ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # AP 317866

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

PIN # 4752--73--8400

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

SITE ADDRESS: 743 Shiloh Rd Statesville NC 28677 | PHONE: 704-402-2795 | ALT. PHONE

SITE DIRECTIONS: N Center St to S on Shelton Ave, L on US70E, R on Shiloh Rd, Lot on L

SUBDIVISION: Sidney Mitchell Estate | SECTION: — | LOT # 1 | LOT AREA: 3.8 acres | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 240GPD | L.T.A.R.: .275

Septic Tank	1000	(gal)	STB		Date						
Pump Tank	—	(gal)	PT	—	Date	—					
Pump Make	—	Model		—	Serial #	—					
# Nitrification Fields	1	# Lines	Existing + 2		Linear Ft:	46'					
Trench Width	36"	Trench Bottom Depth(Low side)		33"	Gravel Depth	Existing					

☒ New System ☐ Repair ☐ Expansion System Type: I II ◐ IV V VI

System Description: Existing + 25% Reduction

Repair System Description: LPP&PS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

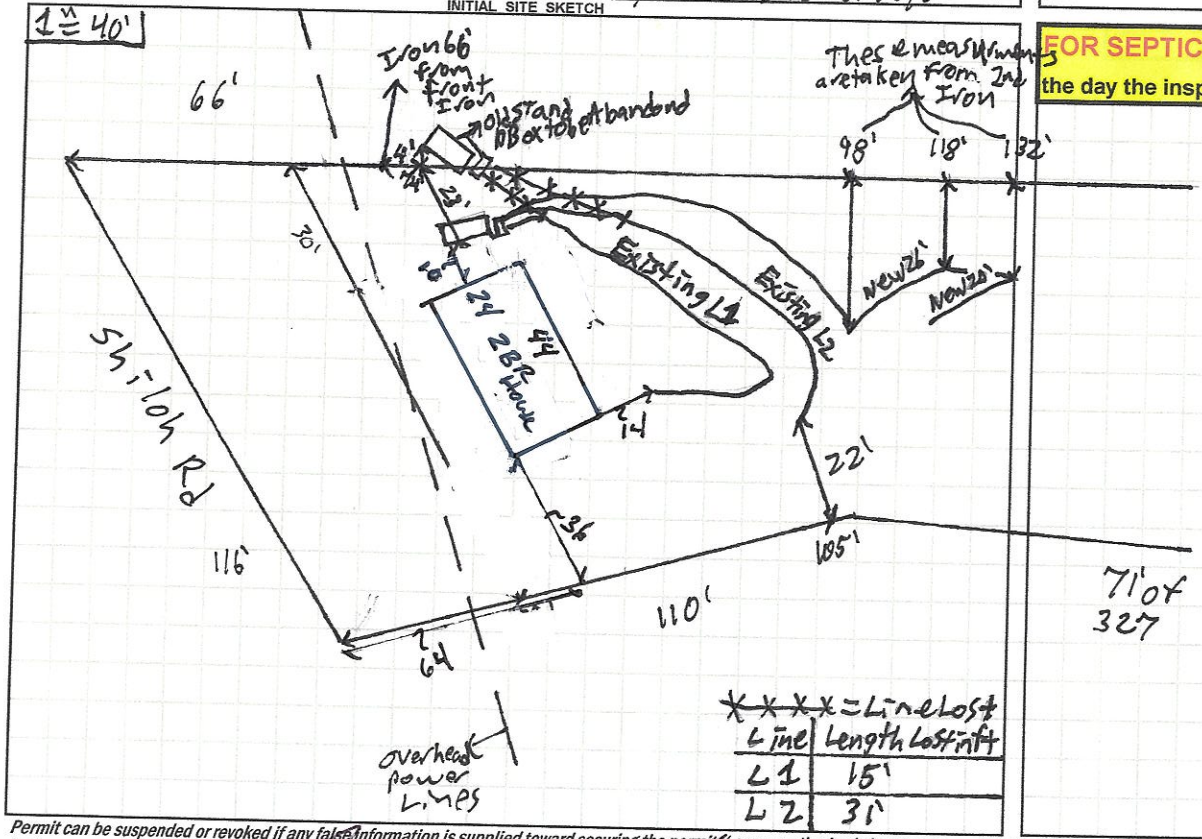
No. Bedrooms: 2 | No. Persons: 4 | No. Employees: | ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour. DO Not drive on, store material, or manipulate drainfield in any way. All property lines and corners must be marked by a licensed surveyor during installation and inspection. Water line must be 10' off any part of septic

INITIAL SITE SKETCH



Line	Length Lost in ft
L1	15'
L2	31'

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.

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: [signature] Date: 9/17/21

IMPROVEMENT PERMIT by: Patrick J Byrne III Date: 9/7/2021

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9/15/21

Installed by: Abee Clearing & Grading

OPERATION PERMIT by: Cory Thacker Date: 11-24-21

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 2
PROPERTY ID #: 47527304oc
COUNTY: Iredell

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

OWNER: Boyce Gallagher
ADDRESS: 165 Ashley Acres Rd Statesville
PROPOSED FACILITY: NAW SFR 4 Bedroom PROPOSED DESIGN FLOW (.1949): 420 GPD
LOCATION OF SITE: 743 Shiloh Church Rd
APPLICATION DATE: 7/20/2021
DATE EVALUATED: 8/3/2021
PROPERTY SIZE: 3.8 acres
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS	0-10	Compacted Clay ABK	Fr SS SP SOM	Few 2% Chroma 2 at 17" 5Y 7/2	60"	Few Litho Inclusions	Chroma 2 at 17"	V
		10-60	C Strong ABK	Fr SS SP SOM					
2	SS	0-8	Compacted Clay Strong	Fr SS SP SOM	Chroma 3 Sand 4's throughout Chromas at 24" 5Y 7/1	60"	Litho Inclusions throughout	Chroma 2's GA 24"	.25 to V
		8-50	C Strong ABK	Fr SS SP SOM					
		50-60	CL ABK	Fr SS P SOM					
3	SS	0-11	FILL	—	Chroma 2's common throughout	45"	Litho Inclusions common to Sandy Saprolite - 45"	Manganese common at bottom	PS .25
		11-45	CL WSBK	Fr S P SOM					
		45-60	Sandy Saprolite	VFr					
4	SS MOD	0-36	CABK	Fr SS SP SOM	Few YB Mottles	60"	Parent RX Inclusions throughout		.275 PS
		36-60	CL ABK	Fr SS SP SOM					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	46'	145'
System Type(s)	Gravity 25%	LPP BDS
Site LTAR	.275	.275

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

COMMENTS: Partly cloudy

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

Sheet 2 of 2
PROPERTY ID #: 4762 738
COUNTY: Iredell

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

OWNER: Boyce Gallihar
ADDRESS: 165 Ashley Acres Rd
PROPOSED FACILITY: New Singlefam PROPOSED DESIGN FLOW (.1949): 2406PD
LOCATION OF SITE: 743 Shiloh Rd

APPLICATION DATE 7/20/2021
DATE EVALUATED: 8/31/2021
PROPERTY SIZE: 3.8acres
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
5	SS 6%	0-6	Consistent ABK	FrSSSPSmp	Chroma 2 sat 36" Y Rmottles throughout	60"	Lithic Inclusions common at bottom	Chroma 2 sat 36"	PS, 275 to U
		6-48	C ABK	FrSSSPSmp					
		48-60	CL ABK	FrSSSPSmp					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	46'	145'
System Type(s)	Gravity25%	LPPBPS
Site LTAR	.275	.275

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

COMMENTS: Partly cloudy

RECEIVED JUL 2 1 2021

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* AP-317864 $500.00

Application For:

( ) Septic Improvement Permit (No floorplan submitted with App) (X) New Well Permit (X) Authorization to Construct (Floorplan submitted with App.) ( ) Well Repair Permit (X) 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: Boyce Galliher Address: 165 Ashley Acres Rd. Statesville Zip: 28677

Applicant Email: boycegalliher@icloud.com Phone: 704-402-2795 Alt. Phone: _____

Owner Name: Isalia Gonzalez Rodriguez Address: 438 Shinnville Rd. Mooresville Zip: 28115

Owner Email: leslyg morens2001@gmail.com Phone: 704-305 7250 Alt. Phone: _____

Property Information:

Street Address: 743 Shiloh Church Rd. Statesville N.C.

Subdivision Name: Mitchell MHP Section/Phase: _____ Lot Number: 1

Driving Directions: HW 70E - Rt on Shiloh Lot on Left

Needs tank or pump w/ drop box.

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: 2
Maximum Number of Occupants: _____
( ) 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 (X) 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 (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 5/14/21

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

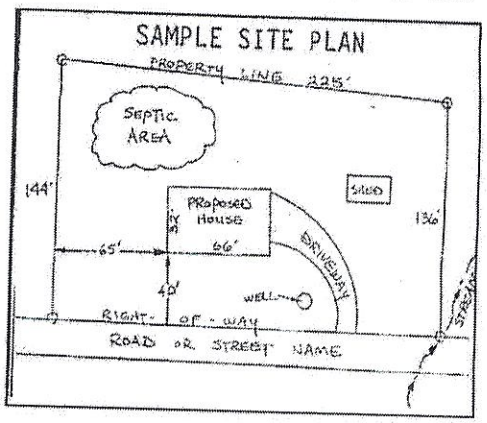
Boyce Galliher 7-20 21

IREDELL COUNTY HEALTH DEPARTMENT 317866

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:

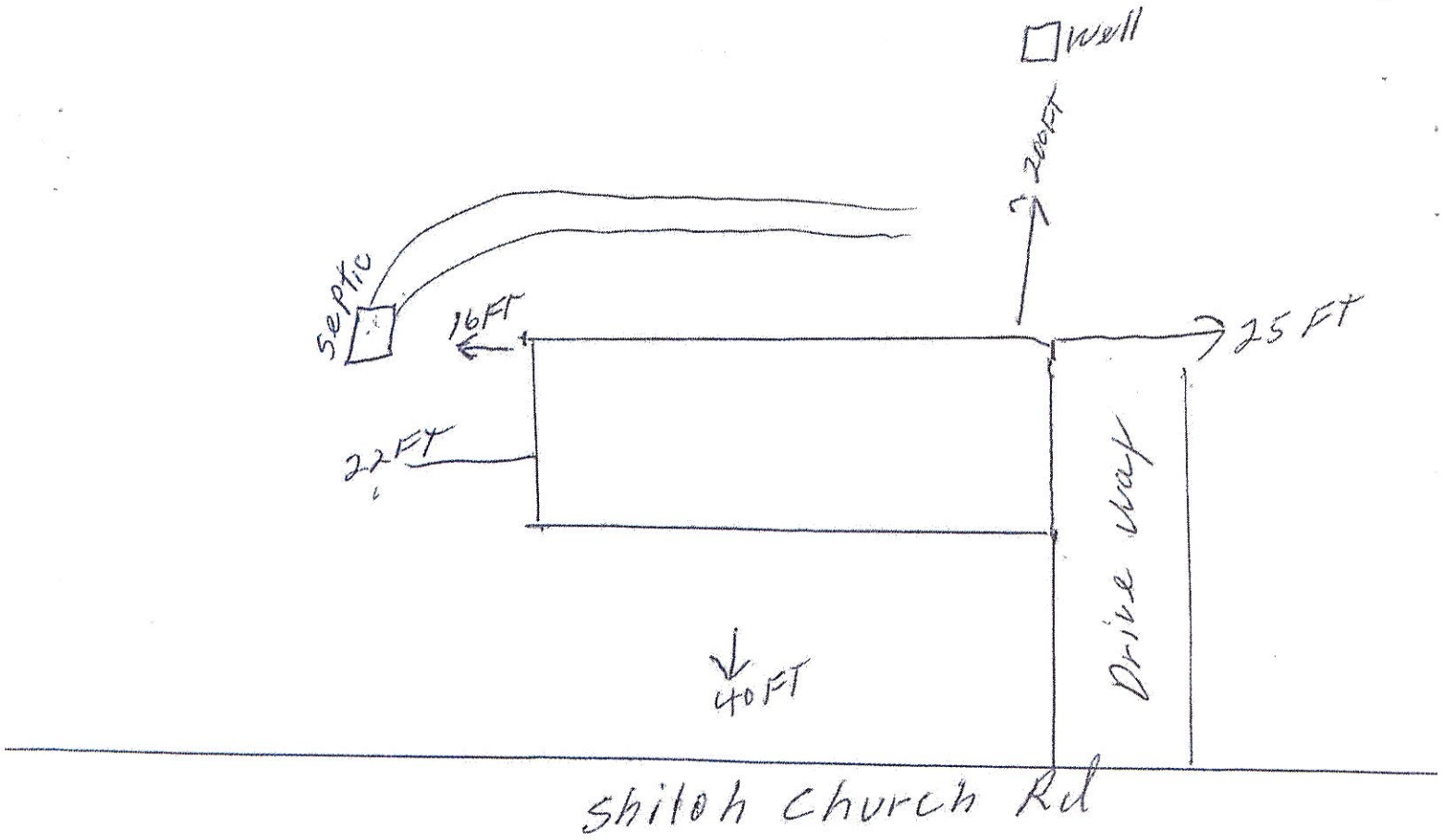
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient 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: Bryan Lattimore
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5-17-21
DATE

317866

From: Half Price Homes
buyhalfpricehomes@gmail.com
Subject: 24x44 2 bed plan
Date: May 12, 2021 at 4:26:07 PM
To: boycegalliher@icloud.com

Acknowledgement Of Plans Submittal ONLY!
Date 5-11-21
Date 9-11-21

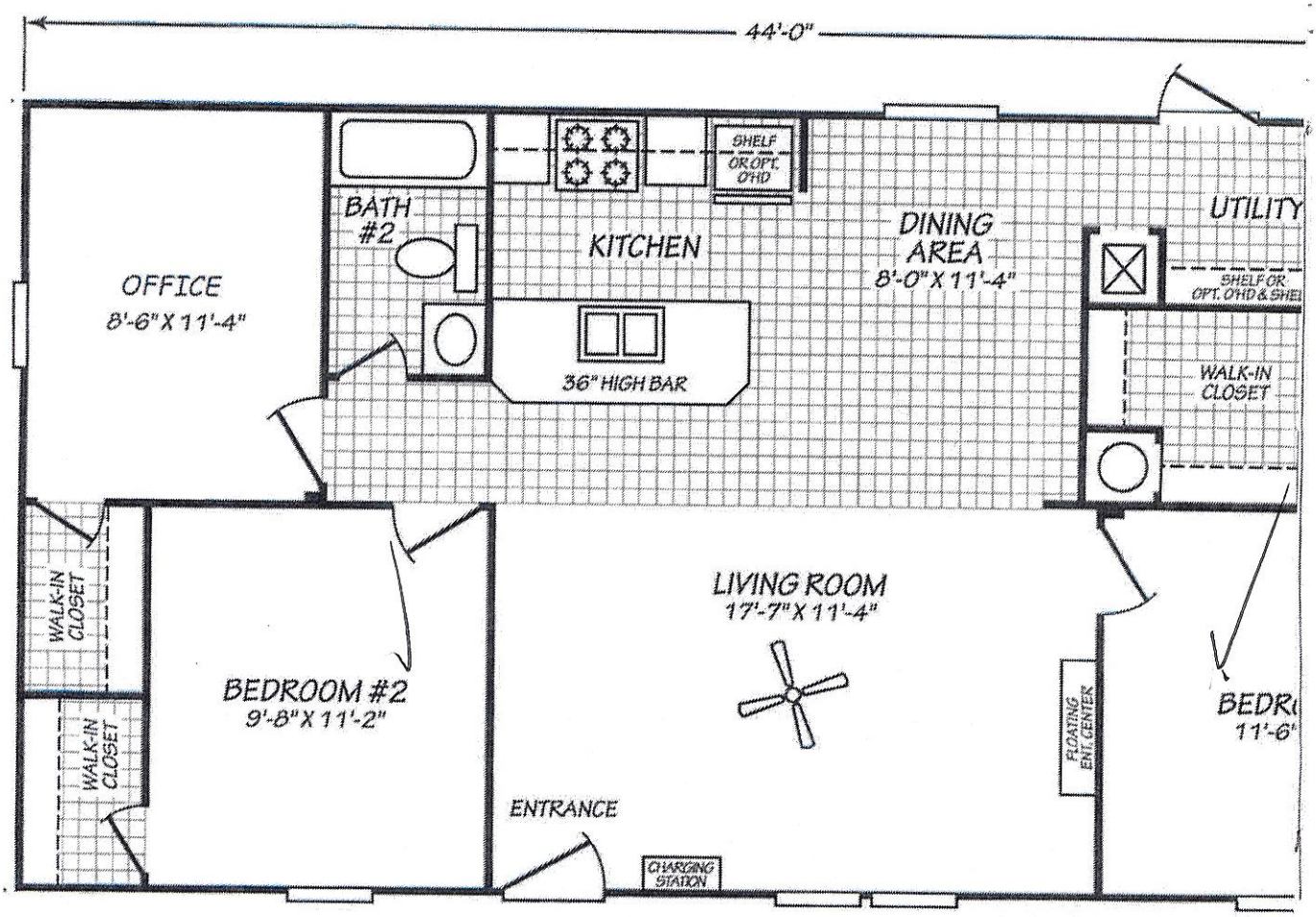
Hey Boyce,

I have the 2 bed plan attached for you!

Have a blessed day!

Shane Houston | 919-221-3548 | www.half-pricehomes.com

HALF PRICE HOMES
WWW.HALF-PRICEHOMES.COM
919-221-3548



IREDELL COUNTY · NC

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

APPLICATION NUMBER
317866 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4752738400.000	743 SHILOH RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: RODRIGUEZ ISALIA G	Name: BOYCE GALLIHER
Address:	Address: 165 ASHLEY ACRES STATESVILLE, NC 28677
Phone:	Phone: (704)402-2795

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.8	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.

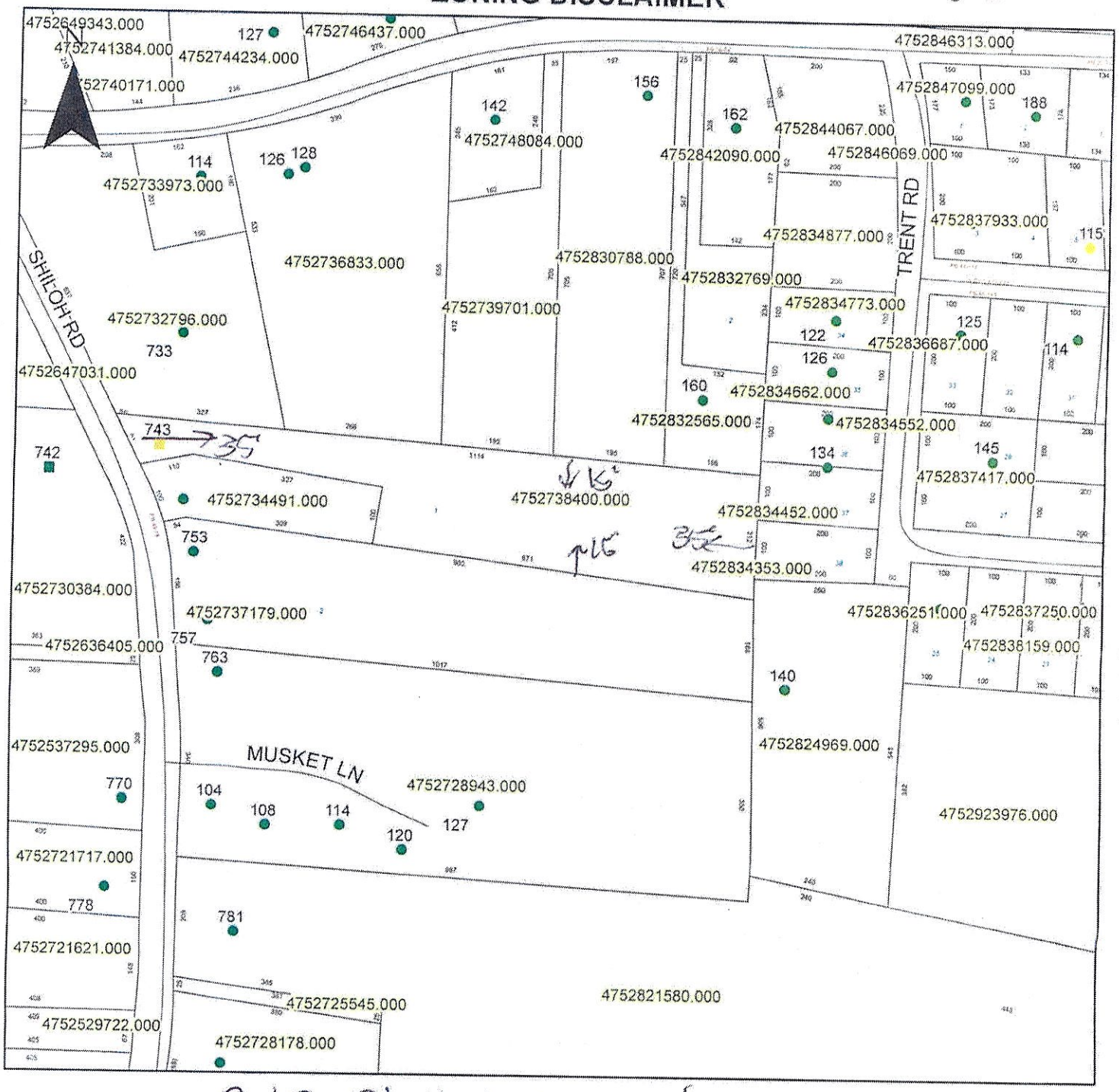
Signature of Owner/Contractor

Date: 05/14/2021

Permit Number	317866	TOTAL FEES:	$77.25

31866

ZONING DISCLAIMER



Property Address 743 Shiloh Church 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

5-14-24
Date