ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-318964

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

PIN # 4852 --23 --4936

APPLICANT/OWNER: OAKWOOD HOMES OF NEWTON/ JASON BEAM | APPLICANT ADDRESS: 1265 US HIGHWAY 70 WEST, NEWTON, N.C. 28658

SITE ADDRESS: 849 SLOANS MILL ROAD, OLIN, N.C. 28660 | PHONE: 828-464-2662 | ALT. PHONE 928-925-7201

SITE DIRECTIONS: (N) ON 77, (L) ON 901, (L) ON PIONEER (L) ON SLOAN MILL, LOT ON (R)

SUBDIVISION: Jason Beam | SECTION: — | LOT # - 1 - | LOT AREA: | SAP CONTROLLED: ☑ YES ☐ NO

DESIGN FLOW: 360 GPD | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	B54	Date	7-14-2021	☑ 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	3	Linear Ft:	306 FT	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36 IN	Trench Bottom Depth(Low side)	26 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees — | ☑ Crawl Space

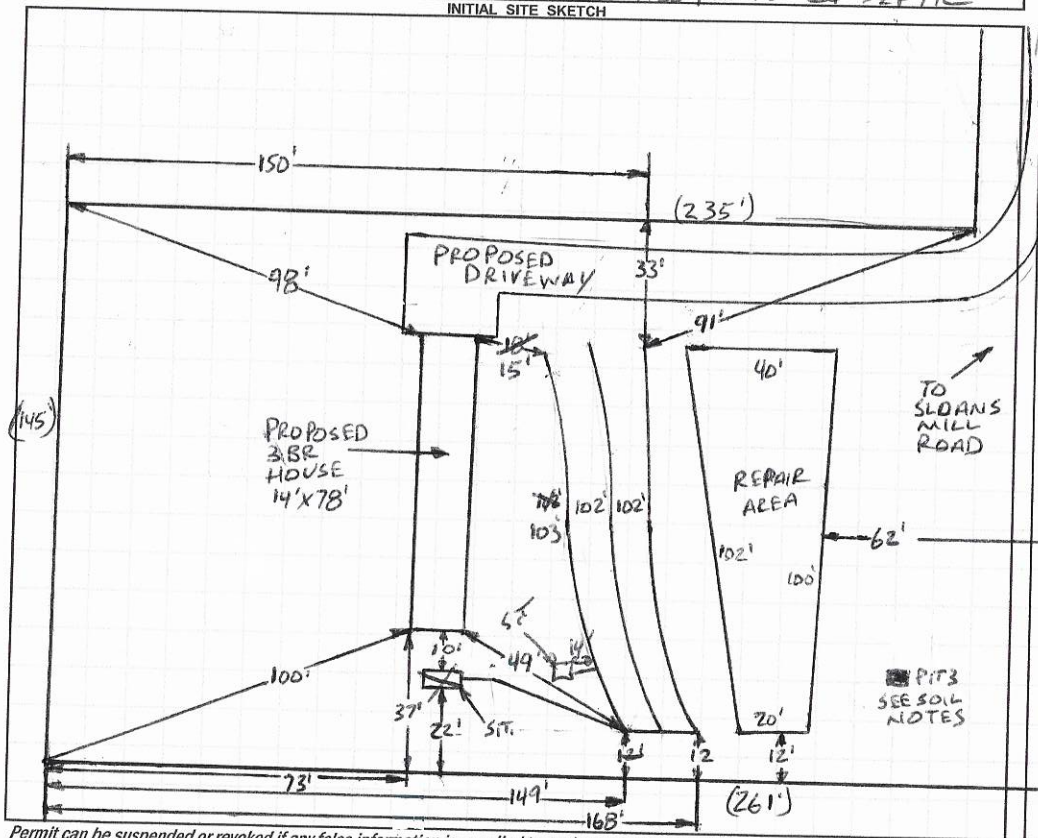
Water Supply: ☐ Private ☑ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 32 IN MAX TRENCH DEPTH, KEEP WATER-LINE 10FT FROM ALL PARTS OF SEPTIC

PROPERTY RECORDED IN BOOK 74 PAGES 125

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 = 50 FT

S.T. = SEPTIC TANK

INSTALLED AS SHOWN

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: [signature] Date: 9-21-21 Installed by: A1 BACK HOE

IMPROVEMENT PERMIT by: Burt C. White Date: 9-13-2021 OPERATION PERMIT by: Burt C. White Date: 10-4-2021

AUTHORIZATION TO CONSTRUCT by: Burt C. White Date: 9-13-2021 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 2
PROPERTY ID #: TBD
COUNTY: IREDELL

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

OWNER: JASON BEAM
ADDRESS: 849 SLOANS MILL ROAD, OLIN, N.C. 28660 APPLICATION DATE 6-22-2021
PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.1949): 360GPD DATE EVALUATED: 7-15-2021
LOCATION OF SITE: 849 SLOANS MILL ROAD, OLIN, N.C. 28660 PROPERTY SIZE: TBD
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other PROPERTY RECORDED: NO
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 9%	0-6	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	22"	PS II SL	NA	PS 46" .35
		6-22	CL, WSBK	FR, SS, SP, SEXP					
		22-70	SAP, MAS	VFR, NS, NP SEXP					
2	LINEAR SIDE 12%	0-7	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	24"	PS II SL	NA	PS 44" .35
		7-24	CL, WBK	FR, SS, P, SEXP					
		24-64	SAP, MAS	VFR, NS, NP SEXP					
3	FOOT 6%	0-23	FILL	MIXED	SAP INC 23"+ W/B 0-26	55"	PS II SL	NA	PS .3 IF FILL REMOVED
		23-26	SCL, SBK	FR, SS, SP, SEXP					
		26-34	C, SBK	FR, S, P, SEXP					
		34-55	CL, WSBK	FR, SS, SP, SEXP					
		55-64	SAP, MAS	VFR, NS, NP SEXP					
4	FOOT 10%	0-10	FILL	MIXED	SAP INC THRU OUT	40"	PS II SL	NA	PS 56" .325
		10-24	C, SBK	FR, S, P, SEXP					
		24-40	CL, WSBK	FR, SS, SP, SEXP					
		40-72	SAP, MAS	VFR, NS, NP, 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:

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

PROPERTY ID #: TBD
COUNTY: IREDELL

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

OWNER: SEE PAGE1 APPLICATION DATE
ADDRESS: DATE EVALUATED:
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1		0-22	C, SBK	FR, S, P, SE, SP	SAP INC THRU OUT	37"	PS II SL	NA	PS 52" .325
		22-37	CL, WSBK	FR, SS, SP, SE, SP					
		37-67	SAP, MAS	VFR, NS, NP, SE, SP					
2									
3									
4									

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY:
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) 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	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	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	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	

MOIST	WET
	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.

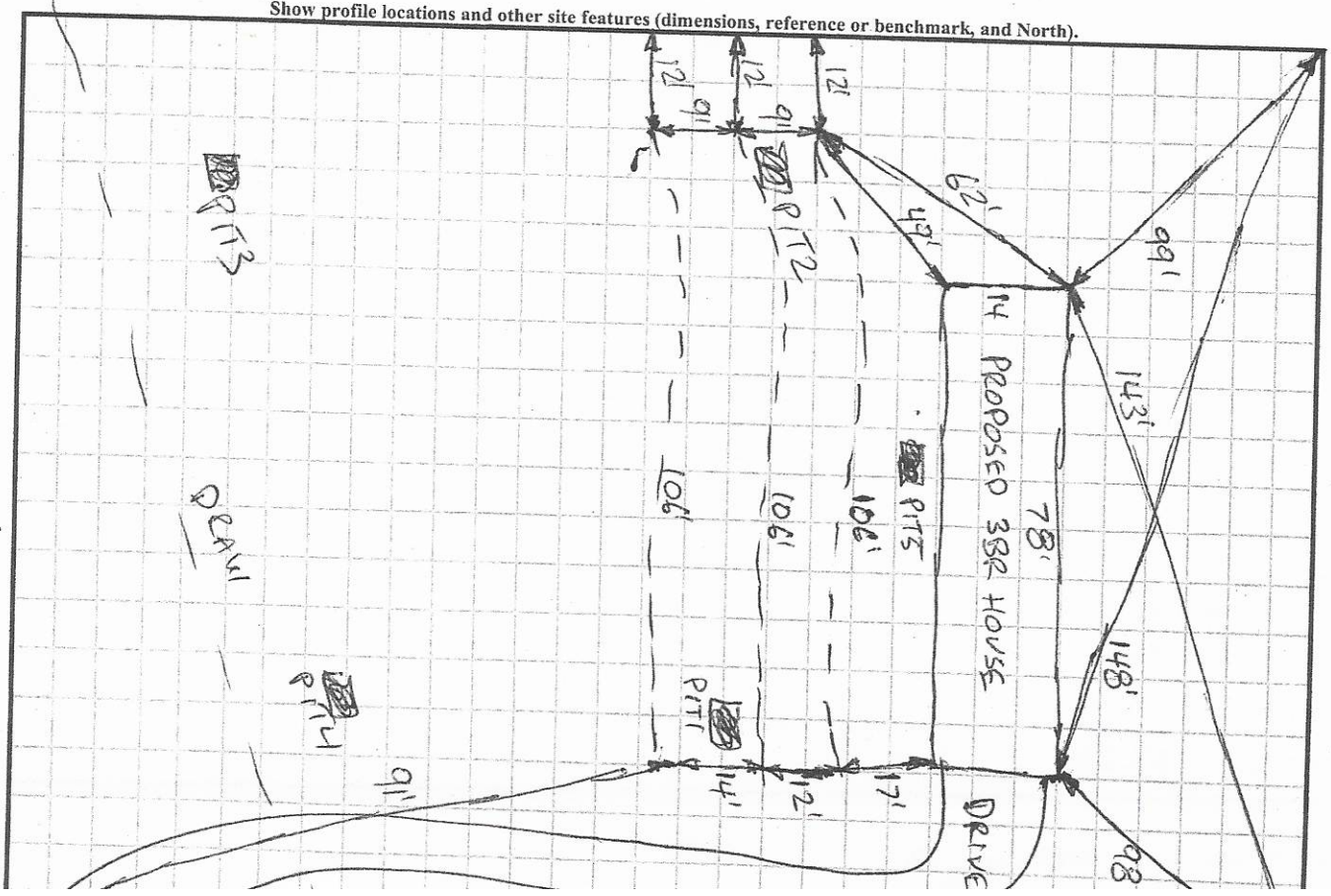
NOTES

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/ft²

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



APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

RECEIVED JUN 2 2 2021

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-318964 $500.00

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) 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: (✓) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Oakwood Homes of Newton **Address:** 1265 US Hwy 70 W, Newton **Zip:** 28658
Applicant Email: R712@Oakwoodhomes.com **Phone:** 828-464-2662 **Alt. Phone:**
Owner Name: Jason Bass **Address:** 849 Sloans Mill Road Olin NC **Zip:** 28660
Owner Email: **Phone:** 928-925-7201 **Alt. Phone:**

Property Information:

Street Address: 849 Sloans Mill Rd

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

Driving Directions: Take US-21 N, TL onto I-77 N, Take exit 65, Keep L @ Fork, TL onto 901 N, TL onto Pioneer Rd, TL onto Sloans Mill Rd, TR

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: 6
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) 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: [signature] 4-14-2021
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*)** _____

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, Jason Beam, am the legal owner(s) of the property located at 849 Sloan Mill Rd, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Oakwood Homes of Newton Danny Oddie, 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.

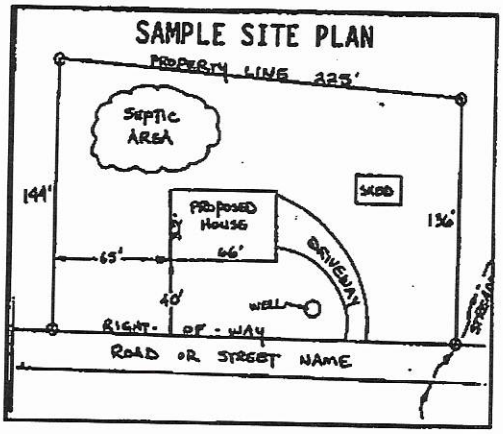
_____ 4/14/2021
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) 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

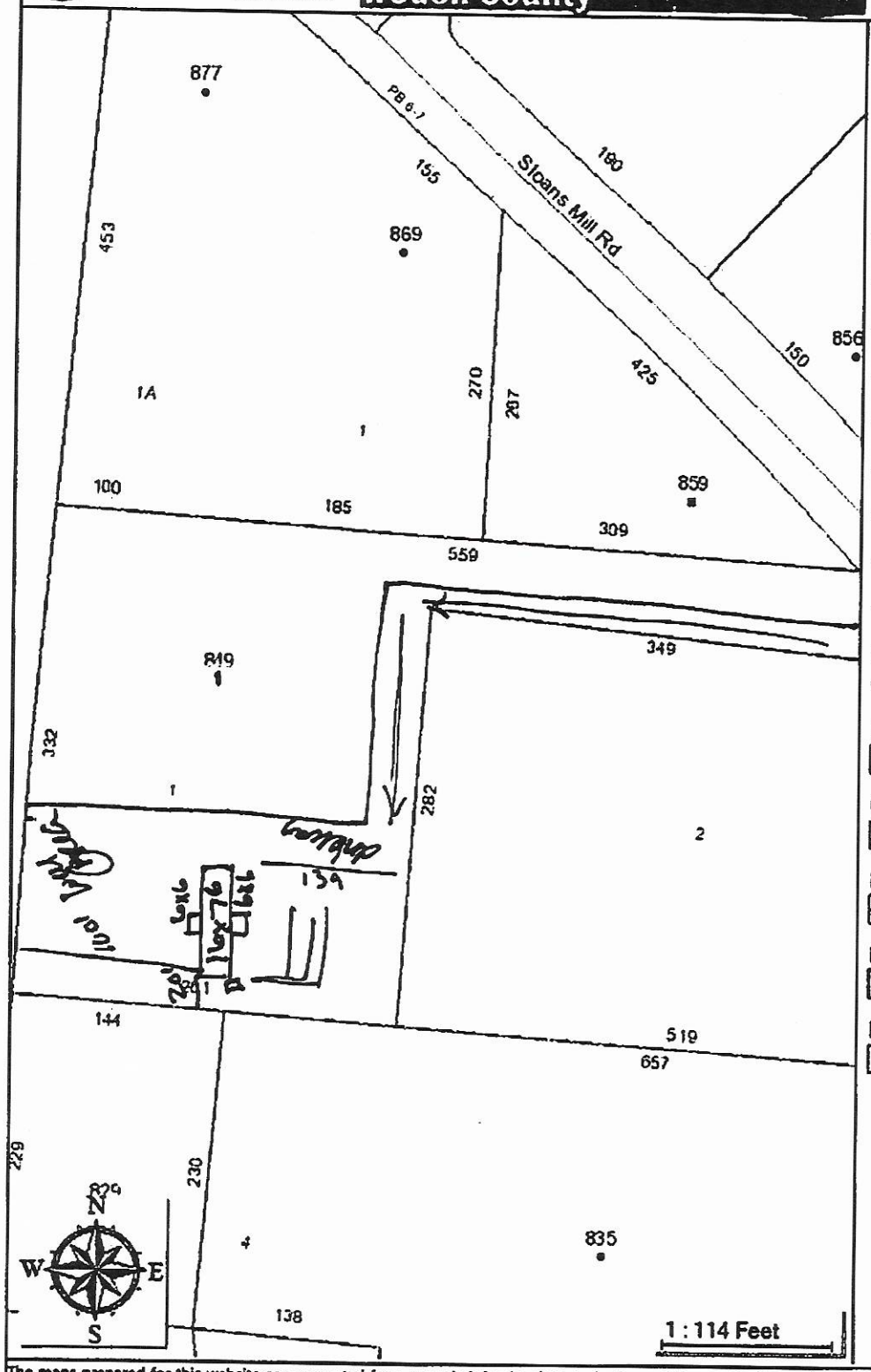
Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-26-2021
DATE

