IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240160

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

PIN # 4880517972

APPLICANT/OWNER: Clayton Homes / Kim Potter APPLICANT ADDRESS: 1230 Conover Blvd W

SITE ADDRESS: 154 Skyview Lake Road, Harmony NC PHONE: 828-465 3460 ALT. PHONE

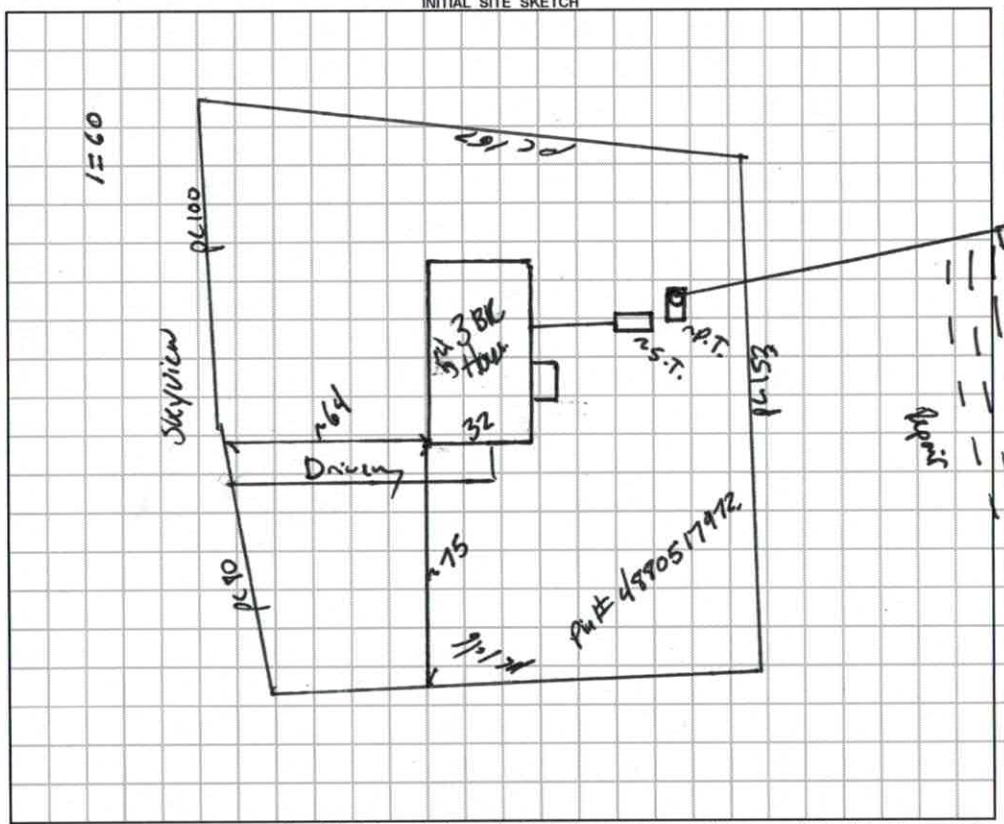
SITE DIRECTIONS: Hwy 21 to Harmony @ on 901 @ on Skyview Lake on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.64 DESIGN FLOW: 360 L.T.A.R.: EXT

Septic Tank	1000 EXT (gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply		
Pump Tank	1000 EXT (gal)	PT	EXT	Date	EXT	System Description:	Pump - Existing			☐ Business	No. Persons	6	☐ Private		
Pump Make	EXT	Model	EXT	Serial #	EXT	Repair System Description:				☐ Other	No. Employees		☒ Public		
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☒ Crawl Space		☐ Community		
Trench Width	EXT	Trench Bottom Depth (Low side)		EXT	Gravel Depth	EXT	☐ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing			☐ Basement w/o plumbing		

Comments / Conditions: System Functioning and In good working order at Time of Inspection. OFFSite Septic easement Deeded and Recorded. Bk 936 PG 800

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: Benjamin A. Bell Date: 12/20/2018

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.

