IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228540

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

PIN # 4715854279

APPLICANT/OWNER: Castlegate LLC APPLICANT ADDRESS: 282 Scotts Creek RD Statesville NC 28625

SITE ADDRESS: 132 Castle Pines Lane Statesville NC 28625 PHONE: ALT. PHONE Kathleen Saunders 704 578 4951

SITE DIRECTIONS: I-40 exit 148 Right on Taylorsville Hwy Lon Abbotts Farm Loop L/on Staffordshire Ln Castle Pines SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Castlegate SECTION — LOT # 103. LOT AREA: .460 Acres DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	T25	Date	12/12/17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction			
Pump Make		Model			Serial #		Repair System Description:	50% Reduction			
# Nitrification Fields	1	# Lines	3		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)		34	Gravel Depth	~		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply		
☐ Business	No. Persons	6	☐ Private		
☐ Other	No. Employees		☒ Public		
☒ Slab	☐ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Install as shown on attached Site Design.

INITIAL SITE SKETCH

See attached

Site Design by

The Oakes Group

Lss Kathleen Saunders

#1313

AS BUILT SKETCH

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: Kathleen Saunders Date: 8/1/17 Installed by: Rowan Septic (Kevin)

IMPROVEMENT PERMIT by: Benjamin A Bottoms Date: 7/26/2017 OPERATION PERMIT by: Carla C. Cave Date: 1/31/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottoms Date: 1/16/2018. Existing System Inspected by: Date:

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Map Book: 54 at Page: 98 as recorded in the Iredell County Register of Deeds.

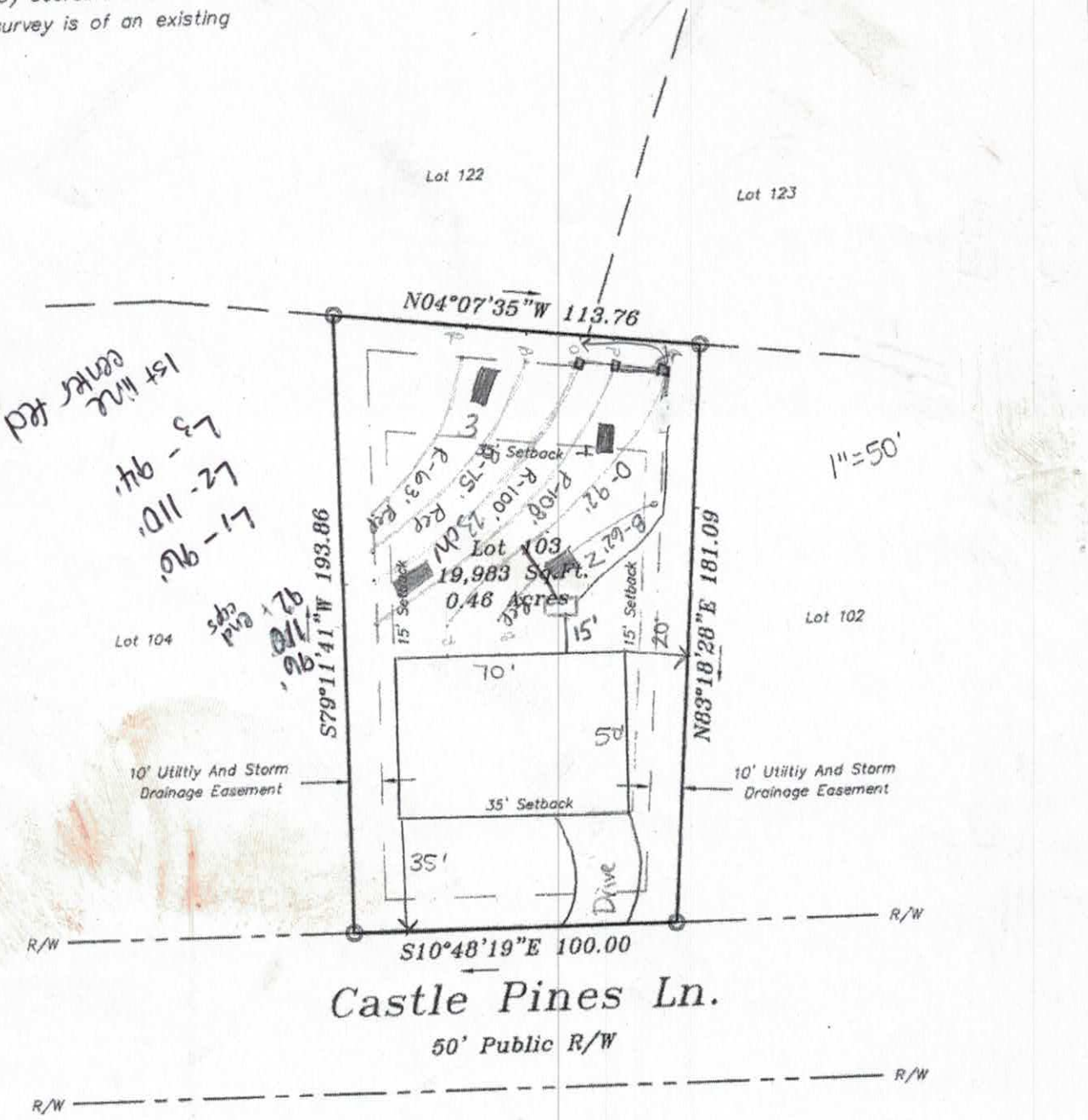
3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

