ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (BD) | PERMIT # AP - 315895

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

PIN # ✓4779 -- 92 -- 7667

APPLICANT/OWNER: CLAYTON HOMES | APPLICANT ADDRESS: 2026 NORTHSIDE DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: ✓193 RIMROCK ROAD, HARMONY, N.C. 28634 | PHONE: 704-929-1552 | ALT. PHONE 704-873-2547

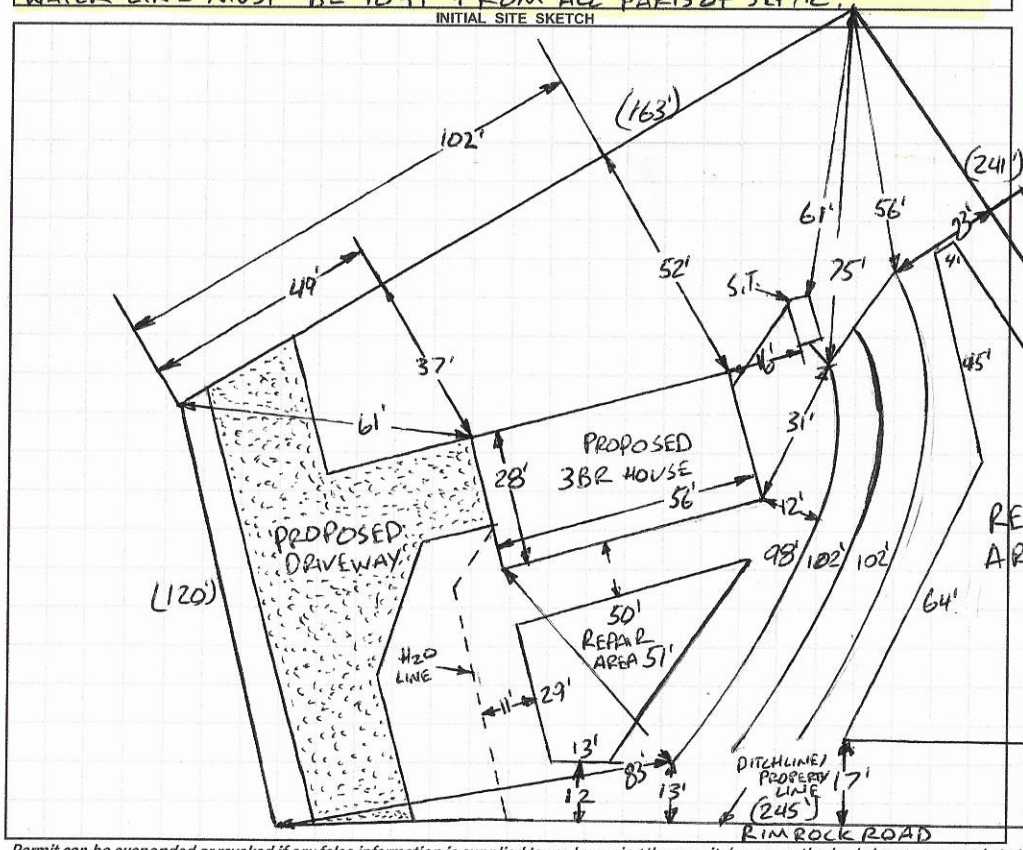
SITE DIRECTIONS: (N) ON 21, (R) ON MT. BETHEL, (L) ON RIMROCK, LOT ON (L) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 0.7757 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	1012	Date	3-26-21	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION	☐ Business	No. Persons 6	☐ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	25% REDUCTION	☐ Other	No. Employees —	☑ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	302FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH BOTTOM, WATER LINE MUST BE 10 FT FROM ALL PARTS OF SEPTIC.

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.

