ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-311394

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

PIN # 4671-21-5052

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

SITE ADDRESS: 330 W. Memorial Hwy Harmony NC | PHONE: 704-902-4659 | ALT. PHONE

SITE DIRECTIONS: 77 N T/R 901 site on left/ Across from 341 | SAP CONTROLLED: [X] YES [ ] NO

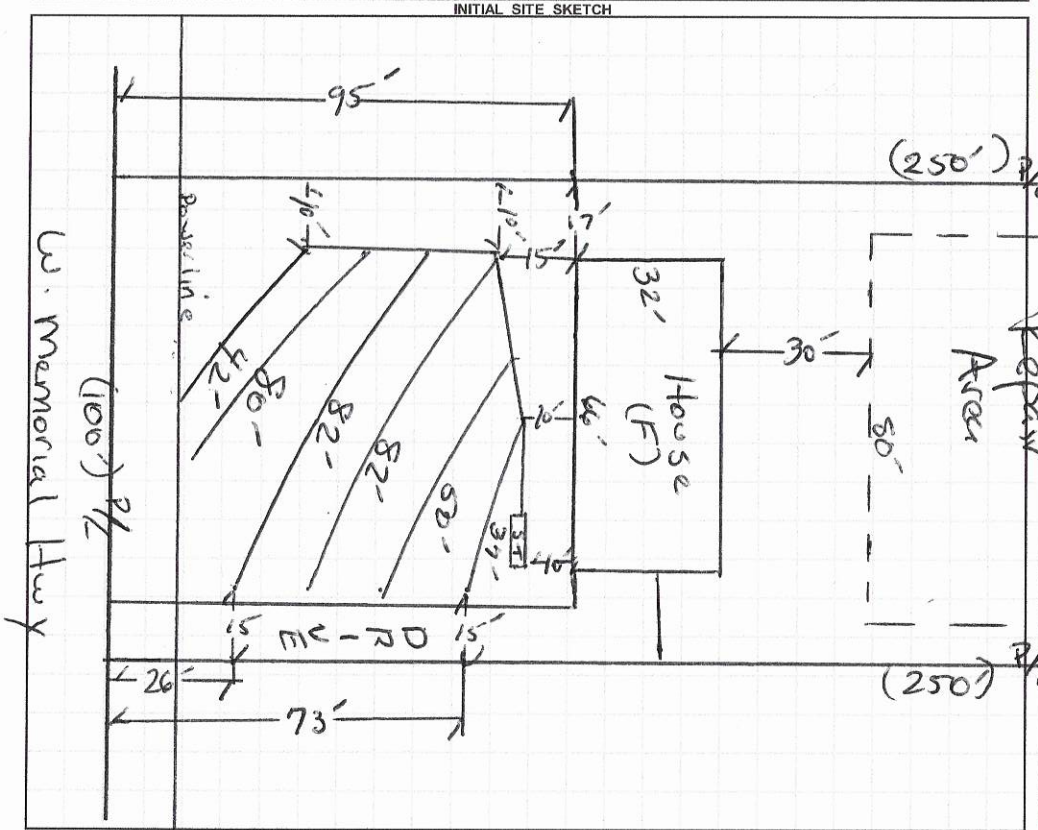
SUBDIVISION: WL Davis Farms | SECTION: — | LOT # 25 | LOT AREA: 0.54ac | DESIGN FLOW: 360 | L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB 854	Date 3-22-21	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV V VI	[X] 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:			50% Reduction	[ ] Other	No. Employees		[X] Public
# Nitrification Fields	1	# Lines	6	Linear Ft: 360	Maintenance Agreement Required:	[ ] YES	[X] NO	[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	36"	Trench Bottom Depth(Low side)	26"	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/plumbing		[ ] Basement w/o plumbing	

Comments / Conditions: Install 25% reduction on contour with Serial distribution.

