# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 327634

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

PIN # 4753 -- 70 -- 6319

APPLICANT/OWNER: Ashley Plyler APPLICANT ADDRESS: 166 Nabors Rd, Statesville

SITE ADDRESS: 402 Shiloh Rd, Statesville 28625 PHONE: 704-880-0496 ALT. PHONE 704-339-9700

SITE DIRECTIONS: Hwy 70 - Shiloh Rd SAP CONTROLLED: ☐ YES ☒ NO

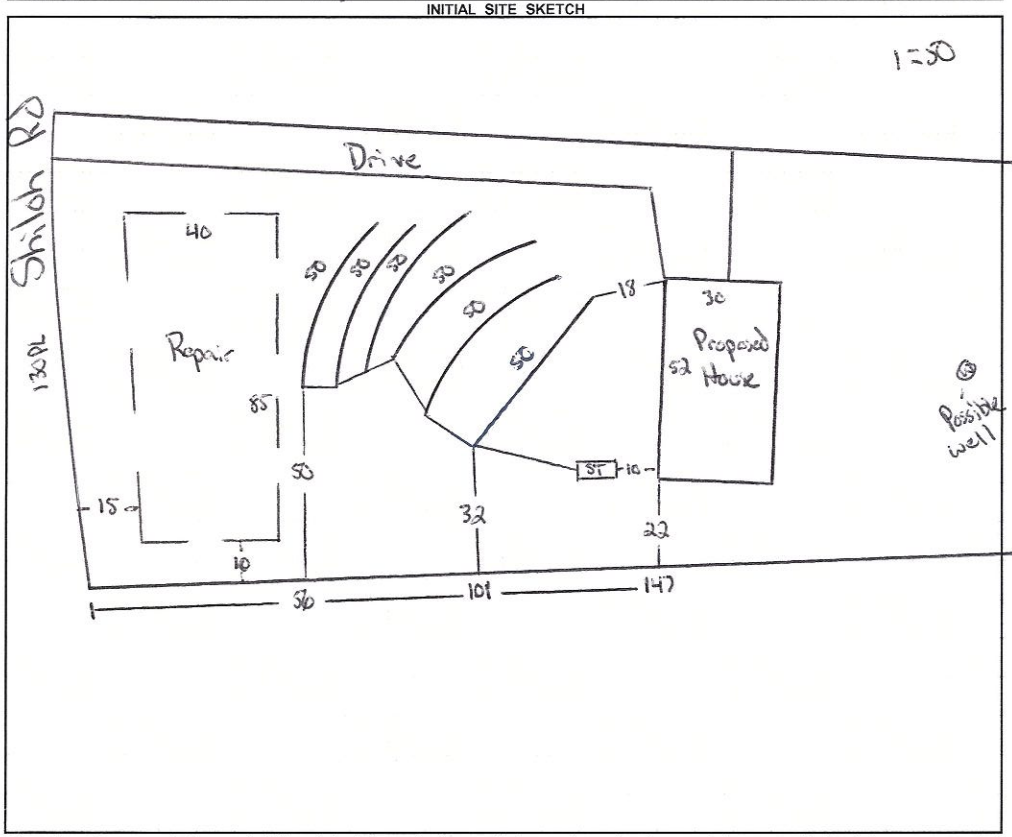
SUBDIVISION: Remington Acres SECTION: LOT # 1 LOT AREA: 1.02 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 760 | Date | 6/5/22 | ☒ 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: | 25% reduction | | | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 6 | Linear Ft | 300 ft | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☐ Slab | ☒ Crawl Space |
| Trench Width | 36 in | Trench Bottom Depth ~~(Low side)~~ | | | 36" max | Gravel Depth | – | ☒ GRAVITY | ☐ PRESSURE | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

**Water Supply**: ☒ Private ☐ Public ☐ Community

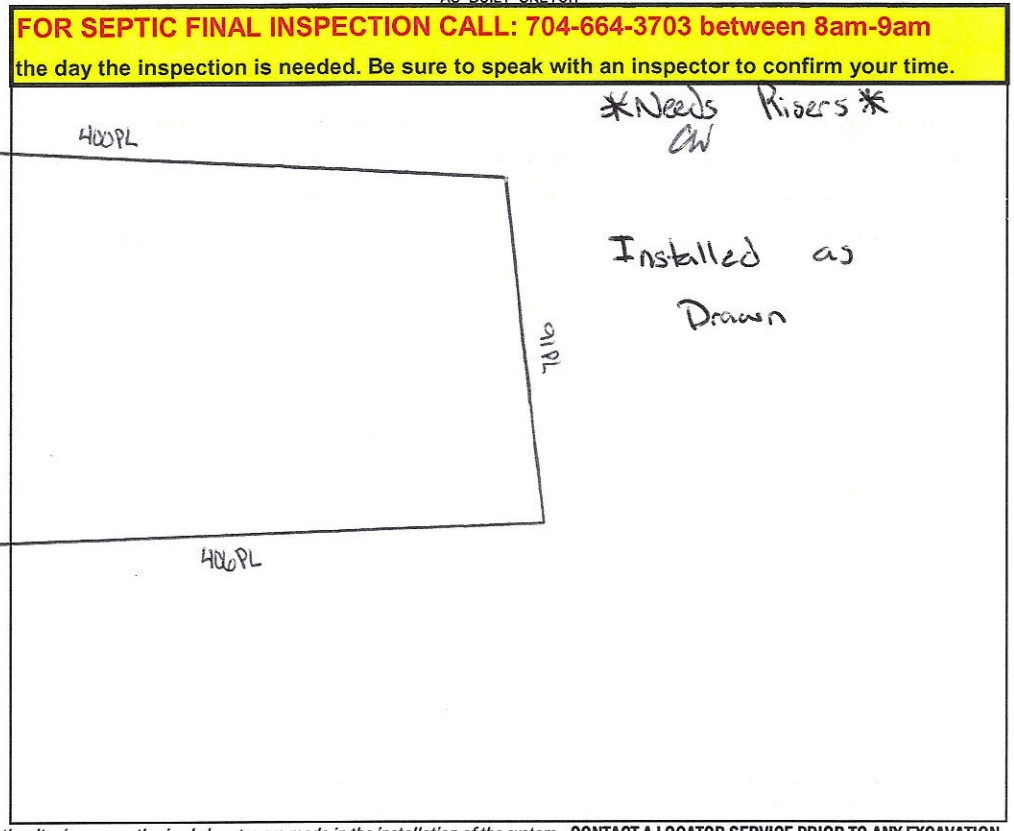
Comments / Conditions: Install on contour of the land. Install on 9' centers. Do not grade, park, or drive on septic area. Utilize serial distribution.

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: Ashley Plyler Date: 5/4/22 Installed by: Craig Thompson Grading

IMPROVEMENT PERMIT by: Cary Wilt Date: 4/29/22 OPERATION PERMIT by: Cary Wilt Date: 9/7/22

AUTHORIZATION TO CONSTRUCT by: Cary Wilt Date: 5/3/22 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 #: 4753705039
COUNTY: Iredell

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

OWNER: Ashley Plyler
APPLICATION DATE 4/12/22
ADDRESS: 402 Shiloh Rd, Statesville 28677
DATE EVALUATED: 4/26/22
PROPOSED FACILITY: 3 bdr home
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 1.02
LOCATION OF SITE: 402 Shiloh Rd, Statesville
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 | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Linear | 0 - 20 | C SBK | SS SP FR SE | - | 56 | Heavy in CL layer | SAP inc | .3 PS |
| | | 20 - 56 | CL MSBK | SS SP FR SE | | | | | |
| 2 | Linear | 0 - 7 | Fill/Compacted | | - | 48 | SAP in CL | inc in layer | .3 PS |
| | | 7 - 21 | C SBK | SS SP FR SE | | | | | |
| | | 21 - 48 | CL MSBK | SS SP FR SE | | | | | |
| | | 48 - 56 | SAP LS | FR | | | | | |
| 3 | Linear | 0 - 32 | C SBK | SS SP FR SE | - | 58 | SAP in CL | inc in layer | .3 PS |
| | | 32 - 58 | CL SBK | SS SP FR SE | | | | | |
| 4 | Linear | 0 - 8 | Fill/Compacted | | - | 59 | Litho thru | inc out | .3 PS |
| | | 8 - 32 | C SBK | SS SP FR SE | | | | | |
| | | 32 - 59 | CL SBK | SS SP FR SE | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 25% | 25% |
| Site LTAR | .3 | .3 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
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)<br>CV (Convex Slope)<br>D (Drainage Way)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | III | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | | | | | **MOIST** | **WET** |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay) | 0.4 - 0.1 | 0.2 - 0.05 | VFR (Very Friable)<br>FR (Friable)<br>FI (Firm)<br>VFI (Very Firm v. Very Sticky) | NS (Non-sticky)<br>SS (Slightly Sticky)<br>S (Sticky)<br>VS (Very Sticky) |
| | | O (Organic) | None | None | EFI (Extremely Firm) | NP (Non-plastic)<br>SP (Slightly Plastic)<br>P (Plastic)<br>VP (Very Plastic) |

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

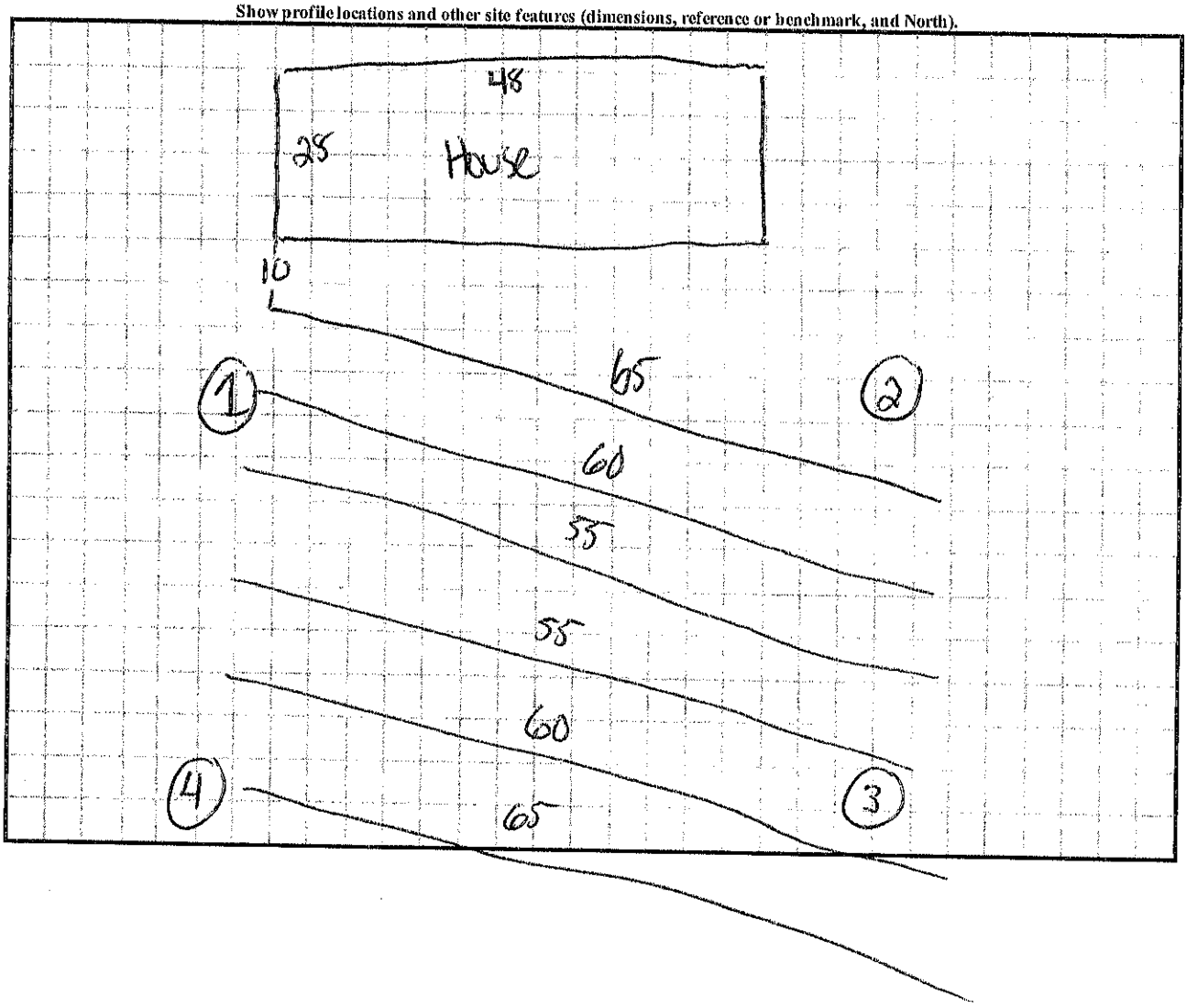
***NOTES***

| | |
|---|---|
| *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).**



RECEIVED APR 1 2 2022

**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-327634 $500.00

**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: Ashley Plyler Address: 166 Nabors Rd Statesville Zip: 28677
Applicant Email: Ashleyplyler50@gmail.com Phone: 704-880-0496 Alt. Phone: 704-339-9700
Owner Name: Ashley + Jeremy Plyler Address: Same Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 402 Shiloh Rd Statesville NC 28677
Subdivision Name: Remington Acres Section/Phase: _____ Lot Number: 1
Driving Directions: Hwy 70 Toward Salisbury, Turn Right onto Shiloh Rd, approx 1 mile to property on right hand side of road

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(3) 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: _____
**Non-Residential Site Development:** Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**CHECK FOUNDATION TYPE**
(✓) 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 (✓) 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:** Ashley Plyler 3/29/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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*) Ashley Plyler

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, Ashley Plyler, am the legal owner(s) of the property located at 402 Shiloh Rd, 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

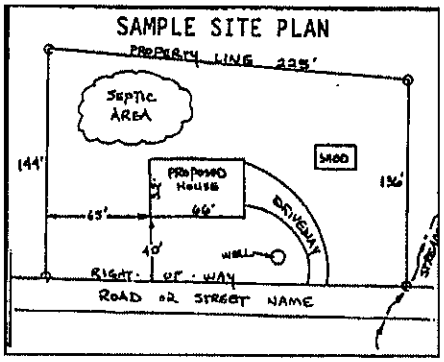
**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# 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:**

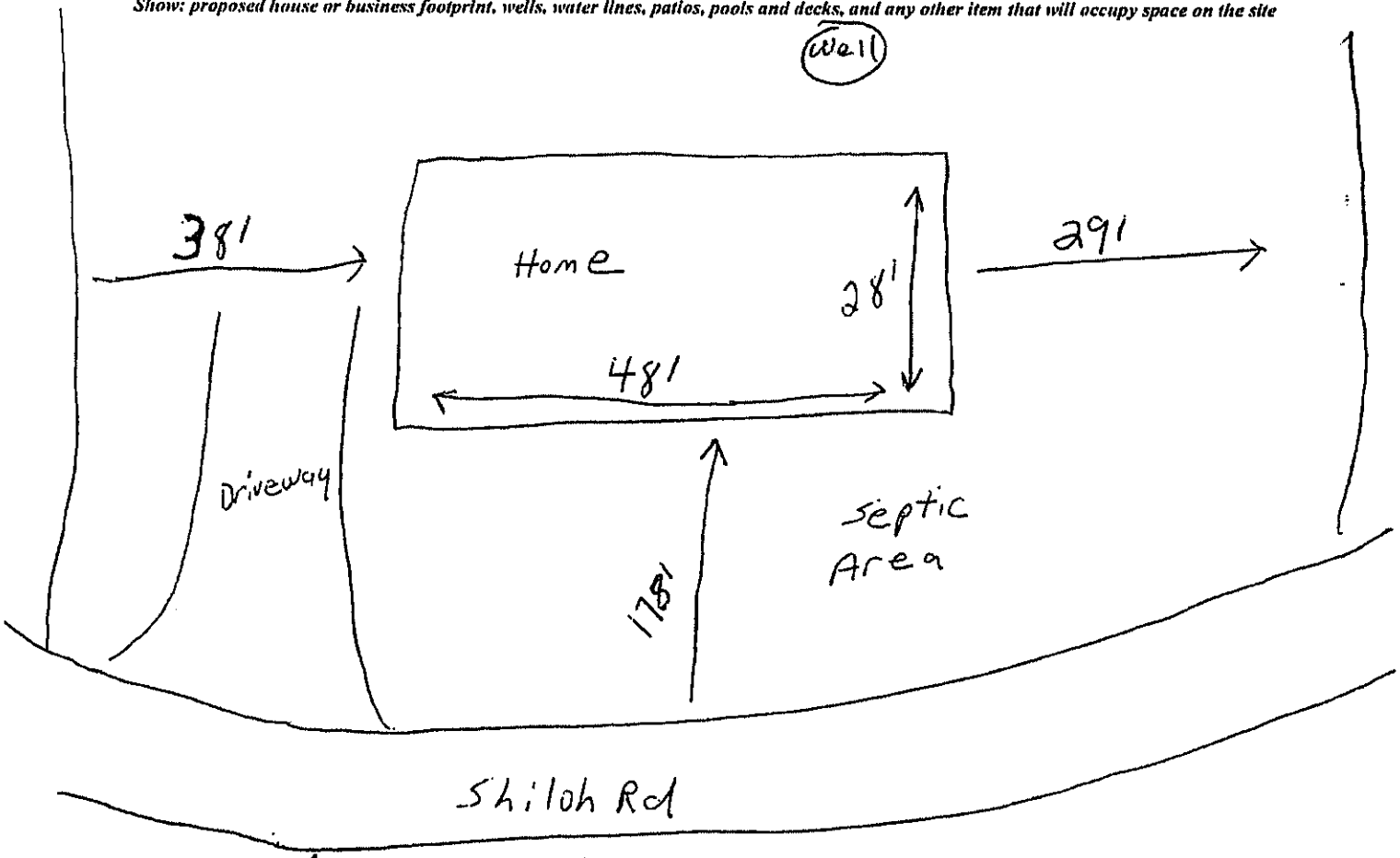
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (Y) North arrow, or other sufficient indicator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

