LHD Reference: 317071

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

Pin#: 4718691343

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

LHD USE ONLY: Initial submittal of request for ATO received: 11-4-2022 (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. Botkins — *Print name of authorized Agent of the LHD*

Benjamin A. Botkins — *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.

Lot 44 - Rock Gate

Glenn Bird
Century Complete
9325 Center Lake Dr., Suite 160
Charlotte, NC 28216

Subject: Septic System Installation Acceptance

Rock Gate – Lots 13, 25, 27, 28, 29, 43, and 44

Harmony, NC 28634

The septic system installed on the above referenced property was specified by Larry Thompson, LSS, and installed by Dewey Grant.

I, Glenn Bird, do hereby accept the septic systems installed by Dewey Grant for Rock Gate – Lots 13, 25, 27, 28, 29, 43, and 44.

Glenn Bird (signature) 11/3/22 Date

NORTH CAROLINA NOTARY ACKNOWLEDGMENT

THE STATE OF NORTH CAROLINA

COUNTY OF Mecklenburg

I, Dominique Stephens, Notary Public, do hereby certify that Glenn Bird (name of individual(s) whose acknowledgment is being taken) personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this 3 day of 11, 2022

Notary Public Signature
Print Dominique Stephens
My commission expires: August 19, 2026
(Official Seal)

Dominique Stephens
NOTARY PUBLIC
Mecklenburg County, NC
My Commission Expires August 19, 2026

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

ACORD®

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	$ 1000000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1000000
							MED EXP (Any one person)	$ 5000
							PERSONAL & ADV INJURY	$ 1000000
							GENERAL AGGREGATE	$ 2000000
							PRODUCTS - COMP/OP AGG	$ 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)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] 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? Y/N [Y] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		Q91-5900316	07/09/2022	07/09/2023	[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ $1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ $1,000,000
							E.L. DISEASE - POLICY LIMIT	$ $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

Fax: Email: larry@thompsonenv.com

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

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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 COVID-19 Proposal

for

Lot 44 – Rock Gate
181 Four Andrews Drive, Harmony
Iredell County, NC

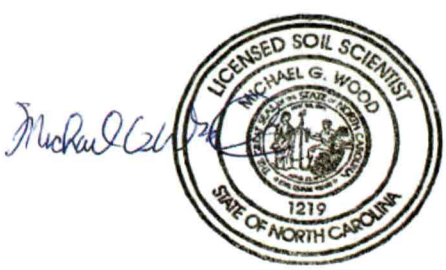
Tax Parcel # 4778691343
February 28, 2022

Prepared for:

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

Prepared by:

Michael G. Wood, LSS
Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107-0541
Phone: 704-301-4881
larry@thompsonenv.com



The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2020-97 Section 3.19

Details

Century Complete has contracted with Thompson Environmental Consulting, Inc. (TEC) to prepare a septic proposal for the 4-bedroom single family residence on Lot 44 – Rock Gate Estates located at 181 Four Andrews Drive, Harmony, Iredell County, North Carolina.

Based upon a soils investigation performed by TEC, it has been determined that a sufficient amount of "Suitable" Group IV soils is available for the installation of a **Gravity Accepted System** with a 25% reduction for the initial system and Pump-to Accepted System for the repair system at a 0.30 GPD/ft. sq. long term acceptance rate (LTAR). The property is served by a municipal water supply.

The enclosed Licensed Soil Scientist Evaluation is being submitted pursuant to and meets the requirements of SL 2020-97 Section 3.19. Century Complete requests 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 East to Exit 154. Left on Old Mocksville Road for 8.1 miles, then left onto Mt. Bethel Road for 0.8 mile. Left onto Four Andrews Drive. Lot 44 is on left side of cul-de-sac.

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, December 6, 2018.

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 Licensed Soil Scientist No. 1219
SC Professional Soil Classifier No. 114
VA Professional Soil Scientist No. 0415

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 will be fitted with an approved effluent filter and riser for easy access and periodic maintenance.
3. It is the responsibility of the septic contractor to thoroughly inspect the septic tank prior to accepting delivery to assure that the tank has had time to properly cure and is 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.
3. The supply line from the septic tank to the distribution box (D-Box) shall be 3-inch Schedule 40 PVC (supply line is approximately 25 feet).

C. Distribution Method – Distribution Box (D-Box)

1. The drainlines will be fed via a D-Box. The D-Box shall be water tested and level at the time of the final inspection.
2. The D-Box will have six taps.

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 the shallow placed innovative wastewater system Infiltrator Quick4 Chamber System or any other system with a state-approved 25% reduction in required drainline length.
4. The drainfield consists of six (6) lateral trenches 3-foot wide and 67 feet long. Total drainline length is 402 feet.
5. The trench depth for this system shall be **24-inches maximum on the low-side trench**.
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 LSS.

Initial System - Rock Gate Lot 44							
Field Line #	Color	Initial/Repair	Field Length	System Length	Setup #1	Setup #2	Relative Elevation
1	Red	Initial	73	67	8.15		100.0
2	Green	Initial	72	67	10		98.2
3	Red	Initial	71	67	12.25		95.9
4	Green	Initial	70	67	13.75		94.4
5	Red	Initial	70	67	16.2	10.75	92.0
6	Green	Initial	68	67		12.1	90.6

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 entire area of the drainfield 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/Drive Conflicts

1. The builder and property owner must take special care in planning for utilities (water, power, gas, telephone, cable lines, etc.). All utilities shall be kept clear 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 County as soon as possible.
2. Water lines must be kept at least ten (10) feet from any portion of the septic system.
3. Irrigation systems should not be placed in the drain field area.

