ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP303531

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

PIN # 3794 -61 -5330

APPLICANT/OWNER: Silverwave Prop Inc | APPLICANT ADDRESS: 2400 Ramble Wood Ln Charlotte NC 28210

SITE ADDRESS: 189 Mari Stone Dr Statesville NC 28625 | PHONE: 704-299-4588 | ALT. PHONE

SITE DIRECTIONS: N Center St to I-40W, Exit 144 to R on Old Mountain Rd, L on Island Ford Rd, L on Bobble Rd, L on Mari Stone, L to L

SAP CONTROLLED: ☐ YES ☒ NO

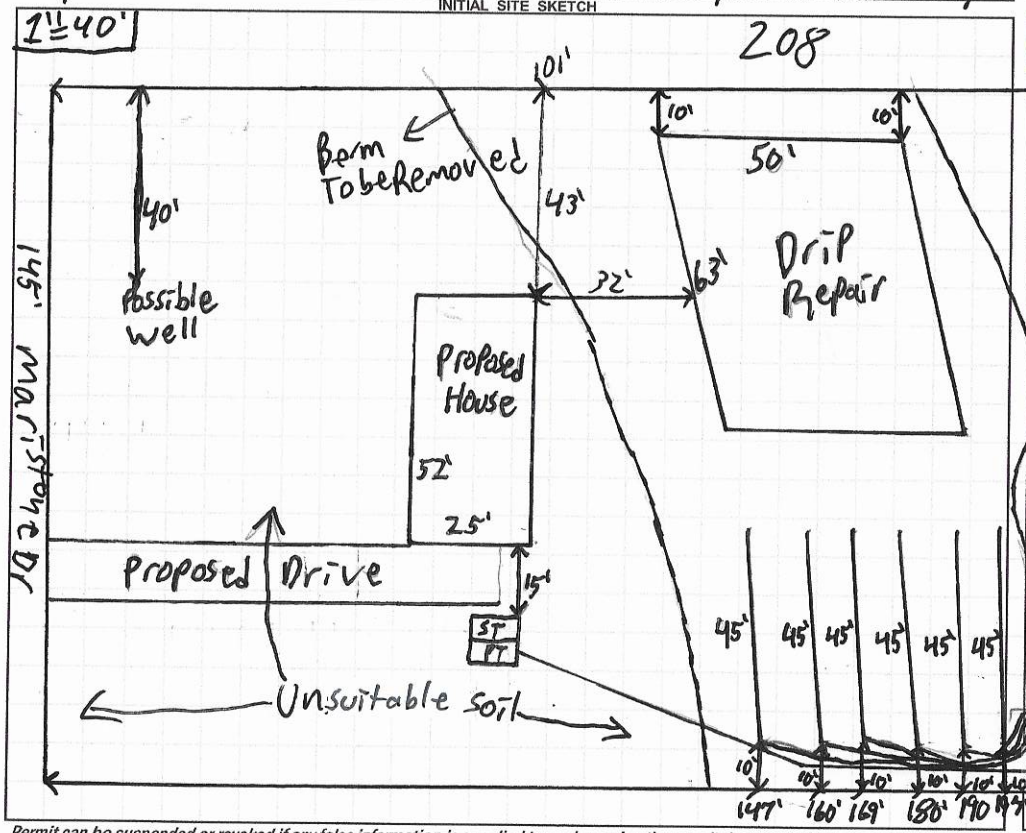
SUBDIVISION: Feather Stone | SECTION: 3 | LOT # 75 | LOT AREA: 0.76 acres | DESIGN FLOW: 240 GPD | L.T.A.R.: .25/.1 Repair

Septic Tank	1000 (gal)	STB 760	Date 12-14-2021	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 2
Pump Tank	1000 (gal)	PT 363	Date 10-18-2021	System Description:	PM 25% Reduction	☐ Business	No. Persons 4
Pump Make	Zoeller	Model	BN152-C	Serial # 2k20C03X	Repair System Description:	TS2 Drip	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft: 267'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	15"	Gravel Depth		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in any way. All Property Lines and corners must be marked by a licensed surveyor during time of installation and Inspection. 4" of approved Type 3 soil must be brought in as cover. Floor plan Does not impact Septic Drain Field Area.

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.

