IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (C) Mooresville Office (704) 660-3625

PERMIT # 2354/22

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

PIN # 4732-79-7544

APPLICANT/OWNER: Clayton Homes of Statesville

APPLICANT ADDRESS: 2026 Northside Dr Statesville NC

SITE ADDRESS: 208 Cumberland Rd Statesville NC 28677.

PHONE: 336-648 7130

ALT. PHONE ~

SITE DIRECTIONS: 115S to Cumberland Lot on left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Sable Point

SECTION: ~ LOT # 16+17 combined

LOT AREA:

DESIGN FLOW: 480 gpd

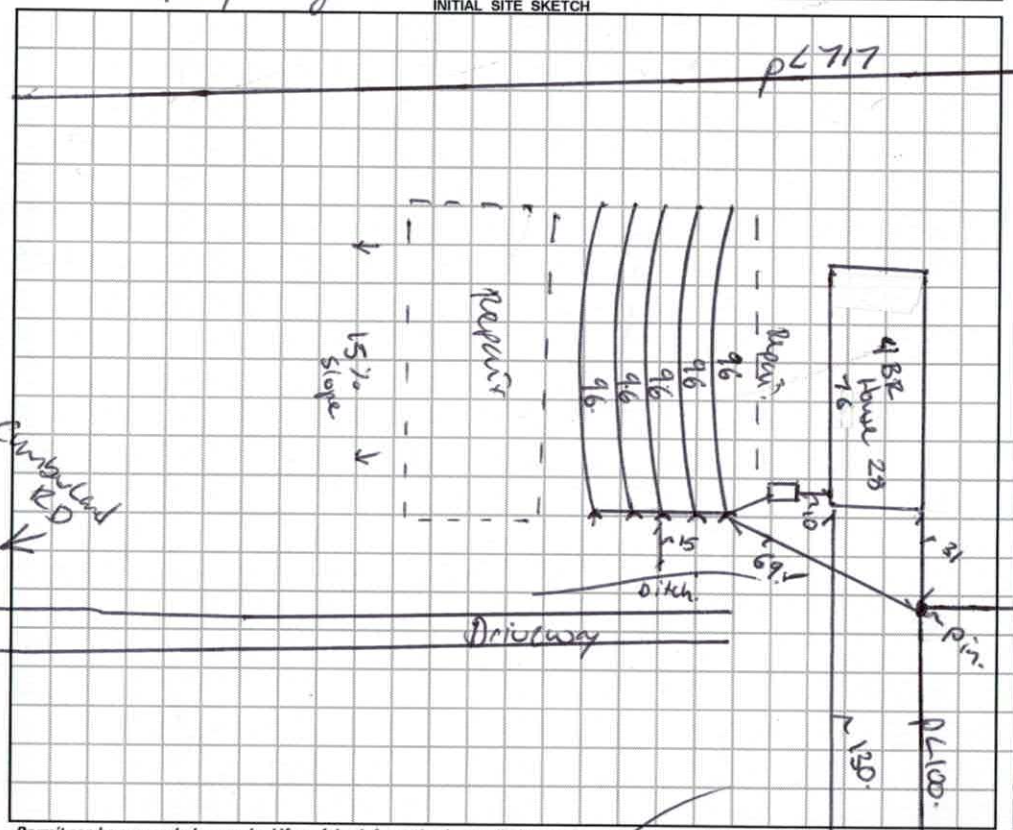
L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	760	Date	7/9/18	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☒ Residence	No. Bedrooms	4	Water Supply				
Pump Tank	~	(gal)	PT	~	Date	~	System Description:	25% Reduction				☐ Business	No. Persons	8	☒ Private				
Pump Make	~	Model	~	Serial #	~		Repair System Description:	50% Reduction				☐ Other	No. Employees	~	☐ Public				
# Nitrification Fields	1	# Lines	5	Linear Ft	480		Maintenance Agreement Required:	☐ YES	☒ NO			☐ Slab	☒ Crawl Space		☐ Community				
Trench Width	36	Trench Bottom Depth(Low side)	28	Gravel Depth	~			☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing				

