ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 321773

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

PIN # 4726364406

APPLICANT/OWNER: Sherrie + Jimmy Dean APPLICANT ADDRESS: NA

SITE ADDRESS: 109 Sams Way Statesville PHONE: NA ALT. PHONE

SITE DIRECTIONS: Hwy 115 N @ Midway Rd @ Short Dog @ Sams Way SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Beagle Run SECTION: — LOT # 147 LOT AREA: 1.45 AC DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	1012	Date	6/25/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	317	Date	2/20/22	System Description: LP - PPBPS - 50% Reduction				☐ Business	No. Persons 8
Pump Make	Gould's	Model	1/2 hp	Serial #	F2242109	Repair System Description: LP - PPBPS - 50% Reduction				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	270	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	36 in	Trench Bottom Depth(Low side)	32	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group PA

LSS # 1313 Dated Sept 16, 2021

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.

Installed as Drawn

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: Kathleen Saunders Date: 10-7-21 Installed by: Piedmont Backhoe

IMPROVEMENT PERMIT by: Benjamin A Batten Date: 9/16/2021 OPERATION PERMIT by: Cory Whit Date: 12/28/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batten Date: 5/16/2022 Existing System Inspected by: Date:

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? _____	

RECEIVED SEP 2 3 2021 Session Law

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP- 321773 Paid $1200.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) 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: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Sherrie & Jimmy Dean Address: _____ Zip: _____

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 108 Sams Way Statesville

Subdivision Name: Beagle Run Section/Phase: _____ Lot Number: 47

Driving Directions: Hwy 115 N, L Midway Rd, L Short Dog, L Sams Way

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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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: _____ Number of Persons: _____
( ) Multi-connection Well Number of Houses: _____
( ) 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 ( ) Alternative ( ) Conventional ( ) Innovative ( ) 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: Kathleen Saunders 9-16-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

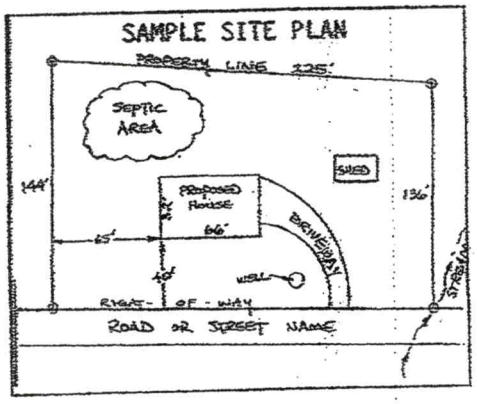
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Please see Attached

Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-16-21
DATE

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: Lot 47 Beagle Run Subdivision

Date: September 16, 2021

Attached is the septic specification information required to permit Lot 47 Beagle Run for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

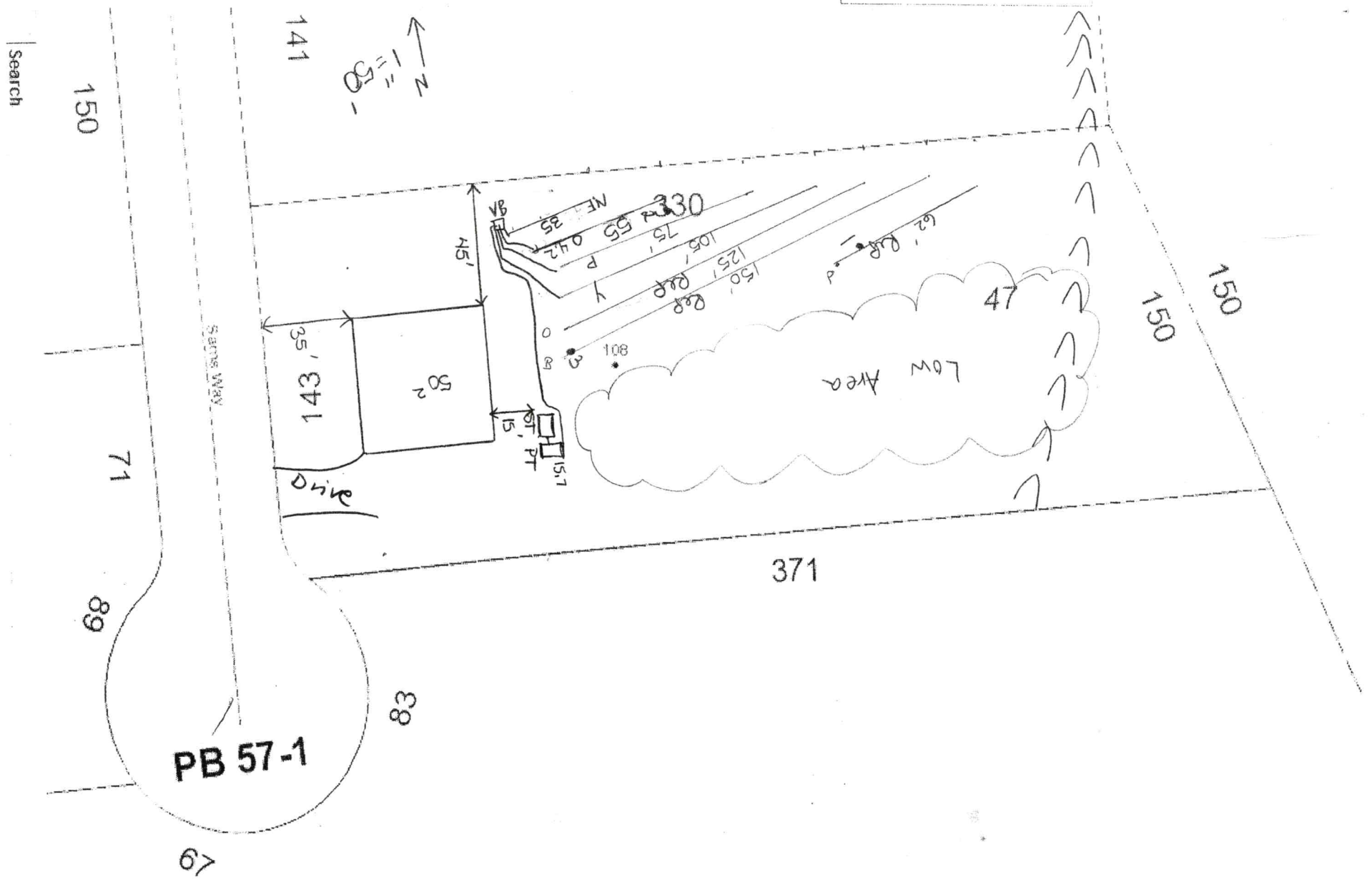
CONNECTGIS WEB HOSTING

North Carolina Iredell County

1208

1:50 Feet

Search



Beagle Run Lot 47 Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Minimum Linear Feet	267
Total Linear Feet	270
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth (low side)	32"
Pump Required	Yes
Distribution Device	Gate Valve Box w/LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	90' of **2**" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	31 gpm
Elevation head	Approx: 17.5 ft
Pressure head	3 ft
Friction head	1.6 ft
20% Contingency	4.42 ft
Total Head	26.52 ft
Pump Requirements	31 gpm @ 27' of head To be designed by installer.
Maximum Dosing Volume	223.2 gal -2.1 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	no
Repair System	**LP PPBPS**
Total Linear Feet	337
Repair LTAR	0.25

