IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 23656616

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

PIN # 4798085230

APPLICANT/OWNER: Harry Davis APPLICANT ADDRESS: 416 Society Rd, Statesville

SITE ADDRESS: 207 Society Rd, Statesville 28625 PHONE: 704-657-0377 ALT. PHONE 704-881-1023 (Jason - AHP)

SITE DIRECTIONS: I40 exit 146 L → L on Ridge Rd → continue on Society rd → on right SAP CONTROLLED: ☐ YES ☒ NO

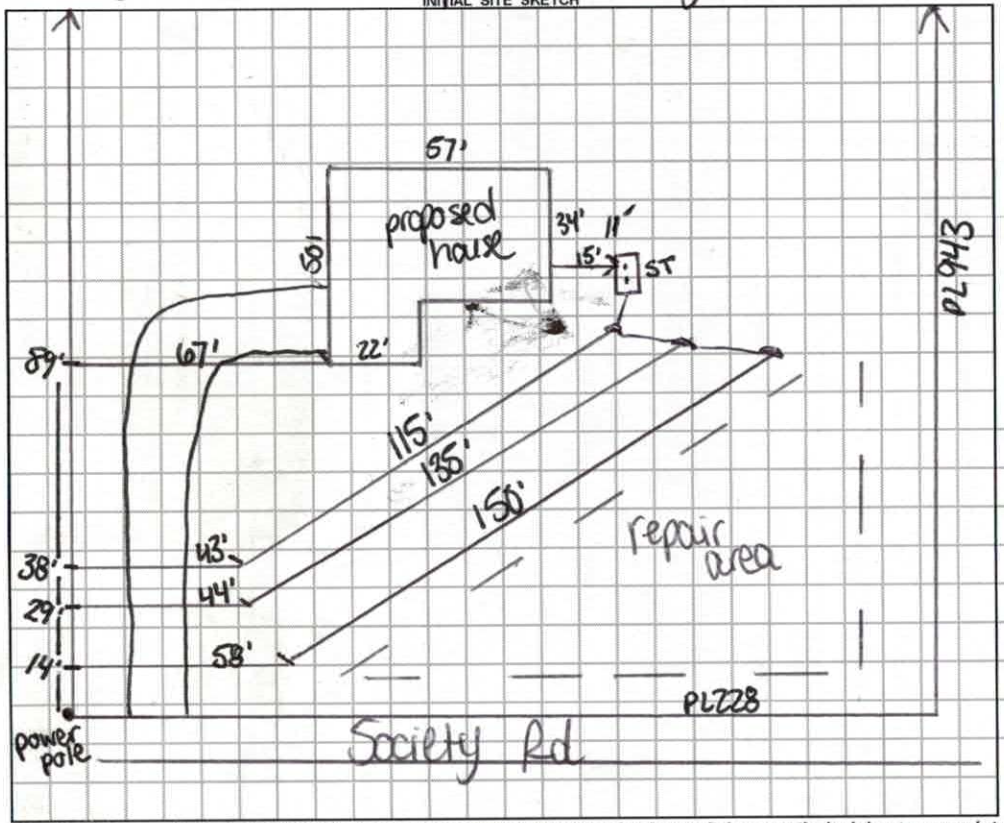
SUBDIVISION: James C Gaither SECTION: 2 LOT # 4 LOT AREA: 5acres DESIGN FLOW: 360gpd L.T.A.R.: .225

Septic Tank	1000	(gal)	STB 760	Date 10-5-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT	Date	System Description: 25% reduction				
Pump Make		Model		Serial #	Repair System Description: 25% reduction				
# Nitrification Fields	1	# Lines	3	Linear Ft 400	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	*18"/20" high	Gravel Depth —		☒ GRAVITY	☐ PRESSURE		

