ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 324267

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

PIN # 4707 -- 82 -4859

APPLICANT/OWNER: Jason McConnell APPLICANT ADDRESS: 1470 Wilkinson Road Mooresville NC

SITE ADDRESS: 4178 Antietam Road Statesville NC 28625 PHONE: 704-363-9244 ALT. PHONE

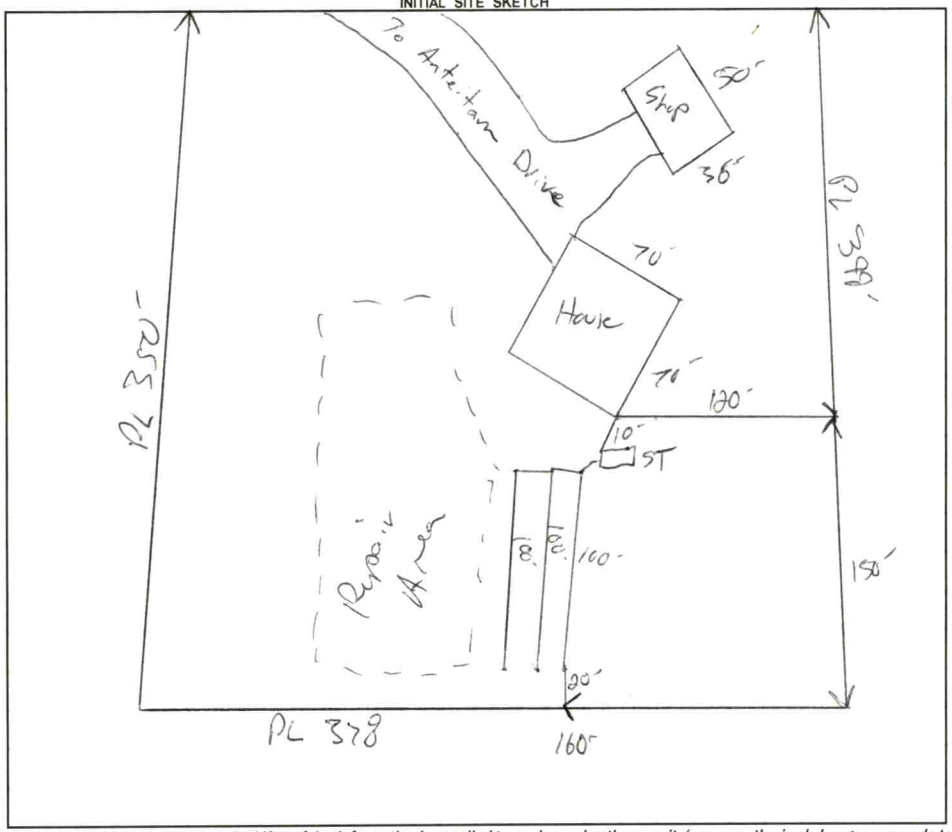
SITE DIRECTIONS: Hwy 115N L on Midway L on Antietam Drive on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Christine S Ferrell SECTION: - LOT # 1 LOT AREA: 2.4 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 760	Date	1-24-23	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date		System Description:	25% Reduction			☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #		Repair System Description:	25% Reduction			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth ~~(Low side)~~	Max 36"	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing	

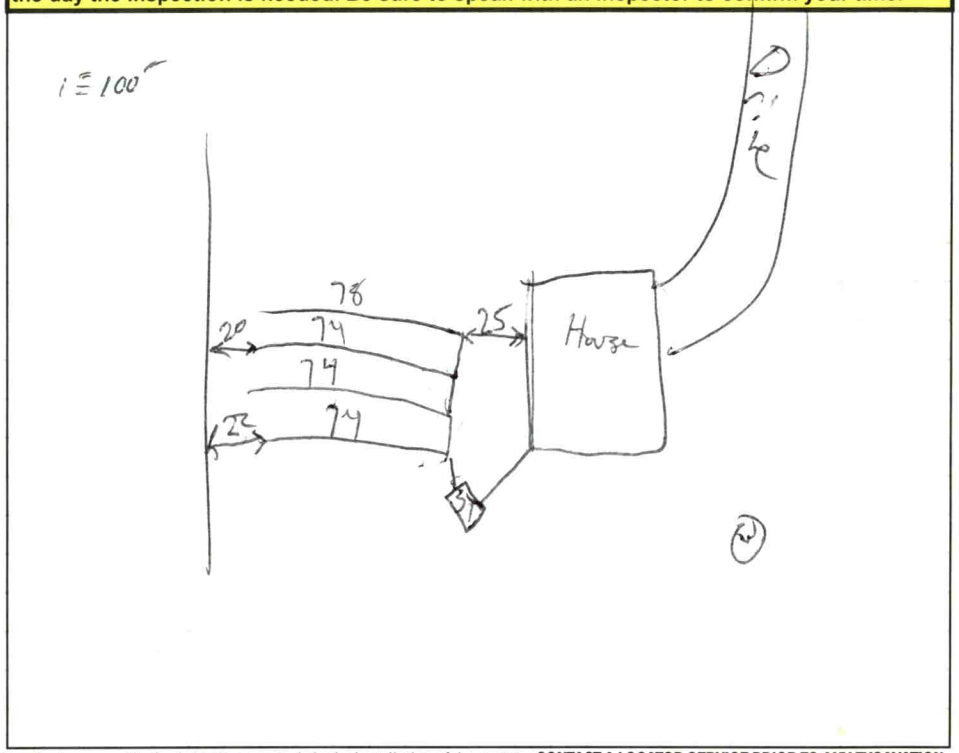
Comments / Conditions: Install Drainline on contour of land.
Use Serial distribution

