ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 306714

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

PIN # 4716805616 ✓

APPLICANT/OWNER: Clayton Homes APPLICANT ADDRESS: 2021 Northside Dr, Statesville

SITE ADDRESS: 415 Church Lake Rd, Statesville 28625 PHONE: 704-929-1552 ALT. PHONE —

SITE DIRECTIONS: Old Mocksville Rd → L on Church Lake → on R SAP CONTROLLED: ☐ YES ☒ NO

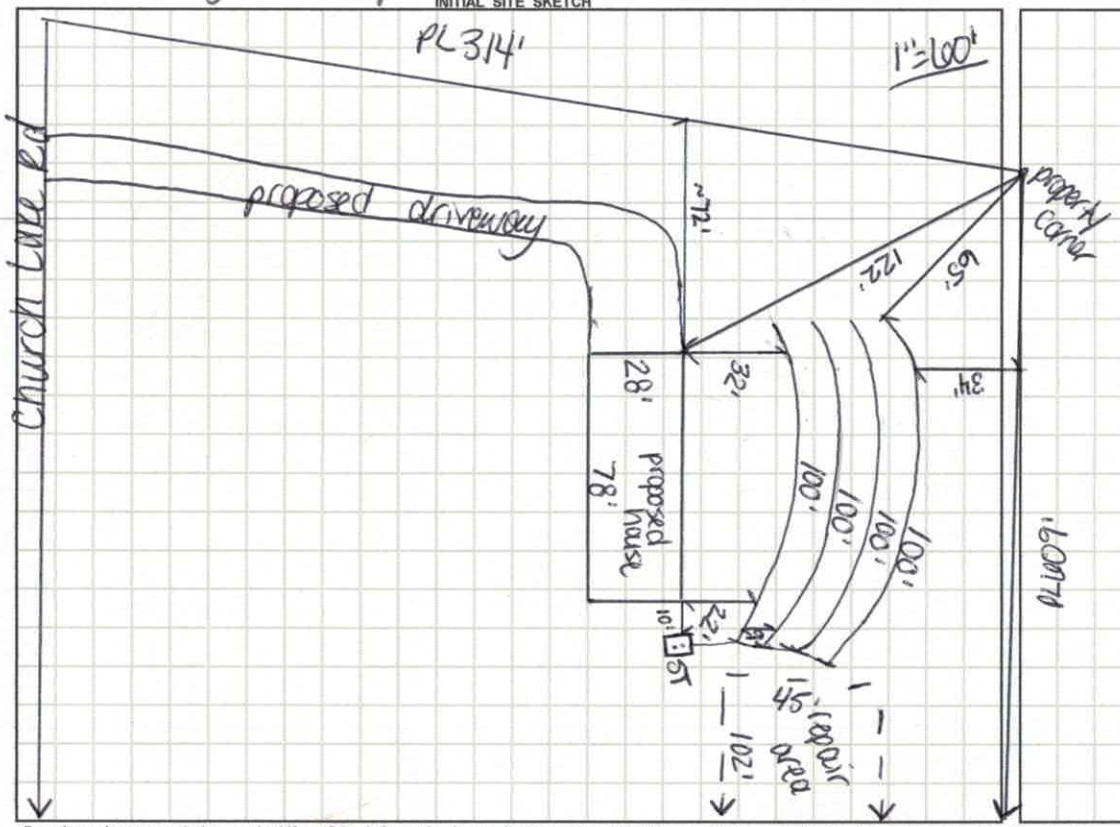
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 4.121 ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1012	Date	5-17-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT		Date		System Description:			25% reduction	☐ Business	No. Persons	8	☐ Private
Pump Make	Model			Serial #		Repair System Description:			25% reduction	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth ~~(Lowside)~~		36" max	Gravel Depth —		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install on contour + utilize serial distribution. Do not exceed max depth of 36". Do not grade septic area.

