IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241621

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

PIN # 4713460887

APPLICANT/OWNER: CMH Stvl / Carmen Sigmon APPLICANT ADDRESS: 2026 NORTHSIDE DRIVE, STATESVILLE, NC 28677

SITE ADDRESS: 106 BELINDA LOOP, STATESVILLE, NC, 28677 PHONE: 704-873-2547 ALT. PHONE 704-929-1552

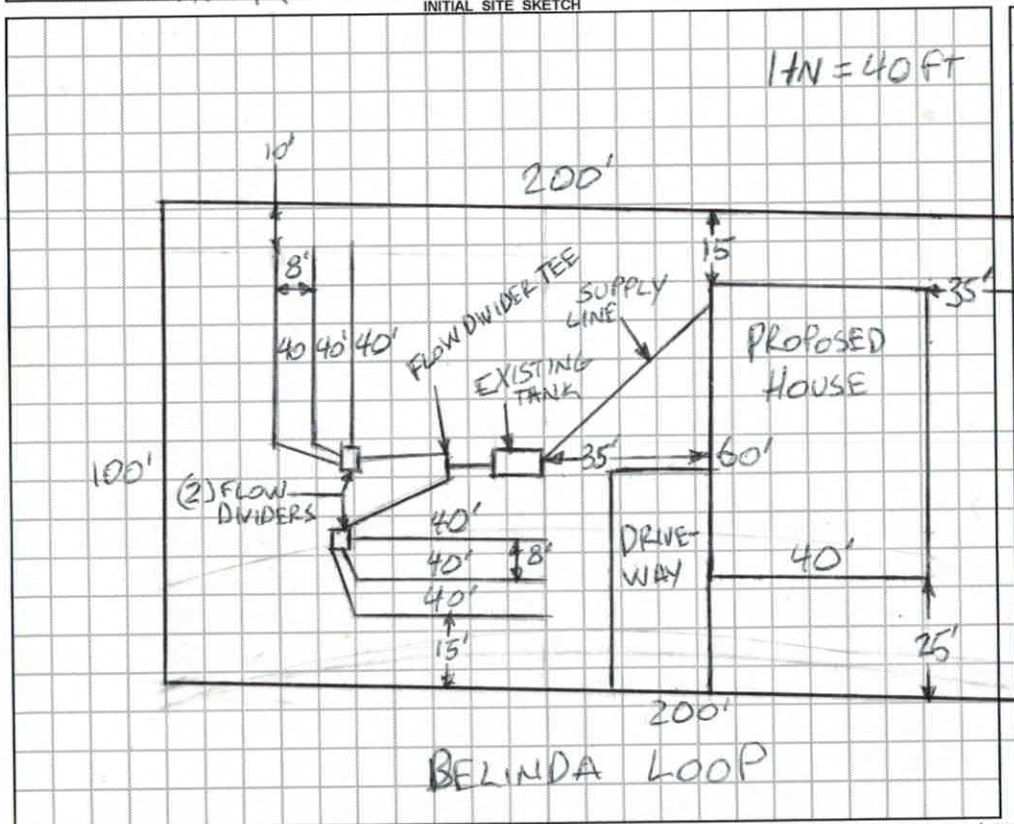
SITE DIRECTIONS: EAST ON 40, (R) ON OLD MTN RD, (L) ON BELINDA, LOT ON (R) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: BETHLEHEM SECTION: — LOT # 4 LOT AREA: 0.46 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.25

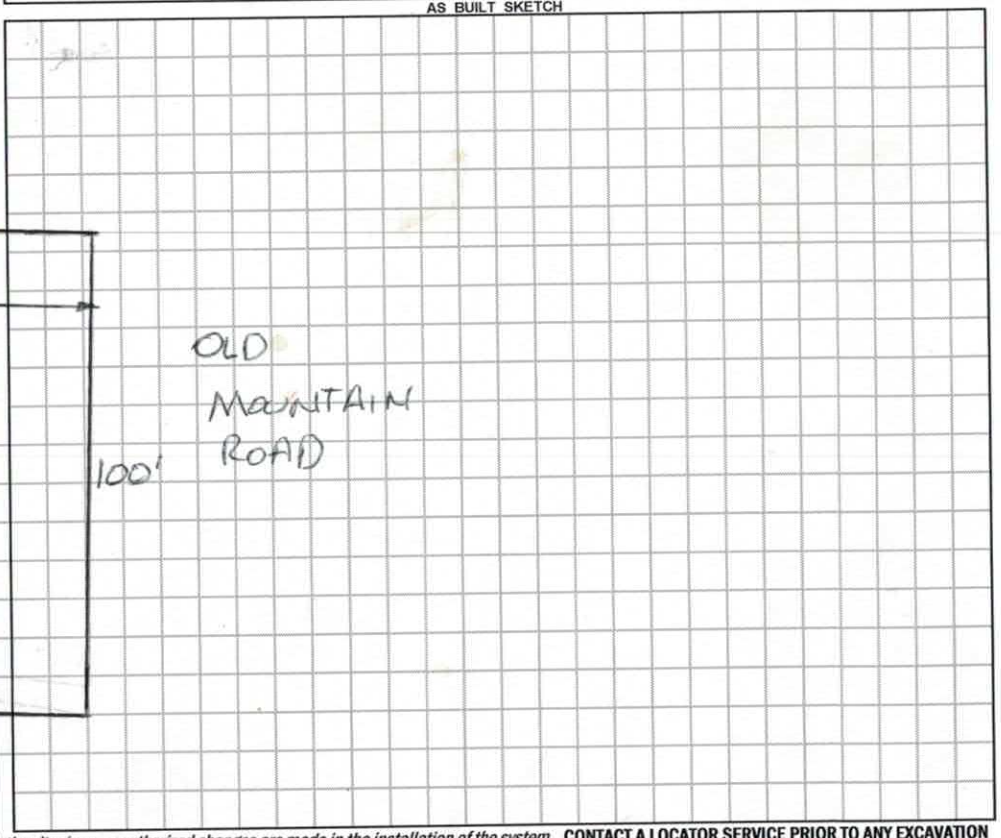
Septic Tank	EXT. 1000 (gal)	STB 760 SEE OLD PERMIT	Date 7-28-11	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms 3	Water Supply	
Pump Tank	— (gal)	PT —	Date —	System Description: EXSISTING PANEL (50%)		☐ Business	No. Persons 6	☐ Private	
Pump Make	—	Model —	Serial # —	Repair System Description: EXEMPT		☐ Other	No. Employees	☒ Public	
# Nitrification Fields	1	# Lines 6	Linear Ft 240	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 SETBACKS
SYSTEM APPEARS TO BE FUNCTIONING AT TIME OF CHECK

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: 2/12/19 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Barbara C. White Date: 2-4-20

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 2 2018
Paid $250.00 #241621

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 #
CMH STATESVILLE	2026 NORTHSIDE DR STATESVILLE	7048732547	ADAM 7049291552
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
106 BELINDA LOOP STATESVILLE	BETHLEHEM GROVES	LOT 4 BLOCK B

Driving Directions: I40 E TO OLD MTN (L) APP 2 miles TO SITE ON LEFT / CORNER OF OLD MTN & BELINDA LOOP

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 4
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 COUNTY (EXISTING)

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:** CMH STATESVILLE — 1/16/18
   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*)** CLAYTON HOMES STATESVILLE

1/25/19 J.A. CASSTEVENS PROJECT MNGR

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

I do hereby authorize **(print legal representative/company name)**

_____, _____, 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 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

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: 32.00

Parcel Identifier No 4713-46-0287 Verified by _____ County on the _____ day of _____, _____

By: _____

Mail/Box to: _____

This instrument was prepared by: Alan G. Carpenter, Attorney No opinion rendered

Brief description for the Index: _____

THIS DEED made this 24th day of August, 2018, by and between

GRANTOR	GRANTEE
Brian E. Wolf and Kimberly L. Wolf, husband and wife whose address is: 3224 E. Broad Street Statesville, NC 28625	Carmen D. Sigmon whose address is: 155 Lewis Ferry Road Statesville, NC 28677

Enter in appropriate block for each Grantor and Grantee: name, mailing 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, parcel of land or condominium unit situated in the City of _____, _____ Township, Iredell County, North Carolina and more particularly described as follows:

BEING ALL of Lot No. 4 of BETHLEHEM GROVES, Block B, as the same is platted, planned and recorded in Plat Book 5, page 67, Iredell County Registry.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2071 page 1091.

All or a portion of the property herein conveyed ___ includes or X does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book 5 page 67.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

Easements, rights of way and restrictions of record, if any.

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

_____ (Entity Name)

By: _____

Title: _____

By: _____

Title: _____

By: _____

Title: _____

Brian E. Wolf (SEAL)

Kimberly L. Wolf (SEAL)

_____ (SEAL)

_____ (SEAL)

State of North Carolina - County or City of Iredell

I, the undersigned Notary Public of the County or City of Iredell and State aforesaid, certify that Brian E. Wolf and Kimberly L. Wolf personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 24th day of August, 2018.

My Commission Expires: 7-29-19
(Affix Seal)

_____
Notary Public
Notary's Printed or Typed Name

State of North Carolina - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this _____ day of _____, _____.

My Commission Expires: _____
(Affix Seal)

_____
Notary Public
Notary's Printed or Typed Name

State of North Carolina - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally came before me this day and acknowledged that he is the _____ of _____, a North Carolina or _____ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this _____ day of _____, _____.

My Commission Expires: _____
(Affix Seal)

_____
Notary Public
Notary's Printed or Typed Name

IREDELL COUNTY HEALTH DEPARTMENT

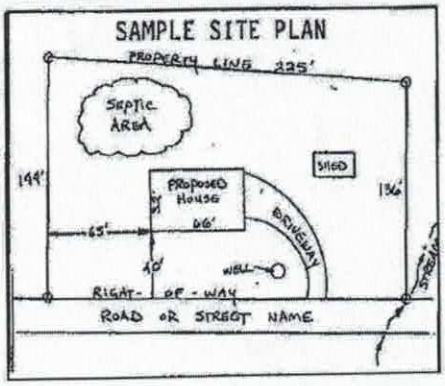
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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

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

- **( ) Property Line measurements are clearly identified**
- **( ) All proposed structures are indicated**
- **( ) Front and side setbacks from property line**
- **( ) Preferred driveway location and 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

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

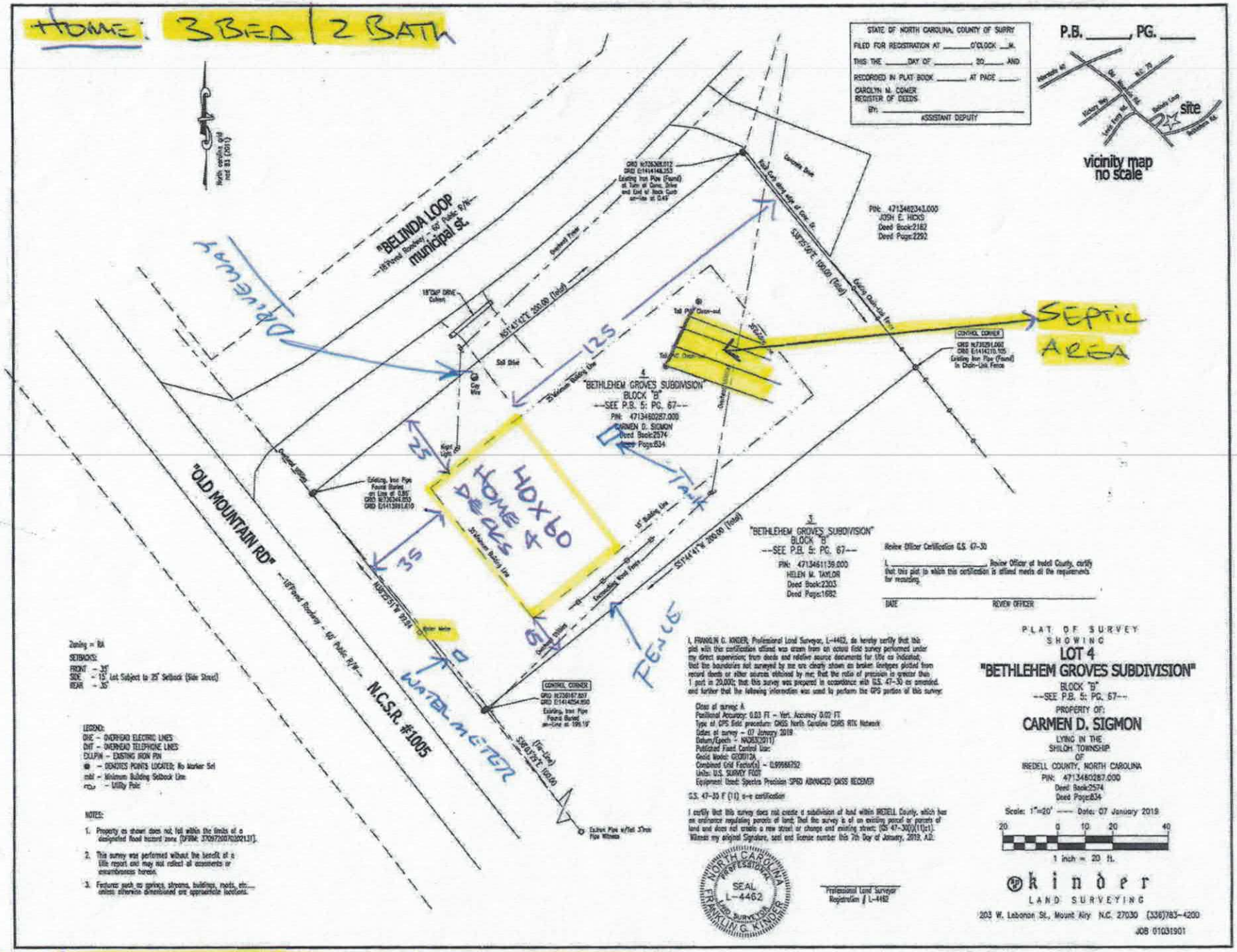
Signature: [signature] CM H STADELSILK

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

1/16/18

DATE

HOME: 3 BED | 2 BATH



* NOTE TREES + FENCE WILL BE REMOVED

3:30

IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☑ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 168623 PIN # 4713-46-0287 DATE 4 October 2011

OWNER Brian Wolf APPLICANT: PHONE: Home/Cell # (704) 928-5295 Business #

SITE ADDRESS 106 Belinda Lp. Statesville OWNER / APPLICANT ADDRESS

SITE DIRECTIONS Intersection of Old M+N. Rd AND Belinda Lp.

SUBDIVISION BLOCK / SECTION LOT # LOT AREA 0.46ac. DESIGN FLOW 360 gpd L.T.A.R. 0.25 gal/sq ft/d

Septic Tank 1000 Gallons: STB 760 Date 7-28-11
Pump Tank Gallons: P T Date
Pump Make Model Serial #
No. Nitrification Fields: 1 No. Lines 6 Linear Feet 240
Trench Width 24" Max. Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type I II ☒ III IV V VI
System Description: 50% Reduction System
Repair System Description: * Maximum Tensible Area
Maintenance Agreement Required ☐ YES ☒ NO
☑ GRAVITY ☐ PRESSURE Gravel Depth NA

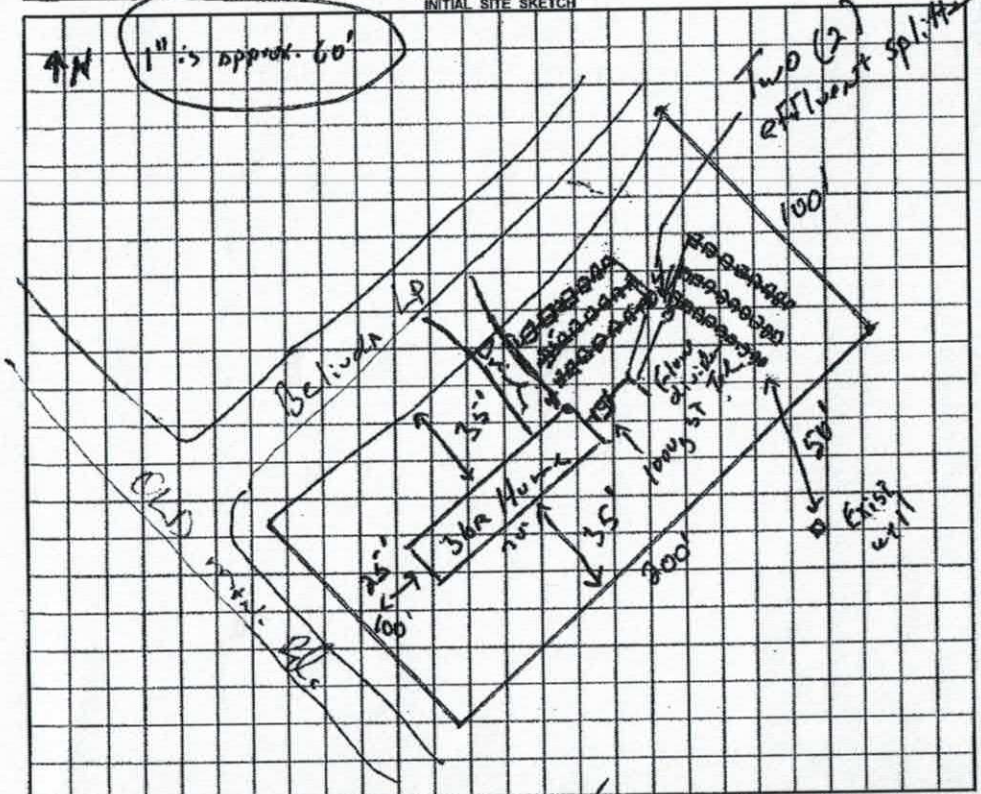
☑ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

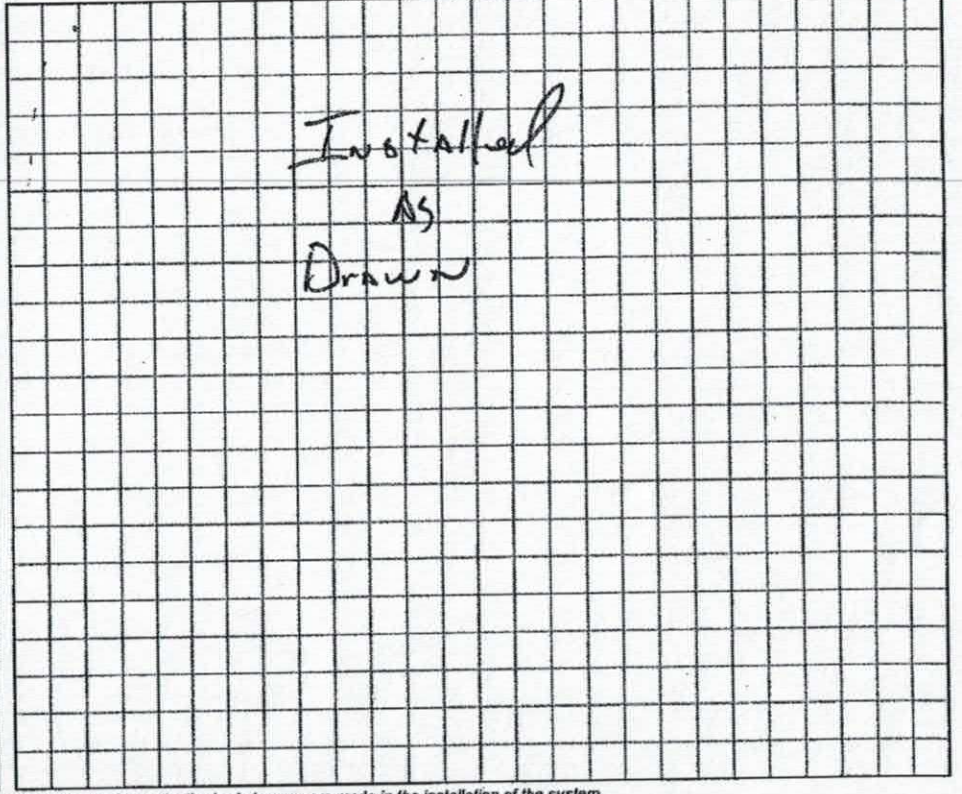
Comments / Conditions * Honor all setbacks and zoning requirments.
Tot Panel system with 54 total panels - 9 panels/each line.

* Property recorded 1955 - [redacted]
* Poly/lock Fittings

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.

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

Owner / Applicant Signature: Brian Wolf Date 1-18-12 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: REHS Date 3 Jan. 12 OPERATION PERMIT by: REHS Date 30 Jan. 12

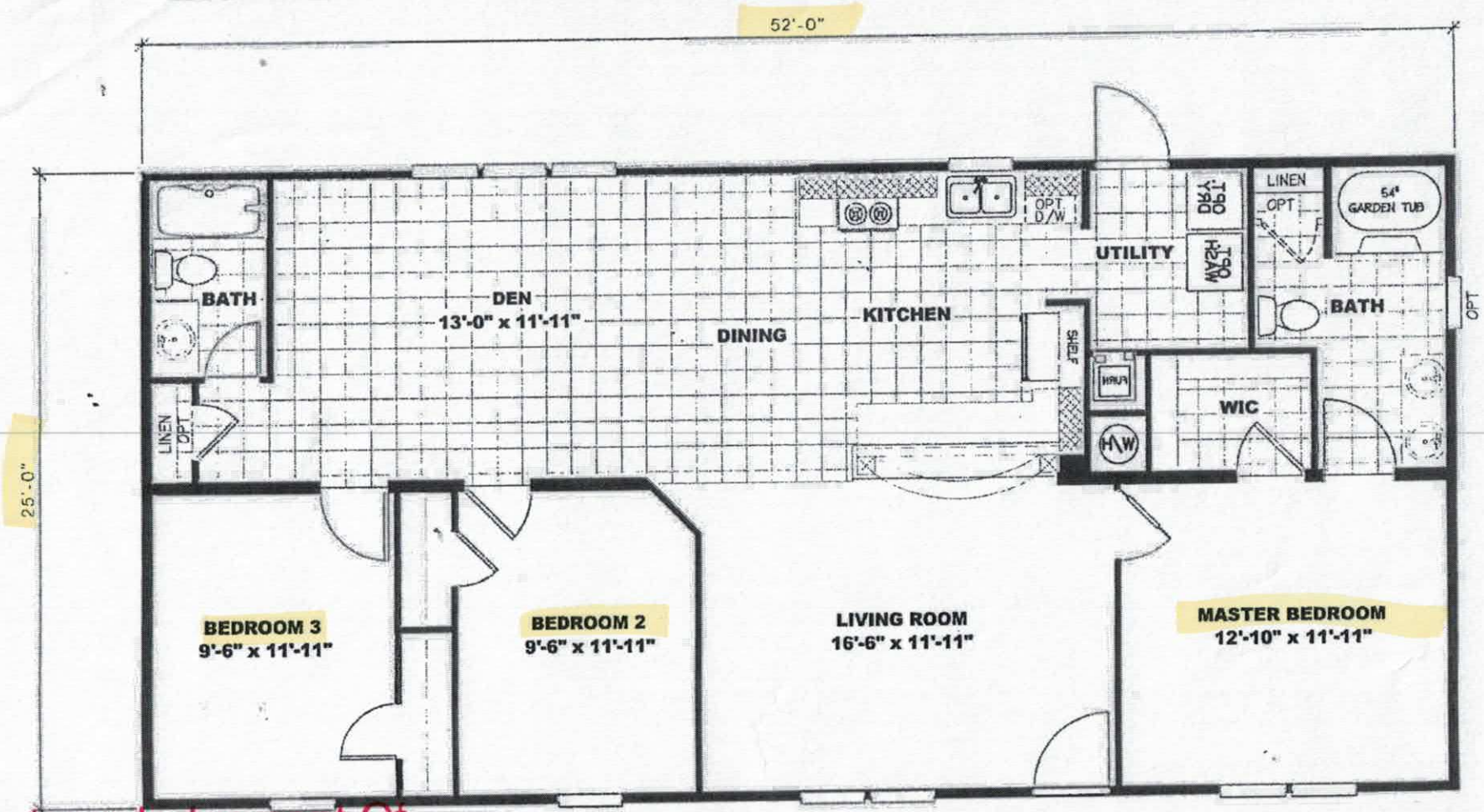
AUTHORIZATION TO CONSTRUCT by: REHS Date 23 Jan. 12 Existing System Inspected by: REHS Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

106 BELINDA LOOP

WYNN



Acknowledgement Of
Plans Submittal ONLY!

_____ Date _____

Bernard C. White Date 2-7-2019

25 WIDE
(THREE BEDROOM STANDARD)

2/6/19

IREDELL COUNTY

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

APPLICATION NUMBER
241621
Issue Date: 01/22/2019

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4713460287.000	106 BELINDA LOOP, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WOLF KIMBERLY L+BRIAN E	Applicant: CLAYTON HOMES
Address: 3224 E BROAD ST	Address: 2026 NORTHSIDE DRIVE
STATESVILLE, NC 28625	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
NEW MODULAR	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.460	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	165163	TOTAL FEES:	$ 77.25