ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PJB

PERMIT # AP 31547

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

PIN # 4721-47-8200

APPLICANT/OWNER: Clayton Homes - Teague | APPLICANT ADDRESS: 2026 Northside Dr Statesville, NC 28625

SITE ADDRESS: 121 Bigham Ln Statesville, NC 28677 | PHONE: 704 873-2547 | ALT. PHONE 704 929-1552 Adam

SITE DIRECTIONS: Old Mountain Rd TL Troutman Farm TL Bigham Ln on left | SAP CONTROLLED: ☐ YES ☒ NO

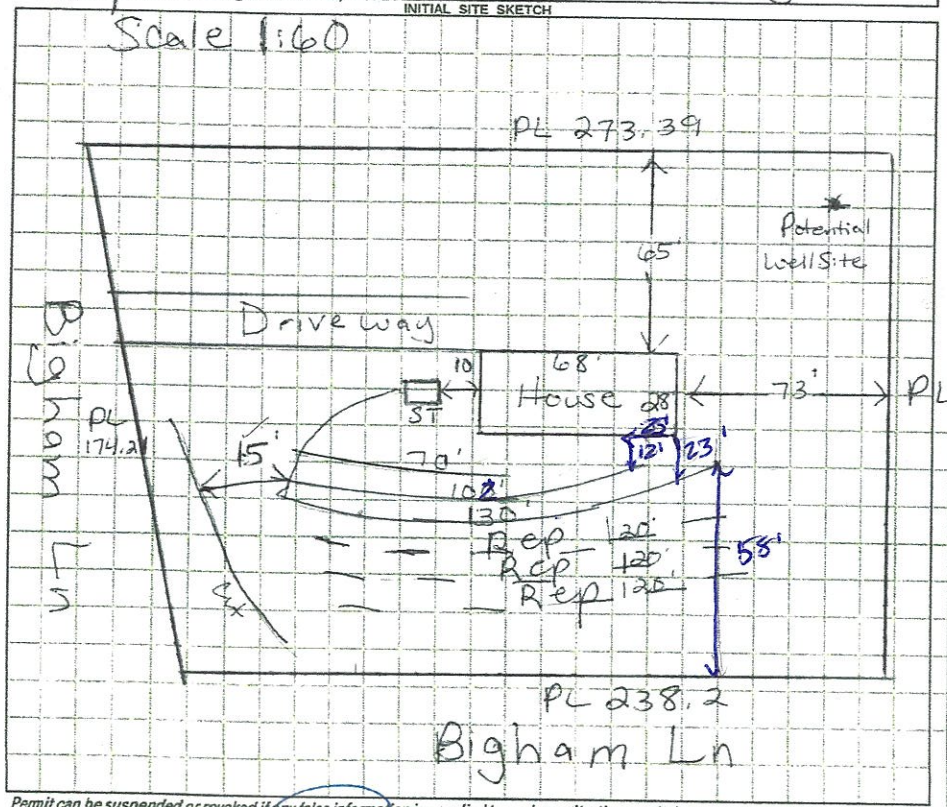
SUBDIVISION: — | SECTION: — LOT # — LOT AREA: 1.0 Ac | DESIGN FLOW: 360 gpd | L.T.A.R.: .3I / .275R

Septic Tank	1000 (gal)	STB TP 1012	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: Gravity - 25% Reduction		☐ Business	No. Persons 6	☒ Private
Pump Make		Model	Serial #	Repair System Description: Same		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines 3	Linear Ft 300ft	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth (Low side) max 26"	Gravel Depth —	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

Divert storm/surface water away from Septic area's

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.

