ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 3069316

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

PIN # 4832559339

APPLICANT/OWNER: Brad Sloan APPLICANT ADDRESS: 126 Gilead Ln, Statesville

SITE ADDRESS: 145 Dowell Rd, olin 28660 PHONE: 704-682-4578 ALT. PHONE —

SITE DIRECTIONS: 115N → R on Prospect → L on Myers Mill → R on Trumpet Branch → L on Dowell → on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Priscilla D. Plyler SECTION: — LOT # -1- LOT AREA: 1.511 ac DESIGN FLOW: 480 gpd L.T.A.R.: .275 (.1R)

Septic Tank	1000 (gal)	STB	760	Date	09-23-2020	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4
Pump Tank	(gal)	PT		Date		System Description: 25% reduction	☐ Business	No. Persons	8
Pump Make		Model		Serial #		Repair System Description: drip	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	6	Linear Ft	437'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width	36"	Trench Bottom Depth(Low side)	22"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

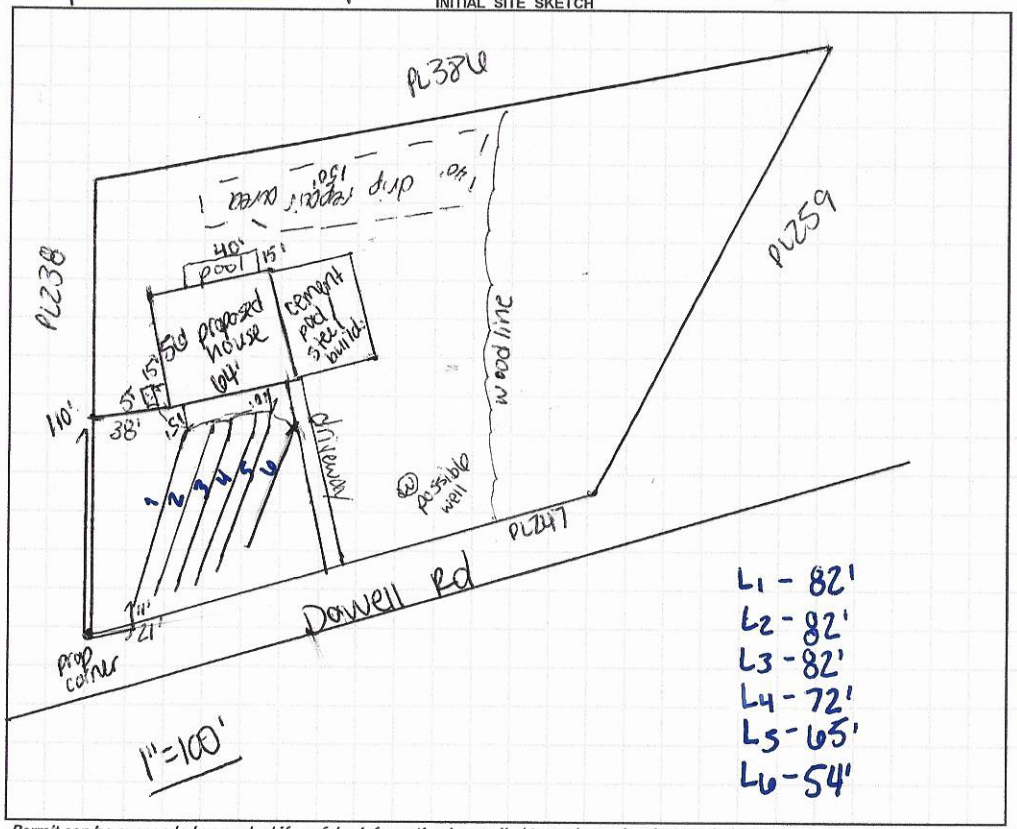
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on contour + utilize serial distribution. Do not grade septic area. Do not exceed max trench depth of 25". Keep ST 15' off house. Line 1 is same

elevation as house corner → plumb tank as shallow as possible to achieve gravity fall. Maintain setbacks off of house.

* property recorded deed bk 71 pg 136

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.

INSTALLED AS SHOWN

L1 = 86 FT
L2 = 78FT
L3 = 70FT
L4 = 70FT
L5 = 66FT
L6 = 70FT

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 Rec'd Date: 5-18-20 Installed by: T.B. GRADING

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 5-12-20 OPERATION PERMIT by: Burgett L. White Date: 11-24-2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 5-17-20 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 #:
COUNTY: Iredell

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

OWNER: Brad Sloan
ADDRESS: 126 Gilead Ln, Statesville
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 145 Dowell Rd, Olin
APPLICATION DATE 4-27-20
DATE EVALUATED: 5-5-20
PROPERTY SIZE: ~1.5 ac
PROPERTY RECORDED: N
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 5%	0-11	GR SCL	FR SS SP SBK	prominent E horizon → could not dig deeper	30"	U	—	I drip
		11-30	SBK C	" "					
		30-36	M SAP	Firm					
2	L 5%	0-10	GR SCL	FR SS SP SBK	stay aboard	33"	U	—	PS .25 w/ cover
		10-33	SBK C	" "					
		33-47	M SAP	Firm					
3	L 5%	0-12	GR SCL	FR SS SP SBK	23-33" 10YR 6/6 YP mottles	48"	—	—	PS .25
		12-30	SBK C	" "					
		30-48"	SBK CL	" "					
4	L 7%	0-7	GR SCL	FR SS SP SBK	—	48"	—	—	PS .275
		7-32	SBK C	" "					
		32-48	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	4371	4800 sq ft
System Type(s)	78%	drip
Site LTAR	.275	.1

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
OTHER(S) PRESENT: —

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #:
DATE OF EVALUATION: 5-5-20
COUNTY: Iredell

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
5	L 7%	0-11	GR SCL	Fr SS SP SBK	stay above	37"	4	-	PS .275 above sap
		11-32	SBK C	" "					
		32-37	SBK CL	" "					
		37+45"	M sap	Firm					

