KW

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 244735

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

PIN # 4752402842 ✓

APPLICANT/OWNER: Clayton Homes/JACK HAILEY | APPLICANT ADDRESS: 2026 Northside Dr Statesville NC 28625

SITE ADDRESS: 146 Tucker Rd Statesville NC 28677 | PHONE: 704-929-1552 | ALT. PHONE 704-873-2547

SITE DIRECTIONS: 77N to Exit 45, R on Amity Hill Rd, L on Tucker Rd, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ✓ | SECTION: — | LOT # — | LOT AREA: 2.732 acres | DESIGN FLOW: 240GPD | L.T.A.R.: Existing

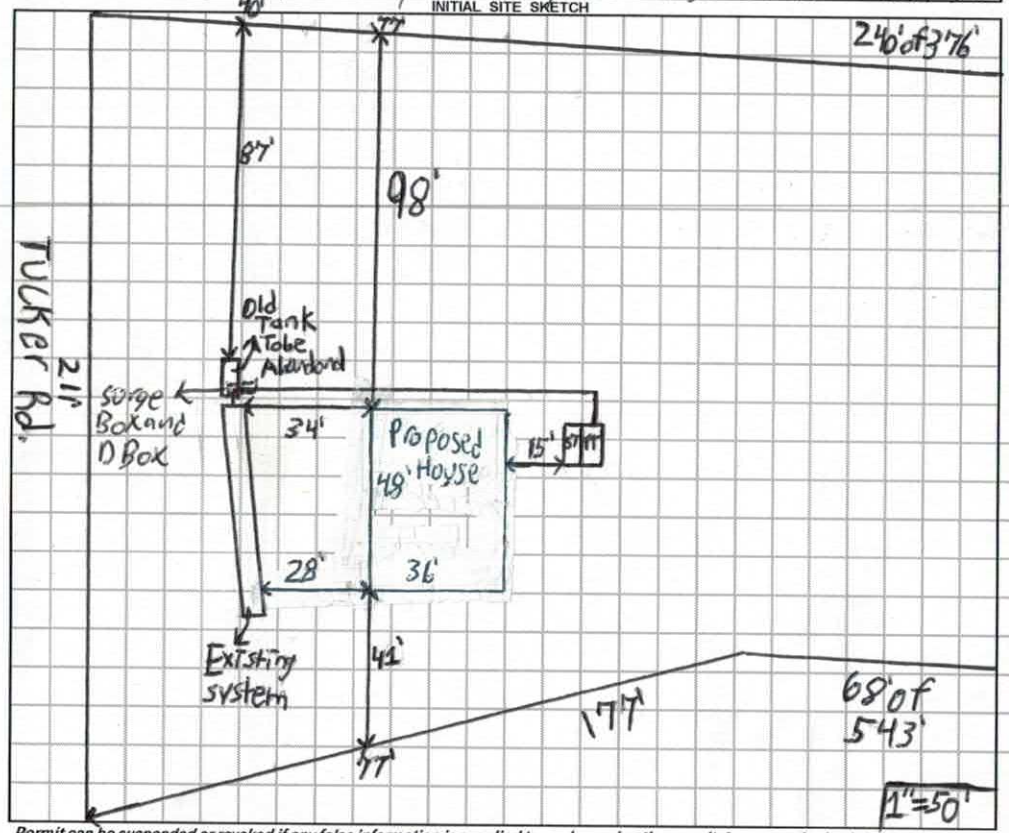
Septic Tank	1000 (gal)	STB	7100	Date	3-8-20	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	3613	Date	3-22-20	System Description:	Pump to Existing Gravelbed
Pump Make	Gardes	Model		Serial #		Repair System Description:	Repair exempt
# Nitrification Fields	1	# Lines	Existing	Linear Ft	Existing	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	—	Trench Bottom Depth(Low side)	—			Gravel Depth	Existing ☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing | No. Bedrooms 2 | No. Persons 4 | No. Employees | ☒ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Divert all stormwater drainage, NO Foundation drains may be installed. When old House and carport are demolished and Removed DO NOT Damage existing Gravelbed which MUST Be marked during Removal

