BLDR-2023-40411

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-39611

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

PIN # 4774-25-4122

APPLICANT / OWNER: Soil & Forestry Svcs APPLICANT ADDRESS: 126A 3rd Creek Rd, Statesville, NC 28677

SITE ADDRESS: 525 NEW SALEM RD, STATESVILLE, NC 28625 PHONE: 980-223-8352 ALT. PHONE:

SITE DIRECTIONS: W Hwy 64 -> R New Salem SAP CONTROLLED: YES ☐ NO ☑

SUBDIVISION: New Salem Estates SECTION: 2 LOT #: 26 LOT AREA: 0.757 DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank: 1000 (gal)	STB: 760	Date: –	☒ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 4	Water Supply: Municipal Water
Pump Tank: (gal)	PT:	Date:	System Description: Accepted		☐ Business	No. Persons: 8	
Pump Make:	Model:	Serial #:	Repair System Description: LPVPPBPS		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: 4	Linear Ft.: 408	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
Trench Width: 36	Trench Bottom Depth (Low side): 30		Gravel Depth: 0	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions: See attached plans from SFS. Do not pave, grade, park, drive, or bury utilities in drainfield area. Install on contour.

INITIAL SITE SKETCH

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

Soil & Forestry Services

LSS# 1231/10027E

AS BUILT SKETCH

Installed as Drawn

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:

IMPROVEMENT PERMIT by: D. Mebane Date: 10/26/23

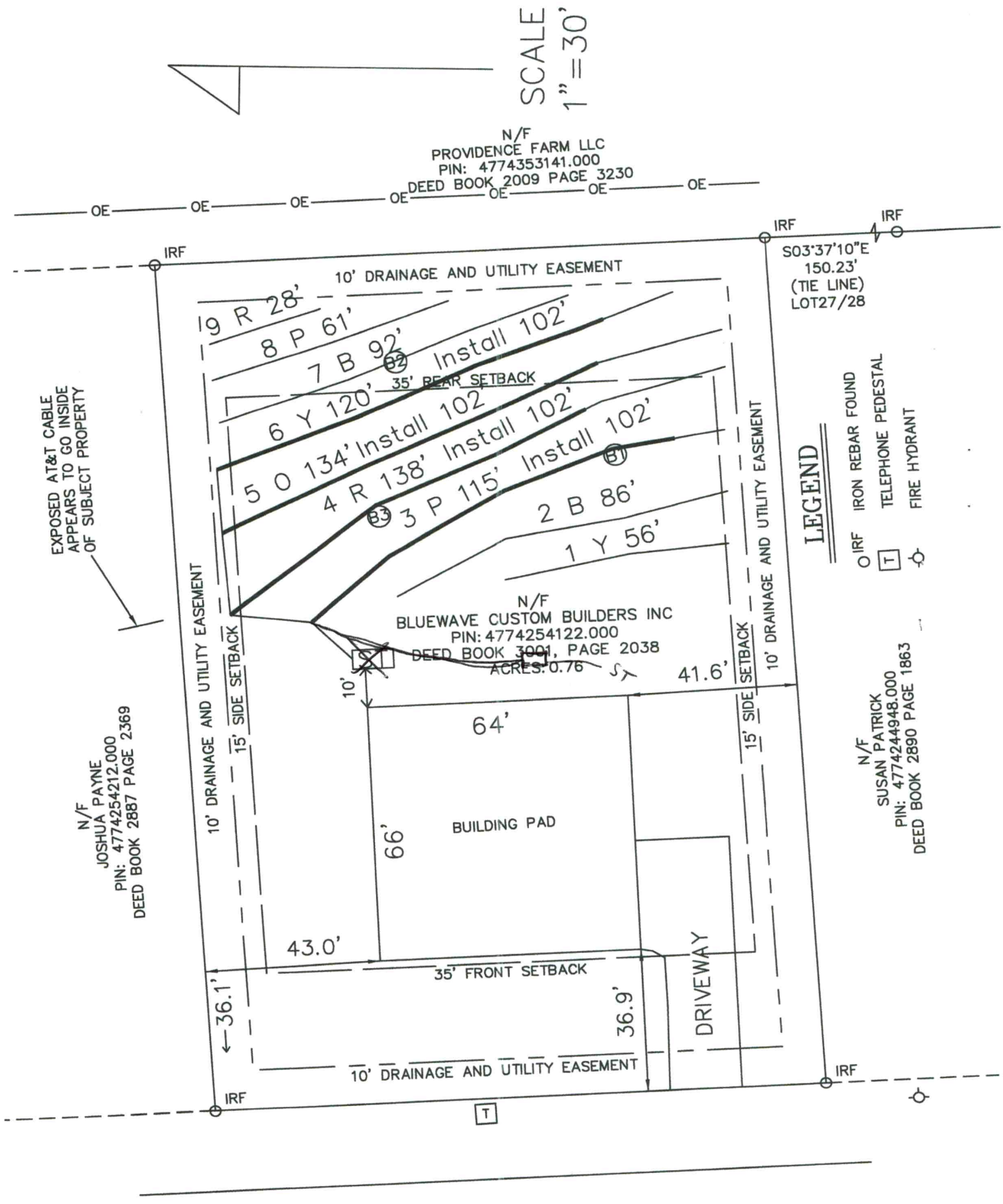
AUTHORIZATION TO CONSTRUCT by: D. Mebane Date: 10/26/23

Installed By: Stutts Grading

OPERATION PERMIT by: Date: 4/26/24

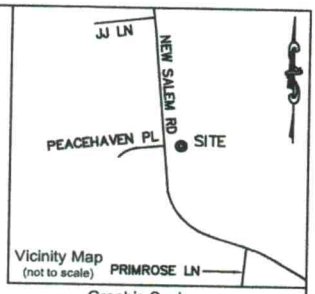
Existing System Inspected By: Date:

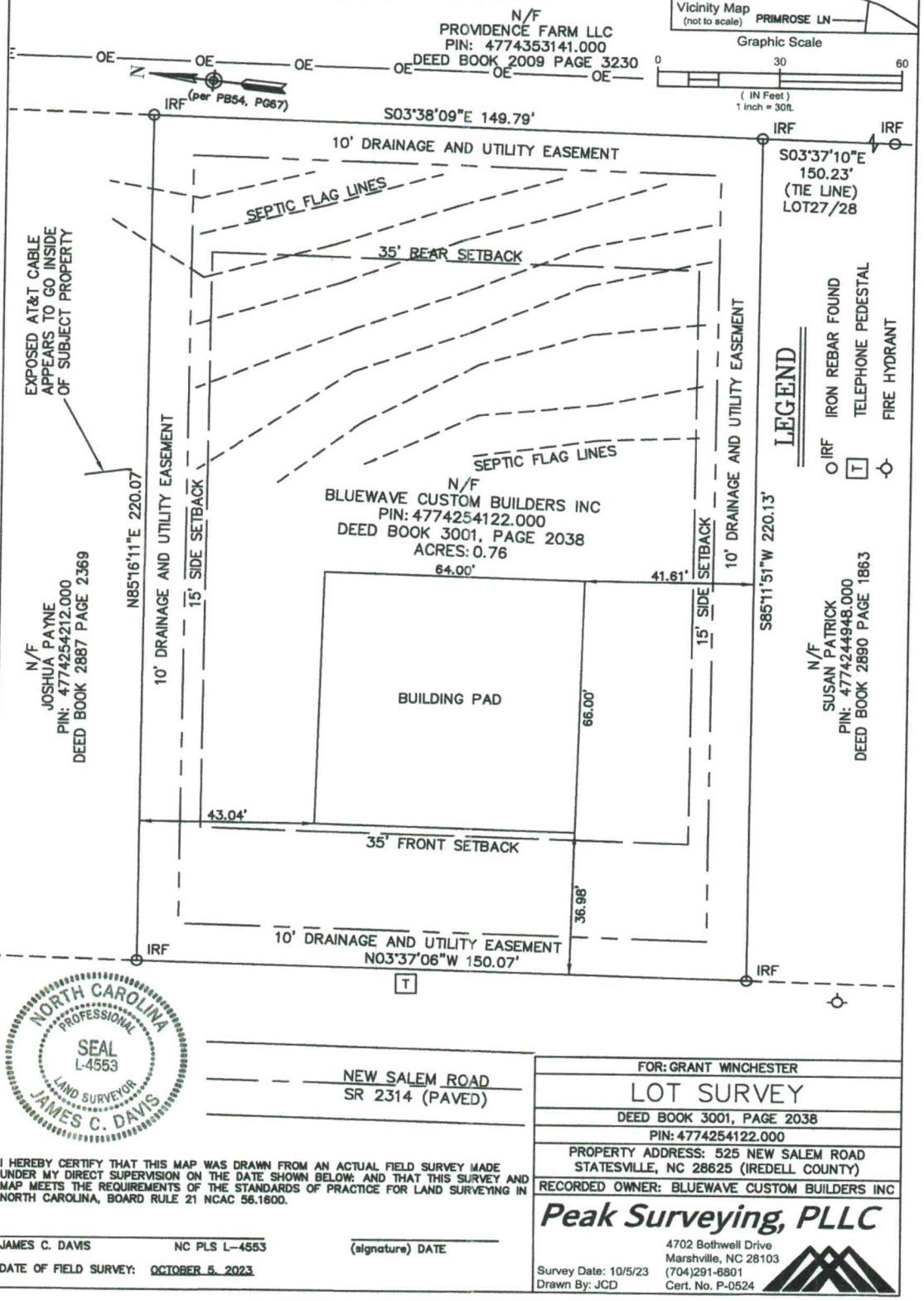
FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 BETWEEN 8am-9am the day the inspection is needed.


SCALE 1"=30'
N/F
PROVIDENCE FARM LLC
PIN: 4774353141.000
DEED BOOK 2009 PAGE 3230
OE
IRF
S03°37'10"E
150.23'
(TIE LINE)
LOT27/28
10' DRAINAGE AND UTILITY EASEMENT
9 R 28'
8 P 61'
7 B 92'
6 Y 120'
5 O 134'
4 R 138'
3 P 115'
2 B 86'
1 Y 56'
Install 102'
35' REAR SETBACK
EXPOSED AT&T CABLE
APPEARS TO GO INSIDE
OF SUBJECT PROPERTY
N/F
BLUEWAVE CUSTOM BUILDERS INC
PIN: 4774254122.000
DEED BOOK 3001, PAGE 2038
ACRES: 0.76
15' SIDE SETBACK
10' DRAINAGE AND UTILITY EASEMENT
41.6'
64'
66'
BUILDING PAD
43.0'
35' FRONT SETBACK
36.1'
36.9'
DRIVEWAY
10' DRAINAGE AND UTILITY EASEMENT
N/F
JOSHUA PAYNE
PIN: 4774254212.000
DEED BOOK 2887 PAGE 2369
N/F
SUSAN PATRICK
PIN: 4774244948.000
DEED BOOK 2890 PAGE 1863
LEGEND
IRF IRON REBAR FOUND
T TELEPHONE PEDESTAL
FIRE HYDRANT

GENERAL NOTES

1. DEED BOOK 3001, PAGE 2038 AND PLAT BOOK: 54, PAGE 67
2. FEMA FIRM PANEL # 3710477400J, MAP EFFECTIVE DATE MARCH 18, 2008. – PARCEL IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA.
3. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHT-OF-WAY, EASEMENTS, OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.
4. ALL DISTANCES ARE IN FEET (US SURVEY FOOT) AND DECIMALS THEREOF AND REPRESENT HORIZONTAL GROUND DISTANCES.
5. A HORIZONTAL CONTROL MONUMENT OF A FEDERAL OR STATE AGENCY WAS NOT FOUND WITHIN 2000' FEET OF THE SUBJECT PROPERTY.
6. PROPERTY IS CURRENTLY ZONED: R-20
7. SETBACKS ARE SUBJECT TO VERIFICATION AND INTERPRETATION BY GOVERNMENT AUTHORITIES.
8. SETBACKS PER PLAT BOOK: 54, PAGE 67 ARE: FRONT-35', SIDE-15', AND REAR-35'





NEW SALEM ROAD
SR 2314 (PAVED)

NORTH CAROLINA PROFESSIONAL SEAL L-4553 LAND SURVEYOR JAMES C. DAVIS

I HEREBY CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL FIELD SURVEY MADE UNDER MY DIRECT SUPERVISION ON THE DATE SHOWN BELOW: AND THAT THIS SURVEY AND MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE 21 NCAC 56.1600.

