ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (BCW) | PERMIT # 303896

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

PIN # 4665424899.000

APPLICANT/OWNER: Clayton Homes Darlene Stebb | APPLICANT ADDRESS: 2026 Northside Drive Statesville NC 28625

SITE ADDRESS: 118 Ashley Woods Drive Mooresville NC 28115 | PHONE: | ALT. PHONE 704-873-2547

SITE DIRECTIONS: Rocky River Rd @ on Ashley Woods House on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Ashley Woods | SECTION: - | LOT # 3 | LOT AREA: .6 Acres | DESIGN FLOW: 360 | L.T.A.R.: EXT

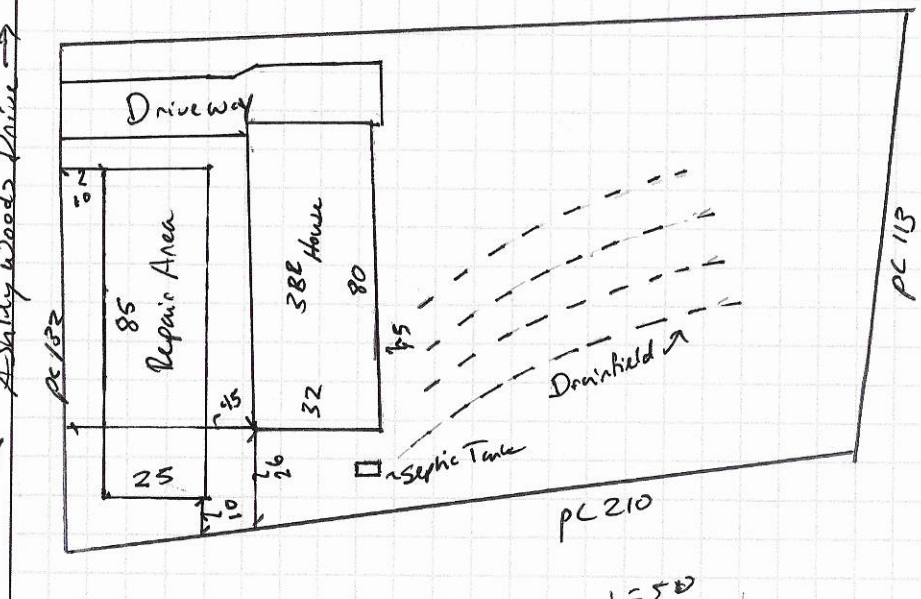
Septic Tank ____ (gal) STB ____ Date ____	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank ____ (gal) PT ____ Date ____	System Description: Existing	☐ Business	No. Persons 6
Pump Make ____ Model ____ Serial # ____	Repair System Description: LP-Panel Block 50% Reduction	☐ Other	No. Employees ____
# Nitrification Fields ____ # Lines ____ Linear Ft. ____	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width ____ Trench Bottom Depth(Low side) ____	Gravel Depth ____ ☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions:

Maintain min of 5 ft from Septic with New home foundation.

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: [signature] Date: 2/4/20 | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Benjamin A. Baker | Date: 2/3/2020

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 inspection time.

AP-3033896

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* 1/6/2020

(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)

$250.00

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ✓Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ✓Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Clayton Homes	2020 Roadside Dr Statesville, NC 28625	Adam Customers Site Coordinator 704-873-2547	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Darlene Webb	118 Ashley Woods Dr Mooresville, NC 28115	704-589-0233	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
118 Ashley Woods Dr	Ashley Woods	3

Driving Directions: ~~From Mooresville EB on Statesville~~

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- ✓ New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to ___
- ( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

- ✓ Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___? (Year)

( ) Alternative ~~(✓) Conventional~~ ( ) Innovative ( ) Modified Conventional (✓) Other EXISTING

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: ___ Clayton Homes Statesville 1/7/20
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

* pool over Repair Area.

