IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227025

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

M.A.D. PIN # 4844318363

APPLICANT/OWNER: Casey + Heather Melton APPLICANT ADDRESS: 124 Ponds End Ln

SITE ADDRESS: 120 Ponds End Ln Union Grove, NC PHONE: 704-902-5533 ALT. PHONE 704-239-3693

SITE DIRECTIONS: 901 N → R on Warren Bridge Rd → R on Mitch Rd → L on Ponds End Ln → lot on R SAP CONTROLLED: ☐ YES ☑ NO

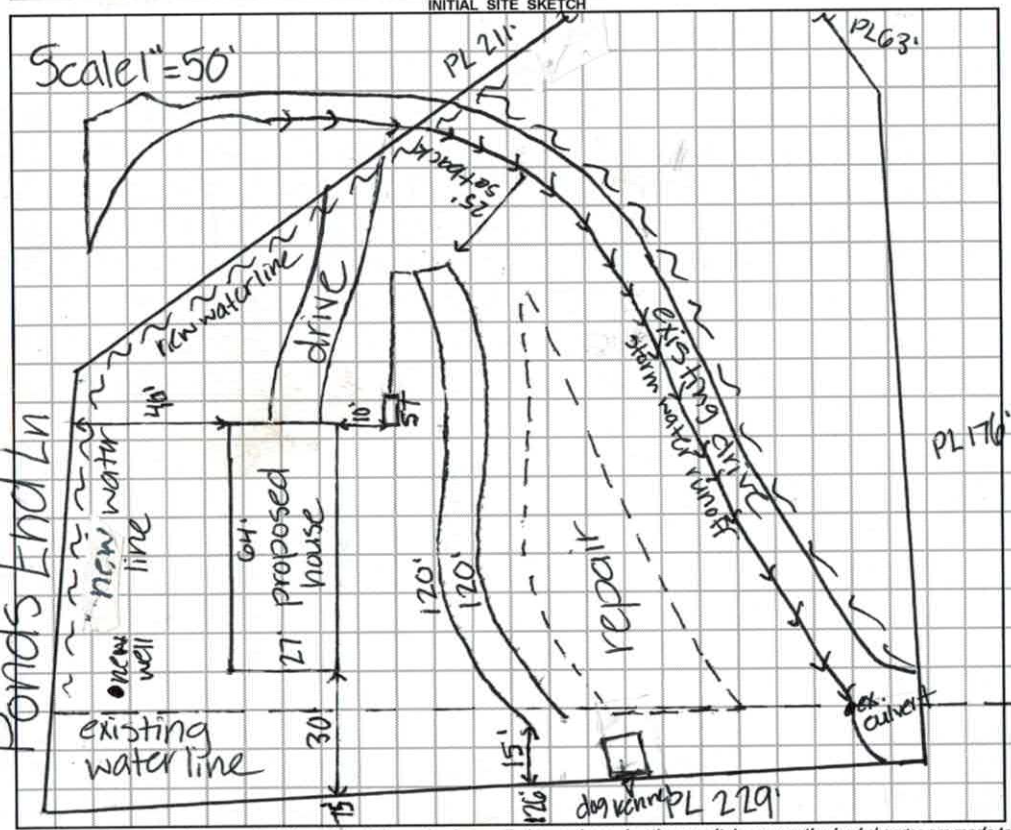
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: .892 AC DESIGN FLOW: 240 gpd L.T.A.R.: .25 (.25 repair)

Septic Tank	1000 (gal)	STB	1012	Date	7/17/17	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% reduction		
Pump Make		Model		Serial #		Repair System Description:	25% reduction		
# Nitrification Fields	1	# Lines	2	Linear Ft	240'	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	18"/23" high side	Gravel Depth	N/A		☑ 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: Install 25% reduction with serial distribution + drain lines on contour. * Install at 18" low side. Remove existing water line prior to installation. Water line must be relocated around property, following existing drive. Keep minimum of 10' from water line. Keep 25' from storm water runoff ditch. Dog kennel recommended to be moved prior to installation.

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: Casey Melton Date: 7-6-17 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Kayla Wilson Date: 6-28-17 OPERATION PERMIT by: Brigham D. Bolewin Date: 9/21/2017

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 6-30-17 Existing System Inspected by: Date:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 3
PROPERTY ID #:
COUNTY: Iredell

