ICHD - ENVIRONMENTAL HEALTH DIVISION

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

CW B/DR-2023-1317

PERMIT # AP-327622

PIN # 4711 -- 45 -- 5660

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

APPLICANT/OWNER: CLAYTON HOMES - Michael McLeod

APPLICANT ADDRESS: 2026 NORTHSIDE DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 172 LONG BRANCH ROAD, STATESVILLE, N.C. 28677

PHONE: 704-873-2547

ALT. PHONE 704-929-1552

SITE DIRECTIONS: (W) ON 70, (L) ON BUFFALO SHOALS, (L) ON LONGBRANCH, LOT ON (R)

SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: BUFFALO SHOALS PARK

SECTION: — LOT# 54+55 LOT AREA:

DESIGN FLOW: 240 GPD L.T.A.R.: EXT

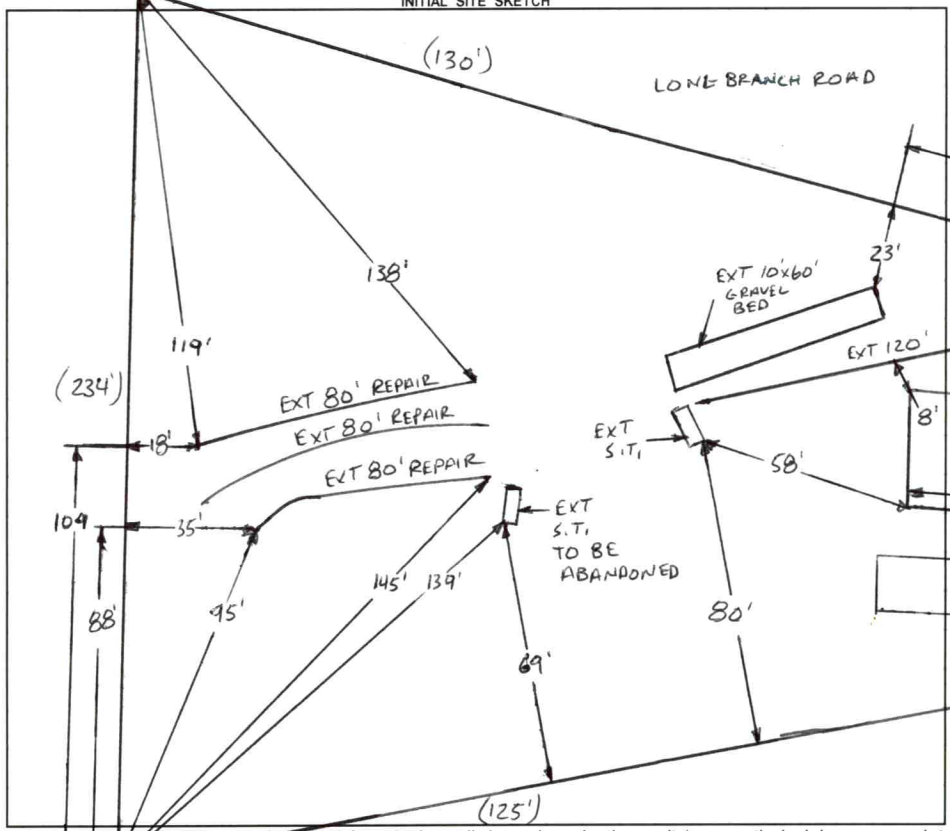
Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	EXISTING - CONVENTIONAL			
Pump Make	—	Model	—	Serial #	—		Repair System Description:	EXISTING CONVENTIONAL			
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT		Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT			☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	2	Water Supply
☐ Business	No. Persons	4	☐ Private
☐ Other	No. Employees	—	☐ Public
☐ Slab	☑ Crawl Space		☑ Community
☐ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: BOTH SYSTEMS APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION, SEE BOTH PREVIOUS PERMITS FOR 2BR SYSTEMS HOUSE TO BE NO CLOSER THAN 5ft FROM ALL PARTS OF SEPTIC

SEPTIC TANK NOT TO BE USED IS TO BE ABANDONED PROPERLY, O.P. TO BE RELEASED ONCE TANK IS ABANDONED AND PROPERTY IS RECORDED

