ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 BCW Mooresville Office (704) 660-3625 PERMIT #AP 311352

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

PIN # 4751-39-6954

APPLICANT/OWNER: Jeremy Plyler APPLICANT ADDRESS: 313 Pilch Road Trutmon 28166

SITE ADDRESS: 103 Tucker Road Trutmon NC 28166 STV 28677 PHONE: 704-339-9700 ALT. PHONE -

SITE DIRECTIONS: Corner of tucker & Amity Hill SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Wyatt Estates SECTION: - LOT # 5 LOT AREA: .76 Acre DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	760	Date	12-29-20	☒ 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:	50% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft:	360'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36"	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

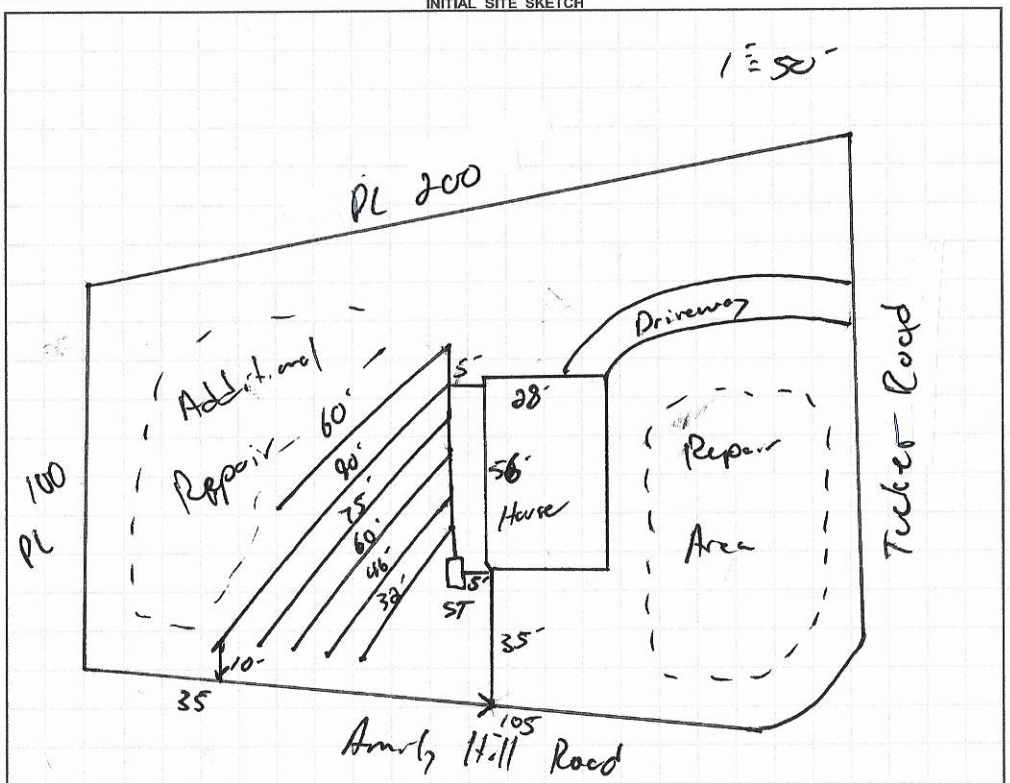
Comments / Conditions: Install Drainlines on Contour of land and use serial distribution

Property to be recorded prior to AC

BK 73

PG 56

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.

Lines installed as Drawn

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 2-8-2021 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Date: 1-15-2021 OPERATION PERMIT by: Date: 3-15-2021

AUTHORIZATION TO CONSTRUCT by: Date: 2-5-2021 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Judd

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

OWNER: Jeremy Plyler
APPLICATION DATE 9-29-2020
ADDRESS: 313 Pilch Road
DATE EVALUATED:
PROPOSED FACILITY: 3 BR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .766 Acre
LOCATION OF SITE: 103 Tucker
PROPERTY RECORDED: Yes

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	3-5% SS	0-6 6-30 30-48	SBK SCL ABK C SBK CL	Fr SSSPSmp	4/3 Mottles @ 24"	48	N/A	N/A	PS .25
2	3-5% SS	0-6 6-33 33-48	SBK SCL ABK C SBK CL		4/3 Mottles @ 26"	48	N/A	N/A	PS .25
3	3-5% SS	0-6 6-22 22-48	SBK SCL SBK C SBK CL		N/A	42"	N/A	N/A	PS .3
4	3-5% SS	0-6 6-22 22-48	SBK SCL SBK C SBK CL		N/A	48"	N/A	N/A	PS .3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	200
System Type(s)	25%	50%
Site LTAR	.25	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
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.

