1 (2)

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # OSWP-2022-4274

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

PIN # 4629707095.000

APPLICANT/OWNER: William + Nancy Grubb APPLICANT ADDRESS: 871 Morrison Farm Rd Trautman NC.

SITE ADDRESS: 871 Morrison Farm Rd Trautman NC PHONE: 704-369-9886 ALT. PHONE —

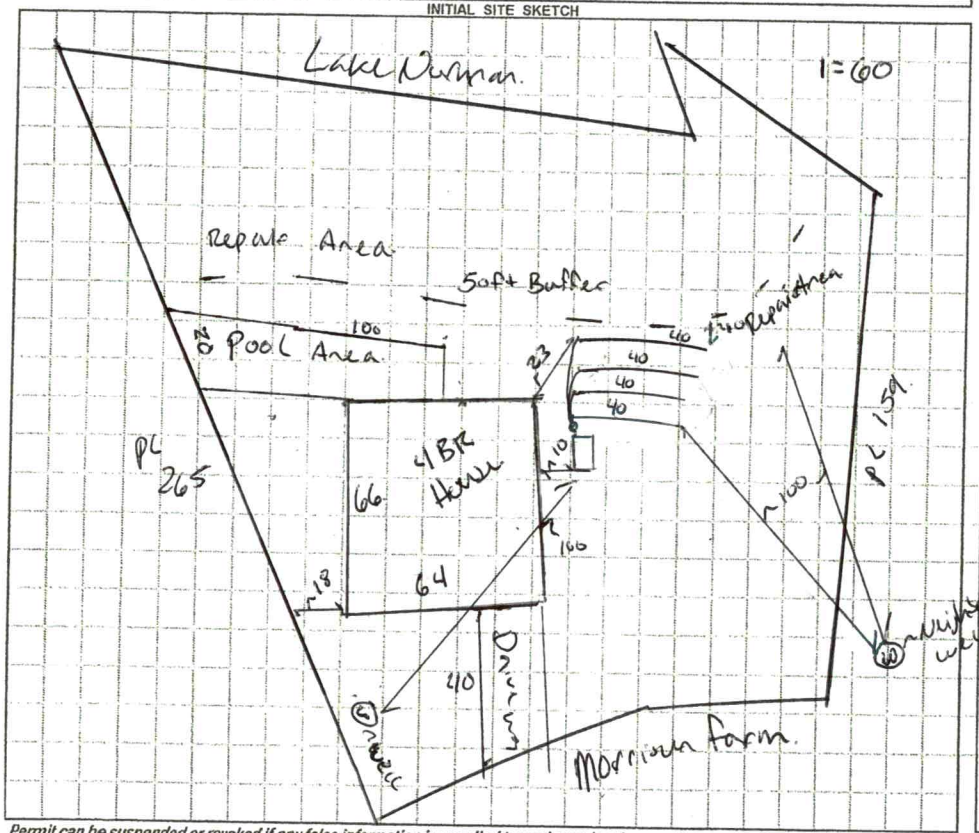
SITE DIRECTIONS: State Park to Morrison Farm Shear Right SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Morrison Point SECTION: — LOT # 32/33 LOT AREA: .99 AC DESIGN FLOW: 480 L.T.A.R.: .50

Septic Tank	1000	(gal)	STB	1012	Date	4/15/22	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	Gravity - Vertical Panel Bleach.			☐ Business	No. Persons	8	☑ Private
Pump Make			Model		Serial #		Repair System Description:	Exempt			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	4	Linear Ft	160	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	24 in		Trench Bottom Depth(~~Lot Side~~)			33 in max	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install on the Contour of the Land. Maintain 100 ft away from any well.

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: 9/22/22 Installed by: Steve Soader

IMPROVEMENT PERMIT by: Benjamin A Boss Date: 9-21-22 OPERATION PERMIT by: Benjamin A Boss Date: 10-5-2022

AUTHORIZATION TO CONSTRUCT by: Benjamin A Boss Date: 9-21-22. Existing System Inspected by: Date:

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.

PERMIT SNAPSHOT REPORT OSWP-2022-4274 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Improvement Permit
Status: Fees Paid
Valuation: $0.00
Project:
District: Iredell County
Square Feet: 0.00
Assigned To: Botkins, Ben
App Date: 09/12/2022
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:
Description: INTERMEDIATE RELAYOUT - CHANGING FROM LP PANEL BLOCK TO GRAVITY SYSTEM

Parcel: 4629707095.000 Main
Address: 871 Morrison Farm Rd Troutman, NC 28166 Main
Zone: R-20(Suburban Residential District)

Applicant/Authorized Agent	Property Owner	Project Contact
William & Nancy Grubb	William & Nancy Grubb	Shawn Patterson
Mobile: (704) 677-4887	Mobile: (704) 677-4887	Mobile: (704) 369-9856

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	95 x 68	What are the proposed structures	New Multi-Family Residence
Maximum Number of Bedrooms	4	Number of Occupants	8	Foundation Type	Crawl Space Foundation
Residential/Business/Other	Residential	Water Supply	New Well	Desired Septic System Type	Conventional (most common)
Additional Unique Setbacks Apply	No				

Attachment File Name	Added On	Added By	Attachment Group	Notes
871 Morrison Farm Rd AA Form_v1.pdf	09/12/2022 10:34	Nebel, Barbara	Available Online	Authorize to Act as Agent
871 Morrison Farm Rd Site Plan_v1.pdf	09/12/2022 10:34	Nebel, Barbara	Available Online	Site Plan

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00001944	New Gravity System	$320.00	$320.00
	Total for Invoice INV-00001944	$320.00	$320.00
	Grand Total for Permit	**$320.00**	**$320.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		09/12/2022 0:00	09/12/2022 10:35
Confirm application complete v.1	Generic Action		09/12/2022 10:35
~~**Zoning Review v.1**~~			09/12/2022 10:36
~~Iredell County Zoning Approval v.1~~	Task		09/12/2022 10:36
~~Issue Invoice v.1~~	Generic Action		09/12/2022 10:36
~~Fees Paid v.1~~	Generic Action		09/12/2022 10:36
Fees v.1		09/12/2022 0:00	09/13/2022 10:09
Issue Invoice v.1	Generic Action		09/12/2022 10:36
Fees Paid v.1	Generic Action		09/13/2022 10:09
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		09/15/2022 11:31
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		

Issue Authorization to Construct v 1 | Generic Action

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217319

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

PIN # 4629 - 70 - 7095

APPLICANT/OWNER: Cobble Creek Homes APPLICANT ADDRESS: 103 N Main Street 28609.

