# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

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

PERMIT # AP-324178

APPLICANT/OWNER: HUNTER GALLIHER

PIN # 4850 -- 22 -- 7623

SITE ADDRESS: 425 OLIN LOOP, OLIN, N.C. 28660

APPLICANT ADDRESS: 425 OLIN LOOP, OLIN, N.C. 28660

SITE DIRECTIONS: (N) ON 115, (R) ON OLIN LOOP, LOTON (L)

PHONE: 704-929-5564 ALT. PHONE —

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 3.51 AC

SAP CONTROLLED: ☐ YES ☑ NO

DESIGN FLOW: 360 GPD L.T.A.R.: 0.25

| | | | | | |
|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | | Date | 1/21/22 |
| Pump Tank | — (gal) | PT | — | Date | — |
| Pump Make | — | Model | — | Serial # | — |
| # Nitrification Fields | 1 | # Lines | 3 | Linear Ft | 366 FT |
| Trench Width | 36 IN | Trench Bottom Depth(Low side) | 32 IN | Gravel Depth | — |

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% REDUCTION

Repair System Description: 50% REDUCTION

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

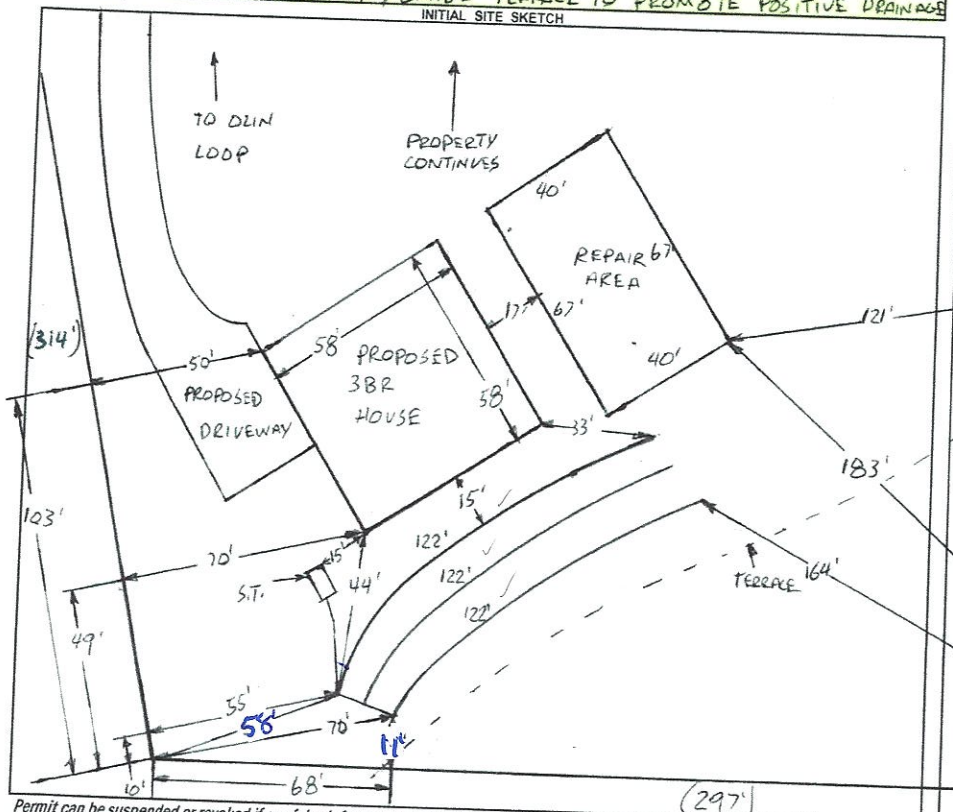
No. Bedrooms 3 No. Persons 6 No. Employees — ☑ Crawl Space

Water Supply: ☐ Private ☑ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE ON SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH, DO NOT SHALLOW UP, GRADE TERRACE TO PROMOTE POSITIVE DRAINAGE

