ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 300190

PIN # 4676797509

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

APPLICANT/OWNER: Clayton Homes / Seneca Foskey | APPLICANT ADDRESS: 1230 Conover Blvd. W Conover, NC | PHONE: 828-217-3168 | ALT. PHONE —

SITE ADDRESS: 326 Teeter Rd. Mooresville, NC | SAP CONTROLLED: ☑ YES ☐ NO

SITE DIRECTIONS: NC 152 E → R on Teeter → lot on R | DESIGN FLOW: 360gpd | L.T.A.R.: .325

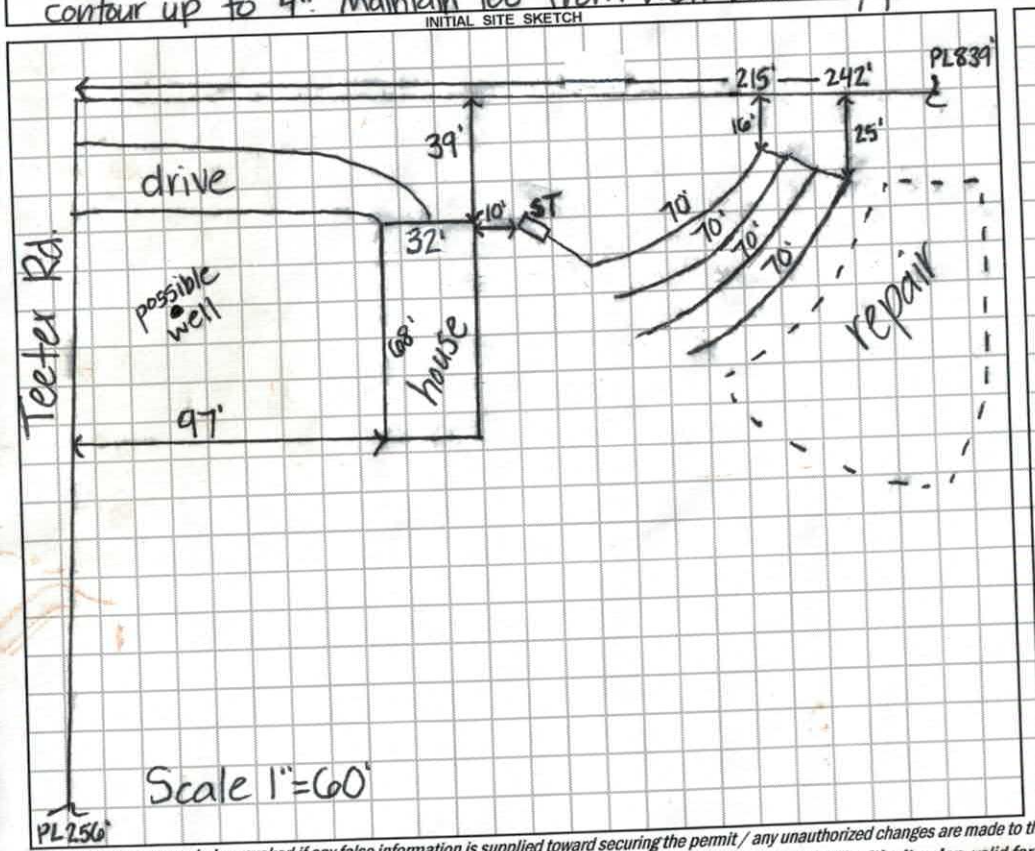
SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 4.74ac

Septic Tank	1000	(gal)	STB 1012	Date	8-12-19	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank		(gal)	PT	Date		System Description:	25% reduction		
Pump Make			Model	Serial #		Repair System Description:	25% reduction		
# Nitrification Fields	1		# Lines	4 @ 70'	Linear Ft	280'	Maintenance Agreement Required:	☐ YES	☑ NO
Trench Width	36"		Trench Bottom Depth (Low side)	MAX 36"	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	

☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☑ Private
☐ Other	No. Employees	—	☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Install 25% reduction with serial distribution.
* Install at max trench depth at 36". Ok to cheat contour up to 4". Maintain 100' from well with any part of septic.

