(4)

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 23344

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

PIN # 4761 -- 24 -- 4274

APPLICANT/OWNE True Homes LLC APPLICANT ADDRESS: 2649 Brekenridge Center Dr Monroe NC

SITE ADDRESS: 142 Wheatfield Dr Statesville PHONE: 828 244 4705 ALT. PHONE -

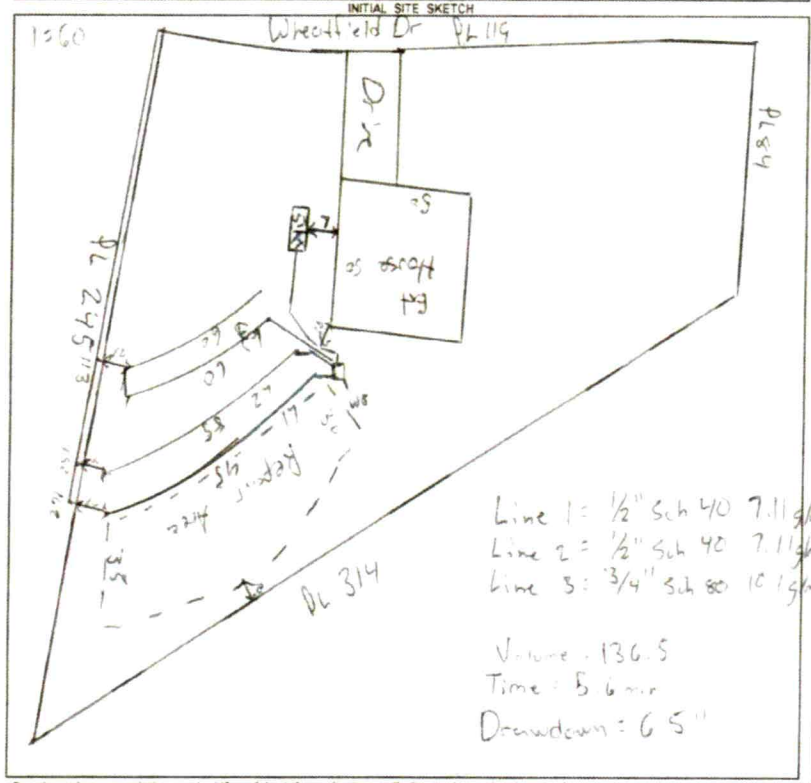
SITE DIRECTIONS: Oswalt Amity - R on Wheatfield SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Wheatfield SECTION: 1 LOT # 12 LOT AREA: .854c DESIGN FLOW: 360 L.T.A.R. .3 (.25R)

Septic Tank 1000 (gal)	STB 2071	Date ~~BEF~~ INFIL	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank 1000 (gal)	PT 2071	Date INFILTRATOR	System Description: 25% Reduction Pm	☐ Business	No. Persons 6	☑ Private
Pump Make Liberty	Model FLSIm-	Serial # 1/3hp	Repair System Description: LPP8505	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft 300	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☑ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 30" max	Gravel Depth -	☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install on Contour. Do not grade on septic area. Do not drive, park, or construct on septic area.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

INSTALLED AS
L1 = 94
L2 = 86
L3 = 66
L4 = 54

PM - Pressure Head Floats

INSTALLED AS SHOWN

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

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

Owner / Applicant Signature: Sidney L Hopkins Date: 7/25/22 Installed by: WATER MANAGEMENT of N.C.

IMPROVEMENT PERMIT by: Matt Wilt Date: 7/14/22 OPERATION PERMIT by: Bryant C. White Date: 8-12-2022

AUTHORIZATION TO CONSTRUCT by: Matt Wilt Date: 7/14/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	8-5-2022	BCW
Tanks Checked	SEE PREVIOUS	BCW
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y (N)	8-5-2022	BCW
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

ROLLANS ***Soil & Environmental Services, PA.***
P.O. Box 832, Mooresville, NC 28115 Phone: (704) 746-5046 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

NC Certified Septic Installer
NC Certified Subsurface Operator
NC Certified Septic Inspector

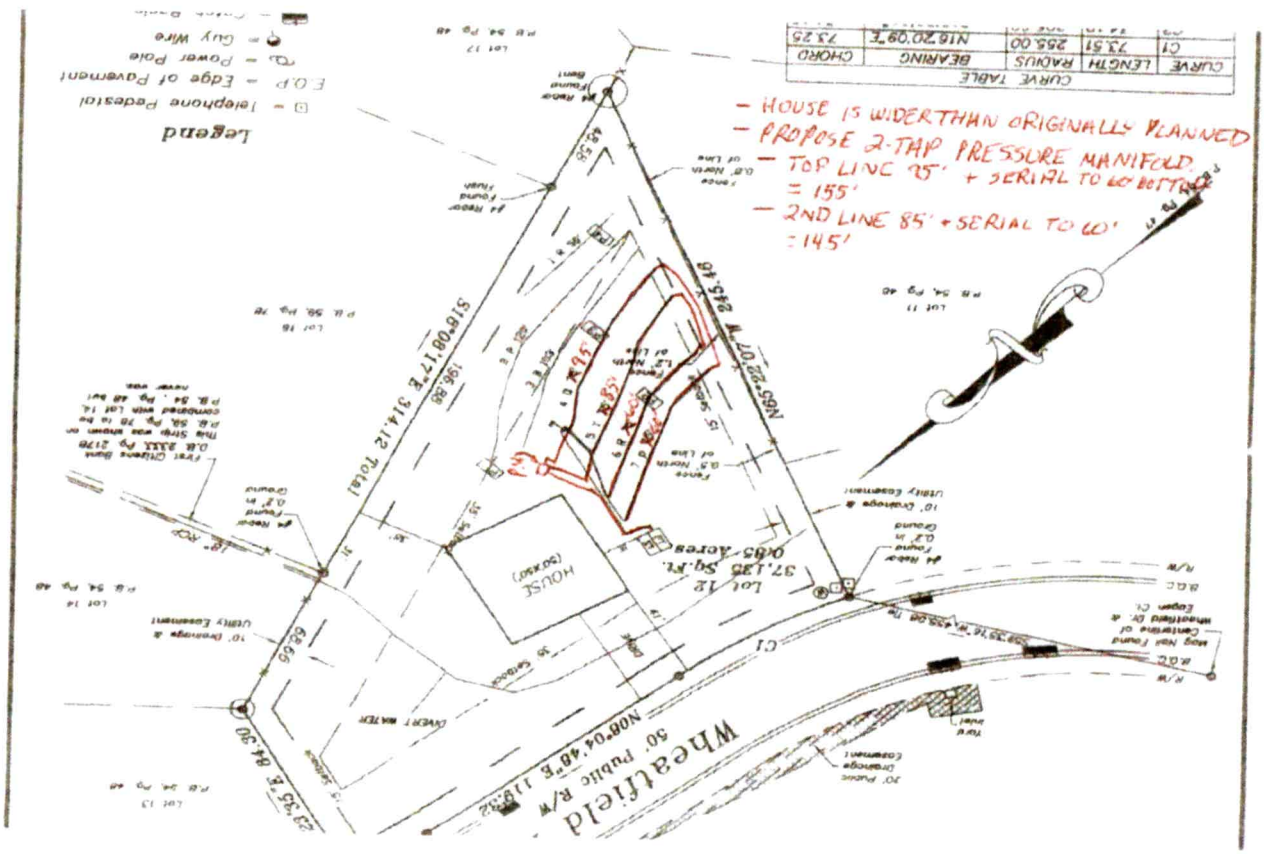
Attached is a proposed design for an Accepted (25% reduction) Septic System with Pressure Manifold distribution for a 3 bedroom single family residence on Wheatfield Lot#12, Pin#:4761244274.000, 142 Wheatfield Dr Statesville NC, 28677

