IREDELL COUNTY HEALTH DEPARTMENT

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

PIN # 4665340068

APPLICANT: Vicky Maxey | APPLICANT ADDRESS: | PHONE: 704-578-4951 | ALT. PHONE:

SITE ADDRESS: 179 Owens Farm Rd. - Mooresville

SITE DIRECTIONS: Shearers, R Owens Farm Rd, C End

SUBDIVISION: Randy A Erwin ? Glenda Erwin | SECTION: — | LOT #: 1 | LOT AREA: 1.866 AC | DESIGN FLOW: 480 | L.T.A.R.: .25

Septic Tank: 1000 (gal) | STB: 825 | Date: 4-13-16

Pump Tank: (gal) | PT: | Date:

Pump Make: | Model: | Serial #:

Nitrification Fields: 1 | # Lines: 5 | Linear Ft: 480'

Trench Width: 36" | Max. Trench Bottom Depth: * 20" * | Gravel Depth: —

☒ New System ☐ Repair ☐ Expansion | System Type: I II ⓘ IV V VI

System Description: 25% Reduction

Repair System Description: Drip

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/ plumbing

No. Bedrooms: 4 | No. Persons: | No. Employees: | ☐ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: No AC until Lot is Recorded

4/25/16 Reviewed Floor plans, in Compliance with I.P.

INITIAL SITE SKETCH

See Plan From Kathleen Saunders

AS BUILT SKETCH

4-5-17 Checked Tank & 1st 3 Lines

Used Quick 4, installed as Drawn (serial feed from other side)

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: Erma Helms | Date: 06/10/15 | Installed by: Joe Thompson

IMPROVEMENT PERMIT by: [signature] | APPROVED JUN 09 2015 | OPERATION PERMIT by: Marina Dotson | Date: 4/10/17

AUTHORIZATION TO CONSTRUCT by: Marina Dotson | Date: 4/25/16 | Existing System Inspected by: | Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

APPROVED JUN 0 9 2015

BA

PROPOSED 2

75'

OEL

75'

IRS

S29°45'44"E 227.39'

(202.19')

(25.20')

IRS

L1

35' FRONT MBSL

DOUBLE TREE

well

Drive

Tract 1

1,328.04 sq. ft.

2.326 acres

(81,282.75 sq. ft.)

(1.866 acres)

30x30' Pool

Garage

35'

70'

House (Basement)

Deck

35'

10'

15' SIDE MBSL

N67°34'31"E 320.68'

15' SIDE MBSL

S67°34'31"W 374.93'

80'

100'

104'

6800 Asp

Drip Repair

35' REAR MBSL

1 = 60'

179 Owens Farm Road Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	480
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	20 inches
Maintenance Agreement Required	No
Repair System	**Subsurface Drip**
Total Linear Feet	6,000 sqft +
Repair Loading Rate	0.1

APPROVED JUN 09 2015

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Orange	25% Reduction	80 endfed
2	System	Blue	25% Reduction	100 endfed
3	System	Red	25% Reduction	100 endfed
4	System	Pink	25% Reduction	100 endfed
5	System	Orange	25% Reduction	100 endfed
				Total System: 480'
				Total Repair: xxx'

Note: Tank should be placed to achieve gravity flow to drainfield. May require a settling tank in series prior to the septic tank if grinder pump is needed in basement.

Project #:
Property ID #:
County:

SOIL/SITE EVALUATION

Sheet:

APPROVED JUN 09 2015 Date Evaluated: 11/20/14

Owner or Client:
Proposed Facility: Design Flow:
Location of Site: Owens Farm Rd
Soil Described By: Others Present:
Antecedent Moisture: Weather:

Property Size:
Site LTAR: Int. Rep.
Site Classification:

