ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-309884

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

PIN # 3783 - 34 - 6049

APPLICANT/OWNER: BOYCE GALLIHER / SCOTT LAUER APPLICANT ADDRESS: 165 ASHLEY ACRES ROAD, STATESVILLE, N.C. 28677

SITE ADDRESS: 140 SLATE LANE, STATESVILLE, N.C. 28625 PHONE: 704-402-2795 ALT. PHONE 704-201-9469

SITE DIRECTIONS: (W) ON 40, (R) ON SHARON SCHOOL, (L) ON WALNUT TREE, (L) ON PUMICE, (R) ON SLATE, LOT ON (R)

SAP CONTROLLED: ☐ YES ☑ NO

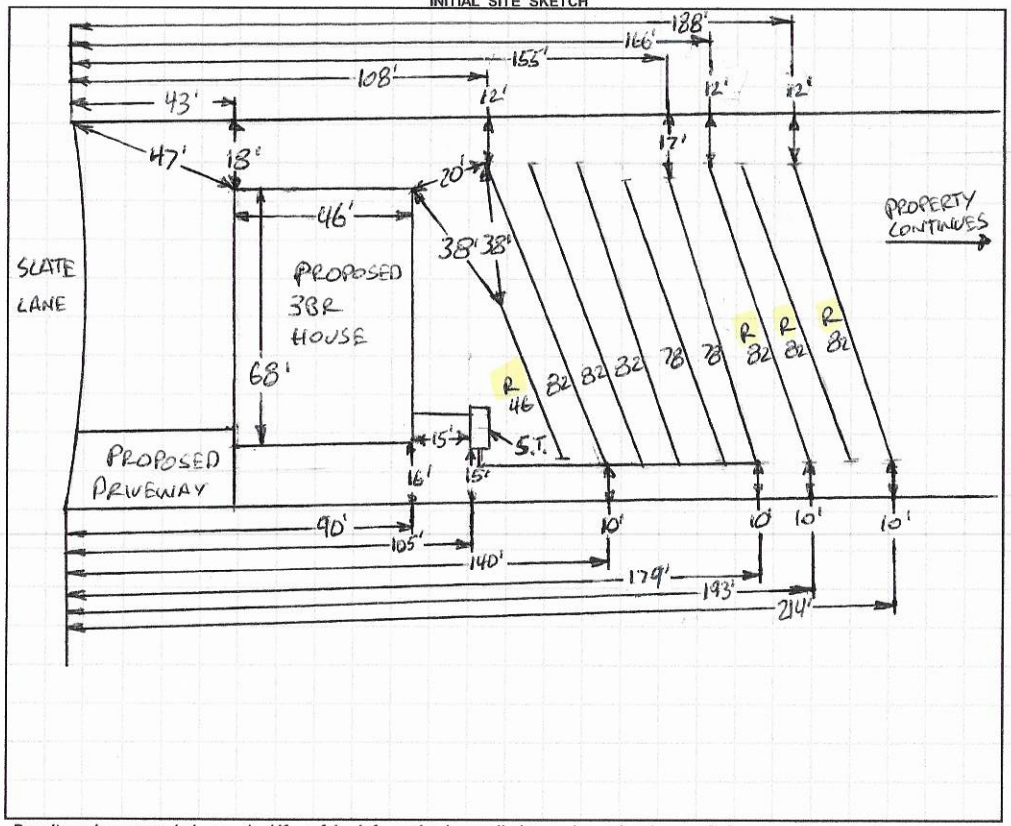
SUBDIVISION: RIVER ROCK SECTION: P2 LOT# 43 LOT AREA: 1.19 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	160	Date	10-13-20	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:			25% REDUCTION	☐ Business	No. Persons	8	☐ Private	
Pump Make	—	Model		—	Serial #	—	Repair System Description:			50% REDUCTION - PPBPS	☐ Other	No. Employees		☑ Public	
# Nitrification Fields	1	# Lines		5	Linear Ft	402 FT	Maintenance Agreement Required:		☐ YES	☑ NO	☐ Slab	☑ Crawl Space		☐ Community	
Trench Width	36 IN	Trench Bottom Depth(Low side)		26 IN	Gravel Depth	—			☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, DO NOT EXCEED 36IN MAX TRENCH BOTTOM, UTILIZE SERIAL DISTRIBUTION GATE CODE: 7485

MUST INSTALL 4BR SYSTEM, FLOOR PLAN SHOWS 3BR

INITIAL SITE SKETCH



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.

