ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 305575

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

PIN # 3794015820

APPLICANT/OWNER: Clayton Homes - Conover APPLICANT ADDRESS: 1730 Conover NC

SITE ADDRESS: 141 Arborgate Loop, Statesville 28625 PHONE: 828-217-3168 ALT. PHONE 828-465-3450

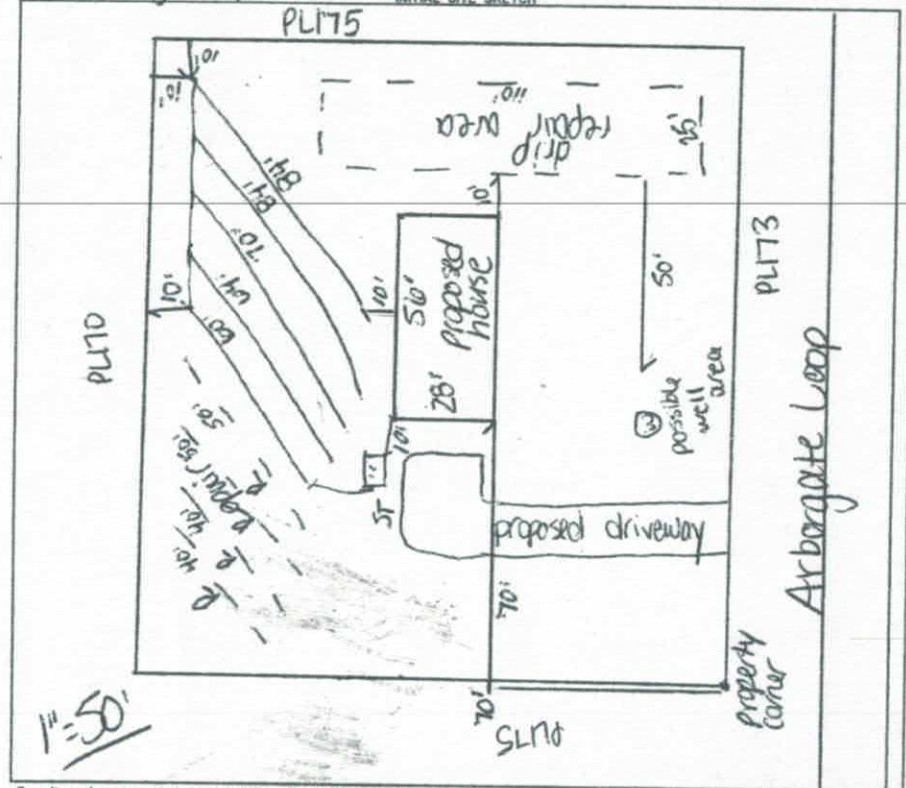
SITE DIRECTIONS: Old Mountain Rd → L Island Ford → L Gable → L Mayistone → L Arborgate → on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Featherstone SECTION 3 LOT # 41 LOT AREA: .609ac DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	1012	Date	1-3-2020	☒ 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:	25% reduction			☐ Business	No. Persons	10	☒ Private	
Pump Make		Model			Serial #		Repair System Description:	LPP375 + drip			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	5		Linear Ft.	3100	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36"	Trench Bottom Depth(Low side)	33"/36"		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: Install on contour + utilize serial distribution. System must be installed at 33" low side / 36" high to achieve gravity flow. Tank must be installed as shallow as possible. Do not grade area → may result in a pump system if area is graded or not plumbed shallow. Maintain 5' with any decks/porches.

INITIAL SITE SKETCH



AS BUILT SKETCH

Justin Holler

5-14-2020: Taylorsville Precast

PL-68 effluent filter installed

L1 78' 40"-42" Depth

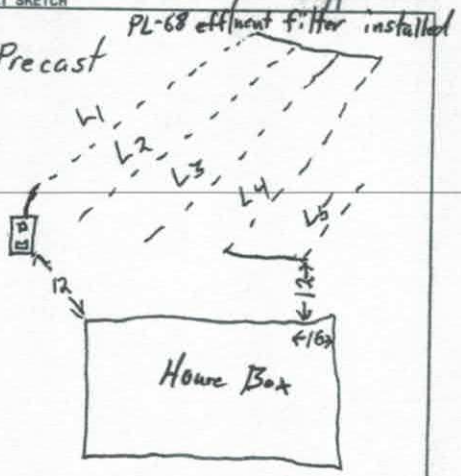
L2 82' 38" Depth

L3 86'

L4 94'

L5 22'

362'



- Soil evaluated deep enough to shave excess off top to retain 25% reduction of product. Cover checked 5-19-20, 24" cover on line 1 + 2, product in @ 36" TB.

- CCN

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: Acceptance of Permit Rec'd Date: 4-1-20 Installed by: JW Construction

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 3-31-20 OPERATION PERMIT by: Carla C. Nicks Date: 5-19-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 4-1-20 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.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, JOSHUA FOWLER, am the legal owner or the agent of the property located at 141 ARBORGATE LOOP, identified as PIN(Parcel Identification Number) 3794161582O, located in Iredell County, North Carolina.
Permit # 305585.

I do hereby agree to the permit design and the conditions of this permit.

Signature of Owner — Date 4/1/20

Signature of Witness — Date 4/1/20

JWHOLDER@HOTMAIL.COM
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 663-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

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

Sheet 1 of 1
PROPERTY ID #: 3794615820
COUNTY: Iredell

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

OWNER: Clayton Conover
ADDRESS: 1230 Conover
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 141 Arborgate
PROPOSED DESIGN FLOW (.1949): 360 gpd
APPLICATION DATE: 3-5-20
DATE EVALUATED: 3-20-20
PROPERTY SIZE: 1.09 ac
PROPERTY RECORDED: Y
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	L 6%	0-9	GR SCL	Fr SS SP SPL	SOP 10YR 5/6 in CL	30"	stay above	—	PS .25
		9-30	SBK C	" "					
		30-50	SBK CL	" "					
		50-55	M SOP	Firm					
2	L 6%	0-12	GR SCL	Fr SS SP SPL	10YR 6/2 20-35 water perch	48"	—	—	PS .1 drip
		12-38	ABK C	" "					
		38-48	ABK CL	" "					
3	L 6%	0-13	GR SCL	Fr SS SP SPL	—	52"	—	—	PS .25
		13-35	ABK C	" "					
		35-52	SBK CL	" "					
4	L 6%	0-9	GR SCL	Fr SS SP SPL	—	53"	—	—	PS .25
		9-39	SBK C	" "					
		39-53	ABK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	50% + drip
System Type(s)	2SS	180' + 2150 sqft
Site LTAR	.25	.25 / .1

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
OTHER(S) PRESENT: P. Boyle

COMMENTS:

LEGEND

use the following standard abbreviations

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

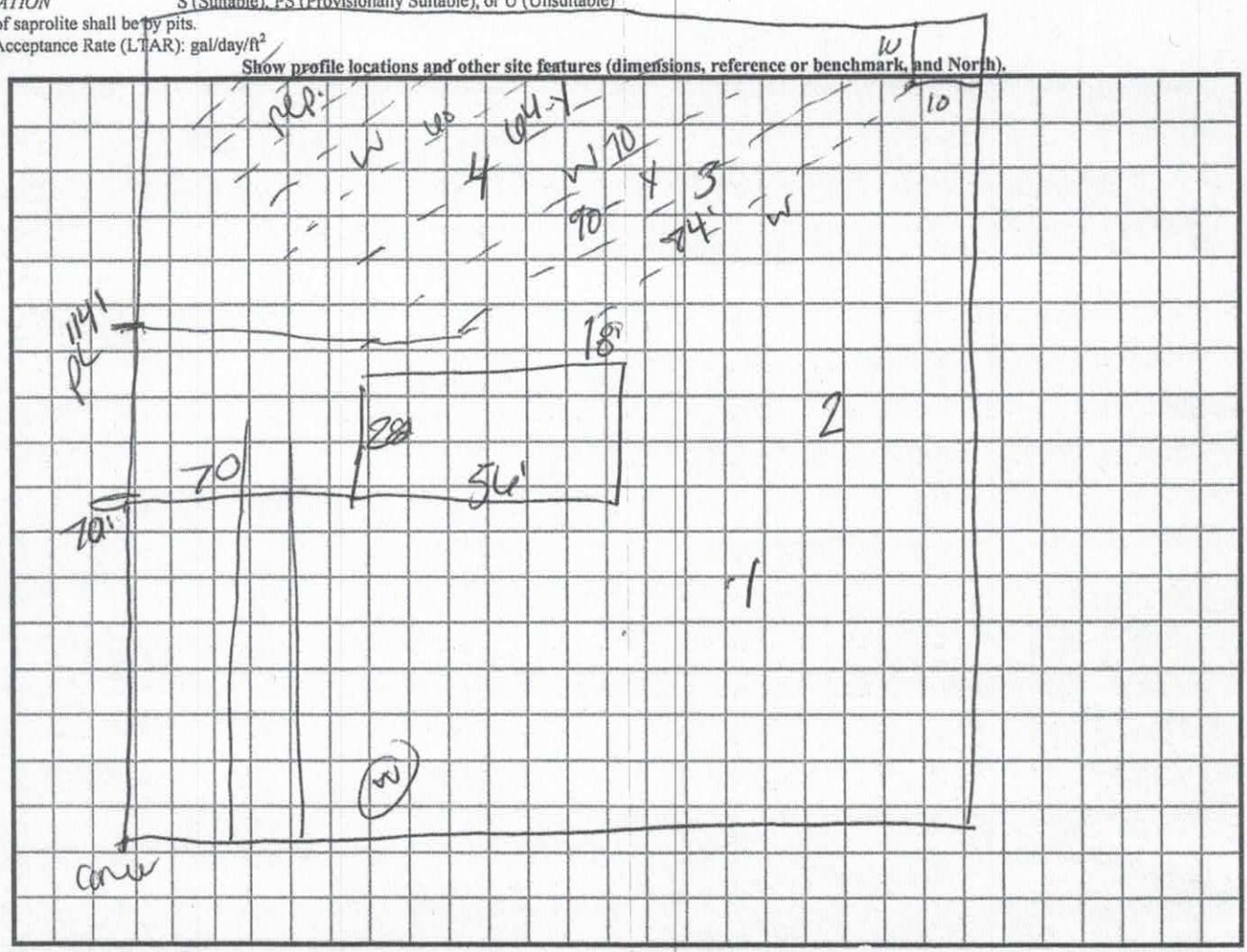
NOTES

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).



4'6- house corner
4'2- 10' from house
3'3- 1st line

RECEIVED MAR 0 5 2020

AP-305585
$1050.00

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*

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
- [ ] Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Clayton Homes #0081 Address: 1230 CONOVER NC Zip: 28613

Applicant Email: JWHOLDER@HOTMAIL.COM Phone: 828-217-3168 Alt. Phone: 828-465-3450

Owner Name: ROBERT KORZI Address: 175 CARRIAGE CLUB DR. Zip: 28625

Owner Email: H081@ClaytonHomes.com Phone: 828-465-3450 Alt. Phone: N/A

Property Information:

Street Address: 141 ARBORGATE LOOP STATESVILLE, NC 28625

Subdivision Name: Feathers Tone Section/Phase: 3 Lot Number: #41

Driving Directions: I-40 W TO SHARON SCHOOL EXIT TURN Right TURN (R) ONTO ISLANDS FORD Rd. (R) GOBLE Rd (L) MARISTONE DR TO (L) ARBORGATE LOOP

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: _____

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% REDUCTION

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?

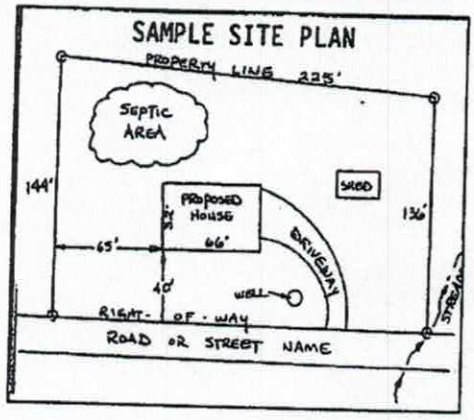
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: [signature] CMH #0081 3/2/2020

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:

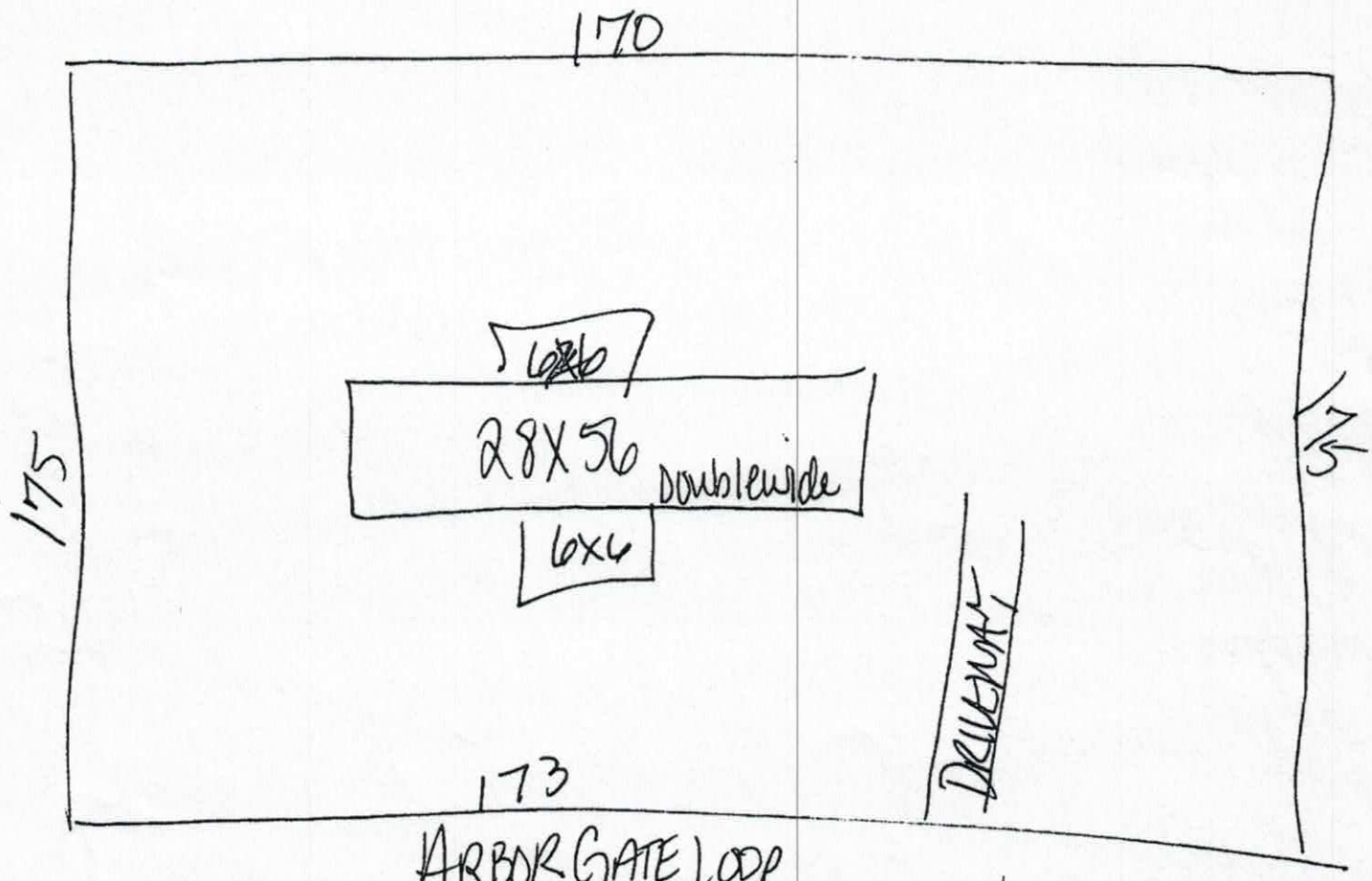
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: _____ 3/2/2020

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*) N/A

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.

X 2. I, X SILVERWAVE PROP., am the legal owner(s) of the property located at 3794615820.000 PIN#, identified as PIN (Parcel Identification Number) PIN# ARBORGATE LOOP LOT# 41, located in Iredell County, North Carolina.
I do hereby authorize (print legal representative/company name) Clayton Homes, Bobbi LaSage, 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.

X _____ Mark Bullock, PRES.
Signature of Owner(s)

X 3/2/2020
Date

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

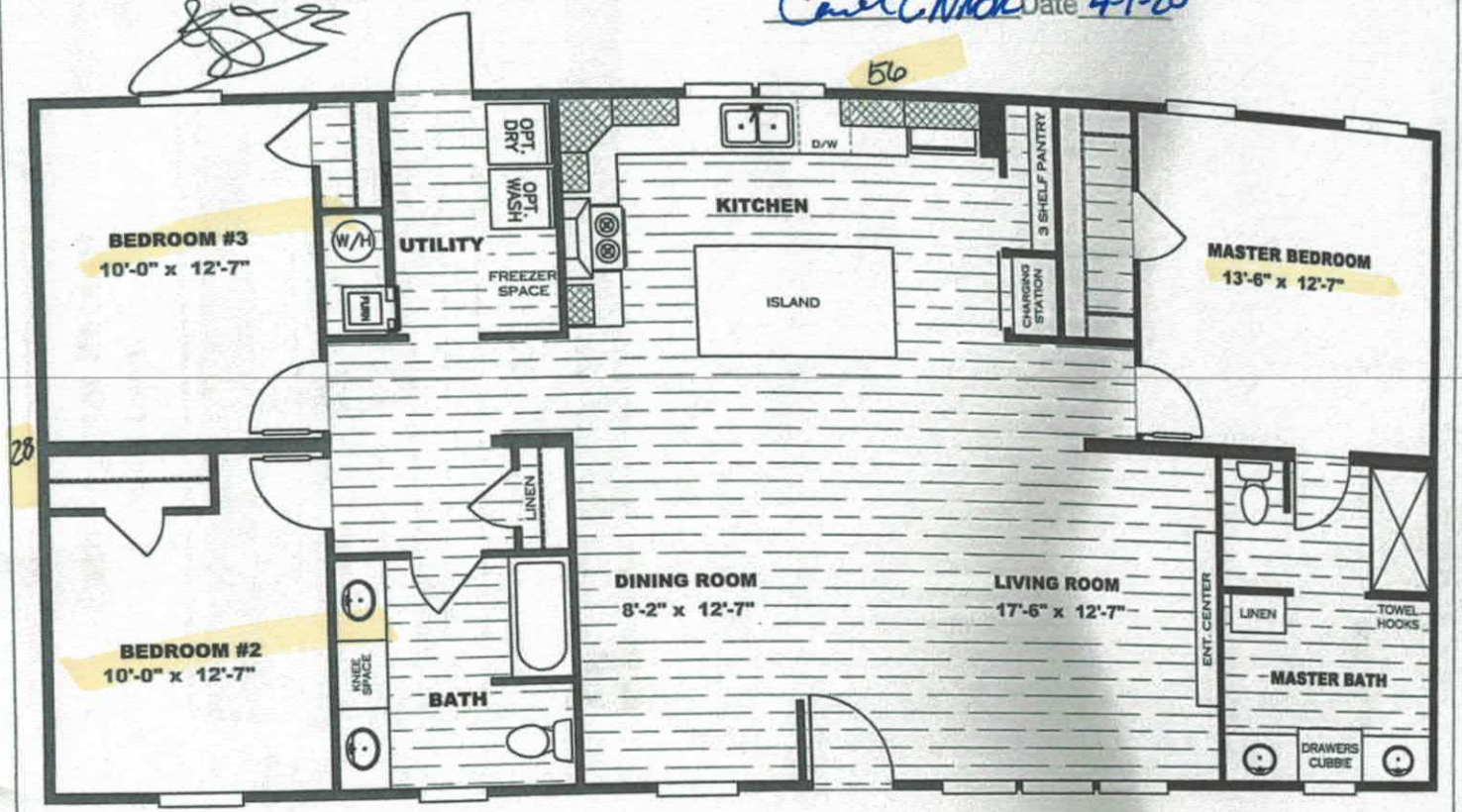
Statesville - Environmental Health
ronda.hartco.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!

[redacted] Date 3/4/20

Carol C. Nick Date 4-1-20

HOUSE SIZE IS 28X56



SHEET						
SL.1	SALES LITERATURE	Clayton Clayton - 834 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 # 34M178 MODEL # MVP28563A DATE 05/09/2018 SCALE N.T.S.	MODEL ISLAND BREEZE HOMES THE M.V.P. PRODUCT DESIGNER DANIEL C. SHELDON	SQ FOOTAGE (UNDERROOF) 1,475 FT² REV BY DCS REV DATE 06/01/2018

IREDELL COUNTY · NC

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

APPLICATION NUMBER

305585
Issue Date: 03/04/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3794615820.000	141 ARBORGATE LOOP	IREDELL COUNTY

Owner Information	Applicant Information
Name: SILVER WAVE PROPERTIES INC	Name: CLAYTON HOMES #81
Address: 2400 RAMBLEWOOD LANE	Address: 1230 CONOVER BLVD
CHARLOTTE, NC 28210	CONOVER, NC 28613
Phone:	Phone: (828)217-3168

Use Requested	Zone Code
Double-Wide Mobile Home	RU-R

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks

DWMH

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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.

