ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 305588

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

PIN # 3794712757

APPLICANT/OWNER: Clayton Homes APPLICANT ADDRESS: 2026 Northside Dr, Statesville

SITE ADDRESS: 249 Maristone Dr, Statesville 28625 PHONE: 704-929-1552 ALT. PHONE —

SITE DIRECTIONS: Ad Mantain Rd → L Island Ford → L Goble → L Maristone → @ end on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Featherstone SECTION: 73m2 LOT# 50 LOT AREA: .169 ac DESIGN FLOW: 360 gpd L.T.A.R.: .25 (.1R)

Septic Tank	1000 (gal)	STB	1012	Date	6-20-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	PPBPS		
Pump Make		Model		Serial #		Repair System Description:	drip		
# Nitrification Fields	1	# Lines	5	Linear Ft:	245'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	24"	Trench Bottom Depth:	30" max	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE	

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees

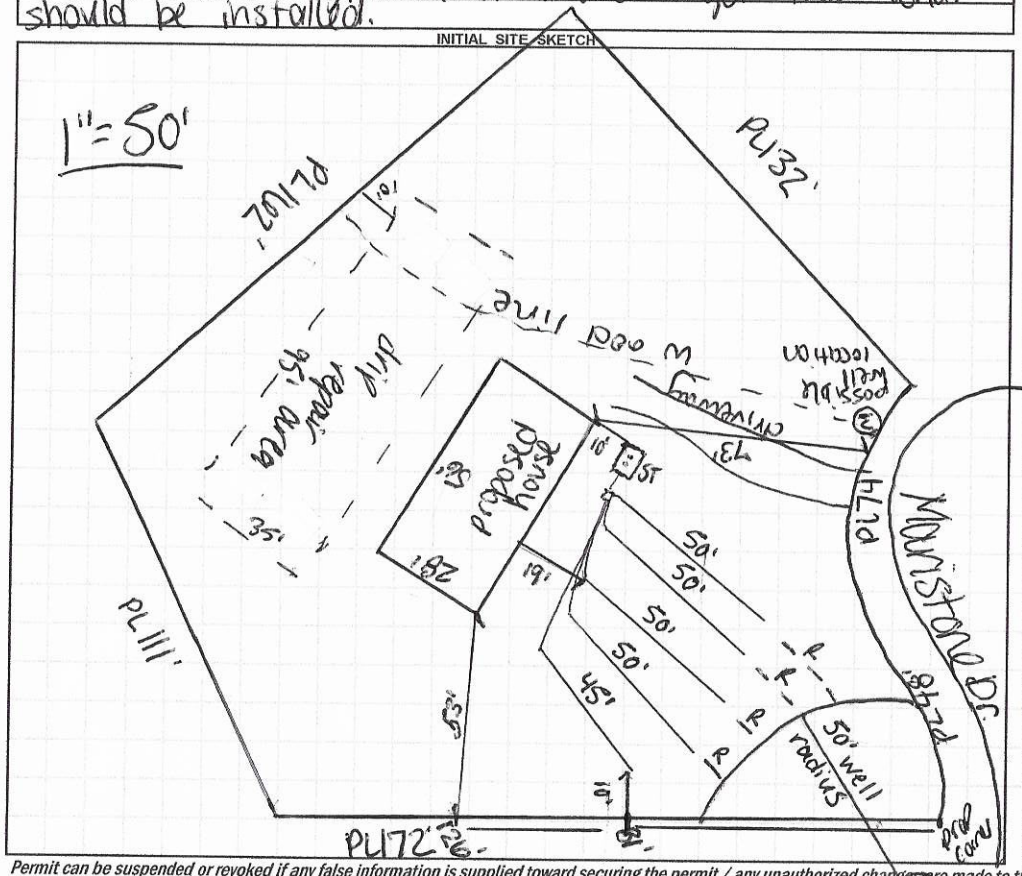
☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

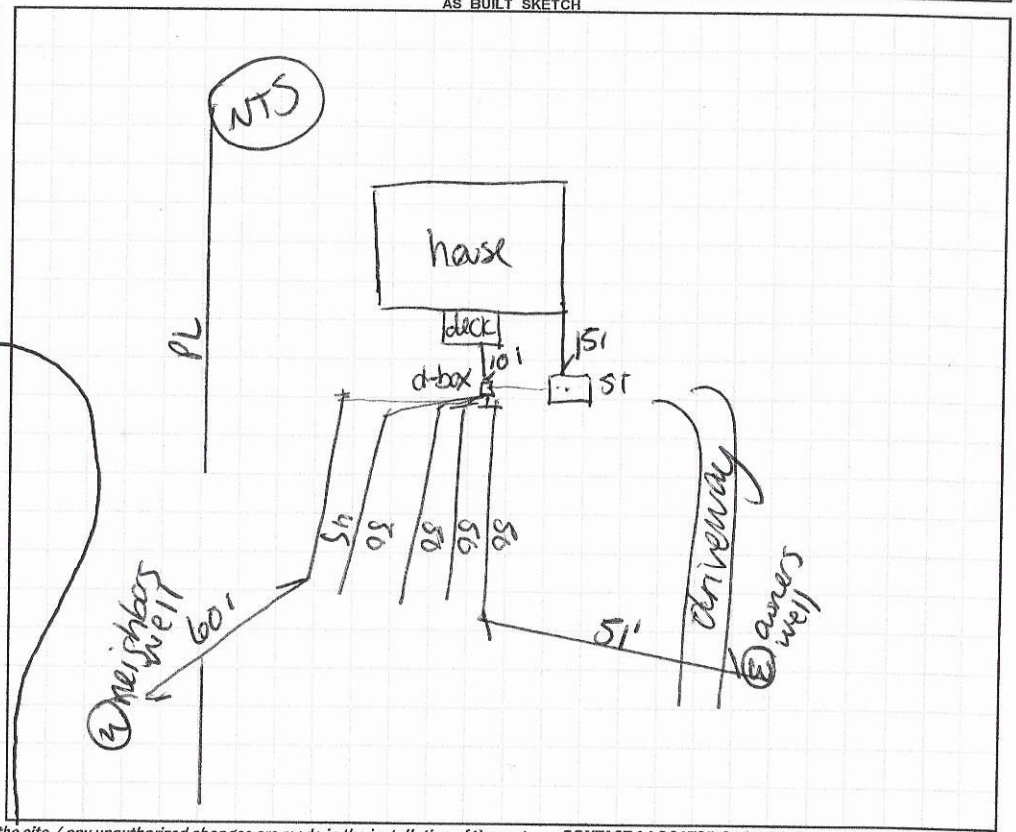
Comments / Conditions: Install lines on contour. Use d-box to feed 5 lines. Line lengths in field are longer than what should be installed.

MUST MAINTAIN 50' SETBACK FROM NEIGHBORS WELL!

INITIAL SITE SKETCH



AS BUILT SKETCH



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: 4-16-20 Installed by: Steve Jordan - Piedmont Backhoe

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 4-16-20 OPERATION PERMIT by: Carla C. Nicks Date: 8-26-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 4-16-20 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 #: 3791127571
COUNTY: Iredell

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

OWNER: Clayton Hanes Statesville
ADDRESS: 2826 Northside Dr
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 249 Macristone Dr
APPLICATION DATE: 3-6-20
DATE EVALUATED: 3-16-20
PROPERTY SIZE: .69 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 5%	0-14	GR SCL	Fr SS SP SBK	sapric throughout CL	52"	–	–	PS .275
		14-36	SBK C	" "					
		36-52	SBK CL	" "					
2	L 5%	0-6	GR SCL	Fr SS SP SBK	few sap inc	49"	–	–	PS .25
		6-32	ABK C	" "					
		32-49	ABK CL	" "					
3	L 10%	0-9	GR SCL	Fr SS SP SBK	chroma 2s @ 24"	48"	–	–	4 .1 drip
		9-30	ABK C	" "					
		30-48	ABK CL	" "					
4	L 5%	0-5	GR SCL	Fr SS SP SBK	few sap inc CL	48"	–	–	PS .25
		5-36	SBK/ABK C	" "					
		36-48	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	245'	3200 + 74 in front
System Type(s)	SOP.	drip
Site LTAR	.25	.1

