IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232364

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

PIN # 4704312491

APPLICANT/OWNER: Clayton Homes - Casey Alexander APPLICANT ADDRESS: 2620 Northside Drive Statesville NC 28625

SITE ADDRESS: 331 Beulah Rd. Statesville NC 28625 PHONE: 704 978 2547 ALT. PHONE 704-682 6336

SITE DIRECTIONS: I-40 W to old NTN Rd @ on Beulah Rd Wing Drive on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Alexander Estates SECTION: ~ LOT # 2 LOT AREA: 5 Acres DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank 1000 (gal) STB 1012 Date 1-4-19.
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft 360
Trench Width 36 Trench Bottom Depth 24 max Gravel Depth ~

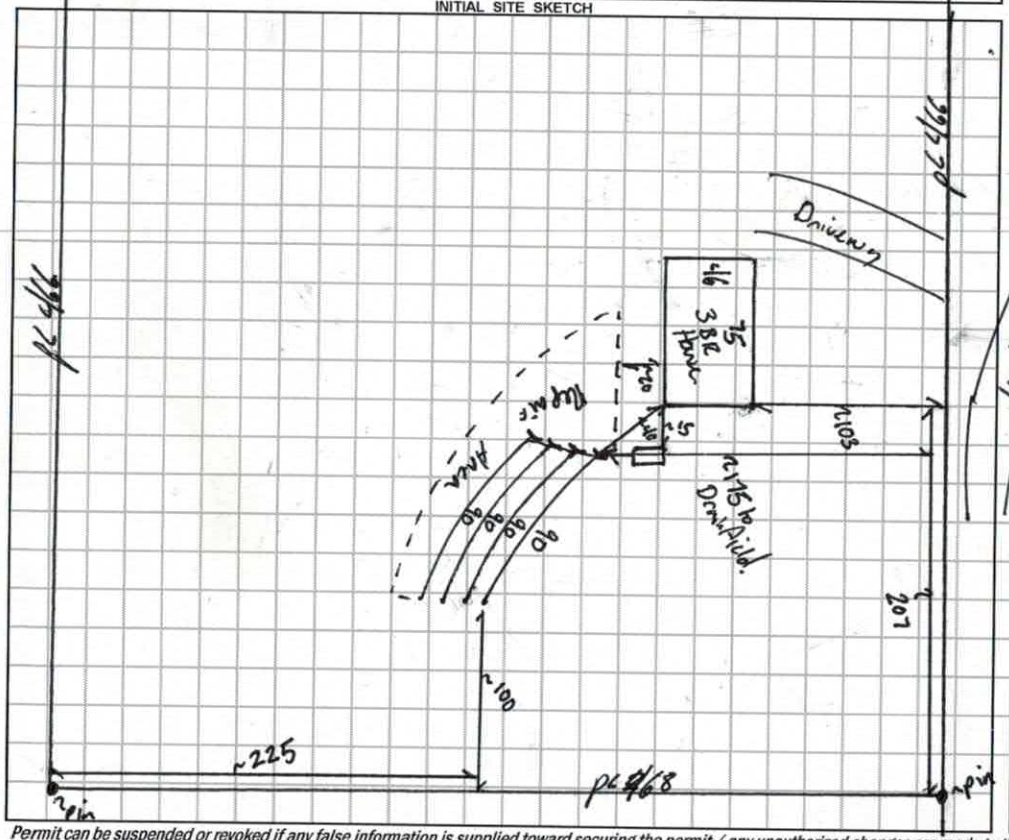
☒ New System ☐ Repair ☐ Expansion System Type: I II ☒ IV V VI
System Description: Gravity 25%
Repair System Description: Gravity 25%
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Septic Drainlines on the contour of the Land and utilize Serial distribution. Do not exceed max depth of 24 inches High Side.

INITIAL SITE SKETCH



Installed as permitted

AS BUILT SKETCH

Tank is 22 ft away From house Foundation

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: Kaylee Alexander Date: 2/14/19 Installed by: JW Construction 5250

IMPROVEMENT PERMIT by: Benjamin A Bottoms Date: 2/6/2019 OPERATION PERMIT by: Benjamin A Bottoms Date: 4/4/19.

