# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* 212833

*(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 ✓ 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 # |
|---|---|---|---|
| Marshall Meyers | 129 Hiles Dr Rd, Mooresville NC 28117 | 704-701-9180 | |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |
| Hickory Children's trust | 129 Hiles Dr Rd, Mooresville NC 28117 | 704-701-9180 | |

4. **Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 4345 Hickory Hwy, statesville NC | | |

Driving Directions: Hwy 70 west from old mountain rd. property on left
Just past old weigh stations

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

(✓) New, Single Family Residence (Doublewide) — Maximum Number of Bedrooms 3 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 4 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(X) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
( ) Other _____

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 2010 (Year)
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

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

9. Signature: _____ 8/13/2015
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — 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*

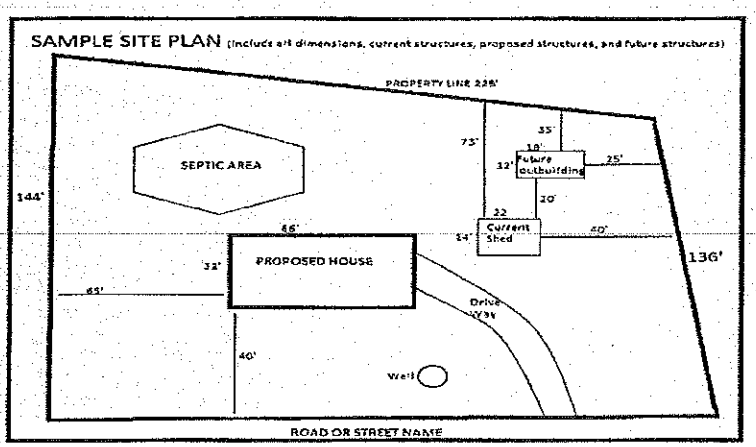
✓ Front and side setbacks from property line... ✓ Preferred driveway location and configuration, preferred well location...

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

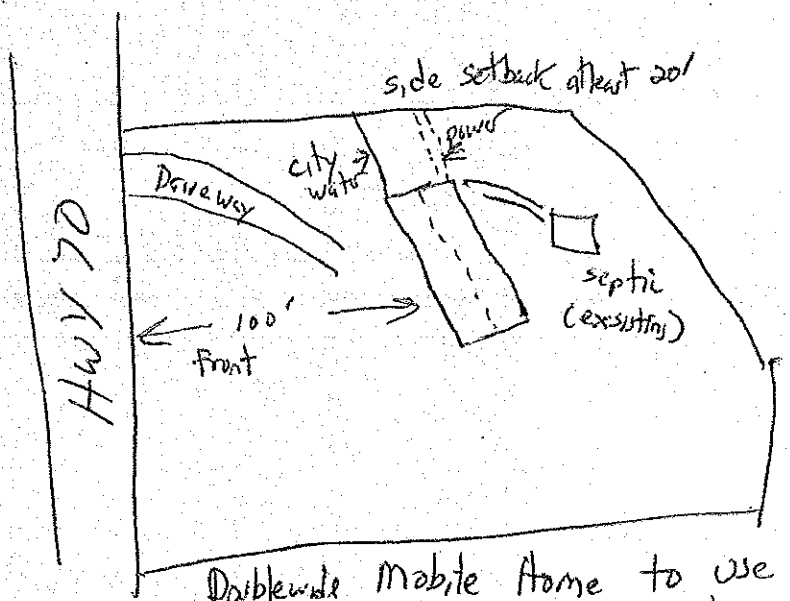
Circle N/A on the following if appropriate:

____ 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




Doublewide Mobile Home to use existing pad from previous double wide

**Signature:** [signature] 8/13/15

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

Type: CRP
Recorded: 08/04/2015 at 03:32:13 PM
Fee Amt: $50.00 Page 1 of 2
Revenue Tax: $24.00
Iredell County, NC
Matthew J. McCall Register of Deeds
BK 2372 PG 1-2

# NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: $24.00 Purchase Price: $12,000.00

Parcel Identifier No. 3792133173 Verified by _____ County on the ____ day of _____, 20_____
By:_____

Mail/Box to: Grantee

This instrument was prepared by: Ben S. Thomas of THOMAS & GODLEY, PLLC, 514 Williamson Road, Ste. 421, Mooresville, NC 28117

File# 2015074729
Title Insurance Company: Meridian Title Company

Brief description for the Index: Lot 1

THIS DEED made this 08/04/15, by and between

| GRANTOR | GRANTEE |
|---|---|
| **Anne Marie F. Pierce, Unmarried**<br>PO Box 112<br>Lower Island Cove C.B.N.<br>Newfoundland, Canada AOA24O | **Bradley Bocker, Trustee for the**<br>**Hickory Children's Trust dated July 17, 2015**<br>129 Hileath Drive<br>Mooresville, NC 28117 |

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in Iredell County, North Carolina and more particularly described as follows:

**Being All of Lot Number 1 of Troutman Family Limited Partnership, as shown on map recorded in Book 56, Page 78, Iredell County Registry.**

Page Count 2
NS PQ SI

ROTC

Delinquent property taxes, if any, are to be paid by the closing attorney to the county Tax Administrator upon disbursement of the closing proceeds.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2009, Page 2064.

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

A map showing the above described property is recorded in Book 56, Page 78.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

1. Any and all easements, rights of way and restrictions of record.
2. Any and all zoning and planning ordinances.
3. Any discrepancies as an accurate survey of the premises might reveal.
4. Any and all other matters of record.

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

Anne Marie F. Pierce (SEAL)
Anne Marie F. Pierce

State of _____ - Providence of N.S. Canada

I, the undersigned Notary Public of the Providence and State aforesaid, certify that Anne Marie F. Pierce personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 28 day of July, 2015.

My Commission Expires: For Life
(Affix Seal)

E. Fred Cram
Justice of the Peace for N.S. Canada
Notary Public
Notary's Printed or Typed Name

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092531 PIN# 3792 13 5054 DATE 10-20-00

OWNER OR CONTRACTOR JOHN C. PIERCE PHONE: Business ____ Home 838-0933

ADDRESS 4341 HICKORY HWY. STATESVILLE NC 28677

LOCATION US 70 WEST, MH ON LEFT AT BOX # 4341

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 3.5 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

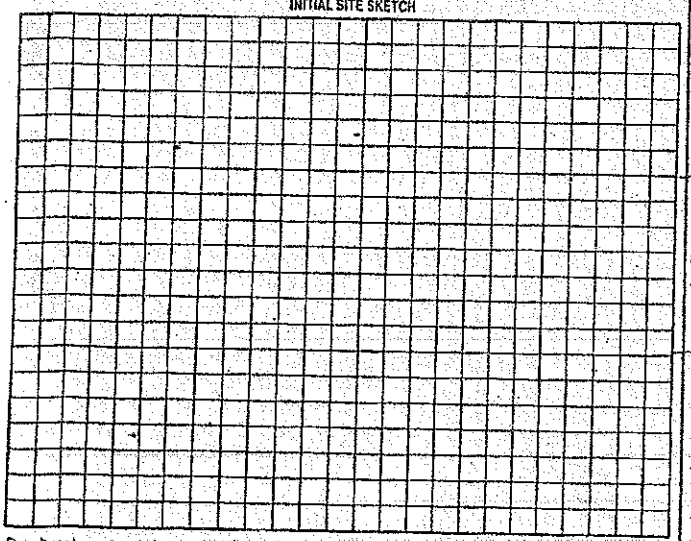
☐ Other ____

Water Supply: ☐ Individual ☑ Public ☐ Community

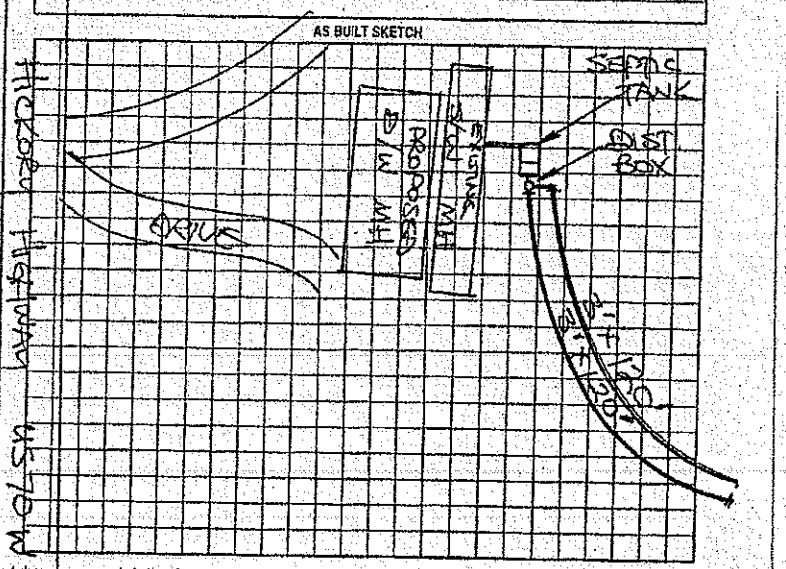
Comments/Conditions:

Comments/Conditions S/W MH TO BE REMOVED UPON OCCUPANCY OF D/W MH.

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. 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 ____ Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: STEVE HEDRICK date 10-20-2000

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