SW

File/Permit #: OSWP- 2024-49932

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

EXISTING SYSTEM APPROVAL

Issued by: ☑ Local Health Department ☐ AOWE ☐ Certified Inspector

☐ Existing System Approval
- ☐ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☐ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☑ Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]
[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: CLAYTON HOMES STATESVILLE
Mailing Address: 2026 NORTHSIDE DRIVE
City: STATESVILLE
State: N.C. Zip: 28625
Phone #: 704-929-1552
Email: ADAM.CASSTEVENS@CLAYTONHOMES.COM

Owner: SHEILA BECKETT
Mailing Address: 144 SCENERY DRIVE
City: STATESVILLE
State: N.C. Zip: 28677
Phone #: 704-903-2311
Email:

PIN/Lot Identifier: 4732-78-7486
Property Location/Address: 144 SCENERY DRIVE, STATESVILLE, N.C. 28677 (SABLE CROSSING LOT # 8)

Facility Type: ☐ House/Modular ☑ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: OSWP-2024-49932 Design Daily Flow: 360 GPD
Number of Bedrooms: 3 Max # Occupants: 6 Other: —

Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Water Supply: ☑ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

Proposed Property Improvement: REPLACEMENT MOBILE HOME

All of the following must be checked for approval:

***For Reconnections:**
- [ ] Site complies with its Operation Permit or the wastewater system was in use prior to July 1, 1977
- [ ] No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- [ ] DDF and wastewater strength for the proposed facility do not exceed that of the existing system
- [ ] Facility meets the setbacks in Section .0600 of 15A NCAC 18E
- [ ] Existing system is being operated and maintained in accordance with Section .1300 of 15A NCAC 18E and permit conditions.

***For Site Modifications or Footprint Expansions:**
- [x] Proposed structure meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION, SEE PREVIOUS PERMIT FROM 1992

Inspector's Printed Name: BRYANT C. WHITE Inspector Certification #: 2751

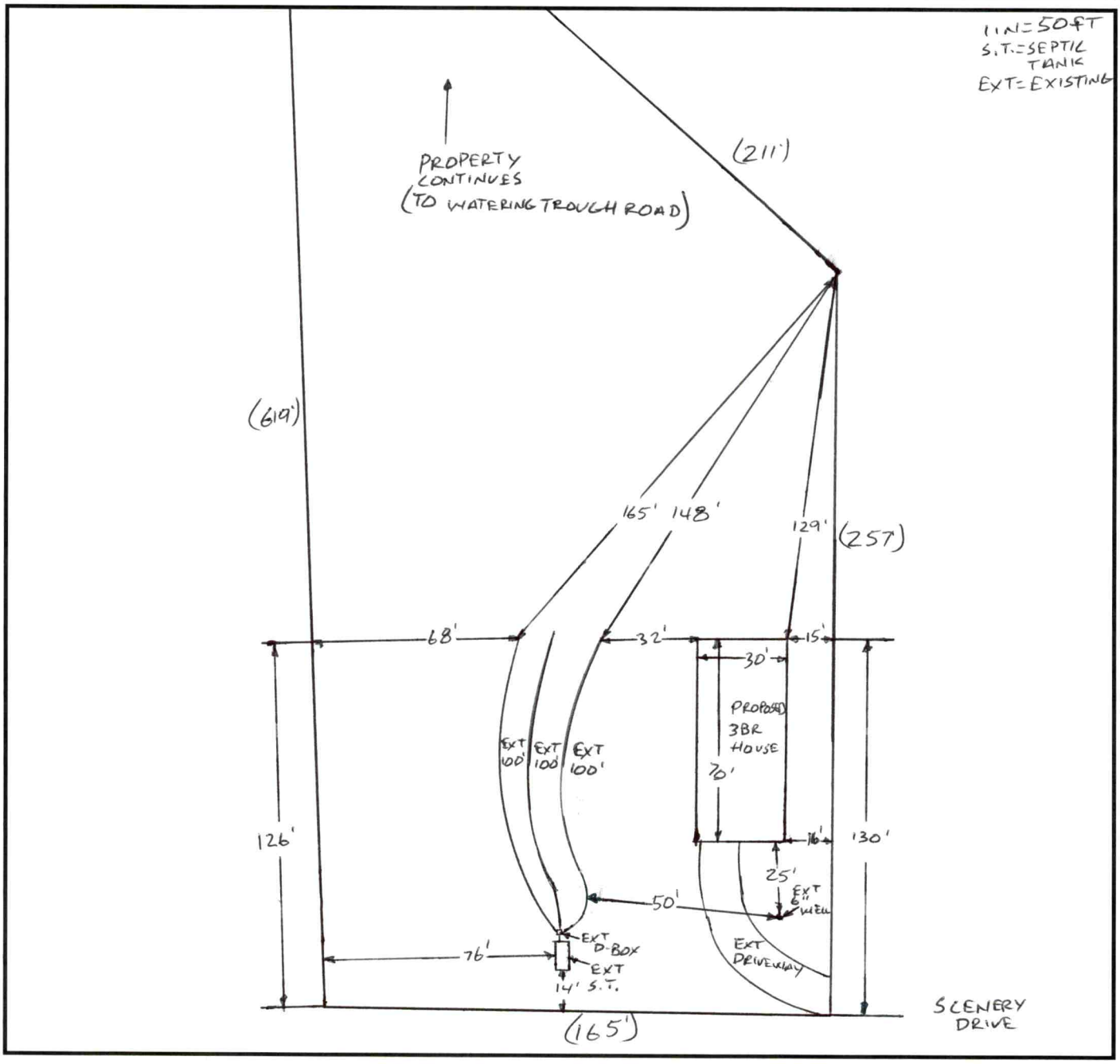
Inspector's Signature: Bryant C. White Date: 7-1-2024

