IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 228245

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

PIN # 4649-99-1837

APPLICANT/OWNER: Clayton Mobile Homes/Holshouser APPLICANT ADDRESS:

SITE ADDRESS: 519 Flowerhouse Loop Troutman NC 28166 PHONE: 704 682 7462 ALT. PHONE 704 528 1455

SITE DIRECTIONS: I-77S Exit 42 R on 21/115 R on Flowerhouse Loop Site 1/4 mile on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Flowerhouse Meadows SECTION: ~ LOT # 1 LOT AREA: 1.054 Acres DESIGN FLOW: 360 gpd L.T.A.R.: .30

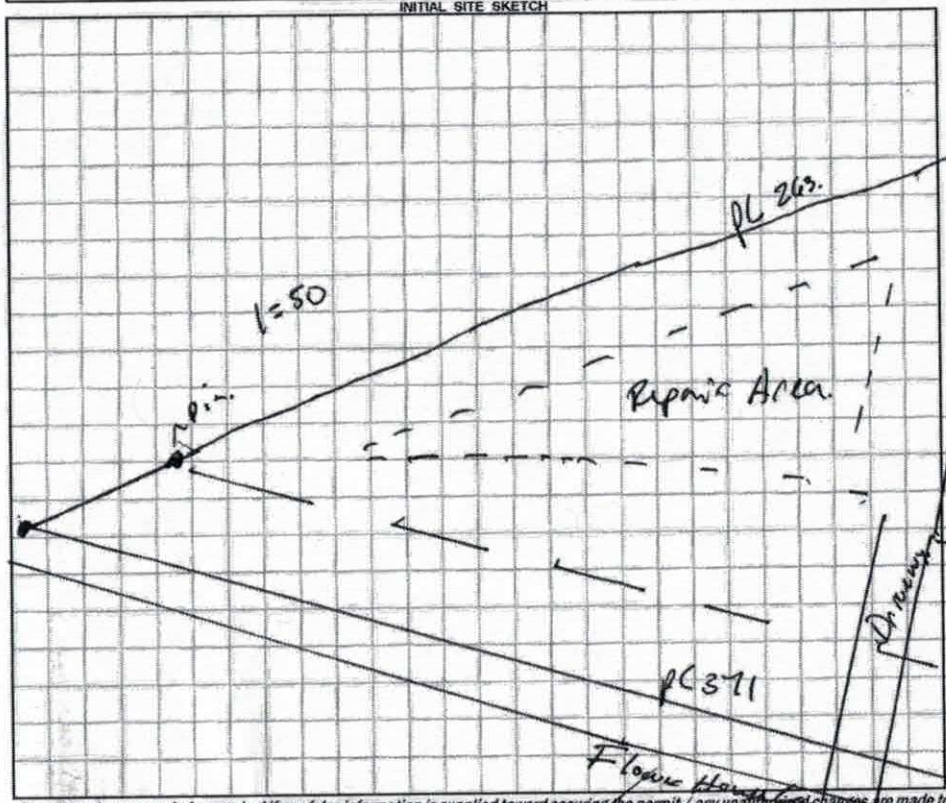
Septic Tank	1000	(gal)	STB	1012	Date	4-2-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	~	(gal)	PT	~	Date	~	System Description:	25% Reduction			
Pump Make	~	Model	~		Serial #	~	Repair System Description:	50% Reduction			
# Nitrification Fields	1	# Lines	4		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)	30		Gravel Depth	~		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

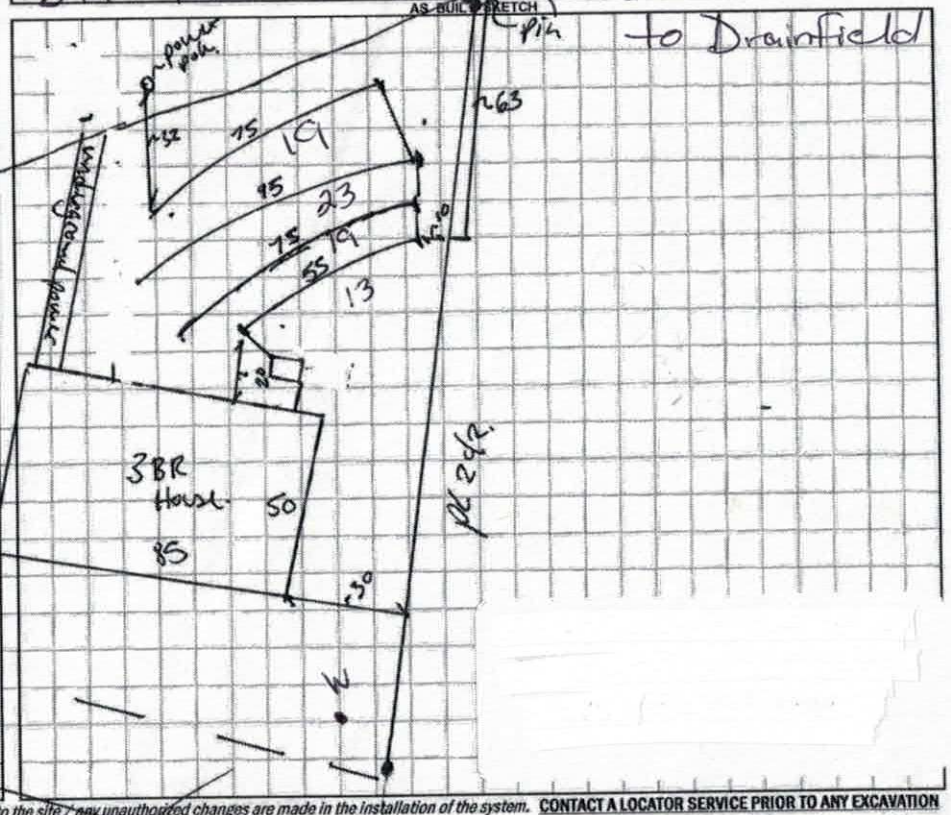
Comments / Conditions: * Septic Redraw due to Powerline going Run through Drainfield. Remove Beam & Rear of Property to Promote Water Runoff.

10ft from house to ST
Installed Quick 4.
84ft from ST to well, 100ft from well to Drainfield

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 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: Date: 7-3-18 Installed by: Steve Jordon

IMPROVEMENT PERMIT by: Benjamin D Butler Date: 7/2/2018 OPERATION PERMIT by: Maise Dotson Date: 7/16/18

AUTHORIZATION TO CONSTRUCT by: Benjamin D Butler Date: 7/2/2018 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ___ of ___

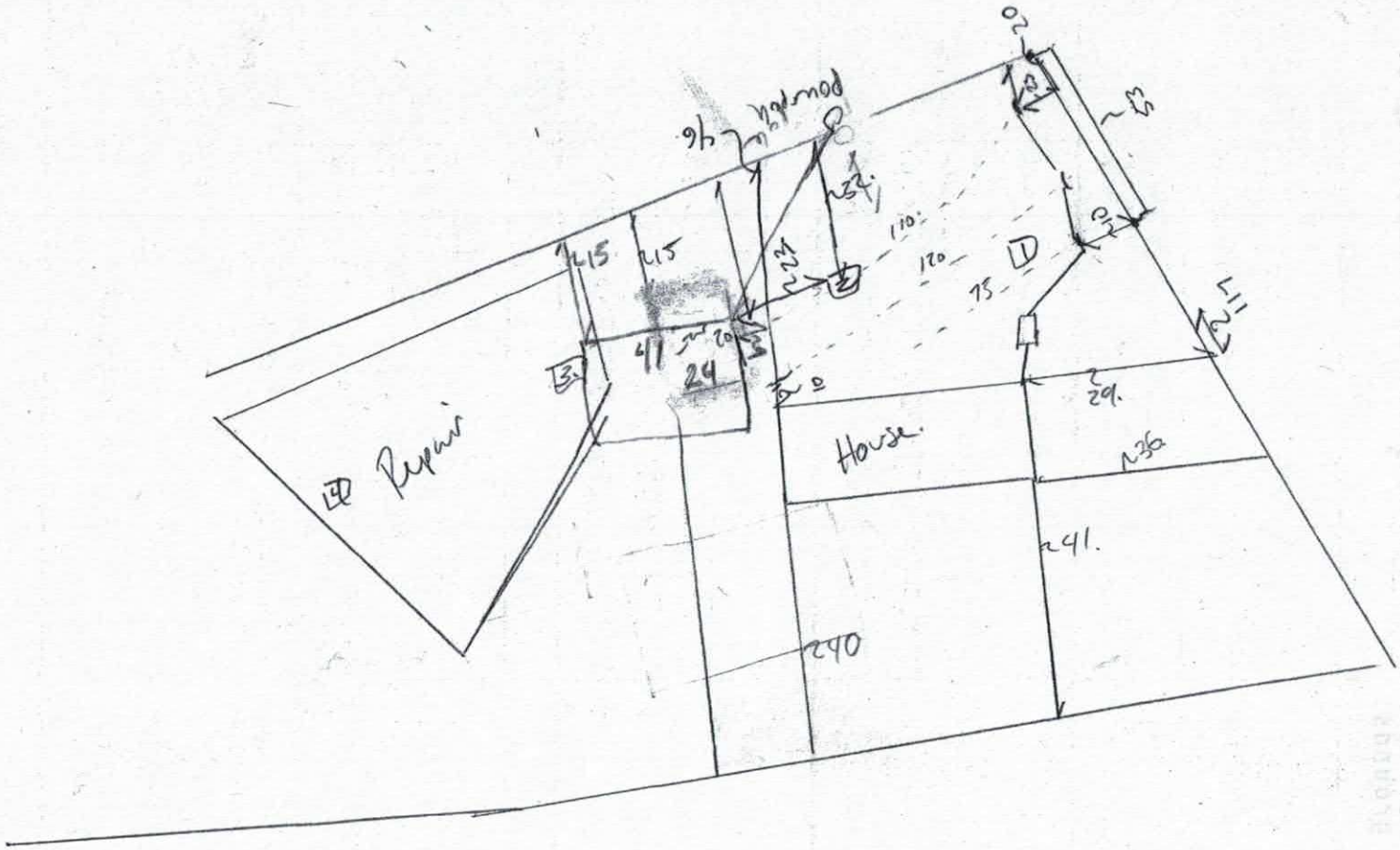
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

519 Flowthrough

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	8-10%	0-12	scl wSBk	SS Sp FR SEp	–	48	–	–	PS .3
		12-34	cl wSBk	SS Sp FR					
		34-48	cl wSBk	SS Sp FR					
2	5-10%	0-13	scl wSBk	2.5YR 5/6	–	53	–	–	PS .3
		13-38	c SBk	2.5YR 4/6					
		38-53	cl Sap wSBk Ind						
3	8-10%	0-14	scl wSBk	SS Sp FR	–	55	Sp Jules	–	PS .3
		14-34	c SBk	SS Sp FM					
		34-55	cl wSBk	SS Sp FR					
4	5-10%	0-4	scl wSBk	SS Sp FR SEp	–	41	Sp Inc	–	PS .3
		4-29	c SBk	SS Sp FM					
		29-41	cl SBk	SS Sp FR					
		41-58	Sap. M	NS NP VFR					

COMMENTS: _____


Pourpoint
215
215
41
24
Repair
House.
241.
240
29.
135
120
75
120
21
20
13
13
13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 2
PROPERTY ID #: Not Assigned
COUNTY: Franklin

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

Original Attached

OWNER: Russel D. Holshouser
ADDRESS: 519 Flower Farm Loop Tarboro
PROPOSED FACILITY: House
LOCATION OF SITE: 519 Flower Farm
APPLICATION DATE:
DATE EVALUATED:
PROPERTY SIZE: 1.00 ± Acres
PROPOSED DESIGN FLOW (.1949): 3 BD.
PROPERTY RECORDED: Y/N

WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	8-10%	0-12	scl wsbk	ss sp fr sprp		48	—	—	PS .3
		12-34	cl wsbk	ss sp fr					
		34-48	cl wsbk	ss sp fr					
2	5-10%	0-13	scl wsbk	ss sp fr sprp	2.5Y R5/6.	53	—	—	PS .3
		13-38	c sbk	ss sp fm	2.5YR4/6.				
		38-53	cl wsbk	ss sp fr	Sap Inc				
3	8-10%	0-14	scl wsbk	ss sp fr sprp		55	Sap Inc	—	PS .3
		14-34	c sbk	ss sp fm					
		34-55	cl wsbk	ss sp fr					
4	5-10%	0-4	scl wsbk	ss sp fr sprp		41	Sap Inc	—	PS .3
		4-29	c sbk	ss sp fm					
		29-41	cl sbk	ss sp fr					
		41-58	Sap M	ss sp fr sprp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	300.
System Type(s)	III 25%	III 25%
Site LTAR	.3	.3

OTHER FACTORS (.1946): High Area of Topo
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Botkins
OTHER(S) PRESENT:

COMMENTS:

RECEIVED JUN 27 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* Paid $500.00

(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)

#228245

1. APPLICATION FOR: X 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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Russell D. Holshouser	Statesville NC 28677 257 S Shady Rest Rd	704-682-7462	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
JACKIE MEADOWS	528 Flower House Loop Troutman NC	704-528-1455	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
519 ~~FBD~~ Flower House Loop	None Survey Done After (IP)	519 Flower House Loop FBD Troutman NC 28166

Driving Directions: 77 South, Exit 42, (R) on 21/115, (R) Flower House Loop, Sitz on (R) Approx 1/4 Mile (Property Flagged)

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
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
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 ___

PAID
MAY 0 2017

6. Proposed Water Supply:

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following To The Best of Your Ability: ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) 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: Russell Dwayne Holshouser
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6-13-17
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, JACKIE MEADOWS, am the legal owner(s) of the property located at 186 Flower House Loop, identified as PIN (Parcel Identification Number) 4649992280.000, located in Iredell County, North Carolina.

Part of 7

I do hereby authorize (**print legal representative/company name**) Russell Dwayne Holshouser Clayton Homes 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.

Jackie E Meadows 6-7-17
Signature of Owner(s) Date

Jay S. Meadows 6-8-17
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:

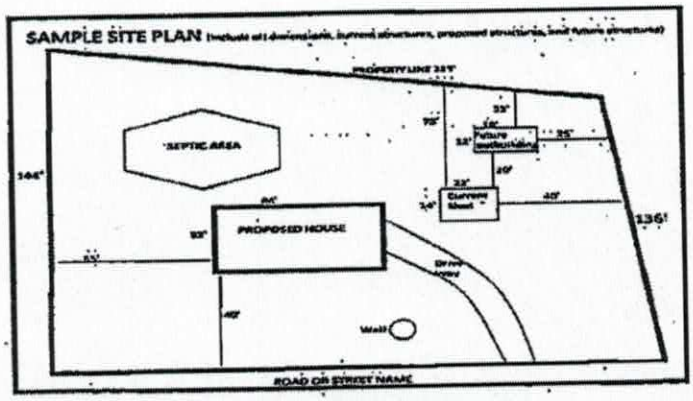
- ✓ Property Line measurements are clearly identified...
- ✓ All proposed structures are indicated...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

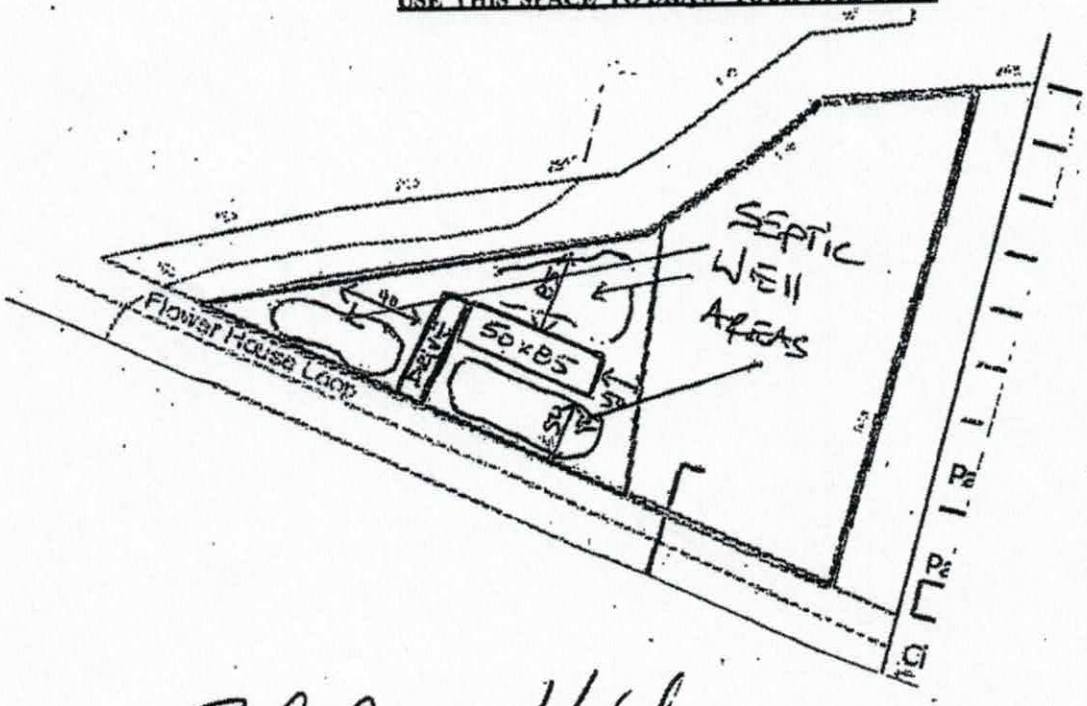
- ✓ Front and side setbacks from property line...
- ✓ Area you prefer your septic system to be placed...
- ✓ Preferred driveway location and configuration, preferred well location...
- ___ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

- N/A Location of septic systems and wells within 100' of your property... N/A
- N/A Location of easements and rights of ways on your property... N/A
- N/A Location of any designated wetlands on the property... N/A



