IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 23544/34

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

PIN #: 4727990211.000

APPLICANT/OWNER: Clayton Homes / Richard Goodwin APPLICANT ADDRESS: 2026 Northside Drive Statesville NC 28625

SITE ADDRESS: 306 Branchwood Rd. Statesville NC 28625 PHONE: 704-873-2547 ALT. PHONE ~

SITE DIRECTIONS: Hwy 115 N @ on Branchwood Rd Lot on Right

SUBDIVISION: Deer Creek Meadows SECTION: — LOT # 6 LOT AREA: 4.34 Acres

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360gpd L.T.A.R.: .225

Septic Tank	1000 (gal)	STB	1012	Date	8-5-18	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	~ (gal)	PT	~	Date	~	System Description:	25% Reduction
Pump Make	~	Model	~	Serial #	~	Repair System Description:	50% Reduction
# Nitrification Fields	1	# Lines	4	Linear Ft	400	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36	Trench Bottom Depth(Low side)	22	Gravel Depth		☑ GRAVITY	☐ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees

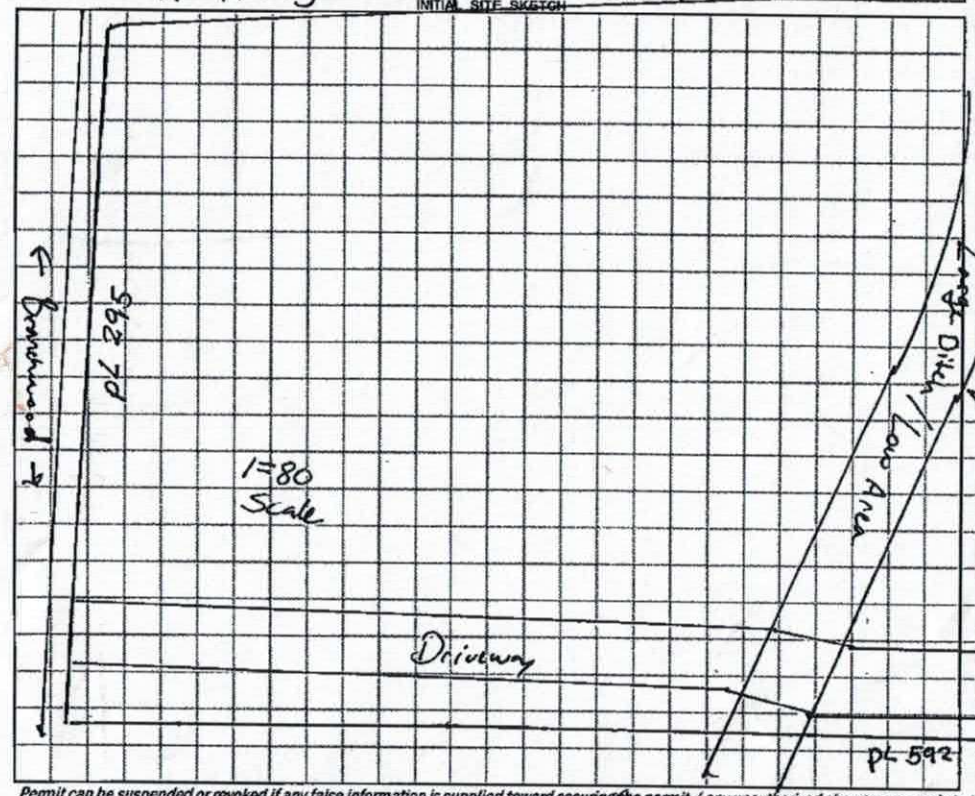
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Septic Drainlines on the contour of the land and utilize serial distribution. Do not exceed max depth 28 inches Highside. Do not drive, park, place, grade or bury utilities in drain field area

