ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # AP 320015

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

PIN # 4711 -- 46 -- 5418

APPLICANT/OWNER: Clayton Homes-Lynn Snead | APPLICANT ADDRESS: 2026 Northside Rd Statesville

SITE ADDRESS: 122 Sagebrush Rd, Statesville NC 28677 | PHONE: 704-873-2547 | ALT. PHONE

SITE DIRECTIONS: (W) Old Mountain → (L) Buffalo Shoals → (L) Laurel Core → (L) Sagebrush | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Buffalo Shoals Park | SECTION: — | LOT # 40 | LOT AREA: 0.46ac | DESIGN FLOW: 360 gpd | L.T.A.R.: EXISTING

EXISTING

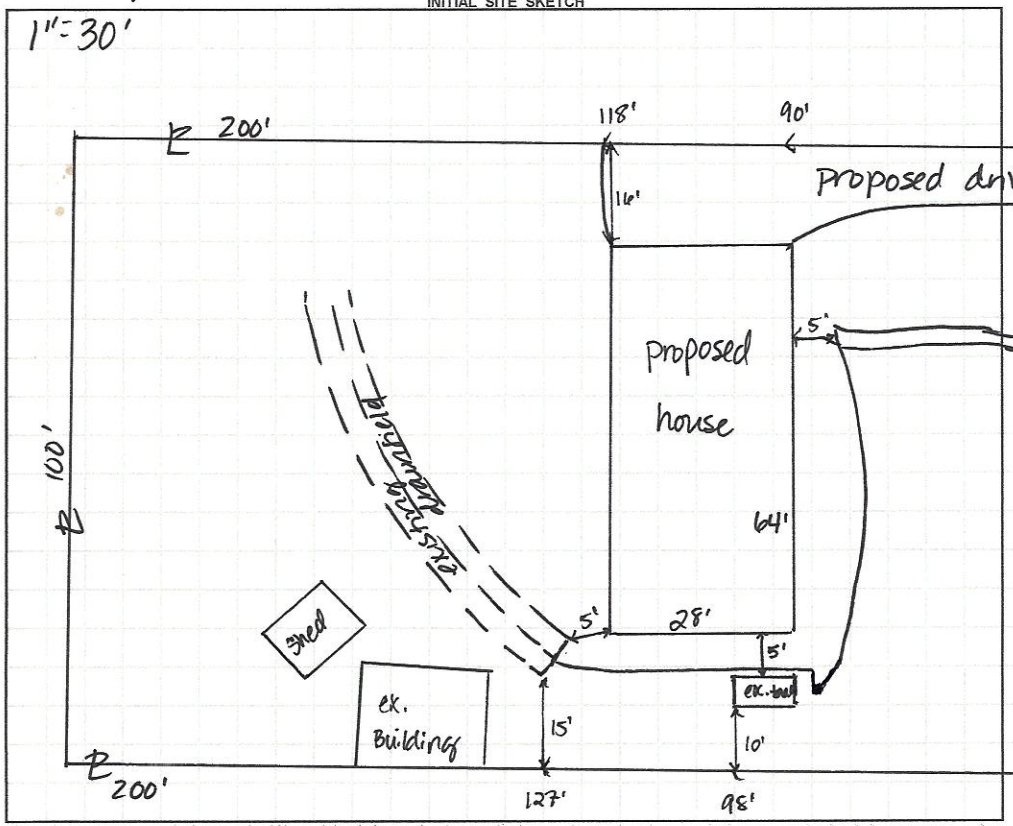
Septic Tank	1000 (gal)	STB TP 1012	Date 8/30/21	[ ] New System [ ] Repair [ ] Expansion	System Type: I (II) III IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description: EXISTING		[ ] Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description:		[ ] Other	No. Employees
# Nitrification Fields	# Lines		Linear Ft.	Maintenance Agreement Required: [ ] YES [X] NO		[ ] Slab	[X] Crawl Space
Trench Width	Trench Bottom Depth (Low side)		Gravel Depth	[X] GRAVITY [ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

