IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233554

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

PIN # 4725674212

APPLICANT/OWNER: Clayton Homes/ Peggy Sharpe APPLICANT ADDRESS: 2026 Northside Dr. Statesville

SITE ADDRESS: 234 Miller Farm Rd. Statesville PHONE: 336-648-7130 ALT. PHONE 704-873-2547

SITE DIRECTIONS: 115 N → L on Old Wilkesboro Rd → L on Bradley Farm Rd → L on Monticello Rd → R on Miller Farm SAP CONTROLLED: ☐ YES ☒ NO

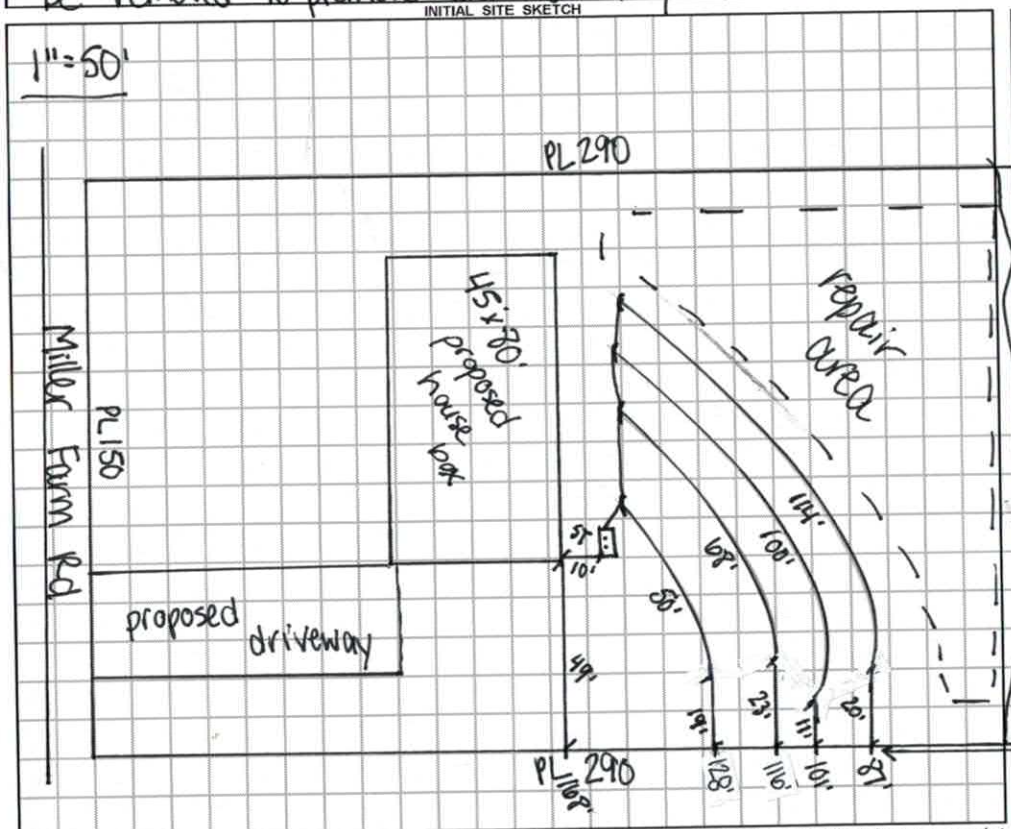
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1 DESIGN FLOW: 360 gpd L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	1012	Date	3-26-18	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% red.	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	25% red.	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	4	Linear Ft	327	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on the contour of the land. Do not exceed max trench depth of 32" high side. Berm must be removed to promote water flow away from drainfield.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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: _____ Date: _____ Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Carla C. Cave Date: 2/28/18 OPERATION PERMIT by: Kayla Wilson Date: 6-6-18

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 2/28/18 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.

