ICHD–ENVIRONMENTAL HEALTH DIVISION

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

AS

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

PERMIT # AP308562

PIN # 4761027842

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

SITE ADDRESS: 123 Weathers Creek Rd Troutman NC 28166 | PHONE: 704-873-2547 | ALT. PHONE

SITE DIRECTIONS: NC 115 N to R on Shinnville Rd, L on Weathers Creek Rd, L on R

SUBDIVISION: Oak Ridge | SECTION: 1 | LOT # 3 | LOT AREA: 1.161 acres | SAP CONTROLLED: [X] YES [ ] NO | DESIGN FLOW: 360GPD | L.T.A.R.: 3

Septic Tank	1000 (gal)	STB	1012	Date	12-28-20	[X] 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:	LPP PBPS		
# Nitrification Fields	1	# Lines	4	Linear Ft	300	Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—	[X] GRAVITY	[ ] PRESSURE		

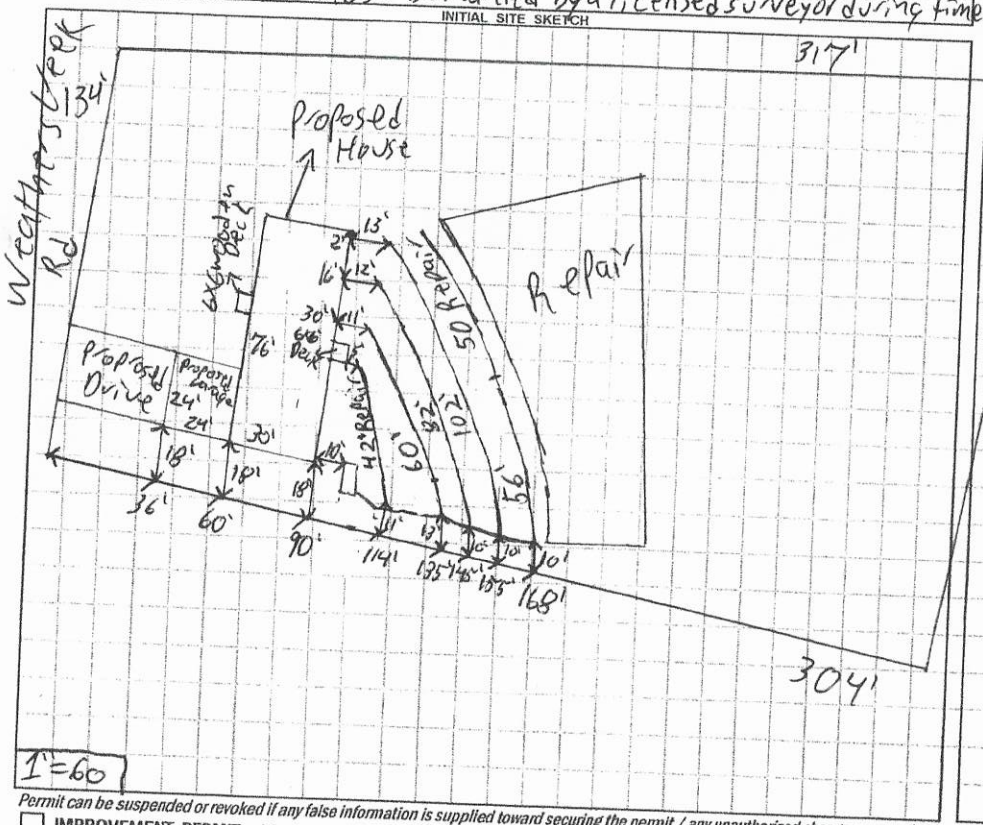
[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing [ ] Basement w/o plumbing

