BLDR-2025-83720

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 2025 - 82985

PIN # 4861 - 32 - 0094

APPLICANT/OWNER: Soni - Fifth Holdings LLC | APPLICANT ADDRESS: 148 Bain Ln Mooresville NC 28117

SITE ADDRESS: 103 Willies Ln Olin NC 28660 | PHONE: 7049299876 | ALT. PHONE 919 8009252

SITE DIRECTIONS: Hwy 21 N → (L) Tabor Rd → (L) Speaks Rd → (L) Padget Farms Ln | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Padget Farms | SECTION: P3 | LOT # 45 | LOT AREA: 0.459 | DESIGN FLOW: 360 | L.T.A.R.(Initial): 0.3 | L.T.A.R (Repair): 0.3

Septic Tank	1000	(gal)	STB 760	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT	Date	System Description:	Accepted Chambers 11b			☐ Business	No. Persons	6	☐ Private
Pump Make		Model		Serial #	Repair System Description:	Pump to HPPBPS 111b			☐ Other	No. Employees	—	☒ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	*Max. Trench Depth(Initial)	15"	*Max. Trench Depth(Repair)	15"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

* Measured on the downhill side of the trench | Effluent Standard: ☒ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40 | Usable Depth to LC (Initial): 27" | Usable Depth to LC (Repair): 27" | *Limiting Condition*

Comments / Conditions: Do not pave, grade, drive, park, or bury Utilities in drain field area. Divert all drainage from septic area. 6" Soil cap required.

INITIAL SITE SKETCH

Improvement permit issued pursuant to: G.S. 130A-335(a2) * (a4) using signed * sealed LSS/LG Evaluation attached, from Travis Brown

LSS # 1353

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

AOWE # 10062E

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 Drawn

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 | Date: — | Installed by: Andrew Daywalt

IMPROVEMENT PERMIT by: Sarah Williams | Date: 9/11/2025 | OPERATION PERMIT by: Cory Hill | Date: 11/18/25

AUTHORIZATION TO CONSTRUCT by: Sarah Williams | Date: 9/11/2025 | Existing System Inspected by: | Date:

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

EAGLE ENGINEERING

Creating Communities. Together.

103 WILLIES LANE

A2 Permit Form

103 WILLIES LANE

OLIN, NORTH CAROLINA

EEI PROJECT NUMBER 8843

AUGUSt 23, 2025

NC ONSITE WASTEWATER EVALUATOR
Certification Number
10062E
Travis Brown
08/23/2025

SUBMITTED BY:
Travis H. Brown, LSS
EAGLE ENGINEERING, INC
2013A VAN BUREN AVENUE
INDIAN TRAIL, NORTH CAROLINA 28079

LICENSED SOIL SCIENTIST
TRAVIS BROWN
1353
STATE OF NORTH CAROLINA
Travis Brown
08/23/2025

TABLE OF CONTENTS

1.0 Parameters and Conditions 1

APPENDICES

Appendix A – GS130a-335a2-CommonForm
Appendix B – Site Plan
Appendix C – Soil Notes

1.0 Parameters and Conditions

- Design flow with residential systems utilizes the number of bedrooms and assumes no more than two residents per bedroom at 60 gallons per resident or 120 gallons per bedroom.
- No garbage disposal should be added to the wastewater system.
- Water softener should not be added to the wastewater system.
- Fats, oils and grease should not be flushed down any pipes leading to the wastewater system.
- There shall be no grading, cutting, logging, or other soil disturbance in the area
- There should be no traffic over the wastewater system.
- Eagle Engineering requires a preconstruction meeting prior to any installation.
- No clearing of the septic area during wet conditions
- All installation work shall be performed by a licensed Wastewater system installer.
- Do not install during wet conditions.
- Leech line lengths may vary and placement may vary from the design, provided the installer keeps the system within the designated usable area and adheres to all required setbacks

Appendix A - GS130a-335a2-CommonForm

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 submitted 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:
☑ (a2) Improvement Permit ☐ (a2) Construction Authorization ☐ (a2) Repair/Construction Authorization

Please check one of the following:
☑ New Construction ☐ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair
☑ 5 Year Expiration Requested (site plan provided)
☐ Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a)

