ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 323814

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

PIN # 4637-16-4379

APPLICANT/OWNER: Leland Honeyman APPLICANT ADDRESS: 631 Brawley School Rd, Mooresville NC 28117

SITE ADDRESS: 127 Holt lane, Mooresville, NC 28117 PHONE: 704-995-7912 ALT. PHONE

SITE DIRECTIONS: (W) NC 150 → (L) McCrary → (R) Holt → lot on (L) SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: McCrary Woods SECTION: 2 LOT # 34 LOT AREA: 1.65 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	4/22/22	☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	365	Date	4/11/22	System Description: LPPPBPS	☐ Business	No. Persons	8	☒ Private
Pump Make		Model		Serial #		Repair System Description: LPPPBPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	272'	Maintenance Agreement Required: ☒ YES ☐ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24" min	Trench Bottom Depth(low side)	36"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE	☒ Basement w/ plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Do not pave, grade, park, drive, or bury utilities in drainfield. Divert all drainage from drainfield.

Drawdown = 10.3"
Run Time = 8.8 min

INITIAL SITE SKETCH

See attached site (new) plan adapted from K. Saunders plan & original design specs. → dated 1/14/22 *11/6/13

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.

Tanks ✓ 6/8/22
Lines ✓

Installed as Drawn

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: 1-26-2022 Installed by: AJ Remodeling

IMPROVEMENT PERMIT by: D. Meberg Date: 1/17/22 OPERATION PERMIT by: Cory Hil Date: 6/16/22

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 1/17/22 Existing System Inspected by: Date:

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

CW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 323814

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

PIN # 4637--No--4379

APPLICANT/OWNER: Leland Honeyman | APPLICANT ADDRESS: 631 Brawley School Rd, Mooresville NC 28117

SITE ADDRESS: 127 Holt lane, Mooresville, NC 28117 | PHONE: 704-995-7912 | ALT. PHONE

SITE DIRECTIONS: (W) NC 150 → (L) McCrary → (R) Holt → lot on (L) | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: McCrary Woods | SECTION: 2 | LOT # 34 | LOT AREA: 1.65 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB		Date		[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	LPPPBPS			
Pump Make			Model		Serial #		Repair System Description:	LPPPBPS			
# Nitrification Fields	1		# Lines	4	Linear Ft	272'	Maintenance Agreement Required:	[X] YES	[ ] NO		
Trench Width	24" min		Trench Bottom Depth(low side)	36"	Gravel Depth	N/A		[ ] GRAVITY	[X] PRESSURE		

[X] Residence | No. Bedrooms 4 | [ ] Business | No. Persons 8 | [ ] Other | No. Employees | [ ] Slab | [ ] Crawl Space | [X] Basement w/plumbing | [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Do not pave, grade, park, drive, or bury utilities in drainfield. Divert all drainage from drainfield.

Drawdown = 10.3"
Run Time = 8.8 min

INITIAL SITE SKETCH

See attached site (new) plan adapted from K. Saunders plan & original design specs. → dated 1/14/22 11/6/13

AS BUILT SKETCH

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Owner / Applicant Signature: _____ Date: 1-20-2022 Installed by: _____

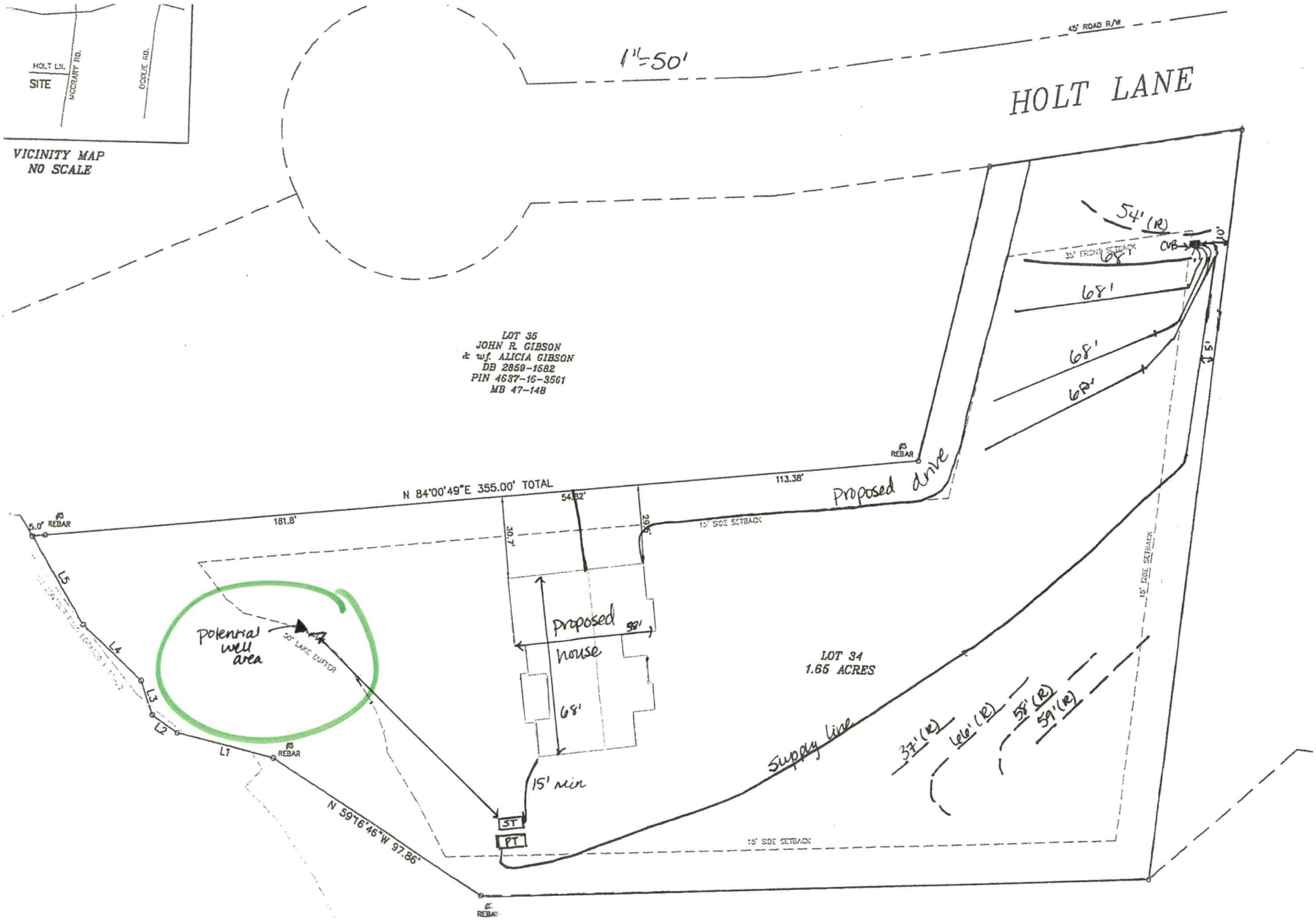
IMPROVEMENT PERMIT by: D. Wiebers Date: 1/17/22 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: D. Wiebers Date: 1/17/22 Existing System Inspected by: _____ Date: _____

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	



127 Holt Lane
Mooresville NC 28117

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # **AP** 323814

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

PIN # 4637--16--4379

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SUBDIVISION: McCrary Woods SECTION: 2 LOT # 34 LOT AREA: 1.65 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	760	Date	4/22/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	4	**Water Supply**
Pump Tank	1000	(gal)	PT	363	Date	4/11/22	System Description:	LPPPBPS			☐ Business	No. Persons	8	☒ Private
Pump Make			Model		Serial #		Repair System Description:	LPPPBPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	272'		Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24" min	Trench Bottom Depth(low side)	36"	Gravel Depth	N/A			☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Do not pave, grade, park, drive, or bury utilities in drainfield. Divert all drainage from drainfield.

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Tanks ✓ 6/8/22
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Owner / Applicant Signature: Date: 1-20-2022 Installed by: AJ Remodeling

IMPROVEMENT PERMIT by: D. Wiebers Date: 1/17/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Wiebers Date: 1/17/22 Existing System Inspected by: Date:

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

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: McCrary Woods lot 34 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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-34	RC MFSCK	fri SSSP					PS .3
		34-58	RCL WFSCK	fri SSSP 46"+ fw 4B's					
2		0-26	RC SCK	fri SSSP					PS .3
		26-55	RCL MFSCK	fri SSSP					
3		0-10	RBLtCL WSSCK	fri SSSP	w/Rock fine				PS .35
		10-60	Pale R Gray Olive Bf SCL SAP	fri SSSP					
4		0-24	RC SCK	fri SSSP					PS .3
		24-60	RCL MFSCK	fri SSSP - common SAP					

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	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	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)		SLC (Silt Loam Clay)				
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)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

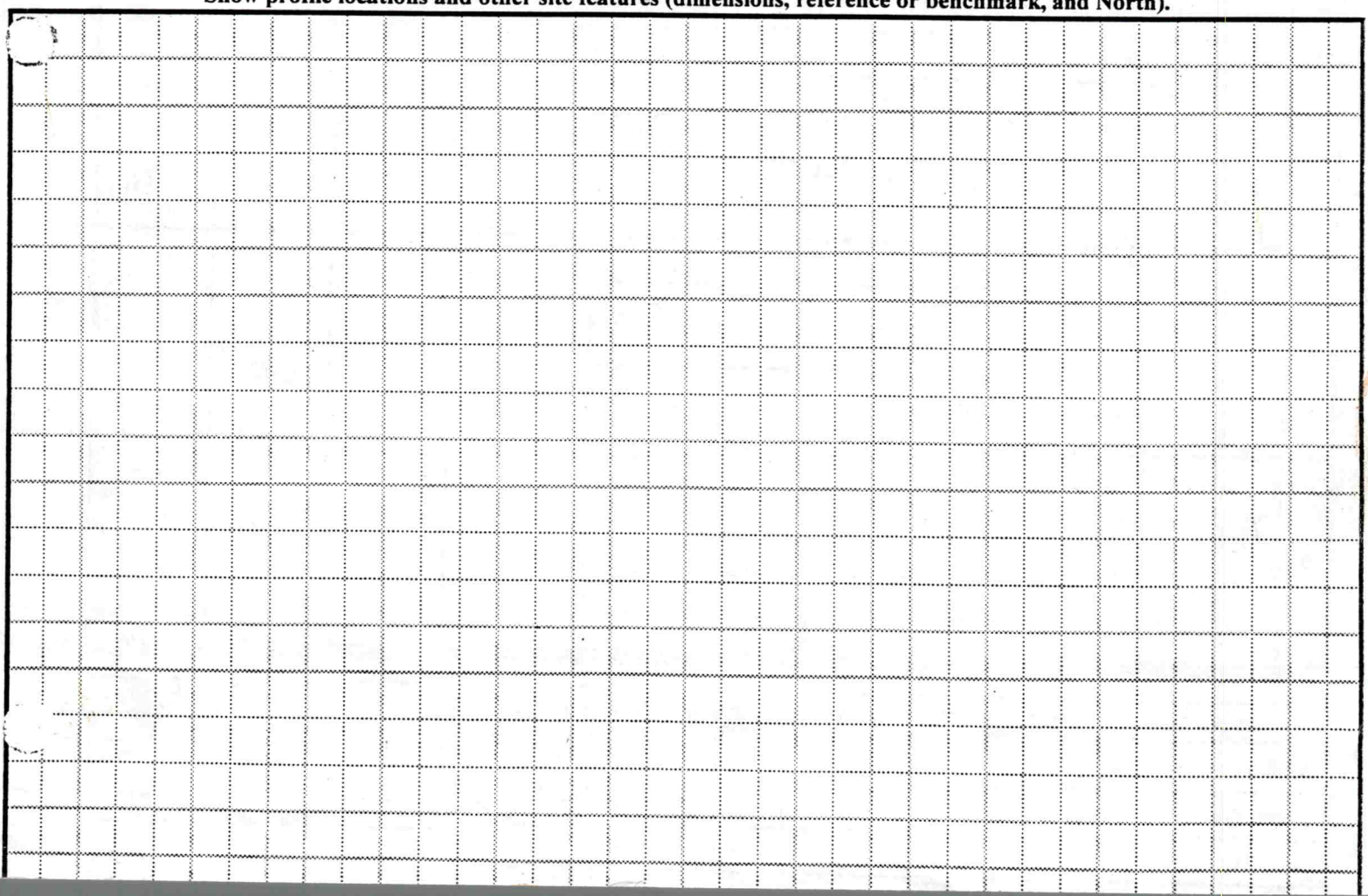
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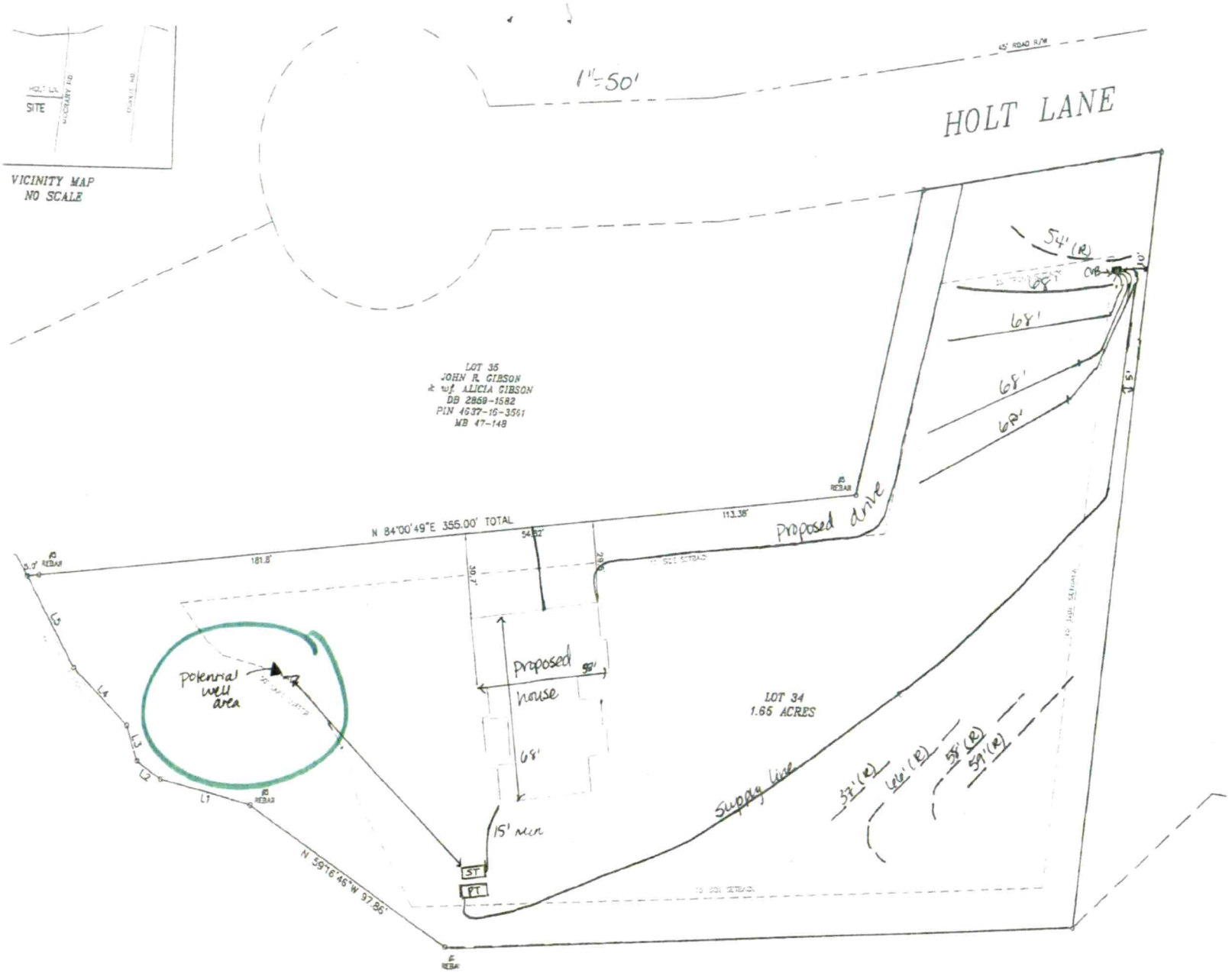
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