~~Need recorded encroachment agreement before AC 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" = 40

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 11/5/20 Installed by: Blackburn & Sons Backhoe

IMPROVEMENT PERMIT by: [signature] Date: 11/4/20 OPERATION PERMIT by: [signature] Date: 5-13-21

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 3/29/21 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 #: 4871-21-5052
COUNTY: Iredell

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

OWNER: Clayton Homes
ADDRESS: 2076 Northside Dr.
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Lot 25
APPLICATION DATE: 10/2/20
DATE EVALUATED: 11/3/20
PROPERTY SIZE: 0.54 ac
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%	0-9	SBK SL	fr SE	few gellow browns 26"-40"	53"	N/A	N/A	PS .25
		9-33	SBK C	fr SE					
		33-53	WABK BC	fr/fr SE					
2	L 6%	0-6	SBK SC	fr SE	PS	34"	PS	N/A	PS .3
		6-18	SBK C	fr SE					
		18-34	WABK BC	fr/fr SE					
		34-61	Mass Sap(SL)	fr N/A					
3	L 4%	0-9	SBK SC	fr SE	PS	40"	UNS	40"	PS .25
		9-31	SBK C	fr SE					
		31-40	WABK BC	fr/fr SE					
		40-54	Mass Sap(C)	fr N/A					
4	L 5%	0-6	SBK SL	fr SE	PS	44"	UNS	44"	PS .25
		6-21	SBK C	fr SE					
		21-44	WABK BC	fr/fr SE					
		44-54	Mass Sap(C)	fr SE					

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

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

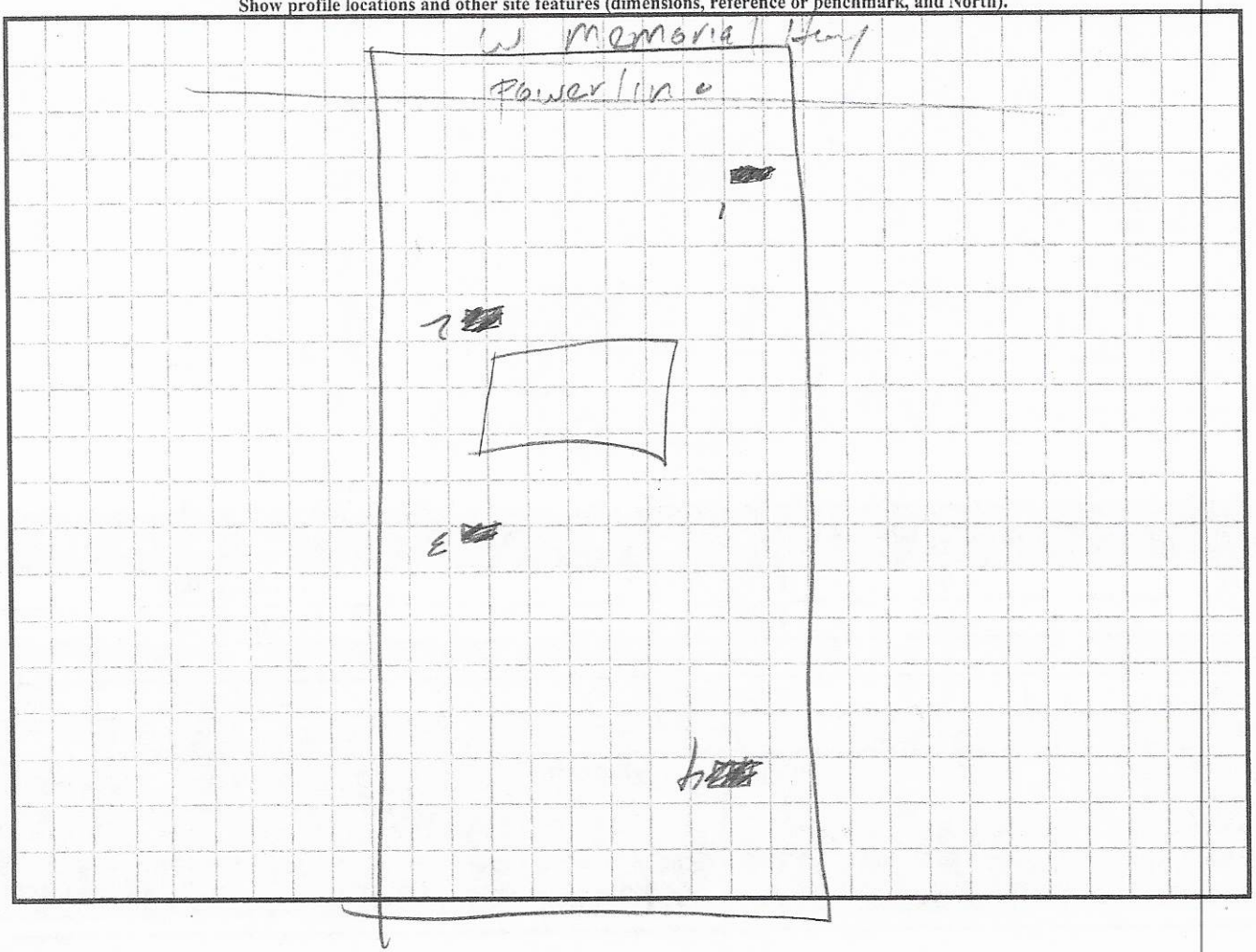
NOTES

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 OCT 0 2 2020

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

AP 311394 $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:
(X) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 (X) 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: HC072@CLAYTONHOMES.COM Phone: 704-873-2547 Alt. Phone: 704-902-4659
Owner Name: KELLER LEGACY TR. Address: 908-C DAVIE AVE STATESVILLE Zip: 28677
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: TBD WEST MEMORIAL HWY 330 West Memorial Hwy
Subdivision Name: _____ Section/Phase: _____ Lot Number: 25
Driving Directions: 77 NORTH, (R) ON 901 SITE ON LEFT ACCESS FROM 341 WEST MEMORIAL HWY

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: 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
(X) 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 (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: 25%

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: _____ (LAME) 9/28/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 4AEAF559-AF10-485B-B31C-0B162F6A5E10

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, DocuSigned by: ANN CAMPBELL 7FB2B4E44E4046D..., am the legal owner(s) of the property located at W. MEMORIAL HWY HARMONY NC, identified as PIN (Parcel Identification Number) 4871215052, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) CARTON HOMES, LANE HARRELL, ADAM CASSTEVENS 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: ANN CAMPBELL 7FB2B4E44E4046D... Signature of Owner(s)

9/29/2020 | 12:57:27 PM PDT Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

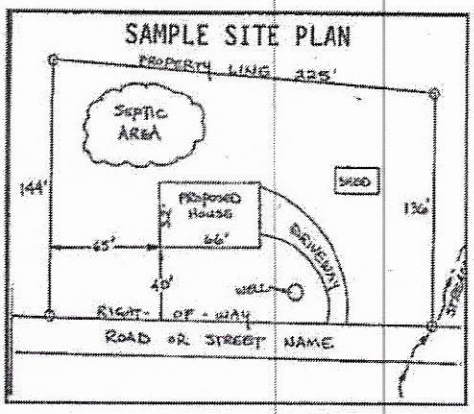
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) 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

