4778-69-5081
139 Jo Creek Ln - Harmony Rock Gate Estates - Lot 20

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: 5/18/2022 (Date) by BB (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.): WSH 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): 139 Jo Creek Lane, Harmony (Lot 20 - Rock Gate)

County Name: Iredell

6. Type of facility: ☒ Place of residence No. Bedrooms: 3 No. Occupants: 6

☐ 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: 360 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.

*Signature of licensed Soil Scientist* 05-12-22 *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 5/19/2022 via Email.
*Date* *Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on 5/19/2022 via Email.
*Date* *Email, FAX, USPS, hand-delivered*

Benjamin A. Bottkins Benjamin A Bottkins 5-19-2022
*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.*

**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: 5/27/2022 (Date) by BB. (Initials)

Date of Post-construction Conference: 5/27/2022

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) — [X] Yes [ ] No
2. Operation and management program — [X] Yes [ ] No
3. Fee (as applicable) — [ ] Yes [X] No
4. Notarized letter documenting Owner's acceptance of the system from the LSS — [X] Yes [ ] No
5. On-site Wastewater Contractor name: Avery Deweese License number: 6196

   Mailing address: 4538 Lower Lake Rd City: Thomasville State: NC Zip: 27360

   Telephone number: 336-870-8028 E-mail Address: deweysseptic19@gmail.com
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. [X] Yes [ ] No

***Attestation by the Owner for Authorization to Operate***

I, Glenn Bird (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.

GB

Glenn Bird (May 25, 2022 11:21 EDT) — *Signature of Owner*

May 25, 2022 — *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 _____ (Date) via _____ (Email, FAX, USPS, Hand-delivered).

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

[X] 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 5/31/22 (Date) via Email. (Email, FAX, USPS, Hand-delivered).

Benjamin A. Bottkins — *Print name of authorized Agent of the LHD*

Benjamin A. Bottkins — *Signature of authorized Agent of the LHD*

5/31/2022 — *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.*

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

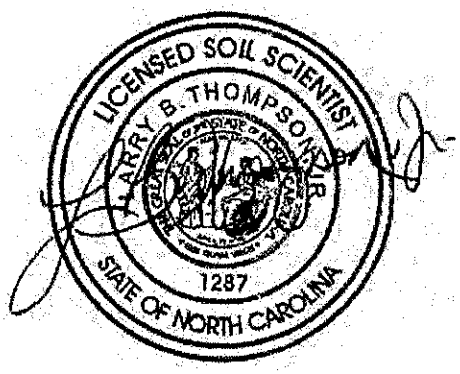
**for**

**Lot 20 – Rock Gate Estates**
**139 Jo Creek Lane**
**Harmony, NC 28634**

Tax Parcel # 4778695081.000
May 12, 2022

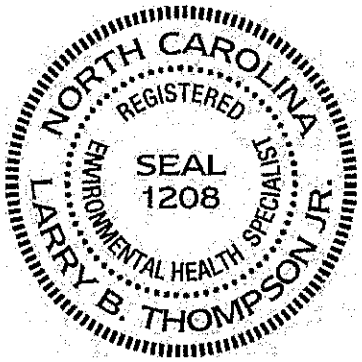
**Prepared for:**

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 20, 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.

**The enclosed Licensed Soil Scientist Evaluation is being submitted pursuant to and meets the requirements of SL 2020-97 Section 3.19**. 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 following proposal.

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 for equal flow 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 100 feet long. Total drainline length is 300 feet.
5. The maximum trench depth for this system shall be **25 inches**.
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.

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 LSS as soon as possible.

