ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 313621

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

PIN # 3792 -- 64 -- 1912

APPLICANT/OWNER: Clayton Homes - Mary Watts | APPLICANT ADDRESS: 1230 Conover Blvd Conover 28613

SITE ADDRESS: 143 Patchwork Drive Statesville NC 28677 | PHONE: 828-465-3450 | ALT. PHONE 918-404-0806

SITE DIRECTIONS: Hwy 70 L on Eufola R on Patchwork | SAP CONTROLLED: ☐ YES ☒ NO

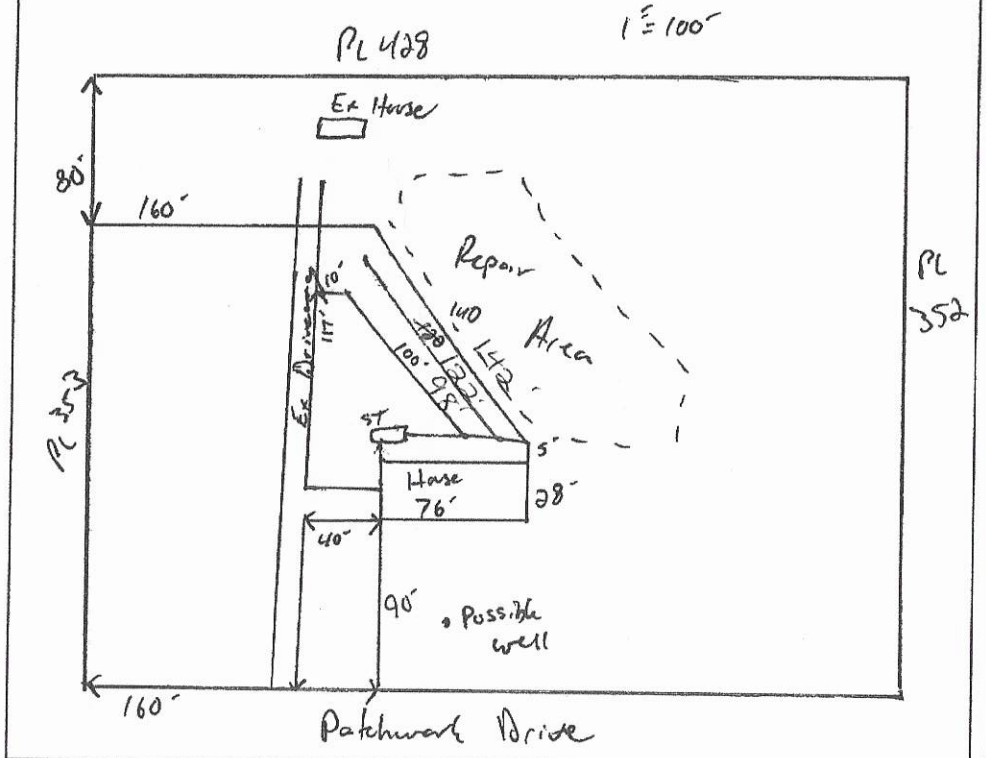
SUBDIVISION: - | SECTION: - | LOT # - | LOT AREA: 3.46 | DESIGN FLOW: 360gpd | L.T.A.R.: .25

Septic Tank	1050 (gal)	STB	1012	Date	8-9-21	☒ 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:	258 Rocktin	☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #		Repair System Description:	D.P	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	360'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 20"	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install Drainline on contor of land and use Serial distribution

Yellow Potter
ST - 9ft from house

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.

