BLDR-2022-7095 (2)

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # OSWP 2025-73278

PIN # 4764 -- 98 -- 8368 ✓

APPLICANT/OWNER: Helmsman Homes

APPLICANT ADDRESS: 236 Raceway Drive, Ste 7, Mooresville, NC 28117

SITE ADDRESS: 194 Salem Springs Ln, Statesville NC 28625 ✓

PHONE:

ALT. PHONE:

SITE DIRECTIONS: E Mocksville Hwy -> R New Salem -> R Salem Springs -> lot on R

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Salem Springs ✓ SECTION: n/a LOT # 15 ✓ LOT AREA: 0.886 DESIGN FLOW: 360 gpd

L.T.A.R.(Initial): 0.25 L.T.A.R (Repair): 0.25

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 2 + existing Linear Ft: ex + 170

Trench Width 36 *Max. Trench Depth(Initial) 34 *Max. Trench Depth(Repair) 34 Gravel Depth n/a

* Measured on the downhill side of the trench

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

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

System Description: 25% Reduction - IIb

Repair System Description: 25% Reduction - IIb

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

Usable Depth to LC (Initial): 48

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☑ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Usable Depth to LC (Repair): 48 *Limiting Condition*

Water Supply

☐ Private

☑ Public

☐ Community

Comments / Conditions: Abandon lines as shown, install new lines

Do not pave, grade, drive, park, or bury utilties in drainfield. Divert all drainage from septic areas.

INITIAL SITE SKETCH

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

Gary Easter

LSS# 1073

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

AOWE# 10014E

AS BUILT SKETCH

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

* See site plan.

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

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

Owner / Applicant Signature: Date:

Installed by: VADA

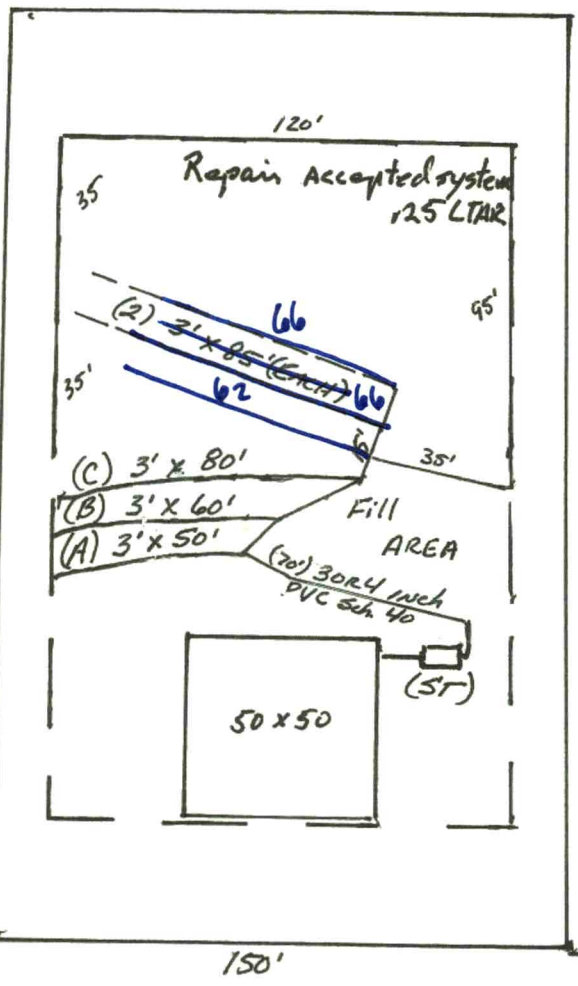
IMPROVEMENT PERMIT by: D. Wieberg Date: 4/9/25

OPERATION PERMIT by: Date: 4/23/2025 ✓

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 4/9/25

Existing System Inspected by: Date:

Pottery Dr
60' Private R/W



Lot 16

NIT. LINES (A) LOST (70FT)
(B) LOST (60 FT.)
(C) LOST (40FT.)

*EXIST. NIT. LINE HAS BEEN CHECKED/INSPECTED BY IREDELL COUNTY EH. (190FT.)
SEPTIC CONTRACTOR ADDING (170FT.) OF CHAMBERS.

Lot 14

100% 25% REDUCTION AVAILABLE FOR REPAIR

Salem Spring Rd
50' Public R/W

(Scale 1"=50')

N

170' ft of infiltrator installed in buried trash. This is to be Abandoned and installed in area shown on site plan and attached to line inspected by Iredell EHD. solid line from septic tank to Approved Drain field.

