ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5900 BLDR: 2022-11 9576

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

PIN # 4706 -- 95 -- 2500

APPLICANT/OWNER: Alisa Gomes-Euler APPLICANT ADDRESS: 451 Outlook ave, West Babylon 11704

SITE ADDRESS: 103 Emma Ln, Statesville 28625 PHONE: 516-633-5592 ALT. PHONE -

SITE DIRECTIONS: 115 N - Scotts Creek - Emma Ln SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Sterling Oaks SECTION: - LOT # 1 LOT AREA: 1.16 acres DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	7100	Date	3/14/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% reduction			
Pump Make			Model		Serial #		Repair System Description:	50% reduction			
# Nitrification Fields	1		# Lines	3	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth ~~(Low side)~~		36" max		Gravel Depth	☒ GRAVITY	☐ PRESSURE		

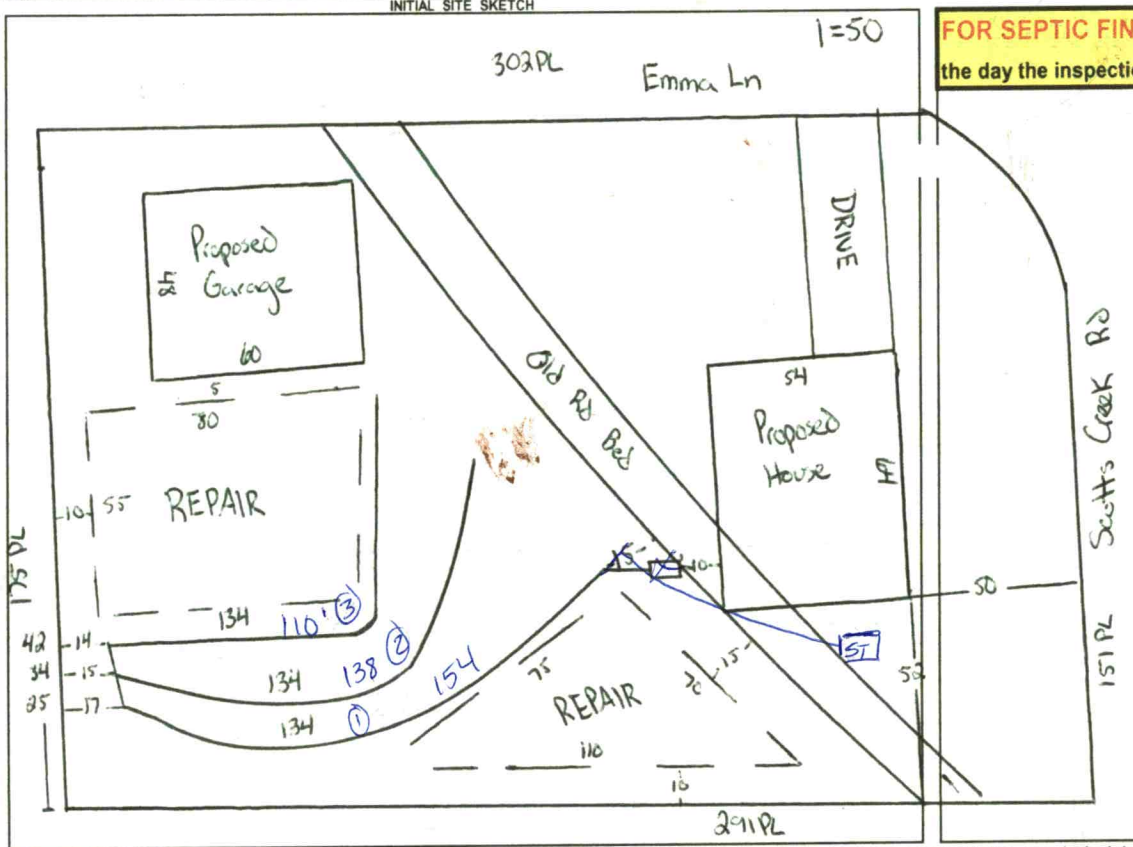
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing ☐ Crawl Space ☒ Basement w/o plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install drainlines on contour with the land. Do not grade, park, or drive on 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.

