ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-316926

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

PIN # 3793--55 -- 7199

APPLICANT/OWNER: CLAYTON HOMES APPLICANT ADDRESS: 2026 NORTHSIDE DRIVE, STATESVILLE, N.C.

SITE ADDRESS: 119 TITLEIST DRIVE, STATESVILLE, N.C. 28677 PHONE: 704-873-2547 ALT. PHONE 704-929-1552

SITE DIRECTIONS: (W) ON 40, (L) ON SHARON SCHOOL, (L) ON MOCK MILL (R) ON TITLEIST, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

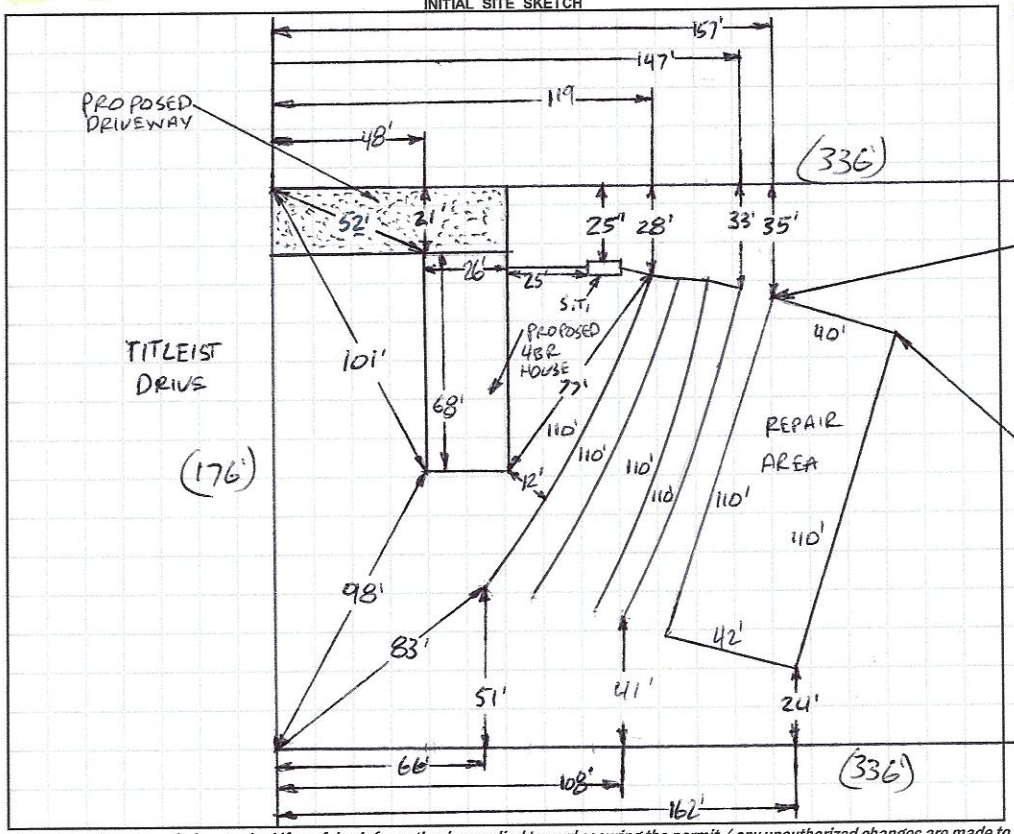
SUBDIVISION: AGUSTA GREENS SECTION: P2 LOT # 42 LOT AREA: 1.46 AC DESIGN FLOW: 480GPD L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB	1012	Date	8/25/22	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	–	(gal)	PT	–	Date	–	System Description:			25% REDUCTION	
Pump Make	–	Model		–	Serial #	–	Repair System Description:			50% REDUCTION	
# Nitrification Fields	1	# Lines		4	Linear Ft:	440FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36IN	Trench Bottom Depth(Low side)		30IN	Gravel Depth	–	☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees	–	☑ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH BOTTOM

