BLDR-2024-52178 ✓

# ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # OSWP 2024-50313 ✓

PIN # 4788 – 96 – 9034 ✓

APPLICANT/OWNER: Soil & Forestry Services LLC APPLICANT ADDRESS: 813 Davidson Dr NW, Concord, NC 28025

SITE ADDRESS: 606 Vaughn Mill Rd, Statesville, NC 28625 PHONE: 980-439-5007 ALT. PHONE:

SITE DIRECTIONS: I40 -> Exit 162 (Cool Springs) -> L Hwy 64 -> L Society Church -> L Vaughn Mill -> lot on L

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Society Manor ✓ SECTION: n/a LOT # 1 ✓ LOT AREA: 0.69 DESIGN FLOW: 360

L.T.A.R.(Initial): 0.3 L.T.A.R (Repair): 0.3

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

# Nitrification Fields 1 # Lines 3 Linear Ft: 300

Trench Width 36 *Max. Trench Depth(Initial) 36 *Max. Trench Depth(Repair) 36 Gravel Depth n/a

* Measured on the downhill side of the trench

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

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

Usable Depth to LC (Initial): 50

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☑ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

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

**Water Supply**

☐ Private

☑ Public

☐ Community

Comments / Conditions: Do not pave, grade, drive, park, or bury utilties in drainfield.

DO NOT EXCEED 36" TRENCH DEPTH AT ANY POINT OR PRODUCT LOSES ITS REDUCTION.

INITIAL SITE SKETCH

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

Wendell Overby

LSS# 1218

Construction authorization issued pursuant to: G.S. 130A-335(a2) & (a5)

AOWE# 10044E

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

INSTALLED AS SHOWN

- B-BOX INSTALLED INSTEAD OF SERIAL
- SEE EMAIL FROM WENDELL

*Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.* **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☑ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Online Signature Date:

Installed by: PATRIOT SEPTIC ✓

IMPROVEMENT PERMIT by: D. Wieberg Date: 4/16/24

OPERATION PERMIT by: Bryant C. White ✓ Date: 8-28-2024

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 4/16/24

Existing System Inspected by: Date:

## Bryant White

**From:** SFS ConcordNC <sfsconcordnc@gmail.com>
**Sent:** Wednesday, August 28, 2024 4:19 PM
**To:** Danielle Wieberg
**Cc:** usablesoil@gmail.com; Bryant White
**Subject:** Re: 606 Vaughn Mill

**This Message Is From an Untrusted Sender**
You have not previously corresponded with this sender.

Report Suspicious

Thats fine. A little confusing. Can't remember the last year we specd a d box for gravity chamber.

==========

Soil & Forestry Services of the Carolinas, PA
SFSConcordNC@gmail.com
SoilAndForestryServices.com
980-439-5007
813 Davidson Dr NW
Concord NC 28025

On Wed, Aug 28, 2024 at 4:07 PM Danielle Wieberg <danielle.wieberg@iredellcountync.gov> wrote:

> Wendell –
>
> Bryant was doing inspections today at 606 Vaughn Mill and the installer had an old site plan that showed a d-box instead of serial distribution. We will need some kind of acknowledgement from you that this is acceptable or not. The installer was Patriot Septic, 704-699-0964.
>
> Thanks!
>
> Danielle Wieberg
>
> Environmental Health Specialist – OSWW
>
> Iredell County Health Department
>
> 610 E. Center Avenue
>
> Mooresville , NC 28115