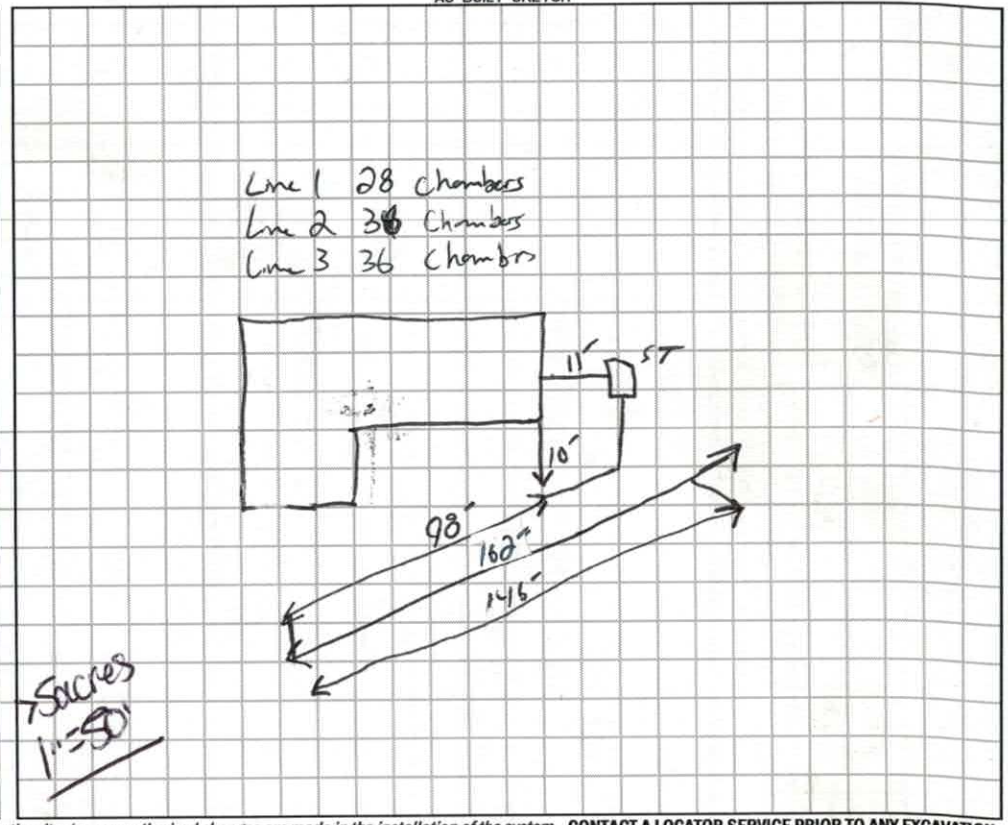
☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install on contour utilize serial distribution. Do not pave/grade septic area. DO NOT exceed max trench depth of 20" (high side)

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: Harry D. Davis Date: 10-23-18 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Carla C. Cave Date: 10/22/18 OPERATION PERMIT by: [signature] Date: 2-18-19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 10/22/18 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.

2

LEGEND

use the following standard abbreviations

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

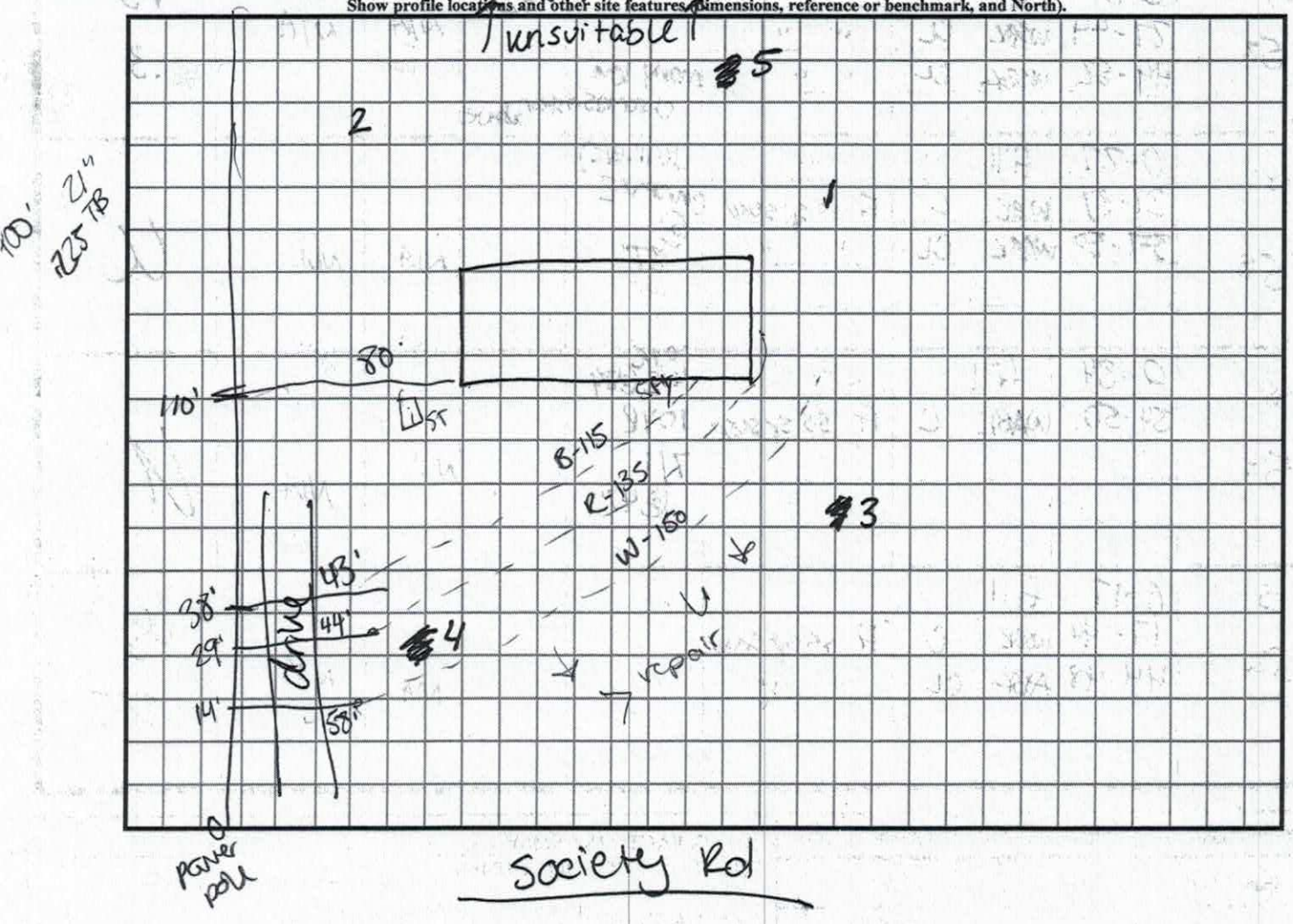
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Interface to Rock