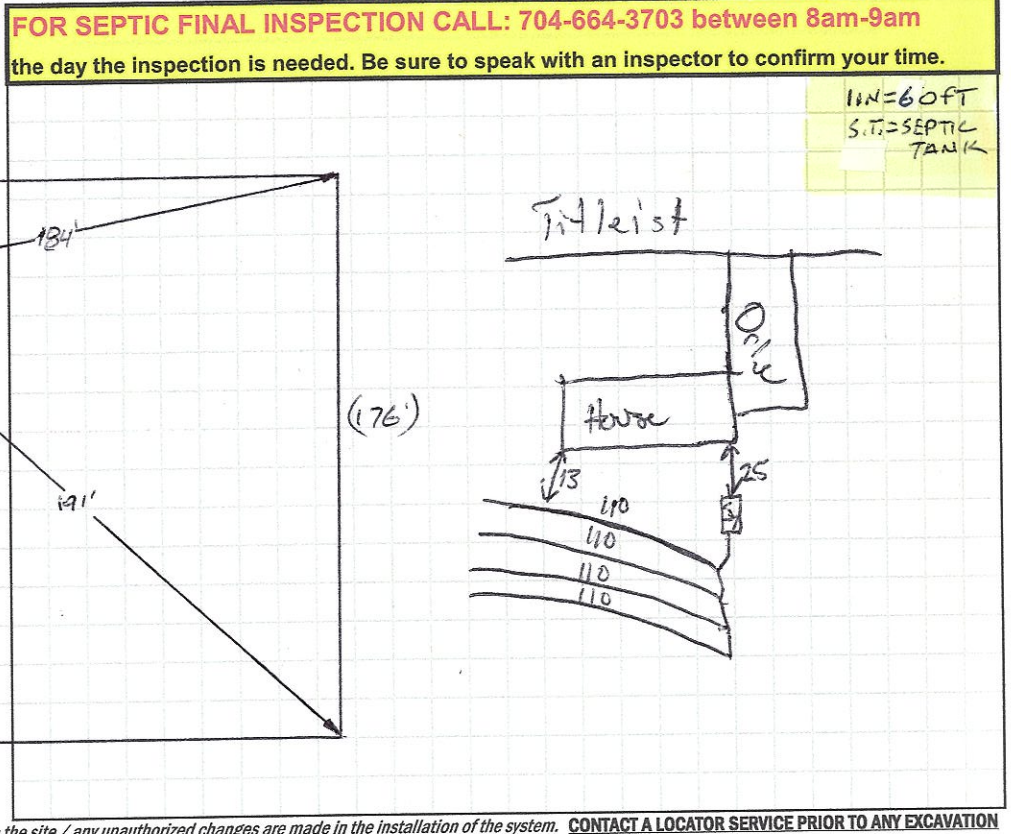
INITIAL SITE SKETCH



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.

1IN=60FT
S.T.=SEPTIC TANK



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: 7-1-2021 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Bryant C. White Date: 6-30-2021 OPERATION PERMIT by: [signature] Date: 8/16/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 6-30-2021 Existing System Inspected by: Date:

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

Acknowledgement Of Receipt Submittal ONLY!