***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 occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	NF	LPPPBPS	35 endfed	4.2	8	8	1 per panel	5/32"
2	System	Orange	LPPPBPS	55 endfed		13	13	1 per panel	5/32"
3	System	Pink	LPPPBPS	75 endfed		17	17	1 per panel	5/32"
4	System	Yellow	LPPPBPS	105 endfed		24	24	1 per panel	5/32"
5	Repair	Orange	LPPPBPS	125					
6	Repair	Blue	LPPPBPS	150					
7	Repair	Pink	LPPPBPS	62					
						Total: 62	Total: 62 (1 in each panel turned up)		
				Total System: 270'					
				Total Repair: 337'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	15.70
House	blue		

Note: **Tanks and Distribution devices can be altered at the ICHD's discretion**
Rod Readings should be verified by installer before installation
Stay 15 ft from drainage ditch

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

Sheet ___ of ___
OPERTY ID #: ___
COUNTY: ___

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

OWNER: Sherrie & Jimmy Dean
ADDRESS: 108 Sams Way
PROPOSED FACILITY: SFR
LOCATION OF SITE: Beagle Run Lot 47
APPLICATION DATE ___
DATE EVALUATED: 8/21/21
PROPERTY SIZE: 1+ Ac
PROPERTY RECORDED: Yes
PROPOSED DESIGN FLOW (.1949): 480
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
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	L 10%	0-36	Mo SBK C	FR SS/SP	R; F F Mn yel R; C yel Br	48+	N/A	40"	0.25 to 40"
		40-48	WK SBK C	↓					
2	L 15%	0-42	Mo SBK C	FR SS/SP	R R; C sap	50+	N/A	N/A	0.3
		42-50	WK SBK C	↓					
3	L 10%	0-36	Mo SBK C	FR SS/SP	R yel Red; C yel Br	48+	N/A	40"	0.25 to 40"
		40-48	WK SBK C	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	IV
Site LTAR	0.3	0.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: ___
OTHER(S) PRESENT: ___

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
1313
STATE OF NORTH CAROLINA

COMMENTS: ___

Updated February 2014

Kathleen Saunders

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Sherrie L. Dean, am the legal owner of the property located at 108 Sams Way, Statesville, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kathleen Saunders - The Oaks Group, PA, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Sherrie Dean — 9/1/21

Signature of Owner — Date

_____ — _____

Signature of Witness — Date

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
321773 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4726364406.000	108 SAMS WAY	Iredell County

Owner Information	Applicant Information
Name: DEAN JAMES T+SHERRIE L	Name: THE OAKS GROUP
Address:	Address: 121 HOLT LN
,	MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.15	35	35	15	15		NO

Remarks
SFD

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: 09/23/2021

Signature of Owner/Contractor

Permit Number	321773	TOTAL FEES:	$77.25

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
( ) Septic Improvement Permit (✓) 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: ( ) 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)

Applicant Name: DON CAYTON **Address:** 3501 MOUNTAIN HILL DR WAKE FOREST NC **Zip:** 27587
Applicant Email: DON@VELOCITYGMOPS.COM **Phone:** 919-422-6631 **Alt. Phone:**
Owner Name: GREYSTONE REALTY GROUP LLC **Address:** SAME ↑ **Zip:**
Owner Email: SAME **Phone:** SAME **Alt. Phone:**

Property Information:

Street Address: 108 SAMS WAY STATESVILLE NC 28625
Subdivision Name: BEAGLE RUN **Section/Phase:** H **Lot Number:** 47
Driving Directions: I-77 NORTH, LEFT ON MIDWAY RD, LEFT ON SHORT DOG, LEFT ON SAMS WAY

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) 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:

CHECK FOUNDATION TYPE

Non-Residential Site Development: Type of Business:
Square Footage of Building: 2,370 Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 8

( ) 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.

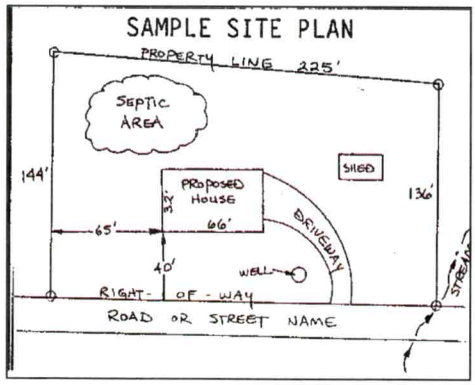
Signature: _____ 03/23/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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**

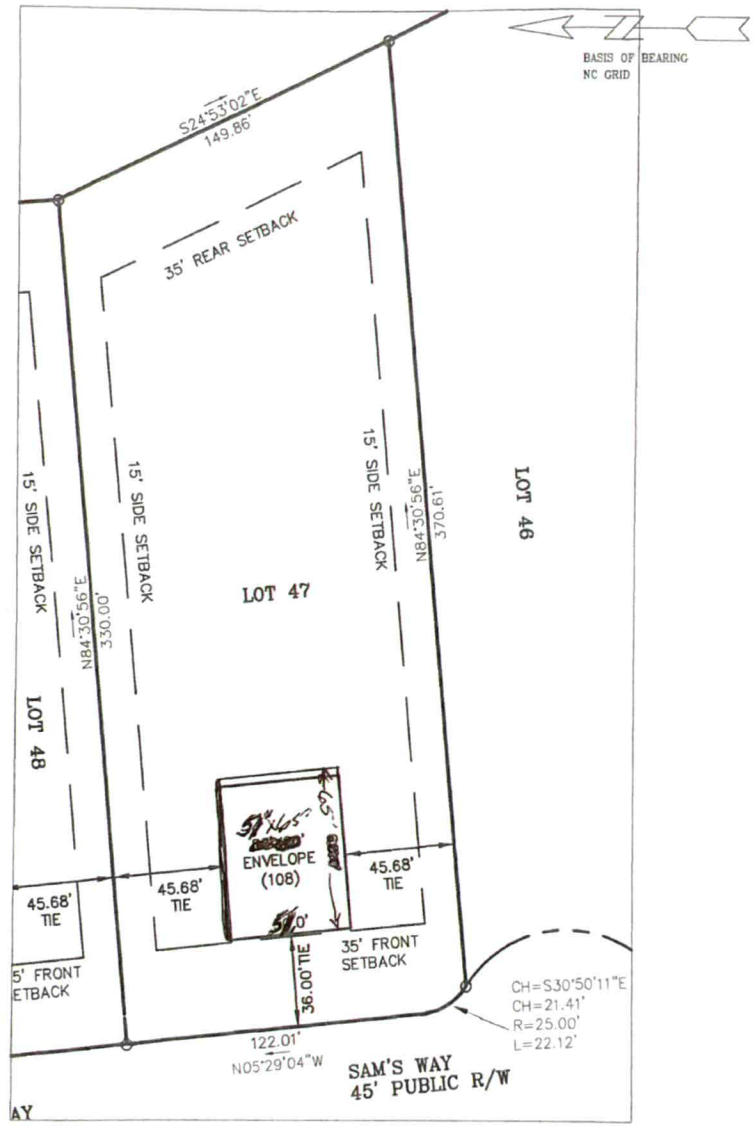
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ _____ 03/23/22

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



GRAPHIC SCALE

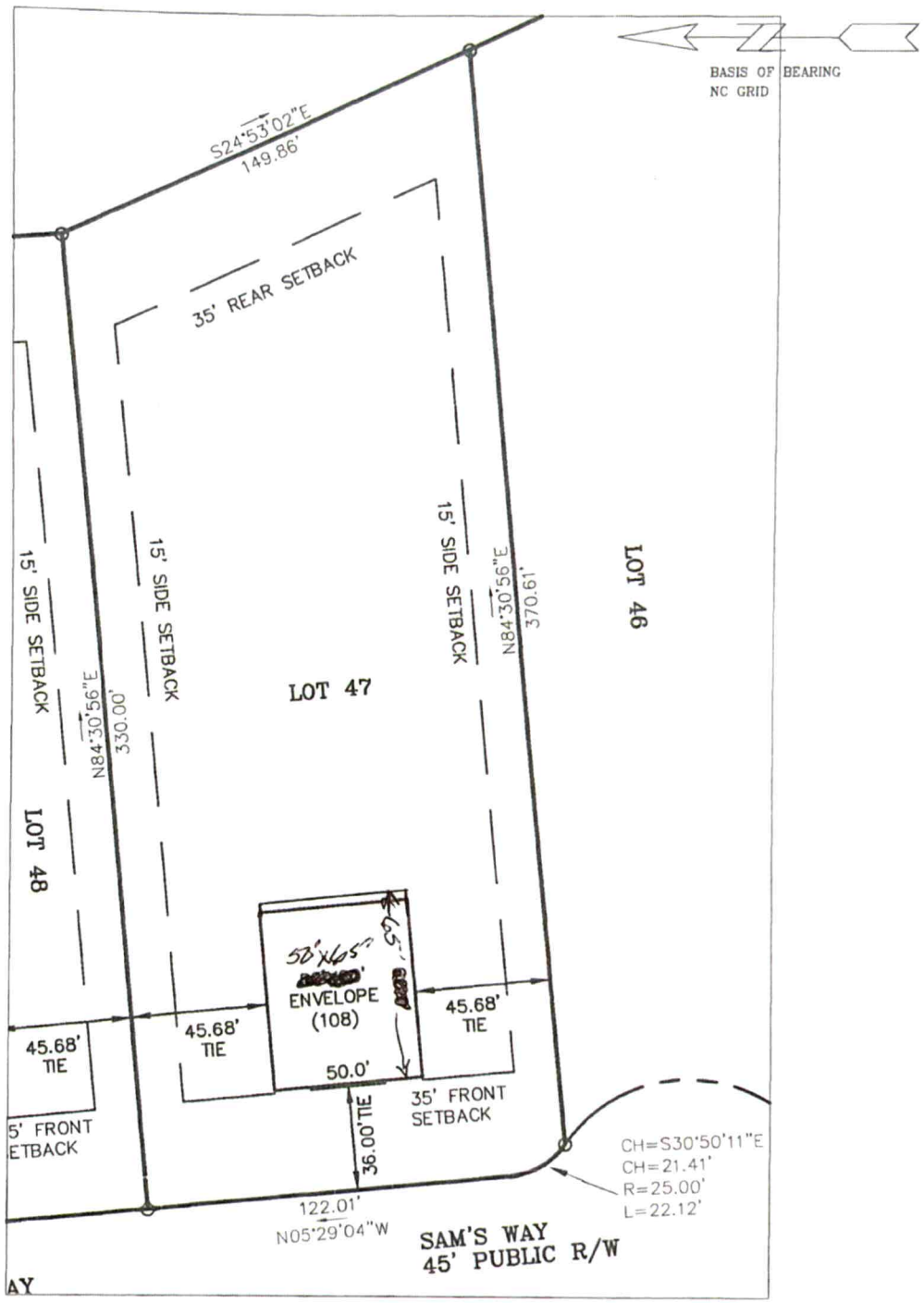
50 0 25 50 100

(IN FEET)

1 inch = 50 ft.

PROPOSED HOUSE LAYOUT FOR
LOT 47
BEAGLE RUN SUBDIVISION
PHASE II
PLAT BOOK 57, PAGE 1 & 2

108 SAM'S WAY, STATESVILLE, NC



GRAPHIC SCALE

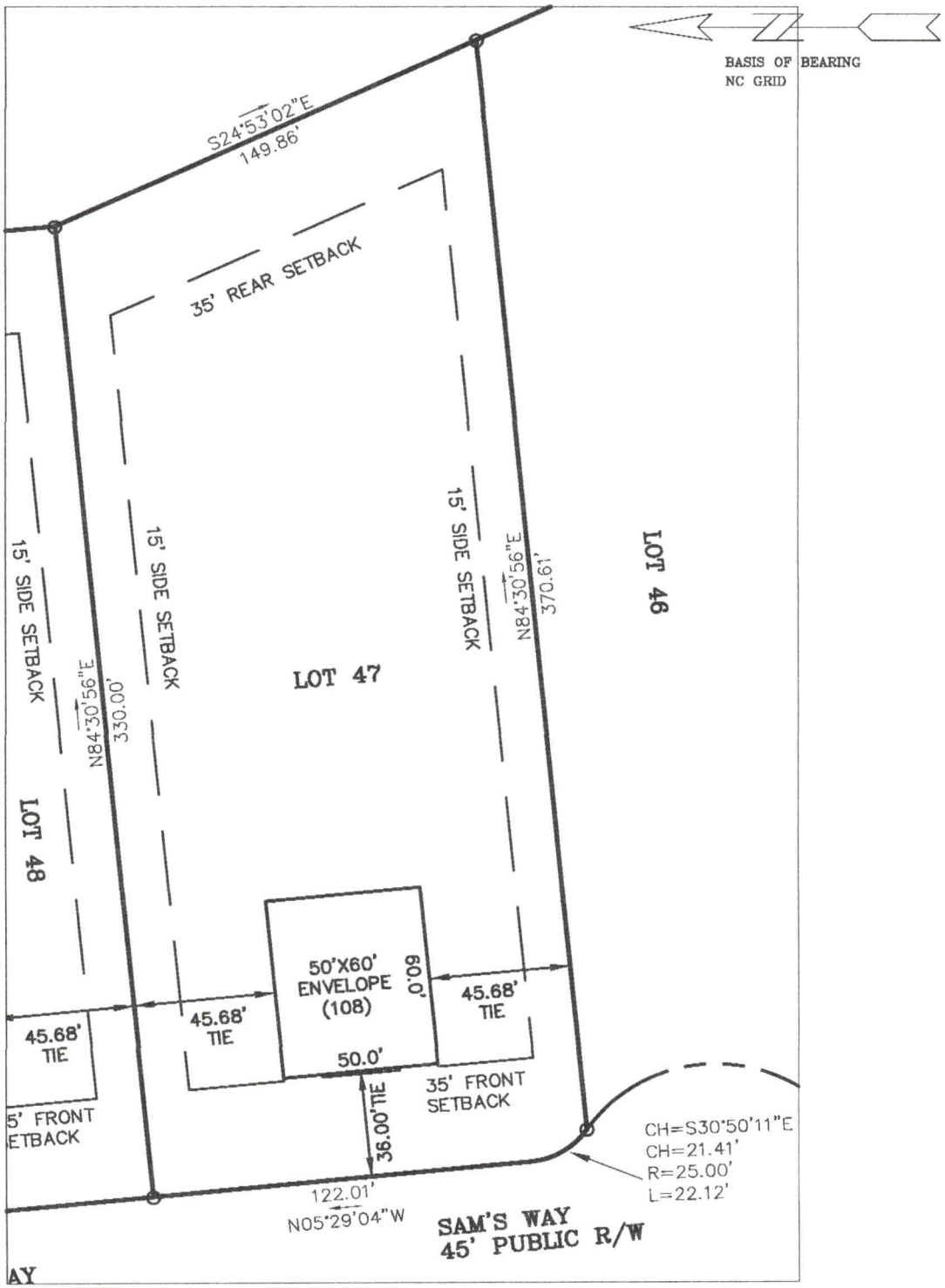
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(IN FEET)

1 inch = 50 ft.

PROPOSED HOUSE LAYOUT FOR
LOT 47
BEAGLE RUN SUBDIVISION
PHASE II
PLAT BOOK 57, PAGE 1 & 2

108 SAM'S WAY, STATESVILLE, NC



GRAPHIC SCALE

50 0 25 50 100

(IN FEET)

1 inch = 50 ft.

PROPOSED HOUSE LAYOUT FOR
LOT 47
BEAGLE RUN SUBDIVISION
PHASE II
PLAT BOOK 57, PAGE 1 & 2

108 SAM'S WAY, STATESVILLE, NC

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, _____, 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.

_____ _____ 03/23/22
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Alice Davidson

From: Don Cayton <don@velocitycmops.com>
Sent: Friday, March 25, 2022 3:08 PM
To: Alice Davidson
Subject: Re: 114 Sams Way & 120 Sams Way A/C
Attachments: BASIS OF BEARING.pdf

Here yo uno, Thx!

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Report suspicious emails by clicking the "Report Phish" button.

On Mar 25, 2022, at 2:21 PM, Alice Davidson <alice.davidson@co.iredell.nc.us> wrote:

BE SURE YOUR HOUSE BOX SHOWS AS 51' x 65' on the new site plan.,

Alice Davidson
Part-time Office Assistant
ICHD Environmental Health-Statesville Office
349 North Center Street
Statesville, NC 28677
Phone: 704-878-5305 x4308
Fax: 704-871-3483

From: Don Cayton <don@velocitycmops.com>
Sent: Friday, March 25, 2022 11:32 AM
To: Alice Davidson <alice.davidson@co.iredell.nc.us>
Subject: Re: 114 Sams Way & 120 Sams Way A/C

Hey Alice - Thank you for the update, I did not catch Kathleen's 50x50 box side either. We usually draw a 50x60 on the lot to be on the save side. Thx!

On Mar 25, 2022, at 11:29 AM, Alice Davidson <alice.davidson@co.iredell.nc.us> wrote:

Mr. Cayton,
I see what the problem was/is. Kathleen Saunders drew a house box of only 50 x 50 with the IMPROVEMENT PERMIT paperwork she submitted in 2021. When the application for the AUTHORIZATION TO CONSTRUCT was submitted in 2022 the house box changed to 50 x 60. I will get with Ben Botkins as soon as he comes back into the office to see what

exactly needs to happen and let you know as soon as I can. Sorry for not understanding all the "ins and outs" of the process.

Alice Davidson
Part-time Office Assistant
ICHD Environmental Health-Statesville Office
349 North Center Street
Statesville, NC 28677
Phone: 704-878-5305 x4308
Fax: 704-871-3483

From: Don Cayton <don@velocitycmops.com>
Sent: Friday, March 25, 2022 9:29 AM
To: Alice Davidson <alice.davidson@co.iredell.nc.us>
Cc: Ronda Hart <ronda.hart@co.iredell.nc.us>; Pam Matthews <pam@movementonerealty.com>
Subject: Re: 114 Sams Way & 120 Sams Way A/C

Hi Alice -

Good morning, please see the revised site plan expanding the building envelope on 108 Sams Way (Lot 47) allowing for the needed depth for the plan.

Please advise with any additional questions.

Thank you and have a great weekend!

Don

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> On Mar 24, 2022, at 5:09 PM, Alice Davidson <alice.davidson@co.iredell.nc.us> wrote:
>
> The Authorization to Construct for for 120 Sams Way and 114 Sams Way, STV, BEAGLE RUN, lots 48 & 49, are ready to be picked up in Central Permitting. We will need a NEW SITE Plan for 108 Sams Way, BEAGLE RUN lot 47 though since the house plan shows to be larger than the house box on the application site plan.
>
> Alice Davidson

Part-time Office Assistant
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349 North Center Street
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Don Cayton
VCM LLC
919-422-6631
don@velocitycmops.com

<image001.png>

Don Cayton
VCM LLC
919-422-6631
don@velocitycmops.com

<image001.png>

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Don Cayton
VCM LLC
919-422-6631
don@velocitycmops.com

SQUARE FOOTAGE		
	HEATED S.F.	UNHEATED S.F.
FIRST FLOOR	1146	0
SECOND FLOOR	1224	0
FRONT PORCH		107
PATIO / DECK		120
GARAGE		459
TOTAL	2370	686

GENERAL NOTES

WALLS:
ALL WALLS ARE DRAWN 4" THICK U.N.O.
ANGLED WALL ARE DRAWN @45° U.N.O.

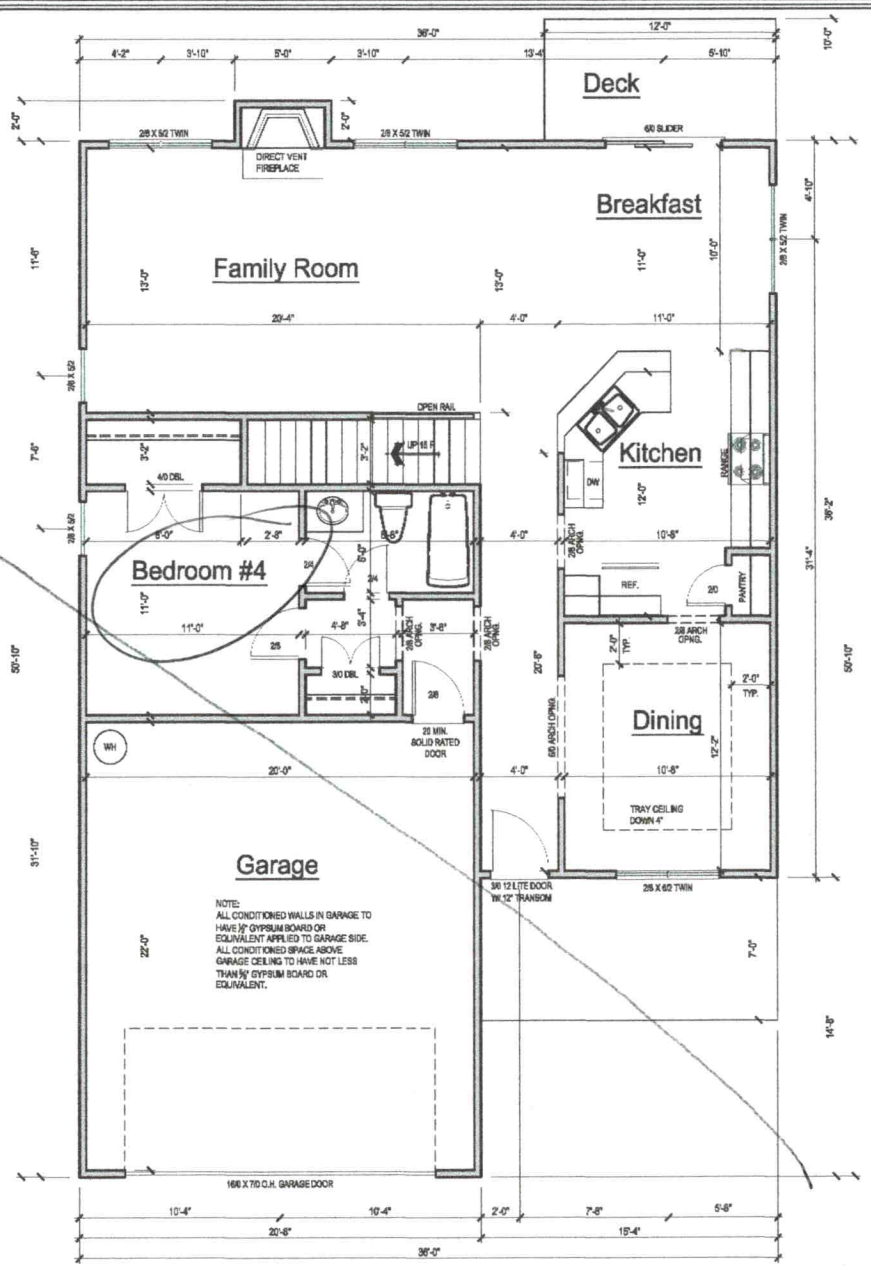
SMOKE DETECTORS:
LOCATION AND NUMBER OF DETECTORS SHALL CONFORM TO NEC.

EGRESS:
ALL BEDROOMS MUST HAVE AT LEAST ONE WINDOW WHICH CONFORMS TO R-310 OF THE N.C. BLDG. CODE. IT IS THE CONTRACTOR'S RESPONSIBILITY TO VERIFY CHOSEN WINDOWS MEET EGRESS REQUIREMENTS AS MANUFACTURERS VARY.

ATTIC ACCESS:
MIN. ATTIC ACCESS SHALL BE PROVIDED BY BUILDER AND LOCATED ON SITE.

WALL/CEILING HGT.
WALL AND CEILING HEIGHT NOTES ARE BASED ON NOMINAL WALL SIZE.
KNEE WALL HEIGHT LABELS FOR WALLS UNDER RAFTERS ASSUME AN EXTRA 2" FOR FURRING (IN HEATED SPACES) FOR INSULATION. THE WALL HEIGHT REFERS TO THE HGT. FROM THE FLOOR DECKING TO THE BOTTOM OF THE FURRING.

Acknowledgement Of Plans Submittal ONLY!
Date 3-22-18
Date



1 FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

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SOUTH DESIGNS
P.O. Box 688
Wake Forest, NC 27588
(C) 919-556-2225
(F) 919-556-2228
www.southdesigns.com

Drawn By: RWB
Checked By: RWB
Date: 7-11-2018

Revision No.	Revision Date

Designer Signature

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Client:

Title: FIRST FLOOR PLAN

Plan No. 2370 - Roberts

Sheet No. A-1

SQUARE FOOTAGE		
	HEATED S.F.	UNHEATED S.F.
FIRST FLOOR	1146	0
SECOND FLOOR	1224	0
FRONT PORCH		107
PATIO / DECK		120
GARAGE		459
TOTAL	2370	686

GENERAL NOTES

WALLS:
ALL WALLS ARE DRAWN 4" THICK U.N.O.
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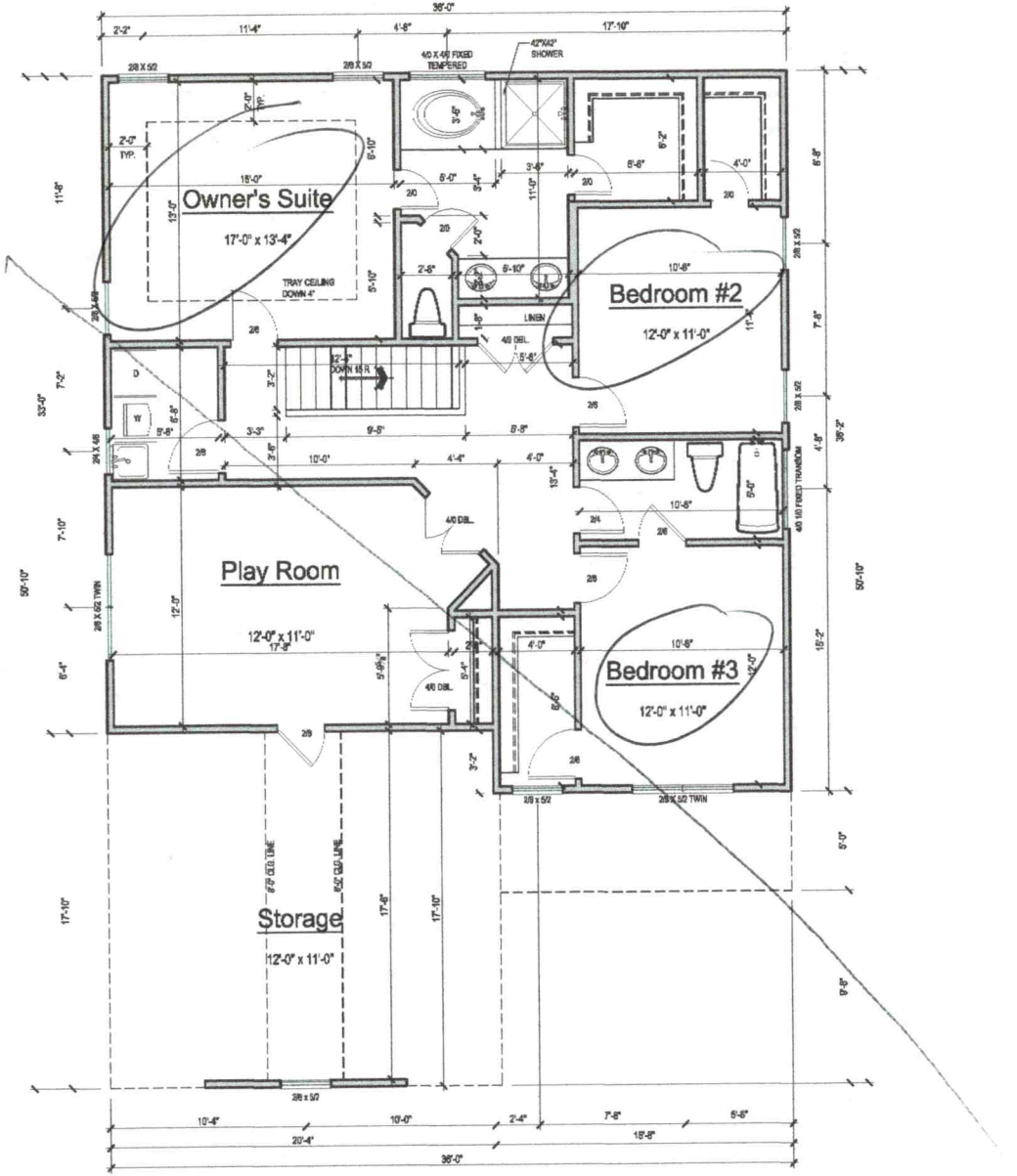
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Acknowledgement Of Plans Submittal ONLY!

PM Date 3-24-22

Date



1 SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

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Wake Forest, NC 27588
(O) 919-556-2226
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Drawn By: RWB
Checked By: RWB
Date: 7-11-2018

Revision No.	Revision Date

Designer Signature

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Client:

Title: SECOND FLOOR PLAN

Plan No. 2370 - Roberts

Sheet No. A-2

Acknowledgement Of Plans Submittal ONLY!

Date

5/3/22 Date 5/10/22

BATS

SQUARE FOOTAGE		
	HEATED S.F.	UNHEATED S.F.
FIRST FLOOR	1007	0
SECOND FLOOR	1244	0
FRONT PORCH		82
GARAGE		402
TOTAL	2251	484

