ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-322865

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

PIN # 4686-06-6275

APPLICANT/OWNER: GARY KERR | APPLICANT ADDRESS: 516 BLUEFIELD ROAD, MOORESVILLE, N.C. 28117

SITE ADDRESS: 419 SHINN FARM ROAD, MOORESVILLE, N.C. 28115 | PHONE: 704-799-5360 | ALT. PHONE 704-660-7319

SITE DIRECTIONS: (E) ON 152, (R) ON SHINN FARM ROAD, LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO

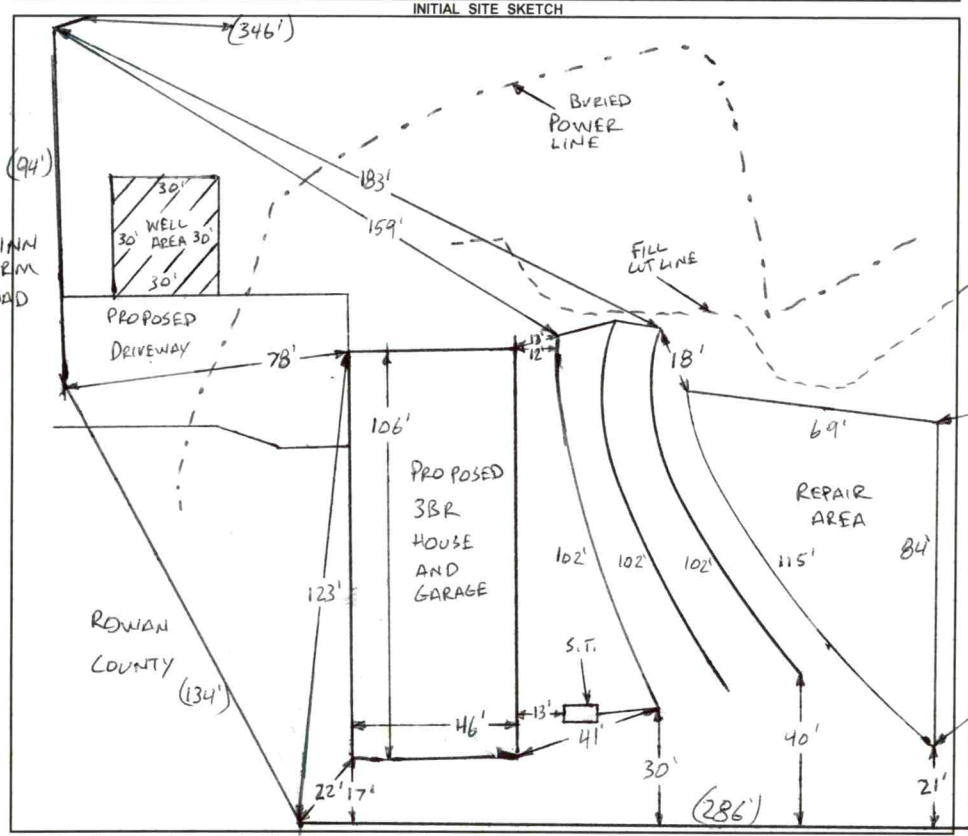
SUBDIVISION: | SECTION: | LOT # | LOT AREA: | DESIGN FLOW: 360GPD | L.T.A.R.: 0.3 (REPAIR 0.25)

Septic Tank	1000	(gal)	STB 766	Date 7-22-22	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3
Pump Tank	–	(gal)	PT –	Date –	System Description:	25% REDUCTION	☐ Business	No. Persons	6
Pump Make	–	Model	–	Serial # –	Repair System Description:	50% REDUCTION	☐ Other	No. Employees	–
# Nitrification Fields	1	# Lines	3	Linear Ft 306FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☐ Crawl Space	
Trench Width	36 IN	Trench Bottom Depth(Low side)	24IN	Gravel Depth –	☑ GRAVITY	☐ PRESSURE	☑ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☑ Private ☐ Public ☐ Community

