ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 32615 -- 92 -- 6617

PIN # 4714

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

APPLICANT/OWNER: John Bounds APPLICANT ADDRESS: 4174 Todd St Sherrill Ford NC 28673

SITE ADDRESS: 416 Karman Lane Statesville NC PHONE: 704. 465-8262 ALT. PHONE 704-593-6380

SITE DIRECTIONS: Stony Farm to Ashbrook to Karman SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: SECTION: — LOT # — LOT AREA: .53 Ac DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make ~~Ecoflo~~ Model ~~Alite 4~~ Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 200

Trench Width 24in Trench Bottom Depth(Low side) 37in Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity - 50% Reductio

Repair System Description: UPPBS - 50% Reductio

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing

No. Bedrooms 3 No. Persons 6 No. Employees —

☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions:

* House with the site plan doesn't impact Layout

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Coddle Creek Soil Consulting

LSS # 1291

Dated March 7, 2022

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.

INSTALLED AS SHOWN

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: John Bounds Date: 3/24/22 Installed by: 1-ROUNDBREAKERS

IMPROVEMENT PERMIT by: Benjamin R Betts Date: 3/23/2022 OPERATION PERMIT by: Burnett C. Lewis Date: 7-22-202

AUTHORIZATION TO CONSTRUCT by: Benjamin R Betts Date: 3/23/2022 Existing System Inspected by: Date:

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: WRGJR
ADDRESS: 102 Ashbrook Rd Statesville NC 28677
PROPOSED FACILITY: House
LOCATION OF SITE: 114 Karmon lane Statesville NC
PROPOSED DESIGN FLOW (.1949): 360
APPLICATION DATE ___
DATE EVALUATED: 3/1/22
PROPERTY SIZE: .53
PROPERTY RECORDED: ___
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	.1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	1956 SAPRO CLASS	RESTR HORIZ	PROFILE CLASS & LTAR
1	FS 6%	0-1'	L SN	NSnp		55"			PS .3
		1-36'	C SSk	Snp mod med f: few Roots					
		36-55'	C SSk	Snp mod med f: mica flakes					
2	FS 6%	0-2"	L SN	NSnp Roots		55"			PS .3
		2-6"	CL WSSk	Snp mod f:					
		6-55"	C SbK	Snp mod med f: quartz fragments					
3	SS 11%	0-2'	L SN	NSnp		53"			PS .3
		2-7'	CL WSSk	mod med fri Snp roots					
		7-53'	C SSK	Snp mod med f: quartz fragments					
4	SS 11%	0-2'	L SN	NSnp		51"			PS .3
		2-6'	CL WSSk	mod med Snp Roots fi					
		6-51"	C SSK	Snp f: mod med quartz fragments					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	✓	✓
System Type(s)	V. PPBPS	V. PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Steve Carver
OTHER(S) PRESENT: ___

COMMENTS: ___

Updated February 2014

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ____ of ____

PROPERTY ID #: _____

DATE OF EVALUATION: _____

COUNTY: Randolph

VRGJR

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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
5	Ridge (R) 8/10	0-3"	L sa	ns np		51"			PS .3
		3-7"	C w 55/L	sl sp mod mod					
			Roots fi						
		7-51"	C 55/L	sl sp mod mod					
			5% gravels fragments						



COMMENTS: _____

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Done

KARMEN LN SURVEY.pdf

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FROM ANY PUBLISHED
INTROL

OOD PLAIN
1008

RE
ACRE

50' Street
Karmen Lane

Notary Public

My Commission Expires

Notary Public

My Commission Expires

PIN 4714926831
Larry J. Beaver
Bk. 1002 Pg. 455
Plat Bk. 23 Pg. 28

PIN 4714926899
Larry J. Beaver
Bk. 1028 Pg. 1988

Map Bk. 23, Pg. 28
dtd 7-29-1992

LICENSED SOIL SCIENTIST
STEVEN RANDALL SHANNON
1291
STATE OF NORTH CAROLINA

Scale: 1" = 40'

S 88°38'09"E
200.00'

10

10

32'

66'

Drive

Lot 1
0.53 Acre
By Coordinate Computation
Ref Bk. 1028, Pg. 1988
(a portion of)
House

