# IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 231695

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

PIN # 4655543548

APPLICANT/OWNER: Clayton Homes of Statesville APPLICANT ADDRESS: 2620 Northside Dr. Statesville, NC

SITE ADDRESS: 177 Midway LK RD. Mooresville, NC 28115 PHONE: 7048732547 ALT. PHONE

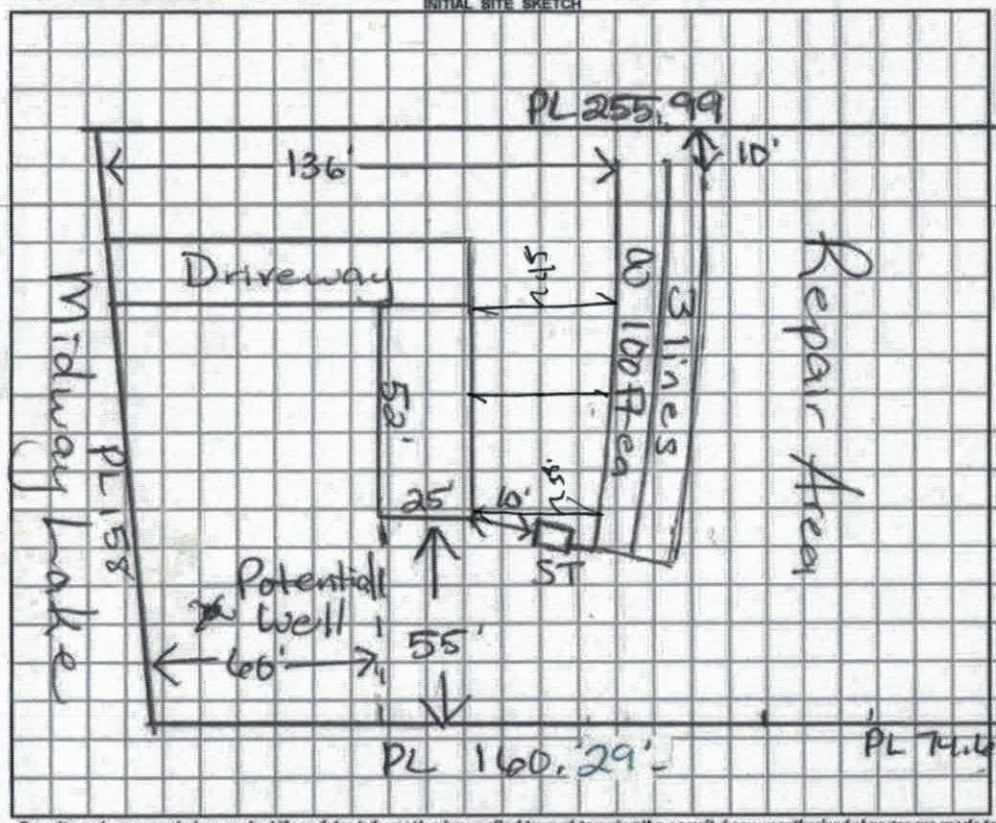
SITE DIRECTIONS: Hwy 115 S TO Faith Rd TR Midway Lake on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: James + Marie Parker SECTION: LOT # 2 LOT AREA: 1.0 Ac DESIGN FLOW: 360gpd L.T.A.R.: .3

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 600 (gal) | STB 1012 | Date 1-15-17 | ☒ 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: Gravity-25% Reduction | | ☐ Business | No. Persons 6 | ☒ Private |
| Pump Make | | Model | Serial # | Repair System Description: Same | | ☐ Other | No. Employees | ☐ Public |
| # Nitrification Fields 1 | # Lines 3 | | Linear Ft 300ft | Maintenance Agreement Required: ☐ YES ☒ NO | | ☐ Slab | ☒ Crawl Space | ☐ Community |
| Trench Width 36" | Trench Bottom Depth(Low side) 26" | | Gravel Depth N/A | ☒ GRAVITY ☐ PRESSURE | | ☐ Basement w/plumbing | | ☐ Basement w/o plumbing |

Comments / Conditions: Divert Storm/Surface Water Away from Septic System.