Starmount10
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4210574212
COUNTY: Iredell

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

OWNER: Clayton Homes / Peggy Sharpe — APPLICATION DATE 2/20/18
ADDRESS: 2026 Northside Dr Statesville — DATE EVALUATED: 2/20/18
PROPOSED FACILITY: 3BR house — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE: 1ac
LOCATION OF SITE: 234 Miller Farm Rd — 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	SS 5%	0-7	WSBK SC	Fr ss sp smp	few sap incl. @ 45°	52"	N/A	N/A	PS .3
		7-37	SBK C	Fr ss sp smp					
		37-52	SBK CL	Fr ss sp smp					
2	SS 5%	0-9	SBK SCL	Fr ss sp smp	sap vein @ 34"	44"	PS	N/A	PS .275
		9-22	SBK C	Fr ss sp smp					
		22-44	SBK CL	Fr ss sp smp					
		44-52	L sap	Fi					
3	SS 5%	0-11	SBK SC	Fr ss sp smp	heavy sap inc.	50"	PS	N/A	PS .3
		11-39	SBK C	Fr ss sp smp					
		39-50	SBK CL	Fr ss sp smp					
		50-53	L sap	Fi					
4	SS 5%	0-9	WSBK SC	Fr ss sp smp	a	50"	N/A	N/A	PS .275
		9-33	SBK C	Fr ss sp smp					
		33-50	SBK CL	Fr ss sp smp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	327'	327'
System Type(s)	25% red.	25% red.
Site LTAR	.275	.275

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

COMMENTS: remove berm

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
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
	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

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

MINERALOGY/ CONSISTENCE	STRUCTURE
SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)

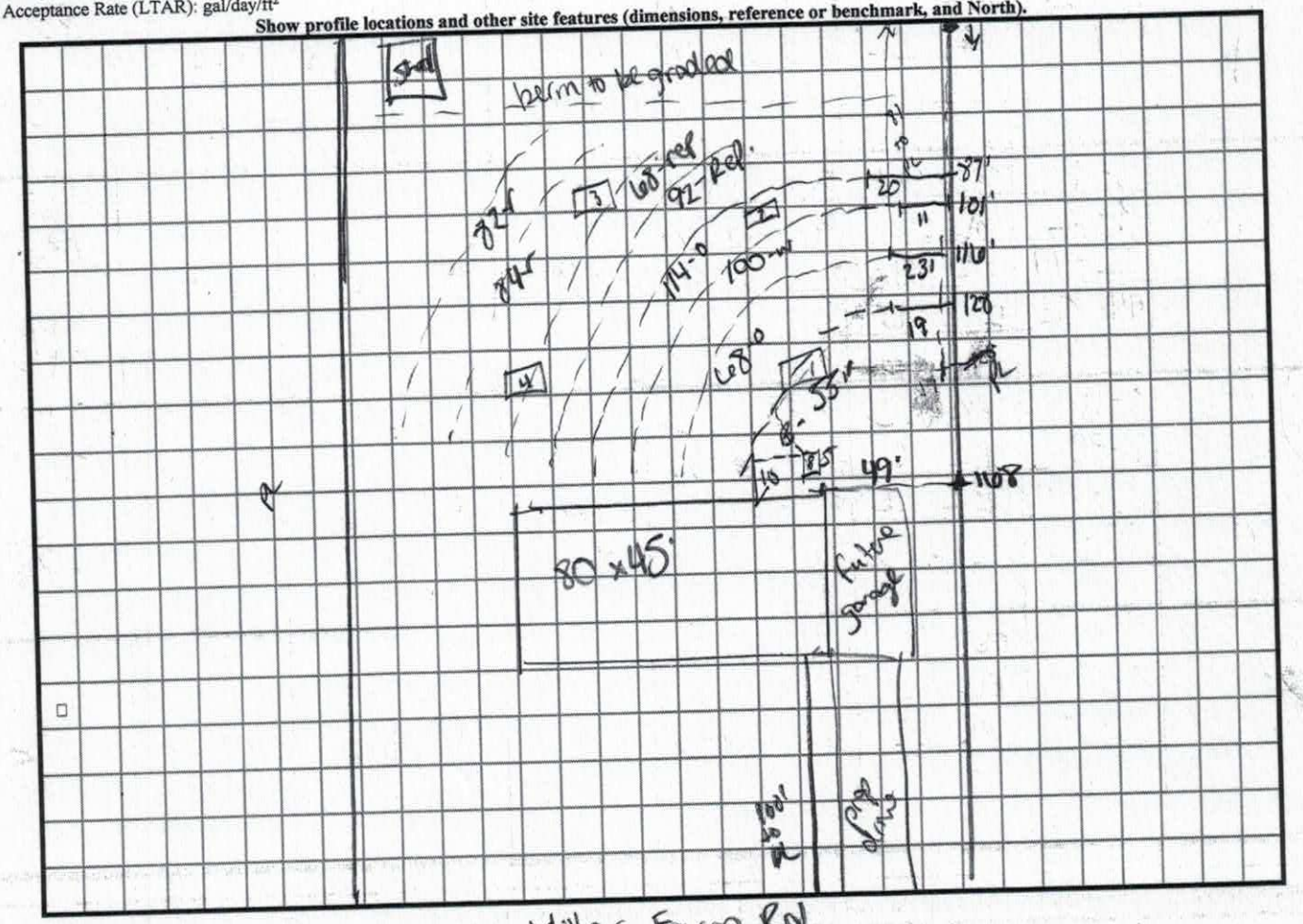
MOIST	WET
VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