Contents:

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Agent Authorization Form	15
Green Sheet	16 Bldr Submitted

3/12/19

March 12, 2019
Project No. 01-3394
Design By: Rollans Soil and Environmental Services, PA

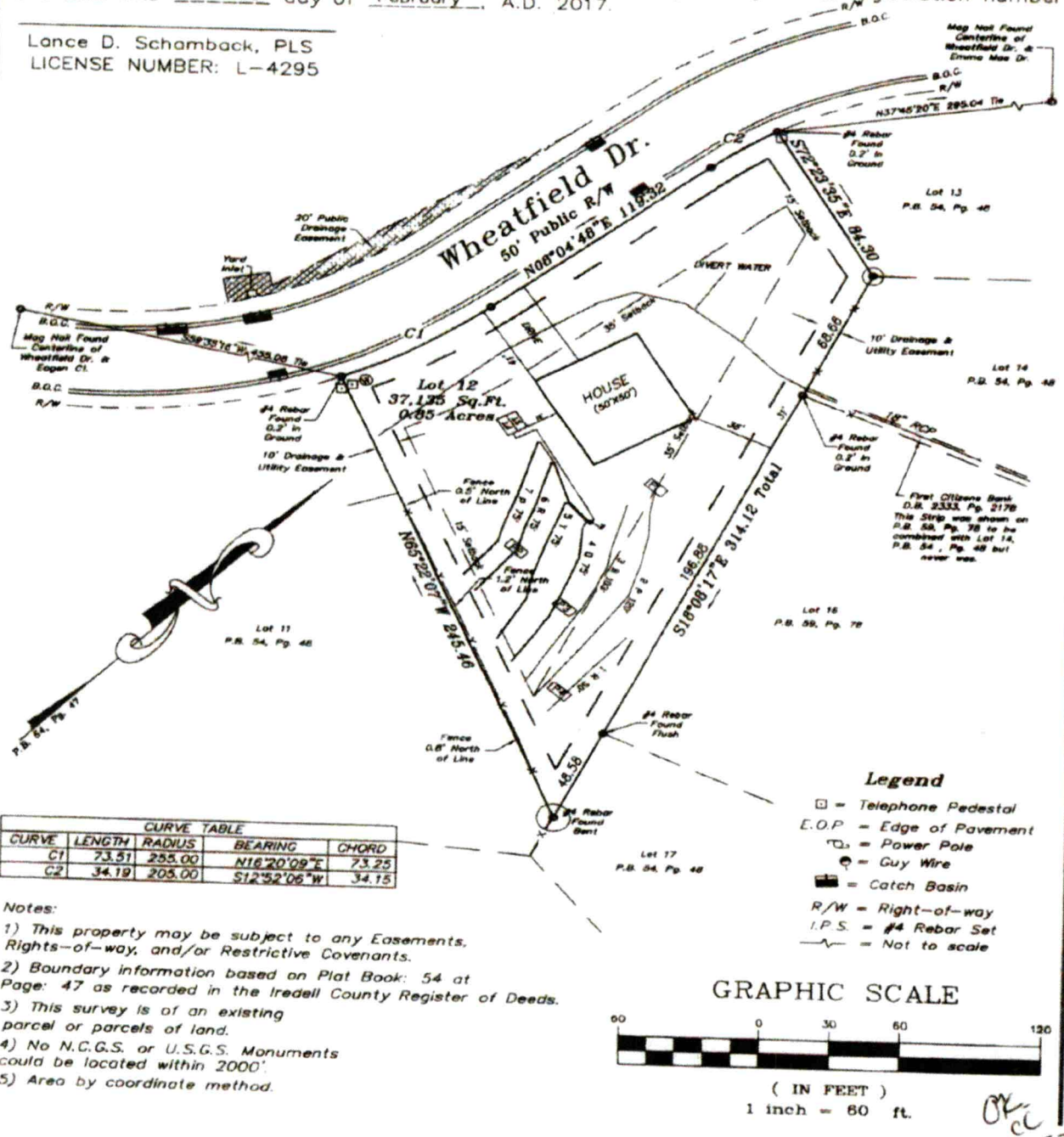

- HOUSE IS WIDER THAN ORIGINALLY PLANNED
- PROPOSE 2-TAP PRESSURE MANIFOLD.
- TOP LINE 95' + SERIAL TO 60' BOTTOM
= 155'
- 2ND LINE 85' + SERIAL TO 60'
= 145'
CURVE TABLE
CURVE | LENGTH | RADIUS | BEARING | CHORD
C1 | 73.51 | 265.00 | N18°20'09"E | 73.25
Legend
= Telephone Pedestal
E.O.P. = Edge of Pavement
= Power Pole
= Guy Wire
Wheatfield
50' Public R/W
N08°04'48"E 119.32'
S16°08'17"E 314.12' Total
196.88'
N65°22'07"W 245.48'
HOUSE
Lot 12
37,135 Sq. Ft.
0.85 Acres
C1
68.66'
S23°45'E 84.30'
OVERT WATER
UTILITY Easement
10' Drainage &
Utility Easement
Found
Fence
Tree
Shed
Garage

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 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.
- 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.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as an innovative 25% reduction installation w/Pressure Manifold.
- Repair is specified as a PPBPS installation w/low pressure distribution.
- Rake trench walls, lime sidewalls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.
- **Divert Drainage water from 18" Pipe around front of house (see Plan)**

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 54, Page 47). That the boundaries not surveyed are clearly indicated as drawn from information as shown survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 08 day of February, A.D. 2017.

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295



CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	73.51	255.00	N16°20'09"E	73.25
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Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Plat Book: 54 at Page: 47 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
5) Area by coordinate method.

Legend

- = Telephone Pedestal
- E.O.P = Edge of Pavement
- = Power Pole
- = Guy Wire
- = Catch Basin
- R/W = Right-of-way
- I.P.S. = #4 Rebar Set
- = Not to scale

GRAPHIC SCALE

60 0 30 60 120

(IN FEET)
1 inch = 60 ft.

