ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-315080

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

PIN # 4799 -- 30 -- 5142.1406

APPLICANT/OWNER: CLAYTON HOMES / DAN DILLOW APPLICANT ADDRESS: 2026 NORTHSIDE DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 1406 EAST MEMORIAL HIGHWAY, HARMONY, N.C. 28634 PHONE: 704-873-2547 ALT. PHONE 717-965-4037

SITE DIRECTIONS: (N) ON 21, (R) ON 901, LOT ON (R)

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 1.7 AC SAP CONTROLLED: ☐ YES ☑ NO

DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

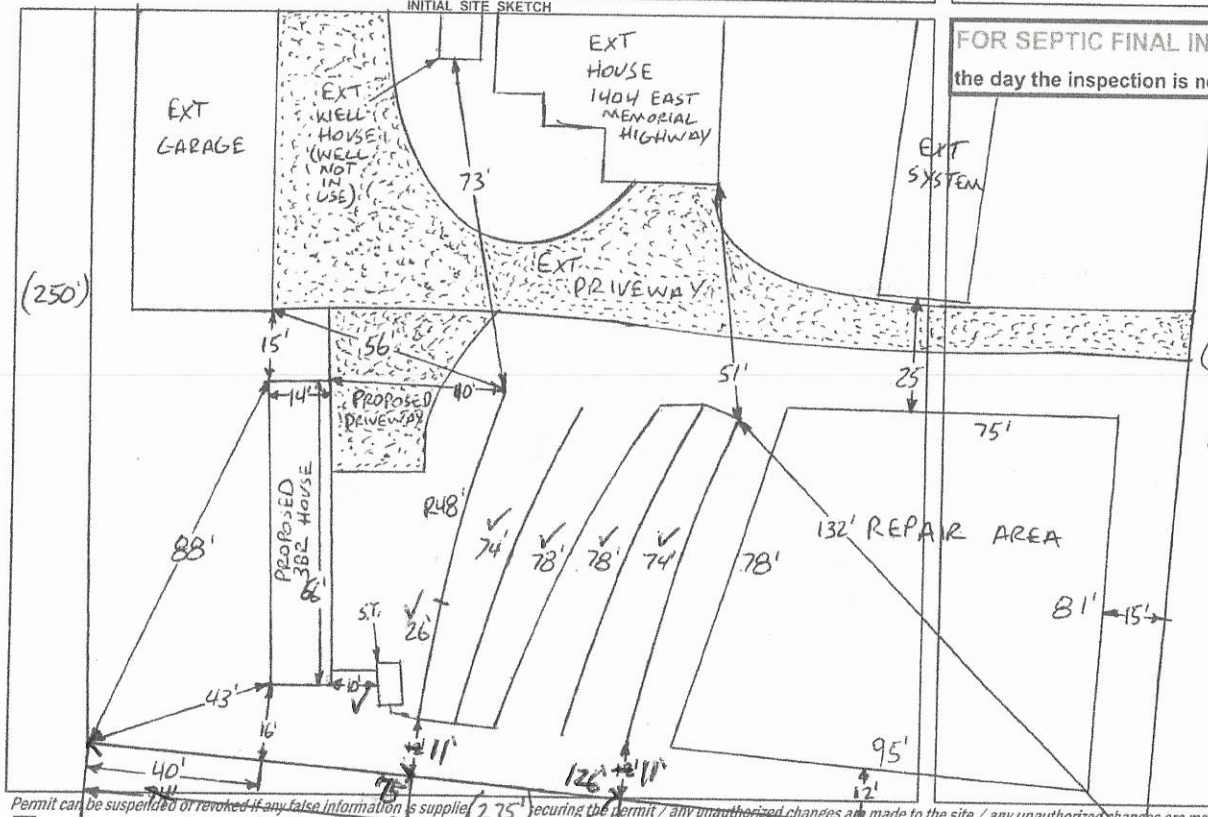
Septic Tank	1000 (gal)	STB	1012	Date	2/24/2021	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	- (gal)	PT	-	Date	-	System Description:	25% REDUCTION
Pump Make	-	Model	-	Serial #	-	Repair System Description:	25% REDUCTION
# Nitrification Fields	1	# Lines	5	Linear Ft	330 FT	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	-	☑ GRAVITY	☐ PRESSURE

☑ Residence No. Bedrooms 3 ☐ Business No. Persons 6 ☐ Other No. Employees - ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, WATERLINE MUST BE 10FT FROM ALL PARTS OF SEPTIC, DO NOT EXCEED A 33IN MAX TRENCH BOTTOM

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.