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).



327 needed

337

Updated February 2014

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* Application for SEPTIC REPAIR PERMIT

232554

(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)

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ BOTH ___ 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 OF STATESVILLE	2620 NORTHSIDE DR STATESVILLE 2026	704 873 2547	336 648 7130
PEGGY SHARPE (Owner Name)	N. MULBERRY ST STATESVILLE		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
1130 MILLER FARM RD 234	—	—

Driving Directions: 115 N TO OLD WILKESBORO RD TO MOUNTCASTLE RD TO MILLER FARM RD RIGHT

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) 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 ___

PAID

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 ( ) Other ___

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: ___ 2/20/18 DATE
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

S:\Shared\EH_Admin\OSWW\Application_For_Septic_System_Repair 07/25/14

Adam 3366487130

flag pits monday!

leave room for possible pool - only possible if panels are used

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, Peggy Sharpe, am the legal owner(s) of the property located at 00 Miller Farm Rd, identified as PIN (Parcel Identification Number) 4725674212.000, located in Iredell County, North Carolina.

234 Miller Farm

I do hereby authorize (**print legal representative/company name**) Robert E. Sears and or assigns CLAYTON HOMES OF 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.

Peggy Sharpe 2-17-2018 — Signature of Owner(s) — Date

C. D. Shockley 2-7-2018 — 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

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...
____ Area you prefer your septic system to be placed...
____ Preferred driveway location and configuration, preferred well 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

SAMPLE SITE PLAN (include all dimensions, current structures, proposed structures, and future structures)

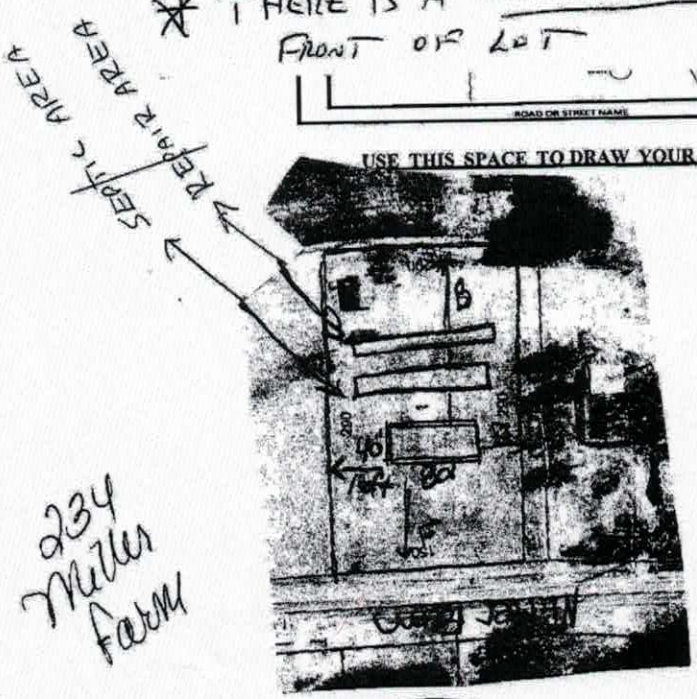
PROPERTY LINE 125'

