# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 309433

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

PIN # 4639 --34 --4539

APPLICANT/OWNER: Adam Anderson / Clayton Homes | APPLICANT ADDRESS: 257 Bostain Lake Rd Statesville NC 28677

SITE ADDRESS: 119 Marietta Rd Mooresville NC 28117 | PHONE: | ALT. PHONE

SITE DIRECTIONS: Poplar Rd to Fern Hill Left on Marietta | SAP CONTROLLED: ☒ YES ☐ NO

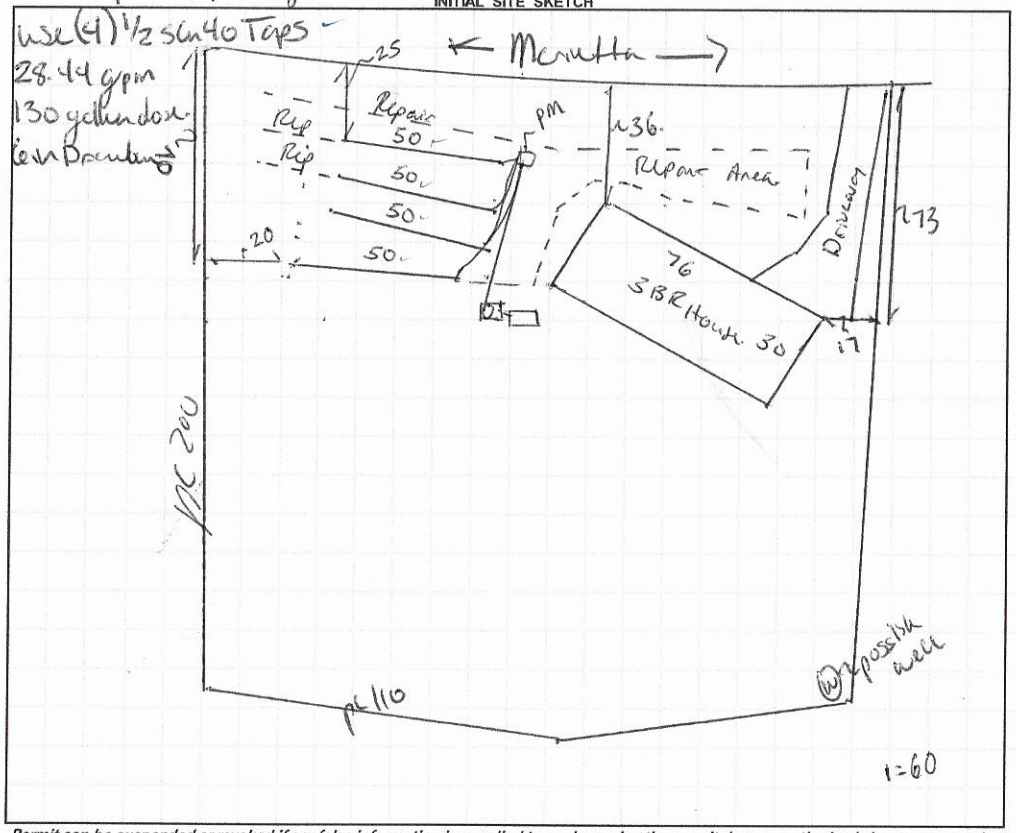
SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: .785 Acres | DESIGN FLOW: 360 | L.T.A.R.: .30

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank 1600 (gal) | STB TP1012 | Date 3/21/21 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI | ☒ Residence | No. Bedrooms 3 | **Water Supply** |
| Pump Tank 1000 (gal) | PT PT 12 | Date 11/22/20 | System Description: PM- 50% Reduction | | ☐ Business | No. Persons 6 | ☒ Private |
| Pump Make Gould | Model WE0312M | Serial # M20563 | Repair System Description: LP-PPBPS-50% Reduction | | ☐ Other | No. Employees | ☐ Public |
| # Nitrification Fields 1 | # Lines 4 | Linear Ft 200 | Maintenance Agreement Required: ☐ YES ☒ NO | | ☐ Slab | ☒ Crawl Space | ☐ Community |
| Trench Width 24 | Trench Bottom Depth (Low side) 36in Max | Gravel Depth | ☐ GRAVITY ☒ PRESSURE | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing | |

Comments / Conditions: No Foundation Drain along front of home - Install Septic Drainlines on the contour, Attn Land + Utilize Pressure Manifold. Do not Drive, park, pave, grade or bury within the Drainfield Area.

