ICHD - ENVIRONMENTAL HEALTH DIVISION

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

2 Manf-2022-10427

PERMIT # 2023-15332

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

PIN # 4753 --99 --3612

APPLICANT/OWNER: Clayton Homes — APPLICANT ADDRESS: 2026 Northside Drive Statesville NC 28677

SITE ADDRESS: 413 Twin Oaks Rd Statesville NC 28625 — PHONE: 704 929 1552 — ALT. PHONE

SITE DIRECTIONS: Hwy 70 to Twin Oaks Site on Right — SAP CONTROLLED: ☐ YES ☒ NO

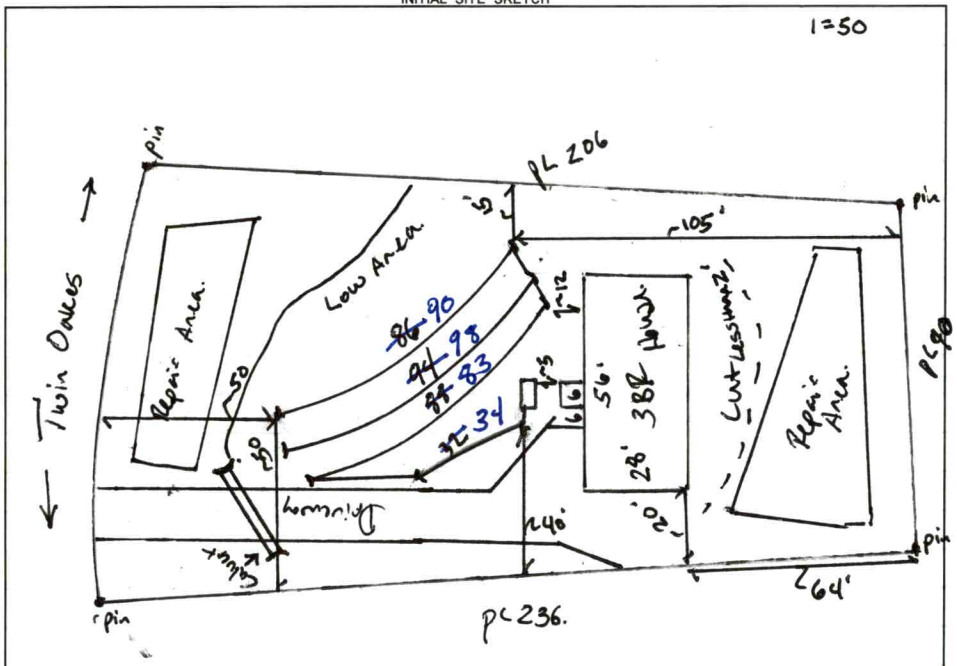
SUBDIVISION: Mrs. Roby Lackey — SECTION: — LOT # 38 — LOT AREA: — DESIGN FLOW: 360 — L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	760.	Date	3-11-23	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	50% Reduction		
# Nitrification Fields	1	# Lines	4	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36in	Trench Bottom Depth ~~(Low side)~~	36in max	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE	

☒ Residence	No. Bedrooms	3	**Water Supply**
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install Septic Drainlines on the contour of the Land Utilize Serial Distribution. Do not Drive, park, pave, grade or bury utilities in Drainfield.

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.

* 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: _____ Date: _____ Installed by: Steve Jordan - Piedmont Backhoe

IMPROVEMENT PERMIT by: Benjamin A Boles Date: 2-13-2023 OPERATION PERMIT by: Benjamin A Boles Date: 4-20-23

AUTHORIZATION TO CONSTRUCT by: Benjamin A Boles Date: 2-13-2023. Existing System Inspected by: _____ Date: _____

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

PERMIT DETAILED REPORT (RELAY-2023-15332)
FOR IREDELL COUNTY

Permit Type	EH Re-layout	**Project:**		**App Date:**	02/01/2023
Work Class:	EH Comprehensive	**District:**	Iredell County	**Issue Date:**	NOT ISSUED
Status:	In Progress	**Square Feet:**	0.00	**Exp Date:**	NOT AVAILABLE
Description:	INTERMEDIATE RELAYOUT - SEE INTERNA NOTES new doublewide home need relayout of septic system	**Valuation:**	$0.00	**Final Date:**	NOT FINALED

Parcel: 4753993612.000 Main	**Address:** 413 Twin Oaks Rd Statesville, NC 28625 Main	**Zone:** RA (Residential Agricultural District) Main

Applicant/Authorized Agent
Clayton Homes #72
2026 Northside Dr
Statesville, NC 28677
Home:
Business:
Mobile: 7049291552

Applicant/Authorized Agent
Clayton Homes #72
2026 Northside 2026 Northside Dr
Statesville, NC 28677
Home:
Business:
Mobile: 7049291552

