IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241005

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

PIN # 4654760498

APPLICANT/OWNER: Ray Development/JM Johnson Const. APPLICANT ADDRESS: 463 Mariner Ln. Denver, NC

SITE ADDRESS: 120 Castleview Ln. Mooresville, NC PHONE: 980-297-2787 ALT. PHONE —

SITE DIRECTIONS: Shearers Rd(S) → R on Presbyterian → L on Sink Farm → R on Manorly → L on Castleview SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Davidson Downs SECTION: — LOT # 163 LOT AREA: .62ac DESIGN FLOW: 480gpd L.T.A.R.: .31.3 repair)

Septic Tank	1000	(gal)	STB SHOAF 760	Date	2-24	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	1000	(gal)	PT SHOAF PT368	Date	4-6	System Description: PM 25% reduction (offsite)		☐ Business	No. Persons 8
Pump Make	Zoeller	Model	N163	Serial #	—	Repair System Description: LP PPBPS (offsite)		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4@100'	Linear Ft	400'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	33"/36" highside	Gravel Depth	—	☐ GRAVITY ☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Lot and all easements must be recorded prior to issuing AC.

1/2" SCH 80 used (approved 5/17/21)

21.92 g flow, 8 min run time

INITIAL SITE SKETCH

See attached site plan by Michael Athanas + Associates

AS BUILT SKETCH

As Built Attached

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: Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Date: 1-15-19 OPERATION PERMIT by: Date: 6/18/21

AUTHORIZATION TO CONSTRUCT by: Date: 8/29/20 Existing System Inspected by: Date:

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

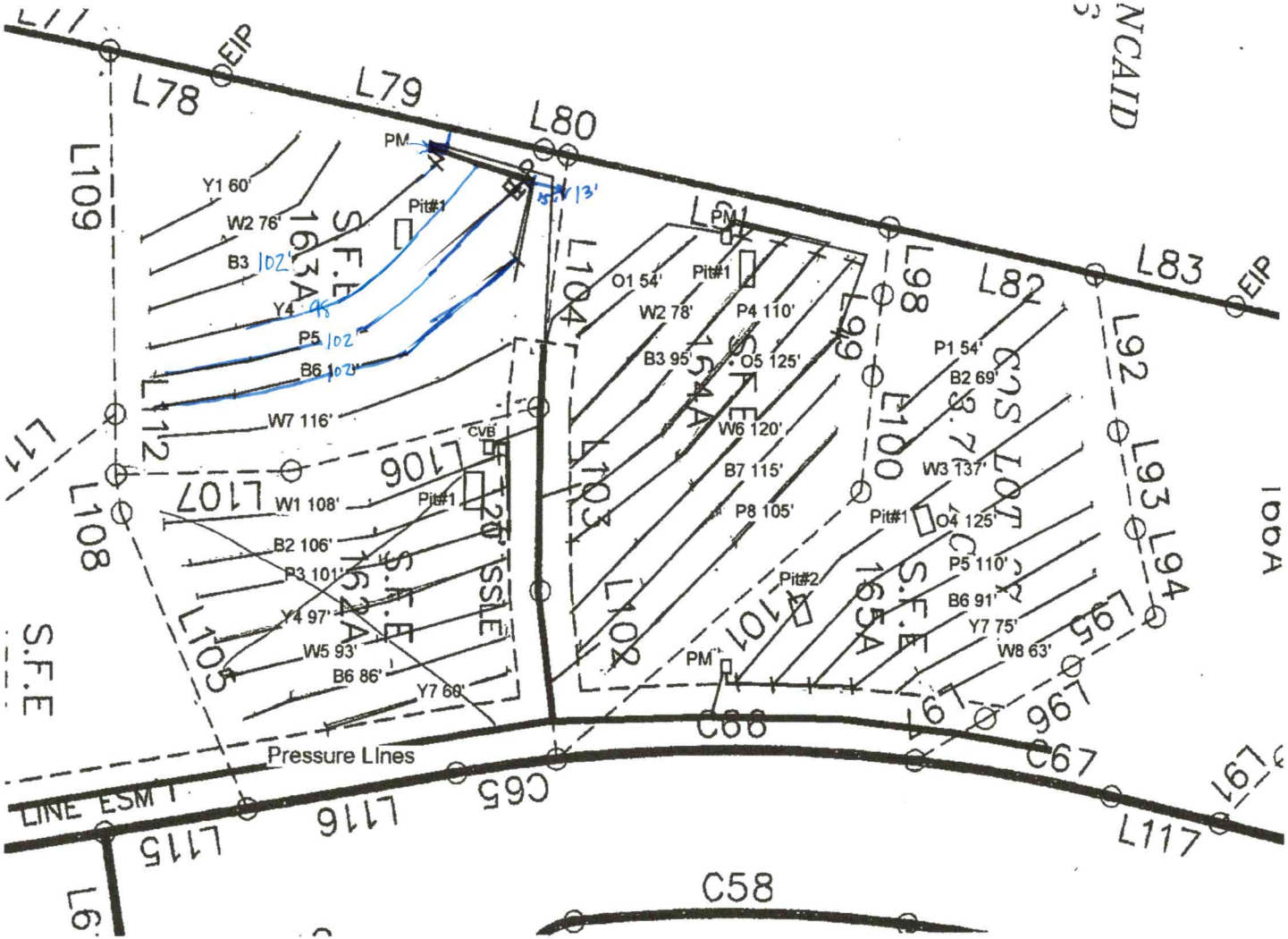
	Date	Initials
Drain Lines Checked	5/17/21	DW
Tanks Checked	5/17/21	DW
Pressure Manifold or Valve Box Checked	5/17/21	DW
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / (N)		

120 Castle View, Mooresville

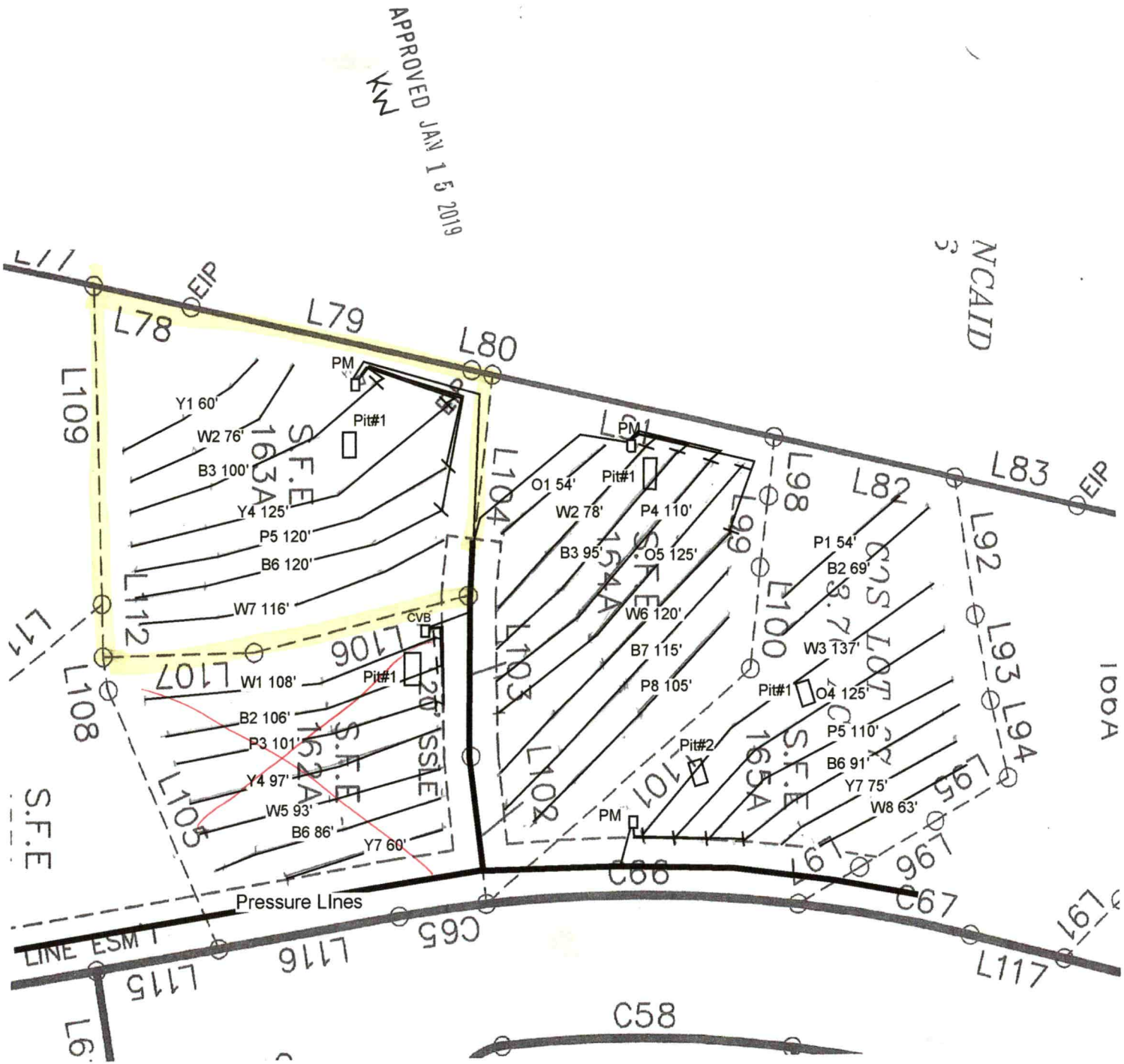
4654-75-4930

As Built - To near scale

5/17/21 DW




148
0.93 AC.
25' CORNER
S25°20'27"W
214.69
92.70
S22°12'56"W
108.88
120.01
8.39
C59
C58
C56
C57
C52
L65
C31
C54
C55
well
92.90
50'
81.34
120.00
DRIVE
162
62 AC.
70'x70'
N67°41'44"W
224.86
15' SIDE
70'x70'
163
0.62 AC.
224.73
ST
PT
70'x70'
164
0.58 AC
225.30
120.17
well
35' FRONT
C50
L63
C51
L64
L62
L61
70'x70'
165
0.65 AC.
231.02
N67°41'44"W
237.42
70'x70'
House
166
1.01 AC.
20' SEPTIC SUPPLY
LINE EASEMENT
120.00
1787.07 TOTAL
110.00
S22°17'18"W
120.00
216.09
L60
1"=60'
APPROVED JAN 15 2019
CLIFFOR
VICKI
21


APPROVED JAN 15 2019
KW
NCAID
3
L77
EIP
L78
L79
L80
L83
EIP
L109
L112
L107
L108
L106
L104
L103
L102
L101
L100
L99
L98
L82
L92
L93
L94
L95
L96
L97
L105
L116
L115
C65
C66
C67
C58
L117
PM
Pit#1
Y1 60'
W2 76'
B3 100'
Y4 125'
P5 120'
B6 120'
W7 116'
163A
S.F.E
CVB
W1 108'
B2 106'
P3 101'
Y4 97'
W5 93'
B6 86'
Y7 60'
120' TSSLE
O1 54'
W2 78'
B3 95'
154A
W6 120'
B7 115'
P8 105'
P4 110'
O5 125'
P1 54'
B2 69'
W3 137'
O4 125'
P5 110'
B6 91'
Y7 75'
W8 63'
Pit#2
CSS LOT
Pressure LInes
LINE ESM T
S.F.E

APPROVED JAN 15 2019

KW

PROPERTY ID #: _____
COUNTY: _Iredell_

APPROVED JAN 15 2019 KW

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ray Development _____ APPLICATION DATE _____
ADDRESS: Denver, NC _____ DATE EVALUATED: _10/2018_
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD___ PROPERTY SIZE: ____0.67 AC_____
LOCATION OF SITE: Davidson Downs Lot 163 SFE _____ PROPERTY RECORDED: _____
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	
PIT 1	LS 6%	0-28	R C SBK	FR SS SP SXP	N/A	50"	F-CSAP	N/A	PS 0.3
		28-50	R CL WSBK	FR SS SP SXP					
PIT 2	LS 6%	0-7	Br SCL WSBK	FR SS SP SXP	N/A	50"	C-M SAP PS	N/A	PS 0.3+
		7-21	R C SBK	FR SS SP SXP					
		21-50	R CL WSBK	FR SS SP SXP					
		50-60	VER SL SAP M	FR SS SP SXP					
PIT 3	LS 6% ✓	0-8	Br SCL WSBK	FR SS SP SXP	N/A	50"	F-C SAP PS	N/A	PS 0.3
		8-29	R C SBK	FR SS SP SXP					
		29-50	R CL WSBK	FR SS SP SXP					
		50-56	VER SL SAP M	FR SS SP SXP					
PIT 4	LS 6% ✓	0-6	Br SCL WSBK	FR SS SP SXP	N/A	47"	F-C SAP PS	N/A	PS 0.3
		6-28	R C SBK	FR SS SP SXP					
		28-47	R CL WSBK	FR SS SP SXP					
		47-60	VER SL SAP M	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT^2	861 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