INITIAL SITE SKETCH



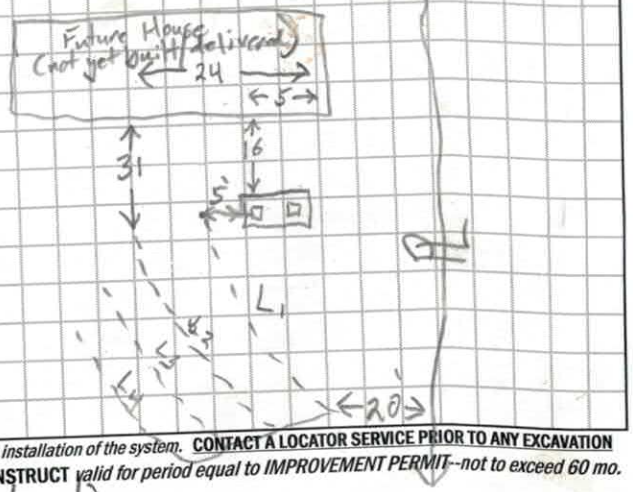
AS BUILT SKETCH

11/15/19: Taylorsville Precast 1000-gal mid-seam tank w/ a Tuff Rite EF-7 yellow effluent filter

IQ4W installed @ 34"-36" TB

Substantially as permitted

L1	70'	17	verified ok by laser
L2	70'	17	
L3	70'	17	
L4	80'	17	



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: 10-29-19 Installed by: JW Construction

IMPROVEMENT PERMIT by: Kayla Watson Date: 10-18-19 OPERATION PERMIT by: Tom Rhud Date: 11/15/19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 10-18-19 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.

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

Sheet 1 of 1
PROPERTY ID #: 4676797509
COUNTY: Iredell

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

OWNER: Seneca Foskey
ADDRESS: 326 Teeter Rd
APPLICATION DATE 9-16-19
DATE EVALUATED: 10-15-19
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 4.74 ac
LOCATION OF SITE: NC 152 E → R on Teeter → lot on R
PROPERTY RECORDED: yes

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	7%	0-8	WSBK SCL	FR,SS,SP,SE					PS
		8-15	WABK CL	FR,SS,SP,SE					
		15-64	SL SAP	VFI-FR,NS,NP		15			
I	LS								.35
2	4%	0-7	WSBK SCL	FR,SS,SP,SE			7-29 com-many SAP inc.		PS
		7-29	SBK CL	FR,SS,SP,SE	—	29			
		29-67	SL SAP	VFI-FR,NS,NP					
R	LS								.325
3	6%	0-6	WSBK SCL	FR,SS,SP,SE			17-30 com-many SAP inc.		PS
		6-17	SBK C	FR,SS,SP,SE					
		17-30	WSBK CL	FR,SS,SP,SE	—	30			
I	LS	30-63	SL SAP	VFI-FR,NS,NP					.325
4	3%	0-15	col fill	—					
		15-37	ABK C	FI,SS,SP,SE	15-37 few YB mottles		37-61 few com SAP inc		PS
		37-61	WABK CL	FR-FI,SS,SP,SE		Col			
R	LS								.275

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.325	.275

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

COMMENTS:

RECEIVED SEP 16 2019

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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:** X **Improvement Permit** X **Authorization To Construct** ___ **Existing System Inspection**

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application** Paid $500.00 AP- 300950

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 X **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Clayton Homes #0081	1230 Conover Blvd W	828-217-3168	828-217-3168
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Seneca Foskey	326 Teeter Rd. Mooresville, NC 28115	704-621-5933	N/A

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
326 Teeter Rd Mooresville NC 28115	N/A	

Driving Directions: Hwy 21 South to Left onto Mazeppa Rd. To Right onto Overhead Bridge Rd to Left onto Oakridge Farm Hwy to 150/152 Take Hwy 152 to Right onto Teeter Rd #326 is on the Right.

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

- X **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 3
If Expansion, Current Number of Bedrooms ___

- X **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:**

(X) **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** 25% Reduction Gravity

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:** _____ 9/16/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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:

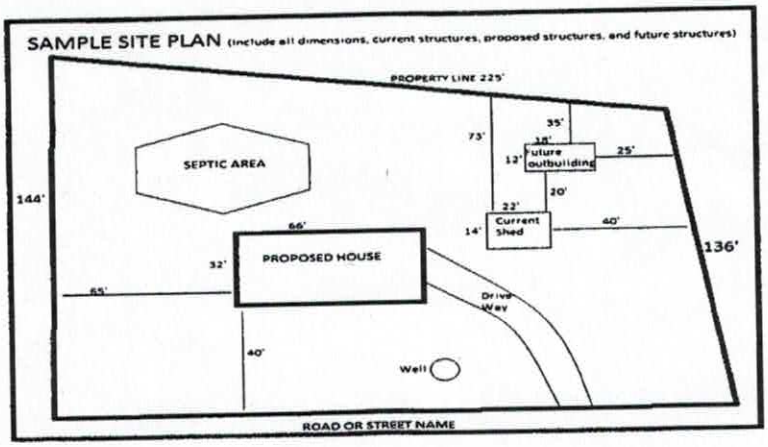
- ✓ **Property Line measurements are clearly identified…**
- ✓ **All proposed structures are indicated…**

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

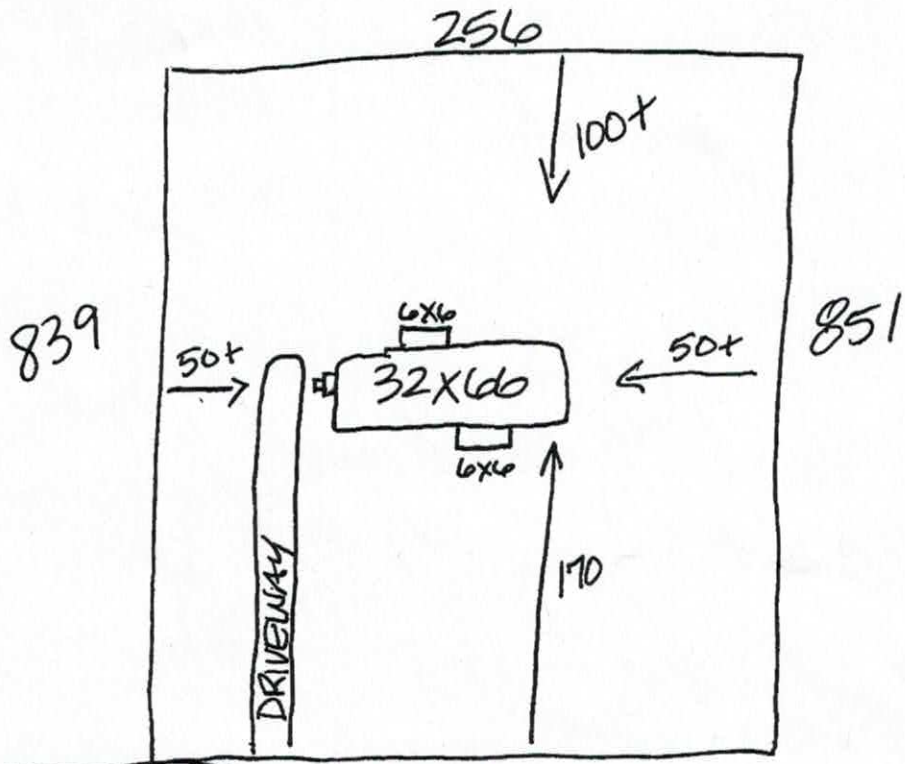
- ✓ **Front and side setbacks from property line…**
- ✓ **Preferred driveway location and configuration, preferred well location…**
- ✓ **Area you prefer your septic system to be placed…** gravity fed septic system
- ___ **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

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



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____

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

9/16/19
DATE

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, X Seneca Fozing, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 4676797509.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Clayton Homes #0081 Bobbi LaSage, 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.

Seneca Fozing	9/16/19		9/16/19
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

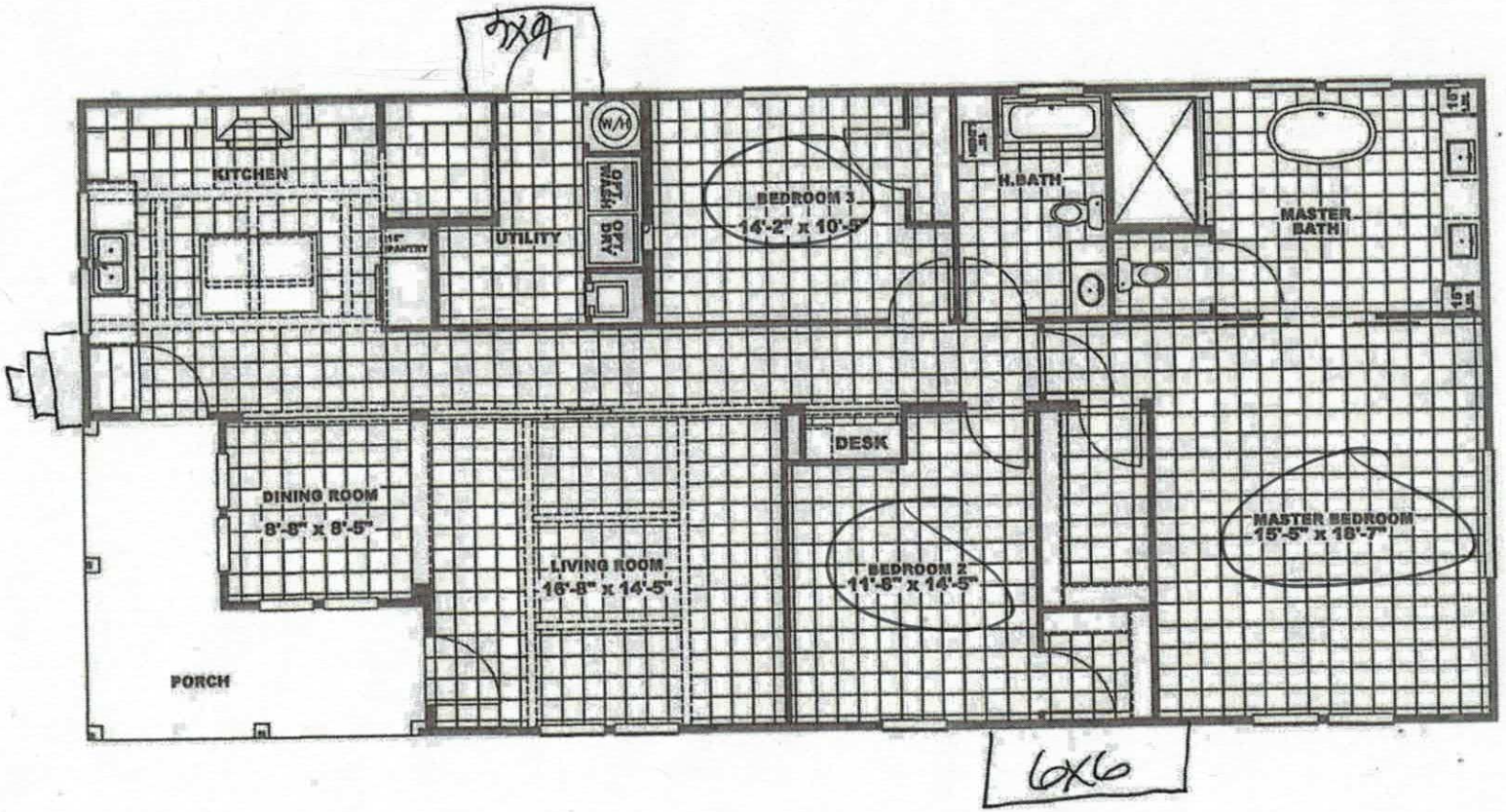
Acknowledgement Of
Plans Submittal ONLY!

Date 9/16/19

Date 10-18-19

SOUTHERNCHARM

1980 SQFT W/ PORCH
~~1628 SQFT~~
32x66



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IREDELL COUNTY

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

APPLICATION NUMBER
300950 Issue Date: 09/17/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4676797509.000	326 TEETER RD	

Owner Information	Applicant Information
Name: FOSKEY CHRISTINA B	Name: CLAYTON HOMES - CONOVER
Address:	Address: 1230 CONOVER BLVD
	CONOVER, NC 28613
Phone:	Phone: (828)465-3450

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.74	35	35	15	15		

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.

Date: 09/17/2019

Signature of Owner/Contractor

Permit Number	000291

TOTAL FEES:	$77.25