IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # LCO 116

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

PIN # 4798319385

APPLICANT: John Cozzie APPLICANT ADDRESS: 7335 Styers Ferry Rd Clemmons NC

SITE ADDRESS: 110 Layin Low Ln Statesville NC PHONE: 336-283-1832 ALT. PHONE: N/A

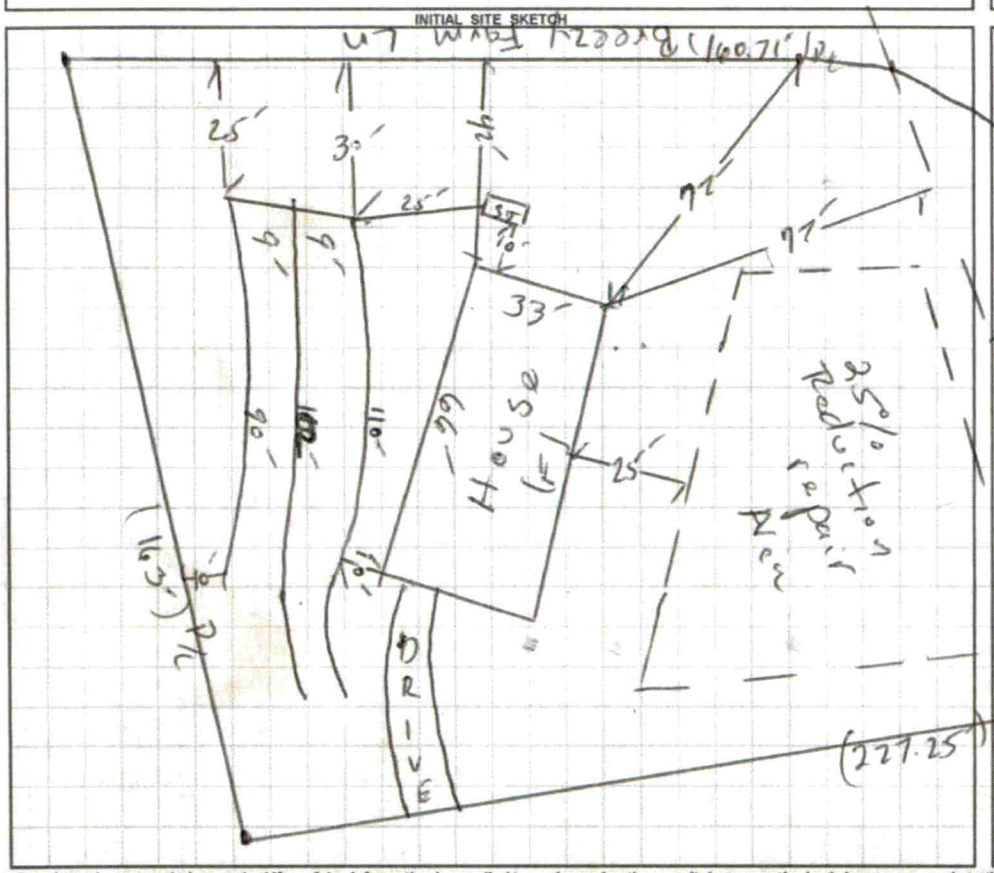
SITE DIRECTIONS: on the corner of Society Rd & Breezy Farm Rd

