ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 312312

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

PIN # 4727 - 46 - 5945

APPLICANT/OWNER: Clayton Homes- Jeanette Jackson APPLICANT ADDRESS: 2026 Northside Dr Statesville NC 28625

SITE ADDRESS: 145 Clearcut Ln Statesville NC 28625 PHONE: 704-929-1552 ALT. PHONE 704-873-2547

SITE DIRECTIONS: 115 N T/L Weston Rd T/R Clearcut Ln loton left SAP CONTROLLED: ☒ YES ☐ NO

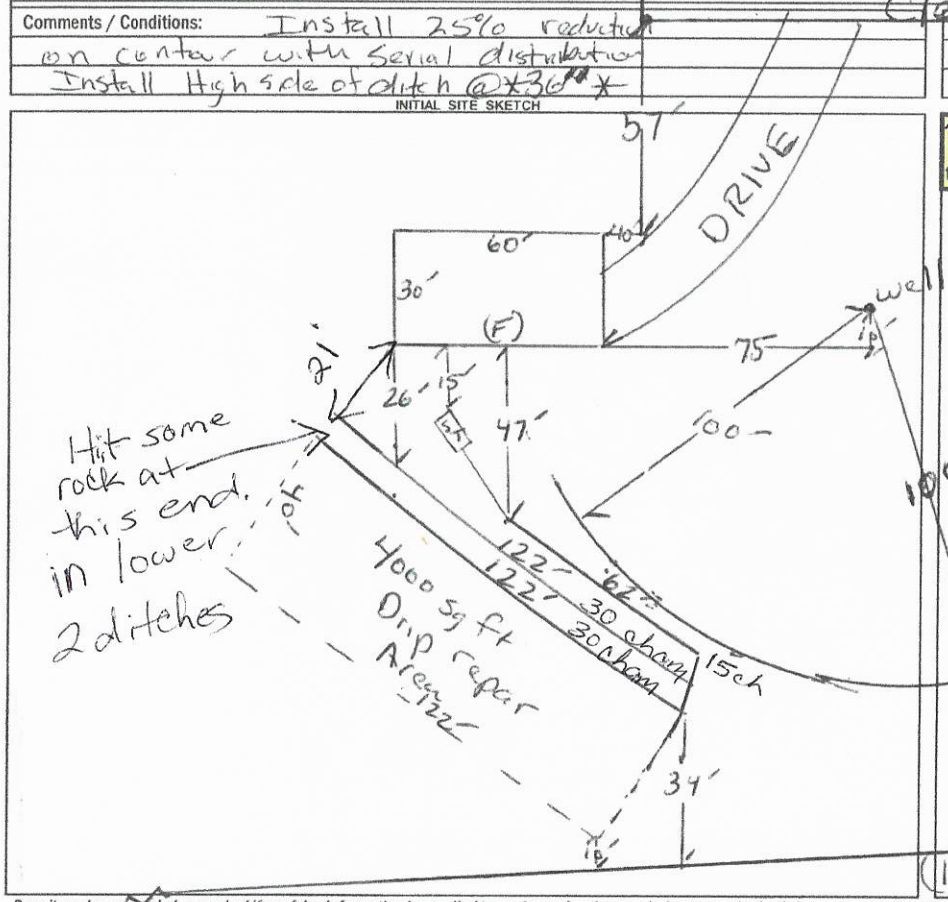
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 5.907ac DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB 1012	Date	1-5-21	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:	25% Reduction			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Drip			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	Max 36"	Gravel Depth		☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% reduction on center with serial distribution Install High side of ditch @ 36" *

