ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 ISLW Mooresville Office (704) 660-3625 PERMIT # 308549

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

PIN # 3791e -55- ~~7822~~ 6776

APPLICANT/OWNER: James Cody Garland APPLICANT ADDRESS: 147 Hidden Oak Dr, Statesville

SITE ADDRESS: 334 W. Lackey Farm Rd, Stony Point 28678 PHONE: 701-450-3485 ALT. PHONE —

SITE DIRECTIONS: 64 → L East Lackey Farm → on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Rodney Dale Caudle SECTION: — LOT # 2 LOT AREA: 8.07ac DESIGN FLOW: 360 gpd L.T.A.R.: .125

Septic Tank	1000 (gal)	STB	760	Date	11-30-21	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	363	Date	12-13-21	System Description:		25% reduction - PM		☐ Business	No. Persons 6
Pump Make	Zoeller	Model	152-D	Serial #		Repair System Description:		drip		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	7	Linear Ft:	364'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	21" ★	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

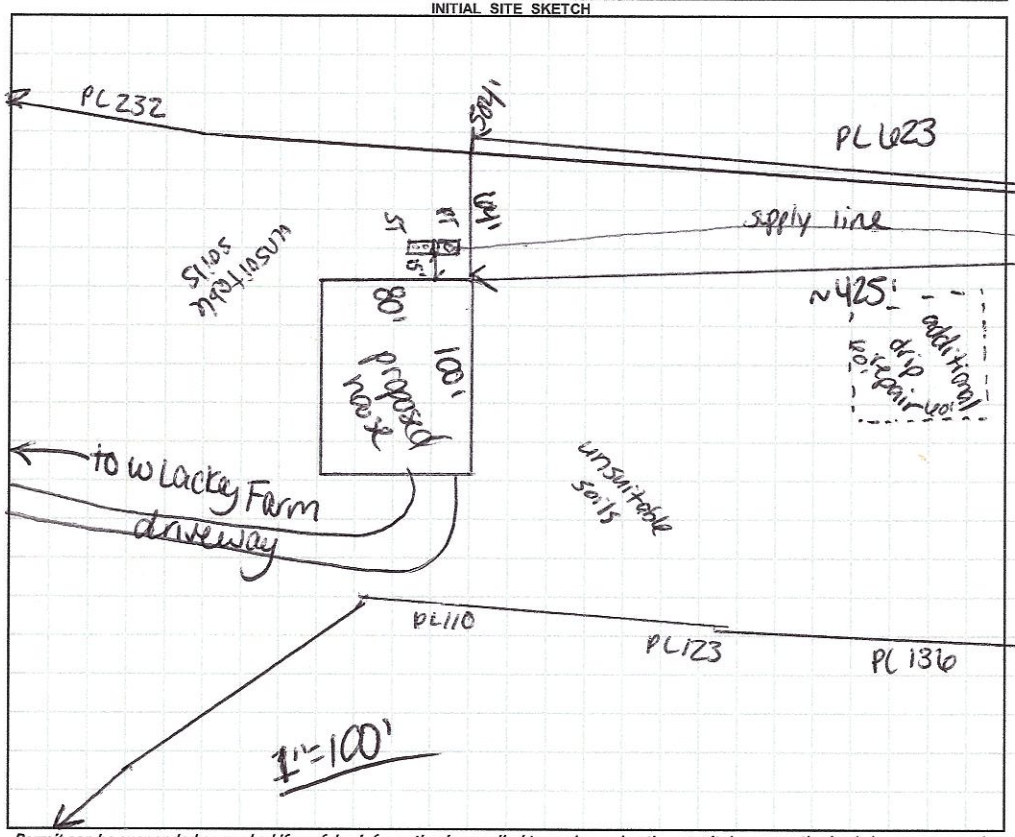
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on contour, utilize pressure manifold. Do not exceed max depth of 26".