Permit/File #: OSWP-2025-73278

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief 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: 4764988368 000

Issued To: Helmsman Home LLC 236 Raceway Drive Ste 7 Mooresville NC. 28117

Property Location: 194 Salem Springs

Subdivision (if applicable) Salem Springs Lot #: 15 Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: Gary L Easter 1073

New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: single family residence

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

Design Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): .25 Proposed LTAR (Repair): .25

Proposed Wastewater System Type*: Accepted 25% reduction (Initial) Pump Required: ☐ Yes ☑ No ☐ May be required

Proposed Wastewater System Type*: Accepted 25% reduction (Repair) Pump Required: ☐ Yes ☑ No ☐ May be required

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

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

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 Depth to LC (Initial)*: 48 Usable Depth to LC (Repair)*: 48 *x Limiting Condition*

Max. Trench Depth (Initial)*: 34 Max. Trench Depth (Repair)*: 34 ** 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 .0508: Yes ☑ No ☐ Drainfield location meets requirements of Rule .0601: 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 installer information sheet

Licensed Soil Scientist Print Name: Gary L Easter 1073

Licensed Soil Scientist Signature: _____ Date: 3-31-2025

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

See attached site sketch

HEALTH AND HUMAN SERVICES

Permit/File #: OSWP-2025-73278

This Section for Local Health Department Use Only

Initial submittal received: 4/3/25 (Date) by DW (Initials)

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

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

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

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

The following items are missing:

_____

_____

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

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: D. Wieberg Date: 4/9/25

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. *This permit is subject to revocation if the site plan, plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

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

Improvement Permit Expiration Date: 4/9/30

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2025-73278

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

County: Iredell

Pre-Construction Conference Required: Yes ☑ No ☐

PIN/Lot Identifier: 4764 988 368 000

Issued To: Helmsman Homes 236 Raceway Drive Suite 7 Mooresville NC 28117

Property Location: 194 Salem Springs Rd Lot 15

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: Gary L Easter 10014E

Facility Type: single family residence

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

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

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

Crawl Space? ☐ Yes ☑ No Slab Foundation? ☑ Yes ☐ No

Type of Wastewater System* accepted 25% Reduction (Initial) accepted 25% Reduction (Repair)

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

Design Daily Flow: 360 GPD Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process WW

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

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

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

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 170' feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36" inches LTAR: .25 gpd/ft² Usable Depth to LC (Initial)ˣ: 48" ˣ*Limiting condition*

Soil Cover: 22 inches Slope Corrected Maximum Trench/Bed Depth⁺: 34 inches ⁺ ***Measured on the downhill side of the trench***

Pump Tank Size (if applicable): 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 [.0204(g)]: ☐ Yes ☑ No Declaration of Restrictive Covenants: ☐ Yes ☑ No

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

Management Entity Required: ☐ Yes ☑ No Minimum O&M Requirements:

Permit conditions:

see installer information sheet.

SITE WASTEWATER EVALUATOR Certification 10014E

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

AOWE/PE Print Name: Gary L Easter 10014E

AOWE/PE Signature: Date: 3-31-2025

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

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2025-73278

This Section for Local Health Department Use Only

Initial submittal received: 4/3/25 (Date) by DW (Initials)

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

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

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

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

The following items are missing: _____

_____

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

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: D. Wieberg Date of Issuance: 4/9/25

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

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

Construction Authorization Expiration Date: 4/9/30

See attached site sketch

Sheet ___ of ___
PROPERTY ID #:
COUNTY: IREDELL

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

OWNER: HELMSMAN HOMES APPLICATION DATE
ADDRESS: SALEM SPRINGS ROAD DATE EVALUATED:
PROPOSED FACILITY: HOUSE PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: 20,000+
LOCATION OF SITE: SALEM SPRINGS SUBDIVISION PROPERTY RECORDED: 242
WATER SUPPLY: . Private (Public) . Well . Spring . Other
EVALUATION METHOD: . Auger Boring . (Pit) TYPE OF WASTEWATER: (Sewage) Industrial Process . Mixed