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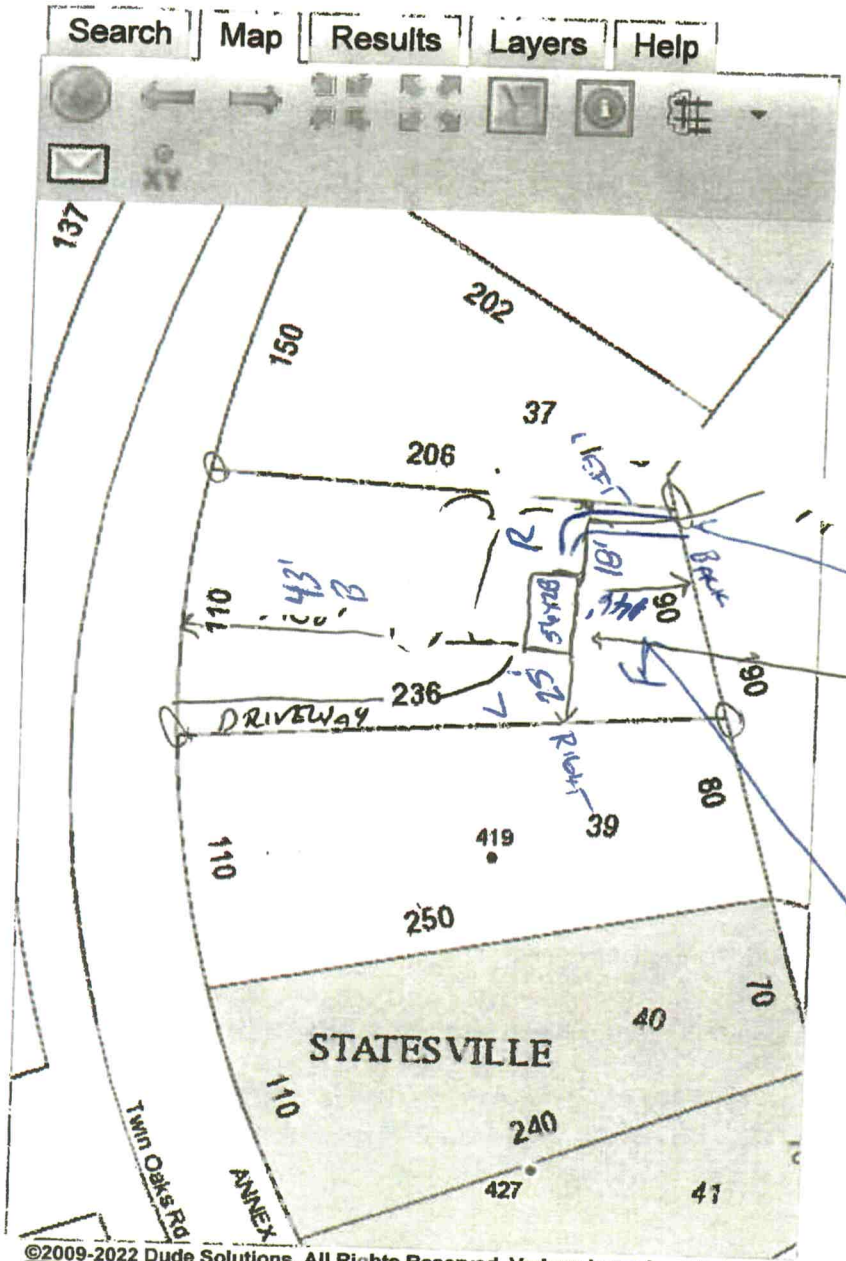
Property Owner
Clayton Homes #72
2026 Northside Dr
Statesville, NC 28677
Home:
Business:
Mobile: 7049291552

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Clayton Homes #72
2026 Northside 2026 Northside Dr
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Home:
Business:
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Property Owner
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2026 Northside Dr
Statesville, NC 28677
Home:
Business:
Mobile: 7049291552

Note	**Created By**	**Date and Time Created**
1. Spoke with Heath regarding application. Fees will not be charged until determined if error was made by applicant or EH staff	Barbara Nebel	February 7, 2023 11:44 am

Invoice No.	**Fee**	**Fee Amount**	**Amount Paid**
NOT INVOICED	Limited Re-layout	$105.00	$0.00
	Comprehensive Gravity System Re-layout	$500.00	$0.00
	Total for Invoice NOT INVOICED	$605.00	$0.00
	Grand Total for Permit	**$605.00**	**$0.00**



SETBACKS
Back 43'
Left 25'
Right 18'
Front 146'

* ALL 4 PROPERTY CORNERS ARE MARKED + HOME FLAGGED

DRIVEWAY

NEW 56x28 DOUBLEWIDE HOME

CURRENT PERMITTED SEPTIC AREA

* 145' TO WATER

OK

413 TWIN OAKS RD

POSSIBLE SPEC LAND

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 DCH Mooresville Office (704) 660-3625 - PERMIT # AP 324631

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

PIN # 4753 -- 99 -- 3612

APPLICANT/OWNER: Adam Castevens — APPLICANT ADDRESS: 762 Round Peak Rd Mt Airy 27030

SITE ADDRESS: 413 Twin Oaks Road Statesville NC 28625 — PHONE: 704-829-1552 — ALT. PHONE 704-873-2597

SITE DIRECTIONS: Hwy 70E Lon Fanjoy Ln Twin Oaks Road

SUBDIVISION: MRS Roby Lackey — SECTION: - LOT # 38 LOT AREA: - — SAP CONTROLLED: ☐ YES ☒ NO — DESIGN FLOW: 360gpd L.T.A.R.: .5

Septic Tank	1000 (gal)	STB	Date		
Pump Tank	(gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields	1	# Lines	3	Linear Ft	300
Trench Width	36"	Trench Bottom Depth (Statesville)	Max 36"	Gravel Depth	-

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

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

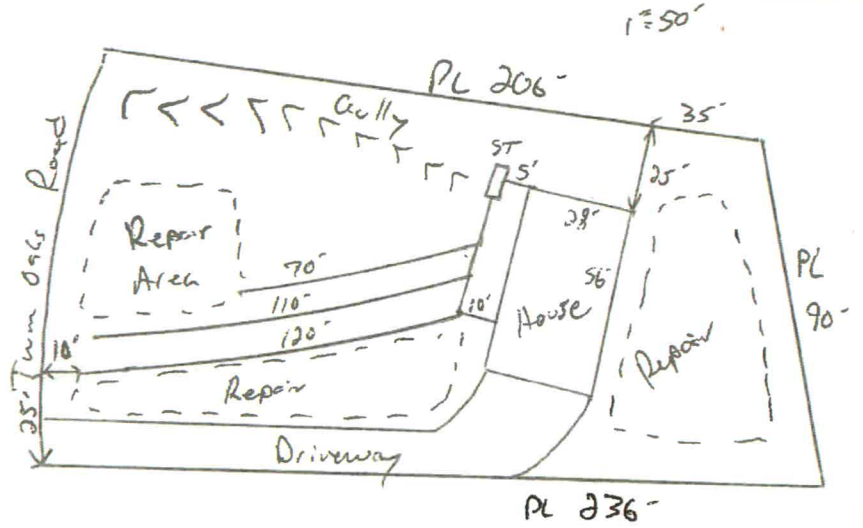
No. Bedrooms 3 — No. Persons 6 — No. Employees — ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install Drainlines on Contour of land use Serial distribution

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.

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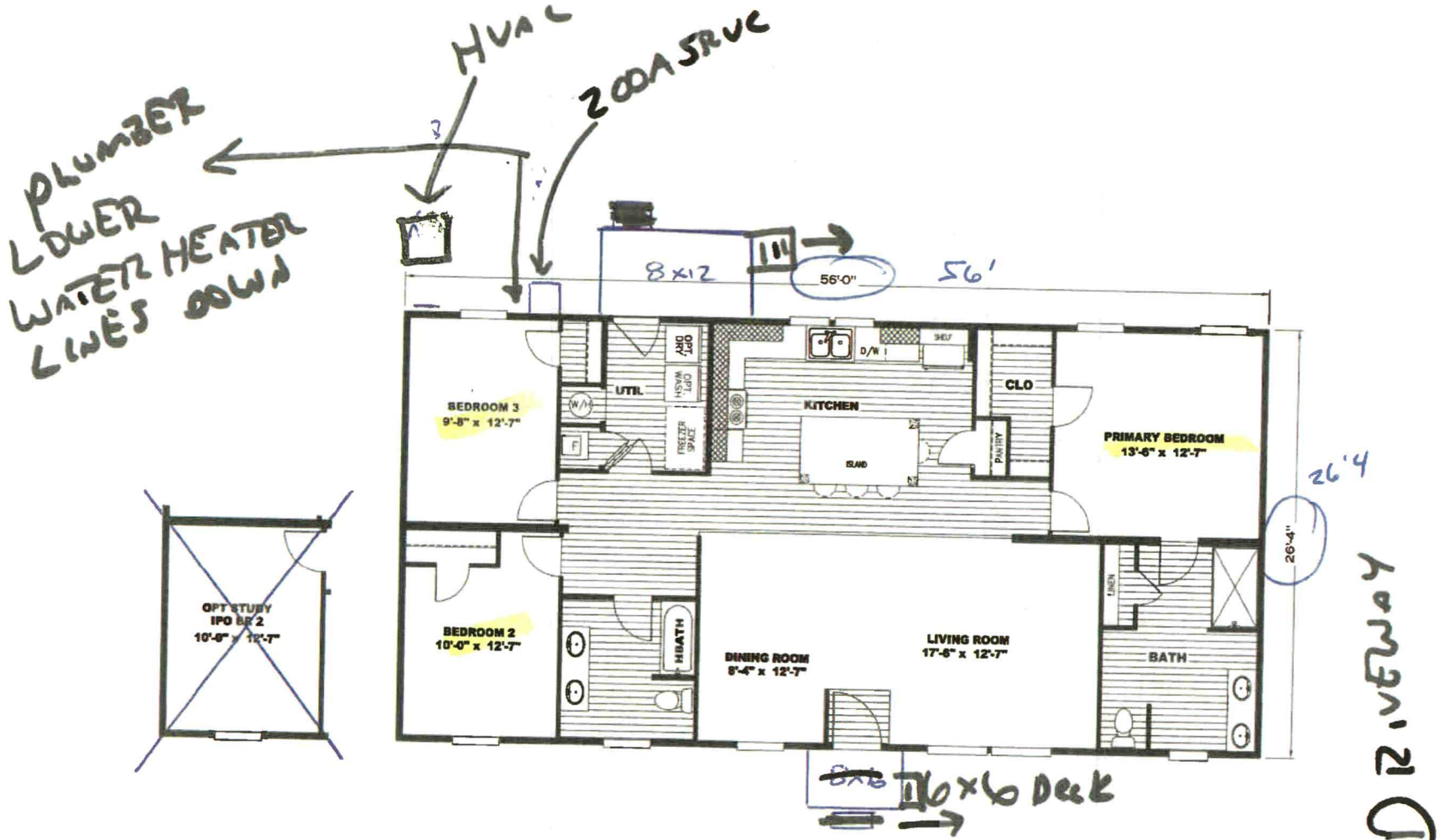
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: 3-7-2022 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: 3-7-2022 Existing System Inspected by: _____ Date: _____