- lines 1, 2, + 3 together - 3/4" sch 80
- lines 4 + 5 - 1/2" sch 40
- lines 6 + 7 - 1/2" sch 40

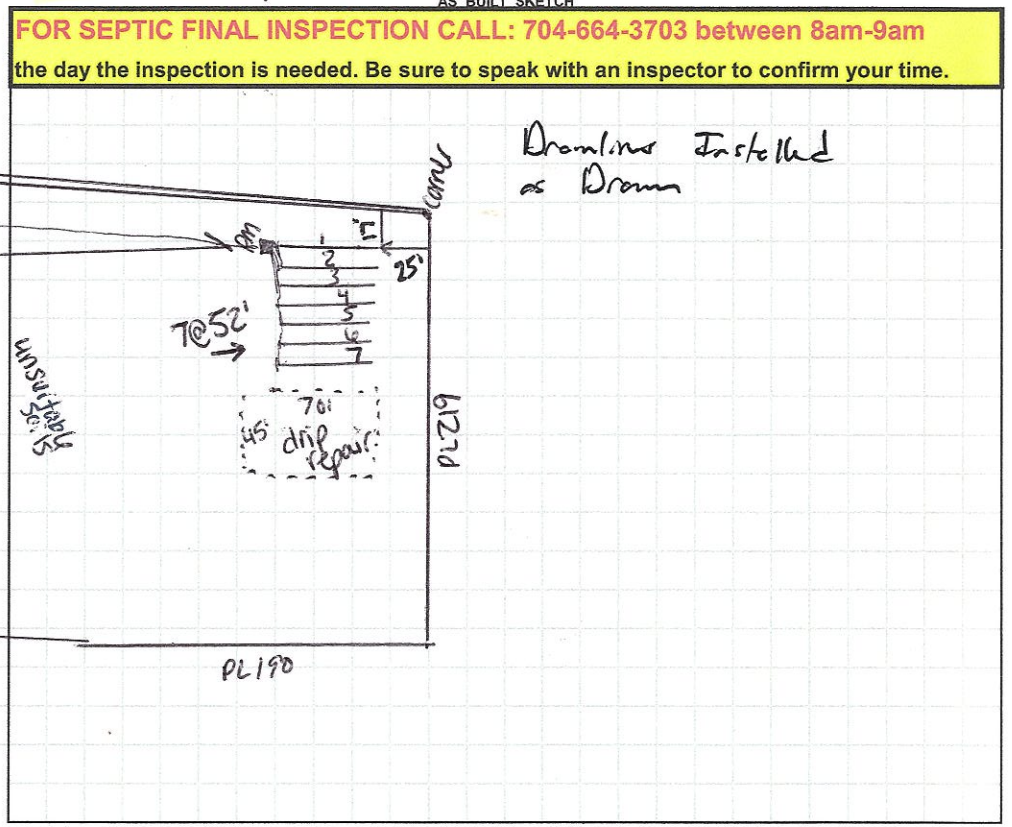
- 1165 Legal dose
- 7.9" Gravelless

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.



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: _____ Date: 9/10/20 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 9-4-20 OPERATION PERMIT by: _____ Date: 9/28/20

AUTHORIZATION TO CONSTRUCT by: Bryant C. Mills Date: 10-30-2020 Existing System Inspected by: _____ Date: _____

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

	Date	Initials
Drain Lines Checked	2-2-22	
Tanks Checked	2-2-22	
Pressure Manifold or Valve Box Checked	2-2-22	
Pressure Head Set	4/29/22	BB
Electrical Checked	4/29/22	BB
Floats Set	4/29/22	BB
Alarm Checked	4/29/22	BB
Maintenance Contract Y / N		
Comments:		

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

Sheet 1 of 2
PROPERTY ID #: 3791557822
COUNTY: Wake

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

OWNER: Cody Garland
ADDRESS: 147 Hidden Oak
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): Budget
LOCATION OF SITE: 137 Fair Oaks
APPLICATION DATE 6-25-20
DATE EVALUATED: 7-10-20
PROPERTY SIZE: ~ 3ac
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	C 12%	0-48	SBK C	FI S P SSP	chroma 2 @ 9" – 48"	48"	few litho motts	–	C
2	C 12%	0-40	SBK SCL	Fr ss sp ssp	Y/BS 27" chroma 2 ~ 38"	52"	–	–	PS .225 above 27"
		40-52	SBK/ABK CL	Fr ss sp ssp					
3	C 12%	0-26	SBK C	Fr ss sp ssp	chroma 2 @ 18"	48"	–	–	PS .1 drip
		26-48	SBK/ABK CL	Fr ss sp ssp					
4	C 12%	0-40	SBK C	Fr ss sp ssp	chroma 2 @ 38" (same litho)	50"	–	–	PS .25 shallow
		40-50	SBK/ABK CL	Fr ss sp ssp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	3200	3000 sqft
System Type(s)	25%	drip
Site LTAR	.25	.1