Maintenance

G. In General

The designed system does not require ongoing maintenance via a person certified (Certified Subsurface System Operator) by the North Carolina Department of Environment and Natural Resources to operate subsurface wastewater systems (Section .1961 Maintenance of Sewage Systems). However, the following maintenance should be considered by the owner.

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% of the volume of the tank. In some situations, the tanks may need to be pumped more frequently. If you are using a garbage disposal, it is recommended that the septic and pump tanks be cleaned out annually.

Maintenance

H. In General

The designed system does not require ongoing maintenance via a person certified (Certified Subsurface System Operator) by the North Carolina Department of Environment and Natural Resources to operate subsurface wastewater systems (Section .1961 Maintenance of Sewage Systems). However, the following maintenance should be considered by the owner.

3. The homeowner must maintain the drainfield area through periodic mowing. The drainfield must not be allowed to become overgrown.
4. 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% of the volume of the tank. In some situations, the tanks may need to be pumped more frequently. If you are using a garbage disposal, it is recommended that the septic and pump tanks be cleaned out annually.
5. When it becomes necessary to clean the effluent filters, the filters should be removed, and the accumulated debris washed back into the septic or pump tank – not onto the lawn.
6. Any damp areas, leakages or malfunctions in the drainfield should be addressed immediately.
7. Divert gutter downspouts and surface water runoff away from the drainfield and septic and pump tanks.

Initial System Design Specifics

Daily Design Flow:	480 GPD – 4 bedroom house
Effluent Loading Rate:	0.30 GPD per sq. ft.
Drainfield Type:	Accepted (25 % Reduction)
Maximum Trench Depth:	24 Inches on low-side
Supply Size:	3 Inch
Supply Line Length:	Approximately 20 feet
Number of Drainlines:	6
**Drain Lines:	(6) 3' Wide x 67' Long
**Drainline Spacing:	9 Foot on Centers
Total Trench Length:	400 Linear Feet
Distribution Method:	D-box
Final Cover Requirement:	6 Inches

** See drainfield layout for site locations and more details.

Repair System Design Specifics

Effluent Loading Rate:	0.30 GPD per sq. ft.
Drainfield Type:	Accepted (25 % Reduction)
Installation Trench Depth:	26 Inches on low-side
Number of Drainlines:	7
**Drain Lines:	3' Wide x 58' Long
**Drainline Spacing:	9 Foot on Centers
Total Trench Length:	406 Linear Feet

** See drainfield layout for site locations and more details.

AP- 317071

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
HELEN WOLSTENHOLME • Interim Deputy Secretary for Health
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

COMMON FORM FOR LICENSED SOIL SCIENTIST COVID-19 PERMIT OPTION FOR NON-ENGINEERED SYSTEMS

See Instructions for Use in Appendix A

Except for* "Date received", *this Section to be completed by the LSS in accordance with S.L. 2020-97, Section 3.19 and G.S. 130A-336.2

LHD USE ONLY: Initial submittal of this NOI received: _____ by _____
Date *Initials*

PART 1: Notice of Intent to Construct (NOI) - Please check all that apply

☒ Single System or ☐ Multiple Systems

AND

☒ New ☐ Expansion ☐ Relocation of all or part of the Existing System ☐ Relocation of Repair Area

☐ Repair – LHD Permit Number_____ ☐ Repair – EOP/LSS COVID 19/AOWE Permit Number _____

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): WJH LLC TA Century Complete

Mailing address: 9325 Center Lake Dr., Suite 160 City: Charlotte State: NC Zip: 28216

Telephone number: 704-488-1100 E-mail Address: katie.dyess@centurycommunities.com

2. Licensed Soil Scientist (LSS) name: Larry Thompson LSS License number: 1287

Mailing address: PO Box 541 City: Midland State: NC Zip: 28107

Telephone number: 704-301-4881 E-mail Address: larry@thompsonenv.com

3. Licensed Geologist (LG) (if applicable) name: N/A License Number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail Address: _____

4. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

☒ LSS ☐ LG

5. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 181 Joe Creek Drive, Harmony (Lot 44 - Rock Gate)

County Name: Iredell

6. Type of facility: ☒ Place of residence No. Bedrooms: 4 No. Occupants: 8

☐ Place of business Basis for flow calculation:_____

☐ Place of public assembly Basis for flow calculation:_____

7. Factors that would affect the wastewater load: Proposal is for domestic strength wastewater only.

8. Type and located of proposed wastewater system: Gravity Flow Accepted System located behind the proposed house site. System Type IIIg.

9. Design wastewater flow: 480 gpd

   Design wastewater strength: ■ domestic ☐ high strength ☐ industrial process *(For industrial process wastewater, a Professional Engineer licensed in accordance with G.S. 89C shall design the on-site wastewater system.)*

10. A plat as defined in G.S. 130A-334(7a) is attached: ■ Yes ☐ No

    A site plan as defined in G.S. 130A-334(13a) is attached: ■ Yes ☐ No

    In accordance with G.S. 130A-335(f), an LSS COVID-19 Permit with a plat is valid without expiration and an LSS COVID-19 Permit with a site plan is valid for five years.

11. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950: ■ Yes ☐ No

    This is a saprolite system. ☐ Yes ■ No

12. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: ■ Yes ☐ No

13. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached ☐ Yes ■ NA

14. Proposed landscape, site, drainage, or soil modifications are attached: ☐ Yes ■ NA

Attestation by LSS pursuant to S.L. 2020-97, Section 3.19 and G.S. 130A-336.2

I, Larry Thompson, LSS hereby attest that the information required to be included with
Licensed Soil Scientist (Print Name)
this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules and ordinances, and that the proposed system does not require a Professional Engineer, licensed in accordance with G.S. 89C, and in accordance with 15A NCAC 18A .1938 and activities determined to be engineering as determined by the North Carolina Board of Examiners for Engineers and Surveyors.

_____ 2-26-22
Signature of Licensed Soil Scientist *Date*

NOTES:

LIABILITY: The Department, the Department's authorized agents, or local health departments shall have no liability for wastewater systems designed, constructed, and installed pursuant to an LSS COVID-19 Permit Option [S.L. 2020-97, Section 3.19(d) and G.S. 130A-336.2(f)]

RIGHT OF ENTRY: The submittal of this **Notice of Intent to Construct** *grants right of entry to the Local Health Department and the State to the referenced property.*

ISSUANCE OF BUILDING PERMIT: Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section below, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location, or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.

This section for Local Health Department use only.

PART 2: *LHD Completeness Review of the Notice of Intent to Construct*

"(c) Completeness Review for Notice of Intent to Construct. –The local health department shall determine whether the notice of intent to construct required pursuant to subsection (b) of this section is complete within five business days after receiving the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the local health department shall notify the owner and list the information needed to complete the notice. The owner may then submit additional information to the local health department to cure the deficiencies in the initial notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within five business days after the department receives the additional information. If the local health department fails to act within any time period set out in this subsection, the owner may treat the failure to act as a determination of completeness. The owner shall be able to apply for the building permit for the project upon the decision of completeness of the notice of intent by the local health department or if the local health department fails to act within the five business day time period."

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.2(c). This NOI is determined to be:

☐ INCOMPLETE (If box is checked, Information in this section is required.)

Based upon review of information submitted in Part 1, the following items are missing: _____

_____

Copies of this form listing missing items were sent to the LSS and the Owner on _____
Date

via _____ with directions to re-submit missing items using Page 5 of this form.
Email, FAX, USPS, hand-delivered

_____ _____ _____
Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

☑ COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the LSS and the Owner on 3/8/22 via Email.
Date *Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on 3/8/22 via Email.
Date *Email, FAX, USPS, hand-delivered*

Robert H. Snow _____ 03/08/22
Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

Re-submittal of NOI with missing items included

This Section is for use by owner to submit items noted as missing during LHD Completeness Review above. Resubmittals must be accompanied by a cover letter from the LSS.

LHD USE ONLY: This NOI resubmittal received: _____ by _____
Date *Initials*

Item # from initial NOI	Resubmittal description

Attestation by LSS pursuant to S.L. 2020-97, Section 3.19

I, _____hereby attest that the information required to be included with
Licensed Soil Scientist (Print Name)
this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ _____
Signature of Licensed Soil Scientist *Date*

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Notice of Intent to Construct

This follow-up review for completeness of this Notice and Intent was conducted in accordance with G.S. 130A-336.2(c). This NOI is determined to be:

☐ INCOMPLETE
Based upon review of information submitted in the RESUBMITTAL above, this Notice of Intent remains INCOMPETE because the following items from Part 1 of this form remain missing: _____
_____.

Copies of this signed form were sent to the LSS and the Owner on _____via_____.
Date *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 in the RESUBMITTAL above in addition to information provided in Part 1 of this form, this NOI is deemed complete.

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

A complete copy of this form with tracking information was sent to the State: _____via _____.
Date *Email, FAX, USPS, hand-delivered*

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

PART 3: Authorization to Operate (ATO)

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

LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____
Date *Initials*
Date of Post-construction Conference: _____

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 the information in G.S. 130A-336.2(k) ☐ Yes ☐ No
2. Operation and management program ☐ Yes ☐ No
3. Fee (as applicable) ☐ Yes ☐ No
4. Notarized letter documenting Owner's acceptance of the system from the LSS ☐ Yes ☐ No
5. On-site Wastewater Contractor name: _____ License number:_____

   Mailing address: _____City: _____State: _____ Zip: _____

   Telephone number: _____ E-mail Address: _____
6. 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, _____ hereby attest that all items indicated above have been provided to the
Print name of Owner
_____County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ _____
Signature of Owner *Date*

This section for LHD Use Only.

LHD Review of required information for the ATO

☐ INCOMPLETE
Based upon review of information submitted 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 _____via _____.
Date *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 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 _____via _____.
Date *Email, FAX, USPS, Hand-delivered*

_____ _____ _____
Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *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.