50'

56'

5'

10'

117.89'

S 02°36'48"W

10

10'

Install panels at
36" trench bottom
on downslope

White
Blue
Green
Orange
White
Yellow
Green
Red
Blue

49
49
48
55

ST
D-box

Initial System		
Orange	50	11 Panels
White	50	11 Panels
Yellow	50	12 Panels
Green	50	12 Panels
	200'	50 Panels

PIN 4714927586
Water Division 8
Melinda Davidson
Bk. 567, Pg. 562
Plat Bk. 9, Pg. 23

N 87°23'20"W 199.90'

50' Street
Karmen Lane

Axle Found 0.06'
North of P/L

PIN 4714935449
Gary M. Kepley
Bk. 710, Pg. 430
Plat Bk. 6, Pg. 50

PIN 4714926445
Gary M. Kepley
Bk. 1028, Pg. 1990
Plat Bk. 6, Pg. 50

THIS DOCUMENT ORIGINALLY ISSUED AND SEALED BY RICHARD C. CURRENT, PRELS., 7514, ON 4-20-2021. THIS MEDIUM SHALL NOT BE CONSIDERED A CERTIFIED DOCUMENT

CERTIFICATE OF SURVEY AND ACCURACY

I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book _____ Page _____) or other reference source _____; that the boundaries not surveyed are indicated as drawn from information in Book _____ Page _____ or other reference source _____; that the ratio of precision or positional accuracy is _____; and that this map meets the requirements of the Standards of Practice For Land Surveying in North Carolina (21 NCAC 56 .1600).

This _____ day of _____, 2021.

I further certify that this survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.

Richard C. Current, Professional Land Surveyor, No. L-756

Copyright © Current Surveying & Mapping, P.A. April 20, 2021

REVIEW OFFICER'S CERTIFICATE

I _____, Review Officer of Iredell County, North Carolina certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review Officer

Date

Filed this _____ day of _____, 2021 at _____ and recorded in Plat Bk. _____ Pg. _____

Register of Deeds

JOB # 12108

Nitrification Lines Elevation and Length

Applicant: WRGJR Properties LLC
116 Karmen Lane
Statesville, North Carolina
Pin # 4714926617
Acres: .53
Iredell County, North Carolina

Initial: Accepted

Line	Flag Color	Line Elevation	Flagged Length	Number of Panels
1	Orange	3.58'	50'	12
2	White	4.62'	50'	12
3	Yellow	6.10'	50'	11
4	Green	7.16'	50'	11
			Total 200'	Total Panels 46

Repair: PPBPS

Line	Flag Color	Line Elevation	Flagged Length	Number of Panels
1	White	2.39'	23'	5
2	Blue	2.81'	20'	6
3	Green	3.27'	20'	7
4	Red	7.83'	65'	14
5	Blue	8.25'	67'	14
			Total 200'	Total Panels 46

Design Specifications for Proposed Wastewater Systems

Applicant: WRGJR Properties LLC
116 Karmen Lane
Statesville, North Carolina 28677
Piney Brook
Pin # 4714926617
Acres: .53
Iredell County, North Carolina

Source of Water Flow	3 Bedroom House
Source of Water	Municipal
Wastewater Treatment Systems	Vertical PPBPS
Septic Tank	1000 gallons
Estimated Daily Flow	360 gallons/day
Wastewater System: Initial	Vertical PPBPS
Loading Rate	.3 g/d/sqft.
Drainfield Size	200 feet
Slope	11 percent
Slope Correction	3 inches
Trench Bottom Depth	37 inches on downslope
Wastewater System: Repair	PPBPS
Pump Tank	1000 gallons
Loading Rate	.3 g/d/sq.ft.
Drainfield Size	200 feet Vertical PPBPS
Slope	6 percent
Slope Correction	2 inches
Trench Bottom Depth: Repair	32 inches on downslope
Pump Tank	1000 gallons
Distribution	LPP

Coddle Creek Soil Consulting
5500 Deer Run Court
Davidson, NC 28036
(704) 706 4645

March 7, 2022

Iredell County Environmental Health
349 North Center Street
Statesville, North Carolina 28687

Subject: Recommended Wastewater Disposal System
Pin # 4714922617
116 Karmen Lane
Statesville, North Carolina 28677
Mr. Randall Gardner, Owner

To Whom It May Concern:
Enclosed you will find a copy of the wastewater disposal systems proposed for Randall Gardner. The property is located at 116 Karmen Lane Piney Brook Subdivision described as Pin # 4714922617. Attached are sealed soil notes as well as site plans and designs for a on-site wastewater disposal system. This design is submitted under Session Law 2018-114 (HB 374). Please review the enclosed document presented to you for Mr. Gardner. Please contact me for concerns regarding the wastewater disposal system design.

