IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228319.

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

PIN # 4649.99 - 3913

APPLICANT/OWNER: Clayton Homes of Statesville APPLICANT ADDRESS: 2026 Nockside Drive Statesville NC 28677.

SITE ADDRESS: 523 Flower House Loop Troutman NC 28166 PHONE: 704 873 2547 ALT. PHONE 704 902 4659

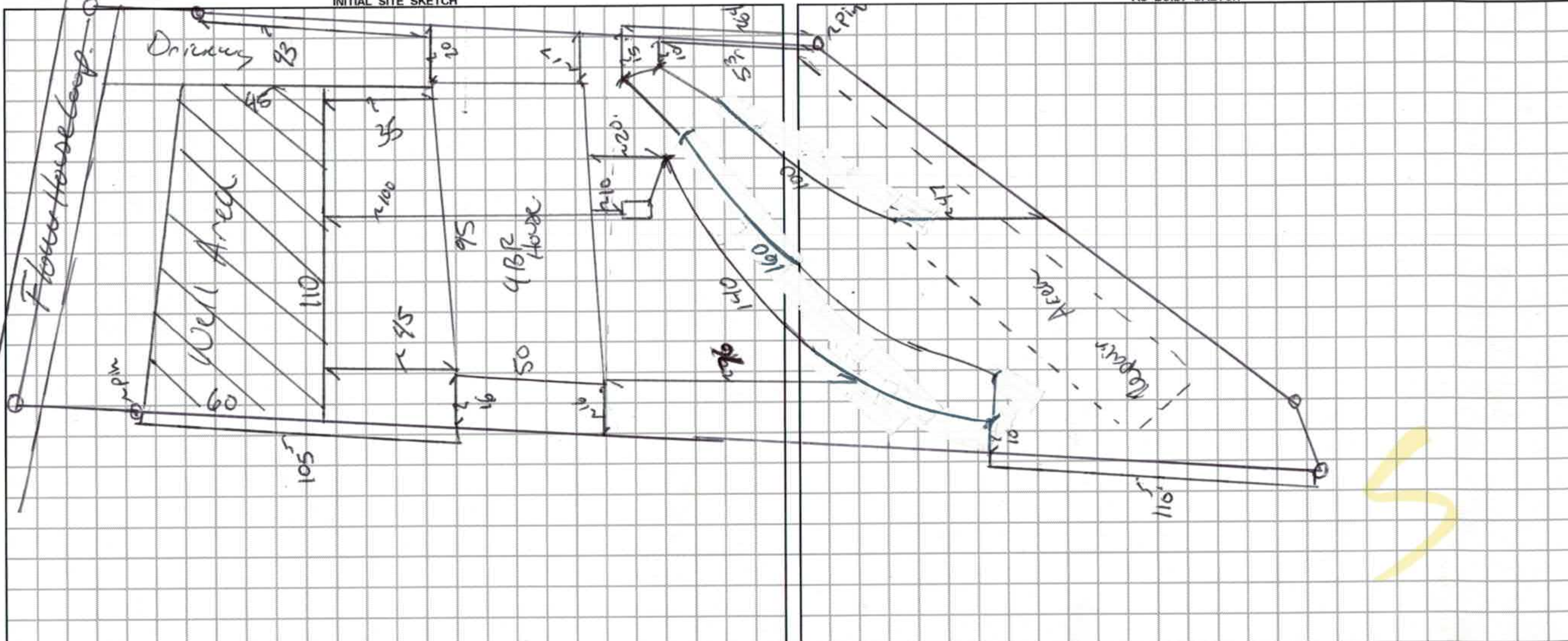
SITE DIRECTIONS: 77 South Exit 42 L on Flower House loop 1/4 mile on Right SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Flowerhouse Meadows SECTION: — LOT # -2- LOT AREA: 1.3 Acres. DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 10-12 Date 12/23/17.	☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☑ Residence No. Bedrooms 4.	**Water Supply**
Pump Tank — (gal) PT — Date —	System Description: 25% Reduction	☐ Business No. Persons 8	☑ Private
Pump Make — Model — Serial # —	Repair System Description: 50% Reduction	☐ Other No. Employees	☐ Public
# Nitrification Fields 1 # Lines 3 Linear Ft 400	Maintenance Agreement Required: ☐ YES ☑ NO	☑ Slab ☐ Crawl Space	☐ Community
Trench Width 36 Trench Bottom Depth(Low side) 33 Gravel Depth —	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing ☐ Basement w/o plumbing	

