ICHD–ENVIRONMENTAL HEALTH DIVISION KW

Statesville Office (704) 878-5305 (11) Mooresville Office (704) 660-3625 PERMIT # 247024

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

PIN # 4738705910

APPLICANT/OWNER: Clayton Homes of Statesville APPLICANT ADDRESS: 2026 Northside Dr Statesville, NC 28677

SITE ADDRESS: 168 Bluegill Ln. Statesville, NC 28625 PHONE: 704873-2547 ALT. PHONE 704 929-1552 Adam

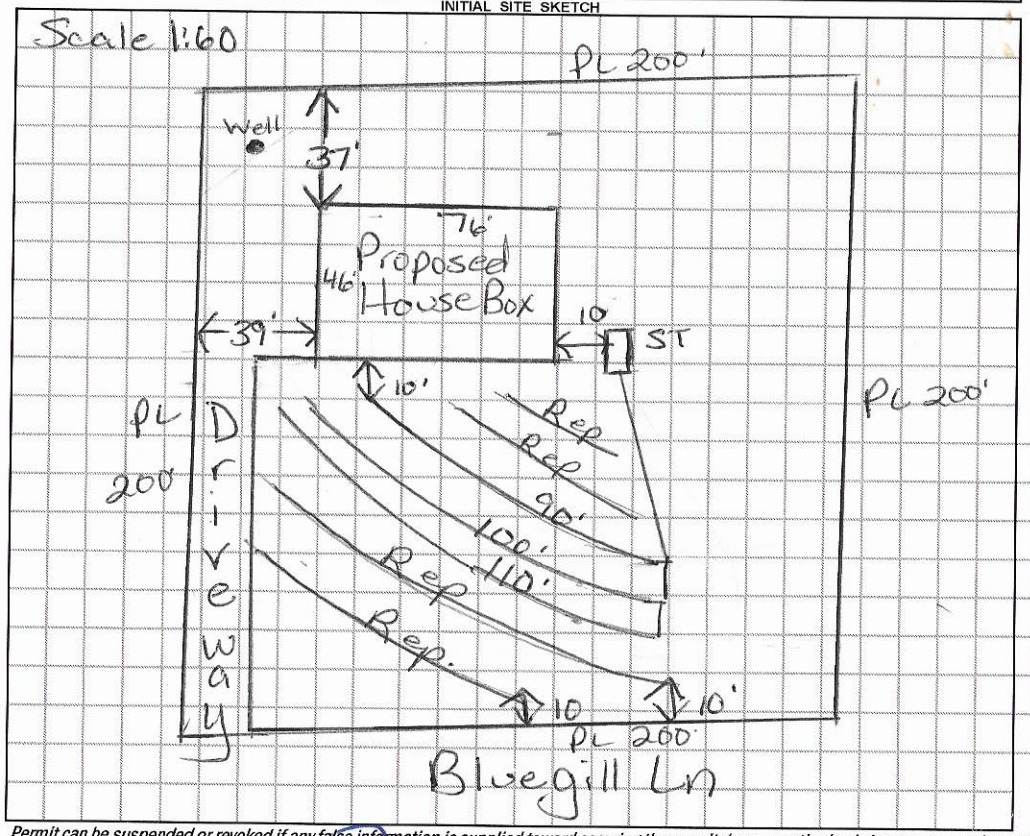
SITE DIRECTIONS: NC 115 N TR S Chipley Ford Rd TR Bluegill Lane on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: JR Redmond Estate SECTION: LOT # 2 LOT AREA: .91 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3

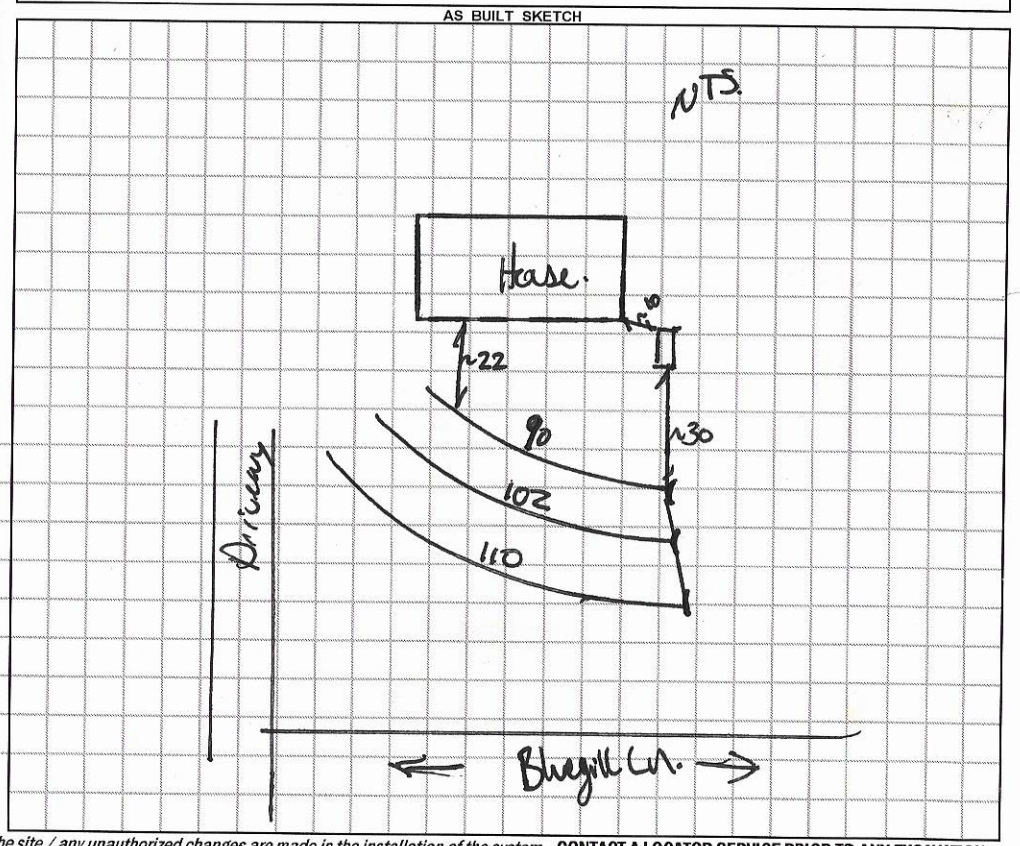
Septic Tank	1000 (gal)	STB 1012	Date 11-9-19.	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Gravity- 25% Reduction	☐ Business	No. Persons	6	☒ Private
Pump Make		Model	Serial #	Repair System Description:	25% Reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 3	Linear Ft 300ft	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	34"	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Divert Storm/Surface water away from Septic System.

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: [signature] Date: 9/12/19 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Maria Robson Date: 9/11/19 OPERATION PERMIT by: Benjamin D. Baldwin Date: 2-19-2020

AUTHORIZATION TO CONSTRUCT by: Maria Robson Date: 9/11/19 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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4738705710
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Applicant
OWNER: Clayton Homes of Statesville
ADDRESS: 2026 Northside Dr Statesville, NC
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 176 Bluegill Ln Statesville, NC
APPLICATION DATE: 7/26/19
DATE EVALUATED: 8/9/19
PROPERTY SIZE: .91 Ac
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4 to 10	0-10	Brn SCL	wSBK SS, SP, SEXP, FR					PS .3
		10-36	RCL	wSBK SS, SP, SEXP		FR			
		36-48	RC/SCL	wSBK SS, SP, SEXP	—	Fi- 48"			
2	5%	0-8	Brn SCL	wSBK SS, SP, SEXP, FR					PS .3+
		8-19	RCL	wSBK SS, SP, SEXP, FR					
		19-48	RCL	w SBK SS, SP, SEXP, FR w/ Common Mica	—	48"			
		48-52	LSAP	M/L massive					
3	4%	0-6	Brn SCL	wSBK SS, SP, SEXP, FR					PS .3+
		6-15	RL	m-w SBK SS, SP, SEXP, FR					
		15-50	RL	w SBK SS, SP, SEXP, FR w/ Common Mica & SAP Inclus	—	50"			
		50-54	LSAP	massive FR					
4	5%	0-7	Brn SCL	wSBK SS, SP, SEXP, FR					PS .3
		7-23	RCL	m-w SBK SS, SP, SEXP, FR					
		23-48	RCL	w SBK SS, SP, SEXP, FR w/ Common Mica & SAP Inclu	—	48"			
		48-58"	LSAP	massive FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT:

COMMENTS:

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	NEXP (Non-expansive) 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)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

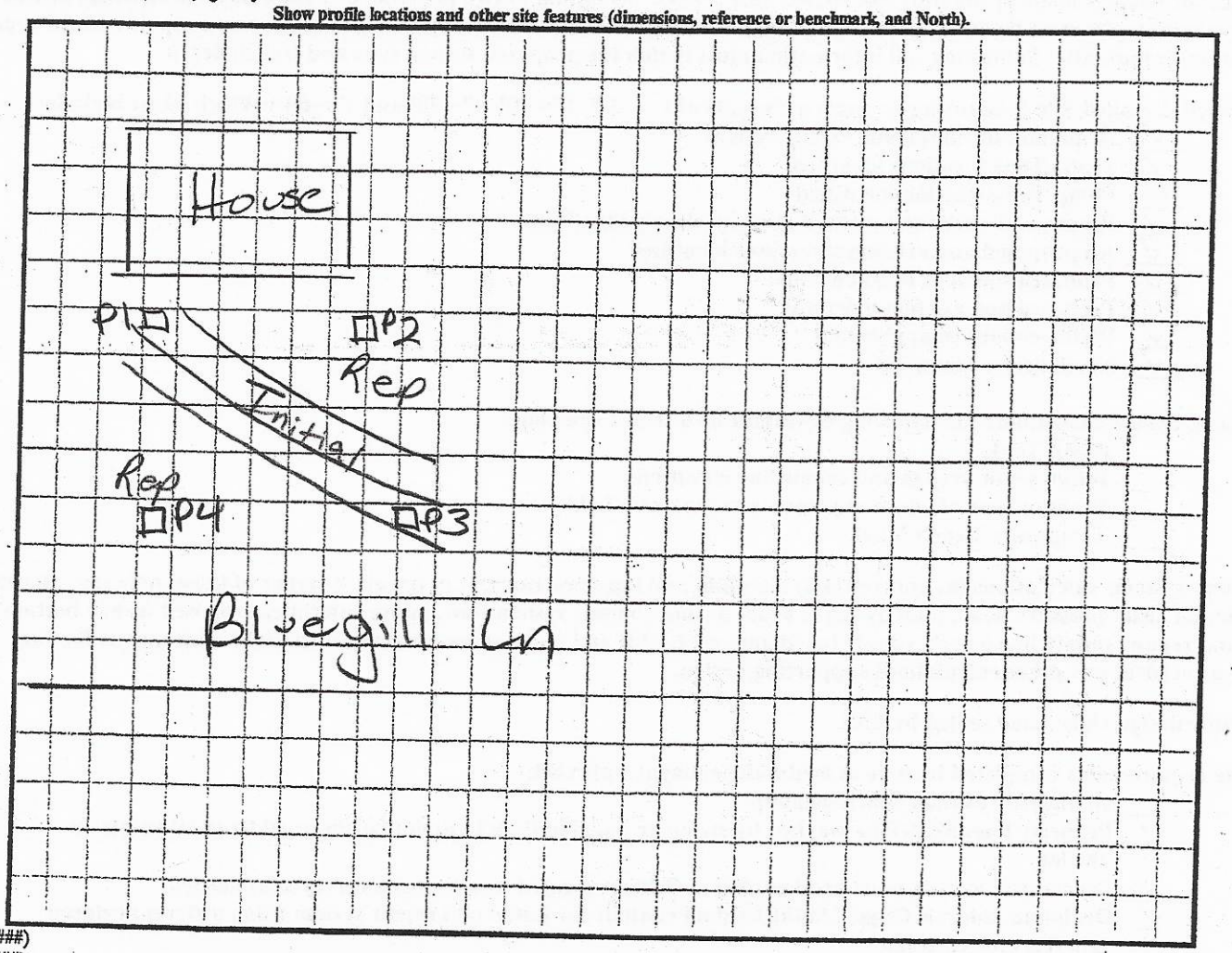
NOTES

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).



DENR (######)
Review (#####)

247024

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

$500 pd

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (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: 2072@claytonhomes.com Phone: 704 873 2547 Alt. Phone: 704 929 1552 Adam

Owner Name: Calvin Johnson Address: 3207 Davis Gilley Dr Ashville Zip: 28803

Owner Email: _____ Phone: 704 929 3602 Alt. Phone: _____

Property Information:

Street Address: 176 Bluegill Lane Statesville
168

Subdivision Name: JR Redmond Est Section/Phase: — Lot Number: 11

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: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(X) New Well ( ) 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: 25%

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?

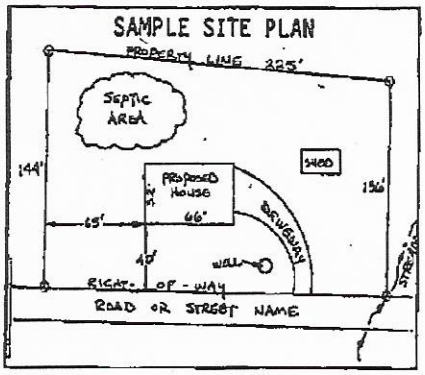
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 7/26/19
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

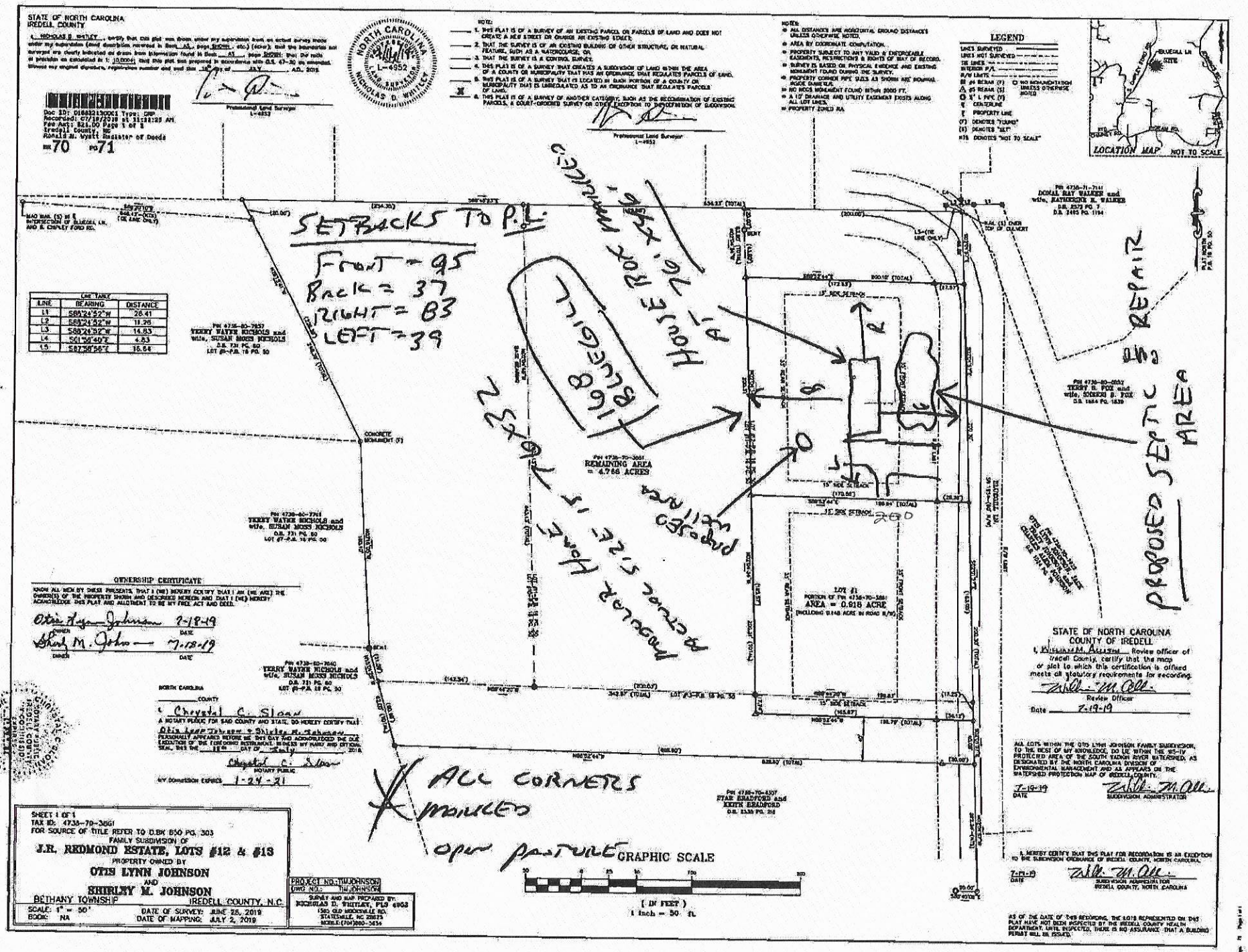
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 PLAN

Signature: _____ 7/26/19

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


SETBACKS TO P.L.
FRONT = 95
BACK = 37
RIGHT = 83
LEFT = 39
PROPOSED SEPTIC REPAIR AREA
PROPOSED HOME SIZE = 1,782 SF
PROPOSED WELL AREA
HOUSE
LOCATION MAP
NOT TO SCALE
ALL CORNERS MARKED
OPEN PASTURE
GRAPHIC SCALE
(IN FEET)
1 inch = 50 ft.

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Irvin Talbert Jr, am the legal owner of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Clayton Homes of Statesville _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Irvin Talbert — 5-17-19
Signature of Owner — Date

[signature] — 5.17.19
Signature of Witness — Date

Exhibit A
5/8/19

Same as Kimberly
Ship lap behind cabinets here

38 lot Plan Submittal ONLY!
Date 9/11/19
Date 8-26-19
Date ~~8-26-19~~

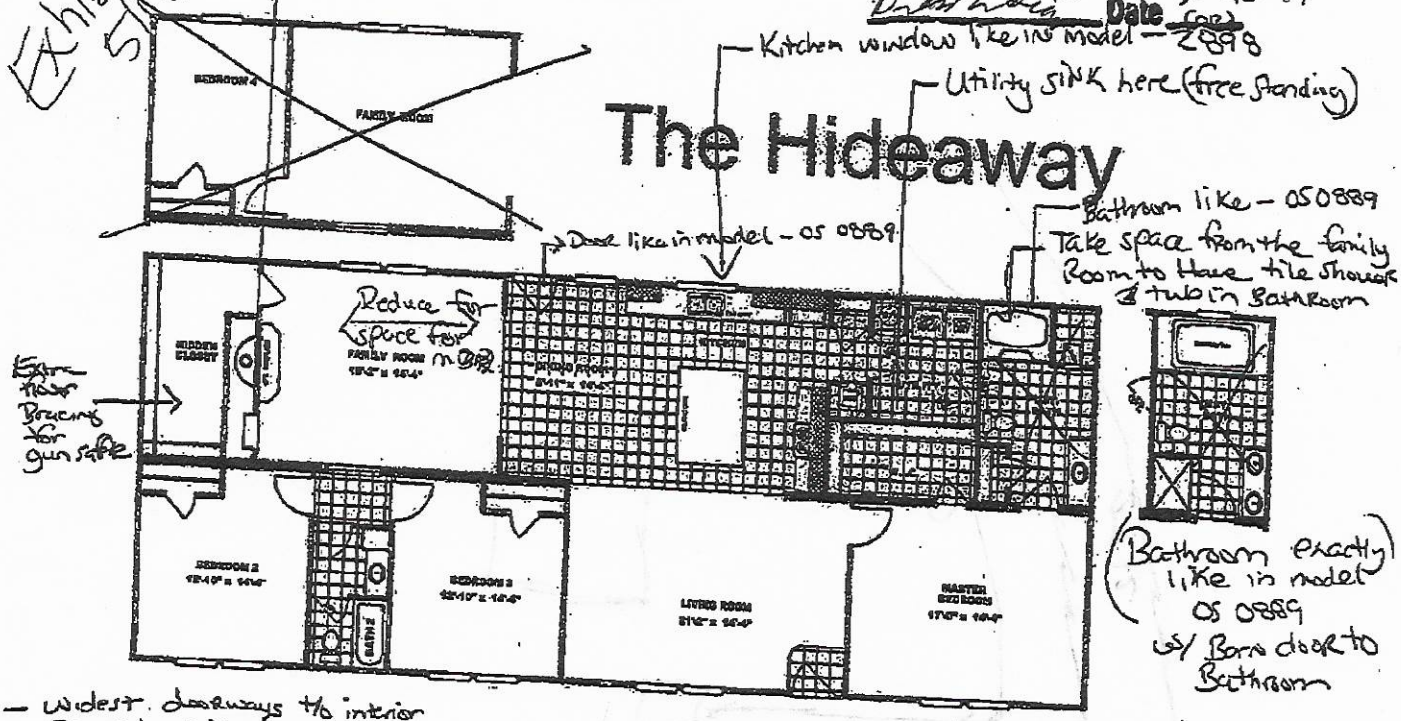
Kitchen window like in model – 2898

Utility sink here (free standing)

The Hideaway

Door like in model – OS 0889

Bathroom like – OS 0889
Take space from the family Room to have tile shower & tub in bathroom



(Bathroom exactly like in model OS 0889 w/ barn door to Bathroom

- Widest doorways t/o interior
- Smooth ceilings
- Barnwood flooring throughout – NO carpet
- Off frame modular
- Best Insulation
- Cabinets like model – OS 0889
- 9' ceilings
- Appliances like – OS 0889
- Ship lap in kit behind cabinets like in model – OS 0889
- Ceramic tile behind stove in kit.
- Cornices above windows
- NO Dormer / Gable outside t/o Roof only w/ 30 yr. shingles

IREDELL COUNTY

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

APPLICATION NUMBER
247024
Issue Date: 07/26/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4738705910.000	168 BLUEGILL LANE, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: JOHNSON OTIS L+SHIRLEY J	Applicant: CLAYTON HOMES OF STATE
Address: 193 BLUEGILL LANE	Address: 2026 NORTHSIDE DR
STATESVILLE, NC 28625	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
MODULAR HOME	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	PASY	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	186756	TOTAL FEES:	$ 77.25