1 IN = 40 FT
S.T. = SEPTIC TANK
R = REPAIR

INSTALLED AS PERMITTED

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: Boyce Galliher Date: 10 12 20 Installed by: ATLAS SOLUTIONS

IMPROVEMENT PERMIT by: Burgent C. White Date: 10-7-2020 OPERATION PERMIT by: Burgent C. White Date: 1-28-2021

AUTHORIZATION TO CONSTRUCT by: Burgent C. White Date: 10-7-2020 Existing System Inspected by: Date:

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

S&ME, INC.
SITE/SOIL EVALUATION

Project No. _____ **Phone No.** _____ **Date:** 8/20/08
Location Lot 43 **Pin** _____ **County:** Iredell **Property Size** _____

Proposed Facility: 4 BDR **Water Supply:** **On-Site Well** ☐ **Evaluation:** **Auger Boring** ☐
Described By: KMS **Community** ☐ **Pit** ☒
Public ☒ **Cut** ☐
Weather: 88°F Sunny **Antecedent Moisture** Dry **Surface Water:** None

FACTORS	PROFILE 1	PROFILE 2	PROFILE 3	PROFILE 4
Landscape Position %		L	L	L
Horizon Depth I	18" to	0-6	0-8	0-4
Color Munsell	Backhoe	Br	Br	Br
Texture	Refusal	SL	SL	SL
Mottles	Rounded	C/F GR	—	—
Structure	Rocks +	Mo GR	Mo GR	Mo GR
Consistence	CL in	FR ns/np	FR ns/np	FR ns/np
	top 18"			
Boundary				
Horizon Depth II		6-27	8-29	4-24
Color – Munsell		Red	Red	Red
Texture		C	C	C
Mottles		—	—	—
Structure		Mo SBK	Mo SBK	Mo SBK
Consistence		FR SS/SP	FR SS/SP	FR SS/SP
Boundary				
Horizon Depth III		27-50	29-53	24-53
Color – Munsell		Red	Red	Red
Texture		CL	CL	CL
Mottles		C Sap	F/C Sap	F Sap
Structure		WK SBK	WK SBK	WK SBK
Consistence		FR SS/SP	FR SS/SP	FR SS/SP
Boundary				
Horizon Depth IV				
Color – Munsell				
Texture				
Mottles				
Structure				
Consistence				
Boundary				
Soil Wetness				
Restrictive Horizon				
Saprolite				
LTAR	1.5	0.3	0.3	0.3
Classification				

LEGEND

LANDSCAPE POSITION

R	Ridge Interfluve
S	Shoulder
L	Linear Slope
FS	Foot Slope
N	Nose Slope
H	Head Slope
Cc	Concave Slope
Cv	Convex Slope
T	Terrace
P	Flood Plain

TEXTURE

s	sand
ls	loamy sand
sl	sandy loam
l	loam
si	silt
sil	silt loam
sicl	silty clay loam
cl	clay loam
scl	sandy clay loam
sc	sandy clay
sic	silty clay
c	clay

CONSISTENCE WET

Ns	non-sticky
Ss	slightly sticky
S	sticky
Vs	very sticky
Np	non-plastic
Sp	slightly plastic
P	plastic
Vp	very plastic

MOIST

vfr	Very friable
fr	friable
fi	firm
vfi	Very firm

STRUCTURE

sg	single grain
ma	massive
cr	crumb
gr	granular
sbk	subangular blocky
abk	angular blocky
pl	platy
pr	prismatic

ENR/DEH

N-SITE WASTEWATER SECTION

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

WNER: Lot 43 RR _____ APPLICATION DATE _____
DDRESS: _____ DATE EVALUATED: _____
ROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
OCATION OF SITE: _____ PROPERTY RECORDED: _____
/ATER SUPPLY: • Private • Public • Well • Spring • Other _____
VALUATION METHOD: • Auger Boring • Pit • Cut TYPE OF WASTEWATER: • Sewage • Industrial Process • Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
K	43-5 (45)	0-6	mo GR SL	FR ns/np	Br ; F/c	1-2' cobbles			
		6-28	mo SBK C	FR ss/sp	Red				
	L	28-46	WK SBK CL	FR ss/sp	Red		F sap		0.3
K									
K									
K									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

OMMENTS: _____

BLO

AP-309884
8-12-20

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

Iredell County Health Department – Environmental Health Division

Pd $320.00

PAGE 1: *APPLICATION FORM*

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

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: Boyce Galliher **Address:** 165 Ashley Acres Rd. Statesville **Zip:** 28677

