IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-304324

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

PIN # 4762774515

APPLICANT/OWNER: Paul Layman | APPLICANT ADDRESS: 1933 Huskins St. Statesville NC 28625

SITE ADDRESS: 307 Log Cabin Rd Statesville NC 28677 | PHONE: 704-880-3300 | ALT. PHONE

SITE DIRECTIONS: N on I-77 to S on Shelton Ave, L on Garner Bagnal Blvd, S on US70 E, R on Bethesda Rd, L on Cornflower, R on Pine Tree, R on Log Cabin, property on R

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Pine Tree Farms | SECTION: — | LOT # 34 | LOT AREA: 1 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: .25

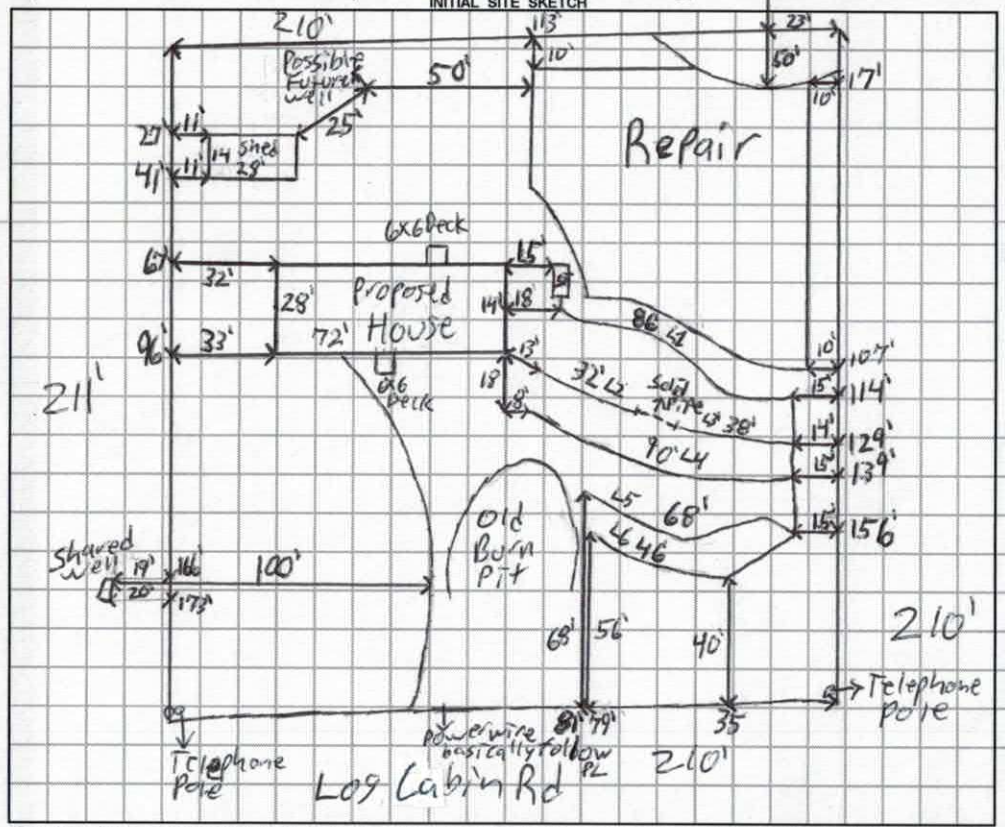
Septic Tank	1000	(gal)	STB	760	Date	3-3	☒ New System	☐ Repair	☐ Expansion
Pump Tank	—	(gal)	PT	—	Date	—	System Type: I II III IV V VI		
Pump Make	—		Model	—	Serial #	—	System Description:	Gravity 25% Reduction	
# Nitrification Fields	1		# Lines		Linear Ft	360	Repair System Description:	LPPPBPS	
Trench Width	36"		Trench Bottom Depth(Low side)	36"	Gravel Depth	—	Maintenance Agreement Required:	☐ YES	☒ NO
								☒ 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	

