MANF-2022-7734

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT #Osup-2022-2687

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

PIN # 3797 - 54 5093

APPLICANT/OWNER: Boyce Galliher APPLICANT ADDRESS: 165 Ashley Acres Rd. Statesville NC 28677

SITE ADDRESS: 137 Calhoun Rd Stony Point NC 28678 PHONE: 704 402 2795 ALT. PHONE

SITE DIRECTIONS: Hwy 90 @ on Calhoun Site on Left SAP CONTROLLED: ☐ YES ☒ NO

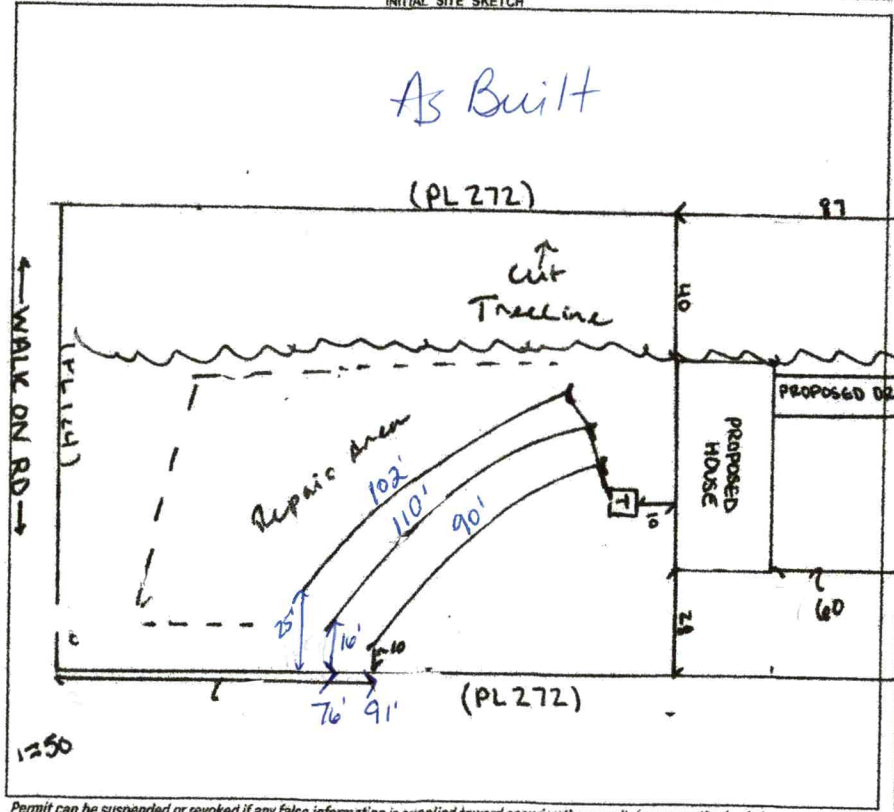
SUBDIVISION: Great White Properties SECTION: LOT # 3 LOT AREA: 0.78 Ac. DESIGN FLOW: 360 L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	760	Date	1/23/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	Gravity 25% Reduction			
Pump Make	-		Model	-	Serial #	-	Repair System Description:	CL-PPBDS- 50% Reduction			
# Nitrification Fields	1	# Lines	3		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36 in	Trench Bottom Depth(Low side)	36 in MAX		Gravel Depth			☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☐ Private	
☐ Other	No. Employees		☒ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install Septic Drainlines on the contour of the land Utilize Serial Distribution. Do not Drive, park, pave, grade or bury Utilities in Drainfield Area.

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:

IMPROVEMENT PERMIT by: Benjamin A Box Date: 10-7-2022

AUTHORIZATION TO CONSTRUCT by: Benjamin A Box Date: 10-7-2022

Installed by: Abee's Grading

OPERATION PERMIT by: D Webey Date: 3/8/23

Existing System Inspected by: Date:

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

SCANNED

Lot 1

PERMIT SNAPSHOT REPORT OSWP-2022-4568 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Improvement Permit
Status: In Progress
Valuation: $0.00
Description: doublewide

Project:
District: Iredell County
Square Feet: 0.00
Assigned To: Botkins, Ben

App Date: 09/14/2022
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Parcel: 3797535905.000 Main
Address: 129 Calhoun Rd Main
Stony Point, NC 28678
Zone: RA(Residential Agricultural District)

