment: *Septic Design*

DocuSign Envelope ID: 4A509000-8460-4E4E-904B-CF4CD4848F93

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 4 bedroom single family residence at 169 Fallen Acorn Drive, Lot 36, Troutman 28166, Iredell County, NC.

Contents: **Page**

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

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4

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

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

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

Zoning Permit & Receipt---------- 8-10

Application---------- 11-12

Green Sheet---------- 13

Agent Authorization Form---------- 14

September 3, 2020
Project #: 20-0092
Design By: Soil & Forestry Services of the Carolinas, PA

DocuSign Envelope ID: 4A509000-8460-4E4E-904B-CF4CD4848F93

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a gravity 25% reduction (Accepted) installation.
- **GRAVITY LINE FROM HOUSE WILL NEED TO BE SLEEVED UNDER DRIVE.**

DocuSign Envelope ID: 4A509000-8460-4E4E-904B-CF4CD4848F93

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Owner: Peter & Loretta Borrelli

Address: 30 Franklin Ave
Derby, CT 06418
Phone: 704.618.1127
County: Iredell
Location: 169 Fallen Acorn Drive
Troutman NC 28166
Source of Wastewater Flow: 4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow: 480
System Flow: N/A

Design Specifications

Drainfield Size: 352
Loading Rate (gpd/ft.^{2}): 0.35
Depth of Gravel in Trench: N/A
Gravel Size: N/A
Max.Trench Depth: 36 in. Repair Trench Bottom 36 in.
Trench Width: 36 in.
Septic Tank Size: 1000

Estimated Supply Line Length: 5
Supply Line Diameter: 4 in. SCH 40 PVC
Supply Line Volume: 3.27
Dosing Volume: N/A
Supply Manifold: N/A
Supply Manifold Length: N/A
Supply Manifold Volume: N/A

Recommended Float Controls: N/A

Recommended Control Panel: N/A

Pressure Head: N/A
Friction Head: N/A
Elevation Head: N/A
Total Dynamic Head: N/A

Threaded Union: N/A
Gate Valves: N/A

Check Valves: N/A
Anti-Siphon Hole: N/A
Additional Comments: Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

DocuSign Envelope ID: 4A509000-8460-4E4E-904B-CF4CD4848F93

169 Fallen Acorn Drive

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.35
TOTAL AREA TRENCH BOTTOM:	1056
TOTAL LATERAL LENGTH:	352
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	342.8571429
SUPPLY LINE LENGTH:	98
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

DocuSign Envelope ID: 4A509000-8460-4E4E-904B-CF4CD4848F93

Layout Specifications - 169 Fallen Acorn Drive

Project #: 20-0092

LAYOUT FOR 4 BEDROOM HOME

September 3, 2020

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1A	RED					20	20
1B	***RED***					***88***	***88***
2A	ORANGE					20	20
2B	***ORANGE***					***88***	***88***
3A	YELLOW					20	20
3B	***YELLOW***					***88***	***88***
4A	BLUE					20	20
4B	***BLUE***					***88***	***88***
5	PINK					82	82
6	RED					138	138
7	ORANGE					64	64
					Total	716	716

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	TRENCH DEPTH
****System***	***352***	***0.350***	***ACCEPT.***	***0.350***	***25% RED***	***GRAVITY***	***36"***
Repair	364	0.350	ACCEPT.	0.350	25% RED	GRAVITY	36"

Notes: **All measures in feet

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

**Nitrification lines were located by GPS.

DocuSign Envelope ID: 4A509000-8460-4E4E-904B-CF4CD4848F93

CALCULATIONS

Location	169 Fallen Acorn Drive Troutman, NC 28117	
Project Number	20-0092	
Lot No:	36	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.350	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	NO	
Supply Line Length	5	ft.
Supply Line Volume	3.265	gal.
Required Feet of Line	342.8571	ft.
Amount of Line from Layout	352	ft.
Gallons per Minute	N/A	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Septic Tank Size	1000	gal.
Panel Volume	N/A	gal.
# of Panels	N/A	
Dosing Volume	N/A	gal.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

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

Tank Draw Down	N/A	
Pump Run Time		
Elevation Head	N/A	ft.
Pressure Head	N/A	ft.
Friction Factor	N/A	ft./100 ft. *(From the interpolater.)*
Friction Head	N/A	ft.
Total Dynamic Head (+15%)	N/A	ft.

