# ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BLDR-2025-77936

PERMIT : OSWP 2025-7656

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

PIN # 4765-81-2384

APPLICANT/OWNER: Soil & Forestry Services/Bruce Porter APPLICANT ADDRESS: PO Box 5872 Statesville NC 28687

SITE ADDRESS: 131 Portman Lane Statesville, NC 28625 PHONE: (980) 223-8352 ALT. PHONE (704) 878-9314

SITE DIRECTIONS: Mocksville Hwy to Lone Pine Rd to Portman Lane.

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lone Pines Meadows SECTION: 3 LOT # 25 LOT AREA: .87 DESIGN FLOW: 360 L.T.A.R.(Initial): .30 L.T.A.R (Repair): .30

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 160 | Date | | | |
| Pump Tank | – (gal) | PT | – | Date | – | | |
| Pump Make | – | Model | – | Serial # | – | | |
| # Nitrification Fields | 1 | # Lines | 5 | Linear Ft | 200 | | |
| Trench Width | 24in | *Max. Trench Depth(Initial) | 36in | *Max. Trench Depth(Repair) | 32in | Gravel Depth | – |

* Measured on the downhill side of the trench

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

System Description: Gravity VPPBPS (8ft centers).

Repair System Description: LPVPPBPS (6ft Centers).

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

Usable Depth to LC (Initial): 50 Usable Depth to LC (Repair): 50 *Limiting Condition*

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

**Water Supply**

☐ Private

☒ Public

☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

See attached

Permit issued pursuant to G.S. 130A-335(a2) & (a5)

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.**

TANK SW 111

LINE 6 & 7

Line 8, 9, & 10 SH 12/1/25

Install 3" pipe & speed levelers in D-Box ✓ SH 12/2/25

*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: Joey Contran #1838

IMPROVEMENT PERMIT by: Benjamin A Batts Date: 5-27-2025

OPERATION PERMIT by: Sydney Holland Date: 12/2/25

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batts Date: 5-27-2025

Existing System Inspected by: Date:

| Item | Date | Initials |
|---|---|---|
| Drain Lines Checked | | |
| Tanks Checked | | |
| Pressure Manifold or Valve Box Checked | | |
| Pressure Head Set | | |
| Electrical Checked | | |
| Floats Set | | |
| Alarm Checked | | |
| Maintenance Contract Needed? Y / N | | |
| Comments: | | |
| | | |
| | | |

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

NCDHHS

Permit #: OSWP-2025-76567

## *This Section for Local Health Department Use Only*

Initial submittal received: 5/23/2025 (*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: 5/23/2025

**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:** 5/23/2030

***See attached site sketch***

NCDHHS

Permit #: OSWP-2025-76567

## *This Section for Local Health Department Use Only*

Initial submittal received: 5/21/2025 (*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: 5/23/2025

**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:** 5/23/2030

***See attached site sketch***

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

# Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submited in accordance with G.S. 130A-335(a2), (a3), and (a5).
*[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]*

Applying for:

[X] (a2) Improvement Permit [X] (a2) Construction Authorization [ ] (a2) Repair/Construction Authorization

If applying for a Construction Authorization, please indicate desired system type(s):

[ ] Accepted [ ] Conventional [ ] Innovative [X] Other VPPBPS - GRAVITY [ ] Any

[X] New Construction [ ] Expansion [ ] System Relocation [ ] Change of Use [ ] Repair

[X] 5 Year Expiration Requested (site plan provided) [ ] Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a)

Requesting DHHS review? (systems >3000 GPD or IPWW) [ ] Yes [X] No

| | |
|---|---|
| Applicant: | Ashley Rollans// Soil & Forestry Services, PA" |
| Mailing Address: | P.O. Box 5872 |
| City: | Statesville |
| State: | North Carolina |
| Zip: | 28687 |
| Phone #: | 980-223-8352 |
| Email: | sfsstatesvillenc@gmail.com |

| | |
|---|---|
| Owner: | Bruce & Theresa Porter |
| Mailing Address: | 2143 Mocksville Hwy |
| City: | Statesville |
| State: | NC |
| Zip: | 28625 |
| Phone #: | 704-902-3124 |
| Email: | 2xpapa2012@gmail.com |

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

| | | |
|---|---|---|
| [ ] Yes | [X] No | Does the site contain any jurisdictional wetlands? |
| [ ] Yes | [X] No | Is any wastewater going to be generated on the site other than domestic sewage? |
| [ ] Yes | [X] No | Is the site subject to approval by any other public agency? |
| [ ] Yes | [X] No | Are there any easements or right of ways on this property? |

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. *I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.*

Applicant Signature: Bruce A Rollans Date: 5/19/2025

* Owner's Signature: Bruce Port Date: 5-20-25

Permit/File #: OSWP-2025-76567

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; [X] (a2) Improvement Permit [X] (a2) Construction Authorization [ ] Fee $ _____

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

County: Iredell

PIN/Lot Identifier: 4765812384

Issued To: Bruce & Theresa Porter

Property Location: 131 Portman Ln, Statesville NC 28625

Subdivision (if applicable): Lone Pines Meadow Lot#: 25 Block: _____ Section: _____

