IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 302528

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

PIN # 4820745259

APPLICANT/OWNER: Adam Casstevens APPLICANT ADDRESS: 2006 Northside Dr Statesville NC 28625

SITE ADDRESS: 106 Davis Place Lane Statesville NC 28625 PHONE: 704 929-1552 ALT. PHONE 704 873-2547

SITE DIRECTIONS: Hwy 115 N R on Harris Grove L on Grant Rd Cross over Dirt Road on L SAP CONTROLLED: ☐ YES ☒ NO

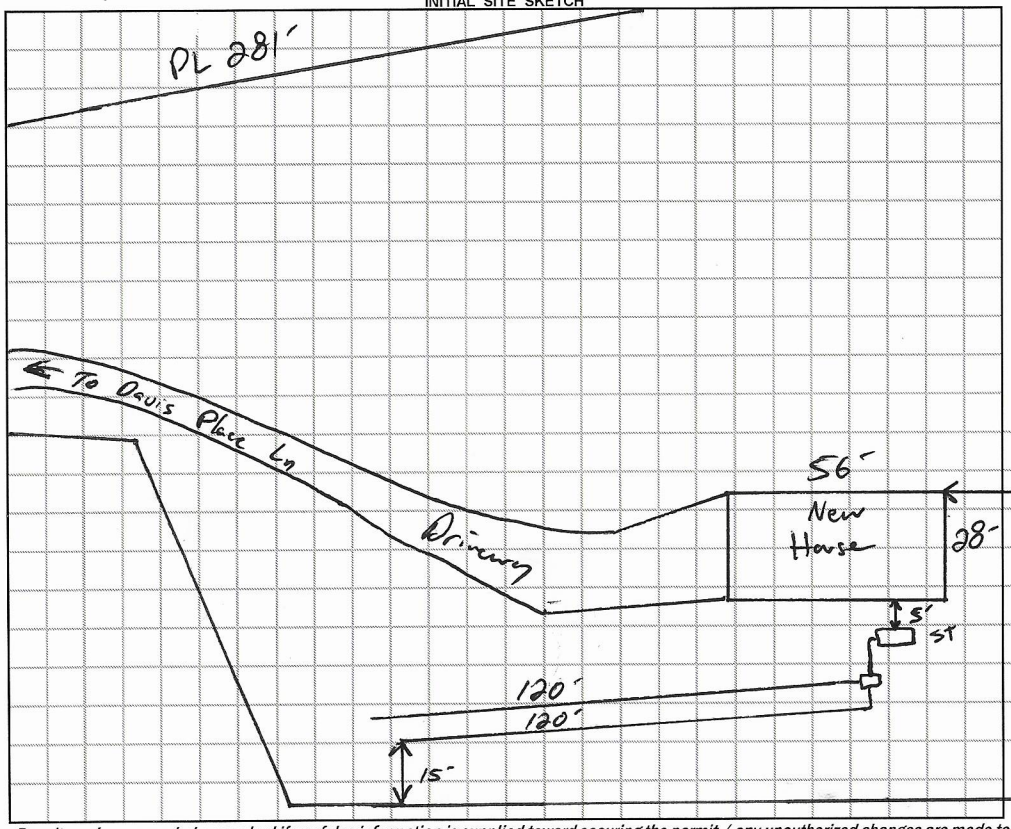
SUBDIVISION: Link Subdivision SECTION: - LOT # 3 LOT AREA: 1.78 Acre DESIGN FLOW: 240 gpd L.T.A.R.: Existing

Septic Tank	1000	(gal)	STB		Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 2
Pump Tank		(gal)	PT		Date	System Description:				☐ Business	No. Persons 4
Pump Make		Model			Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields		# Lines			Linear Ft 240	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width		Trench Bottom Depth(Low side)			Gravel Depth Existing		☐ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

