IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-311796

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

PIN # 4713878051

APPLICANT/OWNER: Jim Hood APPLICANT ADDRESS: 2649 Breakonridge Center Dr. Monroe NC, 28110

SITE ADDRESS: 121 Dublin Ct, Statesville, NC 28677 PHONE: 704-506-3852 ALT. PHONE 704-502-5588

SITE DIRECTIONS: 21 S T/R Old Mountain Rd T/R Bethlehem Rd To Greenwich Dr. T/L Heathrow T/R Dublin SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: The Landing S SECTION: 3 LOT # 76 LOT AREA: .44ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB 160	Date 11-4-20	■ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	■ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000	(gal)	PT 319	Date 12-4-20	System Description: LPPPBPS				☐ Business	No. Persons 6	☐ Private
Pump Make			Model	Serial #	Repair LPPPBPS				☐ Other	No. Employees	■ Public
# Nitrification Fields	1	# Lines	5	Linear Ft: 308'	Maintenance Agreement Required:	■ YES	☐ NO		■ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Max Trench Bottom Depth		32"	Gravel Depth N/A	☐ GRAVITY	■ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Per plan by: Septic Environmental Solutions

INITIAL SITE SKETCH

See plan by: Septic Environmental Solutions

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	3-5-2021	
Tanks Checked	3-5-2021	
Pressure Manifold or Valve Box Checked	3-5-2021	
Pressure Head Set	6-7-2021	BCW
Electrical Checked	6-7-2021	BCW
Floats Set	6-7-2021	BCW
Alarm Checked	6-7-2021	BCW
Maintenance Contract Y / N	Attached	

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.*

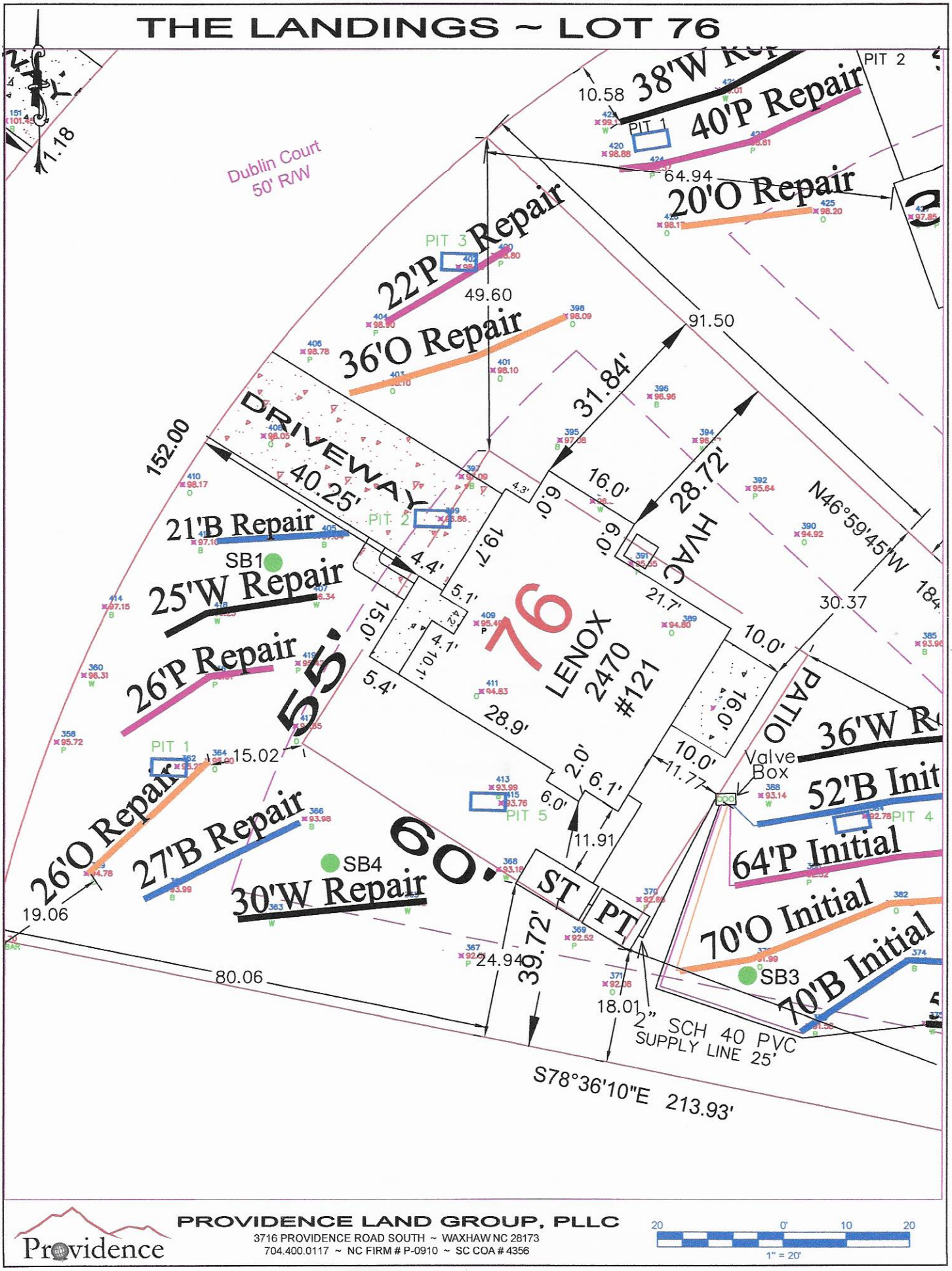
Owner / Applicant Signature: Date: 11-12-20 Installed by: Water Management

IMPROVEMENT PERMIT by: Date: 11/6/20 OPERATION PERMIT by: Bryant C. White Date: 6-7-2021

AUTHORIZATION TO CONSTRUCT by: Date: 11/10/20 Existing System Inspected by: Date:

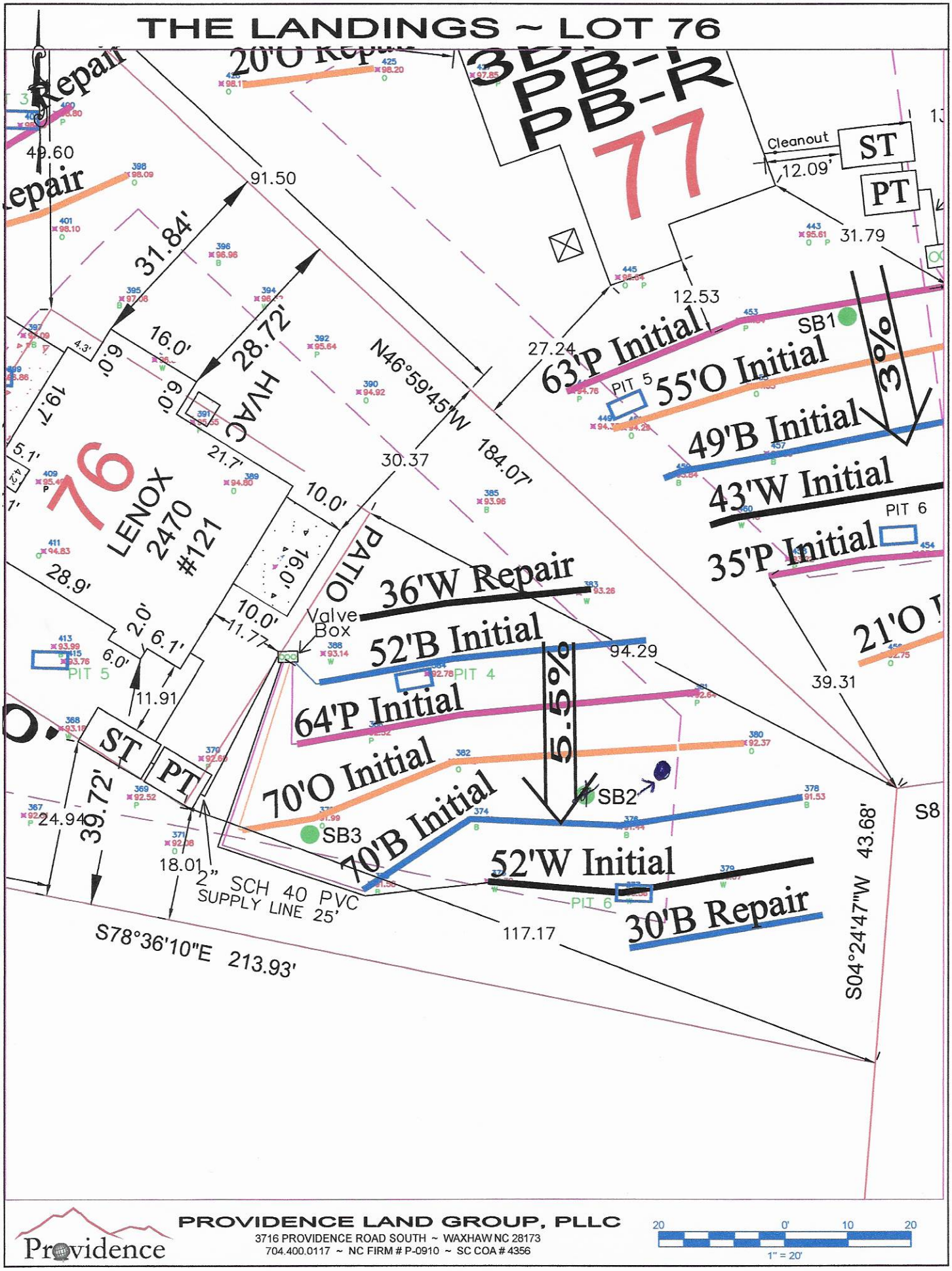
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

THE LANDINGS ~ LOT 76



PROVIDENCE LAND GROUP, PLLC
3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173
704.400.0117 ~ NC FIRM # P-0910 ~ SC COA # 4356

20 0' 10 20
1" = 20'


