ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-326447

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

PIN # 3794 -- 71 -- 4295

APPLICANT/OWNER: CLAYTON HOMES - Silverwave | APPLICANT ADDRESS: 2026 NORTHSIDE DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 230 MARISTONE DRIVE, STATESVILLE, N.C. 28625 | PHONE: 704-929-1552 | ALT. PHONE 704-873-2547

SITE DIRECTIONS: (W) ON 40, (R) ON OLD MOUNTAIN, (L) ON ISLAND FORD, (L) ON GOBLE, (L) ON MARISTONE, LOT ON (R) | SAP CONTROLLED: [ ] YES [x] NO

SUBDIVISION: FEATHERSTONE | SECTION: 3 | LOT # 55 | LOT AREA: 0.69 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.3

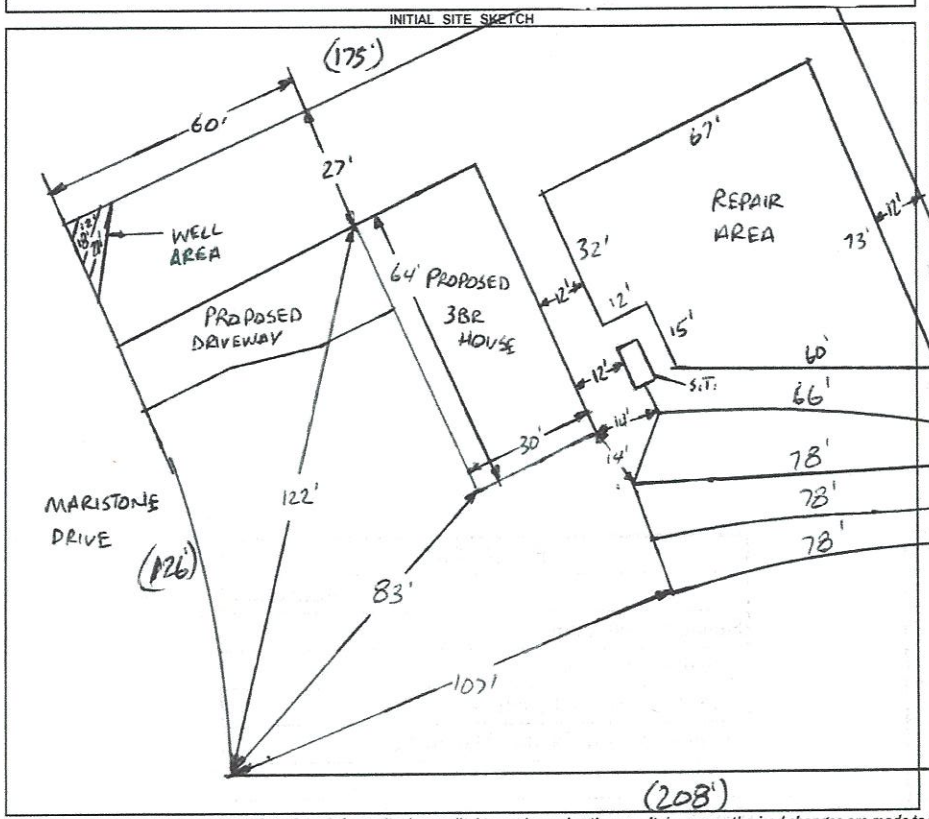
Septic Tank	1000 (gal)	STB	1017	Date	5-6-22	[x] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION
Pump Make	—	Model	—	Serial #	—	Repair System Description:	HORIZONTAL 50% REDUCTION (SHALLOW INSTALL)
# Nitrification Fields	1	# Lines	4	Linear Ft	300 FT	Maintenance Agreement Required:	[ ] YES [x] NO
Trench Width	36 IN	Trench Bottom Depth(Low side)	28 IN	Gravel Depth	—	[x] GRAVITY	[ ] PRESSURE

[x] Residence | No. Bedrooms 3 | [ ] Business | No. Persons 6 | [ ] Other | No. Employees — | [ ] Slab | [x] Crawl Space | [ ] Basement w/plumbing | [ ] Basement w/o plumbing

Water Supply: [x] Private [ ] Public [ ] Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH

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.

*Installed as permitted

1 IN = 40 FT

S.T. = SEPTIC TANK

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.* [x] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [x] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: (Clayton Homes of Statesville) | Date: 4/1/2022 | Installed by: Steve Jordan - Piedmont Backhoe

IMPROVEMENT PERMIT by: Bryant C. White | Date: 4-7-2022 | OPERATION PERMIT by: Benjamin A. Batts | Date: 7-13-2022

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 4-7-2022 | 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 1
PROPERTY ID #: 5774-71-[redacted]
COUNTY: IREDELL

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

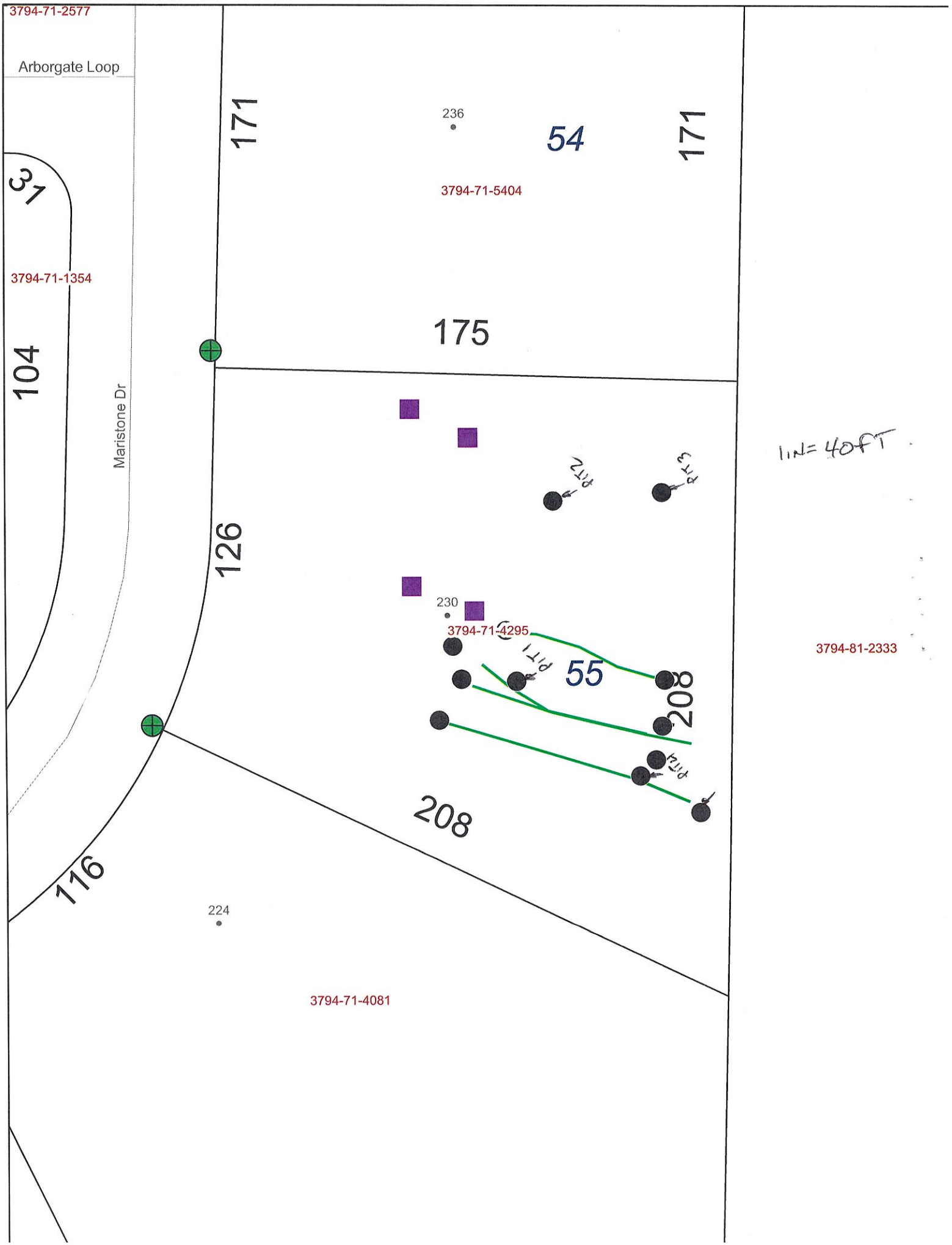
OWNER: CLAYTON HOMES — APPLICATION DATE 3-10-2022
ADDRESS: 2026 NORTHSIDE DRIVE, STATESVILLE, N.C. 28625 — DATE EVALUATED: 3-24-2022
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 0.64 AC
LOCATION OF SITE: 230 MARISTON DRIVE, STATESVILLE, N.C. 28625 — PROPERTY RECORDED: 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 4%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	54"+	NA	NA	PS .3
		6-38	C, ABK	FR, S, P, SEXP					
		38-54	CL, WABK	FR, SS, SP, SEXP					
2	LINEAR SIDE 6%	0-35	C, ABK	FR, S, P, SEXP	SAP, INC THRU OUT	35"	PS II SL FI	NA	PS .3
		35-50	SAP, RC	FI, NS, NP, SEXP					
3	LINEAR SIDE 5%	0-7	SCL, SBK	FR, S, SP, SEXP	SAP INC THRU OUT	52"+	NA	NA	PS .3
		7-34	C, ABK	FR, S, P, SEXP					
		34-52	CL, WABK	FR, SS, SP, SEXP					
4	LINEAR SIDE 7%	0-30	[redacted]L, ABK	FR, S, P, SEXP	SAP INC THRU OUT	52"+	NA	NA	PS .3
		30-52	CL, WABK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:


3794-71-2577
Arborgate Loop
171
236
54
171
3794-71-5404
3794-71-1354
175
104
Maristone Dr
126
PIT2
PIT3
1IN=40FT
230
3794-71-4295
PIT1
55
208
3794-81-2333
PIT4
208
116
224
3794-71-4081

3-23-2022 @ 10 AM RECEIVED MAR 10 2022

BW

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* AP-326447 $500.00

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 of Statesville Address: 2026 Northside dr Statesville NC Zip: 28625
Applicant Email: adam.castevens@claytonhomes.com Phone: 704 929 1552 Alt. Phone: 704-873-2547
Owner Name: Silver Wave properties INC. Address: 2400 Ramblewood ln Zip: 28210
Owner Email: _____ Phone: 704 299 4588 Alt. Phone: _____

Property Information:

Street Address: 230 Maristan Dr Statesville NC 28625
Subdivision Name: Featherstone Section/Phase: _____ Lot Number: 55
Driving Directions: _____

Site Development Information: *(check or complete ALL that apply*

(✓) 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: 6
( ) 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%

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: Allen Johnson Clayton Homes of Statesville 3/2/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Authentisign ID: BF3746E0-3E42-44A5-AAE3-D7FE657ECA07

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)* Authentisign Steve Brattain 3/7/2022 3:08:14 PM EST

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 Brattain, am the legal owner(s) of the prcperty ocated at 230 ~~Lot 55~~ Maristone Dr, identified as PIN (Parcel Identification Number) 3794714081.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) CLAYTON HOMES STATESVILLE / ADAM CASSELS 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 or my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Authentisign Steve Brattain 3/7/2022 3:08:19 PM EST
Signature of Owner(s)

03/07/2022
Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

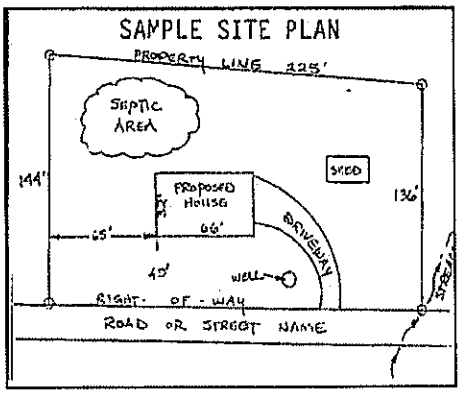
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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
- (X) All proposed structures are indicated
- (√) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) 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 attachment

Signature: _____ Clayton Homes of Statesville _____ 3/2/22

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


175
Marlstone Dr
Driveway
20'
Repair area
Proposed
126
56 x 28
230
9
Well
53'
Area
55'
Septic area
55
Septic Area
208
59'
208
Parcel 3794714081
224
22

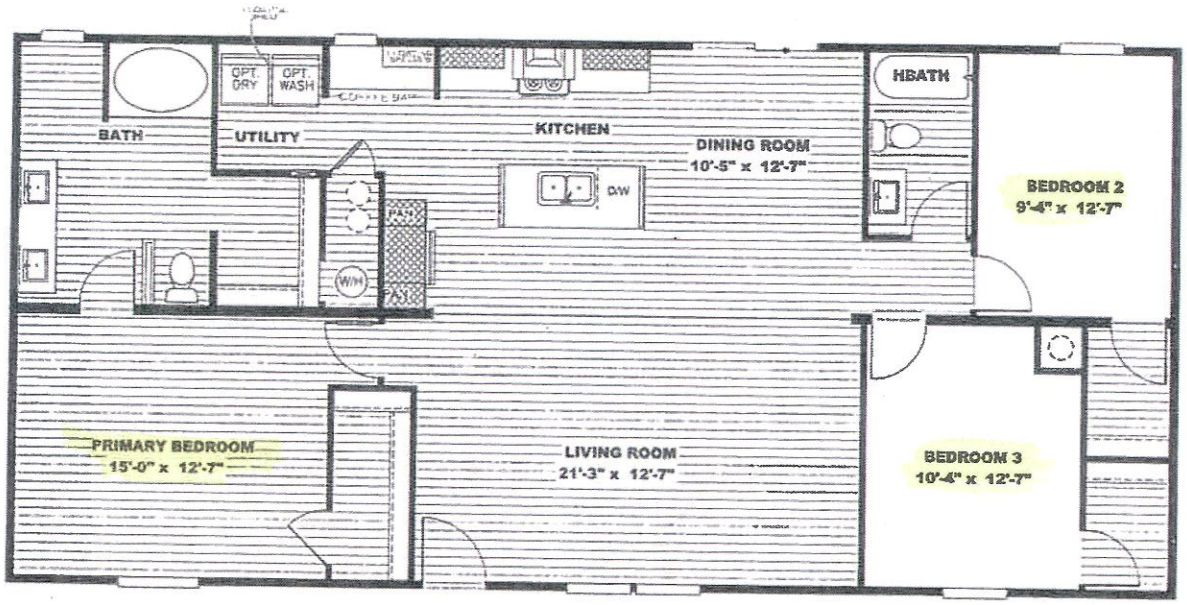
230 Maristone Dr

Acknowledgement Of Plans Submittal ONLY!

_____ Date _____

4/7/2022 Date _____

Bryant Cinkitter 4-7-2022



MODEL #CEA28563AH

DRAWING # CE-M022-56-3

28'x56' RIO

IREDELL COUNTY · NC

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

APPLICATION NUMBER
326447 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3794714295.000	230 MARISTONE DR	IREDELL COUNTY

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
Double-Wide Mobile Home	RU-R

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

Remarks

DOUBLEWIDE

Accessory Structures: Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25' of a side street on a corner lot. Shall not be erected within 10' of any line not a street line or within 10' of any other building on the same lot. Shall not be erected within the 50' buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line ocation: 1.If the lot is 1 acre or greater and the location of the structure is at least 150'from the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be setback a minimum of 30' from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure.

