IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2401161

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

PIN # 4872004454

APPLICANT/OWNER: Clayton Homes/Maria Canales APPLICANT ADDRESS: 1230 Conover Blvd W, Conover

SITE ADDRESS: 182 Kimmon Rd, Harmony PHONE: 828-775-0951 ALT. PHONE 704-418-9023

SITE DIRECTIONS: 901 → L on Allen Rd → R on Henderson Hill → L on Kimmon → on L SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: .653ac DESIGN FLOW: 360gpd L.T.A.R.: .3(ext)

Septic Tank ext (gal) STB ext Date ext
Pump Tank — (gal) PT — Date —
Pump Make — Model — Serial # —
Nitrification Fields ext # Lines ext Linear Ft ext
Trench Width ext Trench Bottom Depth(Low side) ext Gravel Depth —

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: existing (25%red.)
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

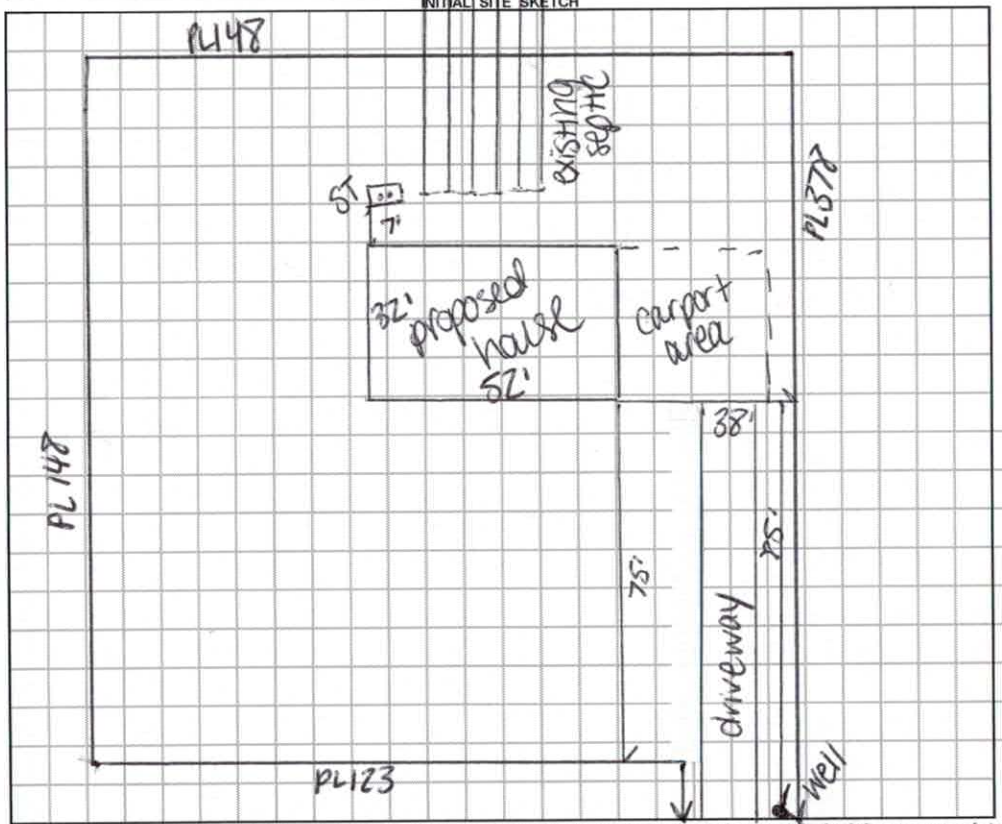
☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: System crosses property line - easement required.

Any part of new home (decks, porches, ect.) must be 5' from any part of septic.
easement recorded book 2594 page 897 12/18/18

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: [signature] Date: 12/28/18 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Carla C. Carl Date: 12/20/18

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Paid $250.00 #240161

RECEIVED NOV - 8 2018

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 X 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:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Clayton Homes	1230 Conover Blvd W, Conover 28613		Elizabeth 828-775-0951
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Maria Canales	182 Kimmon Rd, Harmony	704-618-9023	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
182 Kimmon Rd		

Driving Directions: I-40 E to I-77 N to exit 65 (NC 90), (R) on W Memorial Hwy (L) Allen Rd, (R) on Henderson Hill Rd, (L) Kimmon Rd, home on (L)

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
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 (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 (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
   ( ) Yes ( ) 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:** Clayton Homes by Elizabeth Overholtz 11/8/18
   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, Maria Canales, am the legal owner(s) of the property located at 182 Kimmon Rd, identified as

PIN (Parcel Identification Number) 4872004454.000, located in Iredell County, North Carolina.
I do hereby authorize **(print legal representative/company name)** Clayton Homes, _____, 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.