THE LANDINGS ~ LOT 76
76
LENOX
2470
#121
77
PB-1
PB-R
20'O Repair
Repair
epair
49.60
91.50
31.84'
28.72'
16.0'
6.0'
19.7'
5.1'
21.7'
30.37
N46°59'45"W 184.07'
27.24
12.53
31.79
Cleanout
12.09'
ST
PT
63'P Initial
55'O Initial
49'B Initial
43'W Initial
35'P Initial
3%
SB1
PIT 5
PIT 6
HVAC
PATIO
10.0'
16.0'
10.0'
11.77'
36'W Repair
52'B Initial
64'P Initial
70'O Initial
70'B Initial
52'W Initial
30'B Repair
5.5%
SB2
SB3
PIT 4
Valve Box
94.29
39.31
28.9'
2.0'
6.1'
6.0'
11.91
24.94'
39.72'
18.01'
2" SCH 40 PVC SUPPLY LINE 25'
S78°36'10"E 213.93'
117.17
S04°24'47"W 43.68'
S8
PROVIDENCE LAND GROUP, PLLC
3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173
704.400.0117 ~ NC FIRM # P-0910 ~ SC COA # 4356
Providence
20 0' 10 20
1" = 20'

Design Specifications for Lot 76 The Landing, Iredell, North Carolina

Daily Design Flow	360	gals
Number of Bedrooms	3	bedrooms
Basement or Crawspace	Stemwall/Slab	
Dellinger Septic Tank Size	1000	gals, Effluent Poly Lock PL68 Filter or equal.
Dellinger Pump Tank Size	1000	gals
Sim/Tech Effluent Filter on Pump Tank	Yes	Connection inside pump tank vault and on supply line.
Primary System Loading Rate (LTAR)	0.25	gpd/ft^2 LTAR
Number of Lines	5	Total LP PPBPS, See Scaled Dwg.
Primary System	308	ft.
Trench Width	3	ft
Trench Spacing	9	ft
Trench Maximum Depth	32	inches
Pump required	Yes	
Distribution Device	Yes	Gate Valve Box with LPP Panel Distribution
Maintenance Agreement Required	Yes	Contracted by Septic Environmental Solutions, Inc.
Length and Diameter of Supply Line	25	2" SCH 40 PVC
Panel Type	Vertical Panel	
Number of T&J Panels	71	Total panels for primary system
Flow Rate through System	36	gpm– use 5/32" holes with 3ft head
Elevation Head	10	ft.
Pressure Head	3	ft.
Friction Head	1.78	ft.
20% Contingency	3	ft.
Total Head	17.7	ft.
Pump Requirements	36	gpm. with 18-ft of Head; Use Goulds WE03M Pump or Equivelent with Compatible Electrical
Dosing Volume per day	256	s 1.5 doses/day@design flow*
Dosing Volume per dose	128	s 2 doses/day
Pump run time per day, approx.	7.1	min
Pump run time per dose, approx.	3.6	min
Check Valve	Yes	
Siphon Break Hole	Yes	
Repair System Loading Rate	0.25	gpd/ft2
Panel Type	Vertical Panel	
Repair System	Yes	LP PPBPS, See attached dwg. Trench Depths 32-inches
Total foot of Repair	279	ft

Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occures, reduce floats by 25 gallons and reset until no overflow is observed.

LPPPPBPS Design Worksheet (Primary System)					File #/Name:	The Landing
System Requirements					Tax #:	4713878051.00
Number of bedrooms	3				Lot	76
Craw Space/Basement	Stemwall/Slab					
Daily Design Flow	360	gpd			Address:	Iredell County
LTAR	0.25	gpd/ft.^2			Consultant:	Septic Environmental Solutions Inc.
Linear footage	480.00	ft. (Conventional)			Phone:	704-502-5588
Linear footage	240.00	ft. (50% Reduction)				
Trench Maximum Depth	36	inches				
Laterals	Length (ft)	# Panels	Calculated			
Line # 1	52	12	12			
Line # 2	64	15	15			
Line # 3	70	16	16			
Line # 4	70	16	16			
Line # 5	52	12	12			
Line # 6		0	0			
Line # 7		0	0			
Line # 8		0	0			
Line # 9		0	0			
Line # 10		0	0			
Line # 11		0	0			
Line # 12		0	0			
Totals	308	71	71			
	*Lines longer than 70 ft. must be center-fed to comply with sewage rules.					
Absorption Area						
Length (ft)	Width (ft)	Spacing	Area (ft^2)			
308	3	9	3000+			
System Pressure Head	3	ft.	Value selected by system designer (must be between 2-5 ft.)			
Orifice Diameter	5/32	in.	Size selected by system designer (1/8 in. minimum)			
Flow Rate per Orifice/Panel	0.5	gpm	Determined from orifice flow design table (use table from Flow Rate tab)			
Total System Flow Rate	36	gpm	Total number of panels required multiplied by the orifice flow rate			
System Dose Volume	256	gal.	Total number of panels required multiplied by 3.6 gal./panel			
Doses Per Day	1.5	cycles	Number of dose cycles per day based on daily design flow. Daily design flow divided by system dose volume.			
Pump Run Time	7.11	min.	System dose volume divided by the total system flow rate			
Pump Tank Volume / Inch	21	gal./in.	1,000 gal. Pump tank, volume is approximately 21 gallons per inch. 1,500 gal. pump tank, volume is approximately			
			29 gallons per inch. Contractor is responsible in verifying tank gallons per inch.			
Pump Tank Drawdown	12.19	in.	System Dose Volume divided by gallons per inch for the designed tank size.			
Supply Line Length	25.00	ft				
Elevation head+pump heigh	10.00	ft.				
Friction Head	1.78	ft.				
20% Contingency	2.96	ft.				
Total Head	17.7					
Comments:						
1. Install system using 3 ft. wide trenches.						
2. Install drainlines on 9 ft. centers (to be specified by the designer) and must be level and on contour.						
3. System design requires effluent pump for distribution.				Yes		
4. Requires repair septic system.	Yes			Cells with blue shading require user input.		
5. Maintanance Agreement Required	Yes			Cells with yellow shading are automatically calculated.		