SITE ADDRESS: 871 Morrison Farm Rd PHONE: 7043699856 ALT. PHONE 828 241 4150

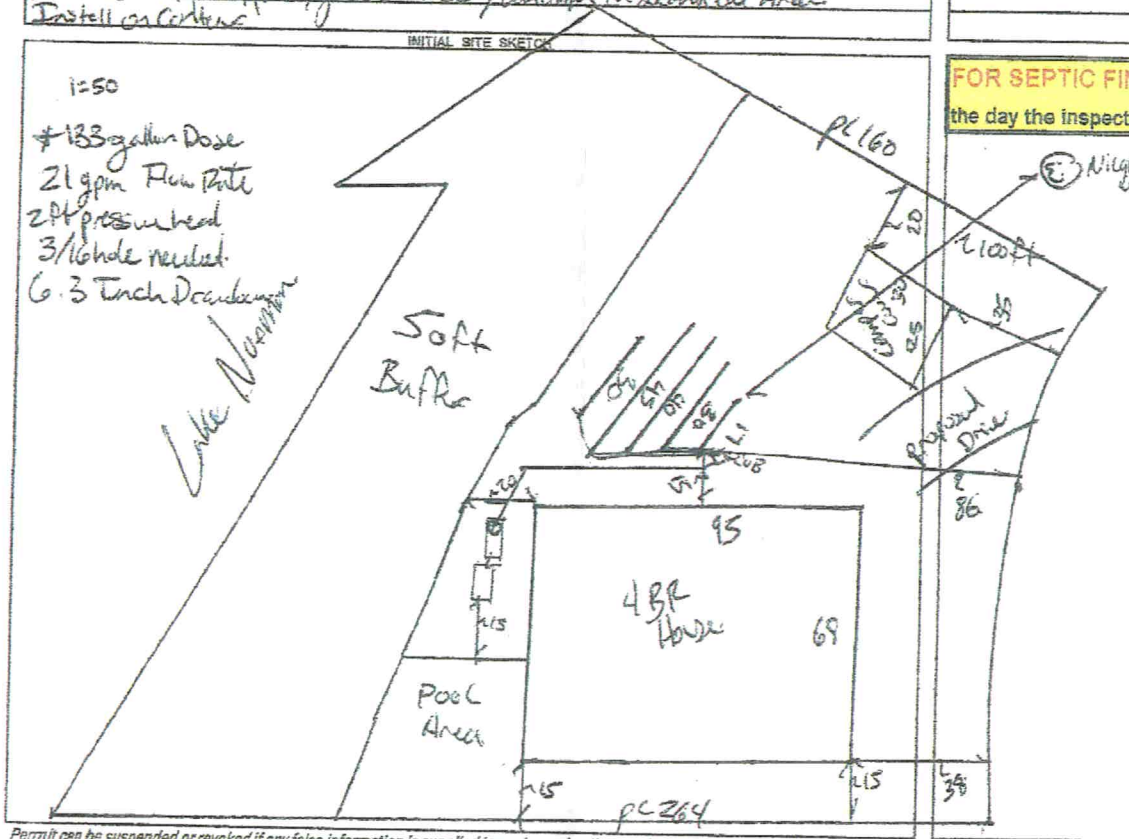
SITE DIRECTIONS: Morrison Farm Left on Right SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Morrison Point SECTION: - LOT # 32/33 LOT AREA: .99 AC DESIGN FLOW: 480 L.T.A.R.: .80

Septic Tank	1000	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	1000	(gal)	PT		Date		System Description:	LP- Pixel Block - 50% Reduction			☐ Business	No. Persons	8	☑ Private	
Pump Make	-		Model		Serial #		Repair System Description:	New - Except (< 1983)			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1		# Lines	5	Linear Ft	160	Maintenance Agreement Required:	☑ YES	☐ NO		☐ Slab	☑ Crawl Space		☐ Community	
Trench Width	24		Trench Bottom Depth (below grade)			33	Gravel Depth	-	☐ GRAVITY	☑ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing		

Comments / Conditions: *50ft Buffer must be marked at Installation
Do not Drive, Park, grade or Fill, utilities in Leach Field Area
Install on Contour

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.

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

COPY

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: Benjamin Black Date: 10/2/2020 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

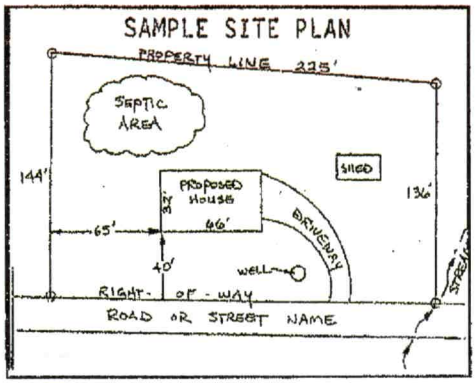
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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:

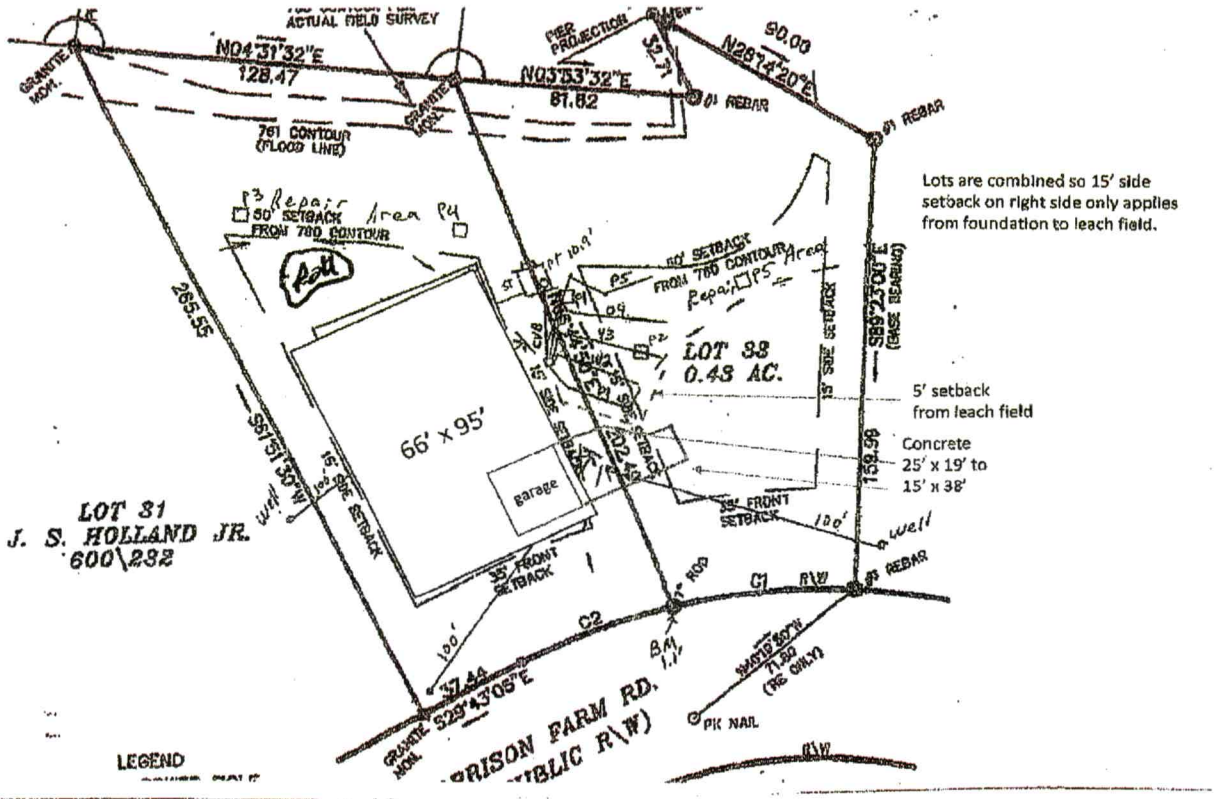
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



Signature: Steve Parker

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

9/12/22
DATE

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: Cobble Creek Homes Address: 103 N Main St Zip: 28609
Applicant Email: Cobblecrkhomes@yahoo.com Phone: 704 3699856 Alt. Phone: 8282414150
Owner Name: Bill Cobb Address: _____ Zip: _____
Owner Email: _____ Phone: 704 677 4887 Alt. Phone: _____

****

Property Information:

Street Address: 871 Morrison Farm Rd
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Down Morrison Farm Lot on R

****

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

(X) 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: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