Installed Plastic Chambers 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: 7-20-2021 Installed by: JW Construction #5250

IMPROVEMENT PERMIT by: [signature] Date: 7-19-2021 OPERATION PERMIT by: Marian Dotson Date: 10/21/21

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7-19-2021 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 #: 379264 1912
COUNTY: Jackson

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

OWNER: Clayton Harris
ADDRESS: 1230 Canon Blvd
PROPOSED FACILITY:
LOCATION OF SITE: Patchwork
APPLICATION DATE: 5-21-2021
DATE EVALUATED: –
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 3.46
PROPERTY RECORDED: yes

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	3-4%	0-6 6-45 45-54	SBK SCL SBK C SBK CL	FI SSSPS	Chroma 1 10YR 6/3 @ 52"= 4B @ 31"=	54"+	N/A	N 54"=	PS .25 Shallow
2	3-4%	0-6 6-36 36-50	SBK CL SBK C SBK CL		4B mottles @ 38"=	50"=	N/A	N/A 50"=	PS .25
3	3-4%	0-6 6-24 24-50	SBK SCL SBK C SBK CL		Chroma 1 10YR 6/3 @ 24"= 4B mottles @ 20"	50"=	N/A	24"=	PS .1 Drip
4	3-4%	0-6 6-42 42-50	SBK SCL ABK C SBK CL		chroma 1 10YR 6/3 @ 39"= 4B mottles @ 24"	50"=	N/A	N/A 39"=	PS .225

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	3600 sq/ft
System Type(s)	2SP	Drip
Site LTAR	.25	.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