No. Bedrooms: 3 | No. Persons: 6 | No. Employees: | [X] Crawl Space

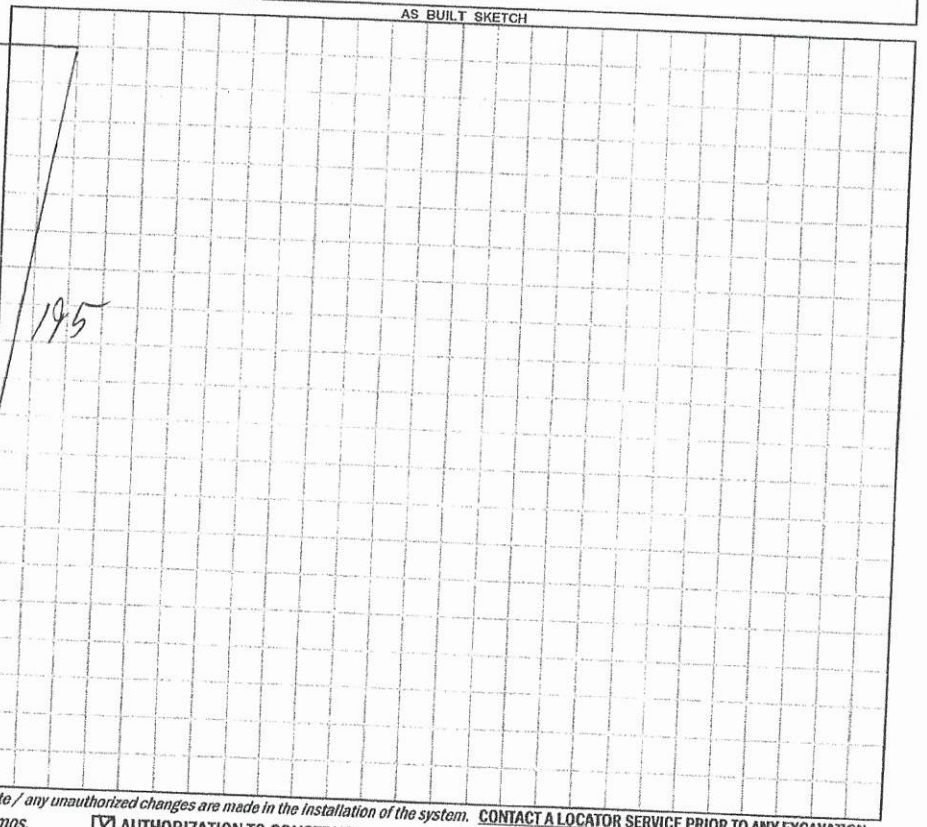
Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: DO NOT drive on stored material or manipulate drainfield in any way. Install lines on contour. All property lines and corners must be marked by a licensed surveyor during time of Installation and Inspection. Water Line must be 10' off any part of septic.

INITIAL SITE SKETCH



AS BUILT SKETCH



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.*

[X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.*

[X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature:

IMPROVEMENT PERMIT by: Patrick J Boyle III | Date: 8-31-2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III | Date: 8/17/2020

Installed by: Steve Jordan Piedmont Backhoe Service

OPERATION PERMIT by: | Date: 3-15-2021

Existing System Inspected by: | Date: 8/17/2020

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection 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 #: 4761027842
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): 360 GPD
LOCATION OF SITE: 123 Weathers Creek Rd Troutman NC 28166

APPLICATION DATE: 6/25/2020
DATE EVALUATED: 7/22/2020
PROPERTY SIZE: 1.16 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS	0-5	SCL WSBK	Fr SS SP SE XP		48"	Litho inclusions to begin at 48"	Present RX throughout	PS.3
		5-30	C SBK/ABK	Fr SS SP SE XP					
		30-48	CL SBK	Fr SS SP SE XP					
		48-60	CL Sap Mass	VFr					
2	SS	0-6	SCL WSBK	Fr SS SP SE XP	—	40	Litho inclusions to begin at 40"	Parent RX common throughout	PS.3
		6-30	C SBK/ABK	Fr SS SP SE XP					
		30-40	CL SBK	Fr SS SP SE XP					
		40-65	Heavy Sap Mass	VFr					
3	SS 8%	0-5	SCL WSBK	Fr SS SP SE XP	—	45	Litho inclusions Sap at 45"	Parent RX common throughout	PS.3
		5-25	C SBK	Fr SS SP SE XP					
		25-45	CL SBK	Fr SS SP SE XP					
		45-62	Heavy Sap Mass	VFr					
4	SS	0-6	SCL WSBK	Fr SS SP SE XP	4B mottles in top 20"	62"	Litho inclusions	Parent RX common throughout	PS.3
		6-20	C SBK/ABK	Fr SS SP SE XP					
		20-62	CL SBK	Fr SS SP SE XP					