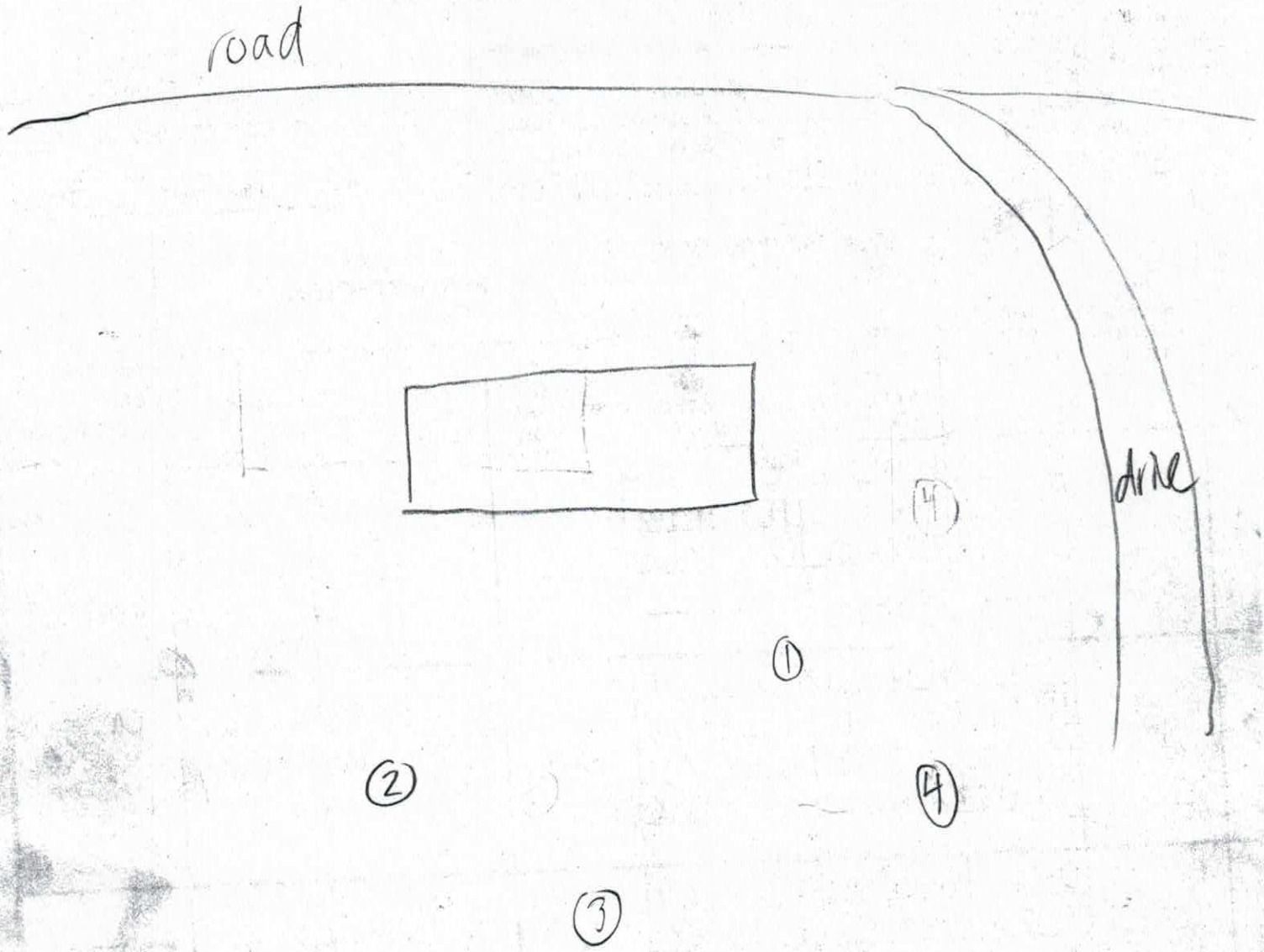
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Casey Melton
ADDRESS: 120 Pond End Ln.
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 240gpd
LOCATION OF SITE: 901N → R Warren Bridge → R on Mitch → L on Ponds End
APPLICATION DATE 5-9-17
DATE EVALUATED: 5-16-17
PROPERTY SIZE: 892 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	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	LS	0-7	WSBK SCL	Fr SS SP SEXP	—	35	7-35" com. rock inc. 20-35 com. SAP inc.		pits needed
		7-20	SBK C	Fr SS SP SEXP					
		20-35	WSBK BC CL	Fr SS SP SEXP					
		35 ROCK							
2	LS	0-4	WSBK SCL	Fr SS SP SEXP	—	33	33-48" few RC SAP inc.		pits needed
		4-19	SBK C	Fr SS SP SEXP					
		19-33	WSBK BC CL	Fr SS SP SEXP					
		33-48	SL SAP mass	VFr-Fr NS NP					
3	LS	0-9	WSBK SCL	Fr SS SP SEXP	—	39	44-48" RC SAP		pits needed
		9-18	SBK C	Fr SS SP SEXP					
		18-39	WSBK BC CL	Fr SS SP SEXP					
		39-48	SL SAP mass	VFr-Fr NS NP					
4	LS	0-10	WSBK SCL	Fr SS SP SEXP	—	32	0-10" com. Rock inc. 22-32" com. SAP inc.		pits needed
		10-22	SBK C	Fr SS SP SEXP					
		22-32	WSBK BC CL	Fr SS SP SEXP					
		32 Rock							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	Pits Needed	
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:
COMMENTS:


road
drive
(1)
(2)
(3)
(4)
(4)