RECEIVED NOV - 8 2018

349 N Center St, Statesville

Paid $250.00 # 240160

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Clayton Homes Address: 1230 Conover Blvd W Zip: 28613
Applicant Email: ProcessMgmtGroup@gmail Phone: 828-775-6951 – Elizabeth
Owner Name: Kim Potter Address: 162 Skyview Lake Rd Zip: 28634
Owner Email: kimberlyreneepotter@gmail.com Alt. Phone: 980-635-4258

Property Information:

Street Address: 154 Skyview Lake Rd 28634

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

Driving Directions: I-40 E to exit 162, (L) on Hwy 64E, (L) Hwy 901, (R) on Skyview Lake Rd, keep (R) @ fork, home on (R)

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 (X) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: Clayton Homes by Elizabeth Osterholz 11/8/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Permit not in DB Alice ckg on it.

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, Kimberly Potter, am the legal owner(s) of the property located at 154 Skyview Lake Rd, Harmony, identified as PIN (Parcel Identification Number) 4880517912.000, 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.

Signature of Owner(s) 11/3/18 Date

Signature of Witness 11/3/18 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

BK 956 PG 800

NORTH CAROLINA

SEWER EASEMENT

IREDELL COUNTY

THE SEWER EASEMENT, made this 31st day of July, 1995 by and between Lucille C. Millers and husband, Arthur W. Millers, herein referred to as GRANTORS, and Franklin D. Short and wife, Rita G. Short, hereinafter referred to as GRANTEES;

WITNESSETH:

The GRANTORS own certain property situated in Iredell County, North Carolina, as set forth in Tax Map 12 J A 5 and being approximately 92 acres.

The GRANTEE desires to construct and lay a sewer treatment and disposal trench across the land belonging to the GRANTORS.

NOW, THEREFORE, the GRANTORS in consideration of the sum of TEN DOLLARS and other good and valuable consideration do hereby grant and convey to the GRANTEE an easement to construct and maintain a drain field across the property belonging to the GRANTORS above described. The easement shall have a length of approximately 150.00 feet and width of approximately 153.40 feet, hereinafter described in the attached Exhibit "A".

GRANTEE hereby agrees that following the construction of the sewer line, the surface of the lands will be restored in its prior condition. GRANTEE further agrees that in the future, upon performing any maintenance or other repairs to the sewer easement that the property of the GRANTORS will be restored to its condition immediately preceding the maintenance of repairs.

GRANTORS and GRANTEES agree that this easement shall be valid as long as the system is required.

This easement and agreement binds all heirs, executors, successors and assigns of the parties hereto.

IN WITNESS WHEREOF, the parties have hereto set their hands and affixed their seals, this the day and year first above written.

Lucille C. Millers (SEAL) Rita G. Short (SEAL)

Arthur W. Millers (SEAL) Franklin D. Short (SEAL)

NORTH CAROLINA

Burke COUNTY

I, Jennifer S Wright notary public of the county and state aforesaid, certify that Lucille C. Millers and Arthur W. Millers personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and notarial seal, this the 31 day of July, 1995.

8-25-99 Exp.

Jennifer S Wright (SEAL)
NOTARY PUBLIC

NORTH CAROLINA, DAVIE COUNTY

I, Donna Stroud Notary Public do hereby certify that Rita G. Short and Franklin D. Short personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed.

Witness my hand and notarial seal, this the 2nd day of August, 1995.

My commission expires:
7-20-99

Donna Stroud (SEAL)
NOTARY PUBLIC

DONNA STROUD
NOTARY PUBLIC
DAVIE COUNTY, NC
My Commission Expires 7-20-99

Exhibit "A"

Being a sewer easement and being 153.40 feet in width and 150 feet in depth, said 150 feet in depth running from either corner of the Grantors Northern property line, with the said 150 feet extending 150 feet into the Southern line of the Grantees property, the easement shall be 153.40 feet in width at said point as is the width of the Northern property line of said Grantor and being a sewer easement and rectangular in nature.

FILED
IREDELL COUNTY
95 AUG -3 PM 4:41
BRENDA D. BELL
REGISTER OF DEEDS

0017771

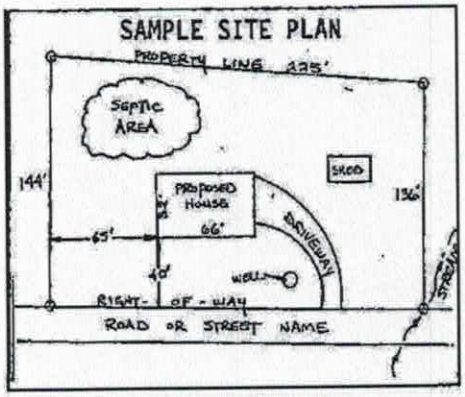
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