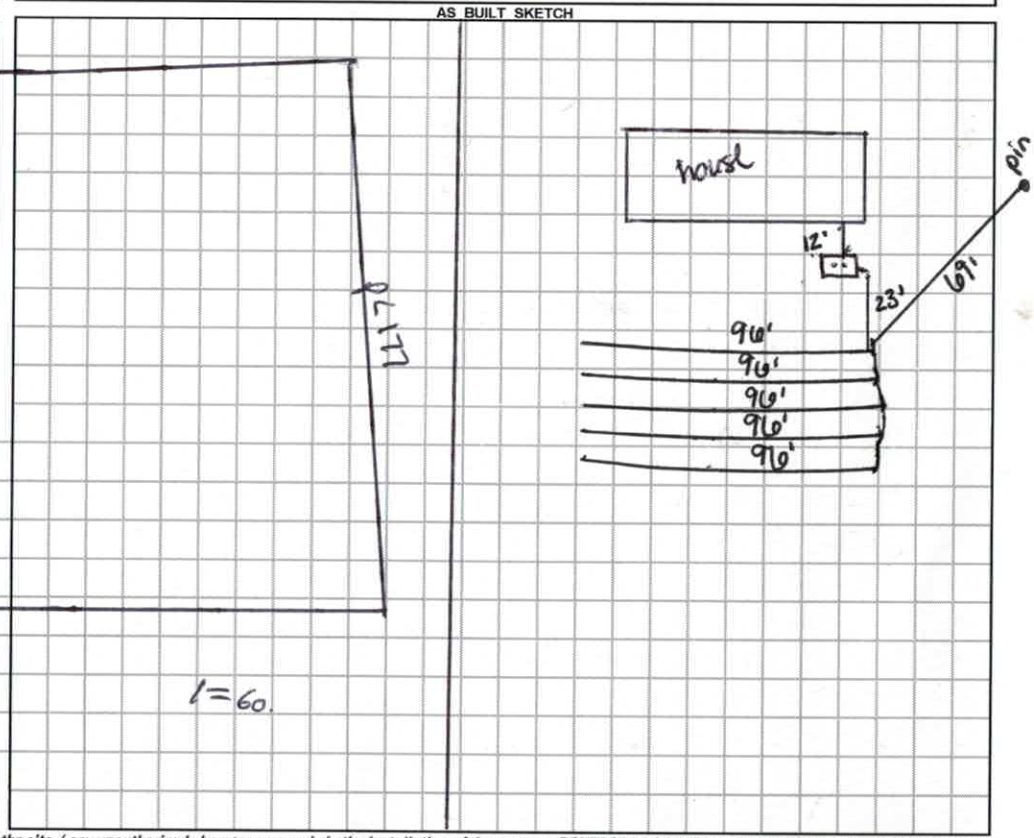
Comments / Conditions: Install Septic Drainlines on the contour of the Land and utilize serial distribution. Keep Septic system 15ft away from ditch cut. Property being combined.

*IP only Property to be Recorded Prior to A/C. Recorded 1/12/2018 Deed Bk 68 Pg 98.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Apex Grading

IMPROVEMENT PERMIT by: Benjamin A. Botter Date: 6/22/2018

OPERATION PERMIT by: Carla C. Cave Date: 10/1/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Botter Date: 7/19/2018

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 #:
COUNTY: Tarrant

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

OWNER: Clayton Homes / Cathy Meadows
ADDRESS: 2026 Northside Drive SE NC
PROPOSED FACILITY: 4BR House
LOCATION OF SITE: Cumberland Rd
PROPOSED DESIGN FLOW (.1949): 480.
APPLICATION DATE
DATE EVALUATED: 6/4/18
PROPERTY SIZE:
PROPERTY RECORDED: NO.