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

COMMENTS: 74 in 3 sq 54 LSD

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 None	0.2 - 0.05 None	MOIST VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	WET NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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)

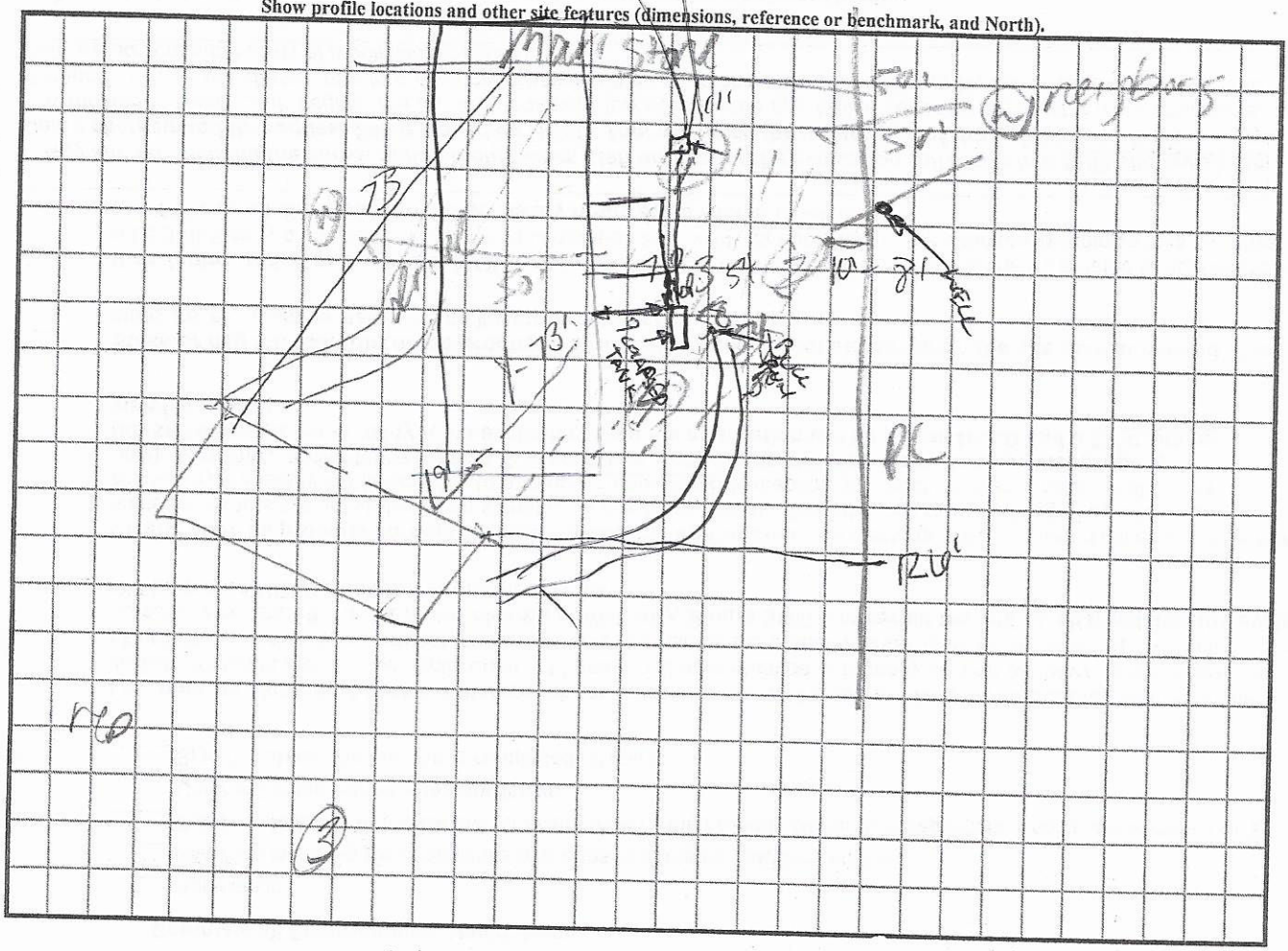
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