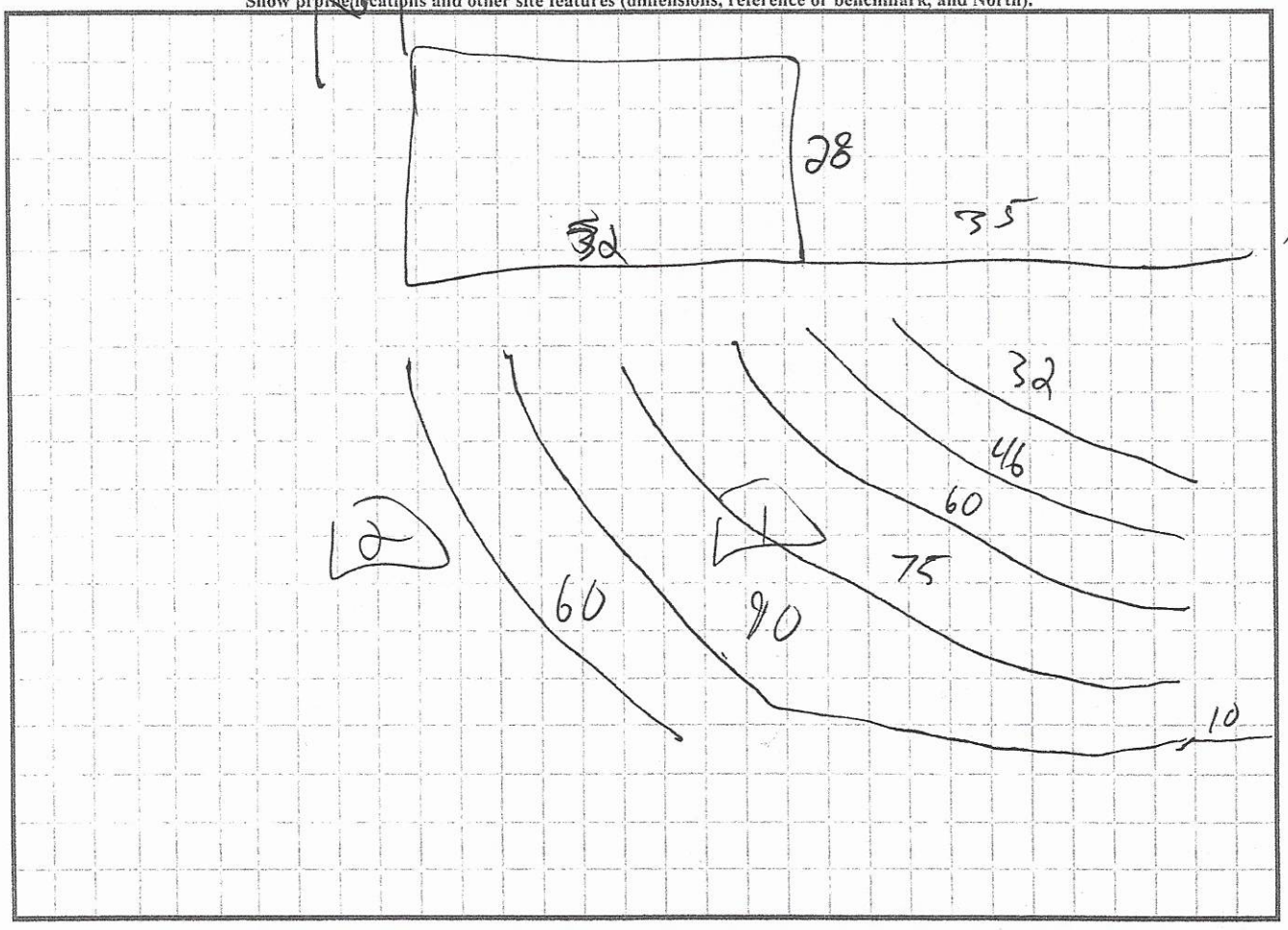
NOTES

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/ft²

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



RECEIVED SEP 3 0 2020

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

AP- 311352
$500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:

(✓) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: Jeremy Plyler Address: 313 Pilch Rd Troutman Zip: 28166

Applicant Email: jlplyler@gmail.com Phone: 704-539-9708 Alt. Phone: _____

Owner Name Colen Smith / Debra Smith Address: 406 Moose Club Rd. Statesville Zip: 28677

Owner Email Colensmith1251@gmail.com Phone: 704-878-9152 Alt. Phone: _____

Property Information:

Street Address: 103 Tucker Rd

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Corner of Tucker & Amity Hill Rd

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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
Pbl wide
( ) 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 ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

( ) No Preference ( ) Alternative (1) 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: _____ 9-29-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

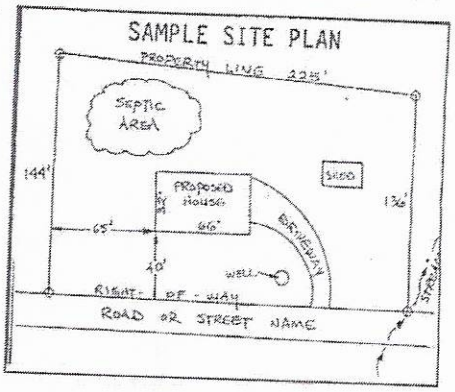
311352

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:

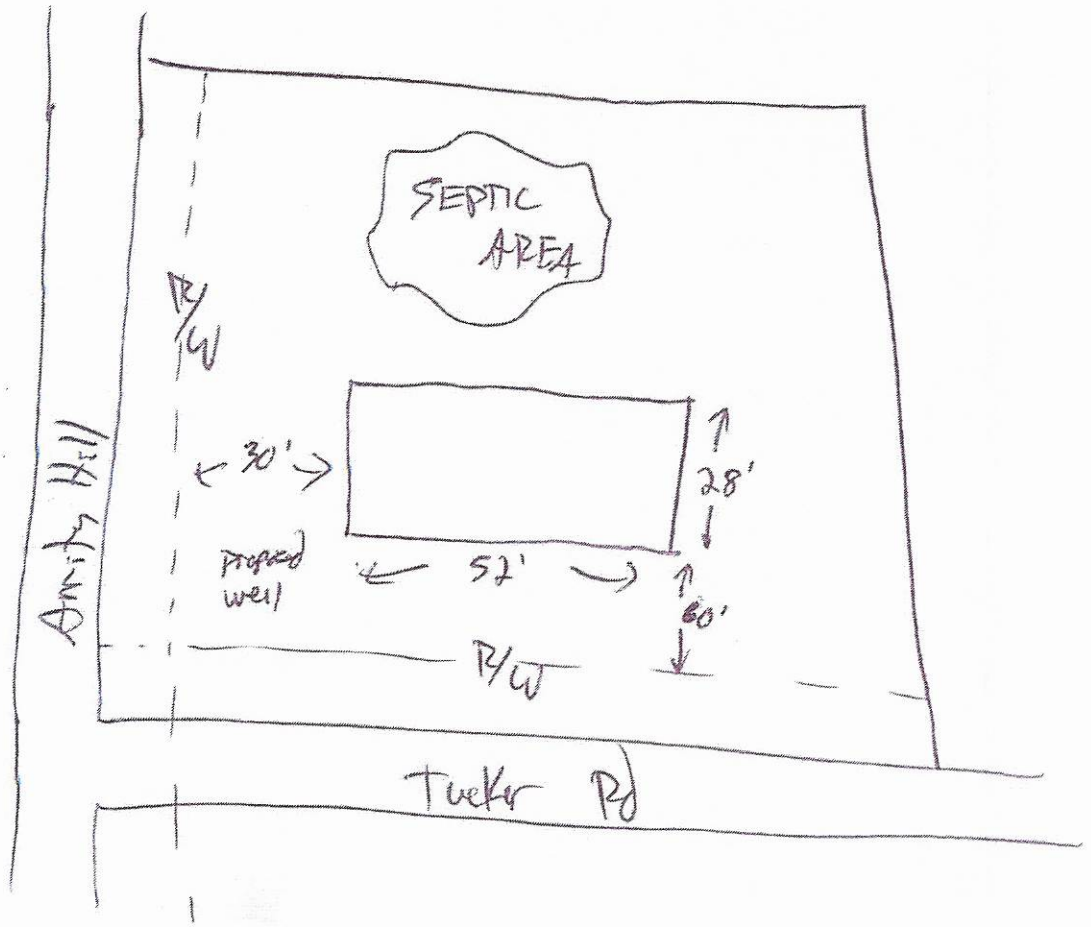
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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) — DATE 9-29-20