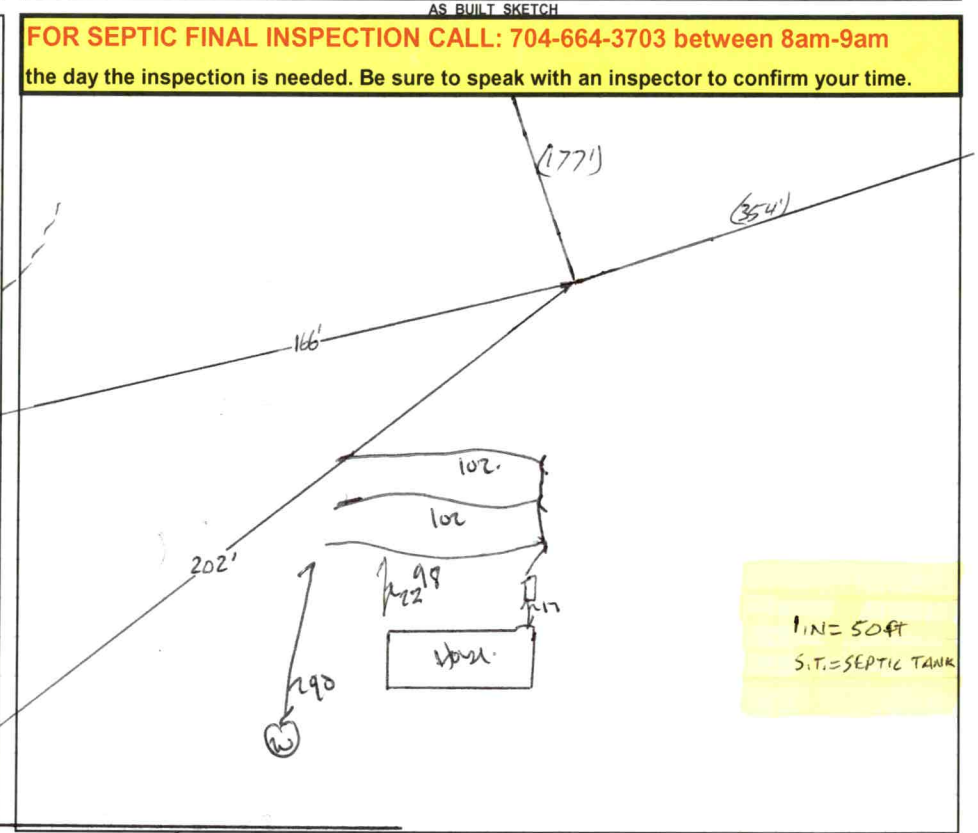
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH, DO NOT SHALLOW. BASEMENT PLUMBING MAY NEED GRINDER PUMP, DO NOT GRADE OR FILL SEPTIC AREA

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.



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: Gary Kerr | Date: 3/4/2022 | Installed by: Russell Williams

IMPROVEMENT PERMIT by: Bryant C. White | Date: 1-28-2022 | OPERATION PERMIT by: Bryant C. White | Date:

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 3-4-2022 | 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? _____	

ARTMENT OF HEALTH AND HUMAN SERVICES
ION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: TBD
COUNTY: IREDELL

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

OWNER: GARY KERR
APPLICATION DATE 11-5-2021
ADDRESS: 516 BLUEFIELD ROAD, MOORESVILLE, N.C. 28117
DATE EVALUATED: 12-6-2021
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
PROPERTY SIZE: TBD
LOCATION OF SITE: 419 SHINN FARM ROAD, MOORESVILLE, N.C. 28115
PROPERTY RECORDED: NO
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	LINEAR SIDE 4%	0-18	FILL	MIXED	SAP INC THRU OUT	74"+	NA	NA	PS .3 AFTER FILL REMOVED
		18-55	C, ABK	fl, S, P, SEXP					
		55-74	CL, WABK	fl, SS, SP, SEXP					
2	LINEAR SIDE 7%	0-43	C, ABK	fl, S, P, SEXP	SAP INC THRU OUT	66"+	NA	NA	PS .3
		43-66	CL, WABK	fl, SS, SP, SEXP					
3	~~LINEAR SIDE~~ HEAD 12%	0-10	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT 10YR 6/2 @ 40"+	56"+	NA	NA	PS .35 ABOVE 40"
		10-44	C, ABK	fl, S, P, SEXP					
		44-56	CL, WABK	fl, SS, SP, SEXP					
4	HEAD 12%	0-30	FILL	MIXED	SAP INC THRU OUT	83"+	NA	NA	PS .3 AFTER FILL REMOVED
		30-60	C, ABK	fl, S, P, SEXP					
		60-83	CL, WABK	fl, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
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) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