~~Buyer~~ ~~Date~~ 6-30-2021

~~Buyer~~ ~~Date~~

Change to sliding glass door

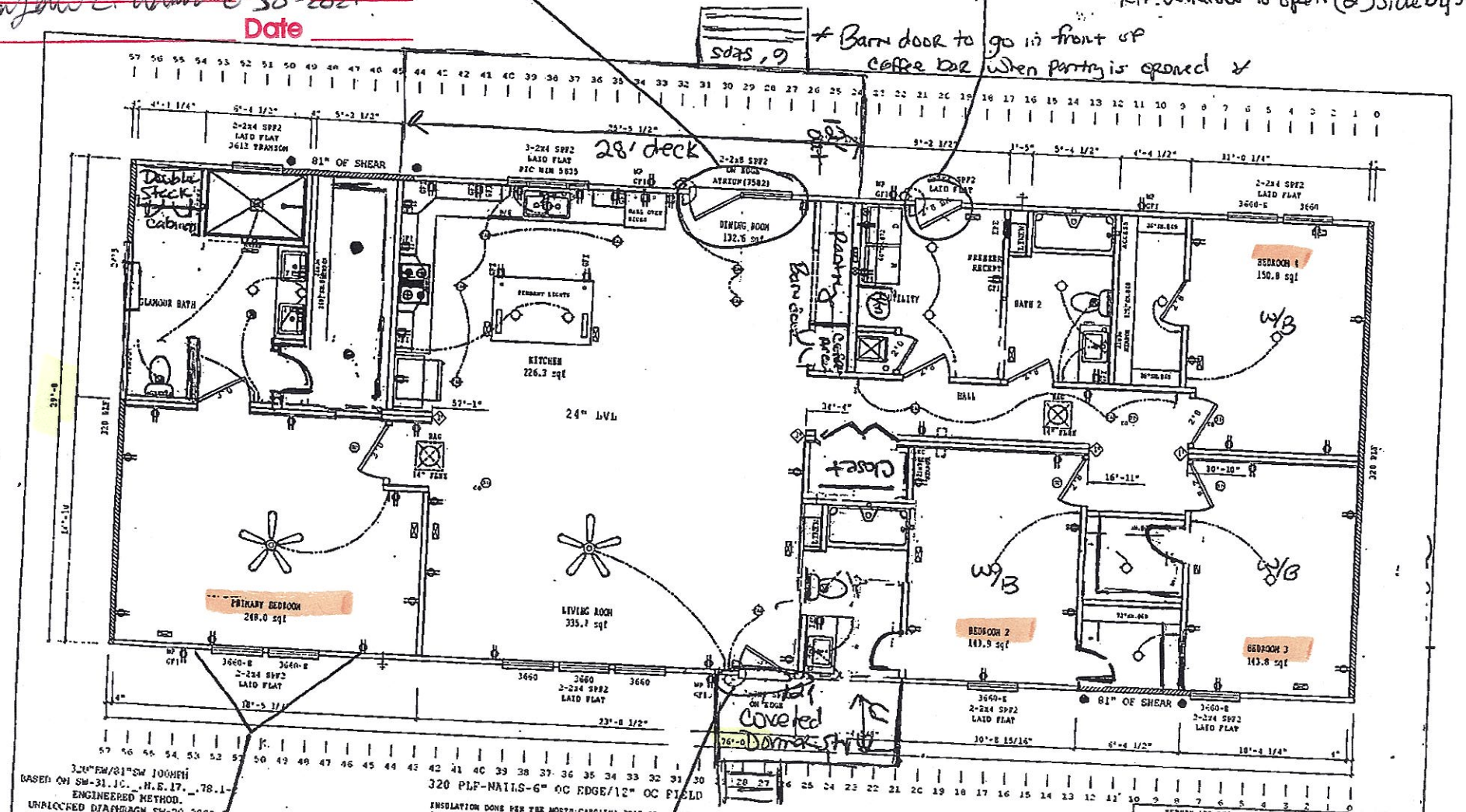
Eggers

Change to small window

* Coffee area will be cabinets below w/ counter top only - Nothing above - Just wall w/outlet