15

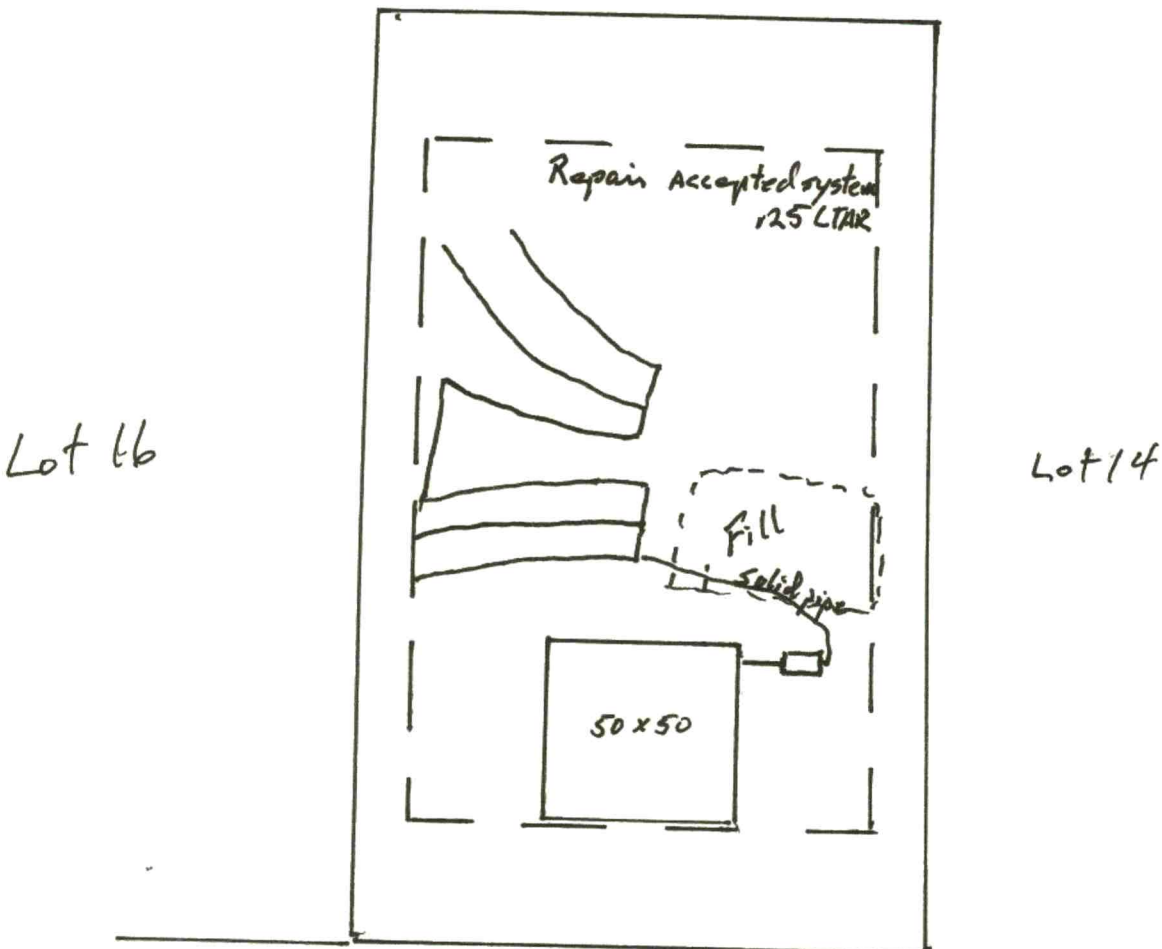
Landscape Position (1940)	L	L	L							
Slpoe%	3	3	3							
H 1 Depth (1943)	0-10	8-12	0-9							
H1 texture 1941	SCL	SCL	SCL							
H1 Structure 1941	2FSBK	2FSBK	2FSBK							
H1 Consistance 1941	WSBK	WSBK	WSBK							
H1 Mineralogy 1941	Sc	Sc	Sc							
H 2 Depth (1943)	10-36	12-38	9-36							
H2 texture 1941	C	C	C							
H2 Structure 1941	ABK	ABK	ABK							
H2 Consistance 1941	FiP	FiP	FiP							
H2 Mineralogy 1941	Sc	Sc	Sc							
H 3 Depth (1943)	36+	38-48	36-48							
H3 texture 1941	BC	BC	BC							
H3 Structure 1941	ABSBK	ABSBK	ABSBK							
H3 Consistance 1941	FRP	FRP	FRP							
H3 Mineralogy 1941	Sc	Sc	Sc							
H 4 Depth (1943)										
H4 texture 1941										
H4 Structure 1941										
H4 Consistance 1941										
H4 Mineralogy 1941										
LTAR	125	125	125							
Description	Initial System		Repair		Other Factors 19					
System Type	ACCEPTED		ACCEPTED		Site Classification					
LTAR	125		125							

LICENSED SOIL SCIENTIST GARY L. EASTER STATE OF NORTH CAROLINA 1073

LICENSED SOIL SCIENTIST GENE YOUNG STATE OF NORTH CAROLINA 1080

Evaluated by GENE YOUNG LSS GARY EASTER LSS, JEFF LEAK

Pottery Dr
60' Private R/W



Salem Spring Rd
50' Public R/W

~~150'~~ ft of infiltrator installed in buried trash. This is to be Abandoned and installed in area Shown on site plan and Attached to line inspected by ~~Inspector~~ EHD. solid line from septic tank to Approved Drain field.

Installer Information

Be sure to read the permit very carefully before submitting bid.

The following details must be considered along with all other considerations:

Preconstruction Conference required with the installer, contractor, and AOWE before installation

- Concrete Septic Tank shall be used an approved by NC DHHS, (Shoaf or HPPP 1000-gallon STB 760 septic tank)

- All tanks shall be properly back filled and compacted to prevent slump in the future

- The installer is responsible for final grades and returning that grade to original, with the exception of added structural features

- **The supply trench shall be compacted to eliminate any cavities left during initial fill placement continuous fall of 1/8 inches per foot required or sewage effluent pump will be required**

- Installation of the system shall be completed during dry conditions in order to protect the soil structure

- All fittings shall be pressure rated fitting

- 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 has no more than ¼" fall in 10 feet, with no high or low areas within. **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 rise.

- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.

- 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 pin flag locations should be checked by the installer prior to beginning trenches to ensure 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

See Design Specification Sheet for Onsite Wastewater System information

System is specified as a 25% Reduction Gravity Chamber installation with #4, #5, or #6 gravel to be installed 6 inches deep on each side of the chambers

All surface water must be diverted away from the onsite wastewater system area

- All Onsite Wastewater System components shall be 25' upslope, 15' side slope, and 10' downslope from any foundation drain

If the dwelling stub out is install to deep or in the wrong location a sewage effluent pump will be reqiured

LEY
Soil & Onsite Wastewater Consulting
PLLC

(336)-909-9058 garylevsoils@icloud.com
(336)-909-8624 jeffleysoils@icloud.com
AOWE, NC Licensed Soil Scientist, NC Environmental Health Specialist

Application For Professional Service

Applicant Helmsman Homes LLC Address236 Raceway Drive Ste 7 Mooresville NC 28117

Phone 607-222-5847 (James Legg) Email permitting@helmsmanhomes.com

Site Address 194 Salem Springs Ln

Tax Map _____ Parcel _____ or PIN 4764988368.000 Due diligence date _____

Site Lot number15 Lot size.886 Residence.# bedrooms3 Business# employees

Directions to Site Salem Springs Subdivision – Statesville
NC Soil Evaluation Service Requested: Septic redraw

X New well ☐ Existing Well ☐ Community Well X Public Water ☐ Spring

*****Please attach a site plan or tax map plat*****

I have read this application and certify that the information provided is true, complete, and correct. LEY Soils are granted the 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

All payment for professional services is due 30 days from receipt of invoice.

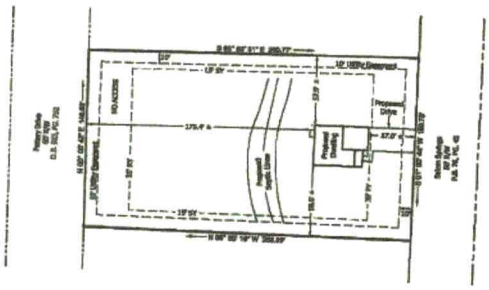
Staci Avester
Signature

3/31/25
Date

PRELIMINARY FOR REVIEW ONLY

* NOT AN ACTUAL SURVEY *

THIS PLOT PLAN WAS DRAWN FROM EXISTING PLATS AND/OR DEEDS AND A FULL SURVEY WAS NOT PERFORMED AT THIS TIME. ACREAGES AND DISTANCES ARE SUBJECT TO AN ACTUAL SURVEY. A FULL TITLE SEARCH HAS NOT BEEN PERFORMED.





APPROXIMATE STRUCTURAL/IMPERVIOUS COVERAGE:

APPROXIMATE PROPERTY AREA: 68,804 SF, 0.689 AC.
PROPOSED DWELLING AREA: 1,271 SF, 0.021 AC.
PROPOSED DRIVEWAY/SIDE WALK AREA: 768 SF, 0.018 AC.
APPROXIMATE STRUCTURAL COVERAGE: 1,271 SF, 0.051 AC, 0.05%
APPROXIMATE IMPERVIOUS COVERAGE: 2,189 SF, 0.049 AC, 3.54%

LEGEND	
FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SY	SIDE YARD SETBACK
R/W	RIGHT OF WAY
P.B.	PLAT BOOK
PG.	PAGE

REFERENCE:

BEING ALL OF LOT 10 - SALEM SPRINGS SUBDIVISION - AS RECORDED IN P.B. 79 - PG. 46 - IREDELL COUNTY REGISTRY.

PROPERTY IS SUBJECT TO ANY AND ALL ZONING AND PLANNING ORDINANCES, EASEMENTS, RIGHTS-OF-WAY, AND RESTRICTIONS OF RECORD.

SETBACKS:

PROPERTY CURRENTLY ZONED: R-20 (IREDELL COUNTY)

PROPERTY SUBJECT TO A 35' FRONT YARD (FY), 15' SIDE YARD (SY) & 50' REAR YARD (RY) AS PER P.B. 79 - PG. 46.

THE SUBJECT PROPERTY IS NOT IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANNEL NUMBER 3710477400J EFFECTIVE DATE 3/19/2008.

JORDAN GRANT

ENGINEERING + SURVEYING + PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
2351 SIGMON RD, STATESVILLE, NC 28625
MATT.GRANT@JORDAN-GRANT.COM
704-502-7010
FIRM # P-1227

0 50 100 150

PLOT PLAN FOR:

Helmsman Homes

DRAWN BY: RS	CHECKED BY: ZME	SCALE: 1" = 50'
PIN NO: 4764-99-8369		
DEED REF: 3946-830		
DATE OF MAP: 09-29-22	SURVEY DATE:	
REVISION:	DRAWING FILE: 20220930_09-29-22	

104 Salem Springs Ln, Statesville NC 28625
Chambersburg Twsp - Iredell County - North Carolina

From: Staci Ivester sivester@helmsmanhomes.com
Subject: FW: Septic redraw - 194 Salem Springs
Date: Mar 31, 2025 at 11:17:50 AM
To: cncdinc@yahoo.com, garyleysoils@icloud.com, jeffleysoils@icloud.com
Cc: James Legg jlegg@helmsmanhomes.com

Good Morning,

Attached please find the application for the septic redraw at 194 Salem Springs Ln

Please let me know if you need anything else.