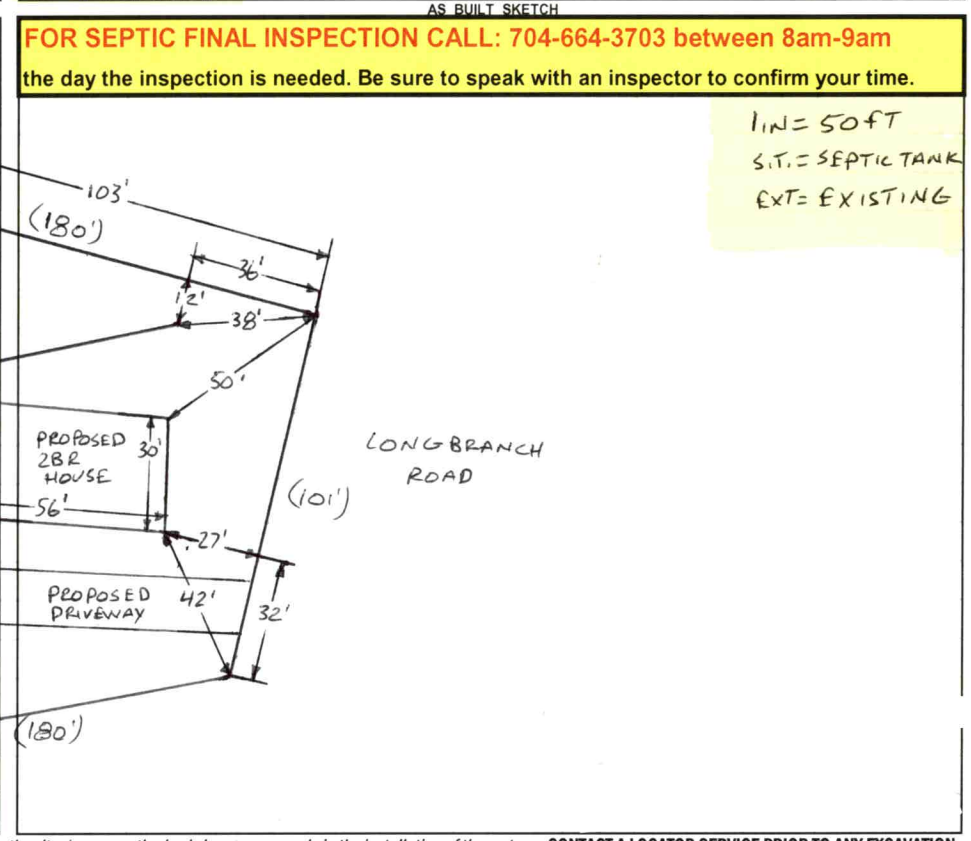
INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

1 IN = 50 FT
S.T. = SEPTIC TANK
EXT = EXISTING



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: 6/21/22 Installed by:

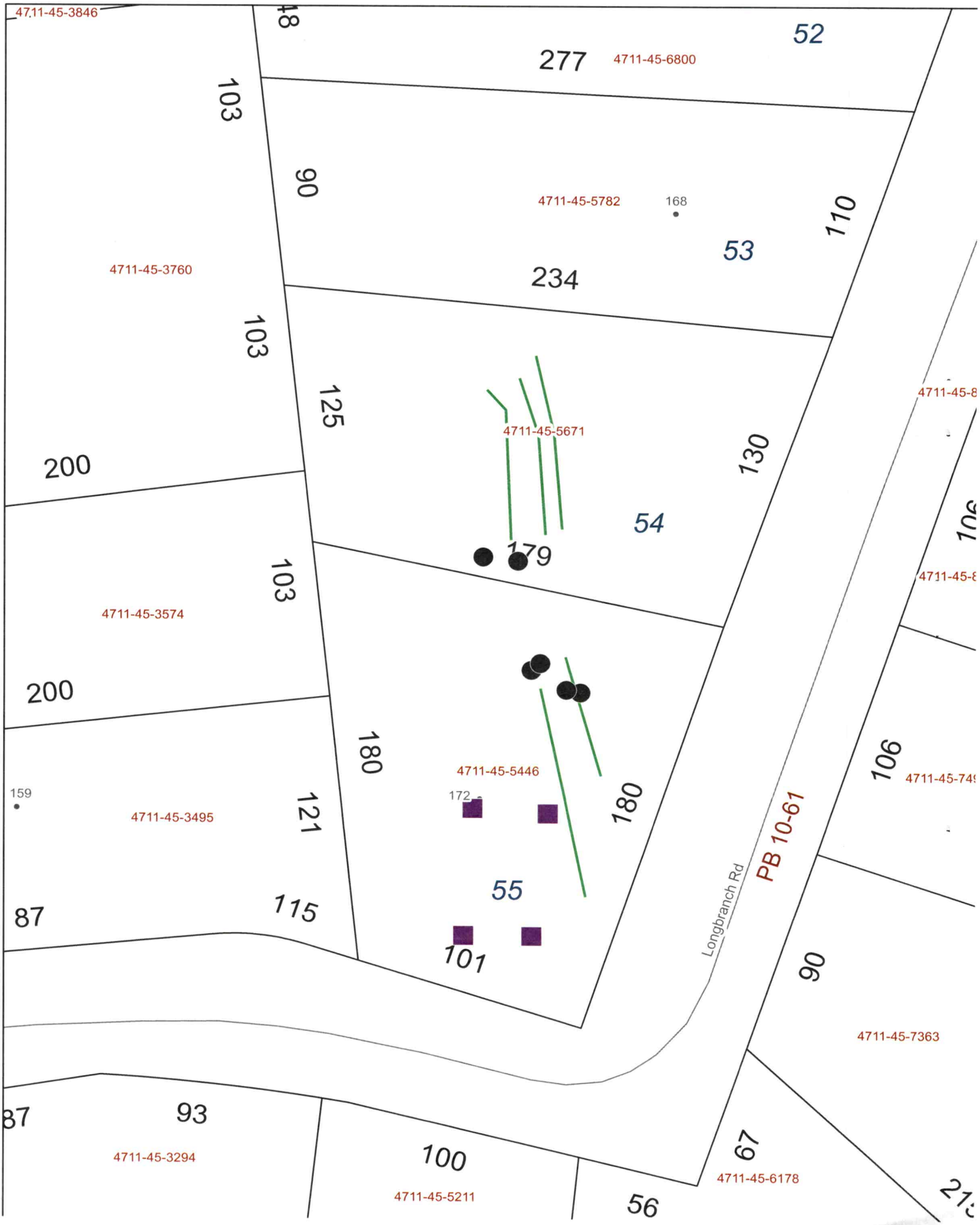
IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Bryant C. White Date: 6-17-2022

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


4711-45-3846
48
277
4711-45-6800
52
103
90
4711-45-5782
168
110
53
4711-45-3760
234
103
125
4711-45-5671
130
200
54
179
103
4711-45-3574
200
180
4711-45-5446
180
159
172
4711-45-3495
121
55
87
115
101
Longbranch Rd
PB 10-61
90
4711-45-7363
87
93
4711-45-3294
100
4711-45-5211
67
4711-45-6178
56

BW

RECEIVED APR 1 2 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-327622 $500.00

Application For:

( ) 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: *Place an (X) beside whichever is submitted if applicable*

(✓) Survey Plat, scaled no more than 1 inch = 60 feet
(✓) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Clayton Homes Statesville Address: 2020 NORTHSIDE DR
Applicant Email: HC0720@ClaytonHomes.com Phone: 704-873-2547 STATESVILLE, NC Zip: 28625
Owner Name: GISELLA DUNN Address: Alt. Site Contact Alt. Phone: 704-929-1552
Owner Email: Phone: Zip:
Alt. Phone:

Property Information:

Street Address: 172 LONGBRANCH RD STATESVILLE, NC 28677
Subdivision Name: BUFFALO SHOALS Section/Phase: Lot Number: 53,54,55
Driving Directions: TAKE BUFFALO SHOALS RD TURN (L) ON LONGBRANCH TO 172.

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

(✓) 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: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Square Footage of Building: Type of Business: 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)*
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: ✓
Year existing system installed:

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: Clayton Homes
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-30-22
DATE

Authentisign ID: 9A458796-23D8-4799-998D-41BD07199F5A

OFFER TO PURCHASE AND CONTRACT - VACANT LOT/LAND

[Consult "Guidelines" (Form 12G) for guidance in completing this form]

NOTE: This contract is intended for unimproved real property that Buyer will purchase only for personal use and does not have immediate plans to subdivide. It should not be used to sell property that is being subdivided unless the property has been platted, properly approved and recorded with the register of deeds as of the date of the contract. If Seller is Buyer's builder and the sale involves the construction of a new single family dwelling prior to closing, use the standard Offer to Purchase and Contract–New Construction (Form 800-T) or, if the construction is completed, use the Offer to Purchase and Contract (Form 2-T) with the New Construction Addendum (Form 2A3-T).

For valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, Buyer offers to purchase and Seller upon acceptance agrees to sell and convey the Property on the terms and conditions of this Offer To Purchase and Contract and any addendum or modification made in accordance with its terms (together the "Contract").

1. **TERMS AND DEFINITIONS:** The terms listed below shall have the respective meaning given them as set forth adjacent to each term.

(a) **"Seller":** GISELLA S DUNN

(b) **"Buyer":** JAVEN COURTNEY HODGE, MICHAEL ALLEN MCLEOD II

(c) **"Property":** The Property shall include all that real estate described below together with all appurtenances thereto including the improvements located thereon.

NOTE: If the Property will include a manufactured (mobile) home(s), Buyer and Seller should consider including the Manufactured (Mobile) Home provision in the Additional Provisions Addendum (Standard Form 2A11-T) with this offer.

Street Address: 172 Longbranch Road
City: Statesville Zip: 28677 2416
County: Iredell , North Carolina

NOTE: Governmental authority over taxes, zoning, school districts, utilities and mail delivery may differ from address shown.

Legal Description: (Complete *ALL* applicable)
Plat Reference :Lot/Unit 53,54,55 , Block/Section , Subdivision/Condominium BUFFALO SHOALS PARK , as shown on Plat Book/Slide 10 at Page(s) 61
The PIN/PID or other identification number of the Property is: 4711455671.000, 4711455782.000, 4711455446.000
Other description:
Some or all of the Property may be described in Deed Book 865 at Page 693

(d) **"Purchase Price":**

$ 51,500.00 paid in U.S. Dollars upon the following terms:

$ 1,000.00 BY DUE DILIGENCE FEE made payable and delivered to Seller by the Effective Date by ☐ cash ☐ personal check ☐ official bank check ☐ wire transfer ☐ electronic transfer (*specify payment service*:)

$ 1,000.00 BY INITIAL EARNEST MONEY DEPOSIT made payable and delivered to Escrow Agent named in Paragraph 1(f) by ☐ cash ☐ personal check ☐ official bank check ☐ wire transfer, ☐ electronic transfer, EITHER ☐ by the Effective Date OR ☒ within five (5) days of the Effective Date of this Contract.

$ BY (ADDITIONAL) EARNEST MONEY DEPOSIT made payable and delivered to Escrow Agent named in Paragraph 1(f) by cash, official bank check, wire transfer or electronic transfer no later than 5 p.m. on , ***TIME BEING OF THE ESSENCE.*** by ☐ cash ☐ official bank check ☐ wire transfer ☐ electronic transfer

$ BY ASSUMPTION of the unpaid principal balance and all obligations of Seller on the existing loan(s) secured by a deed of trust on the Property in accordance with the attached Loan Assumption Addendum (Standard Form 2A6-T).

$ BY SELLER FINANCING in accordance with the attached Seller Financing Addendum (Standard Form 2A5-T).

$ 49,500.00 BALANCE of the Purchase Price in cash at Settlement (some or all of which may be paid with the proceeds of a new loan).

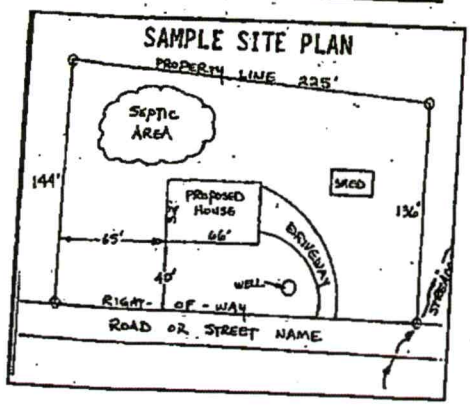
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

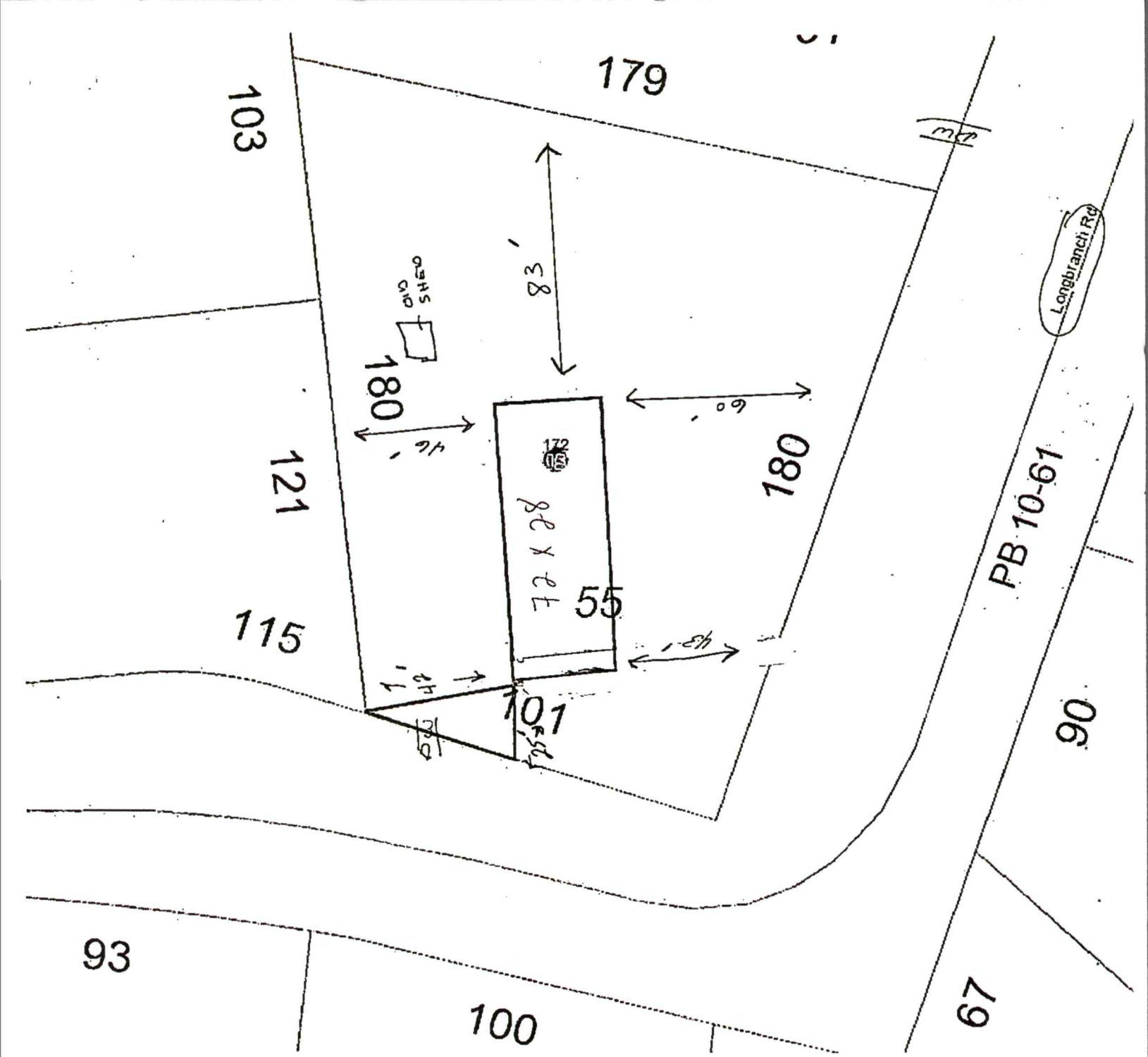
SEE ATTACHED

Signature: _____

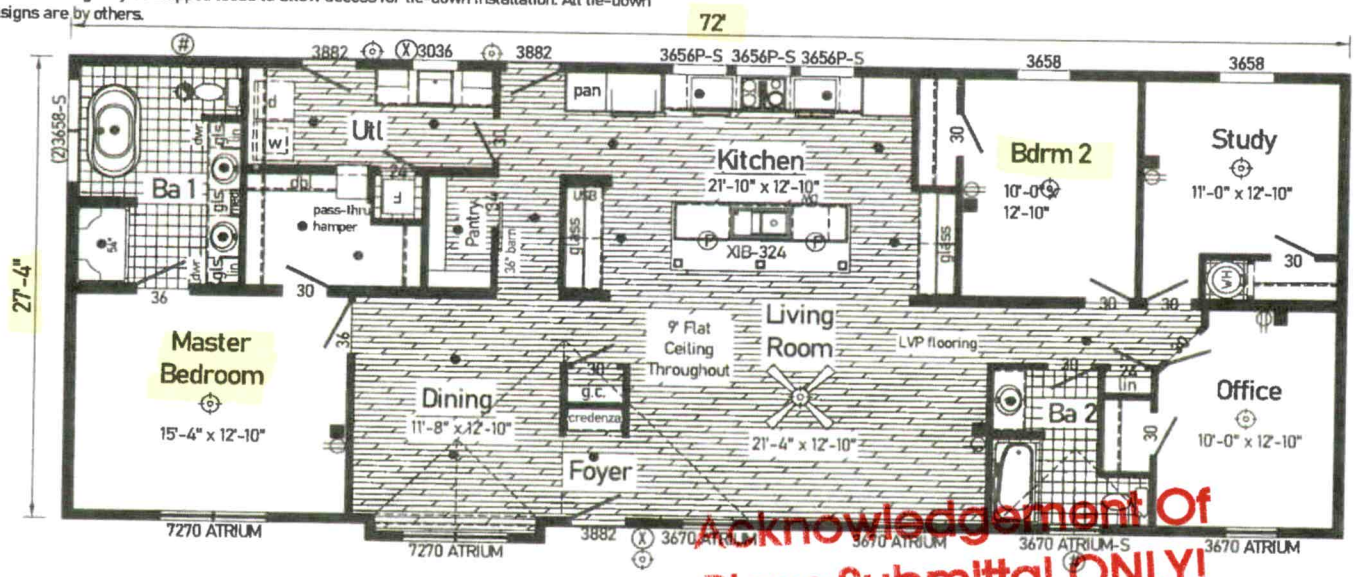
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-22-22

DATE


179
103
OLD SHED
83'
180
121
115
72 x 28
55
101
180
PB 10-61
Longbranch Rd
90
93
100
67

NOTE: This home may require wall bracing tie-downs depending on wind/seismic design. Please refer to the permit set for tie-down loads and locations if applicable. Some areas of the exterior wall sheathing may be shipped loose to allow access for tie-down installation. All tie-down designs are by others.



Acknowledgement Of Plans Submittal ONLY!

Buyer Date 6-20-2022

Buyer Date 6-20-22

LEGEND

WB •WARE AND BRACE · •STANDARD FAN · •FLOOD LIGHT · # •HOSE BIBB · X •EXT GFCI · •EXT GFCI UNDER LIGHT · •BATH EXH/FAN COMBO · •VENTILATION FAN · •STANDARD LIGHT · R •RECESSED CAN LIGHT · T •THERMOSTAT · ▲ •PHONE JACK · ■ •TV JACK · J •JUNCTION BOX · F •FIRE EXTINGUISHER

IMPORTANT NOTES:

1. LOCATIONS OF RECEPTS / LIGHTS / SWITCHES / FANS / FLOOR AND CEILING REGISTERS ARE SUBJECT TO CHANGE UPON ENGINEERING AND CODE REQUIREMENTS
2. PRODUCTION OF HOME MAY VARY FROM LIT OR PERMIT PRINTS WITHOUT NOTICE, DUE TO UNSEEN CODE OR CONSTRUCTION CHALLENGES AT THE TIME PRODUCTION PRINTS ARE PRODUCED.

HOME CANNOT BE BUILT UNTIL THE CUSTOMER HAS SIGNED OFF ON ALL PAGES. FOLLOWING CUSTOMER SIGN OFF, PLANS AND SPECS WILL BE SENT TO 3RD PARTY FOR STAMPED APPROVAL. ANY CHANGES AFTER SIGNOFF WILL RESULT IN A MINIMUM $500.00 ENGINEERING FEE.

Home Owner: _____ Date: _____

_____ Date: _____

Retailer: _____ Date: _____

1B1503-R29 2872 Approx. 1968 Sq. Ft.

R-Anell Housing Group, LLC - Subsidiary of The Commodore

Builder: Corp.	Callout: 2872	Revisions	Scale: 1/8" = 1'-0"	Date: 02/24/2022	Cust: HODGE	Model/Eng. No.: 1B1503-R29
Title: Literature		Drawn By: RR	Reference: NONE		Dir: CLAYTON STATESVILLE S/N	Pg: LIT

NVR-ANELL\1B\19-1B1503-R29\

IREDELL COUNTY · NC

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

APPLICATION NUMBER
327622 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4711455446.000	172 LONGBRANCH RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: DUNN GISELA S	Name: CLAYTON HOMES OF STATESVILLE
Address: 181 LONGBRANCH RD	Address: 2026 NORTHSIDE DR
STATESVILLE, NC 28677	STATESVILLE, NC 28677
Phone:	Phone: (704)873-2547

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	25	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
MODULAR HOME

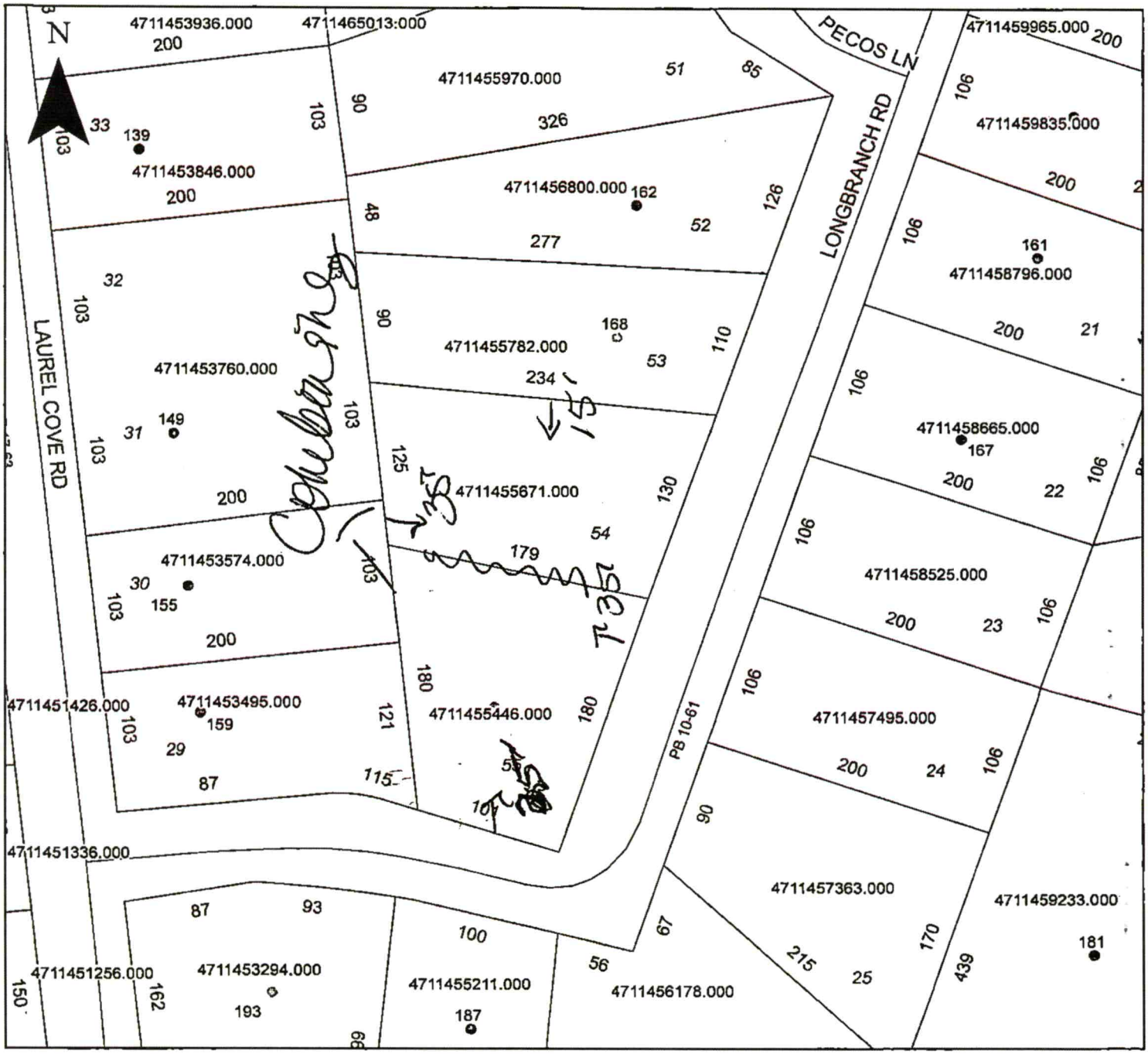
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 04/12/2022

Signature of Owner/Contractor

Permit Number	327622	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 172 Longbennett RD

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

4-12-22

Date