IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2412462

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

PIN # 3795262828

APPLICANT/OWNER: Thomas Terepaugh APPLICANT ADDRESS: 154 Crosshe Ln Troutman

SITE ADDRESS: 1160 Aly Ln, Stony Point 28678 PHONE: 704-230-10093 ALT. PHONE —

SITE DIRECTIONS: Old Mountain Rd towards Alexander Co → L on Aly Ln at end of rd SAP CONTROLLED: ☐ YES ☒ NO

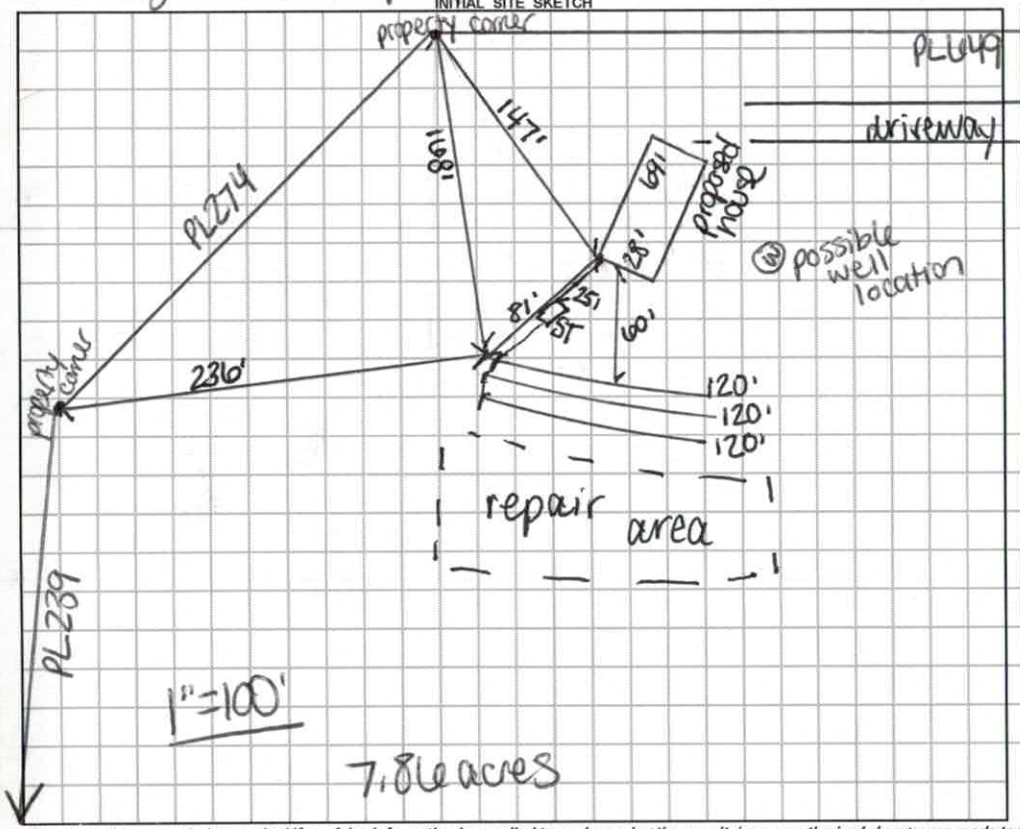
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 7.86ac DESIGN FLOW: 360 gpd L.T.A.R.: .25 (.2 repair)

Septic Tank	1000	(gal)	STB 760	Date	1-9-	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:	25% reduction			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	25% reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	360'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)		22"	Gravel Depth —	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on contour & utilize serial distribution. Do not exceed max trench depth of 24" high side. Keep septic tank 25' from house to leave outer room for future porch/deck. Do not pave/grade septic area.