1 IN = 40 FT

S.T. = SEPTIC TANK

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: 5/13/21 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Burkett C. White Date: 5-5-2021 OPERATION PERMIT by: _____ Date: 5-28-2021

AUTHORIZATION TO CONSTRUCT by: Burkett C. White Date: 5-5-2021 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 4779-92-2667
COUNTY: IREDELL

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

OWNER: CLAYTON HOMES
ADDRESS: 2026 NORTHSIDE DRIVE, STATESVILLE, N.C. 28625
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 193 RIMROCK ROAD, HARMONY, N.C. 28634
WATER SUPPLY: ☐ Private ☑ ~~Public~~ ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ ~~Pit~~ ☐ Cut
TYPE OF WASTEWATER: ☑ ~~Sewage~~ ☐ Industrial Process ☐ Mixed

APPLICATION DATE 3-18-2021
DATE EVALUATED: 4-19-2021
PROPERTY SIZE: 0.7757 AC
PROPERTY RECORDED: YES

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 3%	0-8	L, COMPACT	FI, S, P, SEXP	SAP INC THRU OUT	59"+	NA	NA	PS .3
		8-30	C, ABK	FR, S, P, SEXP					
		30-59	CL, WABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 5%	0-10	FILL,	MIXED	SAP INC THRU OUT	53"+	NA	NA	PS .3
		10-23	C, ABK	FI, S, P, SEXP					
		23-53	CL, WABK	FI, SS, SP, SEXP					
3	RIDGE/ NOSE 10%	0-3	FILL	MIXED	SAP INC THRU OUT	48"+	NA	NA	PS .325
		3-20	C, ABK	FI, S, P, SEXP					
		20-48	CL, WABK	FR, SS, SP, SEXP					
4	LINEAR SIDE 5%	0-10	FILL	MIXED	SAP INC THRU OUT	56"+	NA	NA	PS .3
		10-25	C, ABK	FR, S, P, SEXP					
		25-56	CL, WABK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	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.

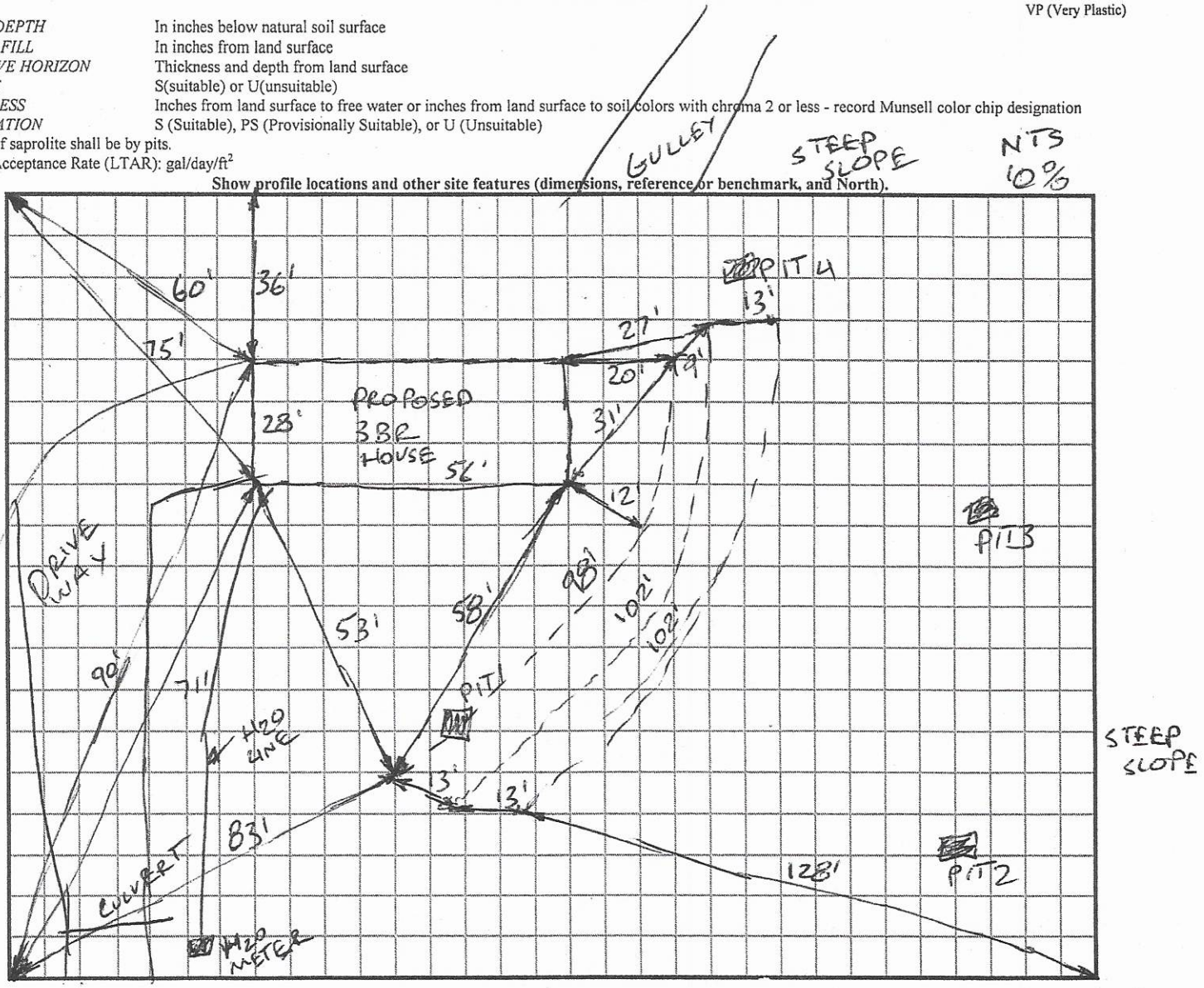
NOTES

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).



RECEIVED MAR 1 8 2021

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*

AP-315895 $500.00

Application For: ( ) 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: (X) 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: Adam Casstevens / Clayton Homes Statesville Address: _____ Zip: _____
Applicant Email: adam.casstevens@claytonhomes.com Phone: 704-429-1552 Alt. Phone: 704-873-2547
Owner Name: Clayton Homes of Statesville Address: 2026 Northside Drive Statesville NC Zip: 28625
Owner Email: Same as above Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 193 Rim Rock Rd Harmony, NC
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1568 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water (County)

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: 2590

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: _____ Clayton Homes Statesville 3/16/21
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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* _____ CUSTOM HOMES STATESVILLE

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.

_____ 3-16-2021

Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

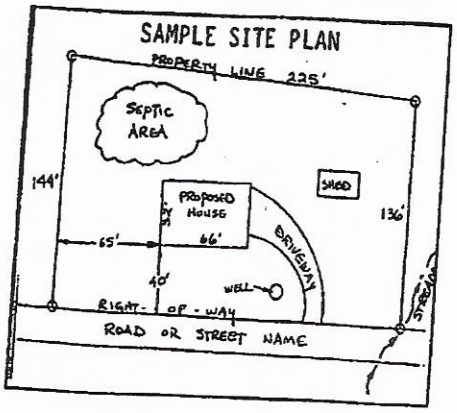
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

SEE ATTACHED

Signature: _____ CLAYTON HOLTS STARSVILLE _____ 3/16/21

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

PLAT OF SURVEY FOR:
JUAN ROMERO

TURNERSBURG TOWNSHIP, IREDELL COUNTY, N.C.
OCTOBER 9, 2019 SCALE: 1" = 30'

30 0 30 60 90
GRAPHIC SCALE - FEET

CURRENT SURVEYING & MAPPING, P.A.
1353 BRUSHY MOUNTAIN ROAD
WILKESBORO, N.C. 28697
RICHARD C. CURRENT, REG. NO. L-756

ANY LIABILITY FOR THIS SURVEY ON THE PART OF THE SURVEYOR IS SOLELY TO JUAN ROMERO

CURRENT TAX RECORDS USED TO IDENTIFY ADJOINING PROPERTY OWNERS. SURVEY PERFORMED WITHOUT A TITLE REPORT, WHICH MAY REVEAL ADDITIONAL CONVEYANCES, RIGHTS-OF-WAY, EASEMENTS, OR OTHER RESTRICTIONS NOT SHOWN.

THIS PROPERTY IS WITHIN THE FLOOD PLAIN.
PANEL # 3710477900J DTD 3-16-2009

NOTE: SURVEY IS OVER 2,000.00' FROM ANY PUBLISHED N.C. HORIZONTAL GROUND CONTROL.

Has county water

Rock & Tinnie Jones
Bk. 466, Pg. 525

6x6 deck

Doris Matthews, et al
Bk. 1143, Pg. 1775

Repair area per expired plan

Carol L. Moose
Bk. 2488, Pg. 474

S 85°30'20"E
163.37'

S 01°39'30"W
2.93'

N 21°19'17"E
89.14'

35' Setback Lines

15' Setback Lines

44'

56x28

145'

15' Setback Lines

60' R/W
Rinrock Road
18' B.S.T.

N 21°23'38"E
30.61'

Property lines are marked

54'

63.17'
N 54°56'10"W

202.03'
S 01°40'27"W

Theodore Clinton Benbow
Bk. 1799, Pg. 1516
(Bk. 24, Pg. 504)

Septic area per expired plan

Driveway

6x6 deck

181.98'
N 54°19'21"W

New 56x28 doublewide home

36.26'
S 01°34'15"W

(Tie Line)
N 02°00'28"E
36.13'

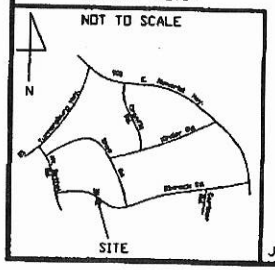
(Tie Line)
N 54°02'51"W
113.36'

60' R/W
Rinrock Road
18' B.S.T.

N

Bk. 2439, Pg. 2002
dtd 8-18-2016

VICINITY SKETCH
NOT TO SCALE



JOB # 11926

LEGEND
- ● 1/2" rebar found
- ○ 5/8" rebar set
- ⊕ Mag nail in road
- ⊙ Calculated point
- ⊗ 1/2 rebar found (capped)
- ● Spike in road

CERTIFICATE OF SURVEY AND ACCURACY

I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2439, page 2002, or other reference source _____); that the boundaries not surveyed are indicated as drawn from information in Book ____, Page ____; or other reference source _____; that the ratio of precision or positional accuracy is 1:10,000; and that this map meets the requirements of the Standards of Practice for Land Surveying in North Carolina in accordance with GS 47-30 as amended.

This 9th day of Oct., 2019

NORTH CAROLINA PROFESSIONAL SEAL L-756 LAND SURVEYOR RICHARD C. CURRENT

Richard C. Current, Professional Land Surveyor, No. L-756

Copyright © Current Surveying, & Mapping, P.A. October 9, 2019

PLAT OF SURVEY FOR:

JUAN ROMERO

TURNERSBURG TOWNSHIP, IREDELL COUNTY, N.C.
OCTOBER 9, 2019 SCALE: 1" = 30'