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

## Maintenance

G. In General

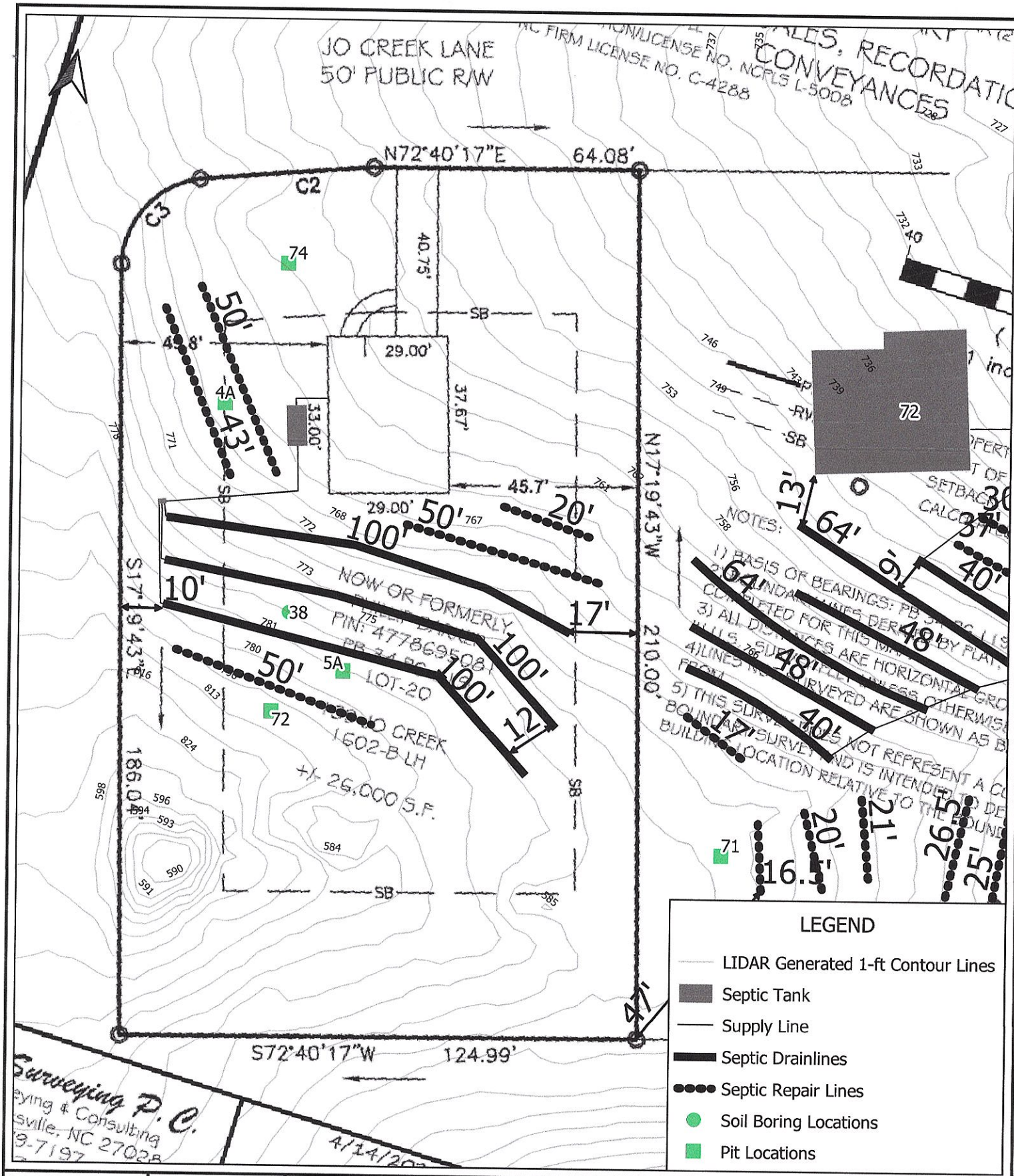
1. The homeowner must maintain the drainfield area through periodic mowing. The drainfield must not be allowed to become overgrown.
2. The septic tank should be pumped every 4 years or when the solids within the septic tank reach an elevation that is equivalent to 25 percent of the volume of the tank. 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: | 0.3 GPD per sq. ft. |
| Drainfield Type: | Accepted 25% Reduction |
| Distribution Method: | Distribution Box |
| Number of Drainlines: | (3) 3' Wide x 100' Long |
| Total Trench Length: | 300 Linear Feet |
| Maximum Trench Depth: | 25 Inches |
| Final Cover Requirement: | 6 Inches |

## Repair Option

| | |
|---|---|
| Effluent Loading Rate: | 0.3 GPD per sq. ft. |
| Drainfield Type: | PPBPS |
| Required Linear Footage: | 200 Linear Feet |
| Available Linear Footage: | 213 Linear Feet |
| Maximum Trench Depth: | 25 Inches |
| Installation Depth: | 6 Inches |