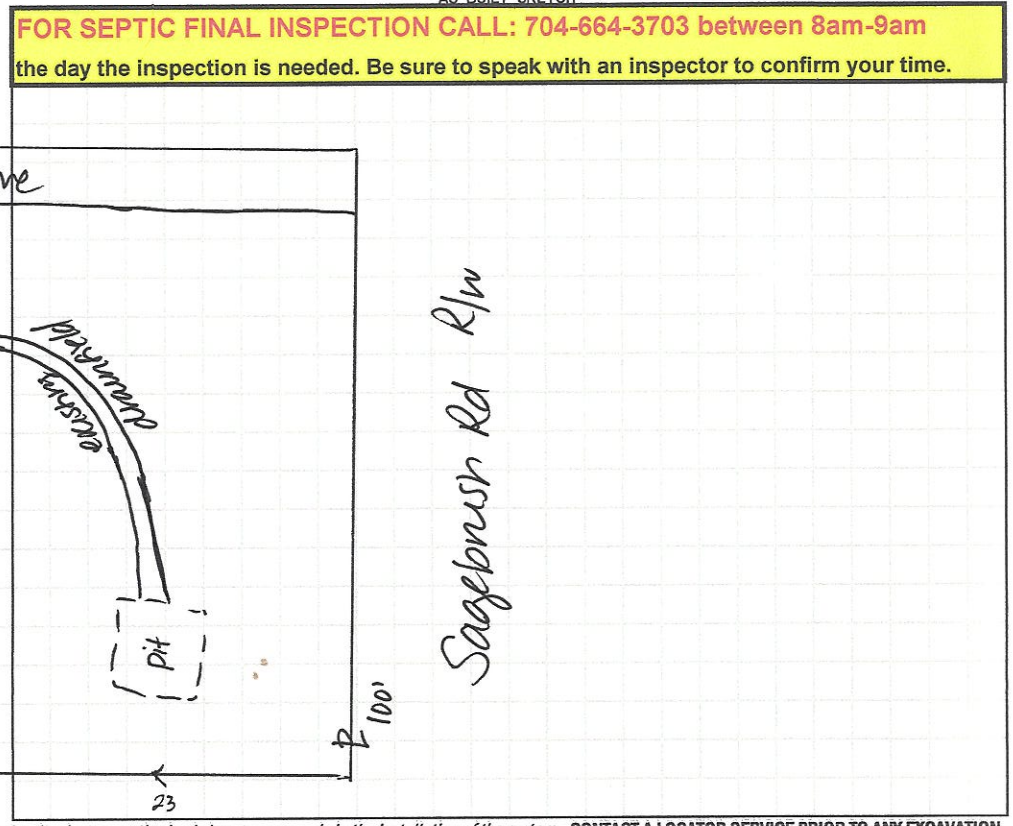
Comments / Conditions: Structure must be 5' off tank & system when set. System appeared to be functioning at time of inspection

NO foundation drains on any side of home.

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**

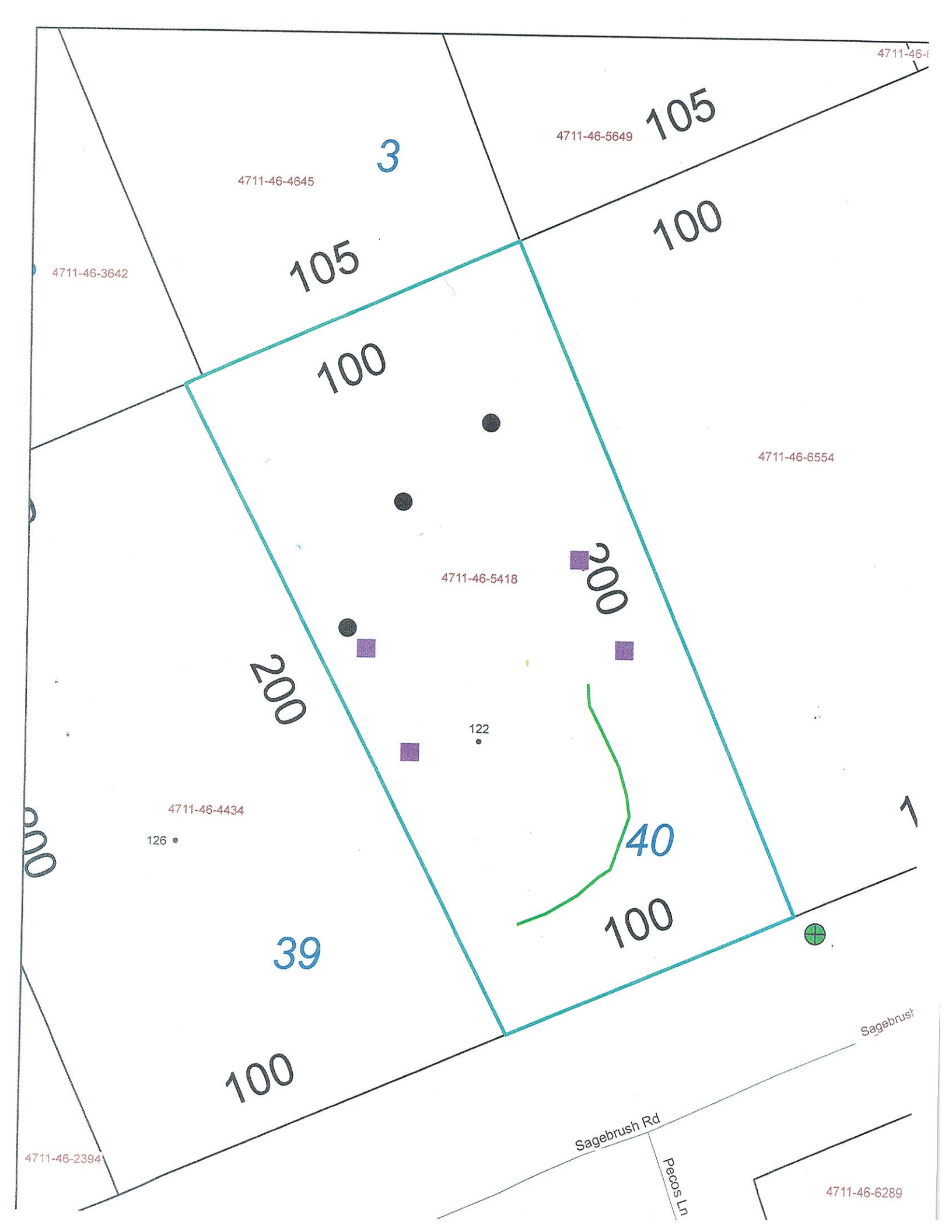
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [ ] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [ ] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 12/16/21 | Installed by:

IMPROVEMENT PERMIT by: Date: 12/16/21 | OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: | Existing System Inspected by: D. Wiebers Date: 12/13/21

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.


4711-46-
4711-46-5649
105
3
4711-46-4645
105
100
4711-46-3642
100
4711-46-6554
4711-46-5418
200
200
122
4711-46-4434
126
40
100
39
100
4711-46-2394
Sagebrush
Sagebrush Rd
Pecos Ln
4711-46-6289

RECEIVED JUL 2 8 2021

AP - 320015 $250.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:

(~~✓~~) ~~Septic Improvement Permit~~ ( ) New Well Permit

(~~✓~~) ~~Authorization to Construct~~ (X) Well Repair Permit

(X) Existing System Inspection ( ) Well Abandonment

( ) 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: Clayton Homes Statesville **Address:** 2026 Northside Dr

Applicant Email: HC0726@ClaytonHomes.com **Phone:** 704-873-2547 Statesville, NC **Zip:** 28625

Owner Name: Lynn Snead **Address:** 122 Sagebrush RD **Alt. Phone:** 704-929-1556

Owner Email: _____ **Phone:** 704-657-7385 **Zip:** 28677

Property Information:

Street Address: 122 Sagebrush RD Statesville, NC 28677 **Alt. Phone:** _____

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: 40 (W) To Old Mtn RD make (L) off Exit (R) on Buffalo Shoals (L) on Laurel Cove RD (L) on Sagebrush 122

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Square Footage of Building: _____ Type of Business: _____ Describe Problem: _____
Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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)*
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
Year existing system installed: ??

( ) 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: _____ Sales Manager 7-21-2021

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

(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 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.

2. I, Lynn Snead, am the legal owner(s) of the property located at 122 Sagebrush RD Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4711-46-5418, located in Iredell County, North Carolina.

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

Lynn Snead
_____ 7-21-2021
Signature of Owner(s) Date

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 Septic App

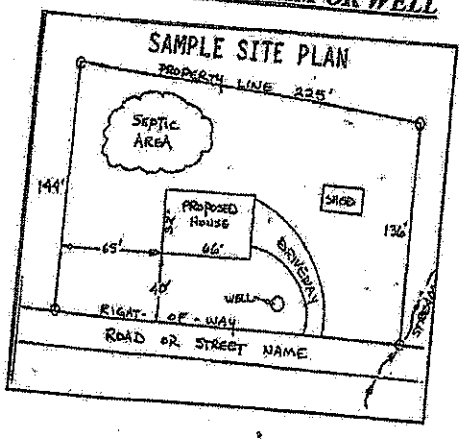
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

