ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (BB) | PERMIT # AP-301202

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

PIN # 4714030659

APPLICANT/OWNER: CLAYTON HOMES / Timothy Hope | APPLICANT ADDRESS: 2026 NORTHSIDE DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 270 LA RUE CIRCLE, STATESVILLE, N.C. 28625 | PHONE: 704-929-1552 | ALT. PHONE —

SITE DIRECTIONS: (W) ON 40, (R) ON OLD MOUNTAIN, (R) ON LA RUE LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: PONDEROSA ACRES | SECTION: — | LOT # 20 | LOT AREA: 0.5 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	10/2	Date	4-27-20	☑ 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 - REPAIR EXEMPT		
# Nitrification Fields	1	# Lines	5	Linear Ft	300 FT	Maintenance Agreement Required:	☐ YES	☐ NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)	32 IN	Gravel Depth	—		☐ GRAVITY	☐ PRESSURE	

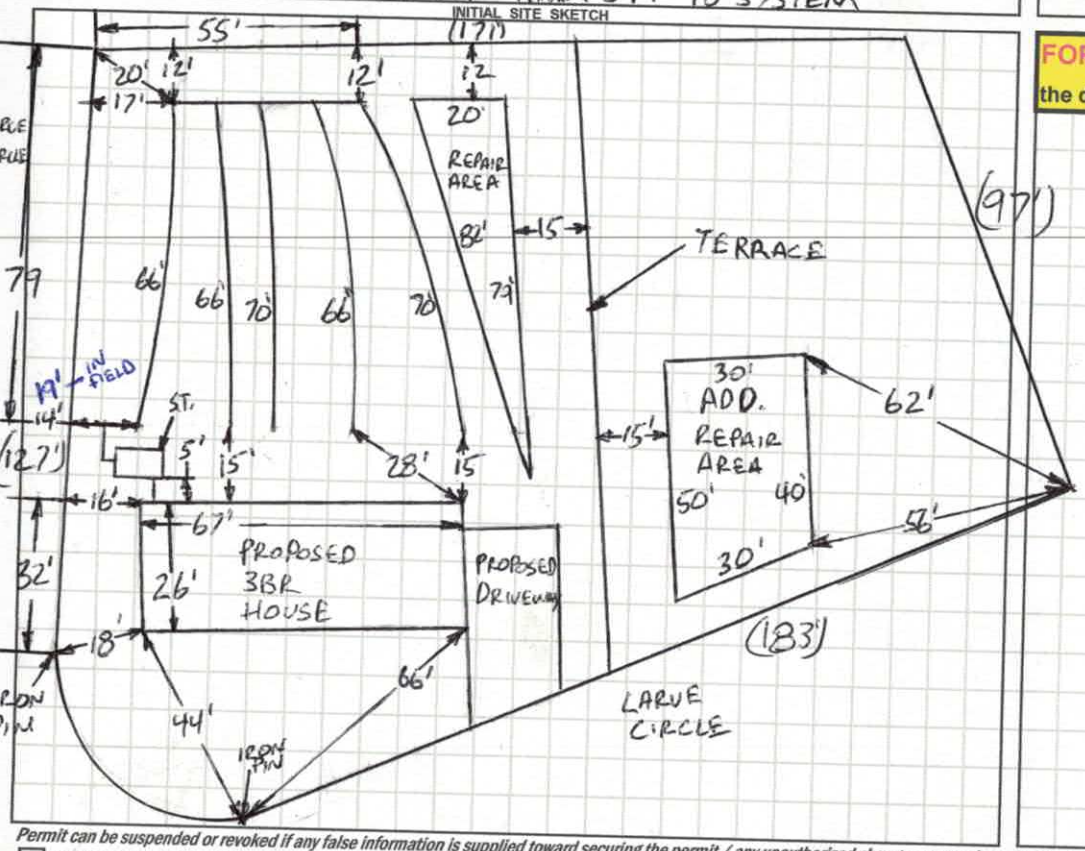
☑ Residence — No. Bedrooms: 3
☐ Business — No. Persons: 6
☐ Other — No. Employees: —
☐ Slab — ☑ Crawl Space
☐ Basement w/plumbing — ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, DO NOT EXCEED 36 IN MAX TRENCH BOTTOM, NO FOOTER TO BE CLOSER THAN 5FT TO SYSTEM

NO FONDATION DRAINAGE ON HOUSE
HOUSE MUST MEET ZONING SET-BACKS

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.

