ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BB 9:13

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

PERMIT # 302823

PIN # 4852492162

APPLICANT/OWNER: Clayton Homes / Lounell Grant

APPLICANT ADDRESS: 2026 Northside Dr Statesville NC

SITE ADDRESS: 121 Mullis Rd Harmony 28634

PHONE: 704 929-1552 ALT. PHONE 704 873-2547

SITE DIRECTIONS: I77 N Exit Hwy 901 L on 90 R on Mullis Rd Lot on L

SUBDIVISION: —

SAP CONTROLLED: ☐ YES ☒ NO

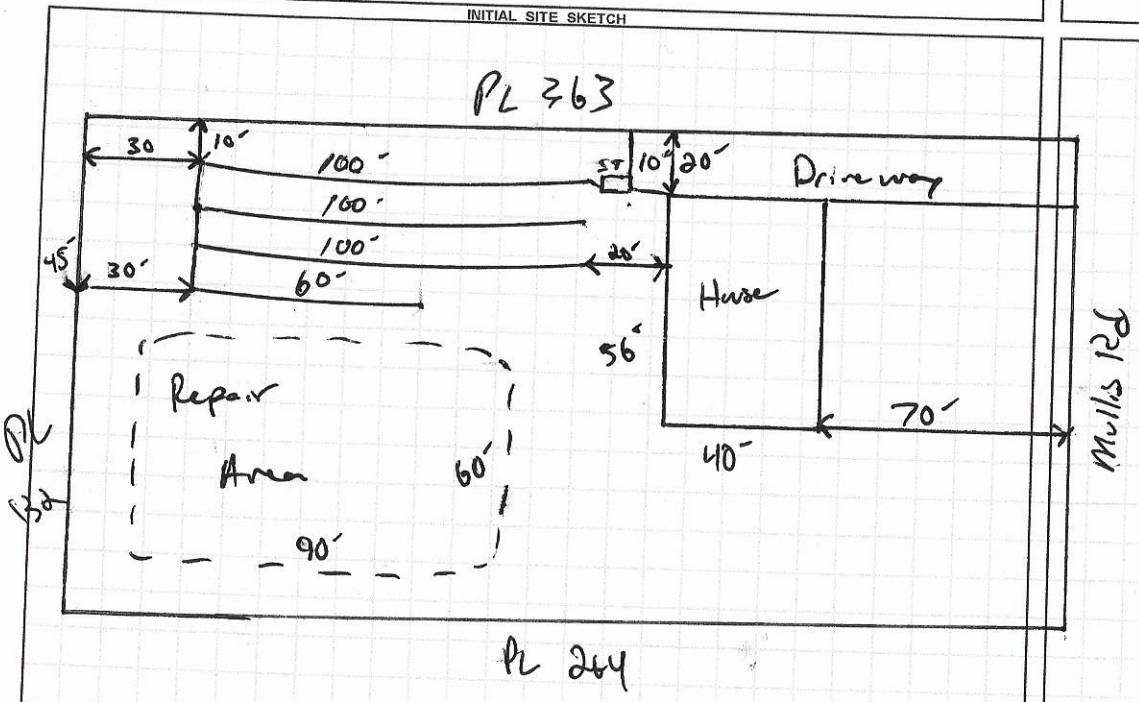
SECTION: — LOT # — LOT AREA: 0.79 Acre DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	1012	Date	11-16-19	☒ 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	4	Linear Ft:	360	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Install Drainlines on Contour of land and use Serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 50'

Installed as permitted

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]

IMPROVEMENT PERMIT by: [signature] Date: 1-6-20

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 1-7-20

Installed by: Steve Jordan - A-1 Backhoe Date: 1-7-20

OPERATION PERMIT by: Benjamin A Botkins Date: 1-23-2020

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.

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

Sheet 1 of 1
PROPERTY ID #: 4852492162
COUNTY: Iredell

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

OWNER: Clayton Homes
ADDRESS: 2026 Northside Dr Statesville
PROPOSED FACILITY: Home
LOCATION OF SITE: 121 Mill
APPLICATION DATE 11-18-19
DATE EVALUATED: 12-10-19
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 6.79
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 3-4%	0-6	SBK SCL	Fr SSSP Serp	N/A	48"	N/A	N/A	PS .3
		6-29	SBK C	Fr SSSP Serp					
		29-48	SBK CL	Fr SSSP Serp					
2	SS 3-4%	0-6	SBK SCL	Fr SSSP Serp	Few Mottles @ 24" N/A	48"	N/A	N/A	PS .25
		6-40	ABK C	Fr SSSP Serp					
		40-48	SBK CL	Fr SSSP Serp					
3	SS 3-4%	0-12	SBK SCL	Fr SSSP Serp	Few 4/8 Mottles @ 24"	48"	N/A	N/A	PS .25
		12-36	ABK C	Fr SSSP Serp					
		36-48	SBK CL	Fr SSSP Serp					
4	SS 3-4%	0-12	SBK SCL	Fr SSSP Serp	N/A	48"	N/A	N/A	PS .25
		12-35	ABK C	Fr SSSP Serp					
		BS-48	SBK CL	Fr SSSP Serp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	360'
System Type(s)	25%	25%
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bgp
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) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
	O (Organic)	None	None			