CONNECTGIS WEB HOSTING

Iredell County

Iredell
Printed April 14, 2021
See Below for Disclaimer



Addresses
- Infrastructure
- NonResidential Use
- Residential Use

Streets
- Interstate
- Ramp
- US Hwy
- State Hwy
- Main Road
- Local Road
- Residential
- Private
- Inactive

Parcels Hooks

Parcels

City Limits

Lake Norman

Iredell Countyline

NC Counties

The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

PRELIMINARY PLAT:
NOT FOR RECORDATION, CONVEYANCES, OR SALES

Notice

* Property subject to any easements and right of way on record, and all NCDOT easements and rights of way.
* This survey is subject to any facts that may be disclosed by a full and accurate title search.
* This survey plat does not show any unrecorded, written or unwritten easements, dedications or other encumbrances. Such burdens could exist on this property and not appear on this plat. Accordingly, users of this plat are warned to remain alert for the existence of such unrecorded burdens not shown hereon.
* This plat represents an actual field survey that meets or exceeds the minimum requirements of a Class C Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.
* The ratio of precision before any adjustments is 1:13,354
* Area determined by coordinate computations.
* No NGS or NCGS Horiz. Control Monument found within 2,000 feet of site.
* As of the date of this recording the lots have not been inspected by the Iredell County Health Department. Until inspected there is no assurance that building permits will be issued.
* This lot is to be served by individual Water and Sanitary Sewer Systems.
* There is a 10' Drainage and Utility easement along all lot lines.
* Total number of Lots: 2
* Total acreage of the tract to be divided is 2.44 Acres.

Survey Certificate

I, Ted M. Benbow, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed descriptions in title block and with adjoining parcels); that this plat represents an actual field survey that meets or exceeds the minimum requirements of a Class C Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600; that the ratio of precision as calculated before any adjustments is 1:13,354; that this plat was prepared in accordance with G.S. 47-30 as amended.

Witness this my original signature, registration number and seal this _____ day of _____, 2021 A.D.

