ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

PERMIT : AP 323083

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

PIN # 4863-97-3430

APPLICANT/OWNER: Matthew Galliher

APPLICANT ADDRESS: 843 Troy Mill Rd. Hamptonville NC 27020

SITE ADDRESS: 848 Troy Mill Rd, Hamptonville, NC 27020

PHONE: 704-818-6128

ALT. PHONE

SITE DIRECTIONS: I-77 N, (R) on 901, (L) on Eagle Mills, (R) on Troy Mills, lot on (L)

SAP CONTROLLED: ☐ YES ☐ ~~NO~~ EXT

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: —

DESIGN FLOW: 360gpd L.T.A.R.: EXT

Septic Tank	EXT	(gal)	STB	EXT	Date				
Pump Tank	—	(gal)	PT	—	Date				
Pump Make	—	Model	—		Serial #				
# Nitrification Fields	EXT	# Lines	EXT		Linear Ft	EXT			
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	—			

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

System Description: Existing

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☑ Crawl Space

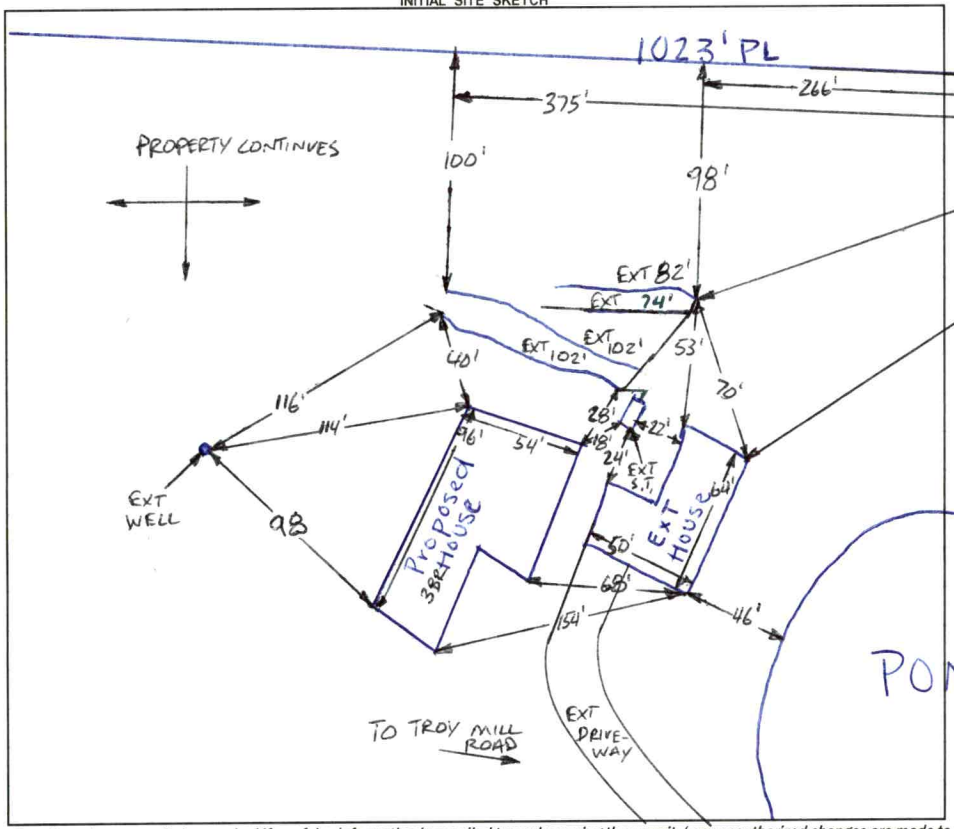
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☑ Private ☐ Public ☐ Community

Comments / Conditions: SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION, EXISTING HOUSE MUST BE UNHOOKED FROM SYSTEM PRIOR TO HOOKING TO NEW HOUSE, SYSTEM IS FOR ONE DWELLING

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" = 80ft.

