LHD Reference: 317064

PART 3: **Authorization to Operate (ATO)**

Pin#: 4778690063

Except for date received, the Section below is to be completed by the Owner.

LHD USE ONLY: Initial submittal of request for ATO received: 11-4-22 (Date) by BB (Initials)

Date of Post-construction Conference: NA

The following items are included in this submittal for an Authorization to Operate under an LSS COVID-19 permit:

1. Signed and sealed copy of the LSS's report that includes:
   a. Signed and sealed evaluation of soil conditions and site features — ☒ Yes ☐ No
   b. Drawings, specifications, plans — ☒ Yes ☐ No
   c. Reports on special inspections and final inspection — ☒ Yes ☐ No
   d. Management Program manual — ☒ Yes ☐ No
   e. On-site Wastewater Contractor's signed statement — ☒ Yes ☐ No
2. Fee (as applicable) — ☒ Yes ☐ No
3. Notarized letter documenting Owner's acceptance of the system from the LSS — ☒ Yes ☐ No
4. On-site Wastewater Contractor name: Dewey Grant License number: 2607
   Mailing address: 214 S. Main Street City: Maiden State: NC Zip: 28650
   Telephone number: 828-291-0569 E-mail Address: dewey@maidengrading.com
5. Proof of Errors and Omissions or other appropriate liability insurance for the On-site Wastewater Contractor is attached and includes the name of the insurer, name of the insured, and the effective dates of coverage.
   ☒ Yes ☐ No

Attestation by the Owner for Authorization to Operate

I, Century Complete (*Print name of Owner*) hereby attest that all items indicated above have been provided to the Iredell County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances.

Glenn Bird (Nov 2, 2022 21:57 EDT) — *Signature of Owner* — 11-02-22 *Date*

This section for LHD Use Only.

LHD Review of required information for the ATO

☐ INCOMPLETE

Based upon review of information submitted by the Owner in the Section above, the following items are missing from the information required for an Authorization to Operate for an LSS COVID-19 permit: _____.

Copies of this signed form were sent to the LSS and the Owner on _____ (*Date*) via _____ (*Email, FAX, USPS, Hand-delivered*).

Print name of authorized Agent of the LHD — *Signature of authorized Agent of the LHD* — *Date*

☑ COMPLETE

Based upon review of information submitted by the Owner in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.2(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on _____ (*Date*) via Email (*Email, FAX, USPS, Hand-delivered*).

Benjamin A Bost — *Print name of authorized Agent of the LHD*

Benjamin A Bost — *Signature of authorized Agent of the LHD*

11-7-2022. — *Date*

ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the ATO submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.

November 2, 2022

RE: Septic System Installation
Rock Gate – Lots 13, 25, 27, 28, 29, 43, and 44
Harmony, NC 28634

The purpose of this letter is to confirm that the septic system installations for Rock Gate – Lots 13, 25, 27, 28, 29, 43, and 44 were installed in general accordance with the proposal submitted to your office by Larry Thompson, LSS.

Sincerely,

Dewey L Grant (Nov 2, 2022 22:00 EDT)

Dewey Grant
Maiden Grading and Septic Tank

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/01/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Mauney Insurance Agency, Inc
1205 E Main Street
Maiden NC 28650

CONTACT NAME: Lisa Lynch Davis
PHONE (A/C, No, Ext): (828)428-8231 **FAX (A/C, No):** (828)428-8237
E-MAIL ADDRESS: ldavis@mauneyinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Erie Insurance Exchange	26271
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Maiden Grading and Septic Tank
214 S Main Ave
Maiden NC 28650

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			Q30-0621570	06/06/2022	06/06/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1000000 $ 1000000 $ 5000 $ 1000000 $ 2000000 $ 2000000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			Q06-0530679	06/05/2022	06/05/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) Y/N [Y] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			Q91-5900316	07/09/2022	07/09/2023	[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $1,000,000 $ $1,000,000 $ $1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER
Thompson Enviromental Consulting, Inc
Post Office Box 541
Midland NC 28107

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Fax: Email: larry@thompsonenv.com

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THOMPSON ENVIRONMENTAL CONSULTING, INC.
WATER ♦ WASTEWATER ♦ WETLANDS

November 2, 2022

RE: Septic System Installation
Rock Gate – Lots 13, 25, 27, 28, 29, 43, and 44
Harmony, NC 28634

The purpose of this letter is to confirm that the septic system installations for Rock Gate – Lots 13, 25, 27, 28, 29, 43, and 44 were installed in general accordance with the proposals submitted to your office and have been inspected for the LSS COVID-19 permit closeout process.

Sincerely,

Larry B. Thompson, Jr.

PO BOX 541 • MIDLAND, NC • 28107
PHONE: 704-301-4881 • EMAIL: LARRY@THOMPSONENV.COM
WEB: WWW.THOMPSONENV.COM

Residential Subsurface Wastewater Treatment and Disposal System LSS COVID-19 Proposal

for

Lot 28 – Rock Gate Estates
152 Jo Creek Lane
Harmony, NC 28634

Tax Parcel # 4778690063.000
May 4, 2022

Prepared for:

Glenn Bird
Century Complete
9325 Center Lake Dr., Suite 160
Charlotte, NC 28216
1-833-791-0192



Prepared by:

Larry Thompson, REHS, LSS
Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107-0541
Phone: 704-301-4881
info@thompsonenv.com



Details

Century Complete has contracted with Thompson Environmental Consulting, Inc. (TEC) to prepare a septic proposal for a 3-bedroom single family residence to be located on Lot 28, Rock Gate Estates, Harmony, North Carolina.