HOUSE IS 76'X32'
BOX IS 40'X80' TO INCORPORATE DECKS

* THERE IS A CLAYTON HOMES SIGN TO LOCATE FRONT OF LOT

ROAD OR STREET NAME

USE THIS SPACE TO DRAW YOUR SITE PLAN



234 Miller Farm

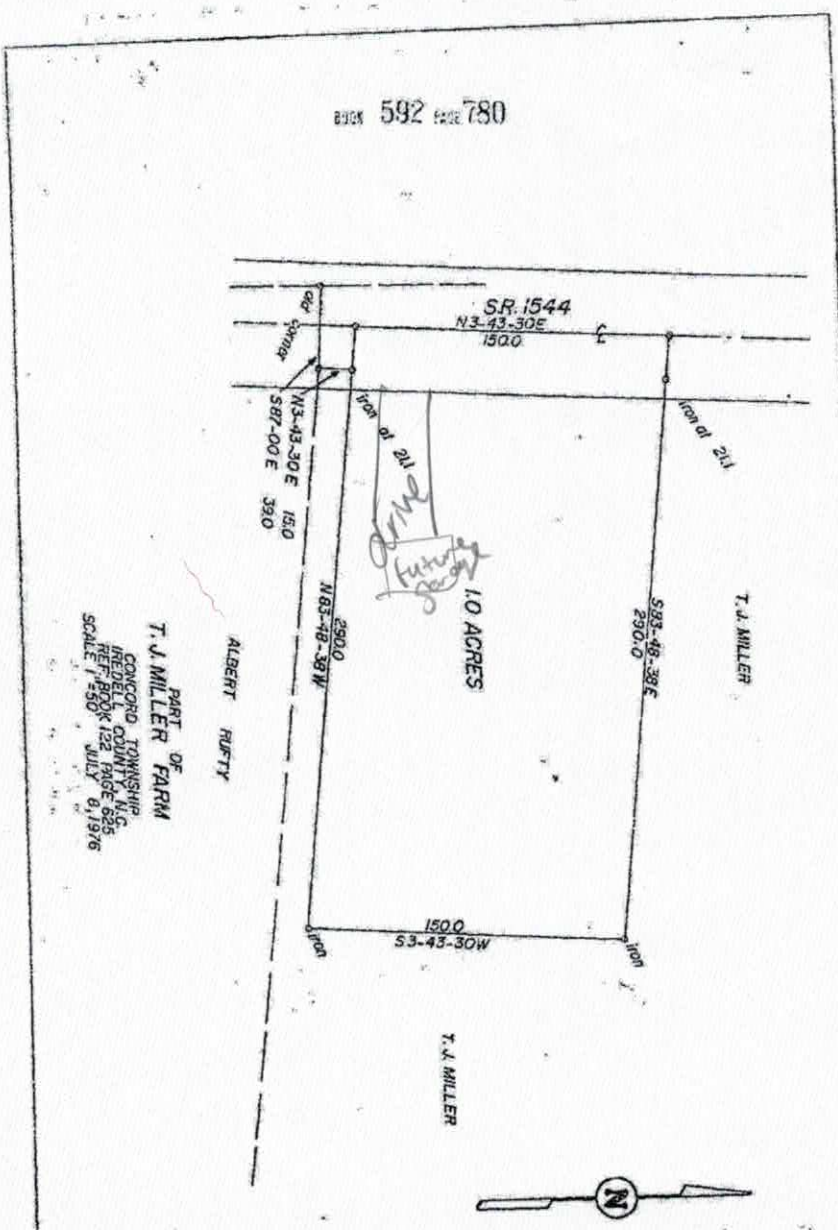
SET BACKS
FRONT - 80'
BACK - ∠100'
LEFT - 23'
RIGHT - 62'

HAS COUNTY WATER
NO WELL

(2) 6X6 DECKS

Signature: _____ 2/20/10
REQUIRED property owner or owner's legal representative signature. DATE