ST.= SEPTIC TANK

EXT= EXISTING

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**

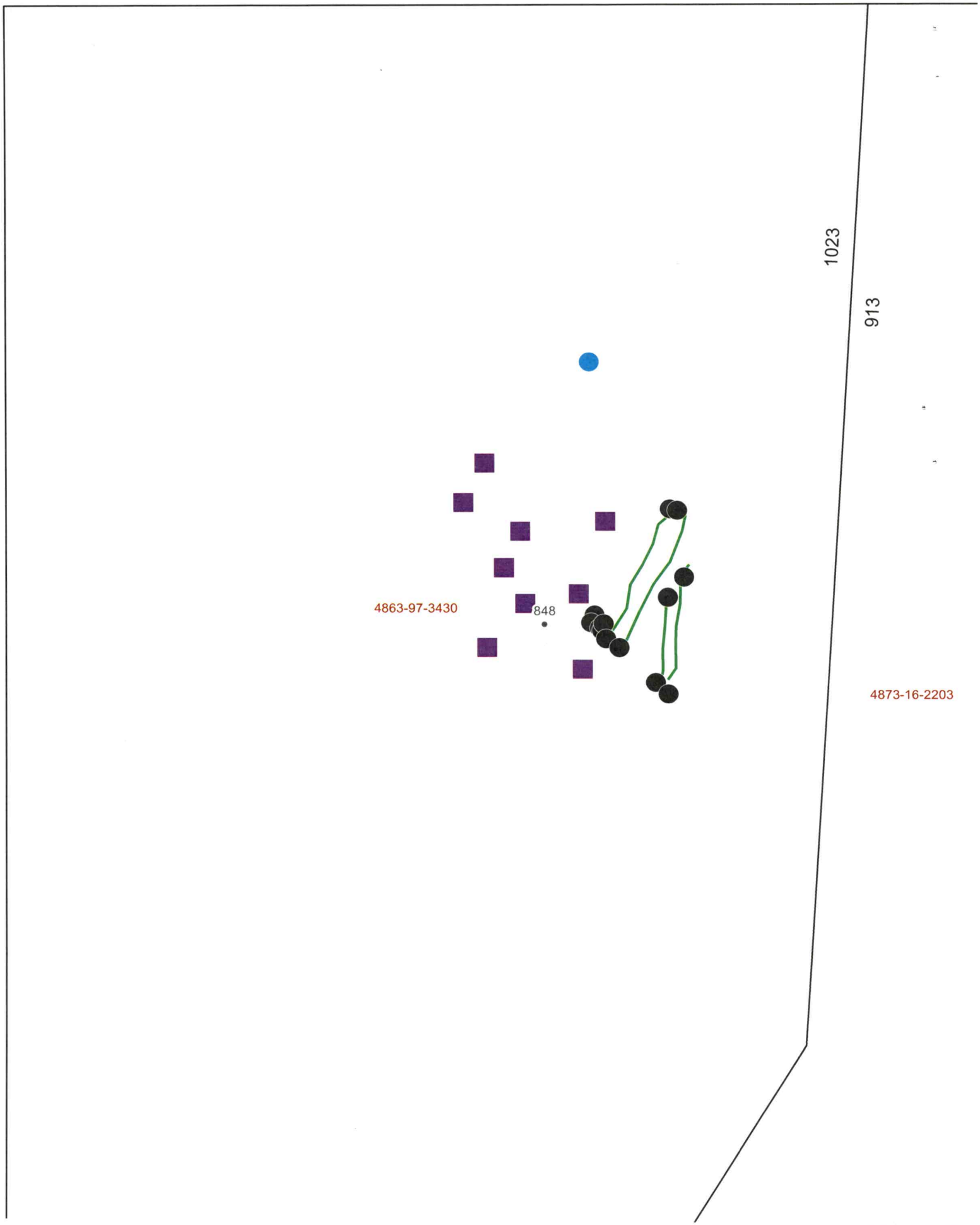
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Matthew Galliher Date: 11/7/22 Installed by: —

IMPROVEMENT PERMIT by: — Date: — OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Bryant C. White Date: 1-5-2022

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


1023
913
4863-97-3430
848
4873-16-2203

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

159702
486397343 0

A

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Rutherford

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Shelia Burwell APPLICATION DATE 2-2-10
ADDRESS: 843 Haynes Hampton Dale 27032 DATE EVALUATED: 2-18-10
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: 22.98
LOCATION OF SITE: 74N - exit 65 (R) 9/10 (L) Cash Mill Rd (L) Ingrid PROPERTY RECORDED:
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	L	0-7	C ABL	SSSPSeqPf	water	24"	Trench Repair		
		7-40	C ABL	SSSPSeqf.					
		40-48	C ABL	SSSPSeqfr					
					NA	48	NA	40"	.25
2	L	0-9	C WBL	SSSPSeqfr					
		9-37	C WBL	SSSPSeqfr					
		37-48	C WBL	SSSPSeqfr	→ SAP inclusions				
					NA	48	NA	NA	.3
3	L	0-8	C WBL	SSSPSeqfr					
		8-30	C WBL	SSSPSeqfr					
		30-48	C WBL	SSSPSeqfr	SAP inclusions				
					NA	48	NA	NA	.3
4	L	0-12	C SBL	SSSPSeqfr					
		12-48	C ABL	SSSPSeqfr					
					NA	48	NA	NA	.25

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1440 / 360	1440 / 360
System Type(s)	1000 25%/6	25% Pump
Site LTAR	.25	.25

OTHER FACTORS (.1946): NA
SITE CLASSIFICATION (.1948): B
EVALUATED BY: Kyle Cox
OTHER(S) PRESENT: Steve Hedrick

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTU
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	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	SCL (Sandy Clay Loam)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiL (Silt Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SiCL (Silty Clay Loam)			MOIST	WET
S (Shoulder Slope)		Si (Silt)				
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		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.