INITIAL SITE SKETCH



AS BUILT SKETCH

- tanks ✓
- pressure ✓
- alarm ✓
- floats ✓

tanks 10' off back of house

- new splash box installed + existing d-box used
- new pvc ran into old cement tile in existing drainfield

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: _____ Date: 6-13-19 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Patrick J Beale III Date: 06/25/19 OPERATION PERMIT by: Carla C Nicks Date: 5-11-20

AUTHORIZATION TO CONSTRUCT by: Patrick J Beale III Date: 06/25/19 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day th[illegible]ction is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Clayton Homes
ADDRESS: 2026 North Side Dr Statesville NC 28625
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 240 GPD
LOCATION OF SITE: 146 Tucker Rd Statesville NC 28677
APPLICATION DATE: 5/15/19
DATE EVALUATED: 5/30/19
PROPERTY SIZE: 2.732 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	SS 4%	0-15	Compacted clay	Fi SSS P sexp	Y Brotting through 04+	48"	Litho inclusions 25-48"	—	.2 Won't use
		15-23	SCL SBK	Fr SSS P Sexp					
		25-48	C SBK	Fr S P Sexp					
2	SS 4%	0-15	SCL	Fr SSS P Sexy	Chromas found at 30" 5Y 5/2	48	few litho inclusions	Chromaz at 30"	PS, .275 Until 30" then unsuitable
		15-30	C SBK/ABK	Fr SS sl Sexy					
		30-48	LABK	Fr SSSP Sexp					
3	SS 9%	0-18	SCL SBK	Fr SS SP Sexp	—	48"	—	—	PS, .2 until 18" then U
		18-48	C VSBK	Fr S P exp					
4	SS 14%	0-11	SCL	Fr SS SP Sexp	Chromas starting at 16" becomes more common toward bottom	48	litho inclusions starting at 24"	—	PS, .2
		11-24	C SBK/ABK	Fr SS SP Sexp					
		24-48	C ABK	Fr SSS P Sexp					

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

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

COMMENTS:

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

Sheet 2 of 2
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Clayton Homes
ADDRESS: 2626 Northside Dr Statesville NC 28625
PROPOSED FACILITY: New SFD PROPOSED DESIGN FLOW (.1949): 240 GPD
LOCATION OF SITE: 146 Tucker Rd Statesville NC 28677
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE: 5/15/19
DATE EVALUATED: 5/30/19
PROPERTY SIZE: 2.732 acres
PROPERTY RECORDED: yes

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
5	SS 14%	0-10	SCLsbk	Fr SS SP SexP	5YR 8/1 at 18"	48	Litho inclusions	Chroma 2's at 18"	PS, 25 44,7 18"
		10-16	C SBK	Fr SS SP SexP					
		16-48	C SBK	Fr SS SP SexP					
6	SS 10%	0-11	SCLSBK	Fr SS SP SexP	Chroma 2's at 16" Tigerdirt starting at 30"	48"	Some sap inclusions	Tigerdirt at 30"	PS, 25 unfit Unsuitable at 16"
		11-21	CABK	Fr SS SP SexP					
		21-30	CADK	Fr SS SP SexP					
		30-48	Tigerdirt	—					
7	SS 2%	0-32	Fill	—	—	48"	—	expansive at 32"	U
		32-48	C Mass	Fr SP ExP					
4									

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

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

COMMENTS:

(48-12)-(36X.14)

36-5

31"

(18-12)-(36X.14)