Comments / Conditions: Install on contour of land + utilize serial distribution. Pin # not available to be added later. Grade out any Terraces that are near drainfield. 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 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: 8/3/17 Installed by: Steve Jordan A-1 Backhoe

IMPROVEMENT PERMIT by: Benjamin R Bottoms Date: 8/3/2017 OPERATION PERMIT by: Benjamin A. Bottoms Date: 3/16/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottoms Date: 2/6/2017 Existing System Inspected by: Date:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ___ of ___

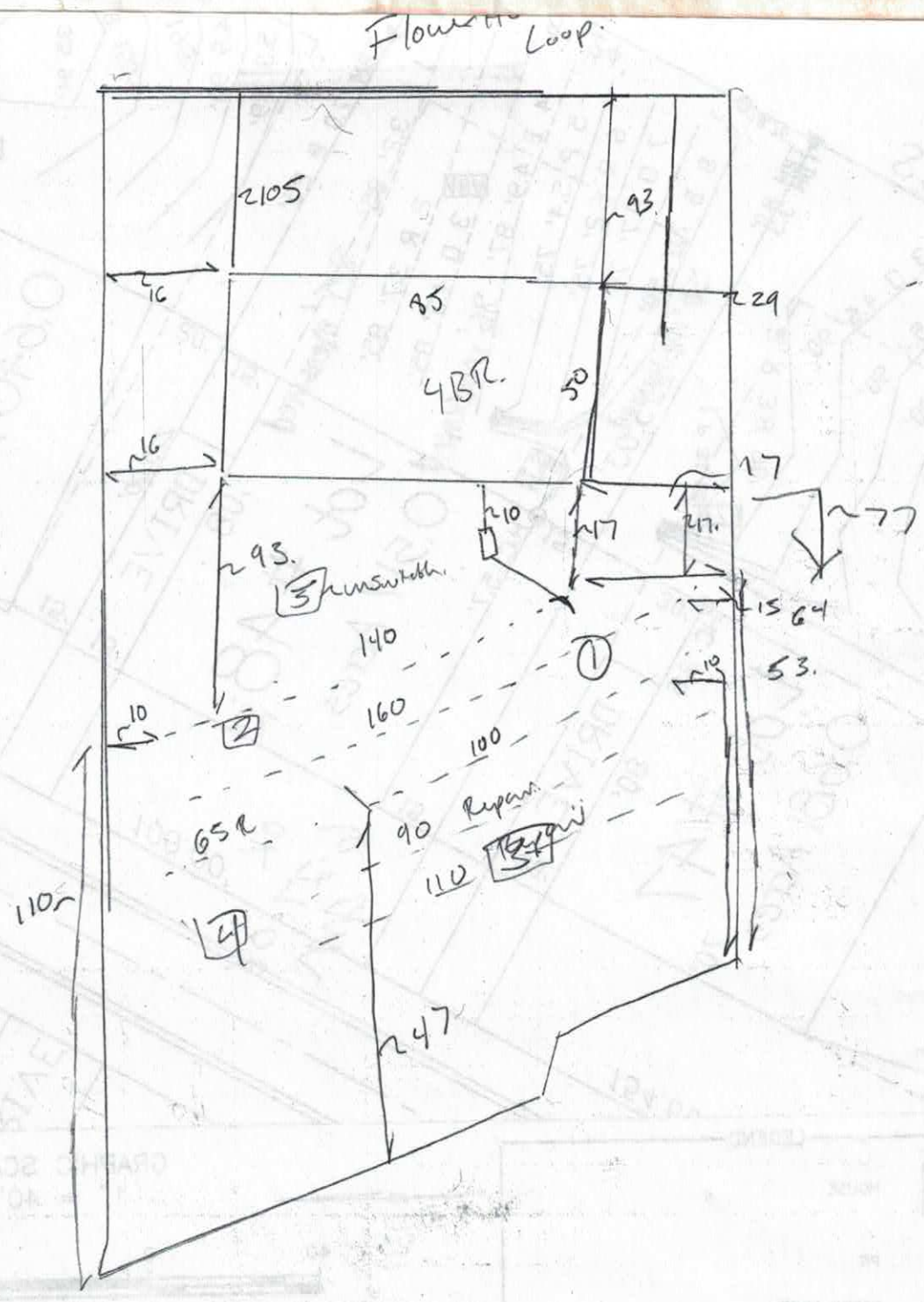
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Flowerhouse Lot 3 Loop.