1IN = 40FT
S.T. = SEPTIC TANK
EXT = EXISTING
R = REPAIR

As built measurments on site sketch Not to Scale

Permit can be suspended or revoked if any false information is supplied 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: 4/26/21 Installed by: (Steve J) Piedmont Backhoe Service

IMPROVEMENT PERMIT by: Burgent C. Hulette Date: 4-21-2021 OPERATION PERMIT by: Patrick J Boyle III Date: 5/6/2021

AUTHORIZATION TO CONSTRUCT by: Burgent C. Hulette Date: 4-23-2021 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 #: 4799-30-5142
COUNTY: IREDELL

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

OWNER: CLAYTON HOME / DAN DILLOW — APPLICATION DATE 2-17-2021
ADDRESS: 2026 NORTHSIDE DRIVE, STATESVILLE, N.C. 28625 — DATE EVALUATED: 3-23-2021
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 1.7AC
LOCATION OF SITE: 1406 EAST MEMORIAL HIGHWAY, HARMONY, N.C. 28634 — 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	LINEAR SIDE 8%	0-10	SCL, SBK	FR, SS, SP, SEXP	FEW Y/B 18"-24" SAP INC THRU OUT	53"+	NA	NA	PS .275
		10-27	C, ABK	FR, S, P, SEXP					
		27-53	CL, WABK	FR, SS, SP, SEXP					
2	LINEAR SIDE 5%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	56"+	NA	NA	PS .3
		8-28	C, ABK	FR, S, P, SEXP					
		28-56	CL, WABK	VFR, SS, SP, SEXP					
3	LINEAR SIDE 7%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	45"	PS II L	NA	PS .3
		8-22	C, ABK	FR, S, P, SEXP					
		22-45	CL, WABK	FR, SS, SP, SEXP					
		45-55	SAP MAS	VFR, NS, NP, SEXP					
4	LINEAR SIDE 7%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	54"+	NA	NA	PS .3
		8-26	CL, ABK	FR, S, P, SEXP					
		26-54	CL, WABK	FI, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.275	0.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. Miller
OTHER(S) PRESENT:

COMMENTS:

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.

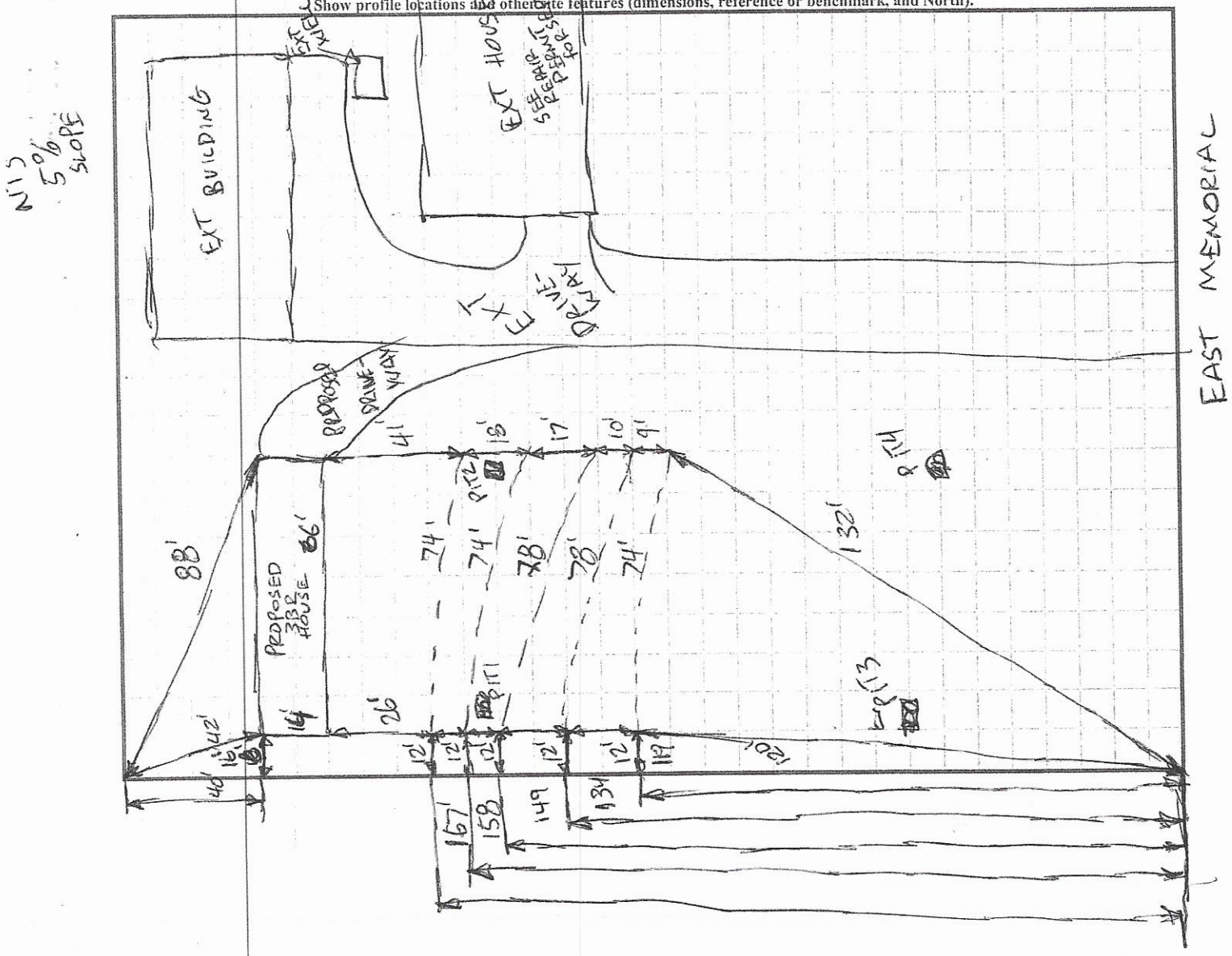
NOTES

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

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



RECEIVED FEB 18 2021

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

Iredell County Health Department – Environmental Health Division

AP- 315080
$500.00

PAGE 1: *APPLICATION FORM*

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: Brantley Norris / Clayton Homes of Statesville Address: 2020 Northside Drive Statesville, NC Zip: 28625
Applicant Email: HC072@claytonhomes.com Phone: 704-873-2547 Alt. Phone: —
Owner Name: Dan Dillow Address: 1404 E. Memorial Hwy Harmony, NC Zip: 28634
Owner Email: mopowerperformance@yahoo.com Phone: 717-965-4037 Alt. Phone: —

Property Information:

Street Address: 1404 E. Memorial Hwy Harmony, NC 28634
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: L on Bristol, L on W Front St., R on I-40E, exit 162, left on 64, L on E Memorial Hwy (901), 1.2 miles on road

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 1 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well (~~✓ City Water~~) (✓) 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 (✓) Other: 25% reduction gravity fed

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

2/17/21
DATE

DocuSign Envelope ID: 8C806F22-0C62-4FD5-BF8E-D9077C004A8D

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.

DocuSigned by:

I, [signature], am the legal owner(s) of the property located at 1104 East Memorial HWY Harmony, NC 28634, identified as PIN (Parcel Identification Number) 4799 - 30 - 5142, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Brantley Norris / 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.

