IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224908.

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

PIN # 4/82/339994

APPLICANT: David Lacroba APPLICANT ADDRESS: 558 Abbeydale Rd Harmony NC 28634.

SITE ADDRESS: 4922 Wilkesboro Hwy Statesville NC PHONE: 704/546 2185 ALT. PHONE:

SITE DIRECTIONS: I-77 Exit 59 to Tomlin Mill Rd, Right on Friendship Rd, Left on Wilkesboro Hwy site on Left.

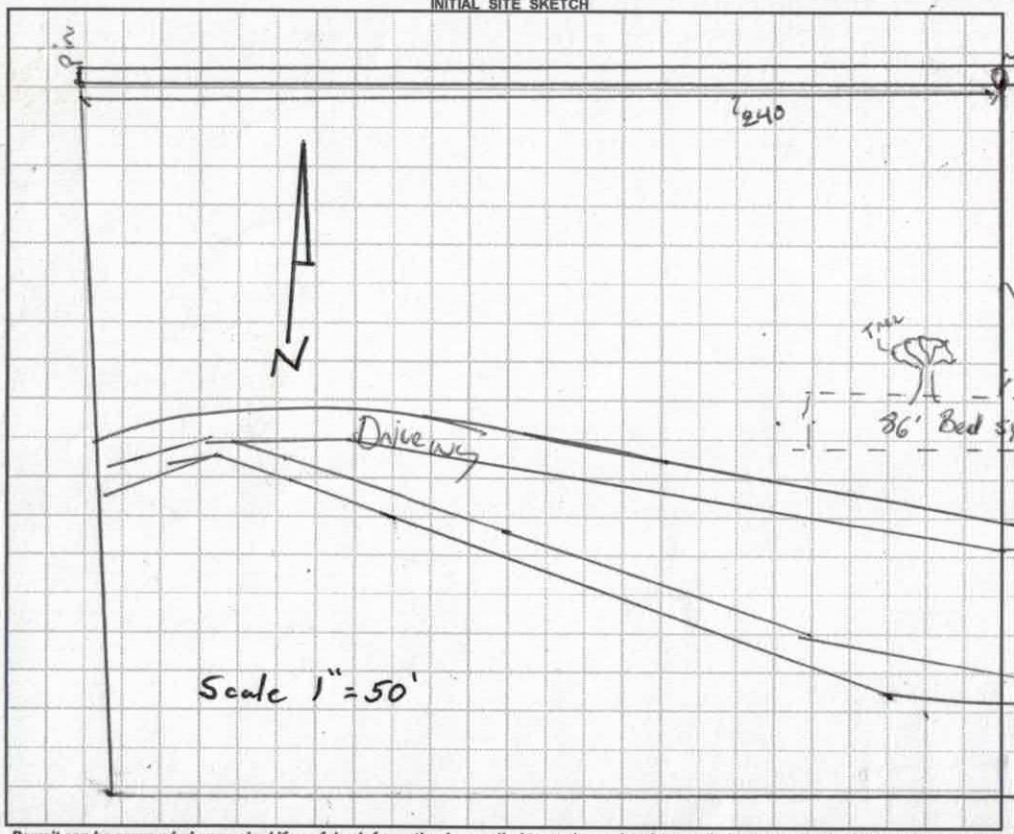
SUBDIVISION: — SECTION: — LOT # ~~2.34~~ LOT AREA: 2.345 acres DESIGN FLOW: Existing L.T.A.R.: Existing

Septic Tank	Existing	(gal)	STB		Date		☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Existing			
Pump Make		Model			Serial #		Repair System Description:	—			
# Nitrification Fields	1	# Lines	1 bed		Linear Ft:	66	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	—	Max. Trench Bottom Depth	—		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

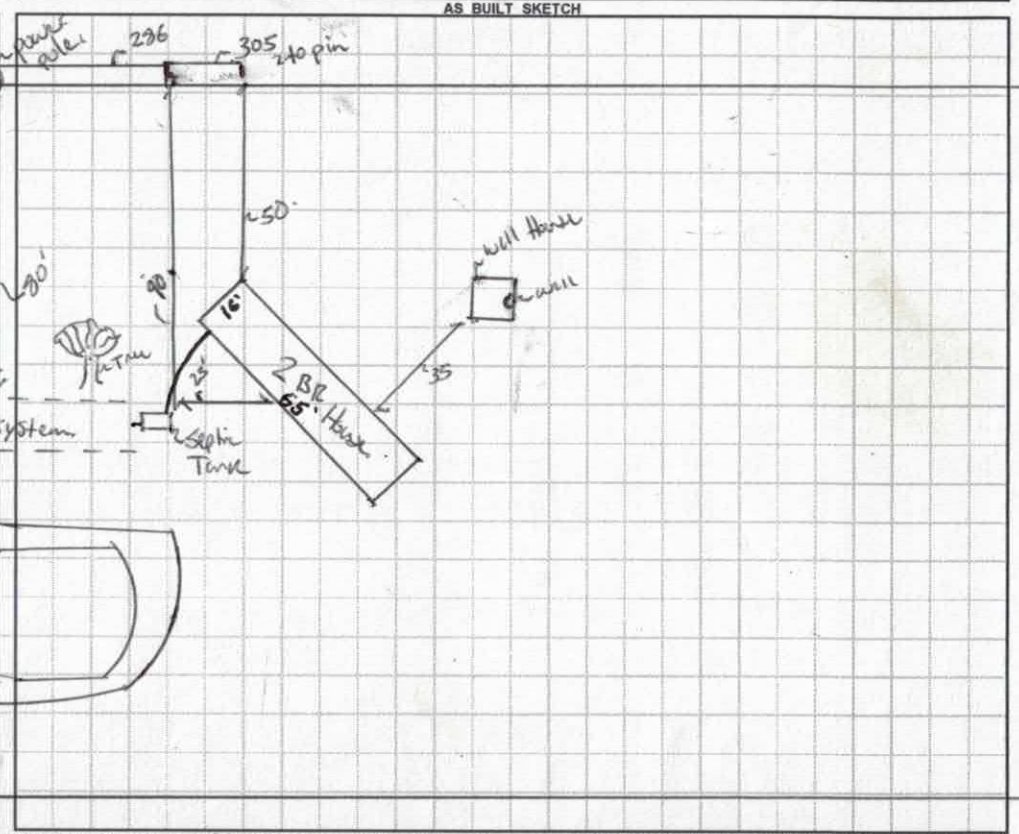
☒ Residence	No. Bedrooms	2	Water Supply
☐ Business	No. Persons	4	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Recommend pumping septic tank every 3-5 years.

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 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: David J. Lacroba Jr Date: 3-15-17 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 3/10/17

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

'24408

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 ___Authorization To Construct ✓ Existing System Inspection

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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
David J Laraba	558 ABBeydale Road, Harmony NC 28634	704-546-2185	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
David J Laraba	558 abbeydale Rd, Harmony NC, 28634	704-546-2185	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
4922 Wilkesboro Hwy Statesville NC		

Driving Directions: _____

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

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

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

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

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

9. Signature: David J Laraba — Feb 10 2017
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

224908

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, David J Laraba, am the legal owner(s) of the property located at 4922 Wilkesboro Highway Statesville NC. 28625, identified as PIN (Parcel Identification Number) 4821-33-9994, 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.

David J Laraba	Feb 10, 2017	Lori J Hedding	Feb 10 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: CRP
Recorded: 02/03/2017 at 12:25:59 PM
Fee Amt: $56.00 Page 1 of 3
Revenue Tax: $30.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2472 PG 1838-1840

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: 30.00

Parcel Identifier No._____ Verified by_____ County on the_____ day of_____, _____

By:_____

Mail/Box to:_____

This instrument was prepared by: Alan G. Carpenter, Attorney

Brief description for the Index:_____

THIS DEED made this 3rd day of February, 2017, by and between

GRANTOR	GRANTEE
Jennifer Ward, fka Jennifer B. Steed and husband, Kelly Ward 284 Rock Pond Lane Hiddenite, NC 28636	David J. Laraba 558 Abbeydale Road Harmony, NC 28634 Property address: 4922 Wilkesboro Highway Statesville, NC 28625

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 _____, Sharpesburg Township, Iredell County, North Carolina and more particularly described as follows:

See EXHIBIT A, attached.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2117 page 2012.