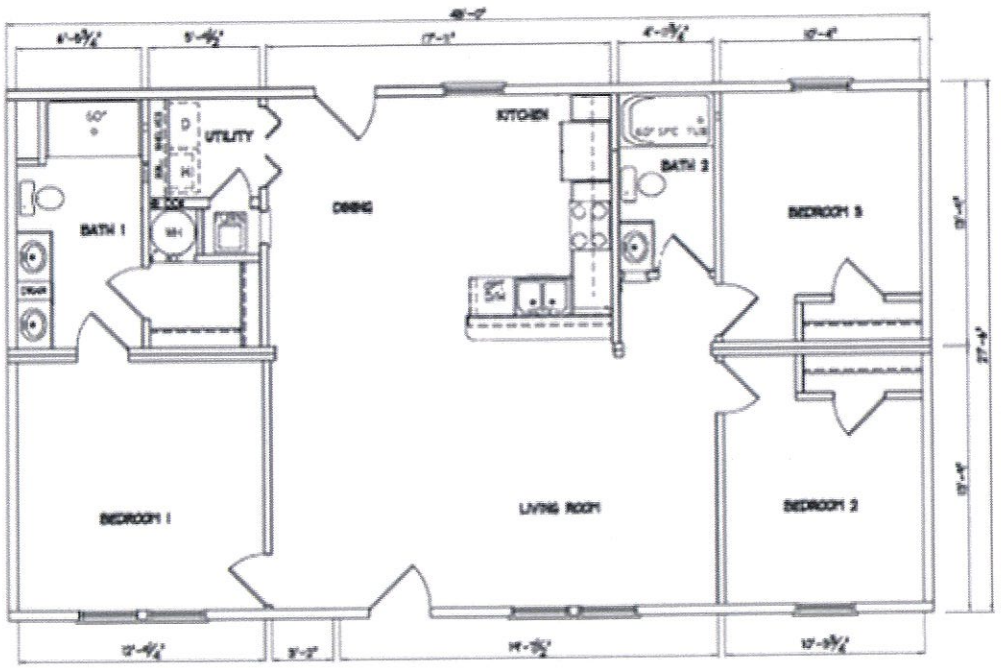
4/11/22
DATE

Acknowledgement Of
Plans Submittal ONLY!