SUBDIVISION: N/A SECTION: N/A LOT # Tract 1 LOT AREA: 0.631ac DESIGN FLOW: 360 L.T.A.R.: 0.3

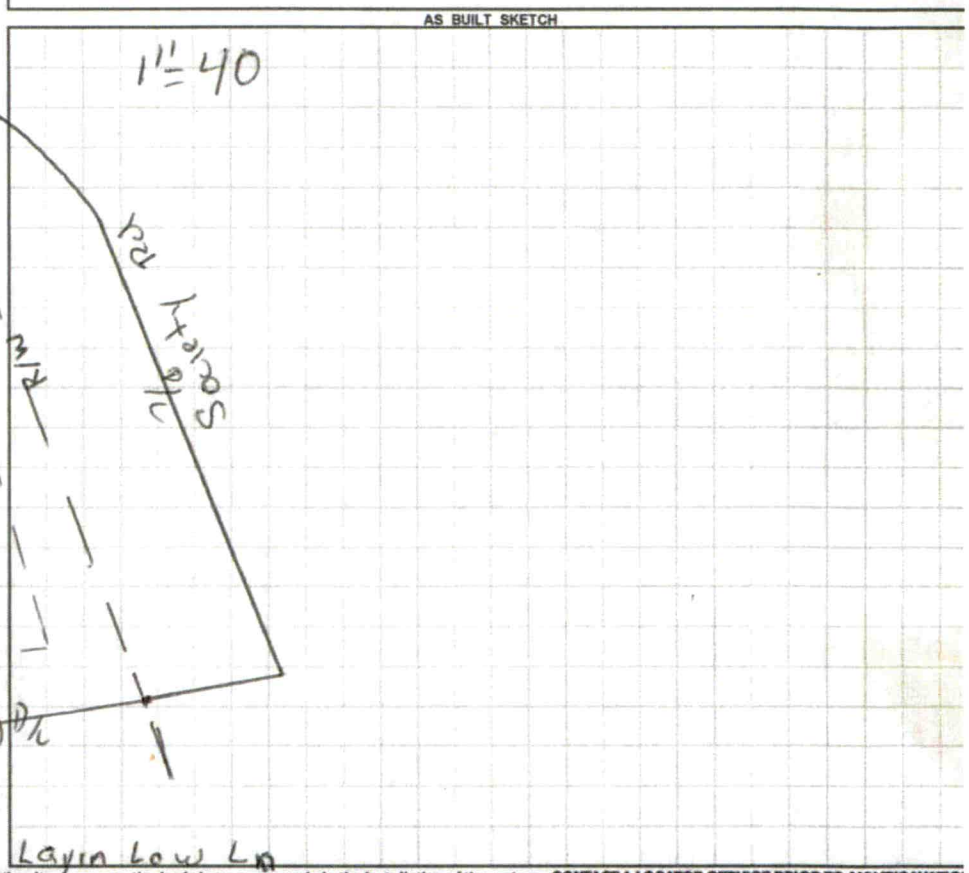
Septic Tank	1000	(gal)	STB	160	Date	2-27	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☒ Residence	No. Bedrooms	3	Water Supply				
Pump Tank		(gal)	PT		Date		System Description:			25% Reduction		☐ Business	No. Persons	6	☐ Private				
Pump Make			Model		Serial #		Repair System Description:			25% Reduction		☐ Other	No. Employees		☒ Public +				
# Nitrification Fields	1		# Lines	3	Linear Ft:	300	Maintenance Agreement Required:		☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community				
Trench Width	36"		Max. Trench Bottom Depth	36"	Gravel Depth	N/A			☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing				

Comments / Conditions: Install 25% reduction on contour with serial distribution

INITIAL SITE SKETCH



AS BUILT SKETCH



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 EXCAVATIO**

☐ **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: John Cozzie Date: 12/16/16 Installed by: Rusty Miller & Sons 1129: 1129.

IMPROVEMENT PERMIT by: Date: 12/13/16 OPERATION PERMIT by: Date: 5/19/20

AUTHORIZATION TO CONSTRUCT by: Date: 12/13/16 Existing System Inspected by: Date:

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 47831
COUNTY: Iredell

704-902-8741

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

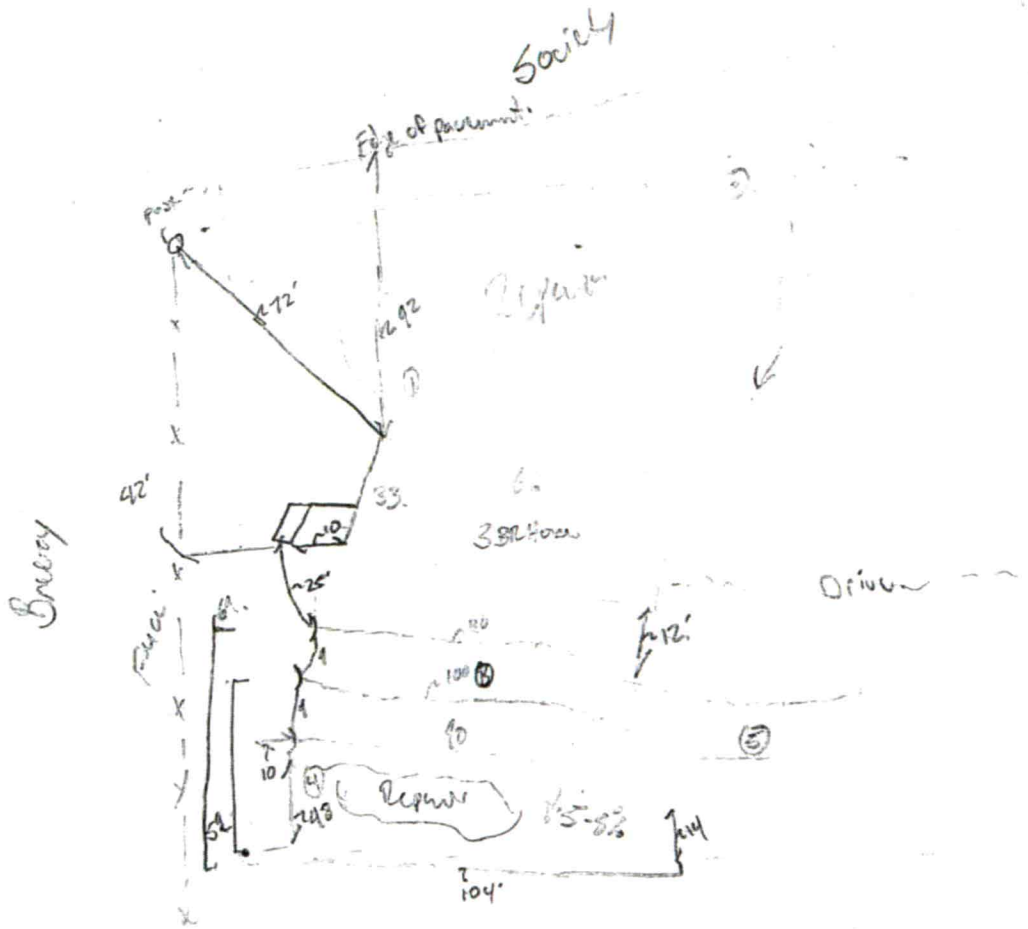
OWNER: John Cozzie
ADDRESS: 110 Layin Low Ln
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: on corner of Society + Brazy Farm Rd
APPLICATION DATE: 11/15/16
DATE EVALUATED: 12/8/16
PROPERTY SIZE: 0.63 ac
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	Side slope 5%	0-8	SCL WSBK	SS SP FR SEXP	7.5YR4/6	PS	W/A	W/P	.3 LTAR PS
		8-32	C SBK		2.5YR4/8				
		32-48	Cl WSBK	SS/C					
	Ridge 5%	0-8	SCL WSBK	SS SP FR SEXP	7.5YR4/6	B/K Trans	W/A	W/A	.3 LTAR PS
		10-24	C SBK	FM	2.5YR4/8				
		24-48	Cl WSBK	FR					
	5% TOR	0-12	SCL WSBK	SS SP FR SEXP	PS	PS	Litho Mottled	W/A	.3 LTAR PS
		12-18	C SBK	FM					
		18-48	Cl WSBK	FR					
	5% TOR	0-10	SCL WSBK	SS SP FR SEXP	7.5YR4/6	B/K Trans	Litho Mottled	W/A	.3 LTAR PS
		10-40	C SBK	FM	2.5YR4/8				
		40-49	Cl WSBK	FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ble Space (.1945)	PS	PS
n Type(s)	TT	TT
AR	.3	.3

NTS:

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H. Snow
OTHER(S) PRESENT:


Edge of pavement
Social
Existing
Existing
Existing
Drive
Drive
Repair
172'
42'
33'
12'
104'
25%

RECEIVED NOV 1 5 2016 ENTERED BY DEBBIE W

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___Improvement Permit X Authorization To Construct ___ Existing System Inspection

Paid $500.00 # 223176

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: X Survey Plat, Sealed no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Sealed no more than 1 Inch = 60 Feet

3. Applicant Information:

JOHN COZZIE	7335 STYERS FERRY Rd, CLEMMONS, NC 27012	~~Home Phone #~~	336-283-1832 ~~Alternate Phone #~~ HOME
Applicant Name	Mailing Address		
SAA			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