30 0 30 60 90

GRAPHIC SCALE - FEET

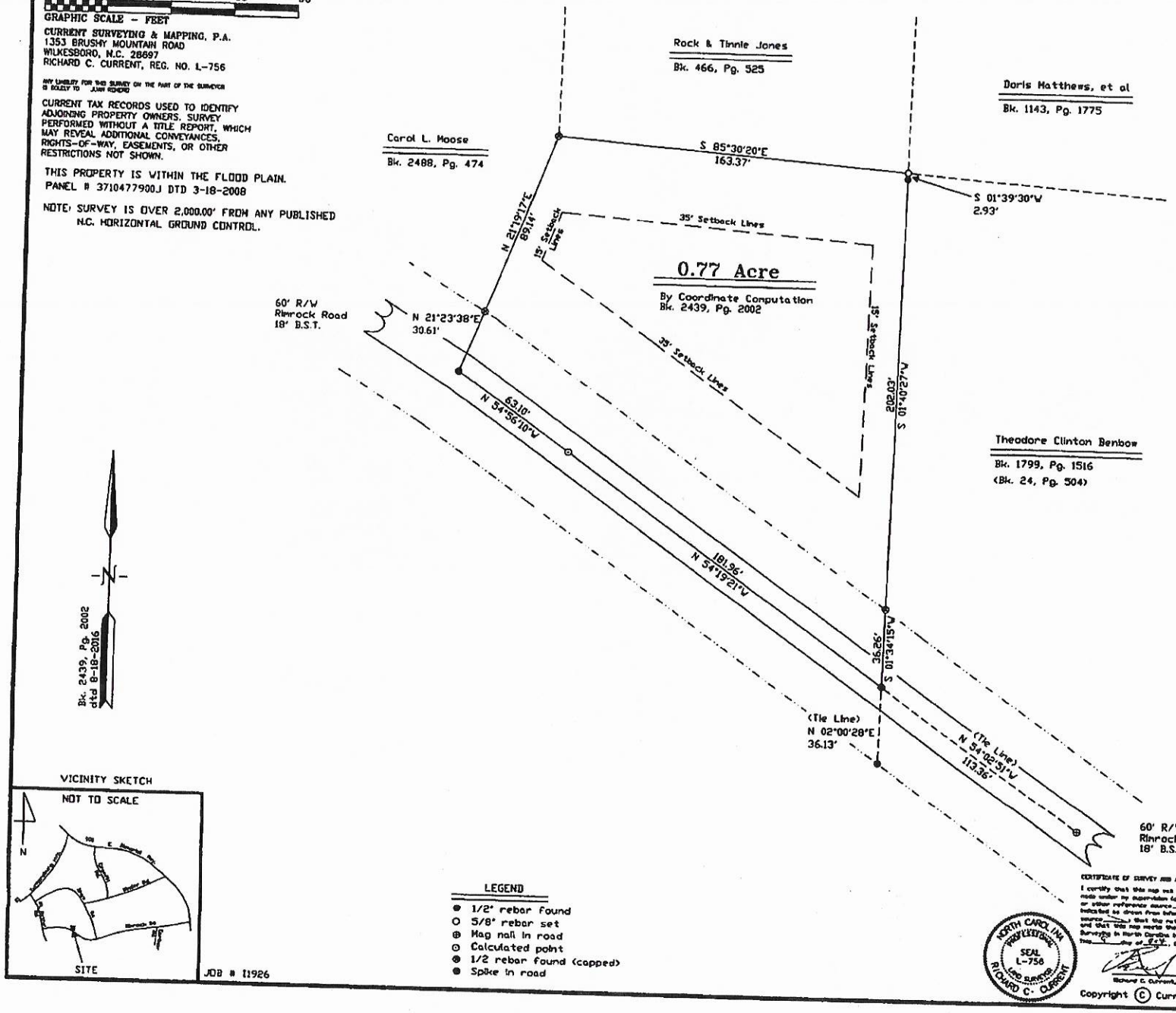
CURRENT SURVEYING & MAPPING, P.A.
1353 BRUSHY MOUNTAIN ROAD
WILKESBORO, N.C. 28697
RICHARD C. CURRENT, REG. NO. L-756

ANY LIABILITY FOR THIS SURVEY ON THE PART OF THE SURVEYOR IS SOLELY TO JUAN ROMERO

CURRENT TAX RECORDS USED TO IDENTIFY ADJOINING PROPERTY OWNERS. SURVEY PERFORMED WITHOUT A TITLE REPORT, WHICH MAY REVEAL ADDITIONAL CONVEYANCES, RIGHTS-OF-WAY, EASEMENTS, OR OTHER RESTRICTIONS NOT SHOWN.

THIS PROPERTY IS WITHIN THE FLOOD PLAIN.
PANEL # 3710477900J DTD 3-18-2008

NOTE: SURVEY IS OVER 2,000.00' FROM ANY PUBLISHED N.C. HORIZONTAL GROUND CONTROL.



VICINITY SKETCH

NOT TO SCALE

JOB # 11926

LEGEND

- ● 1/2" rebar Found
- ○ 5/8" rebar set
- ⊕ Mag nail in road
- ⊙ Calculated point
- ◉ 1/2 rebar found (capped)
- ● Spike in road

NORTH CAROLINA PROFESSIONAL SEAL L-756 LAND SURVEYOR RICHARD C. CURRENT

CERTIFICATE OF SURVEY AND ACCURACY

I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2439, page 2002, or other reference source ____); that the boundaries not surveyed are indicated as drawn from information in Book ____, Page ____; or other reference source ____; that the ratio of precision or positional accuracy is 1:10,000; and that this map meets the requirements of the Standards of Practice For Land Surveying in North Carolina in accordance with GS 47-30 as amended.

Witness my hand and seal this 9th day of Oct., 2019

Richard C. Current, Professional Land Surveyor, No L-756

Copyright © Current Surveying & Mapping, P.A. October 9, 2019

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 — Mooresville Office (704) 660-3825

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

PERMIT # 214596

PIN # 4779-92-9667

APPLICANT: TED Benbow

APPLICANT ADDRESS: 6305 Signal Hill Drive Statesville, NC

SITE ADDRESS: 193 Rimrock Rd. Harmony, NC

PHONE: 704-902-0121 ALT. PHONE:

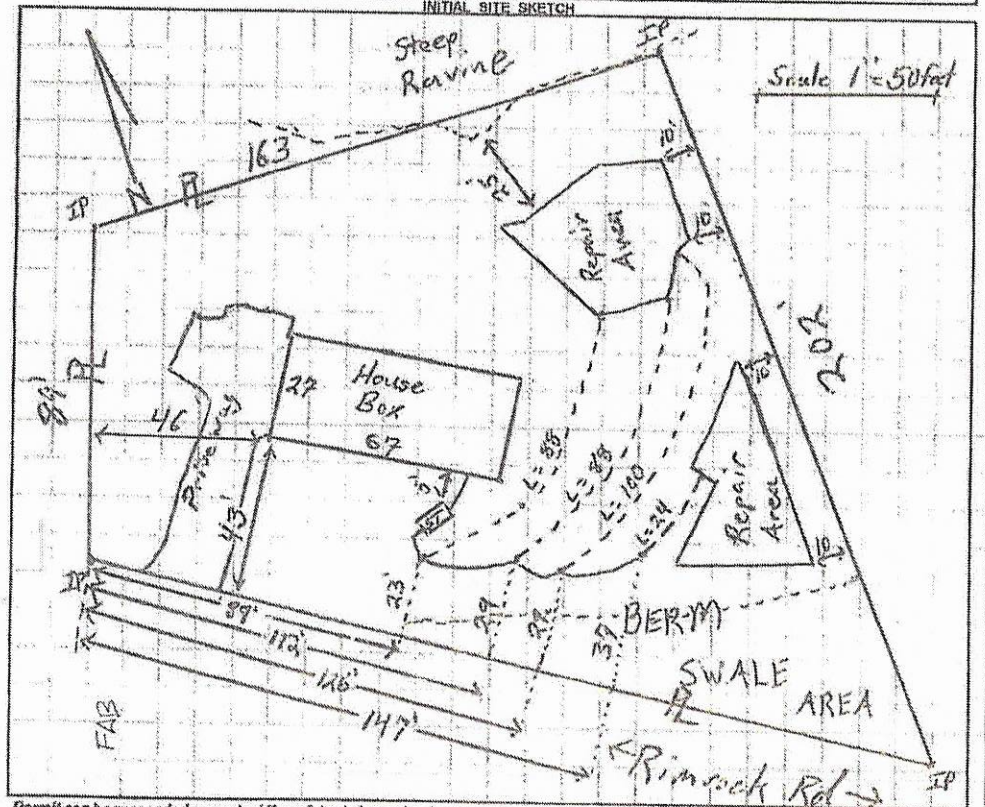
SITE DIRECTIONS: Mt Bethel Rd to Rimrock Rd.

SUBDIVISION: SECTION: — LOT # — LOT AREA: 0.770 acres DESIGN FLOW: 360 gal/day L.T.A.R.: 0.3

Septic Tank 1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank — (gal)	PT	Date	System Description: 25% Reduction - Serial Distribution	☐ Business	No. Persons 6	☐ Private
Pump Make —	Model	Serial #	Repair System Description: LP - PPBPS	☐ Other	No. Employees —	☒ Public
# Nitrification Fields 1	# Lines 4	Linear Ft: 300	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth 34"	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Follow all N.C. septic rules. Remove top 2"-3" of berm at time of installation to allow for surface water to runoff. Keep septic tank at least 5 feet from house foundation.

INITIAL SITE SKETCH



AS BUILT SKETCH

Owner/Applicant

EHS Tom Shuck

Amount Owed $ 0

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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 EXCAVATI

