ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-311548

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

PIN # 4823 -81 -7052

APPLICANT/OWNER: Clayton Homes-David Rives | APPLICANT ADDRESS: 2026 Northside Dr Statesville NC 28625

SITE ADDRESS: 19 Westglow Rd Statesville NC 28625 | PHONE: 704-873-2547 | ALT. PHONE 704-929-1552

SITE DIRECTIONS: NC 115 N to R on Westglow Rd, Lot will be on R | SAP CONTROLLED: ☐ YES ☒ NO

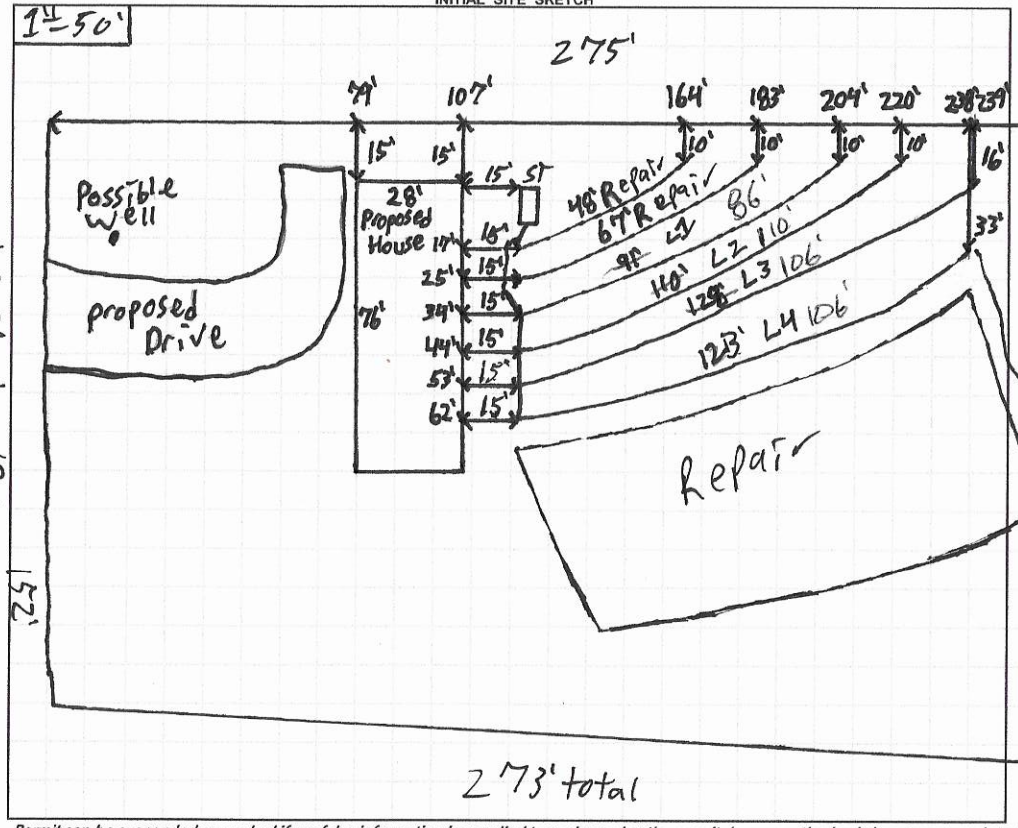
SUBDIVISION: David & Flossie Rives Property | SECTION: — | LOT # 1 | LOT AREA: 1.003 acres | DESIGN FLOW: 480GPD | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1012	Date	3-14-2021	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT	—	Date	—	System Description:	gravity 25% Reduction	☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPPPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contours. DO NOT drive on, store material or manipulate drainfield in anyway. All part of septic must be 5' off footers of decks. 452' shown only need 400'

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.

INSTALLED AS SHOWN

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: Clayton Homes | Date: 11/20/2020 | Installed by: PIEDMONT BACKHOE

IMPROVEMENT PERMIT by: Patrick J Bagley III | Date: 11/12/2020 | OPERATION PERMIT by: Bryant C. White | Date: 6-7-2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III | Date: 11/12/2020 | 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 #: 482381705Z
COUNTY: Iredell

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

OWNER: Clayton Homes
ADDRESS: 2026 Northsidedr
PROPOSED FACILITY: New single family PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: Inwest glow