Kit. window to open (2) side by side *

* Barn door to go in front of coffee bar when pantry is opened *



CLAYTON HOME BUILDING GROUP

MASTER PLAN
FURNACE 4815

5531-4BR-32G

2254 SQ. FT.

32X76 4BR-2.5BA

SN252268

TEH | 01/08/2021 | 01/13/2021 | 1-1

SOIL/SITE EVALUATION

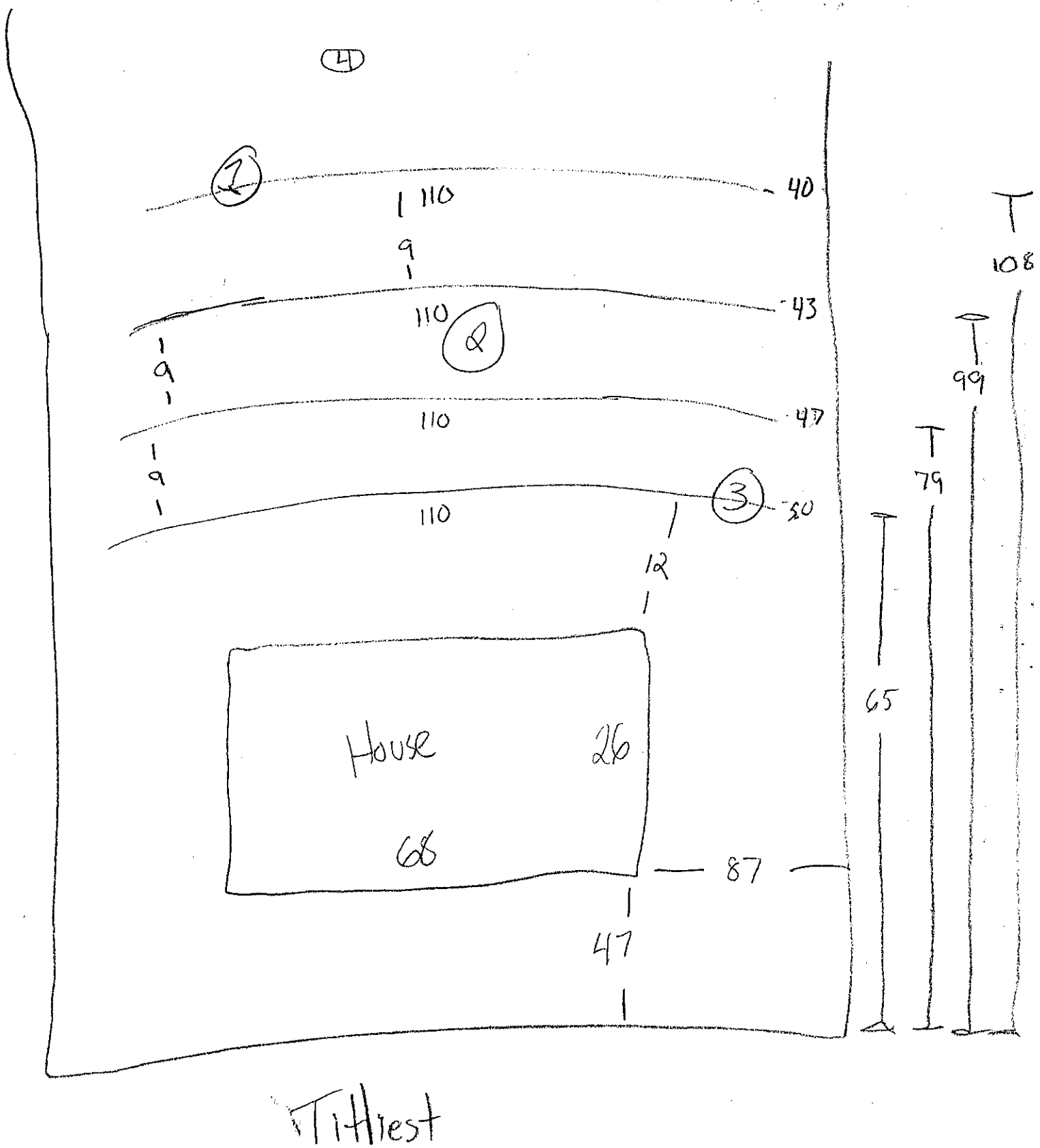
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 3793-55-7199
DATE OF EVALUATION: 5-11-2021
COUNTY: IREDELL

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	OLD ROAD BED 3%	0-10	COMPACTED	CLAY	FEW Y/B MOTS ALONG ROOT CHANNELS	52"+	NA	NA	PS .275
		10-36	C, ABK	FR, SS, P, SEXP					
		36-52	CL/W ABK	FP, SS SP, SEXP					
2	LINEAR SIDE 5%	0-7	FILL	MIXED	FEW Y/B MOTS ALONG ROOT CHANNEL	48"+	NA	NA	PS .275
		7-37	C, ABK	FR, S, P, SEXP					
		37-48	CL, W ABK	FI, SS, SP, SEXP					
3	LINEAR SIDE 4%	0-6	FILL	MIXED	FEW SAP INC 36"+	50"+	NA	NA	PS .275
		6-44	C, ABK	FI, S, P, SEXP					
		44-50	CL, W ABK	FI, SS, SP, SEXP					
4	LINEAR SIDE 10%	0-8	SCL, SBK	FR, SS, SP, SEXP	FEW SAP INC	50"+	NA	NA	PS -3
		8-40	C, ABK	FR, S, P, SEXP					
		40-50	CL, W ABK	FI, SS, SP, SEXP					

COMMENTS:


4
1
110
40
9
110
43
2
9
110
47
9
110
3
50
12
House
26
68
87
47
65
79
99
108
Tiffiest

RECEIVED APR 20 2021

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-316926 $500.00

Application For:
(✓) Septic Improvement Permit ( ) New Well Permit ( ) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Clayton Homes Statesville Address: 2026 Northside DR
Statesville NC Zip: 28625
Applicant Email: HC072@claytonhomes.com Phone: 704-873-2547 Alt. Phone: Adam Casteleins 704-929-1552
Owner Name: EJ Brown Construction Company Inc Address: N/A Zip: N/A
Owner Email: N/A Phone: N/A Alt. Phone: N/A

Property Information:

Street Address: 1197 Tiffeiot DR Statesville NC 28677
Subdivision Name: Agusta Greens Section/Phase: 1 Lot Number: 42
Driving Directions: _____

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

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Square Footage of Building: _____ Type of Business: _____
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~~ County Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)*
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____
Year existing system installed: _____

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.

