IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2368516

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

PIN # 4765622229

APPLICANT/OWNER: OfferPad, LLC APPLICANT ADDRESS: 810 Tyvola Rd, Charlotte (Suite 136)

SITE ADDRESS: 480 Mapleleaf Rd, Statesville PHONE: 704-701-5490 ALT. PHONE 480-686-9175

SITE DIRECTIONS: I40 E exit 154 TR → L on Mocksville Hwy → Ron Bell Farm → L on Mapleleaf → on right SAP CONTROLLED: ☐ YES ☐ NO

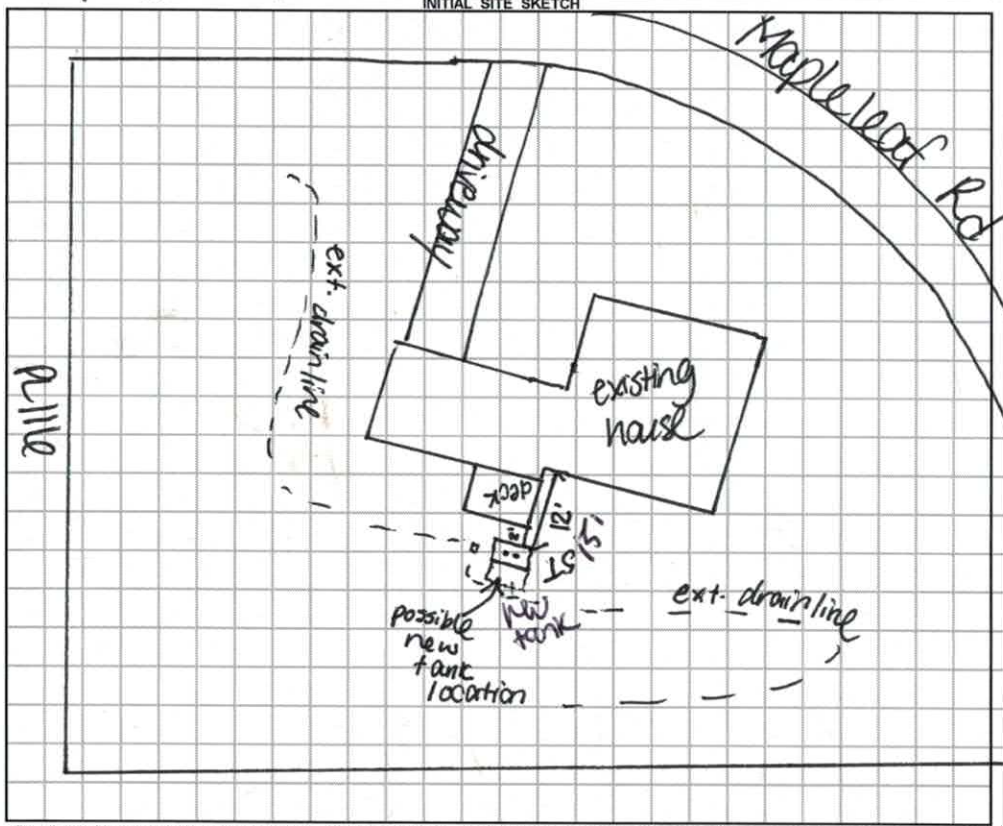
SUBDIVISION: Cedar Hills SECTION: — LOT # 82 LOT AREA: DESIGN FLOW: ext. L.T.A.R.: ext

Septic Tank	1000 (gal)	STB	1160	Date	5/24/17	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:				☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	tank replacement			☐ Other	No. Employees
# Nitrification Fields		# Lines	existing	Linear Ft		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width		Trench Bottom Depth (Low side)		Gravel Depth			☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☒ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Pump, crush, & fill existing cracked tank. New tank must meet 5' setback off of deck. Replace D-box if needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=30'

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:

IMPROVEMENT PERMIT by: Carla C. Cave Date: 6/29/17

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 6/29/17

Installed by: Lentz Wastewater

OPERATION PERMIT by: Carla C. Cave Date: 7/10/17

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 inpsector to confirm your inspection time.

DocuSign Envelope ID: 31F1176B-9E32-41F1-8E0D-C66AE9CAF726

RECEIVED JUN 2 8 2018

Repair Evaluation - No chg

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

236856

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: OfferPad(SPVBorrower17),LLC **Address:** Vaughn Bair **Zip:**

Applicant Email: **Phone:** **Alt. Phone:**

Owner Name: OfferPad(SPVBorrower17),LLC **Address:** Vaughn Bair **Zip:**

Owner Email: CAR-Transactions@offerpad.com **Phone:** 480-636-9175 **Alt. Phone:**

Property Information:

Street Address: 180 Mapleleaf Rd, Statesville, NC 28625

Subdivision Name: Cedar Hills **Section/Phase:** **Lot Number:** 82

Driving Directions:

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
(X) Repair to failing septic system _X_ Tank ___ Drain lines **Describe Problem:** tank replacement - cracks in tank - potential safety hazard per inspector
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:
( ) Multi-connection Well **Number of Houses:** **Number of Persons:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** **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: DocuSigned by: Vaughn Bair — 6/27/2018 | 11:28 AM PDT
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Ronda Hart

From: Adrienne Shea
Sent: Thursday, June 28, 2018 8:28 AM
To: Ronda Hart
Subject: FW: 80 Mapleleaf Rd Statesville NC 28625 - Permit Application
Attachments: 180_Mapleleaf_Septic_Permitp.pdf; OFFER PAD LLC signer auth.pdf

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From: OfferPad BINSRS [mailto:binsrs@offerpad.com]
Sent: Wednesday, June 27, 2018 4:40 PM
To: Adrienne Shea
Cc: CAR-Transactions; office@lentzwastewater.com; Tom Reitz; Chris Sandell
Subject: 80 Mapleleaf Rd Statesville NC 28625 - Permit Application

Hi Adrienne,

Please see the permit application for a septic installation for the property at 180 Mapleleaf Rd Statesville NC 28625. Chris Sandell and Tom Reitz will be your point of contact for scheduling a time to go out to the property. They are also CC on this email and their contact numbers are below as well. and their contact information is below.

910 Tyvola Rd Suite 150

Chris Sandell
602 777 7316

Tom Reitz
980 228 6012

Contact Trey - 704-701-5490

Chris Sandell
Contract Coordinator
Main: 480-636-9175
Email: chris.sandell@offerpad.com

Offerpad

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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, Trey Rosen, representative of Offer pad, am the legal owner(s) of the property located at 180 Maple Leaf Rd Statesville NC, identified as PIN (Parcel Identification Number) N/A, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jeanie Lent 2 Lent 2 Waikwater Management, 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	Signature of Witness	Date
	7/5/18		

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

OFFICIAL RECORDS OF
MARICOPA COUNTY RECORDER
HELEN PURCELL
2015-0778834 10/29/15 02:06
PAPER RECORDING

0879217-2-2-2
Hoyp

This instrument may be recorded at the request of:

OFFER PAD, LLC
2212 E. Williams Field Road
Building 11 Suite 225
Gilbert, Arizona 85295

The recording official is directed to return
This instrument or a copy to the above person.

Space Reserved for Recording Information

CERTIFICATE OF POWER AND AUTHORITY OF MEMBERS AND VITAL INFORMATION OF LIMITED LIABILITY COMPANY

LIMITED LIABILITY COMPANY: OFFER PAD, LLC
(U.S. Tax ID No. 32-0469112)

MEETING: Members Meeting Held on September 30, 2015

The undersigned mangers and members of the Limited Liability Company ("LLC") hereby certify that the following is a summary of the LLC resolutions adopted at the above-described meeting of the LLC and supersede any previous Certificate of Power and Authority and are in full force and effect and have not been revoked or substantially modified.

■ ■ ■

1. **Principal Place of Business.** The principal place of business of the LLC is located at 2212 E. Williams Field Road, Building 11 Suite 225, Gilbert, Arizona 85295.

2. **LLC Documents, Files, and Records.** The official LLC documents are on file with the Arizona Corporation Commission and the official LLC files and records are located at the LLC's principal place of business.

3. **Execution of Legal Documents.** Execution of the legal documents for the LLC was discussed, after which, on motion duly made, seconded, and unanimously passed, it was

RESOLVED: Each of the following persons is authorized to execute all legal documents for and on behalf of the LLC, including but not limited to leases; mortgages; agreements; contracts; promissory notes; bills of sale; chattel mortgages; satisfactions and assignments of mortgages; liens; and encumbrances of all kinds; claims for liens; lien waivers; and transfers and assignments of real, personal, and mixed property, all of which may be necessary and proper in the conduct of the LLC.

BRIAN BAIR
JERRY COLEMAN
VAUGHN J. BAIR

DocuSign Envelope ID: 31F1176B-9E32-41F1-8E0D-C66AE9CAF726

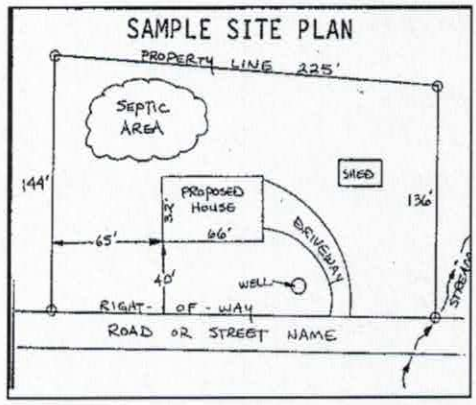
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**
- (X) **Preferred septic system location**
- ( ) **North arrow, or other sufficient indicator of direction**

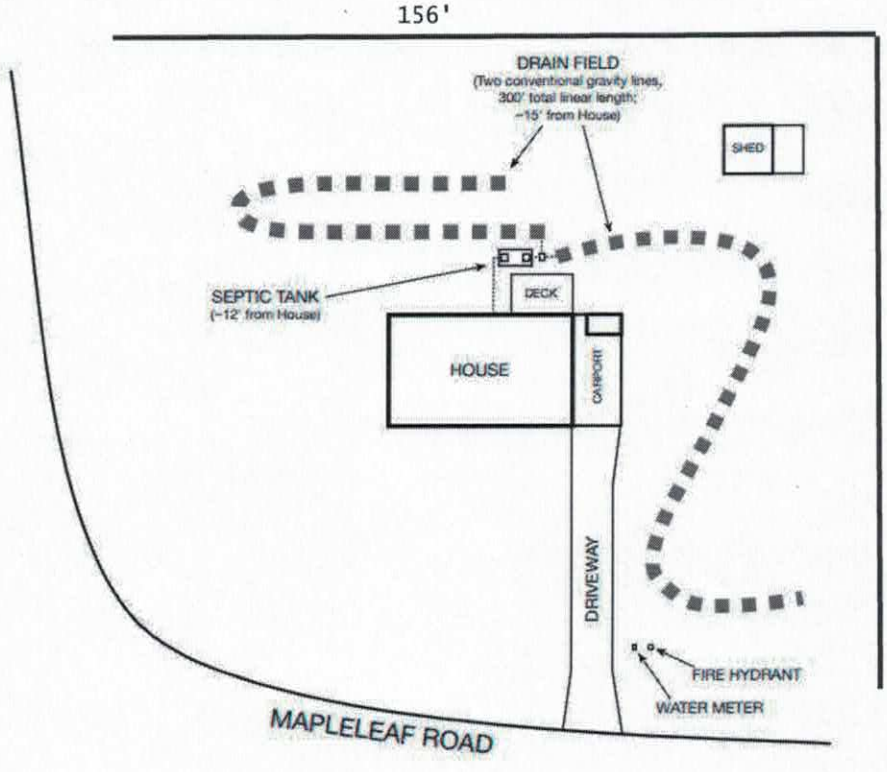


Circle N/A on the following if appropriate:

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



12' from house
3' from deck - must be 5'

Signature: DocuSigned by: Vaughn Bair 1BD50FC87F95493...

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

6/27/2018 | 11:28 AM PDT

DATE

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Fortis Corp DATE 5-16-79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Bell Rd S. R. No. _____

SUBDIVISION NAME Cedar Hills LOT NO. 82 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 15,000 S/F

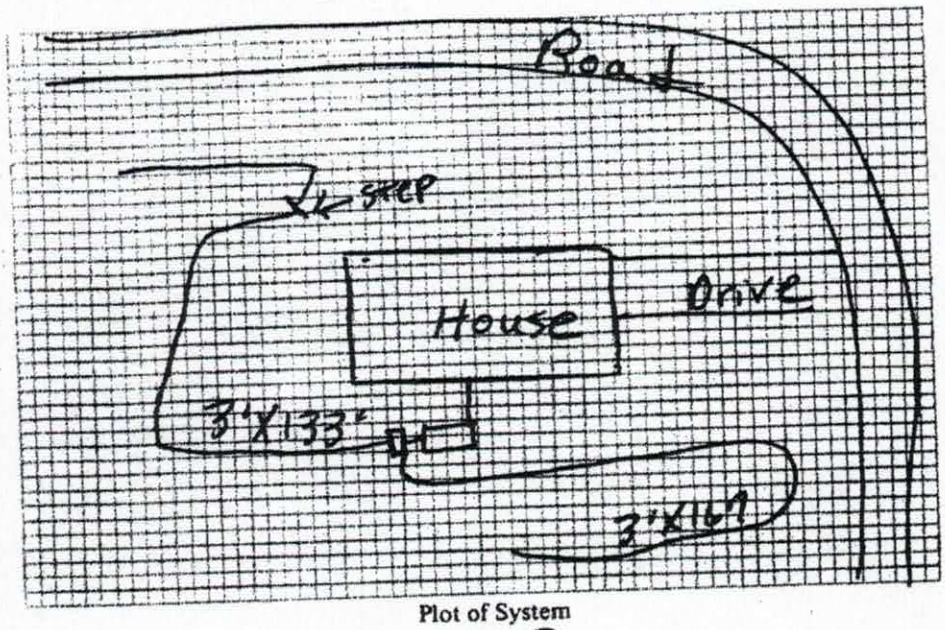
Character & Porosity of Soil Cecil + Appling

Percolation Rate 100 min/inch

Topography 2 to 4% Slope

Depth to Water Table 10'+

Rock or other impervious formations none



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 400 Linear Ft. 300

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (✓)

Installed by Pfass + Sale

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: Landscape & Pipe Gutters so water will not stand over Tank or lines.

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 5-16-79

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold