IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 231526

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

PIN # 3797509038.000

APPLICANT/OWNER: Clayton Mobile Homes of Statesville APPLICANT ADDRESS: 2620 Northside Dr SVL

SITE ADDRESS: 165 Old Lackey Farm RD Stony Point NC PHONE: 704-873 2574 ALT. PHONE 336 698 7130

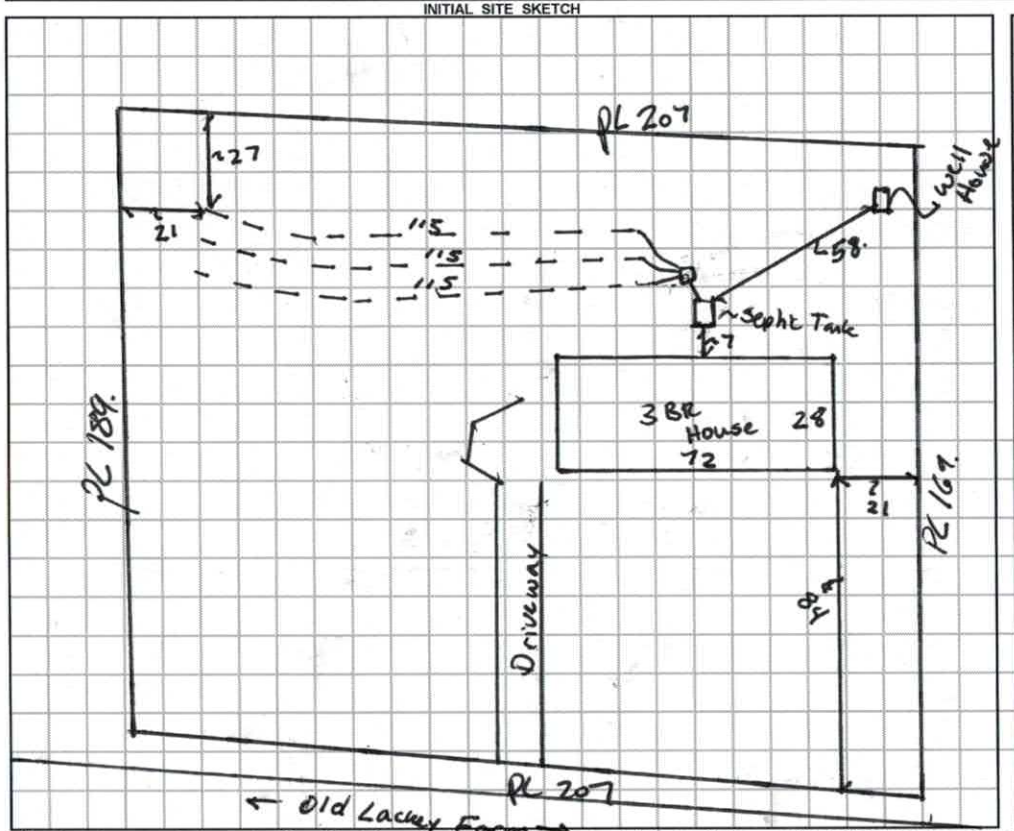
SITE DIRECTIONS: 115 North to Old Lackey Farm RD SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: N/A SECTION: ~ LOT # ~ LOT AREA: 0.892 Acres DESIGN FLOW: 360 gpd. L.T.A.R.: EXT

Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	~	(gal)	PT	~	Date	~	System Description:	Existing	☐ Business	No. Persons	6	☒ Private
Pump Make	~	Model		~	Serial #	~	Repair System Description:	Existing	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	345		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: Maintain 5 ft setback from any part of the septic system. Do not drive, park, pave, grade or bury utilities in the drainfield area.

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 plan 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: 11/17/17 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 11/15/2017

231526

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 #
CLAYTON HOMES OF STATESVILLE	2620 NORTHSIDE DR STATESVILLE	704 873 2574	336 648 7130

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
BRANDON LOUIE	165 OLD LACKEY FARM RD STONY POINT	704 775 6339	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
165 OLD LACKEY FARM RD STONY POINT	—	—

Driving Directions: I-77 N TO

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
(✓) Other RE-INSPECT EXISTING SYSTEM

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

(✓) 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

PAID

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 ____ *Year*

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

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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: _____ 11/13/17
   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, BRANDON LOUIE, am the legal owner(s) of the property located at 165 OLD LACKEY FARM RD STONY POINT NC 28678, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ADAM CASSTEVENS CLAYTON HOMES OF STATESVILLE, 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.

X _____ 11-5-2017 _____ 11/5/17

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

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

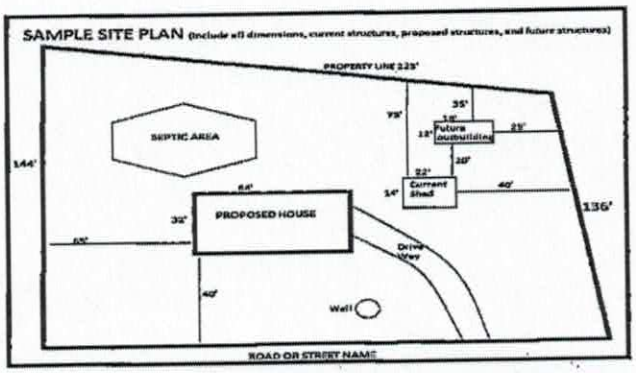
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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 ATTACHED

Signature: _____ 11/13/17

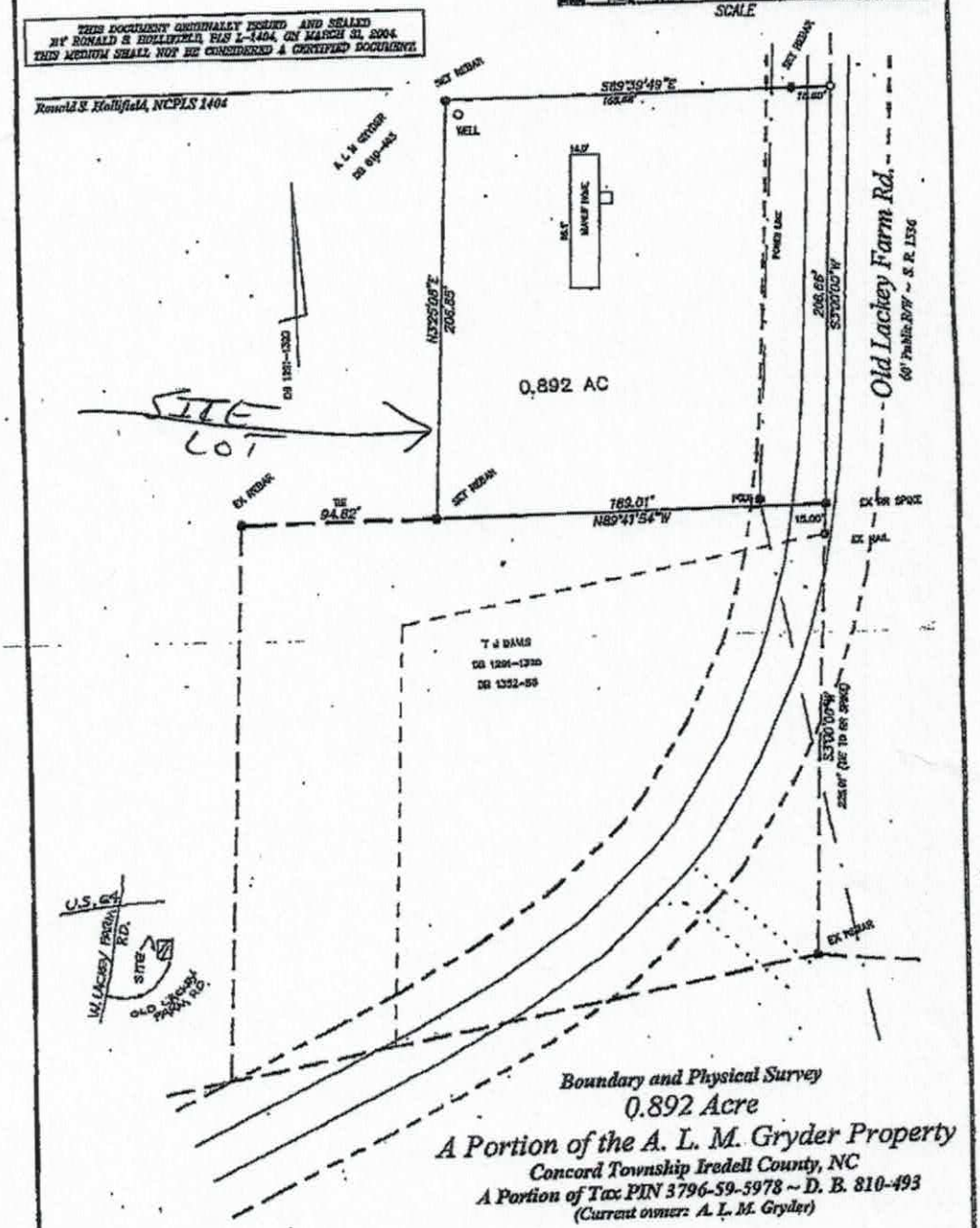
REQUIRED **property owner or owner's legal representative signature.** **DATE**