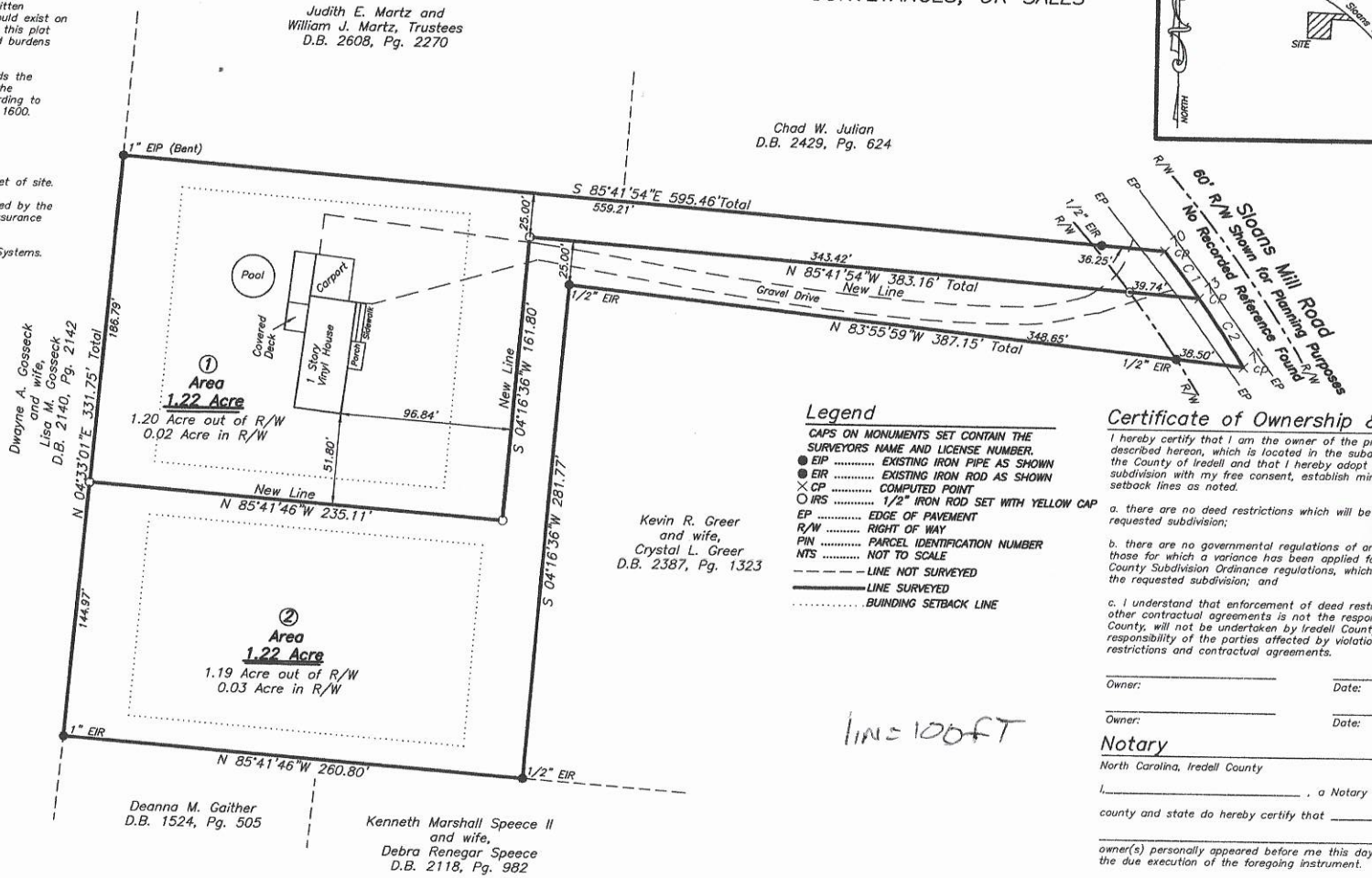
I further certify that the survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.

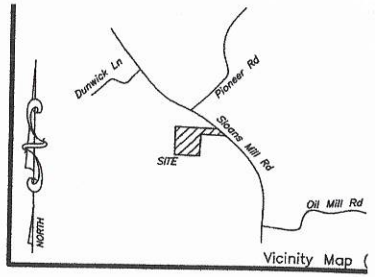
Ted M. Benbow NC PLS L-3175
Firm License # C-1588

NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW

RELATIVE TO P.B. 63, Pg. 115

Curve	Radius	Length	Chord	Chord Bear.
C1	698.79'	33.25'	33.25'	S 36°57'24" E
C2	698.79'	46.85'	46.84'	S 33°40'22" E





Legend

CAPS ON MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENSE NUMBER.

- ● EIP ..... EXISTING IRON PIPE AS SHOWN
- ● EIR ..... EXISTING IRON ROD AS SHOWN
- × CP ..... COMPUTED POINT
- ○ IRS ..... 1/2" IRON ROD SET WITH YELLOW CAP
- EP ..... EDGE OF PAVEMENT
- R/W ..... RIGHT OF WAY
- PIN ..... PARCEL IDENTIFICATION NUMBER
- NTS ..... NOT TO SCALE
- – – – – LINE NOT SURVEYED
- ——— LINE SURVEYED
- ..... BUINDING SETBACK LINE

Certificate of Ownership & Dedicati

I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction the County of Iredell and that I hereby adopt this plan of subdivision with my free consent, establish minimum building setback lines as noted.

a. there are no deed restrictions which will be violated by the requested subdivision;

b. there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredel County Subdivision Ordinance regulations, which will be violated b the requested subdivision; and

c. I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

_____ Owner: _____ Date:

_____ Owner: _____ Date:

Notary

North Carolina, Iredell County

I, _____, a Notary Public for said county and state do hereby certify that _____ owner(s) personally appeared before me this day and acknowledge the due execution of the foregoing instrument.

Witness my hand and official seal,

this the _____ day of _____, 2021.

_____ Notary Public

My commission expires: _____

50 0 50 100 15

GRAPHIC SCALE – FEET 1" = 50'

Zoning

ZONING: RA(Iredell County)
Building Setbacks
Front – 35'
Side – 15'
Rear – 35'

Certificate of Approval for Recording:

I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell county

_____ Subdivision Administrator _____ Date

Review Officer Certificate

State of North Carolina
County of Iredell

I, _____ Review Officer for Iredell County certify that the map or plat to which this certification is affixed meets all statutory requiremenets for recording.