T&J Panel Summary Table	
Linear Feet	# Panels
20	5
30	7
40	9
50	11
60	14
70	16
80	18
90	21
100	23
110	25
120	17
130	30
140	32
150	34
160	37
170	39
180	41
190	43
200	46

PROPERTY ID #: 4713878051
COUNTY: IREDELL
ID# 4713878051

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

CLEAR 28-95-F

OWNER: MR. ROB COLLIER — APPLICATION DATE: 10-18-20
ADDRESS: 143 OLD MOCKSVILLE Rd, STATESVILLE, NC 28625 — DATE EVALUATED: 9-4-20
PROPOSED FACILITY: 3BRM — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: 0.445
LOCATION OF SITE: LOT 16, 121 DUBLIN CT, STATESVILLE, NC 28677 — PROPERTY RECORDED: AFTER 1983
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
PIT 1	Repair LL 5.5	0-0	GRAVEL		NONE				
		0-20	sicl/WK/FI/SBK-ANG ss/SP/SEXP				SAP	NONE	
		20-32	sicl/WK/FI/SBK/ s/SP/SEXP			54"	NONE	BE2	
		32-54	sicl/WK/FI/PR/SBK-ANG/ s/SP/SEXP				Quartz Vein 48"	54"	0.25
PIT 2	Drainage LL 5.5	0-8	sicl/WK/gr/FR NS/NP/NEXP						
		8-30	c sicl/mod WK/SBK/FI s/SP/SEXP				Quartz Vein	NONE	
		30-59	sicl/WK/SBK-ANG/ FR s/SP/SEXP				SAP NONE	BE2	0.25
						59	36"	59"	
PIT 3	Repair LL 5.5	0-12	sicl/WK/gr/FR NS/NP/NEXP						
		12-33	sicl/mod-WK/FI SS/SP/SEXP						
		33-57	sicl/sicl/WK/SBK-ANG/FR		NONE NS/NP/NEXP	57	SAP NONE		
PIT 4	LL 5.5 Initial	0-12	sicl/WK/gr/FR NS/NP/NEXP						
		12-32	c sicl/mod-WK/FI SS/SP/SEXP				SAP		
		32-58	sicl/WK/SBK-ANG/FI-FR SS/SP/SEXP		NONE	58	NONE	BE2	

LICENSED SOIL SCIENTIST — KENNETH L. OWENS — 1134 — STATE OF NORTH CAROLINA

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	30%	~~Low Pr~~ 279
System Type(s)	PRABs 50% Pond LP	~~Low Profile~~ Chambers
Site LTAR	0.25	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): 50% Pond
EVALUATED BY:
OTHER(S) PRESENT: 10-18-20

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4713878057

DATE OF EVALUATION: 9-4-20

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
Pit 5	House Pad LL 5-5	0-12	sicl/WK/gr/FR	NS/NP/NEXP	NONE	59	NONE SAP CLASS VIEW NONE 33"	NONE Bt2 59	0.25
		12-28	c sicl/WK-Mod/FI	S/P/SEXP					
		28-59	sic sicl/WK/SBK-ANG/FR	SS/SP/SEXP					
SB 1	LL 5-5 Repair	0-10	sicl/WK/gr/FR	NS/NP/NEXP	NONE	48	NONE	48	0.25
		10-32	sicl/c/WK/mod/FI	S/P/SEXP					
		32-48	sicl/sic/WK/SBK-ANG/FR	SS/SP/SEXP					
~~SB 2~~	~~LL~~	~~0-8~~							
		~~8-42~~							
		~~42-52~~							
SB 3	Initial LL 5-5	0-8	sicl/WK/gr/FR	NS/NP/NEXP	NONE	52	NONE	NONE Bt2 52	0.25
		8-42	sicl/c/WK/mod/FI	VS/P/SEXP					
		42-52	sicl/sic/WK/SBK-ANG/FI	SS/SP/NEXP					
SB 4	Repair LL 5-5	0-10	sicl/WK/gr/FR	NS/NP/NEXP	NONE	48	NONE	48	0.25
		10-44	sicl/c/WK/mod/FR	S/P/SEXP					
		44-48	sicl/sic/WK/ANG/FI	NS/NP/NEXP					