Based upon an investigation performed by TEC, it was determined that a sufficient amount of "Suitable" Group IV soils are available for the installation of a **Gravity Flow Accepted System** for a 3-bedroom residence (the proposed repair system will be a Prefabricated Permeable Block Panel System). The property will be served by a municipal water supply.

Century Complete would like to request that Iredell County Environmental Health (ICEH) issue the appropriate permits for a subsurface wastewater treatment and disposal system based upon the enclosed LSS COVID-19 permit option.
Location

From Statesville, take I-40 to Old Mocksville Road. Turn left onto Old Mocksville Road, left onto Mt. Bethel Road, and left onto 4 Andrews Drive (Rock Gate Estates).

References

Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A, Section .1900, Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, April 1, 2017.

Accepted Wastewater System No. AWWS-2005-02-R6; North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, August 21, 2015.

Primary Investigator's Credentials

NC Registered Sanitarian No. 1208
NC Licensed Soil Scientist No. 1287
SC Certified Professional Soil Classifier No. 111
NC Subsurface Septic System Operator No. 22199
NC Grade IV Wastewater System Installer No. 1762
NC Certified Wastewater System Inspector No. 17621

Plans and Specifications

A. Septic Tank

1. The septic tank shall be State approved (Section .1953 of 15A NCAC 18A), watertight, structurally sound, and 1,000 gallons in capacity.
2. The septic tank shall be fitted with an approved effluent filter.

3. It is the responsibility of the septic contractor to thoroughly inspect the septic tank prior to accepting delivery to assure that the tanks have had time to properly cure and are free of cracks or other structural deficiencies.

B. Pipes and Fittings

1. All discharge piping, connectors and supply lines should be made of SCH 40 PVC.
2. All joints must be properly "welded" utilizing the appropriate PVC cement for each application.

C. Distribution Method

1. The drainlines will be fed equally with a distribution box.
2. Distribution box shall be water tested at the time of the final inspection.

D. Drainfield Installation

1. The drainfield has been previously laid out on-site utilizing metal stemmed flags. The property owner/builder should mark this area and isolate it as much as possible from construction traffic.
2. Under no circumstances shall any construction take place within the drainfield area while the soil is in a wet condition.
3. The specified system is an accepted wastewater system, specifically the Infiltrator Quick 4 chamber system or any other system with a state-approved 25% reduction in required drainline length.
4. The drainfield consists of three (3) lateral trenches to be constructed 3-foot wide by 88 feet long. Total drainline length is 264 feet.
5. The maximum trench depth for this system shall be **30 inches (high-side)**.
6. The laterals are to be installed on contour with the land, keeping the individual trench bottoms level from beginning to end.
7. The trenches should be left open for the final inspection by the ICEH.

E. Final Landscaping

1. Final cover over the drainfield shall be at least 6 inches deep. Additional soil cover may be required to achieve the 6 inch requirement.
2. The drainfield shall be shaped to shed rainwater and be free from low spots.
3. The drainfield area should be planted with grass as soon as possible to prevent erosion. The soil should be properly tilled, limed (if necessary) and fertilized prior to planting. After applying grass seed, the area should be heavily mulched with straw or other suitable material.

F. Utility Conflicts

1. The builder and property owner must take special care in planning for water, power, gas, telephone, and cable lines. These utilities shall be kept clear of all parts of the septic system and its proposed repair area. Improper planning for underground

utilities can negatively impact the installation and, in some cases, cause irreparable damage and permit revocation. If there are any questions regarding preferred routes, contact the ICEH as soon as possible.

2. Lawn irrigation should not be placed over the drainfield area.

Maintenance

G. In General

1. The homeowner must maintain the drainfield area through periodic mowing. The drainfield must not be allowed to become overgrown.
2. The septic tank should be pumped every 4 years or when the solids within the septic tank reach an elevation that is equivalent to 25 percent of the volume of the tank. In some situations, the tanks may need to be pumped more frequently. If using a garbage disposal, it is recommended that the homeowner has the septic and pump tanks cleaned out annually.
3. When it becomes necessary to clean the effluent filter, the filter should be removed, and the accumulated debris washed back into the septic tank – not onto the lawn.
4. Any damp areas, leakages, or malfunctions in the drainfield area should be addressed immediately.
5. Divert gutter downspouts and surface water runoff away from the septic and pump tanks.

Design Specifics

Daily Design Flow:	360 GPD – 3 bedroom house
Septic Tank Size:	1,000 Gallons (minimum)
Effluent Loading Rate:	0.35 GPD per sq. ft.
Drainfield Type:	Accepted 25% Reduction
Distribution Method:	Distribution Box
Number of Drainlines:	(3) 3' Wide x 88' Long
Maximum Trench Depth:	30 Inches
Final Cover Requirement:	6 Inches

Repair Option

Effluent Loading Rate:	0.35 GPD per sq. ft.
Drainfield Type:	PPBPS

Required Linear Footage:	172 Linear Feet
Available Linear Footage:	174 Linear Feet
Maximum Trench Depth:	30 Inches
Installation Depth:	6 Inches