IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230366

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

PIN # 3786-92-4854

APPLICANT/OWNER: Clayton Homes of Statesville APPLICANT ADDRESS: 2620 Northside Dr. Statesville, NC

SITE ADDRESS: 3257 Old Mountain Road Stony Point, NC 28678 PHONE: 336-648-7130 ALT. PHONE 704-873-2547

SITE DIRECTIONS: I-40 W → R on Old Mtn Rd → Lot on left before Alexander County SAP CONTROLLED: ☐ YES ☒ NO

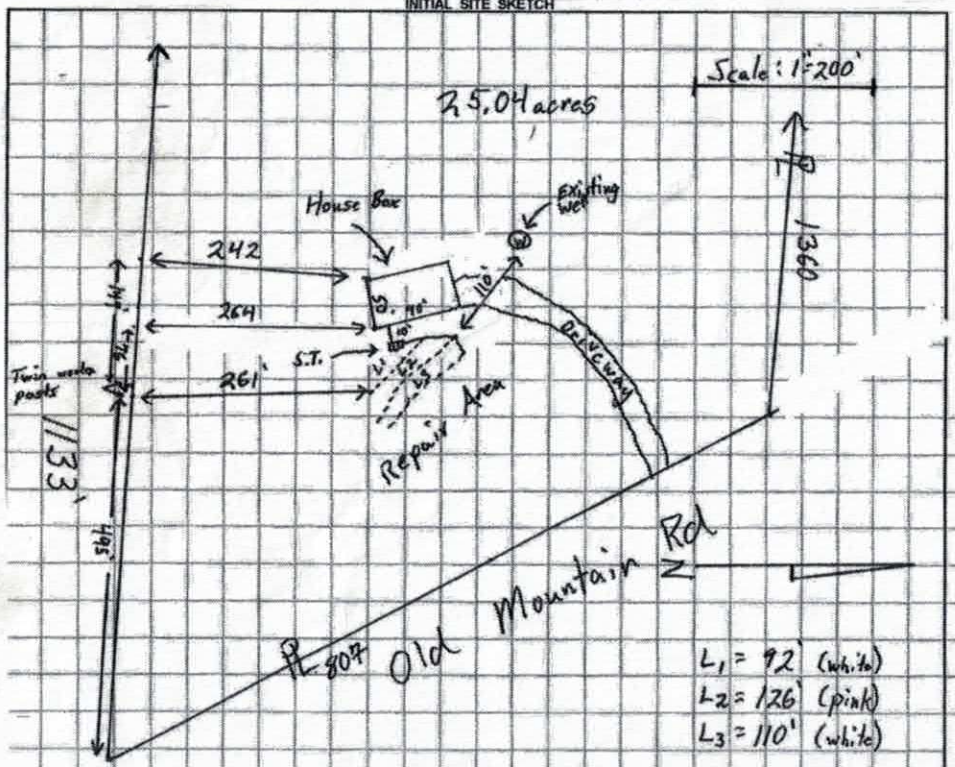
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 25.04 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	1012	Date	10-6-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	same			
# Nitrification Fields	1	# Lines	3		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	33"		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private Existing
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Though 328 l.f. of drainfield has been laid out only 300 l.f. need be installed. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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: 9/29/17 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Tom Shuck Date: 9/29/17 OPERATION PERMIT by: Khayla Wilson Date: 12-6-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 9/29/17 Existing System Inspected by: — Date: —

