IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239699

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

PIN # 4775534038

APPLICANT/OWNER: Clayton Homes/Sheila Norman APPLICANT ADDRESS: 2026 Northside Drive Statesville NC

SITE ADDRESS: 140 Gays Chapel Rd Statesville NC 28625 PHONE: 704 929 1552 ALT. PHONE —

SITE DIRECTIONS: Hwy 64 W on Barry Oak Rd R onto Gays Chapel Rd 4th home on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: .625 DESIGN FLOW: 240gpd L.T.A.R.: ExT

Septic Tank 1000-ExT (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Linear Ft

Trench Width Trench Bottom Depth(Low side) Gravel Depth

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

System Description:

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2

☐ Business No. Persons 4

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

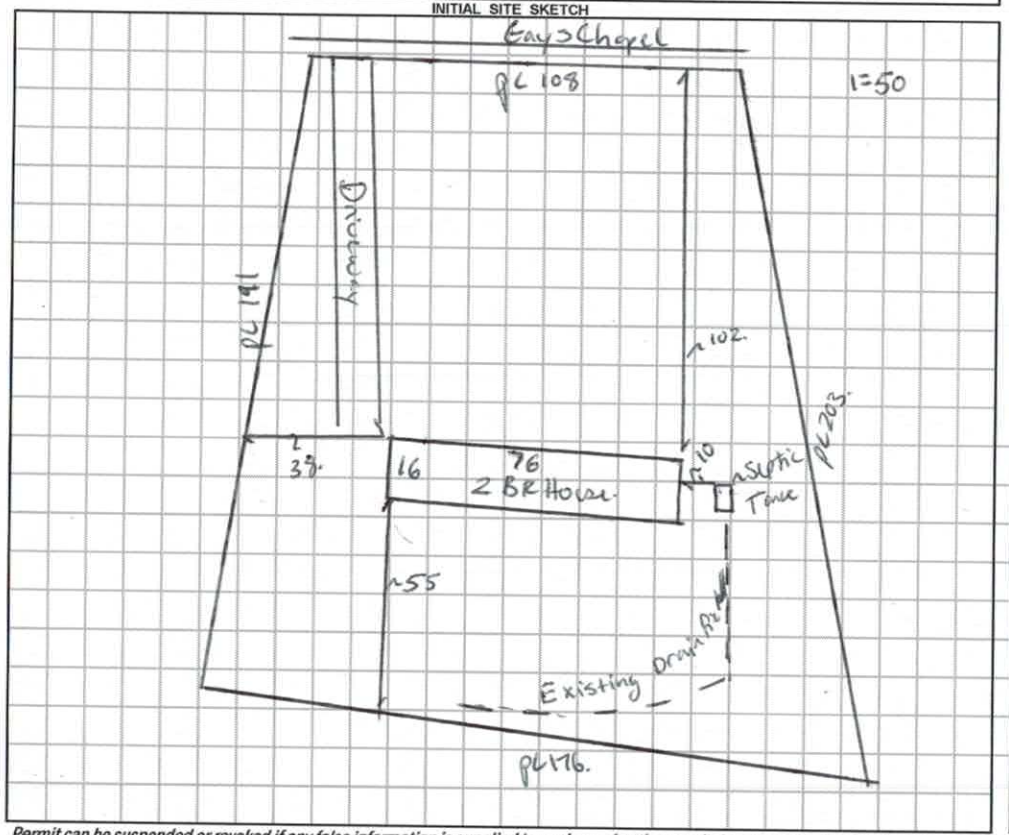
☐ Private

☒ Public

☐ Community

Comments / Conditions: System functioning at time of inspection. Do not Drive pave, pave, grade, or bury utilities in drainfield.

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.* ☐ **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: 11/21/18 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Benjamin M Potts Date: 11/21/18.

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.