BOOK 592 PAGE 780



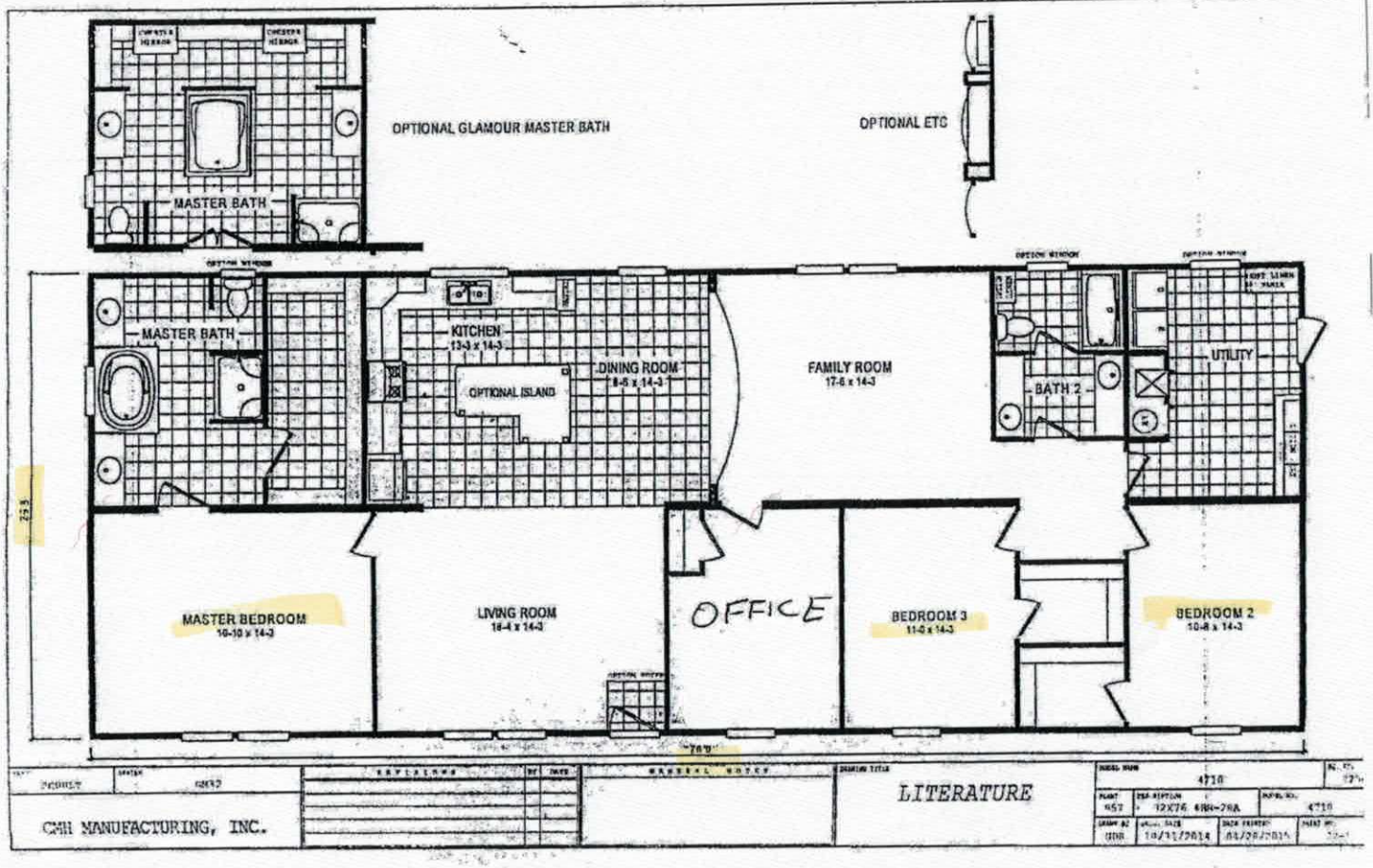
Filed for registration aug. 11, 1976 at 11:40 A.M. Linnabet
Register of Deeds

By: Imogene W. Blankenship
Ass't/~~Deputy~~

Acknowledgement Of
Plans Submittal ONLY!
[signature] Date 2/1/18
Carlen C. Cave Date 2/29/18

32' x 76'
off frame modular

Castaways



IREDELL COUNTY

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

APPLICATION NUMBER
233554
Issue Date: 02/22/2018

ZONING PERMIT

Residential

FILE COPY

Parcel Number	Street Address	Jurisdiction
4725674212.000	234 MILLER FARM ROAD, STATESVILLE, NC 28625	IREDELL