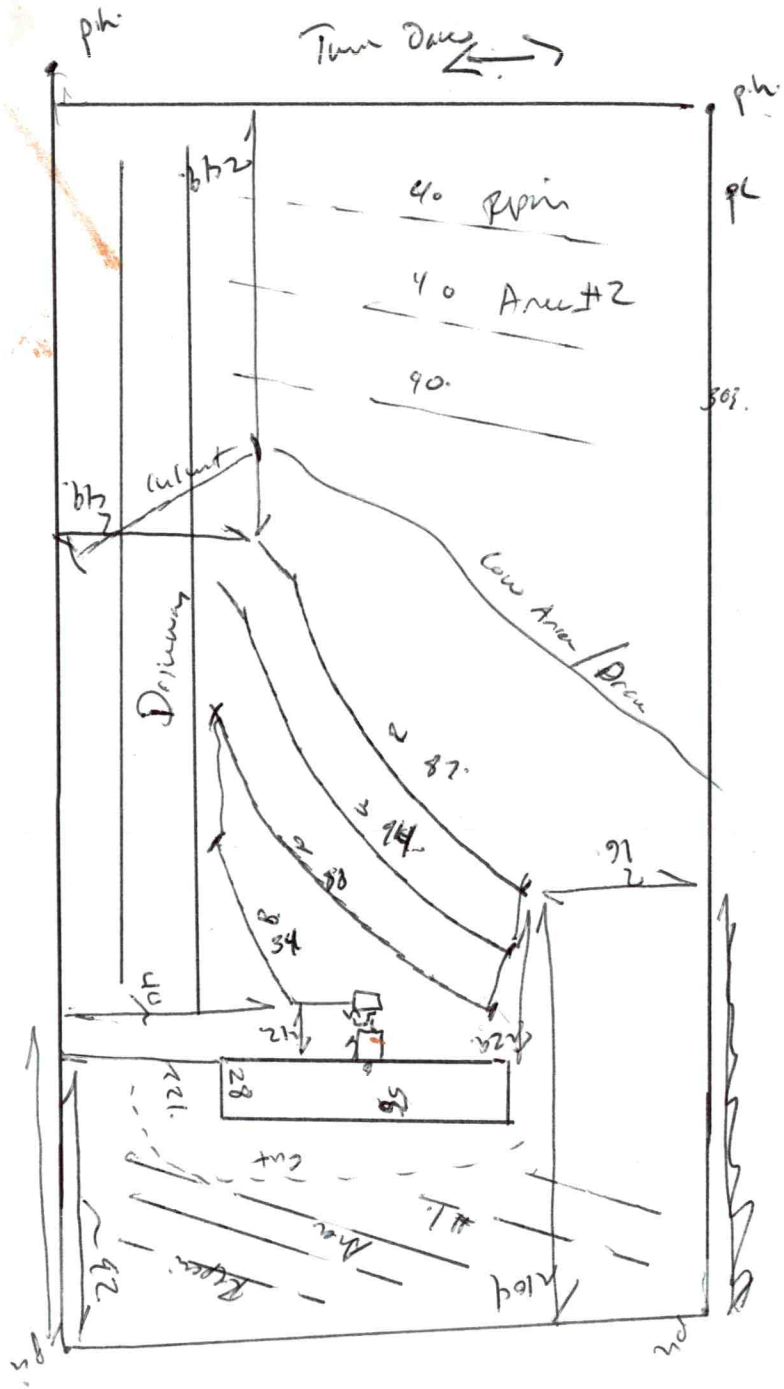
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.



Septic Area

Model #: UBX28563C
Drawing #:
29M195

C:\Users\hardwicke\OneDrive - Clayton Homes\Desktop\DWG Files\29m195.dwg, 11/7/2022 3:41:24 PM, Adobe PDF


Town Dance
ph.
ph.
40 Rprin
40 Area #2
90.
Culvert
Driveway
Cow Area Drive
87.
94.
88
34
91
28
95
Rock
Rock

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
02/15/2023

Owner: Clayton Mobile Homes
Address: 2026 Northside Drive Statesville NC

Subject: Notice of Intent to Revoke/Suspend : 413 Twin Oaks Road Statesville NC

Dear Clayton Mobile Homes:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 135 Stillwater Rd for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization III determined the following violations:

Violation	Law or Rule Citation
Change in drain field layout and driveway	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 02/15/23. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

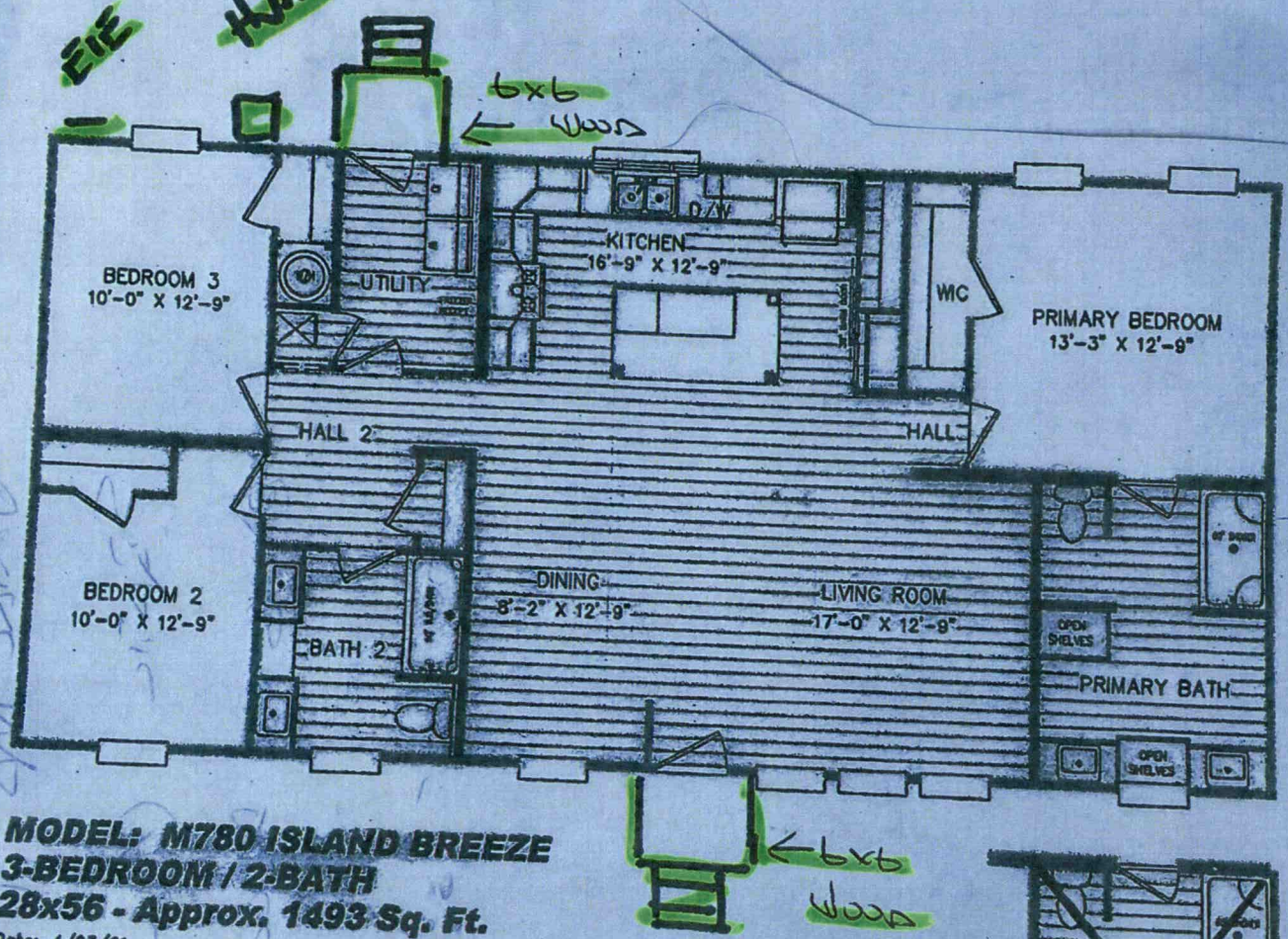
Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