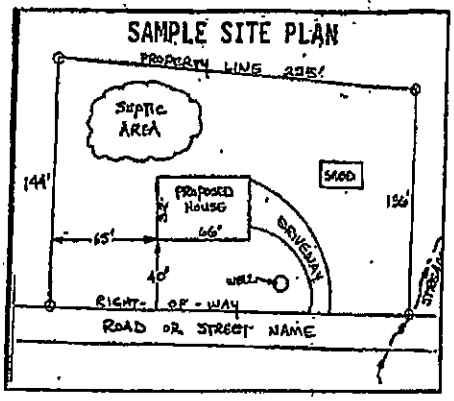
Signature: _____ 4/19/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

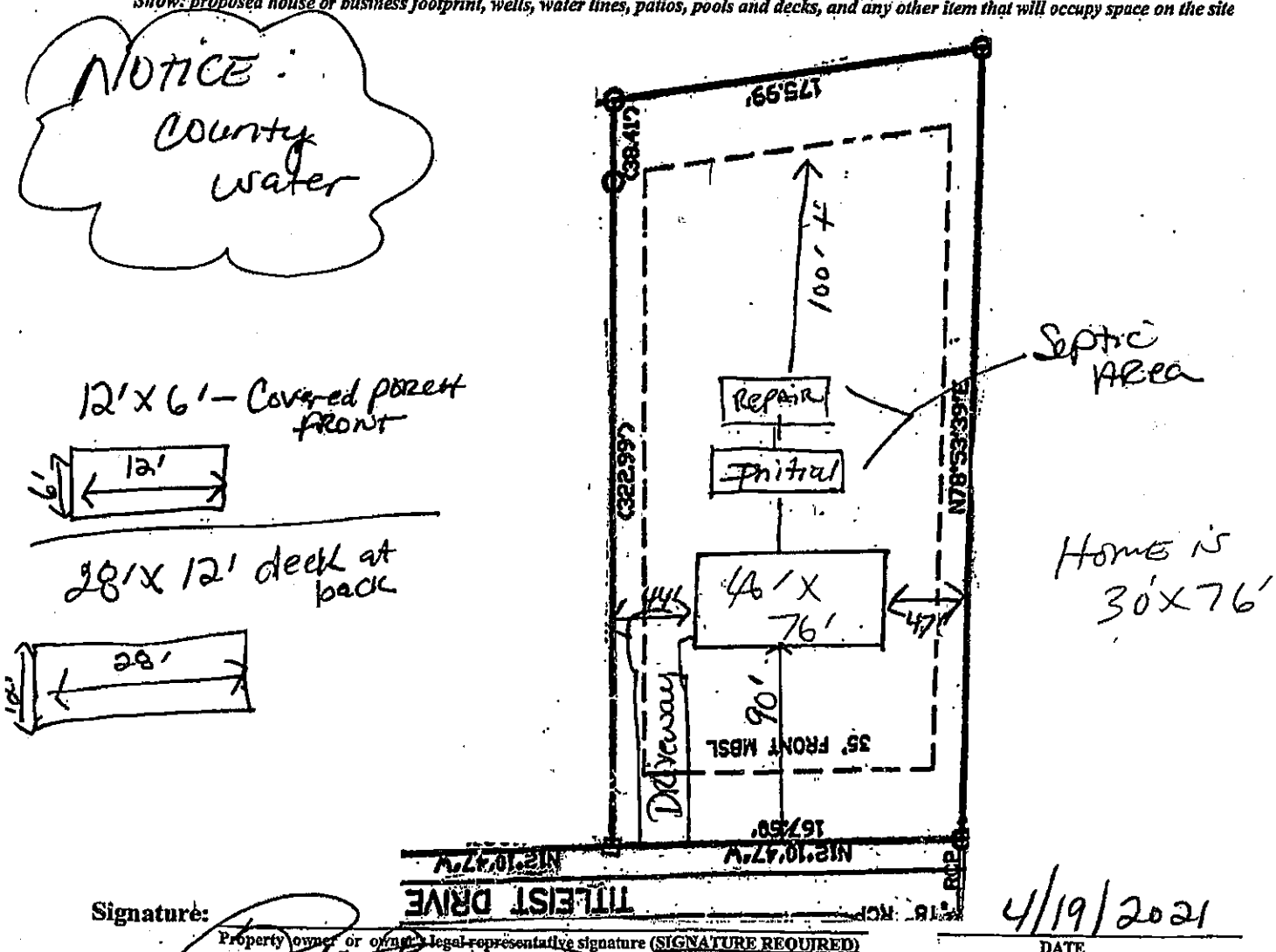
(X) Property Line measurements are clearly identified
(X) All proposed structures are indicated
(X) Front and side setbacks from property line
( ) Preferred driveway location and well location
(X) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: _____ **4/19/2021**