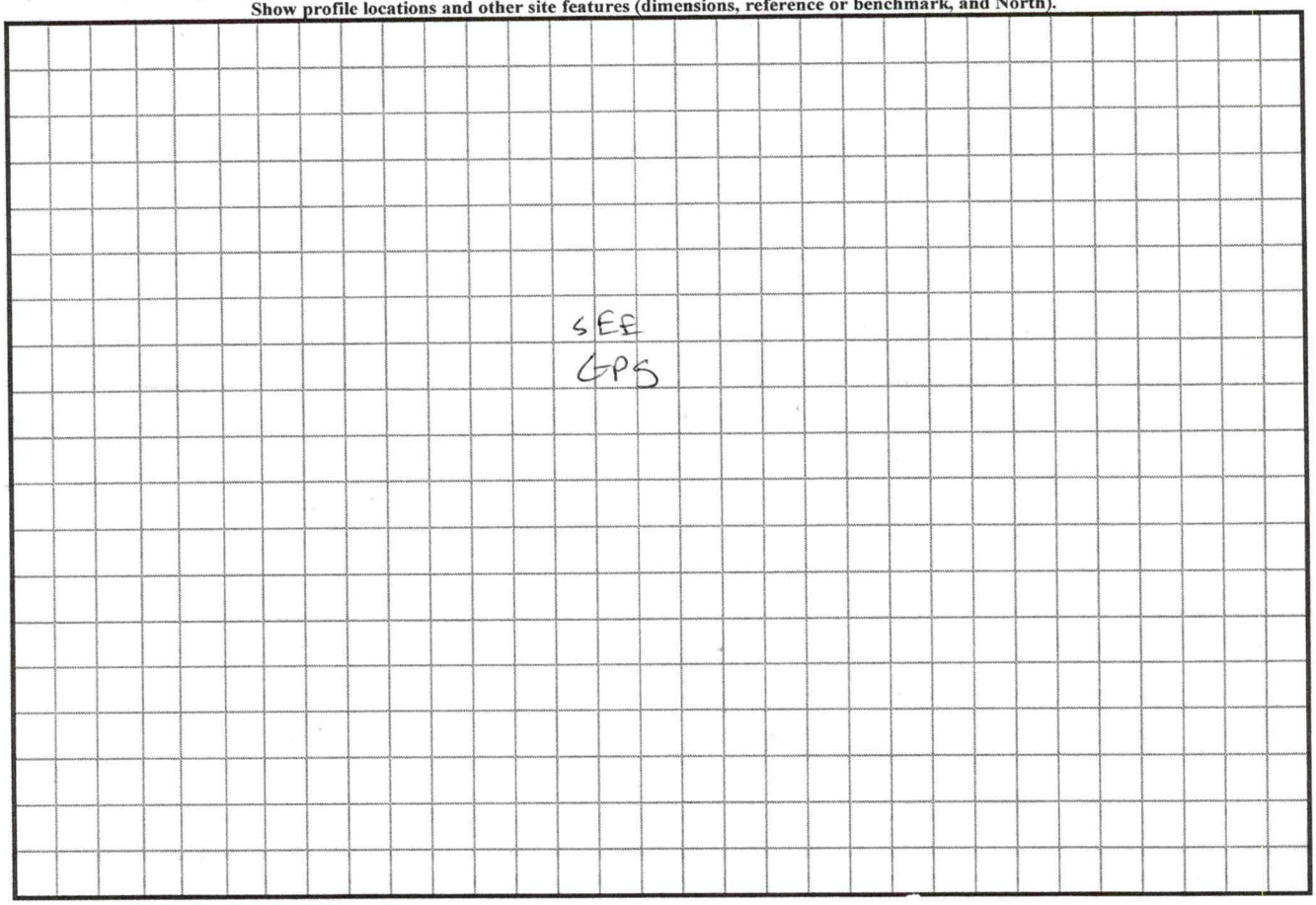
NOTES

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).



RECEIVED NOV 0 5 2021

BW

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* AP-322865 $500.00

Application For: (X) 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

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: (PRINT CLEARLY)

Applicant Name: Gary Kerr Address: 516 Bluefield Rd Mooresville Zip: 28117
Applicant Email: garykerr@bergglobal.com Phone: 704-799-5360 Alt. Phone: 704 660-7319
Owner Name: Paul Moore Address: 118 Stump Hill Trail Mooresville Zip: 28115
Owner Email: PcMoore85@GMail.com Phone: 704-264-9191 Alt. Phone: _____

Property Information:

Street Address: 419 Shinn Farm Rd Mooresville NC. 28115

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

Driving Directions: Hwy 152 East Take first Right Past Prospect Church Shinn Farm Rd. 1 mile on Right. Beside 435 Shinn Farm Rd.

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

Relocating Horses (stick built)

( ) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: _____
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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: _____

CHECK FOUNDATION TYPE

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

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 (X) 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.

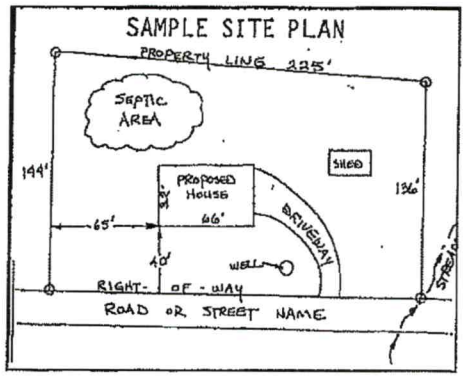
Signature: Gary Kerr / Paul C Moore 10/19/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