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	side 10%	0-28	C SBk	SS Sp FR SEsl	2.5YR 4/6	55		Some C,Fro e 80	PS .3.
		28-55	CL WSBk	SS Sp FR	5YR 4/6				
2	side 15%	0-5	SL WSBk	SS Sp FR SEsl	"	57.		Some C,Fro e 37	PS .3.
		5-37	C SBk	SS Sp FM					
		37-57.	CL WSBk.	SS Sp FR					
3	side/side. Repair 2%	0-22	SL WSBk	SS Sp FR SEsl	"	54.		Some Fluvial Rock. in weathering	15 .25 Depth 36 TB.
		22-49	C SBk	SS Sp FM					
		49-58.	CL WSBk	SS Sp FR					
4	side. Repair 15%	0-7	SL WSBk	SS Sp FR SEsl	"	49.		C,Fro e 40	PS .30 T.B. 36. 0.4.
		7-33	C SBk	SS Sp FM					
		33-49.	CL WSBk	SS Sp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480	~~320~~
System Type(s)	1 1 25%	1 1 50%
Site LTAR	.25	.25

OTHER FACTORS (.1946): See note
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bolton
OTHER(S) PRESENT:

COMMENTS: Properties Being combined to form new parcel.
TB. Bm 24-28 Kis. 5) 0-29 Fill.

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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	**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.