DocuSigned by:

[signature] — 2/17/2021
Signature of Owner(s) — Date

DocuSigned by:

Brantley Norris — 2/16/2021
Signature of Witness — Date

Please return this signed form to the appropriate office:

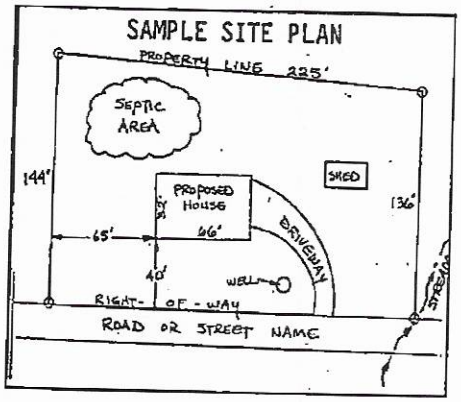
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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:

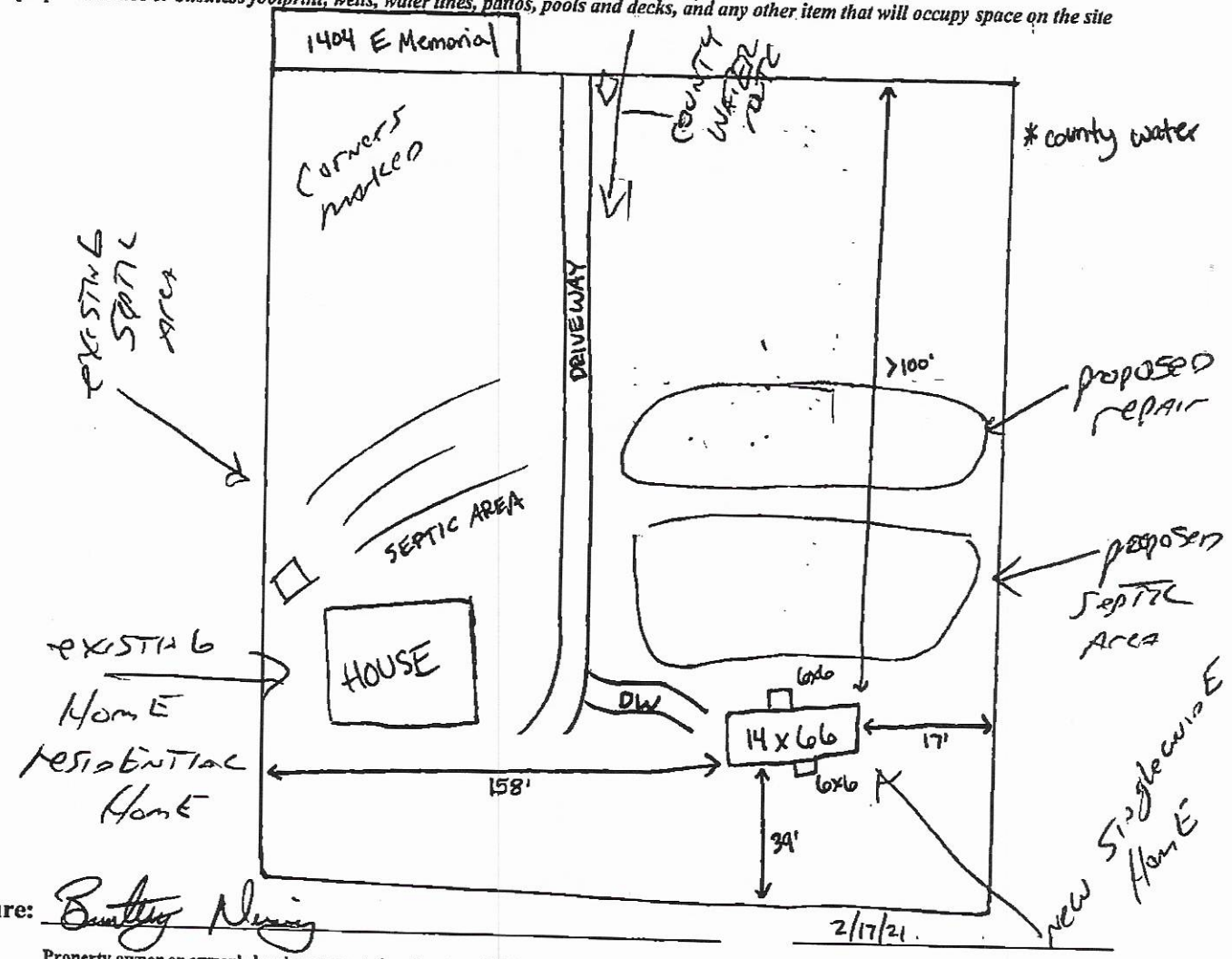
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- (✓) Preferred well location
- (✓) Preferred septic system location
- (✓) North arrow, or other sufficient indicator 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