- ① longest line 3 1/2" variation
- ② middle line 3 1/4" variation
- short line 2 1/4" variation

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:

IMPROVEMENT PERMIT by: Cory Hill Date: 3/3/23

AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 3/3/23

Installed by: TB Grading

OPERATION PERMIT by: D Imeberg Date: 4/20/23

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? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

STH RELAY

PERMIT # 2023-15230

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

PIN # 4706 -- 95 -- 2500

APPLICANT/OWNER: Alisa Gomes-Euler APPLICANT ADDRESS: 451 Outlook ave, West Babylon 11704

SITE ADDRESS: 103 Emma Ln, Statesville 28625 PHONE: 516-633-5592 ALT. PHONE -

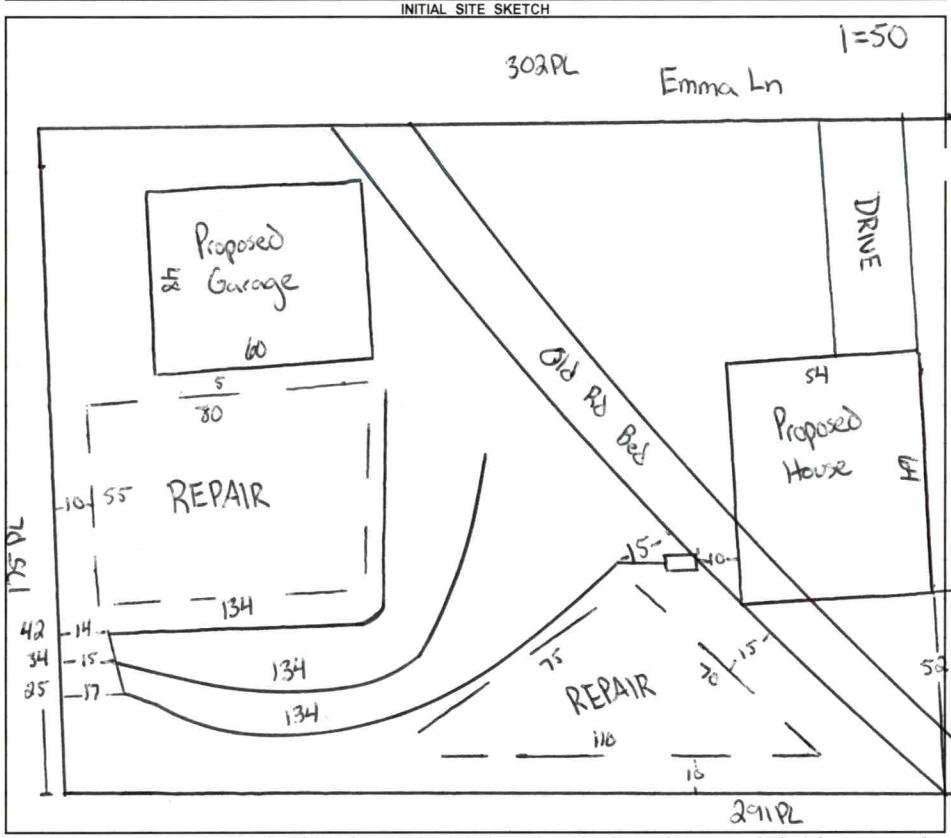
SITE DIRECTIONS: 115 N - Scotts Creek - Emma Ln SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Sterling Oaks SECTION: - LOT # 1 LOT AREA: 1.16 acres DESIGN FLOW: 480 gpd 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	(gal)	PT	Date	System Description:	25% reduction			☐ Business	No. Persons	8	☐ Private
Pump Make	Model		Serial #	Repair System Description:	50% reduction			☐ Other	No. Employees		☒ Public
# Nitrification Fields	1 # Lines	3	Linear Ft 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36" Trench Bottom Depth ~~(Low side)~~	36" max	Gravel Depth -	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing		☒ Basement w/o plumbing	

Comments / Conditions: Install drainlines on contour with the land. Do not grade, park, or drive on 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: Online Signature Date: Installed by:

IMPROVEMENT PERMIT by: Cory Hill Date: 3/3/23 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 3/3/23 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? _____	


6
1=50
312
4706-85-9776
234
4706-95-58
175
175
2
1
4706-95-0530
291
4706-95-2500
103
302
Emma Ln
PB 60-48
4706-95-558
321
151
175
Scotts Creek Rd
173
4706-95-0210
192
4706-95-1290
Della Dr
4706-95-426

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

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

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Alisa Gomes-Euler
Address: 451 Outlook Ave, West Babylon, NC 11704

Date: 3/3/2023

Subject: Notice of Intent to Revoke: Address : 103 Emma Ln, Statesville, NC 28625 Permit 323279 (Improvement Permit/Construction Authorization

Dear **Alisa Gomes-Euler**:

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at Address : 103 Emma Ln, Statesville, NC 28625 Permit 323279 for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization _____ Type III_____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