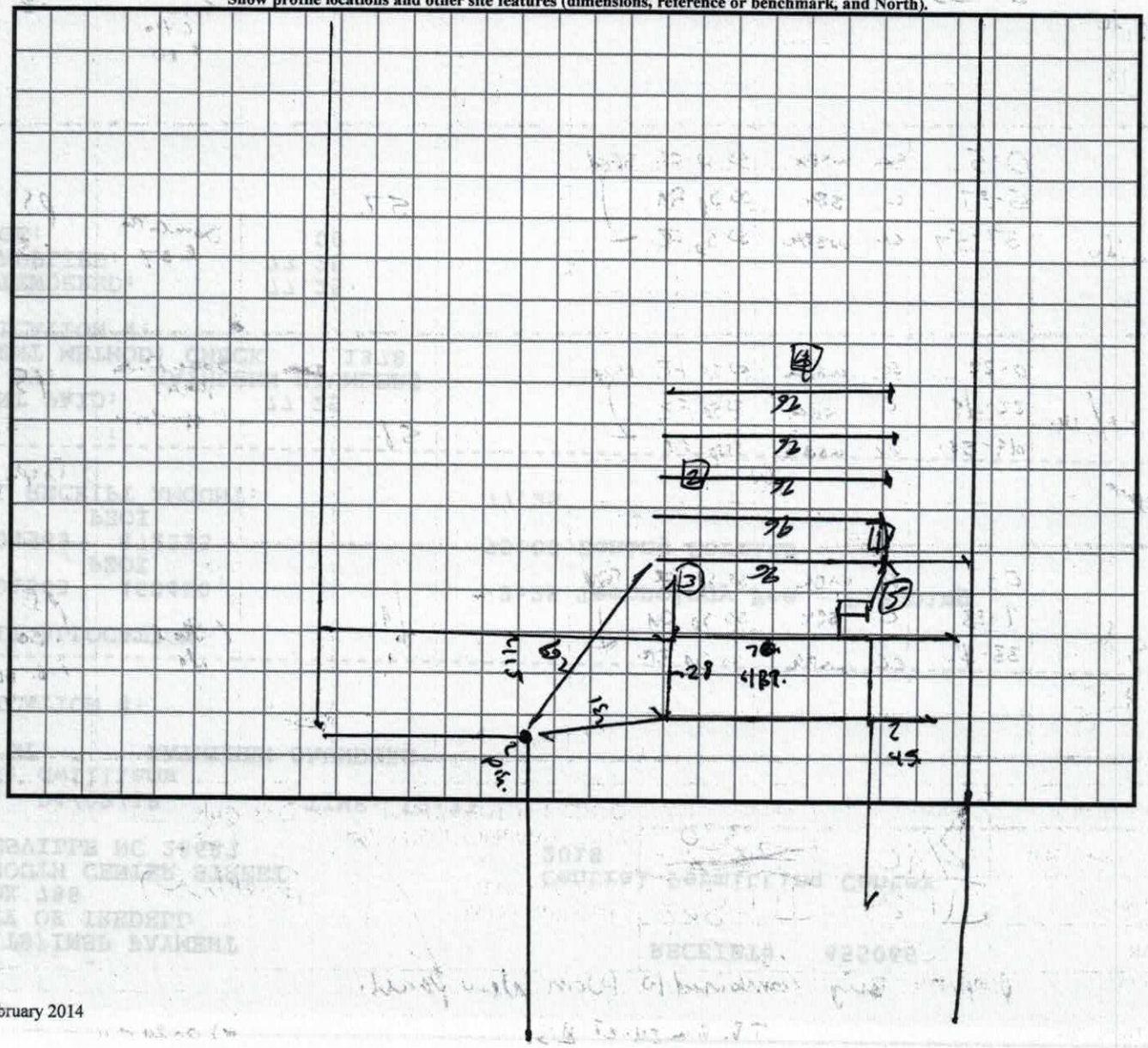
NOTES

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).



Updated February 2014

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: X 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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
CLAYTON HOMES STATESVILLE	2026 NORTHSIDE DR STATESVILLE	7048732547	3366487130
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
CATHY MEADOWS	CUMBERLAND RD		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
CUMBERLAND RD STATESVILLE	I77 TO EXT 42	— / —

Driving Directions: GPS(L) I-77 TO CUMBERLAND RD ON (R)

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

- X 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 4
Maximum Number of Occupants 12
If Expansion, Current Number of Bedrooms ___

- (X) 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:

X New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional X Other ANY 2510

8. Please Answer The Following To The Best of Your Ability:
( ) Yes (X) 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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/24/18
DATE

DocuSign Envelope ID: 4E1ABB6B-AE49-4386-8AEC-A5CFFBE8B6E5

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, CATHY MEADOWS, am the legal owner(s) of the property located at Cumberland Rd, identified as PIN (Parcel Identification Number) 4732796524 7493297632, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) CLAYTON HOMES, 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.

Cathy Meadows — 4/25/2018
Signature of Owner(s) — Date

Signature of Witness — 4/4/18
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

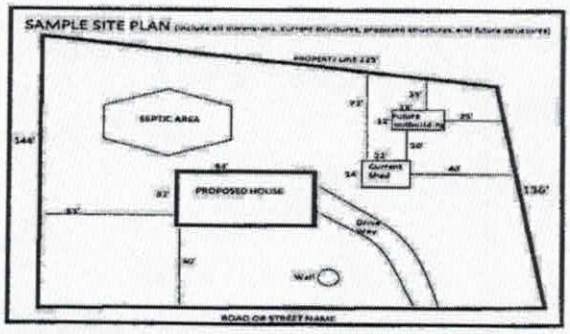
_____ Front and side setbacks from property line… _____ Preferred driveway location and configuration, preferred well location…

