ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 321563

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

PIN # 4711 -- 84 -- 9802.29

APPLICANT/OWNER: Clayton Homes-Geraldine Garris APPLICANT ADDRESS: 296 Pinville Road Statesville NC 28677

SITE ADDRESS: 294 Pinville Road Statesville NC PHONE: 704-528-4658 ALT. PHONE 704-929-1552

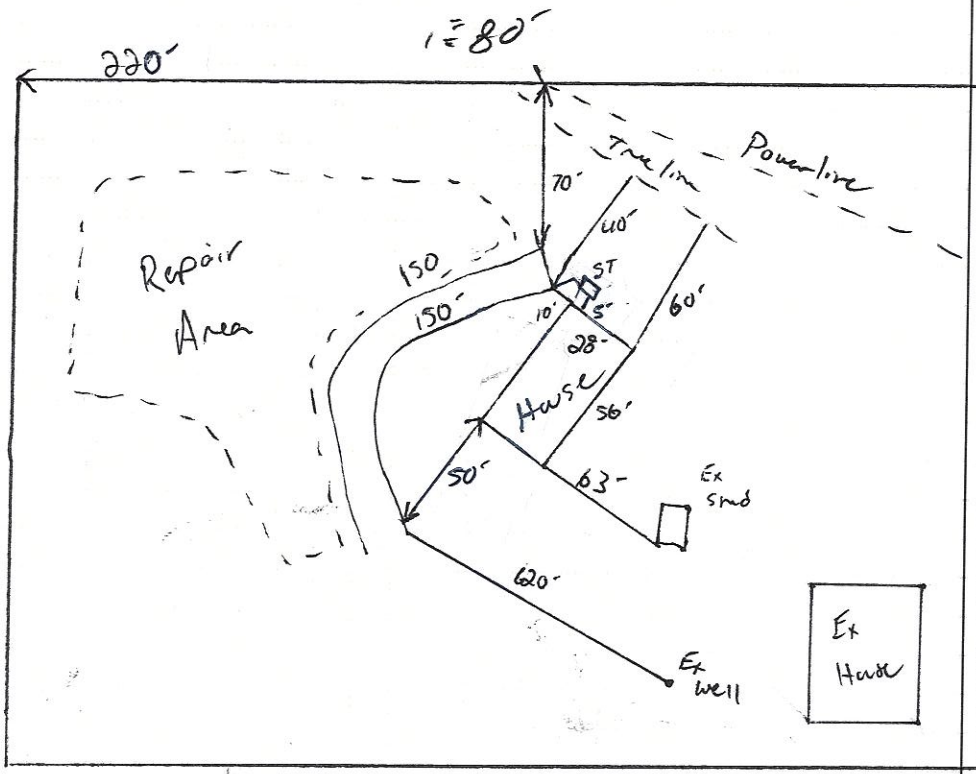
SITE DIRECTIONS: Buffalo Shoals L on Pinville 294 on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 4 Acr DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 1013	Date 3/16/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date	System Description: 25% Reduction				☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #	Repair System Description: 25% Reduction				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	2	Linear Ft 300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth (~~Low side~~)		Max 36" Gravel Depth -	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install Drainlines on Contour of land. Use Serial distributors. Maintain 100' from shared well.

INITIAL SITE SKETCH



AS BUILT SKETCH

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

Installed as Drawn

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: 2/7/22 Installed by: Piedmont Backhoe

IMPROVEMENT PERMIT by: [signature] Date: 2-2-22 OPERATION PERMIT by: Cary Whitt Date: 5/4/22

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 2-2-22 Existing System Inspected by: Date:

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

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

Sheet 1 of
PROPERTY ID #: 47118498
COUNTY: Iredell

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

OWNER: Clayton Homes
ADDRESS: 294 Pinnacle Road
APPLICATION DATE /
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
DATE EVALUATED: 1-7-22
LOCATION OF SITE: 294 Pinnacle
PROPERTY SIZE: 4 Acres
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
PROPERTY RECORDED: Y
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	5-6% SS	0-6	SRL SCL	FI SRSL/ Scmpl	N/A	48+	N/A	N/A	PS .3
		6-31	SRL C						
		31-48	SRL CL						
2	3-4% SS	0-6	SRL SCL		N/A	48+	N/A	N/A	PS .3
		6-24	SRL C						
		24-48	SRL CL						
3	5-6% SS	0-6	SRL SCL		N/A	48+	N/A	N/A	PS .3
		6-20	SRL C						
		20-48	SRL CL						
4	5-6% SS	0-6	SRL SCL		N/A	48+	N/A	N/A	PS .3
		6-20	SRL C						
		20-48	SRL CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300+	300+
System Type(s)	2SC	2SC
Site LTAR	.3	.3

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

COMMENTS:

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (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.

