ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (3) Mooresville Office (704) 660-3625 BCM

PERMIT # AP 311353

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

PIN # 4752-30-7309

APPLICANT/OWNER: Jeremy Plyler

APPLICANT ADDRESS: 313 Pilch Road Troutman NC 28166

SITE ADDRESS: 127 Tucker Road Troutman NC 28166

PHONE: 704-339-9700 ALT. PHONE -

SITE DIRECTIONS: Intersection of Amity Hill and Tucker Road

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hyatt Estates

SECTION: - LOT # 1 LOT AREA:

DESIGN FLOW: 360gpd L.T.A.R.: .25

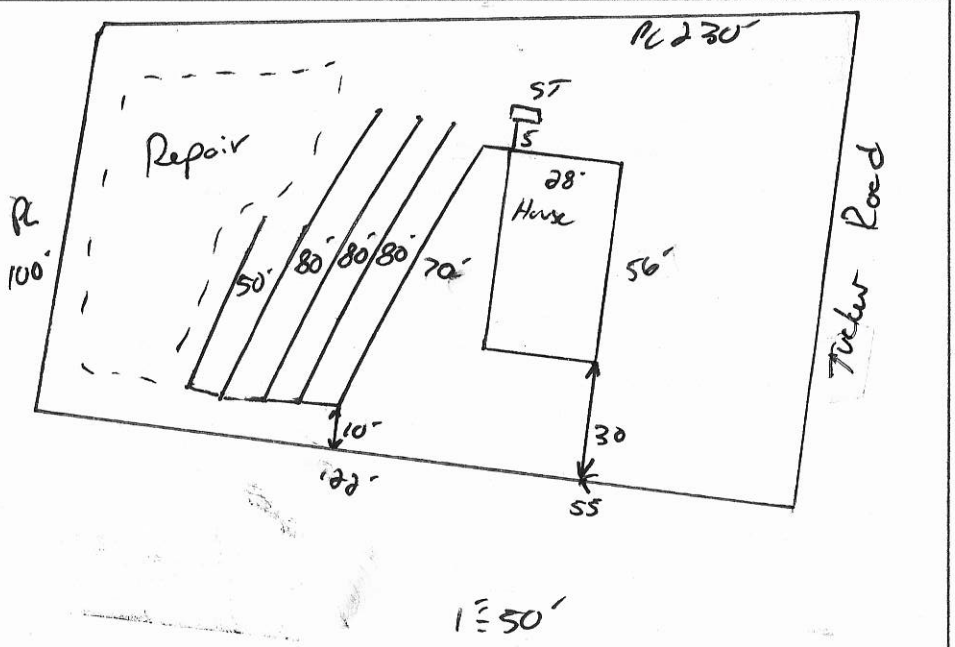
Septic Tank	1000	(gal)	STB	760	Date	3-12	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☒ Residence	No. Bedrooms	5	Water Supply		
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction				☐ Business	No. Persons	6	☒ Private		
Pump Make			Model		Serial #		Repair System Description:	50% Reduction				☐ Other	No. Employees		☐ Public		
# Nitrification Fields	1		# Lines	5	Linear Ft	360'	Maintenance Agreement Required:	☐ YES	☒ NO			☐ Slab	☒ Crawl Space		☐ Community		
Trench Width	36"		Trench Bottom Depth(~~Low side~~)		Max 36		Gravel Depth -	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing		☐ Basement w/o plumbing			

Comments / Conditions: Install Drawings on Center of land and use Serial distribution.