Owner Information	Applicant Information
Owner: SHARPE J C+PEGGY	Applicant: CLAYTON HOMES OF STATE
Address: 215	Address: 2026 NORTHSIDE DR
IREDELL CO, NC 28625	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
MODULAR HOME	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.000	35.00	35.00	15.00	15.00	NOT	X

Remarks:

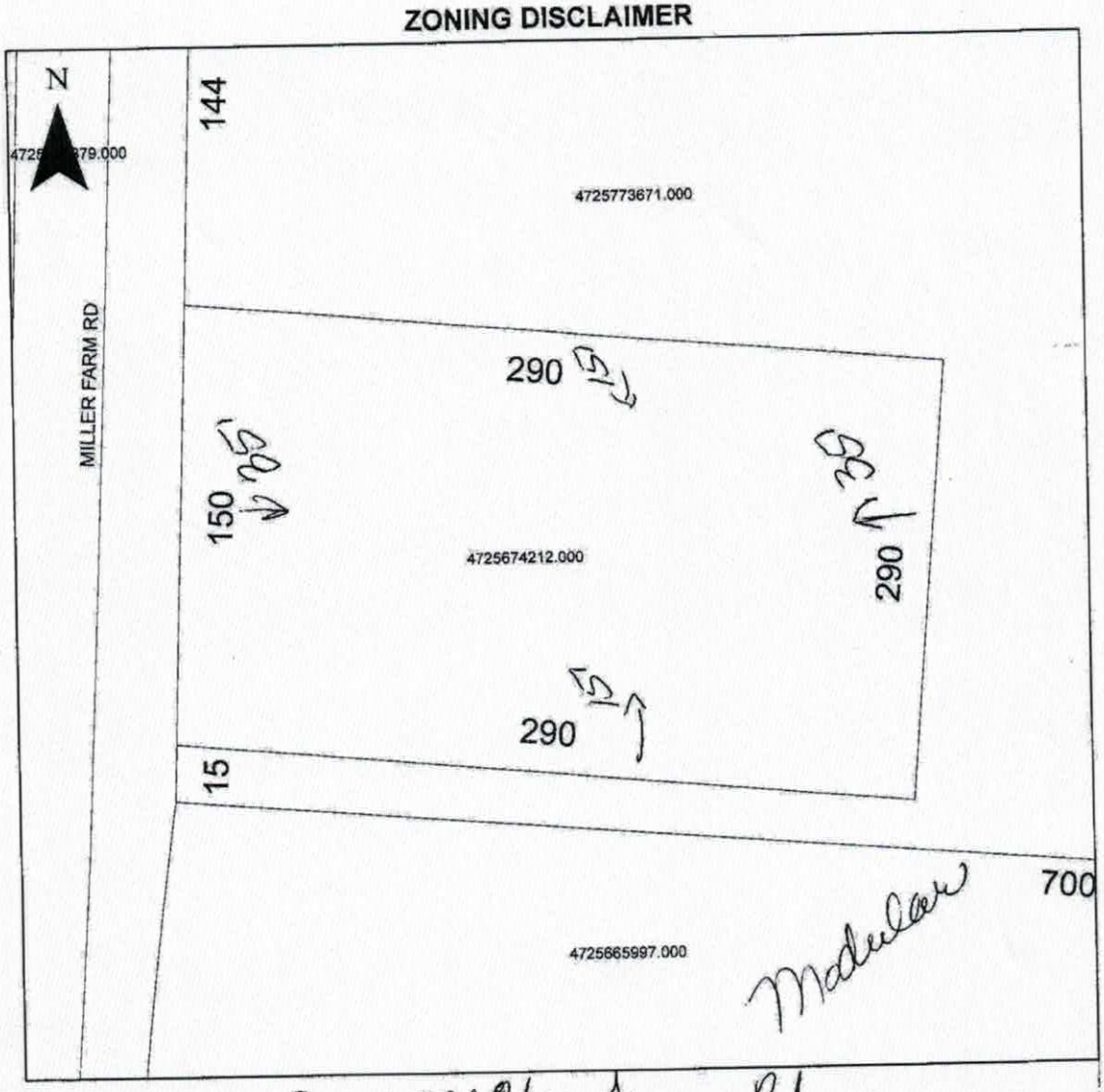
PAID

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.

Applicant: See Attached Date: _____

Permit Number	129575	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 234 Miller Farm 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

2/22/18
Date