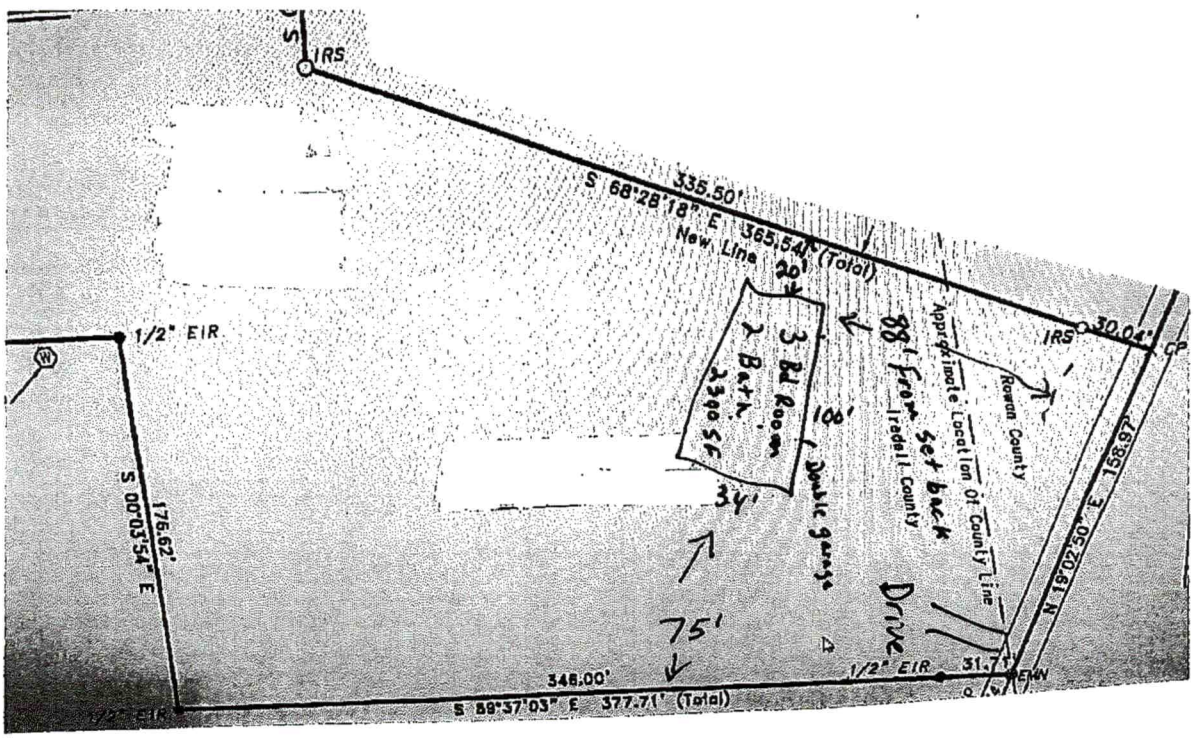
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



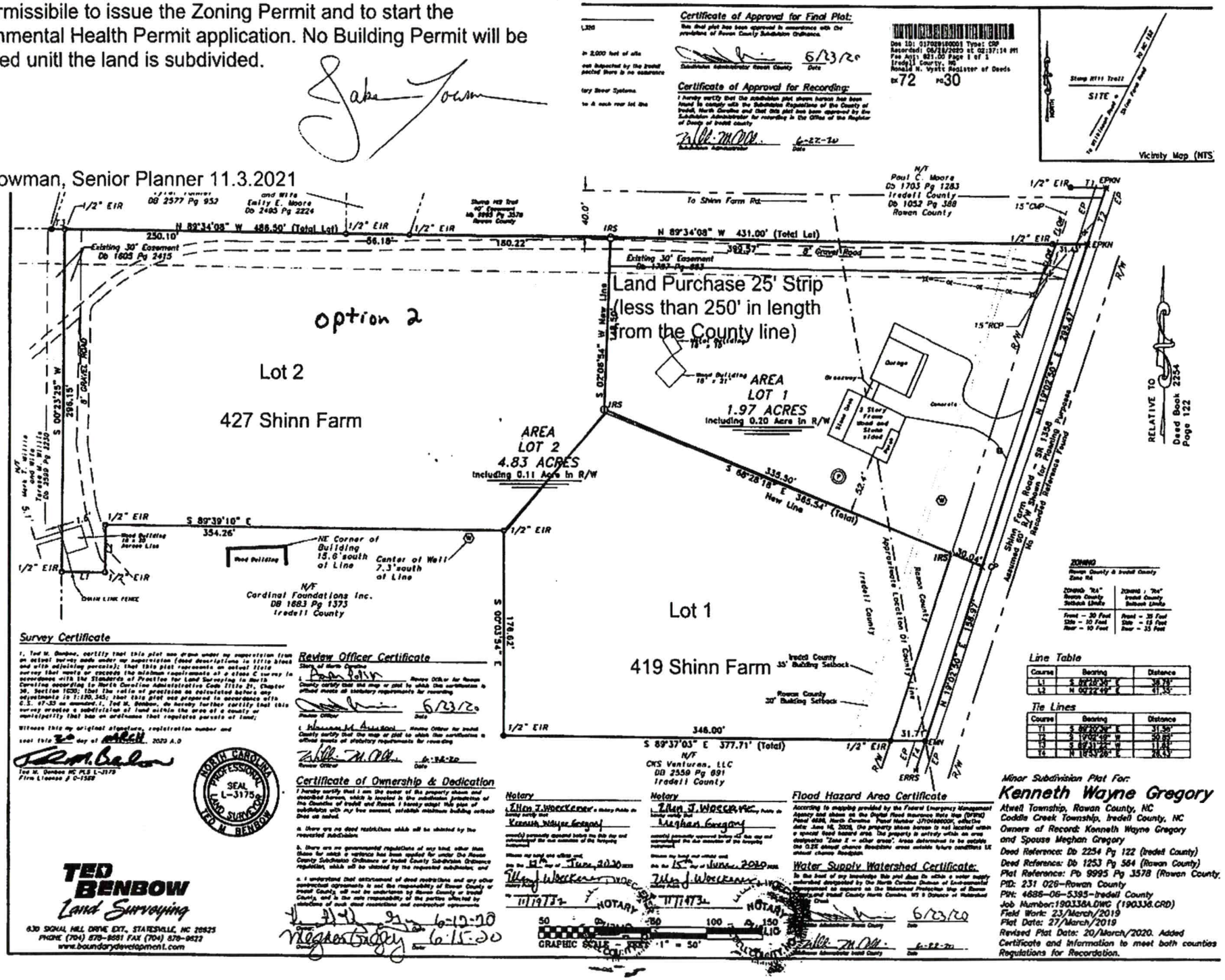
Signature: Gary Kerr

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

10/19/2021
DATE

This sketch plan is inteneded to allow for evaluation for septic suitability. It is permissibile to issue the Zoning Permit and to start the Environmental Health Permit application. No Building Permit will be approved unitl the land is subdivided.