Signature: Bentley Nunn 2/17/21

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

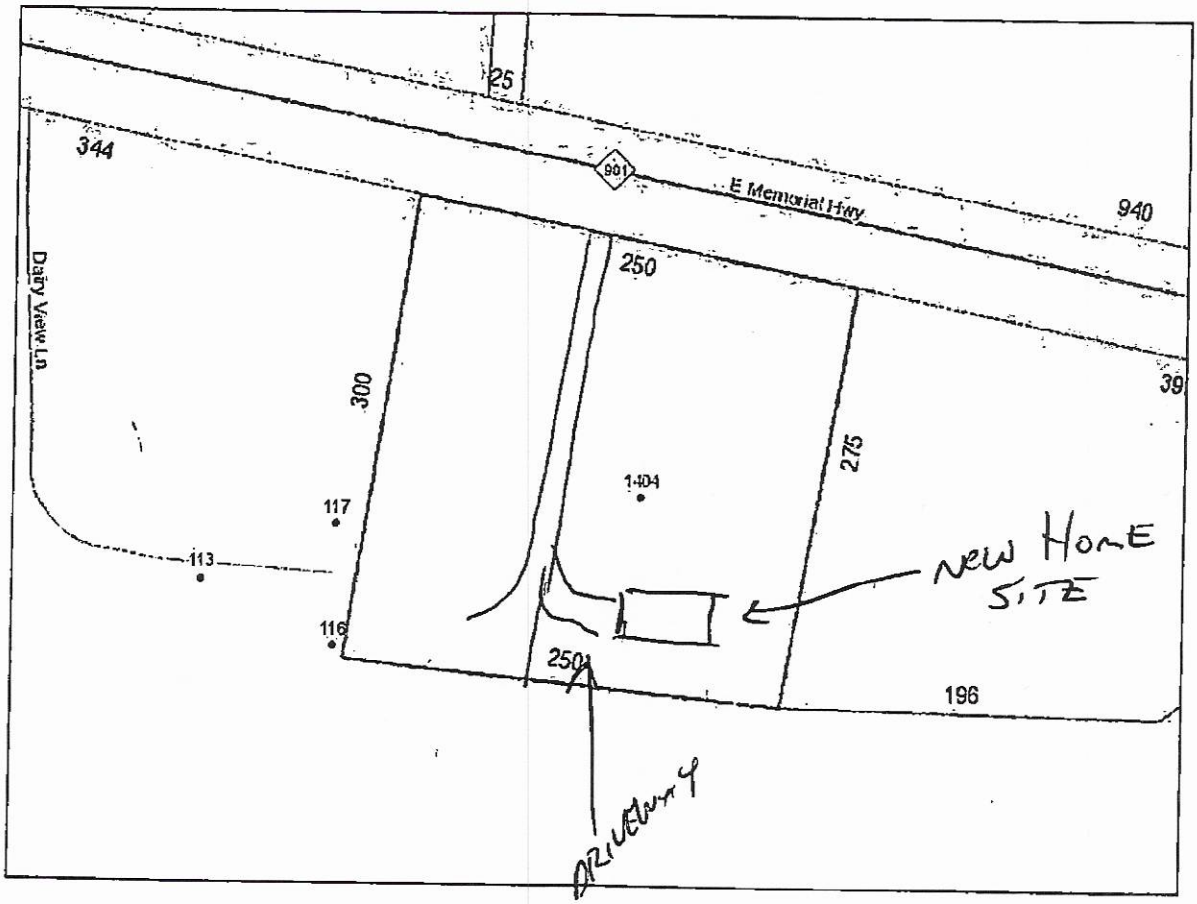
Iredell County

Property Data

Parcel Number: 4799305142.000
Inquiry Date: 12/28/2020

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-date, the County does not certify the authentidity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use or interpretation by the User.