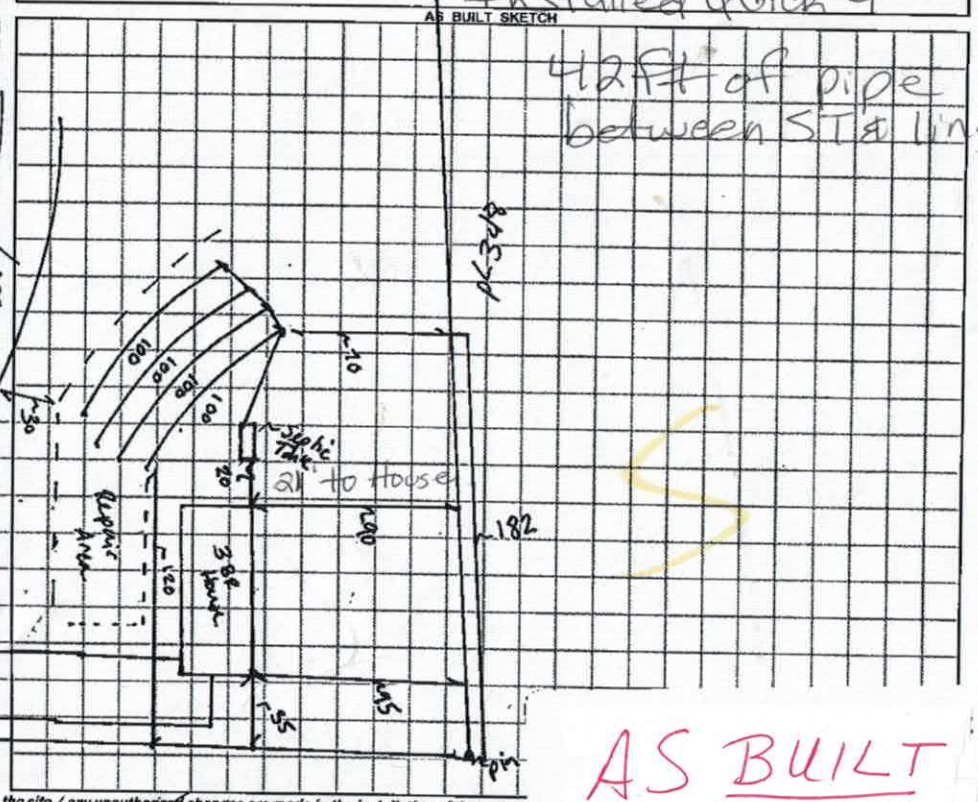
Purpose of this permit is show change in trench locations as previously permitted.

25 Chambers per ditch Installed Quick 4

INITIAL SITE SKETCH



AS BUILT SKETCH



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.

☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☑ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☑ AUTHORIZATION TO CONSTRUCT *valid for period*

Owner / Applicant Signature: Date: 10/10/18 Installed by: Steve Jordon

IMPROVEMENT PERMIT by: Benjamin A. Bottoms Date: 9/28/2018 OPERATION PERMIT by: Steve Jordon Date: 10/22/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottoms Date: 9/28/2018 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.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 600-3625

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

PERMIT # 2354/34

PIN # 4727990211.000

APPLICANT/OWNER: Clayton Homes / Richard Gordwin APPLICANT ADDRESS: 2026 Northside Drive Statesville NC 28625

SITE ADDRESS: 306 Branchwood Rd. Statesville NC 28625 PHONE: 704-873-2547 ALT. PHONE ~

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SUBDIVISION: Deer Creek Meadows SECTION: LOT # 6 LOT AREA: 4.34 Acres

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360gpd L.T.A.R.: .225

Septic Tank	1000 (gal)	STB	Date		
Pump Tank	~ (gal)	PT	~ Date	~	
Pump Make	~	Model	~	Serial #	~
# Nitrification Fields	1	# Lines	4	Linear Ft	400
Trench Width	36	Trench Bottom Depth(Low side)	22	Gravel Depth	

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees ____ ☒ Crawl Space

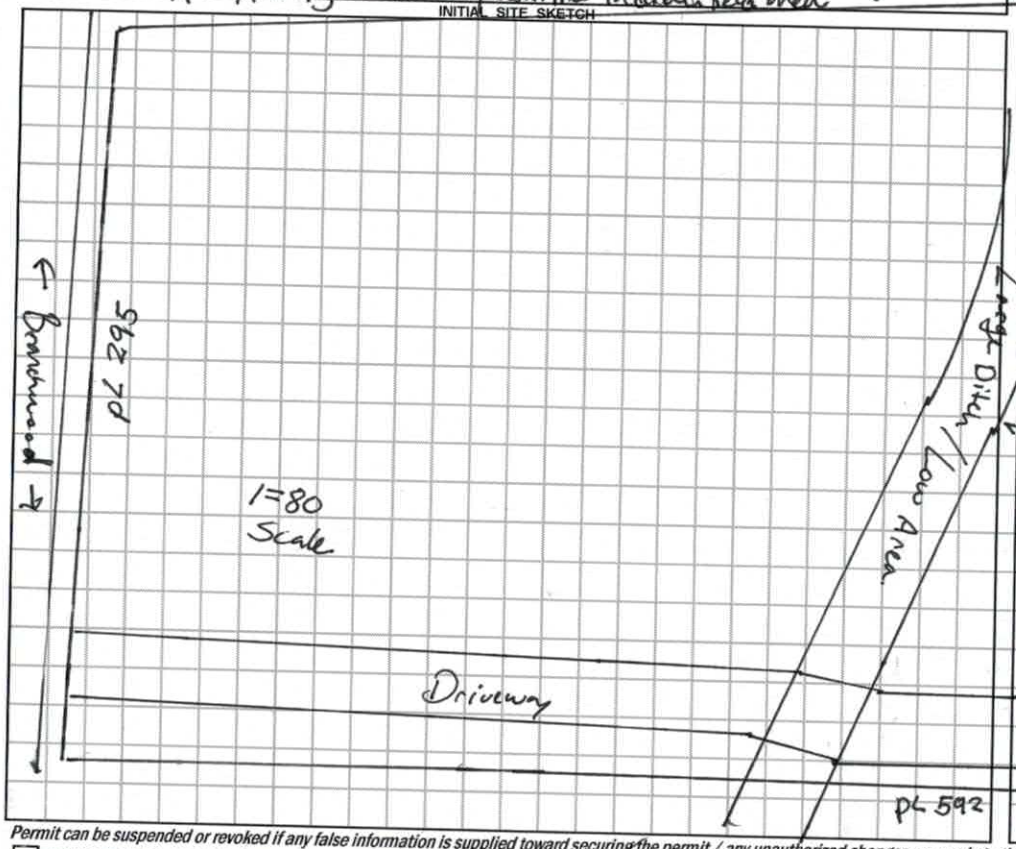
Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

