IREDELL COUNTY HEALTH DEPARTMENT

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

BB 11:30.

PERMIT # AP-244665

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

PIN # 4893845906

APPLICANT/OWNER: JOHN KEITH MOORE / DAVID WAYNE RATCLIFFE | APPLICANT ADDRESS: 226 KAREN ROAD, YADKINVILLE, N.C. 27055

SITE ADDRESS: 212 KAREN ROAD, YADKINVILLE, N.C. 27055 | PHONE: 336-244-7949 | ALT. PHONE 704-301-4881

SITE DIRECTIONS: (N) ON 21, (R) ON EAST HOUSTONVILLE, (L) ON SANDY SPRINGS ROAD, (R) ON AMBERHILL (R) ON KAREN, LOT ON (R)

SUBDIVISION: JESSICA JESTER | SECTION: — | LOT # 1 | LOT AREA: 1.042 AC | SAP CONTROLLED: ☐ YES ☑ NO | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	8-4.	☑ 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	3	Linear Ft	300 FT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36 IN	Trench Bottom Depth	24 IN MAX	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: SITE PLAN MUST REMAIN ATTACHED TO PERMIT AT ALL TIMES OR PERMIT IS INVALID

System

INITIAL SITE SKETCH

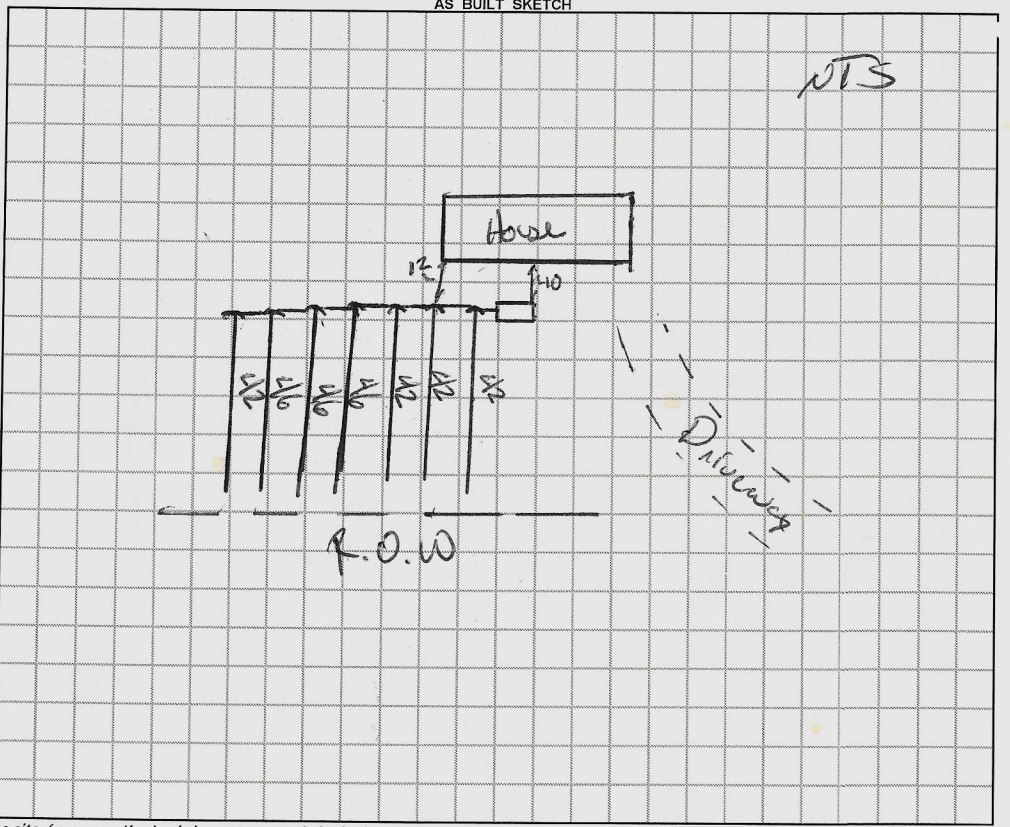
*See Recent approval from Oct 3, 2019.

THIS PERMIT IS ISSUED PURSUANT TO SECTION 11.(k) of SL 2018-114 USING THE SIGNED AND SEALED LSS EVALUATION.

SEE SITE PLAN BY: THOMPSON ENVIRONMENTAL CONSULTING, INC

LARRY B. THOMPSON JR. LSS #1287

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: David Wayne Ratcliff | Date: 9/9/'19 | Installed by: Grimes

IMPROVEMENT PERMIT by: Bernard C. White | Date: 9-5-2019 | OPERATION PERMIT by: Benjamin A Boothe | Date: 10/10/2019.

AUTHORIZATION TO CONSTRUCT by: Bernard C. White | Date: 9-6-2019 | 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.

RECEIVED MAY 15 2019

244665

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00

Application For:

- ( ) New Well Permit
- ( ) Well Repair Permit
- ( ) Well Abandonment
- (X) Septic Improvement Permit
- (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:

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: Wayne Ratcliffe (Clayton Homes) Address: 3966 N Patterson ave Winston- NC Zip: 27105

Applicant Email: dwratcliffe56@gmail.com Phone: 336-813-5808 Alt. Phone: 336-661-1999 (Salem)

Owner Name: John Keith Moore Address: Karen Rd Yadkinville NC Zip: 27055

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 212 Karen Rd yadkinville NC 27055

Subdivision Name: N/A Section/Phase: _____ Lot Number: _____

Driving Directions: I-40E to I-77N, Exit 65 NC901, left on Eagle Mills Rd, right onto Houstonville Rd, left onto Sandy Springs Rd., right onto Amberhill Rd, right onto Karen Rd, 212 on right

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: 4

Maximum Number of Occupants: 2

- ( ) 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: 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: 2 Number of Persons: 4
- ( ) 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 (X) Alternative (X) 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: David Wayne Ratcliffe 5/14/'19

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

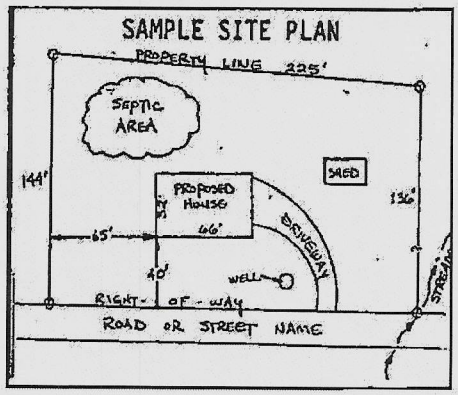
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

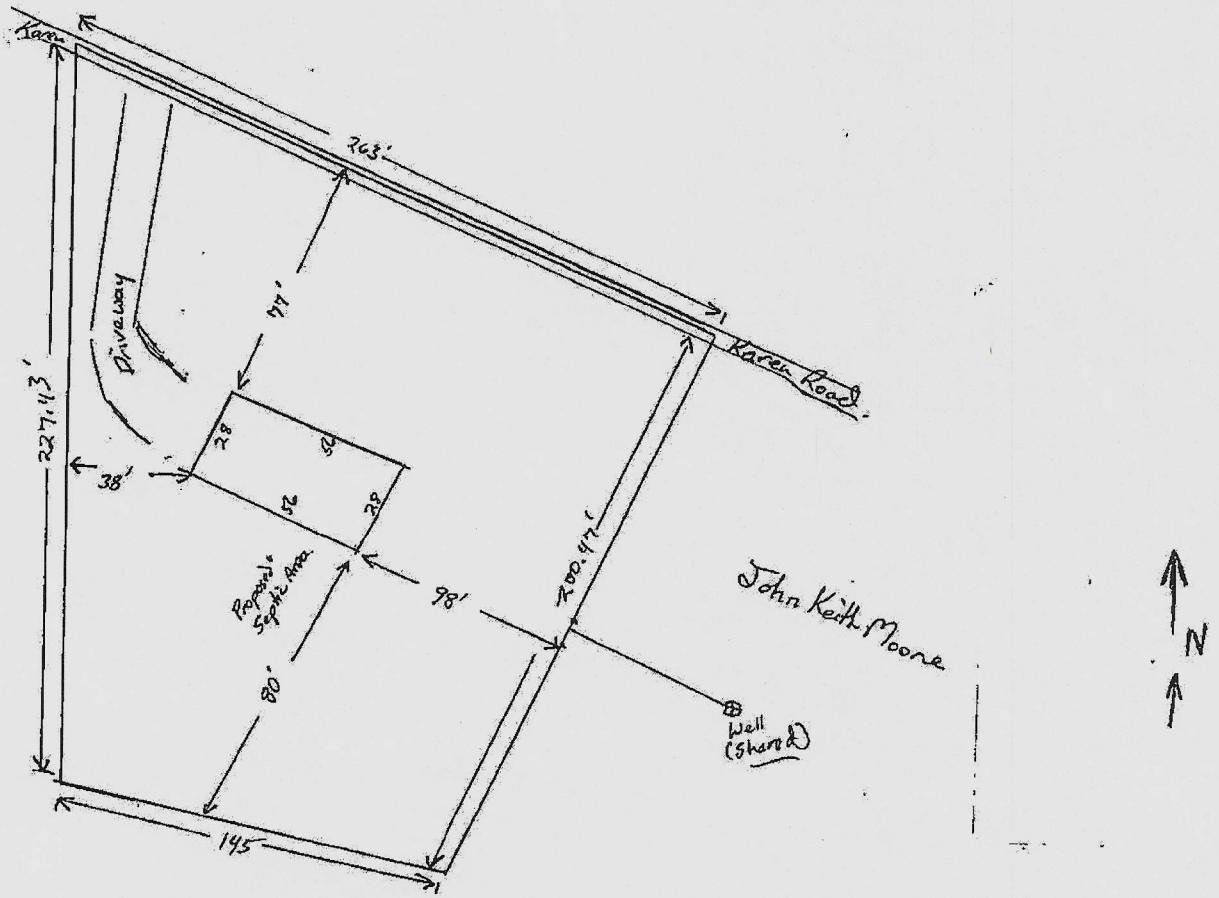


Circle N/A on the following if appropriate:

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



Signature: David Wayne Ratliff — **DATE** 5/14/'19

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

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, John Keith Moore Jessica Jester, am the legal owner(s) of the property located at 212 Karen Rd, identified as PIN (Parcel Identification Number) N/A, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Frank Williams Wayne Ratcliffe, 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.

Jessica Jester 4/22/19
Signature of Owner(s) Date

John Keith Moore

Signature of Witness 4-22-19
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

Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107

PROPERTY ID #: 489385746 2.000
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**

OWNER: John Keith Moose
ADDRESS: 226 Karen Road, Statesville, NC 27055
PROPOSED FACILITY: Res PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE: 212 Karen Road, Statesville, NC 27055

DATE EVALUATED: 6-12-19
PROPERTY SIZE: 1 ac
PROPERTY RECORDED:

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	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	LS 3%	0-13	SBK/scl	FR/ss/sp/sexp		28"		28" EXP	PS 0.2
		13-28	S 1C	FI/ss/sp/sexp					
		28+	ABK/C	VFI/vs/vp/vexp					
2	LS 3%	0-16	SBK/scl	FR/ss/sp/sexp		26"		26" EXP	PS 0.2
		16-26	SBK 1C	FI/s/p/sexp					
		26+	ABK/C	VFI/vs/vp/vexp					
3	LS 1%	0-10	SBK/scl	FR/ss/sp/sexp	N/A	39"	N/A	39" PM	PS 0.3
		10-39"	SBK/C	FI/s/p/sexp					
4	LS 1%	0-9	SBK/scl	FR/ss/sp/sexp	N/A	36"	N/A	36" AR	PS 0.3
		9-36"	SBK/C	FI/s/p/sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	Accepted
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): Provisional
SITE CLASSIFICATION (.1948):
EVALUATED BY: L. Thompson
OTHER(S) PRESENT:

LICENSED SOIL SCIENTIST — LINDA B. THOMPSON — 12870 — STATE OF NORTH CAROLINA

COMMENTS: Power line has no recorded ROW. Approximately [illegible]

 The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: _____

DATE OF EVALUATION: _____

COUNTY: _____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
5	CS 1'.	0-9	SBK/scL	FR/ss/sp/exP	n/a	42"	n/a	42" PM	B 0.3
		9-42	SBK/C	FI/s/p/exP					
6	CS 1'.	0-10	SBK/scL	FR/ss/sp/exP	n/a	40"	n/a	40" PM	B 0.3
		10-40	SBK/C	FI/s/p/exP					

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 None	0.2 - 0.05 None	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)

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

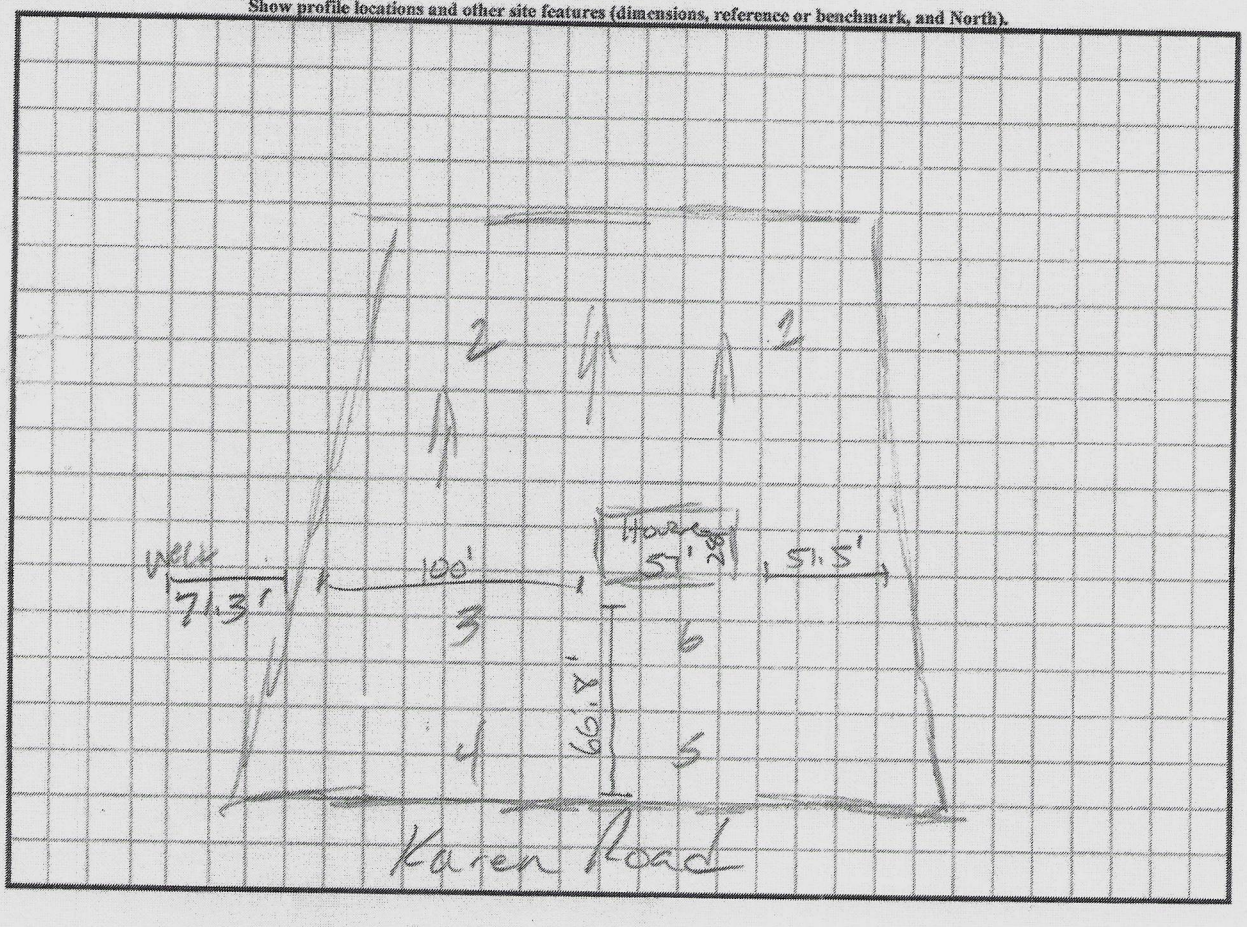
NOTES

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/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Apparent Cation Exchange Capacity to Determine Clay Mineralogy

"Apparent Cation Exchange Capacity" (ACEC) means the sum of exchangeable bases plus total soil acidity at a pH of 7.0. ACEC is expressed in milliequivalents per 100 grams of soil (meq/100g of soil) or centimoles per kilogram of soil (cmols/kg of soil). The apparent soil ACEC is calculated by determining the ACEC using the neutral normal ammonium acetate method, pH of 7.0 neutral normal, and then dividing by the percent clay as determined by particle size distribution (pipette method) and then multiplying by 100, as described in USDA-NRCS Soil Survey Laboratory Information Manual, Soil Survey Investigations Report No. 45 and Kellogg Soil Survey Laboratory Methods Manual, Soil Survey Investigation Report No. 42.

Laboratory testing of ACEC may be substituted for field testing to determine clay 5 mineralogy. The laboratory testing shall be conducted in accordance with Kellogg Soil 6 Survey Laboratory Methods Manual, Soil Survey Investigation Report No. 42, page 229, 7 or EPA Method 9080. Table VII shall be used to determine the clay mineralogy suitability 8 when laboratory testing is used. When using laboratory testing to determine clay 9 mineralogy, the clay content of the soil must be greater than 35 percent and the organic 10 matter component must be less than 0.5 percent.

ACEC (cmol/kg) Mineralogy Classification

$\leq$ 16.3 Slightly expansive suitable
$>$ 16.3 Expansive unsuitable

Report Number: 19-168-0600
Account Number: 46925

Waypoint ANALYTICAL
"Every acre...Every year."™

7621 Whitepine Road, Richmond, VA 23237
Main 804-743-9401 ° Fax 804-271-6446
www.waypointanalytical.com

Send To: Thompson Env Consulting Inc
Larry Thompson LSS
114 Orchard Ridge Road
Locust NC 28097

Grower: Jessica Jester

SOIL ANALYSIS REPORT

Analytical Method(s):

Date Received: 06/17/2019 **Date Of Analysis:** 06/18/2019 **Date Of Report:** 06/21/2019

NC = North Carolina Fertility Index Value

Sample ID / Field ID	Lab Number	OM	W/V	ENR	Phosphorus			Potassium	Magnesium	Calcium	Sodium	pH		Acidity	C.E.C
		% Rate	Soil Class	lbs/A	ppm Rate	ppm Rate	ppm Rate	K ppm Rate	Mg ppm Rate	Ca ppm Rate	Na ppm Rate	Soil pH	Buffer Index	H meq/100g	meq/100g
Jester	19641														

Sample ID / Field ID	Percent Base Saturation					Nitrate	Sulfur	Zinc	Manganese	Iron	Copper	Boron	Soluble Salts	Cation Exg Capacity	
	K %	Mg %	Ca %	Na %	H %	NO_3 N ppm Rate	S ppm Rate	Zn ppm Rate	Mn ppm Rate	Fe ppm Rate	Cu ppm Rate	B ppm Rate	SS ms/cm Rate	meq/100g	
Jester														4.20	

Values on this report represent the plant available nutrients in the soil. Rating after each value: VL (Very Low), L (Low), M (Medium), H (High), VH (Very High). ENR - Estimated Nitrogen Release. C.E.C. - Cation Exchange Capacity.

Explanation of symbols: % (percent), ppm (parts per million), lbs/A (pounds per acre), ms/cm (milli-mhos per centimeter), meq/100g (milli-equivalent per 100 grams). Conversions: ppm x 2 = lbs/A, Soluble Salts ms/cm x 640 = ppm.

This report applies to sample(s) tested. Samples are retained a maximum of thirty days after testing.

Analysis prepared by: Waypoint Analytical Virginia, Inc.

by: Pauric McGroary

Pauric McGroary

Waypoint ANALYTICAL

7621 Whitepine Road
Richmond, VA 23237
(804) 743-9401 • Fax (804) 271-6466
www.waypointanalytical.com

SOIL SAMPLE INFORMATION SHEET

CUSTOMER INFORMATION				GROWER INFORMATION			
Thompson Environmental Consulting, Inc.				Jessica Jester			
PO Box 541				212 Karen Road, Yadkinville, NC 27055			
Midland, NC 28107				Send Report to e-mail address	larry@thompsonenv.com		
Account #		Grower ID		Farm ID		Field ID	

Please check samples in column provided if Herbicide or Nematode analysis requested. If Herbicide, please indicate name of Herbicide in Add'l Info box below.

Lab Number (Lab Use Only)	Sample ID (6 chars. max)	S1M	S2M - Specify Add'l Tests							S3M	Soluble Salts	Texture	NO3-N	Additional Tests	Intended Crop Code	Intended Crop Yield	Alternate Crop Code	Alternate Crop Yield	Previous Crop	Herbicide	Nematode
			B	Cu	Fe	Mn	Na	S	Zn												
	Jester											X		CEC							

S1M - Organic Matter, Phosphorous, Potassium, Calcium, Magnesium, pH, Buffer pH
S2M - S1M plus any two of the following: Sodium, Sulfate-Sulfur, Boron, Zinc, Manganese, Iron, Copper. Each additional test (above two) cost $2.00.
S3M - S1M plus all of the following: Sodium, Sulfate-Sulfur, Boron, Zinc, Manganese, Iron, Copper.

CROP CODES TO BE USED IF FERTILIZER RECOMMENDATIONS ARE REQUESTED

If the crop for which you would like recommendations is not listed, write the crop name in the crop code boxes.

FIELD CROPS

1. Barley
5. Canola
10. Corn
11. Corn/Soybeans Rotation
12. Corn - No Till
13. Corn Silage
20. Cotton
21. Cotton - No Till
25. Grain Sorghum
30. Oats
32. Peanuts
34. Popcorn
35. Rapeseed
36. Rice
39. Rye
45. Soybeans
46. Soybeans - No Till
51. Sugarcane - Plant
52. Sugarcane - Stubble
62. Tobacco - Burley
63. Tobacco - Dark
64. Tobacco - Flue Cured
75. Wheat
78. Wheat Silage/Corn Silage
92. Wheat/Beans Double Crop

FORAGE CROPS

101. Alfalfa Hay
103. Alfalfa/Cool Season Grass Hay
106. Alfalfa/Warm Season Grass Hay
116. Bahiagrass Hay
117. Bahiagrass Pasture
121. Common Bermuda Hay
122. Common Bermuda Pasture
123. Common Bermuda/Legume Hay
124. Common Bermuda/Legume Pasture
161. Coastal Bermuda Hay
162. Coastal Bermuda Pasture
172. Cool Season Grass Pasture
173. Cool Season Grass Hay
181. Fescue Hay
182. Fescue Pasture
183. Fescue/Legume Hay
184. Fescue/Legume Pasture
237. Ryegrass

INDICATE TYPE OF GRASS AND/OR LEGUME

297. OTHER HAY
298. OTHER PASTURE
299. CRP

VEGETABLE CROPS

307. Beans - Lima
309. Beans - Snap
320. Cabbage
322. Cantaloupe
330. Cucumbers
340. Garden
369. Peppers
381. Spinach
382. Squash
383. Sweet Corn
384. Sweet Potato(ton)
391. Sweet Potato(bu)
385. Tomatoes
398. Watermelons

FRUIT & NUT CROPS

400. Apples
410. Blueberries
420. Citrus
430. Grapes
470. Peaches
475. Pecans
490. Strawberries

TURFGRASS

512. Bahiagrass Lawn
513. Bahiagrass Sod Production
517. Bentgrass Green
521. Bermudagrass Athletic Field
522. Bermudagrass Fairway
523. Bermudagrass Green
524. Bermudagrass Lawn
525. Bermudagrass Sod Production
526. Bermudagrass Tee
533. Bluegrass Lawn
534. Bluegrass Sod Production
546. Centipede Lawn
547. Centipede Sod Production
561. Fescue Athletic Field
563. Fescue Lawn
564. Fescue Sod Production
576. St. Augustine Lawn
577. St. Augustine Sod Production
583. Zoysiagrass Lawn
584. Zoysiagrass Sod Production

Additional Tests or Other Information

Requesting apparent cation exchange capacity testing at pH of 7.0

Submittal of information sheet to Waypoint Analytical, Inc. is acceptance of our terms and conditions. All prices are subject to change without notice.
Additional fees may be charged to client if sample requires additional preparation procedures.

Waypoint ANALYTICAL
7621 Whitepine Road, Richmond, VA 23237
Main 804-743-9401 ° Fax 804-271-6446
www.waypointanalytical.com

TEXTURE ANALYSIS

Client :
Thompson Env Consulting Inc
114 Orchard Ridge Road
Locust , NC 28097

Grower :
Jessica Jester

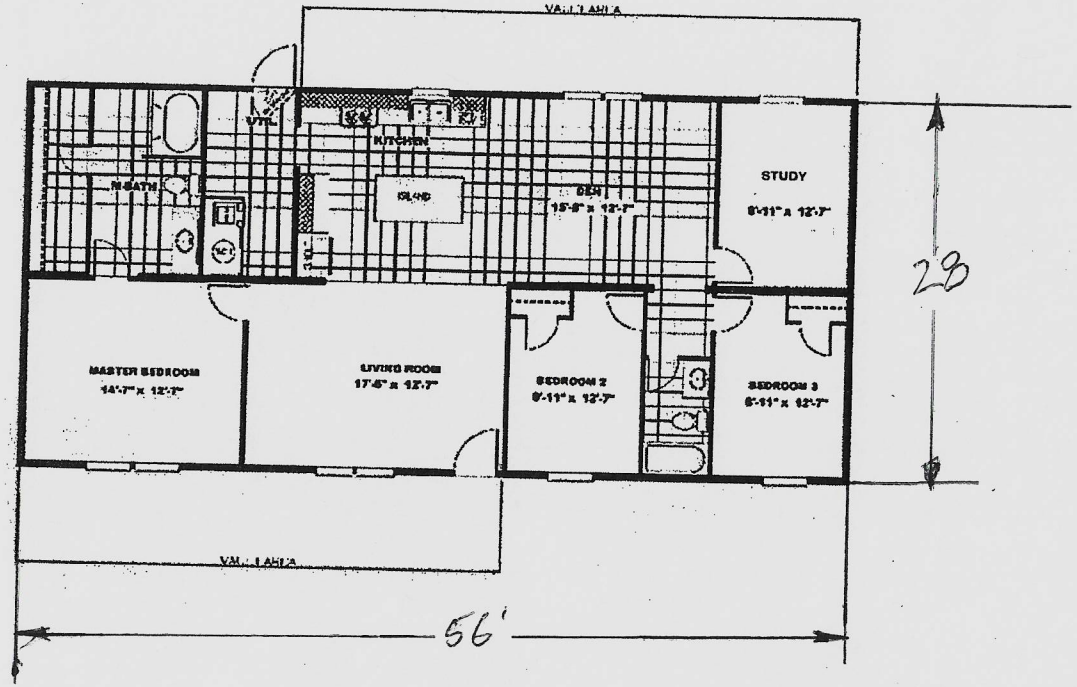
Farm :

Report No : 19-168-0600
Cust No : 46925
Date Printed : 06/21/2019
Page : 1 of 1

Date Received : 06/17/2019

Lab No	Field ID	Sample Identification	Percent Sand	Percent Silt	Percent Clay	Textural Classification
19641		Jester	52.6	6.7	40.6	Sandy Clay

Analysis prepared by: Waypoint Analytical Virginia, Inc.



Acknowledgement Of
Plans Submittal ONLY!

David Wayne Kahl Date 9/9/19

Date

Bradford C. White

9-6-2019

IREDELL COUNTY

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

APPLICATION NUMBER
244665
Issue Date: 05/15/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4893857462.000	212 KAREN ROAD, YADKINVILLE, NC 27055	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MOORE JOHN KEITH	Applicant: CLAYTON HOMES WINSTON
Address: 2820 SIZEMORE RD	Address: 3866 N PATTERSON AVE
YADKINVILLE, NC 27055	WINSTON SALEM, NC 27105
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
28.910	35.00	35.00	15.00	15.00	NOT	AE

Remarks:

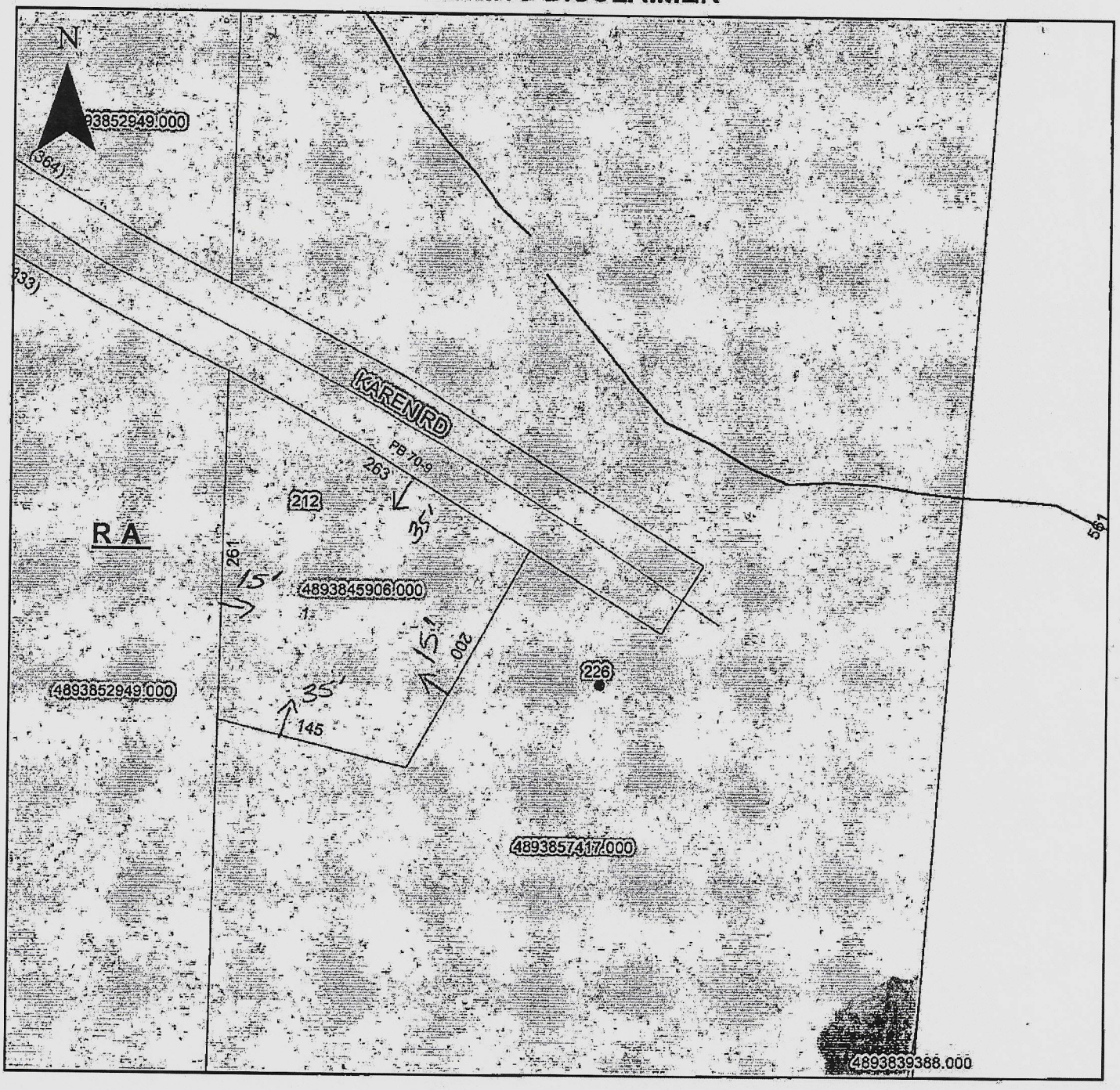
REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile 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.

Applicant: _____ Date: _____

Permit Number	177558	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 212 Karen 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.

David Wayne Ratliff
Applicant

5/15/2019
Date