IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 241675

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

PIN # 4705483157

APPLICANT/OWNER: OAKWOOD HOMES APPLICANT ADDRESS: 1265 HIGHWAY 70 WEST, NEWTON, NC 28658

SITE ADDRESS: 186 TRAILWOOD DRIVE, STATESVILLE, NC 28625 PHONE: 828-446-1091 ALT. PHONE 828-464-2662

SITE DIRECTIONS: WEST ON 64, L ON LIPPARD FARM, R ON HAPPY ACRES DRIVE, R ON TRAILWAY DRIVE, LOT ON R SAP CONTROLLED: ☐ YES ☑ NO

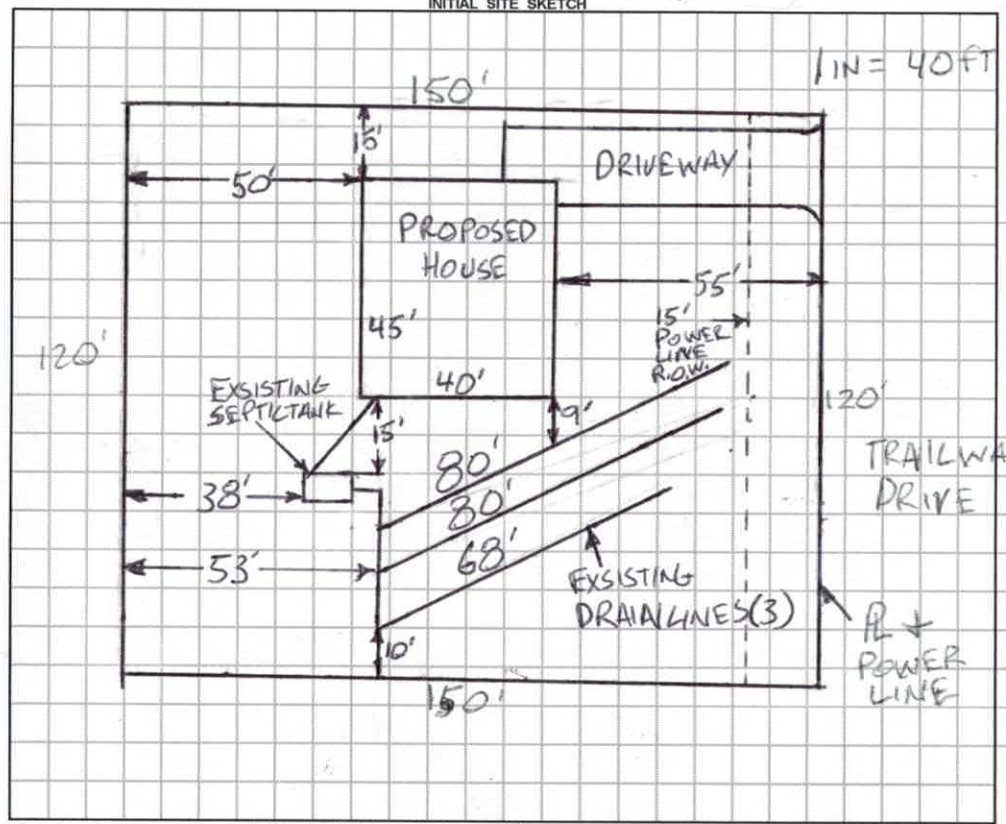
SUBDIVISION: CASA GRANDE SECTION: P2 LOT # 17 LOT AREA: 0.41 DESIGN FLOW: 240 GPD L.T.A.R.: EXISTING

Septic Tank	EXSISTING (gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	2	Water Supply		
Pump Tank	— (gal)	PT	—	Date	—	System Description:	EXSISTING 2 BR REP.			☐ Business	No. Persons	4	☐ Private		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	EXSISTING			☐ Other	No. Employees		☑ Public		
# Nitrification Fields	EXT	# Lines	3	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community		
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: MAINTAIN ALL ZONING SETBACK, NO FOUNDATION DRAINS OF ANY KIND TO BE INSTALLED, MAINTAIN 5FT MINIMUM FROM ALL PARTS OF SYSTEM.

SYSTEM APPEARS TO BE PROPERLY FUNCTIONING AT TIME OF INSPECTION.

INITIAL SITE SKETCH



AS BUILT SKETCH

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: [signature] Date: 2-22-2019 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Bryant C. White Date: 2-21-2019

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.

RECEIVED JAN 2 3 2018

Number: # 241675

*Please CALL prior to inspection

Name: Lisa 828-446-1091

ARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Expansion Paid $500.00

Appl Numbers:

(✓) Septic Improvement Permit ( ) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit (✓) Existing System Inspection ( ) Well Abandonment ( ) 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) Lisa Bradley 828-446-1091

Applicant Name: Oakwood Homes **Address:** 1265 Hwy 70 W Newton NC **Zip:** 28658

Applicant Email: Oakwoodhomesnewton@ **Phone:** 828-464-2662 **Alt. Phone:** 828-446-4616

Owner Name: Martha Fuertes **Address:** 186 Trailway Dr Statesville NC **Zip:** 28625

Owner Email: N/A **Phone:** 980-223-9935 **Alt. Phone:** _____

Property Information:

Street Address: 186 Trailway Dr. Statesville, NC 28625

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: Start going northwest on N. Center St go 1.2 miles go I-40 W go to exit 148 turn right onto Taylorsville Rd/US-64/90 go 4.2 miles turn left Lippard Farm Rd go 450 feet turn right Happy Acres Dr go 1 mile turn left Trailway Dr.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 2 3 4 — ( ) Crawl Space Foundation

( ) New Multi-Family Residence — Maximum Number of Occupants: 2 3 4 5 — ( ) 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 (✓) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____

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

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?

( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?

( ) Yes (✓) No Is the site subject to approval by any other public agency?

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

Signature: Lisa Bradley 1-23-19

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Martha Fuentes, am the legal owner(s) of the property located at 186 Trailway Dr Statesville, NC, identified as

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

I do hereby authorize (**print legal representative/company name**) Oakwood Homes Newton Lisa Bradley, 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.

Martha Fuentes Hernandez — 1-15-19

Signature of Owner(s) — Date

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

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

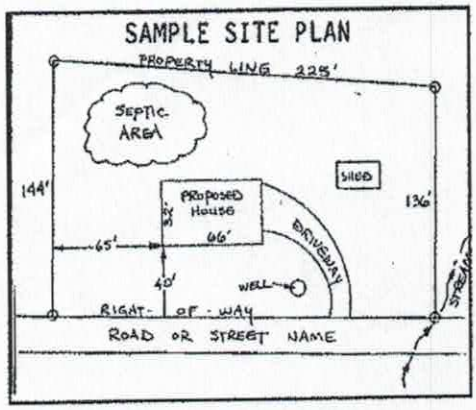
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

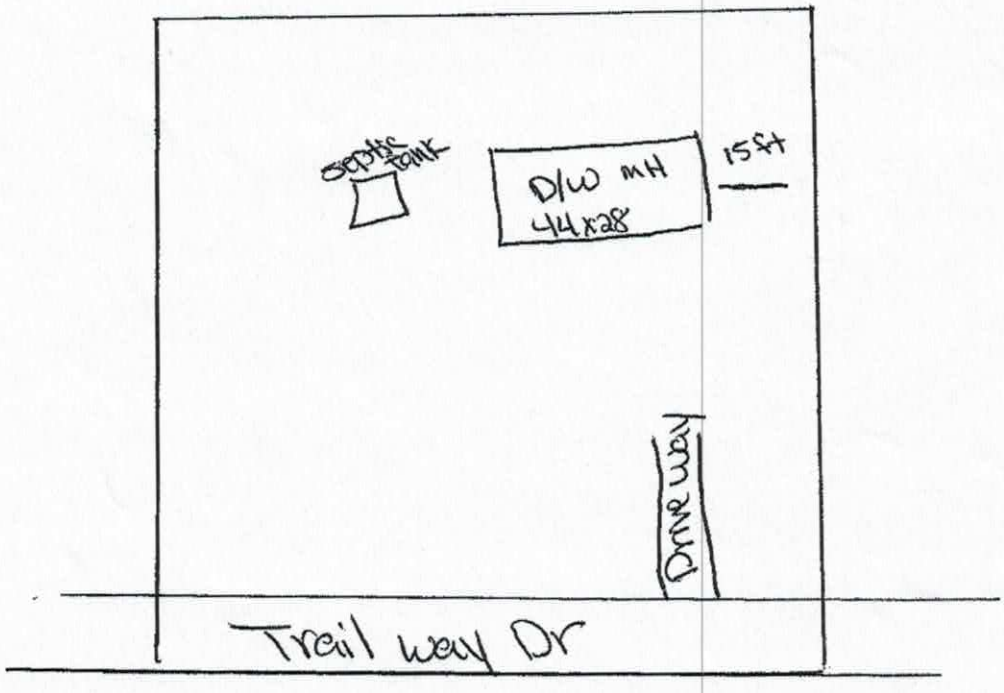


Circle N/A on the following if appropriate:

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

1-23-19
DATE

IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 11-15-97

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

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

PERMIT# 070178 PIN# 4705 48 3157

OWNER OR CONTRACTOR ERNEST RUNGE PHONE: Business DATE 12-9-98

ADDRESS 374 LONG ISLAND ROAD STATESVILLE NC 28677 Home 872-6645

LOCATION US 64 W TL UPPARD FARM, TR HAPPY ACRES, TL TRAILWAY, BEAR LEFT, 2ND LOT ON LEFT PAST

SUBDIVISION CASA GRANDE BLOCK / SECTION II LOT 17 LOT AREA 17,964 SF SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 10-12-98

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet REQ. TO 800 Linear Feet 2057

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Trench Depth SAND 6"

☑ New System ☐ Repair System Type: I, II, III, IV, V

System Description: 25% REDUCTION GRAVITY

Repair System Description: ABS, LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other 2 BEDROOM ONLY

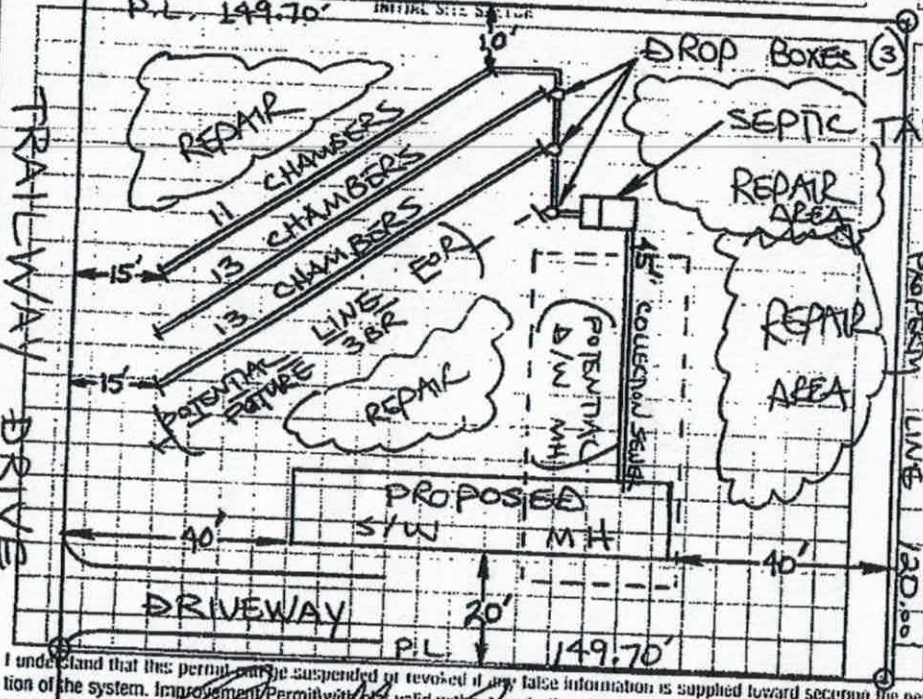
No. Bedrooms 2 No. Bathrooms 2 No. Employees