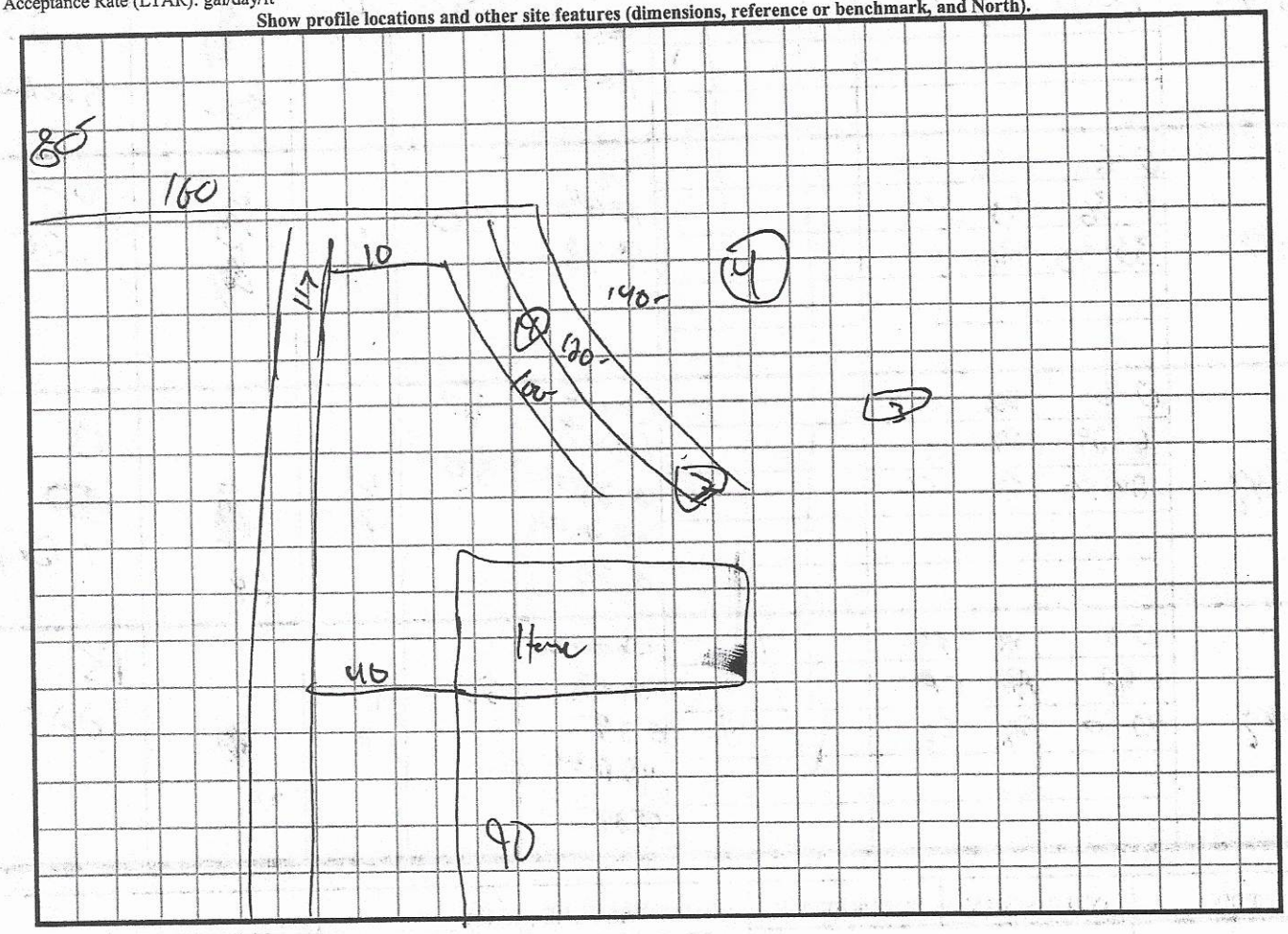
NOTES

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).



pothook

Need to be closed

RECEIVED APR 2 8 2021

Paid $500.00

JB

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-313621

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:
(X) Septic Improvement Permit (X) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 Home Conover **Address:** 1230 Conover Blvd West Conover **Zip:** 28613

Applicant Email: HC0881@Claytonhomes.com **Phone:** 828-465-3450 **Alt. Phone:** 918-464-0906

Owner Name: Mary Watts **Address:** 192 Enfola Rd, Statesville NC **Zip:** 28677

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 143 Patchwork Dr, ~~Statesville~~ Statesville NC **Parcel #** 3792641912

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

Driving Directions: Hwy 70 West - Turn left on Enfola Rd - Turn Right on Patchwork

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

(X) 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: 4 3
Maximum Number of Occupants: 5 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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:** 5

(X) 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: _____ 4/15/2021
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

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, MARY E. WATTS, am the legal owner(s) of the property located at TBD PATCHWORK DR, identified as PIN (Parcel Identification Number) 3793641912.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) JOSHUA FOUNTAIN CLAYTON HOMES CONOVER, 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.

Mary E. Watts 11-29-23 — Signature of Owner(s) — Date

B. Clark 11/29/23 — 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

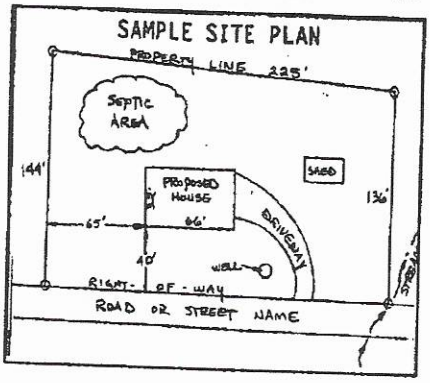
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