THOMP-0 OP ID: D2

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/28/2021

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 Vaughan Insurance Group, LLC PO Box 52534 Tulsa, OK 74152-0534 David Vaughan	918-779-7880	CONTACT NAME: David Vaughan PHONE (A/C, No, Ext): 918-779-7880 FAX (A/C, No): 918-779-7885 E-MAIL ADDRESS: dlvjr@higginbotham.net	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Mid Continent Casualty Company	23418
INSURED Thompson Environmental Consulting, Inc. PO Box 541 Midland, NC 28107-0541		INSURER B : Hartford Underwriters Ins Co	30104
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

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						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			04-GL-001067648	09/25/2021	09/25/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ EXCLUDED
A	X Professional Liab			04-GL-001067648	09/25/2021	09/25/2022	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A		38WECNW6175	10/17/2021	10/17/2022	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

CERTIFICATE HOLDER FORIN-1

For Informational Purposes

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



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RECEIVED MAR 7 - 2022 317071

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* COVID SEPTIC PERMIT

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: WJH LLC TA Century Complete **Address:** 9325 Center Lake Drive Ste 160 Charlotte NC 28216 **Zip:**

Applicant Email: katie.dyess@centurycommunities.com **Phone:** 704-488-1100 **Alt. Phone:**

Owner Name: WJH LLC **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 181 Four Andrews Dr

Subdivision Name: Rock Gate **Section/Phase:** **Lot Number:** 44

Driving Directions: Turn right onto Kelly St, Turn right onto Feimster St, Take I-40 E and Old Mocksville Rd to Mt Bethel Rd, Turn left onto N Center St ,Turn right to merge onto I-40 E, Take exit 154 for Old Mocksville Rd, Turn left onto Old Mocksville Rd, Turn left onto Mt Bethel Rd. Drive and turn left into Rock Gate Development

Site Development Information: ***(check or complete ALL that apply***

CHECK FOUNDATION TYPE

(X) New Single Family Residence **Maximum Number of Bedrooms:** 4 (X) Crawl Space Foundation
( ) New Multi-Family Residence **Maximum Number of Occupants:** ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:**
Non-Residential Site Development: **Type of Business:**
Square Footage of Building: **Max. Number of Employees:** **Max. Number of Seats/Beds/Other:**

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well **Number of Houses:** **Number of Persons:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:**
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
(X) Yes ( ) No **Is the site subject to approval by any other public agency?**

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

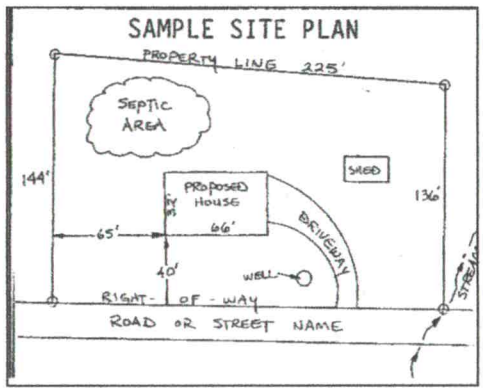
Signature: Katie Dyess for WJH LLC TA Century Complete 3-2-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (x) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- (x) **North arrow, or other sufficient indicator of direction**

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached COVID Permit paperwork

Signature: Katie Dyess for WJH LLC TA Century Complete 3-2-22

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Residential Subsurface Wastewater Treatment and Disposal System COVID-19 Proposal

for

Lot 44 – Rock Gate
181 Four Andrews Drive, Harmony
Iredell County, NC

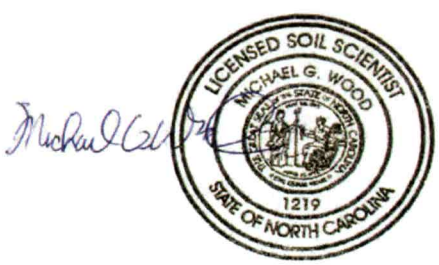
Tax Parcel # 4778691343
February 28, 2022

Prepared for:

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

Prepared by:

Michael G. Wood, LSS
Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107-0541
Phone: 704-301-4881
larry@thompsonenv.com



The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2020-97 Section 3.19

Details

Century Complete has contracted with Thompson Environmental Consulting, Inc. (TEC) to prepare a septic proposal for the 4-bedroom single family residence on Lot 44 – Rock Gate Estates located at 181 Four Andrews Drive, Harmony, Iredell County, North Carolina.

Based upon a soils investigation performed by TEC, it has been determined that a sufficient amount of "Suitable" Group IV soils is available for the installation of a **Gravity Accepted System** with a 25% reduction for the initial system and Pump-to Accepted System for the repair system at a 0.30 GPD/ft. sq. long term acceptance rate (LTAR). The property is served by a municipal water supply.

The enclosed Licensed Soil Scientist Evaluation is being submitted pursuant to and meets the requirements of SL 2020-97 Section 3.19. Century Complete requests 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 East to Exit 154. Left on Old Mocksville Road for 8.1 miles, then left onto Mt. Bethel Road for 0.8 mile. Left onto Four Andrews Drive. Lot 44 is on left side of cul-de-sac.

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, December 6, 2018.

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 Licensed Soil Scientist No. 1219
SC Professional Soil Classifier No. 114
VA Professional Soil Scientist No. 0415

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 will be fitted with an approved effluent filter and riser for easy access and periodic maintenance.
3. It is the responsibility of the septic contractor to thoroughly inspect the septic tank prior to accepting delivery to assure that the tank has had time to properly cure and is 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.
3. The supply line from the septic tank to the distribution box (D-Box) shall be 3-inch Schedule 40 PVC (supply line is approximately 25 feet).

C. Distribution Method – Distribution Box (D-Box)

1. The drainlines will be fed via a D-Box. The D-Box shall be water tested and level at the time of the final inspection.
2. The D-Box will have six taps.

