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IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Paid $150.00 Statesville
Paid $350.00 Expansion 6-1-14

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ BOTH X Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: *Place check ( ) 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

3. Applicant Information:

Cody & Cristin Edwards	(125) 127 Thornbrook Ln Mooresville, NC	Deena Abee	704-239-3693
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Janice Haffman	Same		
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

127 Thornbrook Ln.	Carolwoods	6
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: R on 3N - R on Johnson Dairy - 1st R on Carolwoods Dr - 1st R on Thornbrook Ln property on R

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
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 5
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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. 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. 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: Deena Abee PAID 6/11/14 EFT
Property owner or owner's legal representative signature (~~SIGNATURE REQUIRED~~) DATE

6-12-14

IREDELL COUNTY HEATLH 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…**
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:

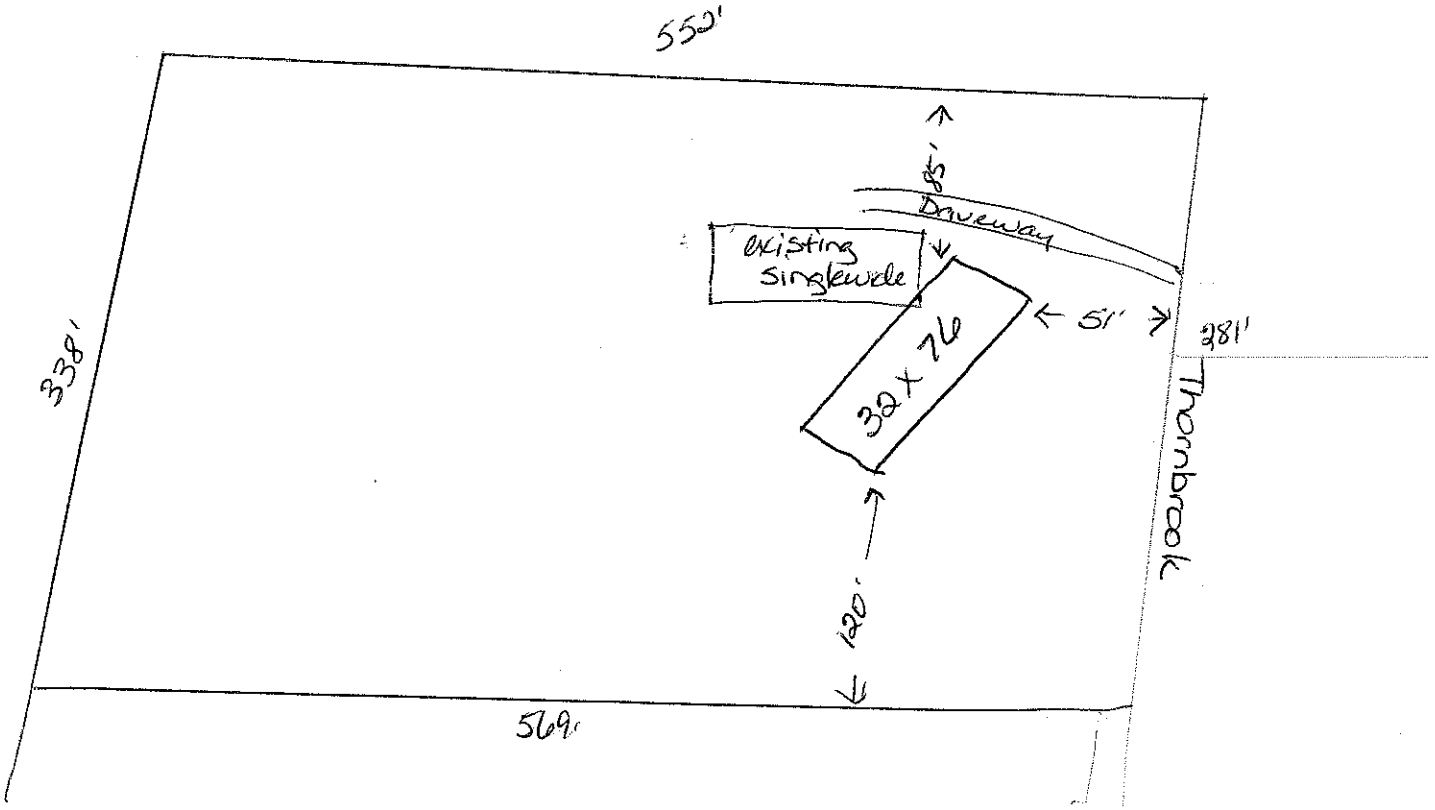
____ **Location of septic systems and wells within 100' of your property…** **N/A**
____ **Location of easements and rights of ways on your property…** **N/A**
____ **Location of any designated wetlands on the property…** **N/A**

Signature: Debra Abee
REQUIRED **property owner or owner's legal representative signature.**

6/11/14
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Replacing 3 bedroom singlewide with 3 bedroom 32 X modular.