Property to be recorded before Issuing AC

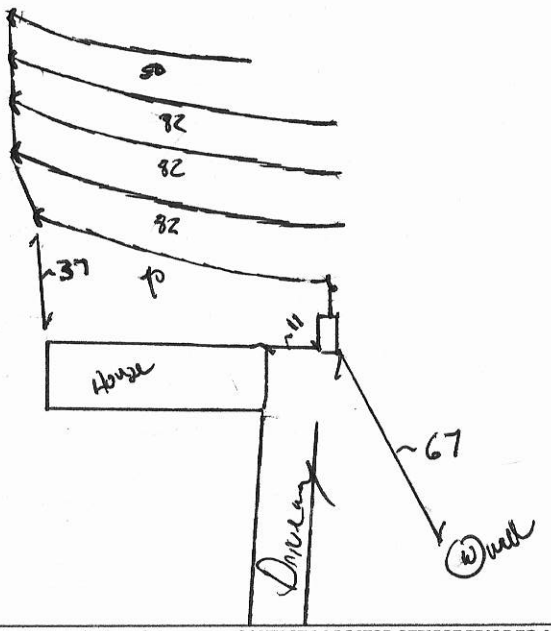
BK Pg
73 36

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: 2-5-2021 Installed by: Thompson Grading & Septic

IMPROVEMENT PERMIT by: Date: 1-20-2021 OPERATION PERMIT by: Benjamin Bailey Date: 5-14-2021

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: Indn

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

OWNER: Jeremy Plyler
ADDRESS: 313 Pilch Road Trutnon
PROPOSED FACILITY: 3 BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 124 Tutor Road

APPLICATION DATE 9-29-2020
DATE EVALUATED:
PROPERTY SIZE: +60 Acre
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	SIL SCL	Fr SS SP Sap	N/A	48+	N/A	N/A	PS .35 .25
		6-36	SIL C						
		36-48	SIL CL						
2	3-5% SS	0-6	SIL SCL		N/A	48+	N/A	N/A	PS .35 .25
		6-28	SIL C						
		28-48	SIL CL						
3	3-5% SS	0-6	SIL SCL		N/A	48+	N/A	N/A	PS .35 .25
		6-36	SIL C						
		36-48	SIL CL						
4	3-5% SS	0-6	SIL SCL		N/A	48+	N/A	N/A	PS .35 .25
		6-36	SIL C						
		36-48	SIL CL						

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

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) 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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
			None	None		