INITIAL SITE SKETCH

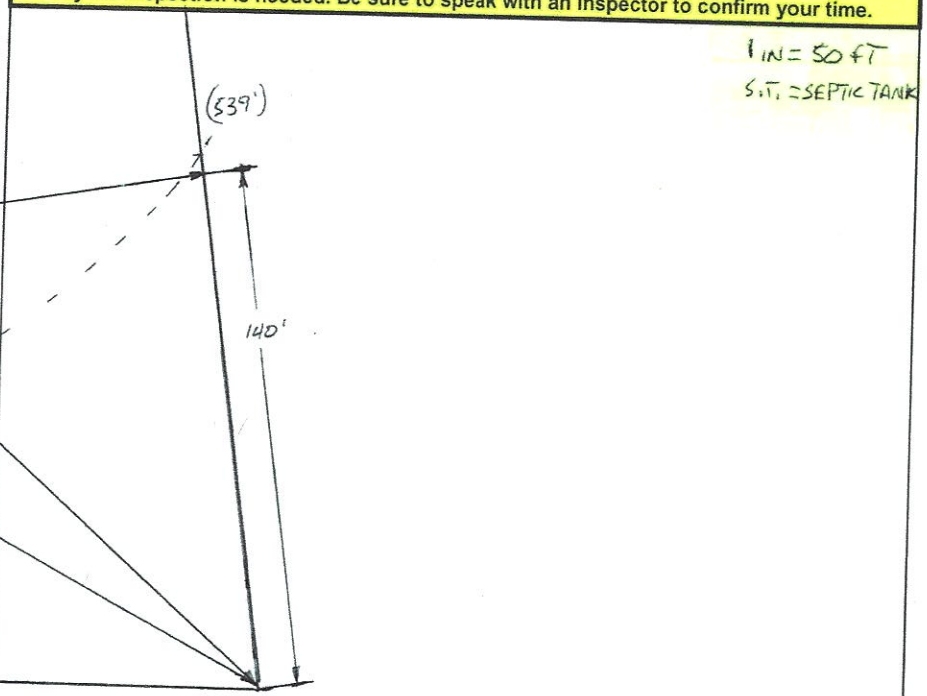



AS BUILT SKETCH

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.

1 IN = 50 FT

S.T. = SEPTIC TANK




*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: [signature] Date: 3/2/22

IMPROVEMENT PERMIT by: Bryant C. White Date: 2-28-2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 2-28-2021

Installed by: Ground Breakers

OPERATION PERMIT by: D Wieberg Date: 3/7/22

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 #: 4850-22-
COUNTY: IREDELL

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

OWNER: HUNTER GALLIHER
ADDRESS: 425 OLIN LOOP, OLIN, N.C. 28660
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 425 OLIN LOOP, OLIN, N.C. 28660
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