110 LAYIN LOW LANE	—	—
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: on the corner of Society Rd and Breezy Farm Ln

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- X New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- Repair To Failing Septic System due to ___
- ( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

- X Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ Year

( ) Alternative X Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes X No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes X No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: John Cozzie
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/15/16
DATE

Type: CRP
Recorded: 11/08/2016 at 04:03:00 PM
Fee Amt: $26.00 Page 1 of 3
Revenue Tax: $0.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2456 PG 1848-1850

Excise Tax $ NONE

Recording Time, Book and Page

Parcel Identifier No. portion of 4798-31-6070
Verified by _____County on the _____ day of _____, 20__
By: _____

Mail after recording to GRANTEE

This instrument was prepared by : **THE LAW OFFICE OF ANTHONY S. PRIVETTE, PLLC**
307 Davie Avenue, Statesville, NC 28677
www.attorneyprivette.com

Brief description for the Index:

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 04th day of November, 2016, by and between

GRANTOR	GRANTEE
CHRISTOPHER JON KIERES and wife, MICHELLE ANGELA KIERES	**JOHN M. COZZIE and wife, SHARON M. COZZIE**
Mailing Address: 3118 E Rene Avenue Chillicothe, IL 61523	Mailing Address: 7335 Styers Ferry Rd Clemmons, NC 27012

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 or parcel of land situated in Turnersburg Township, Iredell County, North Carolina and more particularly described as follows:

TO FIND THE TRUE POINT AND PLACE OF BEGINNING begin at a found iron rod located in the northern margin of the right-of-way of Breezy Farm Lane a private drive; thence South 10 degrees 25 minutes 04 seconds East 60.38 feet to a found iron rebar THE TRUE POINT AND PLACE OF BEGINNING; thence North 86 degrees 39 minutes 33 seconds East 160.71 feet to a set iron rebar, thence South 17 degrees 16 minutes 38 seconds East 163.00 feet to an iron rod set; thence North 78 degrees 20 minutes 10 seconds East 227.25 feet (passing through an iron rod set at 196.05 feet) to a computed point within the right-of-way of NCSR#

Page Count: 3
NS PQ SI

2153 known as Society Road; thence continuing within the right-of-way of NCSR# 2153 North 26 degrees 34 minutes 26 seconds West 51.82 feet to a computed point; thence continuing within the right-of-way of NCSR# 2153 North 26 degrees 27 minutes 30 seconds West 34.74 feet to a computed point within the right-of-way of NCSR# 2153; thence with a curve in a northwesterly direction having an arc distance of 87.94 feet, a radius distance of 75.52 feet (with a chord bearing of North 59 degrees 55 minutes 30 seconds West 83.05) to the beginning and being 0.631 acres more or less and all of Tract One (1) as designated on a survey prepared by Matthew I Grant PLS dated October 20, 2016. The property conveyed herein as a portion of the property presently identified by Iredell County tax parcel identification number 4798-31-6070. For back title reference see Deed Book 2268, Page 268 Iredell County Registry.

All or a portion of the above-described property does not include the principal residence of the Grantor.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2268, Page 268 of the Iredell County Public Registry.

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 the 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 except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions: **All such valid and enforceable easements, conditions and restrictions as may appear of record, if any; any matters which could be revealed upon a thorough inspection of the premises conveyed herein and the lien of ad valorem taxes for the current year, which Grantee hereby assumes.**

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

OFFICIAL SEAL
RENEE E GRUSY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 09-13-2020

Christopher Kieres (SEAL)
CHRISTOPHER JON KIERES

Michelle Kieres (SEAL)
MICHELLE ANGELA KIERES

STATE OF Illinois

COUNTY OF Peoria

I, Renee E Grusy, a Notary Public for said County and State, do hereby certify that **CHRISTOPHER JON KIERES and wife, MICHELLE ANGELA KIERES**, personally appeared before me this day, and being by me duly sworn, says that he executed the foregoing and annexed instrument for the purposes therein expressed.

Witness my hand and official stamp or seal, this 4th day of November, 2016.

My commission expires: 9/13/2020

Renee E Grusy
Notary Public

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...

_X_ 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

_X_ Front and side setbacks from property line...

_X_ Area you prefer your septic system to be placed...