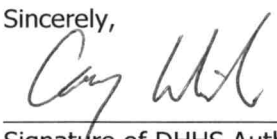
If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 3/3/2023 . Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,



Signature of DHHS Authorized Agent

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)

3/3/2023

Owner: Alisa Gomes-Euler
Address: 451 Outlook Ave, West Babylon, NC 11704

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address : 103 Emma Ln, Statesville, NC 28625 Permit 323279

I, _____, 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 _____ for a system:
(permit date)

Type III_ at Address : 103 Emma Ln, Statesville, NC 28625 Permit 323279

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

_____
Signature of Property Owner

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

Sheet 1 of 1
PROPERTY ID #: 4706953500
COUNTY: Johnston

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

OWNER: Alisa Grams - Euler
APPLICATION DATE: 11-1-2021
ADDRESS: 451 Attoka Ave 11704
DATE EVALUATED:
PROPOSED FACILITY: 4 BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 1.16 Ac
LOCATION OF SITE: 1336 Scotts Creek
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	FS 6-7%	0-6	SBK scl	Fr SS SP Sap	N/A	0"	N/A	N/A	PS .3
		6-39	SBK C						
		39-52	SBK CL						
2	LS 4-7%	0-6	SBK scl		N/A	55"	Few SAP Inc	N/A	PS .3
		6-31	SBK C						
		31-55	SBK CL						
3	TS 5%	0-6	SBK scl		N/A	50"	N/A	Few Rock Inc	PS .3
		6-39	SBK C						
		39-50	SBK CL						
4	SS 7%	0-6	SBK scl		N/A	52"	N/A	N/A	PS .3
		6-28	SBK C						
		28-52	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	40%	26%
System Type(s)	25% Reduction	50% Reduction
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
OTHER(S) PRESENT: Wilkinson

