IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 231660

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

PIN # 3792647854

APPLICANT/OWNER: OakWood Homes of Newton/Leanna Wells APPLICANT ADDRESS: 1265 U.S. Hwy 70 W Hickory NC 28603.

SITE ADDRESS: 182 Enfola RD - Statesville NC 28677. PHONE: 828 464 2662 ALT. PHONE ~

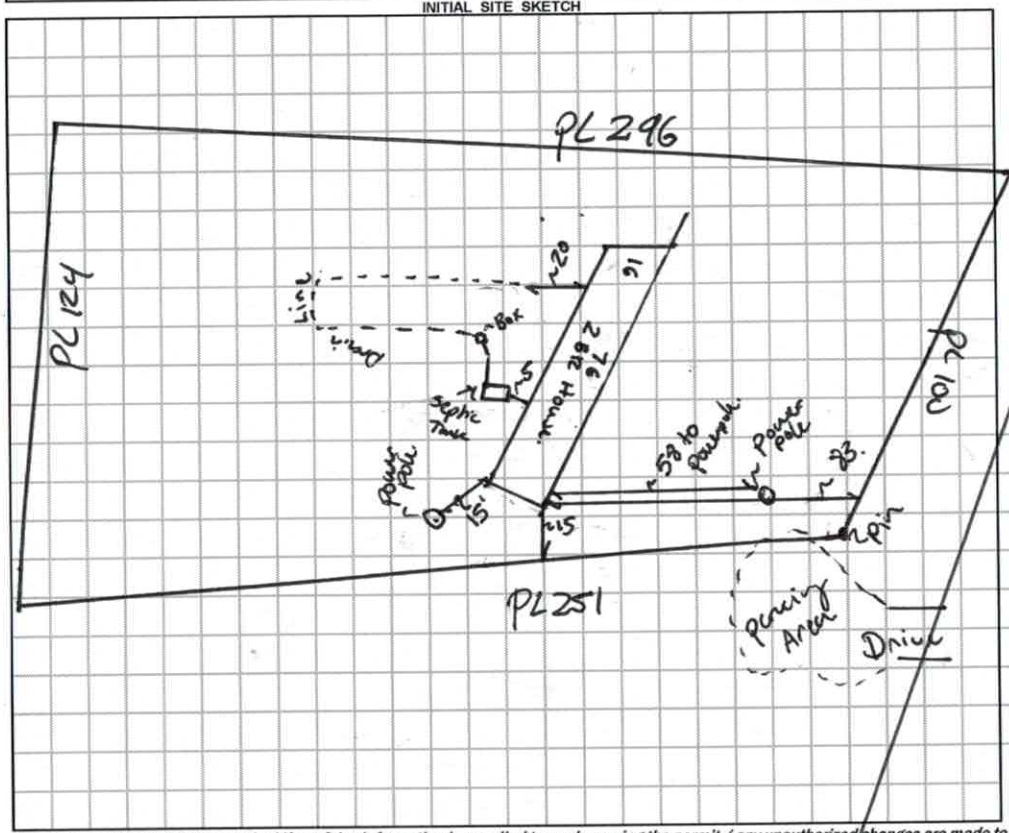
SITE DIRECTIONS: Sharon School RD TL on Hwy 70 TR on Enfola RD. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 0.64 Acres. DESIGN FLOW: 240 gpd L.T.A.R.: Existing

Septic Tank	Existing	(gal)	STB	Ext	Date	Ext	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank	-	(gal)	PT	-	Date	-	System Description: Existing		☐ Business	No. Persons	4	☒ Private
Pump Make	-	Model		-	Serial #	-	Repair System Description: Existing		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	1	Linear Ft	100		Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	Ext	Trench Bottom Depth(Low side)		Ext	Gravel Depth	Ext	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Existing System for 2 BR House only

INITIAL SITE SKETCH



AS BUILT SKETCH

1=50

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: [signature] Date: 12/6/17 Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Benjamin A Bolton Date: 12/4/2017.

RECEIVED NOV 2 0 2017

Paid $250.00

231660

231660

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (✓) New Well Permit ( ) ~~Well Repair Permit~~ ( ) Well Abandonment
( ) Septic Improvement Permit ( ) 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: Oakwood Homes of Hickory Address: 1265 Hwy 70W - Hickory Zip: 28602
Applicant Email: r712eclaytonhomes.com Phone: 828-464-2662 Alt. Phone: _____
Owner Name: Lou Ann Watts Address: 176 Eufola Rd - Statesville Zip: 28677
Owner Email: _____ Phone: 704-780-9588 Alt. Phone: _____

Property Information:

Street Address: 176 Eufola Rd - Statesville NC 28677
182
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 40E - Exit 141 (Sharon School Rd) Take R on Sharon School Rd - TL onto Hwy 70 TR onto Eufola Rd

Site Development Information: *(check or complete ALL that apply*

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: 3
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation (Concrete footers)
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(✓) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: _____ 11/17/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAGE#2 REFERENCE# 231660

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, LOU ANN WHITE, am the legal owner(s) of the property located at 182 EUBIA Rd., identified as PIN (Parcel Identification Number) 3792647857, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) OAKWOOD HOMES Debbi A. LaSage, 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.

Lou Ann White 11-17-17
Signature of Owner(s) Date

Signature of Witness 11/17/17
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

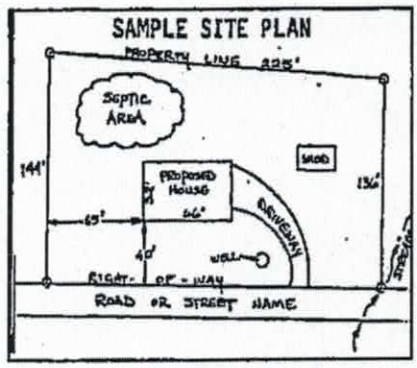
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Septic Area
20 FT
Replacing EXISTING Home W/ New Home 16X76 Singlewide
16FT
Property is Flagged
Driveway

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

DATE 11/17/17

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR LOU ANN WATTS DATE 1-22-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 - 70 west - T.L. on Eufola Rd. - ½ mi. on (R).

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area Ample

Character & Porosity of Soil _____

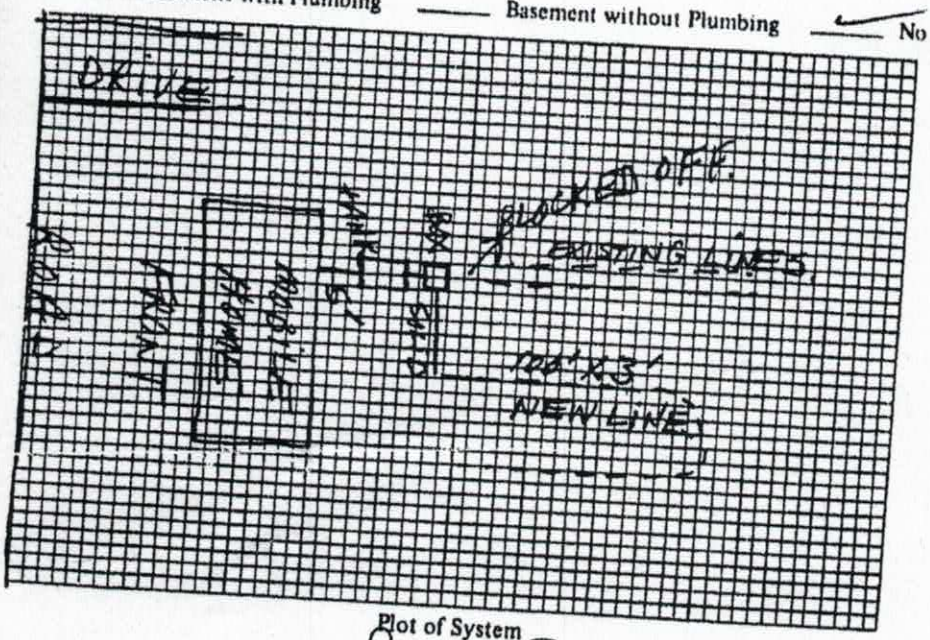
Percolation Rate _____

Topography _____

Depth to Water Table Repair

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 16"+

Water Supply: Individual (✓)

Public ( )

Installed by Pat Miller

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Tank pumped & tee replaced. Old lines abandoned.

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 1-22-86.

DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

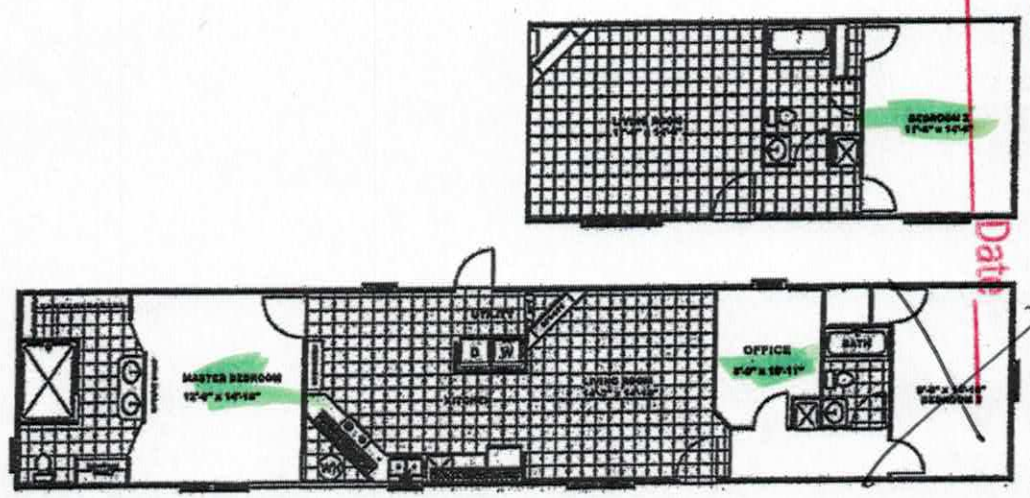
Customer: Watts

176 Eufola RD.
Statesville NC 28677

[redacted]

N - THE A.T.S
Home Plan
46SHR16763GH

· 1216 sq. ft. · 76' width · 16' depth



Acknowledgement Of Plans Submittal ONLY!
Benjamin Watts Date 12/4/21.
Date

Features

2 bed 2 baths Pdos office.

The home series and floor plans shown all have starting prices within the price range indicated. Your local Home Center can quote you specific prices and terms of purchase for specific homes. Giles invests in continuous product and process improvement. All home series, floor plans, specifications, dimensions, features, materials, availability, and starting prices shown are artist's renderings or estimates and are subject to change without notice or obligation. Dimensions are nominal and length and width measurements are from exterior wall to exterior wall. Starting prices include the home only, plus typical delivery and installation. Starting prices do not include other costs such as taxes, title fees, insurance premiums, filing or recording fees, land or improvements to the land, optional home features, optional delivery or installation services, wheels and axles, community or homeowner association fees, or any other items not shown on your Retailer Closing Agreement and related documents (your RCA). Your RCA will show the details of your purchase. 2011 Giles. All rights reserved.

Published December 05, 2016

IREDELL COUNTY

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

APPLICATION NUMBER
231660
Issue Date: 11/17/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
3792647854.000	182 EUFOLA ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WATTS LOUANN M	Applicant: OAKWOOD HOMES INC- NEW
Address: 176 EUFOLA RD STATESVILLE, NC 28677	Address: 1265 US HWY 70 W HICKORY, NC 28603
Phone:	Phone: 828-464-8715

Use Requested	Zone Code
PUT IN NEW SINGLEWIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.640	35.00	35.00	15.00	15.00	PACL	X

Remarks:

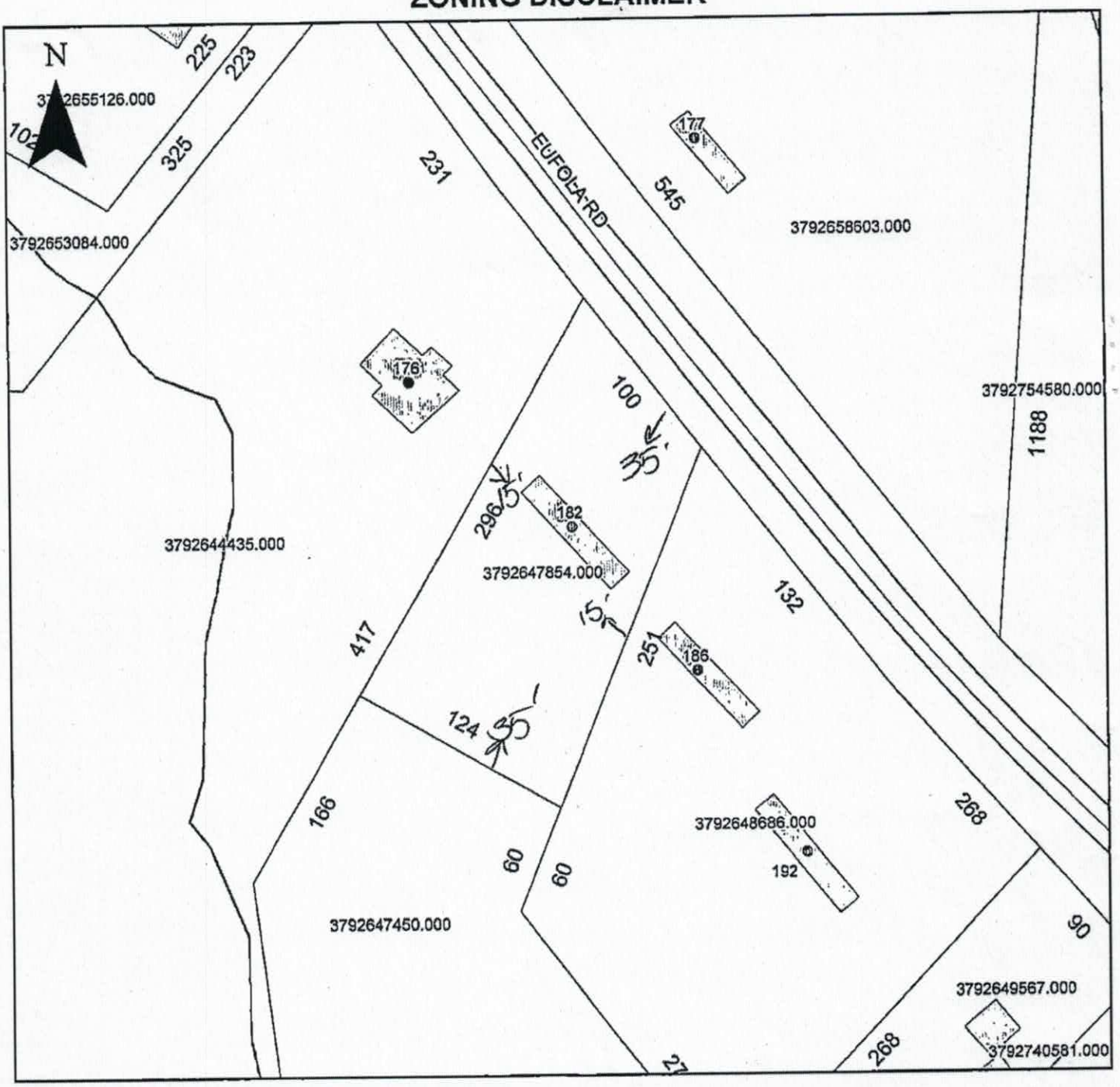
REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar 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	121066	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 182 Eufola 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.

Applicant

11/17/17
Date