ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # R304534

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

PIN # 4850 -00 - 2442

APPLICANT/OWNER: Ginger Dowdle | APPLICANT ADDRESS: —

SITE ADDRESS: 150 Coca Lane Olin NC 28660 | PHONE: 704 202 4971 | ALT. PHONE —

SITE DIRECTIONS: Jennings Rd ; Olin Loop Rt Coca Lane on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Olin Ridge | SECTION: 2 | LOT # 3 | LOT AREA: .68 Acres | DESIGN FLOW: 240 | L.T.A.R.: .80

Septic Tank	1000 (gal)	STB	864	Date	6-29-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 2	Water Supply
Pump Tank	1000 (gal)	PT	169	Date	10-23-20	System Description: LP- Horizontal Panel 50% Reduction				☐ Business	No. Persons 4	☒ Private
Pump Make	Gatlis	Model	UEO132MV	Serial #	2054767	Repair System Description: LP- 50% Reduction				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	160	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36	Trench Bottom Depth(Low side)	55	Gravel Depth			☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Davis Group P.A.

LSS # 1313

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.

	Date	Initials
Drain Lines Checked	3-9-21	
Tanks Checked	3.9.21	
Pressure Manifold or Valve Box Checked	3-9-21	
Pressure Head Set	3-9-21	
Electrical Checked	3.30.21	
Floats Set	3-9-21.	
Alarm Checked	3.30.21	
Maintenance Contract (Y) N	4-5-20	

Code 6162

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**

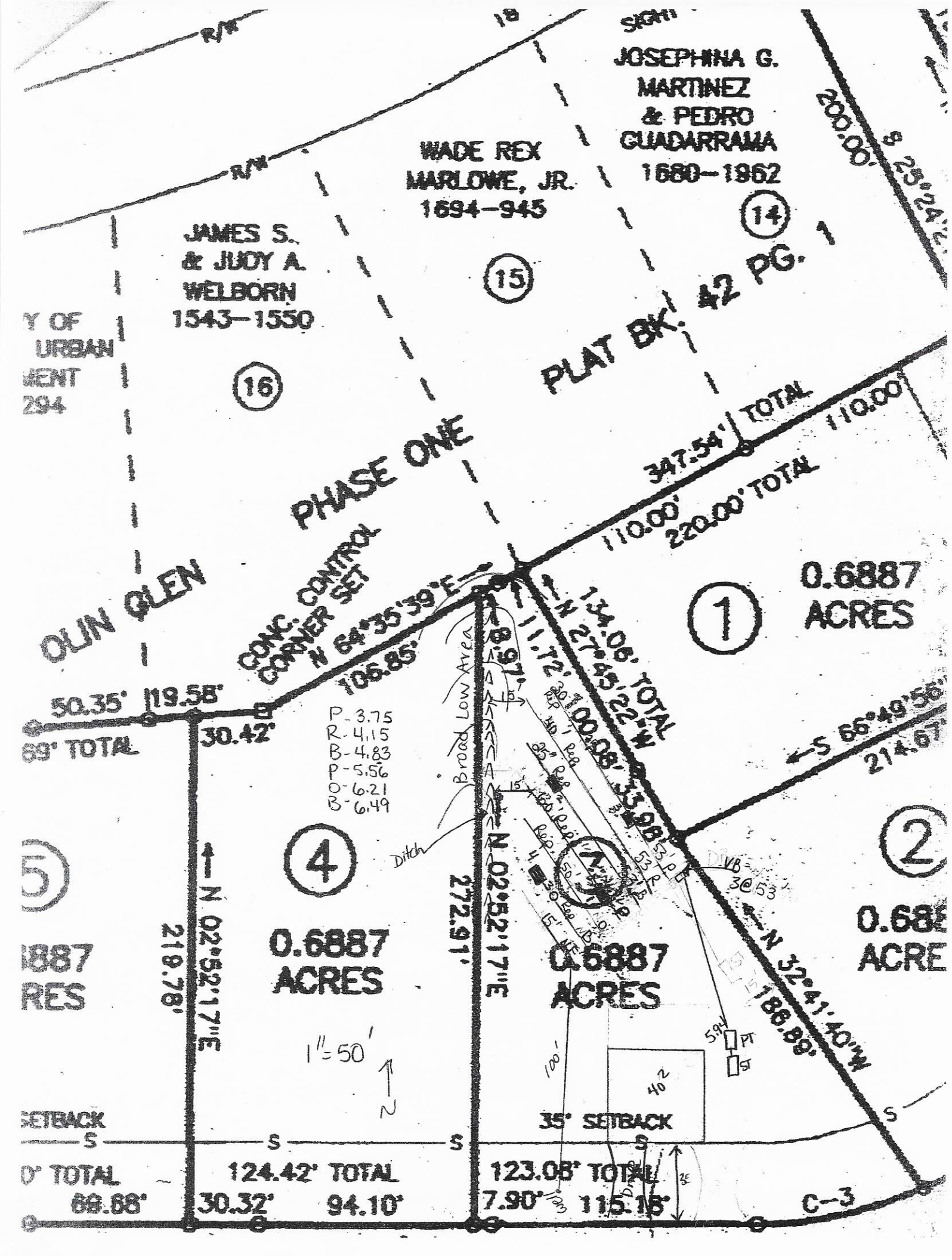
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Regina C Dowdle | Date: 1/25/2021 | Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Benjamin A. Bolton | Date: 1-15-2021 | OPERATION PERMIT by: | Date: 4-5-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolton | Date: 1-15-2021. | Existing System Inspected by: | Date:

