ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # LP313517

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

PIN # 4761 -17- 1346

APPLICANT/OWNER: Clayton Homes - Eric Larkin APPLICANT ADDRESS: 2036 Northside Drive Statesville NC

SITE ADDRESS: 204 Starlight Rd Statesville NC 28625 PHONE: 704 873 2547 ALT. PHONE

SITE DIRECTIONS: 77 to Amity Hill STARlight on Left At End of Starlight SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: SECTION: - LOT # - LOT AREA: 1.00 Ac DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	TP 1012	Date	12/23/21	☒ 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:	LP- Pool Blanket 50% Reduction	
# Nitrification Fields	1		# Lines	4	Linear Ft	360	Maintenance Agreement Required:	☐ YES ☒ NO	
Trench Width	36		Trench Bottom Depth (Low/High)		22in Max		Gravel Depth	☒ GRAVITY ☐ PRESSURE	

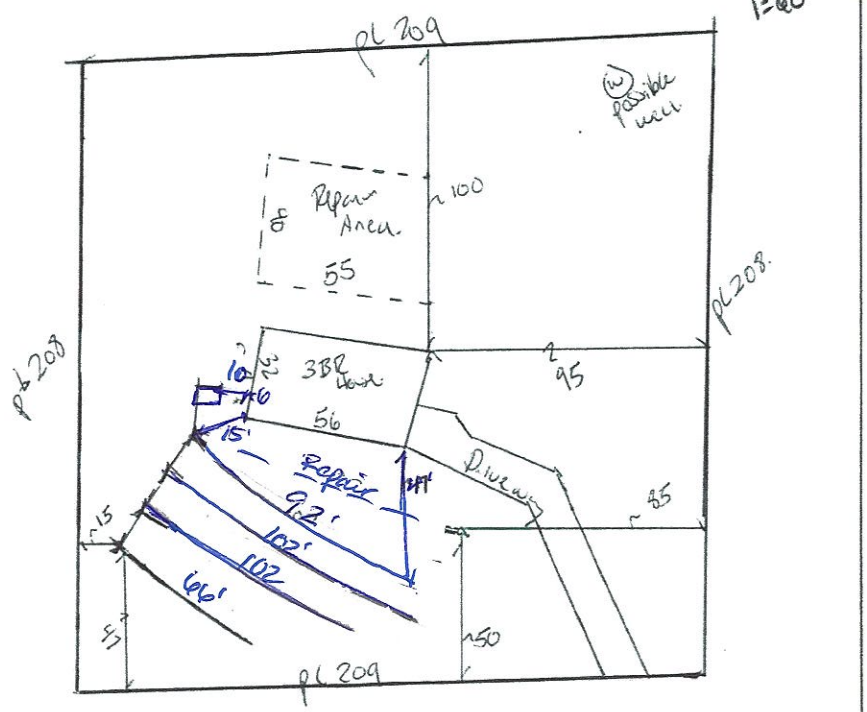
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Septic Drainlines on the contour of the land. and Utilize Serial Distribution. Do not exceed max trench depth of 22inches Do not Drive pave, pave, grade over utilities in denoted Area

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.

As Built - NTS

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: 1-1-21 Installed by: Steve Jordan - Piedmont Backhoe

IMPROVEMENT PERMIT by: Benjamin A Bittle Date: 2-8-2021 OPERATION PERMIT by: D. McKay Date: 3/2/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bittle Date: 2-8-2021 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 #: 0476173416
COUNTY: Franklin

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

OWNER: Clayton Homes of Statesville
ADDRESS: 209 Starlight Rd
PROPOSED FACILITY: 3BR House PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 209 Starlight
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