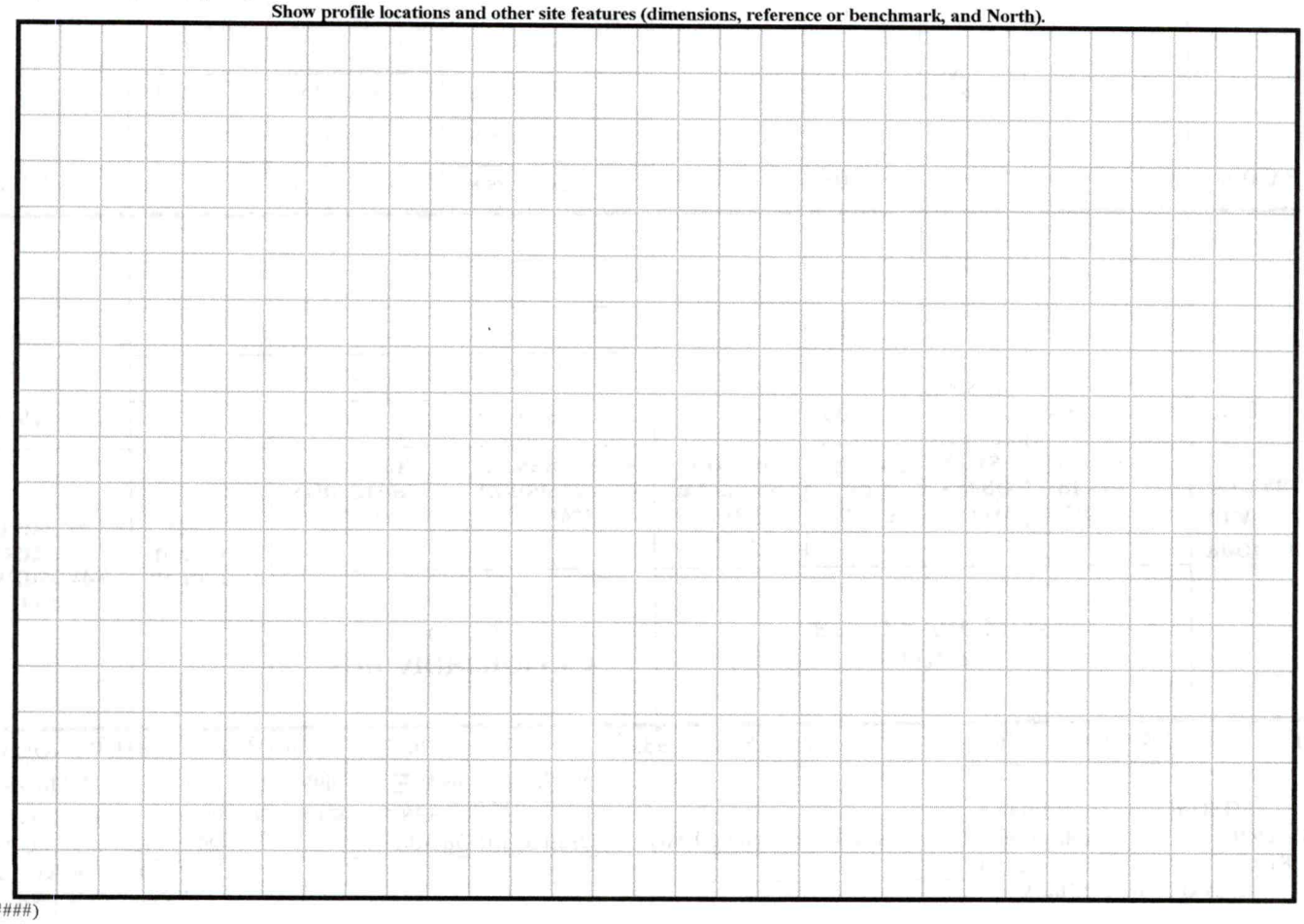
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)

RECEIVED DEC 2 1 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $500.00 # 241005

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) *beside whichever is submitted if applicable* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Ray Development **Address:** 463 Mariner Ln, Denver, NC **Zip:** 28037

Applicant Email: _____ **Phone:** Chris-980-297-2787 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 120 Castleview Dr

Subdivision Name: Davidson Downs **Section/Phase:** _____ **Lot Number:** 63

Driving Directions: _____

Site Development Information: *(check or complete ALL that apply*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 12/20/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

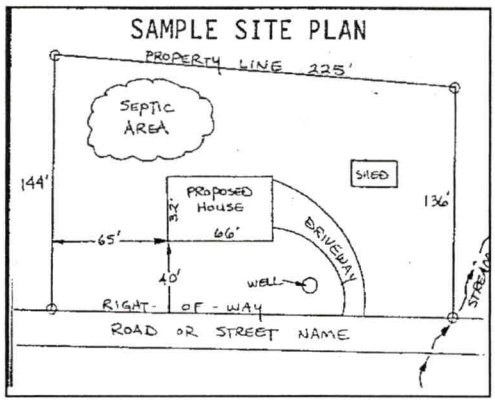
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **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

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

See attached plan

Signature: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/26/2018

DATE



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for Lot 163 Davidson Downes Phase IV; Castleview Lane; Iredell County, NC

House Footprint: 70'x70'
Building Setback: 35' Front, 10' Side,
Water Source: Private Well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 gpd/ft2
Suggested System Type: 25% Reduction (Off-site Easement)
Proposed Repair LTAR: 0.3 GPD/ft2
Repair System Type: PPBPS (Off-site Easement)
Distribution: Pressure Manifold
Flow per Tap: 7.11 GPM ½" SCH 40
Tap Size and Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 175.00 Gallons
Pump Run Time: 6.15 minutes
Elevation Head: TBD
Friction Head: TBD
Pressure Head: 2'
Total Dynamic Head: TBD
Supply Line Length: TBD
Septic/Pump Tank Size: 1000/1000
Proposed Trench Bottom: 36"

Line	Design Length	Repair Length	Actual Length	Elevation
Yellow 1		60'	60'	TBD
White 2		76'	76'	TBD
Blue 3	**100'**		**100'**	**TBD**
Yellow 4	**100'**	20'	**125'**	**TBD**
Pink 5	**100'**	15'	**120'**	**TBD**
Blue 6	**100'**	15'	**120'**	**TBD**
White 7		116'	116'	TBD

Initial System: 400' 25% Reduction **Repair System:** 287' PPBPS

APPROVED JAN 15 2019
KW

Comments:

The purpose of this evaluation is to permit the property for a 4-bedroom residence.

- The proposed house site has been staked by the surveyor using stakes with white tape.
- Due to soil and topography MA&A is proposing to permit this site as an off-site septic easement.
- All elevations and pressure line lengths will be determined prior to installation.

APPROVED JAN 15 2019
KW

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, Chris Mozeley, am the legal owner(s) of the property located at Davidson Downs Lot 163 120 Castleview Ln, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, _____, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
	12/20/2018		

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

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

APPLICATION NUMBER
241005
Issue Date: 12/18/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4654754930.000	120 CASTLEVIEW LANE, MOORESVILLE, NC 28115	

Owner Information		Applicant Information	
Owner:	RAY DEVELOPMENT LLC	Applicant:	MICHAEL ATHANAS & ASSO
Address:	4643 MARINER LANE	Address:	561 ENNIS RD
	DENVER, NC 28037		WEDDINGTON, NC 28173
Phone:		Phone:	704-576-3887

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	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	162561	TOTAL FEES:	$ 77.25

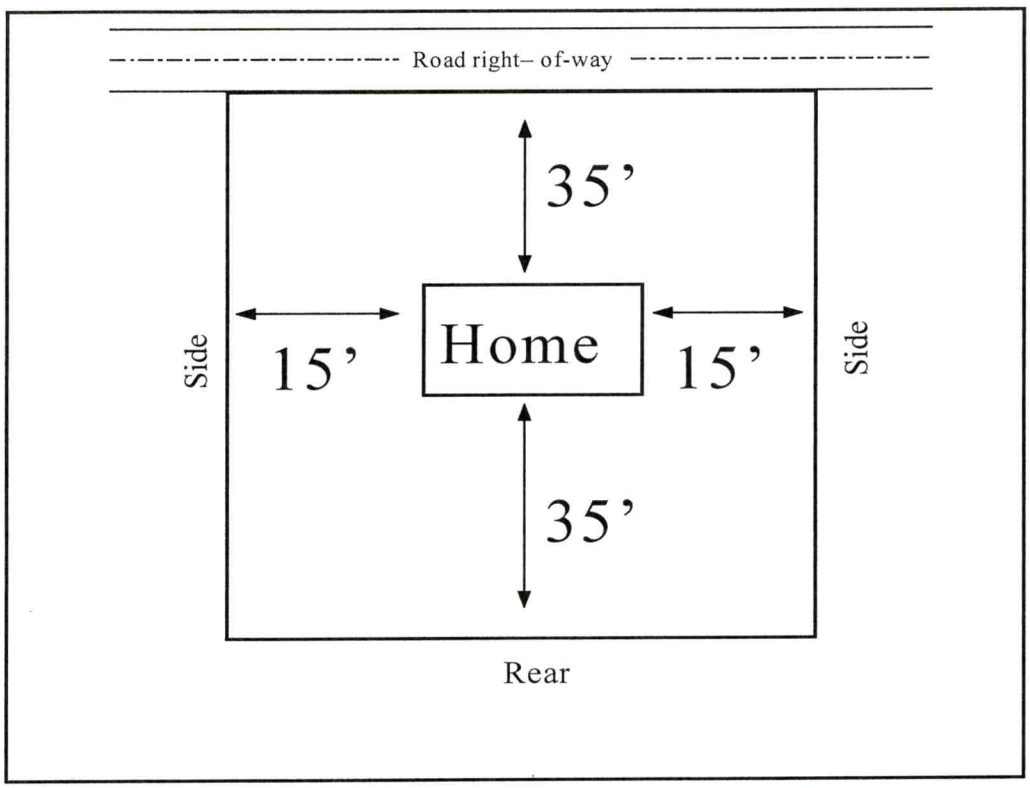
ZONING DISCLAIMER

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. 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.

120 CASTLEVIEW LN — 12/15/2018

Applicant — Date

STREET NAME:



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Matt Johnson Address: 2685 Queens Drive Lincolnton Zip: 28092
Applicant Email: mattejohnsonbuilding@gmail.com Phone: 704 309 5484 Alt. Phone:
Owner Name: JM Johnson Construction Inc Address: " Zip:
Owner Email: " Phone: " Alt. Phone:

Property Information:

Street Address: 120 Castleview Ln Mooresville 28115
Subdivision Name: Davidson Downes Section/Phase: Lot Number: 163
Driving Directions: From Hwy 115 S, Turn Left Presbyterian Church Rd, Turn Right on Sink Farm Rd, Turn Right Bordeaux Country Place, Turn Right Marbrook Ln, Turn Left Castleview

Site Development Information: *(check or complete ALL that apply*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 8/17/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

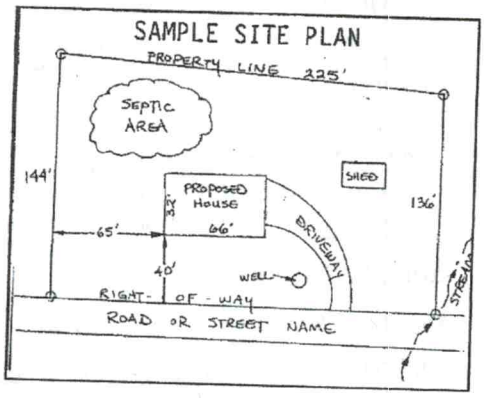
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- **( ) Property Line measurements are clearly identified**
- **( ) All proposed structures are indicated**
- **( ) Front and side setbacks from property line**
- **( ) Preferred driveway location**
- **( ) Preferred well location**
- **( ) Preferred septic system location**
- **( ) North arrow, or other sufficient indicator of direction**

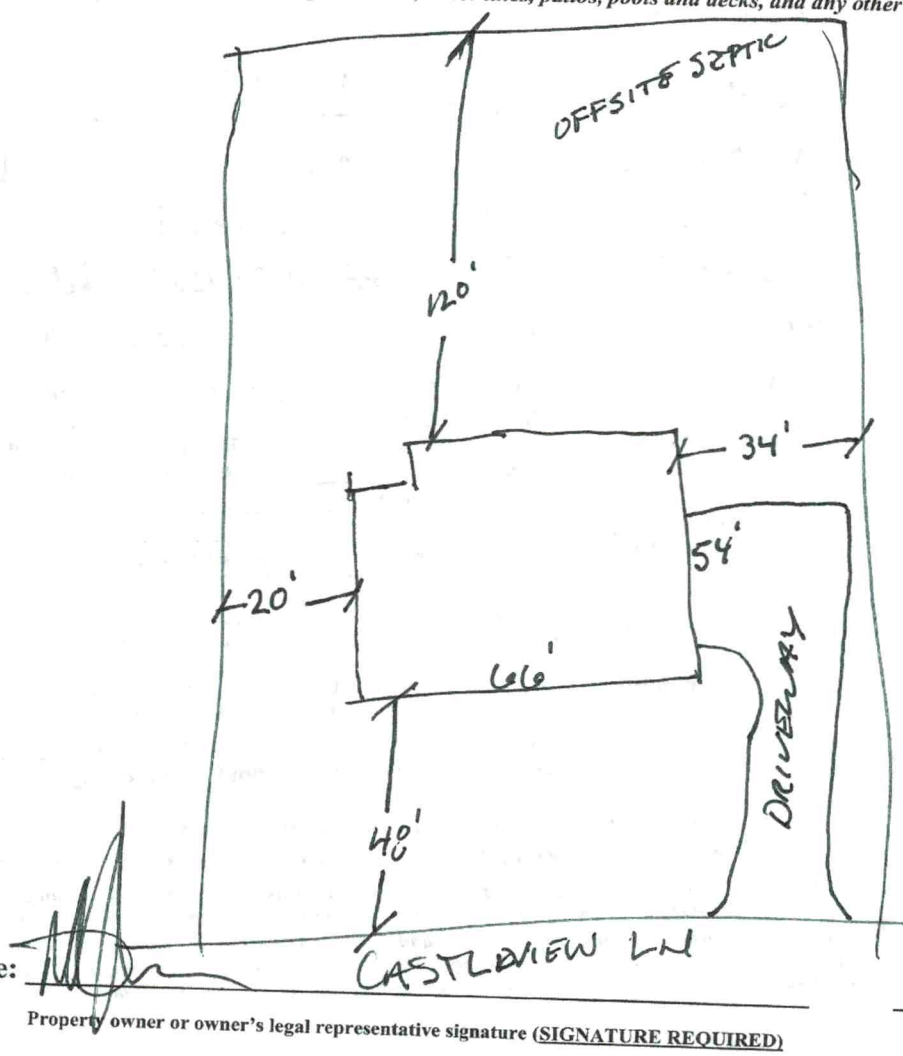


Circle N/A on the following if appropriate:

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

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



Signature: _____ 8/17/20

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

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

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.