JAMES C. DAVIS NC PLS L-4553 (signature) DATE

DATE OF FIELD SURVEY: OCTOBER 5, 2023

FOR: GRANT WINCHESTER

LOT SURVEY

DEED BOOK 3001, PAGE 2038

PIN: 4774254122.000

PROPERTY ADDRESS: 525 NEW SALEM ROAD
STATESVILLE, NC 28625 (IREDELL COUNTY)

RECORDED OWNER: BLUEWAVE CUSTOM BUILDERS INC

Peak Surveying, PLLC
4702 Bothwell Drive
Marshville, NC 28103
(704)291-6801
Cert. No. P-0524

Survey Date: 10/5/23
Drawn By: JCD

Permit #: DSWP-2023-39611

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: 4774254122
Issued To: Bluewave Construction
Property Location: 525 New Salem Rd, Statesville NC 28625
Subdivision: New Salem Estates Lot#: 26 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 [ ]
Proposed Structure: 4 bedroom house
Number of bedrooms: 4 Number of Occupants: 8 Other:
Design Wastewater Strength: [X] domestic [ ] high strength [ ] industrial process
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3
Proposed Wastewater System Type*: ACCEPTED GRAVITY (Initial) Pump Required: [ ] Yes [X] No [ ] May be required
Proposed Wastewater System Type*: VPPBPS LPP (Repair) Pump Required: [X] 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 [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 Soil Depth (Initial): 50 Usable Soil Depth (Repair): 50
Max. Trench Depth (Initial)†: 30 Max. Trench Depth (Repair)†: 30 *† 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 .1945: Yes [X] No [ ] Drainfield location meets requirements of Rule .1950: 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:
See Design

Licensed Soil Scientist Print Name: Samuel Ashely Rollans
Licensed Soil Scientist Signature: Samuel A Rollans Date: 10/16/2023

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

See attached site sketch

NCDHHS

Permit #: OSWP-2023-39611

This Section for Local Health Department Use Only

Initial submittal received: 10/25/23 (*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: DWisberg Date: 10/26/23

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: 10/26/2028

See attached site sketch

NCDHHS

Permit #: OSWP-2023-39611

This Section for Local Health Department Use Only

Initial submittal received: 10/25/23 (*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: DWisberg Date of Issuance: 10/26/23

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: 10/26/2028

See attached site sketch

NCDHHS

Permit #: OSWP-2023-39611

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

County: Iredell

PIN/Lot Identifier: 4774254122

Issued To: Bluewave Construction

Property Location: 525 New Salem Rd, Statesville NC 28625

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

Facility Type: 4 bedroom house

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

Basement? [ ] Yes [X] No Basement Fixtures? [ ] Yes [ ] No

Type of Wastewater System* ACCEPTED GRAVITY (Initial) VPPBPS LPP (Repair)

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

Design Daily Flow: 480 GPD Wastewater Strength: [X] domentic [ ] high strength [ ] industrial process

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

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 408 feet Trench/Bed Spacing: 9 feet on center

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

Soil Cover: 0 inches Slope Adjusted Maximum Trench/Bed Depth‡: 30 inches *‡ Measured on the downhill side of the trench*

Aggregate Depth: _____ inches above pipe _____ inches below pipe 12 inches total

Pump Tank Size (if applicable): 1000 galllons Requires more than 1 pump? [ ] Yes [X] No

Pump Requirements: 0 ft. TDH vs. 0.0 GPM Grease Trap Size (if applicable): _____ gallons

Distribution Method: [X] Serial [ ] D-Box or Parallel [ ] Pressure manifold(s) [ ] LPP [ ] Other _____

Artificial Drainage Required: Yes [ ] No [X] 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 [X] No

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

Declaration of Restrictive Covenants: [ ] Yes [X] No

Pre-Construction Conference Required: Yes [ ] No [X]

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 Ashely Rollans

AOWE/PE Signature: Samuel A Rollans

Expiration Date: 12/31/2023

Date: 10/16/2023

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

See attached site sketch

NC ONSITE WASTEWATER EVALUATOR Certification Number 10027E

ACCEPTED using GRAVITY distribution
Site location: 525 New Salem Rd, Statesville NC 28625, Lot # 26

* **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 ACCEPTED type using GRAVITY distribution**
* **Repair specified as VPPBPS type using LPP distribution**
* **System trench depth specified at 30"** LOW SIDE
* **System trenches installed on 9' minimum; 36" wide trenches**
* **Installation does not require a soil cap**

DESIGN SPECIFICATIONS **Project #23-0117**

ACCEPTED using GRAVITY distribution
Site location: 525 New Salem Rd, Statesville NC 28625, Lot # 26

Business (if applicable):	N/A
Contact:	Bluewave Construction
Phone:	704-993-0572
Email:	bluewavebuilds@gmail.com
County:	Iredell
Location:	525 New Salem Rd, Statesville NC 2862

Source of Wastewater Flow:	4	bedroom home
Estimated Daily Wastewater Production:	480	gpd
Drain field Size:	408	lf
Loading Rate:	0.3	gpd/ft.^{2}
Trench Depth:	30	in
Trench Width:	36	in
Soil Cap:	0	in
Septic Tank Size:	1000	gal

ACCEPTED using GRAVITY distribution
Site location: 525 New Salem Rd, Statesville NC 28625, Lot # 26

Daily Flow (gpd) **480** **Oct 2023**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM INSTR. 1		0.0	100.0		100.0		
			SYSTEM				
3					100.0	115	102
4					100.0	138	102
5					100.0	134	102
6					100.0	120	102
					100.0		0
					100.0		0
					100.0		0
			REPAIR				
1					100.0	56	56
2					100.0	86	86
7					100.0	92	92
8					100.0	61	61
9					100.0	28	28
					100.0		0
					100.0		0

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH	SOIL CAP
SYSTEM	408	0.300	ACCEPTED	25%	GRAVITY	30	0
REPAIR	422	0.300	VPPBPS	50%	LPP	30	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

CALCULATIONS **Project #23-0117**

ACCEPTED using GRAVITY distribution
Site location: 525 New Salem Rd, Statesville NC 28625, Lot # 26

