BLDR-2023-27351

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-31218

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

PIN # 4764-34-0364

PPLICANT / OWNER: David & Sue Pollinger APPLICANT ADDRESS:

TE ADDRESS: 226 CARTERS FARM DR, STATESVILLE, NC 28625 PHONE: ALT. PHONE:

TE DIRECTIONS: SAP CONTROLLED: YES ☐ NO ☑

UBDIVISION: Carters Farm SECTION: LOT #: 32 LOT AREA: 0.758 DESIGN FLOW: 360 L.T.A.R.: 0.3

eptic Tank: 1000 (gal)	STB: 760	Date:	☑ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 3	Water Supply: Municipal Water
ump Tank: 1000 (gal)	PT: 363	Date:	System Description: Pressure Manifold 25% reduction		☐ Business	No. Persons: 6	
ump Make: Zoeller	Model:	Serial #:	Repair System Description: Low Pressure PPBPS 50% reduction		☐ Other	No. Employees:	
Nitrification Fields: 1	# Lines: 4	Linear Ft.: 312	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
ench Width: 36	Trench Bottom Depth (Low side): 28		Gravel Depth:	☐ GRAVITY ☑ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

omments / Conditions: This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) ttached here. This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here.

INITIAL SITE SKETCH

AS BUILT SKETCH

Lines CW
Tanks 1/23/24

Installed as Drawn

rmit 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.

wner / Applicant Signature: Date:

IPROVEMENT PERMIT by: Brijuna Bottoms Date: 7/24/2023

UTHORIZATION TO CONSTRUCT by: Brijuna Bottoms Date: 7/26/2023

Installed By: Stutts

OPERATION PERMIT by: Cory Wilt Date: 1/30/24

Existing System Inspected By: Date:

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

NCDHHS

Permit #: OSWP-2023-31218

This Section for Local Health Department Use Only

Initial submittal received: 7/24/2023 (*Date*) by BB (*Initials*)

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

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

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Benjamin A. Botkins Date: 7/24/2023

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit 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 permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 7/24/2028

See attached site sketch

NCDHHS

Permit #: OSWP-2023-31218

This Section for Local Health Department Use Only

Initial submittal received: 7/24/2023 (*Date*) by BB (*Initials*)

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

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

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Benjamin A. Botkins Date of Issuance: 7/24/2023

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 7/24/2028

See attached site sketch

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 22-0081
July 17th, 2023

DAVID & SUE POLLINGER
Attn: *Grant Winchester*
Email: dpoll1@jcp.com

RE: Soil& Site Evaluation for a 3 Bedroom Residence at 226 Carters Farm Dr. 0.758 ac Parcel, PIN# 4756015974, Statesville, NC 28625.

David & Sue:

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 partially cleared/graded for the house pad and partially wooded. 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 Jordan-Grant Surveying. The surveyor provided an Autocad File of a survey as a basemap. The proposed septic layout was located via survey & tape measures and used to produce the attached *Site Plan*. The house envelope was located via by the builder.

Methodology

We evaluated soil areas through the use of auger borings. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with five soil borings locations on the property flagged and located via tape measure. Four of the five soil borings 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 boring. The house envelope waslocated via survey.An on-ground layout of system and repair was performed using a laser level. Pin flaglocations of the layout were also located by survey andtape measures. Detailed system & repair information is summarized in the following paragraph for this Lot.

226 Carters Farm Dr. -Lot 32 *(See Attached Design)*
The septic layout for this lot (9' centers) yielded a total of 683 linear feet of line. The primary system is proposed as 312 linear feet of Accepted (25% Reduction) drainfield with pressure manifold distribution. Trench depth is specified at 28 inches (Low Side).The repair system is proposed as 200 linear feet of PPBPS (50% Reduction) drainfield with low pressure distribution. Trench depth is specified at 30 inches (Low Side). There is 371 linear feet of repair available.

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 David P Pollinger
* Signature

2-18-23

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. *ThisLSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2)."*Any site modifications that impact the proposed septic areas on the site may nullify this design for 226 Carters Farm Dr., Statesville, NC 28625. 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 SAMUEL A. KOLL STATE OF NORTH 1231

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

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted (25% reduction) Septic System with Pressure Manifold distribution for a 3 bedroom single family residence at 226 Carters Farm Dr., Statesville 28625, Iredell County, NC. PIN (4756015974).

Contents:

	Page
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Design Information	
Design Specifications	2-3
Layout Specifications	4
System Tapsheet	5
Pressure Manifold Diagram	6
Site Plan/System Plan	7
Calculations	8
Profile Descriptions	9
Application	ONLINE
IP Form	10
CA Form	11

LICENSED SOIL SCIENTIST
SAMUEL A. ROLLANS
STATE OF NORTH CAROLINA
1234

July 14, 2023
Project No. 22-0081
Design By: Soil & Forestry Services of the Carolinas, PA

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 Accepted 25% reduction installation w/Pressure Manifold.
- Repair is specified as a PPBPS installation with Low Pressure Distribution.
- Rake trench walls, lime sidewalls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.

PRESSURE MANIFOLD SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	David & Sue Pollinger
Address:	177 Clusters Circle Mooresville, NC 28117
Phone:	704.400.0034
County:	Iredell
Location:	226 Carters Farm Drive Statesville, NC 28625
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	28.44

Design Specifications

Drainfield Size:	312
Loading Rate:	0.3
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Trench Depth (low side):	28 in. Repair Trench Depth 30 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	194
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	33.76
Dosing Volume:	142.62
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:	3.45
Elevation Head:	10.50
Total Dynamic Head:	18.35
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 Soil & Forestry Services of the Carolinas, PA.

