ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

1:60

PERMIT # AP301082

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

PIN # 3785168160270 ✓

APPLICANT/OWNER: Clayton Homes/Sam Laws APPLICANT ADDRESS: 2026 Northside Dr. Statesville, NC 28625

SITE ADDRESS: 410 Pressly Farm Rd Stony Pt, NC 28678 PHONE: Adam 704 929-1552 ALT. PHONE 704 437-0598

SITE DIRECTIONS: I-40 W TR Old Mountain Rd TL Pressly Farm Rd on Rt a Taft Rd

SUBDIVISION: ✓ SECTION: LOT # LOT AREA: .994 Acre

SAP CONTROLLED: ☐ YES ☒ NO

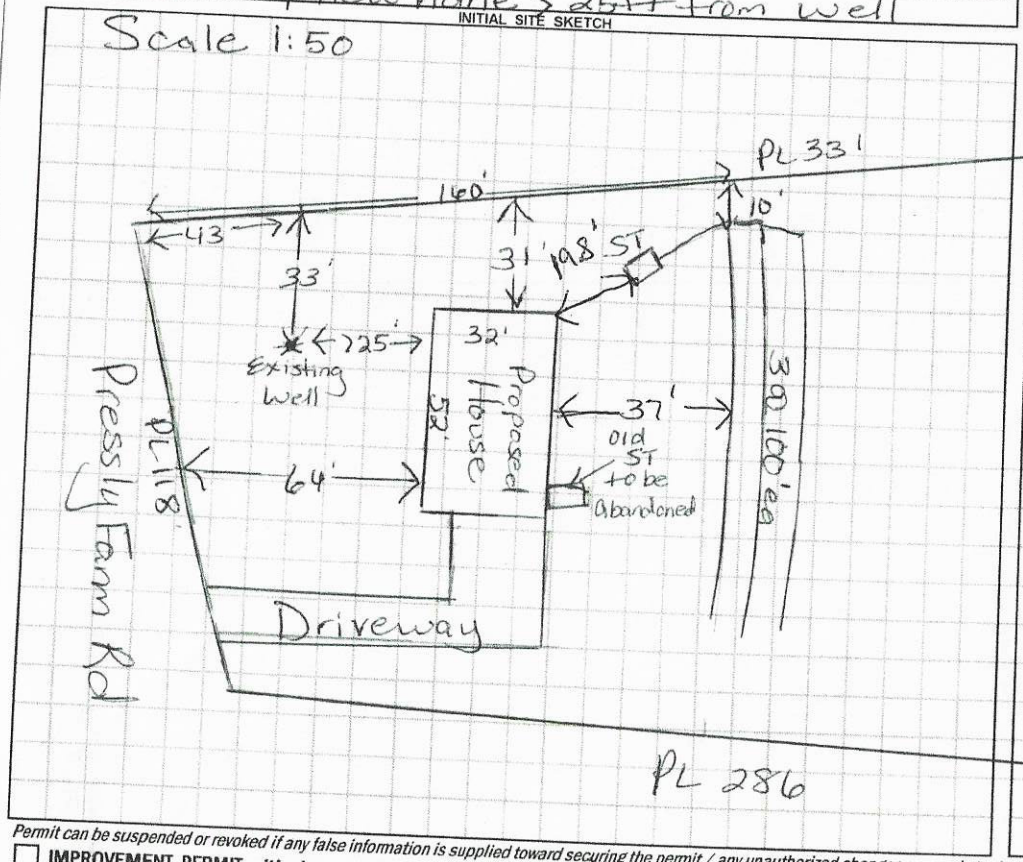
DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1012	Date	12-30-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description: Gravity - 25% Reduction		☐ Business	No. Persons 6	☒ Private Exist.
Pump Make		Model		Serial #		Repair System Description: Same		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	300'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