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottoms Date: 3/11/2019 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Alexander
ADDRESS: 102 Wing Drive SVL
PROPOSED FACILITY: BBR House
LOCATION OF SITE: Wing Drive SVL
APPLICATION DATE 12/20/17
DATE EVALUATED: 12/29/17.
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 5 AC
PROPERTY RECORDED: NO

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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side 8-10 %	0-10	SCL GR WSBK	SS SP FR SEXP	2.5YR 4/6	4/8	—	Very Rocky Top.	.25
		10-38	C SBK	SS SP FR					
		38-48.	CL WSBK	SS SP FR					
2	Side 8-10 %	0-8	SCL GR WSBK	SS SP FR SEXP	"	4/8	—	Rocky Top Some Floater Rock	.25
		8-36	C SBK	SS SP FR					
		36-48.	CL WSBK	SS SP FR					
3	Side 1-3 %	0-8	SCL GR WSBK	SS SP FR SEXP	"	4/7	—	Rocky Top Some Floater Rock	.25
		8-38	C SBK	SS SP FR					
		38-48.	CL WSBK	SS SP FR					
4	Side 8-10 %	0-12	SCL GR WSBK	SS SP FR SEXP	"	4/7	—	Rocky Top	.25
		32-40	C SBK	SS SP FR					
		40-47.	CL WSBK	SS SP FR					
				Bedrock					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	360
System Type(s)	25% III	25% III
Site LTAR	.25	.25

OTHER FACTORS (.1946): Some Rock Throughout
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bolton / Cave / Boggs.
OTHER(S) PRESENT:

COMMENTS: Property Not Recorded YET. Soil work completed 12/29/2017 once surveyed will layout TR 24 H.S. 20 L.S.

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (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.

