IREDELL COUNTY HEALTH DEPARTMENT

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

3A

216715.6 for 4272

PERMIT # 219251

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

PIN # 3792-14-9603.000 8609

APPLICANT: Oakwood Homes / Earl Edmonson

APPLICANT ADDRESS: 1265 Hwy 70 W - Newton 28638

SITE ADDRESS: 4270 Hickory Hwy Statesville NC 28677

PHONE: 828-464-2602 ALT. PHONE: 704-880-7814

SITE DIRECTIONS: I-40 E, Exit 141 TR, Hwy 70 TR, Lot on R In Rear

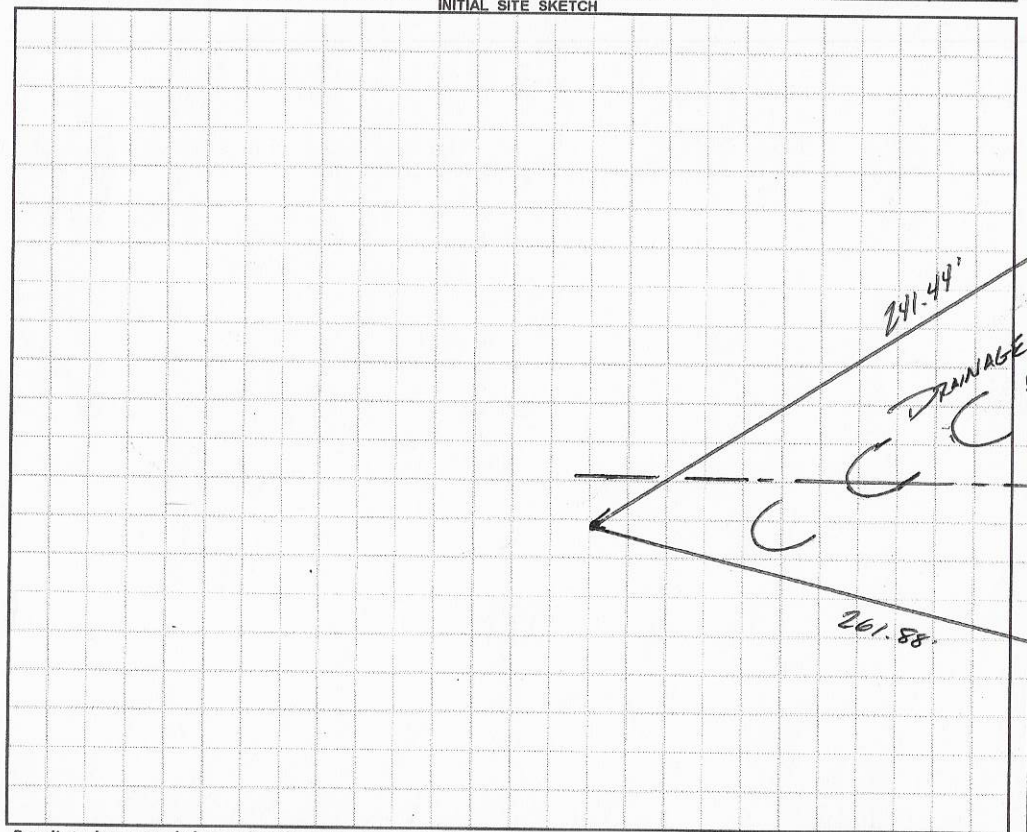
SUBDIVISION: Earl & Cindy Edmonson Family Sub. SECTION: — LOT # 1 LOT AREA: .78 Acre DESIGN FLOW: Existing 240 GPD L.T.A.R.: Existing

Septic Tank: Existing (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence / ☐ Business / ☐ Other / ☐ Slab / ☐ Basement w/plumbing
Pump Tank (gal)	PT	Date	System Description: Existing Conventional - Gravity		No. Bedrooms: Ex. 2
Pump Make	Model	Serial #	Repair System Description: Drip		No. Persons: Ex. 4
# Nitrification Fields: Exist.	# Lines: Existing 3	Linear Ft: Ex.	Maintenance Agreement Required: ☐ YES ☒ NO		No. Employees
Trench Width: Ex.	Max. Trench Bottom Depth: Ex.	Gravel Depth: Ex.	☒ GRAVITY ☐ PRESSURE		☒ Crawl Space / ☐ Basement w/o plumbing

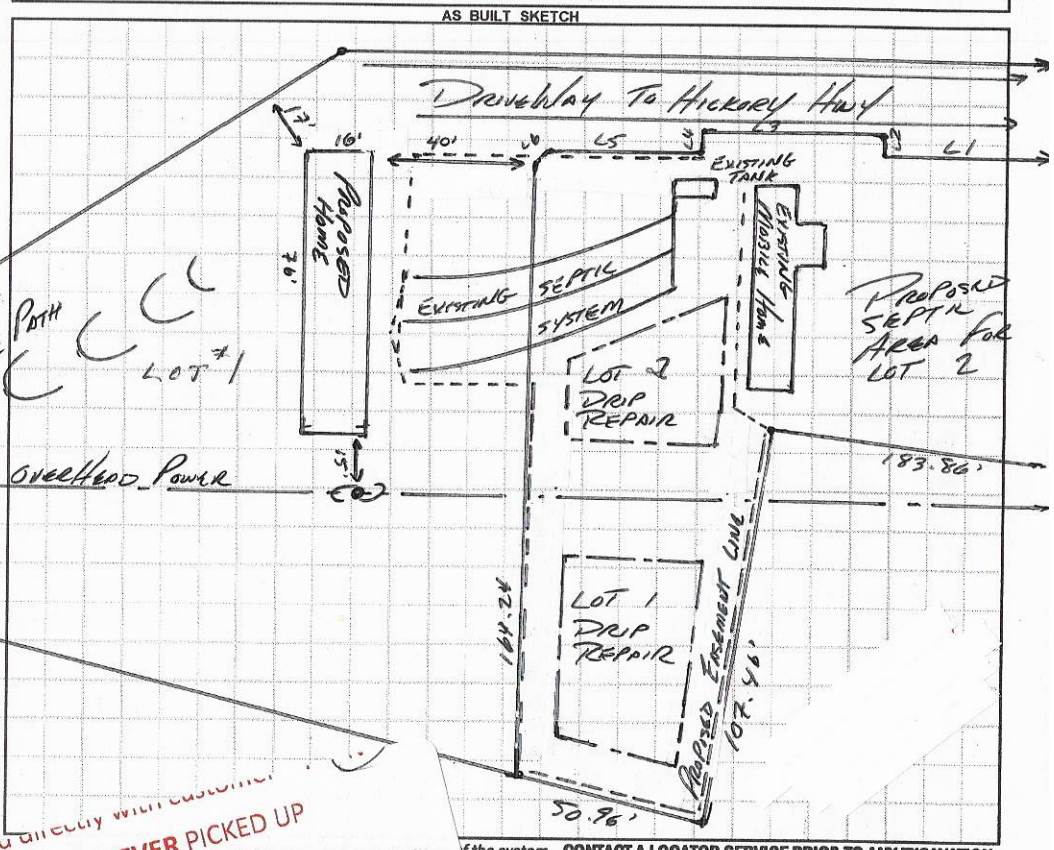
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Easement Must Be Recorded Prior To Issuance of Permit. Existing System is To Be Used For Lot 1 And New System is To Be Used For Existing Mobile Home on Lot 2.

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. *...of the system.* **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan va...* *...for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

PERMIT NEVER PICKED UP OR CALLED FOR -
Customer recalled ____ By ____
Message Left
Mailed directly with customer Y N

Owner / Applicant Signature: _____ Date: _____

IMPROVEMENT PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____

Inspected by: _____ Date: _____

APPROVED JUN 13 2016

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

250 $ 100 Exist

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 #
OAKWOOD HOMES of Newton	1265 Hwy 70 W Newton NC	828-464-2662	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Earl Edmonson	4272 Hickory Hwy Statesville	704 882 7814	

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
4270 Hickory Hwy Statesville NC 28677		

Driving Directions: Drive To Hwy 70 (Hickory Hwy) Take A Right, Drive 6-7 Miles Property on Right Past Statesville Brick (Behind 4272)

****

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
(X) Other _____

Maximum Number of Bedrooms 2
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

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 (X) Other Public Water

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (X) EXISTING SYSTEM installed 1992 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 6-2-16
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

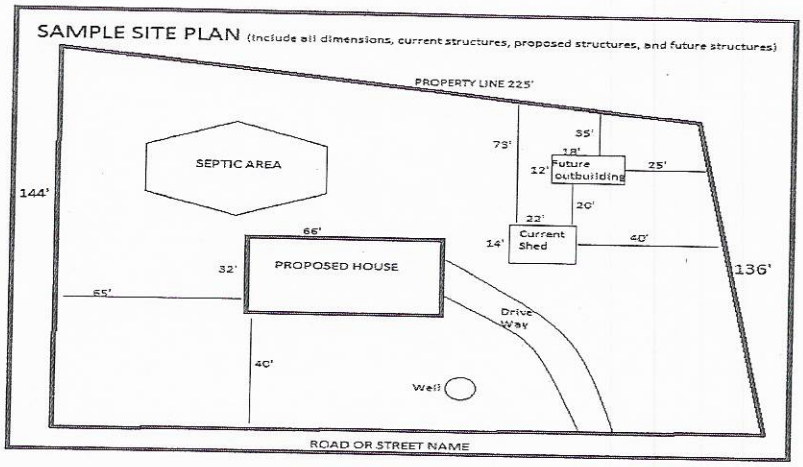
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

SEE Existing System Permit

Signature: _____

REQUIRED property owner or owner's legal representative signature.

6-2-16

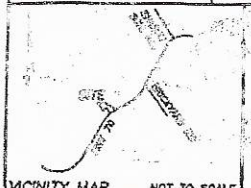
DATE

J. MIKE HONEYCUTT
NC PLS 1360
SC PLS 5627

HONEYCUTT LAND SURVEYING, P.A.

22 SOUTH MAIN AVE.–SUITE 102A FIRM #C – 3570
P.O. Box 1103 Newton, N.C. 28658 Phone: 828-464-0702

RANDAL W. HONEYCUTT
NC PLS 4399



VICINITY MAP NOT TO SCALE

I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 2318, PAGE 1789); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN BOOK ____ PAGE ____; THAT THE RATIO OF PRECISION OR POSITIONAL ACCURACY IS 1:10,000 AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600).
THIS 22ND DAY OF DECEMBER 2015.

RANDAL W. HONEYCUTT PLS-4399

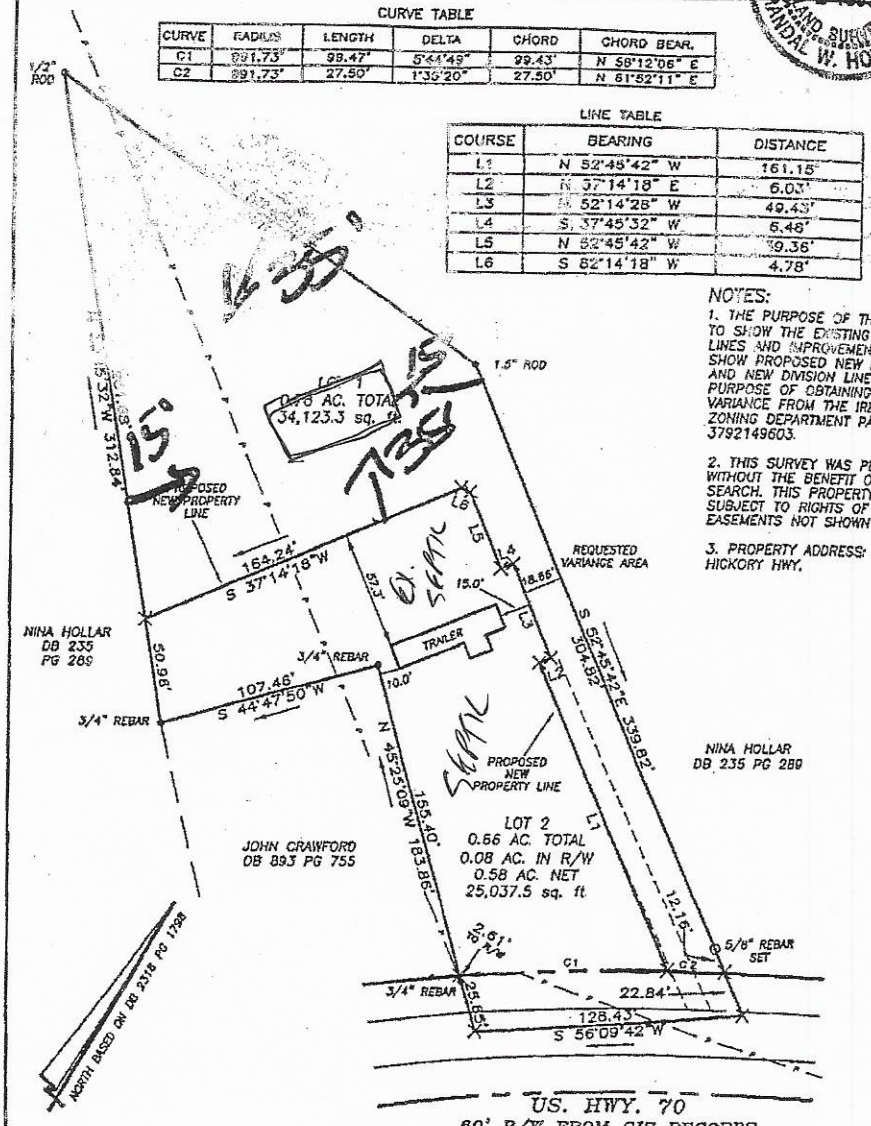
NORTH CAROLINA PROFESSIONAL SEAL L-4399 LAND SURVEYOR RANDAL W. HONEYCUTT

CURVE TABLE

CURVE	RADIUS	LENGTH	DELTA	CHORD	CHORD BEAR.
C1	891.73'	98.47'	5°44'49"	98.43'	N 58°12'06" E
C2	891.73'	27.50'	1°46'20"	27.50'	N 61°52'11" E

LINE TABLE

COURSE	BEARING	DISTANCE
L1	N 52°45'42" W	161.15'
L2	N 37°14'18" E	6.00'
L3	N 52°14'28" W	49.43'
L4	S 37°45'32" W	6.46'
L5	N 52°45'42" W	79.36'
L6	S 52°14'18" W	4.78'



NOTES:

1. THE PURPOSE OF THIS SURVEY IS TO SHOW THE EXISTING BOUNDARY LINES AND IMPROVEMENTS AND TO SHOW PROPOSED NEW RIGHT OF WAY AND NEW DIVISION LINE FOR THE PURPOSE OF OBTAINING A SETBACK VARIANCE FROM THE IREDELL COUNTY ZONING DEPARTMENT PARCEL NO: 3792149603.

2. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE SEARCH. THIS PROPERTY MAY BE SUBJECT TO RIGHTS OF WAYS OR EASEMENTS NOT SHOWN HEREON.

3. PROPERTY ADDRESS: 4272 HICKORY HWY.

SURVEY FOR: EARL & CINDY EDMONSON

LOCATION: 4272 HICKORY HWY.

CONCORD TSP., IREDELL CO., NC

P.I.N.: 3792149603

DATE: 12-22-2015

www.honeycuttsurvey.com

60 30 0 60
GRAPHIC SCALE 1" = 60'

THIS PROPERTY IS NOT IN A SPECIAL FLOOD HAZARD AREA
A PORTION OF THIS PROPERTY IS IN A SPECIAL FLOOD HAZARD AREA

DEED: 2318-1789
PLAT BOOK PAGE

● EXISTING IRON (TYPE NOTED)
○ IRON SET (TYPE NOTED)
X COMPUTED POINT

JOB #: TRAVIS.DWG
FILE: L-143

sign. 2-18-16

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Earl Edmonson, am the legal owner(s) of the property located at 4272 Hickory Hwy 70 Statesville NC 28677, identified as PIN (Parcel Identification Number) 1408E00000A032, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Oakwood Homes Al Adams, 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.

Earl L. Edmonson 2-25-16
Signature of Owner(s) Date

Signature of Witness 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

Type: CRP
Recorded: 06/09/2016 at 10:27:39 AM
Fee Amt: $26.00 Page 1 of 3
Revenue Tax: $0.00
Iredell County, NC
Matthew J. McCall Register of Deeds
BK 2424 PG 2075-2077

Drawn by: Alan G. Carpenter, Attorney at Law

NORTH CAROLINA

DEED OF EASEMENT

IREDELL COUNTY

This Deed of Easement is made this 6th day of June, 2016, by and between EARL T. EDMONSON and wife, CINDY C. EDMONSON, (hereinafter called "Grantor"), and EARL T. EDMONSON and wife, CINDY C. EDMONSON, (hereinafter called "Grantee"),

(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 the context.)

RECITALS:

1. The Grantor is the owner of a tract or parcel of land described as Lot No. 2 of the "Family Division and Boundary for Earl and Cindy Edmonson," as the same platted in Plat Book 64, page 145, Iredell County Registry.

2. The Grantee is the owner of a tract or parcel of land described as Lot No. 1 of the "Family Division and Boundary for Earl and Cindy Edmonson," as the same platted in Plat Book 64, page 145, Iredell County Registry.

3. In order to comply with Iredell County Ordinances, the Grantee is in need of a recorded Deed of Easement, establishing that a portion of Lot No. 2 of the above described lots is dedicated for use as septic drain field area and septic repair area, as is required for the septic system to serve a home being built upon Lot No. 1 of the "Family Division and Boundary for Earl and Cindy Edmonson."

R.O.T.C. Page Count: NS PC

NOW, THEREFORE, in consideration of the foregoing premises and the sum of $1.00, receipt of which is hereby acknowledged, the Grantor does hereby give, grant, and convey unto the Grantee, his heirs and assigns, a perpetual right of way and easement for purposes of the installation and operation of a septic system and drain field, and for purposes of septic repair, over and upon the following described real property:

Beginning at a 3/4 inch rebar in the line of Nina Holler (Deed Book 235, page 289), the northwestern corner of John Crawford (Deed Book 893, page 755), and running thence from the point of Beginning and with the line of Holler, North 39-15-32 West 50.96 feet to a 5/8 inch rebar set, corner of Lot No. 1; thence with the line of Lot No. 1, the following courses and distances; (1) North 37-14-18 East 164.24 feet to a 5/8 inch rebar set; (2) North 82-14-18 East 4.78 feet to a nail set; (3) South 52-45-42 East 39.36 feet to a nail set; (4) North 37-45-32 East 6.48 feet to a nail set; (5) South 52-14-28 East 10.14 feet to a point; (6) South 37-45-32 West 77.90 feet to a point and (7) South 45-25-09 East 11.56 feet to a 3/4 inch rebar, corner of John Crawford; thence with the line of Crawford, South 44-47-50 West 107.46 feet to a 3/4 inch rebar in the line of Nina Holler , the point and place of Beginning, with this description taken from a survey by Randal W. Honeycutt, Professional Land Surveyor, dated March 25, 2016.

In compliance with requirements of the Iredell County Ordinances and the North Carolina Administrative Code, it is specifically understood and agreed that:

a. The easement rights granted herein shall be valid for as long as the wastewater system is required for the facilities that the system is designed to serve.

b. The uses being granted herein shall include the rights of ingress and egress, system installation, operation, maintenance, monitoring and repair.

To have and to hold said rights and easements to the said Grantee and his heirs and assigns; it being agreed that the right and easement hereby granted is an appurtenance to and runs with Lot No. 1 of the aforesaid property, by whomsoever owned.

In Witness Whereof, the Grantor has caused this instrument to be duly executed, this the day and year first above written.

Earl T. Edmonson (SEAL)
Earl T. Edmonson

Cindy C. Edmonson (SEAL)
Cindy C. Edmonson

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, a Notary Public of the County and State aforesaid, certify that Earl T. Edmonson and Cindy C. Edmonson personally came before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 8th day of June, 2016.

Notary Public

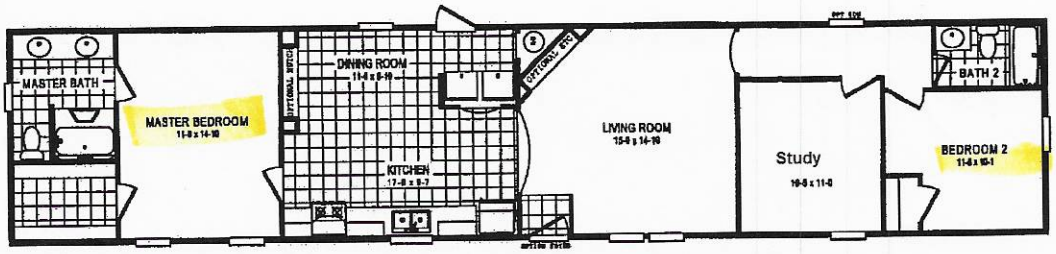
My Commission Expires: 7-29-19

(Official Seal)

ALAN G. CARPENTER
Notary Public
Iredell County, NC
My Commission Expires: 07/29/2019

OAKWOOD HOMES *Of Newton*

The 16 wide Interstellar singlewide.





THIS HOME IS ALSO AVAILABLE IN 14-WIDE VERSION MODEL 102

16 x 16

- **16 x 76 (1216 sq/ft aprox)**
- **9 foot ceiling**
- **Finished Drywall on main living areas (Closets, utility and baths optional)**
- **Full OSB Wrap with vapor barrier**
- **Energy Smart**

***Ask your housing specialist for more options and upgrades**

1265 Hwy 70 west, Newton NC 28658 PH: 828-464-2662

Fax: 828-464-4301 Emai: R712@claytonhomes.com

Acknowledgement Of Plans Submittal ONLY!

Date 6/2/16

Date 6/2/16

IREDELL COUNTY

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

APPLICATION NUMBER
219251
Issue Date: 06/02/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
3792149603.000	4270 HICKORY HIGHWAY, STATESVILLE, NC 28677	IREDELL COUNTY

Owner Information	Applicant Information
Owner: EDMONSON EARL+CINDY C	Applicant: OAKWOOD HOMES INC- NEW
Address: 119 BRICK BAT LANE STATESVILLE, NC 28677	Address: 1265 US HWY 70 W HICKORY, NC 28603
Phone:	Phone: 828-464-8715

Use Requested	Zone Code
NEW SINGLE WIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.433	35.00	35.00	15.00	15.00	PACL	X

Remarks:

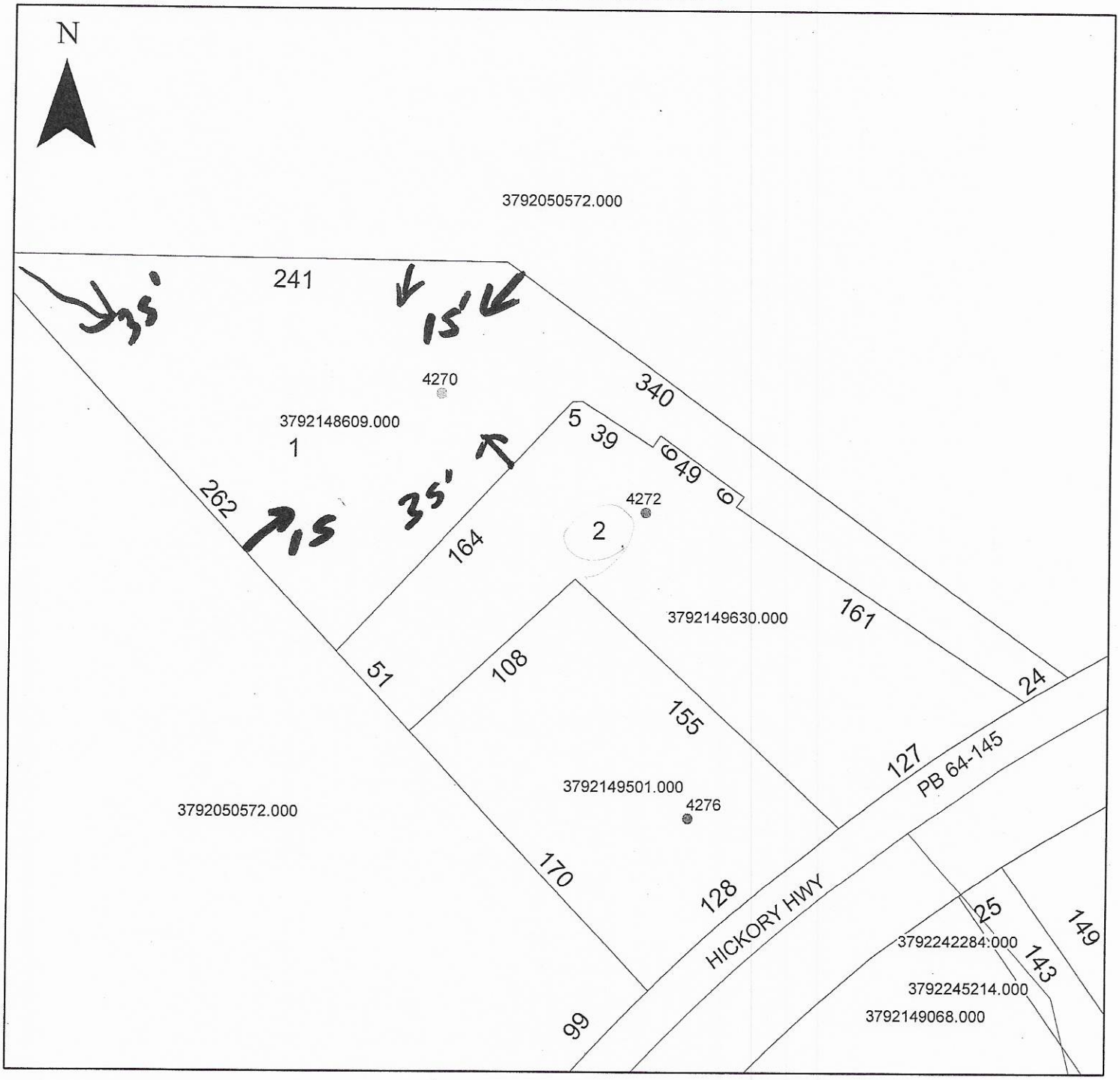
REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar 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.

Applicant: _____ Date: _____

Permit Number	70396	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 4270 Hickory

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

6-2-16

Date