ICHD–ENVIRONMENTAL HEALTH DIVISION KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 301080

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

PIN # 4654289264

APPLICANT/OWNER: Clayton Homes / Charles Wingate APPLICANT ADDRESS: 2026 Northside Dr. Statesville, NC, 28625

SITE ADDRESS: 141 Swan Lake Rd. Mooresville, NC, 28115 PHONE: 704929-1552 ALT. PHONE 704 408-5556

SITE DIRECTIONS: Hwy 115S TL Presbyterian Rd TL Swan Lake attend on right SAP CONTROLLED: N/A ☐ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.204 Acres DESIGN FLOW: 240gpd L.T.A.R.:

Septic Tank	Exist (1000) (gal)	STB		Date		☐ 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: Exist. Gravity-Convential (Gravel)		☐ Business	No. Persons	4	☒ Private Exist.
Pump Make	Model			Serial #		Repair System Description:		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	2	Linear Ft	200'	Maintenance Agreement Required: ☐ YES ☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	Exist. Varies	Trench Bottom Depth(Low side)		Gravel Depth		☐ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

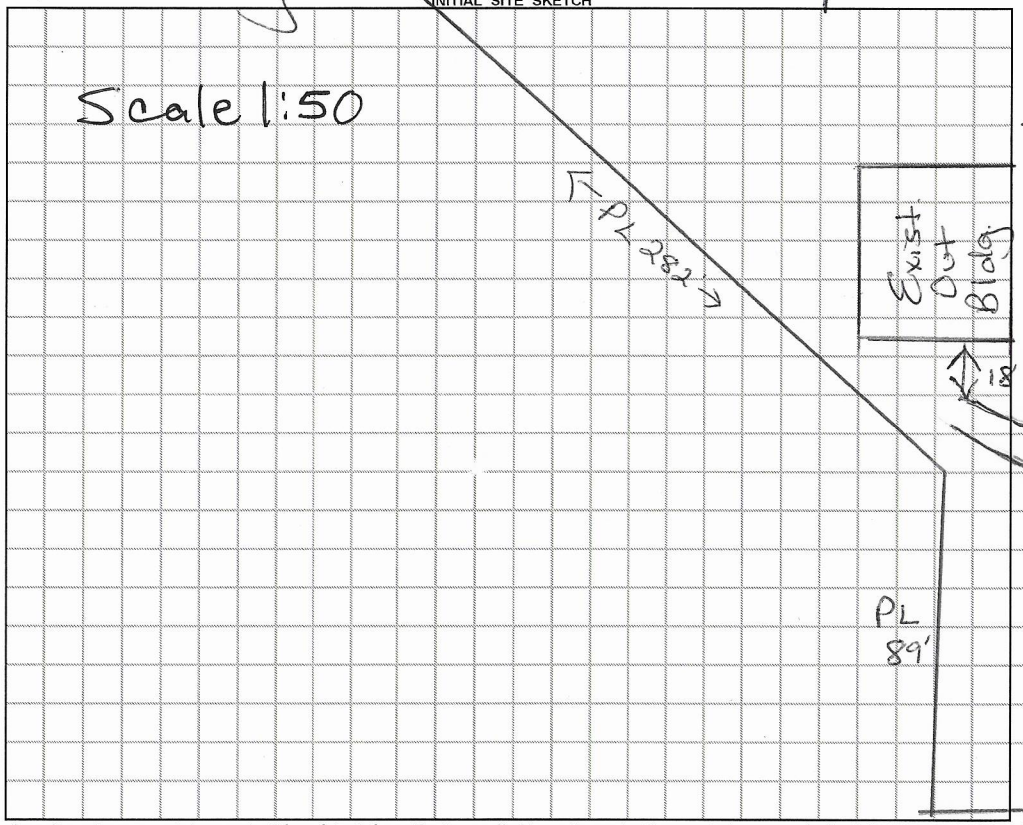
Comments / Conditions:

Existing Septic System "appears" to be functioning ok at time of inspection.

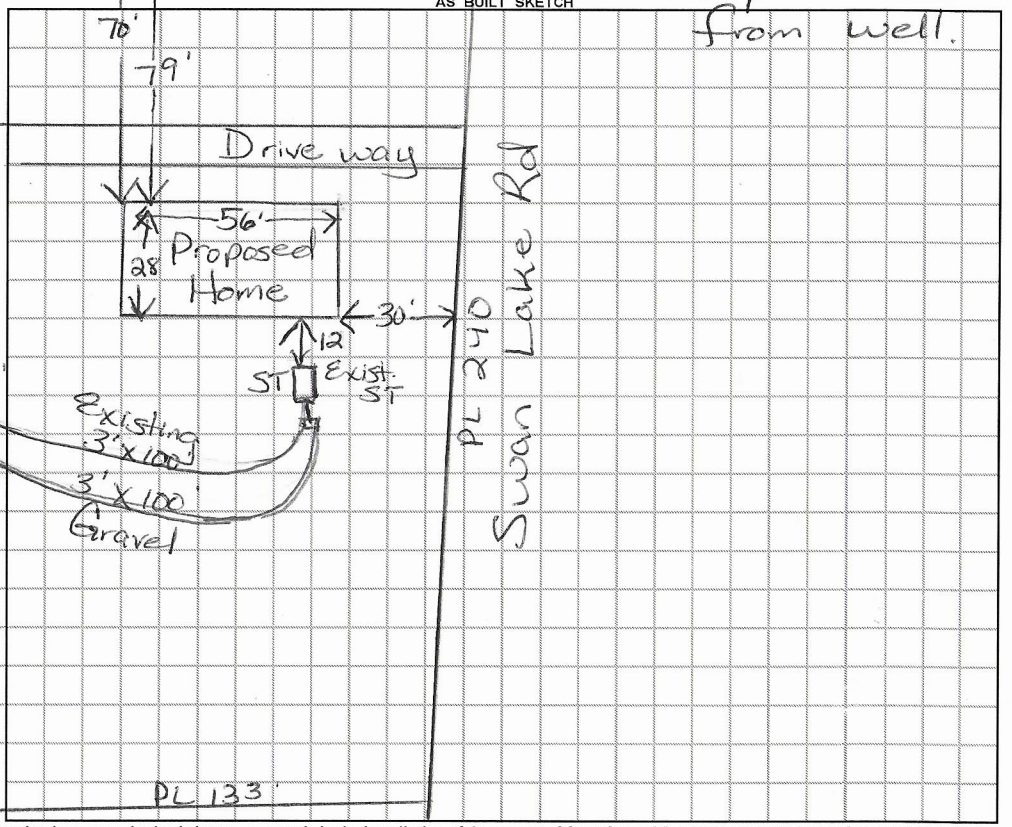
Must keep any buildings a minimum of 5ft from Septic, & 25ft from well.

INITIAL SITE SKETCH

Scale 1:50



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: 10/15/19 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson Date: 10/11/19

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.

LM 10/7/19 9:50 am

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH* ~~DIVISION~~ Application for SEPTIC REPAIR PERMIT

AP 301080

(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)

$250

1. APPLICATION FOR: Improvement Permit ___ Authorization To Construct ___ BOTH ✓ 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:

Clayton Homes	2026 Northside Dr Statesville, NC 28625	Site Coordinator 704-929-1552	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Charles Wingate	141 Swan Lake Dr Mooresville, NC 28115	704-408-5556	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

141 Swan Lake Dr Mooresville, NC 28115	N/A	N/A
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: SEE ATTACHED

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

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

Maximum Number of Bedrooms 2/office
Maximum Number of Occupants 2
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 _____

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: [signature] CLAYTON Homes Statesville 9/19/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

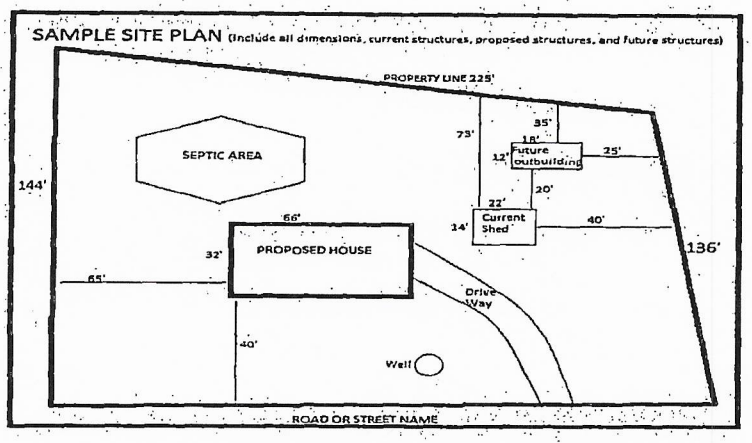
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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**