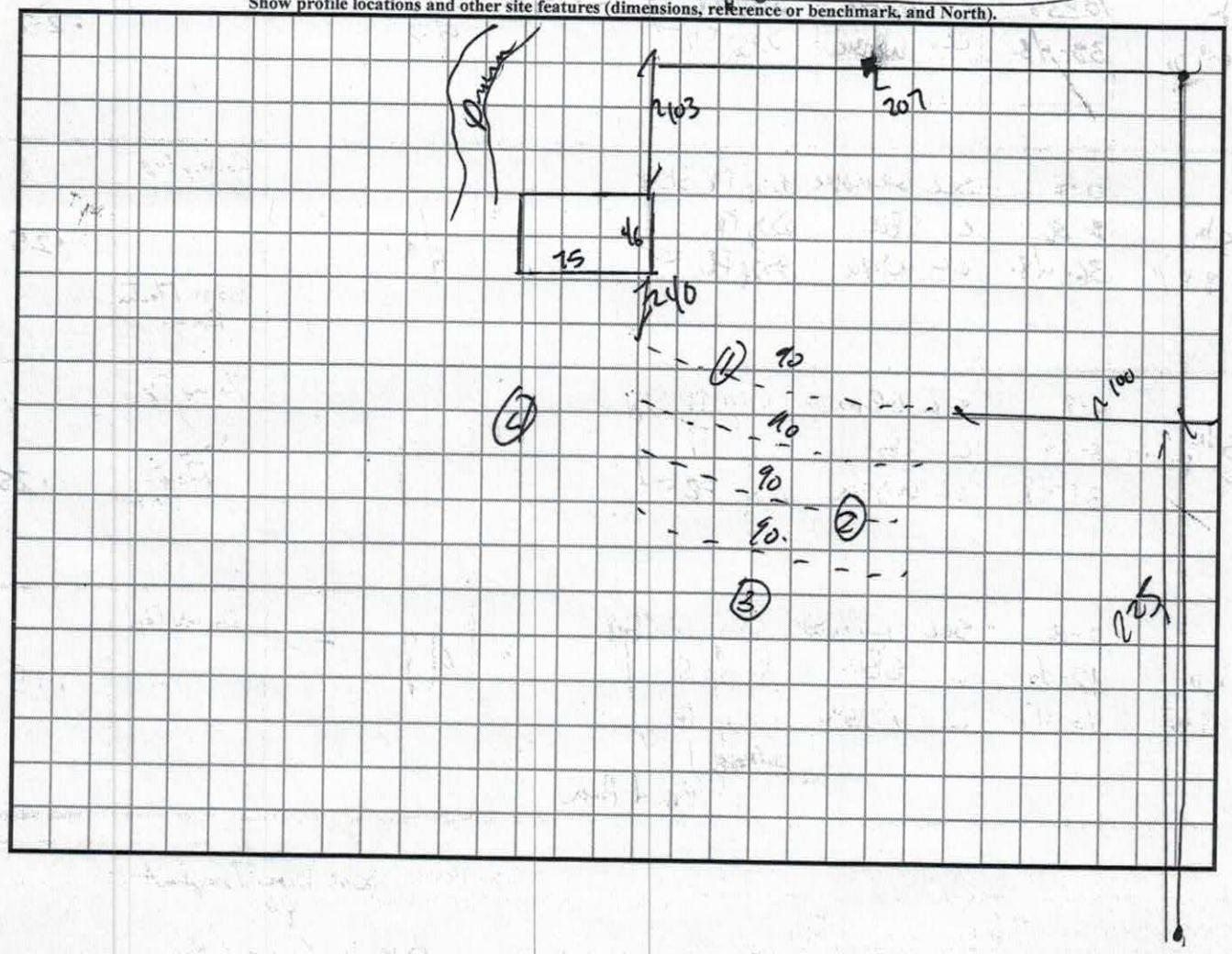
NOTES

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/ft²

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



RECEIVED MAR 6 - 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Clayton Homes #0081 **Address:** 1230 Concord Blvd W Concord **Zip:** 28613

Applicant Email: JW Holder@hotmail.com **Phone:** 828-217-3168 **Alt. Phone:** 828-469-8088

Owner Name: Casey Alexander **Address:** TBD Wing Dr. **Zip:** 28625

Owner Email: N/A **Phone:** 828-464-0260 1 **Alt. Phone:** N/A

****

Property Information:

Street Address: TBD Wing Dr. Statesville, NC 28625

Subdivision Name: Alexander Estates **Section/Phase:** _____ **Lot Number:** 5 Acre Lot

Driving Directions: I-40 W to Old Mt. Rd. Exit Then (L) Turn (L) onto Bellah Rd to (L) Wing Dr. Stay on Blacktop Drive Property on the Left

****

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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 (X) City Water ( ) Other Public Water

****

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) 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: _____ Clayton Homes #0081 _____ 3/6/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 ( ) 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 #
Clayton Homes of Statesville	2620 Northside Dr Statesville	704 873 2547	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Jerry Alexander	102 Wing Dr Statesville	704 682 6336 704 870 2569	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
TBD Wing Dr Statesville	—	

Driving Directions: 102 Wing Dr Statesville (Wooded lot, before land owners home on right

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ____

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
   ( ) Yes (✓) No Is the site subject to approval by any other public agency?

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

9. Signature: _____ 12/20/17
   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 [signature], am the legal owner(s) of the property located at 182 Wing Dr. Statesville NC. 28625, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Clayton Homes of Statesville, 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] 12/20/17 [signature] 12/20/17

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

000334 BK0976PG0568

FILED
IREDELL COUNTY
96 MAR -7 AM 9:19
BRENDA D. BELL
REGISTER OF DEEDS

IREDELL COUNTY
599

03-07-96

$79.00

STATE OF NORTH CAROLINA

Real Estate Excise Tax

Excise Tax $79.00

Recording Time, Book and Page

Tax Lot No. ..... Parcel Identifier No. .....

Verified by ..... County on the ..... day of ....., 19.....

by .....

HOLD Mail after recording to LEWIS AND PATTERSON, P.O. Box 786, Statesville, NC28687

This instrument was prepared by John G. Lewis, Jr., LEWIS AND PATTERSON

Brief description for the Index SHILOH TOWNSHIP

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 29 day of February, 19 96, by and between

GRANTOR	GRANTEE
RICHARD B. ALEXANDER, Trustee for MARY B. ALEXANDER, Under TRUST dated October 30, 1987, and recorded in Book 763, page 569, Iredell County Registry	JERRY W. ALEXANDER, of Iredell County, North Carolina Mailing Address: 161 Jamie Rd. Statesville, NC 28677

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

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 City of ....., Shiloh Township, Iredell County, North Carolina and more particularly described as follows:

TRACT 1: BEGINNING at an existing iron pin, C. S. Dagenhart's corner in Glenn Gilleland's line; thence with Gilleland's line North 4 deg. 18 min. 15 sec. East 446.18 feet to an existing iron pin; thence with Glenn V. Gilleland's line North 4 deg. 4 min. 17 sec. East 272.16 feet to a stone, W. N. Alexander's corner; thence with Alexander's line and crossing the right-of-way of Interstate 40 North 3 deg. 58 min. 49 sec. East 2,436.76 feet to an iron pin, John F. Caskaddon's corner in Alexander's line; thence with Caskaddon's line South 89 deg. 19 min. 46 sec. East 230 feet to an iron pin. Julia A. McNeely's corner in Caskaddon's line; thence with McNeely's line South 5 deg. 27 min. 43 sec. East 641.42 feet to an iron pin in the northern right-of-way of Interstate 40; thence with the northern right-of-way of Interstate 40 South 71 deg. 16 min. 20 sec. West 145.31 feet to an iron pin in the northern right-of-way of Interstate 40; thence crossing said Interstate 40 South 23 deg. 30 min. 23 sec. East 296.4 feet to an iron pin at the southerly right-of-way on Interstate 40, Julia A. McNeely's corner; thence with the southerly right-of-way of said road and with McNeely's line South 66 deg. 29 min. 37 sec. West 200 feet to an iron pin, McNeely's corner; thence with McNeely's line South 23 deg. 30 min. 23 sec. East 546.50 feet to an iron pin and South 4 deg. 0 min. West 1,632.60 feet to an iron pin, Julia A. McNeely's corner in C. S. Dagenhart's line; thence with C. S. Dagenhart's line North 86 deg. 58 min. 13 sec. West 414.92 feet to the

N. C. Bar Assoc. Form No. 3A © 1977 – James Williams & Co., Inc., Box 127, Yadkinville, N. C. 27055
Printed by Agreement with the N. C. Bar Assoc. 1981

beginning and containing 20.687 acres, more or less of which 2.24 acres is in the right-of-way of Interstate 40, and with 18.44 acres lying South of Interstate 40, and 4.567 acres lying North of Interstate 40. For Back Title, see Report of Commissioners recorded in Book 704, Page 189 deed recorded in Iredell County.

TRACT 2: BEGINNING at a sourwood, Lem Hoover and R. C. Deal's corner, and running thence with said Hoover's line S. 8-¼ W. 70 poles to a stone; thence with Hoover's line S. 88-½ E. 39-½ poles to a stone, his corner; thence with his line South 32 poles to a stone, Newt Smith's corner; thence with Newt Smith's line S. 88-½ E. 46 poles to a stone, Earnest Alexander's corner in Newt Smith's line; thence with said Alexander's and W. L. Sherrill's lines N. 2-½ E. 99 poles to a stone in R. C. Deal's line; thence with Deal's line N. 86-3/4 W. 81 poles to the beginning, containing 44 acres, more or less. For back Title, see deed from Jettie S. Johnson and husband, E. E. Johnson to W. N. Alexander and wife, Mary Alexander by deed dated 24th of May, 1947 in Book 190, Page 628.

There is excepted from the above described tracts any property previously conveyed.

The property hereinabove described was acquired by Grantor by instrument recorded in .....

.....

A map showing the above described property is recorded in Plat Book ..... page .....

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:

Subject to the 1996 County ad valorem taxes which were prorated as of the delivery date of this deed, and subject to such easements and rights of way as may exist on, over or across said lands.

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 and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

.....
(Corporate Name)

By: .....

.....President

ATTEST:

.....

.....Secretary (Corporate Seal)

USE BLACK INK ONLY

Richard B. Alexander (Trustee) .....(SEAL)
By: Richard B. Alexander, Trustee for
MARY B. ALEXANDER TRUST

.....(SEAL)

.....(SEAL)

.....(SEAL)

.....(SEAL)

.....
(Corporate Name)

By: .....

.....President

ATTEST:

.....

.....Secretary (Corporate Seal)

USE BLACK INK ONLY

.....(SEAL)

.....(SEAL)

.....(SEAL)

.....(SEAL)

BK0976PG0570

SEAL - STAMP

NOTARY PUBLIC IREDELL COUNTY, N.C.

NORTH CAROLINA, Iredell County.

I, a Notary Public of the County and State aforesaid, certify that RICHARD B. ALEXANDER, Trustee for MARY B. ALEXANDER TRUST Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 5th day of MARCH, 1996.