****

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 2

(X) 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: _____

****

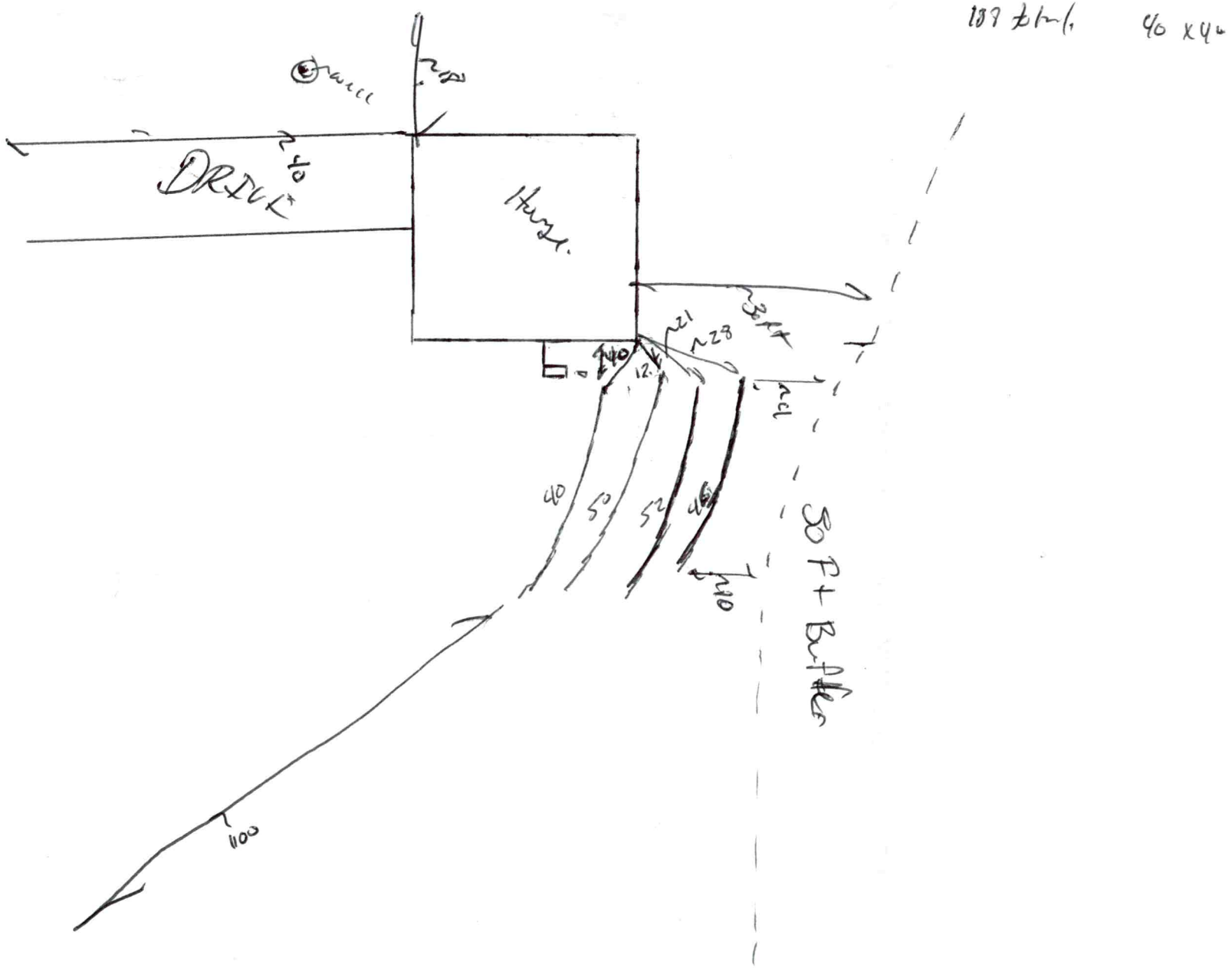
Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) 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: _____ 9/12/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE


DRIVE
House
50 Ft Buffer
40
52
40
100

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217319

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

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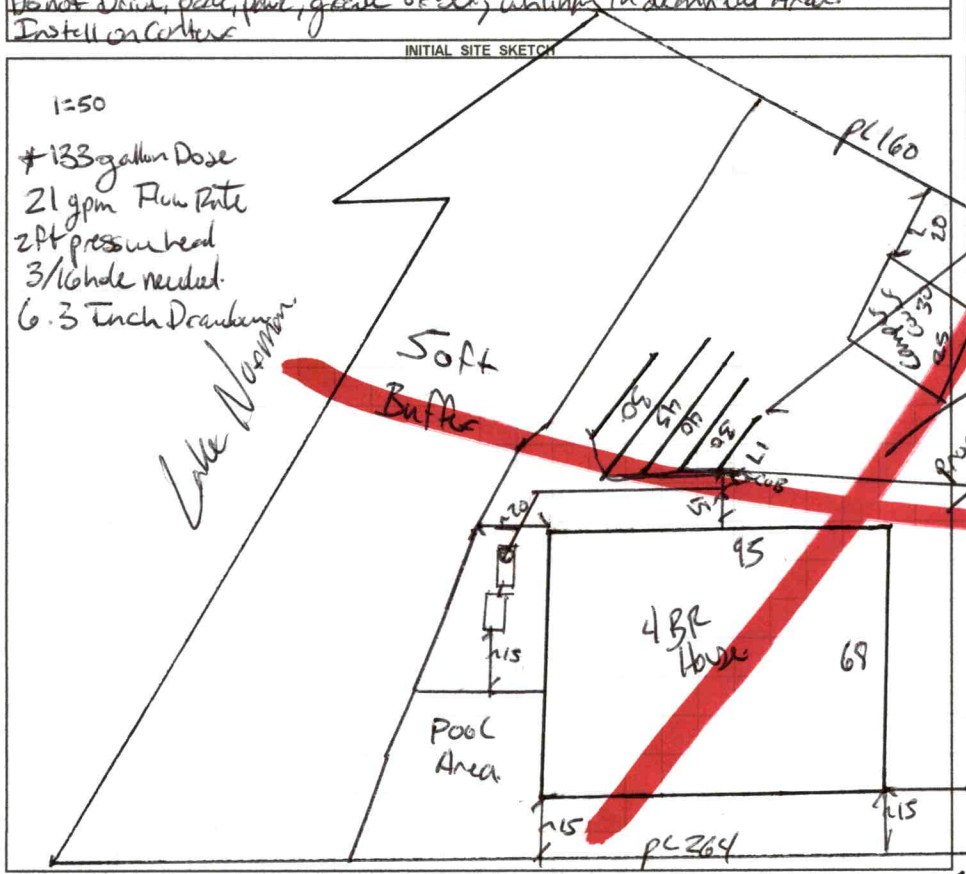
SITE DIRECTIONS: Morrison Farm Lot on Right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Morrison Point SECTION: - LOT # 32/33 LOT AREA: .97 AC DESIGN FLOW: 480 L.T.A.R.: .50

Septic Tank 1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI			☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT	Date	System Description: LP-Panel Block-50% Reduction			☐ Business	No. Persons 8	☒ Private
Pump Make -	Model	Serial #	Repair System Description: Repair Except (<1983)			☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5	Linear Ft 160	Maintenance Agreement Required: ☒ YES ☐ NO			☐ Slab	☒ Crawl Space	☐ Community
Trench Width 24	Trench Bottom Depth (average) 33	Gravel Depth -	☐ GRAVITY ☒ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: *Soft Buffer must be removed at Installation
Do not Drive, Park, Pave, grade or Any Activity in Drainfield Area.
Install on Contour

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.