Cory Whit 5/3/22 Date

Ashley Peyton Date 5/4/22

48'




28'

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 327634<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4753706319.000 | 402 SHILOH RD | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Name: PLYLER JEREMY L+ASHLEY N<br>Address:<br><br>Phone: | Name: ASHLEY PLYLER<br>Address:<br><br>Phone: (704)880-0496 |

| Use Requested | Zone Code |
|---|---|
| Modular | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 1.02 | 35 | 35 | 15 | 15 | N/A | NO |

| Remarks |
|---|
| MODULAR |

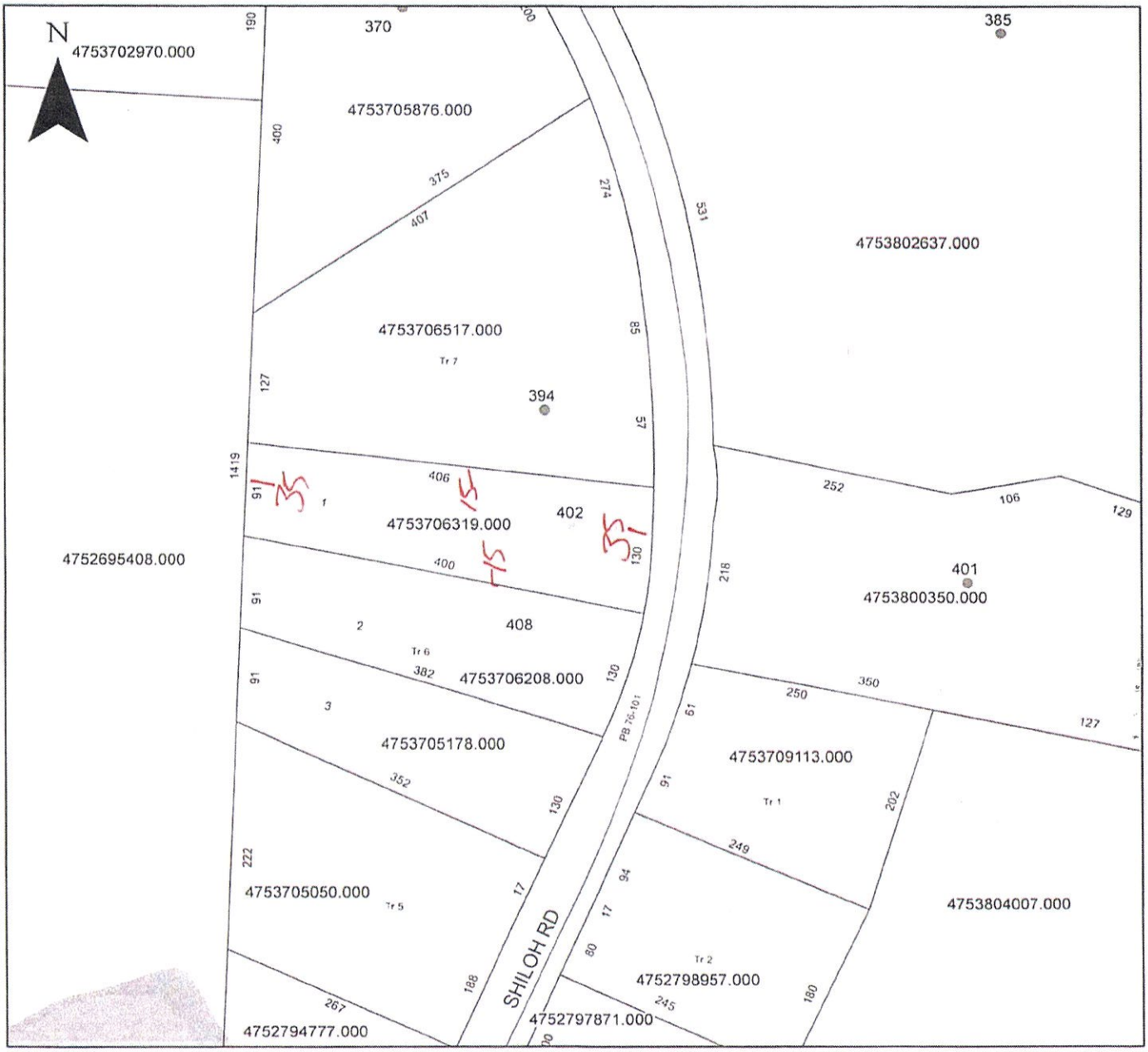
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

**Date:** 04/12/2022

Signature of Owner/Contractor

| Permit Number | 327634 | TOTAL FEES: | $77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 402 Shiloh 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.

Ashley Plyler
Applicant

4/12/22
Date