← As Built - NTS

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: 4/19/2021

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/16/21

AUTHORIZATION TO CONSTRUCT by: Burpst C. White Date: 4-14-2021

Installed by: Piedmont Backhoe - Steve Jordan

OPERATION PERMIT by: D Mieberg Date: 5/3/22

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 ___ of ___
PROPERTY ID #: 47214782
COUNTY: Iredell

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

OWNER: Clayton Homes
ADDRESS: 2026 Northside Dr Statesville, NC
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 121 Bigham
APPLICATION DATE
DATE EVALUATED: 3/30/2
PROPERTY SIZE: 1.0 Ac
PROPERTY RECORDED: Y
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 4%	0-8	Brw SCL	wSBK	SS, SP, SEXP, FR				PS .275
		8-30	RCm-l	wABK/SBK	SS, SP, SEXP, FR				
		30-55	RCL	wSBK	SS, SP, SEXP, FR				U 0.55"
			wf/ Well Brw mottles						
		55	SAP	SL	mV				
2	L 5%	0-11	Brw SCL	w	SS, SP, SEXP, FR				PS .3
		11-21	RCm-l	wSBK	SS, SP, SEXP, FR				
		21-55	RCL	wSBK	SS, SP, SEXP, FR				
			wf few to many		SAP	Inclus			
		55+	SAP						
3	L 5%	0-9	Brw SCL	wSBK	SS, SP, SEXP, FR				PS .3
		9-24	RCm-l	wSBK	SS, SP, SEXP, FR				
		24-60	RCL	wSBK	SS, SP, SEXP, FR				
			wf few to many		SAP	Inclus			
4	L 6%	0-7"	Brw SCL	wSBK	SS, SP, SEXP, FR				PS .3
		7-22	RCm-l	wSBK	SS, SP, SEXP, FR				
		22-41	RCL	wSBK	SS, SP, SEXP, FR				
			wf few to many		SAP	Inclus			
		41-60	L	SAP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Danny Lambreth

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1967 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) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

