ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (3 U) Mooresville Office (704) 660-3625 PERMIT # AP-313518

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

PIN # 4751 - 57 - 6196

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

SITE ADDRESS: 149 HILLNDALE LANE, STATESVILLE, N.C. 28677 PHONE: 704-873-2547 ALT. PHONE 704-902-4659

SITE DIRECTIONS: (S) ON 77, (L) ON AMITY HILL, (R) ON PILCH, (L) ON HILLNDALE, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

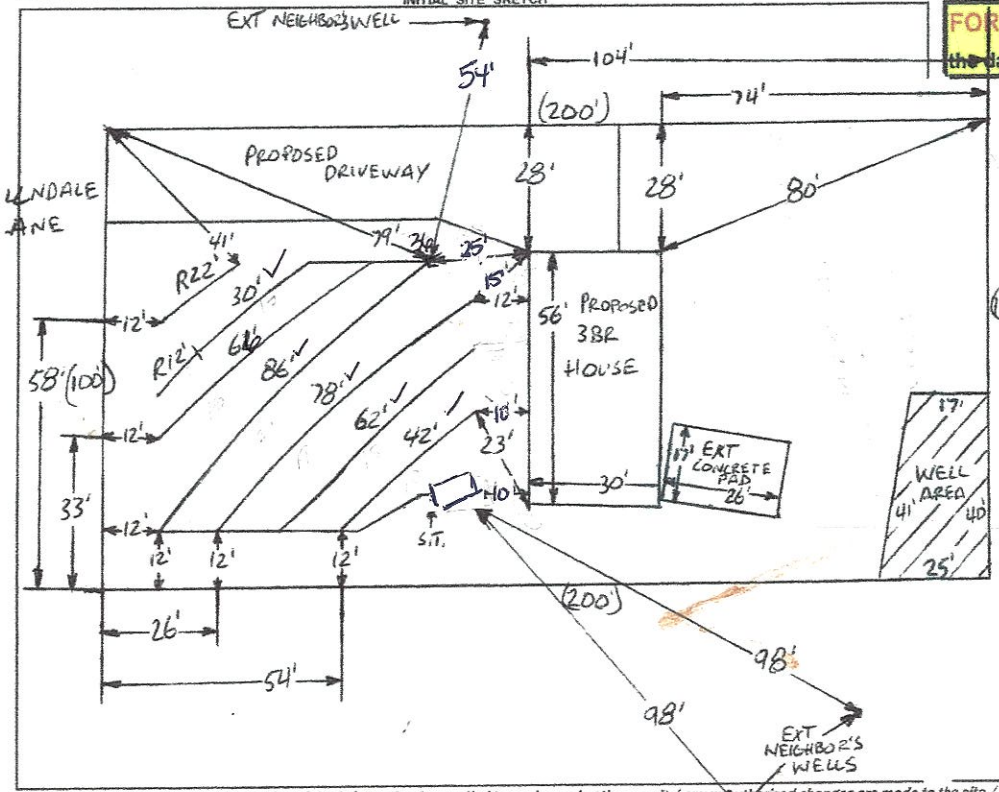
SUBDIVISION: HILL N DALE SECTION: — LOT # 14 LOT AREA: 0.46 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	TP 1012	Date	11/22/20	☑ 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:	50% REDUCTION - REPAIR EXEMPT	☐ 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)	30 IN	Gravel Depth	—		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, MAINTAIN 50FT FROM ALL WELLS, DO NOT EXCEED A 36IN MAX TRENCH BOTTOM, DO NOT SHALLOW UP.

LOT REPAIR EXEMPT RECORDED IN PLAT BOOK 9, PAGE 56 JULY 26TH 1967

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL 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.

1IN=40FT
S.T.=SEPTIC TANK
EXT=EXISTING
R=REPAIR

← As Built

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: 3-17-21 Installed by: (Steve Jordan) Piedmont Backhoe

IMPROVEMENT PERMIT by: Burkett C. White Date: 3-16-2021 OPERATION PERMIT by: D Meberg Date: 1/25/22

AUTHORIZATION TO CONSTRUCT by: Burkett C. White Date: 3-16-2021 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 1
PROPERTY ID #: 4756-57-6196
COUNTY: IREDELL

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

OWNER: CHARLES STINSON
APPLICATION DATE 12-18-2021
ADDRESS: 2026 HILLNDALE LANE, STATESVILLE, N.C. 28625
DATE EVALUATED: 1-10-2021
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.46 AC
LOCATION OF SITE: 148 HILLNDALE LANE, STATESVILLE, N.C. 28677
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	LINEAR SIDE 12%	0-7	FILL	FILL	FEW Y/B 0-18" SAP INC THRU OUT	60"+	NA	NA	PS .275
		7-11	SCL, SBK	FR, SS, SP, SEXP					
		11-33	C, ABK	FI, S, P, SEXP					
		36-60	CL, WABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 8%	0-6	FILL	FILL	Y/B MOTS THRU OUT FEW SAP INC 38"+	60"+	NA	NA	PS .25
		6-11	SCL, SBK	FR, SS, SP, SEXP					
		11-38	C, ABK	FI, S, P, SEXP					
		38-60	CL, WABK	FI, SS, SP, SEXP					
3	LINEAR SIDE 10%	0-8	FILL	FILL	Y/B MOTS THRU OUT CHROMA 3' +'S 10YR 6/2 @ 33"	51"+	NA	NA	PS .25 BELOW 33"
		8-38	C, ABK	FI, S, P, SEXP					
		38-51	CL, WABK	FI, SS, SP, SEXP					
4	LINEAR SIDE 7%	0-20	FILL	FILL	CHROMA 3'S 4'S + 2'S Y/B MOTS THRU OUT 10YR 6/2 @ 31" SAP INC 30"+	56"+	PS II SL ~~NON~~	NA	PS .25 BELOW 31"
		20-40	C, ABK	FI, S, P, SEXP					
		40-56	CL, WABK	FR, SS, SP, SEXP					
		56-72	SAP + MAS	FR, NS, NP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	EXEMPT
System Type(s)	25%	50%
Site LTAR	.25	.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burgett C. Willett
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)	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.