Water Supply: [ ] Public [ ] Community [ ] On-Site Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	Lscp. Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY Structure	Texture	Consistence	PROFILE FACTORS Inclusions	Matrix Color	Mottles	Profile Notes (Restr Horiz, Soil Depth, Coarse Frag, etc...)	Profile Class & LTAR
1	L	0-3	Mo GR SL		FR NS/NP		Br			0.25 36" TB
		3-27	WK SBK SCL		FR SS/SP	C Sap	R Br			
		27-61	MA SL Sap		FR SS/SP		Br	F SCL inc		
2	L	0-3	Mo GR	SL	FR NS/NP		Br			0.2 36" TB
		3-26	WK ABK	SC	Fi S/P	C Sap	Br	mfc		
		26-59	MA	SiL	FR SS/SP		multi			
3	L	0-3	Mo GR	SL	FR NS/NP		Br			0.2 W/ 48" TB
		3-36	Mo/WK ABK	C	Fi VS/VP		R	30"-36" F Sap		
		36-49	WK SBK	CL	FR SS/SP	C Sap	R			
		49-60	MA Sap	L	FR SS/SP		R yel			
4	L	0-3	Mo GR	SL	FR NS/NP		Br			0.2 to 32"
		3-18	Mo ABK	C	Fi SS/SP	F Sap	R	C Br		
		18-32	WK ABK	C	Fi SS/SP	C Sap	R			
		32-48	WK SBK/MA	CL	FR SS/SP	C Sap	yel R			
5	L	0-3	MO GR	L	FR SS/SP		Br			~~0.2 36" TB~~
		3-42	Mo/WK ABK	C	↓		Br	MAfic	UNS After Pit	
		42-60	MA SiL	SiL	↓		Br			
6	L 10%	0-3	Mo GR	L	FR SS/SP		Br			0.2 to 36"
		3-36	WK ABK	C	Fi SS/SP	F Sap	R	C Br		
		36-48	WK SBK/MA	CL	FR SS/SP	C Sap	R yel			

COMMENTS:

7 0-4 Mo GR SL Br FR NS/NP 0.2 to 30"
4-21 Mo SBK C R yel F Sap Fi S/P
21-30 WK SBK CL yel R C Sap FR SS/SP
30-48 MA Hvy L Sap multi FR SS/SP
↑ Close to CL

8 0-22 Mo SBK/WK ABK C FR SS/SP R F Br 0.25 F Sap

Project #: _____ Sheet: _____

Property ID #: _____

County: _____

SOIL/SITE EVALUATION

APPROVED JUN 09 2015 Date Evaluated: _____

BA

Owner or Client: _____

Proposed Facility: _____ Design Flow: _____ Property Size: _____

Location of Site: _____

Soil Described By: _____ Others Present: _____ **Site LTAR:** Int. _____ Rep. _____

Antecedent Moisture: _____ Weather: _____ **Site Classification:** _____

Water Supply: [ ] Public [ ] Community [ ] On-Site Well [ ] Spring [ ] Other

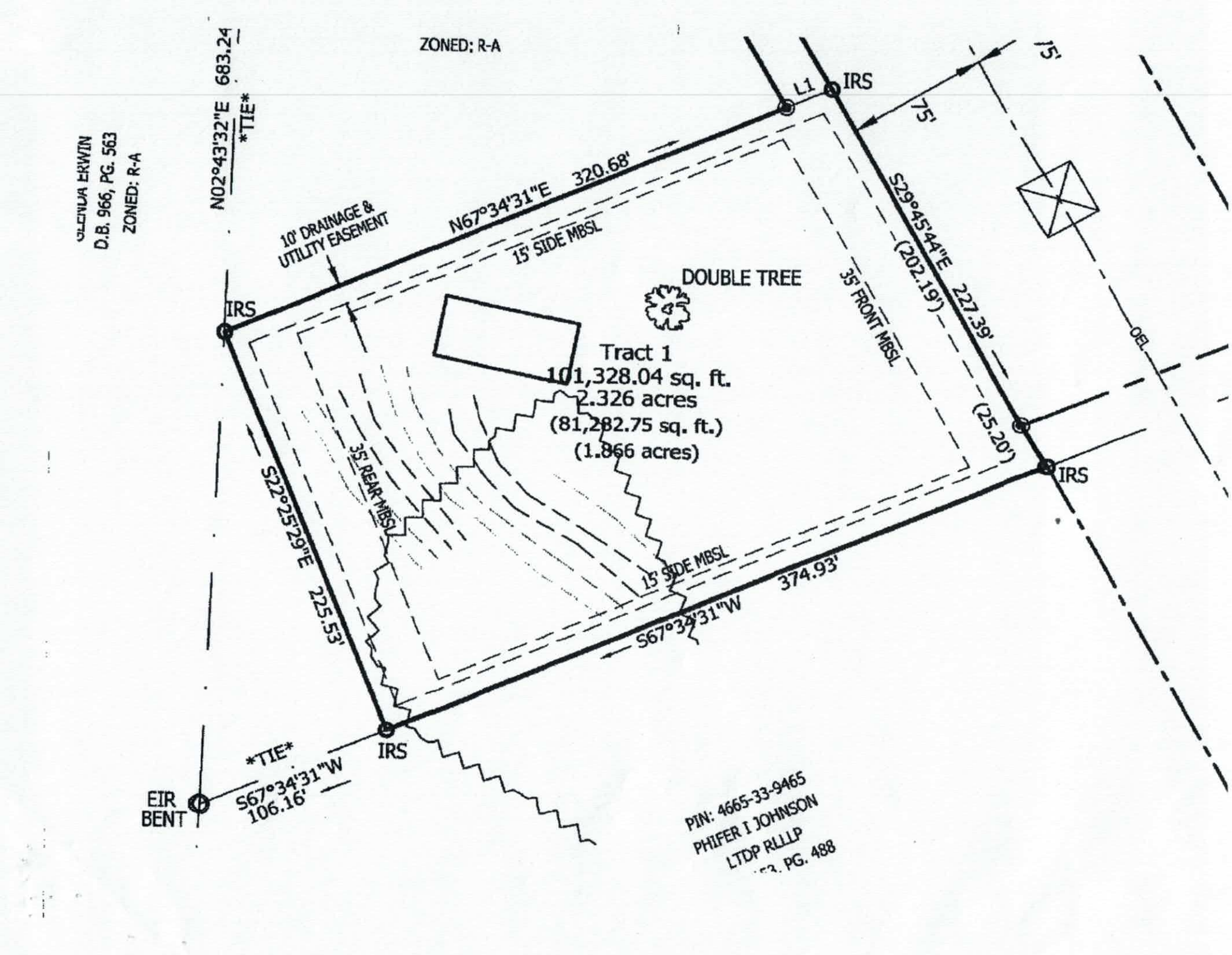
Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut

Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	Lscp. Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY			PROFILE FACTORS				Profile Class & LTAR
			Structure	Texture	Consistence	Inclusions	Matrix Color	Mottles	Profile Notes (Restr Horiz, Soil Depth, Coarse Frag, etc...)	
9 AH	L	0-18	Mo SBK	C	Fi SS/SP		R			0.25
		18-41	WK SBK	CL	FR SS/SP	C/M Sap	R yel			
		41-60	MA Sap	L	FR SS/SP		yel R			
10 AH	L	0-14	Mo SBK	C	Fi SS/SP		R			0.25
		14-43	WK SBK	CL	FR SS/SP	C/M Sap	R yel			
		43-60	MA Sap	L	FR SS/SP		yel R			
11 AH	L	0-4	Mo GR	SL	FR NS/NP		Br			0.25
		4-18	Mo SBK	C	FR SS/SP		R			
		18-38	WK SBK	CL	↓	C Sap	R			
		38-60	MA Sap	L	↓		yel R			
12 AH	L	0-4	Mo GR	SL	FR NS/NP		Br			0.25
		4-22	Mo SBK	C	FR SS/SP		yel R			
		22-44	WK SBK	CL	↓	C Sap	yel R			
		44-48	MA Sap	Hvy L	↓		yel R			

COMMENTS: _____

20" TBD


ZONED: R-A
N02°43'32"E 683.24'
TIE
GLENDA ERWIN
D.B. 966, PG. 563
ZONED: R-A
L1
IRS
75'
15'
10' DRAINAGE & UTILITY EASEMENT
N67°34'31"E 320.68'
15' SIDE MBSL
DOUBLE TREE
35' FRONT MBSL
S29°45'44"E (202.19') 227.39'
OEL
IRS
Tract 1
101,328.04 sq. ft.
2.326 acres
(81,282.75 sq. ft.)
(1.866 acres)
(25.20')
IRS
35' REAR MBSL
S22°25'29"E 225.53'
15' SIDE MBSL
374.93'
S67°34'31"W
IRS
TIE
S67°34'31"W
106.16'
EIR
BENT
PIN: 4665-33-9465
PHIFER I JOHNSON
LTDP RLLLP
PG. 488

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 X 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 ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Capote Builders - Terry Patuto	5426 Capote Rd. Maiden, NC 28650	704-400-5481	704-201-6532
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Vicky Erwin	141 Parkwood Lane, Statesville, NC 28677	704-743-7409	

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
	Randy A. Erwin & Glenda Erwin	Tract 1

Driving Directions: _____

****

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

(X) New, Single Family Residence — Maximum Number of Bedrooms 3 — ( ) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants 6 — ( ) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — (X) Basement w/Plumbing?

(X) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?

( ) Other _____

IF Non- Residential Site Development: Type of Business N/A

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)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative (X) 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: _____ 4-25-16

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

Type: CRP
Recorded: 07/30/2015 at 11:24:54 AM
Fee Amt: $26.00 Page 1 of 2
Revenue Tax: $0.00
Iredell County, NC
Matthew J. McCall Register of Deeds
BK 2370 PG 1618-1619

NORTH CAROLINA GENERAL WARRANTY DEED

NO TITLE OPINION RENDERED OR CLOSING HELD BY PREPARING ATTORNEY

Excise Tax: $0.00 Purchase Price: $0.00

Parcel Identifier No. **OUT OF 4665343215** verified by _____ County on the ____ day _____, 20____
By:_____

Mail/Box to: GRANTEE

This instrument was prepared by: Ben S. Thomas of THOMAS & GODLEY, PLLC, 514 Williamson Road, Ste. 421, Mooresville, NC 28117

Brief description for the Index: **Tract 1, 2.602 acres Plat Book 63, page 60**

THIS DEED made this 6/17/15, by and between

GRANTOR	GRANTEE
Randy Allen Erwin and spouse **Glenda T. Erwin** 141 Parkwood Lane Statesville, NC 28677	**Vicky Erwin Maxey and spouse** **Robert Clint Maxey Jr.** 141 Parkwood Lane Statesville, NC 28677

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 Coddle Creek Township, Iredell County, North Carolina and more particularly described as follows:

BEING all of Tract 1, containing 2.602 acres as show on map recorded in Plat Book 63, at Page 60, in the Office of the Register of Deeds for Iredell County, North Carolina.

Page Count 2

ROTC NS PO SI

Delinquent property taxes, if any, are to be paid by the closing attorney to the county Tax Administrator upon disbursement of the closing proceeds.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2317 Page 1894 .

All or a portion of the property herein conveyed ___includes or _X_ does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book 63, 60.

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, other than the following exceptions:

1. Any and all easements, rights of way and restrictions of record.
2. Any and all zoning and planning ordinances.
3. Any discrepancies as an accurate survey of the premises might reveal.
4. Any and all other matters of record.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written..

Randy Allen Erwin (SEAL)
Randy Allen Erwin

Glenda T. Erwin (SEAL)
Glenda T. Erwin

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

State of North Carolina - County or City of Iredell

I, the undersigned Notary Public of the County and State aforesaid, certify that Randy Allen Erwin and spouse Glenda T. Erwin personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 17 day of June, 2015.