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 the shallow placed innovative wastewater system Infiltrator Quick4 Chamber System or any other system with a state-approved 25% reduction in required drainline length.
4. The drainfield consists of six (6) lateral trenches 3-foot wide and 67 feet long. Total drainline length is 402 feet.
5. The trench depth for this system shall be **24-inches maximum on the low-side trench**.
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 LSS.

Initial System - Rock Gate Lot 44							
Field Line #	Color	Initial/Repair	Field Length	System Length	Setup #1	Setup #2	Relative Elevation
1	Red	Initial	73	67	8.15		100.0
2	Green	Initial	72	67	10		98.2
3	Red	Initial	71	67	12.25		95.9
4	Green	Initial	70	67	13.75		94.4
5	Red	Initial	70	67	16.2	10.75	92.0
6	Green	Initial	68	67		12.1	90.6

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 entire area of the drainfield 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/Drive Conflicts

1. The builder and property owner must take special care in planning for utilities (water, power, gas, telephone, cable lines, etc.). All utilities shall be kept clear 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 County as soon as possible.
2. Water lines must be kept at least ten (10) feet from any portion of the septic system.
3. Irrigation systems should not be placed in the drain field area.

Maintenance

G. In General

The designed system does not require ongoing maintenance via a person certified (Certified Subsurface System Operator) by the North Carolina Department of Environment and Natural Resources to operate subsurface wastewater systems (Section .1961 Maintenance of Sewage Systems). However, the following maintenance should be considered by the owner.

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% of the volume of the tank. In some situations, the tanks may need to be pumped more frequently. If you are using a garbage disposal, it is recommended that the septic and pump tanks be cleaned out annually.

Maintenance

H. In General

The designed system does not require ongoing maintenance via a person certified (Certified Subsurface System Operator) by the North Carolina Department of Environment and Natural Resources to operate subsurface wastewater systems (Section .1961 Maintenance of Sewage Systems). However, the following maintenance should be considered by the owner.

3. The homeowner must maintain the drainfield area through periodic mowing. The drainfield must not be allowed to become overgrown.
4. 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% of the volume of the tank. In some situations, the tanks may need to be pumped more frequently. If you are using a garbage disposal, it is recommended that the septic and pump tanks be cleaned out annually.
5. When it becomes necessary to clean the effluent filters, the filters should be removed, and the accumulated debris washed back into the septic or pump tank – not onto the lawn.
6. Any damp areas, leakages or malfunctions in the drainfield should be addressed immediately.
7. Divert gutter downspouts and surface water runoff away from the drainfield and septic and pump tanks.

Initial System Design Specifics

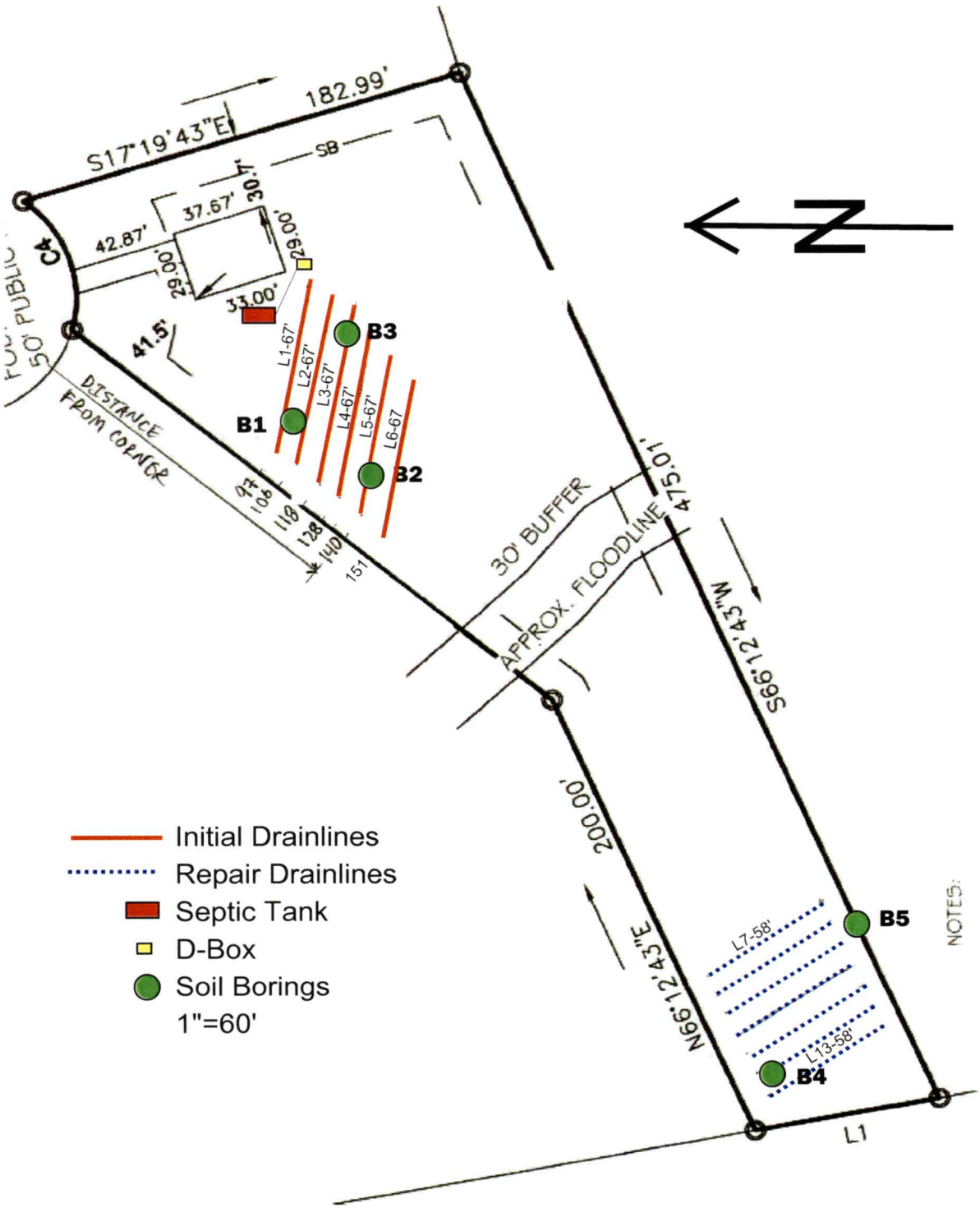
Daily Design Flow:	480 GPD – 4 bedroom house
Effluent Loading Rate:	0.30 GPD per sq. ft.
Drainfield Type:	Accepted (25 % Reduction)
Maximum Trench Depth:	24 Inches on low-side
Supply Size:	3 Inch
Supply Line Length:	Approximately 20 feet
Number of Drainlines:	6
**Drain Lines:	(6) 3' Wide x 67' Long
**Drainline Spacing:	9 Foot on Centers
Total Trench Length:	400 Linear Feet
Distribution Method:	D-box
Final Cover Requirement:	6 Inches

