ICHD–ENVIRONMENTAL HEALTH DIVISION

TJB

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

AT

PERMIT # 308671

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

PIN # 4807207533

APPLICANT/OWNER: Olivia Clanton Oler

APPLICANT ADDRESS: 79 Clanton Rd Statesville, NC 28625

SITE ADDRESS: 115 Clanton Rd Statesville, NC 28625

PHONE: 704 437-7667 ALT. PHONE

SITE DIRECTIONS: Off Clanton Rd near Alexander Co towards Love Valley

SUBDIVISION: SECTION: LOT # LOT AREA: 1.354Ac

SAP CONTROLLED: ☒ YES ☐ NO

DESIGN FLOW: 360gpd L.T.A.R.: .3Int / .275Rq

Septic Tank	1000 (gal)	STB	760	Date	3-20-2020	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction
Pump Make		Model		Serial #		Repair System Description:	Same
# Nitrification Fields	1	# Lines	3	Linear Ft:	300Ft	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing

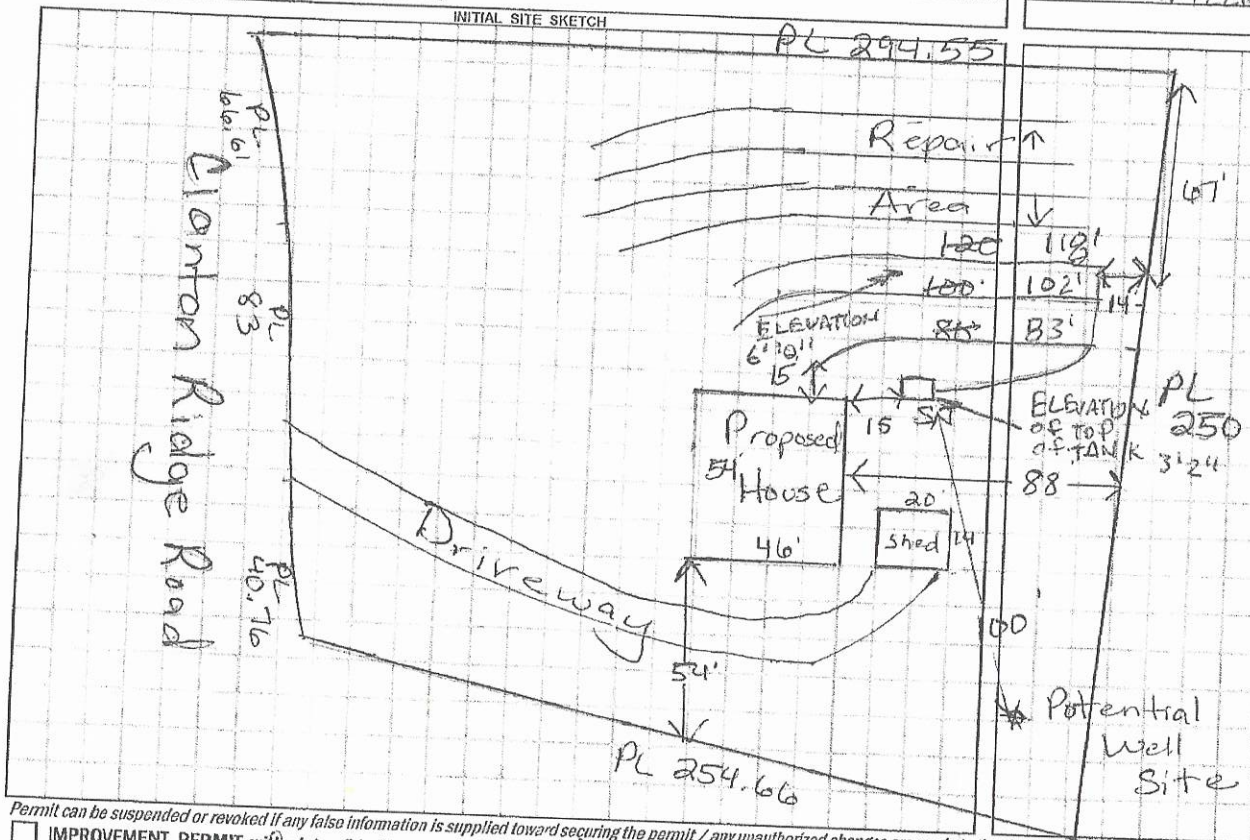
No. Bedrooms 4 No. Persons 8 No. Employees ☐ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community ☐ Basement w/o plumbing

Comments / Conditions: Keep 100Ft Setback between Septic and any well

4 in of cover to be removed from top of drainfield 5-20-2021 BCW

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:60

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: Olivia C. Oler Date: 9/14/20

IMPROVEMENT PERMIT by: Maria Dotson Date: 9/9/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bell Date: 11/5/2020

Installed by: TB Grading (Tony Ball)

OPERATION PERMIT by: Maria Dotson Date: 8/19/21

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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4801627
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Olivia Clanton Oler
ADDRESS: 179 Clanton Rd Statesville 28625
PROPOSED FACILITY: House
LOCATION OF SITE: 181 Clanton Rd
APPLICATION DATE
DATE EVALUATED: 7/29/2020
PROPOSED DESIGN FLOW (.1949):
PROPERTY SIZE:
PROPERTY RECORDED:

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	L 5%	0-12	Brw SCL	wSBK SS, SP, SExP, FR					PS .25 to .26"
		12-26	R/Brw C/CL	wSBK SS, SP, SExP, FR					
		w/some Quartz & Mel			Brw Mottles				
		26-50	R to Rd	Brw C	wSBK SS, SP, SExP, FR	50"	—	—	>26" .3
2	L 5%	0-12	Brw	SCL wSBK SS, SP, SExP, FR					PS .275 to 46"
		12-26	Rd/Brw to Brw	C m-wSBK SS, SP, SExP, FR					
		26-46	Rd/Brw to Brw	C w SBK SS, SP, SExP, FR					
		46-50	SAP massive (Rock controlled)		—	46"	—	46" Rock	
3	L 4%	0-18	Brw	SCL wSBK SS, SP, SExP, FR					PS .3 to 52"
		18-32	Rd/Brw	C wSBK SS, SP, SExP, FR					
		32-52	Rd/Brw	C w SBK SS, SP, SExP, FR					
		w/few to many SAP Indcs							
		52-54	Rock Controlled SAP		—	52"	—	52" Rock	
4	L 4%	0-9	Brw	SCL wSBK SS, SP, SExP, FR					PS .3+
		9-24	Rd/Brw	C/CL m-wSBK SS, SP, SExP, FR					
		w/SAP Indcs							
		24-60	SL & SAP massive, FR		—	60"	PS	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Olivia Oler

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	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	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.

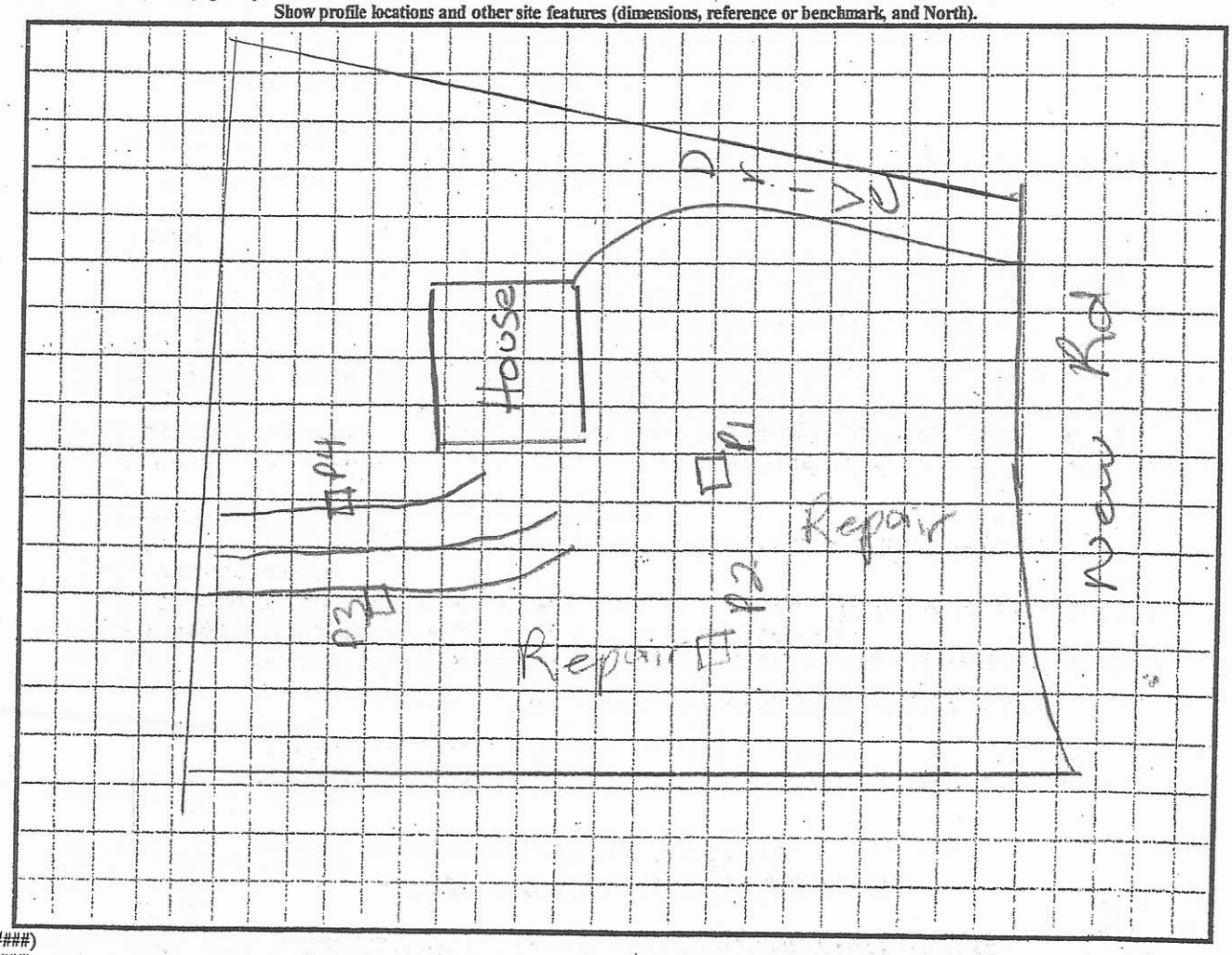
NOTES

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/ft^2

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



NR (######)

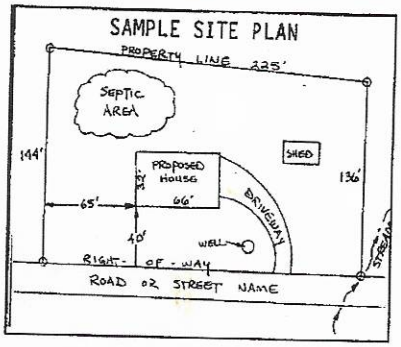
view (#####)