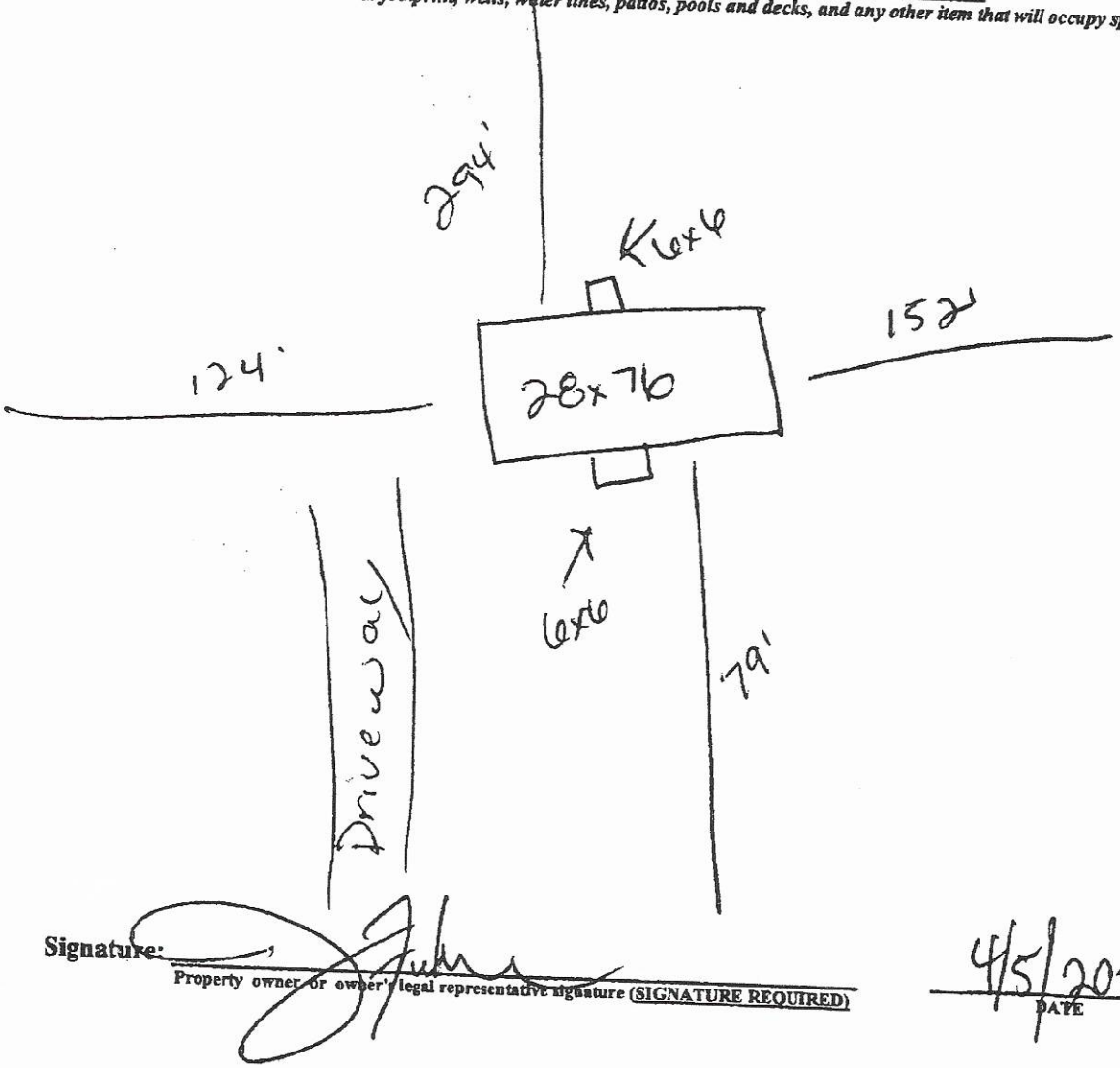
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: _____