"The LSS Evaluation attached to this application is used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.©."

Owner: Randall Gardner

Signature: _____

"The LSS Evaluation is submitted pursuant to and meeting requirements of SL 2018-114 Section 11.©."

Steve Cannon, LSS

Signature: _____

Proposal to Request Wastewater Design System

Shiloh Township

116 Karmen Lane

Statesville, North Carolina 28677

Piney Brook Subdivision

Iredell County, North Carolina

Coddle Creek Soil Consulting
5500 Deer Run Court
Davidson, North Carolina 28036

March 7, 2022

Information for Installers, Contractors and Other Interested Parties

Follow all rules and regulations as set forth by the state of North Carolina regarding installation of septic systems in Section .1900 Sewage Treatment and Disposal Systems.

Do not grade, cut or bury anything in approved areas designated for initial system or repair system.

Remove trees by cutting at ground level. Do not dig out stump if at all possible.

Do not grade or skim area of septic system. Leave this area alone as is.

Do not compact the soil by vehicular traffic. Stay off the designated areas for sewage disposal systems.

Install sewage disposal systems only during dry conditions.

Do not over excavate nitrification trenches. Remove clods. Leave nitrification trenches clean and level.

Do not leave trash in nitrification trenches like soda bottles, pieces of pvc pipe or anything else that does not belong in the nitrification trenches.

If post installation is required, the designer will need a 5 week day notice from the installer to schedule a final inspection before covering the septic system.

No changes to septic system design without designer approval or local county environmental health.

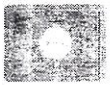
Once location of building corners are established DO NOT move the building without notifying the designer. Moving the building may void any permit issued to the property owner and may void the designed septic system.

6:13 PM Mon Feb 28

Done

KARMEN LN SURVEY.pdf

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Notary Public

My Commission Expires

Notary Public

My Commission Expires

Map Bk. 23, Pg. 28
dtd 7-29-1992

50' Street
Karmen Lane

PIN 4714926691
Larry J. Beaver
Bk. 1002 Pg 455
Plat Bk. 23 Pg 28

Scale: 1" = 40'

PIN 4714926699
Larry J. Beaver
Bk. 1028 Pg 1986

Tie Line
S 88°23'04"E
200.00'

LICENSED SOIL SCIENTIST
STEVEN RANDAL CANNON
1291
STATE OF NORTH CAROLINA

3/8/22

10
5'
32'
66'
Drive
Lot 1
0.53 Acre
By Coordinate Computation
Ref Bk 1028 Pg 1986
(a portion of)
50
5'
House
56'
10
10
10'

White
Blue
Green
B5
Orange
B3
White
B4
Yellow
Green
Red
B1
B2
Blue
ST
D-box

Initial System		
Orange	50	11 Panels
White	50	11 Panels
Yellow	50	12 Panels
Green	50	12 Panels
	200'	50 Panels

N 87°23'20"W 199.90'

PIN 4714927586
Walter Davidson &
Melinda Davidson
Bk. 567, Pg. 352
Plat Bk. 3, Pg. 23

50' Street
Karmen Lane

Axle found 0.06'
North of P/L

PIN 4714935449
Gary M. Kepley
Bk. 710, Pg. 430
Plat Bk. 6, Pg. 50

PIN 4714926445
Gary M. Kepley
Bk. 1028, Pg. 1990
Plat Bk. 6 Pg. 50

THIS DOCUMENT ORIGINALLY ISSUED AND SEALED BY RICHARD E. CURRENT, PRELS-7756, ON 4-20-2021. THIS MEDIUM SHALL NOT BE CONSIDERED A CERTIFIED DOCUMENT.