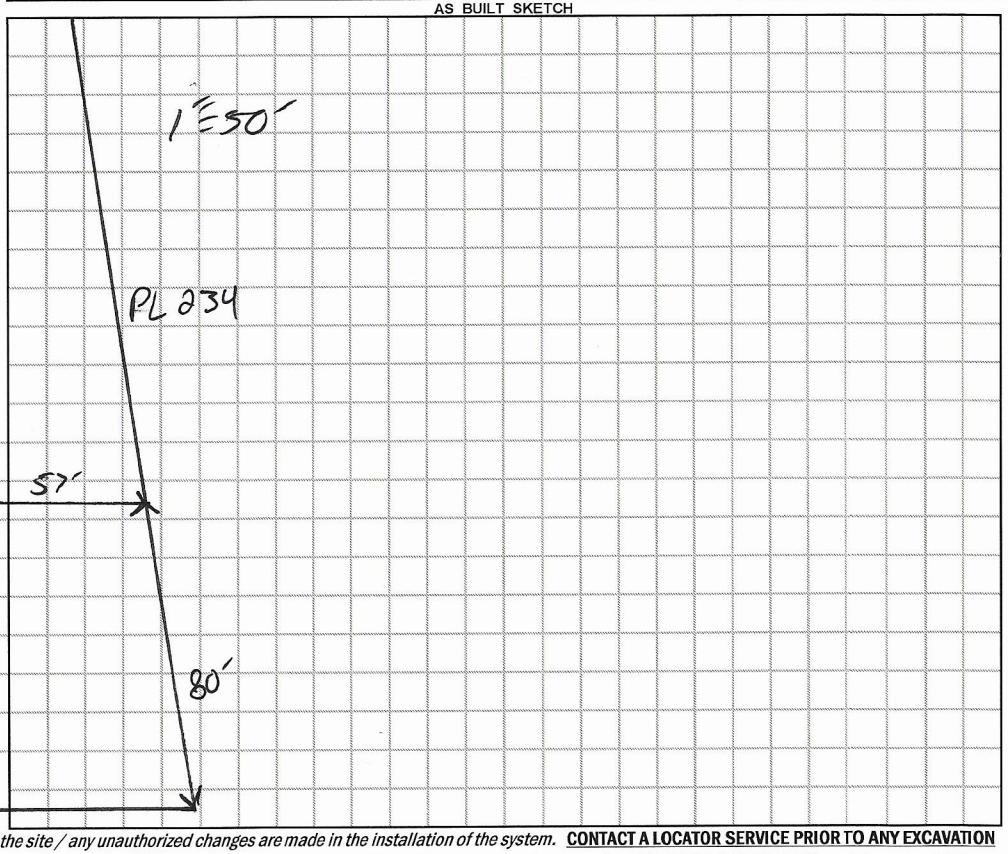
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing System Functioning Properly at time of inspection. Keep waterline 10' off of Septic System.

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: [signature] Date: 11/25/19 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 11-22-19

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.

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

AP-302528
11-8-19
$250-

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: J. ADAM CASSTEVENS Address: 2026 NORTHSIDE DR Statesville NC Zip: 28625
Applicant Email: ADAM.CASSTEVENS@CLAYTONHOMES.COM Phone: 704-929-1552 Alt. Phone: 704-873-2847
Owner Name: JOHNNY & Debbie LINK Address: 106 DAVIS PLACE LN Statesville NC Zip: 28625
Owner Email: Debbiebreams@ymail.com Phone: 704-480-4890 Alt. Phone: _____

Property Information:

Street Address: 106 Davis Place Lane Statesville, NC 28625
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: Wilkesboro Hwy 115 N (R) HAMS GROVE RD (L) GRANT RD
CROSS OVER TO DIRT RD DAVIS PLACE ON LEFT LAST HOME ON STREET

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: 2 AC
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: 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: _____

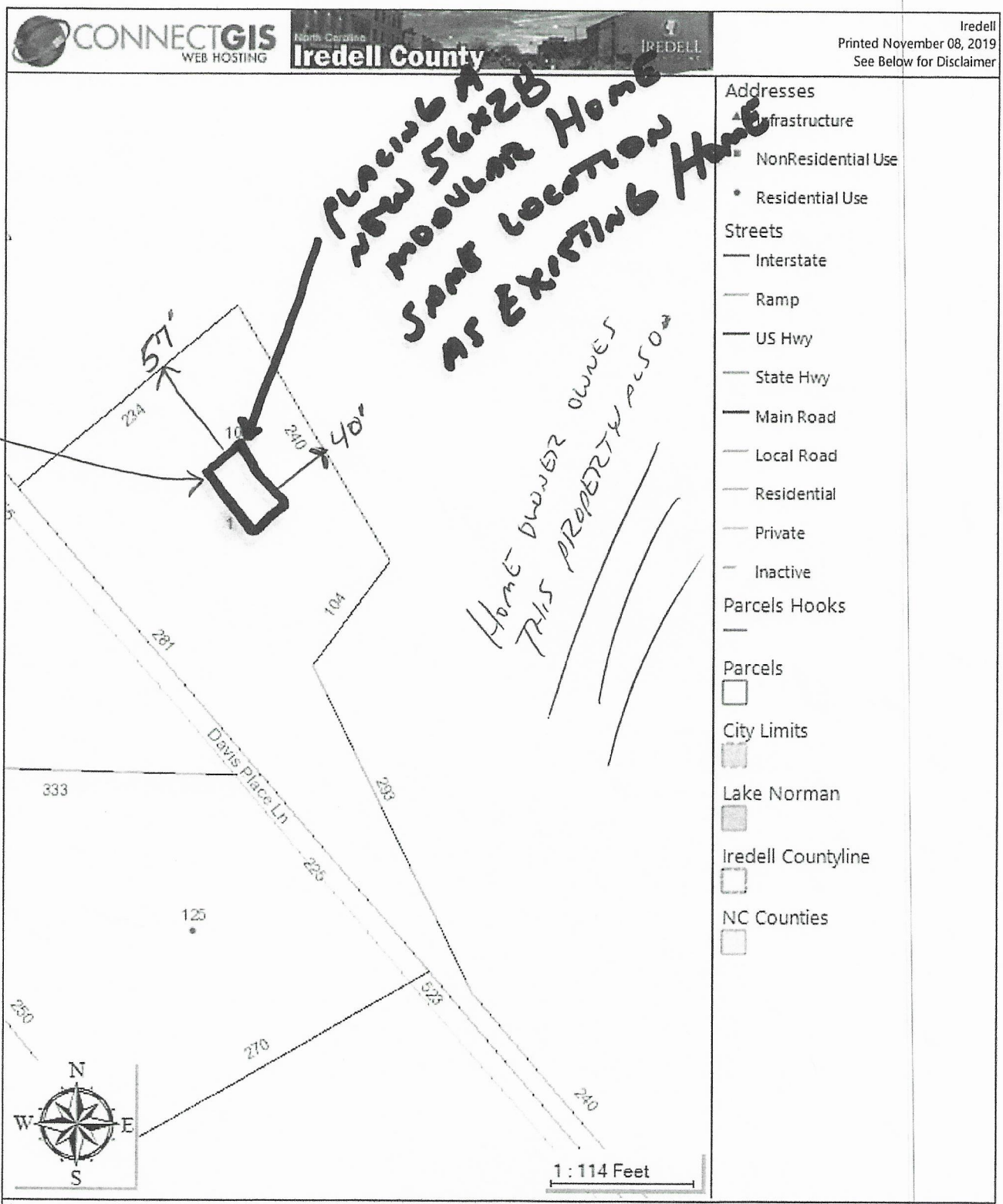
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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 (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: _____ Clayton Homes Statesville 11-8-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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.

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Johnny Link DATE 5-19-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION US 21 TR on SR 1898 TL on SR 1872 Go to end of Maintained Rd. TL - TR to Mobile Home on Knoll S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

