ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-308182

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

PIN # 4763597456

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

SITE ADDRESS: 116 Steep Ln Statesville NC 28625 | PHONE: 704-402-2795 | ALT. PHONE —

SITE DIRECTIONS: N Center St to S on Shelton Ave, L on US70 E, L on Salisbury Hwy, L on Bell Farm Rd, L on Steep Ln, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

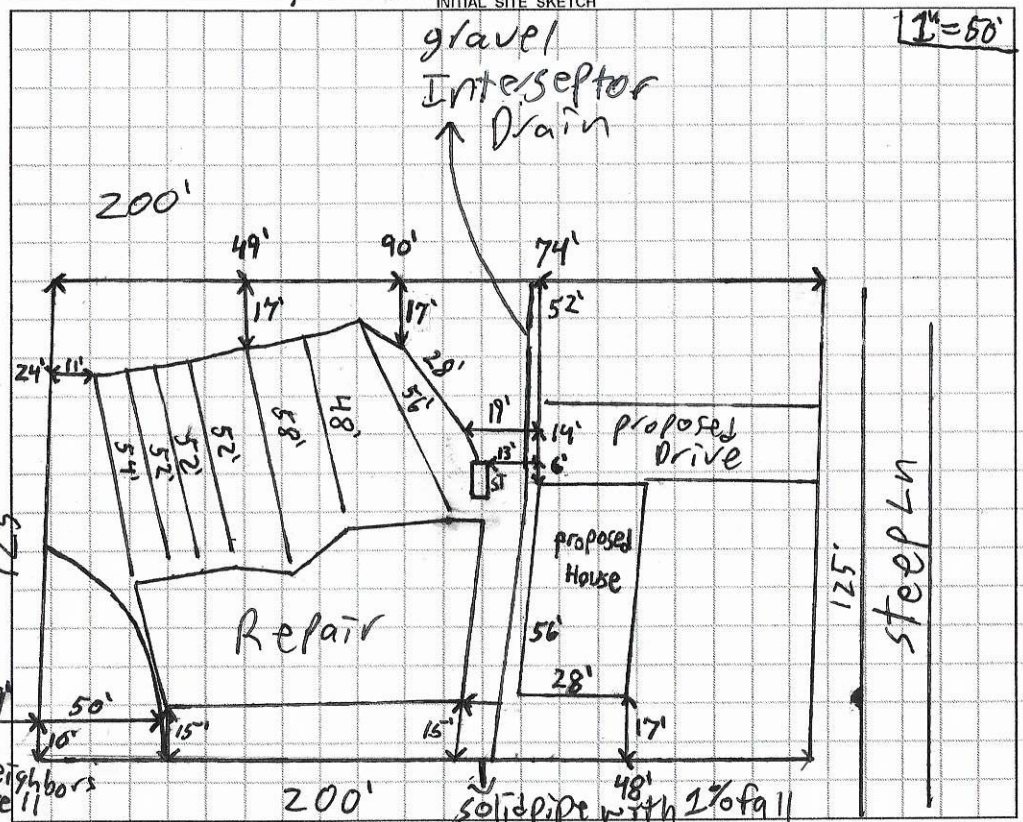
SUBDIVISION: H H Sigmon | SECTION: — | LOT # 1 | LOT AREA: 0.572 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	4-6-20	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Gravity 50% Reduction	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	8	Linear Ft	400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	~~24"~~ 36"	Trench Bottom Depth (~~cut~~ side)	48" max	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