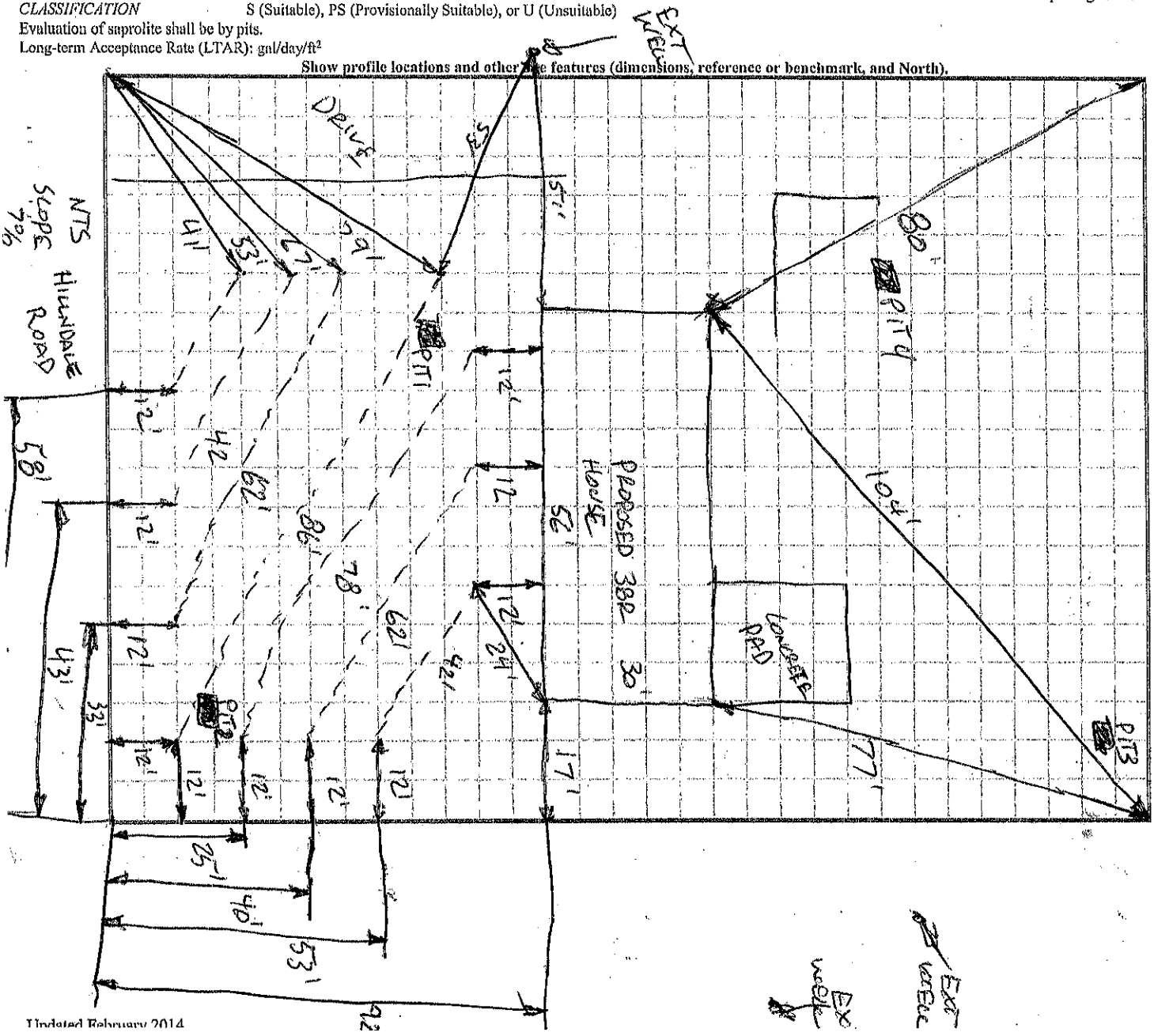
NOTES

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/ft²

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



RECEIVED DEC 18 2020

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

Iredell County Health Department – Environmental Health Division

AP-313518
500.00

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: ( ) 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. Zip: 28625
Applicant Email: ROTZ@CLAYTONHOMES.COM Phone: 704-873-2547 Alt. Phone: 704-902-4654
Owner Name: CHARLES STINSON Address: 144 HILLNDALE LANE Zip: 28677
Owner Email: STINSONBIANCA@GMAIL.COM Phone: [illegible] Alt. Phone: 704-682-6878

Property Information: 148

Street Address: ~~138~~ HILLNDALE ~~LANE~~ RD STATESVILLE NC
Subdivision Name: HILL N DALE Section/Phase: _____ Lot Number: 14
Driving Directions: 40 EAST, 77 SOUTH, TAKE AMITY HILL ROAD (EXIT) (R) PITCH RD, (L) HILLNDALE RD SITE NEAR END ON RIGHT NEXT TO 144 HILLNDALE

Site Development Information: *(check or complete ALL that apply)* **CHECK FOUNDATION TYPE**

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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: _____

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 (X) 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: _____ 12/17/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

31358

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ 1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*)

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.

☐ 2. I, CHARLES STINSON, am the legal owner(s) of the property located at LOT # 14 HILLSDALE LANE 148, identified as PIN (Parcel Identification Number) 4751576196, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) LANE HARRELL, ADAM CASSTEVENS CLAYTON HOMES STATESVILLE, LAURA STINSON 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.