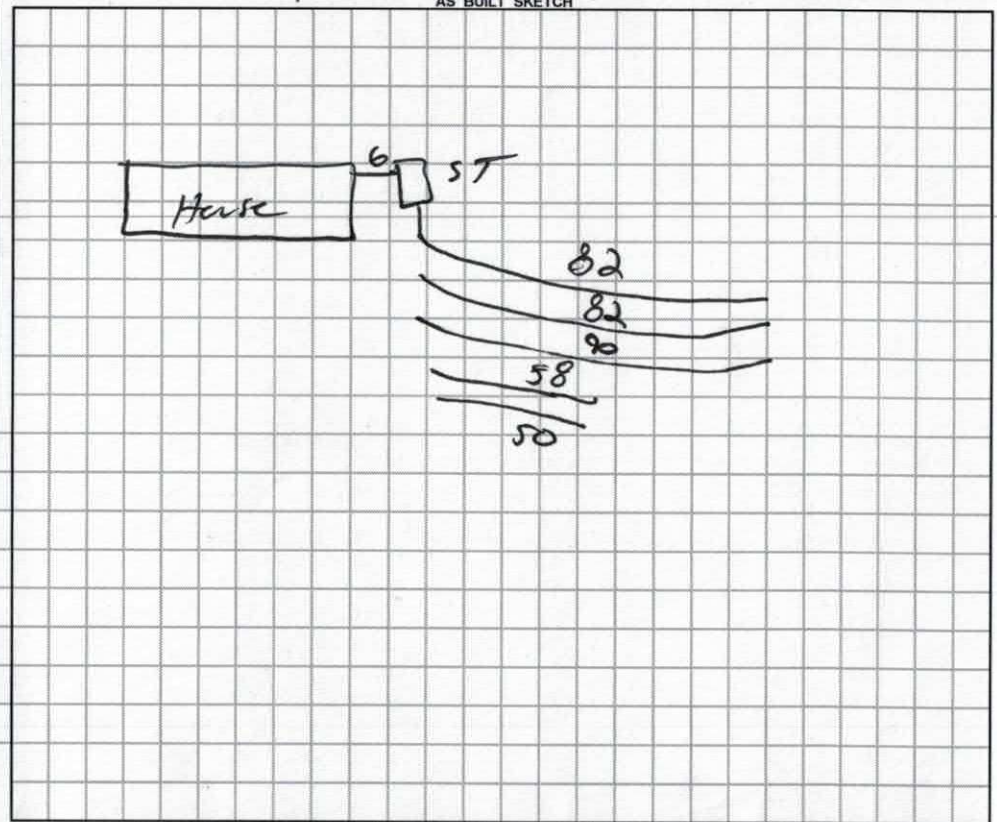
Comments / Conditions: Install lines on contour. Property lines and property corners must be clearly marked by a licensed surveyor during time of installation and inspection

System must be installed by a licensed septic installer. Do not drive on grade, or manipulate drainfield in any way. Solid pipe from L3 to L2 to make up for elevation change

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Paul Layman | Date: 3-3-20 | Installed by: Frye Grading

IMPROVEMENT PERMIT by: Patrick J Bagley III | Date: 2/27/2020 | OPERATION PERMIT by: [signature] | Date: 5-18-2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III | Date: 2/27/2020 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 2
PROPERTY ID #: 4762 mstk
COUNTY: Iredell