See attached site sketch

EXISTING SYSTEM APPROVAL
SITE SKETCH

Operation Permit/ATO #: OSWP-2024-49932 PIN/Lot Identifier: 4732-78-7486

Owner: SHEILA BECKETT Property Location/Address: 144 SCENERY DRIVE, STATESVILLE, N.C. 28677



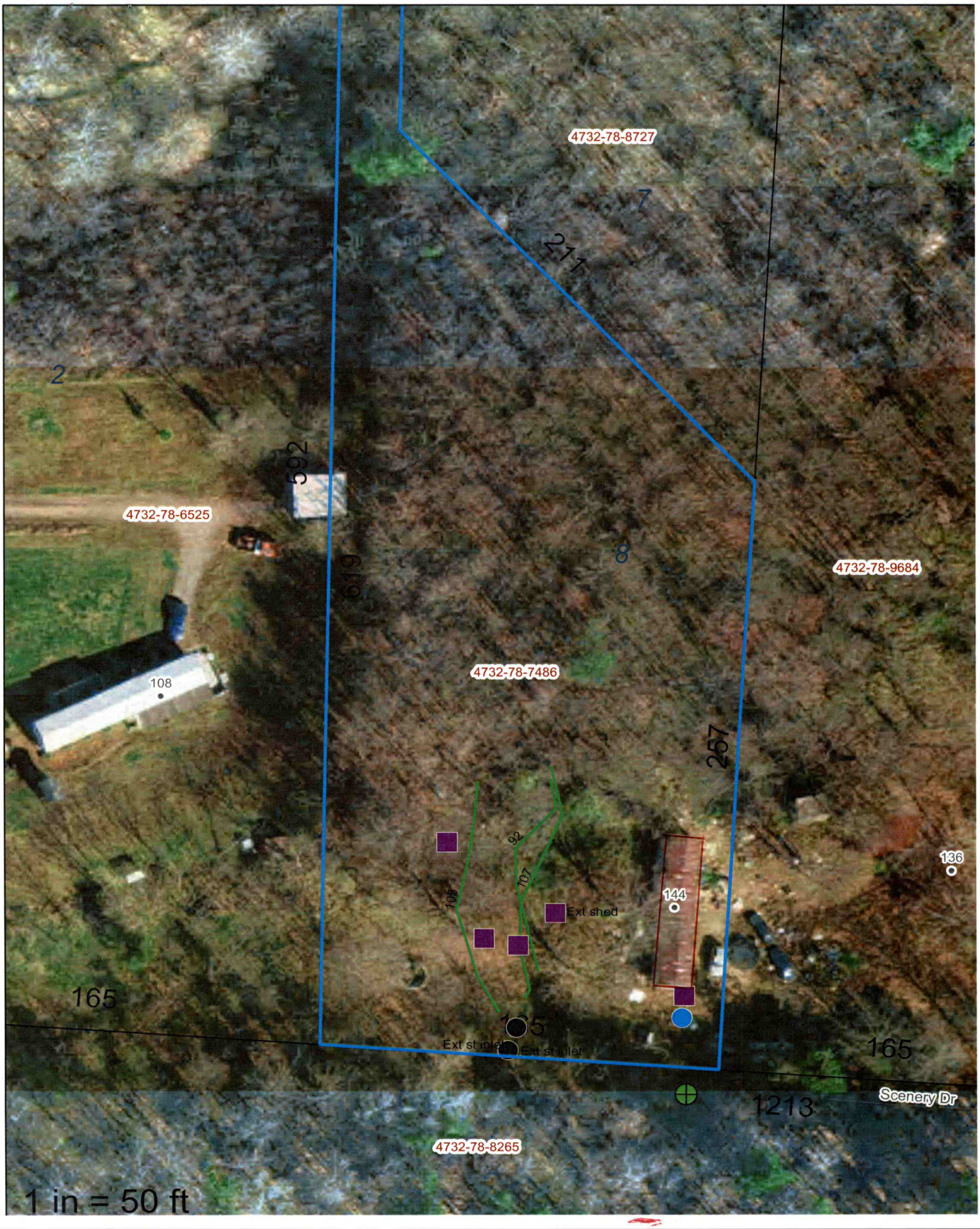
Include the existing and proposed structures and applicable setbacks.