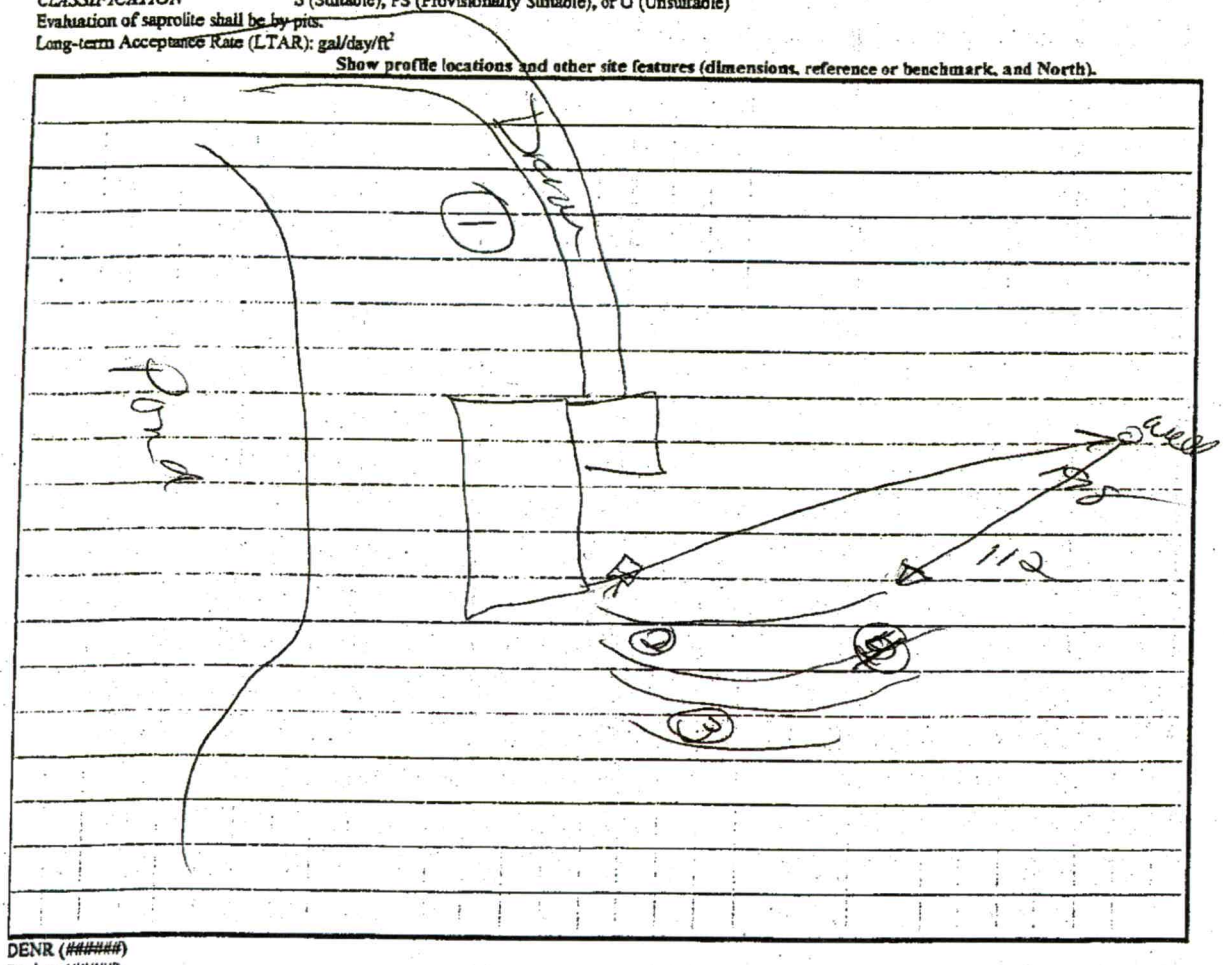
NOTES

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).



DENR (######)

Review (#####)

RECEIVED NOV 15 2021

BW

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- 323083 $500.00

Expansion

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: Matthew Galliher Address: 843 Troy Mill Rd, Hamptonville NC Zip: 27020
Applicant Email: gallihermatthew@gmail Phone: 704-818-6128 Alt. Phone: _____
Owner Name: Matthew Galliher Address: 843 Troy Mill Rd, Hamptonville NC Zip: 27020
Owner Email: gallihermatthew@gmail Phone: 704-818-6128 Alt. Phone: _____

Property Information:

Street Address: 848 Troy Mill Rd, Hamptonville NC 27020 2300

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

Driving Directions: I-77 N, TR on 901, TL on Eagle Mills, TR on Troy Mill, TL at 843 Troy Mill rd mailing address

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

PSL CHECK FOUNDATION TYPE

(✓) 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: _____

(✓) 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: 1993
(✓) 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: Matthew Galliher 11/9/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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*) Matthew Gallihen

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.