I, Ronald S. Hollifield, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in book SEE TITLE BLOCK ; map recorded in book SEE TITLE BLOCK), that the boundaries not surveyed are shown as broken lines platted from information as shown; that this plat was prepared in accordance with G. S. 47-30 as amended; that the ratio of precision is 1:10,000+. This survey is of an existing parcel or parcels of land and does not create a new street or change an existing street. No USGS monument found within 2000'.
Witness my original signature, registration number, and seal this 31st of March, 2004.

60 0 60 120
SCALE

THIS DOCUMENT ORIGINALLY ISSUED AND SEALED BY RONALD S. HOLLIFIELD, PLS L-1404, ON MARCH 31, 2004. THIS MEDIUM SHALL NOT BE CONSIDERED A CERTIFIED DOCUMENT.

Ronald S. Hollifield, NCPLS 1404



Boundary and Physical Survey
0.892 Acre
A Portion of the A. L. M. Gryder Property
Concord Township Iredell County, NC
A Portion of Tax PIN 3796-59-5978 ~ D. B. 810-493
(Current owner: A. L. M. Gryder)

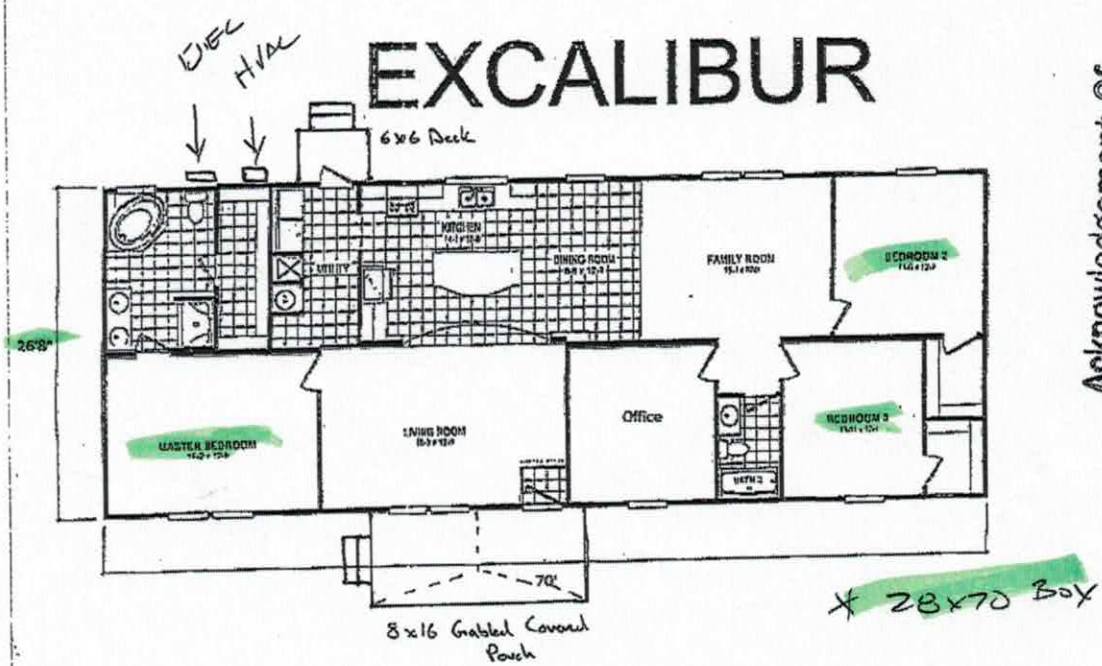
To be conveyed to Robert Daniel Gryder

NOTE: IRON STAKES AND MONUMENTS AS NOTED, ALL OTHERS CALCULATED POINTS.