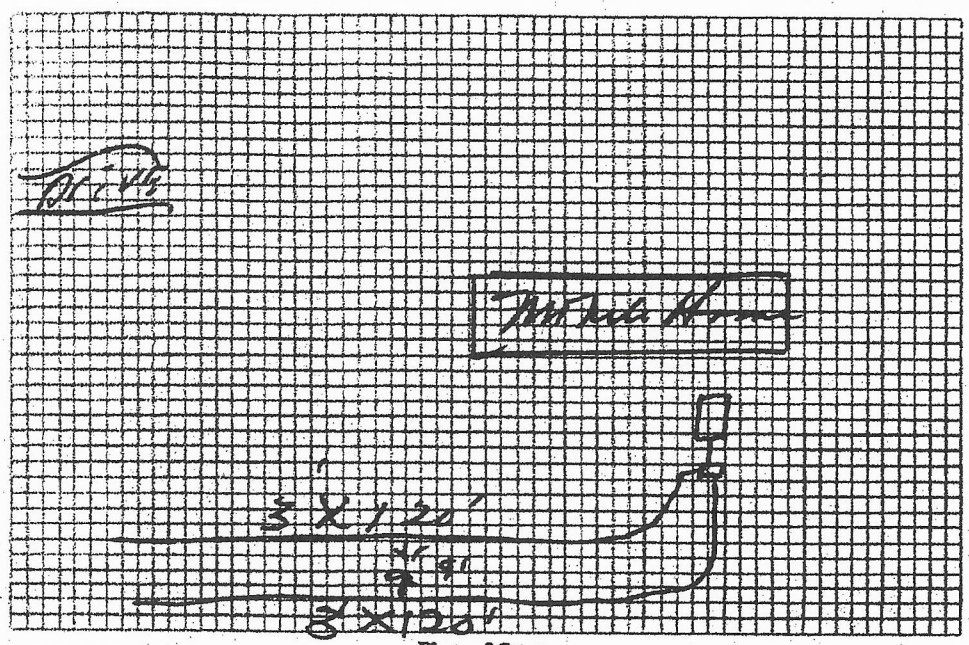
No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area Adequate

Character & Porosity of Soil Cecil - Poor, Suitable
Percolation Rate .5 5 min 8 ft apple
Topography 6 - 10% Slope
Depth to Water Table 10'
Rock or other impervious formations Scattered Rock

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 20"
Water Supply: Individual (✓)
Public ( )

Installed by James Hartness

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Dodd DATE 5/19/83

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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)* _____

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, JOHNNY & Debbie LINIC, am the legal owner(s) of the property located at 106 Davis Place Lane Statesville, NC 28625 identified as PIN (Parcel Identification Number) 3976000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) J. Adam Cassteens, 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.

Johnny Linic Debra Linic
Signature of Owner(s)

11/7/19
Date

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

NOV-08-2019 08:44AM FROM-HARMONY ELEMENTARY 7045463074 T-225 P.002/002 F-189

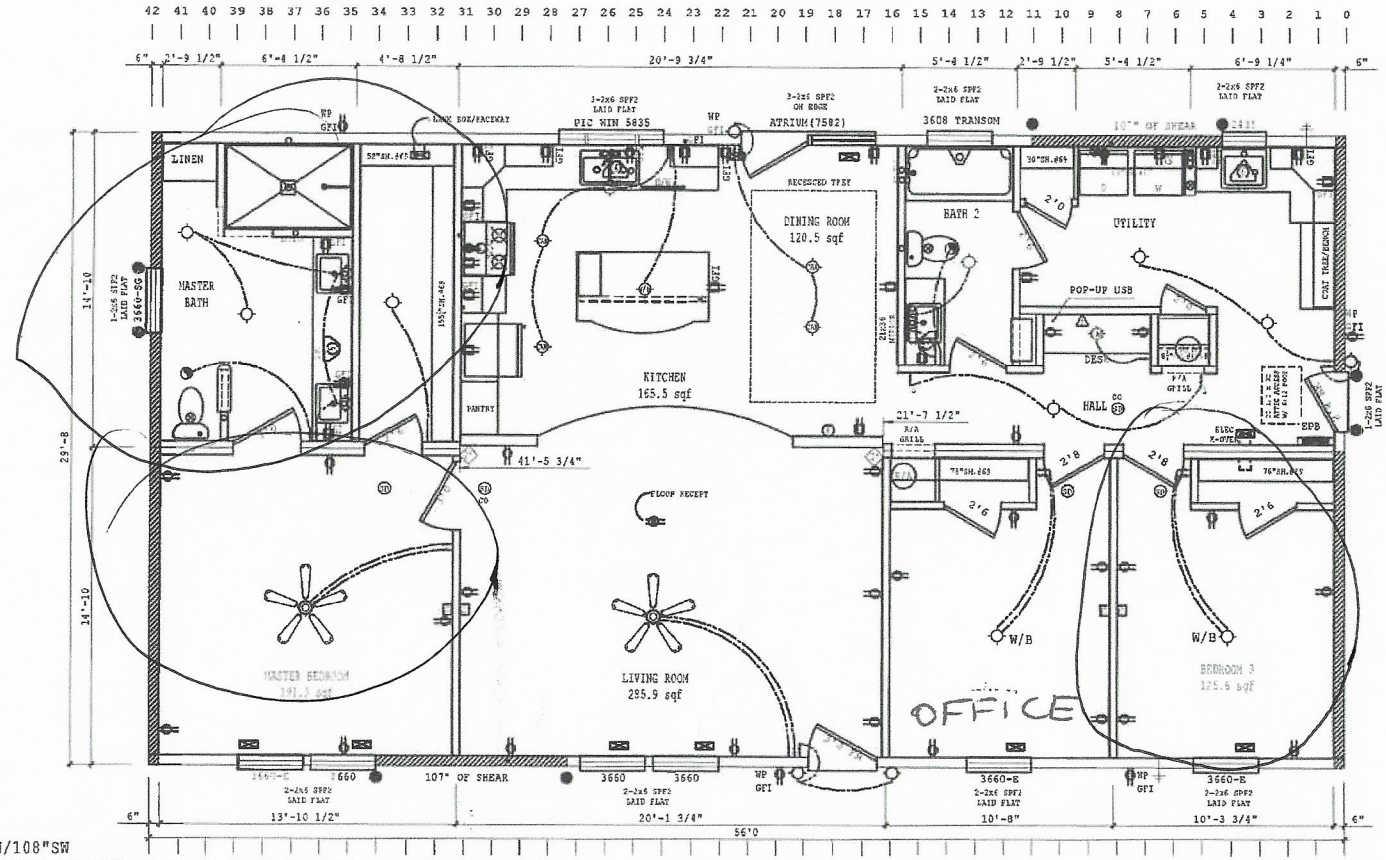
Acknowledgement Of
Plans Submittal ONLY!

