IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (SB) Mooresville Office (704) 660-3625 PERMIT # 2428105

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

PIN # 4761123950

APPLICANT/OWNER: Josh Gregory APPLICANT ADDRESS: 1059 Tabor Rd

SITE ADDRESS: 137 Haystack Ln, Olin 28660 PHONE: 704-838-6219 ALT. PHONE —

SITE DIRECTIONS: Tomlin Mill → L on Tabor → L on Speaks → R on Haystack → end of cul de sac SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Holly Bob Farms SECTION: — LOT # 23 LOT AREA: 8.39 acres DESIGN FLOW: 300 gpd L.T.A.R.: .275

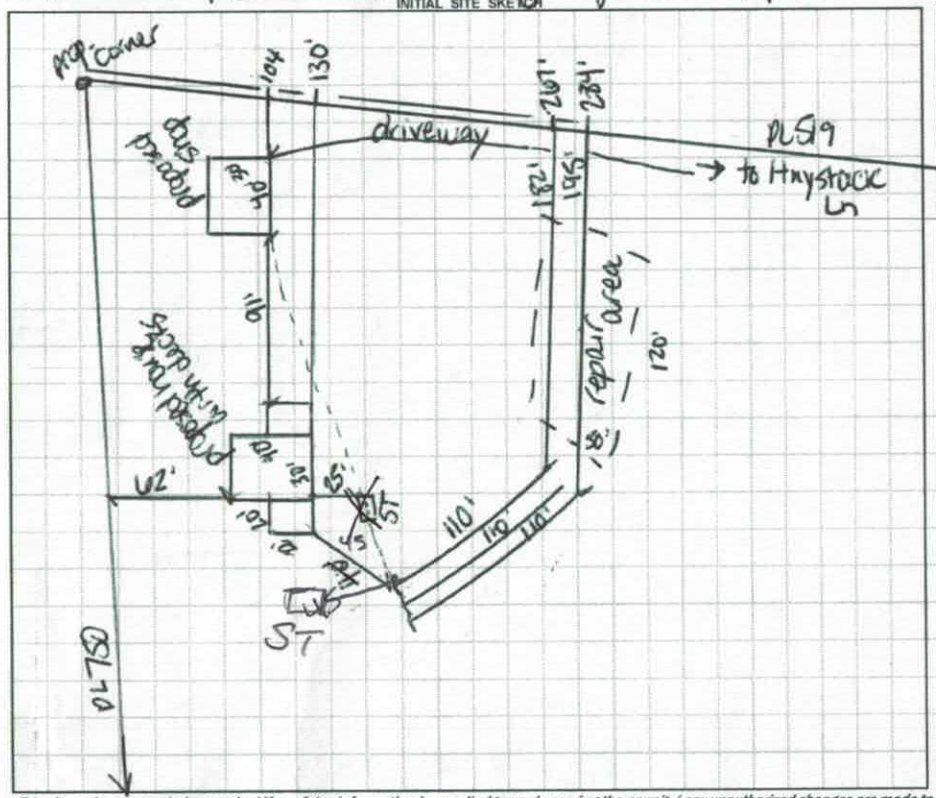
Septic Tank	1000	(gal)	STB 760	Date	2-26-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:	25% reduction			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	25% reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	336'	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	21"/24" high	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 exceed max trench depth of 24". Plumb bathroom in garage into septic.

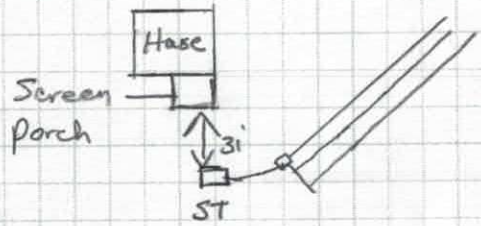
31ft from Screened porch to ST
Used 5ft Arc 36
46ft from Screened porch to 1st drainline

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=100' 8.39 ac Septic Shifted Slightly due to fill.