Jake Lowman, Senior Planner 11.3.2021



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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Present. 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, Paul Moore, am the legal owner(s) of the property located at Shinn Farm Road, identified as PIN (Parcel Identification Number) 4686062495, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Gary Kerr, _____, 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.

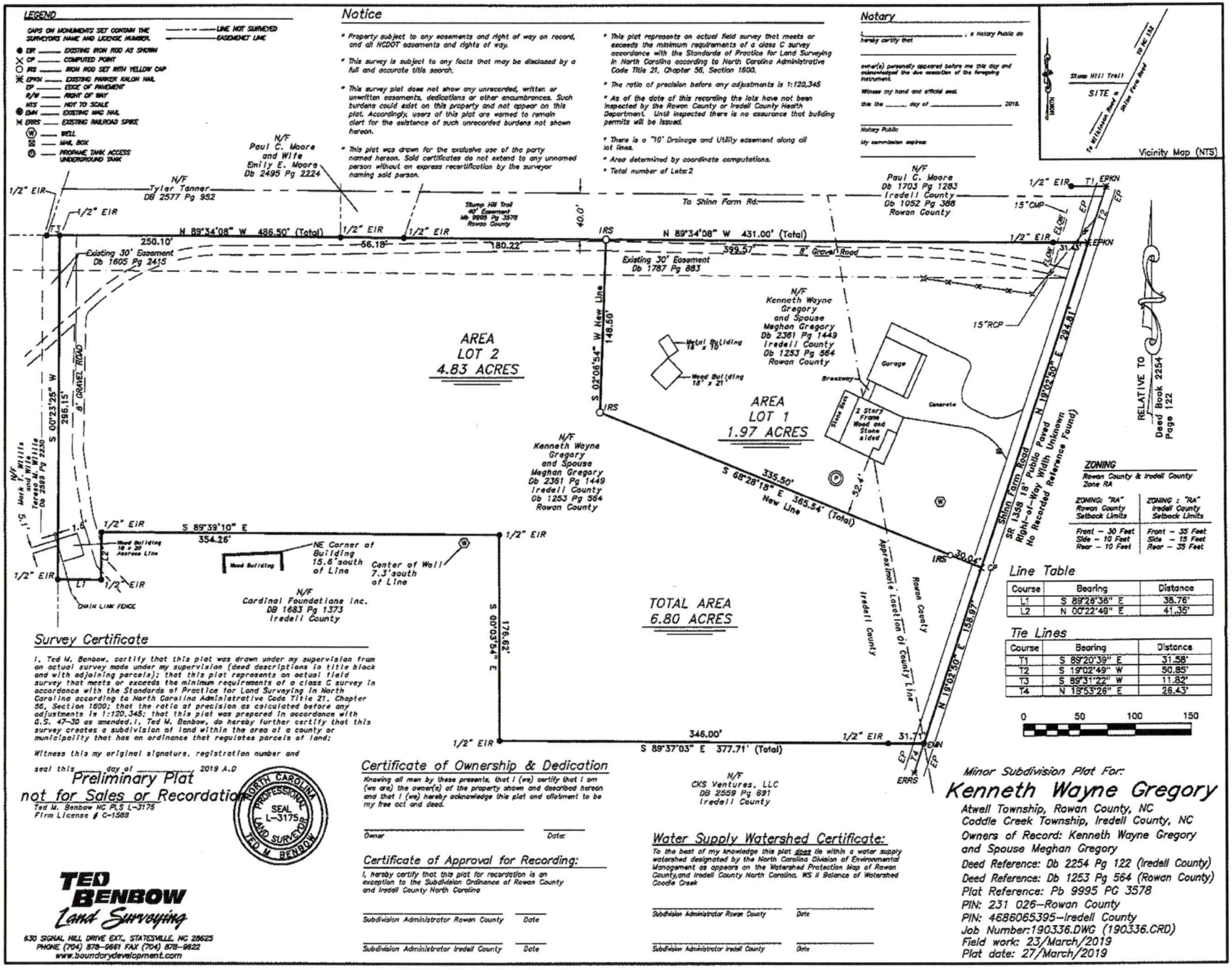
Paul C Moore
Signature of Owner(s)

10/19/2021
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



Survey Certificate

I, Ted M. Benbow, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed descriptions in title block and with adjoining parcels); that this plat represents an actual field survey that meets or exceeds the minimum requirements of a class C survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600; that the ratio of precision as calculated before any adjustments is 1:120,345; that this plat was prepared in accordance with G.S. 47-30 as amended.I, Ted M. Benbow, do hereby further certify that this survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land;

Witness this my original signature, registration number and seal this _____ day of _____, 2019 A.D

Preliminary Plat not for Sales or Recordation

Ted M. Benbow NC PLS L-3175
Firm License # C-1588

NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW

TED BENBOW Land Surveying

630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-9661 FAX (704) 878-9822
www.boundarydevelopment.com

Certificate of Ownership & Dedication

Knowing all men by these presents, that I (we) certify that I am (we are) the owner(s) of the property shown and described hereon and that I (we) hereby acknowledge this plat and allotment to be my free act and deed.