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

PROPERTY ID #:
COUNTY:

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

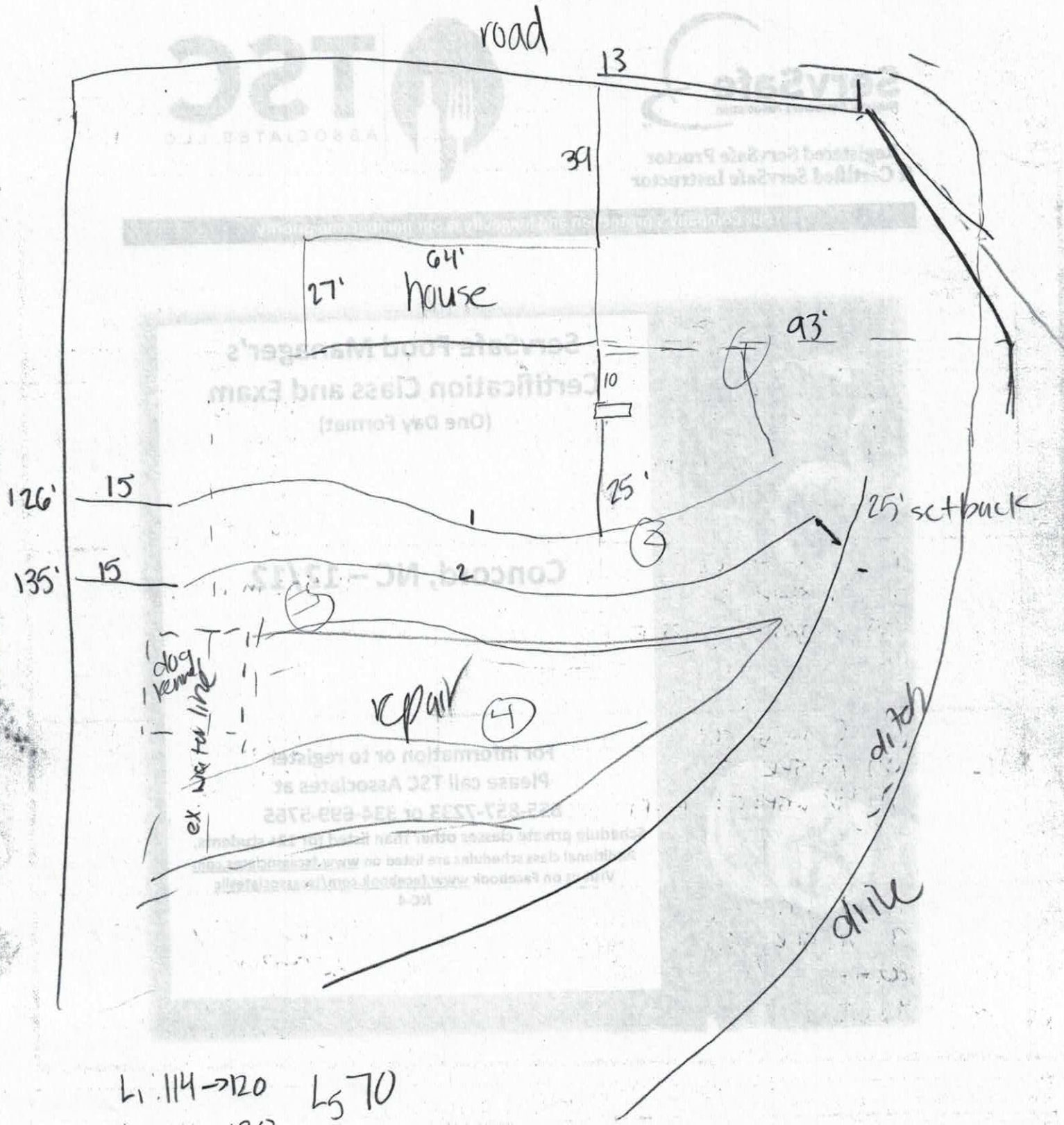
OWNER: Refer to sheet 1 APPLICATION DATE
ADDRESS: DATE EVALUATED: 6-20-17
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:
LOCATION OF SITE: PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Sewage ☐ 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
1	LS	0-7	WSBK SCL	Fr,SS,SP,SEXP	(10-21 rock on side wall)	38"	0-19" com rock inc. 19-38 many Rock inc. 38-60 com. RCSAP inc		U
		7-19	SBK C	Fr,SS,SP,SEXP					
		19-38	WSBK CL	Fr,SS,SP,SEXP					
		38-60	RCSAP massive VFi						
2	14% LS	0-11	WSBK SCL	Fr,SS,SP,SEXP		35"	11-35 com-many Rock inc.		PS .25
		11-25	SBK C	Fr,SS,SP,SEXP					
		25-35	WSBK CL	Fr-Fi,SS,SP,SEXP					
		35-60	RCSAP massive VFi						
3	14% LS	0-10	WSBK SCL	Fr,SS,SP,SEXP		48"	48-62 many RCSAP inc. 25-48 com-Rock inc.		PS .25
		10-25	SBK C	Fr,SS,SP,SEXP					
		25-48	WSBK CL	Fr-Fi,SS,SP,SEXP					
		48-62	LSAP massive	Fr-Fi,NS,NP					
4	13% LS	0-9	WSBK SCL	Fr,SS,SP,SEXP		43"	43-60 many RCSAP inc. 26-43 com-Rock inc		PS .25
		9-26	SBK C	Fr,SS,SP,SEXP					
		26-43	WSBK CL	Fr,SS,SP,SEXP					
		43-60	LSAP mass	NS,NP,Fr					