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

(Check and sign only ONE of the options below)

☐ 1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* _____

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.

_____ _____
Signature of Owner(s) 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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

AC **Complete all Environmental Health forms:**

- AC Application
- AC Site Plan including the dimensions of proposed structure, addition, pool etc.
- AC Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- AC Copy of Zoning Permit when applicable
- AC Sign this sheet after you have completed all items

AC **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

AC **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

AC **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

AC **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Clayton Hines Statesville **Date** 4/19/2021

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

APPLICATION NUMBER
316926 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3793557199.000	119 TITLEIST DR	

Owner Information	Applicant Information
Name: E J BROWN CONSTRUCTION COMPANY INC	Name: CLAYTON HOMES OF STATESVILLE
Address:	Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677
Phone:	Phone: (704)873-2547

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.46	35	35	15	15		

Remarks
MODULAR HOME

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.

Date: 04/19/2021

Signature of Owner/Contractor

Permit Number	316926	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built___ Modular / Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below) N/A

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? ___ and stories?___

Please describe project (Details, Purpose, or Use): New Off frame Modular Construction

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 2280

Does the property have community water? (Yes) No If yes, please list who provides it: West Iredell water (County water)

Does the property have community sewer? Yes (No) If yes, please list who provides it: ___

Owner Information

Property Owner's Name EJ Brown Construction Company, INC. Phone # N/A

Owner's Current Address N/A

Property Information

Property Address Lot #42 (119) Titleist DR. Statesville NC 28677 Parcel # Pinn # 3793557199.000

Subdivision: Augusta Greens Lot: 42 Zoning: ___ Watershed: Y (N) Flood Plain: Y / (N) Township: ___

Directions to property (from a MAIN ROAD) ___

Application Information

Applicant's Name or Company Clayton Homes Applicant's Phone # 704-873-2547

Applicant's Address 2026 Northside DR. Statesville, NC 28625

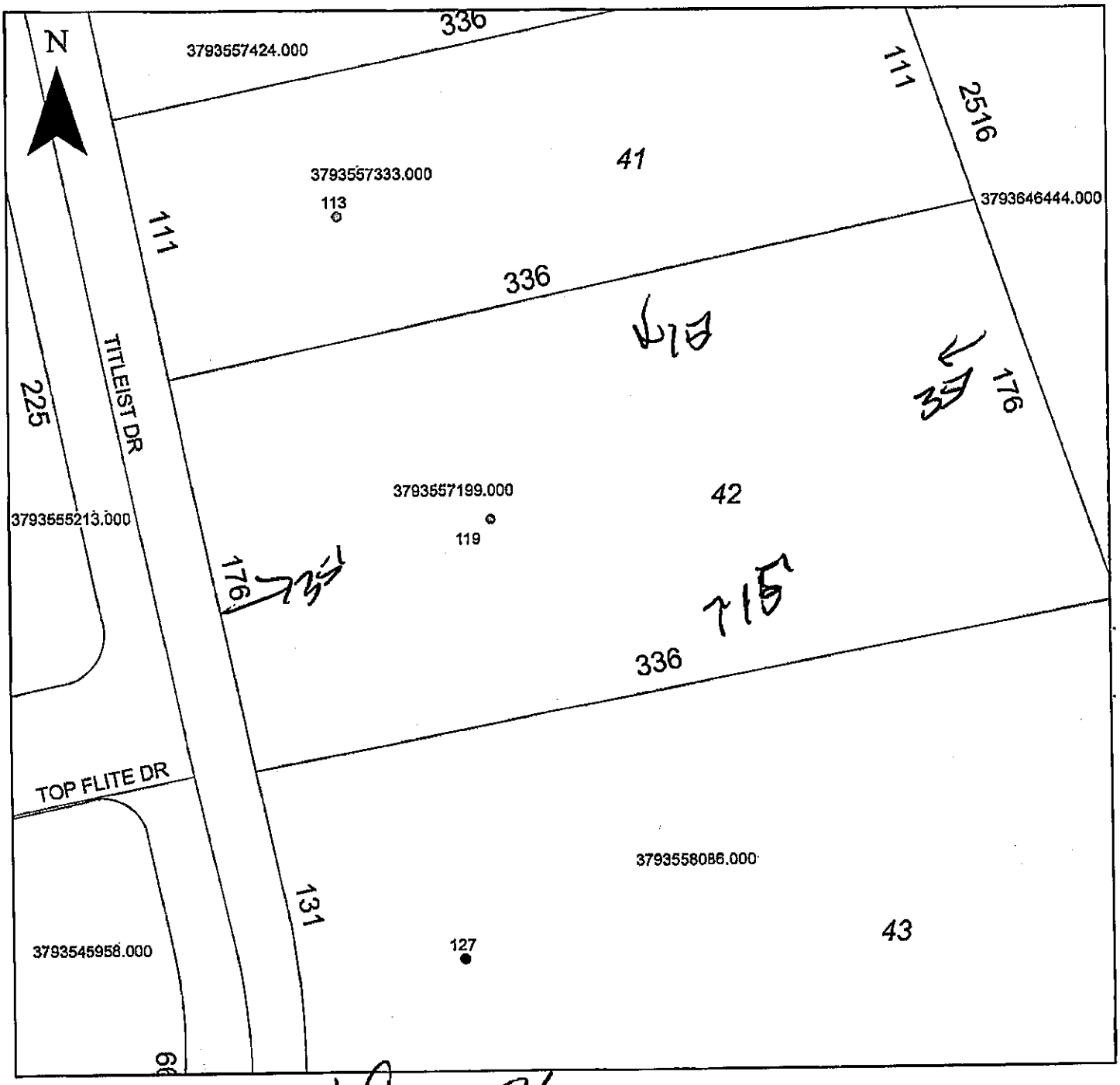
If Company, Representative's Name and Title Kimberly Rivera Home Consultant

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT [signature] DATE 4/19/2021