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: [signature] Date: 2.21.22 Installed by: Williams Excavating

IMPROVEMENT PERMIT by: [signature] Date: 2.18.2022 OPERATION PERMIT by: [signature] Date: 4/6/23

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 2.18.2022 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? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4707836410
COUNTY: Iredell

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

OWNER: Jason McConnell
ADDRESS:
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 478 Amhurst
APPLICATION DATE: 12-29-2022
DATE EVALUATED:
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 2 Acre
PROPERTY RECORDED: Y

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	5-6%	0-6	GRL SCL	FR SS SP Seep	48 Matrix @ 36"	<18"	N/A	N/A	PR .35 Shallow
		6-36	ARL C						
		36-48	ARL CL						
2	5-6%	0-6	SRL SCL		N/A	<18"	N/A	N/A	PS .3
		6-30	SRL C						
		30-48	SRL CL						
3	0-6 6-21 21-48 5-6%	~	GRL SCL		@ 36"	48"	N/A	N/A	PS .3
		~	SRL C						
			SRL CL						
4	3-5%	0-6	SRL SCL		N/A	<18"	N/A	N/A	PS .3
		6-31	SRL C						
		31-48	SRL CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	360'
System Type(s)	2S2	2S2
Site LTAR	.3	.35

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

COMMENTS:

LEGEND

use the following standard abbreviations

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

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

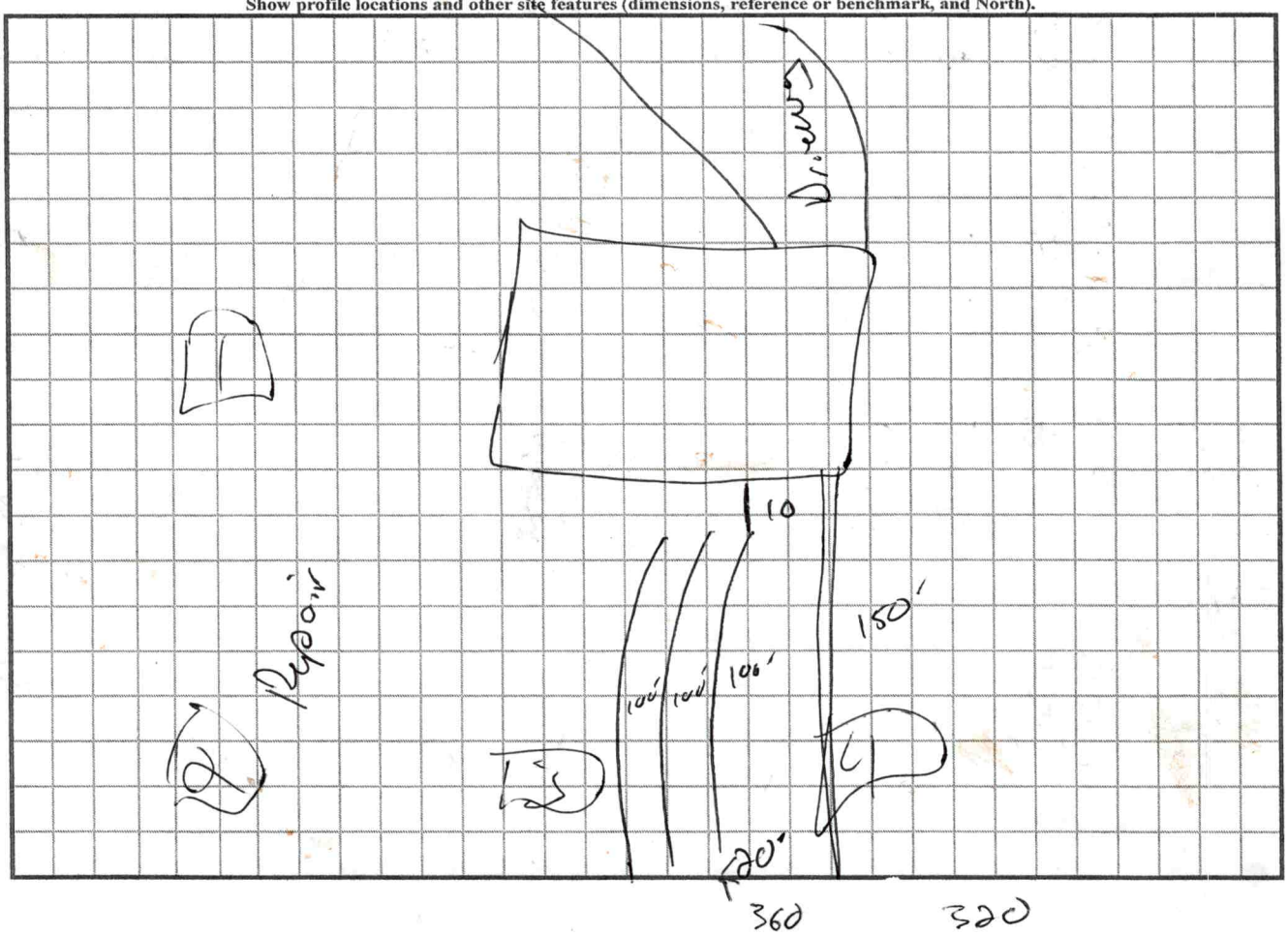
NOTES

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

Evaluation of saprolite shall be by pits.

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

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



"Ready"

RECEIVED DEC 2 9 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 324267

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: Jason McConnell Address: 1490 Williamson Rd Mooresville NC Zip: 28115
Applicant Email: Jmcconnell2005@gmail.com Phone: 704.363-9244 Alt. Phone: _____
Owner Name: Christine S Ferrell Address: 117 Mulvey Rd. Statesville NC Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 478 Antietam Rd Statesville NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

(✓) 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: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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: _____

(✓) 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: _____ 12-29-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Christine S. Ferrell, am the legal owner(s) of the property located at 1171 Midway Rd Statesville NC 28625, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

Christine S. Ferrell 12/29/2021 _____ _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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…**

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

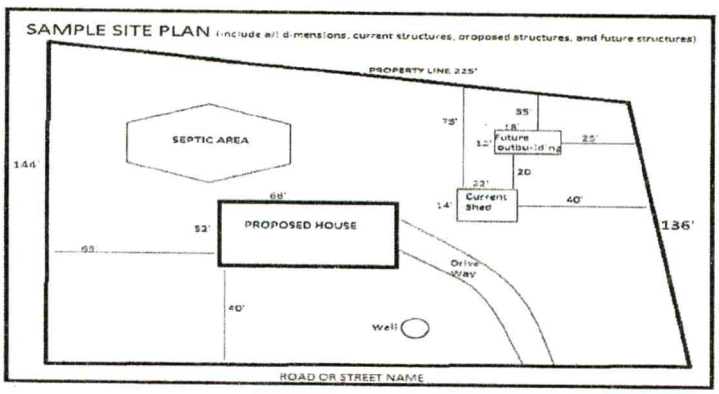
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

