ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-310853

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

PIN # 4862 -39 -7119

APPLICANT/OWNER: CLAYTON HOMES / TONY IRELAND | APPLICANT ADDRESS: 2026 NORTHSIDE DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 107 CHESHIRE RIDGE ROAD, HARMONY, N.C. 28634 | PHONE: 704-873-2547 | ALT. PHONE 704-929-1552

SITE DIRECTIONS: (N) on 77, (R) on 901, (L) on WINTHROP, (L) on CRATER (R) on CARTWRIGHT, (L) on CHESHIRE RIDGE, L, LOT on (L)

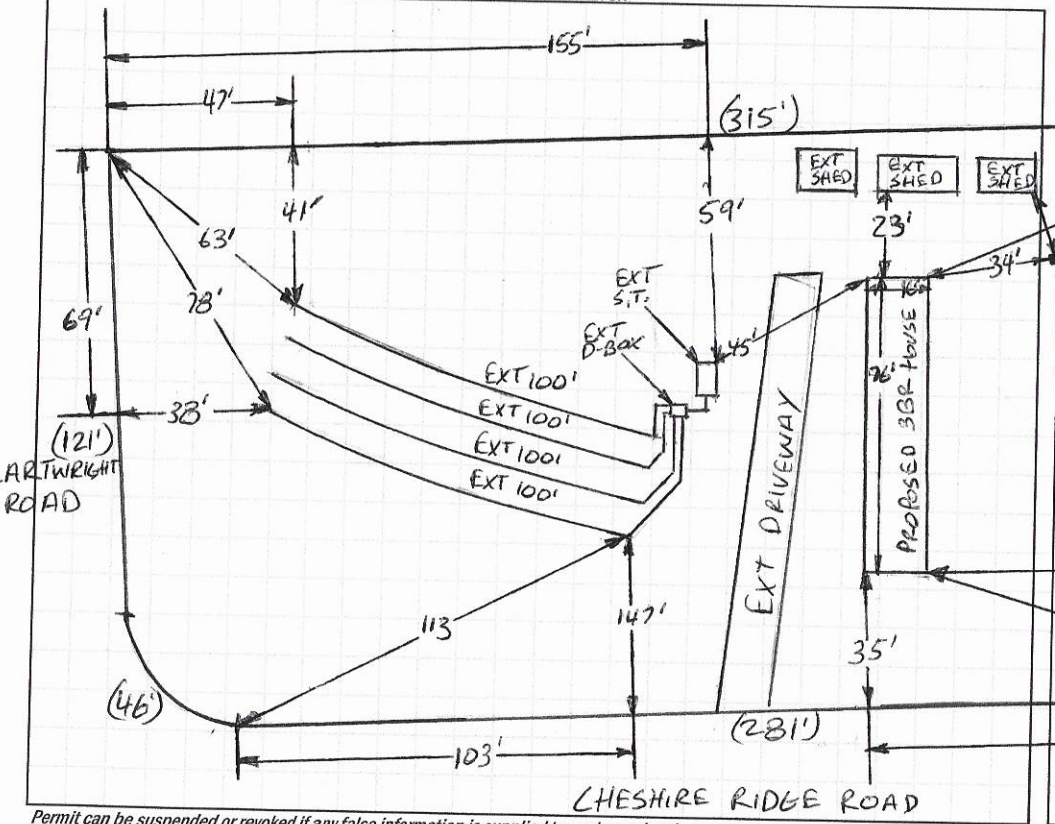
SUBDIVISION: CHESHIRE RIDGE | SECTION: P1 | LOT # 5 | LOT AREA: 1.08 AC | SAP CONTROLLED: ☐ YES ☐ NO EXT | DESIGN FLOW: 360GPD | L.T.A.R.: EXT

Septic Tank	1000 EXT (gal)	STB	EXT	Date	EXT	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	EXISTING SYSTEM	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	EXISTING	☐ Other	No. Employees —
# Nitrification Fields	EXT(1)	# Lines	EXT(4)	Linear Ft	EXT(400FT)	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ ~~Crawl~~ Space
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ ~~Private~~ EXT ☐ Public ☐ Community

Comments / Conditions: SYSTEM FUNCTIONING AT TIME OF INSPECTION, PERMIT FOR REPLACEMENT MOBILE HOME, O.P. REQUIRED TO VERIFY SHEDS MEET SET-BACK BEFORE C.O. CAN BE ISSUED

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
EXT = EXISTING

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: 10-21-2020 | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: | Existing System Inspected by: Buford C. White Date: 10-19-2020

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

RECEIVED SEP 17 2020

EXISTING PERMIT ATTACHED AP-310853 $250.00

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

Place an (X) beside whichever is submitted if applicable (X) 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: adam.casstevens@claytonhomes.com Phone: 704 873 2547 Alt. Phone: ADAM 704 929 1552

Owner Name: BRANDON IREDELL Address: 107 CHESHIRE RIDGE HARMONY Zip:

Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 107 CHESHIRE RIDGE HARMONY

Subdivision Name: CHESHIRE RIDGE Section/Phase: Lot Number: 5

Driving Directions:

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: 3
Maximum Number of Occupants: 4
( ) 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:
Square Footage of Building: Type of Business: 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
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/10/20
DATE

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:

_____ Property Line measurements are clearly identified...

_____ 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

_____ Front and side setbacks from property line...

_____ Area you prefer your septic system to be placed...

_____ Preferred driveway location and configuration, preferred well location...

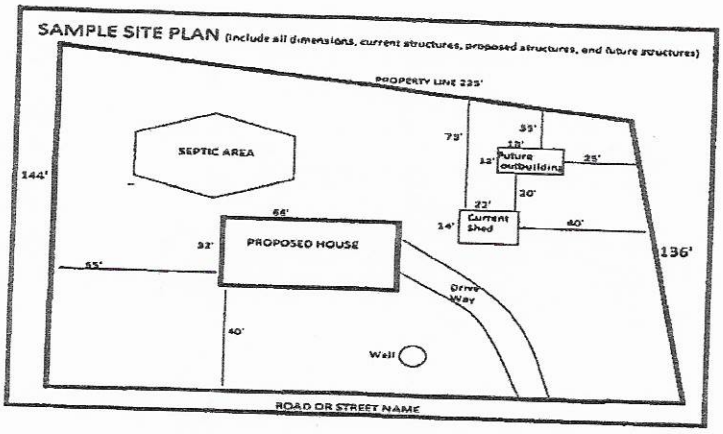
_____ North arrow, or other sufficient indicator of direction...

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

MVL
378
CHUCKWOOD
Q4

SEE ATTACHED

Signature: _____

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

9/10/20

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 4796 PIN# 4762 39 7119 DATE 1-25-08

OWNER OR APPLICANT Kirby Mutchett PHONE: Business Home 704-539-4450

ADDRESS 245 Riverside Rd Mooresville NC 28634

LOCATION I-77 (R) 901 (L) (R) Smithfield (R) Crater (R) Castwright (R) Cheshire Ridge 1st on left

SUBDIVISION Cheshire Ridge BLOCK / SECTION 1 LOT 3 LOT AREA 1.08 Ac SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1070 Gallons: STB 744 Date 7-9-98

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field No Fields Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth 12 ☐ Gravity ☐ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Exist Conv. - Conv.

Repair System Description: Conv. - Gravity Pump

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons No. Employees

Water Supply: ☐ Individual ☐ Public ☐ Community

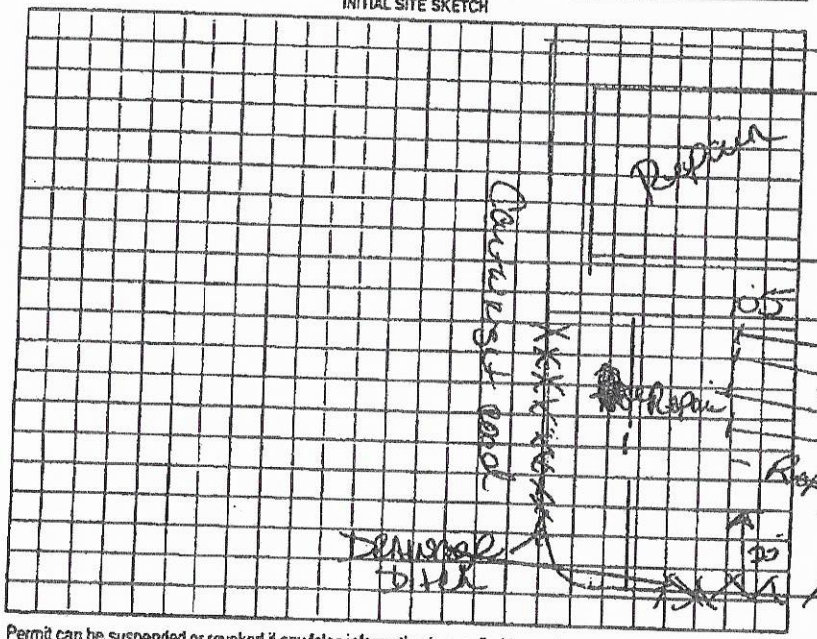
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments/Conditions:

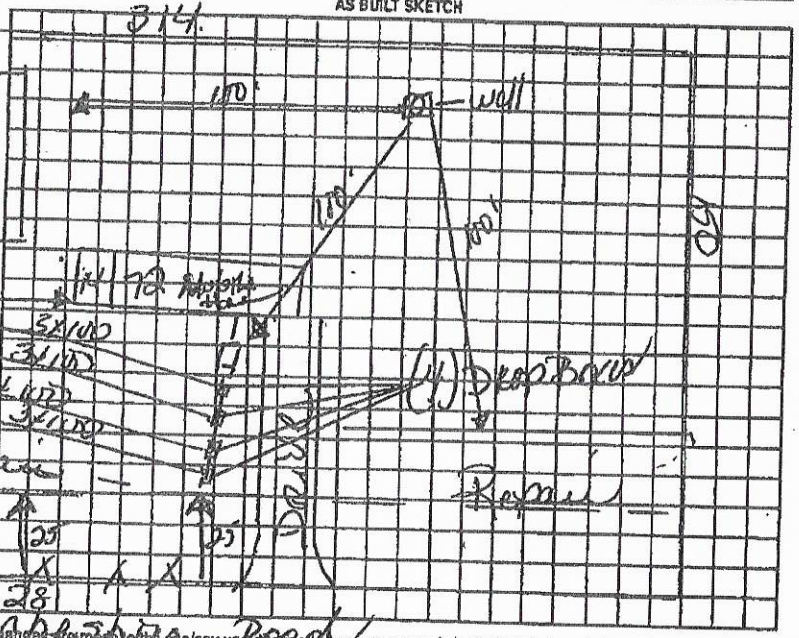
Comments/Conditions:

No signs of failure at time of inspection

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/deviations to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit -- not to exceed sixty months.

Signed: date

Improvement Permit by: date

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: Kenneth Cook date 1-25-08

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

DocuSign Envelope ID: DE05C965-4A80-472E-92B9-97416C7FA702

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, Tony Brandon Ireland, am the legal owner(s) of the property located at 107 Cheshire Ridge Harmony NC 28634, identified as PIN (Parcel Identification Number) 4862397119, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) CLAYTON HOMES Statesville / Adam Cassetty 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:
[signature]
4A845A02ADCB409...
Signature of Owner(s)

9/10/2020
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

200 Amp Elec
HVAC
MASTER BATH
MASTER BEDROOM
11-8 x 16-10
OPT VIRAFF DOOR
UTILITY
12x12
Shed Porch
KITCHEN/DINING AREA
11-8 x 16-10
ISLAND
OPTION
LIVING ROOM
12-10 x 16-10
BEDROOM 3
8-10 x 11-2
BATH
BEDROOM 2
9-4 x 14-10
12x12
Wood
Deck
SEPTIC AREA
Acknowledgement Of
Plans Submittal ONLY!
Date
Date
Buyer's Initials
10-20-2020

IREDELL COUNTY · NC

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

APPLICATION NUMBER
310853 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4862397119.000	107 CHESHIRE RIDGE RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: MITCHELL RICKY DEAN+MARTHA TRIVETTE	Name: CLAYTON HOMES OF STATESVILLE
Address:	Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677
Phone:	Phone: (704)873-2547

Use Requested	Zone Code
Single-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.08	35	35	25	15	WSII-BOW Hunting Creek	NO

Remarks

SINGLEWIDE

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

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.

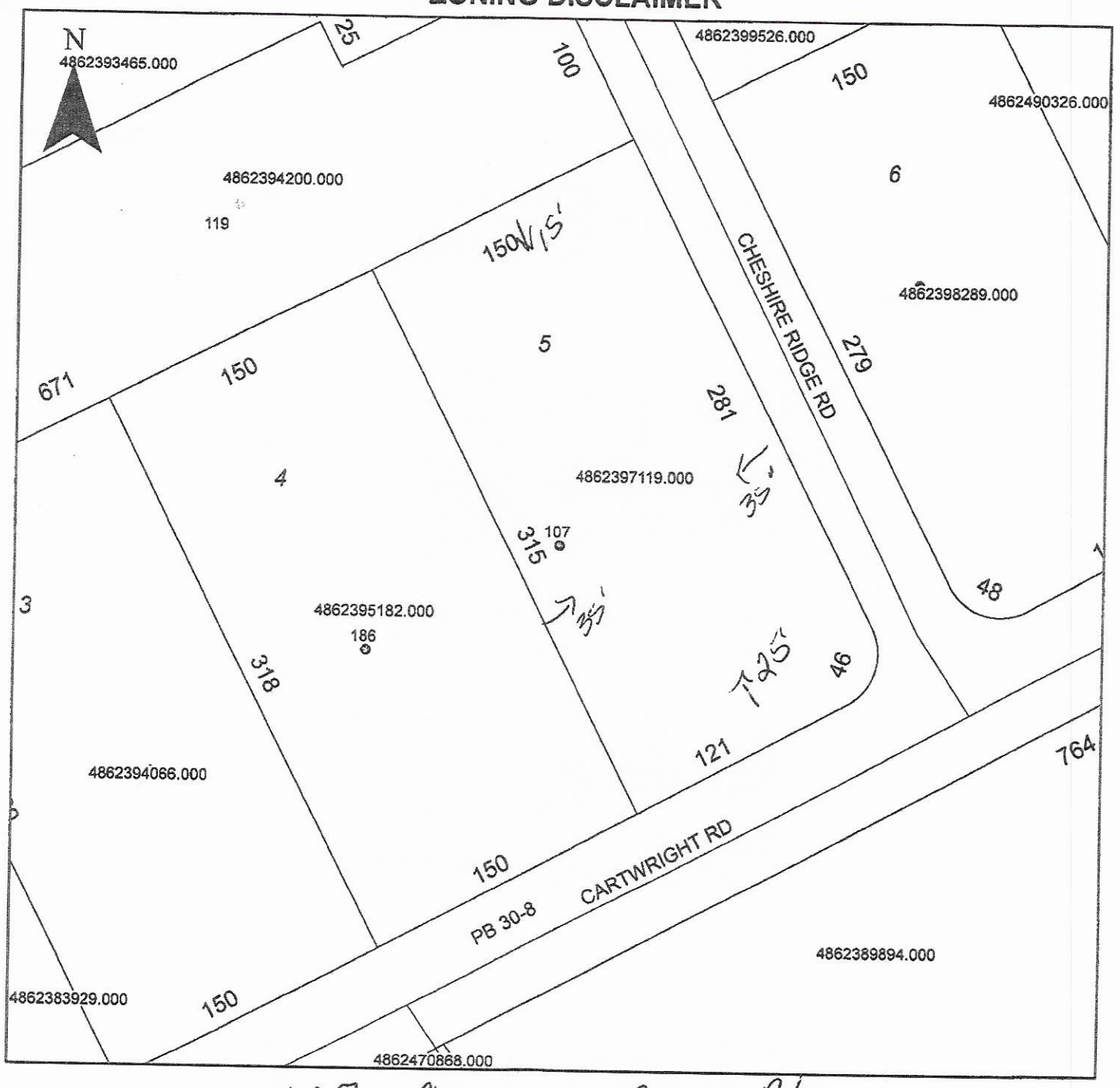
PAID
Credit
9/11/2020

Signature of Owner/Contractor

Date: 09/11/2020

Permit Number	310853	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 107 Cheshire Ridge Rd

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

9/11/20
Date