APPLICATION DATE 10/6/2020
DATE EVALUATED: 11/5/2020
PROPERTY SIZE: 1.003acres
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	SS 5%	0-9	Plowlayer	—	—	48"	Litho inclusions more common at bottom	—	PS.3
		9-28	C SBK	Fr SS SP SO NP					
		28-48	CL SBK	Fr SS SP SO XP					
2	SS 3%	0-10	Plow layer	—	—	48"	Litho inclusions more common at bottom	—	PS.3
		10-30	C SBK	Fr SS SP SO XP					
		30-48	CL SBK	Fr SS SP SO XP					
3	SS 6%	0-10	Plow Layer	—	—	48"	Litho inclusions more common at bottom	—	PS.3
		10-32	C SBK/ABK	Fr SS SP SO XP					
		32-48	CL SBK	Fr SS SP SO XP					
4	SS 7%	0-9	Plowlayer	—	—	48"	Litho inclusions more common at bottom	—	PS.3
		9-34	C SBK/ABK	Fr SS SP SO XP					
		34-48	CL SBK	Fr SS SP SO XP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	267'
System Type(s)	Gravity	LPPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: PatrickB
OTHER(S) PRESENT:

RECEIVED OCT 0 7 2020

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

AP-311548
$500.00

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 ( ) 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: Clayton Homes Address: 2026 Northside Dr, Statesville NC Zip: 28625
Applicant Email: AdamCassteens@ClaytonHomes.com Phone: 704-873-2547 Alt. Phone: 704-929-1552
Owner Name: David F Rikes & Jessica J Rikes Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 119 Westglow Rd. Statesville, NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

(✓) 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: 4
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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 (X) Other: 25% Reduction

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: _____ 10/6/2020
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

(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, David F Rivas Flossie J Rivas, am the legal owner(s) of the property located at 119 Westglow Rd. Statesville, NC 28625, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Adam Casstevens / Clayton Homes _____, 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.

David F Rivas Flossie J Rivas
Signature of Owner(s)

9/28/2020
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

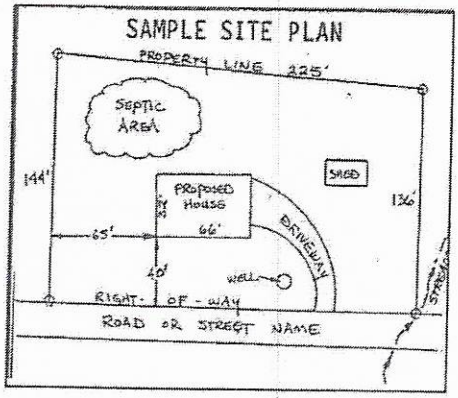
4823817052

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:

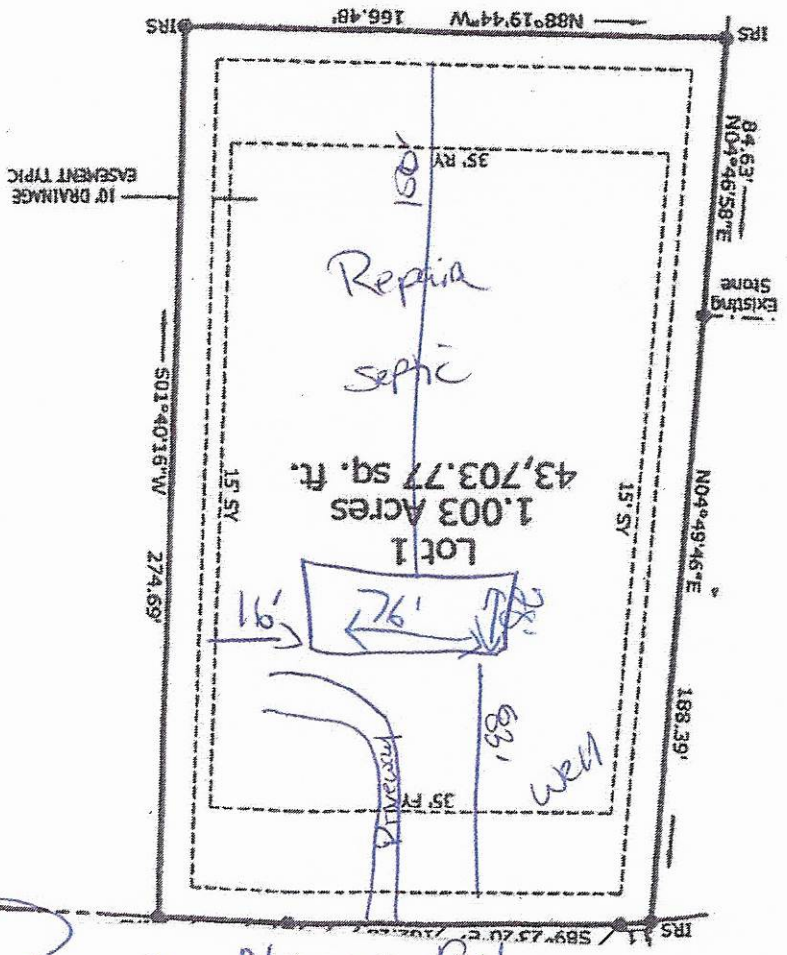
- (✓) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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