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941i 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
	L SS 6%	0-11	C SBk	SS SP FM SEXP	2.5YR5/6	34			PS .3.
		11-34	CL SBk	SS SP FM					
		34-56.	Sap SC Mica	SS SP FR					
	L SS 6%	0-12	SCL SBk	SS SP FR SEXP.		32.	Mic Sap Incl		PS .3.
		12-32	C SBk	SS SP FM SEXP.					
		32-51	CL wSBk	SS SP FR SEXP.					
	L SS 6%	0-15	SCL SBk	SS SP FR SEXP		38	Sem Sap Micas.		PS .3.
		15-24	C SBk	SS SP FM					
		24-38	CL wSBk	SS SP FR					
		38-52.	Sap. M	SS SP FR					
	L SS 6%	0-13	SCL SBk	SS SP FR SEXP		Depth to Bdrk. 60	Sap Inclusions		PS .2 Deep Instl
		13-30	C SBk	SS SP FM					
		30-60	C SBk.	SS SP FR.					

COMMENTS:



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 Statesville	2026 Morrison Dr Statesville NC 28625	704-873-2547	704-902-4655(c)
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Sallie Meadows	528 Tower House Loop Troutman NC 28166		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

Lot(s) Tower House Loop Road Troutman		3
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 77 South, Exit 42 (R) on Tower House Loop Road (Sites) 1/4 on 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
- ( ) Repair To Failing Septic System due to ___
- ( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
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 340.00 MM 1/3

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 25%

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:** ___ 6/3/17
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, JACKIE MEADOWS, am the legal owner(s) of the property located at Flower House Loop, identified as PIN (Parcel Identification Number) 4649992280 (Part of SEE maps), located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) CLAYTON HOMES / LOWE HARRIS, 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 Meadows 6-28-17 / 6-29-17

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:

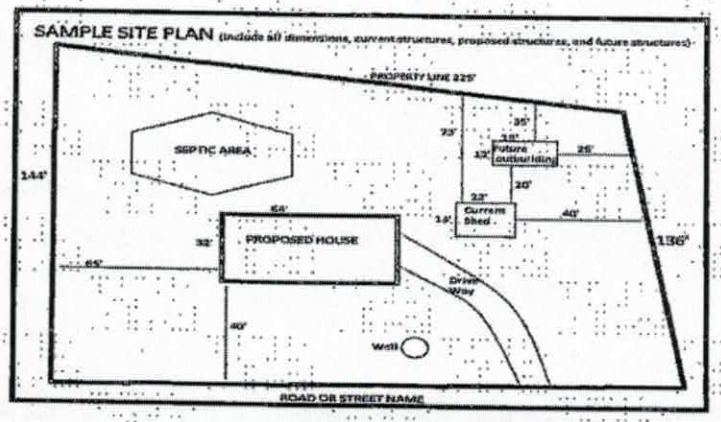
- X Property Line measurements are clearly identified...
- X All proposed structures are indicated...

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

- X Front and side setbacks from property line...
- X Area you prefer your septic system to be placed...
- X Preferred driveway location and configuration, preferred well location...
- X 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

SEE ATTACHED MAP

NOTE LIVE TO BEGIN DOING
7/5/17 @ 10 AM

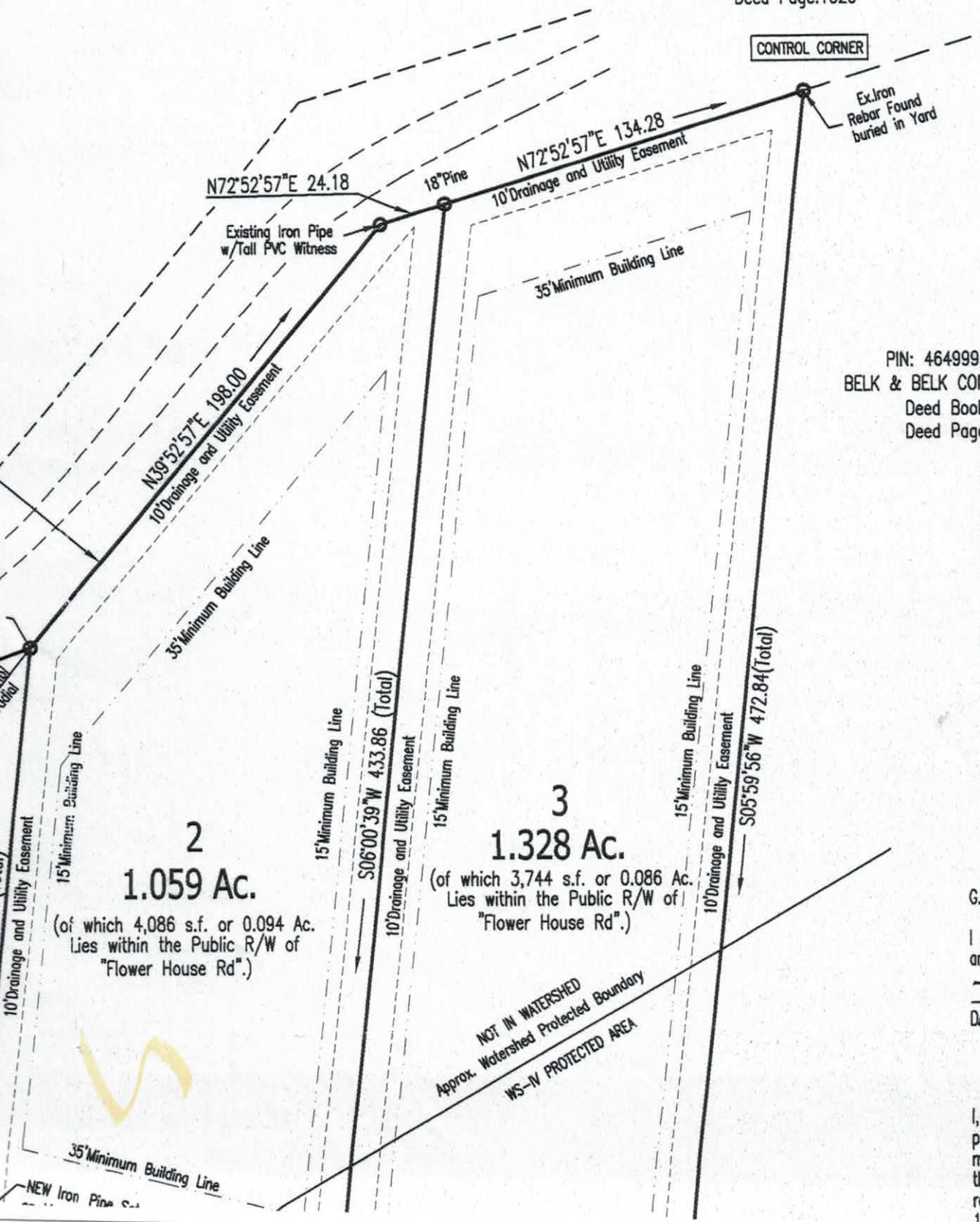
Signature: X _____

REQUIRED: property owner or owner's legal representative signature.

6/30/17
DATE

Doc ID: 015895850001 Type: CRP
Recorded: 07/26/2017 at 09:58:14 AM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 67 PG 4

PIN: 4740904576.000
JANET SMITH YORK
W R SMITH
Deed Book:894
Deed Page:1020



PIN: 4649995987.000
BELK & BELK CONSTRUCTION INC
Deed Book:1688
Deed Page:1804

Watershed Statement

A portion of the pr lies within the WS 4 designated by the N and as it appears

7-26-17
Date

Review Officer Certif

I, William M that this plat to wh for recording.

7-26-17
DATE

G.S. 47-30 F (11) a-e

I certify that this survey an ordinance regulating

7/11/17
DATE

I, FRANKLIN G. KINDER, plat with this certificati my direct supervision; that the boundaries no record deeds or other 1 part in 20,000; that