226 Carters Farm Drive
PRESSURE MANIFOLD DESIGN

DESIGN FLOW:	360
SOIL APPLICATION RATE:	0.3
TOTAL AREA TRENCH BOTTOM:	936
TOTAL LATERAL LENGTH:	312
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	300
SUPPLY LINE LENGTH:	194
TOTAL DYNAMIC HEAD:	18.35
MANIFOLD SIZE:	4 in.SCH 80 PVC
DOSING VOLUME:	142.62
PUMP TANK DRAW DOWN*:	6.8
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.*

Layout Specifications - 226 Carters Farm Dr.

Project #: 22-0081

LAYOUT FOR 3 BEDROOM HOME

July 14, 2023

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
PM					780.50		
PUMP TANK					775.00		
INSTR. 1							
1	RED				781.90	48	48
2	ORANGE				780.90	60	60
3	***YELLOW***				***779.80***	***94***	***78***
4	***BLUE***				***779.70***	***120***	***78***
5	***PINK***				***779.60***	***98***	***78***
6	***RED***				***778.50***	***83***	***78***
7	ORANGE				778.30	50	50
8	YELLOW				778.00	27	27
9	RED				774.40	24	24
10	ORANGE				773.00	79	79
					Total	683	600

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	LOW SIDE TRENCH DEPTH
**** System***	***312***	***0.300***	***ACCEPT.***	***0.300***	***25% RED***	***PRESSURE MANIFOLD***	28"
Repair	371	0.300	MOD. CONV.	0.300	PPBPS	LOW PRESSURE	30"

Notes: **All measures in feet

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

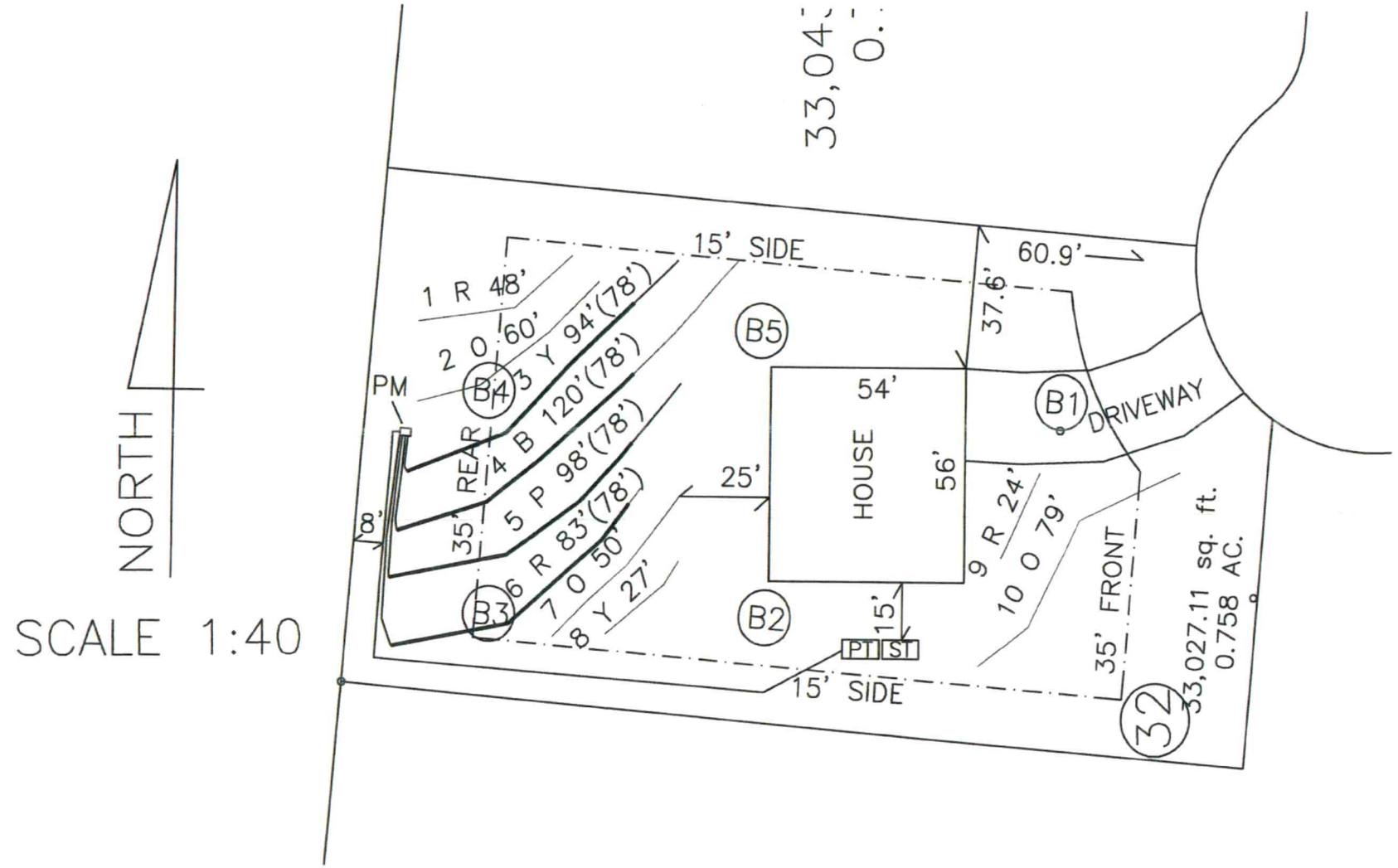
**Nitrification lines were located by GPS.

PRESSURE MANIFOLD TAPSHEET - 226 Carters Farm Dr.

