ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

PERMIT # 244102

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

PIN # 4659849068

APPLICANT/OWNER: Clayton Homes of Statesville APPLICANT ADDRESS: 2026 Northside Dr. Statesville, NC 28677

SITE ADDRESS: 122 Belk Estate Dr. Mooresville, NC 28115 PHONE: 704929-1552 ALT. PHONE

SITE DIRECTIONS: US21/Hwy 115 N. TR Shepherd Rd TR Shepherd Valley Rd TL Belk Estate Dr

SAP CONTROLLED: Exist ☒ YES ☐ NO

SUBDIVISION: SECTION: LOT # LOT AREA: 10 Acres DESIGN FLOW: 360gpd 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	3	Water Supply	
Pump Tank	(gal)	PT	Date	System Description: Exist. Gravity-Conv. (Gravel)		☐ Business	No. Persons	6 +2	☒ Private	
Pump Make	Model		Serial #	Repair System Description: Same		☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1 # Lines	Ex 3	Linear Ft: 400	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36" Trench Bottom Depth(Low side)		Gravel Depth 12"	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing			

Comments / Conditions: Existing System Appears to be functioning okay at time of inspection
Keep any Buildings at least 10Ft from Septic.

INITIAL SITE SKETCH

(with drains)

Scale 1:100

Belk Estate Rd

Must maintain
Gravity Flow from house
to Septic tank.
Follow Plumbing Code
for Connection to Septic
tank from house.

AS BUILT SKETCH

PL 278

Existing S.T. 5' 30'

Existing Septic 19'

Gravel Rd

111Ft

PL 247

To Shepherd Valley Rd

76' proposed 63' House

162

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: 5/3/19 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 5/29/19

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.

4-26-19
#244102
Pd $250.

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: ___Improvement Permit ___Authorization To Construct X 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

Adam
704
929
1552

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Clayton Homes of Statesville	2020 Northside Dr. Statesville, NC 28625	Ann Ewer 704-978-1552	704 873 2547
Owner Name: Peyton Pinola	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
TBD Shepherd Valley		

Driving Directions: 115 S Left on Shelton - R 3.3 1/2 mi (R) on Shepherd Valley 5th 1/10 mi on (R)

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 RE-INSPECTION
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
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

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)* X EXISTING SYSTEM installed ____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ____

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 (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: Clayton Homes 4-22-19
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, Peyton J. Poole, am the legal owner(s) of the property located at 180, identified as PIN (Parcel Identification Number) ~~4659 91 0077~~ 4659 84 9008, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** CLAYTON HOMES dba STATESVILLE ASSOCIATES/ JACK TAGGART 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) 4-25-19 Date — Signature of Witness 4/25/19 Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION:

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

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

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

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

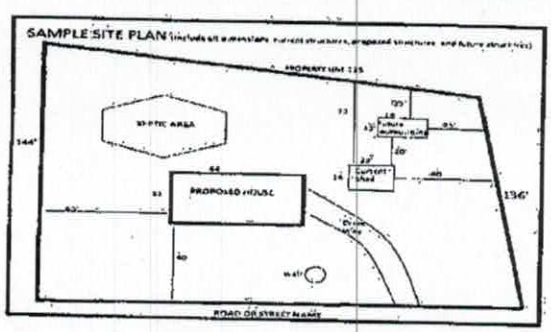
____ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

____ Area you prefer your septic system to be placed... **____ North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

____ 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 Plan

Signature: _____

REQUIRED property owner or owner's legal representative signature.

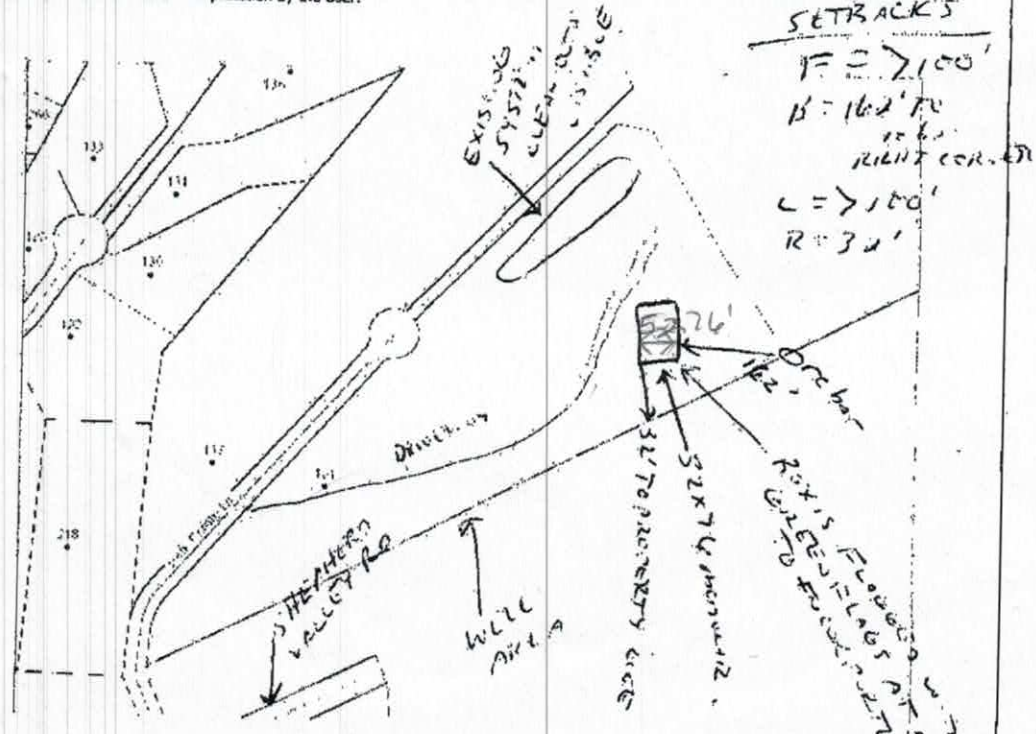
4-22-19

DATE

4659 84 9068
PIN

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-date, the County does not certify the authenticity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use or interpretation by the User.

SETBACKS
F = > 100'
S = 162' TO RIGHT CORNER
L = > 100'
R = 30'



Tax Account Number: 80057666
Old Parcel Number: 1604D00000A016
Owner Name: RIDDLE PEYTON
Mailing Address: 116 SHEPHERD VALLEY RD MOORESVILLE NC 28115
Property Location: BELK ESTATE DR
Lot Number:
Legal Description: WILLIAM W BELK JR

* PROPERTY SURVEYED CORNERS & LINES ARE MARKED

Township Code: 16
City Code: 00
Neighborhood Code: 16026

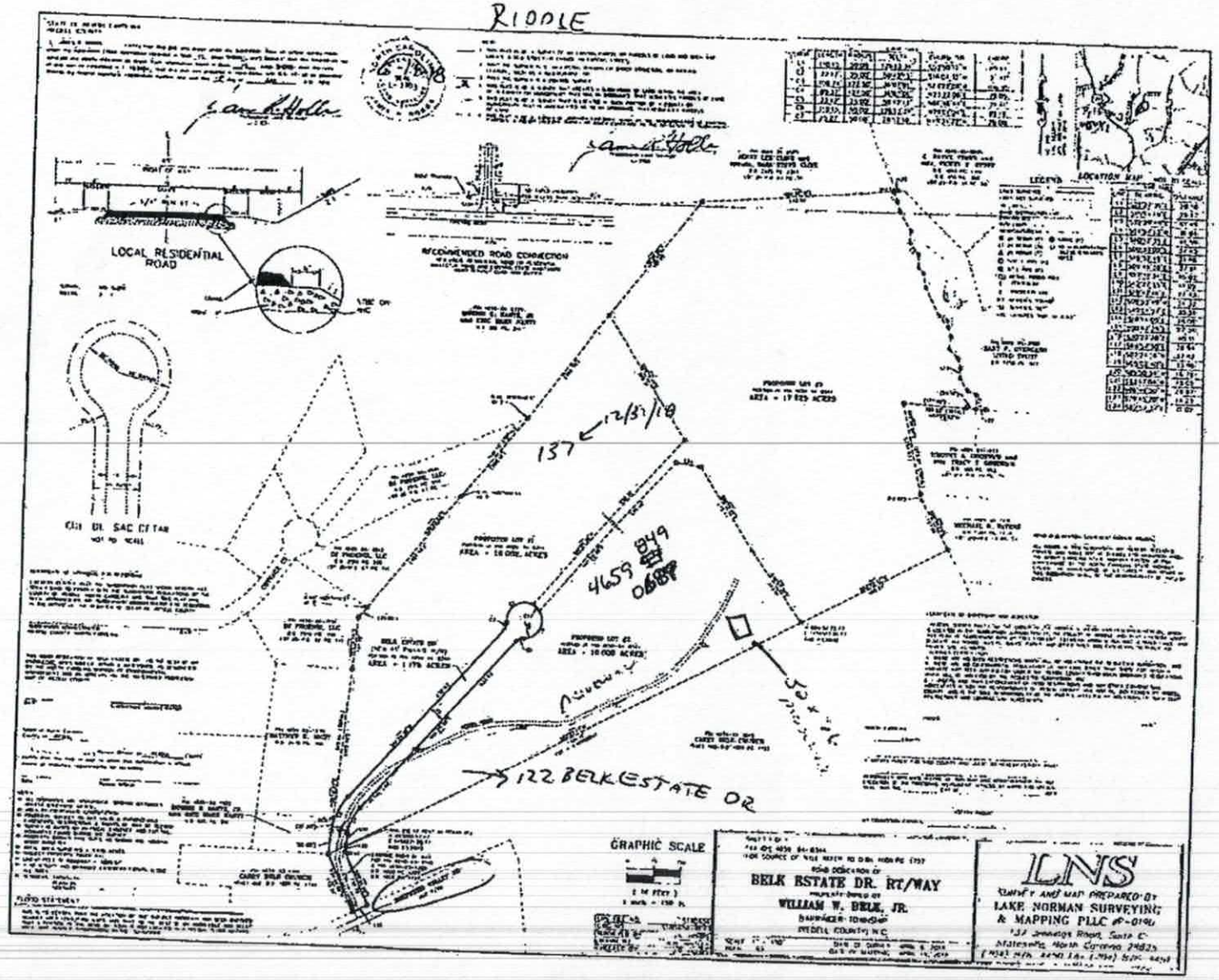
Current Year Property Record Card (PRC)

Building Value: 0
Other Building Features: 0
Land Value: 118820
Tax Assessed Value: 118820
Deferred: 0.

* NEW WELL

Register of Deeds Office Search

RIDDLE


LOCAL RESIDENTIAL ROAD
RECOMMENDED ROAD CONNECTION
137
12/31/18
4659 849 0687
122 BELKESTATE DR
GRAPHIC SCALE
BELK ESTATE DR. RT/WAY
WILLIAM W. BELK, JR.
LNS
LAKE NORMAN SURVEYING & MAPPING PLLC

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 094085 PIN# 4659940344

OWNER OR CONTRACTOR William Belk Jr PHONE: Business 634-8797 Home (704) 569-5452 DATE 5-8-2001

ADDRESS 3101 James Rd. Charlotte NC 28215

LOCATION Hwy 115/21 N. TR Shepherd Rd TL Shepherd Valley Rd ~ 200yds on left-gravel dri

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 39.16 Acres SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 9-18-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~1200~~ 400

No Lines 3 at 133' Trench Width 36" Max Trench Bottom Depth 24-36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI

System Description: Gravity-Conventional

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2.5

[ ] Business No. Employees ____

[ ] Other _____

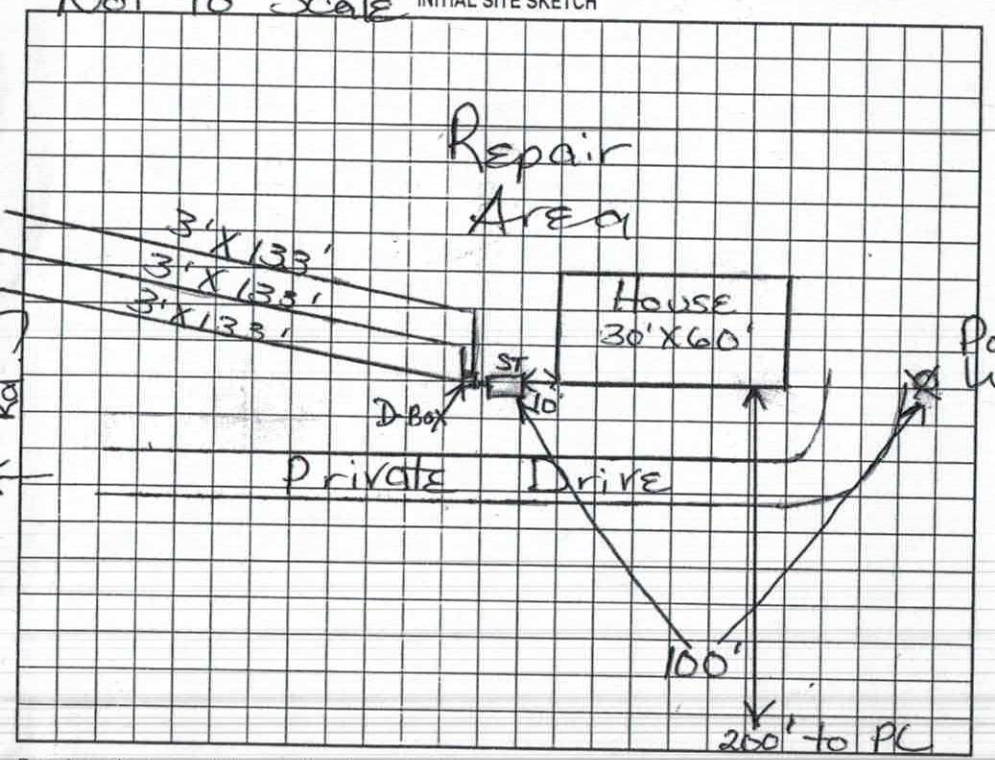
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: *Keep Septic System at least 100' From well.