Maria Quintanilla-Canales — Signature of Owner(s)

11-8-18 — Date

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: CONSOLIDATED REAL PROPERTY
Recorded: 12/18/2018 10:36:59 AM
Fee Amt: $26.00 Page 1 of 3
Revenue Tax: $0.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds

BK 2594 PG 897 - 899

Drawn by: Alan G. Carpenter, Attorney at Law

NORTH CAROLINA

DEED OF EASEMENT

IREDELL COUNTY

This Deed of Easement is made this 5th day of December, 2018, by and between Cecilio R. Canales and wife, Maria Q. Canales, (hereinafter called "Grantor"), and Cecilio R. Canales and wife, Maria Q. Canales, (hereinafter called "Grantee"),

RECITALS:

1. The Grantor is the owner of a tract or parcel of land designated as Iredell County PIN 4872-00-2474 and described in Deed Book 2115, page 1606, Iredell County Registry.

2. The Grantee is the owner of a tract or parcel of land designated as Iredell County PIN 4872-00-4454 and described in Deed Book 1495, page 1398, Iredell County Registry.

3. The property of the Grantee requires an easement for the placement of a septic drain field upon the property of the Grantor, which septic drain field is necessary for the septic system to be constructed to serve a new dwelling on the Grantee's property.

4. In order to comply with Iredell County Ordinances, the Grantee is in need of a recorded Deed of Easement, establishing that the septic easement drain field to be constructed on the tract designated as Iredell County PIN 4872-00-2474 is an appurtenance to the tract designated as Iredell County PIN 4872-00-4454.

NOW, THEREFORE, in consideration of the foregoing premises and the sum of $1.00, receipt of which is hereby acknowledged, the Grantor does hereby give, grant, and convey unto the Grantee,

Page Count: 3
☐NS ☐PQ ☐SI

R.O.T.C.

his heirs and assigns, a perpetual right of way and easement for purposes of installing, maintaining and operating a septic system and drain field, over and upon the property described as follows:

Being the property described as the 4.374 acre, more or less, tract in the deed from Brian A. Wallace and wife, Sandra G. Wallace to Cecilio R. Canales and wife, Maria Q. Canales, dated April 11, 2011 and recorded in Deed Book 2115, page 1606, lredell County Registry. The specific location of the drain field as constructed shall be at the discretion of the Grantee.

It is specifically understood and agreed that:

1. The easement rights granted herein shall be valid for as long as the wastewater system is required for the facilities that the system is designed to serve.

2. The uses being granted herein shall include the rights of ingress and egress, system installation, operation, maintenance, monitoring and repair.

To have and to hold said rights and easements to the said Grantee and his heirs and assigns; it being agreed that the rights and easements hereby granted are appurtenant to and run with the tract designated as redell County PIN 4872-00-4454, and hereinabove referred to.

In Witness Whereof, the Grantor has caused this instrument to be duly executed, this the day and year first above written.

Cecilio R. Canales (SEAL)
Cecilio R. Canales

Maria Quintanilla (SEAL)
Maria Q. Canales

STATE OF NORTH CAROLINA

COUNTY OF CATAWBA

I, a Notary Public of the County and State aforesaid, certify that Cecilio R. Canales and wife, Maria Q. Canales personally came before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 7 day of December, 2018.

Bobbie A. LaSage
Notary Public

My Commission Expires: 2/14/2021

(Official Seal)

BOBBIE A. LASAGE
NOTARY PUBLIC, NORTH CAROLINA
ALEXANDER COUNTY
MY COMMISSION EXPIRES
FEBRUARY 14, 2021

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT*!!!