704-902-4482

****NEW EMAIL ADDRESS**** **danielle.wieberg@iredellcountync.gov**

**Please tell us how we are doing:**

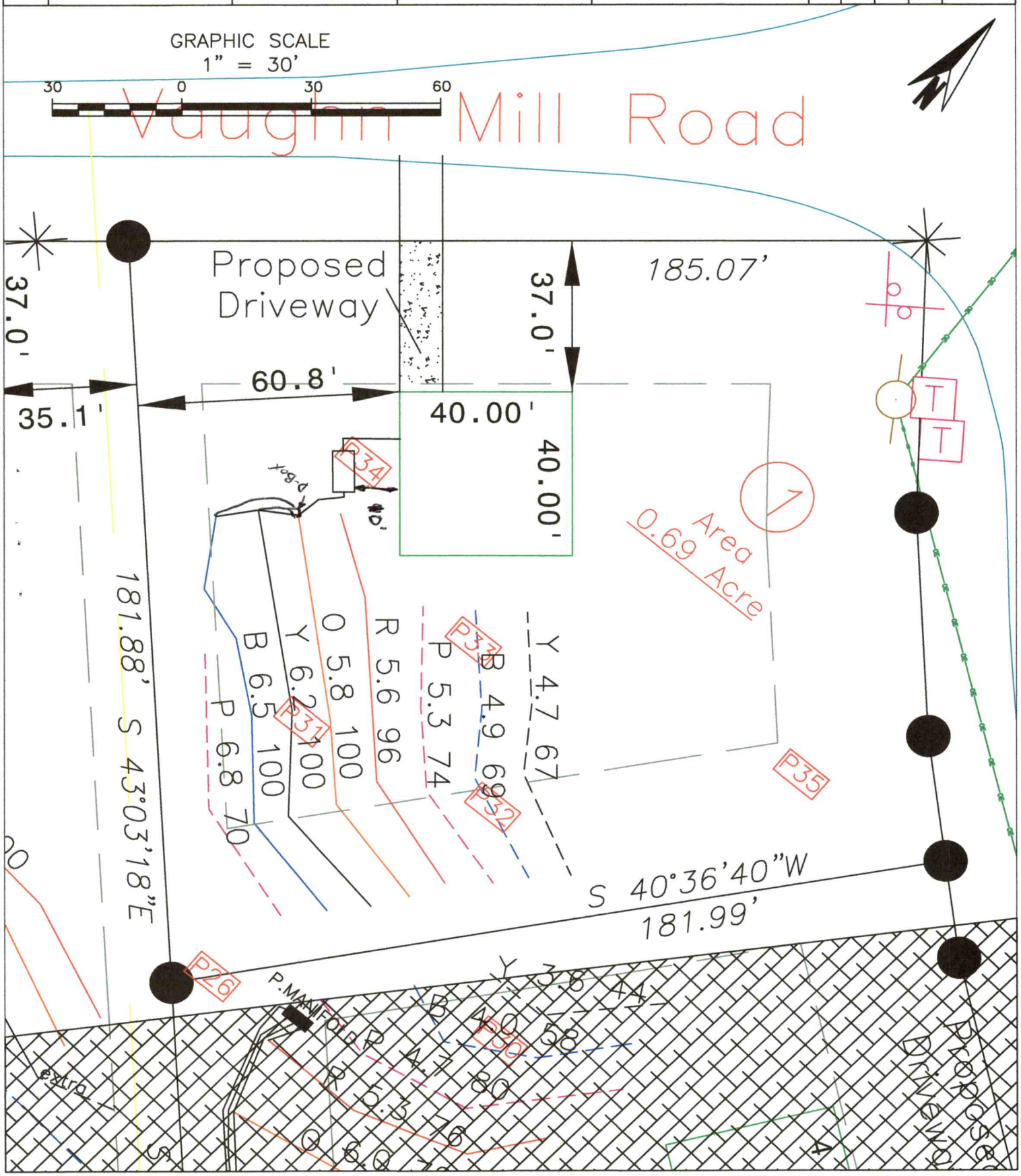
Take Our Survey

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL
COUNTY NC

Pursuant to North Carolina General Statues Chapter 132 Public Records, this electronic mail message and any attachments hereto, as well as any electronic mail messages that may be sent in response to it may be considered public record and as such are subject to request and review by anyone at any time. Also, the information contained in this message may be privileged and confidential. If this e-mail contains protected health information or personal identifying information, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited, except as permitted by law. If you have received this communication in error, please notify the sender immediately by replying to this message and deleting it from your computer. Thank You

| SHEET | SHEET TITLE: | PROJECT NAME: | | | | | | |
|---|---|---|---|---|---|---|---|---|
| SHEET 1 OF 1 | SEPTIC SYSTEM LAYOUT SKETCH MAP | MARTIN RAY HOLDINGS<br>VAUGHN MILL RD<br>LOT 1<br>IREDELL COUNTY<br>FEBRUARY 2024 | SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA | Soil & Forestry Services of the Carolinas, PA<br>813 Davidson Dr NW<br>Concord NC 28025<br>usablesoil@gmail.com<br>980-439-5007<br>soilandforestryservices.com | SCALE 1" = 30' | FIELD WORK WO | DRAWN BY WO | PROJECT MGR. WO | PROJECT NO. 24-1170 |



Permit/File #: OSWP-2024-50313

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

**ROY COOPER** • Governor
**KODY H. KINSLEY** • Secretary
**MARK BENTON** • Deputy Secretary for Health
**SUSAN KANSAGRA** • Assistant Secretary for Public Health
Division of Public Health

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

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

County: Iredell

PIN/Lot Identifier: 4788969034.000

Issued To: Dustin McClure // Martin Ray Holdings, LLC

Property Location: 606 Vaughn Mill Rd

Subdivision (if applicable): Society Manor Lot#: 1 Block: Section:

LSS Report Provided: Yes [X] No [ ]

If yes, name and license number of LSS: Wendell Overby #1218

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

Facility Type: 3 bedroom house

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

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

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

Proposed Wastewater System Type*: IIb (ACCEPTED) (Initial) Pump Required: [ ] Yes [X] No [ ] May be required

Proposed Wastewater System Type*: IIIb (ACCEPTED) (Repair) Pump Required: [X] Yes [ ] No [ ] May be required

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

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

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

Fill System (Initial): [ ] Yes [X] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Fill System (Repair): [ ] Yes [X] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)

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

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

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

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

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

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

Permit conditions:

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

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

See Design for any additional details

Licensed Soil Scientist Print Name: Wendell Overby

Licensed Soil Scientist Signature: Wendell Overby Date: 4/1/2024

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

***See attached site sketch***

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-50313

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

Initial submittal received: 4/11/24 *Date* by DC *Initials*

G.S. 130A-335(a3) states the following:

*When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.*

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ *Date*

State Authorized Agent: _____ Date: _____

---

☒ Complete

State Authorized Agent: D. Wieberg Date: 04/16/2024

**This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. *This permit is subject to revocation if the site plan, plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.**

**The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).**

**Improvement Permit Expiration Date:** 4/16/29

***See attached site sketch***

NCDHHS

Permit/File #: OSWP-2024-50313

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

County: Iredell **Pre-Construction Conference Required:** [ ] Yes [X] No

PIN/Lot Identifier: 4788969034.000

Issued To: Dustin McClure // Martin Ray Holdings, LLC

Property Location: 606 Vaughn Mill Rd

AOWE/PE Plans/Evaluations Provided: Yes [X] No [ ] If yes, name and license number of AOWE/PE: Wendell Overby #10044E

Facility Type: 3 bedroom house

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

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

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

Crawl Space? [ ] Yes [X] No Slab Foundation? [X] Yes [ ] No

Type of Wastewater System* IIb (ACCEPTED) (Initial) IIIb (ACCEPTED) (Repair)

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

Design Daily Flow: 360 GPD Wastewater Strength: [X] Domestic [ ] High Strength [ ] Industrial Process WW

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

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

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

**Installation Requirements/Conditions**

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 300 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.3 gpd/ft² Usable Depth to LC (Initial)*: 50 *Limiting condition

Soil Cover: 24 inches Slope Adjusted Maximum Trench/Bed Depth†: 36 inches ***† Measured on the downhill side of the trench***

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

Pump Requirements: N/A ft. TDH vs. N/A GPM Grease Trap Size (if applicable): gallons

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

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

**Legal Agreements** *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.0204(g)]: [ ] Yes [X] No Declaration of Restrictive Covenants: [ ] Yes [X] No

Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: [ ] Yes [X] No

Management Entity Required: Yes [ ] No [X] Minimum O&M Requirements:

Permit conditions:

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

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

See Design for any additional details

**The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.**

AOWE/PE Print name: Wendell Overby Expiration Date: 4/1/2029

AOWE/PE Signature: Date: 4/1/2024

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

***See attached site sketch***

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File # OSWP-2024-50313

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

Initial submittal received: 4/11/24 (*Date*) by DC (*Initials*)

G.S. 130A-335(a5) states the following:

*When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.*

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____ (*Date*)

State Authorized Agent: _____ Date: _____

---

X] Complete

State Authorized Agent: D. Wieberg Date of Issuance: 04/16/2024

**This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.**

**The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.**

**Construction Authorization Expiration Date:** 4/16/29

***See attached site sketch***

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

4/1/2024

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

Re: Improvement Permit & CA Submittal for 606 Vaughn Mill Rd (Lot #1)

Mr. Snow,

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

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

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

Owner/Applicant: Dustin McClure // Martin Ray Holdings, LLC

Signature: _____

Date: 4/16/24

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

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

Wendell Overby, LSS

Signature: _____

Date: 4/1/2024 Seal:






Public Health
Prevent. Promote. Protect.
Iredell County Health Department

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

## 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)** _____

☐

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, Dustin McClure // Martin Ray Holdings, LLC, am the legal owner(s) of the property located

☒ at 606 Vaughn Mill Rd, identified as

PIN (Parcel Identification Number) 4788969034.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Wendell Overby

Soil & Forestry Services of the Carolinas, PA, to act as an agent on my behalf in applying for/signing/obtaining an 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.

Dustin McClure
Signature of Owner(s)

4/1/2024
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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

# Application for Services

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

Applying for:

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

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

[X] Accepted [ ] Conventional [ ] Innovative [ ] Other _____ [ ] Any

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

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

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

| | |
|---|---|
| Applicant: | Wendell Overby // Soil & Forestry Services, PA |
| Mailing Address: | 813 Davidson Dr NW |
| City: | Concord |
| State: | North Carolina |
| Zip: | 28025 |
| Phone #: | 980-439-5007 |
| Email: | usablesoil@gmail.com |

| | |
|---|---|
| Owner: | Dustin McClure // Martin Ray Holdings, LLC |
| Mailing Address: | 114 Morlake Dr Suite 103 |
| City: | Mooresville |
| State: | North Carolina |
| Zip: | 28117 |
| Phone #: | 980 722-6192 |
| Email: | dustinmcc@gmail.com |

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

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

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

Applicant Signature: _____ Date: 4/1/2024

Owner's Signature: _____ Date: 4/15/24

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

*usablesoil@gmail.com*
*980-439-5007*
*813 Davidson Dr NW*
*Concord NC 28025*
*SoilAndForestryServices.com*

**Project# 23-1170**

**Septic System Design for a 3 Bedroom House**
**ACCEPTED using GRAVITY distribution**
**Site location: 606 Vaughn Mill Rd, Lot # 1**

| **Contents** | **Page** |
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| Information for the Installer | 1 |
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| Layout Specifications | 3 |
| Site Plan | 4 |
| Calculations | 5 |
| Soil Descriptions | 6 |
| Floor Plans | 7-8 |
| Health Dept Use Only Blank Forms | 9-11 |