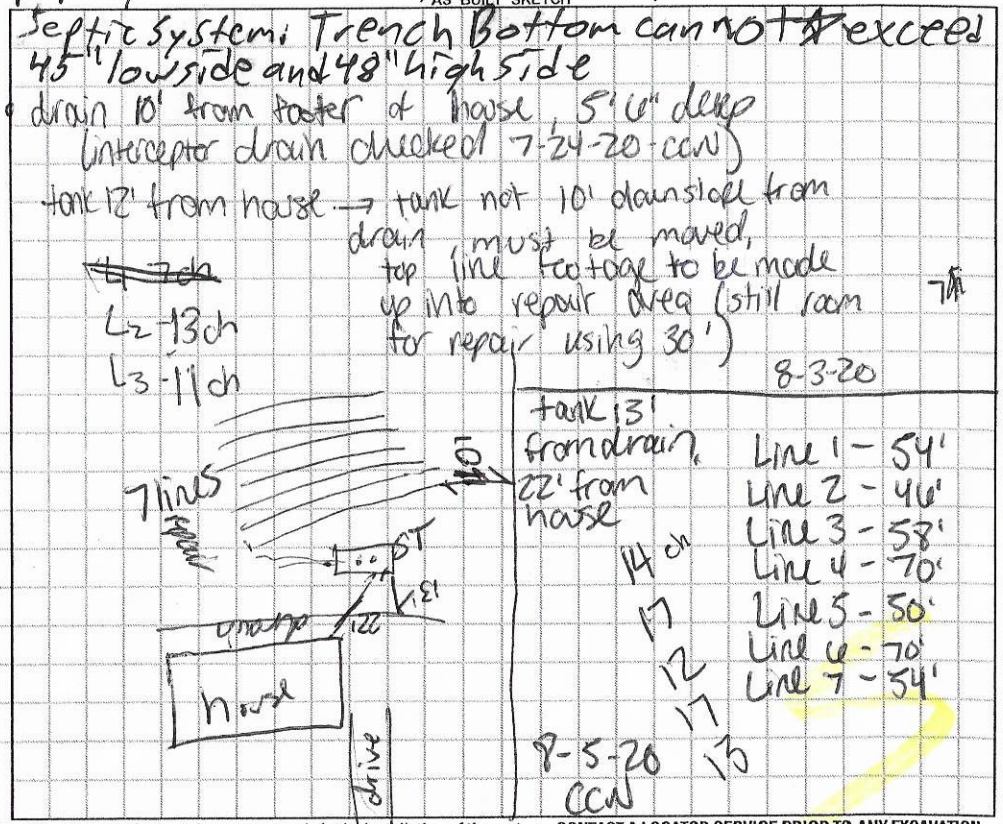
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install lines on contour. Do Not Drive on Store material or manipulate drainfield. All Property Lines and corners should be marked by licensed surveyor during time of inspection and installation. Property needs to be landscaped to promote positive drainage. Infiltrator Drain must run directly along Left property Line when facing Lot from Steep Ln and above entire

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: Boyce Galliher | Date: 7-16-20 | Installed by: Atlas Solutions

IMPROVEMENT PERMIT by: Patrick J Boyle III | Date: 7/15/2020 | OPERATION PERMIT by: Carla C. Neaves | Date: 8-6-20

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III | Date: 7/15/2020 | 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 #: 476359 7456
COUNTY: Iredell

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

OWNER: Boyce Gallimer
ADDRESS: 165 Ashley acres Rd
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 176 steppen

APPLICATION DATE 6/10/2020
DATE EVALUATED: 7/8/2020
PROPERTY SIZE: 0.572 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS	0-10	Fill	—	bgnd of chroma 2 sand 3 s between 23" and 42" 5Y6/1	94"	—	bgnd of chroma 2 sand 3 s at upon 23" and 42"	PS.3 after 42"
		10-34	C SBK ABK	Fr SS SP SOMP					
		34-74	CL SBK	Fr SS SP SOMP					
2	SS hillslm	0-13	Fill	—	Chroma 2 at 35" 5Y6/2	94"	Sap	chroma 2 at 35"	PS.3 after 35"
		13-45	C SBK ABK	Fr SS SP SOMP					
		45-74	CL SBK ABK	Fr SS SP SOMP					
3	SS	0-9	Fill	—	Chroma 2 at 33" 2.5Y6/2	94"	Litho inclusions	chroma 2 at 33"	PS.3 after 33"
		9-39	C SBK ABK	Fr SS SP SOMP					
		34-74	CL SBK	Fr SS SP SOMP					
4	SS	0-9	Topsoil	—	Few chroma 3's	84"	Litho inclusions to more common at base	few chroma 3 inclusions	PS.3
		9-46	C ABK	Fr SS SP SOMP					
		46-84	CL WSBK	Fr SS SP SOMP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	200
System Type(s)	Gravity 50%	Gravity 50%
Site LTAR	.3 after 35"	.3 after 35"