RECEIVED MAY 11 2022

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-310905

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: ( ) 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: Chad Holloway **Address:** 186 Carriage Rd Statesville **Zip:** 28677
Applicant Email: whitleyconst.chad@gmail.com **Phone:** 704-746-7094 **Alt. Phone:**
Owner Name: James Campbell **Address:** 151 Pandora Rd Mooresville NC **Zip:** 28115
Owner Email: James.campbell@cokeconsol.com **Phone:** 704-618-1127 **Alt. Phone:**

Property Information:

Street Address: 169 Fallen Acorn Drive Troutman NC
Subdivision Name: Oak Ridge **Section/Phase:** 2 **Lot Number:** 36
Driving Directions: Hwy 21 North, TR onto Oswalt Amity, TR onto Weathers Creek, TL onto Fallen Acorn, lot is cul de sac

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) 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:**

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well **Number of Houses:** **Number of Persons:**
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:**
(X) No Preference ( ) Alternative ( ) Conventional ( ) 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: Chad Holl 5/11/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

DocuSign Envelope ID: 4A509000-8460-4E4E-904B-CF4CD4848F93

RECEIVED SEP 15 2020

AP-310905
$500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: James Campbell **Address:** 151 Pandora Rd Mooresville NC **Zip:** 28115
Applicant Email: james.campbell@cokeconsolidated.com **Phone:** 704 6181127 **Alt. Phone:**
Owner Name: Peter & Loretta Borrelli **Address:** 30 Franklin Ave Derby CT **Zip:** 06418
Owner Email: unknown **Phone:** 704 6181127 **Alt. Phone:**

Property Information:

Street Address: 169 Fallen Acorn Dr
Subdivision Name: Oak Ridge **Section/Phase:** **Lot Number:** 56
Driving Directions: see Address Above

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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

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: James A Fallen 9/11/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 4A509000-8460-4E4E-904B-CF4CD4848F93

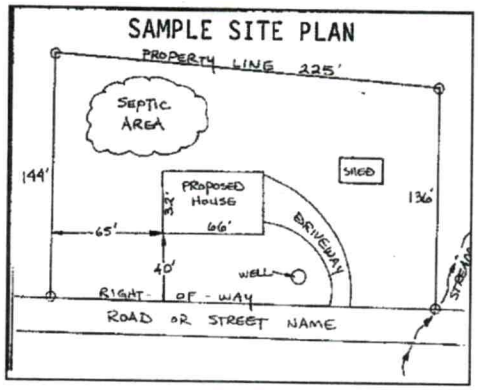
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/11/20
DATE

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, James Campbell, am the legal owner(s) of the property located at 169 Fallen Acorn Dr, identified as PIN (Parcel Identification Number) 4761120507, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Whitley Construction Chad Holloway, 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.

James F. Campbell
Signature of Owner(s)

5-10-22
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

CamScanner

DocuSign Envelope ID: 4A509000-8460-4E4E-904B-CF4CD4848F93

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, _____, am the legal owner(s) of the property located at 169 Fallen Acorn Drive Troutman NC 28166, identified as PIN (Parcel Identification Number) 4761170507, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ashley Rollans/SFS & James Campbell, 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.

DocuSigned by:
Peter Borrelli 9/13/2020
Signature of Owner(s) Date

DocuSigned by:
Loretta Borrelli 9/13/2020
E4482E18C81E40B...

_____ _____
Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

DocuSign Envelope ID: 4A509000-8460-4E4E-904B-CF4CD4848F93

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

SAR **Complete all Environmental Health forms**:

- ___ Application
- ___ Site Plan with dimensions of proposed structure, addition, pool etc.
- ___ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ___ Copy of Zoning Permit when applicable
- ___ Sign this sheet after you have completed all items

SAR **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

SAR **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

SAR **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

N/A If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 9/11/10

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

Campbell

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

CH **Complete all Environmental Health forms:**

- CH Application
- CH Site Plan including the dimensions of proposed structure, addition, pool etc.
- CH Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- CH Copy of Zoning Permit when applicable
- CH Sign this sheet after you have completed all items

CH **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

CH **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

CH **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

CH **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Chad Hall **Date** 5/11/2022

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625