ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-323609

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

PIN # 4820 -- 10 -- 9911

APPLICANT/OWNER: DANIEL RAY APPLICANT ADDRESS: 127 MOHLER LANE, STATESVILLE, N.C. 28625

SITE ADDRESS: 127 MOHLER LANE, STATESVILLE, N.C. 28625 PHONE: 704-881-2782 ALT. PHONE —

SITE DIRECTIONS: (N) ON 115, (R) ON WILSON FARM, (L) ON HICKS, (L) ON MOHLER, LOT AT END SAP CONTROLLED: ☐ YES ☑ NO

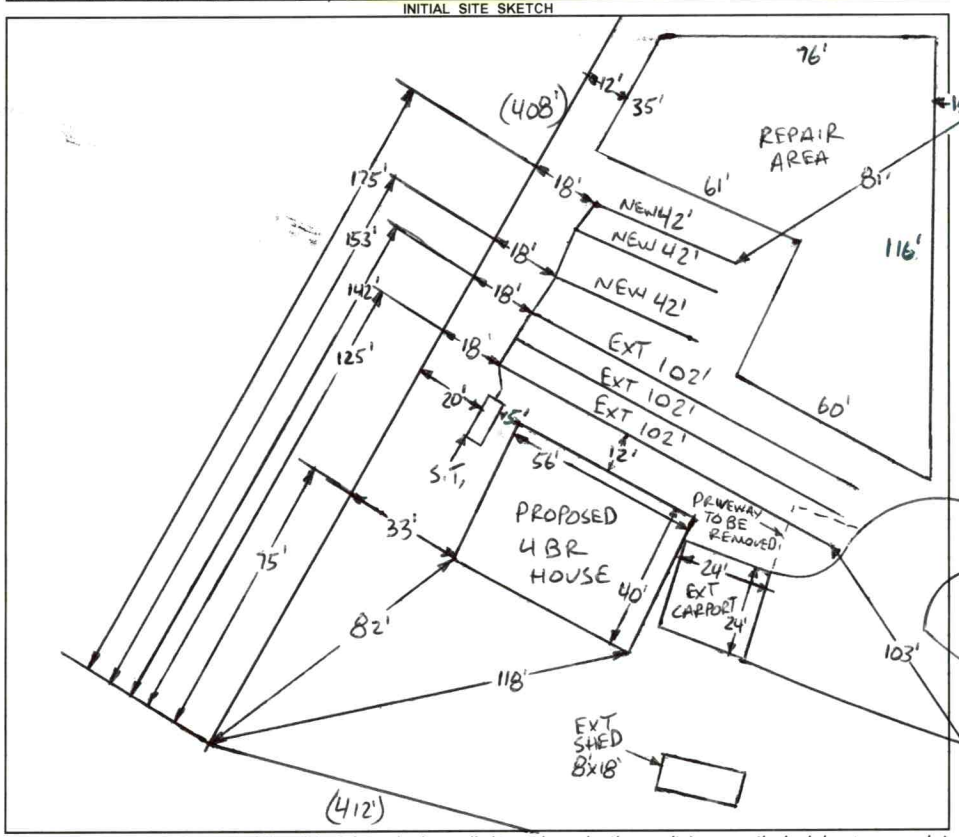
SUBDIVISION: DANIEL J RAY DIV SECTION: — LOT # 1 LOT AREA: 2.28 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.25 (0.225) REPAIR

Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☑ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	EXT + 25% REDUCTION			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	50% REDUCTION - HORIZONTAL PPBPS SHALLOW			
# Nitrification Fields	1	# Lines	EXT(3) + 3		Linear Ft	EXT(306) + (126)	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	NEW 24IN		Gravel Depth	—	☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms	4	**Water Supply**
☐ Business	No. Persons	8	☑ Private EXT
☐ Other	No. Employees	—	☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 34IN MAX TRENCH DEPTH, MAINTAIN 6IN OF COVER, DRIVEWAY MUST BE REMOVED FROM EXISTING SYSTEM