Lot recorded deed bk 2705 pg 1-4

INITIAL SITE SKETCH



AS BUILT SKETCH

Lines installed as Drawn
Tank 10' off House

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: 6-2-20 Installed by: Piedmont Backhoe (Steve Inda)

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 6-2-20 OPERATION PERMIT by: Date: 7-27-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 7-2-20 Existing System Inspected by: Date:

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 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Adam w/ Clayton
ADDRESS: 2026 Northside Dr
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 415 Church Lake Rd
APPLICATION DATE: 4-16-20
DATE EVALUATED: 4-22-20
PROPERTY SIZE: 4.121 ac
PROPERTY RECORDED: Y
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	L 8%	0-37	SBK C	Fr SS sp smp	some mica in CL	49"	–	–	PS .3
		37-49	SBK CL	Fr SS sp smp					
2	L 8%	0-38	SBK C	Fr SS sp smp	mica in CL	51"	–	–	PS .3
		38-51	SBK CL	Fr SS sp smp					
3	L 8%	0-34	SBK C	Fr SS sp smp	some firm sap. @ 41" → stay above	51"	–	–	PS .3
		34-51	SBK CL	Fr SS sp smp					
4	L 8%	0-33	SBK C	Fr SS sp smp	quartz @ 36" – stay above	48"	–	–	PS .3 (above 36")
		33-48	SBK CL	Fr SS sp smp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	400
System Type(s)	2SS	2SS
Site LTAR	.3	.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
OTHER(S) PRESENT: N/A

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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

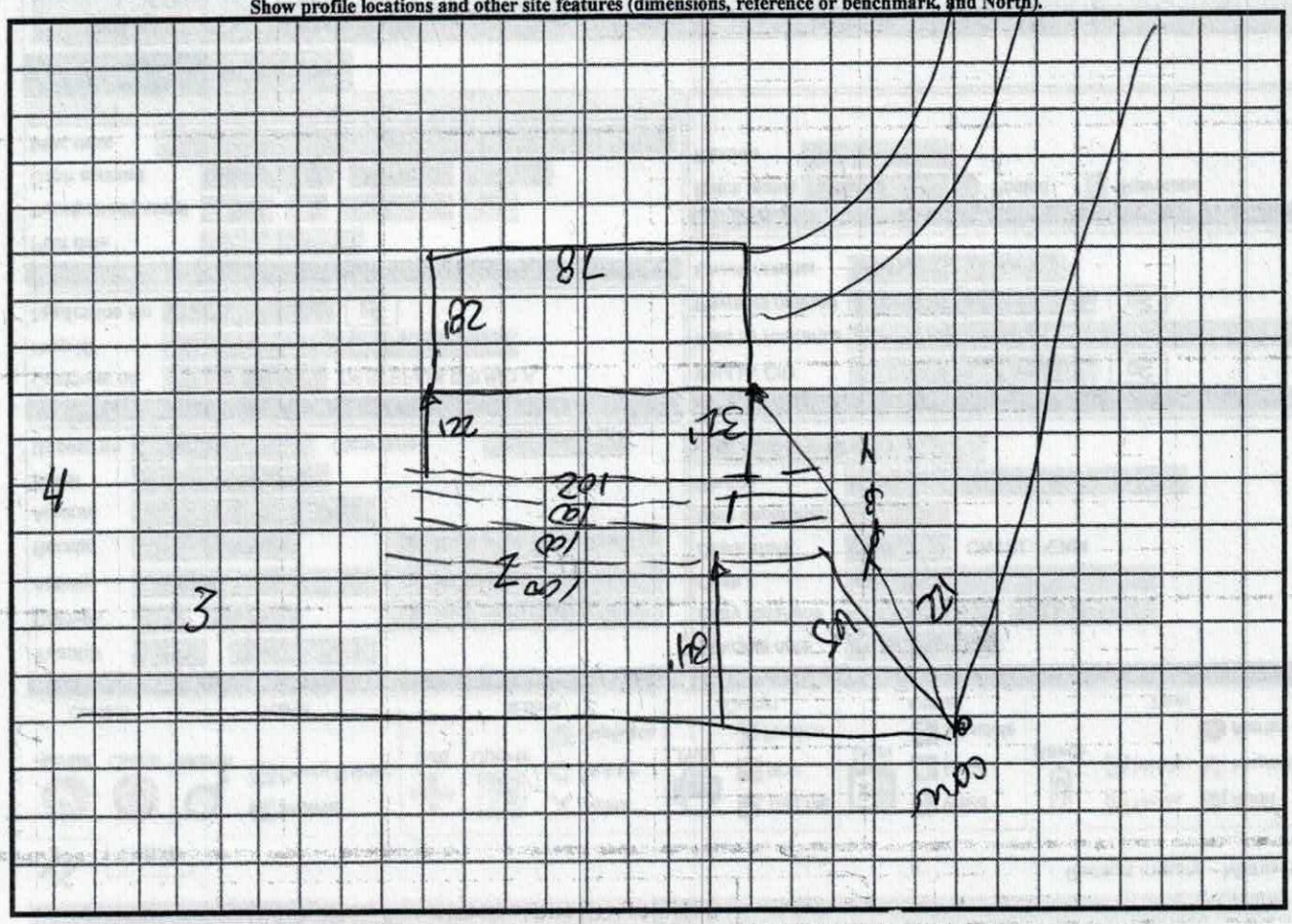
NOTES

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 APR 16 2020

AP-506774
$500.00

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*

NEW SYSTEM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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