Matthew Gallihen
Signature of Owner(s)

11/9/21
Date

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

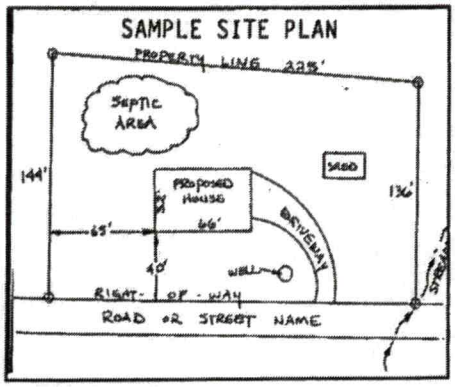
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

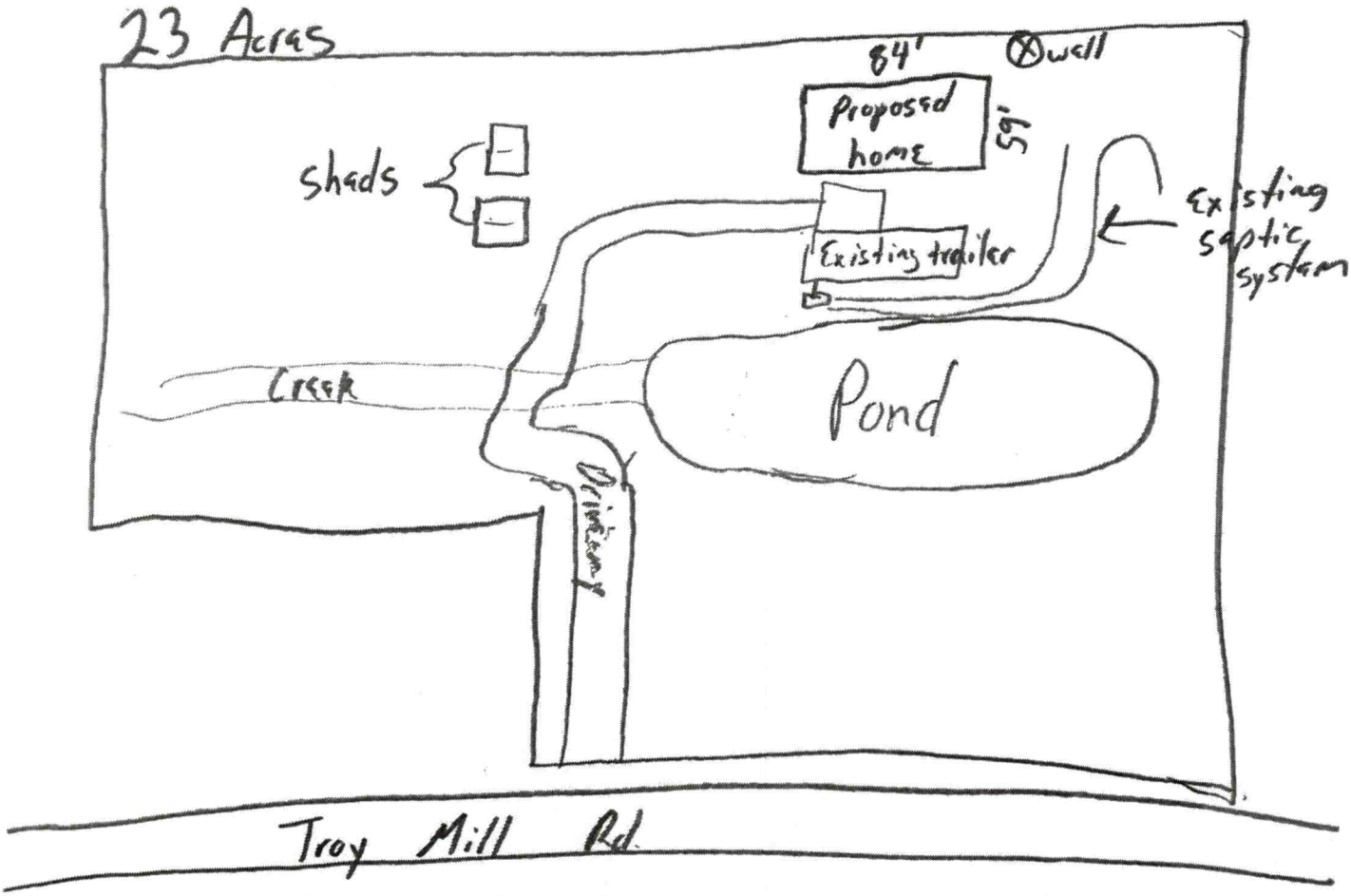
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

11/9/21
DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 159702 PIN # 4863-97-3430 DATE 2-18-2010

OWNER or APPLICANT SHELLI & BILL BURWELL PHONE: Business 704-657-1711 Home: 704-402-7220

OWNER or APPLICANT ADDRESS 848 TROY MILL ROAD HAMPTONVILLE, NC 27020

LOCATION / DIRECTIONS EAGLE MILL ROAD TO TROY MILL ROAD, ON LEFT AT #848 BACK OFF ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA 22.98 Ac DESIGN FLOW 360' L.T.A.R. 0.25 GPD/FT