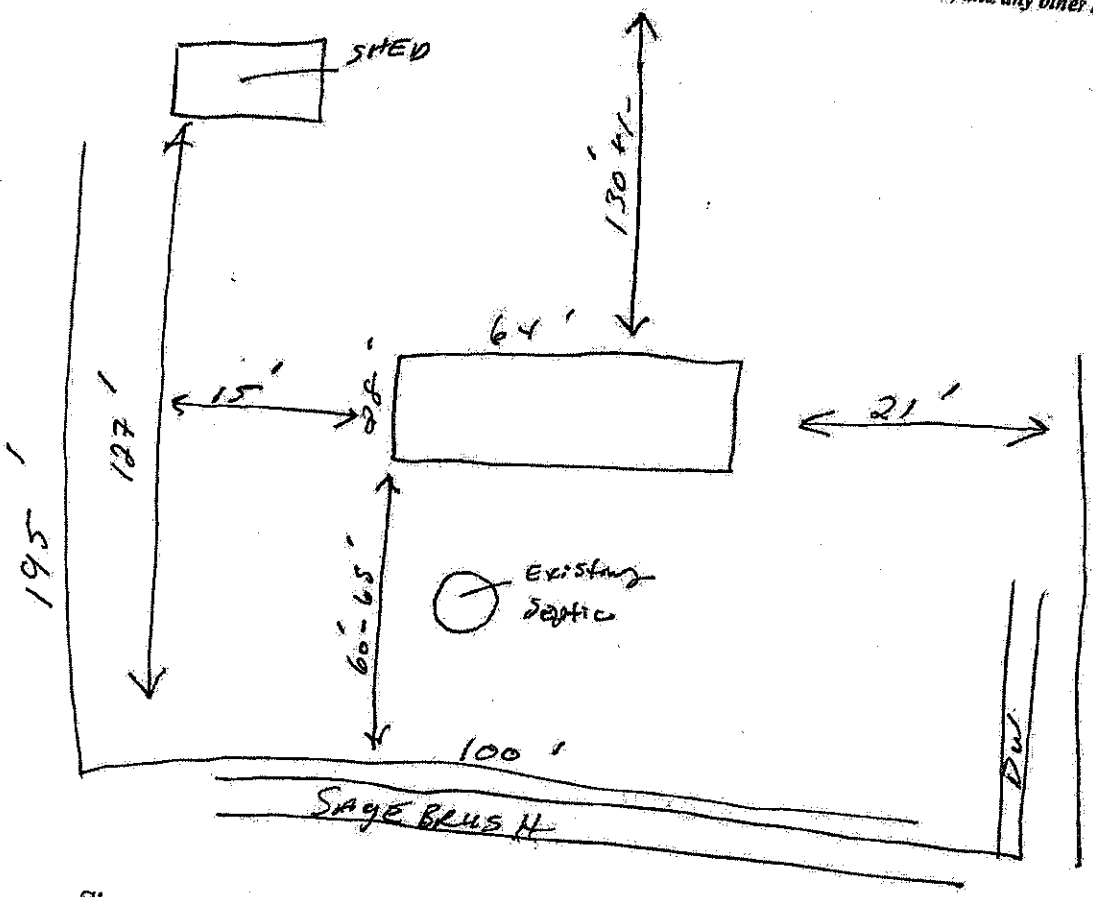


Circle N/A on the following if appropriate:

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: _____

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

* Pump for Well House ACROSS THE STREET.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # AP 322334

PIN # 4711--46--5488

APPLICANT/OWNER: Clayton Homes

APPLICANT ADDRESS: 8026 Northside Rd Statesville

SITE ADDRESS: 122 Sagebrush Rd, Statesville NC 28677

PHONE: 704-873-2547 ALT. PHONE

SITE DIRECTIONS: (W) Old Mountain → (L) Buffalo Shoals → (L) Laurel Cove → (L) Sagebrush

SUBDIVISION: Buffalo Shoals Park

SAP CONTROLLED: [X] YES [ ] NO

SECTION: — LOT # 40 LOT AREA: ± 0.46 ac

DESIGN FLOW: 360 gpd L.T.A.R.: EXISTING

Septic Tank 1000 (gal) STB 10/2 Date 8-30-2021

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Linear Ft.