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☐ **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: William Trudt Date: 10/30/2020 Installed by: _____

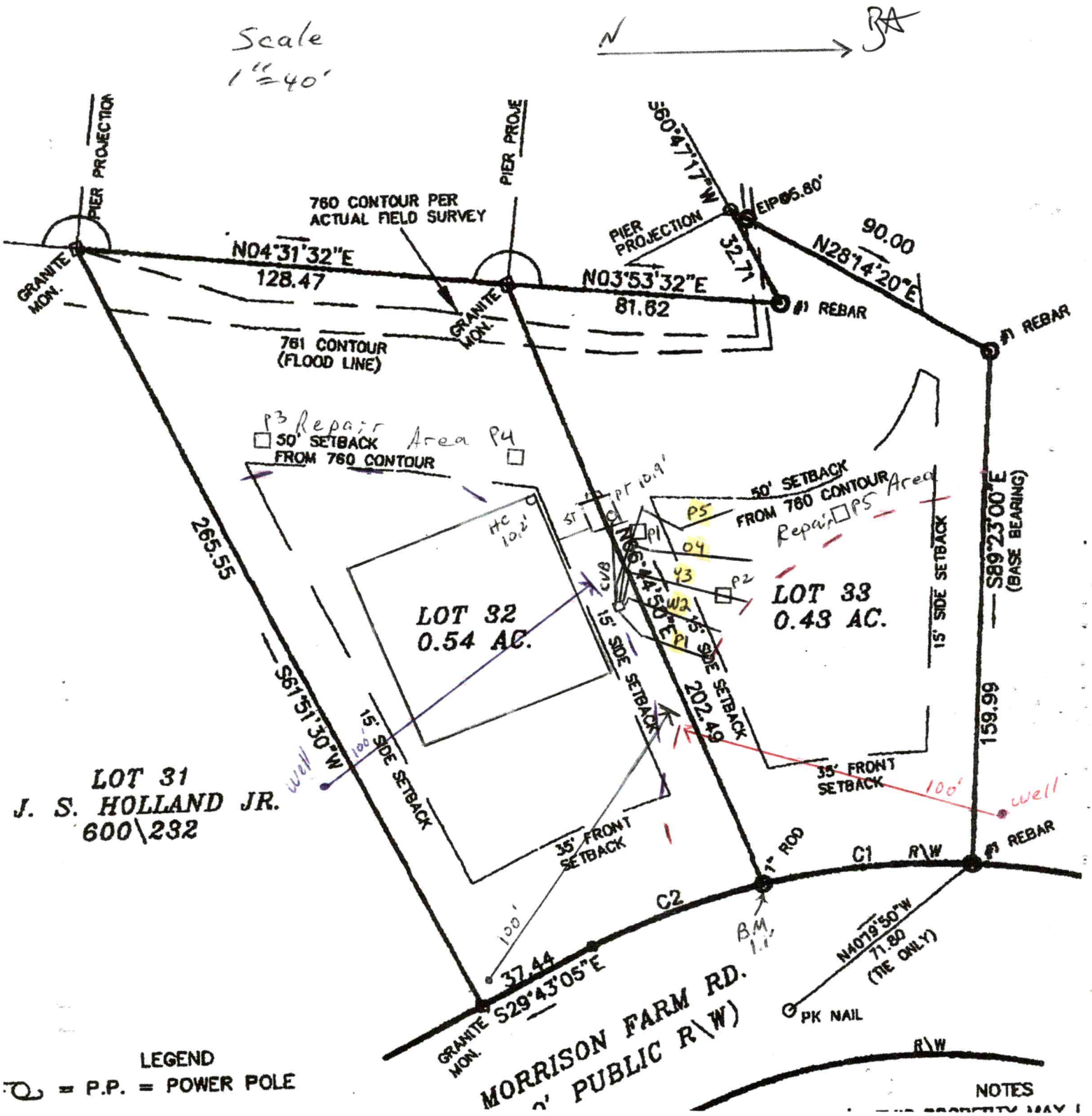
IMPROVEMENT PERMIT by: Benjamin A Bell Date: 10/2/2020 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bell Date: 8/27/21 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.



APPROVED SEP 0 8 2016



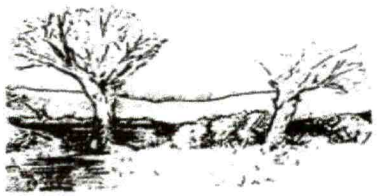
LEGEND

= P.P. = POWER POLE

NOTES

Line	Design Length	# of Panels	Elevation
Pink 1	20'	4	7.3'
White 2	30'	7	8.6'
Yellow 3	40'	9	9.7'
Orange 4	40'	9	10.7'
Pink 5	30'	7	11.4'

APPROVED SEP 0 8 2016
BA



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 871 Morrison Farm Rd., Morrison Point Lot 32/33
House Footprint: 60' x 60'
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.5 GPD/FT2 (initial), 0.1 GPD/FT2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: Limited Pretreatment Drip Irrigation
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 21.2 GPM
Dosing Volume: 129.6 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 8.6'
Friction Head: 0.3'
Pressure Head: 2'
Total Dynamic Head: 10.9'
Supply Line Length: 30' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: ~~36~~ 33" Lowside

Line	Design Length	# of Panels	Actual Length	Elevation
Pink 1	**20'**	**4**	**22'**	**7.3'**
White 2	**30'**	**7**	**32'**	**8.6'**
Yellow 3	**40'**	**9**	**46'**	**9.7'**
Orange 4	**40'**	**9**	**41'**	**10.7'**
Pink 5	**30'**	**7**	**32'**	**11.4'**

Initial System: 160' **Repair System:** Limited
Pump Tank: 10.9' **House Corner:** 10.2' **Benchmark:** 1.1'

APPROVED SEP 0 8 2016

BA

Comments:

MA&A evaluated these two lots to combine for one residence. Because of the presence of saprolite in the soil, a separation of 100' must be maintained between the septic and any wells. The original deed date for the lots is 7/5/1967 (BK 9, PG 55). The lots are repair exempt. MA&A has noted some pretreatment repair area within the 50' lake buffer.

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

APPROVED SEP 0 8 2016

PROPERTY ID #: 4629707182
COUNTY: Iredell

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

OWNER: Michael McGuire
APPLICATION DATE
ADDRESS: 1524 Queens Rd, Charlotte, NC 28207
DATE EVALUATED:
PROPOSED FACILITY: 4 bdrm
PROPOSED DESIGN FLOW (.1949): [redacted] GPD 480
PROPERTY SIZE: 0.97 AC
LOCATION OF SITE: 871 Morrison Farm Rd, Morrison Pt Lot 32/33
PROPERTY RECORDED: 7/5/1967
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	LS 8%	0-6	Br SCL WSBK	FR SS SP SEXP	N/A	6"	PS	N/A	PS 0.4-0.5 .4+-.5
		6-66	VER SL/SAP M	VFR SS SP SEXP					
2	LS 8%	0-10	R CL WSBK	FR SS SP SEXP	N/A	10"	COM SAP PS	N/A	PS 0.4-0.5
		10-65	VER SL/SAP M	VFR SS SP SEXP					
3	LS 6%	0-6	Br SCL WSBK	FR SS SP SEXP	Few YB No YB	54"	N/A	N/A	PS 0.275-0.3
		6-30	R C SBK	FR SS SP SEXP					
		30-54	R CL WSBK	FR SS SP SEXP					
4	LS 6%	0-18	R C SBK	FR SS SP SEXP	N/A	34"	F-C SAP PS	N/A	PS 0.3-0.4
		18-34	R CL WSBK	FR SS SP SEXP					
		34-62	VER L SAP M	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300 FT2	LIMITED
System Type(s)	PPBPS	DRIP
Site LTAR	0.4	0.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

APPROVED SEP 0 8 2016 BA

PROPERTY ID #: _4629707182____
DATE OF EVALUATION: _____
COUNTY: _IREDELL_____

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 4%	0-17	Br R CL WSBK	FR SS SP SEXP	Few YB	53"	N/A	N/A	PS 0.3
		17-25	R Br SCL WSBK	FR SS SP SEXP					
		25-36	R SL GR	VFR SS SP SEXP					
		36-53	R CL WSBK	FR SS SP SEXP					

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

Sheet 1 of ___
PROPERTY ID #: 46297071102
COUNTY: Iredell

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

OWNER: Kevin McLemore
ADDRESS: PO Box 66 Matthews
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 871 Mossman Farm Rd
APPLICATION DATE 3-11-16
DATE EVALUATED: 4-7-16
PROPERTY SIZE: 0.97acres
PROPERTY RECORDED: Yes
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other N/A
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	11% NS	0-20	Fill		–	–	–	–	Need Pits
		20-27	Cl WABK	Fr mod SE					
		27-48	SAP 4/cl M	Fr					
2	10% NS	0-12	RC ABK	Fr mod SE	–	–	–	–	Need Pits
		12-30	RC many sap WABK Inci	Fr mod SE					
		30-40	BC WSBK/ABK	Fr mod SE					
		40-48	CL+SAP						
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)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	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.

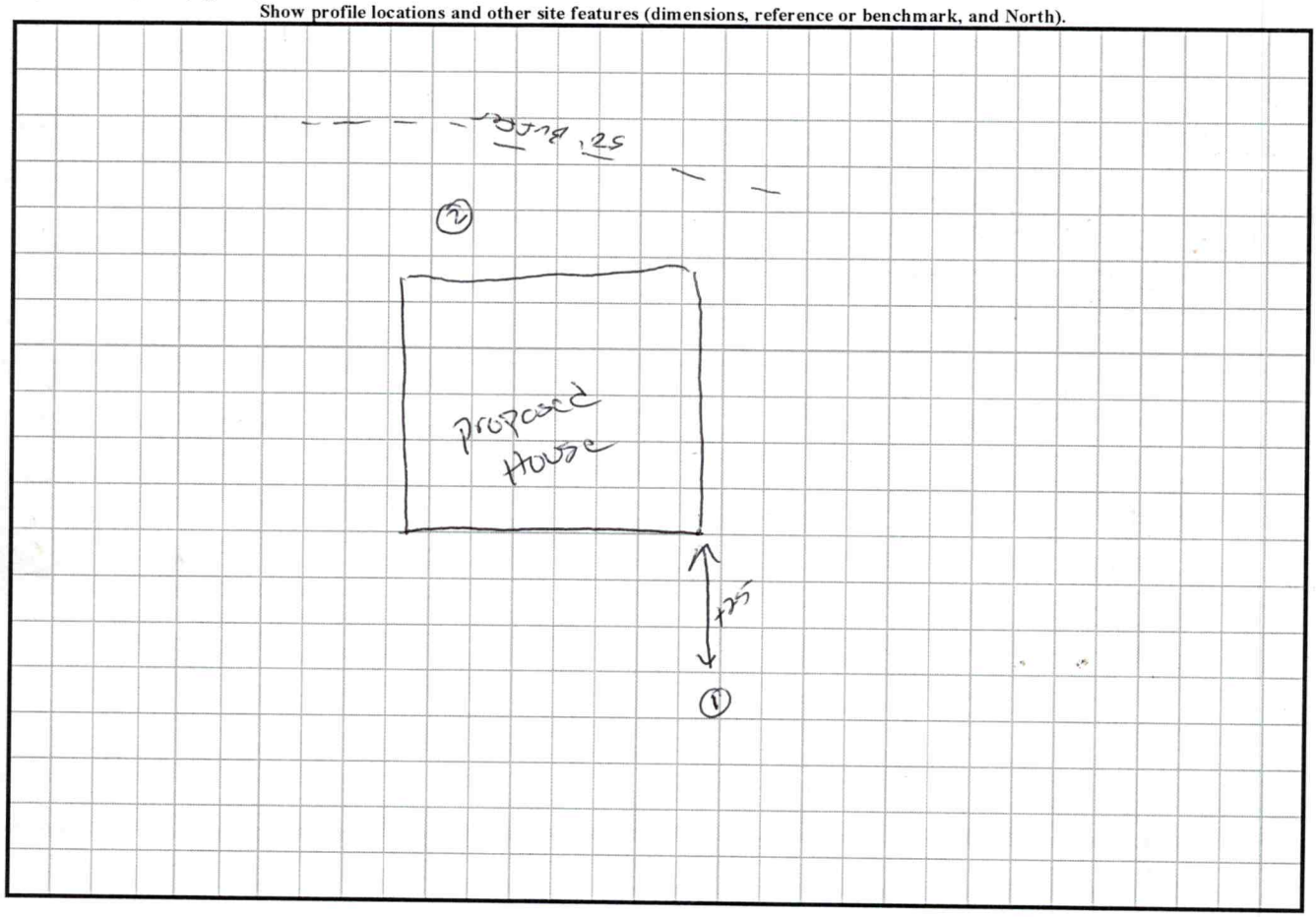
NOTES

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/ft^2

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



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: _____ 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	
FT 1	Ø	0-6	Fill						
		6-64	SC/C SAP	M VF					
2		0-12	RCl SBK	Fill? Alluvial?	41" Chroma 2S			41"	
		12-27	BSCL SBK/ABK	Mod					
		27-47	BSCL ABK	Fi Large					
		47-48	C common ABK	YIB Fi Mod SE					
		Large Peds?							
FT 3		0-4	BSCL SBK	F mod SE					
		4-34	RC ABK	F Large SE					
		34-53	BC common SAP WSBK	Inci F mod SE					
4		0-4	Fill?						
		4-36	L SAP M	Fr Small					
		36-62	SL SAP M	VF					

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
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CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	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

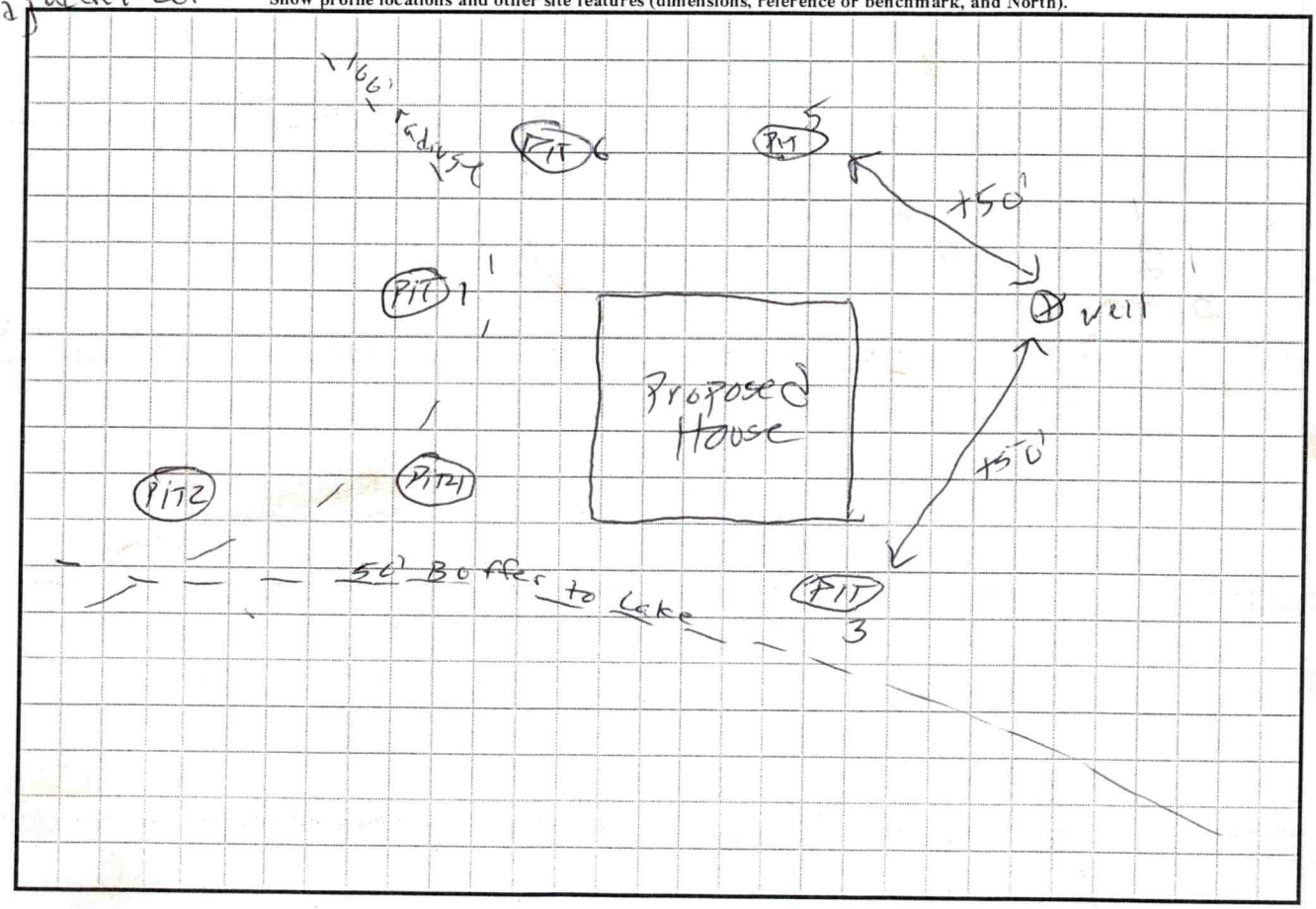
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DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 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/ft^2

Well on adjacent Lot

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



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ___ of ___

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

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

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
PIT 5		0-17	RC ABK	FI Loose SE					
		17-46	BC common SAP Inc SBK					46"	
		46-53	SAP						
PIT 6		0-10	Compacted RC ABK	Fr Loose SE					
		16-27	BC SAP Inc SBK	Fr Mod SE			27"		
		27-39	SAPL M	Fr SE			17-24" variable across pit		
		39-60	Brown SAPL M	VFr SE					
PIT C AP		0-17	Compacted M						
		17-39	L SAP variegated M	Fr SS/SP Clay Inclusions			17"		
		39-60	SL SAP variegated M	FI					
PIT 5 AP	Northeast	0-7	RC ABK	Fr SS/SP					
		7-27	RC M	FI SS/SP 1½"	2" peds measured				
		27-48	L SAP common/many clay flows/veins	Massive					
		48-60	SL SAP variegated M	SS/SP Fine	Few clay flows				
PIT 3 AP		0-28	RC ABK	FI SP SE					
		28-33	RC WSBK	Fr SS/SP SE					
		33-56	L variegated SAP M	common clay Inclusions					

PIT 4 southern wall C/L soil to 30" Pit Bottom Full of water

COMMENTS: PIT 4 Adrian

0-7 Compacted
7-66 variegated SC SAP M SS/SP
Few weathered Rock; Few RC SAP; Few/Common RCI/SCL veins
Few clay loam inclusions pockets

0.4

P1 I 6

7, 17, 17, 14, 36, 20, 16, 17, 12 ...

RECEIVED AUG 0 5 2020

AP-309371
$320.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: Cobble Creek Homes **Address:** 103 N Main St **Zip:** 28609
Applicant Email: Cobblecreekhomes@yahoo.com **Phone:** 704 3699856 **Alt. Phone:** 828 241 4150
Owner Name: Bill Crabb **Address:** _____ **Zip:** _____
Owner Email: _____ **Phone:** 704 677 4887 **Alt. Phone:** _____

Property Information:

Street Address: 871 Morrison Farm Rd

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

Driving Directions: Down Morrison Farm Lot on R

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) 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: _____

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 2

(X) 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 (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: _____ 8/25/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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, William + Nancy Grabb, am the legal owner(s) of the property located at 821 Morrison Farm Rd, Troutman, NC, identified as PIN (Parcel Identification Number) 4629707095, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Cobble Creek Custom Homes, LLC, 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.

William Grabb / Nancy Grabb — Signature of Owner(s)

2/30/2020 — Date

Mooresville - Environmental Health

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

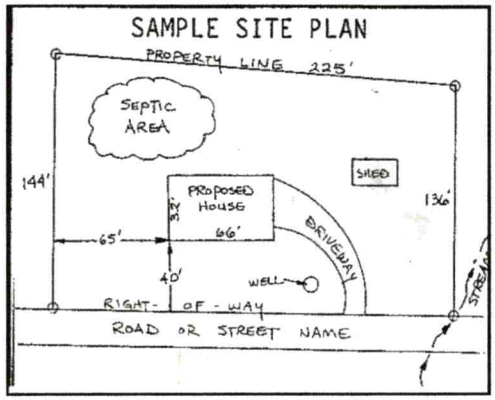
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- ( ) 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

Signature: _____

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

_____

DATE

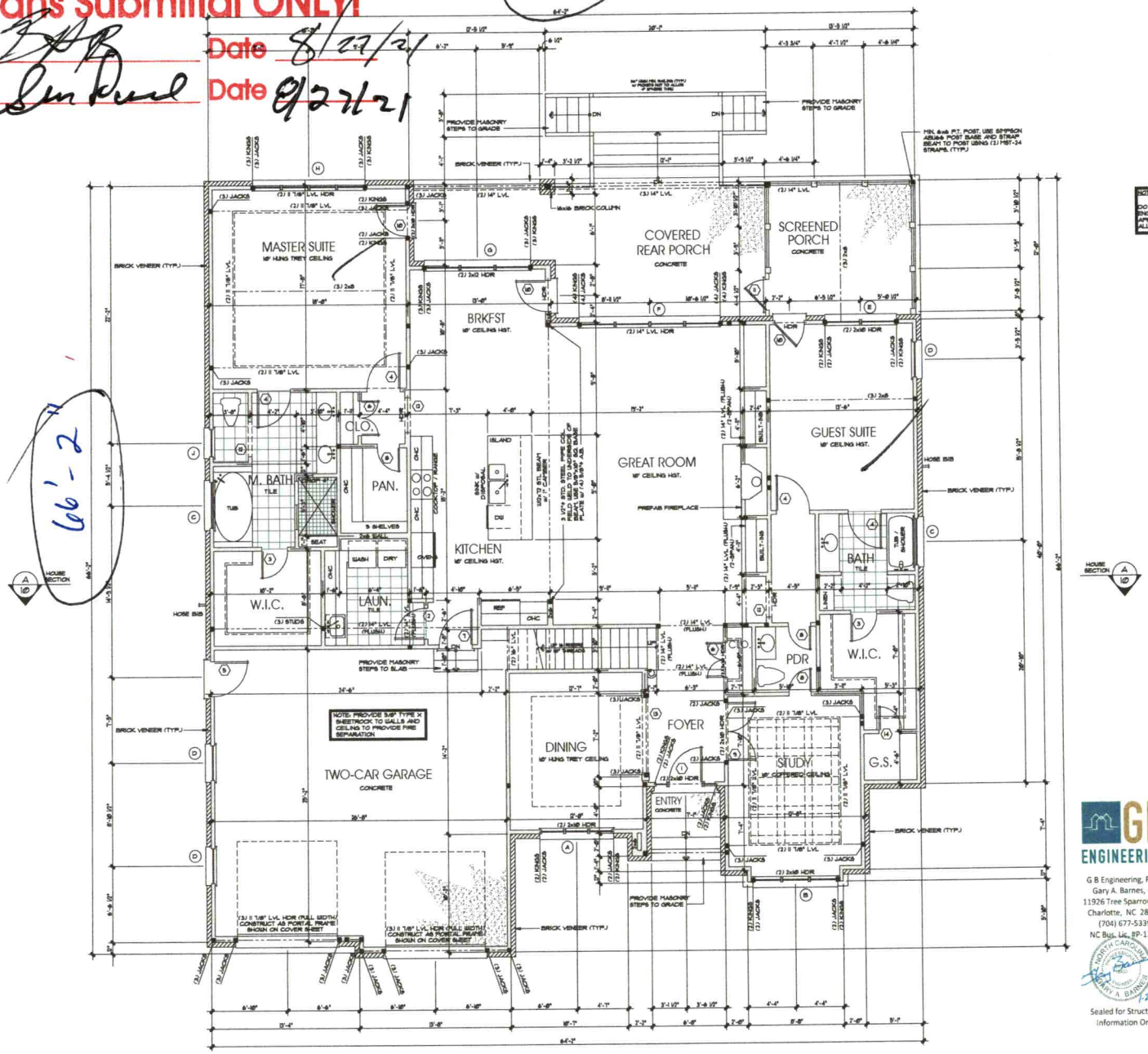
Acknowledgement Of
Plans Submittal ONLY!