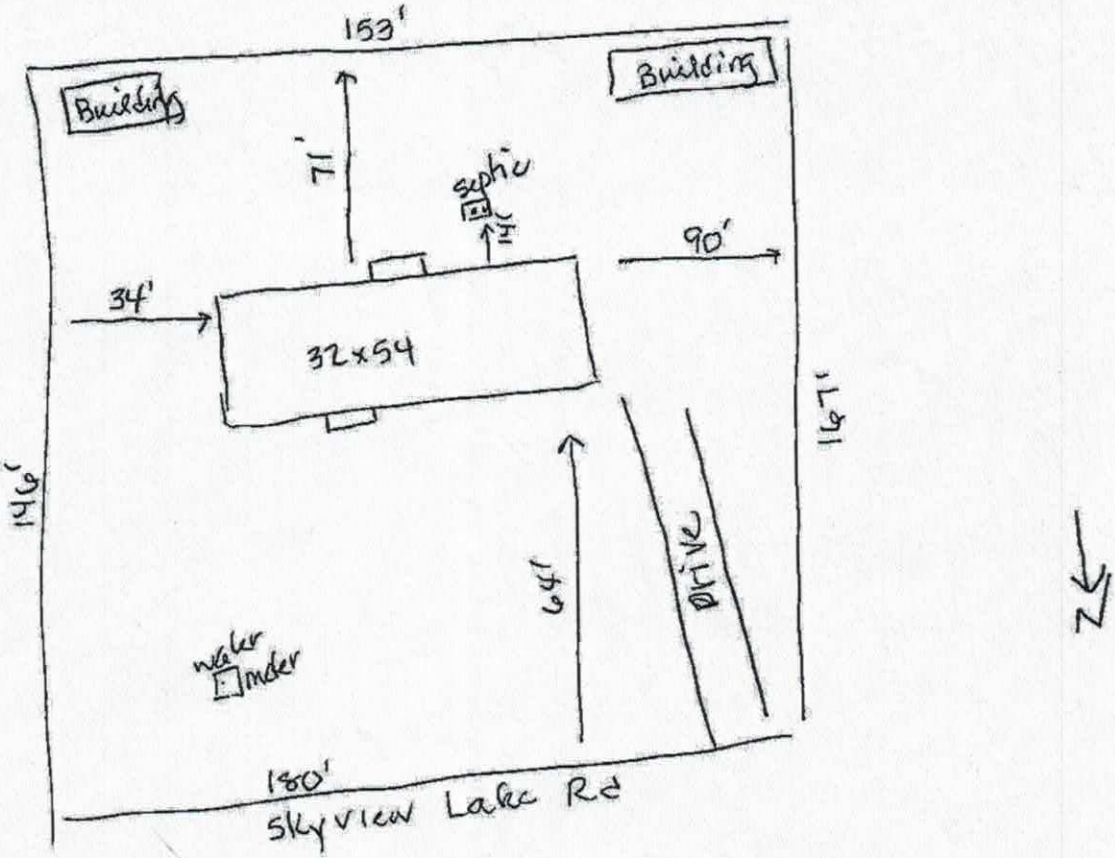


Circle N/A on the following if appropriate:

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



Signature: Clayton Homes by Elizabeth Osterholz **DATE** 11/8/18

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

57776

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 19891 DATE 8-3-95 TAX MAP NO. 12J-A-85 (PART) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR FRANKLIN D. SHORT PHONE: Business Home 634-7419

ADDRESS P.O. BOX 199 HARMONY NC 28634

LOCATION US 21 N, TR NC 901, TL SKYVIEW LAKE, 4TH LOT ON (R)

SUBDIVISION BLOCK / SECTION LOT LOT AREA LIMITED SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GAD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 6-25-95
Pump Tank: 1000 Gallons; PT 17 Date 3-25-95
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP TO CONVENTIONAL
Repair System Description: PUMP TO CONVENTIONAL
Maintenance Agreement Required: ☐ Yes ☑ No