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704-878-5300

Mooresville Site
610 E. Center Avenue
Mooresville, NC 28115
704-664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5305 x3456

www.co.iredell.nc.us/161/Health-Department


4732-78-8727
7
211
2
392
4732-78-6525
8
4732-78-9684
108
4732-78-7486
257
92
107
109
Ext shed
144
136
165
135
Ext st inlet
Ext st inlet
165
Scenery Dr
1213
4732-78-8265
1 in = 50 ft

PERMIT SNAPSHOT REPORT OSWP-2024-49932 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	03/26/2024
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	

Description: Reinspect for existing septic system (replacing existing Manufactured SW with new Manufactured DW home). Lot ready for visit on 4/18/24 BM. Lot checked and ready 4/18/24- BM

Parcel: 4732787486.000 Main	**Address:** 144 Scenery Dr Statesville, NC 28677 Main	**Zone:** RA(Residential Agricultural District)

Property Owner
Sheila Beckett
Home: (704) 903-2311
Mobile: (704) 903-2311

Applicant/Authorized Agent
CLAYTON HOMES #72
2026 NORTHSIDE 2026 NORTHSIDE DR
STATESVILLE, NC 28677
Mobile: (704) 929-1552

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Existing System Inspection	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	68'x28' Manufactured DW Home 6x6 Deck on Front of Home 6x6 Deck on Rear of Home
What are the proposed structures	Manufactured Home, New Single-Family Residence - Mobile Home	Type of New Single-Family Residence	Mobile Home	Maximum Number of Bedrooms	3
If other Addition/Structure, please explain	Front Deck : 6'x6' Rear Deck: 6'x6'	Number of Occupants	3	Foundation Type	Crawl Space Foundation
Residential/Business/Other	Residential	Water Supply	Existing Well	Desired Septic System Type	Conventional (most common)
Lot Acreage	1.459	Front Setback	35	Back Setback	35
Left Setback	15	Right Setback	15	Zoning Permit Issued Date	Apr 2 2024 12:00AM
Zoning Permit Expiration Date	Sep 29 2024 12:00AM	Is the structure or development in the floodplain	No	Is the property in a local historic district?	No
Is the property located downtown?	No	Zoning Notes/Addendums	REQUIREMENTS FOR AL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances;		Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no more than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

PERMIT SNAPSHOT REPORT (OSWP-2024-49932)

Additional Unique Setbacks Apply	No	Watershed	NOT IN A WATERSHED

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_ADAM_CASSTEVENS_3/26/2024.jpg	03/26/2024 13:54	CASSTEVENS, ADAM		Uploaded via CSS
Beckett - Authorized to Act_v1.pdf	03/26/2024 16:06	CASSTEVENS, ADAM	Available Online	
Beckett - Site Plan_v1.pdf	04/02/2024 8:38	CASSTEVENS, ADAM	Available Online	

