IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # AP 302255

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

PIN # 4721931472 ✓

APPLICANT/OWNER: Clayton Homes — APPLICANT ADDRESS: 2026 Northside Dr, Statesville 28677 — PHONE: 704-929-1552 — ALT. PHONE —

SITE ADDRESS: 581 East Monbo Rd, Statesville — SAP CONTROLLED: ☐ YES ☒ NO

SITE DIRECTIONS: 21S → R on Old Mountain → L on E Monbo → on left corner of Talley Rd — DESIGN FLOW: 300 gpd — L.T.A.R.: .225 (.1 Rep.)

SUBDIVISION: ✓ — SECTION: — LOT # — — LOT AREA: 2.53 ac

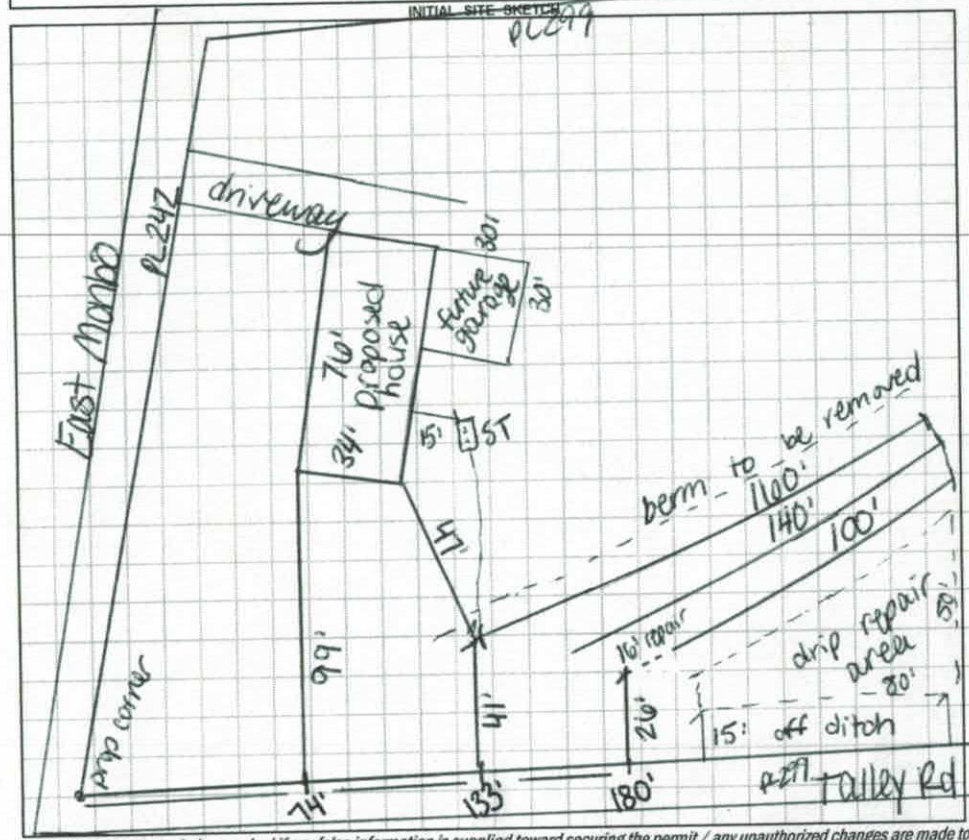
Septic Tank 1000 (gal)	STB 1012	Date 1-24-20	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% reduction		☐ Business	No. Persons 10	☐ Private
Pump Make	Model	Serial #	Repair System Description: drip		☐ Other	No. Employees	☒ Public
# Nitrification Fields 1	# Lines 3	Linear Ft 400	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side)	18" * Gravel Depth —	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☒ Basement w/o plumbing	

Comments / Conditions: Install on contour & utilize serial distribution. Do not pave/grade septic area. Terraces/berms

need to be graded to promote positive drainage around system area.