Trench Width Trench Bottom Depth (low side) EXISTING Gravel Depth

[ ] New System [X] Repair [ ] Expansion System Type: I (II) III IV V VI

System Description: EXISTING

Repair System Description: Repair - New Tank

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 3

[ ] Business No. Persons 6

[ ] Other No. Employees

[ ] Slab [X] Crawl Space

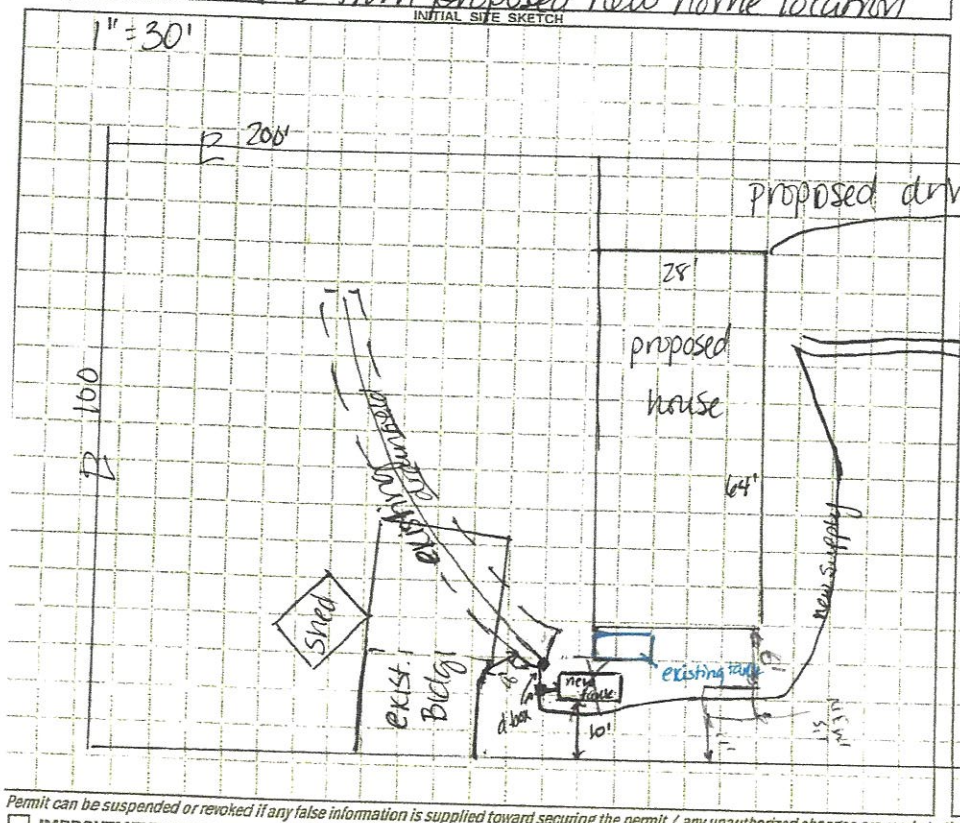
[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [ ] Public [ ] Community

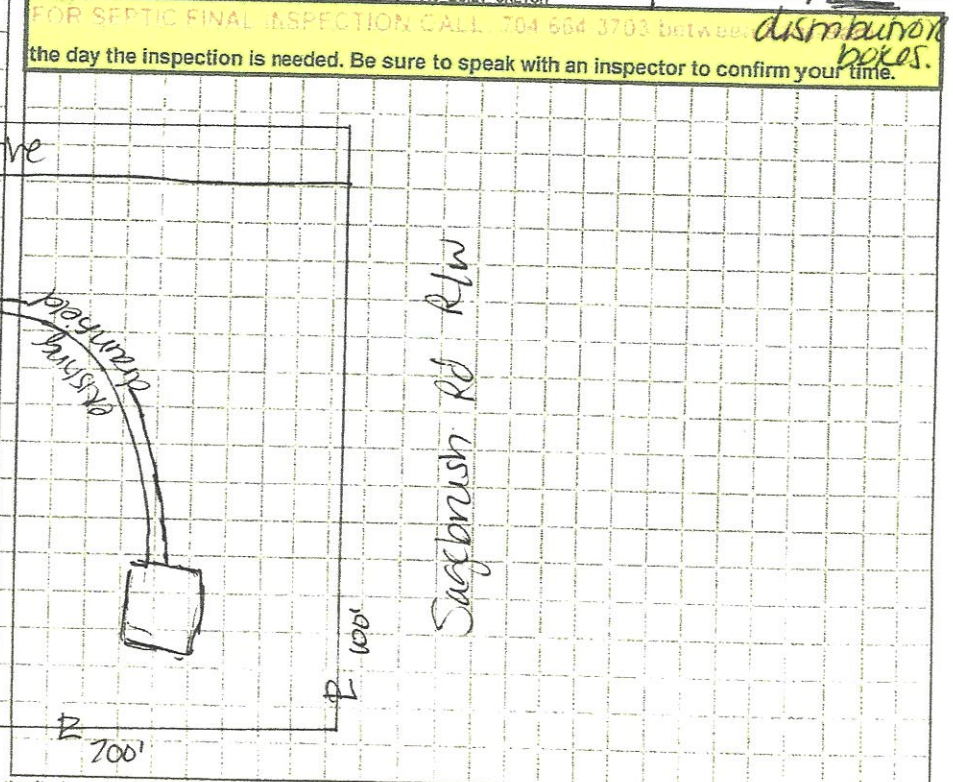
Comments / Conditions: Pump crush & fill existing tank. Keep new tank 10' from property line, 5' from shed foundation & 5' from proposed new home location

THIS IS NOT AN AUTHORIZATION TO CONSTRUCT FOR THE NEW HOME - tank replacement only. Split feed between upper & lower systems w/ new distribution boxes.

INITIAL SITE SKETCH



AS BUILT SKETCH



FOR SEPTIC FINAL INSPECTION CALL 704 664 3703 between 8:00 - 9:00 AM the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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.*

[X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.*

[X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 11/18/21 Installed by: PIEDMONT BACKHOE

IMPROVEMENT PERMIT by: D. Wiebery Date: 10/13/21 OPERATION PERMIT by: Basnet C. Chhetri Date: 11-23-2021

AUTHORIZATION TO CONSTRUCT by: D. Wiebery Date: 10/13/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704-664-3703 between 8:00 - 9:00 AM the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR DOROTHY LOFTIN DATE 12-4-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west past Kyles Xing - T.L. on Laurel Lane Rd. then T.L. on 1st st. - 2nd house on left. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

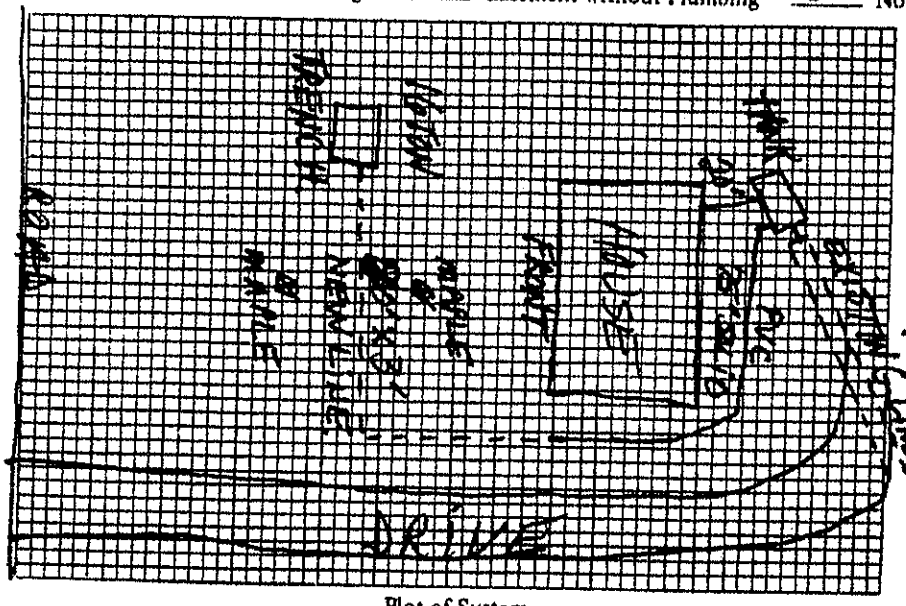
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes (✓) No ( )
Lot Area Ample

Character & Porosity of Soil _____
Percolation Rate _____
Topography Repair
Depth to Water Table _____
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 240 Linear Ft. 80
Depth of Stone in Lines 12" +
Water Supply: Individual ( )
Public (✓)
PLUS 16 TON SUBSURFACE TRENCH AT END.

Installed by Donald Lackey

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: New tee installed in side of tank for new line.

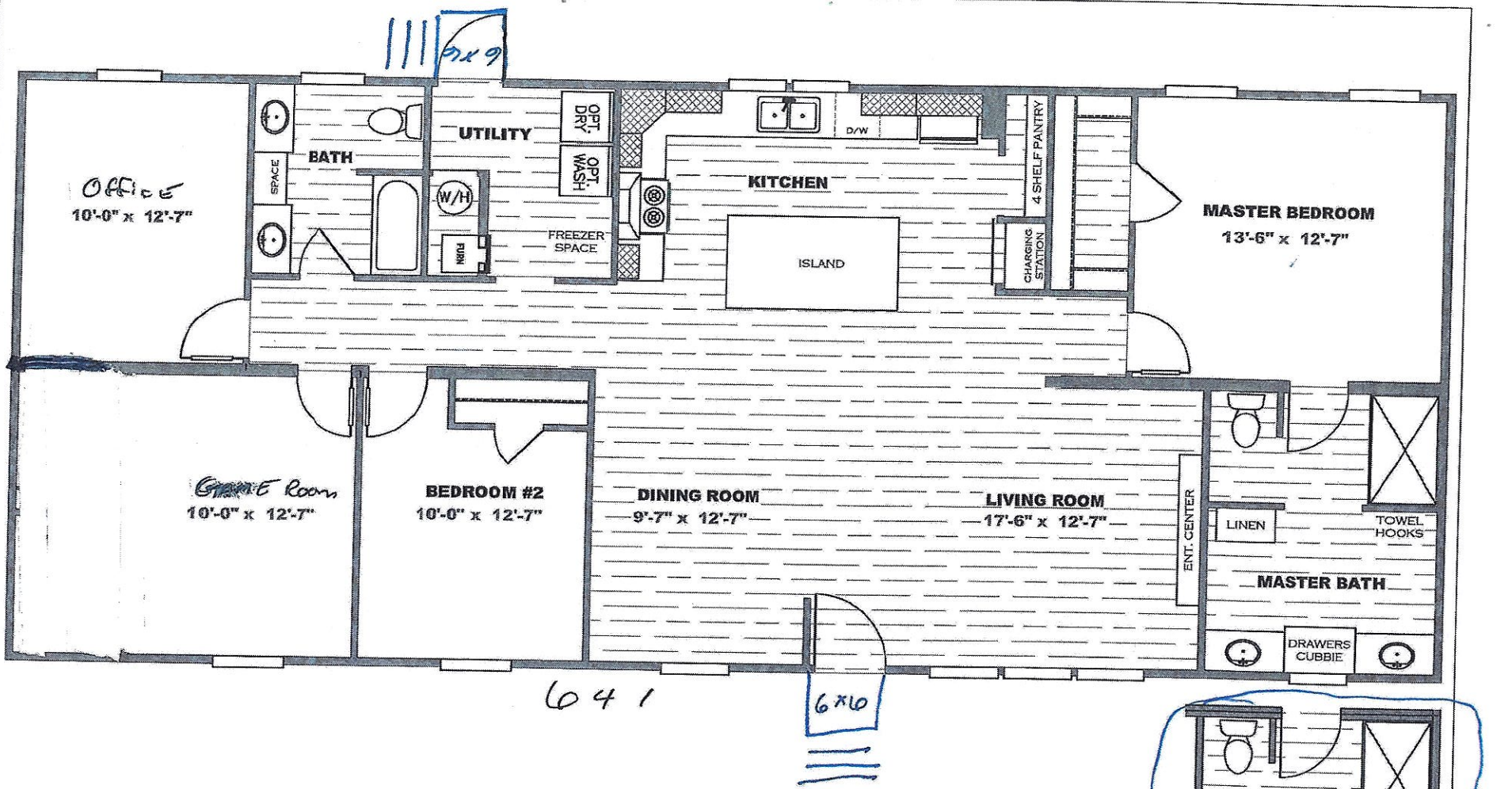
CERTIFICATE OF COMPLETION BY Steve Brown DATE 12-4-86.

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold



X Brittney Hutt 4/13/21
DATE

X Robert Sneed 4/13/21
DATE

SHEET: SL	SALES LITERATURE	Clayton Clayton - 934, 1420 Mountain Rd, Andersonville, TN 37705, PH: 865.494.7600 FAX: 865.494.0243	HILBORN, WERNER, CARTER, AND ASSOCIATES, INC. 1627 SOUTH MYRTLE AVE. CLEARWATER, FL. 33756	DRAWING #: 34M186 MODEL #: MVP28644A DATE: 02/21/2019 SCALE: N.T.S.	MODEL: 28'X64' SERIES: M.V.P. PRODUCT DESIGNER: DANIEL SHELDON	STD PLAN "CONDITIONED": 1,685 FT² REV. BY: DCS REV. DATE: 06/04/2019

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

APPLICATION NUMBER
320015 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4711465418.000	122 SAGEBRUSH RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: SNEAD ROBERT W ETAL	Name: CLAYTON HOMES OF STATESVILLE
Address:	Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677
Phone:	Phone: (704)873-2547

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks

doublewide

Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; 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.

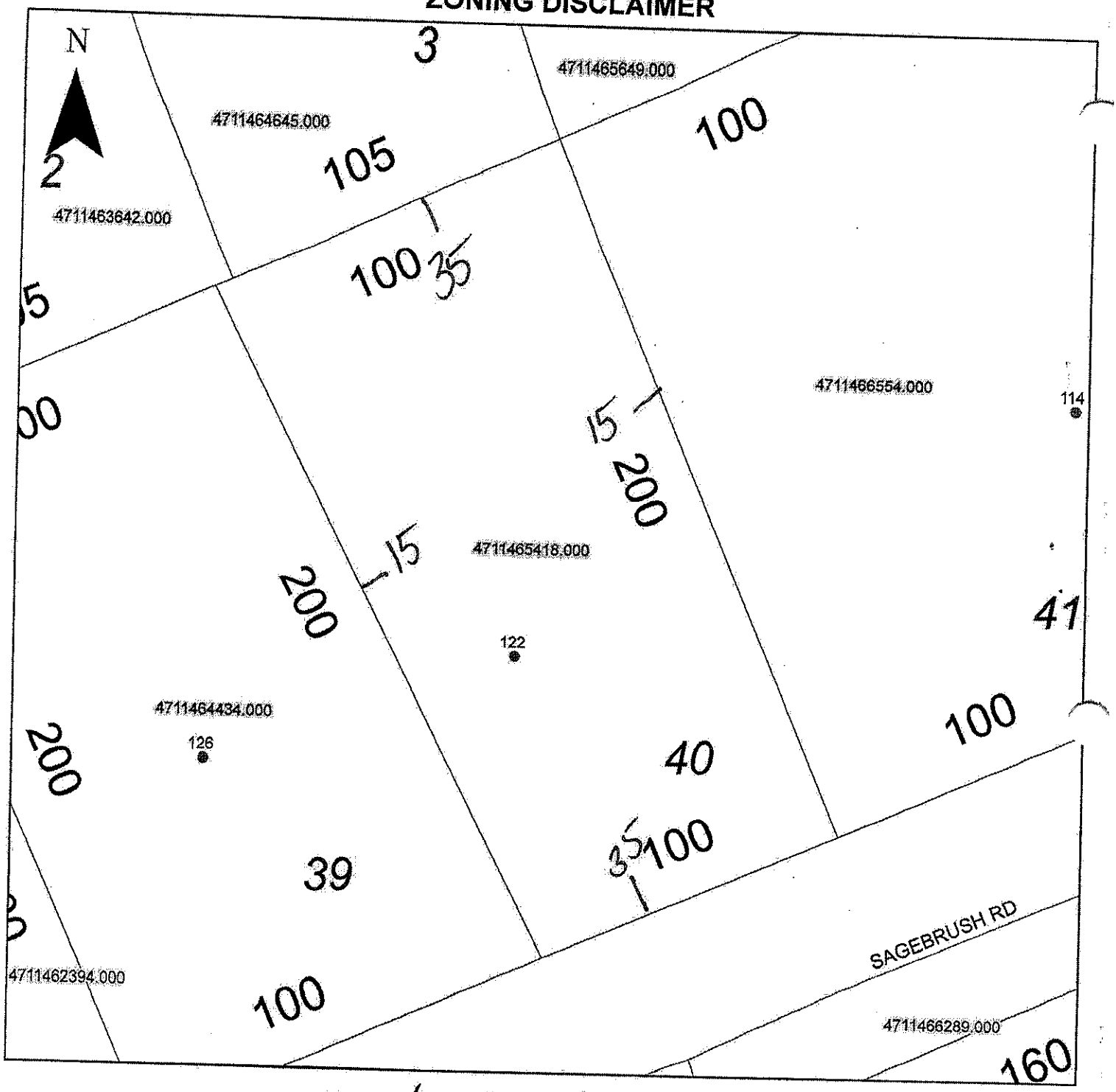
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 07/27/2021

Permit Number	320015	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 122 Sagebrush Rd

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

7/22/21
Date