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 47/38 78857

DATE OF EVALUATION: 10-15-20

COUNTY: DARE CO

LOT 76

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P1 6	LL 5.5 Drained	0-12	SiCl/WK/GR/FR	NS/NP/NEXP	NONE	48	NONE	Bt2 48"	0.25
		12-36	SiCl/WK/SBK/FI	NS/NP/SEXP					
		36-48	SiCl/c/WK/FI/AVG	NS/NP/NEXP					
SB2	LL 5.5 Drained	0-3	SiCl/WK/GR/FR		NONE	48"	NONE	Bt2 48"	0.25
		3-38	SiCl/c/WK/SBK/FI	NS/P/SEXP					
		38-48	SiCl/WK/~~SBK~~ Ang/FI	NS/NP/NEXP					

COMMENTS: _____

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

AP-311796
$350.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* RECEIVED OCT 19 2020

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: MR JIM HOOD TRUE HOMES **Address:** 1649 BRECKENRIDGE CENTER DRIVE MONROE, NC **Zip:** 28110

Applicant Email: JHOOD@TRUEHOMESUSA.COM **Phone:** 704-506-3852 **Alt. Phone:** 704-502-5588

Owner Name: MR. ROB COLLIER COLLIER PROPERTIES **Address:** 743 OLD MOCKSVILLE RD, STATESVILLE **Zip:** 28625

Owner Email: ROBCSTC@GMAIL.COM **Phone:** 704-902-4598 **Alt. Phone:** _____

Property Information: TAX ID 4713878057.000

Street Address: 121 DUBLIN CT, STATESVILLE, NC 28677

Subdivision Name: THE LANDING **Section/Phase:** I **Lot Number:** 76

Driving Directions: L ONTO E. CENTER AVE, Right ONTO N. MAPLE ST., LEFT ONTO E IREDELL AVE, RGHT ONTO HWY 115 N. (N. BROAD ST.) INTO STATESVILLE HWY, INTO CHARLOTTE HWY 21 N, LEFT ONTO OLD MOUNTAIN RD, Right ONTO BETHEMEL RD, RIGHT ONTO GREENWICH DR., LEFT INTO HEATHROWE AND DUBLIN RD

Site Development Information: *(check or complete ALL that apply)* **CHECK FOUNDATION TYPE**

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

Non-Residential Site Development: Type of Business: NA
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: NA Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference (2) Alternative (4) Conventional (1) Innovative (3) 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.

X **Signature:** DocuSigned by: Robert A Collier III 70AE9E0E408A440... (SIGNATURE REQUIRED) 9/21/2020 DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. 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, MR. ROB COLLIER, am the legal owner(s) of the property located at 121 DUBLIN CT, STATESVILLE, NC 28677, identified as LOT 76
PIN (Parcel Identification Number) 4713878051, located in Iredell County, North Carolina.
I do hereby authorize **(print legal representative/company name)** MR. KENNETH L. OWENS WITH SEPTIC ENVIRONMENTAL SOLUTIONS 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.

DocuSigned by:
Robert A Collier III
Signature of Owner(s)

9/21/2020
Date

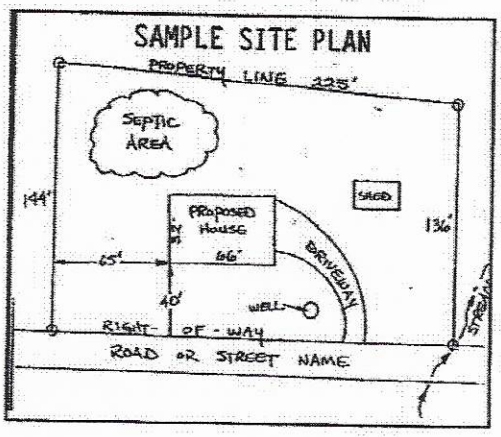
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

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



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

- (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**
- ( ) **Preferred well location** N/A
- (X) **Preferred septic system location**
- (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

SEE ATTACHED DWGS.

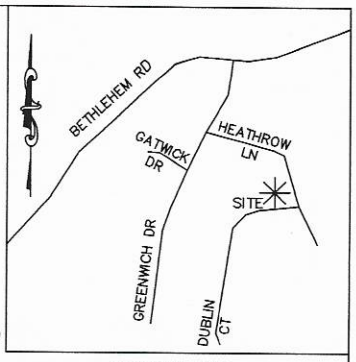
Signature: DocuSigned by: Robert A Collier III 73AE8ECE43BA443... 9/21/2020

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

DRAWING IS A PRELIMINARY PLAT FOR VERIFICATION OF ZONING COMPLIANCE FOR HOME LOCATION AND SHALL NOT BE USED FOR THE SALE, CONVEYANCE OR CONSTRUCTION OF THE DEPICTED LOT.

PLOT PLAN DEPICTS THE CONCEPTUAL LOCATION OF THE PROPOSED HOME AND ALL INFORMATION SHOWN TAKEN FROM PRELIMINARY PLAT ON FILE WITH IREDELL COUNTY AND SHOWN IMPROVEMENTS HAVE NOT BEEN AS-BUILT BY R. JOE HARRIS & ASSOCIATES, INC.