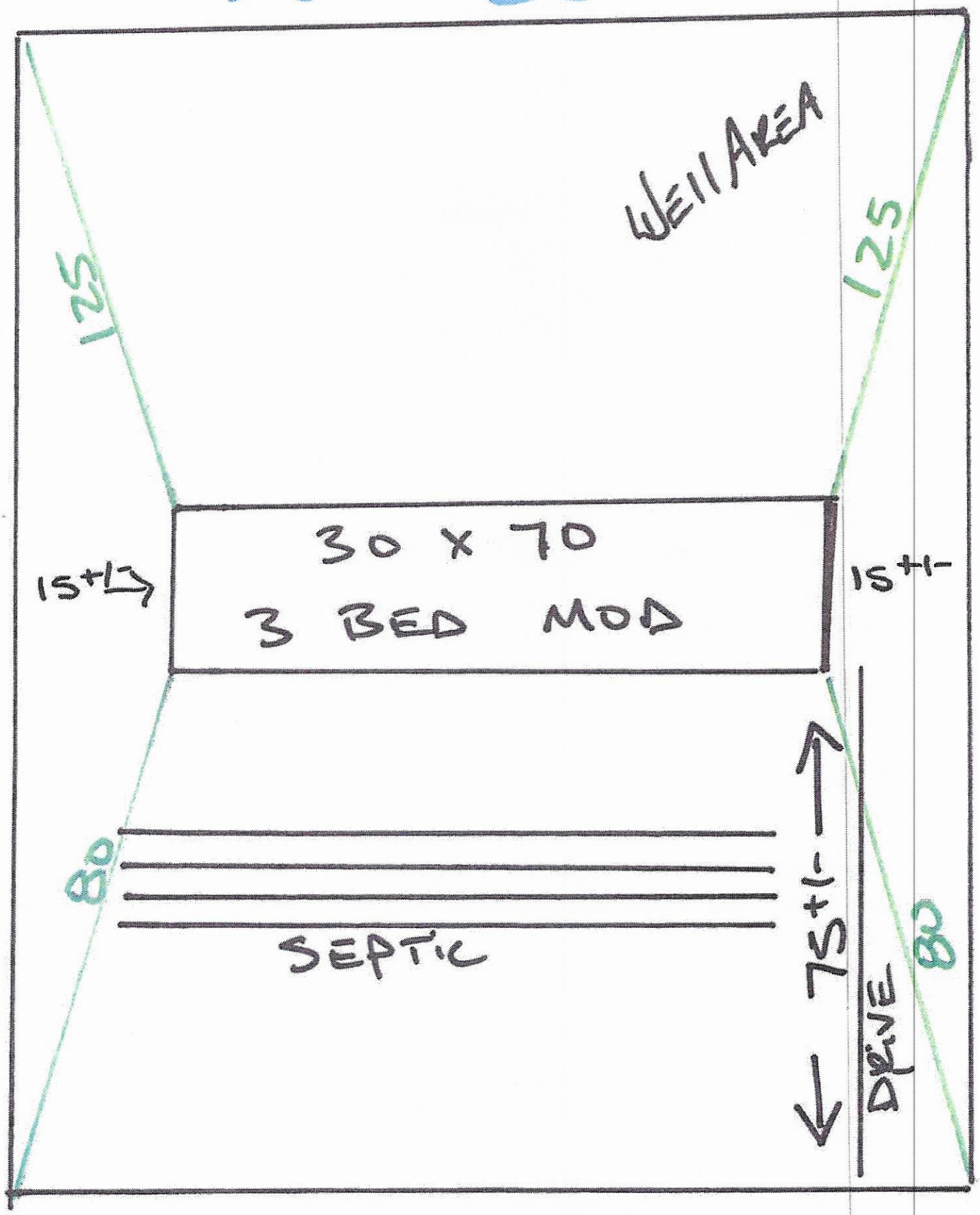
Signature: _____

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

9/28/2022

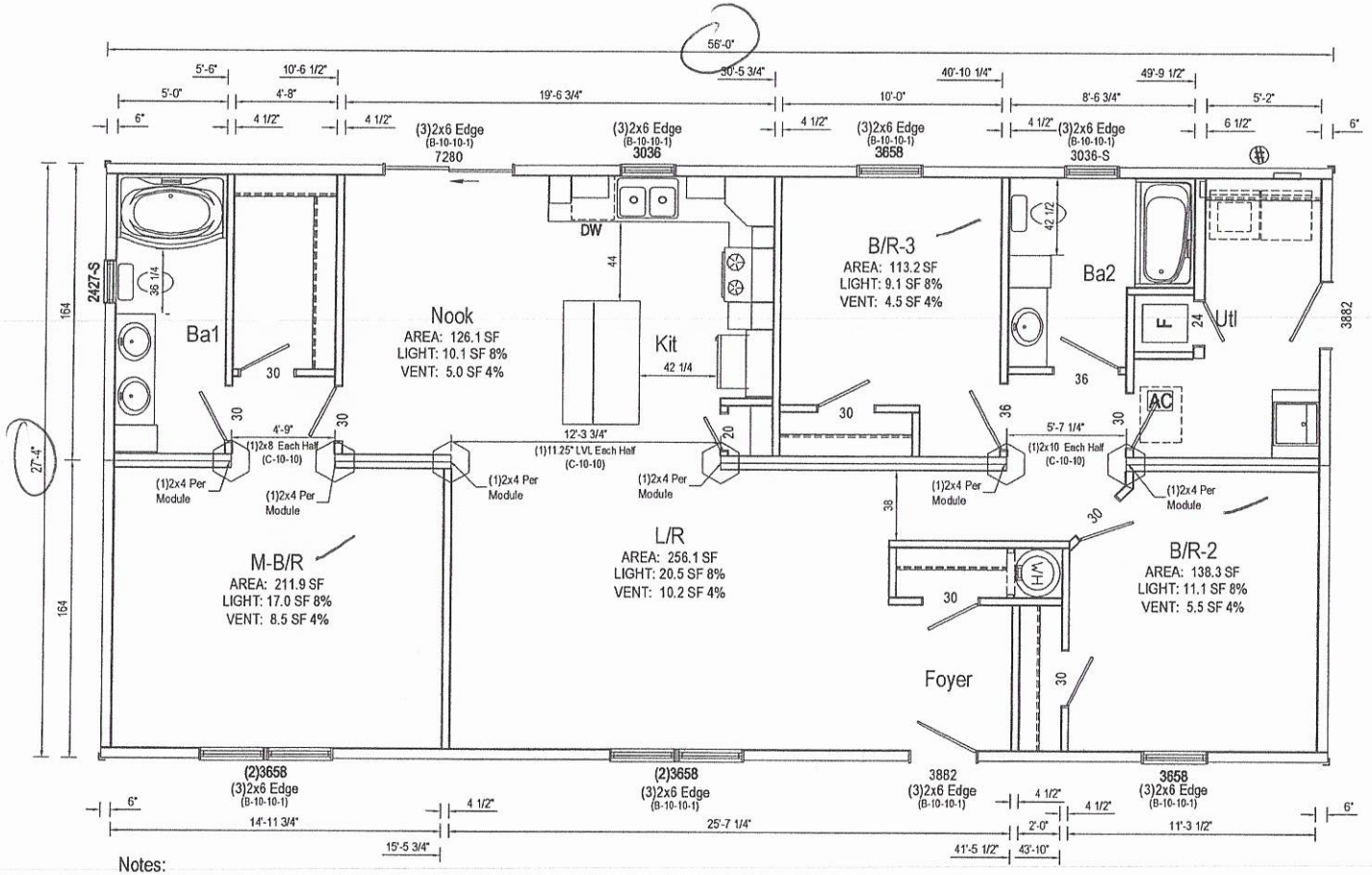
DATE

LOT 25



LOT 25

Note: Window fall protection must be provided on-site where required in accordance with applicable code.



Notes:
1. Exterior opening headers and jack studs are SPF #2 unless otherwise noted.
2. Sidewall headers may use alternate construction per section B-10 of Systems Manual.
3. LVL's where specified to be minimum of 1 1/2" wide, M.O.E. = 2.0 and fb = 2900 PSI.
4. See C-10-45 for stair opening framing.
5. See C-10-105 for dormer opening framing.

See Schedules and General Notes Page
⬡ = Column Support Location
AC = Attic Access

Note:
* LVLs noted must extend past column on at least one end 24" minimum and be overlayed with OSB sheathing.

Acknowledgement Of Plans Submittal ONLY! Date 3-17-21 Date 3-29-2021

APPROVED BY NTA 11/5/2020
Approval of this document does not authorize or approve any deviation or deviations from the requirements of applicable State Laws.
Kip Whitehead

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout 2856	Revisions	Scale 3/16" = 1'-0"	Date 10/22/2020	Cust SPEC 901-2	Model/Eng. No.: 1BL1001-RB8
Title: Floor Plan		Drawn By CL	Reference 1BL1001-R		Dlr: CLAYTON STATESVILLE S/N: 42772	Pg: FP

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
311394 Issue Date: 10/01/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4871215052.000	330 W MEMORIAL HWY	IREDELL COUNTY

Owner Information	Applicant Information
Name: KELLER LEGACY TR	Name: CLAYTON HOMES OF STATESVILLE
Address:	Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677
Phone:	Phone: (704)873-2547

