ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 315727

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

PIN # 4789 -- 03 -- 5081

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

SITE ADDRESS: 143 Stagecrest Dr. Harmony NC 28634 | PHONE: 704-873-2547 | ALT. PHONE 704-929-1552

SITE DIRECTIONS: N 77 → R on 21 @ exit 54 → R Mt. Bethel → L Shaw → L Stagecrest → lot on L | SAP CONTROLLED: ☒ YES ☐ NO

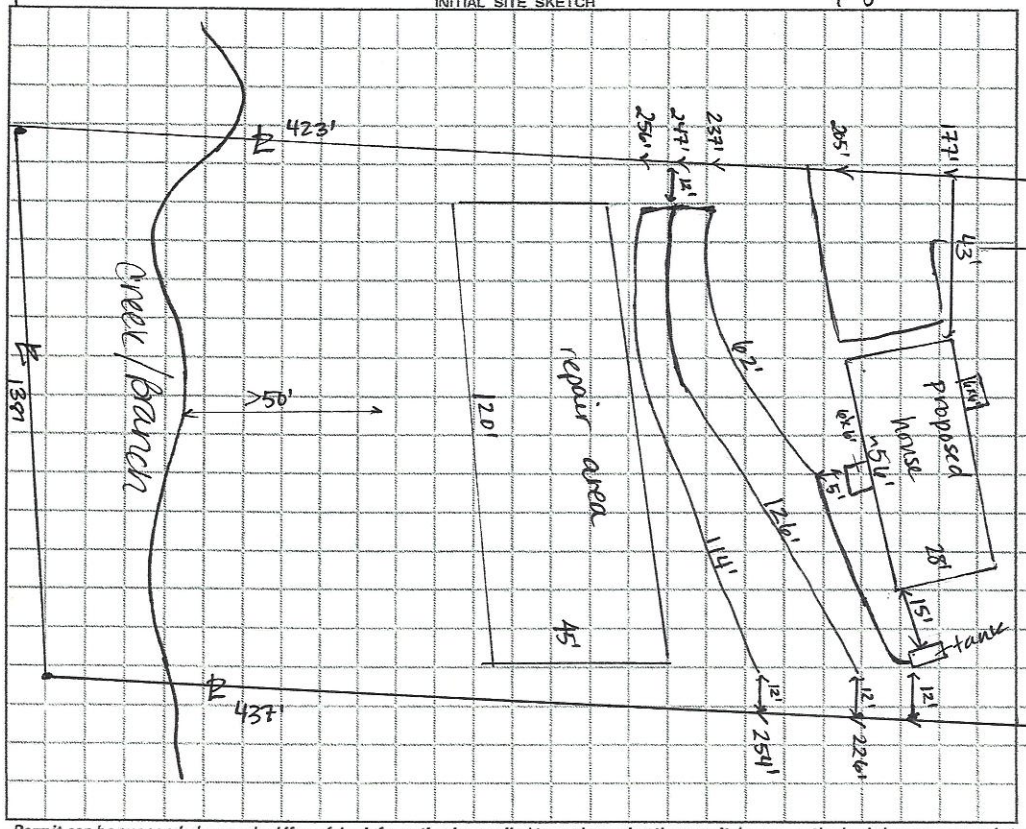
SUBDIVISION: Bimrock Estates | SECTION: — | LOT # 22 | LOT AREA: 1.36 acres | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.3 (I&R)

Septic Tank	1000 (gal)	STB 1012	Date 4/12/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT	Date	System Description: 25% reduction		☐ Business	No. Persons 6	☐ Private
Pump Make		Model	Serial #	Repair System Description: 25% reduction		☐ Other	No. Employees	☒ Public
# Nitrification Fields 1		# Lines 3	Linear Ft 300'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"		Trench Bottom Depth (Low side) 24"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Do not drive, park, pave, grade, or bury utilities in drainfield area. When preparing lot, smoothing area where dog pens used to be is permitted but do not cut or heavily grade!