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:



L1 114 → 120 L5 70

L2 114 → 120

L3 96

L4 96

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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: Refer to sheet 1 APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 6-23-17
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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	LS	0-7	WSBK SCL	Fr,SS,SP,SEXP		48	32-48" com. SAP inc. 0-32 inc.	few rock	PS .3
		7-24	SBK C	Fr-Fi,SS,SP,SEXP					
		24-48	WSBK CL	Fr-Fi,SS,SP,SEXP					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	—	PS
System Type(s)	—	25% red uc
Site LTAR	—	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT: Tom Shuck

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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 X BOTH ___ Existing System Inspection

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

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Casey & Heather Melton	124 Ponds End Ln. Union Grove	704-902-5533	704-239-3193
Owner Name: same	Mailing Address	Home Phone #	Alternate Phone #

* Deina

4. **Property Information:**

Ponds End Lane — Street Address; Subdivision Name; Section/Phase and Lot Number

Driving Directions: 901 N - ® Warren Bridge - ® Mitch - © Ponds End - property on right at end

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 4
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 ( ) 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:** Deina Alee — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/28/17 — DATE

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

Application for SEPTIC REPAIR PERMIT

(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 X BOTH ___Existing System Inspection

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

*Dena

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Casey & Heather Mettor	124 Ponds End Ln. Union Grove	704-902-5533	704-239-3693
same			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
120 Ponds End Lane		

Driving Directions: 901 N - (R) Warren Bridge - (R) Mitch - (L) Ponds End - property on right at end

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
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
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 ( ) 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 To The Best of Your Ability:
( ) Yes (√) No Does the site contain any jurisdictional wetlands?
( ) 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: Dena J Mettor — 5/9/17
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, Heather Melton, am the legal owner(s) of the property located at TBD Union Grove NC Pond End Land 28689, identified as PIN (Parcel Identification Number) (Part of) 4844318454, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Clayton Homes and/or Debra Abee, 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.

Heather Melton 5/5/17
Signature of Owner(s) Date

Bruce Abbey 5/5/17
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: 04/21/2017 at 01:38:39 PM
Fee Amt: $26.00 Page 1 of 3
Revenue Tax: $0.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2485 PG 1503-1505

Excise Tax $0.00 Recording Time, Book and Page

Parcel Identifier No. portion of 4844.31.8454.000 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

NO OPINION ON TITLE EXPRESSED OR IMPLIED BY PREPARER

Brief description for the Index: 0.892 acres more or less

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 21st day of April, 2017, by and between

GRANTOR	GRANTEE
Tammy Mitchell Melton and husband, Douglas E. Melton	**Casey E. Melton and wife, Heather Fisher Melton**
Mailing Address: 140 Ponds End Lane Union Grove, NC 28689	Mailing Address: 124 Ponds End Lane Union Grove, NC 28689

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 Union Grove Township, Iredell County, North Carolina and more particularly described as follows:

TO FIND THE TRUE POINT AND PLACE OF BEGINNING begin at an iron rod set within the right-of-way of NCSR No.: 1810 known as Mitch Road; thence with the centerline of the 25 ft. easement more particularly described at Deed Book 1005, Page 932; and Deed Book 981, Page 938 North 57 degrees 02 minutes 08 seconds West 450.97 feet to an existing nail, THE TRUE POINT AND PLACE OF BEGINNING; thence continuing with the centerline of the 25 ft. easement North 57 degrees 34 minutes 48 seconds West 119.24 feet to a computed point; thence North 08 degrees 58 minutes 46 seconds West 211.18 feet (passing through an iron rod set at 16.18 feet) to an iron rod set; thence North 83 degrees 01 minutes 18 seconds East 62.88 feet to an iron rod set; thence South 65 degrees 13 minutes 41 seconds East 175.85 feet to an iron rod set in the western boundary line of James Thomas Hicks and wife Minnie Pearl Hicks, now or formerly (Deed Book 933, Page 1892); thence South 24 degrees 46 minutes 23 seconds West 228.53 feet (passing through an existing iron rod at 223.31 feet) to the point and place of beginning and being 0.892 acres more or less in accordance with a survey prepared by Stephen D Pope, PLS dated April 14, 2017. For back title reference see Deed Book 768, Page 955 Iredell County Registry.