INITIAL SITE SKETCH



Clearcut Ln 500' P/L

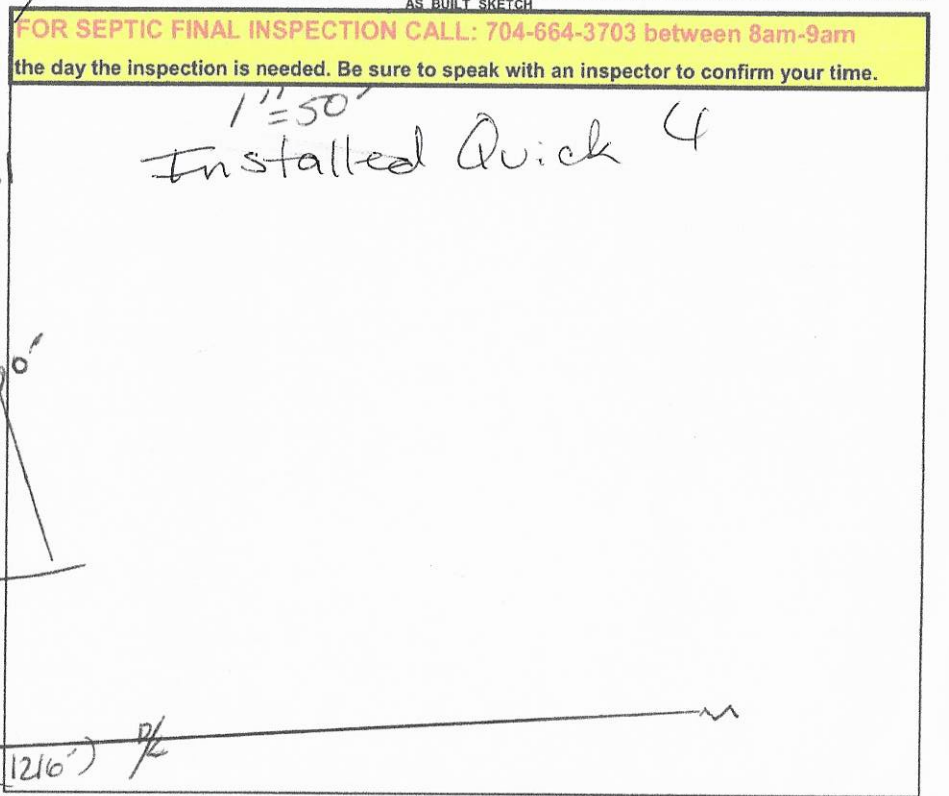
15ft from house to ST Yellow Filter

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"=50'

Installed Quick 4



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: Jeanette Jackson Date: 11/24/2020 Installed by: Steve Jordon Piedmont Backhoe Serv.

IMPROVEMENT PERMIT by: Robert Hahn Date: 11/23/20 OPERATION PERMIT by: Maria Dotson Date: 3/11/21

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batts Date: 11/24/2020 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

Sheet 1 of 1
PROPERTY ID #: 4727746-5445
COUNTY: Iredell

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

OWNER: Clayton MH Statesville
ADDRESS: 2076 Northside Dr
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 149 Clearcut Ln
WATER SUPPLY: [X] Private [ ] Public [X] Well [ ] Spring [ ] Other N/A
EVALUATION METHOD: [ ] Auger Boring [X] Pit [ ] Cut
TYPE OF WASTEWATER: [X] Sewage [ ] Industrial Process [ ] Mixed

APPLICATION DATE 10/30/20
DATE EVALUATED: 11/16/20
PROPERTY SIZE: 5.907ac
PROPERTY RECORDED: Yes

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 2%	0-12	WABKCBC	fi/f SE	PS	12"	PS	N/A	PS .3
		12-60	Mass Sap(S)	fr w/A					
2	L 2%	0-32	SBKC	fi SE	PS	48"	N/A	N/A	PS .3
		32-48"	WABKCBC	fi/f SE					
			Sap inclusions throughout BC						
3	L 2%	0-31	SBKC	fi SE	PS	0"	N/A	N/A	PS .3
		31-57	WABKCBC	fi/f SE					
			many Sap inclusions 31-57"						
4	L 2%	0-55	Mass Sap(S)	fr N/A	PS	0"	PS	14"-14"	PS .3 maintain 36" TD
			Quartz vein 14"-19"						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	II	V
Site LTAR	.3	.1

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

COMMENTS: Pit #5 0-24 SBK C fi SE 24+ CR .1 Drip
Pit #6 0-24 SBK C fi SE 24+ CR .1 Drip

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		
					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.

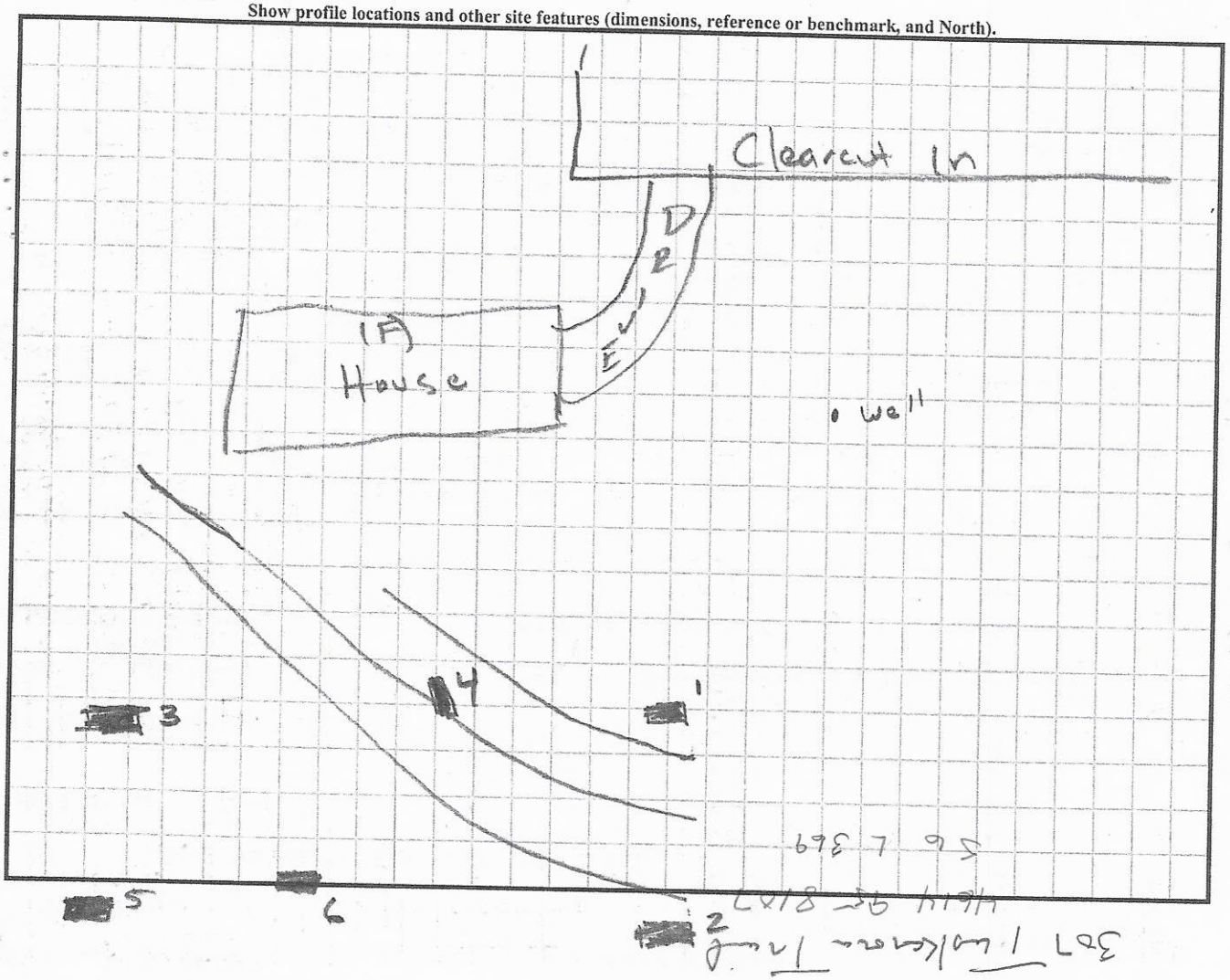
NOTES

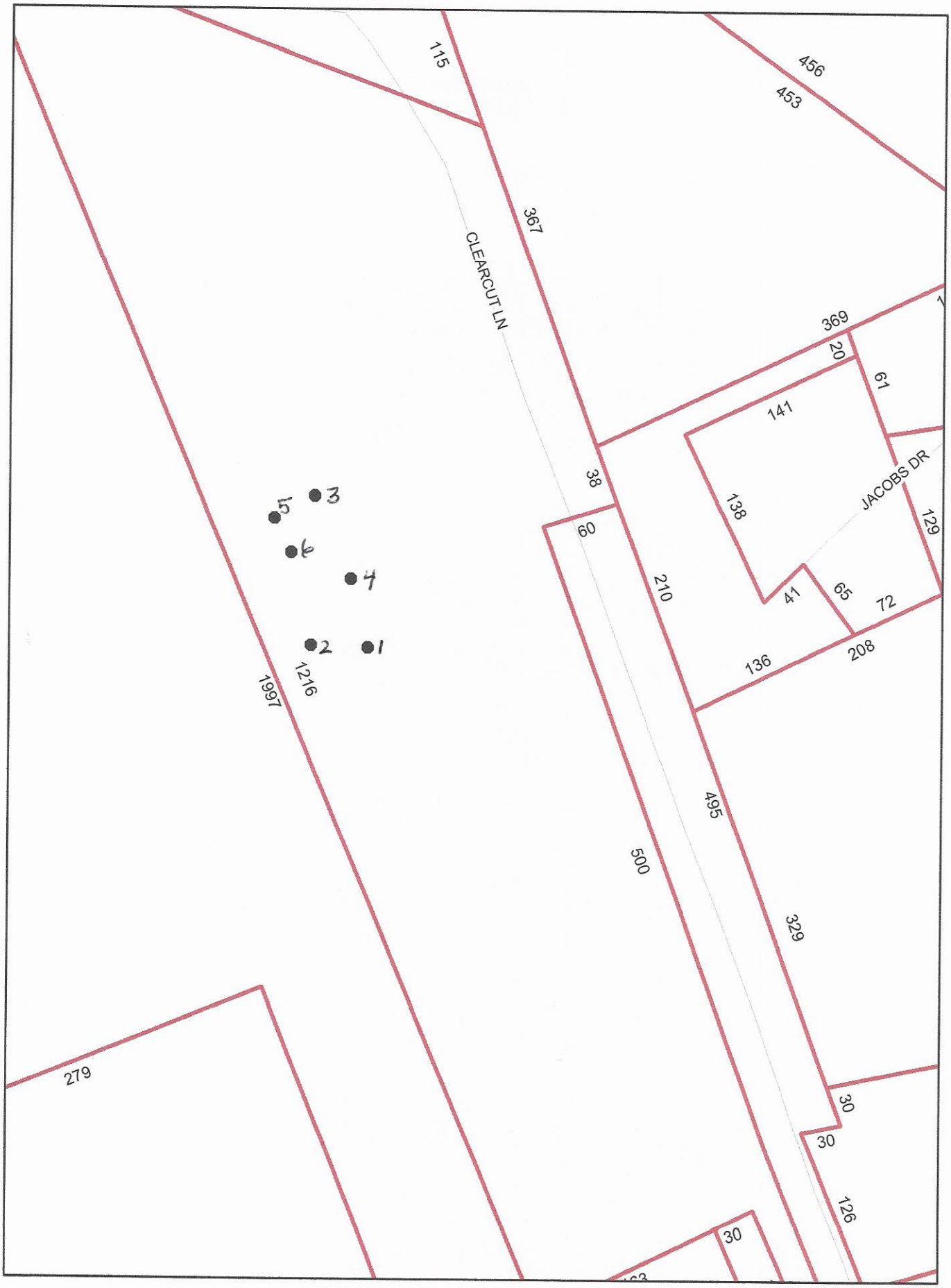
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).