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).



240 needed

well up R corner

AP-30558 P
$500.00

RECEIVED MAR 04 2020

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. **APPLICATION FOR:** ___ Improvement Permit X Authorization To Construct ___ Existing System Inspection

2. **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 check ( ) beside whichever is submitted if applicable X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Clayton Homes	2026 Northside Dr Statesville, NC 28625	Adam Casstevens 704-929-1552	704 873 2547
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SWP	N/A	N/A	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
249 Marlstone Dr Statesville, NC SVL	Featherstone	Lot 50

Driving Directions: See Attached

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other 2540

8. **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. industry) 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.

9. **Signature:** CMH Statesville 3/4/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

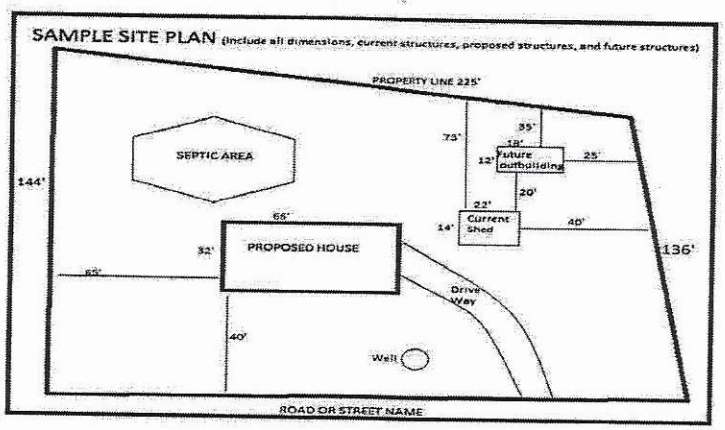
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

SEE ATTACHED

Signature: _____ EMH STATESVILLE

REQUIRED **property owner or owner's legal representative signature.**

3/4/20

DATE

48
177
WELL AREA
162
35'
92'
24'
28 x 56 DW
87'
105
104'
DW
74
48
PROPOSED SEPTIC REPAIR AREA
Manstone Dr
67

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, STEVE BRITTAIN / SWP, INC, am the legal owner(s) of the property located at 249 MARISTONE DR STATESVILLE, NC, identified as

PIN (Parcel Identification Number) 3794-71-2757, located in Iredell County, North Carolina.

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

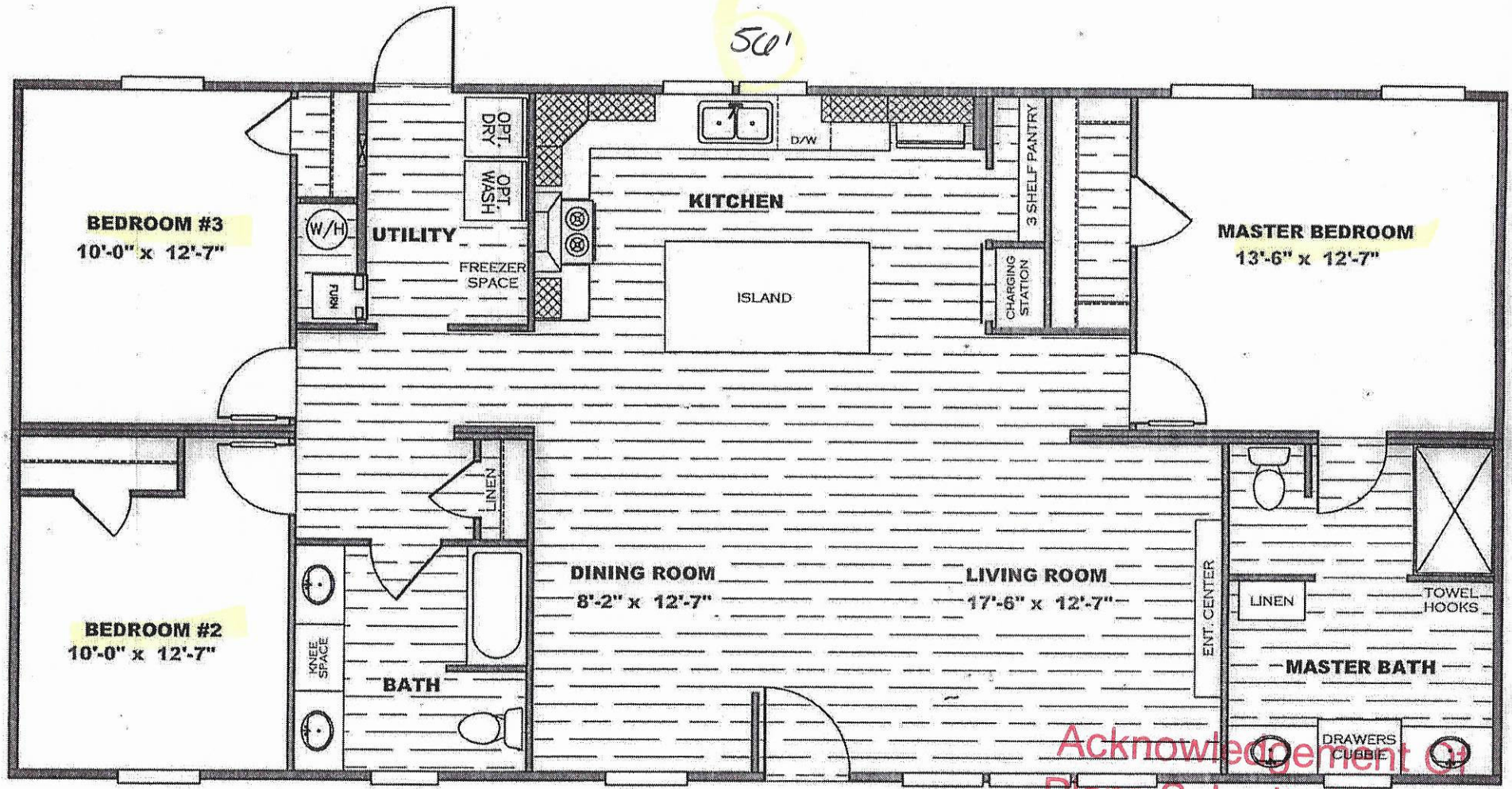
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

PRES SWP, INC
Signature of Owner(s)

12/13/2019
Date

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



Acknowledgement of Plans Submittal ONLY!

Carla C. Nichols 4-16-20 Date

3/4/20 Date Smith Station

SHEET:						
SL.1	SALES LITERATURE	Clayton Clayton - 934 1429 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: ISLAND BREEZE	STD PLAN "CONDITIONED": 1,475 FT²
				MODEL #: TRA28564I	SERIES: THE M.V.P.	REV. BY: DCS
				DATE: 05/09/2018 SCALE: N.T.S.	PRODUCT DESIGNER: DANIEL C. SHELDON	REV. DATE: 06/01/2018

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
305588 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3794712757.000	249 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	RUR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
69	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
modular

PAID
14928
MH
3/4/20

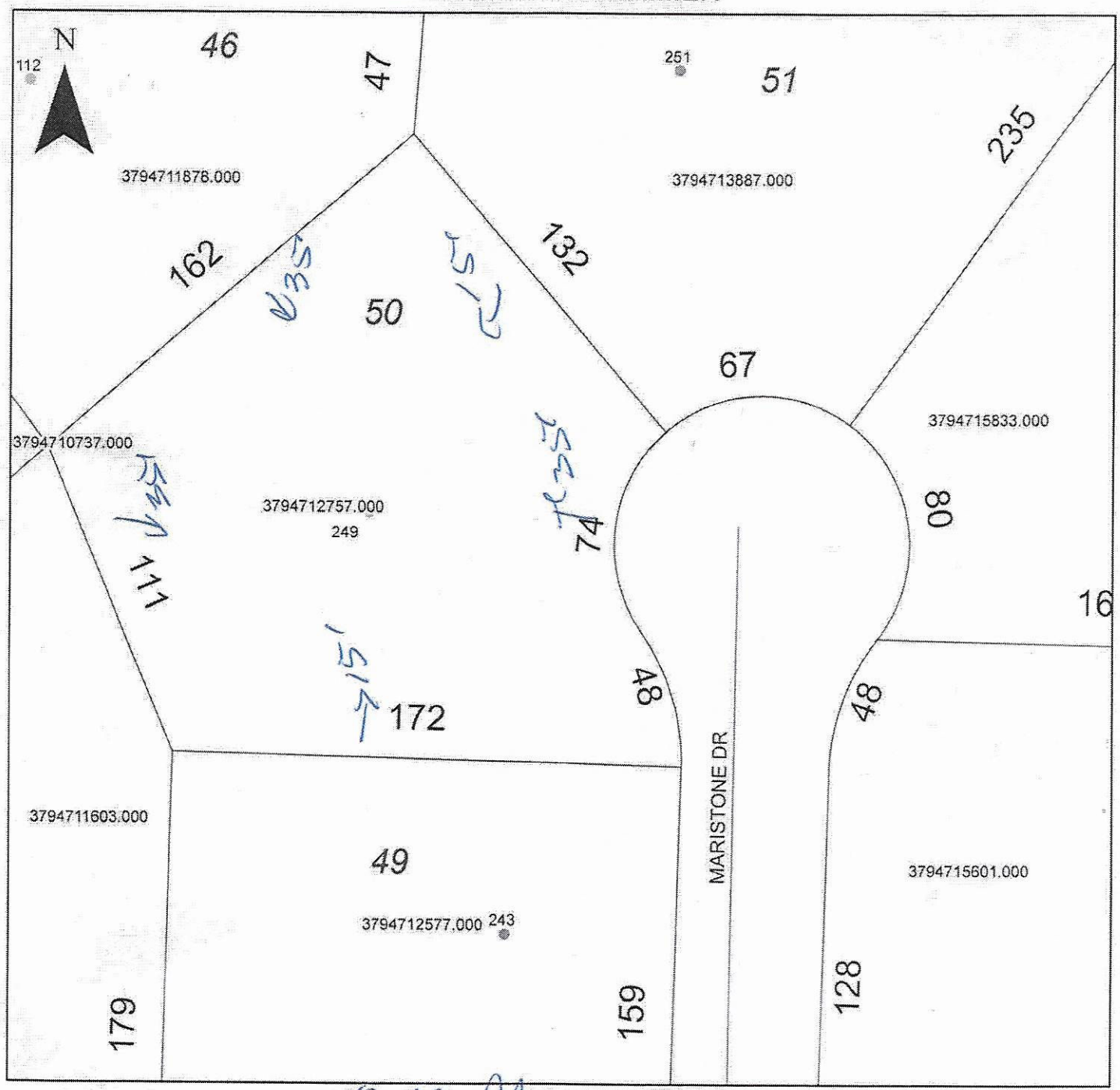
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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: 03/04/2020

Permit Number	305588	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 249 Maristone

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