ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 307103

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

PIN # 4788348992

APPLICANT/OWNER: Custom Homes By Lisa APPLICANT ADDRESS: 194 Cross Country Rd, Statesville

SITE ADDRESS: 175 Vaughn Mill Rd, Statesville 28625 PHONE: 704-902-6733 ALT. PHONE —

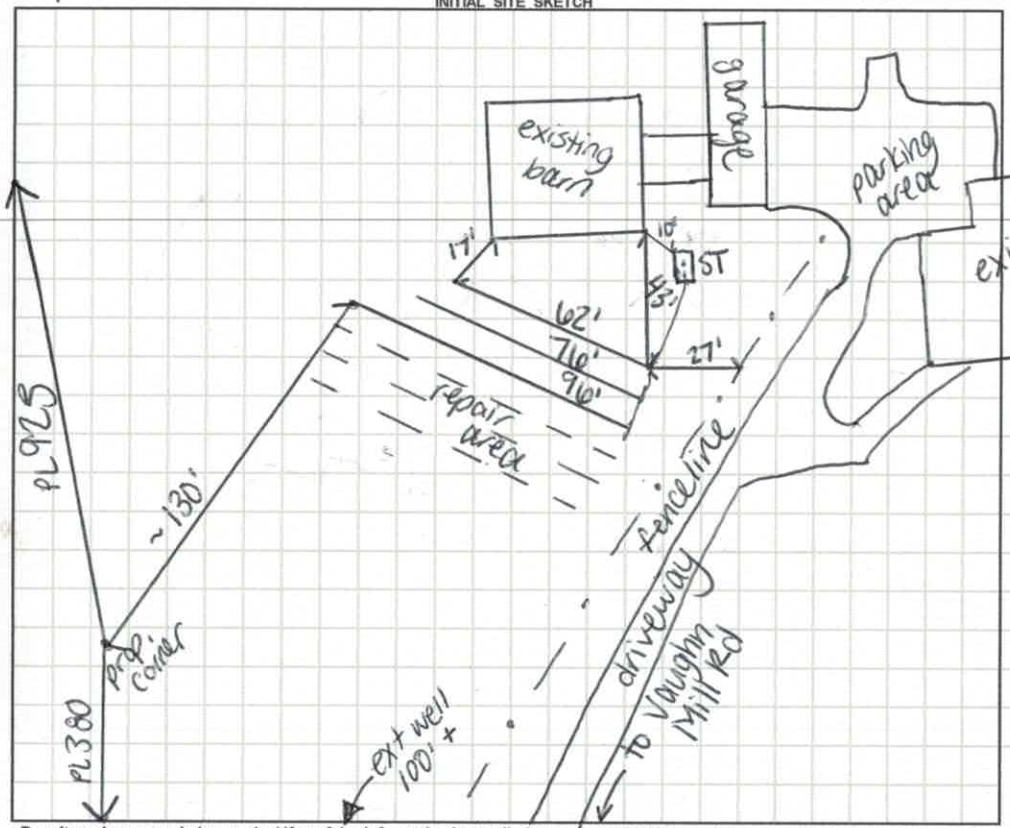
SITE DIRECTIONS: Old Mocksville → R on Vaughn Mill → on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 27.19ac DESIGN FLOW: 240gpd L.T.A.R.: .275

Septic Tank	1000	(gal)	STB 760	Date	4-27-20	☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank		(gal)	PT	Date		System Description:	25% reduction	☐ Business	No. Persons	4	☒ Private ext
Pump Make		Model		Serial #		Repair System Description:	25% reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	220'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth ~~(Low side)~~	30" max	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Purpose of permit is to add bathroom to existing barn with potential for future living space. Install on contour + utilize serial distribution.

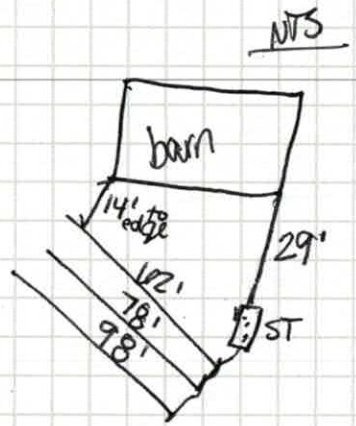
INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC 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.

1"=60'



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: Acceptance of Permit Recd Date: 5-22-20 Installed by: Jake Williams

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 5-12-20 OPERATION PERMIT by: Carla C. Nicks Date: 6-29-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 5-20-20 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Custom homes by lisa, the legal owner or the agent of the property located at 175 Vaughn Mill Rd statesville nc 28625, identified as PIN(Parcel Identification Number) 4788348992, located in Iredell County, North Carolina.
Permit # 307103.

I do hereby agree to the permit design and the conditions of this permit.

Signature of Owner/Authorized Agent — Date: May 21, 2020

Signature of Witness — Date: May 21, 2020

customhomesbylisa@gmail.com
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

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

Sheet 1 of 1
PROPERTY ID #: [illegible]
COUNTY: Iredell

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

OWNER: Jim Lyon
ADDRESS: 175 Vaughn Mill
PROPOSED FACILITY: SFR
LOCATION OF SITE: 175 Vaughn Mill

APPLICATION DATE 4-30-20
DATE EVALUATED: 5-12-20
PROPOSED DESIGN FLOW (.1949): 240 gpd
PROPERTY SIZE: 2.79 ac
PROPERTY RECORDED: Y

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	L 12%	0-31	SBK C	Fr SS SP SPL	some Mg few sap inc	48"	-	-	PS .275
		31-48	SBK CL	" "	firm @ 47"				
2	L 12%	0-30	SBK C	Fr SS SP SPL	some Mg throughout	48"	-	-	PS .275
		30-48	SBK CL	" "					
3	L 12%	0-25	SBK C	Fr SS SP SPL	Mg throughout CL few sap inc	48"	-	-	PS .275
		25-48	SBK CL	" "					
4	L 12%	0-30	SBK C	Fr SS SP SPL	some Mg many sap inc in CL	48"	-	-	PS .275
		30-48	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	220'	220'
System Type(s)	25%	25%
Site LTAR	.275	.255

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: C. Nicks
OTHER(S) PRESENT: N/A

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						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)

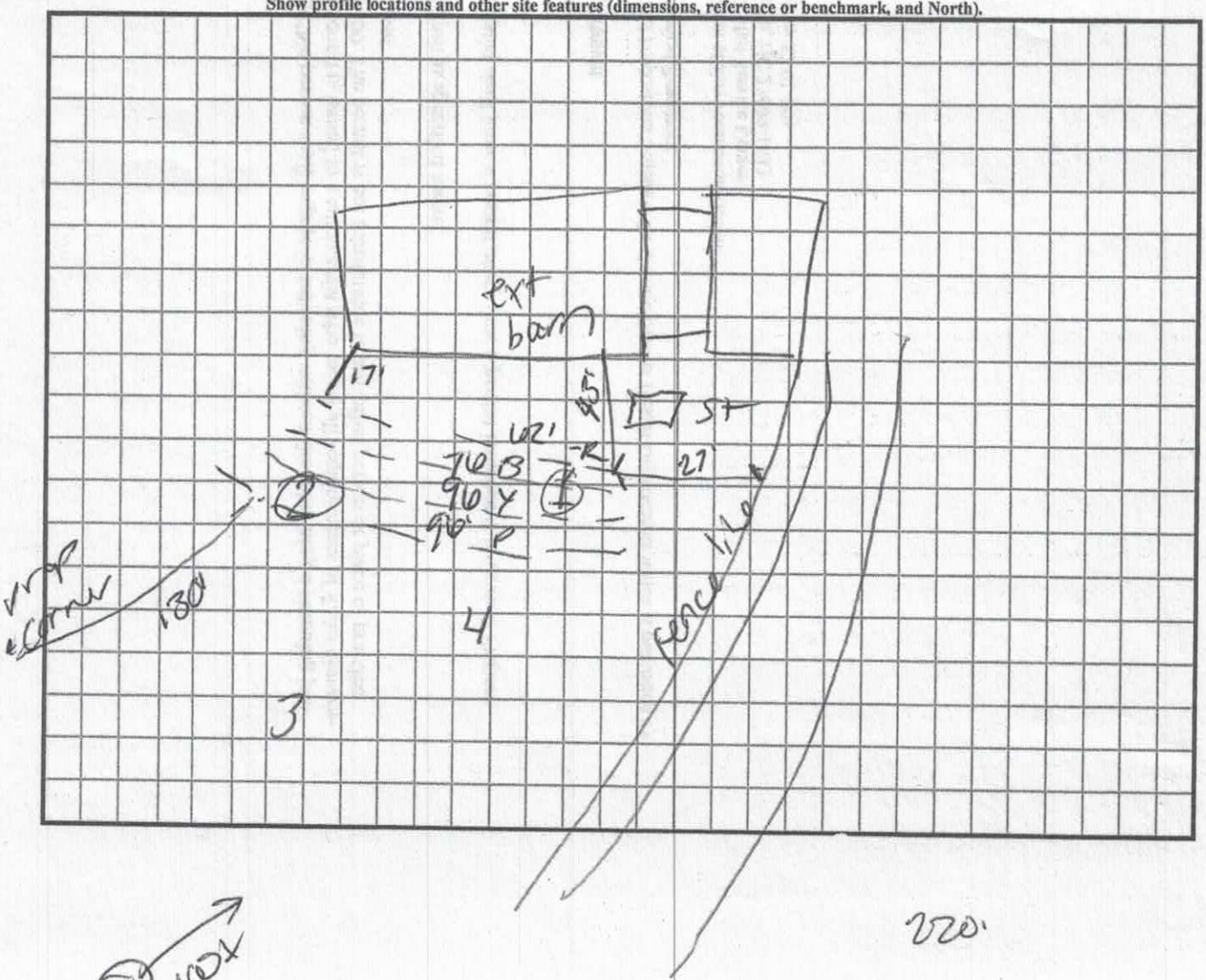
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