PL 198

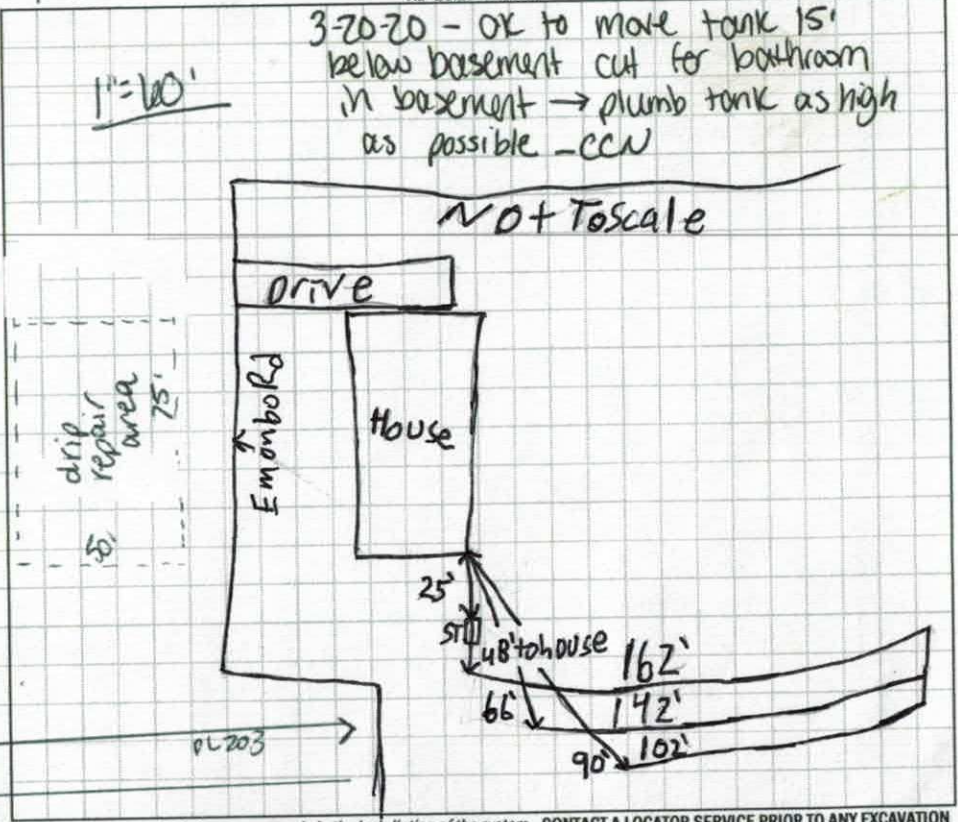
INITIAL SITE SKETCH



AS BUILT SKETCH

3-20-20 - OK to move tank 15' below basement cut for bathroom in basement → plumb tank as high as possible - CCN

1" = 60'



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: 11/10/19

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 11-12-19

AUTHORIZATION TO CONSTRUCT by: Carla C Nicks Date: 11-12-19

Installed by: Steve J

OPERATION PERMIT by: Patrick J Boyle II Date: 4/15/202

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 2
PROPERTY ID #: 472149314472
COUNTY: Iredell

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

OWNER: Clayton Harris
ADDRESS: 2024 Northside Dr
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 581 E Monbo
APPLICATION DATE: 10-31-19
DATE EVALUATED: 11-4-19
PROPERTY SIZE: 2.59ac
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 8%	0-14	SBL SCL	Fr ss sp sbkp					
		14-34	ABK C	" "					
		34-49"	ABK CL	" "	32-43" heavy Y/Bs	49"	–	–	PS .225
2	L 8%	0-15	SBK/GR SCL	Fr ss sp sbkp					
		15-29	ABK C	" "					
		29-49	SBK CL	" "	29-43 heavy Yp5 stay shal	49"	–	–	PS.225
3	L 8%	0-8	SBL SCL	Fr ss sp sbkp					
		8-30	ABK C	" "					
		30-49	ABK CL	" "	–	49"	–	–	PS .25
4	L 8%	0-16	SBL SCL	Fr ss sp sbkp					
		16-30	ABK C	" "	drom 2c@ 30" hs	48"	–	–	PS .1 drip
		30-48	ABK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	3400 sqft
System Type(s)	2SB	drip
Site LTAR	.225	.1

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C Cave
OTHER(S) PRESENT:

COMMENTS: 18" hb stay shallow

Updated February 2014

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 #: 4721931472
DATE OF EVALUATION: 11-6-19
COUNTY: Iredell