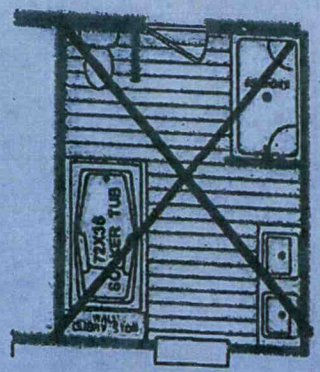
Benjamin A Botkins

Signature of DHHS Authorized Agent



MODEL: M780 ISLAND BREEZE
3-BEDROOM / 2-BATH
28x56 - Approx. 1493 Sq. Ft.
Date: 4/23/21

11/30/2021



GLAMOUR BATH OPT.

3/5/22

3-9-2022

DRIVEWAY AREA

* SPLIT FACE ROCK
* WHITE WINDOWS

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

Sheet 1 of 1
PROPERTY ID #: 475399612
COUNTY: Iredell

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

OWNER: Adam Caskeiers
ADDRESS: 762 Round Peak Rd
PROPOSED FACILITY: 3R
LOCATION OF SITE: 413 Turn Oaks Road
APPLICATION DATE: 1-3-22
DATE EVALUATED:
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: —
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4-5% SS	0-6	SBK SCL	F, SSSP Sand	NA	48+	NA	NA	PS .3
		6-24	SBK C						
		24-48	SBK CL						
2	4-5% SS	0-6	SBK SCL		NA	48+	NA	NA	PS .3
		6-33	SBK C						
		33-48	SBK CL						
3	4-5% SS	0-6	SBK SCL		NA	48+	NA	NA	PS .3
		6-38	SBK C						
		38-48	SBK CL						
4	4-5% SS	0-6	SBK SCL		NA	48+	NA	NA	PS .3
		6-33	SBK C						
		33-48	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	200'
System Type(s)	25%	50%
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
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.

