ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (BB) | PERMIT # AP 321117

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

PIN # 4637 -- 34 -- 5547

APPLICANT/OWNER: Clayton Homes - Susan Price | APPLICANT ADDRESS: 2026 Northside Dr Statesville 28625

SITE ADDRESS: 253 Whipporwill Rd Mooresville NC | PHONE: 704-873-3547 | ALT. PHONE 704-928-1552

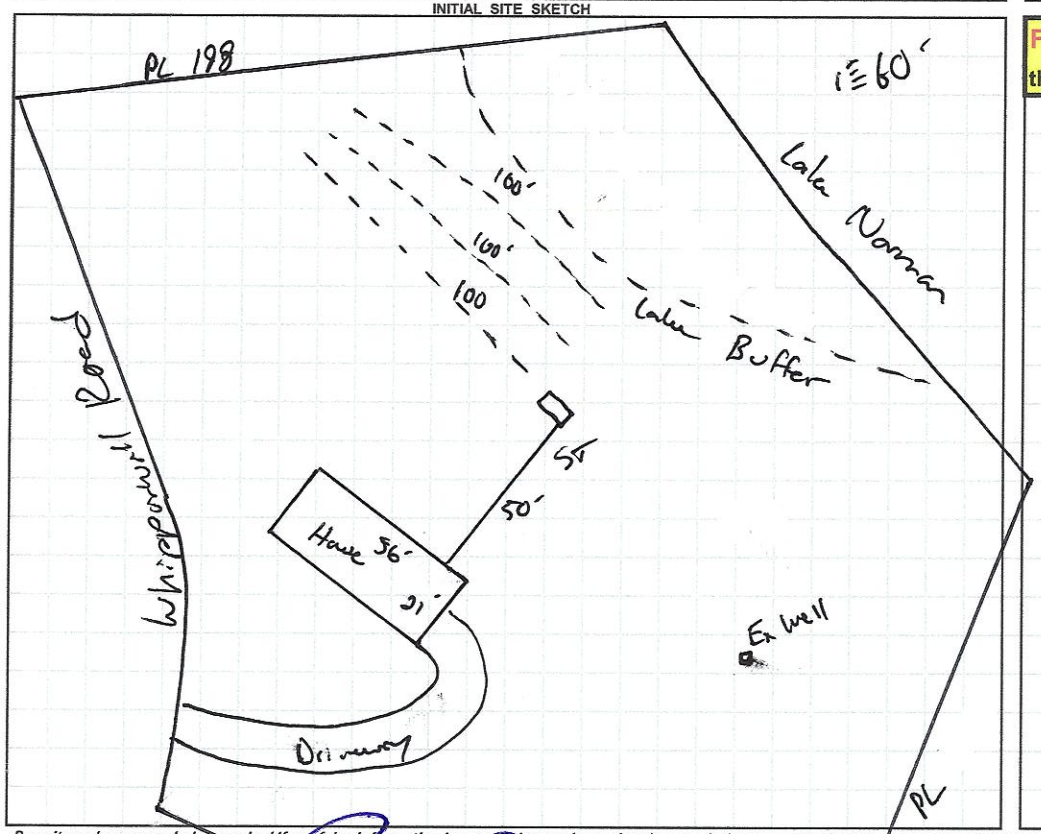
SITE DIRECTIONS: Perth Church Road Cross over Hwy 150 to dodrie Rd R on whipperwill | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL&T | SECTION: 10 | LOT # 1164 | LOT AREA: 1.51 Acre | DESIGN FLOW: 360 gpd | L.T.A.R.: Ex

Septic Tank ____ (gal)	STB	Date	☐ 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:		☐ Business	No. Persons 6	☒ Private
Pump Make ____	Model	Serial #	Repair System Description: Existing		☐ Other	No. Employees	☐ Public
# Nitrification Fields Ex 1	# Lines + MC	Linear Ft	Maintenance Agreement Required:	☐ YES ☐ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	Trench Bottom Depth(Low side)	Gravel Depth	☐ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Existing System functioning properly at time of Inspection. Meets Setbacks

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 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: [signature] Date: 11/3/22 Installed by: ____

IMPROVEMENT PERMIT by: ____ Date: ____ OPERATION PERMIT by: ____ Date: ____

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: [signature] Date: 11-22-2021