DocuSigned by:
9829103EB97645A...
Signature of Owner(s)

12/17/2021
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

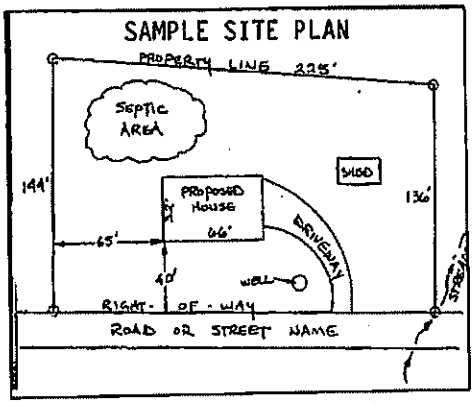
31351f

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***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
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) 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

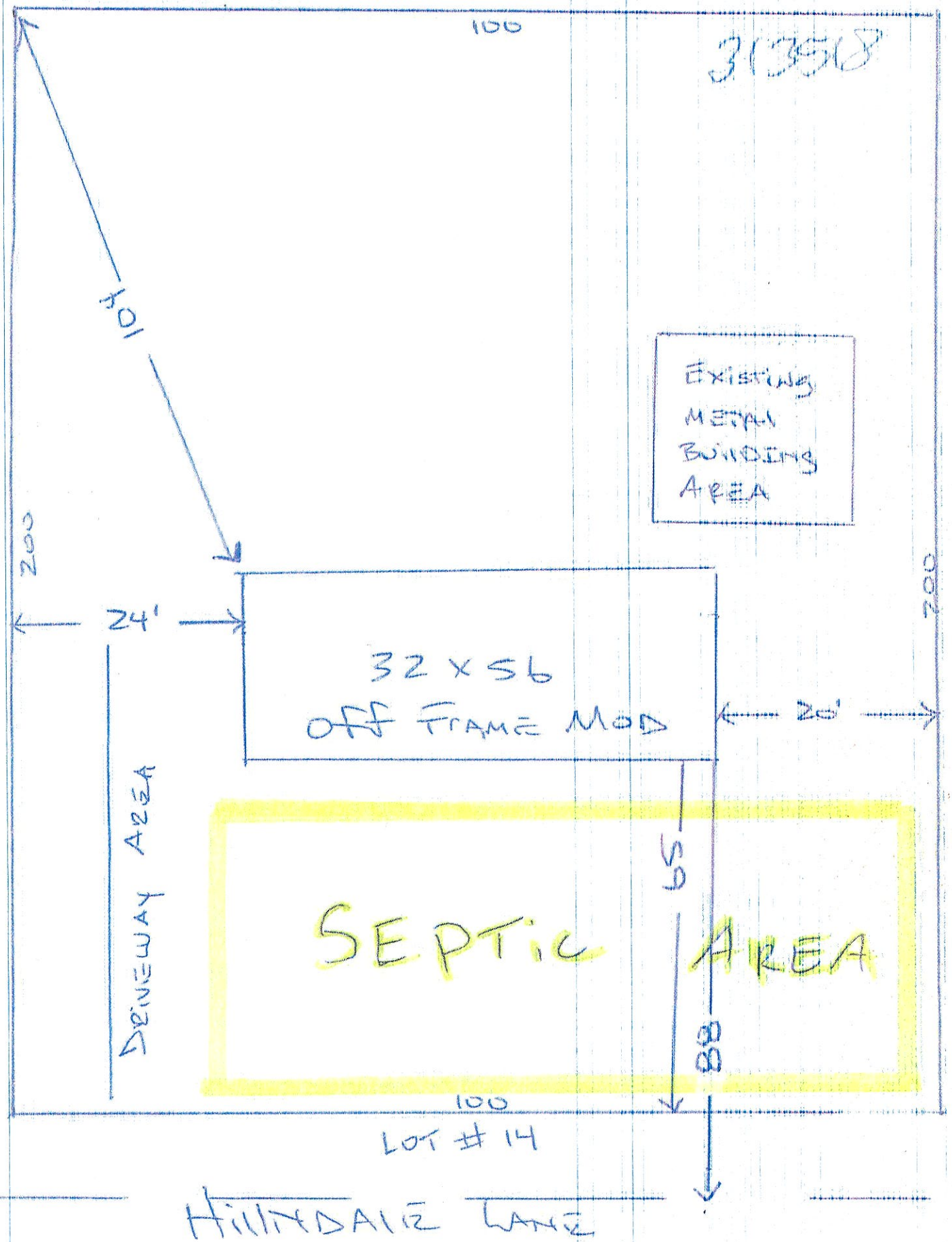
SEE ATTACHED

SITE PLANS

Signature: _____ 12/17/2020

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

PARCEL # 4751576196.000 (SITE PLAN 1)