Applicant Email: boycegalliher@gmail.com **Phone:** 704.402 2795 **Alt. Phone:**

Owner Name: Scott Laver **Address:** 3499 Meldonna Dr. Maiden NC. **Zip:** 28650

Owner Email: scottlaver1@hotmail.com **Phone:** 703-201-9469 **Alt. Phone:**

Property Information:

Street Address: 140 Slate Lane Statesville NC. 28625

Subdivision Name: River Rock **Section/Phase:** **Lot Number:** 43

Driving Directions: HWY 40W - TR Sharon School Rd. TL - Walnut Tree. TL Pumice Dr
Rt on Slate - Lot on Rt #43 Gate Code - 7485

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (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:

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

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

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) 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: _____ 8-3-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

REVISED

309884

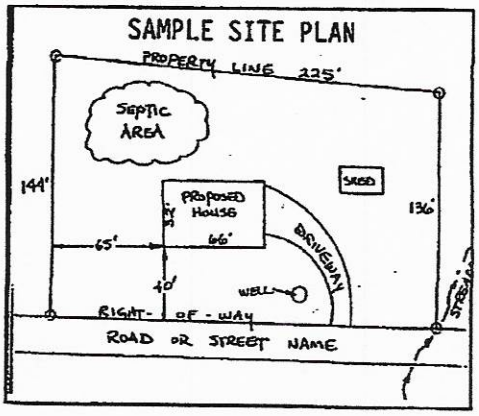
RECEIVED AUG 1 8 2020

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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



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

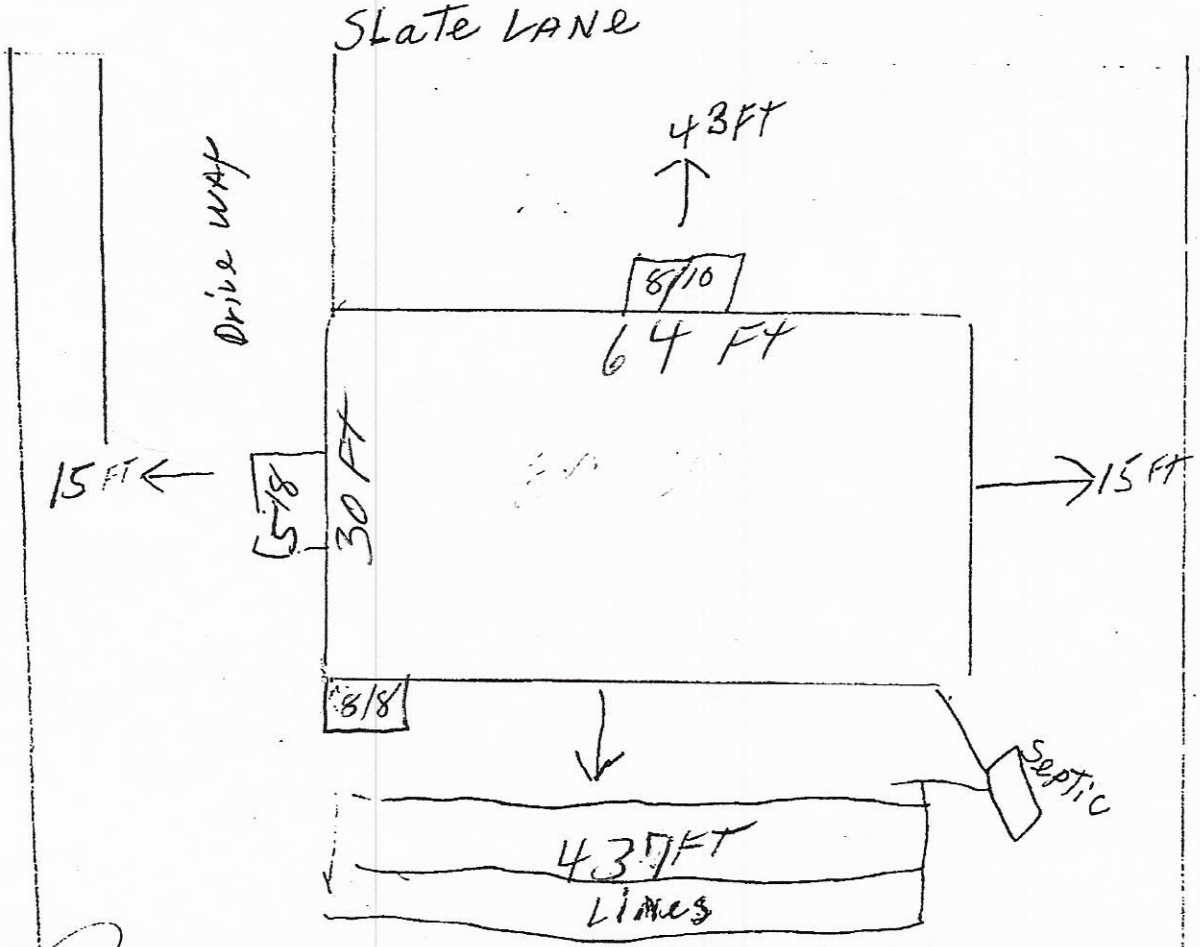
- ( ) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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