** See drainfield layout for site locations and more details.

Repair System Design Specifics

Effluent Loading Rate:	0.30 GPD per sq. ft.
Drainfield Type:	Accepted (25 % Reduction)
Installation Trench Depth:	26 Inches on low-side
Number of Drainlines:	7
**Drain Lines:	3' Wide x 58' Long
**Drainline Spacing:	9 Foot on Centers
Total Trench Length:	406 Linear Feet

** See drainfield layout for site locations and more details.


182.99'
S17°19'43"E
SB
30'
37.67'
42.87'
29.00'
29.00'
33.00'
C4
50' PUBLIC
41.5'
DISTANCE FROM CORNER
97
106
118
128
140
151
B1
B2
B3
L1-67'
L2-67'
L3-67'
L4-67'
L5-67'
L6-67
30' BUFFER
APPROX. FLOODLINE
475.01'
S66°12'43"W
200.00'
N69°12'43"E
B5
B4
L7-58'
L13-58'
L1
NOTES:
Initial Drainlines
Repair Drainlines
Septic Tank
D-Box
Soil Borings
1"=60'

Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107

PROPERTY ID #: 4778-69-1343
COUNTY: IREDELL

Lot 44

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

OWNER: DAVIDSON LAND DEVELOPMENT CO.
ADDRESS: 896 SHIPTON ROAD, LEXINGTON, NC
PROPOSED FACILITY: RES PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 181 FOUR ANDREWS DR., HARMONY, NC

DATE EVALUATED: 2-19-22
PROPERTY SIZE: 1.196 Ac
PROPERTY RECORDED:

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 12%	0-8 8-40+	SBK/CL SBK/SC	FR/S FR/S	1	40+	1	1	PS 0.3
2	LS 12%	0-6 6-28 28-40+	SBK/CL SBK/SC SBK/CL	FR/S FR/S FR/S	1	40+	1	1	PS 0.3
3	LS 15%	0-11 11-27 27-41+	SBK/SL SBK/SC SBK/L	FR/S FR/S FR/S	1	41+	1	1	PS 0.3
4	LS/ 21	0-6 6-43+	SBK/CL SBK/C	FR/SS/SP/SE FI/SS/SP/SE	1	43+	1	1	PS 0.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	ACCEPTED	ACCEPTE
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PROV. SUIT
EVALUATED BY: M. WOOD, L. THOMPSON
OTHER(S) PRESENT: E. WOOD

LICENSED SOIL SCIENTIST MICHAEL G. WOOD 1219 STATE OF NORTH CAROLINA

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4778-69-1343

DATE OF EVALUATION: 2-19-22

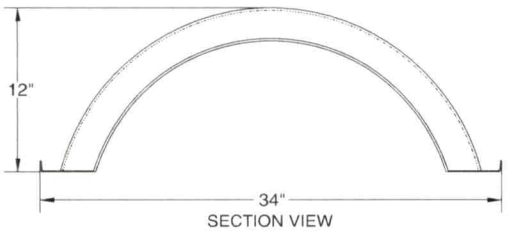
COUNTY: IREDELL

LOT 44

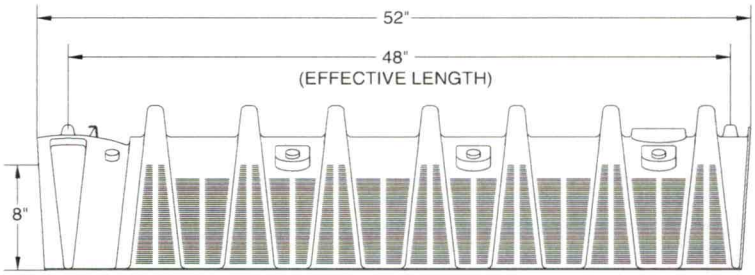
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
5	LS/ 20	0-8	SBK / CL	FR/SS/SP/SE	1	42+	1	1	PS 0.3
		8-42+	SBK / C	FI/SS/SP/SE					