Together with all right title and interest in the easement more particularly described at Deed Book 1005, Page 932 and Deed Book 981, Page 938 Iredell County Registry.

R.O.T.C. 3

The property conveyed herein is conveyed subject to the rights of others in and to the easement more particularly described at Deed Book 1005, Page 832 and Deed Book 981, Page 938.

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 768, Page 955 of the Iredell County Public Registry.

A map showing the above-described property is recorded in 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 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; 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.

Tammy Mitchell Melton _____ (SEAL)
Tammy Mitchell Melton

Douglas E. Melton _____ (SEAL)
Douglas E. Melton

State of North Carolina

County of Iredell

I, Amanda N. Bowers, a Notary Public of Iredell County, and aforesaid state, do hereby certify that Tammy Mitchell Melton personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the 21st day of April, 2017.

(SEAL) AMANDA N. BOWERS NOTARY PUBLIC IREDELL COUNTY, NC

Amanda N. Bowers
Notary Public

My Commission Expires: May 10, 2019

State of North Carolina

County of Iredell

I, Amanda N. Bowers, a Notary Public of Iredell County, and aforesaid state, do hereby certify that Douglas E. Melton personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the 21st day of April, 2017.

(SEAL) AMANDA N. BOWERS NOTARY PUBLIC IREDELL COUNTY, NC

Amanda N. Bowers
Notary Public

My Commission Expires: May 10, 2019

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:

__V__ 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...

__✓__ Area you prefer your septic system to be placed...

__✓__ Preferred driveway location and configuration, preferred well location...

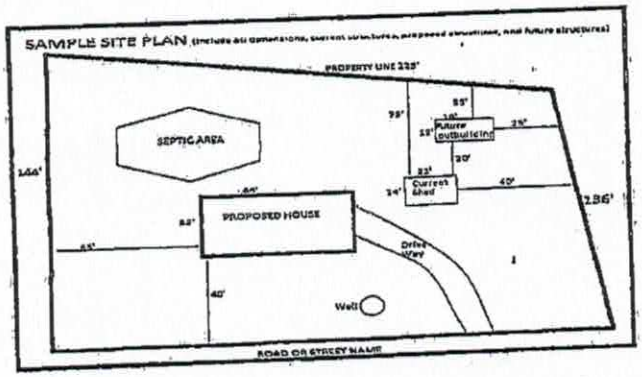
__✓__ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

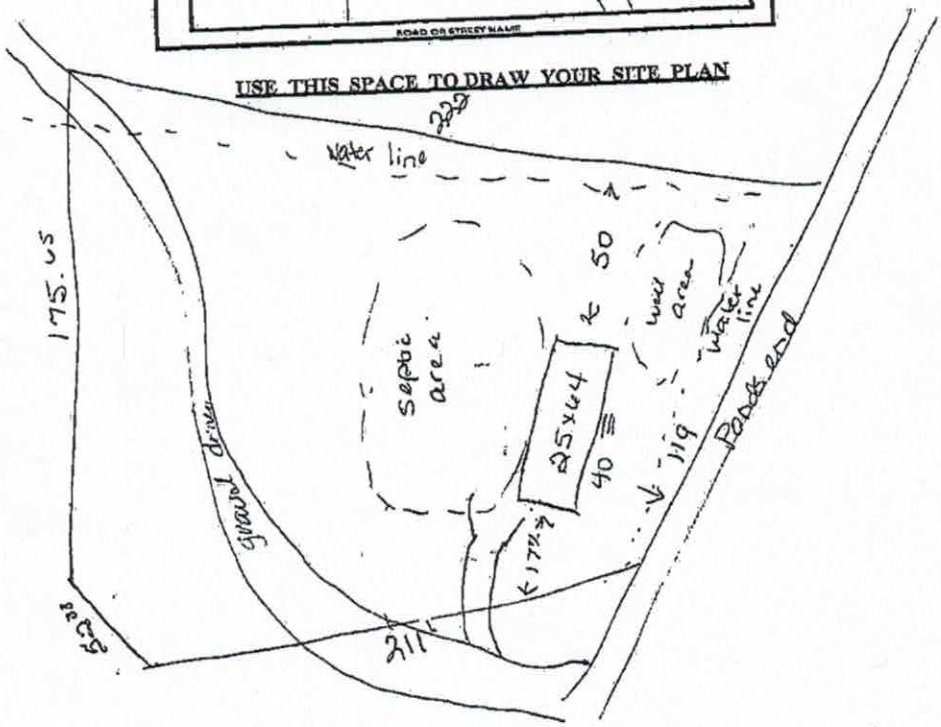
____ Location of septic systems and wells within 100' of your property... (N/A)