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

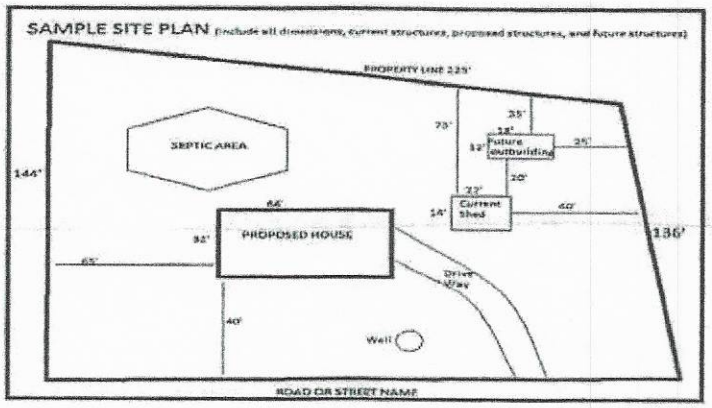
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

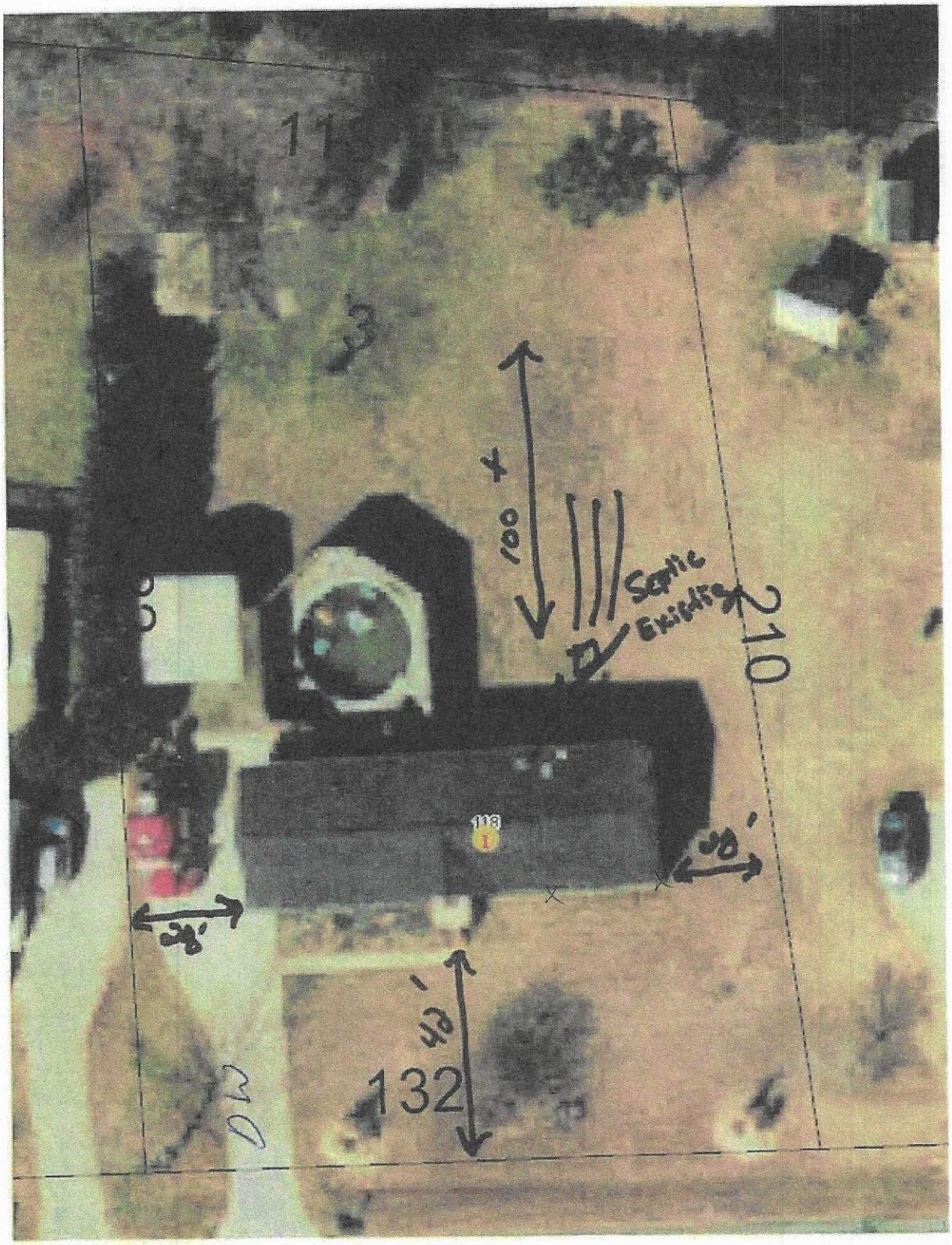
SEE ATTACHED

Signature: _____ CLAYTON HOMES STATESVILLE

REQUIRED **property owner or owner's legal representative signature.**

1/3/20

DATE



Existing Home 28 x 76

SETTING NEW 32x72 MODULAR HOME BACK WHERE EXISTING DOUBLEWIDE IS LOCATED

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 67416 PIN# 4665328745 42 9899 DATE 4/30/98

OWNER OR CONTRACTOR James McKnight PHONE: Business 866-9540 Home

ADDRESS 255 Rolling Hill Rd Mooresville NC 28115

LOCATION 115 S TC Sheaders Rd on Rt after Rocky River TR Ashley Woods Dr

SUBDIVISION Ashley Woods BLOCK / SECTION I LOT 3 LOT AREA .60 Acres SITE CLASS. RS DESIGN FLOW 360gpd L.T.A.R. .3-.25

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field No Blocks 1 Square Feet 1260' Linear Feet 420'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: Gravity Conventional

Repair System Description: Same.

