BLDR -2024-54016

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 | Mooresville Office (704) 660-3625

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

PERMIT # OSWP 2024-52010

PIN # 4714-- 97 -- 9963

APPLICANT/OWNER: Scottie Bray | APPLICANT ADDRESS: PO Box 115, Rockwell, NC 28138

SITE ADDRESS: 522 Island Ford Rd, Statesville, NC 28625 | PHONE: 704-640-5180 | ALT. PHONE:

SITE DIRECTIONS: N Taylorsville Rd -> L Island Ford -> lot on R | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Dirt Creek Management | SECTION: n/a | LOT # 5 | LOT AREA: 0.932 | DESIGN FLOW: 360 gpd | L.T.A.R.(Initial): 0.25 | L.T.A.R (Repair): 0.25

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 360
Trench Width 36 *Max. Trench Depth(Initial) 30 *Max. Trench Depth(Repair) 30 Gravel Depth n/a
* Measured on the downhill side of the trench

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: HPPBPS
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE
Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40
Usable Depth to LC (Initial): 62

☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing
Usable Depth to LC (Repair): 48 *Limiting Condition*

Water Supply
☑ Private
☐ Public
☐ Community

Comments / Conditions: Do not pave, grade, drive, park, or bury utilties in drainfield.

INITIAL SITE SKETCH

Improvement permit issued pursuant to:
G.S. 130A-335(a2), (a3) & (a4) using signed & sealed LLS/LG Evaluation attached, from:

Steve Cannon

LSS# 1291

Construction authorization issued pursuant to: G.S. 130A-335(a2) & (a5)

AOWE# 10047E

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 Drawn

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☑ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Online Signature | Date:

IMPROVEMENT PERMIT by: D. Wieberg ✓ | Date: 05/21/2024

AUTHORIZATION TO CONSTRUCT by: D. Wieberg ✓ | Date: 05/21/2024

Installed by: Trail West Builders ✓

OPERATION PERMIT by: ✓ | Date: 7/10/24

Existing System Inspected by: | Date:

19 PM Tue Apr 9 ••• 60%
Structural Integrity Builders
Done

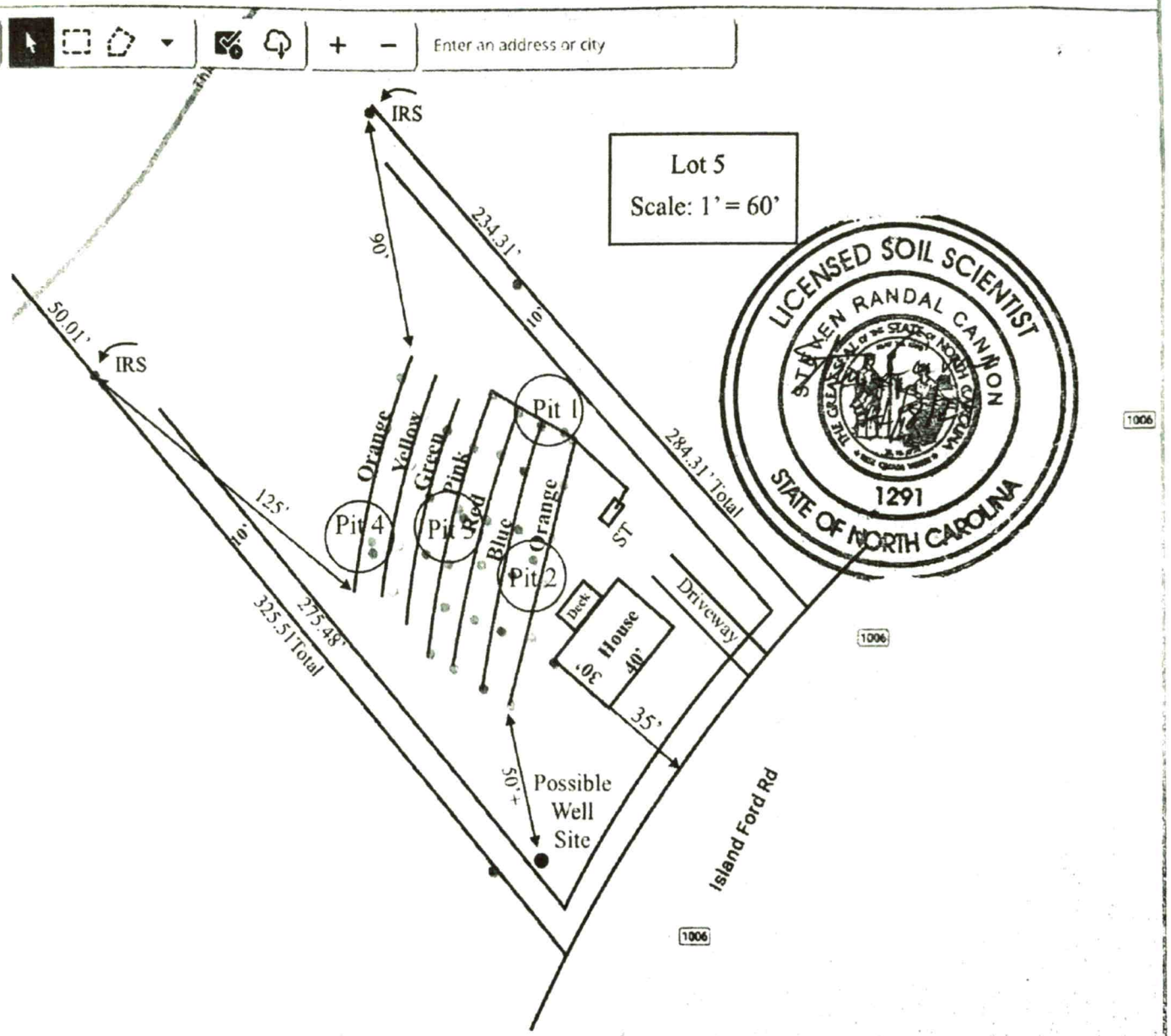
Initial System: Accepted

Orange	90’
Blue	90’
Red	90’
Pink	90’
	360’

Install chambers level and on grade at 30” trench bottom on downhill side

Keep well minimum 50’ from septic system

Do not grade or cut soils in septic system areas



Permit/File #: OSWP-2024-52010

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ■ (a2) Improvement Permit ■ (a2) Construction Authorization ☐ Fee $_____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Iredell
PIN/Lot Identifier: 4714-9709963
Issued To: Structural Integrity Builders
Property Location: 522 Island Ford Road Statesville, NC 28625
Subdivision (if applicable)_____ Lot #: 5 Block: _____ Section: _____
LSS Report Provided: Yes ■ No ☐
If yes, name and license number of LSS: Steven R. Cannon #1291
New ■ Expansion ☐ System Relocation ☐ Change of Use ☐
Facility Type: House
Number of bedrooms: 3 Number of Occupants: 6 Other: _____
Design Wastewater Strength: ■ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): .25 Proposed LTAR (Repair): .25
Proposed Wastewater System Type*: Accepted III-g (Initial) Pump Required: ☐ Yes ■ No ☐ May be required
Proposed Wastewater System Type*: Horizontal PPBPS III (Repair) Pump Required: ☐ Yes ■ No ☐ May be required
**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*
Effluent Standard: ■ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW
Saprolite System (Initial): ☐ Yes ■ No Saprolite System (Repair): ☐ Yes ■ No
Fill System (Initial): ☐ Yes ■ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): ☐ Yes ■ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Depth to LC (Initial)[x]: 62 Usable Depth to LC (Repair)[x]: 48 ***[x] Limiting Condition***
Max. Trench Depth (Initial)[‡]: 30 Max. Trench Depth (Repair)[‡]: 30 ***[‡] Measured on the downhill side of the trench***
Artificial Drainage Required: ☐ Yes ■ No If yes, please specify details: _____
Type of Water Supply: ■ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:_____
Drainfield location meets requirements of Rule .0508: Yes ■ No ☐ Drainfield location meets requirements of Rule .0601: Yes ■ No ☐
Permit valid for: ■ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

Licensed Soil Scientist Print Name: Steven R. Cannon
Licensed Soil Scientist Signature: Steven R. Cannon Date: April 9, 2024

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File # OSWP-2024-52010

This Section for Local Health Department Use Only

Initial submittal received: 5/20/24 *Date* by DW *Initials*

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ *Date*

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: D. Wieberg Date: 05/21/2024

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. *This permit is subject to revocation if the site plan, plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 5/21/29

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-52010

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: Iredell **Pre-Construction Conference Required:** Yes ■ No ☐

PIN/Lot Identifier: 4714-97-9963

Issued To: Structural Integerty Builders NC LLC

Property Location: 522 Island Ford Road Statesville, NC

AOWE/PE Plans/Evaluations Provided: Yes ■ No ☐ If yes, name and license number of AOWE/PE: Steven R. Cannon #10047E

Facility Type: House

Number of bedrooms: 3 Number of Occupants: 6 Other: _____

■ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ■ No Basement Fixtures? ☐ Yes ☐ No

Crawl Space? ■ Yes ☐ No Slab Foundation? ☐ Yes ☐ No

Type of Wastewater System* Accepted III (Initial) Horizontal PPBPS IIIe (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: 360 GPD Wastewater Strength: ■ Domestic ☐ High Strength ☐ Industrial Process WW

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ■ No
(if yes, please provide engineering documentation)

Effluent Standard: ■ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Type of Water Supply: ■ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Installation Requirements/Conditions

Septic Tank Size: 1,000 gallons Total Trench/Bed Length: 360 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: .25 gpd/ft² Usable Depth to LC (Initial)ˣ: 62 ˣ***Limiting condition***

Soil Cover: 18 inches Slope Corrected Maximum Trench/Bed Depth‡: 30 inches ‡ ***Measured on the downhill side of the trench***

Pump Tank Size (if applicable): _____ gallons Requires more than 1 pump? ☐ Yes ■ No

Pump Requirements: _____ ft. TDH vs. _____ GPM Grease Trap Size (if applicable): _____ gallons

Distribution Method: ☐ Serial ■ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: _____

Artificial Drainage Required: Yes ☐ No ■ If yes, please specify details: _____

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.0204(g)]: ☐ Yes ■ No Declaration of Restrictive Covenants: ☐ Yes ■ No

Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: ☐ Yes ■ No

Management Entity Required: ☐ Yes ■ No Minimum O&M Requirements: N/A

Permit conditions:
Pre-construction conference before installing system

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

AOWE/PE Print Name: Steven R. Cannon

AOWE/PE Signature: Steven R. Cannon Date: April 8, 2024

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File # OSWP-2024-52010

This Section for Local Health Department Use Only

Initial submittal received: 5/20/24 (*Date*) by DW (*Initials*)

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____ (*Date*)

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: D. Wieberg Date of Issuance: 05/21/2024

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 5/21/29

See attached site sketch

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

April 8, 2024

Iredell County Environmental Health
349 North Center Street
Statesville, North Carolina 28677

Subject: Recommended Wastewater Disposal System
522 Island Ford Road
Statesville, North Carolina 28625
Pin # 4714-97-9963
Structural Integrity Builders NC LLC, Owner

Enclosed you will find a copy of the wastewater disposal system proposed for SRO Builders. The property is located at 522 Island Ford Road Statesville, North Carolina 28625 described as being Pin # 4714-97-9963 Lot 5. Attached are sealed soil notes as well as site plans and designs for the on-site wastewater disposal system. This design is submitted under Session Law 2022-11 (S372). Please review the enclosed document presented to you. Please contact me for concerns regarding the wastewater disposal system design.

"The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)." †

Owner: Structural Integrity Builders NC LLC

Signature: Steve Cannon

"This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A - 335(a2) and (a5)." †

Steve Cannon, LSS

Signature: Steve Cannon



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5).
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:
☒ (a2) Improvement Permit ☒ (a2) Construction Authorization ☐ (a2) Repair/Construction Authorization

If applying for a Construction Authorization, please indicate desired system type(s):
☒ Accepted ☐ Conventional ☐ Innovative ☐ Other _____ ☐ Any

☒ New Construction ☐ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair
☒ 5-Year Expiration Requested (site plan provided) ☐ Non-Expiring Permit Requested (plat provided, defined in G.S.130A-334(7a)
Requesting DHHS review? (systems >3000 GPD or IPWW) ☐ Yes ☒ No

Applicant: Steven R. Cannon
Mailing Address: 5500 Deer Run Court
City: Davidson
State: NC Zip: 28036
Phone #: 704-706-4645
Email: Sc55drc@gmail.com

Owner: Structural Integerty Builders NC LLC
Mailing Address: PO Box 115
City: Rockwell
State: NC Zip: 28138
Phone #:
Email: scottie1995@yahoo.com

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

☐ Yes	☐ No	Does the site contain any jurisdictional wetlands?
☐ Yes	☐ No	Is any wastewater going to be generated on the site other than domestic sewage?
☐ Yes	☐ No	Is the site subject to approval by any other public agency?
☐ Yes	☐ No	Are there any easements or right of ways on this property?

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. ***I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.***

Applicant Signature: Steven Cannon Date: April 8, 2024

Owner's Signature: [signature] Date: 4-21-24

Design Specifications for Proposed Wastewater Systems

Applicant: Structural Integrity Builders NC LLC
Physical Address: 522 Island Ford Road
Statesville, North Carolina 28625
Pin # 4714-97-9963
Lot 5
Acres: .932
Iredell County, North Carolina

Source of Water Flow	**3 Bedroom House**
Source of Water	**Private Well**
Wastewater Treatment Systems	**Accepted/H.PPBPS**
Septic Tank	**1,000 gallons**
Estimated Daily Flow	**360 gallons/day**
Wastewater Treatment: Initial	**Accepted**
Accepted Panels	**9 feet on center**
Loading Rate	**.25 g/d/sq.ft.**
Drainfield Size	**360 feet**
Slope	**15 percent**
Slope Correction	**6 inches**
Trench Bottom Depth	**30 inches on downhill side**
Wastewater Treatment: Repair	**Horizontal PPBPS**
Horizontal Panels	**8 feet on center**
Loading Rate	**.25 g/d/sq.ft**
Drainfield Size	**240 feet**
Number of Panels	**55 panels**
Slope	**14 percent**
Slope Correction	**5 inches**
Trench Bottom Depth	**30 inches on downhill side**

Nitrification Lines Elevation and Length

Applicant: Structural Integrity Builders NC LLC
Physical Address: 522 Island Ford Road
Statesville, North Carolina 28625
Pin # 4714-97-9963
Lot 5
Acres: .932
Iredell County, North Carolina

Initial

Line	Flag Color	Line Elevation	Flagged Length	Design Length
1	Orange	3.64'	90'	90'
2	Blue	5.50'	90'	90'
3	Red	7.29'	90'	90'
4	Pink	9.12'	90'	90'
			360'	360'

Repair

Line	Flag Color	Line Elevation	Flagged Length	Number of Panels
1	Green	3.83'	80'	18
2	Yellow	5.95'	80'	18
3	Orange	8.00'	80'	19
			240'	55