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

4/5/2021
DATE

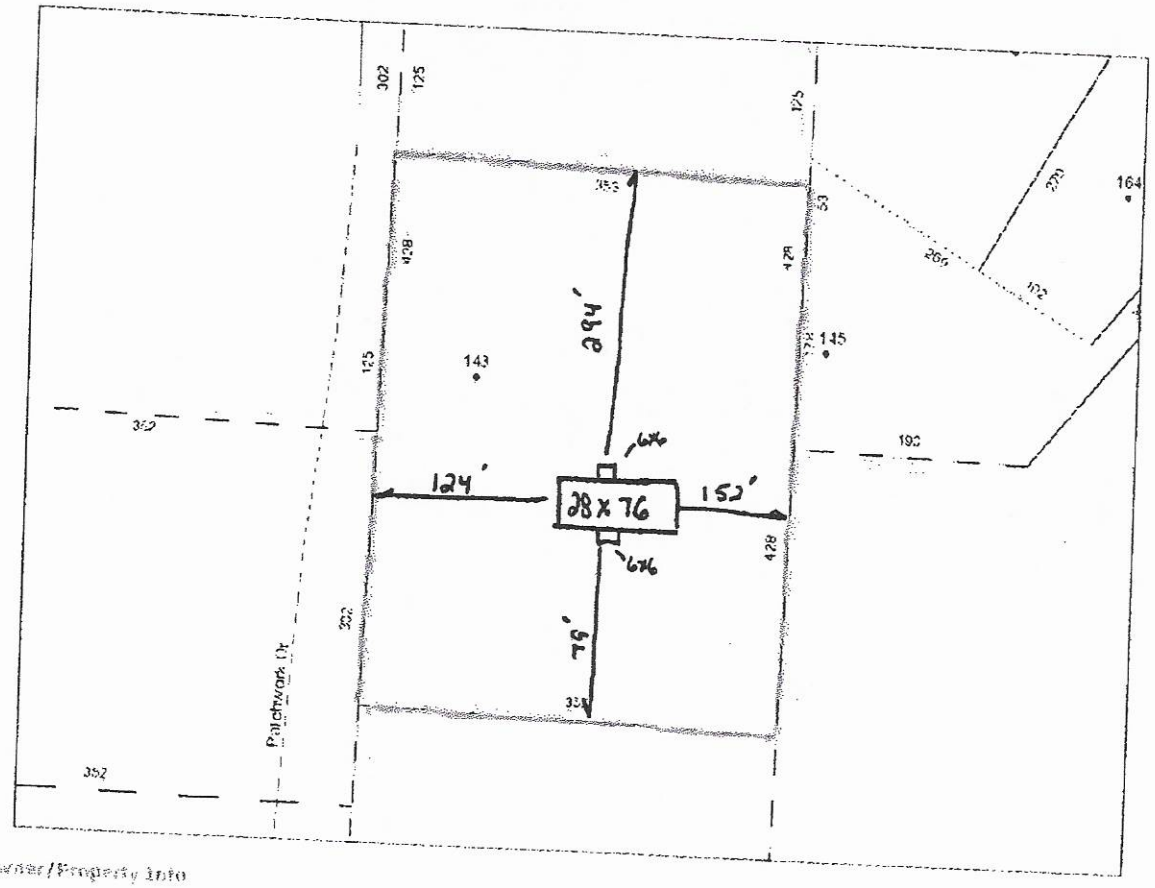
Iredell County

Property Data

Parcel Number: 3792641912.000
Inquiry Date: 4/5/2021

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-date, the County does not certify the authenticity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use or interpretation by the User.

Property Map



Owner/Property Info

Tax Account Number: 72562500
Old Parcel Number: 1408D00000A079
Owner Name: WATTS MARY E
Mailing Address: 192 EUFOLA RD STATESVILLE NC 28677
Property Location: EUFOLA RD
Lot Number: Null
Legal Description: MORRISON SR1333