(SITE PLAN 2)

Iredell County

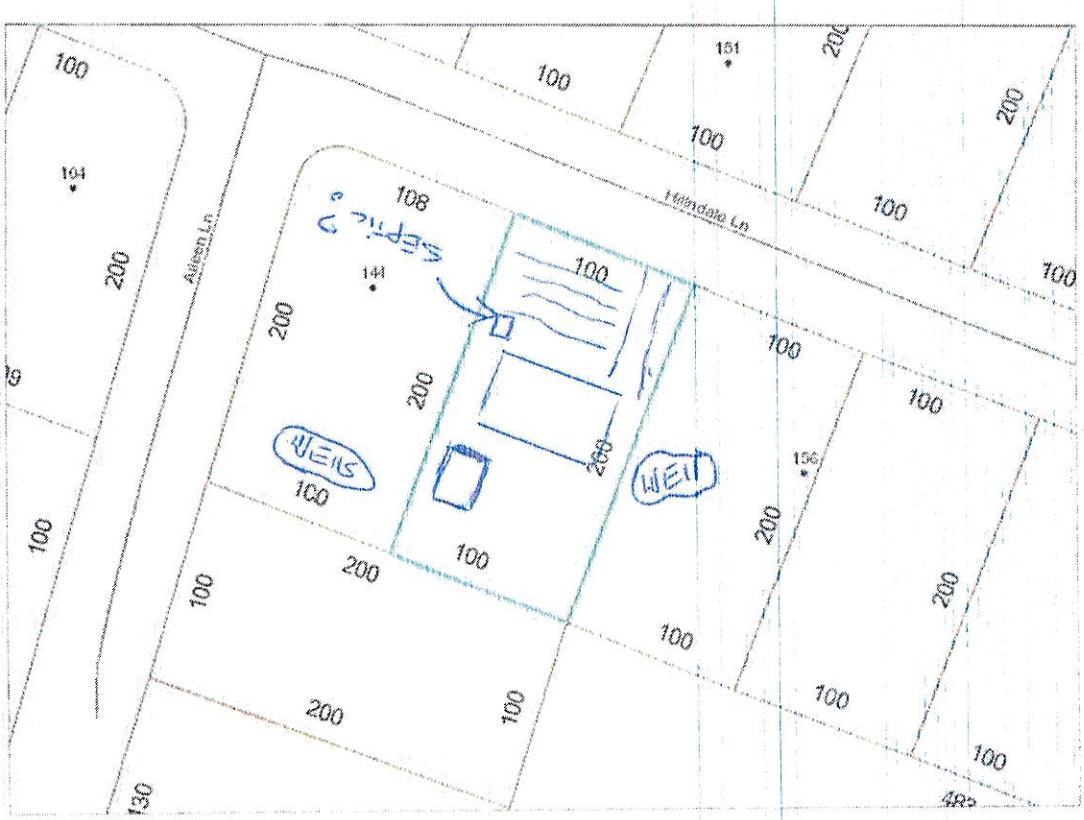
Property Data

Parcel Number: 4751576196.000
Inquiry Date: 12/17/2020

3135G8

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-date, the County does not certify the authenticity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use or interpretation by the User.