CC 522-19

CALCULATIONS

Location	142 Wheatfield Drive	
Project Number	01-3394	
Lot No.	12	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.300	$^{gpd/ft^2}$
25% RED ? (YES OR NO)	YES	
Supply Line Length	66	ft.
Supply Line Volume	11.484	gal.
Required Feet of Line	300	ft.
Amount of Line from Layout	300	ft.
Gallons per Minute	21.92	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	195.9	gal.
Dosing Volume	137.13	gal.
	Note: Dosing Volume based on 70% of lateral line volume	
Tank Draw Down	6.5	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	6.26	minutes
Elevation Head	10.8	ft
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	0.84	ft.
Total Dynamic Head (+15%)	15.68	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

PRESSURE MANIFOLD TAPSHEET - WHEATFIELD LOT# 12

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area	Line LTAR
4	ORANGE	100.00	75	SCH 80 1/2	5.48	225	0.15
5	YELLOW	99.20	75	SCH 80 1/2	5.48	225	0.15
6	RED	98.70	75	SCH 80 1/2	5.48	225	0.15
7	PINK	98.10	75	SCH 80 1/2	5.48	225	0.15

total	feet =	300	gal/min =	21.92
		Des. Flow	360	
		Pump Run=	6.26	
		soil LTAR	0.3	
		LTAR +5%	0.315	
		LTAR with ACCEPTED	0.4	
		LTAR with ACCEPTED + 5%	0.42	

WHEATFIELD LOT #12

Project #: 01-3394

LAYOUT FOR 3 BEDROOM HOME

March 12, 2019

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		2.2			100.00		
INSTR. 1			102.20				
HOUSE CNR				6.70	95.50		
P. TANK				7.00	95.20		
1	RED			1.00	101.20	50	50
2	PINK			1.60	100.60	120	120
3	BLUE			2.20	100.00	103	103
4	*ORANGE*			*2.20*	*100.00*	*75*	*75*
5	*YELLOW*			*3.00*	*99.20*	*75*	*75*
6	*RED*			*3.50*	*98.70*	*75*	*75*
7	*PINK*			*4.10*	*98.10*	*75*	*75*
					Total	573	573

* System	LINE LENGTH 300	LTAR GPD/FT² 0.300	SYSTEM TYPE ACCEPT.	SOIL LTAR GPD/FT² 0.300	TRENCH SYSTEM 25% RED.	DISTRIBUTION PRESSURE MANIFOLD
Repair	273	0.250	MOD.	0.250	PPBPS	LOW PRESSURE

Notes:

** TBM located on top of ground at EIP (SEE SITE PLAN)
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

Wheatfield Lot # 12
PRESSURE MANIFOLD DESIGN

DESIGN FLOW:	360	
SOIL APPLICATION RATE:	0.3	
TOTAL AREA TRENCH BOTTOM:	900	
TOTAL LATERAL LENGTH:	300	
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	300	
SUPPLY LINE LENGTH:	66	
TOTAL DYNAMIC HEAD:	15.68	
MANIFOLD SIZE:	4 in.SCH 80 PVC	
DOSING VOLUME:	137 13	
PUMP TANK DRAW DOWN*:	6.5	
SEPTIC TANK SIZE:		1000
PUMP TANK SIZE:		1000

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

PRESSURE MANIFOLD SYSTEM FOR WASTEWATER TREATMENT

Owner:	M J Silmser Corp
Address:	P.O. Box 428 King, NC 27021
Phone:	336.362.1748
County:	Iredell
Location:	Wheatfield Lot # 12
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	21.92

Design Specifications

Drainfield Size:	300
Loading Rate:	0.3
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Trench Depth:	30 in. Repair Trench Depth 30 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	66
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	11.48
Dosing Volume:	137.13
Supply Manifold:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	0.84
Elevation Head:	10.80
Total Dynamic Head:	15.68
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services.

(4)

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PIN #

APPLICANT OWNE [illegible] APPLICANT ADDRESS [illegible]

SITE ADDRESS PHONE ALT PHONE

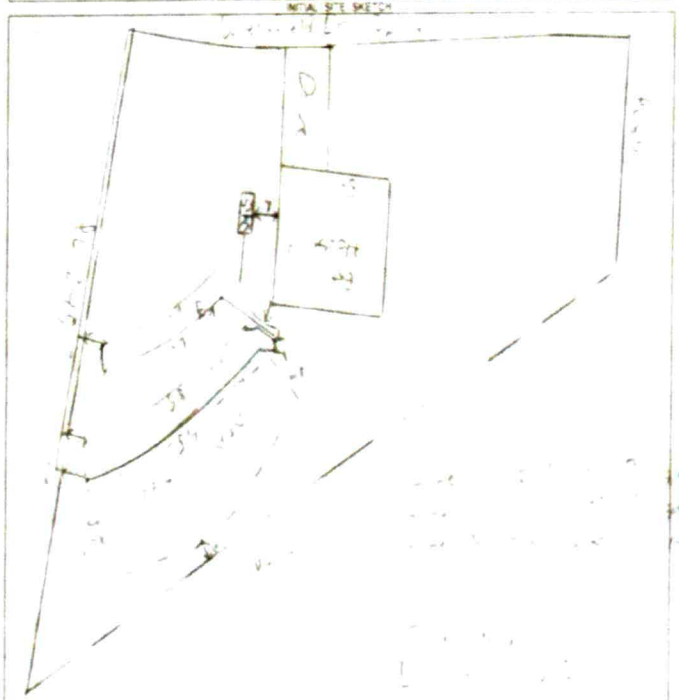
SITE DIRECTIONS SAP CONTROLLED ☐ YES ☒ NO

SUBDIVISION SECTION LOT # LOT AREA DESIGN FLOW L T A R

Septic Tank	gal	STB 2071	Date [illegible]	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	Water Supply
Pump Tank	gal	PT 2071	Date INSPECTION	System Description		☐ Business	No. Persons	☐ Private
Pump Make	Model	FL31M-	Serial # 1/3hp	Repair System Description		☐ Other	No. Employees	☐ Public
# Nitrification Fields	# Lines		Linear Ft	Maintenance Agreement Required	☐ YES ☐ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width	Trench Bottom Depth/Low side		Gravel Depth		☐ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing

Comments Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH

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INSTALLED AS

L1 = 90

L2 = 86

L3 = 66

L4 = 54

PM - Pressure Head Floats

Permit can be suspended or revoked if any false information is supplied (sealed septic) 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

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Owner Applicant Signature [signature] Date 7/29/22 Installed by WATER MANAGEMENT of N.C.

IMPROVEMENT PERMIT by [illegible] Date [illegible] OPERATION PERMIT by Bryant C. Little Date 8-11-2022

AUTHORIZATION TO CONSTRUCT by [illegible] Date [illegible] Existing System Inspected by Date

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

Item	Date	Initials
Drain Lines Checked	8-5-2022	BCW
Tanks Checked	SEE PREVIOUS	BCW
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked	8-10-2022	BCW
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y (N)	8-5-2022	BCW
Comments		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure: Malfunction	
Primary Cause of Failure: Malfunction	
Age of System? _____	
Initial or Repair? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 231344

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PIN # 4761 -- 24 -- 4274

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SITE ADDRESS: 1112 Wheatfield Dr Statesville — PHONE: 828-244-9765 — ALT. PHONE –