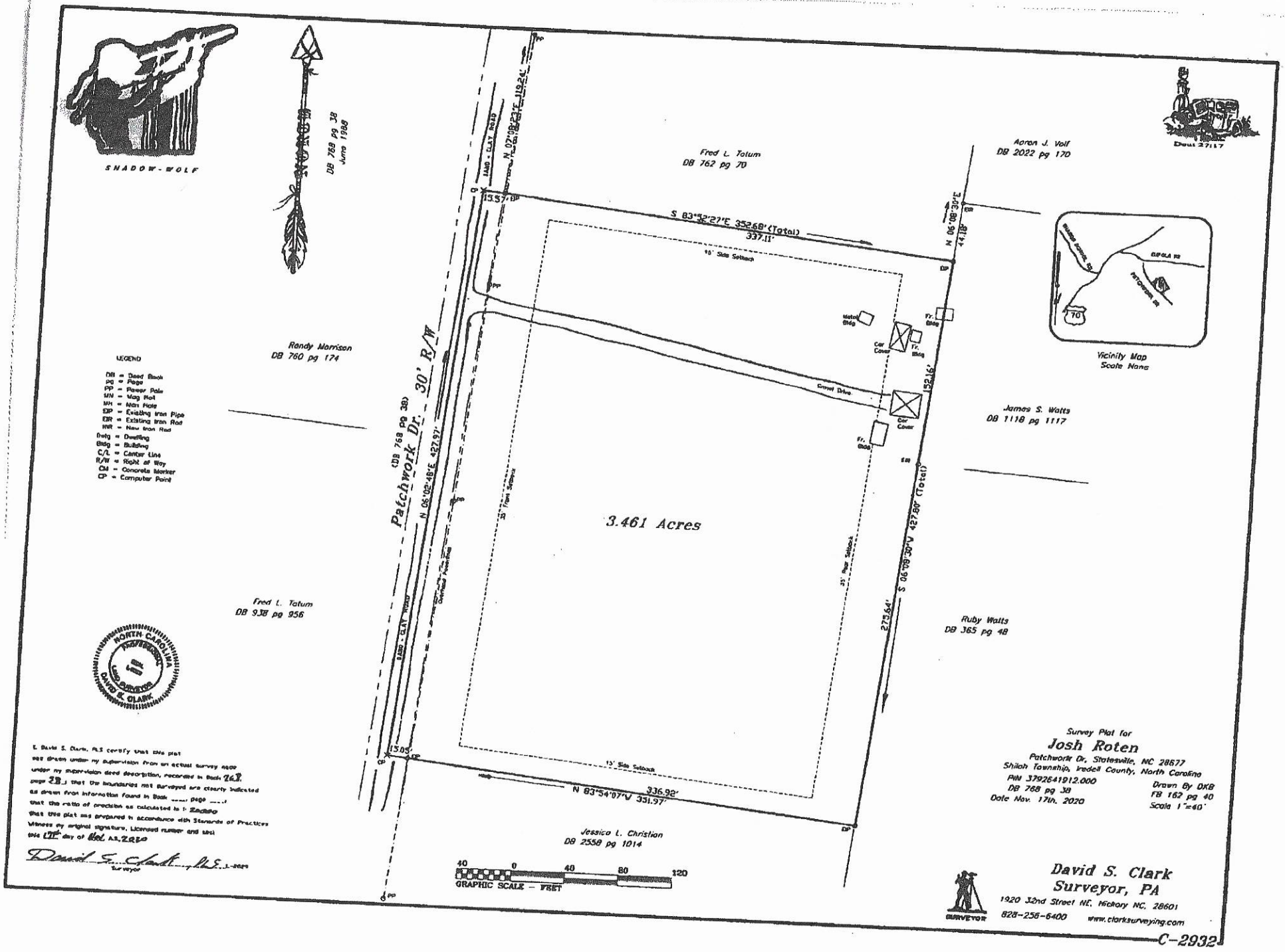
Municipal Information

Township Code: 14
City Code: 00
Neighborhood Code: 14008

Value Information Current Year Property Record Card (PRC)

Building Value: 0
Other Building Features: 0
Land Value: 21590
Tax Assessed Value: 21590
Deferred: 0

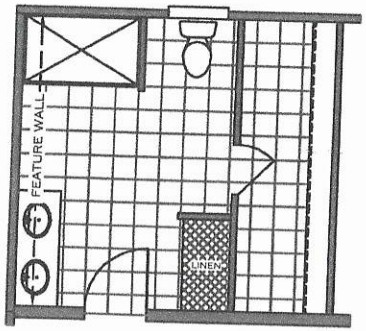
Land Information Register of Deeds Online Search