INITIAL SITE SKETCH



AS BUILT SKETCH

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: Tony Terepaugh Date: 1-14-19 Installed by: Fryar Grading

IMPROVEMENT PERMIT by: Carla C. Caul Date: 1/11/19 OPERATION PERMIT by: Benjamin A. Barbee Date: 3/19/19

AUTHORIZATION TO CONSTRUCT by: Carla C. Caul Date: 1/11/19 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 379526238
COUNTY: Pender

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

OWNER: Thomas Fewpaugh
ADDRESS: 1160 Alyn Ln
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 1160 Alyn Ln
APPLICATION DATE: 1/3/19
DATE EVALUATED: 1/11/19
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 7.86ac
PROPERTY RECORDED: Y

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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 5%	0-9	SBK SCL	Fr ss sp sbkp	2.5YR 4/6 few matrix soaric. @ 40"	82"	N/A	N/A	PS .275
		9-32	SBK/ABK C	Fr ss sp sbkp					
		32-52	SBK/ABK CL	Fr ss sp sbkp					
2	SS 5%	0-10	SBK SCL	Fr ss sp sbkp	some chroma 3/4 @ 34" → possibly 1 thin	50"	N/A	N/A	PS .25
		10-34	SBK/ABK C	Fr ss sp sbkp					
		34-50	SBK CL	Fr ss sp sbkp					
3	SS 5%	0-12	SBK SCL	Fr ss sp sbkp	very few F/P @ 40"	53"	N/A	N/A	PS .275
		12-31	SBK/ABK C	Fr ss sp sbkp					
		31-53	SBK CL	Fr ss sp sbkp					
4	FS 5%	0-10	SBK SCL	Fr ss sp sbkp	chroma 2 @ 32"	48"	N/A	N/A	PS .2
		10-31	ABK C	Fr ss sp sbkp					
		31-48	ABK CL	Fr ss sp sbkp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	360'
System Type(s)	25%	25%
Site LTAR	.25	.2

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: N/A

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

~~*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.~~

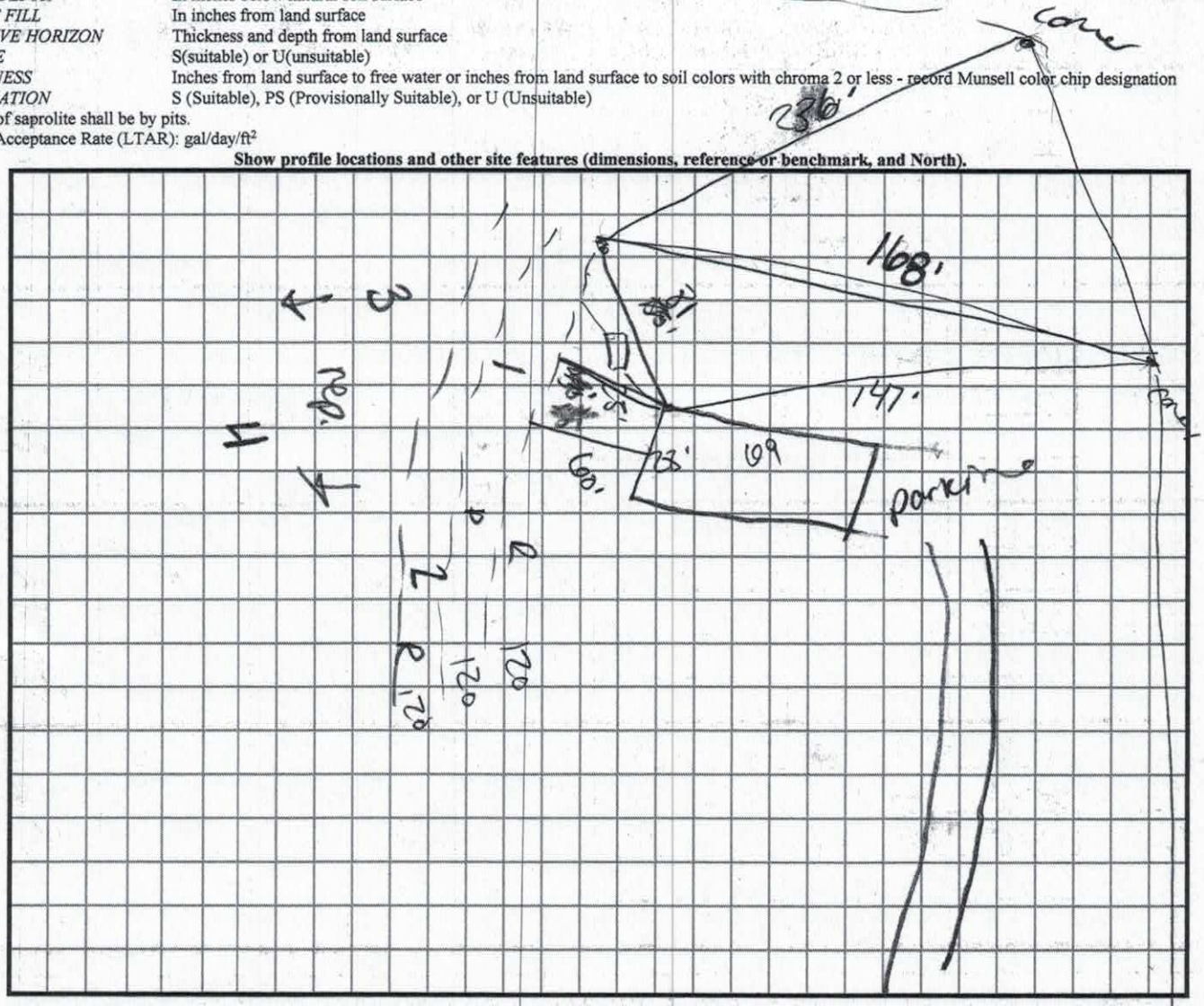
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