All or a portion of the property herein conveyed X includes or ___ does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book_____ page_____.

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, rights of way and restrictions of record, if any.

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

_____ (SEAL)

_____ (Entity Name)

By: _____ Jennifer Ward (SEAL)

Title: _____

By: _____ fka Jennifer B. Steed (SEAL)

Title: _____

By: _____ Kelly Ward (SEAL)

Title: _____

State of North Carolina - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that Jennifer Ward, fka Jennifer B. Steed and Kelly Ward

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 3rd day of February, 2017.

My Commission Expires: 11-6-2021 (Affix Seal)

SANDRA J. BENFIELD
Notary Public
Iredell County, NC
My Commission Expires: 11/06/2021

Notary Public

Notary's Printed or Typed Name Sandra J. Benfield

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that

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 _____ day of _____, _____.

My Commission Expires: _____ (Affix Seal)

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 _____, _____.

My Commission Expires: _____ (Affix Seal)

Notary Public

Notary's Printed or Typed Name

EXHIBIT A

BEGINNING at a railroad spike located in the center of N.C. Highway #115, said railroad spike being located 331.50 feet North 3 deg. West measuring with the center of the road from a point in the center of Tucker's Branch, a new corner of the party of the first part; thence running with the center of said road, North 03 deg. West 184.45 feet to a point in the center of said road; thence South 82 deg. 41 min. East and passing through an iron pin in the margin of said road 30.49 feet from the starting point, 520.61 feet to an iron pin in a 30 inch poplar stump near the branch; thence South 20 deg. 23 min. East 212.83 feet to an iron at the sweet gum on the East side of the branch; thence North 82 deg. West 586.56 feet and fast passing through an iron pin in the margin of the road to the railroad spike, the BEGINNING point, containing 2.345 acres, more or less.

PIN: 4821-33-9994
Property address: 4922 Wilkesboro Hwy, Statesville, NC 28625

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET 224908

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

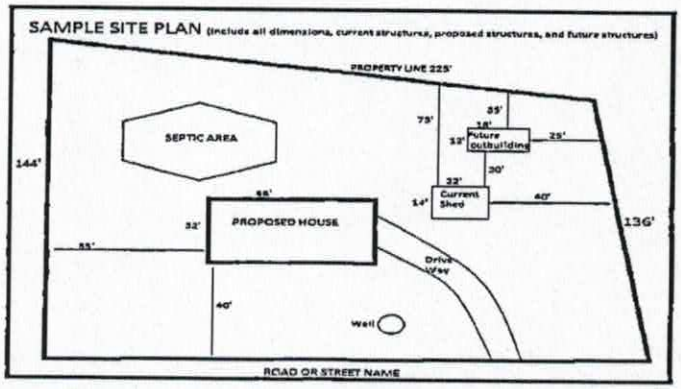
____ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

____ Area you prefer your septic system to be placed... **____ North arrow, or other sufficient indicator of direction...**

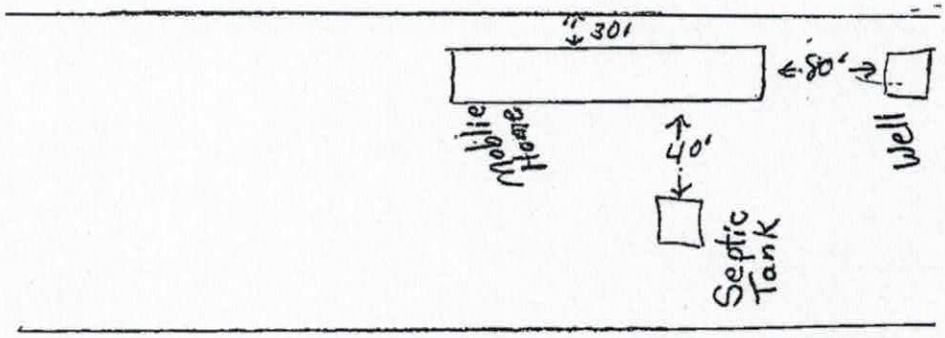
Circle N/A on the following if appropriate:

____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: David J Lasaba

REQUIRED **property owner or owner's legal representative signature.**

Feb 10 2017

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 Steve Sprinkle DATE 6-26-75 PERMIT NO. _____

PHONE: Business _____ Home _____

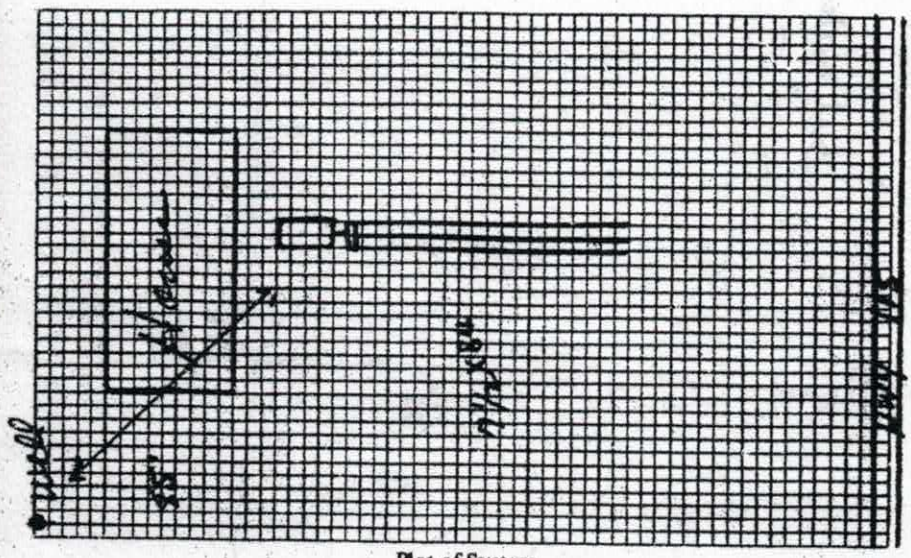
LOCATION Hwy 115 N. House on R. approx 1 mile beyond Central Fire Dept. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Red Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slight Slope Low.
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
Lot Area 2 Acres			Rock or other impervious formations	Some rotten rock in bottom of ditch



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by John Mercer

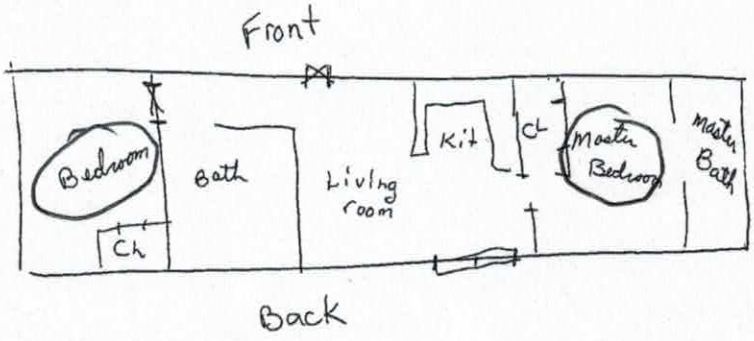
IMPROVEMENTS PERMIT BY E. A. S.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 6-26-75

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



Acknowledgement
Plans Submittal ONLY
Lori Gladding Date Feb 10, 2017
Tom Thiele Date 3/10/17

IREDELL COUNTY

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

APPLICATION NUMBER
224908
Issue Date: 02/10/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4821339994.000	4922 WILKESBORO HIGHWAY, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: STEED JENNIFER B	Applicant: LARABA DAVID J
Address: 4922 WILKESBORO HWY STATESVILLE, NC 28625	Address: ,
Phone:	Phone:

Use Requested	Zone Code
HOUSE WAS THERE BEFORE-REPLACING WITH SW	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.345	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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.