APPLICATION DATE 12/2020
DATE EVALUATED: 12/2/2020
PROPERTY SIZE: 1 Ac
PROPERTY RECORDED: Y

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	Ridge 5% Slope	0-26	C SABL	SS Sp FR SPL					
		26-48	CL SABL	SS Sp FR	P1	48	—	10YR 6/6 +6/8 Depletion Beginning 22 Inch	PS .25
2	Ridge 5%	0-9	SC GR	SS Sp FR SPL					
		9-32	C S ABL	SS Sp FR					
		32-50	LL SABL	S P FR	P	50	—	10YR 6/6 +6/4 Depletion 22 Inch	PS .25 Marker Limit Hapludult 30 Rock Outcrop Unit 34
3	Ridge 3%	0-32	C SBK	SS Sp FR					
		32-58	CL MBK	SS Sp FR	PS	58	—		PS .30
4	Ridge 3%	0-24	C SBK/AB	SS Sp FR SPL					
		24-48	CL MBK	SS SP FR	P1	48	—	Some Yellow Brown Mottles In CL Layer	PS .275

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	360
System Type(s)	LPP 25%	LPP 5%
Site LTAR	.25	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bolton
OTHER(S) PRESENT: Adam Celestino

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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.

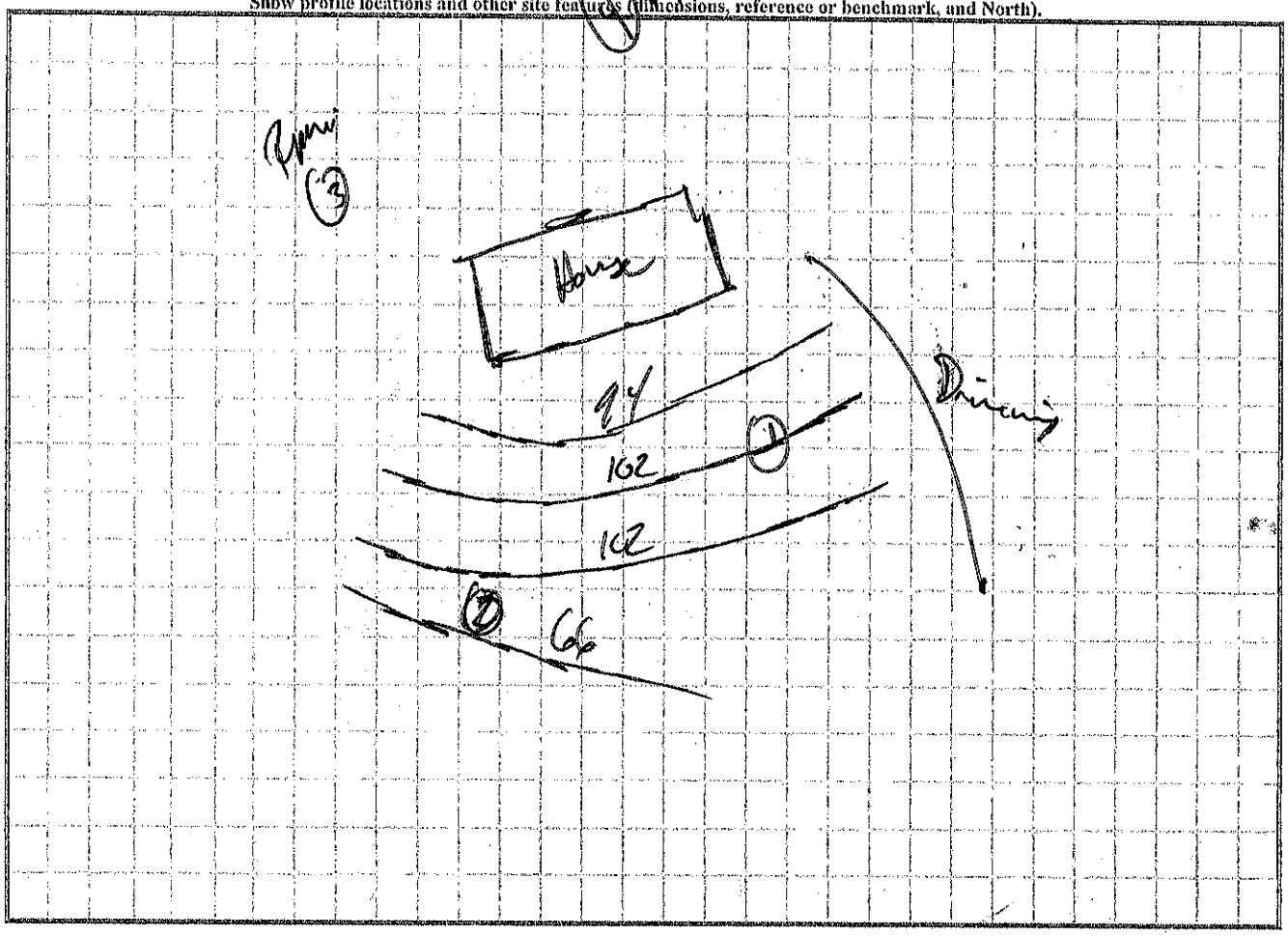
NOTES

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).




4761-17-6747
4761-07-7162
1127
208
209
204
4761-17-1346
4761-17-3296
208
208
202
4761-17-0195
209
209
200

RECEIVED DEC 2 2 2020

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-313517 $500.00

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(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: (X) 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 Address: 2026 ARDMORE DR STATESVILLE Zip:
Applicant Email: Adam.cockrum@clayton.com Phone: 704 873 3547 Alt. Phone:
Owner Name: ERIC LARKIN Address: 204 STARLIGHT RD STATESVILLE Zip:
Owner Email: Phone: Alt. Phone:

Property Information: Starlight Rd

Street Address: 204 STARLIGHT RD STATESVILLE PIN 4746117346

Subdivision Name: Section/Phase: Lot Number:

Driving Directions:

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) 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:

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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 ( ) 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: CLAYTON HOMES 12/17/20

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

313517

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, ERIC LARKIN, am the legal owner(s) of the property located at ~~[illegible]~~ 149 STARLIGHT RD STATESVILLE, identified as PIN (Parcel Identification Number) 4761-17-~~[illegible]~~ 1346, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) CLAYTON HOMES STATESVILLE/ ADAM CASSELLS, 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.

Eric Larkin
Signature of Owner(s)

12/12/20
Date

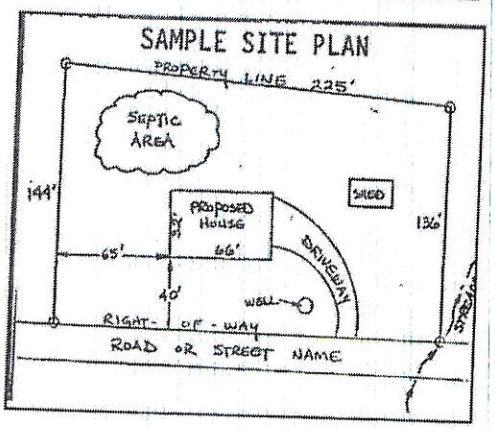
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

313517

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:

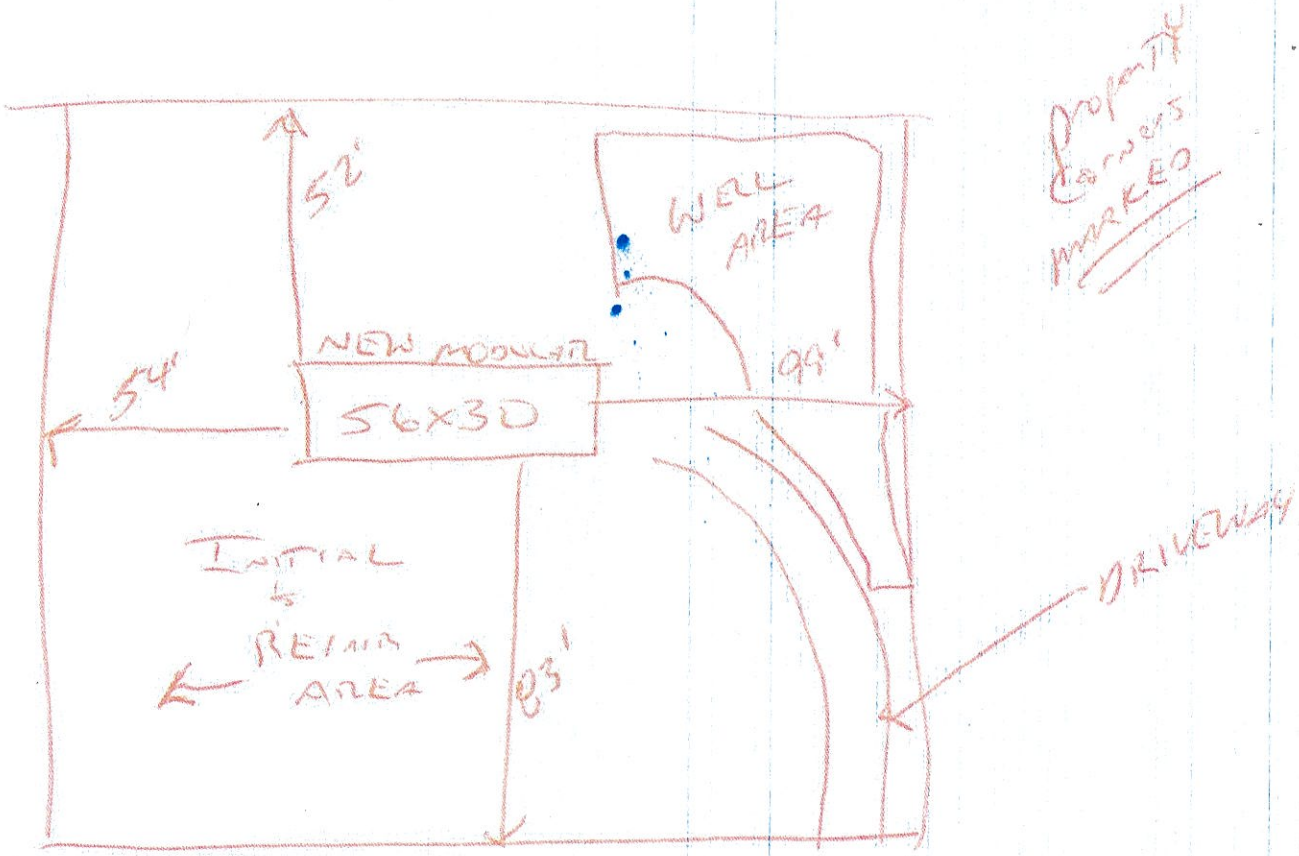
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