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet

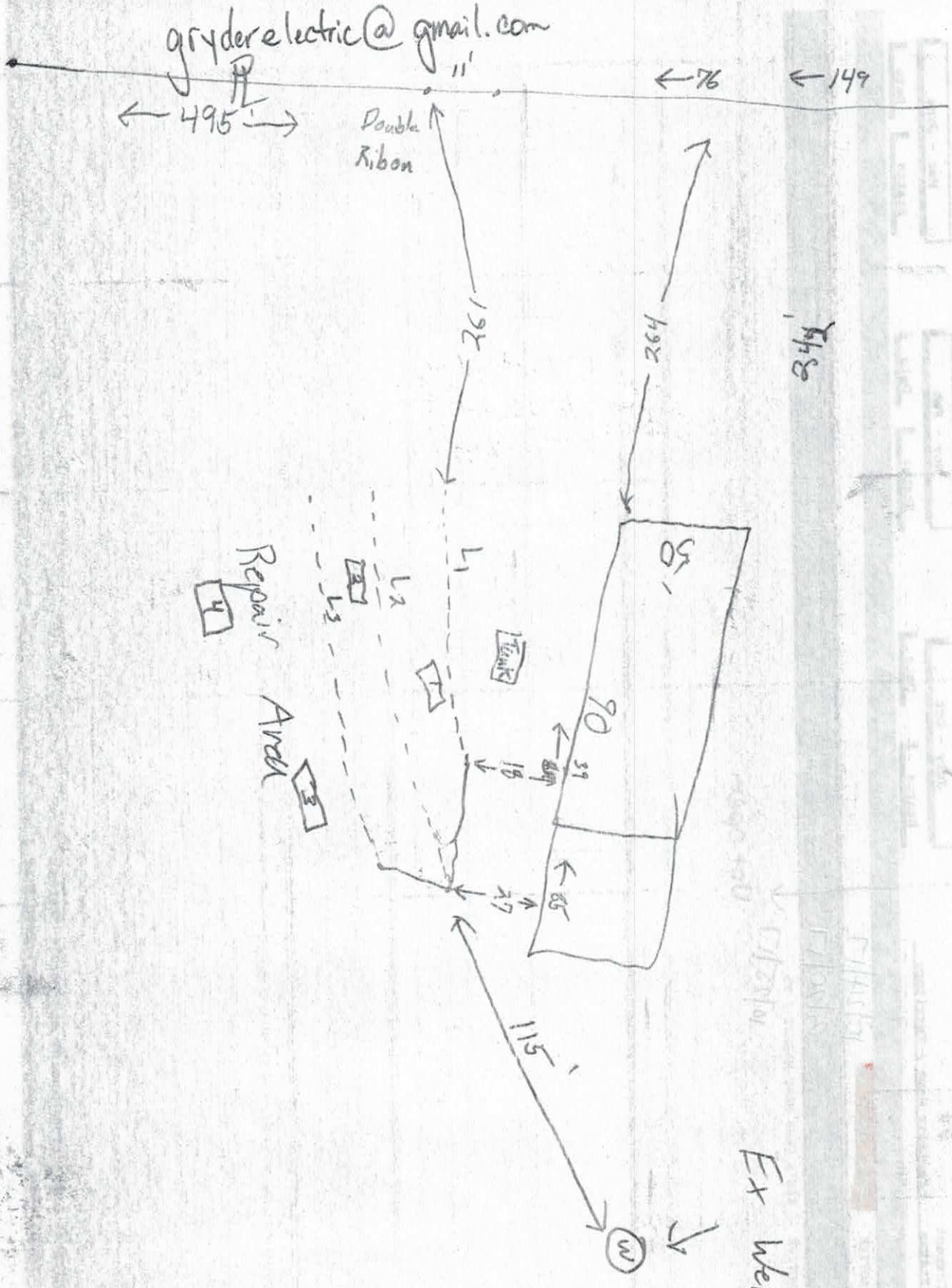
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #:
DATE OF EVALUATION: 4/26/17
COUNTY: Iredell

W=92' P=126' W=110'
L1 5.54 L2 6.37 L3 6.97

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	Shoulder Slope 7% Primary	0-11	SCL V,W,SBK	Sl. Firm, SS, Sp, Sexp	—	60	—	—	0.30 PS
		11-36	Clay w-m SBK/ABK	Firm, Sticky, Sp, Sexp					
		36-60	Clay Loam w.SBK some mica	Sl. Friable, SS, Sp, Sexp					
	7% Shoulder Slope Primary	0-8	SCL v.w SBK	Sl. Firm, SS, Sp, Sexp	—	56	—	—	0.30 PS
		8-33	Clay w-m. SBK/ABK	Firm, Sticky, Sp, Sexp					
		33-56	Clay Loam w.SBK some mica	Sl. Friable, SS, Sp, Sexp					
	7% Lower. shoulder/ side slope Repair	0-14	SCL V, W, SBK	Sl. Firm, SS, Sp, Sexp	—	56	—	—	0.30 PS
		14-39	Clay w-m SBK/ABK	Sl. Firm, Sticky, Sp, Sexp					
		39-56	Clay Loam w.SBK some mica some Saprolite	Sl. Friable, SS, Sp, Sexp					
	7% LSS Repair	0-13	SCL V.W.SBK	Sl. Firm, SS, Sp, Sexp	some gravels & cobbles @ 28-31"	56	—	—	0.30 PS
		13-48	Clay w-m SBK/ABK	Sl. Firm, Sticky, Sp, Sexp					
		48-58	clay Loam w.SBK some m.ca	Sl. Firm, SS, Sp, Sexp					

COMMENTS:


gryderelectric@gmail.com
11'
76'
149'
495'
Double Ribon
261'
264'
342'
L1
L2
L3
Repair
Area
50'
80'
39'
19'
85'
27'
115'
Ex well

2303666

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

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: CLAYTON HOMES OF STATESVILLE Address: 2620 NORTHSIDE DR STATESVILLE NC [redacted] Zip: 28625

Applicant Email: H072@CLAYTONHOMES.com Phone: 704 873 2547 Alt. Phone: 336 648 7130

Owner Name: PHILLIP EDWARD POPE Address: 5372 OLD MTN RD STONY POINT NC Zip: 28678

Owner Email: N/A Phone: 704 929 8987 Alt. Phone: _____

Property Information:

Street Address: 5357 OLD MTN RD STONY POINT NC 28678

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

Driving Directions: I-40 W TO OLD MTN RD, NORTH ON OLD MTN TO PROPERTY

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: 6
( ) 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: 1 Number of Persons: 6

( ) 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: 1-25-10

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: _____ 9/18/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

CONTACT ADAM OR LANE TO SET UP PUBLIC TEST HOLES
ADAM: 336-648-7130 LANE: 704-902-4659

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, Phillip E. Pope, am the legal owner(s) of the property located at 3257 OLD MOUNTAIN RD STONY POINT, NC 28678, identified as PIN (Parcel Identification Number) ~~5186400~~ 3786924854, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) LANE HARRELL/ADAM CASSTEVENS Clayton Homes of Statesville, 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.