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).



10-12

RECEIVED APR 3 0 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- 30703

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: Custom Homes By Lisa, INC Address: 194 Cross Country Rd- Statesville Zip: 28625
Applicant Email: customhomesbylisa@gmail.com Phone: 704-902-0733 Alt. Phone: ____
Owner Name: Jim Ligon Address: 175 Vaughn Mill Rd-Statesville Zip: 28625
Owner Email: ____ Phone: 704-546-2801 Alt. Phone: ____

Property Information:

Street Address: 175 Vaughn Mill Rd- Statesville NC 28625
Subdivision Name: — Section/Phase: — Lot Number: —
Driving Directions: Old Mocksville Rd- cross 5 Yadin River, cross next bridge turn right on Vaughn Mill ¼ mile to driveway on left

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: ____ — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: ____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — (✓) Other Addition/Structure: Bathroom — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: —
Non-Residential Site Development: Type of Business: —
Square Footage of Building: 64 sq ft Max. Number of Employees: — Max. Number of Seats/Beds/Other: —

Water Supply: ( ) Replacement Well – Reason: ____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 2

( ) 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: Lisa C. Williams — 4-28-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Ronda Hart

From: Stephanie Locklear
Sent: Thursday, April 30, 2020 8:37 AM
To: Ronda Hart; Brady Freeman; Mary Allen; Barbara Nebel; Heath Snow; Deborah Williams
Subject: AP-307103 175 VAUGHN MILL STATESVILLE NEW SEPTIC
Attachments: 175 VAUGHN MILL EH.pdf

The new septic is for the barn.

Thank you,

Stephanie Locklear
Permitting Specialist
Iredell County Development Services

PO Box 788 / 349 N Center St
Statesville NC 28687
704-878-3113 ext. 3767
stephanie.locklear@co.iredell.nc.us

Click to let us know about your experience.

Service Adjustments during COVID-19 Pandemic:

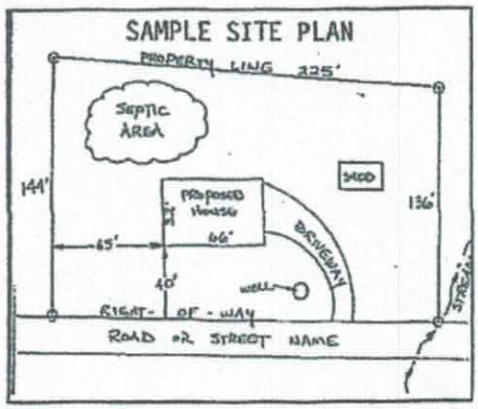
- Our lobby area at 349 N Center Street, Statesville is currently closed in order to minimize risk to employees and ensure adequate service levels for the duration of this health emergency. We do have a small area for drop off and pick up only.
- We recommend customers use the online portal system for permitting needs, correspond via email, or drop off completed applications, plans and related documents in our drop off area located in the main entrance area of the Building Standards on the first floor.
- All functions in Central Permitting, Building Inspections and the Fire Marshal's office will continue, however service levels may be reduced due to staffing and access issues.

Thank you for your understanding and cooperation.