SHADOW-WOLF
DB 768 pg 38
June 1988
Patchwork Dr. - 30' R/W
LAND - CLAY ROAD
Fred L. Tatum
DB 762 pg 70
Aaron J. Wolf
DB 2022 pg 170
Randy Morrison
DB 760 pg 174
Fred L. Tatum
DB 938 pg 956
James S. Watts
DB 1118 pg 1117
Ruby Watts
DB 365 pg 48
Jessica L. Christian
DB 2558 pg 1014
3.461 Acres
S 83°52'27"E 352.68' (Total)
337.11'
N 06°08'30"E
441.18'
S 06°08'30"W 427.80' (Total)
273.64'
N 83°54'07"W 351.97'
336.92'
N 06°02'48"E 427.97'
N 07°08'23"E 119.24'
152.16'
15.05'
15' Side Setback
35' Front Setback
35' Rear Setback
Gravel Drive
Water Bldg
Car Cover
Fr. Bldg
LEGEND
DB = Deed Book
pg = Page
PP = Power Pole
MN = Mag Nail
NH = Nail Hole
EIP = Existing Iron Pipe
EIR = Existing Iron Rod
NIR = New Iron Rod
Dwlg = Dwelling
Bldg = Building
C/L = Center Line
R/W = Right of Way
CM = Concrete Marker
= Computer Point
Vicinity Map
Scale None
10
GRAPHIC SCALE - FEET
40 0 40 80 120
NORTH CAROLINA
PROFESSIONAL
L-4892
DAVID S. CLARK
LAND SURVEYOR
I, David S. Clark, PLS certify that this plat was drawn under my supervision from an actual survey made under my supervision deed description, recorded in Book 762 page 70; that the boundaries not surveyed are clearly indicated as drawn from information found in Book ____ page ____; that the ratio of precision as calculated is 1: 20000 that this plat was prepared in accordance with Standards of Practices Witness my original signature, License number and seal this 17th day of Nov. A.D. 2020
David S. Clark, PLS L-4892
Surveyor
Survey Plat for
Josh Roten
Patchwork Dr, Statesville, NC 28677
Shiloh Township, Iredell County, North Carolina
PIN 3792641912.000
DB 768 pg 38
Date Nov. 17th, 2020
Drawn By DKB
FB 162 pg 40
Scale 1"=40'
David S. Clark
Surveyor, PA
1920 32nd Street NE, Hickory NC, 28601
828-256-6400 www.clarksurveying.com
SURVEYOR
C-2932

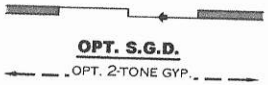
Acknowledgement Of Plans Submittal ONLY!

Date 7-14-2021

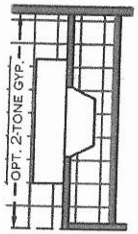
Date 7-20-2021



OPT. MASTER BATH



OPT. S.G.D.



OPT. FIREPLACE



SHEET:							
SL	SALES LITERATURE	Clayton - 934 1420 Mountain Rd, Andersonville, TN 37705 PH: 865.494.7800 FAX: 865.494.0243	HILBORN, WERNER, CARTER, AND ASSOCIATES, INC. 1627 SOUTH MYRTLE AVE. CLEARWATER, FL. 33756	DRAWING #: 34M164 MODEL #: TRA28764C DATE: 11/18/17 SCALE: NTS	MODEL: TRADITION 76C (28'X76') SERIES: TRADITION PRODUCT DESIGNER: DANIEL SHELDON	STD PLAN "CONDITIONED": 2,001 F REV. BY: SHELDOND REV. DATE: 5/22/2018	

IREDELL COUNTY · NC

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

APPLICATION NUMBER
313621 Issue Date: 12/22/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3792641912.000	143 PATCHWORK DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: WATTS MARY E Address: , Phone:	Name: CLAYTON HOMES - CONOVER Address: 1230 CONOVER BLVD CONOVER, NC 28613 Phone: (828)465-3450

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.46	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
MODULAR - NEEDS ZD

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: 12/22/2020

Permit Number	313621

TOTAL FEES:	$77.25