ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3626 | PERMIT # AP 310305

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

PIN # 4770--16--5063

APPLICANT/OWNER: Cynthia Bladning | APPLICANT ADDRESS: 3401 Saint Vardell Ln Suite B Charlotte, NC 28217

SITE ADDRESS: 159 Charles Farm Dr Cleveland NC 27013 | PHONE: 704-621-4664 | ALT. PHONE 704-884-1548

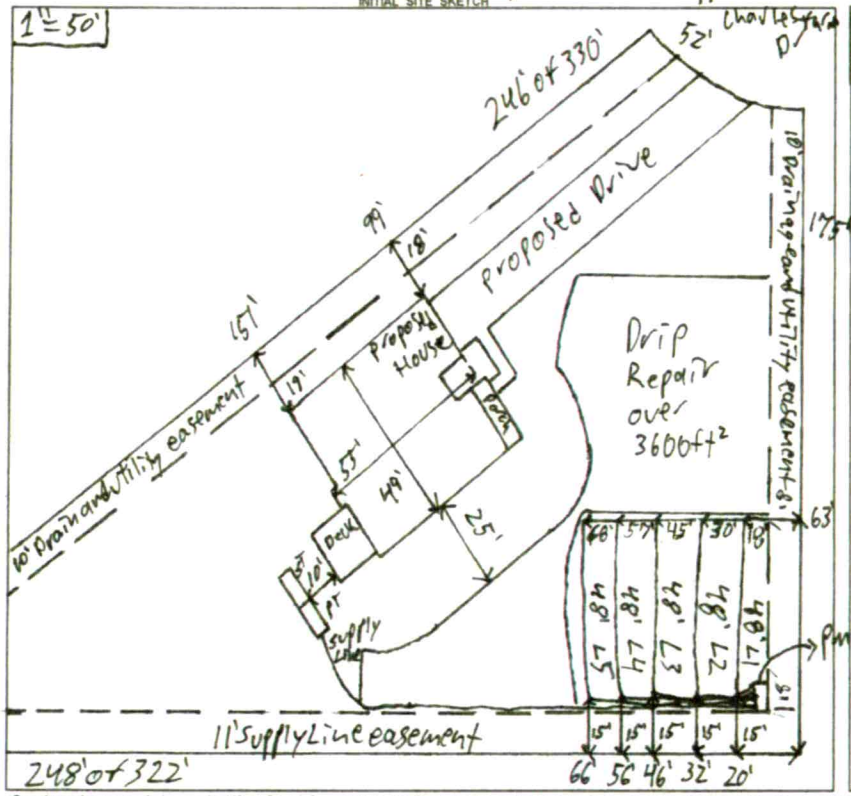
SITE DIRECTIONS: E Statesville Ave to R on N Main St, L on W Clark Ave, L on Triplett Rd, L on Charles Farm Dr, Lot at end on L | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hidden Creek | SECTION: PT MZ | LOT # 16 | LOT AREA: 0.81 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	760	Date	5-8-2022	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply: ☐ Private
Pump Tank	1000 (gal)	PT	363	Date	4-31-2022	System Description: PM Horizontal Panel		☐ Business	No. Persons 6	☐ Public
Pump Make	GOULDS	Model	PES1M	Serial #	—	Repair System Description: TSZ drip		☐ Other	No. Employees	☐ Community
# Nitrification Fields	1	# Lines	5	Linear Ft	240'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	
Trench Width	36	Trench Bottom Depth(Low side)	14"	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in any way. Divert surface and storm water away from system. 6" of approved Type 3 soil must be brought in as cover

INITIAL SITE SKETCH



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.

BCW- TANKS AND SUPPLY CHECKED 6-16-2022

electrical &
6" cover needed DW (only) 6/21/22

Line	Length	Top Size	
L1	48'	1½" sch 80	2' pressure head
L2	48'	1½" sch 80	Dosing volume = 19.8'
L3	48'	1½" sch 80	Draw Down = 9.4
L4	48'	1½" sch 80	Flow Rate = 27.4
L5	48'	1½" sch 80	Run Time = 7.2

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: Cynthia Bladning | Date: 7/9/21 | Installed by: PRECISION EXCAVATION

IMPROVEMENT PERMIT by: Patrick J Bole III | Date: 6/18/2021 | OPERATION PERMIT by: Cory Wilt | Date: 6/29/22

AUTHORIZATION TO CONSTRUCT by: Patrick J Bole III | Date: 6/18/2021 | 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	6/21/22	DW
Tanks Checked	6/9/22	MD
Pressure Manifold or Valve Box Checked	6/21/22	DW
Pressure Head Set	6/21/22	DW
Electrical Checked	6/29/22	DW
Floats Set	6/21/22	DW
Alarm Checked	6/21/22	DW
Maintenance Contract Needed? Y / (N)		
Comments: ST filter	6/9/22	MD
Supply line btw tanks	6/9/22	MD

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? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 310305

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

PIN # 4770--16--5063

APPLICANT/OWNER: Cynthia Bladning | APPLICANT ADDRESS: 3401 Saint Vardell Ln Suite B Charlotte, NC 28217

SITE ADDRESS: 159 Charles Farm Dr Cleveland NC 27013 | PHONE: 704-621-4664 | ALT. PHONE 704-884-1548

SITE DIRECTIONS: E Statesville Ave to R on N Main St, L on W Park Ave, L on Triplett Rd, L on Charles Farm Dr, Lot at end on L | SAP CONTROLLED: ☐ YES ☒ NO

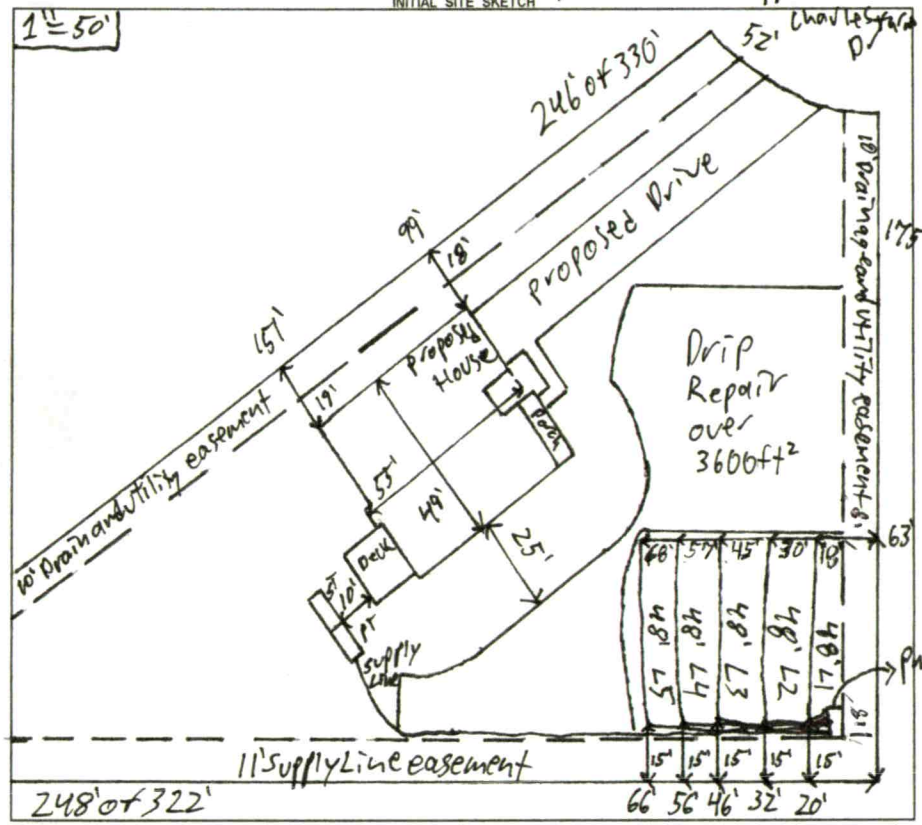
SUBDIVISION: Hidden Creek | SECTION: PH2 LOT # 16 | LOT AREA: 0.81 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	760	Date	5-8-2022	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT	363	Date	4-31-2022	System Description:	PM Horizontal Panel			
Pump Make	GOULDS	Model	PES1M		Serial #	—	Repair System Description:	TS2 drip			
# Nitrification Fields	1	# Lines	5		Linear Ft	240'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	14"		Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☐ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in any way. Divert surface and storm water away from system. 6" of approved Type 3 soil must be brought in as cover

INITIAL SITE SKETCH



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.

BCW- TANKS AND SUPPLY CHECKED 6-16-2022

electrical &

6" cover needed DW (only) 6/21/22

Line	Length	Tap Size	
L1	48'	1/2" sch80	2' pressurehead
L2	48'	1/2" sch80	Dosing volume = 198'
L3	48'	1/2" sch80	Draw Down = 9.4
L4	48'	1/2" sch80	Flow Rate = 27.4
L5	48'	1/2" sch80	Run Time = 7.2

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: Cynthia Bladning | Date: 7/9/21 | Installed by: PERCISION EXCAVATION

IMPROVEMENT PERMIT by: Patrick J Boyle III | Date: 6/18/2021 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III | Date: 6/18/2021 | 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	6/21/22	DW
Tanks Checked	6/9/22	MD
Pressure Manifold or Valve Box Checked	6/21/22	DW
Pressure Head Set	6/21/22	DW
Electrical Checked		
Floats Set	6/21/22	DW
Alarm Checked	6/21/22	DW
Maintenance Contract Needed? Y / (N)		
Comments: ST filter	6/9/22	MD
Supply line btw tanks	6/9/22	MD

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? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 310305

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

PIN # 4770--16 -- 5063

APPLICANT/OWNER: Cynthia Bladning | APPLICANT ADDRESS: 3401 Saint Vardell Ln Suite B Charlotte, NC 28217

SITE ADDRESS: 159 Charles Farm Dr Cleveland NC 27013 | PHONE: 704-621-4664 | ALT. PHONE 704-884-1548

SITE DIRECTIONS: E Statesville Ave to Ron N Main St, Lon W Park Ave, Lon Triplett Rd, Lon Charles Farm Dr, Lot at end on L | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hidden Creek | SECTION: PJMZ LOT # 16 | LOT AREA: 0.81 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	1000	(gal)	PT		Date				
Pump Make			Model		Serial #				
# Nitrification Fields	1		# Lines	5	Linear Ft	240'			
Trench Width	36"		Trench Bottom Depth(Low side)	14"	Gravel Depth	—			

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: PM Horizontal Panel

Repair System Description: TS2 drip

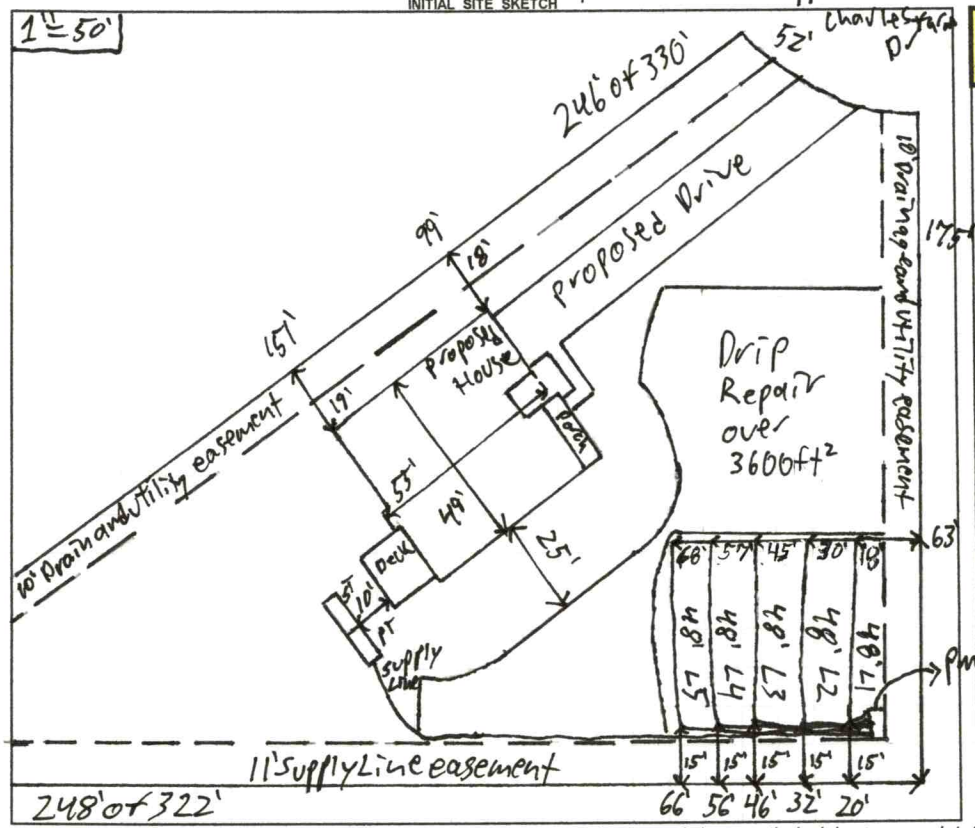
Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in any way. Divert surface and storm water away from system. 6" of approved Type 3 soil must be brought in as cover

