IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 302994

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

PIN # 3797511008

APPLICANT/OWNER: Clayton Homes / Mary Good | APPLICANT ADDRESS: 1230 Conover Blvd W

SITE ADDRESS: 131 Greg Ln, Stony Point 28678 | PHONE: 828-217-3168 | ALT. PHONE —

SITE DIRECTIONS: I-64 → L on W Lackey Farm → R on Greg → on L | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Green Valley | SECTION: — | LOT # 10 | LOT AREA: 1.51ac | DESIGN FLOW: ext (300) | L.T.A.R.: ext (.275)

Septic Tank	ext (gal)	STB	ext	Date	ext
Pump Tank	(gal)	PT		Date	
Pump Make		Model		Serial #	
# Nitrification Fields	existing	# Lines		Linear Ft	
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth	

☐ New System ☐ Repair ☐ Expansion | System Type: I II III IV V VI

System Description: 2590 (existing)

Repair System Description: UNKNOWN

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

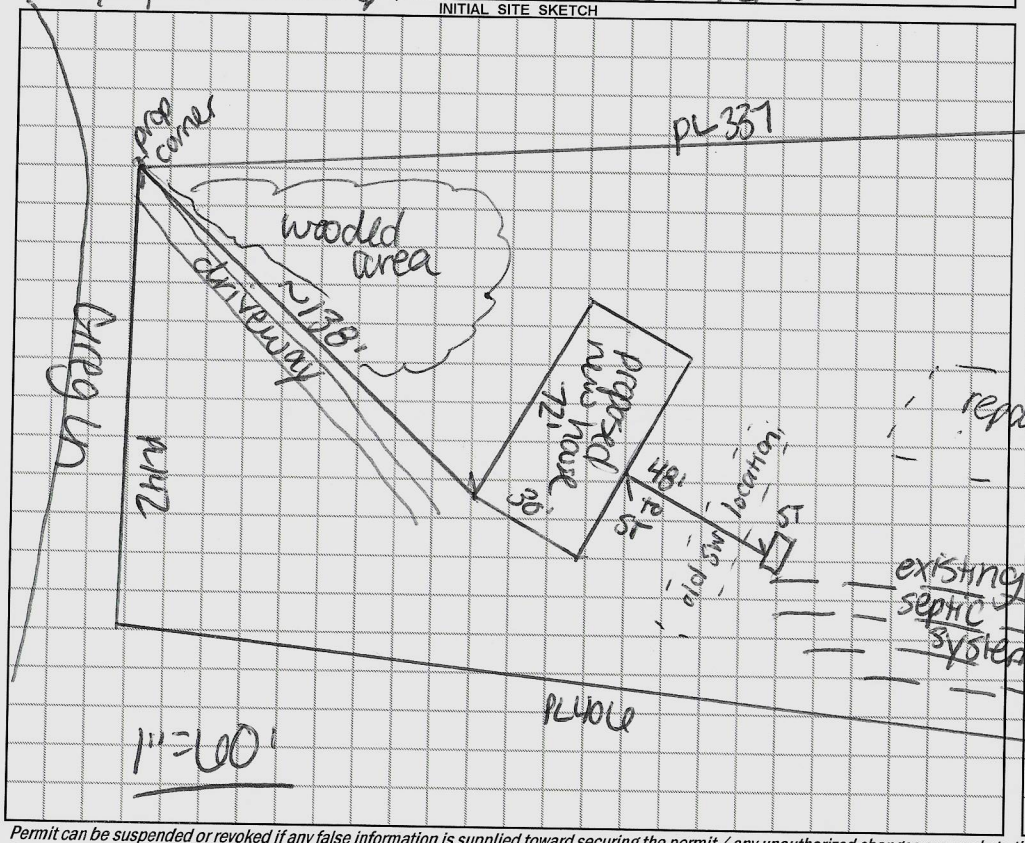
No. Bedrooms 3 | No. Persons 10 | No. Employees | ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