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

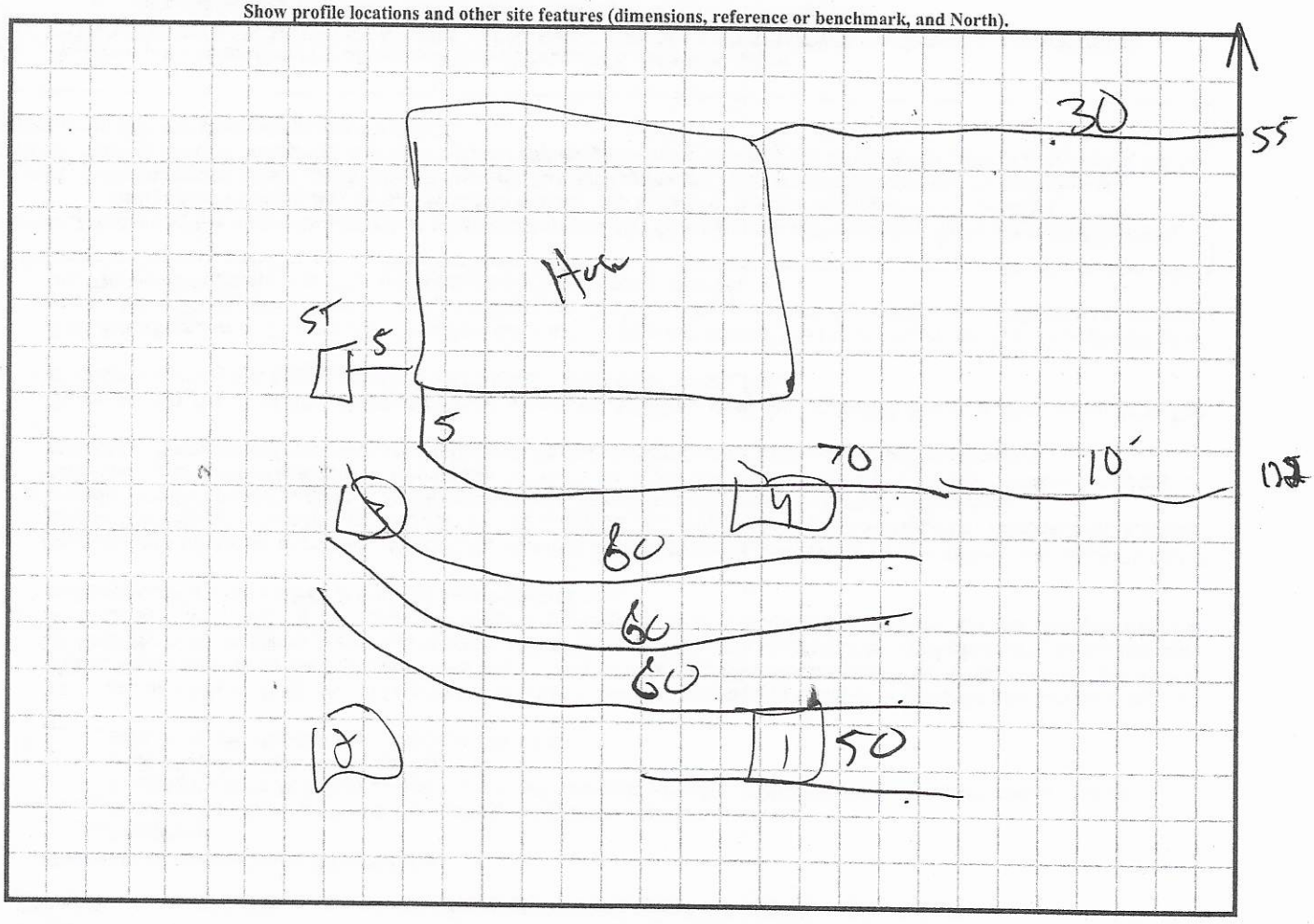
NOTES

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

Iredell County Health Department – Environmental Health Division

AP-311353 $500.00

PAGE 1: *APPLICATION FORM*

Application For: ( ) 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: Jeremy Plyler Address: 313 Pilch Rd Troutman Zip: 28166
Applicant Email: jlplyler@gmail.com Phone: 704-339-9700 Alt. Phone:
Owner Name: Colby M. Smith/ Debra Smith Address: 406 Mooresville Rd. Stes. Zip: 28677
Owner Email: Colbysmith1625@gmail.com Phone: 704-878-9152 Alt. Phone:

Property Information:

Street Address: 127 Tucker Rd
Subdivision Name: Hyatt Estates Section/Phase: - Lot Number: - 1 -
Driving Directions:

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:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

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

CHECK FOUNDATION TYPE
✓ Dbl 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 (X) 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: [signature] 9-29-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

311353

Public Health
Iredell County Health Department

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, Colen Smith / Debra Smith, am the legal owner(s) of the property located at 127 Tucker Rd., identified as

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

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

_____, 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.

Colen M Smith Debra Smith
Signature of Owner(s)

9/19/20
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

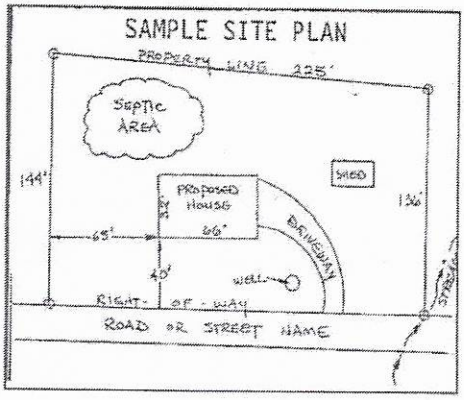
311353

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:

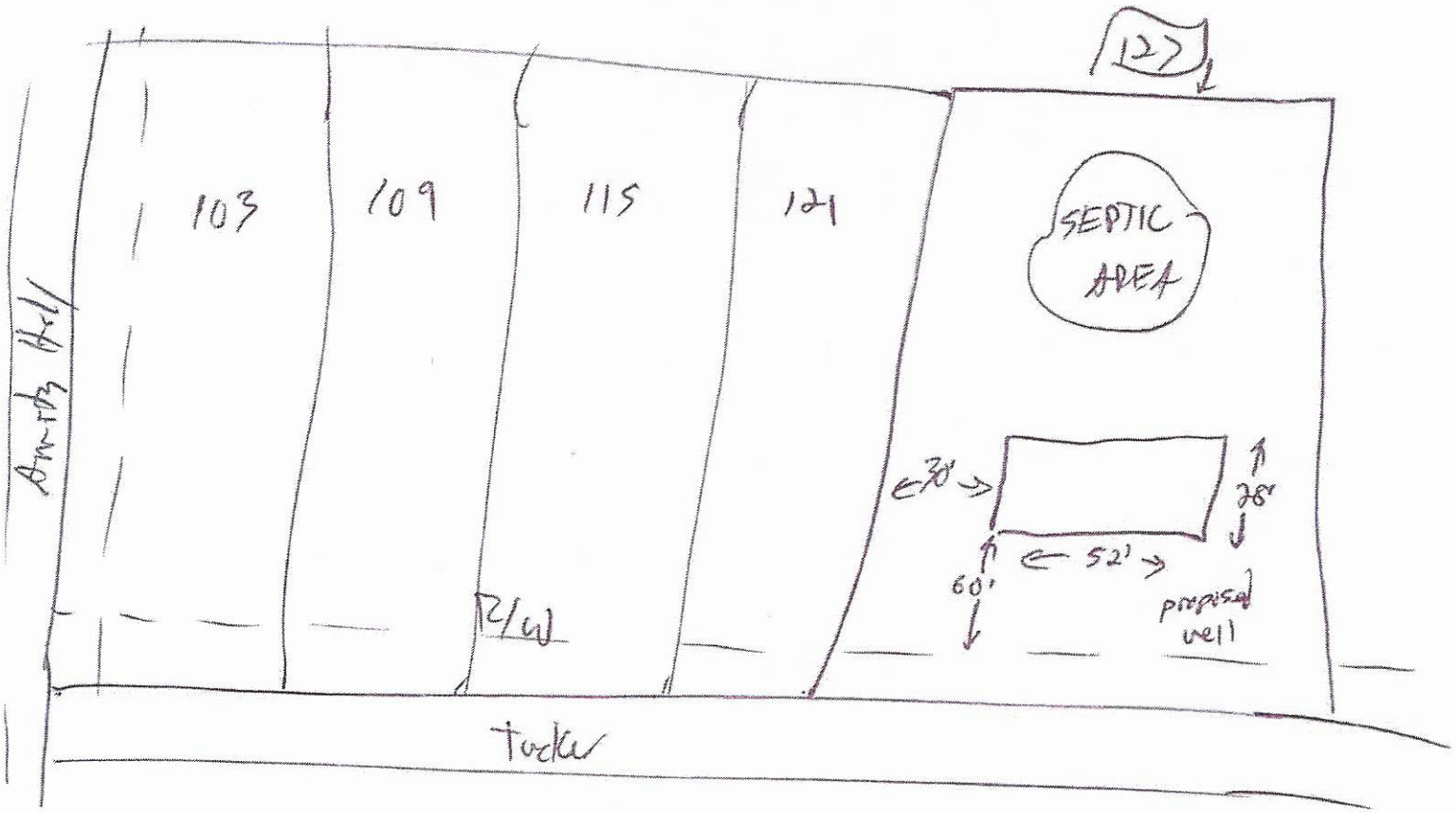
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