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: Josh Gregory Date: Installed by: Abees Grading

IMPROVEMENT PERMIT by: Carla C. Caul Date: 3/25/19 OPERATION PERMIT by: Maria Dotson Date: 5/6/2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Caul Date: 5-28-19 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 1
PROPERTY ID #: 48411238
COUNTY: Iredell

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

OWNER: Josh Gregory
ADDRESS: 1039 Tabor Rd
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 137 Haystack
APPLICATION DATE 3/13/19
DATE EVALUATED: 3/19/19
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 8.39 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 R	L 8%	0-6	SBK SCL	Fr SS SP SMP	few sap inc. -mica	50"	–	–	PS .275
		6-39	SBK C	" "					
		39-50	SBK CL	" "					
2 R	L 8%	0-6	SBK SCL	Fr SS SP SMP	few sap inc	50"	–	–	PS .275
		6-37	SBK C	" "					
		37-50	SBK CL	" "					
3 I	L 8%	0-7	SBK SCL	Fr SS SP SMP	30-48 pretty firm CL	47"	–	–	PS .275
		7-27	SBK C	" "					
		27-47	SBK CL	" "					
4 I	L 8%	0-6	SBK SCL	Fr SS SP SMP	heavy mica	46"	PS	–	PS .275
		6-28	SBK C	" "					
		28-46	SBK CL	" "					
		46-49	LSAP	VFR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	330	330
System Type(s)	1570	1570
Site LTAR	.275	.275

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: P. Bayle

COMMENTS:

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.

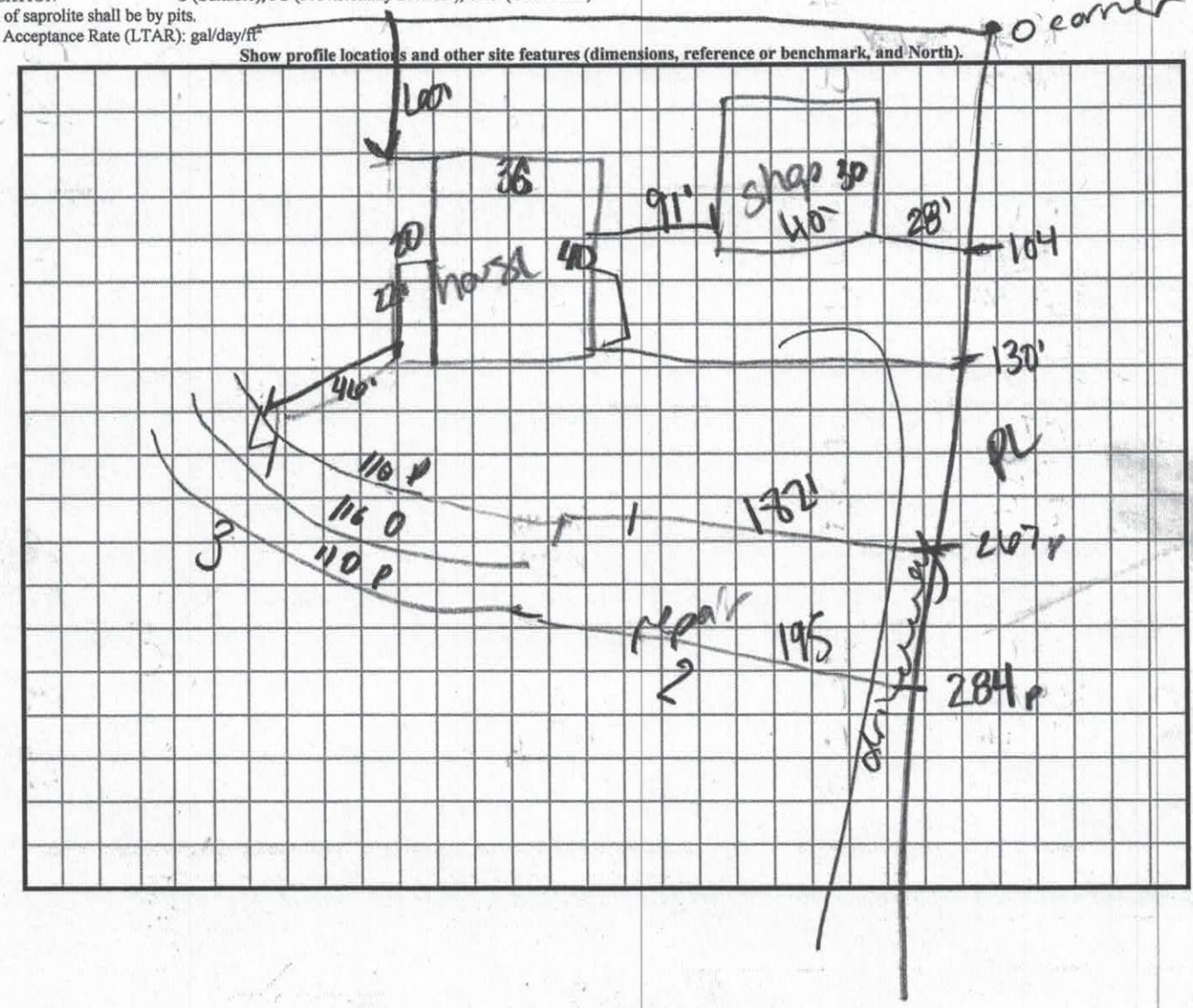
NOTES

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/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED MAR 1 3 2019 242865