LSS Report Provided: Yes [X] No [ ]

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

New [X] Expansion [ ] System Relocation [ ] Change of Use [ ]

Facility Type: Residential

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

Design Wastewater Strength: [X] Domestic [ ] High Strength [ ] Industrial Process Wastewater

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

Proposed Wastewater System Type*: IIIe (VPPBPS 8') GRAVITY (Initial) Pump Required: [ ] Yes [X] No [ ] May be required

Proposed Wastewater System Type*: Iva (VPPBPS 8') LPP (Repair) Pump Required: [X] Yes [ ] No [ ] May be required

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

Effluent Standard: [X] DSE [ ] HSE [ ] NSF/ANSI 40 [ ] TS-I [ ] TS-II [ ] RCW

Saprolite System (Initial): [ ] Yes [X] No Saprolite System (Repair): [ ] Yes [X] No

Fill System (Initial): [ ] Yes [X] 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 [X] 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)*: 50 Usable Depth to LC (Repair)*: 50 ** Limiting Condition*

Max. Trench Depth (Initial)†: 36 Max. Trench Depth (Repair)†: 32 *† Measured on the downhill side of the trench*

Artificial Drainage Required: [ ] Yes [X] No If yes, please specify details: _____

Type of Water Supply: [ ] Private well [ ] Public well [ ] Shared well [X] Municipal Supply [ ] Spring [ ] Other: _____

Drainfield location meets requirements of Rule .0508: Yes [X] No [ ] Drainfield location meets requirements of Rule .0601: Yes [X] No [ ]

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

Permit conditions:

Proposed septic areas are to remain undisturbed (no grading, no utilities installation)

Proposed septic areas should be fenced/protected from disturbance (vehicle traffic, debris, etc..)

