(BB)

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-310871

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

PIN # 3794612461

APPLICANT/OWNER: Scott Treadway APPLICANT ADDRESS: 114 Arborgate Lp Statesville NC 28625

SITE ADDRESS: 114 Arborgate Lp Statesville NC 28625 PHONE: 828-358-9707 ALT. PHONE N/A

SITE DIRECTIONS: 40 W T/L Sharon School Rd T/L Mock Mill Rd T/L Goble Rd T/R Maristone Dr T/L Arborgate SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Featherstone SECTION: P3 LOT # 66 LOT AREA: 0.69ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	160	Date		■ 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	50% Reduction			
# Nitrification Fields	1		# Lines	3	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES	■ NO		
Trench Width	36"		Trench Bottom Depth(Lowside)		30"	Gravel Depth	N/A	■ GRAVITY	☐ PRESSURE		

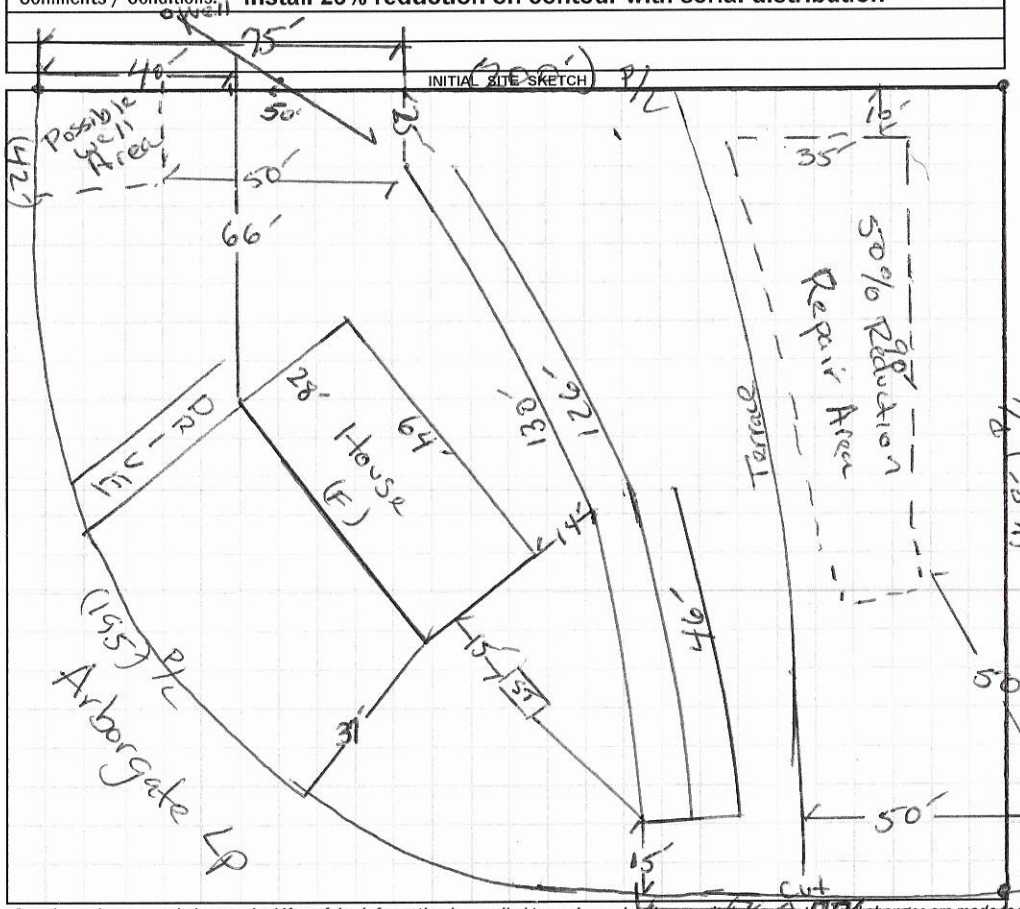
■ Residence No. Bedrooms 3 ☐ Business No. Persons 6 ☐ Other No. Employees ☐ Slab ■ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ■ Public ☐ Community

Comments / Conditions: Install 25% reduction on contour with serial distribution

A Grade out terrace to maintain Positive drainage. X REMOVED

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 40

INSTALLED AS PERMITTED

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: 12/22/20 Installed by: SPENCER LAWNCARE