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

10/6/2020
DATE

Jackie F Pope

4BR

28'x76'
9' ceilings

Park Avenue

Exhibit C
8-17-20

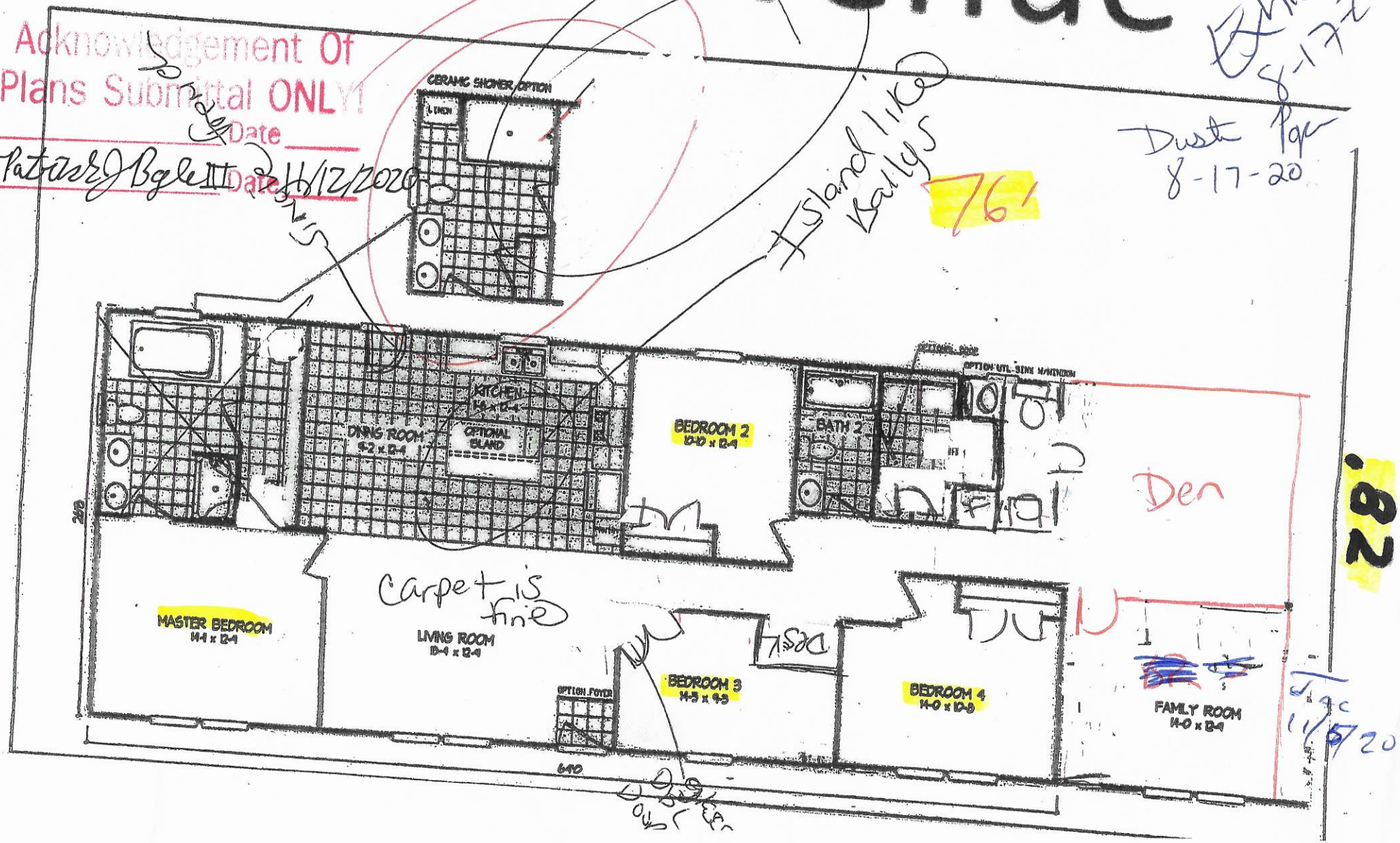
Acknowledgement Of
Plans Submittal ONLY
Date
Patrick J Bagley III Date 8/12/2020

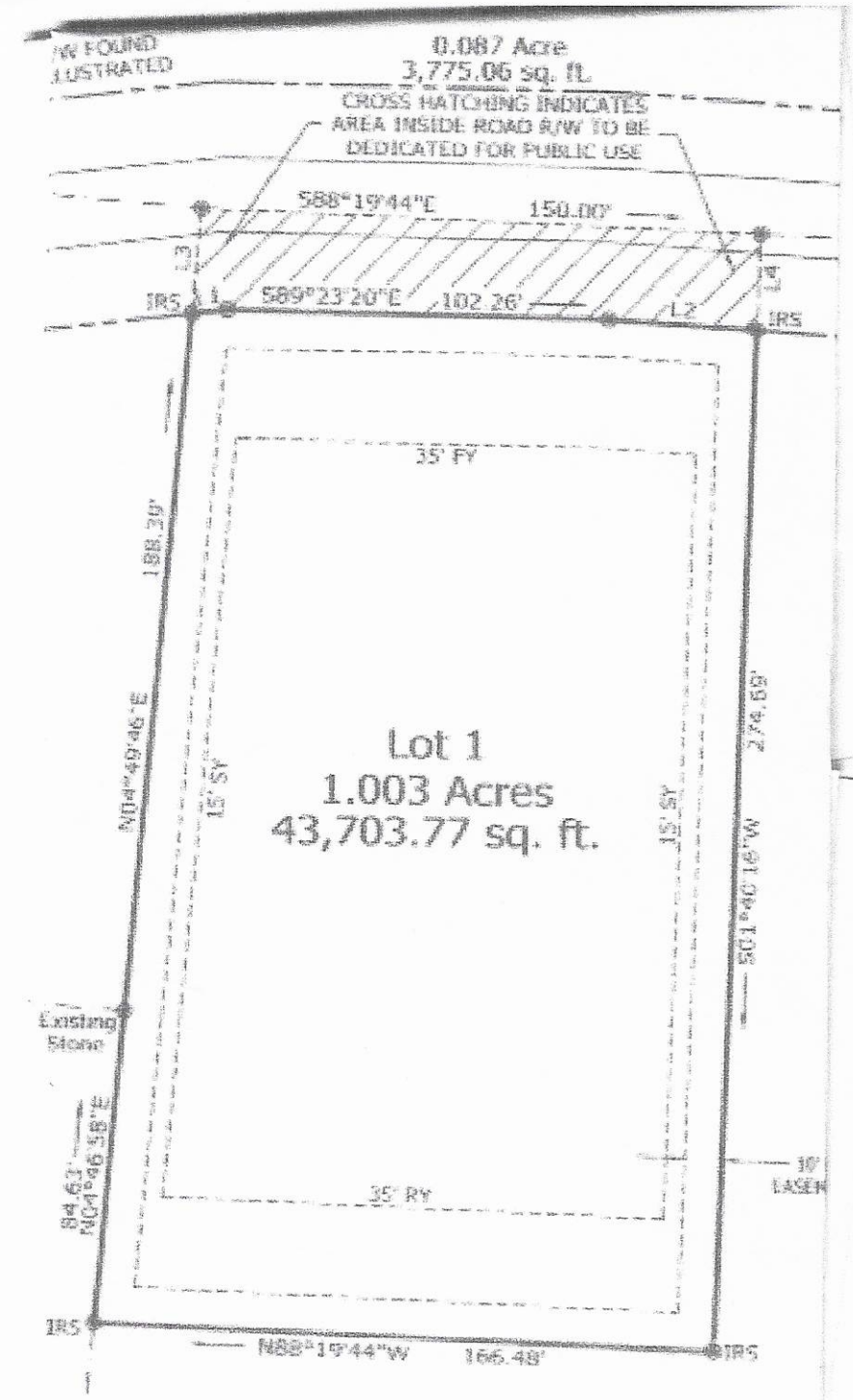
Dust Pgr
8-17-20

Island like Kathy's

76'

28'




IW FOUND
LUSTRATED
0.087 Acre
3,775.06 sq. ft.
CROSS HATCHING INDICATES
AREA INSIDE ROAD R/W TO BE
DEDICATED FOR PUBLIC USE
S88°19'44"E
150.00'
IRS
L1
S89°23'20"E
102.26'
L2
IRS
35' FY
188.29'
N04°49'46"E
15' SY
Lot 1
1.003 Acres
43,703.77 sq. ft.
15' SY
274.69'
S01°40'16"W
Existing
Stone
84.63'
N04°49'46"E
35' RY
10'
EASEM
IRS
N88°19'44"W
166.48'
IRS