Applicant/Authorized Agent
Boyce Galliher
165 Ashley Acres 165
ASHLEY ACRES RD.
Statesville, NC 28677
Business: (704) 402-2795

Property Owner
Great White Properties LLC
325 South Oakland Ave Suite 201
Rock Hill, SC
Business: (704) 400-9481

Permit Custom Fields

How is your site plan being submitted	Survey Plat	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	28x56	What are the proposed structures	New Single Family Residence
If other Addition/Structure, please explain	doublewide	Maximum Number of Bedrooms	3	Number of Occupants	4
Foundation Type	Crawl Space Foundation	Residential/Business/Other	Residential	Water Supply	Other Public Water
Desired Septic System Type	Conventional (most common)	Has this project been approved by TRC	No	Lot Acreage	2.23
Front Setback	35	Back Setback	35	Left Setback	25
Right Setback	15	Is the structure or development in the floodplain	No	Is the property in a local historic district?	No
Is the property located downtown?	No	Zoning Notes/Addendums	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.	Additional Unique Setbacks Apply	No
Watershed	WSIV CA SOUTH YADKIN				

PERMIT SNAPSHOT REPORT (OSWP-2022-4568)

Attachment File Name	Added On	Added By	Attachment Group	Notes
129 CALHOUN RD ZONING AND EH APPS.pdf	09/15/2022 16:49	Sloan, Chrystal		

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2022-17333	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	09/19/2022			09/19/2022 16:53	09/19/2022 16:53

Inspectors: Kobuck, Teanna (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00002128	Iredell Zoning Tech Fee	$2.25	$2.25
	New Gravity System	$500.00	$500.00
	Iredell Zoning Permit Fee	$75.00	$75.00
	Total for Invoice INV-00002128	$577.25	$577.25
	Grand Total for Permit	**$577.25**	**$577.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		09/14/2022 0:00	09/14/2022 11:56
Confirm application complete v.1	Generic Action		09/14/2022 11:56
Zoning Review v.1		09/14/2022 0:00	09/14/2022 11:56
Iredell County Zoning Approval v.1	Task	09/14/2022 0:00	09/14/2022 11:56
Issue Invoice v.1	Generic Action		09/14/2022 11:56
Fees Paid v.1	Generic Action		09/14/2022 11:56
Fees v.1		09/15/2022 0:00	09/15/2022 11:39
Issue Invoice v.1	Generic Action		09/15/2022 11:39
Fees Paid v.1	Generic Action		09/15/2022 11:39
Lot Readiness Verification v.1		09/19/2022 0:00	
OSWP Septic Preliminary Site Visit v.1	Inspection	09/19/2022 0:00	09/19/2022 16:53
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

Lot 1

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide✓ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
NO

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 3 and stories? 1

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Great White Properties LLC Wendy Sweet Phone # 704-400-9481

Owner's Current Address 325 South Oakland Ave. Suite 201-Rock Hill SC-29730

Property Information

Property Address 129 Calhoun Rd. Stony Point NC Parcel # 1C-3797-53-5905

Subdivision: NO Lot: 1 Zoning: ___ Watershed: Y or (N) Flood Plain: (Y) or N Township: Iredell County

Directions to property (from a MAIN ROAD) HWY 90 west. Rt on Calhoun - Lot on Lt

Application Information

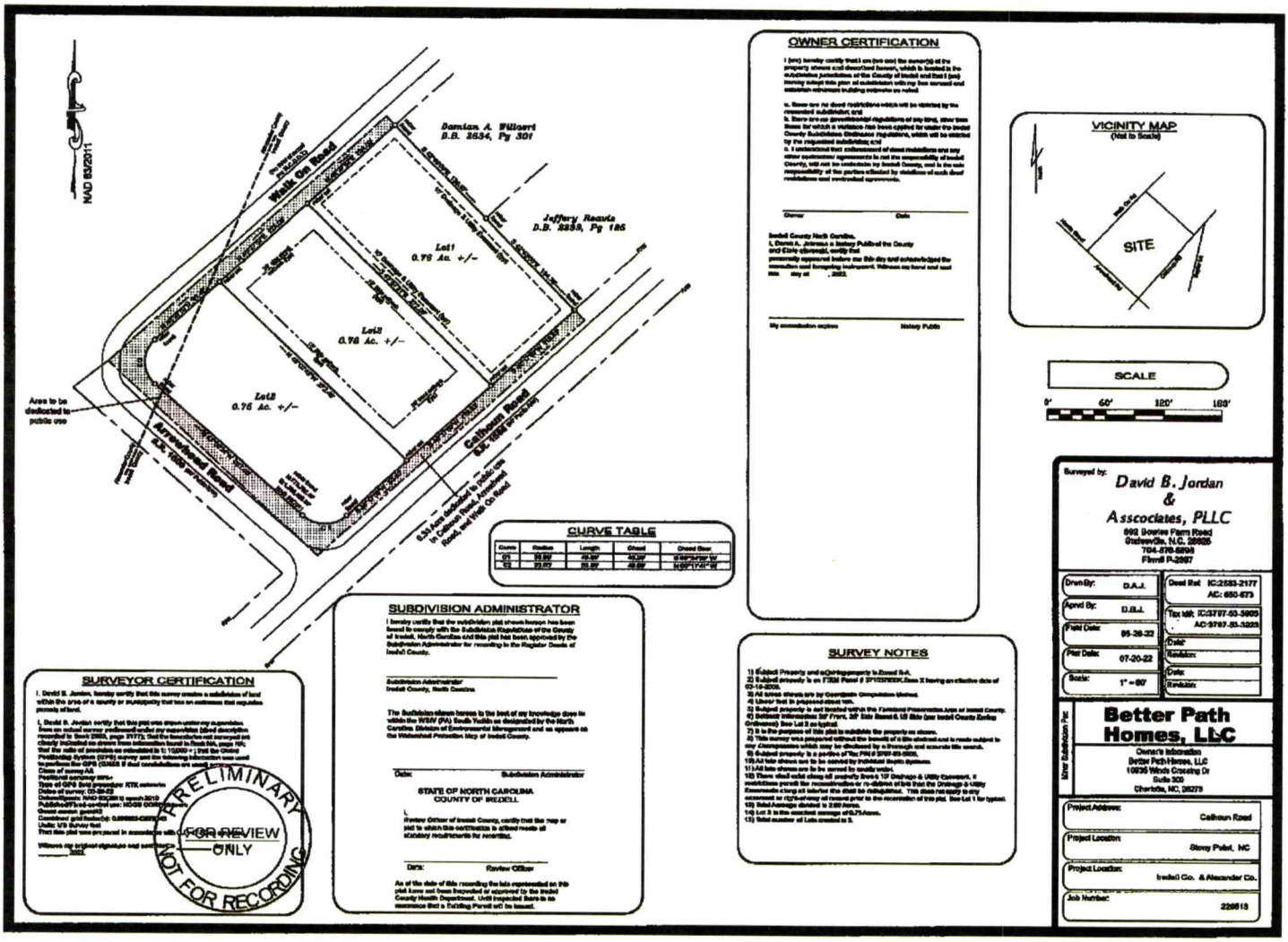
Applicant's Name or Company Boyce Gallimer Applicant's Phone # 704-402-2795

Applicant's Address 165 Ashley Acres Rd - Statesville NC. 28677

If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Boyce Gallimer DATE 8/5/22



CURVE TABLE

Curve	Radius	Length	Chord	Chord Bear.
C1	25.00'	40.84'	36.39'	S 66°30'00" W
C2	25.00'	39.27'	35.36'	N 00°11'41" W

OWNER CERTIFICATION

I (we) hereby certify that I am (we are) the owner(s) of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I (we) hereby adopt this plan of subdivision with my free consent and establish minimum building restrictions as noted.

a. There are no deed restrictions which will be violated by the proposed subdivision; and

b. There are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and

c. I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

Owner Date

Iredell County North Carolina,
I, Diana A. Johnson a Notary Public of the County and State aforesaid, certify that personally appeared before me this day and acknowledged the execution and foregoing instrument. Witness my hand and seal this day of , 2022.

My commission expires Notary Public

VICINITY MAP
(Not to Scale)

SCALE

0' 60' 120' 180'

SURVEYOR CERTIFICATION

I, David B. Jordan, hereby certify that this survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.