Date 11-25-19

Date 11/25/19

2 BR
2 BATH
MODULAR

106 DAVIS PLACE LN



229"EW/108"SW
195PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.N.C.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-237B.1
90 MPH WIND SPEED
7/16x1-3/4"x15ga:6oc Edge & 12oc Field-195PLF

RIDGE BEAM PER:RC-60.3.R.K.M._.20
SIDEWALL HEADERS PER:
EW-20.3.R.K.C.22.20-1

INSULATION DONE PER THE NORTH CAROLINA
2018 PRESCRIPTIVE METHOD
CZ4: R=38 CEILING R=19 WALLS R=22 FLOOR
U = 0.35 / SHGC = 0.28

DESIGN LOADS WIND-MPH PSF
90-30
100-30
110-30
120-30
130-30

RETURN AIR REQUIREMENTS
1. 20"x16" GRILL REQUIRED
2. 4"x10" GRILL W/ 2 1/2" DOOR UNDERCUT
3. DOOR(S) MUST BE UNDERCUT 2 1/2" MIN.
4. 4"x24" OR 6"x14" GRILL REQUIRED

● INDICATES FREE END SHEAR WITH BLOCKING
◇ THE * SPECIFIES THAT THERE CAN BE NO HOLES IN STUDS IN COLUMNS

BRAND	SERIES
SCHULT	RK32

CLAYTON HOME BUILDING GROUP

REVISIONS	BY	DATE

GENERAL NOTES
CEILING HEIGHT = 96.00
FLOOR FRAMING SPACING =16
TOTAL WINDOW SQFT =ENTER TOTAL CALCULATED

DRAWING TITLE
MASTER PLAN
3610 FURNACE

MODEL NAME		SQ. FT.
4608-SO-2X6-32W		1661
PLANT	DESCRIPTION	MODEL NO.
958	32X56 3BR-2BA	SN251399
DRAWN BY	ORIG. DATE	DATE PRINTED	SHEET NO.
DAC	11/07/2019	11/08/2019	1-1

IREDELL COUNTY

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

APPLICATION NUMBER
302528 Issue Date: 11/08/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4820745259.000	106 DAVIS PLACE LN	

Owner Information	Applicant Information
Name: LINK JOHNNY MONROE	Name: CLAYTON HOMES OF STATESVILLE
Address: 106 DAVIS PLACE LANE	Address: 2026 NORTHSIDE DR
STATESVILLE, NC 28625	STATESVILLE, NC 28677
Phone:	Phone: (704)873-2547