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

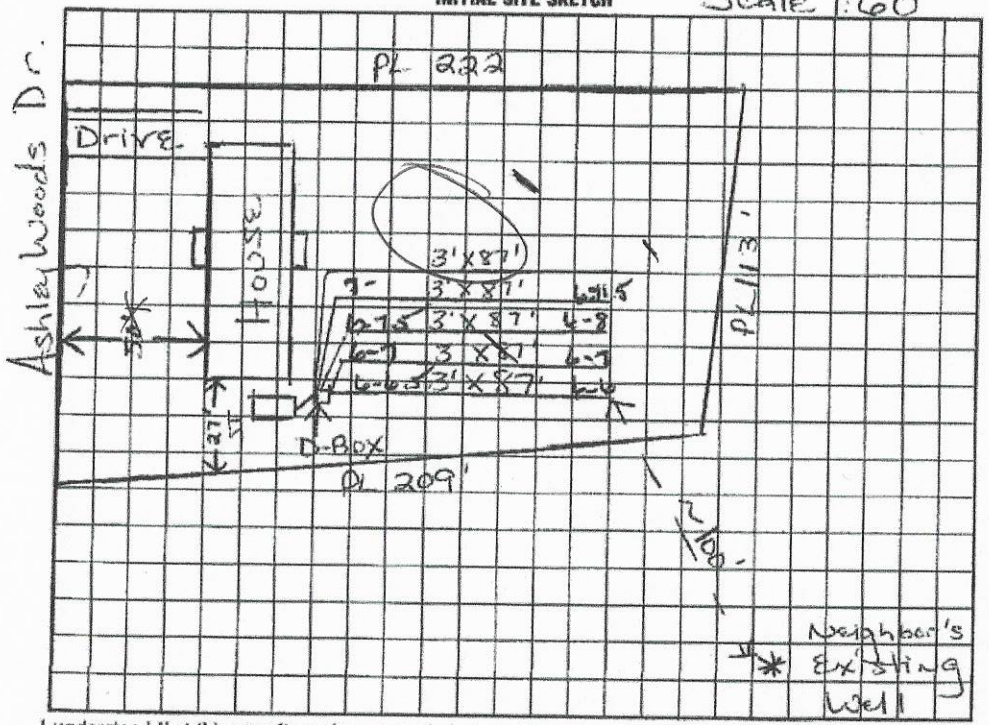
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' from PL & 5' from house & 100' from Existing Well

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:60



AS BUILT SKETCH

I understand that this 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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 5-12-98

Improvement Permit by: Maria H. Dotson date 4/3/98

Authorization to Construct by: Maria H. Dotson date 4/30/98

Installed by: A-1 Backhoe

Operation Permit by: Wesley Sparks RS. date 5/18/98

Existing System Inspection by: Wesley Sparks RS date 5/18/98

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL 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, Melissa Webb, am the legal owner(s) of the property located at 119 Ashley Woods Dr Mooresville, NC, identified as PIN (Parcel Identification Number) 4665-42-4899, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Clayton Homes & Adam Cussfewens, 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.