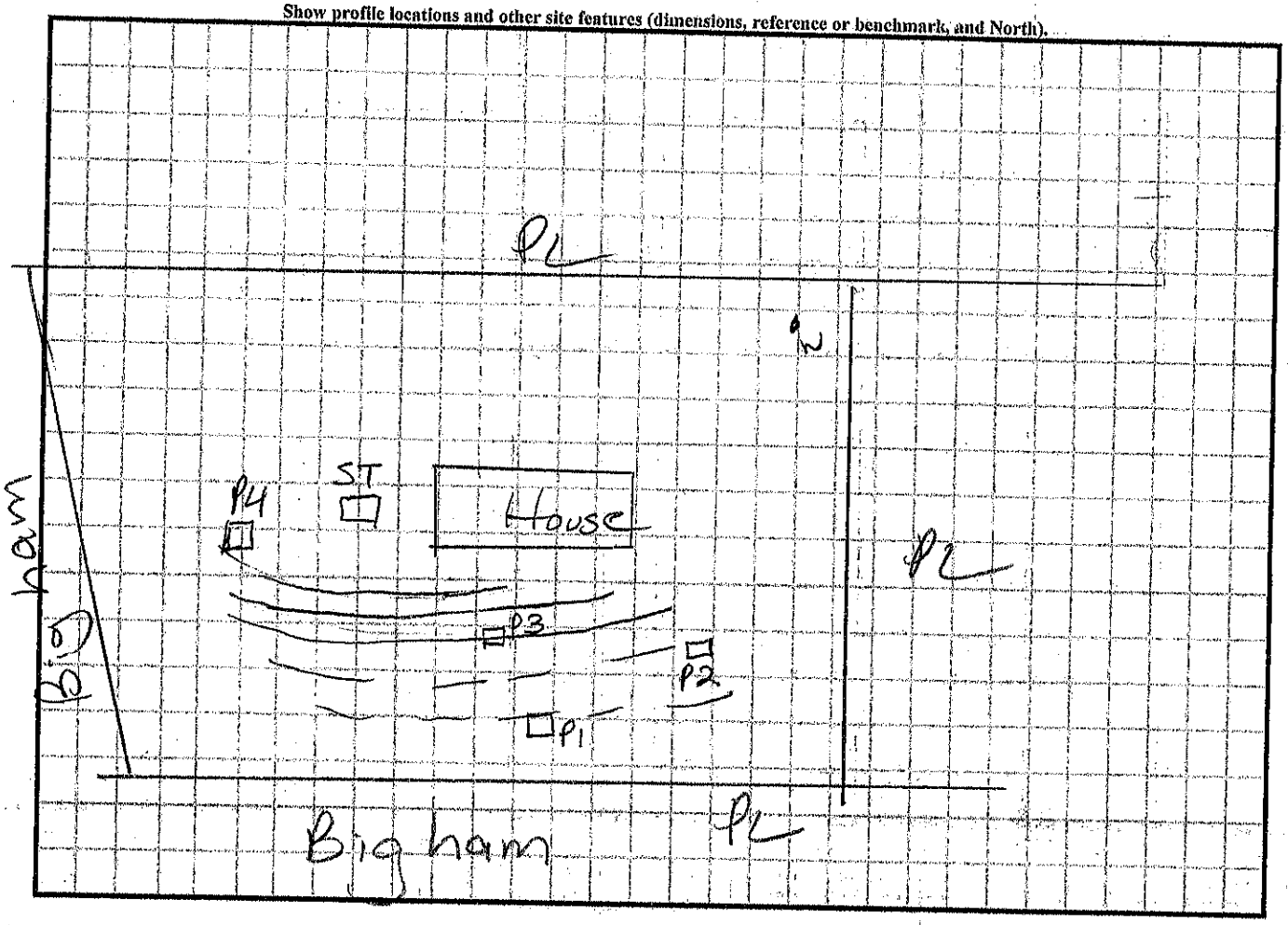
NOTES

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 MAR C 3 2021 10:00 3/29/21

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-315471 $580.00 Pits

Application For:

(✓) Septic Improvement Permit ( ) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) 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: *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 Homes Statesville Address: 2026 North Center St Statesville, NC Zip: 28625

Applicant Email: HC0726@claytonhomes.com Phone: 704-873-2547 Alt. Phone: 704-929-1550

Owner Name: Mark & Tammy Teague Address: 627 Big Horn LN Statesville, NC Zip: 28677

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 121 Big Horn LN Statesville, NC 28677

Subdivision Name: N/A Section/Phase: N/A Lot Number: LOT 2

Driving Directions: TAKE WALLACE SPRINGS RD to (R) on OLD MOUNTAIN RD THEN (L) on TRENTMAN FARM RD to BIG HORN LN

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:

Square Footage of Building: _____ Type of Business: _____

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: _____

Year existing system installed: _____

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: _____

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

2-26-21

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, X Mara Teague, am the legal owner(s) of the property located at 121 Big Horn Ln Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4721478200.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) ADAM CASSTEVENS, 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.

X Mara Teague 2/13/21
Signature of Owner(s) Date

Signature of Witness 2-13-21
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

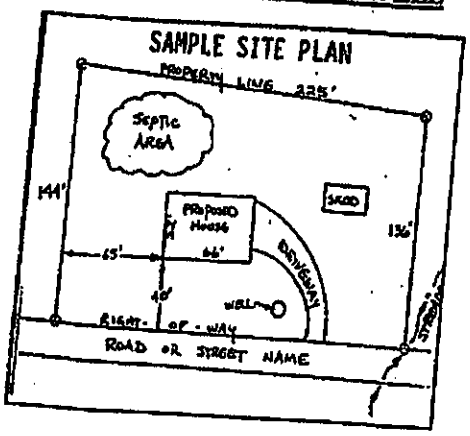
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- ( ) North arrow, or other sufficient indicator of direction

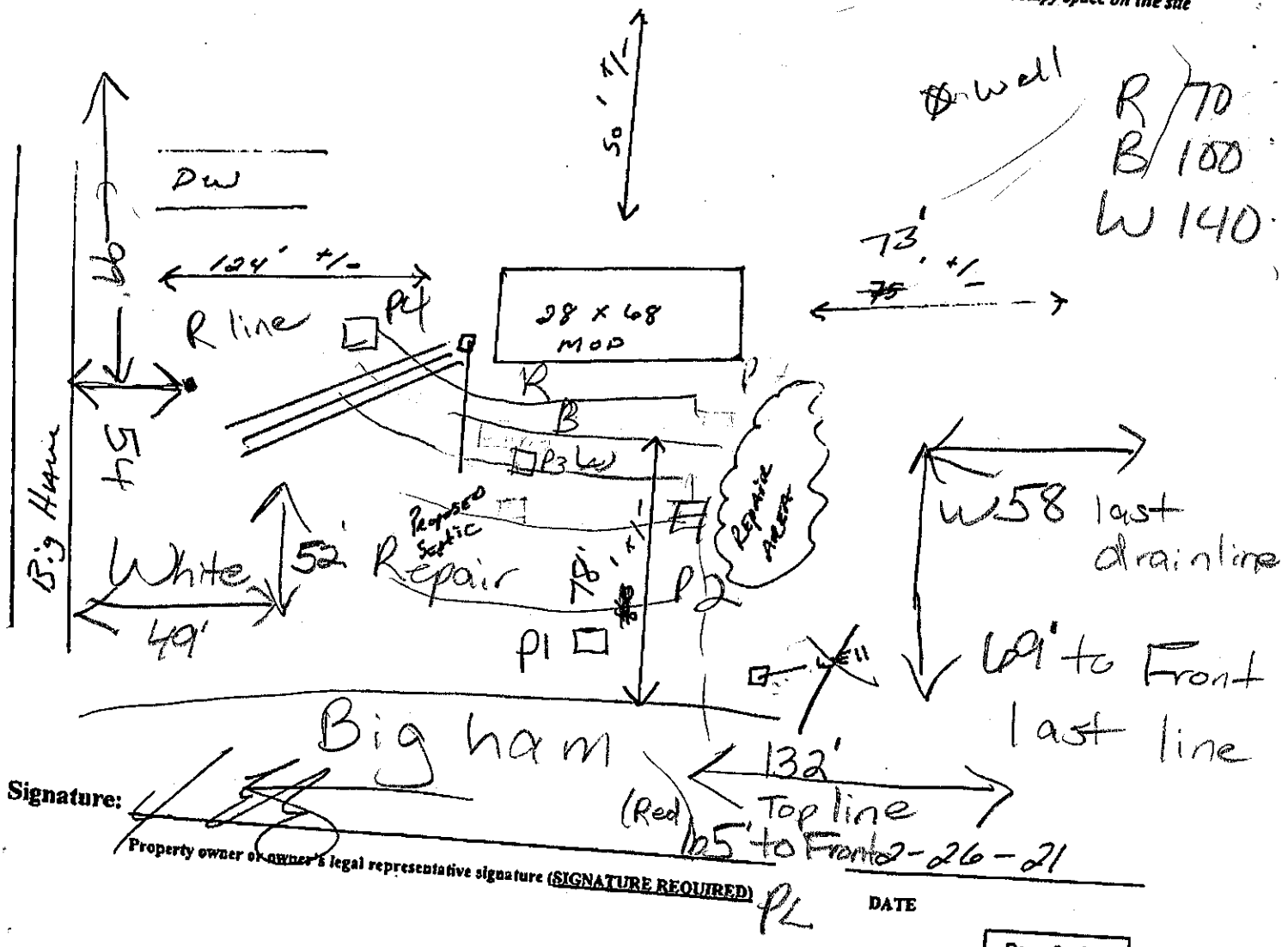


Circle N/A on the following if appropriate:

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 2-26-21

Legend

CAPS ON MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENSE NUMBER.

