IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 228401

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

PIN # 4649-99-4935

APPLICANT/OWNER: Clayton Homes Statesville | APPLICANT ADDRESS: 2026 Northside Drive Statesville NC 28625

SITE ADDRESS: 529 Flower House Loop Troutman NC 28166 | PHONE: 704 873 2547 | ALT. PHONE 704 902 4653

SITE DIRECTIONS: 77 South Exit 42 R on Flower House Loop RD Site 1/4 mile on Right

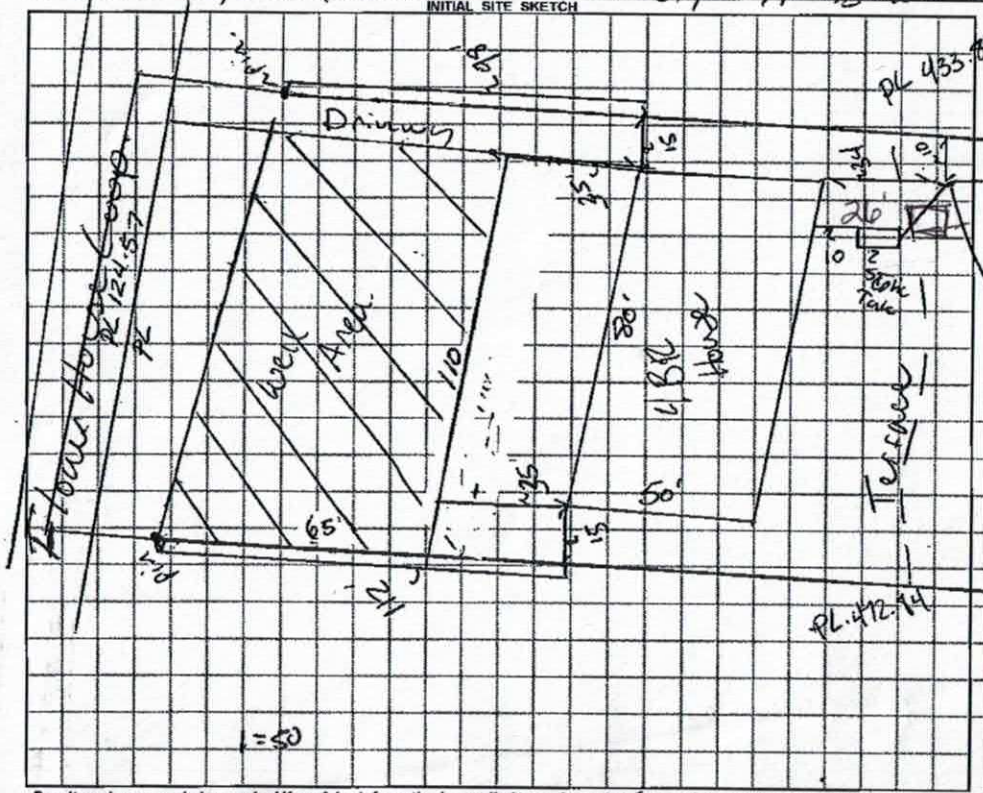
SUBDIVISION: Flowerhouse Meadows | SECTION: — | LOT # 3 | LOT AREA: 1.328 Acres. | SAP CONTROLLED: ☒ YES ☐ NO | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1012	Date	5-12-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	~ (gal)	PT	~	Date	~	System Description: 25% reduction		☐ Business	No. Persons 8
Pump Make	~	Model	~	Serial #	~	Repair System Description: 30% Reduction (.2 LTAR).		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	400	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	32	Gravel Depth	~	☒ GRAVITY ☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