_____ 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

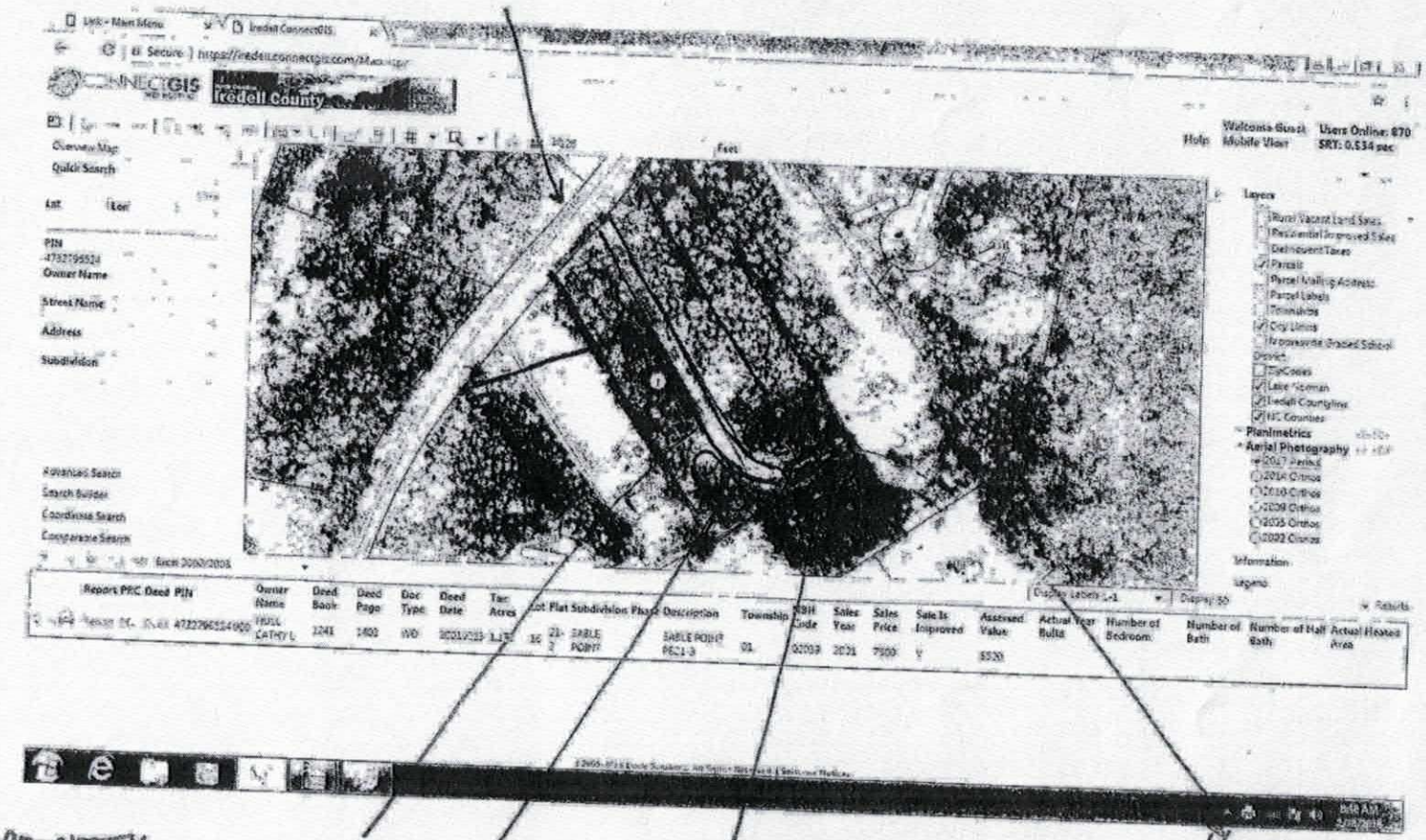


USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED

Signature: _____
REQUIRED property owner or owner's legal representative signature.