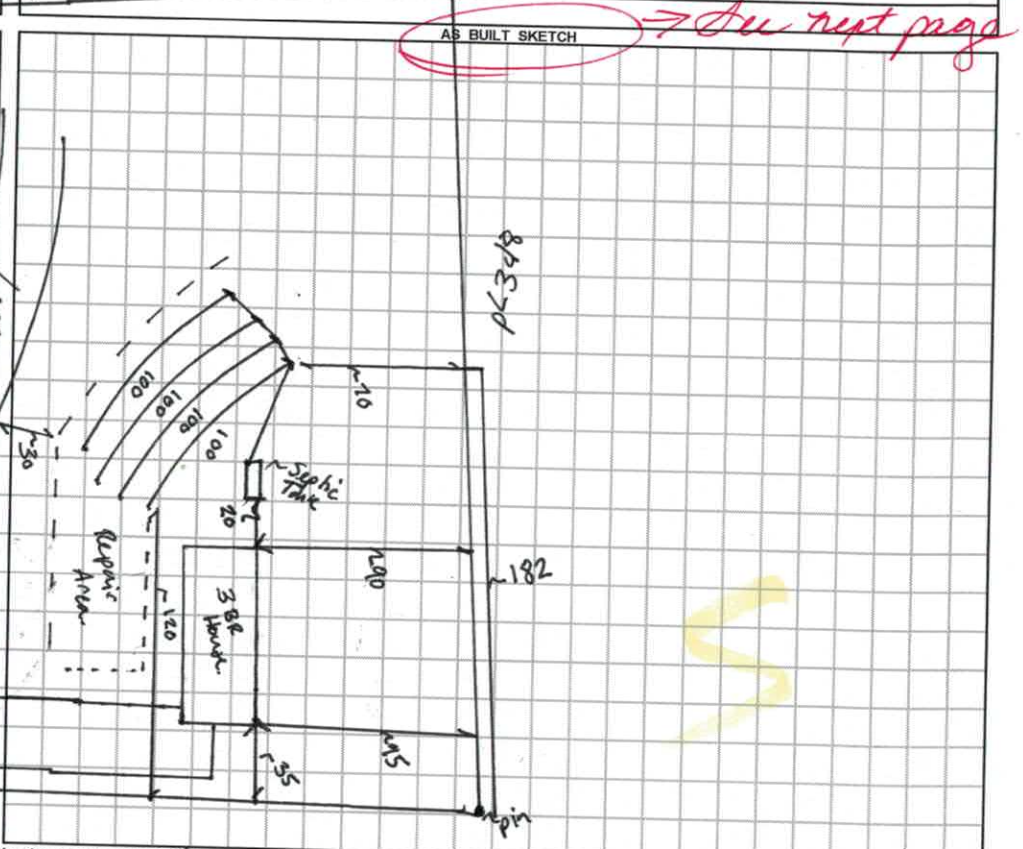
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Purpose of this permit is show change in house location as previously permitted.

INITIAL SITE SKETCH



AS BUILT SKETCH → See next page



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: 10/10/18 Installed by: _____

IMPROVEMENT PERMIT by: Benjamin A. Bolkins Date: 9/28/2018 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolkins Date: 9/28/2018. 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 1
PROPERTY ID #: 4727790
COUNTY: Iredell

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

OWNER: Clyde Homes.
ADDRESS: 2026 Northside Drive Sx
PROPOSED FACILITY: 3 BR House PROPOSED DESIGN FLOW (.1949): 360.
LOCATION OF SITE: 306 Brentwood Rd.
APPLICATION DATE 5/8/18
DATE EVALUATED: 5/22/18
PROPERTY SIZE:
PROPERTY RECORDED:
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	10-12% Side	0"-9"	SiCL SBK	SS SP FR SEXP	5YR 4/4.	48.		Mica	PS .25
		9"-32"	C SBK	SS SP FM	2.5YR 4/6.				
		32"-48"	LL WSBK	SS SP FR					
2	15% Side	0"-14"	SCL, SBK	SS SP FR SEXP	@ 36" H_2O BLEED IN	50			PS .225
		14"-36"	C, SBK	SS SP FM					
		36"-50"	CL, BC	SS SP FR					
3	12% Side	0"-10"	SCL SBK	SS SP FR SEXP		46.	Rock Controlled		PS .25
		10"-31"	C, SBK	SS SP FM					
		31"-46"	CL, BC	SS SP FR					
		46"-52"	ROCK SAP	NS NP VFR	REFUSAL				
4	10-12% Fcot	0"-5"	SCL, SBK	SS SP FR SEXP		48.			PS. .25
		5"-28"	C, SBK	SS SP FM					
		28-48"	CL, BC	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	267.
System Type(s)	~~III~~ 25%	~~III~~ 50%
Site LTAR	.225	.225

OTHER FACTORS (.1946): Ditch.
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Boturini
OTHER(S) PRESENT: B. White

COMMENTS: T.B. to be 28 inch High Side.