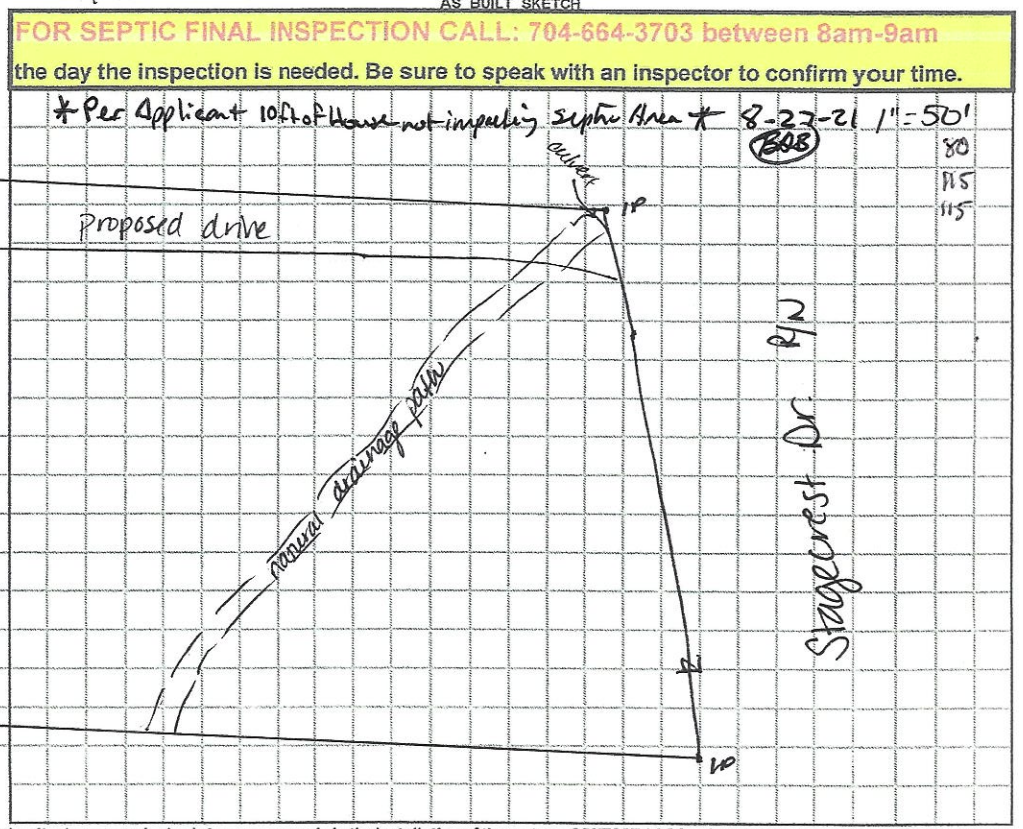
Use serial distribution and install on contour of land. Maintain min of 5' from deck, 10' from back of house. Divert all drainage away from drainfield

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.



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: [signature] Date: 4/1/21 Installed by: Piedmont Backhoe

IMPROVEMENT PERMIT by: D. Wiekever Date: 3/29/21 OPERATION PERMIT by: [signature] Date: 6/29/22

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5/24/22 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 #: 4789 03 5081
COUNTY: Iredell