- MNS ..... MAG NAIL SET
- EIR ..... EXISTING IRON ROD AS SHOWN
- IRS ..... 1/2" IRON ROD SET WITH YELLOW CAP
- UTILITY POLE
- PIN ..... PARCEL IDENTIFICATION NUMBER
- EOP ..... EDGE OF PAVEMENT
- N/F ..... NOW OR FORMERLY
- R/W ..... RIGHT OF WAY
- NTS ..... NOT TO SCALE
- LINE SURVEYED
- TIE LINE SURVEYED
- LINE NOT SURVEYED
- RIGHT-OF-WAY LINE
- OE OVERHEAD UTILITY LINE

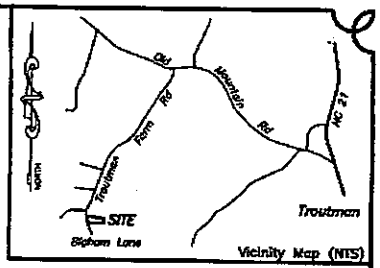
Flood Hazard Area Certificate

According to mapping provided by the Federal Emergency Management Agency and shown on the Digital Flood Insurance Rate Map (DFIRM) Panel 4721, Iredell County, North Carolina, effective date: 3/18/2008, the property shown hereon is not located within a special flood hazard area. The property is entirely within an area designated "Zone X – other areas". Areas determined to be outside the 0.2% annual chance floodplain: areas outside future conditions 1% annual chance floodplain.

Zoning

Zoning District: RA (Residential/Agricultural)

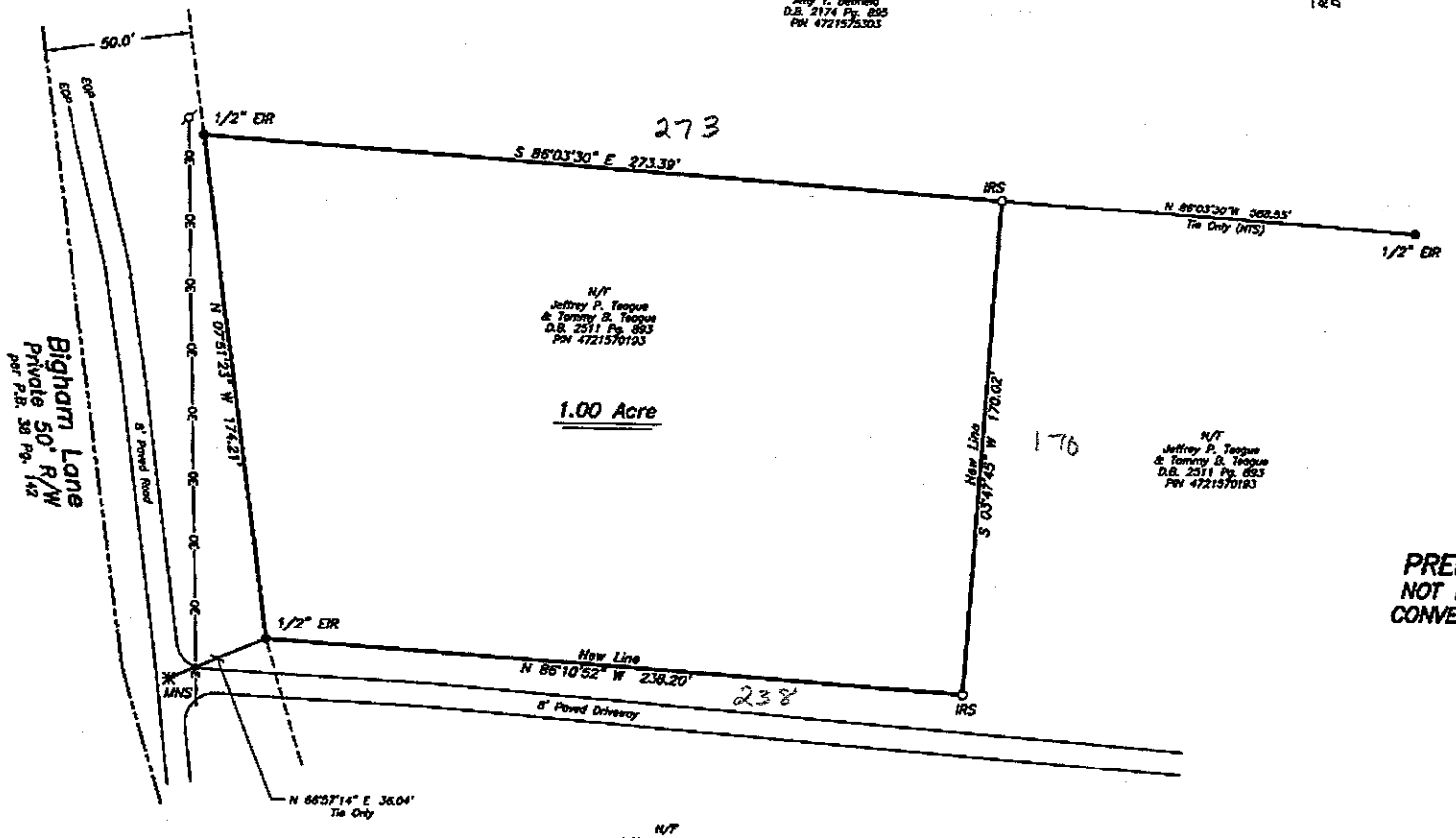
Front – 35 feet
Side – 15 feet
Rear – 35 feet



