IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239427

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

PIN # 4710929365

APPLICANT/OWNER: Hayes Construction APPLICANT ADDRESS: PO Box 577 Conover NC

SITE ADDRESS: 238 Clark Cove Rd - Stat 28677 PHONE: ALT. PHONE

SITE DIRECTIONS: Pinville Rd R on E Maiden L on ST Johns R on Clark Cove Rd SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Old Homestead SECTION: -1- LOT # 4 LOT AREA: .61 DESIGN FLOW: 360 gpd L.T.A.R.: .3

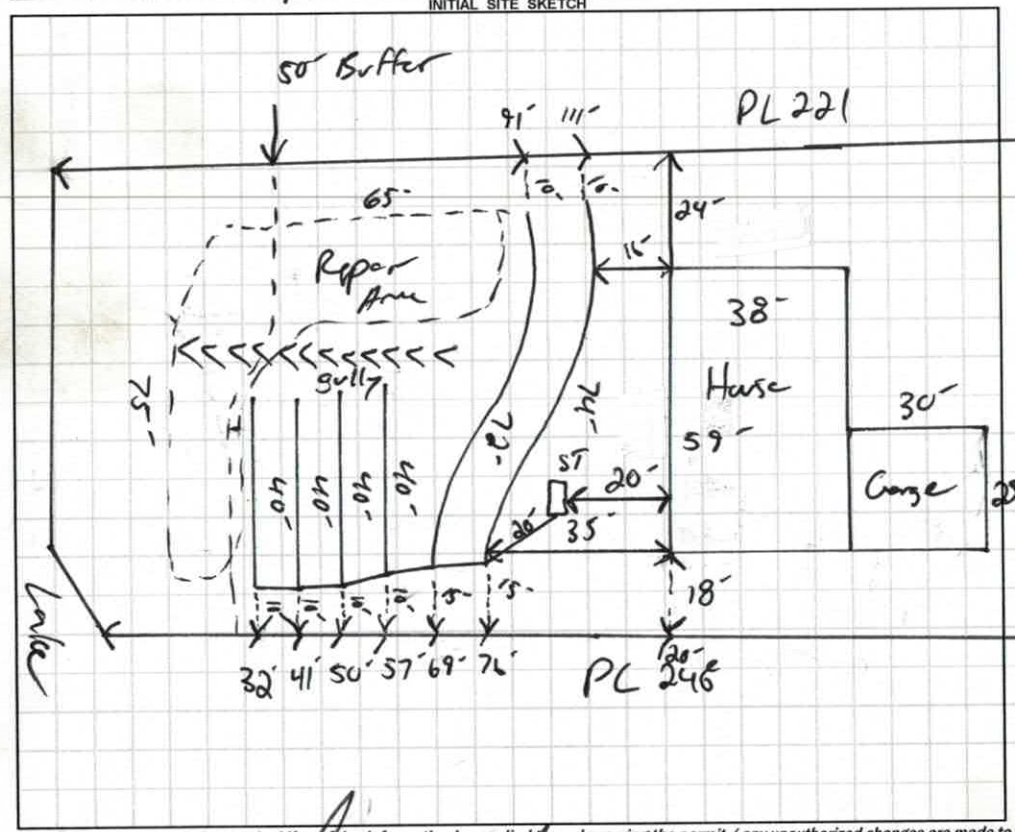
Septic Tank	1600 (gal)	STB	760	Date	10-8-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	- (gal)	PT		Date		System Description:	25% Reduction		
Pump Make	-	Model		Serial #		Repair System Description:	50% Reduction TS II		
# Nitrification Fields	1	# Lines	6	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	24"			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