☐ 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 m

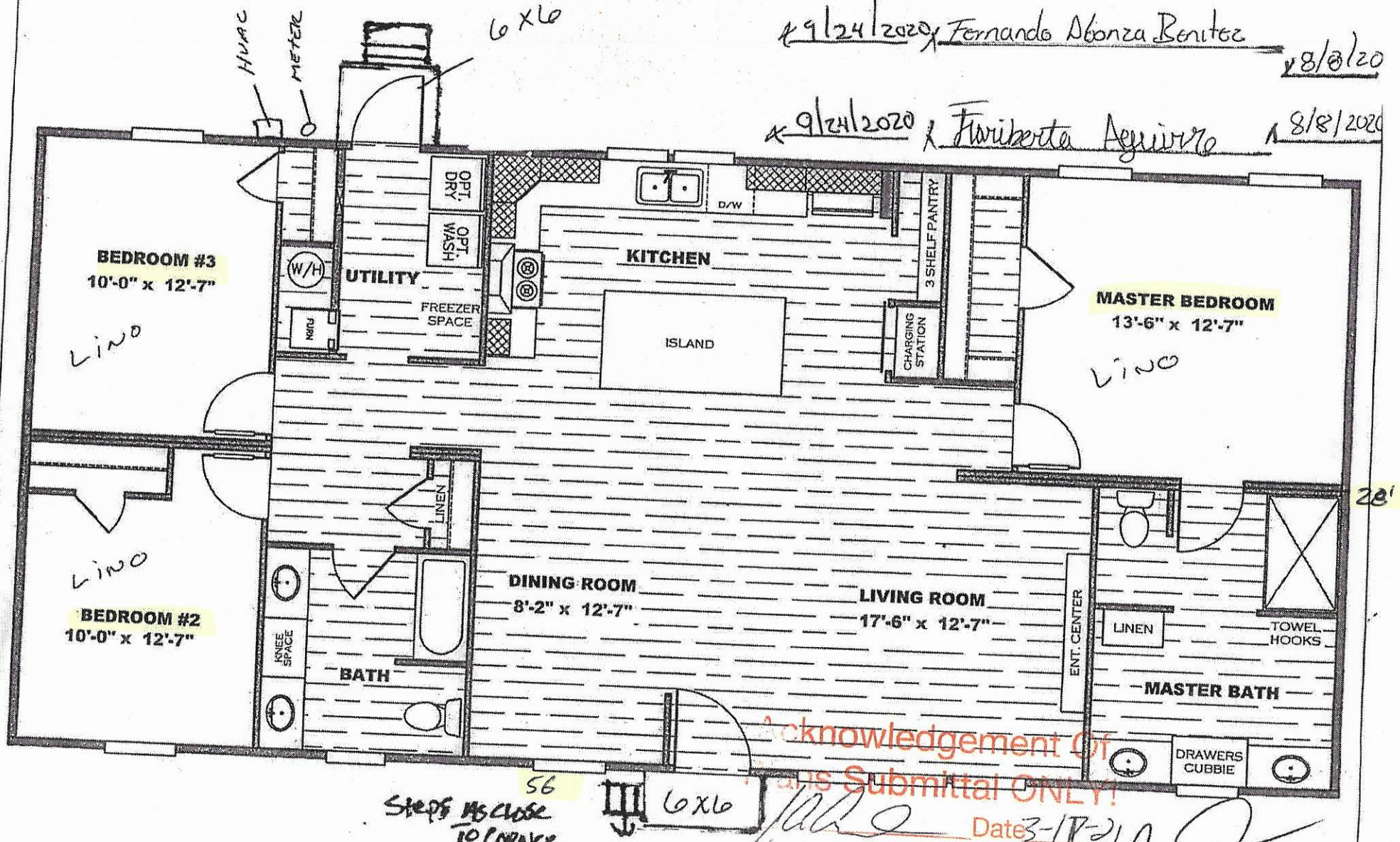
Owner / Applicant Signature: Ted Benbow Date: 1-13-16 Installed by:

IMPROVEMENT PERMIT by: Tom Shuck Date: 12-29-15 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Exhibit D



9/24/2020 Fernando Alonza Benitez 8/8/20

9/24/2020 Floriberta Aguirre 8/8/2020

28'

Steps As close to Corner As possible

Acknowledgement of Plans Submittal ONLY!