____ Preferred driveway location and configuration, preferred well location...

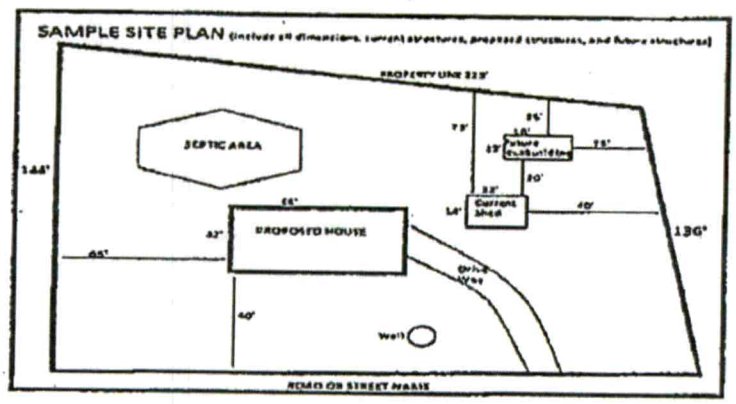
____ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

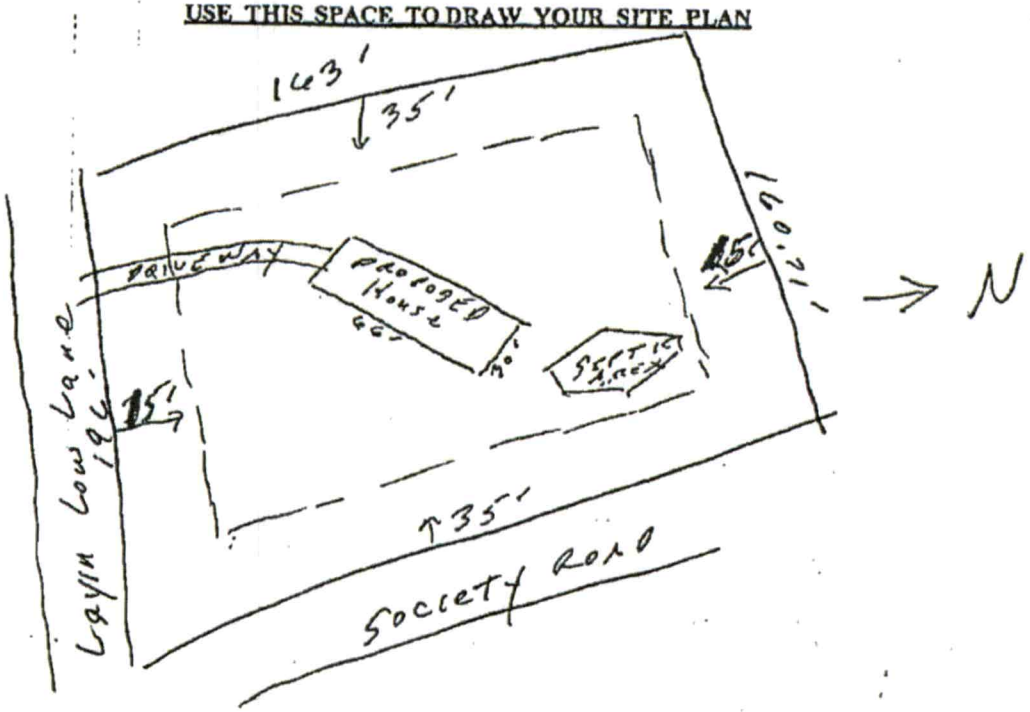
N/A Location of septic systems and wells within 100' of your property... N/A