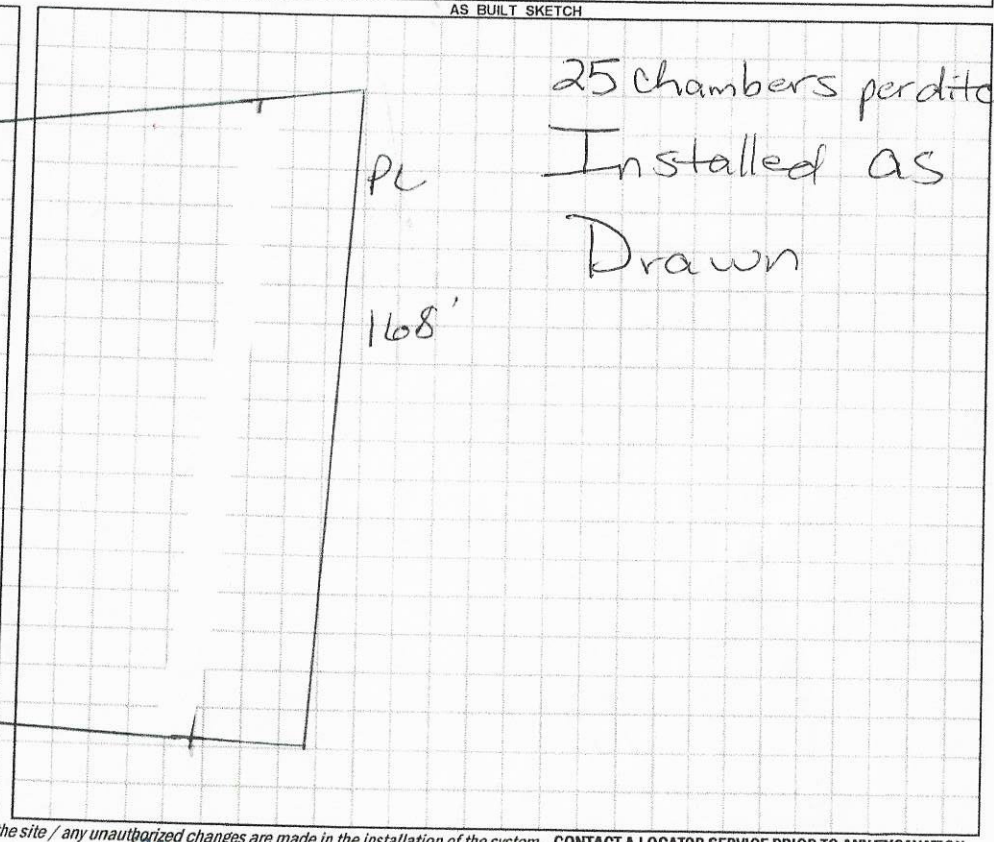
Comments / Conditions: Divert storm/surface water away from Septic. Must keep new home > 25ft from well

"Properly" abandon Old ST.

INITIAL SITE SKETCH



AS BUILT SKETCH



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:

IMPROVEMENT PERMIT by: Maria Dotson Date: 10/15/19

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 2-27-20

Installed by: Steve Jordan

OPERATION PERMIT by: Maria Dotson Date: 4/1/2020

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 ___ of ___
PROPERTY ID #: 3785686270
COUNTY: Iredell

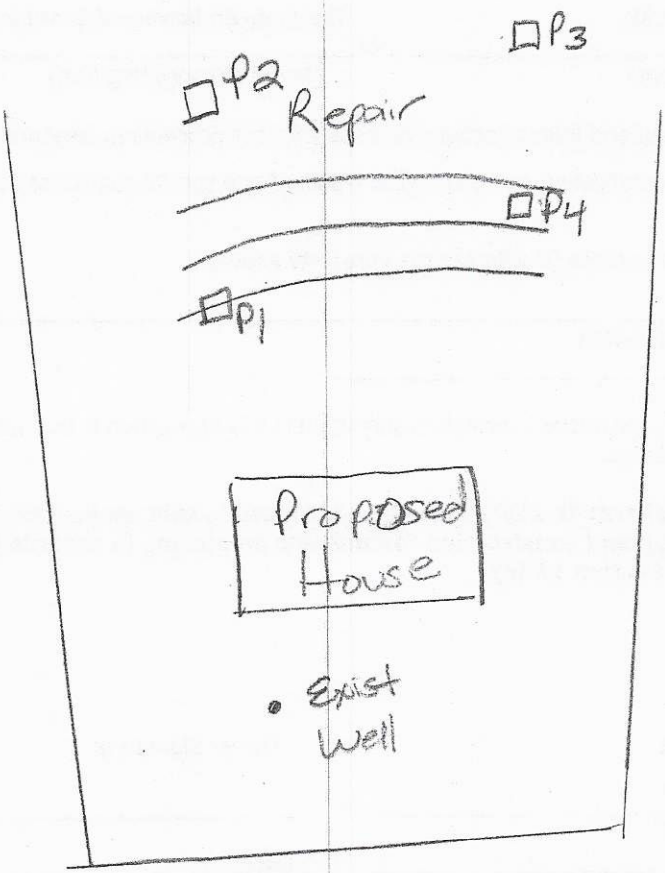
SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

