ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 247753

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

PIN # 4669976687/4679075710

APPLICANT/OWNER: CS+SC / LORETTA KIMBLE APPLICANT ADDRESS: 107 CEDAR RIDGE WAY, HENDERSONVILLE, T.N. 37075

SITE ADDRESS: 1942 AND 1944 TRIPLETT ROAD, MOUNT ULLA, N.C. 28125 PHONE: 615-828-5751 ALT. PHONE 704-202-5791

SITE DIRECTIONS: (S) ON 21, (L) ON OSTWALT AMITY, (R) ON TRIPLETT, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: JAMES + LORETTA KIMBLE SECTION: — LOT # 1+2 LOT AREA: 12.912+2.188 AC DESIGN FLOW: 720 GPD L.T.A.R.: 0.35

Septic Tank	1500	(gal)	STB	528	Date	5/18/2020	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	25% REDUCTION			
# Nitrification Fields	1	# Lines	3		Linear Ft	515 FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	31 IN		Gravel Depth	—	☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms	6	Water Supply		
☐ Business	No. Persons	12	☑ Private	☐ Public	☐ Community
☐ Other	No. Employees				
☐ Slab	☑ Crawl Space				
☐ Basement w/plumbing	☐ Basement w/o plumbing				

Comments / Conditions: SITE PLAN MUST BE ATTACHED WITH PERMIT AT ALL TIMES OR PERMIT IS INVALID. EASEMENT RECORDED IN BOOK 2676 PAGES 1397-1399

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

CS+SC-CAROLINA SOIL AND SEPTIC CONSULTANTS
ADRIAN PRUETT

LSS # 1314

AS BUILT SKETCH

on original sitesketch not to scale

3/10/2021: Tank and drainlines checked and all were good

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**

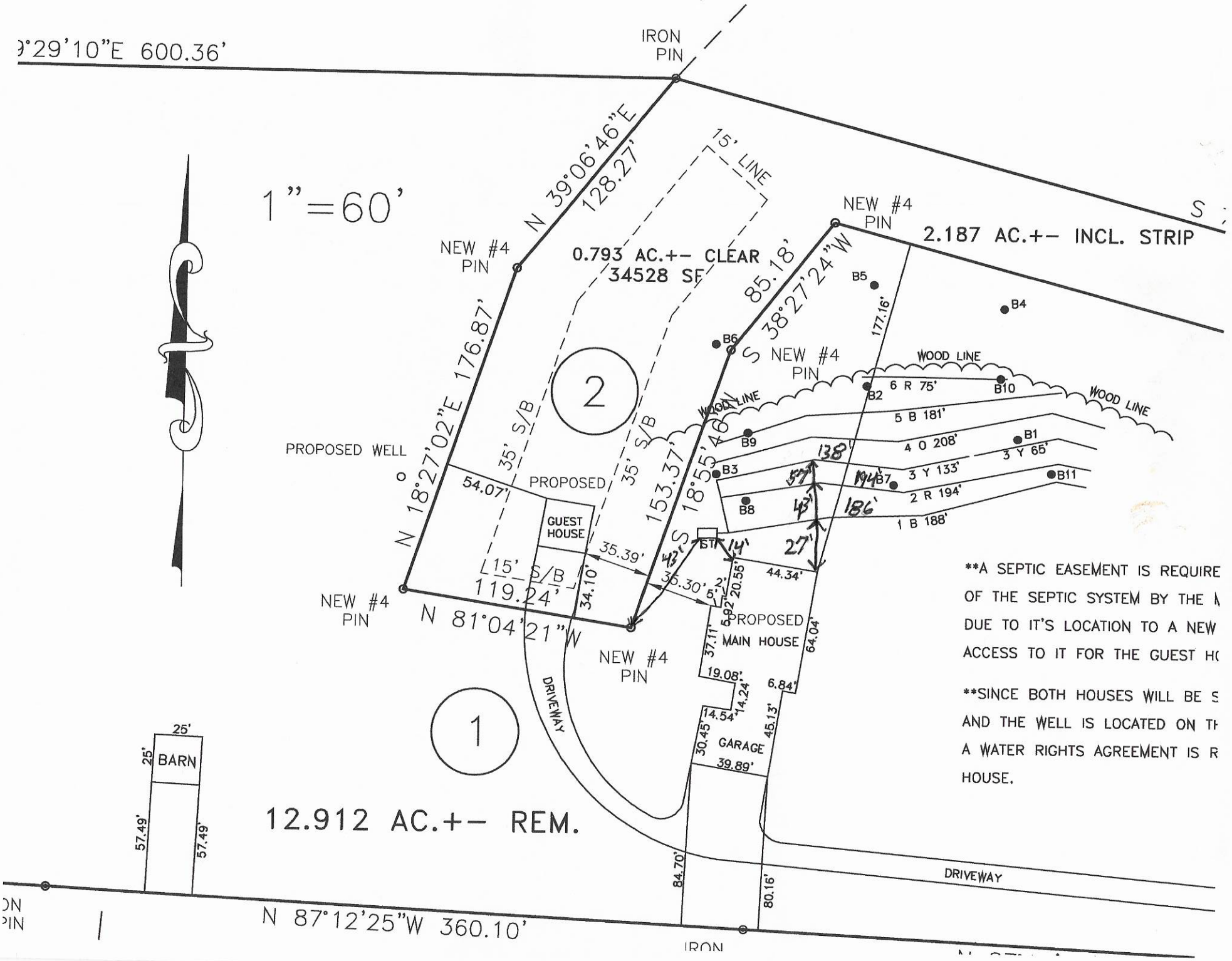
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 3-4-2020 Installed by: JW Construction

IMPROVEMENT PERMIT by: Benjamin C. White Date: 2-26-2020 OPERATION PERMIT by: Patrick J Byrd III Date: 3/10/2021

AUTHORIZATION TO CONSTRUCT by: Benjamin C. White Date: 2-26-2020 Existing System Inspected by: Date:

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.


9°29'10"E 600.36'
IRON PIN
1"=60'
N 39°06'46"E 128.27'
15' LINE
NEW #4 PIN
0.793 AC.+- CLEAR
34528 SF
2.187 AC.+- INCL. STRIP
S 38°27'24"W 85.18'
177.16'
B5
B4
B6
S NEW #4 PIN
WOOD LINE
6 R 75'
B2
B10
5 B 181'
B9
4 O 208'
B1
3 Y 65'
B3
3 Y 133'
B7
B11
2 R 194'
B8
1 B 188'
N 18°27'02"E 176.87'
35' S/B
2
PROPOSED WELL
PROPOSED
54.07'
GUEST HOUSE
35.39'
S 18°55'46" 153.37'
15' S/B
119.24'
34.10'
NEW #4 PIN
N 81°04'21"W
NEW #4 PIN
PROPOSED MAIN HOUSE
44.34'
64.04'
37.11'
19.08'
6.84'
14.24'
14.54'
45.13'
30.45'
GARAGE
39.89'
DRIVEWAY
1
25'
25'
BARN
57.49'
57.49'
12.912 AC.+- REM.
84.70'
80.16'
DRIVEWAY
N 87°12'25"W 360.10'
IRON
**A SEPTIC EASEMENT IS REQUIRE
OF THE SEPTIC SYSTEM BY THE
DUE TO IT'S LOCATION TO A NEW
ACCESS TO IT FOR THE GUEST H
**SINCE BOTH HOUSES WILL BE S
AND THE WELL IS LOCATED ON T
A WATER RIGHTS AGREEMENT IS R
HOUSE.

The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)

PROP. ID #: 4679071692
COUNTY: IREDELL

SOIL/SITE EVALUATION
for **ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: LORETTA AND JAMES KIMBLE
ADDRESS: 107 CEDAR RIDGE WAY HENDERSONVILLE TN 37075
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE: 1942 TRIPLETT RD MOORESVILLE NC

APPLICATION DATE:
DATE EVALUATED:
PROPERTY SIZE: 15.1 AC
PROPERTY RECORDED: YES

WATER SUPPLY: PRIVATE PUBLIC WELL SPRING OTHER:

EVAL. METHOD: A. BORING PIT CUT **WASTEWATER TYPE** 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 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	LSS 10%	0-8	BR C WFSBK	FI S P SEXP	FEW RC VEINS, FEW SAP 8-25" COM SAP 25-40"COM RCL INCL 40-48"	40"	PS	N/A	0.35
		8-25	R CL WFSBK	FR SS SP SEXP					
		25-40	YR SCL WFSBK	FR SS SP SEXP					
		40-48	RY SL SAP M	FR SS SP SEXP					
2	LSS 8%	0-3	B CL WFSBK	FR S SP SEXP	FEW SAP 11-13", FEW R C VEINS 13-48"	48"	N/A	N/A	0.35
		3-11	R C WFSBK	FI S P SEXP					
		11-13	R C WFSBK	FI S P SEXP					
		13-33	R CL WFSBK	FR SS SP SEXP					
		33-48	YR L WFSBK	FR SS SP SEXP					
3	LSS 11%	0-9	B SCL WFSBK	FR SS SP SEXP	FEW SAP 9-27", COM SAP 27-48"	48"	N/A	N/A	0.35
		9-27	R C MMSBK	FR SS SP SEXP					
		27-48	YR CL MFSBK	FR SS SP SEXP					
4	LSS 8%	0-8	B CL WFSBK	FR SS SP SEXP	COM SAP 24-48"	48"	N/A	N/A	0.3
		8-24	R C MFSBK	FR SS SP SEXP					
		24-48	YR CL WFSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):	NA
AVAILABLE SPACE (.1945)	PS	PS	SITE CLASSIFICATION (.1948):	PS
			EVALUATED BY:	ADRIAN PRUETT
SYSTEM TYPE(S)	GRAVITY 25% RED	GRAVITY 25% RED	OTHER(S) PRESENT	NA
SITE LTAR	0.35	0.35		
COMMENTS				

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet 2 OF 3

PROP. ID #: 4679071692

COUNTY: IREDELL

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 SAPROLITE CLASS	.1944 RESTR HORIZON	
5	HS 7%	0-10	B CL WFSBK	FR SS SP SEXP	FEW MN 10-20"	48"	N/A	N/A	0.3
		10-20	BR C WFSBK	FI S P SEXP					
		20-48	R C MFSBK	FI S P SEXP					
6	LSS 10%	0-6	B SCL GR	FR SS SP SEXP	COM SAP 13-38", MANY SAP 38-48"	48"	N/A	N/A	0.35
		6-13	R C MMSBK	FI S P SEXP					
		13-38	YR CL WFSBK	FR SS SP SEXP					
		38-48	YR L WFSBK	FR SS SP SEXP					
7	LSS/HS 10%	0-12	R C MMSBK	FI S P SEXP	COM SAP 12-21", COM SAP FEW/COM RC VEINS 21-38", MANY SAP FEW RC VEINS 38-48"	48"	N/A	N/A	0.35
		12-21	R C MMSBK	FI S P SEXP					
		21-38	YR CL WFSBK	FR SS SP SEXP					
		38-48	YR CL/L WFSBK	FR SS SP SEXP					
8	LSS 5%	0-9	RB SCL GR	FR SS SP SEXP	FEW SAP MOSTLY >44"	48"	N/A	N/A	0.35
		9-24	R C MMSBK	FI S P SEXP					
		24-48	R CL MFSBK	FR SS SP SEXP					
9	LSS 10%	0-4	BR SCL/CL M	FR SS SP SEXP	COM SAP 14-48"	48"	N/A	N/A	0.35
		4-14	R C MMSBK	FI S P SEXP					
		14-36	YR CL WFSBK	FR SS SP SEXP					
		36-48	YR L WFSBK	FR SS SP SEXP					
10	LSS 8%	0-20	YR CL WFSBK	FR SS SP SEXP	COM SAP 0-33"	33"	PS	N/A	.35-.4
		20-33	YR L WFSBK	FR SS SP SEXP					
		33-48	VAR L SAP M	FR SS SP SEXP					

COMMENTS	

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROP. ID #: 4679071692

COUNTY: IREDELL

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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
11	LSS 10%	0-2	B CL WFSBK	FR SS SP SEXP	FEW SAP FEW/ COM ORGANICS 2-19", COM SAP FEW/COM RC VEINS 19-48"	48"	N/A	N/A	0.35
		2-19	R C MFSBK	FI S P SEXP					
		19-48	YR CL WFSBK	FR SS SP SEXP					

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)

Proposed Design for a 25% Reduction Septic System using Gravity Distribution for a 4 bedroom Main House and a 2 bedroom Guest House for a total of 6 bedrooms at 1942 and 1944 Triplett Rd., Mooresville, Iredell County, North Carolina

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2
Layout Specifications	3
Site Plan/System Plan	4
Dosing Calculations	5
Soil Profile Descriptions	6-8
Session Law/House Bill 374 Authorization Form	9

REVISED
February 11, 2020
Job Number: 20024
Design By: Adrian L. Pruett

INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- Repair is specified as an Accepted 25% Reduction Gravity installation.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

OWNER INFORMATION

Owner:	James and Loretta Kimble
Address:	107 Cedar Ridge Way Hendersonville, TN 37075
Client:	James and Loretta Kimble
Address:	107 Cedar Ridge Way Hendersonville, TN 37075
Contact:	Loretta Kimble
Phone:	615-828-5751
County:	Iredell
Location:	1942 and 1944 TRIPLETT ROAD
Source of Wastewater Flow:	6 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	720
System Flow:	NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	720
Loading/Soil Application Rate (gpd/ft.^{2}):	0.350
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	515
Total Lateral Length Required:	514.29
Trench Depth:	31 in. Lowside
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	1545
Trench Spacing on Center:	9 ft.
Repair Trench Spacing:	9 ft.
Repair Trench Depth:	16 in.
Repair Trench Width:	36 in.
Septic Tank Size:	1500 gal.
Estimated Supply Line Length:	6
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	2.16
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by Adrian L. Pruett LSS

1942 and 1944 TRIPLETT ROAD
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 6 BEDROOMS TOTAL (4 BEDROOM PRIMARY, 2 BEDROOM GUEST) February 11, 2020

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	***BLUE***	***NA***	***NA***	***188***	***188***
2	***RED***	***NA***	***NA***	***194***	***194***
3	***YELLOW***	***NA***	***NA***	***200***	***133***
3	YELLOW	NA	NA	65	65
4	ORANGE	NA	NA	208	208
5	BLUE	NA	NA	181	181
6	RED	NA	NA	75	75
			Total	**1111**	**1044**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	***515***	***ACCEPT.***	***0.350***	***25% RED.***	***GRAVITY***
Repair	529	*ACCEPT.*	0.350	25% RED.	GRAVITY

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Repair will require at least 2 inches of county approved material to be brought in and placed over installed lines or backhoe pits to be dug to evaluated saprolite.**
A septic easement will be required for the use of the septic system by both the Main House and the guest house due to the property being separated into 2 different parcels and the drainfield falling to close to the newly recorded property line. (See Site Plan)
Water rights will also need to be deeded and recorded to the Guest House since a single well

DOSING CALCULATIONS

Location
Lot No:
Address: 1942 and 1944 TRIPLETT RD.

No. of Bedrooms	6	Total
Design Flow	720	$^{gal}/_{day}$
LTAR	0.350	$^{gal}/_{ft^2\ day}$
25% RED. Expansion? (YES OR NO)	YES	
Supply Line Length	6	ft.
Supply Line Volume	2.16	gal.
Required Feet of 25% RED. Line	514.28571	ft.
Amount of Line from Layout	515	ft.
Gallons per Minute	NA	$^{gal}/_{min}$
Septic Tank Capacity	1500	gal.
Minimum Septic Tank Capacity	1500	gal.
Lateral Line Volume	336.295	gal.

APPLICATION FOR THE MAIN HOUSE AND GUEST HOUSE SEPTIC LOCATED AT 1942 AND 1944 TRIPLETT RD
PIN'S 4669976687 AND 4679075710

RECEIVED FEB 11 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: LORETTA KIMBLE/ CS&SC **Address:** 107 CEDAR RIDGE WAY HENDERSONVILLE, TN **Zip:** 37075

Applicant Email: LLKIMBLE@JAMESKIMBLE.COM **Phone:** 615-828-5751 **Alt. Phone:** 704-202-5791

Owner Name: LORETTA KIMBLE **Address:** 107 CEDAR RIDGE WAY HENDERSONVILLE, TN **Zip:** 37075

Owner Email: SAME **Phone:** SAME **Alt. Phone:**

Property Information:

Street Address: 1942 AND 1944 TRIPLETT RD MT. ULLA 28625

Subdivision Name: JAMES AND LORETTA KIMBLE MINOR SUBDIVISION **Section/Phase:** **Lot Number:**

Driving Directions: E PARK AVE, TL TRIPLETT RD, LOT ON LEFT

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

4 BEDROOM MAIN HOUSE, 2 BEDROOM GUEST HOUSE TO SHARE 1 SEPTIC SYSTEM

(X) 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: 6 TOTAL
Maximum Number of Occupants: 12
( ) Swimming Pool
(X) Other Addition/Structure: GUEST HOUSE

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation (BOTH)
( ) 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:

(X) 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:
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

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. industrial) 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.