GENERAL NOTES

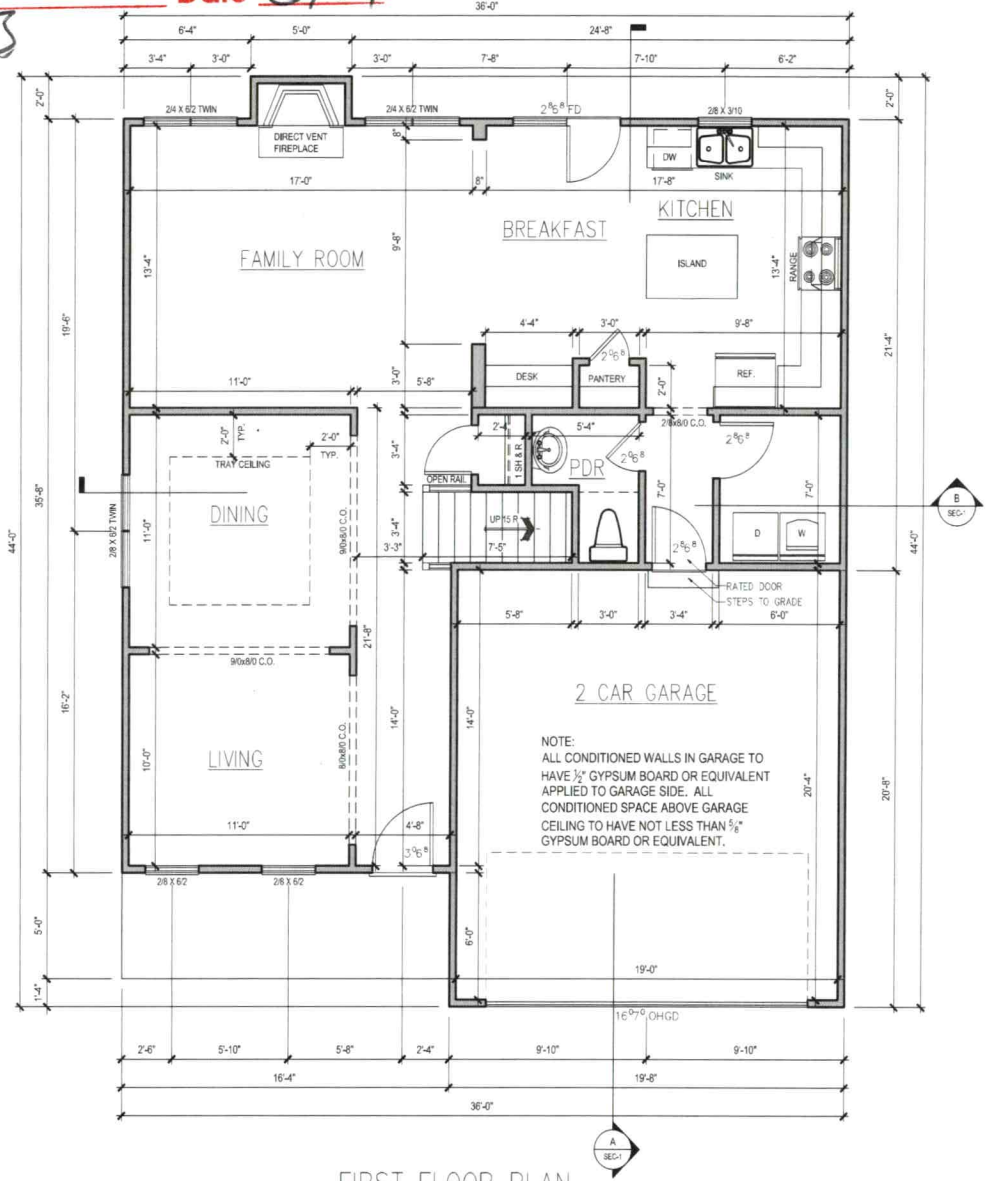
WALLS:
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ANGLED WALL ARE DRAWN @45° U.N.O.

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FIRST FLOOR PLAN
SCALE: 1/8"=1'-0" (11"x17" SHEET SIZE)
SCALE: 1/4"=1'-0" (24"x36" SHEET SIZE)

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108 Sam's Way
Beagle Run Lot 47

SOUTH DESIGNS
P.O. Box 688
Wake Forest, NC 27588
(O) 919-556-2226
(F) 919-556-2228
www.southdesigns.com

Drawn By: RWB
Checked By: RWB
Date: 11-11-2020

Revision No.	Revision Date

Designer Signature

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Client:

Title: FIRST FLOOR PLAN

Plan No. 2551 - Stratton

Sheet No. A-1

Acknowledgement Of
Plans Submittal ONLY!

5/3/22 Date

Date

SQUARE FOOTAGE		
	HEATED S.F.	UNHEATED S.F.
FIRST FLOOR	1007	0
SECOND FLOOR	1244	0
FRONT PORCH		82
GARAGE		402
TOTAL	2251	484

GENERAL NOTES

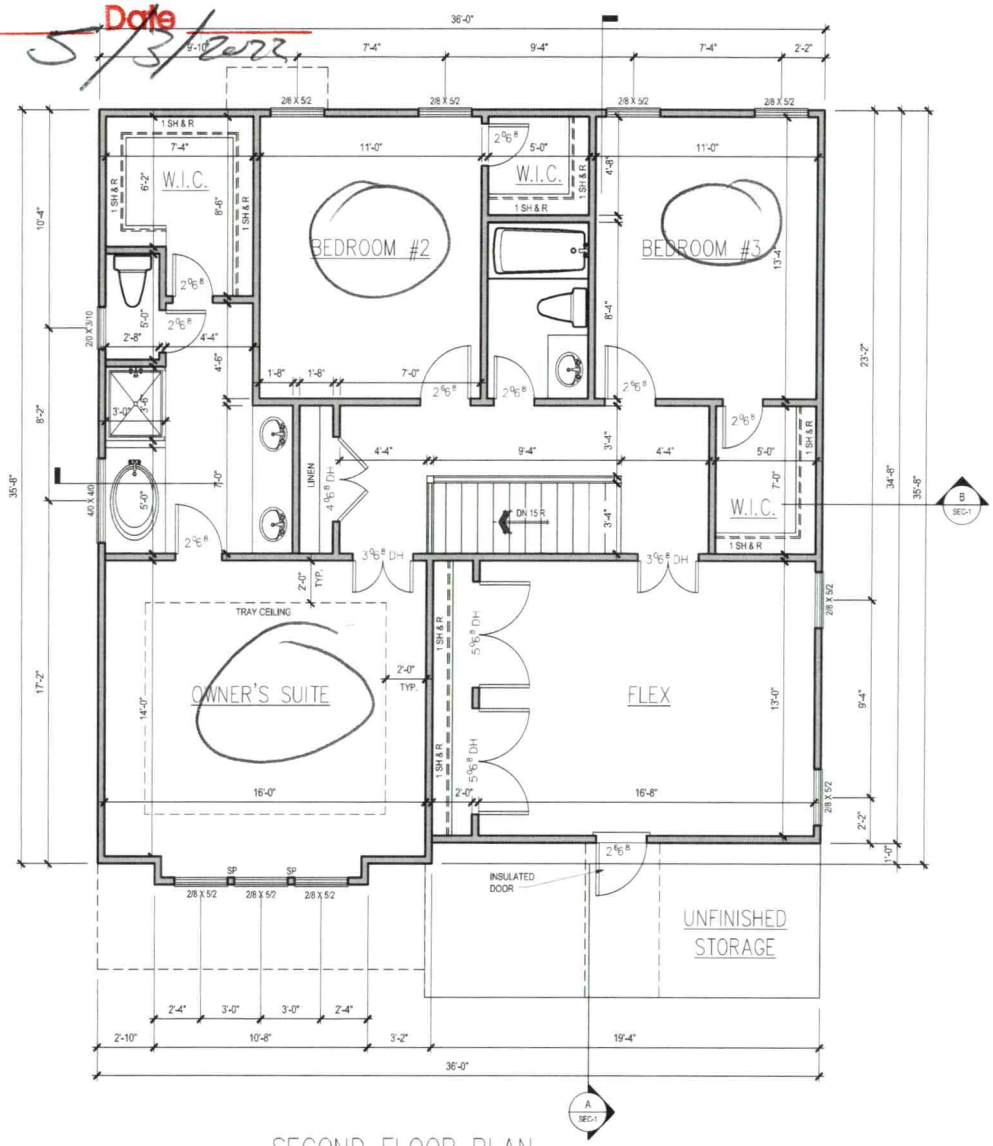
WALLS:
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SECOND FLOOR PLAN
SCALE: 1/8"=1'-0" (11"x17" SHEET SIZE)
SCALE: 1/4"=1'-0" (24"x36" SHEET SIZE)

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Drawn By: RWB
Checked By: RWB
Date: 11-11-2020

Revision No.	Revision Date

Designer Signature

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Client:

Title:
SECOND FLOOR PLAN

Plan No.
2551 - Stratton

Sheet No. A-2

Ronda Hart

From: Ronda Hart
Sent: Thursday, March 31, 2022 8:51 AM
To: 'Don Cayton'; Alice Davidson
Cc: Pam Matthews; Benjamin Botkins
Subject: RE: 114 Sams Way & 120 Sams Way A/C

Don,

Ben reviewed the revised site plan. Just to clarify...what is needed is a new Session Law submittal showing a new house box size or a smaller floor plan that fits in the permitted 50x50 house box.

We are not allowed to do re-layouts on Session Law permits so the only other option would be to apply for us to do a full site and soil evaluation (backhoe pits required).

Thank you,

Ronda Hart
Administrative Assistant
Public Health
Prevent. Promote. Protect.
Iredell County Health Department
Environmental Health
349 N. Center Street
Statesville, NC 28677
Ronda.hart@co.iredell.nc.us
704-878-5305 x 3456
Fax 704-871-3483

Please click below and tell us how we are doing:
Take Our Survey

From: Don Cayton <don@velocitycmops.com>
Sent: Friday, March 25, 2022 9:29 AM
To: Alice Davidson <alice.davidson@co.iredell.nc.us>
Cc: Ronda Hart <ronda.hart@co.iredell.nc.us>; Pam Matthews <pam@movementonerealty.com>
Subject: Re: 114 Sams Way & 120 Sams Way A/C

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Please advise with any additional questions.

Thank you and have a great weekend!

Don

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Alice Davidson
Part-time Office Assistant
ICHD Environmental Health-Statesville Office
349 North Center Street
Statesville, NC 28677
Phone: 704-878-5305 x4308
Fax: 704-871-3483

Don Cayton
VCM LLC
919-422-6631
don@velocitycmops.com

J.C. Moore
Maintenance Contract

State of North Carolina

County of Iredell

Permit Number 321773

THIS AGREEMENT is made and entered into this the 13th day of Dec, 2022 by and between MGL Preps NC I (hereinafter the "Owner") and J.C. Moore (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type IVA system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A. 1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A. 1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin. Code 18A. 1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A. 1961 to manage a Type IV-A system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the owners systems located at 108 Sams Way Statesville NC 28625

A. The Contractor shall inspect the system at least at the frequency required in Table V (b) of 15A N.C. Admin. Code 18A. 1961 (b) for a Type IV-A system.

B. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit.

(1) Inspect the structural integrity and maintain all of the physical and mechanical components of the system.
(2) Inspect the performance and condition of the drain field.
(3) Flush and clean the laterals of the system.
(4) Check and set pressures in the system.
(5) Check and adjust pump delivery rate of the system.
(6) Clean septic tank filter if applicable and accessible.
(7) Perform any other requirements of the Operations Permit.

C. The Contractor shall report the result of its inspections to home Owner after each inspection and to the local Health Department at the frequency specified in Table V (b) of 15A N.C. Admin. Code 18A. 1961 (b) for a Type I System.

D. If an inspection indicates the need for system repairs, the Contractor shall notify the local Health Department within 48 hours of the inspection.

E. The Contractor shall notify the Owner of needed repairs, which are outside the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system that require the use of hand tools only at the request of the Owner and shall be entitled to payment therefore at the Contractors normal charge for services and materials. The Contractor shall not perform repairs that require the use of heavy equipment, electrical license or plumbing license.

2. The Owner's Obligations.

A. The Owner shall pay the Contractor upon signing this contract, the sum of for the first year of periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be renewed at the end of each 12-month period. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not increase more that 20 percent per year. The Owner shall pay in the following methods.

(150.00) to be paid at the time of the signing of this agreement and to be 150.00 paid before the second scheduled inspection.

( )dollars to be paid at the time of the signing of this agreement.

B. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system at 30.00 dollars per hour, with minimum of one hour, plus cost of material(s) as a result of nonscheduled service or maintenance calls. All fees for nonscheduled service or maintenance are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1.5 percent per month.

C. The Owner shall keep the area of the septic system drain field properly mowed and protected from traffic. The Owner shall keep the designated repair area reserved for future repair to the septic system.

D. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term: This Agreement shall remain in effect until termination.

A. Automatic Termination
This Agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

B. Termination by Mutual Consent
The Parties may mutually agree to terminate this Agreement by giving written notice of erminate by mutual consent to the local Health Department thirty (30) days in advance of the date of termination.

C. Termination by the Owner
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health Department thirty (30) days in advance of the date of termination.

D. Termination by the Contractor

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local Health Department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement this Agreement shall continue in effect; or
(b) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4 below.

4. Assignment

A. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

B. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A. 1961 to manage a Type IVA system upon thirty (30) days written notice to the Owner and the local Health Department.

5. Representations

The Parties represent to each other that each has the power, authority, and legal right to enter into and perform its obligations as set forth in this Agreement.

6. Regulatory Amendments

References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

7. No Implied Waiver

The waiver by either Party of a default or a breach by the other Party of any provision of this agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

8. Notice

Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by mail and addressed as follows:

To the Owner:

MGI Props NC I
2901 Mountain Hill Dr.
Wake Forest NC 27587

To the Contractor:

JC Moore
1727 Trentman Dr.
Statesville, NC 28625

To the Local Health Department

Iredell Co Environmental Health
610 E Center
Mooresville, NC 28115

The date of any Notice shall be the date of delivery. Changes in the respective addresses to wh notice may be directed may be made from time to time by either Party by notice to the other Par

9 Place of Agreement

This Agreement and any questions concerning its validity, construction of and performance sha be governed by the laws of the State of North Carolina, notwithstanding the place of execution the order in which the signatures of the Parties are affixed.

10 Entire Agreement and Amendment.

This Agreement supersedes all prior negations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

11 Severability

In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extent practicable in light of such determination implement and give effect to the intentions of the Parties as reflected in this Agreement, and to other provisions of this Agreement shall as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicat originals, one of which is retained by each of the Parties, the day and year first above written

(OWNER) _____

(CONTRACTOR) R. C. Moore