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

OWNER: Paul Laymon
ADDRESS: 133 Huskins St, Statesville NC 28625 APPLICATION DATE 1/29/202
PROPOSED FACILITY: Newsingle fam PROPOSED DESIGN FLOW (.1949): 360GPD DATE EVALUATED: 2/04/202
LOCATION OF SITE: 307 Log Cabin Rd. Statesville PROPERTY SIZE: 1acre
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other PROPERTY RECORDED: Yes
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	SS 4%	0-8	SCL WSBK	Fr SSSP SOP	Chroma 3 sat 36" YB mottles throughout	48"	Litho inclusions	manganese common	PS.25 not using
		8-30	CABK/BBK	Fr SSSP SOP					
		30-48	CABK	Fr SP SOP					
2	SS 5%	0-7	SCL WSBK	Fr SSSP SOP	Chroma 2 sat 18" YB mottles throughout	48"	Litho Inclusions	manganese common Rootchannels w/ Rich Silt & Litter coat with chroma 2's along PS	PS.25 not using
		7-48	C Strong ABK	Fr SS SP SOP					
3	SS 10%	0-16	SCL WSBK	Fr SSSP SOP	YB mottles scattered throughout chroma 3 sat 38"	48"	Litho inclusions	manganese inclusions chroma 3's more common at bottom	PS.25
		16-33	CSBK/ABK	Fr SP SOP					
		33-48	CABK	Fr SP SOP					
4	SS 4%	0-8	Fill	—	YB mottles scattered throughout Chroma 3's	48"	Litho Inclusions	more rocks at bottom manganese inclusions	PS.25
		8-15	SCL SBK	Fr SSSP SOP					
		15-48	CABK	Fr SSSP SOP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	240
System Type(s)	Gravity 2340	4PBPPS
Site LTAR	.25	.25

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

COMMENTS: 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 #: 9776277461
COUNTY: Iredell

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

OWNER: Paul Layman
ADDRESS: 1933 Hudgins St Statesville NC 28625
PROPOSED FACILITY: Newsingle fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 307 Log Cabin Rd
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
APPLICATION DATE: 1/20/2020
DATE EVALUATED: 2/04/2020
PROPERTY SIZE: 1 acre
PROPERTY RECORDED: yes
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
5	middle 6% of depression old burn pile	0-30	Fill						Not Using
6	SS 4%	0-10	Fill	—					PS.25
		10-28	C SBK/ABK	FrSSSPSo	4 Bmotts throughout Chroma 3	48"	Litho Indistinct		
		28-48	C ABK	FrSSSPSo				manganese inclusions	
7	SS 1%	0-8	Fill	—					PS.25
		8-14	SCL SBK	FrSSSPSoP	4 Bmotts more common towards bottom	48"	Litho Indistinct	Left side was fill to 29" old stump hole	
		14-48	C ABK	FrSPSoP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	240
System Type(s)	Gravity 25%	LPP BPPS
Site LTAR	.25	.25

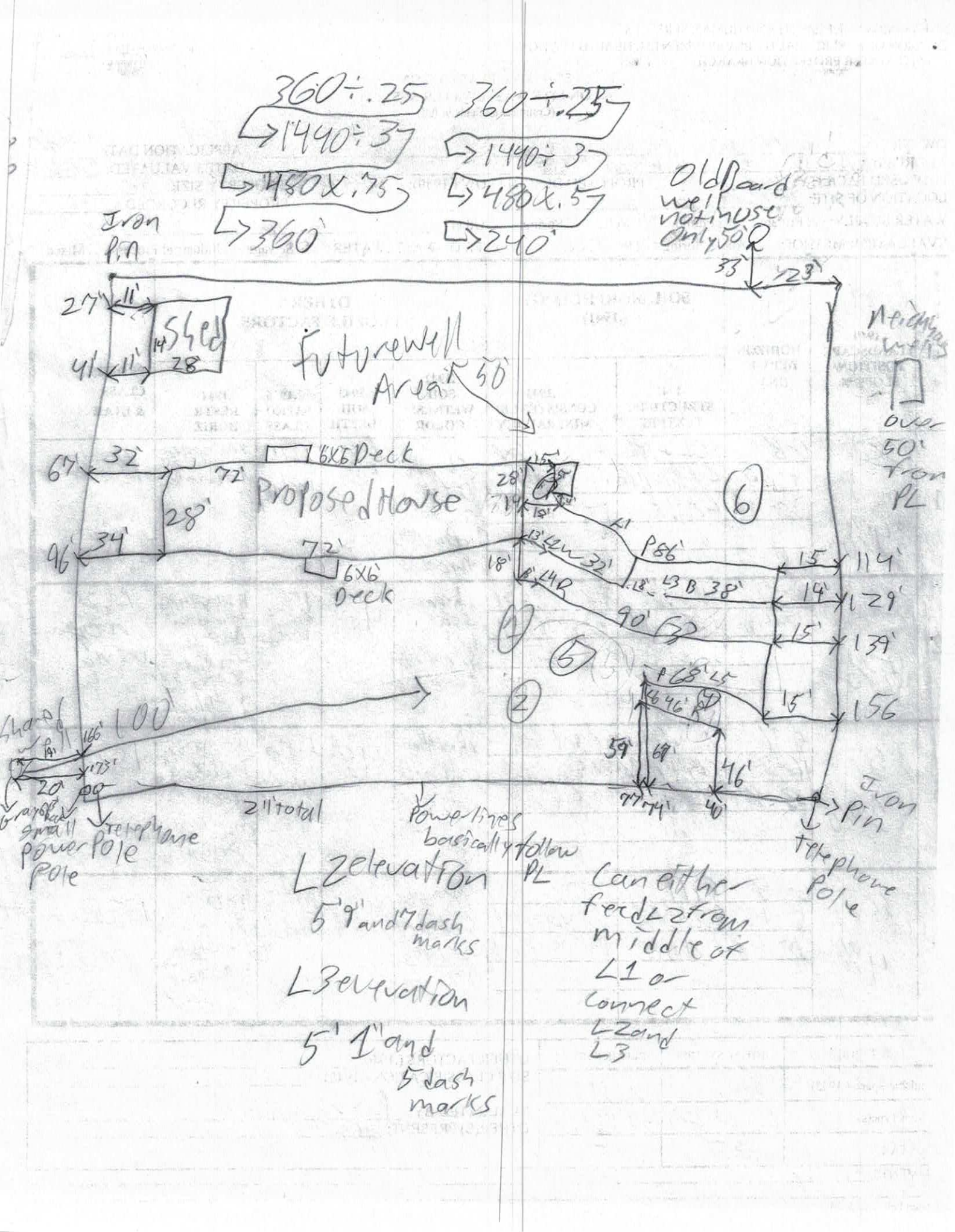
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Heath

COMMENTS: Cloudy

Updated February 2014

360 ÷ .25
↳ 1440 ÷ 3
↳ 480 x .75
↳ 360'

360 ÷ .25
↳ 1440 ÷ 3
↳ 480 x .5
↳ 240'



APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE $500.00
OR IT WILL NOT BE PROCESSED AP-304324

Iredell County Health Department – ENVIRONMENTAL HEALTH DIVISION 1-22-2020

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: Paul Layman Address: 1933 Huskins St. Statesville Zip: 28625
Applicant Email: p.layman1@yahoo.com Phone: (704)880-3300 Alt. Phone: _____
Owner Name: J. Paul Layman Address: 1933 Huskins St Statesville Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 307 Log Cabin Rd.
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 70E to Bethesda Rd (R) Cornflower (L) Pine Tree (R) Log Cabin (R) Property, 2nd lot on (R)

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

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2000 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
(✓) Multi-connection Well Number of Houses: 2 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?

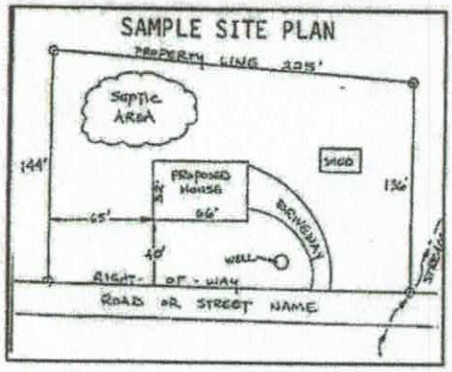
**** I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: J. Paul Layman 1-20-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

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 OR WELL PERMIT!!!