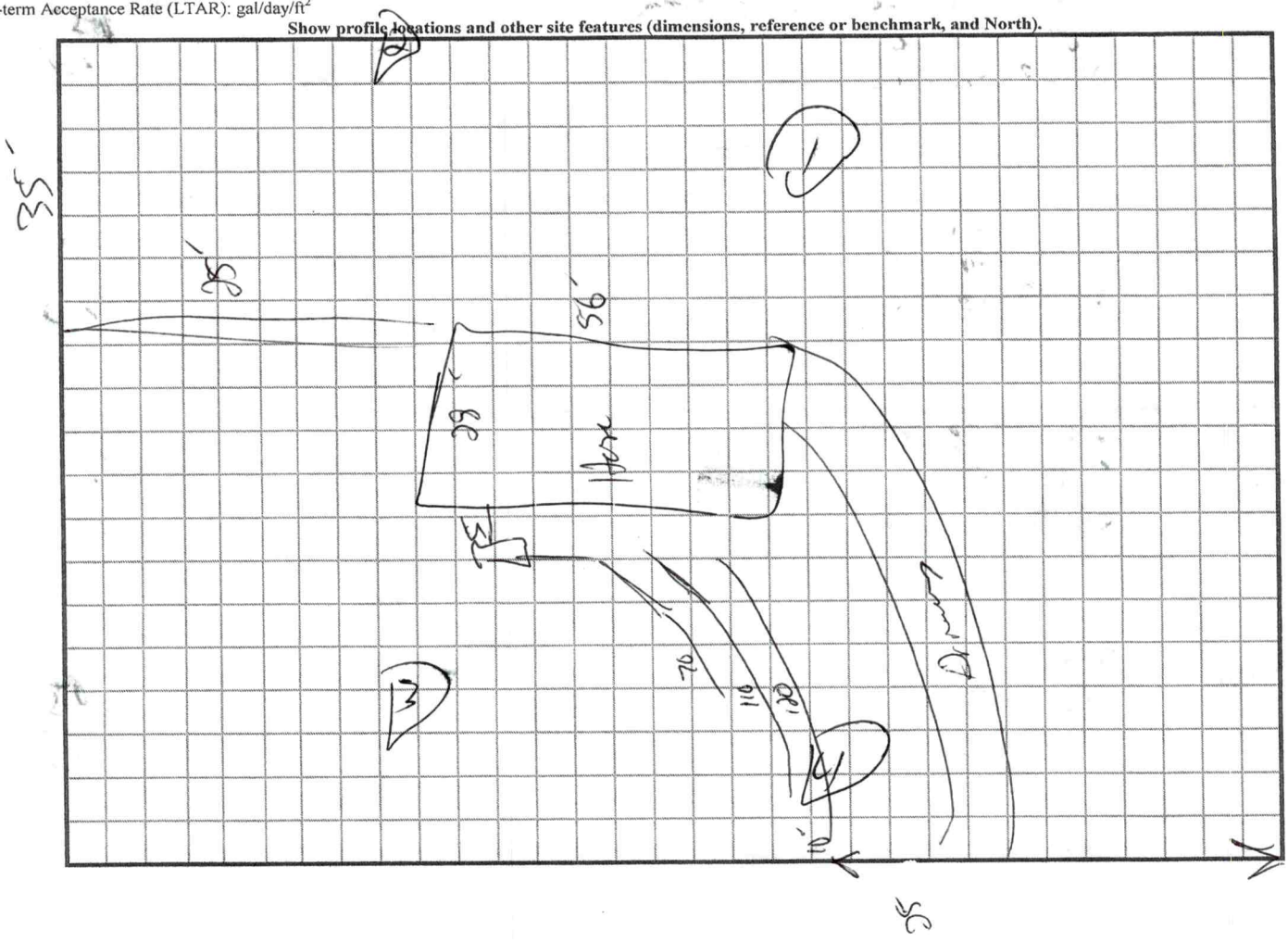
NOTES

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/ft^2

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



RECEIVED JAN 13 2022

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-324631 $500.00

Application For:
( ) Septic Improvement Permit (X) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: ADAM CAISTEKINS Address: 762 ROUND PEAK CHRD MT AIRY Zip: 27030
Applicant Email: propertysolutions6712@gmail.com Phone: 704 929 1552 Alt. Phone: 704 873 2597
Owner Name: VALERIE N GARRETT Address: 413 TWIN OAKS RD STATESVILLE Zip: _____
Owner Email: _____ Phone: 704 437 9490 Alt. Phone: _____

Property Information:

Street Address: 413 TWIN OAKS RD STATESVILLE
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: BESIDE OF 413 TWIN OAKS RD (TO THE LEFT)

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: _____
( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: 2510

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.

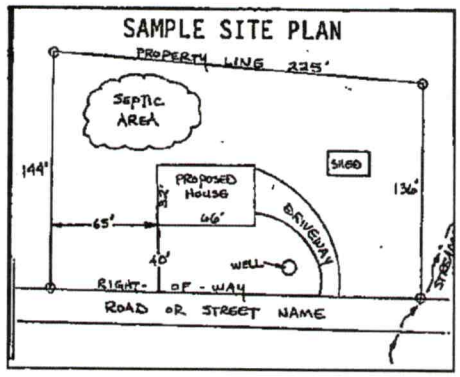
Signature: _____ 1/3/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and 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**

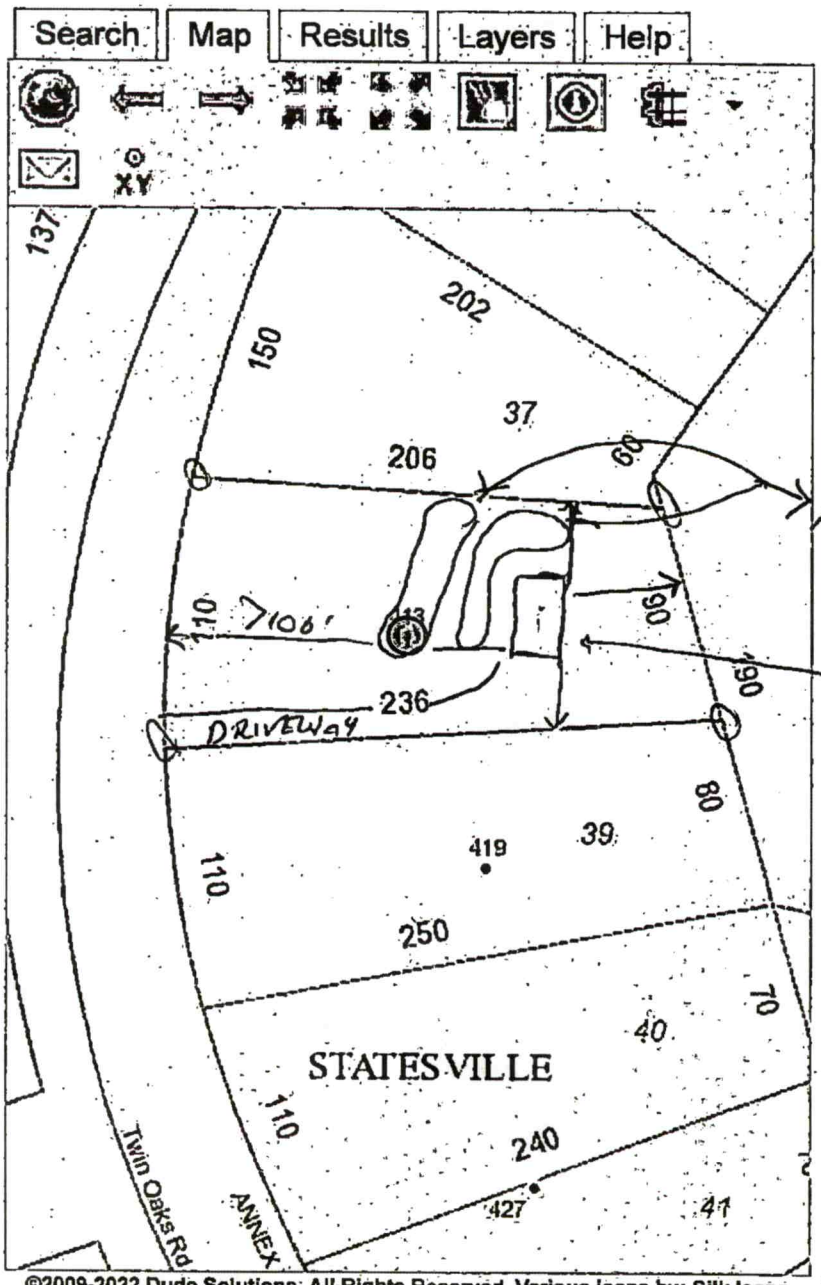
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Signature: _____ _____ 1/3/22

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



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Mobile device detection by: 51Degrees

* ALL 4 PROPERTY CORNERS ARE MARKED & HOME FLAGGED

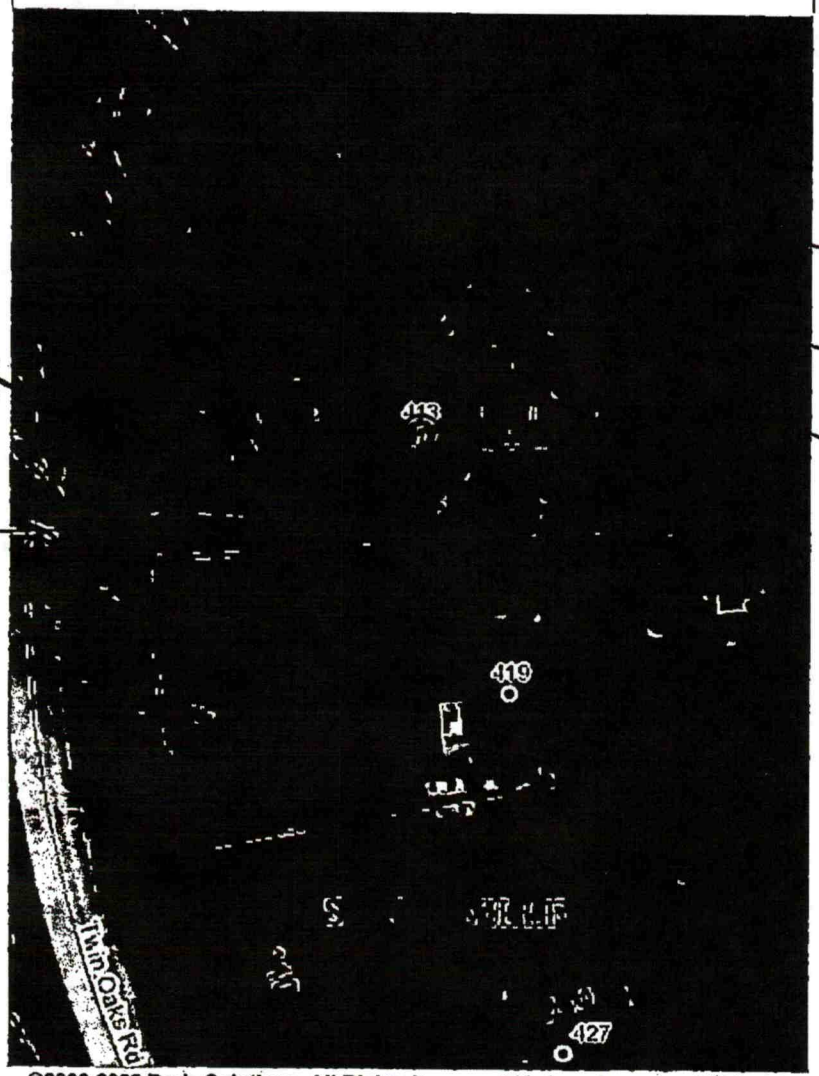
PROPOSED SEPTIC & REPAIR AREA

NEW 56x28 DOUBLEWIDE HOME

6x6 DECKS FRONT AND BACK

* HAS COUNTY WATER

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COUNTY WATER

DRIVEWAY

PROPOSED SEPTIC

PROPOSED REPAIR (POM)

NEW 56x28 DOUBLEWIDE

* PROPERTY CORNERS ARE MARKED

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, VALERIE GARNETT, am the legal owner(s) of the property located at 413 TWIN OAKS RD STATESVILLE, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print **legal representative/company name**) ADAM COPSTEAD _____, to act as an agent on my behalf in applying for/sign[illegible] 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
- Request for Compliance Inspection

[illegible] decisions and/or conditions between the legal representative acting on [illegible] of Public Health, Environmental Health Division.

[illegible] Garnett _____ 01[illegible]
[illegible] of Owner(s) [illegible]

Statesville - Environ[illegible]
ronda.hart@co.ir[illegible]
Fax: 704-87[illegible]
349 N. Center Street, [illegible]

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

AC **Complete all Environmental Health forms:**

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

AC **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

AC **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

AC **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

AC **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 1/3/22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

APPLICATION NUMBER
324631 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4753993612.000	413 TWIN OAKS RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: GARNETT VALERIE N	Name: CLAYTON HOMES OF STATESVILLE
Address:	Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677
Phone:	Phone: (704)873-2547

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	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.