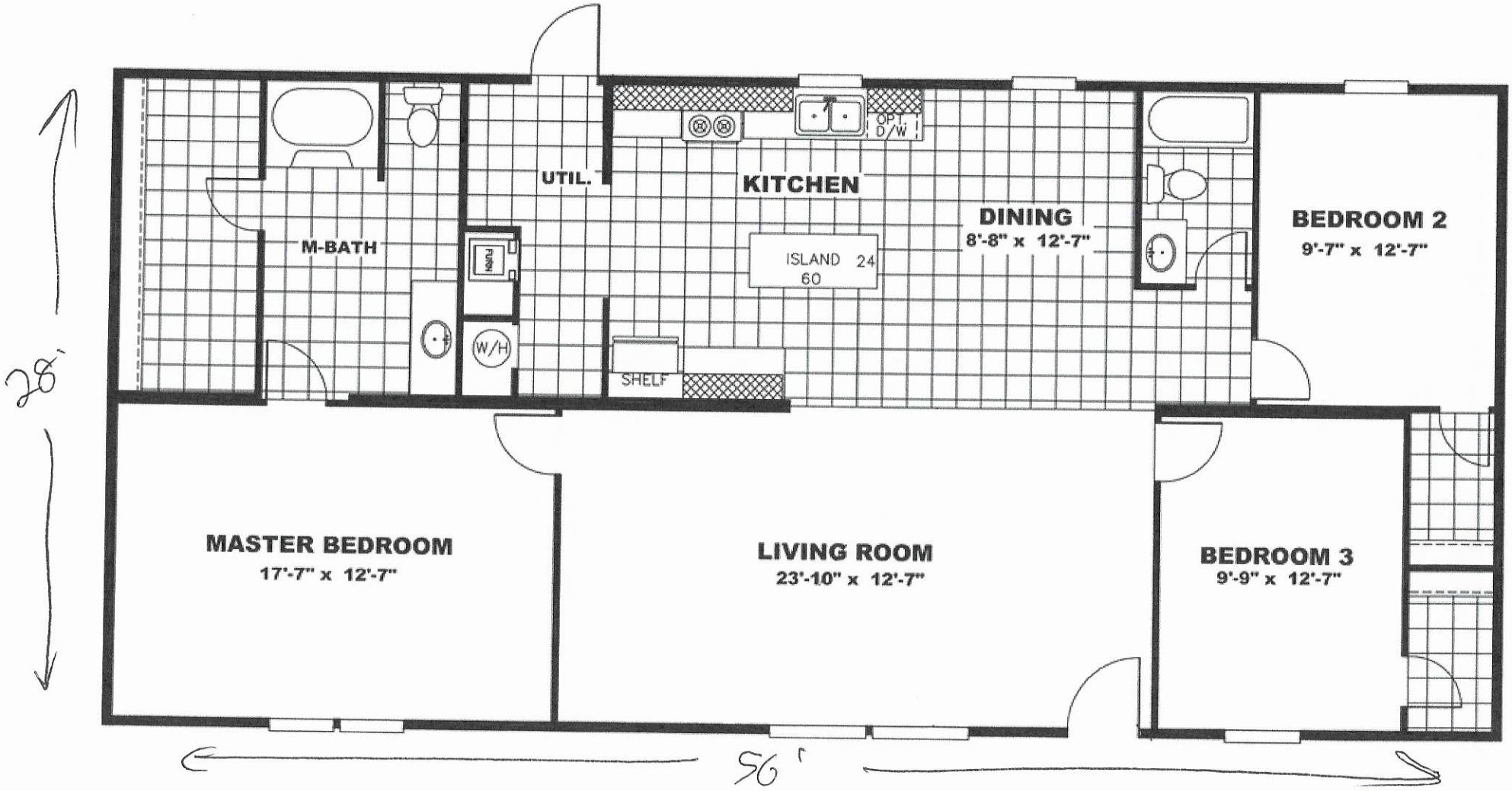
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



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

9-29-2020
DATE

127 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
311353 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4752306166.000	127 TUCKER RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: SMITH COLEN M+DEBRA J	Name: JEREMY PLYER
Address:	Address: 313 PILCH RD TROUTMAN, NC 28166
Phone:	Phone:

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.