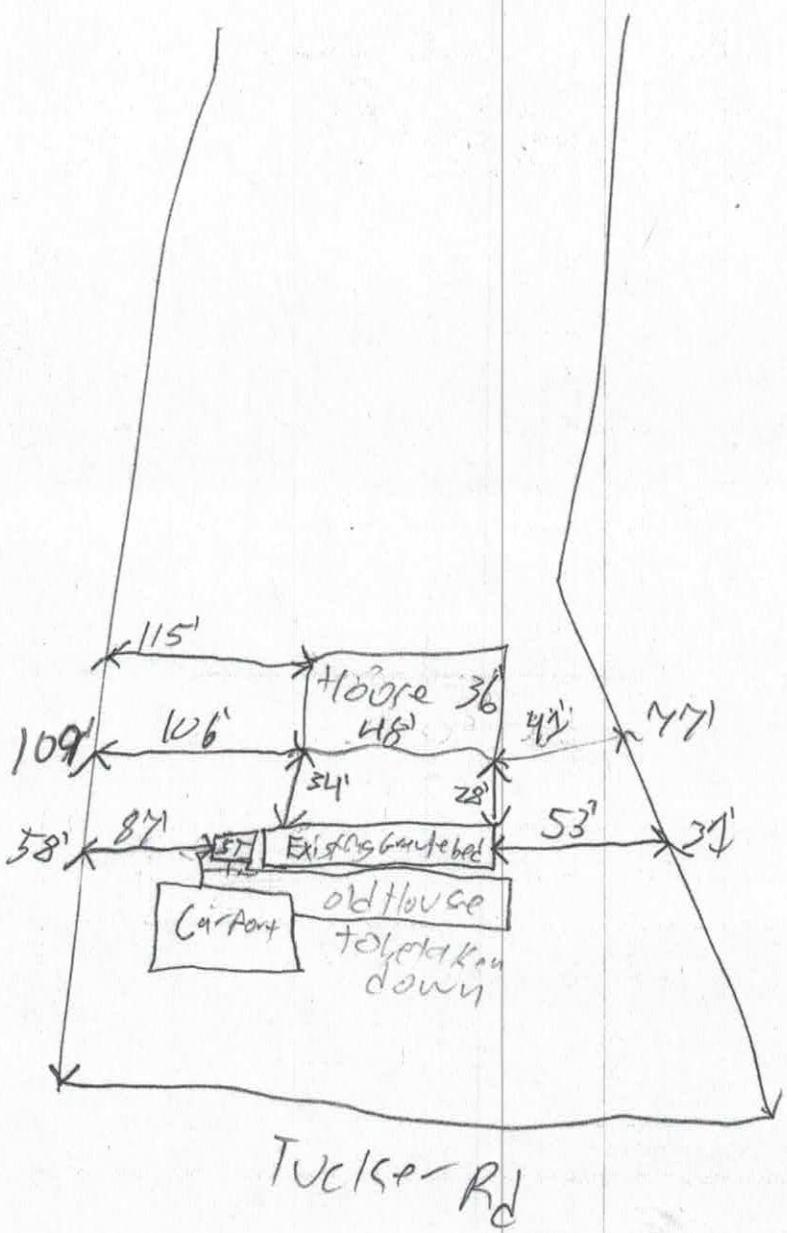
6-5

1"

14"

240÷.2 → 1200÷3 → 400X.75 → 300'

240÷.2 → 1200÷3 → 400X.5 → 200'



RECEIVED MAY 16 2019 #044735

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

Paid $500.00

(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 — Expand

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 Statesville	2036 North Side Dr Statesville, NC 28625	Adam Cuestevens Site Coordinator	704-929-1552	704 873 2547
Applicant Name	Mailing Address		Home Phone #	Alternate Phone #
Jack Hurley	146 Tucker Rd Statesville, NC 28677		704-799-5378	
Owner Name	Mailing Address		Home Phone #	Alternate Phone #

4. **Property Information:**

146 Tucker Rd Statesville, NC 28677	N/A	N/A
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: See Attached

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)* 3 BEDROOM

(✓) New, Single Family Residence	Maximum Number of Bedrooms 2	(✓) Crawl Space Foundation?
( ) New, Multi-Family Residence	Maximum Number of Occupants 4	( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System	If Expansion, Current Number of Bedrooms ___	( ) Basement w/Plumbing?
Repair To Failing Septic System due to ___		( ) Basement w/out Plumbing?
( ) Other ___		

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ Year
   ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional (X) Other 25%

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:** [signature] Clayton Homes Statesville
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — 5/15/19 DATE

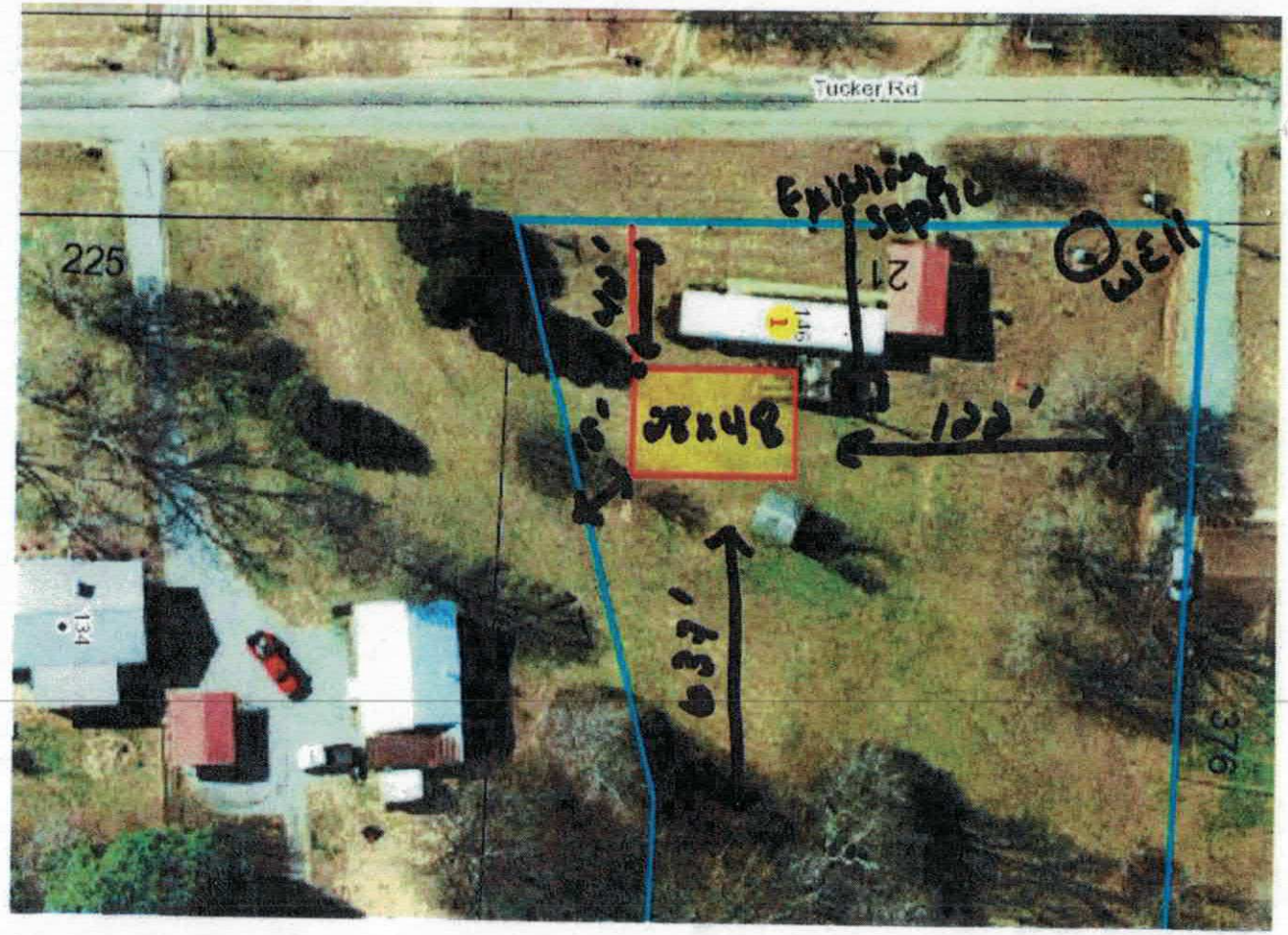
S:\Shared\EH_Admin\OSWW\ Application for New or Existing System

