ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP-315719

PIN # 4726 -- 27 --9514

APPLICANT/OWNER: DON CLAYTON / MGI PROPERTIES | APPLICANT ADDRESS: 3501 MOUNTAIN HILL DRIVE, WAKE FOREST, N.C. 27587

SITE ADDRESS: 167 SAMS WAY, STATESVILLE, N.C. 28625 | PHONE: 919-422-6631 | ALT. PHONE —

SITE DIRECTIONS: (N) ON 115, (L) ON MIDWAY, (L) ON SHORT DOG, (R) ON SAMS, LOT ON (L)

SUBDIVISION: BEAGLE RUN | SECTION: 2 | LOT # 36 | LOT AREA: 0.875 AC | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 480GPD | L.T.A.R.: 0.13

Septic Tank	1000 (gal)	STB 1000	Date 12/23/21	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT 1000	Date 9/22/21	System Description:	50% REDUCTION - P.M.		
Pump Make	Goulds	Model	WE0S17HU	Serial #	5214 7277		
# Nitrification Fields	1	# Lines	4	Linear Ft:	280FT	Repair System Description:	50% REDUCTION
Trench Width	24 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—	Maintenance Agreement Required:	☐ YES ☒ NO
							☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees —

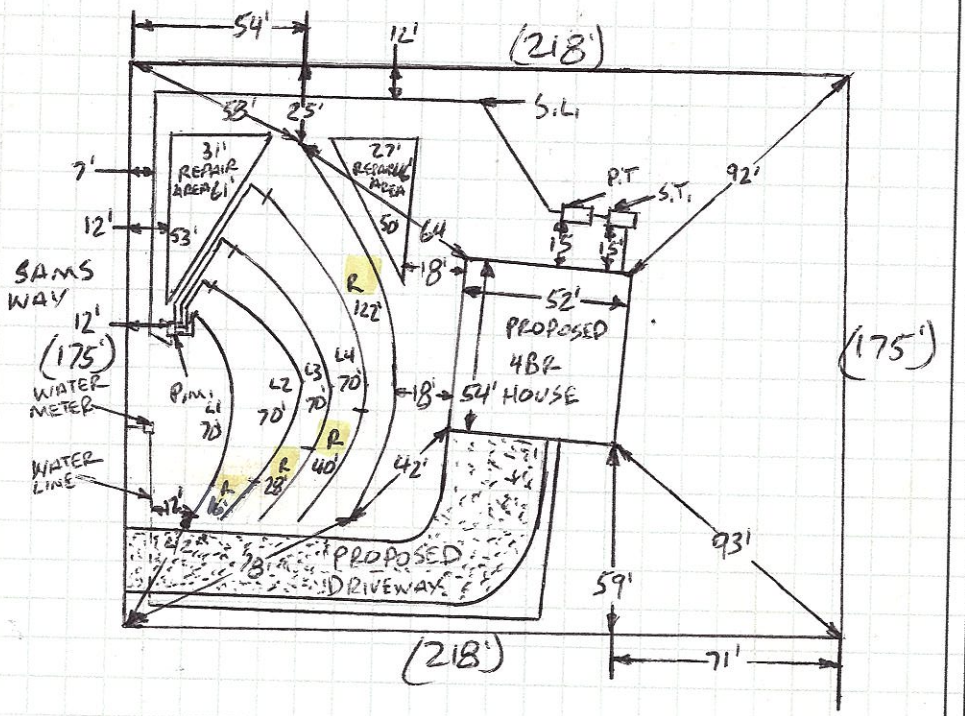
Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8 ft CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH BOTTOM, NO FOUNDATION DRAINAGE ON HOUSE

WATER LINE AND METER MUST BE 10FT FROM ALL PARTS OF SEPTIC

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.