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area	Line LTAR
3	***YELLOW***	***779.80***	78	SCH 40 1/2	**7.11**	234	0.15
4	***BLUE***	***779.70***	78	SCH 40 1/2	**7.11**	234	0.15
5	***PINK***	***779.60***	78	SCH 40 1/2	**7.11**	234	0.15
6	***RED***	***778.50***	78	SCH 40 1/2	**7.11**	234	0.15

total	**feet =**	**312**	**gal/min =**	**28.44**
		Des. Flow	**360**
		Pump Run=	**5.01**
		soil LTAR	**0.3**
		LTAR +5%	**0.315**
		LTAR with ACCEPTED	**0.4**
		LTAR with ACCEPTED + 5%	**0.42**


NORTH
SCALE 1:40
33,04
0.
15' SIDE
60.9'
37.6'
1 R 48'
2 O 60'
3 Y 94'(78')
4 B 120'(78')
5 P 98'(78')
6 R 83'(78')
7 O 50'
8 Y 27'
B1
B2
B3
B4
B5
PM
REAR
35'
8'
25'
54'
56'
HOUSE
DRIVEWAY
9 R 24'
10 O 79'
35' FRONT
15'
PT
ST
15' SIDE
32
33,027.11 sq. ft.
0.758 AC.

CALCULATIONS

Location	226 Carters Farm Dr. Statesville, NC 28625	
Project Number	22-0081	
Lot No:	32	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.300	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	194	ft.
Supply Line Volume	33.756	gal.
Required Feet of Line	300	ft.
Amount of Line from Layout	312	ft.
Gallons per Minute	28.44	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	203.736	gal.
Dosing Volume	142.62	gal.

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

Tank Draw Down	6.8	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.01	minutes
Elevation Head	10.5	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	3.45	ft.
Total Dynamic Head (+15%)	18.35	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

Sheet 1 of 2
PROPERTY ID #: 4764343036
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: David J Sue Pallinger
ADDRESS: 179 Clusters Circle, Mooresville NC 28117
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 226 Casters Farm Rd, Statesville NC 28625
APPLICATION DATE
DATE EVALUATED: 10/6/2022
PROPERTY SIZE: 0.758
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	4/5%	0-8	BSLGR			50	–	–	PS 0.3
		8-36	RBSCL wfsbk						
		36-50	RBC wmsbk	FrSS SP					
B 2	4/5%	0-6	BSLGR	FrSS SP	few wirock few saf	50	–	–	PS 0.3
		6-20	RBSCL wfsbk						
		20-33	RBC wmsbk						
		33-50	RBSCL wfsbk						
B 3	4/5%	0-3	BSLGR	FrSS SP		50	–	–	PS ~0.3
		3-20	RBSCL wfsbk						
		20-32	RBC wmsbk						
		32-50	RBSCL wfsbk						
B 4	4/5%	0-3	BSLGR	FrSS SP	few w/rock few w/rock	50	–	–	PS 0.3
		3-16	RBSCL wfsbk						
		16-32	RBC wmsbk						
		32-50	RBSCL wfsbk						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	2BR Rel-PM	PPBPS
Site LTAR	0.3	0.3

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

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: Same
DATE OF EVALUATION: Same
COUNTY: Same

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
BL 5 / 5%		0-6	BSLGR	FR SS SP		50	—	—	PS 0.3
		6-33	BRC wfsbk	" " "					
		33-50	RBCL wfsbk	" " "					

Permit #: _____

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☐ (a2) Improvement Permit ☐ (a2) Construction Authorization ☐ Fee $_____

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

County: Iredell

PIN/Lot Identifier: 4764340364

Issued To: David & Sue Pollinger

Property Location: 226 Carters Farm Dr. Statesville 28625

Subdivision (if applicable) Carters Farm Lot #: 32 Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

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

New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐

Proposed Structure: 3 bedroom home

Number of bedrooms: 3 Number of Occupants: 6 Other: _____

Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3

Proposed Wastewater System Type*: 95% Reduction - Pressure Manifold (Initial) Pump Required: ☑ Yes ☐ No ☐ May be required

Proposed Wastewater System Type*: PPBPS - Low Pressure (Repair) Pump Required: ☑ Yes ☐ No ☐ May be required

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

Saprolite System (initial): ☐ Yes ☑ No Saprolite System (repair): ☐ Yes ☑ No

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

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

Usable Soil Depth (Initial): 50" Usable Soil Depth (Repair): 50"

Max. Trench Depth (Initial)‡: 28" Max. Trench Depth (Repair)‡: 30" ***‡ Measured on the downhill side of the trench***

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

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared 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:
See design

Licensed Soil Scientist Print Name: Samuel Ashley Rollans

Licensed Soil Scientist Signature: Samuel A Rollans Date: 7/17/23

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

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1632 Mail Service Center, Raleigh, NC 27699-1632
www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Permit #: _____

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

County: Iredell

PIN/Lot Identifier: 4764340364

Issued To: David & Sue Pollinger

Property Location: 226 Caters Farm Dr., Statesville NC 28625

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

Facility Type: 3 bedroom home

☑ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☐ No

Type of Wastewater System* 25% Reduction - Pressure Manifold (Initial) PPBPS - Low Pressure (Repair)

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

Design Daily Flow: 360 GPD Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☑ No
(if yes, please provide engineering documentation)

Installation Requirements/Conditions

Septic Tank Size: 1,000 gallons Total Trench/Bed Length: 312 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36" inches LTAR: 0.3 gpd/ft²

Soil Cover: 6" min inches Slope Corrected Maximum Trench/Bed Depth‡: 28" inches ***‡ Measured on the downhill side of the trench***

Aggregate Depth: _____inches above pipe _____inches below pipe _____inches total

Pump Tank Size (if applicable): 1,000 gallons Requires more than 1 pump? ☐ Yes ☑ No

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

Distribution Method: ☐ Serial ☐ D-Box or Parallel ☑ Pressure Manifold(s) ☐ LPP ☐ Other: _____

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

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.1937(h)]: ☐ Yes ☑ No

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: ☐ Yes ☑ No

Declaration of Restrictive Covenants: ☐ Yes ☑ No

Pre-Construction Conference Required: Yes ☐ No ☑

Conditions: See design.