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.54	35	35	15	15	N/A	NO

Remarks
MODULAR

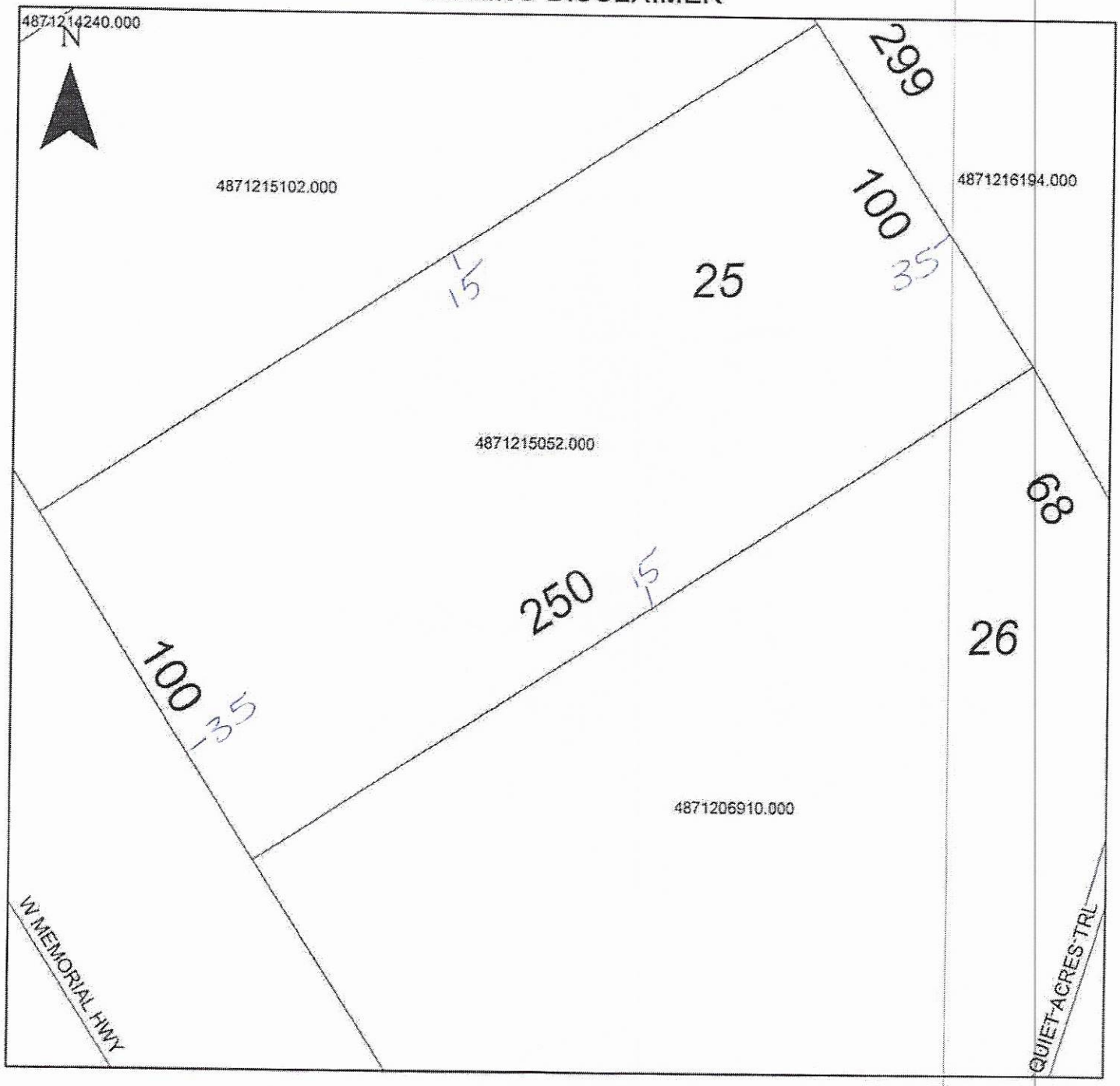
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

Date: 10/01/2020

Permit Number	311394	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 330 W Memorial

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

9-30-2020
Date