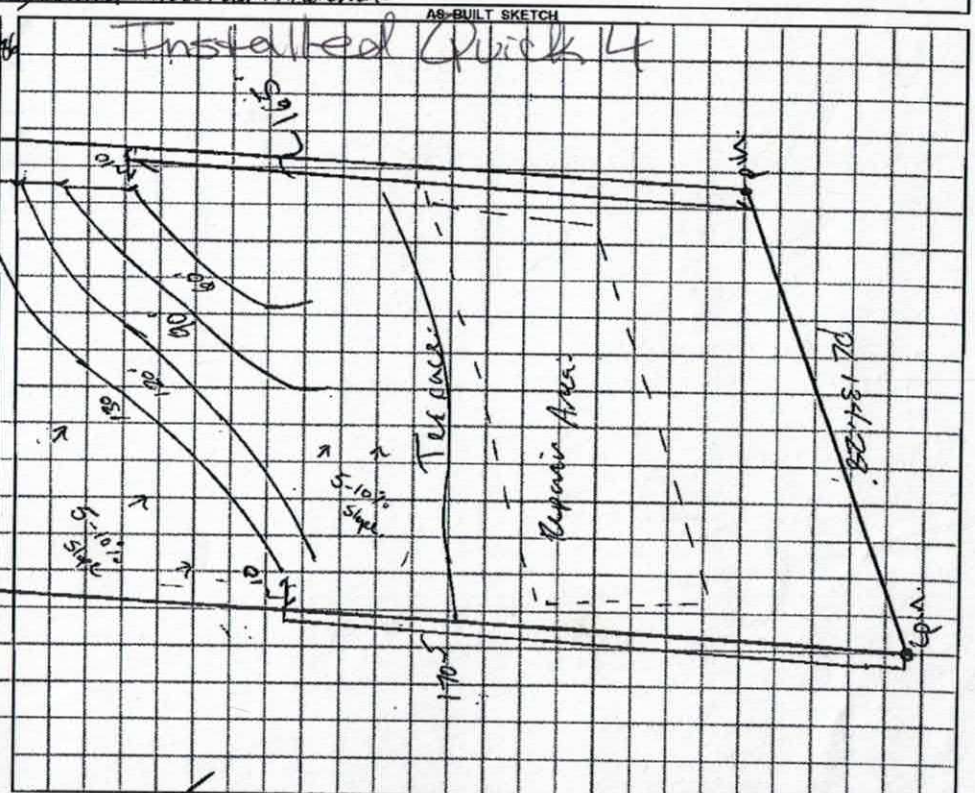
Comments / Conditions: Install on the contour of the land & utilize Serial distribution. PIN not Recorded to be added Later. See plat Book 67 PG 4
Careful placement of house required. House lower in elevation than first downline. 26ft from house to ST
However gravity can be achieved. Grade out Trenches to promote water Yellow Filter installed
run-off away from Drainfield. Do not drive, park, pave, grade or bring utilities into drainfield areas.

INITIAL SITE SKETCH



AS-BUILT SKETCH

Installed Quick 4



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: Brandon Lipps | Date: 6/13/17 | Installed by: Steve Jordon

IMPROVEMENT PERMIT by: Benjamin A. Bottoms | Date: 8/3/2017 | OPERATION PERMIT by: Marie Dotson | Date: 7/27/18

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave | Date: 2/28/18 | Existing System Inspected by: | Date:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ___ of ___