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

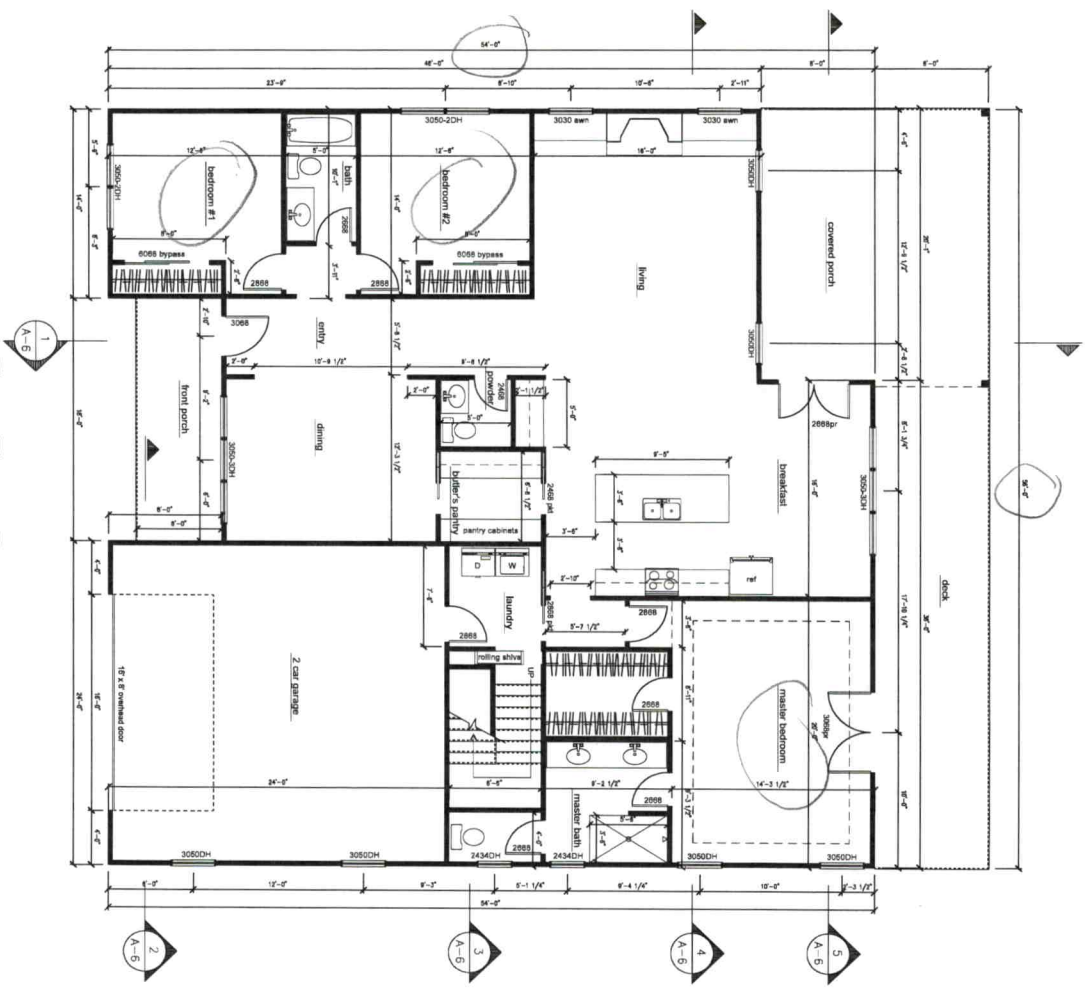
AOWE/PE Print Name: Samuel Ashley Rollans Expiration Date: 12/31/23