**Apr 2024**
**Design By: Overby**

**ACCEPTED using GRAVITY distribution**
**Site location: 606 Vaughn Mill Rd, Lot # 1**

* **CALL 811 BEFORE DIGGING**
* The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
* Tanks shall be approved by DHHS, and certification supplied by the that must be considered along with all other considerations.
* The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
* The supply trench shall be compacted to eliminate cavities left during initial fill placement.
* Installation of the system shall be during dry conditions in order to protect the soil
* All fittings shall be pressure rated fittings.
* All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
* Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
* Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
* All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
* All tanks shall be properly back filled and compacted to prevent slump at a later date.
* Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
* No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
* Elevations at pinflag locations should be checked by the installer prior to beginning
* Septic tank riser shall be a minimum of 6" above finished grade.
* Pump tank riser should be 6" above grade, control panel should be 24" above grade.

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

| Page 2 | DESIGN SPECIFICATIONS | Project #23-1170 |
|---|---|---|

**ACCEPTED using GRAVITY distribution**
**Site location: 606 Vaughn Mill Rd, Lot # 1**

| | |
|---|---|
| Business (if applicable): | Martin Ray Holdings, LLC |
| Contact: | Dustin McClure |
| Phone: | 980 722-6192 |
| Email: | dustinmmc@gmail.com |
| County: | Iredell |
| Location: | 606 Vaughn Mill Rd |

| | | |
|---|---|---|
| Source of Wastewater Flow: | 3 | bedroom home |
| Estimated Daily Wastewater Production: | 360 | gpd |
| Drain field Size: | 300 | lf |
| Loading Rate: | 0.3 | gpd/ft.$^2$ |
| Trench Depth: | 36 | in |
| Trench Width: | 36 | in |
| Soil Cap: | 0 | in |
| Septic Tank Size: | 1000 | gal |

| Page 3 | LAYOUT SPECIFICATIONS | Project #23-1170 |
|---|---|---|

**ACCEPTED using GRAVITY distribution**
**Site location: 606 Vaughn Mill Rd, Lot # 1**

**Daily Flow (gpd)** **360** **Apr 2024**

| LINE # | FLAG COLOR | BS | HI | FS | ELEV | FLAGGED LENGTH | DESIGN LENGTH |
|---|---|---|---|---|---|---|---|
| **TBM** | | 0.0 | | | 100.0 | | |
| **INSTR. 1** | | | 100.0 | | | | |
| | | | **REPAIR** | | | | |
| 1 | Yellow | | | 4.7 | 95.3 | 67 | 64 |
| 2 | Blue | | | 4.9 | 95.1 | 69 | 68 |
| 3 | Pink | | | 5.3 | 94.7 | 74 | 72 |
| 4 | Red | | | 5.6 | 94.4 | 96 | 96 |
| | | | **SYSTEM** | | | | |
| 5 | Orange | | | 5.8 | 94.2 | 100 | 100 |
| 6 | Yellow | | | 6.2 | 93.8 | 105 | 100 |
| 7 | Blue | | | 6.5 | 93.5 | 147 | 100 |
| | | | **REPAIR** | | | | |
| 8 | Pink | | | 6.8 | 93.2 | 70 | 68 |

| | LINE LENGTH | LTAR GPD/FT$^2$ | SYSTEM TYPE | REDUCTION TYPE | DIST | TRENCH DEPTH | SOIL CAP |
|---|---|---|---|---|---|---|---|
| **SYSTEM** | 300 | 0.300 | ACCEPTED | 25% | GRAVITY | 36 | 0 |
| **REPAIR** | 300 | 0.300 | ACCEPTED | 25% | PMANIFOLD | 36 | 0 |

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

| CALCULATIONS | Project #23-1170 |
|---|---|

**ACCEPTED using GRAVITY distribution**
**Site location: 606 Vaughn Mill Rd, Lot # 1**

| | | |
|---|---|---|
| PROJECT INFO | Designer | Overby |
| | Project # | 23-1170 |
| | Project MM YYYY | Apr 2024 |
| | County | Iredell |
| | Project Location | 606 Vaughn Mill Rd |
| | Lot # (if applicable) | 1 |
| | Subdivision (if applicable) | Society Manor |
| | Parcel # | 4788969034.000 |
| | Lot size (acres) | 0.69 |
| | Business (if applicable) | Martin Ray Holdings, LLC |
| | Name (Owner) | Dustin McClure |
| | Mailing Address (Owner) | 114 Morlake Dr Ste 103 |
| | City (Owner) | Mooresville |
| | State (Owner) | North Carolina |
| | Zip (Owner) | 28117 |
| | Phone (Owner) | 980 722-6192 |
| | Email (Owner) | dustinmmc@gmail.com |
| | Bedrooms | 3 |
| | Water Source | Municipal |
| | Foundation Type | Slab |
| | Daily Flow (gallons) | 360 |
| SYSTEM | System LTAR | 0.3 |
| | System Type | ACCEPTED |
| | System Distribution | GRAVITY |
| | System Trench Center Distance (feet) | 9 |
| | System Trench Width (inches) | 36 |
| | System Trench Depth (inches) | 36 |
| | Soil Cap (inches) | 0 |
| | Usable Soil Depth (inches) | 50 |
| | Media Height (inches) | 12 |
| | Tank Size (gallons) | 1000 |
| | Required Feet of Line (system) | 300 |
| | Designed Feet of Line (system) | 300 |
| REPAIR | Repair LTAR | 0.3 |
| | Repair Type | ACCEPTED |
| | Repair Distribution | PMANIFOLD |
| | Repair Trench Center Distance (feet) | 9 |
| | Repair Trench Width (inches) | 36 |
| | Repair Trench Depth (inches) | 36 |
| | Soil Cap (inches) | 0 |
| | Usable Soil Depth (inches) | 50 |
| | Tank Size (gallons) | 1000 |
| | Required Feet of Line (repair) | 300 |
| | Designed Feet of Line (repair) | 300 |