2. I, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

_____ _____

Signature of Owner(s) Date

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

✓ **Complete all Environmental Health forms**:
- _____ Application
- _____ Site Plan including the dimensions of proposed structure, addition, pool etc.
- _____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- _____ Copy of Zoning Permit when applicable
- _____ Sign this sheet after you have completed all items

✓ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

✓ If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 8/17/20

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

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L117
L116
L115
C65
C66
C67
C58
Pressure Lines
20' SSLE
CVB
Pit 1
Pit 2
Pit 3
Pit 4
Pit 5
Pit 6
Pit#1
Pit#2
PM
EIP
S.F.E
NCAID
Y1 60'
W2 76'
B3 100'
Y4 125'
P5 120'
B6 120'
W7 116'
W1 108'
B2 106'
P3 101'
Y4 97'
W5 93'
B6 86'
Y7 60'
O1 54'
W2 78'
B3 95'
O5 125'
P4 110'
W6 120'
B7 115'
P8 105'
P1 54'
B2 69'
W3 137'
O4 125'
P5 110'
B6 91'
Y7 75'
W8 63'



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for Lot 163 Davidson Downes Phase IV; Castleview Lane; Iredell County, NC

House Footprint: 70'x70'
Building Setback: 35' Front, 10' Side,
Water Source: Private Well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 gpd/ft2
Suggested System Type: 25% Reduction (Off-site Easement)
Proposed Repair LTAR: 0.3 GPD/ft2
Repair System Type: PPBPS (Off-site Easement)
Distribution: Pressure Manifold
Flow per Tap: 7.11 GPM ½" SCH 40
Tap Size and Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 175.00 Gallons
Pump Run Time: 6.15 minutes
Elevation Head: TBD
Friction Head: TBD
Pressure Head: 2'
Total Dynamic Head: TBD
Supply Line Length: TBD
Septic/Pump Tank Size: 1000/1000
Proposed Trench Bottom: 36"

Line	Design Length	Repair Length	Actual Length	Elevation
Yellow 1		60'	60'	TBD
White 2		76'	76'	TBD
Blue 3	**100'**		**100'**	**TBD**
Yellow 4	**100'**	20'	**125'**	**TBD**
Pink 5	**100'**	15'	**120'**	**TBD**
Blue 6	**100'**	15'	**120'**	**TBD**
White 7		116'	116'	TBD

Initial System: 400' 25% Reduction **Repair System:** 287' PPBPS

Comments:

The purpose of this evaluation is to permit the property for a 4-bedroom residence.

- The proposed house site has been staked by the surveyor using stakes with white tape.
- Due to soil and topography MA&A is proposing to permit this site as an off-site septic easement.
- All elevations and pressure line lengths will be determined prior to installation.

PROPERTY ID #: _____
COUNTY: _Iredell_

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

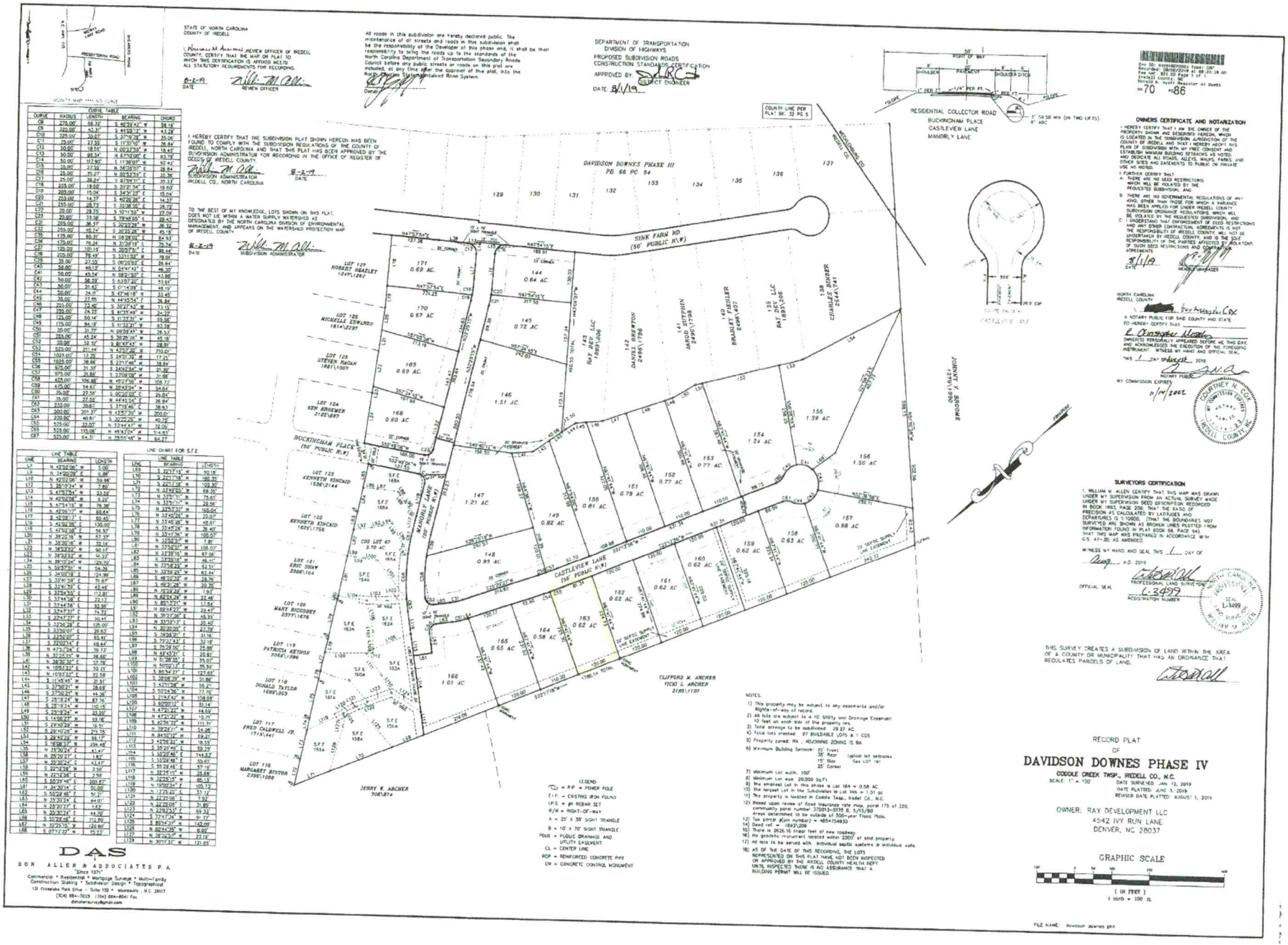
OWNER: Ray Development _____ APPLICATION DATE _____
ADDRESS: Denver, NC _____ DATE EVALUATED: _10/2018_
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD___ PROPERTY SIZE: ____0.67 AC_____
LOCATION OF SITE: Davidson Downs Lot 163 SFE _____ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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	
PIT 1	LS 6%	0-28	R C SBK	FR SS SP SXP	N/A	50"	F-CSAP	N/A	PS 0.3
		28-50	R CL WSBK	FR SS SP SXP					
PIT 2	LS 6%	0-7	Br SCL WSBK	FR SS SP SXP	N/A	50"	C-M SAP PS	N/A	PS 0.3+
		7-21	R C SBK	FR SS SP SXP					
		21-50	R CL WSBK	FR SS SP SXP					
		50-60	VER SL SAP M	FR SS SP SXP					
PIT 3	LS 6%	0-8	Br SCL WSBK	FR SS SP SXP	N/A	50"	F-C SAP PS	N/A	PS 0.3
		8-29	R C SBK	FR SS SP SXP					
		29-50	R CL WSBK	FR SS SP SXP					
		50-56	VER SL SAP M	FR SS SP SXP					
PIT 4	LS 6%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	47"	F-C SAP PS	N/A	PS 0.3
		6-28	R C SBK	FR SS SP SXP					
		28-47	R CL WSBK	FR SS SP SXP					
		47-60	VER SL SAP M	FR SS SP SXP					