OTHER FACTORS (.1946): NA
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
OTHER(S) PRESENT:

COMMENTS: 0-40 chroma 2 @ 40" w/ b motts

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

Sheet 1 of 1
PROPERTY ID #: 3-9U357302
COUNTY: Iredell

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

OWNER: Cody Pratland
ADDRESS: 334 Wlacky Farm
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 334 Wlacky Farm
APPLICATION DATE: 8-18-20
DATE EVALUATED: 9-4-20
PROPERTY SIZE: 8ac
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	U 7%	0-46	ABK C	Fr s p sep	chroma <2 starting @ 9" (9-46")	46"	—	—	4
2	U 7%	0-38	ABK C	Fr s p sep	chroma 2 @ 20", 38" gley @ 32"	—	—	—	4
3	U 9%	0-12	GR SCL	Fr ss sp slp	chroma 2 @ 22"+	48"	—	—	4
		12-48	ABK C	Fr s p sep					
4	U 9%	0-44	ABK C	Fr s p sp	chroma 2 @ 21"	50"	—	—	4
		44-80	ABK CL	" "					

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

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

COMMENTS: - drang refung to int. using initially limited area

Updated February 2014

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 3796357022
DATE OF EVALUATION: 7-10-20
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	V 12%	0-65	ABK/SBK C	FR SS SP SPL	yb matrix chroma 2S @ 40"	65"	–	–	PS .225 above 40"
6	V 12%	0-23	SBK C	FR SS SP SPL	–	–	VS	–	PS .25
		23-40	SBK CL	FR SS SP SPL					
		40-60	M LSP	VFI					
7	V 12%	0-24	SBK C	FR SS SP SPL	chrome 2S @ 24"	–	–	–	VS 1 drip
		24-48	SBK/ABK CL	" "					

COMMENTS:

LEGEND

use the following standard abbreviations

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

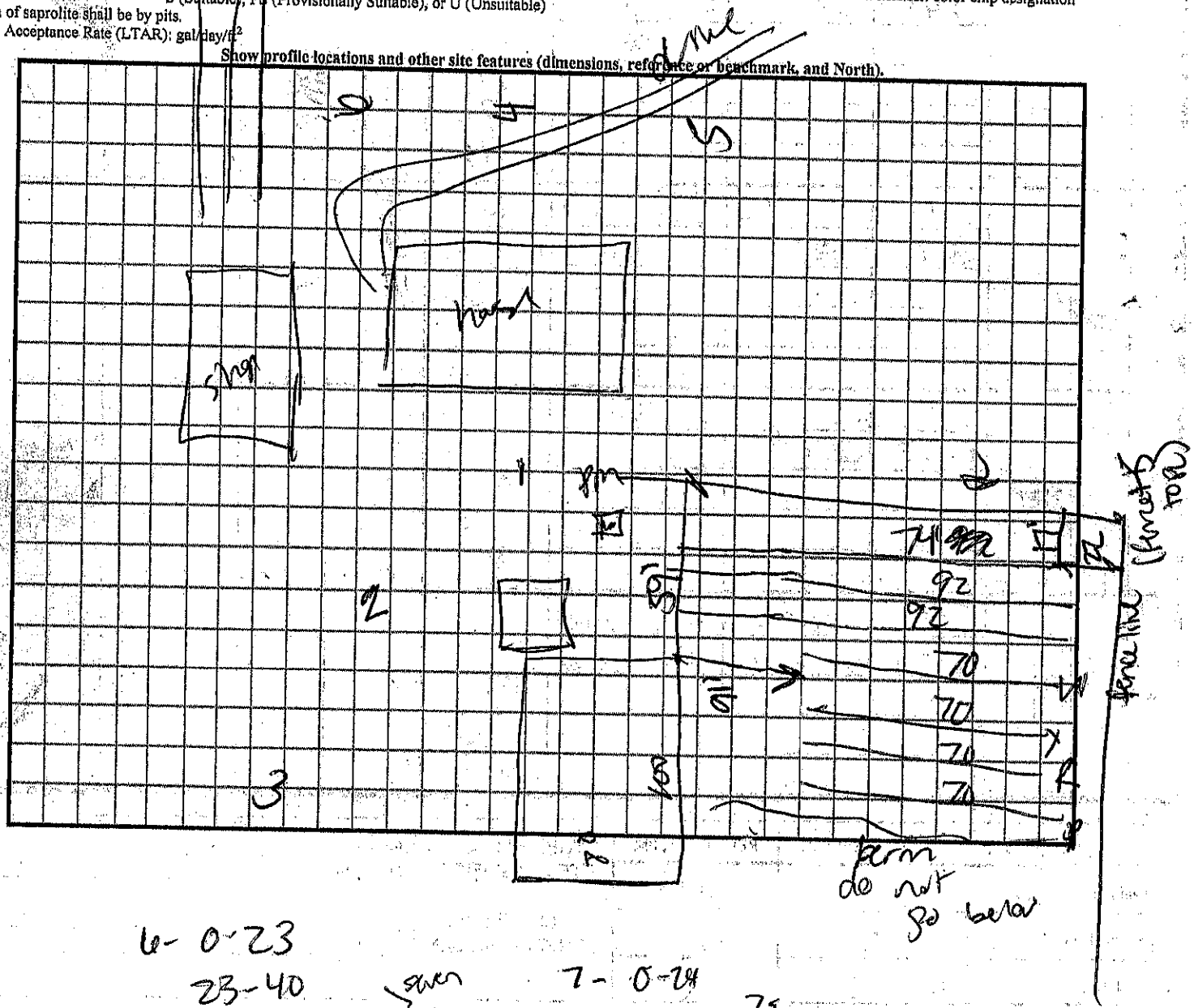
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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).



6- 0-23
23-40
40-60 sap

7 - 0-24
Chroma 2 @ 24"

RECEIVED AUG 1 8 2020

AP- 308544
$ 500.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: James Cody Gaylard Address: 147 Hidden Oak Dr Statesville Zip: 28677
Applicant Email: Semajydoc2002@yahoo Phone: 704-450-3485 Alt. Phone: 704-883-8455
Owner Name: James Cody Gaylard Address: 147 Hidden Oak Dr Statesville, NC Zip: 28677
Owner Email: Semajydoc2002@yahoo Phone: 704-450-3485 Alt. Phone: _____

Property Information:

Street Address: 384 W. Lackey Farm Rd, Stony Point NC, 28678
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Use existing Drive @ 344 W. Lackey Farm. Follow to Barn. Site behind Barn

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

(X) 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: ~~4~~ 3
Maximum Number of Occupants: 5
(X) 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: 16

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation _____ initial
( ) Concrete Slab Foundation
( ) Basement with Plumbing _____ date
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) 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: _____ 8/10/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

32 212

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*) _____

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.

_____ _____
Signature of Owner(s) Date

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

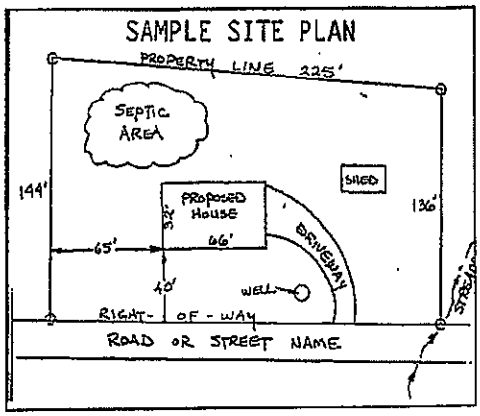
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (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