INITIAL SITE SKETCH




AS BUILT SKETCH

Scale 1:50

*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

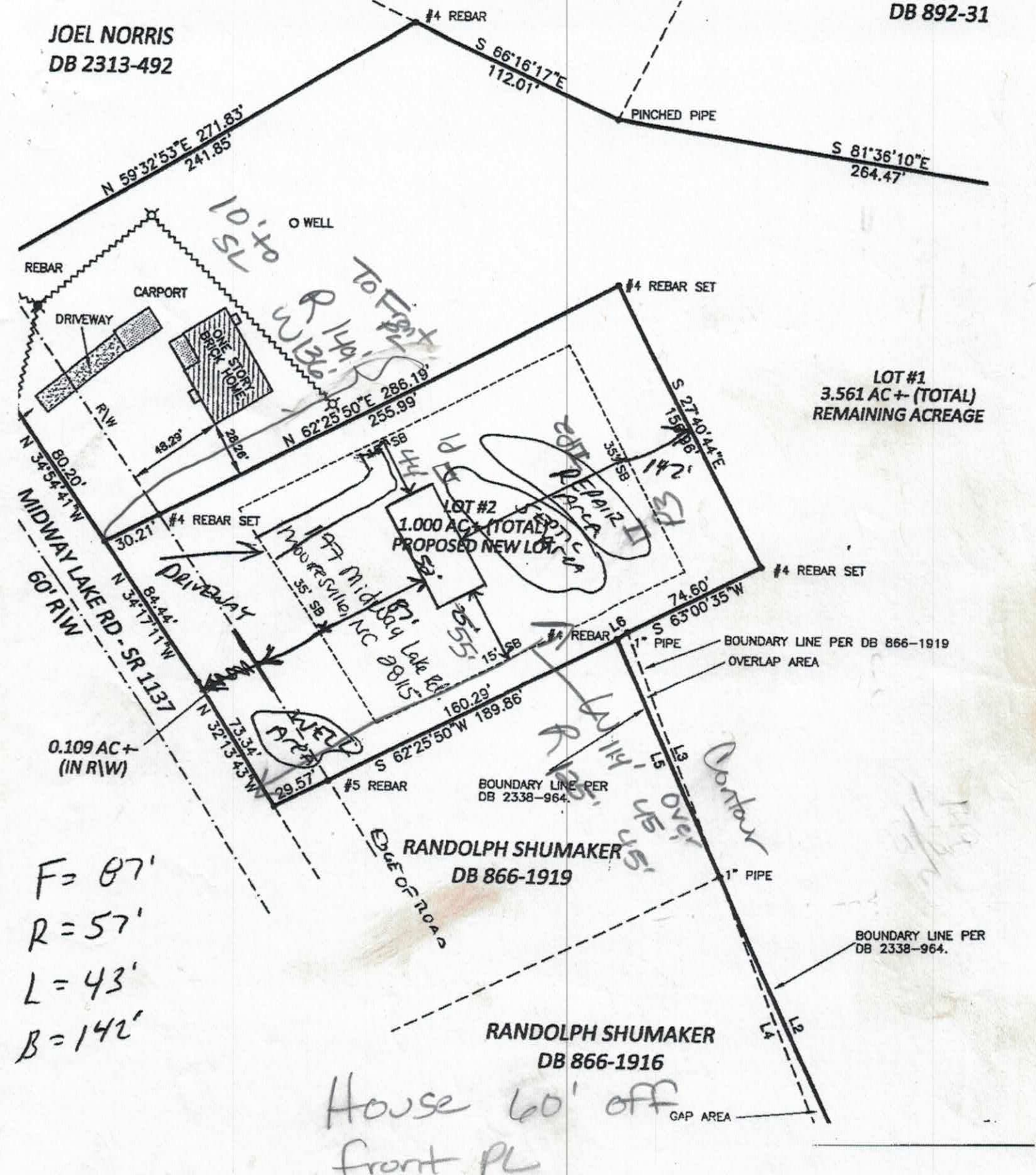
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 3/13/18 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Date: 2/16/18 OPERATION PERMIT by: Benjamin D. Botkins Date: 4/3/2018

AUTHORIZATION TO CONSTRUCT by: Date: 2/16/18 Existing System Inspected by: Date:

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.