Water Supply: ☐ Individual ☐ Public ☐ Community

Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING THRU-SEVEN CHAMBERS (AT REQUEST)

SCALE: 1"=30'



Comments/Conditions:

AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH

TRAILWAY DRIVE

I understand that this permit may be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 10 Dec 98

Improvement Permit by: STEVE HEDRICK date 12-9-98

Authorization to Construct by: STEVE HEDRICK date 12-9-98

Installed by: A-1 BACKHOE

Operation Permit by: STEVE HEDRICK date 12-18-98

Existing System Inspection by date

HEALTH DEPT COPY WHITE | BUILDER COPY (FINAL) GREEN | OWNER COPY (FINAL) YELLOW | INSPECTION COPY (INITIAL) PINK | OWNER COPY (INITIAL) GOLD

186 Trailway

Acknowledgement Of
Plans Submittal ONLY!

Lisa Bradley Date 2-22-19

Bryant C. White Date 2-21-19

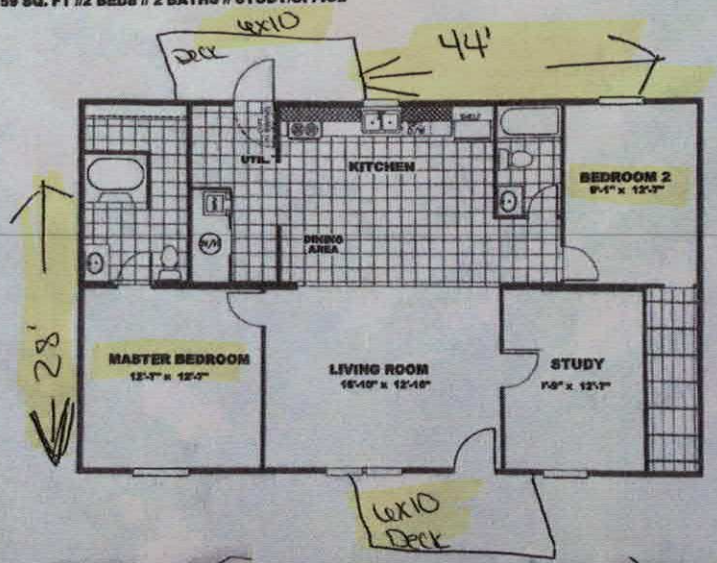
TRU

EXCITEMENT



TRU28443R

1159 SQ. FT // 2 BEDS // 2 BATHS // STUDY/OFFICE





The home series and floor plans shown all have starting prices within the price range indicated. Your local Home Center can quote you specific prices and terms of purchase for specific homes. TRU invests in continuous product and process improvement. All home series, floor plans, specifications, dimensions, features, materials, availability, and starting prices shown are artist's renderings or estimates and are subject to change without notice or obligation. Dimensions are nominal and length and width measurements are from exterior wall to exterior wall. Starting prices include the home only, plus typical delivery and installation. Starting prices do not include other costs such as taxes, title fees, insurance premiums, filing or recording fees, land or improvements to the land, optional home features, optional delivery or installation services, wheels and axles, community or homeowner association fees, or any other items not shown on your Retailer Closing Agreement and related documents (your RCA). Your RCA will show the details of your purchase. 2018 TRU. All rights reserved.

IREDELL COUNTY

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

APPLICATION NUMBER
241675
Issue Date: 01/23/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4705483157.000	186 TRAILWAY DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: RUNGE ERNEST H+KATHLEEN A	Applicant: OAKWOOD HOMES INC- NEW
Address: 374 LONG ISLAND RD	Address: 1265 US HWY 70 W
STATESVILLE, NC 28677	HICKORY, NC 28603
Phone:	Phone: 828-464-8715

Use Requested	Zone Code
NEW DOUBLE WIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.410	35.00	35.00	15.00	15.00	NOT	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	165348	TOTAL FEES:	$ 77.25