Jason Yantz

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $500.00

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: Josh Fredrick Gregory Address: 1059 Tabor Rd ~~1059 Haystack Rd.~~ Zip: 28660

Applicant Email: josh_gregory@iss.k12.nc.us Phone: 704-838-6219 Alt. Phone: _____

Owner Name: Josh F. Gregory Address: 137 Haystack Lane Zip: 28660

Owner Email: josh_gregory@iss.k12.nc.us Phone: 704-838-6219 Alt. Phone: _____

Property Information:

Street Address: 137 Haystack Ln.

Subdivision Name: Lot 23 Holly-Bob Farms Section/Phase: _____ Lot Number: 23

Driving Directions: North on 21, Left on Tabor Rd, Left on Speaks Rd, Right on Haystack Ln.

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: 3
( ) 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: _____ 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 (✓) 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: Josh F. Gregory 3-13-2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

126521

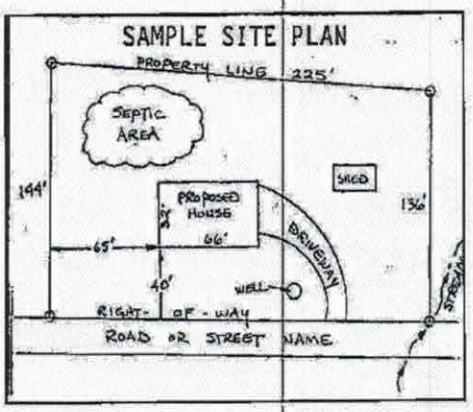
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- ( ) Preferred well location
- (X) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

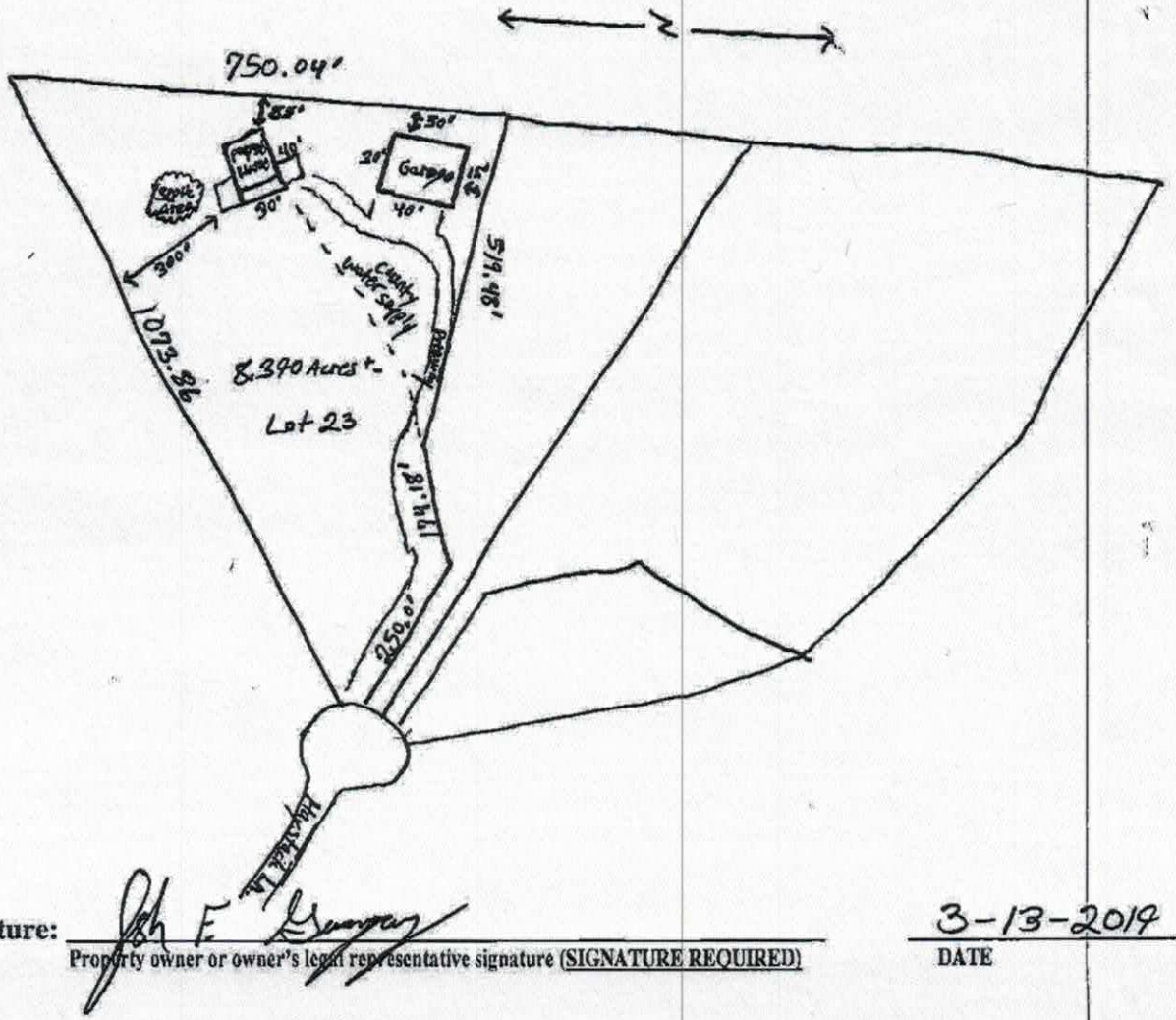


Circle N/A on the following if appropriate:

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: Josh E. Grumpy — 3-13-2019

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

SURVEYOR'S CERTIFICATION

I, Marty S. Cline, Professional Land Surveyor, hereby certify that this plat was drawn under my direct supervision from an actual survey made under my direct supervision with a precision ratio of 1:10,000+ before adjustment; that this survey creates a subdivision of land within an area of a county or municipality that has an ordinance which regulates parcels of land; and that this plat was prepared in accordance with G.S. 47-30 as amended.

Witness my hand and official seal this _____.

NORTH CAROLINA PROFESSIONAL SEAL L-3581 LAND SURVEYOR MARTY S. CLINE

_____
NCPLS 3581

CERTIFICATE OF OWNERSHIP AND DEDICATION

I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent and establish minimum lot size and building setback lines and dedicate all roads, alleys, walks, parks, and other sites and easements to public use.

I further certify that:

a) there are no deed restrictions which will be violated by the requested subdivision; and

b) there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and

c) I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

_____ _____
OWNER DATE

_____ _____
OWNER DATE

OWNERS' NOTARIZATION

_____ County, _____.

I, _____, a Notary Public of the county and state aforesaid, hereby certify that Jerry M. Taylor and wife, Geraldine F. Taylor personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official stamp this _____.

_____
My commission expires _____.

WATERSHED STATEMENT

To the best of my knowledge, the subdivision hereon does not lie within a watershed designated by the North Carolina Division of Environmental Management as appears on the Watershed Protection Map of Iredell County.

_____ _____
Subdivision Administrator Date

CERTIFICATE OF APPROVAL FOR RECORDING

I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell County.

_____ _____
Subdivision Administrator Date

REVIEW OFFICER'S APPROVAL

Iredell County, North Carolina

I, _____, a Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recordation.

_____ _____
Review Officer Date

NOTICE:
As of the date of this recording the lots represented on this plat have not been inspected or approved by the Iredell County Health Department. Until inspected there is no assurance that a Building Permit will be issued.

SURVEYOR'S NOTES

1) This survey shall be made subject to any discrepancies that may be disclosed by a thorough and accurate title search.

2) This property does not lie in a flood hazard area as appears on HUD/FIA Flood Insurance Rate Map 3710488100J (Effective date 5-16-08).

3) This property and all adjoining properties are zoned R-A.

4) The lots shown hereon shall be subject to minimum building set-backs as follow: Front - Thirty-five (35) feet, Sides - fifteen (15) feet, Rear - Thirty-five (35) feet unless denoted otherwise.

5) These lots shall be subject to a ten (10) foot drainage and utilities easement across the front, rear, and sides.

6) No horizontal control monuments were found within 2000 feet of this site.

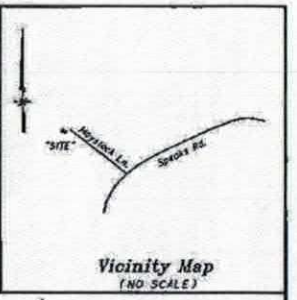
7) These lots shall be served by private wells and individual septic systems.

8) A #4 rebar was set at each lot corner except as noted.

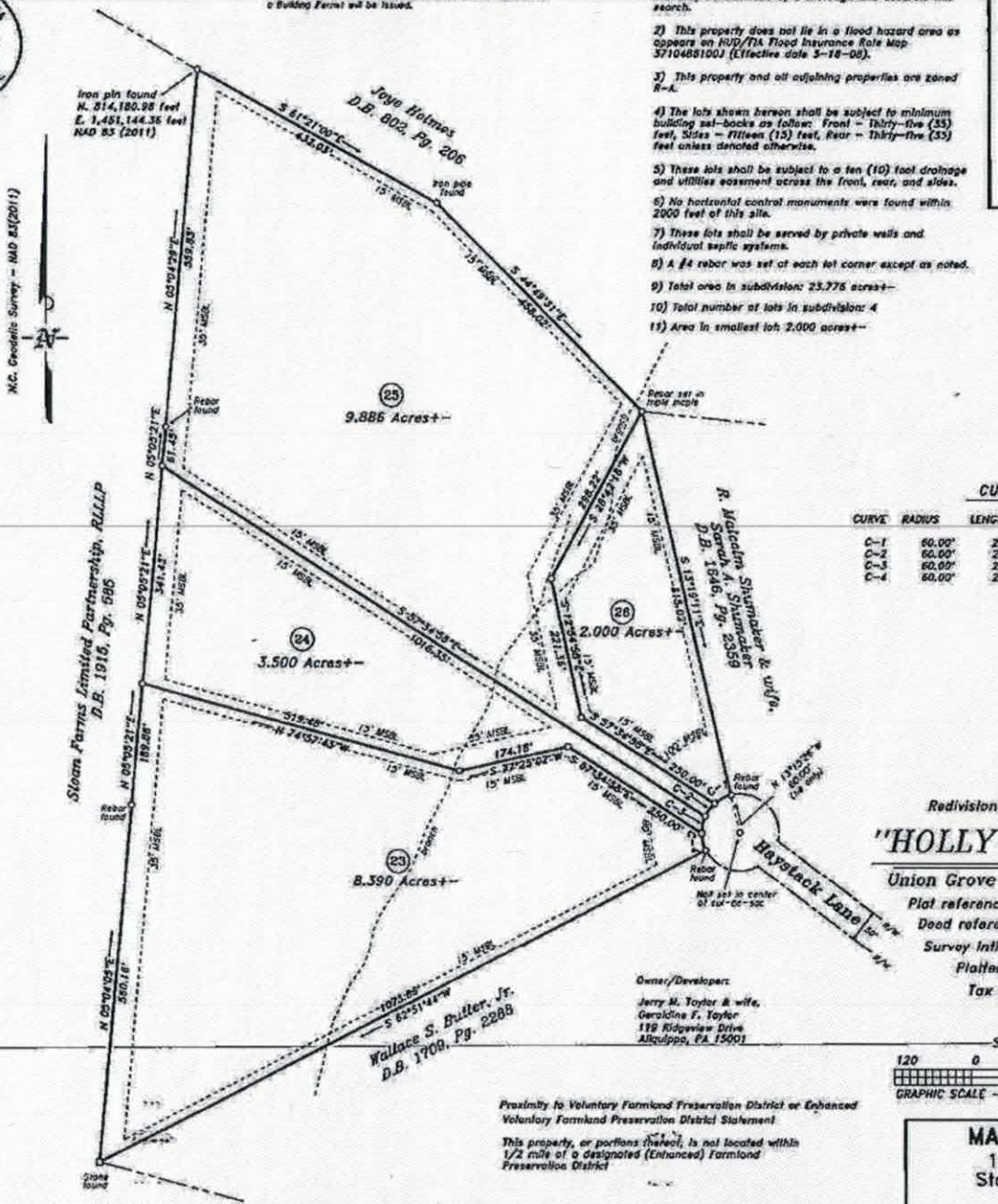
9) Total area in subdivision: 23.775 acres+-

10) Total number of lots in subdivision: 4

11) Area in smallest lot: 2.000 acres+-



Vicinity Map
(NO SCALE)



CURVE TABLE

CURVE	RADIUS	LENGTH	CHORD	CH.BEARING
C-1	60.00'	29.12'	28.84'	S 62°50'20"W
C-2	60.00'	25.26'	25.08'	S 36°52'24"W
C-3	60.00'	28.91'	28.68'	S 11°37'52"W
C-4	60.00'	27.47'	27.23'	S 14°00'01"E

Redivision of Lots 13, 14, & 15 of

"HOLLY-BOB FARMS"

Union Grove Twsp., Iredell Co., N.C.

Plat reference - P.B. 25, Pgs. 229-231

Deed reference - D.B. 1038, Pg. 790

Survey initiated January 15th, 2019

Platted January 25th, 2019

Tax PIN: 4861 13 4697
4861 13 3281
4861 12 3855

Scale: 1" = 120'

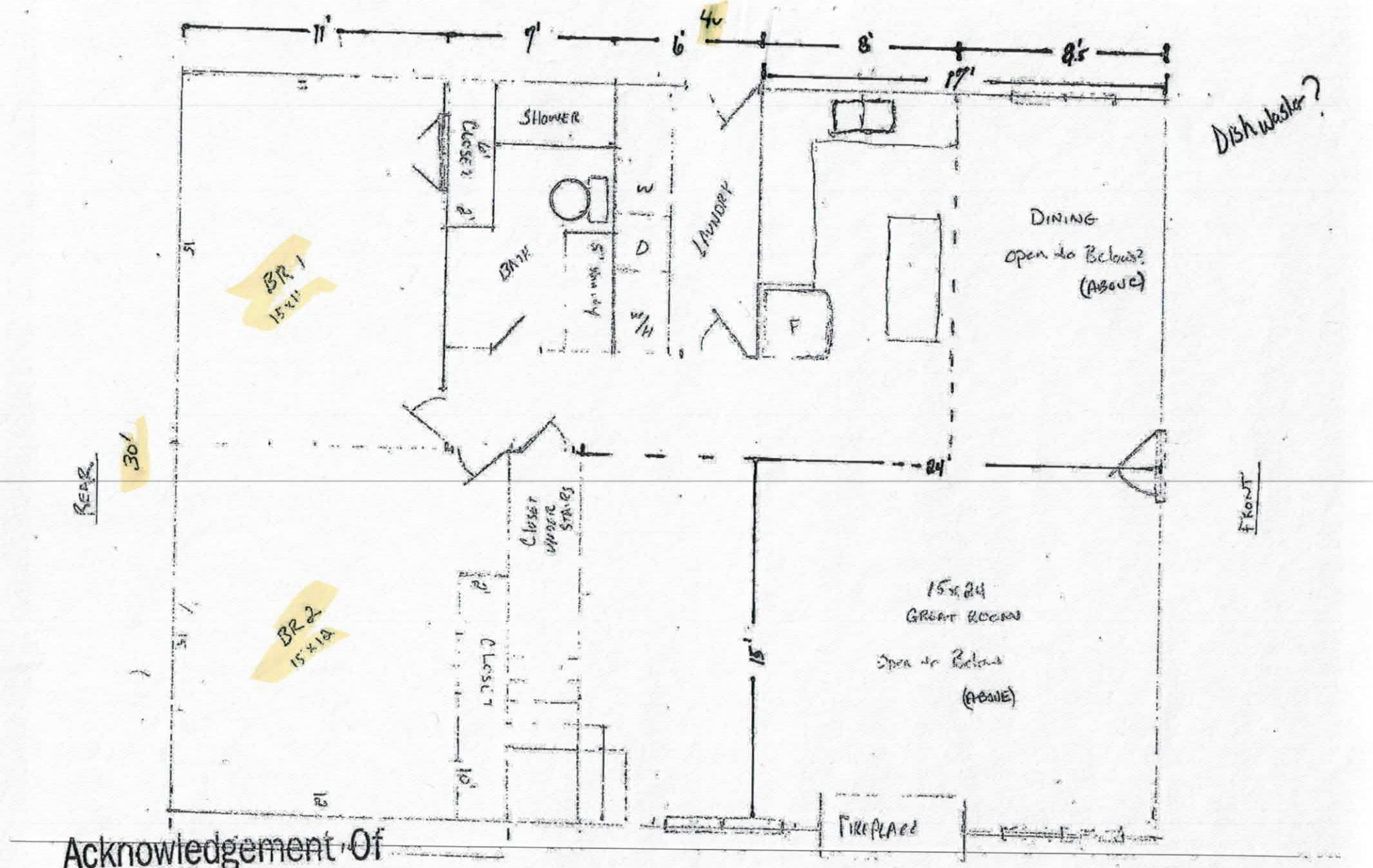
120 0 120 240 360
GRAPHIC SCALE - FEET

Owner/Developer:
Jerry M. Taylor & wife,
Geraldine F. Taylor
119 Ridgeview Drive
Aliquippa, PA 15001

Proximity to Voluntary Farmland Preservation District or Enhanced Voluntary Farmland Preservation District Statement

This property, or portions thereof, is not located within 1/2 mile of a designated (Enhanced) Farmland Preservation District

