ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 320082

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

PIN # 4715 --43 --7457

APPLICANT/OWNER: Wade Ikard

APPLICANT ADDRESS: 633 Old Farm Road Statesville NC 28625

SITE ADDRESS: 406 Wood Bridge Road Statesville NC 28625

PHONE: 704-500-7622 ALT. PHONE —

SITE DIRECTIONS: Highway 64 E on Woodbridge Site on Left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Wood Bridge Estates

SECTION: 1/52 LOT # 4 LOT AREA: 1.1 Acres

DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank	1000 (gal)	STB 760	Date 2/23/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT	Date	System Description:	Gravity - 25% Reduction
Pump Make		Model	Serial #	Repair System Description:	HLPDRPS - 50% Reduction
# Nitrification Fields	1	# Lines 7	Linear Ft: 484	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36 in	Trench Bottom Depth(Low side)	24 in	Gravel Depth —	☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
☒ Public
☐ Community

Comments / Conditions:

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:

Soil & Forestry Services Stella Cordobas

LSS # 1231

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.*

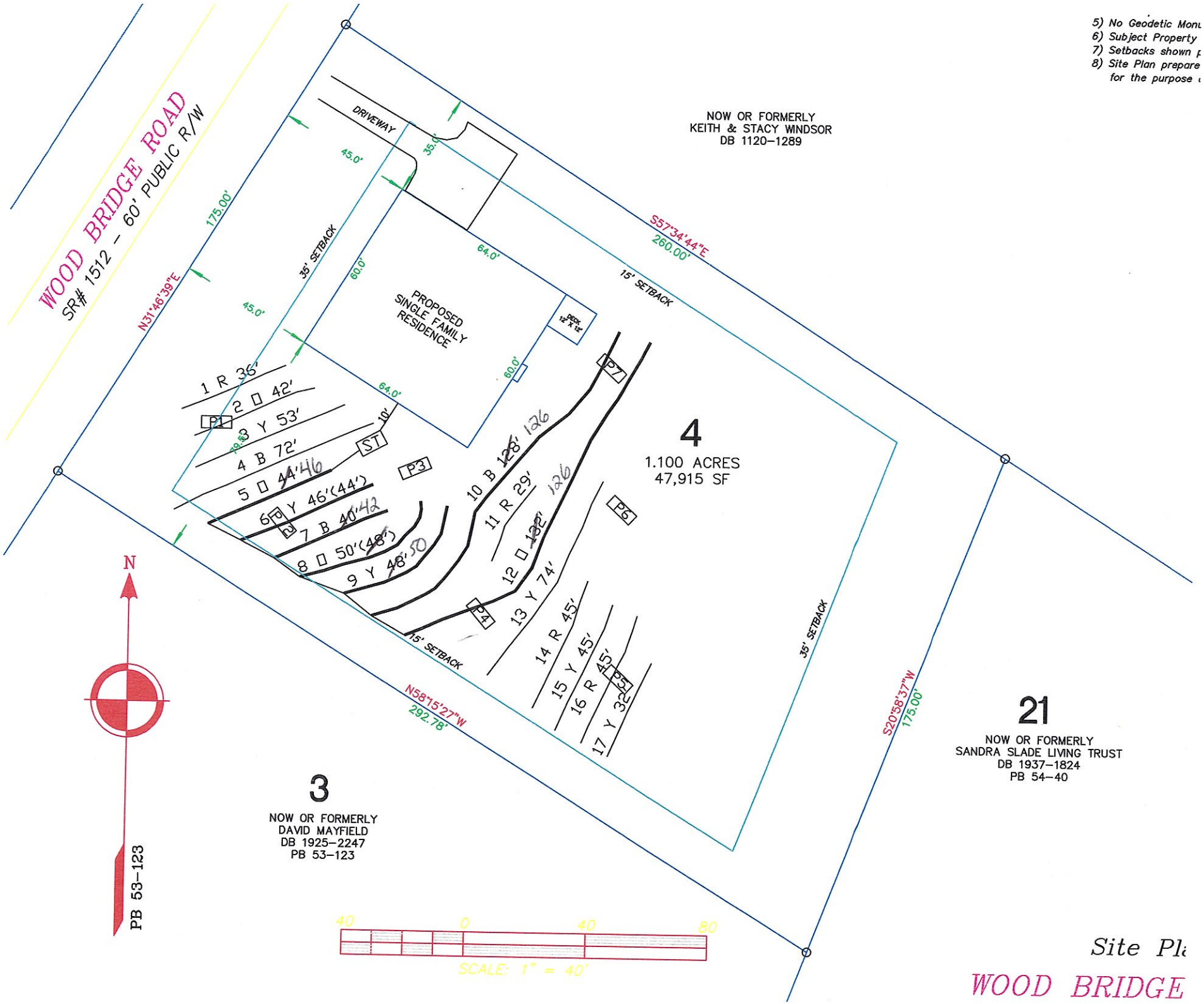
Owner / Applicant Signature: Wade Ikard Date: 8-12-21 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Date: 8-10-2021 OPERATION PERMIT by: Cary Wil Date: 4/21/22

AUTHORIZATION TO CONSTRUCT by: Date: 8-10-2021 Existing System Inspected by: Date:

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

5) No Geodetic Monu
6) Subject Property
7) Setbacks shown p
8) Site Plan prepare
for the purpose



Site Pl

WOOD BRIDGE

CALCULATIONS

Location 406 Woodbridge Road
Statesville, NC 28625
Project Number 21-0055

Lot No: 4

No. of Bedrooms 4

Design Flow 480 $^{gal}/_{day}$

LTAR 0.250 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) NO

Supply Line Length 12 ft.

Supply Line Volume 7.836 gal.

Required Feet of Line 480 ft.
Amount of Line from Layout 484 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

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

PROPERTY ID #: 4715437345
COUNTY: Iredell

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

OWNER: Wade & Tina Ikard
ADDRESS: 633 Old Farm Rd, Statesville NC 28625
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 406 Wood Bridge Rd, Statesville NC 28625
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE
DATE EVALUATED: 7/13/21
PROPERTY SIZE: 1.1AC
PROPERTY RECORDED: Yes

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
P 1	L/4%	0-28	BRC wmAbk	Fr SS SP SEXP		42"			PS 0.25
		28-42	BRSCL wfsbk	Fr SS SP					
		42-72	VAR. FSL MASS	Fr SS SP					
P 2	L/4%	0-38	RC wmAbk	Fr SS SP SEXP		48"			PS 0.25
		38-48	BRCL wmAbk/sbk	Fr SS SP					
		48-99	VAR SL MASS	Fr SS SP					
P 3	L/4%	0-22	RC wmAbk	Fr SS SP SEXP		32"			PS-32 0.25 At-grade or Drip
		22-32	RC wmsbk/Abk	Fr SS SP					
		32-AR							
P 4	L/5%	0-16	RBSC wfsbk	F SS SP	Compacted to 12"	62"			PS 0.25
		16-32	RC mmsbk/Abk	Fr SS SP	Few SAP				
		32-62	RC wmsbk	Fr SS SP	Few to C. SAP				
		62-73	VAR. SL MASS	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	HPPBPS
Site LTAR	0.25	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollins
OTHER(S) PRESENT: L. Cook

LICENSED SOIL SCIENTIST Samuel A. Rollins

COMMENTS:

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 #: 4715437457
DATE OF EVALUATION: 7/13/21
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
P5	L/8%	0-28	BRC mmAbk	Fr SS SP SEXP					PS 0.25
		28-42	RC wm sbk/Abk	Fr SS SP	Few SAP Indu.	54"			
		42-54	RBCL wf sbk	Fr SS SP	Few to C. SAP Indu.				
		54-75	VAR. SL. MASS	Fr SS SP					
P6	L/80%	0-14	Fill						PS 0.25
		14-32	RC wm sbk/Abk	Fr SS SP		50"			
		32-50	RBCL wf sbk	Fr SS SP					
		50-83	VAR. SL. MASS	Fr SS SP					
P7	L/60%	0-8	BSL Gr	Fr SS SP SEXP					PS 0.25
		8-28	RC mm Abk/sbk	Fr SS SP		48"			
		28-48	RC wm sbk/Abk	Fr SS SP					
		48-73	VAR. SL. MASS	# NS NP					

COMMENTS:

Original
3
406 Wood Bridge

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 21-0055
July 19th, 2021

WADE IKARD
Attn: *Wade Ikard*
Email: iwaikard000@aol.com

RE: Soil & Site Evaluation for a 4 Bedroom Residence on Lot 4 Woodbridge Estates, 1.1 ac Parcel, PIN# 4715437457, 406 Woodbridge Road, Statesville, NC 28625.

Wade:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above. The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittal to Iredell County Health Department.

Site Conditions

At the time of our evaluation land cover on the property was partially cleared and had mixed pine/hardwood in the back of the property. Topography within the evaluated area was gently slope near the house site and proposed drainfield area. There is a large gully or ravine located on the back sside of the property that was avoided with our evaluation. Property lines and corners were marked at the time of the evaluation by Thomas Williams. The client provided an Autocad File of a survey as a basemap. The proposed septic layout was located via survey and tape measures and used to produce the attached *Site Plan*. The house envelope was located via Survey by Thomas Williams.

Methodology

We evaluated soil areas through the use of backhoe pits. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with seven backhoe pits on the property flagged and located on the site plan. Five of the seven backhoe pits are located in the proposed septic layout. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each boring. The house envelope was located via survey. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by survey and tape measures. Detailed system & repair information is summarized in the following paragraph for this Lot.

406 Wood Bridge Road (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 974 linear feet of line. The primary system is proposed as 480 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth is specified at 24 inches on the low side. The repair system is proposed as 320 linear feet of HPPBPS (50% Reduction) drainfield with low pressure distribution. Trench depth is specified at 24 inches on the low side. There is 473 linear feet available for repair.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

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

Owner Date

Print Name_____
Signature_____ _____

The LSS Evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

"The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas on 406 Wood Bridge Road, Statesville, NC 28625 may nullify this design. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

LICENSED SOIL SCIENTIST
Samuel A. Rollans
1231
STATE OF NORTH CAROLINA

S. Ashley Rollans, LSS
Attachment: *Septic Design*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 4 bedroom single family residence on Woodbridge Estates Lot 4, 406 Woodbridge Road, Statesville 28625, Iredell County, NC. (PIN:4715437457)

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2-3
Layout Specifications	4
Site Plan/System Plan	5
Calculations	6
Profile Descriptions	7-8
Zoning Permit & Receipt	10
Application	11
Green Sheet	12
Agent Authorization Form	13

LICENSED SOIL SCIENTIST
Samuel A. Rollins
1231
STATE OF NORTH CAROLINA

July 19, 2021
Project #: 21-0055
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a gravity 25% reduction (Accepted) w/Pressure Manifold.
- **Recommend stubbing plumbing out near the right front corner of the house.**

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Owner/Applicant:	Wade Ikard
Address:	633 Old Farm Road Statesville NC 28625
Phone:	704.500.7022
County:	Iredell
Location:	406 Woodbridge Road Statesville NC 28625
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	N/A

Design Specifications

Drainfield Size:	480	
Loading Rate (gpd/ft.^{2}):	0.25	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Max.Trench Depth (LOW SIDE):	24 in.	Repair Trench Bottom 24 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	
Estimated Supply Line Length:	12	
Supply Line Diameter:	4 in. SCH 40 PVC	
Supply Line Volume:	7.84	
Dosing Volume:	N/A	
Supply Manifold:	N/A	
Supply Manifold Length:	N/A	
Supply Manifold Volume:	N/A	
Recommended Float Controls:	N/A	
Recommended Control Panel:	N/A	
Pressure Head:	N/A	
Friction Head:	N/A	
Elevation Head:	N/A	
Total Dynamic Head:	N/A	
Threaded Union:	N/A	
Gate Valves:	N/A	
Check Valves:	N/A	
Anti-Siphon Hole:	N/A	
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA	

406 Woodbridge Road

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.25
TOTAL AREA TRENCH BOTTOM:	1452
TOTAL LATERAL LENGTH:	484
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	480
SUPPLY LINE LENGTH:	12
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - 406 Woodbridge Road

Project #: 21-0055

LAYOUT FOR 4 BEDROOM HOME

July 19, 2021

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	RED					36	36
2	ORANGE					42	42
3	YELLOW					53	53
4	BLUE					72	72
5	*ORANGE*					*57*	*44*
6	*YELLOW*					*46*	*44*
7	*BLUE*					*40*	*40*
8	*ORANGE*					*50*	*48*
9	*YELLOW*					*48*	*48*
10	*BLUE*					*128*	*128*
11	RED					29	29
12	*ORANGE*					*132*	*132*
13	YELLOW					74	74
14	RED					45	45
15	YELLOW					45	45
16	RED					45	45
17	YELLOW					32	32
					Total	974	957

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	MAX. TRENCH DEPTH (LOW SIDE)
* *System*	*484*	*0.250*	*ACCEPT.*	*0.250*	*25% RED*	*GRAVITY*	24"
Repair	473	0.250	MOD. CONV.	0.250	HPPBPS	LOW PRESSURE	24"

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**Nitrification lines were located by GPS.

**Proposed House was located by Survey.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Wade Ikard Address: 633 Old Farm Road Statesville NC Zip: 28625
Applicant Email: iwaikard000@aol.com Phone: 704 500 7022 Alt. Phone: _____
Owner Name: Same as above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 406 Wood Bridge Road Statesville NC 28625
Subdivision Name: Wood Bridge Estates Section/Phase: II Lot Number: 4
Driving Directions: See Address

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: 4
Maximum Number of Occupants: 8
( ) 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: Accepted

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: _____ 7/27/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Wade Ikard, am the legal owner(s) of the property located at 406 Wood Bridge Rd, Statesville NC 28625, identified as PIN (Parcel Identification Number) 4715437457, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) SFS/Ashley Rollans & Cornerstone Properties., 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.

X _____ _____ _____ _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

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

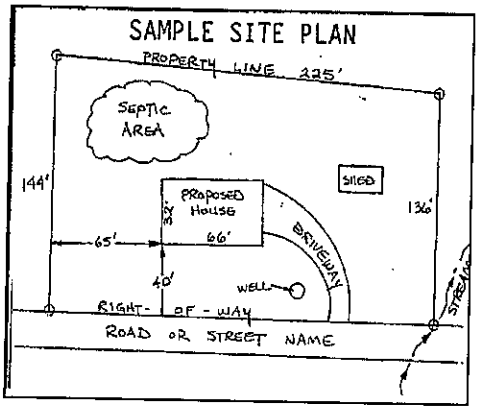
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- (X) Preferred well location
- (X) Preferred septic system location
- ( ) 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

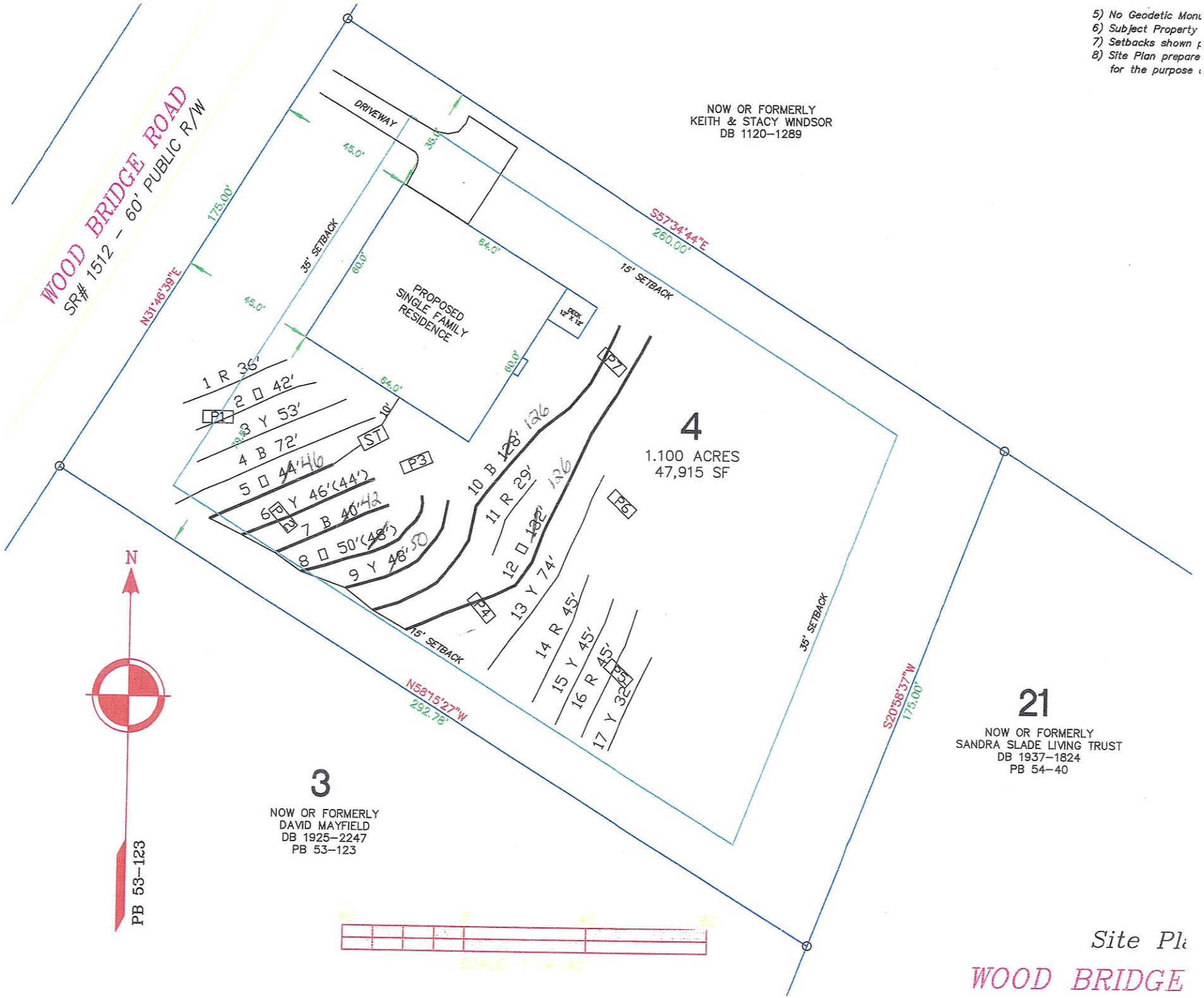
See Attached

Signature: Lauren A Rollins

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

7/22/21
DATE

5) No Geodetic Monu
6) Subject Property
7) Setbacks shown p
8) Site Plan prepare
for the purpose



Site Pl

WOOD BRIDGE

Know all men by these presents, that I am (We are) the Owner(s) of the property shown and described hereon and that I (we) hereby acknowledge this Plat and allotment to be my (our) free act and deed.

Mary Jane Draper — Owner or Member — Date: 02/12/2008

Owner or Member — Date

State of North Carolina, County of Iredell

I, Debbie Williams a Notary Public of the County and State Aforesaid, Certify that Mary Jane Draper ____ Personally appeared before me this Day and Acknowledged The Execution of the Foregoing Instrument. Witness my Hand and Official Stamp and Seal. This 12 Day of February, 20 08

Debbie Williams — Notary Public

My Commission Expires : April 23, 2011

DEBORAH WILLIAMS NOTARY PUBLIC IREDELL COUNTY, NC

Owner – Subdivider

C & D Excavating, LLC.
118 Sam's Trail Lane
Statesville N. C. 28625

Legend

EIP.....Existing Iron Pipe
EIR.....Existing Iron Rod
NIR.....New Iron Rod
C.M.....Concrete Monument
R/W.....Right of Way
OHP.....Overhead Powerline

The Lots Represented on this Plat, Have not been Inspected or Approved by the Iredell County Health Department. Until Inspected there is no assurance that a Building Permit will be Issued.

Notes

5.363 Acres Total Area in Lots — Zoning Classification R-A

1.116 Acres in Road R/W dedicated in Plat Book 52 Page 35

4 Revised Building Lots Total with individual well and septic tanks

Smallest Lot : Lot # 2 = 1.075 Acres

All Lots are subject to a 20' Drainage and Utility Easement 10' on each side of all Lot Lines and 10' along Road R/W

Minimum Building Setback requirements per Zoning Ordinance 35' Front, 15' Side, 35' Rear, 25' Min. Side on Corner Lot

100' Minimum Lot width required at Front Building Setback Line

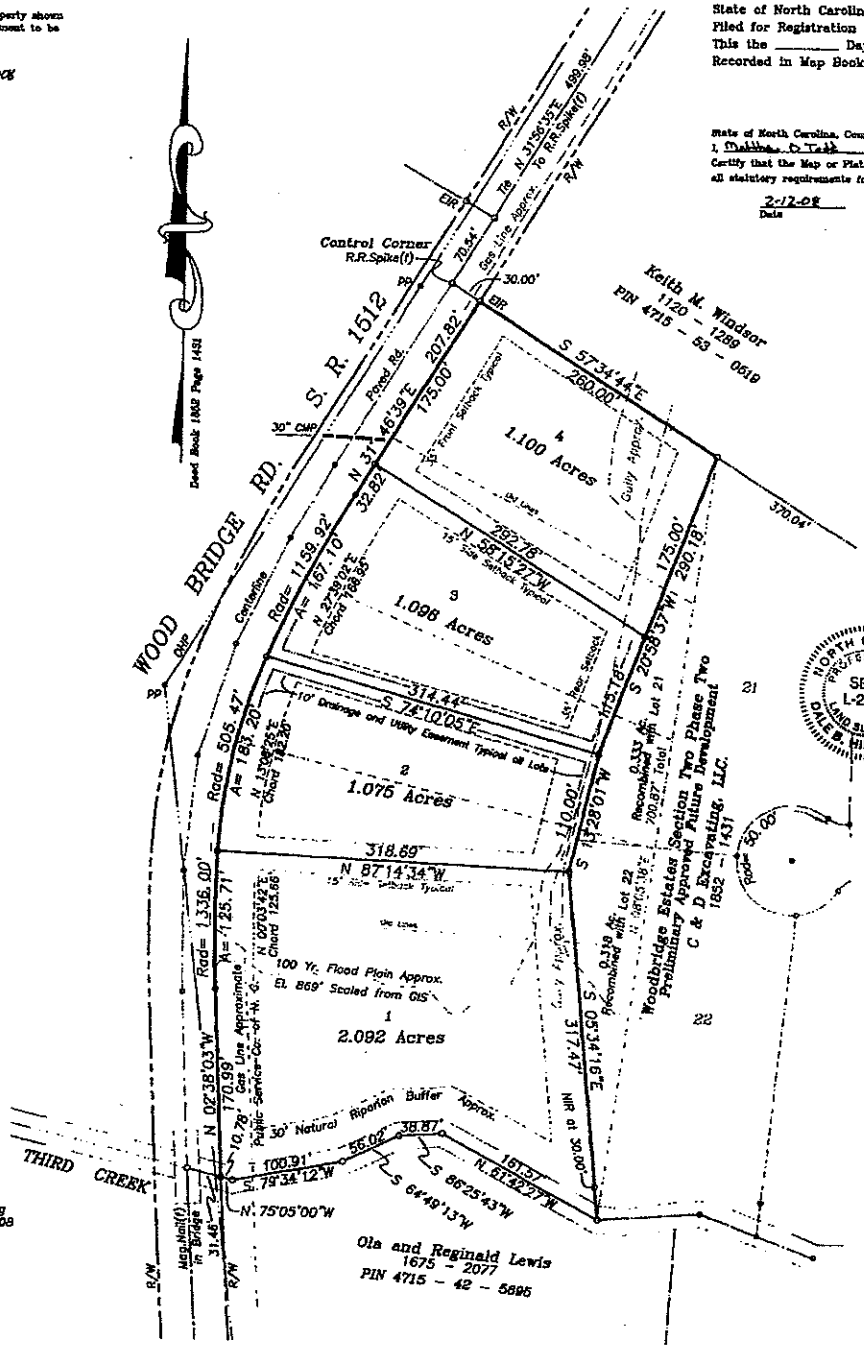
Portion of Lot # 1 is located within the 100 Yr. Flood Plain according to FEMA–FIRM Panel No. 3710470400J, Adoption date: March 18, 2008

Property is subject to any Valid and Enforceable Rights of Way Easements and Restrictions on record, and any unrecorded written or unwritten easements that may exists but were not apparent as as of the date shown on this Survey

New Iron Rods set at all Lot Corners unless noted otherwise

No N. C. Geodetic Survey Markers were found within 2000'

Survey Date May 31, 2007 Revision Date January 15, 2008



State of North Carolina, Filed for Registration at This the ____ Day Recorded in Map Book

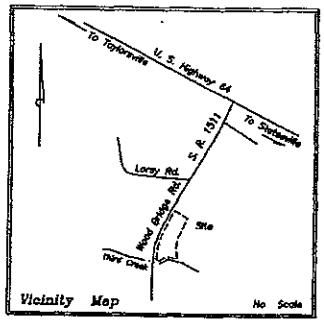
Doc ID: 013795220001 Type: CRP Recorded: 02/13/2008 at 02:04:06 PM Fee Amt: $21.00 Page 1 of 1 Iredell County, NC Brenda D. Bell Register of Deeds

BK 53 PG 123

State of North Carolina, County of Iredell

I, Dabbie B Tabb Review Officer of Iredell County, Certify that the Map or Plat to which this certification is affixed meets all statutory requirements for recording.

2-12-08 Date — Review Officer



I, Hereby Certify that this Plat for recordation is an exception to the Subdivision Ordinance of Iredell County, North Carolina.

2-12-08 Date — Subdivision Administrator Iredell County, N. C.

Lots 1–4 of Wood Bridge Est. II to the best of my knowledge does not lie within a Water Supply Watershed as designated by the N. C. Division of Environmental Management.

2-12-08 Date — Subdivision Administrator

I, Dale B. Hilderbran Hereby Certify that this Plat was drawn from an actual survey made under my direct supervision (Deed Description recorded in Deed Book 1922 Page 1431 and Deed Book ____ Page ____); that the Ratio Precision is 1 : 20,000+ as calculated, that the boundaries not surveyed are shown as broken lines plotted from information as referenced hereon; that this Plat was prepared in accordance with General Statute 47-30 as amended. Witness my Hand and Official Seal this the 7th day of February, 2008 a.d.

Dale B. Hilderbran
N. C. Professional Land Surveyor L-2881

NORTH CAROLINA PROFESSIONAL SEAL L-2881 LAND SURVEYOR DALE B. HILDERBRAN

I Hereby Certify that this Survey is of another category, such as a Recombination of Existing Parcels, a court ordered Survey, or other exception to the definition of Subdivision.

Dale B. Hilderbran
N. C. Professional Land Surveyor L-2881

Lots 1 – 5 are being Recombined into 4 Lots. The excluded portion at rear of Lots 1 – 5 are being Recombined with Parent Tract and are to be made part of Phase Two Lots 21 & 22 upon recording.

Reference PIN's : 4715 – 42 – 6809, 4715 – 43 – 6130, 4715 – 43 – 6280
4715 – 43 – 7364, 4715 – 43 – 8416

Recombination Plat of Lots 1–5 of Phase One of

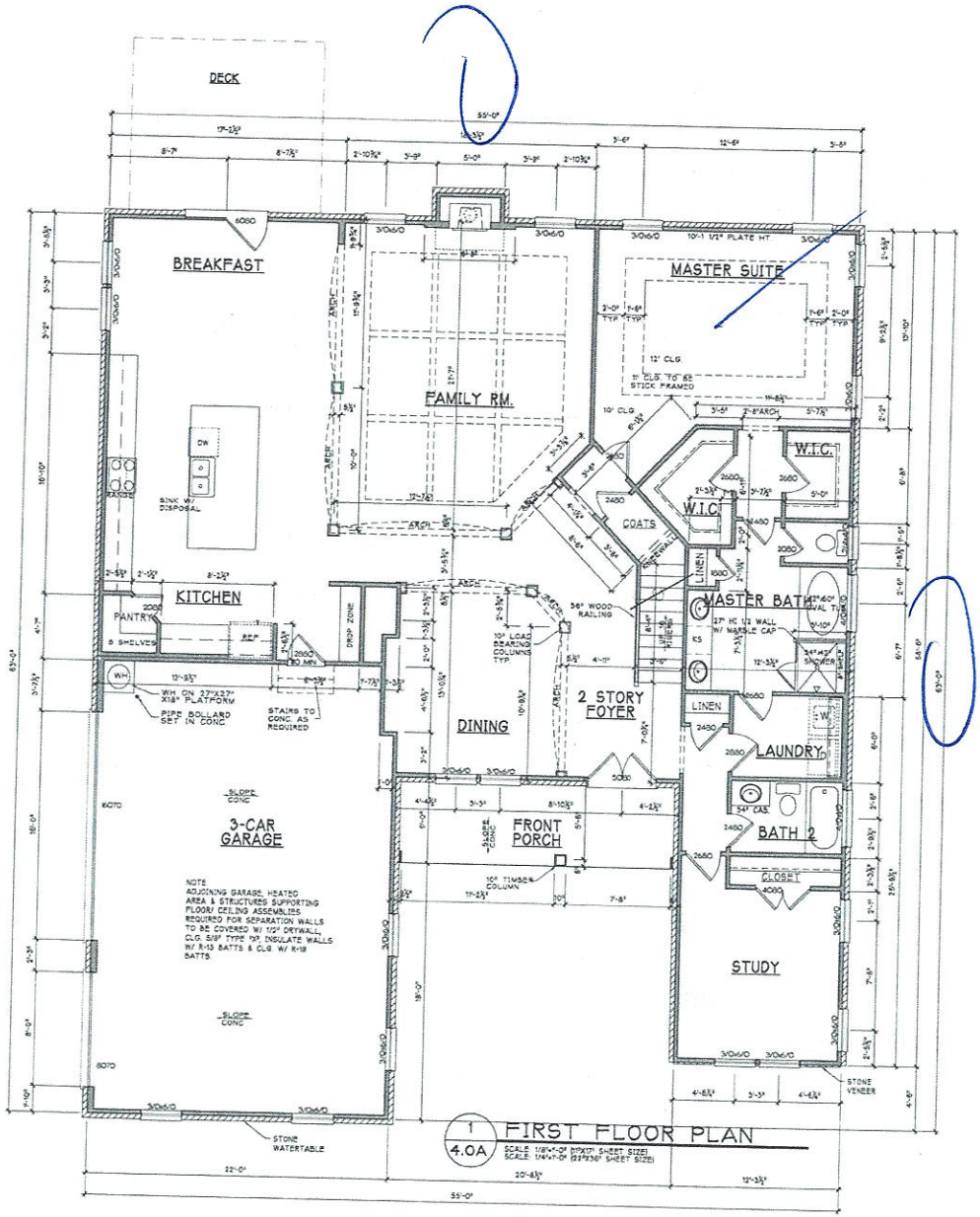
WOOD BRIDGE ESTATES Section Two

Concord Township — Iredell County — North Carolina
Scale 1" = 80' — Platted January 15, 2008

Reference
Plat Book 52 Page 35 — Deed Book 1852 Page 1431

Graphic Scale
0 10 25 50 100 200
1 Inch = 80 ft.

DALE B. HILDERBRAN, PLS.
LAND SURVEYING and SUBDIVISION PLANNING
2389 Kans Drive Sherrills Ford, N. C. 28673
Phone (828) 478–3234 Mobile (980) 721–5025



FIRST FLOOR NOTES:

- CONTRACTOR TO VERIFY ALL DIMENSIONS.
- DO NOT SCALE DIMENSIONS FROM PRINTS. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
- FULL 4" OR 6" EXTERIOR WALL WERE USED IN DETERMINING DIMENSIONS ON PLANS.
- FULL 4" OR 6" EXTERIOR WALL WERE USED IN DETERMINING DIMENSIONS ON PLANS.
- FRAMERS SHALL START ALL WALL LAYOUTS FROM THE REAR OF THE HOUSE
- ALL ANGLED WALL ARE 45 DEGREES OR 90 DEGREES (UNLESS NOTED OTHERWISE)
- ALL OVERALL DIMENSIONS SHALL BE FROM OUT TO OUT OF FRAMING, INTERIOR DIMENSIONS SHALL BE FROM ONE SIDE OF STUD
- ALL INTERIOR DOORS ARE 4" FROM WALL (UNLESS NOTED OTHERWISE)
- WHEN HOUSE IS REVERSED, WASHER AND DRYER HOOKUPS TO REMAIN ORIENTED WITH WASHER ON LEFT AND DRYER ON RIGHT
- MASTER MOUNTS SHALL BE PLACED ON ALL EXTERIOR LIGHTS AND HOSE BIBBS.
- FRAMED CAVITY WALLS (i.e. TUBS SHOWERS, STAIRS & FIREPLACES) SHALL BE INSULATED WITH AIR BARRIER PER ENERGY CODE.
- ANY WINDOW W/ A SILL OF LESS THAN 24" AFF. OR EQUAL TO OR GREATER THAN 72" (BFF. MUST HAVE HOOD & MAY BE SUBJECT TO FALL PROTECT RULE.

Acknowledgement Of Plans Submittal ONLY!

Date 8-11-21

Date 8-12-2021

CORNERSTONE III PROPERTIES
4509 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

PROJECT TITLE
KATHERINE PLAN

PROJECT NUMBER
ISSUE DATE

DRAWING DATA
DRAWN BY:
CHECKED BY:
FILE NUMBER:

SHEET TITLE
FLOOR PLAN

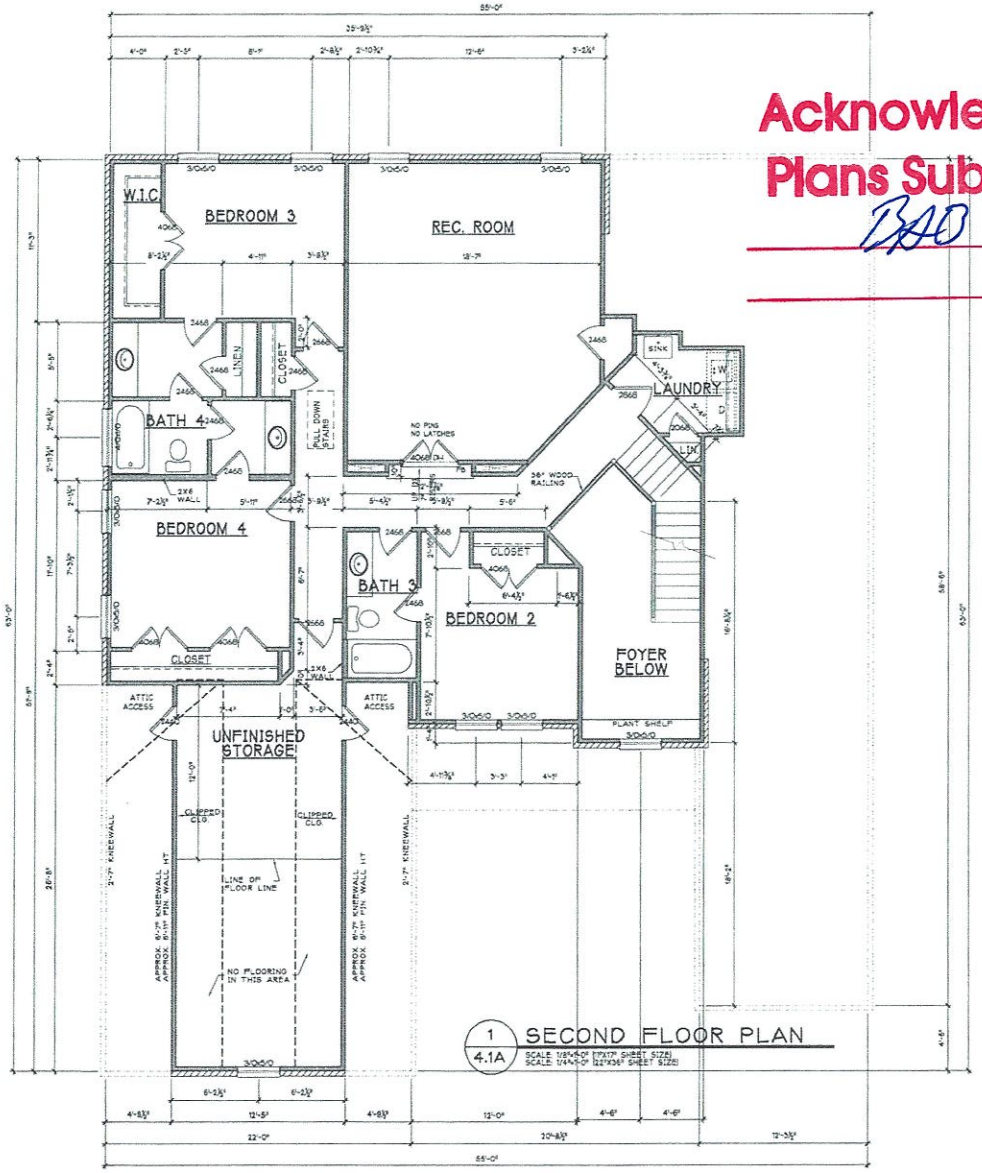
SQUARE FOOTAGE:

1ST FLR.	2268 SQ. FT
2ND FLR.	1398 SQ. FT
TOTAL HEATED:	3667 SQ. FT
FRONT PORCH:	114 SQ. FT
UNFIN. STORAGE:	351 SQ. FT
TOTAL UNHEATED:	465 SQ. FT
3-CAR GAR.	776 SQ. FT
TOTAL UNDER ROOF:	4868 SQ. FT

SHEET NUMBER
4.0A

SECOND FLOOR NOTES:

- CONTRACTOR TO VERIFY ALL DIMENSIONS.
- DO NOT SCALE DIMENSIONS FROM PRINTS. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
- FULL 4" OR 6" EXTERIOR WALL WERE USED IN DETERMINING DIMENSIONS ON PLANS
- FRAMERS SHALL START ALL WALL LAYOUTS FROM THE REAR OF THE HOUSE
- ALL ANGLED WALL ARE 45 DEGREES OR 90 DEGREES UNLESS NOTED OTHERWISE)
- ALL INTERIOR DOORS ARE 4" FROM WALL UNLESS NOTED OTHERWISE)
- ALL WINDOW HEADER HEIGHTS ARE TO BE RAISED TO 7'-0" WITH A BONUSREC. RM/LOFT. STEP UP.
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCORDING TO CODE.
- ALL OVERALL DIMENSIONS SHALL BE FROM OUT TO OUT OF FRAMING. INTERIOR DIMENSIONS SHALL BE FROM ONE SIDE OF STUD
- WHEN HOUSE IS REVERSED, WASHER AND DRYER HOOKUPS TO REMAIN ORIENTED WITH WASHER ON LEFT AND DRYER ON RIGHT
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- ANY WINDOW W/ A SILL OF LESS THAN 24" AFF MUST HAVE HOOD & MAY BE SUBJECT TO FALL PROTECT RULE.



Acknowledgement Of Plans Submittal ONLY!

BJD Date 8-11-21

Date

CORNERSTONE III PROPERTIES
4509 FAITH CHURCH RD
INDIAN TRAIL, NC 28079

PROJECT TITLE
KATHERINE PLAN

PROJECT NUMBER
ISSUE DATE

DRAWING DATA
DRAWN BY
CHECKED BY
FILE NUMBER 16-15

SHEET TITLE
SECOND FLOOR PLAN

SHEET NUMBER
4.1A

IREDELL COUNTY · NC

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

APPLICATION NUMBER
320082 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4715437457.000	406 WOOD BRIDGE RD	Iredell County

Owner Information	Applicant Information
Name: IKARD WADE A+TANNA B	Name: IKARD WADE A+TANNA B
Address:	Address:
Phone: (704)500-7022	Phone: (704)500-7022

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.1	35	35	15	15	N/A	NO

Remarks
SFD

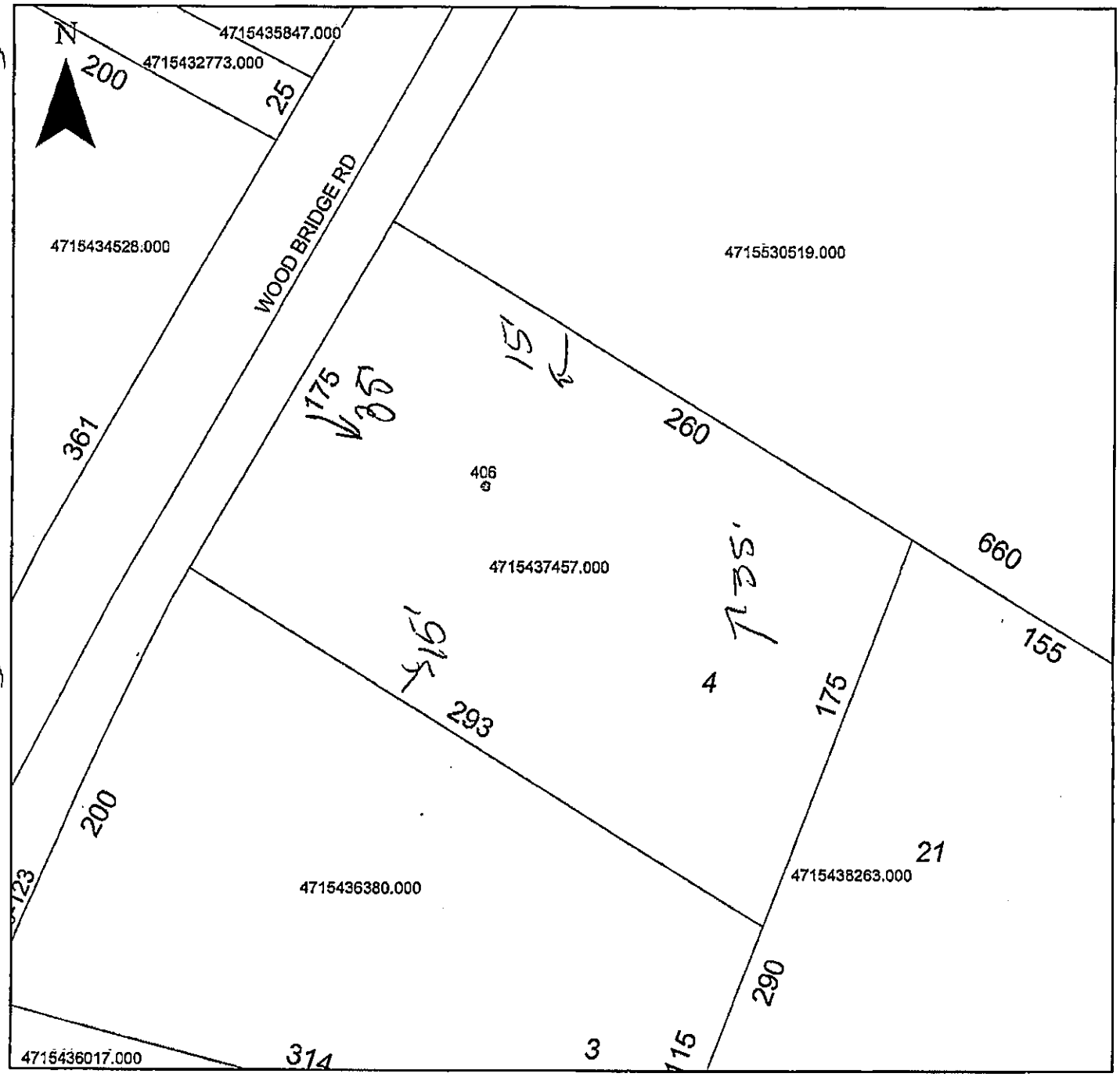
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 07/29/2021

Signature of Owner/Contractor

Permit Number	320082	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 406 Woodbridge

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

Applicant

7-29-2021
Date