4/24/10
DATE



PROPERTY CORNERS ARE MARKED

SEPTIC AREA / REPAIR

SEPTIC AREA / REPAIR

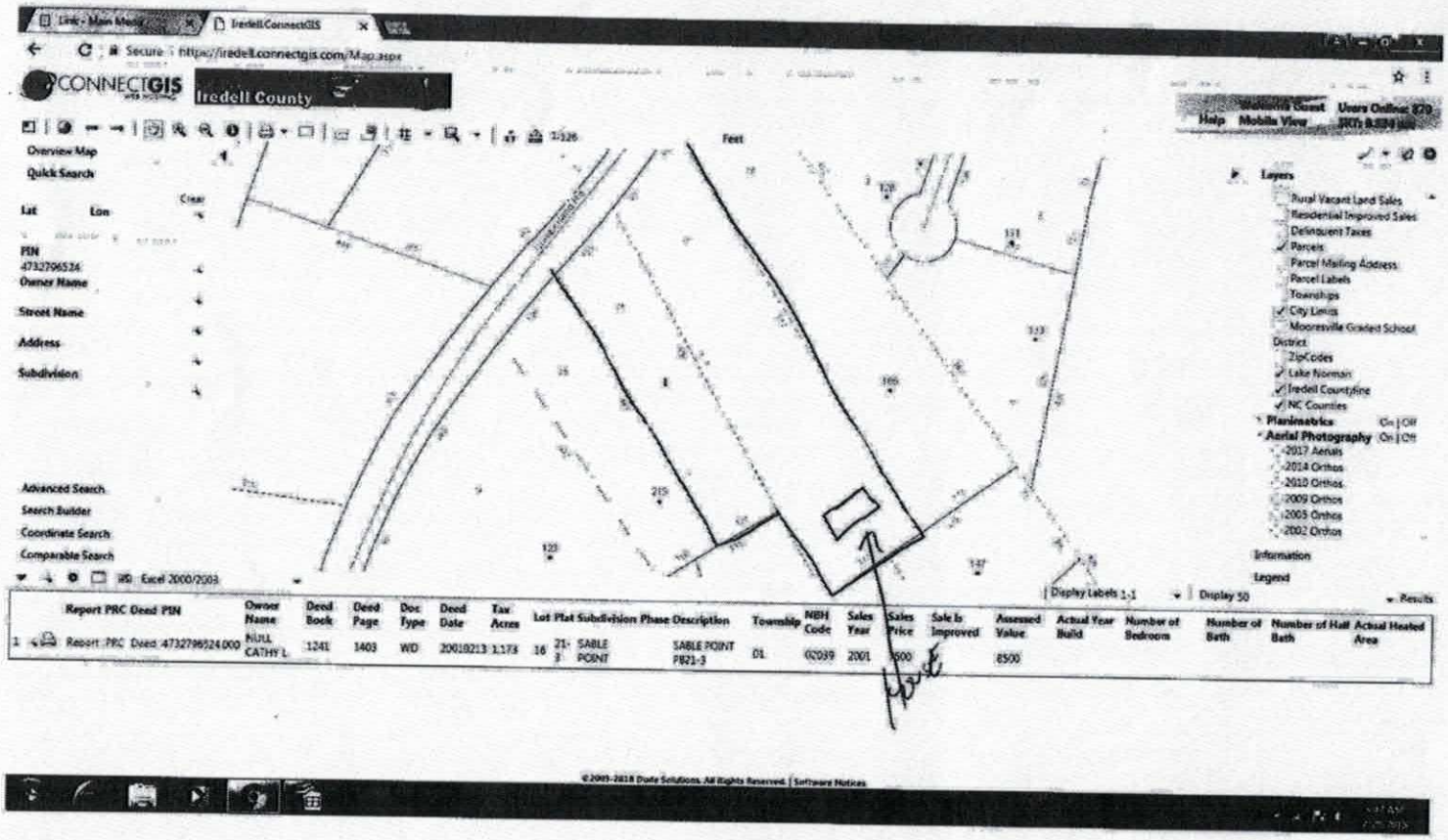
PROPOSED WELL AREA

SET BACKS
F = 7100'
B = 83'
L = 29'
R = 69'

HOME 76'/28'