SURVEYOR'S CERTIFICATION

I, Marty S. Cline, Professional Land Surveyor, hereby certify that this plat was drawn under my direct supervision from an actual survey made under my direct supervision with a precision ratio of 1:10,000+ before adjustment; that this survey creates a subdivision of land within an area of a county or municipality that has an ordinance which regulates parcels of land; and that this plat was prepared in accordance with G.S. 47-30 as amended.

Witness my hand and official seal this _____ .

_____
NCPLS 3361

NORTH CAROLINA PROFESSIONAL SEAL L-3361 LAND SURVEYOR MARTY S. CLINE

WATERSHED STATEMENT

To the best of my knowledge, the subdivision hereon does not lie within a watershed designated by the North Carolina Division of Environmental Management as appears on the Watershed Protection Map of Iredell County.

_____ _____
Subdivision Administrator Date

CERTIFICATE OF OWNERSHIP AND DEDICATION

I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent and establish minimum lot size and building setback lines and dedicate all roads, alleys, walks, parks, and other sites and easements to public use.

I further certify that:

a) there are no deed restrictions which will be violated by the requested 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

OWNER'S NOTARIZATION

_____ County, North Carolina

I, _____
a Notary Public of the county and state aforesaid, hereby certify that Jeremy L. Plyler personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official stamp this _____ .

_____
My commission expires _____ .

CERTIFICATE OF APPROVAL FOR RECORDING

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 that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell County.