PROPERTY ID #: 4788969034.000
COUNTY: Iredell

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

OWNER: Dustin McClure // Martin Ray Holdings, LLC
ADDRESS: 114 Morlake Dr Ste 103
PROPOSED FACILITY: 3 bedroom house
LOCATION OF SITE: 606 Vaughn Mill Rd

APPLICATION DATE:
DATE EVALUATED: 10/11/2023
PROPERTY SIZE: 0.69 acres
PROPERTY RECORDED:

WATER SUPPLY: ☐ Private ☐ Well ☐ Spring ☑ Other — Municipal

EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

| 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 SAPR CLASS | .1944 RESTR HORIZ | |
| 31 | L / 3% | 0 - 11<br>11 - 40<br>40 - 50 | RB SL WFG<br>R C WFG<br>R CL WFG | FR SS SP<br>FR SS SP<br>FR SS SP | N/A | 50 | N/A | N/A | 0.3+ |
| 32 | L / 4% | 0 - 10<br>10 - 42<br>42 - 54 | B SL WFG<br>R C WFG<br>R CL WFG | FR SS SP<br>FR SS SP<br>FR SS SP | N/A | 54 | N/A | N/A | 0.3+ |
| 33 | L / 4% | 0 - 8<br>8 - 30<br>30 - 55 | B SL WFG<br>R C WFG<br>R CL WFG | FR SS SP<br>FR SS SP<br>FR SS SP | N/A | 55 | N/A | N/A | 0.3+ |
| 34 | L / 3% | 0 - 5<br>5 - 24<br>24 - 55 | RB SL WFG<br>R C WFG<br>BR CL WFS | FR SS SP<br>FR SS SP<br>FR SS SP FSAP | N/A | 55 | N/A | N/A | 0.3+ |
| 35 | L / 3% | 0 - 13<br>13 - 22<br>22 - 52 | B SL WFG<br>RB SCL WFG<br>R C WFG | FR SS SP<br>FR SS SP<br>FR SS SP | N/A | 52 | N/A | N/A | 0.3+ |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 300 | 300 |
| System Types(s) | ACCEPTED | ACCEPTED |
| Site LTAR | 0.3 | 0.3 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): S
EVALUATED BY: OVERBY
OTHER(S) PRESENT:

LICENSED SOIL SCIENTIST JAMES WENDELL OVERBY 1215 N.C. NORTH CAROLINA

COMMENTS:

## NOTES & LEGENDS

1. REFER TO ENGINEERING STRUCTURAL DRAWINGS (S-#) FOR BEARING WALL LOCATIONS AND FOR ALL BEAM & HEADER SIZES AND BEARING WALL LOCATIONS
2. ALL BEARING WALLS SHALL BE 16" O.C. WALL CONST. W/ DOUBLE TOP PLATE U.N.O.
3. ALL INTERIOR NON BEARING DOOR & WINDOW HEADERS SHALL BE (1) 2x4 OR (1) 2x6 W/VERTICAL CRIPPLERS @ 2'-0" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE.
4. (2) HOSE BIBS SHALL BE INSTALLED, LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR

OPTIONAL WINDOW | 2X4 FRAME WALL | 2X6 FRAME WALL | BALLOON FRAME WALL (PER STRUCTURALS)

## KEYNOTES

A1 GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL
A2 22"X30" ATTIC ACCESS CONSTRUCTED WITH GYP. BD. (5/8" TYPE X AT GARAGE) WITH DOOR TRIM FRAME ACCESS SUPPORT
A3 INSTALL W/H ON 30" x 30" x 18" HIGH PLATFORM AND STRAP AS REQUIRED BY MUNICIPALITY. INSTALL PIPE BOLLARD 12" OFF FRAME WALL EACH SIDE AS REQUIRED PER MUNICIPALITY. W/H SHALL BE INSTALLED IN BASEMENT WITH BSMT FOUNDATION
A4 PULL DOWN STAIRS 25.5" x 54"
A5 TEMPERED SAFETY GLASS PER IRC R308.4
A6 HOUSE TO GARAGE DOOR SEPARATION. PROVIDE APPROVED 20 MINUTE RATED DOOR PER IRC 302.5.1
A7 STEPS AS REQUIRED
A8 LOUVERED DOOR W/ GAS FURNACE
A9 24" WIDE, DOUBLE FRAME 2X4 WALL AT ELECTRICAL PANEL. HOLD OFF GARAGE FINISHED FLOOR 42", EXTEND TO CEILING. P.T. LUMBER WHEN IN CONTACT WITH MASONRY.

