IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239449

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

PIN # 4716558317

APPLICANT/OWNER: Clayton Homes/Brittney Kerley APPLICANT ADDRESS: 2026 Northside Drive Statesville NC

SITE ADDRESS: 867 Scotts Creek Rd Statesville NC 28625 PHONE: 7048132547 ALT. PHONE 704 775 5093.

SITE DIRECTIONS: 64/90 to 90 to Scotts Creek Approx. 3 miles Property on Right. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: .53 Acres DESIGN FLOW: 360 L.T.A.R.: Existing

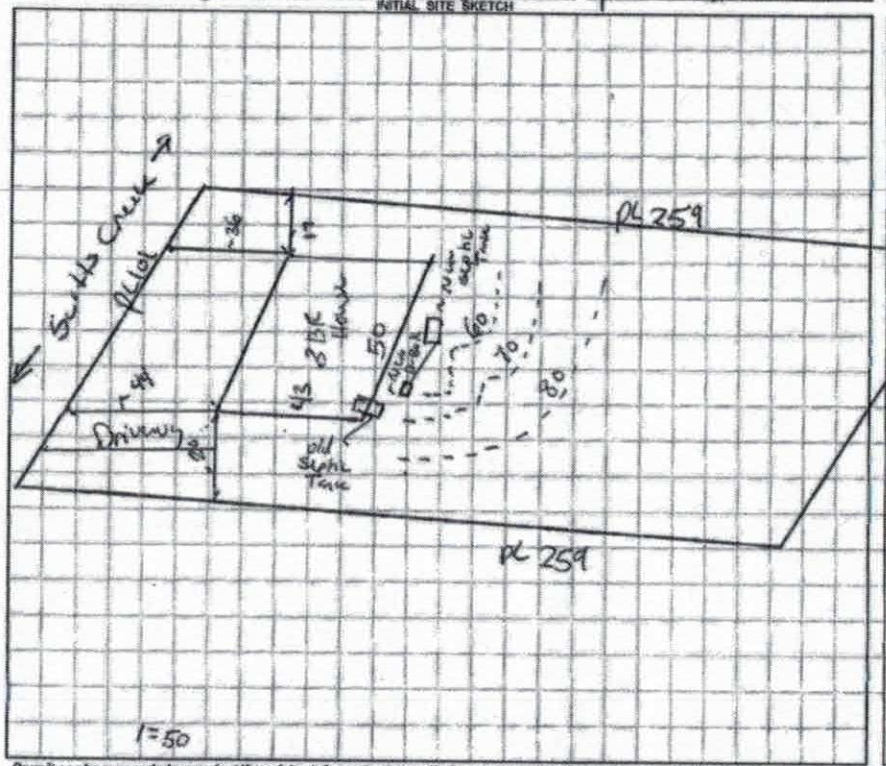
Septic Tank	1000	(gal)	STB	1012	Date	2-14-19	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Tank Relocation w/ Existing System	
Pump Make	—		Model	—	Serial #	—	Repair System Description:		
# Nitrification Fields	EXT	# Lines	EXT		Linear Ft.	EXT	Maintenance Agreement Required:	☐ YES ☐ NO	
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	EXT	☒ GRAVITY	☐ PRESSURE	

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

Water Supply: ☐ Private ☐ Public ☐ Community

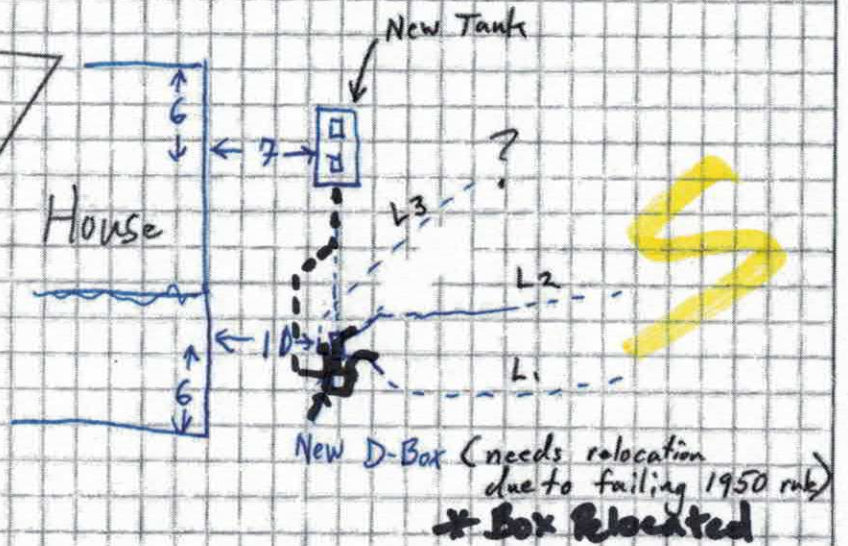
Comments / Conditions: Pump Crush + Fill Existing Septic Tank. Install new Septic Tank as shown 5ft from building Foundation. N/O Foundation Drain is to be used. Install New D-Box w/ Speed Levelers.

INITIAL SITE SKETCH



AS BUILT SKETCH

4/16/19: Taylorsville Precast 1000-gallon tank (conc) mid seam w/ a Tuff Tite EF-4 effluent filter



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

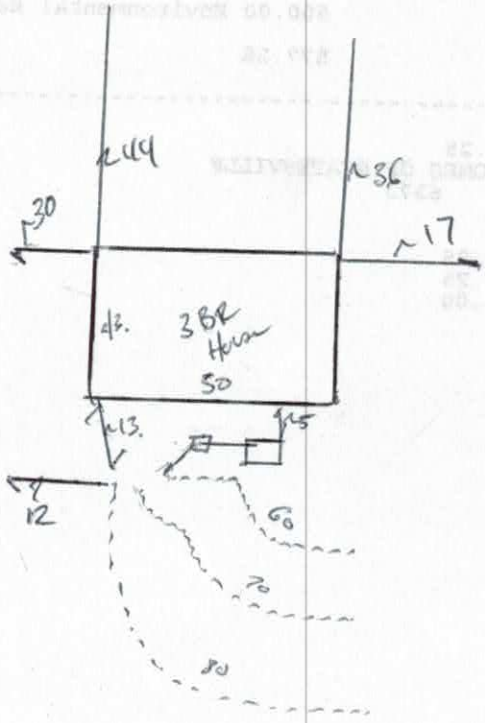
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: 11/13/18 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Benjamin A Bolton Date: 10/25/18 OPERATION PERMIT by: Benjamin A Bolton Date: 4/17/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 10/25/18 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.



+ New Tan
+ New D-Box

RECEIVED OCT 1 0 2018 #239449

239449

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

Paid $500.00

(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)

1038 / 1105

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

WEES EXISTING TANK ABANDONED & NEW TANK TO BE INSTALLED USE EXISTING TANK LIDS

3. Applicant Information:

Clayton Homes Statesville	2026 Northside Dr Statesville	Adam Casstevens 704-929-1552 - call for pits	7048732547	
Applicant Name	Mailing Address		Home Phone #	Alternate Phone #
Justin Kerley	867 Scotts Creek Rd Statesville		7047755093	
Owner Name	Mailing Address		Home Phone #	Alternate Phone #

4. Property Information:

867 Scotts Creek Rd Statesville — Street Address | Subdivision Name | Section/Phase and Lot Number

Driving Directions: 65/90 to 90 to Scotts Creek App 2 mi. property on (R)

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

- ✓ New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to
- ✓ Other Expanding from 2 to 3 BR possible new tank

Maximum Number of Bedrooms ~~2~~ 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms 2

- ( ) 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

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

( ) 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: [signature] Clayton Homes Statesville — Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — 10/2/18 DATE

No permit in DB

859 Scotts Creek.

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, BRITTNEY KEPLEY, am the legal owner(s) of the property located at 867 SCOTTS CREEK Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ADAM | LANE | WILL SPRINGA, 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.

Brittney Kepley 9/27/18
Signature of Owner(s) Date

Signature of Witness 9/27/18
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

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

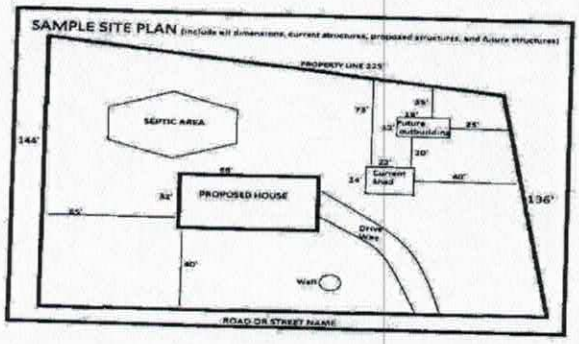
____ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

____ 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**



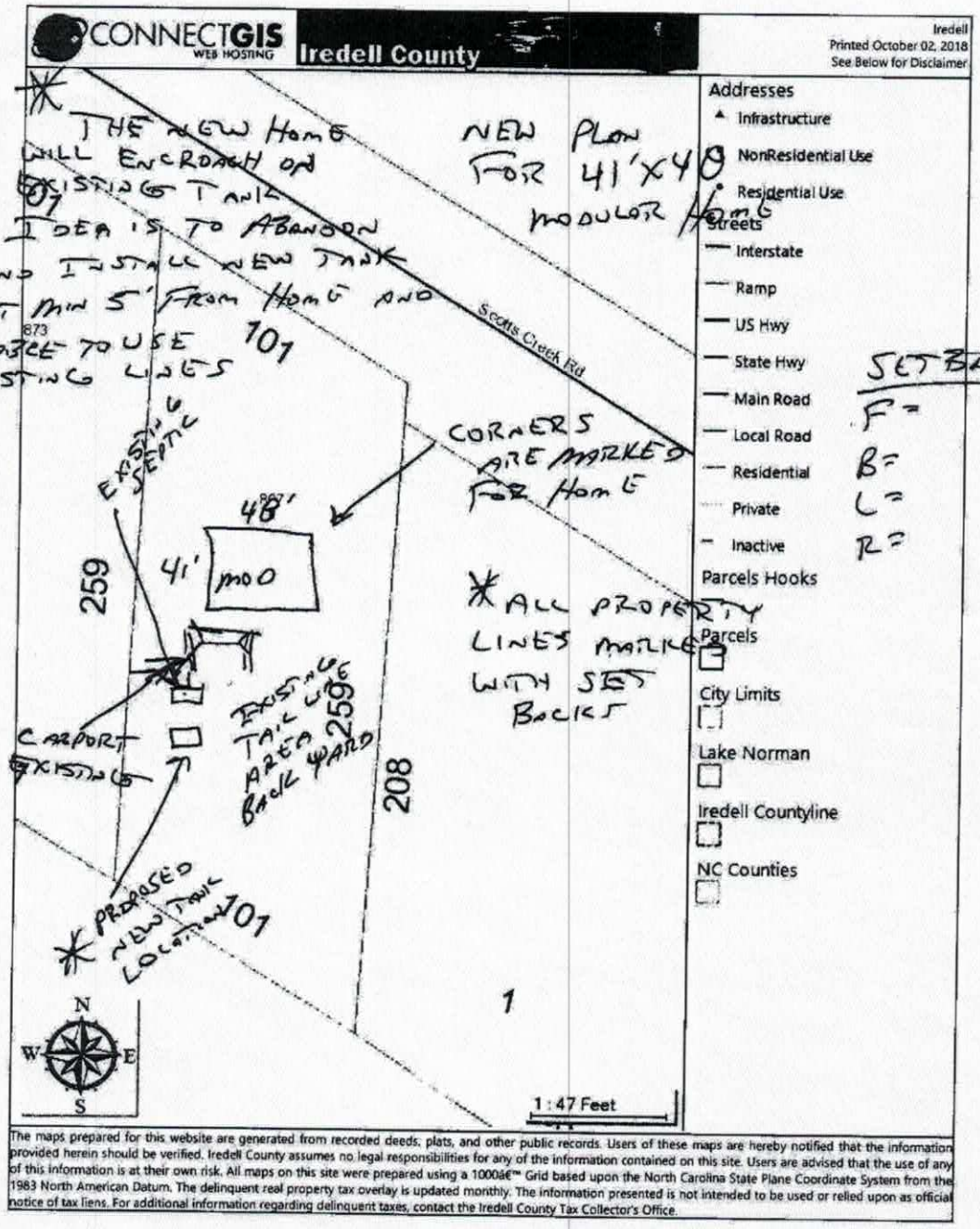
USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE SITE PLAN ATTACHED