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311548 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4823817052.000	119 Westglow Rd	Iredell County

Owner Information	Applicant Information
Name: RIVES DAVID F SR+FLOSSIE J	Name: RIVES DAVID F SR+FLOSSIE J
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.03	35	35	15	15		NO

Remarks
MODULAR

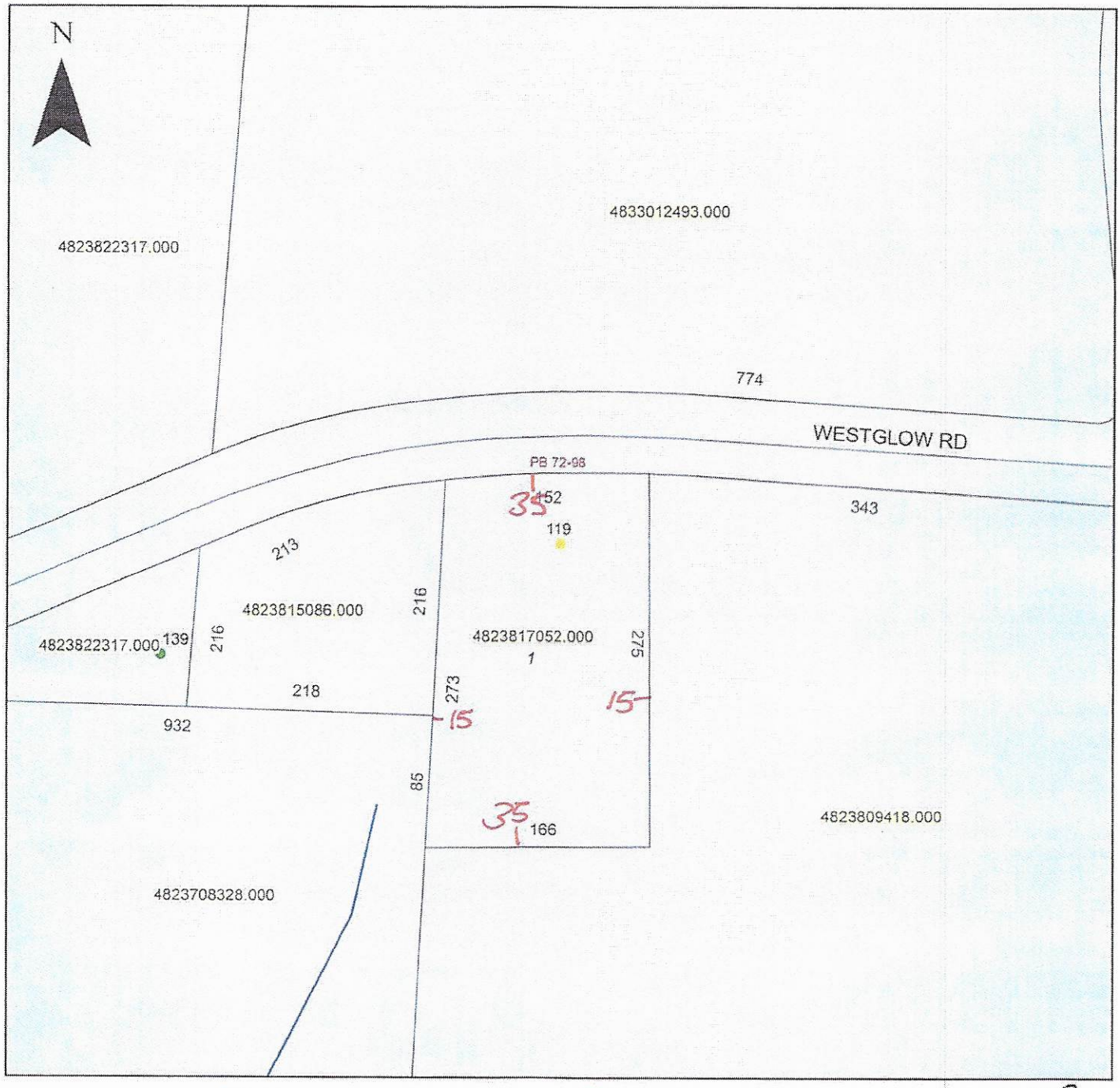
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 10/06/2020

Signature of Owner/Contractor

Permit Number	311548	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 119 Westglow Rd

1.003 RA

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

10/6/2020
Date