4) Area by coordinate method.

5) This survey is of an existing

Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
B.O.C. = Back of Curb
= Not to scale
= Telephone Pedestal
= Utility Pole
= Cable Pedestal
= Calculated Point



P.B. 54, Pg. 98

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 132 Castle Pine Lane

Date: June 19, 2017

Attached is the septic specification information required to permit the 132 Castle Pine Lane for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders

Lot 103 Castlegate Fast Track - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Concrete Slab/Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	3 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (High Side)	36"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	200
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Blue	LP PPBPS	62
2	System	Orange	25% Reduction	92 endfed
3	System	Pink	25% Reduction	108 endfed
4	System	Red	25% Reduction	100 endfed
5	Repair	Blue	LP PPBPS	75
6	Repair	Red	LP PPBPS	63
				Total System: 300'
				Total Repair: 200'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Castlegate
ADDRESS: 282 Scotts Creek Statesville
PROPOSED FACILITY: SFR
LOCATION OF SITE: Castlegate #103
APPLICATION DATE
DATE EVALUATED: 6/15/17
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.46 Ac
PROPERTY RECORDED: yes

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5%	0-6	Mo GR SL	FR NS/NP	Br	51+	N/A	N/A	0.3
		6-29	mo SBK C	FR SS/SP	R				
		29-51	WK SBK CL	↓	R; C sap				
2	L 5%	0-29	WK ABK/ Mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		29-48	WK SBK CL	↓	R; C sap				
3	HS LCC 5%	0-11	Mo GR SL	FR NS/NP	DK Br	50+	N/A	N/A	0.3
		11-20	WK SBK SCL	FR SS/SP	Lt Br				
		20-38	Mo SBK C	↓	R				
		38-50	WK SBK CL	↓	R; C sap				
4	HS LCC 5%	0-10	Mo GR SL	FI NS/NP	Br; slight compaction				0.3
		10-22	WK SBK SCL	FR SS/SP	Lt Br R				
		22-53	Mo SBK C	FR SS/SP	R				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	yes	yes
System Type(s)	II	IV
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): 36" TB
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: kms
OTHER(S) PRESENT: ELH

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

pplication For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonme
( ) *Septic Improvement Permit* (X) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Re*

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

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 f

Applicant Information: Contact Kathleen Saunders (704) 578-4951

Applicant Name: Castlegate, LLC **Address:** 282 Scotts Creek Rd Statesville, 28625 **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 132 Castle Pines Ln Statesville

Subdivision Name: Castlegate **Section/Phase:** 1 **Lot Number:** 103

Driving Directions: Interstate 40 exit on to Hwy 64, Right on Taylorsville Hwy, L on Absher Farm Loop, L on Staffordshire, L on Castle Pines, lot on left

ite Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6 max
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
(X) Concrete Slab Foundati
( ) Basement with Plumbin
( ) Basement without Plumb

