ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP-312817

PIN # 3794 61 0361

APPLICANT/OWNER: Clayton Homes | APPLICANT ADDRESS: 2026 Northside Dr Statesville NC 28625

SITE ADDRESS: 113 Arborgate Lp Statesville NC 28625 | PHONE: | ALT. PHONE

SITE DIRECTIONS: I40W to Exit 144, R on Old Mountain Rd, L on Island Ford Rd, L on Gobleh Rd, L on Maristone Dr, L on Arborgate Lp, L on L

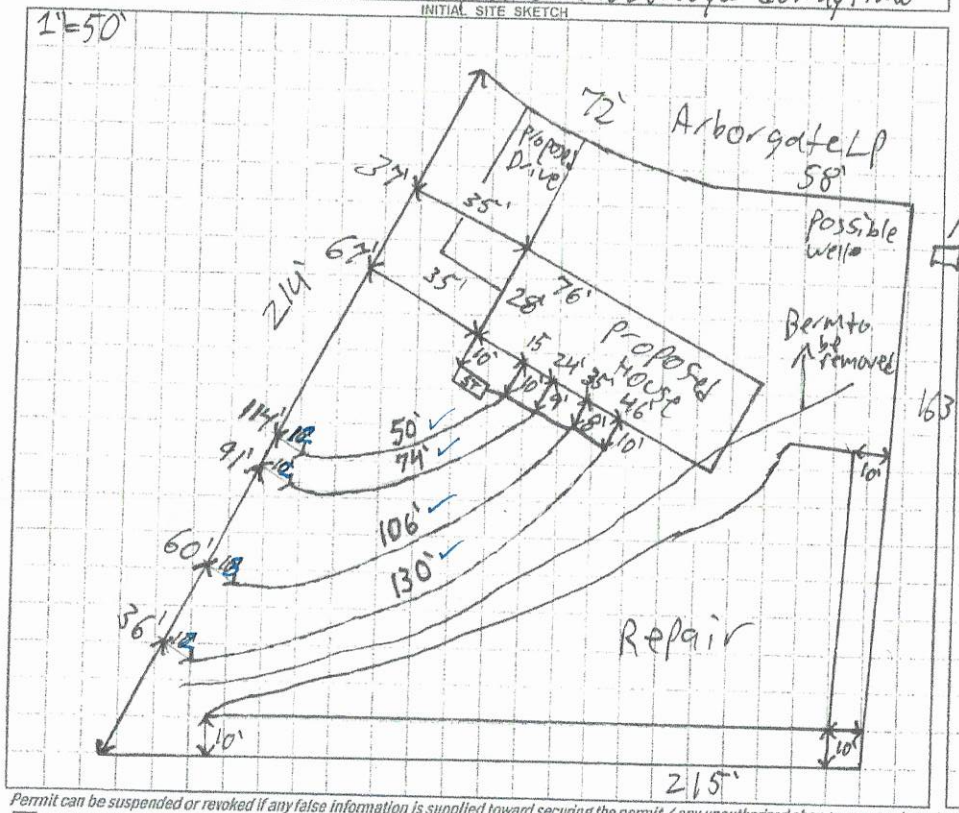
SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Featherstone | SECTION 3 | LOT # 36 | LOT AREA: 0.69 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	TP 1012	Date	4/20/21	☒ 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:	Gravity 25% Reduction	☐ Business	No. Persons 6	☒ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPPBPS	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	360'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)		Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install lines on contour. Do NOT drive on, store material or manipulate drainfield in anyway. All property lines and corners must be marked by a licensed surveyor during time of installation and inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH

As Built - NTS

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: Buntley Nunn | Date: 2/8/2021

IMPROVEMENT PERMIT by: Patrick J Boyle III | Date: 2/5/2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III | Date: 2/5/2021

Installed by: (Steve Jordan) Piedmont Backhoe

OPERATION PERMIT by: D. Webber | Date: 7/9/21

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 inspector to confirm your inspection time.

