ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-301788

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

PIN # 4749595164

APPLICANT/OWNER: CLAYTON HOMES APPLICANT ADDRESS: 2026 NORTHSIDE DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 173 CONLEE DRIVE, OLIN, N.C. 28660 PHONE: 704-929-1552 ALT. PHONE: -

SITE DIRECTIONS: (N) ON 77, (L) ON TOMLIN MILL, (R) ON JENNINGS, (L) ON RAIDER, (R) ON CONLEE, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO REPAIR

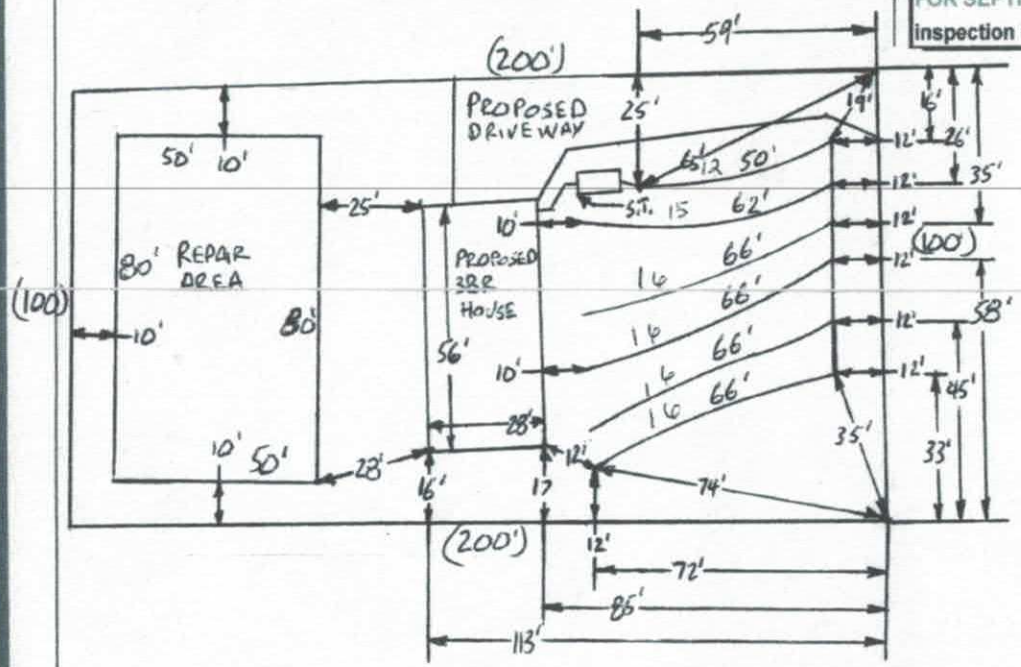
SUBDIVISION: CON-LEE HEIGHTS SECTION: - LOT # 73-76 LOT AREA: 0.45 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.25 (0.3)

Septic Tank	1000	(gal)	STB	1012	Date	4-6-20	☐ 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:	25% REDUCTION	☐ Business	No. Persons	6	☐ Private
Pump Make	-	Model	-	Serial #	-		Repair System Description:	25% REDUCTION - P.M.	☐ Other	No. Employees	-	☑ Public
# Nitrification Fields	1	# Lines	6	Linear Ft	360 FT		Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)			22 IN	Gravel Depth	-	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS UTILIZE SERIAL DISTRIBUTION; SYSTEM CANNOT BE SHALLOWED UP DO NOT EXCEED A 28 IN MAX TRENCH BOTTOM.

BRUSH PILE MUST BE REMOVED FROM REPAIR AREA PRIOR TO ISSUANCE of O.P. DRIVE WAY NOT TO ENCROACH ON SEPTIC AREA. WATER LINE MUST BE 10FT FROM ALL PARTS OF SEPTIC.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Yellow filter 10ft off house with system.

1 IN = 40FT

S.T. = SEPTIC TANK

6/22/2020 Brush on repair not removed @ time of inspection.

Quick 4 installed as shown

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 plot 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: 6-2-20 Installed by: Steve Jordon

IMPROVEMENT PERMIT by: Burkett C. Whitten Date: 6-2-2020 OPERATION PERMIT by: Benjamin A Bell Date: 6-24-2020

AUTHORIZATION TO CONSTRUCT by: Burkett C. Whitten Date: 6-2-2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of
PROPERTY ID #: 4749595
COUNTY: IREDELL

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

OWNER: CLAY C. PRICE / CLAYTON HOMES
ADDRESS: 2026 NORTHSIDE DRIVE, STATESVILLE, N.C. 28625
APPLICATION DATE 9-30-
PROPOSED FACILITY: SBR
PROPOSED DESIGN FLOW (.1949): 360 GPD
DATE EVALUATED: 10-25-
LOCATION OF SITE: 178 COX LEE DRIVE, OLIN, N.C. 28660
PROPERTY SIZE: 0.45 AC
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
PROPERTY RECORDED: YES
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	LINEAR SIDE 5%	0-8	SCL, SBK	FR, SS, SP, SEXP	2.5Y 6/2 @ 40" CHROMA 2S @ 40"-48" "TIGER"	48"+	NA	NA	PS .25 ABOVE 40"
		8-24	C, SBK	FR, S, P, SEXP					
		24-48	C, ABK	FI, S, P, SEXP					
2	HEAD 3%	0-12	SCL, SBK	FR, SS, SP, SEXP	2.5Y 6/2 @ 30" CHROMA 2S 30"-42" TIGER	48"+	NA	NA	PS .25 ABOVE 30"
		12-28	C, SBK	FR, S, P, SEXP					
		28-42	C, ABK	FI, S, P, SEXP					
		42-48	LL, WABK	FI, SS, SP, SEXP					
3	LINEAR SIDE 3%	0-16	C, SBK	FR, S, P, SEXP	2.5Y 6/2 @ 40" CHROMA 2S 40"-48" TIGER	48"+	NA	NA	PS .25 ABOVE 40"
		16-48	C, ABK	FI, S, P, SEXP					
4	ON TERRACE 3%	0-12	FILL,	FILL	Y/B MOTS 18"-30" SAP INC INCL	64"+	NA	NA	PS .3 IF FILL REMOVED REMOVED 5-6-2024
		12-18	SCL, SBK	FR, SS SP SEXP					
		18-53	C, ABK	FI, S, P, SEXP					
		53-64	CL, WABK	FR, SS, SP, SEXP					

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS: THIS IS ONLY A SOIL EVALUTAION AND DOES NOT CONSTITUTE A SEPTIC PERMIT. THIS IS ONLY PRELIMINARY FINDINGS OF SOIL SUITIBILITY.
NO SEPTIC PERMIT HAS BEEN ISSUED AT THIS

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
(Drainage Way)						CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
. (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
I (Nose Slope)		CL (Clay Loam)				
. (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
. (Shoulder Slope)		SiL (Silt Loam)				
. (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.

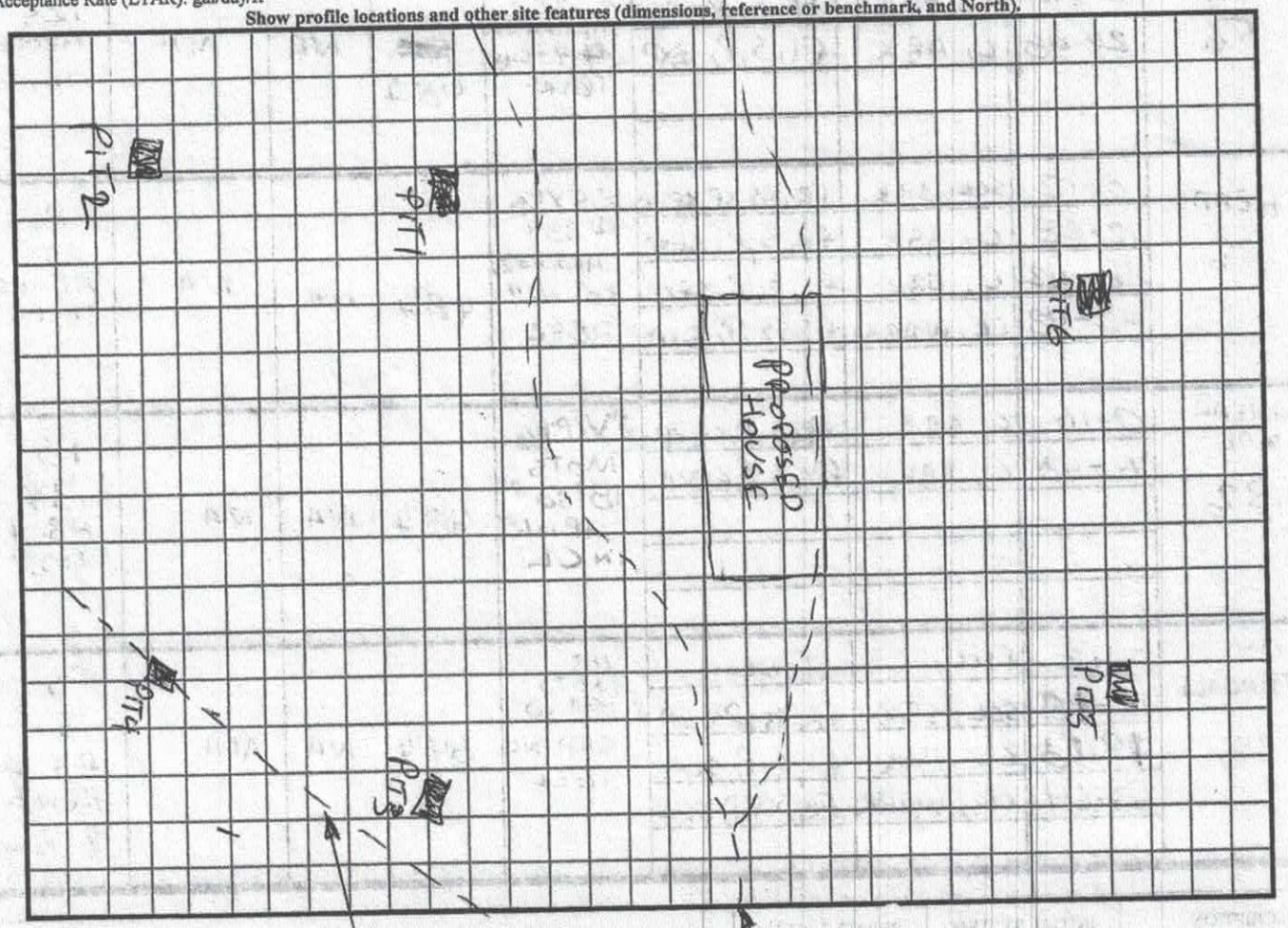
NOTES

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/ft²

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



SOIL/SITE EVALUATION

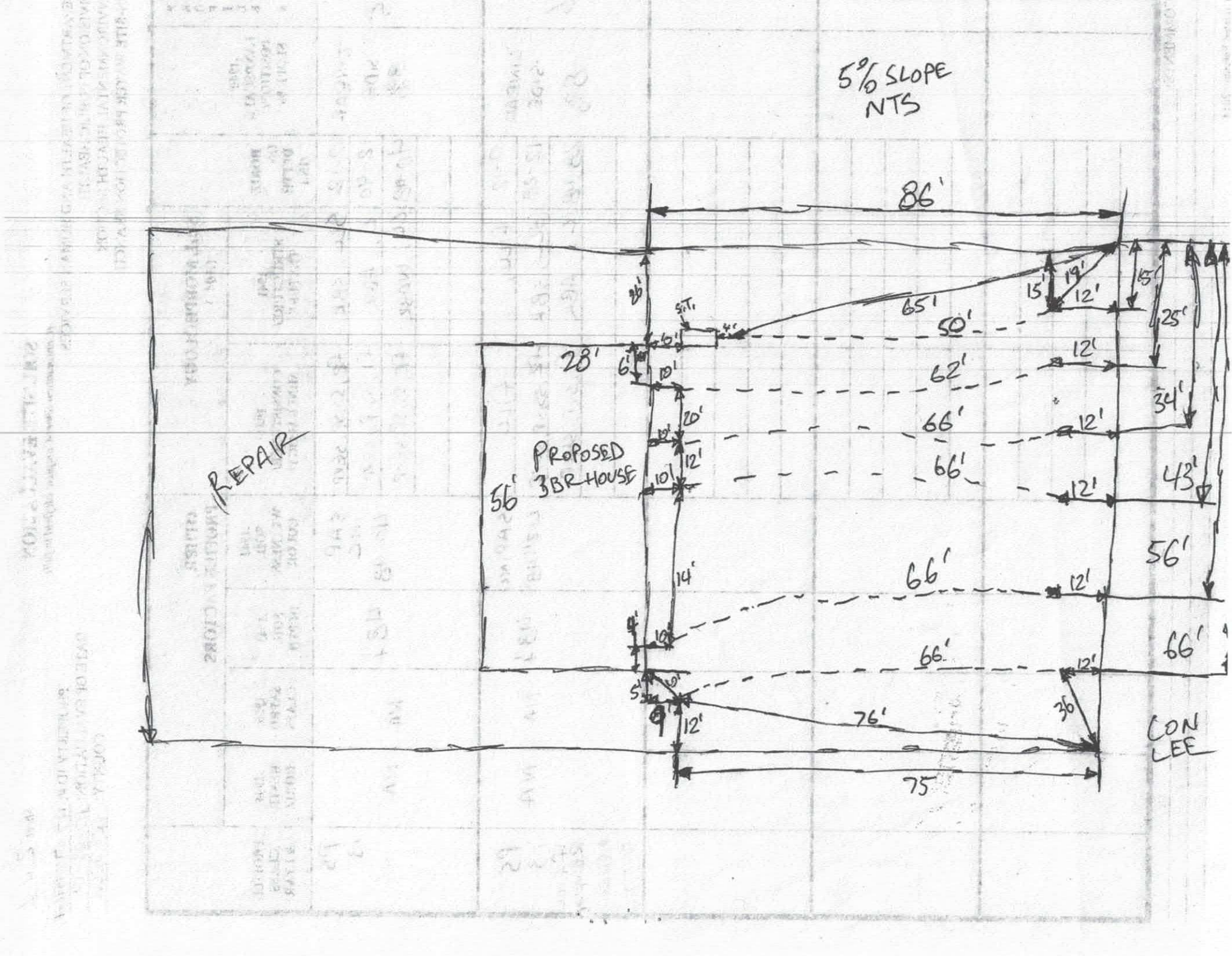
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4749595164
DATE OF EVALUATION: 10-23-19
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	LINEAR SIDE 8%	0-12	SCL, SBK	fr, SS, SP, SEXP	SAP INC 40-48	48"+	NA	NA	PS .3
		12-40	C, ABK	fi, S, P, SEXP					
		40-48	CL, WABK	fr, SS, SP, SEXP					
6	LINEAR SIDE 8%	0-12	FILL,	FILL	SAP INC 42"-48"	48"+	NA	NA	PS .3 if FILL REMOVED REMOVED 5-5-2020
		12-28	SCL, SBK	fr, SS, SP, SEXP					
		28-48	C, ABK	fi, S, P, SEXP					

COMMENTS:


5% SLOPE
NTS
86'
65'
50'
62'
66'
66'
66'
66'
66'
28'
6'
10'
20'
12'
10'
14'
10'
5'
10'
12'
76'
75'
36'
15'
19'
12'
15'
25'
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34'
12'
43'
12'
56'
12'
12'
12'
12'
12'
12'
12'
5'
5'
5'
5'
REPAIR
PROPOSED
3BR HOUSE
56'
CON
LEE

AP#301788

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

Emailed 10/15 MA

(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:** ___Improvement Permit ✓Authorization To Construct ___ BOTH ___ Existing System Inspection

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
   The following optional attachments may also be submitted: *Place check ( ) beside whichever is submitted if applicable*
   ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Clayton Homes	2026 Northside Dr Statesville, NC 28625	Adam Carstevens 704-929-1552	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Clay Price	N/A	N/A	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

178 Con Lee Dr Olin, NC 28660		Lot 73, 74, 75, 76
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 77 N To Exit 54 Make (R) on Tomlin Mill (L) Left on Jennings (R) on Friendship (R) on Rutledge Left on Con Lee just after Curve

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

(✓) 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 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

(✓) 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:**

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other 25% reduc

8. **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. 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:** _____ 9-30-19

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

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

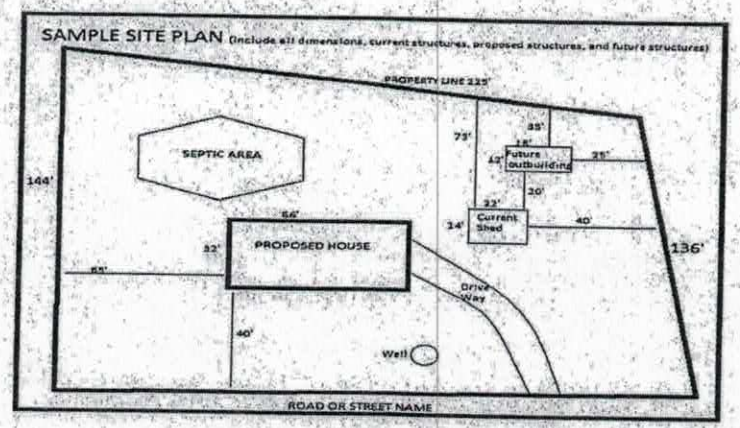
✓ Front and side setbacks from property line… **✓ Preferred driveway location and configuration, preferred well location…**

✓ Area you prefer your septic system to be placed… **✓ North arrow, or other sufficient indicator of direction…**

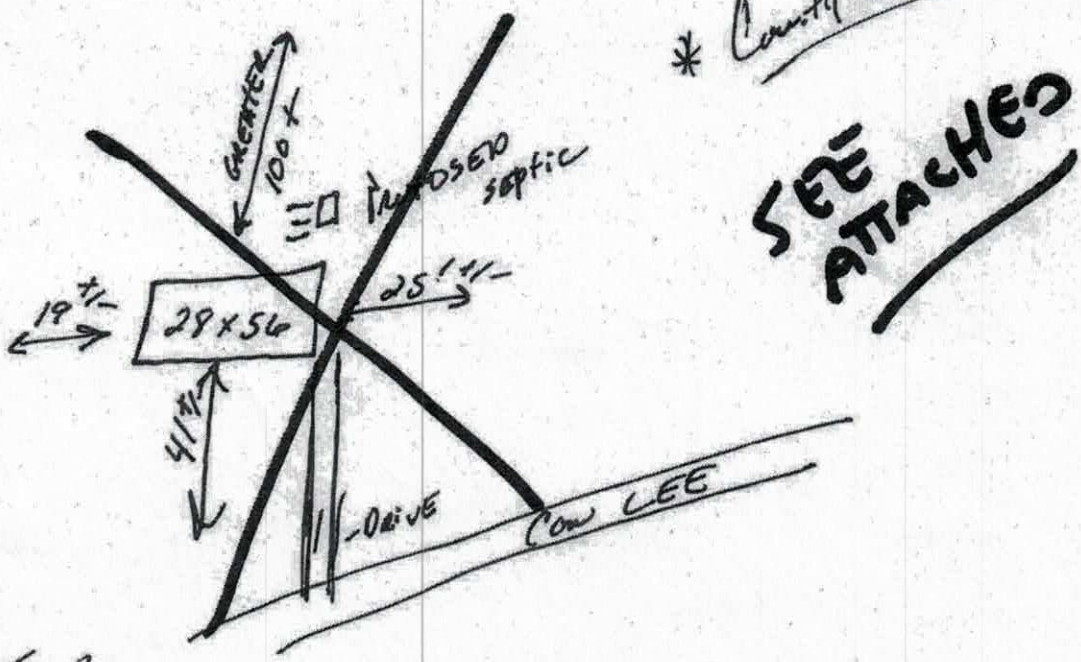
Circle N/A on the following if appropriate:

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

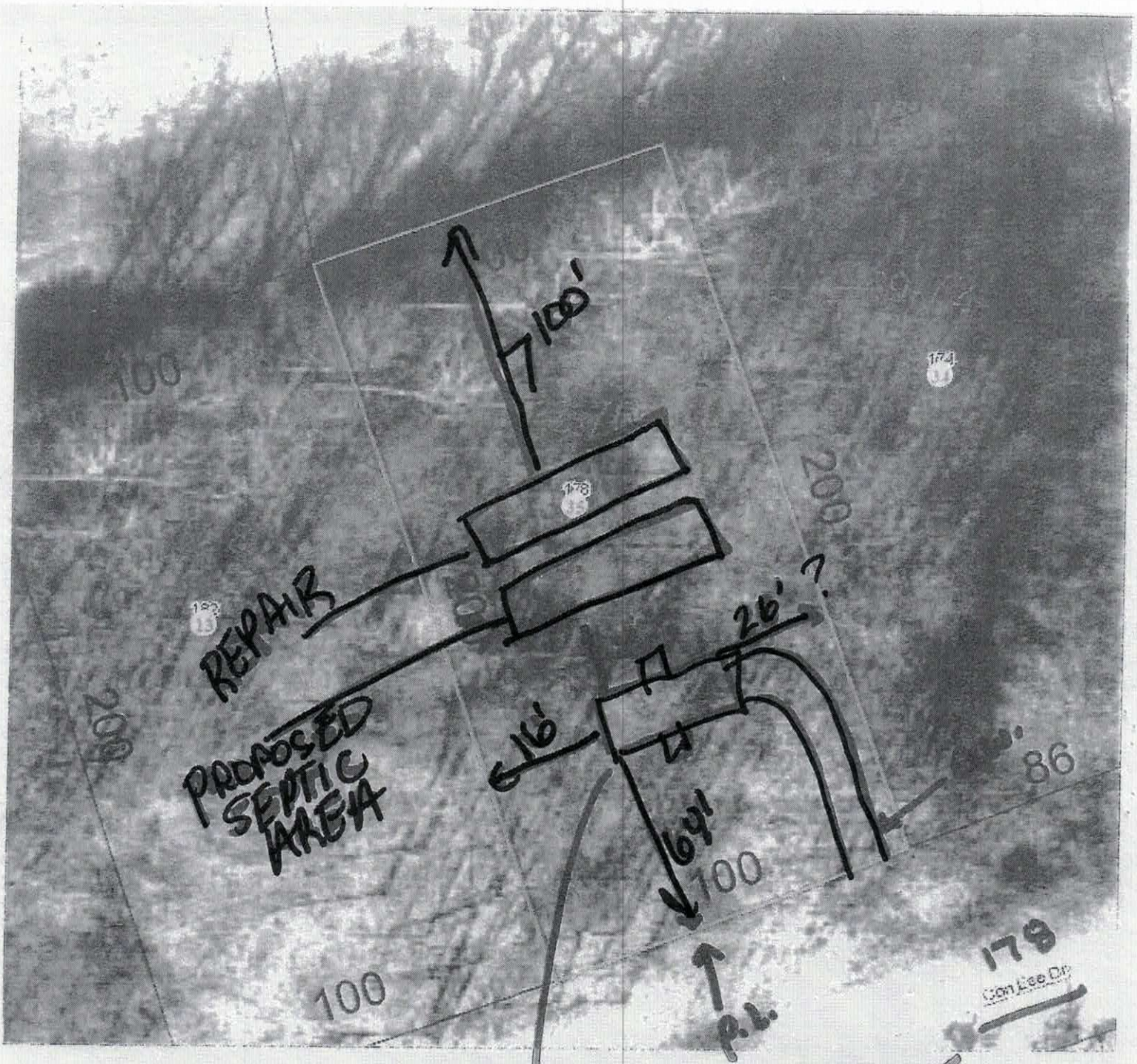


Signature: _____

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

9-30-19

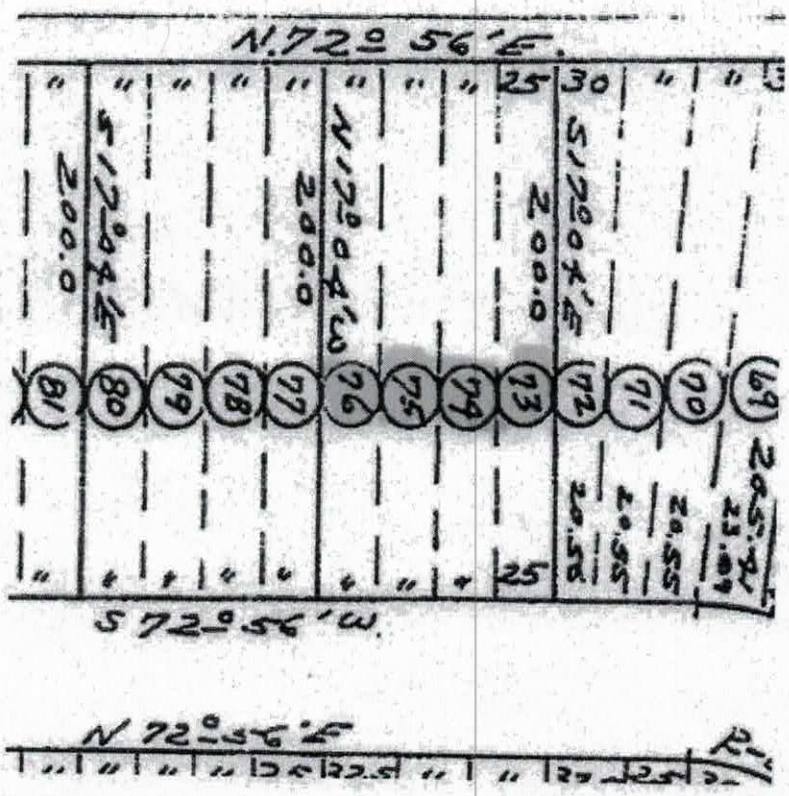
DATE



* PROPERTY LINES/CORNERS ARE MARKED

(2) 6X6 DECKS
NEW 56X28 DUPLEX/MOBILE

* COUNTY WATER


N. 72° 56' E.
S 72° 56' W.
N 72° 56' E.
200.0
S 17° 04' E.
200.0
N 17° 04' W.
200.0
S 17° 04' E.
200.0
25
30
81
80
79
78
77
76
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70
69

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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/X Clay Price, am the legal owner(s) of the property located at 178 Con Lee Dr., Olin, NC 28660, identified as PIN (Parcel Identification Number) 4749-59-5164, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** ADAM CASSTEVENS Clayton Homes/Timberline GMF 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.

X DocuSigned by: Clay C Price 9/9/2019
Signature of Owner(s) Date

Signature of Witness 9-9-19
Date

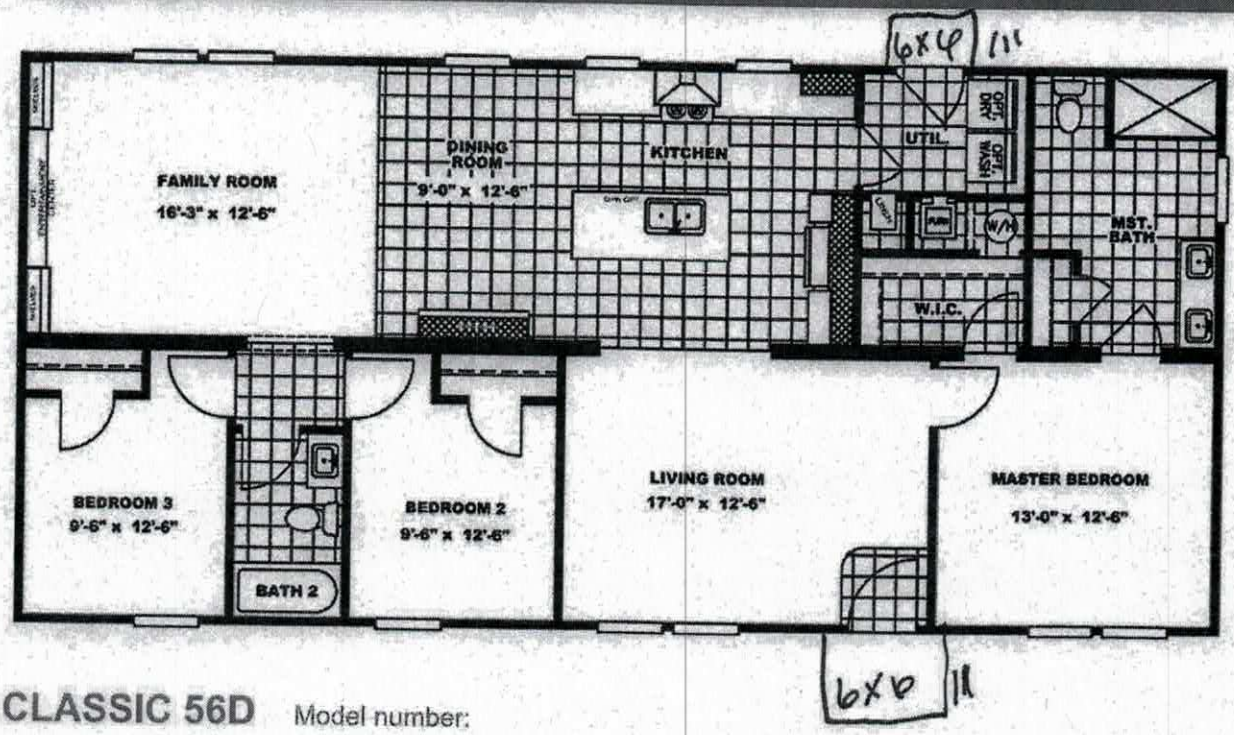
Please return this signed form to the appropriate office:

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

Clayton homes

CLASSIC 56D



CLASSIC 56D Model number:

3 beds • 2 baths • 1568 sq.ft. • 28' width • 56' depth

Our home building facilities invest in continuous product and process improvements. Plans, dimensions, features, materials, specifications and availability are subject to change without notice or obligation. Renderings and floor plans are representative likenesses of our homes and may differ from the actual homes. We invite you to tour a Home Center near you and inspect the highest value in quality housing available or call (704) 873-2547 to speak with a Home Consultant. Copyright 2017, CMH. All rights reserved.

https://www.claytonhomesofstatesville.com

CLAYTON HOMES-STATESVILLE

2026 NORTHSIDE DR.
STATESVILLE, NC 28677

Monday - Thursday: 9am to 6pm
Friday: 9am to 6pm
Saturday: 9am to 5pm
Sunday: Closed

(704) 873-2547

Acknowledgement Of Plans Submittal ONLY!

Date

Date 9-30-19

Bryant C. White 6-2-2020

IREDELL COUNTY · NC

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

APPLICATION NUMBER
301788 Issue Date: 10/15/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4749595164.000	178 CON LEE DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: PRICE CLAY C	Name: CLAYTON HOMES OF STATESVILLE
Address: 495 DRUMSTAND RD	Address: 2026 NORTHSIDE DR
STONY POINT, NC 28678	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.45	35	35	15	15	N/A	NO

Remarks

DOUBLEWIDE

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.

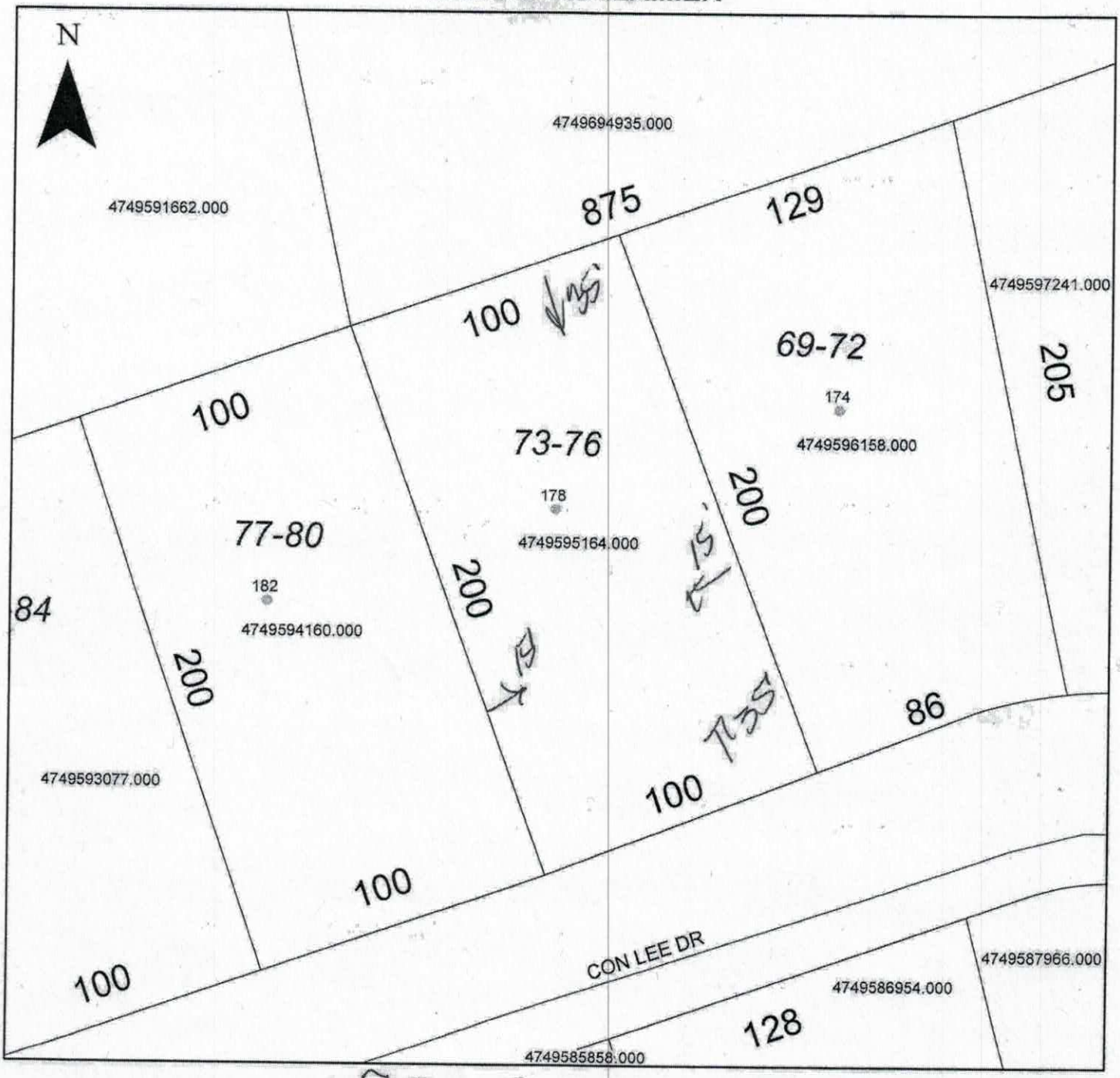
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 10/15/2019

Permit Number	000559	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 178 Con Lee

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

10/15/19
Date