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2024-207264	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	04/18/2024	04/18/2024 0:00	04/18/2024 0:00	04/18/2024 15:24	04/18/2024 15:24

Inspectors: Moore, Bradley (Primary)

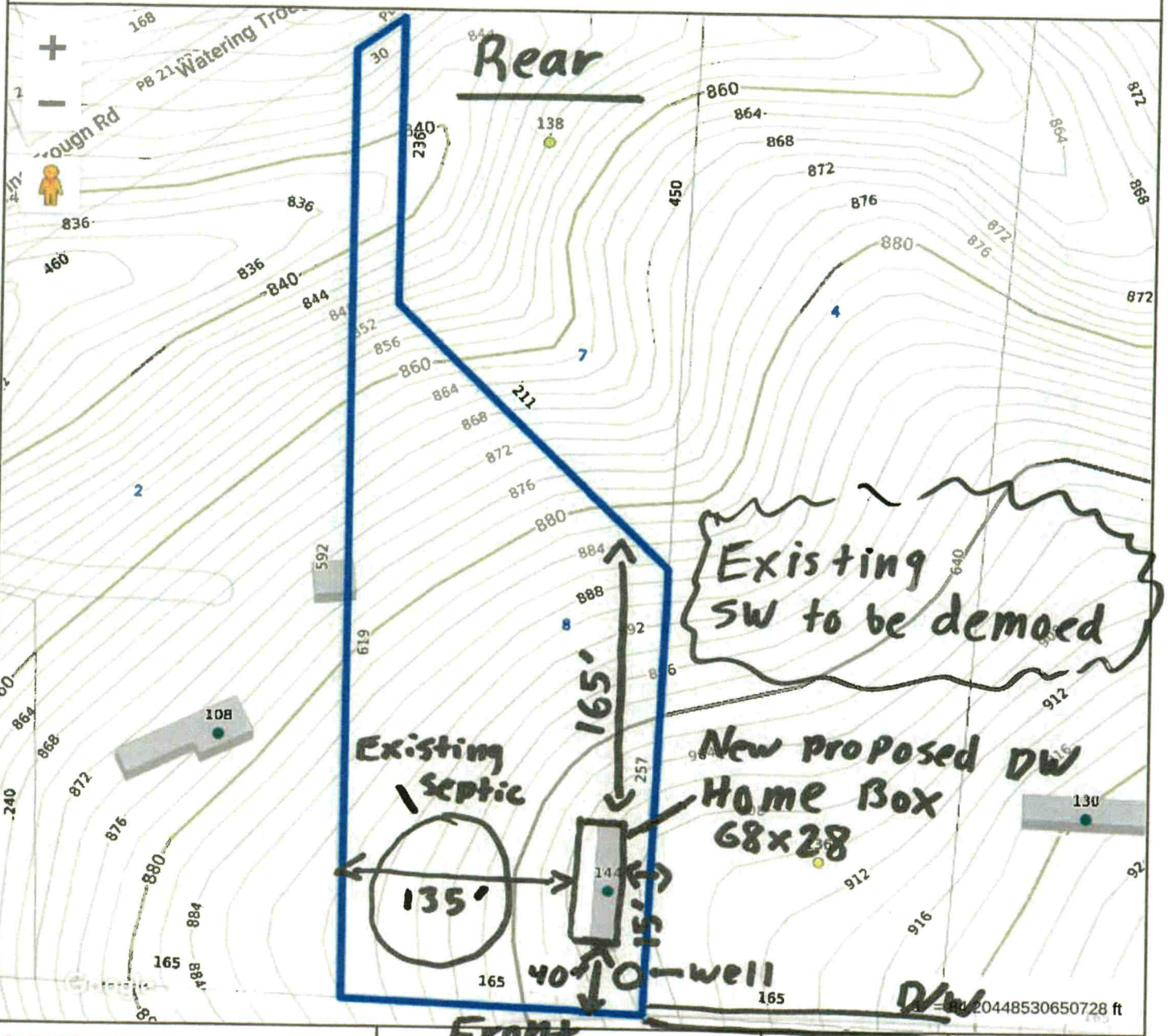
Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00029032	Iredell Zoning Tech Fee	$2.25	$2.25
	Iredell Zoning Permit Fee	$75.00	$75.00
	Existing System Inspection	$250.00	$250.00
	Total for Invoice INV-00029032	$327.25	$327.25
	Grand Total for Permit	**$327.25**	**$327.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		03/26/2024 16:12	03/26/2024 16:12
Confirm application complete v.1	Generic Action		03/26/2024 16:12
Fees v.1		04/17/2024 7:09	04/17/2024 7:09
Issue Invoice v.1	Generic Action		04/17/2024 7:09
Fees Paid v.1	Generic Action		04/17/2024 7:09
Zoning Review v.1		04/02/2024 8:30	04/17/2024 7:09
~~Floodplain Admin Overview v.1~~	Task		04/02/2024 8:30
Iredell County Zoning Approval v.1	Task	04/02/2024 8:30	04/02/2024 8:31
Issue Invoice v.1	Generic Action		04/02/2024 8:31
Fees Paid v.1	Generic Action		04/17/2024 7:09
Lot Readiness Verification v.1		04/18/2024 15:24	
OSWP Septic Preliminary Site Visit v.1	Inspection	04/18/2024 15:24	04/18/2024 15:24
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

