ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP-309689

PIN # 4860 - 64 - 3316

APPLICANT/OWNER: CLAYTON HOMES / Alanna Burrell APPLICANT ADDRESS: 2026 NORTHSIDE DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 626 TABOR ROAD, OLIN, N.C. 28660 PHONE: 704-873-2547 ALT. PHONE 704-929-1552

SITE DIRECTIONS: (N) ON 77, (R) ON 901, (R) ON TABOR, LOT ON (L)

SAP CONTROLLED: ☐ YES ☑ NO

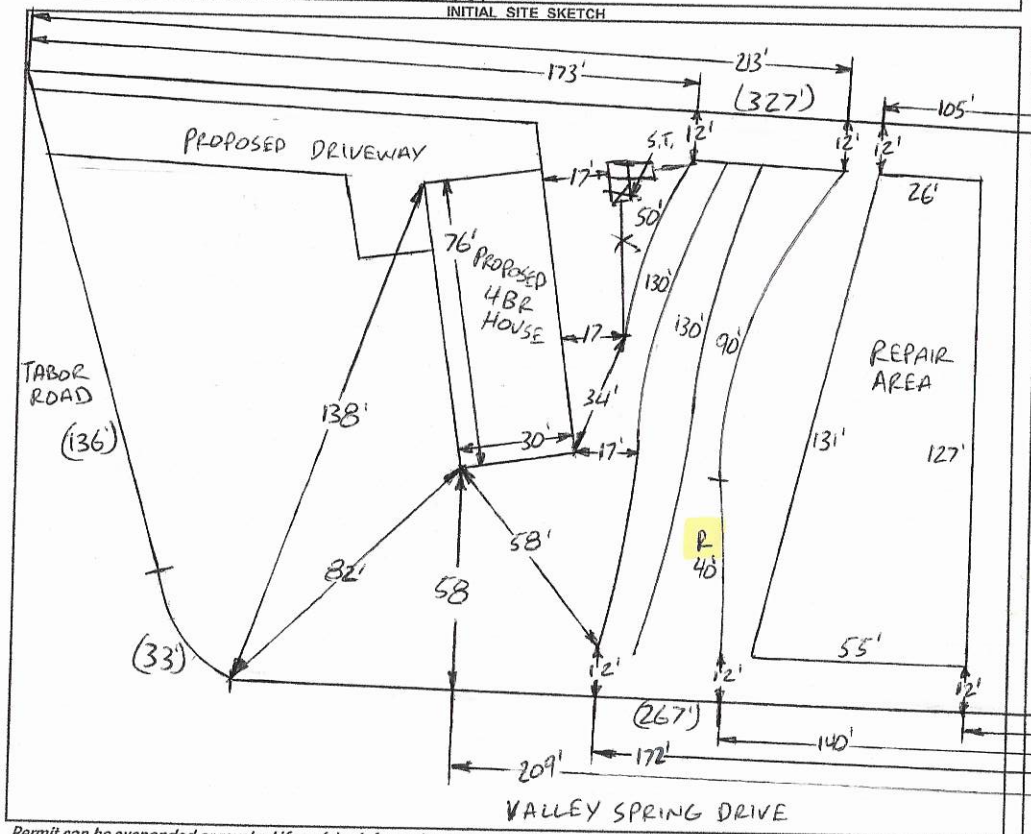
SUBDIVISION: HOLLY RIDGE SECTION: 1 LOT # 37 LOT AREA: 1.06 AC DESIGN FLOW: 480GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	1062	Date	2-23-21	☑ 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	400FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	28 IN		Gravel Depth	—	☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ 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 36IN MAX TRENCH BOTTOM, MAINTAIN 50FT FROM ALL WELLS

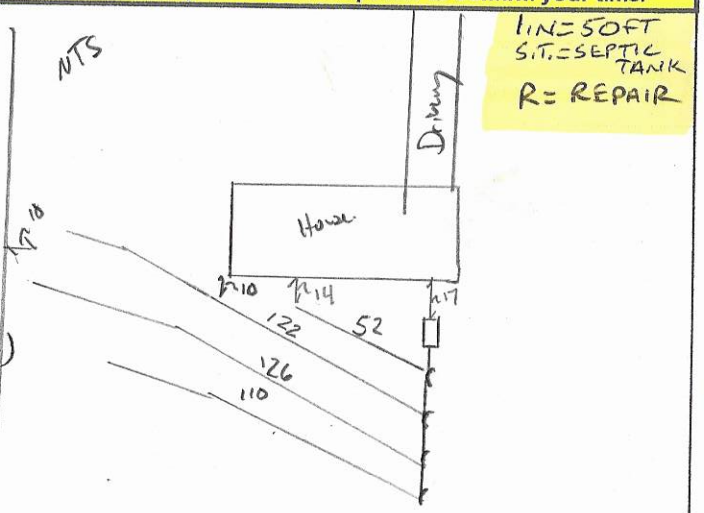
INITIAL SITE SKETCH



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
R = REPAIR



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: 3-17-21 Installed by: (Steve Tucker) Piedmont Backhoe Service

IMPROVEMENT PERMIT by: Burgett C. White Date: 3-16-2021 OPERATION PERMIT by: [signature] Date: 4-14-2021

AUTHORIZATION TO CONSTRUCT by: Burgett C. White Date: 3-16-2021 Existing System Inspected by: Date:

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

SOIL/SITE EVALUATION

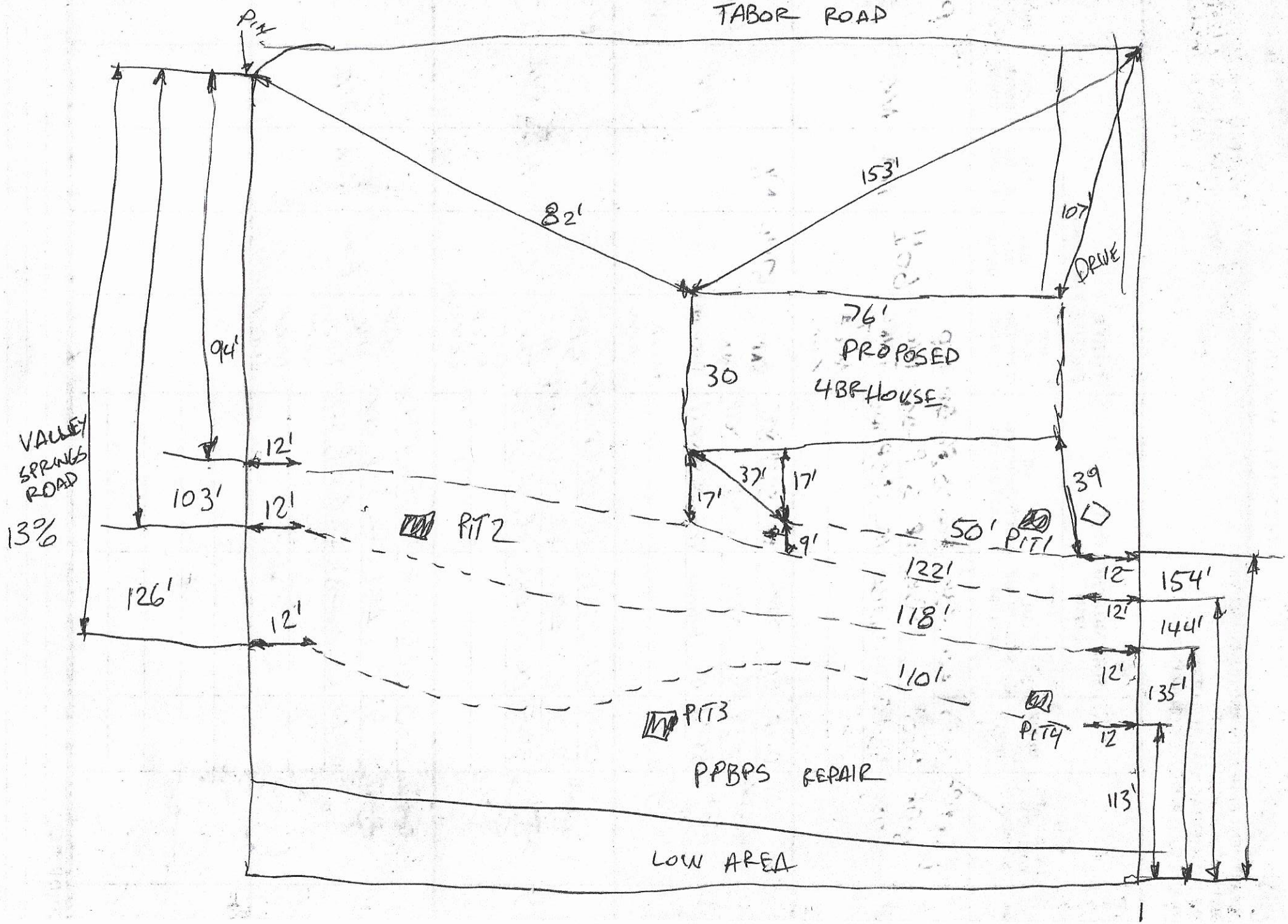
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 486643316
DATE OF EVALUATION: 8/28/2020
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .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 7%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COM	60"+	NA	NA	PS .325
		8-33	C, ABK	FR, S, P, SEXP					
		33-60	CL, WABK	VFR, SS, SP, SEXP					
2	LINEAR SIDE 7%	0-10	SCL SBK	FR-SSSP SEXP	SAP INC THRU OUT MICA COM	50"+	N/A	N/A	0.3 PS
		10-38	C ABK	FR SP SEXP					
		38-50	CL WABK	VFR SS SP SEXP					
3	LINEAR SIDE 5%	0-9	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	54"+	NA	NA	PS .3
		9-34	C, ABK	FR, S, P, SEXP					
		34-54	CL, WABK	FR, SS, SP, SEXP					
4	LINEAR SIDE 7%	0-8	SCL, SBK	FR, SS, SP SEXP	SAP INC THRU OUT MICA COMMON	60"+	N/A	NA	PS .3
		8-31	C, ABK	FR, S, P, SEXP					
		31-60	CL, WABK	FR, SS, SP, SEXP					

COMMENTS:


TABOR ROAD
PIN
82'
153'
107'
DRIVE
76'
PROPOSED
4BR HOUSE
30
94'
VALLEY SPRINGS ROAD
13%
103'
12'
37'
17'
17'
9'
39
PIT 1
PIT 2
50'
122'
126'
118'
110'
154'
144'
135'
113'
PIT 3
PIT 4
PPBPS REPAIR
LOW AREA

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) O (Organic)	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)
		None	None			

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

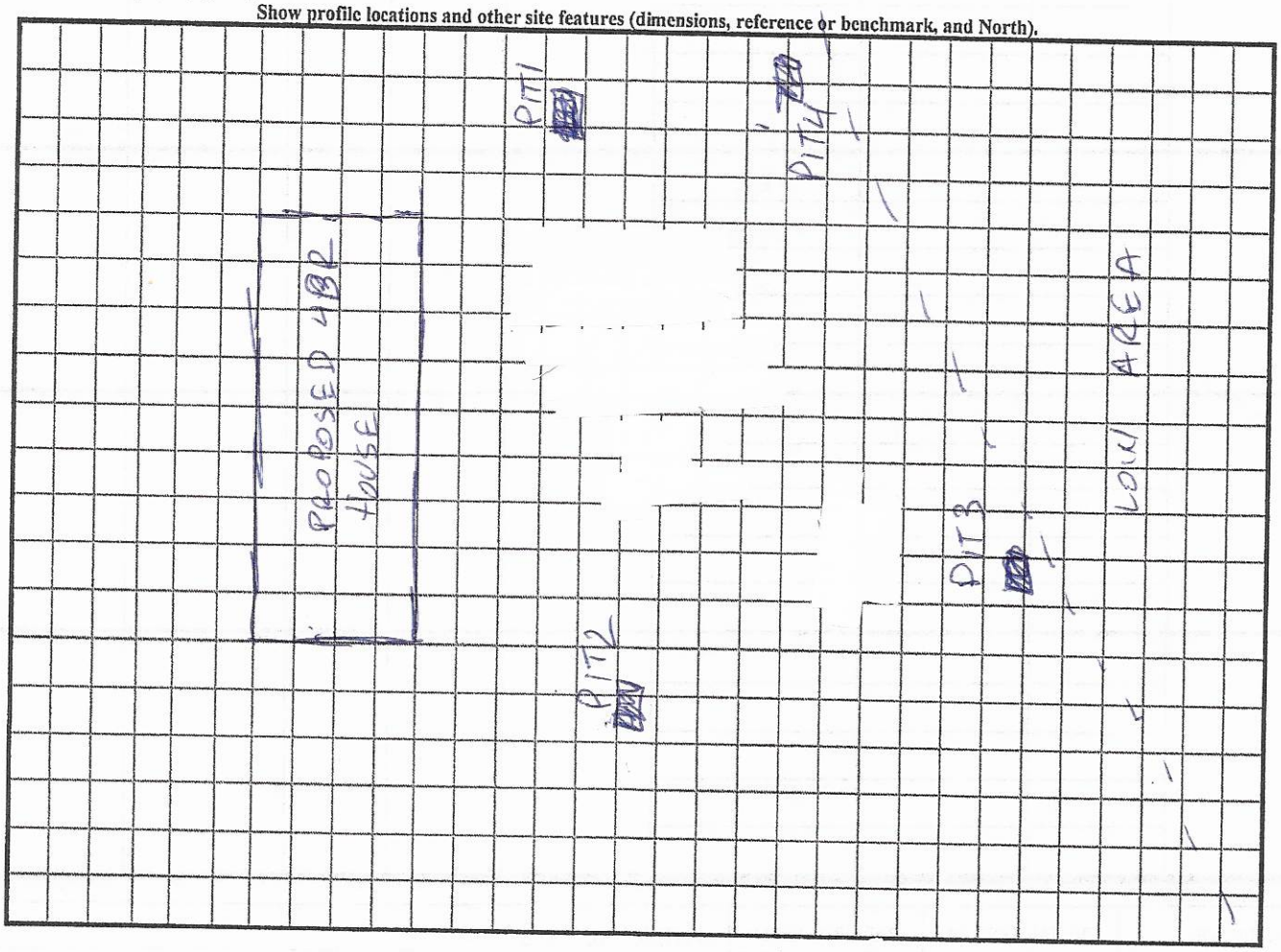
NOTES

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).



APP-309689

RECEIVED AUG 0 6 2020

$ 560.00

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:

(✓) Septic Improvement Permit ( ) New Well Permit (✓) 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:

Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Clayton Homes Address: 2026 Northside Drive Statesville, NC Zip: 28625

Applicant Email: brantley.norris@claytonhomes.com Phone: 704-873-2547 Alt. Phone: _____

Owner Name: Alanna Burrell Address: 105 Sweet Birch Drive Olin, NC Zip: 286660

Owner Email: alanna.chinnburrell@gmail.com Phone: 704-397-7691 Alt. Phone: _____

Property Information:

Street Address: 626 Tabor Road Olin, NC 28660

Subdivision Name: Holly Ridge Section/Phase: _____ Lot Number: 37

Driving Directions: I-40 E, take exit 152B → I-77, take exit 59 on Tomlin Mill Rd, right on Tomlin Mill Rd., left on Tabor Rd 1 mile on right

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~~ 4 (Sac 8-28-20)
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

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: 5

( ) 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: 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: _____ 8/3/20

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

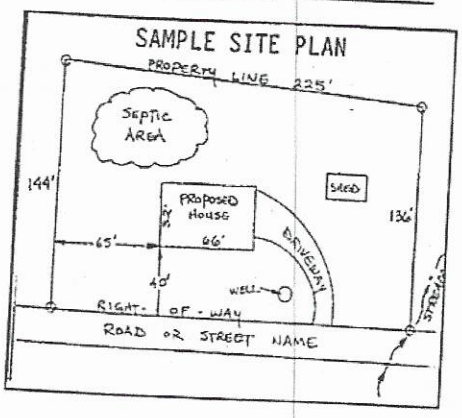
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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



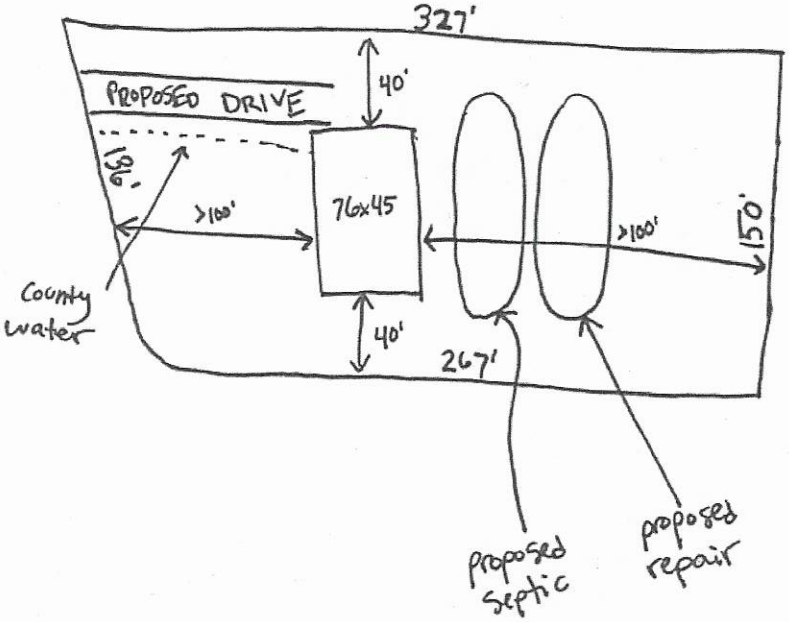
Circle N/A on the following if appropriate:

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 SITE PLAN!



Signature: Bentley Nunn

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

8/3/20

DATE

DocuSign Envelope ID: 02D16FD8-B0B3-463A-99E0-3901A7AFE9BA

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Andrew Nagy, am the legal owner(s) of the property located at 626 Tabor Road Olin, NC, identified as PIN (Parcel Identification Number) 4860643316, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Brantley Norris / Clayton Homes of Statesville CMH 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.

DocuSigned by: Andrew Nagy 8/3/2020
2F4... Signature of Owner(s) Date

Brantley Norris 8/3/20
Signature of Witness Date

Please return this signed form to the appropriate office:

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

Surveyors Certificate

"I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 1757, page 2130 or other reference source N/A); that the boundaries not surveyed are indicated as drawn from information in Book N/A, page N/A or other reference source N/A; that the ratio of precision or positional accuracy is 1 : 34,212 and that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600)."

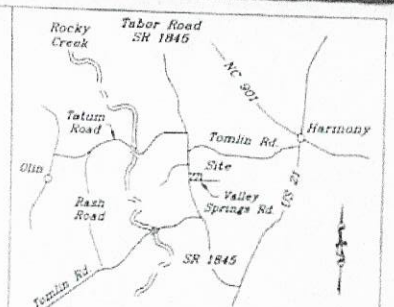
This 30TH day of JULY, 2020.

NORTH CAROLINA PROFESSIONAL SEAL L-3578 LAND SURVEYOR STEVEN D. POPE

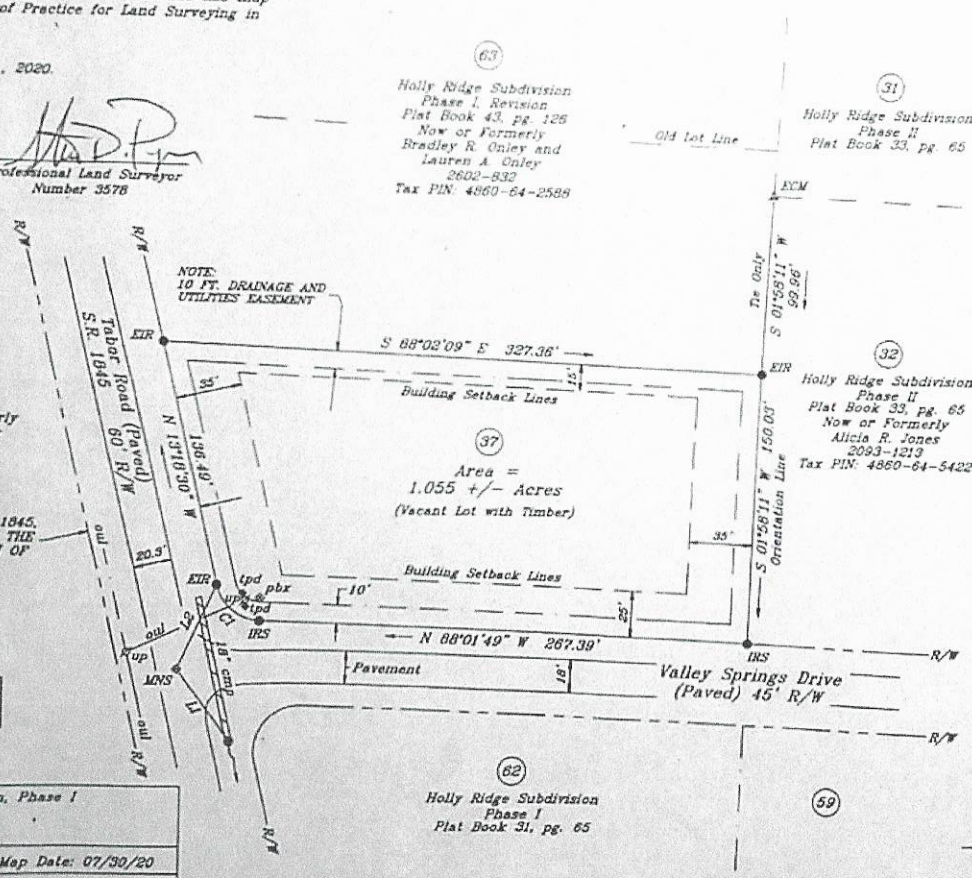
Professional Land Surveyor
Number 3578

0' 60' 120' 160'
Graphic Scale (1" = 60')

Orientation Based On Plat Book 31, Page 65



Vicinity Map – Not To Scale



Line Table (Ties Only)

LINE	BEARING	DISTANCE
L1	N 36°35'37" W	48.79'
L2	N 24°04'01" E	49.76'

CURVE TABLE

CURVE	CHORD BEARING	CHORD LENGTH	RADIUS	ARC LENGTH	DELTA ANGLE
C1	N 50°40'16" W	30.21'	25.00'	32.43'	74°20'03"

NOTES:

PROPERTY SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.

PROPERTY SUBJECT TO EASEMENTS AND RIGHTS OF WAY OF RECORD AND THOSE NOT OF RECORD, IF ANY EXIST.

AREA BY COORDINATE COMPUTATION.

NO N.C.G.S. HORIZONTAL CONTROL MONUMENTS EXIST WITHIN 2000 FEET OF THIS SITE.

RATIO OF PRECISION 1 : 34,212

PROPERTY MAY BE SUBJECT TO RESTRICTIVE COVENANTS.

PROPERTY MAY BE SUBJECT TO GOVERNMENTAL ORDINANCES, ZONING AND OTHER REGULATIONS CONCERNING THE DIVISION AND DEVELOPMENT OF REAL ESTATE.

NO SUBTERRANEAN SURVEY PERFORMED AT THIS SITE.

PROPERTY MAY BE SUBJECT TO DEEDS OF TRUST OR OTHER LIENS.

BUILDING SETBACKS SHOWN ARE PER PLAT BOOK 31, PAGE 65.

LEGEND

EIR	EXISTING IRON ROD
ECM	EXISTING CONCRETE MONUMENT
MNS	MAGNETIC NAIL SET
IRS	IRON ROD SET
PBX	POWER BOX
UP	UTILITY POLE
TPD	TELEPHONE PEDESTAL
OUL	OVERHEAD UTILITY LINES
R/W	RIGHT OF WAY
CMP	CORRUGATED METAL PIPE

Physical Survey of Lot 37, Holly Ridge Subdivision, Phase 1

Property of: Allen Junior Tayes

Scale: 1" = 60'	Field Survey: 07/29/20	Map Date: 07/30/20
Area: 1.055 +/- Ac.	Tax P.I.N.: 4860-64-3316	Drawn By: S.D.P.
Plat Book 31, page 65.	Deed Ref.: 1757-2130, 1st. Tract	
Property Address is 626 Tabor Road, Olin, N.C. 28660		
Turnersburg Township	Iredell County	North Carolina
Steven D. Pope & Associates 203 McGregor Lane Statesville, N.C. 28625 Ph. (704) 692-5082		Job No.: 24-2020 SherrillKirk.dwg

Acknowledgement Of Plans Submittal ONLY!

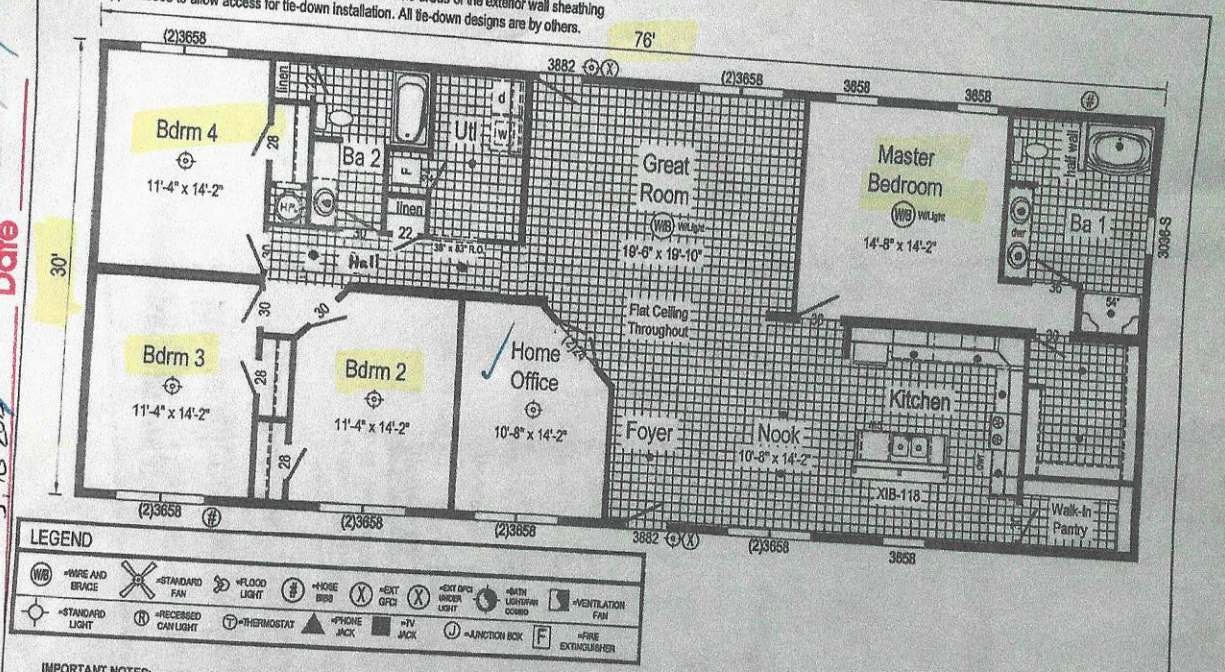
Date 3/16/21

Date

Date

HVAC elec → customer decide after set

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.



LEGEND

W/B =WIRE AND BRACE | =STANDARD FAN | =FLOOD LIGHT | =HOSE BIBB | X =EXT GFCI | X =EXT GFCI UNDER LIGHT | =BATH LIGHT/FAN COMBO | =VENTILATION FAN

=STANDARD LIGHT | R =RECESSED CAN LIGHT | T =THERMOSTAT | =PHONE JACK | =TV JACK | J =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: Alonna China Burrell Date: 11/3/2020

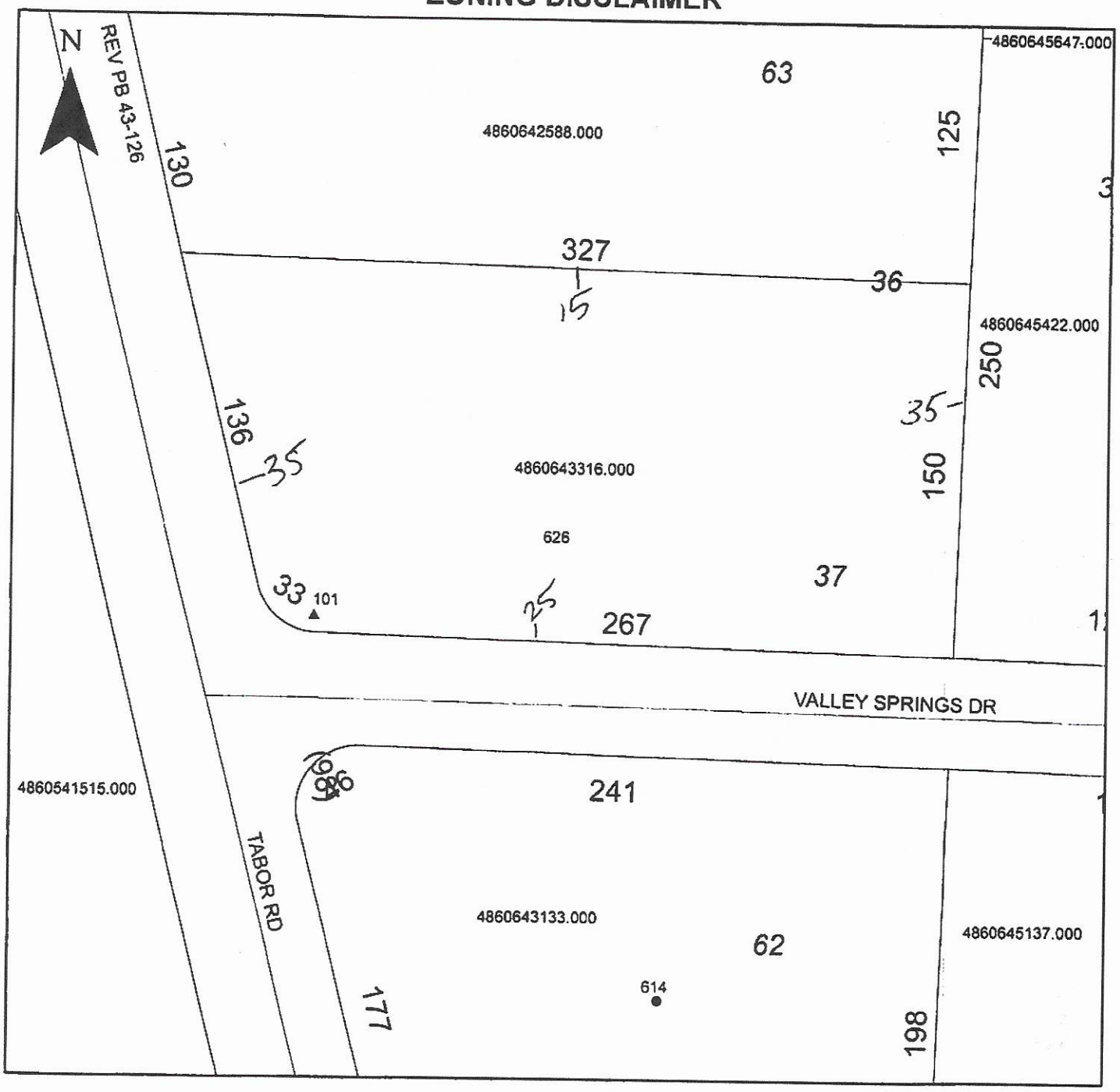
Retailer: Date: 11/3/2020

1B1011-V4 3276 Approx. 2280 Sq. Ft.

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 3276	Revisions	Scale: 1/8" = 1'-0"	Date: 11/2/2020	Cust: BURRELL
Title: Literature		Drawn By: SG/RR	Reference: NONE		Dlr: CLAYTON STATESVILLE
					Sptr:
					Pg:

Model/Elev. No.: 1B1011-V4 LIT

ZONING DISCLAIMER



Property Address 626 Tabor

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

8-4-20

Date