IMPROVEMENT PERMIT by: [signature] Date: 12/3/20 OPERATION PERMIT by: Benjamin L. White Date: 2-9-2021

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12-21-20 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 1 of 1
PROPERTY ID #: 3746124611
COUNTY: Iredell

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

OWNER: Scott Treadway — APPLICATION DATE 9/10/20
ADDRESS: 114 Arborgate LP — DATE EVALUATED: 11/9/20
PROPOSED FACILITY: SFD — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: 0.64ac
LOCATION OF SITE: 114 Arborgate LP Statesville rc — PROPERTY RECORDED: Yes
WATER SUPPLY: [X] Private [ ] Public [X] Well [ ] Spring [ ] Other N/A
EVALUATION METHOD: [ ] Auger Boring [X] Pit [ ] Cut — TYPE OF WASTEWATER: [X] 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	L 4%	0-10	SBK SC	fi FR SE	PS	50"	W/M	W/M	PS .3
		10-38	SBK C	fi SE					
		38-50	WABK BC	fi/fr SE					
2	L 10%	0-7	SBK SC	fi SE	PS	53"	W/M	W/K	PS .3
		7-23	SBK C	fi SE					
		23-53	WABK BC	fi/fr SE					
3	L 6%	0-10	SBK SC	fi SE	PS	50"	W/M	W/M	PS .3
		10-31	SBK C	fi SE					
		31-50	WABK BC	fi/fr SE					
4	L 5%	0-7	SBK SC	fi SE	Chroma 2 25y/R5/6 @ 28"	48"	W/M	W/M	PS .25
		7-28	SBK C	fi SE					
		28-46	WABK BC	fi/fr SE					

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

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

COMMENTS:

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) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			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.

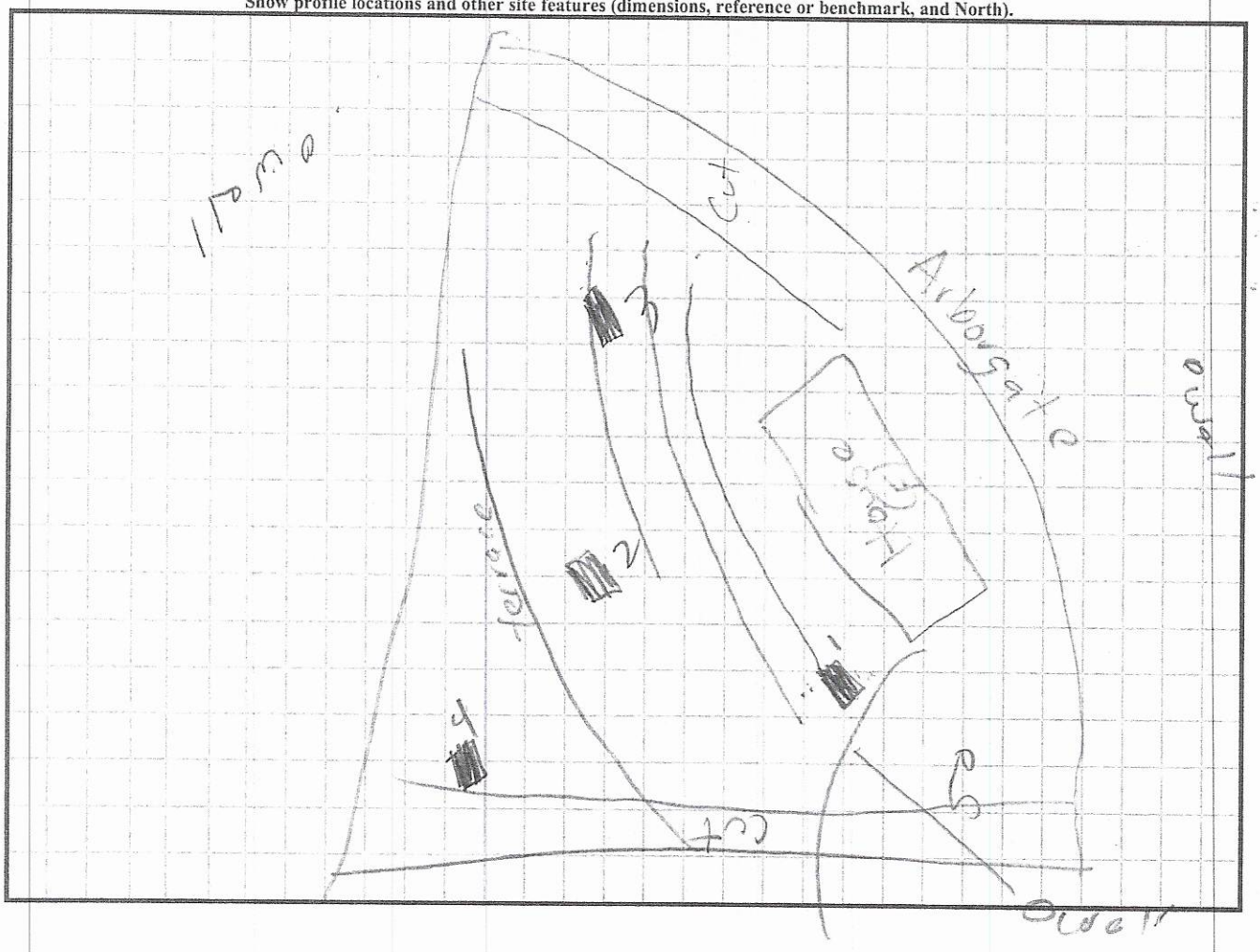
NOTES

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).



RECEIVED OCT 1 2 2020

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

AP-310871
$300.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Scott Treadway Address: 114 Arborgate Loop, Statesville, NC Zip: 28625
Applicant Email: Streadway5535@gmail.com Phone: (828) 358-9707 Alt. Phone: _____
Owner Name: Scott Treadway Address: 114 Arborgate Loop, Statesville, NC Zip: 28625
Owner Email: Streadway5535@gmail.com Phone: (828) 358-9707 Alt. Phone: _____

Property Information:

Street Address: 114 Arborgate Loop, Statesville, NC, 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: HWY 40 WEST, LEFT ~~RIGHT~~ ON SHARON SCHOOL RD., LEFT ON MOCK MILL RD. LEFT ONTO GOBLE RD., RIGHT ON MARISTONE DR. LEFT ON ARBORGATE DEST. ON RIGHT

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: 2
( ) 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: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) No Preference ( ) Alternative ( ) 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.

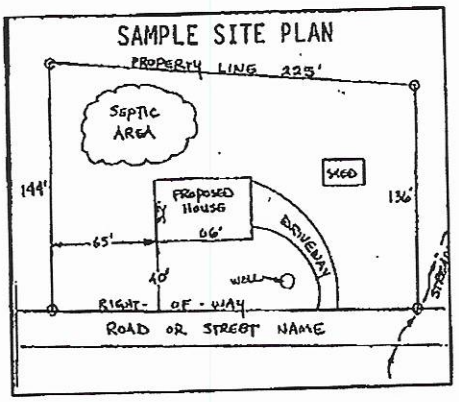
Signature: Heath Newton 09/10/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

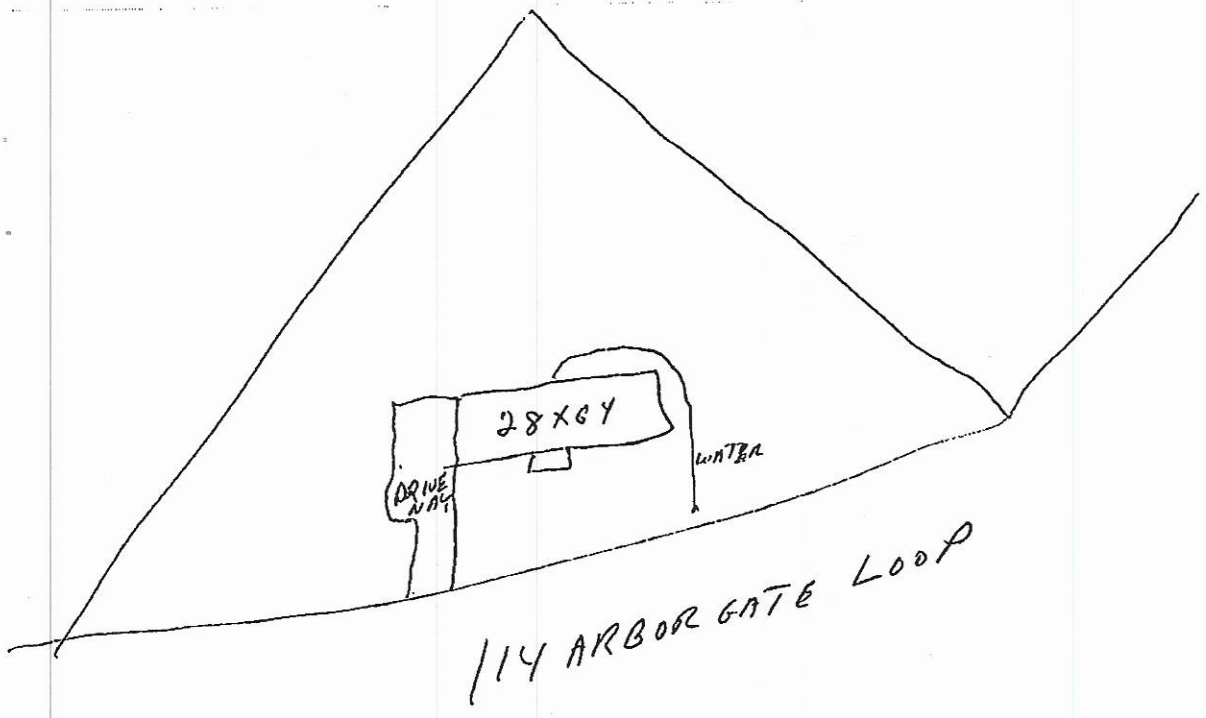
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

09/10/20
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, SILVERWAVE PROP, NC # 704299-4514 am the legal owner(s) of the property located at 114 ARBORGATE LOOP., identified as PIN (Parcel Identification Number) 3794612461, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) BOB HAYES/HEATH NEWTON UNB BUILDERS, 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.

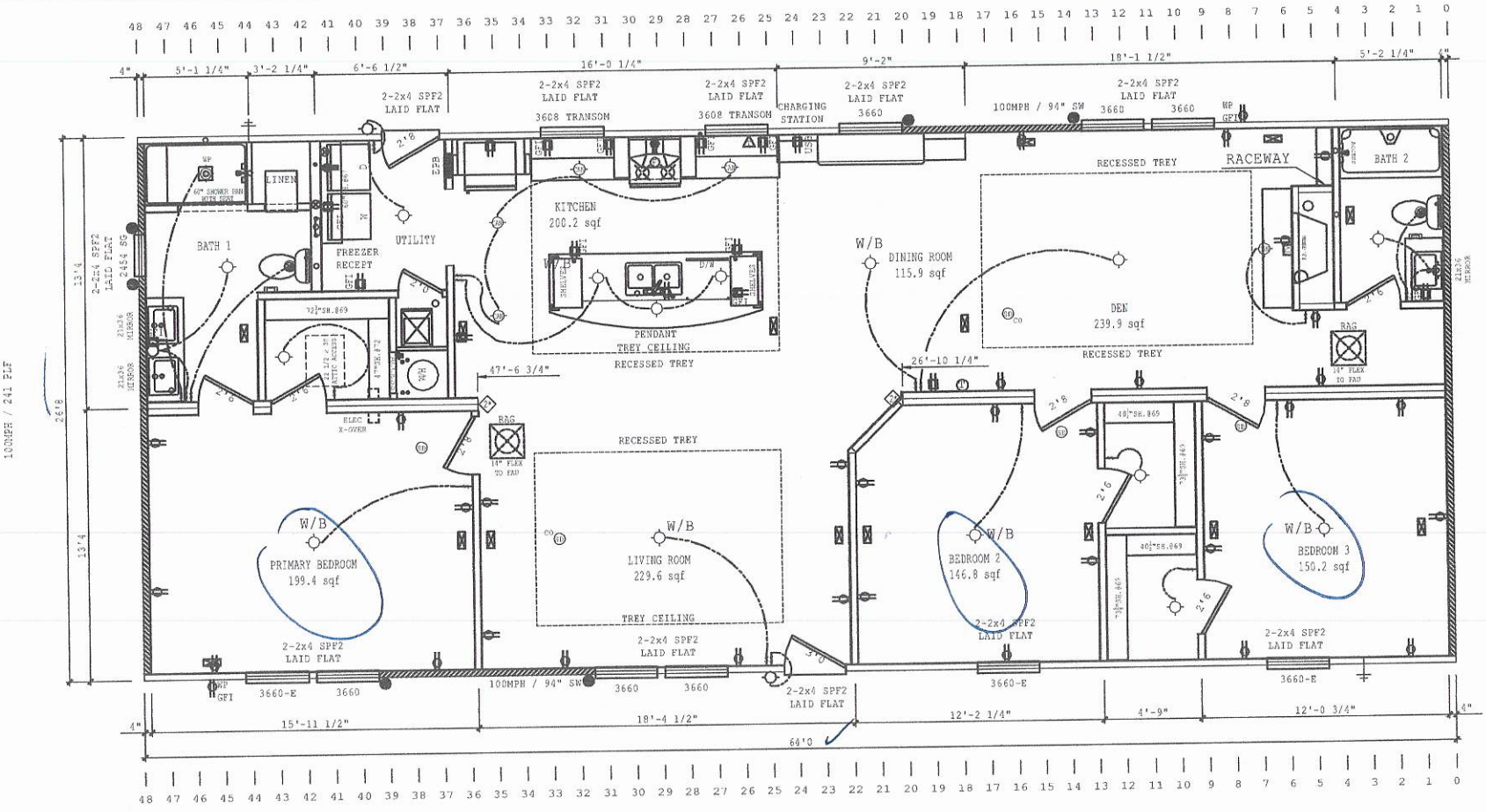
[signature], PRESIDENT SILVERWAVE PROP — 9/14/2020