	Date	Initials
Drain Lines Checked	3-9-21	
Tanks Checked	3-9-21	
Pressure Manifold or Valve Box Checked	3-9-21	
Pressure Head Set	4-19-21	
Electrical Checked	4-19-21	
Floats Set	4-19-21	
Alarm Checked	4-19-21	
Maintenance Contract Y / N	Not Required	

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: 11/17/202

IMPROVEMENT PERMIT by: Patrick J Bylett III Date: 10/27/2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11-12-2020

Installed by: Crum Backhoe Services

OPERATION PERMIT by: [signature] Date: 4-19-2021

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 3
PROPERTY ID #: 3744615330
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 family PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 189 Marston Dr Statesville NC 28625
APPLICATION DATE 12/17/19
DATE EVALUATED: 12/20/19
PROPERTY SIZE: 0.76 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 in Berm	0-18	FrFi	—	Chroma 2's at 18" 5Y8/1	72"	Litho Ind Sand at bottom	Chroma 2's at 18"	U
		18-43	Fine Sandy Loam ABK	Fr s P Sexp					
		43-72	Fine Sandy Loam SBK ABK	Fr s P exp					
2	SS	0-7	FrFi	—	Chroma 2's at 7"	60"	Litho Ind Sand at bottom	Chroma 2's at 7"	U
		7-44	Fine Sandy Loam ABK	Fr s P Sexp					
		44-60	Fine Sandy Loam SBK/ABK	Fr s P Sexp					
3	SS	0-10	FrFi	—	Chroma 2's at 12"	60"	Litho Ind Sand at bottom	Chroma 2's at 12" water seeping in at 36"	U
		10-60	Fine Sandy Loam ABK	Fr s P Sexp					
4	SS	0-8	FrFi	—	Chroma 2's at 32" 2.5Y 8/2	60"	Litho Ind Sand	Chroma 2's at 32" water seeping in at 45"	22S UMX/Y VAX 32"
		8-24	CSBK/ABK	Fr s P Sexp					
		24-60	CABK	Fr s P Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: Clayton Storm Water will be will be looking at least 2 pits. Came back with Ben B on 1/9/2020 water was in the bottom of most pits.

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

PROPERTY ID #: 3794615330
COUNTY: Iredell

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

2704 6% slope
3134 5840' 328'

OWNER: Clayton Howes
ADDRESS: 2026 Northside Dr. Statesville NC 28625
APPLICATION DATE: 12/17/19
PROPOSED FACILITY: New Single fam PROPOSED DESIGN FLOW (.1949): 360GPD
DATE EVALUATED: 1/2/2020
LOCATION OF SITE: 189 Maristone Dr. Statesville NC 28625
PROPERTY SIZE: 0.76acres
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
5 1	SS 6%	0-5	Topsoil	—	Chroma 2 at 37" 5Y8/3	60"	Lithic	water seeping in 35"	PS .225 Vat 35"
		5-60	LSBK/ABK	FrSPSoft					
6 2	SS 6%	0-12	Topsoil	—	chroma 2 sat 30"	60"	Lithic	water seeping sat 30"	PS .225 Vat 30"
		12-19	LSBK/ABK	FrSPSoft					
		19-60	LABK	FrSPSoft					
7 3	SS 6%	0-2	Topsoil	—	chroma 2 24" 5Y 8/2 and at 44"	60"	Lithic	water seeping sat 24"	.225 PS Vat 24"
		2-24	CSBK/ABK	FrSPSoft					
		24-48	CABK/SBK	FrSPSoft					
8 4	SS 6%	0-6	Topsoil	—	Y/Brown Mottles				PS .225
		6-27	CSBK/ABK	FrSPSoft					
		27-60	CABK	FrSPSoft					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS:

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

Sheet 3 of 3
PROPERTY ID #: 3749613330
COUNTY: Iredell

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

OWNER: Clayton Hawes
APPLICATION DATE: 12/17/19
ADDRESS: 2026 North side Dr. Statesville NC 28625
DATE EVALUATED: 1/2/2020
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 360GPD
PROPERTY SIZE: 0.76 acres
LOCATION OF SITE: 189 Mary Stancil Dr. Statesville NC 28625
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS	0-8	Topsoil		Ylmotlg scattered	60"	Litho Inclusions More common at bottom	Water seeping in at 25" Manganese common	PS .225
		8-30	CSDL						
		30-60	CLAY						
2	SS	0-9	Topsoil		Ylmotlg scattered 30"	60"	Litho inclusions	Water seeping in at 20" Tiger dirt at 25"	VGT 30" PS, .225
		9-25	CABK	Frs Sexp					
		25-60	Tiger dirt	Vfr SPsexp					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: _____

