No fees Due: 4272 - Hickory Hwy 21675

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 Edmondson	4272 Hickory Hwy Statesville, NC	704-880-7814	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
4272 Hwy 70 (Hickory Hwy)	Statesville	

Driving Directions: Drive To Hickory Hwy T/R, Drive 6-7 miles To Pass Statesville Brick, Property on The Right

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 _____
- ( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
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)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative ( ) Conventional (X) 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 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, 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 At Arbor 50, 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 PP

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

IREDELL COUNTY HEALTH DEPARTMENT

JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
5/24/16 **(Date)**

Owner: Earl Edmonson
Address: 4272 Hickory Hwy
Statesville NC

Subject: Notice of Intent to Revoke/Suspend ~~Improvement Permit~~ 4272 Hickory Hwy.
(**specify name/location**) Improvement Permit/Construction Authorization

Dear Earl Edmonson:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 4272 Hickory Hwy. Statesville NC (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization 25% Red. County 5/5/16 (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
.1937	Revoke Because Multiple Failures for Same Property.

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 5/24/16. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

6/2/16 (Date)

Owner: Travis Edmonson
Address: 4272 Hickory Hunt
Statesville NC

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
3792-14-9603.000 4272 Hickory Hunt Statesville NC
Travis Edmonson (Oakwood Homes) Permit # 21675
25% Reduction Gravity IP issued 5/5/16

I, Joan Hunter, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 5/5/16 (date) for a system
25% Reduction - Gravity (system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/