Staci

EST. 2020

HELMSMAN HOMES

Staci Ivester
PERMITTING SPECIALIST
CELL: **704-363-6038** | E-MAIL: Sivester@helmsmanhomes.com
256 Raceway Drive, Suite 2A, Mooresville, NC 28117

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From: James Legg <jlegg@helmsmanhomes.com>
Sent: Friday, March 28, 2025 10:51 AM
To: Staci Ivester <sivester@helmsmanhomes.com>
Subject: Fw: Septic permit

Get Outlook for Android

From: Shanna Bechtel <cncdinc@yahoo.com>
Sent: Friday, March 28, 2025 10:46:54 AM
To: James Legg <jlegg@helmsmanhomes.com>
Subject: Septic permit

Sent from Yahoo Mail for iPhone

LEY
Soil & Onsite Wastewater Consulting PLLC

(336)-909-9058 garylevsoils@icloud.com
(336)-909-8624 jeffleysoils@icloud.com
AOWE, NC Licensed Soil Scientist, NC Environmental Health Specialist

Application For Professional Service

pplicant Helmsman Homes LLC Address236 Raceway Drive Ste 7 Mooresville NC 28117

hone 607-222-5847 (James Legg) Email permitting@helmsmanhomes.com

ite Address 194 Salem Springs Ln

ax Map _____ Parcel_____ or PIN 4764988368.000 Due diligence date_____

ite Lot number15_____ Lot size.886_____ Residence.# bedrooms3_____ Business# employees

irections to Site Salem Springs Subdivision – Statesville
C Soil Evaluation Service Requested: Septic redraw

X *New well* ☐ *Existing Well* ☐ *Community Well* X *Public Water* ☐ *Spring*

*****Please attach a site plan or tax map plat*****

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

ll payment for professional services is due 30 days from receipt of invoice.

Staci Ivester — 3/31/25

Signature **Date**

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18E .0202). 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 18E .0202, 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, Salem Springs LLC_____, am the legal owner(s) of the property located at 194 Salem Springs Ln_____, identified as PIN (Parcel Identification Number) 4764988368.000_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

Staci Ivester_____, Helmsman Homes LLC_____, 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.

Eric Wood _____ 4/2/2025

Signature of Owner(s) Date

Mooresville - Environmental Health
latasha.fleming@iredellcountync.gov

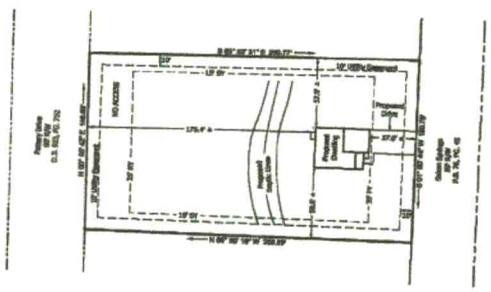
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

PRELIMINARY FOR REVIEW ONLY

" NOT AN ACTUAL SURVEY "

THIS PLOT PLAN WAS DRAWN FROM EXISTING PLATS AND/OR DEEDS AND A FULL SURVEY WAS NOT PERFORMED AT THIS TIME. ACREAGES AND DISTANCES ARE SUBJECT TO AN ACTUAL SURVEY. A FULL TITLE SEARCH HAS NOT BEEN PERFORMED.





APPROXIMATE STRUCTURAL/IMPERVIOUS COVERAGE:

APPROXIMATE PROPERTY AREA: 90,004 SF, 0.699 AC.
PROPOSED DWELLING AREA: 1,271 SF, 0.291 AC.
PROPOSED DRIVEWAY/SIDE WALK AREA: 788 SF, 0.018 AC.
APPROXIMATE STRUCTURAL COVERAGE: 1,271 SF, 0.291 AC. 0.68%
APPROXIMATE IMPERVIOUS COVERAGE: 2,109 SF, 0.048 AC, 2.39%

REFERENCE:

BEING ALL OF LOT 10 - SALEM SPRINGS SUBDIVISION - AS RECORDED IN P.B. 76 - PG. 46 - IREDELL COUNTY REGISTRY.

PROPERTY IS SUBJECT TO ANY AND ALL ZONING AND PLANNING ORDINANCES, EASEMENTS, RIGHTS-OF-WAY, AND RESTRICTIONS OF RECORD.

SETBACKS:

PROPERTY CURRENTLY ZONED: R-20 (IREDELL COUNTY)

PROPERTY SUBJECT TO A 30' FRONT YARD (FY), 10' SIDE YARD (SY) & 30' REAR YARD (RY) AS PER P.B. 76 - PG. 46.