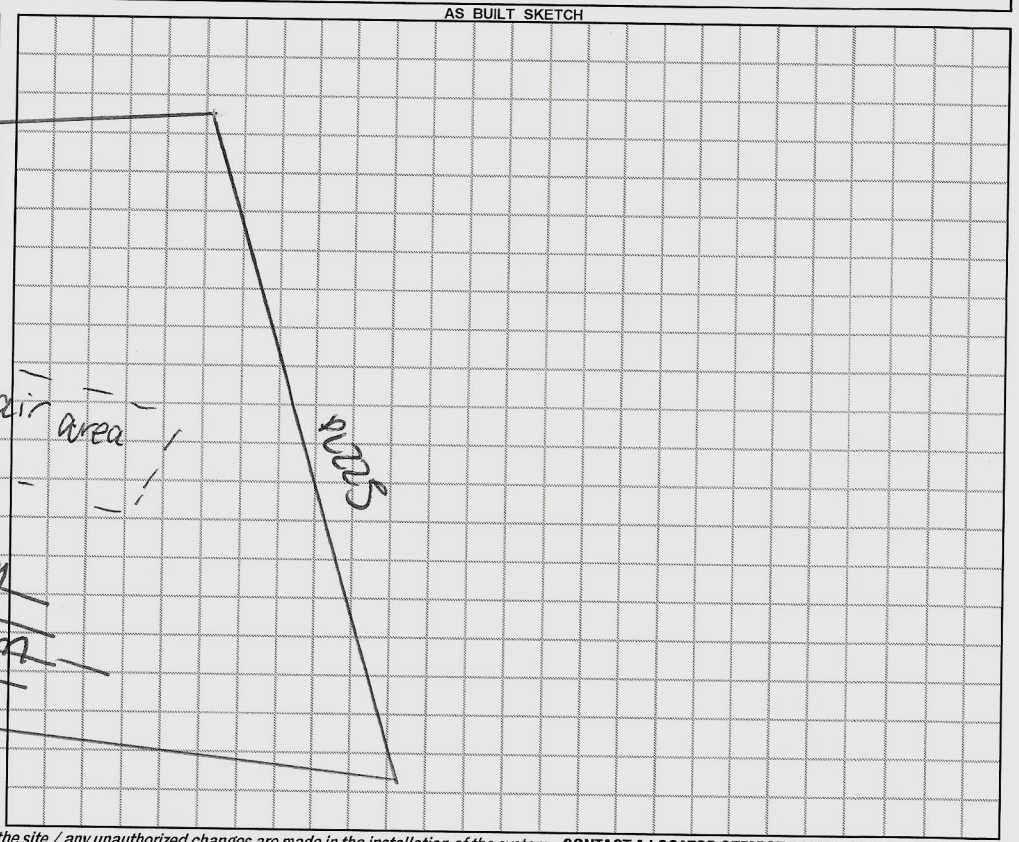
☐ Basement w/o plumbing

Comments / Conditions: System functioning properly at time of inspection. Maintain minimum 5' setback from any part of septic with new home.

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: Deborah Good | Date: 12/3/19 | Installed by:

IMPROVEMENT PERMIT by: | Date: | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Carla C. Nicks | Date: 12-2-19

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.

RECEIVED NOV 2 6 2019

Paid $250.00

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*

302994

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) Existing System Inspection REQUEST ( ) 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: Clayton Homes #7205 Address: 1230 Conover Blvd W Zip: 28613
Applicant Email: JWHolder@Hotmail.com Phone: 828-217-3168 Alt. Phone: 828-469-8008
Owner Name: Mary Good Address: 131 Greg Ln. Stony Point Zip: 28678
Owner Email: N/A Phone: 704-584-8333 Alt. Phone: N/A

Property Information:

Street Address: 131 Greg Ln. Stony Point NC 28678 PAL
Subdivision Name: Green Valley Section/Phase: _____ Lot Number: 10
Driving Directions: 64 to TL W. Lockey Turned to Greg Ln. on Left

Site Development Information: *(check or complete ALL that apply* No chg in Bedroom count.

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

public per owner 12-2-19

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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.