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***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:

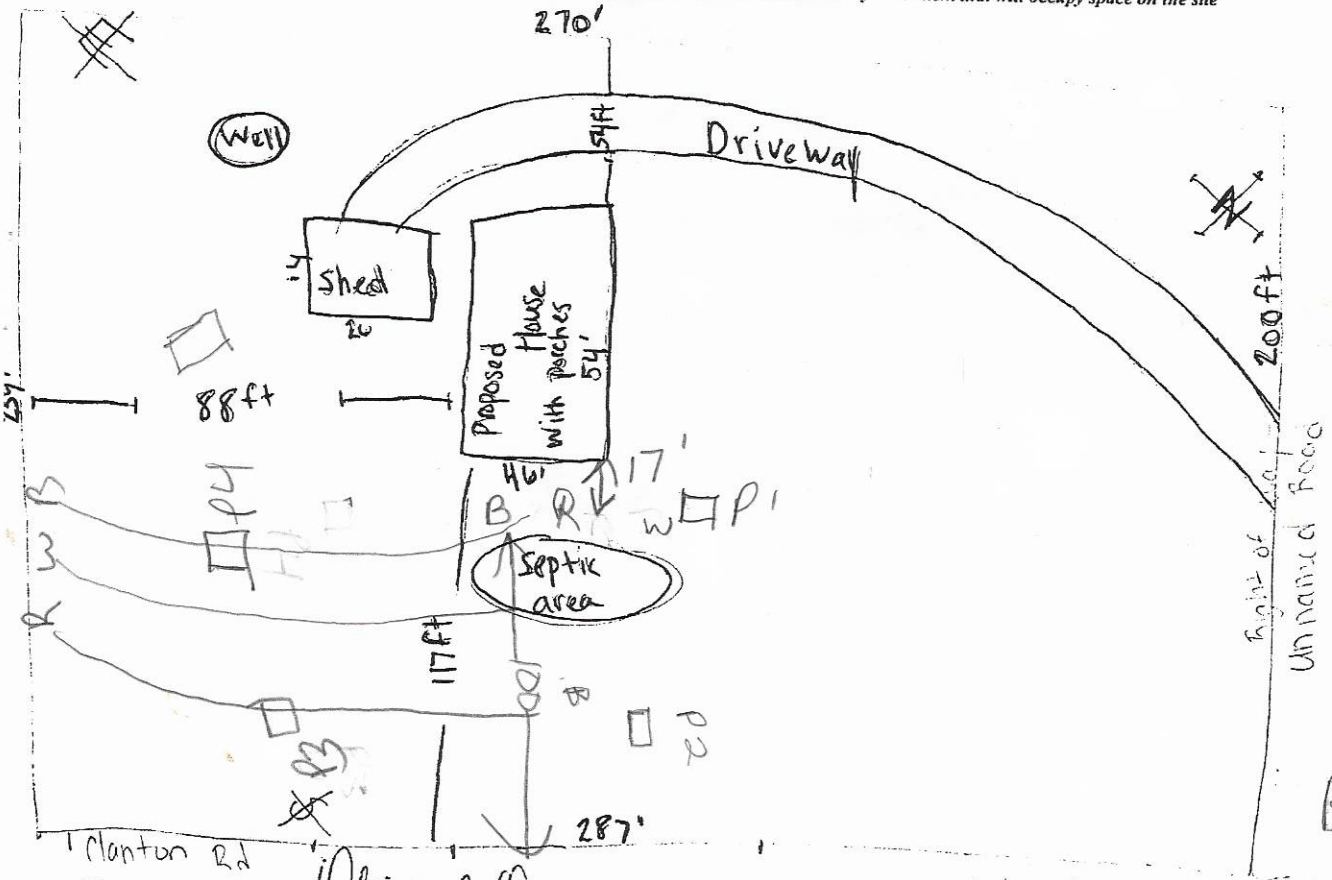
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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

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: Olivia C. Oliver

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

6/15/20
DATE

B-80
W 100
R 120

B 89 to PC
W 76
R 67
14' to side line

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

W 105
R 115

RECEIVED NOV 5 2020

AP-308671

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*

Application For:

(X) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Olivia Clanton Oler Address: 179 Clanton Rd Zip: 28625

Applicant Email: David.Olivia9093@yahoo.com Phone: 704-437-7667 Alt. Phone: _____

Olivia Oler — Owner Name: ~~Tony A. Clanton~~ Address: 183 Clanton Rd. Zip: 28625

Owner Email: _____ Phone: 704-929-7452 Alt. Phone: _____

Property Information:

Street Address: ~~181 Clanton Road~~ 115 Clanton Ridge Rd.

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

Describe Problem: _____

CHECK FOUNDATION TYPE

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

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: 1 Number of Persons: 3

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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: Tony A Clanton Olivia Clanton Oler 6/15/20

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

X Olivia C. Oler 11/5/20

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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Iredell County Health Department

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, _____, 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.

- 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.

_____ 9/15/20
Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

RECEIVED JUN 3 0 2020

AP 308671
$500.00

MD

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Iredell County Health Department – Environmental Health Division

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Please answer the following to the best of your ability:

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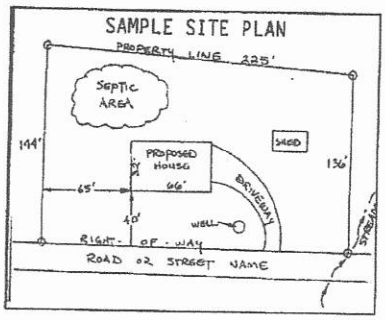
Signature: Tony A Clanton Olivia Clanton Oler 6/15/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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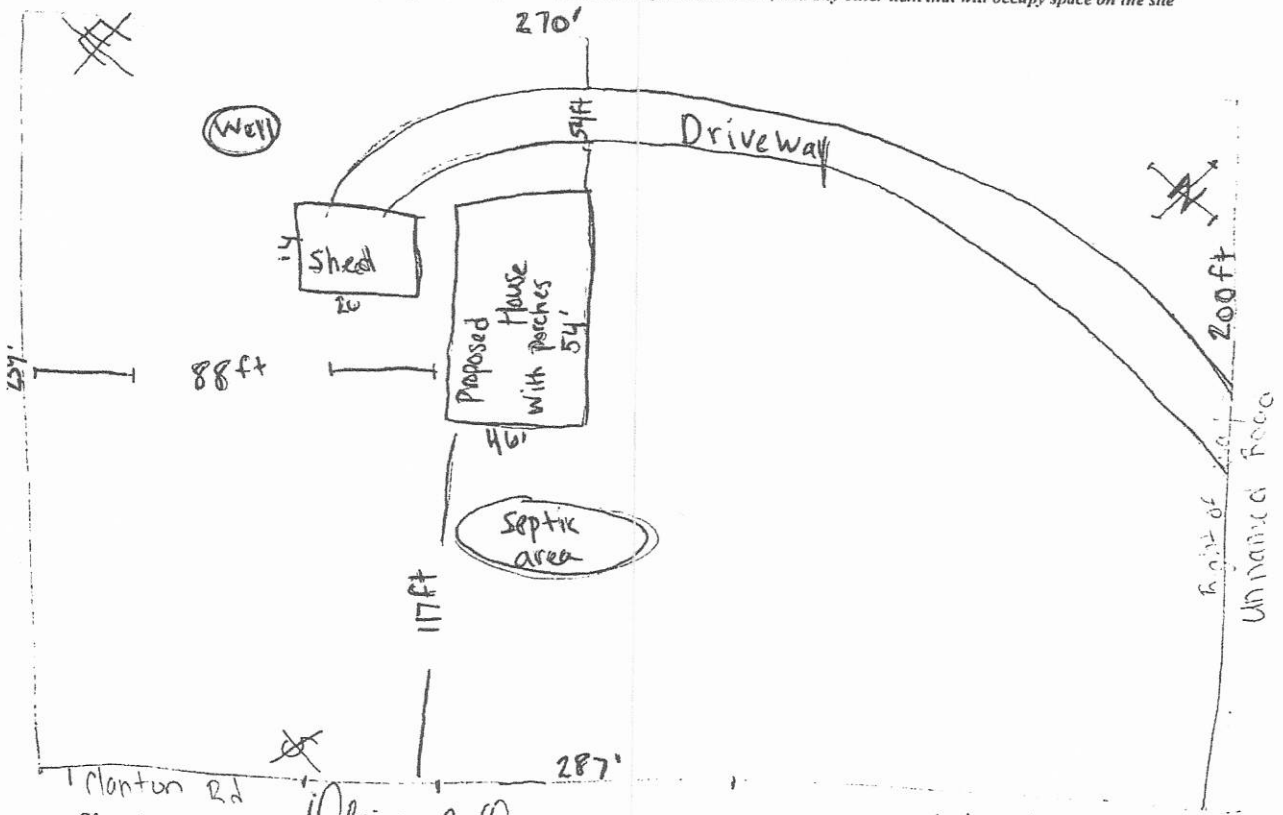
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Location of any designated wetlands on the property	N/A

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: Olevia C. Olen
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/15/20
DATE

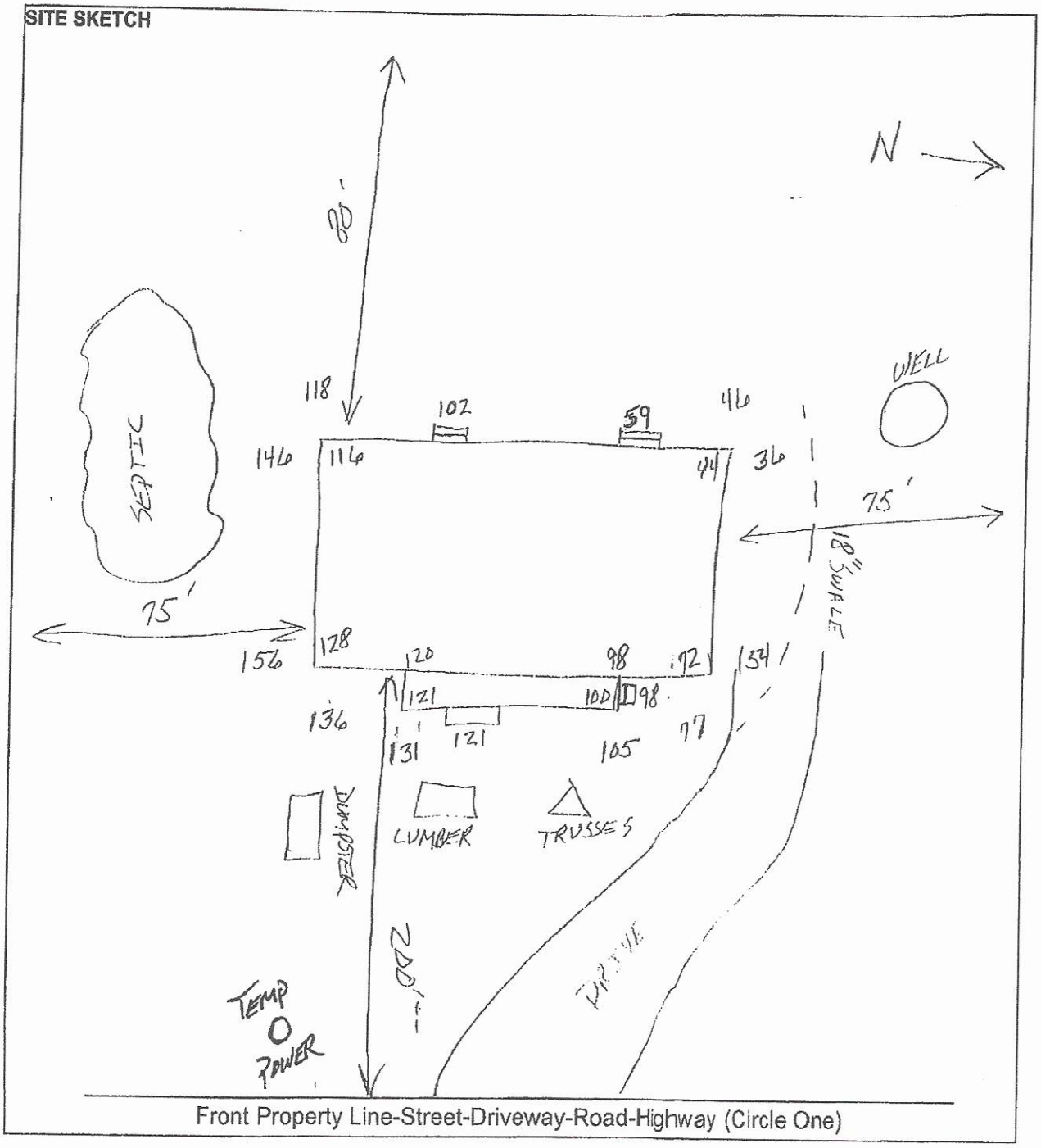
Olevia C. Olen
11/5/20

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

SITE SKETCH



Owner(s) hereby agree(s) that all of the above information is correct.

Olivia C. Oler Date 9/23/20
Signature

Signature Date / /

Superintendent's Signature Date 9/23/20

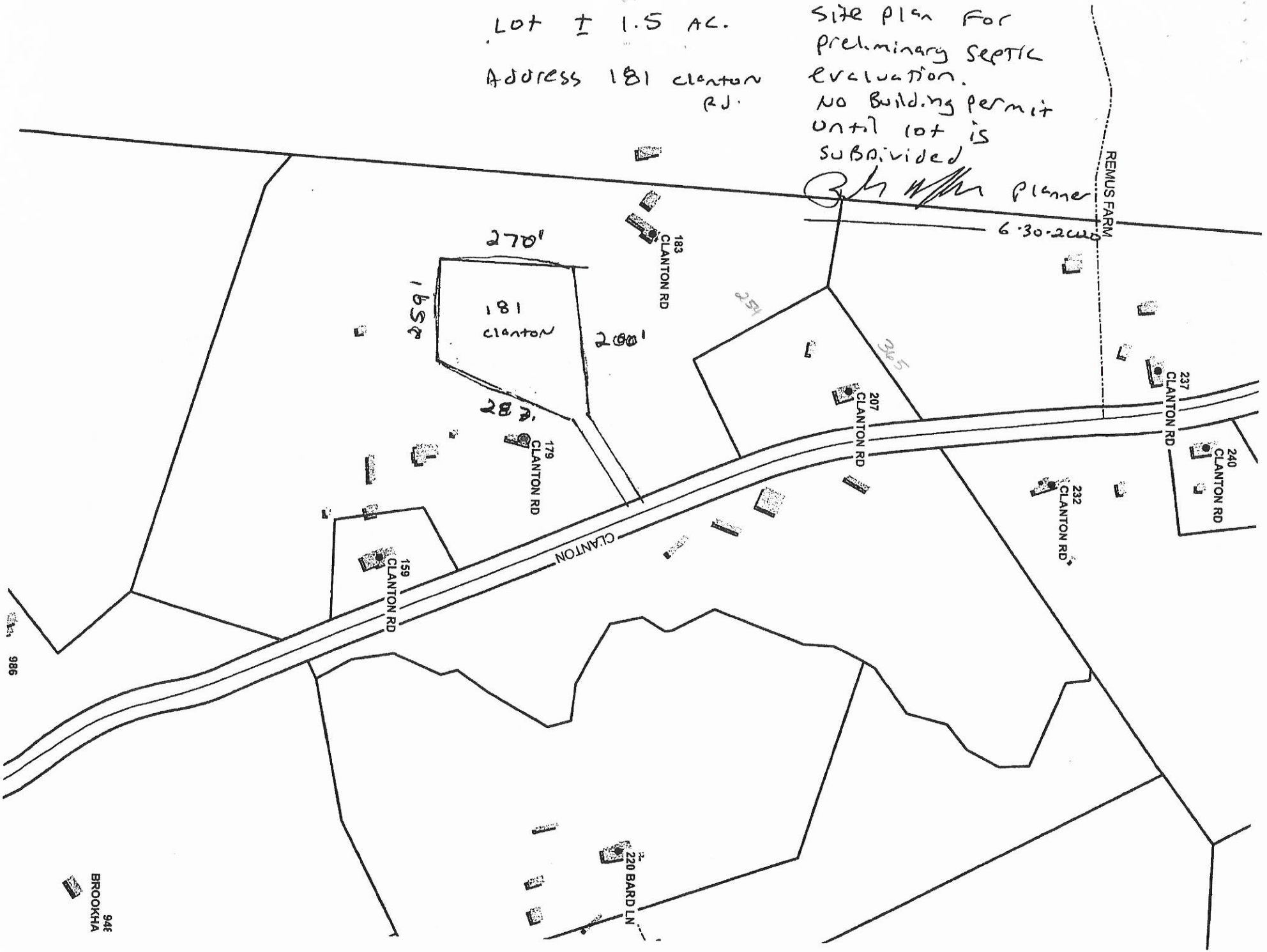
Lot ± 1.5 AC.

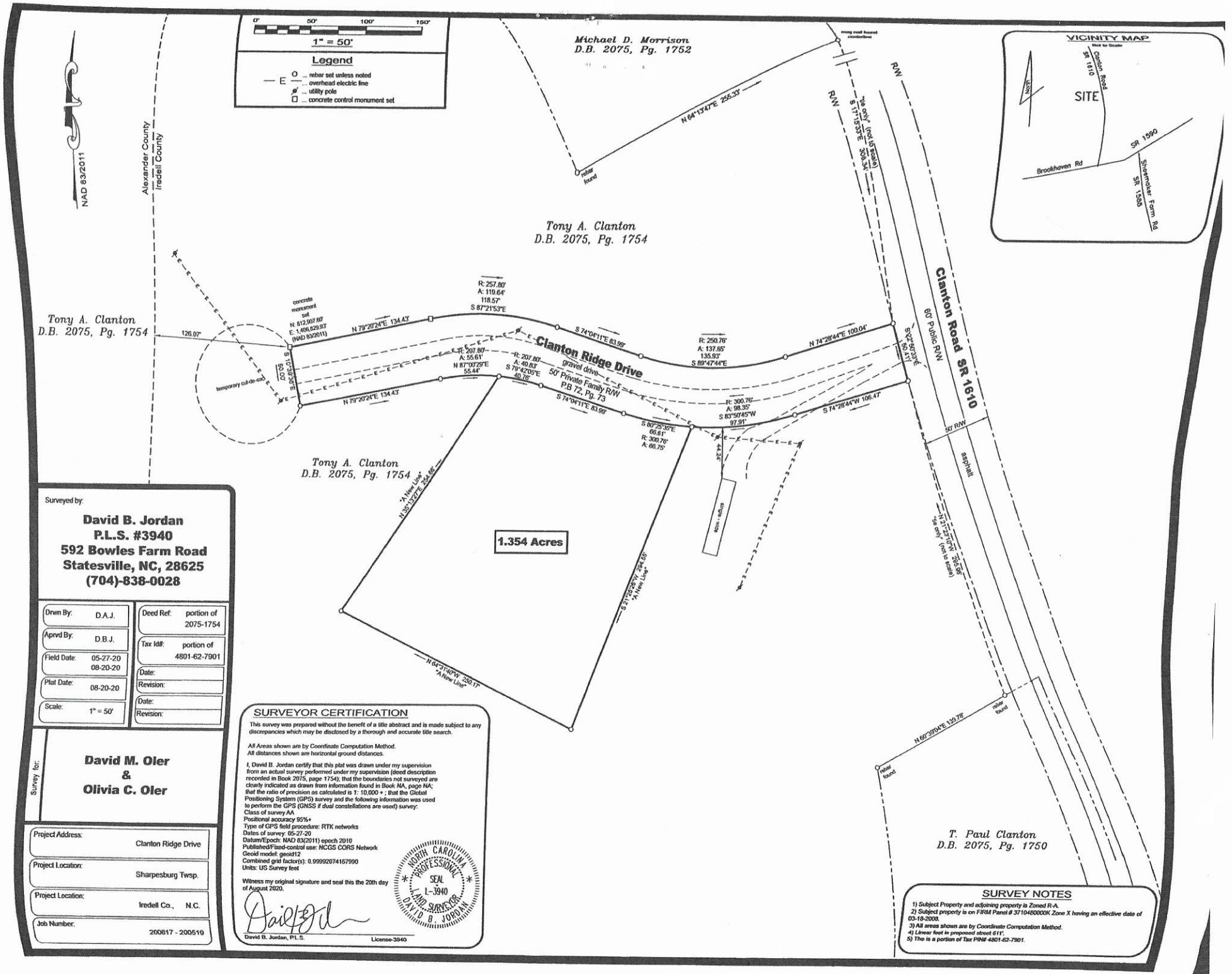
Address 181 Clanton Rd.

Site plan for preliminary septic evaluation. No Building permit until lot is subdivided

Planner

6-30-2020





Surveyed by:

David B. Jordan
P.L.S. #3940
592 Bowles Farm Road
Statesville, NC, 28625
(704)-838-0028

Drwn By: D.A.J.	Deed Ref: portion of 2075-1754
Aprvd By: D.B.J.	Tax Id#: portion of 4801-62-7901
Field Date: 05-27-20, 08-20-20	Date:
Plat Date: 08-20-20	Revision:
Scale: 1" = 50'	Date:
	Revision:

Survey for:

David M. Oler
&
Olivia C. Oler

Project Address:	Clanton Ridge Drive
Project Location:	Sharpesburg Twsp.
Project Location:	Iredell Co., N.C.
Job Number:	200817 - 200519

SURVEYOR CERTIFICATION

This survey was prepared without the benefit of a title abstract and is made subject to any discrepancies which may be disclosed by a thorough and accurate title search.

All Areas shown are by Coordinate Computation Method.
All distances shown are horizontal ground distances.

I, David B. Jordan certify that this plat was drawn under my supervision from an actual survey performed under my supervision (deed description recorded in Book 2075, page 1754); that the boundaries not surveyed are clearly indicated as drawn from information found in Book: NA, page NA; that the ratio of precision as calculated is 1: 10,000 + ; that the Global Positioning System (GPS) survey and the following information was used to perform the GPS (GNSS if dual constellations are used) survey:
Class of survey AA
Positional accuracy 95%+
Type of GPS field procedure: RTK networks
Dates of survey: 05-27-20
Datum/Epoch: NAD 83(2011) epoch 2010
Published/Fixed-control use: NCGS CORS Network
Geoid model: geoid12
Combined grid factor(s): 0.99992074167990
Units: US Survey feet

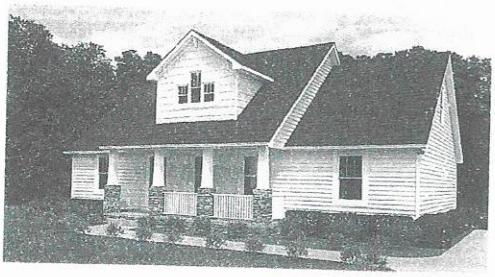
Witness my original signature and seal this the 20th day of August 2020.

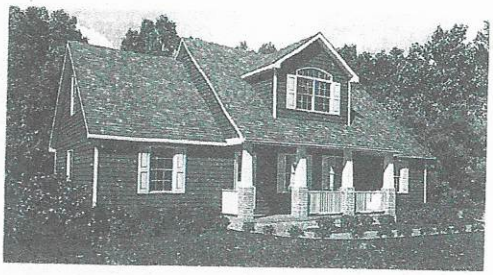
NORTH CAROLINA PROFESSIONAL SEAL L-3940 LAND SURVEYOR DAVID B. JORDAN

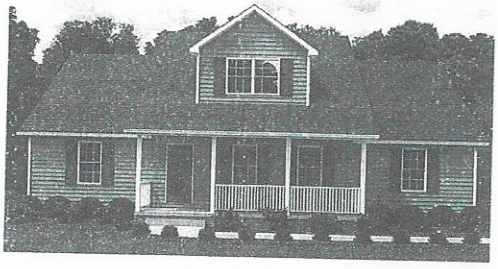
David B. Jordan, P.L.S. License-3940

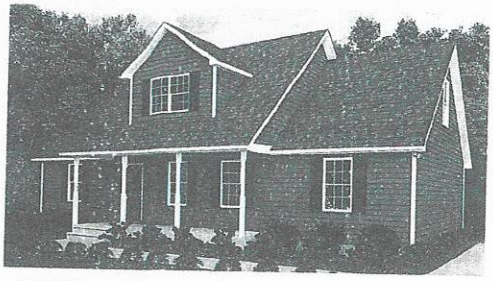
SURVEY NOTES

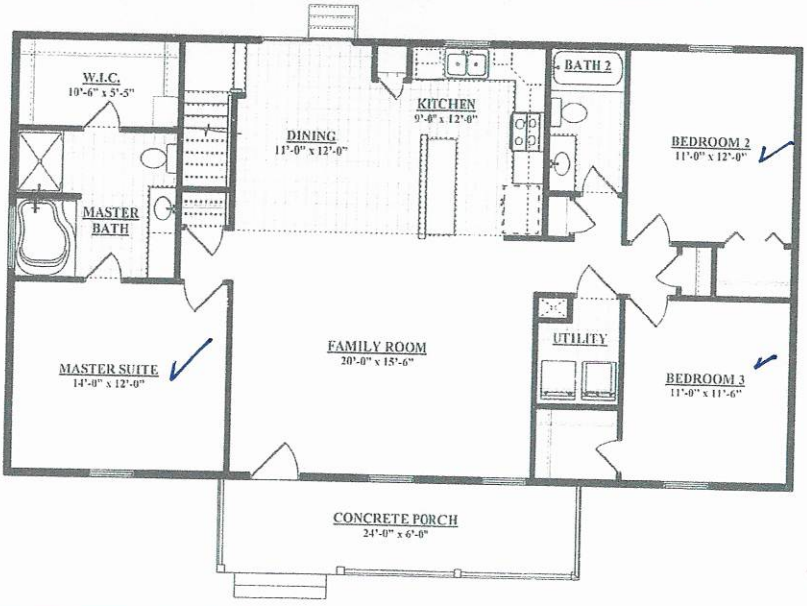
1) Subject Property and adjoining property is Zoned R-A.
2) Subject property is on FIRM Panel # 3710480000K Zone X having an effective date of 03-18-2008.
3) All areas shown are by Coordinate Computation Method.
4) Linear feet in proposed street 611'.
5) The is a portion of Tax PIN# 4801-62-7901.

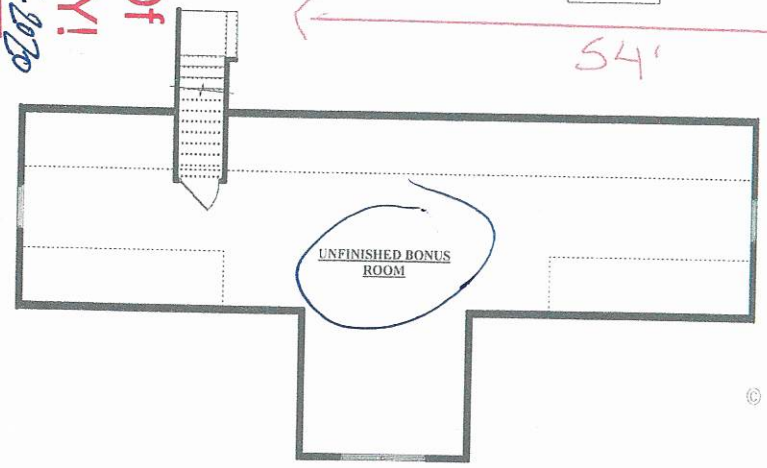












Acknowledgement Of Plans Submittal ONLY!

Benjamin Bullock Date 11-5-20

Alan C. Weir

Date 11/5/20

Poplar Elevation Floor Plan

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Please see sales agent for plan differences.

These drawings are for illustration purposes only. All dimensions are approximate and elevations may reflect optional features and colors. Square footage may vary by elevation.

BBB ACCREDITED BUSINESS

EQUAL HOUSING OPPORTUNITY

NAHB

IREDELL COUNTY · NC

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

APPLICATION NUMBER
308671 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4801627901.000	179 CLANTON RD	Iredell County

Owner Information	Applicant Information
Name: CLANTON TONY A	Name: OLIVIA CLANTON OLER
Address: 183 CLANTON RD	Address: 179 CLANTON RD
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone: (704)437-7667

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-PA South Yadkin	YES

Remarks
SFD 181 CLANTON (SUBDIVIDED FROM 179)

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.

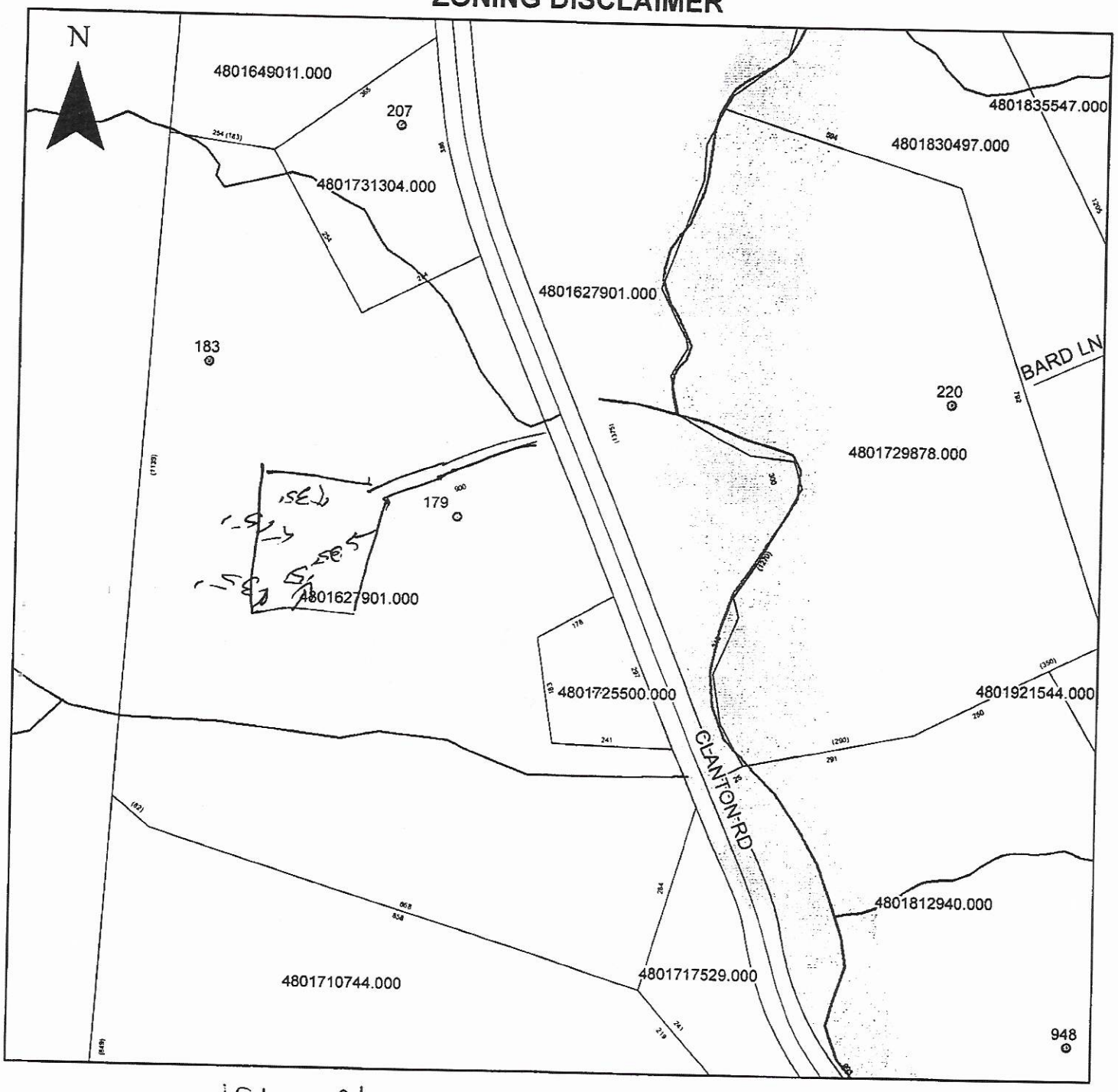
Signature of Owner/Contractor

Date: 06/30/2020

Permit Number	308671

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 181 Clanton Road

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.

Olivia C. Oler
Applicant

6/30/20
Date