THE SUBJECT PROPERTY IS NOT IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANNEL NUMBER 3710477400J EFFECTIVE DATE 3/19/2009.

0 50 100 200

LEGEND	
FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SY	SIDE YARD SETBACK
R/W	RIGHT OF WAY
P.B.	PLAT BOOK
PG.	PAGE

JORDAN GRANT

ENGINEERING + SURVEYING + PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
2351 STRONTON RD, STATESVILLE, NC 28625
MATT.GRANT@JORDAN-GRANT.COM
704-658-7019
FIRM # P-1227

PLOT PLAN FOR:

Helmsman Homes

DRAWN BY: RS	CHECKED BY: JWE	SCALE: 1" = 50'
PID NO: 4764-99-8368		
DEED REF: 3946-839		
DATE OF PREP: 09-30-22	SURVEY DATE:	
REVISION:	DRAWING FILE: 20220920_09-30-22	

154 Salem Springs Ln, Statesville NC 28625
Chambersburg Twsp - Iredell County - North Carolina

Iredell County Planning and Zoning
PO Box 788 349 N. Center Street
Statesville NC 28687

ZONING PERMIT

Permit No.: **BLDR-2022-7095**
Permit Type: **Residential Building**
Proposed Use: **New Single-Family Dwelling**
Approved Date: 10/28/2022 ***Expiration:***

Zoning Permit - Iredell

Location Address	Parcel Number	Jurisdiction
194 SALEM SPRINGS LN, STATESVILLE, NC 28625	*4764988368.000*	*Iredell County*

Contacts

HELMSMAN HOMES LLC - **Applicant**
PO Box 3965, MOORESVILLE, NC 28117
(980) 500-1251
sivester@helmsmanhomes.com

Helmsman Homes, LLC - **Contractor**
PO BOX 3965, Mooresville, NC 28117
(980) 500-1251
permitting@helmsmanhomes.com

SALEM SPRINGS DEV LLC - **Property Owner**

Description:

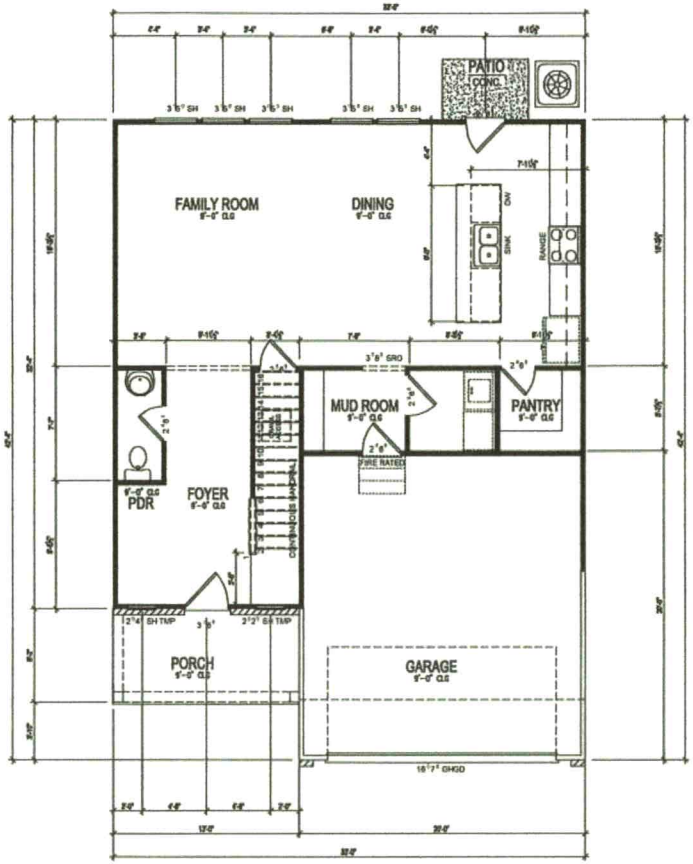
Lot Acreage	Front Setback	Back Setback	Left Setback	Right Setback	Watershed	Flood Zone
0.886	35	35	15	15	NOT IN A WATERSHED	

Zoning Code: R-20

Fees	Amount
Total:	

Payments	Amt Paid
Total Fees	
Amount Due:	**$0.00**

Julia Bailey
Approved By



FIRST FLOOR PLAN

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

WALL STUD REQUIREMENTS	
EXT. WALL HEIGHT (h)	STUD SIZE AND SPACING
h < 10'-0"	2x4 @ 16" O.C.
10'-0" < h <11'-0"	2x4 @ 12" O.C.
11'-0" < h < 18'-0"	2x6 @ 16" O.C.
h > 18'-0"	CONSULT ENGINEER

SQUARE FOOTAGE	
FIRST FLOOR (HEATED)	831
SECOND FLOOR (HEATED)	1187
TOTAL (HEATED)	2018

I-JOIST NOTES

FRAMING CONSTRUCTION NOTES:

BRACED WALL LINE NOTE:
THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED WALL SHEATHING AS INDICATED IN THE GENERAL NOTES. WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE, IT HAS BEEN ANALYZED BY ENGINEERING ANALYSIS INCORPORATING ENGINEERED LATERAL BRACING ELEMENTS WHERE NEEDED TO MEET THE INTENT OF THE CODE.

