IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227399

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

PIN # 4749740130

APPLICANT/OWNER: Clayton Homes APPLICANT ADDRESS: 2724 Wilkesboro Hwy

SITE ADDRESS: 1449 Jennings Rd. Statesville, NC PHONE: 336-469-2483 ALT. PHONE 704-902-4015

SITE DIRECTIONS: 77 N → L on Tomlin Mill Rd → L on Jennings Rd → lot on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 9.37 ac DESIGN FLOW: 360gpd L.T.A.R.: 25(-1 repair)

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 7 Linear Ft 360'
Trench Width 36" Trench Bottom Depth(Low side) 27"/30" highside Gravel Depth N/A

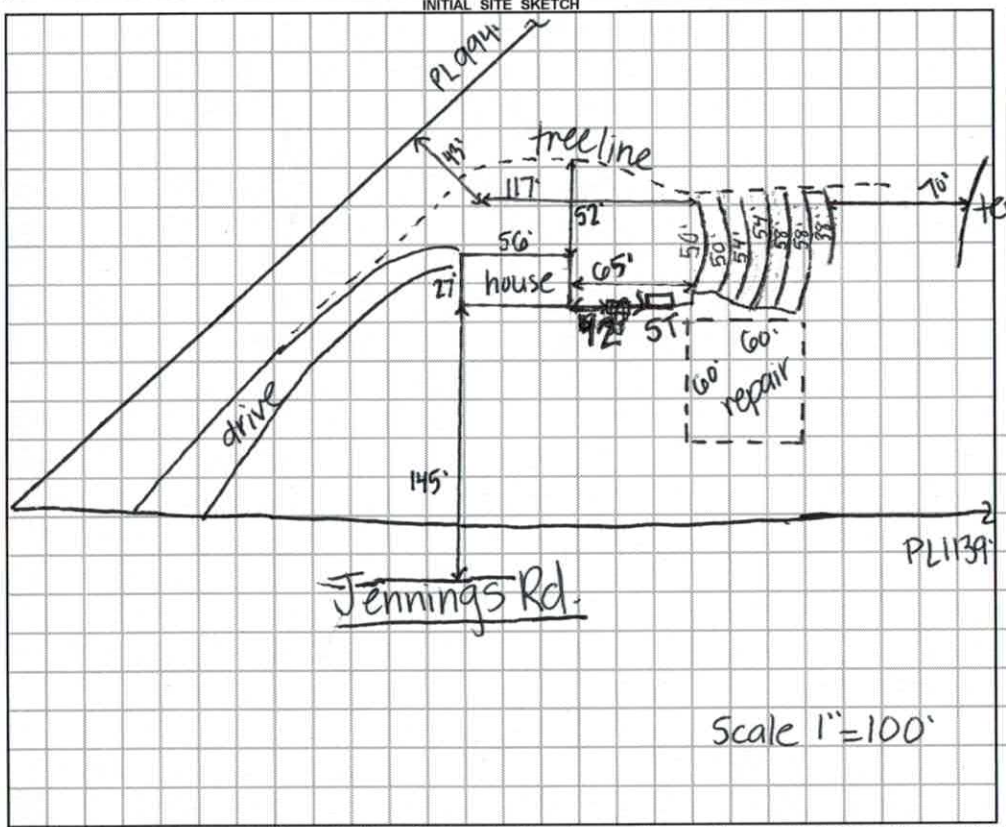
☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% reduction
Repair System Description: drip
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
☑ Public
☐ Community

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour. Install line lengths as shown (50, 50, 54, 54, 58, 58, 38 respectively).

INITIAL SITE SKETCH



Scale 1"=100'

AS BUILT SKETCH

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 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: Dennis Gallihe Date: 7-6 17 Installed by: Rick / Dennis Gallihe

IMPROVEMENT PERMIT by: Krayla Wilson Date: 7-5-17 OPERATION PERMIT by: Krayla Wilson Date: 8-2-17

AUTHORIZATION TO CONSTRUCT by: Krayla Wilson Date: 7-5-17 Existing System Inspected by: Date:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 7749740130
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Carol Sue Holland
ADDRESS: 1449 Jennings Rd
PROPOSED FACILITY: SFR
LOCATION OF SITE: 77N->L on Tomlin Mill ->L on Jennings->lot on R

APPLICATION DATE 5-22-17
DATE EVALUATED: 6-2-17
PROPERTY SIZE: 9.37ac
PROPERTY RECORDED: YES

PROPOSED DESIGN FLOW (.1949): 3(a09)24

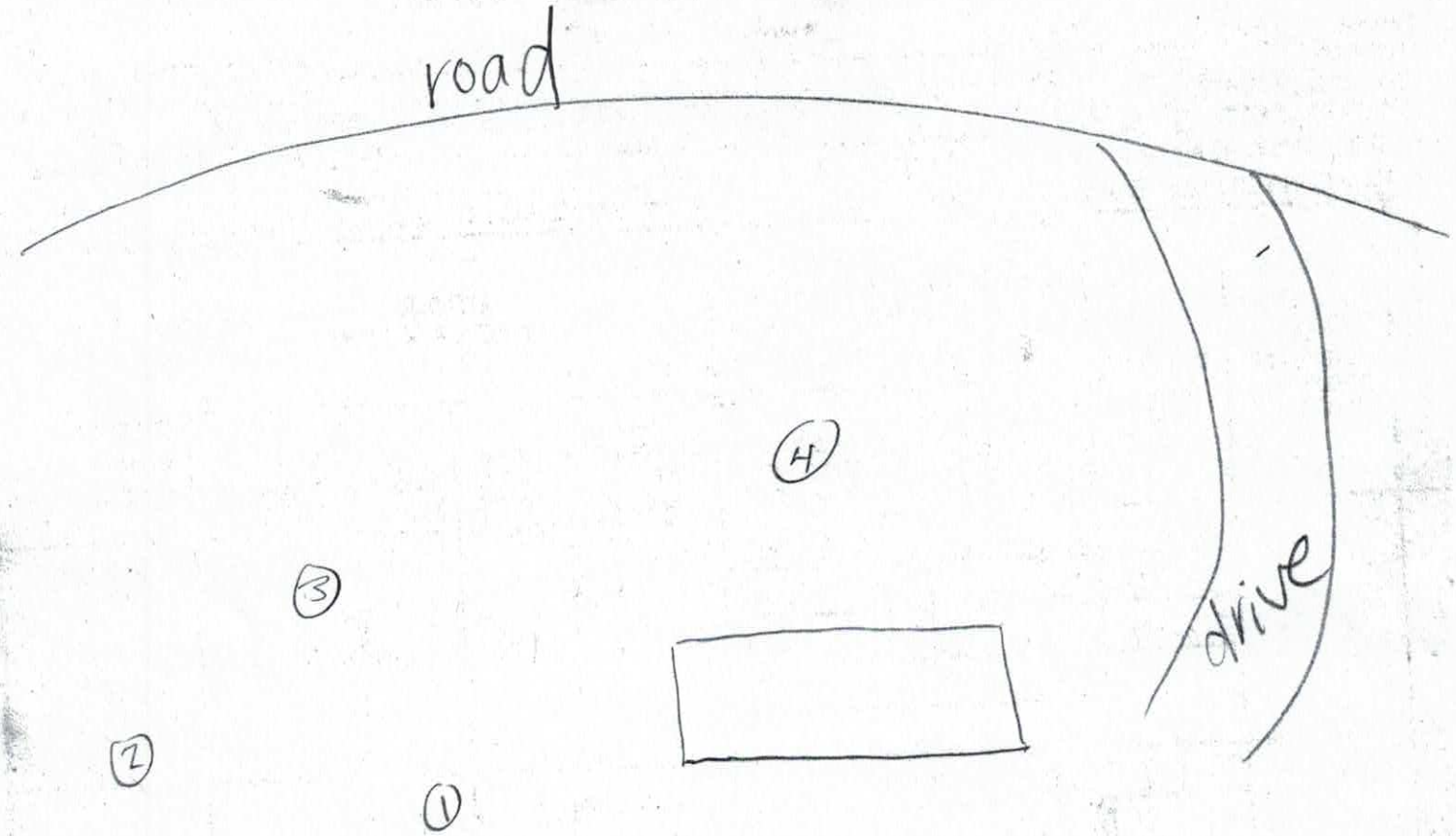
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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	LS	0-8	WSBK SCL	Fr,SS,SP,SEXP	0-8 few yellow brown mottles	48	35-48 com SAP	inc.	PS .3
		8-26	SBK C	Fr,SS,SP,SEXP					
		26-48	WSBK CL BC	Fr,SS,SP,SEXP					
2	LS	0-17	fill	—	0-20 many yellow brown mottles chroma 2 14"	17-48	34-48 com to many SAP	inc.	pits?
		17-27	WSBK SCL	Fr,SS,SP,SEXP					
		27-48	WSBK CL	Fr,SS,SP,SEXP					
3	LS	0-6	WSBK SCL	Fr,SS,SP,SEXP	0-19 many yellow brown mottles 17" chroma 2 10YR 6/2				pits
		6-19	SBK C	Fr,SS,SP,SEXP					
		19-48	WSBK CL	Fr,SS,SP,SEXP					
	LS	0-11	fill	—	0-41 common many 11-41 yellow brown mottles chroma 2 10yr 6/2 5Y 6/2 38 pocket of expansive clay				U
		11-16	WSBK SCL	Fr,SS,SP,SEXP					
		16-30	SBK CS	Fr,S,SP,SEXP					
		30-48	WSBK CL	Fr,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ailable Space (.1945)		
tem Type(s)	PITS	
LTAR		

OTHER FACTORS (.1946): Wetland
SITE CLASSIFICATION (.1948):
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

MENTS:



7-5-17

5	0 - 15 SBK C 15 - 47 WSBK CL 47-49 RC SAP	0-15" com yellowbrown mottles	47	35-42 com SAP + RC SAP 42-47 many SAP inc + RC SAP inc.

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

PROPERTY ID #:
COUNTY:

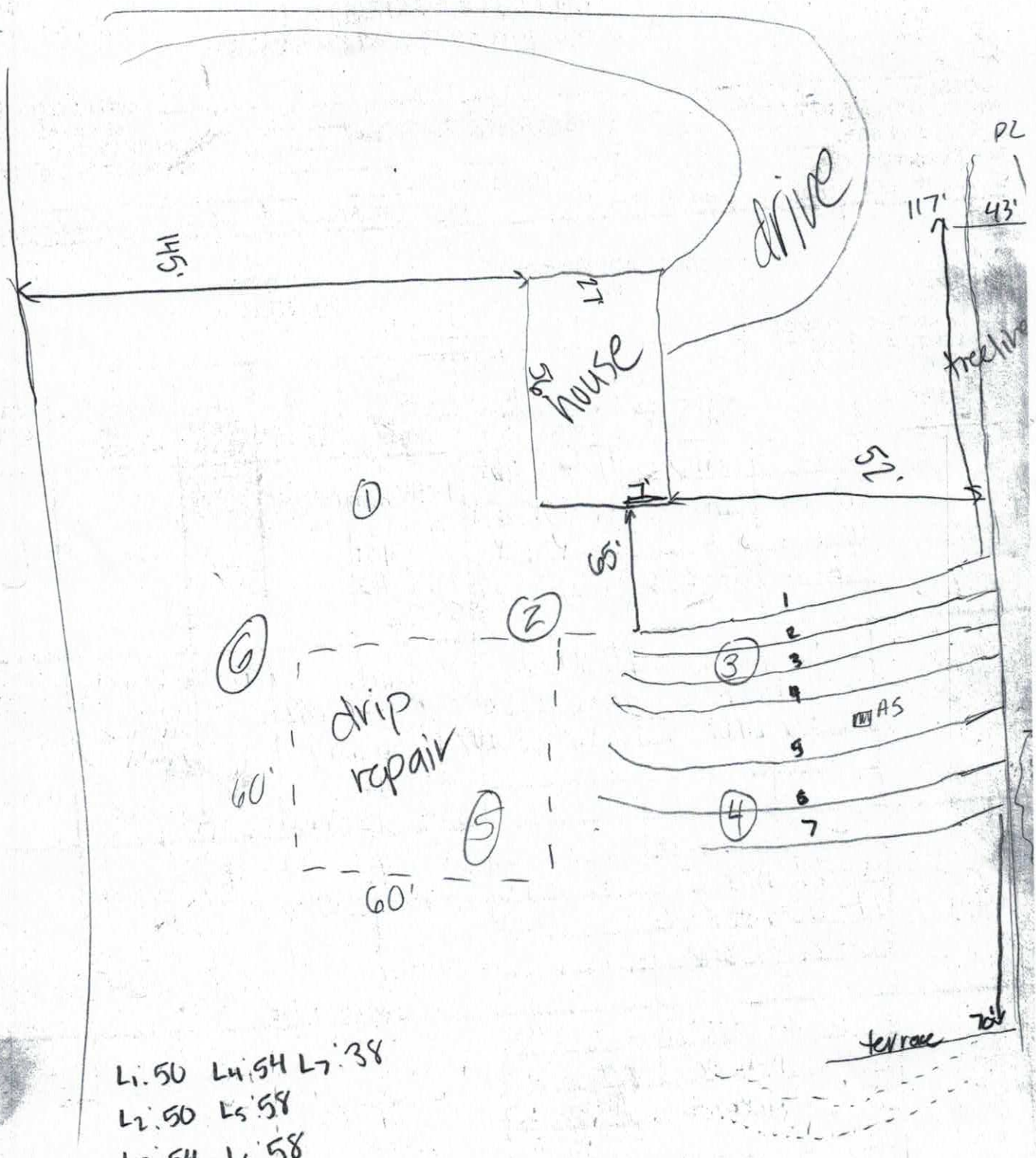
OWNER:
ADDRESS: Refer to sheet 1
PROPOSED FACILITY:
LOCATION OF SITE:
PROPOSED DESIGN FLOW (.1949):
APPLICATION DATE
DATE EVALUATED: 6-13-17
PROPERTY SIZE:
PROPERTY RECORDED:

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	LS	0-10	compacted/disturbed		10-40" many chroma 2 grey 10YR 2.5Y 7/2 5Y 7/2		—	—	U
		10-15	WABK SCL	FR,SS,SP,SEXP					
		15-32	ABK C	FR,SS,SP,SEXP					
		32-50	WABK CL	FR-FI,SS,SP,SEXP					
2	LS	0-5	compacted/disturbed		25" band of chroma 2 5YR 7/2 29" chroma 2 10YR 7/2 10YR 6/2 chroma 2 45"		(35-36" band of rock other side wall)		U
		5-29	ABK C	FR-FI,SS,SP,SEXP					
		29-56	WABK CL	FR-FI,SS,SP,SEXP					
3	8% LS	0-9	compacted		10YR 7/2 chroma 2 13" 10YR 7/2 chroma 2 pocket 56"		6, 9-22" rock inc,		PS .25
		9-27	ABK C	SS,SP,SEXP					
		27-60	WABK CL	SS,SP,SEXP					
		60-61	RC SAP	FI-EXFI					
4	8% LS	0-10	compacted		60				PS .25
		10-30	ABK C	FR,SS,SP,SEXP					
		30-60	WABK CL	FR-FI,SS,SP,SEXP					

SCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Space (.1945)	PS	PS
pe(s)	25% reduc	drip
	.25	.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:



5: 0-10 compacted 10YR 6/2 chroma 2" 34" (continues throughout)
10-34 ABK C 10-34 many yellow brown, many depleti
34-60 34-60 com. yellow brown mottles

tgordnt ←

6: 0-6 compact
6-17 SABK C → some platy 10YR 5/2 6-42" chroma 2
17-42 SABK C

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: ✓ 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:

Clayton Homes — 2724 Hwy 421 — Wilkesboro — NC 28697
Applicant Name — Mailing Address — Home Phone # — Alternate Phone #

Carol Sue Holland — Holland Family Heirs — 336 469 2483 — 336-469-2483
Owner Name — Mailing Address — Home Phone # — Alternate Phone #

4. Property Information:

1449 Jennings Rd Statesville NC 28625 — ___ — ___
Street Address — Subdivision Name — Section/Phase and Lot Number

Driving Directions: North Go Hwy 77 Exit 59 on to Tomlin Mill Rd T/L on Leatz Go to Stop Sign Lot Right in Front of Jennings Rd

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 1
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 ☒ Other Public Water — water meter

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following To The Best of Your Ability:
( ) Yes ☒ 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: Dennis J. McClure — ___
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, Caroline Holland Estes / AF Holland Family Trust, am the legal owner(s) of the property located at 9.37 Acres Aprons Road, identified as PIN (Parcel Identification Number) 4749-74-0130.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Dennis Gallihar Frank Williams Clayton Homes or Al Bachoe Service, 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.

Caroline Holland Estes / AF Holland Family Trust — 5-17-17
Signature of Owner(s) Date

Mallory Nolen — 5-17-17
Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
rynda.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*

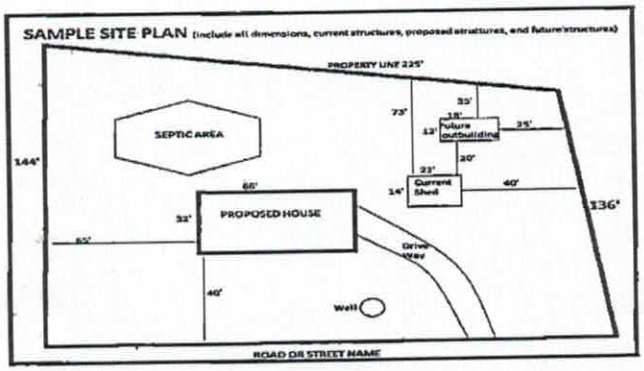
____ Front and side setbacks from property line… ____ Preferred driveway location and configuration, preferred well location…

____ 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:

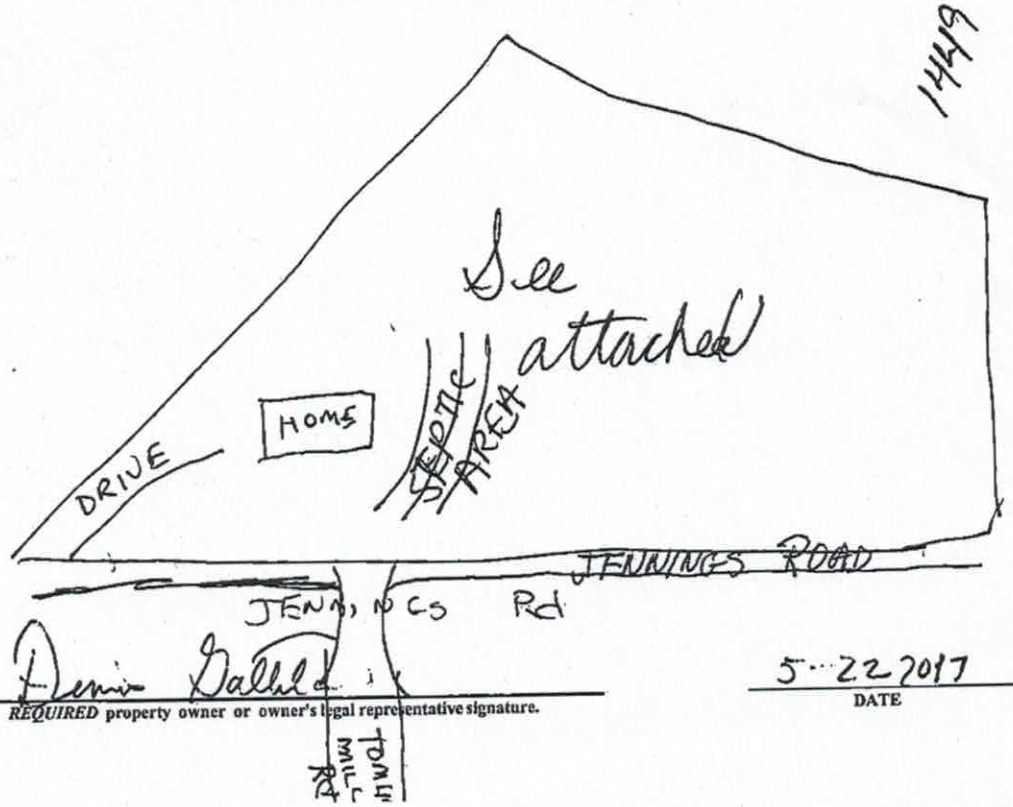
____ Location of septic systems and wells within 100' of your property… N/A

____ 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

14419 Jennings Rd



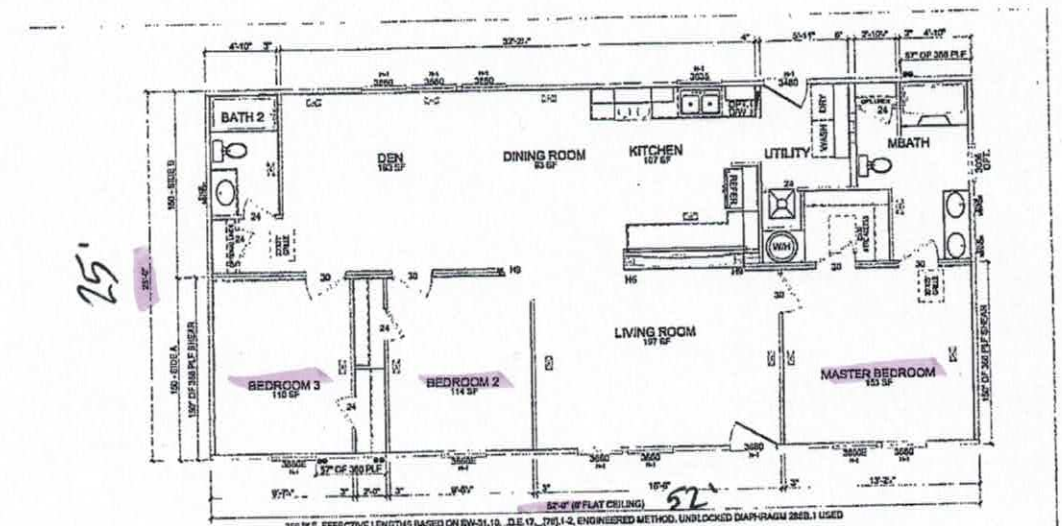
Signature: Dennis Dalla 5-22-2017

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

4/94

05-22-2017

04:29:20 p.m.



SHEAR SHEATHING IS FASTENED WITH 7/16"x1.75" 15 ga. STAPLES 4/12 O.C.
ROOF SHEATHING IS FASTENED WITH 7/16"x1.75" 15 ga. STAPLES 6/12 O.C. ZONE 1
ROOF SHEATHING IS FASTENED WITH 7/16"x1.75"15 ga. STAPLES 6/6 O.C. ZONE 2
ROOF SHEATHING IS FASTENED WITH 7/16"x1.75"15 ga. STAPLES 6/6 O.C. ZONE 3
ROOF SHEATHING IS FASTENED WITH 7/16"x1.75"15 ga. STAPLES 6/6(2)6/6(2)3 O.C. ZONES 2/3 (OVERHANGS)

350 PLF, EFFECTIVE LENGTHS BASED ON SW-31.10, D.E.17, 7(6).1-2, ENGINEERED METHOD. UNBLOCKED DIAPHRAGM 2806.1 USED
LOCATION OF AND NUMBER OF CS16 STRAPS
13-FASTENERS PER END OF ALL CS-16 STRAPS
MAXIMUM FURNANCE SIZE MAY NOT EXCEED STUFS LISTED ON ATTACHED HVAC CALCS.

DOOR SCHEDULE
DUNBARTON 8-PANEL (STORM DOOR) U-VALUE = 0.29
DUNBARTON 9-LITE (STORM DOOR) U-VALUE = 0.44

"MOSS" WINDOW SCHEDULE - 1700 / 1800 SERIES

SIZE	ROUGH OPENING	GLASS AREA SQ. FT.	VENT AREA SQ. FT.	MAX. ALLOWABLE ROOM SQ. FT. PER SASH
3660SH	36 1/4" x 60 1/4"	11.65	5.94	149 Sq. Ft.
3036SH	36 1/4" x 36 1/4"	6.81	3.35	

100 MPH - OFF FRAME

9/20/13

N.T.S.

DRR

APPROVED BY
NTA INC.
08/26/14
David Richter

HEADER SPECS
H-1 = WINDOW / DOOR HEADER (2) 2 x 6's #2 S.P.F.
H-2 = WINDOW / DOOR HEADER (2)2 x 8's #2 S.P.F.
H-5 = (2) COLUMN STUD 2x3 #2 SPF
H-6 = RIDGE BEAM - 1.8"x11 7/8" LVL
COLUMN REF.: NRP-20.3/R,G,M,47,23-1 TH(R)MW-20.10, S.K.C.48.8

Cavalier Home Builders
NASHVILLE DIVISION
1001 BUSINESS 64 HWY.
NASHVILLE, NC 27855
PH. 1-252-459-7028
FAX. 1-252-459-4315

NORTH CAROLINA

MODEL PLAN
25'-0"x52'-0" -3 BDRM.-2 BATH

76M401
3 of 14

Clayton Homes

3368384928

Acknowledgement Of
Plans Submittal ONLY!
Date 7-5-17
Date 7-6-17

IREDELL COUNTY

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

APPLICATION NUMBER
227399
Issue Date: 05/22/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4749740130.000	1449 JENNINGS ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: HOLLAND LIVING TR HARV+LOIS	Applicant: CLAYTON HOMES OF WILKE
Address: 0 IREDELL CO, NC 28625	Address: UNKNOWN UNKNOWN IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code
MODULAR	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
9.370	35.00	35.00	15.00	15.00	NO	X

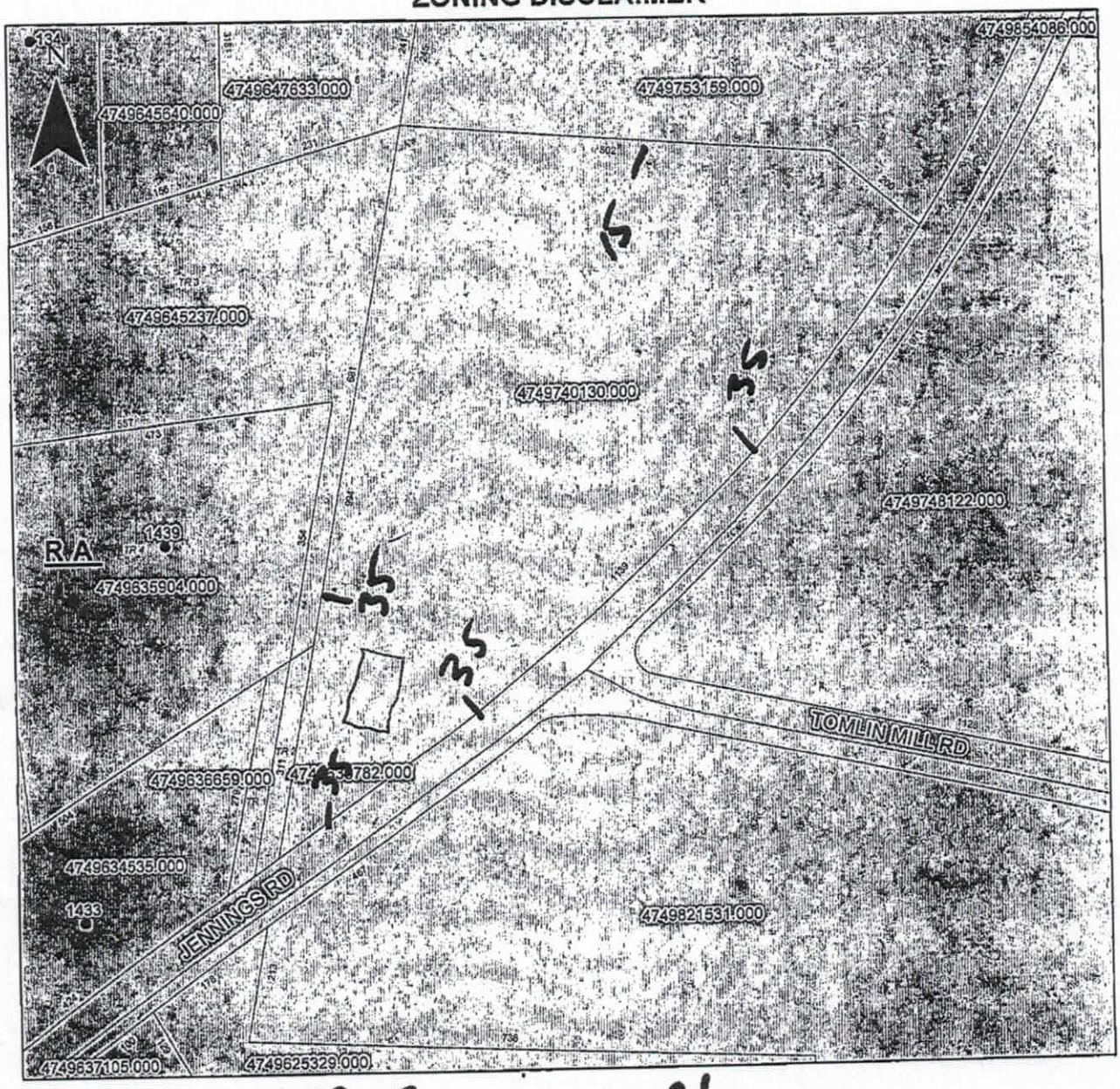
Remarks:

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	103759	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 1449 Jennings 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.

Dennis Gallihen
Applicant

5-22-17
Date