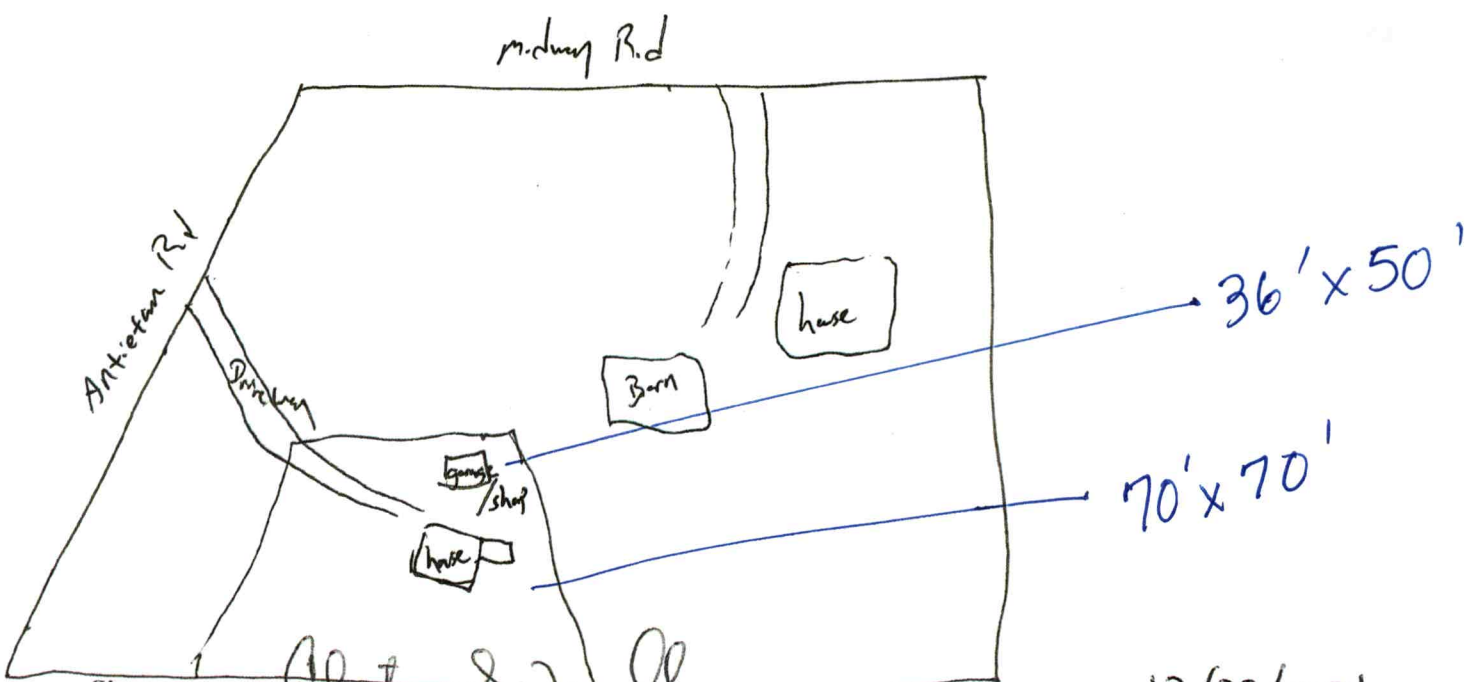
Circle N/A on the following if appropriate:

_____ 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

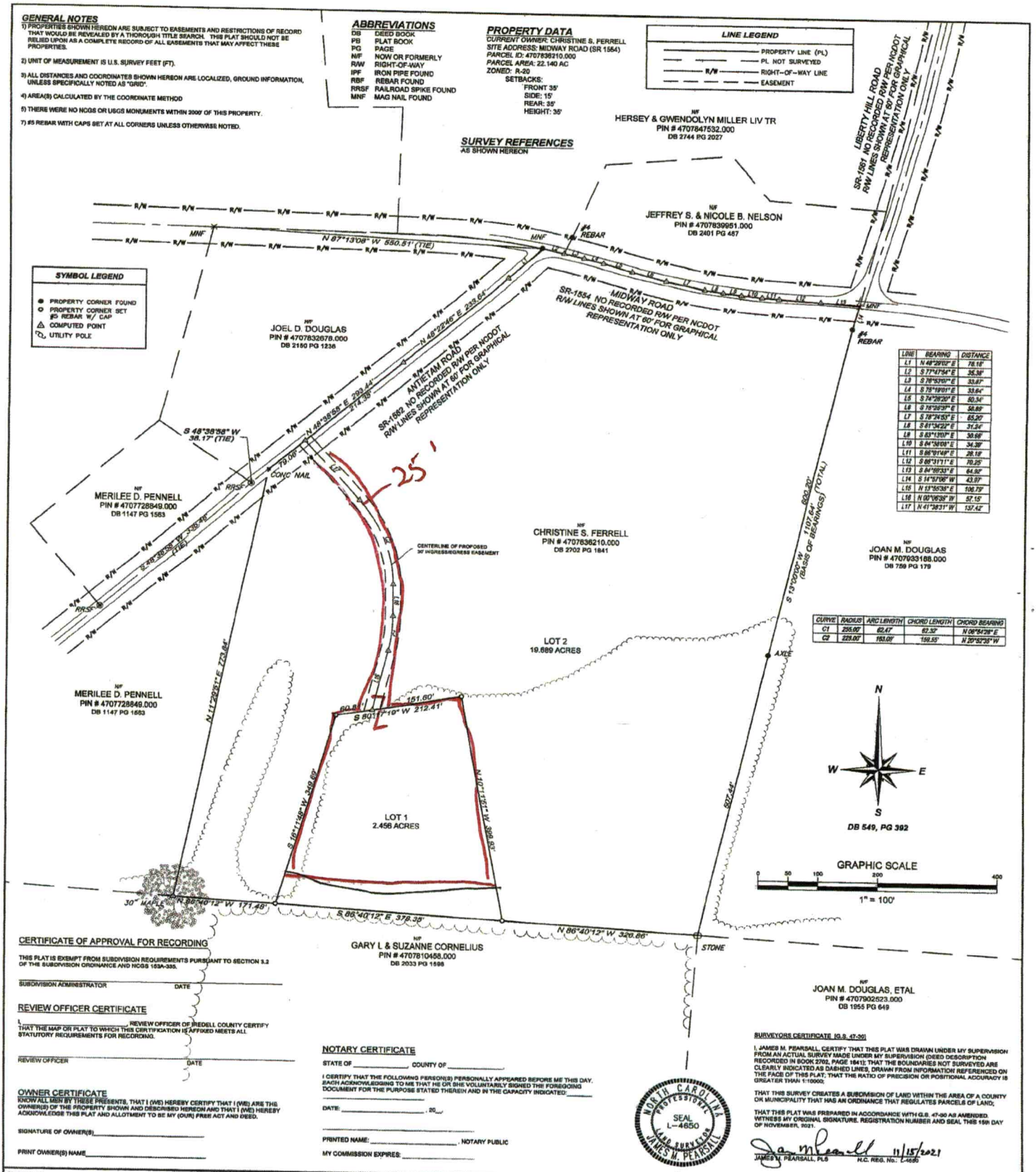


Signature: Christine S. Powell

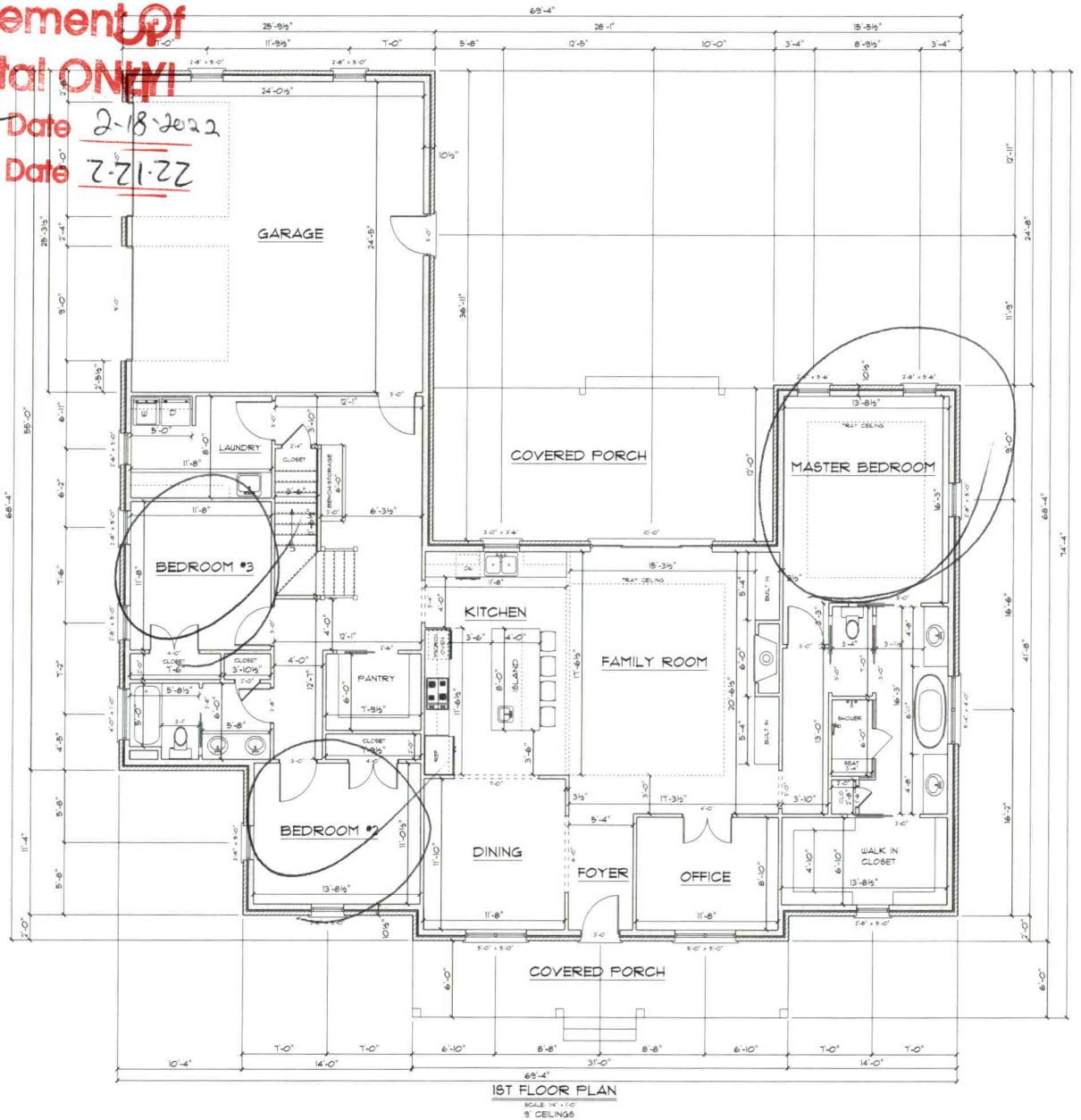
REQUIRED property owner or owner's legal representative signature.