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

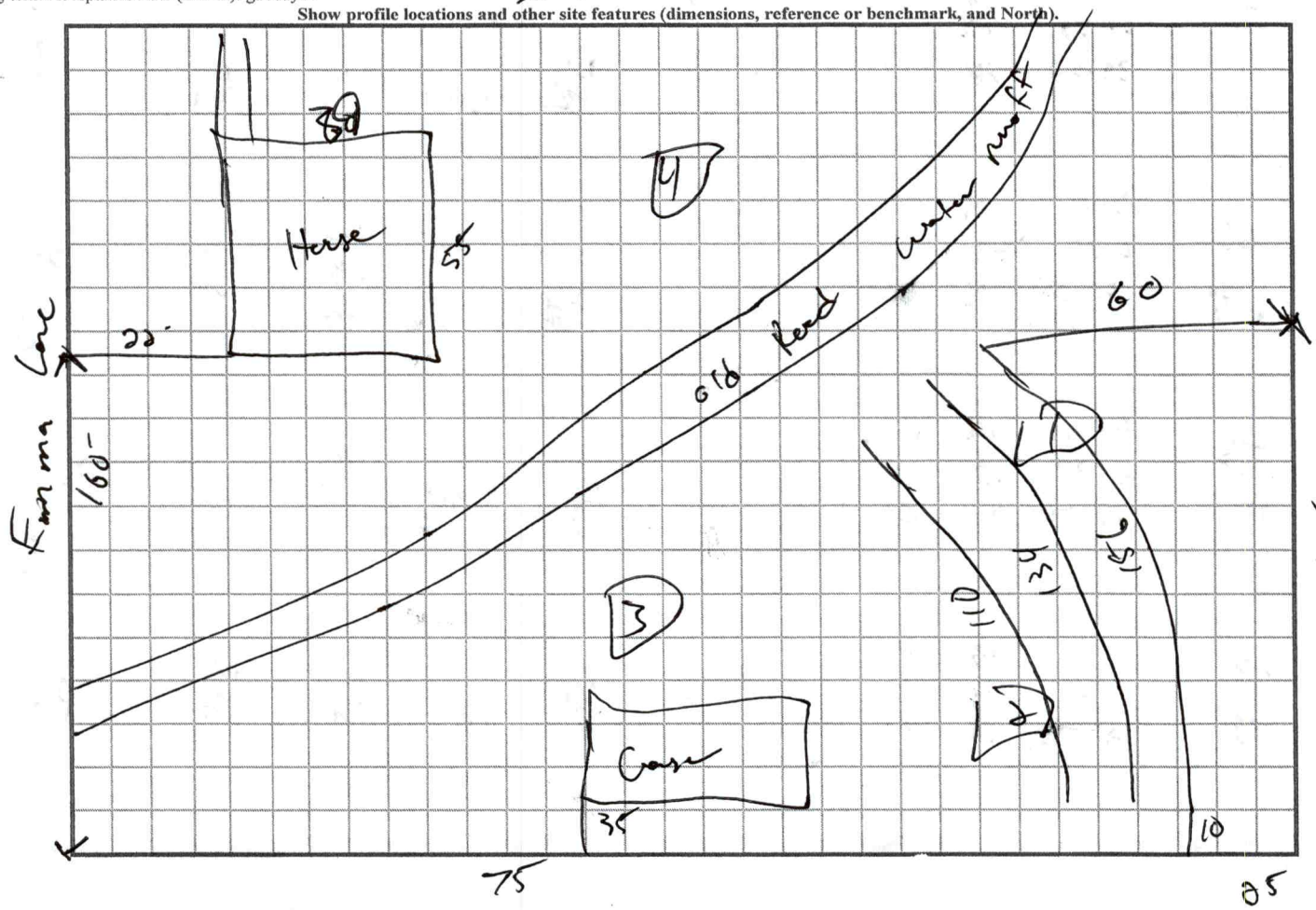
NOTES

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

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

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


South Creek
Horse
Corn
Corn
Corn

RECEIVED NOV 2 2 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED AP-323279

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Paid $500.00

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: Alisa Gomes-Euler **Address:** 451 Outlook Ave W. Babylon **Zip:** 11704
Applicant Email: aneuler@aol.com **Phone:** 516-633-5592 **Alt. Phone:** 631-482-8609
Owner Name: _____ **Address:** _____ **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 13336 Scotts Creek Rd Statesville NC 28625
Subdivision Name: Sterling Oaks **Section/Phase:** _____ **Lot Number:** 1
Driving Directions: I-40 to exit 148. Turn Right onto Taylorsville Hwy then Right onto old 64/90. about 3 miles, Scotts Creek on your right. Property about ¼ mile down on your left. Corner of Emma + Scotts Creek

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 5 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) 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: _____

CHECK FOUNDATION TYPE

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.

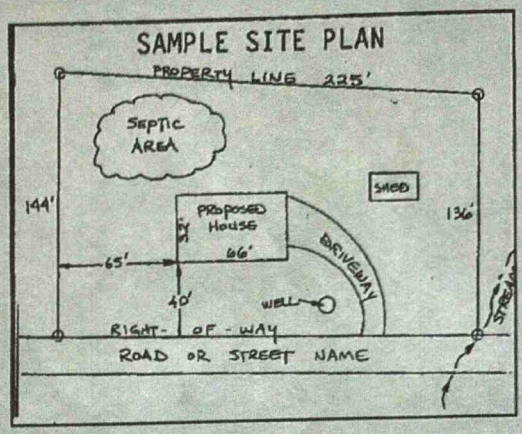
Signature: _____ 24 Oct 2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