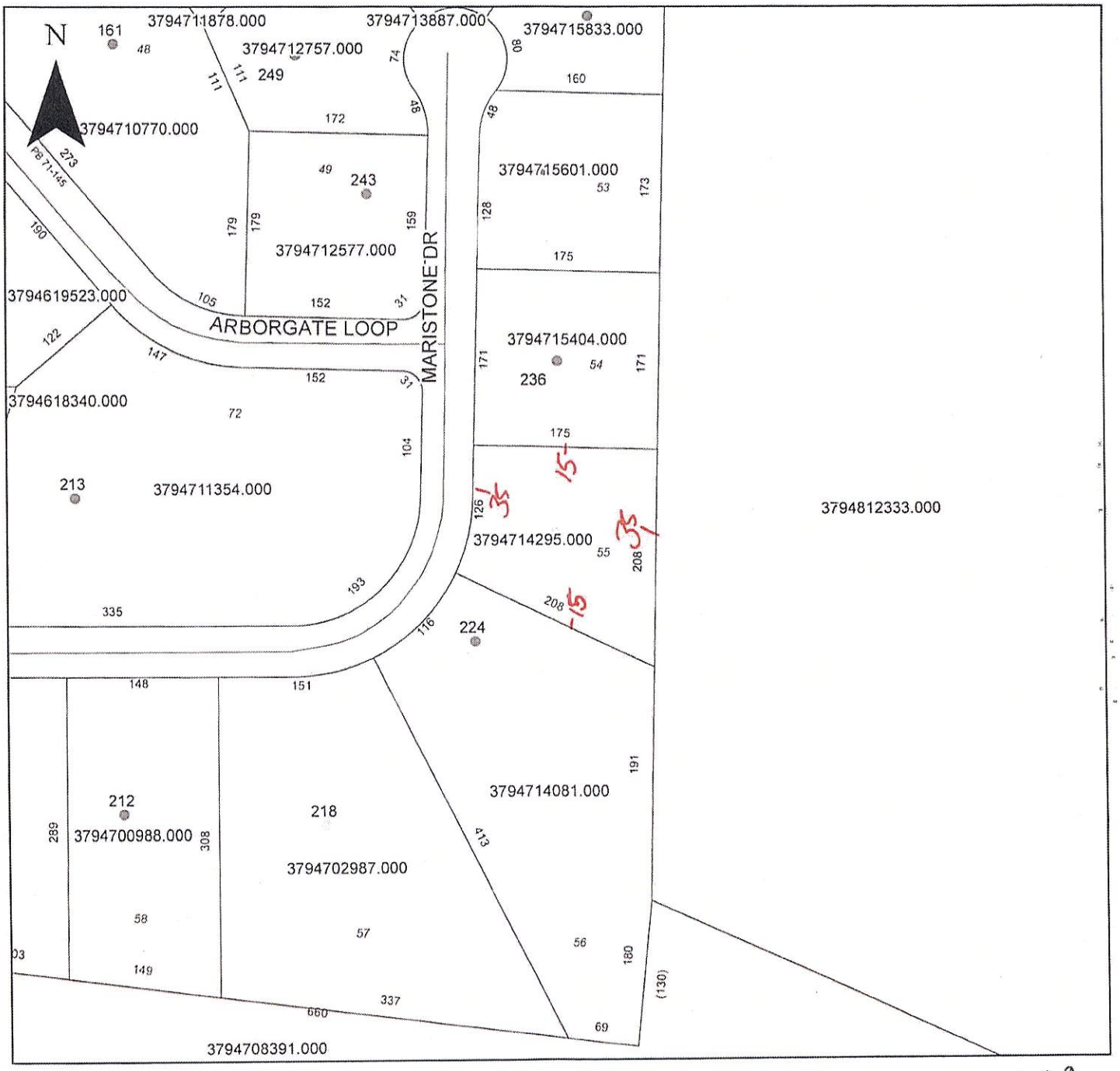
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 03/09/2022

Signature of Owner/Contractor

Permit Number	326447	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 230 Maristone Dr.

0.69
R-1/R
WS-IV-PA
NO

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

3/9/22
Date