SITE DIRECTIONS: Ostwalt Amity - (R) on Wheatfield — SAP CONTROLLED: ☐ YES ☒ NO

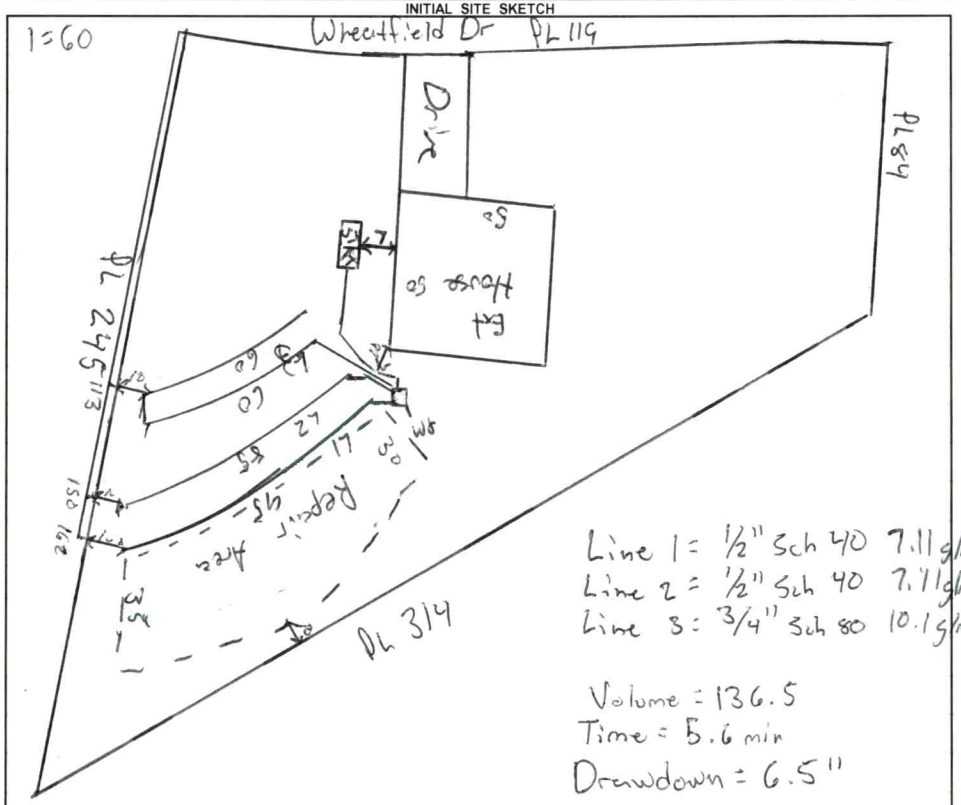
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Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	Date	System Description:	25% Reduction - PM			☐ Business	No. Persons 6
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# Nitrification Fields	1	# Lines	4	Linear Ft 300	Maintenance Agreement Required:	☐ YES	☑ NO	☐ Slab	☑ Crawl Space
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Owner / Applicant Signature: Sidney L. Hasking — Date: 7/25/22 — Installed by:

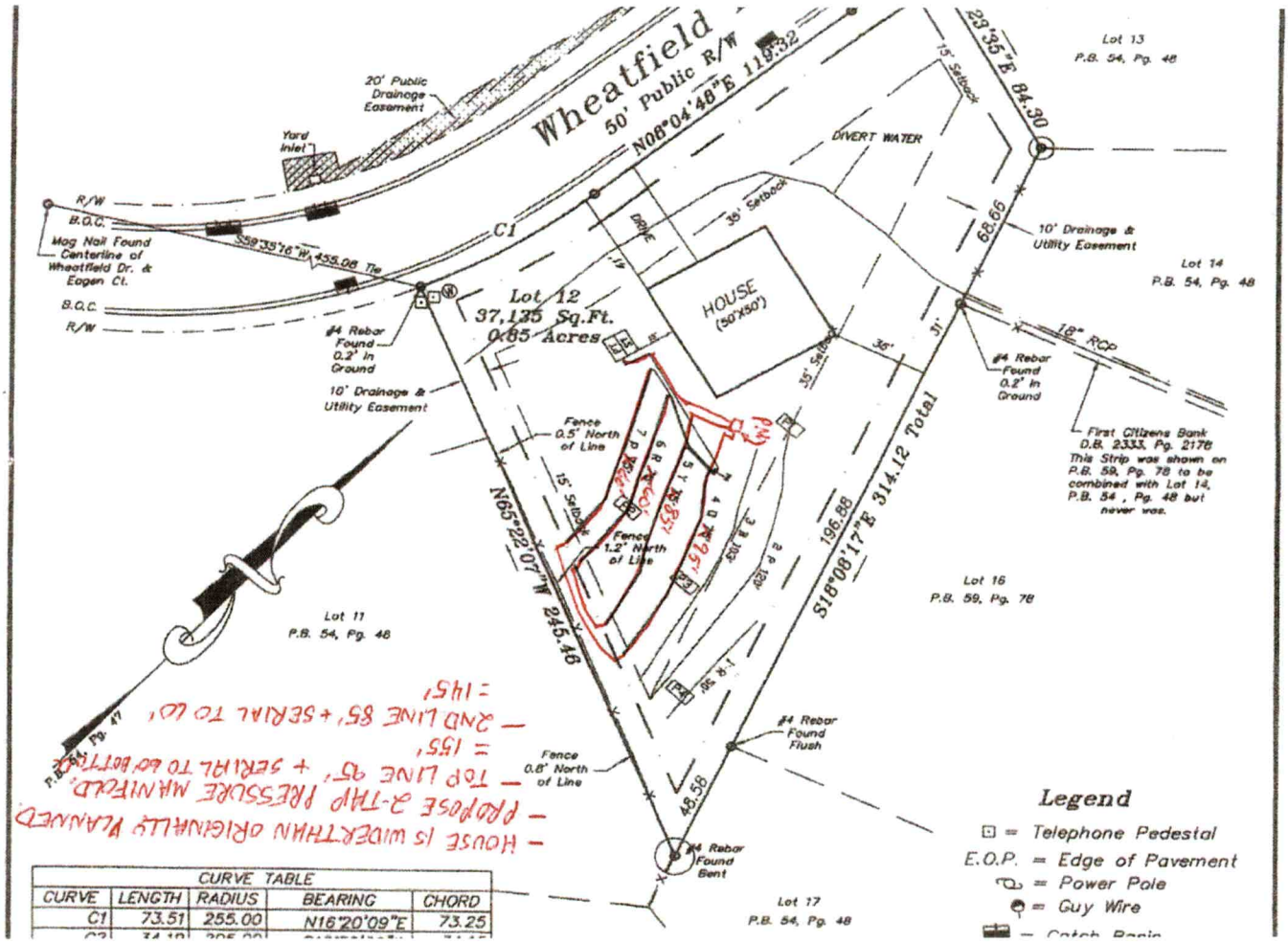
IMPROVEMENT PERMIT by: Matt Wilk — Date: 7/19/22 — OPERATION PERMIT by: — Date:

AUTHORIZATION TO CONSTRUCT by: Matt Wilk — Date: 7/19/22 — Existing System Inspected by: — Date:

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Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