R. S. Hollifield land surveying / subdivision planning ~ P. O. Box 1036 Troutman, NC 28166
phone (704) 871-1175 ~ fax (704) 871-2777 ~ email: holiron@wvi.net

file: tlavis

Exhibit (A)



Acknowledgement Of Plans Submittal ONLY!
Date 11/13/17

1260
128

IREDELL COUNTY

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

APPLICATION NUMBER
231526
Issue Date: 11/13/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
3797509038.000	165 OLD LACKEY FARM ROAD, STONY POINT, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GRYDER ROBERT DANIEL	Applicant: CLAYTON HOMES OF STATE
Address: 165 OLD LACKEY FARM RD STONY POINT, NC 28678	Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
MODULAR (SELLING SW ON LOT AND REPLACING WITH MODULAR)	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.892	35.00	35.00	15.00	15.00	NOT	X

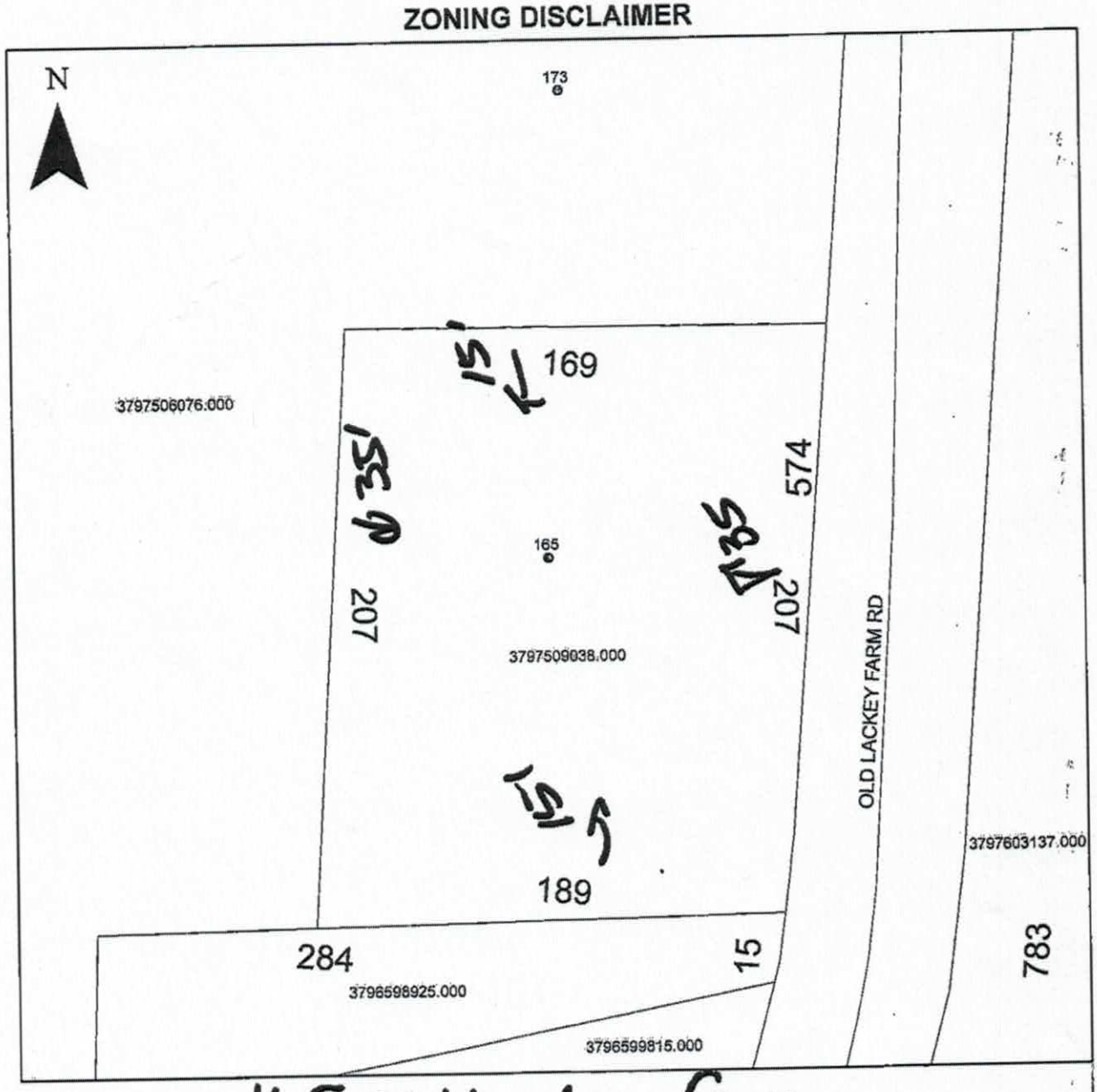
Remarks:

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	120474	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 165 Old Lackey Farm

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Applicant

11/13/17
Date