LOT IS SUBJECT TO ANY DEED RESTRICTIONS, EASEMENT CONVEYANCES, RIGHTS-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS ON FILE WITH THE IREDELL COUNTY, NCDOT, CITY OF STATESVILLE, HOMEOWNERS ASSOCIATION AND/OR OTHER GOVERNMENTAL AGENCIES.



VICINITY MAP
NOT TO SCALE

THE LANDINGS-LOT 76
MODEL-LENOX
ELEV.-2470
FND-STEM WALL
FACADE-STONE/VINYL (NOT SHOWN)
2-CAR GARAGE RIGHT FRONT

IMPERVIOUS SURFACE AREA

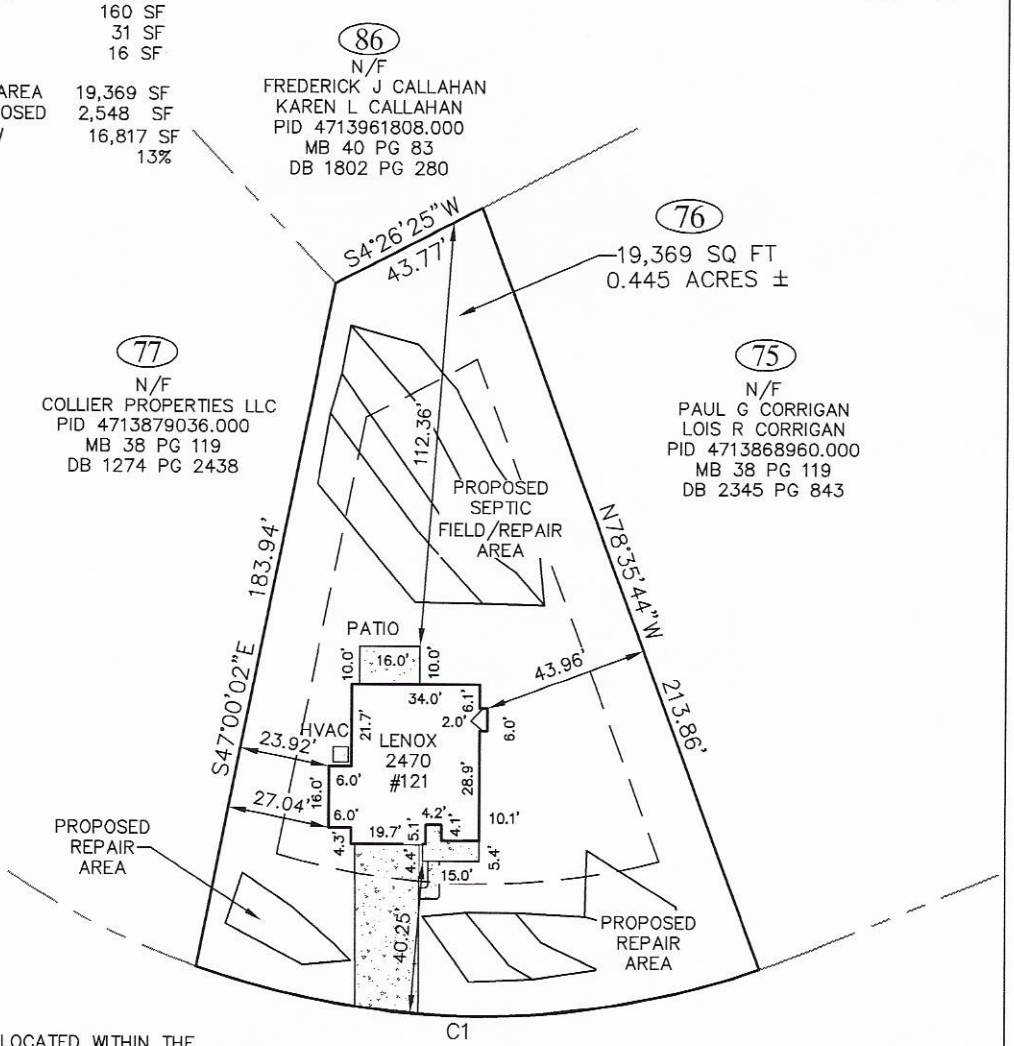
DESCRIPTION	AREA
HOUSE	1,505 SF
DRIVE	741 SF
FRONT PORCH	98 SF
PATIO	160 SF
LEADWALK	31 SF
HVAC	16 SF
TOTAL LOT AREA	19,369 SF
TOTAL PROPOSED	2,548 SF
SEED/STRAW	16,817 SF
IMPERVIOUS	13%

MB 38 PG 119

Curve Table					
Curve #	Length	Radius	Chord	Bearing	Delta
C1	152.01	225.00	149.13	N31°45'37"E	38°42'29"

ZONING: R/A
MUNICIPALITY: IREDELL

SETBACKS:
FRONT 35'
REAR 35'
SIDE 15'



LOT IS NOT LOCATED WITHIN THE 100 YEAR FLOOD PER FEMA FLOOD INSURANCE RATE MAP (FIRM) #3710470200K DATED, MARCH 18, 2008.

DRIVEWAY LOCATION APPROXIMATE ONLY. SUBJECT TO FIELD VERIFICATION AND LOCAL ORDINACES.