CERTIFICATE OF SURVEY AND ACCURACY

I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book _____, Page _____) or other reference source _____; that the boundaries not surveyed are indicated as drawn from information in Book _____, Page _____ ; that the ratio of precision or positional accuracy is _____; and that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56. 1600).

This _____ day of _____, 2021.

I further certify that this survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulated parcels of land.

Richard E. Current, Professional Land Surveyor, No. L-756

REVIEW OFFICER'S CERTIFICATE

I, _____, Review Officer of Iredell County, North Carolina certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review Officer

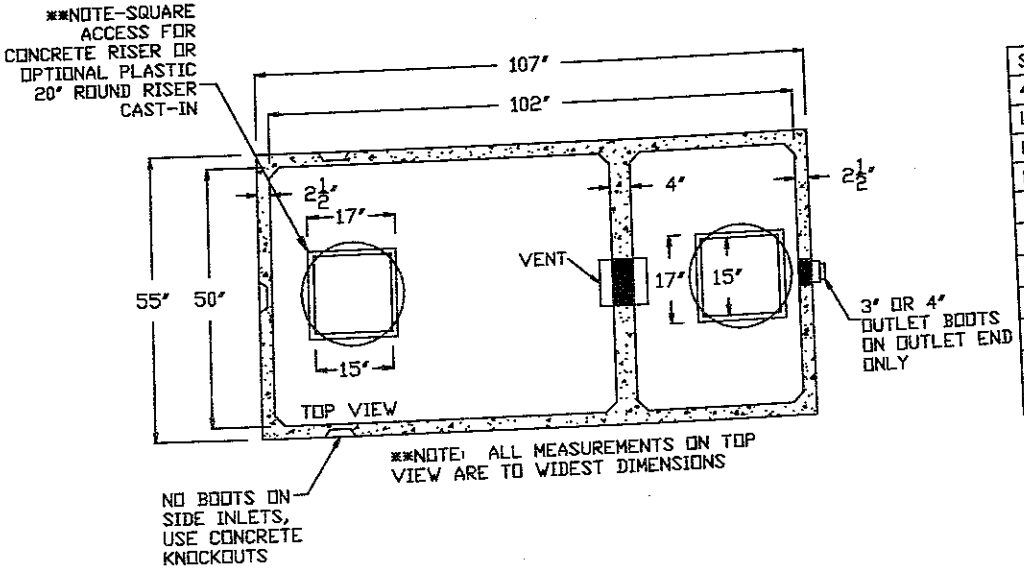
Date

Filed this _____ day of _____, 2021 at _____ and recorded in Plat Bk. _____ Pg _____

Register of Deeds

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JOB # 12108



SHOAF PRECAST SEPTIC INC.
4130 WEST US HWY 64
LEXINGTON, NC 27295
PHONE (336) 787-5826
FAX (336) 787-2826
WWW.SHOAFPRECAST.COM