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
5	L 4%	0-5	SBK SCL	Fr ss sp sbkp	—	20"	—	—	PS .1 drip
		5-20	ABK C	" "					
		20+	M PCF	VFirm					
6	L 8%	0-8	SBK SCL	Fr ss sp sbkp	—	48"	—	—	PS .25
		8-33	ABK C	" "					
		33-48	ABK/SBC CL	" "					
7	L 9%	0-5	SBK SCL	Fr ss sp sbkp	—	18"	—	—	PS .1 drip
		5-18	ABK C	" "					
		18+	M PCF	VFirm					

COMMENTS:

LEGEND

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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

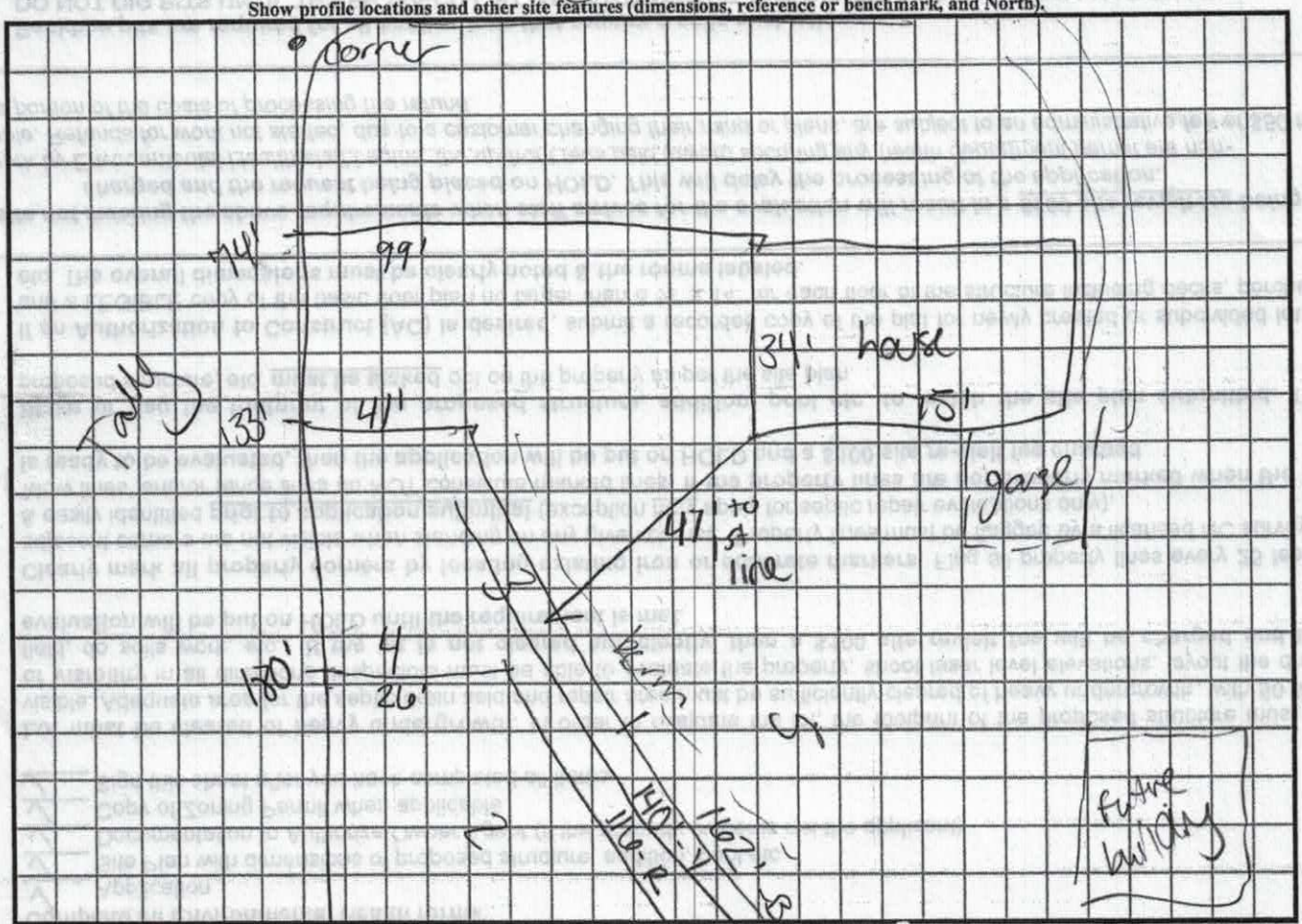
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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).



5-6-5-SCL 0-8 SCL
5-26-C 8-33 C ABK
20+ RCF 33-48 CL
7-0 5-17 17+RCF

drip repair

foundation?

AP-302255
10-31-19
$500.00

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

(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(l) FOR DETAILS)

1. **APPLICATION FOR:** X **Improvement Permit** X **Authorization To Construct** ___ **Existing System Inspection**

2. **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 check ( ) beside whichever is submitted if applicable ___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
CLAYTON HOMES STATESVILLE	2026 NORTHSIDE DR STATESVILLE	704 873 2547	"ADAM" 704 929 0552
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
FRANKLIN MCCARTER			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
586 EAST MONBO RD STATESVILLE	—	TRACT 1

Driving Directions: CORNER OF TALLEY RD & EAST MONBO

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
(✓) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water COUNTY

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) **EXISTING SYSTEM installed** ___ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other 25% reduc

8. **Please Answer The Following** ( ) Yes (✓) No **Does the site contain any jurisdictional wetlands?**
   To The Best of Your Ability: ( ) Yes (✓) No **Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** CLAYTON HOMES STATESVILLE — **Property owner or owner's legal representative signature (SIGNATURE REQUIRED)** — **DATE** 10/30/19

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

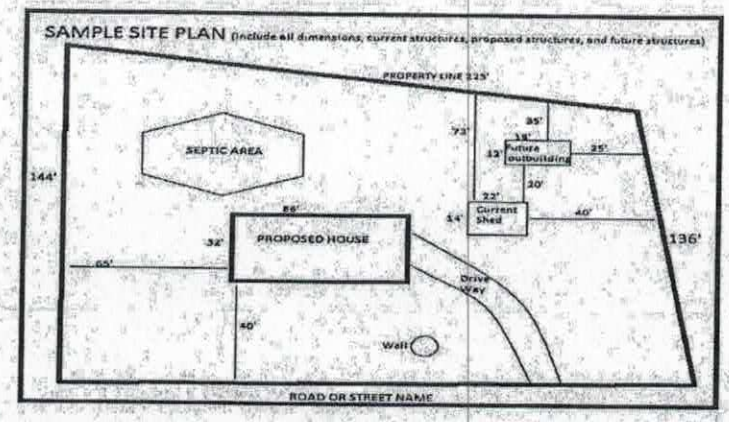
____ Front and side setbacks from property line… **____ Preferred driveway location and configuration, preferred well location…**

____ 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**

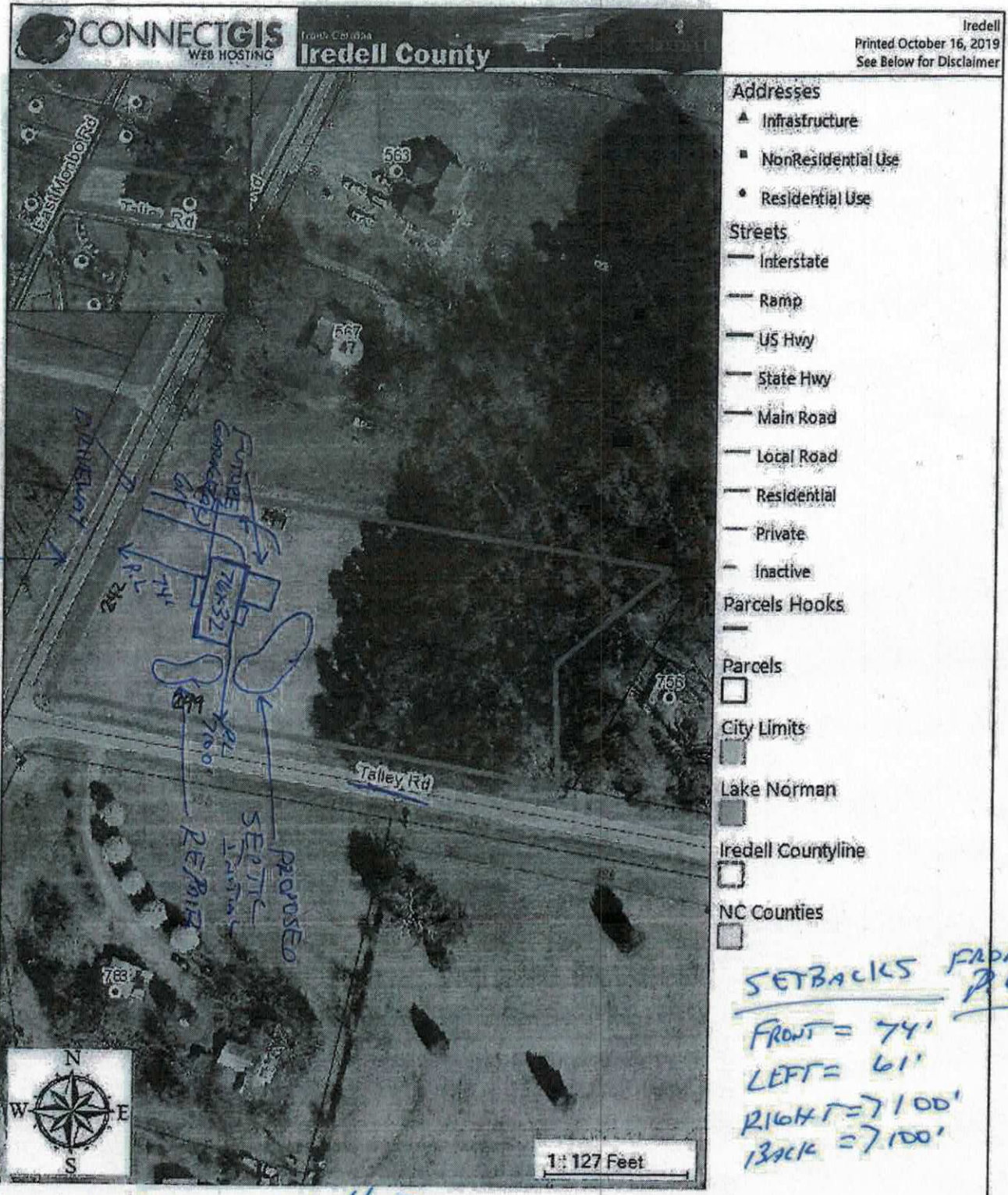


USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED

Signature: _____ CLAYTON HOMES STARLING _____ 10/30/19

REQUIRED **property owner or owner's legal representative signature.** **DATE**



SETBACKS FROM PL
FRONT = 74'
LEFT = 61'
RIGHT = 7100'
BACK = 7100'

- 76X32 MODULAR HOME
- WITH BASEMENT
- INCLUDE AREA FOR FUTURE GARAGE 24X24
- HAS COUNTY WATER
- DECKS DEATH 8'

PROPERTY CORNERS / LINES MARKED

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, Franklin L. McCarter & Vicki P. McCarter, am the legal owner(s) of the property located at TBD East Monbeat Tally Rd, identified as PIN (Parcel Identification Number) 4712193 1472, located in Iredell County, North Carolina.

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

Franklin L. McCarter Vicki P. McCarter 10/31/19 — Signature of Owner(s) — Date

Brantley Nunley 10/31/19 ← BRANTLEY — Signature of Witness — 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

WITH BASEMENT & FUTURE GARAGE

Acknowledgement C

Plans Submittal ONLY!

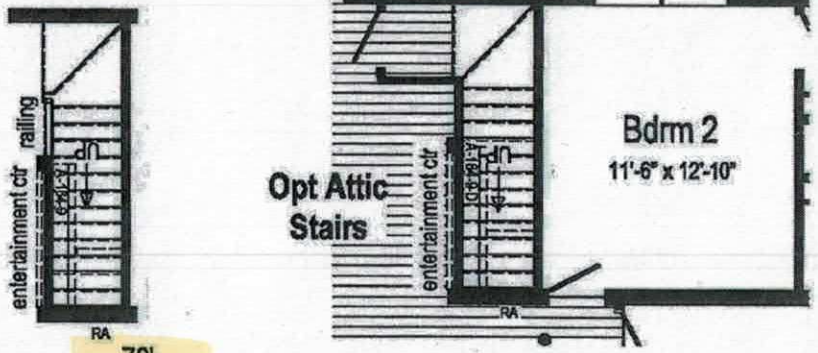
Carle C. Nicks Date 11-8-19

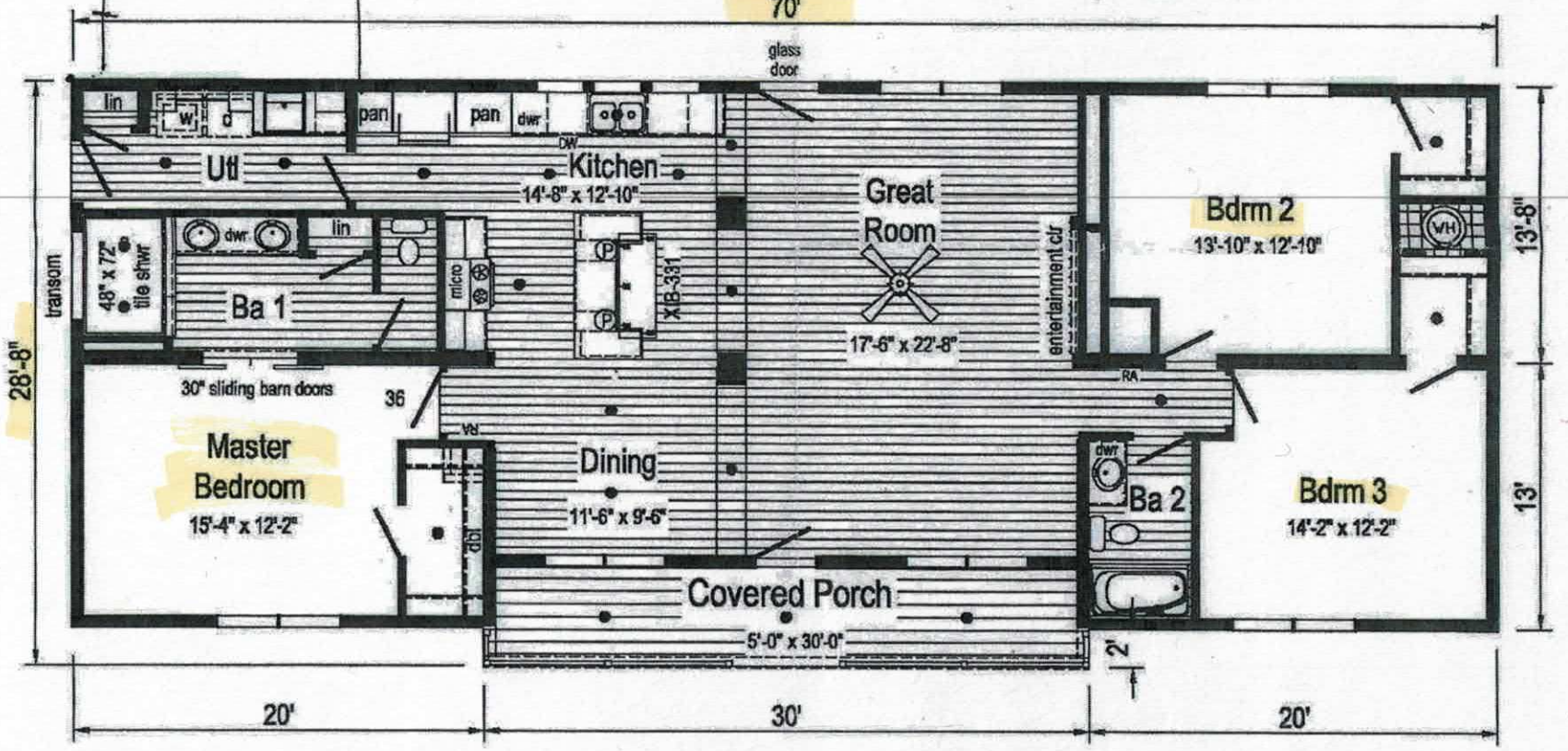
Date 11/12/19

Saddleback

Opt. Open Attic Stairs

Only available with 9/12 or 12/12 roof





1S3305-R . Approx. 1780 Sq. Ft.

● = Std. can light (P) = Std. pendent light

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: .	Revisions Date / Number	Scale: 1/8" = 1'-0"	Date: 1/16/19	Cust: -	Model/Eng. No.: 1S3305-R
Title: Literature			Drawn By: OY	Reference: 1S3304-P	Dir: - S/N: .	Pg: LIT

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

APPLICATION NUMBER
302255 Issue Date: 10/31/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4721931472.000		IREDELL COUNTY

Owner Information	Applicant Information
Name: MCCARTER FRANKLIN+VICKI P Address: Phone:	Name: CLAYTON HOMES OF STATESVILLE Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677 Phone: (704)873-2547

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.992	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
MODULAR

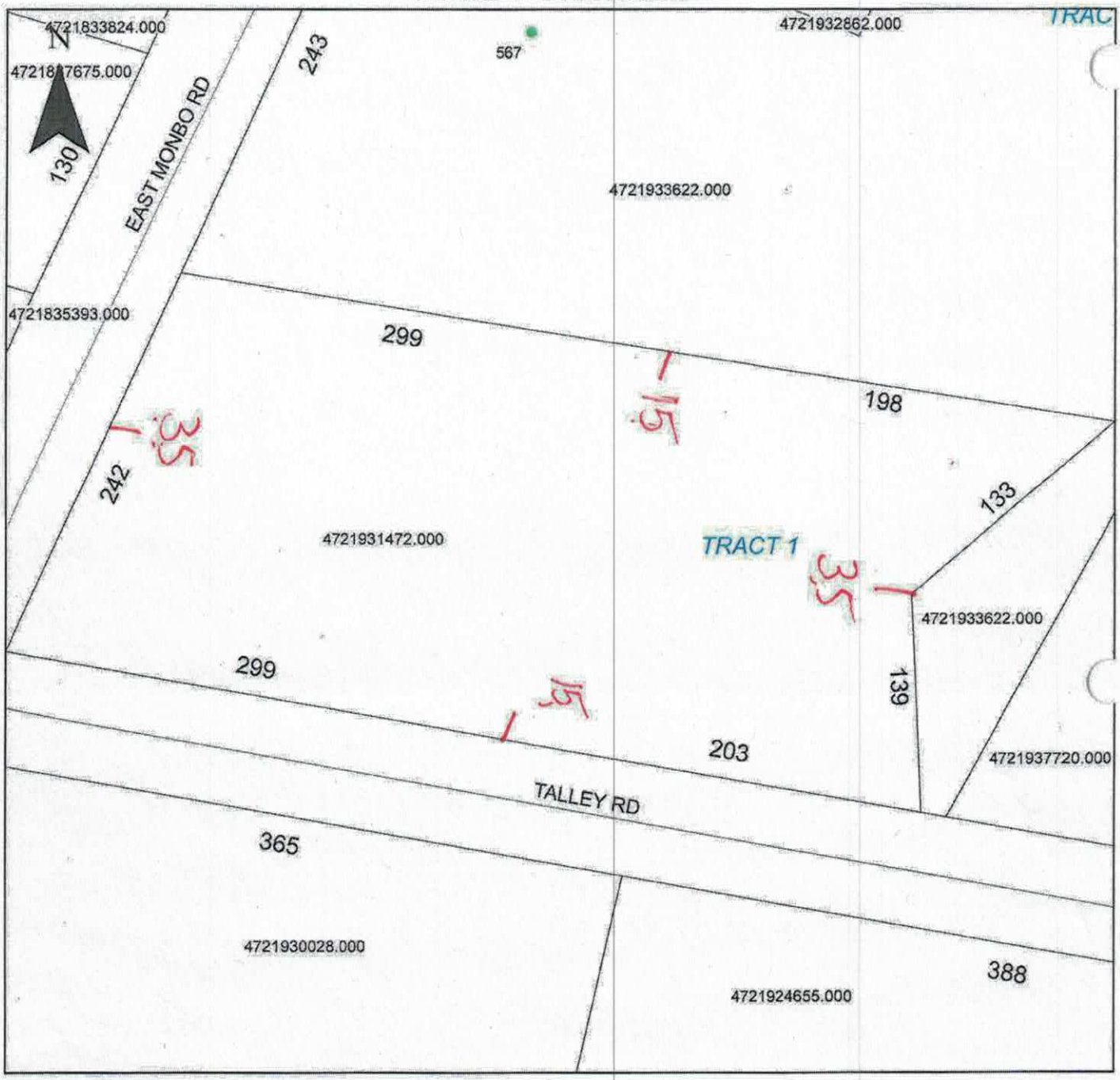
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 10/31/2019

Signature of Owner/Contractor

Permit Number	000695	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 581 East Monbo 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.

Bentley Weis
Applicant

10/31/19
Date