_____ _____
Subdivision Administrator Date

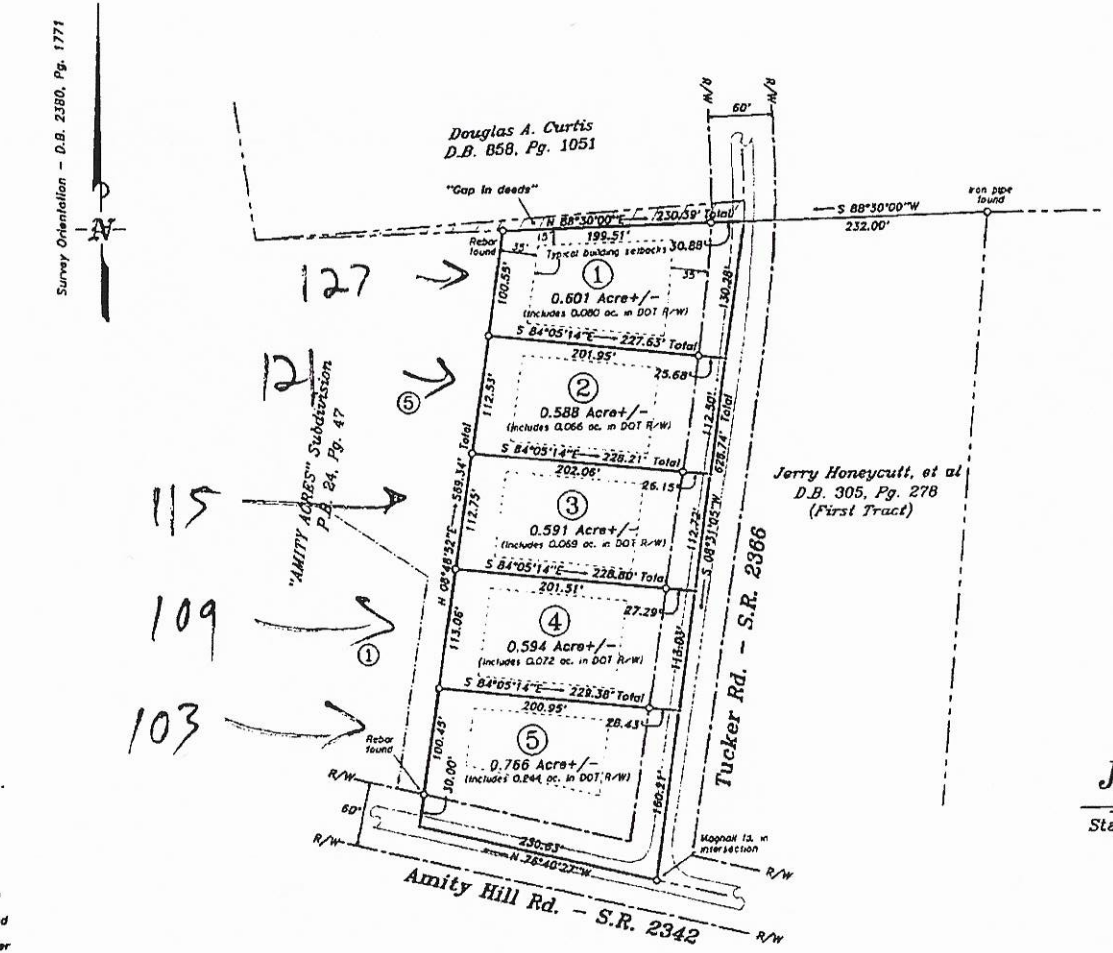
REVIEW OFFICER'S APPROVAL

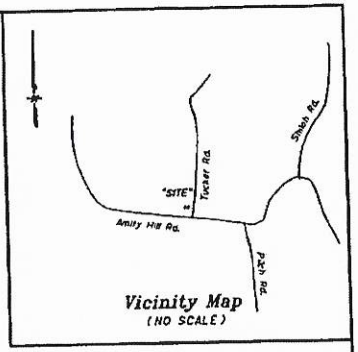
Iredell County, North Carolina

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

_____ _____
Review Officer Date

NOTICE:
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.





Vicinity Map
(NO SCALE)

SURVEYOR'S NOTES

1) This survey shall be made subject to any discrepancies that may be disclosed by a thorough and accurate title search.

2) This property does not lie in a flood hazard area as appears on HUD/FIA Flood Insurance Rate Maps 3710475200J (Effective date 3-18-08) and 3710474000J (Effective date 3-18-08).

3) This property and all adjoining properties are zoned R-A.

4) These lots shall be subject to a ten (10) foot drainage and utilities easement across the front, rear, and sides.

5) No horizontal control monuments were found within 2000 feet of this site.

6) These lots shall be served by public water supply and individual septic systems.

7) Total area in subdivision: 3.140 acres+/-

8) Total number of lots in subdivision: 5

9) Area in smallest lot: 0.588 acre+/-

10) All lots shall be subject to minimum building setbacks as follow, unless noted otherwise: Front - 35 feet, Sides - 15 feet, Rear - 35 feet (see Lot 1)

11) Areas shown were derived from the double meridian distance method measured at ground level.

12) Areas within NCDOT R/W shall be dedicated to public use.

Minor Subdivision Survey For:

Jeremy L. Plyler

Statesville Outside Twsp., Iredell Co., N.C.

Deed reference:

Survey initiated August 11th, 2015

Platted August 20th, 2020

Tax PIN: 4752 30 6166

Scale: 1" = 80'

80 0 80 160 240

GRAPHIC SCALE - FEET

Proximity to Voluntary Farmland Preservation District or Enhanced Voluntary Farmland Preservation District Statement

"This property, or portions thereof, is not located within 1/2 mile of a designated (Enhanced) Farmland Preservation District."

LEGEND

O = #4 rebar set unless denoted otherwise
+ = Unmarked point
——— = Overhead power line
Ø = Power pole

Owner/Developer:
Jeremy L. Plyler
313 Pitch Rd.
Troutman, NC 28166

MARTY S. CLINE, PLS
115 Evening Star Dr.
Statesville, N.C. 28625
(704) 546-5975

311352

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, Coleen Smith / Debra Smith, am the legal owner(s) of the property located at 103 Tucker Rd., identified as

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

I do hereby authorize (**print legal representative/company name**) Jeremy Pyle,

_____, 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.

Coleen M Smith Debra Smith _____ 9/19/20

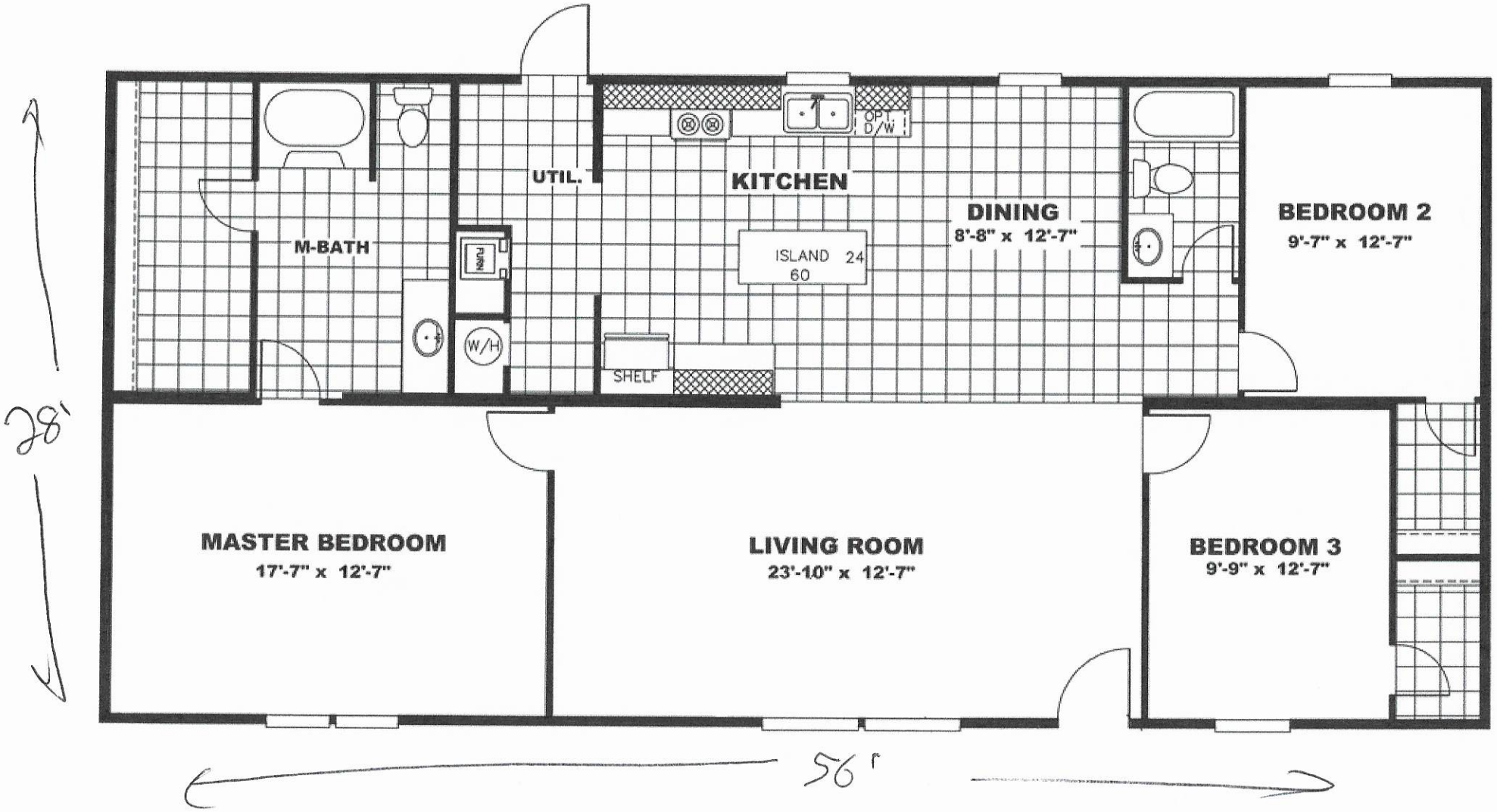
Signature of Owner(s) Date

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

103 Tucker



Acknowledgement Of
Plans Submittal ONLY!

Date 2-4-2021

Date 2-5-2021

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311352 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4752306166.000	103 TUCKER RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: SMITH COLEN M+DEBRA J Address: Phone:	Name: JEREMY PLYLER Address: 313 PILCH RD TROUTMAN, NC 28166 Phone: (704)339-9700

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.14	35	35	15	15		NO

Remarks

DOUBLE WIDE

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES 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.