239CM9 Paid $250.00

RECEIVED OCT 30 2018

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 X Existing System Inspection

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*
X Survey Plat, Scaled no more than 1 Inch = 60 Feet
X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Clayton Homes (Applicant Name)	2026 Northside DR (Mailing Address)	704-873-2547 (Home Phone #)	Adam Castevens 704-929-1552 (Alternate Phone #)
Sheila Norman (Owner Name)	~~104~~ 1405 N Gays Chapel RD (Mailing Address)	___ (Home Phone #)	704-929-9413 (Alternate Phone #)

4. **Property Information:**

~~104~~ 140 SN Gays Chapel RD (Street Address) Statesville	N/A (Subdivision Name)	___ (Section/Phase and Lot Number)

Driving Directions: Hwy 64 E - Take right onto Barry Oak Rd - Take right onto Gays Chapel Rd. 4th home on right

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

X New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to
( ) Other mobile Home Singlewide 16x76

Maximum Number of Bedrooms ~~X~~ 2
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

X 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 X Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ~~X~~ EXISTING SYSTEM installed 1994 (Year)
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** Sheila Norman
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)
CLAYTON Homes of Statesville

10-19-18
DATE

*Building over drainfield needs to be Moved
* Expand system / TO closet to P.L.

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, SHEILA NORMAN, am the legal owner(s) of the property located at 140 Gays Chapel Rd Statesville NC, identified as PIN (Parcel Identification Number) 4775534038, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Clayton Homes, Jack Tickle 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.

x Sheila Norman
Signature of Owner(s)

10-22-18
Date

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

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*

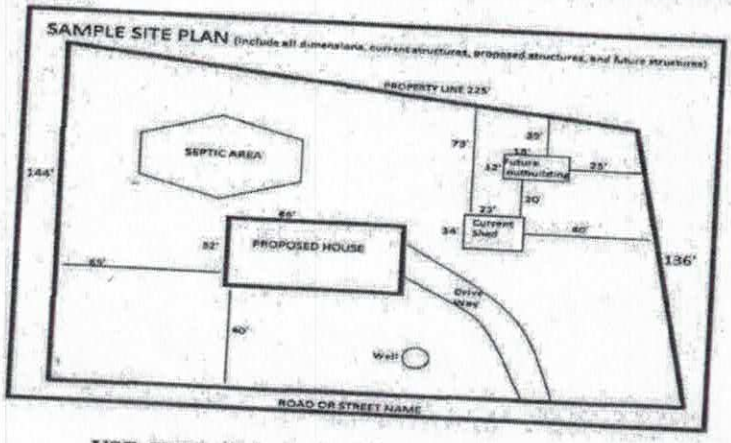
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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:

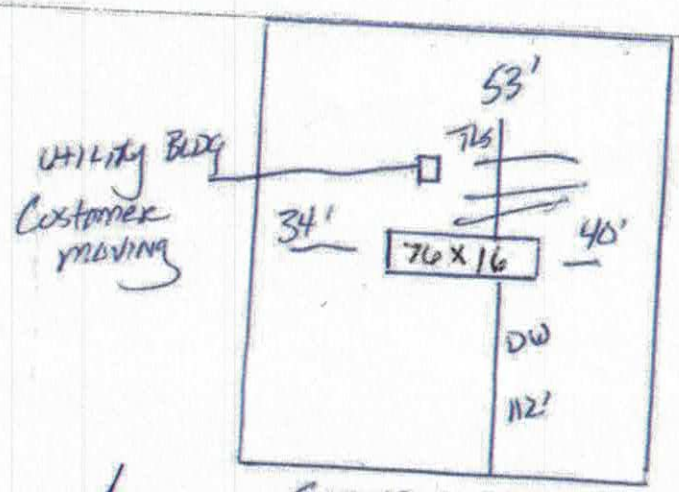
_____ Location of septic systems and wells within 100' of your property… N/A

_____ 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

Customer Sheila Norman



Septic is 8' from Home meter @ Street.

CORNERS ARE MARKED

Signature: _____

***REQUIRED* property owner or owner's legal representative signature.**

10-22-18

DATE

9-18-18 RW 10-6-18

9-18-18 SN 10-6-18

16x76

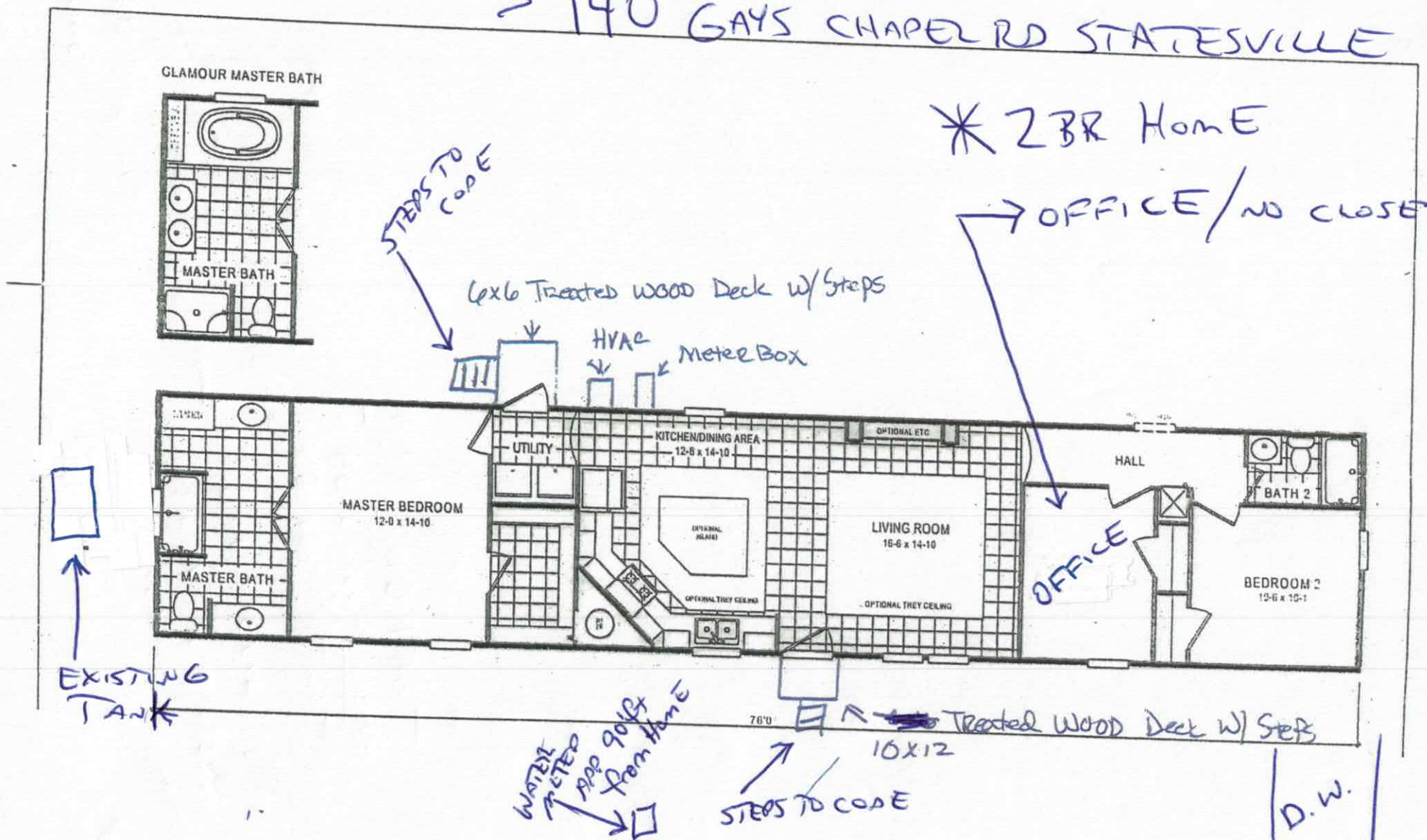
Acknowledgement Of Plans Submittal ONLY!

Date 11/21/18

Date 11/21/18.

Imperial

→ 140 GAYS CHAPEL RD STATESVILLE



* 2BR HOME

→ OFFICE/NO CLOSET

IREDELL COUNTY

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

APPLICATION NUMBER
239699
Issue Date: 10/22/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4775533119.000	140 GAYS CHAPEL, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SHIVES GRADY W+ARLENE	Applicant: CLAYTON HOMES OF STATE
Address: 132 GAYS CHAPEL RD	Address: 2026 NORTHSIDE DR
STATESVILLE, NC 28625	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
SINGLEWIDE REPLACEMENT	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6.020	35.00	35.00	15.00	15.00	NOT	X

Remarks:

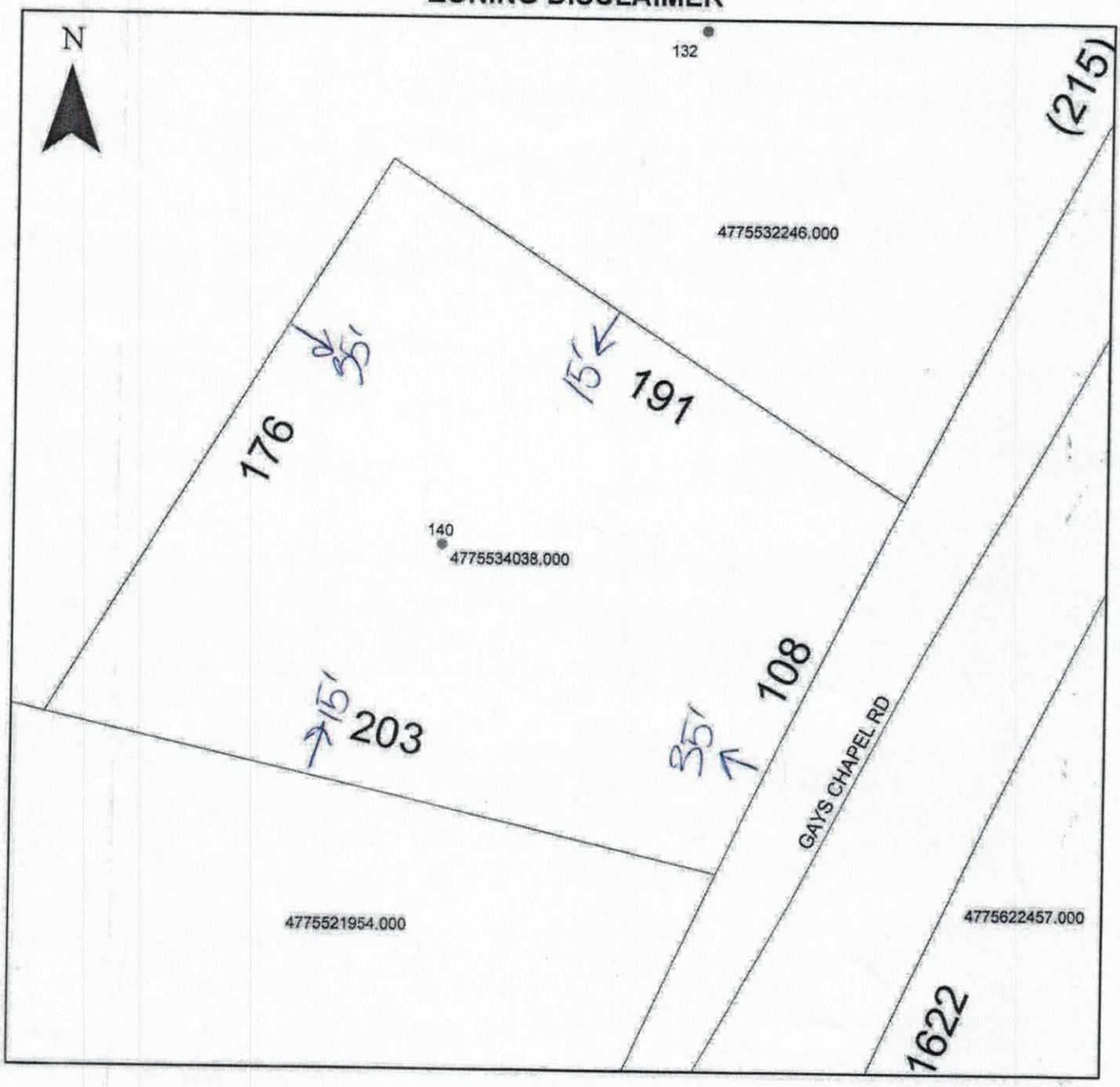
Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original 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.

Applicant: _____ Date: _____

Permit Number	156242	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 140 Gays Chapel Rd

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Applicant

10-22-18

Date