PRELIMINARY PLAT:
NOT FOR RECORDATION, CONVEYANCES, OR SALES

N/F
Amy Y. Benfield
D.B. 2174 Pg. 895
PIN 4721573303

RELATIVE TO
D.B. 2511 Pg. 893



Notice

- Property subject to any easements and right of way on record, and all NCDOT easements and rights of way.
- This survey is subject to any facts that may be disclosed by a full and accurate title search.
- This survey plat does not show any unrecorded, written or unwritten easements, dedications or other encumbrances. Such burdens could exist on this property and not appear on this plat. Accordingly, users of this plat are warned to remain alert for the existence of such unrecorded burdens not shown hereon.
- This plat was drawn for the exclusive use of the party named hereon. Said certificates do not extend to any unnamed person without an express recertification by the surveyor naming said person.
- This plat represents an actual field survey that meets or exceeds the minimum requirements of a Class C Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.
- The ratio of precision before any adjustments is 1:24,622.
- Area determined by coordinate computations.
- No NGS or NCGS Horiz. Control Monument found within 2,000 feet of the site.

Witness this my original signature, registration number and seal this _____ day of _____ 2020 A.D.

Ted M. Benbow NC PLS L-3175
Firm License # C-1588

NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW

PRELIMINARY PLAT:
NOT FOR RECORDATION, CONVEYANCES, OR SALES

TED BENBOW
Land Surveying
Proudly Surveying Iredell County
Since 1989
630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-9681
www.boundarydevelopment.com

30 0 30 60 90
GRAPHIC SCALE – FEET 1"= 30'

Family Subdivision For:

Jeffery P. Teague
and wife,
Tammy B. Teague

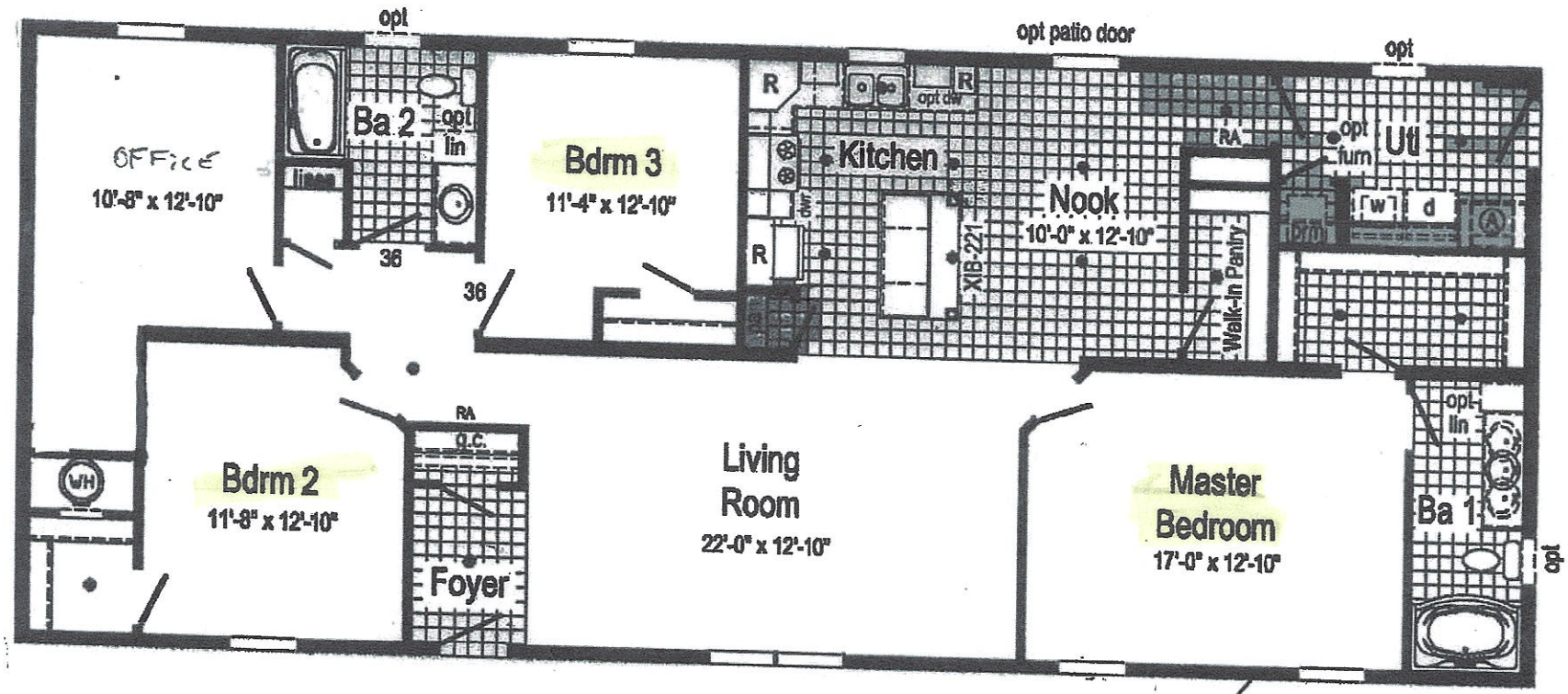
Fallstown Township, Iredell County, NC
Owners of Record: Jeffrey P. Teague and wife Tammy B. Teague
Deed Reference: D.B. 2511 @ Pg. 893
Plat Reference: N/A
PIN: 4721-57-0193
Job Number: 200572.DWG (200572.CRD)
Field Work: 5/28/2020
Plat Date: 6/10/2020

The Biltmore

28 x 68

Acknowledgement Of
Plans Submittal ONLY!
Date 4/19

Date 4-14-2021



F. E. 4-12-21

IREDELL COUNTY

IREDELL COUNTY

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

APPLICATION NUMBER
315471 Issue Date: 03/03/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4721478200.000		

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

Use Requested	Zone Code
Modular	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
MODULAR HOME

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.