From:CLAYTON HOMES 072 704 872 1166 06/12/2014 10:21 #015 P.001/001

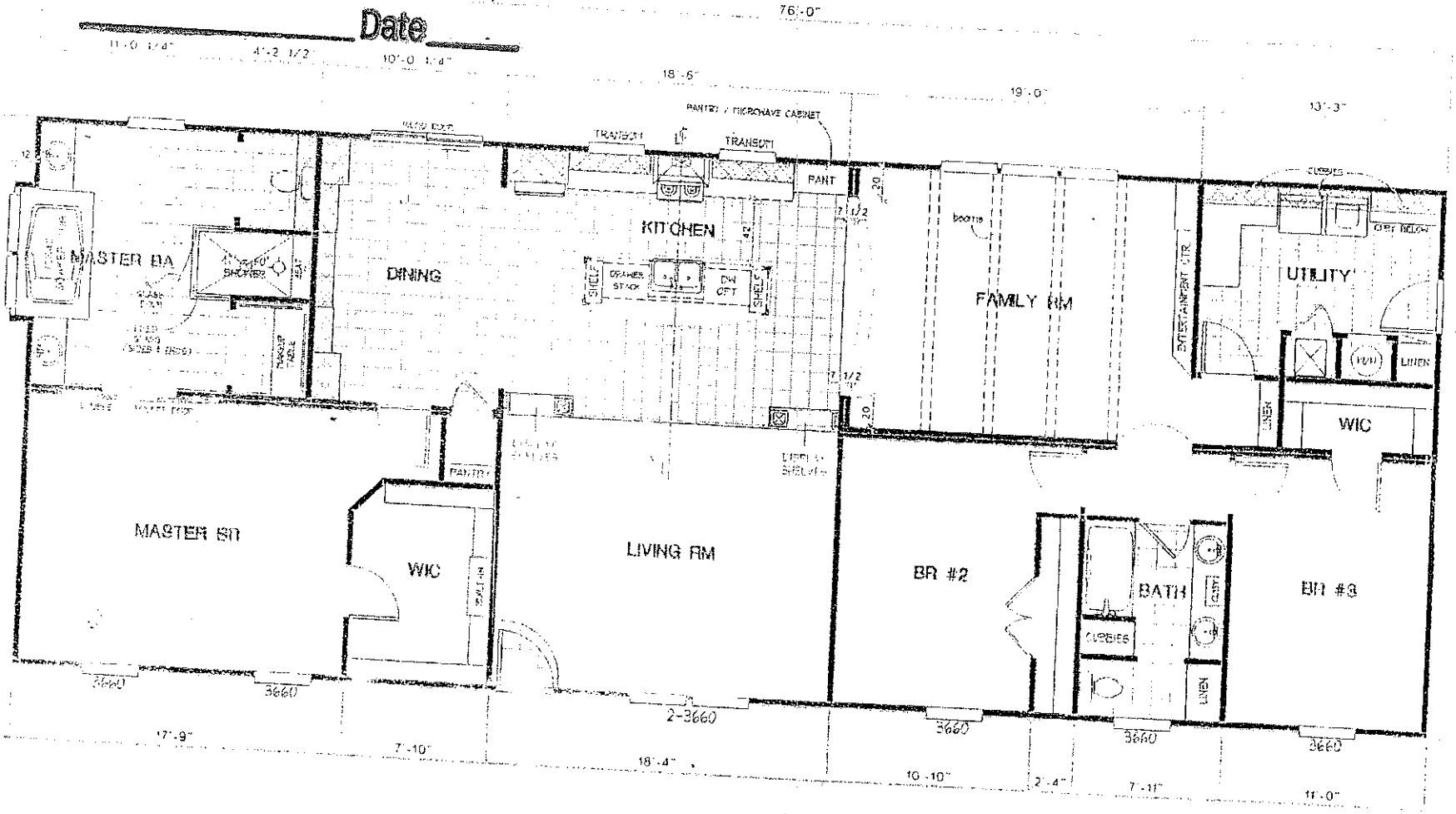
32'

Acknowledgement Of
Plans Submittal ONLY!