_____ Review Officer _____ Date

Flood Hazard Area Certificate

According to mapping provided by the Federal Emergency Management Agency and shown on the Digital Flood Insurance Rate Map (DFIRM) Panel 4852, Iredell County, North Carolina, effective date: March 18, 2008, the property shown hereon is not located within a special flood hazard area. The property is entirely within an area designated "Zone X – other areas". Areas determined to be outside the 0.2% annual chance floodplain: areas outside future conditions 1% annual chance floodplain.

Water Supply Watershed Certificate:

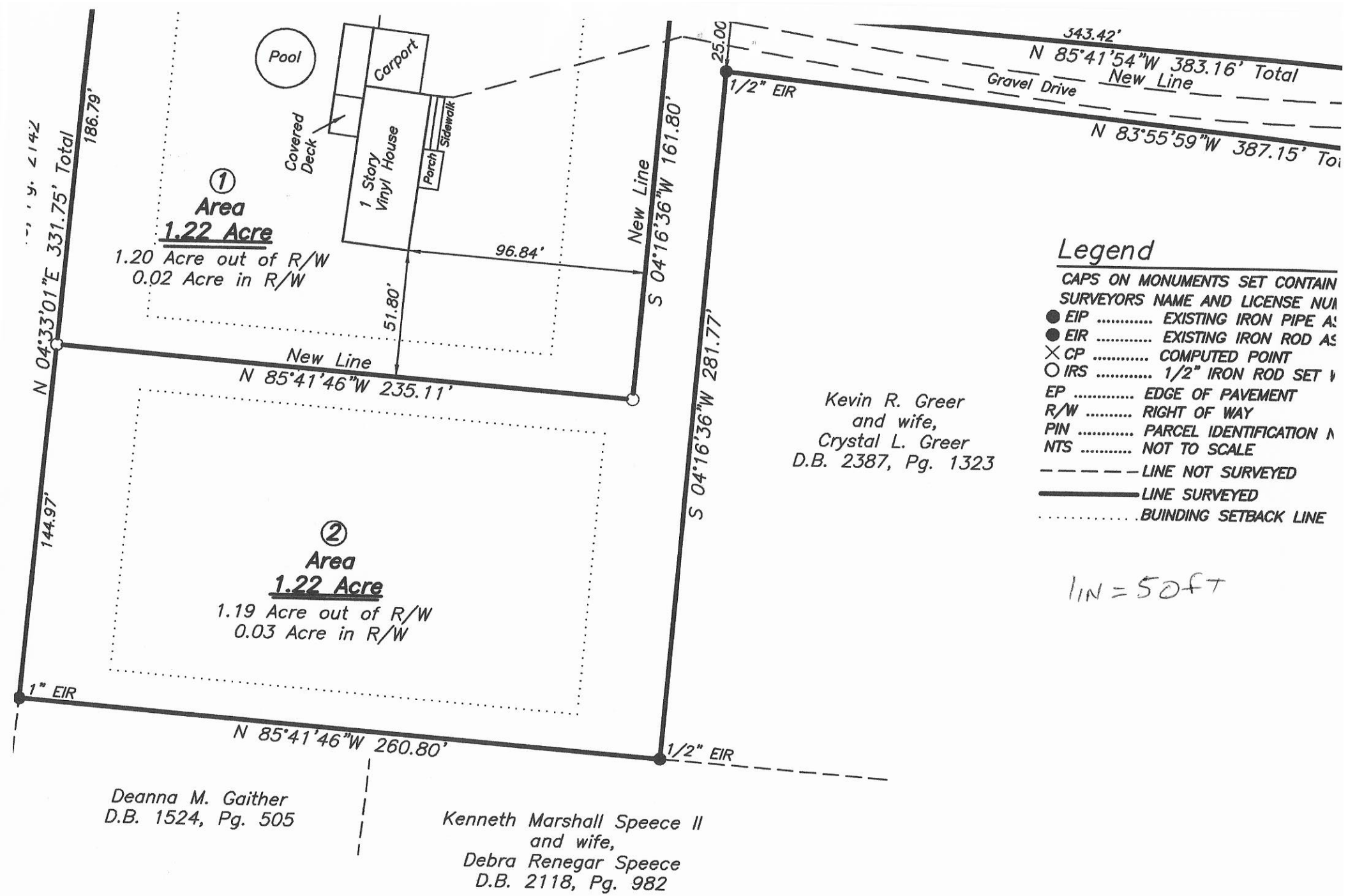
To the best of my knowledge this plat does not lie within a water supply watershed designated by the North Carolina Division of Environmental Management as appears on the Watershed Protection Map of Iredell County, North Carolina.

Family Subdivision For:

Jason Evan Beam a
Cynthia E. Cutting

Union Grove Township, Iredell County, NC
Owners of Record: Jason Evan Beam and Cynthia E. Cutting
Deed Reference: D.B. 2763, Pg. 332
Plat Reference: P.B. 63, Pg. 115
Plat Reference: P.B. 6, Pg. 7
PIN: 4852-23-5849
Job Number:210114B.DWG (210114.CRD)
Field Work: 8-5-2021
Plat Date: 8-5-2021

TED BENBOW Land Surveying
Proudly Surveying Iredell County Since 1989
630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-9661
www.boundarydevelopment.com

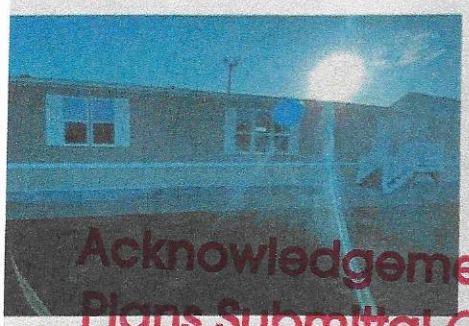

Pool
Carport
Covered Deck
1 Story Vinyl House
Porch
Sidewalk
186.79'
N 04°33'01"E 331.75' Total
① Area 1.22 Acre
1.20 Acre out of R/W
0.02 Acre in R/W
96.84'
51.80'
New Line
N 85°41'46"W 235.11'
New Line
S 04°16'36"W 161.80'
S 04°16'36"W 281.77'
25.00
343.42'
N 85°41'54"W 383.16' Total
New Line
Gravel Drive
1/2" EIR
N 83°55'59"W 387.15' To
144.97'
② Area 1.22 Acre
1.19 Acre out of R/W
0.03 Acre in R/W
1" EIR
N 85°41'46"W 260.80'
1/2" EIR
Kevin R. Greer
and wife,
Crystal L. Greer
D.B. 2387, Pg. 1323
Deanna M. Gaither
D.B. 1524, Pg. 505
Kenneth Marshall Speece II
and wife,
Debra Renegar Speece
D.B. 2118, Pg. 982
Legend
CAPS ON MONUMENTS SET CONTAIN
SURVEYORS NAME AND LICENSE NU
EIP ..... EXISTING IRON PIPE A
EIR ..... EXISTING IRON ROD A
CP ..... COMPUTED POINT
IRS ..... 1/2" IRON ROD SET
EP ..... EDGE OF PAVEMENT
R/W ..... RIGHT OF WAY
PIN ..... PARCEL IDENTIFICATION
NTS ..... NOT TO SCALE
LINE NOT SURVEYED
LINE SURVEYED
BUINDING SETBACK LINE
1IN = 50FT

OAKWOOD HOMES

Beam

REVOLUTION 76A

SGI019862TN
3 beds • 2 baths
1,216 sq. ft.



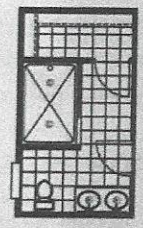


Acknowledgement Of Plans Submittal ONLY!

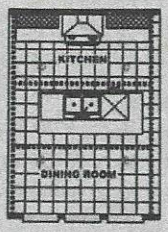
JRodda Date 9-21-21

Brufut C. White Date 9-13-2021

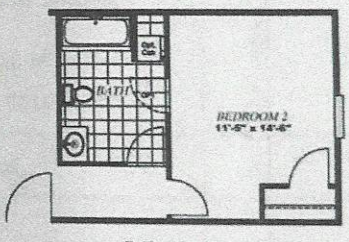
14 x 76



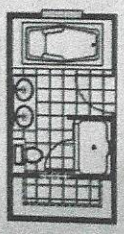
OPT/FANTASY BATH



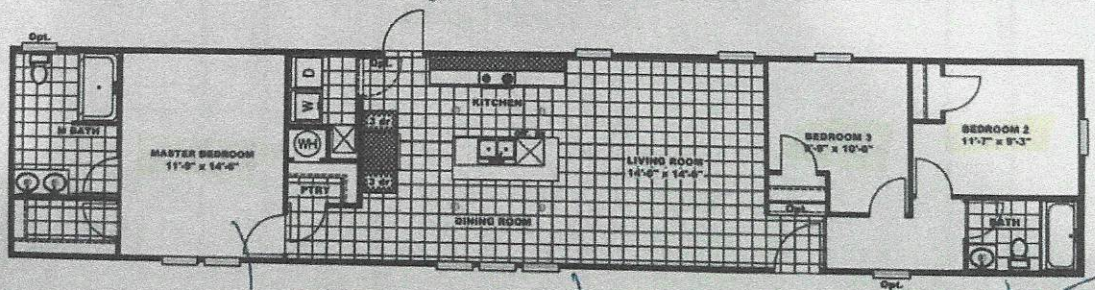
OPT/KITCHEN BEAMS



2 Bedroom Opt.



Opt. Venetian Bath



Vinyl at Thin

Shutters Black

Siding Flint

(828) 464-2662
Monday - Friday: By Appt. Only
Saturday: By Appt. Only Sunday: Closed