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

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

COMMENTS: Sunny

Updated February 2014

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

Sheet 2 of 2
PROPERTY ID #: 476162 7842
COUNTY: Fayette

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

OWNER: Clayton Homes
ADDRESS: 2026 North Side Dr
PROPOSED FACILITY: New Single Family PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 123 Weathers Creek Rd

APPLICATION DATE: 4/5/2020
DATE EVALUATED: 4/22/2020
PROPERTY SIZE: 1.16 acres
PROPERTY RECORDED: Yes

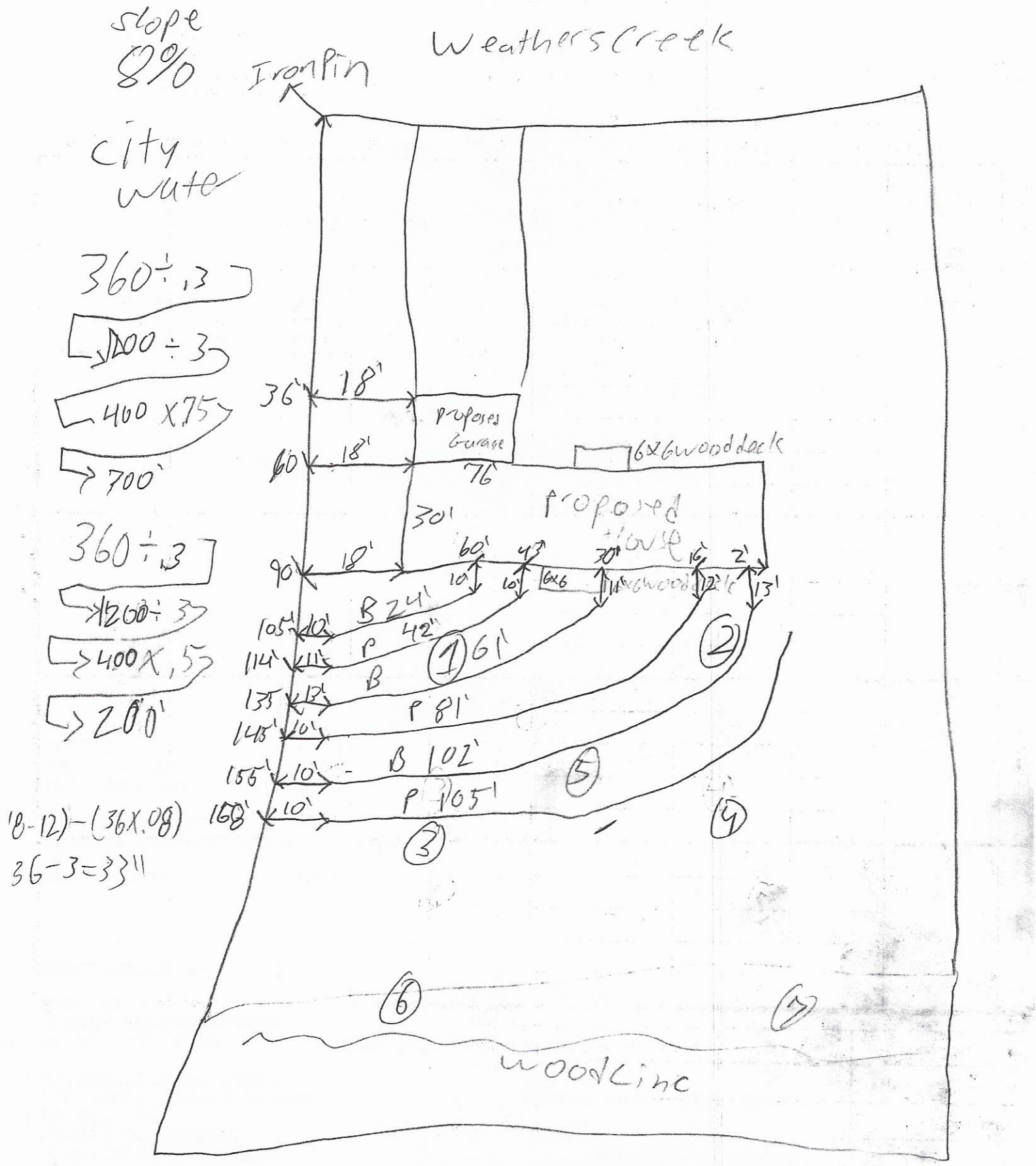
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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
5 1	SS	0-6	Fill	—	YB mottles	46"	Litho Inclusions Sap @ 46"	Parent Rx common throughout	PS,3
		6-22	C SBK/ABK	Fr SSS PS Sap					
		22-46	CL SBK	Fr SSS PS Sap					
		46-60	Loamy Sap Muss	VFr					
6 2	SS	0-6	Fill	—	—	60"	Litho Inclusions	Parent Rx common throughout	PS,3
		6-36	C ABK	Fr SSS PS Sap					
		36-60	CL SBK/ABK	Fr SSS P					
7 3	SS	0-10	Fill	—	Chroma 2's & 3's 34" SYR	60"	Litho Inclusions		V
		10-35	C ABK	Fr SSS P Sap					
		35-60	CL SBK/ABK	Fr SSS PS Sap					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	100	200
System Type(s)	25% Red	50% Red
Site LTAR	.3	.3

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

COMMENTS: Sunny


slope
8%
city
water
360 ÷ 3
120 ÷ 3
400 x 75
700'
360 ÷ 3
120 ÷ 3
400 x 1.5
200'
(8-12)-(36x.08)
36-3=33'
Iron Pin
Weathers Creek
36'
18'
proposed
garage
60'
18'
76'
6x6 wood deck
30'
proposed
house
90'
18'
60'
4'
30'
16'
2'
10'
10'
6x6
12'
13'
105'
10'
B 24'
114'
11'
P 42'
B
135'
12'
P 81'
145'
10'
B 102'
155'
10'
P 105'
168'
10'
1
2
3
4
5
6
7
woodline

RECEIVED JUN 26 2020

AP-308562
$500.00

RJB

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 — Applicant Name	2026 Northside Dr Statesville, NC 28625 — Mailing Address	704-873-2547 — Home Phone #	Site Coordinator Adam Carstevens 704-929-1552 — Alternate Phone #
Michael Sirico — Owner Name	N/A — Mailing Address	N/A — Home Phone #	N/A — Alternate Phone #

4. Property Information:

123 Weathers Creek Rd
Troutman, NC 28166 — Street Address

Oakridge — Subdivision Name

N/A — Section/Phase and Lot Number

Driving Directions: 77 S to Amity Hill Turn (L) make a (L) on Oswalt Amity Then (R) on Weathers Creek. 3rd lot on Left.

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 4
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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ✓ 2500

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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)

6/25/20
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:

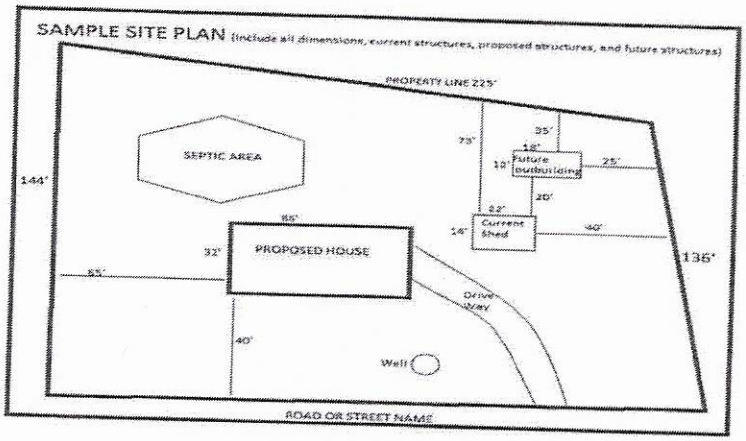
- ✓ Property Line measurements are clearly identified…
- _____ All proposed structures are indicated…

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…
- _____ Area you prefer your septic system to be placed…
- _____ Preferred driveway location and configuration, preferred well location…
- _____ 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



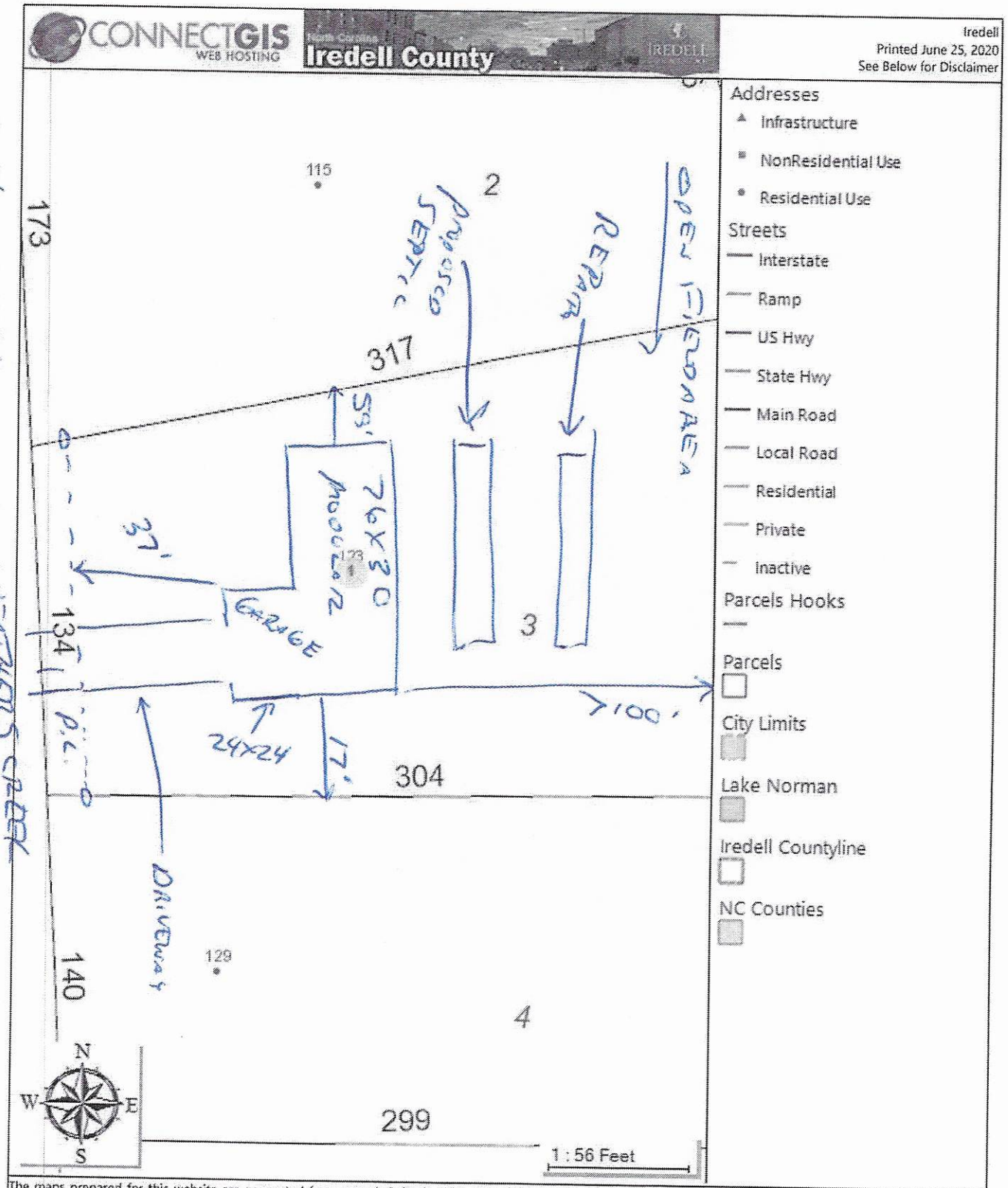
USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED

Signature: _____ CARL STORESUND

REQUIRED property owner or owner's legal representative signature.

6/26/20
DATE



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

I certify that this map was drawn under my supervision from an actual survey made under my supervision (description recorded in DB 1751 PG 229 or other reference source PB 49 PG 17) that the boundaries not surveyed are indicated as drawn from information in DB ____ PG ____ or other reference source ____ that the ratio of precision or positional accuracy is 1:10,000+ and that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600).
This 20 day of JUNE 2020.