Thompson Environmental Consulting
WATER · WASTEWATER · WETLANDS

Prepared For:
Century Complete

## Proposed Septic Layout

Lot 20 - Rock Gate Estates
139 Jo Creek Lane
Harmony, NC 28634
Iredell County

Date: May 2022
Scale: 0 15 30 ft
TEC Job #: 22-120

Figure 1

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



PROPERTY ID #:
COUNTY: Iredell

## SOIL/SITE EVALUATION
*for* ON-SITE WASTEWATER SYSTEM

OWNER: Century Complete
ADDRESS:
PROPOSED FACILITY: Lot PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 121, 127 and 139 JD Creek Drive, Harmony NC
DATE EVALUATED: 5-4-22
PROPERTY SIZE: Varies
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other Poole Gate Lots 17, 19, & 20
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 |
|---|---|---|---|---|---|---|---|---|---|
| 1A | LS 8% | 0-12 | SBK/CL | FR/SS/P/VSP | — | 13" | II L 13-84" | — | PS 0.3 |
| | | 12-13 | SBK/C | FI/SP/SSP | | | | | |
| | | 13-84 | M/L | FR/NS/NP/VSP | | | | | |
| 2A | LS 8% | 0-6 | SBK/CL | FR/SS/P/VSP | — | 36" | II L 36-84" | — | PS 0.3 |
| | | 6-36 | SBK/C | FI/SP/SSP | | | | | |
| | | 36-84 | M/L | FR/NS/NP/VSP | | | | | |
| 3A | LS 8% | 0-24 | SBK/C | FI/SP/SSP | — | 24" | II L 24-84" | — | PS 0.4 |
| | | 24-84 | M/L | FR/NS/NP/VSP | | | | | |
| 4A | LS 5% | 0-5 | SBK/CL | FR/SS/P/SSP | | 24" | II L 24-84" | | PS 0.4 |
| | | 5-24 | SBK/C | FI/SP/SSP | | | | | |
| | | 24-84 | M/L | FR/NS/NP/VSP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | Accepted | Accepted |
| Site LTAR | 0.3 | 0.4 |

OTHER FACTORS (.1946): Provisional
SITE CLASSIFICATION (.1948):
EVALUATED BY: L Thompson
OTHER(S) PRESENT:

LICENSED SOIL SCIENTIST LARRY J. THOMPSON 1287 STATE OF NORTH CAROLINA

COMMENTS:

Updated February 2014

The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*



PROPERTY ID #:

DATE OF EVALUATION: 5.4.22

COUNTY: Iredell

| 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 | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| SA | LS 7% | 0-6 | SBK/CL | FR/SS/SP/SEXP | — | 32 | III L 32-84" | — | PS 0.35 |
| | | 6-32 | SBK/C | FI/S/P/SEXP | | | | | |
| | | 32-84 | M/L | FR/NS/NP/MEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | |

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*



PROPERTY ID #:

DATE OF EVALUATION: 3/21/21

COUNTY: Freeborn

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 35 | LS/TS 4 | 0-14 | SBK / scl | FR / S | — | 29+ | — | — | PS 0.3 |
| | | 14-29 | SBK / cl | FR / N | | | | | |
| | | 29 | AR | | | | | | |
| 36 | LS/ 11 | 0-40 | SBK / C | FR / S | — | 40+ | — | — | PS 0.3 |
| 37 | LS/ 7 | 0-15 | SBK / C | FR / S | — | 40+ | — | — | PS 0.3 |
| | | 15-29 | SBK / cl | FR / S | | | | | |
| | | ~~29~~ 40+ | SBK / l | FR / S | | | | | |
| 38 | R/ 1 | 0-17 | SBK / scl | FR / S | — | 40+ | 17 | — | PS 0.35 Need Pit |
| | | 17-35 | M / l | VFR / S | | | | | |
| | | 35-40+ | m / scl | VFR / S | | | | | |
| ~~39~~ 39 | NS/ 10 | 0-13 | M / sl | VFR / N | — | 13 | | 13 Cr | PS 0.1 Drip |
| | | 13+ | Cr | | | | | | |

COMMENTS:

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*

*Sheet ___ of ___*

PROPERTY ID #: _____

DATE OF EVALUATION: 6-11-21

COUNTY: Iredell

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| T2 | LS 8% | 0-31 | SBK/C | FS/S/P/SCAP | — | 31" | 31-54 L | — | P3 0.3 |
| | | 31-54 | M/L | FR/NS/NP/NCAP | | | | | |
| T3 | LS 5% | 0-17 | SBK/SCL | FR/SS/SP/SCAP | — | 39" | 39-50 SL | — | P3 0.3 |
| | | 17-39 | SBK/C | FS/S/P/SCAP | | | | | |
| | | 39-50 | M/SL | FR/NS/NP/NCAP | | | | | |
| T4 | LS 7% | 0-21 | SBK/C | FS/S/P/SCAP | — | 39" | 39-54 SL | — | P3 0.3 |
| | | 21-39 | SBK/CL | FR/SS/SP/SCAP | | | | | |
| | | 39-54 | M/SL | FR/NS/NP/NCAP | | | | | |
| T5 | LS 6% | 0-32 | SBK/C | FR/S/P/SCAP | — | 52" | — | — | P3 0.3 |
| | | 32-52 | SBK/CL | FR/SS/SP/SCAP | | | | | |
| T6 | LS 8% | 0-19 | SBK/C | FS/S/P/SCAP | — | 19" | 19-52 SL | — | P3 0.4 |
| | | 19-52 | M/SL | FR/NS/NP/NCAP | | | | | |

COMMENTS: _____



Rocke Epler

[redacted]

[redacted] Crosby Lane, Harmony, NC 28634

The septic system installed on my referenced property was specified by Larry Thompson, LSS, and installed by Avery Dalvessar, Darvey's Septic and Grading.

I [redacted] the septic system installed on my property.

[redacted]

5/26/22

Date

INSTALLER:

[redacted]

5/26/22

May 24, 2022

RE: Septic System Installation
Lot 20 – Rock Gat Estates
139 Jo Creek Lane

The purpose of this letter is to confirm that the septic system installation for Lot 20 – Rock Gate Estates was installed in general accordance with the proposal submitted to your office by Larry Thompson, LSS.

Sincerely,

Avery Deweese
Dewey's Septic and Grading

5. 25. 22

317058

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

RECEIVED MAY 18 2022

# Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

COVID SEPTIC PERMIT

Paid $500.00

**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:** 3091 Governors Lake Dr., Ste. 300 Peachtree Corners GA 30071 **Zip:**

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

**Owner Name:** WJH LLC TA Century Complete **Address:** **Zip:**

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

**Property Information:**

**Street Address:** 139 Jo Creek Lane

**Subdivision Name:** Rock Gate **Section/Phase:** -1- **Lot Number:** 20

**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: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: ____ — (X) 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 5-17-22

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

*(Check and sign only ONE of the options below)*

☒ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) 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 _____ 5-17-22

Signature of Owner(s) Date

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

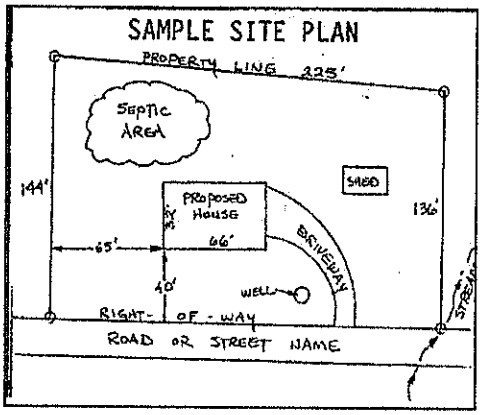
**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# IREDELL COUNTY 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 5-17-22

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

WALL LEGEND

FULL HEIGHT
2X4 WOOD STUD PARTITION

STONE VENEER

BRICK VENEER

STUD WALL BELOW
HEIGHT AND STUD SIZE AS NOTED

FULL HEIGHT
2X6 WOOD STUD PARTITION

DRYWALL OPENING WIDTH
AS NOTED ON PLAN, 3-6" HIGH RT.