9/6462019

240÷.225

1067 ÷3

356 x.75

267'

240÷.225

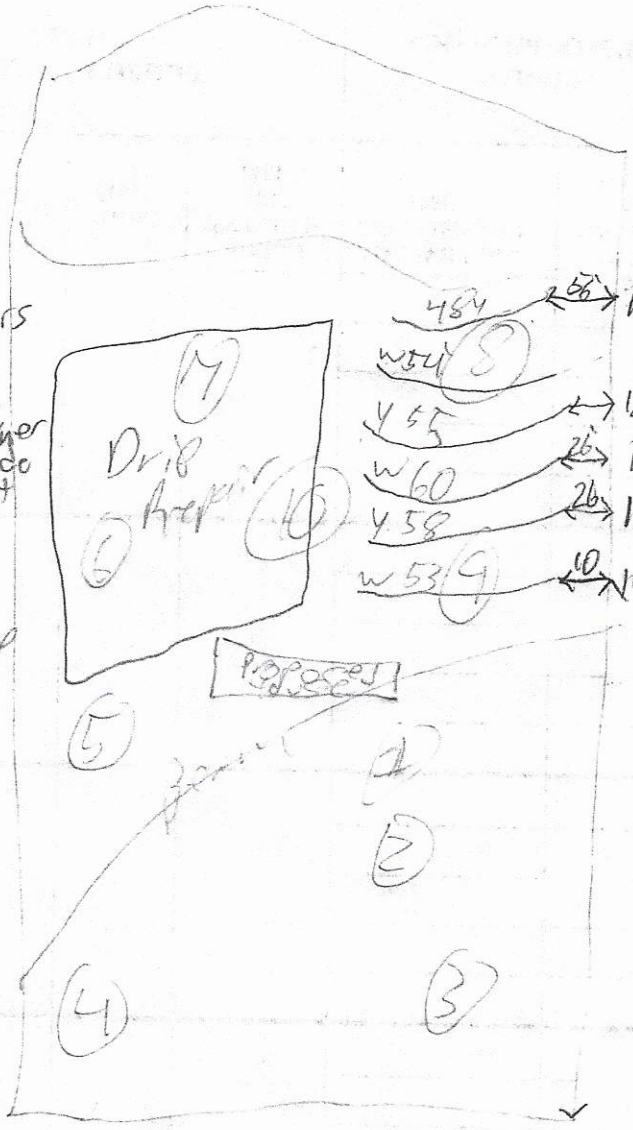
1067 ÷3

356 x.5

178'

can't get 3 bedroom have enough for 2 with pump would need 4" of cover going to have to move house to front Drip repair

cannot grade Drainfield



6% slope

make all drainlines 45 if dropped to 2b bedrooms

Neighbors well is Front R when facing from Road.

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

AP-303531
12/17/19
$500.00

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 (X) 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: (X) 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: CLAYTON HOMES STATESVILLE Address: 2026 NORTHSIDE DR STATESVILLE Zip: 28625

Applicant Email: adamcasstevens@claytonhomes.com Phone: 704 873 2547 Alt. Phone: (Adam) 704 929 1552

Owner Name: SILVER WAVE PROPERTIES Address: _____ Zip: _____

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

Property Information:

Street Address: 189 MARISTONE DR STATESVILLE

Subdivision Name: FEATHERSTONE Section/Phase: _____ Lot Number: 75

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: _____

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: _____ 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: 25% reduc

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?