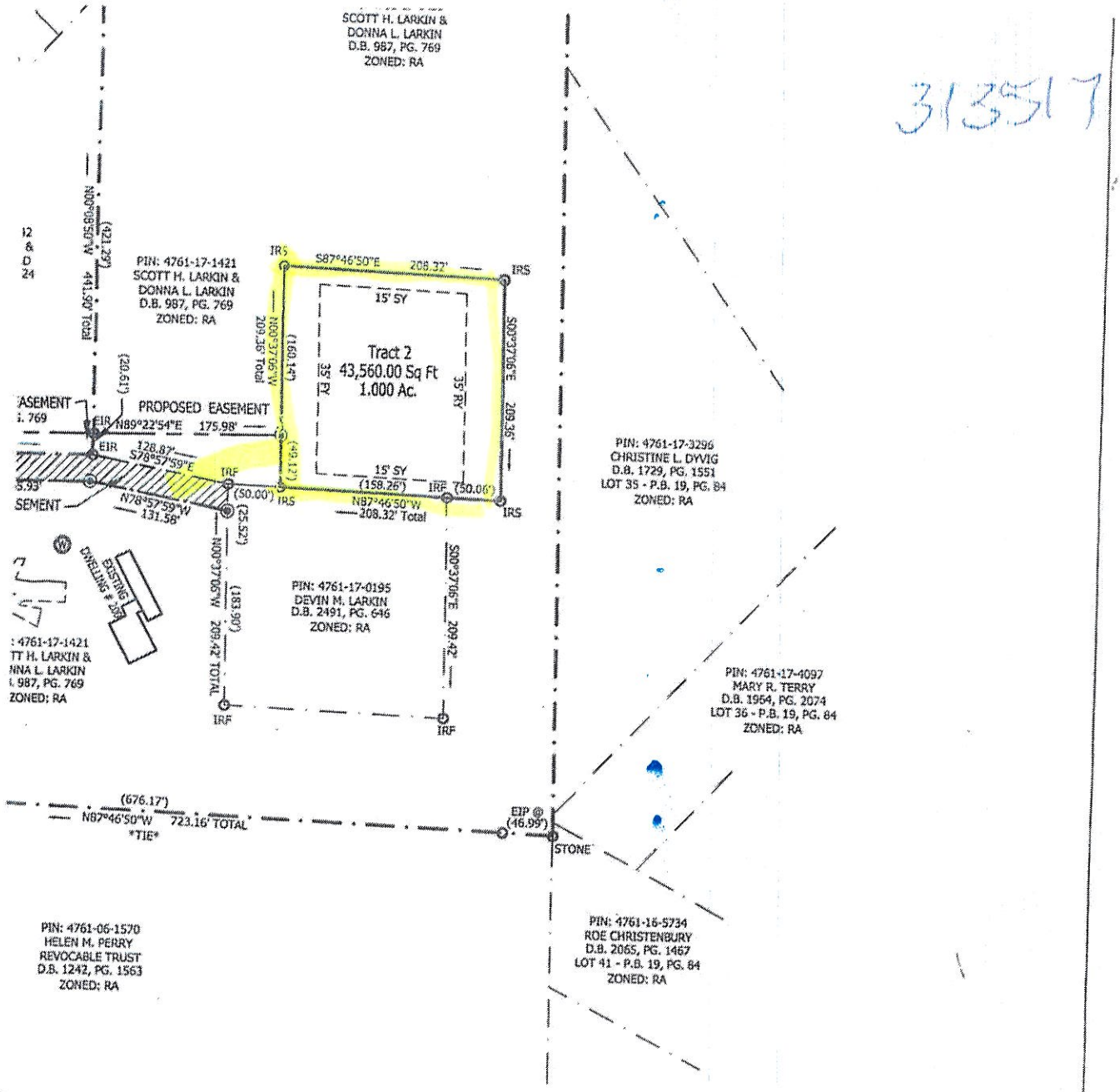
Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

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



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



313517

ZONING:

PROPERTY IS ZONED: RA - IREDELL COUNTY.

PROPERTY IS SUBJECT TO A 35' FRONT YARD (FY), 35' REAR YARD (RY) & 15' SIDE YARD (SY) MINIMUM BUILDING SETBACK LINE PER IREDELL COUNTY ZONING ORDINANCE.

GRAPHIC SCALE

100 0 50 100 200

(IN FEET)

1 inch = 100 ft.

JORDAN GRANT

ENGINEERING • SURVEYING • PLANNING

JORDAN GRANT & ASSOCIATES, PLLC

P.O. BOX 151 * STATESVILLE, NC 28687

mattg@jordan-grant.com (704) 928-7919

FIRM # P-1227

JOB NAME: SCOTT H. LARKIN & DONNA L. LARKIN	
DRAWN BY: SMS	CHECKED BY: MIG
SCALE: 1"=100'	
DEED REF: 987-769	PIN NO: 4761-17-1421
DATE OF MAP: 10-30-18	SURVEY DATE: 10-29-18
REVISION:	DRAWING FILE: 20181025-LD