My Commission Expires: 2/27/2020
(Affix Seal)

TANA M. GERRITY
NOTARY PUBLIC
ROWAN COUNTY, NORTH CAROLINA

Tana M. Gerrity
Tana M. Gerrity Notary Public
Notary's Printed or Typed Name

RECEIVED JUN 2 2015

Paid $ 350.00 #210882

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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** ___ **BOTH** ___ **Existing System Inspection**

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: X **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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Vicky Maxey	Contact Kathleen Saunders, LSS		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Same			704-578-4951

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
179 Owens Farm Rd	PIN 4665-34-3215.000	

Driving Directions: Shearers R to R Owens Farm to Driveway at end

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
( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. Please Answer The Following To The Best of Your Ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Kathleen Saunders — 6-1-15

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, Vicky Erwin Maxey, am the legal owner(s) of the property located at 179 Owens Farm Road, identified as PIN (Parcel Identification Number) out of 4665343215, located in Iredell County, North Carolina. Tract 1 2.602 Acres, PB 63/60

I do hereby authorize (**print legal representative/company name**) Capote Builders, Terry Patolka, 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.

4-25-16

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

https://mail.google.com/_/scs/mail-static/_/js/k=gmail.main.en.df0B5yby9Ic.O/m=m_i,t,it/am=PIMawp2M-4MYZ5Bd-gDF_v33s0uKnXIe1UeYAJKdAvI_2f8D-D... 1/1

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, RANDY ALLEN ERWIN, am the legal owner of the property located at 175 OWENS FARM RD, identified as PIN(Parcel Identification Number) 4665-34-3215 (TRACT 1), located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) KATHLEEN SAUNDERS, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Randy A. Erwin — Signature of Owner
5-14-15 — Date

Marcella J. Erwin — Signature of Witness
5-14-15 — Date

[Untitled].jpg 6/1/2015

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

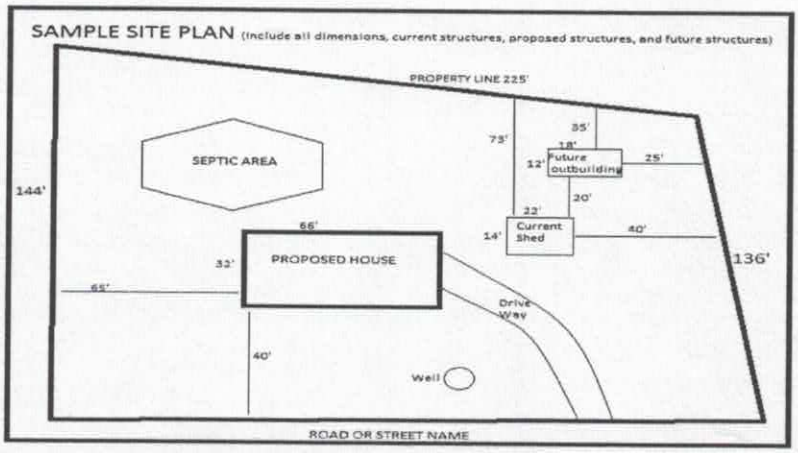
____ Front and side setbacks from property line… **____ Preferred driveway location and configuration, preferred well location…**

____ 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: _____

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

4-25-16

DATE

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *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:

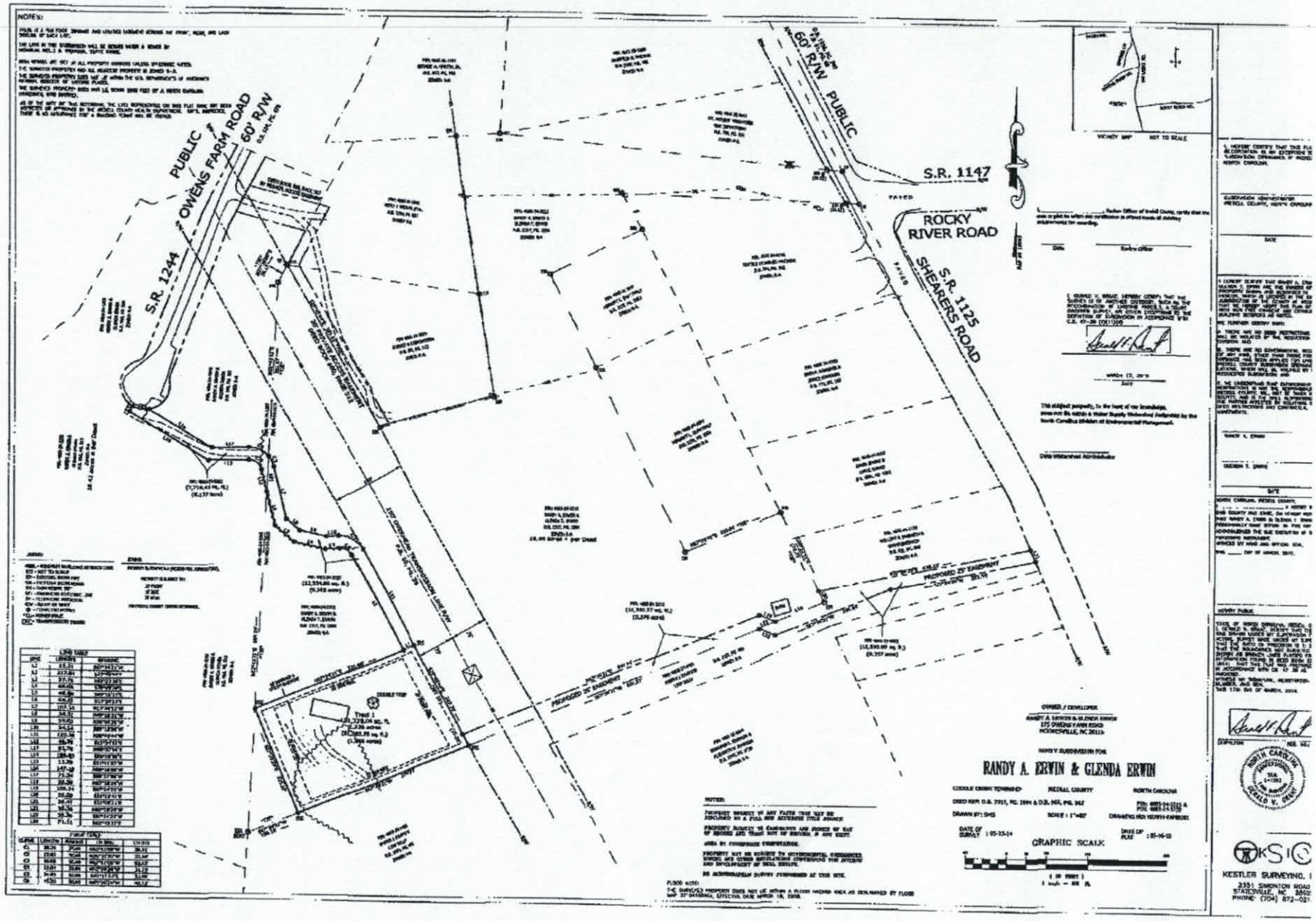
- ____ **Location of septic systems and wells within 100' of your property…** N/A
- ____ **Location of easements and rights of ways on your property…** N/A
- ____ **Location of any designated wetlands on the property…** N/A

Signature: Kathleen Saunders
REQUIRED **property owner or owner's legal representative signature.**