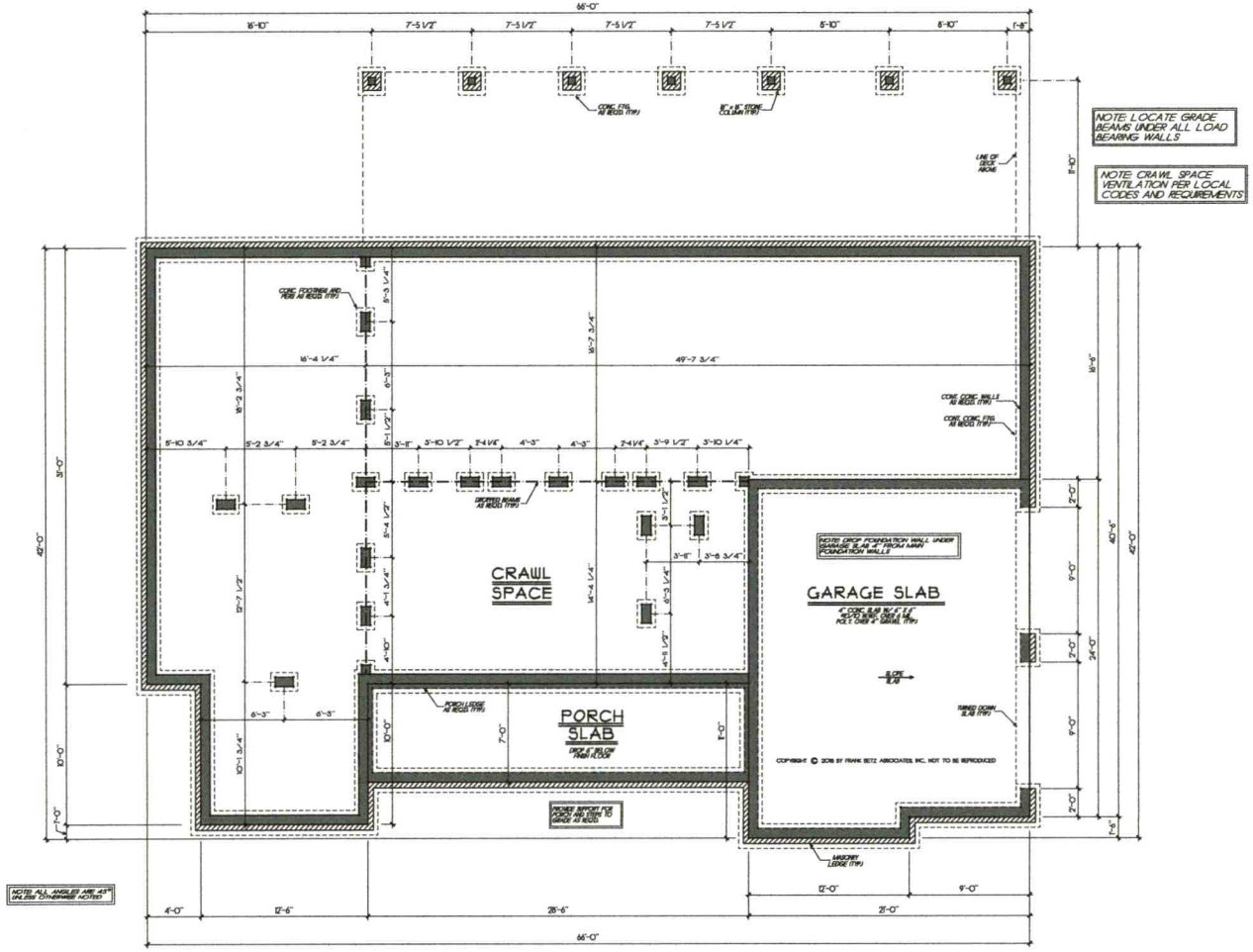
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT^2	861 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS: _____


DAVIDSON DOWNES PHASE III
PB. 66 PG 94
SINK FARM RD
(50' PUBLIC R/W)
BUCKINGHAM PLACE
(50' PUBLIC R/W)
CASTLEVIEW LANE
(50' PUBLIC R/W)
MANDRILL LANE
(50' PUBLIC R/W)
COUNTY LINE PER PLAT BK. 33 PG 5
RESIDENTIAL COLLECTOR ROAD
BUCKINGHAM PLACE
CASTLEVIEW LANE
MANDRILL LANE
LOT 129 ROBERT HEADLEY 1249\1282
LOT 126 MICHELLE EDWARDS 1814\2397
LOT 125 STEVEN REGAN 1867\1307
LOT 124 KEN KRAEMER 2122\697
LOT 123 KENNETH KINCAID 1536\2144
LOT 122 KENNETH KINCAID 1625\1795
LOT 121 ERIC SHAW 2386\164
LOT 120 MARY BISCOGNE 2377\1676
LOT 119 PATRICIA KEITHLY 2065\1096
LOT 118 DONALD TAYLOR 1698\353
LOT 117 FRED CALDWELL JR. 1719\441
LOT 116 MARGARET BYSTON 2398\1006
JERRY W. ARCHER 706\874
CLIFFORD M. ARCHER VICKI L. ARCHER 2185\1107
CHARLES BINNER 2544\741
JOHNNY V. BROOKS 1394\1990
RAY DEVELOPMENT LLC 1893\306
JASON STEPHEN 2498\1738
BRADLEY FISHER 2498\1407
DAVID EMERSON 2498\1738
SINK FARM RD
(50' PUBLIC R/W)
SEPTIC SYSTEM EASEMENT
SEPTIC SYSTEM EASEMENT
SEPTIC SYSTEM EASEMENT