204 STARLIGHT ROAD - STATESVILLE, N.C. 28677
CHAMBERSBURG TOWNSHIP --- IREDELL COUNTY --- NORTH CAROLINA

3135.17

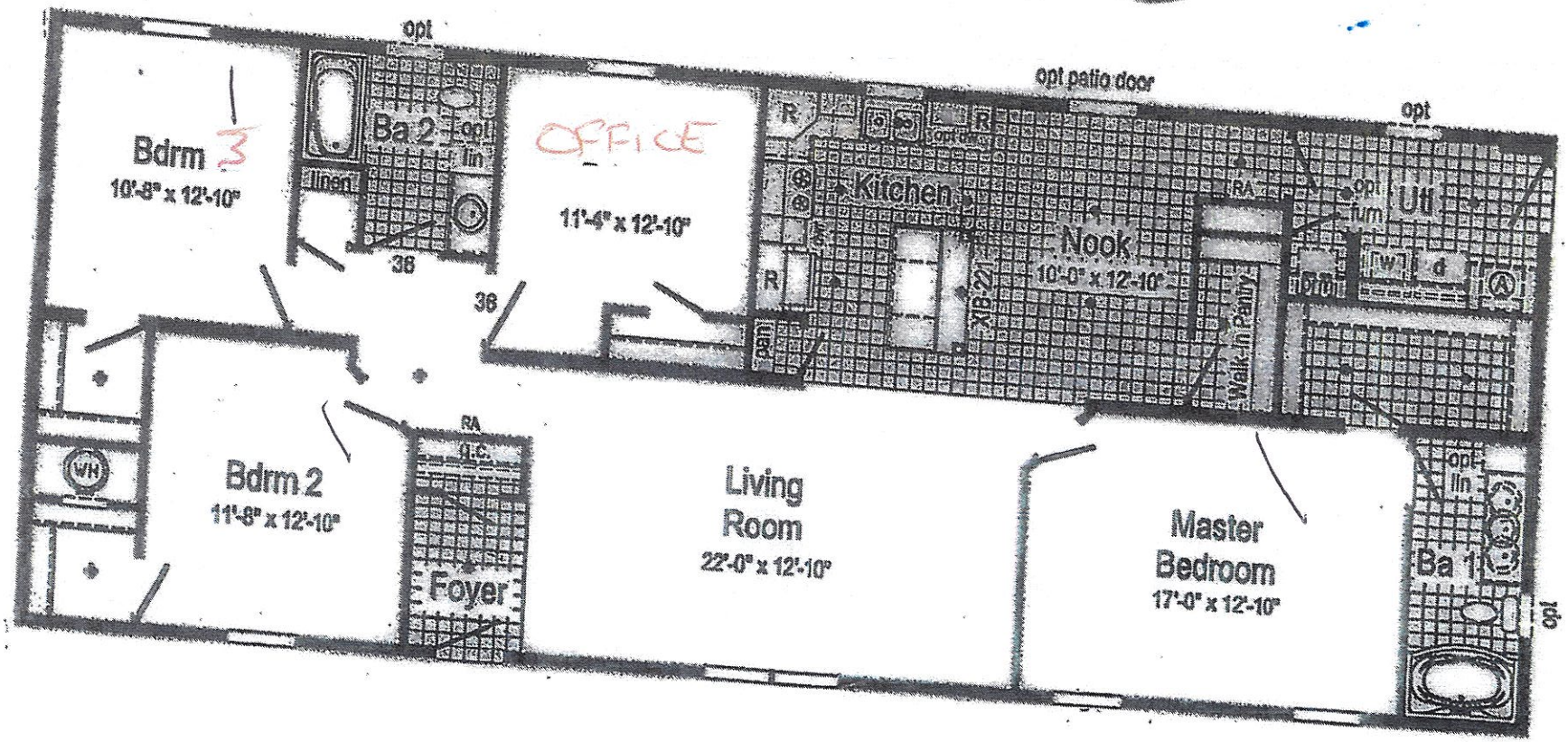
12/10/20

2/8/2021

The Biltmore

~~Exhibit~~ C
12/10/2020

Erin Sisi
12/10/20



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

APPLICATION NUMBER
313517 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4761077162.000	200 STARLIGHT RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: LARKIN SCOTT H+DONNA L Address: Phone:	Name: CLAYTON HOMES OF STATESVILLE Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677 Phone: (704)873-2547

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
10.13	35	35	15	15		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