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)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
		O (Organic)	None	None	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.

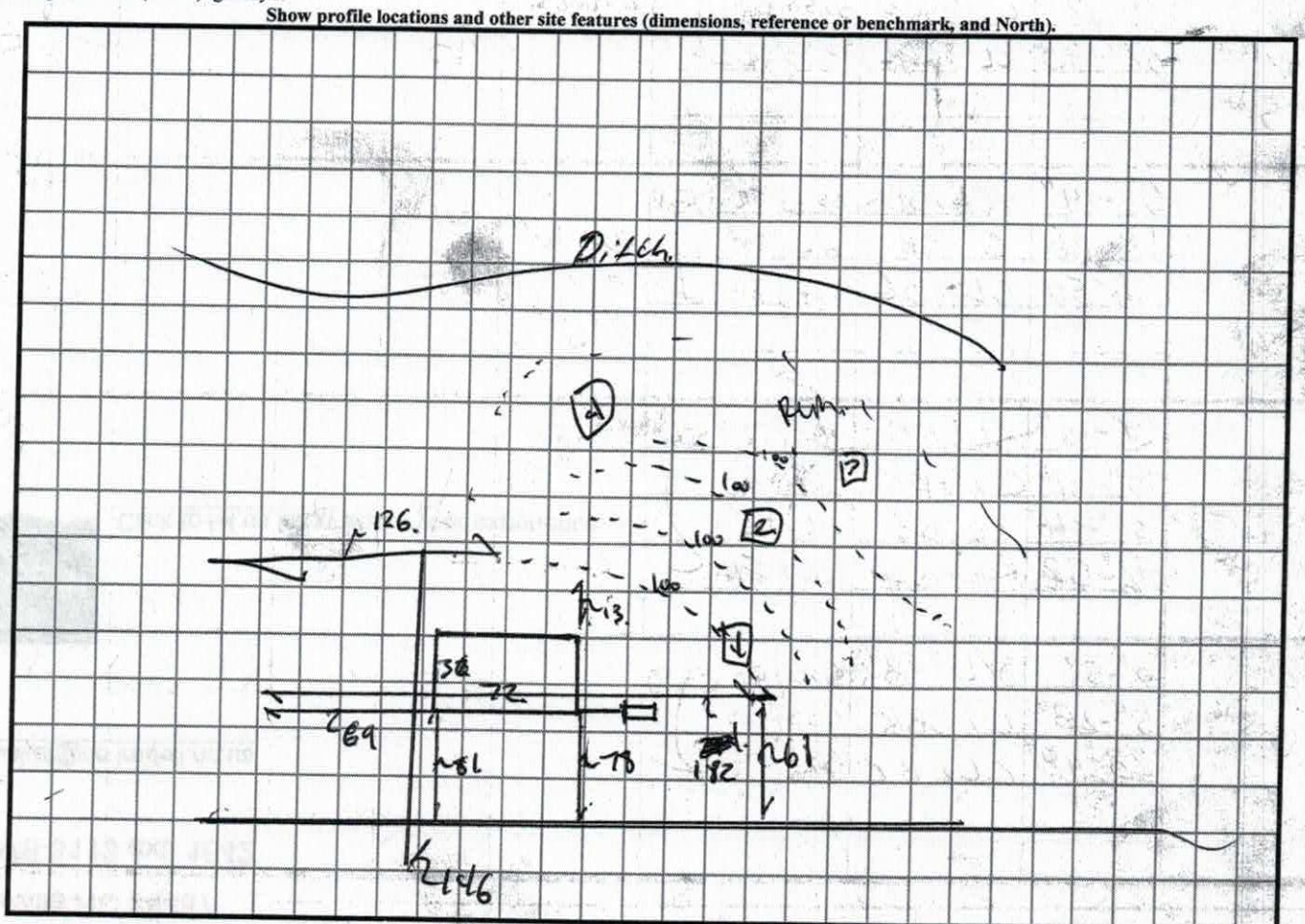
NOTES

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).



3K 120

360 opd ÷ .225

1600 opd

533 Lin C.F.

400.

235434

RECEIVED SEP 17 2018

Paid $320.00

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(f) FOR DETAILS)

1. **APPLICATION FOR:** ___Improvement Permit ___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

REDRAW

3. **Applicant Information:**

Clayton Hines Statesville Applicant Name	2026 Northside Dr Statesville Mailing Address	7048732547 Home Phone #	7049281552 Alternate Phone #
Richard Goodwin Owner Name	1923 Buchanan Ave Croydon PA 19021 Mailing Address	2154990757 Home Phone #	Alternate Phone #

4. **Property Information:**

306 Branchwood Rd Statesville Street Address	Deer Creek Meadows Subdivision Name	Lot 6 Section/Phase and Lot Number

Driving Directions: _____

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 4
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 (✓) Other 25%

8. **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. 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 Hines Statesville 9/4/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

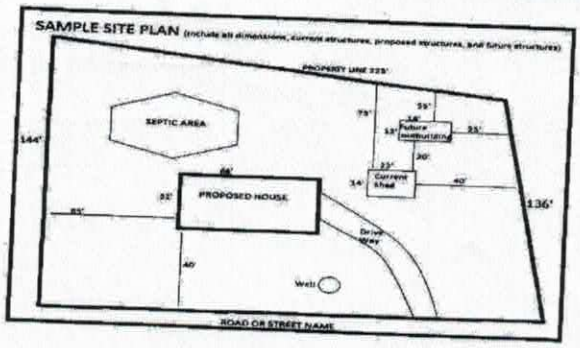
____ Front and side setbacks from property line… **____ Preferred driveway location and configuration, preferred well location…**

____ 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 –

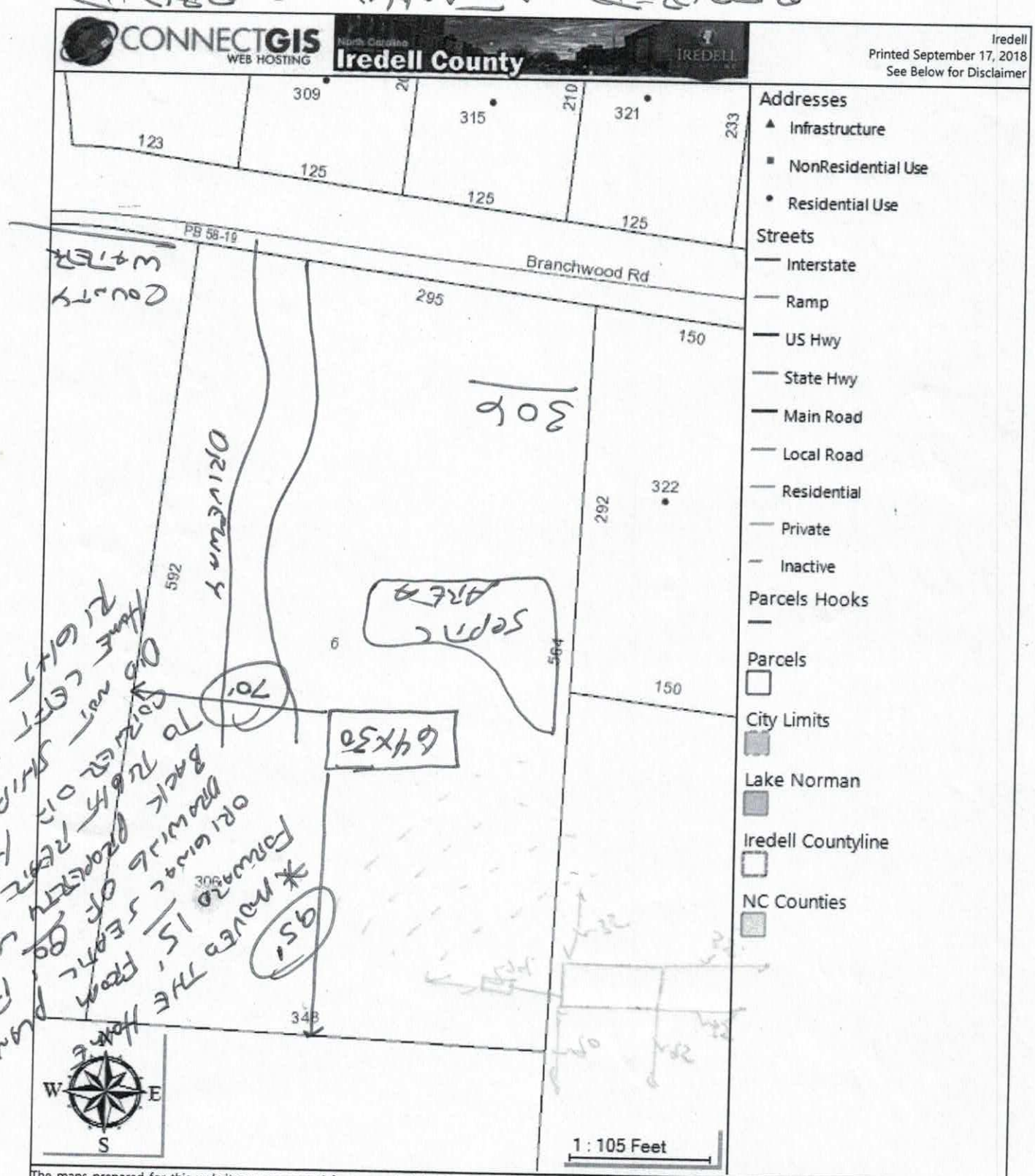
ORIGINAL SEPTIC DRAWING ATTACHED FOR REFERENCE

Signature: [signature] Clayton Howell STATE Utility

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

9-4-18

DATE



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235434

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

PIN # 4727990211.000

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SITE ADDRESS: 306 Branchwood Rd Statesville NC 28625 — PHONE: 704-873-2547 ALT. PHONE ~

SITE DIRECTIONS: Hwy 115 N @ on Branchwood Rd Lot on Right

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SAP CONTROLLED: ☐ YES ☒ NO

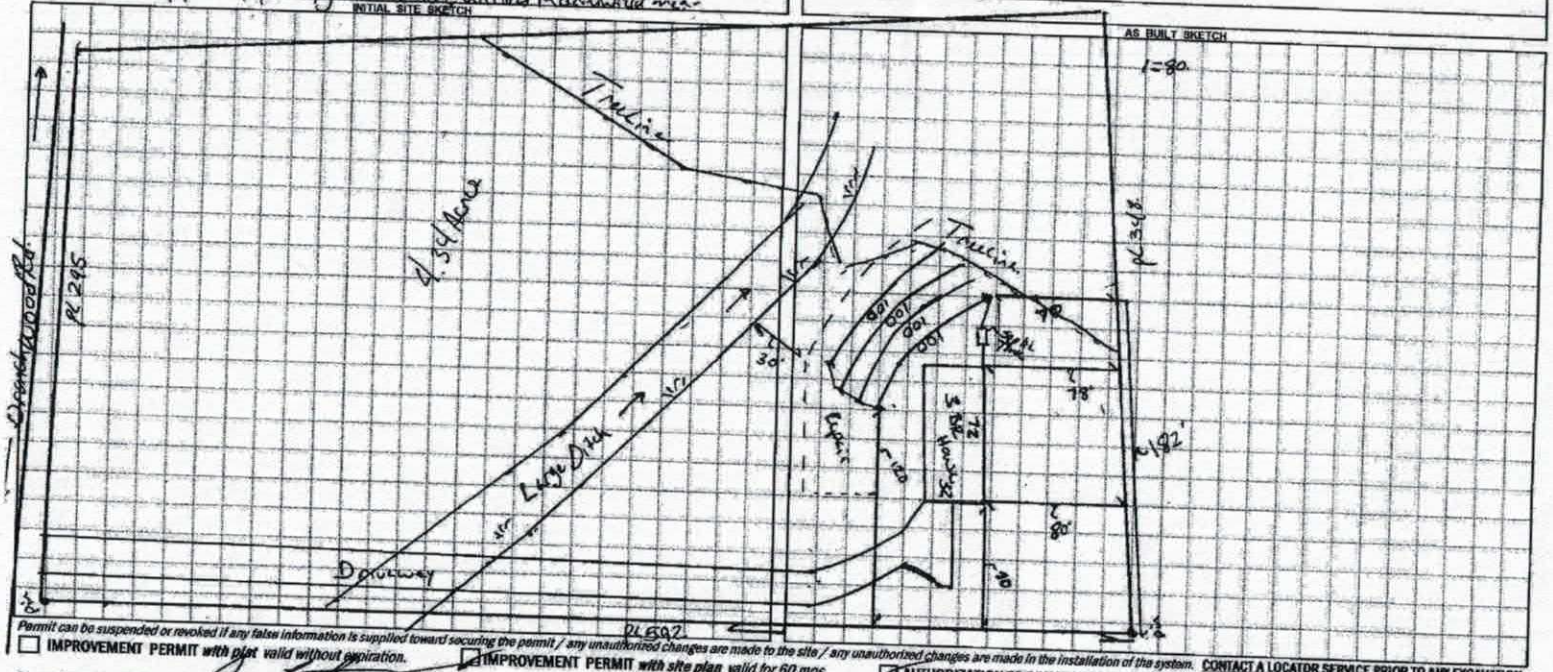
DESIGN FLOW: 360 gpd. L.T.A.R.: .225

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Pump Tank	~ (gal)	PT ~	Date ~	System Description: 25% Reduction	☐ Business	No. Persons 6	☐ Private
Pump Make	~	Model ~	Serial # ~	Repair System Description: 50% Reduction	☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines 4	Linear Ft 400	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36	Trench Bottom Depth(Low side)	22	Gravel Depth ~ ☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install Septic drainlines on the contour of the land and utilize serial distribution. Do not exceed max depth 28 inches High side. Do not drive, park, or run goods over within marked area.

Maintain 25ft from ditch.

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=80'

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IMPROVEMENT PERMIT by: Benjamin A Bolkin Date: 5/25/2018 OPERATION PERMIT by: _____ Date: _____

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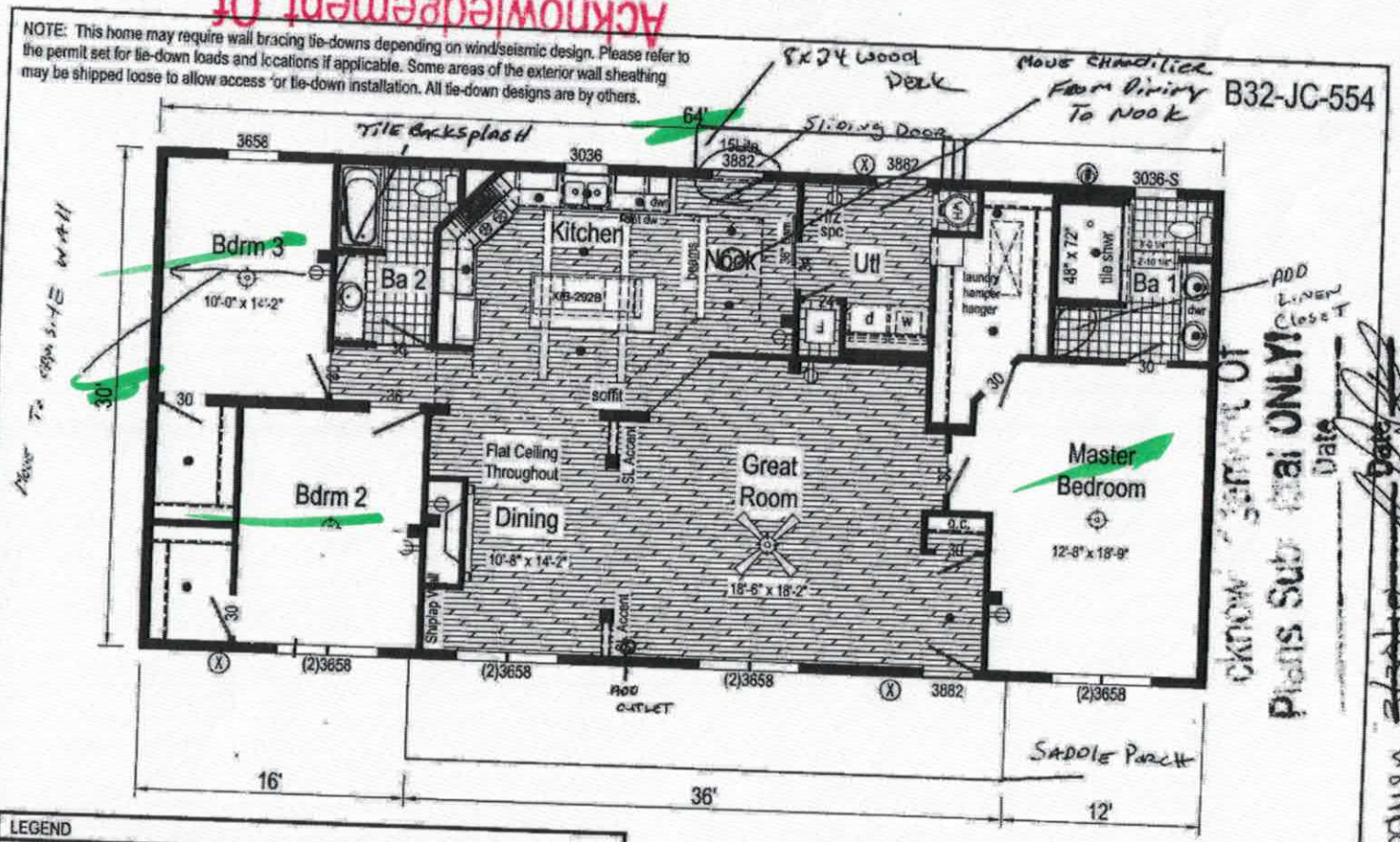
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Date

8/25/18

Acknowledgement Of
Plans Submittal ONLY!

NOTE: This home may require wall bracing tie-downs depending on wind/seismic design. Please refer to the permit set for tie-down loads and locations if applicable. Some areas of the exterior wall sheathing may be shipped loose to allow access for tie-down installation. All tie-down designs are by others.



Plans Submittal ONLY! Acknowledgement Of

Date

Date

Date

Myrna Godwin 8/25/18

LEGEND

PRELIMINARY ELECTRICAL ONLY. SUBJECT TO CHANGE UPON ENGINEERING AND CODE REQUIREMENTS.

HOME CANNOT BE BUILT UNTIL THE CUSTOMER HAS SIGNED OFF ON ALL PAGES. FOLLOWING CUSTOMER SIGN OFF, PLANS AND SPECS WILL BE SENT TO 3RD PARTY FOR STAMPED APPROVAL. ANY CHANGES AFTER SIGNOFF WILL RESULT IN A MINIMUM $500.00 ENGINEERING FEE.

Home Owner: _____ Date: _____

_____ Date: _____

Retailer: _____ Date: _____

B32-JC-554 3264 Approx. 1920 Sq. Ft.

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 3264	Revisions Date / Number		Scale: 1/8" = 1'-0"	Date: 03/22/2018	Cust: Goodwin		Model/Eng. No.: B32-JC-554
Title: Literature				Drawn By: SG	Reference: NONE	Dlr: Clayton Homes Statesville		Pg: LIT
						S/N: -		

IREDELL COUNTY

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

APPLICATION NUMBER
235434
Issue Date: 05/07/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4727990211.000	306 BRANCHWOOD ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: ZMH STATESVILLE LLC ETAL	Applicant: MOYER, BRIAN
Address: 0	Address: 216 WOODSTREAM CIR
IREDELL CO, NC 28625	MOORESVILLE, NC 28117
Phone:	Phone: 704-507-3005

Use Requested	Zone Code
MODULAR	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.340	35.00	35.00	15.00	15.00	PA	X

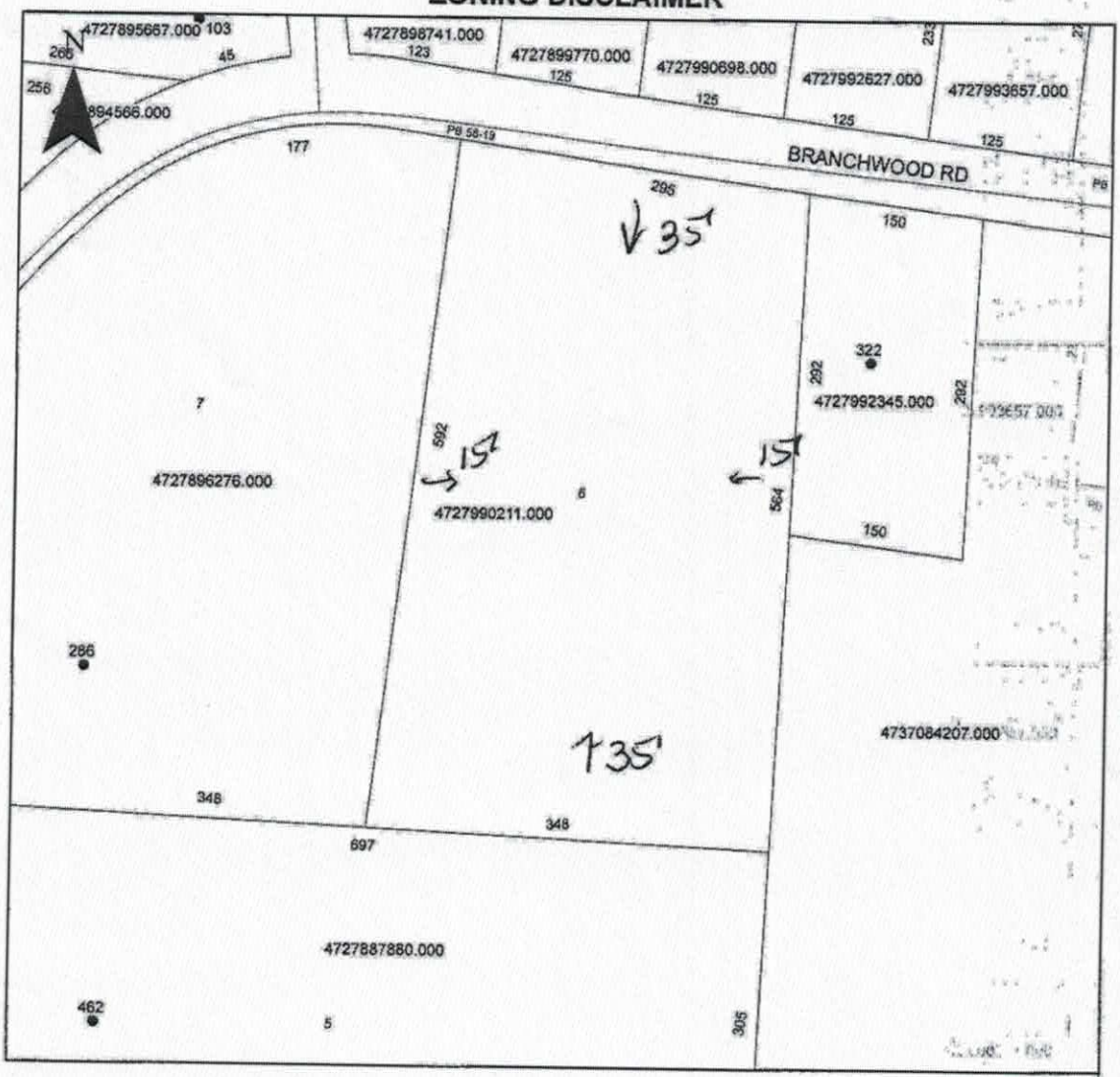
Remarks:

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: _____ Date: _____

Permit Number	137910	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 306 BRANCHWOOD RD STATESVILLE

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

5/7/18
Date