I, David B. Jordan certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2865, page 2177); that the boundaries not surveyed are clearly indicated as drawn from information found in Book NA, page NA; that the ratio of precision as calculated is 1: 10000 + ; that the Global Positioning System (GPS) survey and the following information were used to perform the GPS (Class: If Real Time/Post Processed Kinematic (RTK) or Post Processed Static or Static GPS used: RTK or Static GPS): Class of survey: A5 Positional accuracy: NAD 83 Type of GPS field procedure: RTK networks Date of survey: 05-26-22 Datum/Epoch: NAD 83(2011) epoch:2010 Published/Fixed-control use: NCGS CORS Geoid model: geoid12 Combined grid factor(s): 0.999953 CRS: Units: US Survey foot

That this plat was prepared in accordance with G.S. 47-30 as amended.

Witness my original signature and seal this day of , 2022.

PRELIMINARY
FOR REVIEW ONLY
NOT FOR RECORDING

SUBDIVISION ADMINISTRATOR

I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and this plat has been approved by the Subdivision Administrator for recording in the Register Deeds of Iredell County.

Subdivision Administrator
Iredell County, North Carolina

The Subdivision shown hereon is to the best of my knowledge done in within the WSW (PA) South Yadkin as designated by the North Carolina Division of Environmental Management and as appears on the Watershed Protection Map of Iredell County.

Date: Subdivision Administrator

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Date: Review Officer

As of the date of this recording the lots represented on this plat have not been inspected or approved by the Iredell County Health Department. Until inspected there is no assurance that a building Permit will be issued.

SURVEY NOTES

1) Subject Property and adjoining property is Zoned R-A.
2) Subject property is on FIRM Panel # 3710378600K,Zone X having an effective date of 03-18-2020.
3) All lot lines shown are by Coordinate Computation Method.
4) Lines/ Text in proposed about 10ft.
5) Subject property is not located within the Protected Preservation Area of Iredell County.
6) Setback information 30' Front, 20' Side Street & 10' Side (per Iredell County Zoning Ordinance) Size Lot 3 as typical.
7) It is the purpose of this plat to subdivide the property as shown.
8) This survey was prepared without the benefit of a title abstract and is made subject to any encumbrances which may be disclosed by a thorough and accurate title search.
9) Subject property is a portion of Tax PIN # 3787-83-3505.
10) All lot lines shown are to be served by individual Septic Systems.
11) All lot lines shown are to be served by county water.
12) There shall exist along all property lines a 10' Drainage & Utility Easement, a subdivision permit the reconstruction or re-defining of any Drainage & Utility Easements along all lots(or the start be obligations). This does not apply to any easement or right-of-way all recorded prior to the recordation of this plat. See Lot 1 for typical.
13) Total Acreage divided in 2.09 Acres.
14) Lot 3 is the smallest acreage at 0.75 Acres.
15) Total number of Lots created is 3.

Surveyed by:
David B. Jordan
&
Asscociates, PLLC
602 Bowles Farm Road
Statesville, N.C. 28625
704-878-5808
Firm# P-2087

Drwn By:	D.A.J.	Deed Ref:	IC:2583-2177 AC: 650-673
Aprvd By:	D.B.J.	Tax Ids:	IC:3787-83-3605 AC:3787-83-3305
Field Date:	05-26-22	Date:	
Plat Date:	07-20-22	Revision:	
Scale:	1" = 60'	Date:	
		Revision:	

Minor Subdivision Plat

Better Path Homes, LLC

Owner's Information
Better Path Homes, LLC
10835 Winds Crossing Dr
Suite 300
Charlotte, NC, 28278

Project Address:	Calhoun Road
Project Location:	Stony Point, NC
Project Location:	Iredell Co. & Alexander Co.
Job Number:	220618

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
( ) 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@icloud.com Phone: 704-402-2795 Alt. Phone: _____
Owner Name: Wendy Sweet Address: 325 South Oakland Ave Suite H. ROCKHILL SC Zip: 29730
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information: 129
Street Address: Calhoun Rd Stony Point NC.
Subdivision Name: _____ Section/Phase: _____ Lot Number: 1
Driving Directions: Hwy 90 West – Rt on Calhoun Rd – Lot on Left

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: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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.