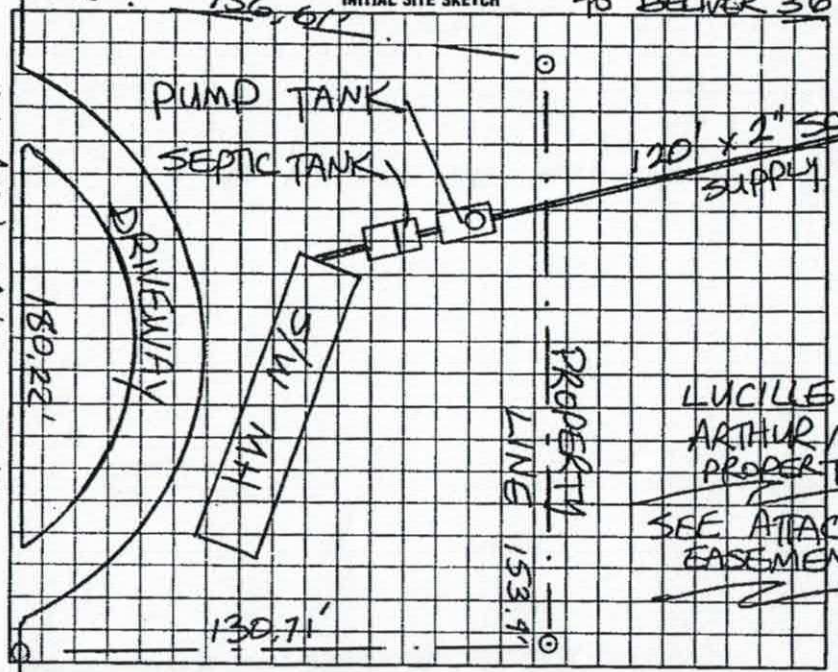
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

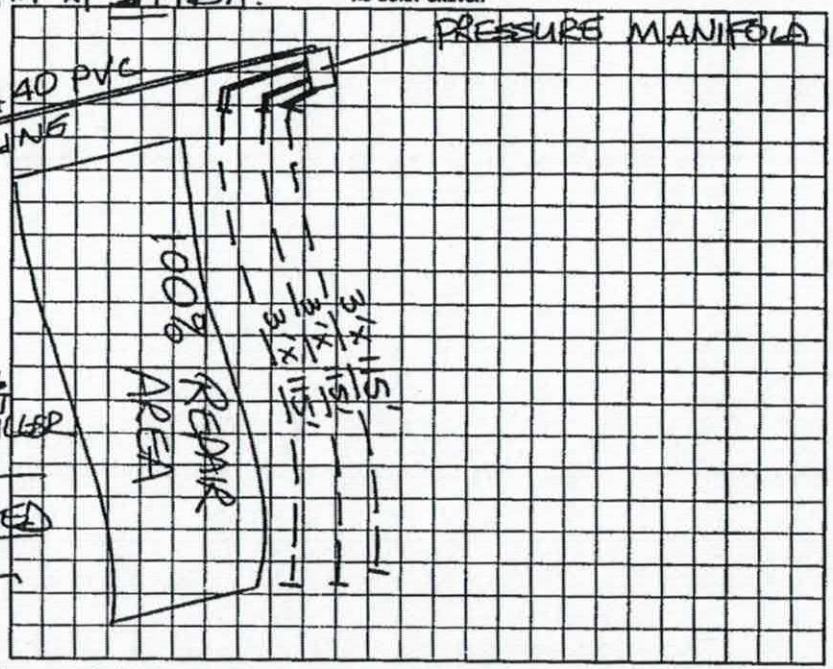
Comments: ① CONTACT HEALTH DEPT. TO FLAG OUT SYSTEM AFTER CLEARING & PRIOR TO INSTALLATION. ② SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS. ③ USE PUMP SIZED TO DELIVER 36 GPM AT 34 TDH.

Comments: TANKS & LINES CHECKED 9-12-95 - BH

INITIAL SITE SKETCH



AS BUILT SKETCH



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. Improvement Permit is valid for 60 months from date of issuance.