LEGEND

use the following standard abbreviations

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

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

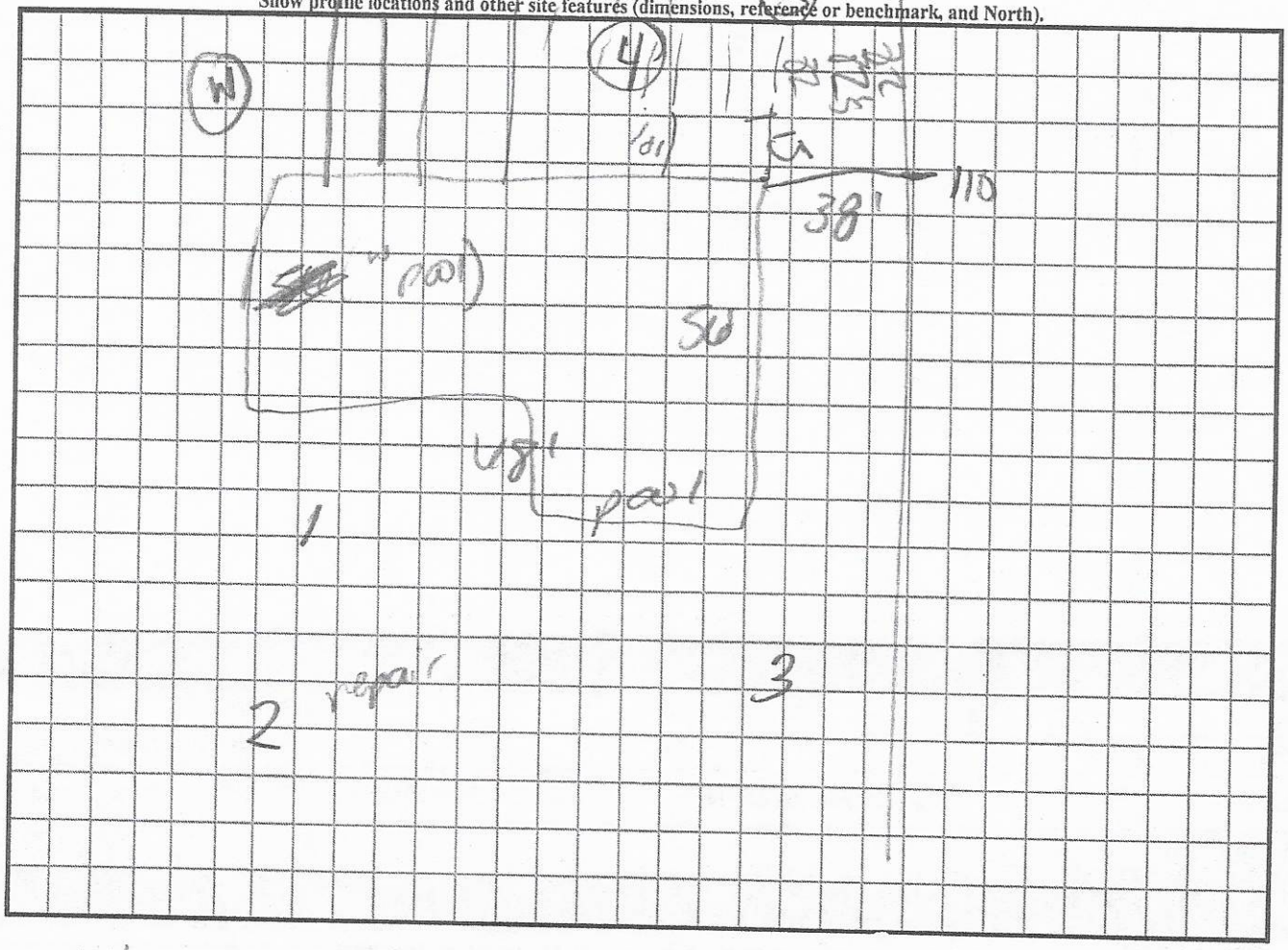
NOTES

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).



5) 0-11
11-32 37 firm sap
32-37
37-45"

hard rock
same elevation as line

SHOAF PRECAST SEPTIC TANK, INC.
4130 West U.S. Hwy. 64
Lexington, NC 27295

Phone: (336) 787-5826
FAX: (336) 787-2826

Email: info@shoafprecast.com

November 24, 2020

Iredell County Health Department
Environmental Health
Bryant.white@co.iredell.nc.us

That will certify that the 1000 gal. Non-Traffic septic tank ordered by Tony Ball / T.B. Grading and provided to 145 Dowell Rd., Olin, NC, on November 24, 2020, was manufactured on September 23, 2020.

SHOAF PRECAST SEPTIC TANK, INC.

By: _____

RECEIVED APR 2 7 2020

AP-306936
$500.00

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*

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: BRAD SLOAN Address: 126 GILEAD LN, STATESVILLE, NC Zip: 28625

Applicant Email: BTS5586@YAHOO.COM Phone: 704-682-4578 Alt. Phone: _____

Owner Name: PRISCILLA PYLER Address: 163 SHUMAKER DR, STATESVILLE NC Zip: 28625

Owner Email: RHONDAATTHEHOBB@YAHOO.COM Phone: 704-876-0562 Alt. Phone: _____

Property Information:

Street Address: 145 DOWELL RD, OLIN NC 28660

Subdivision Name: N/A Section/Phase: N/A Lot Number: N/A

Driving Directions: MYERS MILL RD, TURN ONTO TRUMPET BRANCH RD TURN ONTO DOWELL RD PROPERTY IS ~500 FT ON THE LEFT, JUST PASSED AN OLD MOBILE HOME

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: ~~6~~ 3
( ) 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: _____

(X) 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 (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.

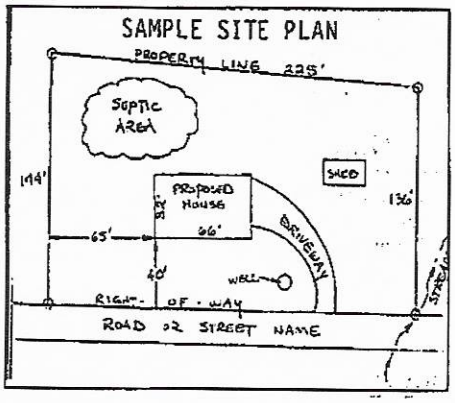
Signature: _____ 4/14/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

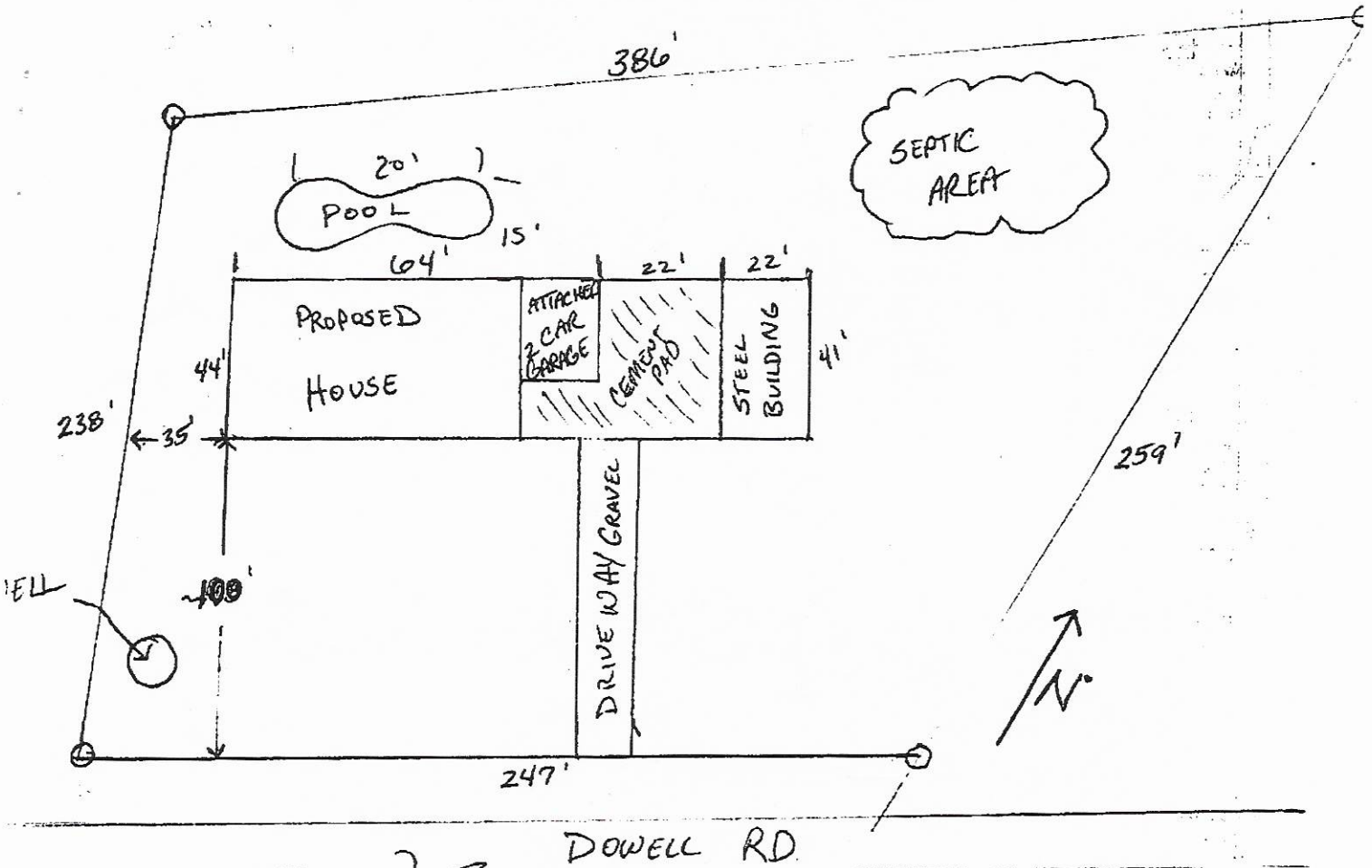
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