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


R/W
R/W
JOSEPHINA G. MARTINEZ & PEDRO GUADARRAMA 1680–1962
WADE REX MARLOWE, JR. 1694–945
JAMES S. & JUDY A. WELBORN 1543–1550
14
15
16
PLAT BK. 42 PG. 1
PHASE ONE
OLIN GLEN
CONC. CONTROL CORNER SET
N 64°35'39"E
106.85'
347.54' TOTAL
110.00'
220.00' TOTAL
110.00'
200.00'
S 25°24'
50.35'
119.58'
30.42'
69' TOTAL
P-3.75
R-4.15
B-4.83
P-5.56
O-6.21
B-6.49
Broad Low Area
Ditch
N 27°43'22"W
134.08' TOTAL
100.08'
35.98'
S 66°49'56"
214.67'
1
0.6887 ACRES
2
0.6887 ACRES
4
0.6887 ACRES
5
0.6887 ACRES
N 02°52'17"E
272.91'
N 02°52'17"E
218.78'
N 32°41'40"W
186.89'
1" = 50'
N
35' SETBACK
35' SETBACK
124.42' TOTAL
30.32'
94.10'
123.08' TOTAL
7.90'
115.18'
C-3
88.88'

Olin Ridge Lot 3 Septic System Information

Number of Bedrooms	2
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	240
LTAR (gpd/ft2)	0.25
Primary System Type	**HLP PPBPS**
No. Lines	3 (See Table)
Total Linear Feet	160
Trench Width	3'
Trench Spacing	9'
Max Trench Depth	55"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	65' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	21 gpm
Elevation head	Approx. 8.2'
Pressure head	2
Friction head	1
20% Contingency	2.4'
Total Head	12.6'
Pump Requirements	21 gpm @ 12.6' of head To be designed by installer.
Maximum Dosing Volume	129.6 gal -2.2 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	250
Repair LTAR	0.25
Repair Trench Depth	55"

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	Pink	LPPPBPS	30	3.75				
2	System	Pink	LPPPBPS	54 endfed	3.75	12	12	1 per panel	3/16"
3	System	Red	LPPPBPS	53 endfed	4.15	12	12	1 per panel	3/16"
4	Repair	Red	LPPPBPS	40	4.15				
5	System	Blue	LPPPBPS	53 endfed	4.83	12	12	1 per panel	3/16"
6	Repair	Blue	LPPPBPS	25	4.83				
7	Repair	Pink	LPPPBPS	60	5.56				
8	Repair	Orange	LPPPBPS	50	6.21				
9	Repair	Blue	LPPPBPS	30	6.49				
10	Repair	NF	LPPPBPS	15					
						Total: 36	Total: 36 (1 in each panel turned up)		
				Total System: 160'					
				Total Repair: 250'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	5.9
House	Blue		

Notes: Tanks and distribution devices can be altered at ICHD discretion
Deep installation, needs vents

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: Ginger Dowdle
ADDRESS: ___
APPLICATION DATE ___
DATE EVALUATED: 4/2020
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 340
PROPERTY SIZE: 0.69 ± ac
LOCATION OF SITE: Lot 3 Olin Ridge
PROPERTY RECORDED: yes
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 3-5%	0-37	Tiger Dirt/2 chr		R; C sap	72+	N/A	0-37"	0.3 below 37"
		37-72	WK SBK C	FR SS/SP					
2	L 3-5%	0-38	Tiger Dirt		R; C sap	72+	N/A	0-38"	0.3 below 38"
		38-72	WK SBK C	FR SS/SP					
3	L 3-5%	0-23	WK ABK C	FI S/P	R; C yel Br	72+	N/A	N/A	0.3 below 23"
		23-72	WK SBK C	FR SS/SP	R; C sap				
4	L 3-5%	0-32	ABK C	FI S/P	R; 2 chroma	72+	N/A	0-32"	0.25 below "
		32-72	WK SBK C	FR SS/SP	R; F sap				
					opp wall | root depth				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	PPBPS	LP PPBPS
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): 60" TP
SITE CLASSIFICATION (.1948): Needs vents
EVALUATED BY: KMS
OTHER(S) PRESENT: ___

COMMENTS: Needs vents

Kathleen Saunders

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
1313
STATE OF NORTH CAROLINA

Updated February 2014

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 150 Cora Lane

Date: January 4, 2021

Attached is the septic specification information required to permit 150 Cora Lane for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

RECEIVED JAN 6 - 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $1200.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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

AP- 304534

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: Ginger Dowdle Address: _____ Zip: _____

Applicant Email: _____ Phone: 704-202-4971 Alt. Phone: _____

Owner Name: same Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

****

Property Information:

Street Address: 150 Cora LN Statesville

Subdivision Name: Olin Ridge Section/Phase: _____ Lot Number: 3

Driving Directions: Jennings Rd, Olin Loop, R Cora LN, on R

****

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 2 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) 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: _____

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

****

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) 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?
( ) Yes (X) 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: Kathleen Saunders 1/4/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

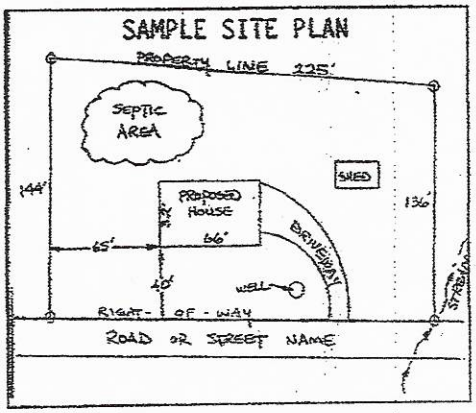
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

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

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- (✓) Preferred well location
- (✓) Preferred septic system location
- (✓) 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)

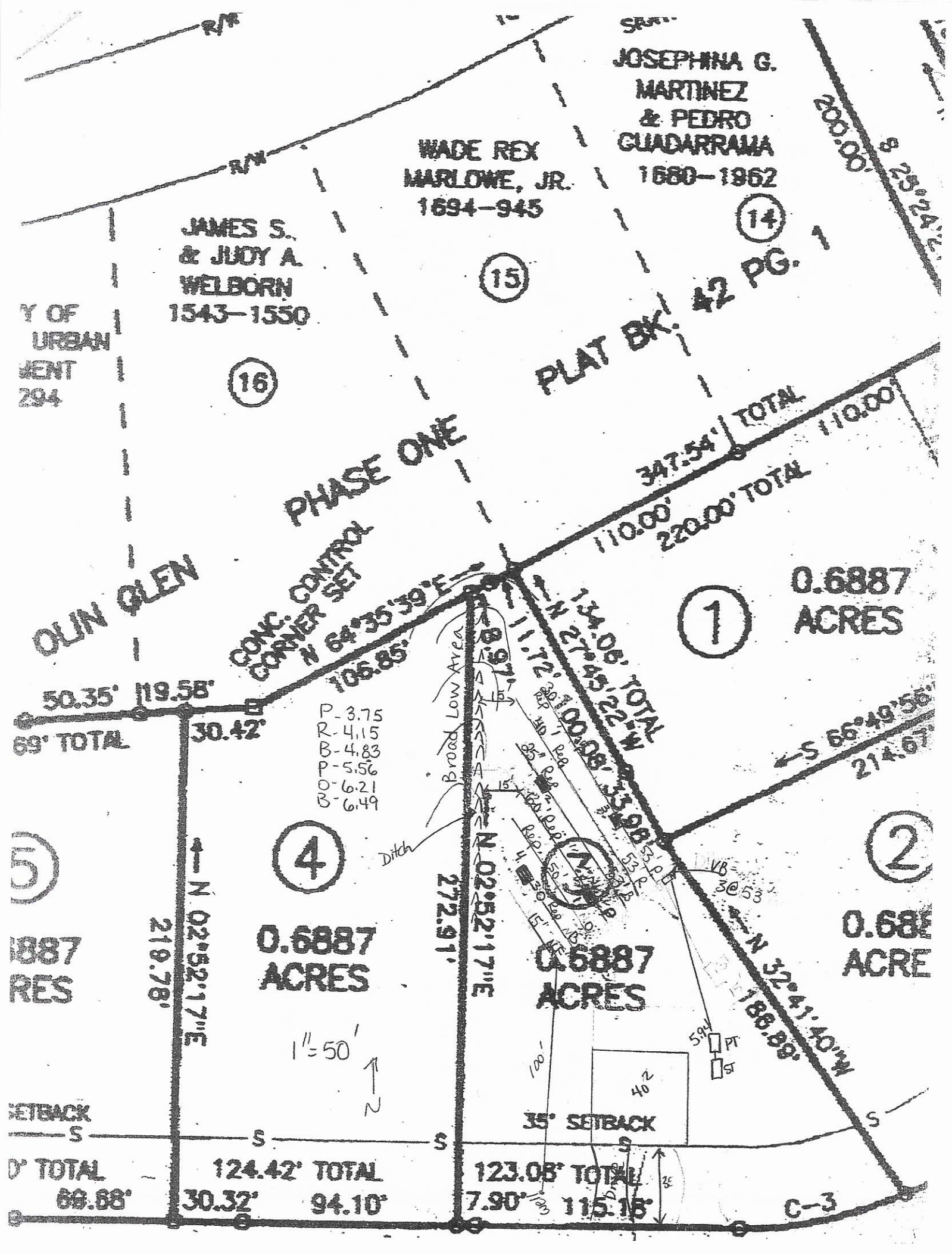
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Please see Attached

Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/4/21
DATE


JOSEPHINA G. MARTINEZ & PEDRO GUADARRAMA 1680–1862
WADE REX MARLOWE, JR. 1694–945
JAMES S. & JUDY A. WELBORN 1543–1550
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SETBACK
69.88'
124.42' TOTAL
30.32'
94.10'
123.05' TOTAL
7.90'
115.15'
C-3

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Dixieland Inc - Regina Dowdle, am the legal owner of the property located at 150 Cora Lane Olin NC 28660, identified as PIN(Parcel Identification Number) 4850002442, located in Iredell County, North Carolina.

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

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Regina C Dowdle — 1/6/2021
Signature of Owner — Date

Regina Dowdle — 1/6/2021
Signature of Witness — Date

38'8
20'8
18'
10'6
10'2
150 Carlson
Kathleen Saunders
5-5-2020
Benjamin Bluth
13'10
20'
18'
Porch
6'
6'
Bedroom 2
7'11
10'4
51'
10'
5'8
10'
13'1
Living room
2'5
2'9
5'4
8'2"4
10'2
1'11"4
7'10
8'5
4'3
Dining
Kitchen
Master bedroom
12'7
7'9
4'
27'2
17'5
3'2
6'7
51'
2'7
9'9
2'10
13'2
2'10
2'4
5'6
15'2
18'4
39'