IRE[illegible] 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 PLAN WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. **APPLICATION FOR:** X Improvement Permit X 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: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:** 2026 NORTHSIDE DR STATESVILLE NC

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
CLAYTON HOMES	STATESVILLE	704-873-2547	704-902-4659
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SHELTON DAIRY	178 HOLSTEIN ROAD OLIN NC 28660		

4. **Property Information:** JERICHO HEIGHTS

Street Address	Subdivision Name	Section/Phase and Lot Number
LOT #5 JERICHO ROAD		#5

HARMONY NC 28634

Driving Directions: 77 NORTH, 901 EXIT (R) off RAMP (R) ON JERICHO ROAD, SITE ON RIGHT 1 MILE +/-

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 ___

- 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 ( ) 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 ( ) 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:** _____ [redacted] DATE 10/22/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

IREDELL COUNTY HEALTH DEPARTMENT

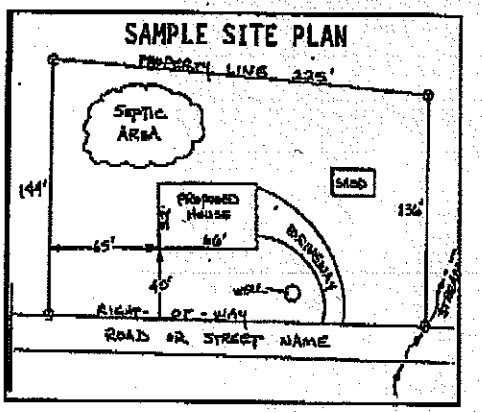
ENVIRONMENTAL HEALTH DIVISION

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:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction



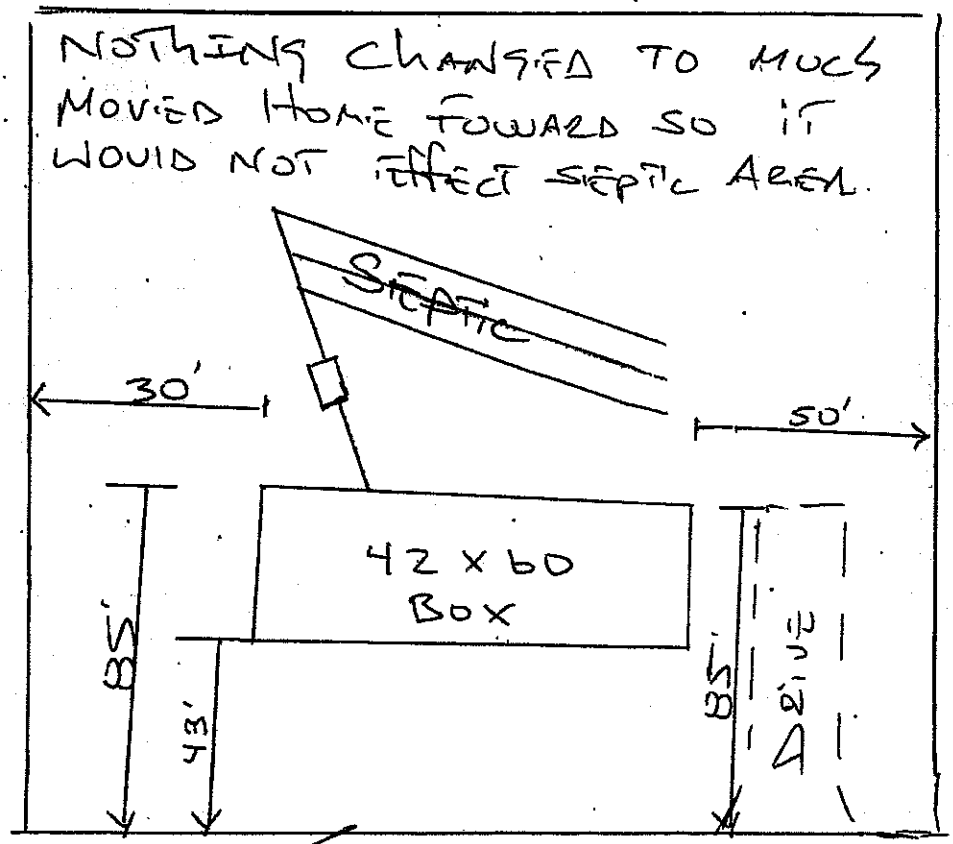
Circle N/A on the following if appropriate:

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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

NEW SITE PLAN!