Septic Tank 1000 Gallons: STB 760 Date 8-1-09

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 360

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% REDUCTION

Repair System Description: SHALLOW 25% REDUCTION

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons _____

☐ Other No. Employees _____

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

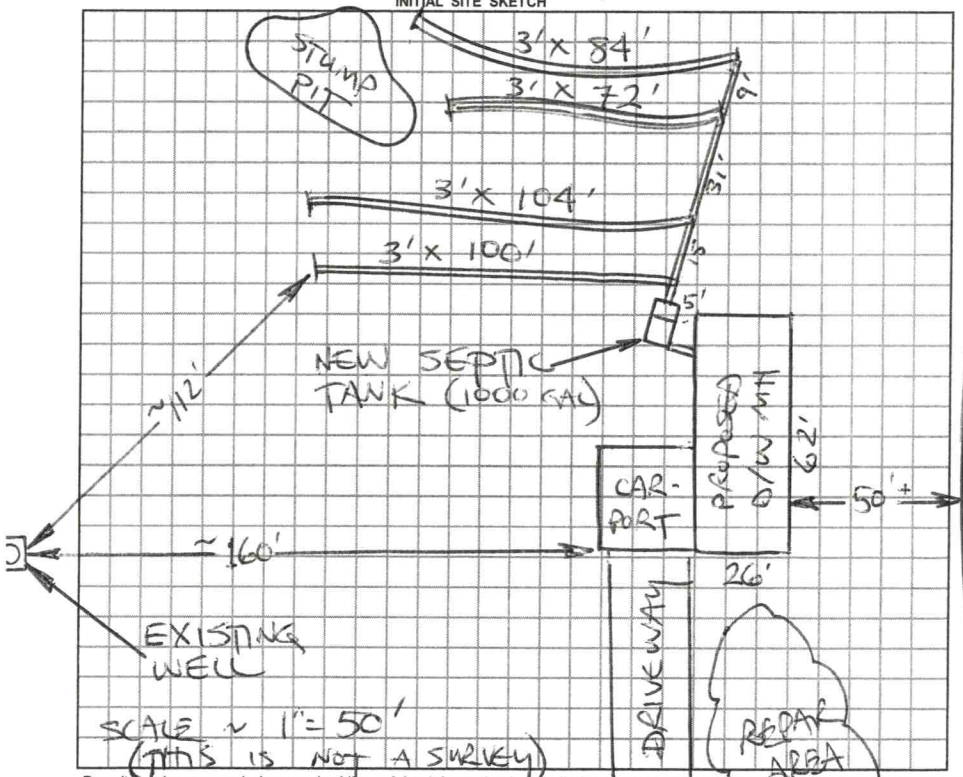
Water Supply: ☑ Private WELL ☐ Public ☐ Community

Comments / Conditions

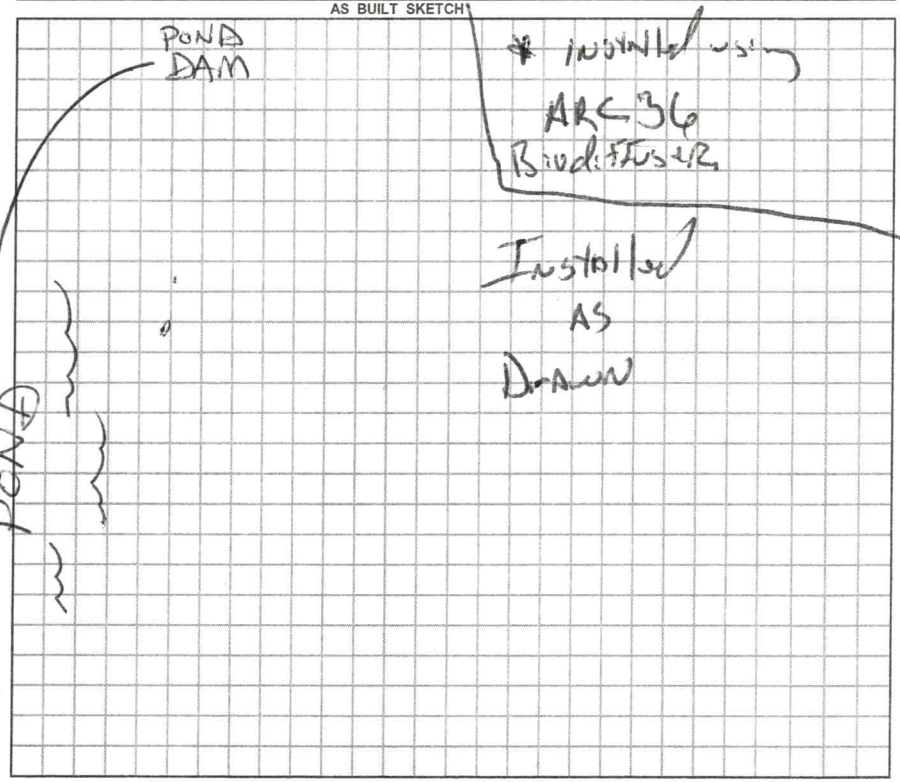
1. ABANDON EXISTING SEPTIC SYSTEM.
2. INSTALL 25% REDUCTION SYSTEM AS FLAGGED
3. DAM EXISTING DRAINLINES IF ENCOUNTERED DURING EXCAVATION OF NEW DRAINFIELD.