X Melissa Dawn Webb 12/30/19 — 12-30-19

Signature of Owner(s) Date Signature of Witness Date

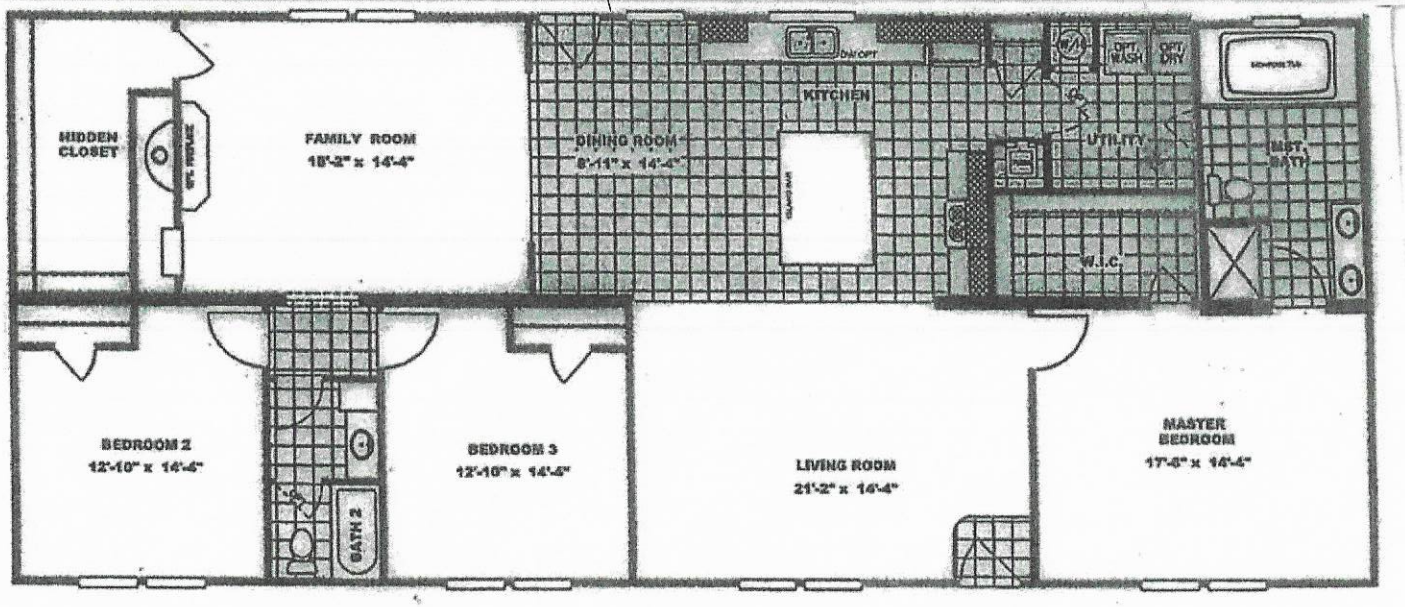
Please return this signed form to the appropriate office:

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

72'

32'



Acknowledgement Of Plans Submittal ONLY!

Buyer Date 2/3/2020

Date 2/3/20

1/3/20

CLAYTON HOMES STATESVILLE

IREDELL COUNTY · NC

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

APPLICATION NUMBER
303896 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4665424899.000	118 ASHLEY WOODS DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: WEBB DANNY L+MELISSA	Name: CLAYTON HOMES OF STATESVILLE
Address:	Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677
Phone:	Phone: (704)873-2547

Use Requested	Zone Code
Triple-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.6	35	35	15	15	N/A	NO

Remarks
MODULAR

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.