Applicant
OWNER: Clayton Homes — APPLICATION DATE 9/19/19
ADDRESS: 2000 Northside Dr Statesville NC — DATE EVALUATED: 10/4/19
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 360gpd — PROPERTY SIZE: .994 Acre
LOCATION OF SITE: 410 Pressly Farm Rd Statesville, NC — 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 10%	0-5	BrwSCL	SS,SP,SExp,FR					PS
		5-23	RCm-wSBK	SS,SP,SExp,FR					
		23-47	RCLwSBK	SS,SP,SExp,FR					.3-
			Common Mica		—	47"	PS	—	.35
		47-54	L/SCL SAP	FR massive					
2	L 12%	0-9	Rd/BrwSCL	wSBK SS,SP,SExp,FR					PS
		9-21	RCm-wSBK	SS,SP,SExp,FR					.3
		21-35	RCLwSBK	SS,SP,SExp,FR					
		35-52"	RCLwSBK	SS,SR,SExp,FR		w/numerous Quartz Inclus, Mica			
			& SAP		—	52"	—	—	
3	L 12%	0-6	Rd/Brw SCL	wSBK SS,SP,SExp,FR					PS
		6-18	RCm-wSBK	SS,SP,SExp,FR					
		18-50	RtoBrwCL	wSBK SS,SP,SExp,FR					.325
			w/Common Mica		—	50"	—	—	
4	L 10%	0-10	BrwSCL	wSBK SS,SP,SExp,FR					PS
		10-26	RCLm-wSBK	SS,SP,SExp,FR					
		26-52	RCLwSBK	SS,SP,SExp,FR					.3
			w/Few to many SAP Inclus						
		52-56	LSL SAP	massive FR	—	52"	—	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Adam Casstevens


P3
P2
Repair
P4
P1
Proposed House
Exist Well

SR A+S 10/1 Tues AP301082

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* Application for SEPTIC REPAIR PERMIT

$500

(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)

1. APPLICATION FOR: ___ Improvement Permit ✓ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Clayton Homes	2020 Northside Dr Statesville, NC 28625	Adam Crabtree 704-929-1552	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Sam Sloan		704-437-0598	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
440 Presley Farm Rd Stony Point		Lot 1

PIN: 3785-68-6270

Driving Directions: _____

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other 25%

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ Clayton Homes Statesville 9/19/19
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

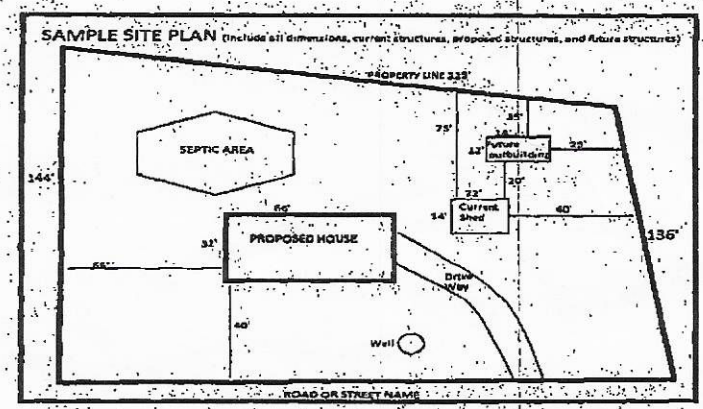
____ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

____ 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

SEE ATTACHED

Signature: _____ **DATE** 9/19/19

REQUIRED **property owner or owner's legal representative signature.**

Tues

10:00 10/1/19

P1 btw on top line

P2 2nd line of repair

P3 Below rep.