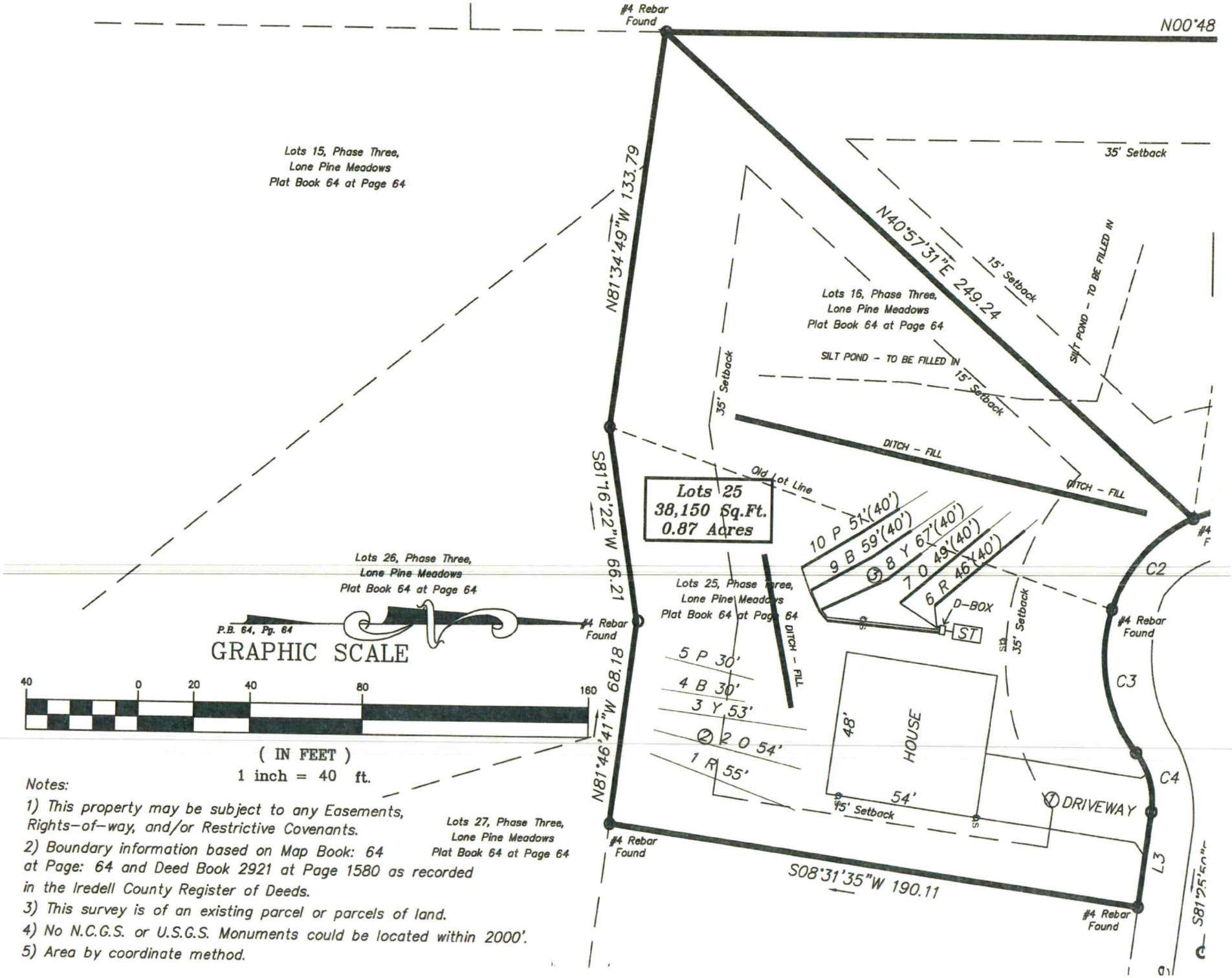
See Design for any additional details

Licensed Soil Scientist Print Name: Samuel Ashley Rollans

Licensed Soil Scientist Signature: Samuel A Rollans Date: 5/19/2025

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

*See attached site sketch*




GRAPHIC SCALE

40 0 20 40 80 160

( IN FEET )

1 inch = 40 ft.

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 64 at Page: 64 and Deed Book 2921 at Page 1580 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
5) Area by coordinate method.

Permit/File #: OSWP-2025-76567

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

County: Iredell — Pre-Construction Conference Required: ☐ Yes ☒ No

PIN/Lot Identifier: 4765812384

Issued To: Bruce & Theresa Porter

Property Location: 131 Portman Ln, Statesville NC 28625, Lot#25

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

Facility Type: Residential

Number of bedrooms: 3 — Number of Occupants: 6 — 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* IIIe (VPPBPS 8') GRAVITY (Initial) — IVa (VPPBPS 6') LPP (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: 200 feet — Trench/Bed Spacing: 8 feet on center

Trench/Bed Width: 24 inches — LTAR: 0.3 gpd/ft² — Usable Depth to LC (Initial)*: 50 *Limiting condition

Soil Cover: 0 inches — Slope Adjusted Maximum Trench/Bed Depth†: 36 inches † *Measured on the downhill side of the trench*

Pump Tank Size (if applicable): N/A galllons — Requires more than 1 pump? ☐ Yes ☒ No

Pump Requirements: N/A ft. TDH vs. N/A 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:

Proposed septic areas are to remain undisturbed (no grading, no utilities installation)

Proposed septic areas should be fenced/protected from disturbance (vehicle traffic, debris, etc...)

See Design for any additional details

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: Samuel Ashley Rollans — Expiration Date: 5/19/2030

AOWE/PE Signature: Samuel A Rollans — Date: 5/19/2025

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

***See attached site sketch***

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 24-0128
4/24/2025

**Bruce Porter**
Attn: *Bruce Porter*
Email: 2xpapa2012@gmail.com

**RE: Soil & Site Evaluation for a 3 Bedroom Residence at 131 Portman Ln, Lot 25, 0.87 ac Parcel, PIN# 4765812384, Statesville, NC 28625, Iredell County, NC.**

Bruce:

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 submittals to Iredell County Health Department.

Site Conditions

At the time of our evaluation land cover on the property was mostly open field on the property. Topography within the evaluated area was gently to moderate slope near the house site with moderate percentage of slope in the proposed drainfield area. Property lines and corners were marked at the time of the evaluation by Lance Shamback Surveying. The Surveyor provided an Autocad File of the survey as a basemap. The proposed septic layout was located via GPS & tape measure which was used to produce the attached *Site Plan*. Existing ditch and old Silt Pond are going to be filled in.

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 three boring locations on the property flagged and located via GPS. Two of the three borings are located in the proposed septic layout Soil suitability was determined by referencing 15A NCAC 18E "Wastewater Treatment & Dispersal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each boring. The house envelope was located via tape measure. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by GPS and tape measure. Detailed system & repair information is summarized in the following paragraph for this Lot. The old ditch and silt pond must be filled in prior to construction of the septic system.

131 Portman Ln (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 494 linear feet of line. The primary system is proposed as 200 linear feet of Modified Conventional (50% Reduction) drainfield with parallel gravity distribution. Trench depth (Low Side) is specified at 36 inches. The repair system is proposed as 200 linear feet of Modified Conventional (50% Reduction) drainfield with low pressure distribution. Trench depth (Low Side) is specified at 32 inches. There is 294 linear feet available for repair.

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 18E .0202 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 Bruce Porter
Signature Bruce Port 5-20-25

The LSS evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

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

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2)."* Any site modifications that impact the proposed septic areas on the site may nullify this design for 131 Portman Ln 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 SCIENTIST
SAMUEL A. ROLLANS
1231
STATE OF NORTH CAROLINA

S. Ashley Rollans, LSS
Attachment: *Septic Design, Required Statement for Local Health Department/NCDHHS*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

*P.O. Box 5872 Statesville NC 28687*
*980-223-8352*
*SFSStatesvilleNC@gmail.com*

Thank you for choosing us to design your septic system.

This design packet contains everything you will need to get your septic permit and can be used for obtaining quotes from septic installers.

Please print the packet and sign the cover page, the agent authorization (if in Iredell county) and the Application for Services page.

You will need to visit your county environmental services department and complete any applications they require along with paying any necessary fees for permitting.