12/29/2021

DATE


GENERAL NOTES
1) PROPERTIES SHOWN HEREON ARE SUBJECT TO EASEMENTS AND RESTRICTIONS OF RECORD THAT WOULD BE REVEALED BY A THOROUGH TITLE SEARCH. THIS PLAT SHOULD NOT BE RELIED UPON AS A COMPLETE RECORD OF ALL EASEMENTS THAT MAY AFFECT THESE PROPERTIES.
2) UNIT OF MEASUREMENT IS U.S. SURVEY FEET (FT).
3) ALL DISTANCES AND COORDINATES SHOWN HEREON ARE LOCALIZED, GROUND INFORMATION, UNLESS SPECIFICALLY NOTED AS "GRID".
4) AREA(S) CALCULATED BY THE COORDINATE METHOD
5) THERE WERE NO NCGS OR USGS MONUMENTS WITHIN 2000' OF THIS PROPERTY.
7) #5 REBAR WITH CAPS SET AT ALL CORNERS UNLESS OTHERWISE NOTED.
ABBREVIATIONS
DB DEED BOOK
PB PLAT BOOK
PG PAGE
N/F NOW OR FORMERLY
R/W RIGHT-OF-WAY
IPF IRON PIPE FOUND
RBF REBAR FOUND
RRSF RAILROAD SPIKE FOUND
MNF MAG NAIL FOUND
PROPERTY DATA
CURRENT OWNER: CHRISTINE S. FERRELL
SITE ADDRESS: MIDWAY ROAD (SR 1554)
PARCEL ID: 4707836210.000
PARCEL AREA: 22.140 AC
ZONED: R-20
SETBACKS:
FRONT 35'
SIDE: 15'
REAR: 35'
HEIGHT: 35'
LINE LEGEND
PROPERTY LINE (PL)
PL NOT SURVEYED
R/W RIGHT-OF-WAY LINE
EASEMENT
SURVEY REFERENCES
AS SHOWN HEREON
SYMBOL LEGEND
PROPERTY CORNER FOUND
PROPERTY CORNER SET #5 REBAR W/ CAP
COMPUTED POINT
UTILITY POLE
N/F HERSEY & GWENDOLYN MILLER LIV TR
PIN # 4707847532.000
DB 2744 PG 2027
N/F JEFFREY S. & NICOLE B. NELSON
PIN # 4707839951.000
DB 2401 PG 487
N/F JOEL D DOUGLAS
PIN # 4707832678.000
DB 2150 PG 1238
N/F MERILEE D. PENNELL
PIN # 4707728849.000
DB 1147 PG 1563
N/F CHRISTINE S. FERRELL
PIN # 4707836210.000
DB 2702 PG 1841
N/F JOAN M. DOUGLAS
PIN # 4707933188.000
DB 759 PG 179
N/F GARY L & SUZANNE CORNELIUS
PIN # 4707810458.000
DB 2033 PG 1598
N/F JOAN M. DOUGLAS, ETAL
PIN # 4707902523.000
DB 1955 PG 649
LIBERTY HILL ROAD
SR-1691 NO RECORDED R/W PER NCDOT R/W LINES SHOWN AT 60' FOR GRAPHICAL REPRESENTATION ONLY
MIDWAY ROAD
SR-1554 NO RECORDED R/W PER NCDOT R/W LINES SHOWN AT 60' FOR GRAPHICAL REPRESENTATION ONLY
ANTIETAM ROAD
SR-1552 NO RECORDED R/W PER NCDOT R/W LINES SHOWN AT 60' FOR GRAPHICAL REPRESENTATION ONLY
N 87°13'08" W 550.51' (TIE)
N 48°22'46" E 239.64'
N 48°38'58" E 293.44'
S 48°38'58" W 38.17' (TIE)
S 48°38'58" W 238.46' (TIE)
N 11°28'51" E 173.84'
S 13°00'00" W 1107.64' (BASIS OF BEARINGS) (TOTAL)
S 13°00'00" W 600.20'
S 87°11'49" W 309.60'
N 10°11'52" W 399.82'
S 80°11'10" W 212.41'
N 86°40'12" W 171.48'
S 86°40'12" E 378.38'
N 86°40'12" W 320.86'
607.44'
25'
19.06'
CONC. NAIL
RRSF
#4 REBAR
STONE
AXLE
30" MAPLE
CENTERLINE OF PROPOSED 30' INGRESS/EGRESS EASEMENT
LOT 1
2.456 ACRES
LOT 2
19.689 ACRES
DB 549, PG 392
GRAPHIC SCALE
0 50 100 200 400
1" = 100'
LINE BEARING DISTANCE
L1 N 48°29'02" E 78.18'
L2 S 77°47'54" E 35.38'
L3 S 76°53'00" E 33.87'
L4 S 75°19'01" E 33.64'
L5 S 74°26'20" E 80.34'
L6 S 76°29'39" E 58.89'
L7 S 78°24'53" E 65.20'
L8 S 81°34'23" E 31.84'
L9 S 83°41'00" E 30.68'
L10 S 84°36'06" E 34.39'
L11 S 86°01'49" E 28.18'
L12 S 88°31'11" E 70.25'
L13 S 84°48'33" E 64.92'
L14 S 14°57'06" W 43.97'
L15 N 13°55'35" E 106.79'
L16 N 00°06'39" W 57.15'
L17 N 41°38'31" W 137.42'
CURVE RADIUS ARC LENGTH CHORD LENGTH CHORD BEARING
C1 255.00' 62.47' 62.32' N 06°54'28" E
C2 225.00' 163.06' 159.55' N 20°57'35" W
CERTIFICATE OF APPROVAL FOR RECORDING
THIS PLAT IS EXEMPT FROM SUBDIVISION REQUIREMENTS PURSUANT TO SECTION 3.2 OF THE SUBDIVISION ORDINANCE AND NCGS 153A-335.
SUBDIVISION ADMINISTRATOR DATE
REVIEW OFFICER CERTIFICATE
I, REVIEW OFFICER OF IREDELL COUNTY CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.
REVIEW OFFICER DATE
OWNER CERTIFICATE
KNOW ALL MEN BY THESE PRESENTS, THAT I (WE) HEREBY CERTIFY THAT I (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 (OUR) FREE ACT AND DEED.
SIGNATURE OF OWNER(S)
PRINT OWNER(S) NAME
NOTARY CERTIFICATE
STATE OF COUNTY OF
I CERTIFY THAT THE FOLLOWING PERSON(S) PERSONALLY APPEARED BEFORE ME THIS DAY, EACH ACKNOWLEDGING TO ME THAT HE OR SHE VOLUNTARILY SIGNED THE FOREGOING DOCUMENT FOR THE PURPOSE STATED THEREIN AND IN THE CAPACITY INDICATED:
DATE: , 20
PRINTED NAME: , NOTARY PUBLIC
MY COMMISSION EXPIRES:
NORTH CAROLINA PROFESSIONAL LAND SURVEYOR SEAL L-4650 JAMES M. PEARSALL
SURVEYORS CERTIFICATE (G.S. 47-30)
I, JAMES M. PEARSALL, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 2702, PAGE 1841); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DASHED LINES, DRAWN FROM INFORMATION REFERENCED ON THE FACE OF THIS PLAT; THAT THE RATIO OF PRECISION OR POSITIONAL ACCURACY IS GREATER THAN 1:10000;
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;
THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 15th DAY OF NOVEMBER, 2021.
JAMES M. PEARSALL, PLS 11/15/2021
N.C. REG. No.: L-4650
PREPARED BY:
TWT
TAYLOR WISEMAN & TAYLOR
ENGINEERS | SURVEYORS | SCIENTISTS
SUBSURFACE UTILITY ENGINEERS
9771-A SOUTHERN PINE BOULEVARD
CHARLOTTE, NC 28273
PHONE (704) 527-2535 FAX (704) 527-2537
NORTH CAROLINA LICENSE NUMBER: F-0362
PREPARED FOR:
SUBDIVISION PLAT
CHRISTINE S. FERRELL, OWNER
MIDWAY ROAD - SR 1554
PIN # 4707-83-6210
CONCORD TOWNSHIP - IREDELL COUNTY - NC
REVISIONS:
1)
DATE OF SURVEY: 11/8/2021
SCALE: 1" = 100'
DRAWN BY: MJL
CHECKED BY: J.PEARSALL, PLS
PROJECT: 07121.6000.00
SHEET: 1 / 1

Acknowledgement Of
Plans Submittal ONLY!
Date 2-18-2022
Date 2-21-22



1ST FLOOR PLAN
SCALE: 1/4" = 1'-0"
9' CEILINGS

JASON & CONNIE McCONNELL		
FIRST FLOOR: 2276 SQ FT BONUS ROOM: 348 SQ FT		
DATE: 12/2021	DRAWN BY: RENAE B MOXLEY	DRAWING NUMBER: 1 OF 5

IREDELL COUNTY · NC

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

APPLICATION NUMBER
324267 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4707836210.000		Iredell County

Owner Information	Applicant Information
Name: FERRELL CHRISTINE S	Name: Jason McConnell
Address:	Address: 1490 Wilkinson Rd
,	Mooresville, NC 28115
Phone:	Phone: (704)363-9244

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.456	35	35	15	15	WSIV-PA South Yadkin	NO

Remarks
sfd new address 478 Antietam
hold on building permit until the land has been cut out and recorded

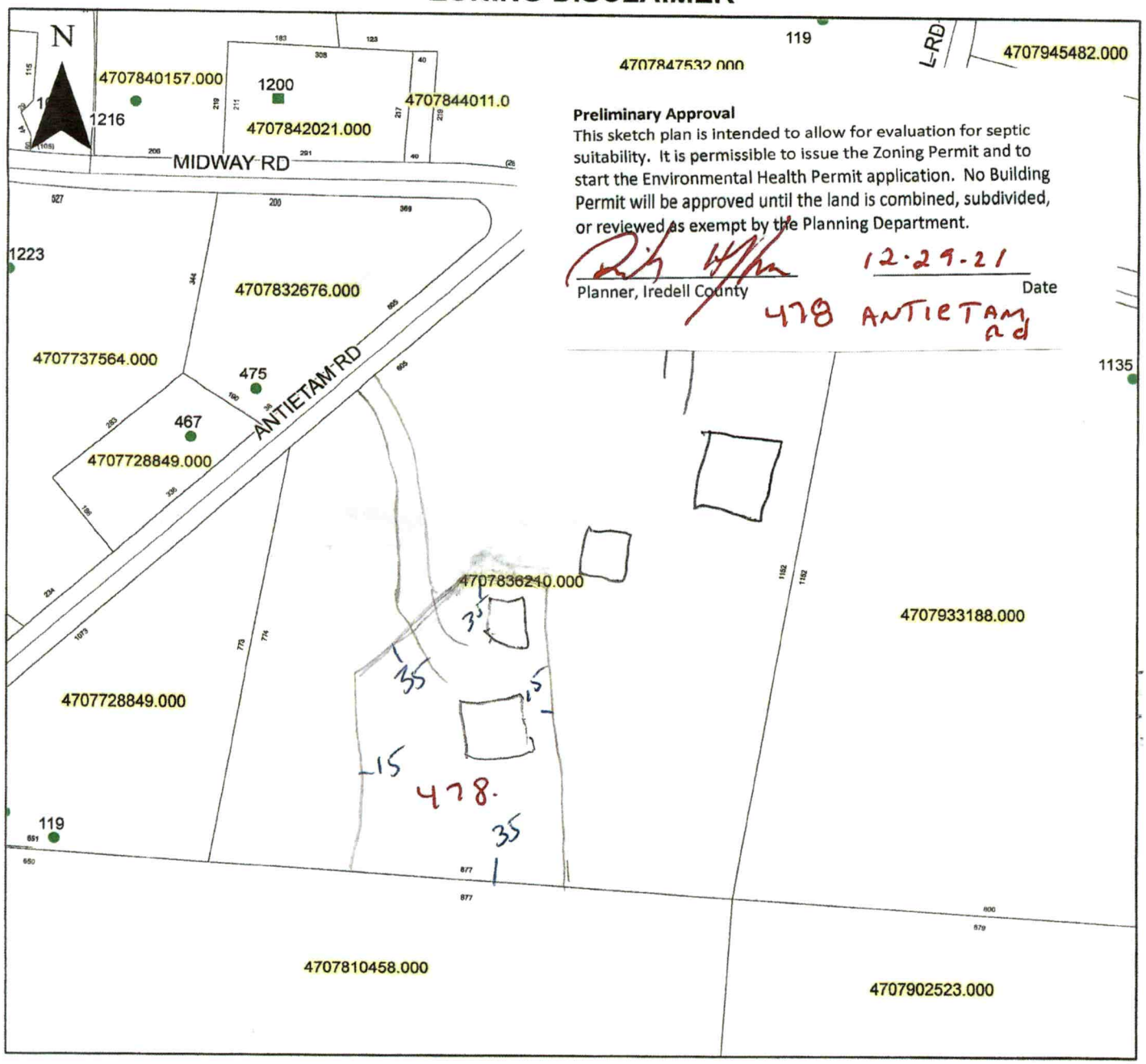
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 12/29/2021

Signature of Owner/Contractor

Permit Number	324267	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 478 Antietam 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.

Applicant

12-29-21
Date