FINAL HOUSE PLACEMENT WILL BE ESTABLISHED BY TRUE HOMES AND MAY VARY BY FIELD CONDITIONS.

-40 0 20 40

SCALE: 1" = 40'

FIRM # C-4168

Preliminary Plot Plan - Lot 76

For: True Homes
121 Dublin Ct @ The Landings Phase 3
City of Statesville, Iredell County, North Carolina

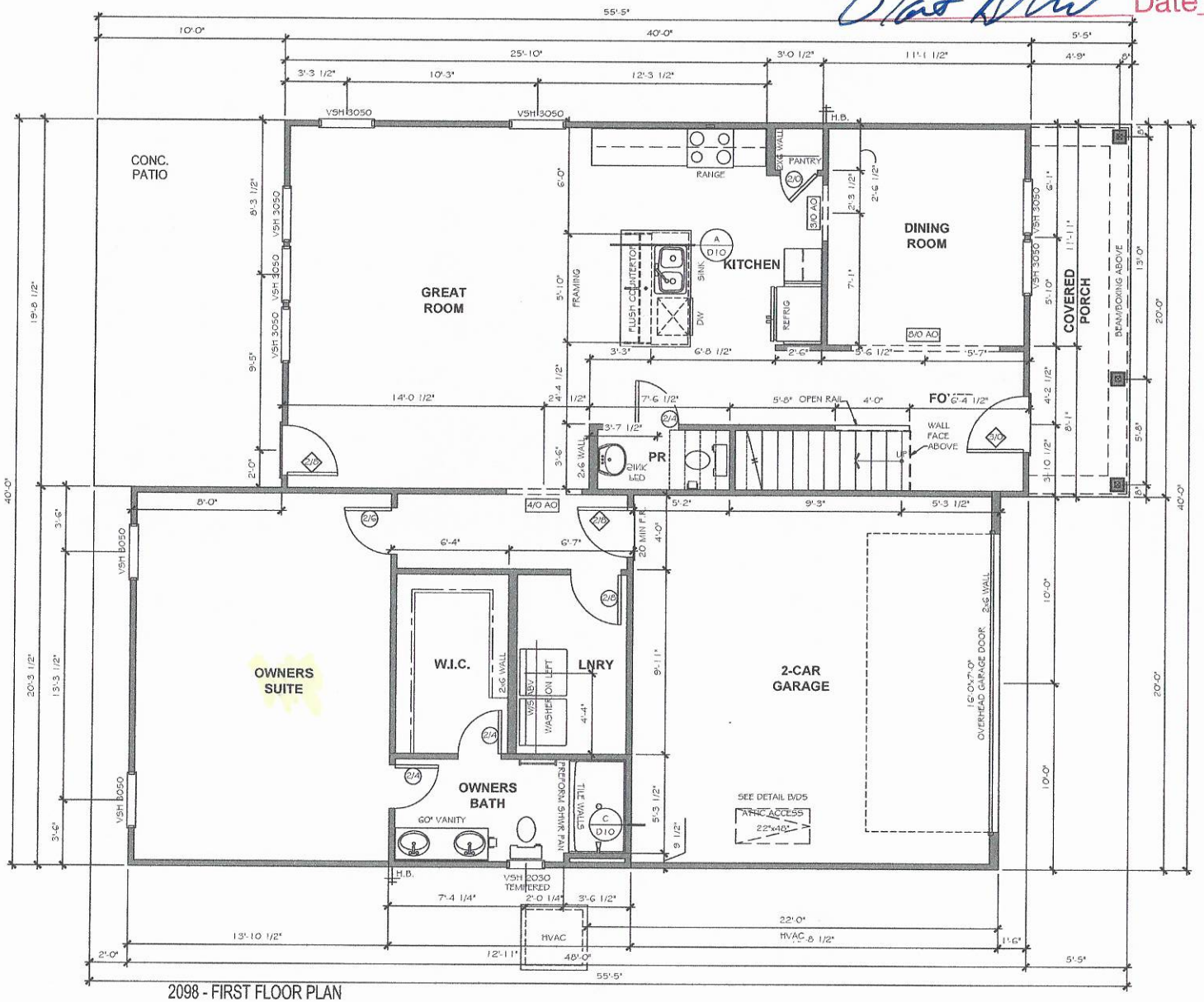
Drawn: ZSL	Date: 10-13-2020	MB 38 PG 119
Surveyor: BPL		DB 1274 PG 2438
Job: 4150		PID 4713878051.000

R. Joe Harris & Associates, Inc.
Engineering • Land Surveying • Planning Management
1186 Stonecrest Blvd, Tega Cay, S.C. 29708 Phone: (803) 802-1799

Acknowledgement Of
Plans Submittal ONLY!