Phillip E. Pope 9-12-17

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

IREDELL COUNTY HEALTH DEPARTMENT

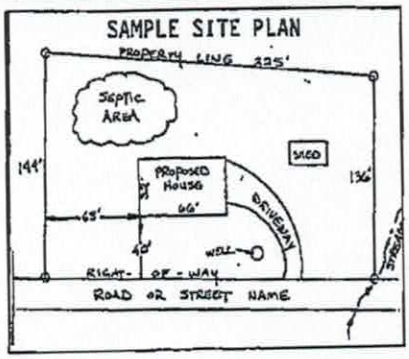
ENVIRONMENTAL HEALTH DIVISION

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

SITE ATTACHED

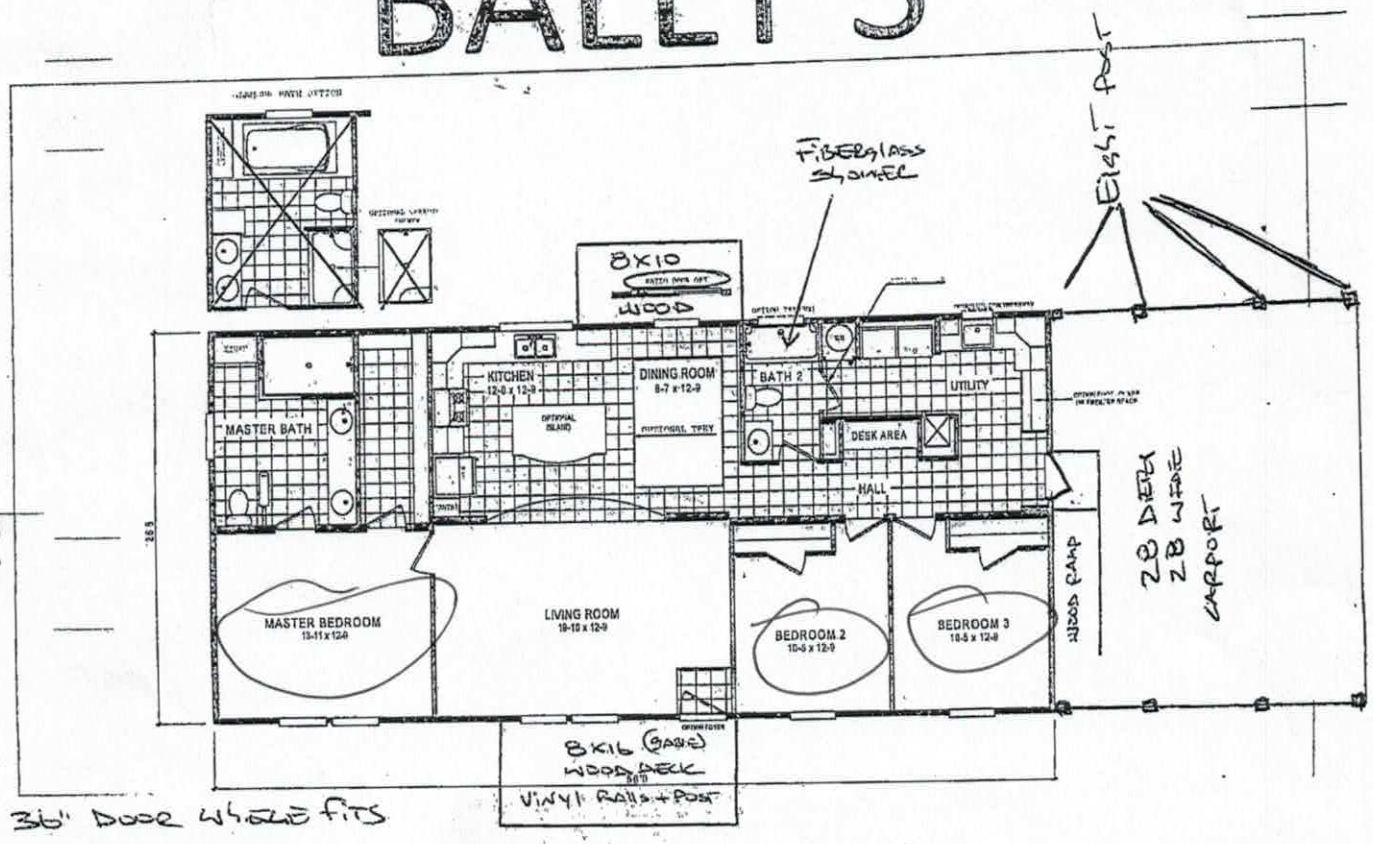
Signature: LANIE

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

9/19/17

DATE

BALLY'S



Acknowledgement Of Plans Submitted ONLY!

Date

MGR CLAYTON HOMES 9/26/17

Tom Shuck 9/28/17