ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-311599

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

PIN # 3794 - 71 - 5404

APPLICANT/OWNER: SILVER WAVE PROPERTIES, INC. APPLICANT ADDRESS: 2400 RAMBLEWOOD LANE, CHARLOTTE, NC. 28210

SITE ADDRESS: 236 MARISTONE DRIVE, STATESVILLE, N.C. 28625 PHONE: 704-299-4588 ALT. PHONE —

SITE DIRECTIONS: (W) ON 40, (R) ON OLD MOUNTAIN (L) ON ISLAND FORD, (R) ON GOBLE, (L) ON MARISTONE, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: FEATHERSTONE SECTION 3 LOT # 54 LOT AREA: 0.69 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.25

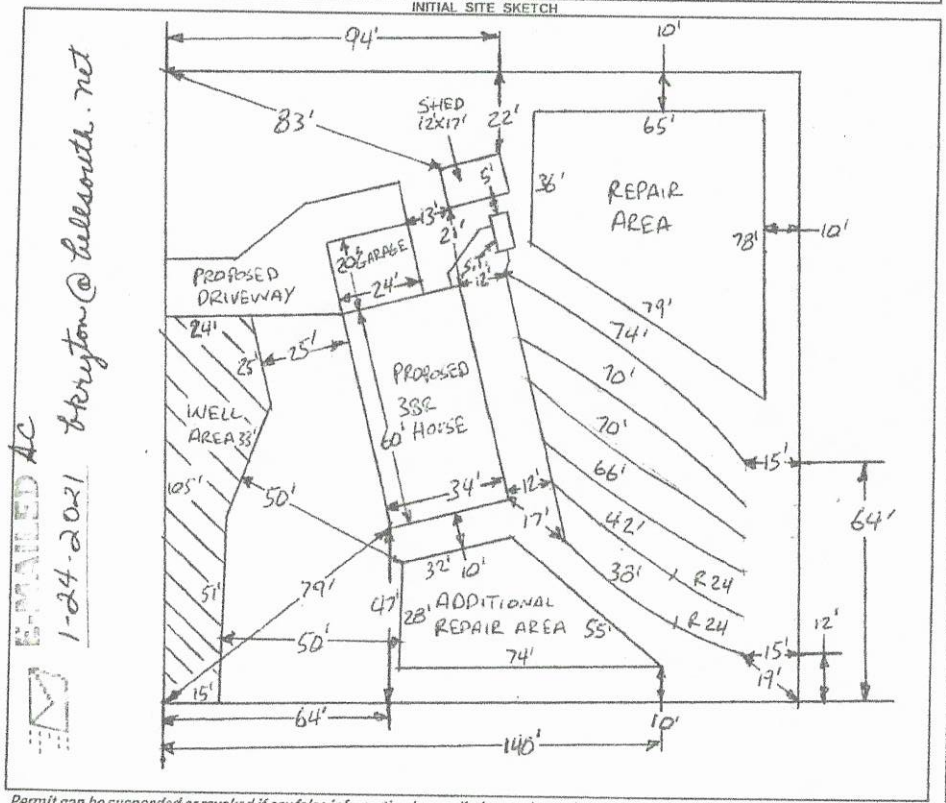
Septic Tank	1000	(gal)	STB SHOAF 760	Date	1-5-21	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	—	(gal)	PT —	Date	—	System Description:			25% REDUCTION	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:			50% REDUCTION - PPBPS	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	6	Linear Ft:	360FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	28 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 4FT CENTERS, UTILIZE SERIAL DISTRIBUTION, NO FOUNDATION DRAINAGE AROUND HOUSE

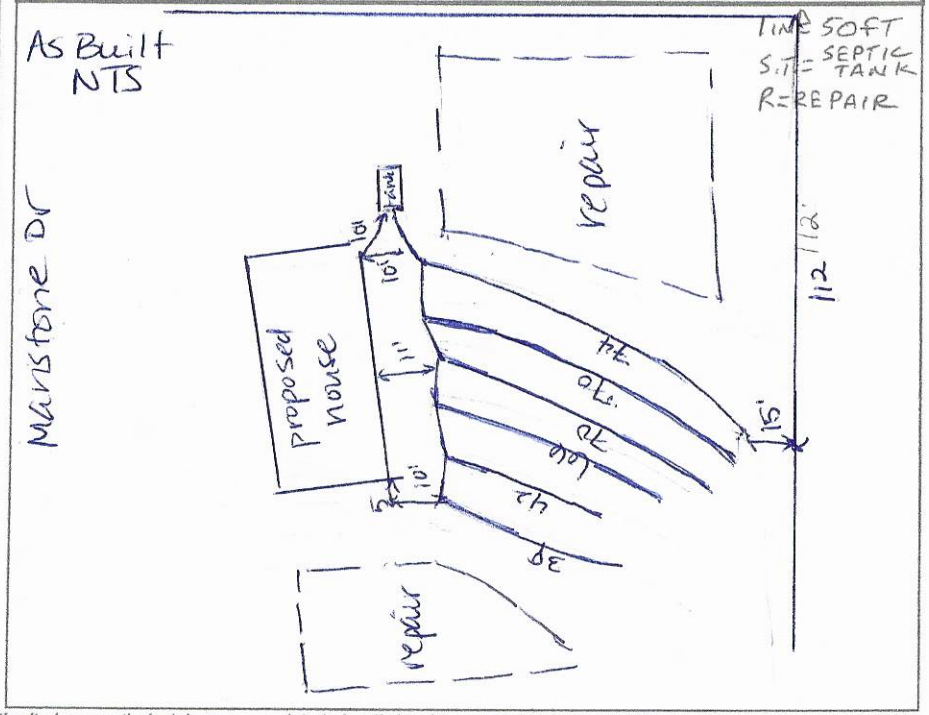
E-MAILED 1-24-2021 kryston@lilesmith.net

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.



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 plan 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] 12-1-20 Date: 12-1-20 Installed by: Abel's ~~Grading~~ Clearing + Grading

IMPROVEMENT PERMIT by: Bryant C. White Date: 11-30-2020 OPERATION PERMIT by: D. Wieberg Date: 3/22/21

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 1-25-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 3794715404
COUNTY: IREDELL

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

OWNER: SILVER WAVE PROPERTIES, INC.
ADDRESS: 2400 RAMBLEWOOD LANE, CHARLOTTE, N.C. 28210
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 236 MARISTONE DRIVE, STATESVILLE, N.C. 28625
APPLICATION DATE 10-1-2020
DATE EVALUATED: 10-23-2020
PROPERTY SIZE: 0.69 AC
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 8%	0-45	L, SBK	FR, S, P, SE/SP	SAP INC THRU OUT	56"+	NA	NA	PS .3
		45-56	CL, WSBK	FI, SS, SP, SE/SP					
2	LINEAR SIDE 8%	0-10	SCL, SBK	FR, SS, SP, SE/SP	GRAVELY SCL SAP INC THRU OUT FEW Y/B'S 10% 36"	60"+	NA	NA	PS .25
		10-44	CL, ABK	FR, S, P, SE/SP					
		44-60	CL, WABK	FI, SS, SP, SE/SP					
3	LINEAR SIDE 8%	0-11	SCL, SBK	FR, SS, SP, SE/SP	GRAVELY SCL SAP INC THRU OUT Y/B'S 11"-36"	60"+	NA	NA	PS .275
		11-43	CL, ABK	FR, S, P, SE/SP					
		43-60	CL, WABK	FI, SS, SP, SE/SP					
4	LINEAR SIDE 8%	0-12	SCL, SBK	FR, SS, SP, SE/SP	GRAVELY SCL SAP INC THRU OUT FEW Y/B 20"-36"	60"+	NA	NA	PS .25
		12-49	CL, ABK	FR, S, P, SE/SP					
		49-60	CL, WABK	FI, SS, SP, SE/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burnett C. White
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	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)
		None	None			