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

Sheet 1 of 2
PROPERTY ID #: 3774610361
COUNTY: Iredell

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

OWNER: Clayton Homes
ADDRESS: 2026 Northside Dr Statesville NC 28625
PROPOSED FACILITY: New Single Fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 113 Arborgate Cp
APPLICATION DATE 11/20/2020
DATE EVALUATED: 1/12/2021
PROPERTY SIZE: 0.69 acres
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	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	SS 7%	0-9	SCL WSBK	Fr SSSP	Chroma 3 Ss scattered throughout	60"	Litho inclusions more common at bottom	Manganese common	PS.25
		9-36	C ABK	fr S P Sexp					
		36-56	CL SBK	Fr S P Sexp					
2	SS 6%	0-30	C ABK	Fr S P Sexp	YB mottles common throughout	58"	Litho inclusions to Lomy sap at 58"	Manganese common	PS.25
		38-58	CL SBK/ABK	Fr S P Sexp					
		58-62	Lomy sap mass	VFr					
3	SS 6%	0-5	SCL WSBK	Fr SSSP Sexp	few YB mottles	50"	Litho inclusions to Lomy sap at 50"	Some Manganese inclusions	PS.25
		5-24	C ABK/SBK	Fr S P Sexp					
		24-50	CL SBK	Fr S P Sexp					
		50-60	Lomy sap mass	VFr					
4	SS 2%	0-13	SCL WSBK	Fr SSSP Sexp	Few YB mottles Scattered throughout	60"	—	—	PS.25
		13-50	C SBK/ABK	Fr S P Sexp					
		50-60	CL SBK	Fr S P Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	240
System Type(s)	25% Red	LPPBPS
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT:

COMMENTS: Sunny

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

PROPERTY ID #: 3741610361
COUNTY: Iredell

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

OWNER: Clayton Homes
ADDRESS: 2026 Northside Dr Statesville NC 28625
PROPOSED FACILITY: Nursing Uptown PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 113 Arborgate Ln
APPLICATION DATE 11/20/2020
DATE EVALUATED: 1/12/2021
PROPERTY SIZE: 0.69 acres
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
5	SS 4%	0-23	CABK/SBK	Fr S PSexp	few chromas scattered throughout	60"	Litho inclusions common at bottom	Some manganese inclusions	PS.25
		23-60	CL SBK	Fr S PSexp					
2									
3									
4									

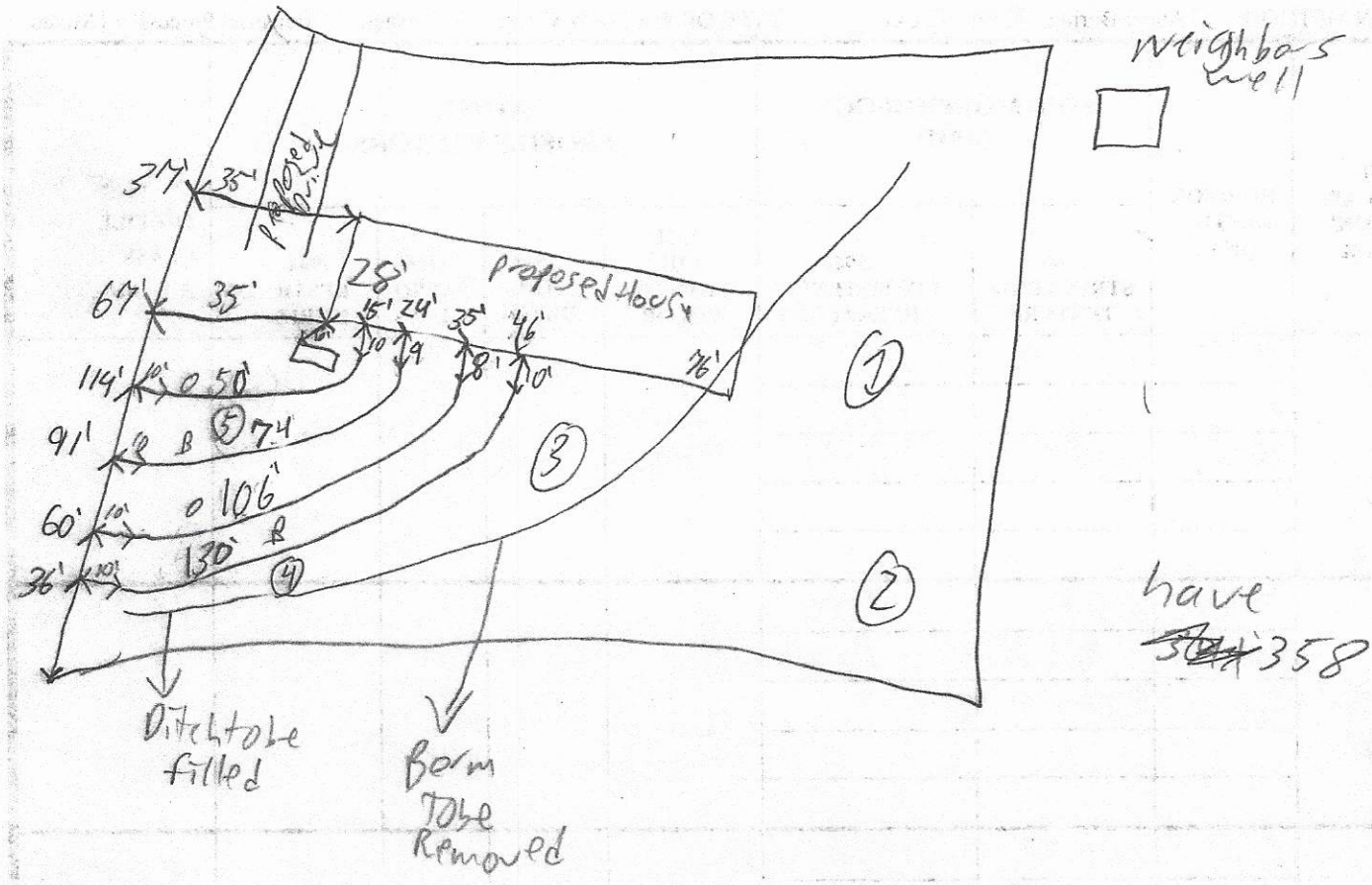
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	240
System Type(s)	25% Red	LPP RPS
Site LTAR	.25	.25