F = 87'
R = 57'
L = 43'
B = 142'

House 60' off front PL

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: ____
COUNTY: Iredell

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: Clayton Homes
ADDRESS: 2021 Northside Dr
PROPOSED FACILITY: ____ PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 177 Midway Lake Mooresville
APPLICATION DATE ____
DATE EVALUATED: 2/8/18
PROPERTY SIZE: ____
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 | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 4% | 0-8 | Brw SCL | SS, SP, SExP, FR | | | | | PS |
| | | 8-25 | R/Rd Brw C | m-w SBK | SS, SP, SExP, FR | | | | .3 to 48" |
| | | 25-48 | Rd/Brw C/C | w SBK w/ some Mica | SS, SP, SExP, FR | | | | |
| | | 48-56 | Rd/Brw C | w SBK | w/ Well Brw mottles | | | | |
| 2 | 5-6% | 0-15 | Brw SCL | SS, SP, SExP, FR | | | | | PS |
| | | 15-38 | Rd/Brw C | w SBK | SS, SP, SExP, FR | | | | .3 to 38" |
| | | 38-55 | Rd/Brw C | w SBK | SS-S, SP, SExP, Fi-FR | | | | .25 > 38" |
| 3 | 5-6% | 0-10 | Brw SCL | SS, SP, SExP, FR | | | | | PS |
| | | 10-35 | Rd/Brw C | m-w SBK | SS, SP, SExP, FR | | | | .3 |
| | | 35-55 | Rd/Brw SC/C | w SBK | S-SS, SP, SExP Fi-FR | | | | |
| 4 | 4% 5% | 0-15 | Rd/Brw C | m-w SBK | SS, SP, SExP, FR | | | | PS |
| | | 15-33 | Rd/Brw C | w SBK | SS, SP, SExP, Fi FR | | | | .3 |
| | | 33-55 | Rd/Brw C/C | w SBK w/ few to many | SS, SP, SExP, FR Soft Inclus | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 25% Red | 25% Red |
| Site LTAR | .3 | .3 |

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Maria Dotson
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)<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 | NEXP (Non-expansive)<br>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 | | |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay)<br>O (Organic) | 0.4 - 0.1<br>None | 0.2 - 0.05<br>None | | |

| MOIST | WET |
|---|---|
| VFr (Very Friable) | NS (Non-sticky) |
| FR (Friable) | SS (Slightly Sticky) |
| FI (Firm) | S (Sticky) |
| VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| EFI (Extremely Firm) | NP (Non-plastic) |
| | SP (Slightly Plastic) |
| | P (Plastic) |
| | VP (Very Plastic) |