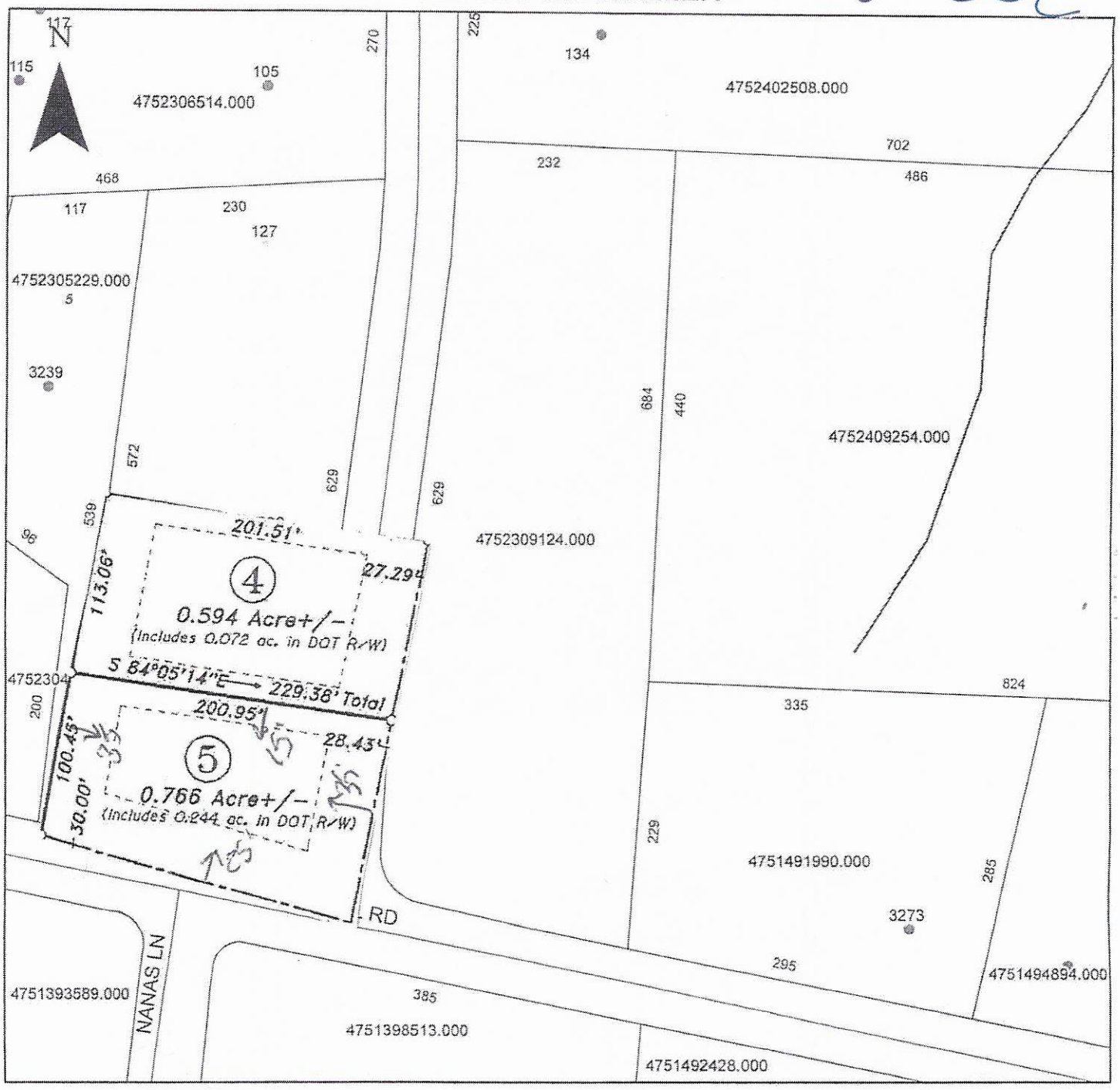
Signature of Owner/Contractor

Date: 09/29/2020

Permit Number	311352	TOTAL FEES:	$77.25

ZONING DISCLAIMER

311352



Property Address 103 Tucker 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

9-29-2020

Date