BB

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-311386

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

PIN # 4713865675

APPLICANT/OWNER: Jim Hood APPLICANT ADDRESS: 2649 Breakonridge Center Dr. Monroe NC, 28110

SITE ADDRESS: 140 Dublin Ct, Statesville, NC 28677 PHONE: 704-506-3852 ALT. PHONE 704-502-5588

SITE DIRECTIONS: 21 S T/R Old Mountain Rd T/R Bethlehem Rd To Greenwich Dr. T/L Heathrow T/R Dublin SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: The Landings SECTION: 3 LOT # 64 LOT AREA: .39ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB 160	Date		■ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	■ Residence	No. Bedrooms 3
Pump Tank	1000	(gal)	PT 319	Date	6/15	System Description:	LPPPBPS			☐ Business	No. Persons 6
Pump Make			Model			Repair	LPPPBPS			☐ Other	No. Employees
# Nitrification Fields	1		# Lines	6	Linear Ft 257'	Maintenance Agreement Required:	■ YES	NO		■ Slab	☐ Crawl Space
Trench Width	36"		Max Trench Bottom Depth	36"	Gravel Depth	N/A	GRAVITY	■ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ■ Public ☐ Community

Comments / Conditions: Per plan by: Septic Environmental Solutions

INITIAL SITE SKETCH

	Date	Initials
Drain Lines Checked	7-30-21	MD
Tanks Checked	7-23-20	PB
Pressure Manifold or Valve Box Checked	8-5-21	SB
Pressure Head Set	8-5-2021	SB
Electrical Checked	8-5-21	SB
Floats Set	8-5-21	SB
Alarm Checked	8-5-21	SB
Maintenance Contract (Y) N	8-16-21	SB
Comments:		

AS BUILT SKETCH

7/23/2021: Area around PT must be graded to less than 3'. Need date letter for ST, Filter was inst but pump was NOT in PT. As built measurements on site sketch not to scale.

7/30/21 Checked drain lines & supply lines

Press ✓

Maintenance?

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: 11-12-20

IMPROVEMENT PERMIT by: Date: 11/6/20

AUTHORIZATION TO CONSTRUCT by: Date: 3/15/2021

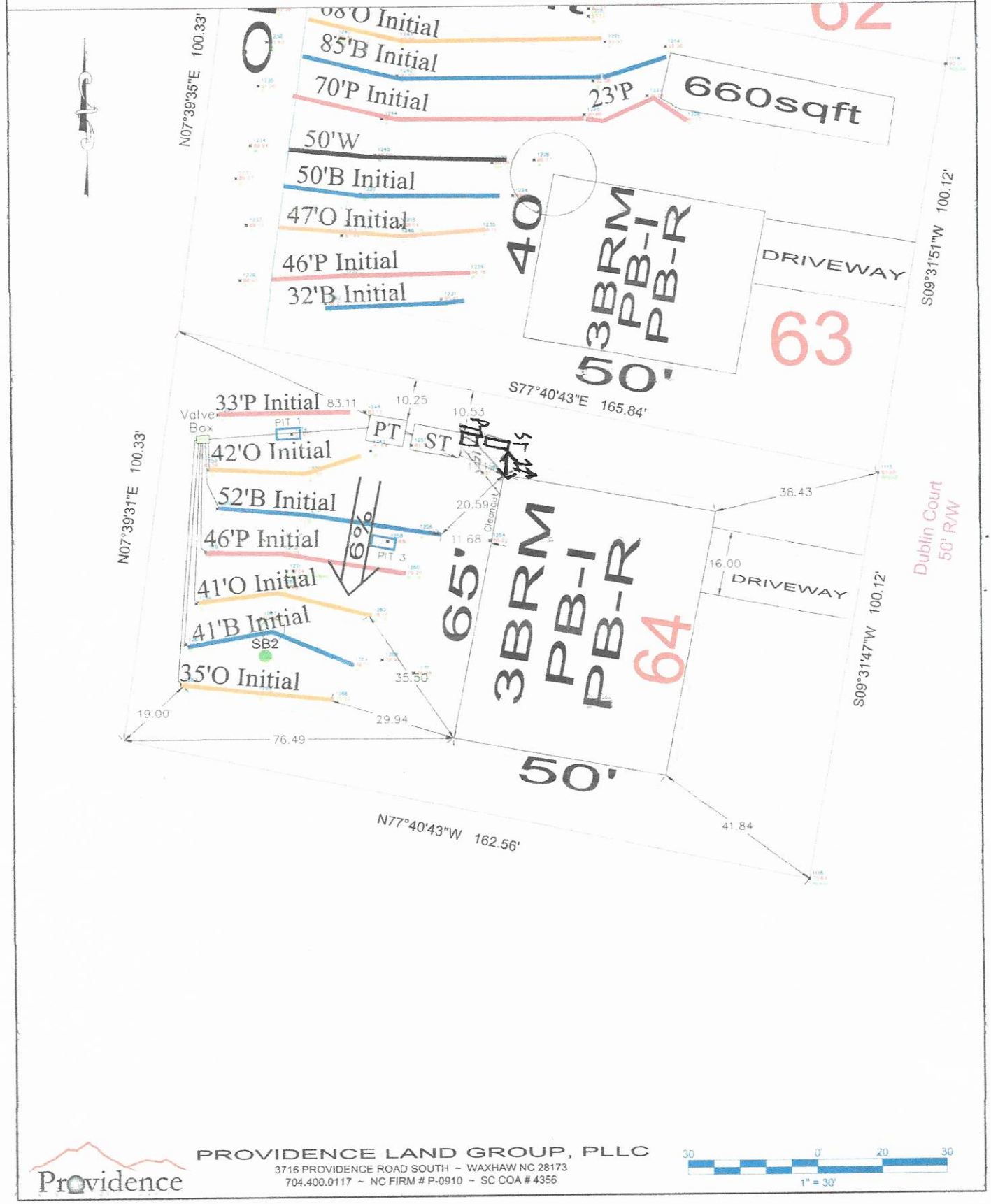
Installed by: (Sid Gaskins) Water Management Date: 8-17-2021