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

OWNER: Phillip Barker
ADDRESS: 476 Shaw Rd Harmony NC 28634
PROPOSED FACILITY: 4 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 143 Stagecrest, Harmony, NC
APPLICATION DATE 3/15/21
DATE EVALUATED: 3/25/21
PROPERTY SIZE: 1.38ac
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	LS 15%	0-16	C - SBK	SSSP. FR - SEXP	Heavy sap in CL & L Heavy Mica	45"	L	N/A	0.3 PS
		16-23	CL - SBK	SSSP - FR - SEXP					
		23-45	CL - WSBK	SSNP - F - SEXP					
		45-60	SAP-L-M	NSNP VFR					
2	LS 14%	0-10	C - SBK	SSSP - FR - SEXP	Mn & Heavy Mica	37"	L	N/A	0.3 PS.
		10-18	CL - SBK	SSSP FR - SEXP					
		18-37	CL - WSBK	SSNP - FR - SEXP					
		37-60	SAP-L-M	NSNP - VFR -					
3	LS 17%	0-10	C ABK/SBK	SSSP - FR/F - SEXP	Some compacted clay @ top, band of weathered rock @ 18"	32"	L	N/A	PS 0.3
		10-18	CL - WSBK	SSSP - FR - SEXP					
		18-32	CL - WSBK	SSNP - FR - SEXP					
		32-60	SAP-L-M	NSNP - VFR					
4	LS 16%	0-6	C compacted	SSSP - F - SEXP	Heavy mica throughout Mn lower layers	60"	N/A	N/A	PS 0.3
		6-11	C ABK SBK	SSSP - FR - SEXP					
		11-32	CL - WSBK	SSSP - FR - SEXP					
		32-60	CL WSBK	SSNP - FR - SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	300
System Type(s)	25% red	25% red
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Mebery
OTHER(S) PRESENT: A. Casslerens (Clayton Homes)

COMMENTS: Heavy mica in all pits, increasing w/ depth. Some Mn, variegated parent material throughout CL & L layers.

6-12" Slope Correction

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.

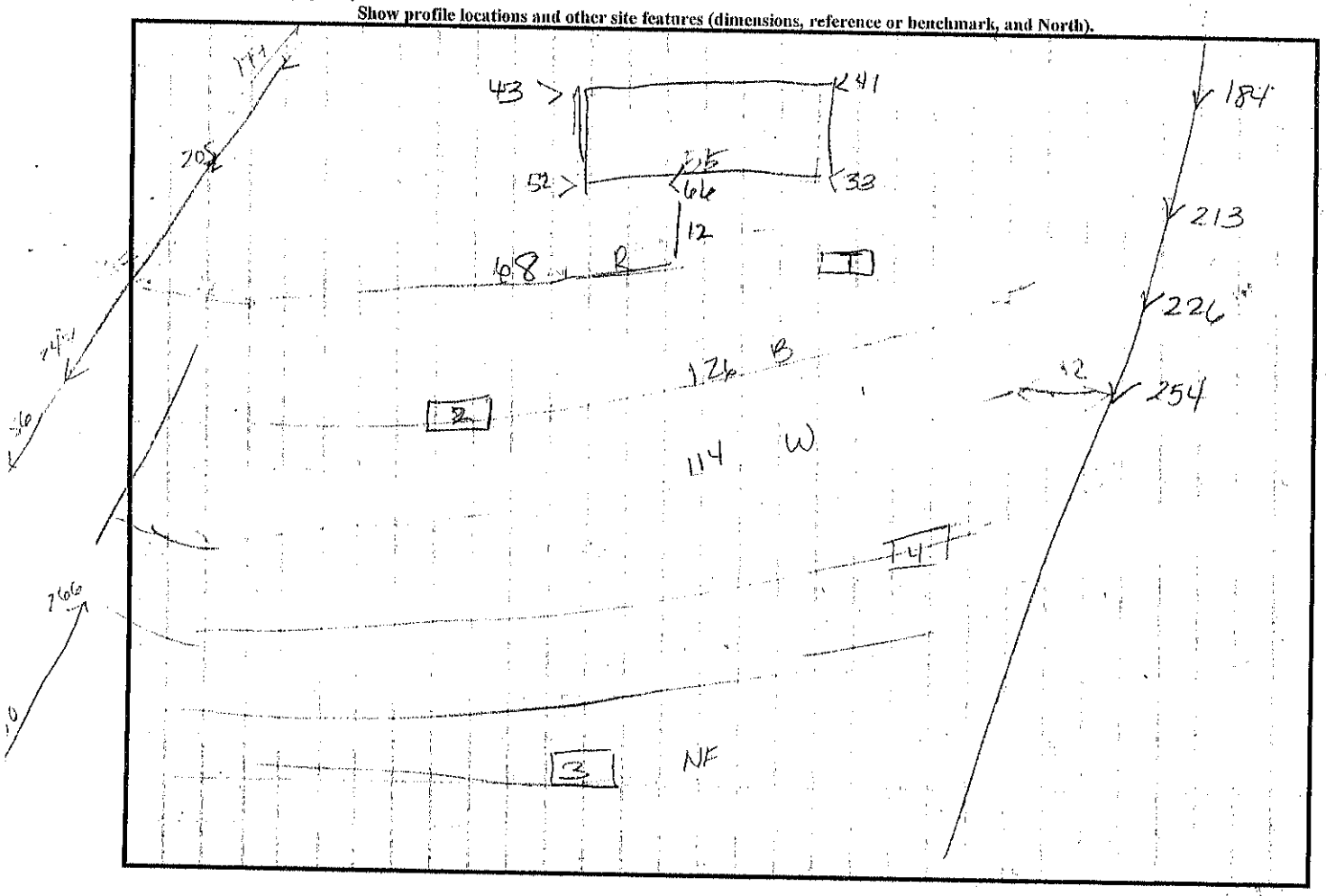
NOTES

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 0.3

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



RECEIVED MAR 15 2021

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

Iredell County Health Department – Environmental Health Division

DELIVERED MAR 22 2021

PAGE 1: *APPLICATION FORM*

AP-315727 $500.00

Application For:

( ) Septic Improvement Permit (X) New Well Permit (X) 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: Clayton Homes Statesville Address: 2026 Northside Drive Statesville Zip: 28625

Applicant Email: adam.carstevens@claytonhomes.com Phone: 704 873 2547 Alt. Phone: 704 929 1552

Owner Name: PHILLIP BAILEY Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____ Adam

Property Information:

Street Address: 143 STAGECREST DRIVE HARMONY

Subdivision Name: RIMROCK ESTATES Section/Phase: _____ Lot Number: 22

Driving Directions: _____

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: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

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

Non-Residential Site Development:
Square Footage of Building: _____ Type of Business: _____
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 ( ) City Water (X) Other Public Water COUNTY

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? 3312
( ) 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 3/12/21

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

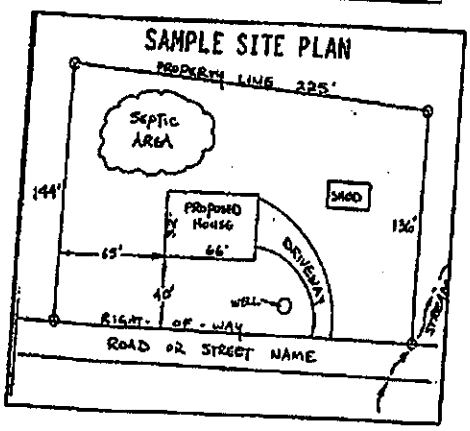
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