MARTY S. CLINE, PLS
115 Evening Star Dr.
Statesville, N.C. 28625
(704) 546-5975



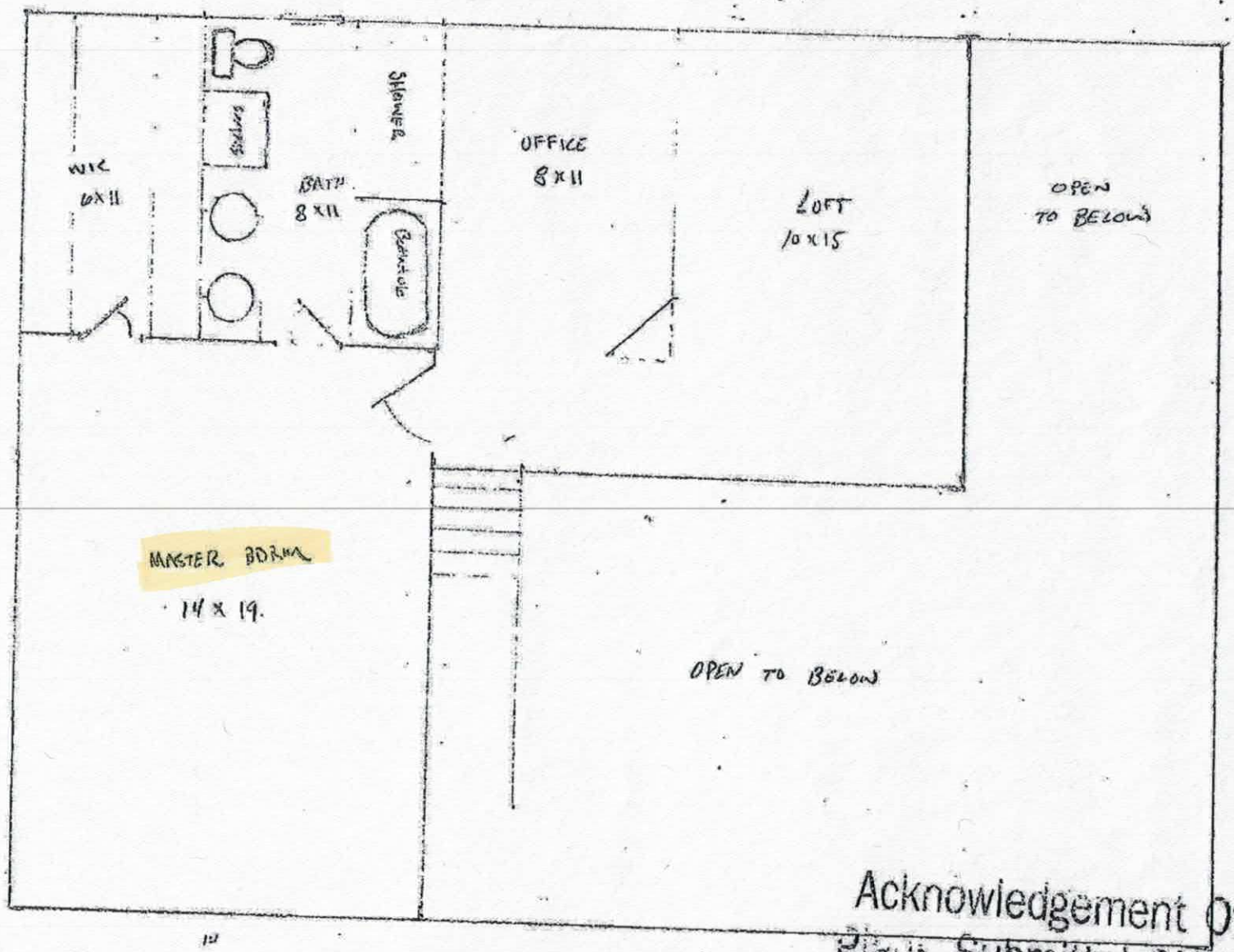
Acknowledgement Of
Plans Submittal ONLY!
Date 5-23-19
Date 5-23-19

1st FLOOR 1200 Sq.ft.

1st Floor 1200
2nd Floor 658
Total Sq.ft. 1858

Holly Bob Farms Lot 23 137 Haystack

2ND FLOOR 658 sq.ft.



Acknowledgement Of
Plans Submittal ONLY!
Barry Bentley Date 5-23-19
Carl C Carr Date 5-28-19

Barry 704-450-2837
Bentley

IREDELL COUNTY

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

APPLICATION NUMBER
242865
Issue Date: 03/13/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4861123855.000	137 HAYSTACK LANE, OLIN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: TAYLOR JERRY M+GERALDINE F	Applicant: GREGORY, JOSH
Address: 119 RIDGEVIEW DR	Address: 137 HAYSTACK
ALIQUIPPA, PA 15001	OLIN, NC 28660
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6.150	35.00	35.00	15.00	15.00	NOT	X

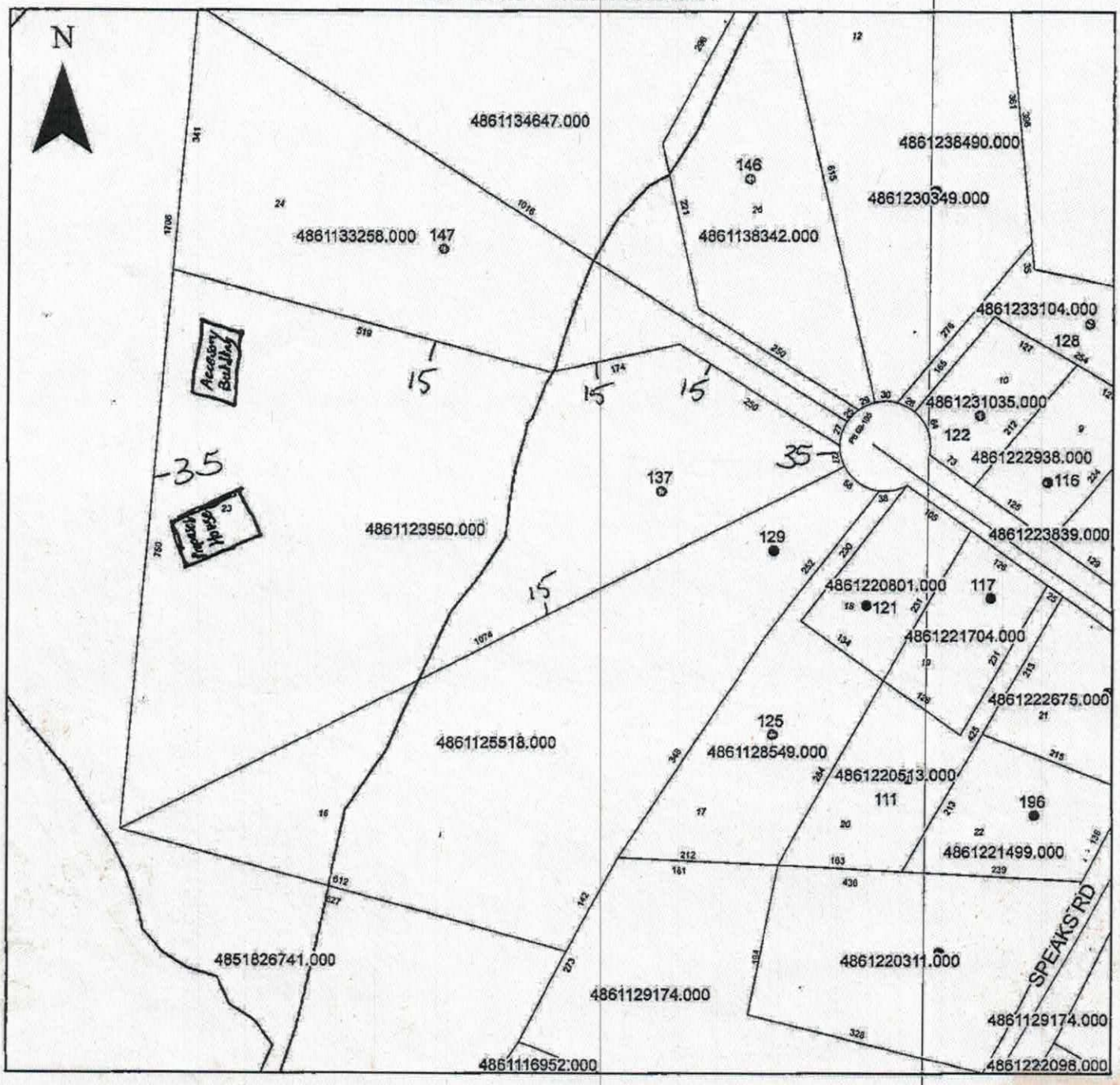
Remarks:

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.

Applicant: _____ Date: _____

Permit Number	170325	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 137 Haystack

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.

X [signature]
Applicant

X 3-13-2019
Date