Signature: _____ 2-11-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

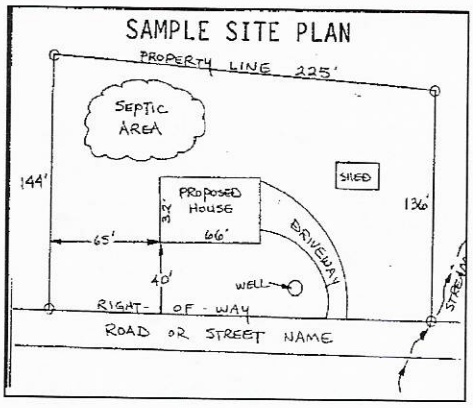
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

A SEPTIC EASEMENT IS REQUIRED BEFORE AN AC CAN BE ISSUED.

Signature: _____ 2-11-20

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

S PRIOR TO ANY PLANNING OR
ION.
OF ALL IMPROVEMENTS SHOWN ON
SHOULD NOT BE SCALED OR RELIED
DESIGN OR CONSTRUCTION WITHOUT
RIFICATION OF ALL DIMENSIONS.
IES OF THIS FILE ARE FOR REFERENCE
MAY NOT BE USED FOR DESIGN WORK.
& UTILITY EASEMENT MAY EXIST ALONG EACH LOT LINE.
ONUMENT FOUND WITHIN 2000' OF SUBJECT PROPERTY.
FOR TYPICAL BUILDING SETBACKS.
O THIS MAP, IREDELL COUNTY MAKES NO DETERMINATION
SEPTIC TANK OR DRAIN FIELD LOCATIONS.
NNER: JAMES E. & LORETTA KIMBLE
RIDGE WAY
VILLE, TN 37075
HUCK POOVEY @ DEDMON SURVEYS
908
RTY & THE ADJOINING PROPERTY IS ZONED RA
USE – RESIDENTIAL
ER OF NEW LOTS – 1 & REMAINDER (2)
AGE THIS MAP– 15.099 AC.+– TOTAL

I, _____, REVIEW OFFICER
OF IREDELL COUNTY, CERTIFY THAT THE
MAP OR PLAT TO WHICH THIS CERTIFICATION
AFFIXED MEETS ALL STATUTORY REQUIREMENTS
FOR RECORDING.