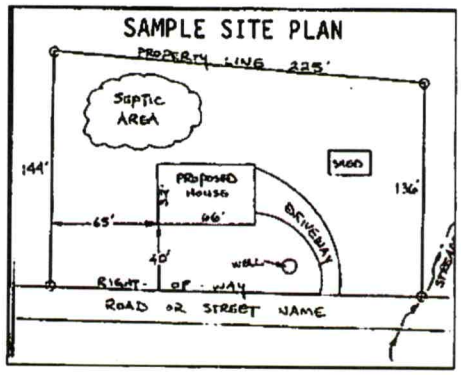
Signature: Boyce Galliher 8-15-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

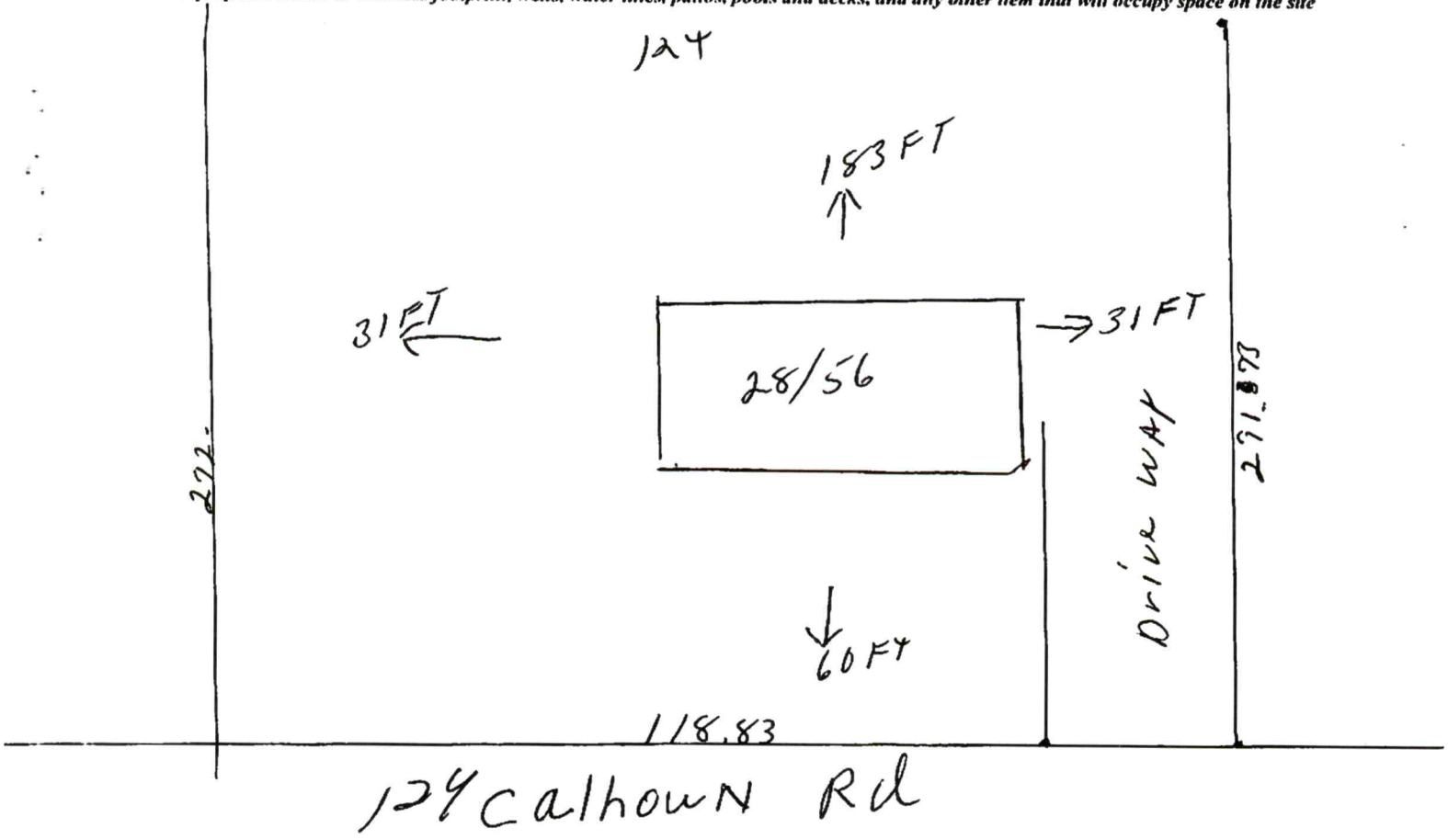
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

8-15-22
DATE

LOT 2

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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 Alex Sweet, am the legal owner(s) of the property located
129 Calhoun Rd Stony Point NC, identified as
PIN (Parcel Identification Number) 3797-53 5905 located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Bryce Gilbert
_____, 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.

