IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233647

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

PIN # 4763834120

APPLICANT/OWNER: CWD Flatbed Trucking Inc APPLICANT ADDRESS:

SITE ADDRESS: 219 Morehead RD Statesville, NC 28677. PHONE: 704-7755662 ALT. PHONE ~

SITE DIRECTIONS: Hwy 70 TL on old Hwy 70 TR on Morehead Lot on Left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: ✓ ~ SECTION: ~ LOT # ~ LOT AREA: 4.64 Acres DESIGN FLOW: 300 gpd L.T.A.R.: .35

Septic Tank	1000	(gal)	STB	1012	Date	6/18/18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	~	(gal)	PT	~	Date		System Description:	25% Reduction			
Pump Make	~		Model	~	Serial #	~	Repair System Description:	25% Reduction			
# Nitrification Fields	1		# Lines	2	Linear Ft	215	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36		Trench Bottom Depth ~~(Low side)~~		36		Gravel Depth	~	☒ GRAVITY	☐ PRESSURE	

☐ Residence	No. Bedrooms		Water Supply
☒ Business	No. Persons		☐ Private
☐ Other	No. Employees	12	☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: See Design Proposal from Carolina Soil & Septic Consulting, PLLC

INITIAL SITE SKETCH

See Site & Septic Design by CS&SC
Adrian Pruett #1314 LSS

AS BUILT SKETCH

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

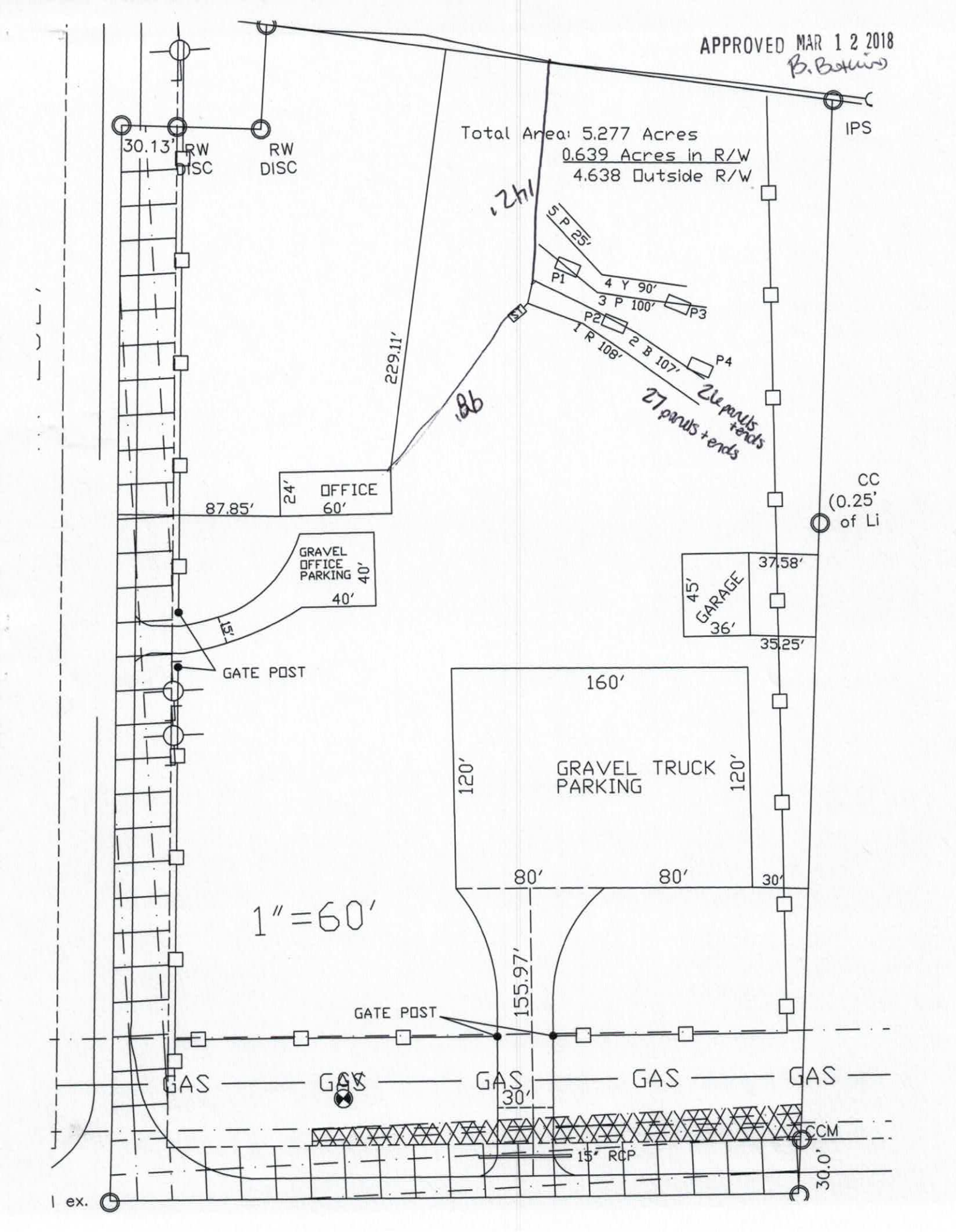
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Pat Parker Date: 3/14/18 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Benjamin A Bottoms Date: 3/12/2018. OPERATION PERMIT by: Carla C. Cave Date: 8/20/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottoms Date: 3/12/2018 Existing System Inspected by: Date:

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


APPROVED MAR 1 2 2018
B. Bakins
Total Area: 5.277 Acres
0.639 Acres in R/W
4.638 Outside R/W
IPS
30.13'
RW DISC
RW DISC
5 P 25'
P1
4 Y 90'
3 P 100'
P3
P2
2 B 107'
1 R 108'
P4
229.11'
OFFICE
24'
60'
87.85'
GRAVEL OFFICE PARKING
40'
40'
15'
GATE POST
CC
(0.25' of Li
GARAGE
45'
36'
37.58'
35.25'
160'
GRAVEL TRUCK PARKING
120'
120'
80'
80'
30'
1"=60'
155.97'
GATE POST
GAS
GAS
GAS
GAS
GAS
30'
CCM
15" RCP
30.0'
ex.

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Proposed Design for a 25% Reduction Septic System using Gravity distribution for 12 Employees Trucking and Hauling Company on 219 Morehead Rd, PIN# 4763834120 Statesville, Iredell County, North Carolina.

Contents: **Page**

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

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

Site Plan/System Plan---------- 4

Dosing Calculations---------- 5

Soil Profile Descriptions---------- 6

March 4, 2018
Project #: 18009
Design By: Adrian L. Pruett



INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. 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.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any 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 has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- Repair is specified as Gravity 25% Reduction installation.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

APPROVED MAR 1 2 2018
3
B. Butterworth

219 MOREHEAD RD., STATESVILLE
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR A 12 EMPLOYEE TRUCKING/HAULING COMPANY

March 4, 2018

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	***RED***	***NA***	***NA***	***112***	***108***
2	***BLUE***	***NA***	***NA***	***107***	***107***
3	PINK	NA	NA	100	100
4	YELLOW	NA	NA	90	90
5	PINK	NA	NA	25	25
			Total	**409**	**405**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	***215***	***ACCEPT.***	***0.350***	***25% RED.***	***GRAVITY***
Repair	215	*ACCEPT.*	0.350	25% RED.	GRAVITY

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **GPD flow determined using 12 employees x 25 gpd/employee**
Iredell County has CS&SC's permission to change septic tank location and distribution type

APPROVED MAR 1 2 2018

5

B. Bakin

DOSING CALCULATIONS

Location: Morehead Rd.
PIN: 4763834120
Address: 219 Morehead Rd.

No. of Employees	12	at 25 gpd/employee
Design Flow	300	$^{gal}/_{day}$
LTAR	0.350	$^{gal}/_{ft^2\,day}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	4	ft.
Supply Line Volume	1.44	gal.
Required Feet of 25% RED. Line	214.285714	ft.
Amount of Line from Layout	215	ft.
Gallons per Minute	NA	$^{gal}/_{min}$
Septic Tank Capacity	1000	gal.
Minimum Septic Tank Capacity	1000	gal.
Lateral Line Volume	140.395	gal.

APPROVED MAR 1 2 2018
B. Bolton

OWNER INFORMATION

Owner: CWD Flatbed Trucking Inc.
Address: 386 Murdock Rd.
Troutman, NC 28166
Contact: Patricia Parker
Phone: 704-775-5662
County: Iredell
Location: 219 MOREHEAD RD., STATESVILLE

Source of Wastewater Flow: 12 Employee Trucking/Hauling Company
Estimated Gallons Per Day Flow: 300
System Flow: NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd): 300
Loading/Soil Application Rate (gpd/ft.^{2}): 0.350
Depth of Gravel in Trench: NA (25% reduction)
Gravel Size: NA (25% reduction)
Total Lateral Length From Layout: 215
Total Lateral Length Required: 214.29
Trench Depth: 36 in. Lowside
Trench Width: 36 in.
TOTAL AREA TRENCH BOTTOM: 645

Trench Spacing on Center: 9 ft.

Repair Trench Spacing: 9 ft.
Repair Trench Depth: 36 in.

Septic Tank Size: 1000 gal.

Estimated Supply Line Length: 4
Supply Line Diameter: 3 in. SCH 40 PVC
Supply Line Volume: 1.44
Dosing Volume: NA
Supply Manifold: SERIAL DISTRIBUTION

Additional Comments: Soil suitability was performed by CS&SC

PROPERTY ID #: 4763834120
COUNTY: IREDELL

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

OWNER: CWD FLATBED TRUCKING INC
ADDRESS: 386 MURDOCK RD., TROUTMAN, NC 28166
PROPOSED FACILITY: COMMERCIAL PROPOSED DESIGN FLOW (.1949): 300 GPD
LOCATION OF SITE: 219 MOREHEAD RD., STATESVILLE, NC

APPLICATION DATE
DATE EVALUATED: 2/27/18
PROPERTY SIZE: 4.638 AC
PROPERTY RECORDED: YES

WATER SUPPLY: ☐ Private χ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring χ Pit ☐ Cut
TYPE OF WASTEWATER: χ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
P 1	LSS 3%	0-10	SCL WFSBK	FR SS SP SEXP	SLIGHTY COMPACT	10"	PS	N/A	PS
		10-60	VAR L SAP M	FR NS NP NEXP					
					N/A			Mn conc throughout	0.45 GPD/SQFT PS .35 ✓ BB
P 2	LSS 3%	0-66	VAR L SAP M	FR NS NP NEXP	N/A	0"	PS	N/A	PS
								Mn conc throughout	0.45 GPD/SQFT PS .35 ✓ BB
P 3	LSS 3%	0-65	VAR L SAP M	FR NS NP NEXP	N/A	0"	PS	N/A	PS
								Mn conc throughout	0.45 GPD/SQFT PS .35 ✓ BB
P 4	LSS 3%	0-69	VAR L SAP M	FR NS NP NEXP	N/A	0"	PS	N/A	PS
								Mn conc throughout	0.45 GPD/SQFT PS .35 ✓ BB

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	GRAVITY 25%	GRAVITY 25%
Site LTAR	0.45	0.45

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: BEN ALDRIDGE
OTHER(S) PRESENT: ADRIAN PRUETT, JACOB CONRAD, DAVID BEANE

COMMENTS: Mn in Pit
.35 D 215 At Manhole.

APPROVED MAR - 9 2018
B. Betterus

RECEIVED MAR 5 - 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00

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

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

233647

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

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: CWD Flatbed Trucking Inc./CS&SC **Address:** 386 Murdock Rd., Troutman, NC **Zip:** 28166

Applicant Email: pparker@cwdflatbed.com **Phone:** 704-775-5662 **Alt. Phone:** _____

Owner Name: SAME **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 219 MOREHEAD RD., STATESVILLE, NC

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

Driving Directions: HWY 70 E, TL ON OLD HWY 70, TR ON MOREHEAD, LOT ON L AT INTERSECTION OF MOREHEAD AND OLD WELL HOUSE

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

CHECK FOUNDATION TYPE

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

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

Non-Residential Site Development: **Type of Business:** TRUCKING AND HAULING COMPANY
Square Footage of Building: 672 SQFT OFFICE **Max. Number of Employees:** 12 **Max. Number of Seats/Beds/Other:** _____

Water Supply:

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

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

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

Year existing system installed: _____

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

Please answer the following to the best of your ability:

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

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

Signature: _____ 3-5-18
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, Patricia E. Parker, am the legal owner(s) of the property located at 219 Morehead Rd., Statesville NC 28677, identified as PIN (Parcel Identification Number) 4763 834120, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Adrian L. Pruett, Carolina Soil & Septic Consulting, PLLC, 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.

Patricia E Parker — Signature of Owner(s) — Date 2/28/18

Connie M Parker — Signature of Witness — Date 2/28/2018

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 DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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I, Patricia E Parker, am the legal owner(s) of the property located at 219 Morehead Rd., Statesville NC 28677, identified as PIN (Parcel Identification Number) 4763 83 4120, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Connie M. Parker, CWD Flatbed Trucking, Inc., 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.

Patricia E Parker 2/28/18 Connie M Parker 2/28/2018

Signature of Owner(s) Date 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

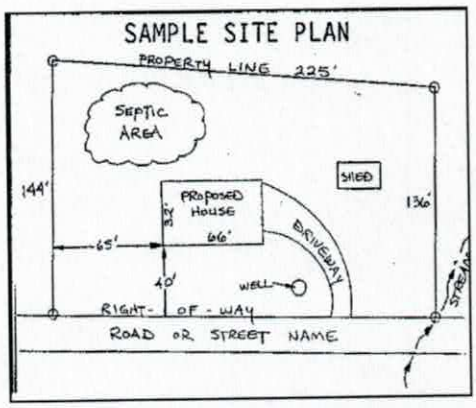
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (✓) **Property Line measurements are clearly identified**
- (✓) **All proposed structures are indicated**
- (✓) **Front and side setbacks from property line**
- (✓) **Preferred driveway location**
- (N/A) **Preferred well location**
- (✓) **Preferred septic system location**
- (✓) **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**

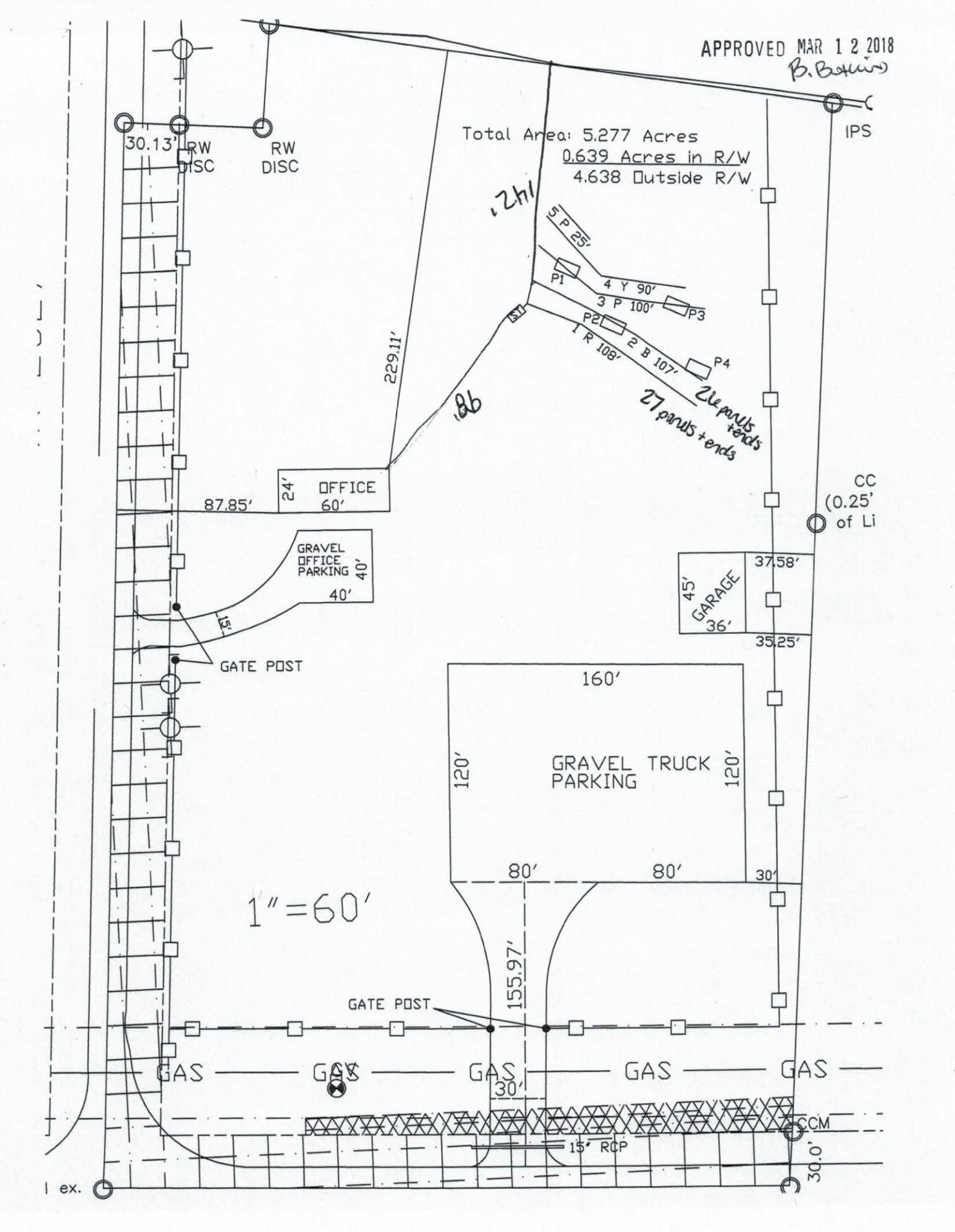
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

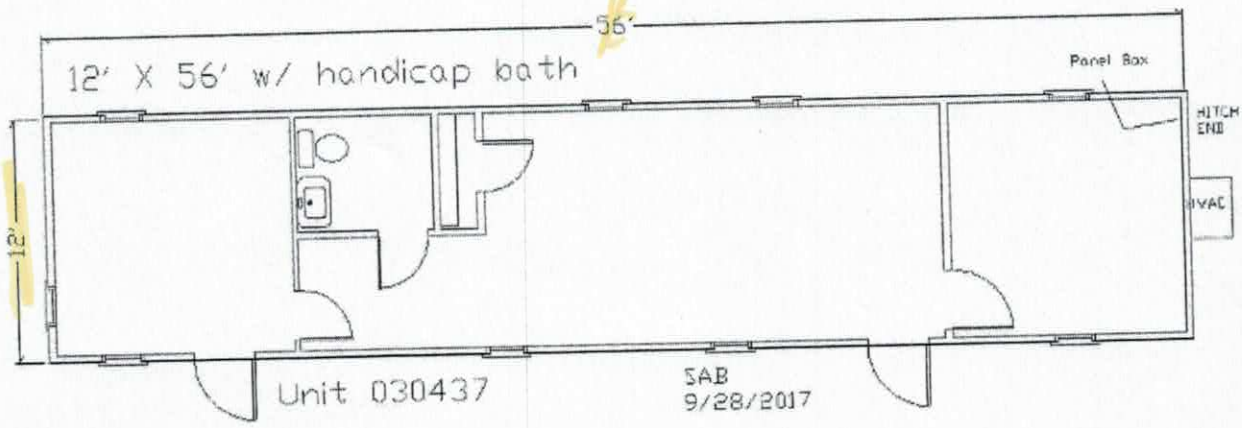
SEE ATTACHED SITE PLAN AND DESIGN

Signature: _____ 3-5-18

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


APPROVED MAR 1 2 2018
B. Bolin
Total Area: 5.277 Acres
0.639 Acres in R/W
4.638 Outside R/W
IPS
30.13'
RW DISC
RW DISC
5 P 25'
P1
4 Y 90'
3 P 100'
P3
P2
2 B 107'
1 R 108'
P4
229.11'
24'
OFFICE
60'
87.85'
GRAVEL OFFICE PARKING
40'
40'
15'
GATE POST
CC
(0.25' of Li
45'
GARAGE
36'
37.58'
35.25'
160'
120'
GRAVEL TRUCK PARKING
120'
80'
80'
30'
1"=60'
155.97'
GATE POST
GAS
GAS
GAS
GAS
GAS
30'
CCM
15" RCP
30.0'
1 ex.

OFFICE



Acknowledgement of Plans Submittal ONLY!

Bryant Bartlett Date 3/12/2018.

Del Parker Date 3/14/18

6

IREDELL COUNTY

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

APPLICATION NUMBER
233647
Issue Date: 02/26/2018

ZONING PERMIT

Industrial

Parcel Number	Street Address	Jurisdiction
4763834120.000	219 MOREHEAD ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CWD FLATBED TRUCKING INC	Applicant: CWD FLATBED TRUCKING I
Address: 386 MURDOCK RD	Address: 386 MURDOCK RD
TROUTMAN, NC 28166	TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
OFFICE FOR TRUCKING COMPANY-SEPTIC ONLY	M2

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.640	50.00	30.00	20.00	20.00	NOT	X

Remarks:

ISSUE PER REBECCA

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: _____ Date: _____

Permit Number	129833	TOTAL FEES:	$ 77.25