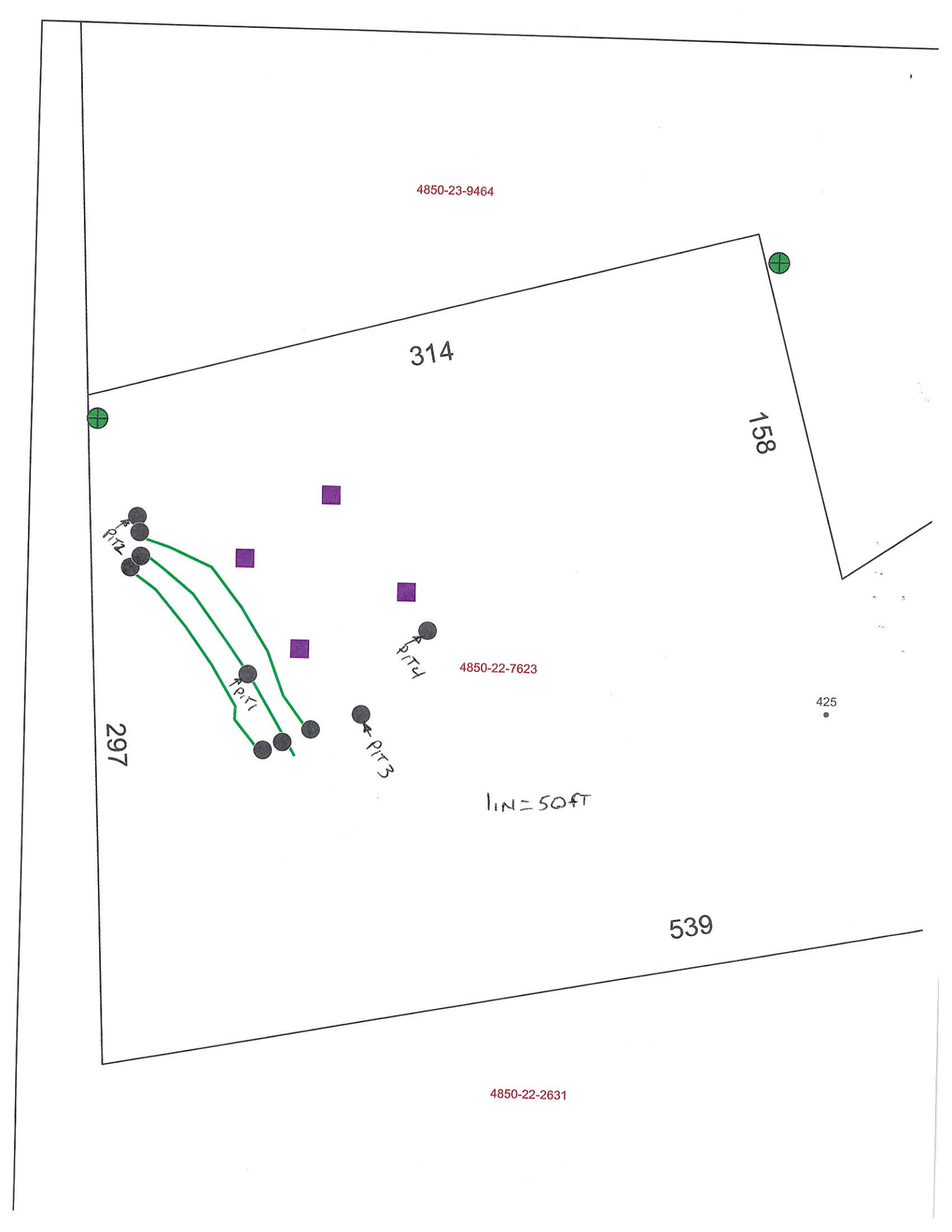
APPLICATION DATE 1-4-2022
DATE EVALUATED: 2-3-2022
PROPERTY SIZE: 3.51 AC
PROPERTY RECORDED: YES
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☑ Mixed

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | FOOT 5% | 0-34 | C, ABK | FR, S, P, SEXP | SAP, INC THRU OUT FEW VIB MOTS 0"-25" | 48"+ | NA | NA | PS .25 |
| | | 34-48 | CL/NABK | FR, SS, SP, SEXP | | | | | |
| 2 | FOOT 5% | 0-28 | C, ABK | FR, S, P, SEXP | SAP INC THRU OUT | 52"+ | NA | NA | PS .275 |
| | | 28-42 | CL, WAB | FR, SS, SP, SEXP | | | | | |
| 3 | LINEAR SIDE 7% | 0-26 | C, ABK | FR, S, P, SEXP | SAP INC THRU OUT | 50"+ | NA | NA | PS .25 |
| | | 26-50 | CL, WABK | FR, SS, SP, SEXP | | | | | |
| 4 | LINEAR SIDE 10% | 0-10 | FILL | MIXED | SAP INC THRU OUT | 52"+ | NA | NA | PS .3 |
| | | 10-17 | SCL/SBK | FR, SS, SP, SEXP | | | | | |
| | | 17-38 | C, ABK | FR, S, P, SEXP | | | | | |
| | | 38-52 | CL/WABK | FI, SS, SP, SEXP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 25% | 50% |
| Site LTAR | 0.25 | 0.25 |