Quick4™
STANDARD CHAMBER

Quick4 Standard Chamber

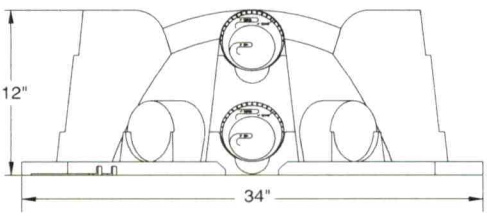


SECTION VIEW

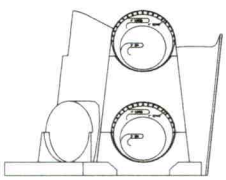


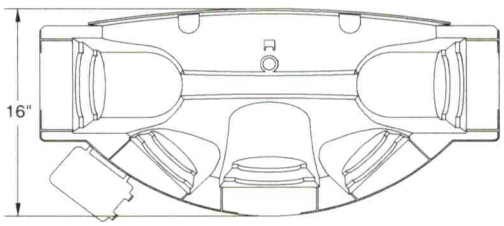
SIDE VIEW

MultiPort End Cap



FRONT VIEW


SIDE VIEW



TOP VIEW

Quick4 Standard Chamber Nominal Specifications	
Size (W x L x H)	34" x 52" x 12"
Effective Length	48"
Invert Height	8"

MultiPort End Cap Nominal Specifications	
Size (W x L x H)	34" x 16" x 12"
Invert Height	8" or 1.25"

INFILTRATOR SYSTEMS, INC. STANDARD LIMITED WARRANTY

(a) The structural integrity of each chamber, end plate, wedge and other accessory manufactured by Infiltrator ("Units"), when installed and operated in a leachfield of an onsite septic system in accordance with Infiltrator's instructions, is warranted to the original purchaser ("Holder") against defective materials and workmanship for one year from the date that the septic permit is issued for the septic system containing the Units; provided, however, that if a septic permit is not required by applicable law, the warranty period will begin upon the date that installation of the septic system commences. To exercise its warranty rights, Holder must notify Infiltrator in writing at its Corporate Headquarters in Old Saybrook, Connecticut within fifteen (15) days of the alleged defect. Infiltrator will supply replacement Units for Units determined by Infiltrator to be covered by this Limited Warranty. Infiltrator's liability specifically excludes the cost of removal and/or installation of the Units.

(b) THE LIMITED WARRANTY AND REMEDIES IN SUBPARAGRAPH (a) ARE EXCLUSIVE. THERE ARE NO OTHER WARRANTIES WITH RESPECT TO THE UNITS, INCLUDING NO IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

(c) This Limited Warranty shall be void if any part of the chamber system is manufactured by anyone other than Infiltrator. The Limited Warranty does not extend to incidental, consequential, special or indirect damages. Infiltrator shall not be liable for penalties or liquidated damages, including loss of production and profits, labor and materials, overhead costs, or other losses or expenses incurred by the Holder or any third party. Specifically excluded from Limited Warranty coverage are damage to the Units due to ordinary wear and tear, alteration, accident, misuse, abuse or neglect of the Units; the Units being subjected to vehicle traffic or other conditions which are not permitted by the installation instructions; failure to maintain the minimum ground covers set forth in the installation instructions; the placement of improper materials into the system containing the Units; failure of the Units or the septic system due to improper siting or improper sizing, excessive water usage, improper grease disposal, or improper operation; or any other event not caused by Infiltrator. This Limited Warranty shall be void if the Holder fails to comply with all of the terms set forth in this Limited Warranty.

Further, in no event shall Infiltrator be responsible for any loss or damage to the Holder, the Units, or any third party resulting from installation or shipment, or from any product liability claims of Holder or any third party. For this Limited Warranty to apply, the Units must be installed in accordance with all site conditions required by state and local codes; all other applicable laws; and Infiltrator's installation instructions.

(d) No representative of Infiltrator has the authority to change or extend this Limited Warranty. No warranty applies to any party other than the original Holder.

. . . . . .

The above represents the Standard Limited Warranty offered by Infiltrator. A limited number of states and counties have different warranty requirements. Any purchaser of Units should contact Infiltrator's Corporate Headquarters in Old Saybrook, Connecticut, prior to such purchase, to obtain a copy of the applicable warranty, and should carefully read that warranty prior to the purchase of Units.