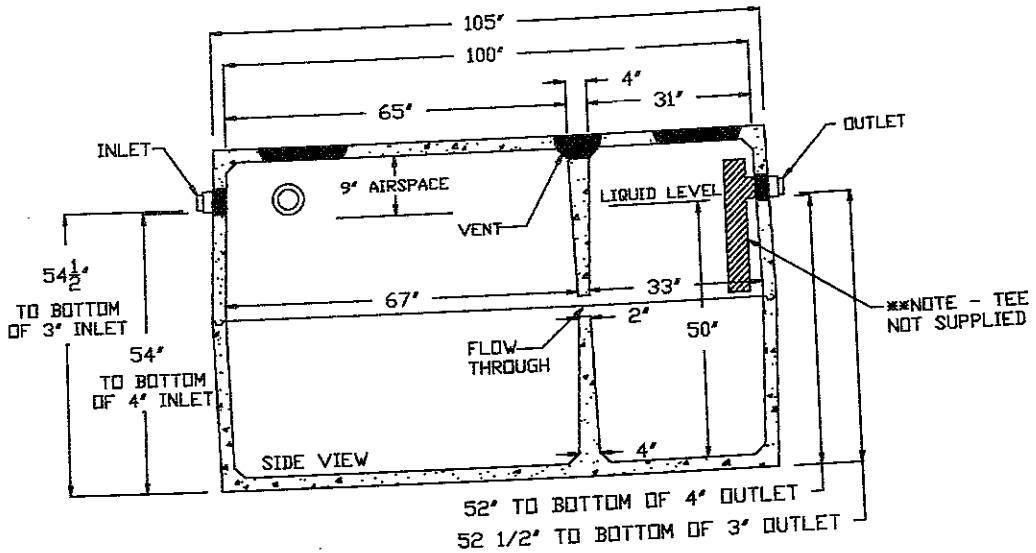
MODEL: MS 1000 STB

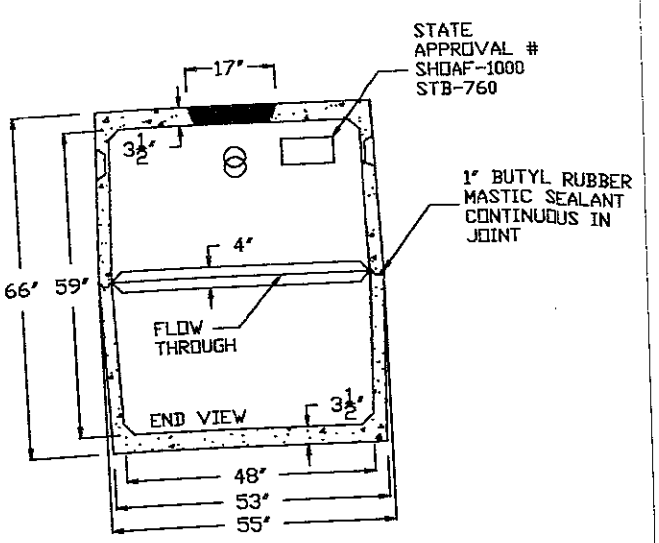
NON TRAFFIC

1000 Gallon Septic Tank

SHOAF-1000 NON TRAFFIC RATED
STB-760 NON TRAFFIC
LIQUID CAPACITY-1039 US GALLONS/9 ½" AIRSPACE
TANK HEIGHT-66"
BOTTOM OF TANK TO CENTER OF INLET-56"
BOTTOM OF TANK TO CENTER OF OUTLET-54"
LENGTH TO WIDTH RATIO-2 TO 1
SIZE OF INLET & OUTLET-3" OR 4" PIPE
TYPE OF INLET & OUTLET-POLYLOCK OR EQUAL (MEETS ASTM C-923)
CONCRETE PSI-4000; TANK WEIGHT-8,500 LBS.
REINFORCING PER STATE CODE

SCALE - N.T.S.





RECEIVED MAR 1 0 2022

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

AP- 326451

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Paid $500.00 Session Law

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: John Bounds **Address:** 4174 Todd St Harmiltford NC **Zip:** 28673
Applicant Email: Jbounds2526@Yahoo **Phone:** 7044658262 **Alt. Phone:** _____
Owner Name: Randall Gardner **Address:** 102 Ashbrook Rd Statesville **Zip:** _____
Owner Email: randall@actionlandsupply.com **Phone:** 7045006380 **Alt. Phone:** _____

Property Information:

Street Address: 116 Karmen Lane Statesville NC
Subdivision Name: Piney Brook **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: 2
( ) 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: _____ 2/9/22
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, Randall Cambrick, am the legal owner(s) of the property located at 116 Karmen Lane Statesville, identified as PIN (Parcel Identification Number) 4714932607, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Bounds of North Carolina, 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

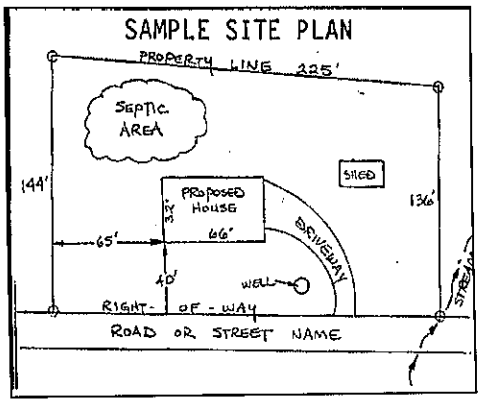
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See session Law