_X_ Location of easements and rights of ways on your property... N/A

N/A Location of any designated wetlands on the property... N/A

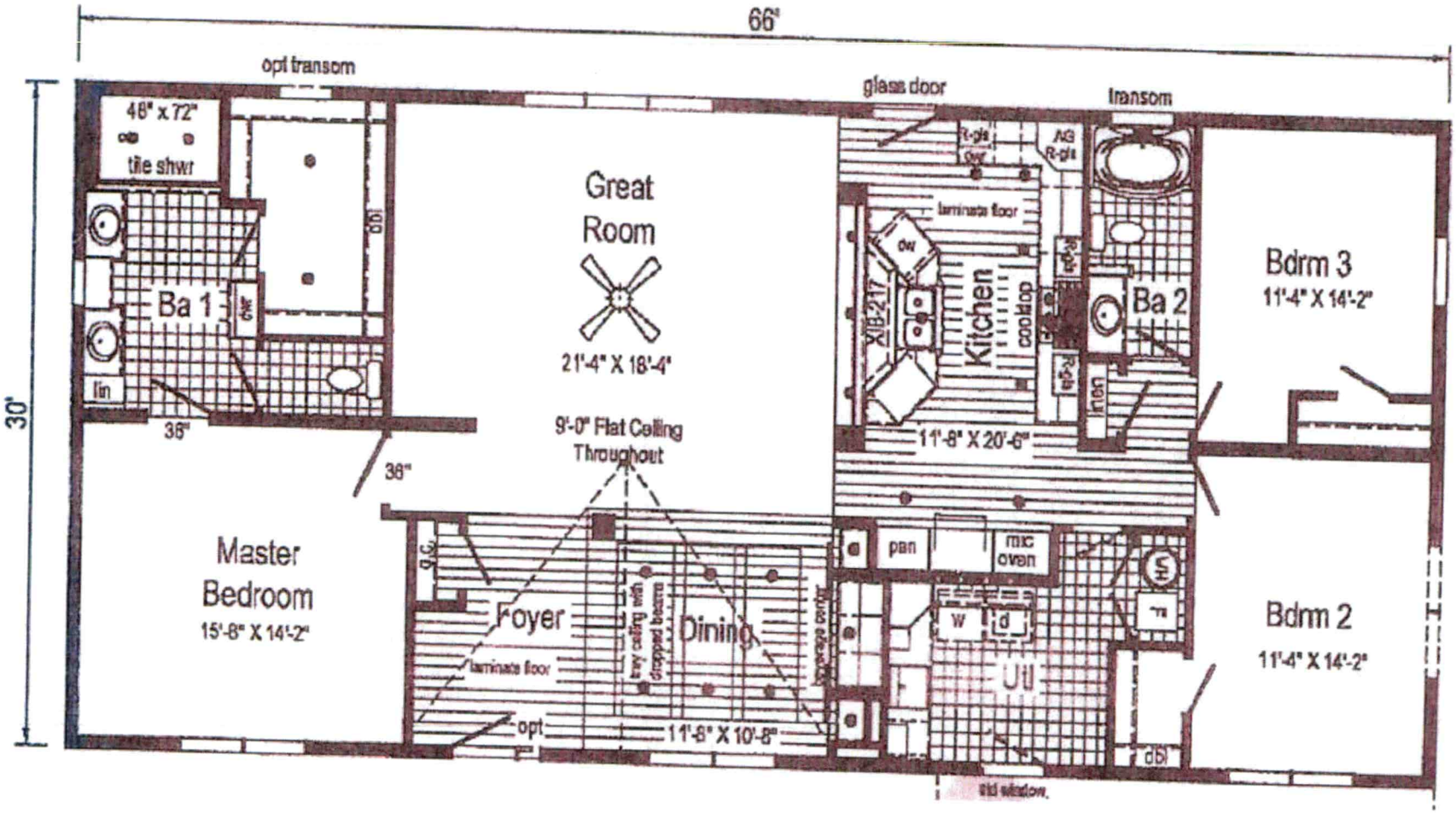


USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: John Coyne
REQUIRED property owner or owner's legal representative signature.

11/15/16
DATE



Floor Plan for the house at 110 Layin Low Lane

Acknowledgement Of
Plans Submittal ONLY!
John Coyne Date 12/12/16
Date 12/13/16

IREDELL COUNTY

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

APPLICATION NUMBER
223176
Issue Date: 11/15/2016

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4798316070.000	110 LAYIN LOW LANE, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: COZZIE, JOHN M. COZZIE, SHARON M.	Applicant: COZZIE, JOHN M.
Address: 7335 SLYERS FERRY RD CLEMMONS, NC 27012	Address: 7335 SLYERS FERRY RD CLEMMONS, NC 27012
Phone: 336-283-1832	Phone: 336-283-1832

Use Requested	Zone Code
MODULAR	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
15.411	35.00	35.00	15.00	15.00	PACO	X

Remarks:

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: _____ Date: _____

Permit Number	85718	TOTAL FEES:	$ 77.25