Signature: _____

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

10/22/15

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, Sheron Dacey Properties, am the legal owner(s) of the property located at Lot 5 Jeffco Road, identified as PIN (Parcel Identification Number) 4857620631, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Clayton Homes Lance Russell, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below. Brenda Sessom, Donna Abee

- 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.

X _____ 7-6-15 _____ 7-6-15
Signature of Owner(s) Date Signature of Witness Date

Ben Shelton

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

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

Oct 28 2015 (Date)

Owner: Clayton Homes
Address: 20210 Northside Dr.
Statesville NC.

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Clayton Homes
Pin # 4852626083
593 Jericho Rd. Harmony NC 28634

I, Rodney Bailey, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print/full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 72315 - for a system
(date)
25% reduction System
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21895

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

PIN # 4852626083

APPLICANT: Clayton Homes APPLICANT ADDRESS: 7026 Northside Dr

SITE ADDRESS: 593 Jericho Rd. PHONE: 704-872-2547 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TL Hwy 901 TL Jericho Rd Property on Right Past Lake Mullis Rd.

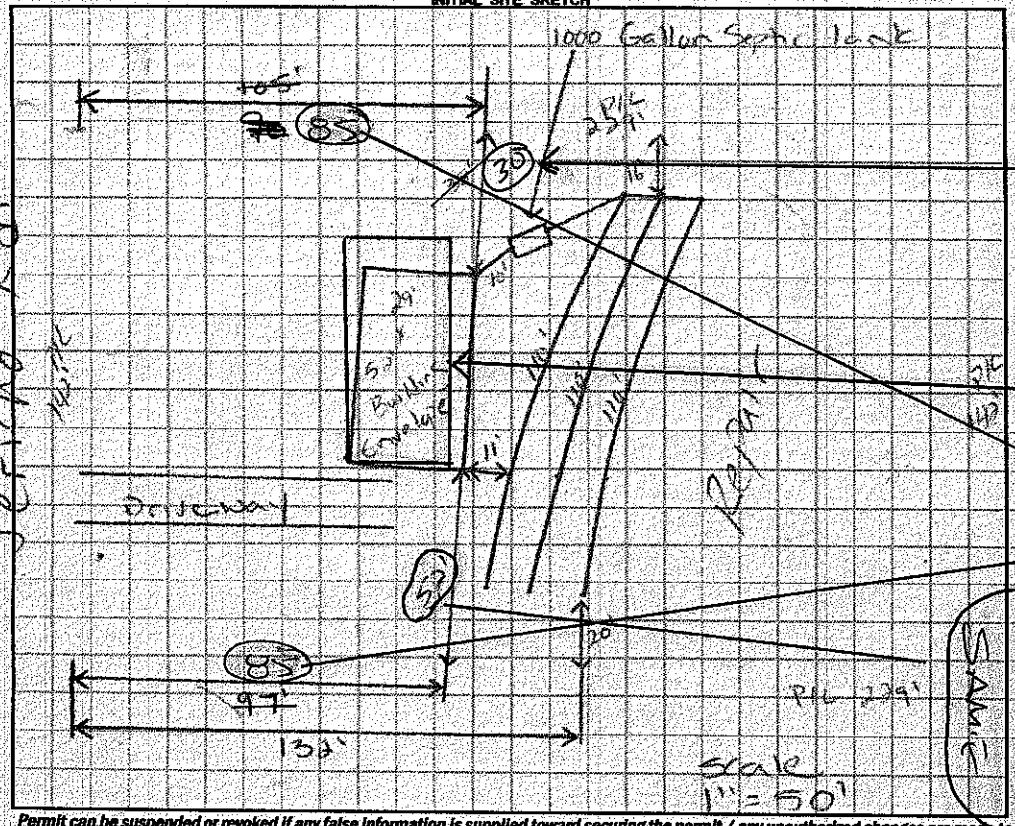
SUBDIVISION: Jericho Heights SECTION: N/A LOT # 5 LOT AREA: 0.75 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	25% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	330	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	32"	Gravel Depth	N/A		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