Place an (X) beside each item as you complete the site plan:

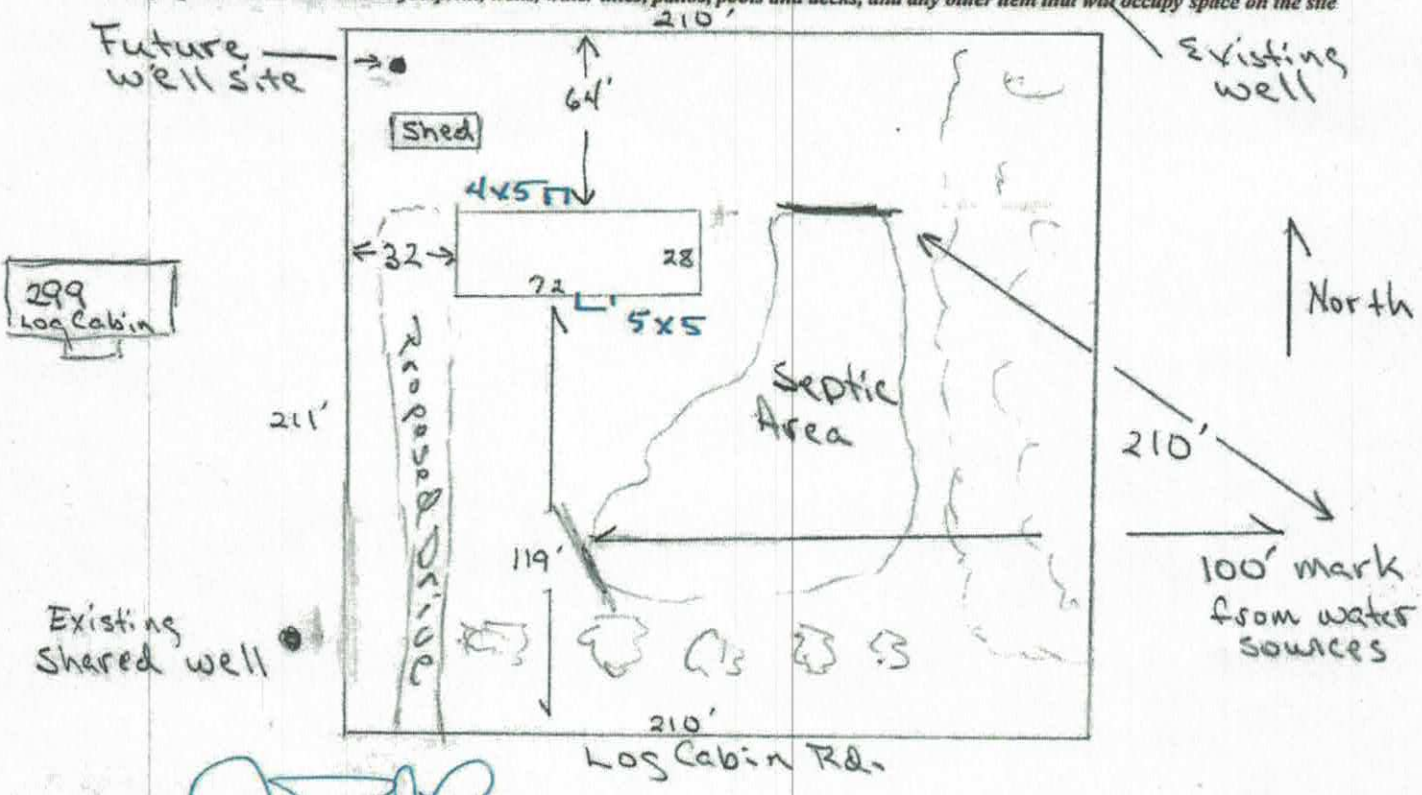
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator 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: Paul Chapman

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

1-20-20

DATE

IREDELL COUNTY HEALTH DEPT.--ENVIRONMENTAL HEALTH DIVISION

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*) J. Paul Layman

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, James Paul Layman, am the legal owner(s) of the property located at Log Cabin Rd., identified as

PIN (Parcel Identification Number) 4762 7745 15.000, 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.