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

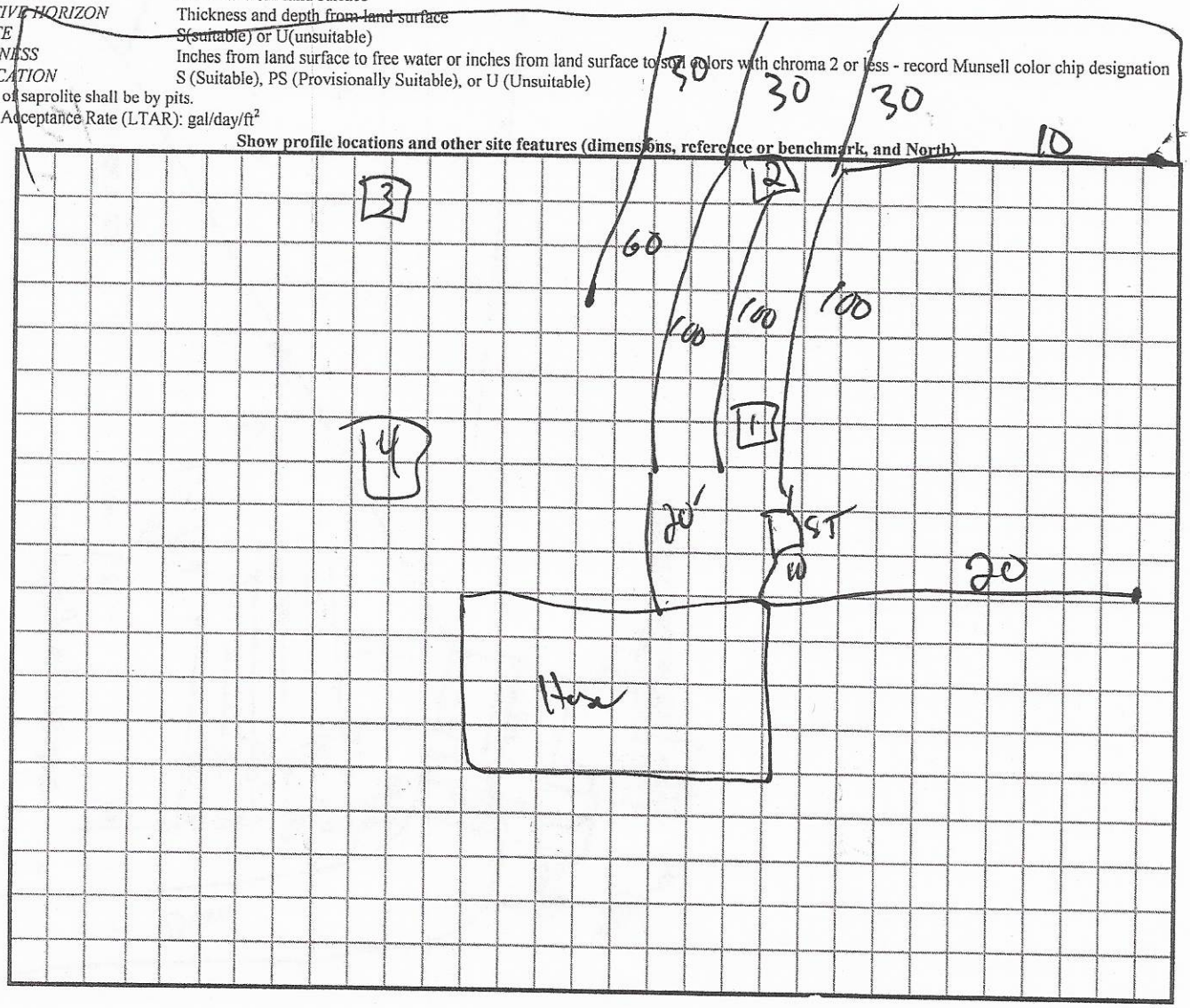
NOTES

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).



AP-302823

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

11.19.19
$500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:

(✓) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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 Statesville Address: 2026 Northside Dr Statesville Zip: _____
Applicant Email: hc072@claytonhomes.com Phone: 704 873 2547 Alt. Phone: 704 929 1552 Adam
Owner Name: Lowell Grant Address: 300 Little Wilkesboro Rd Harmony Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 121 Mullis Rd Harmony
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: 3
Maximum Number of Occupants: 6
( ) 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 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% reduc

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?

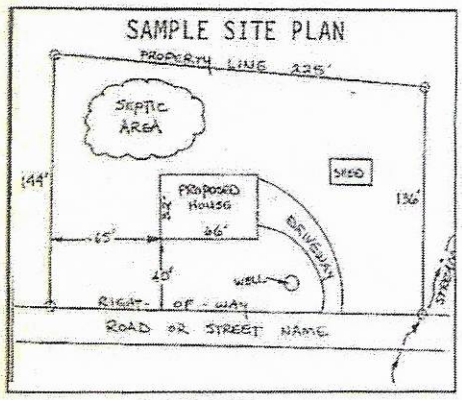
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ Clayton Homes Statesville 11/18/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

SEE ATTACHED PLAN

Signature: [signature] CLAYTON HOMES STATESVILLE 11/18/19

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

Iredell County

Property Data

Parcel Number: 4852492162.000
Inquiry Date: 10/31/2019

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-date, the County does not certify the authenticity 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



PROPERTY NEAR CORNER OF MULLIS RD & 901

PIN 4852492162

Owner/Property Info

Tax Account Number: 80041636
Old Parcel Number: 0516H00000A011
Owner Name: GRANT LOUNELL M+GRANT EST
Mailing Address: 380 LITTLE WILKESBORO RD HARMONY NC 28634
Property Location: MULLIS RD
Lot Number:
Legal Description: GRANT SR1816

Municipal Information

Township Code: 05
City Code: Null
Neighborhood Code: 05000

Value Information - Current Year Property Record Card (PRC)

Building Value: 0
Other Building Features: 0
Land Value: 17680
Tax Assessed Value: 17680
Deferred: 17170

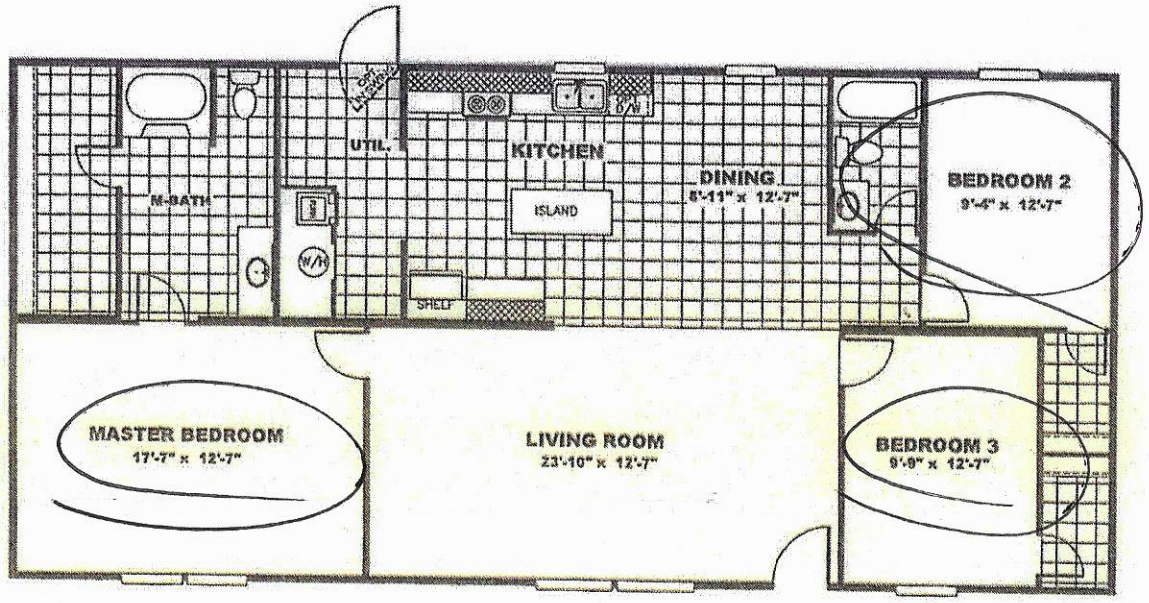
Land Information - Register of Deeds Online Search

Date Recorded	Document Type	Deed Book	Deed Page	Plat Book & Page	Land Area	Land Type	Zoning

* HAS COUNTY WATER
* NEW DOUBLEWIDE HOME
* BOX FLAGGED ORANGE FLAGS 56x40 TO INCORPORATE DECKS (2) 6x6
→ PROPERTY LINES ARE MARKED

Acknowledgement Of
Plans Submittal ONLY!
Date 1-7-20
Date 1-8-20

Thrill



56x28
DW

Model #: TRU28563R
28' x 56' Thrill

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
302823 Issue Date: 11/19/2019

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4852492162.000		IREDELL COUNTY

Owner Information	Applicant Information
Name: GRANT LOUNELL M+GRANT EST	Name: CLAYTON HOMES
Address:	Address: 2026 NORTHSIDE DRIVE STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.79	35	35	15	15	WSII-BOW Hunting Creek	NO

Remarks
121 MULLIS RD--DOUBLE WIDE

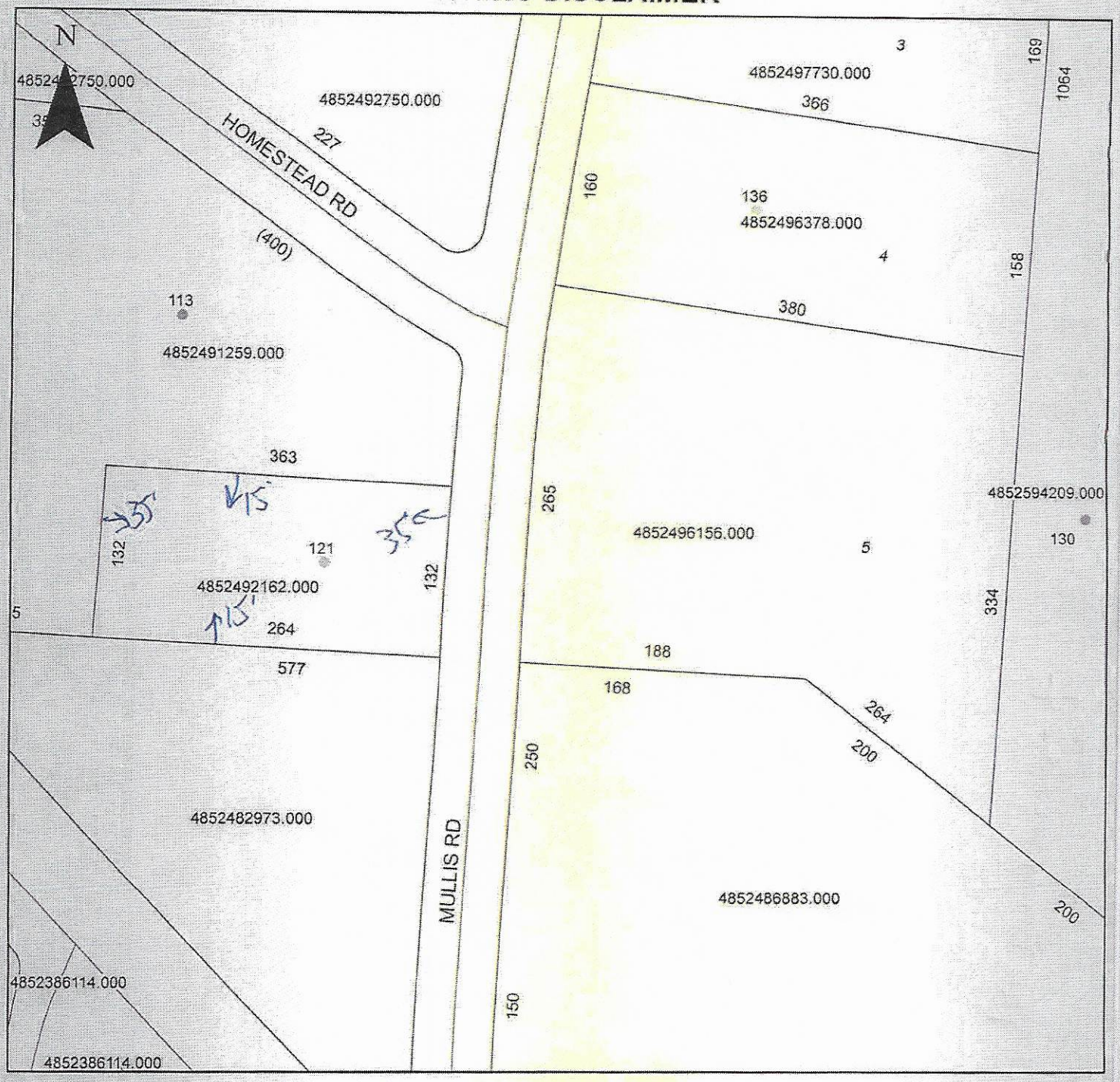
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 11/19/2019

Signature of Owner/Contractor

Permit Number	302823	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 121 Mullis Rd. Harmony NC

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

11/18/19
Date