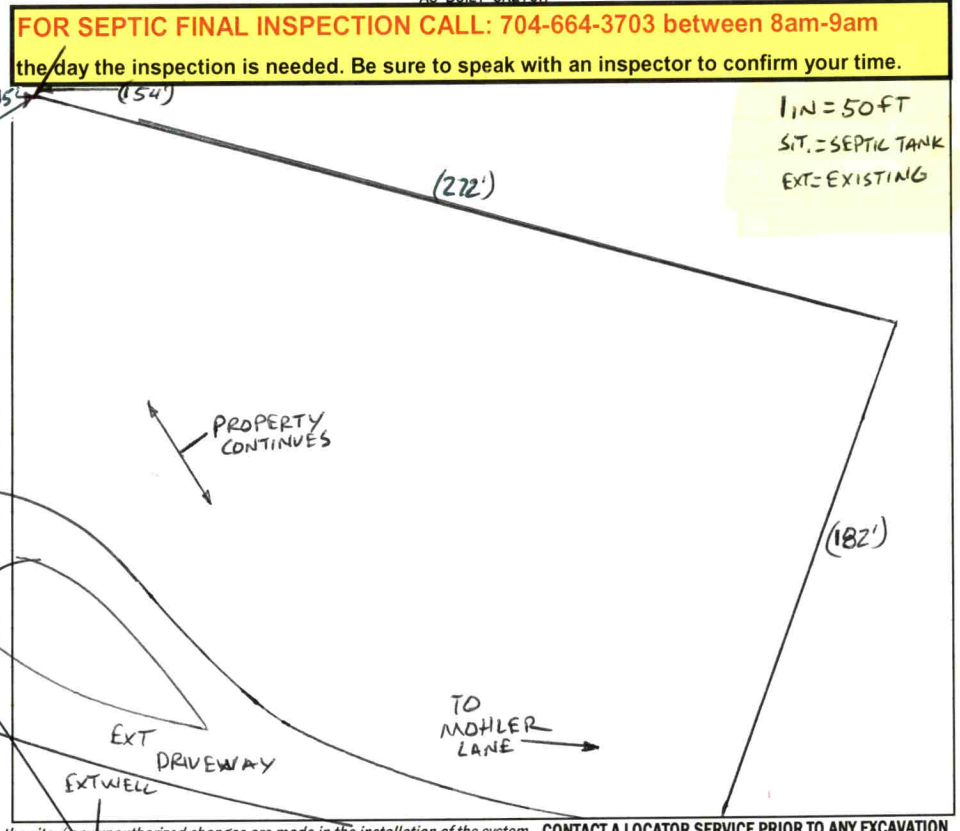
INITIAL SITE SKETCH



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.

1 IN = 50 FT
S.T. = SEPTIC TANK
EXT = EXISTING



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: 8/11/22 Installed by: Lute Wyckoff

IMPROVEMENT PERMIT by: Bryant C. White Date: 6-23-2022 OPERATION PERMIT by: Bryan A. Bo Date: 10-19-2022

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 8-12-2022 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4820-10-9911
COUNTY: IREDELL

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

OWNER: DANIEL RAY
ADDRESS: 127 MOHLER LANE / STATESVILLE, N.C. 28625
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 127 MOHLER LANE, STATESVILLE, N.C. 28625
APPLICATION DATE: 12-3-2022
DATE EVALUATED: 5-12-2022
PROPERTY SIZE: 2.28 AC
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 12%	0-10	FILL	MIXED	SAP INC THRU OUT FEW V/B THRU OUT	52"+	NA	NA	PS .25
		10-27	C, ABK	FR, S, P, SEXP					
		27-52	CL, WABK	FR, SS, SP, SEXP					
2	HEAD 7%	0-12	LS, GR	VFR, NS, NP, SEXP	V/B MOTS THRU OUT 10YR 6/2 @ 32"	50"+	NA	NA	PS .225 ABOVE 32"
		12-33	SCL, ABK	FR, SS, SP, SEXP					
		33-50	C, ABK	FI, S, P, SEXP					
3	HEAD 5%	0-8	LS, GR	VFR, NS, NP, SEXP	V/B MOTS THRU OUT 10YR 6/2 @ 35"	52"	NA	NA	PS .225 ABOVE 35"
		8-36	SCL, ABK	FR, SS, SP, SEXP					
		36-52	C, ABK	FI, S, P, SEXP					
4	HEAD 4%	0-13	LS, GR	VFR, NS, NP, SEXP	FEW V/B MOTS THRU OUT SAP INC 24"+	53"+	NA	NA	PS .225
		13-36	C, ABK	FR, S, P, SEXP					
		36-53	CL, WABK	FI, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50% SHALLOW
Site LTAR	.25	.225

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

COMMENTS:

Updated February 2014

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

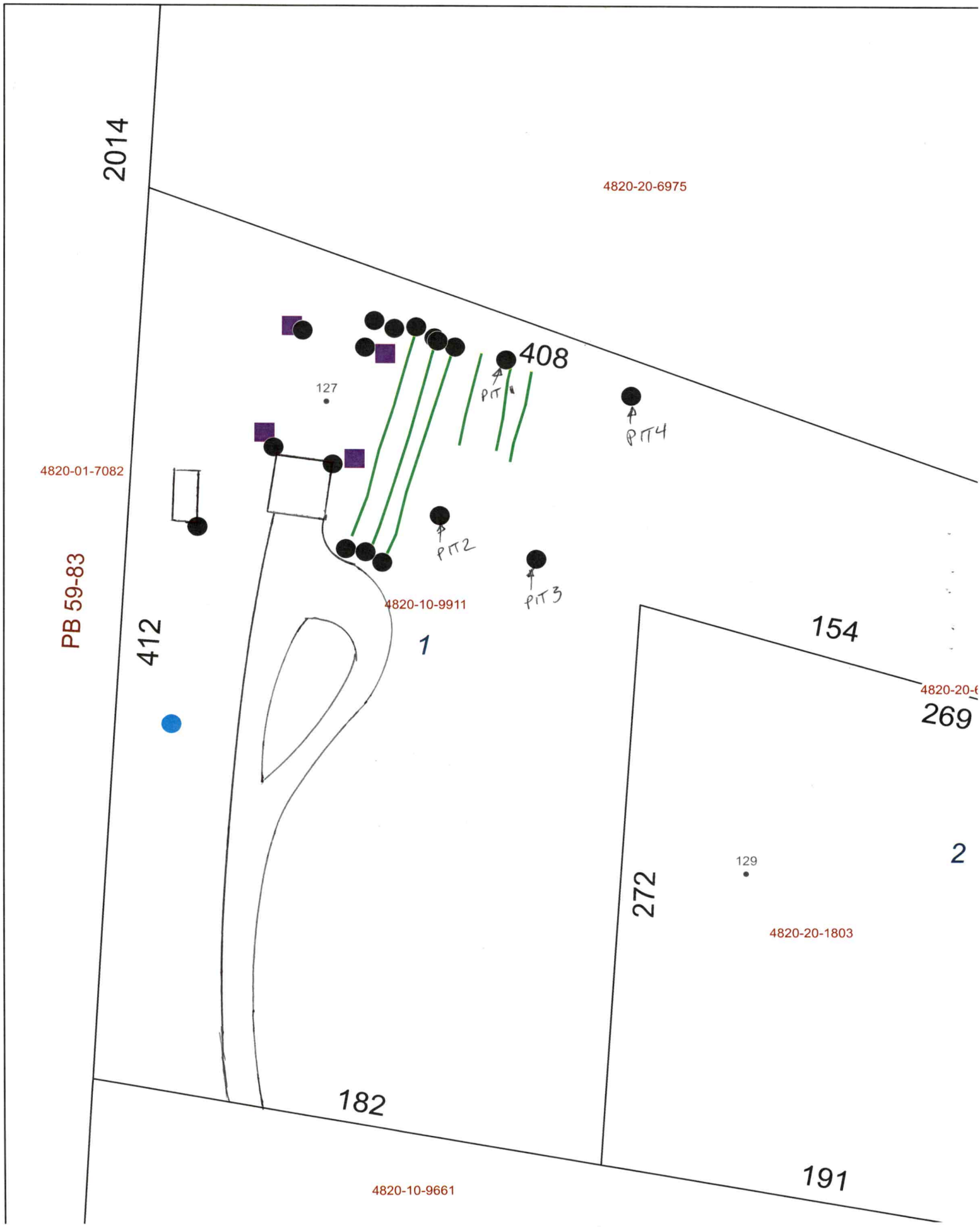
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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/ft^2

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

SEE ATTACHED


2014
4820-20-6975
408
127
PIT
PIT4
4820-01-7082
PIT2
PIT3
PB 59-83
4820-10-9911
412
1
154
4820-20-
269
2
129
272
4820-20-1803
182
191
4820-10-9661

RECEIVED DEC 07 2021

BW

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* AP- 323609 $250.00

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: Daniel Ray Address: 127 Mohler Lane Zip: 28625
Applicant Email: raybrosracing@gmail Phone: 704 881 2782 Alt. Phone: _____
Owner Name: Daniel Ray Address: Same Zip: 28625
Owner Email: Same Phone: Same Alt. Phone: _____

Property Information:

Street Address: 127 Mohler Lane Statesville nc 28625

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

Driving Directions: Hwy 115 North Right on Wilson Farm, Left on Hicks RD, Left onto Mohler Lane. Follow to end

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence Maximum Number of Bedrooms: ~~3~~ 4 (✓) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: ~~6~~ 8 ( ) 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: ~~0~~ 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

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.

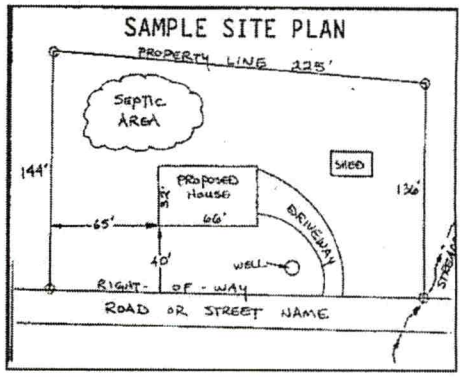
Signature: _____ 12/3/21
Property owner or owner's ~~legal~~ representative signature (SIGNATURE REQUIRED) DATE

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:

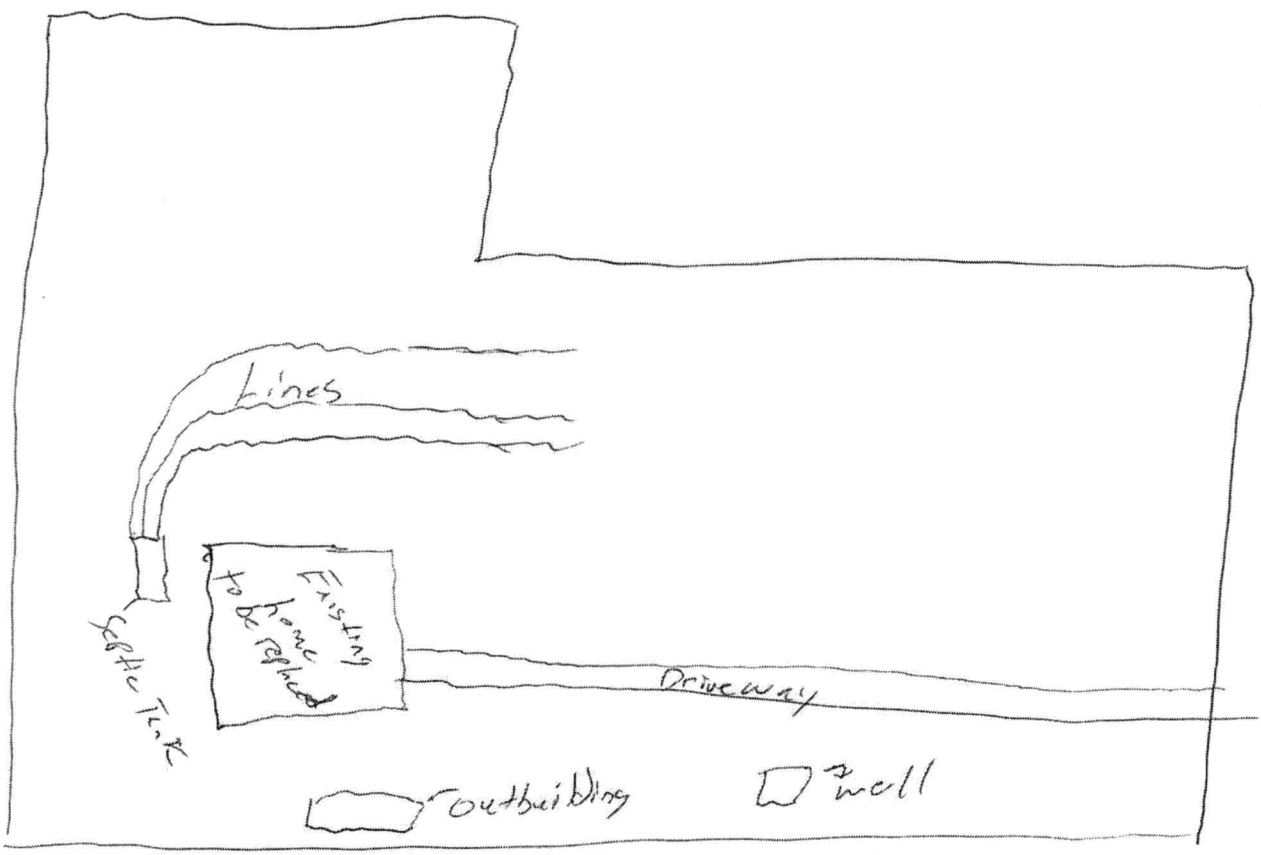
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other 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: _____ 12/3/21

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

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
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.

_____ 12/3/21
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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
323609 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4820109911.000	127 MOHLER LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: RAY DANIEL ETAL	Name: RAY DANIEL ETAL
Address:	Address:
,	,
Phone:	Phone:

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.28	35	35	15	15		NO

Remarks
MODULAR HOME

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.

Date: 12/03/2021

Signature of Owner/Contractor

Permit Number	323609	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built___ Modular ✓ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
Shed

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 3 and stories? 2

Please describe project (Details, Purpose, or Use): Dwelling

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 1932

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Daniel Ray Phone # 704 881 2782

Owner's Current Address 127 Mobler Lane Statesville 28625

Property Information

Property Address 127 Mobler Lane Statesville 28625 Parcel # _____

Subdivision:_____ Lot:____ Zoning:_____ Watershed: Y / ~~N~~ Flood Plain: Y / ~~N~~ Township:_____

Directions to property (from a MAIN ROAD) I-77 North to Wilson Farm RD. Left on Hicks RD. Left on Mobler Lane. Follow to end

Application Information

Applicant's Name or Company Daniel Ray Applicant's Phone # 7048812782

Applicant's Address 127 Mobler Lane Statesville NC 28625

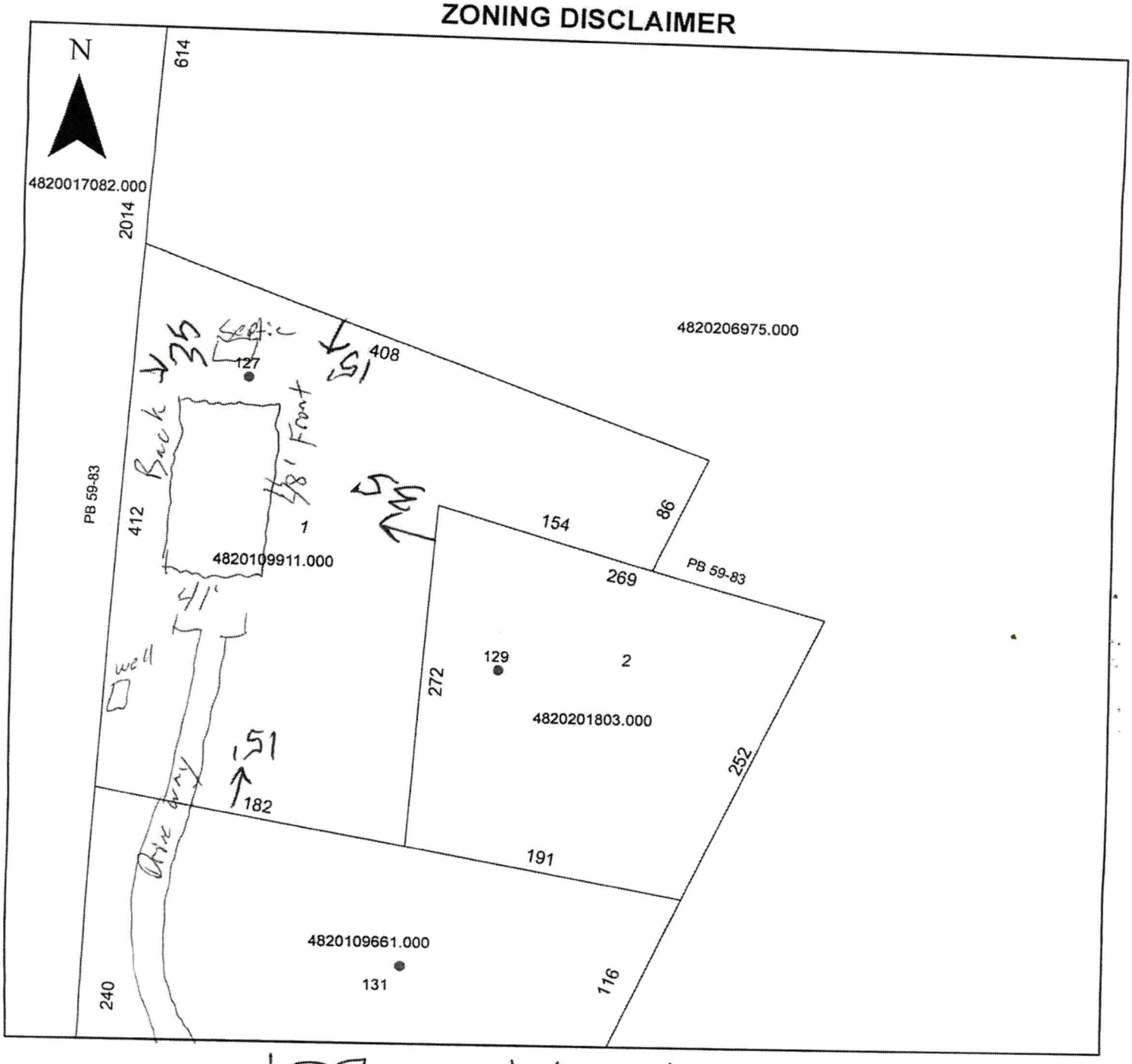
If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT _____ DATE 12/3/21

acres 2.23 RA
Iredell Flood. no

ZONING DISCLAIMER



Property Address 127 Mahler Lane

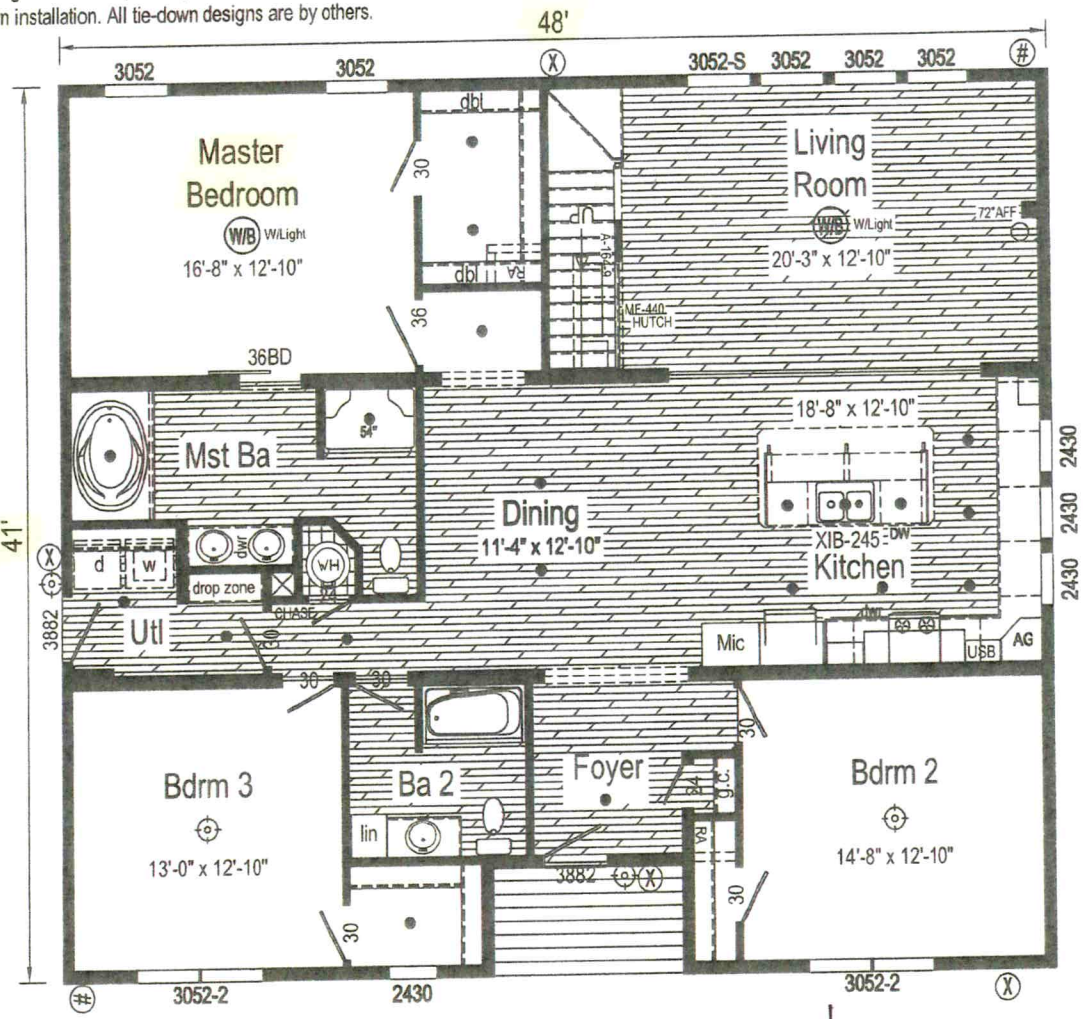
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

12/3/21

Date

NOTE: This home may require wall bracing tie-downs depending on wind/seismic design. Please refer to the permit set for tie-down loads and locations if applicable. Some areas of the exterior wall sheathing may be shipped loose to allow access for tie-down installation. All tie-down designs are by others.



127 Mohler Lane, Statesville

LEGEND

WB =WIRE AND BRACE	=STANDARD FAN	=FLOOD LIGHT	=HOSE BIBB	=EXT GFCI	=EXT GFCI UNDER LIGHT	=BATH LIGHT/FAN COMBO	=VENTILATION FAN				
=STANDARD LIGHT	=RECESSED CAN LIGHT	=THERMOSTAT	=PHONE JACK	=TV JACK	=JUNCTION BOX	F =FIRE EXTINGUISHER					

IMPORTANT NOTES:

1. LOCATIONS OF RECEPTS / LIGHTS / SWITCHES / FANS / FLOOR AND CEILING REGISTERS ARE SUBJECT TO CHANGE UPON ENGINEERING AND CODE REQUIREMENTS
2. PRODUCTION OF HOME MAY VARY FROM LIT OR PERMIT PRINTS WITHOUT NOTICE, DUE TO UNSEEN CODE OR CONSTRUCTION CHALLENGES AT THE TIME PRODUCTION PRINTS ARE PRODUCED.

HOME CANNOT BE BUILT UNTIL THE CUSTOMER HAS SIGNED OFF ON ALL PAGES. FOLLOWING CUSTOMER SIGN OFF, PLANS AND SPECS WILL BE SENT TO 3RD PARTY FOR STAMPED APPROVAL. ANY CHANGES AFTER SIGNOFF WILL RESULT IN A MINIMUM $500.00 ENGINEERING FEE.

Home Owner: Paula V Burks Date: 10-1-21

Date: 10-1-21

Retailer: Date: 10/1/21

Budget Committee 8-12-2022

3S3003-RB4 4248 Approx. 1934 Sq. Ft.

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 4248	Revisions	Scale: 1/8" = 1'-0"	Date: 08/19/2021	Cust: BURKS	Model/Eng. No.: 3S3003-RB4	
Title: Literature		Drawn By: RR	Reference: NONE		Dlr: SELECT HOMES MOCKSVILLE	Pg.: LIT	
					S/N: .		

N:\R-ANELL\3S\19-3S3003-RB4\