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

COMMENTS: Sunny

8460 1228

Arbor gate Ln



have ~~350~~ 358

Lot should be landscaped to promote positive drainage

360 ÷ 1.25
↳ 1440 ÷ 3
↳ 480 x .75
↳ 360'

360 ÷ 1.25
↳ 1440 ÷ 3
↳ 480 x .5
↳ 240'

need new floor plans showing 3 bed rooms

NO Foundation drains

RECEIVED NOV 2 0 2020

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

AP-312817 $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit ( ) 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 HOMES STATESVILLE Address: 2026 NORTHSIDE DR STATESVILLE Zip: 28625

Applicant Email: adam.contreras@claytonhomes.com Phone: 704 873 2547 Alt. Phone: _____

Owner Name: STATE BRITAIN SILBERHORN PROPERTIES Address: _____ Zip: _____

Owner Email: _____ Phone: 704 799 4500 Alt. Phone: _____

Property Information:

Street Address: 113 ARBORSITE LOOP STATESVILLE

Subdivision Name: FEATHERSTONE Section/Phase: _____ Lot Number: 36

Driving Directions: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(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 ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Zeta Recirculating

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: _____ CLAYTON HOMES STATESVILLE 11/20/20

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

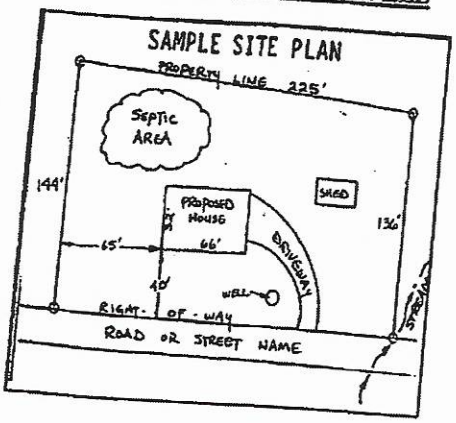
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) 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

SEE ATTACHED

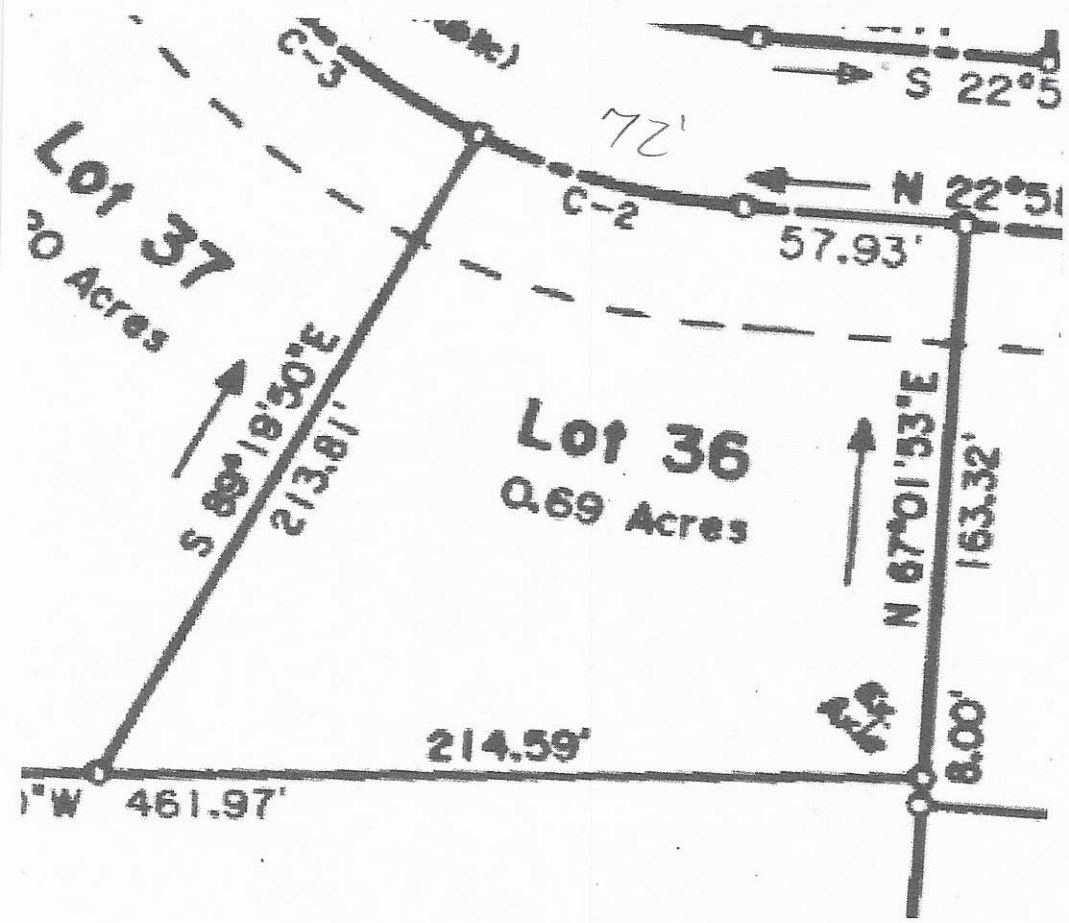
Signature: [signature] Custom Homes Statesville