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

PROPERTY ID #: ___
COUNTY: Iredell

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Structural Integrity Building NC LLC Lot 5 DATE EVALUATED: 1/23
ADDRESS: Scottie BAS@yahoo.com 704 640 5180
PROPOSED FACILITY: Home PROPOSED DESIGN FLOW (.0400): 360 PROPERTY SIZE: .9
LOCATION OF SITE: 522 Island Ford Road Statesville NC PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Public ☑ Single Family Well ☐ Shared Well ☐ Spring ☐ Other ___ WATER SUPPLY SETBACK: ___
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FEATURES .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH*	.0506 PROFILE CLASS*	.0507 LIMITING HORIZON*	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
1	S 15%	0-3"	L SN	NS np	7.5YR 4/4	62"			PS .25	6"
		3-7"	Ch ws sk	sp fi sap	2.5YR 3/6					
		7-21"	C ss sk	sp fi sap	2.5YR 4/8					
		21-62"	Ch ws sk	ss sp fi sap	2.5YR 4/6					
2	S 15%	0-6"	L SN	NS np	7.5YR 4/4	63"			PS .25	6"
		6-10"	Ch ws sk	sp fi sap	2.5YR 3/6					
		10-31"	C ss sk	sp fi sap	2.5YR 4/8					
		31-63"	Ch ws sk	ss sp fi sap	2.5YR 4/6					
3	S 15%	0-3"	L SN	NS np	7.5YR 4/4	48"			PS .25	6"
		3-7"	Ch ws sk	sp fi sap	2.5YR 3/6					
		7-30"	C ss sk	sp fi sap	2.5YR 4/8					
		30"-48"	Ch wsk	ss sp fi sap	2.5YR 4/6					
		48"	Rock							
4	S 14%	0-5"	L SN	NS np	7.5YR 4/4	53"			PS .25	5"
		5-9"	Ch ws sk	sp fi sap	2.5YR 3/6					
		9-25"	C ss sk	sp fi sap	2.5YR 4/8					
		29-53"	Ch ws sk	ss sp fi sap	2.5YR 4/6					

