ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (10:00) Mooresville Office (704) 660-3625

PERMIT # AP 327245

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

PIN # 4712 -52 -7894

APPLICANT/OWNER: Robert Montgomery APPLICANT ADDRESS: 1268 Eufola Rd, Statesville NC 28677

SITE ADDRESS: 1274 Eufola Rd, Statesville NC 28677 PHONE: 704-402-9448 ALT. PHONE

SITE DIRECTIONS: (N) 21 → (L) Old Mountain → (L) Buffalo Shoals → (R) Eufola → lot on (L) SAP CONTROLLED: [X] YES [ ] NO

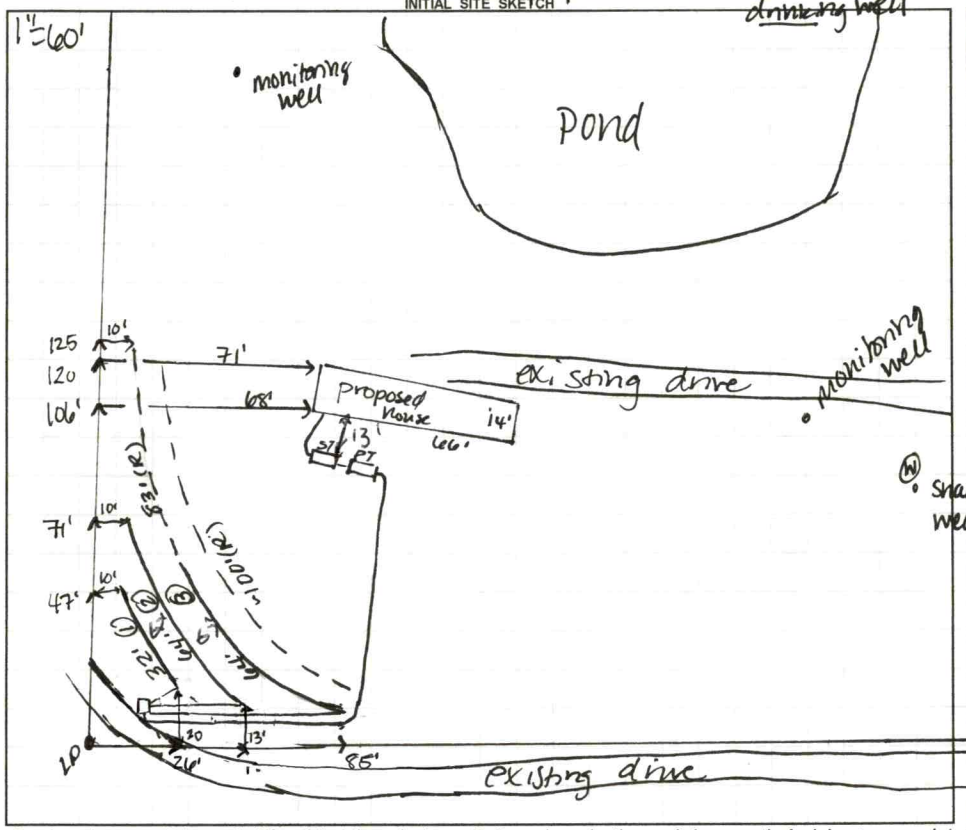
SUBDIVISION: James + Traci Montaigne SECTION: N/A LOT # -1- LOT AREA: 5.012 ac DESIGN FLOW: 240 L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	160	Date	5-28-2022	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT	180	Date	3-24-2022	System Description: 50% Reduction - PM VPPBPS				[ ] Business	No. Persons	4	[X] Private
Pump Make	LIBERTY	Model		250	Serial #	-	Repair System Description: 50% Reduction - VPPBPS				[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines		3	Linear Ft:	160'	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	24" min	Trench Bottom Depth(Low side)		30"	Gravel Depth	N/A		[ ] GRAVITY	[X] PRESSURE		[ ] Basement w/ plumbing			[ ] Basement w/o plumbing

Comments / Conditions: Do not grade or further disturb drainfield area. Install on contour - use pressure manifold. No foundation drains if tanks are upslope of house. 100' from drinking well

Pressure Manifold - 2" supply, 2' pressure head
① = 1½ SCH 80 Dose = 121.9 g Run = 5 min
② & ③ = ¾" SCH 80 each Flow = 25.68 Drawdown = 16"

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.

Line ① = 7 panels
Line ② = 14 panels
Line ③ = 14 panels

IP = iron pin
PM = pressure manifold
ST = septic tank
PT = pump tank

WATER LINE MUST BE MOVED PRIOR TO O.P.

→ To Eufola

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Robert Montgomery Date: 6/17/22 Installed by: RYAN BYERS

IMPROVEMENT PERMIT by: D. Meberg Date: 6/9/22 OPERATION PERMIT by: Brian A Bass Date: 10/11/22

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 6/9/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	7-21-2022	BCW
Tanks Checked	7-21-2022	BCW
Pressure Manifold or Valve Box Checked	7-21-2022	BCW
Pressure Head Set	10-11	BB
Electrical Checked	10-11	
Floats Set	10-11	
Alarm Checked	10-11	
Maintenance Contract Needed? Y / N		
Comments: SUPPLY LINE CHECKED 7-21-2022 BCW ✓ BB		

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 #: 4712527894
COUNTY: Iredell

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

OWNER: Robert Montgomery — APPLICATION DATE 4/8/22
ADDRESS: 1268 Eufola Rd, Statesville NC 28677 — DATE EVALUATED: 4/25/22
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE: 5.012
LOCATION OF SITE: 1274 Eufola Rd Statesville 28677 — PROPERTY RECORDED: YES
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other shared
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	FS 5%	0-5	compacted SCL		2.5Y 7/3 throughout Sap Band of YFI WR/PM @ Heavy Sap content 5"+ YB frequent 5"+	5"	L/CL		U
		5-50	SAP-L/CL-M/SBK	SSSP-FR/FI					
2	HS 5%	0-32	FILL	—	5Y 7/1, 5/1 @ 8", 16", 23" YB common 2.5Y 7/3 32"-50"	50"	N/A	N/A	U
		32-50	C-WSBK	SP-FR-SEXP					
3	HS 5%	0-32	FILL	—	Coarse fragments throughout C Chroma 1 & 2 throughout C YB common 32"+, 2.5 7/2 & 7/3	53"	N/A	N/A	U
		32-53	C-WSBK	SP-FR-SEXP					
4	FS 5%	0-31	FILL	—	Chroma 1 & 2's 0-31" — Band of gley @ 31"	81"	S/LS	N/A	U
		31-	SAP-S/LS	SSNP-VFR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	—	
System Type(s)		
Site LTAR	—	

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): U
EVALUATED BY: D. Weberg
OTHER(S) PRESENT: S. Holland

COMMENTS: Owner does not want to remove FILL

Updated February 2014

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.

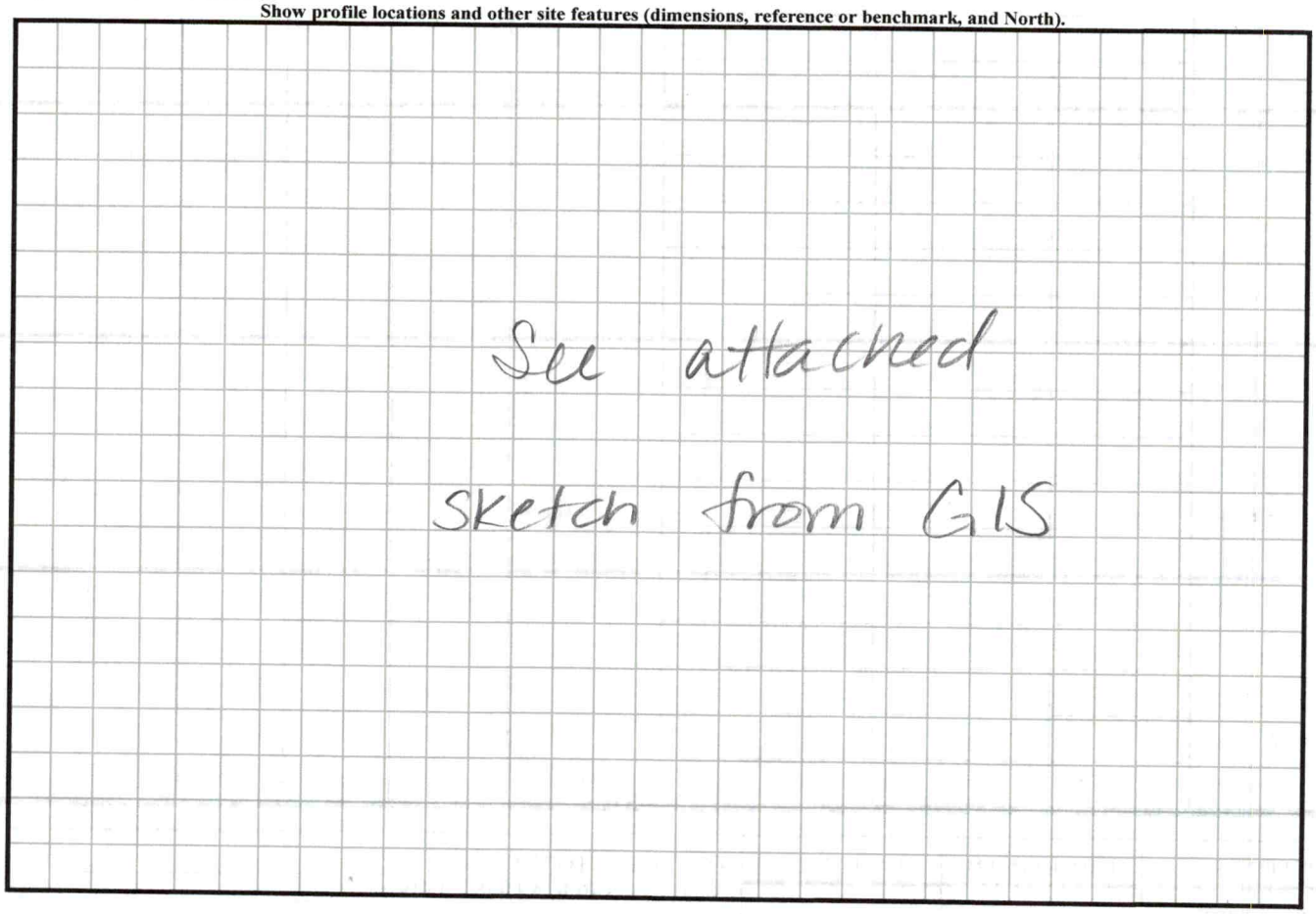
NOTES

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).



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

Sheet 2 of 3
PROPERTY ID #: 4712527544
COUNTY: Iredell

48-7019

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

OWNER: Robert Montgomery — APPLICATION DATE 4/6/22
ADDRESS: 1268 Eutola Statesville NC 28677 — DATE EVALUATED: 4/1/22
PROPOSED FACILITY: 2BR — PROPOSED DESIGN FLOW (.1949): 240 — PROPERTY SIZE: 5.012
LOCATION OF SITE: 1274 Eutola Statesville NC 28677 — PROPERTY RECORDED: Y
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other shared
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	15% depression	0-60	SAP-L-M	SSP-FR-	YB throughout, as well mix mineralogy	0"	L (S)	N/A	PS 0.25
6	D ~~SE~~ <5%	0-60	SAP-L/LL-M	NSMP-VFR- exp mineralogy	25Y 6/1, 5/1 chroma 1 @18", 24"+	0"	L/a (u)	N/A	U
7	CS 20%	0-5	SCL WSBK	SSSP-FR SEKP	YB throughout, mast 5-23	58"	N/A	N/A	PS 0.25
		5-23	C - STK/ARK	↓					
		23-52	CL - SBK						
		52-58	L - WSBK						
8	CS 30	0-10	SCL/FILL	SSSP-FR SEKP	YB throughout - minor litho / SAP very common	60"	N/A	N/A	PS 0.25
		10-29	CL WSBK	↓					
		29-60	L WSBK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	160"	160"
System Type(s)	50%	50%
Site LTAR	0.25	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Webern
OTHER(S) PRESENT: B. White

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.

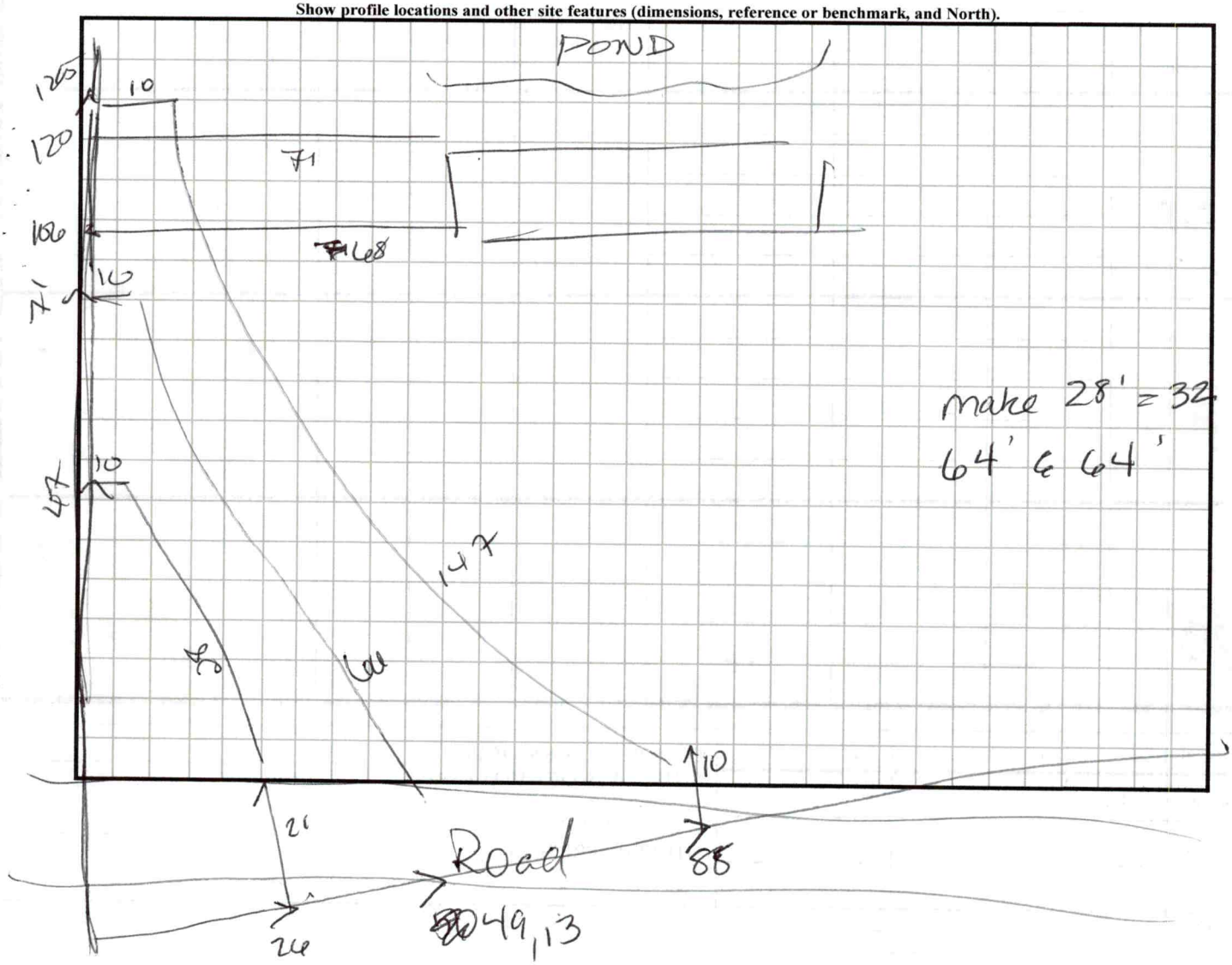
NOTES

HORIZON DEPTH	In inches below natural soil surface
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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).



Updated February 2014

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 471252 7549
DATE OF EVALUATION: 6/3/22
COUNTY: Iredell

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
9	LS ~~35~~ 40	0-18	FILL	removed	Some YB 18-30, few in Sap	30"	S	W/A	PS 0.25
		18-30	CL SBK	GSSP-FR-SER P					
		30-67	SAP-LS/SM	NSNP-VFR-					

4/1

Danielle Wieberg

From: montgomery1268 <montgomery1268@att.net>
Sent: Thursday, May 5, 2022 9:15 AM
To: Danielle Wieberg
Subject: RE: 1274 Eufola

Danielle,

We will contact a soil scientist and see if they can come up with a plan.
If all fails we will remove fill dirt and dig deeper pits.
Thank you for all your help with the septic system.

Sent via the Samsung Galaxy S10, an AT&T 5G Evolution capable smartphone

-------- Original message --------
From: Danielle Wieberg <danielle.wieberg@co.iredell.nc.us>
Date: 5/4/22 4:48 PM (GMT-05:00)
To: montgomery1268@att.net
Subject: 1274 Eufola

Robert –

I have attached my soil notes & a site plan indicating where we looked at soil. I checked with Ben and the original gravel bed is tied into the repair & is still in use.

Your options for another system on the lot would be to have a soil scientist look at the site or we could dig the pits deeper & determine if there is enough usable soil to put a system in once all of the fill dirt is removed. Let me know which route you would like to go & I will get you on my schedule if necessary.

Danielle Wieberg

Environmental Health Specialist – OSWW

Iredell County Health Department

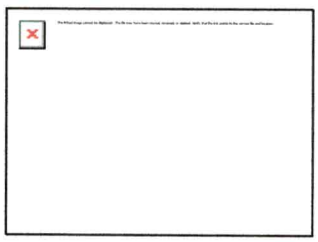
610 E. Center Avenue

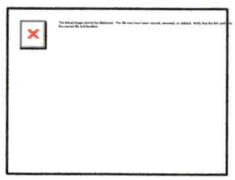
Mooresville , NC 28115

704-902-4482

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Potentially

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North Carolina Iredell County

1:60

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Excel 2000/2003 Results

left vm 4/18 4/28 930

RECEIVED APR 08 2022

DW

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-327245 $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: Robert Montgomery **Address:** 1268 Eufola Road Statesville NC **Zip:** 28677

Applicant Email: montgomery1268@att.net **Phone:** 704-402-9448 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 1274 Eufola Road Statesville NC 28677

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

Driving Directions: Heading north on Old Mountain Road, turn left on Buffalo Shoals Rd. go 1 mile turn right on Eufola, go 1/4 mile turn left past Mustang Ln.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: ~~3~~ 2RM — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: ~~6~~ 4RM — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
(✓) Multi-connection Well Number of Houses: 2 Number of Persons: 5

( ) 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: Robert Montgomery 4/1/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____ _____
Signature of Owner(s) Date

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

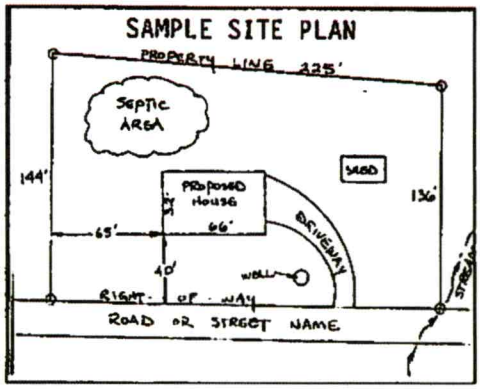
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

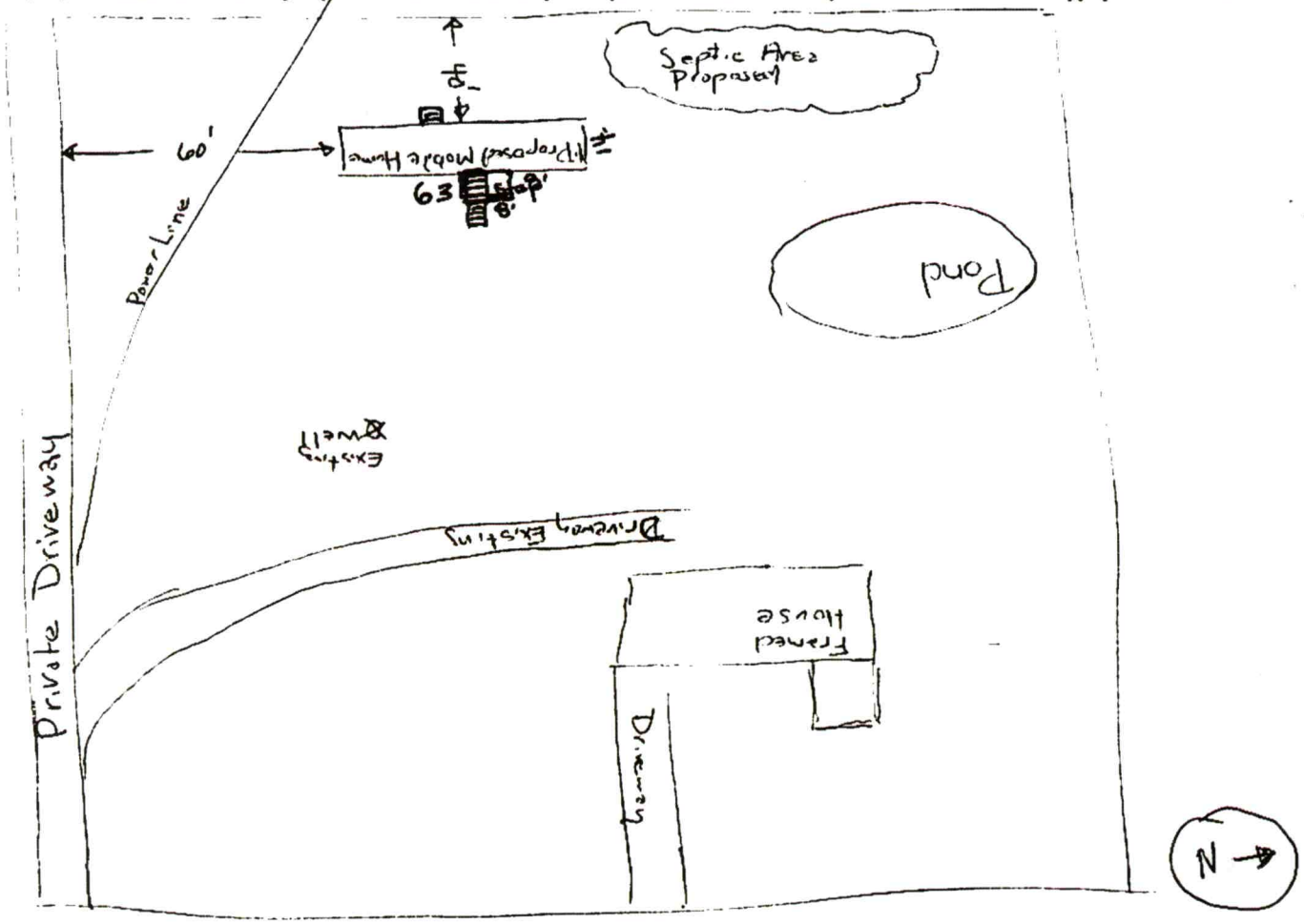
( ) Property Line measurements are clearly identified
(X) All proposed structures are indicated
(X) Front and side setbacks from property line
( ) Preferred driveway location and well location
(X) Area you prefer your septic system to be placed
(X) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Eufola Road

Signature: Robert Matthews

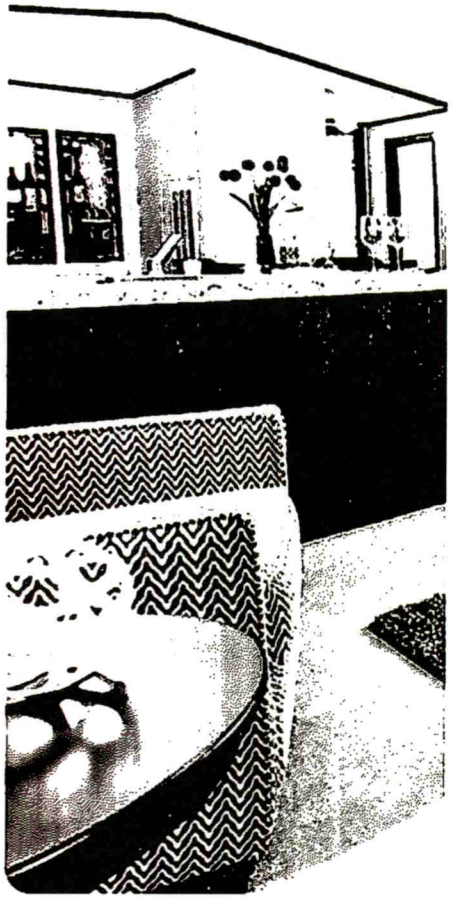
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

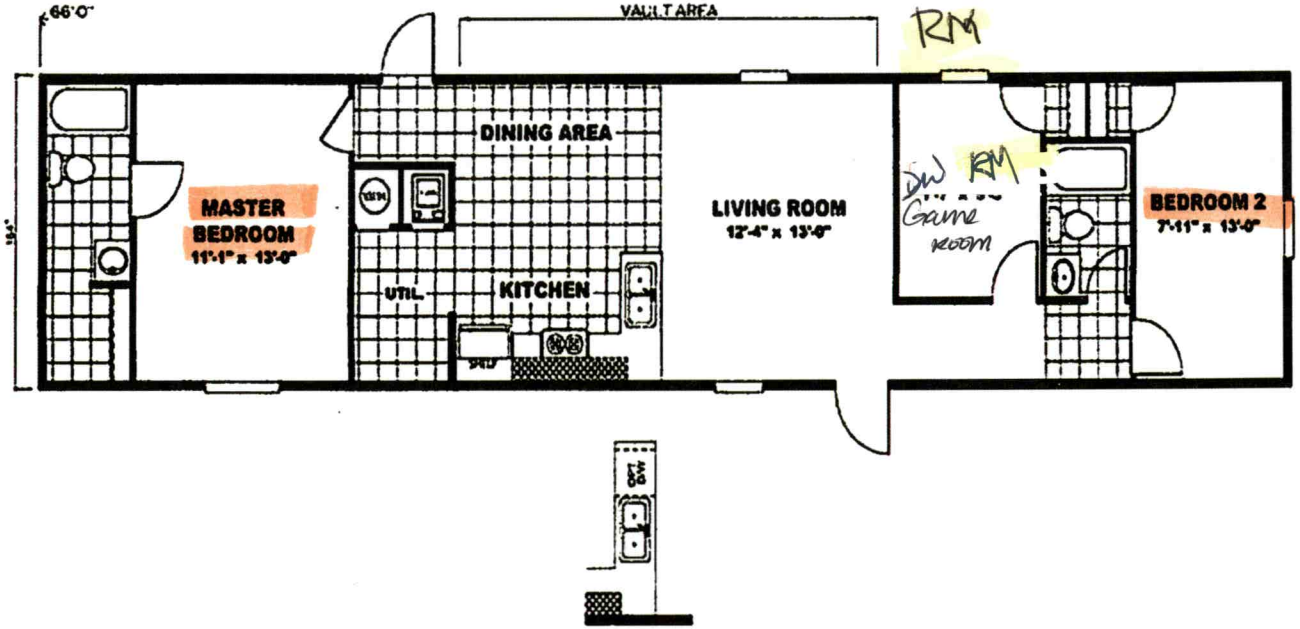
4/1/22

DATE

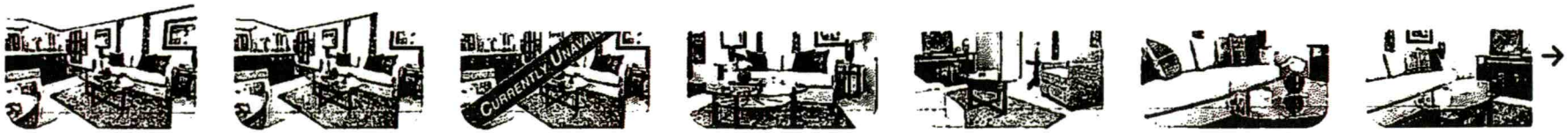
Mobile Homes Direct 4 Less (https://www.mobilehomesdirect4less.com)

Acknowledgement Of
Plans Submittal ONLY!
Date 4/1/22
Date 6/9/22





OPT. DISHWASHER CAB.



IREDELL COUNTY · NC

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

APPLICATION NUMBER
327245 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4712527894.000		Iredell County

Owner Information	Applicant Information
Name: MONTGOMERY ROBERT+SHANNON	Name:
Address:	Address:
,	,
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5	0	35	15	15	WSIV-PA Lookout Shoals	NO

Remarks

R8 Accessory Mobile Home 1274 Eufola Rd ZONING BY RICH

4/1/2022 11:09:27 AM (RICHARD HOFFMAN)
R8 Accessory Mobile Home
Setbacks. 70' from primary house. side 15' rear 35' front 35'
An accessory mobile home is a manufactured home permitted on the same parcel as a stick-built or modular home, but that is clearly incidental and subordinate to the principle building.
A. Only one accessory Class A or B mobile home shall be permitted per lot or parcel.
B. The lot or parcel shall contain sufficient land area for the principal residential structure and the accessory mobile home to be considered independent principal dwelling units with both individually meeting the minimum lot size and required setbacks. An imaginary lot line shall be assumed between the structures. See Figure
3.1.C. The accessory mobile home shall be occupied only by the following categories of persons:
1. Any relative including in-laws, under the civil law of the first, second, or third degree of consanguinity to the head of the household owning and occupying the principal dwelling on the lot, or to the spouse (whether living or deceased) of the head of the household; or
2. A son or daughter by legal adoption or the adoptive parents of the household or of his spouse (whether spouse is living or deceased).
D. Any other residential occupancy of the structure is NOT permissible and is a violation of this ordinance unless a formal legal subdivision of the parcel takes place.
E. The mobile home shall meet the requirements of R 9 or 10.
(amended 7/17/12, TA-2012-01)

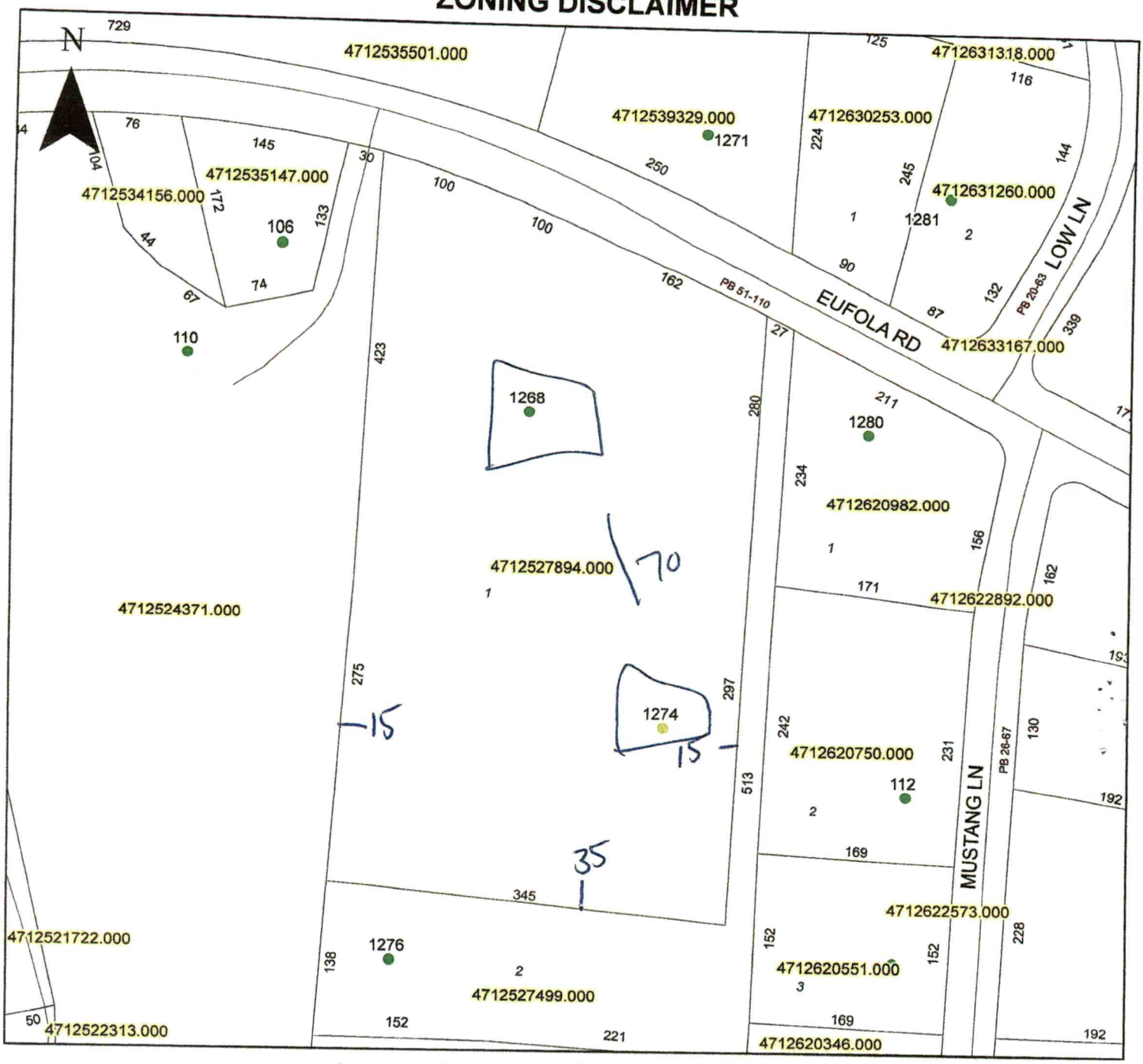
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 04/08/2022

Signature of Owner/Contractor

Permit Number	327245	**TOTAL FEES:**	$77.25

ZONING DISCLAIMER



Property Address 1274 Eufola 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.

Robert Montgomery

Applicant

4/5/2022

Date