WILL BE SURVEYED PROPOSED LINES ARE MARKED

Applicant Information: (PRINT CLEARLY)

Applicant Name: ADAM CASSTEVENS Address: 2026 Northside Dr Statesville Zip: 28625
Applicant Email: adam.cassteven5@claytonhomes.com Phone: 704-929-1552 Alt. Phone: 704-823-2547
Owner Name: Dorthy H. Rash Address: 473 Church Lake RD Statesville Zip: 28625
Owner Email: Christina02261980@icloud.com Phone: 704-546-7664 Alt. Phone: _____

Property Information:

Street Address: 415 Church Lake Rd Statesville NC 28625
Subdivision Name: N/A Section/Phase: — Lot Number: —
Driving Directions: I-40 East to Left @ Old Mocksville Rd Left @ Church Lake Rd Property ON Right Between 354 & 419

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

(X) 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: 2128 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: 0

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: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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: 2540

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?

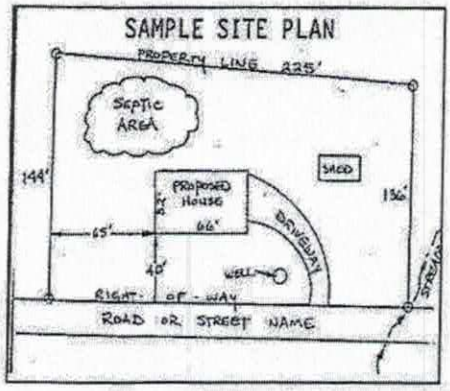
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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 STATESVILLE 4/9/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system 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

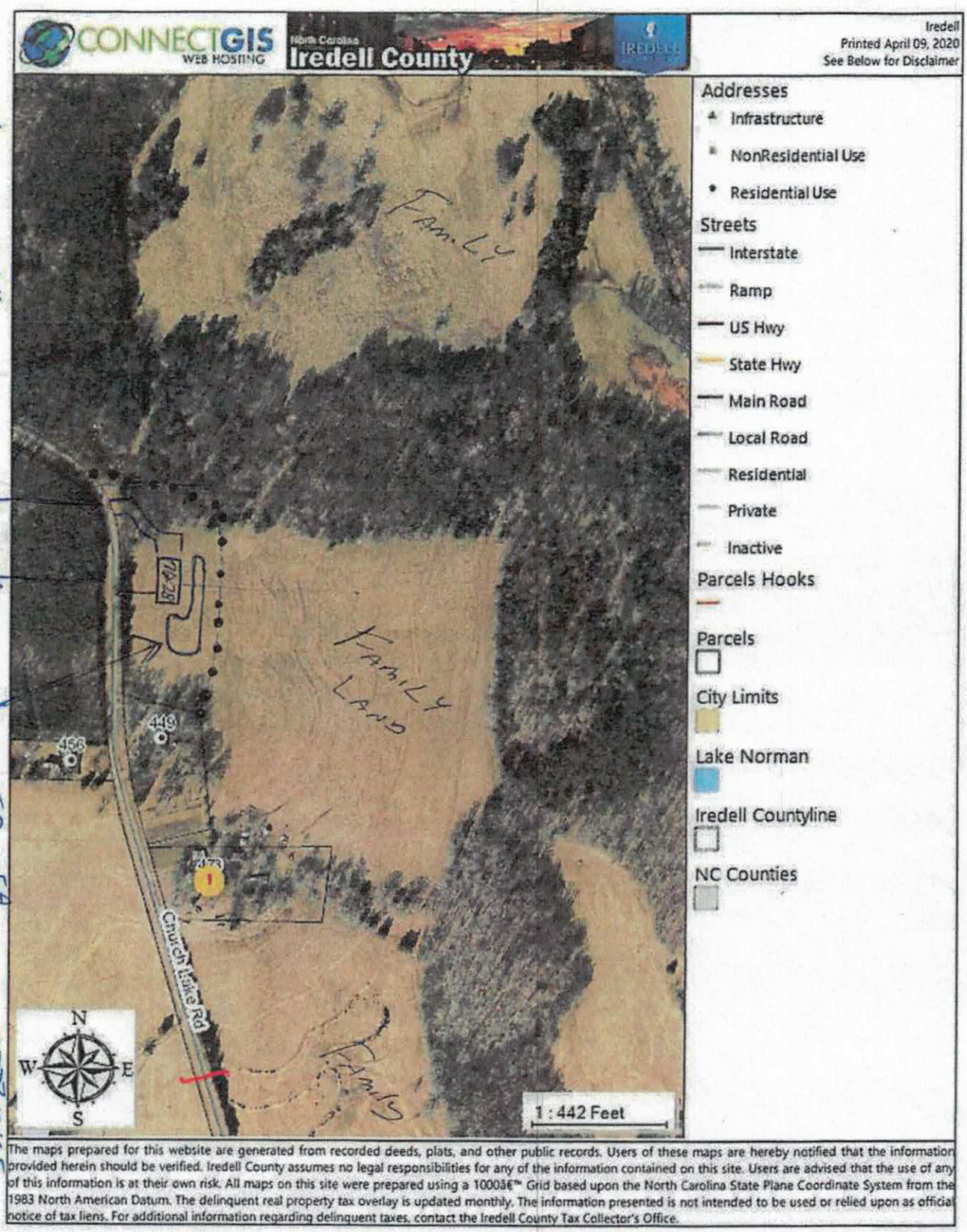
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: [signature] CLAYTON HOMES STATESVILLE 4/9/20

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



* HAS COUNTY WATER

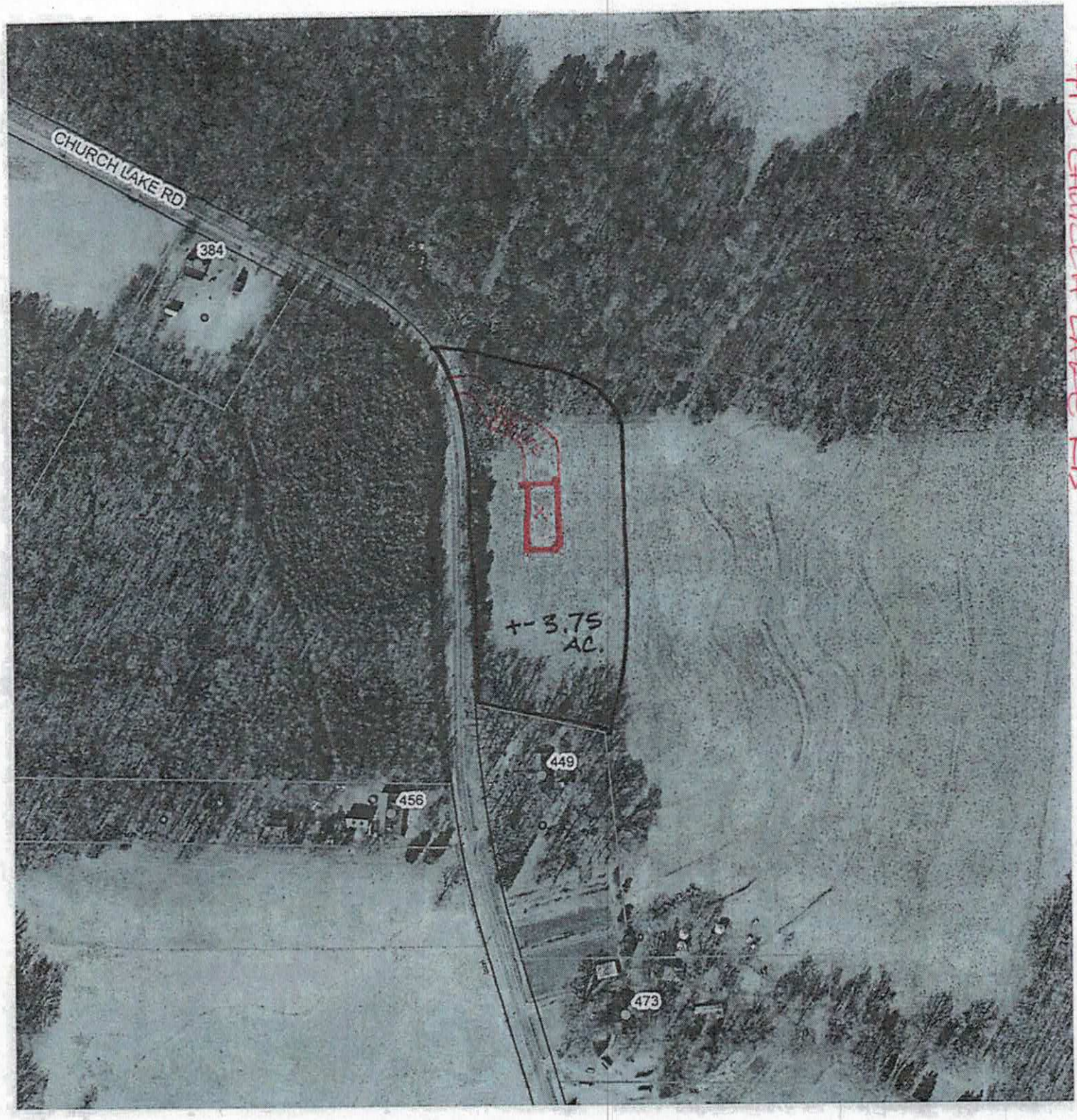
DRIVEWAY

FRONT

PROPOSED AREA SEPTIC REPAIR

SETBACKS
F=136'
R=100'
B=55'
L=105'

SITE IS JUST NORTH OF 473 CHURCH LAKE RD



415 CHURCH LAKE RD

Preliminary Approval (Rash LTDP Property) - New Dwelling Permit