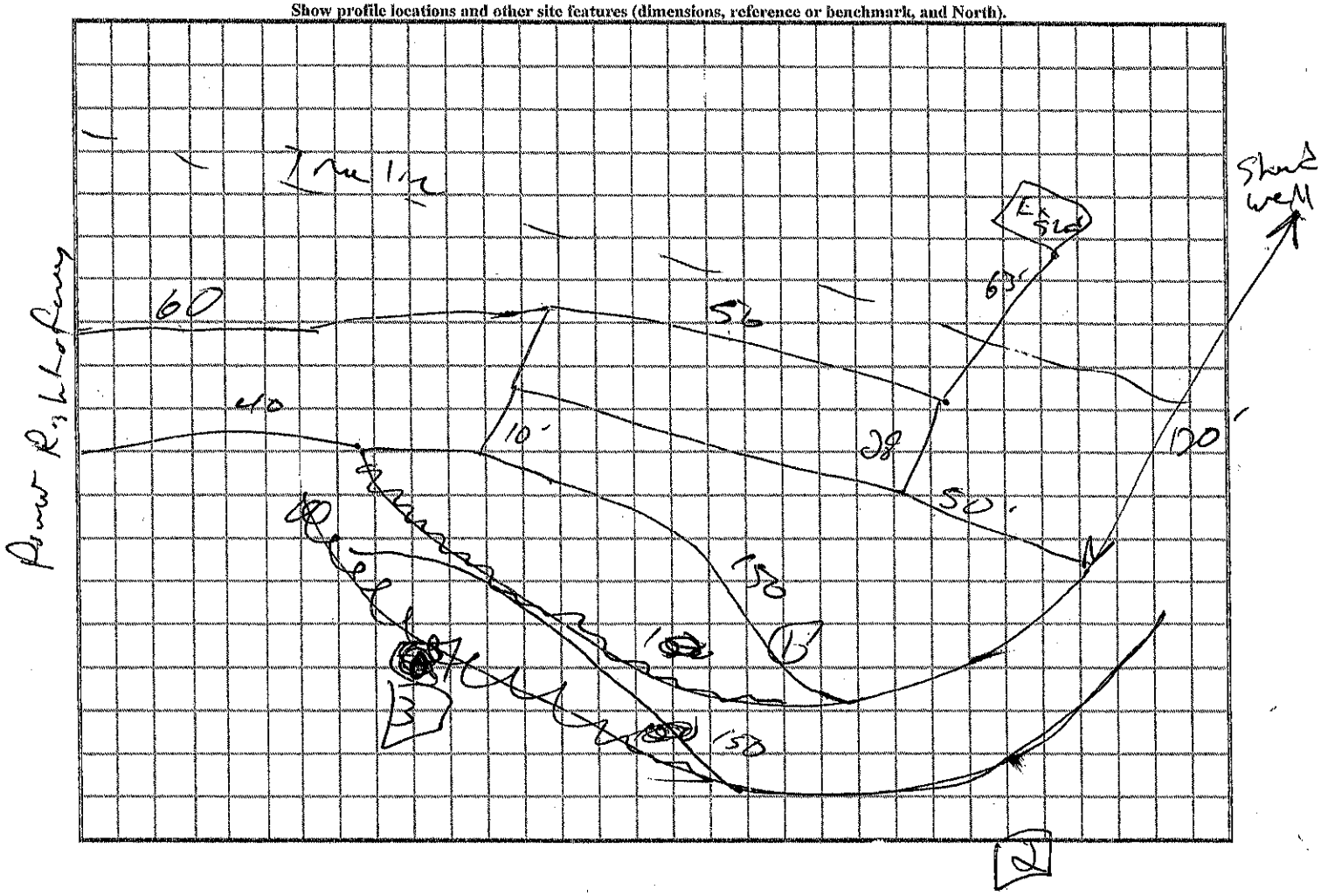
NOTES

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/ft^2

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



RECEIVED NOV 1 9 2021

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* AP-321563 $500.00

Application For:
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Well Abandonment ( ) 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 STATESVILLE Address: 2026 NORTHSIDE DR STATESVILLE Zip: 28625
Applicant Email: adam.casteen@clayton homes.com Phone: 704 873 2547 Alt. Phone: 704 929 1552
Owner Name: Geraldine Garris Address: 296 Pineville Rd. Statesville NC Zip: 28677
Owner Email: dgarris@roadrunner.com Phone: 704-528-4658 Alt. Phone: _____

Property Information:

Street Address: 294 PINEVILLE RD STATESVILLE (NEXT TO 296)

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

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (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: _____
( ) New Well (X) Existing Well SHARING WITH MOTHERS 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 (X) Other: 2540

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: _____ 11/17/21
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, Geraldine Garris, am the legal owner(s) of the property located at 296 Pineville Rd. Statesville NC 28677, identified as PIN/(Parcel Identification Number) 4711849802.000, located in Iredell County, North Carolina.

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

Geraldine Garris
Signature of Owner(s)

10-8-21
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

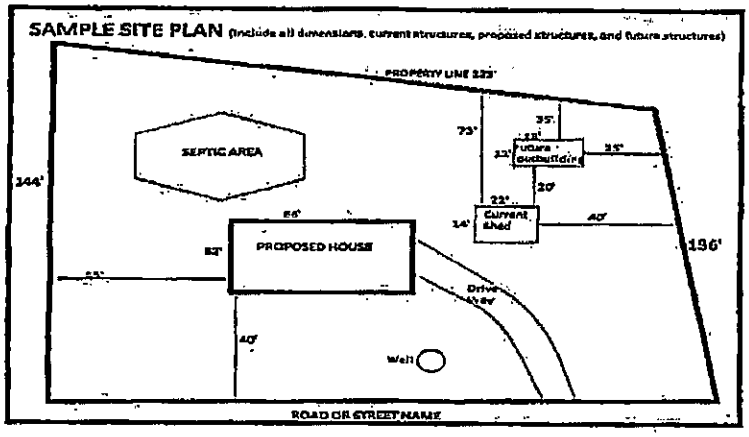
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ 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

SEE ATTACHED

Signature: Clayton Vance Statesville

REQUIRED property owner or owner's legal representative signature.

11/17/21

DATE

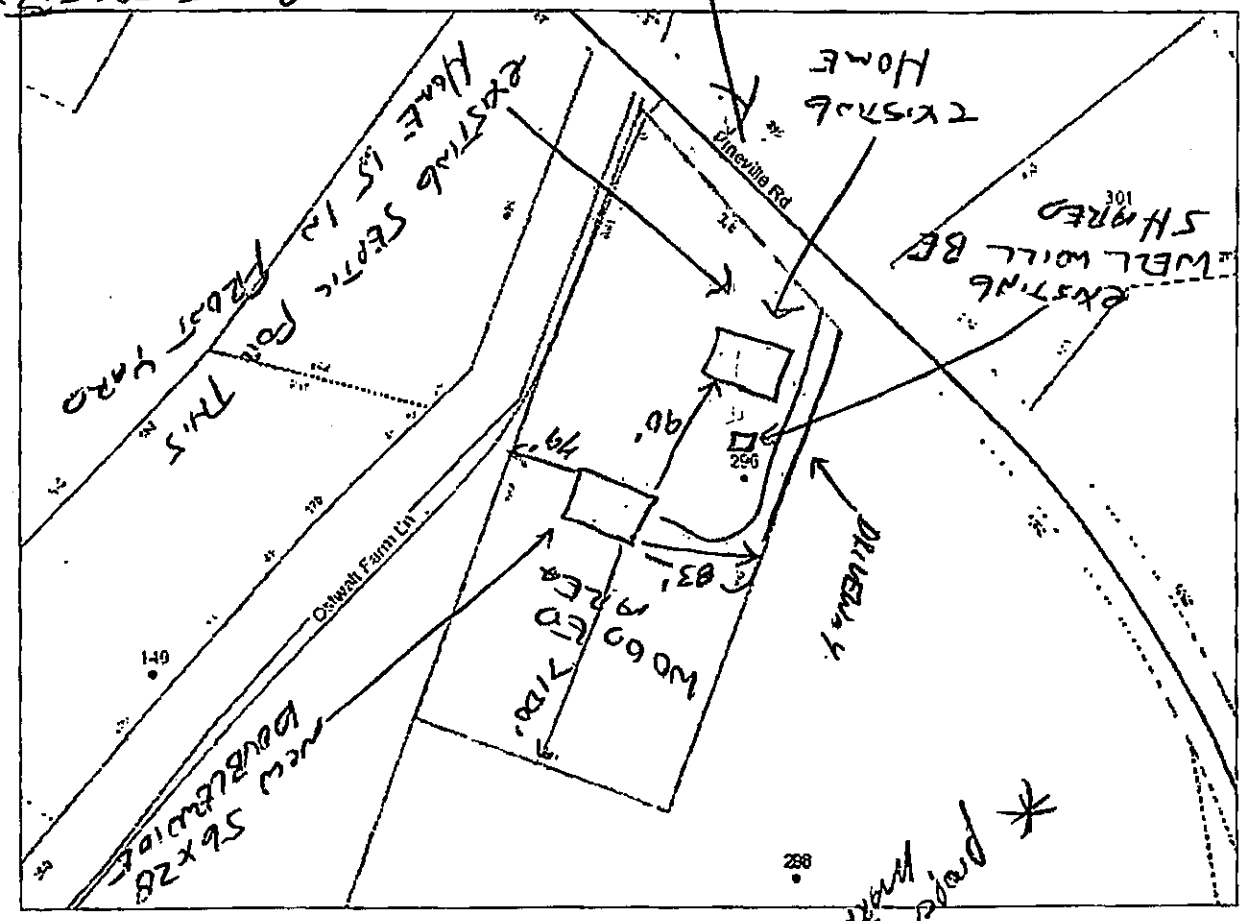
Iredell County

Property Data

Parcel Number: 4711849802.000
Inquiry Date: 9/21/2021

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: 23374550
Old Parcel Number: 1503L000008033
Owner Name: GARRIS GERALDINE C LE
Mailing Address: 296 PINEVILLE RD STATESVILLE NC 28677
Property Location: PINEVILLE RD
Lot Number:
Legal Description: SIPES SR1332

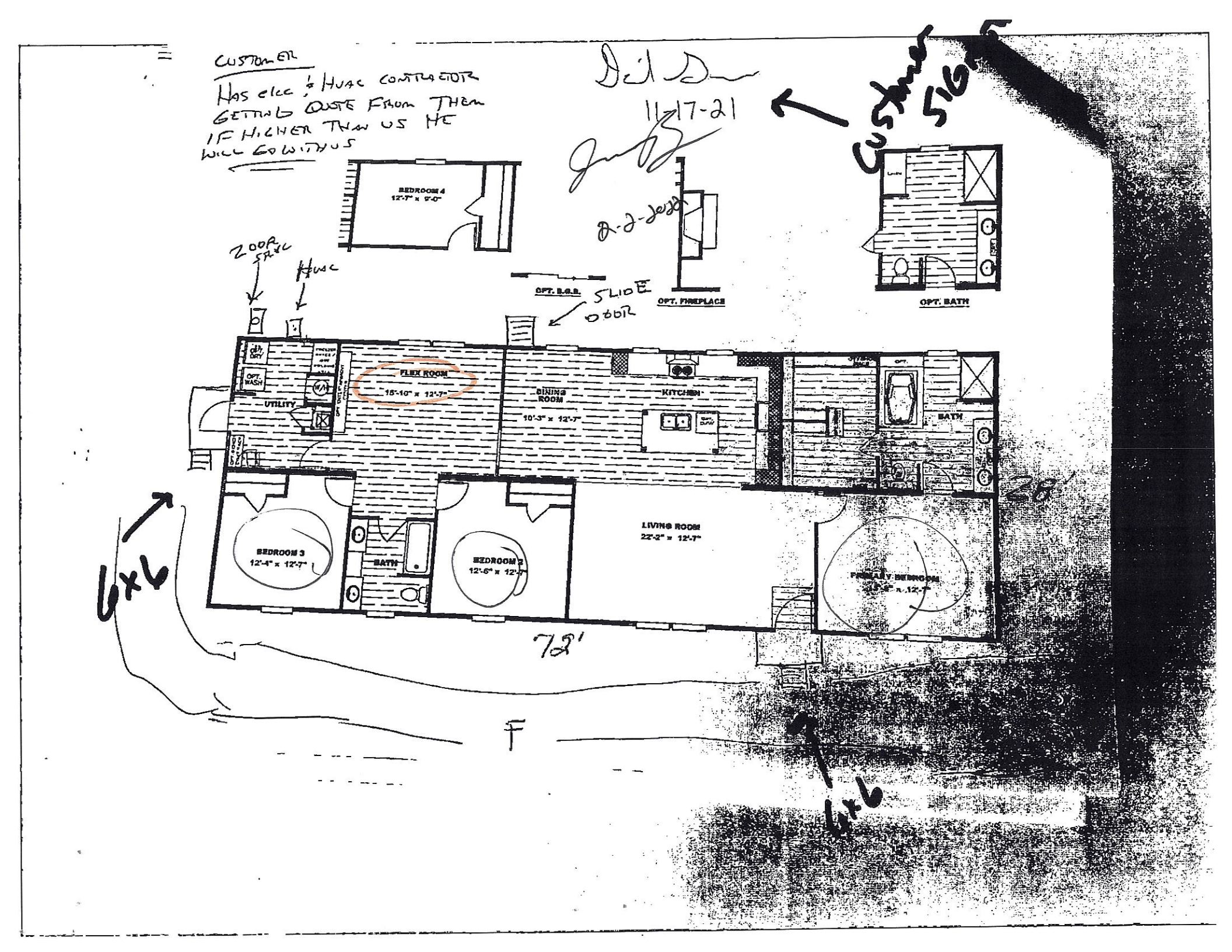
Municipal Information

Township Code: 15
City Code: 00
Neighborhood Code: 15006

Value Information Current Year Property Record Card (PRC)

Building Value: 77080
Other Building Features: 17570
Land Value: 48960
Tax Assessed Value: 143610
Deferred: 0

Land Information Register of Deeds Online Search


CUSTOMER
HAS ELEC & HVAC CONTRACTOR
GETTING QUOTE FROM THEM
IF HIGHER THAN US HE
WILL GO WITH US
Del Sun
11-17-21
CUSTOMER SIDE
BEDROOM 4
12'-7" x 9'-0"
OPT. FIREPLACE
OPT. BATH
2 DOOR STOVE
HVAC
OPT. S.G.D.
SLIDE DOOR
FLEX ROOM
15'-10" x 12'-7"
DINING ROOM
10'-3" x 12'-7"
KITCHEN
UTILITY
OPT. WASH
BATH
28'
BEDROOM 3
12'-4" x 12'-7"
BATH
BEDROOM 2
12'-6" x 12'-7"
LIVING ROOM
22'-2" x 12'-7"
PRIMARY BEDROOM
73'
6x6
6x6
F

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER

321563
Issue Date: 09/17/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4711849802.000	294 PINEVILLE RD	Iredell County

Owner Information	Applicant Information
Name: GARRIS GERALDINE C LE	Name: David Garris
Address: 296 Pineville Rd	Address: 296 Pineville Road
Statesville, NC 28677	Statesville, NC 28677
Phone:	Phone: (704)903-3175

Use Requested	Zone Code
Accessory Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks

R8, Accessory Mobile Home

The accessory mobile home shall be occupied only by a close relative. The minimum width of the manufactured (mobile) home shall be twenty-two (22) feet for a multi-sectional unit. The minimum length of a multi-sectional manufactured (mobile) home shall be forty (40) feet. On multi-sectional units the length shall NOT exceed four times the width, with length measured along the longest axis and width measured perpendicular to the longest axis. The pitch of the roof on multi-sectional manufactured (mobile) homes shall have a minimum pitch of 3/12 (a rise of a nominal three (3) feet for each twelve (12) feet of horizontal run or portion thereof). The roof shall be finished with a type of shingle that is commonly used in standard residential construction with a class C or better fire rating. All roof structures on multi-sectional manufactured (mobile) homes shall provide eaves and raker projections of no less than six (6) inches, excluding guttering. The exterior siding on multi-sectional manufactured (mobile) homes shall consist of vinyl or aluminum lap siding, wood or hardboard, comparable in composition, appearance and durability to the exterior siding commonly used in standard residential construction. All multi-sectional manufactured (mobile) homes shall have a continuous brick, stone, stucco or decorative block non load-bearing skirting or underpinning. All multi-sectional manufactured (mobile) homes shall be oriented so that the side having the front (main) entrance shall be no more than twenty (20) degrees from parallel to the front property line, except on corner lots. H. The wheels, axles, transporting lights, and towing apparatus shall be removed and shall NOT be included in length and width measurements. All multi-sectional manufactured (mobile) homes shall have a deck or porch NOT less than thirty-six (36) square feet in area at all front entrances.

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.