Signature: Bruce Mullis

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

8-3-20

DATE

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) Boyce Gallicher

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. X I, SCOTT LAUER (WINNR BROADCASTING, LLC), am the legal owner(s) of the property located at 140 Slate Dr. Statesville, identified as PIN (Parcel Identification Number) 3783346049.000, located in Iredell County, North Carolina.

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

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

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

X _____ 8/10/20
Signature of Owner(s) Date

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

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

From: Half Price Homes
buyhalfpricehomes@gmail.com
Subject: Scott Lauer Modular Floor Plan
Date: Jul 28, 2020 at 12:21:39 PM
To: boycegalliher@icloud.com

Hey Boyce,

I have the floor plan attached for you.

Have a blessed day!

Shane Houston

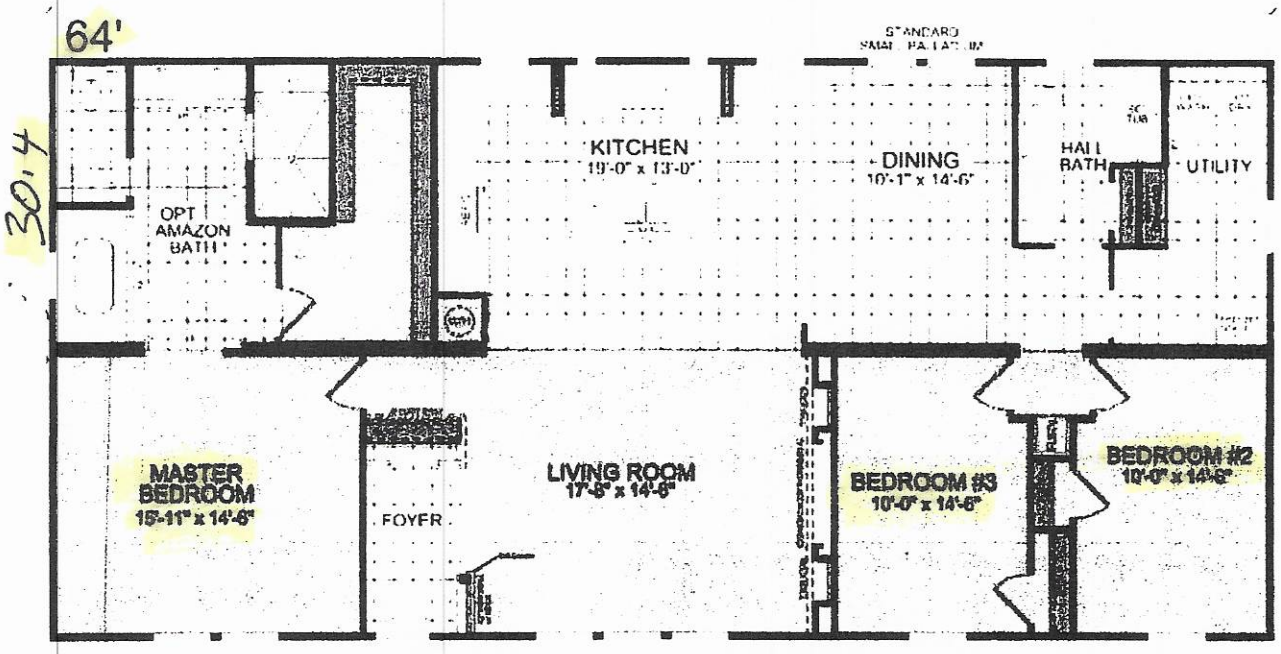
919-221-3548

www.half-pricehomes.com

Acknowledgement Of
Plans Submittal ONLY!
Builder Initials ~~Date~~ 10-7-2020
8-10-20 Date