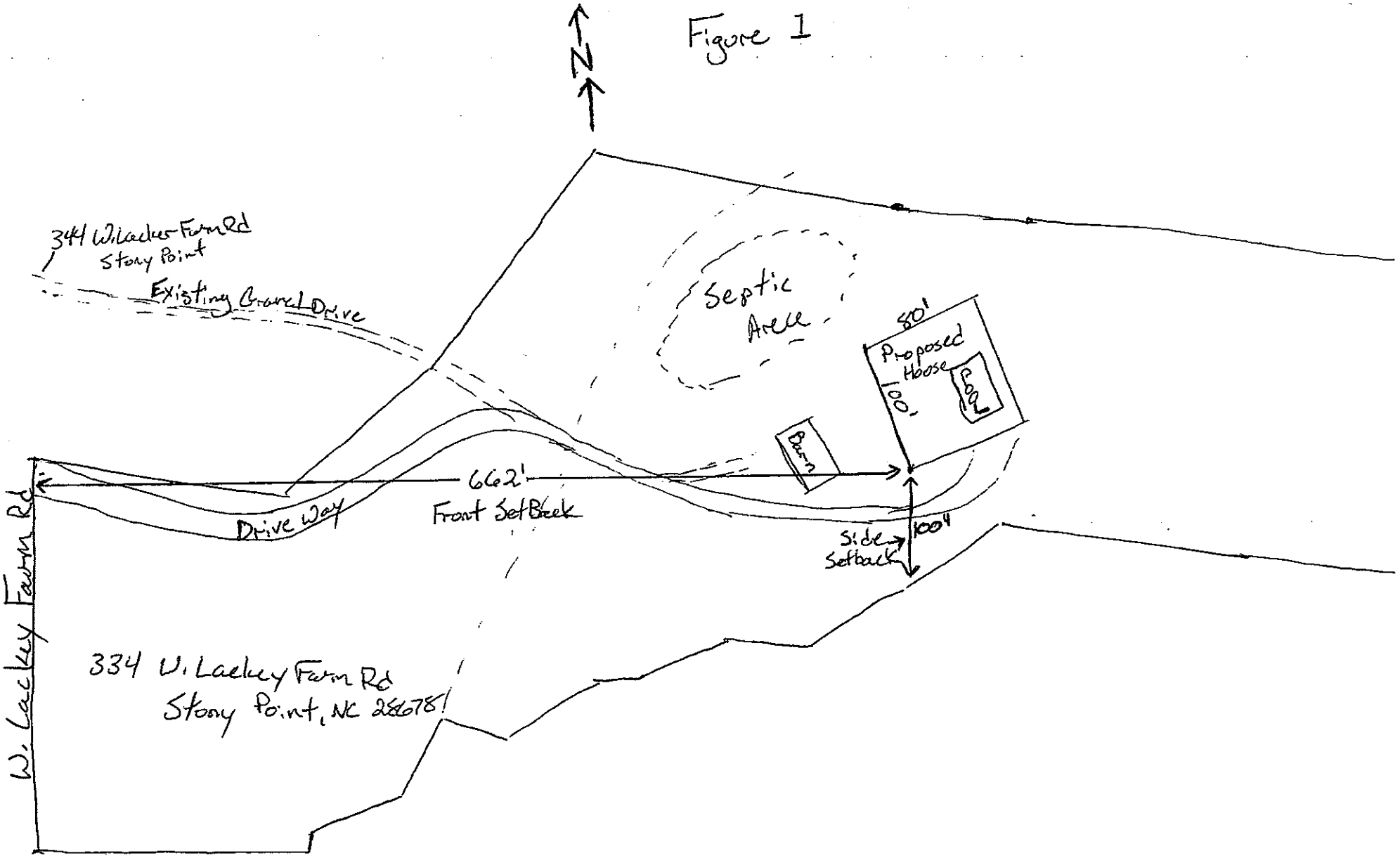
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached
Figure 1

