IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222495

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

PIN # 4719 26 2524

APPLICANT: TONY WARD APPLICANT ADDRESS: PO BOX 1703 MOORESVILLE 28115

SITE ADDRESS: 593 PISGAH RIDGE CIRCLE - Widenite PHONE: ALT. PHONE:

SITE DIRECTIONS: 115 N - TL PISGAH CHURCH - TR PISGAH METH. - TR HILL - LT @ FORK ON PISGAH CIRCLE - ONRT

SUBDIVISION: SECTION: — LOT # — LOT AREA: 19.201AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	1700	Date	2-20-17	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply			
Pump Tank		(gal)	PT		Date		System Description:	GRAVITY 25% REDUCTION			☐ Business	No. Persons	8	☑ Private			
Pump Make		Model	Infiltrator		Serial #	2468	Repair System Description:				☐ Other	No. Employees		☐ Public			
# Nitrification Fields	1	# Lines	16		Linear Ft.	400	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community			
Trench Width	36"	Max. Trench Bottom Depth	18"		Gravel Depth	N/A		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing			

Comments / Conditions:

INITIAL SITE SKETCH

See Carolina Soil + Septic Consultant's Design

AS BUILT SKETCH

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

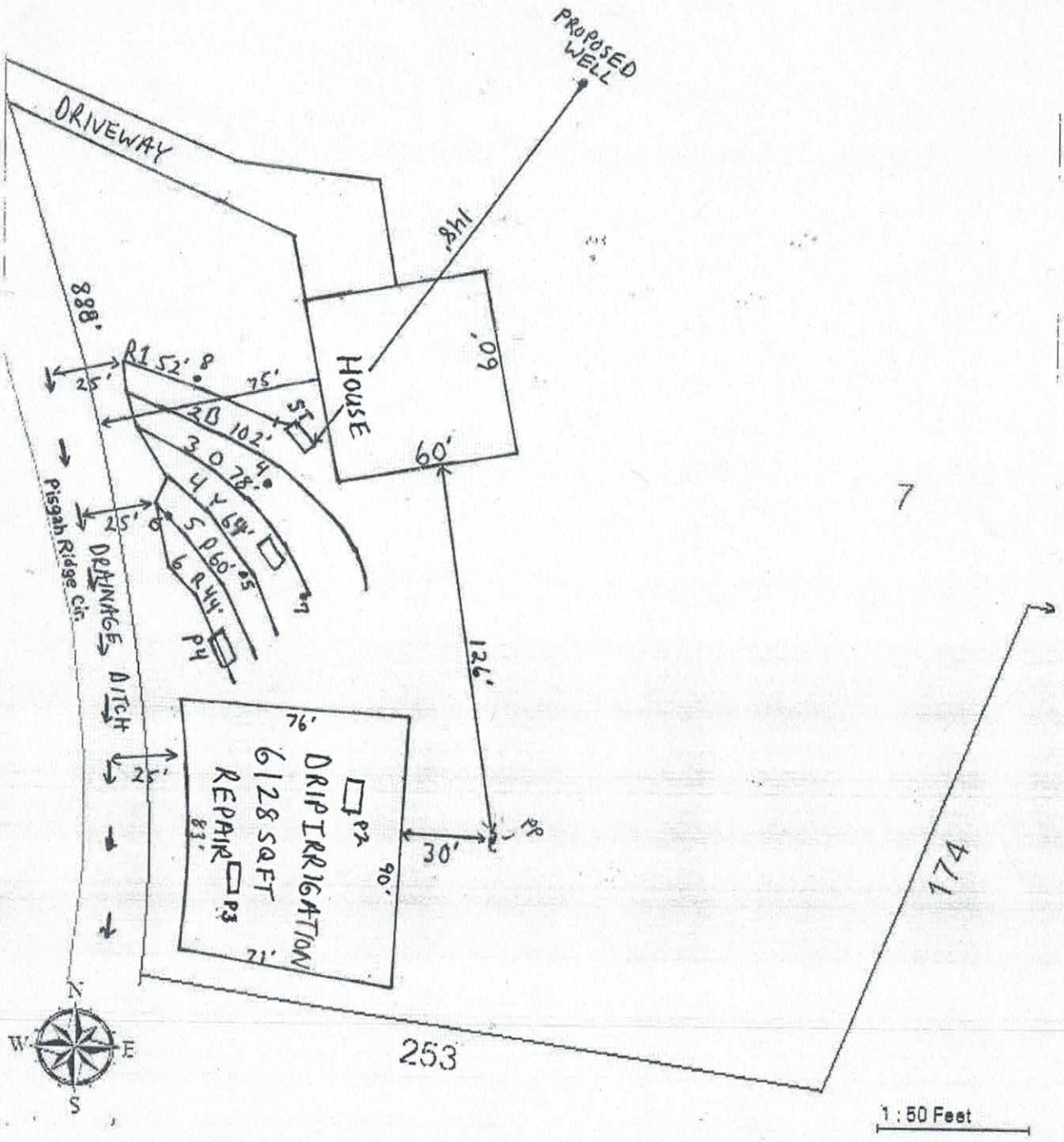
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☑ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 11/7/16 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Date: 11/2/16 OPERATION PERMIT by: Date: 05/26/17

AUTHORIZATION TO CONSTRUCT by: Date: 05/17/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


PROPOSED WELL
DRIVEWAY
184'
888'
HOUSE
60'
109'
R1 52'8
75'
ST
2B 102'
3 D 78'
4 Y 69'
5 P 60'5
6 R 44'
P4
25'
Pisgah Ridge Cir.
DRAINAGE DITCH
25'
126'
76'
DRIP IRRIGATION
6128 SQ FT
REPAIR
P2
P3
83'
71'
90'
30'
PR
7
174
253
N
W
E
S
1 : 50 Feet

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Proposed Design for a 25% Reduction Septic System
using Gravity distribution for a 4 bedroom single family residence
on 593 Pisgah Ridge Circle
Statesville, Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
Design Specifications---------- 2
Layout Specifications---------- 3

Site Plan/System Plan---------- 4-5

Dosing Calculations---------- 6

Soil Profile Descriptions---------- 7-8

October 31, 2016
Project: 2016-053
Design By: Adrian L. Pruett

INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. 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.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any 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 has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- Repair is specified as a Drip Irrigation system.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

OWNER INFORMATION

Owner:	Terry and Rancey Moore
Address:	5809 Seabuoy Cir. Wilmington, NC 28409
Client:	Tony Ward
Phone:	704-903-3844
County:	Iredell
Location:	593 Pisgah Ridge Cir.
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	400	
Loading/Soil Application Rate (gpd/ft.^{2}):	0.300	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Total Lateral Length From Layout:	400	
Total Lateral Length Required:	400	
Trench Depth:	18 in.	Lowside
Trench Width:	36 in.	
TOTAL AREA TRENCH BOTTOM:	1200	
Trench Spacing on Center:	9 ft.	
Repair Trench Spacing:	2 ft.	
Repair Trench Depth:	6 in.	
Septic Tank Size:	1000	gal.
Estimated Supply Line Length:	5	
Supply Line Diameter:	3 in. SCH 40 PVC	
Supply Line Volume:	1.80	
Dosing Volume:	NA	
Supply Manifold:	SERIAL DISTRIBUTION	
Additional Comments:	Soil suitability was performed by Carolina Soil & Septic	

593 Pisgah Ridge Cir.
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE — October 31, 2016

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	*RED*	*NA*	*NA*	*52*	*52*
2	*BLUE*	*NA*	*NA*	*103*	*102*
3	*ORANGE*	*NA*	*NA*	*79*	*78*
4	*YELLOW*	*NA*	*NA*	*65*	*64*
5	*PINK*	*NA*	*NA*	*60*	*60*
6	*RED*	*NA*	*NA*	*44*	*44*
7	DRIP IRRIGATION	NA	NA	6128 SQFT	6129 SQFT
			Total	**403**	**400**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	*400*	*ACCEPT.*	*0.300*	*25% RED.*	*GRAVITY*
Repair	6129 SQFT	*INNOV.*	0.100	DRIP IRRIGATION	LOW PRESSURE

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Iredell County has CS&SC's permission to change septic tank location and distribution type**

DOSING CALCULATIONS

Location 593 Pisgah Ridge Cir.
Lot No: N/A
Address: 593 Pisgah Ridge Cir.

No. of Bedrooms	4
Design Flow	480 $^{gal}/_{day}$
LTAR	0.300 $^{gal}/_{ft^2\,day}$
25% RED. Expansion? (YES OR NO)	NO
Supply Line Length	5 ft.
Supply Line Volume	1.8 gal.
Required Feet of 25% RED. Line	400 ft.
Amount of Line from Layout	400 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	261.2 gal.