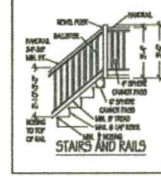
1. I-JOISTS ARE DESIGNED TO BE CONTINUOUS IN SOME AREAS. I-JOIST MANUFACTURER TO STOP AND START JOISTS WHERE SHOWN ON PLAN TO ALLOW FOR CONTINUOUS ACTION
2. "DBL" INDICATES DOUBLE JOIST
3. RIM BOARDS AND BANDS PARALLEL TO FLOOR FRAMING TO BE DOUBLED
4. ALL LOAD- BEARING HEADERS SHALL BE (2)2X8 SPF#2 UNLESS OTHERWISE NOTED ON THE PLAN
5. WHERE DIMENSIONS ARE NOT INDICATED, BEAMS THAT RUN PARALLEL TO FLOOR JOISTS ARE INTENDED TO ALIGN UNDER LOAD BEARING WALLS. SEE THE ARCHITECTURAL PLANS FOR DIMENSIONS TO WALLS
6. ALL WALLS UP TO 10 FT. TALL SHALL BE 2X4 SPF#2 @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLAN. TALLER WALLS SHALL COMPLY WITH TABLE R602.3(4) OF THE CODE OR AS NOTED ON THE PLAN.
7. WOOD BEAMS SHALL BE SUPPORTED BY METAL HANGERS OF ADEQUATE CAPACITY. WHERE FRAMING INTO BEAMS OR LEDGERS THE FOLLOWING HANGER SCHEDULE MAY BE USED UNLESS NOTED OTHERWISE ON THE PLAN

MEMBER SIZE	SIMPSON HANGERS
(2) 2X8	LUS 28-2
(2) 2X10	LUS 210-2
(2) 2X12	LUS 210-2
(2) 1¾" X 9¼" LVL	HUS 410
(2) 1¾" X 11¾" LVL	HUS 412
(2) 1¾" X 14" LVL	HUS 412
ALL TRIPLE LVLs	HHUS 5 5510

8. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 10d x 3½" COMMON NAILS (3)"x 0.162") OR 16d x 3½" (2)"x 0.162") NAILS UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE 10dX 1½" "HANGER NAILS" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY ½" OR LESS OF WOOD IS PROVIDED TO NAIL INTO
9. STEEL BEAMS MUST HAVE (3)-2X4 OR (4)-2X8 STUDS UNDER EACH END SUPPORT UNLESS NOTED OTHERWISE
10. "LVL" AND GLU-LAM BEAMS MUST HAVE ENOUGH STUDS TO SUPPORT ALL PLIES AT EACH END WITH A MINIMUM OF (3)-2X4 OR (2)-2X6 STUDS UNDER EACH END UNLESS NOTED OTHERWISE
11. ALL POINT LOADS FROM ROOF BRACES, JACK STUDS, BEAM SUPPORTS- WHETHER WOOD OR STEEL- CANNOT BEAR ON SHEATHING ALONE. BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 2X4 SQUASH BLOCKS (3 EA) OF EQUAL NUMBER TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALL OR LOWER PLATE. RIM BOARDS AND I-JOIST BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE "S.B" IS INDICATED ON THE PLAN
12. FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 5" LONG TRUSSLOK OR SIMPSON SDS SCREWS @ 16" O.C. AND FOUR PLY LVLs WITH TWO ROWS OF 6½" TRUSSLOK SCREWS @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLANS. THE SCREWS SHALL BE LOCATED A MINIMUM OF 2" AND A MAXIMUM OF 3" FROM THE TOP OR BOTTOM OF THE BEAM
13. FASTEN FIRST KING STUD TO LUMBER HEADER WITH AT LEAST THREE 16D (3)"X0.162") IN EACH PLY
14. JACK AND KING STUD SCHEDULE AT WALL OPENINGS

TO BE INSTALLED AT EACH END OF OPENING UNLESS OTHERWISE NOTED AS "4/" OR "4K" ON PLAN

SPANS UP TO 4'-0" ..... 1 JACK, 1 KING
SPANS >4'-0" TO 6'-6" ..... 1 JACK, 2 KINGS
SPANS >6'-6" TO 8'-6" ..... 2 JACK, 3 KINGS
SPANS >8'-6" ..... SEE PLAN