J. Paul Layman
Signature of Owner(s)

1-20-20
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

307 Log Cabin

The Blakeshire 182

By: Clayton Homes Inc.

3 Bedroom, 2 Bath

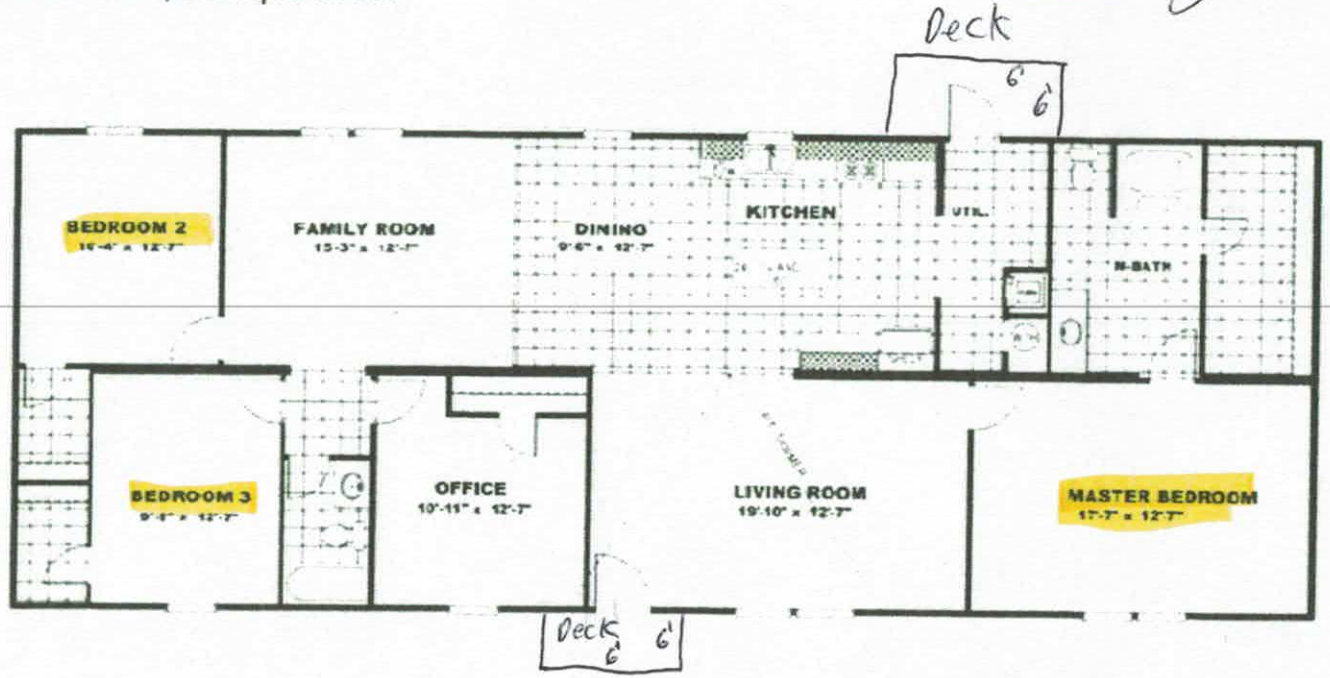
Approx. size: 27' X68'

Approx. area: 1,820 Square Feet

Acknowledgement Of
Plans Submittal ONLY!