NC Certified Septic Installer
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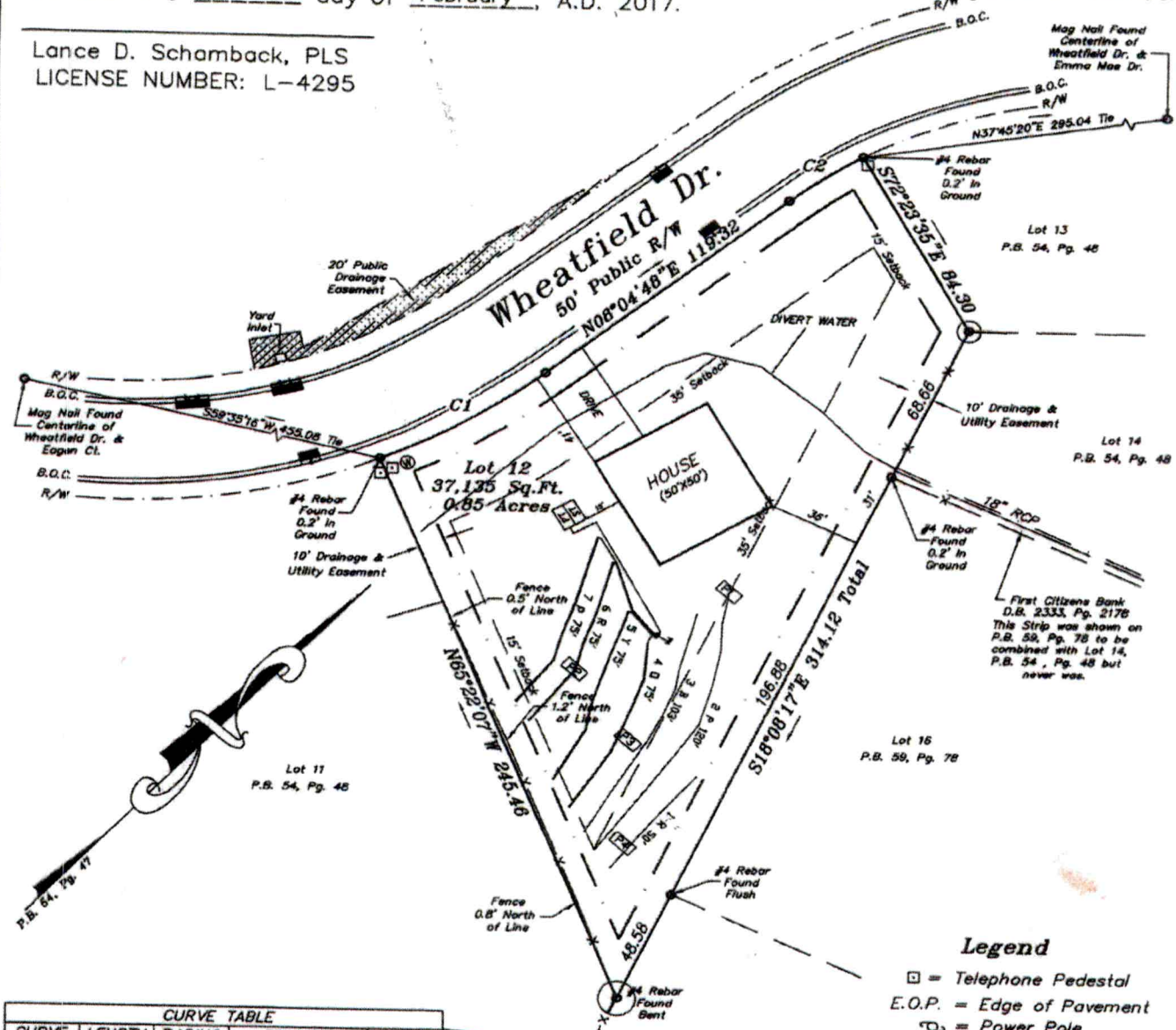
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- = Guy Wire
- = Catch Basin
- R/W = Right-of-way
- I.P.S. = #4 Rebar Set
- = Not to scale

GRAPHIC SCALE

60 0 30 60 120

(IN FEET)
1 inch = 60 ft.

OK cc 5-22-19

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 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.
- 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.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as an innovative 25% reduction installation w/Pressure Manifold.
- Repair is specified as a PPBPS installation w/low pressure distribution.
- Rake trench walls, lime sidewalls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.
- **Divert Drainage water from 18" Pipe around front of house (see Plan)**

PRESSURE MANIFOLD SYSTEM
FOR WASTEWATER TREATMENT

Owner:	M J Silmser Corp
Address:	P.O. Box 428 King, NC 27021
Phone:	336.362.1748
County:	Iredell
Location:	Wheatfield Lot # 12
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	21.92

Design Specifications

Drainfield Size:	300
Loading Rate:	0.3
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Trench Depth:	30 in. Repair Trench Depth 30 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	66
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	11.48
Dosing Volume:	137.13
Supply Manifold:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	0.84
Elevation Head:	10.80
Total Dynamic Head:	15.68
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services.

Wheatfield Lot # 12
PRESSURE MANIFOLD DESIGN

DESIGN FLOW:	360	
SOIL APPLICATION RATE:	0.3	
TOTAL AREA TRENCH BOTTOM:	900	
TOTAL LATERAL LENGTH:	300	
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	300	
SUPPLY LINE LENGTH:	66	
TOTAL DYNAMIC HEAD:	15.68	
MANIFOLD SIZE:	4 in.SCH 80 PVC	
DOSING VOLUME:	137.13	
PUMP TANK DRAW DOWN*:	6.5	
SEPTIC TANK SIZE:		1000
PUMP TANK SIZE:		1000

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

WHEATFIELD LOT #12

Project #: 01-3394

LAYOUT FOR 3 BEDROOM HOME

March 12, 2019

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		2.2			100.00		
INSTR. 1			102.20				
HOUSE CNR				6.70	95.50		
P. TANK				7.00	95.20		
1	RED			1.00	101.20	50	50
2	PINK			1.60	100.60	120	120
3	BLUE			2.20	100.00	103	103
4	***ORANGE***			***2.20***	***100.00***	***75***	***75***
5	***YELLOW***			***3.00***	***99.20***	***75***	***75***
6	***RED***			***3.50***	***98.70***	***75***	***75***
7	***PINK***			***4.10***	***98.10***	***75***	***75***
					Total	**573**	**573**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***300***	***0.300***	***ACCEPT.***	***0.300***	***25% RED.***	**PRESSURE MANIFOLD**
Repair	273	0.250	*MOD.*	0.250	PPBPS	LOW PRESSURE

Notes:

** TBM located on top of ground at EIP (SEE SITE PLAN)
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

PRESSURE MANIFOLD TAPSHEET - WHEATFIELD LOT# 12

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area	Line LTAR
4	***ORANGE***	***100.00***	75	SCH 80 1/2	**5.48**	225	0.15
5	***YELLOW***	***99.20***	75	SCH 80 1/2	**5.48**	225	0.15
6	***RED***	***98.70***	75	SCH 80 1/2	**5.48**	225	0.15
7	***PINK***	***98.10***	75	SCH 80 1/2	**5.48**	225	0.15

total	**feet =**	**300**	**gal/min =**	**21.92**
		Des. Flow	**360**	
		Pump Run=	**6.26**	
		soil LTAR	**0.3**	
		LTAR +5%	**0.315**	
		LTAR with ACCEPTED	**0.4**	
		LTAR with ACCEPTED + 5%	**0.42**	

CALCULATIONS

Location	142 Wheatfield Drive	
Project Number	01-3394	
Lot No:	12	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.300	gpd/ft²
25% RED.? (YES OR NO)	YES	
Supply Line Length	66	ft.
Supply Line Volume	11.484	gal.
Required Feet of Line	300	ft.
Amount of Line from Layout	300	ft.
Gallons per Minute	21.92	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	195.9	gal.
Dosing Volume	137.13	gal.