Sincerely,

Soil & Forestry Services of the Carolinas, PA

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

5/19/2025

Iredell County Environmental Health
Attn: Heath Snow
349 N Center Street
Statesville, NC 28677

Re: Improvement Permit & CA Submittal for 131 Portman Ln, Statesville NC 28625 (Lot #25)

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 3 bedroom house VPPBPS 8' system using GRAVITY distribution.

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

"The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5) and (a6)."

Owner/Applicant: Bruce & Theresa Porter

Signature: Bruce Port

Date: 5-20-25

"The LSS Evaluation is being submitted pursuant to and meets requirements of GS 130A-335(a2)." This Improvement Permit is issued pursuant to G.S. 130A-335(a2),(a3), and (a4) using the signed and sealed LSS evaluation attached here". "This AOWE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5)"

"This Construction Authorization is issued pursuant to G.S. 130A-335 (a2), and (a5) and (a6) using the signed and sealed plans or evaluations attached here."

S. Ashley Rollans

Signature:

Date: 5/19/2025 Seal:

LICENSED SOIL SCIENTIST
SAMUEL A. ROLLANS
1231
STATE OF NORTH CAROLINA

NC ONSITE WASTEWATER EVALUATOR
Certification Number
10027E

Soil & Forestry Services of the Carolinas, PA
S. Ashley Rollans
P.O. Box 5872
Statesville, NC 28687
SoilAndForestryServices.com

**Project# 24-0128**

**Septic System Design for a 3 bedroom house**
**VPPBPS 8' using GRAVITY distribution**
**Site location: 131 Portman Ln, Statesville NC 28625, Lot # 25**

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| Calculations | 5 |
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| Floor Plans | 7 |
| | 8-10 |

**5/19/2025**
**Design By: Ashley Rollans**

LICENSED SOIL SCIENTIST
SAMUEL A. ROLLANS
1231
STATE OF NORTH CAROLINA

**VPPBPS 8' using GRAVITY distribution**
**Site location: 131 Portman Ln, Statesville NC 28625, Lot # 25**

* **CALL 811 BEFORE DIGGING**
* 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 that must be considered along with all other considerations.
* 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
* All fittings shall be pressure rated fittings.
* All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
* Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
* Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
* All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
* All tanks shall be properly back filled and compacted to prevent slump at a later date.
* Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
* No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
* Elevations at pinflag locations should be checked by the installer prior to beginning
* Septic tank riser shall be a minimum of 6" above finished grade.

* **System specified as VPPBPS 8' type using GRAVITY distribution**
* **Repair specified as VPPBPS 6' type using LPP distribution**
* **System trench depth specified at 36"**
* **System trenches installed on 8' minimum; 24" wide trenches**
* **Installation does not require a soil cap**

**VPPBPS 8' using GRAVITY distribution**
**Site location: 131 Portman Ln, Statesville NC 28625, Lot # 25**

| | |
|---|---|
| Business (if applicable): | N/A |
| Contact: | Bruce & Theresa Porter |
| Phone: | 704-902-3124 |
| Email: | 2xpapa2012@gmail.com |
| County: | Iredell |
| Location: | 131 Portman Ln, Statesville NC 28625 |
| Source of Wastewater Flow: | 3 bedroom house |
| Estimated Daily Wastewater Production: | 360 gpd |
| Drain field Size: | 200 lf |
| Loading Rate: | 0.3 $gpd/ft.^2$ |
| Trench Depth: | 36 in |
| Trench Width: | 24 in |
| Soil Cap: | 0 in |
| Septic Tank Size: | 1000 gal |

**VPPBPS 8' using GRAVITY distribution**
**Site location: 131 Portman Ln, Statesville NC 28625, Lot # 25**

**Daily Flow (gpd)** **360** **5/19/2025**

| LINE # | FLAG COLOR | BS | HI | FS | ELEV | FLAGGED LENGTH | DESIGN LENGTH | END CAP LENGTH | TOTAL LENGTH |
|---|---|---|---|---|---|---|---|---|---|
| TBM | | 0.0 | | | 100.0 | | | | |
| INSTR. 1 | | | 100.0 | | | | | | |
| | | | **SYSTEM** | | | | | | |
| 6 | Red | | | | | 46 | 40 | 0 | 40 |
| 7 | Orange | | | | | 49 | 40 | 0 | 40 |
| 8 | Yellow | | | | | 67 | 40 | 0 | 40 |
| 9 | Blue | | | | | 59 | 40 | 0 | 40 |
| 10 | Pink | | | | | 51 | 40 | 0 | 40 |
| | | | **REPAIR** | | | | | | |
| 1 | Red | | | | | 55 | 55 | 0 | 55 |
| 2 | Orange | | | | | 54 | 54 | 0 | 54 |
| 3 | Yellow | | | | | 53 | 53 | 0 | 53 |
| 4 | Blue | | | | | 30 | 30 | 0 | 30 |
| 5 | Pink | | | | | 30 | 30 | 0 | 30 |

| | LINE LENGTH | LTAR GPD/FT$^2$ | SYSTEM TYPE | REDUCTION TYPE | DIST | TRENCH DEPTH | SOIL CAP |
|---|---|---|---|---|---|---|---|
| SYSTEM | 200 | 0.300 | VPPBPS 8' | 50% | GRAVITY | 36 | 0 |
| REPAIR | 294 | 0.300 | VPPBPS 6' | 50% | LPP | 32 | 0 |