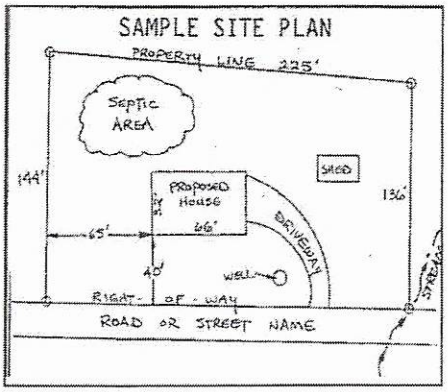
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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 12/17/19
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

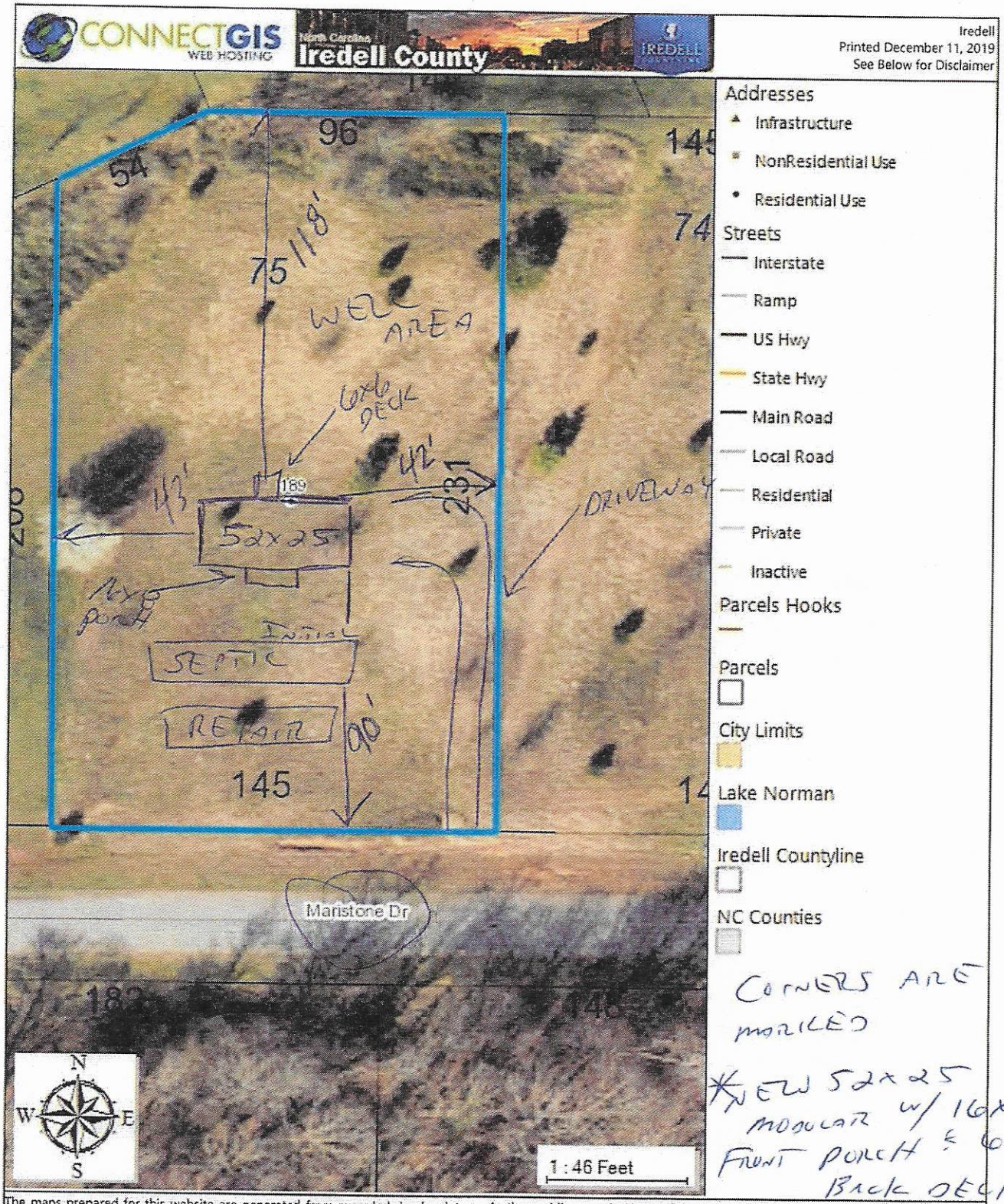
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ 12/17/19

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



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

*109 MARISTONE DR STATESVILLE

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, Silver Wave Properties INC, am the legal owner(s) of the property located at 189 Maristone DR. Statesville, NC 28625, identified as