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

8/16/20
DATE

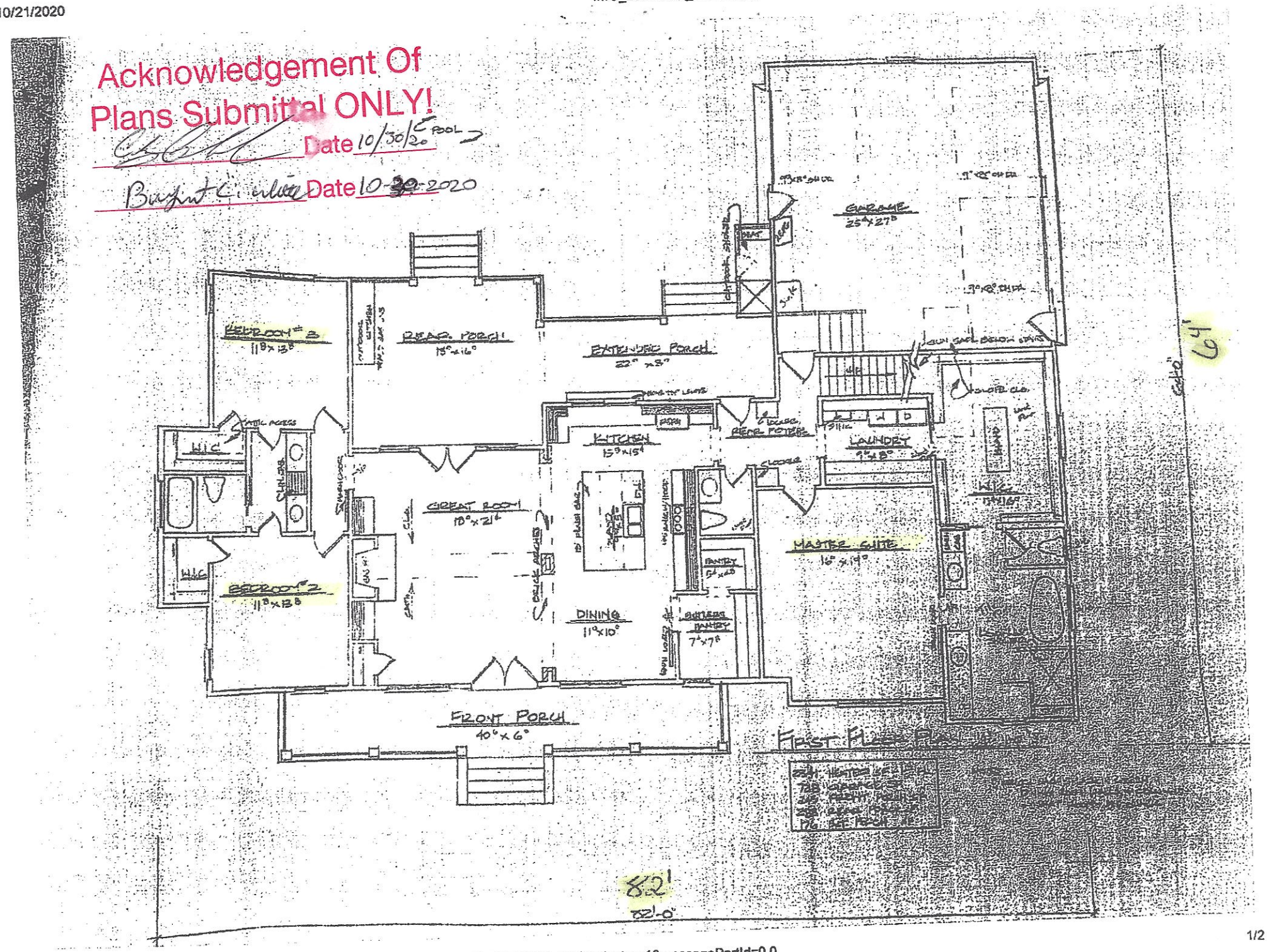
Figure 1


N
341 Wilackey Farm Rd
Stony Point
Existing Gravel Drive
Septic Area
80'
Proposed House
100'
Pool
Barn
662'
Front Setback
Drive Way
100'
Side Setback
W. Lackey Farm Rd
334 W. Lackey Farm Rd
Stony Point, NC 28678

Acknowledgement Of
Plans Submittal ONLY!