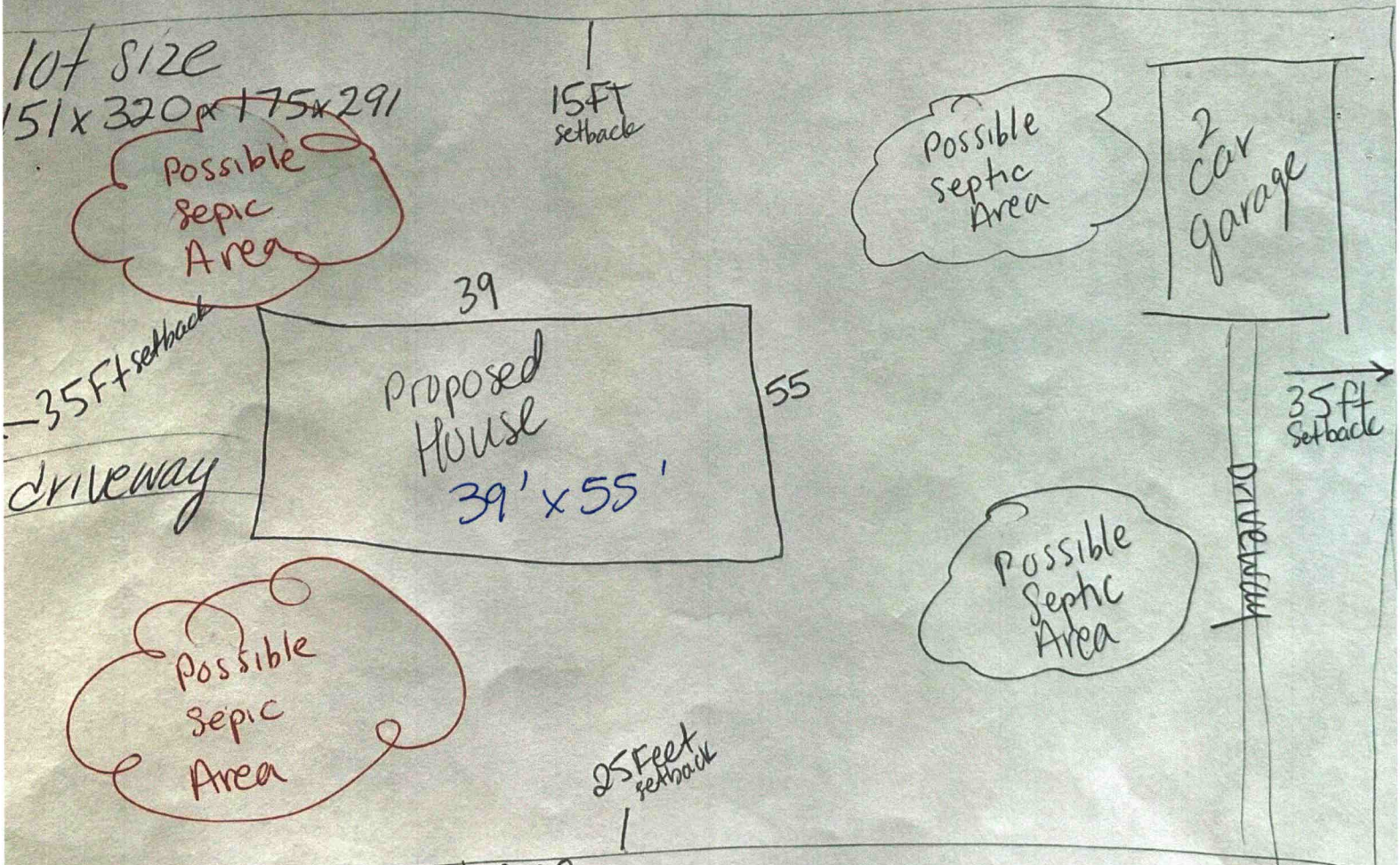
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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

Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



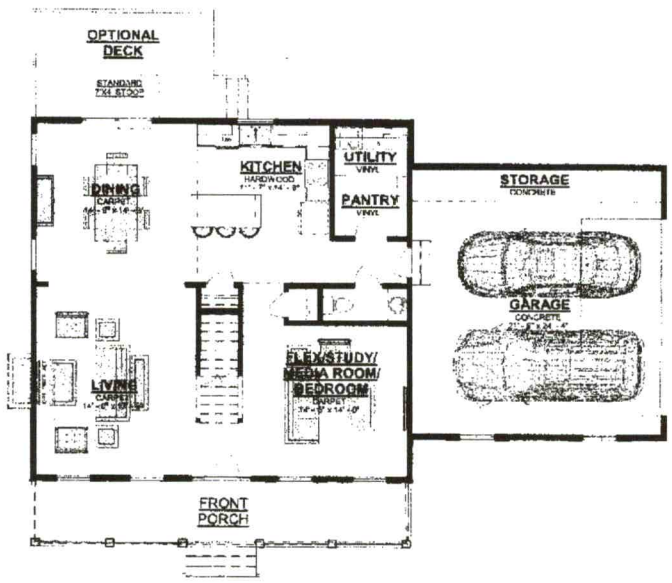
Signature: _____

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

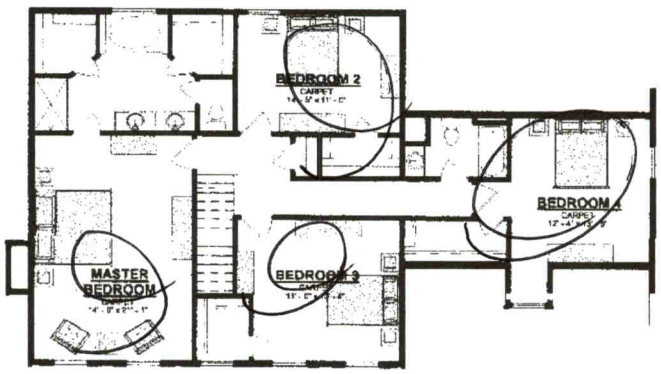
1 NOV 2021

DATE

First Floor



Second Floor



39'x55'

The Hill IV Modern Farm House

1st Floor Heated	1089
2nd Floor Heated	1423
Total Heated	2512
Front Porch	198
Garage	550
Total Under Roof	3260

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Acknowledgement Of
Plans Submittal ONLY!