My commission expires: 11-13-96 Betty P. Cooper Notary Public

Use Black Ink

SEAL - STAMP

NORTH CAROLINA, County.

I, a Notary Public of the County and State aforesaid, certify that Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this day of , 19

My commission expires: Notary Public

Use Black Ink

SEAL - STAMP

NORTH CAROLINA, County.

I, a Notary Public of the County and State aforesaid, certify that Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this day of , 19

My commission expires: Notary Public

Use Black Ink

SEAL - STAMP

NORTH CAROLINA, County.

I, a Notary Public of the County and State aforesaid, certify that Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this day of , 19

My commission expires: Notary Public

Use Black Ink

SEAL - STAMP

NORTH CAROLINA, County.

I, a Notary Public of the County and State aforesaid, certify that

personally came before me this day and acknowledged that he is Secretary of a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its President, sealed with its corporate seal and attested by as its Secretary.

Witness my hand and official stamp or seal, this day of , 19

My commission expires: Notary Public

Use Black Ink

SEAL - STAMP

NORTH CAROLINA, County.

I, a Notary Public of the County and State aforesaid, certify that

personally came before me this day and acknowledged that he is Secretary of a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its President, sealed with its corporate seal and attested by as its Secretary.

Witness my hand and official stamp or seal, this day of , 19

My commission expires: Notary Public

Use Black Ink

The foregoing Certificate(s) of Betty P. Cooper, a Notary Public of Iredell County, NC

is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

Brenda D. Bell REGISTER OF DEEDS FOR IREDELL COUNTY

By Sally B. Lewis Deputy/~~Assistant~~ Register of Deeds.

N. C. Bar Assoc. Form No. 3A © 1977 James Williams & Co., Inc., Box 127, Yalesville, N. C. 27055
Printed by Agreement with the N. C. Bar Assoc. 1981

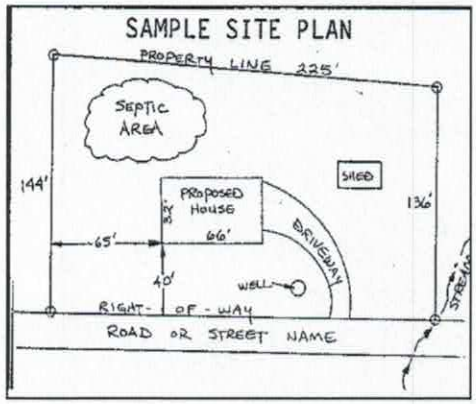
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Clayton Lowe #10081 — 3/6/17

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

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION:

SITE PLAN WORKSHEET

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

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

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

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

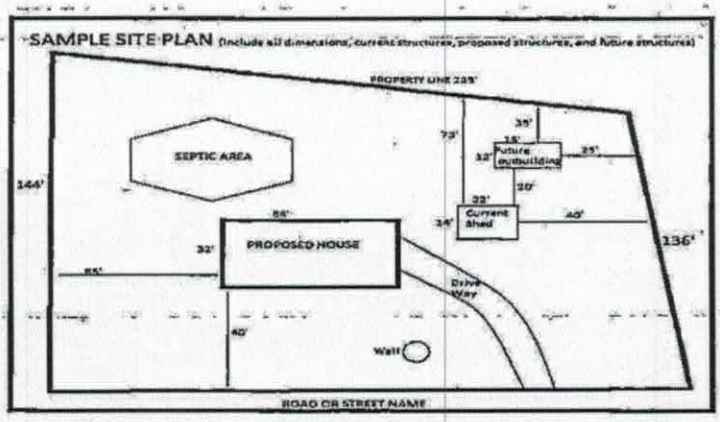
____ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

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

Circle N/A on the following if appropriate:

____ Location of septic systems and wells within 100' of your property... N/A

____ Location of easements and rights of ways on your property... N/A **____ Location of any designated wetlands on the property... N/A**