Date 10/30/20

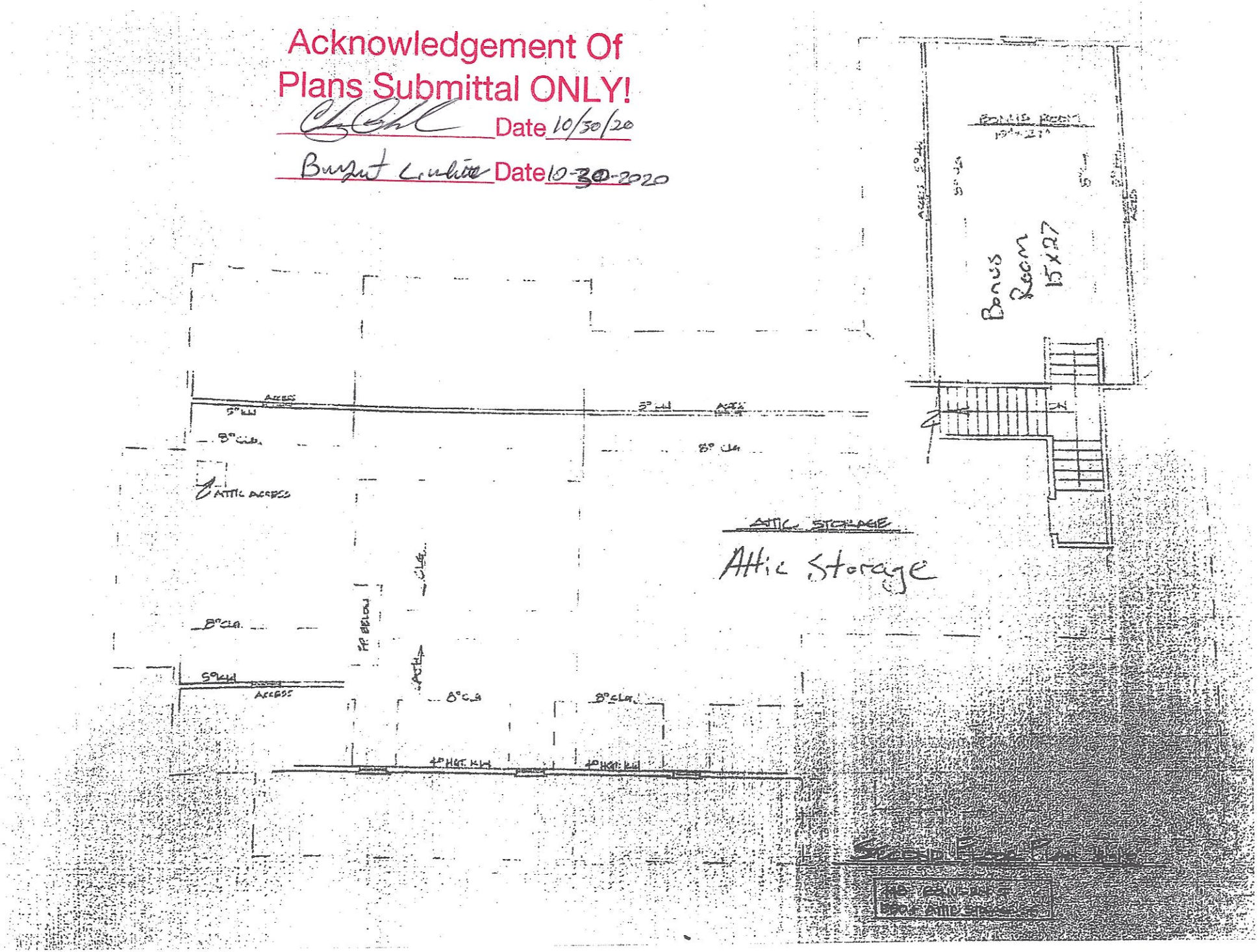
Date 10-30-2020



Acknowledgement Of
Plans Submittal ONLY!

Date 10/30/20

Date 10-30-2020



IREDELL COUNTY · NC

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

APPLICATION NUMBER
308549
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3796557822.000	137 Fair Oaks	Iredell County

Owner Information	Applicant Information
Name: CAUDLE RODNEY D	Name: CODY GARLAND
Address:	Address: 147 HIDDEN OAK DR STATESVILLE, NC 28677
Phone:	Phone: (704)437-0427

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.07	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

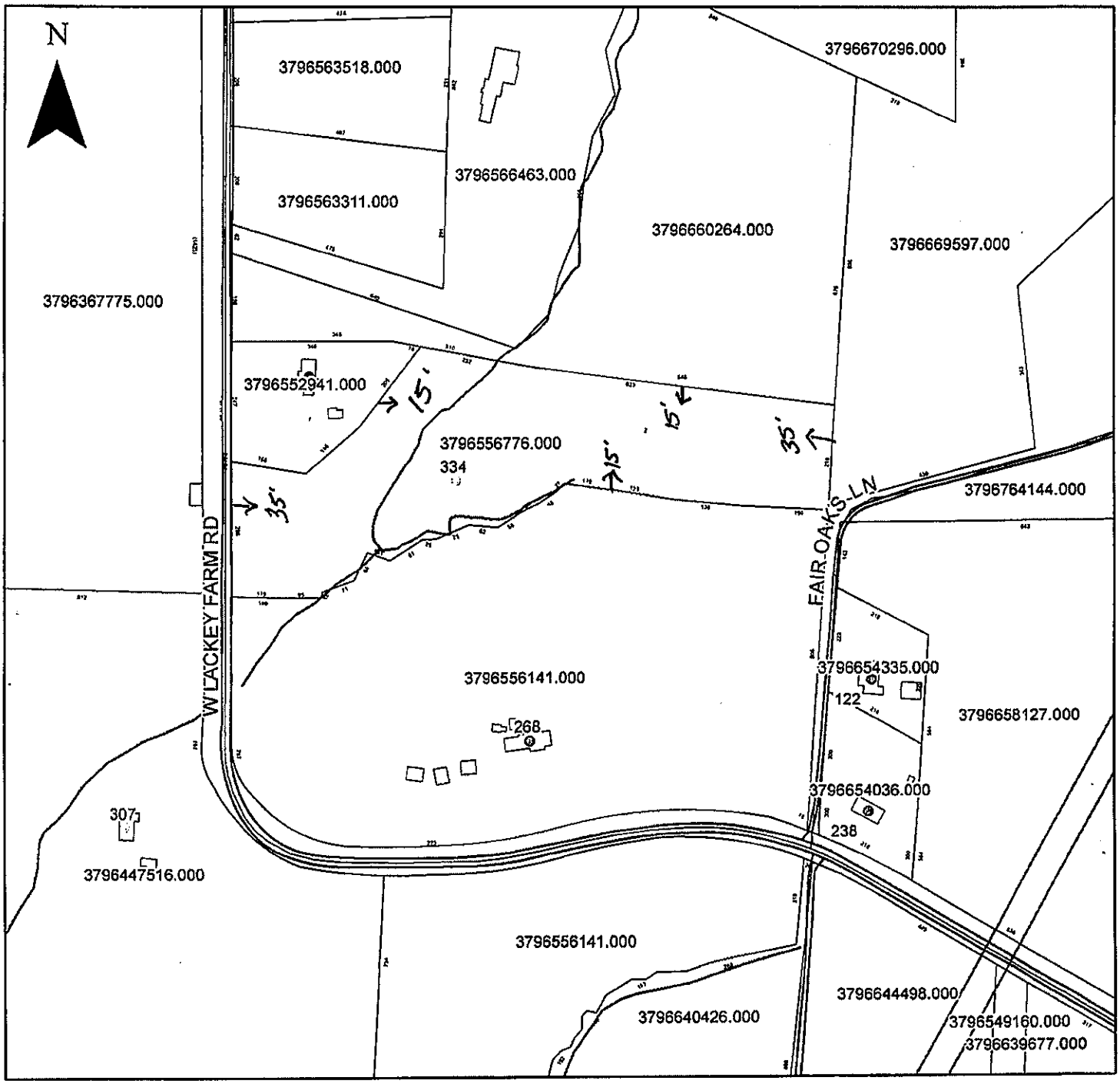
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 06/25/2020

Signature of Owner/Contractor

Permit Number	308549	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 334 W. Lackey Farm Rd.

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

8/16/20
Date