D1 DRYWALL SOFFIT - 12" DROP FROM CEILING LINE
D2 DRYWALL SOFFIT - 8" DROP FROM CEILING LINE

K1 38" KNEE WALL WITH CAP PER SPECS
K2 38" KNEE WALL WITH 1x CAP
K3 48" KNEE WALL WITH CAP PER SPECS
K4 34 1/2" KNEE WALL
K5 42" KNEE WALL WITH 1x CAP

P1 30" X 60" SHOWER ENCLOSURE PER SPECS
P2 30" X 60" TUB PER SPECS
P3 34" X 60" SHOWER ENCLOSURE PER SPECS

S1 BOX STAIR WITH 38" KNEE WALL & 1X CAP
S2 1X CAPPED STRINGER, TOP AT 3" ABOVE TREAD

## door schedule

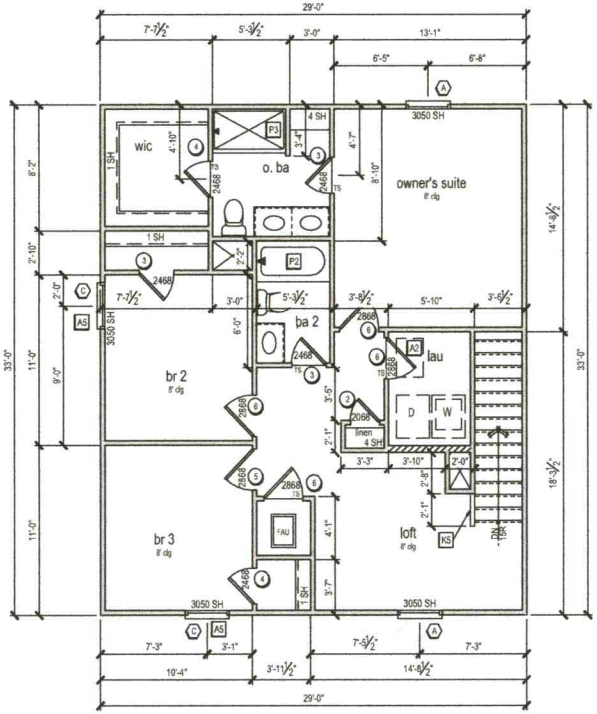
| # | QTY. | TYPE | SIZE | SWING | NOTES |
|---|---|---|---|---|---|
| 1 | 1 | EXTERIOR | 3'-0"x6'-8" | RIGHT | FRONT DOOR |
| 2 | 1 | INTERIOR | 2'-0"x6'-8" | RIGHT | |
| 3 | 4 | INTERIOR | 2'-4"x6'-8" | RIGHT | |
| 4 | 4 | INTERIOR | 2'-4"x6'-8" | LEFT | |
| 5 | 1 | INTERIOR | 2'-8"x6'-8" | RIGHT | |
| 6 | 5 | INTERIOR | 2'-8"x6'-8" | LEFT | |
| 7 | 1 | GARAGE ENTRY | 2'-8"x6'-8" | RIGHT | |
| 8 | 1 | EXTERIOR | 5'-0"x6'-8" | RIGHT | GLASS PATIO SLIDER |
| 9 | 1 | GARAGE OVERHEAD | 16'x7' | OHD | NON-INSULATED |
| TOTAL | 19 | | | | |

## window schedule 'A'

| X | QTY. | TYPE | SIZE | NOTES |
|---|---|---|---|---|
| A | 4 | SINGLE HUNG | 3'-0"x5'-0" | |
| B | 1 | SINGLE HUNG | 2'-0"x3'-0" | |
| C | 2 | SINGLE HUNG | 3'-0"x5'-0" | TEMPERED |
| TOTAL | 7 | | | |

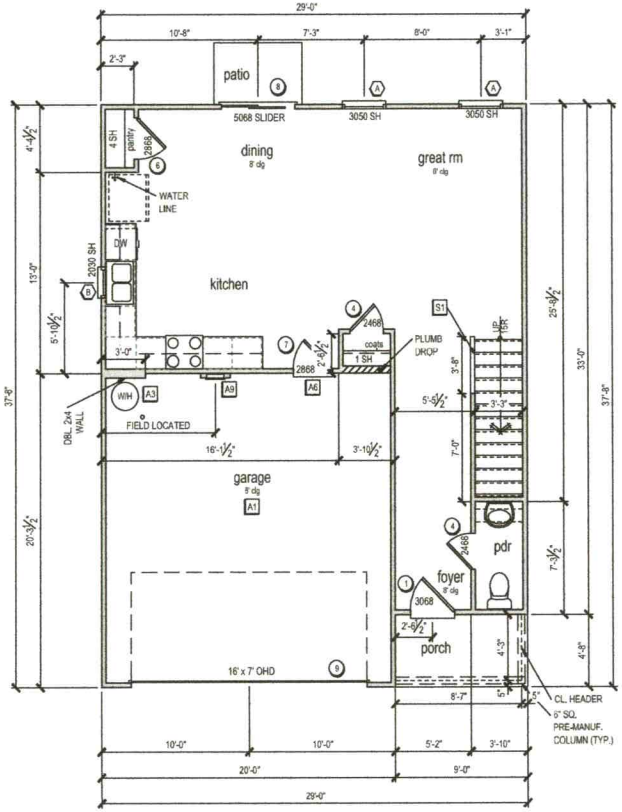
## area tabulation 'a'

