IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 221580

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

PIN # 3774848102

APPLICANT/OWNER: Sedgwick Homes APPLICANT ADDRESS: 2790 Rocky Branch Rd

SITE ADDRESS: 141 Pebble Creek Dr, Stony Point 28678 PHONE: 704-878-6093 ALT. PHONE —

SITE DIRECTIONS: Sharon School Rd → Lon Paul Payne Store → Lon Statesville → Lon Fairbright → Gardner Pt → Meadowcrest

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Riverwalk SECTION: 5 LOT # 47 LOT AREA: .72ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	160	Date	2-11	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% reduction - with cover		
Pump Make		Model		Serial #		Repair System Description:	drip		
# Nitrification Fields	1	# Lines	4	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth	18" max	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE	

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

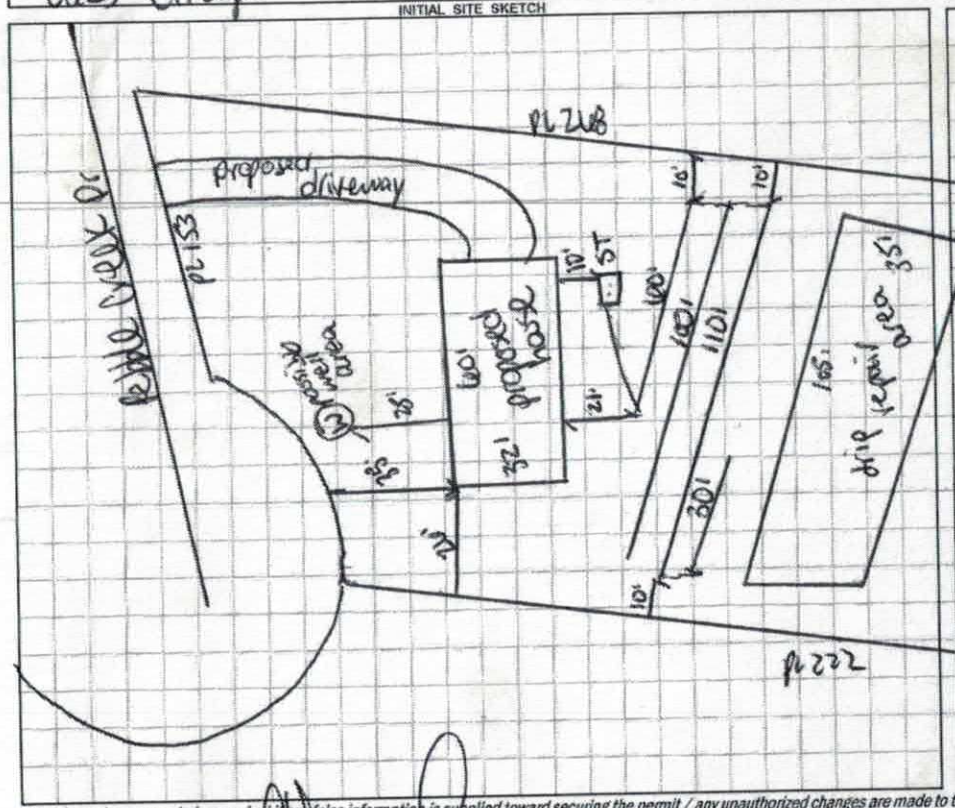
No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

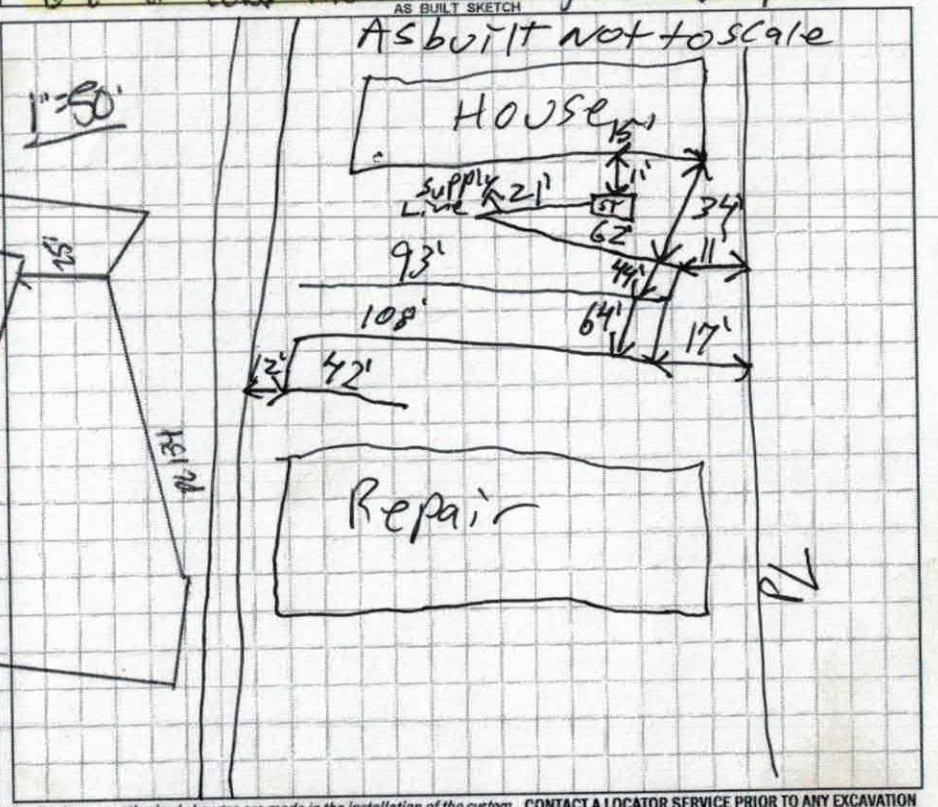
Comments / Conditions: Purpose of this permit is to increase house size. Area previously permitted by the ORC's Group.

Install on contour & utilize serial distribution. Do not exceed max trench depth of 18". 6-8" of cover must be brought in. (Group III)

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: 3/22/19 Installed by: Gunther Grading

IMPROVEMENT PERMIT by: Carla C. Cave Date: 3/22/19 OPERATION PERMIT by: Patrick J Boyle III Date: 05/17/19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 3/22/19 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 MAR 1 - 2019

221580 Paid $105.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: SEDGEWICK HOMES Address: 2790 Rocky Branch Rd Zip: 28620
Applicant Email: PRODSTAFF.HV@SEDGEWICKHOMES.COM Phone: 304 821 5552 Alt. Phone: 704 818 6437
Owner Name: JOHNNIE WILLIS Address: 141 PEBBLE CREEK RD Zip: 28678
Owner Email: _____ Phone: 304 821 5552 Alt. Phone: _____

Property Information:

Street Address: 141 PEBBLE CREEK DR STONY POINT NC 28678
Subdivision Name: Riverwalk Section/Phase: 5 Lot Number: 47
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: _____
( ) 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: _____
(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

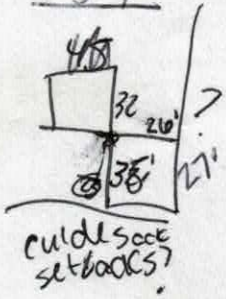
Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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: _____ 3/1/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID ✓5474 MH 3/1/19

58 / 21 to red



cul de sac setbacks?

Cgibson@sedgewickhomes.com

harmonylane135@yahoo.com

* Gate code # 6876

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)* Gail N Willis John Willis

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, Gail Willis + John Willis, am the legal owner(s) of the property located at 141 Pebble Creek Dr; Stony Point, NC, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

Gail N. Willis John L. Willis — Signature of Owner(s)

2/25/19 — Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
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

Type: CONSOLIDATED REAL PROPERTY
Recorded: 10/3/2016 4:11:00 PM
Fee Amt: $44.00 Page 1 of 2
Revenue Tax: $18.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds

BK 2449 PG 799 - 800

JOB 0318020

GENERAL WARRANTY DEED

Excise Tax: $18.00

Tax Parcel ID No.: 3774-84-8102 Verified by: Iredell County

on the ____ day of _____, 20____ By: _____

Mail/Box to: Grantee

This instrument was prepared by: Kevin C. Donaldson, Attorney at Law, Jones, Childers, Donaldson & Webb, PLLC, 149 Welton Way, Mooresville, NC 28117

Brief description for the Index: _____

THIS DEED, made this the 27th day of September, 2016, by and between

GRANTOR: **Jacob L. Wight and wife, Katherine Nancy Wight**
whose mailing address is: 64 River Road, Limington, ME 04049
(herein referred to collectively as **Grantor**) and

GRANTEE: **John Willis and wife, Gail Willis**
whose mailing address is: 135 Harmony Lane, Harpers Ferry, WV 25425
(herein referred to collectively as **Grantee**) and

WITNESSETH:

For valuable consideration from Grantee to Grantor, the receipt and sufficiency of which is hereby acknowledged, Grantor hereby gives, grants, bargains, sells and conveys unto Grantee in fee simple, subject to the Exceptions and Reservations hereinafter provided, if any, the following described property located in the City of _____, Township of **Shiloh** County of **Iredell**, State of North Carolina, more particularly described as follows:

BEING all of Lot No. Forty-seven (47), Section V, of that certain Subdivision known as "Riverwalk" as the same is platted, planned and recorded in Plat Book 27 at Pages 127-130, in the plat records for Iredell County, North Carolina, to which recorded plat reference is hereby made for a more particular description of said lot.

Said property having been previously conveyed to Grantor by instrument(s) recorded in Book 1826, Page 722, and being reflected on plat(s) recorded in Map/Plat Book 27, page/slide 127-130.

All or a portion of the property herein conveyed ___ includes or _X__ does not include the primary residence of a Grantor.

TO HAVE AND TO HOLD unto Grantee, together with all privileges and appurtenances thereunto belonging, in fee

Submitted electronically by "Jones, Childers, Donaldson & Webb, PLLC"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

simple, subject to the Exceptions and Reservations hereinafter and hereinabove provided, if any.

And Grantor hereby warrants that Grantor is seized of the premises in fee and has the right to convey same in fee simple, that title is marketable and is free and clear of encumbrances other than as set forth herein, and that Grantor will forever warrant and defend the title against the lawful claims of all persons or entities whomsoever.

This conveyance is made subject to the following Exceptions and Reservations:
1. **ANY AND ALL EASEMENTS, RIGHTS OF WAY AND RESTRICTIONS OF RECORD.**
2. **ANY AND ALL ZONING AND PLANNING ORDINANCES.**

All references to Grantor and Grantee as used herein shall include the parties as well as their heirs, successors and assigns, and shall include the singular, plural, masculine, feminine or neuter as required by context.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

Jacob L. Wight (SEAL)

Katherine Nancy Wight (SEAL)

(SEAL)

(SEAL)

State of Maine
County of Cumberland

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:
Jacob L. Wight and Katherine Nancy Wight

Date: 9.29.2016

Notary Public

Notary's Printed or Typed Name

My Commission Expires:

ANDREW S. LOVE
Notary Public
Maine
My Commission Expires Feb 13, 2021

(Official/Notarial Seal)



Revised December 17, 2009

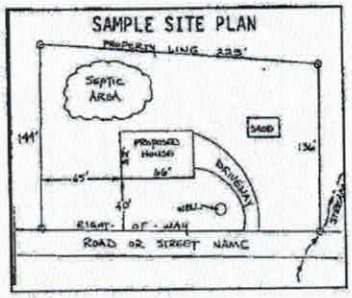
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

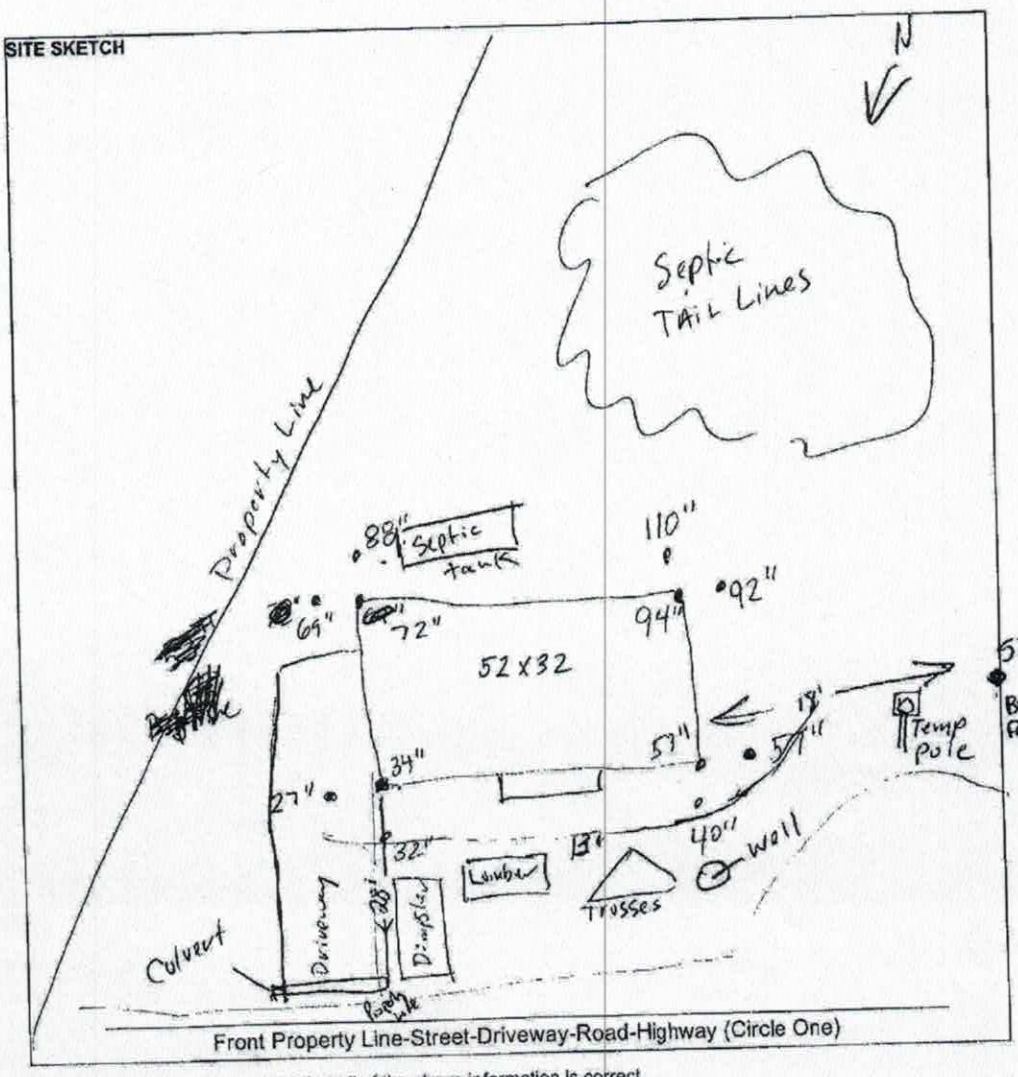
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE ATTACHED

Signature: _____ 3/1/19

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

SITE SKETCH



Owner(s) hereby agree(s) that all of the above information is correct.

Signature Date 9/11/18 Signature Date 9/11/18

Superintendent's Signature Date 9/11/18

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 221580

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 3774848102

APPLICANT: JOHN & GAIL WILLIS APPLICANT ADDRESS: 135 HARMONY LN, HARPERS FERRY WV 25425

SITE ADDRESS: 141 PEBBLE CREEK PHONE: ALT. PHONE:

SITE DIRECTIONS: 40 W - TR SHARON SCHOOL - TL PAUL PAYNE STORE - TL STEWART ROCK - TL BURRIGHT - TR GARDNER - TR PEBBLE ON LT.

SUBDIVISION: RIVER WALK SECTION: 5 LOT # 47 LOT AREA: .72 AC DESIGN FLOW: 360 GPD L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT		Date	System Description:	GRAVITY 25% REDUCTION			☐ Business	No. Persons 6
Pump Make		Model			Serial #	Repair System Description:	DRIP			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4		Linear ft: 300	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	18" 10W		Gravel Depth N/A		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

See The Oaks Group, PA's Design.

AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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**

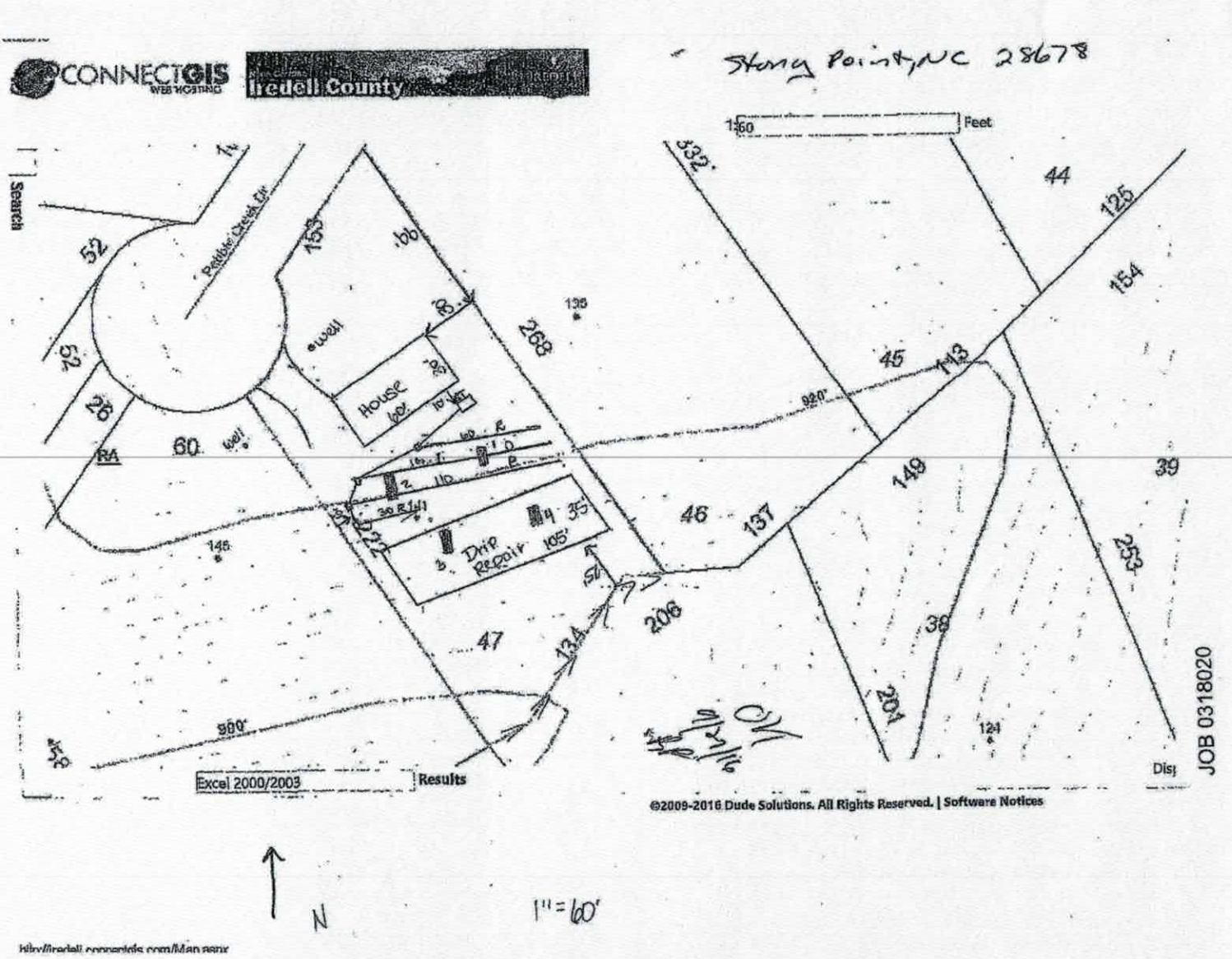
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 9-29-16 Installed by:

IMPROVEMENT PERMIT by: Date: 9/27/16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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


CONNECTGIS
WEB HOSTING
Iredell County
Stony Point, NC 28678
Search
Feet
Pebble Creek Dr
House
well
Drip Repair
RA
Excel 2000/2003
Results
©2009-2016 Dude Solutions. All Rights Reserved. | Software Notices
N
1" = 60'
JOB 0318020

CONSTRUCTION PLANS

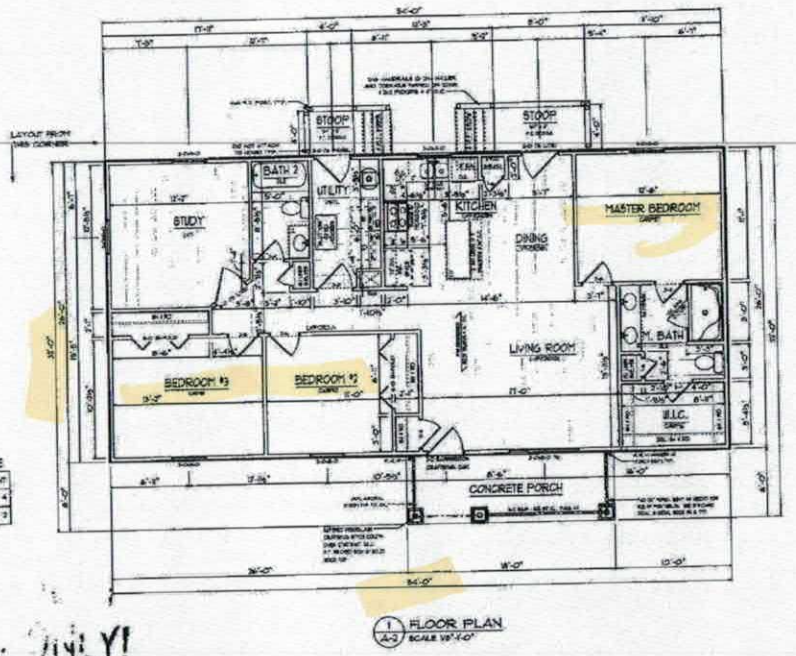
GENERAL NOTES:

1. MINIMUM CEILING HEIGHT TO BE 8'-1 1/2"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-8" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE D.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP. EXCEPT WHERE NOTED.
6. ALL DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS. HEIGHT OF WALL WILL BE PER PLAN. EX: [illegible]
7. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE 65" FOR SINGLE & 42"/84" FOR DOUBLE TYP.

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.

CUSTOMER SIGNATURE DATE

CUSTOMER SIGNATURE DATE



1 A-2 FLOOR PLAN
SCALE 1/8"=1'-0"

HANGER MATERIAL TABLE

HANGER ID	SIZE	WIDTH	DEPTH	COUNT
HS	SINGLE	2	10	4
HD	DOUBLE	3	10	3

Carol Coble 3/22/19

3/19/19

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CONTACT INFORMATION
PHONE:
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY:

PLAN DATES
SALES:
CONSTRUCTION:
REVISED:

SQUARE FOOTAGES
HEATED:
FRONT PORCH:
REAR STOOP 1:
REAR STOOP 2:
TOTAL SQ'S:

SEDGEWICK HOMES PROUDLY PRESENTS THE NORTHWOOD, OAK RIDGES TO:

JOHNNIE & GAIL WILLIS

JOB #: 03198220

141 PEBBLE CREEK DR., STONY POINT, NC 28678

SHEET NUMBER
A-2
OF FOUR

IREDELL COUNTY

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

APPLICATION NUMBER
221580
Issue Date: 03/01/2019

ZONING PERMIT

Open Space

FILE COPY

Parcel Number	Street Address	Jurisdiction
3774848102.000	141 PEBBLE CREEK DRIVE, STONY POINT, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WIGHT JACOB L	Applicant: SEDGEWICK HOMES LLC
Address: 11 HEDGEGROW DR	Address: 117 N CENTER ST
STONY POINT, ME 4021	STATESVILLE, NC 28677
Phone:	Phone: (704) 380-2786

Use Requested	Zone Code
SFD- FAST TRACK	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.720	35.00	35.00	15.00	15.00	CALS	X

Remarks:

PAID 1/5404 MH 3/1/19

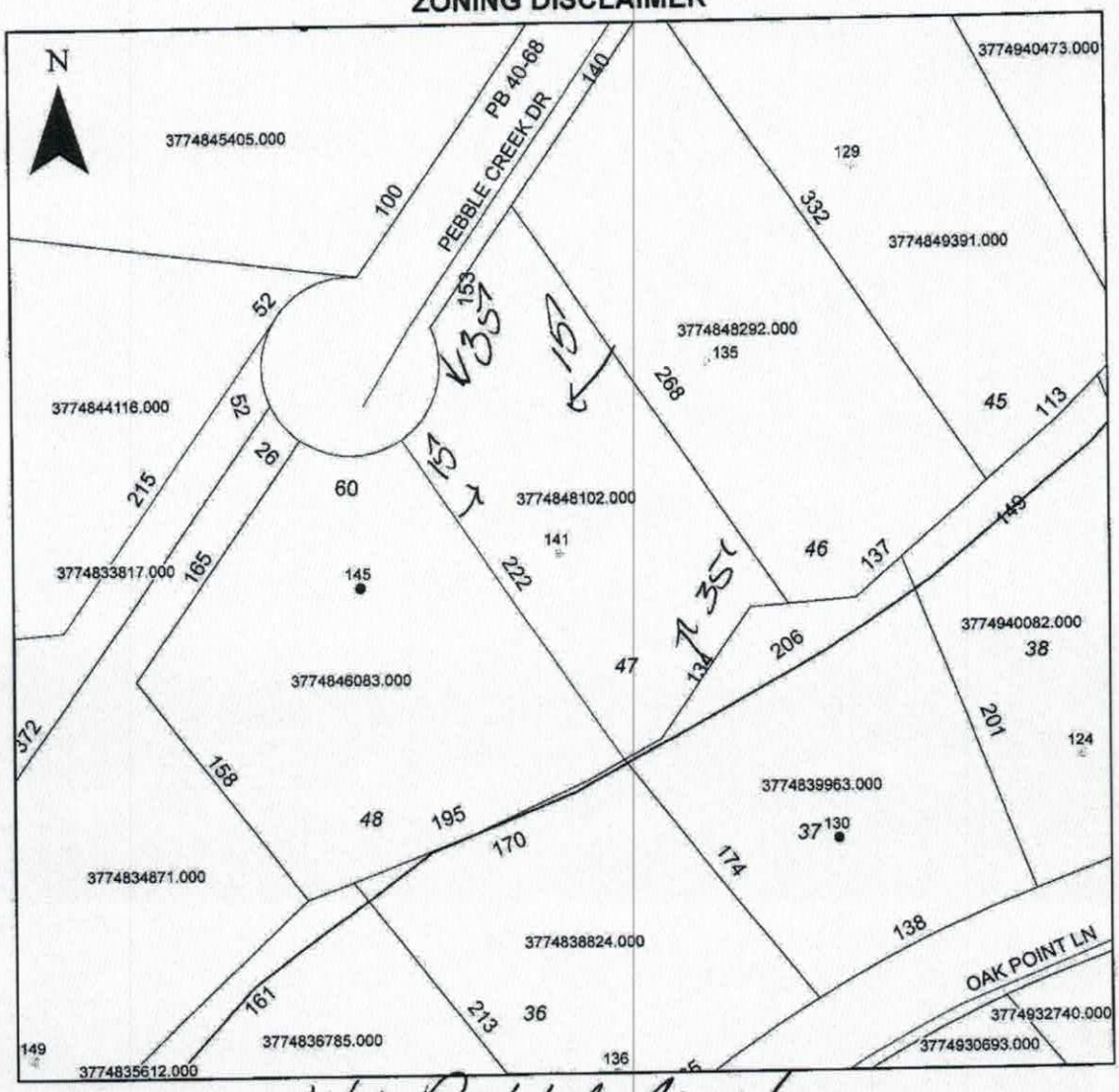
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

See Attached

Applicant: _____ Date: _____

Permit Number	169316	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 141 Pebble Creek

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

3/1/19
Date