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

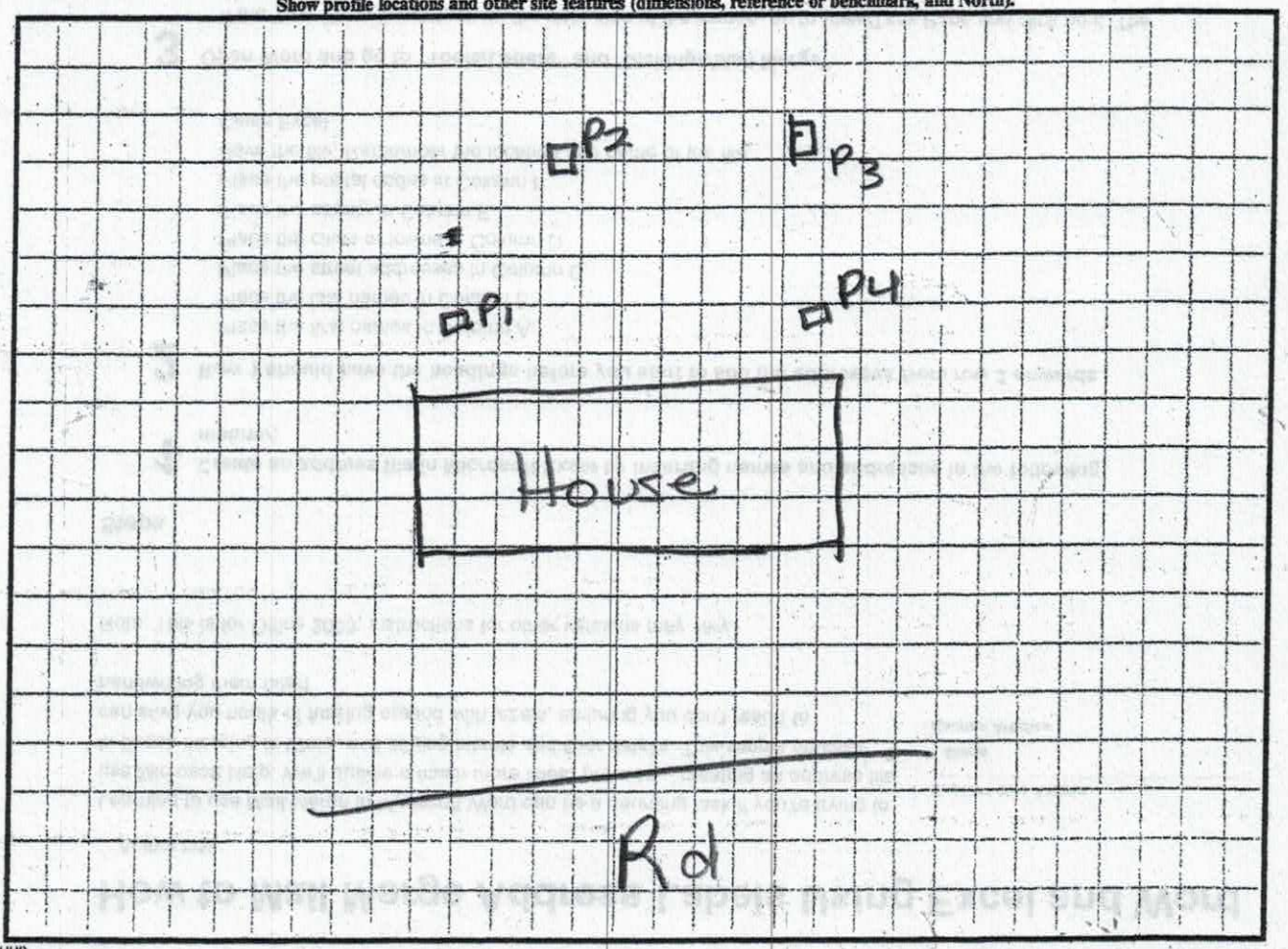
***NOTES***

| | |
|---|---|
| *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).**




ENR (######)
view (#####)

(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** 11/17/18 10:30 P 75

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: 2620 NORTHSIDE DR STATESVILLE Zip: 28625

Applicant Email: adam.casstevens@ Phone: ~~336~~ 704 873 2547 Alt. Phone: 3366487150

Owner Name: JANA NEWSOME STROUPE Address: 171 MIDWAY LAKE RD Zip: 28115

Owner Email: jlnongueen@gmail.com Phone: 704 929 0334 Alt. Phone: _____

**Property Information:**

Street Address: 177 MIDWAY LAKE RD

Subdivision Name: N/A Section/Phase: — Lot Number: —

Driving Directions: I-77 TO EXIT 33, TURN LEFT ONTO ~~FORK 150S~~ WILLIAMSON RD, .20m. (R) ONTO FORAKER RD, 1.0 mi ONTO BECK HWY, 1.3m. (L) ON FAITH RD. 8m. (R) WILL BE MIDWAY LAKE

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

**CHECK FOUNDATION TYPE**

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation

( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation

( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing

( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing

( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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 (X) 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:** _____ 11/20/17

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

CLAYTON HOMES OF STATESVILLE

PAID 14048 MCH 11/20

★ 1/19/18 Cancel per Adam w/ Clayton Homes.

## 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, GARY DALE NEWSOME, am the legal owner(s) of the property located at 177 MIDWAY LANE OR MOORESVILLE NC 28115, identified as PIN (Parcel Identification Number) 4655543548, located in Iredell County, North Carolina.

