IREDELL COUNTY HEALTH DEPARTMENT

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

PIN # 4704114202

APPLICANT/OWNER: Clayton Homes / Austin Miller — APPLICANT ADDRESS: 2026 Northside Dr. Statesville NC 28625 — PHONE: 704 873 2547 — ALT. PHONE 704 902 4659.

SITE ADDRESS: 183 Cullen Lane Statesville NC 28625 — SAP CONTROLLED: ☒ YES ☐ NO

SITE DIRECTIONS: Island Ford RD, Cullen Lane, Site @ End of Gravel Road Site on Left. — DESIGN FLOW: 240 gpd. — L.T.A.R.: .25

SUBDIVISION: ~ — SECTION: ~ — LOT # ~ — LOT AREA: 13 Acres.

Septic Tank 1000 (gal) — STB 760 — Date 5/28/2017
Pump Tank ~ (gal) — PT ~ — Date ~
Pump Make ~ — Model ~ — Serial # ~
Nitrification Fields 1 — # Lines 4 — Linear Ft 240
Trench Width 36 — Trench Bottom Depth(Low side) 32 — Gravel Depth ~

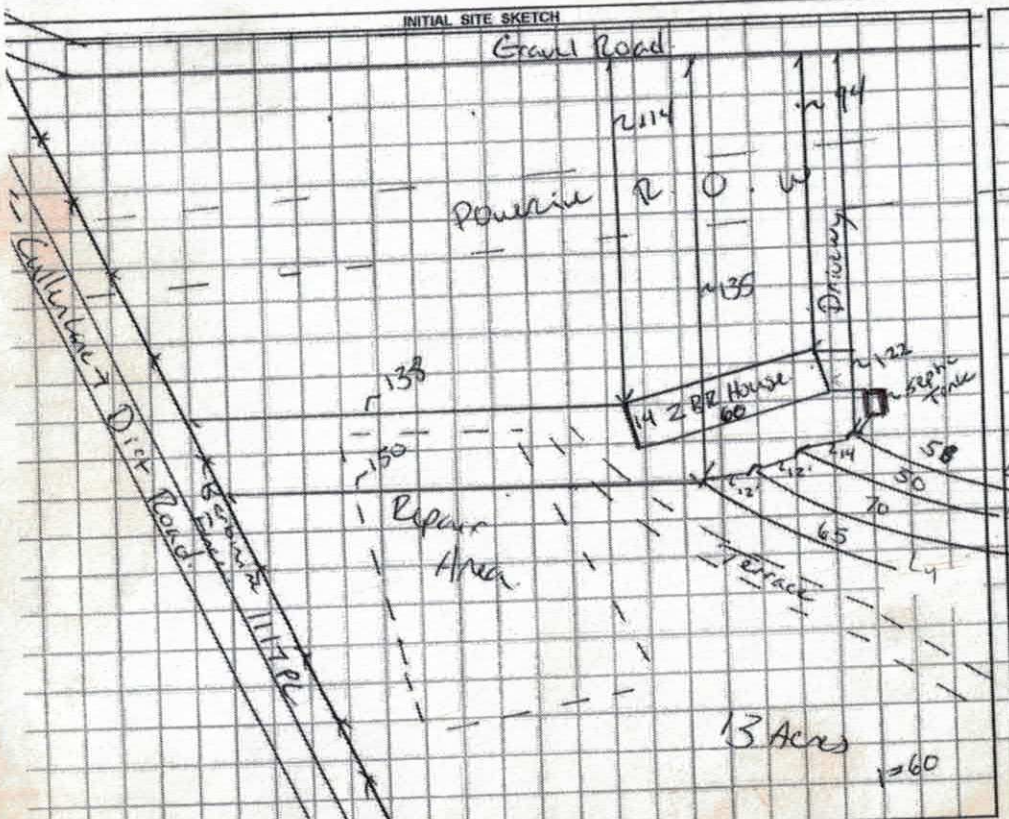
☒ New System ☐ Repair ☐ Expansion — System Type: I II ☒ III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence — No. Bedrooms 2
☐ Business — No. Persons 4
☐ Other — No. Employees
☐ Slab — ☒ Crawl Space
☐ Basement w/plumbing — ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: * Install Septic drainlines on the contour of the Land & utilize Serial distribution. * Remove Terrace to encourage Water Removal. Do not Drive, park, pave, grade, or bury utilities in drainfield.

INITIAL SITE SKETCH



AS BUILT SKETCH

Septic
SHOAF-1000 Tank
Poly Lock Filter present

Arc 36 chambers.