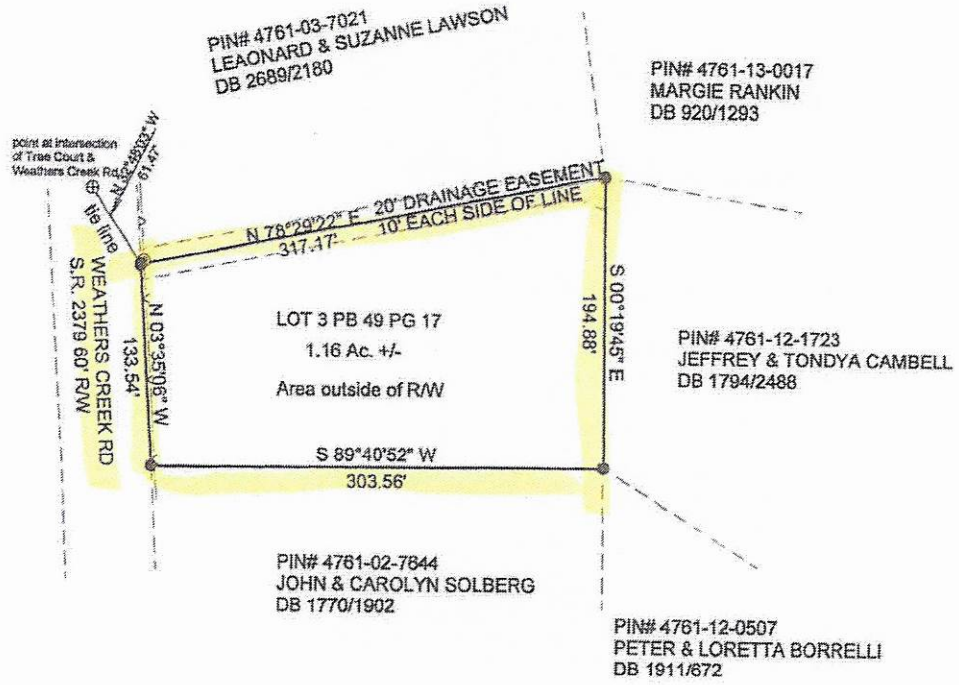
Professional Land Surveyor

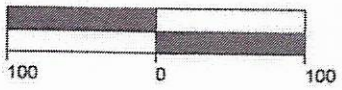
NORTH CAROLINA PROFESSIONAL SEAL L-5137 LAND SURVEYOR DUSTIN J. HILL

PB 49 PG 17
APRIL 2006

THIS MAP IS SUBJECT TO ANY EASEMENTS OR RIGHTS-OF-WAY OF RECORD PRIOR TO THE DATE OF THIS MAP, WHETHER VISIBLE OR NOT.

TITLE SEARCH NOT PROVIDED





WATER METER
SEWER MANHOLE
POWER POLE
IRON FOUND
IRON SET
MONUMENT
PROPERTY LINE (surveyed)
PROPERTY LINE (not surveyed)
POINT NOT MONUMENTED
R/W RIGHT-OF-WAY
STREAM
OVERHEAD POWER LINE
WELL HOUSE

MY SEAL AND SIGNATURE CERTIFY THAT THIS MAP IS THE RESULT OF AN ACTUAL SURVEY PERFORMED UNDER MY SUPERVISION.