INITIAL SITE SKETCH



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.

Line	Length	Tap Size
L1	48'	1/2" sch80
L2	48'	1/2" sch80
L3	48'	1/2" sch80
L4	48'	1/2" sch80
L5	48'	1/2" sch80

2' pressure head
Dosing volume = 198'
Draw Down = 9.4
Flow Rate = 27.4
Run time = 7.2

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: Cynthia Bladning Date: 7/9/21 Installed by:

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 6/18/2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 6/18/2021 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? _____	

ICHD – Environmental Health Division

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PRIVATE DRINKING WATER WELL PERMIT PIN # 4770 16 5063 PERMIT # 210305

Type of Permit (circle one): (New) Repair Abandonment

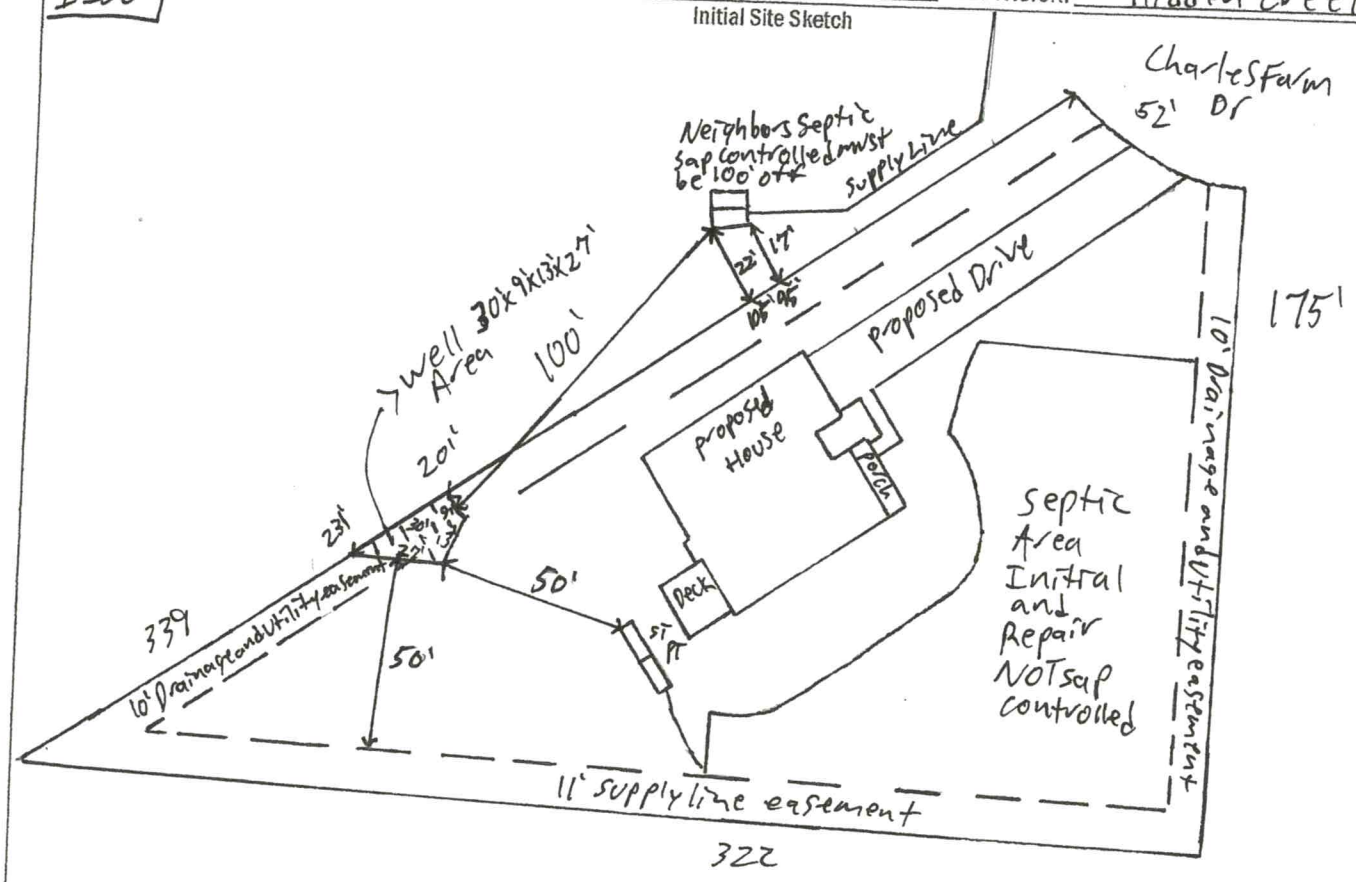
APPLICANT/OWNER NAME: Cynthia Bladniny ADDRESS: 3401 Saint Vardell Ln Suite B Charlotte NC 28217 PHONE: 704-621-4664

DIRECTIONS TO SITE: E Statesville Ave to Ron N Main St, Lon W Park Ave, Lon Triplett Rd, Lon Charles Farm Dr, Lot at end on L

SITE ADDRESS: 159 charles farm Dr Cleveland NC 27013 SUBDIVISION: Hidden Creek SECTION/LOT: P1M2/16

1"=50'

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NC well Rules. Well must be 25' off any structure and 50' off any part of septic. As of 6/18/2021 No known releases or contamination within 1000'. All property lines and corners must be marked and measurements taken from them.

WELL PERMIT ISSUED BY: Patrick Triplett DATE: 6/18/2021 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout & well head inspections between 8-9am

NO
10/01/2020

RECEIVED MAR 0 4 2021

AP-310305
$320.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: ( ) 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: Cynthia Bladning **Address:** 3401 Saint Vardell Lane, Suite B, Charlotte, NC **Zip:** 28217

Applicant Email: submit@majpermits.com **Phone:** (704) 621-4664 **Alt. Phone:** (704) 884-1548

Owner Name: Adams Homes AEC, LLC **Address:** 3401 Saint Vardell Lane, Suite B, Charlotte, NC **Zip:** 28217

Owner Email: charlottewarranty@adamshomes.com **Phone:** (704) 558-4527 **Alt. Phone:** _____

Property Information:

Street Address: 159 Charles Farm Drive , Cleveland. NC 27013 4770-165-063

Subdivision Name: Hidden Creek **Section/Phase:** _____ **Lot Number:** 16

Driving Directions: I-77 North, exit 42, right onto NC-115 / US-21 toward Troutman , Turn left onto US-21 N / NC-115 N,
Turn right onto Ostwalt Amity Rd, Turn left onto Bethesda Rd, Turn right onto Northlake Dr

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

CHECK FOUNDATION TYPE

(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~~ 3 (3B)
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

(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: _____
( ) Multi-connection Well **Number of Houses:** _____ **Number of Persons:** _____

(X) 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:** _____
(X) 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: Cynthia Blanding
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

February 13, 2021
DATE

Jenkins – 910-777-8531 Northlake Drive lots

Ryan Kinard – 704-813-7535 Wylie Trial lots

159 Charles Farm Drive, Statesville, NC 28677 Lot 16

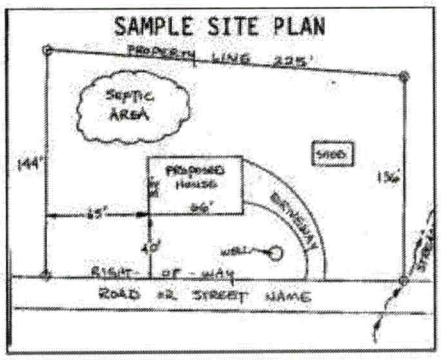
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**
- (X) **Preferred well location**
- (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

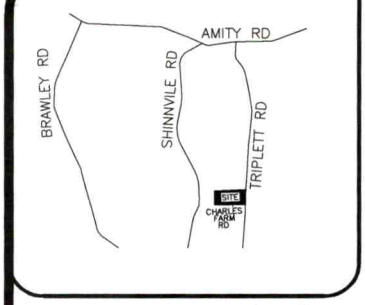
Please see attached

Signature: Cynthia Blanding

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

February 13, 2021

DATE



VICINITY MAP (NTS)

PLAT NORTH PB 57, PG 9

SETBACKS PER PB 57 PG 9

FRONT FOR LOT 16	35' 56'
SIDE	15'
REAR	35'
SIDE STREET	25'

LEGEND

AC=AIR CONDITIONING UNIT
BOC=BACK OF CURB
CATV=CABLE TV
CB=CATCH BASIN
DW=CONC DRIVEWAY
EB=ELECTRIC BOX
EM=ELECTRIC METER
EOP=EDGE OF PAVEMENT
EP=ELECTRIC PEDESTAL
FH=FIRE HYDRANT
ICV=IRRIGATION CONTROL VALVE
LP=LIGHT POLE
MH=MANHOLE
MTR=METER
PCP=PLASTIC CORRUGATED PIPE
PO=PORCH
PP=POWER POLE
RCP=REINFORCED CONC PIPE
R/W=RIGHT OF WAY
SCO=CLEANOUT
SW=SIDEWALK
TF=TRANSFORMER
TP=TELEPHONE PEDESTAL
WM=WATER METER
WV=WATER VALVE
EIP=EXISTING IRON PIPE
IRON PIPE SET
EIR=EXISTING IRON ROD

THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

SHAWN T. RUMBERGER, PLS L-4909 DATE

THIS MAP IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP IS NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

GENERAL NOTES:

1. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES IN U.S. SURVEY FEET UNLESS OTHERWISE NOTED.

2. AREAS SHOWN HEREON WERE COMPUTED USING THE COORDINATE METHOD.

3. LINES NOT SURVEYED ARE SHOWN AS DASHED LINES FROM INFORMATION REFERENCED ON THE FACE OF THIS SURVEY.

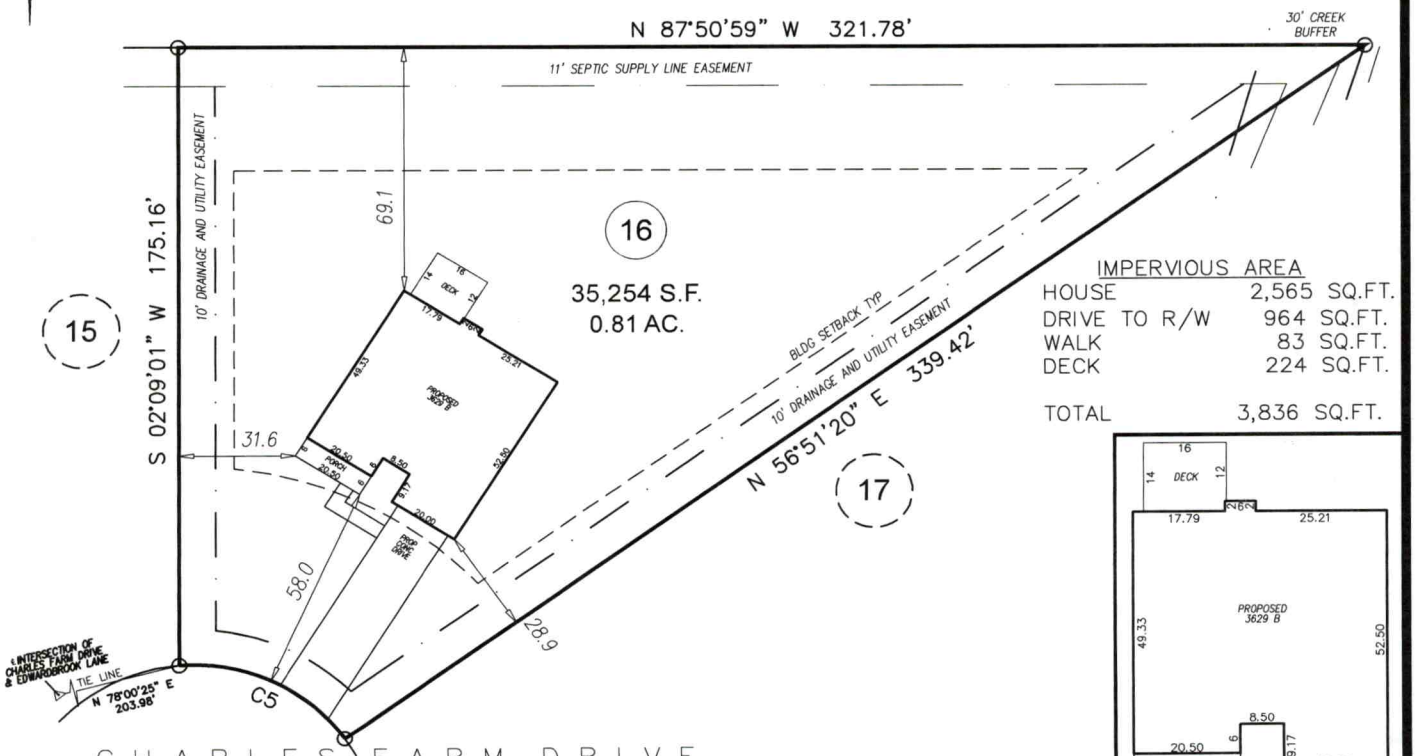
4. PROPERTY MAY BE SUBJECT TO ANY/ALL EASEMENTS AND RESTRICTIONS OF RECORD. THIS SURVEY IS A CORRECT REPRESENTATION OF THE LAND PLATTED AND OR DEEDED AND HAS BEEN PREPARED IN CONFORMITY WITH NORTH CAROLINA STANDARDS, G.S. 47-30, AND REQUIREMENTS OF LAW, BUT WITHOUT A FULL TITLE REPORT. A NORTH CAROLINA LICENSED ATTORNEY-AT-LAW SHOULD BE CONSULTED REGARDING CORRECT OWNERSHIP, WIDTH AND LOCATION OF EASEMENTS, AND OTHER TITLE QUESTIONS REVEALED BY TITLE EXAMINATION.

5. DRIVEWAY IMPERVIOUS CALCULATION SHOWN HEREON CALCULATED TO THE FRONT PROPERTY LINE/RIGHT-OF-WAY.

6. 10' DRAINAGE AND UTILITY EASEMENT ALONG ALL LOT LINES.

N/F
R+S HOLDING GROUP LLC
DB 1897 PG 2436

CURVE	ARC LENGTH	RADIUS	DELTA ANGLE	CHORD BEARING	CHORD LENGTH
C5	51.68'	50.00'	59°13'15"	S 62°45'15" E	49.41'



GRAPHIC SCALE

50 0 25

1 inch = 50 ft.

IMPERVIOUS AREA

HOUSE	2,565 SQ.FT.
DRIVE TO R/W	964 SQ.FT.
WALK	83 SQ.FT.
DECK	224 SQ.FT.
TOTAL	3,836 SQ.FT.

PRELIMINARY PLOT PLAN

PROJECT:	20-007 HIDDEN CREEK
DRAWN BY:	SEER
SCALE:	1"=50'
DATE:	1-14-2021

FOR
ADAMS HOMES
159 CHARLES FARM DRIVE
LOT 16 HIDDEN CREEK SUBDIVISION
BARRINGER TWP., IREDELL CO., NC
P.B. 57, PG. 9

ECLS GLOBAL, INC
U.S. VETERAN-OWNED
19 N McKINLEY ST
COATS, NC 27521
910.897.3257 ECLSGLOBALINC.COM
910.897.2329 (FAX) CO#C-4175

Hidden Creek Lot: **16**

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 info
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, Adams Homes AEC, LLC, am the legal owner(s) of the property located at 159 Charles Farm Drive, Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4770-165-063, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Cynthia Blanding, MAJ Permits Inc., 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.

X MANAGER 7/9/2016 X 7.19.16

Signature of Owner(s) Date Signature of Witness 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