Property Owner Name: Empire House Buyers, LLC
Property Owner Mailing Address: _____
Property Owner Phone Number: _____
Property Owner Email Address: _____

Applicant Name: _____
Applicant Mailing Address: _____
Applicant Phone Number: _____
Applicant Email Address: _____

Does the property include, or is subject to, any of the following:
☐ Yes ☑ No Previously identified jurisdictional wetlands
☐ Yes ☑ No Existing or proposed easements, rights-of-way, encroachments, or other areas subject to legal restrictions
☐ Yes ☑ No Approval by other public agencies

A site plan or plat is required, **OR** the site sketch submitted from the LSS/AOWE, must include the following:
(A) existing and proposed facilities, structures, appurtenances, and wastewater systems
(B) proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s)
(C) existing and proposed vehicular traffic areas
(D) existing and proposed water supplies, wells, springs, and water lines; and
(E) surface water, drainage features, and all existing and proposed artificial drainage, as applicable.

Requesting DHHS review: ☐ Yes ☑ No

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: Travis Brown Date: 08-23-2025

Owner's Signature: _____ Date: _____

Permit/File #: OSWP 2025-82985

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Submittal Includes: ■ **(a2) Improvement Permit** ■ **(a2) Construction Authorization** ☐ **Fee $**_____

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

County: Iredell

PIN/Lot Identifier: 4861320694

Issued To: Empire House Buyers, LLC

Property Location: 103 Willies Lane Olin, NC 28660

Subdivision (if applicable)_____ Lot #: _____ Block: _____ Section: _____

LSS Report Provided: Yes ■ No ☐

If yes, name and license number of LSS: Travis Brown #1353

New ■ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: Single Family Dwelling

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

Design Wastewater Strength: ■ 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*: Accepted (Chambers) IIb (Initial) Pump Required: ☐ Yes ■ No ☐ May be required

Proposed Wastewater System Type*: Pump to HPPBPS IIIb (Repair) Pump Required: ■ Yes ☐ No ☐ May be required

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

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

Saprolite System (Initial): ☐ Yes ■ No Saprolite System (Repair): ☐ Yes ■ No

Fill System (Initial): ☐ Yes ■ 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 ■ 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)[x]: 27 Usable Depth to LC (Repair)[x]: 27 ***[x] Limiting Condition***

Max. Trench Depth (Initial)[‡]: 15 Max. Trench Depth (Repair)[‡]: 15 ***[‡] Measured on the downhill side of the trench***

Artificial Drainage Required: ☐ Yes ■ No If yes, please specify details: _____

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ■ Municipal Supply ☐ Spring ☐ Other:_____

Drainfield location meets requirements of Rule .0508: Yes ☐ No ■ Drainfield location meets requirements of Rule .0601: Yes ☐ No ■

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

Permit conditions:
Do not cut or fill area. Fence of the initial septic area to protect it as soon as possible to prevent traffic over the area and further disturbance.
Should any site conditions change, permit is subject to be revoked
6" of soil cover/cap

Licensed Soil Scientist Print Name: Travis Brown

Licensed Soil Scientist Signature: Travis Brown Date: 08-23-2025

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 2025-82985

This Section for Local Health Department Use Only

Initial submittal received: 9/9/2025 (Date) by SW (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: Sarah Williams Date: 9/11/2025

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: 9/11/2030

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP 2025 - 82985

Re-submittal of Improvement Permit

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

The following items are being resubmitted pursuant to G.S. 130A-335(a3) for issuance of the Improvement Permit:

_____

_____

_____

_____

I, _____ hereby attest that the information required to be included with this re-submittal
Licensed Soil Scientist (Print Name)
is accurate and complete to the best of my knowledge and that the proposed Improvement Permit meets all 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 Improvement Permit

The review for completeness of this Improvement Permit re-submittal 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: _____ Date: _____

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP 2025 82985

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

County: Iredell **Pre-Construction Conference Required:** Yes ☒ No ☐

PIN/Lot Identifier: 4861320694

Issued To: Empire House Buyers, LLC

Property Location: 103 Willies Lane Olin, NC 28660

AOWE/PE Plans/Evaluations Provided: Yes ☒ No ☐ If yes, name and license number of AOWE/PE: Travis Brown 10062E

Facility Type: Single Family Dwelling

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

☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No

Crawl Space? ☐ Yes ☒ No Slab Foundation? ☒ Yes ☐ No

Type of Wastewater System* Accepted (Chambers) IIb (Initial) Pump to HPPBPS IIIb (Repair)

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

Design Daily Flow: 360 GPD Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process WW

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

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

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☒ Municipal Supply ☐ Spring ☐ Other: _____

Installation Requirements/Conditions

Septic Tank Size: 1,000 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)[x]: 27 [x]***Limiting condition***

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth[‡]: 15 inches [‡] ***Measured on the downhill side of the trench***

Pump Tank Size (if applicable): N/A gallons Requires more than 1 pump? ☐ Yes ☐ No

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

Distribution Method: ☐ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: _____

Artificial Drainage Required: Yes ☐ No ☐ 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 ☒ No Declaration of Restrictive Covenants: ☐ Yes ☒ No

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

Management Entity Required: ☐ Yes ☒ No Minimum O&M Requirements: _____

Permit conditions:
Do not cut or fill area. Fence off the initial septic area to protect it as soon as possible to prevent traffic over the area and further the distance.
Should any site conditions change, permit is subject to be revoked
6" of soil cover/cap

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: Travis H. Brown

AOWE/PE Signature: Travis Brown Date: 08/23/2025

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 2025-82985

This Section for Local Health Department Use Only

Initial submittal received: 9/9/2025 (Date) by SW (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: _____

☒ Complete

State Authorized Agent: Sarah Williams Date of Issuance: 9/11/2025

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: 9/11/2030

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP 2025 82985

Re-submittal of Construction Authorization

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

The following items are being resubmitted pursuant to G.S. 130A-335(a5) for issuance of the Construction Authorization:

_____

_____

_____

_____

I, _____hereby attest that the information required to be included with this re-submittal
Authorized Onsite Wastewater Evaluator (Print Name)
is accurate and complete to the best of my knowledge and that the proposed Construction Authorization meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ _____
Signature of Authorized On-Site Wastewater Evaluator *Date*

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

LHD Follow-up Completeness Review of Construction Authorization

The review for completeness of this Construction Authorization re-submittal 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: _____

Complete

State Authorized Agent: _ _____ Date: _ ___ ___

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP 2025 82985

ADDENDUM TO G.S. 130A-335(a2) SUBMITTAL

County: _____

PIN/Lot Identifier: _____

Issued To: _____

Additional Improvement Permit Conditions:

Additional Construction Authorization Conditions:

Appendix B - Site Plan



Legend

- SB
- nc_lincoln_parcels_poly
- SuitableSoilNC
- TankNC
- Driveway
- StepdownNC
- HouseboxNC
- SupplyLineNC
- RepairDrainlineNC
- InitialDrainlineNC
- Property_Line

0 12.5 25 50 US Feet

1:360

Project Name: 8843 - 103 Willies Lane
Owner/Developer: Empire House Buyers, LLC
City/County: Olin/Iredell
Tax Parcel(s): 4861320694

EAGLE ENGINEERING

Creating Communities. Together.

Appendix C – Soil Notes

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4861320694
COUNTY: ~~Iredell~~ → 486182 1441

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

OWNER: Empire House Buyers, LLC & Cash House buyers USA, LLC DATE EVALUATED: 7/8/25
ADDRESS:
PROPOSED FACILITY: SFD PROPOSED DESIGN FLOW (.0400): 360 PROPERTY SIZE:
LOCATION OF SITE: 103/104 Willies lane PROPERTY RECORDED:
WATER SUPPLY: ☐ Public ☐ Single Family Well ☐ Shared Well ☐ Spring ☐ Other WATER SUPPLY SETBACK:
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
1	L 2%	0-3	SBK/SCL	SS/SP/FR/Se NP		28"			S 0.3	1"
		3-25	SBK/SiC	SS/P/Fi/Se NP						
		25-28	WSBK/SiC	SS/SP/Fr/Se NP						
		28	SgP							
2	L 2%	0-26	SBK/SCL	SS/SP/Fr/Se NP		36"			S 0.3	1"
		26-36	SBK/SiC	S/P/Fi/Se NP						
3	D 11%	0-31	SBK/SaCL	SS/SP/FR/Se NP		36"			S 0.3	6"
		31-36	SBK/SiL	S/P/Fi/SeNP						
4	D 11%	0-2	SBK/SCL	SS/SP/Fr/Se NP		36"			S 0.3	6"
		2-16	SBK/SaL	S/P/Fi/Se NP						
		16-30	SBK/SCL	SS/SP/Fr/Se NP						
		30-36	SBK/SiC	S/P/Fi/Se NP						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	✓	✓
System Type(s)		
Site LTAR		
Maximum Trench Depth		

SITE CLASSIFICATION (.0509): Suitable
EVALUATED BY: T. Brown
OTHER(S) PRESENT:

Comments:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

4861320414

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 486132064
DATE OF EVALUATION: 7/31/25
COUNTY: Iredell

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
5	L 1%	0-3	SBK|SCL	SS|SP|FR|SEPO		36"			S .3	0"
		3-36	SBK|SiC	S|P|FI|SEPO						
6	L 1%	0-2	SBK|SCL	SS|SP|FR|SEPO		36"			S .3	0"
		2-36	SBK|SiC	S|P|FI|SEPO						
7	L 1%	0-4	SBK|SCL	SS|SP|FR|SEPO		36"			S .3	0"
		4-33	SBK|SiC	S|P|FI|SEPO						
		33-36	WSBK|SiC	SS|SP|FR|SEPO						
		36	SAP							
8	L 1%	0-4	SBK|SCL	SS|SP|FR|SEPO		36"			S .3	0"
		4-36	SBK|SiC	S|P|FI|SEPO						
9	L 1%	0-3	SBK|SCL	SS|SP|FR|SEPO		36"			S .3	0"
		3-36	SBK|SiC	S|P|FI|SEPO						

COMMENTS:

WHILE EVERY ATTEMPT HAS BEEN MADE IN THE PREPARATION OF THIS PLAN TO AVOID ERRORS, OMISSIONS, AND MISTAKES, THERE IS NO GUARANTEE AGAINST HUMAN ERROR. THE FOLLOWING MUST BE PERFORMED BEFORE BEGINNING ACTUAL CONSTRUCTION. THE DESIGNER WILL NOT BE LIABLE FOR HUMAN ERROR AFTER CONSTRUCTION BEGINS.