____ Location of easements and rights of ways on your property... (N/A)

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

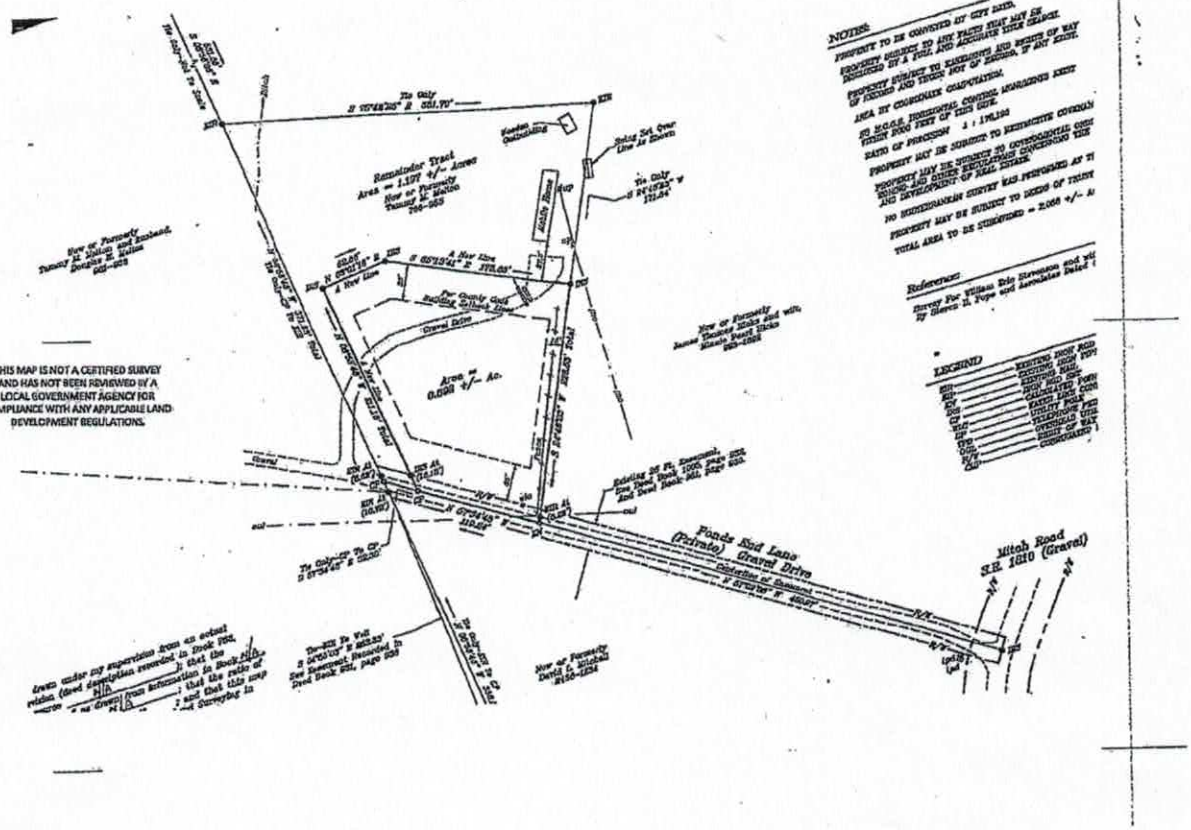


USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Deena Akre
REQUIRED property owner or owner's legal representative signature.

5/9/17
DATE



THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

~~# 02553~~

PROPERTY DESCRIPTION NO. 25498 DATE 11-18-96 TAX MAP NO. 16M-A-10 (PART OF) Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JAMES & MINNIE HICKS PHONE: Business Home 546-7739

ADDRESS 2805 SANDY SPRINGS ROAD HARMONY, NC 28634

LOCATION I-77 N, TL NC 901, TR WARREN BRIDGE, TR MITCH ROAD, TL POND'S END 1ST ON RIGHT

SUBDIVISION BLOCK / SECTION LOT LOT AREA ~30 ACRES SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 8-9-96
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 310 Linear Feet 270
No Lines THREE Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL GRAV
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No

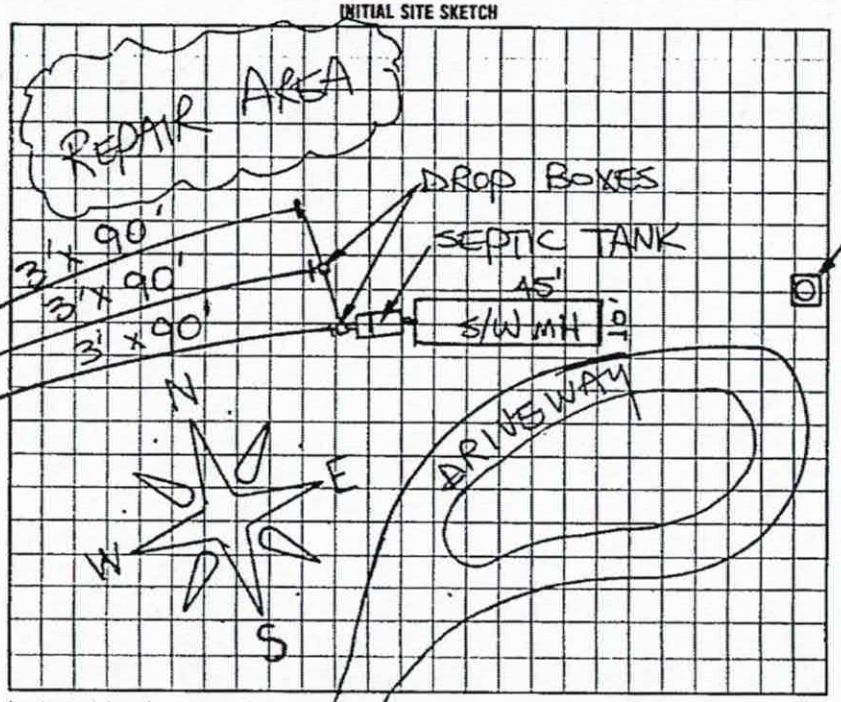
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 1
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

Comments ① USE TWO DROP BOXES FOR SERIAL DISTRIBUTION ② KEEP SYSTEM MINIMUM 100' FROM WELL

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED DURING PERIOD OF EXTREME WETNESS. SITE WAS VERY MUDDY & RUTTED BY BACKHOE TIRES.

I understand that this 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.

Auth. to Const. is valid for a period equal to the validity of the IP not to exceed five years. IP w/site plan is valid five years.

Signed: Minnie Hicks

Improvement Permit by: STEVE HEDRICK date 11-18-96
Authorization to Construct
XXXXXXXXXXXXXXXXXXXX by STEVE HEDRICK date 11-18-96

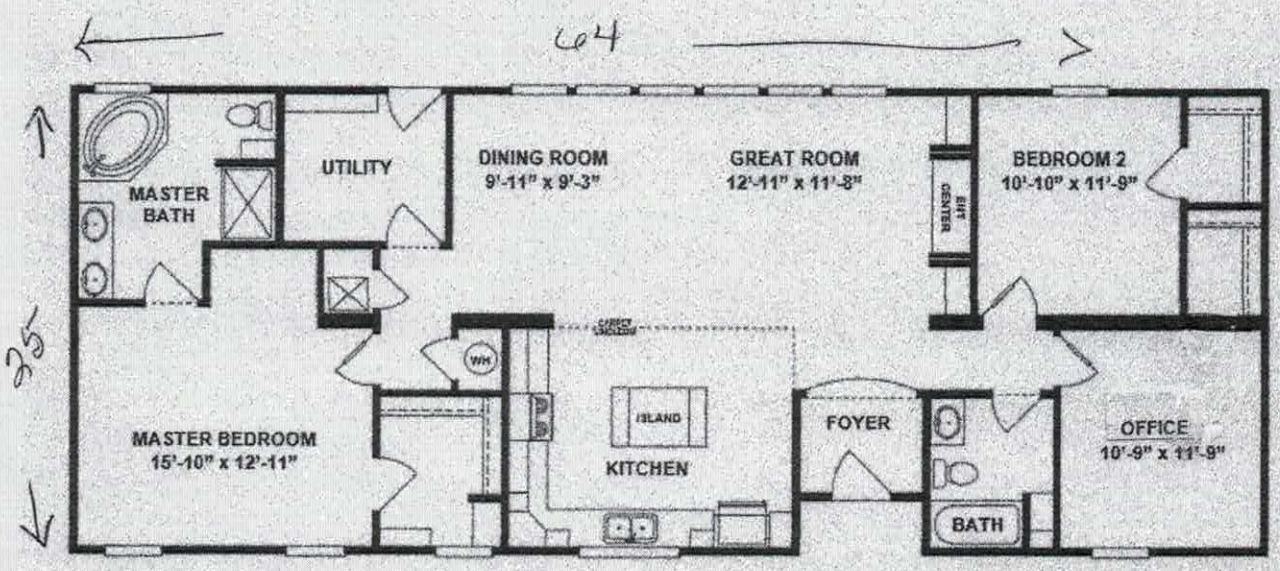
Installed by: JEFF HURLBUTT

Certificate of Completion by: date

Operation Permit by STEVE HEDRICK date 12-5-96

HEALTH DEPT COPY: WHITE | INSPECTION COPY (FINAL): GREEN | OWNER COPY (FINAL): YELLOW | INSPECTION COPY (INITIAL): PINK | OWNER COPY (INITIAL): GOLD

8 5 2 0 0 0



Acknowledgement of
Plans Submittal ONLY!

Date 7-3-17

Date 7-6-17

IREDELL COUNTY

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

APPLICATION NUMBER
227025
Issue Date: 05/10/2017

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4844315780.000	140 PONDS END LANE	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: MELTON TAMMY M+DOUGLAS E Address: 140 PONDS END LANE UNION GROVE, NC 28689 Phone:	Applicant: ABEE'S CLEARING & GRAD Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028 Phone: 704-239-3693	Contractor: ABEE'S CLEARING & GRAD Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028 Phone: 704-239-3693 License Type: UNLI License Number: NOT LICENSED

Project Description

NEW MODULAR HOME - IREDELL

Scope of Work

MODULAR

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	500.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

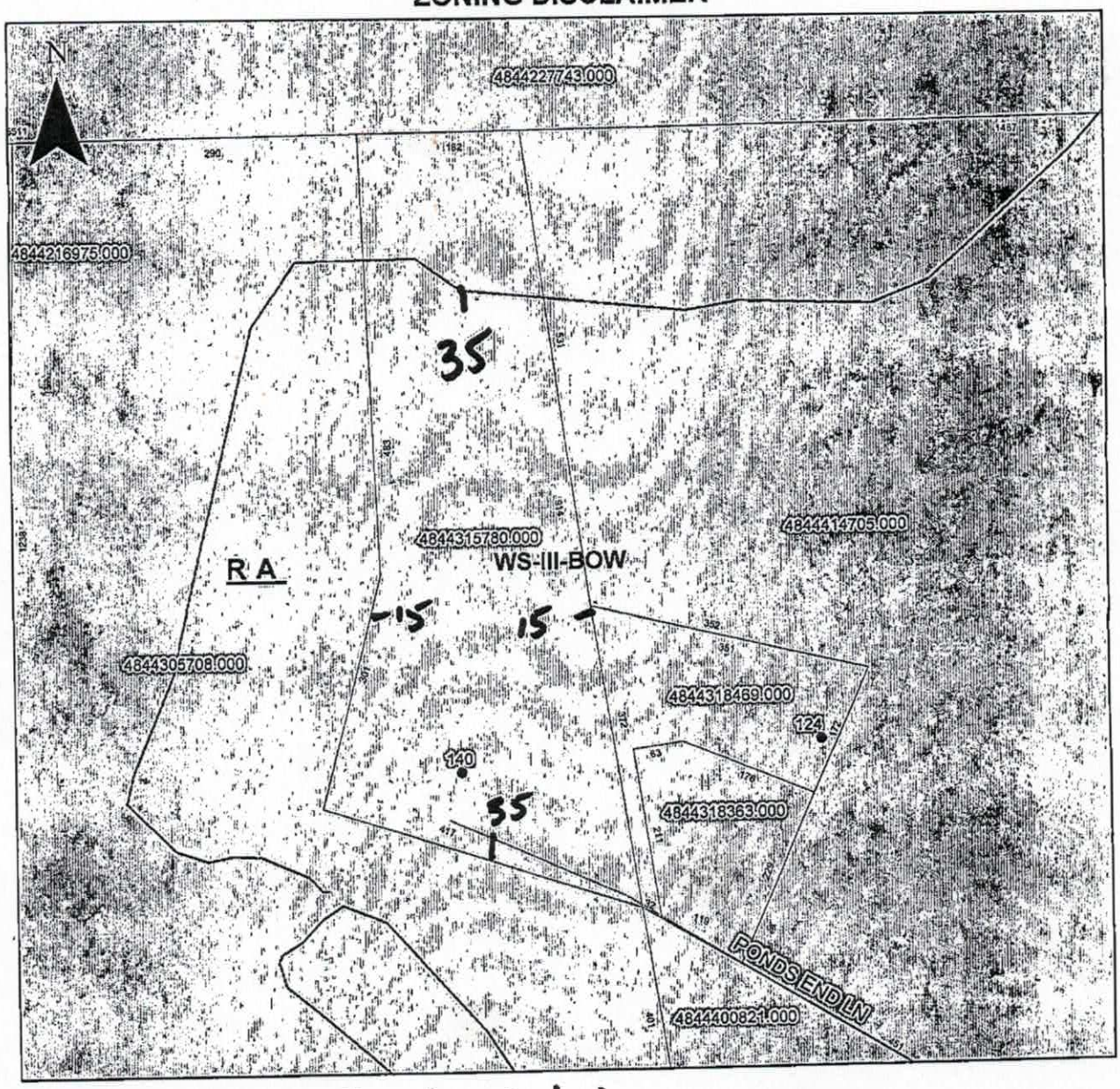
Date: 05/10/2017

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	102440	TOTAL FEES:	$ 500.00

ZONING DISCLAIMER



Property Address 140 Ponds End Ln

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

Date