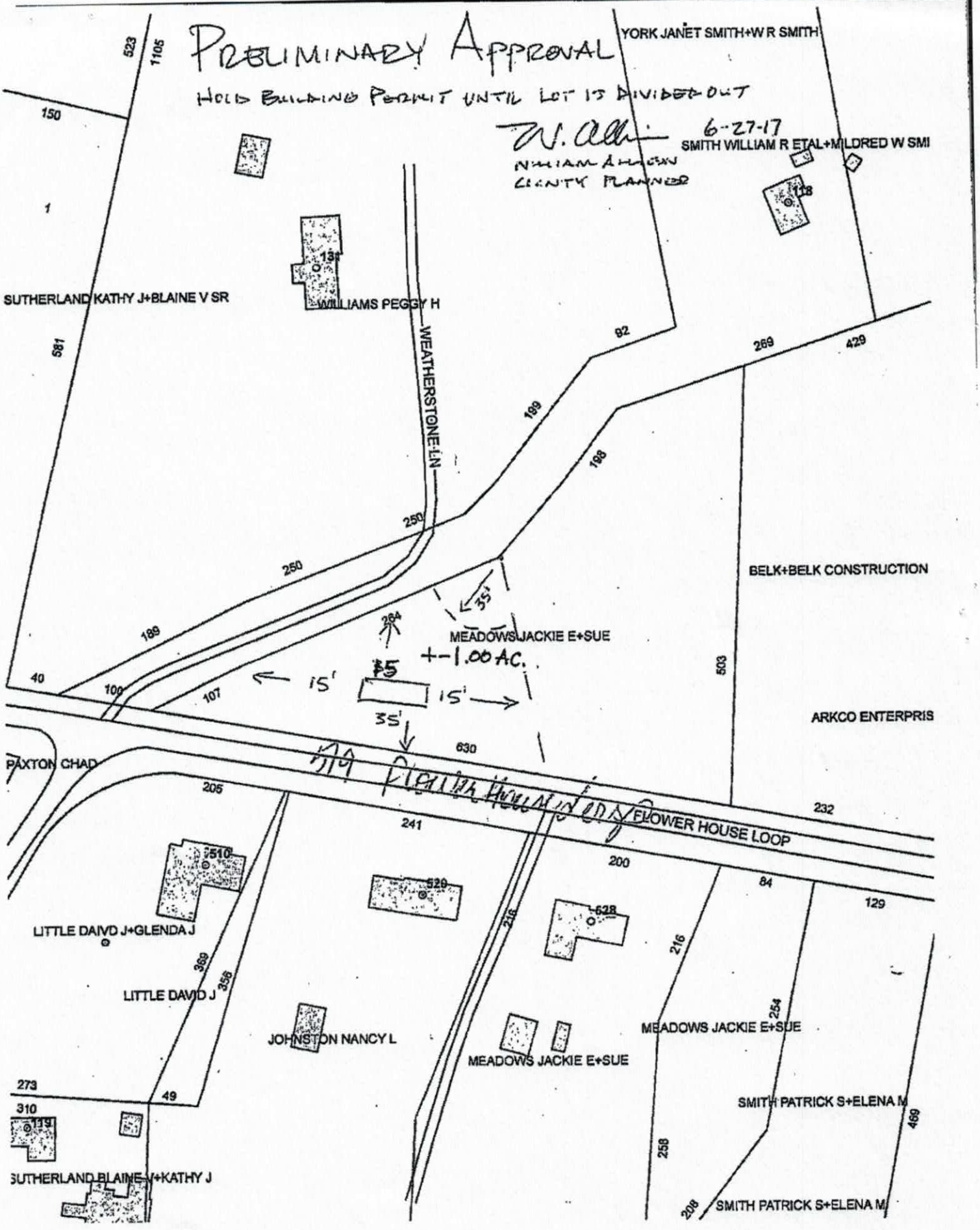
USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Bull Dwayne Hutchinson

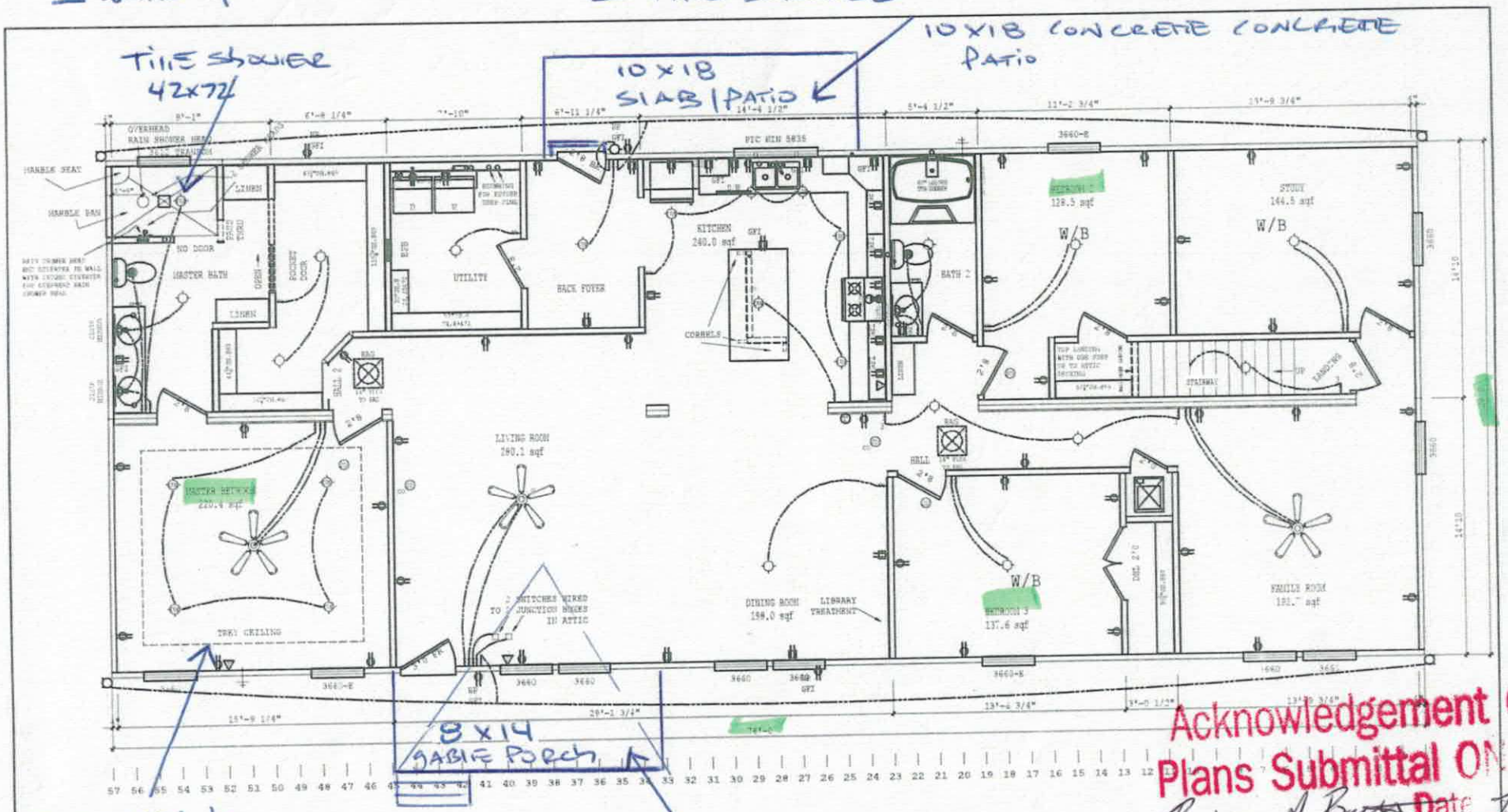
REQUIRED property owner or owner's legal representative signature.

6-13-17
DATE


PRELIMINARY APPROVAL
HOLD BUILDING PERMIT UNTIL LOT IS DIVIDED OUT
W. Allen 6-27-17
WILLIAM ALLEN
CLINTY PLANNER
YORK JANET SMITH+W R SMITH
SMITH WILLIAM R ETAL+MILDRED W SMI
SUTHERLAND KATHY J+BLAINE V SR
WILLIAMS PEGGY H
WEATHERSTONE LN
BELK+BELK CONSTRUCTION
MEADOWS JACKIE E+SUE
+-1.00 AC.
15'
15'
35'
35'
ARKCO ENTERPRIS
PAXTON CHAD
FLOWER HOUSE LOOP
LITTLE DAIVD J+GLENDA J
LITTLE DAVID J
JOHNSTON NANCY L
MEADOWS JACKIE E+SUE
MEADOWS JACKIE E+SUE
SMITH PATRICK S+ELENA M
SMITH PATRICK S+ELENA M
SUTHERLAND BLAINE V+KATHY J
150
523
1105
1
581
131
92
269
429
189
198
250
250
189
264
40
100
107
503
630
205
241
232
200
84
129
510
520
628
216
216
369
358
254
273
49
310
119
258
208
469

* HOLSHOUSER

- 2350 Sq Ft
- 7/12 Roof
- WALK UP ATTIC STORAGE
- DREAM APPLIANCES
- 9 FT CEILINGS
- HARDWOOD CABINETS
- TILE SHOWER
- UPGRADE LINO FLOORING THROUGHTOUT (WOOD)
- FARM HOUSE SINK



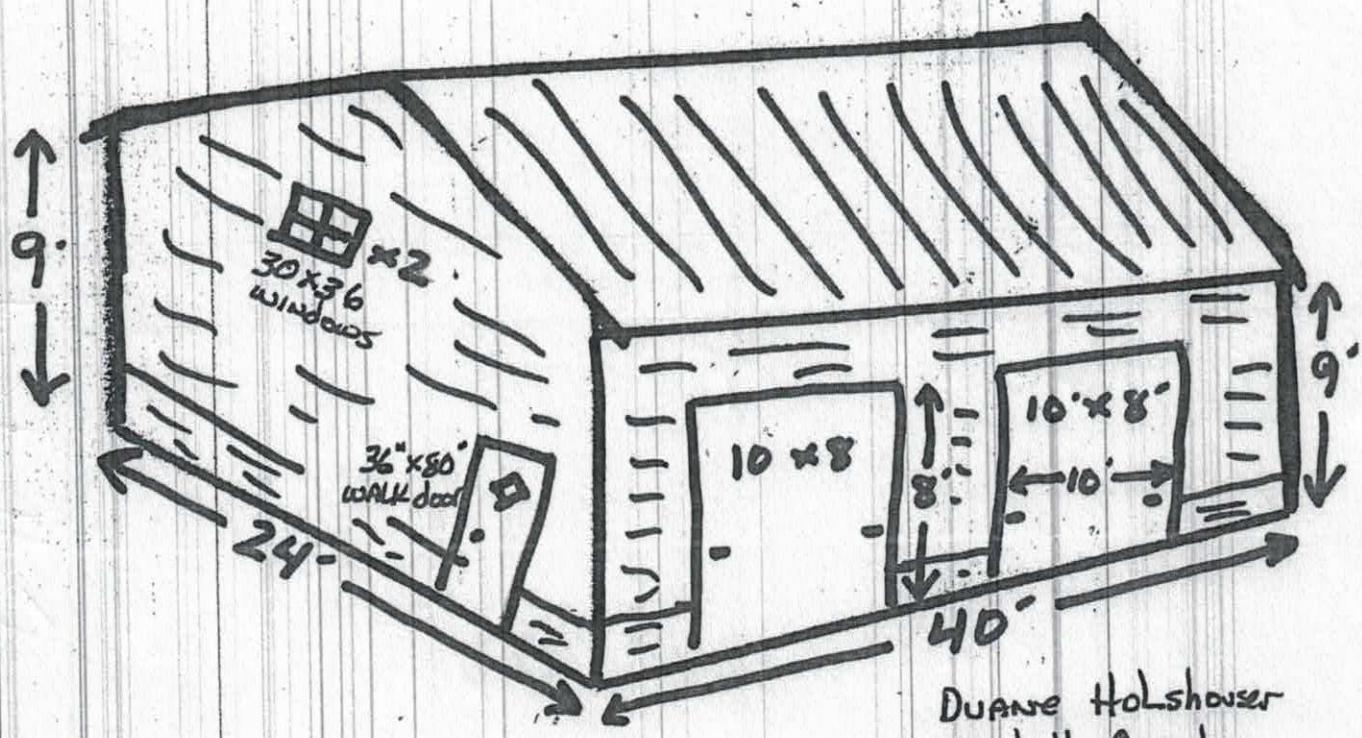
Acknowledgement Of Plans Submittal ONLY!

Benjamin Brock Date 7/27/2017

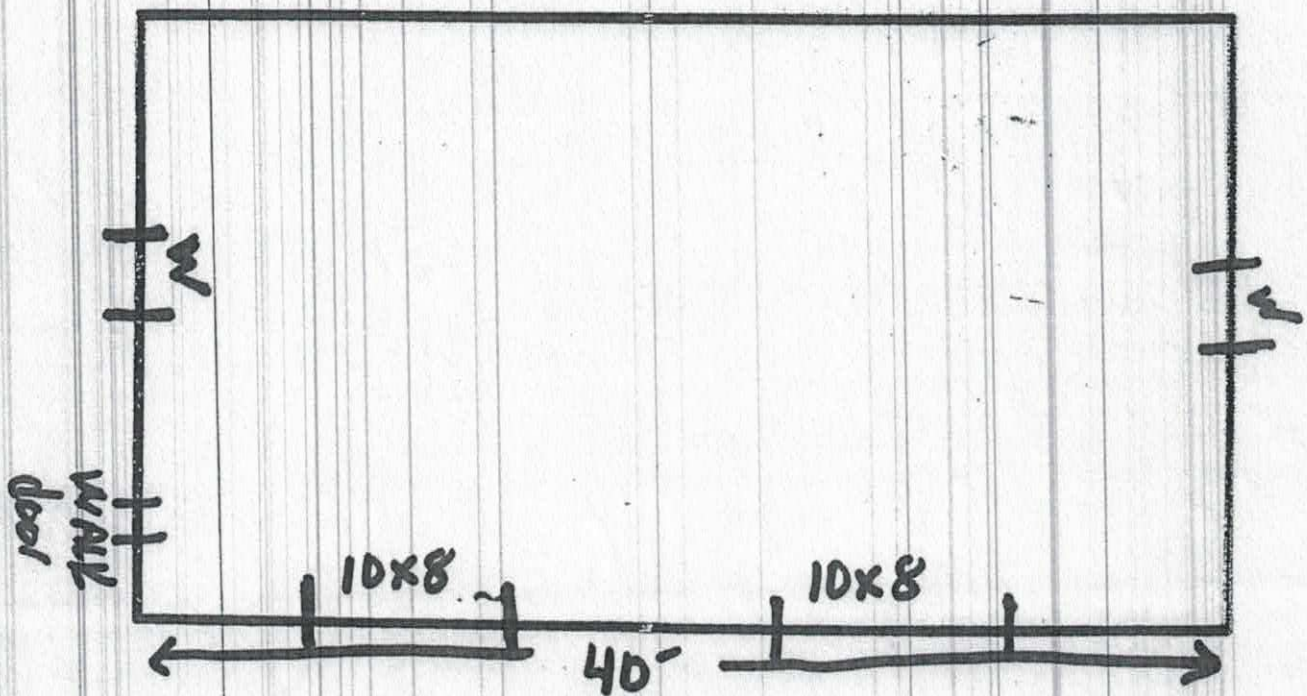
Brooke Lyon Date 8-3-17

LOT #1

LOT #1



Duane Holshouser
Iredell County



*Not to scale

IREDELL COUNTY

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

APPLICATION NUMBER
228245
Issue Date: 06/27/2017

ZONING PERMIT
Residential

FILE COPY

Parcel Number	Street Address	Jurisdiction
4649992280.000	519 FLOWER HOUSE LOOP, TROUTMAN, NC 28166	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MEADOWS JACKIE E+SUE	Applicant: HOLSHOUSER RUSSELL D+L
Address: 528 FLOWER HOUSE LOOP TROUTMAN, NC 28166	Address: PO BOX 873 TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
MODULAR HOME	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
9.120	35.00	35.00	15.00	15.00	PACL	X

Remarks:

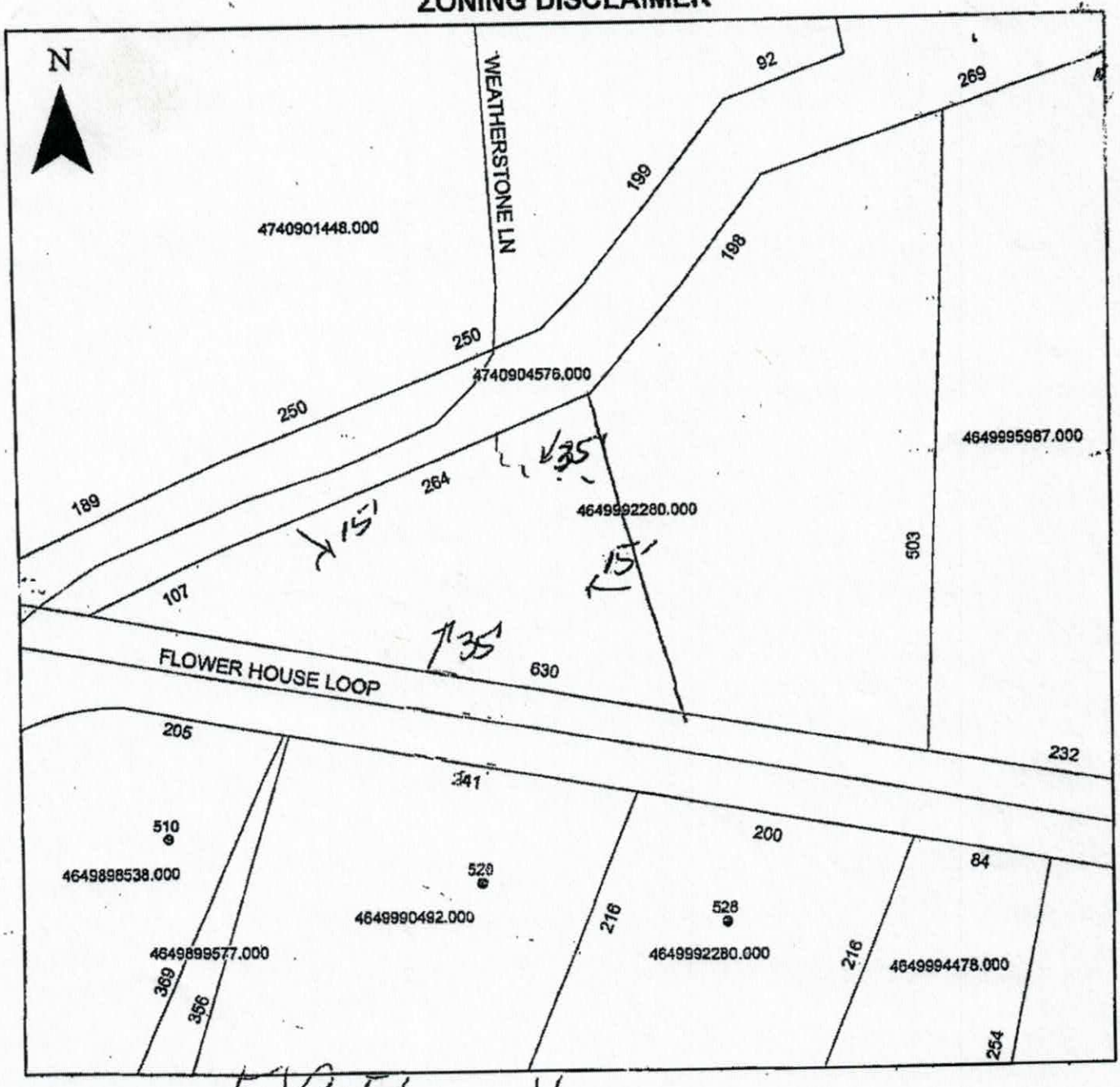
PAID
Debtmh
6/27

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: See Attached Date: _____

Permit Number	107341	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 519 Flower House

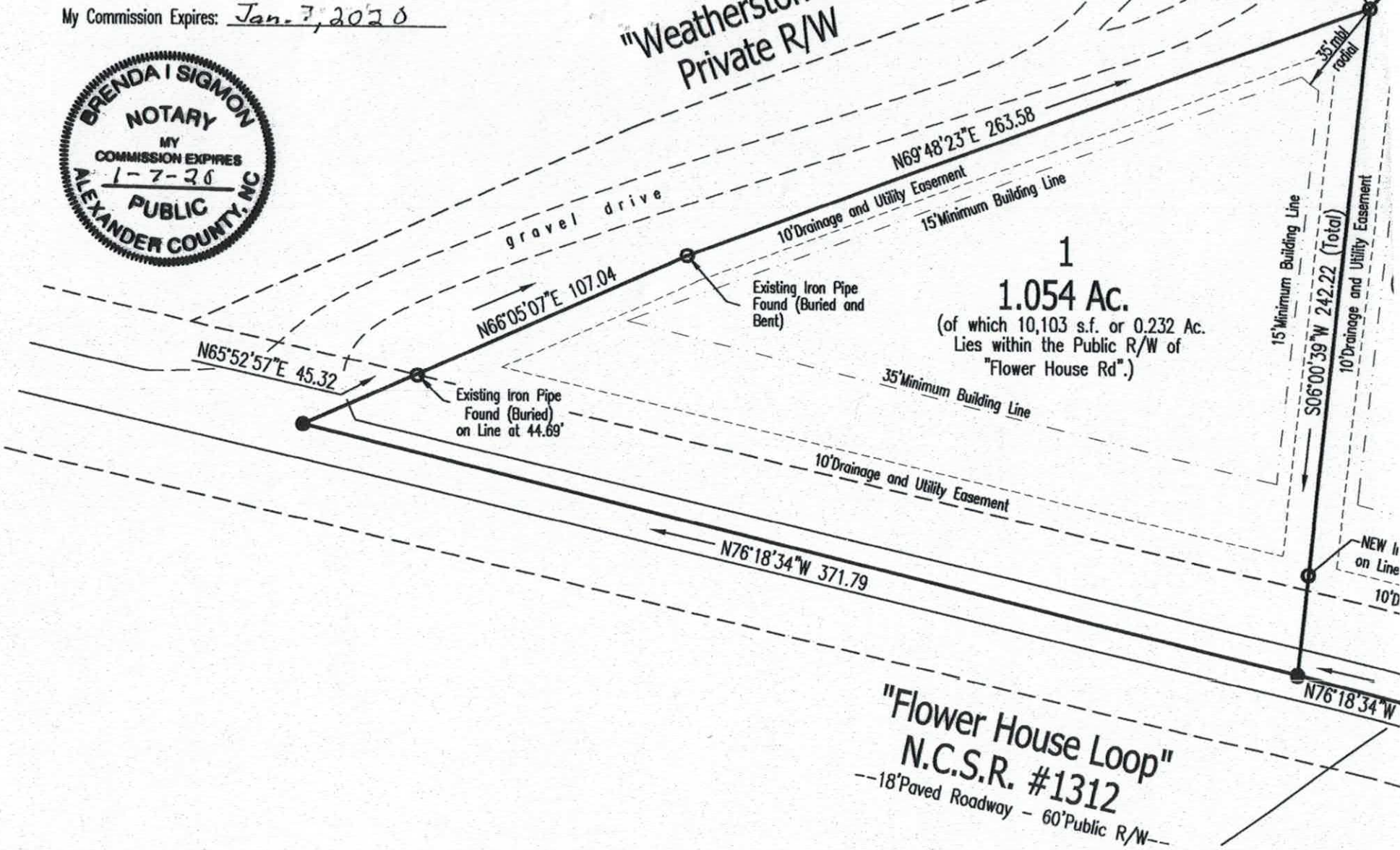
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Randall D. Hoffman
Applicant

6-22-17
Date

My Commission Expires: Jan. 7, 2020

BRENDA I SIGMON
NOTARY
MY COMMISSION EXPIRES
1-7-20
PUBLIC
ALEXANDER COUNTY, NC



NOTES:

1. Property as shown falls within the designated Flood Hazard Zone "X" (Minimal Flood Risk)... This opinion is based upon an inspection of the Flood Insurance Rate Maps; the property as shown falls on the Southern end of Map #3710474000J, CID; 370313 and the Northern End of Map #3710464900J, CID: 370313 both maps with an effective date of 03/18/2008.
2. Weatherstone Lane is a PRIVATE 50' Right of Way,

CERTIFICATE OF APPROVAL FOR RECORDING

I HEREBY CERTIFY THAT THE SUBDIVISION PLAT SHOWN HEREON HAS BEEN FOUND TO COMPLY WITH THE SUBDIVISION REGULATIONS OF THE COUNTY OF IREDELL, NORTH CAROLINA AND THAT THIS PLAT HAS BEEN APPROVED BY THE SUBDIVISION ADMINISTRATOR FOR RECORDING IN THE OFFICE OF THE REGISTER OF DEEDS OF IREDELL COUNTY.

Willis M. Allen
SUBDIVISION ADMINISTRATOR

7-26-17
DATE

RECEIVED JUL 3 - 2018

Paid $320.00

#228245

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: X 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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Clayton Homes of SVC.	[illegible]	704-682-7462	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
JACKIE MEADOWS	528 Flower House Loop TROUTMAN NC	704-528-1455	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

519 ~~FBD~~ Flower House Loop	NONE SURVEY DONE AFTER (IP)	519 Flower House Loop FBD TROUTMAN NC 28166
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 77 South, Exit 42, (E) on 21/115, (E) Flower House Loop, Site on (E) Approx 1/4 Mile (Property Flagged)

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
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
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 ___

Relocated App

6. Proposed Water Supply:

X 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following To The Best of Your Ability: ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) 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: [signature] 7/3/18
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

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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, JACKIE MEADOWS, am the legal owner(s) of the property located at [illegible] FLOWER HOUSE LOOP, identified as PIN (Parcel Identification Number) 4649992280.000, located in Iredell County, North Carolina. PART OF 7

I do hereby authorize (**print legal representative/company name**) Russell Dwayne Holshouser CLAYTON HOMES 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.

Jackie F Meadows 7/3/18 — Signature of Owner(s) — Date

Jay S. Meadows 7/3/18 — 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:

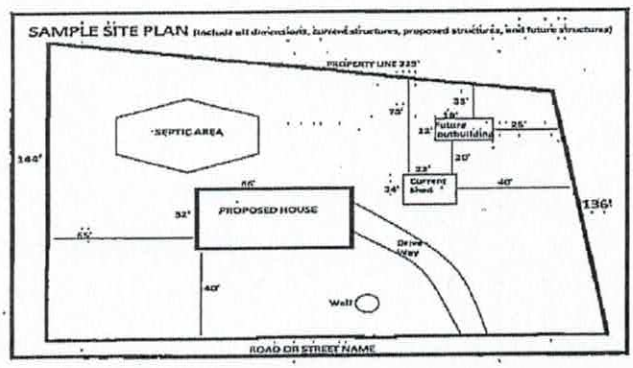
- ✓ Property Line measurements are clearly identified...
- ✓ All proposed structures are indicated...