Signature of Owner(s) — Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement Of
Plans Submittal ONLY!
Date 12-21-2020
Date 12/22/20



250"EW/ 94"SW
241PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.1a.E.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-237B.1
100 MPH WIND SPEED

INSULATION DONE PER THE NORTH CAROLINA 2018 PRESCRIPTIVE METHOD
CZ4: R-38 CEILING R=15 WALLS R=22 FLOOR
U = 0.35 / SHGC = 0.28

RIDGE BEAM PER:
RC-60.3.R.G.M.-.20
SIDEWALL HEADERS PER:
EW-20.3.R.G.E.22.20 (100MPH)

RETURN AIR REQUIREMENTS
1 20"x16" GRILL REQUIRED
2 4"x10" GRILL W/ 2 1/2" DOOR UNDERCUT
3 DOOR(S) MUST BE UNDERCUT 2 1/2" MIN.
4 4"x24" OR 6"x14" GRILL REQUIRED

1 INDICATES REQUIRED NUMBER OF STUDS IN COLUMN
F THE * SPECIFIES THAT THERE CAN BE NO HOLES IN STUDS IN COLUMNS

BRAND	SERIES
SCHULT	CL28

CLAYTON HOME BUILDING GROUP

REVISIONS	BY	DATE

GENERAL NOTES
CEILING HEIGHT = 108.0
FLOOR FRAMING SPACING =16

DRAWING TITLE
MASTER PLAN-NC

MODEL NAME		SQ. FT.
5594-SO		1706
PLANT	DESCRIPTION	MODEL NO.
958	28X64 3BR-2BA	SN252342
DRAWN BY	ORIG. DATE	DATE PRINTED	SHEET NO.
RXP	12/12/2020	12/16/2020	1-1

IREDELL COUNTY · NC

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

FILE COPY

APPLICATION NUMBER
310871 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3794612461.000	114 ARBORGATE LOOP	IREDELL COUNTY

Owner Information		Applicant Information	
Name:	SILVER WAVE PROPERTIES INC	Name:	SCOTT TREADWAY
Address:	2400 RAMBLEWOOD LN CHARLOTTE, NC 28210	Address:	114 ARBORGATE LOOP STATESVILLE, NC 28625
Phone:		Phone:	

Use Requested	Zone Code
Modular	RU-R

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.69	35	35	25	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
MODULAR

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.