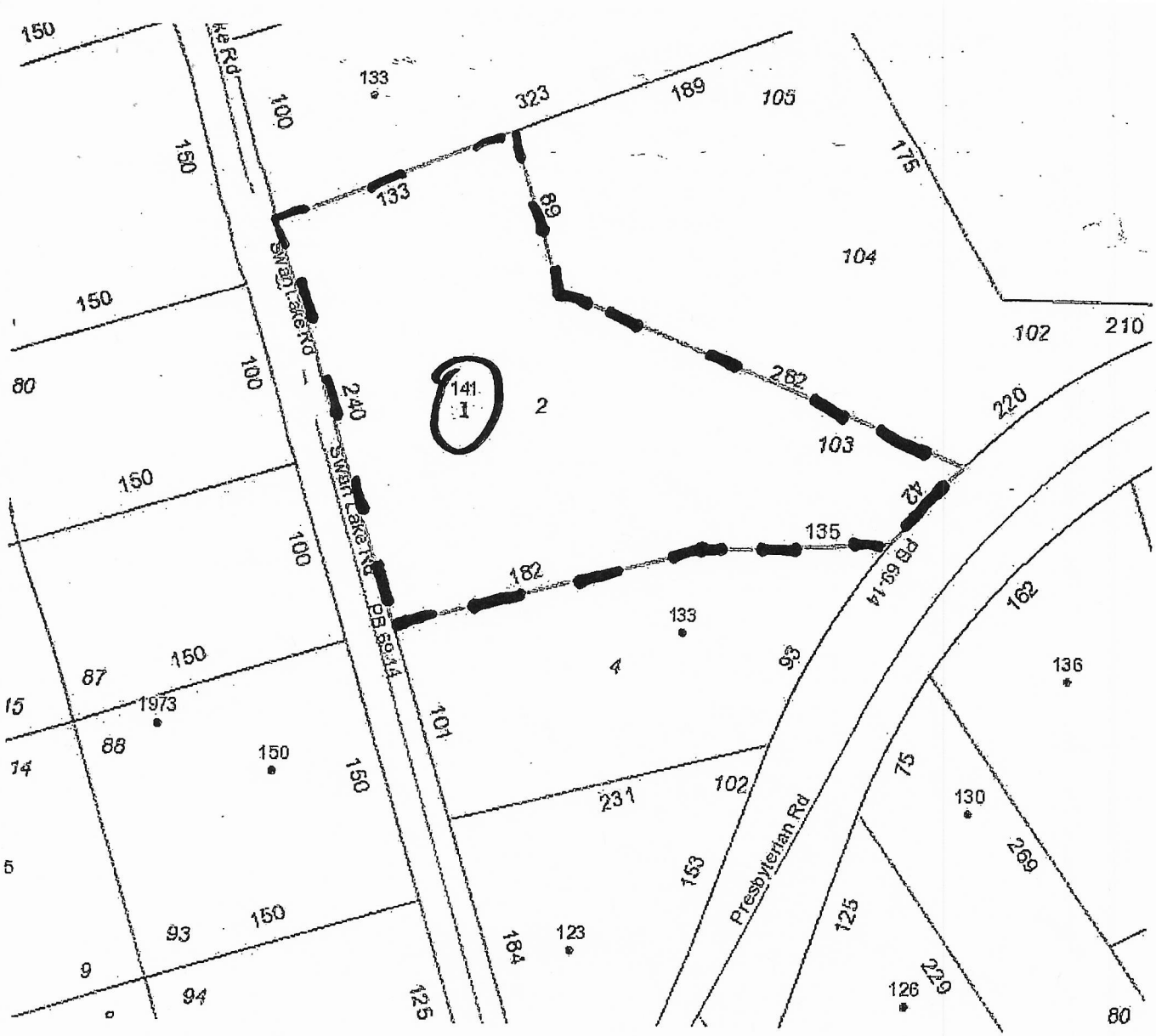


USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED

Signature: _____ 9/19/19

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



TAX ID: 4654289264

ACRES: 1.2

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, X CHARLES WINGATE, am the legal owner(s) of the property located at 141 SWAN LAKE DR MOORESVILLE, NC 28115, identified as PIN (Parcel Identification Number) 4654289264, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** ADAM CASSTEVENS, CLAYTON HOMES, 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 Charles Wingate 8-20-19 — 8-20-19