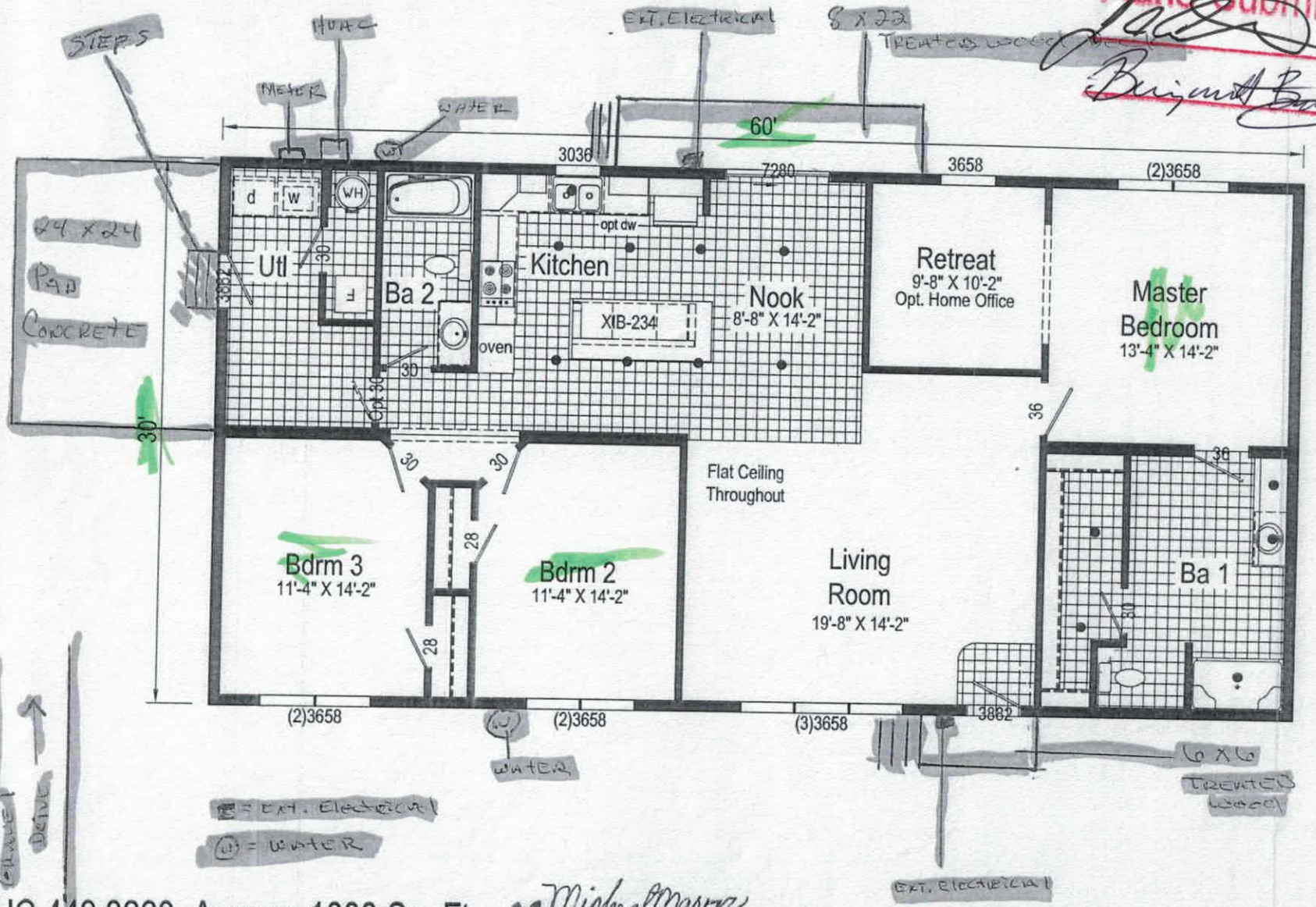
OTE: This home may require wall bracing tie-downs depending on wind/seismic design. Please refer to e permit set for tie-down loads and locations if applicable. Some areas of the exterior wall sheathing ay be shipped loose to allow access for tie-down installation. All tie-down designs are by others.

B32-JC-449

Acknowledgement Of Plans Submittal ONLY!

Date 1/19/18

Date 1/19/2018.



2-JC-449 3260 Approx. 1800 Sq. Ft.