1 inch = 100 feet

Pit 3
11/16/20 9:30am

RECEIVED NOV 03 2020

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

AP-312312
$500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:
(X) Septic Improvement Permit ( ) New Well Permit (X) 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
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: CLAYTON HOMES STATESVILLE Address: 2026 NORTHSIDE DR STATESVILLE Zip: 28625
Applicant Email adam.castevens@claytonhomes.com Phone: 704 873 2547 Alt. Phone: Adam 704 929 1552
Owner Name: JEANETTE JACKSON Address: 160 CLEAR CUT LN STATESVILLE Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information: ~~PIN~~ 145

Street Address: CLEARCUT LN STATESVILLE PIN 4727-46-5945
Subdivision Name: — Section/Phase: — Lot Number: —
Driving Directions: _____

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: 3
Maximum Number of Occupants: 2
( ) 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 (X) 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 (X) Other: 2540

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: _____ CLAYTON HOMES STATESVILLE 10/30/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

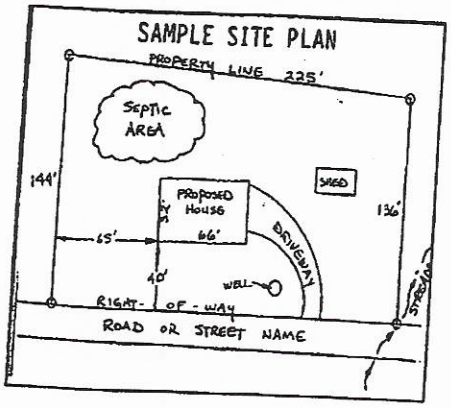
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