Signature: Clayton Holder 0081 11/26/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Cutoff Rd is marked

Ronda Hart

From: Amanda Horton
Sent: Tuesday, November 26, 2019 2:49 PM
To: Ronda Hart; Mary Allen
Cc: Heath Snow; Brady Freeman
Subject: 302994 131 GREG LN STONY POINT DW EXISTING SYSTEM
Attachments: 302994%20DW%20EH%20ZO.pdf

They are replacing single wide with double wide...no change in bedroom count. Started with the existing system.

Thanks,

Mandy Horton
Permitting Specialist II
Iredell County Central Permitting
Iredell County Development Services
704-878-3113 Ext. 3114
amanda.horton@co.iredell.nc.us

We will be closed Thursday, Novemeber 28 and Friday, November 29.

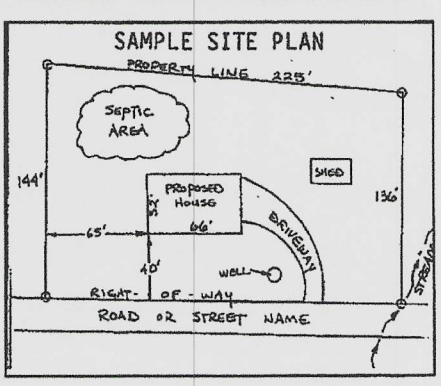
IREDELL COUNTY NC

Click to let us know about your experience

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:

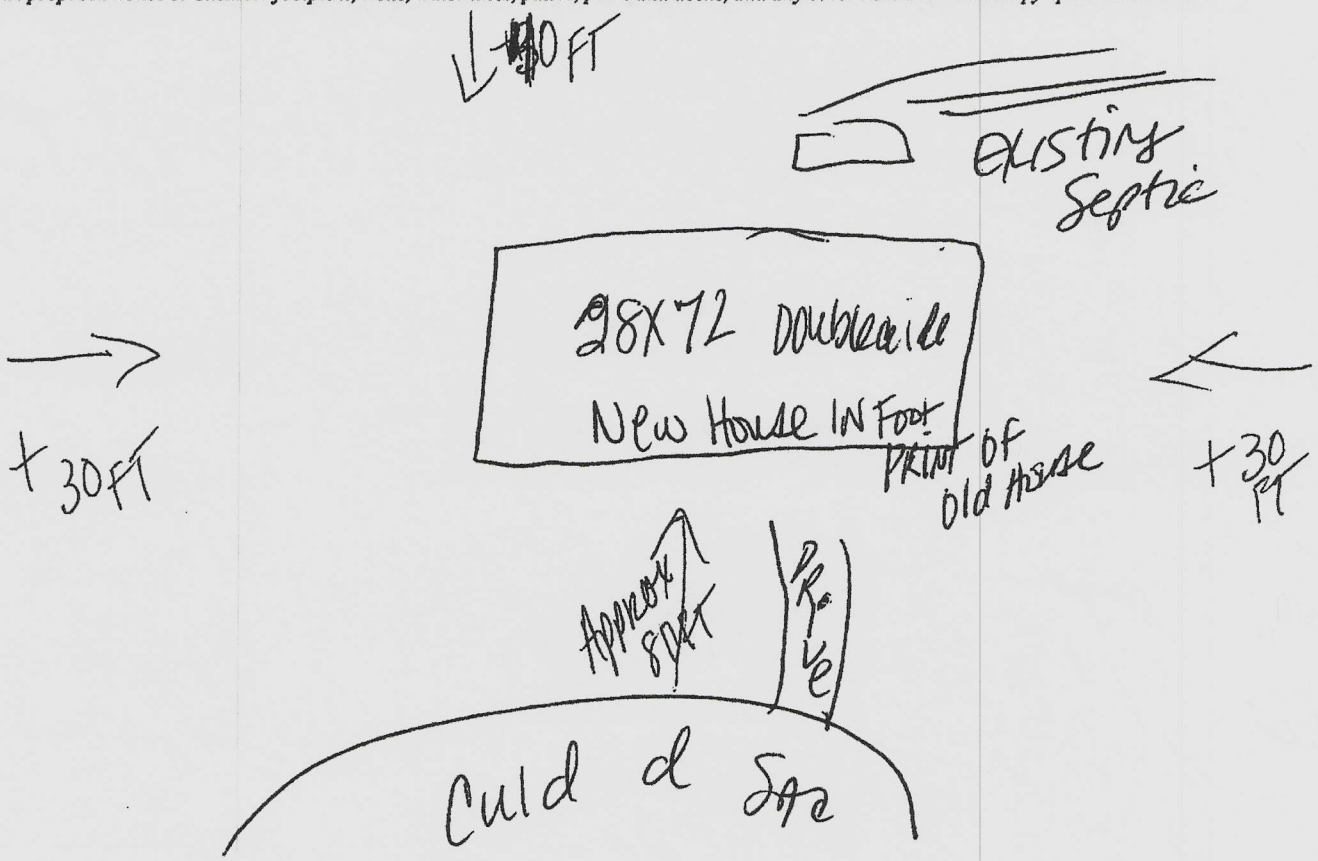
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator 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



Signature: _____ 11/26/19

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

IREDELL COUNTY HEALTH DEPARTMENT

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

1:00

PERMIT # 219292

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

PIN # 3797511068

APPLICANT: Mary Good

APPLICANT ADDRESS: 530 Carolina Ave.

SITE ADDRESS: 131 Greg Ln. ; Stony Point, NC

PHONE: 704-380-1230 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 64 W TL West Lackey Farm Rd TR Greg Ln Property on Left

SUBDIVISION: Green Valley

SECTION: N/A LOT # 10 LOT AREA: 1.51 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	160	Date	5/20/16	☑ 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:	Low Pressure PBPS
# Nitrification Fields	1	# Lines	4	Linear Ft:	332'	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36"	Max. Trench Bottom Depth	26"	Gravel Depth	N/A	☑ GRAVITY	☐ PRESSURE

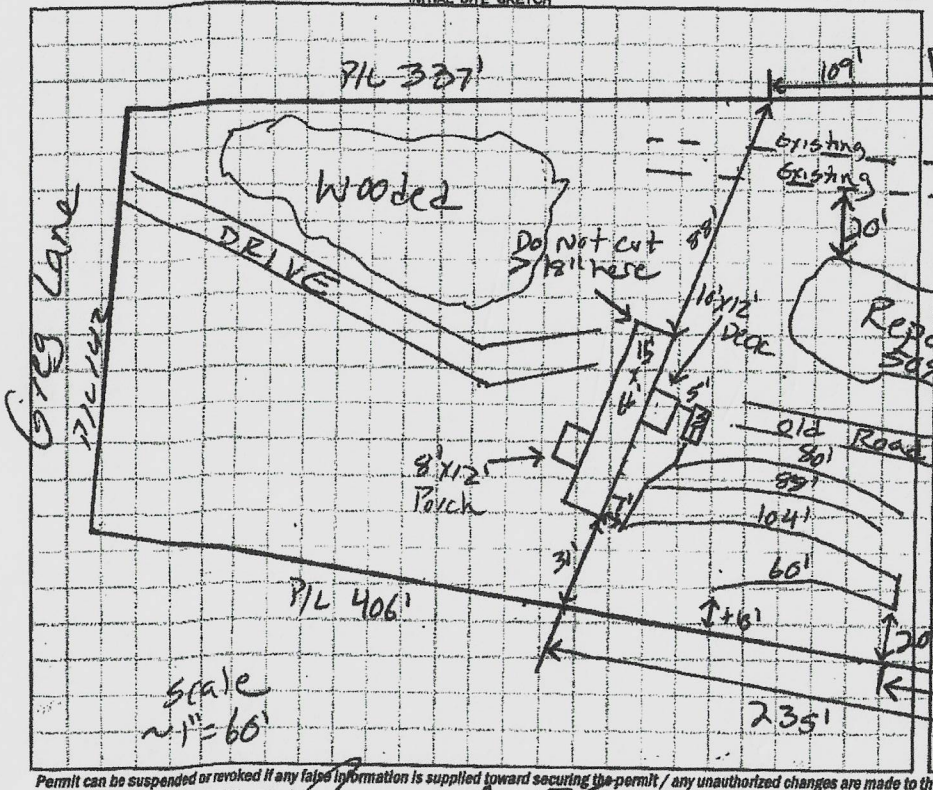
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☑ Crawl Space ☐ Basement w/o plumbing

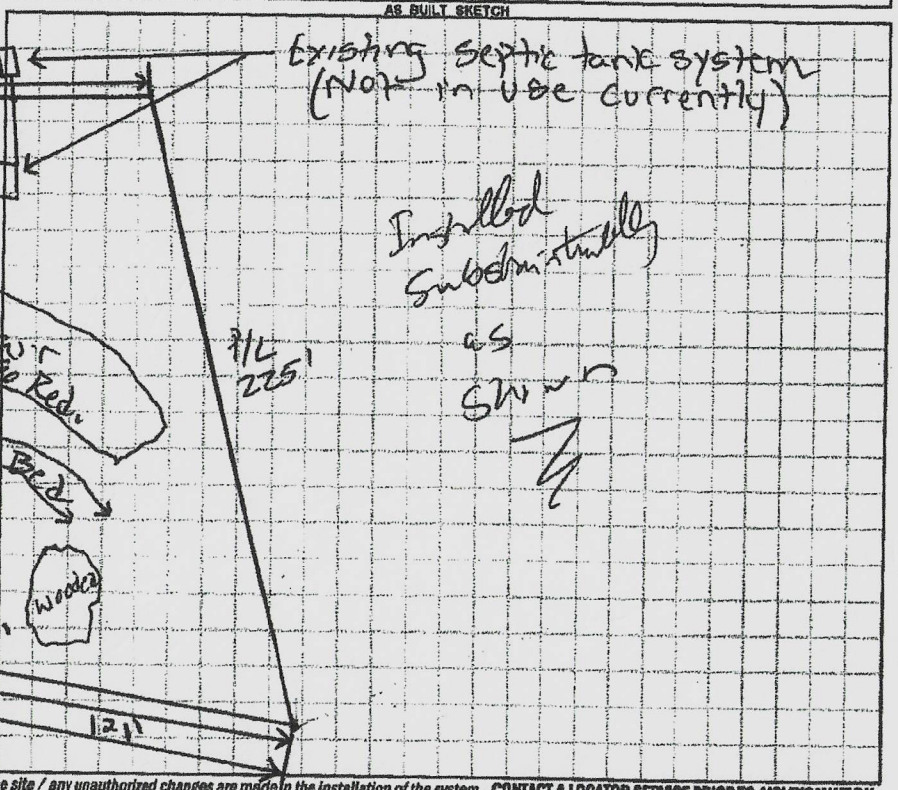
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% Reduction system on Contour with serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH



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☐ 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: Mary B. Good Date:

Installed by: Kevin Nowlin - KE Mowlin

IMPROVEMENT PERMIT by: Justin Henderson Date: 1-23-16

OPERATION PERMIT by: Date: 9/1/16

AUTHORIZATION TO CONSTRUCT by: Date: 9/29/16

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Public Health

Public Health

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Mary + Tony Good, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in North Carolina.

I do hereby authorize **(print legal representative/company name)** Clayton Homes #81 _____, 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 Department of Public Health, Environmental Health Division.

Mary Good 11/25/19 Vanessa Arndt 11/25/19

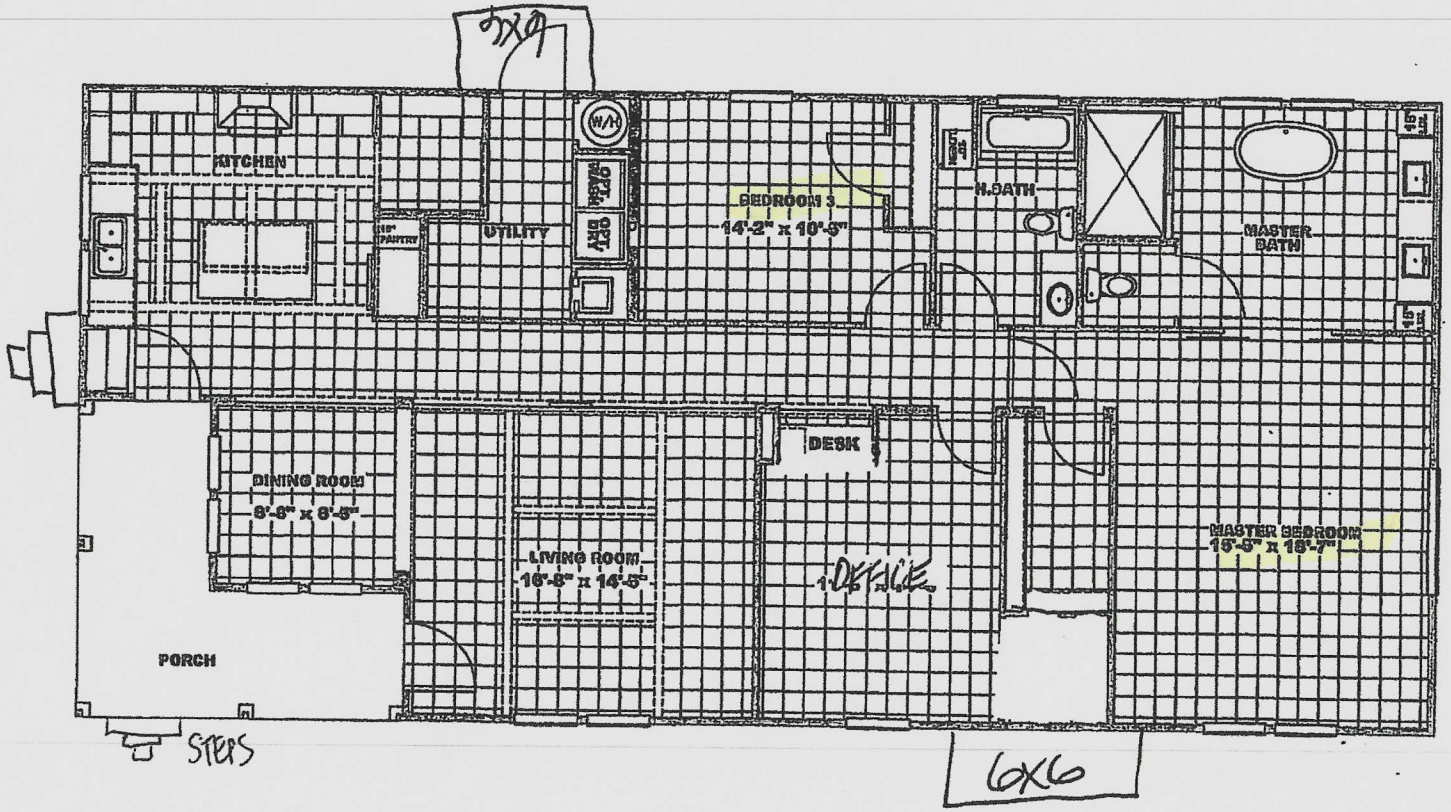
Signature of Owner(s) Date Signature of Witness Date

PDF created with pdfFactory trial version www.pdffactory.com

Acknowledgement Of
Plans Submittal ONLY!
Date 11/26/19
Carla C Nieto Date 12-2-19

SOUTHERNCHARM

2014 SQ FT
28X72



IREDELL COUNTY · NC

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

APPLICATION NUMBER
302994 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3797511068.000	131 GREG LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: GOOD TONY+MARY	Name: CLAYTON HOMES - CONOVER
Address: 131 GREG LN	Address: 1230 CONOVER BLVD
STONY POINT, NC	CONOVER, NC 28613
Phone: (704)584-8594	Phone: (828)465-3450

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.51	35	35	15	15	N/A	NO

Remarks

DW REPLACING SW

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.

