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

APPLICANT/OWNER: Walter Leach APPLICANT ADDRESS: 373 Carlye RD.
PHONE: 704-657-5220 ALT. PHONE 704-528-5529
SITE ADDRESS: 1169 Triplett Road, Cleveland, NC 27013
SAP CONTROLLED: ☐ YES ☒ NO
SITE DIRECTIONS: Oswalt-Amity RD to Triplett RD Turn Right on Triplett
DESIGN FLOW: 360 L.T.A.R.: .25
SUBDIVISION: SECTION: ~ LOT # ~ LOT AREA: 2.022 Acres.

Septic Tank 1000 (gal) STB 8/25/17 Date 7-18-17
Pump Tank — (gal) PT — Date —
Pump Make — Model — Serial # —
Nitrification Fields 1 # Lines 4 Linear Ft 360
Trench Width 36 Trench Bottom Depth(Low side) 33 Gravel Depth ~

☐ New System ☐ Repair ☐ Expansion System Type: I II ☒ IV V VI
System Description: 25% Reduction
Repair System Description: 50% Reduction.
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

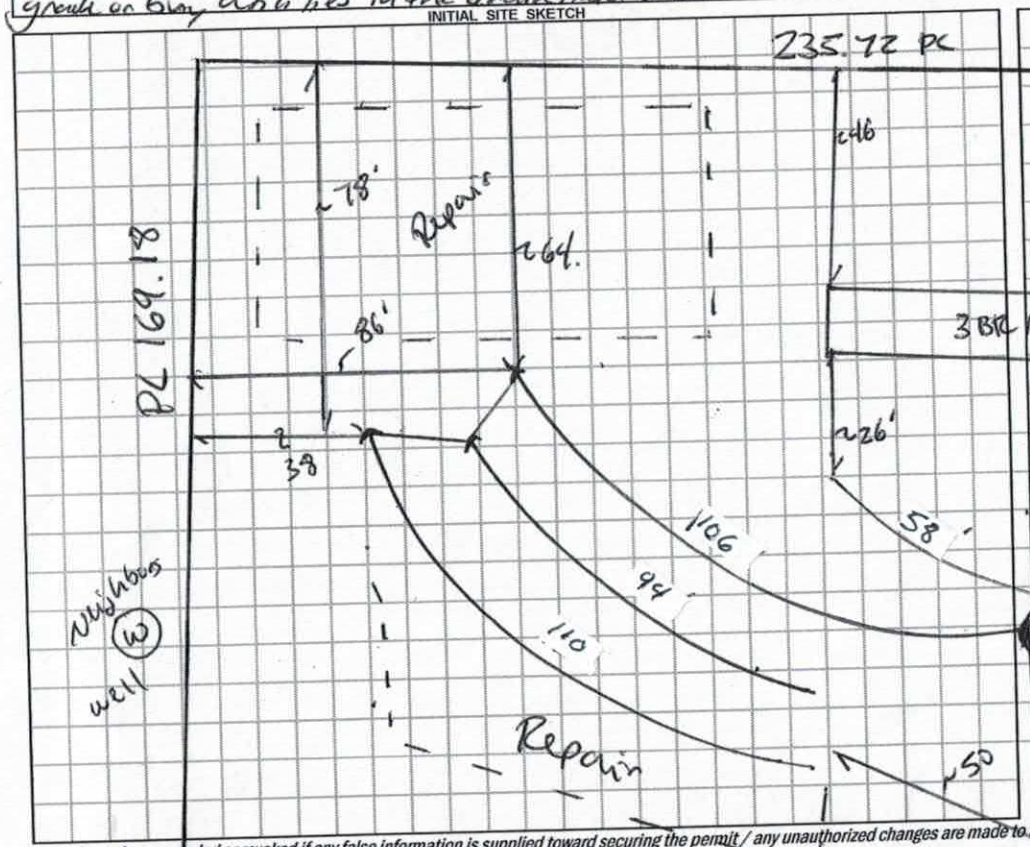
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space
☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Septic drain lines on the contour of the land and utilize Serial distribution. Maintain 50Ft from well that must serve Single-Family dwelling only. Do not Drive, park, pave or put on Any utilities in the Locate field area.

Call 704-664-3703 For Final Inspection

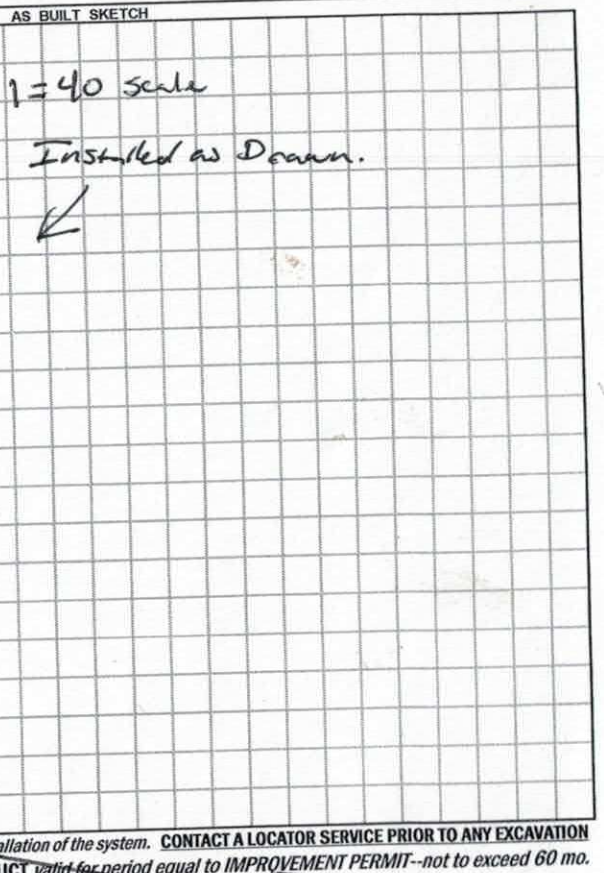
INITIAL SITE SKETCH



AS BUILT SKETCH

1=40 scale

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: Walter Leach Date: 10-16-17
IMPROVEMENT PERMIT by: Benjamin A Bottin Date: 10/13/17.
AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottin Date: 10/13/17.

Installed by: CAC Plumbing
OPERATION PERMIT by: Benjamin A Bottin Date: 11/15/20
Existing System Inspected by: Date:

1 0 Triplett

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

Lot #2.

OWNER: Walter Leach
ADDRESS: 373 Curlye RD. Troutman
PROPOSED FACILITY: House 3 BR. PROPOSED DESIGN FLOW (.1949): 360.
LOCATION OF SITE: 1159. Triplett RD. Cleveland NC 27013

APPLICATION DATE 8/29/2017
DATE EVALUATED: 10/3/2017
PROPERTY SIZE: 1.238 Acres.
PROPERTY RECORDED: Yes.

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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	I 5% Side Slope	0-7	SCL SBK	SSSP FR SEMP	7.5YR5/6	48.	-	Scp Inches Heavy Mica.	PS .3 Initial
		7-24	C SBK	SSSP FM	2.5YR5/8.				
		24-48.	CL WSBK	SSSP FR	2.5YR5/8.				
2	5% Side Slope R	0-13	SCL GR SBK	SSSP FR SEMP.		48.	~		.25 Initial
		13-29	C SBK	SSSP FM SEMP					
		29-48.	CL WSBK.	SSSP FR SEMP.					
3	5% Footslope R	0-12	SCL WSBK.	SSSP FR SEMP.		52.	~	Some Redox 10YR 7/8 @ 30. Scp Inches	PS .25 TD 24. Repair
		12-30	C BBK	SS SP FM					
		30-52.	CL WSBK ABK.	SS SP FR					
4	5% Ridge.	0-12	SCL WSBK	SS SP FR SMP		50	~		PS .3 Repair
		12-23	C SBK	SS SP FM					
		23-50.	CL WSBK.	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360 L.F.	240 L.F.
System Type(s)	III 25% Reduction	III 50% Reduction
Site LTAR	.25.	.25.

OTHER FACTORS (.1946): ~
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: B Bottoms
OTHER(S) PRESENT: C. Cave.

COMMENTS: Needs new Pin. 4771 23 7992 → combined to form new Lot. 4771 23 7073

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	Side 2-3	0-14	SC Gran SBK	SSSP FR SEXP.	Redox Mottles Iron Conc.	48.		No Chroma 2.	PS .25 .20
		14-23.	C SBK	SSSP FM SEXP.					
		23-48	C MABK.	S P FM SEXP.					
6	Side 2-3.	0-22	SC Gran SBK	SSSP FR SEXP		30.		Redox 10YR5/6. 10YR6/3. C 30.	PS .20. .1 Dmp
		22-49.	C MABK SBK.	S P FM					
7	Side 2-3%.	0-14	SC Gran SBK	SS SP FR SEXP		48.		C. 26 mottls.	PS .3.
		14-33	C SBK.	SS SP FM					
		33-48.	CL WSBK.	SS SP FR					
8	Side 2-3	0-8	SCL WSBK	SS SP FR SEXP		48.			PS .3.
		8-28	C SBK	SS SP FM					
		28-49	CL WSBK	SS SP FR					
		49-	LSP. M	NS NP VFR SEXP.					
9.	Side 2-3.	0-10	SCL WSBK.	SS SP FR SEXP		48.		Redox @ 30	PS .2.
		10-24	C SBK	SS SP FM					
		24-36	C SBK MABK	S P FM					
		36-49.	CL WSBK	SS SP FR.					

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None

MINERALOGY/ CONSISTENCE	STRUCTURE
SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)

MOIST	WET
VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

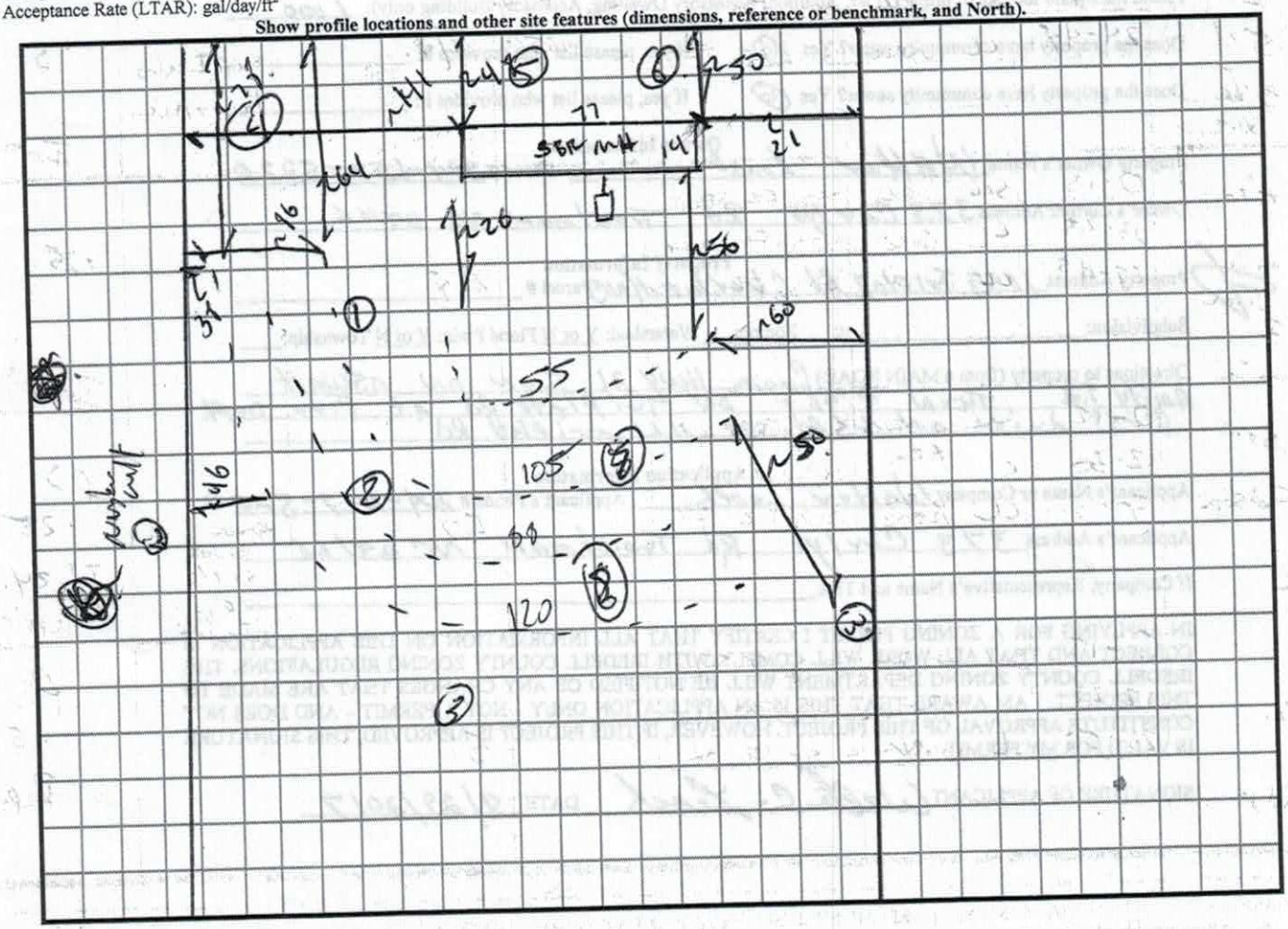
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

229737

Application For:
(✓) Septic Improvement Permit ( ) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: Walter Leach Address: 373 Carlye Rd Zip: 28166

Applicant Email: WCleach@bellsouth.net Phone: 704-657-5220 Alt. Phone: 704-528-5529

Owner Name: Walter Leach Address: 373 Carlye Rd Troutman Zip: 28166

Owner Email: WCleach@bellsouth.net Phone: 704-657-5220 Alt. Phone: _____

PAID Cred Card 8/29

Property Information:

Street Address: 1159 Triplett RD.

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Take Oswalt-Amity Rd to Triplett(Rd) Turn right on Triplett first drive on Left Left

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation on blocks
( ) 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: _____

( ) 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: Walter Leach 8/29/2017

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

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, Walter C Leach, am the legal owner(s) of the property located at 1159 Triplett Rd Cleveland NC, 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.

Walter Leach 8/29/2017
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

Type: CONSOLIDATED REAL PROPERTY
Recorded: 9/14/2016 11:45:37 AM
Fee Amt: $104.00 Page 1 of 3
Revenue Tax: $78.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds

BK 2444 PG 2493 - 2495

FILE COPY

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: $ 78.00

Parcel Identifier No. 4771 22 7964 Verified by _____ County on the ____ day of _____, 20__
By: _____

Mail/Box to: Gerard W. McNaught, PLLC, 118 Morlake Dr., Suite 101A, Mooresville, NC 28117

This instrument was prepared by: Gerard W. McNaught, PLLC, 118 Morlake Dr., Suite 101A, Mooresville, NC 28117

Brief description for the Index: _____

THIS DEED made this 13th day of September, 2016, by and between

GRANTOR	GRANTEE
Michael Ketchie and wife Joyce Ketchie and Richard Dobbins, Unmarried 2266 Charlotte Highway Mooresville, NC 28117	Walter Leach, Married 373 Carlyle Road Troutman, NC 28166

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot, parcel of land or condominium unit situated in the City of Cleveland, _____ Township, Iredell County, North Carolina and more particularly described as follows:

See legal description Exhibit "A" attached.

Property Address: 1161 Triplett Road, Cleveland, NC 27013
Parcel#4771 22 7964

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2402 page 2113.
All or a portion of the property herein conveyed ___ includes or X does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book _____ page _____.

NC Bar Association Form No. 3 © 1976, Revised © 1977, 2002, 2013
Printed by Agreement with the NC Bar Association – 1981

This standard form has been approved by:
North Carolina Bar Association – NC Bar Form No. 3

Submitted electronically by "Gerard W McNaught Law-Mooresville"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:
Easements and restrictions of record. Ad valorem taxes.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

_____ (Entity Name)	Michael Ketchie (SEAL)
By: _____	Print/Type Name: Michael Ketchie
Print/Type Name & Title: _____	Joyce Ketchie (SEAL)
	Print/Type Name: Joyce Ketchie
By: _____	Richard Dobbins (SEAL)
Print/Type Name & Title: _____	Print/Type Name: Richard Dobbins
By: _____	_____ (SEAL)
Print/Type Name & Title: _____	Print/Type Name: _____

State of North Carolina - County or City of IREDELL

I, the undersigned Notary Public of the County or City of IREDELL and State aforesaid, certify that Michael Ketchie and wife Joyce Ketchie personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 13th day of October, 2016

My Commission Expires: August 13, 2017
(Affix Seal)

Gloria C. Sharpe
Gloria C. Sharpe Notary Public
Notary's Printed or Typed Name

State of N.C. - County or City of IREDELL

I, the undersigned Notary Public of the County or City of IREDELL and State aforesaid, certify that Richard Dobbins personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 13th day of October, 2016

My Commission Expires: August 13, 2017
(Affix Seal)

Gloria C. Sharpe
Gloria C. Sharpe Notary Public
Notary's Printed or Typed Name

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally came before me this day and acknowledged that he is the _____ of _____, a North Carolina or _____ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this _____ day of _____, 20___.

My Commission Expires: _____
(Affix Seal)

_____ Notary Public
Notary's Printed or Typed Name

NC Bar Association Form No. 3 © 1976, Revised © 1977, 2002, 2013
Printed by Agreement with the NC Bar Association – 1981

This standard form has been approved by:
North Carolina Bar Association – NC Bar Form No. 3

EXHIBIT "A"

Lying and being located in Iredell County, North Carolina, and being described as follows:

BEGINNING at a nail in the center of North Carolina Secondary Road No. 2362, corner of McNeely's property (said nail being the Northwest corner of property now owned by Opal O. Talbert described in deed recorded in Deed Book 505, page 492, Iredell County Registry; and said nail being located North 79 deg. 19 min. 42 sec. West 28.71 feet from an old iron pin in the Eastern margin of the road; and running thence within the right-of-way of North Carolina Secondary Road No. 2362, South 03 deg. 58 min. 58 sec. West 234.61 feet to a nail in said road; thence a new line, South 87 deg. 58 min. East (passing through an iron pin at 30 feet) a total distance of 440.00 feet to an iron pin, a new corner; thence a new line, North 02 deg. 02 min. East 168.84 feet to an iron pin, a new corner in McNeely's line; thence with McNeely's line, North 79 deg. 19 min. 42 sec. West (passing through an iron pin in the Eastern margin of th road), a total distance of 436.98 feet to the POINT OF BEGINNING, containing 2.022 acres, more or less, and being the identical property conveyed to Opal O. Talbert, by deed of George K. Overcash and others, dated September 30, 1982 and recorded October 6, 1982 in Book 678, page 748, Iredell County Registry.

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

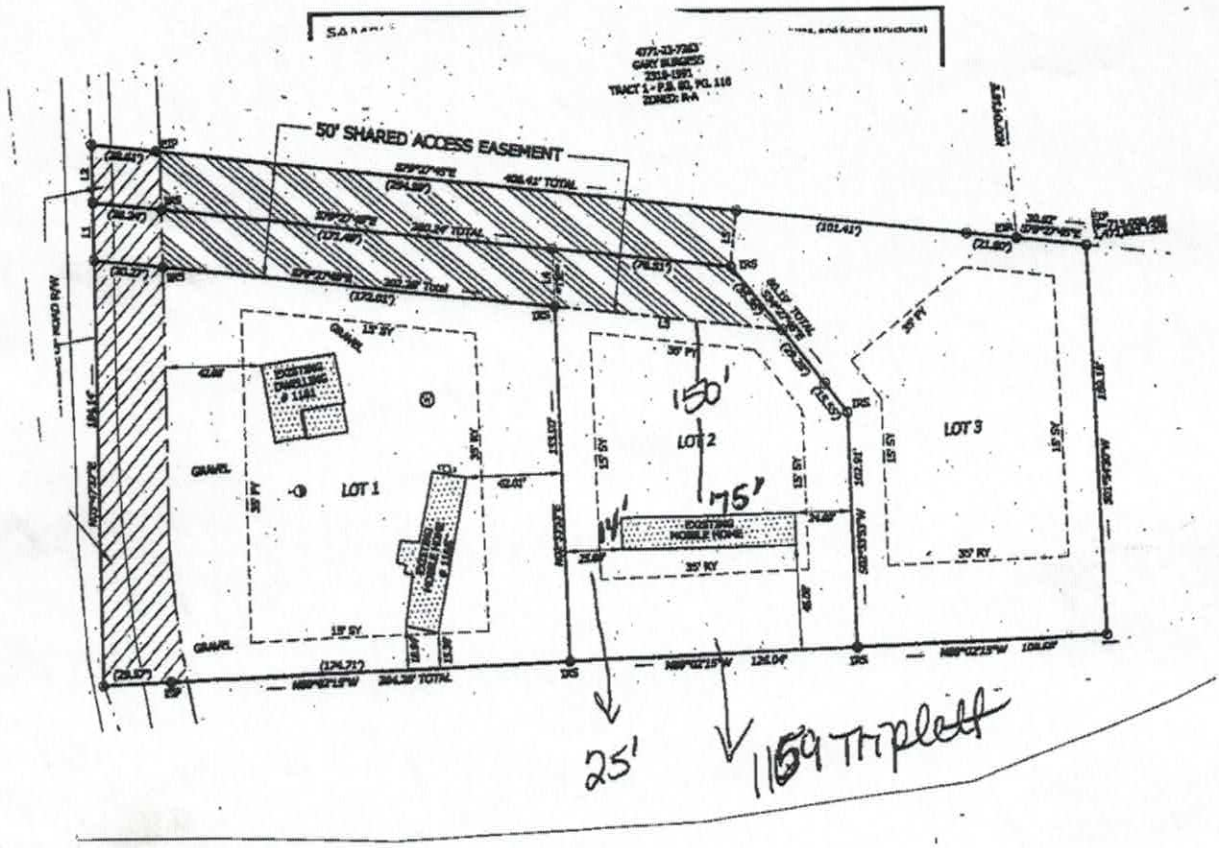
_____Front and side setbacks from property line... **_____Preferred driveway location and configuration, preferred well location...**

_____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**



Signature: Walter Leach
REQUIRED **property owner or owner's legal representative signature.**

8/29/2017
DATE

THE SUBJECT PROPERTY, TO THE BEST OF MY KNOWLEDGE, DOES NOT LIE WITHIN A WATER SUPPLY WATERSHED DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

DATE SUBDIVISION ADMINISTRATOR

I HEREBY CERTIFY THAT THE PLAT FOR RECORDATION IS AN EXCEPTION TO THE SUBDIVISION ORDINANCE OF IREDELL COUNTY, NORTH CAROLINA.