grey <12"

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



SOIL/SITE EVALUATION

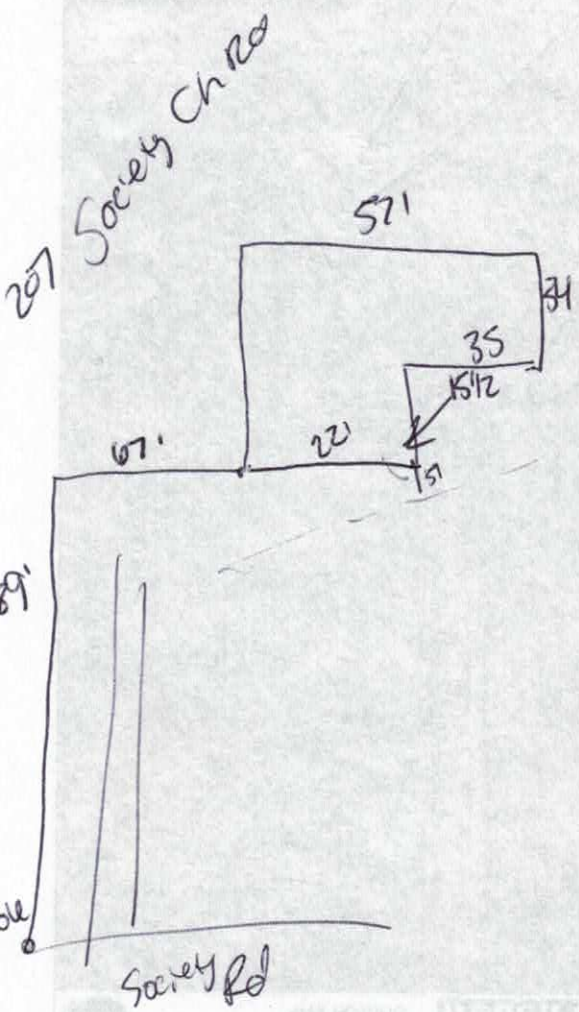
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4
DATE OF EVALUATION: 6
COUNTY: __

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	PR C &
S	SS 5%	0-22	fill	—					
		22-37	SBK C	Fr ss sp sexp	10YR 6/2 @ 38"		NA	NA	CL
		38-48	ABK CL	" "					
6	5%	0-17	SBK SCL	Fr ss sp sexp	10YR 6/2 @ 30" stay above (24")				PS .225
		17-36	SBK C	" "					
		36-48	ABC CL	" "					
7	5%	0-15	SBK SCL	Fr ss sp sexp	2.5Y 6/2 @ 34"				PS .225
		15-34	SBK C	" "					
		34-48	ABC CL	" "					