L1 = 46'
L2 = 65'
L3 = 76'
L4 = 60'

	Date	Initials
Drain Lines Checked	8/1/2017	M.A.D.
Tanks Checked	8/1/2017	M.A.D.
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked	N/A	
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments:		

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: Brandon Sign — Date: 7-31-17 — Installed by: Tim Abee (Abee's Grading)

IMPROVEMENT PERMIT by: Benjamin A. Bateman — Date: 7/27/2017 — OPERATION PERMIT by: Mohamed Dumarieh (ad) — Date: 8/1/17

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bateman — Date: 7/27/2017 — Existing System Inspected by: — Date:

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

336 909 2527

Sheet 1 of 1
PROPERTY ID #: 4704114202
COUNTY: Iredell

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

OWNER: Clyde Homes / Justin Miller
APPLICATION DATE: 7/17/2017
ADDRESS: 183 Cullen Lane Sal
DATE EVALUATED: 7/
PROPOSED FACILITY: Home 2BR
PROPOSED DESIGN FLOW (.1949): 240
PROPERTY SIZE: 13
LOCATION OF SITE: 183 Cullen
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	8-10% LSS	0-32	C SBK	SS SP FM SEX	2.5YR 4/6	55	Yellow Brown & Red Mottles	7.5YR 5/6 Some MN	.25 PS clean roots throughout
		32-55	CL WSBK	SS SP FR					
2	4% LSS	0-32	C SBK	SS SP FM SEX	2.5YR 3/6	55	L.Flo Mottles @ 41		PS .3
		32-55	CL WSBK	SS SP FR	2.5YR 4/6				
3	8-10% LSS	0-8	C SBK	SS SP FM SBK		8			PS .3
		8-32	LSAP M	S SP VFR					
		32-38	F SAN SP MAT	S					
		38-60	LSAP M	SS SP VFR					
4	8-10% LSS	0-6	SCL	SBK	SS SP FR SEX	55			PS .3
		6-25	C	SBK	SS SP FM				
		25-55	CL	WSBK	SS SP FR				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240 PS	240 PS
System Type(s)	PS III 25%	III 25%
Site LTAR	.25	.25

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

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(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

The following optional attachments may also be submitted: ( ) 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 Address: 2026 NORTHSIDE DR STATESVILLE NC 28625 Zip: 28625
Applicant Email: LANE.HARRELL@CLAYTONHOMES.COM Phone: 704-878-2547 Alt. Phone: 704-902-4659
Owner Name: AUSTIN MILLER Address: _____ Zip: _____
Owner Email: CINDY MILLER Phone: 704-929-9052 Alt. Phone: _____

Property Information:

Street Address: 183 CULLEN LANE STATESVILLE NC 28625
Subdivision Name: N/A Section/Phase: N/A Lot Number: N/A
Driving Directions: ISLAND FORD Rd, CULLEN LANE, SITE AT END OF GRAVEL ROAD, SITE ON LEFT

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 2 — (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 (X) Other: 2590

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: _____ 7/14/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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, Austin James Miller, am the legal owner(s) of the property located at 185 Cullen Lane, Statesville NC 28625, identified as PIN (Parcel Identification Number) 4704114202, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Clayton Homes Lane Harold Brenda Sigmon, 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.

Austin J Miller July 13 2017 — 7/12/17

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

IREDELL COUNTY HEALTH DEPARTMENT

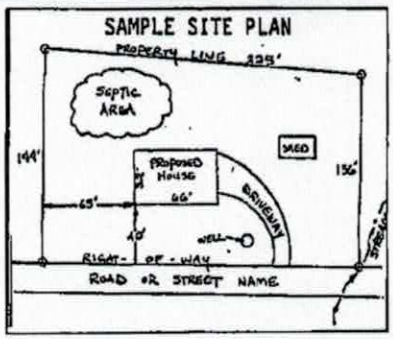
ENVIRONMENTAL HEALTH DIVISION

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: _____ 7/14/17

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

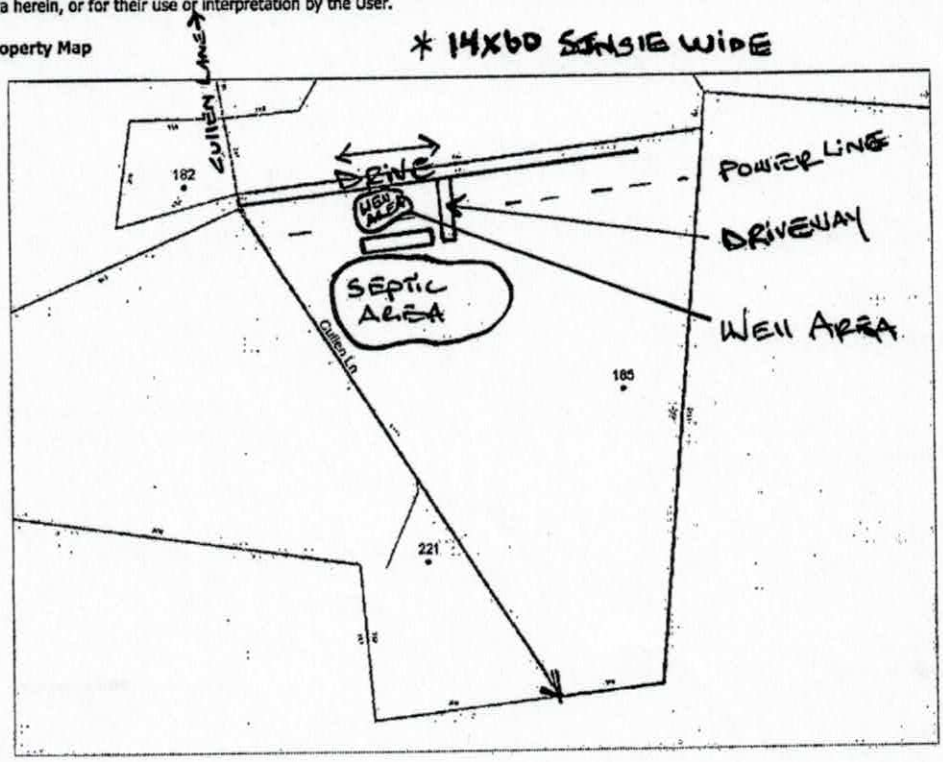
Iredell County

Property Data

Parcel Number: 4704114202.000
Inquiry Date: 7/14/2017

Disclaimer: While every effort is made to keep information provided over the Internet accurate and up-to-date, the County does not certify the authenticity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use or interpretation by the User.

Property Map



Owner/Property Info

Tax Account Number: 80002612
Old Parcel Number: 1408N00000A087
Owner Name: MILLER WILLIAM D III+AUSTIN J MILLER
Mailing Address: 185 CULLEN LN STATESVILLE NC 28625
Property Location: CULLEN LN
Lot Number:
Legal Description: SHOOK

Municipal Information

Township Code: 14
City Code: 00
Neighborhood Code: 14000

Value Information - Current Year Property Record Card (PRC)

Building Value: 88290
Other Building Features: 0
Land Value: 61620
Tax Assessed Value: 149910
Deferred: 0

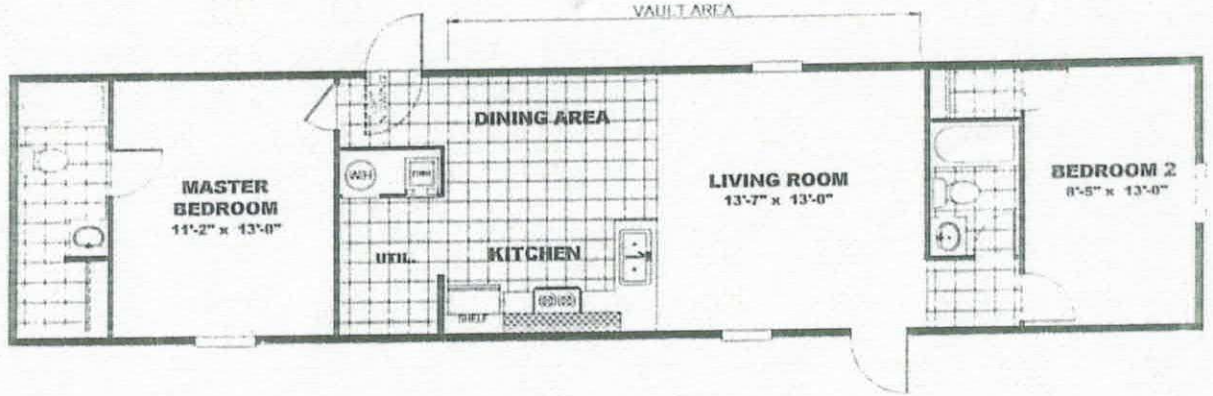
Land Information - Register of Deeds Online Search

Date Recorded	Document Type	Deed Book	Deed Page	Plat Book & Page	Land Area	Land Type	Zoning

60

NUGGET

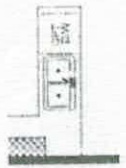
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Acknowledgement Of
Plans Submittal ONLY!

Benjamin D Barnes Date 7/21/21

_____ Date _____



OPT. DISHWASHER CAB.

Model # TRU-46024
14' x 60' Pkg

IREDELL COUNTY

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

APPLICATION NUMBER
228699
Issue Date: 07/17/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4704114202.000	183 CULLEN LANE, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MILLER WILLIAM D III+AUSTIN J MILLER Address: 185 CULLEN LN STATESVILLE, NC 28625 Phone:	Applicant: CLAYTON HOMES OF STATE Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677 Phone:

Use Requested	Zone Code
SINGLEWIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
13.000	35.00	35.00	15.00	15.00	PACL	X

Remarks:

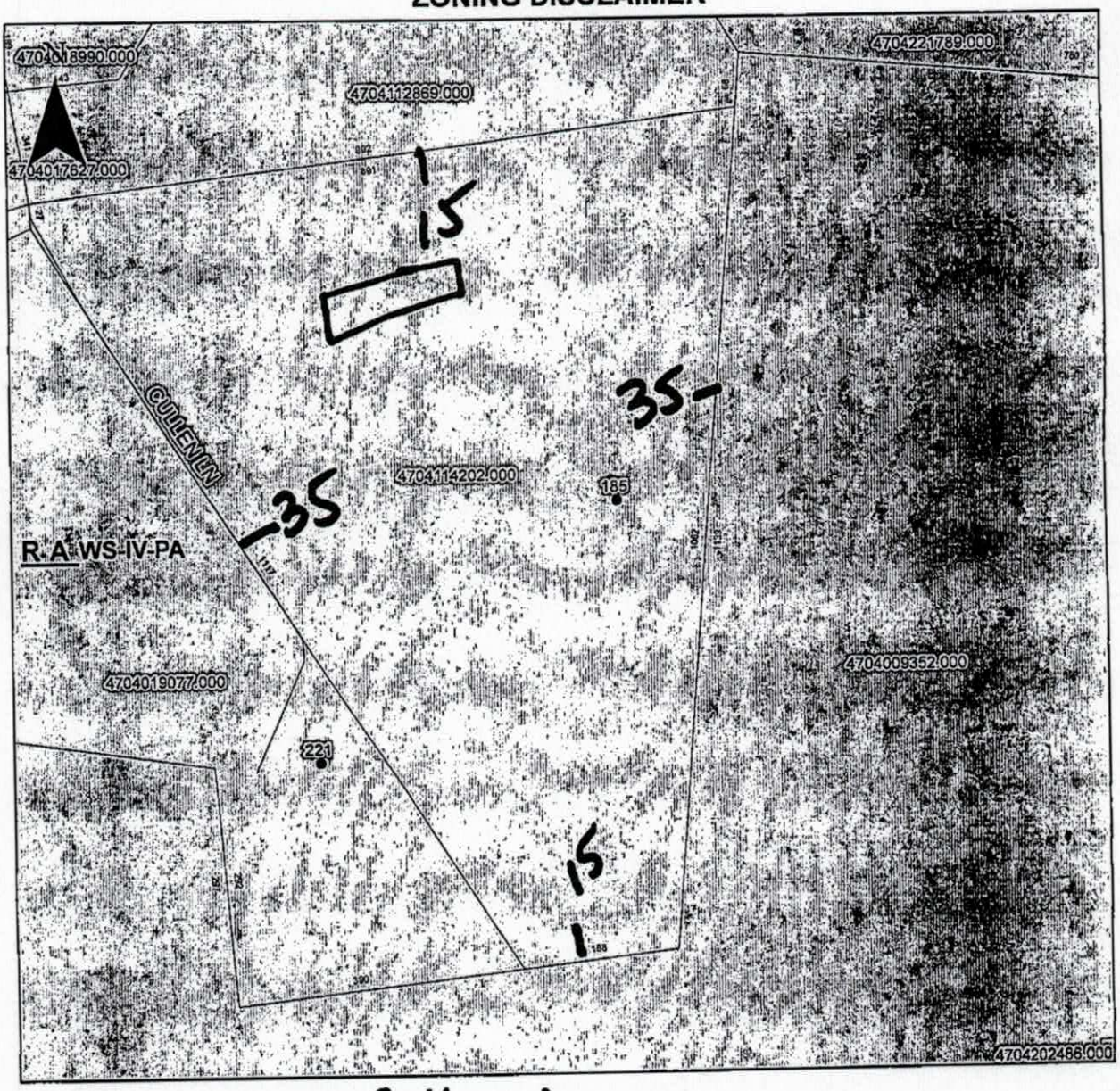
Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile 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	109213	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address Cullen Ln

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

Date