ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # 313200

PIN # 4638 -01 -3852

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

APPLICANT/OWNER: JC Development | APPLICANT ADDRESS: 106 Sherbrooke Lane Mooresville NC

SITE ADDRESS: 225 Hermance Lane Mooresville NC 28117. | PHONE: | ALT. PHONE

SITE DIRECTIONS: Hwy 150 W, Wadsbell, Hermance on Left | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Fishermans Cove | SECTION: - | LOT # 7 | LOT AREA: .57 Acres | DESIGN FLOW: 480 | L.T.A.R.: .30

Septic Tank 1000 (gal) | STB | Date

Pump Tank 1000 (gal) | PT | Date

Pump Make Goulds | Model WE05(DH) | Serial# | HP

Nitrification Fields 1 | # Lines 4 | Linear Ft: 270

Trench Width 36 | Trench Bottom Depth(~~Low side~~) 30 in max | Gravel Depth

☒ New System ☐ Repair ☐ Expansion | System Type: I II III (IV) V VI

System Description: LP-PDBPS-50% Reduction

Repair System Description: LP-PDBPS-50% Reduction

Maintenance Agreement Required: ☒ YES ☐ NO | ☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/ plumbing ☐ Basement w/o plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group PA

LSS # 1313

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.

3:00

	Date	Initials
Drain Lines Checked	8/26/21	DW
Tanks Checked	8/26/21	DW
Pressure Manifold or Valve Box Checked	8/26/21	DW
Pressure Head Set 2 PSI	9/24/21	MD
Electrical Checked	9/24/21	MD
Floats Set	9/24/21	MD
Alarm Checked	9/24/21	MD
Maintenance Contract Y / N		

As of 9/24/21 Just needs Maint. Agreement

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: Kaylee Saunders | Date: 12-22-2020 | Installed by: Adan Garcia

IMPROVEMENT PERMIT by: Benjamin A Batten | Date: 12-18-2020 | OPERATION PERMIT by: D Mabery | Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batten | Date: 12-18-2020 | Existing System Inspected by: | Date:

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

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 225 Hermance Lane

Date: December 7, 2020

Attached is the septic specification information required to permit 225 Hermance Lane for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

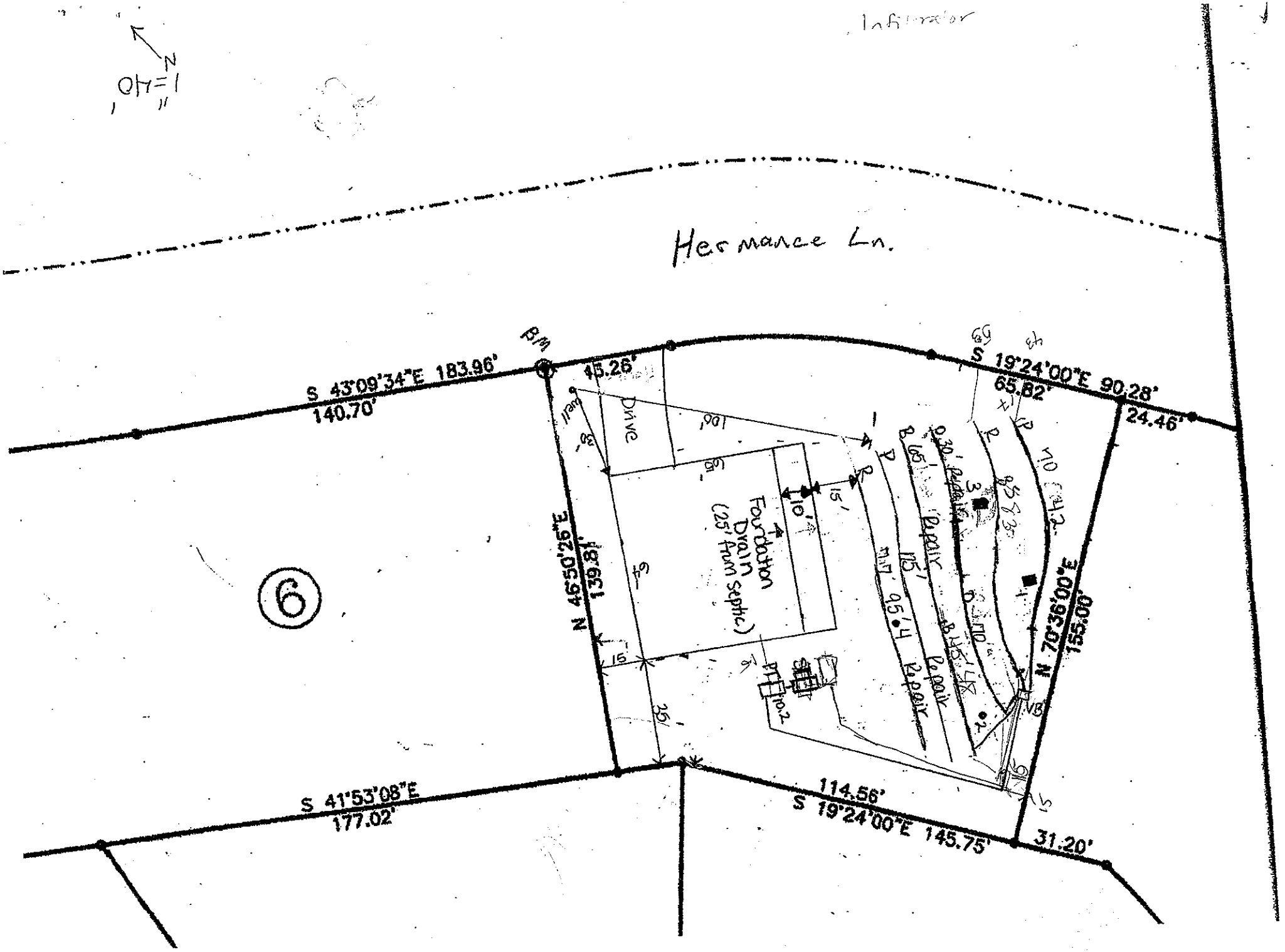
The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

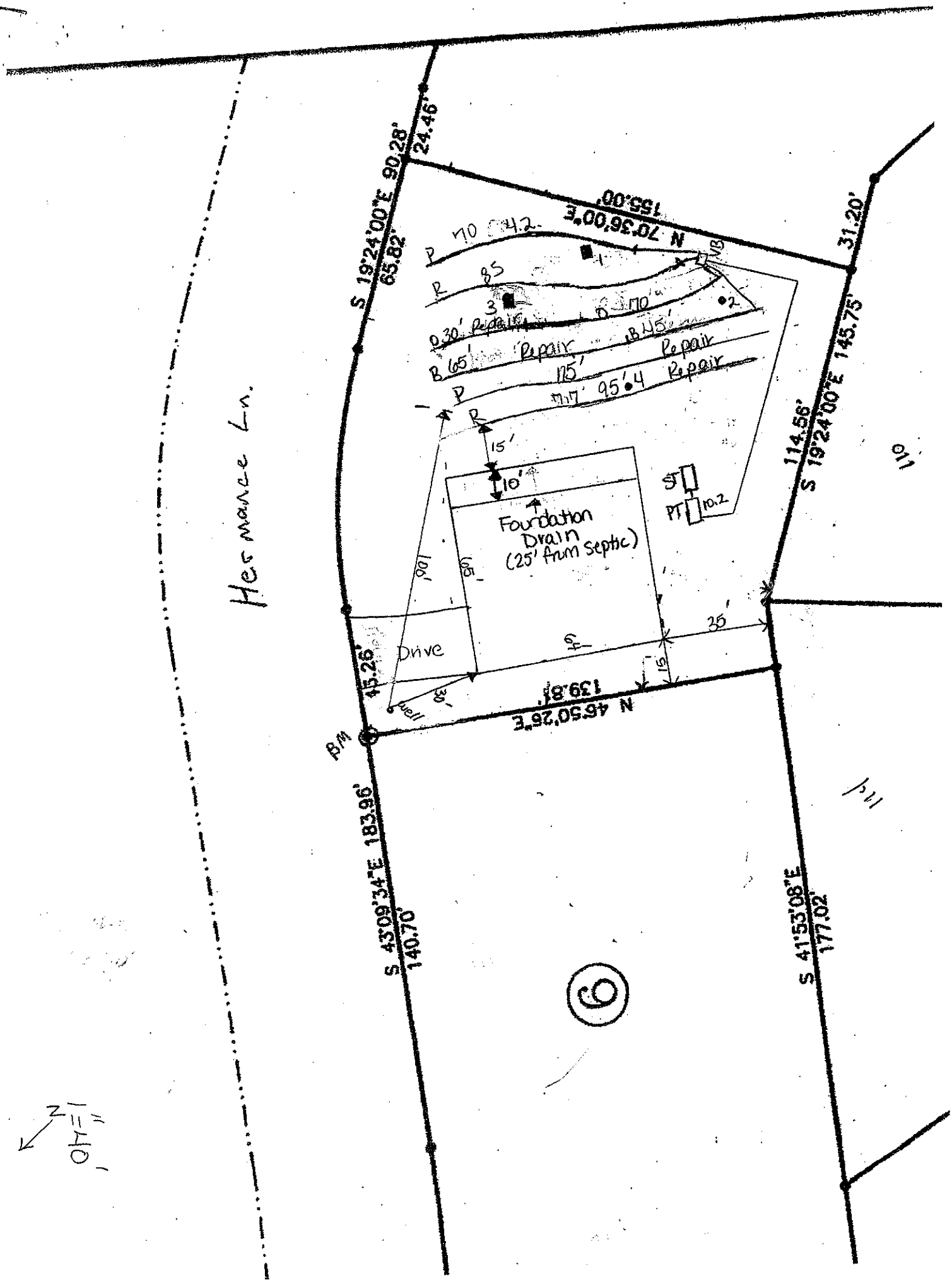
All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders


Infiltrator
1"=40'
N
Hermance Ln.
S 43°09'34"E 183.96'
140.70'
45.26'
Drive
S 19°24'00"E 90.28'
65.82'
24.46'
N 46°50'25"E
139.81'
N 70°36'00"E
155.00'
S 41°53'08"E
177.02'
114.56'
S 19°24'00"E 145.75'
31.20'
Foundation Drain (25' from Septic)
10'
15'
30' Repair
125'
95'4 Repair
6


Hermance Ln.
S 19°24'00"E 90.28'
24.46'
N 70°36'00"E 155.00'
31.20'
S 19°24'00"E 145.75'
114.56'
110
S 43°09'34"E 183.96'
140.70'
S 41°53'08"E
177.02'
N 46°50'26"E 139.81'
45.26'
Drive
Foundation Drain (25' from septic)
ST
PT
10.2
15'
10'
35'
65'
90'
BM
VB
P
R
B
Repair
95.4
N
1"=40'

Fishermans Cove Lot 7 Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Total Linear Feet	270
Trench Width	3'
Trench Spacing	9'
Max Trench Depth	30"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	120' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	31 gpm
Elevation head	Approx. 12'
Pressure head	3.0'
Friction head	2.1'
20% Contingency	3.4'
Total Head	20.5'
Pump Requirements	31 gpm @ 20.5' of head To be designed by installer.
Maximum Dosing Volume	223.2 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	305
Repair LTAR	0.3
Repair Trench Depth	30"

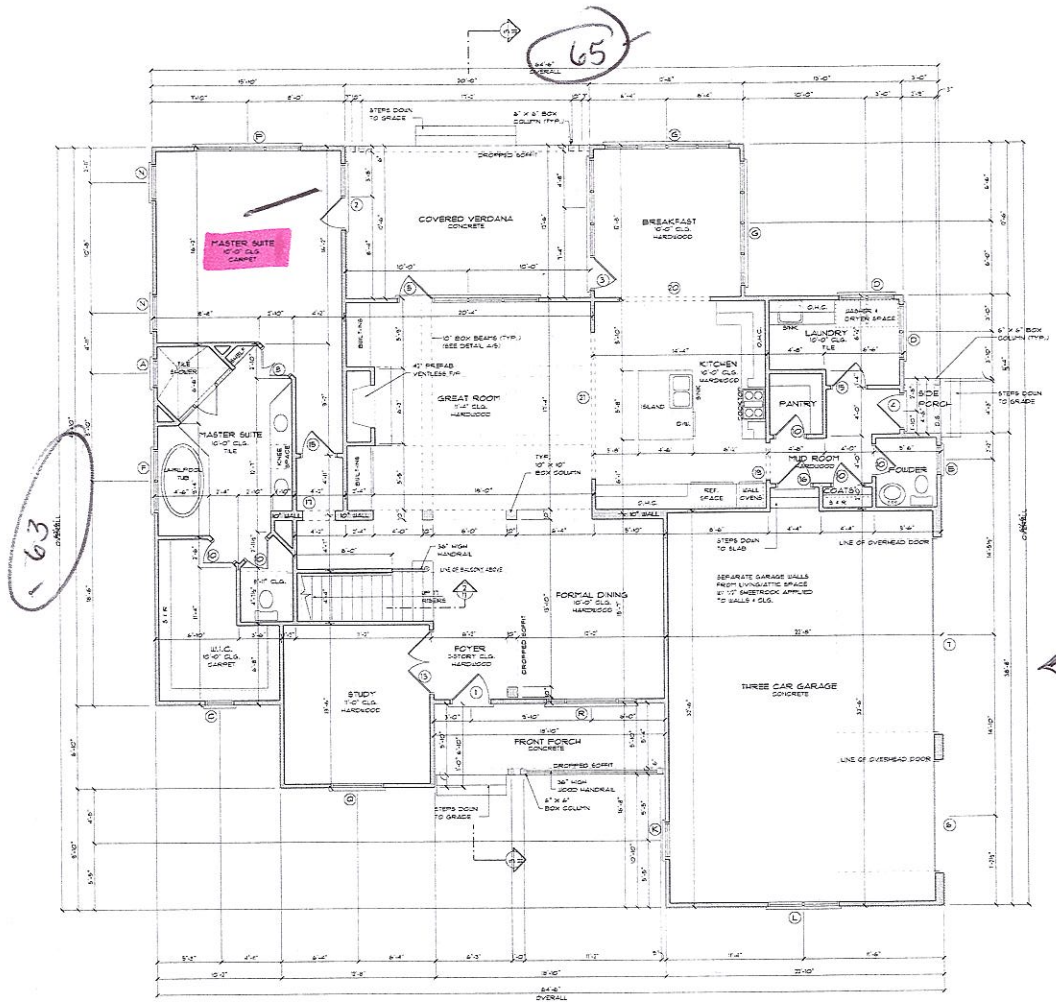
Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	Pink	LPPPBPS	70 endfed	4.2	16	16	1 per panel	5/32"
2	System	Red	LPPPBPS	85 endfed		20	20	1 per panel	5/32"
3	System	Orange	LPPPBPS	70 endfed		16	16	1 per panel	5/32"
4	System	Orange	LPPPBPS	30					
5	Repair	Blue	LPPPBPS	45 endfed		10	10	1 per panel	5/32"
6	Repair	Blue	LPPPBPS	65					
7	Repair	Pink	LPPPBPS	115					
8	Repair	Red	LPPPBPS	95	7.7				
						Total: 62	Total: 62 (1 in each panel turned up)		

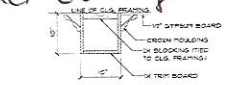
Total System:	270'
Total Repair:	305'

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	10.2
House	Blue		

Notes: Very Tight Fit!
Keep foundation drain 25 ft from septic lines



← Change to Front Load Garage



A/5 COFFERED CEILING DETAIL
SCALE: 1" = 1'-0"

FIRST FLOOR NOTES

- ALL ANGLED WALLS ARE 45 DEGREES OR 90 DEGREES (UNLESS NOTED OTHERWISE)
- ALL INTERIOR DOORS ARE 6" FROM WALL (UNLESS DIMENSIONED OTHERWISE)
- SEE SECOND FLOOR FRAMING PLAN FOR ALL SECOND FLOOR BEAM & FIRST FLOOR HEADER SIZES.

SQUARE FOOTAGE

FIRST FLOOR HEATED	2158
SECOND FLOOR HEATED	1484
TOTAL HEATED AREA	3682
FRONT PORCH	110
THREE CAR GARAGE	741
SIDE PORCH	78
COVERED VERANDA	280
FUTURE BONUS ROOM	317
TOTAL UNDER ROOF	5113

FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
BD Batts Date 12-18-2020
Kathleen Saunders Date 12-22-2020

ELITE DESIGN GROUP
custom residential designs
8033 Corporate
Center Drive Suite 400
Charlotte, NC 28226
tel: 704-544-2771
fax: 704-544-2773

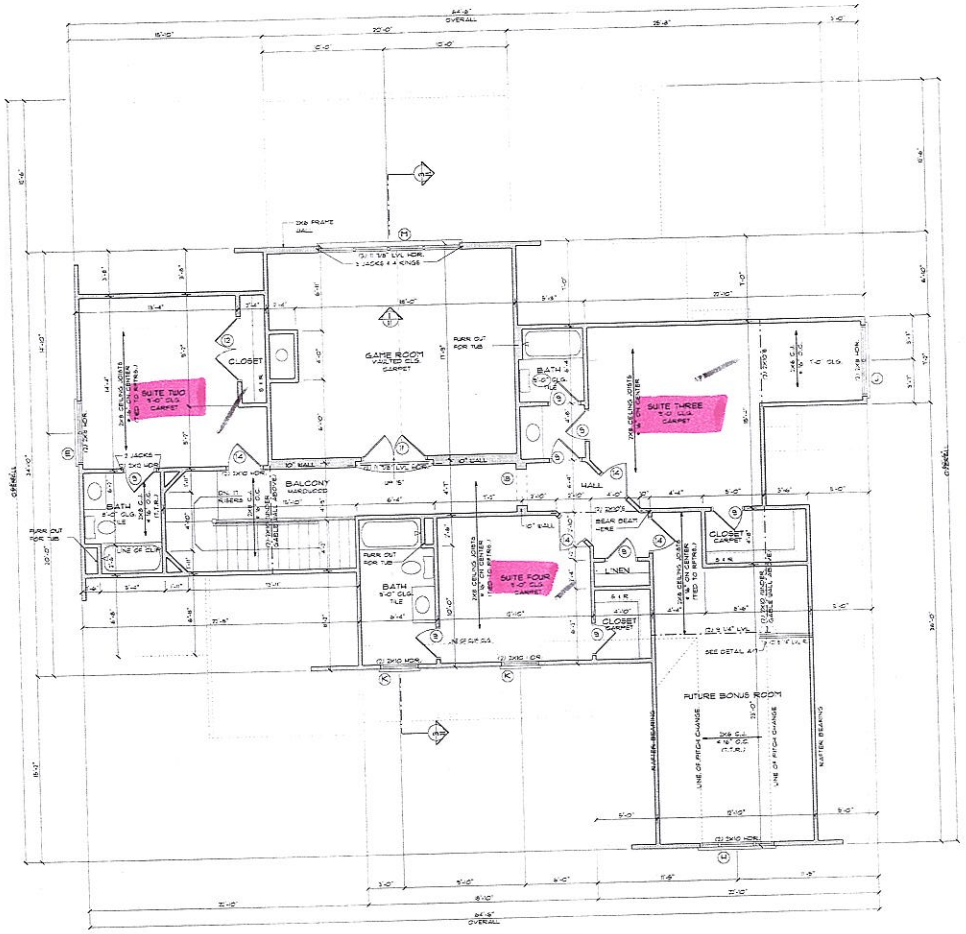
PROJECT:
PLAN # 3682

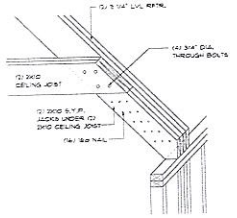
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DATE:
02/21/2020

REVISIONS:
REV:
REV:

SHEET 5
OF 15





A/7 BENT BEAM DETAIL
NOT TO SCALE

SECOND FLOOR NOTES

- ALL ANGLED WALLS ARE 45 DEGREES OR SO DEGREES UNLESS NOTED OTHERWISE
- ALL INTERIOR DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE
- INSTALL A FINIPON OF (2) 2X4 STUDS UNDER ALL BEAMS, LVL OR BUILT-UP, AT THE SECOND FLOOR UNLESS NOTED OTHERWISE.
- INSTALL A FINIPON OF (2) 2X4 STUDS UNDER ALL ROOF BRACES THAT BEAR ON WALLS, UNLESS NOTED OTHERWISE.
- ALL LVL BEAMS ARE 1 3/4" WIDE UNLESS NOTED OTHERWISE.
- ALL CEILING JOISTS TO BE 2X8'S @ 16" ON CENTER UNLESS NOTED OTHERWISE.
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCORDING TO CODE.
- ALL SECOND FLOOR HEADERS TO BE (2) 2X8'S UNLESS NOTED OTHERWISE.

SECOND FLOOR PLAN
SCALE 1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
BMB Date 12-18-20
Kathleen Saunders Date 12-22-2020

ELITE DESIGN GROUP
custom residential designs
8033 Corporate
Center Drive Suite 400
Charlotte, NC 28226
tel: 704-544-2771
fax: 704-544-2773

PROJECT:
PLAN # 3682

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ALL PLOT DESIGN GROUP PLANS ARE DRAWN IN ACCORDANCE WITH THE 2018 NORTH CAROLINA RESIDENTIAL CODE. IF YOUR AREA REQUIRES A DIFFERENT CODE, IT IS YOUR RESPONSIBILITY TO NOTIFY ELITE DESIGN GROUP AND A SEPARATE REQUIRED PLAN CHANGE WILL BE QUOTED FOR PLANS ON FILE. ELITE DESIGN GROUP IS NOT RESPONSIBLE FOR ANY CODE VIOLATIONS OR ERRORS THAT RESULT FROM NOT BUILDING UNDER THE CODE IN EFFECT AT THE TIME OF CONSTRUCTION.

©COPYRIGHT 2020

DATE:
02/21/2020

REVISIONS:
REV:
REV:

SHEET 7
OF 15

Rec'd 12/8/2020 – # AP313200 Pd 12/8/20 AP313200 $550

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: JC Development Address: 106 Sherbrook LN Zip: 28117
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 225 Hermance LN 28117
Subdivision Name: Fishermans Cove Section/Phase: _____ Lot Number: 7
Driving Directions: Hwy 150 W, Waddell, Hermance, on L

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

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

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: _____
(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 12-7-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

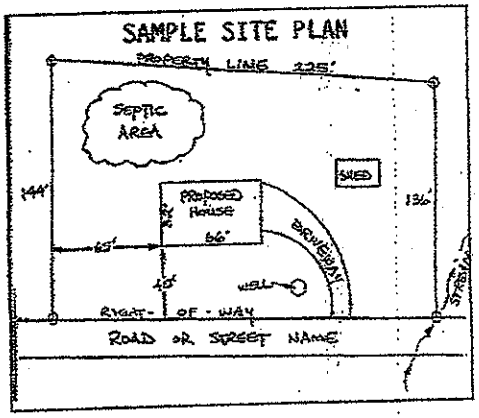
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

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

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

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- (✓) Preferred well location
- (✓) Preferred septic system location
- (✓) 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)

12-7-2020
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

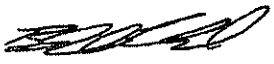
Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Blake Haugland, am the legal owner of the property located at 225 Hermance LN, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, Blake Haugland, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.



Signature of Owner — 12-7-2020 Date

Signature of Witness — Date

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

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

OWNER: Blake Haviland
ADDRESS: 106 Sherbrook Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Lot 7 Fishermans Cove
APPLICATION DATE ___
DATE EVALUATED: 12-1-2020
PROPERTY SIZE: ___
PROPERTY RECORDED: yes

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 3-5%	0-24	Mo SBK C	FR SS/SP	R	36"	PS	N/A	0.35
		24-38	WK SBK CL	↓	R; C sap				
		38-50	MA SL sap	FR NS/NP	multi				
2	L ~5%	0-30	Mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		30-48	WK SBK CL	↓	R; C sap				
3	L ~5%	0-10	Mo SBK C	FR SS/SP	R; F sap	22"	PS	N/A	0.35
		10-22	WK SBK CL	↓	R; F sap				
		22-53	MA L sap		multi				
4	L ~5%	0-33	Mo SBK C	FR SS/SP	R	50+	N/A	N/A	0.3
		33-50	WK SBK CL	↓	R; C sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	IV
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: ___
OTHER(S) PRESENT: ___

COMMENTS: ___

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

Updated February 2014

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

KMS **Complete all Environmental Health forms:**
- ✓ Application
- ✓ Site Plan with dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ✓ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

KMS **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

KMS **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

KMS **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

KMS If an **Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

*Any site not meeting the above requirements when staff arrives for the evaluation will result in a **$100 site revisit fee** being charged and the request being placed on HOLD. This will delay the processing of the application.*
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Kathleen Saunders Date 12-7-2020

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
313200
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4638013852.000	225 HERMANCE LN	Iredell County

Owner Information	Applicant Information
Name: JC DEVELOPMENT CO LLC	Name: THE OAKS GROUP
Address: 703 N HAYES ST	Address: 121 HOLT LN
MOUNT AYR, IA 50854	MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.57	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

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.

Signature of Owner/Contractor

Date: 12/08/2020

Permit Number	313200	TOTAL FEES:	