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

4/14/20
DATE

145 DOWELL RD OLIN, NC 28660

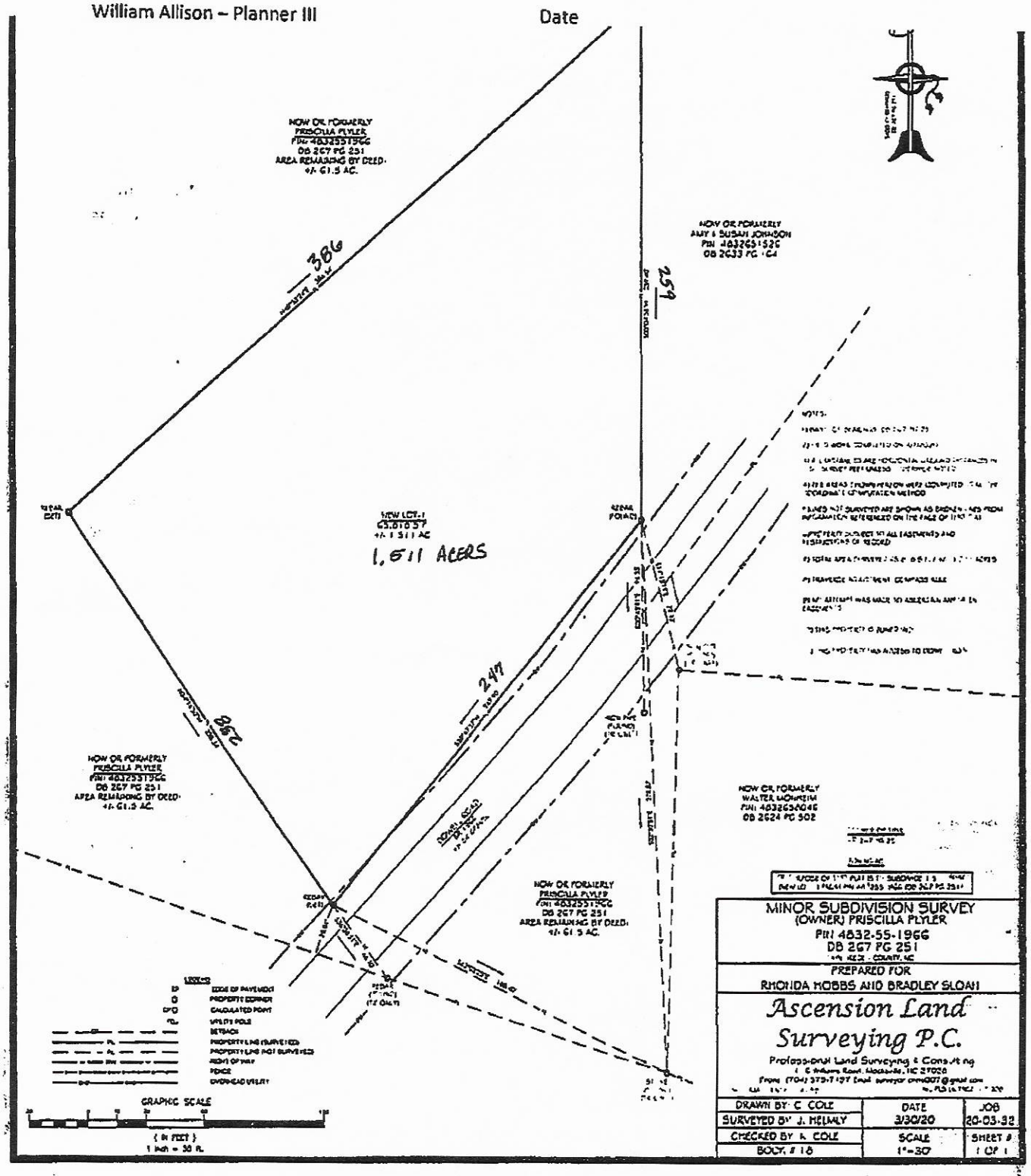
Preliminary Approval – SF Dwelling Permit (Prisilla Plyler Property)

Regarding parcel #: 4832-55-1966 located off Dowell Road (SR 1966) and applicant Brad Sloan, it is permissible to go head and issue the Zoning and Environmental Health Permit to allow for the septic approval to be applied for, yet a hold shall be placed the Building Permit until the lot is deeded off or platted.