1 IN = 40 FT
S.T. = SEPTIC TANK

INSTALLED AS PERMITTED

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: 6-25-20

IMPROVEMENT PERMIT by: Burgent C. White Date: 6-25-2020

AUTHORIZATION TO CONSTRUCT by: Burgent C. White Date: 6-25-2020

Installed by: PIEDMONT BACK HOE

OPERATION PERMIT by: Burgent C. White Date: 8-17-2020

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

PROPERTY ID #: 4714030659
COUNTY: IREDELL

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

OWNER: TIMOTHY PARKS HOPE / CLAYTON HOMES
ADDRESS: 3712 WILKESBORO HIGHWAY, STATESVILLE, N.C. 28625
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 270 LARUE CIRCLE, STATESVILLE, N.C. 28625
APPLICATION DATE: 8-16-17
DATE EVALUATED: 10-8-17
PROPERTY SIZE: 0.65 AC
PROPERTY RECORDED: YES
REPAIR EXEMPT / BEFORE 1977 UNCHANGED
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									
2					SEE PAGE 2				
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4714030659
DATE OF EVALUATION: 10-8-2019
COUNTY: IREDELL

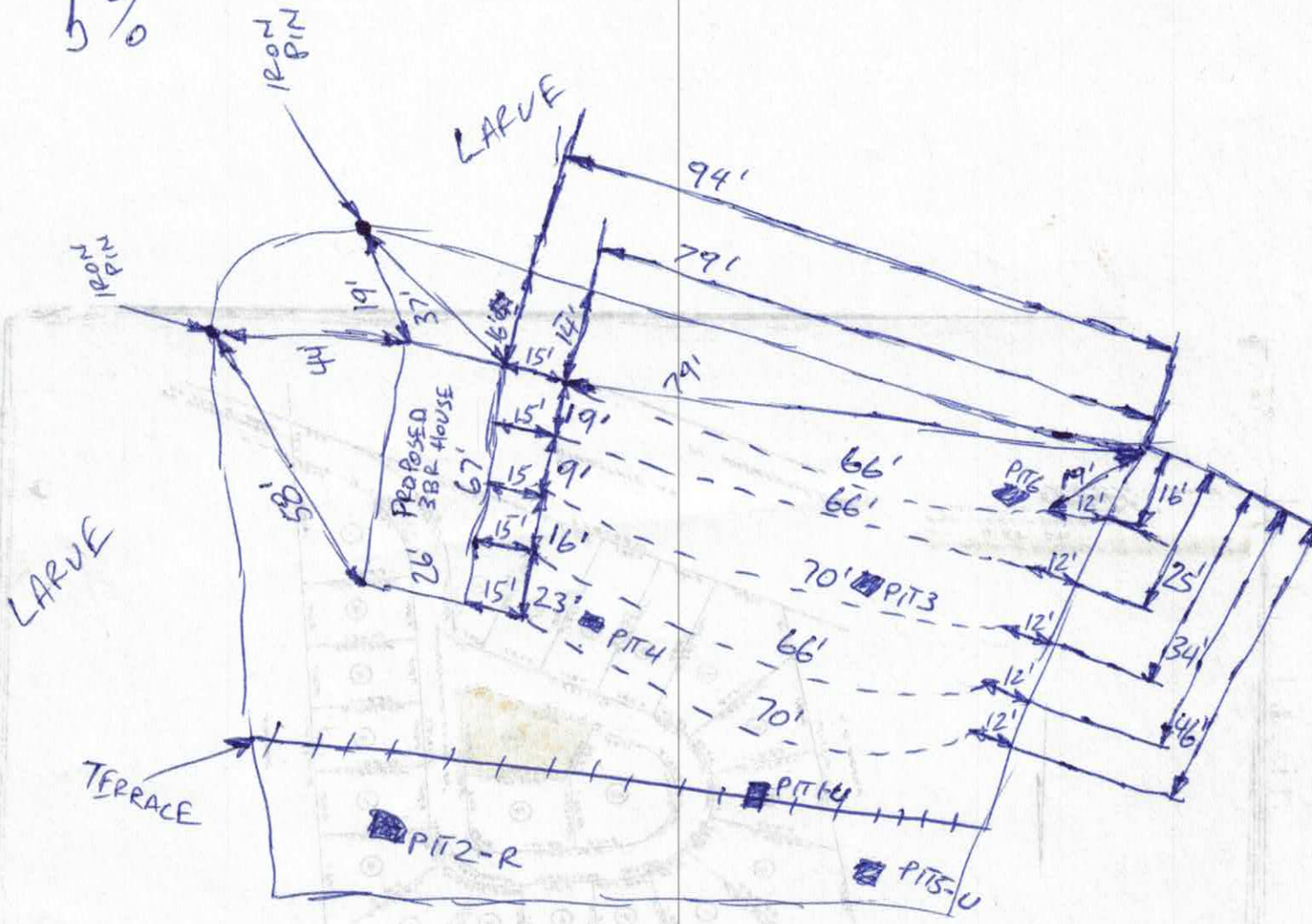
270 LARVE CIRCLE