COMMENTS: _____


Society Ch Rd
207
57'
34
35
15'12
67'
22'
15
89'
Society Rd

RECEIVED OCT 10 2018

Paid $105.00 #236566

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Ltd Relayout

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Harry D. Davis Address: 416 Society RD Statesville Zip: 28625
Applicant Email: Golfrat5628@yahoo.com Phone: 704 657-0377 Alt. Phone:
Owner Name: Harry D Davis Address: 416 Society RD Statesville Zip: 28625
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 207 Society Rd Statesville N.C.
Subdivision Name: James C Gaither Section/Phase: Lot Number: 4
Driving Directions: Exit 162 I 40 E - turn East on 64 go 1 mile L on Society Rd 1½ mile on Right

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(3) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Non-Residential Site Development: Type of Business: Home
Square Footage of Building: 1705 Max. Number of Employees: Max. Number of Seats/Beds/Other:

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

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

Water Supply: ( ) Replacement Well – Reason: County
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 2
( ) 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 ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Harry D. Davis 10-10-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Robert L. Caraway, am the legal owner(s) of the property located at 207 Society Road, STATESVILLE NC, identified as PIN (Parcel Identification Number) 4798-08-5230, located in Iredell County, North Carolina.

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

Robert L Caraway 6/12/18 — Signature of Owner(s) — Date

[signature] 6/12/18 — 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

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*) Harry Dan

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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.
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2. I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
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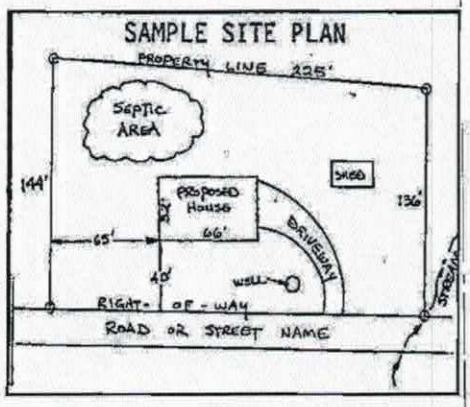
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 ~~Above~~ Attached

Signature: Harry Dai
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-10-18
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2316516

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

PIN # 4798085230

APPLICANT/OWNER: Clayton Homes / Robert Conaway APPLICANT ADDRESS: 2026 Northside Dr Statesville

SITE ADDRESS: 207 Society Rd PHONE: 704-873-2547 ALT. PHONE 336-640-7130

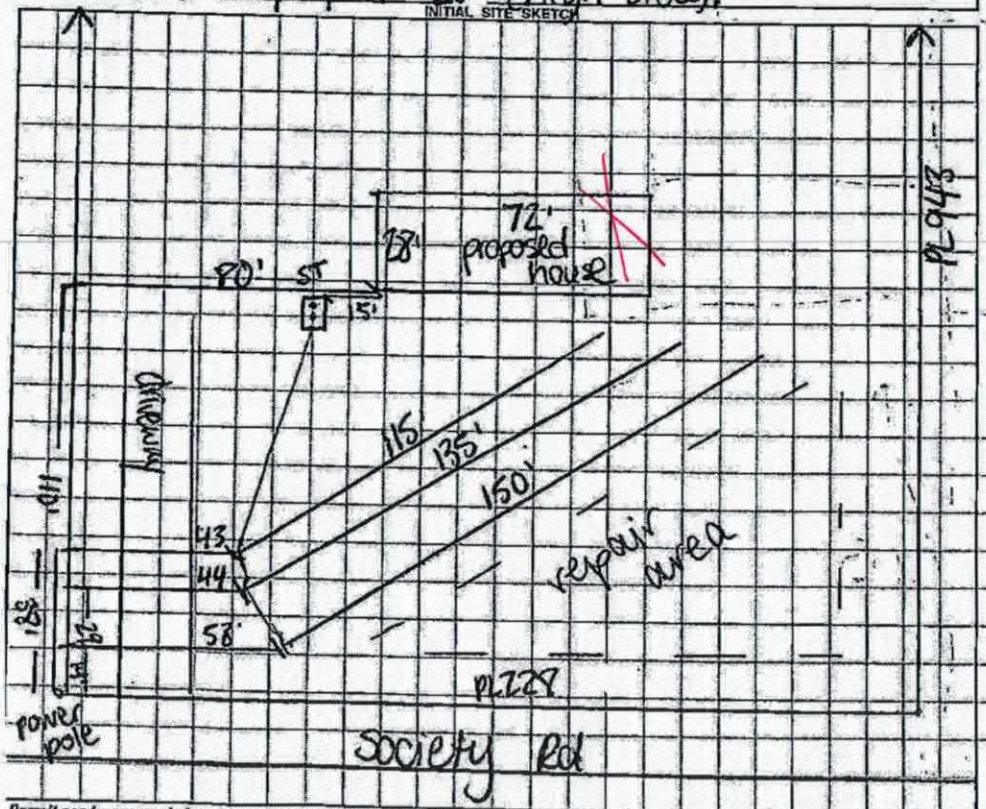
SITE DIRECTIONS: I-77 E exit 162 L → L on Ridge Rd → continue on Society Rd → on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: James C Gaither SECTION: LOT # 4 LOT AREA: 5 acres DESIGN FLOW: 360 gpd L.T.A.R.: .225