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

11/20/20
DATE

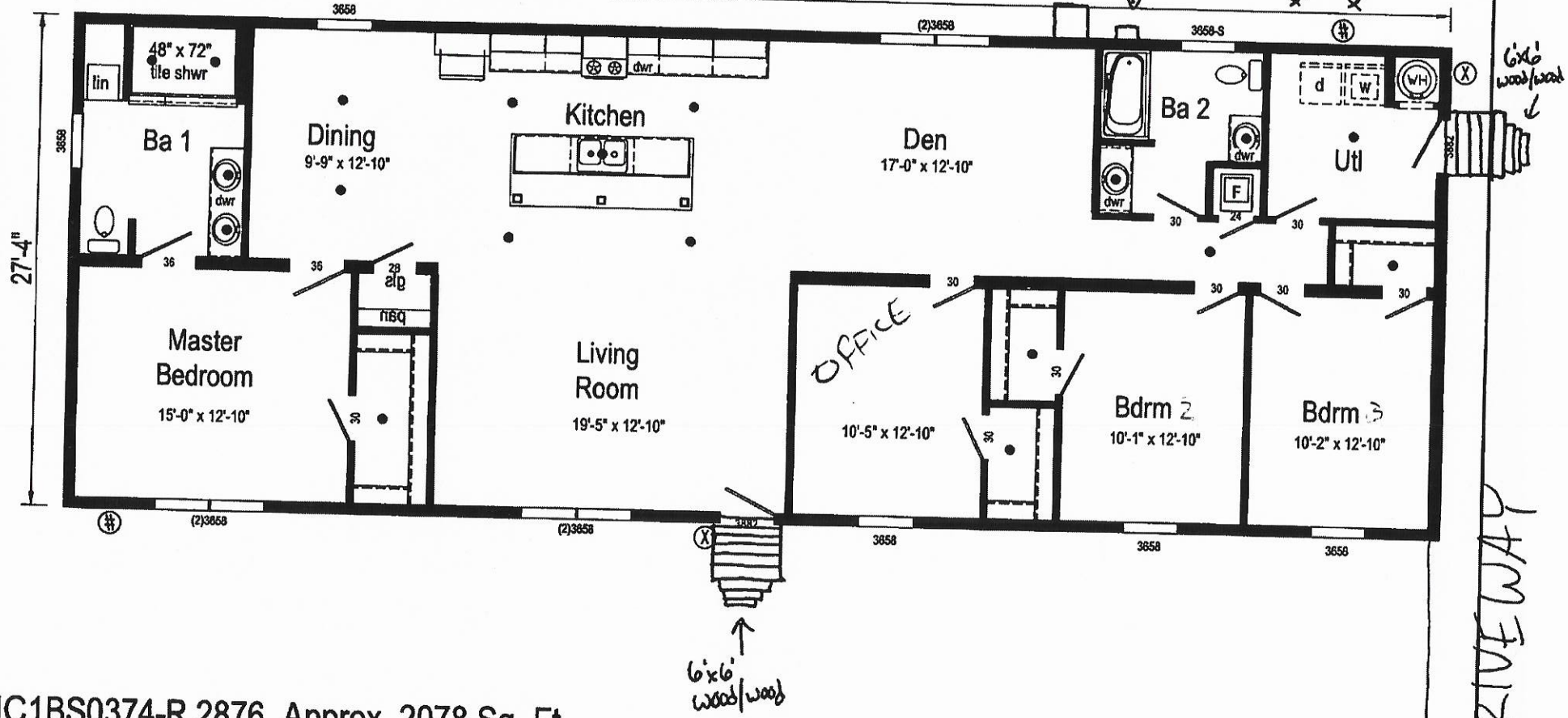
Lot 63
0.74 Acres
Lot 64
0.82 Acres
Lot 12
Plat 33-18
Lot 11
Plat 33-18
Lot 34
0.69 Acres
Lot 35
Lot 36
Kirkland Dr.
50' R/W
Marlstone Dr.
50' R/W
James L. Houston
Deed: 847-872
Existing Concrete Monument
EIP
Curve Data Table
CURVE RADIUS TANGENT LENGTH DELTA DEGREE CHORD CHORD BEARING
C-1 20.00' 20.00' 31.42' 90°00'00" 286°28'44" 28.28' N 22°01'38" E
C-2 175.00' 38.63' 72.21' 23°38'31" 32°44'26" 71.70' N 11°09'05" W
C-3 175.00' 48.62' 94.85' 31°03'18" 32°44'26" 93.70' N 38°11'56" E
C-4 175.00' 48.86' 95.30' 31°12'09" 32°44'26" 94.13' N 69°33'33" E
C-5 175.00' 5.45' 10.88' 3°33'56" 32°44'26" 10.89' N 84°32'58" E
C-6 125.00' 123.84' 195.18' 89°27'55" 45°50'12" 175.95' S 21°55'37" W
C-7 20.00' 20.00' 31.42' 90°00'00" 286°28'43" 28.28' S 67°58'21" E
C-8 175.00' 38.21' 75.24' 24°38'05" 32°44'26" 74.66' N 78°20'42" E
C-9 125.00' 27.29' 53.74' 24°38'05" 45°50'12" 53.33' S 78°20'42" W
100 0 100 200 300
GRAPHIC SCALE - FEET
EIP Existing iron pin
NOTE: Iron pins at all lot corners unless otherwise noted.

EXHIBIT E


C-3
S 22°5
72'
N 22°5
C-2
57.93'
Lot 37
30 Acres
S 89°19'30"E
213.81'
Lot 36
0.69 Acres
N 67°01'33"E
163.32'
214.59'
8.00'
1"W 461.97'

NOTE: This home may require wall bracing tie-downs depending on wind/seismic design. Please refer to the permit set for tie-down loads and locations if applicable. Some areas of the exterior wall sheathing may be shipped loose to allow access for tie-down installation. All tie-down designs are by others.

Omit All Flooring T/O Home



JC1BS0374-R 2876 Approx. 2078 Sq. Ft.

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 2876	Revisions	Scale: 1/8" = 1'-0"	Date: 10/23/2020	Cust: Upright	Model/Eng. No.: JC1BS0374-R
Title: Literature		Drawn By: JR	Reference: NONE		Dlr: Clayton Statesville	Pg.: LIT
					S/N:	

IREDELL COUNTY · NC

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

APPLICATION NUMBER
312817 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3794610361.000	113 ARBORGATE LOOP	

Owner Information	Applicant Information
Name: SILVER WAVE PROPERTIES INC	Name: CLAYTON HOMES OF STATESVILLE
Address: 2400 RAMBLEWOOD LN	Address: 2026 NORTHSIDE DR
CHARLOTTE, NC 28210	STATESVILLE, NC 28677
Phone:	Phone: (704)873-2547

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.69	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.

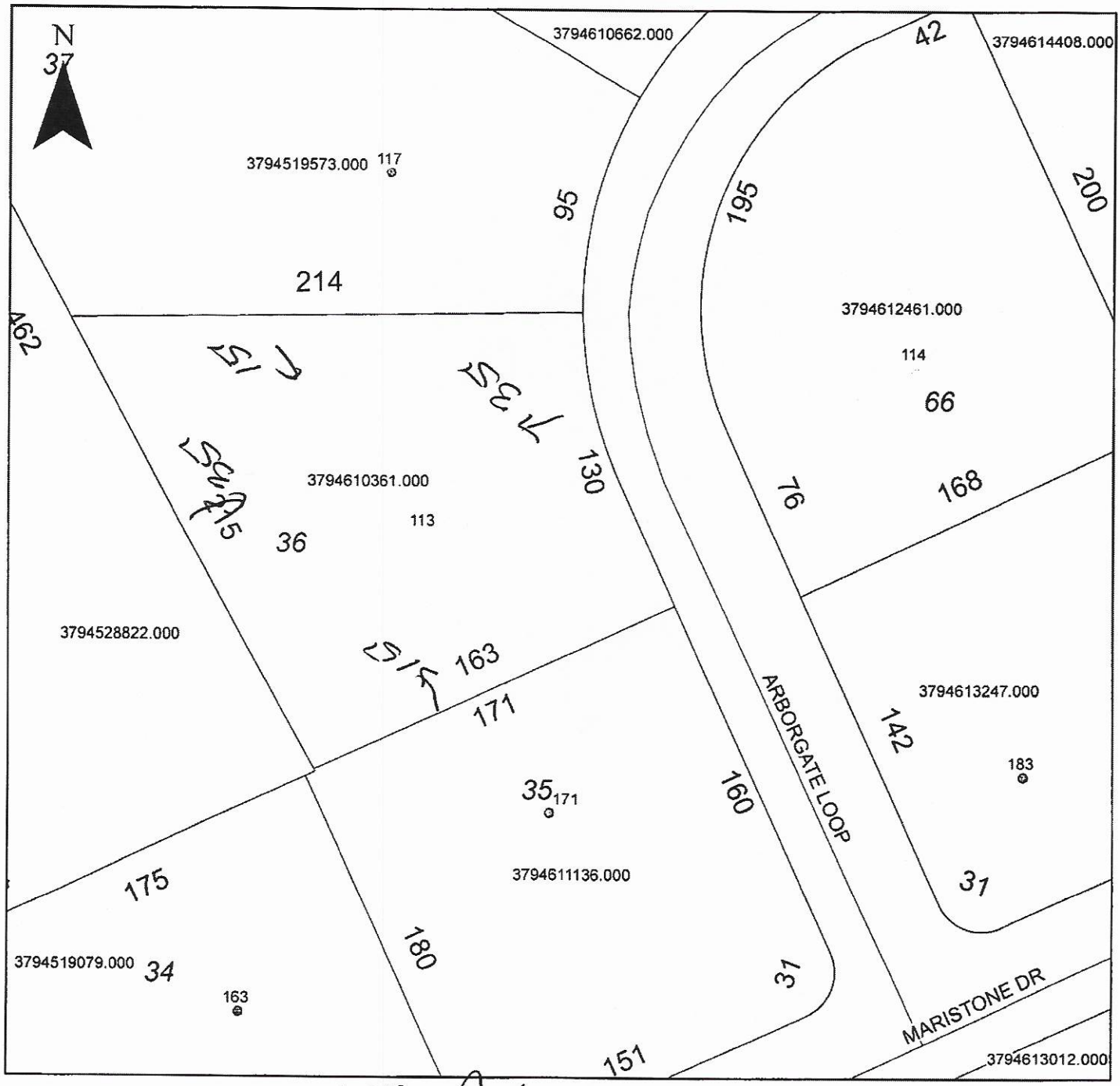
Signature of Owner/Contractor

Date: 11/20/2020

Permit Number	312817

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 113 Arborgate

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

11/20/20
Date