1.46 RA

ZONING DISCLAIMER

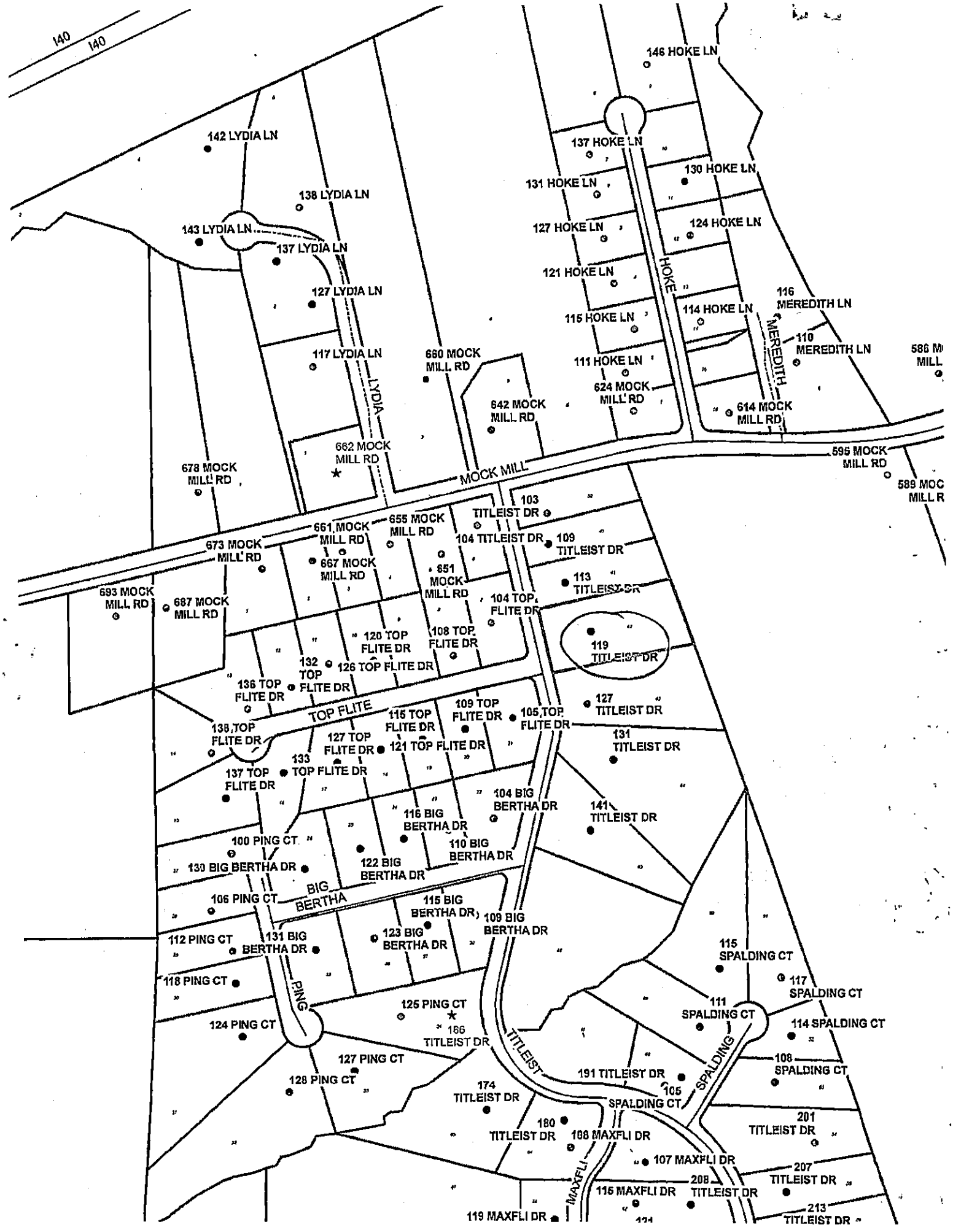


Property Address 119 Titleist

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.

Applicant

4/19/2024
Date


140
140
146 HOKE LN
142 LYDIA LN
137 HOKE LN
130 HOKE LN
131 HOKE LN
138 LYDIA LN
143 LYDIA LN
127 HOKE LN
124 HOKE LN
137 LYDIA LN
121 HOKE LN
HOKE
127 LYDIA LN
116 MEREDITH LN
115 HOKE LN
114 HOKE LN
MEREDITH
110 MEREDITH LN
117 LYDIA LN
660 MOCK MILL RD
111 HOKE LN
624 MOCK MILL RD
642 MOCK MILL RD
614 MOCK MILL RD
LYDIA
662 MOCK MILL RD
595 MOCK MILL RD
678 MOCK MILL RD
MOCK MILL
103 TITLEIST DR
655 MOCK MILL RD
661 MOCK MILL RD
104 TITLEIST DR
109 TITLEIST DR
673 MOCK MILL RD
667 MOCK MILL RD
651 MOCK MILL RD
113 TITLEIST DR
693 MOCK MILL RD
687 MOCK MILL RD
104 TOP FLITE DR
120 TOP FLITE DR
108 TOP FLITE DR
119 TITLEIST DR
132 TOP FLITE DR
126 TOP FLITE DR
136 TOP FLITE DR
TOP FLITE
127 TITLEIST DR
109 TOP FLITE DR
105 TOP FLITE DR
115 TOP FLITE DR
138 TOP FLITE DR
127 TOP FLITE DR
121 TOP FLITE DR
131 TITLEIST DR
133 TOP FLITE DR
137 TOP FLITE DR
104 BIG BERTHA DR
141 TITLEIST DR
116 BIG BERTHA DR
100 PING CT
110 BIG BERTHA DR
130 BIG BERTHA DR
122 BIG BERTHA DR
BIG BERTHA
106 PING CT
115 BIG BERTHA DR
109 BIG BERTHA DR
112 PING CT
131 BIG BERTHA DR
123 BIG BERTHA DR
115 SPALDING CT
118 PING CT
117 SPALDING CT
PING
125 PING CT
111 SPALDING CT
114 SPALDING CT
124 PING CT
166 TITLEIST DR
TITLEIST
SPALDING
127 PING CT
191 TITLEIST DR
108 SPALDING CT
128 PING CT
174 TITLEIST DR
105 SPALDING CT
201 TITLEIST DR
180 TITLEIST DR
108 MAXFLI DR
107 MAXFLI DR
207 TITLEIST DR
208 TITLEIST DR
MAXFLI
116 MAXFLI DR
213 TITLEIST DR
119 MAXFLI DR