OPERATION PERMIT by: Date:

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 inspector to confirm your inspection time.

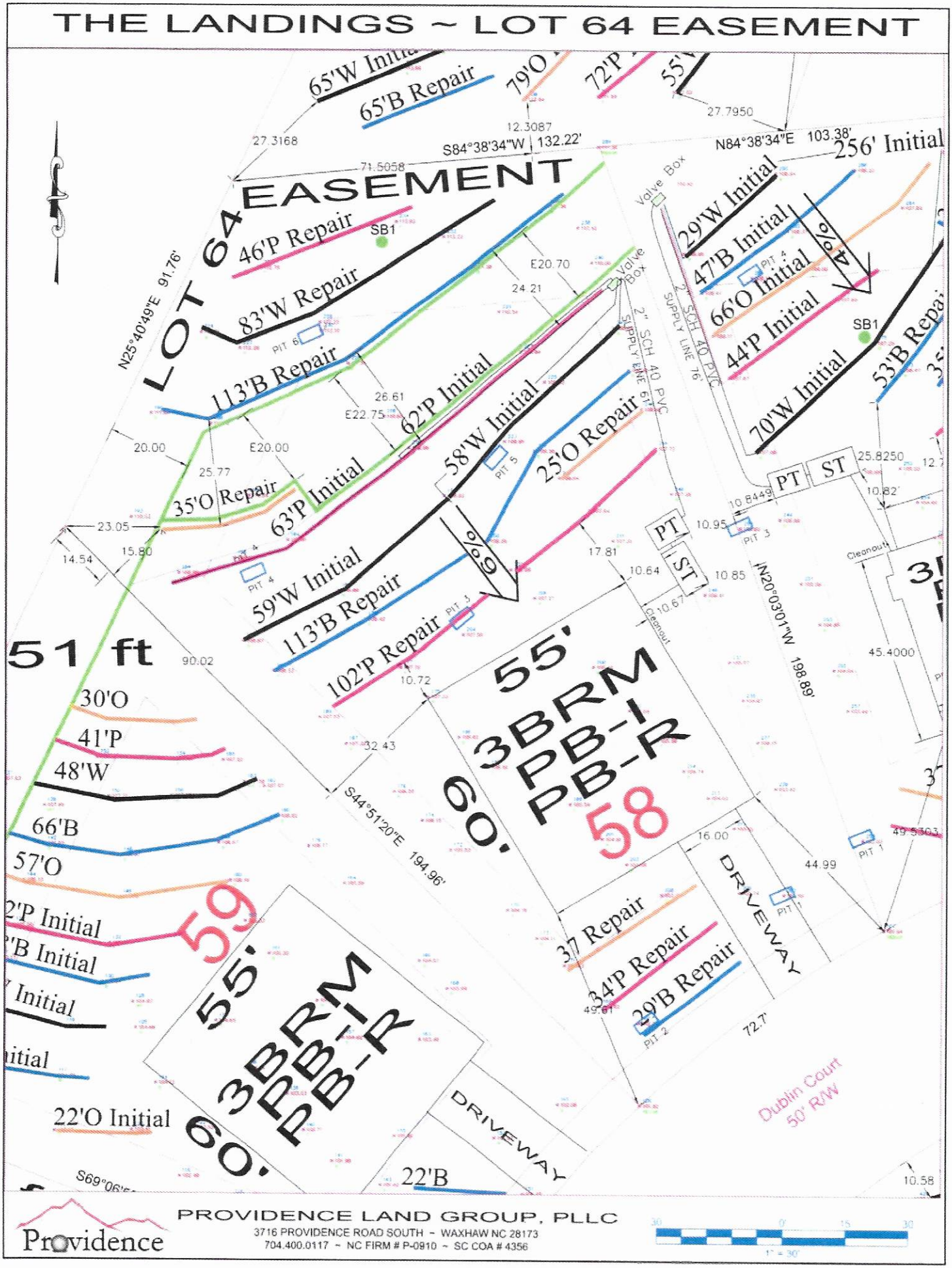
THE LANDINGS ~ LOT 64



PROVIDENCE LAND GROUP, PLLC
3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173
704.400.0117 ~ NC FIRM # P-0910 ~ SC COA # 4356

30 0 20 30
1" = 30'

THE LANDINGS ~ LOT 64 EASEMENT



Providence

PROVIDENCE LAND GROUP, PLLC

3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173

704.400.0117 ~ NC FIRM # P-0910 ~ SC COA # 4356

1" = 30'

RECEIVED MAR 1 0 2021

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*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (X) 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: MR JIM HOOD TRUE HOMES Address: 1649 BRECKENRIDGE CENTER DRIVE MONROE, NC Zip: 28110
Applicant Email: JHOOD@TRUEHOMESNA.COM Phone: 704-506-3851 Alt. Phone: 704-502-5588
Owner Name: MR. ROB COLLIER COLLIER PROPERTIES Address: 743 OLD MOCKSVILLE RD, STATESVILLE Zip: 28625
Owner Email: ROBCSTC@GMAIL.COM Phone: 704-902-4598 Alt. Phone: _____

Property Information: TAX ID 4713865675.000

Street Address: 140 DUBLIN COURT, STATESVILLE, NC 28677
Subdivision Name: THE LANDING Section/Phase: I Lot Number: 64
Driving Directions: I-40 TO E. CENTER AVE, Right onto N. MAPLE ST, LEFT onto E IREDELL & RIGHT ONTO HWY 115 N. (N. BROAD ST.) INTO STATESVILLE HWY, INTO CHARLOTTE HWY 21 N, LEFT onto OLD MOUNTAIN RD, Right onto BETHEL RD W TO GREENWICH DR., LEFT INTO HEATHROSE AND DUBLIN LN

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

(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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: NA
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: N/A Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: N/A 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 (2) Alternative (4) Conventional (1) Innovative (3) 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: DocuSigned by: Robert A Collier III 9/21/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED OCT 01 2020

Needs more pics.

AP-311386
$350.00

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

Iredell County Health Department – Environmental Health Division

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Site Development Information: *(check or complete ALL that apply)* **CHECK FOUNDATION TYPE**

(X) New Single Family Residence — Maximum Number of Bedrooms: ~~5~~ 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — (X) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: NA — ( ) Basement without Plumbing
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Non-Residential Site Development: Type of Business: NA
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: NA 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: _____
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Please answer the following to the best of your ability:
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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.

DocuSigned by:
Signature: Robert A Collier III 9/21/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, MR. ROB COLLIER, am the legal owner(s) of the property located at 140 OVELIN COURT, STATESVILLE, NC 28677 identified as PIN (Parcel Identification Number) LOT 64 4713865625.000 located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** MR. KENNETH L. OWENS WITH SEPTIC ENVIRONMENTAL SOLUTIONS 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.

DocuSigned by:
Robert A Collier III
73AE8ECE48BA443...
Signature of Owner(s)

9/21/2020
Date

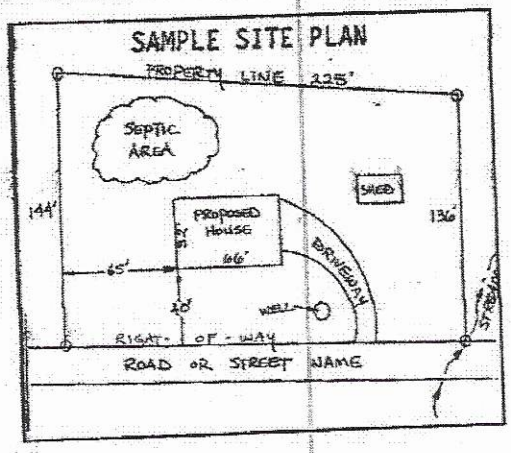
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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:

- (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**
- ( ) **Preferred well location** NA
- (X) **Preferred septic system location**
- (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

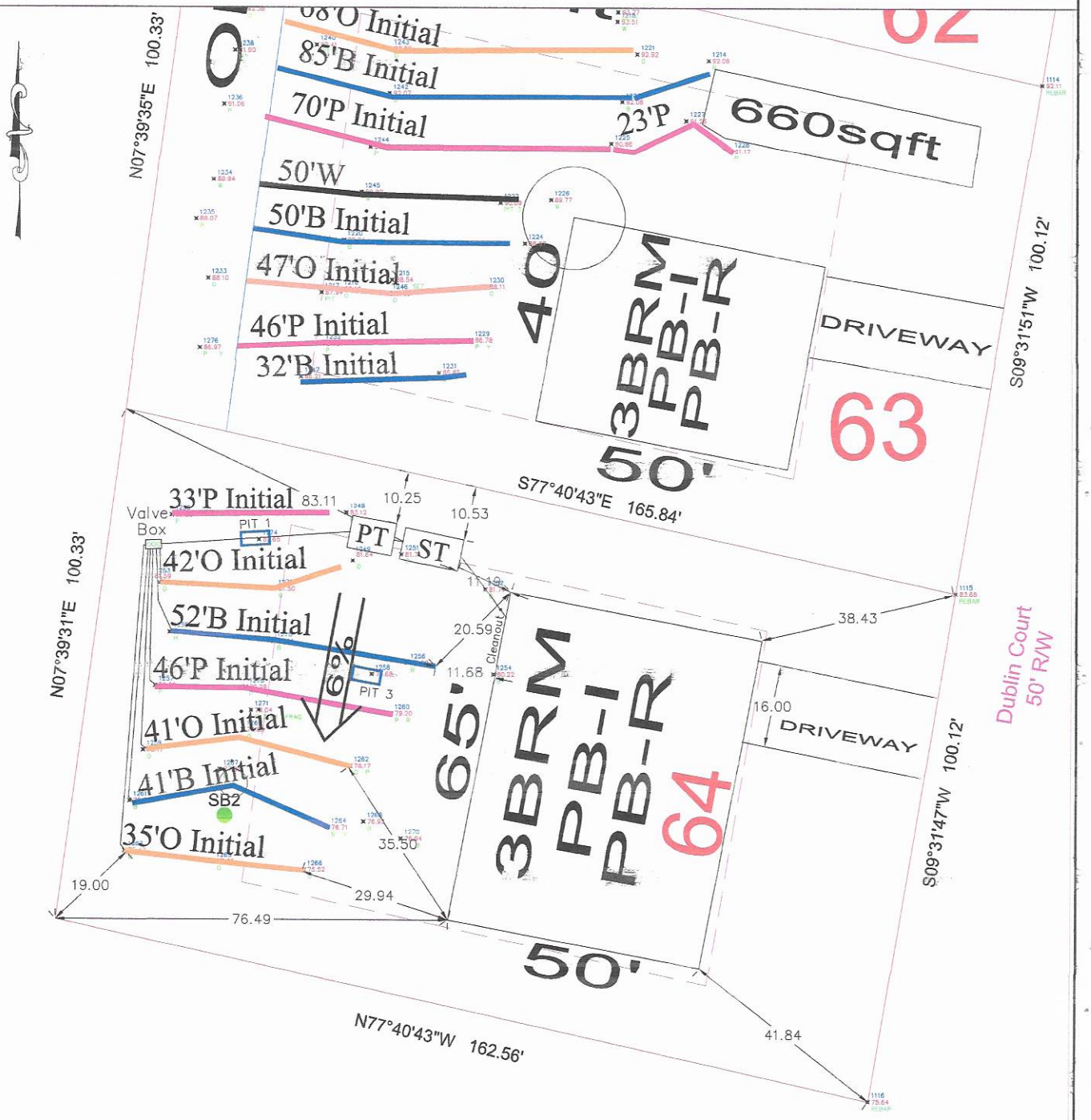
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE ATTACHED DWGS.

Signature: DocuSigned by: Robert A Collier III 73AE0E0E40BA4... 9/21/2020

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

THE LANDINGS ~ LOT 64



PROVIDENCE LAND GROUP, PLLC
3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173
704.400.0117 ~ NC FIRM # P-0910 ~ SC COA # 4356

30 0' 20 30
1" = 30'

Design Specifications for Lot 64 The Landing, Iredell, North Carolina

Daily Design Flow	360	gals
Number of Bedrooms	3	bedrooms
Basement or Crawspace	Slab	
Dellinger Septic Tank Size	1000	gals, Effluent Poly Lock PL68 Filter or equal.
Dellinger Pump Tank Size	1000	gals
Sim/Tech Effluent Filter on Pump Tank	Yes	Connection inside pump tank vault and on supply line.
Primary System Loading Rate (LTAR)	0.25	gpd/ft^2 LTAR
Number of Lines	6	Total LP PPBPS, See Scaled Dwg.
Primary System	257	ft.
Trench Width	3	ft
Trench Spacing	9	ft
Trench Maximum Depth	36	inches
Pump required	Yes	
Distribution Device	Yes	Gate Valve Box with LPP Panel Distribution
Maintenance Agreement Required	Yes	Contracted by Septic Environmental Solutions, Inc.
Length and Diameter of Supply Line	37	2" SCH 40 PVC
Number of T&J Panels	61	Total panels for primary system
Flow Rate through System	31	gpm– use 5/32" holes with 3ft head
Elevation Head	10	ft.
Pressure Head	3	ft.
Friction Head	1.78	ft. ed
20% Contingency	3	ft.
Total Head	17.7	ft.
Pump Requirements	31	gpm. with 18-ft of Head; Use Goulds WE03M Pump or Equivelent with Compatible Electrical
Dosing Volume per day	220	s 1.7 doses/day@design flow
Dosing Volume per dose	110	s 2 doses/day
Pump run time per day, approx.	7.1	min
Pump run time per dose, approx.	3.6	min
Check Valve	Yes	
Siphon Break Hole	Yes	
Repair System Loading Rate	0.25	gpd/ft2
Repair System	Yes	LP PPBPS, See attached dwg.
Total foot of Repair	242	ft



Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occures, reduce floats by 25 gallons and reset until no overflow is observed.

LPPPPBPS Design Worksheet (Primary System)					File #/Name:	The Landing
System Requirements					Tax #:	4713865675.00
Number of bedrooms	3				Lot	64
Craw Space/Basement	Slab					
Daily Design Flow	360	gpd			Address:	Iredell County
LTAR	0.25	gpd/ft.^2			Consultant:	Septic Environmental Solutions Inc.
Linear footage	480.00	ft. (Conventional)			Phone:	704-502-5588
Linear footage	240.00	ft. (50% Reduction)				
Trench Maximum Depth	36	inches				
Laterals	Length (ft)	# Panels	Calculated			
Line # 1	42	10	10			
Line # 2	52	12	12			
Line # 3	46	11	11			
Line # 4	41	10	10			
Line # 5	41	10	10			
Line # 6	35	8	8			
Line # 7		0	0			
Line # 8		0	0			
Line # 9		0	0			
Line # 10		0	0			
Line # 11		0	0			
Line # 12		0	0			
Totals	257	61	61			
	*Lines longer than 70 ft. must be center-fed to comply with sewage rules.					
Absorption Area						
Length (ft)	Width (ft)	Spacing	Area (ft^2)			
257	3	9	3000+			
System Pressure Head	3	ft.	Value selected by system designer (must be between 2-5 ft.)			
Orifice Diameter	5/32	in.	Size selected by system designer (1/8 in. minimum)			
Flow Rate per Orifice/Panel	0.5	gpm	Determined from orifice flow design table (use table from Flow Rate tab)			
Total System Flow Rate	31	gpm	Total number of panels required multiplied by the orifice flow rate			
System Dose Volume	220	gal.	Total number of panels required multiplied by 3.6 gal./panel			
Doses Per Day	1.7	cycles	Number of dose cycles per day based on daily design flow. Daily design flow divided by system dose volume.			
Pump Run Time	7.10	min.	System dose volume divided by the total system flow rate			
Pump Tank Volume / Inch	21	gal./in.	1,000 gal. Pump tank, volume is approximately 21 gallons per inch. 1,500 gal. pump tank, volume is approximately			
			29 gallons per inch. Contractor is responsible in verifying tank gallons per inch.			
Pump Tank Drawdown	10.48	in.	System Dose Volume divided by gallons per inch for the designed tank size.			
Supply Line Length	37.00	ft				
Elevation head+pump height	10.00	ft.				
Friction Head	1.78	ft.				
20% Contingency	2.96	ft.				
Total Head	17.7					
Comments:						
1. Install system using 3 ft. wide trenches.						
2. Install drainlines on 9 ft. centers (to be specified by the designer) and must be level and on contour.						
3. System design requires effluent pump for distribution.				Yes		
4. Requires repair septic system.		Yes		Cells with blue shading require user input.		
5. Maintanance Agreement Required		Yes		Cells with yellow shading are automatically calculated.		

T&J Panel Summary Table	
Linear Feet	# Panels
20	5
30	7
40	9
50	11
60	14
70	16
80	18
90	21
100	23
110	25
120	17
130	30
140	32
150	34
160	37
170	39
180	41
190	43
200	46

Sheet 1 of 2
PROPERTY ID #:
COUNTY: IREDELL
4713865625

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

OWNER: MR. ROB COLLIER
ADDRESS: 243 OLD MOCKSVILLE, STATESVILLE, NC 28625
PROPOSED FACILITY: 3 BRM
LOCATION OF SITE: LOT 64, 140 OUBLIN CT, STATESVILLE, NC 28677
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE: 9-25-20
DATE EVALUATED: 9-14-20
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.377 ACRES
PROPERTY RECORDED: AFTER 1983
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	LL 6%	0-4	silt, FR/WK/gr	NS/NP/NEXP					
		4-24	sandy loam/clay loam/cm/FR/WK/SBK/	SS/SM/SEXP					
		24-61	clay/VWK/WK/SBK/FI/SS/SM/SEXP				Rx Inclusion		0.25
					NONE	61	NONE	61+	
2	LL 6%	0-10	silt/FR/WK/gr	NS/NP/NEXP					
		10-30	sandy loam/cm/WK/FI/	SS/SP/SEXP					
		30-58	clay/s.cl/WK/SBK/FR-VFR	SS/SP/SEXP					0.25
					NONE	58	NONE	58+	
3	LL 6%	0-4	silt loam/FR/gr/WK	NS/NP/NEXP			NONE		0.25
		4-27	sandy loam/FI/WK/SBK/	NS/NP/NEXP					
		27-60	clay/WK/SBK/FI/SBK/	SS/SP/SEXP					
					NONE	60			
4	LL 6%	0-9	silt loam/FR/gr/WK/	NS/NP/NEXP					
		9-30	sandy loam/FI/WK/SBK/	NS/NP/NEXP					
		30-60	clay/WK/SBK/FI/SBK/	SS/SP/SEXP					
					NONE	60	NONE	60	0.25

LICENSED SOIL SCIENTIST
KENNETH I. OWENS
1134
STATE OF NORTH CAROLINA

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	257	242
System Type(s)	30% LP PPPLPS	30% LP PPPLPS
Site LTAR	0.25	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Suitable
EVALUATED BY:
OTHER(S) PRESENT:
9-24-20

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

LOT 64

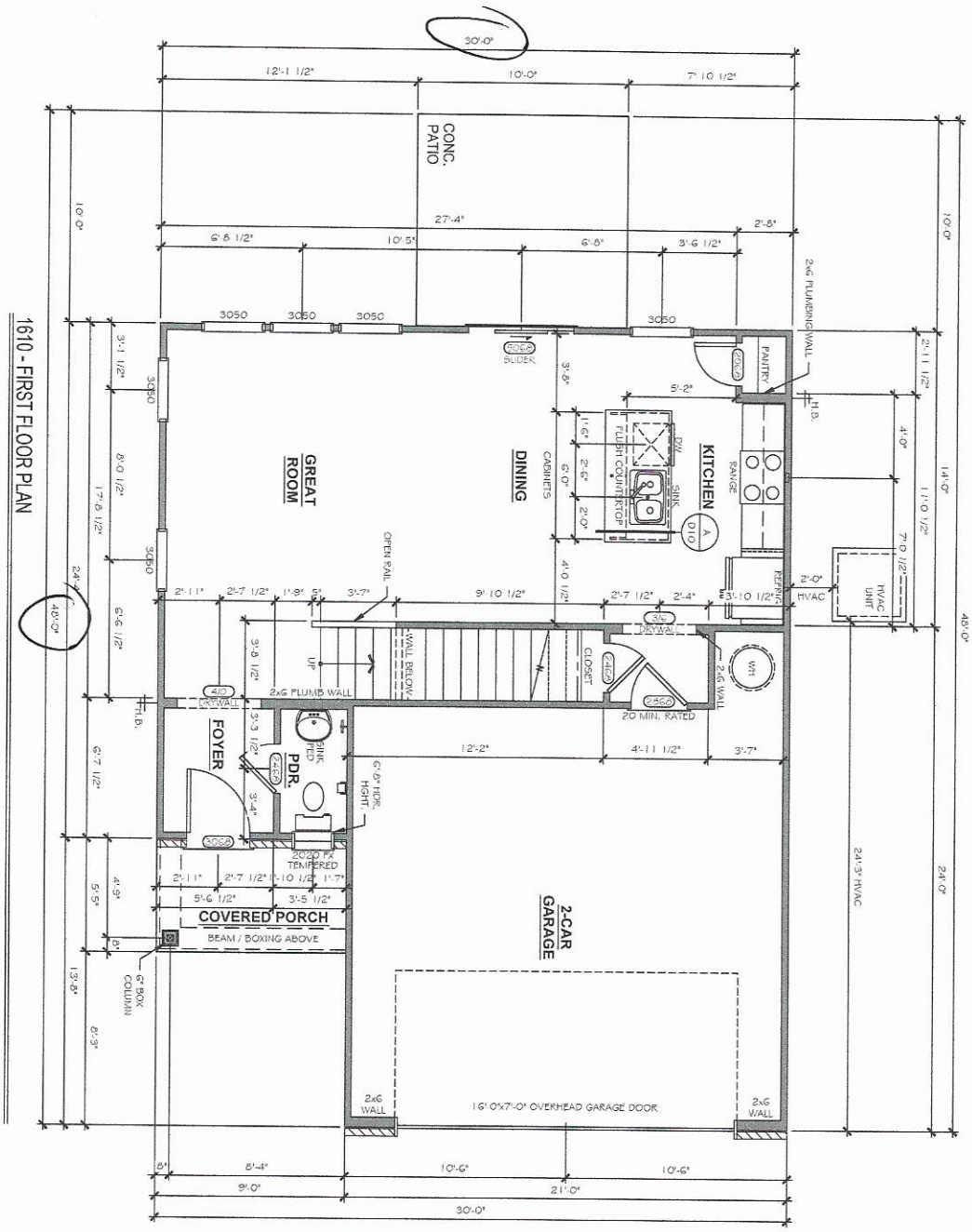
PROPERTY ID #: 4718856785

DATE OF EVALUATION: 9-14-20

COUNTY: DREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
SB 1	LL 6% Repair	0-9	sicl/WK/GR/FR	NS/NP/NEXP	NONE	50"	NONE	50"	0.25
		9-30	sicl/WK/SBK/FR	NS/SP/SEXP					
		30-50	sicl/WK/SBK-AG/FF-FR	NS/NP/NEXP					
SB 2	LL 6% Drifted	0-6	silt loam/FR/GR/WK	NS/NP/NEXP	NONE	50"	NONE	50"	0.25
		6-32	sandy loam/FR/WK/SBK	SS/NP/SEXP					
		32-50	clay/FI/WK/SBK	SS/SP/SEXP					

COMMENTS: _____



1610 - FIRST FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

Date 3/15/21

Date 3-19-21

SHEET:	A2.1
PREPARED BY:	T.J.
DATE:	03.05.21
SCALE:	3/16"=1'-0"
REVIEWED BY:	CHUCK

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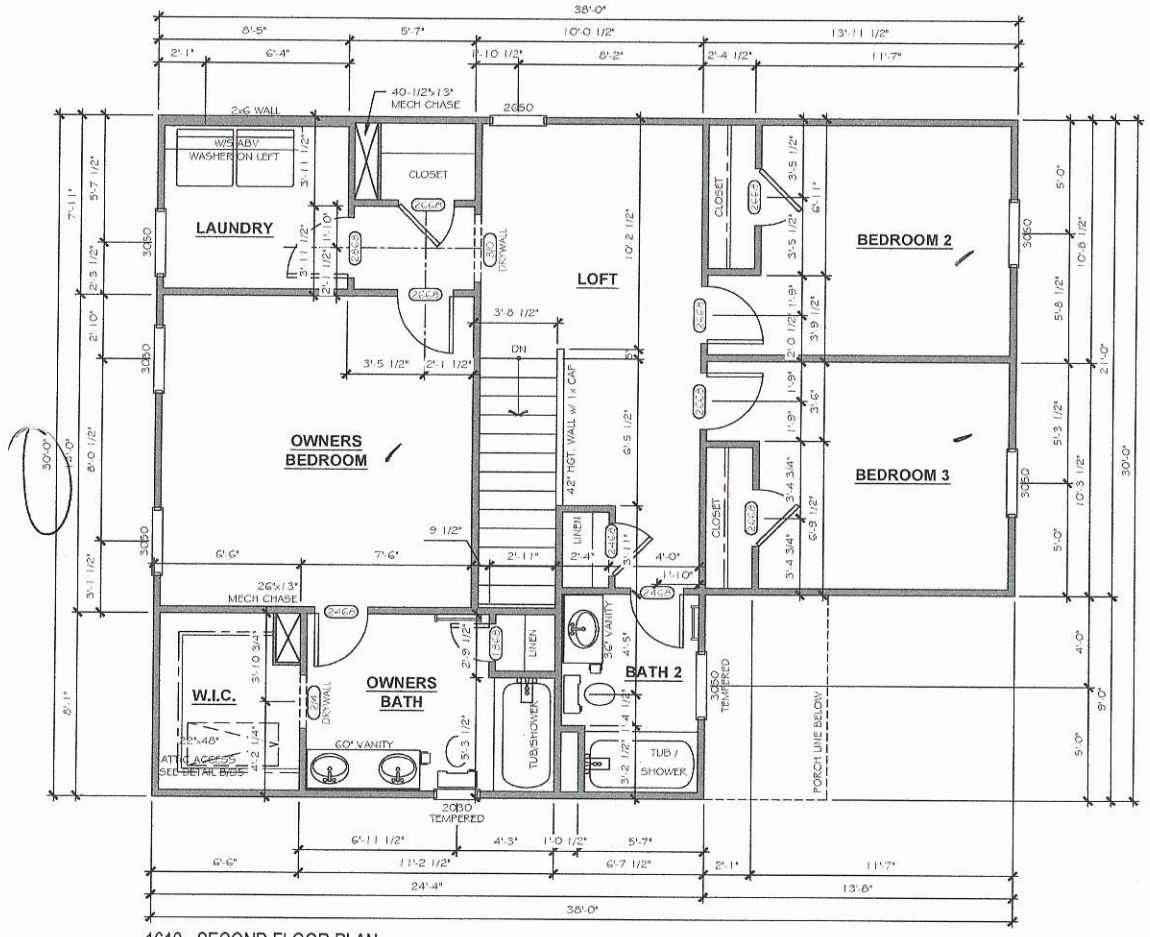
ARIA
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LOT# 7122

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IT'S ALL ABOUT U
2649 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191



1610 - SECOND FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

Date 3-15-2021

Date 3-15-21

TrueHomes
IT'S ALL ABOUT U
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Suite 104
Monroe, N.C. 28110
704-271-1191

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PREPARED BY: T.J.
DATE: 03-05-21
SCALE: 3/16"=1'-0"
REVIEWED BY: CHUCK

SHEET: A2.2

Type: CONSOLIDATED REAL PROPERTY
Recorded: 11/18/2020 2:08:09 PM
Fee Amt: $26.00 Page 1 of 10
Revenue Tax: $0.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds

BK 2755 PG 1574 - 1583

STATE OF NORTH CAROLINA

COUNTY OF IREDELL

DECLARATION OF PERMANENT SEPTIC EASEMENT

THIS DECLARATION OF PERMANENT SEPTIC EASEMENT (the "Declaration") is made this 16 day of November, 2020, by TRUE HOMES, LLC, a Delaware limited liability company, hereinafter referred to as (Declarant).

WITNESSETH:

WHEREAS, Declarant is the owner of Lots 58, 59, 60, 61, 62, 63, and 64 of The Landings Subdivision, Phase III, located in Iredell County, North Carolina, and more particularly described on Exhibit "A" attached hereto and incorporated herein by reference (the "Property"); and

WHEREAS, in order to install, use, maintain and repair the septic system installed or to be installed on Lot 64, The Landings Subdivision, Phase III, Declarant has established that certain "Easement for Septic Drainfield" and "Septic Easement" more particularly described and shown on the easement maps attached hereto and incorporated herein as Exhibits B1-B6; and

WHEREAS, the purpose of this Declaration is to clearly define and establish the uses and purposes of the Easement.

NOW THEREFORE said DECLARANT desires to grant a non-exclusive, perpetual easement (the "Permanent Septic Easements"), which shall benefit Lot 64 in perpetuity, for the purpose of installation, construction, repair, replacement and maintenance of the septic field and repair area and septic access easement over, under and through Lots 58, 59, 60, 61, 62, and 63, as described as follows:

THAT PORTION of the Property labeled as "Easement for Septic Drainfield" (Lot 58) and "Septic Easement" (Lots 59-63), on the easement maps attached hereto as Exhibits B1-B6 and incorporated herein by reference as the "Permanent Septic Easements", said maps having been prepared by or for the DECLARANT.

Said Permanent Septic Easements shall run in perpetuity for the benefit of Lot 64, and shall provide for the right of ingress, egress, and regress over, under, through, and upon Lots 58, 59, 60, 61, 62, and 63 adjacent to or in the vicinity of the Permanent Septic Easement as may be necessary for the purposes of locating, laying, constructing, reconstructing, inspecting, operating, extending, repairing, maintaining, and otherwise keeping open and in good repair the septic system for which the Permanent Septic Easement is granted.

It is understood that no permanent structure of any kind shall be constructed over or across this Permanent Septic Easement. For purposes of this document, permanent structure includes, but is not limited to: storage

Submitted electronically by "Hankin & Pack, PLLC"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

or out-buildings, garages, tennis courts, and swimming pools. Neither may water be ponded nor impounded over or across said Permanent Easement.

It is further understood that the Permanent Easement(s) granted herein may be utilized for intermittent construction activities, of the above referenced public project.

********REMAINDER OF PAGE INTENTIONALLY LEFT BLANK********

IN WITNESS WHEREOF, Declarant has caused this instrument to be executed as of this 16 day of November, 2020.

TRUE HOMES, LLC,
a Delaware limited liability company

By: D. Hope Bergamini

Name: D. Hope Bergamini

Title: Land Development Coordinator

STATE OF NORTH CAROLINA

COUNTY OF UNION

I, Paula J. Roth, a Notary Public, do hereby certify that D. Hope Bergamini, Land Development Coordinator of True Homes, LLC, a Delaware limited liability company personally came before me this day and acknowledged execution of the foregoing instrument in the capacity indicated.

WITNESS my hand and official stamp or seal this 16th day of November 2020.

Paula J. Roth

Notary Public

My commission expires: 11-6-2022

PAULA J. ROTH
NOTARY
My Comm. Exp.
11/6/2022
PUBLIC
UNION COUNTY, NC

EXHIBIT "A"

Being all of Lots 58, 59, 60, 61, 62, 63, and 64, The Landings Subdivision, Phase III, as shown on plat recorded in Plat Book 38, Page 119, Iredell County Registry.

Lot 58:
Property Address: 116 Dublin Court, Statesville, NC 28677
Parcel ID: 4713877253.000

Lot 59:
Property Address: 120 Dublin Court, Statesville, NC 28677
Parcel ID: 4713876188.000

Lot 60:
Property Address: 124 Dublin Court, Statesville, NC 28677
Parcel ID: 4713876045.000

Lot 61:
Property Address: 128 Dublin Court, Statesville, NC 28677
Parcel ID: 4713866925.000

Lot 62:
Property Address: 132 Dublin Court, Statesville, NC 28677
Parcel ID: 4713866805.000

Lot 63:
Property Address: 136 Dublin Court, Statesville, NC 28677
Parcel ID: 4713865795.000

Lot 64:
Property Address: 140 Dublin Court, Statesville, NC 28677
Parcel ID: 4713865675.000