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:


4850-23-9464
314
158
297
539
425
4850-22-7623
4850-22-2631
PIT1
PIT2
PIT3
PIT4
1IN=50FT

BW

RECEIVED JAN 04 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-324178 $500.00

**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: Hunter Galliher Address: 425 Olin Lp Rd Zip: 28660
Applicant Email: huntergalliher@gmail.com Phone: 704-929-5564 Alt. Phone: _____
Owner Name: Hunter Galliher Address: 425 Olin Lp Rd Zip: 28660
Owner Email: huntergalliher@gmail.com Phone: 704-929-5564 Alt. Phone: _____

**Property Information:**

Street Address: 425 Olin Lp Rd

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: The current access to the lot is via the driveway at 441 Olin Lp Rd off of Olin Lp . Once pulled into 441 Olin Lp Rd. Continue down concrete driveway and onto the gravel driveway. Continue down hill, and into open field, and that is the 425 Olin Lp Property.

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

(X) New Single Family Residence Maximum Number of Bedrooms: 3 **CHECK FOUNDATION TYPE**
( ) New Multi-Family Residence Maximum Number of Occupants: _____ (X) Crawl Space Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Concrete Slab Foundation
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement with Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____ ( ) 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: _____

( ) 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:** _____ 1/3/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

324178

# 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, _____, am the legal owner(s) of the property located at _____, 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

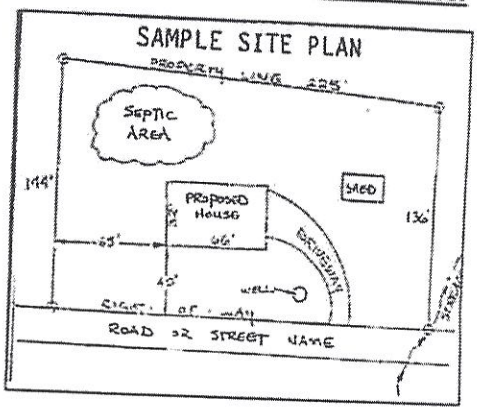
**Mooresville - Environmental Health**
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