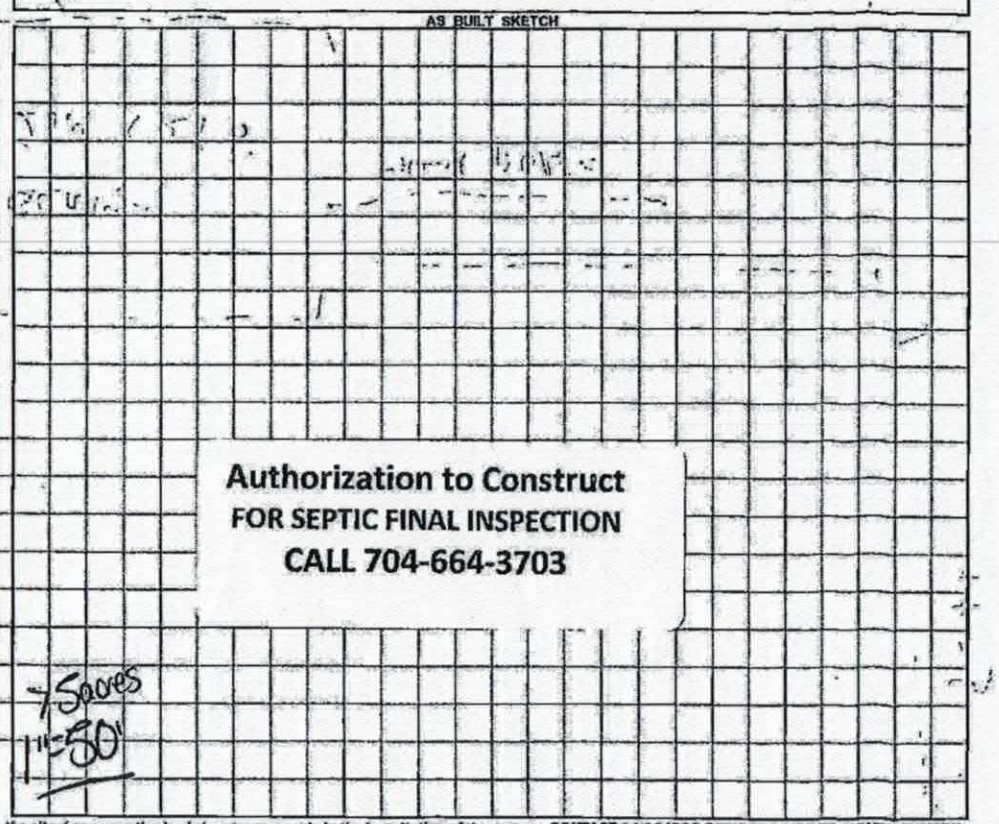
Septic Tank	1000	(gal)	STB		Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT		Date	System Description: 25% reduction				☐ Business	No. Persons 6	☒ Private
Pump Make		Model			Serial #	Repair System Description: 25% reduction				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3		Linear Ft. 400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
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INITIAL SITE SKETCH



AS BUILT SKETCH



Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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☐ 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: 7-3-18 Installed by: _____