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

11/20/17 — Signature of Owner(s) — Date

11/20/17 — Signature of Witness — Date

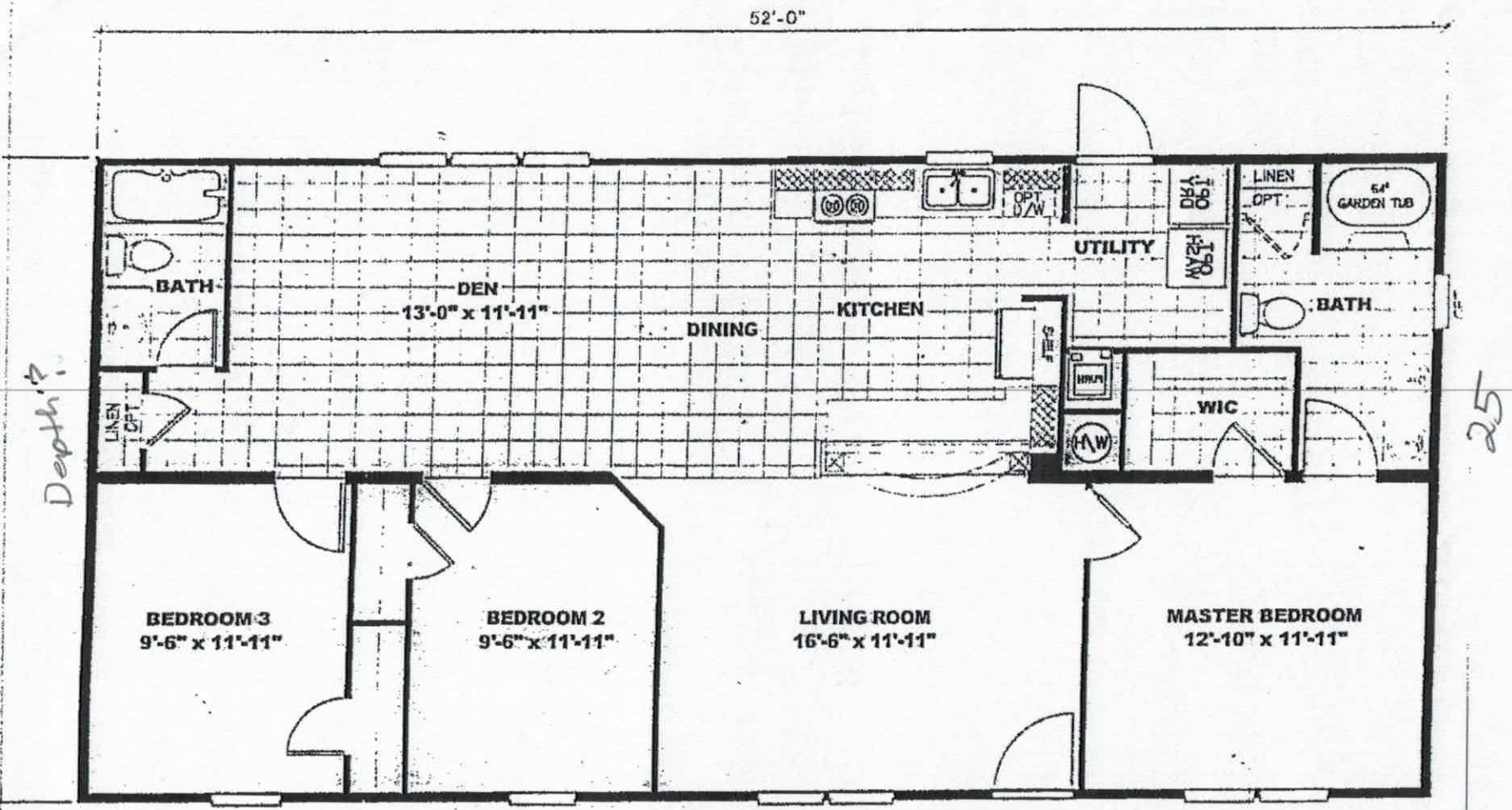
Please return this signed form to the appropriate office:

**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

# WYNN

Exhibit A
11/3/17




cknowledgemer Of
Plans Submittal ONLY

25 WIDE
THREE BEDROOM STANDARD)

Date 11/20/17

Date 2/16/18

Issue Date: 11/20/2011

## ZONING PERMIT

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4655543548.000 | 177 MIDWAY LAKE ROAD, MOORESVILLE, NC 28115 | |

| Owner Information | Applicant Information |
|---|---|
| Owner: NEWSOM, GARY D. | Applicant: CLAYTON HOMES |
| Address: 171 MIDWAY LAKE RD<br>MOORESVILLE, NC 28115 | Address: 2026 NORTHSIDE DRIVE<br>STATESVILLE, NC 28677 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| MODULAR | |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| | 35.00 | 35.00 | 15.00 | 15.00 | NOT | X |

**Remarks:**

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original 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.

Applicant: _____ Date: _____

| Permit Number | 121180 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|