Date 1-5-2022

Date 1-7-22

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Cecil Wyatt - Betty Wyatt, am the legal owner(s) of the property located at 1336 Scotts Ork. Rd., identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Alisa Gomes-Euler, And Russell Euler or Kim Sumner or Roger Davidson, 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.

Cecil Wyatt Betty Wyatt
Signature of Owner(s)

10-27-2021
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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
323279 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4706952500.000	1336 SCOTTS CREEK RD	Iredell County

Owner Information	Applicant Information
Name: WYATT CECIL A+BETTY M	Name: Russell & Alisa Euler
Address:	Address: 451 Outlook Ave West
,	Babylon, NC 11704
Phone:	Phone: (516)633-5592

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.16	35	35	15	15	N/A	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.

Date: 11/19/2021

Signature of Owner/Contractor

Permit Number	323279	TOTAL FEES:	$77.25

CONSTRUCTION PLANS

GENERAL NOTES:

1. MINIMUM CEILING HEIGHT TO BE 8'-1 1/8"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-10 5/8" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
6. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE: 65" FOR SINGLE & 42"/84" FOR DOUBLE TYP.

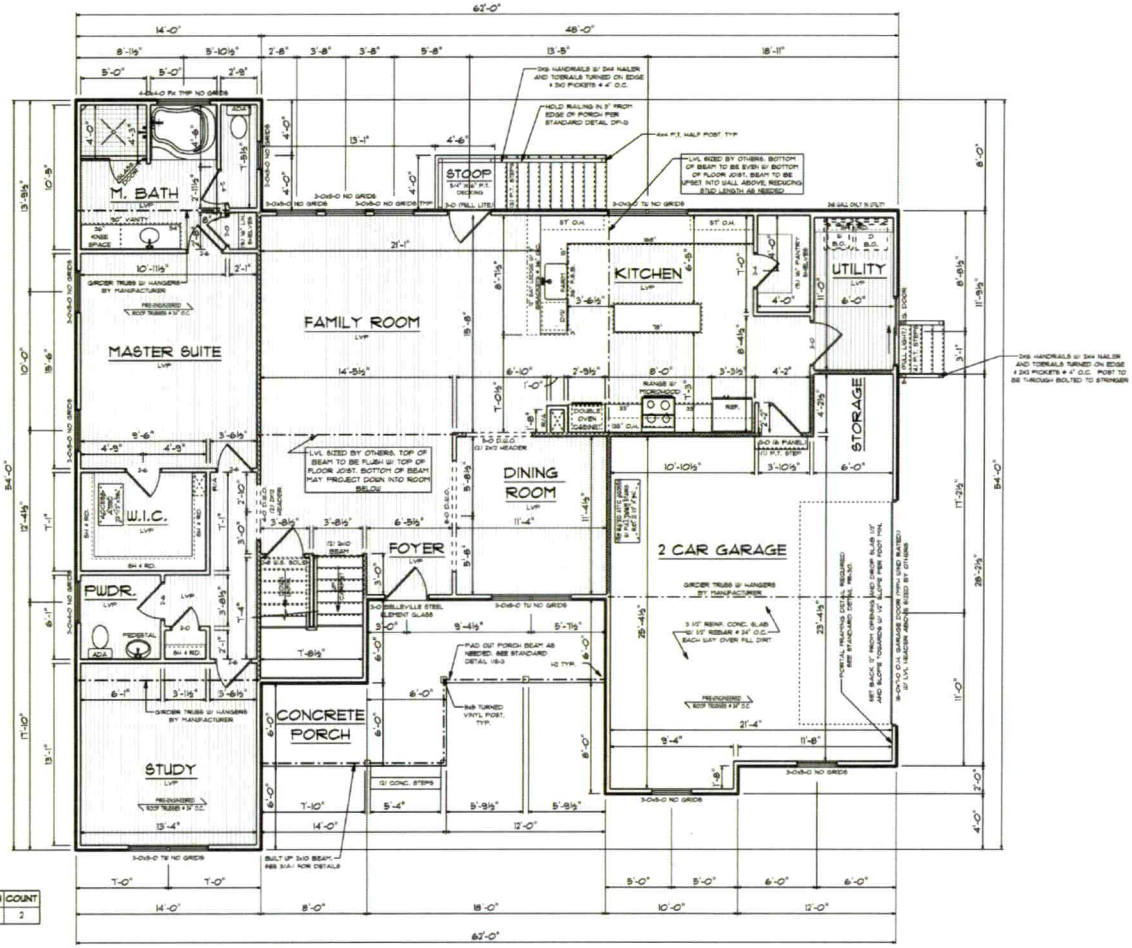
62'-0"

54'-0"

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.