Jason Bean
Barbara Nelson

OAKWOOD HOMES-NEWTON
1265 US HWY 70 SW
NEWTON, NC 28658

Our home building facilities invest in continuous product and process improvements. Plans, dimensions, features, materials, specifications, and availability are subject to change without notice or obligation. Renderings and floor plans are representative likenesses of our homes and many differ from actual homes. We invite you to tour a Home Center near you and inspect the highest value in quality housing available or call (865) 688-6110 to speak with a Home Consultant. ©2021, CMH. All rights reserved.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
318964 Issue Date: 06/21/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4852235849.000	849 SLOANS MILL RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: BEAM JASON E+CYNTHIA E CUTTING Address: , Phone:	Name: OAKWOOD MOBILE HOMES INC- NEWTON Address: 1265 US HWY 70 W HICKORY, NC 28603 Phone: (828)464-8715

Use Requested	Zone Code
Single-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks

SWMH

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. 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; Must have 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.

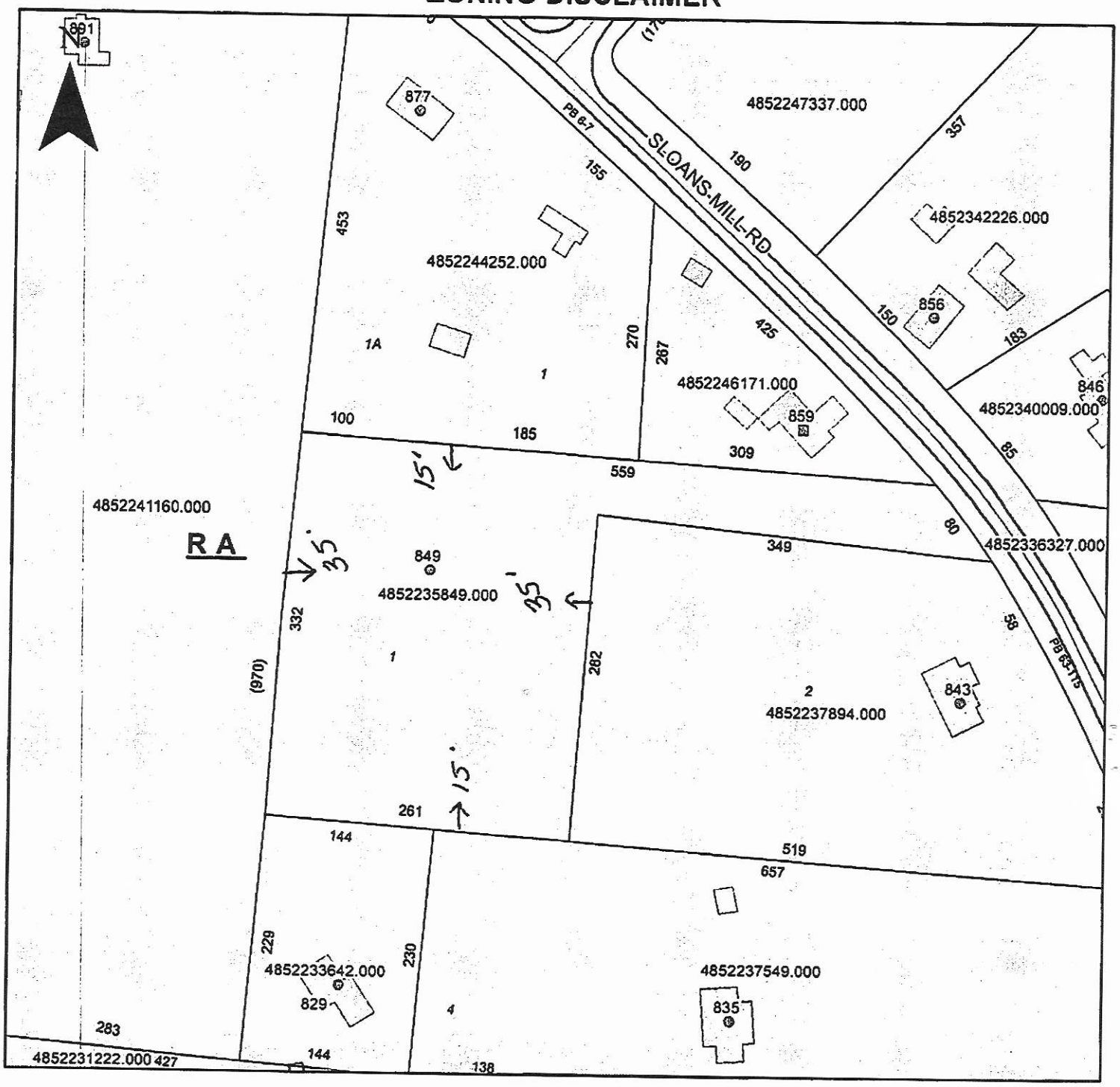
Signature of Owner/Contractor

Date: 06/21/2021

Permit Number	318964

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 849 Sloans Mill 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

6-21-21
Date