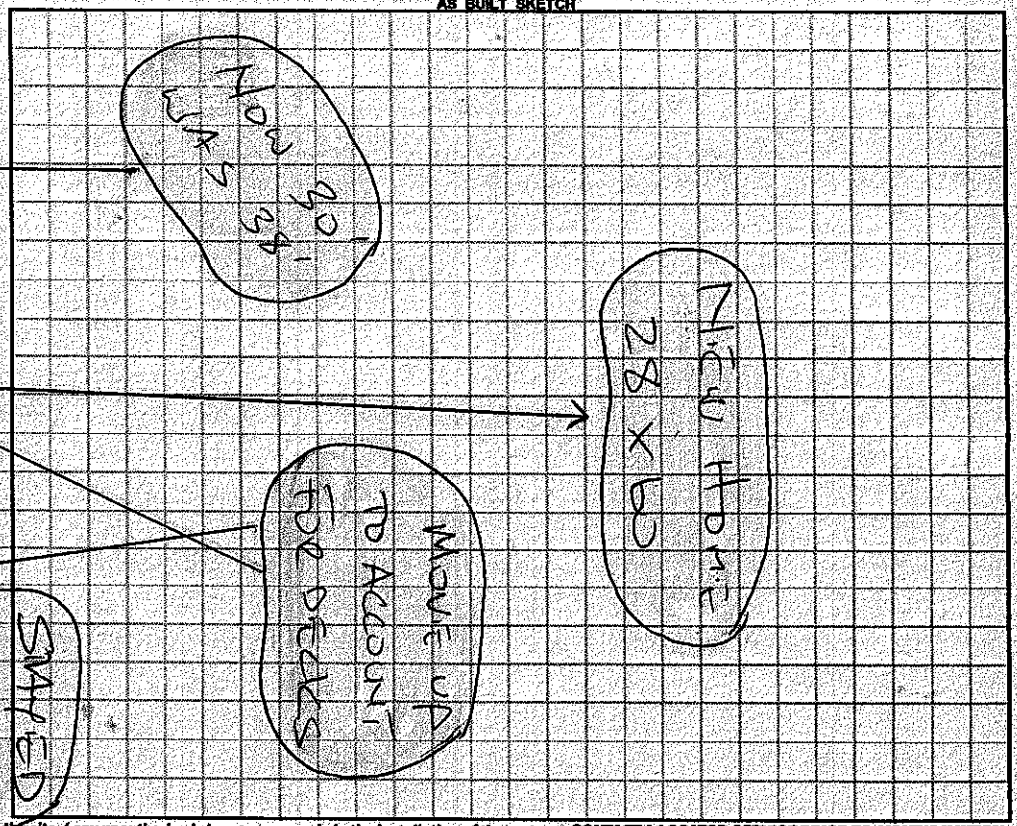
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: IMPROVEMENTS ONLY. Submit Floor Plan prior to issuance of CA. Install a 25% Reduction system as reflected 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 EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: / Installed by:

IMPROVEMENT PERMIT by: Date: 7-23-15 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 8-3-15 Existing System Inspected by: Date:

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

4852626083
0.75 ACRES
Jericho Heights
LOT 5

211895

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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

3. Applicant Information: 2026 NORTHSIDE DR. STATESVILLE NC

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
CLAYTON HYMAN	STATESVILLE	704-873-2547	704-902-4655