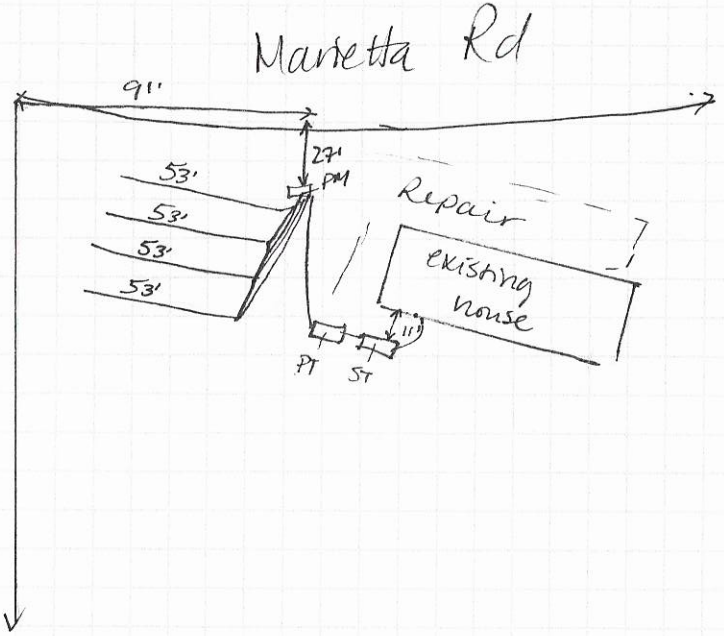
5" tester, Alarm checked & pressure set 7/13/21 Box Sealed.

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: | Date: 4/2/21 | Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Benjamin A. Bass | Date: 4/16/2021 | OPERATION PERMIT by: D. Wiebenga | Date: 7/15/21

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bass | Date: 4/16/2021 | Existing System Inspected by: | Date:

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

| Item | Date | Initials |
|---|---|---|
| Drain Lines Checked | 5/20/21 | DW |
| Tanks Checked | 5/24/21 | DW |
| Pressure Manifold or Valve Box Checked | 5/24/21 | DW |
| Pressure Head Set | | |
| Electrical Checked | | |
| Floats Set | | |
| Alarm Checked | | |
| Maintenance Contract Needed? Y / (N) | | |
| Comments: | | |
| | | |
| | | |

| Repairs Only | |
|---|---|
| | State Code |
| Failing System Code | |
| Type of Distribution | G or P |
| Type of Failure/Malfunction | |
| Primary Cause of Failure/Malfunction | |
| | |
| Age of System? _____ | |
| Initial or Repair? _____ | |

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Adam Anderson
APPLICATION DATE 7-27-20
ADDRESS: 257 Boston Lake Rd
DATE EVALUATED: 8-5-20
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE:
LOCATION OF SITE: 119 Marietta Rd Mvl
PROPERTY RECORDED:
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 | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 45% | 0-20 | fill | – | white tile-like pieces in all pits w/ fill | | | | 4 |
| | | 20-n | | | | | | | |
| 2 | 45% | 0-38 | fill | – | – | – | – | – | 4 |
| | | | | | | | | | |
| 3 | 75% | 0-10 | SBK C | Fr SS SP SAP | | 44" | PS | – | PS .3 |
| | | 10-44 | SBK CL | " " | | | | | |
| | | 44-50 | M Sap | VFr | | | | | |
| 4 | 25% | 0-12 | SBK CL | Fr SS SP SAP | | 12" | PS | – | PS .3 |
| | | 12-55 | M Sap | VFr | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | |
| System Type(s) | | |
| Site LTAR | | |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT:

COMMENTS: 7) 0-11 C 38-50 Sap 13
32"

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope)<br>CV (Convex Slope)<br>D (Drainage Way)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | III | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | | | | | **MOIST** | **WET** |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay) | 0.4 - 0.1 | 0.2 - 0.05 | VFR (Very Friable)<br>FR (Friable)<br>FI (Firm)<br>VFI (Very Firm v. Very Sticky)<br>EFI (Extremely Firm) | NS (Non-sticky)<br>SS (Slightly Sticky)<br>S (Sticky)<br>VS (Very Sticky)<br>NP (Non-plastic)<br>SP (Slightly Plastic)<br>P (Plastic)<br>VP (Very Plastic) |
| | | O (Organic) | None | None | | |