**Notes:**
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

| Page 4 | SYSTEM FLOW | Project #24-0128 |
|---|---|---|

**VPPBPS 8' using GRAVITY distribution**
**Site location: 131 Portman Ln, Statesville NC 28625, Lot # 25**

| Line # | Color | Elevation | Length | Hole Size | Flow/hole | Trench Area | Number of Panels |
|---|---|---|---|---|---|---|---|
| 6 | Red | 0.0 | 40 | N/A | N/A | 80 | 9 |
| 7 | Orange | 0.0 | 40 | N/A | N/A | 80 | 9 |
| 8 | Yellow | 0.0 | 40 | N/A | N/A | 80 | 9 |
| 9 | Blue | 0.0 | 40 | N/A | N/A | 80 | 9 |
| 10 | Pink | 0.0 | 40 | N/A | N/A | 80 | 9 |
| | | | 0 | | | | |
| | **total** | **feet =** | **200** | **gal/min =** | **N/A** | | **45** |

| | |
|---|---|
| **Design Flow** | **360** |
| **Soil LTAR** | **0.3** |
| **Accepted LTAR** | **0.6** |

I, Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book 64 Page 64). That the boundaries not surveyed are clearly indicated as drawn from information found in Book _N/A_ Page _N/A_ that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number and seal. This 7 day of May, A.D. 2025.

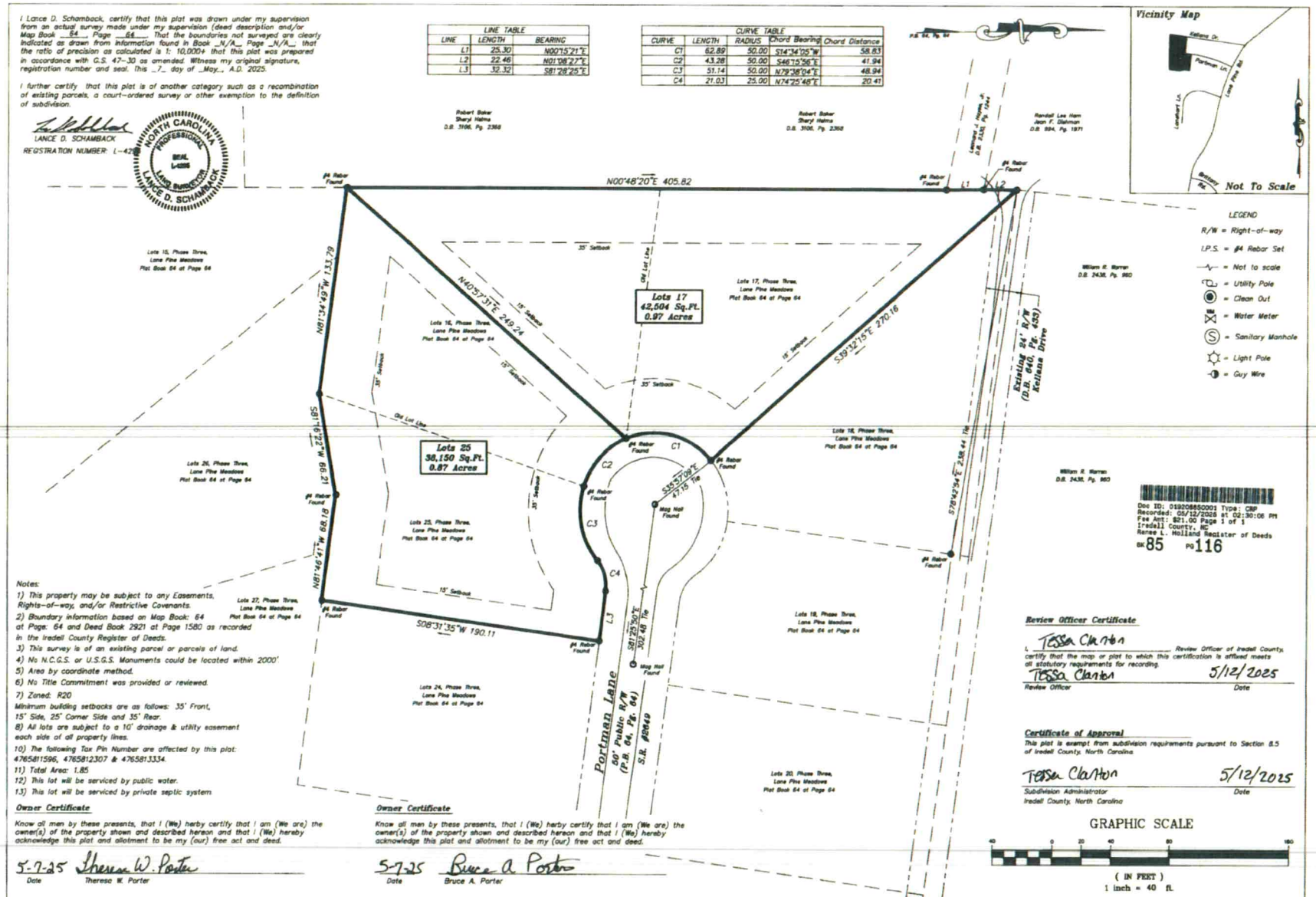
I further certify that this plat is of another category such as a recombination of existing parcels, a court-ordered survey or other exemption to the definition of subdivision.

LANCE D. SCHAMBACK
REGISTRATION NUMBER: L-4218

NORTH CAROLINA PROFESSIONAL SEAL L-4218 LAND SURVEYOR LANCE D. SCHAMBACK

| LINE TABLE | | |
|---|---|---|
| LINE | LENGTH | BEARING |
| L1 | 25.30 | N00°15'21"E |
| L2 | 22.46 | N01°08'27"E |
| L3 | 32.32 | S81°28'25"E |

| CURVE TABLE | | | | |
|---|---|---|---|---|
| CURVE | LENGTH | RADIUS | Chord Bearing | Chord Distance |
| C1 | 62.89 | 50.00 | S14°34'05"W | 58.83 |
| C2 | 43.28 | 50.00 | S46°15'36"E | 41.94 |
| C3 | 51.14 | 50.00 | N79°38'04"E | 48.94 |
| C4 | 21.03 | 25.00 | N74°25'48"E | 20.41 |




Vicinity Map




LEGEND
- R/W = Right-of-way
- I.P.S. = #4 Rebar Set
- = Not to scale
- = Utility Pole
- = Clean Out
- = Water Meter
- = Sanitary Manhole
- = Light Pole
- = Guy Wire

Notes:
1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 64 at Page: 64 and Deed Book 2921 at Page 1580 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'
5) Area by coordinate method.
6) No Title Commitment was provided or reviewed.
7) Zoned: R20
Minimum building setbacks are as follows: 35' Front, 15' Side, 25' Corner Side and 35' Rear.
8) All lots are subject to a 10' drainage & utility easement each side of all property lines.
10) The following Tax Pin Number are affected by this plat: 4765811596, 4765812307 & 4765813334.
11) Total Area: 1.85
12) This lot will be serviced by public water.
13) This lot will be serviced by private septic system.

**Owner Certificate**

Know all men by these presents, that I (We) herby certify that I am (We are) the owner(s) of the property shown and described hereon and that I (We) hereby acknowledge this plat and allotment to be my (our) free act and deed.

5-7-25 Theresa W. Porter
Date Theresa W. Porter

North Carolina, Iredell County.

I, Darly Mora McDaniels a Notary Public of the County and State aforesaid, certify that Theresa W. Porter personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 7 day of May 2025.

Darly Mora McDaniels
Notary Public
My commission expires: 7-10-2028

DARLY MORA MCDANIELS NOTARY PUBLIC IREDELL COUNTY, NC

**Owner Certificate**

Know all men by these presents, that I (We) herby certify that I am (We are) the owner(s) of the property shown and described hereon and that I (We) hereby acknowledge this plat and allotment to be my (our) free act and deed.

5-7-25 Bruce A. Porter
Date Bruce A. Porter

North Carolina, Iredell County.

I, Darly Mora McDaniels a Notary Public of the County and State aforesaid, certify that Bruce A. Porter personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 7 day of May 2025.

Darly Mora McDaniels
Notary Public
My commission expires: 7-10-2028

DARLY MORA MCDANIELS NOTARY PUBLIC IREDELL COUNTY, NC

**Review Officer Certificate**

I, Tessa Clanton Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Tessa Clanton 5/12/2025
Review Officer Date

**Certificate of Approval**

This plat is exempt from subdivision requirements pursuant to Section 8.5 of Iredell County, North Carolina.

Tessa Clanton 5/12/2025
Subdivision Administrator, Iredell County, North Carolina — Date

GRAPHIC SCALE

40 0 20 40 80 160
( IN FEET )
1 inch = 40 ft.

Doc ID: 019208650001 Type: CRP
Recorded: 05/12/2025 at 02:30:06 PM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Renee L. Holland Register of Deeds
BK 85 PG 116

# Recombination Plat
## Revision OF
## Lone Pine Meadows, Phase Three, Lots 16,17 & 25
**Plat Book 64 at Page 64**
Chambersburg Township, Iredell County, NC

| | |
|---|---|
| Owner/Developer: Bruce Porter, Theresa Porter, 2143 Mocksville HWY, Statesville, N.C. 28625 | Tax Pin Number: 4765811596, 4765812307 & 4765813334. |

| | |
|---|---|
| Date of Survey: | 11-14-2024 |
| Date of Map: | 5-7-2025 |
| Scale: | 1" = 40' |
| Drawn By: | LDS |
| Job Number: | 2024-199 |