ELEVATION "A" - FARMHOUSE

336 Mooney Drive Suite 7
Mooresville, NC 28117
PH: 704-228-4251

Township/County

Engineer

Stamp/seal

Project name/owner

2018 REEF PLAN

HELMSMAN HOMES
236 RACEWAY DR
MOORESVILLE, NC
28117
PH: 704-908-4251

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Date: April 5, 2022

Drawn by: MCML

Reviewed by: HELMSMAN

Plan set scale: 24x36 sheet 1/4" = 1'-0" / 11x17 sheet 1/8" = 1'-0"

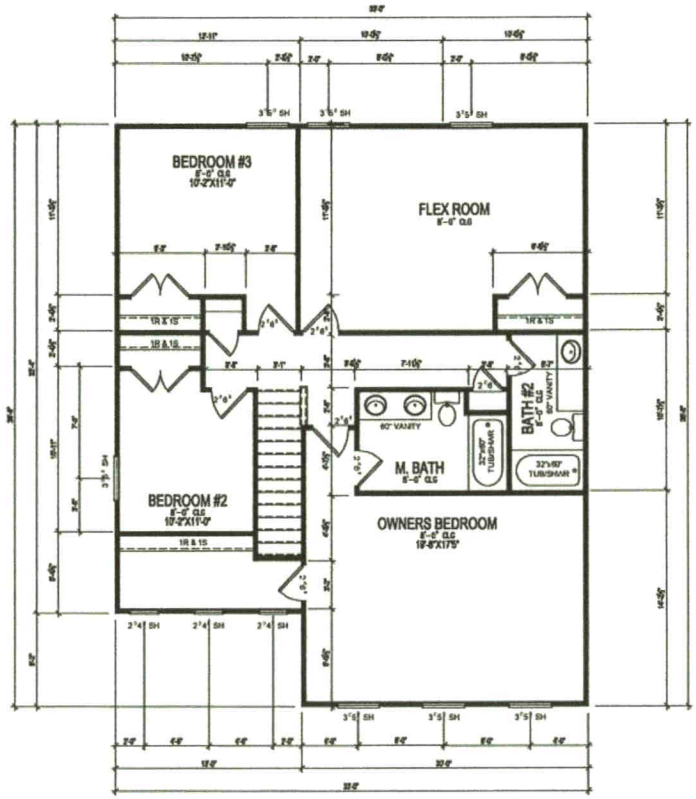
Project/plan code: XX.XX.XXXX

Drawing set: FOR CONSTRUCTION

Sheet title/description

Sheet no.: A-3.0A

Master plan version: REVISED 11-14-2021



SECOND FLOOR PLAN

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

WALL STUD REQUIREMENTS	
EXT. WALL HEIGHT (h)	STUD SIZE AND SPACING
h < 10'-0"	2x4 @ 16" O.C.
10'-0" < h <11'-0"	2x4 @ 12" O.C.
11'-0" < h < 16'-0"	2x6 @ 16" O.C.
h > 16'-0"	CONSULT ENGINEER

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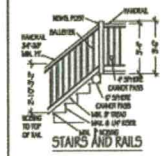
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(2) 2X12	LUS 210-2
(2) 1¾" X 9¼" LVL	HUS 410
(2) 1¾" X 11⅞" LVL	HUS 412
(2) 1¾" X 14" LVL	HUS 412
ALL TRIPLE LVLs	HHUS 5.50/10

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TO BE INSTALLED AT EACH END OF OPENING UNLESS OTHERWISE NOTED AS "HJ" OR "HK" ON PLAN)

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SPANS >4'-0" TO 5'-6" ..... 1 JACK, 2 KINGS
SPANS >5'-6" TO 8'-0" ..... 2 JACK, 3 KINGS
SPANS >8'-0" ..... SEE PLAN

1. STAIRWAYS SHOULD BE NO LESS THAN 36" IN WIDTH
2. THE LENGTH OF RUN AND HEIGHT OF RISER SHALL NOT VARY MORE THAN ⅜" IN ONE RUN OF STAIRS
3. STAIRS ARE REQUIRED TO BE ILLUMINATED
4. OPEN RISERS PERMITTED IF OPENING IS LESS THAN 4"
5. GUARDRAIL REQUIRED ON DECKS AND STAIRWAYS MORE THAN 30" ABOVE GRADE OR FLOOR BELOW
6. Handrails with a circular cross section shall have an outside diameter of not less than 1 ¼" and not greater than 2". If the handrail is not circular, it shall have a perimeter dimension of not less than 4 inches (102 mm) and not greater than 6¼" with a cross section of dimension of not more than 2 ¼". Edges shall have a radius of not less than 0.01 inch



ELEVATION "A" - FARMHOUSE

238 Raceway Drive Suite J
Mooresville, NC 28117
PH: 704-208-4251

Township/County

Engineer

Stamp/seal

Project name/owner

2018 REEF PLAN

HELMSMAN HOMES
238 RACEWAY DR
MOORESVILLE, NC
28117
PH: 704-208-4251

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Date: April 5, 2022

Drawn by: MCML

Reviewed by: HELMSMAN

Plan set scale:
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Sheet title/description

Sheet no: A-4.0A

Master plan version: REVISED 11-16-2021