PIN (Parcel Identification Number) 3794615330-000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) CLAYTON HOMES 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

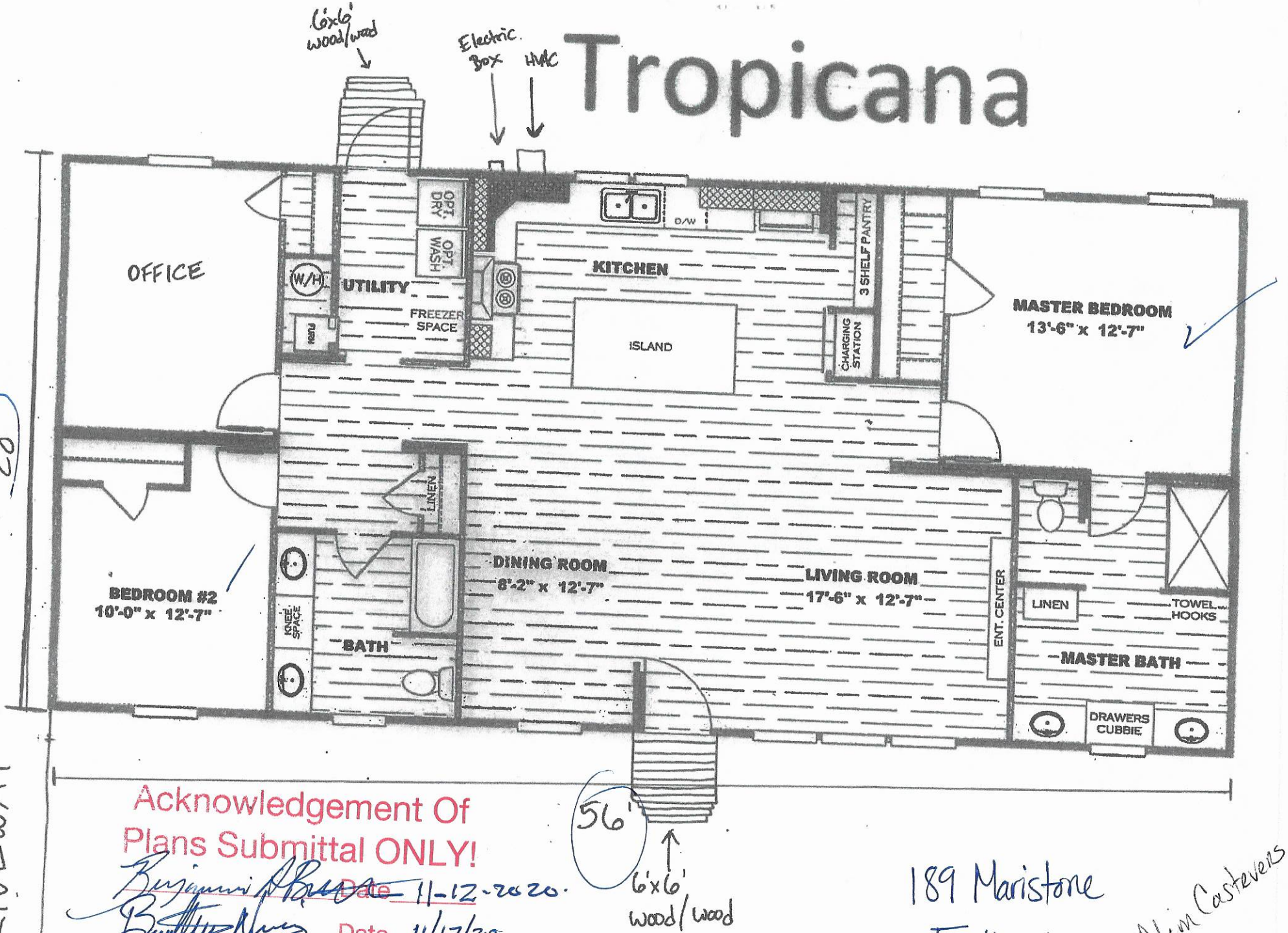
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) PRES SWP, INC — Date 12/13/2019

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

Tropicana



Acknowledgement Of
Plans Submittal ONLY!

Benjamin A Ball Date 11-12-2020.