Date 3-17-21

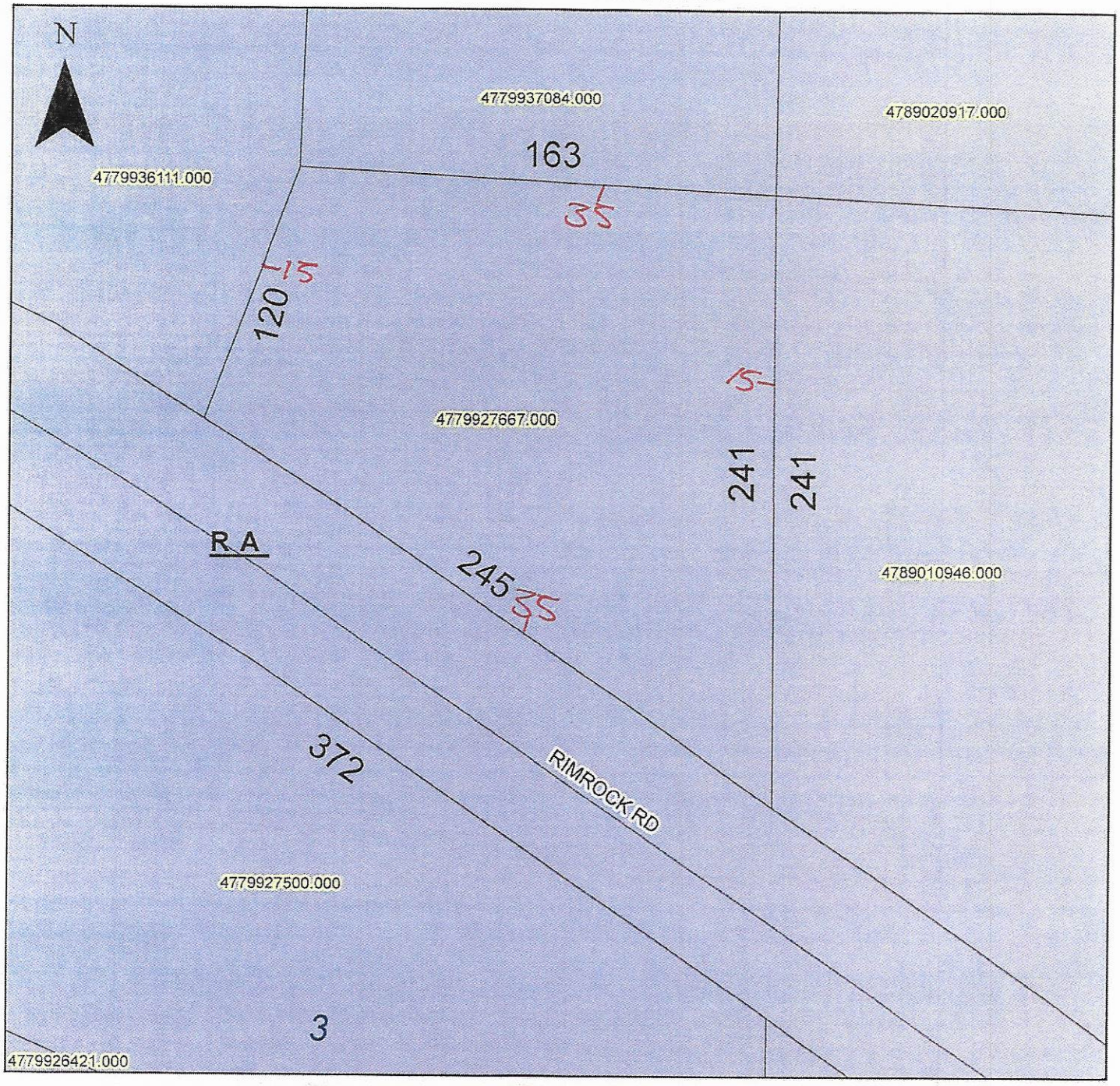
Budget Coordinator Date 5-5-2021

3/12/21

DJ

SHEET:							
SL.1	SALES LITERATURE	Clayton Clayton - 934 1420 Mountain Rd, Andersonville, TN 37705 PH: 865.494.7800 FAX: 865.494.0243	HILBORN, WERNER, CARTER, AND ASSOCIATES, INC. 1827 SOUTH MYRTLE AVE. CLEARWATER, FL. 33756	DRAWING #: 34M178	MODEL: ISLAND BREEZE	STD PLAN "CONDITIONED": 1,475 FT²	
				MODEL #: TRA28564I	SERIES: THE M.V.P.	REV. BY: DCS	
				DATE: 05/09/2018	SCALE: N.T.S.	PRODUCT DESIGNER: DANIEL C. SHELDON	REV. DATE: 06/01/2018

ZONING DISCLAIMER



Property Address 193 Rimrock 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.

Applicant

3-17-21
Date