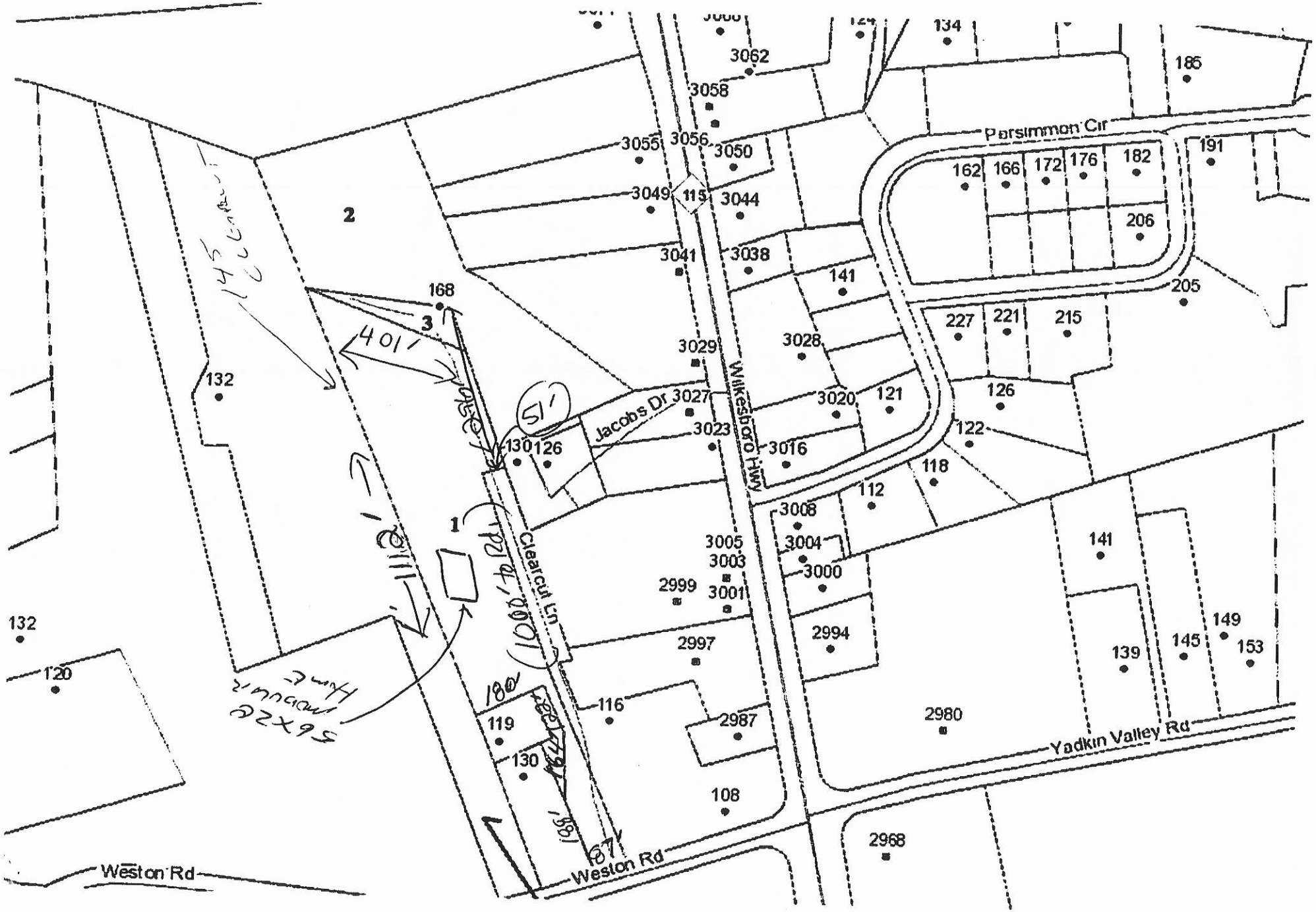
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE ATTACHED

Signature: _____ CLAYTON HOWELL'S SIGNATURE

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

10/30/20
DATE


Persimmon Cir
Wilkesboro Hwy
Jacobs Dr
Clearcut Ln
Yadkin Valley Rd
Weston Rd
Weston Rd
168
132
130
126
119
130
116
108
3062
3058
3055
3056
3050
3049
115
3044
3041
3038
141
3029
3028
3027
3023
3020
121
3016
3008
3005
3004
3003
3000
2999
3001
2997
2994
2987
2980
2968
162
166
172
176
182
206
191
205
227
221
215
126
122
118
112
141
149
145
153
139
132
120
1
2
3
4017
1111
1000
180
187
67
51

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, Jeanette Jackson, am the legal owner(s) of the property located at 145 Clearcut Lane Statesville, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____ 9-29-20
Signature of Owner(s) Date