Signed: Ruth D Short

Improvement Permit by: STEVE HEDRICK date 8-4-95

Existing System Inspection by: date

Installed by: Tommy Frye

Certificate of Completion by: date

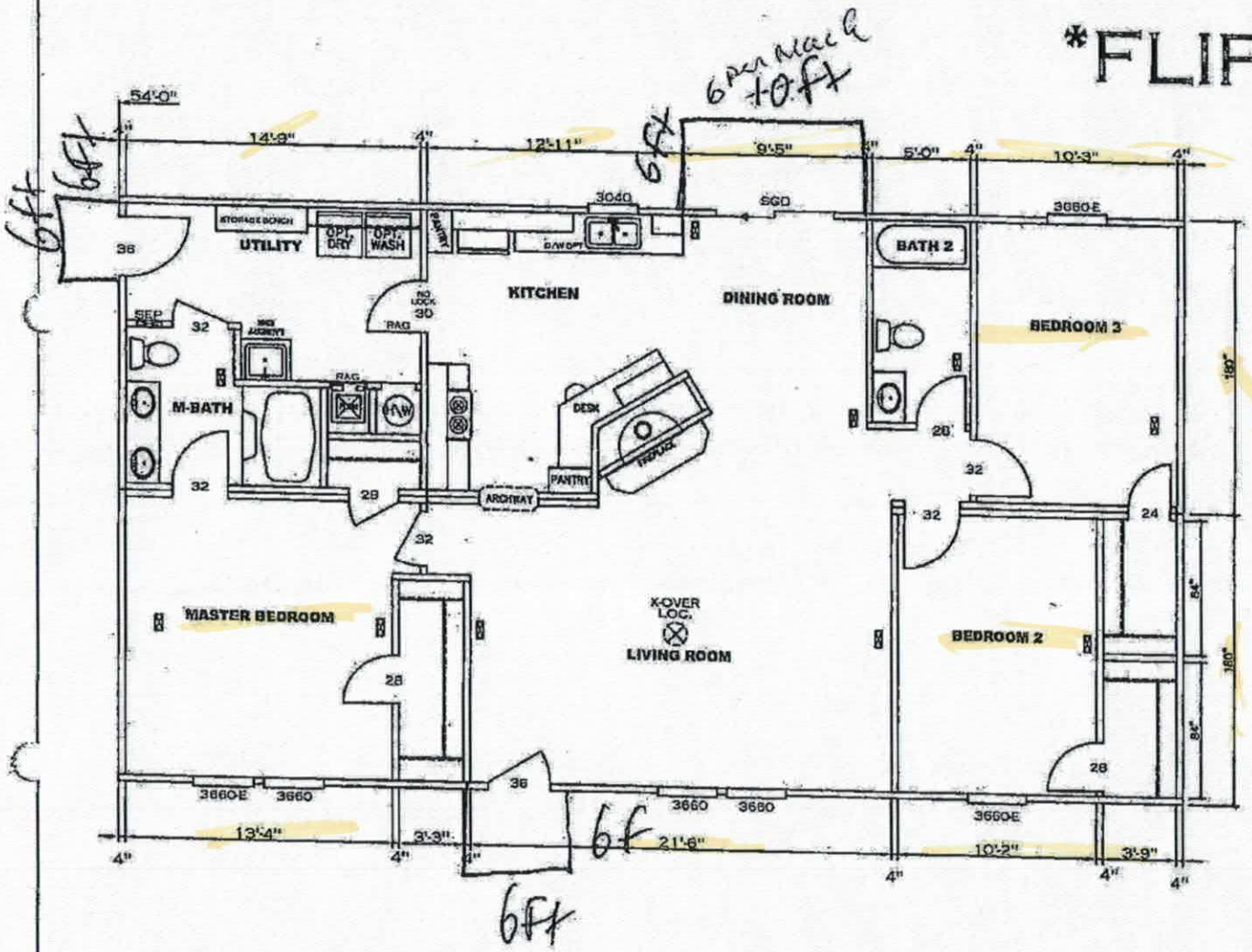
Operation Permit by: F.C. Moore date 10-2-95

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

L 9 L 1 0 0

32x54 3BR/2BA 154 Skyview Lake Rd

FLIPPED



Acknowledgement Of Plans Submittal ONLY!

E. Osterholz Date 1/18/18

Bryan Date 1/23/18

1620 SQ.FT. (STD PLAN "CONDITIONED")
N/A SQ.FT. (W/OPT. PORCH/RECESS "CONDITIONED")

CMH MANUFACTURING	Model #: AVD28543A	Drawing #: 25M118-32062
	Date: 8/1/2017 Scale: NTS	
Product Designer: Cory Chumley	32' x 54' AVONDALE	
FLOOR PLAN		

IREDELL COUNTY

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

APPLICATION NUMBER
240160
Issue Date: 11/08/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4880517972.000	154 SKYVIEW LAKE ROAD, HARMONY, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SHORT RITA G+FRANKLIN SHORT	Applicant: CLAYTON HOMES - CONOVE
Address: P O BOX 194	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
.640	35.00	35.00	15.00	15.00	BOWH	X

Remarks:

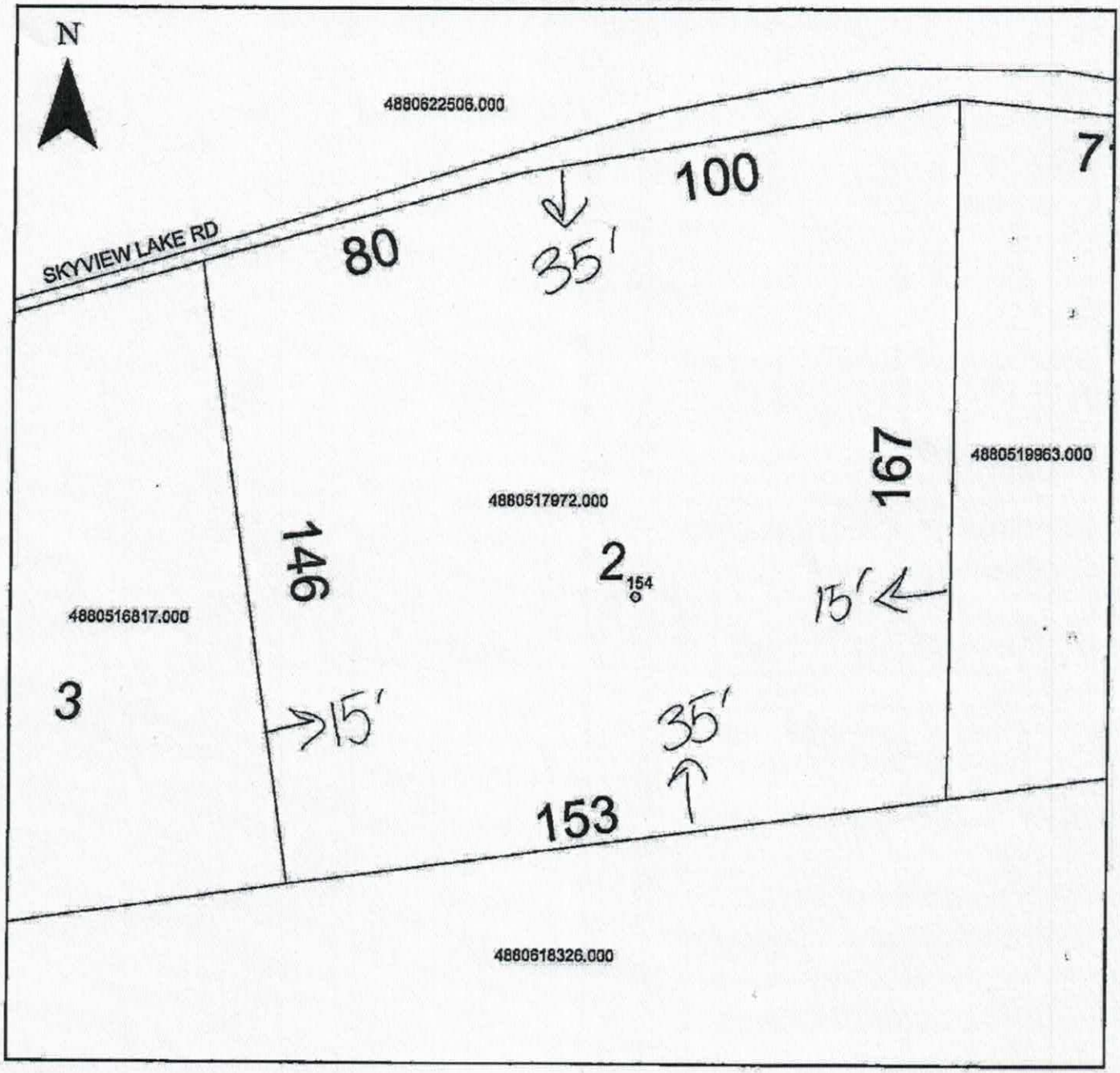
REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections 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	158429	TOTAL FEES:	$ 79.50

ZONING DISCLAIMER



Property Address 154 Skyview Lake 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 Osterholz
Applicant

11/8/18
Date