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CRAWL FOUNDATION PLAN

1/4" = 1'-0"

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REVISIONS	DATE	BY

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CRAWL FOUND. PLAN

THE CEDAR BLUFF

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DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3350 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-431-0888 888-717-3003

BY RB CK JCH

DATE 8/5/19

SHEET 2 OF 5

8/5/2019 3:48 PM X:\Homes\Cedar Bluff\DWG\Cedar

GENERAL NOTES

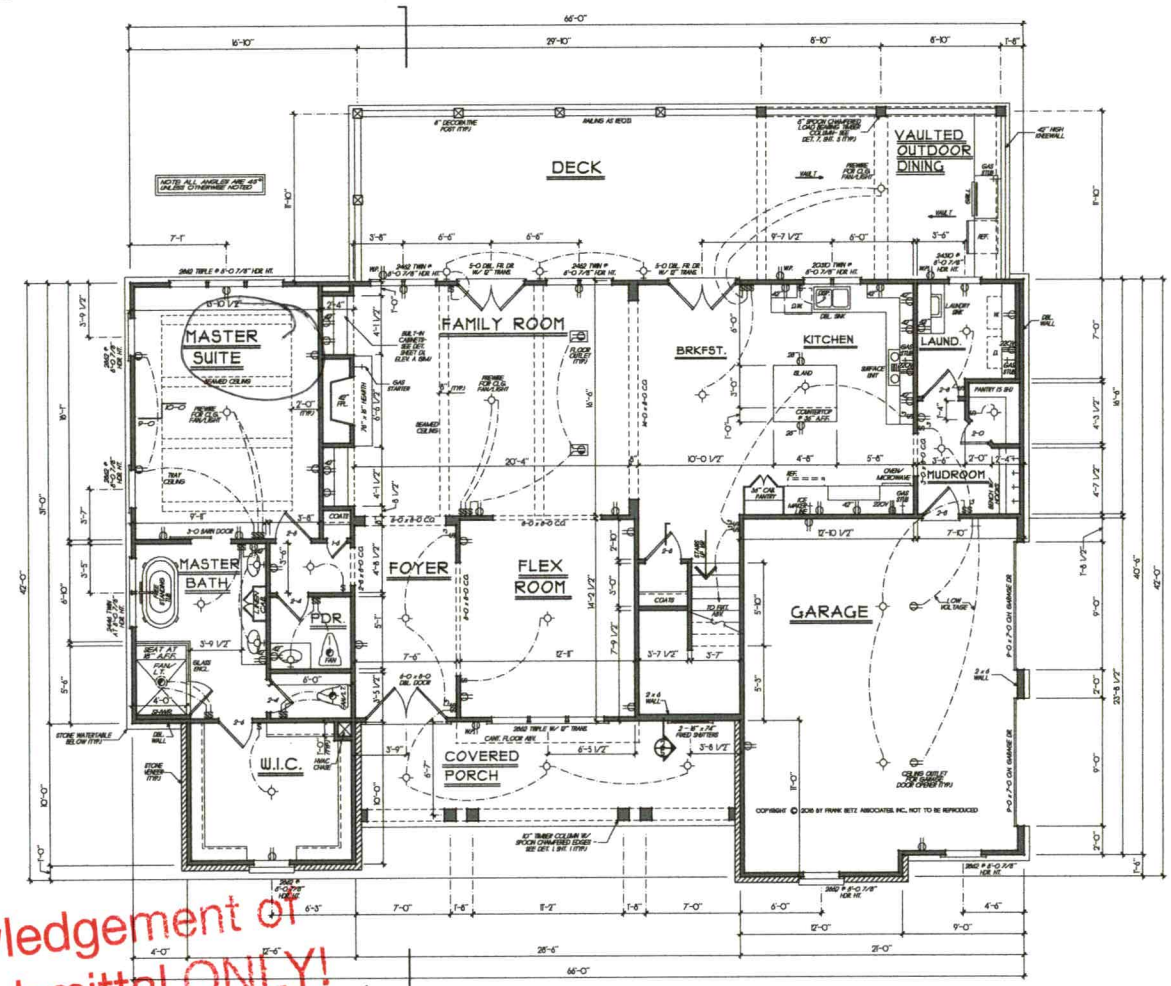
1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE AND LOCAL CODES, ORDINANCES AND R.U.D. M.H.D.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT SITE BEFORE BEGINNING CONSTRUCTION AND NOTIFY FRANK BETZ ASSOCIATES, INC. OF ANY DISCREPANCIES OR CONDITIONS REQUIRING MODIFICATIONS TO THE DRAWINGS OR CONSTRUCTION.
3. ALL DIMENSIONS SHOWN ON PLANS ARE TO FACE OF STUD, FACE OF CONCRETE OR CENTERLINE OF COLUMNS UNLESS NOTED OTHERWISE.
4. ALL LUMBER EXPOSED TO WEATHER OR IN CONTACT WITH CONCRETE OR MASONRY SHALL BE PRESSURE TREATED SOUTHERN PINE LOCAL CODES MAY REQUIRE MORE STRINGENT REQUIREMENTS. CONTRACTOR SHALL BE CAPABLE OF HANDLING THE BUILDING, SHOULD ENGINEERED LUMBER BE USED, PER MANUFACTURER'S RECOMMENDATIONS.
5. CONTRACTOR SHALL INSURE COMPATIBILITY OF THE BUILDING WITH ALL SPECIFIED EQUIPMENT.
6. IF ANY CONDITION OF INSTABILITY OR ADJACENT ANY FOUNDATION OR WALL EXISTENCE AT THE SITE.
7. ALL INSULATION AND STRUCTURAL MEMBERS SHOULD BE ORDERED AND STACKED AT THE BUILDING SITE SUFFICIENTLY IN ADVANCE OF THE FRAMING TO ALLOW TIME FOR THE MATERIALS TO ADJUST TO LOCAL CONDITIONS. ETC. THE CONTRACTOR IS RESPONSIBLE FOR ADJUSTING AND VERIFYING ALL STRUCTURAL DETAILS AS REQUIRED TO MEET ALL LOCAL CODES AND TO ENSURE A QUALITY AND SAFE STRUCTURE.
8. ALL WORK AND MATERIALS INCORPORATED INTO THE BUILDING SHALL BE OF A GOOD GRADE AND QUALITY AND MEET ALL NATIONAL STATE AND LOCAL BUILDING CODE REQUIREMENTS.
9. ALL COLUMNS OR POINT FRAMING WALLS BE DESIGNED TO CARRY LOAD AND SHOULD EXTEND DOWN TO THE LOWEST BEARING AND TERMINATE AT SUITABLE FOOTING SIZE AS STRUCTURAL ENGINEER PLANS DESIGNED TO CARRY THE LOAD.

GENERAL FRAMING NOTES

THE FOLLOWING NOTES ARE SUGGESTED MINIMUM REQUIREMENTS ONLY. DUE TO A VARIANCE BY CODES FROM REGION, PLEASE REVIEW AND COMPLY WITH ALL YOUR LOCAL CODES. COMPLY WITH LOCAL ENFORCED FHA ALL STRUCTURAL REQUIREMENTS.

1. ALL FRAMED WALL DIMENSIONS ARE BASED OF 2 x 4 STUDS UNLESS NOTED OTHERWISE. PROVIDE PURLINS AT MID HEIGHT OF ALL VALLEY
2. ALL JOISTS AND RAFTERS SHALL BE LOADED STRICTLY WITH SPACE
3. ALL EXTERIOR SHALL BE 15 LBS. @ 8" STP. WITH 1/4" PLYWOOD
4. PLATE WITH DOUBLE TOP STUDS UNLESS UNDER PARTITION WALL
5. FRAMED 1" INSTALL DOUBLE FLOOR JOISTS UNDER PARTITION WALL
6. PROVIDE SOLID BLOCKING AT
7. PROVIDE DOUBLE FRAMING AT NO PENNY OF SPACE OR 8'-0"
8. O.C. MAXIMUM AT ALL FRAMING
9. FLOOR SHALL BE 1/2" C.D. PLYWOOD GLUE AND NAILED WITH SPECIFICATIONS
10. EXPOSURE 1 GLUED AND NAILED CONSTRUCTION WITH GLUED GLUE 1/2" CDX PLYWOOD SUBFLOOR. ALL SUBFLOORING SHALL BE GLUED AND NAILED WITH EXPOSURE 1 PLYWOOD ACCORDING TO APA OR C.D.X. GRADE
11. ALL ROOMS AND CLOSETS AT 12" O.C. AT ALL INTERMEDIATE STUDS
12. EXTERIOR GABLE END OVERHANGS AT 16" O.C. AT ALL INTERMEDIATE STUDS
13. ALL ROOMS AND CLOSETS WITH SPACE
14. PROVIDE SOLID BLOCKING AT 10'-0" O.C. FOR VERTICAL DISTANCE BETWEEN
15. PROVIDE 2 x 4 FLAT BLOCKING AT 10'-0" O.C. MAXIMUM
16. FOR "SLOPE" SURFACES, AND WHERE BOARDS SHALL BE USED "2x" SIZE LARGER THAN RATING.
17. ROOF SHEATHING TO BE APA 24 RATED 1/2" PLYWOOD CDX. EXPOSURE 1 INSTALLED AS RECOMMENDED BY APA AT ALL EDGES AND MAKING ALLOWANCE FOR 1/8" EXPANSION AT EACH END AND EDGE. ALL ROOF SHEATHING TO BE 1/2" C.D.X. PLYWOOD
18. ALL CEILING JOISTS AND RAFTERS SHALL BE SIZED BY LOCAL CODES VALUE DESIGNED TO CARRY LOAD THEY ALL LEVELS AND TERMINATE AT BEARING POINTS AND BE SUPPORTED AT THEREFROM SUCH GRADE BEAM OR POSTING DESIGNED TO CARRY LOAD.
19. ALL HEADERS AND BEAMS SHALL BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES.
20. ALL BOLD FRAMING, CALLOUTS, BEAMS, ETC.) TO BE ASSIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES

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FIRST FLOOR PLAN

1/4" = 1'-0"

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SQUARE FOOTAGE	
FIRST FLOOR	1877 SQ. FT.
SECOND FLOOR	866 SQ. FT.
TOTAL	2743 SQ. FT.
OPT. BONUS	356 SQ. FT.
TOTAL	3099 SQ. FT.

Acknowledgement of Plans Submittal ONLY!

Date 8/29/20

Date 9/1/20

REVISIONS	DATE	BY

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770-431-0888 888-717-3033

BY BWG CK JCN

DATE 8/20/20

SHEET 3 OF 5

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Type: CONSOLIDATED REAL PROPERTY
Recorded: 8/3/2020 4:48:13 PM
Fee Amt: $206.00 Page 1 of 2
Revenue Tax: $180.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds

BK 2721 PG 756 - 757

Excise Tax: $180.00	Recording Time, Book and Page

Parcel Identifier No. 4654-76-0498.000
Mail after recording to: Grantee

This instrument was prepared by: **D. TODD WULFHORST - Kennedy & Wulfhorst, P.A., 3758 Hwy 16 N, Denver, NC 28037**

Brief description for the index	**Lot 163 – Davidson Downes**

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 3rd day of August, 2020, by and between

GRANTOR	GRANTEE
RAY DEVELOPMENT, LLC **a North Carolina limited liability company**	**JM JOHNSON CONSTRUCTION, INC.,** **a North Carolina corporation**
4542 Ivy Run Lane **Denver, NC 28037**	**2685 Queens Drive** **Lincolnton, NC 28092**

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

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 the Town of Mooresville, Township, Iredell County, North Carolina and more particularly described as follows:

Being all of Lot 163 of the Davidson Downes, Phase IV as shown on plat recorded Plat Book 70 Page 86 Iredell County Public Registry; together with an easement over, across and under Septic Field Easement ("SFE") #163A as shown on plat of Davidson Downes Subdivision, Phase IV, recorded in Plat Book 70, Page 86 in the Office of the Register of Deeds for Iredell County, North Carolina, and together with an additional easement over, across and under the supplemental property to run septic system lines as needed to the Offsite Septic Lots as described in the "SUPPLEMENT AND AMENDMENT TO DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTION FOR DAVIDSON DOWNES SUBDIVISION" as recorded in Book 2635 at Page 995 in the Iredell County Public Registry, which said easement rights shall run with the land.

The above described lot is subject to restrictions recorded in Book 2635, Page 995, Iredell County Public Registry.

The property does not include the primary residence of the Grantor.

Submitted electronically by "Kennedy & Wulfhorst, PA"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

The property hereinabove described was acquired by Grantor by instrument recorded in **Book 1893, Page 206**

A map showing the above-described property is recorded in **Map Book 70, Page 86**

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto 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, that 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 reservations, restrictions, easements, conditions and right-of-ways in the record chain of title.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers the day and year first above written.

RAY DEVELOPMENT, LLC
a North Carolina limited liability company

_____**(SEAL)**
RAY CHRISTOPHER MOZELEY, JR., MEMBER/MANAGER

SEAL-STAMP

D. TODD WULFHORST
NOTARY PUBLIC
Lincoln County
North Carolina
My Commission Expires May 9, 2023

STATE OF NORTH CAROLINA **COUNTY OF LINCOLN**

I, **D. TODD WULFHORST**, a Notary Public of County and State aforesaid, certify that **RAY CHRISTOPHER MOZELEY, JR.** personally came before me this day and acknowledged that he is **MEMBER/MANAGER** of **RAY DEVELOPMENT, LLC, A NORTH CAROLINA LIMITED LIABILITY COMPANY,** and that he, as **MEMBER/MANAGER**, being authorized to do so, executed the foregoing on behalf of the company. Witness my hand and official seal, this the 3rd day of August, 2020.

_____
Notary Public
My Commission Expires: 05-09-2023