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified... **_____ 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

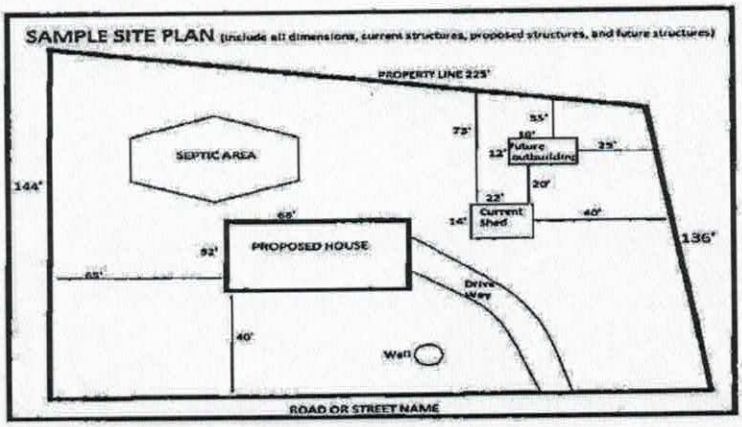
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

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

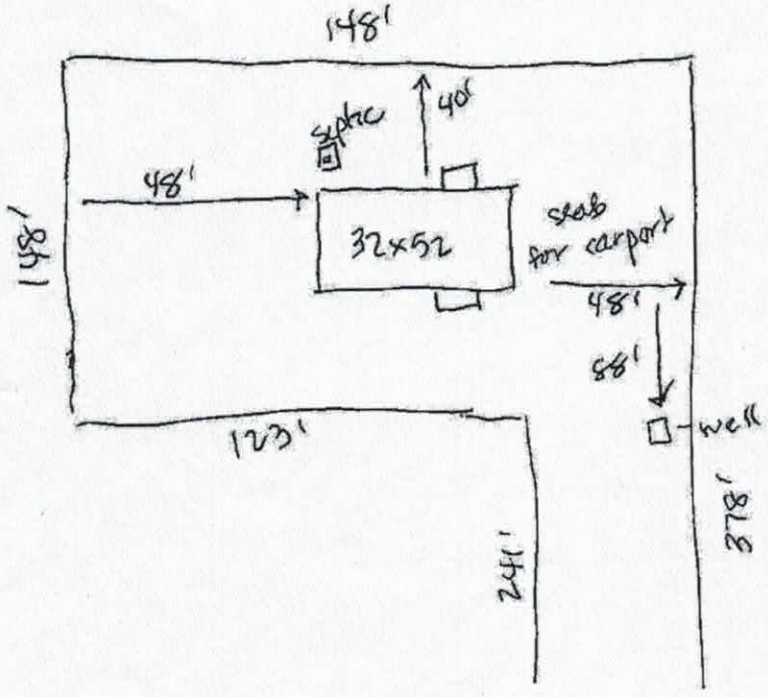
Circle N/A on the following if appropriate:

_____ 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: Clayton Homes by Elizabeth Overholz

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

11/8/18

DATE

24'
37'
123'
148'
148'
37'
88'
32'
32'
32×52
7'
Shade for carport
Shade from Factory
Electric Transformer
Well
Well

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115478 PIN# 4872-00-3453.+ 4454 DATE 10-7-03

OWNER OR CONTRACTOR FLEETWOOD HOMES OF STATESVILLE PHONE: Business Home 704-872-0179

ADDRESS 270 NORTHSIDE DRIVE STATESVILLE, NC 28677

LOCATION 21 NORTH ⓒ HOUSTONVILLE Ⓡ RABBIT HWY, Ⓛ KIMMON RD ON RT BESIDE CHEVRON HOUSE ≈ 1 mile

SUBDIVISION BLOCK / SECTION LOT LOT AREA .653 SITE CLASS B DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 9-14-03

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet EU×1706 Linear Feet 300'

No Lines 5×60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, ☒ III, IV, V, VI