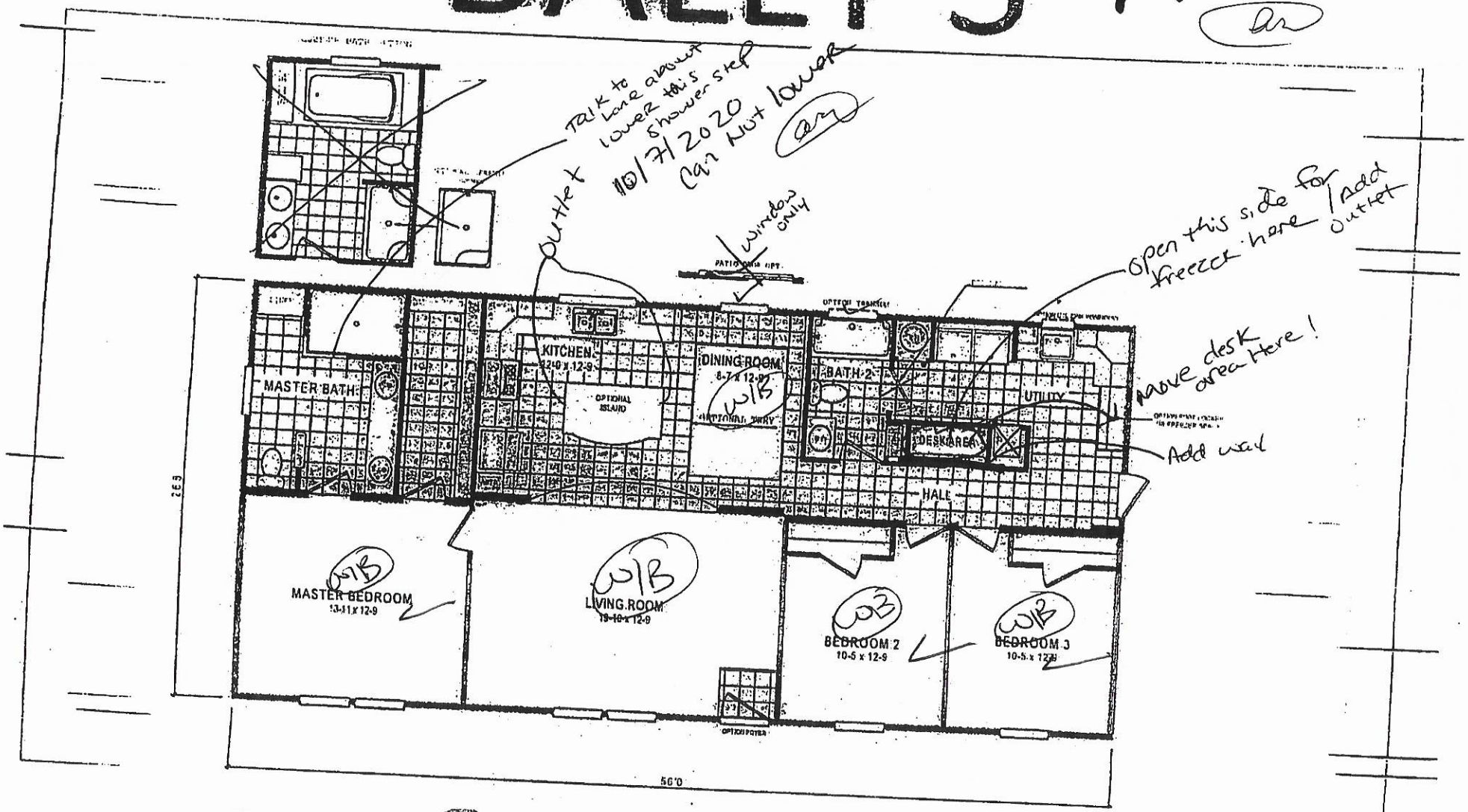
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

36" doors

BALLY'S

Exhibit G
10/7/2020



56x28 modular

9/29/20
11/24/2020.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
312312 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4727465945.000		IREDELL COUNTY

Owner Information	Applicant Information
Name: JACKSON JEANETTE M+STEVEN W	Name: CLAYTON HOMES OF STATESVILLE
Address:	Address: 2026 NORTHSIDE DR
	STATESVILLE, NC 28677
Phone:	Phone: (704)873-2547

Use Requested	Zone Code
Modular	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.907	35	35	15	15	SWIV-PA South Yadkin	NO

Remarks
MODULAR 145 CLEARCUT

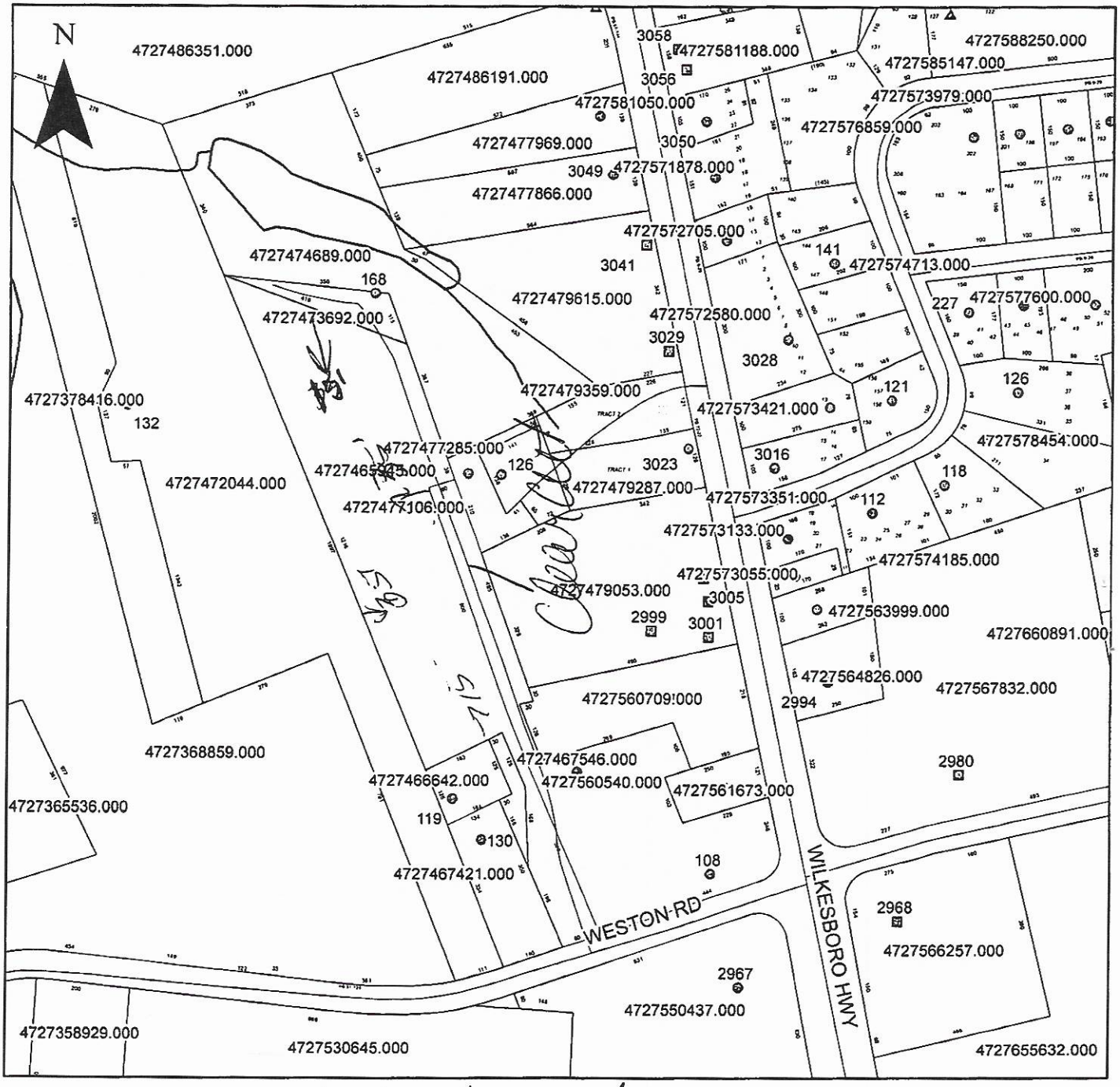
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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: 11/02/2020

Permit Number	312312	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 145 Clearcut

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 Carl Hawkes

11/2/20
Date