| | |
|---|---|
| GARAGE | 401 SF |
| FRONT PORCH | 42 SF |
| REAR PATIO | 24 SF |
| | |
| FLOOR 1 LIVING | 649 SF |
| FLOOR 2 LIVING | 917 SF |
| TOTAL LIVING | 1,566 SF |




## SECOND FLOOR PLAN 'A'

1/8" = 1'-0" @ 11x17
1/4" = 1'-0" @ 22x34




## FIRST FLOOR PLAN 'A'

1/8" = 1'-0" @ 11x17
1/4" = 1'-0" @ 22x34

CENTURY Complete

REFER TO COVER SHEET FOR DESCRIPTION

GL-23.1

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PLAN NUMBER: 32921566

RELEASE DATE: 01.30.2023

MODEL: AUBURN

DRAWING TITLE: FIRST & SECOND FLOOR PLAN

SHEET NO: A3.1-A

## NOTES & LEGENDS

1. REFER TO ENGINEERING STRUCTURAL DRAWINGS (S-#) FOR BEARING WALL LOCATIONS AND FOR ALL BEAM & HEADER SIZES AND BEARING WALL LOCATIONS
2. ALL BEARING WALLS SHALL BE 16" O.C. WALL CONST. W/ DOUBLE TOP PLATE U.N.O.
3. ALL INTERIOR NON BEARING DOOR & WINDOW HEADERS SHALL BE (1) 2x4 OR (1) 2x6 W/VERTICAL CRIPPLERS @ 2'-0" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE.
4. (2) HOSE BIBS SHALL BE INSTALLED, LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR

OPTIONAL WINDOW | 2X4 FRAME WALL | 2X6 FRAME WALL | BALLOON FRAME WALL (PER STRUCTURALS)

## KEYNOTES

A1 GARAGE CEILING - 5/8" TYPE X DRYWALL WITH LIVING ABOVE - 1/2" DRYWALL - NO LIVING ABOVE
VERTICAL SURFACE WALLS - 1/2" DRYWALL AT INSULATED WALLS
A2 22"X30" ATTIC ACCESS CONSTRUCTED WITH GYP. BD. (5/8" TYPE X AT GARAGE) WITH DOOR TRIM FRAME ACCESS SUPPORT
A3 INSTALL W/H ON 30" x 30" x 18" HIGH PLATFORM AND STRAP AS REQUIRED BY MUNICIPALITY. INSTALL PIPE BOLLARD 12" OFF FRAME WALL EACH SIDE AS REQUIRED PER MUNICIPALITY. W/H SHALL BE INSTALLED IN BASEMENT WITH BSMT FOUNDATION
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D1 DRYWALL SOFFIT - 12" DROP FROM CEILING LINE
D2 DRYWALL SOFFIT - 8" DROP FROM CEILING LINE

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K2 36" KNEE WALL WITH 1x CAP
K3 46" KNEE WALL WITH CAP PER SPECS
K4 34 1/2" KNEE WALL
K5 42" KNEE WALL WITH 1x CAP

P1 30" X 60" SHOWER ENCLOSURE PER SPECS
P2 30" X 60" TUB PER SPECS
P3 34" X 60" SHOWER ENCLOSURE PER SPECS

S1 BOX STAIR WITH 36" KNEE WALL & 1X CAP
S2 1X CAPPED STRINGER, TOP AT 3" ABOVE TREAD

## door schedule

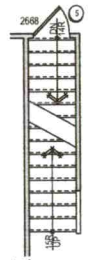
| # | QTY. | TYPE | SIZE | SWING | NOTES |
|---|---|---|---|---|---|
| 1 | 1 | EXTERIOR | 3'-0"x6'-8" | LEFT | FRONT DOOR |
| 2 | 1 | INTERIOR | 2'-0"x6'-8" | RIGHT | |
| 3 | 2 | INTERIOR | 2'-4"x6'-8" | LEFT | |
| 4 | 3 | INTERIOR | 2'-4"x6'-8" | RIGHT | |
| 5 | 1 | INTERIOR | 2'-6"x6'-8" | LEFT | |
| 6 | 4 | INTERIOR | 2'-8"x6'-8" | LEFT | |
| 7 | 3 | INTERIOR | 2'-8"x6'-8" | RIGHT | |
| 8 | 1 | GARAGE ENTRY | 2'-8"x6'-8" | LEFT | |
| 9 | 1 | EXTERIOR | 5'-0"x6'-8" | RIGHT | GLASS PATIO SLIDER |
| 10 | 1 | GARAGE OVERHEAD | 16'x7' | OHD | NON-INSULATED |
| TOTAL | 18 | | | | |

## window schedule 'a'

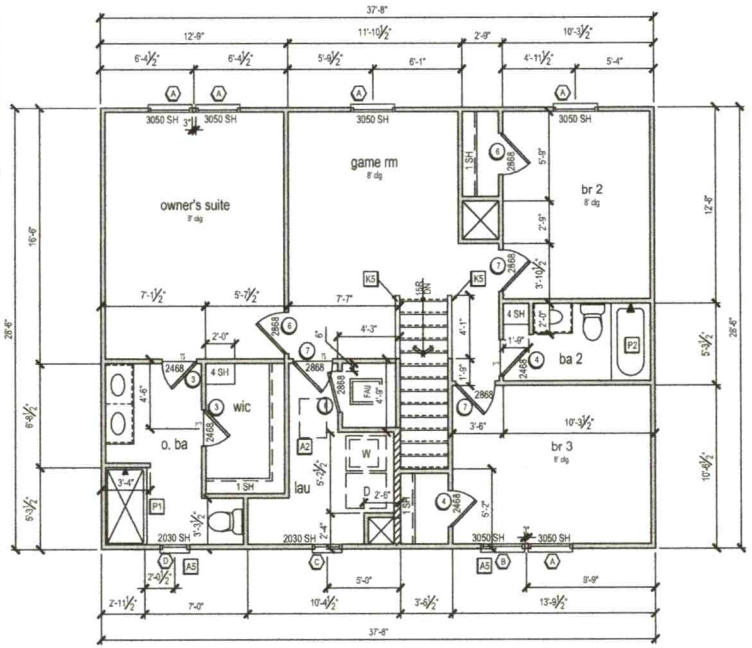
| X | QTY. | TYPE | SIZE | NOTES |
|---|---|---|---|---|
| A | 7 | SINGLE HUNG | 3'-0"x5'-0" | |
| B | 1 | SINGLE HUNG | 3'-0"x5'-0" | TEMPERED |
| C | 1 | SINGLE HUNG | 2'-0"x3'-0" | |
| D | 1 | SINGLE HUNG | 2'-0"x3'-0" | TEMPERED |
| TOTAL | 10 | | | |

## area tabulation 'a'

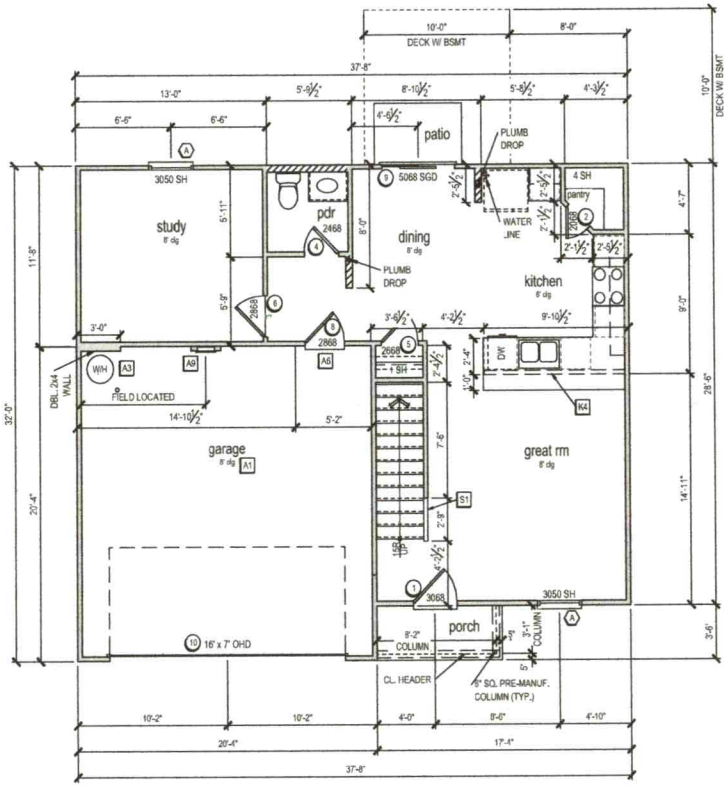
| | |
|---|---|
| GARAGE | 409 SF |
| FRONT PORCH | 30 SF |
| REAR PATIO | 24 SF |
| | |
| FLOOR 1 LIVING | 736 SF |
| FLOOR 2 LIVING | 1,038 SF |
| TOTAL LIVING | 1,774 SF |




opt. basement




SECOND FLOOR PLAN 'A'
1/8" = 1'-0" @ 11x17
1/4" = 1'-0" @ 22x34




FIRST FLOOR PLAN 'A'
1/8" = 1'-0" @ 11x17
1/4" = 1'-0" @ 22x34

CENTURY Complete

REFER TO COVER SHEET FOR DESCRIPTION

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PLAN NUMBER: 33821775
RELEASE DATE: 07.10.2023

MODEL: DAVIDSON
DRAWING TITLE: FIRST & SECOND FLOOR PLAN
SHEET NO: A3.1-A