Date 2-26-20

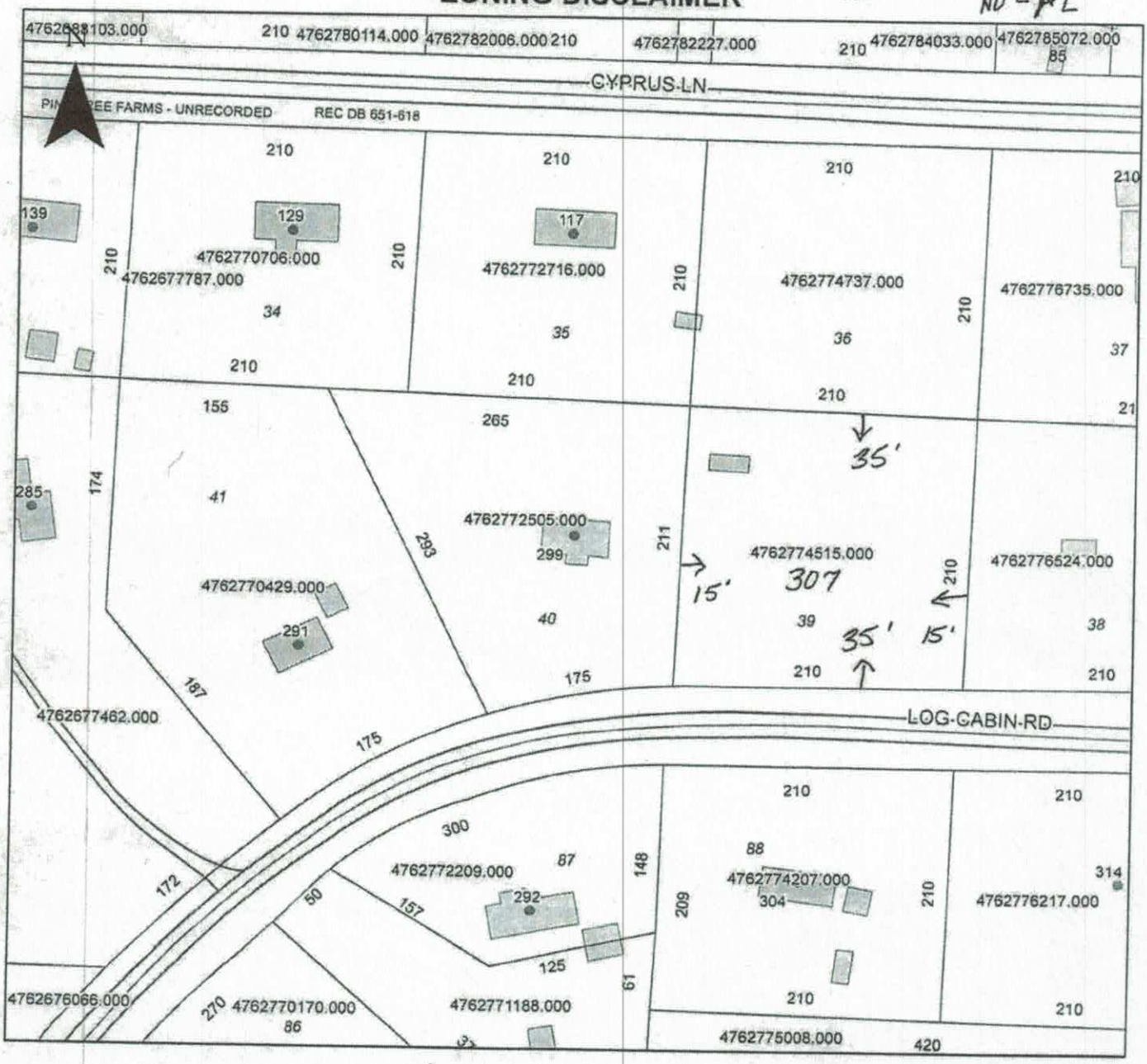
Date 2/27/2020



Model # 7ha47286urt		Available:	Heavenly Homes
As Shown:	3 Br 2 Ba	Address:	127 Luby Smith Rd
Rough Size:	27' x68'		Princeton, NC 27569
Doublewide / ~~Manufactured Home~~		Rev. Drawing # 705132018	

RA 1AC
ND-WS ND-FL

ZONING DISCLAIMER



Property Address 307 Log Cabin 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.

J. Paul Laymon

Applicant

1-22-20

Date