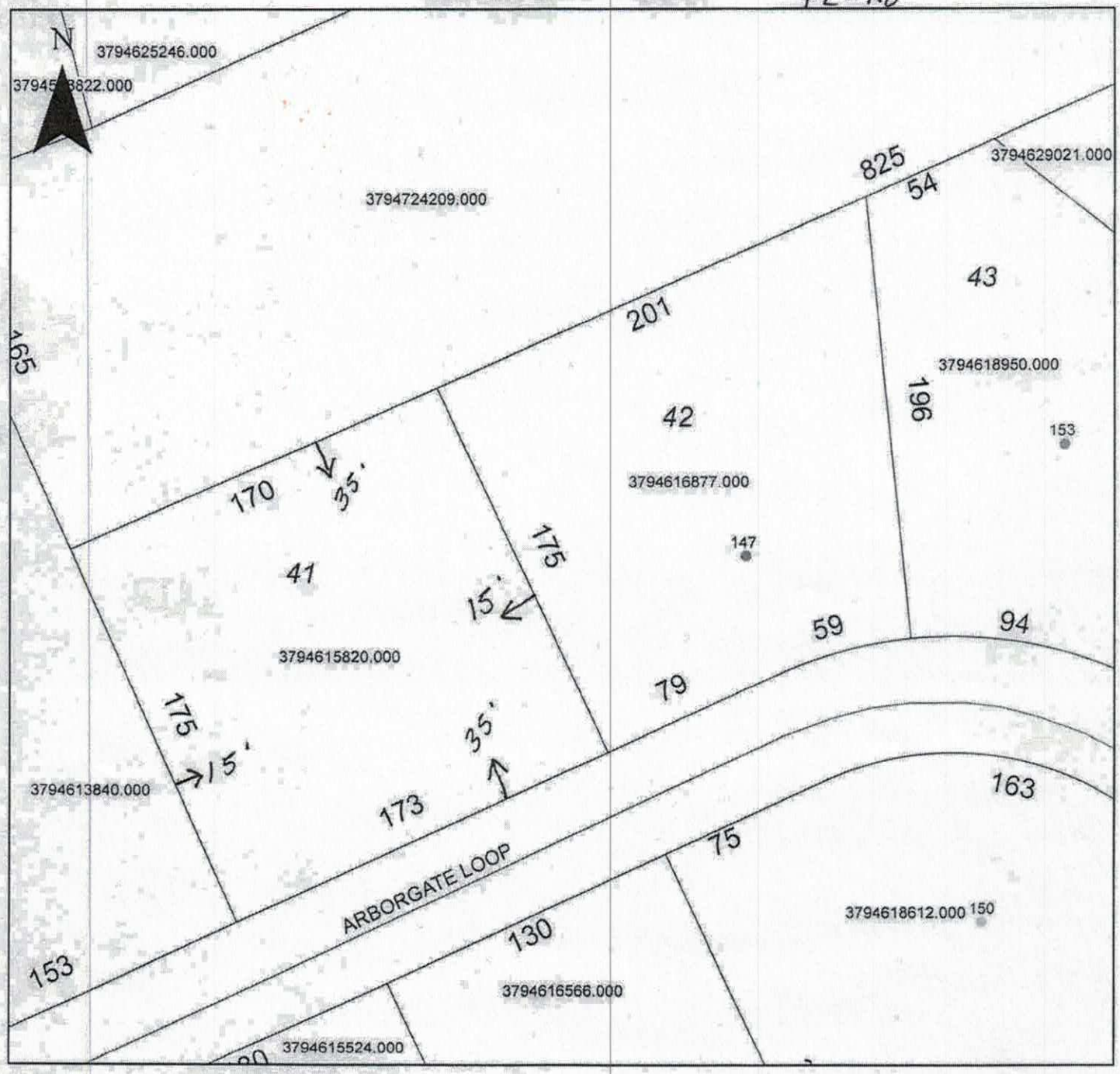
Date: 03/04/2020

Signature of Owner/Contractor

Permit Number	305585	TOTAL FEES:	$77.25

305585 RU-R .69 AC
WS IV PA C/LN
FL-NO

ZONING DISCLAIMER



Property Address 141 Arborgate Loop

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

3/4/20
Date