INFILTRATOR® SYSTEMS INC
Environmental Onsite Wastewater Solutions℠

6 Business Park Road • P.O. Box 768
Old Saybrook, CT 06475
860-577-7000 • FAX 860-577-7001

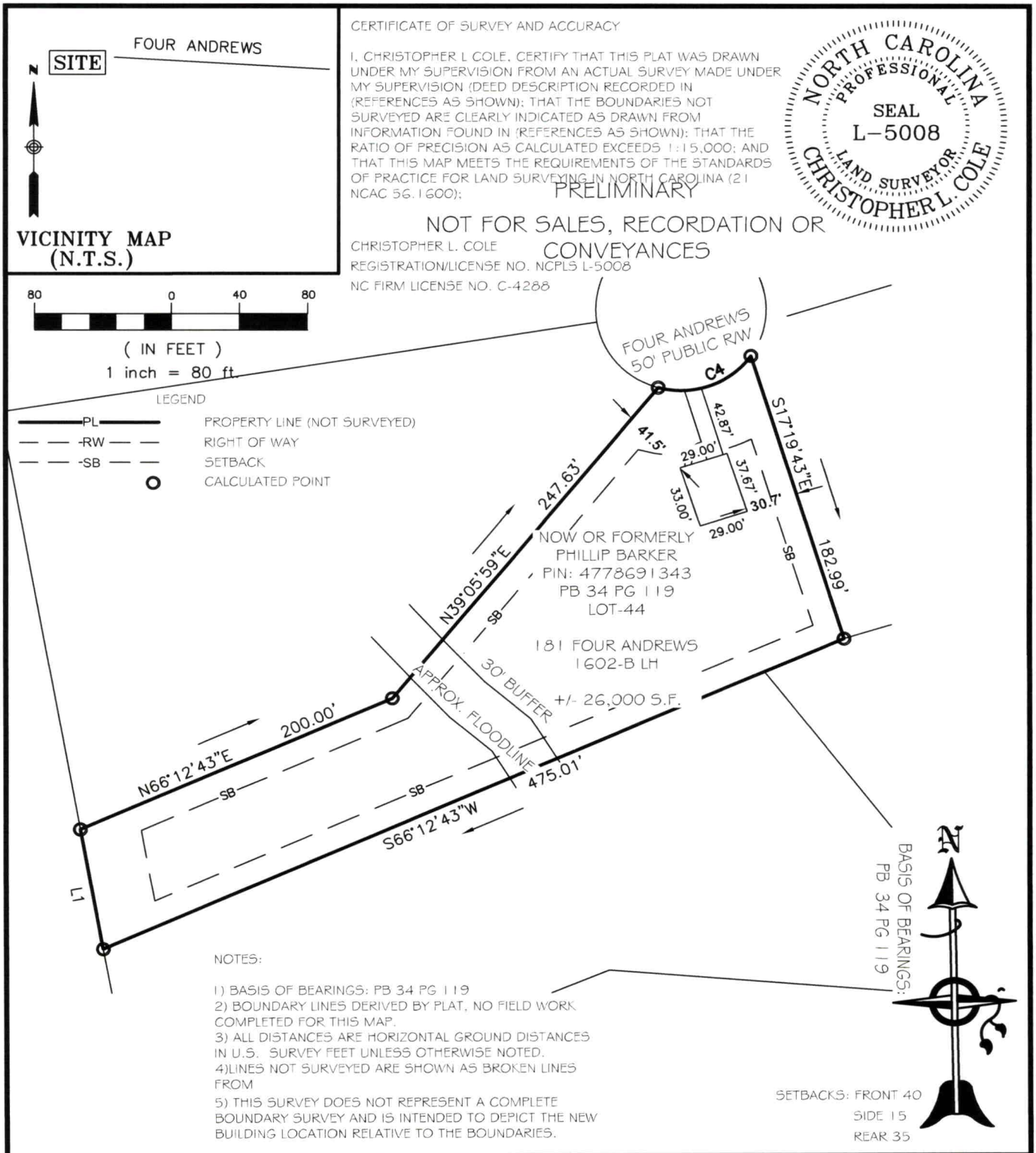
800-221-4436

U.S. Patents: 4,759,661; 5,017,041; 5,156,488; 5,336,017; 5,401,116; 5,401,459; 5,511,903; 5,716,163; 5,588,778; 5,839,844
Canadian Patents: 1,329,959; 2,004,564 Other patents pending.

Infiltrator, Equalizer and SideWinder are registered trademarks of Infiltrator Systems Inc. Infiltrator is a registered trademark in France. Infiltrator Systems Inc. is a registered trademark in Mexico. Contour, Contour Swivel Connection, MicroLeaching, PolyTuff, SnapLock, ChamberSpacer, PosiLock, QuickCut, QuickPlay and Quick4 are trademarks of Infiltrator Systems Inc. © 2003 Infiltrator Systems Inc. Printed in U.S.A.

RECYCLED PAPER

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Ascension Land Surveying P.C.
Professional Land Surveying & Consulting
116 Williams Road, Mocksville, NC 27028
Phone: (704) 579-7197
Email: surveyor.chris007@gmail.com
NC FIRM LICENSE NO: C-4288
NC PLS NO: L-5008

4/14/2021

PIN:
4778691343
DRAWN BY: CC
CHECKED BY: JH
SCALE: 1"=80'
JOB: 21-02-24

PLOT PLAN
LOT-44
181 FOUR ANDREWS
ROCK GATE ESTATES
TURNERSBURG TWNSHP, IREDELL CO., NC

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☒ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Katie Dyess WJH LLC TA Century Complete

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ **2.** I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Katie Dyess WJH LLC TA Century Complete 3-2-22

Signature of Owner(s) Date

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

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY · NC

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

APPLICATION NUMBER
317071 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4778691343.000	181 FOUR ANDREWS DR	Iredell County

Owner Information	Applicant Information
Name: BARKER PHILLIP P	Name: WJH, LLC
Address:	Address: 9325 CENTER LAKE DR
,	CHARLOTTE, NC 28216
Phone:	Phone: (704)488-1100

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.196	35	35	15	15	N/A	YES

Remarks

SFD

Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure.
PER RH NEED TO STAY30 FEET FROM THE CREEK

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: 04/22/2021

Signature of Owner/Contractor

Permit Number	317071	TOTAL FEES:	$77.25