*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/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED OCT 0 9 2020

RECEIVED OCT 0 9 2020

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-311599 $320.00

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: SILVERWAVE P. Address: 2400 RAMBLEWOOD LN Zip: 28210
Applicant Email: SSBRATTAIN@BELLSOUTH Phone: 704-~~5~~ 299-4588 Alt. Phone: _____
Owner Name: SAME Address: _____ Zip: _____
Owner Email: SAME Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 236 MARISTONE DRIVE, STATESVILLE NC 28625
Subdivision Name: FEATHERSTONE, PHASE 3 Section/Phase: 3 Lot Number: 54
Driving Directions: ISLAND FORD, WEST TO GOBEL, LEFT FIRST STREET ON LEFT IS MARISTONE - TO CUL-DA-SAC, THIRD HOME BACK ON RIGHT (MARKED)

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: 3
( ) 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: _____
(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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: CHAMBER

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. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

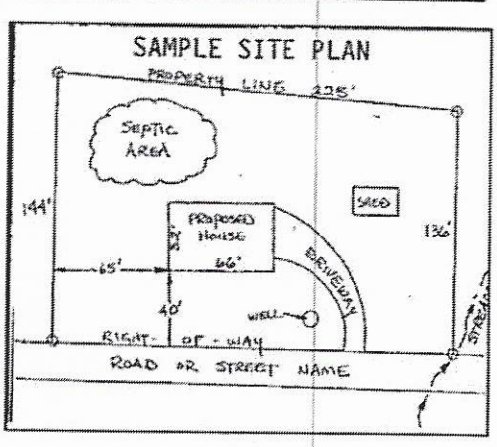
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible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

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

IRON MARKED
FLAGS
35' SET BACK
FLAGS
LOT 54
171'
SEPTIC
TAPE
ORANGE TAPE
45'
171'
O. TAPE
D/W
28'
O. TAPE
60'
45
ORANGE TAPE
CUTLINE
171'
PINK FLAGS
PINK FLAGS
WELL
ORANGE MARK ON ROAD
171'
FLAGS
TAPE
D/W
MARISTONE
FLAGS
BELLSOUTH PEDESTAL (ORANE FLAGS)
IRON
35' SETBACK

Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/1/2020
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., am the legal owner(s) of the property located at 236 MARISTONE DR STATESVILLE, NC, identified as PIN (Parcel Identification Number) 3794715404.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

_____ 10/5/2020
Signature of Owner(s) Date

Mooresville - Environmental Health

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

Statesville - Environmental Health

Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

236 Marstone Dr.
Featherstone - Sec. 3 - Lot 54

Oxford

ULTRA PRO 60 - 29ULT28603AH

29305

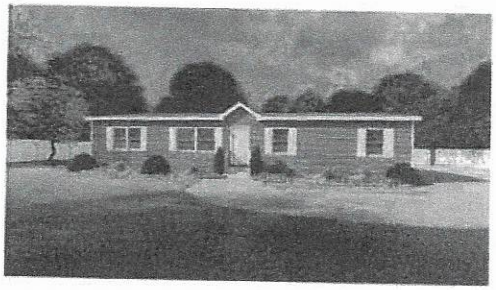


Acknowledgement Of
Plans Submittal ONLY!

X Beverly P. Hankins Date 9/24/20
Buyer Date
Buyer 1-25-2021

Plan Details

Bedrooms	3
Bathrooms	2
Sq Feet	1590
Width	28
Depth	60



The home series and floor plans indicated will vary by retailer and state. Your local Home Center can quote you on specific prices and terms of purchase for specific homes. Clayton Oxford invests in

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311599
Issue Date: 10/07/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3794715404.000	236 MARISTONE DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: SILVER WAVE PROPERTIES INC	Name: SILVER WAVE PROPERTIES INC
Address: 2400 RAMBLEWOOD LANE	Address: 2400 RAMBLEWOOD LANE
CHARLOTTE, NC 28210	CHARLOTTE, NC 28210
Phone:	Phone:

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

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.

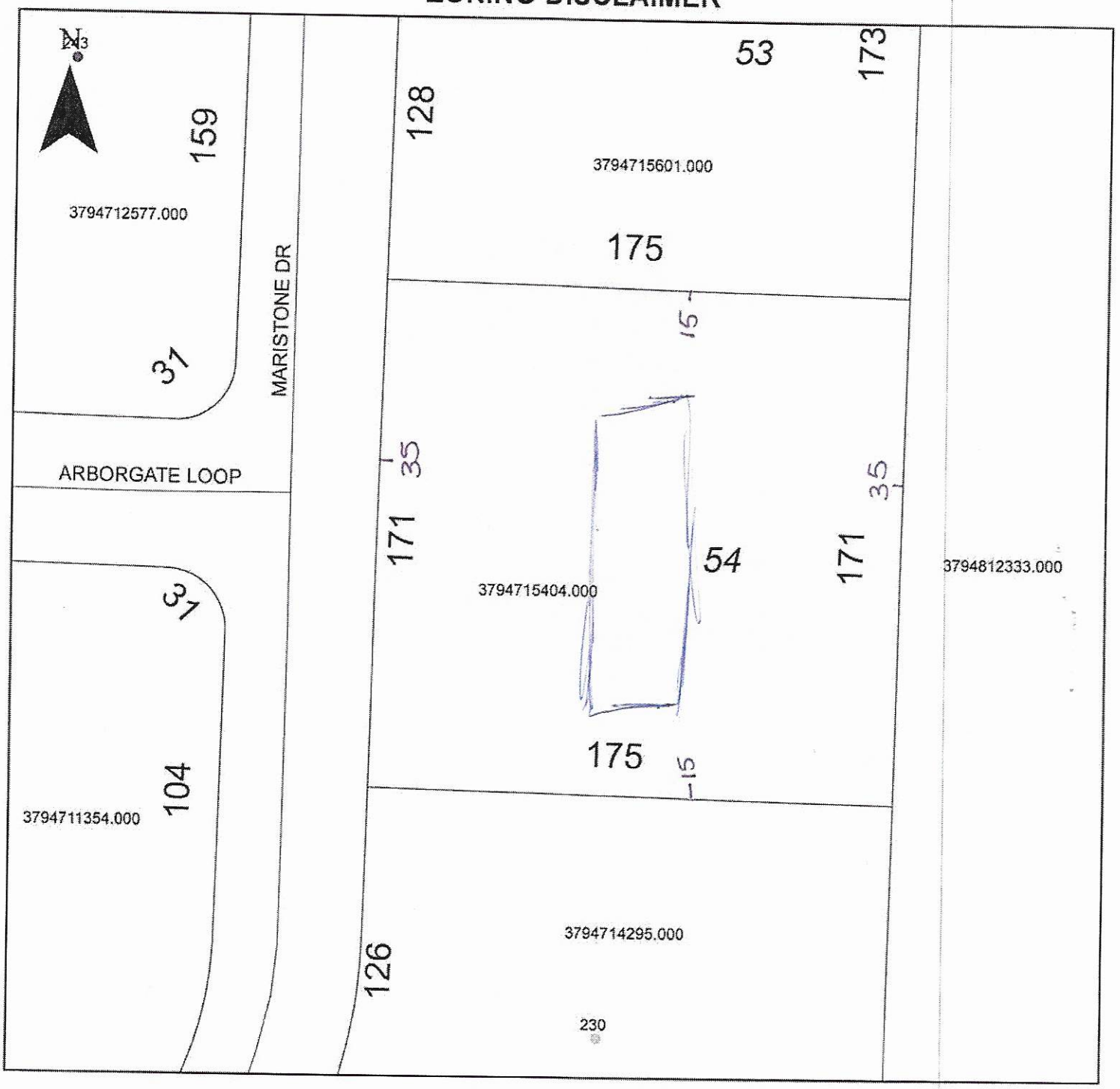
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

Date: 10/07/2020

Permit Number	311599	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 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

10/9/2020

Date