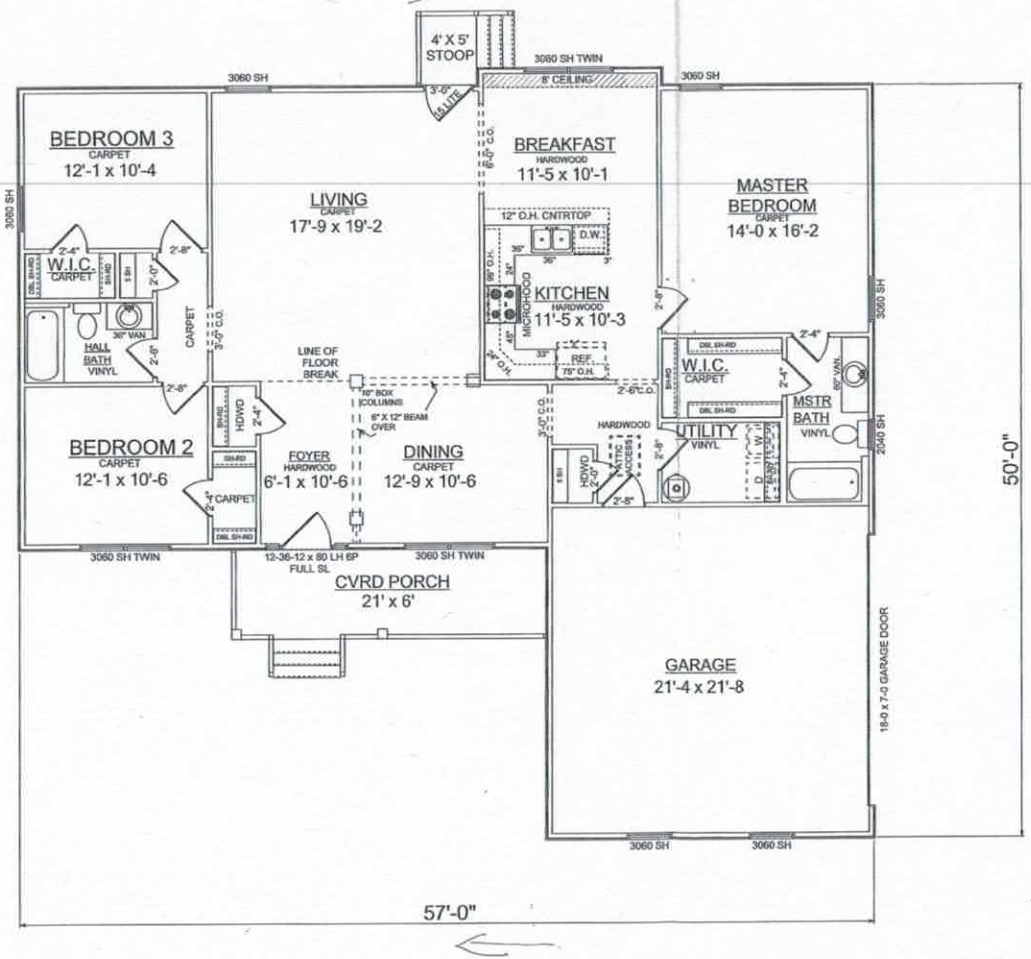
IMPROVEMENT PERMIT by: Carla C. Cave Date: 6/29/18 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 6/29/18 Existing System Inspected by: _____ Date: _____

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NOTE: VIOLATORS OF THE COPYRIGHT WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW
TO REPORT COPYRIGHT VIOLATIONS CALL (770)532-1128
THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $100 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.

Layout flipped



Acknowledgement Of
Plans Submittal ONLY!
Harry Dai Date 10-10-18
Carla C. Cave Date 10/22/18

FORMATTED FOR 11 x 17 PAPER

PROPERTY OF: AMERICA'S HOME PLACE, INC.
COPYRIGHT 1999
SOLD BY:

THE DURHAM
FOR CUSTOMER NAME
STREET ADDRESS
CITY, ST 00000

AREAS:
FIRST FLOOR 1704 S.F.
FRONT PORCH 126 S.F.
STOOP 48 S.F.
GARAGE 484 S.F.
TOTAL UNDER ROOF 2314 S.F.

DATE: 03/05/13
REVISION:
JOB #

FIRST FLOOR PLAN
SCALE: 1/8"=1'-0"
DRAWN BY: JIM BOWERS

SHEET NO.: 3 OF 4

2 X 4 EXTERIOR WALLS UNLESS OTHERWISE NOTED

PRINT DATE: January 06, 2014