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

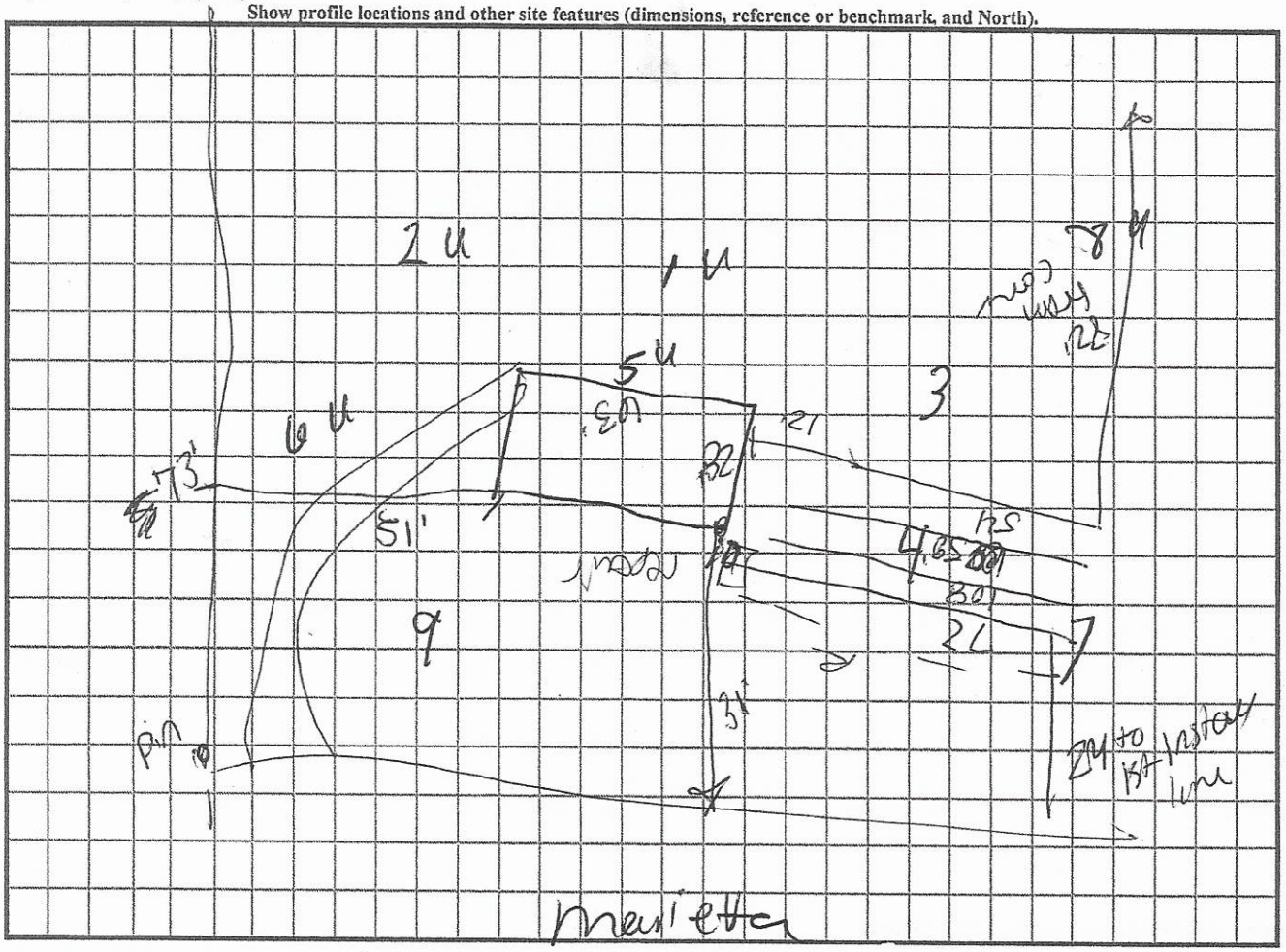
*NOTES*

| | |
|---|---|
| *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/ft$^2$

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




5 - fill
0 - fill (all)

white tile?

8 - full
0-28

9 - 0 - 20 - CL
20-55 - SCL .35

10 - 0 - 20 - CL
20-55 - SCL

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*

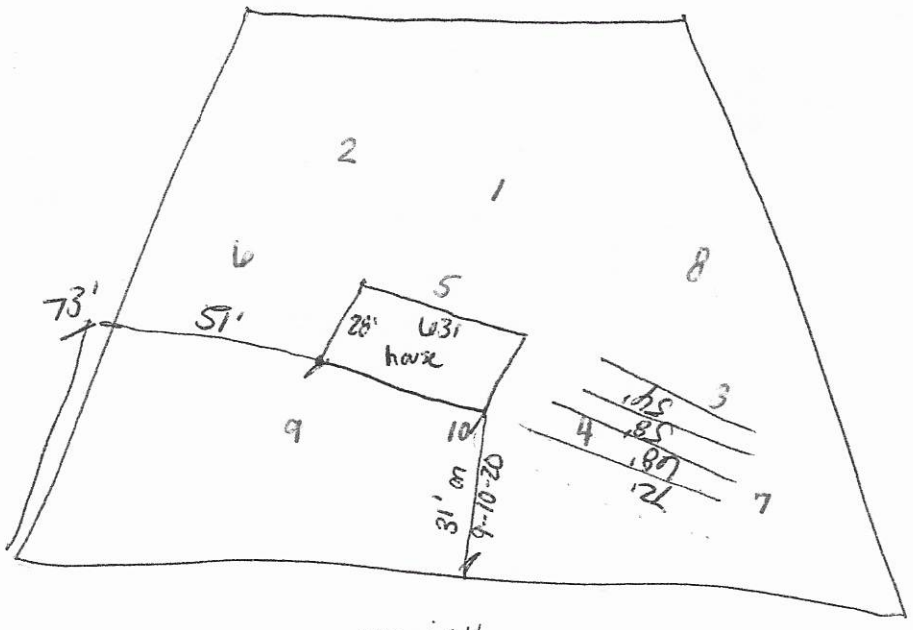
*Sheet ____ of ____*

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

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

| 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 | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 5 | <5% | 0-40 | fill | – | – | – | – | – | 4 |
| 6 | <5% | 0-38 | fill | – | – | – | – | – | 4 |
| 7 | <5% | 0-11 | SBK C | Fr ss sp slop | | 38" | PS | – | PS .3 |
| | | 11-38 | CL | " " | | | | | |
| | | 38-50 | M sap | VFI | | | | | |
| 8 | <5% | 0-28 | fill | – | – | – | – | – | 4 |
| 9 | <5% | 0-20 | SBK CL | Fr ss sp sty | | 20" | PS | – | PS .3 |
| | | 20-55 | M Sap | VFI | | | | | |

COMMENTS: _____




marietta

RECEIVED APR C 8 2021

* REDRAW / LAYOUT — PLEASE GET TO BEN

# 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-309433 $105.00

SITE PLAN ATTACHED TO INDICATE CALDER HOME PLAN CUSTOMER APPLIED FOR

**Application For:**
( ) Septic Improvement Permit (X) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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** — CURRENT IP ATTACHED

The following optional attachments may also be submitted:
*Place an (X) beside whichever is submitted if applicable*
( ) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:** (PRINT CLEARLY)

Applicant Name: CLAYTON HOMES STATESVILLE Address: 2026 NORTHSIDE DR STATESVILLE Zip: 28625
Applicant Email: adam.carstevens@clayton homes.com Phone: 704 693 2547 Alt. Phone: 704 929 1552
Owner Name: ADAM ANDERSON Address: 257 BOSTON CAKERD Zip: ADAM
Owner Email: _____ Phone: 704 790 8753 STATESVILLE Alt. Phone: _____

**Property Information:**

Street Address: 119 MARIETTA RD MOORESVILLE
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

(X) 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: 4
( ) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ~~(X) 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.*

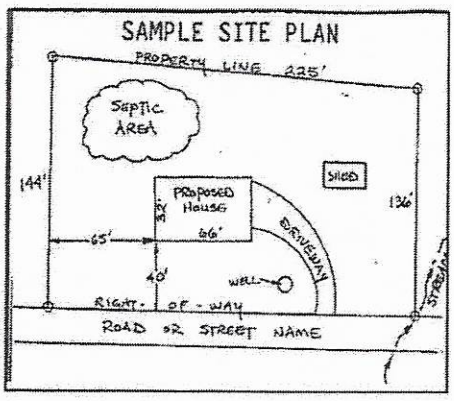
**Signature:** _____ CLAYTON HOMES STATESVILLE 4/7/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# 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:** _____ CLAYTON HOLMES

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

STATEMENT

4/7/21

DATE

## SURVEYOR'S CERTIFICATION

I, Marty S. Cline, Professional Land Surveyor, hereby certify that this plat was drawn under my supervision from an actual survey made under my direct supervision with a precision ratio of 1:10,000+ before adjustment; that this survey creates a subdivision of land within the area of a county or municipality that has an ordinance which regulates parcels of land; and that this plat was prepared in accordance with G.S. 47-30 as amended.

Witness my hand and printed seal this 9-30-20.

Marty S. Cline
NCPLS 3381

NORTH CAROLINA PROFESSIONAL SEAL L-3381 LAND SURVEYOR MARTY S. CLINE

## WATERSHED STATEMENT

This property, to the best of my knowledge, lies within the WS-IV CA of the Lake Norman-Catawba River basin as designated by the North Carolina Division of Environmental Management as appears on the watershed protection map of Iredell County.

Subdivision Administrator Date

## CERTIFICATE OF OWNERSHIP AND DEDICATION

I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent and establish minimum lot size and building setback lines and dedicate all roads, alleys, walks, parks, and other sites and easements to public use.

I further certify that:

a) there are no deed restrictions which will be violated by the requested subdivision; and

b) there are no governmental regulations of any kind, other than those for which variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and

c) I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

Edward Lee Estes 10-4-20
Chairman of the Board of Deacons of Fern Hill Mission Baptist Church — Date

## OWNER'S NOTARIZATION

Iredell County, North Carolina

I, Tammy L Griffin, a Notary Public of the county and state aforesaid, hereby certify that Edward L. Estes, Chairman, personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official stamp this 10-4-2020

Tammy L Griffin
My commission expires 5/12/2022

TAMMY L. GRIFFIN
Notary Public
Iredell Co., North Carolina
My Commission Expires May 12, 2022

## CERTIFICATE OF APPROVAL FOR RECORDING

I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell County.

Subdivision Administrator Date

## REVIEW OFFICER'S APPROVAL

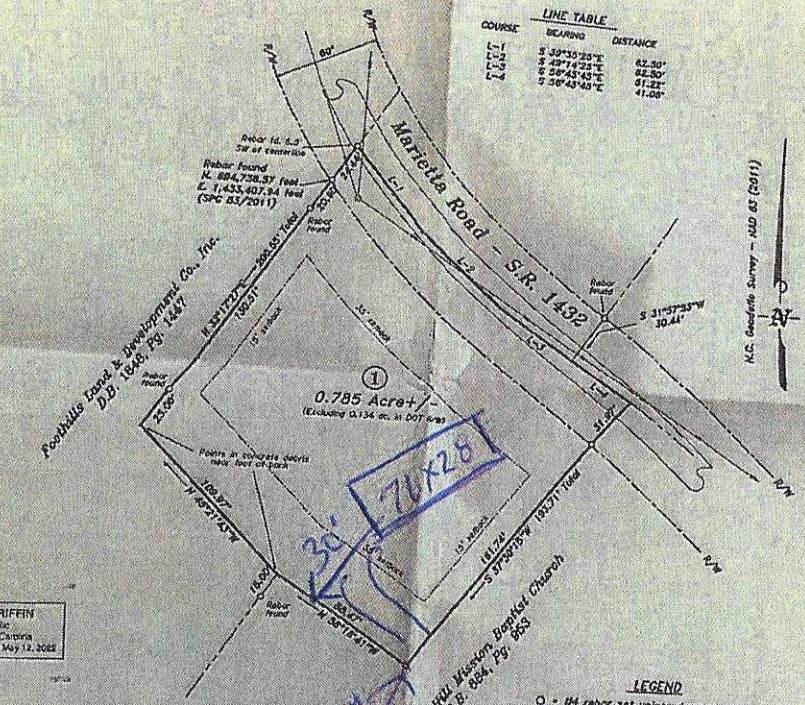
Iredell County, North Carolina

I, _____, a Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recordation.

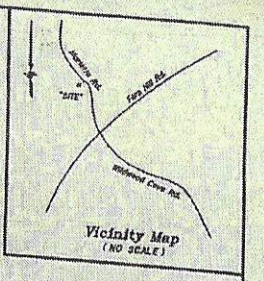
Review Officer Date

## NOTICE:

As of the date of this recording the lots represented on this plat have not been inspected or approved by the Iredell County Health Department. Until inspected there is no assurance that a Building Permit will be issued.




| LINE TABLE | | |
|---|---|---|
| COURSE | BEARING | DISTANCE |
| L1 | S 58°35'29"E | 62.50' |
| L2 | S 43°13'53"E | 62.50' |
| L3 | S 58°43'43"E | 61.22' |
| L4 | S 58°43'43"E | 41.08' |




Vicinity Map
(NO SCALE)

## SURVEYOR'S NOTES

1) This survey shall be made subject to any discrepancies that may be disclosed by a thorough and accurate title search.

2) This property does not lie in a flood hazard area as appears on HUD/FIA Flood Insurance Rate Map 3710483900J (Effective date 3-18-08).

3) This property and all adjoining properties are zoned R-20.

4) This lot shall be subject to a ten (10) foot drainage and utilities easement across the front, rear, and sides.

5) No horizontal control monuments were found within 2000 feet of this site.

6) This lot shall be served by a private well and an individual septic system.

7) Total area in subdivision 0.919 acres+-

8) Total number of lots in subdivision: 1

9) Area in smallest lot 0.919 acres+-

10) All lots shall be subject to minimum building setbacks as follow, unless noted otherwise: Front - 35 feet; Sides - 15 feet; Rear - 35 feet

11) Areas shown were derived from the double meridian distance method.

## LEGEND

O = #4 rebar set unless denoted otherwise
+ = Unmarked point
— o — = Overhead power line
Ø = Power pole

Minor Subdivision Survey For:

**Adam D. Anderson & wife, Leah S. Anderson**

Fallstown Twsp., Iredell Co., N.C.

Deed reference: D.B. 684, Pg. 953

Surveyed September 1st, 2020

Platted September 4th, 2020

Tax PIN: 4639 34 6236

Scale: 1" = 40'

40 0 40 80 120

GRAPHIC SCALE - FEET

Proximity to Voluntary Farmland Preservation District or Enhanced Voluntary Farmland Preservation District Statement:

"This property, or portions thereof, is not located within 1/2 mile of a designated (Enhanced) Farmland Preservation District."

Owner/Developer:

Fern Hill Mission Baptist Church
P.O. Box 548
Troutman, NC 28166


MARTY S. CLINE, PLS
115 Evening Star Dr.
Statesville, N.C. 28625
(704) 546-5975

# ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # 309433

PIN # 4639 -34 -4539.000

APPLICANT/OWNER: Adam Anderson

APPLICANT ADDRESS: 257 Boston Lake Rd Statesville NC 28677

SITE ADDRESS: 114 Marietta Rd Mooresville NC 28117

PHONE: 704-929-1935 ALT. PHONE 704-798-8753

SITE DIRECTIONS: Rte 150 to Fox Hill Left on Marietta.

SUBDIVISION:

SAP CONTROLLED: ☒ YES ☐ NO

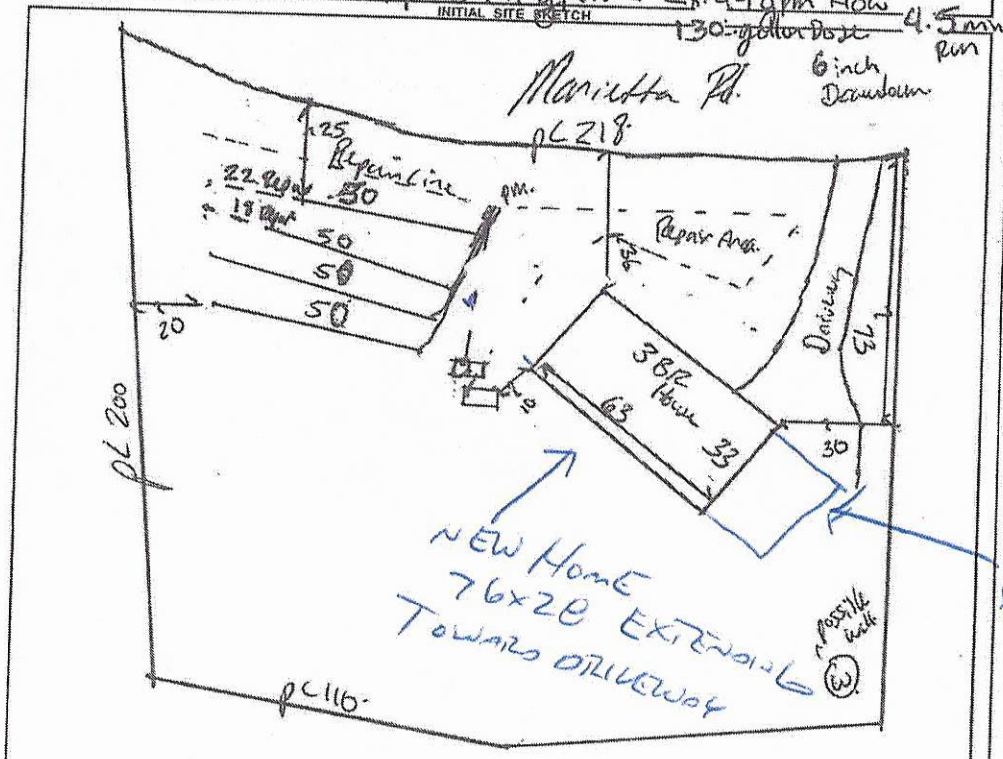
SECTION: — LOT # — LOT AREA: .785 Acres DESIGN FLOW: 360 L.T.A.R.: .30

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | Date | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI | ☑ Residence | No. Bedrooms 3 |
| Pump Tank | 1000 (gal) | PT | Date | System Description: PM - 50% Reduction | | | | ☐ Business | No. Persons 6 |
| Pump Make | Model | | Serial # | Repair System Description: LD - PPBPS - 50% Reduction | | | | ☐ Other | No. Employees |
| # Nitrification Fields | 1 # Lines | 4 | Linear Ft 200 | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☐ Slab | ☑ Crawl Space |
| Trench Width | 24 Trench Bottom Depth | 36 max | Gravel Depth | | ☐ GRAVITY | ☒ PRESSURE | | ☐ Basement w/ plumbing | ☐ Basement w/o plumbing |

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install on the contour and utilize pressure manifold - Repair Area, pump rate of 6.3 gpm utilizing Mackenfield Area. W=4'/25ch 40 TOPS 0.7.11 gpm. = 28.44 gpm Flow 130 gallon Dose 4.5 min run

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.

