IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230830

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

PIN # 4735096680.000

APPLICANT/OWNER: Clayton Homes / Nute Shelton APPLICANT ADDRESS: 2026 Northside Dr. Statesville NC 28625

SITE ADDRESS: 139 Fieldstone Farm Drive Statesville NC 28625 PHONE: 704-873 2547 ALT. PHONE 704-677-3930

SITE DIRECTIONS: 115 N. Wilkesboro Hwy TR on Fieldstone Drive property on left Lot #5 SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Fieldstone Farm SECTION: ~ LOT # 5 LOT AREA: .69 Acres DESIGN FLOW: 240 gpd L.T.A.R.: .25

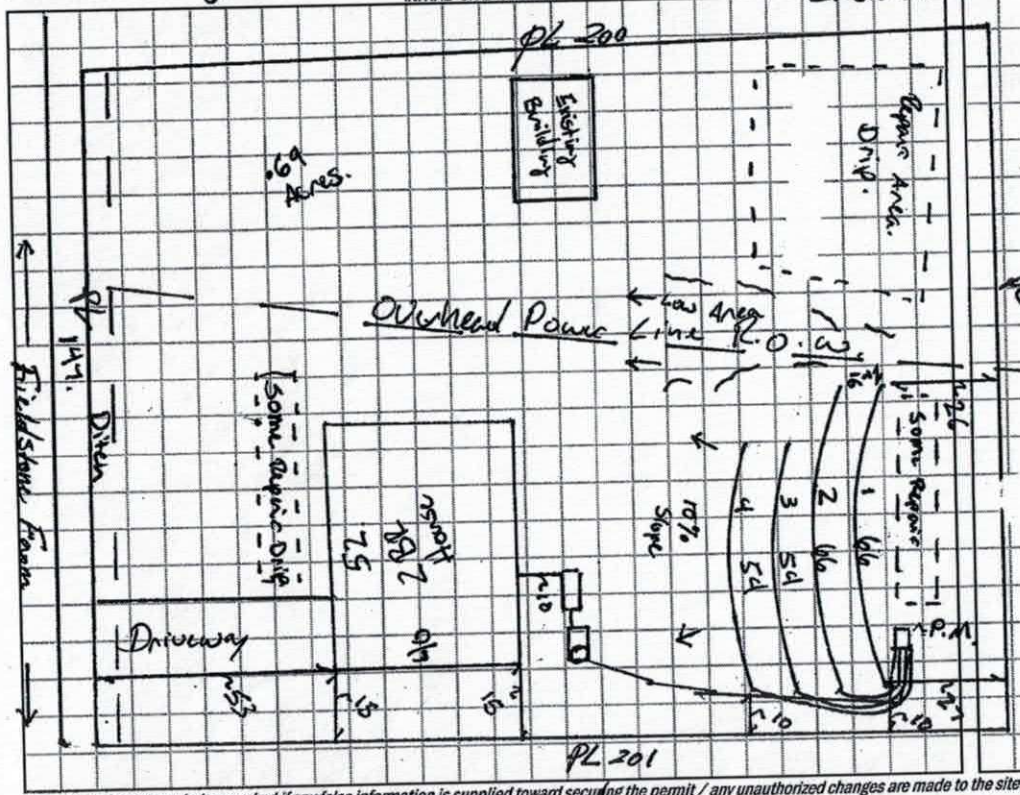
Septic Tank	1000 (gal)	STB	1012	Date	9-30	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 2
Pump Tank	1000 (gal)	PT	17	Date	8-29	System Description:	Pressure manifold - 25% Reduction	☐ Business	No. Persons 4
Pump Make	GOULDS	Model	WE03I2MU	Serial #		Repair System Description:	Drip	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	240	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	26	Gravel Depth	~		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Septic Drainlines on the contour of the Land + utilize Pressure manifold Distribution as follows: Line 1 1/2 sch 40 @ 7.11 Line 2 1/2 sch 40 @ 7.11, Line 3 1/2 sch 80 @ 5.48, Line 4 1/2 sch 80 @ 5.48. Dose @ 25.18 gpm with a 5 in Drawdown. TDH = 13ft - To be determined by Installer

System is to remain a min of 15ft from center of Powerline Right of Way.

INITIAL SITE SKETCH



AS BUILT SKETCH

1=40

2-19-17 BA
CHECKED LINES & TANKS & PM

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: 11/9/17 Installed by: STEVE JORDAN

IMPROVEMENT PERMIT by: Benjamin A Batten Date: 11/2/2017. OPERATION PERMIT by: Benjamin A Batten Date: 1/10/2018.

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batten Date: 11/9/2017. Existing System Inspected by: Date:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4735096830
COUNTY: Iredell

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

OWNER: CMH/ Shelton
APPLICATION DATE 10/11/17
ADDRESS: 2026 Northside Drive SLK
DATE EVALUATED: 10/30/17
PROPOSED FACILITY: 2BR Home
PROPOSED DESIGN FLOW (.1949): 240.
PROPERTY SIZE: .69 Acres
LOCATION OF SITE: 13a Fieldstone Farms
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	5-10%	0-5	SC GR	SS SP FR SEXP		55		MN Water Table	Drip 10YR 6/2 C24. .1 Repair
		5-24	C ABK SBK	SSSP FM					
		24-55	C ABK	SS SP FM					
2	5-10%	0-7	SC GR.	SS SP FR SEXP.		51		MN Water Table	Drip Repair 5YR 6/2 C23. .15
		7-23	C	>>SP FM SEXP.					
		23-33	CL	SS SP FR SEXP.					
		33-51	CL SXP.	SS SP FR SEXP.					
3	5-10%	0-9	SC CR	SS SP FR SEXP.		48.		MN Water Table.	Drip. Repair Expansion C28. .1
		9-29	C M	USUP EXP. C29					
		29-49	" "	" "					
4	10%	0-19	F:11	—		55.		MN Water Table.	US. 10YR 6/3 C32.
		19-32	C SBK	SSSP FM SEXP					
		32-55	CL W SBK	SS SP FR SEXP.					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240	2400
System Type(s)	III 25% R.M.	IV Drip
Site LTAR	.25	.1

OTHER FACTORS (.1946): R.O.W / Low Area /
SITE CLASSIFICATION (.1948): P.S.
EVALUATED BY: Botkins
OTHER(S) PRESENT: —

COMMENTS: * Change Application to 2BR.

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very 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.

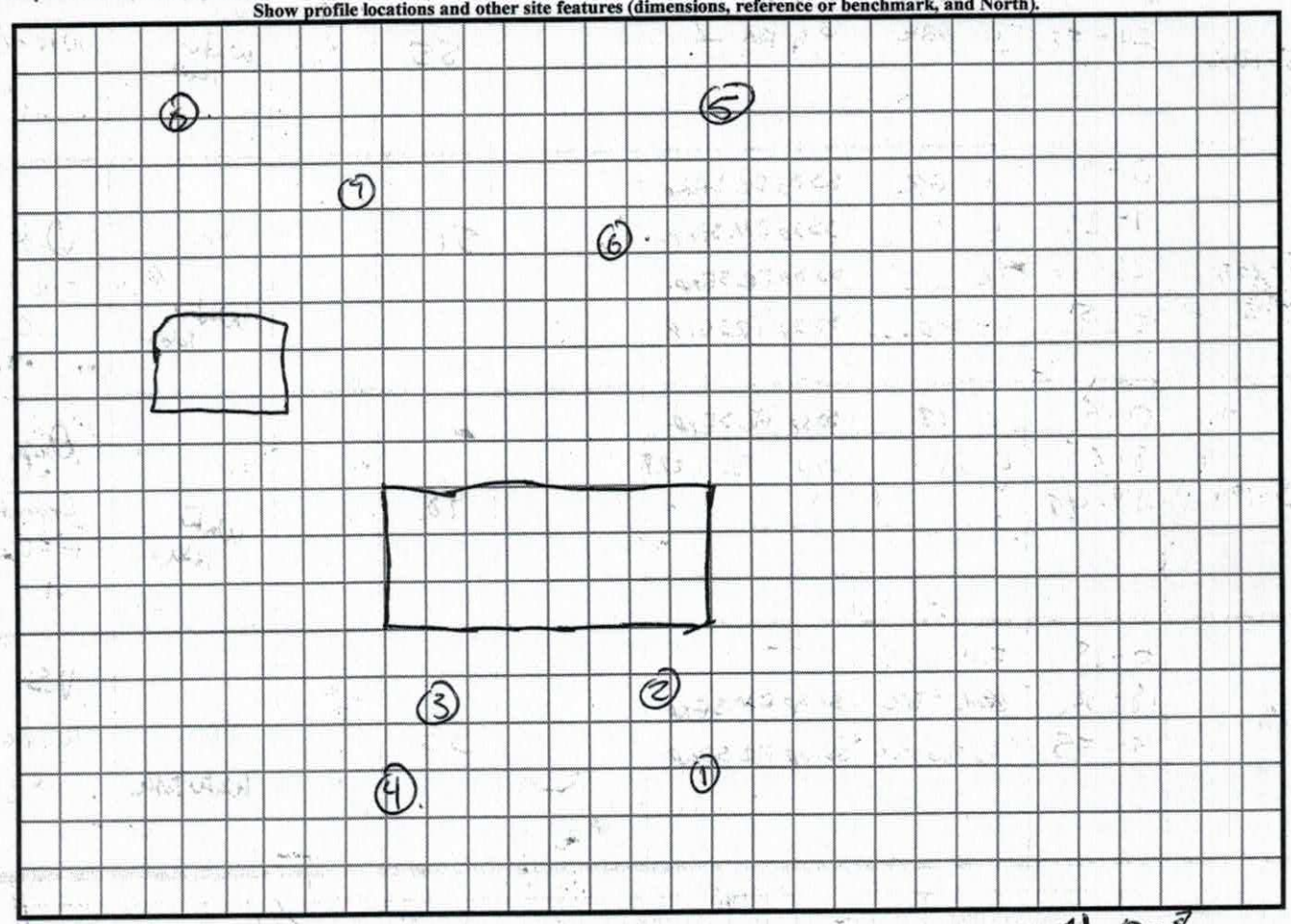
NOTES

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/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



5) 0-12 SCL
12-23 C SBK
23-55 CL WSBK

PS .25
TB
C2flow.

6) 0-6 SCL
6-32 C
32-56 CL

PS .25
TB.
26. H.S.

7). 0-8
8-24
24-31 - From RCSP.
31-62.
Deep Explain

Chroma 2 Trash

8). 0-8
8-24
24-44

PS .25

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

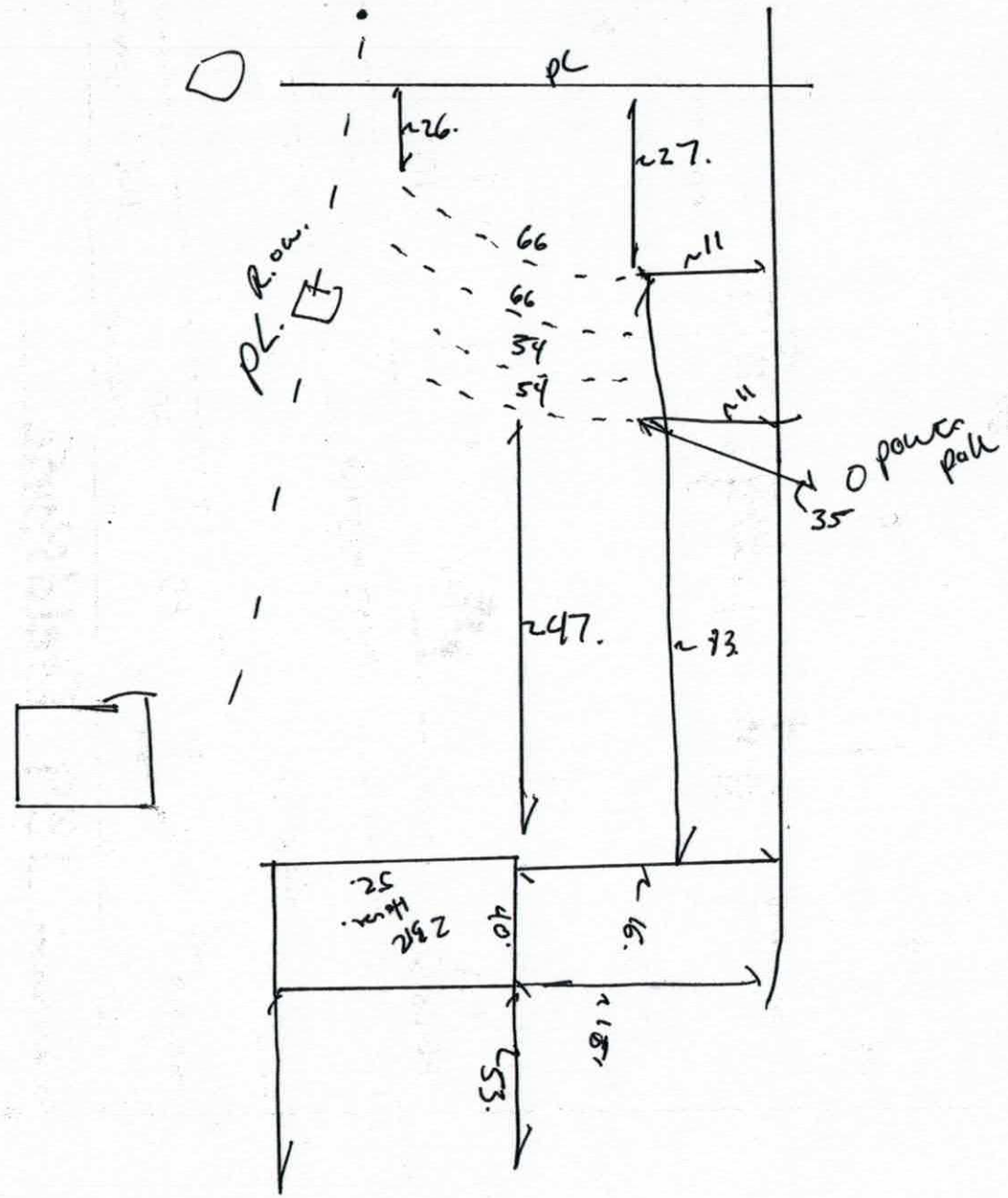
PROPERTY ID #: 4735096680.
DATE OF EVALUATION: 10/30/2017
COUNTY: Iredell

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	10%	0-12	SCL WSBK	SS SP FR SEXP	2.5YR 4/6.	53	—	N/A	PS .25 TB 28 Low Sil.
		12-23	C SBK	SS SP FM					
		23-53	CL WSBK	SS SP FR					
6	10%	0-6	SCL WSBK	SS SP FR SEXP	2.5YR 4/6.	56	—	N/A	PS .25 TB 26 Low Sil.
		6-32	C SBK	SS SP FM					
		32-56.	CL WSBK	SS SP FR					
7	10%	0-8	SCL WSBK	SS SP FR SEXP.	Chroma 2 throughout.	31	Loamy Sap	Chroma 2 Block	PS .2. Deep Rippin
		8-24	C SBK ABK	SS SP FM SEXP.					
		24-31	RC SAP	FM SEXP					
		31-62.	Loamy Sap. M	NS NP FR SEXP.					
8.	10%	0-8	SCL WSBK	SS SP FR SEXP.	—	44	Loamy Sap.	N/A	PS .25 Rippin
		8-24	C SBK	SS SP FM SEXP.					
		24-44	CL WSBK	SS SP FR SEXP.					
		44-62.	Loamy Sap. M	NS NP FR SEXP					

COMMENTS:

Grad Elev 3'5 @ DF
Grad Elev @ Tank 12'0

12'Ht. Head.



+ Easement into R.O.W For Repair.

P.b 10/30 e:11

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Clayton Homes Address: 2096 Northside Dr. Statesville NC Zip: 28625
Applicant Email: R092@claytonhomes.com Phone: 704-873 2547 Alt. Phone: 704-677-3930
Owner Name: Nate Shelton Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: fieldstone farm Rd. Statesville NC 28677
Subdivision Name: 139 fieldstone farm Dr. Statesville NC 28625 Section/Phase: _____ Lot Number: _____
Driving Directions: 115 N. Wilkesboro Hwy TR on fieldstone Dr. property on left Lot #5

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

(X) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: _____
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: _____ 10/11/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Adam → 1-336-648-7130
Skuns

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, Nute H Shelton, am the legal owner(s) of the property located at L5 fieldsone farm PB 58, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Clayton Homes Statesville & employees, 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.

Nute H Shelton 10-11-17

Signature of Owner(s) Date

Signature of Witness 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

November 6, 2017

Mr. Nute H. Shelton
139 Fieldstone Farm Rd
Statesville, NC.

Mr. Shelton,

EnergyUnited has been contacted to grant permission to install a septic system within the limits of a right-of-way corridor maintained by the cooperative at 139 Fieldstone Farm Dr., Statesville N.C.
EnergyUnited does not have jurisdiction over land usage on privately owned property other than restrictions pertaining to structures erected in close proximity of energized lines. Our definition of structures is a physical building or other construction that will limit accessibility to the overhead facilities within the 30 foot right-of-way crossing to the back of the Lot or restrict the safe operation of the facilities.

There may be cases in which the cooperative may request the placement of drain lines to be adjusted where underground facilities exist. It is the responsibility of the landowner (or landowner's contractor) to make the necessary notifications for marking and / or locating of any buried facilities prior to excavating.

EnergyUnited would also want it understood by the landowner that we would not be liable for damage to drain fields / and or septic systems installed within the limits of the easement as a result of our access into the right-of-way.

Sincerely,
Tony Gray
EnergyUnited Electric Membership Corporation

Tony Gray

Tony Gray

Accepted by:

Name: [signature] Clayton Homes of Statesville

Date: 11/7/17

LANDOWNER: Nute H Shelton

DATE: 11-9-17

230830
85827

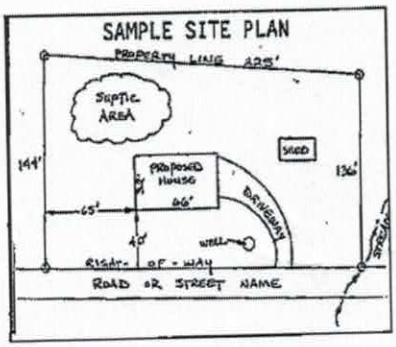
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

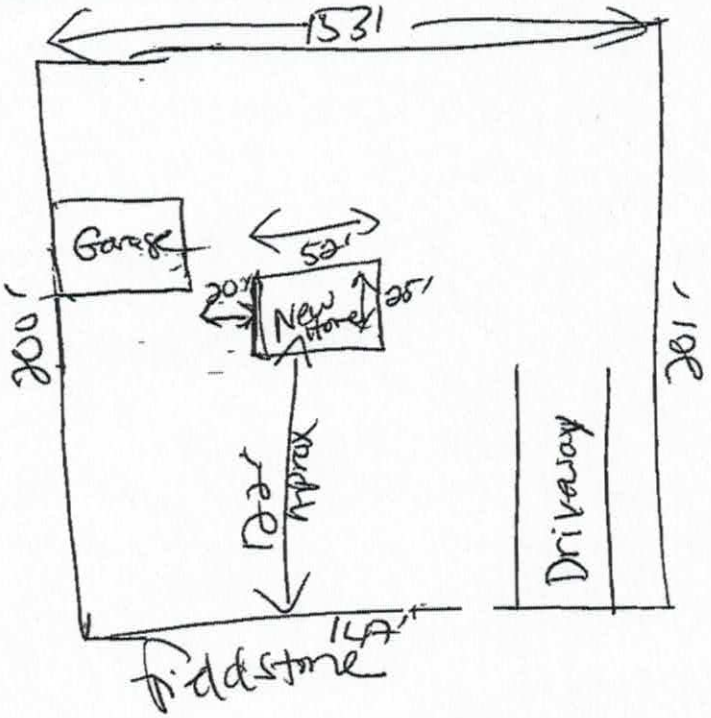


Circle N/A on the following if appropriate:

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



Signature: _____

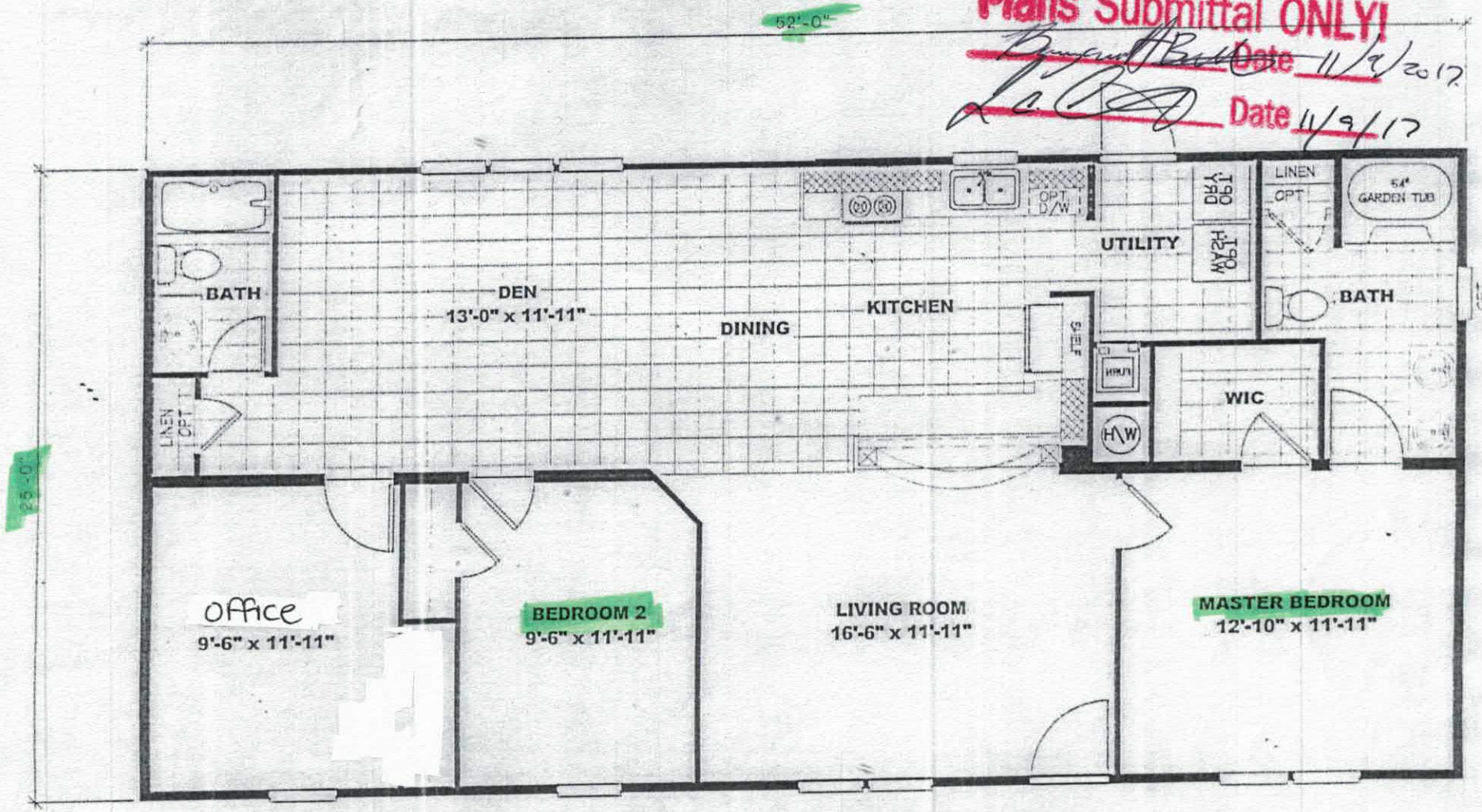
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/11/17
DATE

11/7/17 CLAYTON HOMES OF STATESVILLE

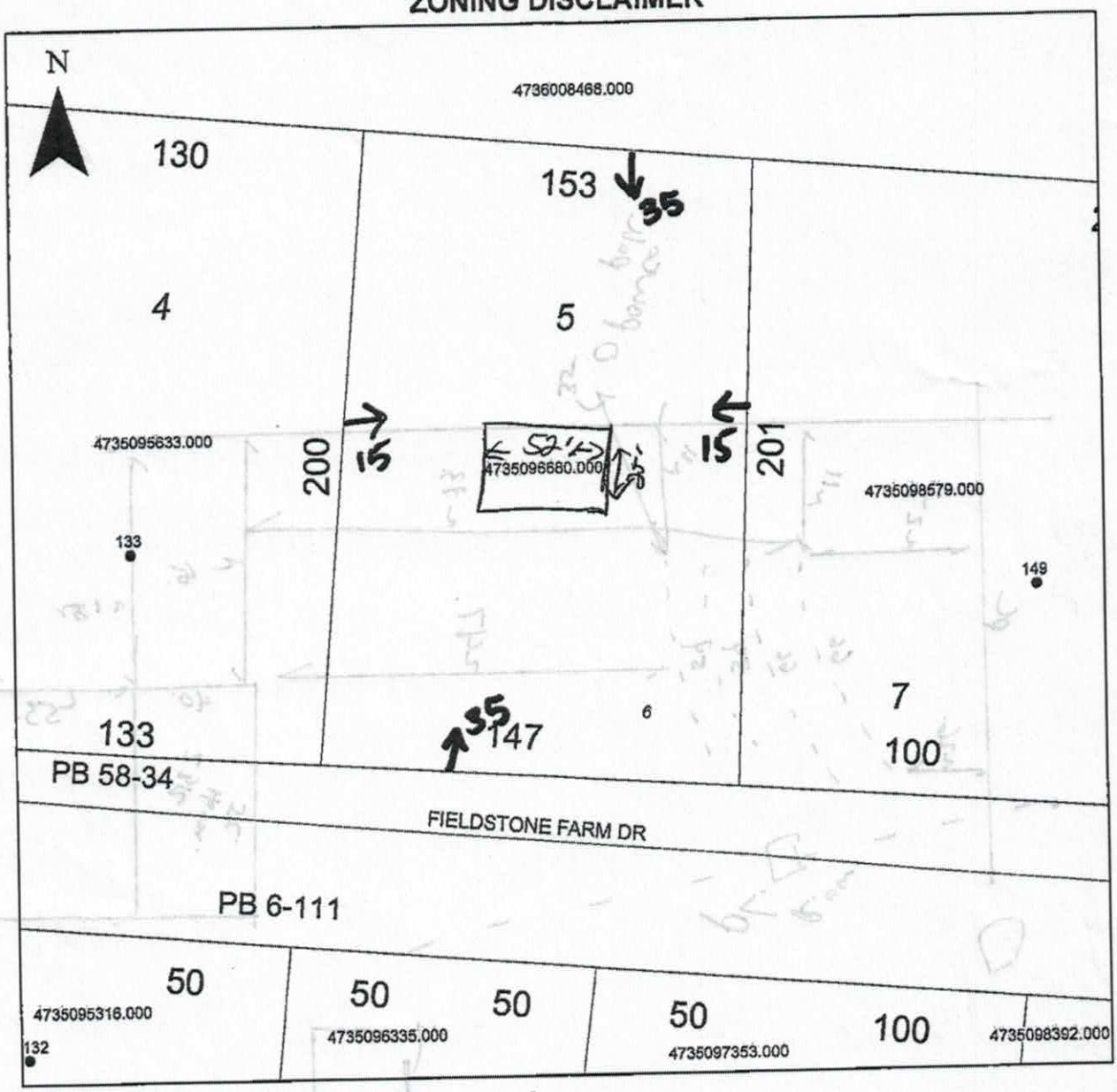
WYNN

Acknowledgement Of Plans Submittal ONLY!
Date 11/9/2017
Date 11/9/17



25 WIDE
(THREE BEDROOM STANDARD)

ZONING DISCLAIMER



Property Address 139 Fieldstone

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.

X _____
Applicant

X 10/14/17
Date