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

COMMENTS: Mostly 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 #: 9763597456
COUNTY: Iredell

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

OWNER: Boyce Galliher
ADDRESS: 165 Ashley Acres Rd
PROPOSED FACILITY: New Singlefam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 116 Steep Ln

APPLICATION DATE 6/01/2020
DATE EVALUATED: 7/8/2020
PROPERTY SIZE: 0.572 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
5 1	SS	0-9	Fill	—	band of chroma 2 sandz's between 26" and 33" 5YR 7/2	84"	—	band of chroma 2 sandz's between 26" and 33"	PSC after 7/8/1
		9-48	L strong SBK	Fr SS SP SMP					
		48-84	CL SBK	Fr SS SP SMP					
6 2	SS	0-9	FILL	—	band of chroma 2 sandz's between 20" and 33" 2.5Y 5/1	60"	—	band of chroma 2 sandz's between 20"-37"	PSC after 3/11
		9-44	C strong SBK	Fr SS SP SMP					
		44-60	CL SBK	Fr SS SP SMP					
7 3	SS	0-16	Fill	—	few YBrn 4/6	84"	few Lith indent	small Rock Vein between 20 to 36"	PSC 7/8 after removal
		16-60	LA SBK	Fr SS SP SMP					
		60-84	CL SBK	Fr SS SP SMP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: _____

33'

360 ÷ .275 → 1309 ÷ 3 → 436 x .75 → 327

360 ÷ .275 → 1309 ÷ 3 → 436 x .5 → 218'

Landscape needs to be graded to top grade for positive drainage

2'7"