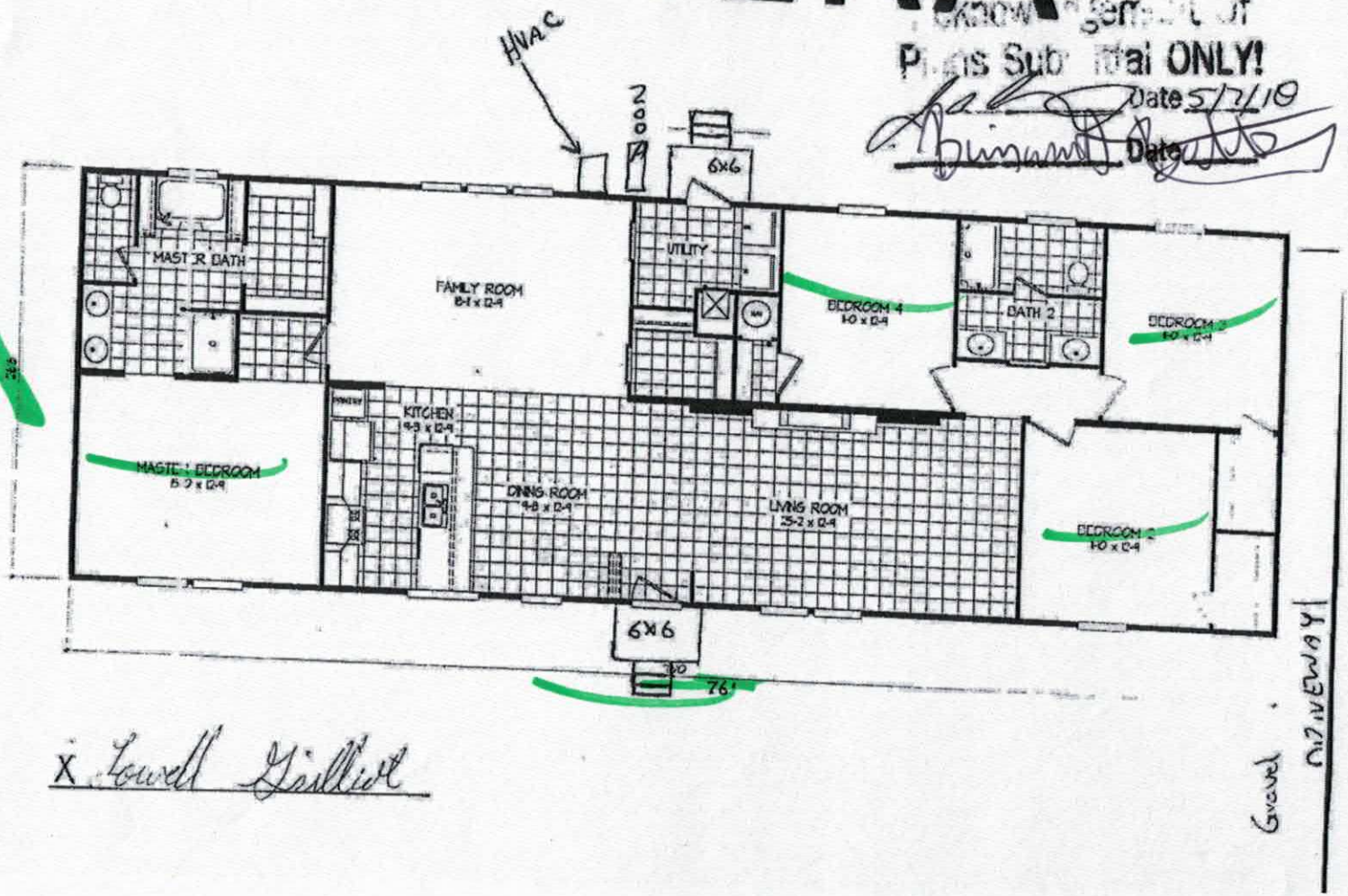
CORNERS ARE MARKED

→ NEED TO CHECK TO SEE WHICH AREA WOULD BE BEST TO PLACE SEPTIC


Iredell County
Overview Map
Quick Search
Lat
Lon
PIN
4732796524
Owner Name
Street Name
Address
Subdivision
Advanced Search
Search Builder
Coordinate Search
Comparable Search
Layers
Rural Vacant Land Sales
Residential Improved Sales
Delinquent Taxes
Parcels
Parcel Mailing Address
Parcel Labels
Townships
City Limits
Mooresville Graded School District
ZipCodes
Lake Norman
Iredell County Fire
NC Counties
Planimetrics
Aerial Photography
2017 Aerials
2014 Orthos
2010 Orthos
2009 Orthos
2005 Orthos
2002 Orthos
Information
Legend
Report PRC Deed PIN
1 Report PRC Deed 4732796524 000
Owner Name HULL CATHY L
Deed Book 1241
Deed Page 1403
Doc Type WD
Deed Date 20010213
Tax Acres 1.173
Lot 16
Plat Subdivision Phase 21-3 SABLE POINT
Description SABLE POINT PB21-3
Township 01
NBH Code 02039
Sales Year 2001
Sales Price 8500
Sale Is Improved
Assessed Value 8500
Actual Year Built
Number of Bedroom
Number of Bath
Number of Half Bath
Actual Heated Area
Display Labels 1-1
Display 50
Results
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RIVIERA

Exhibit C



Plans Submittal ONLY!

Date 5/7/18

Date 6/22/2018.