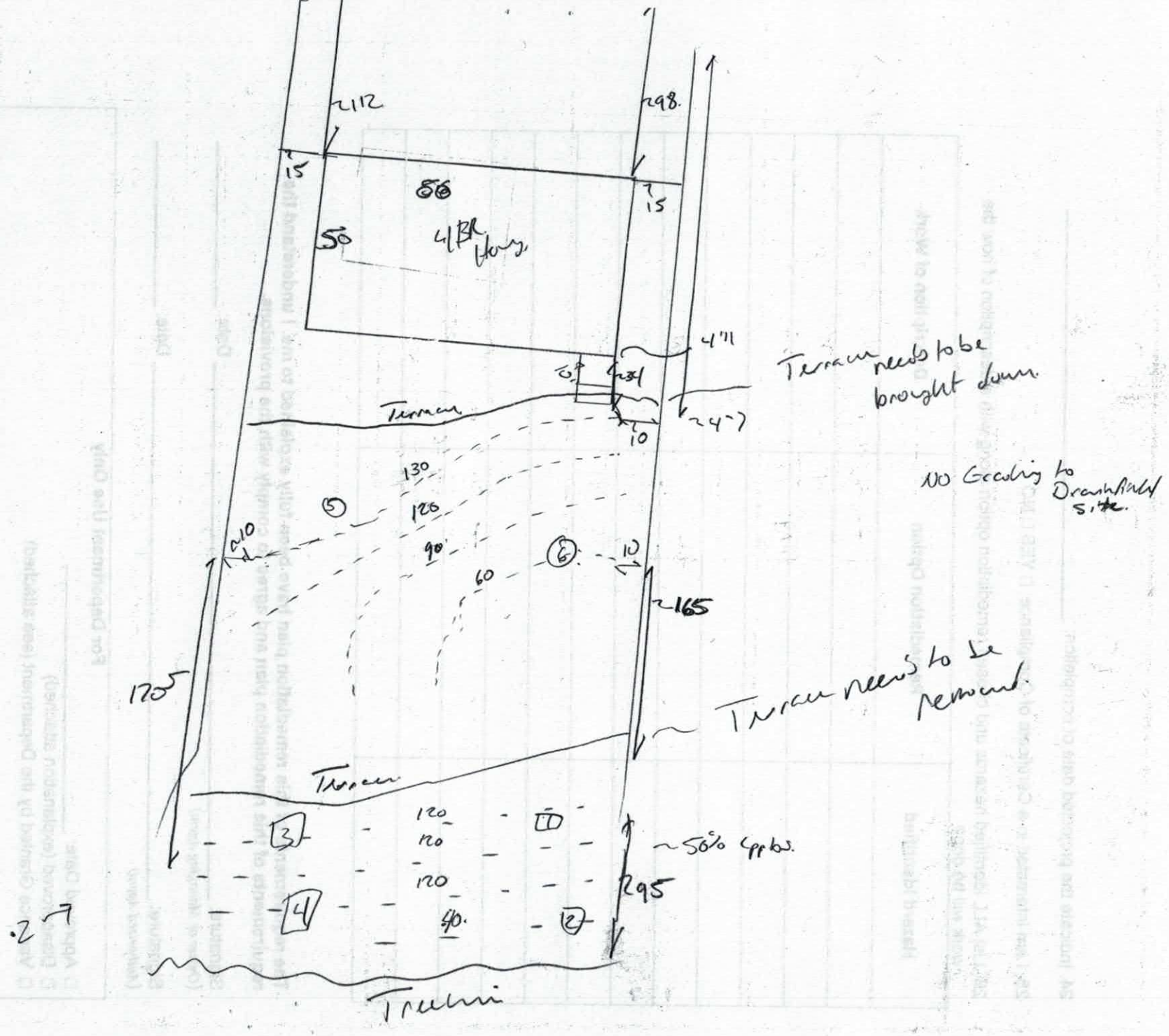
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

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

Lot 4

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
	LSS 5% .10	0-12	Sc SBk	SS Sp FR SEXP	5YR 4/6	2.5YR 5/6 Depletion	10YR 5/6		PS .25
		12-20	C SBk	SS Sp FM					
		20-48	CL WSBk	SS Sp FR		4/6	Mica Sap Rich	—	
	LSS 5% .10	0-10	SCL SBk	SS Sp FR SEXP		Some Orange Mottles 10YR 5/4			PS .25
		10-31	C SBk	SS Sp FM					
		31-53	CL Sap. WSBk.	SS Sp FR		31		—	
	LSS 5% -10%	0-12	SCL SBk	SS Sp FR SEXP		32		—	PS .20
		12-32	C SBk	SS Sp FM					
		32-51	CL Sap M	SS Sp FR					
	LSS 5% -10%	0-11	SCL SBk	SS Sp FR SEXP		35		—	PS .25
		11-35	C SBk	SS Sp FM					
		35-48	CL Sap. M	SS Sp FR					
5 & 6	10%	0-20	C SBk	SS FM SEXP	2.5YR 4/6	48	Mica Sap Trace 30	—	PS .3
		20-48	CL WSBk	SS FR					
		0-26	C SBk	SS Sp FM SEXP	2.5 4/6	48	Sap Trace 26	—	PS .3
		26-48	CL WSBk	SP SS FR					

COMMENTS: _____


212
298
15
15
56
50
4 BR House
4"
Terrace needs to be brought down
0.
4.31
Terrace
10
24'7
130
120
90'
60
5
6
10
10
165
170'5
Terrace needs to be removed
Terrace
120
120
120
40.
3
4
10
12
~50% Grass
295
2
Terrace
No Grading to Drainfield site.

228401

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	2020 Hoarstone Dr Statesville NC 28625	704 873 7547	704-902-4653 (C)
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jackie Meadows	528 Flower House Loop Mooresville NC 28166		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Lot(s) Flower House Loop Road Mooresville		4
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: I77 South, Exit 42 (R) on Flower 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 6/30 9403 MH

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 ( ) 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 ( ) 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

Emailed EH 7/3
Copied to Ben addition

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) 4649992280.000 (PART OF SEE MAPS), located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) CLAYTON HOMES, LANE HARRELL, 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:

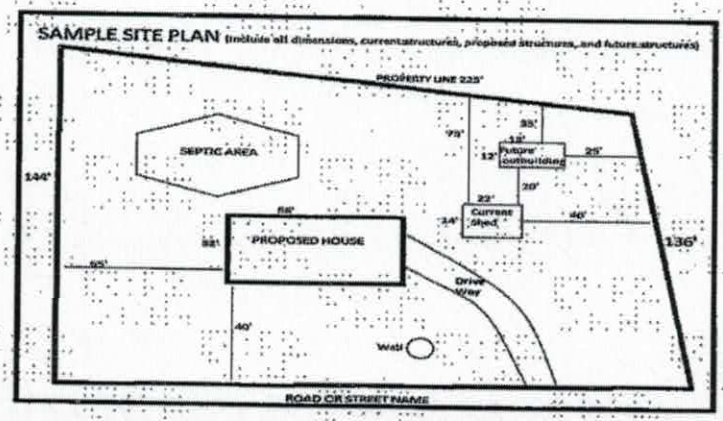
- X **Property Line measurements are clearly identified...**
- X **All proposed structures are indicated...**

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 **Preferred driveway location and configuration, preferred well location...**
- X **Area you prefer your septic system to be placed...**
- X **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

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



USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED MAP

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

Signature: _____ **DATE** 6/30/17

REQUIRED property owner or owner's legal representative signature.

no scale

35'Minimum Building Line

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

Watershed Statement

A portion of the property as shown on this plat, to the best of
lies within the WS 4 Protected Area of the Lake Norman/Catawba
designated by the North Carolina Division of Environmental Manage
and as it appears on the Watershed Protection Map of Iredell Co

7-26-17 — Willie M. Allis
Date — Subdivision Administrator

Review Officer Certification G.S. 47-30

I, WILLIAM M. ALLISON, Review Officer of Iredell County,
that this plat to which this certification is affixed meets all the requirem
for recording.

7-26-17 — William M. Allison
DATE — REVIEW OFFICER

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

I certify that this survey creates a subdivision of land within Iredell County,
an ordinance regulating parcels of land (GS 47-30(f)(11)a).

7/11/17
DATE — PROFESSIONAL LAND SURVEYOR

I, FRANKLIN G. KINDER, Professional Land Surveyor, L-4462, do hereby certi
plat with this certification affixed was drawn from an actual field survey pe
my direct supervision; from deeds and relative source documents for title
that the boundaries not surveyed by me are clearly shown as broken linety
record deeds or other sources obtained by me; that the ratio of precision
1 part in 20,000; that this survey was prepared in accordance with G.S. 4
Witness my original Signature, seal, and license number this 11th Day of J

Professional Land Surveyor
Registration # L-4462

NORTH CAROLINA PROFESSIONAL SEAL L-4462 LAND SURVEYOR FRANKLIN G. KINDER

15'Minimum Building Line

10'Drainage and Utility Easement

S06°00'39"W 433.86 (Total)

S05°59'56"W 472.84(Total)

3
1.328 Ac.
(of which 3,744 s.f. or 0.086 Ac. Lies within the Public R/W of "Flower House Rd".)

NOT IN WATERSHED
Approx. Watershed Protected Boundary
WS-IV PROTECTED AREA

35'Minimum Building Line

NEW Iron Pipe Set on Line @ 393.20'

10'Drainage and Utility Easement

CONTROL CORNER
Existing Iron Rebar Found w/T.Post Witness on Line at 473.27'

N76°24'53"W 124.57

PLAT OF SURVEY
SHOWING
"FLOWERHOUSE MEADOWS"

3.441 Total Acres

PROPERTY OF:
JACKIE E MEADOWS
SUE MEADOWS

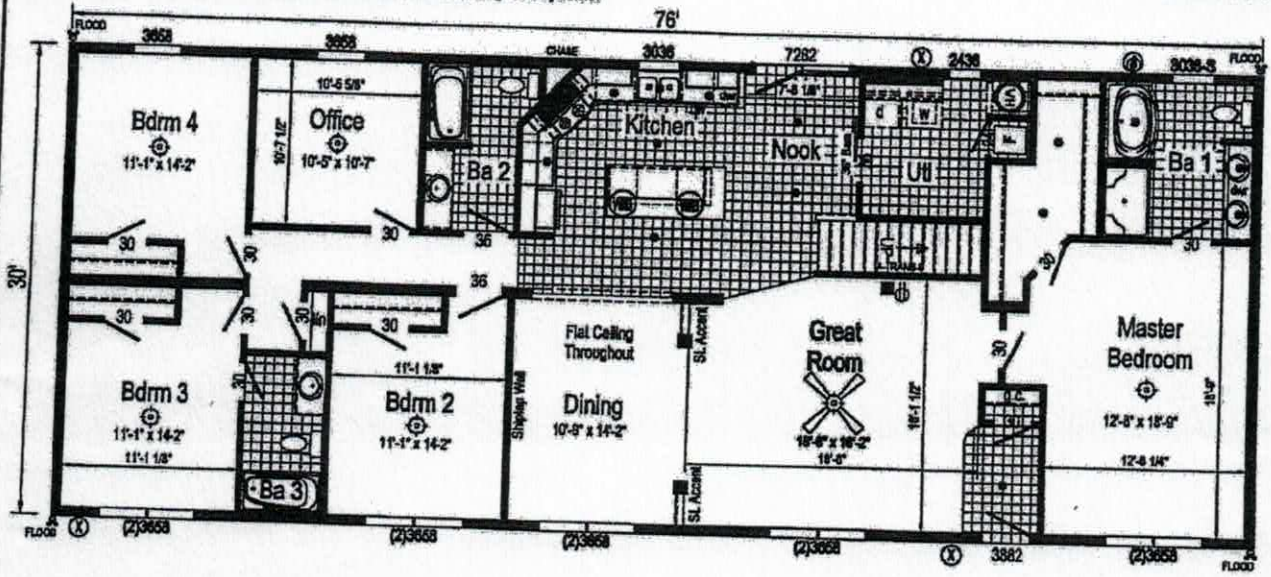
LYING IN THE
BARRINGER TOWNSHIP
OF

TS - 3

Acknowledgement Of
Plans Submittal ONLY!
Date 2/28/18
Date 2/28/18

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

B32644-A3



LEGEND

PRELIMINARY ELECTRICAL ONLY. SUBJECT TO CHANGE UPON ENGINEERING AND CODE REQUIREMENTS.

B32644-A3 3264 Approx. 1920 Sq. Ft.

HOME CANNOT BE BUILT UNTIL THE CUSTOMER HAS SIGNED OFF ON ALL PAGES. FOLLOWING CUSTOMER SIGN OFF, PLANS AND SPECS WILL BE SENT TO 3RD PARTY FOR STAMPED APPROVAL. ANY CHANGES AFTER SIGNOFF WILL RESULT IN A MINIMUM $600.00 ENGINEERING FEE.