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





127 Holt Lane
Mooresville NC 28117

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	Blue	LPPPBPS	54	0.3				
2	System	Orange	LPPPBPS	68 endfed		15	15	1 per panel	5/32"
3	System	Pink	LPPPBPS	68 endfed		15	15	1 per panel	5/32"
4	System	Red	LPPPBPS	68 endfed		15	15	1 per panel	5/32"
5	System	Blue	LPPPBPS	68 endfed	7.9	15	15	1 per panel	5/32"
6	Repair	Orange	LPPPBPS	59	11.6				
7	Repair	Pink	LPPPBPS	58					
8	Repair	Red	LPPPBPS	66					
9	Repair	Pink	LPPPBPS	37	16.7				
						Total: 60	Total: 60 (1 in each panel turned up)		
				Total System: 272'					
				Total Repair: 274'					

Tank	Red	1000 gal (2 compartment)	37.2
Pump Tank	Red	1000 gal.	
House	Blue	Left Front	30.3

Note: **Use LTAR from existing, non expired permit**
Uses well location specified on previous permit

LAKE NORMAN SEWER & SEPTIC

Contract for Inspections of On-Site Wastewater Systems (Type IV & V)

This Contract is entered into this 15TH day of JUNE 2022 by and between Lake Norman Sewer and Septic Services, LLC, a full service provider and a North Carolina company of Lincoln County, North Carolina (hereinafter the "ORC" or Operator in Responsible Charge) and **JIM BOLGER** (hereinafter "The Owner").

Preamble

The ORC is contracting with The Owner to provide inspection services as described on Attachment A for the fees or charges also shown in Attachment A.

The Owner owns or controls the property upon which a ground absorption sewage treatment system ("System") is installed, such System being designated as a type II, III, IV or V system under the Rules for Sanitary Sewage Collection. Treatment and Disposal found at 15A NC Admin. Code 18A.1900 et seq.; and 15A NC Admin. Code 18A.1961 requires that a condition of the Operation Permit for Type IV & V systems be that a properly executed inspection contract between the System Owner and a management entity shall be in effect for as long as the System is in use. The ORC is a management entity which employs certified operators of a type authorized by 15A NC Admin. Code 18a.1961 to manage and inspect type II, III, IV and V systems.

In consideration of the premises and of the mutual covenants and promises contained in the Agreement, it is hereby agreed by and between the Owner and the ORC as stipulated below.

Conditions of the Contract

A. The ORC, in consideration of the payment by the Owner as set out in the schedule of services and charges in Attachment A, incorporated herein, agrees:
    1. To provide the services set out in Attachment A according to the minimum schedule of inspections/services required by regulations for the lots or parcels set out in Attachment B.
    2. To report results of the inspections to the local environmental regulatory agency having jurisdiction as required by applicable laws or regulations.
    3. If inspections indicate the need for system repairs:
        a. to notify the local environmental regulatory agency within 48 hours.
        b. to give notice to the Owner of needed repairs and if the necessary repairs are outside the scope of the routine maintenance described in the Maintenance Agreement, then the Owner may request the ORC to provide an estimate. At the authorization of the Owner the ORC will perform the necessary repairs at the ORC's then-prevailing charges for services and materials.
    4. If the ORC's services are terminated, the ORC will notify the local environmental regulatory agency within 48 hours.
B. The Owner, in consideration of the services performed, agrees:
    1. To pay the ORC for its services according to the schedule of charges as set out in the Maintenance Agreement.

2. Within 30 days of receipt of notice of repairs under A (3) above, the Owner(s) must provide proof that repairs have been performed by a licensed or qualified entity and the system is functioning properly or request and authorize the ORC to complete the needed repairs.
3. To notify the ORC promptly of any emergency or malfunction known to it which may violate environmental, health or other laws and regulations and to authorize immediate repair as necessary to restore the system to proper function and operation.
4. To use reasonable efforts to provide and to maintain at all times, such access to the system as is reasonably necessary for the ORC to comply with its obligations under this Agreement.

Terms of the Agreement

1. This Agreement shall be effective for **one year** from the date of this contract. This contract will have to be renewed each year.
2. The real property to be serviced under this contract is listed on the Maintenance Agreement.
3. This Agreement automatically terminates if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for making an appeal has passed.
4. The parties may terminate at the end of the then current term by consent of each party or by not less than 60 days written notice to other party prior to the end of the then current contract year, and not less than 30 days written notice to the local environmental regulatory agency.
5. This Agreement may be terminated for cause for breach which remains unremedied after 15 days written notice to the defaulting party.

Limited Warranty

THE ORC'S SOLE DUTIES AND RESPONSIBILITIES UNDER THIS AGREEMENT IS TO PROVDE INSPECTION AND ROUTINE MAINTENANCE ONLY AS SPECIFIED IN THIS AGREEMETN. INSPECTIONS WILL COMPLY WITH APPLICABLE CODES, LAWS AND REGULATIONS IN FORCE AT THE TIME OF THE INPSECTION AND REPORT. WORK AND MATERIALS USED IN REPAIRS ARE WARRANTED ONLY TO BE OF GOOD WORKMANSHIP, FREE OF DEFECTS AND CONFORM TO THE SYSTEMS SPECIFICATIONS AND EQUAL TO THE ORIGINAL PARTS AND EQUIPMENT. THE OWNER'S SOLE REMEDY UNDER THIS EXPRESS WARRANTY IS REAIR OR REPLACEMENT AND CONSEQUENTIAL DAMAGE OR DAMAGES FOR DELAY ARE LIMITED TO THE TOTAL SUMS PAID THE ORC UNDER THIS AGREEMETN FOR THE PARTICULAR LOT OR PARCEL FOR THE THEN CURRENT YEAR. ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE, ARE EXPRESSLY AND SPECIFICALLY EXCLUDED. REPAIRS, REPLACEMENTS, ADDITIONS AND CHANGES BY OTHERS TO THE SYTSMS COVERED BY THIS AGREEMETN WITHOUT PRIOR NOTICE TO THE ORC OR ACCEPTANCE OF THE WORK BY THE ORC DURING THE TERM OF THIS AGREEMETN VOIDS ANY WARRANTY GRANTED HERIN AS TO THE ORC.

Miscellaneous

1. Transfer of rights, responsibilities and duties under this Agreement by any party shall be valid only on written notice and consent signed by all parties, which consent shall not be unreasonably or arbitrarily withheld.
2. The ORC may perform its duties and responsibilities by subcontract but the ORC will remain directly liable and responsible to the Owner under the terms of this Agreement.
3. Waiver of default or a breach of the Agreement by any party shall not operate nor be construed as a waiver of further or subsequent defaults or breach of this Agreement. Failure to take action in any default or breach does not bear action on such default at any time subsequent to such breach or default.
4. This Agreement constitutes the entire agreement of the parties, incorporating and superseding all prior representations and negotiations and may not be changed or amended except in writing signed by the

parties. The Agreement shall be interpreted under North Carolina law. Any part of the Agreement declared void, illegal or unenforceable will not affect other provisions of the Agreement.

5. Disputes arising under this Agreement shall be determined by any method of alternative dispute resolution the parties choose, including but not limited to, mediation or arbitration, under the Uniform Arbitration Act of North Carolina or its equivalent, or such means or methods as the parties agree to in writing.
6. Notices are deemed delivered if delivered in person; by certified or registered mail; by courier; or delivery service, if properly receipted, charges and postage prepaid, as follows:

Owner:
JIM BOLGER
127 HOLT LANE
MOORESVILLE NC 28117

Lake Norman Sewer and Septic Services, LLC
PO BOX 889
Denver, NC 28037

Environmental Regulatory Agency:
Iredell County Environmental Health Department
610 east center Ave
Mooresville, NC 28117

A party may change its address by giving notice in the manner provided above.

Each party has executed this Agreement with full power, authority and legal right to enter into; to bind itself to the rights, duties and responsibilities under this Agreement, which is binding on the parties, their successors and assigns, heirs and personal representatives, on the date first above written.

ATTEST:

James Bolger

OWNER: JAMES BOLGER (Jim)

Lake Norman Sewer and Septic Services, LLC

ATTEST:

By: David D Currier

Title: Owner (DAVID CURRIER)

License number:
Subsurface Water Pollution Control System Operator #995940

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	Blue	LPPPBPS	54	0.3				
2	System	Orange	LPPPBPS	68 endfed		15	15	1 per panel	5/32"
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5	System	Blue	LPPPBPS	68 endfed	7.9	15	15	1 per panel	5/32"
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						Total: 60	Total: 60 (1 in each panel turned up)		
				Total System: 272'					
				Total Repair: 274'					

Tank	Red	1000 gal (2 compartment)	37.2
Pump Tank	Red	1000 gal.	
House	Blue	Left Front	30.3

Note: **Use LTAR from existing, non expired permit**
Uses well location specified on previous permit

Lot 34 McCrary Woods Subdivision Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Total Linear Feet	272
Trench Width	2' min.
Trench Spacing	8' min.
Min. Trench Depth (low side)	36"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	400' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	30 gpm
Elevation head	Approx. 42.9'
Pressure head	3.0'
Friction head	6.5'
20% Contingency	10.5'
Total Head	62.9'
Pump Requirements	30 gpm @ 62.9' of head To be designed by installer.
Maximum Dosing Volume	216 gal -2.2 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	274
Repair LTAR	0.3

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

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

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

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

1/17/22

Owner: LH Waterfront Construction, LLC
Address: 631 Brawley School Rd, #300-164, Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): 127 Holt Lane, Mooresville, NC 28117 : Permit: 119587

I, Leland Honeycutt 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 11/6/2013 for a system:
(permit date)

Type IV at 127 Holt Lane, Mooresville, NC 28117 : Permit: 119587

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

Signature of Property Owner

Non-Expiring

RECEIVED DEC 10 2021

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

DW

limited

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-323814 $105.00

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Leland Honeyman **Address:** 127 Holt Ln **Zip:** 28117
Applicant Email: Leland Honeyman@Hotmail.com **Phone:** 704-995-7912 **Alt. Phone:**
Owner Name: LH waterfront const **Address:** 631 Brandon School rd **Zip:** 28117
Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 127 Holt Ln. Mooresville
Subdivision Name: McCrary Wood **Section/Phase:** **Lot Number:**
Driving Directions: 150 to TL on McCrary rd tr on Holt Lot on - Left

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) 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 ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

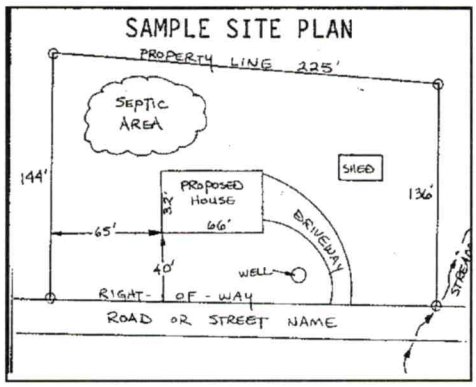
Signature: _____ 12-10-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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



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

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

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached

Signature: _____

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

12-10-2021

DATE

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
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, LeLand Honeycutt, am the legal owner(s) of the property located at 127 Holt Ln, identified as PIN (Parcel Identification Number) 4657-16-4379, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) LH Water Front Construction, 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

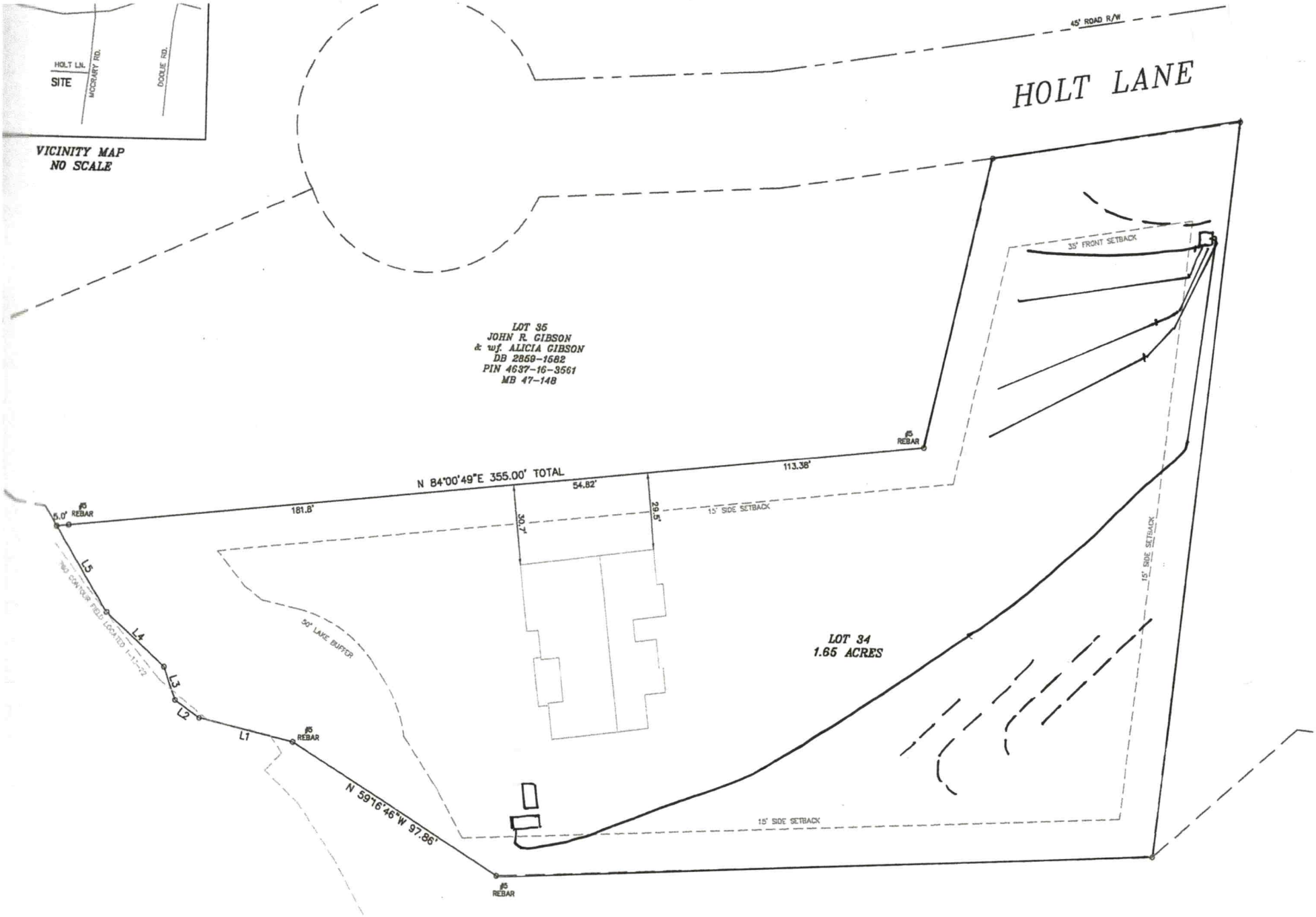
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 12-16-2021
Signature of Owner(s) Date

Mooresville - Environmental Health

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

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



127 Holt Lane
Mooresville NC 28117

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 119587

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

PIN # 4637-16-4379

APPLICANT: McCrary Partners LLC APPLICANT ADDRESS: PO Box 3608 Mooresville NC 28117

SITE ADDRESS: 127 Holt Ln Mooresville NC 28117 PHONE: ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W, TL on McCrary Rd, TR on Holt, Lot on L Before End

SUBDIVISION: McCrary Woods SECTION: 2 LOT # 34 LOT AREA: 1.65ac DESIGN FLOW: 480 L.T.A.R.: 0.3

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 PPBPS		☐ Business	No. Persons	8	☑ Private
Pump Make			Model		Serial #	Repair System Description:		LP PPBPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	4	Linear Ft: 272	Maintenance Agreement Required:	☑ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24"		Max. Trench Bottom Depth	36"	Gravel Depth N/A		☐ GRAVITY	☑ PRESSURE		☑ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

See Plan By
Kathleen Saunders, LSS
@
The Oak Group
Approved by ICPHD

AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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**

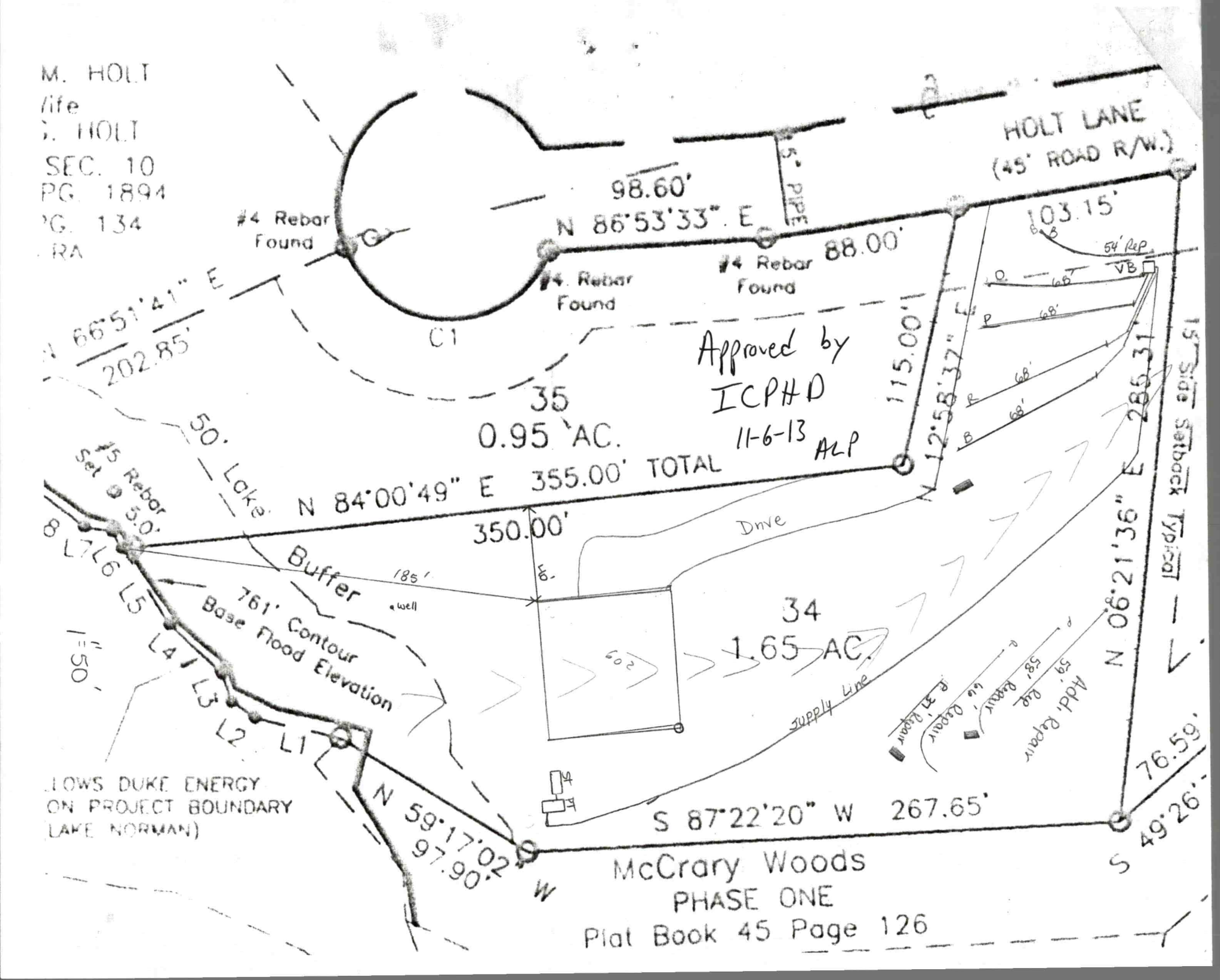
☑ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☐ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 11-13-13 Installed by:

IMPROVEMENT PERMIT by: Allison L. Pratt Date: 11-6-13 OPERATION PERMIT by: Date:

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

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


M. HOLT
life
. HOLT
SEC. 10
PG. 1894
G. 134
RA
HOLT LANE
(45' ROAD R/W.)
98.60'
N 86°53'33" E
#4 Rebar Found
#4 Rebar Found
#4 Rebar Found
88.00'
103.15'
54' R&P
VB
115.00'
N 12°58'32" E
285.31'
15' Side Setback Typical
N 06°21'36" E
76.59'
S 49°26'
S 87°22'20" W 267.65'
N 84°00'49" E 355.00' TOTAL
350.00'
50'
Lake
Buffer
185'
761' Contour
Base Flood Elevation
well
Drive
Supply Line
35
0.95 AC.
34
1.65 AC.
Approved by
ICPHD
11-6-13 ALP
#5 Rebar Set @ 5.0'
L8 L7 L6 L5 L4 L3 L2 L1
N 59°17'02" W
97.90'
C1
N 66°51'41" E
202.85'
LOWS DUKE ENERGY
ON PROJECT BOUNDARY
(LAKE NORMAN)
McCrary Woods
PHASE ONE
Plat Book 45 Page 126

10-24-13
pd $195.00
Redraw

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 Non-expiring

The following optional attachments may also be submitted: (X) 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:

Applicant Name: McCrary Partners LLC **Address:** PO Box 3608 Mooresville 28117 **Phone:** _____

Owner Name: same **Address:** _____ **Phone:** _____

Property Information:

Street Address: _____

Subdivision Name: McCrary Woods **Section/Phase:** 2 **Lot Number:** 34

Driving Directions: Hwy 150 W, L McCrary, R Holt, Lot on left near end

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

10-23-13
DATE

Email _____

IREDELL COUNTY HEALTH DEPARTMENT

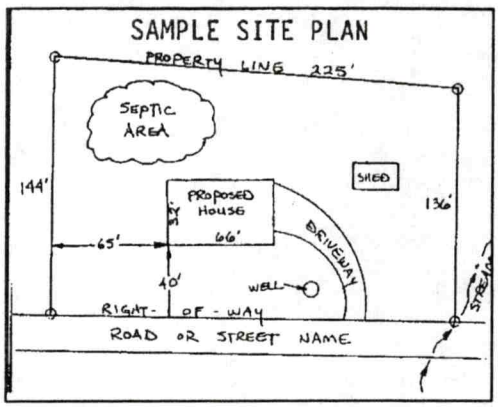
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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

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

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



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property (N/A)
Location of easements and rights of ways on your property (N/A)
Location of any designated wetlands on the property (N/A)

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Please see Attached

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

10-23-13
DATE

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	119587zo	Subdivision:	McCrary Woods
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Holt Ln. Mooresville NC 28117		
Parcel #:	4637-16-6015.034	Zoning:	R-A
Lot #:	34 Size: 1.65	Flood Plain:	Watershed: WSIV-CA
Applicant:	Toney Jacobs & Associates, Inc (Toney Ja	Owner:	McCrary Partners LLC
Address:	168 Broadbill Dr	Address:	P.O. Box 3604
	Mooresville NC 28117		Mooresville, NC 28117
Phone:	704-663-6905	Phone:	704-799-9770
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:	25000	Min. Front Yard:	35 ft	Min. Left Side Yard:	15 ft
Min. Lot Width:	100	Min: Rear Yard:	50 ft	Min: Right Side Yard:	15 ft
Min. Number Parking Spaces:				Max. Built Upon Area:	

Comments:
Hold building permit until plat recorded

Directions:
Perth Road, Right On River Hwy, Left McCrary Rd, right on Holt Ln, 2nd on left

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$45.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: _____ Date: 11/9/04

A non-refundable fee of $45.00 is charged on all permit applications.

STEPHANIE WHITLOCK

Printed: 11/9/2004

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION: 704 799 9770

Applicant	Phone #	Mailing Address	City	State	Zip Code
McCrary Partners, LLC		PO Box 3608	Mooresville	NC	28117

Current Property Owner	Mailing Address	City	State	Zip Code
same	same	same	same	same

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
McCrary Woods	34		1168

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Private Well		4637166015

Specific Directions to Property HWY 150 West, Lt. on McCrary Road
Property on both sides of McCrary at end of Road.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths _____

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space X Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

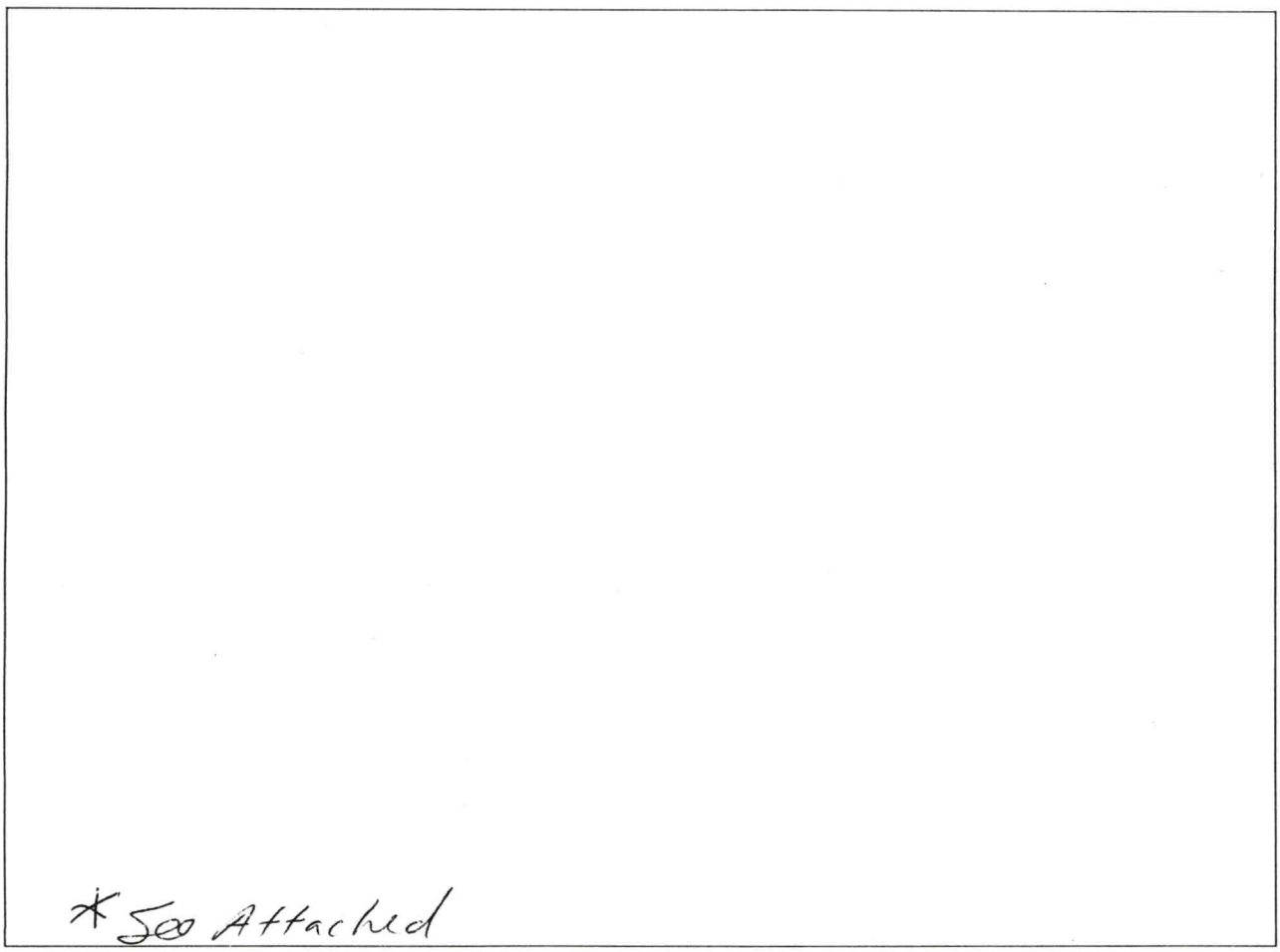
3/16/04 DATE Samuel A Wallace SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

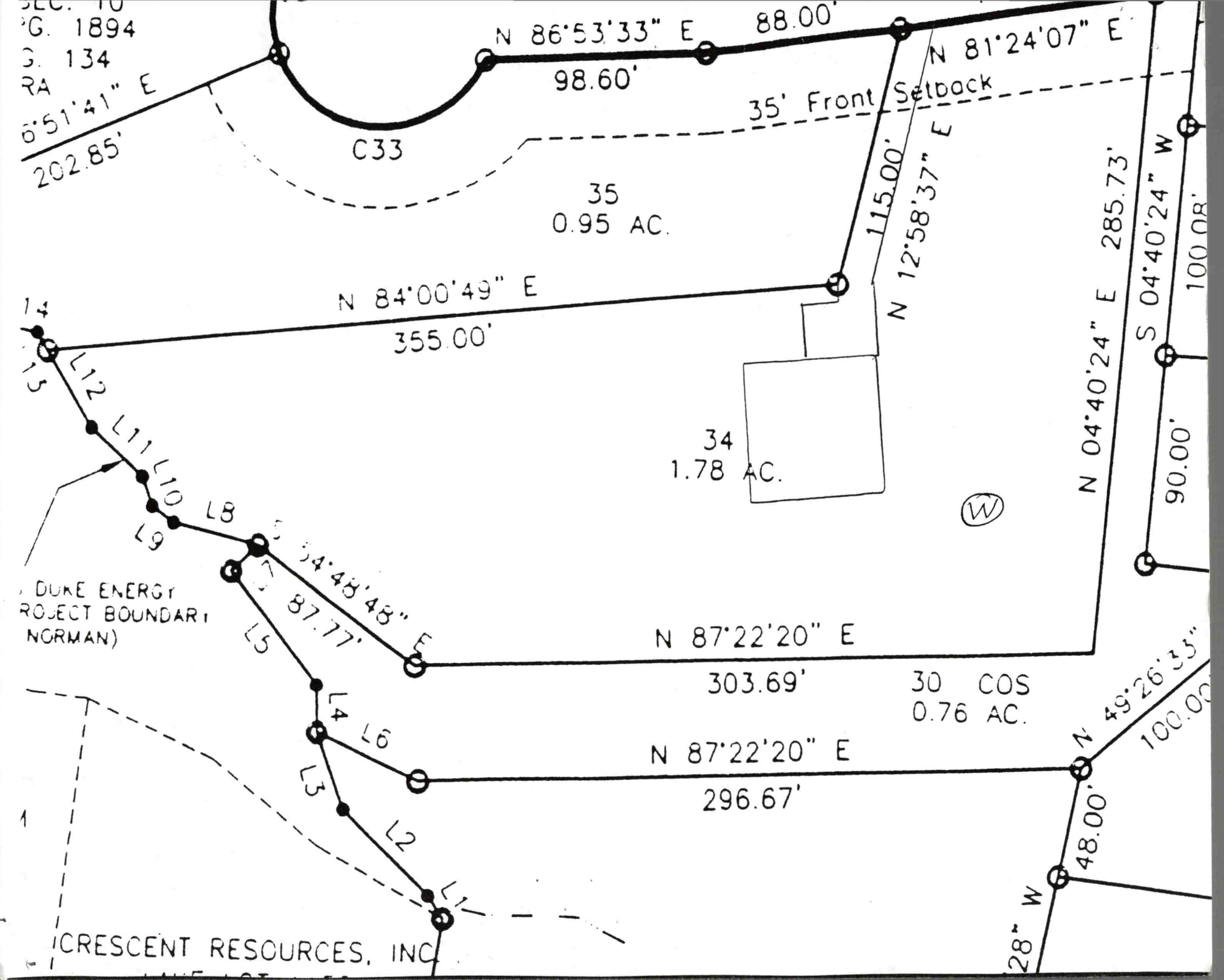
All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

3/16/021 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT


G. 1894
G. 134
RA
6°51'41" E
202.85'
C33
N 86°53'33" E
98.60'
88.00'
N 81°24'07" E
35' Front Setback
35
0.95 AC.
115.00'
N 12°58'37" E
N 84°00'49" E
355.00'
34
1.78 AC.
N 04°40'24" E 285.73'
S 04°40'24" W
100.08'
90.00'
L12
L11
L10
L9
L8
L5
87.77'
L4
L6
L3
L2
L1
DUKE ENERGY
ROJECT BOUNDARY
NORMAN)
N 87°22'20" E
303.69'
30 COS
0.76 AC.
N 87°22'20" E
296.67'
48.00'
CRESCENT RESOURCES, INC

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	119587ZO	Subdivision:	McCrary Woods
Proposed Use:	Single Family	Township:	1700 Davidson
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Parcel #:	4637-16-6015.034	Zoning:	R-A
Lot #:	34 Size: .83	Flood Plain:	Watershed: WSIV-CA
Applicant:	Toney Jacobs & Associates, Inc (Toney Jacobs)	Owner:	McCrary Partners LLC
Address:	168 Broadbill Dr Mooresville NC 28117	Address:	P.O. Box 3608 Mooresville, NC 28117
Phone:	704-663-6905	Phone:	704-799-9770
Property Recorded: Yes	Site Plan Reviewed:	Community Water: No	Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 25000	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Hold building permit until plat recorded

Directions:

Perth Road, Right On River Hwy, Left McCrary Rd, on corner of Holt Ln

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

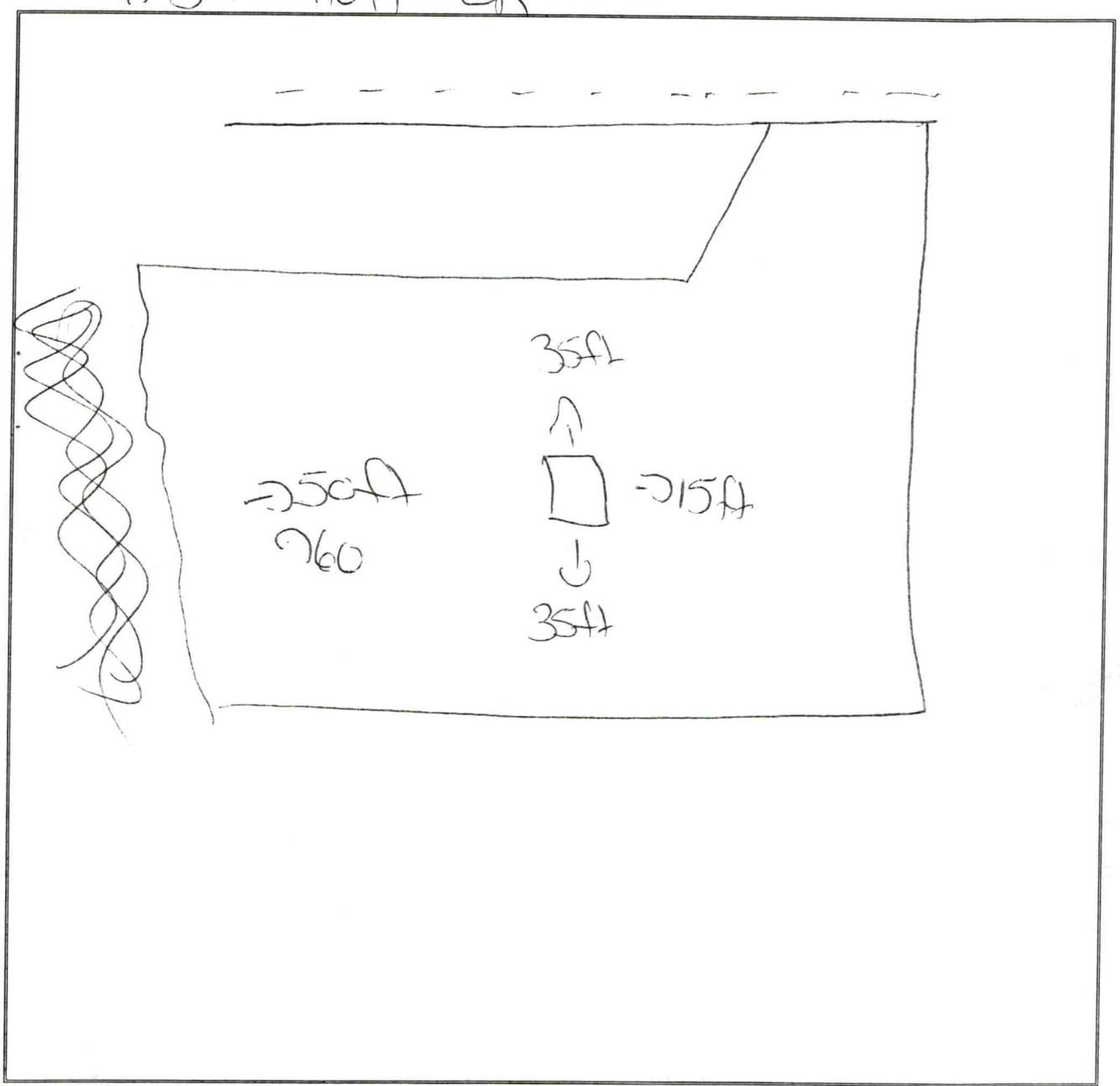
ALAINA DILLARD

Printed: 3/5/2004

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant **Date**

#34 Holt Ln



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.