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

Doc ID: 010869760003 Type: CRP
Recorded: 12/05/2007 at 10:02:16 AM
Fee Amt: $20.00 Page 1 of 3
Excise Tax: $0.00
Iredell County, NC
Brenda D. Bell Register of Deeds
BK 1902 PG 2094-2096

3

Tax Lot No._____ Parcel Identifier No.Out of: 4654380122, 4654380300, 4654279998, and 4654382226
Verified by_____ County on the _____ day of _____,_____

Revenue Stamps: $ 0
Prepared by Edward L. Booker, PO Box 1479
Davidson, NC 28036
Return to: Grantee

NORTH CAROLINA

GENERAL WARRANTY DEED

IREDELL COUNTY

This deed made this 30th day of November, 2007,, by and between

Mary Ann Fleming and Charles A. H. Wingate,
Heirs of the Estate of Camie Harris Wingate (06E786)
Hereinafter referred to as "Grantor" and
Charles A. H. Wingate and wife, Virginia S. Wingate
Address: PO Box 1295
Davidson, NC 28036
Hereinafter referred to as "Grantee"

The designation "Grantor and Grantee" as used herein shall include said parties, their heirs, personal representatives, successors and assigns and shall include the singular, plural, masculine, feminine or neuter as required by the contest.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in Mecklenburg County, North Carolina and more particularly described as follows:

BEGINNING at a computed point in the 30 foot right of way of Presbyterian Rd.,

Iredell County, North Carolina, said point being approximately 470 feet in a northeasterly direction from the intersection of Presbyterian Rd. and Swan Lake Rd.; thence N 65-51-36 W 281.57 feet along a common boundary with Lot 1 to a #5 rebar; thence N 16-08-05 W 89.40 feet to a #5 rebar; thence S 71-22-59 W 133.34 feet along a common boundary with John B. Deogard, now or formerly, as recorded in Deed Book 703 at Page 111, Iredell County Registry to a point; thence S 16-01-46 E 340.29 feet to a point; thence N 77-19-48 E 230.89 feet to a computed point in the 30 foot right of way of Presbyterian Rd., the same being the northwest corner of Lot 3; thence N 27-42-29 E 13.09 feet to a point; thence along said right of way with the arc of a circular curve to the right N 37-54-24 E, said arc having a length of 135.52 feet and a radius of 380.69 feet to the POINT AND PLACE OF BEGINNING, the same being 1.81 acres more or less, and designated as Lot 2 on that certain survey dated September 10, 2007, and prepared by Rufus J. Love, NCRLS.

Being the identical property acquired by Grantors by Will. See Deed Book 165, Page 115, Iredell County Public Registry.

This deed is a re-alignment and distribution by the heirs of the property of the Estate of C. A. Wingate and Robert R. Wingate and involves the aforelisted parcels, all of the Iredell County Tax Collector's office.

TO HAVE AND TO HOLD, the aforesaid lot or parcel of land and all privileges and appurtenances therein belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, the title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

ALL VALID AND ENFORCEABLE EASEMENTS, RESTRICTIONS, RESERVATIONS, RIGHTS OF WAY AND OTHER CONDITIONS THAT MAY APPEAR IN THE RECORD CHAIN OF TITLE.

IN WITNESS WHEREOF, the Grantor has hereunto set his or her hand and seal, or if

corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

Mary Ann Fleming (SEAL)
MARY ANN FLEMING

Charles A. H. Wingate (SEAL)
CHARLES A. H. WINGATE

NORTH CAROLINA Mecklenburg COUNTY

I, a Notary Public of the County and State aforesaid, certify That **Mary Ann Fleming, Charles A. H. Wingate,** personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this the 30 day of November 2007.

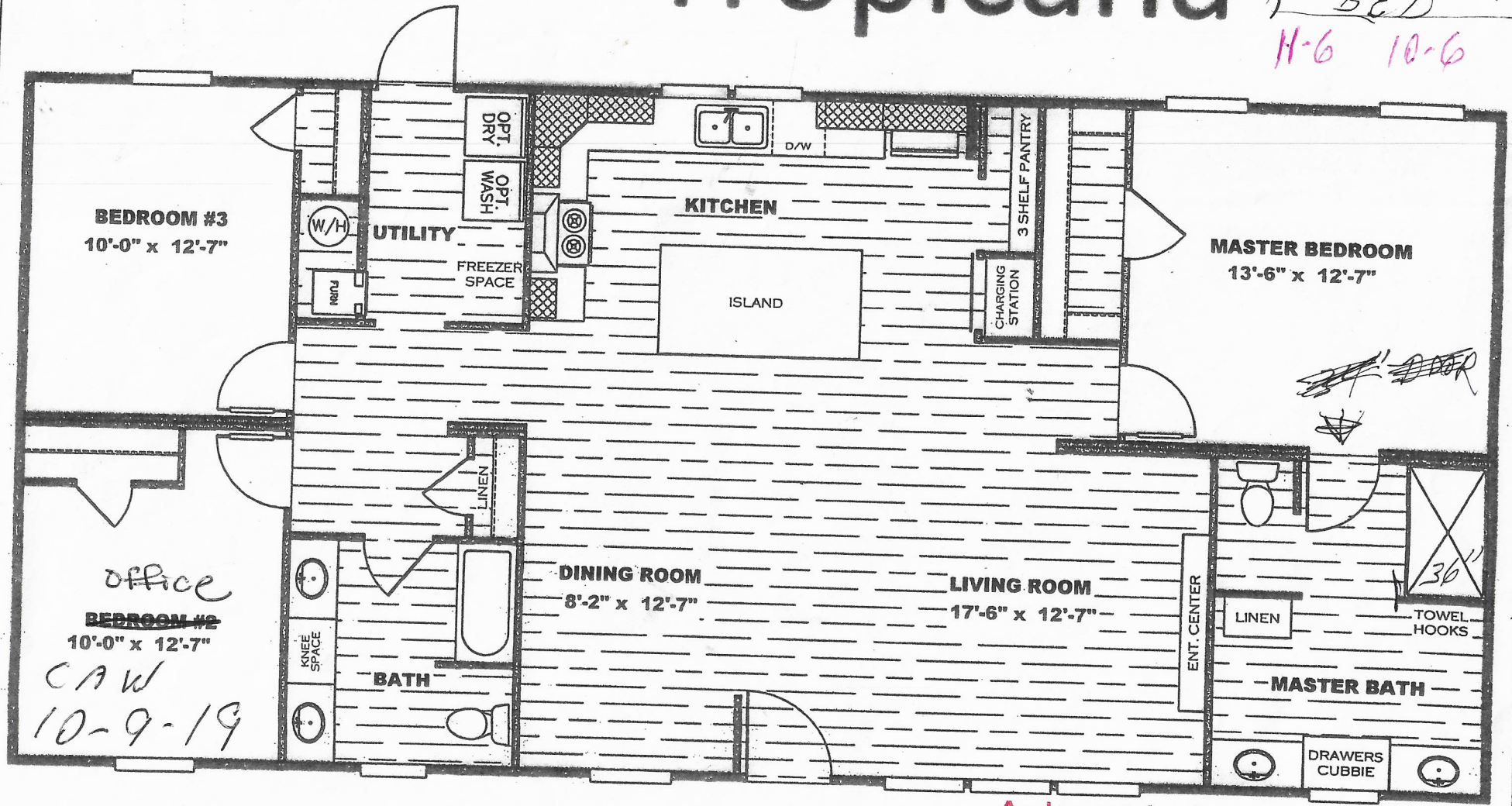
(Seal - Stamp)
CYNTHIA BRYANT BOOKER
NOTARY PUBLIC
MECKLENBURG COUNTY, N.C.

Cynthia Bryant Booker
Notary Public
My Commission Expires: July 11, 2010


150
100
PB 69-14
24'
79'
28x56
32'
248'
133
93
75

Tropicana

7' 6'-6"
84 78
BED
11-6 10-6



Acknowledgement of
Plans Submittal ONLY!

Maria Date 10/11/19

Date 10/15/19

IREDELL COUNTY · NC

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

FILE COPY

APPLICATION NUMBER
301080
Issue Date: 09/20/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4654289264.000	141 SWAN LAKE RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: WINGATE CHARLES A H+VIRGINIA S	Name: CLAYTON HOMES OF STATESVILLE
Address:	Address: 2026 NORTHSIDE DR
	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.201	35	35	15	15	N/A	NO

Remarks

DOUBLE WIDE

Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile 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.

PAID
5283
9-2019

Signature of Owner/Contractor

Date: 09/20/2019

Permit Number	000350	TOTAL FEES:	$77.25