MAP FOR CHARLES DAVIDSON

SCALE	COUNTY	TOWNSHIP	DATE	PREC. RATIO
1" = 100'	IREDELL	CHAMBERSBURG	06/20/2020	1 : 10,000 +

PROPERTY DESC: PIN# 4761-02-7842 LOT 3 PB47 PG 17 OAKRIDGE phase 1
DB 1751 PG 229

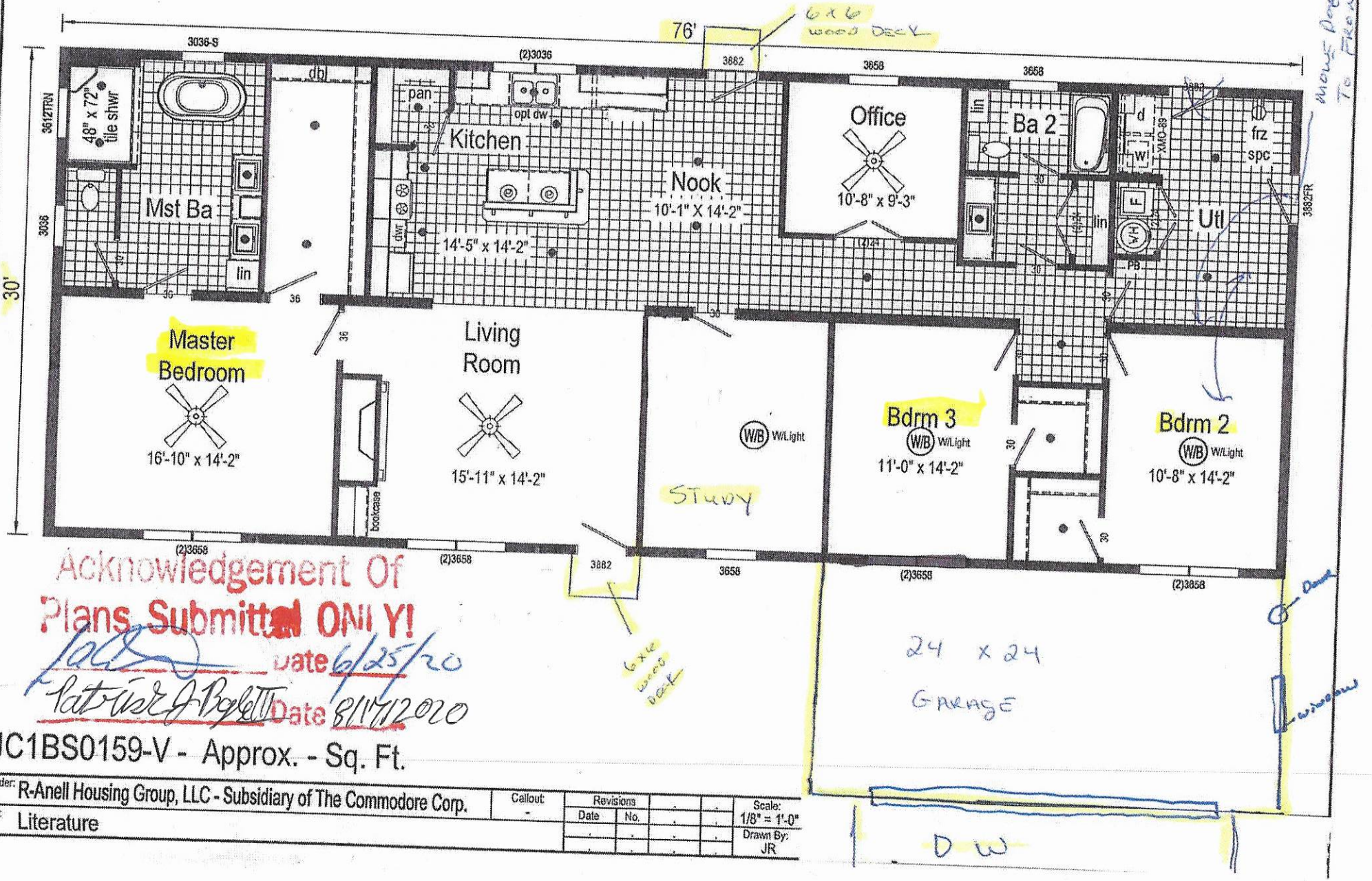
DUSTIN J. HILL L-5137
212 Danbury Bridge Rd
MADISON, N.C. 27025
PHONE (336) 239-4566
dhill671@yahoo.com

DRAFTED BY: DJH
JOB # 20016
SURVEYED BY DJH

NOTE: This home may require wall bracing tie-downs depending on wind/seismic design. Please refer to the permit set for tie-down loads and locations if applicable. Some areas of the exterior wall sheathing may be shipped loose to allow access for tie-down installation. All tie-down designs are by others.

* 7/12 pitch

NOTE: Utility & BED 2 IS Being Flipped



Acknowledgement Of Plans Submittal ONLY!

Date 6/25/20

Patrick J Bagett Date 8/17/2020

JC1BS0159-V - Approx. - Sq. Ft.