TAPS	
L1 = 1/2 SCH 40	1 IN = 60 FT
L2 = 1/2 SCH 40	S.T. = SEPTIC TANK
L3 = 1/2 SCH 40	P.T. = PUMP TANK
L4 = 1/2 SCH 40	S.L. = SUPPLY LINE
# OF PANELS = 65	R = REPAIR
DOSE VOLUME = 234 GAL	P.M. = PRESSURE MANIFOLD
DRAWDOWN = 11 IN	
RUN TIME = 8.25 MINS	
GPM = 28.44	
2 FT OF PRESSURE HEAD	
2 IN SUPPLY LINE	

SEE ATTACHED AS BUILT

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: 5-24-21 Installed by: STEVE JORDAN

IMPROVEMENT PERMIT by: Burgent C. White Date: 5-17-2021 OPERATION PERMIT by: Burgent C. White Date: 4-1-2022

AUTHORIZATION TO CONSTRUCT by: Burgent C. White Date: 5-21-2021 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 1
PROPERTY ID #: 4726-27-9510
COUNTY: IREDELL

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

OWNER: DON CLAYTON / MGI PROPERTIES
ADDRESS: 3501 MOUNTAIN HILL DRIVE, WAKE FOREST, N.C. 27587
APPLICATION DATE 3-10-2021
DATE EVALUATED: 4-1-2021
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480GPD
PROPERTY SIZE: 0.875A
LOCATION OF SITE: 167 SAMS WAY, STATESVILLE, N.C. 28625
PROPERTY RECORDED: YES
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	~~LINEAR~~ ~~SIDE~~ HEAD 3%	0-6	SLL, WSBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	63"+	NA	NA	PS .25
		6-63	C, SBK	FR, S, P, SEXP					
2	~~LINEAR~~ TERRACE/ HEAD 3%	0-29	FILL	MIXED	FEW SAP INC	70"+	NA	NA	✓
		29-40	SLL, SBK	FR, SS, SP, SEXP					
		40-70	C, WSBK	FR, SS, P, SEXP					
3	TERRACE 3%	0-31	FILL	MIXED	FEW SAP INC	67"+	NA	NA	✓
		31-38	SLL, SBK	FR, SS, SP, SEXP					
		38-67	C, SBK	FR, S, P, SEXP					
4	LINEAR SIDE 3%	0-31	C, SBK	FR, SS, P, SEXP	SAP INC THRU OUT MICA COMMON	82"+	PS II L	NA	PS .3
		31-52	CL, WSBK	FR, SS, SP, SEXP					
		52-~~75~~	SAP, MAS	VFR, NS, NP, SEXP					

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 #: 4726-27-9516
DATE OF EVALUATION: 4-7-2021
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LINEAR SIDE 7%	0-24	C, ABK	fi, S, P, SEXP	SAP INC THRU OUT MICA COMMON	75"+	NA	NA	PS .3
		24-75	CL, WABK	FR, SS, SP, SEXP					
6	LINEAR SIDE 3%	0-18	C, ABK	fi, S, P, SEXP	SAP INC THRU OUT MICA COMMON	63"+	NA	NA	PS .3
		18-63	CL, WABK	FR, SS, SP, SEXP					
7	LINEAR SIDE 4%	0-35	C, ABK	fi, S, P, SEXP	SAP INC THRU OUT MICA COMMON	70"+	NA	NA	PS .3
		35-70	CL, WABK	FR, SS, SP, SEXP					
8	LINEAR SIDE 5%	0-24	C, ABK	fi, S, P, SEXP	SAP INC THRU OUT MICA COMMON	62"+	NA	NA	PS .3
		24-62	CL, WABK	FR, SS, SP, SEXP					

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION

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)

GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR*	LPP 1957 LTAR*
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) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None

MINERALOGY/ CONSISTENCE

SEXP (Slightly Expansive)
EXP (Expansive)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

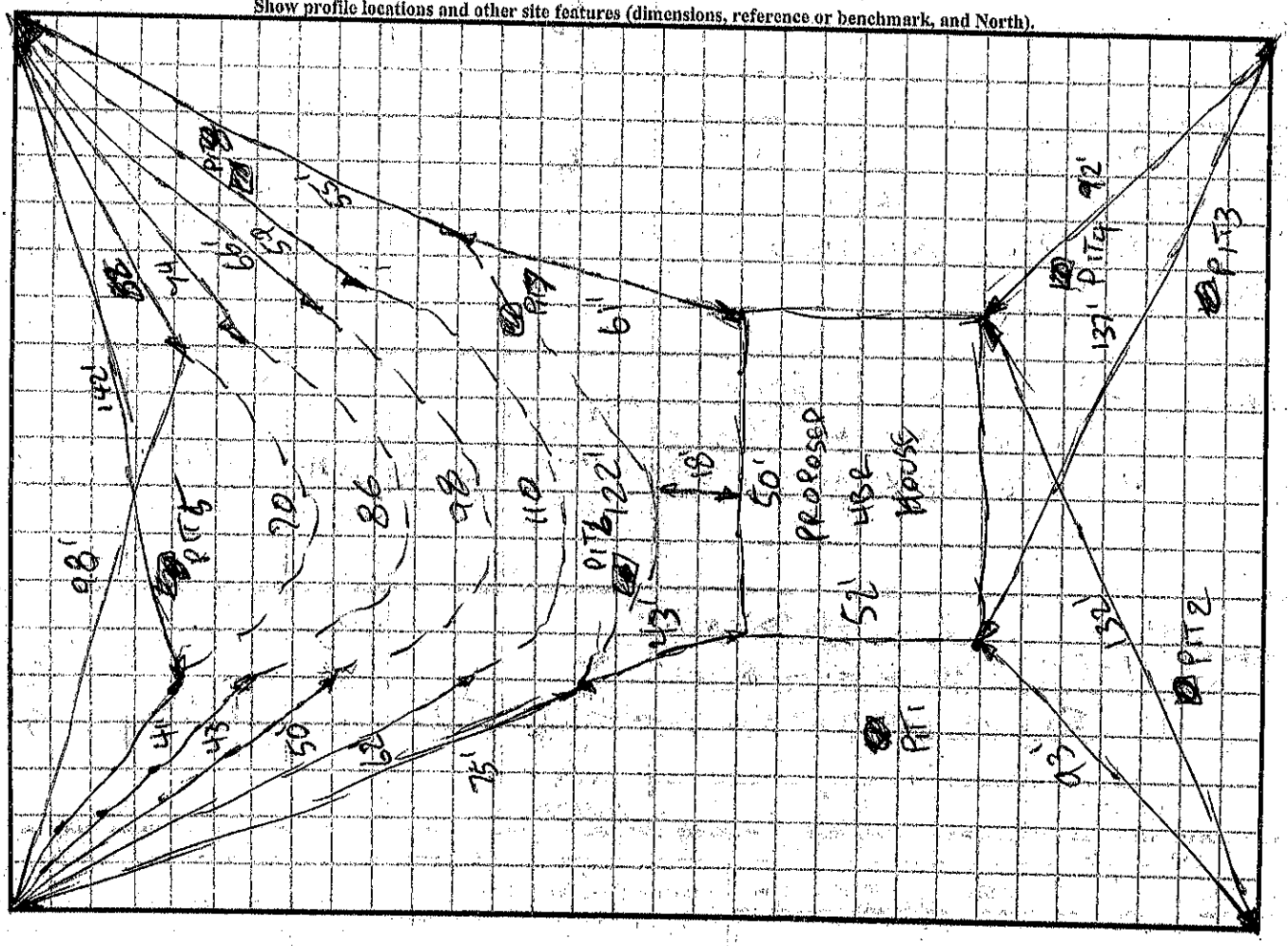
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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).



RECEIVED MAR 1 5 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-315719 $500.00

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Don Cayton Address: 3501 MOuntain Hill Dr Wake Forest Zip: 27587
Applicant Email: don@velocitycmops.com Phone: 919-422-6631 Alt. Phone: _____
Owner Name: MGI Props NC 1 LLC Address: 15905 Brookway Dr Ste 4201 Huntersville Zip: 28078
Owner Email: greystonerg@gmail.com Phone: 919-422-6631 Alt. Phone: _____

Property Information:

Street Address: 167 Sams Way Statesville NC
Subdivision Name: Beagle Run Section/Phase: P2 SHT1 Lot Number: 36
Driving Directions: I-40; North on NC 115; Left on Midway Rd; Left on Short Dog Dr; Right on Sams Way Dr

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

(X) 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: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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: _____ 03/10/21
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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

_____ _____
Signature of Owner(s) Date

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

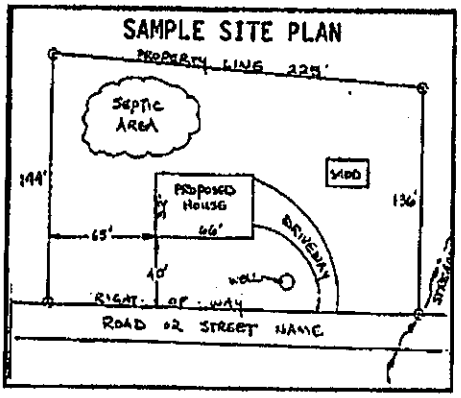
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

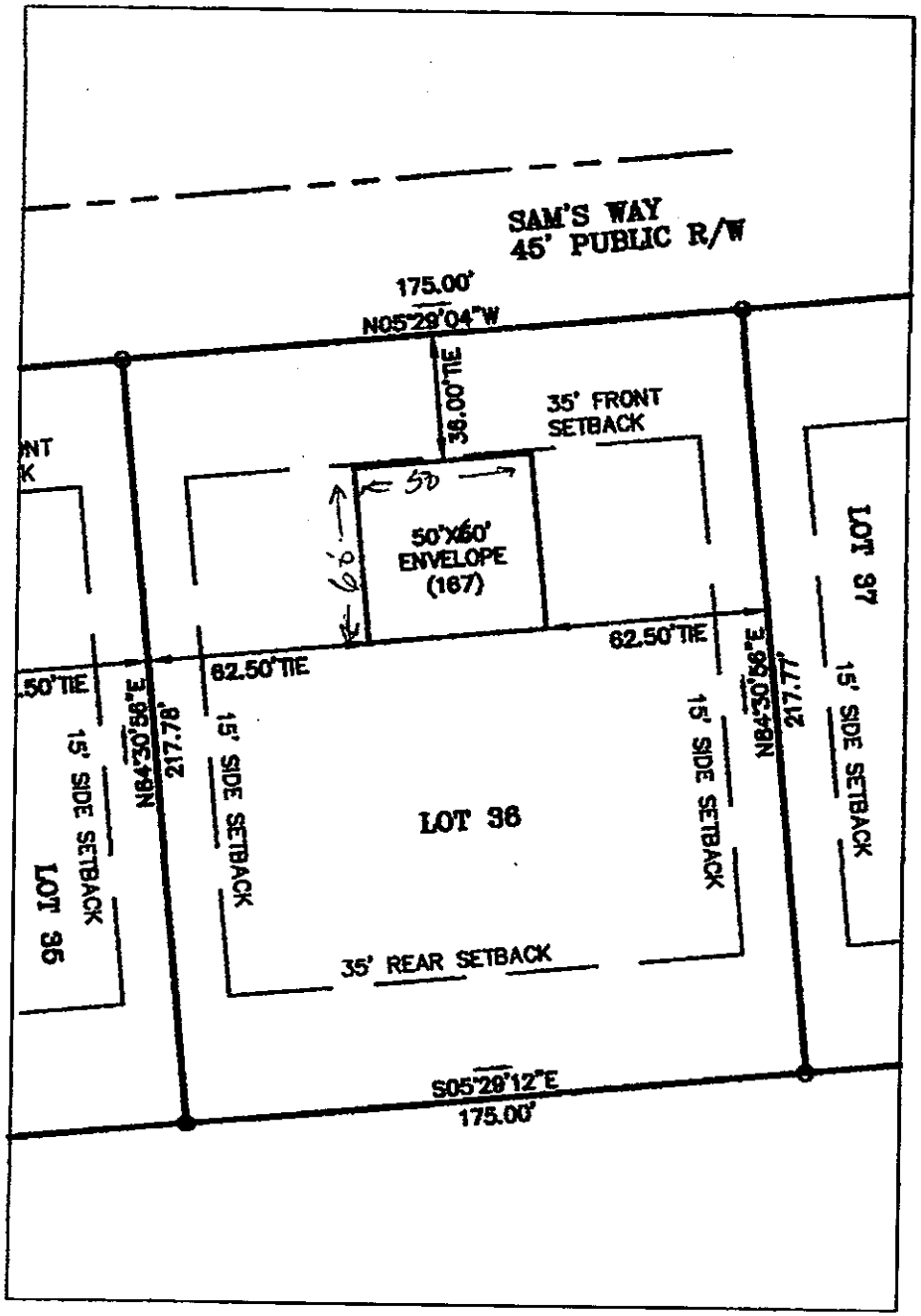
See attached

Signature: _____

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

03/10/21

DATE



BASIS OF BEARING
NC GRID

PROPOSED HOUSE LAYOUT FOR
LOT 36
BEAGLE RUN SUBDIVISION
PHASE II
PLAT BOOK 57, PAGE 1

167 SAM'S WAY, STATESVILLE, NC

GRAPHIC SCALE

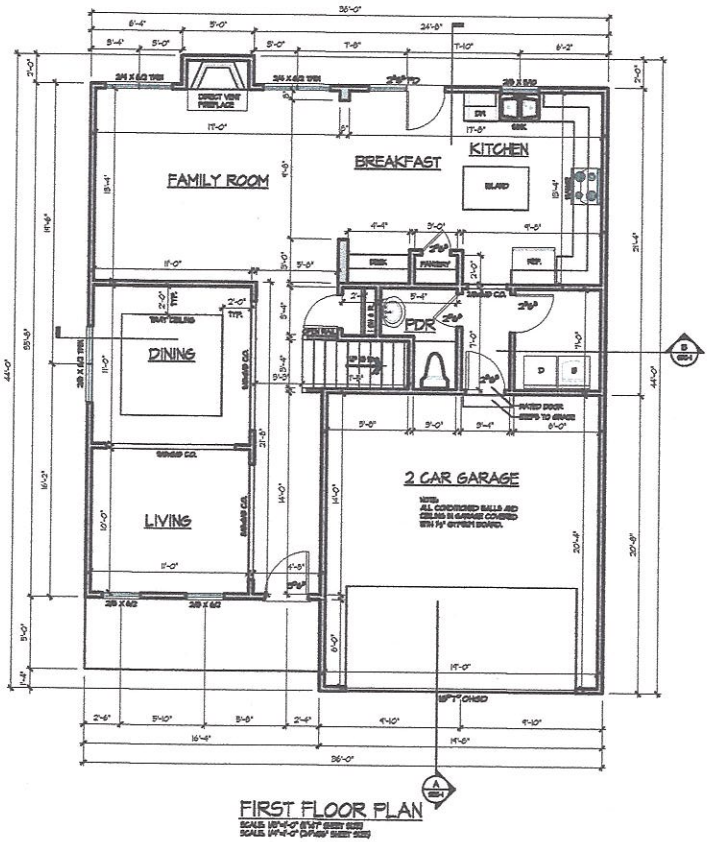
50 0 25 50 100

(IN FEET)
1 inch = 50 ft.