6/1/15
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

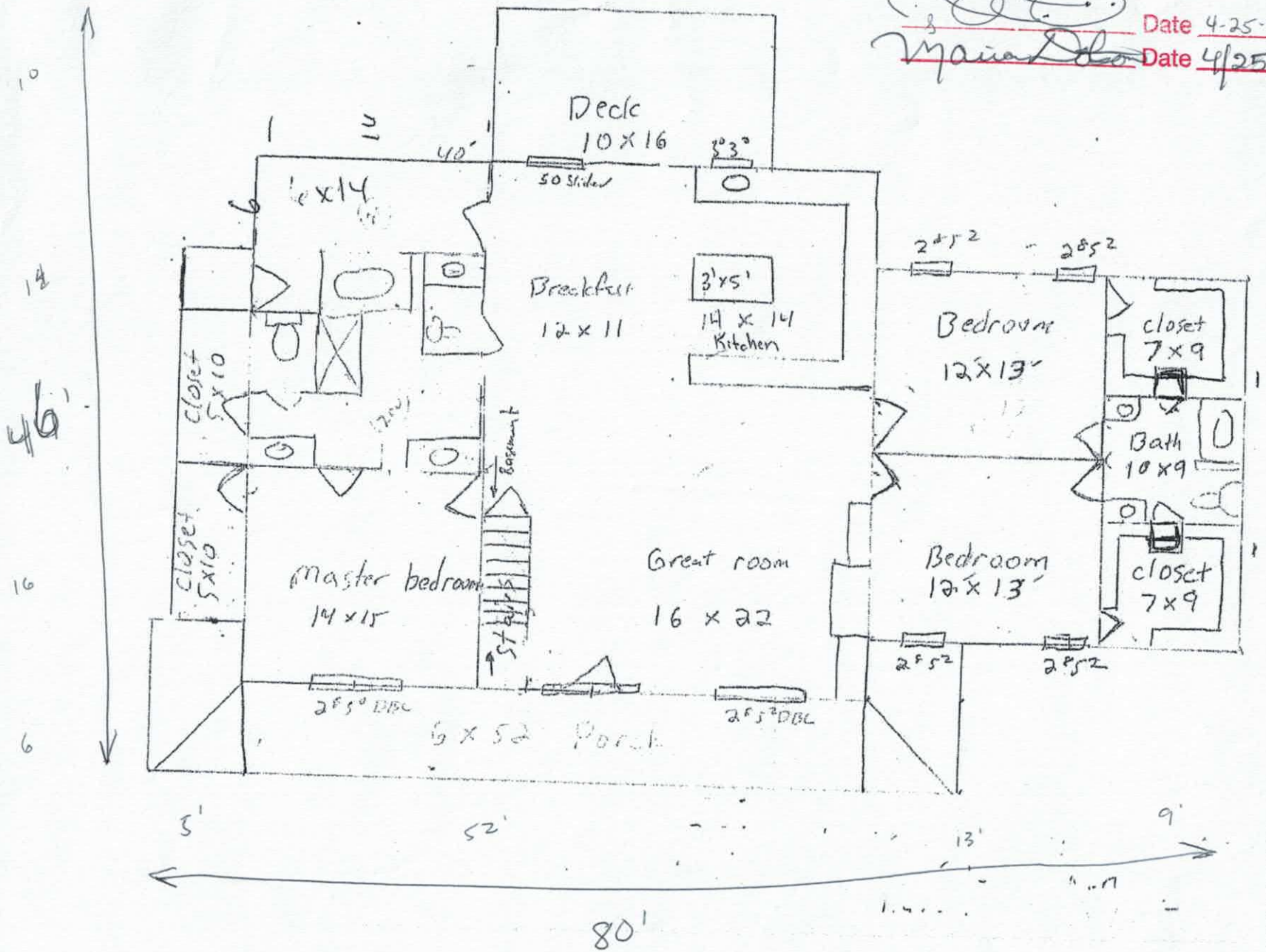
Please see Attached


S.R. 1244
OWENS FARM ROAD
PUBLIC
60' R/W
S.R. 1147
60' R/W PUBLIC
ROCKY RIVER ROAD
S.R. 1125
SHEARERS ROAD
PROPOSED 30' EASEMENT
Tract 1
RANDY A. ERWIN & GLENDA ERWIN
GRAPHIC SCALE
KESTLER SURVEYING

Acknowledgement of
Plans Submittal ONLY!

Date 4-25-16

~~Maria Dee~~ Date 4/25/16



IREDELL COUNTY

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

APPLICATION NUMBER
210882
Issue Date: 05/29/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4665343215.000	179 OWENS FARM ROAD, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: ERWIN RANDY ALLEN+GLENDA	Applicant: THE OAKS GROUP
Address: 175 OWENS FARM ROAD MOORESVILLE, NC 28115	Address: 129 DELARGY CIRCLE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD, HOLD BUILDING UNTIL LOT RECORDED	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
18.400	35.00	35.00	15.00	15.00	NO	X

Remarks:

$ PAID Credit 5-29-15 TW

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: See Attached Date: _____

Permit Number	39557	TOTAL FEES:	$ 77.25