Alex Steven Sweet
Signature of Owner(s)

8-15-22
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

BY **Complete all Environmental Health forms**:

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

BY **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

BY **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

BY **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

BY **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

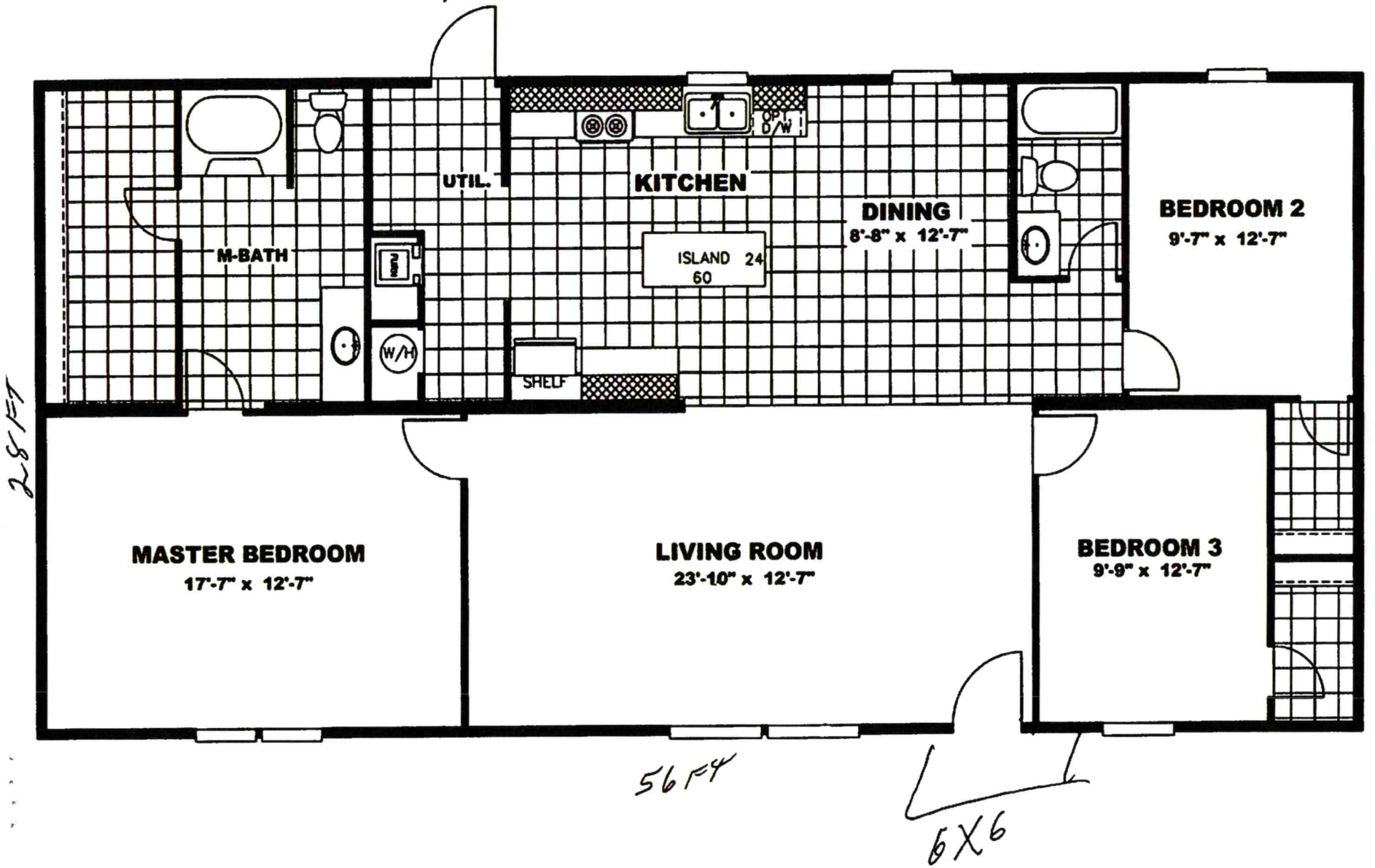
Signature Daya Dalton **Date** 8-15-22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

10/10 1568 FT


UTIL.
KITCHEN
DINING
8'-8" x 12'-7"
BEDROOM 2
9'-7" x 12'-7"
M-BATH
ISLAND 24
60
W/H
SHELF
MASTER BEDROOM
17'-7" x 12'-7"
LIVING ROOM
23'-10" x 12'-7"
BEDROOM 3
9'-9" x 12'-7"
28 FT
56 FT
6X6

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

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

Lot 3.