Boyce Galliher

WWW.HALF-PRICEHOMES.COM



IREDELL COUNTY · NC

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

APPLICATION NUMBER
309884
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3783346049.000	140 SLATE DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: WINNING BROADCASTING LLC	Name: BOYCE GALLIHER
Address:	Address: 165 ASHLEY ACRES RD
	STATESVILLE , NC 28677
Phone: Need owner auth.	Phone: (704)402-2795

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.19	35	35	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
MODULAR

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

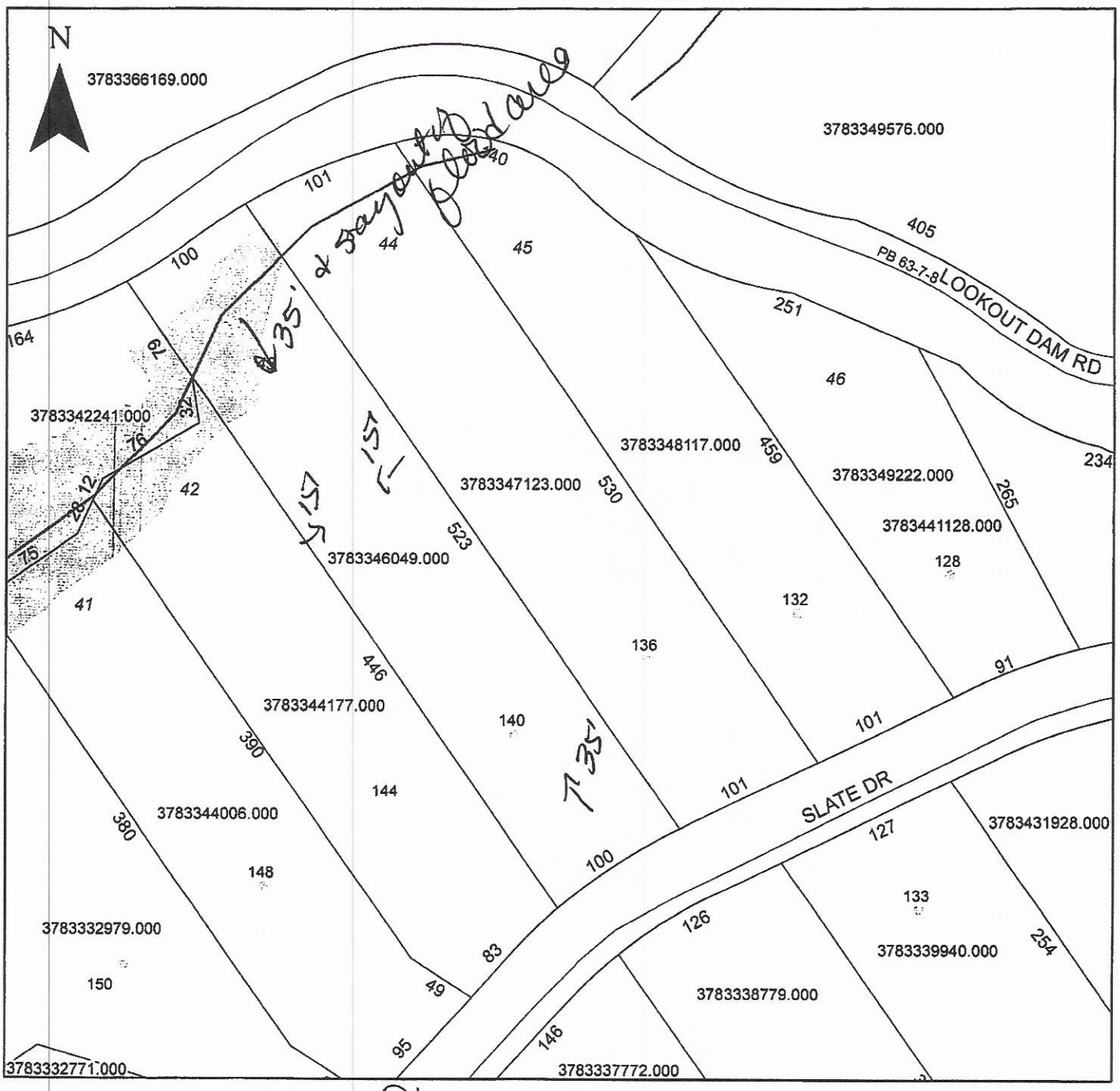
Signature of Owner/Contractor

Date: 08/10/2020

Permit Number	309884

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 140 Slate Drive

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

8-10-20
Date