324178

# 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***

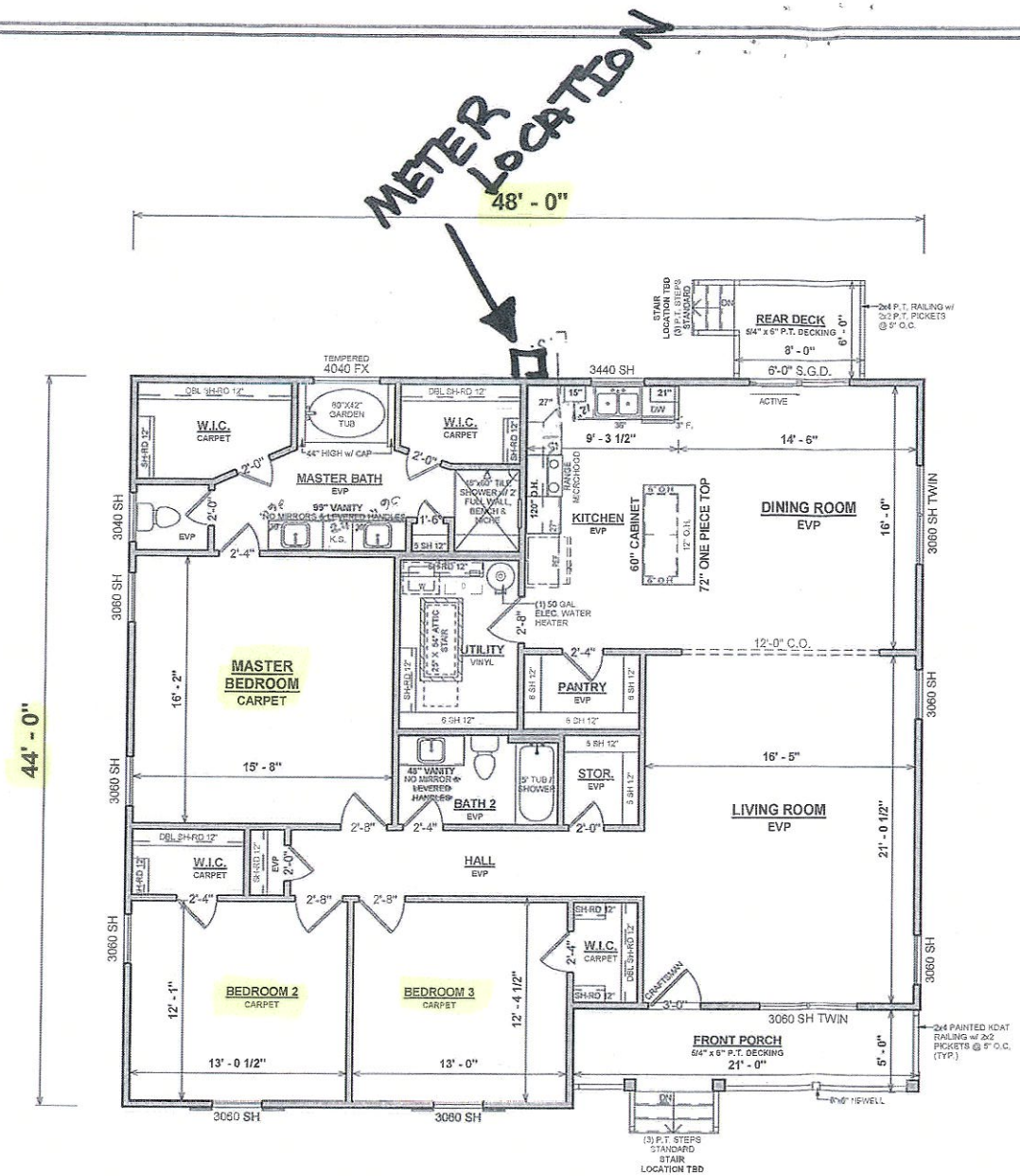



**Signature:** _____

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

1/3/2022
DATE

# PLAN/PRICE
SUBJECT TO APPROVAL




FIRST FLOOR PLAN

**SPECIAL NOTES**

- NO PORCH POSTS OR RAILS IF GRADE ALLOWS

* Levered handles throughout

**Acknowledgement Of Plans Submittal ONLY!**

Date 3/2/22

Date 2-28-2022

OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

PRELIMINARY DESIGN PLANS

| Revision Schedule | | |
|---|---|---|
| Revision Number | Revision Description | Revision Date |

AREAS:

| | |
|---|---|
| FIRST FLOOR HEATED | 1,986 SF |
| FRONT PORCH | 105 SF |
| | 2,091 SF |

THE: BELL III 'B'

FOR: GALLIHER, HUNTER &

JOB# 87-21-069

DRAWN BY: A. TAKIMOTO

CHECKED BY:

2x4 EXTERIOR WALLS

PROPERTY OF:

SHEET NUMBER: A2


IHT VIOLATIONS CALL (770)532-1128 THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $1000 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.
GHTS RESERVED NOTE:VIOLATORS OF THE COPYRIGHT WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW. THIS WORK IS THE INTELLECTUAL PROPERTY OF AMERICA'S HOME PLACE AND SHALL NOT BE REPRODUCED WITHOUT PERMISSION.


PAPER SIZE: 11" x 17" SCALE:

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

| APPLICATION NUMBER |
|---|
| 324178<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4850227623.000 | 425 OLIN LOOP | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: GALLIHER HUNTER G | Name: GALLIHER HUNTER G |
| Address: | Address: |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 3.51 | 35 | 35 | 15 | 15 | | NO |

| 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.

**Date:** 01/03/2022

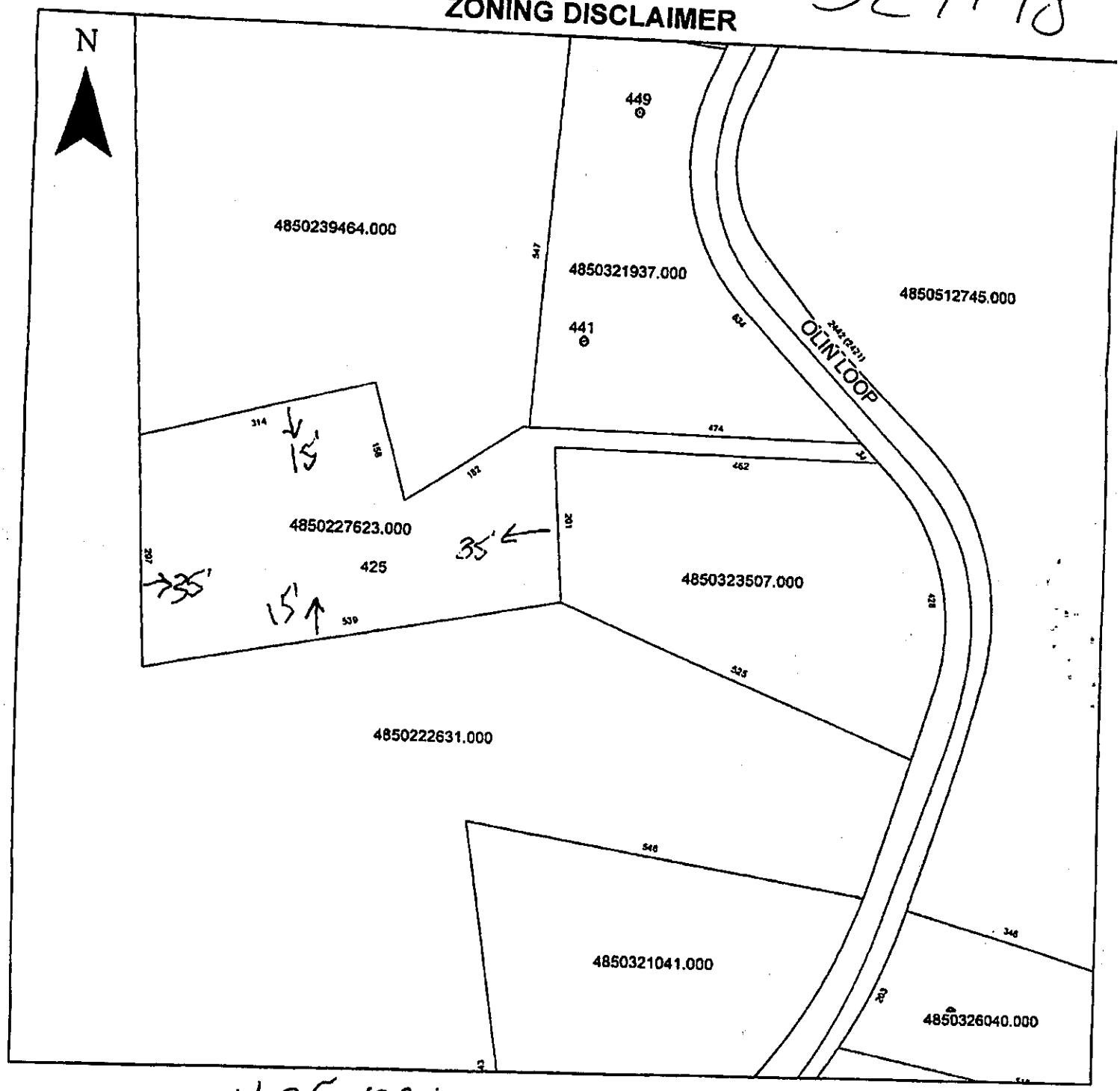
Signature of Owner/Contractor

| Permit Number | 324178 |
|---|---|

| TOTAL FEES: | $77.25 |
|---|---|

324178

# ZONING DISCLAIMER




Property Address 425 Olin Loop

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.

1/3/2022