6% slope

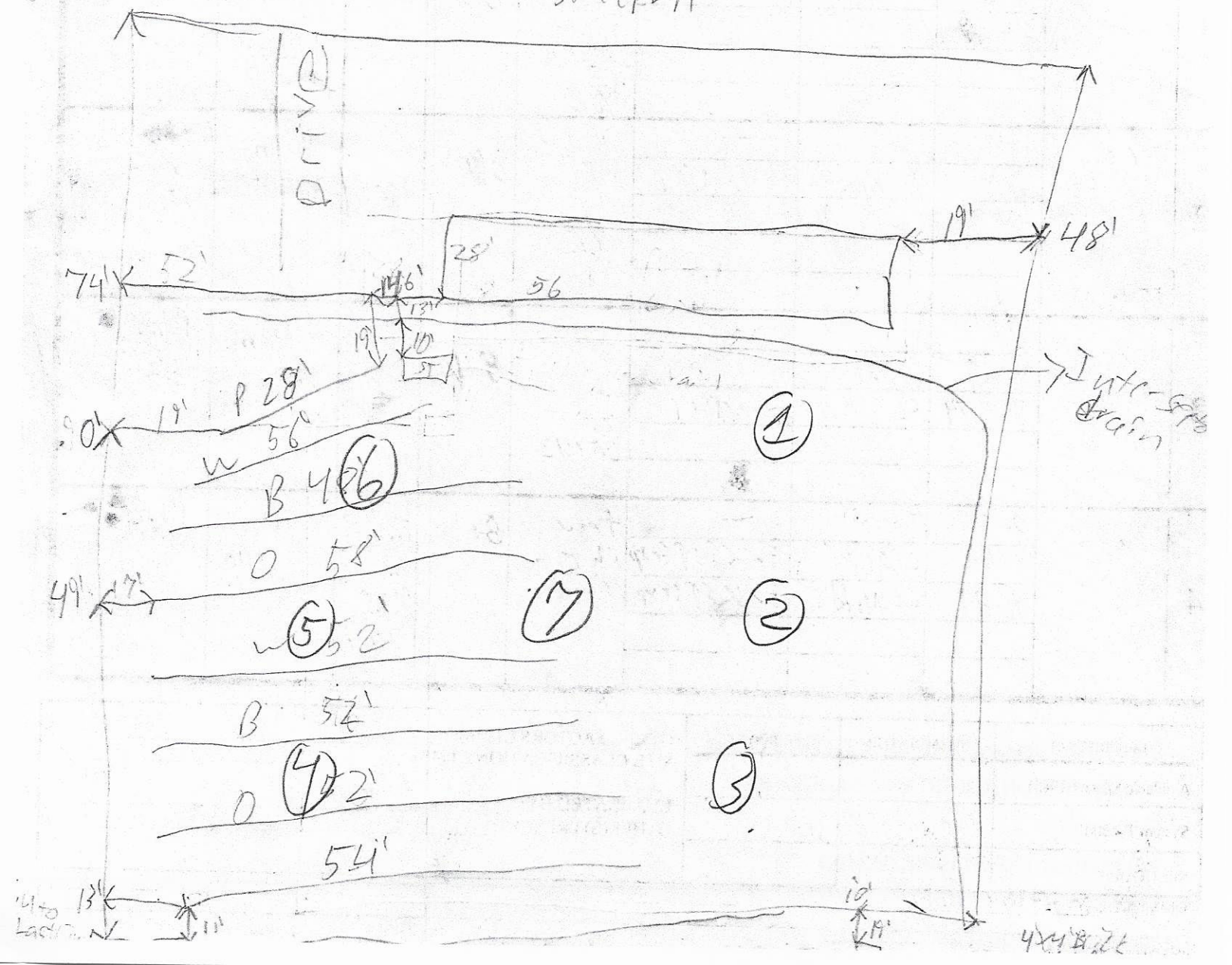
360 ÷ .3 → 1200 ÷ 3 → 400

360 ÷ .3 → 1200 ÷ 3 → 400 ÷ .5 → 200

steepLn

48' trench bottom

374



RECEIVED JUN 1 1 2020

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

Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-308182

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Boyce Galliher Address: 165 Ashley Acres Rd. Statesville Zip: 28677
Applicant Email: boyce.galliher@icloud.com Phone: 704-402-2795 Alt. Phone: _____
Owner Name: Ashley Plyler Address: 166 Nabors Rd Statesville NC Zip: 28677
Owner Email: Ashleyplyler50@gmail.com Phone: 704-480-0496 Alt. Phone: _____

Property Information:

Street Address: 116 Steep Lane, Statesville N.C.
Subdivision Name: _____ Section/Phase: _____ Lot Number: #1
Driving Directions: Hwy 70 - Left on Bellfarm Rd. - Left on Steep Lane - First Lot on Rt.

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: 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

(X) 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 (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) 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.

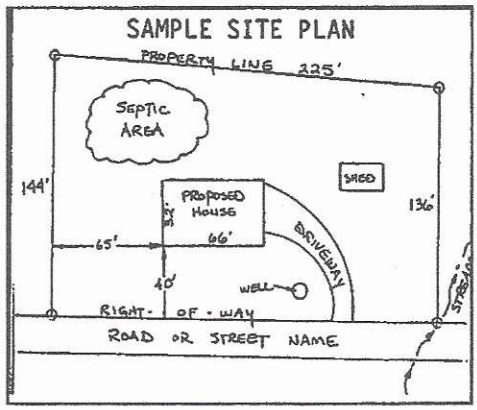
Signature: Boyce Galliher 6-10-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