Note: Dosing Volume based on 70% of lateral line volume

Tank Draw Down	6.5	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	6.26	minutes
Elevation Head	10.8	ft.
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	0.84	ft.
Total Dynamic Head (+15%)	15.68	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

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MW

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-231344 $320.00 fees-AP-322187

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct (Intermediate Re-layout) ( ) 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: True Homes, LLC **Address:** 2649 Brekonridge Center Dr, 104 Monroe, NC **Zip:** 28110
Applicant Email: sid@watermanagementinc.net **Phone:** 828-244-9765 **Alt. Phone:**
Owner Name: True Homes, LLC **Address:** 2649 Brekonridge Ctr. Dr. Suite 104, Monroe, NC **Zip:** 28110
Owner Email: sid@watermanagementinc.net **Phone:** 828-244-9765 **Alt. Phone:**

Property Information:

Street Address: 142 Wheatfield Dr. Statesville
Subdivision Name: Wheatfield **Section/Phase:** 1 **Lot Number:** 12
Driving Directions: Ostwalt Amity Rd; (R) Wheatfield Dr; Lot on (R)

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

CHECK FOUNDATION TYPE

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

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

( ) 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:
( ) 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: Sidney L Haskins, Jr. 6/27/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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

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

☐ **2.** I, Sarah Brink - True Homes, am the legal owner(s) of the property located at 142 Wheatfield Dr, Statesville, identified as PIN (Parcel Identification Number) 4761244274, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Sid Gaskins, Water Management, 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.

S B _____ 6/27/2022

Signature of Owner(s) Date

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

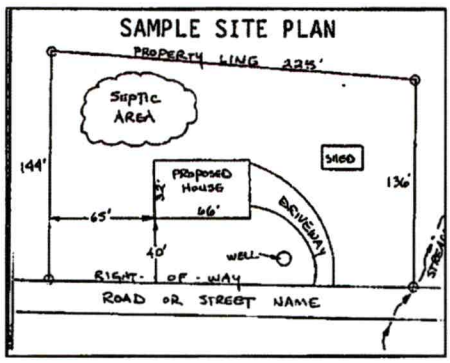
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

- ( ) **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

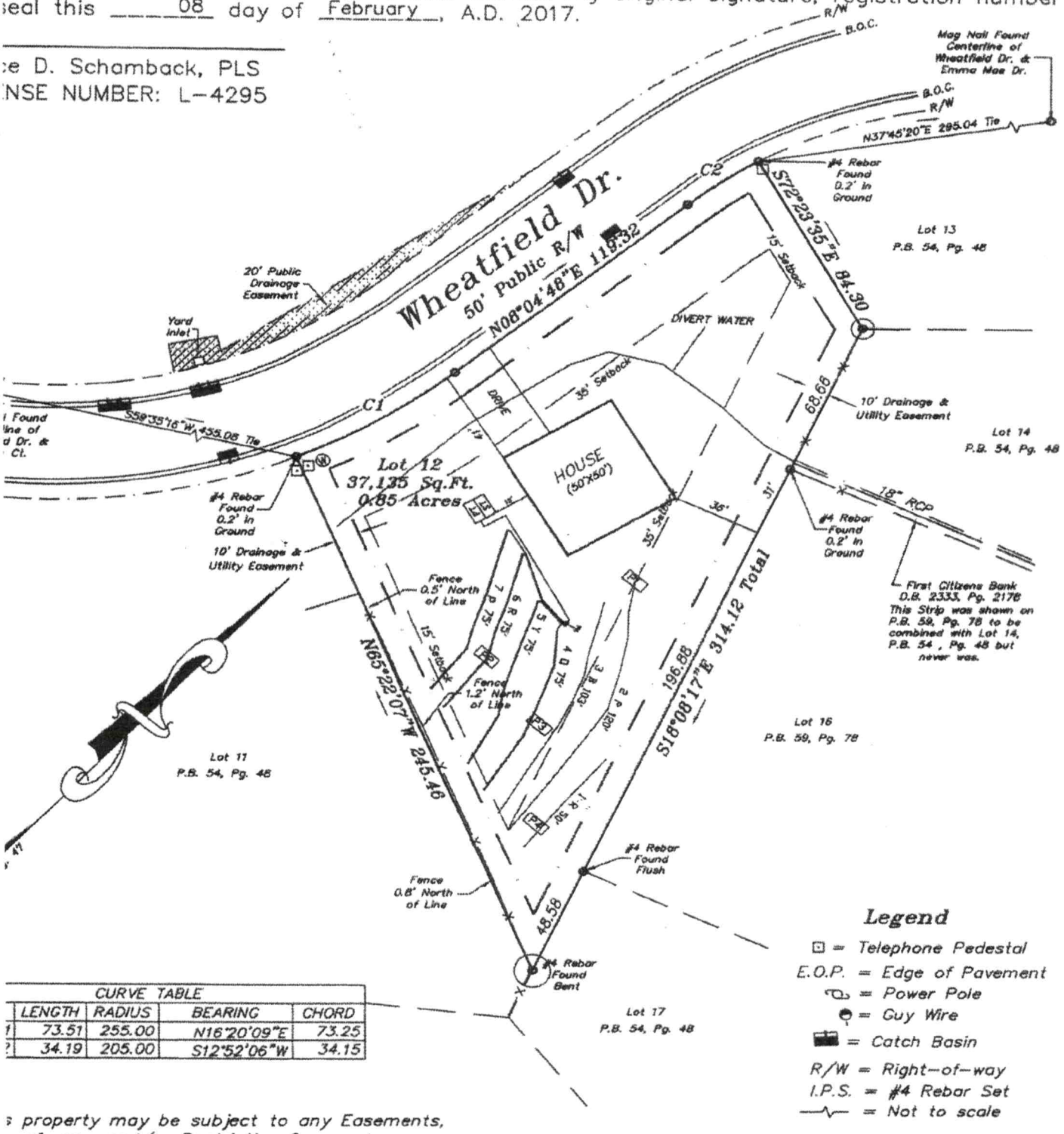
PLEASE SEE ATTACHED SITE PLAN.

Signature: Sidney L. Haskins Jr.
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/27/22
DATE

ce D. Schamback, certify that this plat was drawn under my supervision from an actual
/ made under my supervision (deed description and/or Map Book: 54, Page 47.
the boundaries not surveyed are clearly indicated as drawn from information as shown
y; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared
cordance with G.S. 89-C as amended. Witness my original signature, registration number
seal this 08 day of February, A.D. 2017.

ce D. Schamback, PLS
NSE NUMBER: L-4295



CURVE TABLE				
	LENGTH	RADIUS	BEARING	CHORD
1	73.51	255.00	N16°20'09"E	73.25
2	34.19	205.00	S12°52'06"W	34.15

Legend

- ⊡ = Telephone Pedestal
- E.O.P. = Edge of Pavement
- = Power Pole
- = Guy Wire
- = Catch Basin
- R/W = Right-of-way
- I.P.S. = #4 Rebar Set
- = Not to scale

s property may be subject to any Easements,
-of-way, and/or Restrictive Covenants

RECEIVED APR 2 2 2019

IREDELL COUNTY HEALTH DEPARTMENT #231344

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Paid $350.00

Application For:

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

Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet

( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Same **Address:** Same **Phone:** Same

Owner Name: MJ Simser corp **Address:** PO box 428 King NC 27021 **Phone:** 3363621748

Property Information:

Street Address: [redacted] 42 Wheatfield Dr Cleveland NC 25677

Subdivision Name: Wheatfield **Section/Phase:** _____ **Lot Number:** 12 [redacted]

Driving Directions: Amity Rd East, Wheatfield Dr on Rt, Lot on Lt.