PROJECT INFO	Designer	Samuel Ashley Rollans
	Project #	23-0117
	Project MM YYYY	10/16/2023
	Project Location	525 New Salem Rd, Statesville NC 28625
	Lot # (if applicable)	26
	Subdivision (if applicable)	New Salem Estates
	Parcel #	4774254122
	Lot size (acres)	0.75
	Contact (Owner)	Bluewave Construction
	Mailing Address (Owner)	2113 Wright Rd, Indian Trail NC 28079
	Business (if applicable)	N/A
	Phone (Owner)	704-993-0572
	Email (Owner)	bluewavebuilds@gmail.com
	County	Iredell
	Bedrooms	4
	Water Source	Municipal
	Daily Flow	480
SYSTEM	System LTAR	0.3
	System Type	ACCEPTED
	System Distribution	GRAVITY
	System Trench Center Distance (feet)	9
	System Trench Width (inches)	36
	System Trench Depth (inches)	30
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	50
	Aggregate Depth (inches)	12
	Tank Size	1000
	Required Feet of Line (system)	400
	Designed Feet of Line (system)	408
REPAIR	Repair LTAR	0.3
	Repair Type	VPPBPS
	Repair Distribution	LPP
	Repair Trench Center Distance (feet)	8
	Repair Trench Width (inches)	24
	Repair Trench Depth (inches)	30
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	50
	Tank Size	1000
	Required Feet of Line (repair)	267
	Designed Feet of Line (repair)	422

Sheet 1 of 1
PROPERTY ID #: 4774254122
COUNTY: Iredell

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

OWNER: Bluewave Custom Builders INC
ADDRESS: 2113 Wright Rd Indian Trail NC 28079
PROPOSED FACILITY: 4 Bedroom Residential- 480 GPD
LOCATION OF SITE: 525 New Salem Rd Statesville NC 28625

APPLICATION DATE:
DATE EVALUATED: 9/12/2023
PROPERTY SIZE: 0.757
PROPERTY RECORDED: YES

WATER SUPPLY: ☐ Private ☐ Well ☐ Spring ☑ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut

County

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 SAPR CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L/6%	0-4	RBCLWFSBK	FR SS SP	fsap	50			PS 0.3
		4-36	BRCWMSBK/ABK	FR SS SP					
		36-50	BRCLWFSBK	FR SS SP					
2	L/13%	0-5	RBCLWFSBK	FR SS SP	fsap	50			PS 0.3
		5-40	BRCWMSBK/ABK	FR SS SP					
		40-50	BRCLWMSBK	FR SS SP					
3	L/6%	0-6	BSLGR	FR SS SP	fsap	50			PS 0.3
		6-50	BRCWMSBK/ABK	FR SS SP					
4									
5									
6									
7								N/A	
8								N/A	
9								N/A	
10								N/A	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted 25% Red-Gravity	PPBPS-50%-Low Pressure
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Ashley Rollans
OTHER(S) PRESENT: Chad Wagner

COMMENTS:

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

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 23-0117
Ocotber 16th, 2023

Bluewave Construction
Attn: *Bluewave Construction*
Email: bluewavebuilds@gmail.com

RE: Soil & Site Evaluation for a 4 Bedroom Residence at 525 New Salem Rd, 0.75 ac Parcel, PIN# 4774254122 Statesville NC 28625, Iredell County, NC.

Bluewave Construction:

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 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 Peak Surveying, PLLC. The Surveyor provided an Autocad File of the survey with the proposed house envelope as a basemap. The proposed septic layout was located via survey which was used to produce the attached *Site Plan*. The house envelope was pinned in the field by the surveyor.

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. All three of the auger borings are located in 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 was located via survey. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by survey and tape measure. Detailed system & repair information is summarized in the following paragraph for this Lot.

525 New Salem Rd-Lot 26 PIN#4774254122 *(See Attached Design)*
The septic layout for this lot (9' centers) yielded a total of 830 linear feet of line. The primary system is proposed as 408 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth is specified at 30 inches. The repair system is proposed as 267 linear feet of Modified Conventional PPBPS (50% Reduction) drainfield with low pressure distribution. Trench depth is specified at 30 inches. There is 422 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 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 Grant Winchester
* Signature _____ 10/20/23

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. *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 525 New Salem Rd-Lot 26 PIN#4774254122. 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 1231 STATE OF NORTH CAROLINA

S. Ashley Rollans, LSS

Attachment: *Septic Design, Required Statement for Local Health Department/NCDHHS*

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

Please check one of the following:

[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)

Property Owner Name: Bluewave Construction
Property Owner Mailing Address: 2113 Wright Rd, Indian Trail NC 28079
Property Owner Phone Number: 704-993-0572
Property Owner Email Address: bluewavebuilds@gmail.com

Applicant Name: Bluewave Construction
Applicant Mailing Address: 2113 Wright Rd, Indian Trail NC 28079
Applicant Phone Number: 704-993-0572
Applicant Email Address: bluewavebuilds@gmail.com

Does the property include, or is subject to, any of the following:

[ ] Yes [X] No Previously identified jurisdictional wetlands
[ ] Yes [X] No Existing or proposed easements, rights-of-way, encroachments, or other areas subject to legal restrictions
[ ] Yes [X] No Approval by other public agencies

A site plan or plat is required, OR the site sketch submited from the LSS/AOWE, must include the following:
(A) existing and proposed facilities, structures, appurtenances, and wastewater systems
(B) proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s)
(C) existing and proposed vehicular traffic areas
(D) existing and proposed water supplies, wells, springs, and water lines; and
(E) surface water, drainage features, and all existing and proposed artificial drainage, as applicable.

Requesting DHHS review: [ ] Yes [X] No

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: _____ Date: 10/16/2023

Owner's Signature: _____ Date: 10/16/23

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

sfsstatesvillenc@gmail.com
980-223-8352
126A Third Creek Rd
Statesville NC 28677
SoilAndForestryServices.com

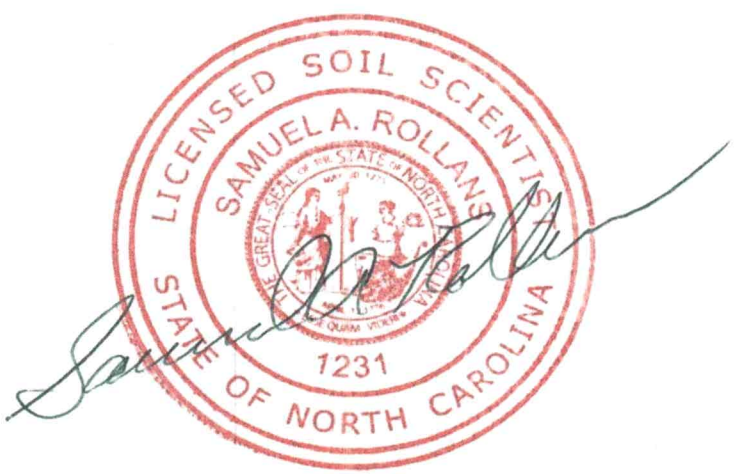
Project# 23-0117

Septic System Design for a 4 Bedroom House
ACCEPTED using GRAVITY distribution
Site location: 525 New Salem Rd, Statesville NC 28625, Lot # 26

Contents

	Page
Information for the Installer	1
Design Specifications	2
Layout Specifications	3
Site Plan	4
Calculations	5
Soil Descriptions	6
Floor Plans	7

10/16/2023
Design By: Samuel Ashley Rollans



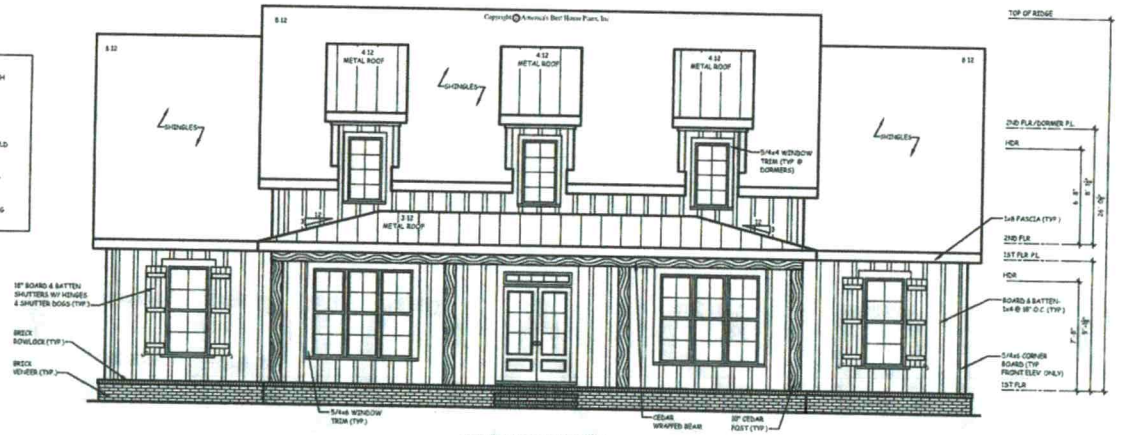
NOTE

1. WHEN TWO ROOFS INTERSECT WITH DIFFERENT ROOF PITCHES, ADD BLOCKING TO STEEPER PITCH AS REQUIRED TO LINE UP FASCIAS AT A MINIMUM OF 1'-0" OVERHANG.

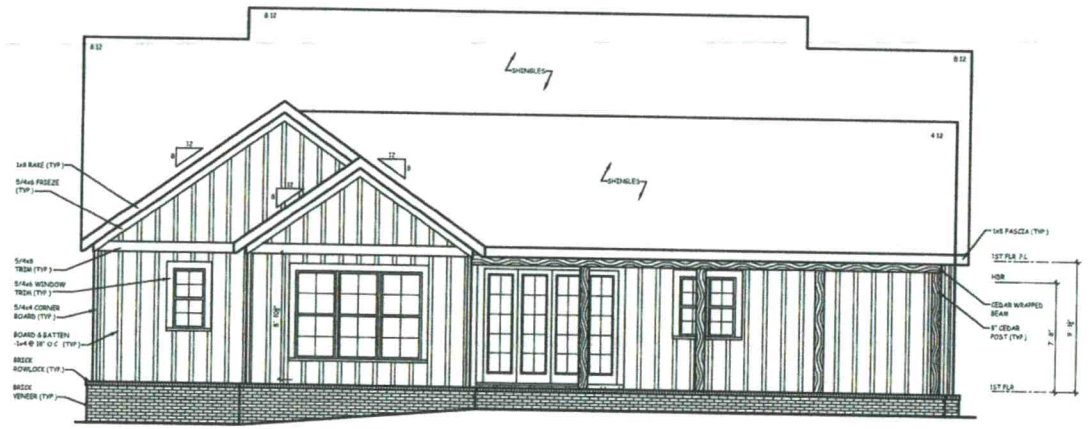
2. ELEVATIONS REFLECT A CRAWL FOUNDATION. IF ANOTHER FOUNDATION IS USED, BUILDER SHOULD DISREGARD FOUNDATION SHOWN.

3. PROVIDE ATTIC VENTILATION PER LOCAL CODES AND REQUIREMENTS.

4. FOUNDATION WALLS, RETAINING WALLS, WINDOWS, AND DOORS ARE SUBJECT TO CHANGE DUE TO CHANGING SITE CONDITIONS.



1 / A1.1 FRONT ELEVATION
SCALE: 1/4" = 1'-0"



2 / A1.1 REAR ELEVATION
SCALE: 1/4" = 1'-0"

THE GABLES COLLECTION

BY:

AMERICA'S BEST HOUSE PLANS

AMERICA'S BEST HOUSE PLANS hereby reserves its common law copyright and other property rights in these plans, designs, arrangements and ideas. These ideas, plans and designs are not to be reproduced, changed or copied in any form or manner whatsoever, nor are they to be assigned to any third party without first obtaining the express written permission from AMERICA'S BEST HOUSE PLANS

JUSTICE

FRONT & REAR ELEVATIONS

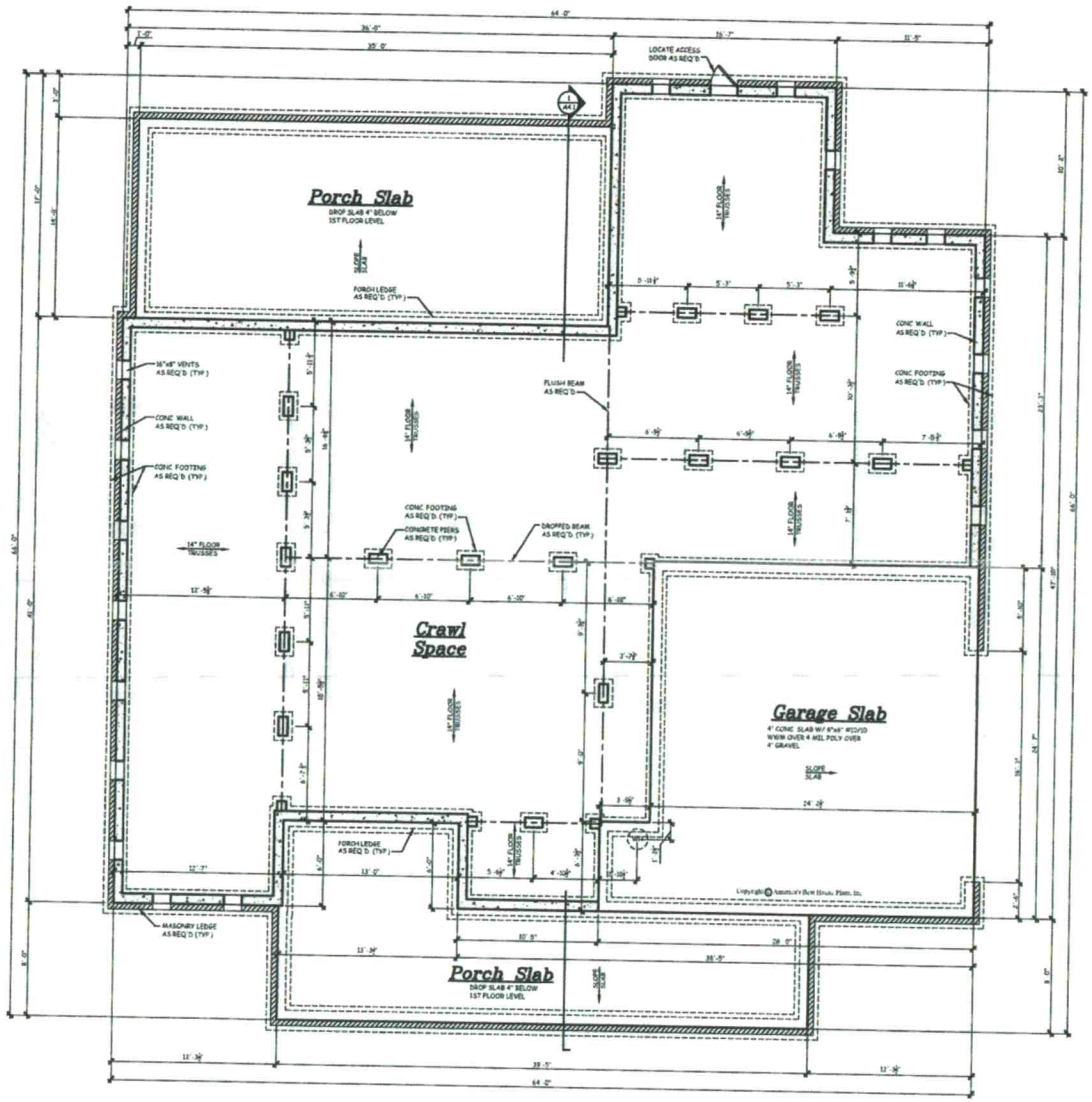
AMERICA'S BEST HOUSE PLANS
3000 Johnson Ferry Road • Suite 250
Marietta, GA 30062 888-501-7526
www.HousePlans.net

DRAWN BY: JLS

DATE: 10/21/22

REVISIONS

SHEET A1.1



1 A2.1 CRAWL SPACE FOUNDATION
SCALE: 1/4" = 1'-0"

NOTE

1. ALL DIMENSIONS ASSUME AN 8" FOUNDATION WALL
2. 16" FLOOR TRUSSES PER MANUFACTURER.
3. FOUNDATION WALLS AND RETAINING WALLS ARE SUBJECT TO CHANGE DUE TO CHANGING SITE CONDITIONS
4. PROVIDE CRAWL SPACE VENTILATION PER LOCAL CODES AND REQUIREMENTS

THE GABLES COLLECTION
BY:
AMERICA'S BEST HOUSE PLANS

AMERICA'S BEST HOUSE PLANS hereby reserves its common law copyright and other property rights in these plans, designs, arrangements and ideas. These ideas, plans and designs are not to be reproduced, changed or copied in any form or manner whatsoever, nor are they to be assigned to any third party without first obtaining the express written permission from AMERICA'S BEST HOUSE PLANS

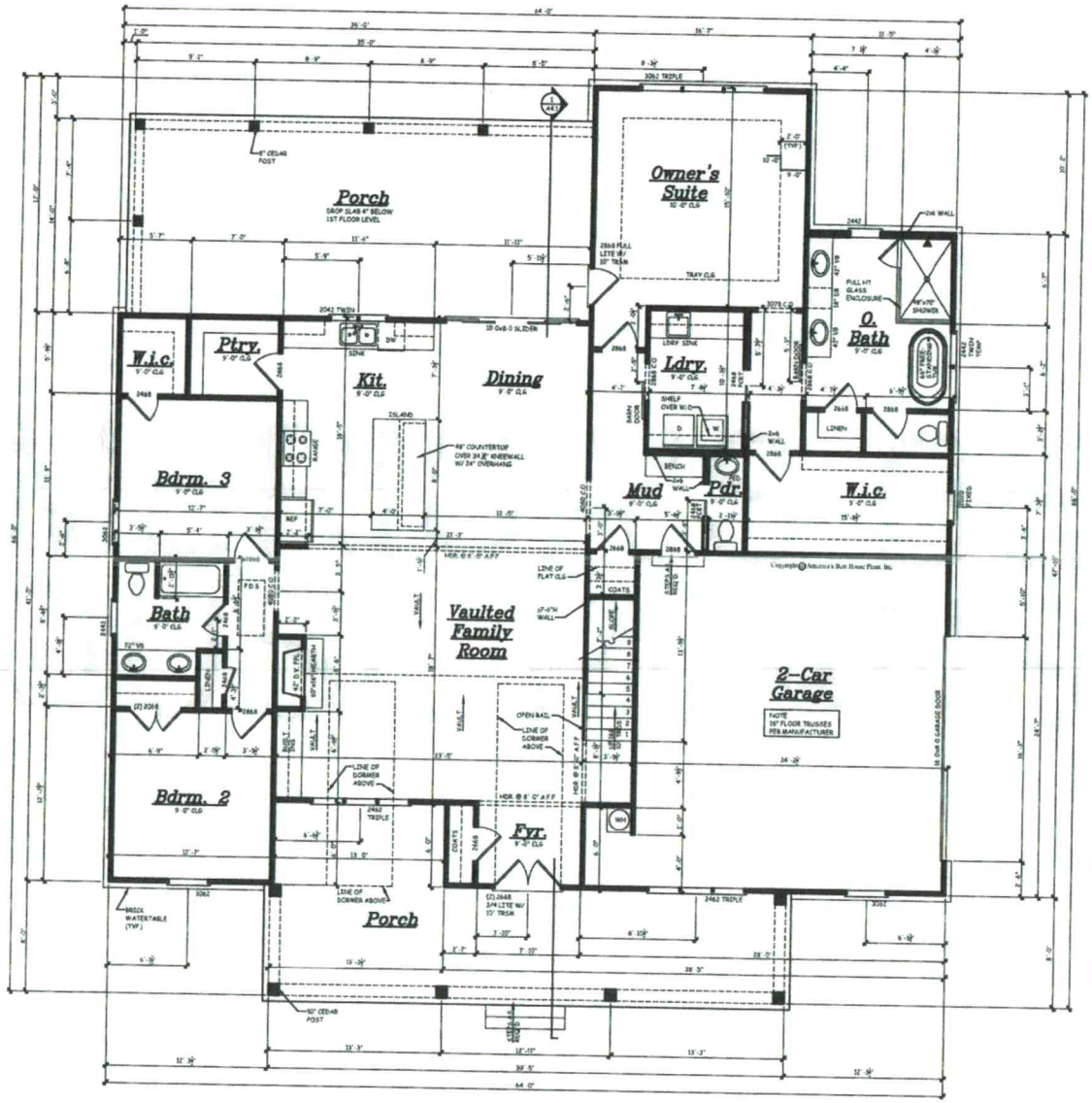
JUSTICE

CRAWL FOUNDATION PLAN

AMERICA'S BEST HOUSE PLANS
3990 Johnson Ferry Road * Suite 206
Marietta, GA 30062 888-501-7526
www.AllHousePlans.com

DRAWN BY: JLS
DATE 10/21/22
REVISIONS

SHEET A2.1



1 FIRST FLOOR PLAN
A2.1 SCALE: 1/4" = 1'-0"

GENERAL NOTES

1. THESE PLANS ARE DESIGNED TO MEET THE 2018 INTERNATIONAL RESIDENTIAL CODE FOR ONE AND TWO FAMILY DWELLINGS

2. BUILDER IS RESPONSIBLE TO SEE THAT THE HOUSE IS BUILT IN STRICT COMPLIANCE WITH CITY, COUNTY, STATE AND FEDERAL CODES IN THE AREA THE HOUSE IS TO BE CONSTRUCTED.

3. BUILDER MUST VERIFY ALL DIMENSIONS PRIOR TO CONSTRUCTION AND REPORT ANY DISCREPANCIES TO AMERICA'S BEST HOUSE PLANS, INC. FOR JUSTIFICATION AND/OR CORRECTIONS. BUILDER SHALL ASSUME RESPONSIBILITY FOR ERRORS THAT ARE NOT REPORTED.

4. ALL DIMENSIONS SHOULD BE READ OR CALCULATED AND NEVER SCALED.

5. THESE PLANS ARE NOT TO BE COPIED OR REPRODUCED IN ANY FORM WITHOUT THE EXPRESS WRITTEN PERMISSION OF AMERICA'S BEST HOUSE PLANS, INC.

6. ALL LOAD BEARING WALLS, BEAM SUPPORTS AND RAFTER BRACING SHOULD CARRY LOAD THRU ALL LEVELS TO FOUNDATION AND BE SUPPORTED BY GRADE BEAMS OR FOOTINGS DESIGNED TO CARRY LOADS.

7. ALL ANGLED WALLS ARE 45° UNLESS NOTED OTHERWISE.

8. ALL STRUCTURAL BEAMS AND WALLS ARE TO BE DESIGNED BY A LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES

9. FLOOR AND ROOF TRUSS DRAWINGS MUST BE PROVIDED BY TRUSS MANUFACTURER. PLUMBING AND HVAC PLANS SHOULD BE PROVIDED BY A LOCAL CONTRACTOR.

10. SQUARE FOOTAGE CALCULATIONS ARE MADE FROM OUTSIDE OF EXTERIOR FRAME WALL AND INCLUDE FINISHED AREAS ONLY. AREAS NOT INCLUDED ARE DECKS, PORCHES, GARAGES, BASEMENTS, ATTICS, FIREPLACES, ETC. TWO STORY VAULTED AREAS AND STAIRS ARE COUNTED ONCE IN THE FIRST FLOOR SQUARE FOOTAGE CALCULATIONS AREA IS NOT COUNTED IN OUR SQUARE FOOTAGE CALCULATIONS.

11. AMERICA'S BEST HOUSE PLANS, INC ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

12. THESE PLANS ARE PROTECTED BY COPYRIGHT. REPRODUCTION OF THE HOUSE PLANS, EITHER IN WHOLE OR PART, (INCLUDING ANY FORM OF COPYING AND/OR PREPARATION OF DERIVATIVE WORKS THERE OF, FOR ANY REASON WITHOUT PRIOR WRITTEN PERMISSION BY AMERICA'S BEST HOUSE PLANS, INC IS STRICTLY PROHIBITED

NOTE
SET FIRST FLOOR WINDOW HEADERS AT 7'-0" AFF UNLESS OTHERWISE NOTED.

ALL FIRST FLOOR DOORS ARE 6'-8"H UNLESS OTHERWISE NOTED.

ALL ANGLES SHOWN ARE 45° UNLESS OTHERWISE NOTED.

SQUARE FOOTAGE	
1ST FLOOR	2,303 SQ. FT.
OPT. 2ND FLOOR	633 SQ. FT.
FRONT PORCH	383 SQ. FT.
REAR PORCH	490 SQ. FT.
GARAGE	604 SQ. FT.

THE GABLES COLLECTION
BY:
AMERICA'S BEST HOUSE PLANS

AMERICA'S BEST HOUSE PLANS hereby reserves its common law copyright and other property rights in these plans, designs, arrangements and ideas. These ideas, plans and designs are not to be reproduced, changed or copied in any form or manner whatsoever, nor are they to be assigned to any third party, without first obtaining the express written permission from AMERICA'S BEST HOUSE PLANS

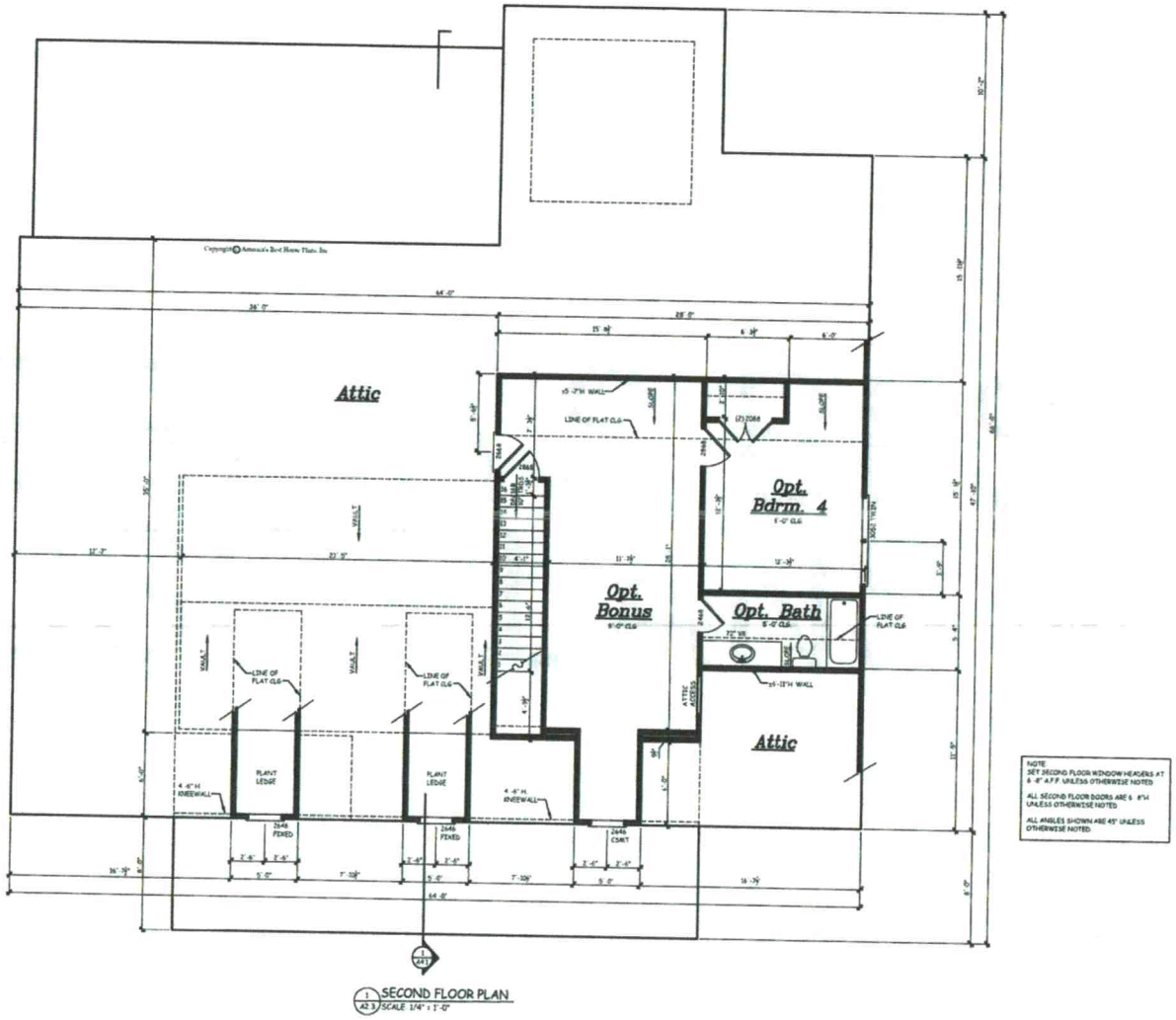
JUSTICE

FIRST FLOOR PLAN

AMERICA'S BEST HOUSE PLANS
3000 Johnson Ferry Road * Suite 206
Marietta, GA 30062 888-501-7526
www.HousePlans.net

DRAWN BY: JLS
DATE 10/21/22
REVISIONS:

SHEET A2.2



1 / A2.3 SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

THE GABLES COLLECTION
BY:
AMERICA'S BEST HOUSE PLANS

AMERICA'S BEST HOUSE PLANS hereby reserves its common law copyright and other property rights in these plans, designs, arrangements and ideas. These ideas, plans and designs are not to be reproduced, changed or copied in any form or manner whatsoever, nor are they to be assigned to any third party without first obtaining the express written permission from AMERICA'S BEST HOUSE PLANS

JUSTICE

SECOND FLOOR PLAN

AMERICA'S BEST HOUSE PLANS
3000 Johnson Ferry Road * Suite 206
Marietta, GA 30062 888-501-7526
www.1HousePlans.net

DRAWN BY: JLS
DATE: 10/21/22
REVISIONS:

SHEET A2.3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
326943 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4774254122.000	525 NEW SALEM RD	Iredell County

Owner Information	Applicant Information
Name: PROVIDENCE FARM LLC	Name: DEANNA BROWN
Address: 615 NEW SALEM RD	Address: 504 KENT TERRACE NW
STATESVILLE, NC 28625	MARIETTA, GA 30064
Phone:	Phone: (704)400-2632

Use Requested	Zone Code
	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.757	35	35	15	15	N/A	NO

Remarks
SFD

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

Date: 03/24/2022

Signature of Owner/Contractor

Permit Number	326943	TOTAL FEES:	$77.25