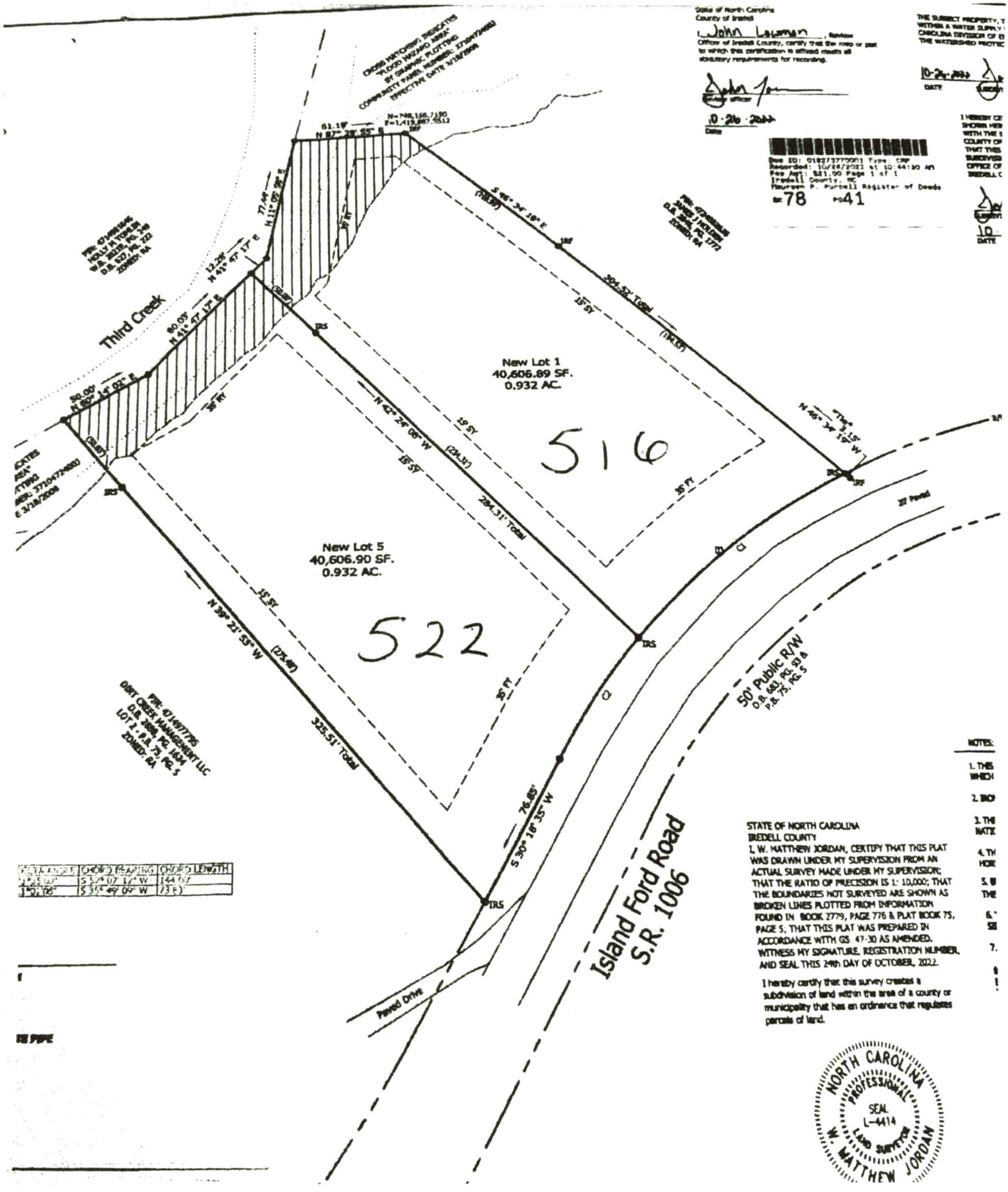
LICENSED SOIL SCIENTIST STEVEN RANDAL CANNON 1291 STATE OF NORTH CAROLINA

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	✓	✓
System Type(s)	Accepted	H. PMPS
Site LTAR	.25	.25
Maximum Trench Depth	30	30

SITE CLASSIFICATION (.0500): PS
EVALUATED BY: Steven Cannon
OTHER(S) PRESENT: ___

Comments: ___

5:29 PM Tue Mar 26 ••• 93%
Island Ford addresses .HEIC
Done



State of North Carolina
County of Iredell

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

10-26-2022
DATE

10-26-2022
Date

Doc ID: 018273779011 Type: CRP
Recorded: 10/26/2022 at 10:44:30 AM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Maureen P. Purnell Register of Deeds
B 78 P 41

10-26-2022
DATE

THE SUBJECT PROPERTY, T
WITHIN A WATER SUPPLY
CAROLINA DIVISION OF E
THE WATERSHED PROTEC

10-26-2022
DATE

I HEREBY CE
SHOWN HER
WITH THE S
COUNTY OF
THAT THIS
SURVEY WA
OFFICE OF
IREDELL C

10-
DATE

ORDER HISTORY: REVISED TO FLOOD HAZARD AREA BY GRAPHIC PLOTTING COMMUNITY PANEL NUMBER: 3710477400J EFFECTIVE DATE 3/18/2009

PIN: 4744983446
JONES J HOLDEN
D.B. 2643, PG. 1772
ZONED: RA

PIN: 4744988446
HOLLY H TOMLIN
W.B. 2015E, PG. 50
D.B. 520, PG. 322
ZONED: RA

PIN: 4744977795
DIRT CREEK MANAGEMENT LLC
D.B. 3686, PG. 1624
LOT 2 - P.B. 75, PG. 5
ZONED: RA

61.19'
N 87° 39' 55" E
77.44'
N 11° 05' 38" E
12.26'
N 41° 47' 17" E
60.05'
N 41° 47' 17" E
30.00'
N 85° 14' 02" E
35' R/W
15' SY

DELTA ANGLE	CHORD BEARING	CHORD LENGTH
1°42'50"	S 52° 07' 12" W	144.67'
1°30'28"	S 53° 49' 09" W	73.83'

NOTES:
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STATE OF NORTH CAROLINA
IREDELL COUNTY
I, W. MATTHEW JORDAN, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; THAT THE RATIO OF PRECISION IS 1: 10,000; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK 2779, PAGE 776 & PLAT BOOK 75, PAGE 5; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED. WITNESS MY SIGNATURE, REGISTRATION NUMBER, AND SEAL THIS 24th DAY OF OCTOBER, 2022.

I hereby 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.

NORTH CAROLINA PROFESSIONAL SEAL L-4414 LAND SURVEYOR W. MATTHEW JORDAN