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: ***(you may rank in order of preference)***

Year existing system installed: _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: Accepted

Please answer the following to the best of your ability:

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

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

Signature: [redacted] 4/19/19

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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, MHT Silvers / MJ Silvers CoRP, am the legal owner(s) of the property located at 142 Wheathold Dr Statesville NC 28677, identified as PIN (Parcel Identification Number) 4761244274, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Samuel Ashley Rollans, Rollans Soil & Environmental Services, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
	8-16-18		8/16/18

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

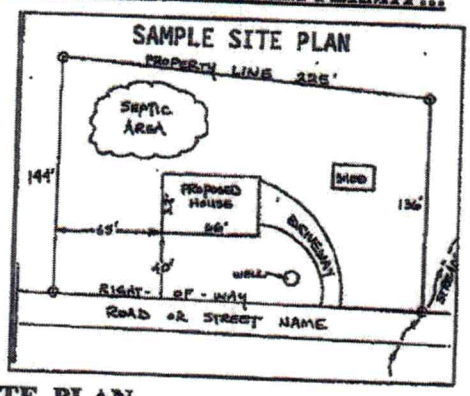
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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Place an (X) beside each item as you complete the site plan:

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( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property **N/A**
Location of easements and rights of ways on your property **N/A**
Location of any designated wetlands on the property **N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached

Signature: [signature] 4/19/19

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

IREDELL COUNTY

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

APPLICATION NUMBER
231344
Issue Date: 11/03/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4761244274.000	142 WHEATFIELD DRIVE, STATESVILLE, NC 28677	

Owner Information		Applicant Information	
Owner:	MJ SILMSER CORPORATION	Applicant:	ROLLANS SOIL & ENVIRON
Address:	PO BOX 428 KING, NC 27021	Address:	470 NORTH BROAD STREET SUITE D MOORESVILLE, NC 28115
Phone:	336-362-1748	Phone:	704-658-1723

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.850	35.00	35.00	15.00	15.00		X

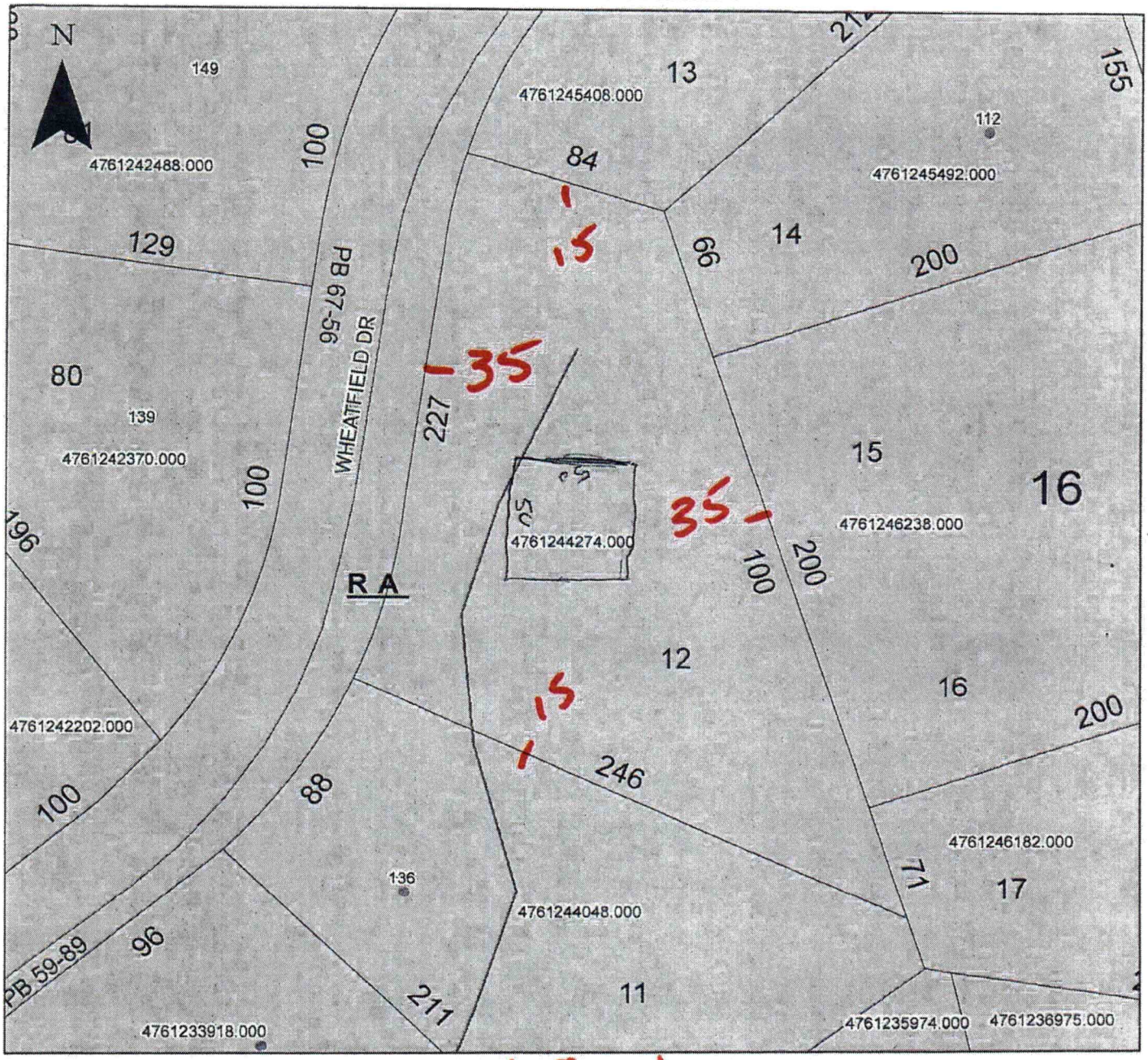
Remarks:

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

Applicant: Samuel A Teller Date: 11/3/17

Permit Number	119673	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 142 Wheatfield