SEE ATTACHED

Signature of Owner/Contractor

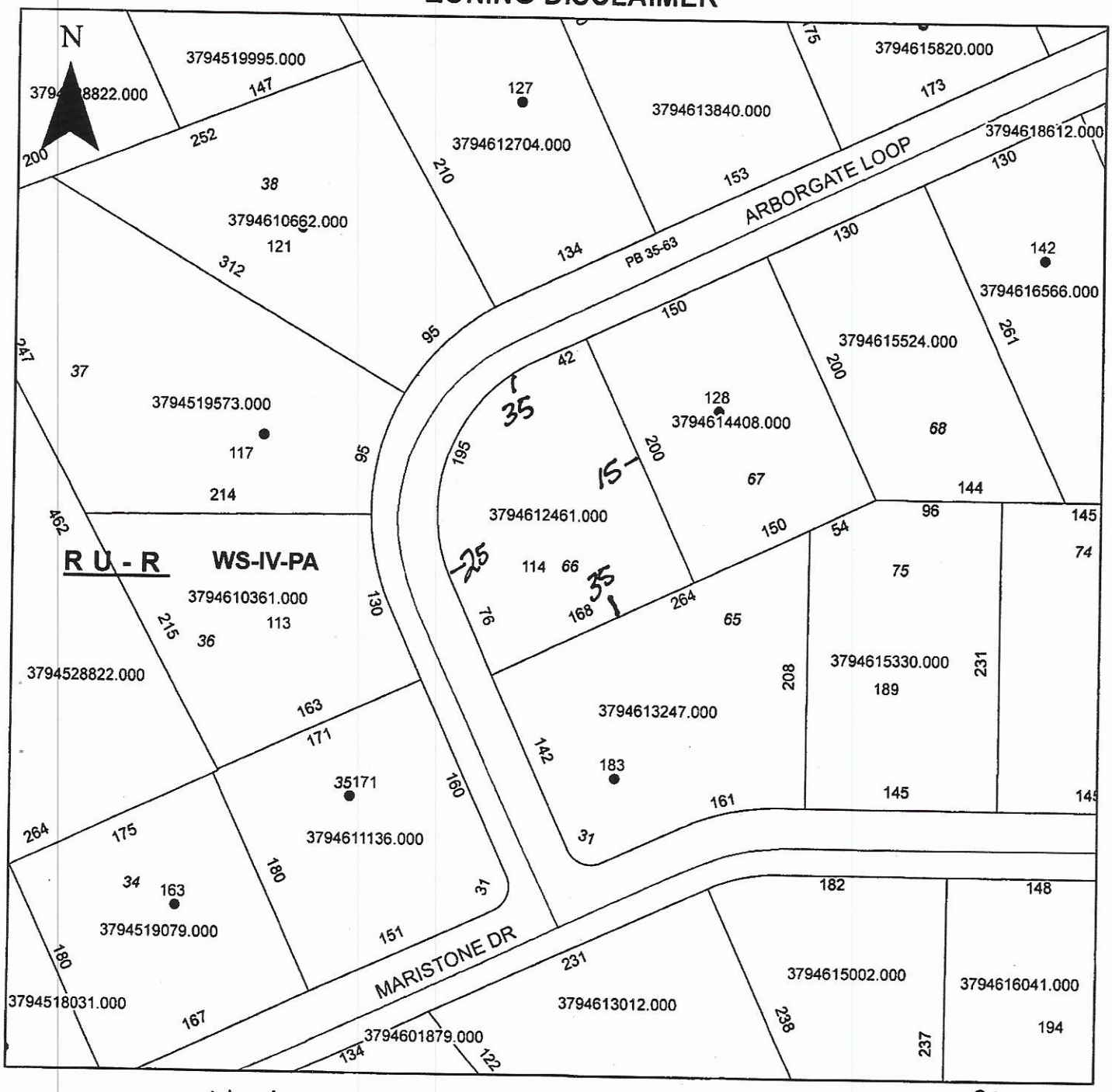
PAID 10/1/2020

Date: 09/14/2020

Permit Number	310871	TOTAL FEES:	$77.25

310871

ZONING DISCLAIMER



Property Address 114 Arborgate Loop

Setback OK per Kathy with modular.

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

Date