SHOW proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

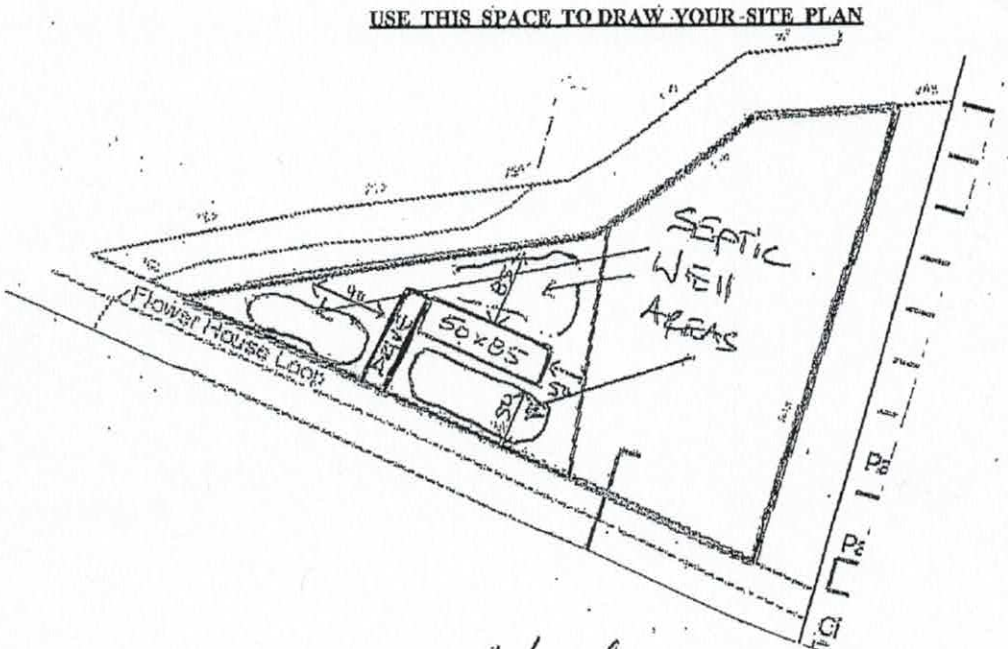
- ✓ Front and side setbacks from property line...
- ✓ Preferred driveway location and configuration, preferred well location...
- ✓ Area you prefer your septic system to be placed...
- ___ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

- N/A Location of septic systems and wells within 100' of your property... N/A
- N/A Location of easements and rights of ways on your property... N/A
- N/A Location of any designated wetlands on the property... N/A

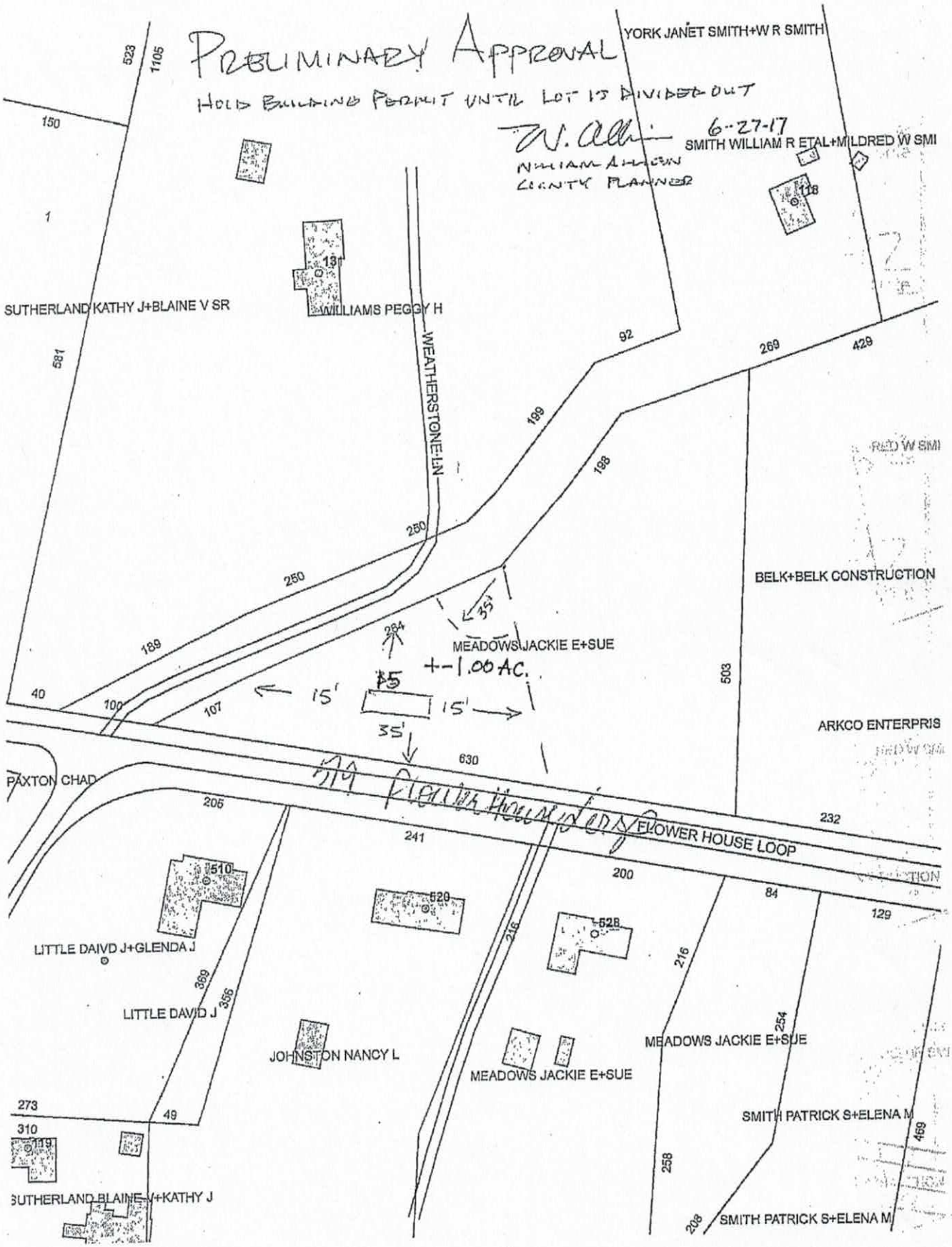


USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Bull Dwayne Hutchinson
REQUIRED property owner or owner's legal representative signature.

7/3/18
DATE


PRELIMINARY APPROVAL
HOLD BUILDING PERMIT UNTIL LOT IS DIVIDED OUT
W. Allen 6-27-17
WILLIAM ALLEN
COUNTY PLANNER
YORK JANET SMITH+W R SMITH
SMITH WILLIAM R ETAL+MILDRED W SMI
SUTHERLAND KATHY J+BLAINE V SR
WILLIAMS PEGGY H
WEATHERSTONE LN
BELK+BELK CONSTRUCTION
MEADOWS JACKIE E+SUE
+-1.00 AC.
15'
15'
35'
ARKCO ENTERPRIS
PAXTON CHAD
FLOWER HOUSE LOOP
LITTLE DAIVD J+GLENDA J
LITTLE DAVID J
JOHNSTON NANCY L
MEADOWS JACKIE E+SUE
MEADOWS JACKIE E+SUE
SMITH PATRICK S+ELENA M
SMITH PATRICK S+ELENA M
SUTHERLAND BLAINE V+KATHY J
523
1105
150
1
581
92
269
429
199
198
250
250
189
40
100
107
264
35'
503
205
241
630
232
200
84
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216
216
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273
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254
469
209
510
520
528
118
131