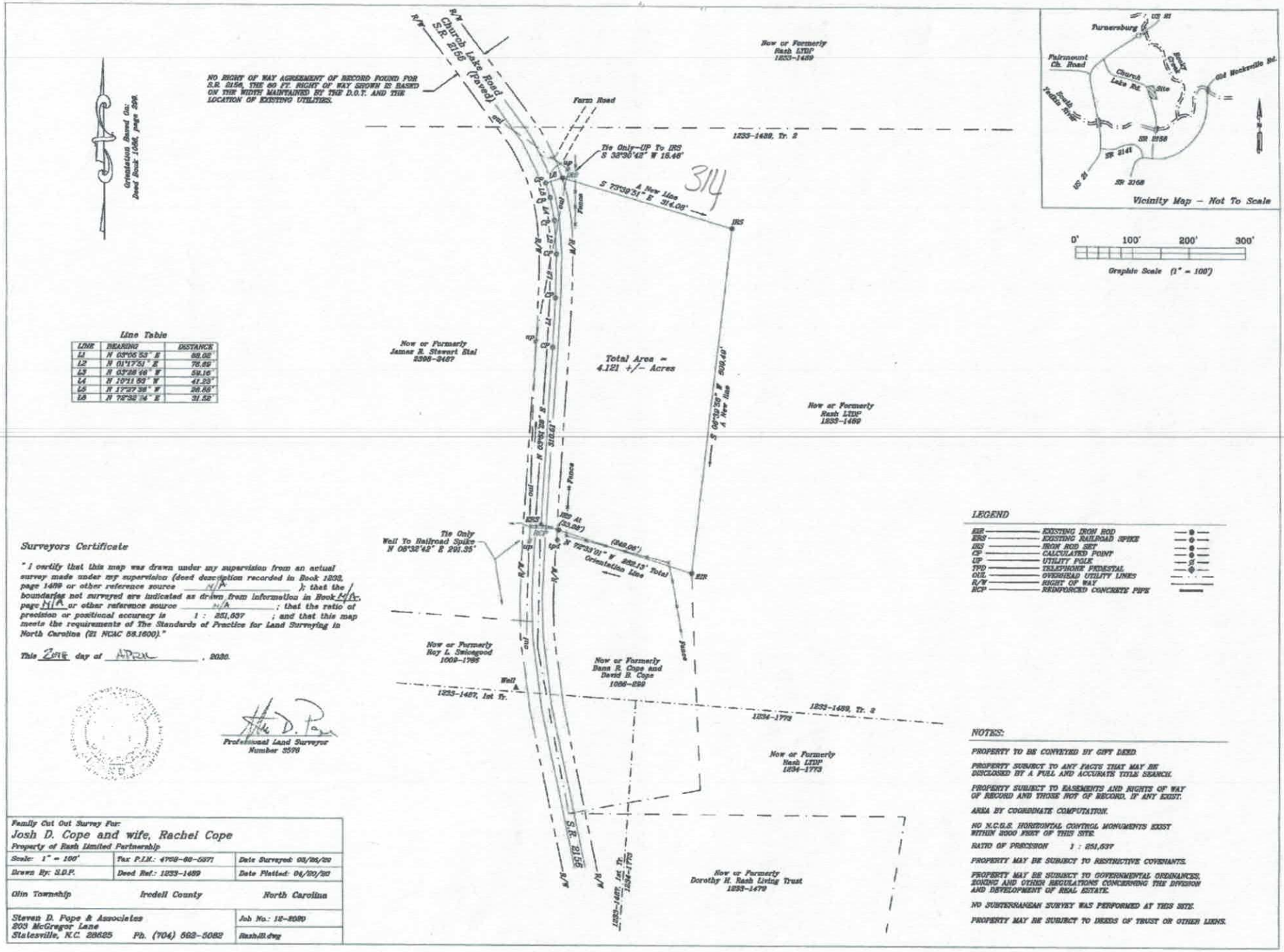
Regarding parcel #: 4768-66-5571 located off Church Lake Road (SR 2156) and applicant Josh Cope, it is permissible to go head and issue the Zoning and Environmental Health Permits to allow for the septic evaluation to be applied for. However, a hold shall be placed the Building Permit until the lot is deeded off or platted.