Date 11-17-20

Date 11/10/20



2098 - FIRST FLOOR PLAN

TrueHomes
IT'S ALL ABOUT U
2649 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

TRUE CUSTOM SOLO
REGION A
LOT# 7124

DEVIN
2098

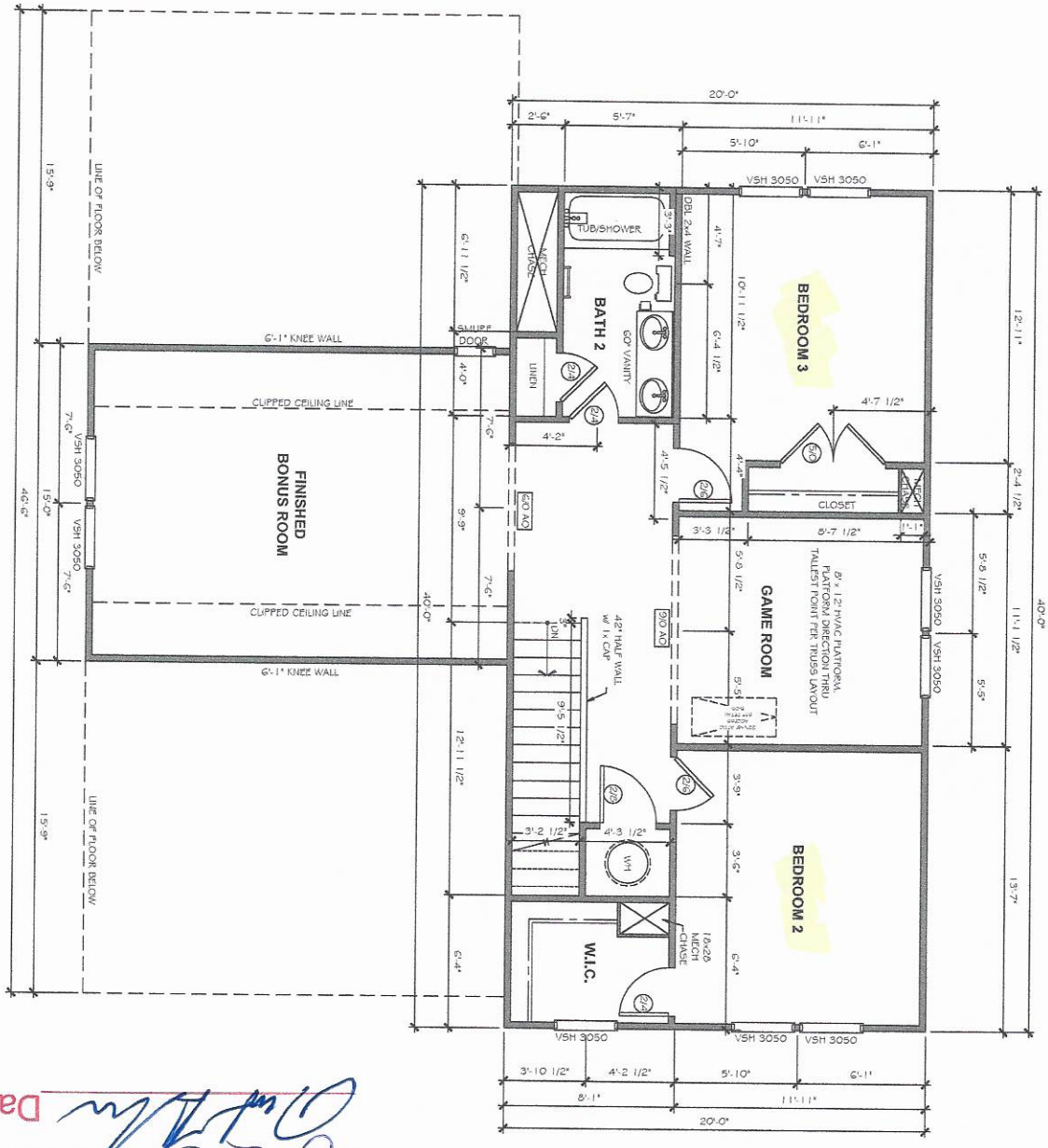
IREDELL

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PREPARED BY: T.J.
DATE: 07-13-20
SCALE: 3/16"=1'-0"
REVIEWED BY: CHUCK

SHEET: A2.1

2098 - SECOND FLOOR PLAN



Acknowledgement Of Plans Submittal ONLY!

Date 11-12-20

Date 11/10/20

SHEET: A2.2	PREPARED BY: T.J. DATE: 07-13-20 SCALE: 3/16"=1'-0" REVIEWED BY: CHUCK	DEVIN 2098 IREDELL	TRUE CUSTOM SOLO REGION A LOT# 7124	TrueHomes IT'S ALL ABOUT U 2649 Brekonridge Centre Dr. Suite 104 Monroe, N.C. 28110 704-271-1191

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

APPLICATION NUMBER
311796 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4713878051.000	121 DUBLIN CT	Iredell County

Owner Information	Applicant Information
Name: COLLIER PROPERTIES LLC	Name: TRUE HOMES LLC T/A TRIBUTE HOMES
Address: P O BOX 366	Address: 2649 BRECKONRIDGE CENTRE DR STE 104
STATESVILLE, NC 28687	MONROE, NC 28110
Phone:	Phone: (704)238-1229

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.44	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: 10/14/2020

Signature of Owner/Contractor

Permit Number	311796	TOTAL FEES:	$77.25