Comments / Conditions Polylok filter

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is applied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.

☐ IMPROVEMENT PERMIT w / plat valid without expiration. ☐ IMPROVEMENT PERMIT w / site plan valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: L Shelli P Burwell Date 2-18-10

Improvement Permit by: STEVE HEDRICK Date 2-18-2010

Authorization to Construct by: STEVE HEDRICK Date 2-18-2010

Installed by: Abee

Operation Permit by: _____, R.S. Date: 8 MARCH 10

Existing System Inspected by: _____ Date: _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

49463

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 14294 DATE 6-3-93 TAX MAP NO. 17m A-29

OWNER OR CONTRACTOR Danny Mitchell PHONE: Business 539-7341 Home 537-4129

ADDRESS Rt 1 Box 740 Hamptonville N.C. 27020

LOCATION I-77 N TR 901 TL Eagle Mill Rd TR Saw mill 3mi TR Private Rd 1/4mi

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. L.T.A.R.

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 760 Date 12-21-92

Pump Tank: Gallons; PT Date

Distribution Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 2 Trench Width 36" Trench Depth 24" Gravel Depth 12"

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Conv. Gravity

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Garbage Disposal: ☐ Yes ☑ No

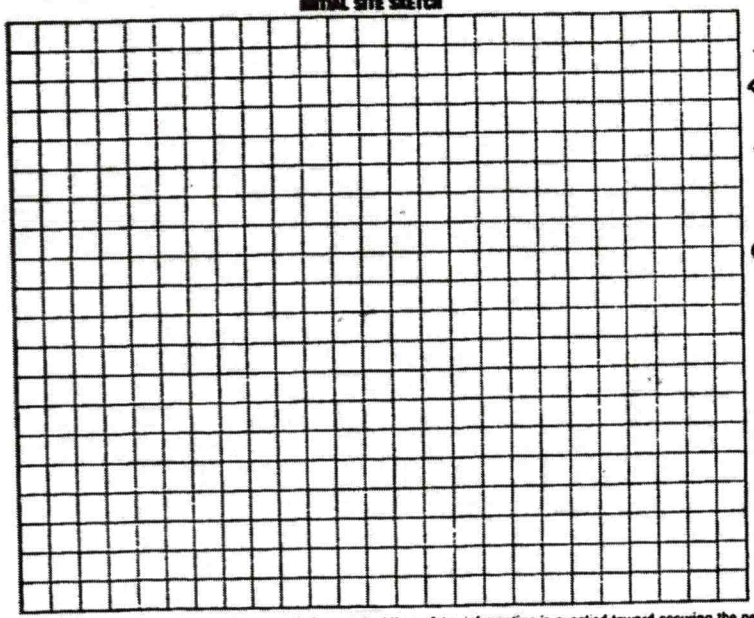
Auto. Dishwasher: ☐ Yes ☑ No

Auto. Washing Machine: ☑ Yes ☐ No

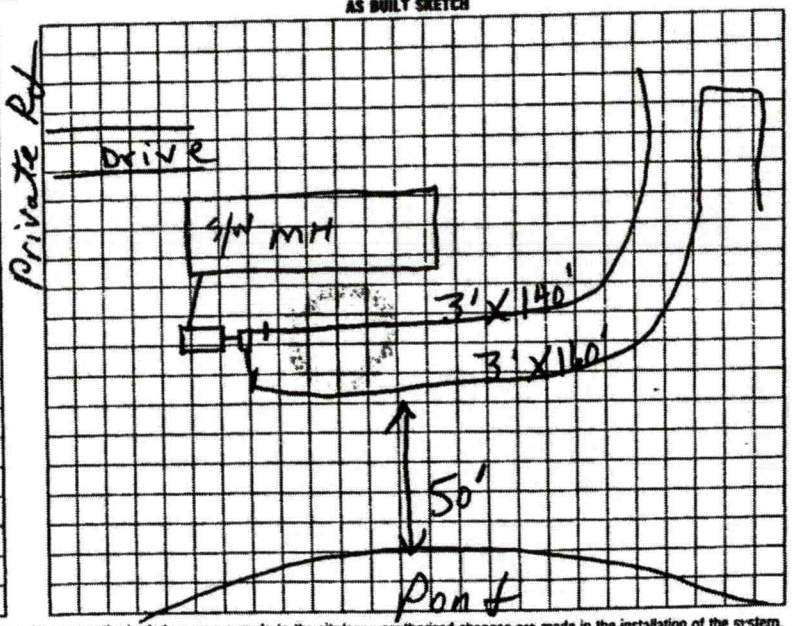
Other

Comments ⊗ well

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: 5/4/93

Improvement Permit by: Steve Hedrick date [redacted]

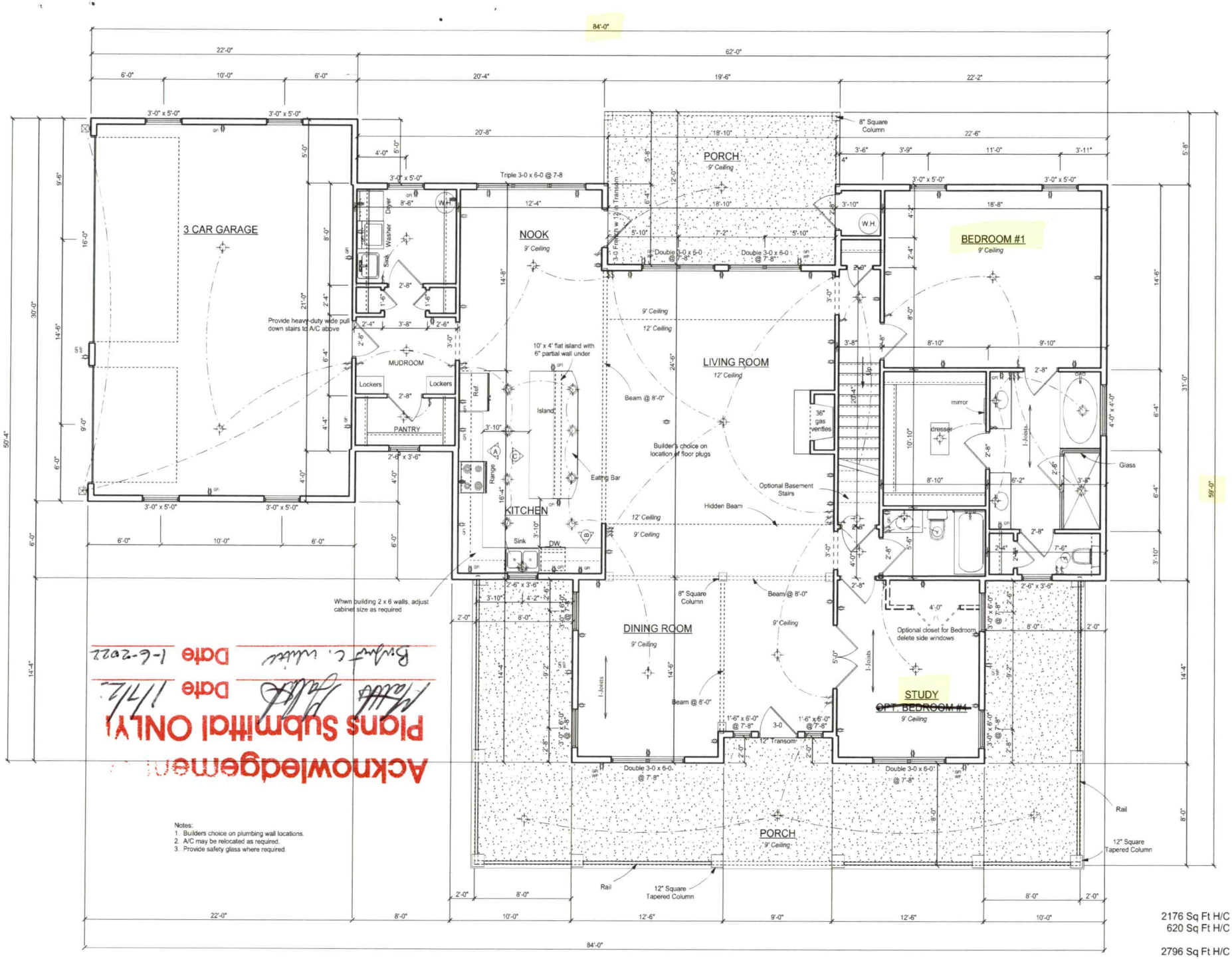
Existing System Inspection by: date

Installed by: Andy Jones backhoe (Mattin Co)

Certificate of Completion by: J. C. Moore date 6-3-93

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD



Notes:
1. Builders choice on plumbing wall locations.
2. A/C may be relocated as required.
3. Provide safety glass where required.

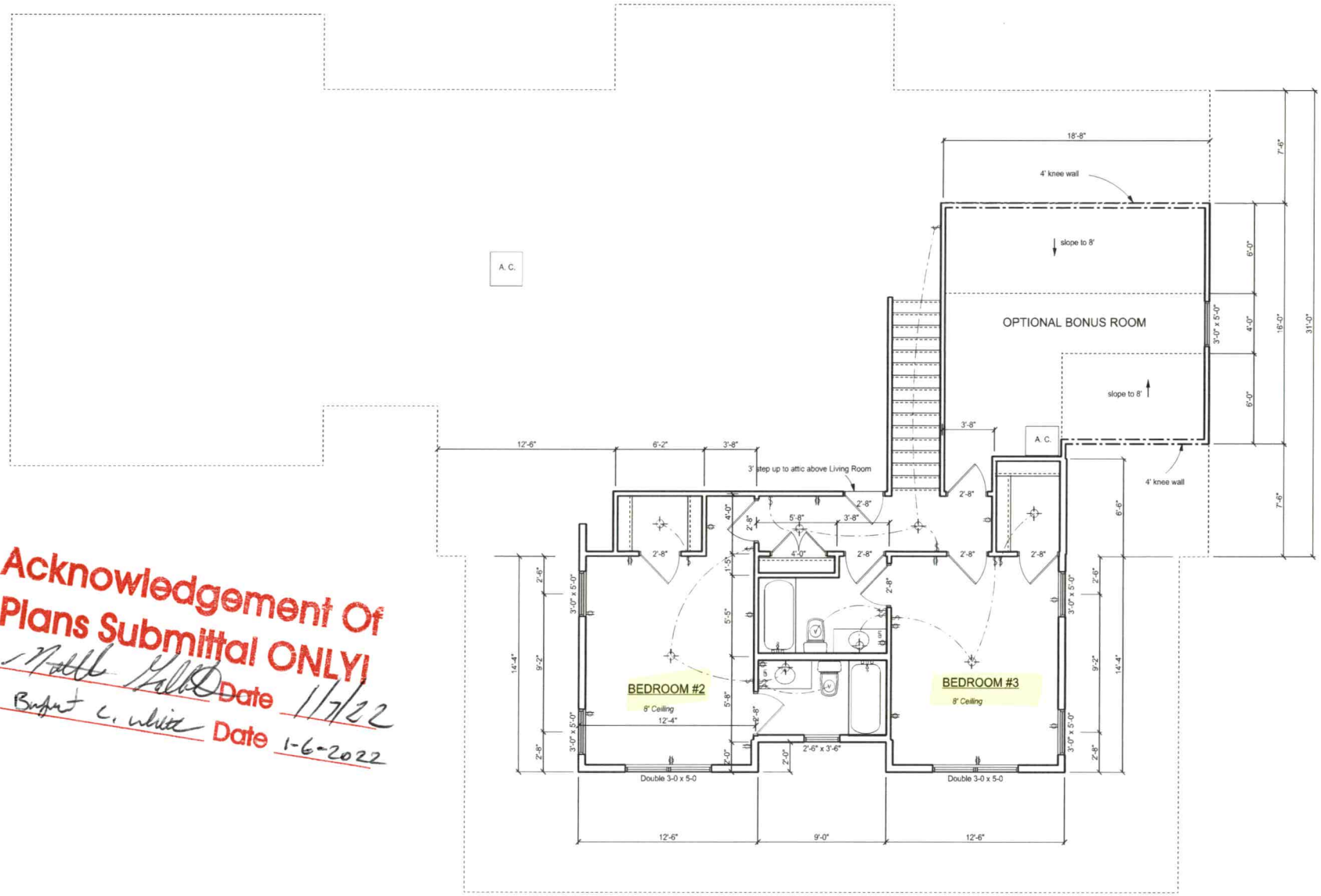
Acknowledgement
Plans Submittal ONLY!
Date 1/7/2
Date 1-6-2022

1st Floor Plan

2176 Sq Ft H/C First Floo
620 Sq Ft H/C Second F

2796 Sq Ft H/C Total

660 Sq Ft Garage
647 Sq Ft Front Porch
246 Sq Ft Rear Porch



Acknowledgement Of
Plans Submittal ONLY!
Date 1/7/22
Date 1-6-2022

2nd Floor Plan

* Provide 2x6 studs at exterior walls. *

IREDELL COUNTY · NC

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

APPLICATION NUMBER
323083 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4863973430.000	848 TROY MILL RD	Iredell County

Owner Information	Applicant Information
Name: GALLIHER MATTHEW+JILL	Name: GALLIHER MATTHEW+JILL
Address: 843 Troy Mill Rd Hamptonville, NC 27020	Address: 843 Troy Mill Rd Hamptonville, NC 27020
Phone: (704)818-6128	Phone: (704)818-6128

Use Requested	Zone Code
Single Family Dwelling	RA

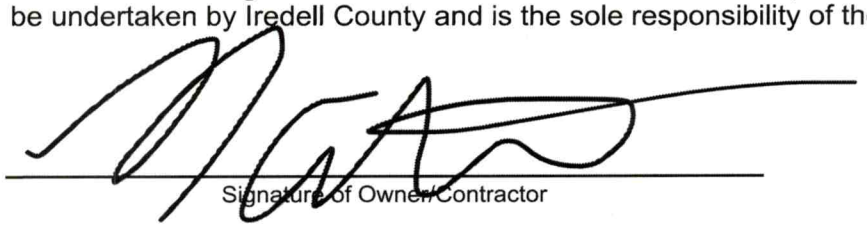
Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
22.85	35	35	15	15	WSIII-BOW Hunting Creek	NO

Remarks

sfd/ hold CO until doublewide has been removed

Must meet both the 50-foot setback from the pond and the 35-foot setback from the rear property line for any structure.

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: 11/12/2021

Permit Number	323083	TOTAL FEES:	$77.25