pits room 1/11

RECEIVED JAN 3 - 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 # 241246

Application For: New Septic (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) 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: Thomas Tevepaugh Address: 154 Crosstie Lane Troutman Zip: 28166
Applicant Email: _____ Phone: 704 230-6093 Alt. Phone: _____
Owner Name: Thomas Tevepaugh Address: 154 Crosstie Lane Troutman Zip: 28166
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1160 Aly Lane Stony Point NC 28678
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Old Mountain Rd take left on Aly rd go all the way back.

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
Double-Wide
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(✓) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Thomas Tevepaugh 1-2-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Tony Tarlton

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, _____, am the legal owner(s) of the property located at _____, identified as

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

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

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

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

Tony Tarlton
Signature of Owner(s)

01-3-19
Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
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

Type: CRP
Recorded: 01/02/2019 at 04:45:31 PM
Fee Amt: $116.00 Page 1 of 3
Revenue Tax: $90.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2596 PG 1520-1522

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: 90.00

Parcel Identifier No. _____ Verified by _____ County on the _____ day of _____, _____

By: _____

Mail/Box to: _____

This instrument was prepared by: Alan G. Carpenter, Attorney

Brief description for the Index: _____

THIS DEED made this 2nd day of January, 2019, by and between

GRANTOR	GRANTEE
Billy D. Pope, unmarried and Katherine D. Hamilton, unmarried 820 Meadow Road Statesville, NC 28677	Thomas J. Tevepaugh c/o 154 Crosstie Lane Troutman, NC 28166 Property address: 160 Aly Lane Stony Point, NC 28678

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot, parcel of land or condominium unit situated in the City of _____, Shiloh Township, Iredell County, North Carolina and more particularly described as follows:

See EXHIBIT A, attached.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 1742 page 1479.

All or a portion of the property herein conveyed X includes or ___ does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book _____ page _____.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

Easements, rights of way and restrictions of record, if any.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

_____ (Entity Name)

By: _____

Title: _____

By: _____

Title: _____

By: _____

Title: _____

Billy D. Pope (SEAL)

Billy D. Pope

Katherine D. Hamilton (SEAL)

Katherine D. Hamilton

_____ (SEAL)

_____ (SEAL)

State of North Carolina - County or City of Iredell

I, the undersigned Notary Public of the County or City of Iredell and State aforesaid, certify that Billy D. Pope personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 2nd day of January, 2019.