Comments:/Conditions: Checked lower 2 lines & tanks 10/26/01 3rd line checked 10/29/2001 Filter installed

Not to Scale INITIAL SITE SKETCH



AS BUILT SKETCH

Well not installed at time of inspection

Installed as Drawn

111ft from house corner to ST

19ft from edge of Rd to 1st line

30ft to Center of ST

Okay to take ~18" of cover off top line

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

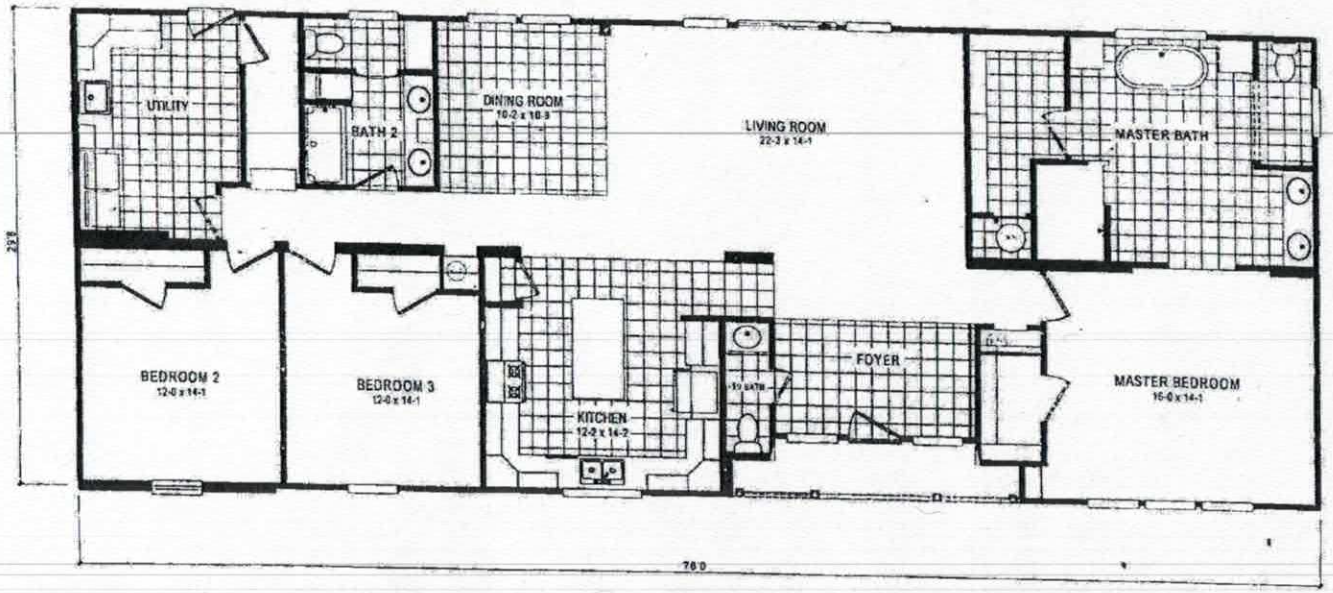
Signed X William W. Belk Jr. date 5/8/2001 Installed by: Bill Belk

Improvement Permit by: Maria H.H. Dotson R.S. date 5/8/2001 Operation Permit by: Maria H.H. Dotson R.S. date 10/29/2001

Authorization to Construct by: Maria H.H. Dotson R.S. date 5/8/2001 Existing System Inspection by: _____ date _____

122 BELK ESTATE DR.

Majestic



4/26/19

Maria Dotson

5/29/19

IREDELL COUNTY

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

APPLICATION NUMBER
244102
Issue Date: 04/26/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4659849068.000	122 BELK ESTATE DRIVE, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: RIDDLE, PEYTON	Applicant: CLAYTON HOMES OF STATE
Address: 116 SHEPHERD VALLEY RD	Address: 2026 NORTHSIDE DR
MOORESVILLE, NC 28115	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
MODULAR	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	25.00	NOT	X

Remarks:

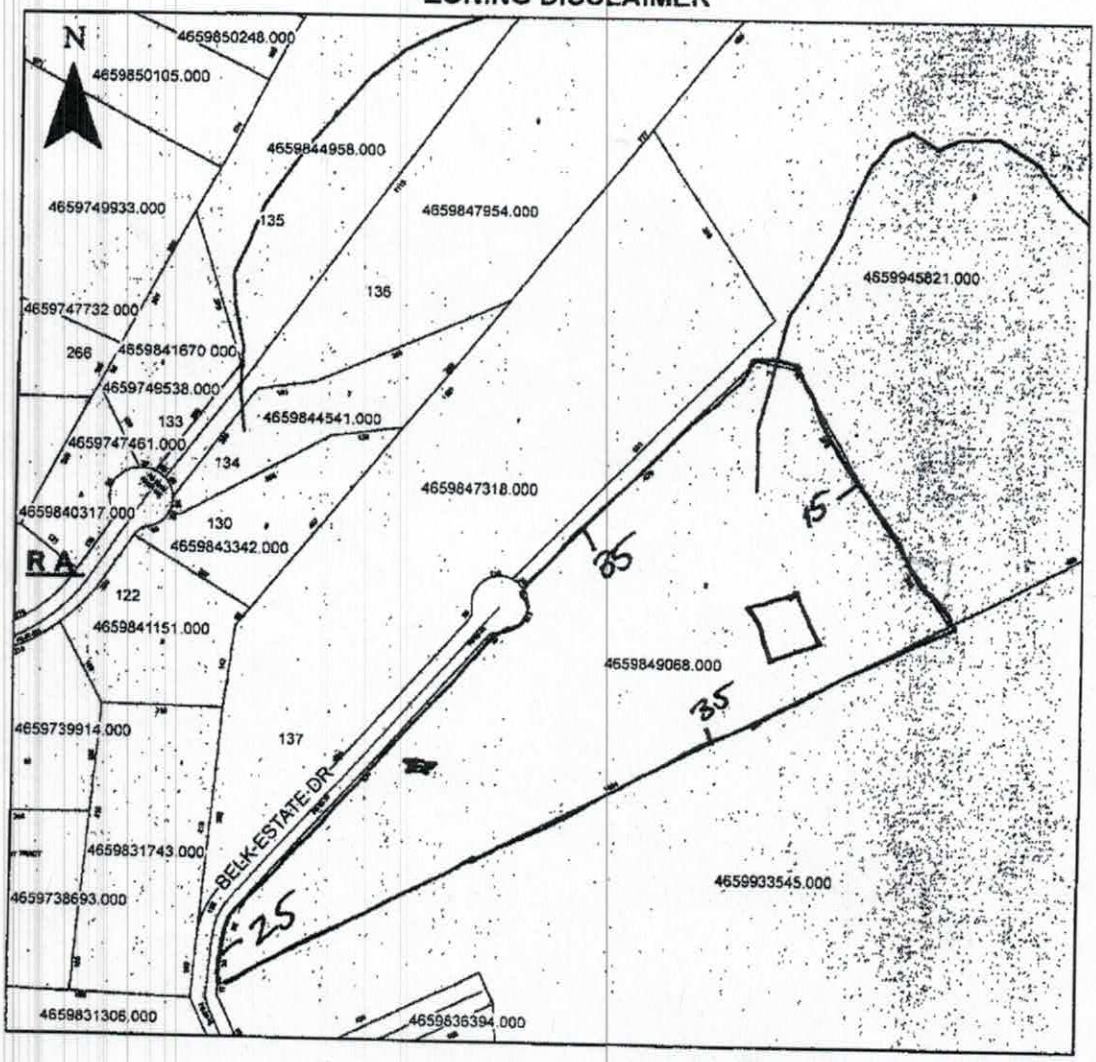
PAID
REF# 1144
4.26.19

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	175178	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 122 Belk Estate Dr.

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Applicant

4/26/19
Date