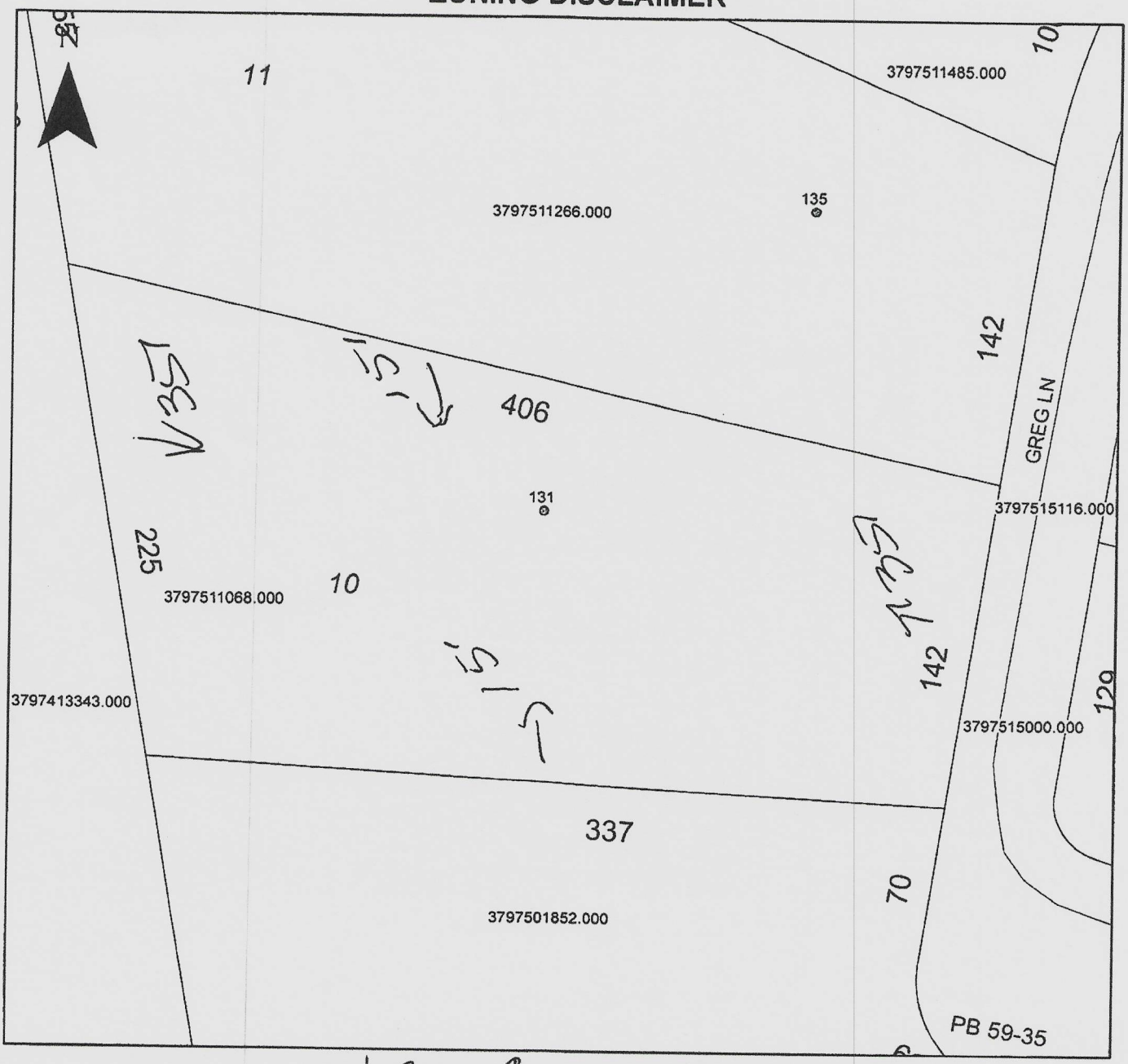
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

Date: 11/26/2019

Permit Number	302994	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 131 Greg Ln

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.

Clayton Homes #0081

Applicant

11/26/19

Date