Date 11/17/2020

189 Maristone
Featherstone

Adam Castevens

IREDELL COUNTY · NC

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

APPLICATION NUMBER
303531 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3794615330.000	189 MARISTONE DR	IREDELL COUNTY

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

Use Requested	Zone Code
Modular	RU-R

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.76	35	35	15	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.

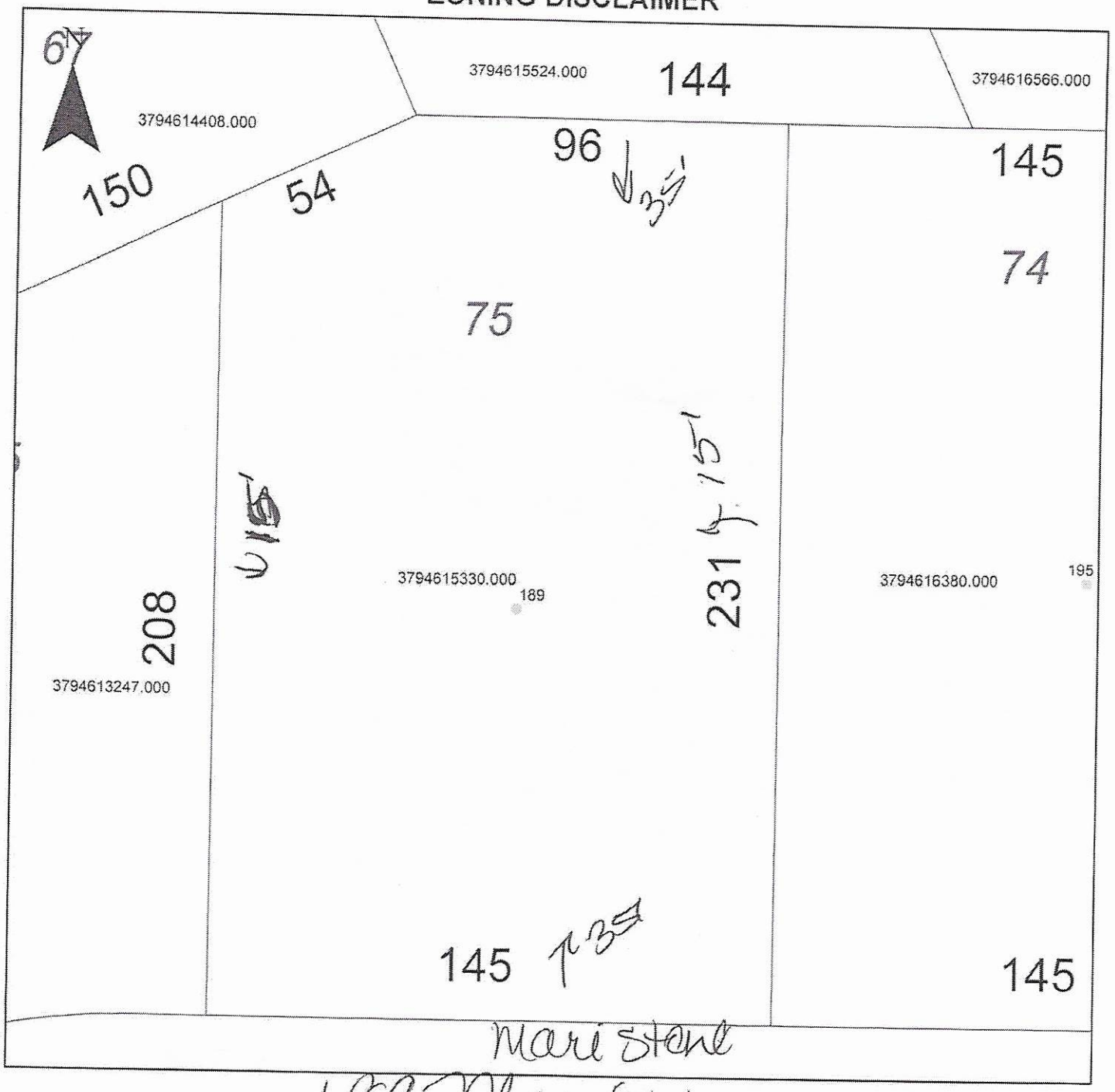
Signature of Owner/Contractor

Date: 12/17/2019

Permit Number	303531

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 189 Mariston

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 12/17/19