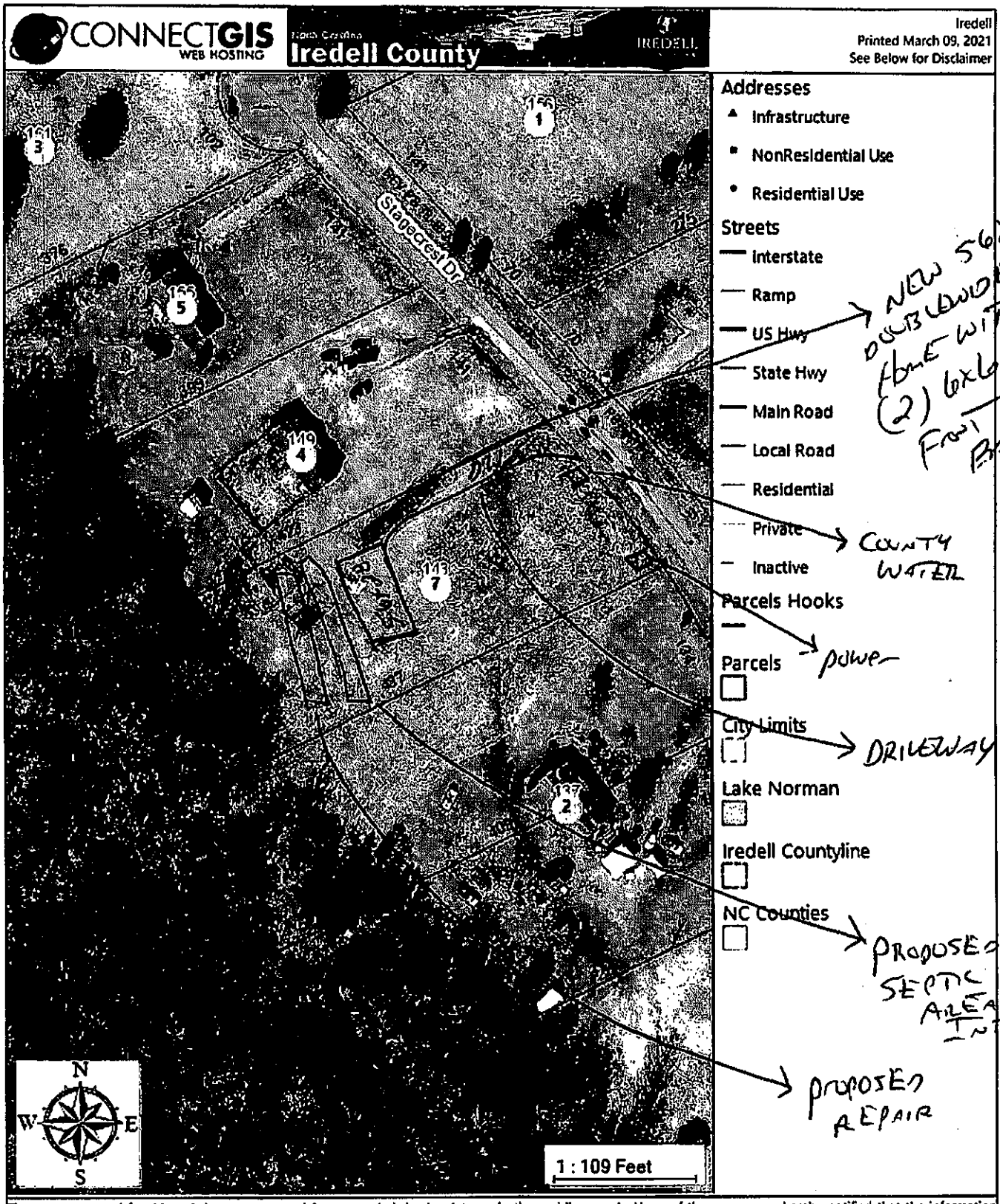
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE ATTACHED

Signature: _____ CLAYTON HOMES STARKVILLE

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

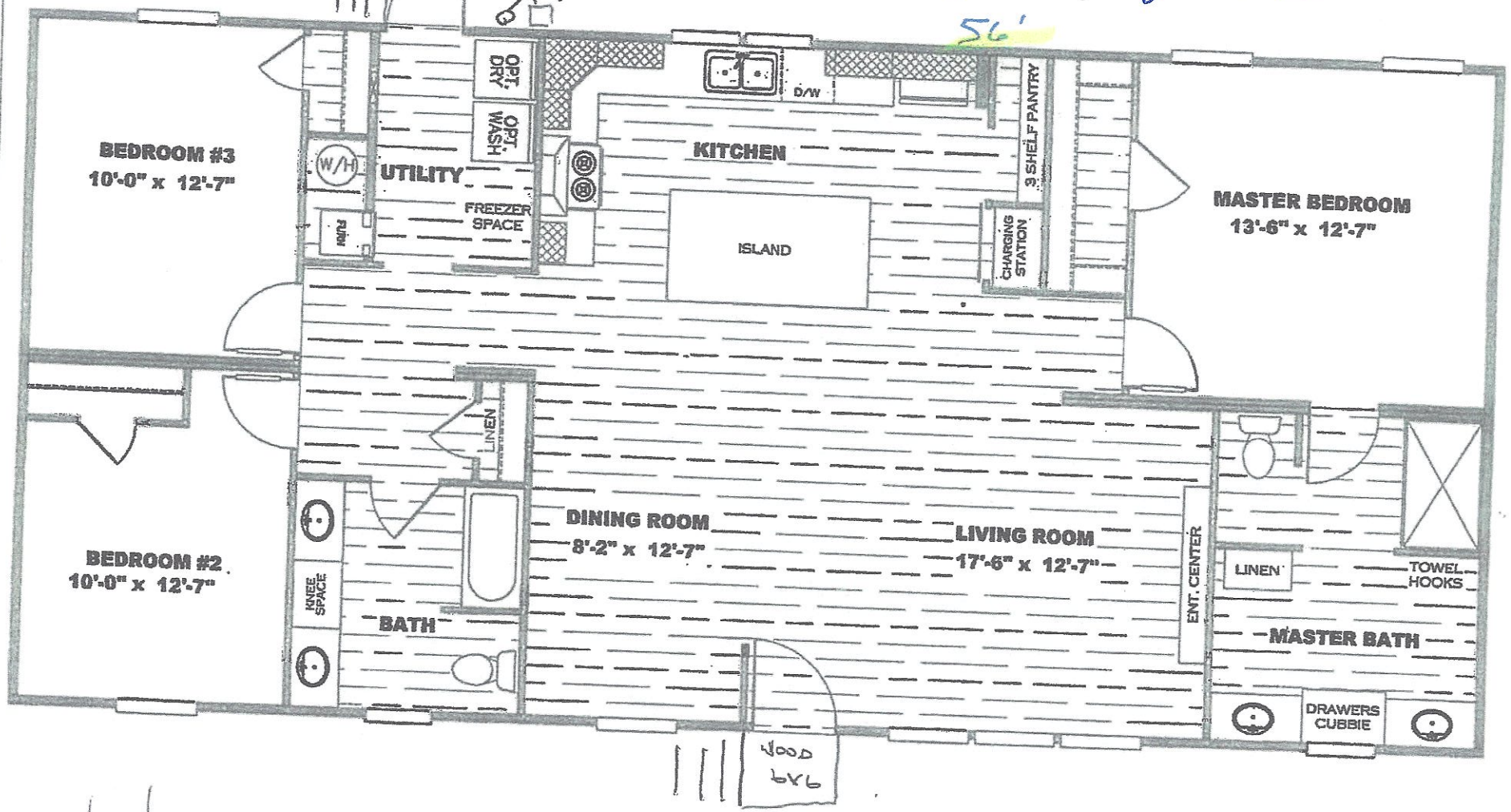
3/12/21
DATE



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.

* PROPERTY LINES/CORNERS ARE MARKED

EXHIBIT D



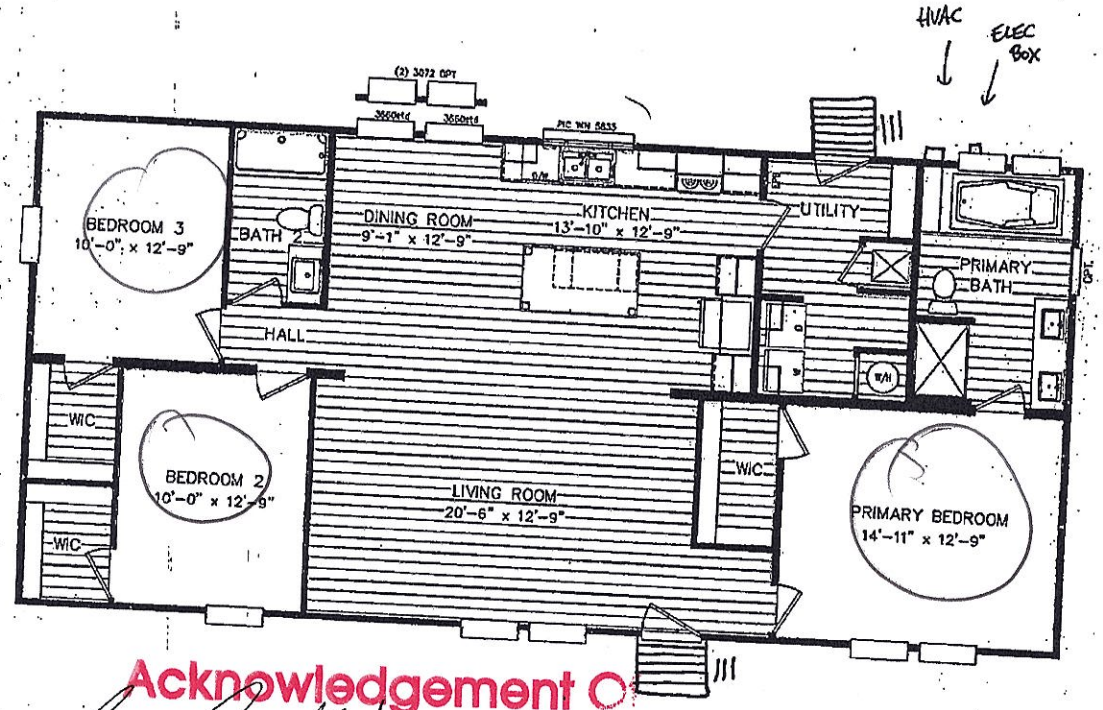
56'

28'

D.W.

SHEET:							
SL.1	SALES LITERATURE	Clayton Clayton - 934 1429 Mountain Rd, Andersonville, TN 37705 PH: 865.494.7500 FAX: 865.494.0243	HILBORN, WERNER, CARTER, AND ASSOCIATES, INC. 1627 SOUTH MYRTLE AVE. CLEARWATER, FL. 33756	DRAWING #: 34M178 / MODEL #: TRA28564I / DATE: 06/09/2016 / SCALE: N.T.S.	MODEL: ISLAND BREEZE / SERIES: THE M.V.P. / PRODUCT DESIGNER: DANIEL C. SHELDON	STD PLAN "CONDITIONED": 1,479 FT² / REV. BY: DCS / REV. DATE: 06/01/2016	

26'8" x 56



Acknowledgement O
Plans Submitted ONLY

x [signature] x 5/10/22

x [signature] x 5/10/22

Date

Date 5/24/2022

315727

143 Stagecrest
Rimrocks Lot 22

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

APPLICATION NUMBER
315727 Issue Date: 03/12/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4789035081.000	143 STAGECREST DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: BARKER LEON P TESTAMENTARY TR FBO	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

DWMH

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.