Date: 03/03/2021

Signature of Owner/Contractor

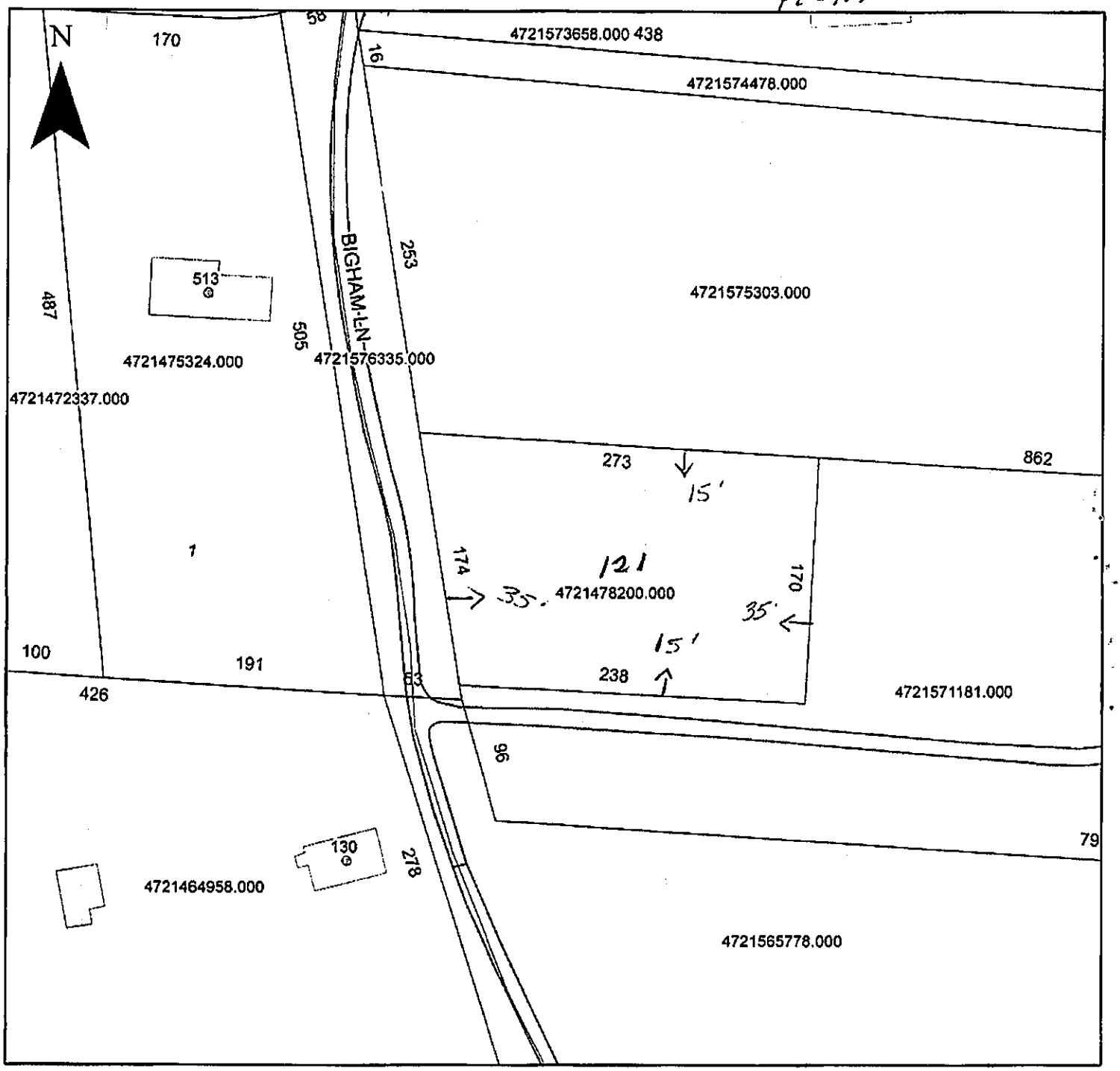
Permit Number	315471	TOTAL FEES:	$77.25

KM 1. HC

WS IV PA C/LK

FL - NS

ZONING DISCLAIMER



Property Address 121 Bigham 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

3/3/21

Date