Land Surveyor: Schamback Surveying, P.A.
P.O. Box 4143
Mooresville, N.C. 28117
Phone: (704) 622-9915
C-3218

| CALCULATIONS | Project #24-0128 |
|---|---|

**VPPBPS 8' using GRAVITY distribution**
**Site location: 131 Portman Ln, Statesville NC 28625, Lot # 25**

| | | |
|---|---|---|
| PROJECT INFO | Designer | Ashley Rollans |
| | Project # | 24-0128 |
| | Project MM YYYY | 5/19/2025 |
| | County | Iredell |
| | Project Location | 131 Portman Ln, Statesville NC 28625 |
| | Lot # (if applicable) | 25 |
| | Subdivision (if applicable) | Lone Pines Meadow |
| | Parcel # | 4765812384 |
| | Lot size (acres) | 0.87 |
| | Easement(s) on parcel? | No |
| | Business (if applicable) | N/A |
| | Current Owner (for AA) | Bruce & Theresa Porter |
| | Electronic Signature OK? | N/A |
| | Name | Bruce & Theresa Porter |
| | Mailing Address | 2143 Mocksville Hwy |
| | City | Statesville |
| | State | NC |
| | Zip | 28625 |
| | Phone | 704-902-3124 |
| | Email | 2xpapa2012@gmail.com |
| | Facility Type | Residential |
| | Facility | House |
| | Bedroom | 3 |
| | Water Source | Municipal Supply |
| | Foundation Type | Crawl Space |
| | Daily Flow (gallons) | 360 |
| SYSTEM | System LTAR | 0.3 |
| | System Type | VPPBPS 8' |
| | System Distribution | GRAVITY |
| | System Trench Center Distance (feet) | 8 |
| | System Trench Width (inches) | 24 |
| | System Trench Depth (inches) | 36 |
| | Soil Cap (inches) | 0 |
| | Usable Soil Depth (inches) | 50 |
| | Media Height (inches) | 22 |
| | Tank Size (gallons) | 1000 |
| | Required Feet of Line (system) | 200 |
| | Designed Feet of Line (system) | 200 |
| | Saprolite system? | No |
| REPAIR | Repair LTAR | 0.3 |
| | Repair Type | VPPBPS 6' |
| | Repair Distribution | LPP |
| | Repair Trench Center Distance (feet) | 6 |
| | Repair Trench Width (inches) | 24 |
| | Repair Trench Depth (inches) | 32 |
| | Soil Cap (inches) | 0 |
| | Usable Soil Depth (inches) | 50 |
| | Tank Size (gallons) | 1000 |
| | Required Feet of Line (repair) | 200 |
| | Designed Feet of Line (repair) | 294 |
| | Saprolite system? | No |

Sheet 1 of 1

PROPERTY ID #: 4765812384
COUNTY: Iredell

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

OWNER: Bruce & Theresa Porter
ADDRESS: 2143 Mocksville Hwy Statesville NC 28625
PROPOSED FACILITY & Design Flow(.0400): 3 Bedroom Residential Home- 360 GPD
LOCATION OF SITE: 131 Portman Ln Statesville NC 28625

DATE EVALUATED: 12/17/2024
PROPERTY SIZE: 0.87
PROPERTY RECORDED: Yes
Water supply setback 10 FT

WATER SUPPLY: ☑ Public ☐ Single Family Well ☐ Shared Well ☐ Spring ☐ Other

EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Domestic ☐ High Strength ☐ IPWW

| PROFILE # | .0502 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .0503 STRUCTURE/ TEXTURE | .0503 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR | .0505 SOIL DEPTH | .0506 SAPR CLASS | .0507 RESTR HORIZ | .0509 PROFILE CLASS & LTAR | .0502(d) SLOPE CORRECTION |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | L/5% | 0-4 | BSLGR | FR SS SP | fFe(19-27) fsap | 50 | | | S 0.275 | 1.2" |
| | | 4-10 | RBSCL WFSBK | FR SS SP | | | | | | |
| | | 10-50 | BRC WMSBK/ABK | FR SS P | | | | | | |
| 2 | L/7% | 0-8 | BSCL WFSBK | FR SS SP | fsap | 50 | | | S 0.3 | 1.68" |
| | | 8-50 | BRC WMSBK/ABK | FR SS P | | | | | | |
| 3 | L/7% | 0-10 | RBCL WFSBK | FR SS SP | fMn(19-26) | 50 | | | S 0.275-0.3 deep 0.3 | 1.68" |
| | | 10-50 | BRC WMSBK/ABK | FR SS P | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |

LICENSED SOIL SCIENTIST SAMUEL A. ROLLANS STATE OF NORTH CAROLINA 1231

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.508) | Suitable | Suitable |
| System Types(s) | VPPBPS 8'-GRAVITY | VPPBPS 8'- LPP |
| Site LTAR | 0.3 | 0.3 |
| Maximum Trench Depth | 36" | 32" |

SITE CLASSIFICATION (.509): Suitable
EVALUATED BY: Ashley Rollans
OTHER(S) PRESENT:

COMMENTS:

# PERMIT SNAPSHOT REPORT OSWP-2025-76567 FOR IREDELL COUNTY

| | | | | | |
|---|---|---|---|---|---|
| **Permit Type** | OSWP - AOWE\|Session Law\|EOP\|Expedited Review | **Project:** | | **App Date:** | 05/20/2025 |
| **Work Class:** | OSWP - AOWE\|Session Law\|EOP\|Expedited Review | **District:** | Iredell County | **Exp Date:** | NOT AVAILABLE |
| **Status:** | PRIORITY PERMIT | **Square Feet:** | 0.00 | **Completed:** | NOT COMPLETED |
| **Valuation:** | $0.00 | **Assigned To:** | Botkins, Ben | **Approval Expire Date:** | |
| **Description:** | PRIORITY PERMIT Session Law | | | | |

| | | |
|---|---|---|
| **Parcel:** 4765812384.000 Main | **Address:** 131 Portman Ln Main<br>Statesville, NC 28625 | **Zone:** R-20(Suburban Residential District) |

| Applicant | Soil Scientist | Property Owner |
|---|---|---|
| SOIL AND FORESTRY SERVICES<br>PO Box 5872<br>Statesville, NC 28687<br>Mobile: (980) 223-8352 | SOIL AND FORESTRY SERVICES<br>PO Box 5872<br>Statesville, NC 28687<br>Mobile: (980) 223-8352 | Bruce A Porter<br>2143 Mocksville Hwy 2143<br>MOCKSVILLE HWY<br>Statesville, NC 28625<br>Business: (704) 878-9314 |

**Permit Custom Fields**

| | | | | | |
|---|---|---|---|---|---|
| EHExpeditedApplication/PermitType | Session Law | How is your site plan being submitted | Custom Site Plan | Does the site contain any jurisdictional wetlands | No |
| Non-domestic Sewage Generated | No | Other Public Agency | No | All proposed structure dimensions | see design |
| What are the proposed structures | New Single-Family Residence - Stick Built | New Single-Family Residence | Stick Built | If other Addition/Structure, please explain | |
| Maximum Number of Bedrooms | 3 | Number of Occupants | 6 | Foundation Type | Crawl Space Foundation |
| Water Supply | Municipal Water | Desired Septic System Type | Other | If other septic system type, please explain | VPPBPS Gravity distribution |
| Has this project been approved by TRC | No | Lot Acreage | 0.87 | Front Setback | 35 |
| Back Setback | 35 | Left Setback | 15 | Right Setback | 15 |
| Zoning Permit Issued Date | May 21 2025 12:00AM | Zoning Permit Expiration Date | Nov 17 2025 12:00AM | Is the structure or development in the floodplain | No |
| Is the property in a local historic district? | No | Is the property located downtown? | No | Additional Unique Setbacks Apply | No |
| Watershed | NOT IN A WATERSHED | | | | |

| Attachment File Name | Added On | Added By | Attachment Group | Notes |
|---|---|---|---|---|
| Signature_Randi_Williams_5/20/2025.jpg | 05/20/2025 11:18 | Williams, Randi | | Uploaded via CSS |
| 131_Portman_Ln_Session_Law_v1.pdf | 05/20/2025 11:23 | Williams, Randi | Available Online | |
| A1-Authorize to Act as Agent_v1.pdf | 05/20/2025 11:24 | Williams, Randi | Available Online | |

| Invoice No. | Fee | Fee Amount | Amount Paid |
|---|---|---|---|
| INV-00045066 | Iredell Zoning Permit Fee | $75.00 | $75.00 |
| | New Gravity System AOWE IP/AC - 090123 | $200.00 | $200.00 |
| | Iredell Zoning Tech Fee | $2.25 | $2.25 |
| | Total for Invoice INV-00045066 | $277.25 | $277.25 |
| | **Grand Total for Permit** | **$277.25** | **$277.25** |

# PERMIT SNAPSHOT REPORT (OSWP-2025-76567)

| Workflow Step / Action Name | Action Type | Start Date | End Date |
|---|---|---|---|
| **Application Completeness Check v.1** | | 05/20/2025 11:24 | 05/20/2025 11:24 |
| Confirm application complete v.1 | Generic Action | | 05/20/2025 11:24 |
| **Zoning Review v.1** | | 05/20/2025 11:46 | 05/21/2025 11:55 |
| Iredell County Zoning Approval v.1 | Task | 05/20/2025 11:46 | 05/20/2025 11:47 |
| Issue Invoice v.1 | Generic Action | | 05/20/2025 11:47 |
| Fees Paid v.1 | Generic Action | | 05/21/2025 11:55 |
| **Fees v.1** | | 05/21/2025 11:55 | 05/21/2025 11:55 |
| Fees Paid v.1 | Generic Action | | 05/21/2025 11:55 |
| Issue Invoice v.1 | Generic Action | | 05/21/2025 11:55 |
| **Lot Readiness Verification v.1** | | | |
| ~~OSWP Septic Preliminary Site Visit v.1~~ | Inspection | | 05/20/2025 11:25 |
| OSWP Site Evaluation v.1 | Inspection | | |
| Issue Permit v.1 | | | |
| Issue Invoice v.1 | Generic Action | | |
| Fees Paid v.1 | Generic Action | | |
| Issue Permit v.1 | Generic Action | | |
| Permit Completion Process v.1 | | | |
| Authorization to Construct Permit v.1 | Create Sub Permit | | |
| Issue Authorization to Construct v.1 | Generic Action | | |