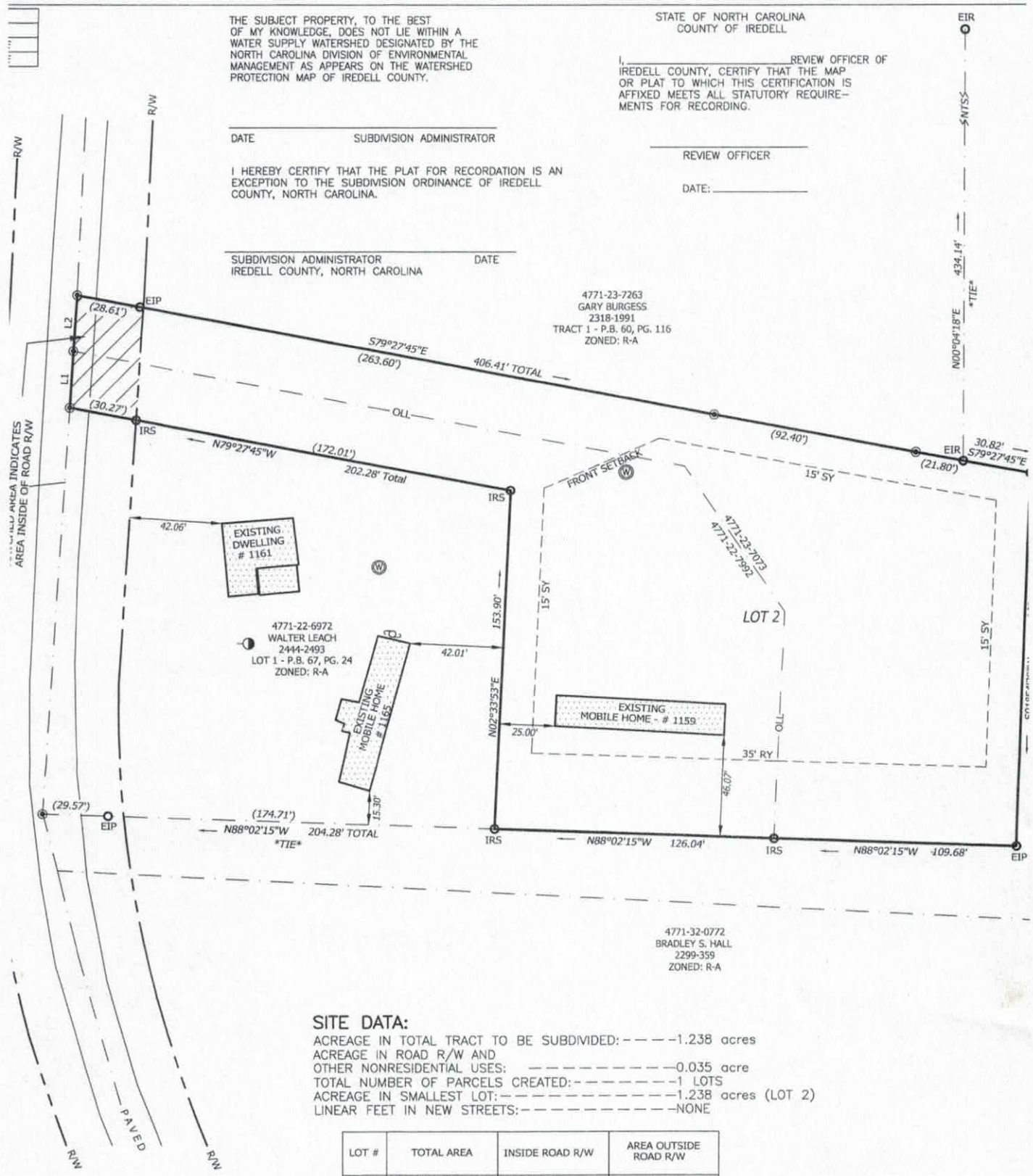
SUBDIVISION ADMINISTRATOR DATE
IREDELL COUNTY, NORTH CAROLINA

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, _____ REVIEW OFFICER OF IREDELL COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

REVIEW OFFICER

DATE: _____



4771-32-0772
BRADLEY S. HALL
2299-359
ZONED: R-A

SITE DATA:

ACREAGE IN TOTAL TRACT TO BE SUBDIVIDED: - - - -1.238 acres
ACREAGE IN ROAD R/W AND
OTHER NONRESIDENTIAL USES: - - - - - - - - - - -0.035 acre
TOTAL NUMBER OF PARCELS CREATED: - - - - - - - -1 LOTS
ACREAGE IN SMALLEST LOT: - - - - - - - - - - - - - -1.238 acres (LOT 2)
LINEAR FEET IN NEW STREETS: - - - - - - - - - - - -NONE

LOT #	TOTAL AREA	INSIDE ROAD R/W	AREA OUTSIDE ROAD R/W
LOT 2	53,915.19 sq. ft. 1.238 acres	1,511.82 sq. ft. 0.035 acre	52,403.37 sq. ft. 1.203 acres

ILITIES EASEMENT ACROSS THE FRONT, REAR, AND EACH

WITHIN A FLOOD HAZARD AREA AS DETERMINED BY FLOOD 6/2009.

SERVED WATER & SEWER BY ANKS.

ORNERS UNLESS OTHERWISE NOTED.
CENT PROPERTY IS ZONED R-A.
WITHIN THE U.S. DEPARTMENTS OF INTERIOR'S

WITHIN 2000 FEET OF A NORTH CAROLINA

HE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN L COUNTY HEALTH DEPARTMENT. UNTIL INSPECTED,

NOTES:

PROPERTY SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.

PROPERTY SUBJECT TO EASEMENTS AND RIGHTS OF WAY OF RECORD AND THOSE NOT OF RECORD, IF ANY EXIST.

AREA BY COORDINATE COMPUTATION.

LEGEND:

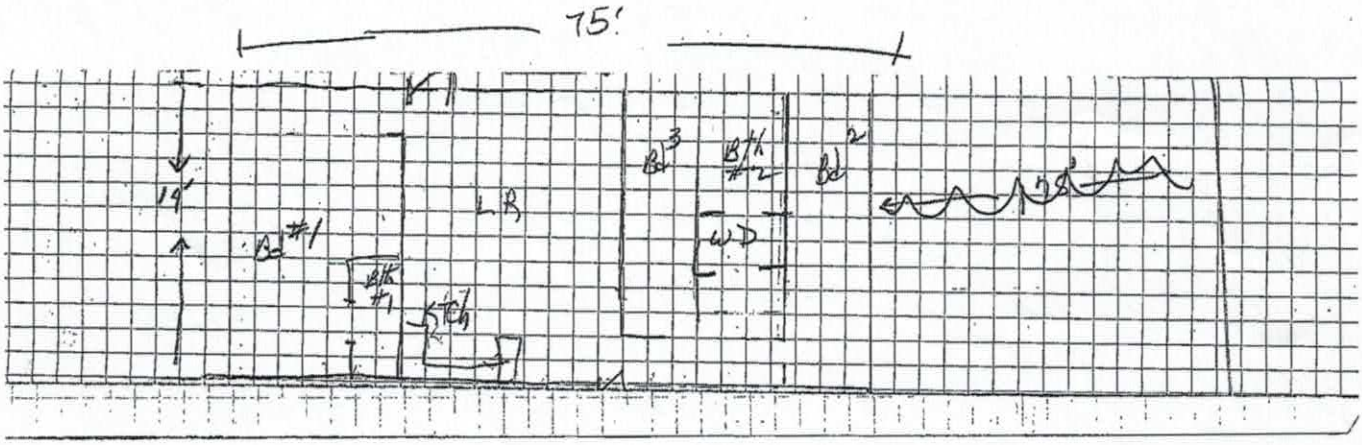
R/W – RIGHT OF WAY
NTS – NOT TO SCALE
IRS – IRON REBAR SET
EIR – EXISTING IRON REBAR
EIP – EXISTING IRON PIPE
OLL – OLD LOT LINE
– POWER POLE
– COMPUTED POINT
– LP TANK
– WELL

CHAMBE
PIN NO
DEED R

MINIMUM BUILDING SETBACK LINES

40

Acknowledgement Of
Plans Submittal ONLY!
Walter Leach Date 9/29/2017
Benjamin Britt Date 10/13/17.



IREDELL COUNTY

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

APPLICATION NUMBER
229737
Issue Date: 08/29/2017

ZONING PERMIT
Residential

FILE COPY

Parcel Number	Street Address	Jurisdiction
4771227964.000	1159 TRIPLETT ROAD, CLEVELAND, NC 27013	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LEACH WALTER C+BEVERLY	Applicant: LEACH WALTER C+BEVERLY
Address: ,	Address: ,
Phone:	Phone:

Use Requested	Zone Code
USED SW BEING PUT ON LOT THAT HAS BEEN SPLIT OK PER WA	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.020	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID Credit Card 8/29

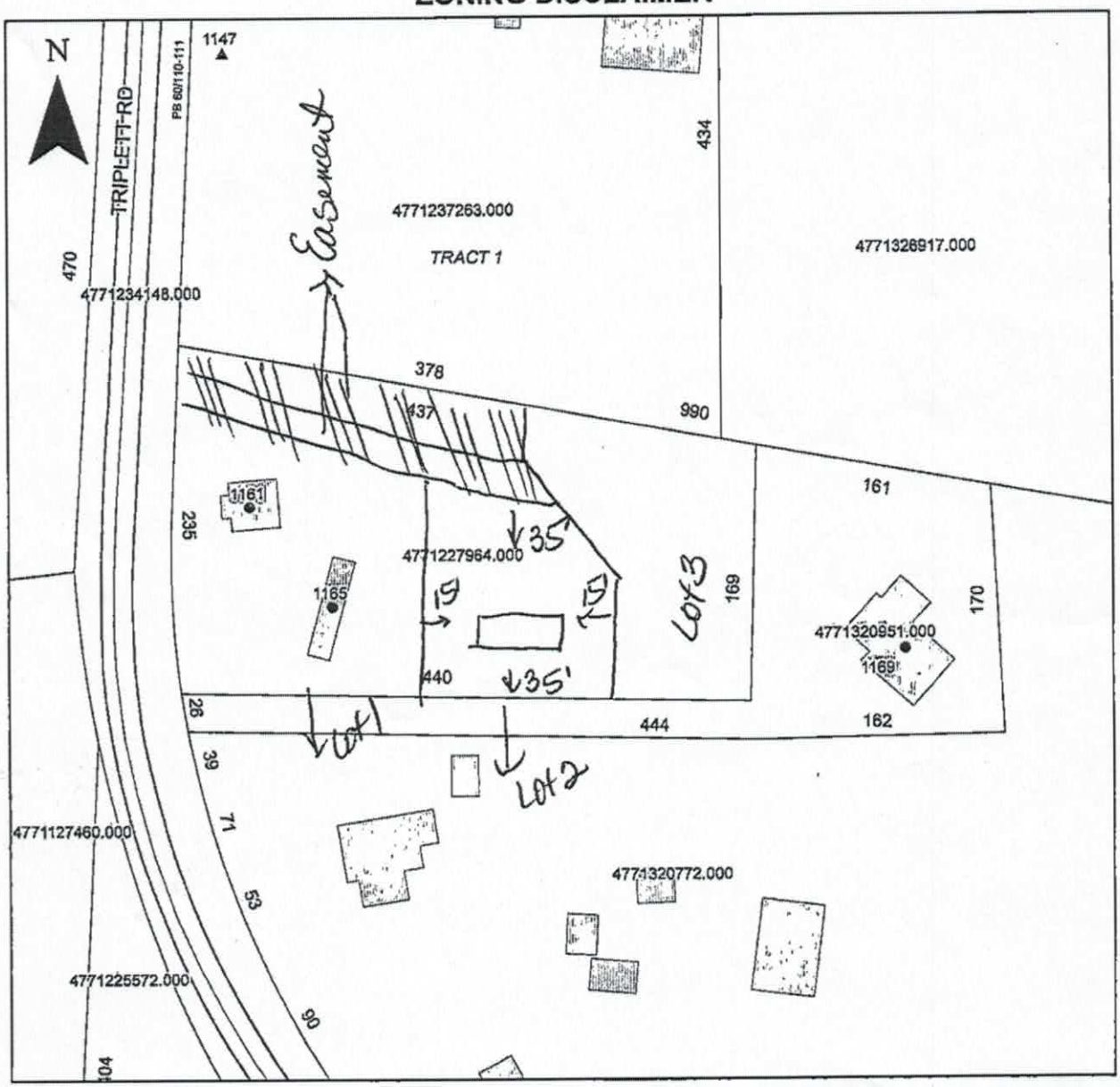
REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

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: See Attached Date: _____

Permit Number	113448	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address Tripleff Rd.

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. Applicant further acknowledges that the 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.

Walter Leach
Applicant

8/29/2017
Date