Michael Mason

R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 3260	Revisions Date	Number		Scale: 1/8" = 1'-0"	Date: 10/04/2017	Cust: Mason	Model/Eng. No.: B32-JC-449
Literature					Drawn By: JR	Reference: B32601-A	Dlr: Clayton Statesville S/N: .	Pg.: LIT

IREDELL COUNTY

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

APPLICATION NUMBER
228399
Issue Date: 07/03/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649992280.000	523 FLOWER HOUSE LOOP, TROUTMAN, NC 28166	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MEADOWS JACKIE E+SUE	Applicant: CLAYTON HOMES OF STATE
Address: 528 FLOWER HOUSE LOOP TROUTMAN, NC 28166	Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
MODULAR	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:

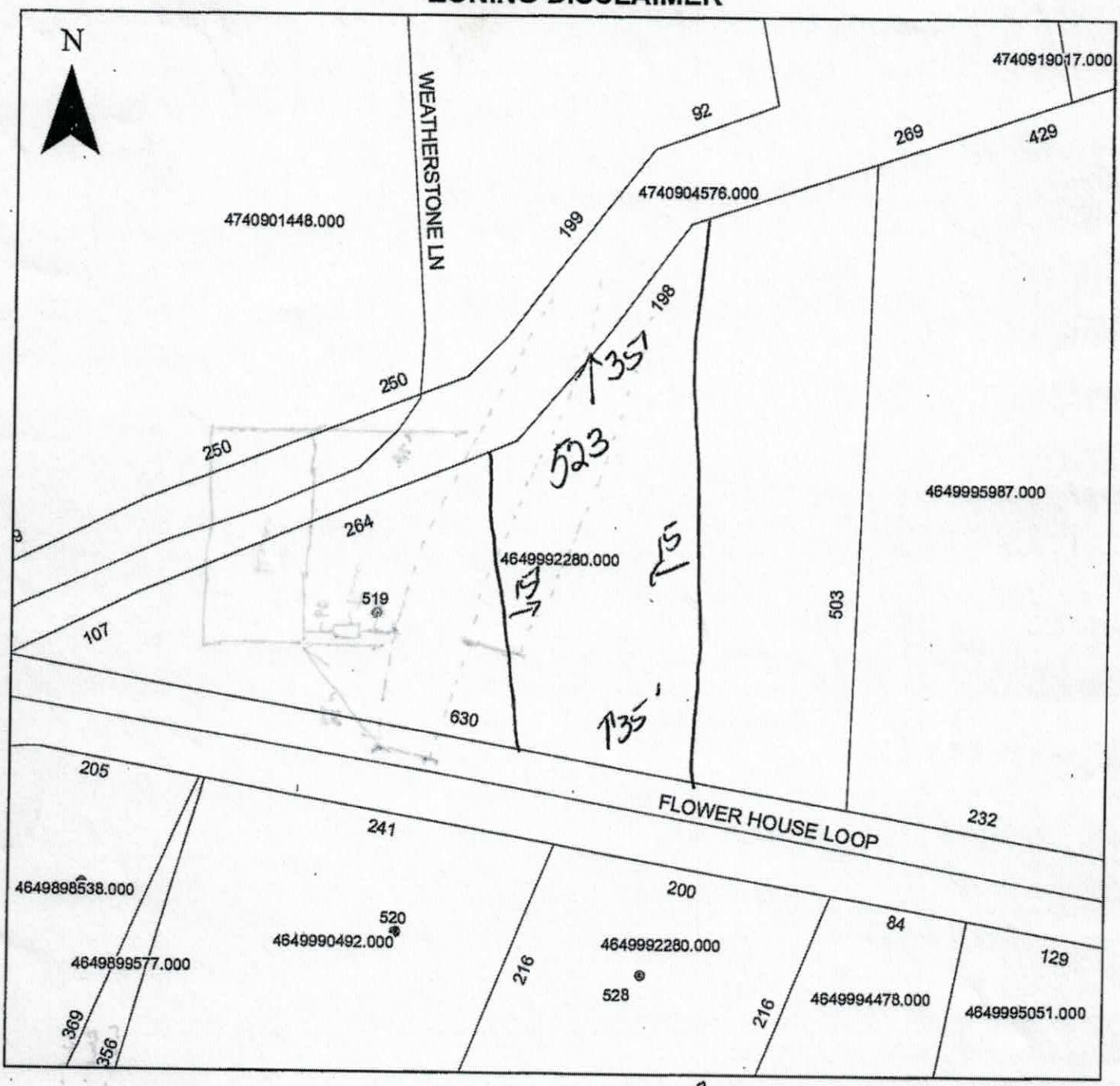
PAID 340 Wtl 7/7

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	108055	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 523 Flowerhouse Loop

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

Date