System Description: 6 DAY 25+0 REV

Repair System Description: LD PANEL

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

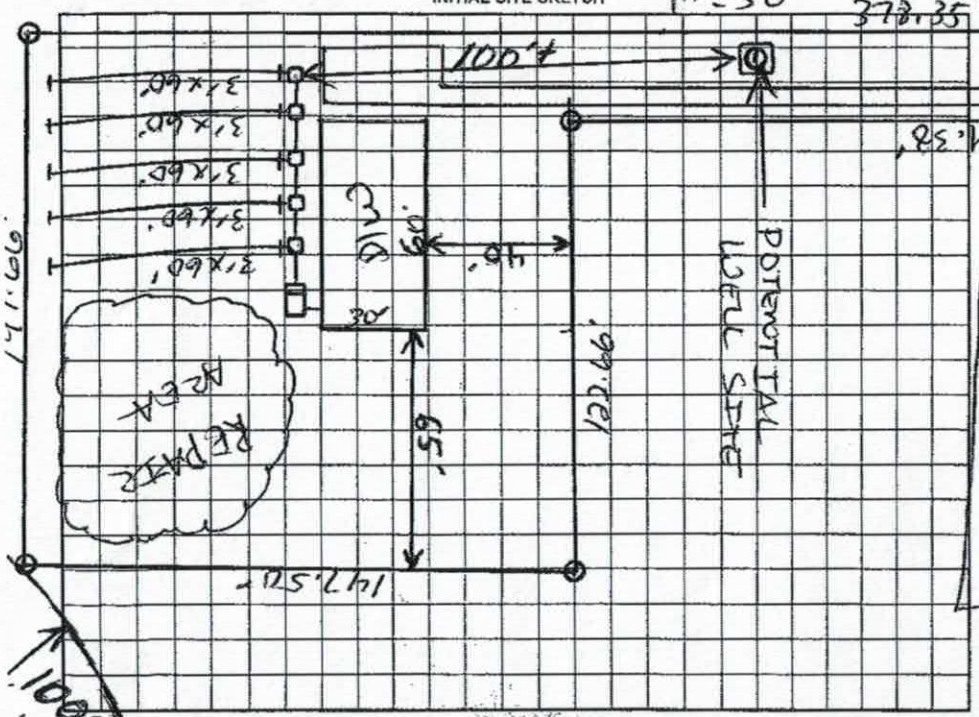
Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

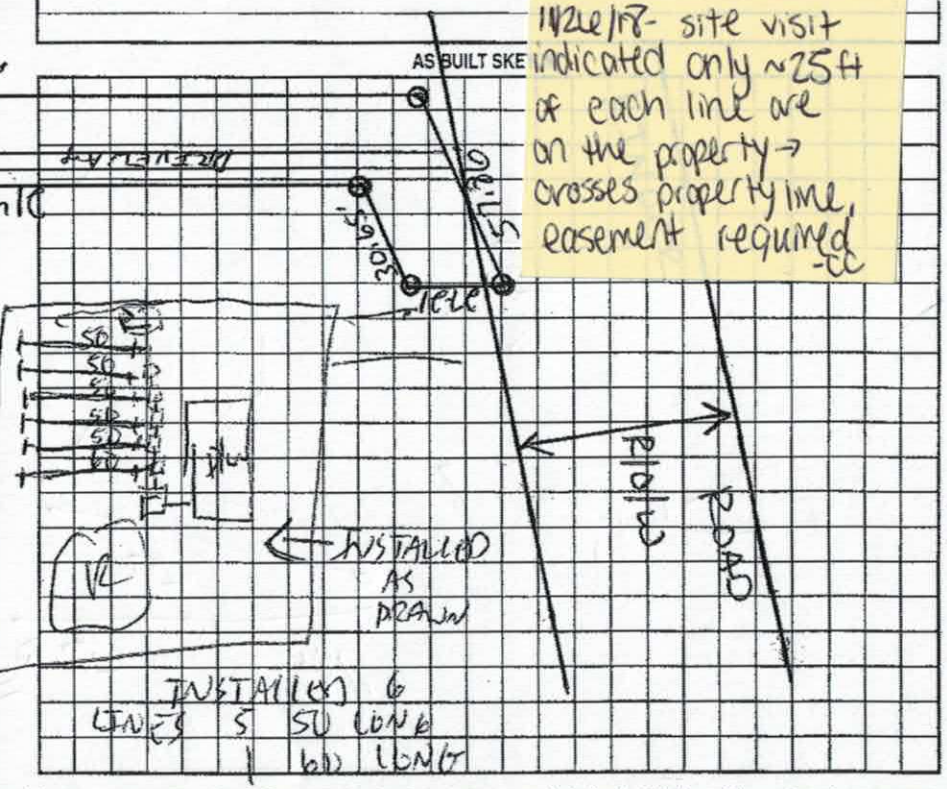
Comments:/Conditions: ① KEEP WELL 100' FROM SYSTEM ② INSTALL LINES ON CONTOURS ③ MAINTAIN SETBACKS ④ SYSTEM IS FLAGGED OUT COMPLETELY.

Comments:/Conditions: TWEETSIE FLAG + MARKER

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKE

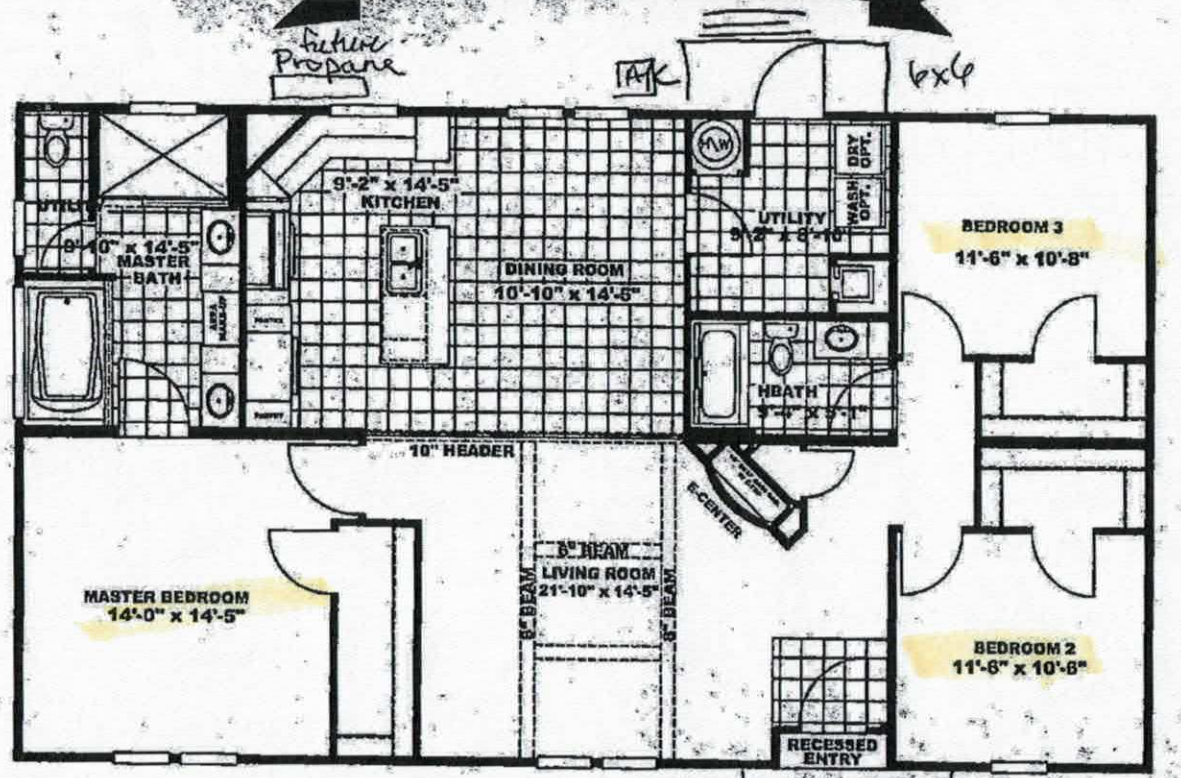

378.35'
100'
.85' ht
50'
50'
50'

182 Kimmon Rd
32x52 3BR/2BA

Plans Submittal ONLY!
E. Osterholz Date 11/8/18
Carla Cau Date 11/26/18

THE FREEDOM

1482 SQ FT • 3 BR • 2 BA



carport on existing slab

FEATURES

- Coffered ceiling feature
- 72" tile shower and separate tub in MBath
- Unique exterior with Recessed Entry
- Entertainment center
- Makeup area
- 3 kitchen pantrys

Marlette
TENNESSEE

IREDELL COUNTY

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

APPLICATION NUMBER
240161
Issue Date: 11/08/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4872004454.000	182 KIMMON ROAD, HARMONY, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CANALES CECILIO+MARIA Q	Applicant: CLAYTON HOMES - CONOVE
Address: 182 KIMMON RD	Address: 1230 CONOVER BLVD
HARMONY, NC 28634	CONOVER, NC 28613
Phone:	Phone: 828-465-3450

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.653	35.00	35.00	15.00	15.00	BOWH	X

Remarks:

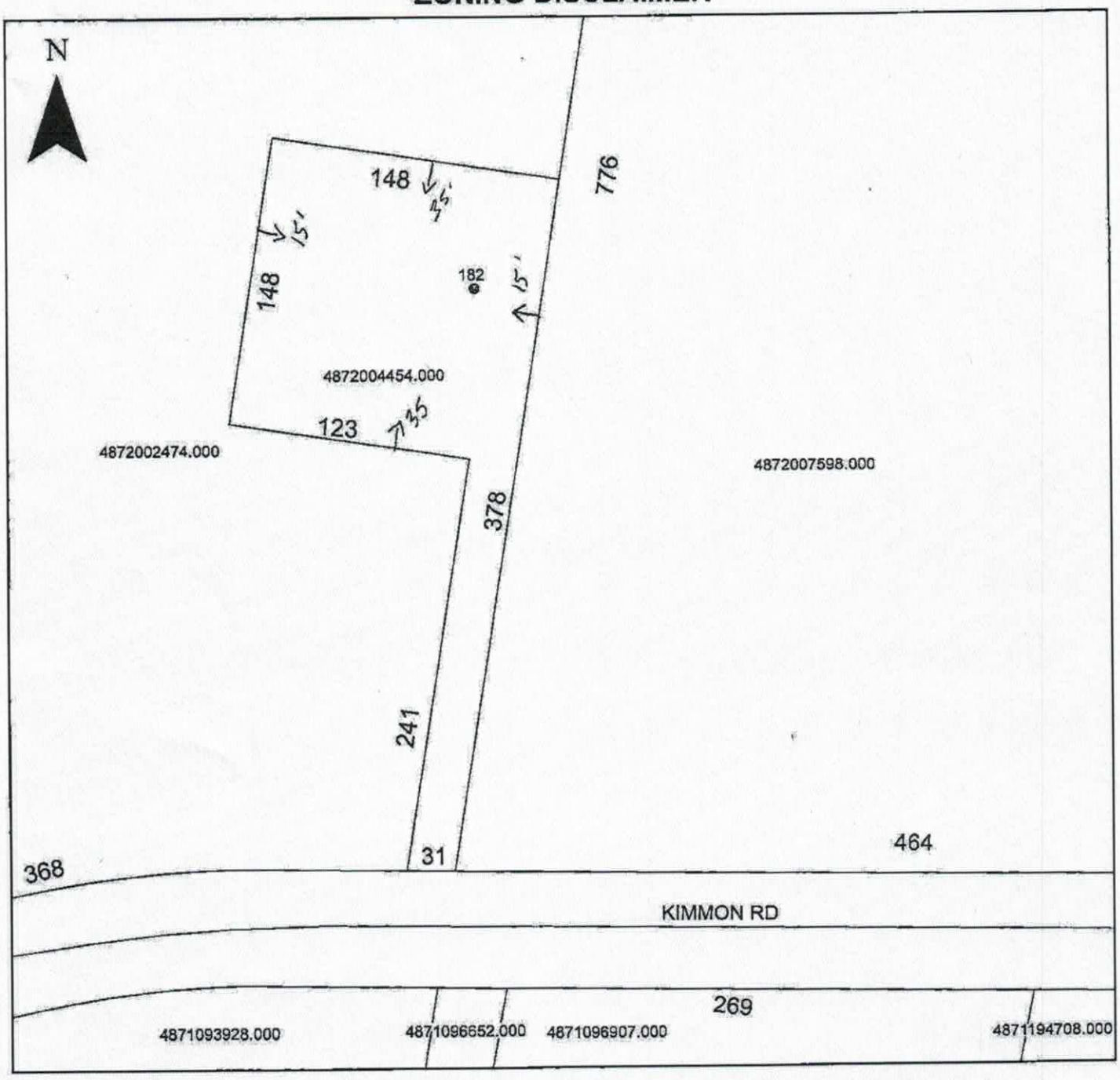
REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile 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	158434	TOTAL FEES:	$ 79.50

ZONING DISCLAIMER



Property Address 182 Kimmon 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.

Clayton Homes by Elizabeth Overholt
Applicant

11/8/18
Date