X Lowell Gilliat

IREDELL COUNTY

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

APPLICATION NUMBER
235422
Issue Date: 05/07/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4732797632.000	208 CUMBERLAND ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: NULL CATHY L	Applicant: CLAYTON HOMES OF STATE
Address: 144	Address: 2026 NORTHSIDE DR
IREDELL CO, NC 28625	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
DW NEW	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.440	35.00	35.00	15.00	15.00	NO	X

Remarks:

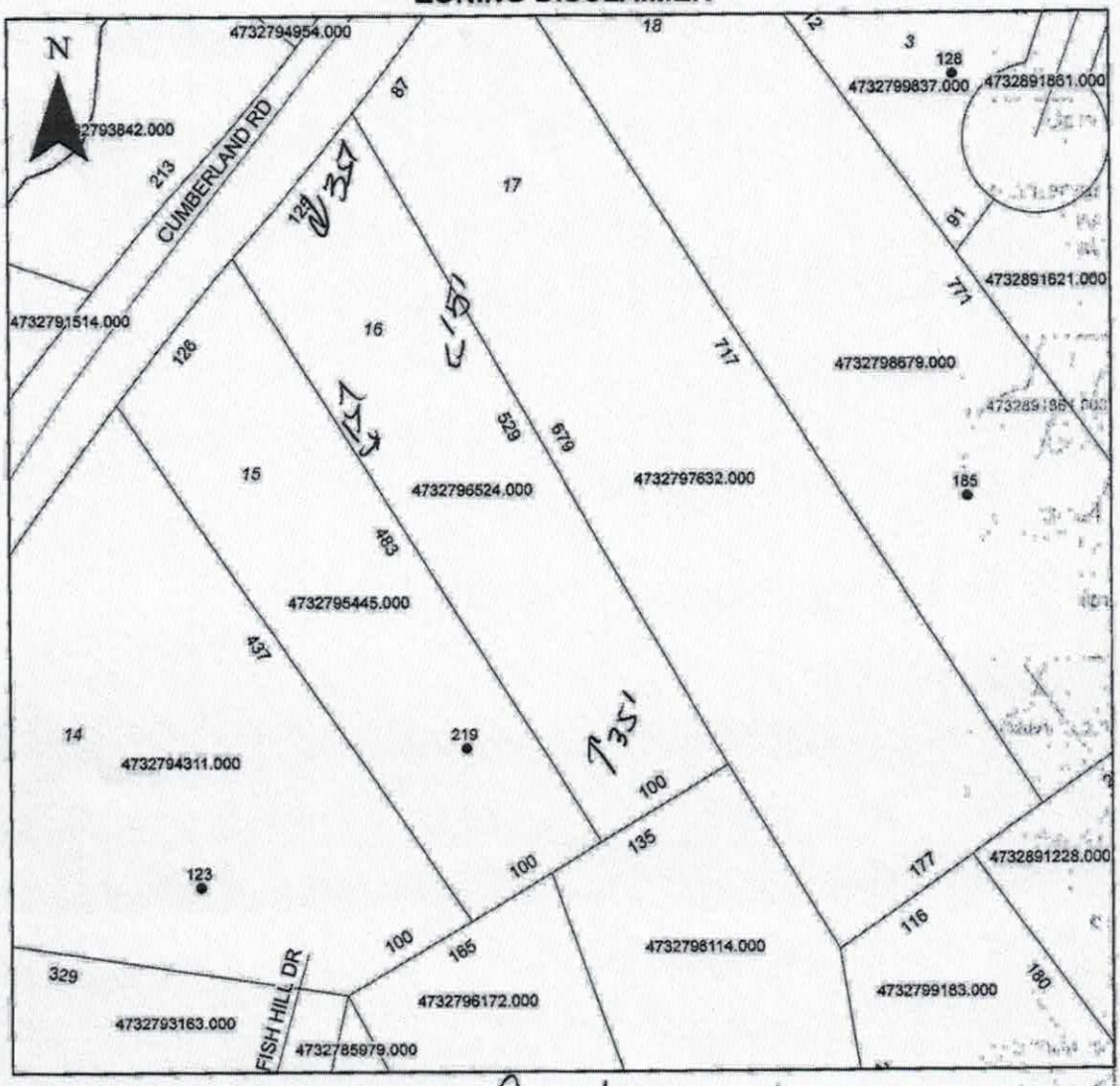
REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections 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 less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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	137923	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 208 Cumberland 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

5/7/18
Date