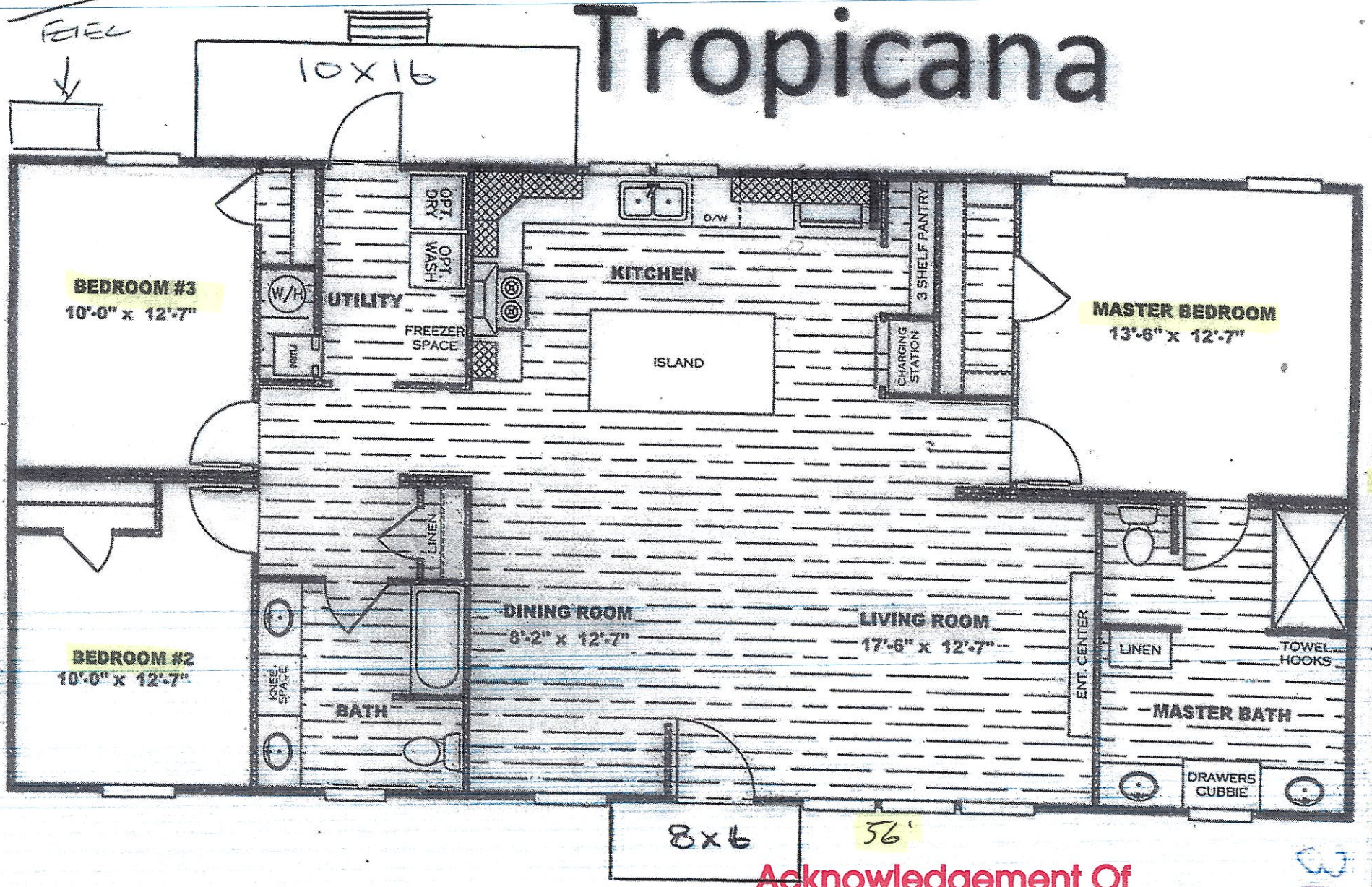
Property Map


100
194
Aileen Ln
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19
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130
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108
SEPTIC
144
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WELL
100
100
Hillndale Ln
151
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(SITE PLAN FOR PICKS)

HVAC FIELD

Tropicana



Acknowledgement Of
Plans Submittal ONLY!

Date

Date 12/17/20

Buyer C. White
3-16-2021

IREDELL COUNTY · NC

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

APPLICATION NUMBER
313518
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4751576196.000	HILLNDALE LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: STINSON CHARLES CARL	Name: CLAYTON HOMES OF STATESVILLE
Address: 144 HILL N DALE LANE	Address: 2026 NORTHSIDE DR
STATESVILLE, NC 28677	STATESVILLE, NC 28677
Phone:	Phone: (704)873-2547

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	25	15		NO

Remarks
MODULAR

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.