Date 8/15/14

Date

Dura Art



IREDELL COUNTY

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

APPLICATION NUMBER
204020
Issue Date: 06/12/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4675111049.000	125 THORNBROOK LANE, MOORESVILLE, NC 28115	MOORESVILLE

Owner Information		Applicant Information	
Owner:	HOFFMAN JOHN L+JANICE B	Applicant:	ABEE'S CLEARING & GRAD
Address:	412 KNOPS NOB DR UNIT 18 MOORESVILLE, NC 28115	Address:	2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028
Phone:		Phone:	704-239-3693

Use Requested	Zone Code
REPLACING SINGLE WIDE WITH MODULAR	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.183	35.00	35.00	15.00	15.00	NOT	AE

Remarks:

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	14515	TOTAL FEES:	$ 77.25

nt of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet:
PIN #:
Lot #:
Permit #:
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: CODY & CRISTIN EDWARDS
Address: 127 THORNBROOK
Proposed Facility: Design Flow (.1949)
Location of Site:

Applicant:
Date Evaluated:
Property Size:
Property Recorded:

Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
A1	LL 6%	0-8	3CL, SBK	FR SS, SP, SEXP	MICA, FELD. MANY SAP INCL.	40"	US		.2 PS
		8-36	YRC, SBK/ABK	VFR SS, SP, SEVP					
		36-40	CL, SBK/MAS	SS, SP, SEVP					
		40-44	CL SAP	SS SP, SEXP					
A2	LL	0-6	BCL, SBK	FR SS, SP, SEXP	CHROMA 2 AT 19"	19"		19"	
		6-19	YRC, SBK/ABK						
A3	LS	0-6	BCL, SBK	FR, SS, SP, SEXP	MANGANESE AT 12" SOME YL MOTTLES AT 38" - 48" FEW SAP INCL.	48"	N/A	N/A	.275 ABOVE 38" .225 BELOW
		6-48	YRC, SBK	FR SS, SP, SEXP					
A4	LS	0-36	YRC, SBK	FR, SS, SP, SEXP	SAP INCL. AT 24" MANG. INCL MANY SAP INCL. LOW CHROMA YELLOW MOTTLES AT 38" MANY SAP INCL	48"	N/A	N/A	.275 ABOVE 38"
		36-44	YRC, SBK	FR, SS, SP, SEXP					
		44-48	CL, WSBK	FR, SS, SP, SEXP					

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946):

Soil Evaluation By: SHANE CASHION
Others Present: CODY EDWARDS & JUSTIN HENDERSON
Site Classification (.1948): SHANE C.
Site Evaluation By:
Others Present: JUSTIN HENDERSON

A/B LL 5% 0-42 FRC, SBK FR SS, SP, SEXP Yellow mottles at 24" SAP incl. 's at 27"

42-48 CL SAP

~~A/E~~

A/E LL 5% 0-19 BRC SBK FR, SS, SEXP, SB

19-27 YBC SBK FR, SP, SEXP Chromo 8 incl. at 30"

A/R LL 5% 0-36 YRC SBK FR, SS, SP, SEXP Yellow mottles at 20"

~~A/B~~ LL 9% 0-

AB	LL	0-17	BSCL	SBK	FR, SS, SP, SEXP		
	8%	18-32	YBRC	SBK	FR, SS, SP, SEXP	YELLOW MOTTLES AT 24"	
						CHROMA 2 AT 32"	
A14	LL	0-12	BSCL	SBK	FR, SS, SP, SEXP		
	10%	12-36	YBRC	SBK	FR, SS, SP, SEXP	CHROMA 2 AT 33"	

COMMENTS:

Sheet:
FILE #:

Landscape Position
R-Ridge
SS-Shoulder Slope
LS-Linear Slope
FS-Food Slope
NS-Nose Slope
HS-Head Slope
CC-Concave Slope
CV-Convex Slope
T-Terrace
FP-Flood Plain

Group	Texture	.1955 LTAR
I	S-Sand LS-Loamy Sand	1.2 - 0.8
II	SL-Sandy Loam L-Loam	0.8 - 0.6
III	SI-Silt SICL-Silty Clay Loam CL-Clay Loam SCL-Sandy Clay Loam	0.6 - 0.3
IV	SC-Sandy Clay SIC-Silty Clay C-Clay	0.4 - 0.1

Structure
SG-Single Grain
M-Massive
CR-Crumb
GR-Granular
SBK-Subangular Blocky
ABK-Angular Blocky
PL-Platy
PR-Prismatic

Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence
Wet
NS-Non-Sticky
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy
SEXP-Slightly Expansive
EXP-Expansive

Sketch of Soil Evaluation Locations