PAID
Credit

Signature of Owner/Contractor

Date: 01/13/2022

Permit Number	324631	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
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) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide✓ 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)
N/A

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 3 and stories? 1

Please describe project (Details, Purpose, or Use): NEW DOUBLEWIDE HOME

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 1568

Does the property have community water? (Yes) No If yes, please list who provides it: CITY STATESVILLE

Does the property have community sewer? Yes (No) If yes, please list who provides it: ___

Owner Information

Property Owner's Name VALERIE N. GODLEY Phone # 704 437 9490

Owner's Current Address 419 TWIN OAKS RD STATESVILLE

Property Information

Property Address 413 TWIN OAKS RD STATESVILLE Parcel # ___

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

Directions to property (from a MAIN ROAD) ___

Application Information

Applicant's Name or Company ADAM CHRISTENSEN Applicant's Phone # 704 929 1552

Applicant's Address 762 ROUND PEAK CHURCH RD MT AIRY 27030

If Company, Representative's Name and Title ___

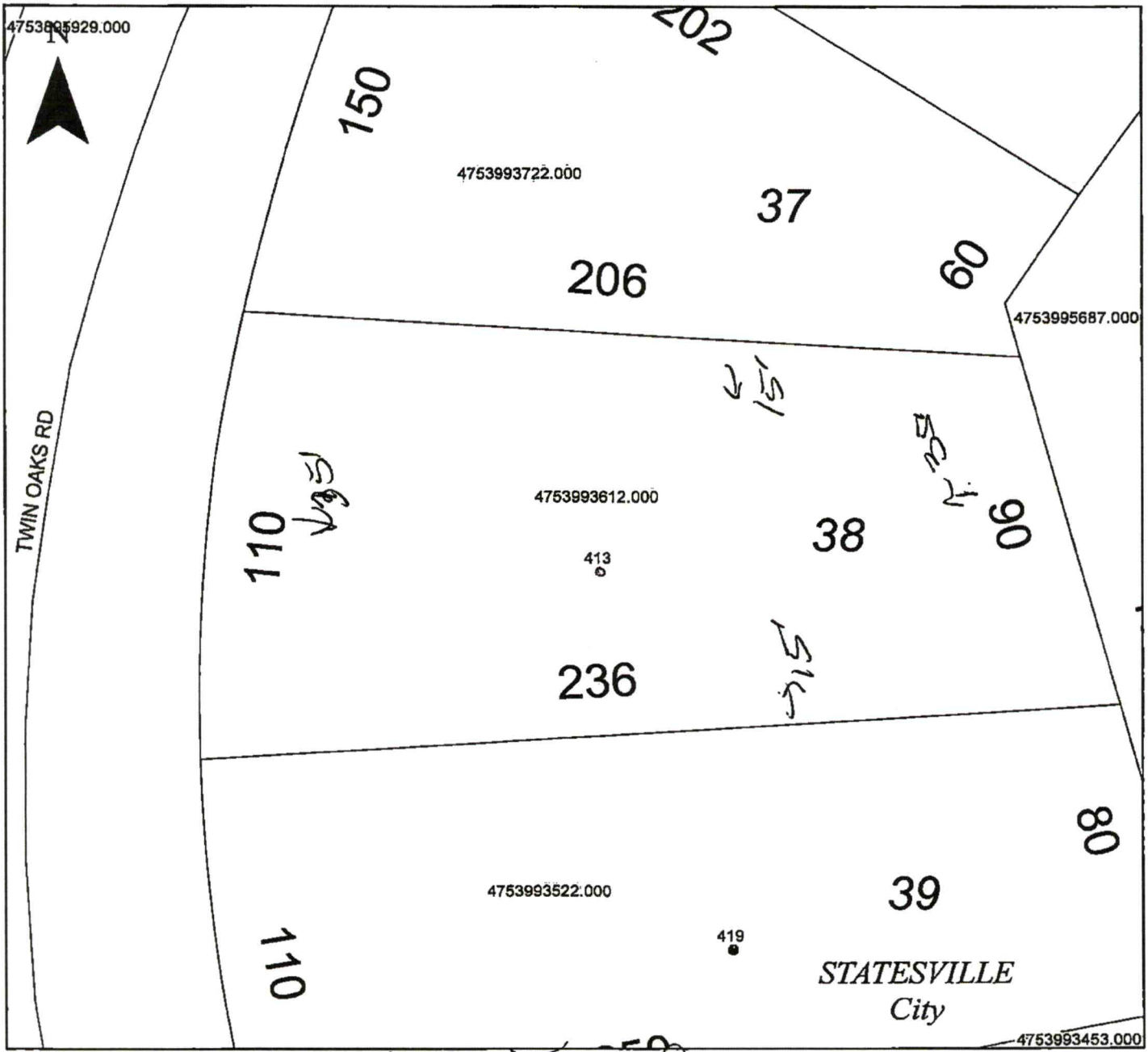
IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS 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 [signature] DATE 1/3/22

RAW

704 878-3564 UTILITIES

ZONING DISCLAIMER



Property Address 413 Twin Oaks

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

1/13/22
Date

IREDELL COUNTY, NC

Cash Register Receipt

Iredell County

Receipt Number
R14397

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			$577.25
AP-324631 Address: 413 TWIN OAKS RD APN: 4753993612.000			$577.25
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:R14397			$577.25

Date Paid: Thursday, January 13, 2022

Paid By: CLAYTON HOMES OF STATESVILLE

Cashier: MJH

Pay Method: CREDIT CARD 729489

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