My Commission Expires: 11-6-2021
(Affix Seal)

SANDRA J. BENFIELD
Notary Public
Iredell County, NC
My Commission Expires: 11/06/2021

Sandra J. Benfield
Notary Public
Notary's Printed or Typed Name Sandra J. Benfield

State of North Carolina - County or City of Iredell

I, the undersigned Notary Public of the County or City of Iredell and State aforesaid, certify that Katherine D. Hamilton personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 2nd day of January, 2019.

My Commission Expires: 11-6-2021
(Affix Seal)

SANDRA J. BENFIELD
Notary Public
Iredell County, NC
My Commission Expires: 11/06/2021

Sandra J. Benfield
Notary Public
Notary's Printed or Typed Name Sandra J. Benfield

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally came before me this day and acknowledged that he is the _____ of _____, a North Carolina or corporation / limited liability company / general partnership / limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this ____ day of _____, ____.

My Commission Expires: _____
(Affix Seal)

_____
Notary Public
Notary's Printed or Typed Name

EXHIBIT A

BEGINNING at a stake, corner of Fred Eugene Walker (see Deed Book 589 at page 29 ICR) in the line of David W. Sides, and running thence with the line of David W. Sides, South 87 deg. 30 min. East 649.27 feet to an iron stake, corner of Lewis H. Jenkins (see Deed Book 596 at page 579 ICR) in the line of David W. Sides; thence with the line of Lewis H. Jenkins, South 01 deg. 00 min. 18 sec. West 414.80 feet to a stone, corner of Joe M. Jenkins (see Deed Book 573 at page 322 ICR) in the line of Lewis H. Jenkins; thence with the line of Joe M. Jenkins, North 88 deg. 56 min. 04 sec. West 868.18 feet to a stone, corner of Joe M. Jenkins in the line of H. D. Walker; thence with the line of H. D. Walker, North 06 deg. 51 mi. 35 sec. East 239.46 feet to an iron stake, common corners of H. D. Walker and Fred Eugene Walker; thence with the line of Fred Eugene Walker, North 46 deg. 18 min. 55 sec. East 273.87 feet to the point and place of BEGINNING, containing 7.86 acres, more or less, all according to a survey prepared by Gerald V. Grant, RLS dated November 4, 1985. For back title, see Deed Book 1742, page 1479, Iredell County Registry.

Together with and subject to the right of way to Old Mountain Road, as described in Deed Book 729, page 676 and Plat Book 22, page 185, Iredell County Registry.

PIN: 3795-26-2828
Property address: 160 Aly Lane, Stony Point, NC 28678

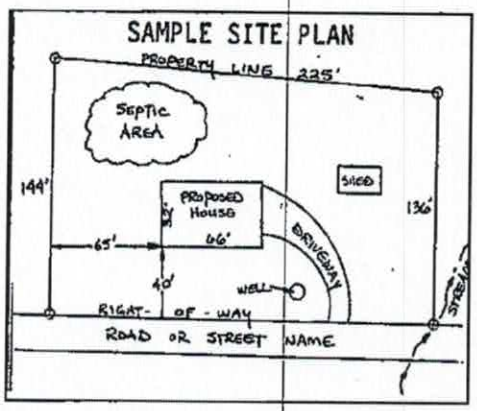
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (Y) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

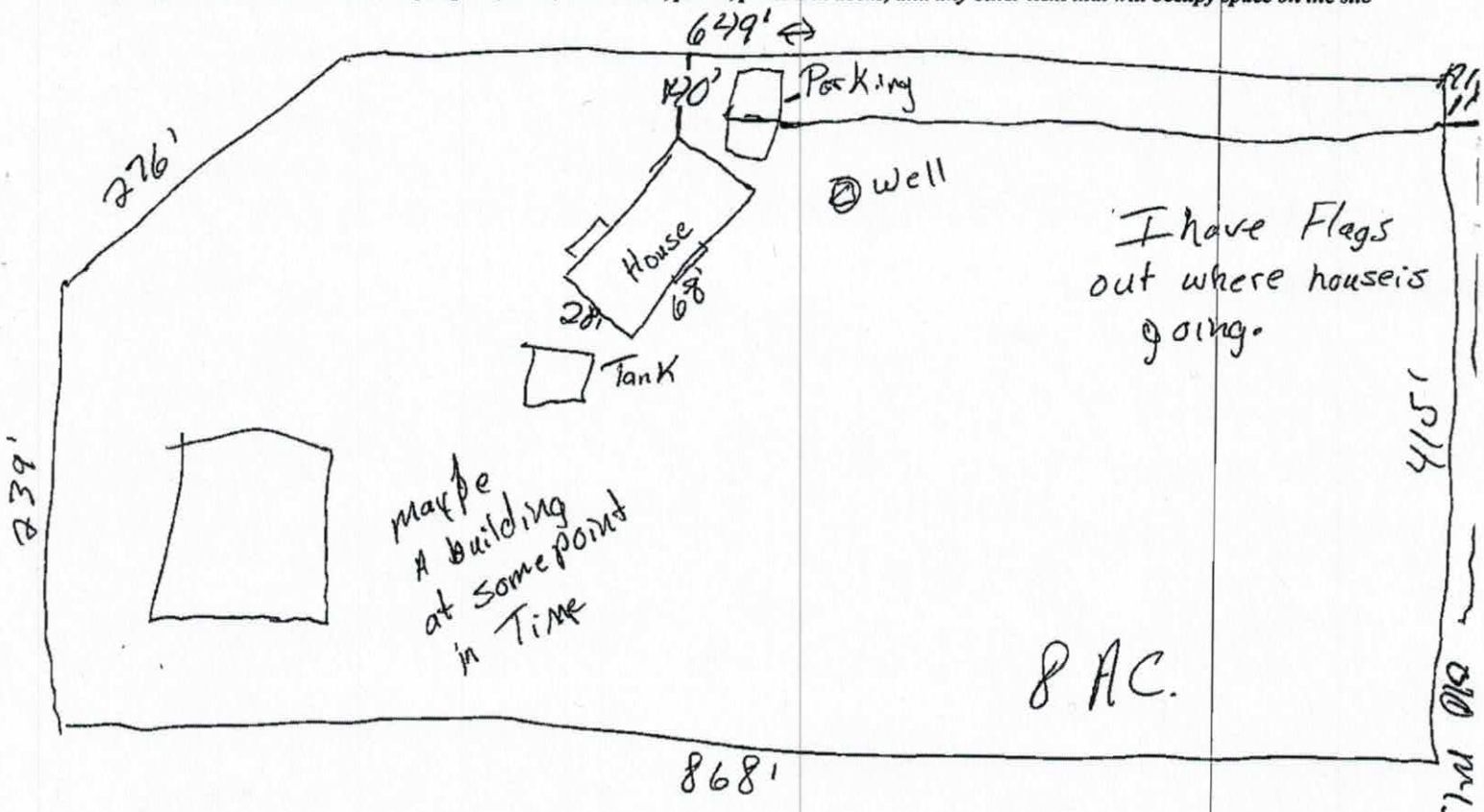


Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

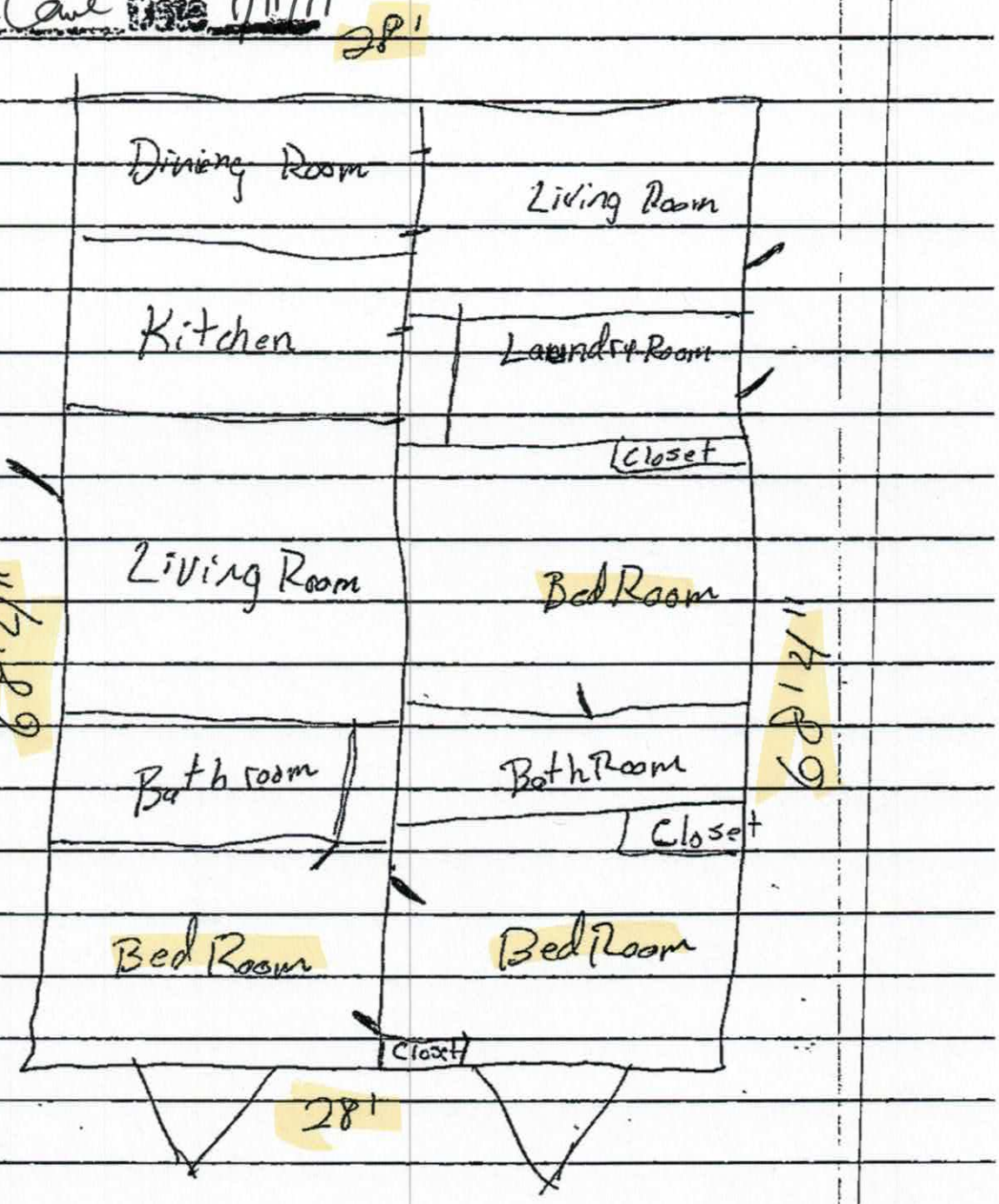
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Thomas Jeupaugh
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-2-19
DATE

Acknowledgement Of
Plans Submittal ONLY!
Tony Tull Date 1-3-19
Carla C. Cave Date 1/11/19



IREDELL COUNTY

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

APPLICATION NUMBER
241246
Issue Date: 01/03/2019

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
3795262828.000	160 ALY LANE, STONY POINT, NC 28678	

Owner Information	Applicant Information
Owner: POPE BILLY D+KATHERINE H	Applicant: TEVEPAUGH, THOMAS
Address: 242	Address: 160 ALY LANE
IREDELL CO, NC 28625	STONY POINT, NC 28678
Phone:	Phone:

Use Requested	Zone Code
NEW DOUBLE WIDE	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed		Flood Zone
7.860	35.00	35.00	15.00	15.00	PA		X

Remarks:

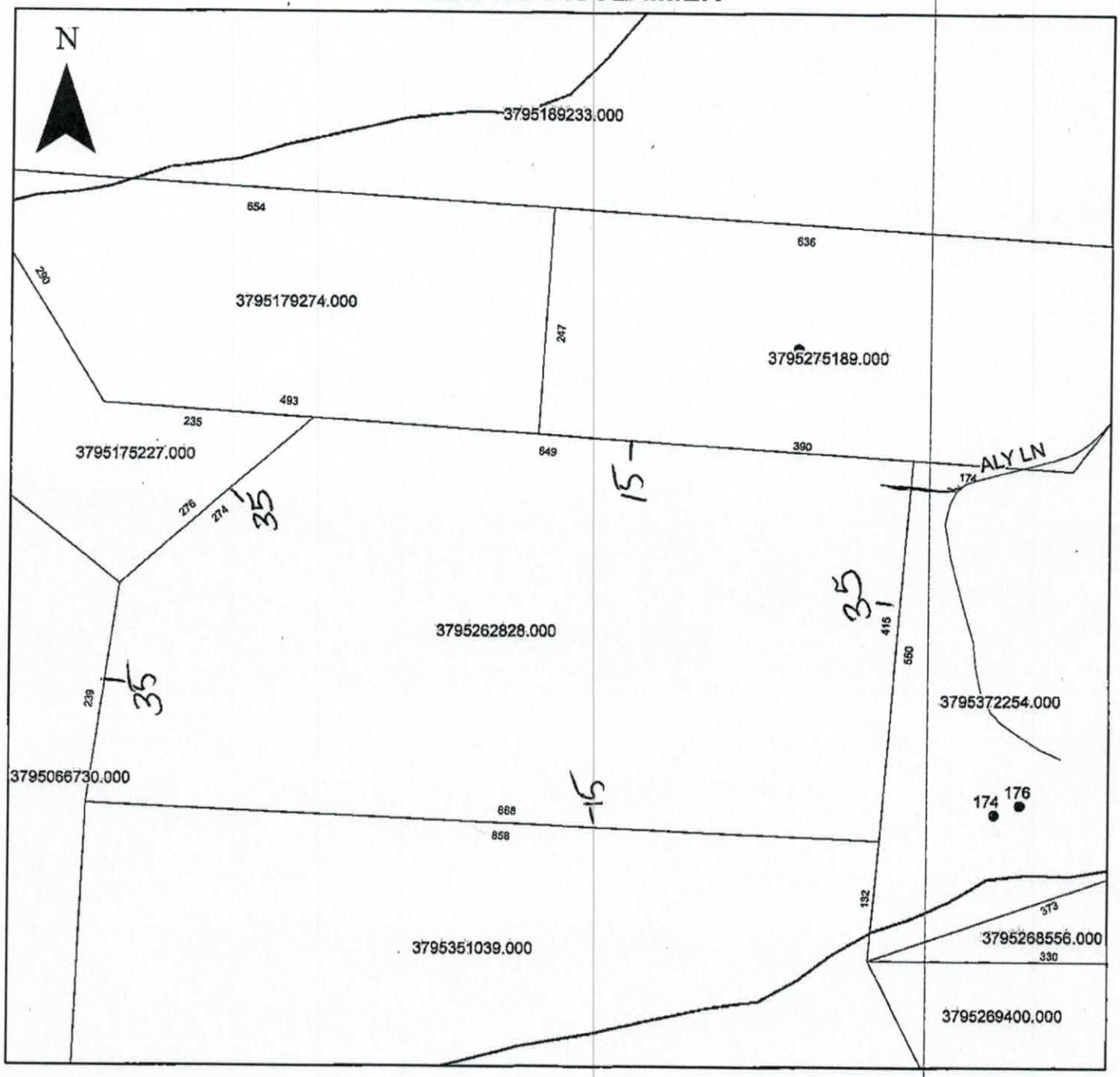
Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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.

Applicant: _____ Date: _____

Permit Number	163552	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 1160 Aly Ln

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.

X Thomas Tempardy Jr
Applicant

X 1-2-19
Date