CUSTOMER SIGNATURE DATE

CUSTOMER SIGNATURE DATE



HANGER MATERIAL TABLE

HANGER ID	SIZE	WIDTH	DEPTH	COUNT
H2	DOUBLE	2	10	2

1 A-3 FIRST FLOOR PLAN
SCALE 1/8"=1'-0"

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REVISED: 3.16.2016

CONTACT INFORMATION
PHONE: (877)358-8199
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: ALYSSA SMITH

PLAN SETS

SALES: A. DUCHANE	9-21-22
CONSTRUCTION: S. STONE	12-9-22
REVISED: ??	?-?-??
??	
??	
??	

SQUARE FOOTAGES

1ST FLR HEATED:	1,866
2ND FLR HEATED:	796
TOTAL HEATED:	2664
BASEMENT:	1,866
GARAGE:	969
FRONT PORCH:	192
REAR STOOP:	19
TOTAL SQFT:	5306

SEDGEWICK HOMES PROUDLY PRESENTS THE SCOTTSDALE MAPLE SERIES TO:

RUSSELL & ALISA EULER

JOB#: 0322021

103 EMMA LANE, STATESVILLE, NC 28677

SHEET NUMBER A-3 OF SIX

1/20/23

CONSTRUCTION PLANS

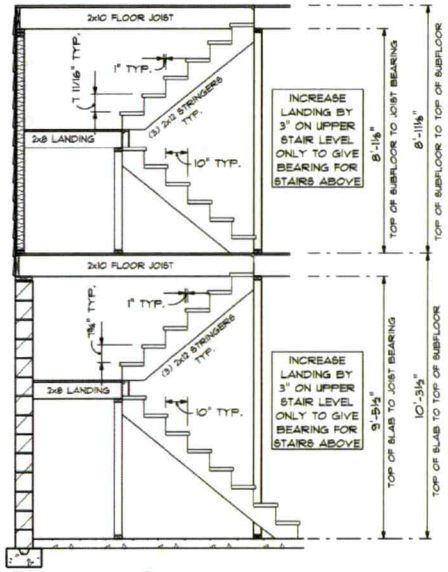
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6. ALL DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS. HEIGHT OF WALL WILL BE PER PLAN. EX:
7. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE: 68" FOR SINGLE & 42"/84" FOR DOUBLE TYP.

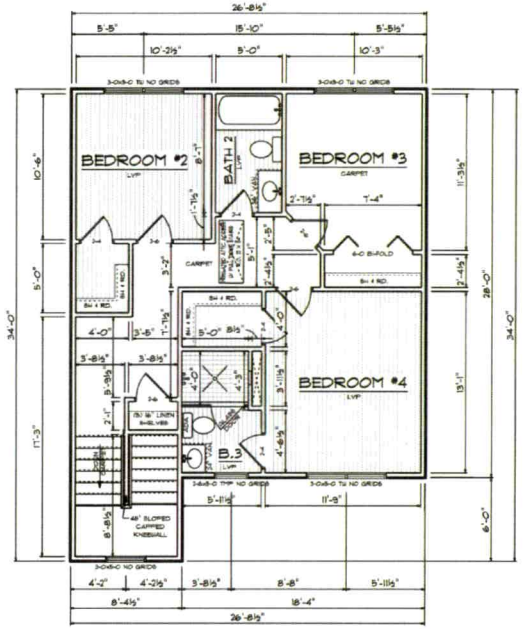
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CUSTOMER SIGNATURE DATE

CUSTOMER SIGNATURE DATE



2 A-4 STAIR DETAIL
SCALE: 1/4"=1'-0"



1 A-4 SECOND FLOOR PLAN
SCALE 1/8"=1'-0"

CONTACT INFORMATION
PHONE:
(877)358-9199
WEBSITE:
SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY:
ALYSSA SMITH

PLAN SETS

SALES: A. DUCHANE	9-21-22
CONSTRUCTION: S. STONE	12-9-22
REVISED: ??	?-?-??
??	
??	
??	