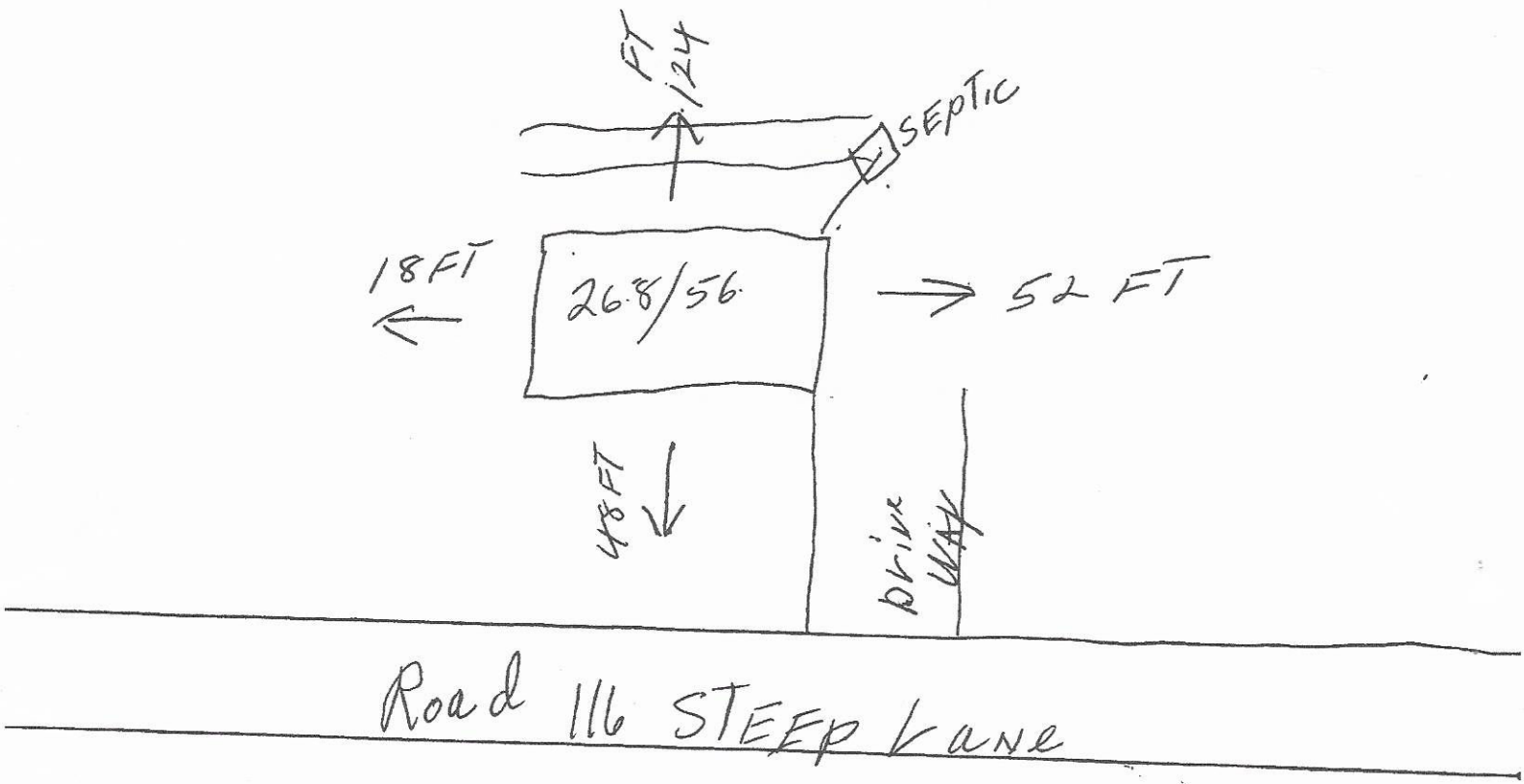
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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

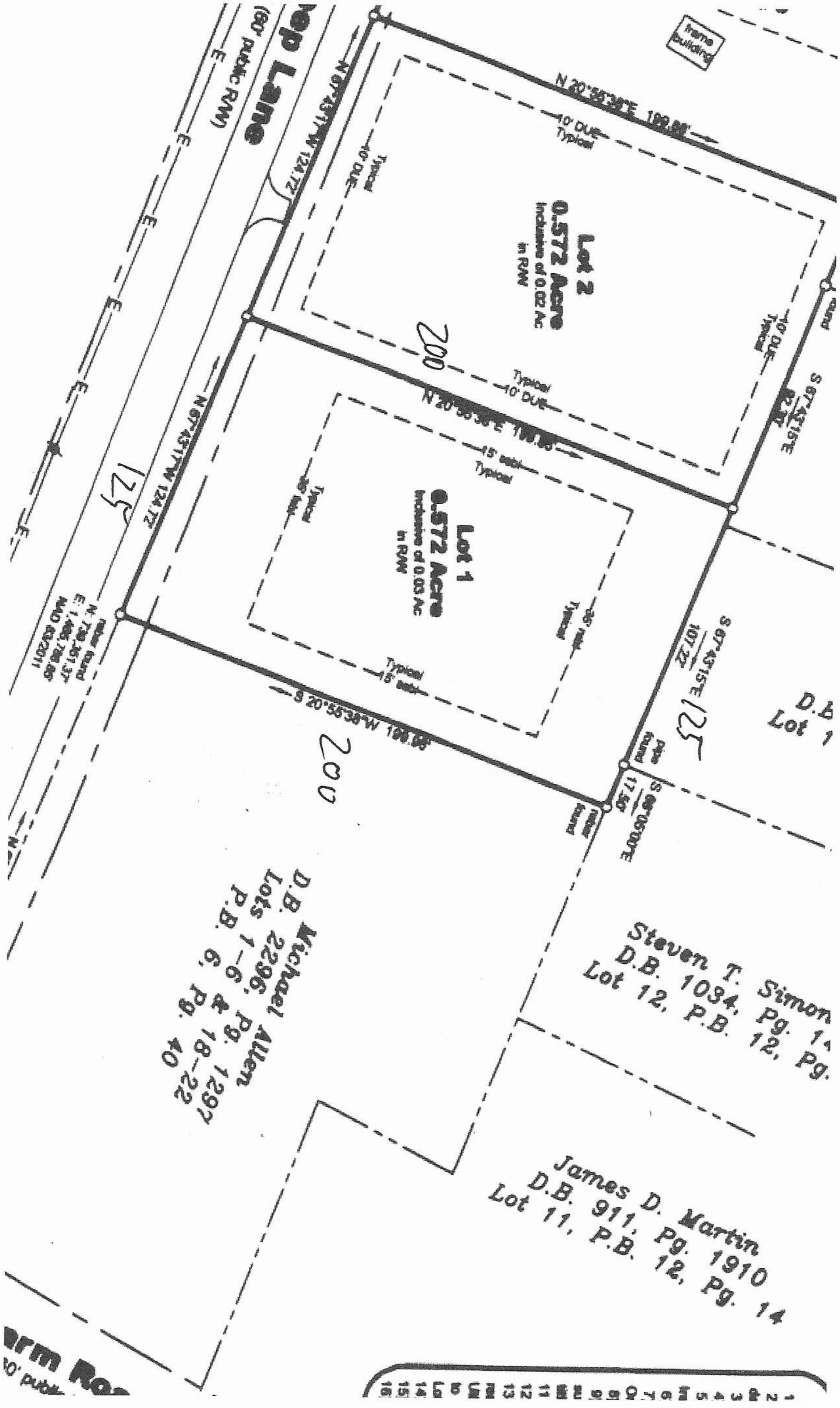
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



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

6-10-20
DATE

Z20467



op Lane
(60' public R/W)
N 67°43'17"W 124.72
N 67°43'17"W 124.72
frame building
N 20°55'38"E
10' DUE Typical
Lot 2
0.572 Acre
Inclusive of 0.02 Ac in R/W
Lot 1
0.572 Acre
Inclusive of 0.03 Ac in R/W
15' setb Typical
35' setb Typical
S 20°55'38"W
S 67°43'15"E
S 67°43'15"E 107.22
S 69°50'00"E 17.50
rebar found
pipe found
N: 739,361.37
E: 1,485,788.86
NAD 83/2011
125
125
200
200
Michael Allen
D.B. 2296, Pg. 1297
Lots 1-6 & 18-22
P.B. 6, Pg. 40
Steven T. Simon
D.B. 1034, Pg. 14
Lot 12, P.B. 12, Pg.
James D. Martin
D.B. 911, Pg. 1910
Lot 11, P.B. 12, Pg. 14
rm Roa
0' publ

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, Ashley Plyler, am the legal owner(s) of the property located at 116 Steep Ridge, identified as

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

I do hereby authorize (**print legal representative/company name**) Boyce Galliher,

_____, 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.

Ashley Plyler
Signature of Owner(s)

6/8/20
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

Flint olive

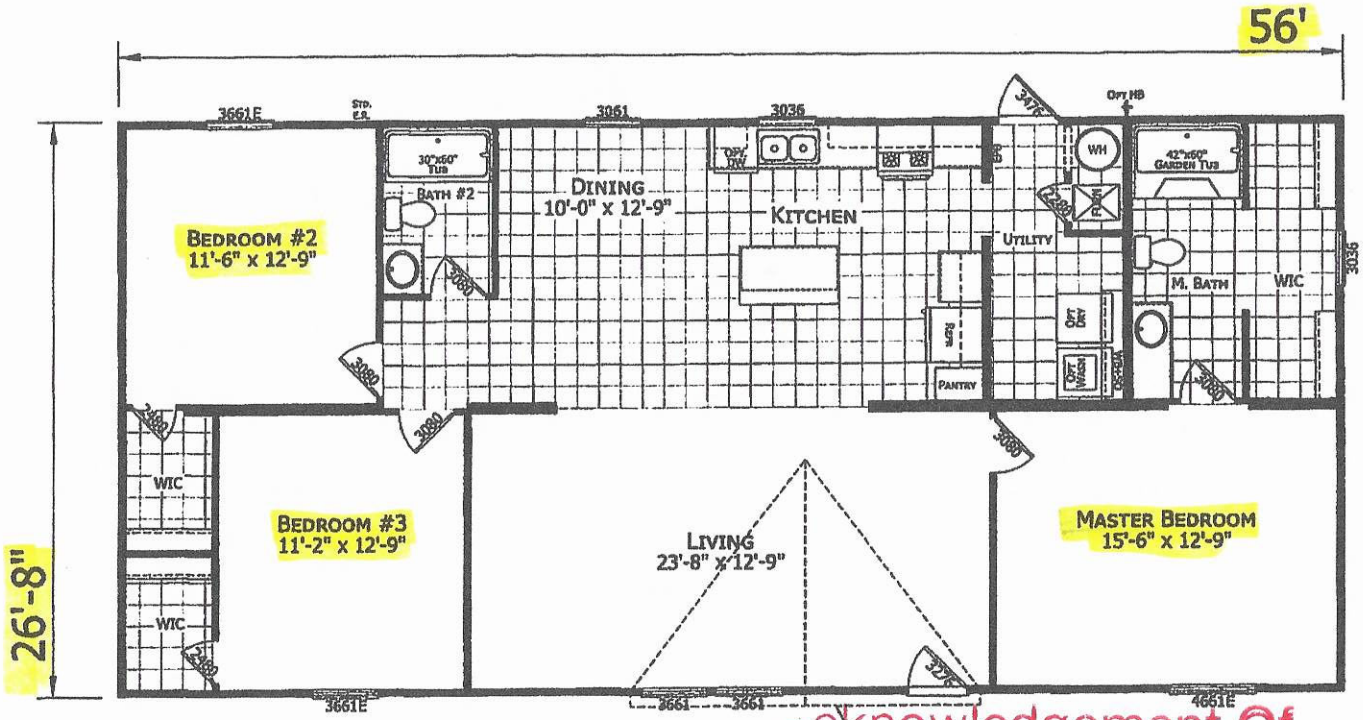
Clay Pearl (Tan)

shutter

Black green Red white

Dishwasher

45,450



2856H32010
3 BEDROOM 2 BATH
56'-0" x 26'-8"
1493 SQ. FT. TOTAL
05-13-2020

Acknowledgement Of
Plans Submittal ONLY!

Date 7/15/2020

Date 6/1/20

CHAMPION HOME BUILDERS		MODIFICATIONS: 1 Added Closet Doors 5/13/20 BC	PROJECT: 2856H32010 56'-0" x 26'-8" 3 BD 2 BT	TITLE: LITERATURE PLAN	SHEET: L-101
			DRAWN BY: B.CAMPBELL DATE: 05-07-20 SCALE: 3/16" = 1'-0"	FILENAME: 2856H32010 5-13-2020	PROPRIETARY AND CONFIDENTIAL

IREDELL COUNTY · NC

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

APPLICATION NUMBER
308182 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4763597456.000	116 Steepln	IREDELL COUNTY

Owner Information	Applicant Information
Name: PLYLER ASHLEY N	Name: BOYCE GALLIHER
Address:	Address: 165 ASHLEY ACRES RD
	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
0.572	35	35	15	15	N/A	NO

Remarks

DW

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.