* Single Wide
Will Be Removed

* Need New Septic

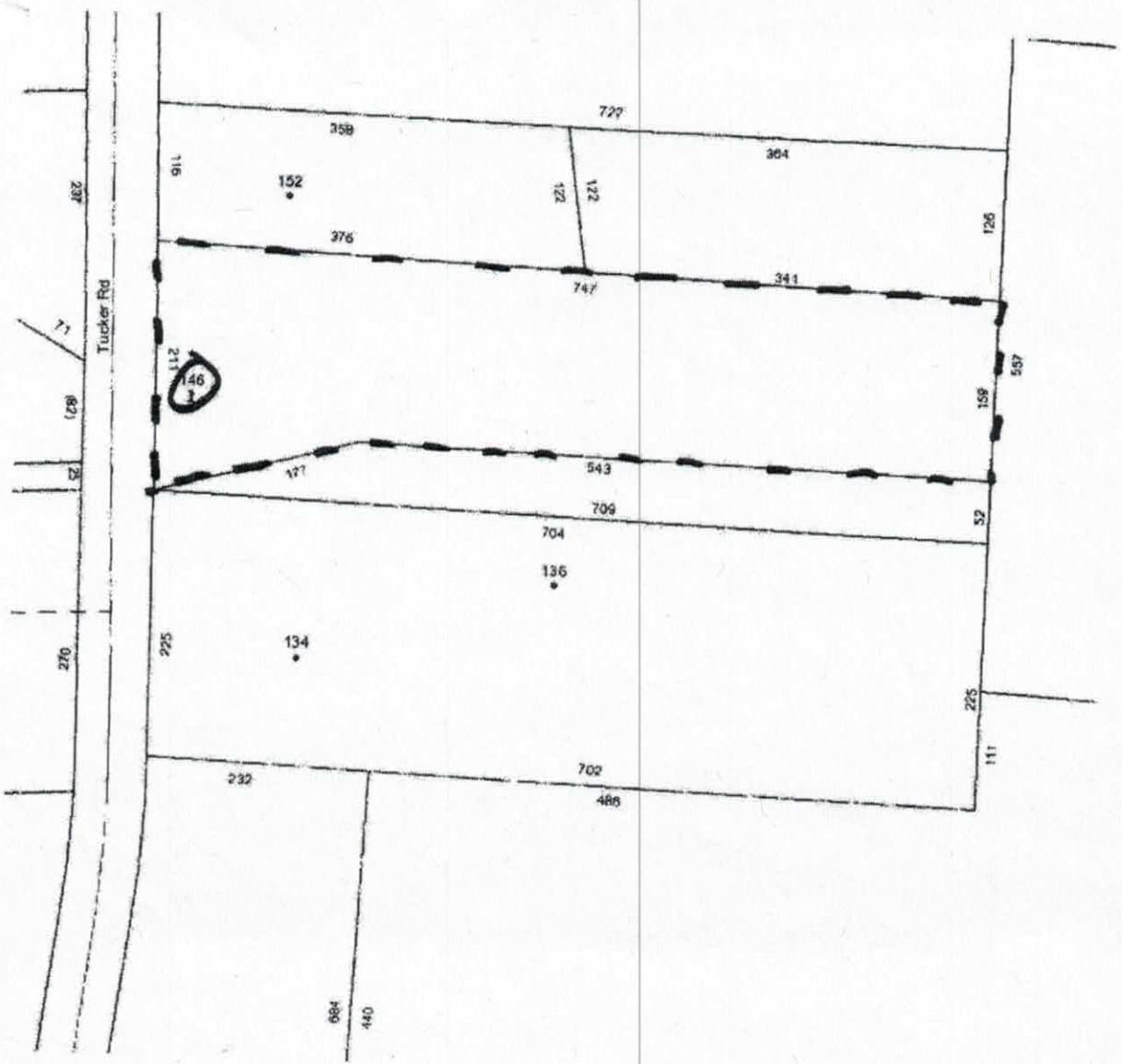
* 3 Bed if Possible

IF NOT 2BR



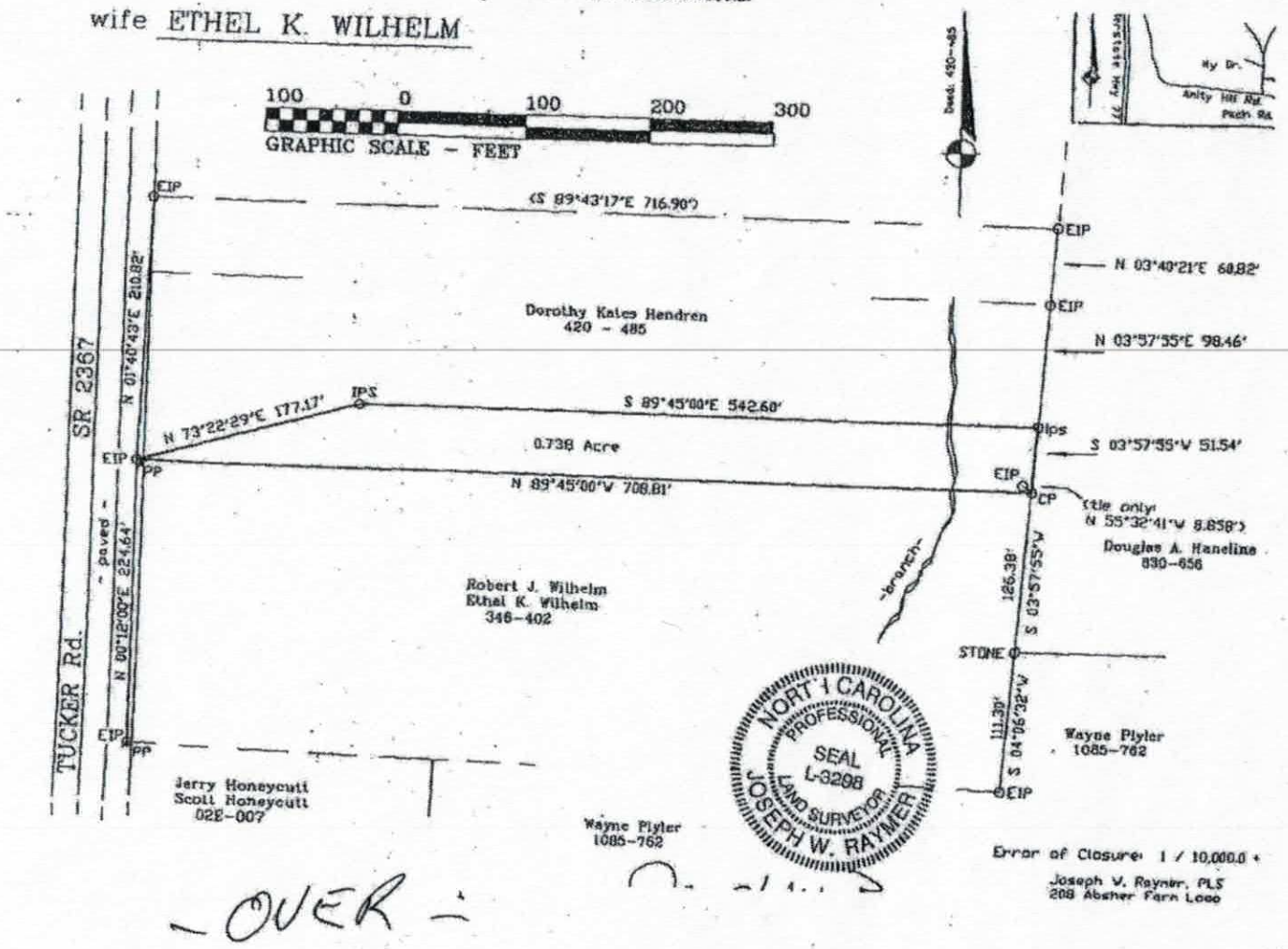
P.N: 4752402842

* Corners Marked
* Existing Well
* Exiting 2 Bed Septic — MAY HAVE TO DEMO & LOCATE SEPTIC TO ANOTHER LOCATION


Tucker Rd
722
358
364
116
152
122
122
126
376
747
341
211
146
587
158
543
127
709
704
52
136
134
225
270
225
111
232
702
486
684
440

THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.