Property Map



Owner/Property Info

Tax Account Number: 80057130
Old Parcel Number: 0712K00000A043
Owner Name: DILLOW DANIEL A+CASEY N
Mailing Address: 1404 E MEMORIAL HWY HARMONY NC 28634
Property Location: MEMORIAL HWY
Lot Number: Null
Legal Description: CARTNER NC901

Municipal Information

Township Code: 07
City Code: 00
Neighborhood Code: 07000

Value Information - Current Year Property Record Card (PRC)

Building Value: 119060
Other Building Features: 15750
Land Value: 29950
Tax Assessed Value: 164760
Deferred: 0

Land Information - Register of Deeds Online Search

Amanda Horton

From: Richard Hoffman
Sent: Wednesday, February 17, 2021 4:13 PM
To: Amanda Horton
Subject: R8

Figure 3.1 Accessory Mobile Home Setback

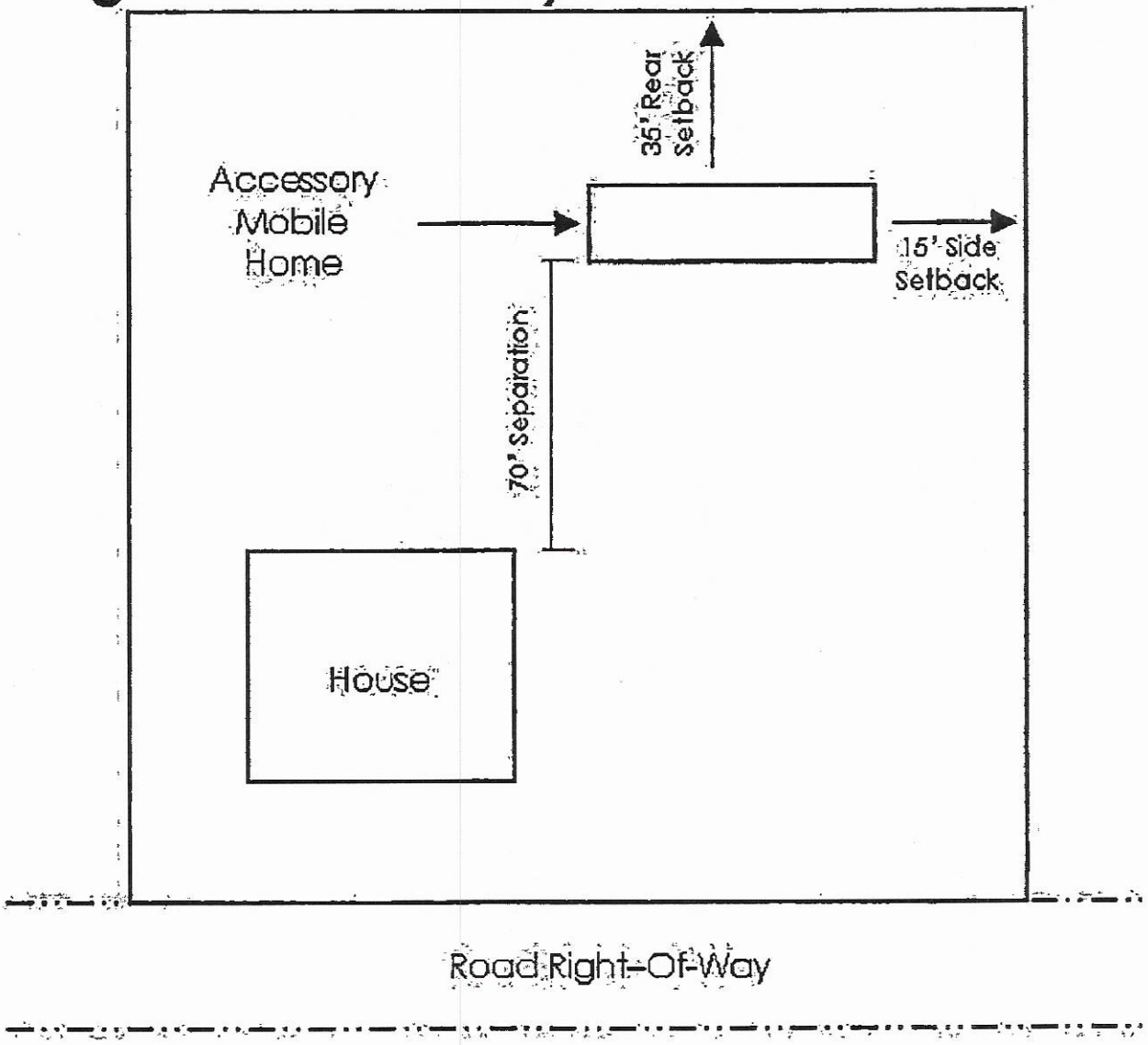


EXHIBIT D

TRU

ELATION

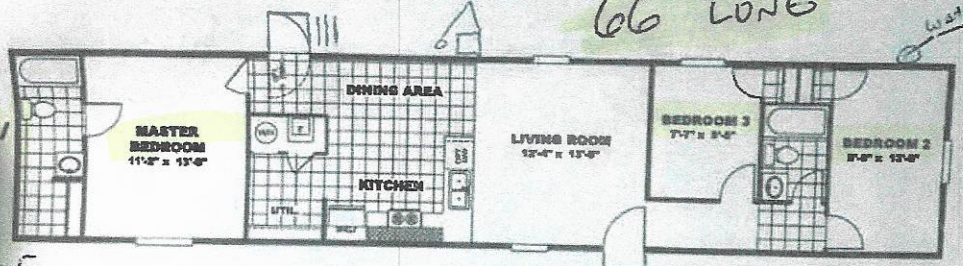
TRS14663A

902 sq ft // 3 beds // 2 baths

(Rendering, changing colors)



66' LONG









(Rendering, furniture not included)

The home series and floor plans shown will have starting prices within the price range indicated. Your local Home Center can quote you specific prices and terms of purchase for specific homes. TRU invests in continuous product and process improvement. All home series, floor plans, specifications, dimensions, features, materials, availability, and starting prices shown are artist's renderings or estimates and are subject to change without notice or obligation. Dimensions are nominal and length and width measurements are from exterior wall to exterior wall. Starting prices include the home only, plus typical delivery and installation. Starting prices do not include other costs such as taxes, title fees, insurance premiums, filing or recording fees, land or improvements to the land, optional home features, optional delivery or installation services, wheels and axles, community or homeowner association fees, or any other items not shown on your Retailer Closing Agreement and related documents (your RCA). Your RCA will show the details of your purchase. 2020 TRU. All rights reserved.

Acknowledgement Of Plans Submittal ONLY!

CLAYTON Homes

Date

Date 4/23/21

Sent from my iPhone

IREDELL COUNTY · NC

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

APPLICATION NUMBER
315080
Issue Date: 02/17/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4799305142.000	~~1404~~ 1406 E MEMORIAL HWY	IREDELL COUNTY

Owner Information	Applicant Information
Name: DILLOW DANIEL A+CASEY N	Name: CLAYTON HOMES OF STATESVILLE
Address:	Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677
Phone:	Phone: (704)873-2547

Use Requested	Zone Code
Accessory Mobile Home	RA PAID ONLINE Date: 2/17/21

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.7	35	35	15	15	WSII-BOW Hunting Creek	NO

Remarks

ACCESSORY SW MOBILE HOME FOR SON R8 NOTES ON DISCL BY RICH

Accessory Mobile Home: Must meet requirement R8 of the LDC. Only one accessory mobile shall be permitted per lot or parcel. The lot or parcel shall contain sufficient land area for the principal residential structure or home and the accessory mobile home to be considered independent principal dwelling units with both individually meeting the minimum lot size and required setbacks. The mobile home cannot be used as a rental and only relatives including in-laws and son or daughter by legal adoption shall occupy the accessory mobile home.

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES 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.

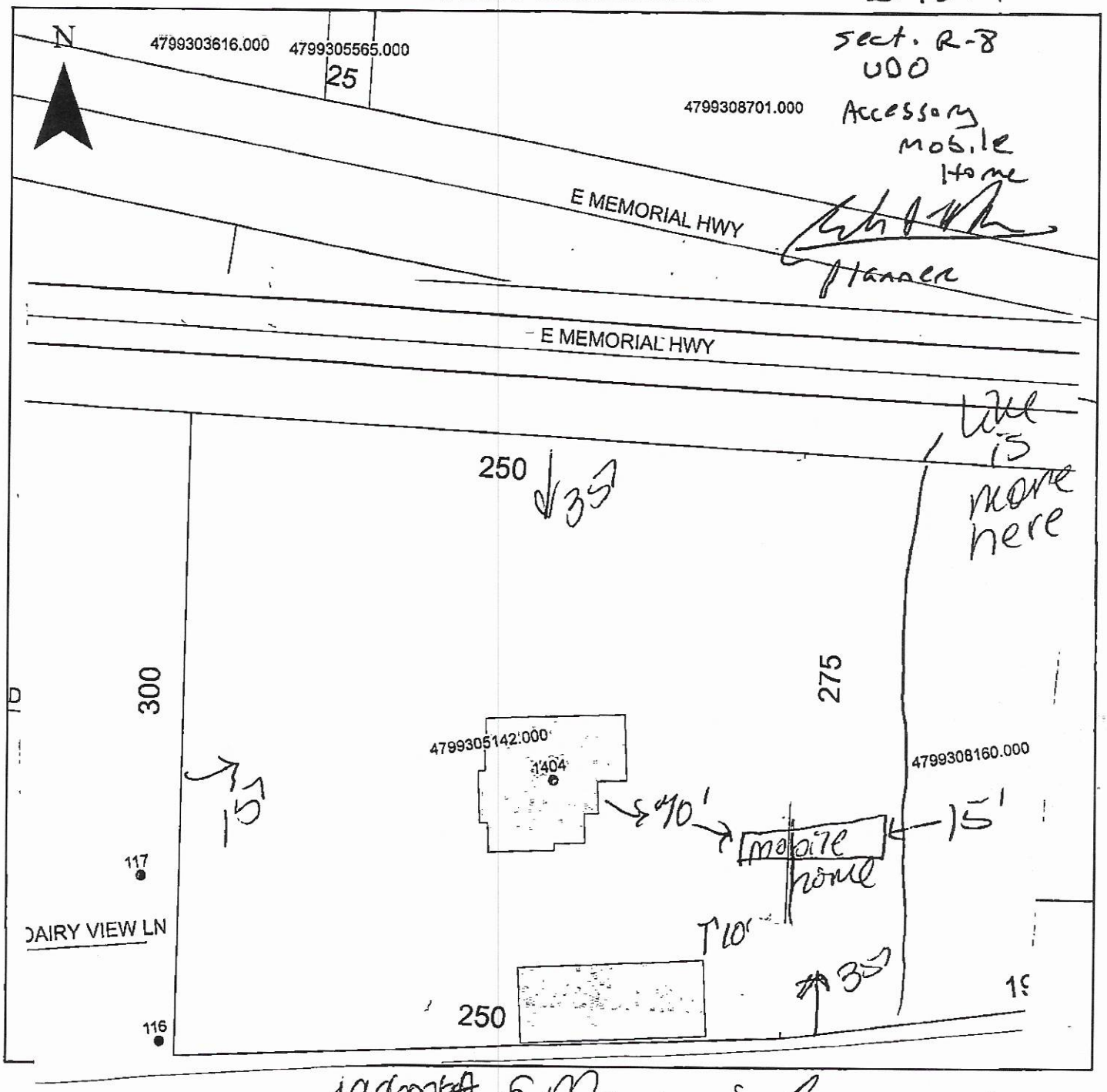
Signature of Owner/Contractor

Date: 02/17/2021

Permit Number	315080	TOTAL FEES:	$77.25

ZONING DISCLAIMER

2-18-21



Sect. R-8
UDO
Accessory Mobile Home
Hanger
Line is more here

Property Address 1406 ~~Redacted~~ E Memorial

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

2/17/21
Date