_____ Owner _____ Date

Certificate of Approval for Recording:

I, hereby certify that this plat for recordation is an exception to the Subdivision Ordinance of Rowan County and Iredell County North Carolina

_____ Subdivision Administrator Rowan County _____ Date

_____ Subdivision Administrator Iredell County _____ Date

Water Supply Watershed Certificate:

To the best of my knowledge this plat does lie within a water supply watershed designated by the North Carolina Division of Environmental Management as appears on the Watershed Protection Map of Rowan County,and Iredell County North Carolina. WS II Balance of Watershed Coodle Creek

_____ Subdivision Administrator Rowan County _____ Date

_____ Subdivision Administrator Iredell County _____ Date

Minor Subdivision Plat For:

Kenneth Wayne Gregory

Atwell Township, Rowan County, NC
Coddle Creek Township, Iredell County, NC
Owners of Record: Kenneth Wayne Gregory and Spouse Meghan Gregory
Deed Reference: Db 2254 Pg 122 (Iredell County)
Deed Reference: Db 1253 Pg 564 (Rowan County)
Plat Reference: Pb 9995 PG 3578
PIN: 231 026–Rowan County
PIN: 4686065395–Iredell County
Job Number:190336.DWG (190336.CRD)
Field work: 23/March/2019
Plat date: 27/March/2019

IREDELL COUNTY · NC

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

APPLICATION NUMBER
322865 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4686062495.000	419 SHINN FARM RD	Iredell County

Owner Information	Applicant Information
Name: MOORE PAUL C+EMILY E	Name: GARY KERR
Address:	Address: 516 BLUEFIELD RD
,	MOORESVILLE, NC 28117
Phone:	Phone: (704)622-0182

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSII-BOW Coddle Creek	NO

Remarks
SFD*LAND MUST BE SUBDIVIDED BEFORE BLDG PERMIT ISSUED*

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.

Date: 11/04/2021

Signature of Owner/Contractor

Permit Number	322865	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check) Pick up & move house on Bluefield Rd.

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? ___ and stories?___

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 2,200 SF

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Paul C Moore Phone # 704 264-9191

Owner's Current Address 118 Stump Hill Trail Mooresville NC. 28115

Property Information

Property Address 419 Shinn Farm Rd Mooresville 28115 Parcel # _____

Subdivision:_____ Lot:___ Zoning:___ Watershed: (Y) or N Flood Plain: Y or (N) Township:___

Directions to property (from a MAIN ROAD) Take 152 East Past Prospect Church & take the 1st Right Shinn Farm Rd go 1 Mile & Turn Right just Past Stump Hill Trail. Property is beside 429 Shinn Farm Rd.

Application Information

Applicant's Name or Company Gary Kerr Applicant's Phone # 704-799-5360

Applicant's Address 516 Bluefield Rd Mooresville NC 28117

If Company, Representative's Name and Title _____

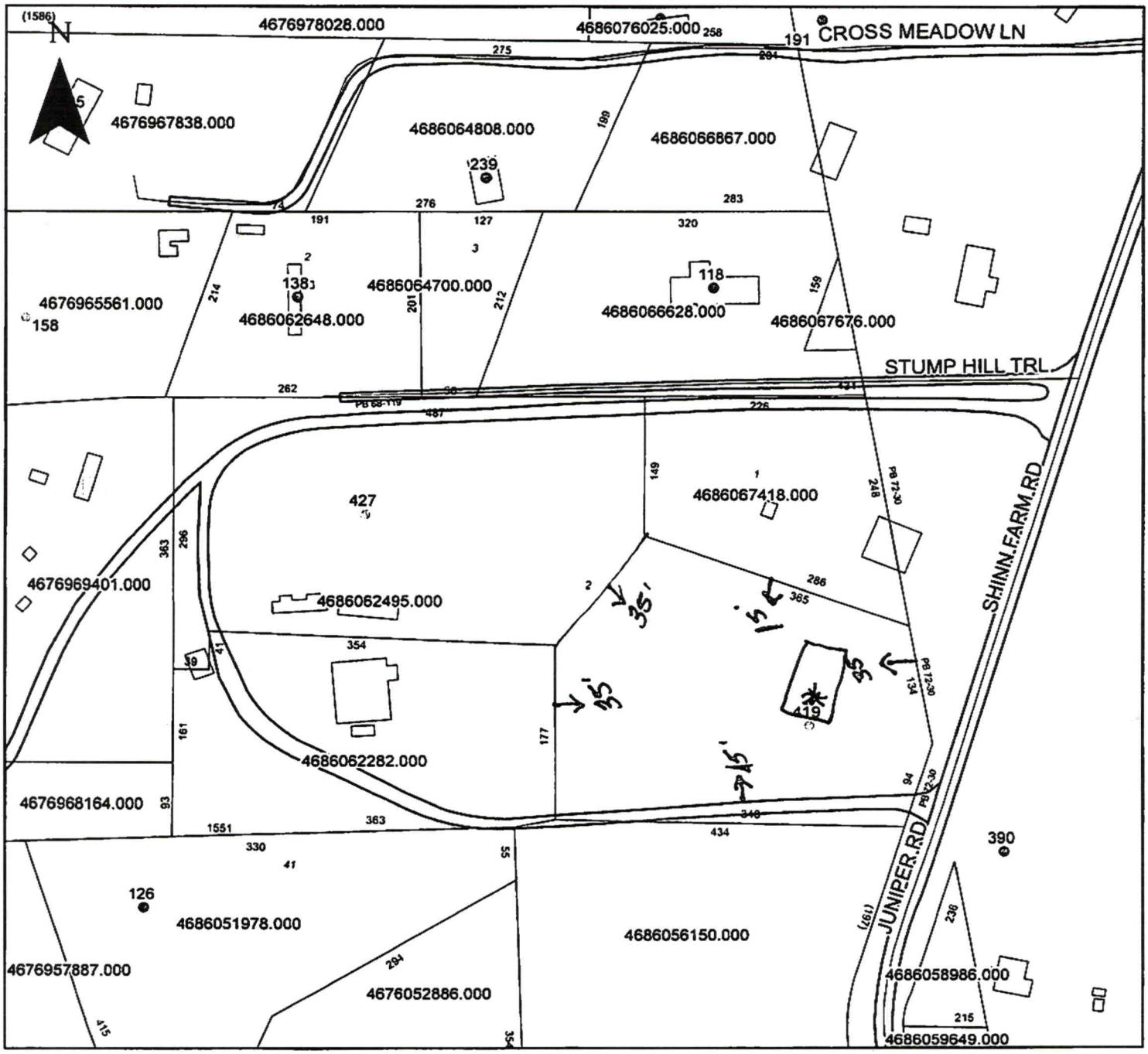
IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Gary Kerr DATE 11/2/2021

322865

RH
WS II BDW CC 4.83

ZONING DISCLAIMER FL NO

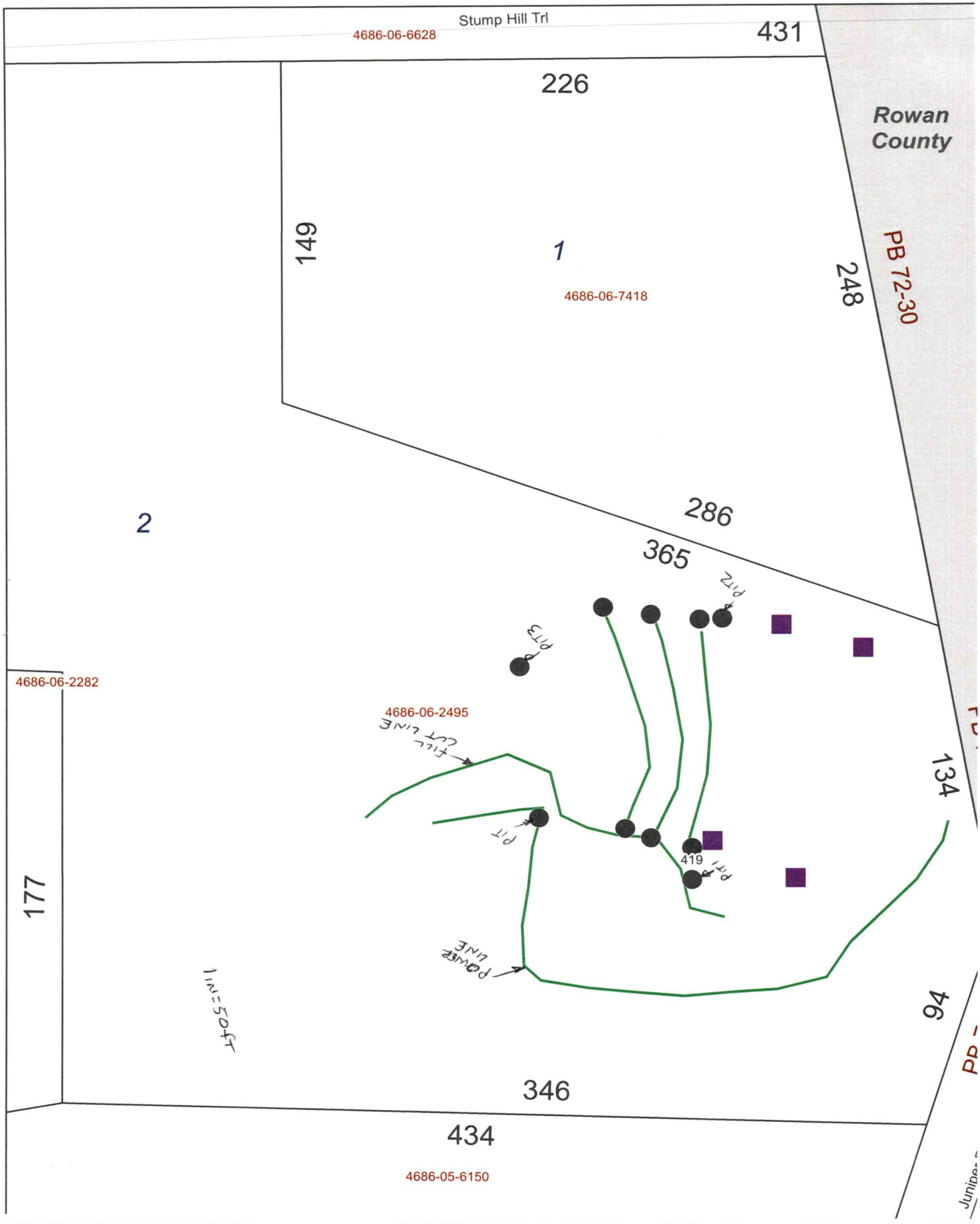


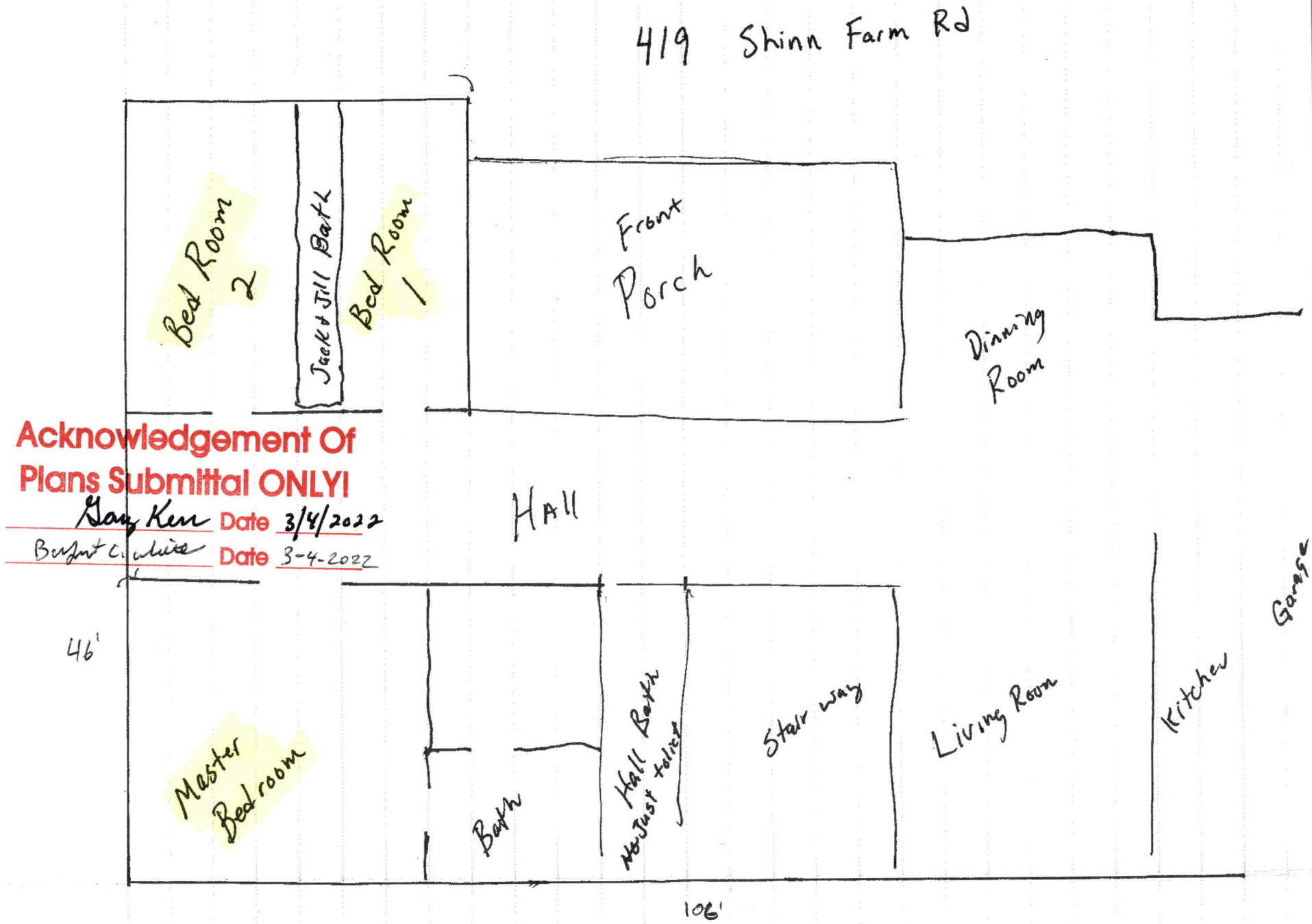
Property Address 419 Shinn Farm Rd.

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

Gary L Kerr
Applicant

11/4/2021
Date


Stump Hill Trl
4686-06-6628
431
226
Rowan
County
149
1
4686-06-7418
248
PB 72-30
2
286
365
PIT2
PIT3
4686-06-2282
4686-06-2495
134
PIT
419
PIT1
177
50FT
94
346
434
4686-05-6150



Acknowledgement Of Plans Submittal ONLY!

Gary Kerr Date 3/4/2022

Bright Collins Date 3-4-2022