Acknowledgement Of
Plans Submittal ONLY!

Sam Matthews Date 9-1-21

Date



FIRST FLOOR PLAN

SQUARE FOOTAGE	
FIRST FLOOR	1007 S.F.
SECOND FLOOR	1244 S.F.
GARAGE	402 S.F.
TOTAL HEATED AREA	2251 S.F.
TOTAL GROSS .	2653 S.F.
OVERALL WIDTH	36'-0"
OVERALL DEPTH	44'-0"

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SOUTHERN DESIGNS
100 Sawmill Road
Suite 204
Raleigh, NC 27615
(O) 919-845-6767
(F) 919-845-6768
www.southdesigns.com

Drawn By: LLL
Checked By: SCD
01/30/2010

Revision No.	Revision Date

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Client: STRATTON

Title: FIRST FLOOR PLAN

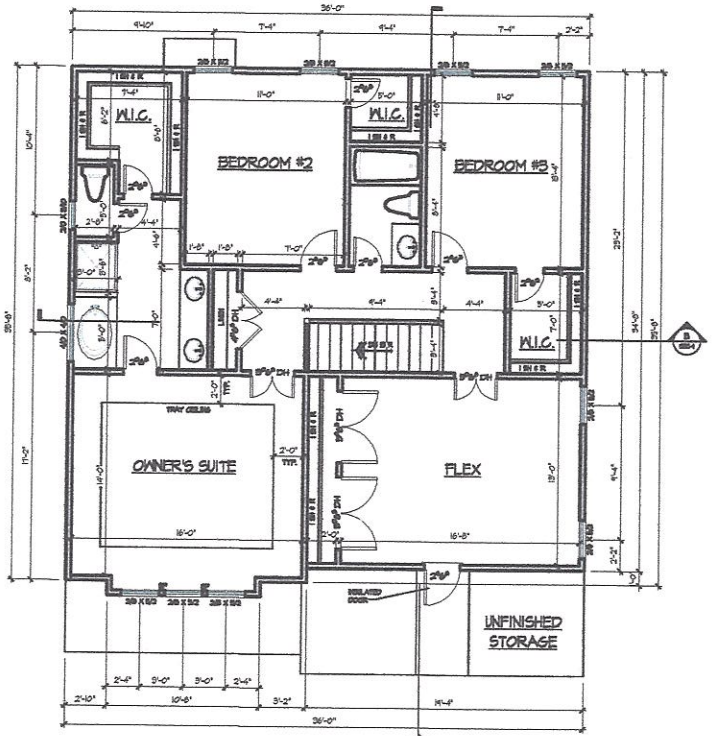
Plan No. 2251

Sheet No. A-1

Acknowledgement Of
Plans Submittal ONLY!

Cam Matthews Date 9-1-21

Date



SECOND FLOOR PLAN

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SOUTHERN DESIGNS
100 Sawmill Road
Suite 204
Raleigh, NC 27615
(O) 919-845-6767
(F) 919-845-6768
www.southdesigns.com

Drawn By: LLL
Checked By: SCD
01/30/2010

Revision No.	Revision Date

Client: STRATTON

Title: SECOND FLOOR PLAN

Plan No. 2251

Sheet No. A-2

IREDELL COUNTY

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

APPLICATION NUMBER
315719 Issue Date: 03/12/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4726279514.000	167 SAMS WAY	Iredell County

Owner Information	Applicant Information
Name: MGI PROPS NC 1 LLC	Name: DON CAYTON
Address:	Address: 3501 MOUNTAIN HILL DR
	WAKE FOREST, NC 27587
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	R-20

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

Remarks
SFD

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.

Signature of Owner/Contractor

Date: 03/12/2021

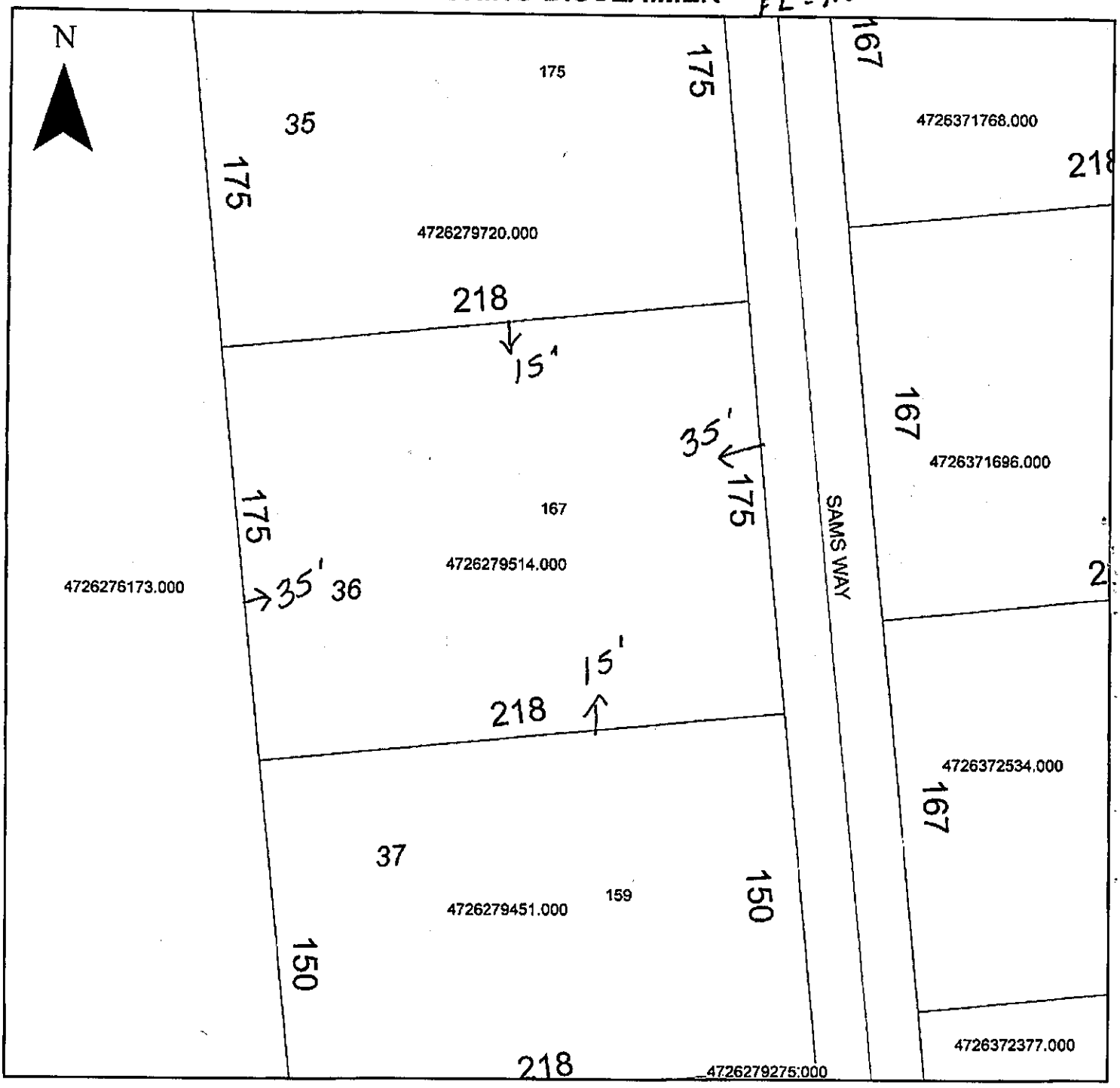
Permit Number	315719

TOTAL FEES:	$77.25

315717

WS - NO
FL - NO

ZONING DISCLAIMER



Property Address 167 Sams Way

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

03/11/21
Date