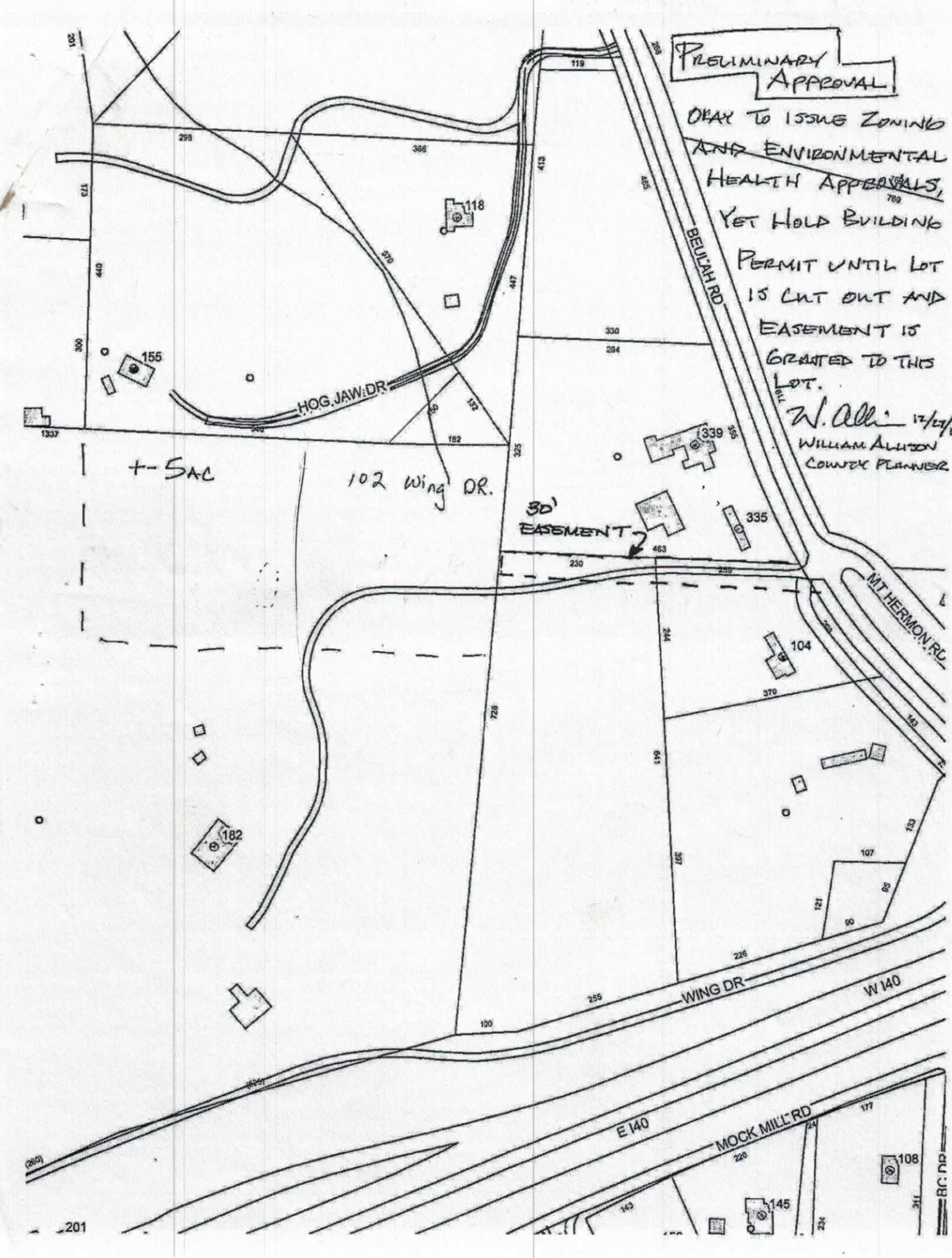
USE THIS SPACE TO DRAW YOUR SITE PLAN

JUST NEED IP AT THIS TIME BEFORE HOMEOWNERS SON HAS SURVEYED TO MAKE SURE THAT IT PERKS

SEE ATTACHED FORM

Signature: [signature] 12/20/17

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


PRELIMINARY APPROVAL
OKAY TO ISSUE ZONING AND ENVIRONMENTAL HEALTH APPROVALS, YET HOLD BUILDING PERMIT UNTIL LOT IS CUT OUT AND EASEMENT IS GRANTED TO THIS LOT.
W. Allison 12/19/17
WILLIAM ALLISON
COUNTY PLANNER
+- 5 AC
102 WING DR.
30' EASEMENT
BEULAH RD
HOG JAW DR
MT HERMON RD
WING DR
W 140
E 140
MOCK MILL RD
118
155
339
335
104
182
108
145
201

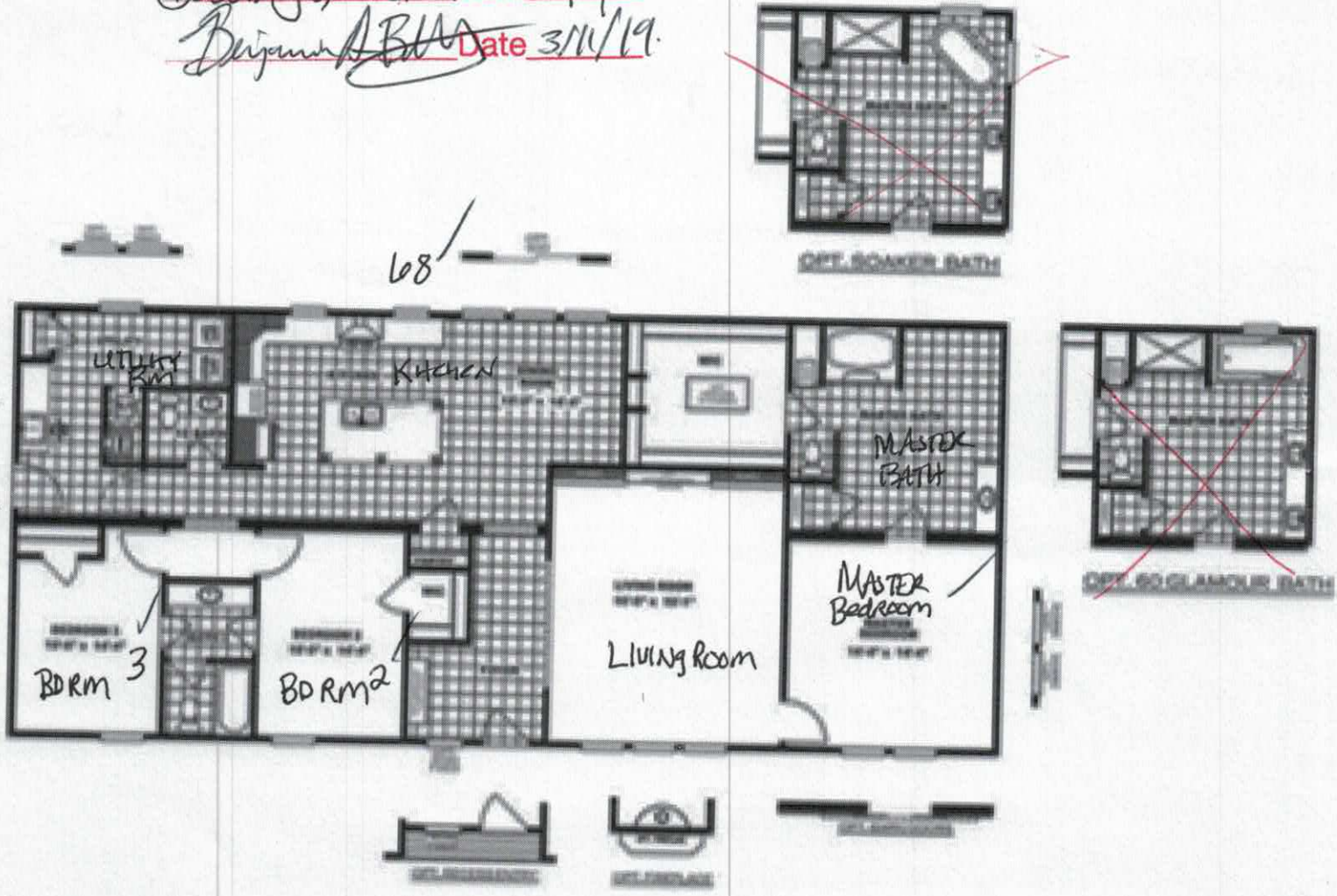
25RGR32683EH

Acknowledgement Of
Plans Submittal ONLY!

Date 3/6/19

Date 3/11/19

32x68 MODULAR



PLAN DETAILS

IREDELL COUNTY

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

APPLICATION NUMBER
232364
Issue Date: 12/27/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4704311141.000	102 WING DRIVE, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ALEXANDER JERRY W	Applicant: CLAYTON HOMES OF STATE
Address: 182 WING DR STATESVILLE, NC 28625	Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
HOLD BUILDING PERMIT UNTIL LOT IS CUT OUT AND EASEMENT IS GR ANTED TO THIS LOT PER WILLIAM ALLISON	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
31.810	35.00	35.00	15.00	15.00	PACL	X

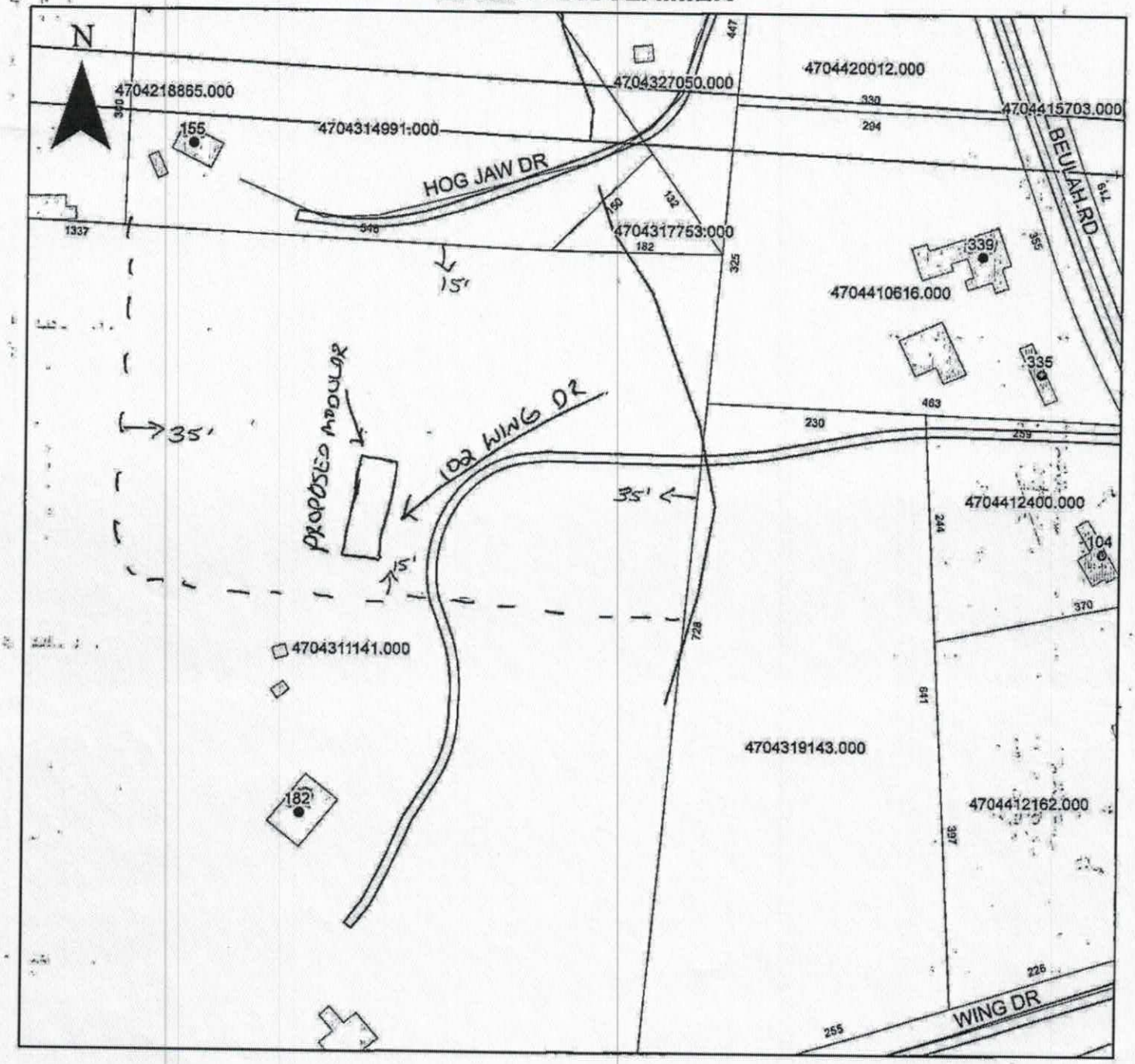
Remarks:

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	124438	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 102 Wing Dr.

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.

Applicant

12-27-17
Date