Iredell County, North Carolina

March 26, 2024



Tax Map Information

• PIN	4732787486.000
• Address	144 SCENERY DR
• Account #	Acct 77421448
• Tax Owner	BECKETT RICHARD LEE
• Mailing Address	144 SCENERY DR LOT 3
•	STATESVILLE, NC 28677
• GIS Owner	BECKETT RICHARD L+SHELIA K
• Deed Info	1369 / 1342 - WD - 20020913
• Tax Acres	1.459 AC
• Lot #	8
• Description	SABLE CROSSING REV PB41-39
• Zoning	RA
• Old Parcel #	0206B06000B003
• Bldg Value	$0
• OBXF Value	$5,200
• Land Value	$18,900
• Total Value	$24,100
• Defer Value	$0
• Tax Districts	-ALLCNTY FIRE- -

IREDELL

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 02/20/2024
Data updated 03/18/2024

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

14108.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR RICHARD BECKETT DATE 3-3-92. PERMIT NO. 6B-6-B-3.

PHONE: Business _____ Home _____

LOCATION Hwy 115 - T.L. on Cumberland Rd. - T.L. on Water Trough Rd. - before Railroad - T.R. - go ¼ mi. on R. S.R. No. _____

SUBDIVISION NAME SABLE CROSSING, LOT NO. 3. SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 2.5 acres.

Soil Characteristics Clayey

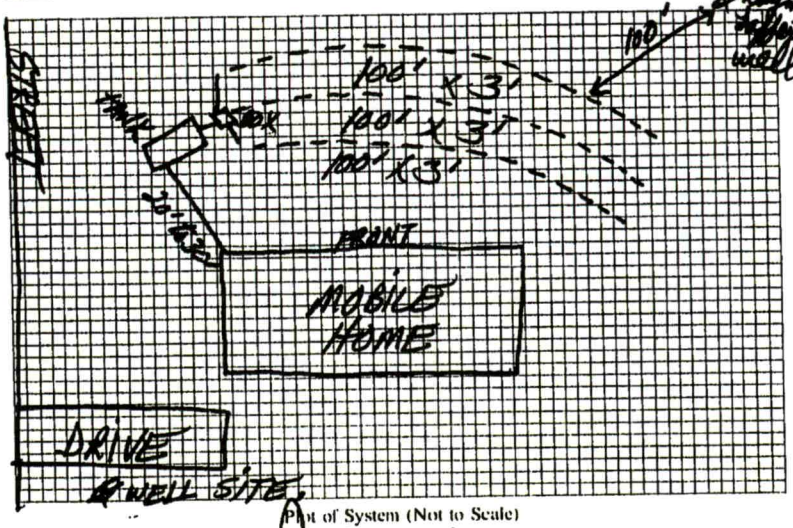
Application Rate .4 gal./sq. ft.

Topography 2 - 8%

Depth to Water Table 10' +

Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Ken Dellinger

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY J. C. Moore

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-3-92.

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold