IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223301

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

PIN # 4861983182

APPLICANT: CMH Homes APPLICANT ADDRESS: 2026 Northside Dr Statesville NC

SITE ADDRESS: 315 Kimmon Rd Harmony NC PHONE: 704-873-2542 ALT. PHONE: 703-314-5328

SITE DIRECTIONS: 77 T/R 901 T/L Nebo T/L Kimmon Lot on right

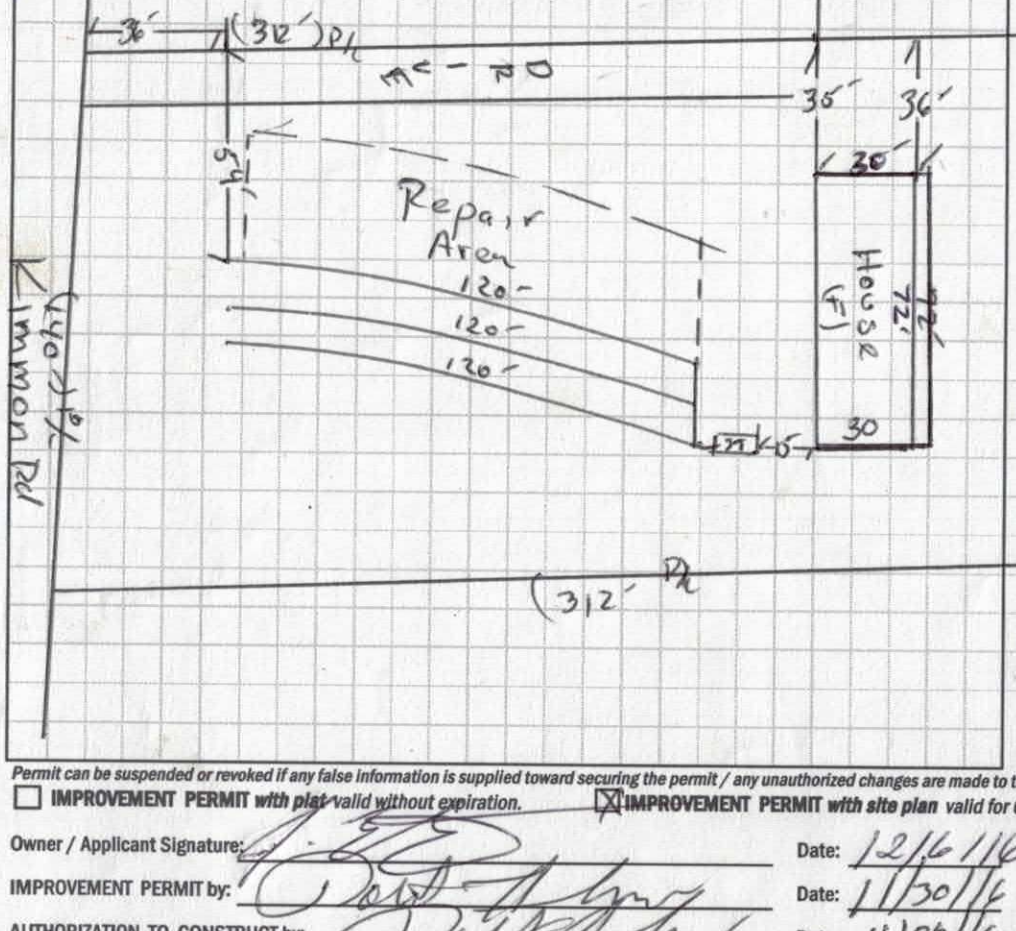
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.992 ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB 760	Date 6-27	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply			
Pump Tank		(gal)	PT	Date	System Description:	25% Reduction			☐ Business	No. Persons	6	☐ Private			
Pump Make		Model		Serial #	Repair System Description:	25% Reduction			☐ Other	No. Employees		☒ Public			
# Nitrification Fields	1	# Lines	3	Linear Ft: 360	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community			
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing			

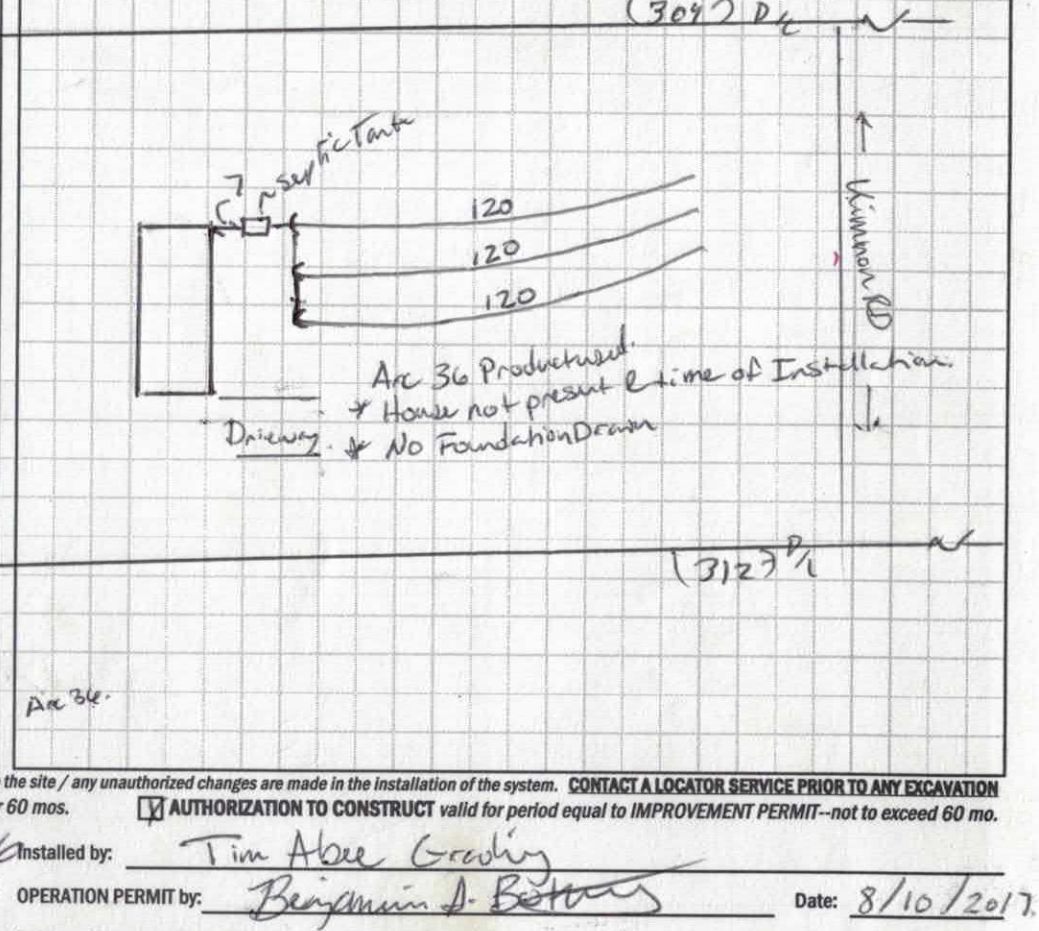
Comments / Conditions: Install 25% reduction on contour with serial distribution. * Install high side of trench at 36" *

*3/4 New House Dimensions O.K. 72 x 30 will not affect Septic Area. B. Bottoms

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: Date: 12/6/16 Installed by: Tim Abee Grading

IMPROVEMENT PERMIT by: Date: 11/30/16 OPERATION PERMIT by: Benjamin A. Bottoms Date: 8/10/2017

AUTHORIZATION TO CONSTRUCT by: Date: 11/30/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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

Sheet 1 of 1
PROPERTY ID #: 486198782
COUNTY: Iredell

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

OWNER: CMH Homes
ADDRESS: 315 Kimmon Rd
APPLICATION DATE: 11/21/16
DATE EVALUATED: 11/28/16
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 3600
PROPERTY SIZE: 1.992 ac
LOCATION OF SITE: 77 to 90 I to Nebo to Kimmon
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other N/A
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	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	L 5%	0-31	ABLC		PS	PS	N/A	N/A	PS .25
		31-48	WABLCBC						
2	L 7%	0-3	Gr SCL		PS	PS	N/A	N/A	PS .25
		3-23	ABLC						
		23-48	WABLCBC						
3	L 5%	0-19	ABLC		PS	PS	N/A	N/A	PS .25
		19-48	WABLCBC						
4	L 5%	0-17	Gr SCL	F SE	many yellow brown 5 17"-24"	PS	N/A	N/A	PS .25
		17-34	ABLC						
		34-48	WABLBC						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	II	II
Site LTAR	.25	.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H. Snow
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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

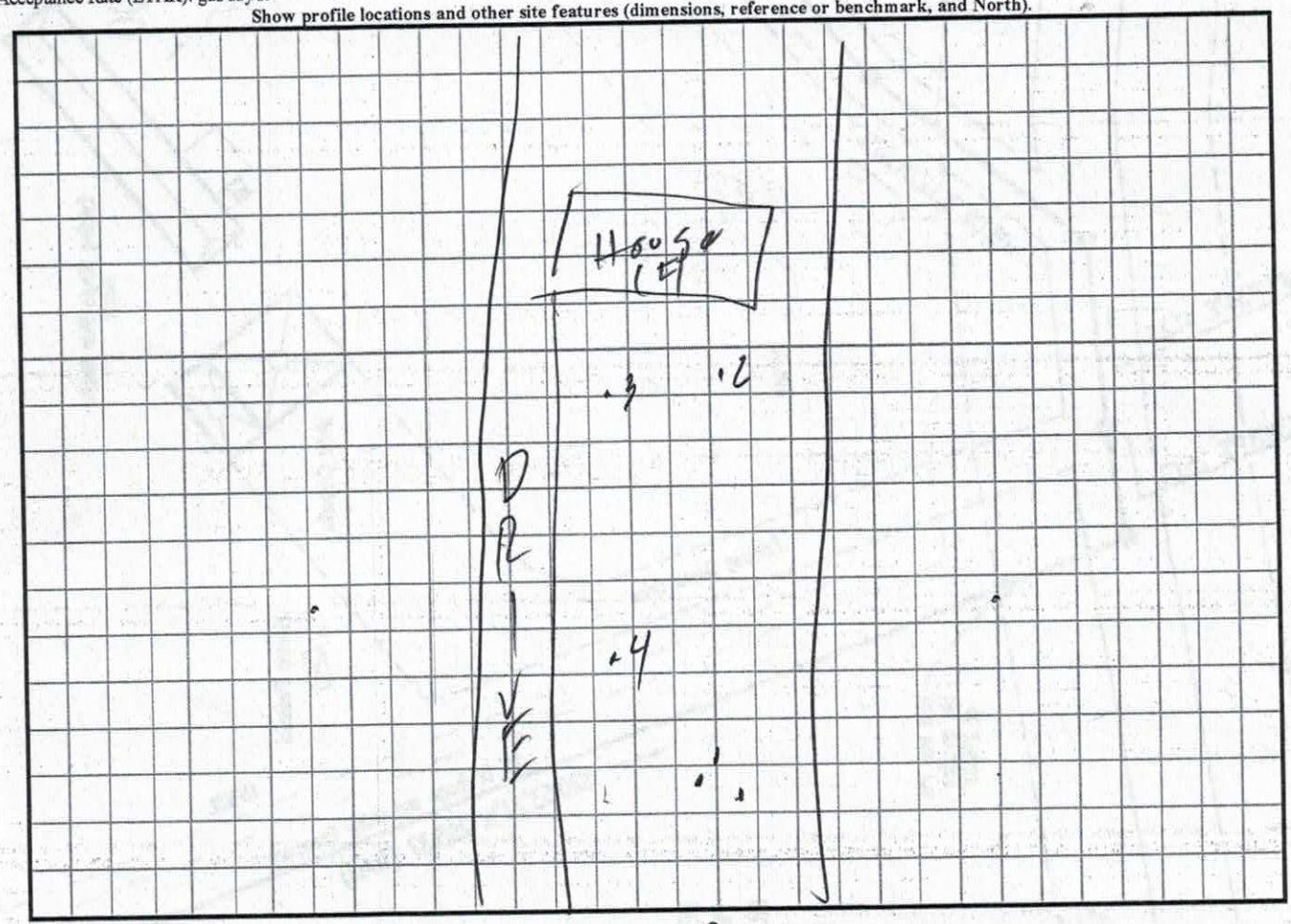
NOTES

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).



RECEIVED NOV 2 1 2016

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH #223301

DIVISION Application for SEPTIC REPAIR PERMIT Paid $500.00

(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)

1. APPLICATION FOR: ___ Improvement Permit ✓ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
CMH Homes	2026 NORTH Side DR	704-873-2547	703-314-5828
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
JOHN & KIMBERLY HUNT	P.O BOX 5164 Statesville NC, 28687	336 428 5889	

4. Property Information: PIN# 4861985132

Street Address	Subdivision Name	Section/Phase and Lot Number
315 Kimmon RD 28634 Harmony NC	N/A	LOT # 1

Driving Directions: 77 N TO EXIT 65 MAKE A RIGHT ON 901 THEN A LEFT ON NEBO RD THEN A LEFT ON KIMMON, LOT IS MARKED ON RIGHT WITH CLAYTON SIGN

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- ✓ New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- (X) Repair To Failing Septic System due to _____
- ✓ Other NEW SEPTIC System

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

- ✓ Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative ✓ Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes ✓ No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes ✓ No Is any non-domestic sewage (i.e. industry) 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 labelling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: J. [illegible] CHM. EMP 11/21/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

S:\Shared\EH_Admin\OSWW\Application for New or Existing System

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, Kitiara M. Hurt & John S. Hurt, am the legal owner(s) of the property located at 315 Kimmon Rd., Harmony, NC 28634, identified as PIN (Parcel Identification Number) 4861985132, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) 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.

Kitiara M. Hurt & John S. Hurt	11-21-2016		
Signature of Owner(s)	Date	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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

X Property Line measurements are clearly identified... X All proposed structures are indicated...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

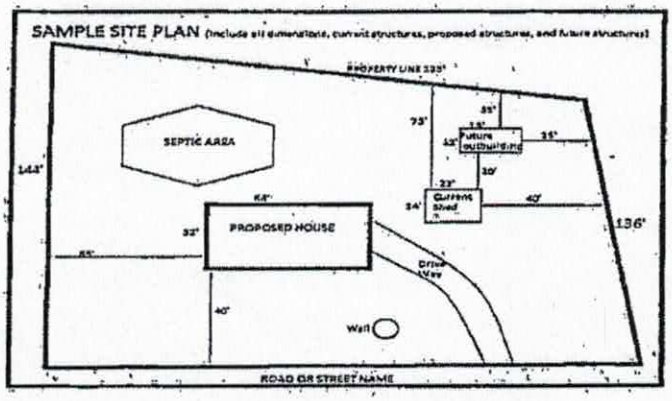
X Front and side setbacks from property line... X Preferred driveway location and configuration, preferred well location...

X Area you prefer your septic system to be placed... ____ North arrow, or other sufficient indicator of direction...

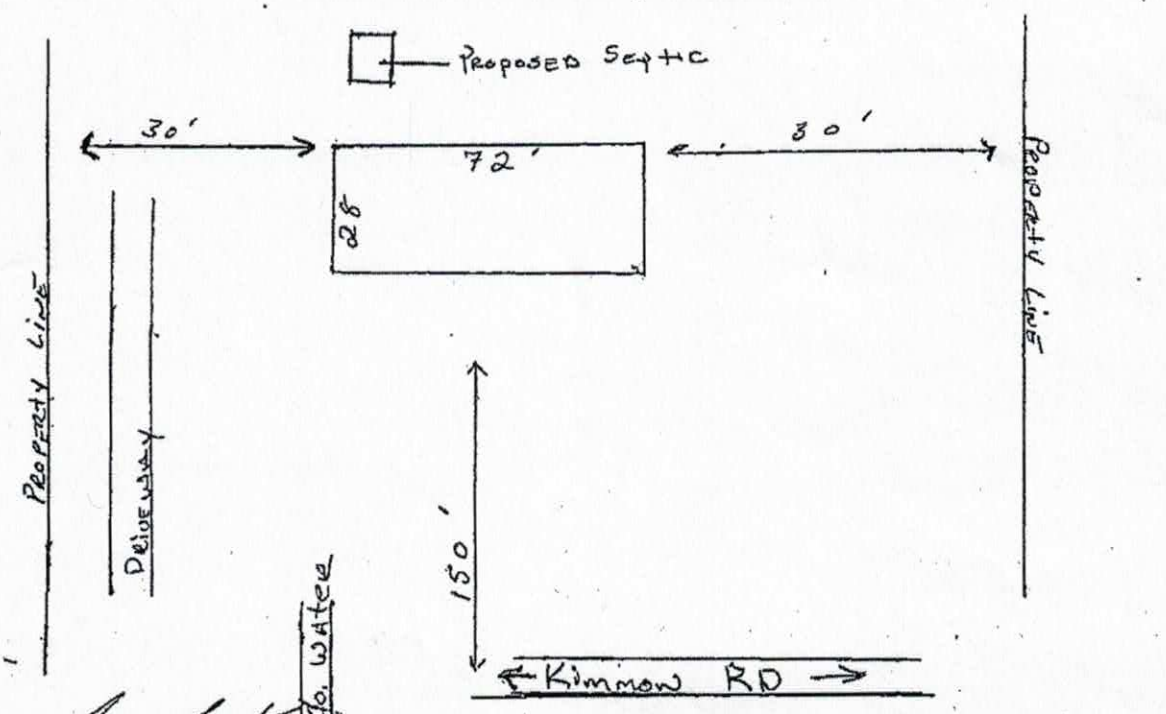
Circle N/A on the following if appropriate:

____ 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

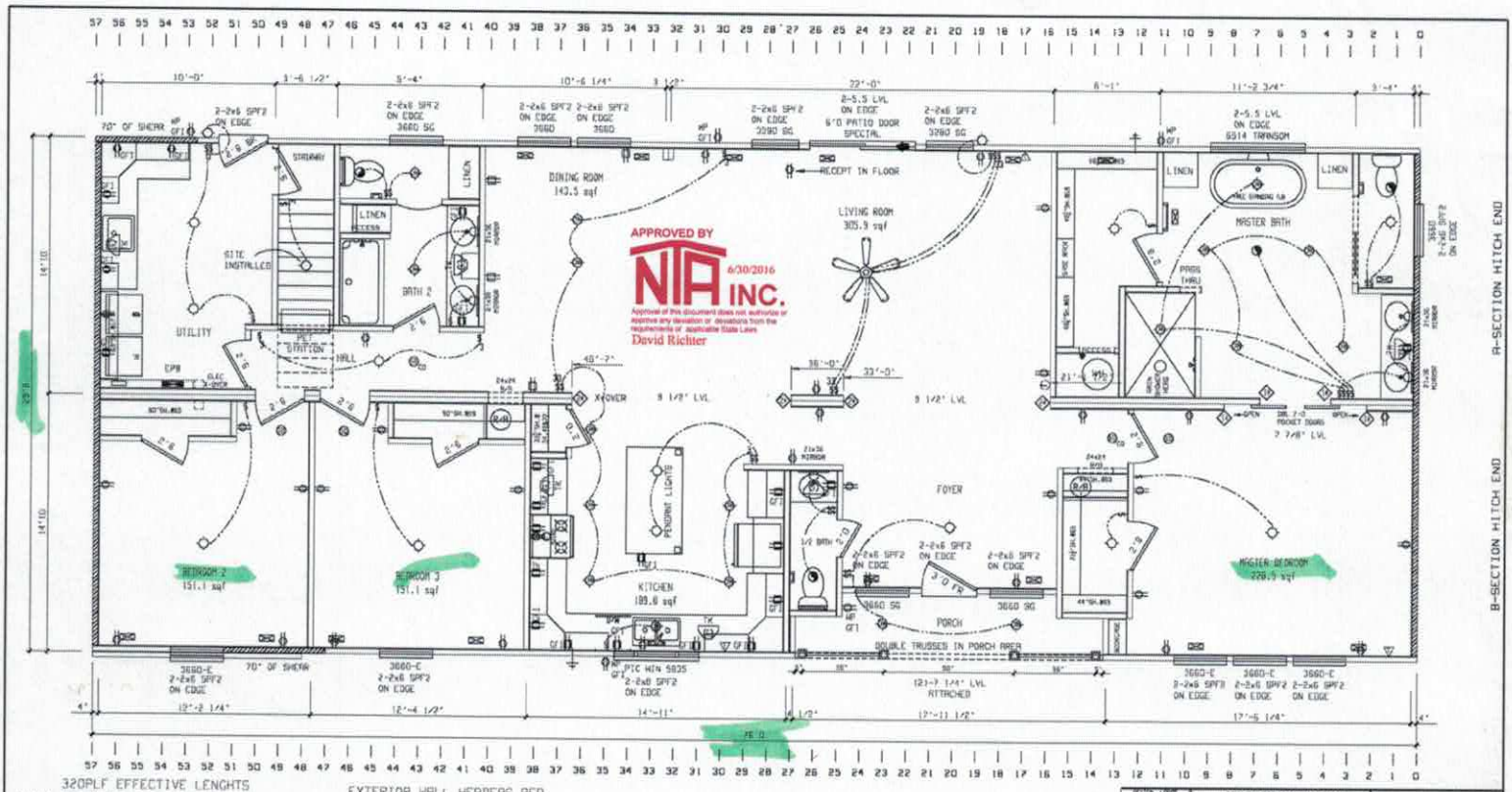


USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____ 11-21-16

REQUIRED property owner or owner's legal representative signature. **DATE**



320PLF EFFECTIVE LENGHTS
BASED ON SW-31.10. .N.C.17._.235.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-389B.1

EXTERIOR WALL HEADERS PER ATTACHED
MATEWALL BEAMS PER ATTACHED

RETURN AIR REQUIREMENTS	
① 20"x16" GRILL REQUIRED	⑤ INDICATES REQUIRED NUMBER OF STUDS IN COLUMN
② 4"x10" GRILL W/ 2 1/2" DOOR UNDERCUT	⑥ THE ∅ SPECIFICS THAT THERE CAN BE NO HOLES IN STUDS IN COLUMNS
③ DOOR(S) MUST BE UNDERCUT 2 1/2" MIN.	
④ 4"x24" OR 6"x14" GRILL REQUIRED	

BRAND	SERIES
SCHULT	CL32

CLAYTON HOME BUILDING GROUP

REVISIONS	BY	DATE

GENERAL NOTES
CEILING HEIGHT = 108.0
FLOOR FRAMING SPACING = 16
TOTAL WINDOW SQFT =ENTER TOTAL CALCULATED

DRAWING TITLE
MASTER PLAN

MODEL NAME		SQ. FT.
3346		2195
PLANT	DESCRIPTION	MODEL NO.
958	32X76 3BR-2BA	SN248041
DRAWN BY	ORIG. DATE	DATE PRINTED
DAC	06/13/2016	06/30/2016

SHEET NO. 1-1

Acknowledgement Of
Plans Submittal ONLY!
Benjamin Barr Date 8/4/2017.
Date 8/4/2017

IREDELL COUNTY

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

APPLICATION NUMBER
223301
Issue Date: 11/21/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4861983182.000	315 KIMMON ROAD, HARMONY, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HURT KITIARA M	Applicant: CLAYTON HOMES OF STATE
Address: 377 KIMMON RD HARMONY, NC 28634	Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
MODULAR	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.000	35.00	35.00	15.00	15.00	BOWH	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	86287	TOTAL FEES:	$ 77.25