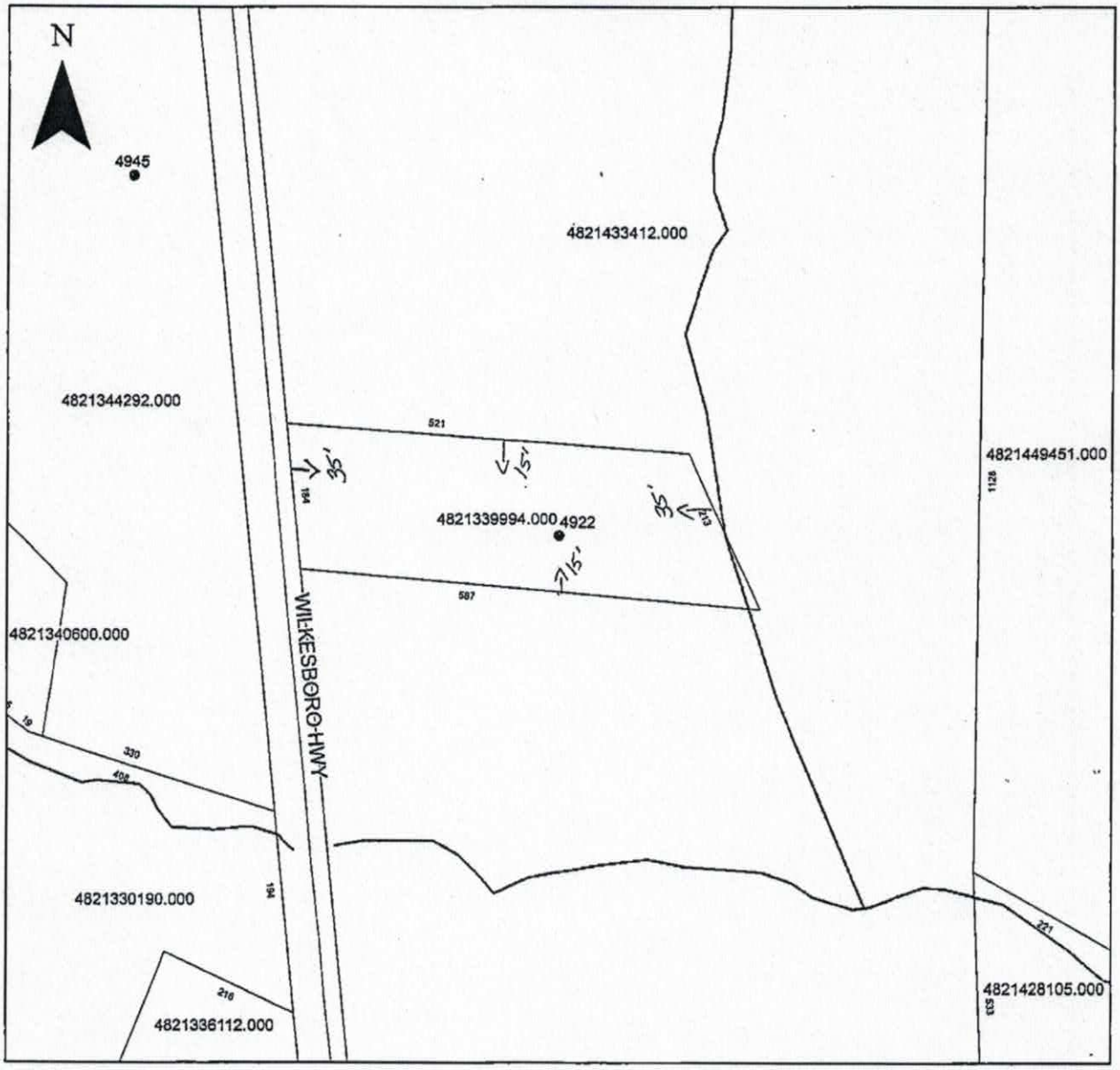
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	92991	TOTAL FEES:	$ 77.25

224908

ZONING DISCLAIMER



Property Address 4922 Wilkesboro Hwy.

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.

David J Larabe
Applicant

Feb 10 2017
Date