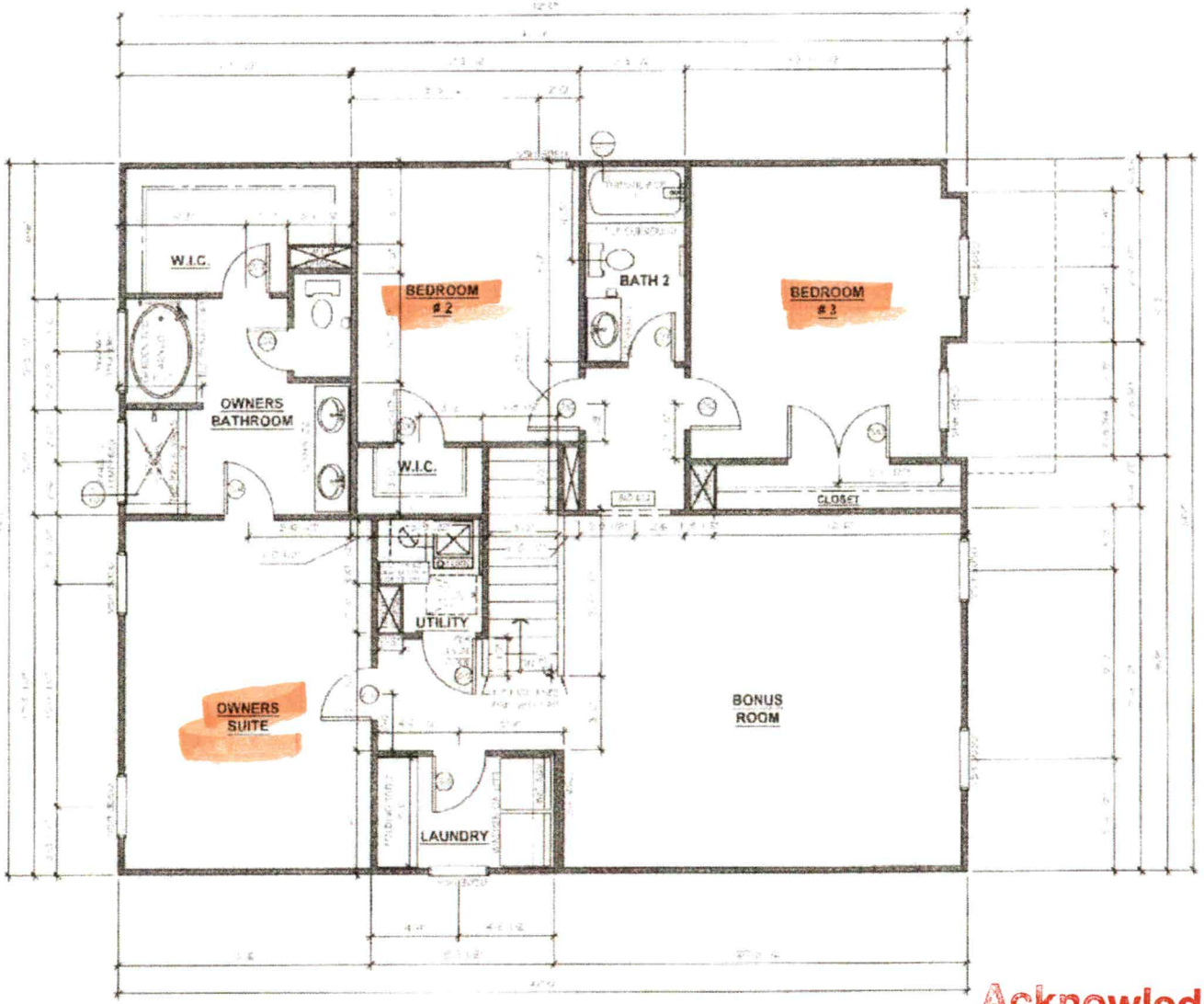
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions,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

Samuel A Teller

Applicant

11/3/17

Date



2471 - SECOND FLOOR PLAN

TrueHomes
IT'S ALL ABOUT U
2849 Breckinridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1161

TRUE CUSTOM SOLO
REGION A
LOT# 7132

LENOX
2471

IREDELL

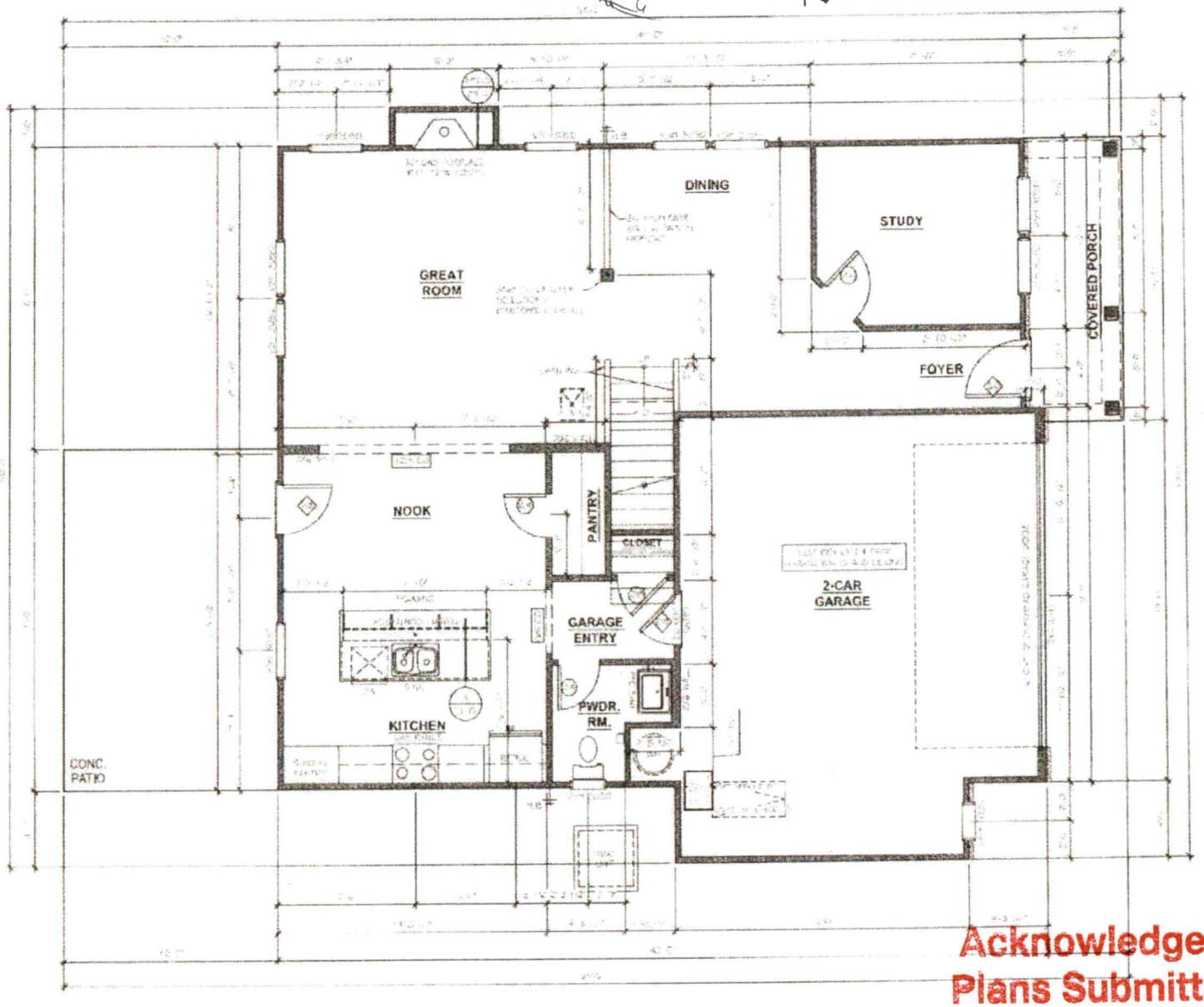
PREPARED BY
T.J.
DATE
SCALE

Acknowledgement Of
Plans Submittal ONLY!

Date

Date 11-12-21

A2.2



2471 - FIRST FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

Date

X Date 10-22-21

TrueHomes
IT'S ALL ABOUT L
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TRUE CUSTOM SOLO
REGION A
LOT# 7132

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2471

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DRAWN BY: T.J.
DATE:
SCALE:
REVIEWED BY: CHUCK

SHEET: A2.1