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
SHELTON DAIRY	178 HOLSTEIN ROAD OLIN NC 28660		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
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Driving Directions: 77 NORTH, 90 EXIT (R) OFF RAMP (R) ON JERICHO ROAD, SITE ON RIGHT 1 MILE +-

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Maximum Number of Occupants 4
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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 (X) 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 ( ) 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?
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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: _____ 7/2/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

SURVEYOR'S CERTIFICATION

I, Marty S. Cline, Professional Land Surveyor, hereby certify that this plat was drawn under my direct supervision from an actual survey made under my direct supervision with a precision ratio of 1:10,000+ before adjustment; that this survey creates a subdivision of land within an area of a county or municipality that has an ordinance which regulates parcels of land; and that this plat was prepared in accordance with G.S. 47-30 as amended.

Witness my hand and official seal this 8-28-09.

Marty S. Cline
NCPLS 3361

NORTH CAROLINA PROFESSIONAL SEAL L-3361 LAND SURVEYOR MARTY S. CLINE

CERTIFICATE OF OWNERSHIP AND DEDICATION

I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent and establish minimum lot size and building setback lines and dedicate all roads, alleys, walks, parks, and other sites and easements to public use.

I further certify that:

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

b) there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by 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.

Charles Welling
OWNER

8-31-09
DATE

OWNER'S NOTARIZATION

Iredell County, North Carolina

I, a Notary Public of the county and state aforesaid, certify that Charles Welling personally appeared before me this day and acknowledged the execution of the foregoing instrument

Witness my hand and official stamp this 8-31-09

Katherine Hewett
My commission expires 11-22-09

NOTARY PUBLIC IREDELL COUNTY, N.C.

WATERSHED STATEMENT

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

Subdivision Administrator — 8-31-09 Date

REVIEW OFFICER'S APPROVAL

Iredell County, North Carolina

I, Winnan D. Aswell, a Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recordation.

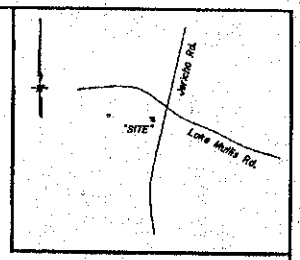
Review Officer — 8-31-09 Date

NOTICE:

As of the date of this recording the lots represented on this plat have not been inspected or approved by the Iredell County Health Department. Until inspected there is no assurance that a Building Permit will be issued.

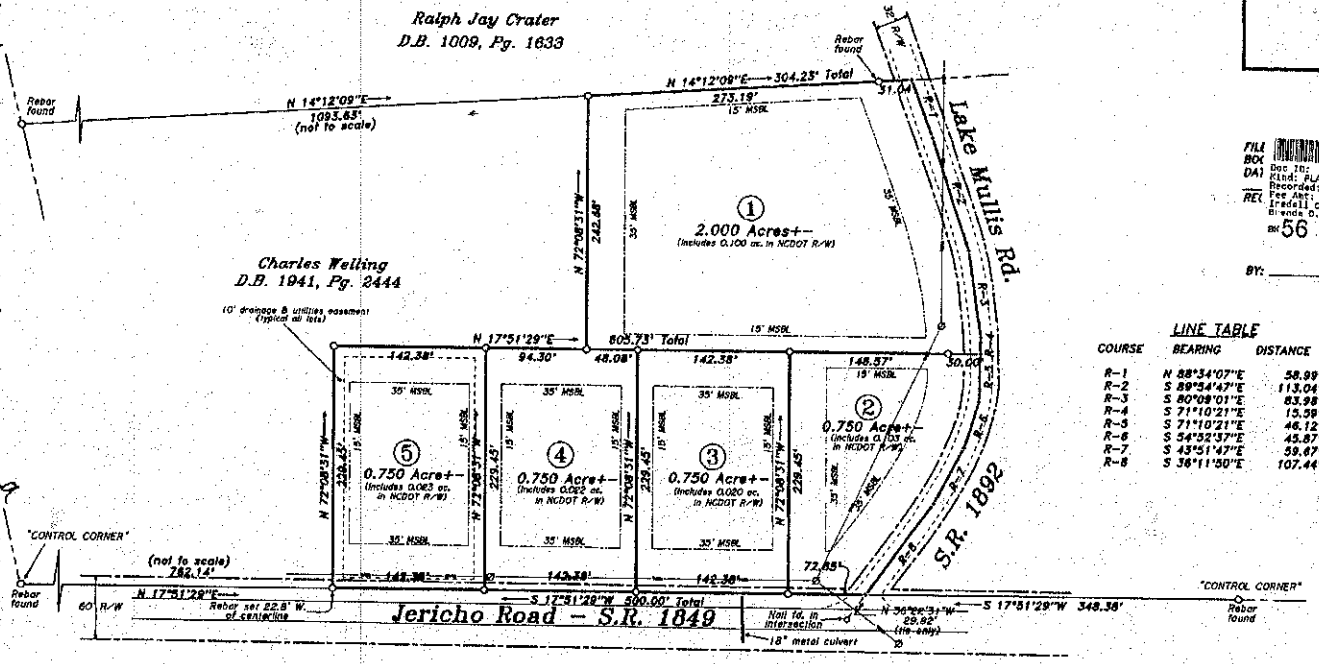
SITE DATA

Total area in subdivision: 5.000 acres+-
Total number of new lots: 5
Average lot size: 1.000 acre+-
Area in smallest lot: 0.750 acre+-



Vicinity Map
(NO SCALE)

FILE NO. 2009-0000056
BOOK 56 PAGE 143
DATE/TIME: Doc ID: 012874040001 Type: CRP
Recorded: 08/31/2009 at 02:07:43 PM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Brenda D. Bell Register of Deeds
BY:



LINE TABLE

COURSE	BEARING	DISTANCE
R-1	N 88°34'07"E	58.99'
R-2	S 89°54'47"E	113.04'
R-3	S 80°09'01"E	83.98'
R-4	S 71°10'21"E	15.59'
R-5	S 71°10'21"E	46.12'
R-6	S 54°52'57"E	45.87'
R-7	S 43°51'47"E	59.67'
R-8	S 36°11'50"E	107.44'

Survey Orientation: D.B. 1941, Pg. 2444

LEGEND

- O = #4 rebar set unless denoted otherwise
- + = Unmarked point in centerline of road
- —— = Overhead power line
- Ø = Power pole
- MSBL = Minimum building setback line

SURVEYOR'S NOTES

1) This survey shall be made subject to any discrepancies which may be disclosed by a thorough and accurate title search.

2) This property does not lie in a flood hazard area as appears on HUD/FIA Flood Insurance Rate Map 370313-4852 J. (Effective date March 18, 2008)

3) This property and all adjoining properties are zoned R-A.

4) The lots shown hereon shall be subject to minimum building set-backs as follow: Front - Thirty-five (35) feet, Sides - Fifteen (15) feet, Rear - Thirty-five (35) feet unless denoted otherwise.

5) These lots shall be subject to a ten (10) foot drainage and utilities easement across the front, rear, and sides of each lot.

6) No horizontal control monuments were found within 2000 feet of this site.

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
Iredell County, North Carolina
8-31-09 Date

Minor Subdivision Of:

"JERICHO HEIGHTS"

Union Grove Twsp., Iredell Co., N.C.

Deed reference: D.B. 1941, Pg. 2444

Tax PIN: 4852615669

Surveyed June 1st, 2009

Platted June 16th, 2009

Scale: 1" = 80'

80 0 80 160 240
GRAPHIC SCALE - FEET

Owner/Developer:
Charles Welling
825 Jericho Rd.
Harmony, NC 28634

CLINE SURVEYING & PLANNING
115 Evening Star Dr.
Statesville, N.C. 28625
(704) 546-5975