P4 Btw 2nd & 3rd line

Front 43' to well

Front 74' to house

Side 23' to well

10' to SL

Front 16' to

PROPOSED NEW TANK, MANIFOLD AND TANK LINES

EXISTING WELL

Pressly Farm Road SR 1535

Taft Road SR 1534

P1 P2 P3 P4

P.O.B.

P.T.L.

64'

31'

12' NORTH

SR

PAVED

Total Area: 0.994 Acre

JORDAN GRANT

ENGINEERING • SURVEYING • PLANNING

JORDAN GRANT & ASSOCIATES, PLLC.

P.O. BOX 151 • STATESVILLE, NC 28687

mail@jordangrant.com (704) 929-7919

FIRM # P-1227

Survey For: Samuel Laws

DRAWN BY: SDS | CHECKED BY: MDS

SCALE: 1" = 30'

DEED REF: 856-1190 | PIN NO: 3725-68-4279

DATE OF MAP: 856-1190 | SURVEY DATE: 09-13-19

REVISIONS: | DRAWING FILE: 20190913

PRESSLY FARM ROAD - ATOMY POINT, INC ONLY

SHILOH TOWNSHIP — IREDELL COUNTY — NORTH CAROLINA

House Box 52x52 — marked Back deck (6x6)

Driveway

Existing Tank & Lines — pump DEMO

Property lines/corners are marked

Existing well

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Samuel Laws, am the legal owner(s) of the property located at Presely Farm Rd, identified as PIN (Parcel Identification Number) 3785686270, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Adam Chesteveens Clayton Homes, 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.

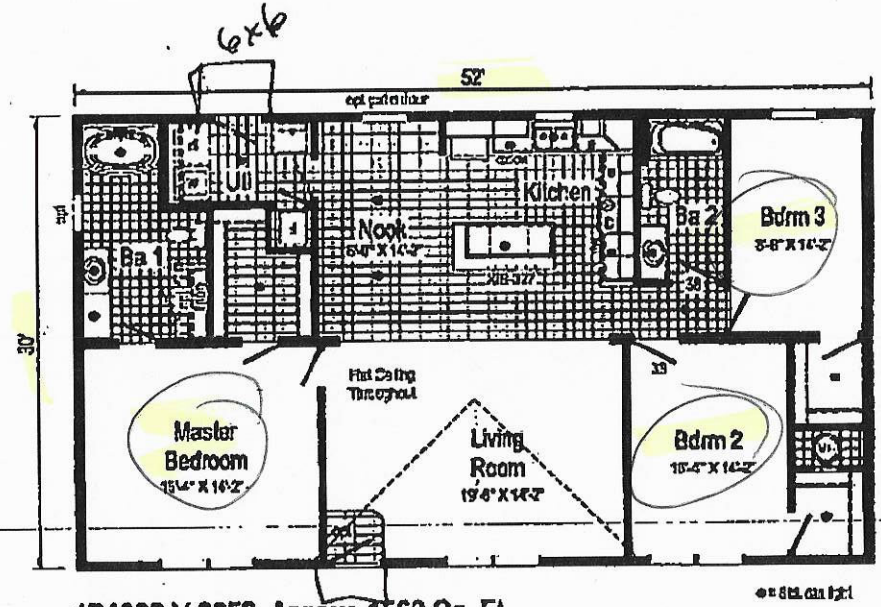
Samuel Laws 9-2-19 — 9/2/19

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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



1B1003-V 3252 Approx. 1560 Sq. Ft.

Doughton Max 32

Acknowledgement of Plans Submittal ONLY!

Date 10/10/19

Date 10/15/19