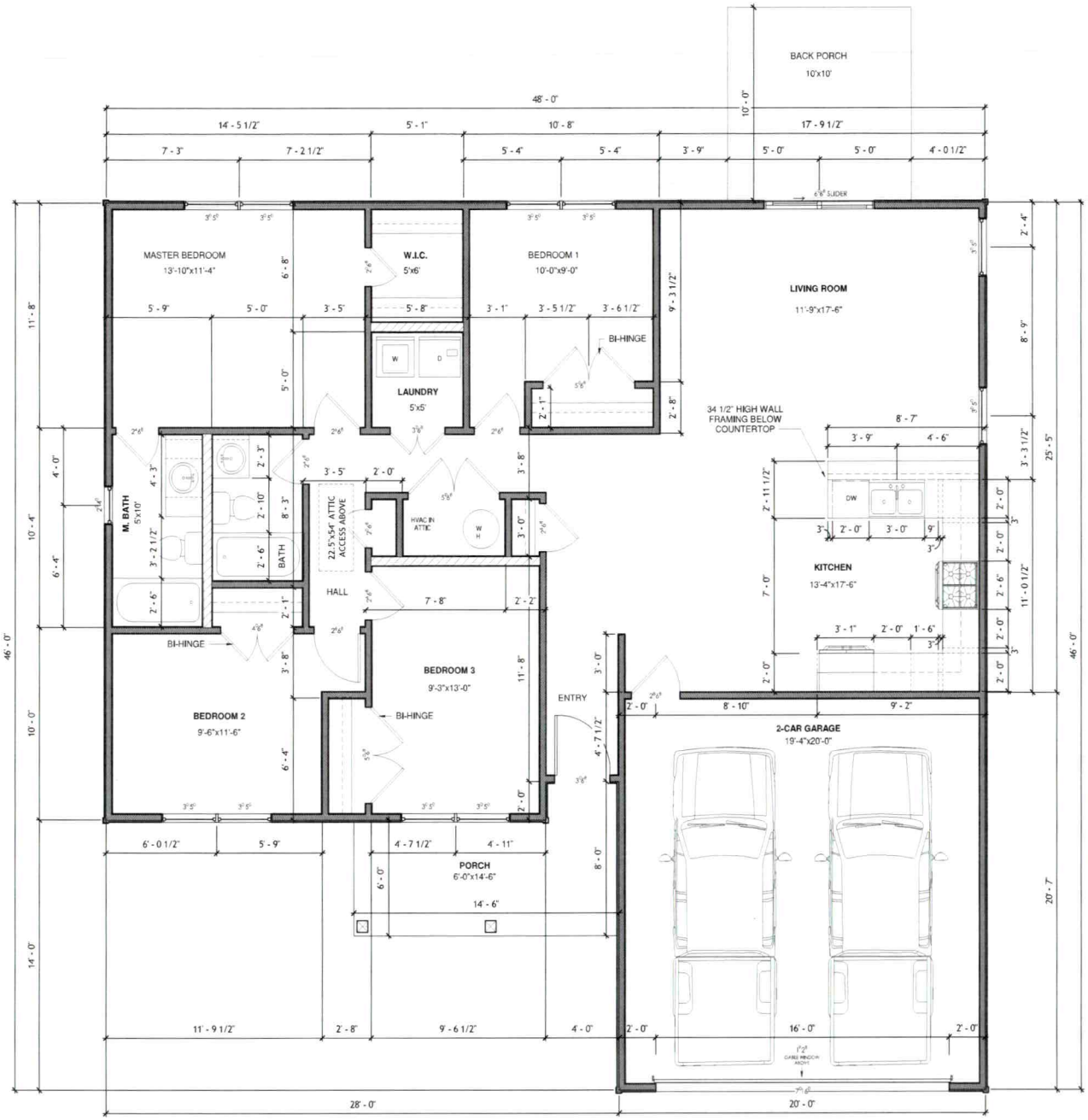
1.) THE CONTRACTOR AND/OR CLIENT SHALL VERIFY ALL CONDITIONS, DIMENIONS, DETAILS, AND SPECIFICATIONS AND BE RESPONSIBLE FOR SAME.

2.) ALL BEAMS & ENGINEERED LUMBER AS SHOWN ON PLAN MUST BE VERIFIED BY ENGINEER, SUPPLIER & CONTRACTOR PRIOR TO THE START OF ANY CONSTRUCTION.

3.) THESE PLANS ARE DESIGNED TO MEET OR EXCEED THE REQUIREMENTS OUTLINED IN THE INTERNATIONAL RESIDENTIAL CODES. YOUR LOCAL CODES MAY VARY FROM THE STANDARDS ON WHICH THESE PLANS ARE BASED. IT IS THE SOLE RESPONSIBILITY OF THE OWNER/CONTRACTOR TO VERIFY THAT ALL APPLICABLE LOCAL CODES ARE MET OR EXCEEDED.

CONTRACTOR TO FIELD VERIFY ALL DIMENSIONS

SQUARE FOOTAGES:	
HEATED:	1,405 SQ.FT.
GARAGE:	405 SQ.FT.
PORCH:	75 SQ.FT.
TOTAL:	1,885 SQ.FT.