1 WOD & SHELF

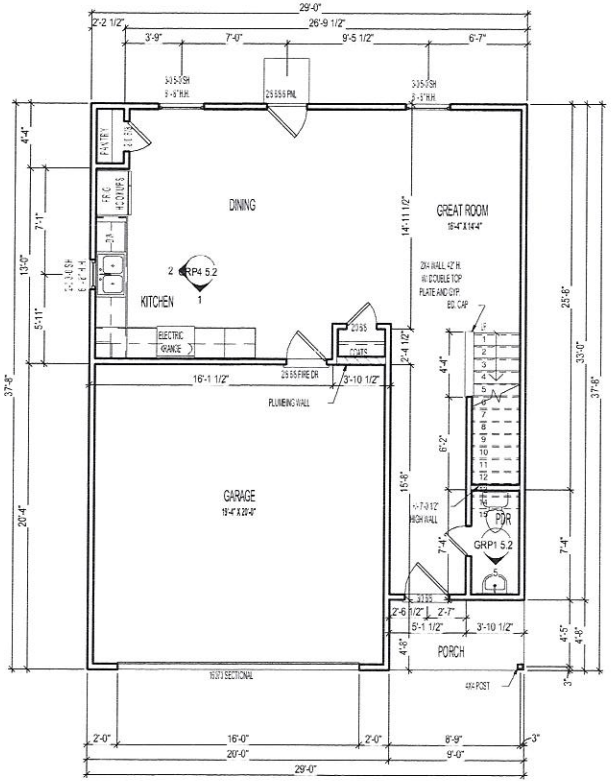
NOTE: EXTERIOR WALLS FRAMED AT 16" O.C. INTERIOR NON-BEARING WALLS FRAMED AT 24" O.C. REF TO STRUCTURAL SHEETS FOR BEARING WALL SPECIFICATIONS AND PLATE INFORMATION

| TABLE R302.6 Dwelling/Garage Separation | |
|---|---|
| Separation | Material |
| From the residence and attics | Not less than ½-inch gypsum board or equivalent applied to the garage side |
| From all habitable rooms above the garage | Not less than 5/8-inch Type X gypsum board or equivalent |
| Structures supporting floor/ceiling assemblies used for separation required by this section | Not less than ½-inch gypsum board or equivalent |

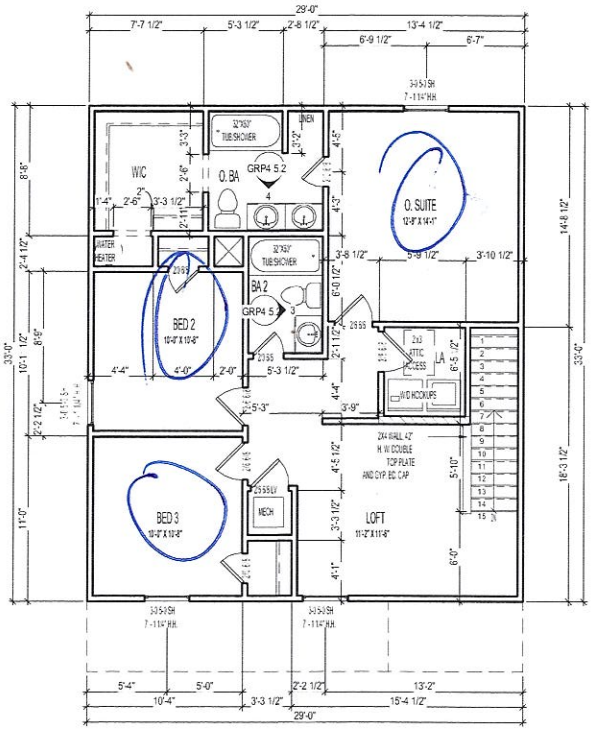
Acknowledgement Of Plans Submittal ONLY!

Date 8/4/21

Date 8/4/21.




1 FIRST FLOOR PLAN ELEV 'B'
1/4" = 1'-0" AT 22" X 34" LAYOUT
1/8" = 1'-0" AT 11" X 17" LAYOUT




2 SECOND FLOOR PLAN ELEV 'B'
1/4" = 1'-0" AT 22" X 34" LAYOUT
1/8" = 1'-0" AT 11" X 17" LAYOUT


CENTURY Complete
MORE HOME • LESS MONEY
3091 GOVERNORS LAKE DR.
SUITE 300
NORCROSS, GA 30071
PHONE: 336-282-3606


WRH, LLC © 2020

GRP1 - 'B'

FLOOR PLANS

LOT #:

JOB #:

COMMUNITY:

ADDRESS:

PLAN # / ORIENTATION:
2921606 / LH

SERIES NAME:
DIAMOND

PLAN NAME:

LAST REVISION
2.02

SHEET #
GRP1 1.2

IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 317058<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4778695081.000 | 139 JO CREEK LN | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: BARKER PHILLIP P | Name: WJH, LLC |
| Address: | Address: 9325 CENTER LAKE DR<br>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 |
|---|---|---|---|---|---|---|
| 0.597 | 35 | 35 | 15 | 25 | 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.

Signature of Owner/Contractor

**Date:** 04/22/2021

| Permit Number | 317058 | TOTAL FEES: | $77.25 |
|---|---|---|---|