SQUARE FOOTAGES

1ST FLR HEATED:	1,886
2ND FLR HEATED:	796
TOTAL HEATED:	2682
BASEMENT:	1,886
GARAGE:	955
FRONT PORCH:	192
REAR STOOP:	18
TOTAL SQFT:	5306

SEDGEWICK HOMES PROUDLY PRESENTS THE SCOTTSDALE MAPLE SERIES TO:

RUSSELL & ALISA EULER

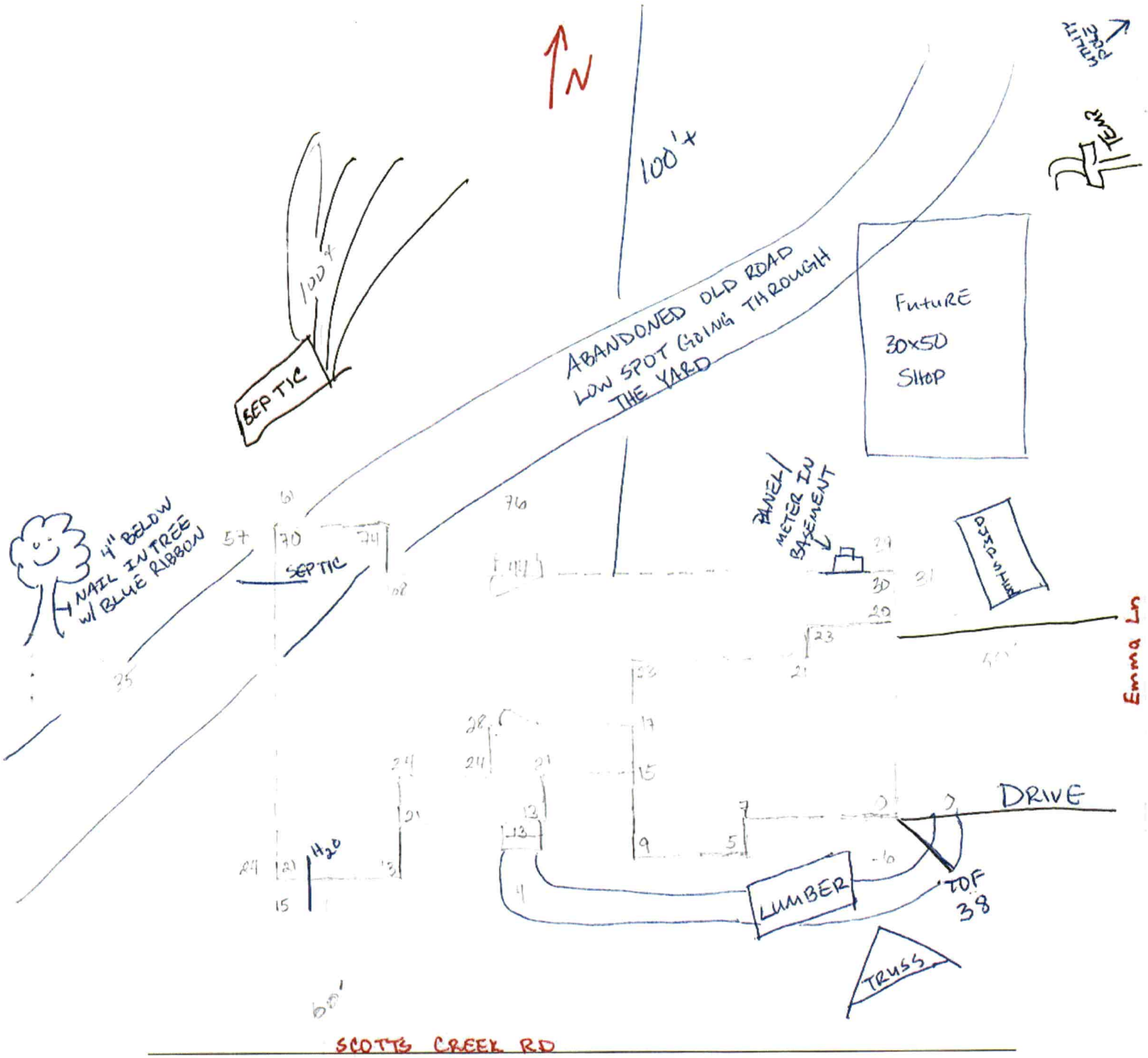
JOB#: 0322021

103 EMMA LANE, STATESVILLE, NC 28677

SHEET NUMBER
A-4
OF SIX

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REVISED: 3.16.2016



Owner(s) hereby agree(s) that all of the above information is correct.

Signature _____ Date 5/27/22

Signature _____ Date 5/27/22

Superintendent's Signature _____ Date 5/27/22

NOTES