Date 8/27/21

Date 8/27/21

64'-2"

66'-2"



NOTES:

- ALL ANGLED WALLS ARE 45° U.N.O.
- ⊕ INDICATES BLOCKING FOR ABOVE CONCENTRATED LOADS AND ROOF BRACING POINT LOADS U.N.O.
- SEE FRAMING NOTE 16 FOR HEADER SIZES UNLESS NOTED ON PLAN
- ALL DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE

EXTERIOR WALL HEIGHT (h)	STUD SIZE/ SPACING
h ≤ 10'	2x4 @ 16" oc
10' ≤ h ≤ 11'	2x4 @ 12" oc
11' ≤ h ≤ 13'	2x6 @ 16" oc
h ≥ 13'	CONSULT ENG.

GARAGE WALL TO BE 2x6 @ 16" O.C. IF EXCEEDING 10' IN HEIGHT

NOTE TO BUILDER OR FRAMER SUPPLIER

DO NOT ALTER THE FRAMING PLANS WITHOUT THE APPROVAL OF THE ENGINEER OF RECORD. ANY CHANGES MADE WITHOUT REVIEW AND APPROVAL BY THE ENGINEER OF RECORD SHALL ABSOLVE HIM OF ALL RESPONSIBILITY FOR ALL ASPECTS OF THE ENGINEERED DESIGN.

DOOR SCHEDULE

	SIZE	DESCRIPTION
1	3'-0" x 8'-0"	ENTRY w/ 12" SIDELITES & 24" ARCHED TRANSOM
2	2'-8" x 8'-0"	SOLID PANEL
3	2'-0" x 8'-0"	SOLID PANEL
4	3'-0" x 8'-0"	SOLID PANEL
5	3'-0" x 6'-8"	EXTERIOR HALF LITE
6	2'-1" x 8'-0"	SOLID PANEL
7	3'-0" x 8'-0"	FIRE RATED
8	2'-8" x 8'-0"	SOLID PANEL
9	2'-0" x 8'-0"	SOLID PANEL
10	2'-0" x 8'-0"	EXTERIOR FULL LITE
11	2'-8" x 8'-0"	EXTERIOR SCREENED
12	3'-0" x 8'-0"	CASED OPENING
13	6'-0" x 8'-0"	CASED OPENING
14	2'-8" x 6'-8"	SOLID PANEL
15	2'-0" x 6'-8"	SOLID PANEL
16	2'-8" x 6'-8"	SOLID PANEL
17	2'-2" x 8'-0"	SLIDER

WINDOW SCHEDULE

	SIZE	DESCRIPTION
A	3'-2" x 6'-8"	CASEMENT w/ 24" ARCHED TRANSOM
B	3'-2" x 6'-1"	SINGLE HUNG
C	4'-8" x 1'-8"	TEMPERED
D	3'-8" x 4'-8"	CASEMENT
E	2'-3'-8" x 6'-8"	CASEMENT
F	4'-3'-8" x 6'-8"	CASEMENT
G	3'-3'-8" x 6'-8"	CASEMENT
H	4'-2'-8" x 6'-8"	CASEMENT
J	2'-8" x 3'-8"	CASEMENT
K	2'-8" x 4'-8"	ARCHED CASEMENT
L	3'-8" x 4'-8"	ARCHED CASEMENT
M	4'-3'-8" x 3'-8"	CASEMENT
N	2'-2'-8" x 4'-8"	CASEMENT
P		

GB ENGINEERING
G B Engineering, PLLC
Gary A. Barnes, PE
11926 Tree Sparrow Rd.
Charlotte, NC 28278
(704) 677-5339
NC Bus. Lic. P-1298

7.15.21

Sealed for Structural Information Only

SQUARE FOOTAGE

MAIN LEVEL	2,681 SQFT.
UPPER LEVEL	1,247 SQFT.
TOTAL HEATED	3,928 SQFT.
UNF. / BONUS ROOM	385 SQFT.
TWO CAR GARAGE	688 SQFT.
COVERED REAR PORCH	311 SQFT.
SCREENED PORCH	160 SQFT.
ENTRY	40 SQFT.
TOTAL UNDER ROOF	5,518 SQFT.

Rudy Designs
704.631.6031
www.rudydesignsdesigns.com

Cobble Creek Custom Homes
Design • Build • Renew

PLAN INFO.

A New Custom Residence
The Grabb Residence

PLAN NO.

REVISIONS

SEAL

DRAWN BY: DJR | CHECKED BY:

DATE: 12.16.20

DRAWING TITLE: MAIN LEVEL PLAN

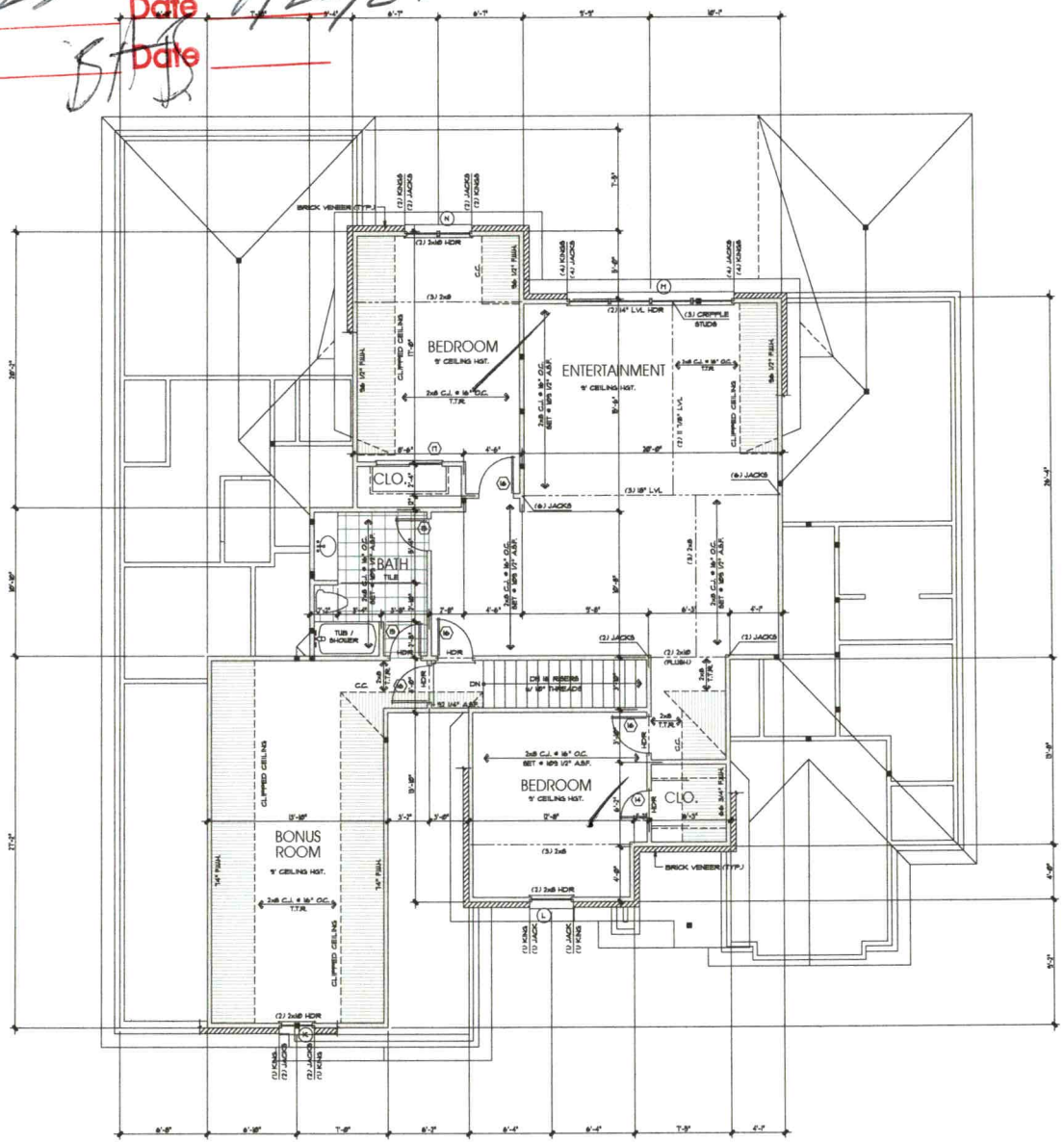
SCALE: 1/4" = 1'-0"

SHEET NO: 2 OF 15 SHEETS

Acknowledgement Of
Plans Submittal ONLY!

Date 8/22/2

Date



NOTES:

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- WEATHERSTRIP ALL DOORS INTO ATTIC SPACE

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5	3'0" x 8'0"	EXTERIOR HALF LITE
6	2-1'0" x 8'0"	SOLID PANEL
7	3'0" x 8'0"	FIRE RATED
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9	2-2'0" x 8'0"	SOLID PANEL
10	2'0" x 8'0"	EXTERIOR FULL LITE
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C	4'0" x 1'0"	TEMPERED
D	3'0" x 4'0"	CASEMENT
E	2-3'0" x 6'0"	CASEMENT
F	4-3'0" x 6'0"	CASEMENT
G	3-3'0" x 6'0"	CASEMENT
H	4-2'0" x 6'0"	CASEMENT
I	3'0" x 3'0"	CASEMENT
K	2'0" x 4'0"	ARCHED CASEMENT
L	3'0" x 4'0"	ARCHED CASEMENT
M	4-3'0" x 3'0"	CASEMENT
N	2-2'0" x 4'0"	CASEMENT
P		

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MAIN LEVEL	2,681 SQFT.
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TOTAL HEATED	3,928 SQFT.
UNF. / BONUS ROOM	385 SQFT.
TWO CAR GARAGE	688 SQFT.
COVERED REAR PORCH	371 SQFT.
SCREENED PORCH	160 SQFT.
ENTRY	40 SQFT.
TOTAL UNDER ROOF	5,318 SQFT.

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NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 036241 GARY A. BARNES 1.25.21

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704.631.6031
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COBBLE CREEK CUSTOM HOMES
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PLAN INFO.

The Grabb Residence

A New Custom Residence

PLAN NO.

REVISIONS

SEAL

DRAWN BY: D.R. CHECKED BY:

DATE 12.16.20

DRAWING TITLE: UPPER LEVEL PLAN

SCALE: 1/4" = 1'-0"

SHEET NO. 4 OF 15 SHEETS

IREDELL COUNTY

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

APPLICATION NUMBER
217319
Issue Date: 03/16/2016

ZONING PERMIT

Open Space

FILE COPY

Parcel Number	Street Address	Jurisdiction
4629707182.000	871 MORRISON FARM ROAD, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MCGUIRE J MICHAEL+MELISSA S	Applicant: MCLEMORE, KEVIN
Address: 1524 QUEENS RD W TROUTMAN, NC 28207	Address: P. O. BOX 66 MATTHEWS, NC 28106
Phone:	Phone: 704-361-7151

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.440	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

PAID 125.00 MT 3/16

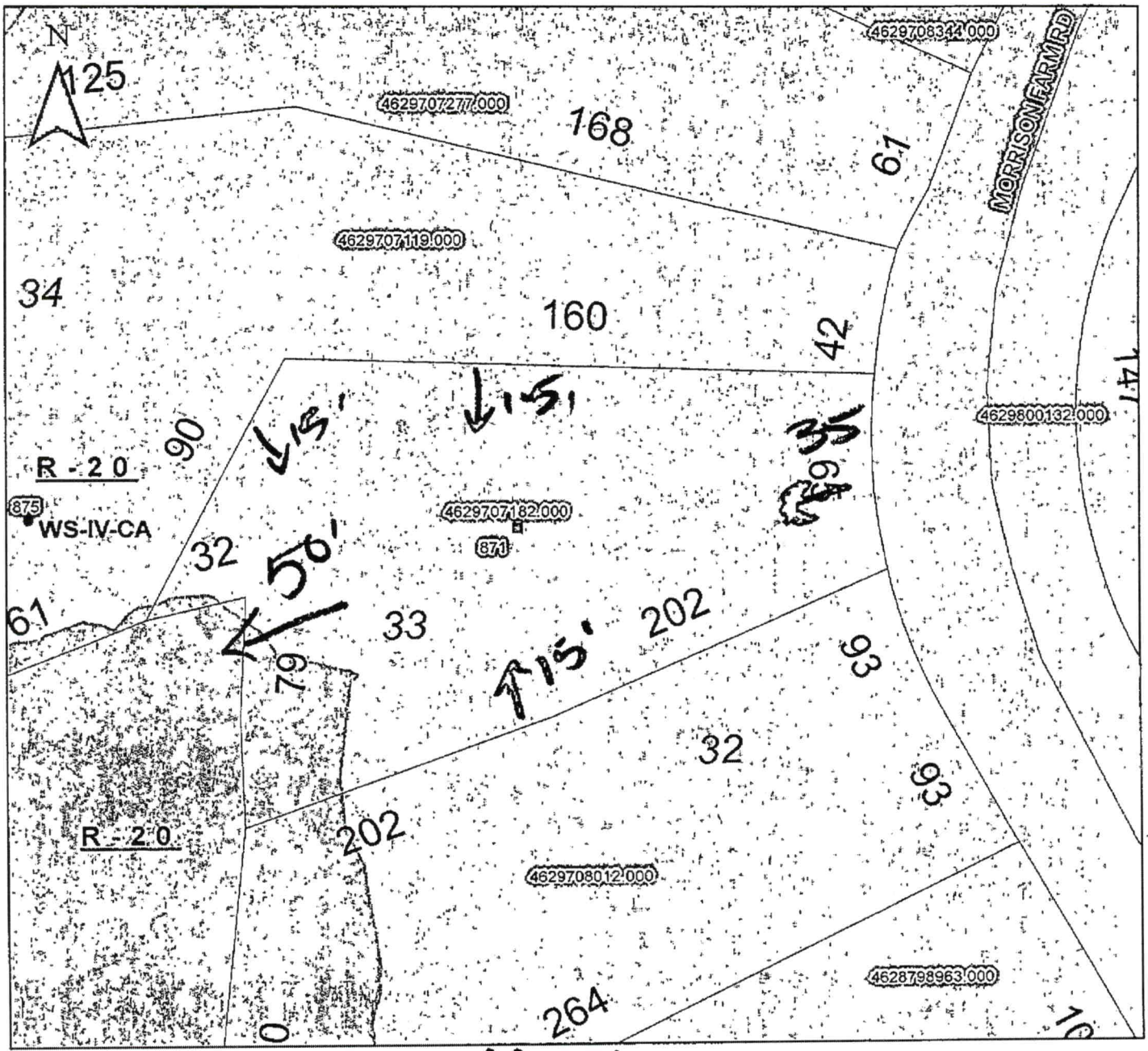
Emailed 3/16 MT

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: See Attached Date: _____

Permit Number	62948	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 871 Morrison Farm

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Applicant

3-16-16
Date