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15		

Remarks
SFD

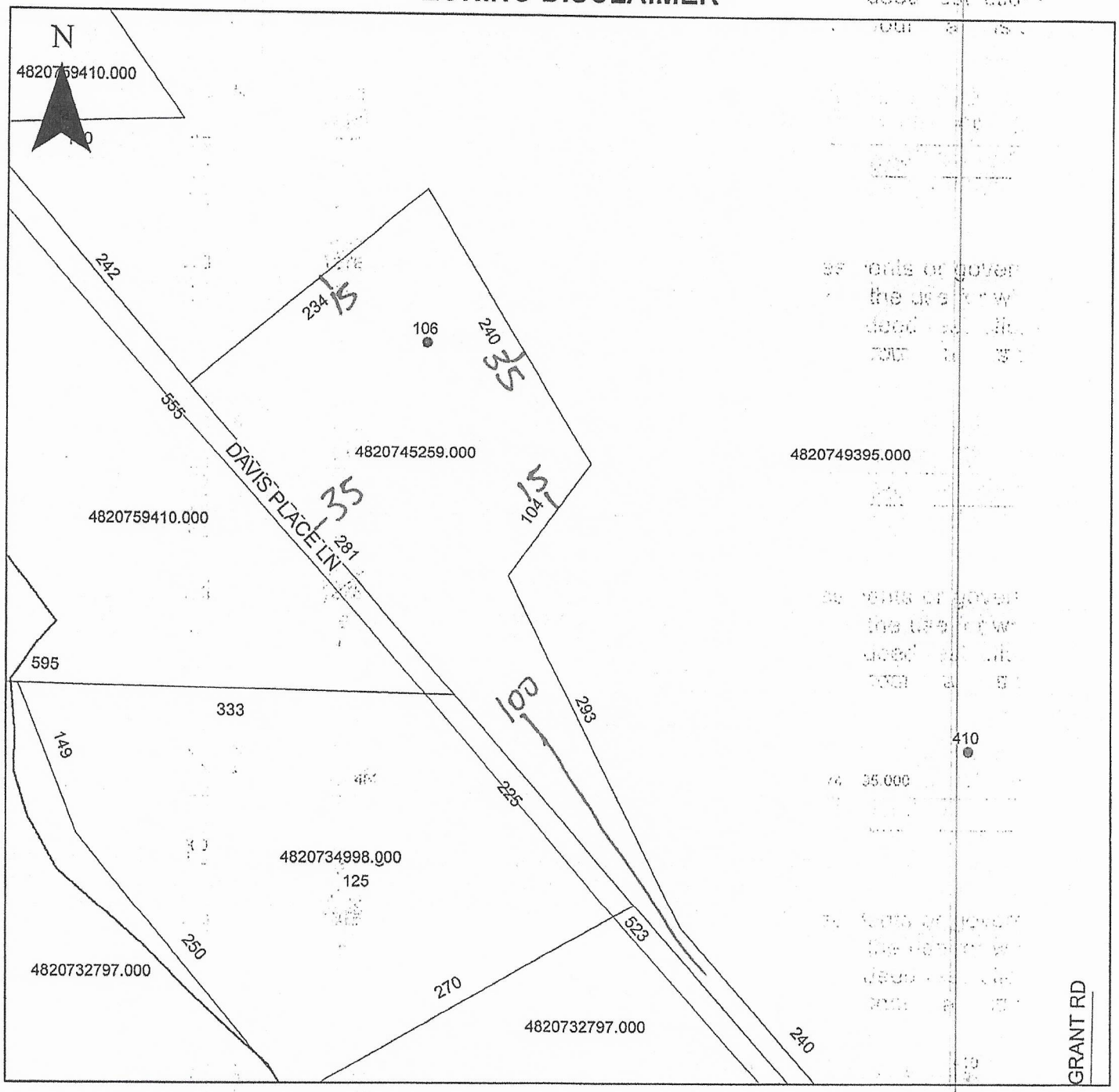
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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: 11/08/2019

Permit Number	000788	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 106 Davis Place 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

11-8-19
Date