William Allison – Planner III

4-13-20

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*) _____

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, Priscilla Dowell Plyler, am the legal owner(s) of the property located at 145 DOWELL RD, OLIN NC 28660, identified as PIN (Parcel Identification Number) 8732-55-1916, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) BRAD SLOAN, _____, 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.

Priscilla Dowell Plyler — Signature of Owner(s)

4/14/20 — Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

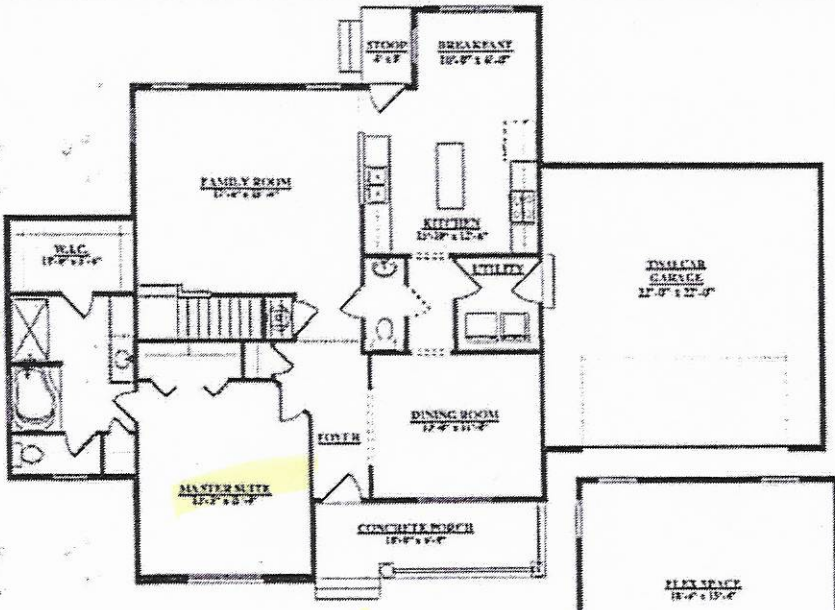
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

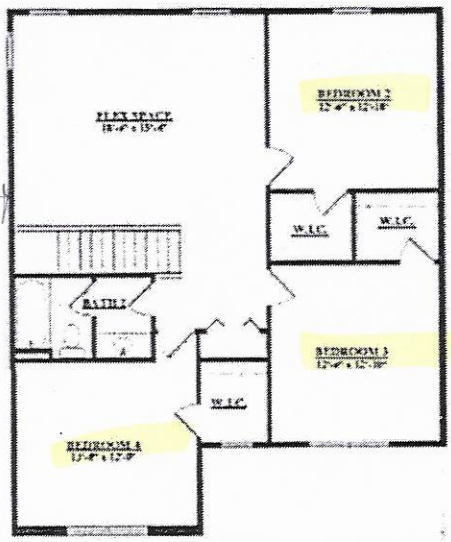












Acknowledgement Of Plans Submitted ONLY!
Carla C. Nickolate 5-12-20
Brad Date 4/24/20

Maple Elevation Floor Plan

© "COPYRIGHT SEDGEWICK HOMES LLC.
ALL RIGHTS RESERVED"

Please see sales agent for plan differences.

These drawings are for illustration purposes only. All dimensions are approximate and elevations may reflect optional features and colors. Square footage may vary by elevation.

BBB. ACCREDITED BUSINESS
EQUAL HOUSING OPPORTUNITY
NAHB

IREDELL COUNTY

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

APPLICATION NUMBER
306936 Issue Date: 04/22/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4832551966.000	145 DOWELL RD	Iredell County

Owner Information	Applicant Information
Name: PLYER PRISCILLA D Address: Phone:	Name: BRAD SLOAN Address: 126 GILEAD STATESVILLE, NC 28625 Phone: (704)682-4578

Use Requested	Zone Code
Single Family Dwelling	RUR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
63	35	35	15	15		

Remarks
SFD

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: 04/24/2020

Permit Number	306936

TOTAL FEES:	$77.25