ALL PROPERTY LINES

Signature: _____ 9/28/18

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



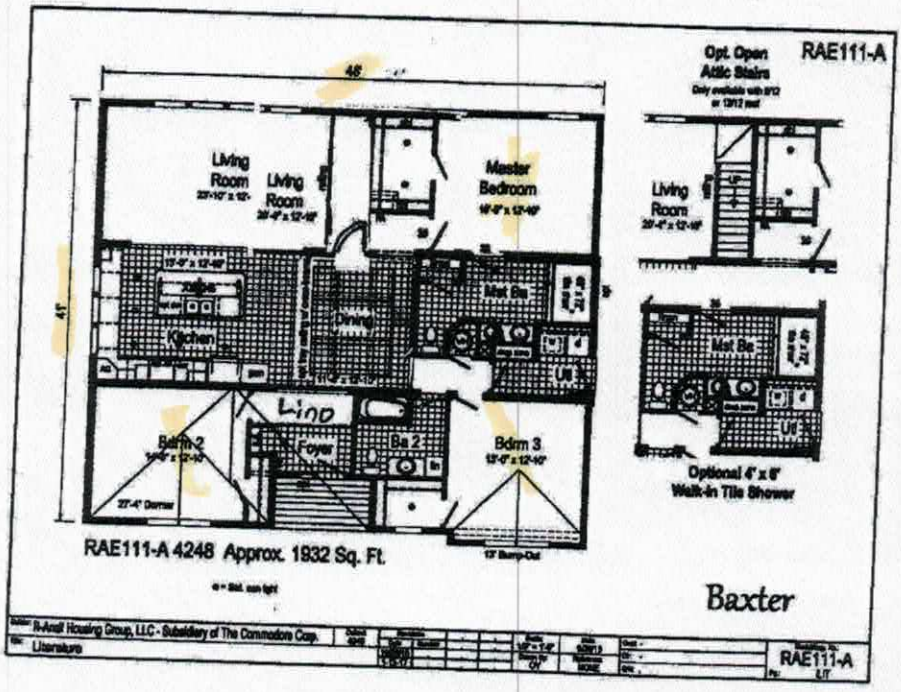
The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

PRINTABLE INFO SHEET
Series: Summit
Model: RAE111A Baxter

R-Anell Homes

SS Farmhouse sink
D/R
T/O Beams Leave Tray

Floorplan



CUSTOMER CONTACT

Notes:

Acknowledgement Of
Plans Submittal ONLY!

Date 10/25/18

Date 10/10/18

IREDELL COUNTY

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

APPLICATION NUMBER
239449
Issue Date: 10/10/2018

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4716558317.000	867 SCOTTS CREEK ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ADAMS BETTY M	Applicant: CLAYTON HOMES OF STATE
Address: P O BOX 98	Address: 2026 NORTHSIDE DR
SCOTTS, NC 28699	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
MODULAR	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.530	35.00	35.00	15.00	15.00	NOT	X

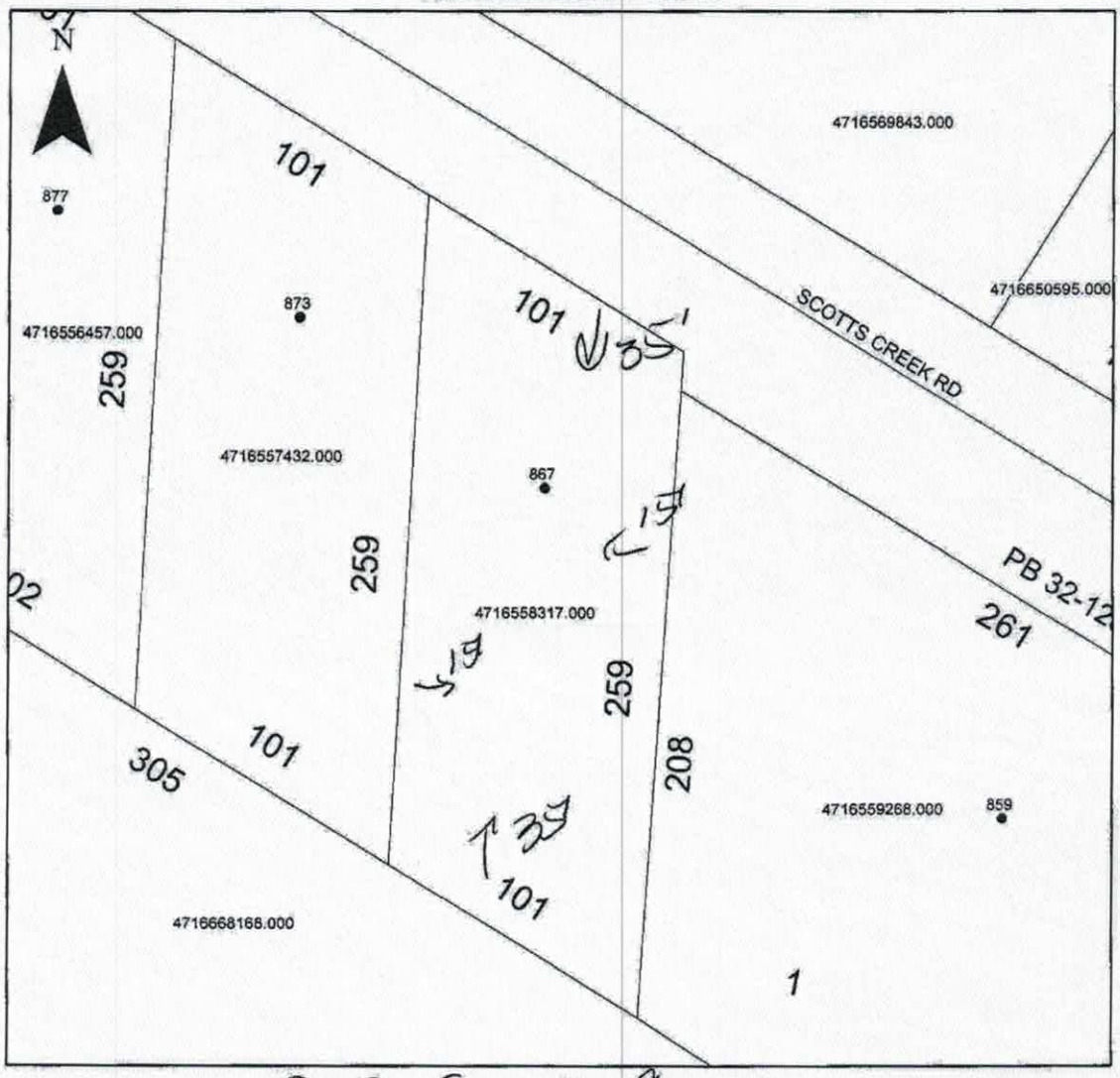
Remarks:

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	155248	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 867 Scotts Creek

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Applicant

10/10/18
Date