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

RECEIVED SEP 2 - 2021

Modular
-1B

AP- 321117

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*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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 Statesville **Address:** 2026 Northeast Statesville **Zip:** 28625

Applicant Email: adam.carstuens@claytonhomes.com **Phone:** 704 873 2547 **Alt. Phone:** Adam 704 929 1552

Owner Name: Susan Price **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** 704 699 0621 **Alt. Phone:** _____

****

Property Information:

Street Address: 253 Whippoorwill Rd Mooresville

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** 1164

Driving Directions: _____

****

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: 1
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

(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: _____

( ) 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: 1987
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

****

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: Clayton Homes Statesville — 9/2/21

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

DocuSign Envelope ID: 4551F3A8-85FC-49E5-9FA7-D8E7B64BDE82

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, SUSAN PRICE, am the legal owner(s) of the property located at 253 WHIPPORWILL RD MOORESVILLE, identified as PIN (Parcel Identification Number) 4637 34 5547, located in Iredell County, North Carolina.

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

DocuSigned by:
Susan Price
862397189E384B9...
Signature of Owner(s)

9/2/2021
Date

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

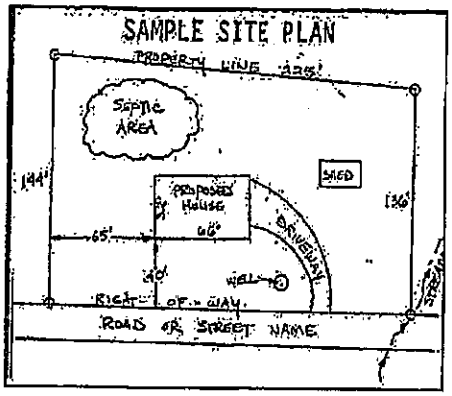
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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**
- ( ) **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

SEE Attached

Signature: _____ 9/2/21

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

4-4:30

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Steve Price DATE Apr. 8, '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W. TR 1180 (Dookie Road) TR 1221 (Whippoorwill) on left at corner with "Little Acorn" S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 1164 SECTION OR BLOCK NO. 10

Temporary

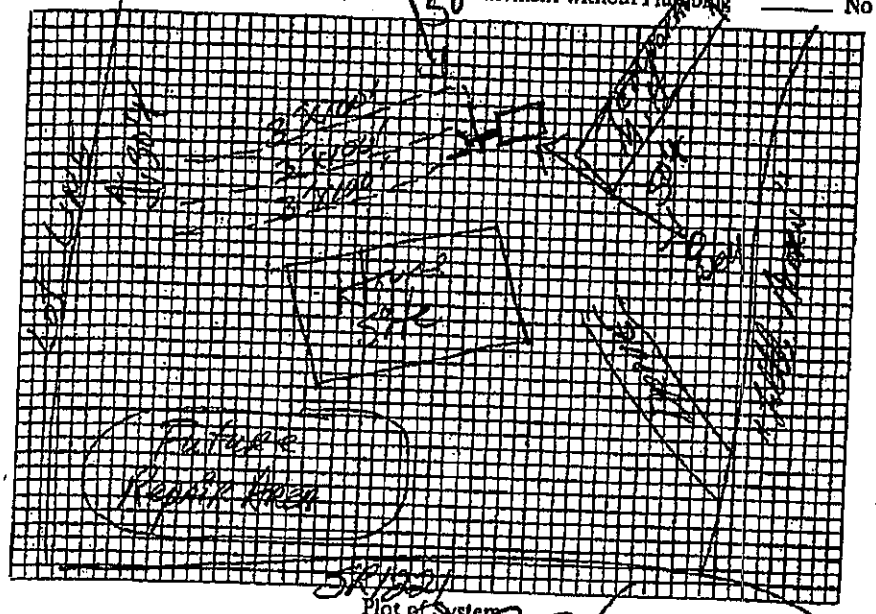
House (✓) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area ± 1.5 Ac.

Character & Porosity of Soil Clay
Percolation Rate 5-10"
Topography Slight
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: Steven K. Price

IMPROVEMENTS PERMIT BY Steven K. Price R.S.

COMMENTS: Keep Hydraulic Load Low (12" cover) May use a series of properly installed drop boxes.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

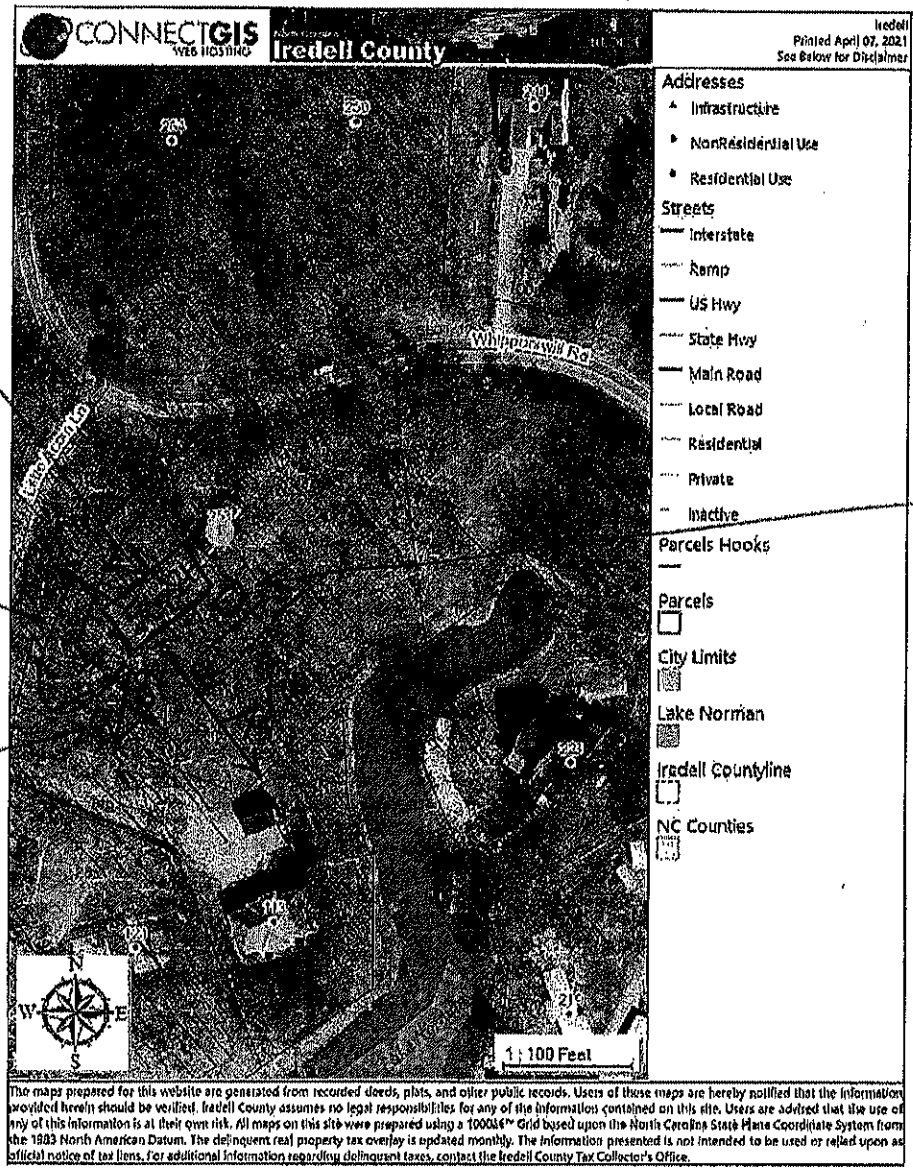
CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Aerial Photo * EXISTING PERMIT ATTACHED

4/7/2021 ConnectGIS Feature Report



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000&€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

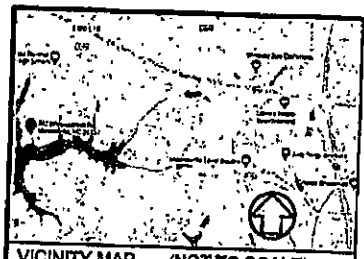
NEW 56x28 MANUFACTURED HOME

DRIVEWAY

EXIST WELL

* PROP LINES & CORNERS MARKED

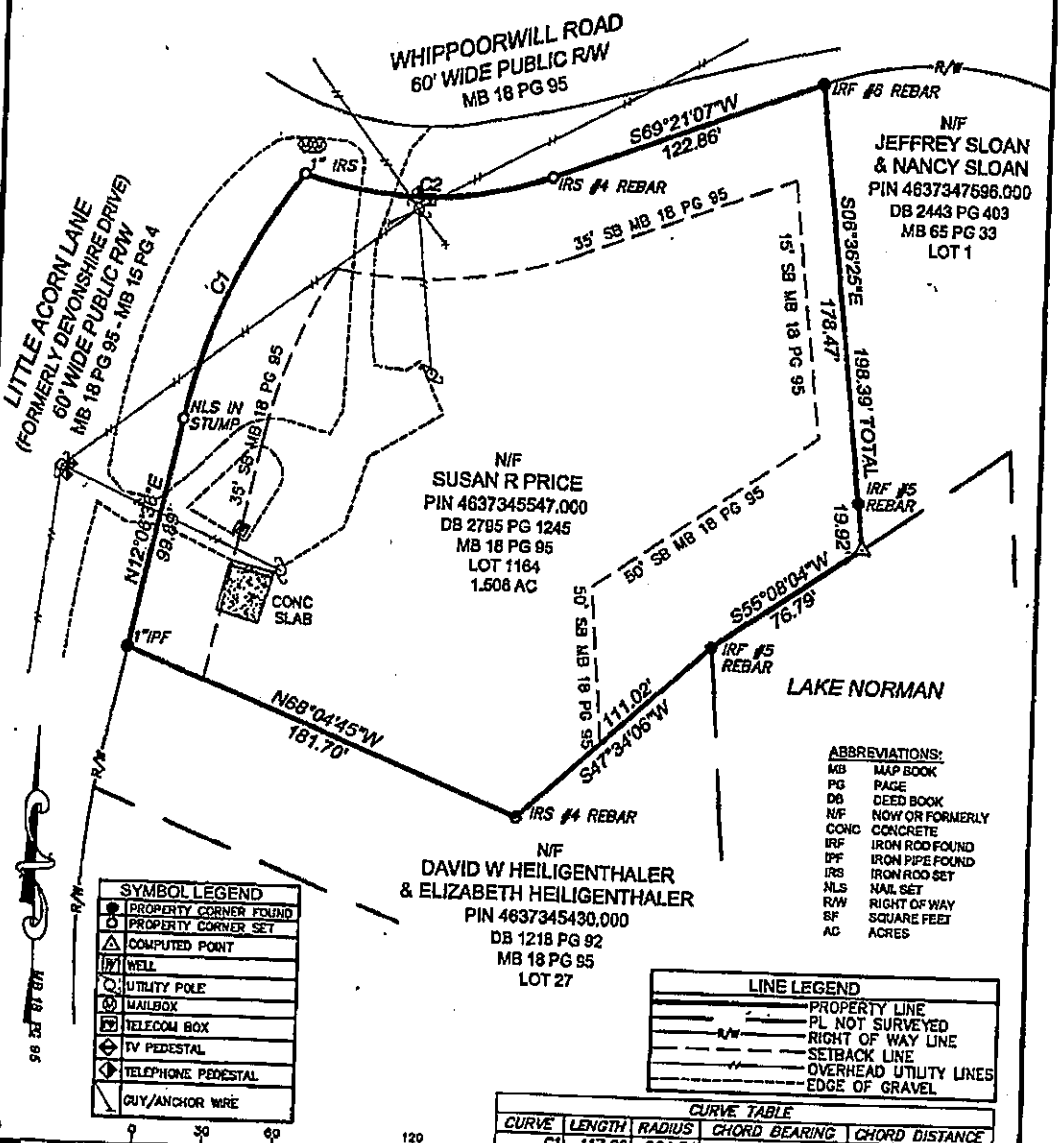
EXIST TANK & TAILINE AREA (SEWER LINE EXPOSED FLAGGED



VICINITY MAP (NOT TO SCALE)

SURVEY NOTES:

1. AREA COMPUTED BY THE COORDINATE METHOD.
2. PROPERTY SUBJECT TO ANY & ALL EASEMENTS AND RESTRICTIONS OF RECORD.
3. NO NGS OR NCGS CONTROL WAS FOUND WITHIN 2000' OF SUBJECT PROPERTY.
4. PROPERTY LIES WITHIN ZONE X, AREAS DETERMINED TO BE OUTSIDE THE 0.2 % ANNUAL CHANCE FLOODPLAIN, AREAS OUTSIDE FUTURE CONDITIONS 1 % ANNUAL CHANCE FLOODPLAIN AND FEMA FLOOD ZONE AE, ELEVATIONS DETERMINED (760.2'), ACCORDING TO FIRM MAP NUMBER 3710463700L, PANEL 4837, EFFECTIVE DATE MARCH 19, 2008.
5. PROPERTY ZONED AS RR, ACCORDING TO IREDELL COUNTY GIS. THE SETBACKS SHOWN HEREON ARE FROM THE PLAT RECORDED IN MB 18 PG 95, THE PLAT DOES NOT GIVE REAR SETBACKS. CHECK WITH IREDELL COUNTY TO VERIFY SETBACKS FOR THIS LOT.
6. THIS SURVEY WAS DONE WITHOUT BENEFIT OF A TITLE REPORT AND DOES NOT PURPORT TO SHOW ALL MATTERS OF TITLE WHETHER OF RECORD OR NOT.



SYMBOL LEGEND
PROPERTY CORNER FOUND
PROPERTY CORNER SET
COMPUTED POINT
WELL
UTILITY POLE
MAILBOX
TELECOM BOX
TV PEDESTAL
TELEPHONE PEDESTAL
GUY/ANCHOR WIRE

LINE LEGEND
PROPERTY LINE
PL NOT SURVEYED
R/W RIGHT OF WAY LINE
SETBACK LINE
OVERHEAD UTILITY LINES
EDGE OF GRAVEL

ABBREVIATIONS:

MB	MAP BOOK
PG	PAGE
DB	DEED BOOK
N/F	NOW OR FORMERLY
CONC	CONCRETE
IRF	IRON ROD FOUND
IPF	IRON PIPE FOUND
IRS	IRON ROD SET
NLS	NAIL SET
R/W	RIGHT OF WAY
SF	SQUARE FEET
AC	ACRES

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD BEARING	CHORD DISTANCE
C1	117.09	264.54	N24°49'00"E	116.13
C2	108.16	156.63	N89°06'34"E	106.03

60 0 30 60 120

GRAPHIC SCALE
1 INCH = 60 FT

I HEREBY CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION, FROM A SURVEY PERFORMED UNDER MY SUPERVISION, THAT THE RATIO OF PRECISION EXCEEDS 1:10,000. ALL BUILDINGS SHOWN LIE WHOLLY ON THE LOT, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 8th DAY OF JUNE, A. D., 2021.

NORTH CAROLINA PROFESSIONAL LAND SURVEYOR JACKIE G. DUNCAN SEAL L-3412

NORTH CAROLINA REGISTRATION NUMBER L-3412
JACKIE G. DUNCAN

DEED BOOK 2795 PAGE 1245
MAP BOOK 18 PAGE 95

FINAL SURVEY for OWNER:

SUSAN R. PRICE

253 WHIPPOORWILL ROAD
LOT 1164, LAKE NORMAN, REVISION OF SECTION 10
MOORESVILLE, IREDELL COUNTY, NC

Jackie G. Duncan, PLS, CFS
601 DEVERON PLACE NE
CONCORD, NC 28025
PHONE: (980) 406-0368

SCALE: 1" = 60'	DATE: JUNE 8, 2021	FILE: 21-051	
DRAWN BY: JGD	CHECKED BY: JGD	SHEET: 1/1	

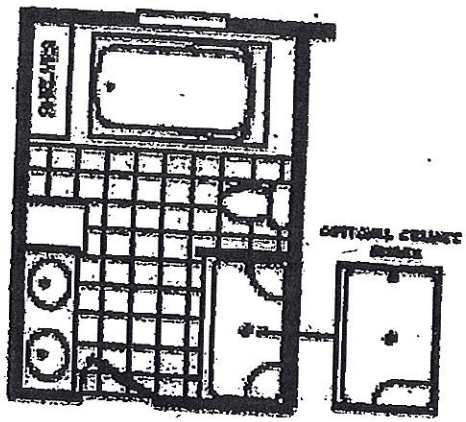
Acknowledgement of
Plans Submittal ONLY!

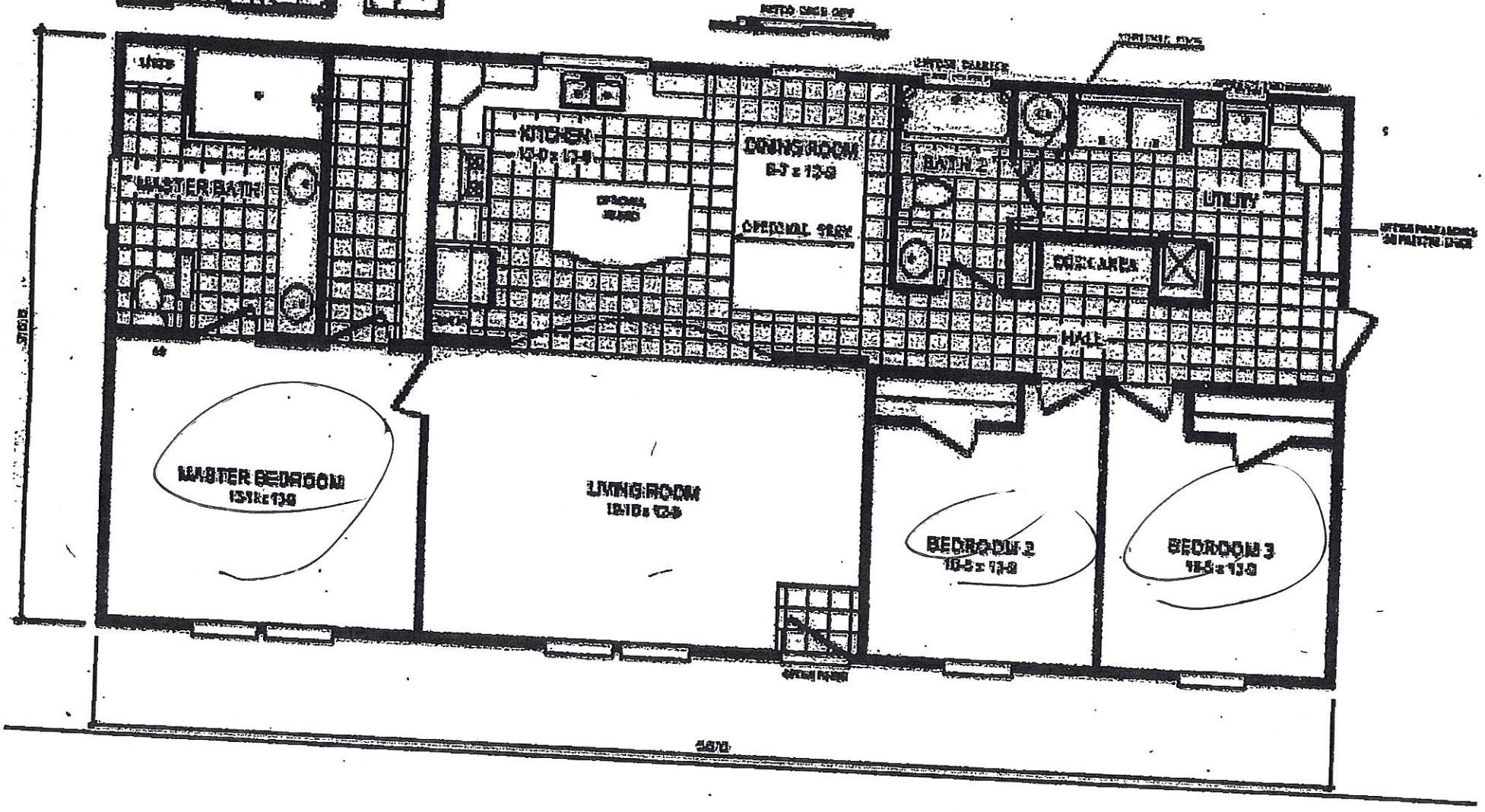
Date

Date

11-24-2021

BALLY'S





IREDELL COUNTY · NC

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

APPLICATION NUMBER
321117 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4637345547.000	253 WHIPPOORWILL RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: PRICE SUSAN R	Name: CLAYTON HOMES OF STATESVILLE
Address:	Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677
Phone:	Phone: (704)873-2547

Use Requested	Zone Code
Modular	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.51	35	50	25	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
MODULAR HOME

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.

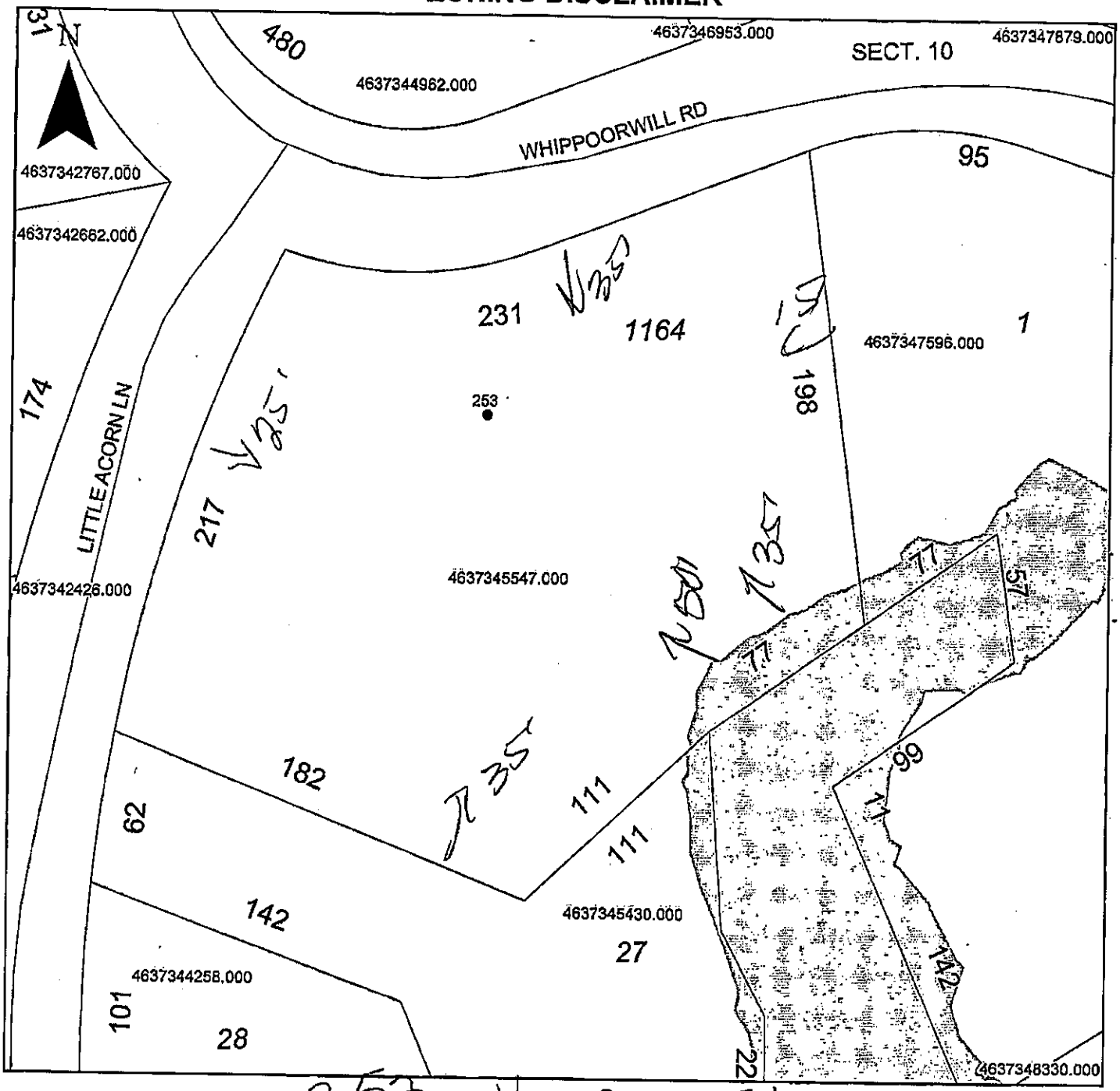
Signature of Owner/Contractor

Date: 09/02/2021

Permit Number	321117

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 253 Whippoorwill

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

9/2/21
Date