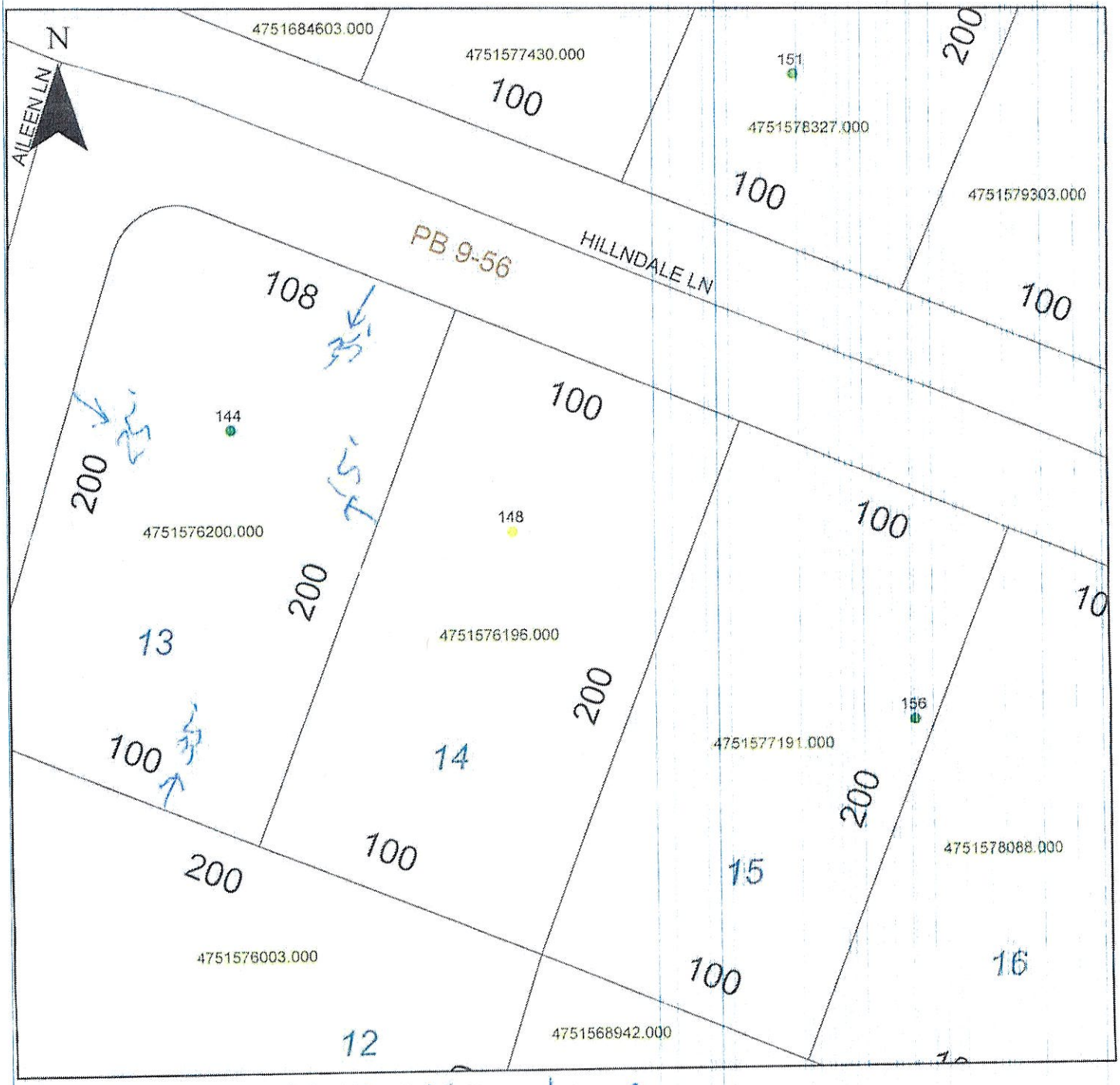
Date: 12/18/2020

Signature of Owner/Contractor

Permit Number	313518	TOTAL FEES:	$77.25

313518

ZONING DISCLAIMER



Property Address 144 Hillndale

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

12/16/20
Date