wife ETHEL K. WILHELM



Error of Closure: 1 / 10,000.0 +

Joseph W. Raymer, PLS
208 Absher Farm Loop

- OVER -

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 [illegible], am the legal owner(s) of the property located at 146 TUCKER RD STATESVILLE, identified as PIN (Parcel Identification Number) 4654-28-9264, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ADAM CASSTEVENS CLAYTON HOMES, 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 [signature] _____ Signature of Owner(s) _____ Date

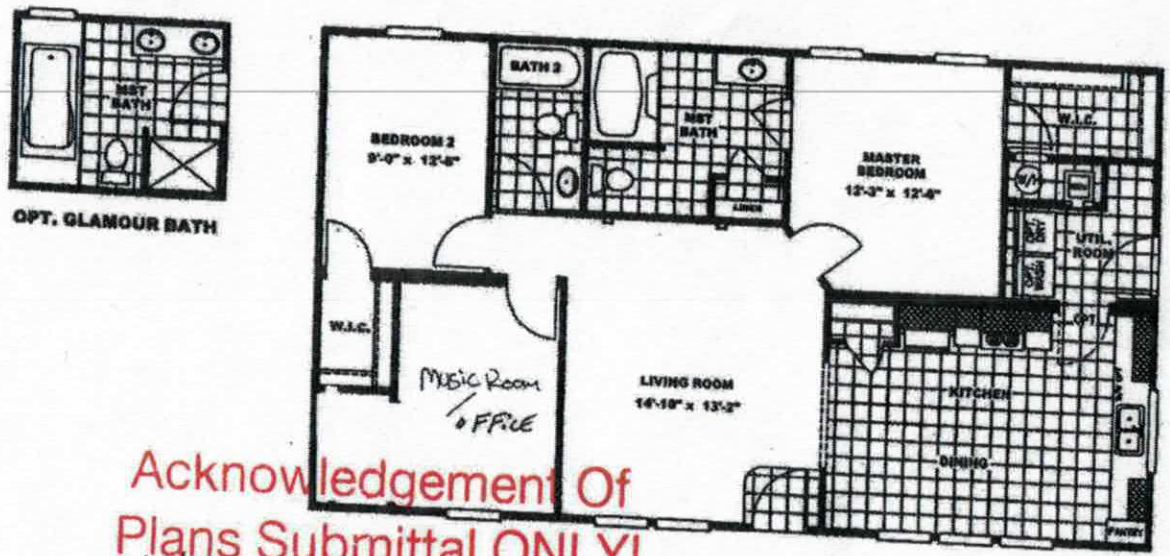
[signature] Signature of Witness 5/15/19 Date

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

Paris



Acknowledgement Of
Plans Submittal ONLY!
Patrick Bagley III Date 06/25/19
Date
5/15/19
Clayton Homes Statesville

IREDELL COUNTY

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

APPLICATION NUMBER
244735
Issue Date: 05/16/2019

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4752402842.000	146 TUCKER ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HAILEY JACK R (LE)	Applicant: CLAYTON HOMES OF STATE
Address: 146 TUCKER ROAD	Address: 2026 NORTHSIDE DR
STATESVILLE, NC 28677	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
DW	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.732	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID 5/16/19

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.

Attached

Applicant: _____ Date: _____

Permit Number	177792	TOTAL FEES:	$ 77.25

Department of Development Services
PLANNING DIVISION
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide X Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
YES - BUILDING UTILITY, CARPORT

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 2 and stories? 1

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes ~~No~~ If yes, please list who provides it: _____

Does the property have community sewer? Yes ~~No~~ If yes, please list who provides it: _____

Owner Information

Property Owner's Name Jack Hailey Phone # _____

Owner's Current Address 146 TUCKER RD STATESVILLE

Property Information

Property Address 146 TUCKER RD STATESVILLE Parcel # 4752.40.2042

Subdivision:_____ Lot:___ Zoning:___ Watershed: Y or (N) Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Clayton Homes Statesville Applicant's Phone # 704 873 2547

Applicant's Address 2026 NORTHSIDE DR STATESVILLE

If Company, Representative's Name and Title Ryan EASTERLY / PROJ MNGR

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT _____ DATE 5/15/19

CLAYTON HOMES STATESVILLE