IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 224388

APPLICANT: Clayton Homes APPLICANT ADDRESS: 2026 Northside Drive Raleigh, NC

PIN # 4743-11-1044

SITE ADDRESS: 112 Boyner Lane Statesville, NC 28677 PHONE: 704-893-2547 ALT. PHONE:

SITE DIRECTIONS: Amity Hill Rd W from I-77 → L on Moose Club Rd → R on Skynka Rd → R on Boyner Lane → Lot on Right

SUBDIVISION: Apple Valley SECTION: LOT # 3 LOT AREA: 0.770 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

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"	Max. Trench Bottom Depth	30"-36" [high side]		Gravel Depth	—			

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

System Description: 25% Reduction

Repair System Description: 50% Reduction LP-PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space

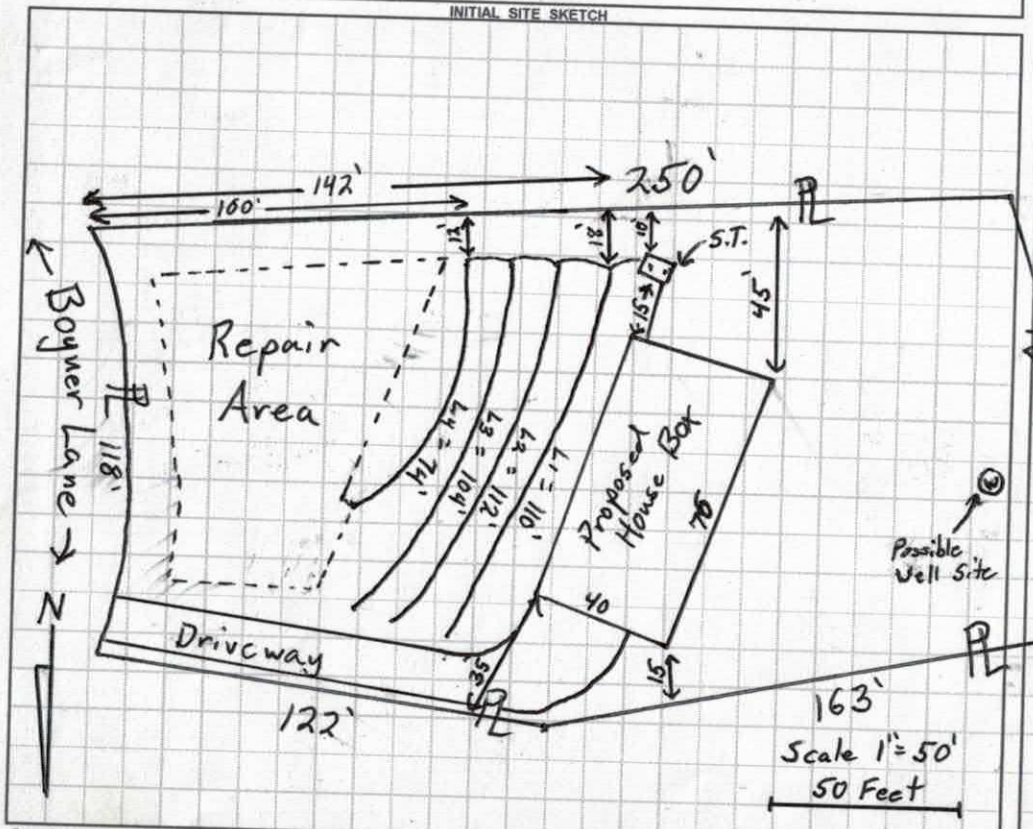
Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years.

Installed as permitted.

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: 3/3/17 Installed by: Tim Abee

IMPROVEMENT PERMIT by: Tom Shuck Date: 3/3/17 OPERATION PERMIT by: Benjamin A. Bolkins Date: 6/15/17.

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/3/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Septic Tank Only) - PINK

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

Sheet ___ of ___
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Fox Den Acres
ADDRESS: 1101 Lester Mullis Rd. Indian Trail, NC
PROPOSED FACILITY: 4BR House
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: Apple Valley Lot 3 112 Boyner Lane Troutman
APPLICATION DATE: 1-16-17
DATE EVALUATED: 2-17-17
PROPERTY SIZE: 0.77 acres
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	≈ 16% LS Primary Upper	0-10	SCL w. SBK	Sl. Friable, SS, Sp, Sexp	–	38" (Saprolite vein [6"] to 24")	–	–	0.3 PS
		10-24	Clay w. SBK	Sl. Firm, SS, Sp, Sexp					
		24-38	Clay Loam w. SBK some Sap	Friable, SS, Sp, Sexp					
		38-70"	Saprolite MA (Loamy) + Sandy	well Drained + Very Friable					
2	≈ 15% TS Primary Distal	0-10	SCL		–	54	–	–	0.3 PS
		10-31	Clay w-m SBK	Sl. Firm, SS, Sp, Sexp					
		31-54	Clay Loam + some Saprolite w/ SBK	Sl. Friable, SS, Sp, Sexp					
		54-78	MA Loamy Saprolite w/ some clay indications	Friable + Moderately Drained					
3	toe Slope ≈ 14% Repair (Road Ditch Header)	0-2	SCL v. w. SBK	Very Firm, SS, Sp, Sexp	–	44	–	–	0.3 PS 0.4 Deep [in Saprolite]
		2-10	Clay v. w SBK	Very (compaction) Firm SS, Sp, Sexp					
		10-32	Clay w-m SBK	Sl. Firm, SS, Sp, Sexp					
		32-44	Clay Loam v. w SBK some Trace Sap	Sl. Friable, SS, Sp, Sexp					
		44-70	MA Loamy Saprolite	Very Friable + well Drained					
4	toe slope ≈ 15% Repair Distal	0-10	Sandy Clay Loam w. SBK	Sl. Firm, SS, Sp, Sexp	–	38"	–	–	0.3
		10-30	Clay w-m SBK	Sl. Firm, SS, Sp, Sexp					
		30-38	Clay Loam w. SBK some Sap	Sl. Friable, SS, Sp, Sexp					
		38-62	MA Loamy Saprolite	Friable + Moderately Drained					

p. 5 on Back

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400 l.f.	350+
System Type(s)	25% reduction	50% reduction
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Kaylor

COMMENTS:

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

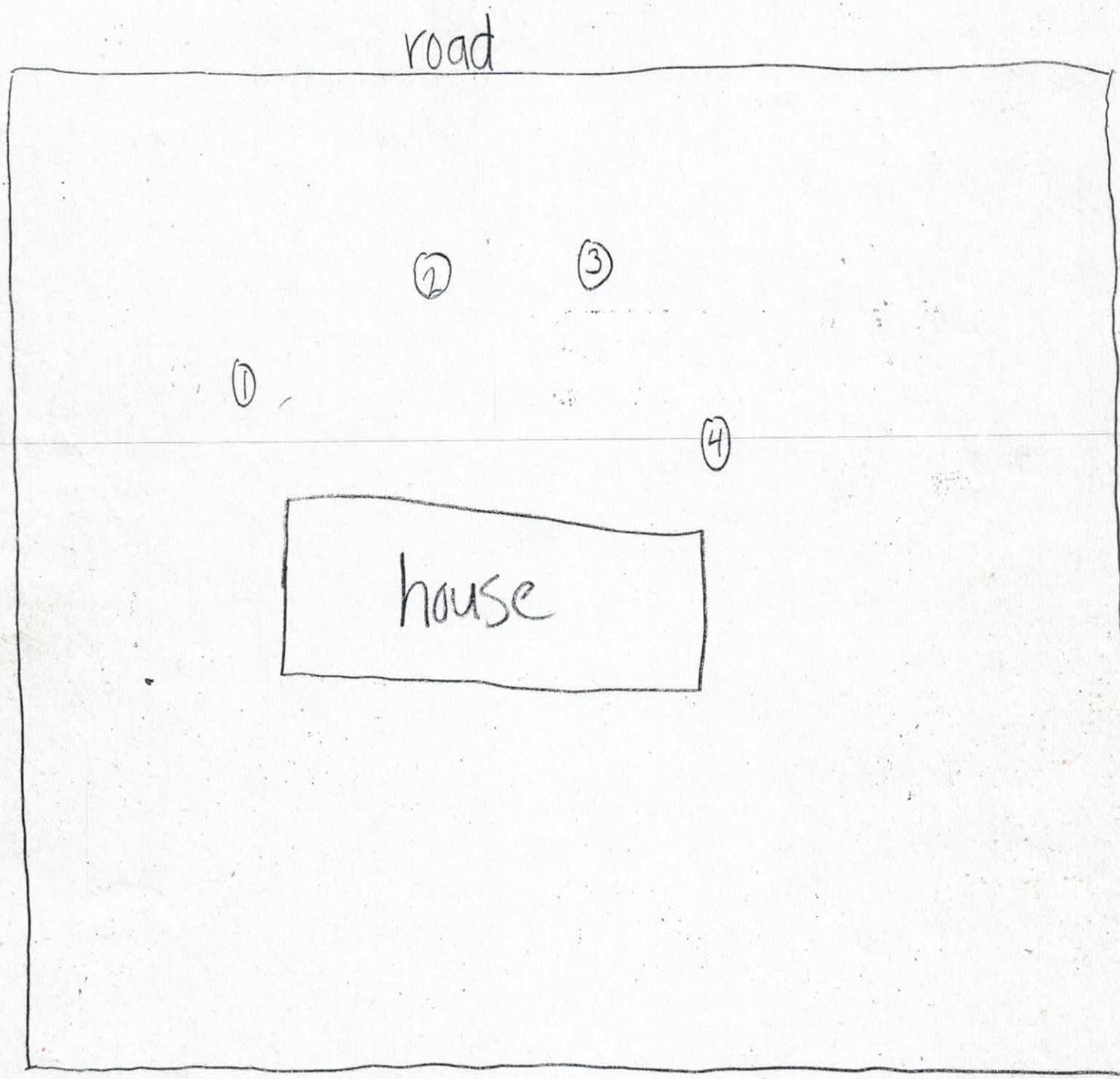
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 2-6-17
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 112 Boyner Lane Trentmm, NC 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									
2									
3	LSS ~8% slope	0-6	SCL w.w.SBK	SI. Friable, SS, Sp, Scsp	—	30"	—	—	0.3 PS [P.T needed] [Shallow-SAP]
		6-13	clay loam w.SBK trace mica	SI. Friable, SS, Sp, Scsp					
		13-22	clay w.SBK Trace Saprolite	SI. Firm, SS, Sp, Scsp					
		22-30	Clay Loam + common SAPolite w.SBK	Friable SS, Sp, Scsp					
		30-38" 38-45	Loamy Sandy SAPROLITE	very Friable + well drained					
4	LSS	0-7	SCL v.weak SBK	SI. Friable, SS, Sp, Scsp	—	45	—	—	0.3 PS
		7-14	clay Loam w.SBK	SI. Firm, SS, Sp, Scsp					
		14-27	Clay w.SBK trace Saprolite	SI. Firm, SS, Sp, Scsp					
		27-43	clay Loam w.SBK (some Saprolite)	SI. Friable, SS, Sp, Scsp					
		43-48	clay Loam w. SBK (common Saprolite)	Friable, SS, Sp, Scsp	Possible 50% Sap @ 45"+ indic				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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


road
2
3
1
4
house

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* Application for SEPTIC REPAIR PERMIT

(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 X Authorization To Construct X BOTH X 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	2026 NORTHSIDE DR.	704-873-2547	704-902-4659
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
FOX DEN ACRES	1101 LESTER MILLS ROAD INDIAN TRAIL NC 28079	704-641-5848	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
112 BOWYER LANE STATESVILLE	APPLE VALLEY	LOT # 3

Driving Directions: 77 NORTH - EXIT 45, (L) AMITY HILL CH. RD, (L) MOOSE CLUB RD, (R) SKYUKA RD, (R) ARLIE LOOP (R) BOWYER LANE SITE ON RIGHT

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
- (X) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
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 X Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes X No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes X No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Jonah A. Adams (LANE) 1/16/17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Fox Deal Acres, Inc, am the legal owner(s) of the property located at 112 Boyer Ln., Statesville NC, 28677, identified as PIN (Parcel Identification Number) 4743-11-1044, 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.

Signature of Owner(s) 1/16/17 Date

Signature of Witness 1/16/17 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:

X **Property Line measurements are clearly identified...** X **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

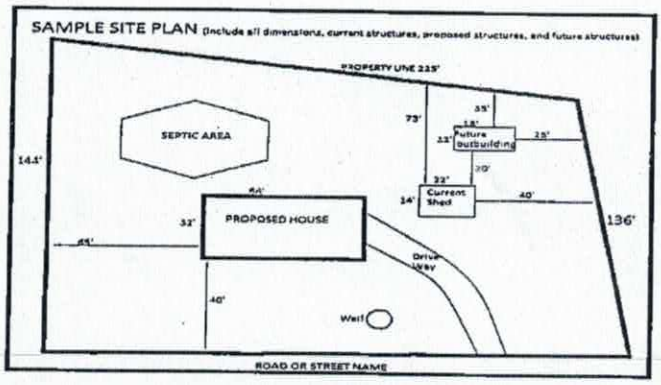
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

X **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:

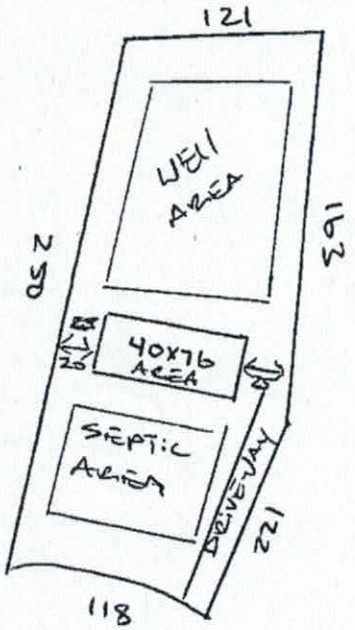
~~N/A~~ **Location of septic systems and wells within 100' of your property... N/A**

~~N/A~~ **Location of easements and rights of ways on your property... N/A** ~~N/A~~ **Location of any designated wetlands on the property... N/A**



PLEASE CONTACT
HOME OWNER
AT 704-902-4659
REGARDING
ANY QUESTIONS

USE THIS SPACE TO DRAW YOUR SITE PLAN



NOTE

EXPIRED SEPTIC PERMIT SHOWED PUMP BASED ON HOME GOING TOWARD FRONT OF LOT, WE WANT TO PUSH HOME BACK FOR A SND NON PUMP SEPTIC. I HAVE ATTACHED EXPIRED PERMIT

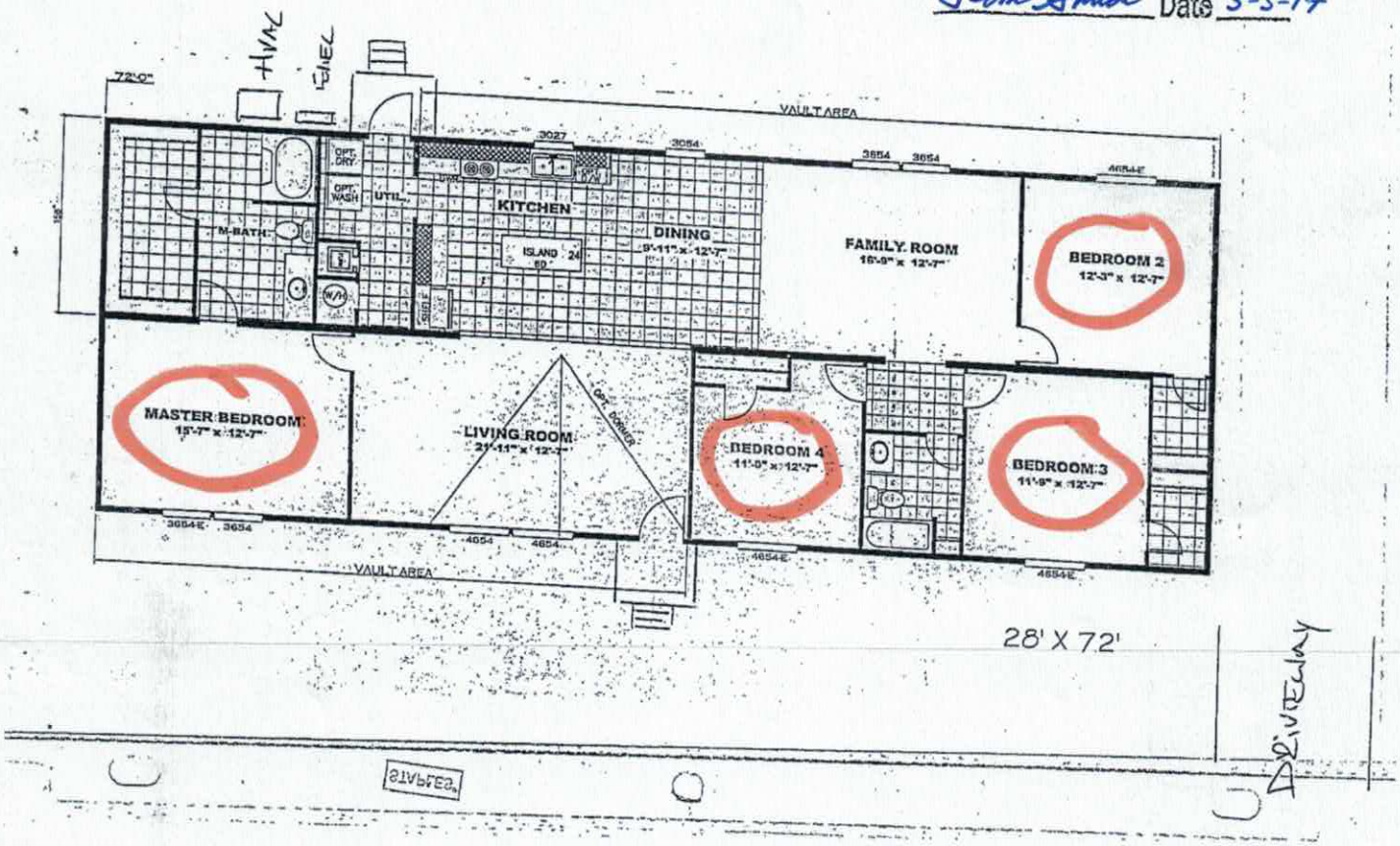
Signature: _____ (NAME)

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

1/16/17
DATE

Encore

Acknowledgement
Plans Submittal ONLY!
Brenda Lee Date 1-19-17
Tom Shud Date 3-3-17



IREDELL COUNTY

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

APPLICATION NUMBER
224388
Issue Date: 01/19/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4743111044.000	112 BOYUER LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: FOX DEN ACRES INC	Applicant: CLAYTON HOMES
Address: 5201 MONROE RD CHARLOTTE, NC 28205	Address: 2026 NORTHSIDE DRIVE STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.766	35.00	35.00	15.00	15.00	NOT	X

Remarks:

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES 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 and rear 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	90709	TOTAL FEES:	$ 77.25