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	RIDGE 2%	0-22	FILL?	FILL?	MIXED	48"+	NA	NA	U UNTIL FILL REMOVED
		22-48	C, SBK	FR, S, P, SEXP	~~10YR~~ FEW Y/B SAP INC IN C				
2	HEAD 7%	0-6	SCL, SBK	FR, SS, SP, SEXP	10YR SAP INC THRU OUT MICA COMMON	48"+	NA	NA	PS .3
		6-29	C, SBK	FR, S, P, SEXP					
		29-48	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 2%	0-32	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	48"+	NA	NA	PS .3
		32-48	CL, WSBK	FR, SS, SP, SEXP					
4	LINEAR SIDE 2%	0-34	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	48"+	NA	NA	PS .3
		34-48	CL, WSBK	FR, SS, SP, SEXP					
5	LINEAR SIDE 2%	0-16	~~SCL, SBK~~ FILL	~~FR, SS, SP, SEXP~~ FILL	SAP INC THRU OUT MICA COMMON	48"+	NA	NA	U UNTIL FILL REMOVED
		16-46	C, SBK	FR, S, P, SEXP					
		46-~~50~~	CL, WSBK	FR, SS, SP, SEXP					

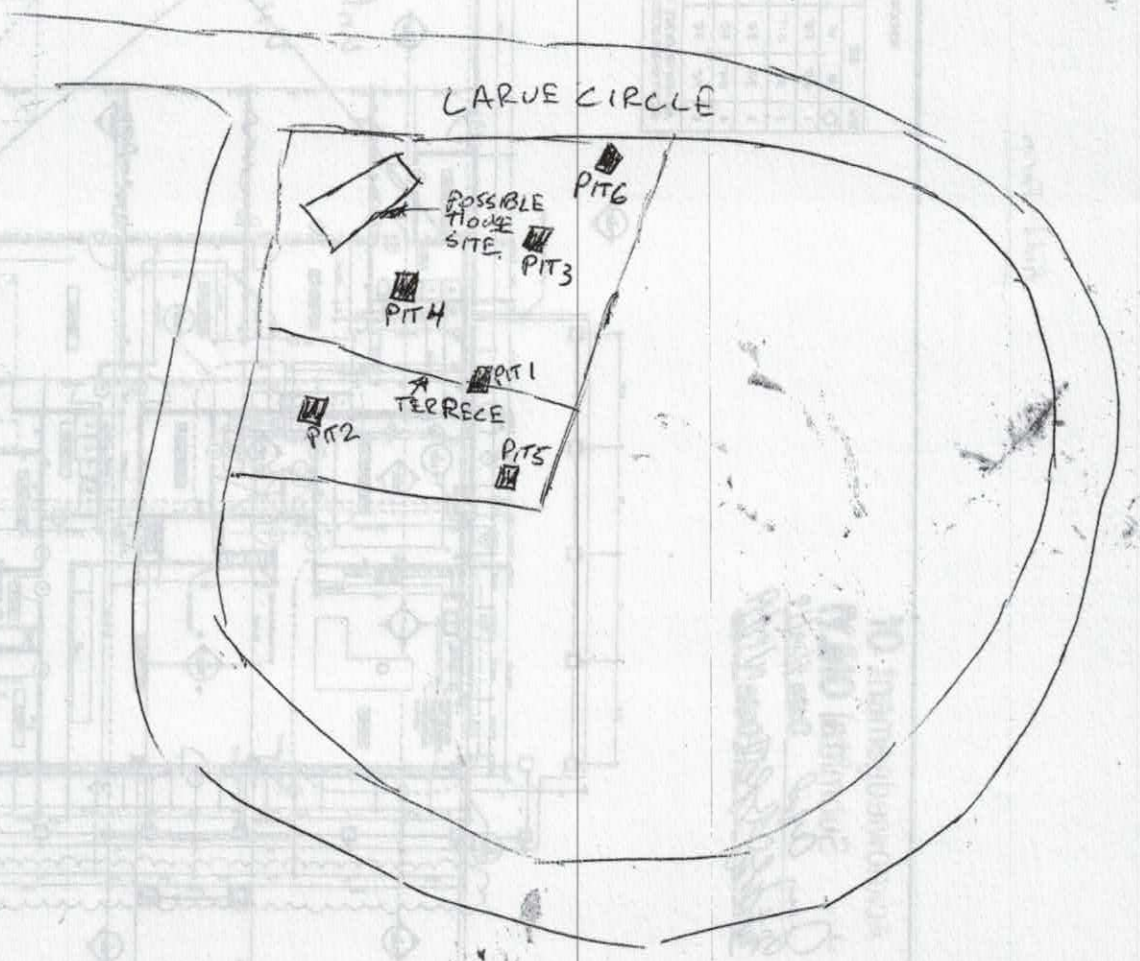
COMMENTS: SEE BACK
THIS SOIL EVALUATION PREFORMED BY ICHD DOES NOT IMPLY A PERMIT FOR THE LOT LOT DBCRIBED ABOVE. THIS IS ONLY A TEST TO SEE IF SOILS ARE SUITABLE FOR AN ONSITE WASTEWATER SYSTEM. Burfoot C. Hill

NTS

5%


IRON PIN
IRON PIN
LARUE
LARUE
94'
79'
79'
66'
66'
70'
66'
70'
PIT 1
PIT 2-R
PIT 3
PIT 4
PIT 5-U
PIT 6
PROPOSED 3BR HOUSE
TERRACE
44'
58'
67'
26'
19'
37'
15'
14'
19'
9'
16'
23'
19'
12'
12'
12'
12'
12'
16'
25'
34'
46'

PIT 6 LINEAR SIDE 2%
0-36 - C, SBK – FR, S, P, SEXP – SAP INC THRU OUT N^CA COMMON
36-48 - CL/WSBK – FR, SS, SP, SEXP –
= NA = NA = PS .3



AP301202

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

Iredell County Health Department – Environmental Health Division

$500

PAGE 1: *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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Clayton Hames Address: 1026 Northside Dr Statesville, NC Zip: 28625
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Timothy Parks Hope Address: 3712 Wilkesboro hwy Statesville Zip: 28625
Owner Email: 428 scobrajet@gmail.com Phone: 704-902-1520 Alt. Phone: _____

Property Information: 270

Street Address: Larue Circle #20 Statesville, NC 28625
Subdivision Name: Ponderosa Acres Section/Phase: _____ Lot Number: 20
Driving Directions: _____

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 Describe Problem: _____
Maximum Number of Bedrooms: 3
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: 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 ( ) 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?

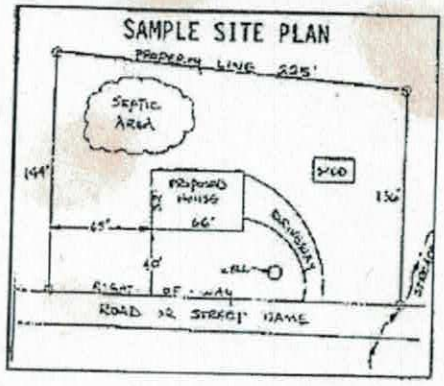
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Timothy Parks Hope 8.16.19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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



corners orange flags

House Box Layout at 76x45 to include decks

Signature: Timothy Parks Hope

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

8-16-17

DATE

270 La Rue

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, Timothy Parks Hope, am the legal owner(s) of the property located at Lot 20 La Rue Cr #4714-03-0659, identified as 270 Lakue

PIN (Parcel Identification Number) #4714-03-0659 located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ADAMS CHESTERFIELD'S Clayton Homes, 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.

Timothy Parks Hope
Signature of Owner(s)

8-16-19
Date

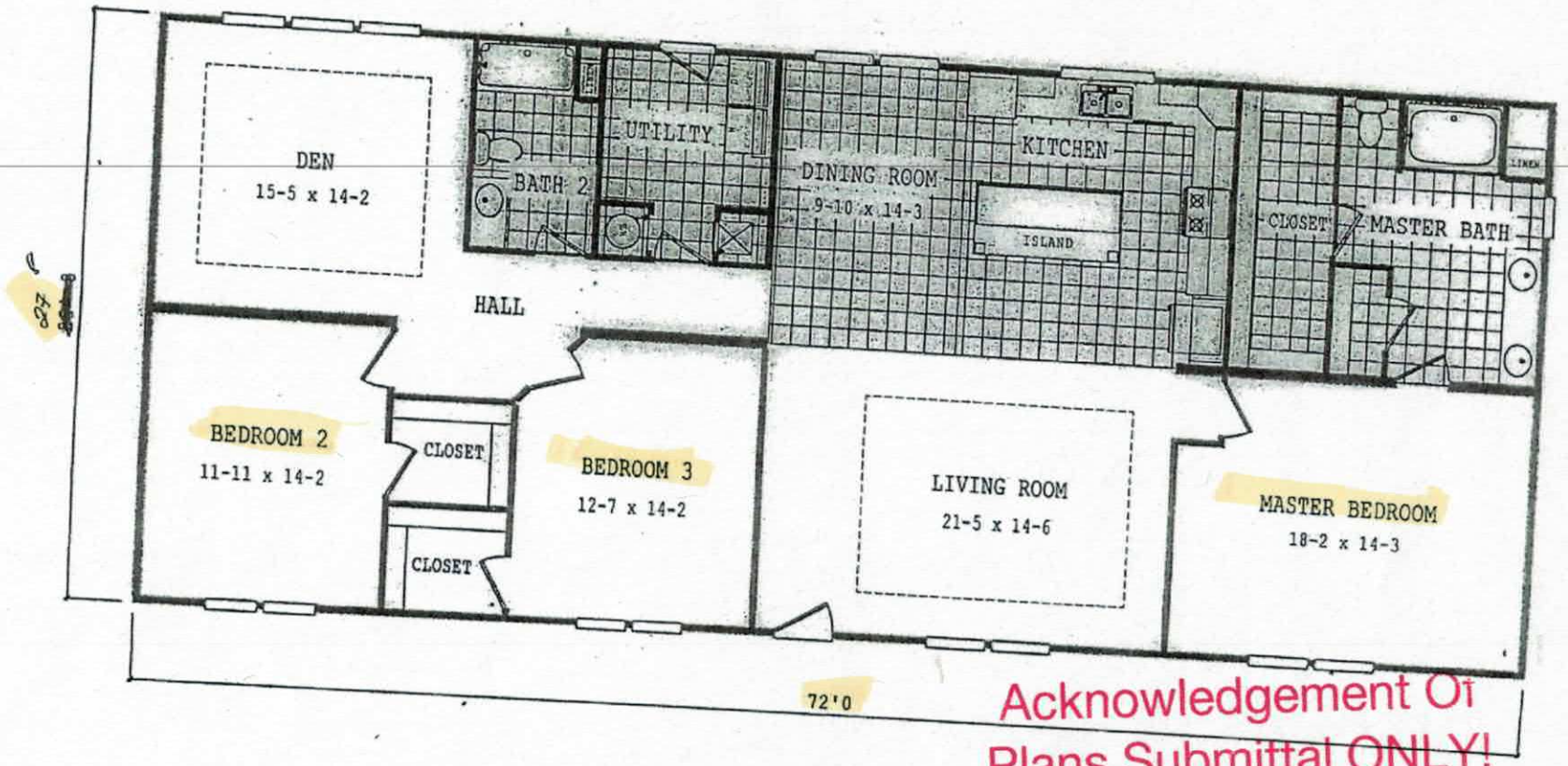
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

28 x 72

276 Labue

STARDUST



Acknowledgement Of
Plans Submittal ONLY!

Date

Date 9-~~Dec~~-19

Bradford Construction 6-25-2020

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

APPLICATION NUMBER
301202 Issue Date: 09/25/2019

Permit Type: ZONING RESIDENTIAL

FILE COPY

Parcel Number	Street Address	Jurisdiction
4714030659.000	270 LA RUE CIR	IREDELL COUNTY

Owner Information	Applicant Information
Name: HOPE TIMOTHY P	Name: CLAYTON HOMES OF STATESVILLE
Address: 3712 WILKESBORO HWY	Address: 2026 NORTHSIDE DR
STATESVILLE, NC 28625	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
MODULAR

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.

See Attached

Signature of Owner/Contractor

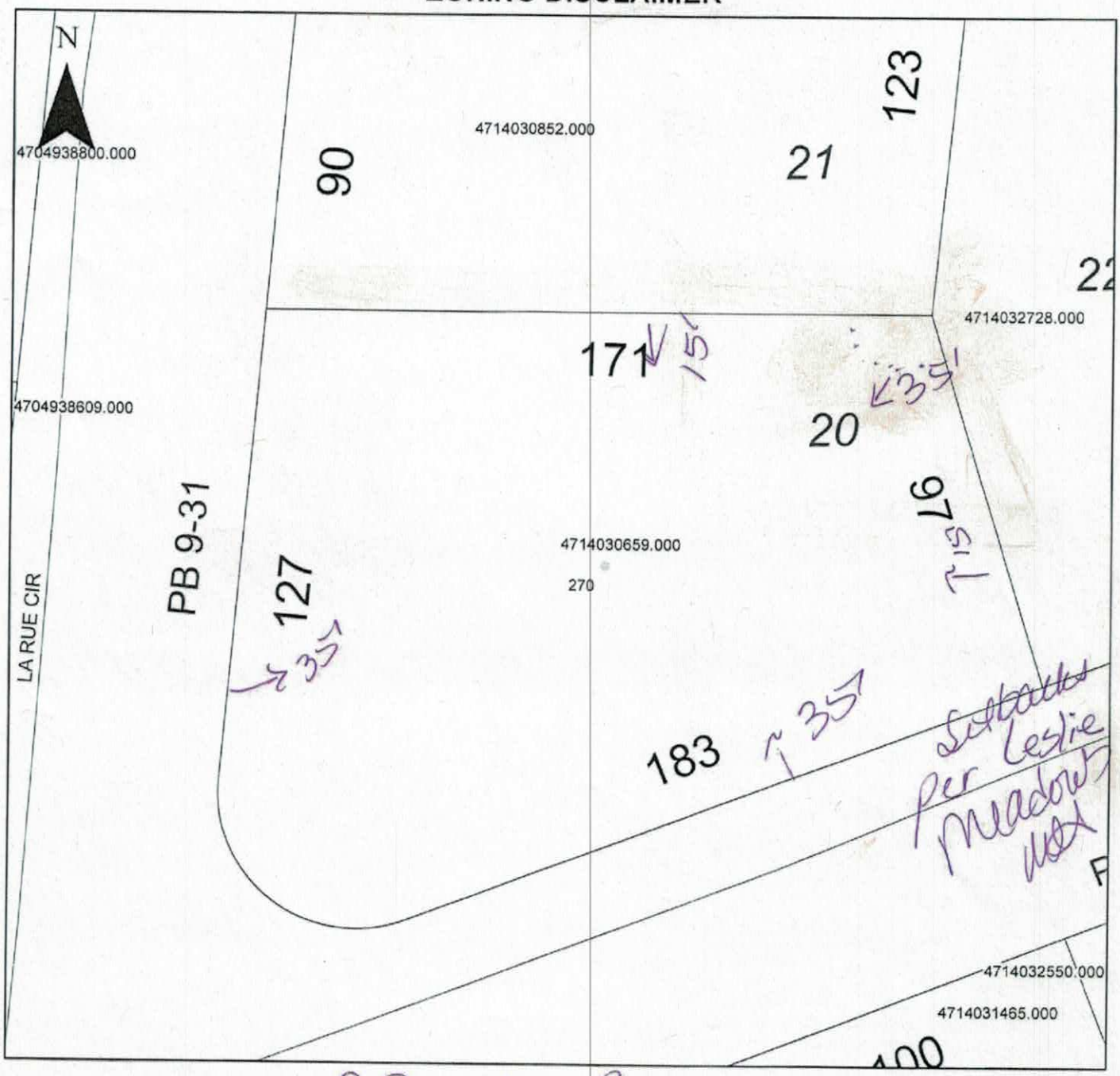
Date: 09/25/2019

Permit Number	000386

TOTAL FEES:	$77.25

PAID

ZONING DISCLAIMER



Property Address 270 La Rue

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

9-24-19

Date