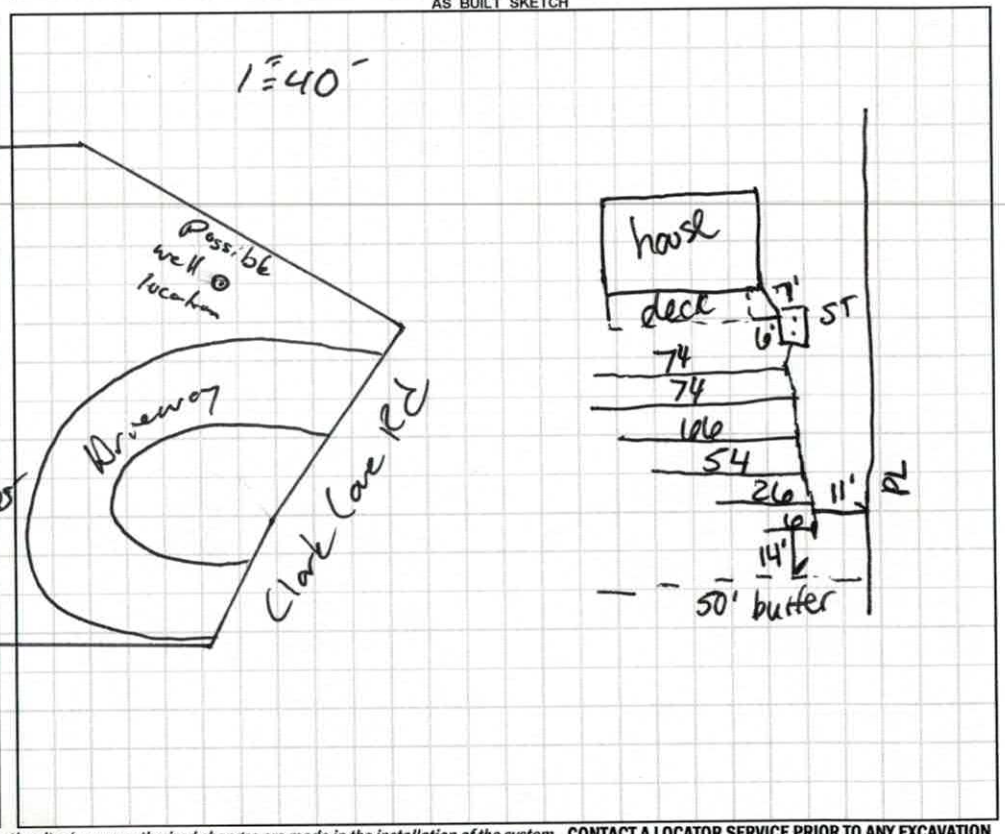
Comments / Conditions: Install Drawings on Center of land & use Semi Distribution. Do not park, grade, or bury utilities in Septic area.

Fill in Gully, 50' Buffer should be marked at time of install.

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: Date: 11/13/18 Installed by: Tony Gregg

IMPROVEMENT PERMIT by: Date: 11-13-18 OPERATION PERMIT by: Carla C. Nicks Date: 3-12-20

AUTHORIZATION TO CONSTRUCT by: Date: 11-13-18 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.

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

Sheet 1 of 1
PROPERTY ID #: 47109293
COUNTY: Tube II

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

OWNER: Hayes Construction
ADDRESS: 238 Clark Cove Rd
PROPOSED FACILITY: Home
LOCATION OF SITE: 238 Clark Cove Rd
APPLICATION DATE: 10-8-18
DATE EVALUATED: 10-31-18
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: .61 Acre
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Shoulder 21%	0-21	WSBk SCL	Fr SS SP Scmp	PS	56"	N/A	N/A	PS .3
		21-36	SBk C	Fr SS SP Scmp					
		36-56	SBk CL	Fr SS SP Scmp					
2	Shoulder 32%	0-12	WSBk SCL	Fr SS SP Scmp	PS	54"	N/A	N/A	PS .3
		12-31	SBk CL	Fr SS SP Scmp					
		31-54	SBk CL	Fr SS SP Scmp					
3	Foot 30%	0-15	WSBk SCL	Fr SS SP Scmp	PS	52"	N/A	N/A	PS .3
		15-42	SBk C	Fr SS SP Scmp					
		42-52	SBk CL	Fr SS SP Scmp					
4	Toe 30%	0-13	WSBk SCL	Fr SS SP Scmp	PS	56"	N/A		PS .3
		13-36	SBk C	Fr SS SP Scmp					
		36-56	SBk CL	Fr SS SP Scmp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	200'
System Type(s)	25% Reduction	50% Reduction
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS,
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: James Boggs
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)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	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.

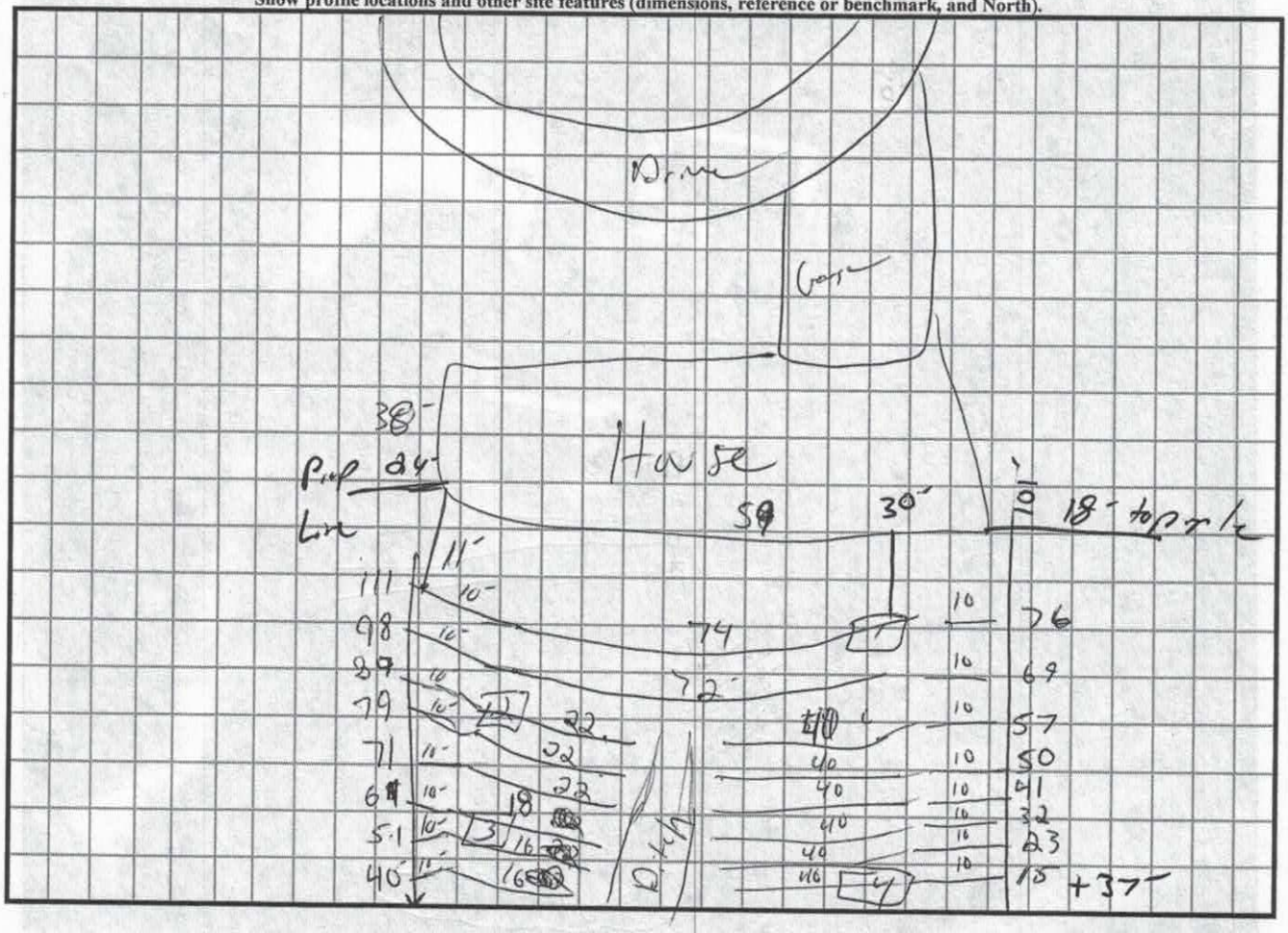
NOTES

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/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED OCT 9 - 2018

Paid $500.00 239427

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: HAYES CONSTRUCTION LLC Address: PO BOX 577 CONOVER NC Zip: 28613
Applicant Email: brubhayes@gmail.com Phone: 828-446-4793 Alt. Phone: _____
Owner Name: TODD / VICKIE WILLIAMS Address: _____ Zip: _____
Owner Email: williams578@gmail.com Phone: 937-478-2606 Alt. Phone: _____

Property Information:

Street Address: 238 CLARK COVE ROAD STATESVILLE
Subdivision Name: _____ Section/Phase: _____ Lot Number: 4
Driving Directions: BUFFALO SHOALS RD, ONTO PINEVILLE RD, (R) ON E. MONBO RD. (L) ON ST. JOHNS RD, (R) ON CLARK COVE, #238 ON (R)

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) 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: _____

PAID 4614 10/9/18

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(✓) 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 (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: Tyler G Hayes 10/8/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Digital Copy of FP available.
RH

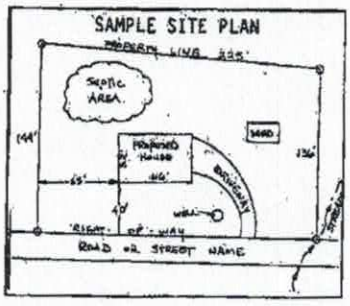
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

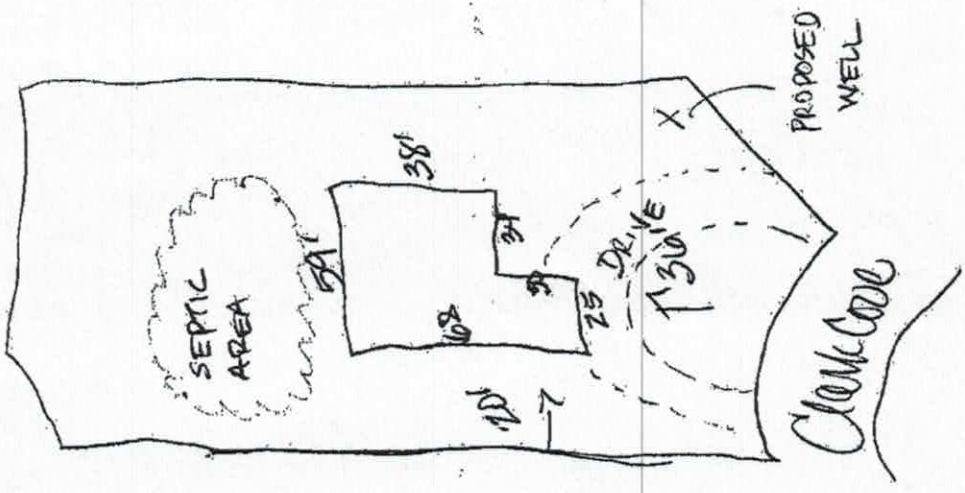


Circle N/A on the following if appropriate:

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

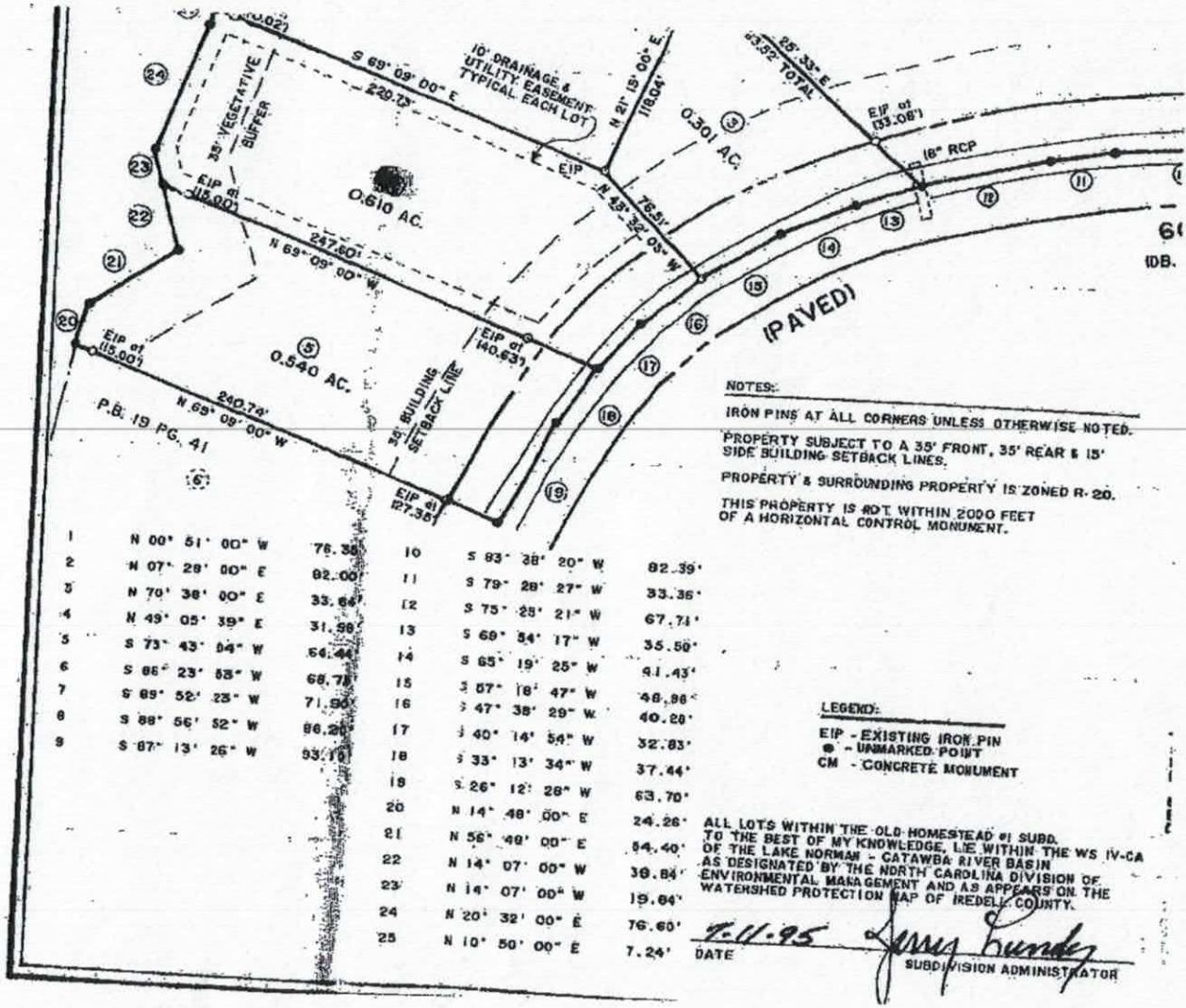
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Brian E Hayes

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

10/8/2018
DATE



1	N 00° 51' 00" W	76.38'	10	S 83° 38' 20" W	82.39'
2	N 07° 29' 00" E	82.00'	11	S 79° 28' 27" W	33.36'
3	N 70° 38' 00" E	33.64'	12	S 75° 25' 21" W	67.71'
4	N 49° 05' 39" E	31.98'	13	S 69° 54' 17" W	35.50'
5	S 73° 43' 04" W	64.44'	14	S 65° 19' 25" W	91.43'
6	S 86° 23' 58" W	68.78'	15	S 57° 18' 47" W	48.86'
7	S 89° 52' 23" W	71.90'	16	S 47° 38' 29" W	40.28'
8	S 88° 56' 52" W	86.20'	17	S 40° 14' 54" W	32.83'
9	S 87° 13' 26" W	93.19'	18	S 33° 13' 34" W	37.44'
			19	S 26° 12' 28" W	63.70'
			20	N 14° 48' 00" E	24.26'
			21	N 56° 49' 00" E	54.40'
			22	N 14° 07' 00" W	38.84'
			23	N 14° 07' 00" W	19.84'
			24	N 20° 32' 00" E	76.60'
			25	N 10° 50' 00" E	7.24'

NOTES:

IRON PINS AT ALL CORNERS UNLESS OTHERWISE NOTED.

PROPERTY SUBJECT TO A 35' FRONT, 35' REAR & 15' SIDE BUILDING SETBACK LINES.

PROPERTY & SURROUNDING PROPERTY IS ZONED R-20.

THIS PROPERTY IS NOT WITHIN 2000 FEET OF A HORIZONTAL CONTROL MONUMENT.

LEGEND:

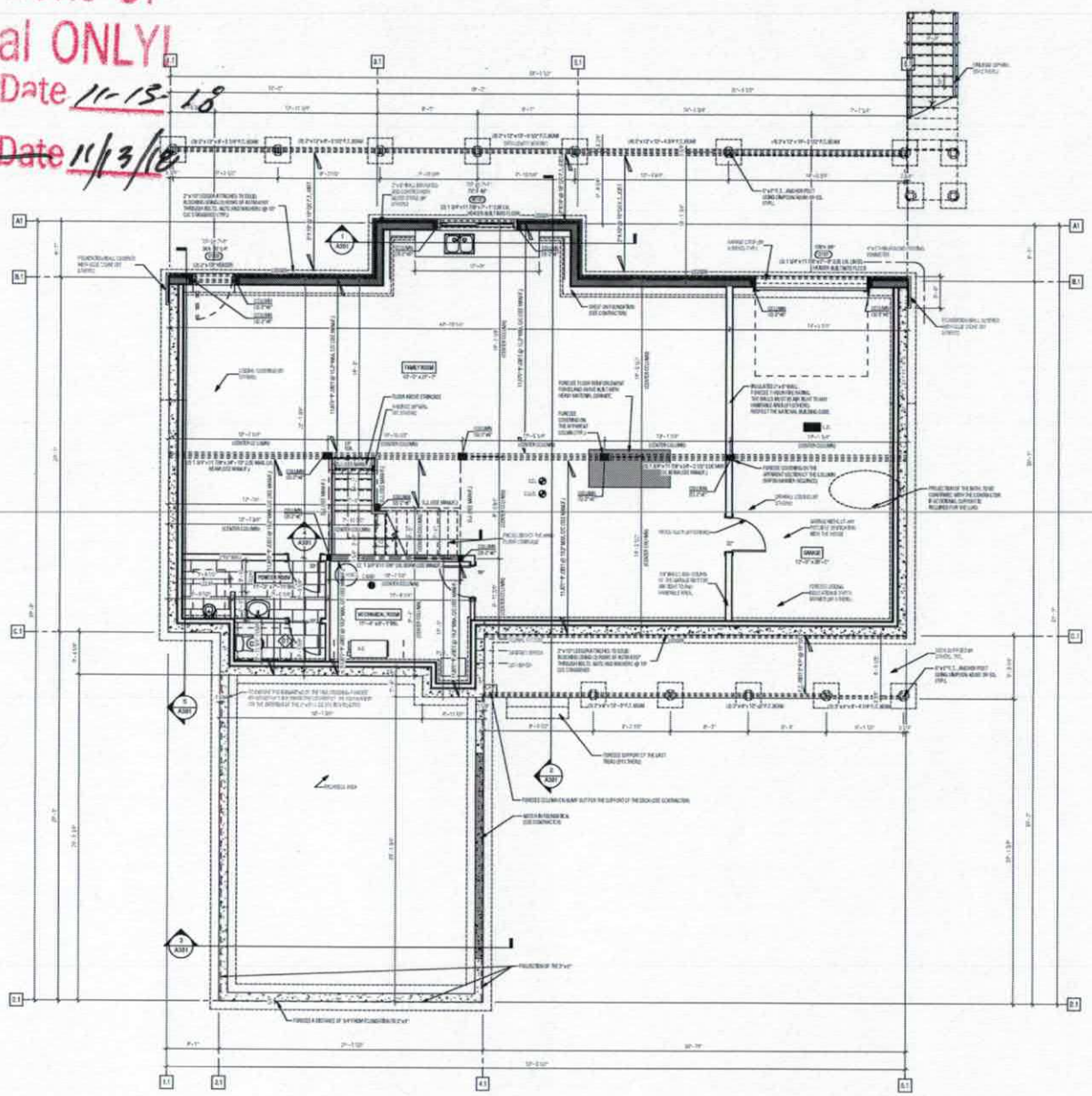
EIP - EXISTING IRON PIN
● - UNMARKED POINT
CM - CONCRETE MONUMENT

ALL LOTS WITHIN THE OLD HOMESTEAD #1 SUBD. TO THE BEST OF MY KNOWLEDGE, LIE WITHIN THE WS IV-CA OF THE LAKE NORMAN - CATAWBA RIVER BASIN AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

7-11-95
DATE

SUBDIVISION ADMINISTRATOR

Acknowledgement Of
Plans Submittal ONLY!
Date 11-13-18
Date 11/13/18



TIMBERBLOCK
Engineered Homes for Better Living

NOTES:

LEGEND:

- FOUND CONCRETE (SEE NOTE)
- 7'x7' WALL

* ALL INTERIOR WALLS ARE CODE AND SUPPORTS ARE NOT INCLUDED IN STAIRS UNLESS OTHERWISE STATED ON PLANS.

CB = TIMBERBLOCK
PCC = PRECAST CONCRETE BLOCK
PWC = POURED WALL (SEE NOTE)

3 FURNACE MECHANICAL VENTILATION

CIRCLE SIGNAL NOTES:

- 401 ENCRETE CLASC VAC MIXING ADDITIVE ON TOP OF THE PRESTOLITE
- ALL BUILT-UP BEAMS SPECIFIED ON THIS PLAN ARE 4-PLY #2

NORTH CAROLINA
SEAL
042002
ENGINEER
JOHN E. SKWIOT
Signed: 07/19/2018

CUSTOMER SIGNATURE:

DATE:

PROFESSIONAL SEAL:

NO.	REV.	DESCRIPTION	DATE
1	REV1	FOUNDATION PLAN & PLANS	10/12/18
2	REV2	PER ENGINEER REVISIONS	10/19/18
3	REV3	PER ENGINEER REVISIONS	10/26/18
4	REV4	PER ENGINEER REVISIONS	11/2/18
5	REV5	PLANS FOR PERMITTING	11/13/18
6	REV6	PLANS FOR CONSTRUCTION	11/27/18

CUSTOMER:
TODD & WENDI WILLIAMS

PROJECT ADDRESS:
TBB CLARK LOOP, ROAD
STATESVILLE, NORTH CAROLINA

MODEL:
NEWTON I

TITLE:
BASEMENT PLAN

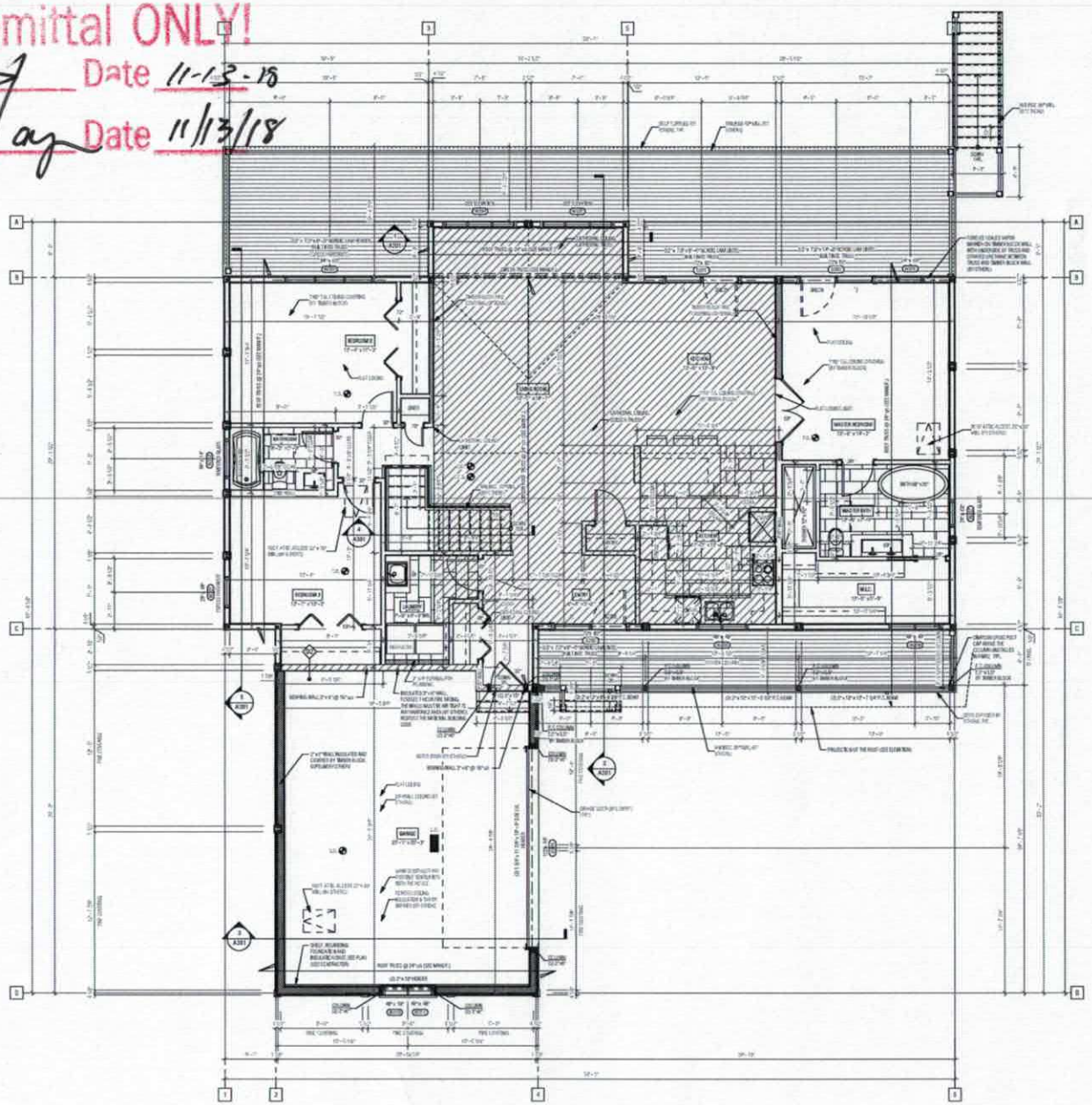
SCALE:	DRAWN BY:
1/4" = 1'-0"	MEDVERC
DATE:	CHECKED BY:
10/03/18	CLARSON
# FOUNDATION:	# PROJECT:
53160	800

PAGE: A101 # PAGES: 03 /09

Acknowledgement Of
Plans Submittal ONLY!

Date 11-13-18

Date 11/13/18



TIMBERBLOCK
Engineered Homes for Better Living

NOTES:

* ALL INTERIOR WALLS TO BE 2x4 @ 16" O.C. UNLESS OTHERWISE SPECIFIED.

LB = TIMBERBLOCK
PL = PRESSURE TREATED WOOD
DJ = DOUBLE JOIST (SEE MARKS)

CROSS MECHANICAL VENTILATION

CONSTRUCTION NOTES:

* ALL BUILT-UP WOOD SPECIFIED SHALL BE PURE DOUGLAS FIR #1 KILN DRY

SEAL
043002
ENGINEER
JOHN E. SKWIOT
Signed: 07/19/2018

CUSTOMER SIGNATURE:

DATE:

PROFESSIONAL SEAL:

NO.	PAR	DESCRIPTION	DATE
1	ALL	PRELIMINARY ISSUE FOR PERMIT	04/13/18
2	ALL	PRELIMINARY ISSUE FOR PERMIT	06/14/18
3	ALL	PRELIMINARY ISSUE FOR PERMIT	07/19/18
4	ALL	FINAL ISSUE FOR PERMIT	08/30/18
5	ALL	PLANS FOR ENGINEERING	09/26/18
6	ALL	FINAL ISSUE FOR PERMIT	10/31/18

CLIENT(S):
TODD & VICKIE WILLIAMS

PROJECT ADDRESS:
729 CLARK CONE ROAD
STATESVILLE, NORTH CAROLINA

MODEL:
NEWTON II

TITLE:
MAIN FLOOR PLAN

SCALE: 1/4" = 1'-0"
DRAWN BY: MEGANTIC
DATE: 10/15/18
ASSIGNED BY: J.SMITH
PAGES: 10
PAGE(S): 10
SHEET: A102
OF SHEETS: 04 /09

From: Brent Hayes
Subject: Legal Rep form
Date: October 8, 2018 at 9:15 AM
To: Todd Williams

Todd,

Please fill out section 2 on the attached form so I may obtain the permits for the house and email back to me.

Thanks,
Brent

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ 1. **"APPLICANT AND OWNER ARE THE SAME."** (Sign here) _____

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 as matters pertaining to the application and processing process, including signing or receiving any application, documents or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☒ 2. I, Todd Williams, am the legal owner(s) of the property located at: 238 CLARK COVE ROAD, identified as PIN (Parcel Identification Number): 4710929365, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) BRENT HAYES, HAYES CONSTRUCTION, LLC, 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.

Todd P. Williams Todd Williams 10/8/18
Signature of Owner(s) Date

Mooresville – Environmental Health
[illegible]@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville – Environmental Health
[illegible]@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY

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

APPLICATION NUMBER
239427
Issue Date: 10/09/2018

ZONING PERMIT

FILE COPY

Parcel Number	Street Address	Jurisdiction
4710929365.000	238 CLARK COVE ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	WILLIAMS TODD P+VICKIE L	Applicant:	HAYES CONSTRUCTION LLC
Address:	238 CLARK COVE ROAD	Address:	P. O BOX 577
	STATESVILLE, NC 28677		CONOVER, NC 28613
Phone:	937-478-2608	Phone:	828-446-4793

Use Requested	Zone Code
LOG HOME	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.610	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

Lake Lots: Must meet both the 50-foot setback from the 760 Æ contour line and the 35-foot setback from the rear property line for any structure.

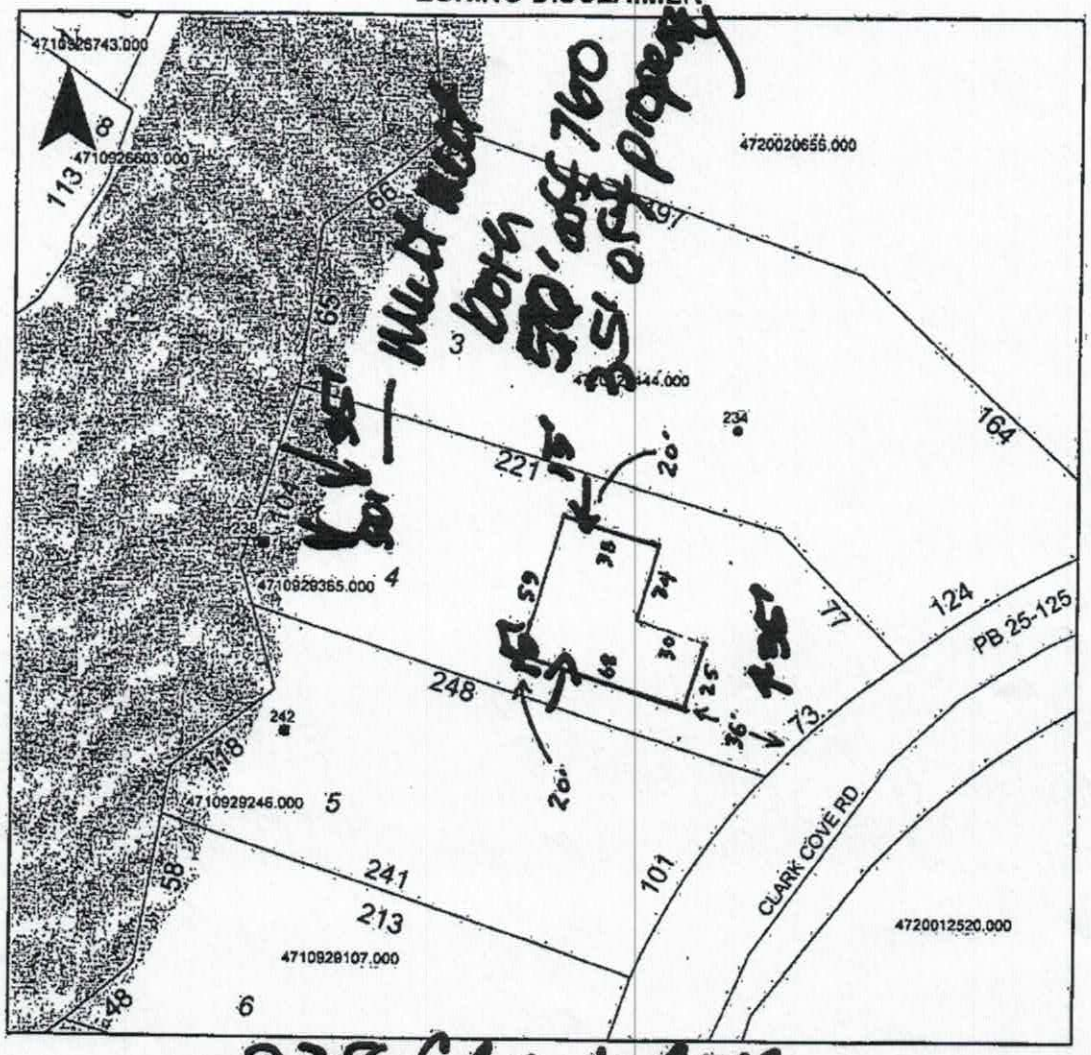
PAID
2/4/24
1010

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	155136	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 238 Clark Cove

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

10/9/2018
Date