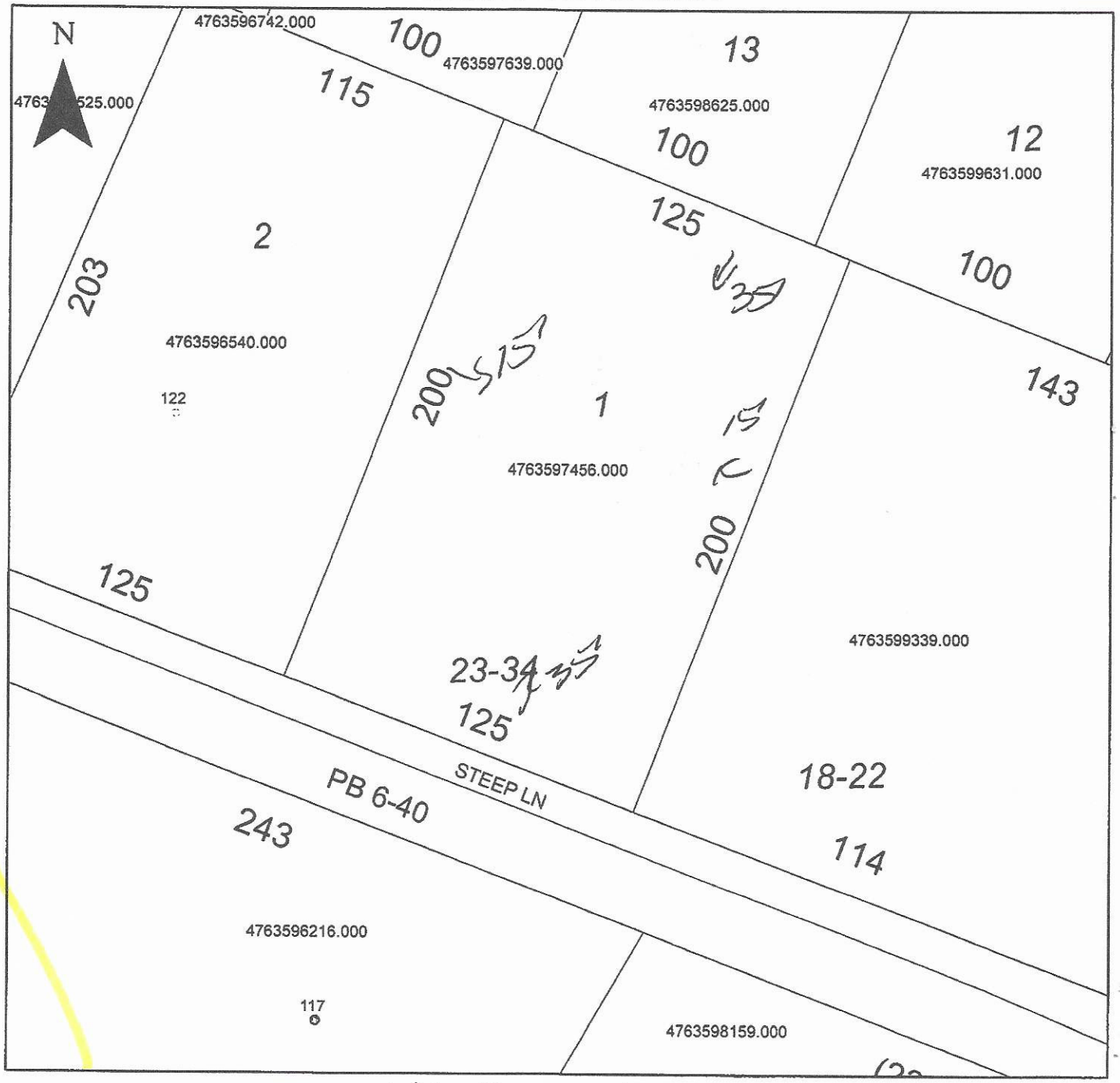
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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: 06/11/2020 6/11/20

Permit Number	308182	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 116 Steep Ln

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

6-11-20
Date