AOWE/PE Signature: Samuel Ashley Rollans Date: 7/17/23

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

NC ONSITE WASTEWATER EVALUATOR Certification Number 10027E

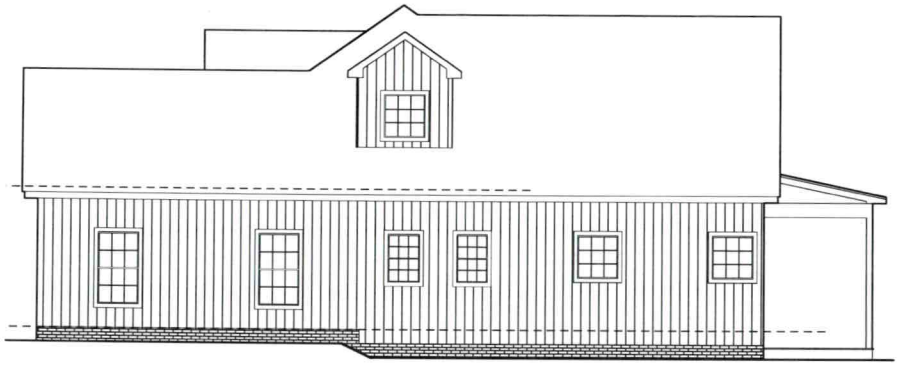
See attached site sketch



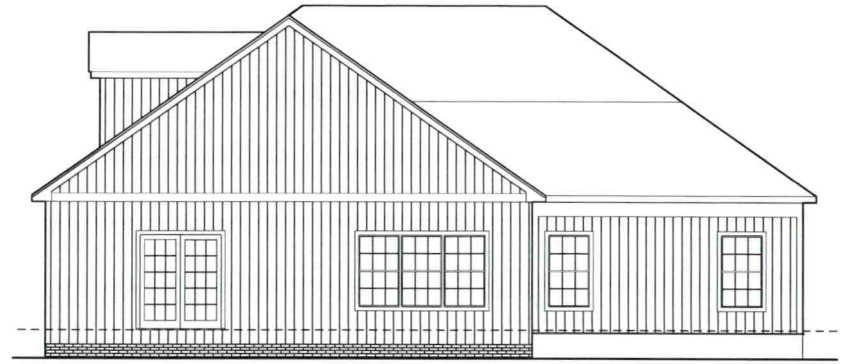
FIRST FLOOR PLAN

SCALE: 1/4"=1'-0" 2156 SQ. FT. HEATED
3396 SQ. FT. UNDER ROOF

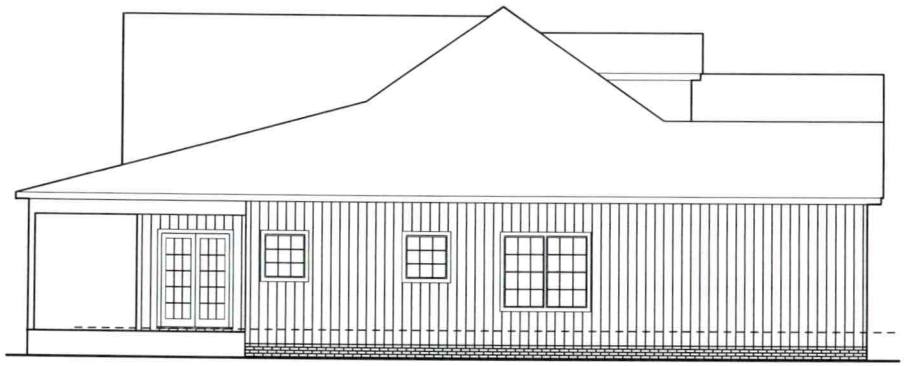
FIRST FLOOR PLAN	
NEW RESIDENCE for Dave & Sue Pollinger Address, North Carolina	
Draw First . . . CUT ONCE! RESIDENTIAL DRAFTING & DESIGN SOLUTIONS ◆ QUALITY DESIGNS FOR COMFORTABLE LIVING ◆	BY: ALLAN C. LAMPER DATE: 01/15/2023 SCALE: 1/4" = 1'-0" REVISED: 08/10/2023 JOB # 202251 DRAWING # **A-2** SHEET 2 OF 2
allan@drawfirstsolutions.com 180 Mount Olivet Drive, Winston-Salem, NC 27107	336-794-5830 803-586-4286



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



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



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

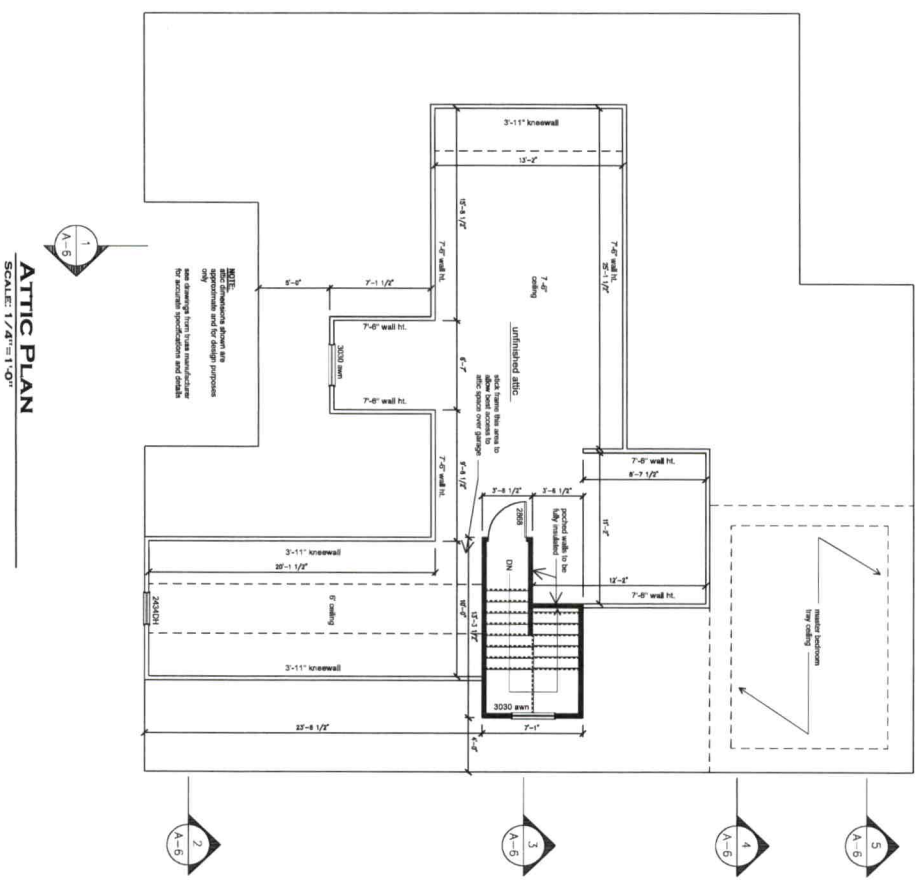


FRONT ELEVATION
SCALE: 1/4"=1'-0"

EXTERIOR ELEVATIONS
NEW RESIDENCE for
Dave & Sue Pollinger
Address, North Carolina

BY: ALLAN C. LAMPIER
DATE: 07/13/2023 SCALE: 1/4" = 1'-0"
DRAWING NO. 230707 JOB # 230331
06/10/2023
SHEET NO. A-1
SHEET 1 OF 1

Draw First . . . Cut Once!
RESIDENTIAL DRAFTING & DESIGN SOLUTIONS
QUALITY DESIGNS FOR COMFORTABLE LIVING
allan@drawfirstonline.com
180 Mount Olivet Drive, Winston-Salem, NC 27107
336-764-8830
833-888-4286



NOTE:
attic dimensions shown are approximate and for design purposes only
see drawings from truss manufacturer for actual specifications and details

ATTIC PLAN

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

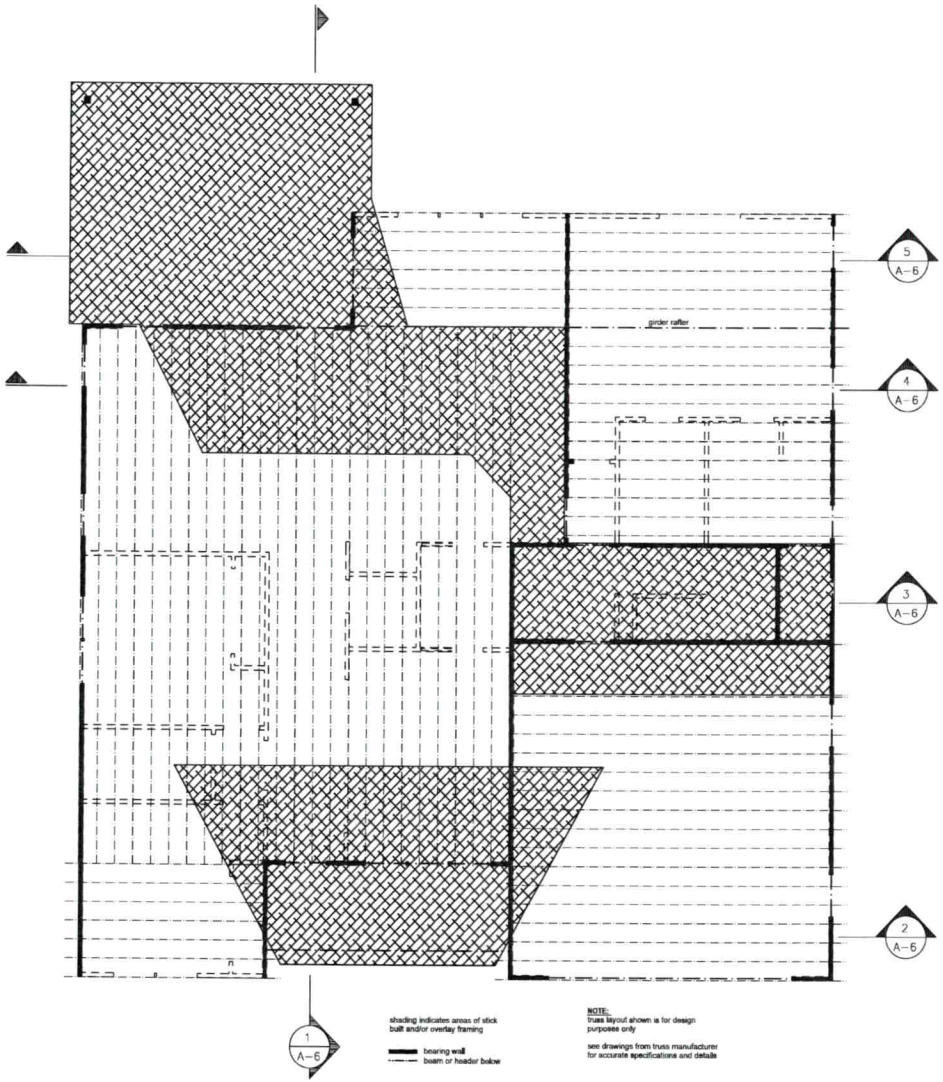
ATTIC PLAN

NEW RESIDENCE for
Dave & Sue Pollinger
Address, North Carolina

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RESIDENTIAL DRAFTING & DESIGN SOLUTIONS
◆ QUALITY DESIGNS FOR COMFORTABLE LIVING ◆

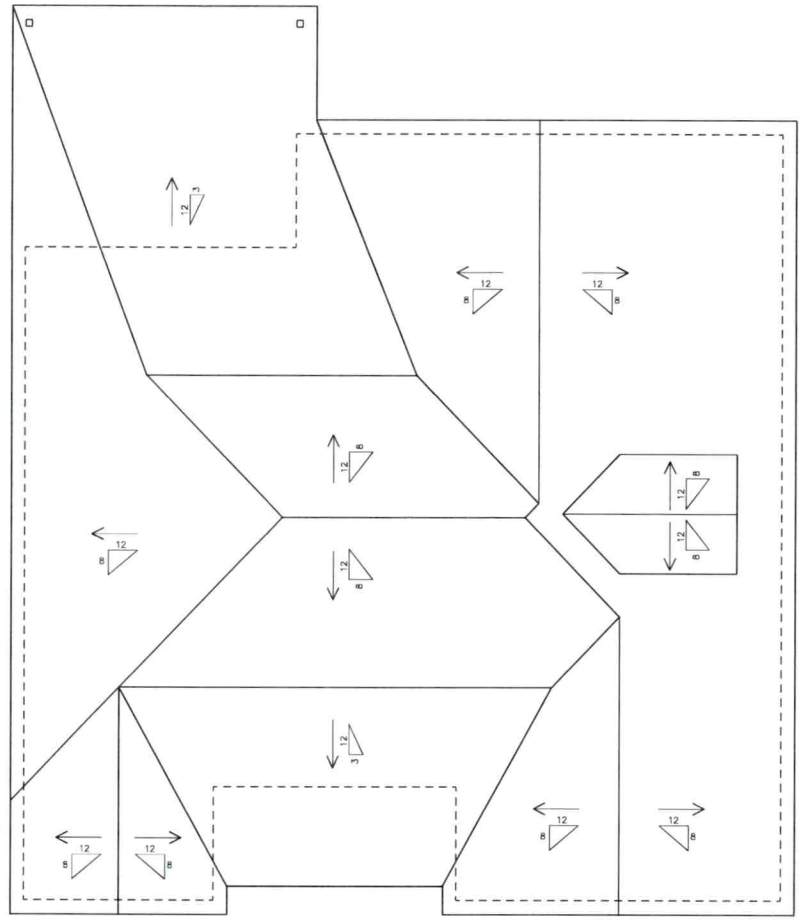
allan@drawfirstcutonce.com
180 Mount Olivet Drive, Winston-Salem, NC 27107
336-794-5830
803-566-4286

BY: ALLAN C. LAMPER
DATE: 01/13/2023
SCALE: 1/4" = 1'-0"
REVISIONS
06/10/2023
JOB # 2022251
DRAWING #
A-3
SHEET 3 OF 3



TRUSS LAYOUT PLAN

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



ROOF PLAN

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

ROOF PLAN & TRUSS LAYOUT

NEW RESIDENCE for
Dave & Sue Pollinger
Address, North Carolina

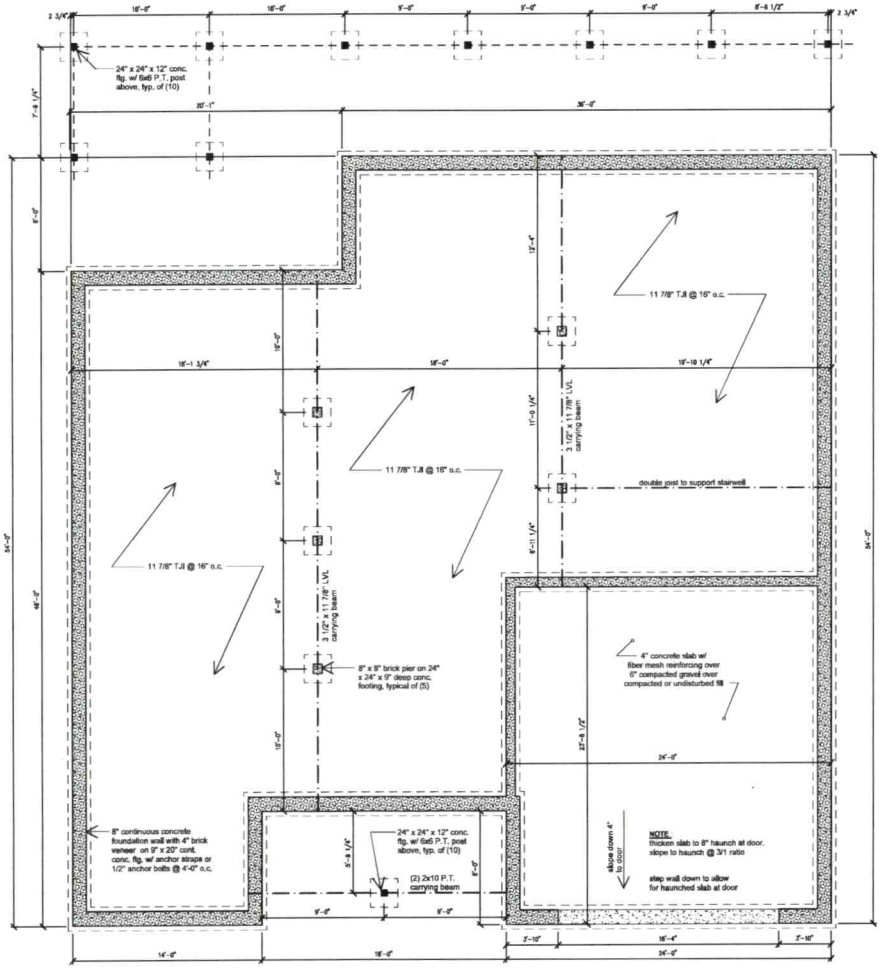
BY: ALLAN C. LAMPER
DATE: 01/13/2023
REVISED
09/10/2023

SCALE 1/4" = 1'-0"
JOB # 202251
DRAWING #

A-4

SHEET 4 OF 4

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FOUNDATION PLAN

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

FOUNDATION PLAN
NEW RESIDENCE for
Dave & Sue Pullinger
Adkins, North Carolina

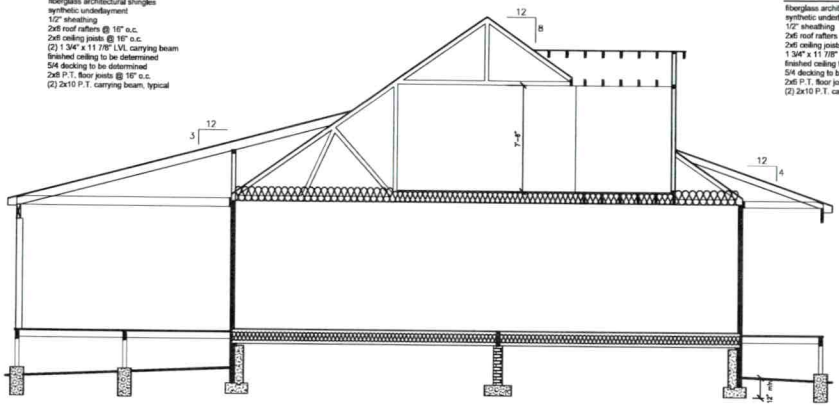
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18+@drawfirstsource.com
10 Wood View Drive, Winston-Salem NC 27107
336-764-6582
800-964-6582

BY: ALAN C. LAMPER
DATE: 01/13/2023 SCALE: 1/4" = 1'-0"
REVISIONS: JOB # 352201
08/10/2023 DRAWING #
A-5
SHEET 5 OF 8

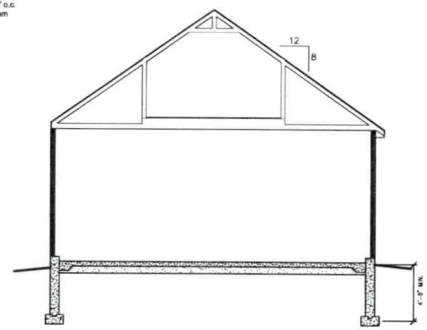
DECK ASSEMBLY
5/4 decking to be determined
2x6 P.T. floor joists @ 16" o.c.
(2) 2x10 P.T. carrying beam, typical

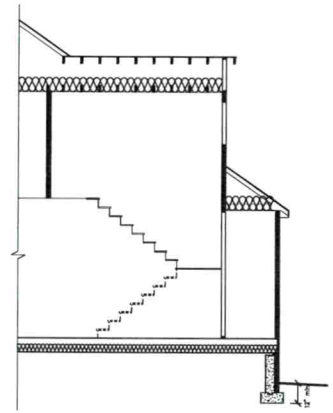
REAR PORCH ASSEMBLY
fiberglass architectural shingles
synthetic underlayment
1/2" sheathing
2x6 roof rafters @ 16" o.c.
2x6 ceiling joists @ 16" o.c.
(2) 1 3/4" x 11 7/8" LVL carrying beam
finished ceiling to be determined
5/4 decking to be determined
2x6 P.T. floor joists @ 16" o.c.
(2) 2x10 P.T. carrying beam, typical



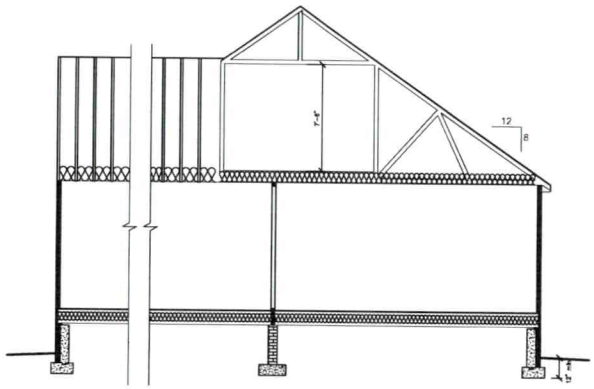
1 **SECTION THRU LIVING**
SCALE: 1/4"=1'-0"

FRONT PORCH ASSEMBLY
fiberglass architectural shingles
synthetic underlayment
1/2" sheathing
2x6 roof rafters @ 16" o.c.
2x6 ceiling joists @ 16" o.c.
1 3/4" x 11 7/8" LVL carrying beam
finished ceiling to be determined
5/4 decking to be determined
2x6 P.T. floor joists @ 16" o.c.
(2) 2x10 P.T. carrying beam

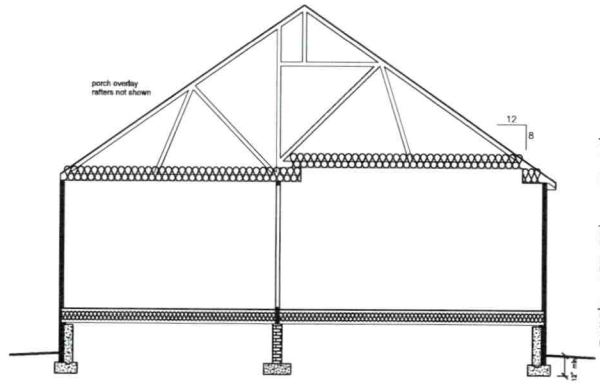




3 **SECTION THRU STAIRWELL**
SCALE: 1/4"=1'-0"



4 **SECTION THRU MASTER @ ATTIC**
SCALE: 1/4"=1'-0"



5 **SECTION THRU MASTER @ TRAY**
SCALE: 1/4"=1'-0"

ROOF ASSEMBLY
fiberglass architectural shingles
synthetic underlayment
1/2" sheathing
manufactured trusses @ 16" o.c.
R38 insulation
1/2" G.W.B.

EXT. WALL ASSEMBLY
siding to be determined
house wrap
1/2" sheathing
2x4 studs @ 16" o.c.
R19 insulation
1/2" G.W.B.

FLOOR ASSEMBLY
finish flooring to be determined
3/4" T&G nailed and glued subfloor
11 7/8" TJI joists @ 16" o.c.
R30 insulation

BUILDING SECTIONS
NEW RESIDENCE for
Dave & Sue Pullinger
Address, North Carolina

BY: ALLAN C. LAMPER
DATE: 01/03/2023
REVISIONS
08/10/2023

SCALE: 1/4" = 1'-0"
JOB # 202251
DRAWING #
A-6
SHEET 6 OF 6

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336-784-2555
allan@drawfirst.com