Signature of Owner/Contractor

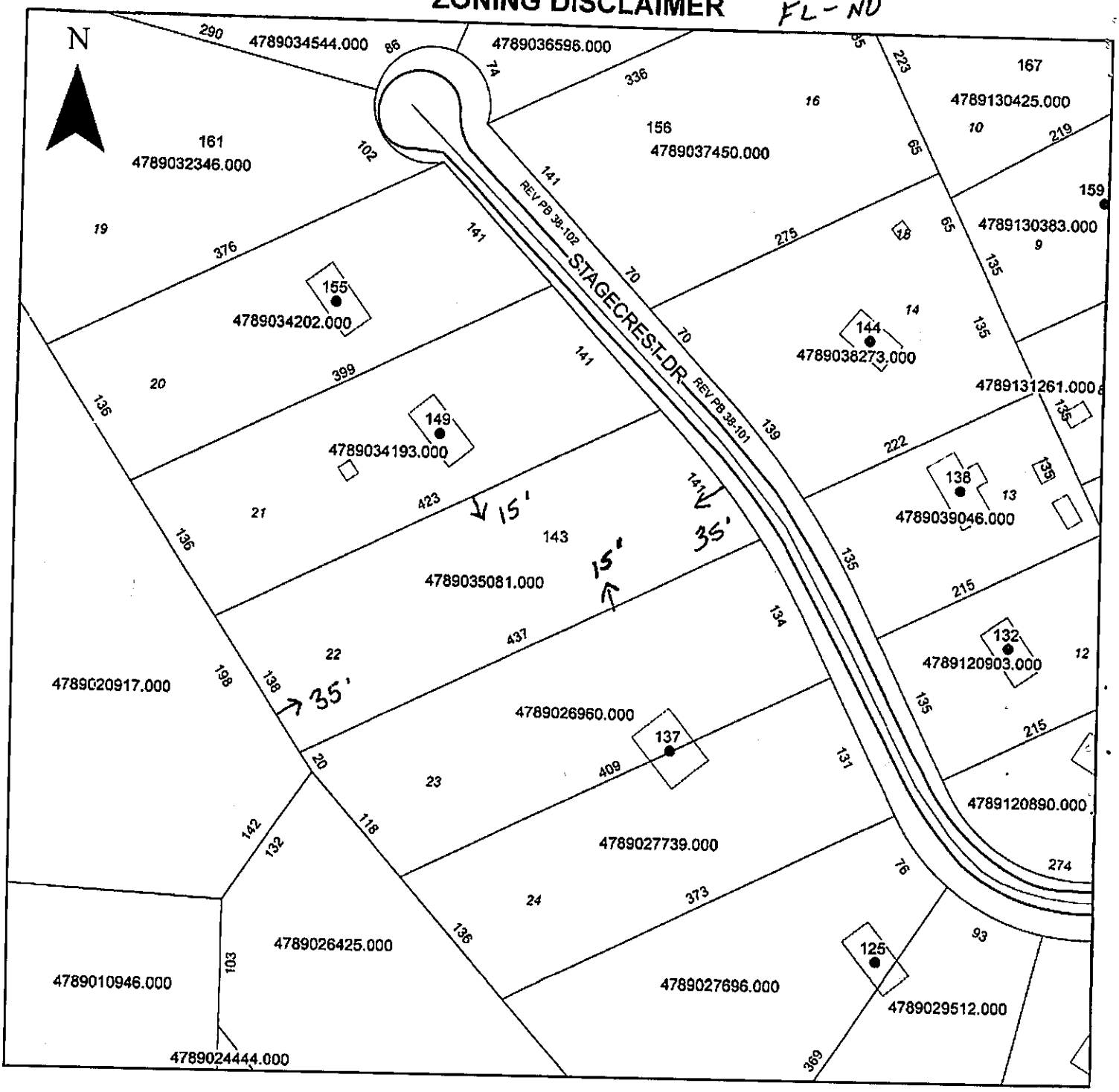
Date: 03/12/2021

Permit Number	315727	TOTAL FEES:	$77.25

,5827 315127 KH 1.50 AC

WS - NO
FL - NO

ZONING DISCLAIMER



Property Address 143 Stagecrest Dr.

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

3/12/21
Date