William Allison

4-14-20

William Allison – Planner III

Date



Line Table

LINE	BEARING	DISTANCE
L1	N 03°06'53" E	88.02'
L2	N 01°17'51" E	76.89'
L3	N 03°28'46" W	59.16'
L4	N 10°11'52" W	41.23'
L5	N 17°27'38" W	26.66'
L6	N 76°32'14" E	31.52'

LEGEND

EIR	EXISTING IRON ROD
ERS	EXISTING RAILROAD SPIKE
IRS	IRON ROD SET
CP	CALCULATED POINT
UP	UTILITY POLE
TPD	TELEPHONE PEDESTAL
OHL	OVERHEAD UTILITY LINES
R/W	RIGHT OF WAY
RCP	REINFORCED CONCRETE PIPE

Surveyors Certificate

" I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 1233, page 1489 or other reference source N/A); that the boundaries not surveyed are indicated as drawn from information in Book N/A, page N/A or other reference source N/A ; that the ratio of precision or positional accuracy is 1 : 251,637 ; and that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600)."

This 22nd day at April, 2020.

Professional Land Surveyor
Number 3579

NOTES:

PROPERTY TO BE CONVEYED BY GIFT DEED.

PROPERTY SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.

PROPERTY SUBJECT TO EASEMENTS AND RIGHTS OF WAY OF RECORD AND THOSE NOT OF RECORD, IF ANY EXIST.

AREA BY COORDINATE COMPUTATION.

NO N.C.G.S. HORIZONTAL CONTROL MONUMENTS EXIST WITHIN 2000 FEET OF THIS SITE.

RATIO OF PRECISION 1 : 251,637

PROPERTY MAY BE SUBJECT TO RESTRICTIVE COVENANTS.

PROPERTY MAY BE SUBJECT TO GOVERNMENTAL ORDINANCES, ZONING AND OTHER REGULATIONS CONCERNING THE DIVISION AND DEVELOPMENT OF REAL ESTATE.

NO SUBTERRANEAN SURVEY WAS PERFORMED AT THIS SITE.

PROPERTY MAY BE SUBJECT TO DEEDS OF TRUST OR OTHER LIENS.

Family Cut Out Survey For:
Josh D. Cope and wife, Rachel Cope
Property of Rash Limited Partnership

Scale: 1" = 100'	Tax P.I.N.: 4758-60-5571	Date Surveyed: 03/25/20
Drawn By: S.D.P.	Deed Ref.: 1233-1489	Date Platted: 04/20/20
Clin Township	Iredell County	North Carolina
Steven D. Pope & Associates 203 McGregor Lane Statesville, N.C. 28625 Ph. (704) 662-5082		Job No.: 12-2020 RashIII.dwg

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, Dorothy H. Rash, am the legal owner(s) of the property located at 473 Church Lake RD Statesville, NC, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Adam Cassteven's Clayton Homes of Statesville, 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.

Dorothy H. Rash 3-31-2020 — 3-30-20

Signature of Owner(s) Date Signature of Witness Date

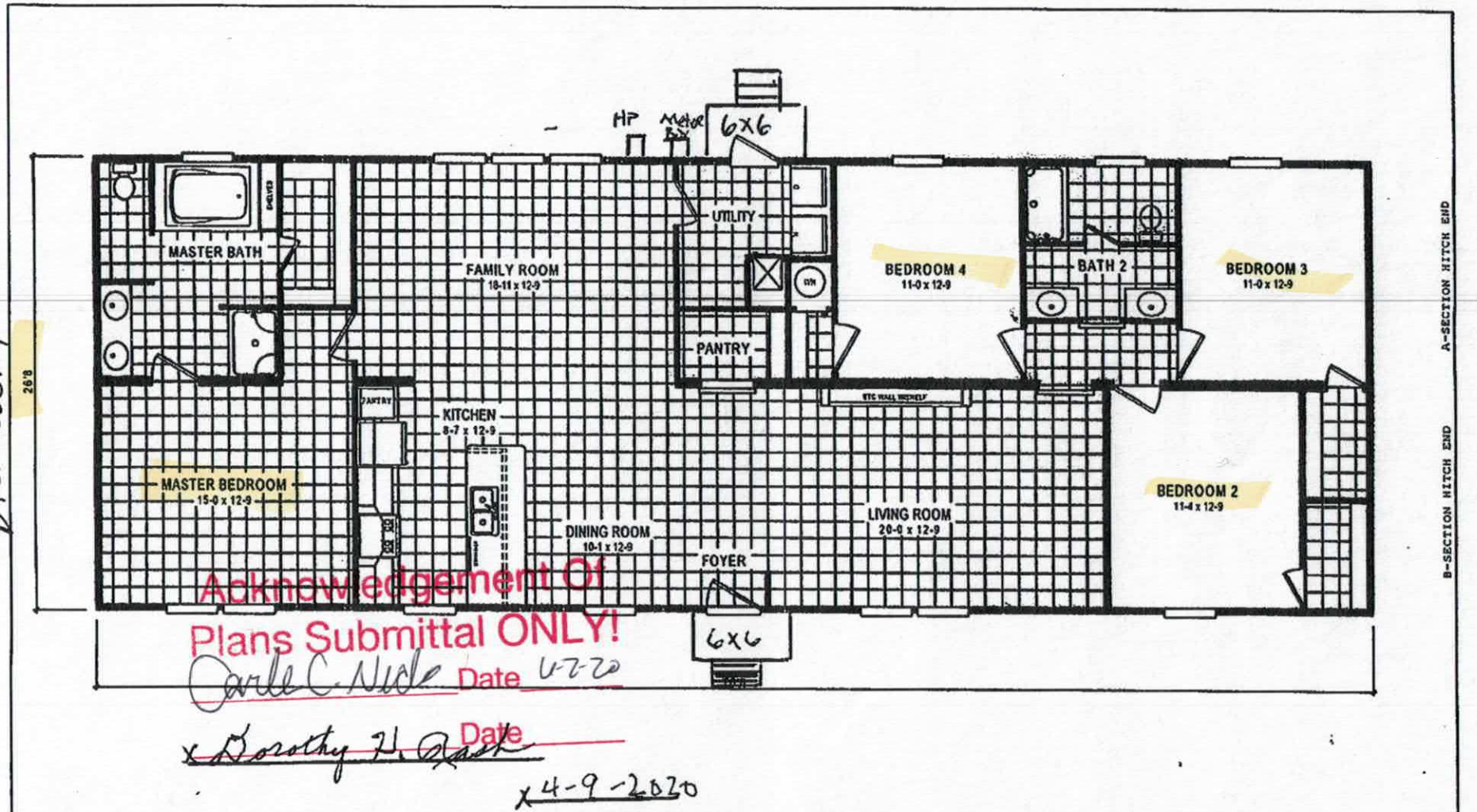
Please return this signed form to the appropriate office:

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

Rash / Breeze II

Acknowledgement Of
Plans Submittal ONLY!



Acknowledgement Of
Plans Submittal ONLY!
Carl C. Nide Date 4-7-20
x Dorothy N. Rash Date
x 4-9-2020

BRAND: SCHULT	SERIES: GM28	REVISIONS / BY / DATE	GENERAL NOTES	DRAWING TITLE: LITERATURE	MODEL NAME: SSP28764A; SQ. FT.: 2026
CLAYTON HOME BUILDING GROUP					PLANT: 957; DESCRIPTION: 28X76 4BR-2BA; MODEL NO.: SSP28764A
					DRAWN BY: GDB; ORIG. DATE: 07/20/2018; DATE PRINTED: 07/30/2018; SHEET NO.: 22-1

IREDELL COUNTY · NC

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

APPLICATION NUMBER
306714 Issue Date: 04/14/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4768665571.000		IREDELL COUNTY

Owner Information	Applicant Information
Name: RASH LTDP	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	

Remarks

DOUBLEWIDE - HOLD BU UNTIL PLAT IS RECORDED - needs address

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.

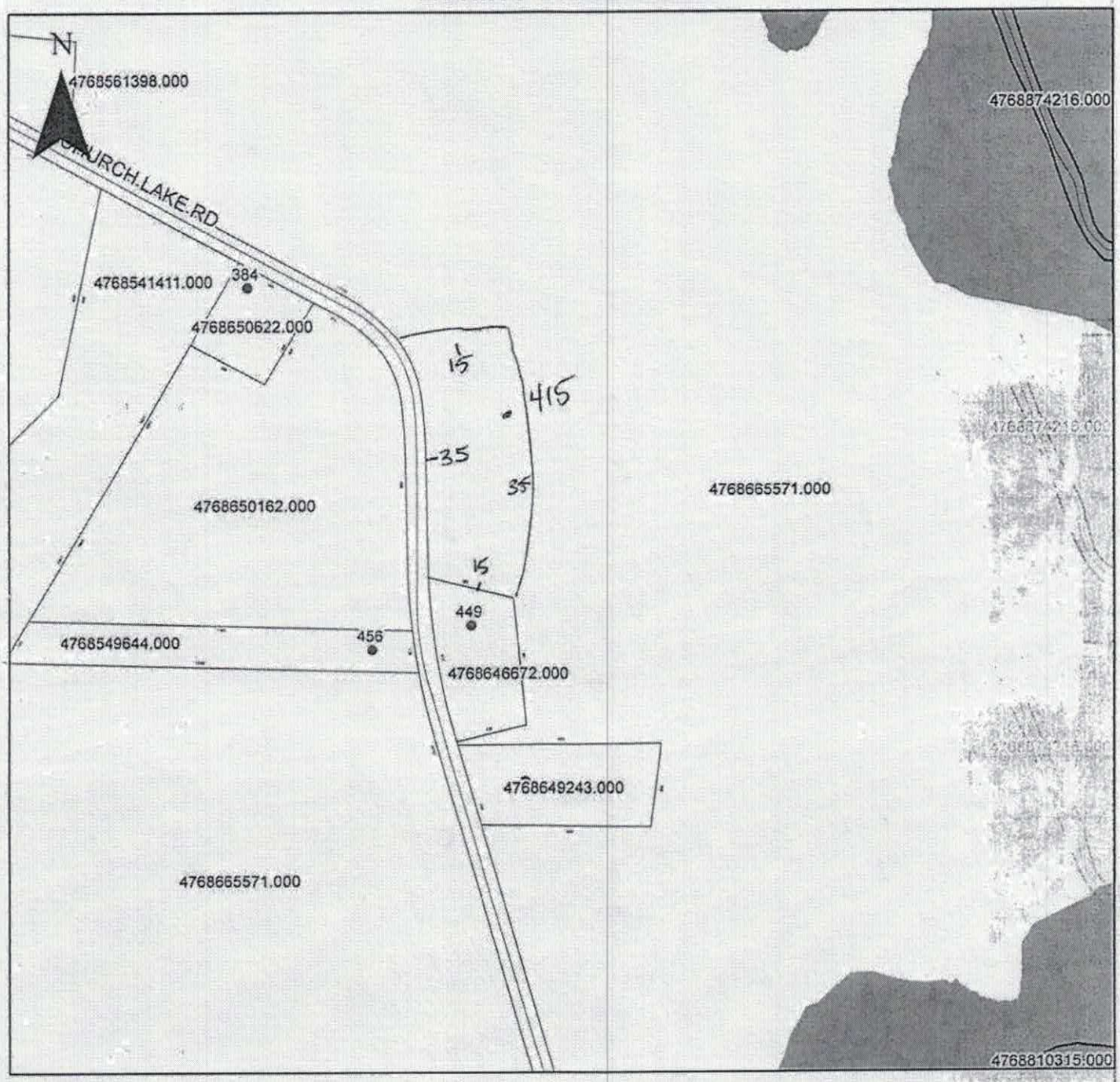
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 04/14/2020

Signature of Owner/Contractor

Permit Number	306714	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 415 Church Lake

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

Date