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 (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 gra right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for 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: Emma Helt / Kathleen Saunders **1-9-18**
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Non expiring

IREDELL COUNTY HEALTH DEPARTMENT

RECEIVED JUL 1 8 2017

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Paid $350.00 # 228540

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonme

(X) *Septic Improvement Permit* ( ) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Re*

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( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6 max
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundatio
(X) Concrete Slab Foundati
( ) Basement with Plumbin
( ) Basement without Plumb

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

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

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Please answer the following to the best of your ability:

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
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( ) 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 gra right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for 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: Emma Helt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/1/17
DATE

103

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Ray Short, am the legal owner of the property located at 132 Castle Pines Lane, identified as PIN(Parcel Identification Number) 4715-85-4279, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 2/1/17
Signature of Owner Date

_____ _____
Signature of Witness Date

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

X **Property Line measurements are clearly identified...** X **All proposed structures are indicated...**

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

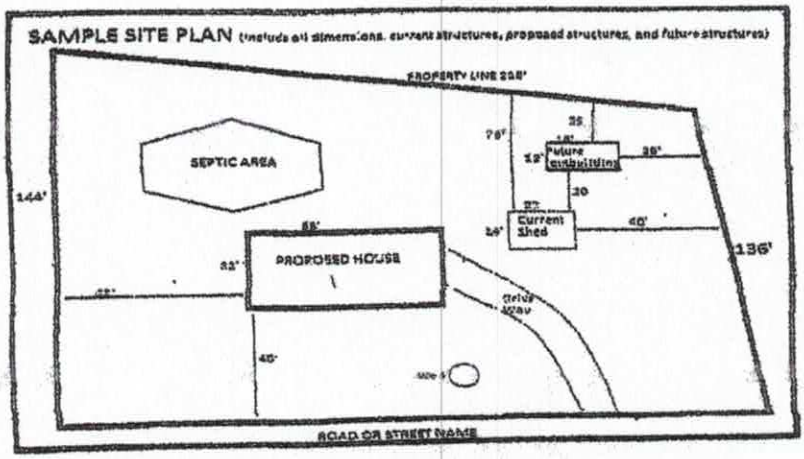
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

X **Area you prefer your septic system to be placed...** X **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

___ **Location of septic systems and wells within 100' of your property...** (N/A)

___ **Location of easements and rights of ways on your property...** (N/A) ___ **Location of any designated wetlands on the property...** (N/A)



USE THIS SPACE TO DRAW YOUR SITE PLAN

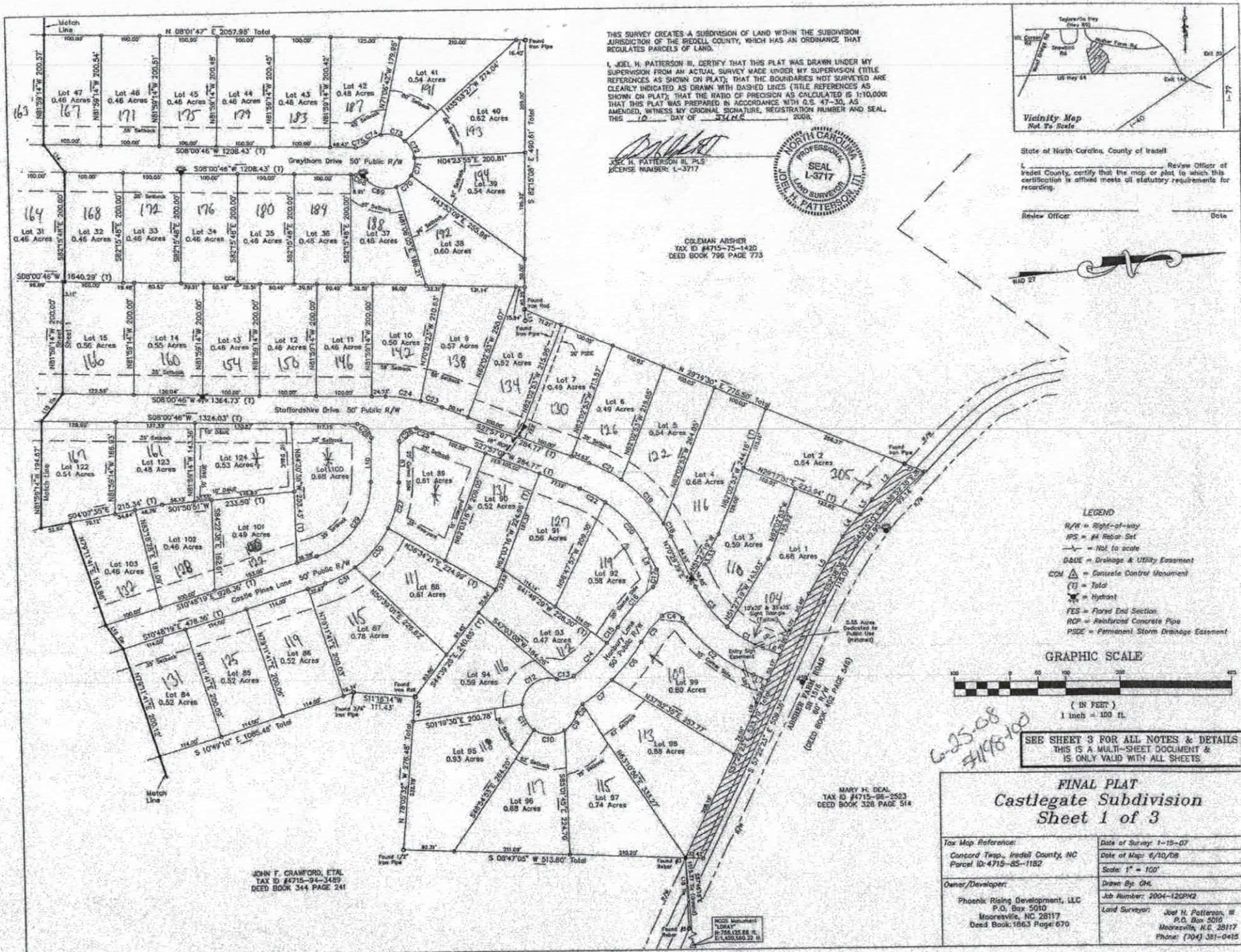
Please see attached site plan

Signature: Emma Hall / Kathleen Saunders

REQUIRED property owner or owner's legal representative signature.

1/9/18

DATE



THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE SUBDIVISION JURISDICTION OF THE IREDELL COUNTY, WHICH HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.

I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (TITLE REFERENCES AS SHOWN ON PLAT); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN WITH DASHED LINES (TITLE REFERENCES AS SHOWN ON PLAT); THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL, THIS 10 DAY OF JUNE, 2008.

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717

NORTH CAROLINA PROFESSIONAL SEAL L-3717 LAND SURVEYOR JOEL H. PATTERSON, III

Vicinity Map
Not To Scale

State of North Carolina, County of Iredell

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

Review Officer _____ Date _____

NAD 27

LEGEND
R/W = Right-of-way
IPS = #4 Rebar Set
—›— = Not to scale
D&UE = Drainage & Utility Easement
CCM = Concrete Control Monument
(T) = Total
= Hydrant
FES = Flared End Section
RCP = Reinforced Concrete Pipe
PSDE = Permanent Storm Drainage Easement

GRAPHIC SCALE
(IN FEET)
1 inch = 100 ft.

C-25-08
#1198-100

SEE SHEET 3 FOR ALL NOTES & DETAILS
THIS IS A MULTI-SHEET DOCUMENT & IS ONLY VALID WITH ALL SHEETS

FINAL PLAT
Castlegate Subdivision
Sheet 1 of 3

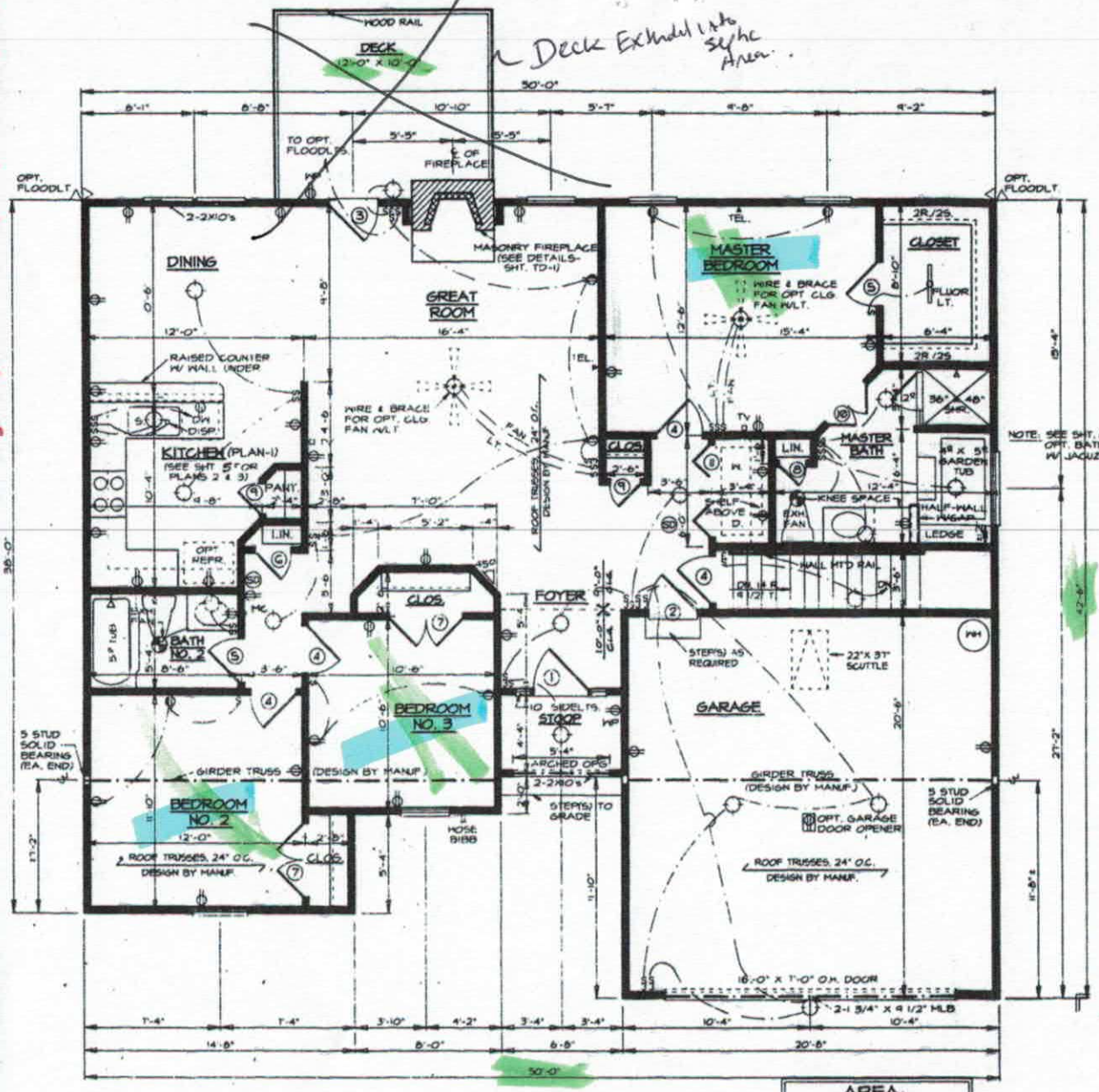
Tax Map Reference: Concord Twsp., Iredell County, NC Parcel ID: 4715-85-1152	Date of Survey: 1-15-07
	Date of Map: 6/10/08
	Scale: 1" = 100'
Owner/Developer: Phoenix Rising Development, LLC P.O. Box 5010 Mooresville, NC 28117 Deed Book: 1663 Page: 670	Drawn By: GHL
	Job Number: 2004-12GPH2
	Land Surveyor: Joel H. Patterson, III P.O. Box 5010 Mooresville, N.C. 28117 Phone: (704) 381-0415

Acknowledgement of Plans Submittal ONLY!

Manager Date 1-9-18

Builder Date 1/16/18

Deck Exhibit into Style Area.



FLOOR PLAN

SCALE: 1/4" = 1'-0"

AREA:	
HEATED FLOOR	1343
BASEMENT	1460
GARAGE	416
TOTAL	3269

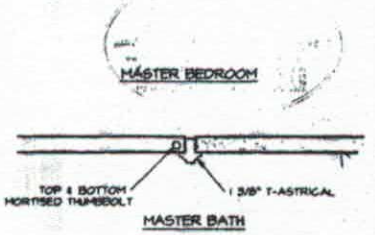
DOOR SCHEDULE		
TYPE	SIZE	DESCRIPTION
1	3'-0" X 6'-8" X 1 3/4"	SEE FRONT ELEVATION
2	2'-8" X 6'-8" X 1 3/4"	SOLID CORE
3	2'-8" X 6'-8" X 1 3/4"	15 LT. W/ 24" 6 LT. TRANSOM
4	2'-6" X 6'-8" X 1 3/8"	4 OR 6 PANEL **
5	2'-4" X 6'-8" X 1 3/8"	4 OR 6 PANEL **
6	2'-0" X 6'-8" X 1 3/8"	4 OR 6 PANEL **
7	2-2'-0" X 6'-8" X 1 3/8"	4 OR 6 PANEL EACH **
8	1'-4" X 6'-8" X 1 3/8"	2 OR 3 PANEL **
9	1'-6" X 6'-8" X 1 3/8"	2 OR 3 PANEL **
10	2-1'-6" X 6'-8" X 1 3/8"	2 OR 3 PANEL EACH **
11	5'-0" X 6'-8" X 1 3/8"	BI-FOLD **
12	2'-8" X 6'-8" X 1 3/4"	9 LT., 2 PANEL

** CARRIAGE SERIES - 3 OR 6 PANEL
ESTATE SERIES - 2 OR 4 PANEL
EXECUTIVE SERIES - 2 OR 4 PANEL
PRESIDENTIAL SERIES - 2 OR 4 PANEL

NOTICE:

LIVING CONCEPTS HOME PLANNING HAS TAKEN GREAT CARE IN THE PREPARATION OF THESE PLANS. HOWEVER, SINCE CODES ARE SUBJECT TO CHANGE AND INTERPRETATIONS VARY, WE DO NOT GUARANTEE COMPLIANCE WITH ANY SPECIFIC CODES OR ORDINANCES. PURCHASER OR BUILDER IS SOLELY RESPONSIBLE FOR VERIFYING COMPLIANCE WITH LOCAL BUILDING CODES AND ORDINANCES AND FOR ANY MODIFICATIONS TO THE PLANS THAT MAY NEED TO BE MADE IN ORDER TO COMPLY. BUILDER IS ALSO RESPONSIBLE FOR VERIFYING SITE AND SOIL CONDITIONS AS WELL AS ALL DIMENSIONS AND SQUARE FOOTAGE CALCULATIONS BEFORE BEGINNING CONSTRUCTION. THESE PLANS SHOULD BE REVIEWED BY A LOCAL ARCHITECT OR ENGINEER TO VERIFY ADAPTATION TO SITE AND LOCAL STRUCTURAL DESIGN REQUIREMENTS. LIVING CONCEPTS HOME PLANNING MAY NOT BE HELD RESPONSIBLE AND ASSUMES NO LIABILITY FOR ANY HOME CONSTRUCTED FROM THESE PLANS.

THIS PLAN IS THE PROPERTY OF LIVING CONCEPTS HOME PLANNING AND MAY NOT BE USED OR REPRODUCED WITHOUT THEIR WRITTEN PERMISSION.



BI-SWING DOOR DETAIL

SCALE: 1 1/2" = 1'-0"

© Copyright 1996 Living Concepts

Caroline

A-1383

Living Concepts HOME PLANNING

DRAWN BY

DATE

SHEET NO. 2 of 6

JN 1-16-18

Prior Removed 1/16/2018

IREDELL COUNTY

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

APPLICATION NUMBER
228540
Issue Date: 07/10/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4715854279.000	132 CASTLE PINES LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CASTLEGATE LLC	Applicant: KATHLEEN SAUNDERS
Address: 282 SCOTTS CREEK RD STATESVILLE, NC 28625	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.460	35.00	35.00	15.00	15.00	NOT	X

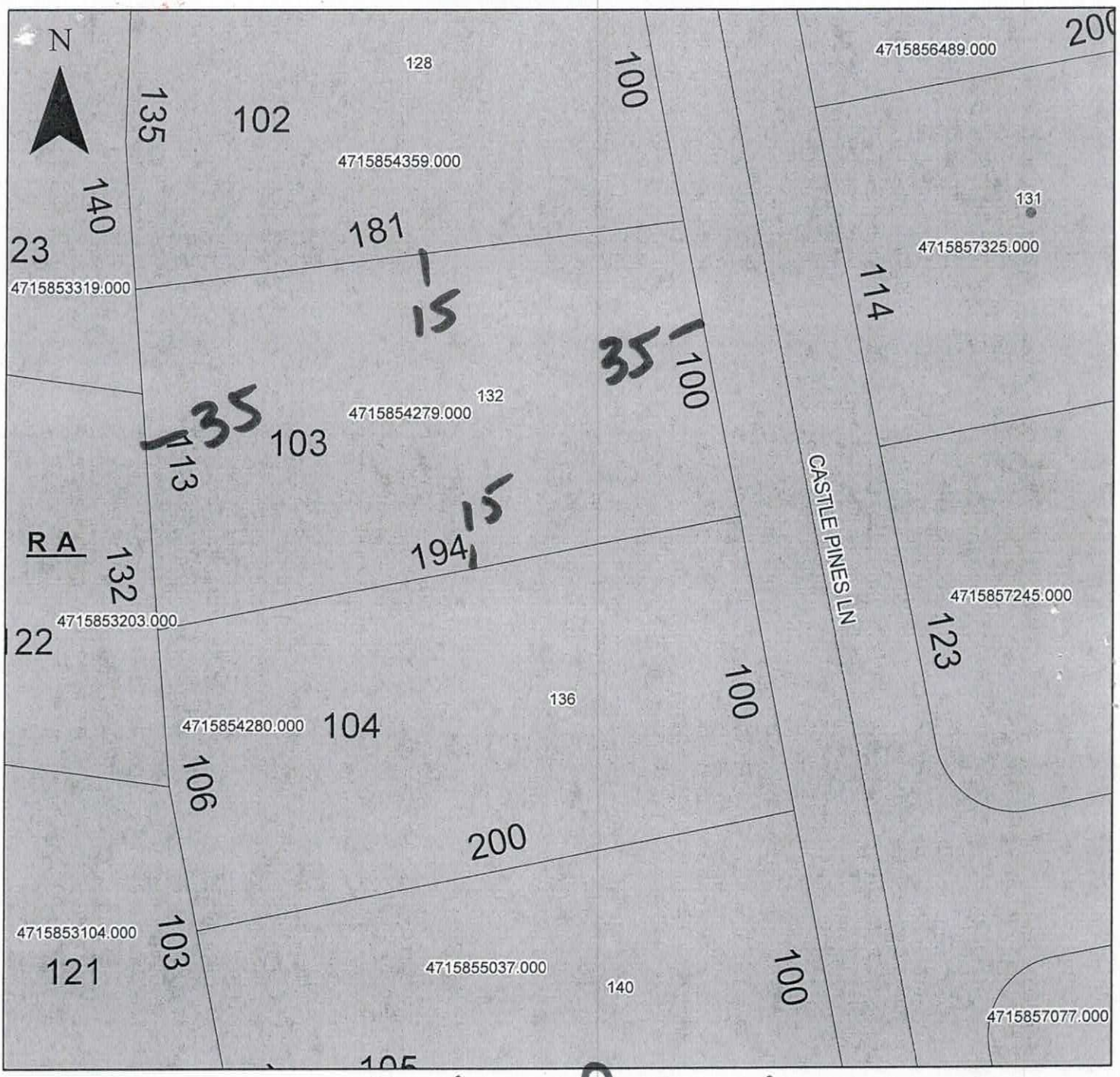
Remarks:

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.

Applicant: _____ Date: _____

Permit Number	108544	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 132 Castle Pines Ln

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.

Emma L Wells

Applicant

7/10/17

Date