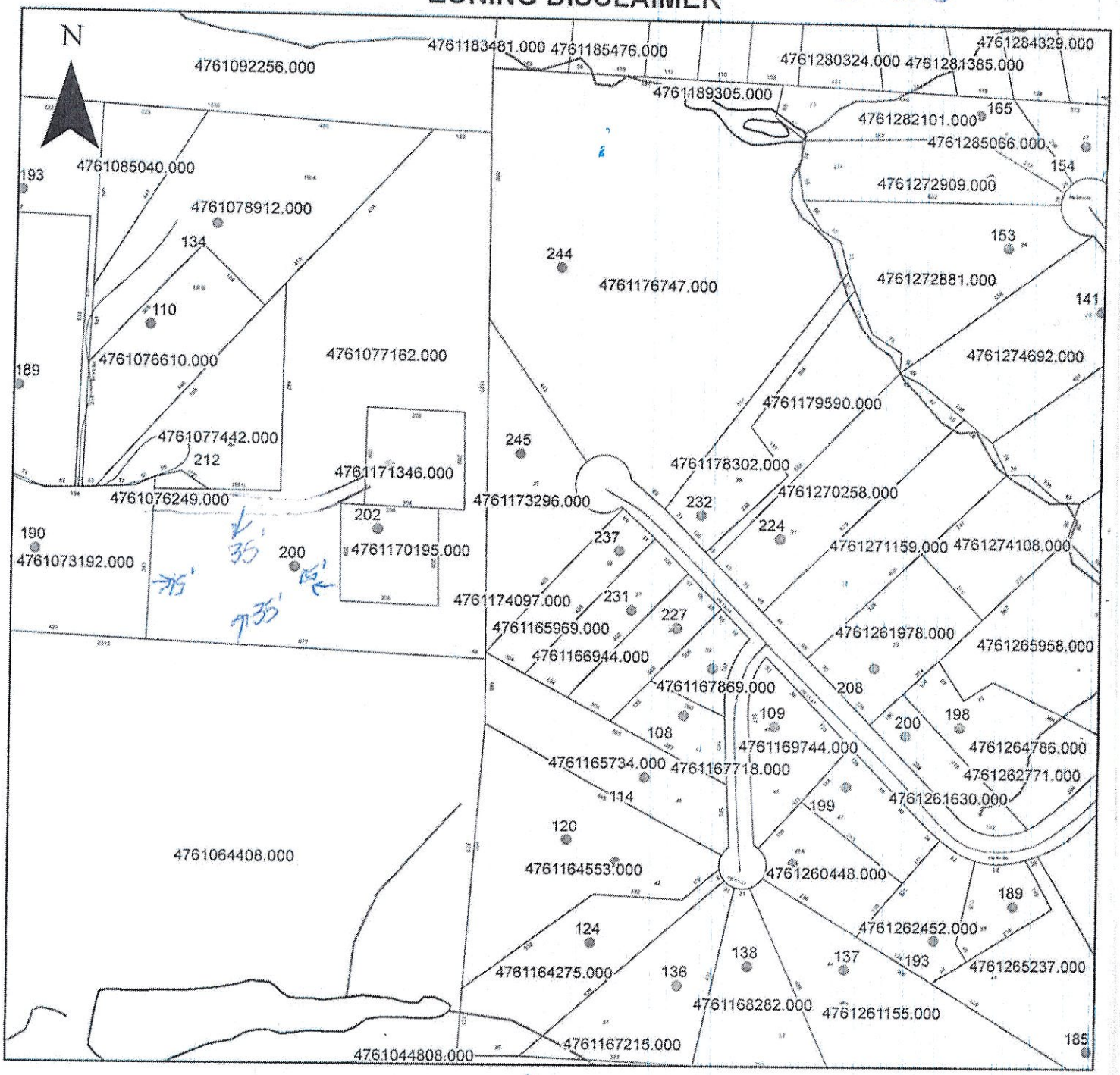
Date: 12/18/2020

Permit Number	313517

TOTAL FEES:	$77.25

3/3617

ZONING DISCLAIMER



Property Address 209 Starlight

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

12/18/20
Date