2 PLAN
3/8" = 1'-0"

SLATE BUILDING GROUP

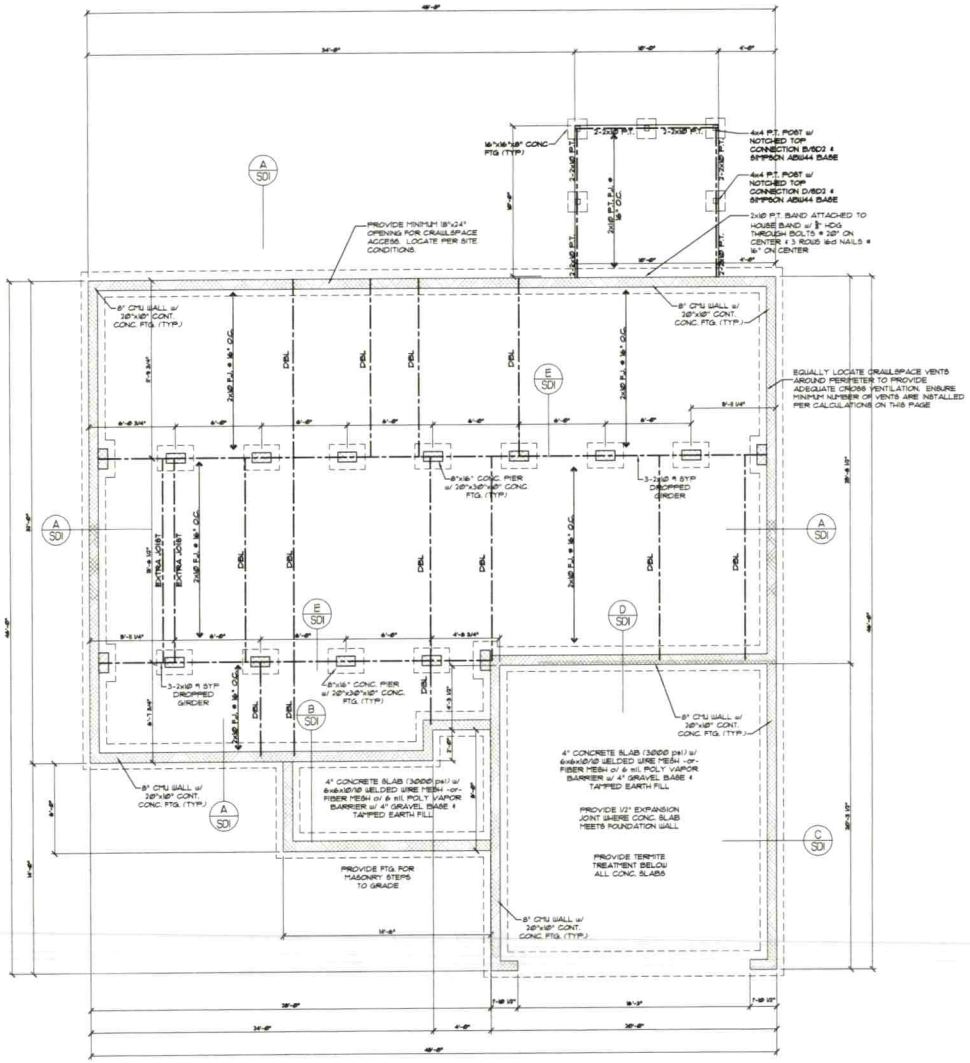
DESIGN DRAWINGS COMPLETED BY:
CODY GATLIN
CODY GATLIN DESIGN, INC.
IRON STATION, NC
704-996-7826
CODYGAT@GMAIL.COM

THE WORTHINGTON

ISSUE	DATE
REVIEW SET	04/01/25
REVISION	DATE

SHEET
A100

FLOORPLAN
SCALE: As Indicated



CRAWL SPACE VENTILATION	
CRAWL SPACE AREA= 1642 SQ.FT.	
1642 SQ.FT. / 150	x 10.94 SQ.FT. (1576 SQ.IN)
1576 SQ.IN. / 68 (SQ.IN.) = 8"x16" NET OPNG.	23.2 VENTS REQUIRED

FOOTING KEY	
1	24"x24"x16" CONC. FTG.
2	30"x30"x12" CONC. FTG. w/ #4 REBAR @ 6" O.C. E.W.
3	36"x36"x12" CONC. FTG. w/ #4 REBAR @ 6" O.C. E.W.
4	42"x42"x18" CONC. FTG. w/ #5 REBAR @ 6" O.C. E.W.
5	48"x48"x18" CONC. FTG. w/ #5 REBAR @ 6" O.C. E.W.

PIER KEY	
	16"x8" CMU PIER (DROPPED TO ACCOMMODATE DROPPED GIRDERS)
	16"x8" CMU PIER (AT TYPICAL FOUNDATION HEIGHT)

SEAL FOR STR
NC Certificate o

PROJECT:
Slate Building Group, LLC

southern dynamic

DRAWN BY:
SCOT

DATE:
Februa

REVISIONS:

SHE