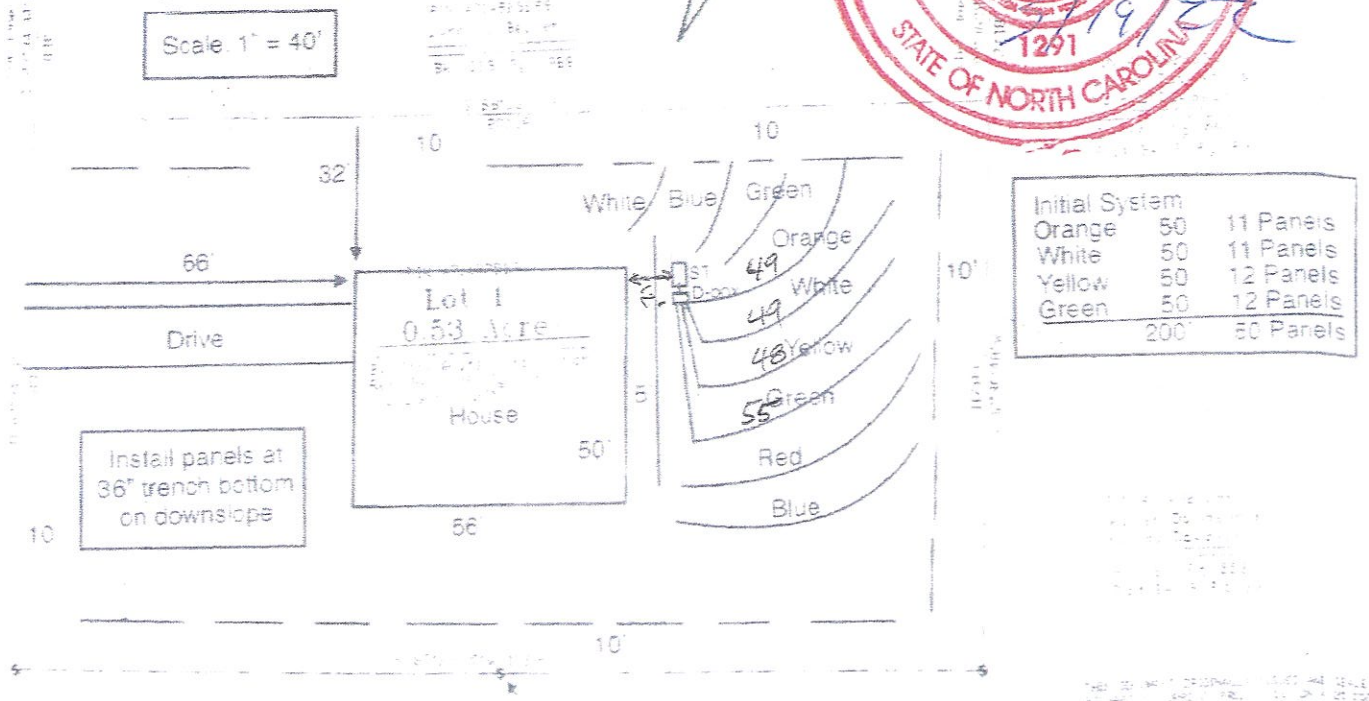
Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/9/22
DATE