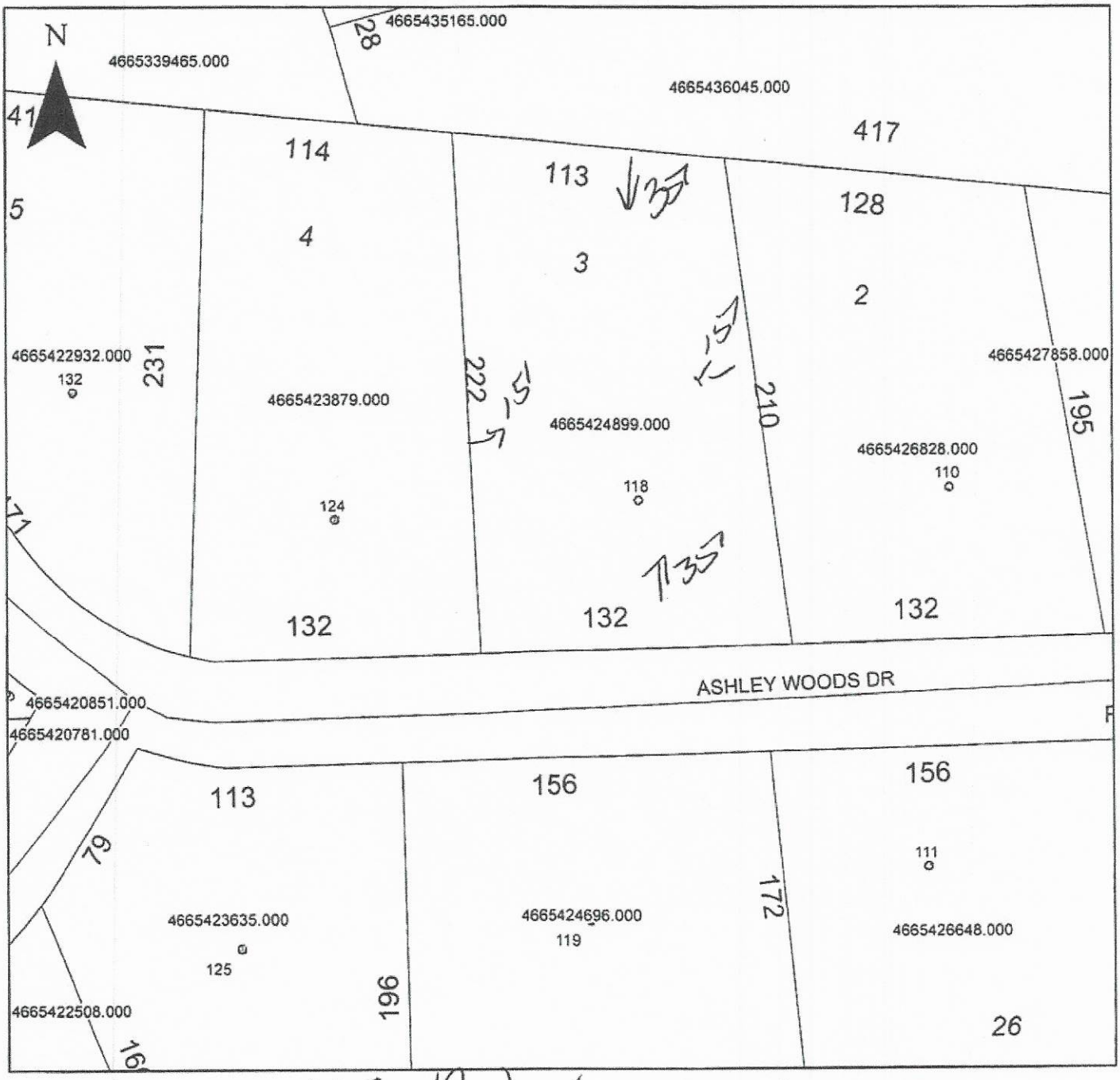
Date: 01/06/2020

Signature of Owner/Contractor

Permit Number	303896

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 118 Ashley Woods

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

1/6/20
Date