Home Owner: _____ Date: _____

_____ Date: _____

Retailer: _____ Date: _____

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp. | Callout: 3264 | Revisions: Date / Number | Scale: 1/8" = 1'-0" | Drawn By: RR | Date: 01/15/2018 | Reference: NONE | Cust: CRUM | Dlr: Clayton Homes Statesville | Sht: | Model/Eng. No.: B32644-A3 | Ps: LIT

Title: Literature

Exhibit G
2/9/18

Hanna C. Cruz 2/9/18
2-9-18

IREDELL COUNTY

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

APPLICATION NUMBER
228401
Issue Date: 07/03/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649992280.000	529 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:

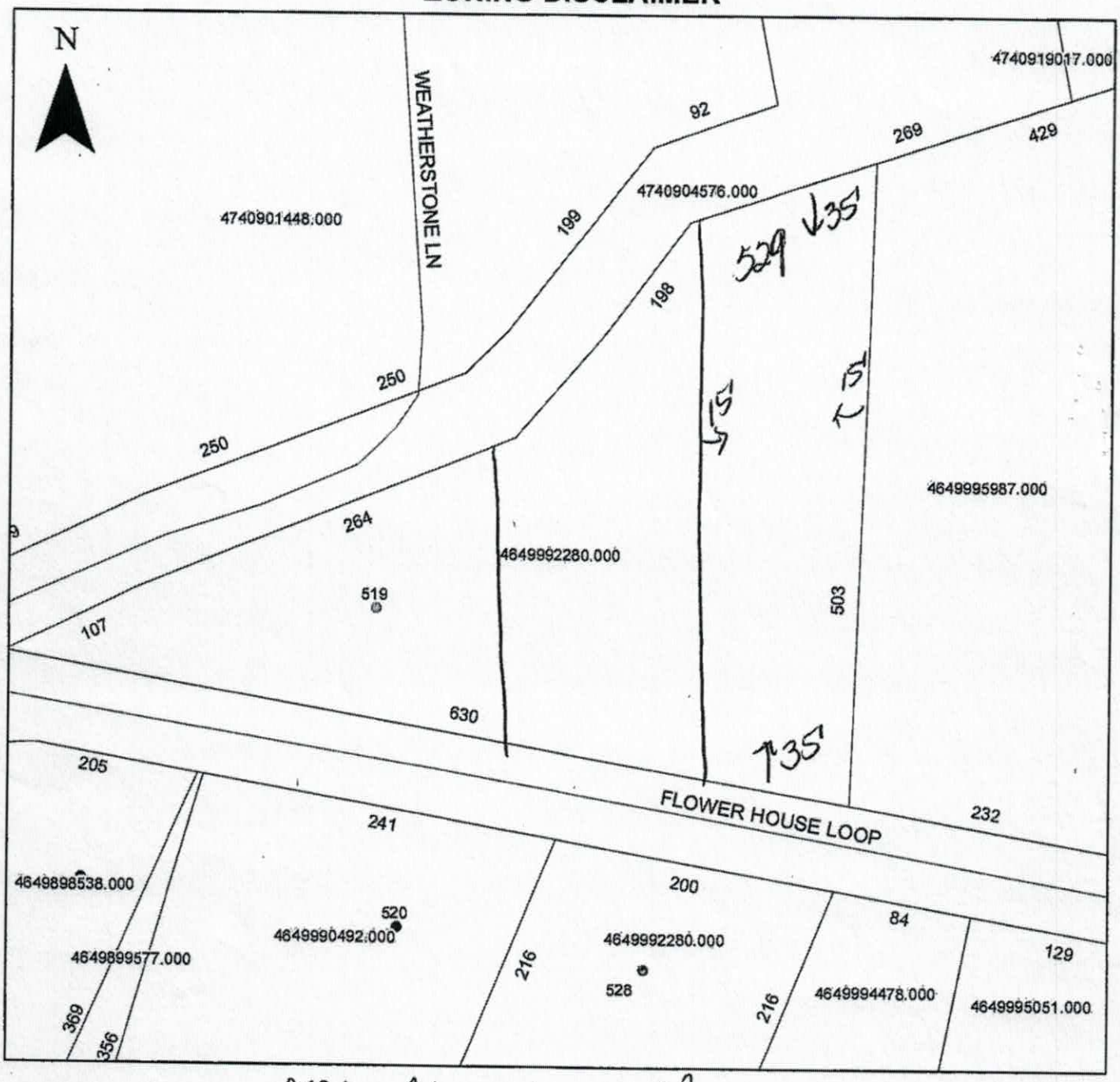
HOLD FOR DISCLAIMER

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	108053	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 529 Flowerhouse Loop

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Applicant

Date