6:13 PM Mon Feb 28

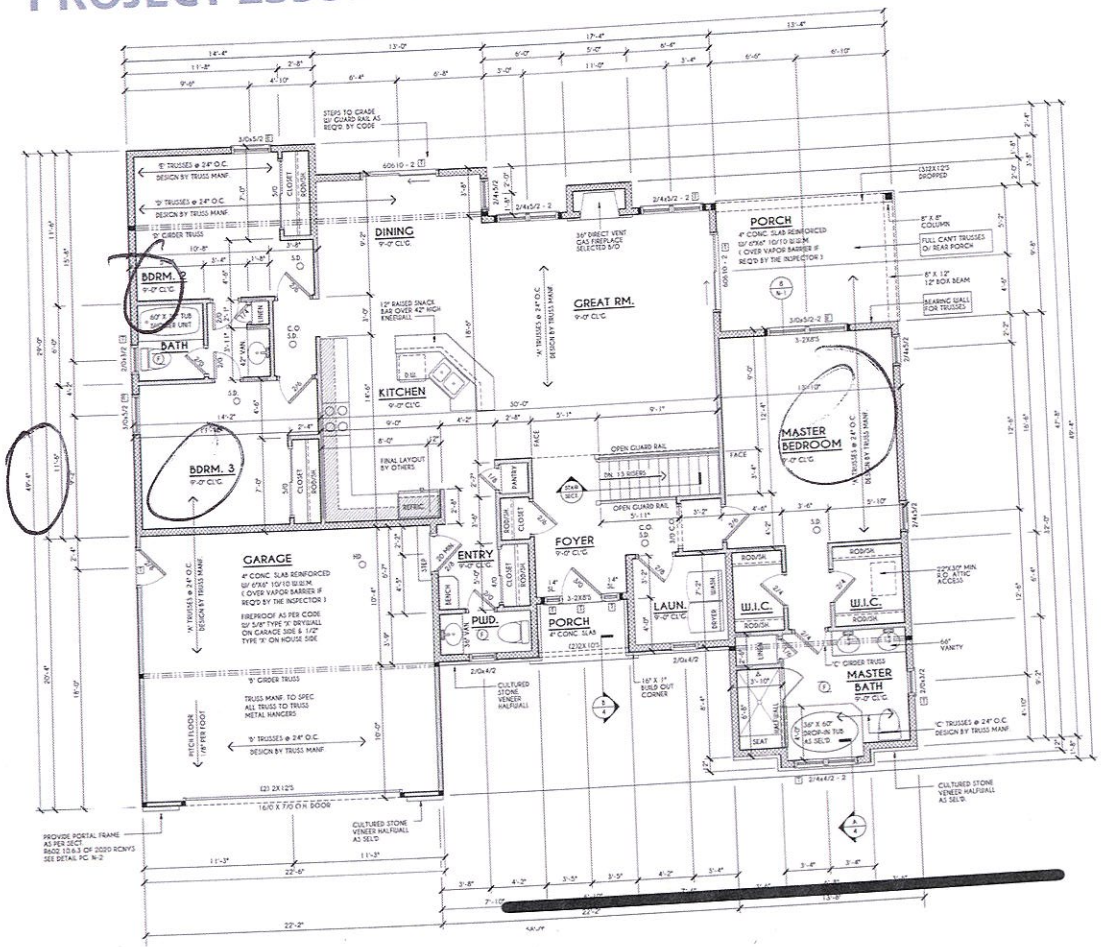
KARMEN LN SURVEY.pdf

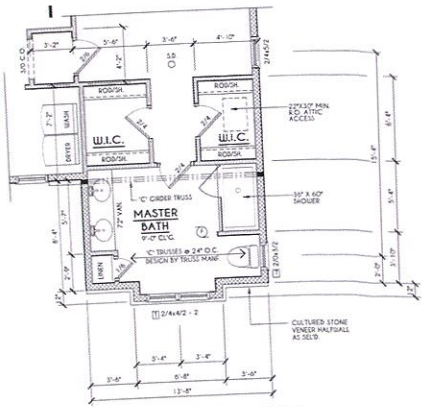
Done





PROJECT 2395L - PLAN 1796R2 THE ABBINGTON 2020 CODE.pdf





ALT. MASTER BATH

Acknowledgement Of
Plans Submittal ONLY!

BAB Date 3/23/22.

Date 3/24/22

IREDELL COUNTY · NC

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

APPLICATION NUMBER
326451 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4714926617.000	116 KARMEN LN	Iredell County

Owner Information	Applicant Information
Name: WRGJR PROPERTIES LLC Address: Phone:	Name: BOUNDS OF NORTH CAROLINA, LLC Address: 32 BOUNDS LN MOUNT NEBO, WV 26679 Phone: (304)619-9850

Use Requested	Zone Code
Rural Home Occupation	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.53	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: 03/09/2022

Signature of Owner/Contractor

Permit Number	326451	TOTAL FEES:	$77.25