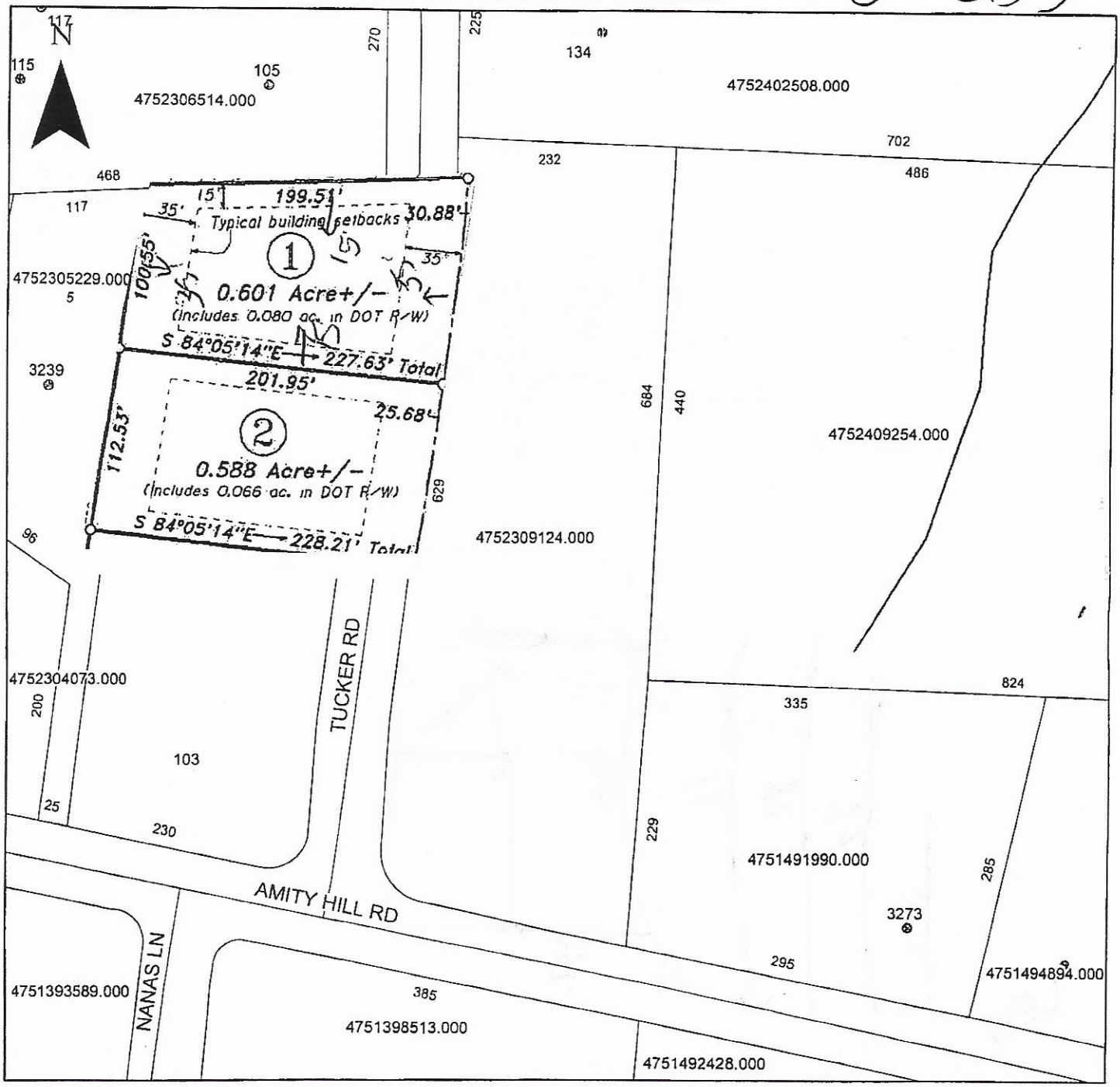
Signature of Owner/Contractor

Date: 09/29/2020

Permit Number	311353	TOTAL FEES:	$77.25

ZONING DISCLAIMER

311353



Property Address 127 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