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: 3BR. PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: _____
LOCATION OF SITE: 137 Cameron Rd PROPERTY RECORDED: _____
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1		0-23 23-57	C ABK CL MSBK	SS SP FR SEXP SS SP FR	2.5Y 4/4	57		48-57 MSBK CL	PS .30
2		0-24 24-58	C ABK CL MSBK	SS SP F SEXP SS SP F		58			PS 0.30
3		0-26 26-60	C ABK CL ABK			60			~~0.25~~ PS 0.30
4		0-40 40-52	C ABK CL SBK						PS .30

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: _____

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.

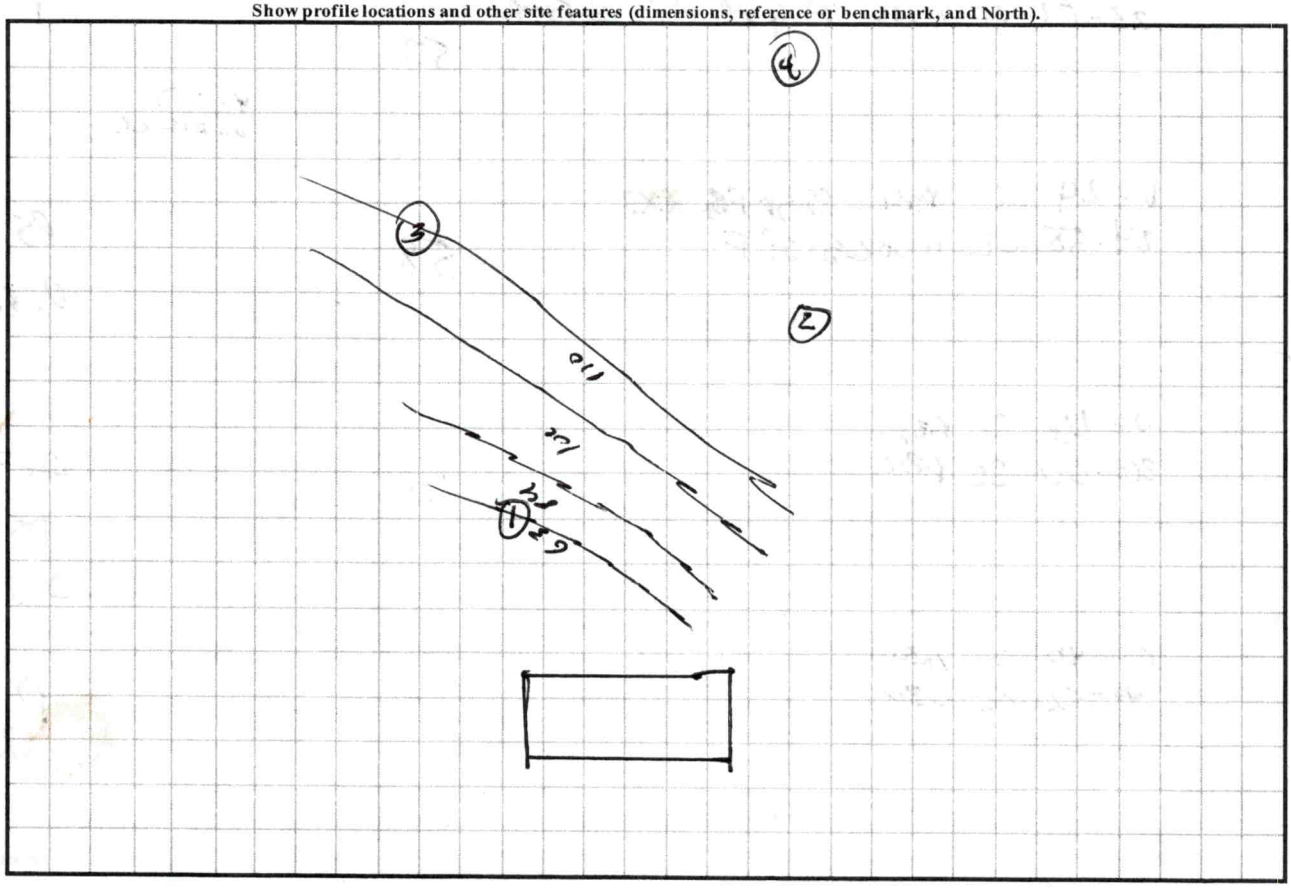
NOTES

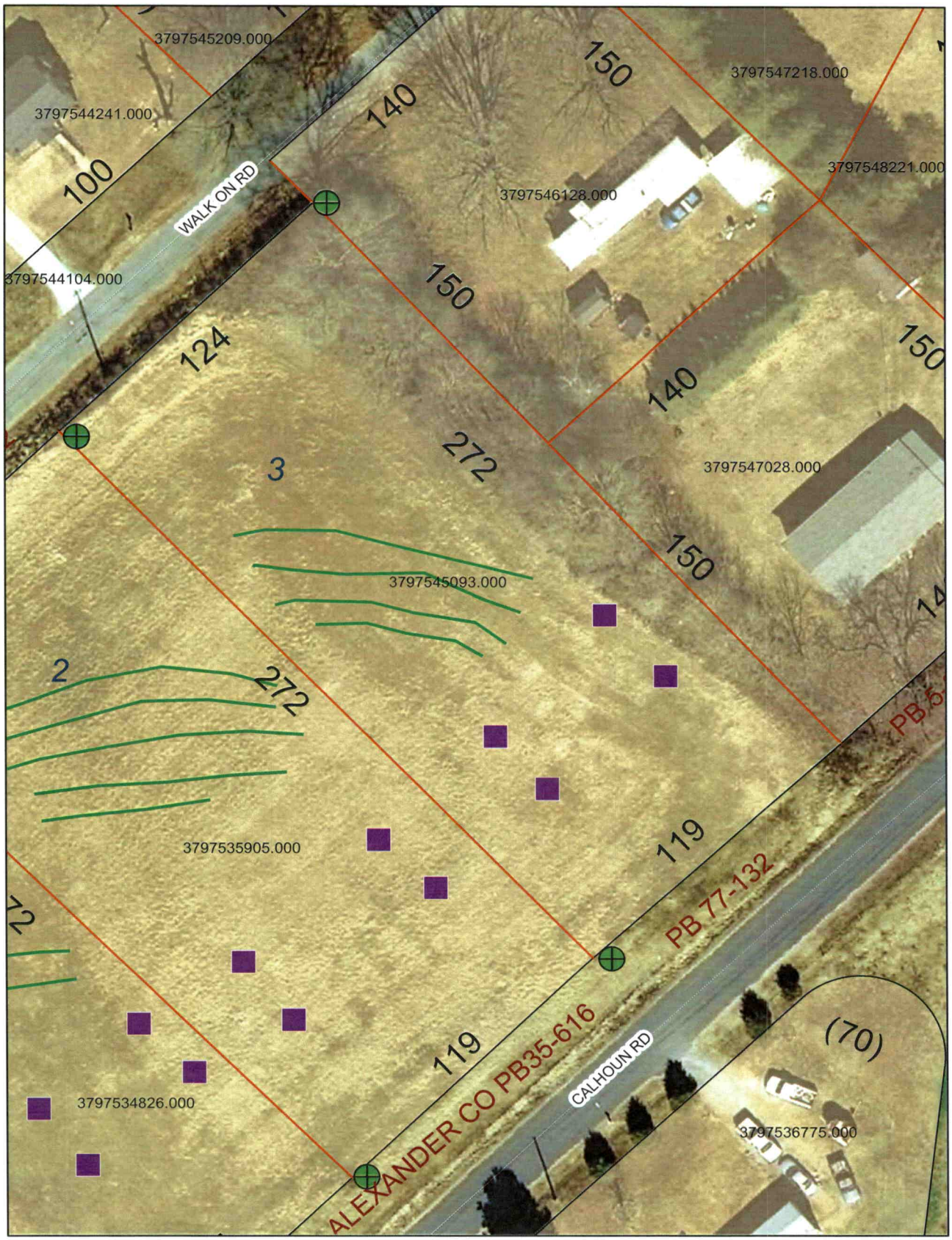
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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/ft^2

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




3797545209.000
3797544241.000
3797544104.000
3797546128.000
3797547218.000
3797548221.000
3797547028.000
3797545093.000
3797535905.000
3797534826.000
3797536775.000
WALK ON RD
CALHOUN RD
ALEXANDER CO PB35-616
PB 77-132
PB 5-
100
124
140
150
272
119
(70)
3
2