Additional 13' over what customer applied for

Revoked

*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: 11/4/21

IMPROVEMENT PERMIT by: [signature] Date: 11/5/21

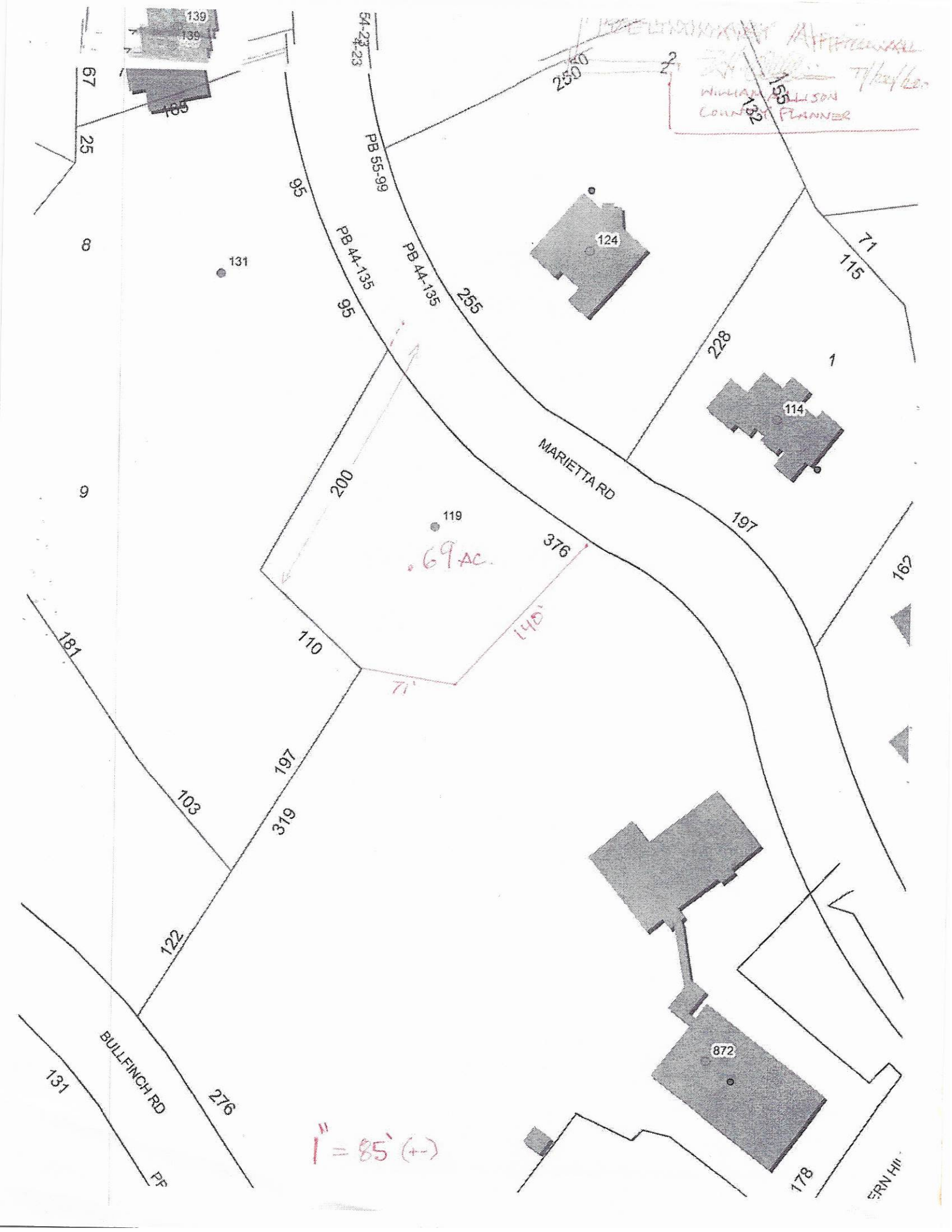
AUTHORIZATION TO CONSTRUCT by: Date:

Installed by:

OPERATION PERMIT by: Date:

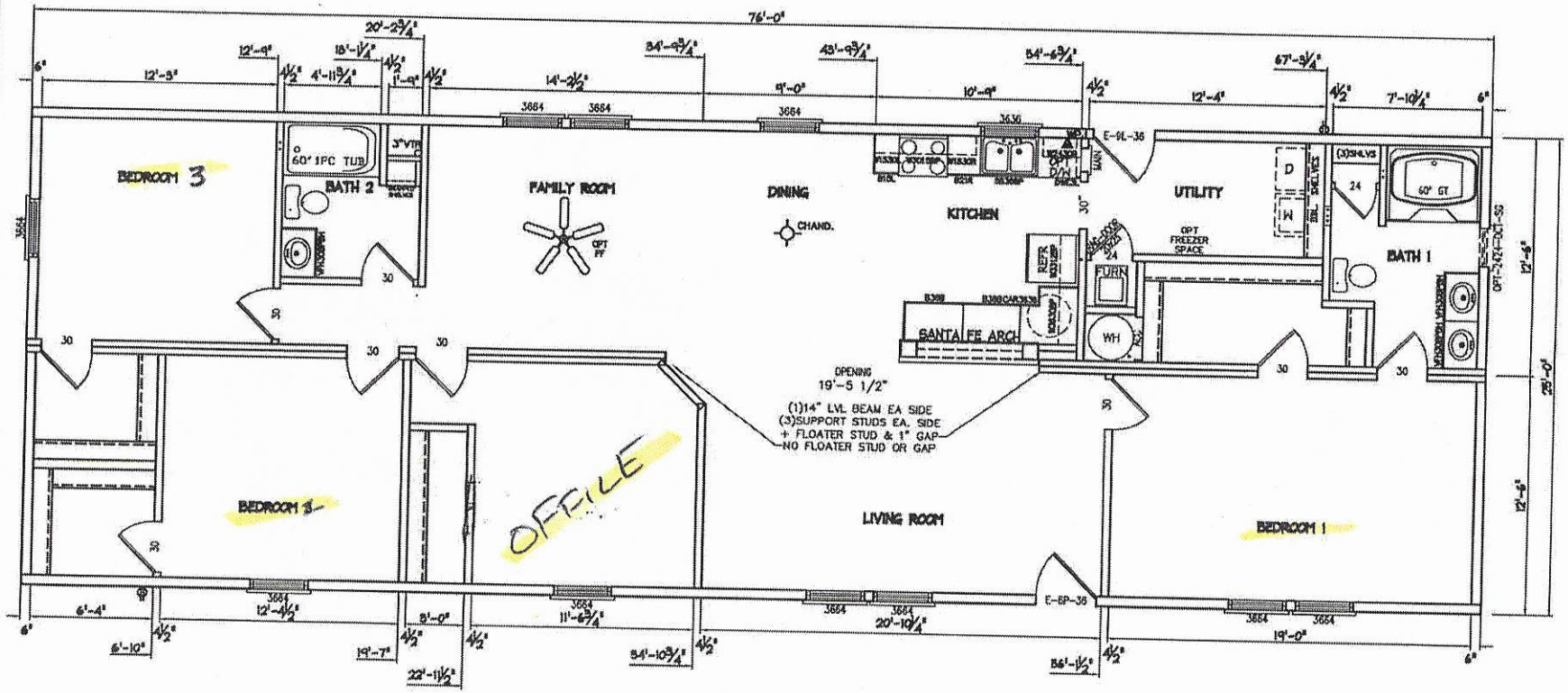
Existing System Inspected by: Date:

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


Preliminary Approval
WILLIAM ALLISON
COUNTY PLANNER
54-23-23
PB 55-99
PB 44-135
PB 44-135
MARIETTA RD
BULLFINCH RD
139
139
189
124
131
114
119
872
.69 AC.
1" = 85' (+-)
67
25
95
95
255
250
132
155
71
115
228
200
197
376
110
181
103
197
319
122
276
131
178
162

PERMIT 305433

76X28




ALL APPLIANCES ARE SHOWN FOR REPRESENTATION ONLY. INSTALLATION AND/OR SHIPPING OF APPLIANCES DEPENDS ON SALES ORDER.

TOTAL AREA = 1900sf

8' CEILING

4/16/2021

CLAYTON HOMES
STATESVILLE
3/30/21

201

CLAYTON HOMES / STOCK

1st FLOOR ORDER

64'-0" x 25'-0"

13-CP-76 Clayton STOCK

DRAWN C.R DATE 9/23/20

SCALE 3/16"=1'-0"

Marie & Creative Custom Builders
5380 Creative Road
Laurinburg, NC 28352
1-800-772-0195
www.mariescustombuilders.com
www.creativecustombuilders.com

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 309433<br>Issue Date: 07/27/2020 |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4639346236.000 | 119 MARIETTA RD | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Name: FERN HILL MISSION BAPTIST CHURCH | Name: ADAM ANDERSON |
| Address: | Address: 257 BOSTIAN LAKE RD. |
| , | STATESVILLE , NC 28677 |
| Phone: | Phone: (704)929-1935 |

| Use Requested | Zone Code |
|---|---|
| Modular | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0 | 35 | 35 | 15 | 15 | WSIV-CA Catawba/Lake Norman | NO |

| Remarks |
|---|
| MODULAR HOME LOT MUST BE SUBDIVIDED BEFORE BLDG PERMITISSUED |

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:** 07/27/2020

| Permit Number | 309433 |
|---|---|

| TOTAL FEES: | $77.25 |
|---|---|