_____
DATE REVIEW OFFICER

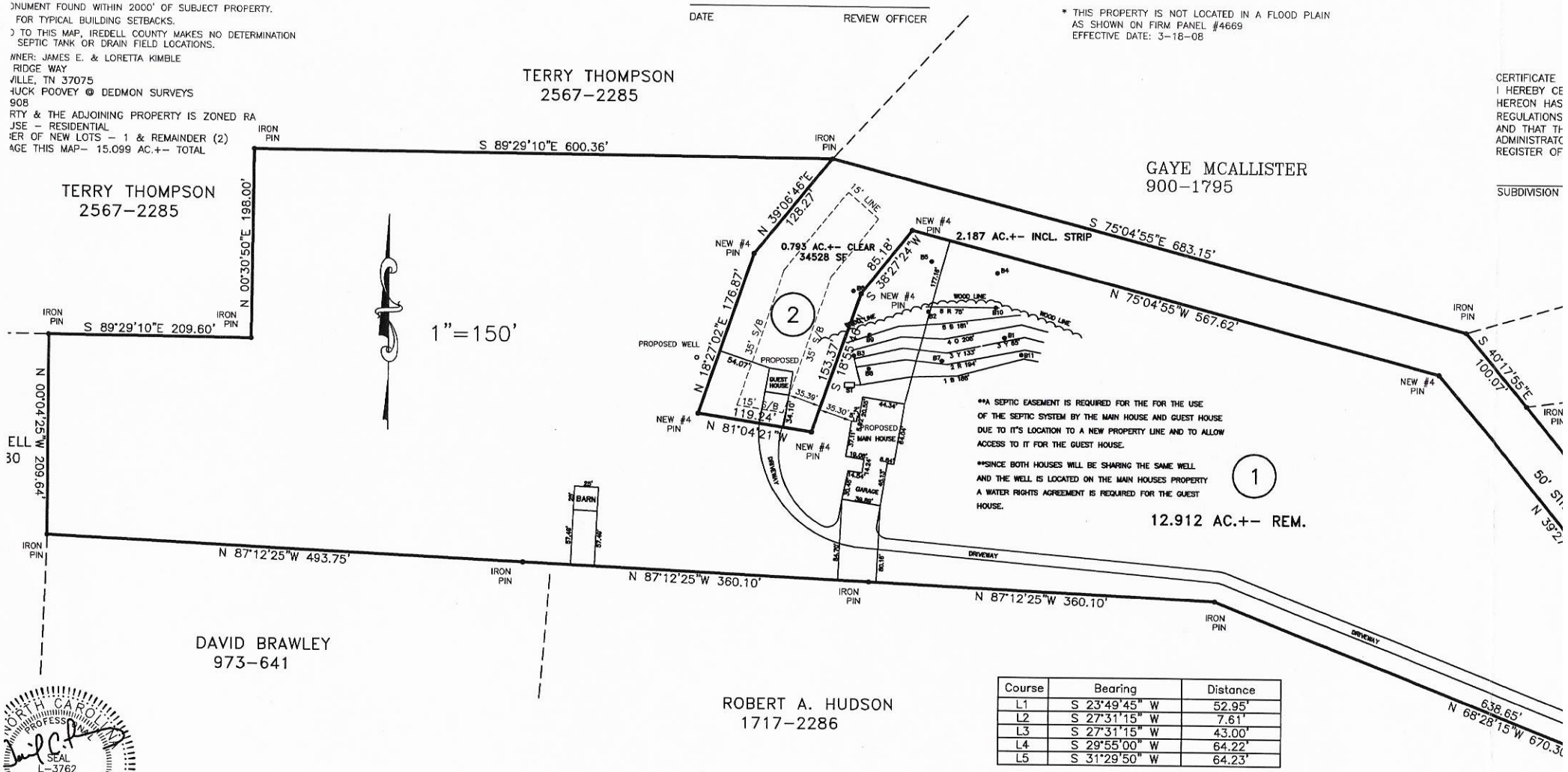
AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRON–
MENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PRO–
TECTION MAP OF IREDELL COUNTY, NC.

_____
SUBDIVISION ADMINISTRATOR DATE

* THIS PROPERTY IS NOT LOCATED IN A FLOOD PLAIN
AS SHOWN ON FIRM PANEL #4669
EFFECTIVE DATE: 3–18–08

CERTIFICATE
I HEREBY CE
HEREON HAS
REGULATIONS
AND THAT TH
ADMINISTRATO
REGISTER OF

SUBDIVISION



**A SEPTIC EASEMENT IS REQUIRED FOR THE FOR THE USE OF THE SEPTIC SYSTEM BY THE MAIN HOUSE AND GUEST HOUSE DUE TO IT'S LOCATION TO A NEW PROPERTY LINE AND TO ALLOW ACCESS TO IT FOR THE GUEST HOUSE.

**SINCE BOTH HOUSES WILL BE SHARING THE SAME WELL AND THE WELL IS LOCATED ON THE MAIN HOUSES PROPERTY A WATER RIGHTS AGREEMENT IS REQUIRED FOR THE GUEST HOUSE.

Course	Bearing	Distance
L1	S 23°49'45" W	52.95'
L2	S 27°31'15" W	7.61'
L3	S 27°31'15" W	43.00'
L4	S 29°55'00" W	64.22'
L5	S 31°29'50" W	64.23'

NORTH CAROLINA PROFESSIONAL SEAL L–3762 LAND SURVEYOR DAVID C. POOVEY

NORTH CAROLINA
POOVEY CERTIFY THAT THIS MAP WAS (DRAWN BY ME)
DER MY SUPERVISION) FROM (AN ACTUAL SURVEY MADE
ACTUAL SURVEY MADE UNDER MY SUPERVISION) (DEED
RECORDED IN BOOK 2621, PAGE 1274;
____, PAGE _____; BOOK _____, PAGE _____;
ATIO OF PRECISION AS CALCULATED BY LATITUDES AND
IS 1: 10,000, (THAT THE BOUNDRIES NOT SURVEYED
AS BROKEN LINES PLOTTED FROM INFORMATION FOUND
OBE, PAGE 959); THAT THIS MAP WAS
N ACCORDANCE WITH G.S. 47–30, AS AMENDED.
HAND AND SEAL THIS THE 10 DAY OF
EMBER, A.D. 2019.

CERTIFY "THAT THE SURVEY CREATES A SUBDIVISION OF
THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS
E THAT REGULATES PARCELS OF LAND"

CERTIFICATE OF OWNERSHIP AND DEDICATION:

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, WHICH IS LOCATED IN THE SUBDIVISION JURISDICTION OF THE COUNTY OF IREDELL AND THAT I HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY FREE CONSENT AND ESTABLISH MINIMUM BUILDING SETBACKS AS NOTED.

I further certify that:

a. there are no deed restrictions which will be violated by the requested subdivision;

b. there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and

c. I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

HEALTH DEPT. DISCLAIMER

AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPARTMENT. UNTIL INSPECTED, THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.

PROXIMITY TO VOLUNTARY FARMLAMD PRESERVATION DISTRICT

THIS PROPERTY OR PORTIONS THEREOF, IS WITHIN 1/2 MILE OF A DESIGNATED VOLUNTARY FARMLAND PRESERVATION DISTRICT. THIS PROGRAM HAS BEEN DEVELOPED TO INFORM ALL PURCHASERS OF REAL PROPERTY THAT CERTAIN AGRICULTURAL ACTIVITIES, INCLUDING BUT NOT LIMITED TO PESTICIDE SPRAYING, MANURE SPREADING, MACHINERY AND TRUCK OPERATIONS, LIVESTOCK OPERATIONS, SAWING, AND SIMILAR ACTIVITIES MAY TAKE PLACE IN THESE DISTRICTS AT ANY TIME DURING THE DAY OR NIGHT.

NORTH CAROLINA _____ COUNTY
I, _____ A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID
CERTIFY THAT _____, PERSONALLY APPEARED
BEFORE ME AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING
INSTRUMENT. WITNESS MY HAND AND OFFICAL STAMP OR SEAL,
THIS DAY OF 20

ROBERT A. HUDSON
1717–2286

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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, _____, am the legal owner(s) of the property located at 1942 Triplett Rd / 1944 Triplett Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Borders Construction Inc Gary Borders, 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.

2/26/20 — Signature of Owner(s) — Date

2-26-2020 — Signature of Witness — Date

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
304897 Issue Date: 02/11/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4679075710.000	1944 TRIPLETT RD	Iredell County

Owner Information	Applicant Information
Name: KIMBLE JAMES E+LORETTA L	Name: CAROLINA SOIL SEPTIC CONSULTING, PLLC
Address:	Address: 162 WEST B ST
,	KANNAPOLIS, NC 28081
Phone:	Phone: (704)202-5791

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
GUEST HOUSE

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.

Date: 02/11/2020

Signature of Owner/Contractor

Permit Number	304897	TOTAL FEES:	$77.25

Type: CONSOLIDATED REAL PROPERTY
Recorded: 2/12/2020 11:11:54 AM
Fee Amt: $26.00 Page 1 of 3
Iredell County, NC
Ronald N. Wyatt Register of Deeds

BK 2676 PG 1397 - 1399

PREPARED BY AND RETURN TO:
Ben S. Thomas
Thomas, Godley & Grimes, PLLC
514 Williamson Road, Suite 431
Mooresville, NC 28117

NORTH CAROLINA
IREDELL COUNTY

DECLARATION OF EASEMENT AND MAINTENANCE FOR WELL AND SEPTIC

THIS DECLARATION, made and entered into this the 8th day of February, 2020 by James Kimble and Loretta Kimble, hereinafter collectively called "Declarants;"

WITNESSETH:

WHEREAS, Declarants own fee simple title to the two tracts of real property described as Tract 1 and Tract 2 of the minor subdivision for James and Loretta Kimble as shown on that Plat recorded in Plat Book 71, Page 62 (the "Plat") in the office of the Register of Deeds of Iredell County (collectively the "Tracts" or the "Property"); and

WHEREAS, the property will share a Well and Septic Field that will be located on Tract 1 and shown the Plat ; and

WHEREAS, Declarants, by this Declaration wish to convey to Tract 2 it's owners, their heirs, successor and assigns the right and perpetual, non-exclusive easements to use the Septic Field and Well and further bind themselves, their successors and assigns to provide for maintenance of the Well and Septic Field; and

WHEREAS, Declarants desire to declare such right and easement on condition that such Well and Septic Field shall serve only one residential dwelling on each of the two tracts.

NOW, THEREFORE, Declarants agree for themselves and any and all persons, firms or corporations hereinafter acquiring the Property, that the same shall be subject to the perpetual, non-exclusive easement rights of Tract 2 use the Well and Septic Field located on Tract 1 along with the right of access to improve, install, construct, inspect, maintain or repair such Well and Septic Field, subject to the following restrictions, conditions and covenants relating to the use and occupancy thereof, which restrictions, conditions and covenants shall run with said property and inure to the

Page Count 3
NS PQ SI ROTC

benefit of and be binding upon the heirs, successors and assigns of Declarants and other acquiring parties and persons.

ARTICLE I

1. Should the Well run dry, the right and easement to use the Well shall automatically terminate; nothing contained herein shall preclude the owners of Tract 2 from drilling their own well, which shall likewise terminate the right and easement to use the Well.

2. The water furnished from the Well and the Septic Field shall be only for the residential use of one single-family dwelling located on each of the Tracts and any change or alteration in the use of said water or Well shall be only with the prior written consent of the owners of the Tracts.

3. The owners of the Tracts shall maintain any and all lines which run from the Well and the Septic Field to solely service their tract. The parties shall pay equally for the maintenance, repair and electrical cost of the Well and the Septic Field and shall jointly keep the Well in a safe, usable condition to provide potable water at all times.

4. Failure to pay the cost indicated herein, after thirty (30) days from receipt of a bill for same, shall constitute a failure to pay for labor materials as is contemplated in NCGS Sec. 44A-8, et seq.; and, the paying party, or their successors in interest, shall be entitled to proceed against the non-paying party to perfect a lien against said party's tract as set forth in NCGS Sec. 44A-12, et. Seq.

5. The owner of Tract 1 shall keep the electrical service to the Well operating continuously (absent electrical outage, storm, or Act of God).

6. The owners of the Tracts covenant with each other that there will be no excessive use of the water supply or the Septic Field; and, if such excessive use occurs, the owner of either tract has the right to place the Tracts on separate water meters with the cost and maintenance of the Well and Septic Field then split pro-rata based on use.

ARTICLE II

This easement and agreement shall run with and be appurtenant to the land and shall be binding upon the heirs, successors and assigns of the owners of both Tracts.

ARTICLE IV

It is further stipulated and agreed that the owners of the Tracts, their heirs, successors or assigns may enforce this declaration by injunction and that this shall not be in exclusion of, but in addition to, all other remedies available in law or equity.

ARTICLE VI

Invalidation of any one of these covenants by judgment or court order shall in no way effect any of the other provisions which shall remain in full force and effect.

ARTICLE VII

For the purpose of this Declaration, the singular shall include the plural, the masculine shall include the feminine and neuter, and vice versa, as the meaning may require.

ARTICLE VIII

This Declaration contains the entire understanding of the parties hereto, and neither shall be amended without the written agreement of the owners of the Tracts.

IN WITNESS WHEREOF, Declarants have caused this instrument to be signed on the day and year above written.

_____(SEAL)
James Kimble

_____(SEAL)
Loretta Kimble

NORTH CAROLINA

Lincoln COUNTY

I, a Notary Public of the County and State aforesaid, do hereby certify that James Kimble and Loretta Kimble personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and notarial seal, this 8 day of February, 2020.

(NOTARIAL SEAL)

_____
NOTARY PUBLIC

My Commission expires: September 28, 2023

RICHARD J. BUMGARNER NOTARY PUBLIC GASTON COUNTY, N.C.