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:

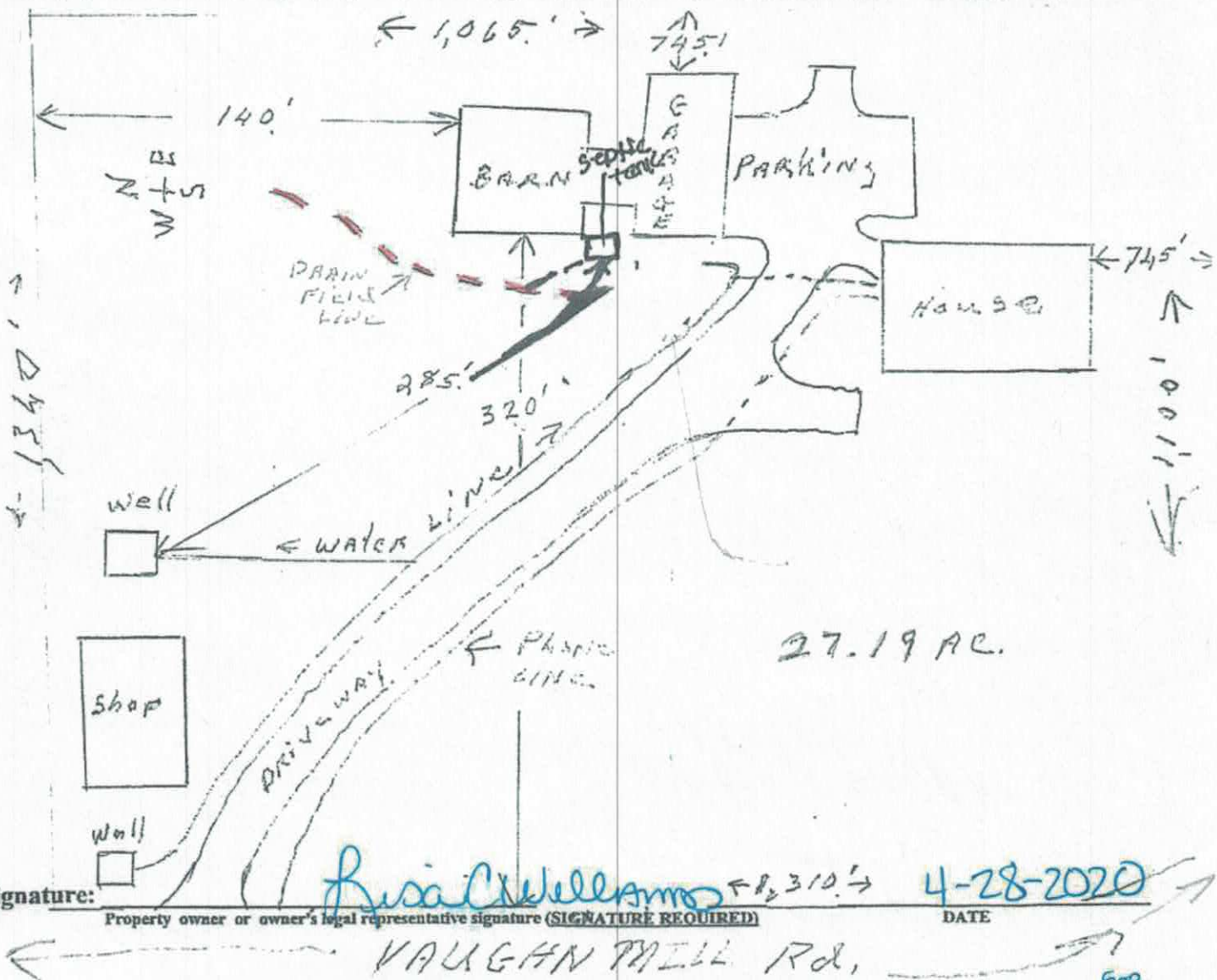
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location – existing
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient 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: Rosa C. Williams 4-28-2020

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

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR James F. Ligon DATE 3-17-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64E. Troy SR 2158 from Yadkin River - Troy SR 2145 60 1/2 mile House on left S. R. No. 2145

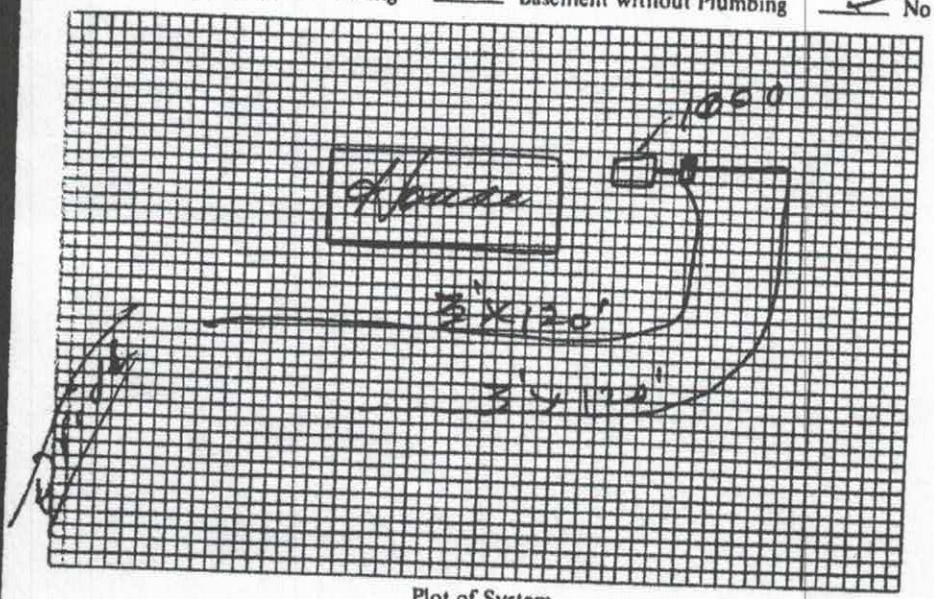
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Sandy Loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	5 min/1"
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-10% Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'
Lot Area Ample			Rock or other impervious formations	Scattered Rock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Kenneth Griffin

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

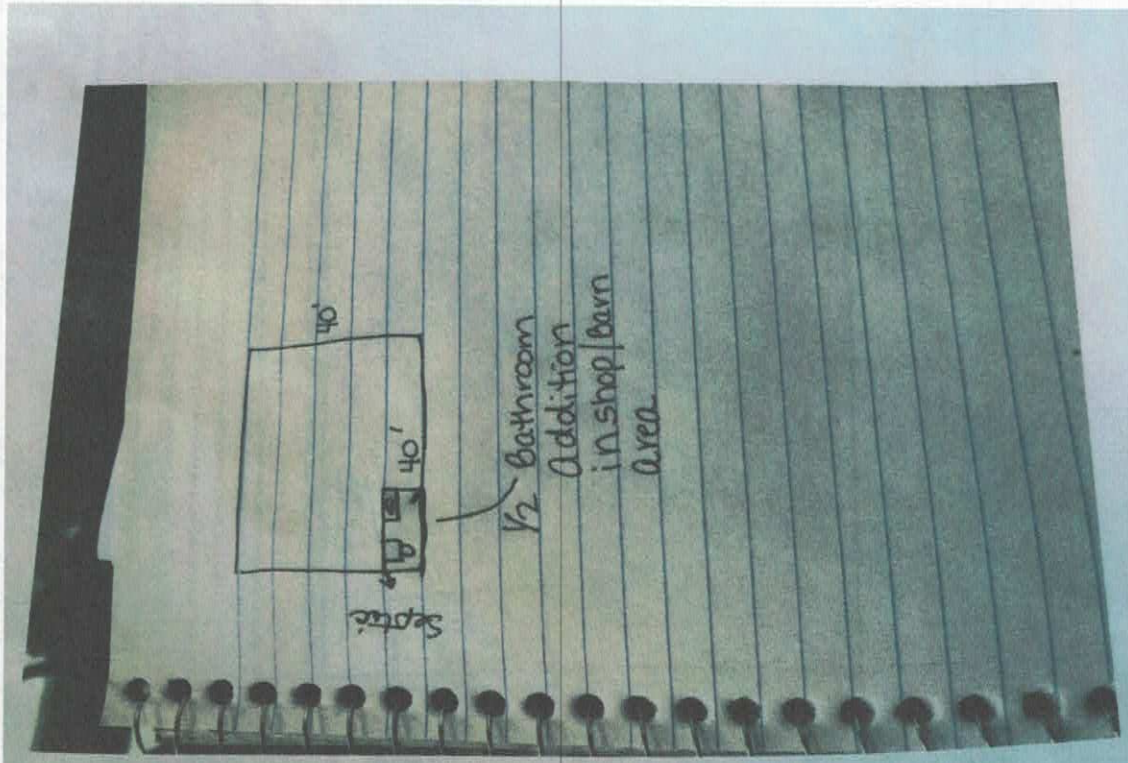
CERTIFICATE OF COMPLETION BY Steven D. [illegible] DATE 3/27/86

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold



Acknowledgement Of
Plans Submittal ONLY!

Carla C. Nicks Date 5-20-20

Lisa Williams Date 5-22-2020

Add Bathroom to existing building

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, James F. Ligon Sr, am the legal owner(s) of the property located at 175 Vaughn Mill Rd - Statesville NC, identified as PIN (Parcel Identification Number) 4788348992, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Custom Homes By Lisa, INC Lisa Williams, 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.

James F. Ligon Sr
Signature of Owner(s)

4-28-2020
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