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.		Callout: -	Revisions				Scale: 1/8" = 1'-0"
Title: Literature			Date	No.			Drawn By: JR

IREDELL COUNTY · NC

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

APPLICATION NUMBER

308562
Issue Date: 06/25/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4761027842.000	123 WEATHERS CREEK RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: SIRICO MICHAEL R+GERALDINE	Name: CLAYTON HOMES OF STATESVILLE
Address:	Address: 2026 NORTHSIDE DR
	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	15	15	N/A	NO

Remarks
MODULAR HOME

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: 06/25/2020

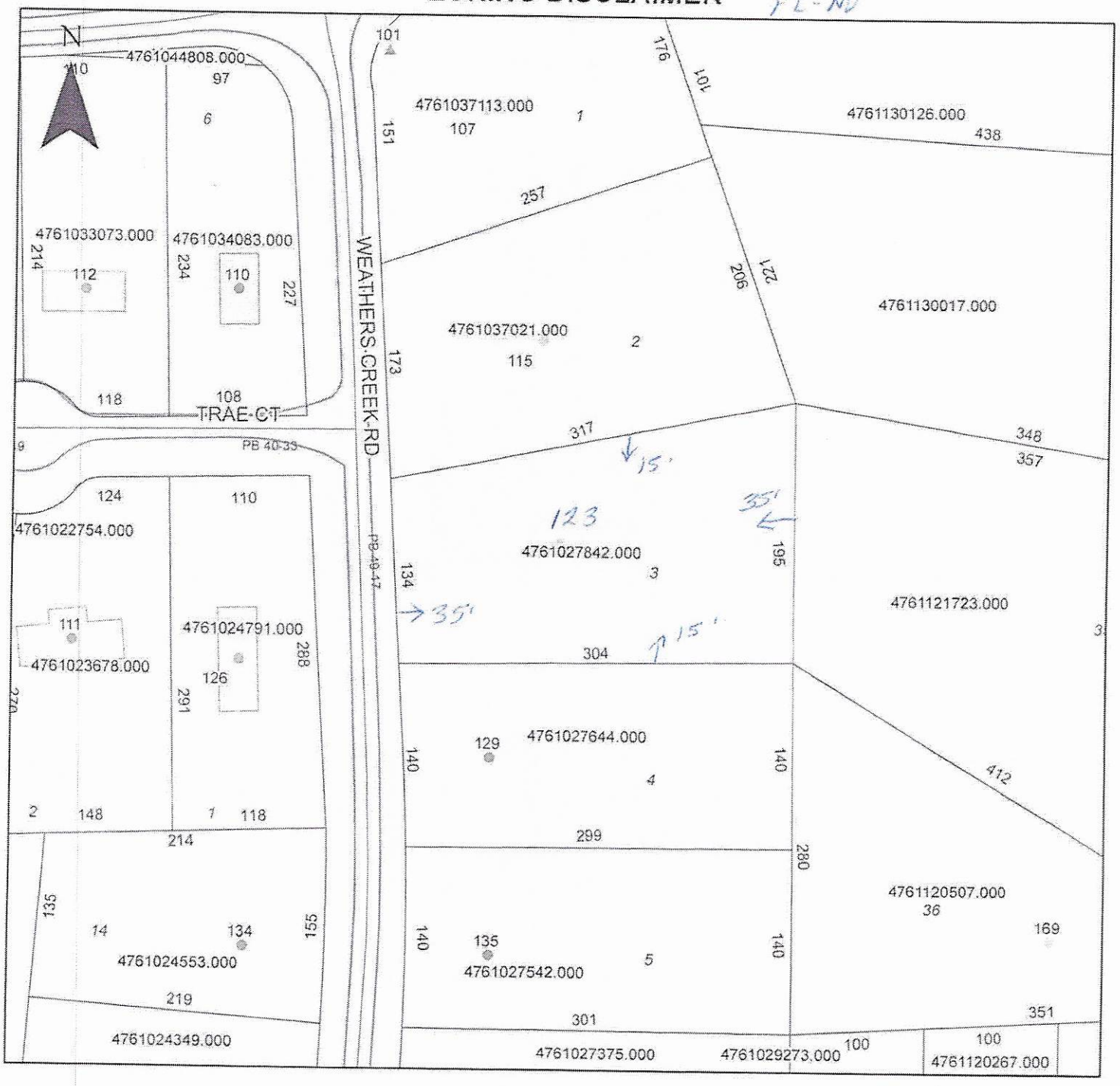
Permit Number	308562

TOTAL FEES:	$77.25

KH 1.161 AC

ZONING DISCLAIMER

WS-ND
FL-ND



Property Address 123 Weathers Creek 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.

CMH STATESVILLE

Applicant

Date