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

PROPERTY ID #: 4719262524
COUNTY: Iredell

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

OWNER: Terry & Rancey Moore — APPLICATION DATE: 10-16-16
ADDRESS: 5809 Seabuoy Cir, Wilmington NC 28409 — DATE EVALUATED: 10-27-16
PROPOSED FACILITY: 4BRM — PROPOSED DESIGN FLOW (.1949): 480 GPD — PROPERTY SIZE: 19.201 ac
LOCATION OF SITE: 593 Pisgah Ridge Cir. Hiddenite NC — 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P1	LSS 5%	0-11	B SCL Gr	Fr SS SP SExP	N/A	52"	PS	38"	PS
		11-19	B C/SC WFSBK	Fr SS SP SExP					
		19-38	RC MASBK	Fi S P SExP					0.3 to 38"
		38-48	RC CSABK	Fi S P SExP	com. horizontal clay flows, prismatic				
		48-52	R CL WFSBK	Fr SS SP SExP	com sap				
		52-56	Var L Sap M	Fr SS SP SExP	few WR				
P2	LSS 5%	0-19	R C MSSBK	Fi S P SExP	few sap @ transition	19"	UN	19"	PS
		19-54	WR/SL Sap	Mix	>70% WR				0.1 to 19"
					N/A				
P3	LSS 5%	0-7	B SCL/CL WFSBK	Fr SS SP SExP	N/A	21"	UN	21"	PS
		7-21	RC BSSBK	Fi S P SExP					
		21-28	Var Rock Controled Sap		com. R horizontal clay veins				0.1 to 21"
		28-57	Var WR/Rock Controled Sap						
P4	LSS 5%	0-13	B SCL/CL WFSBK	Fr SS SP SExP	N/A	32"	UN	32"	PS
		13-21	BR C MFSBK	Fr SS SP SExP					
		21-32	RC MFSBK	Fi S P SExP	-Single 4" WR vein @ 45° angle, could chip most away				0.3 to 32"
		>32	WR/SL Sap	Mix	>30% WR				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Gravity 25%	Drip Irr.
Site LTAR	0.3	0.1

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: ALP
OTHER(S) PRESENT: None

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 #: 4719262524
DATE OF EVALUATION: 10-27-16
COUNTY: Iredell

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B4	LSS 5%	0-13	B SCL/CL WFSBK	Fr SS SP SExP	N/A	36"	UN	36"	PS
		13-32	RC WFSBK	Fr SS SP SExP					
		32-36	RCL WFSBK	Fr SS SP SExP	com sap				0.3 to 36"
		36-39	Var SL sap/WR						
B5	LSS 5%	0-16	B SCL/CL WFSBK	Fr SS SP SExP	N/A	48"	N/A	N/A	PS
		16-36	RC MFSBK	Fr SS SP SExP					
		36-44	RCL WFSBK	Fr SS SP SExP					
		44-48	YR CL WFSBK	Fr SS SP SExP	com sap				0.3
B6	LSS 4%	0-12	B SCL/CL WFSBK	Fr SS SP SExP	N/A	41"	UN	41"	PS
		12-25	RC MASBK	Fr SS SP SExP					
		25-41	RCL MFSBK	Fr SS SP SExP	few sap				0.3 to 41"
		41-44	WR						
B7	LSS 5%	0-10	B SCL/CL WFSBK	Fr SS SP SExP	N/A	33"	UN	33"	PS
		10-27	RC MFSBK	Fr SS SP SExP					
		27-33	RCL WFSBK	Fr SS SP SExP	com sap				0.3 to 33"
		>33	WR/Rock						
B8	LSS 4%	0-8	RB CL WFSBK	Fr SS SP SExP	N/A	30"	PS to 47"	47"	PS
		8-13	RC MASBK	Fr SS SP SExP					
		13-30	RCL WFSBK	Fr SS SP SExP	few sap				0.3 to 47"
		30-47	Var/YR LSapBK	Fr SS SP SExP	com clinc.				
		47	Rock						

COMMENTS:

RECEIVED OCT 17 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $350 EFT

1. APPLICATION FOR: ✓ **Improvement Permit** ___ **Authorization To Construct** ___ **Existing System Inspection**

****

222495

2. 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 check ( ) beside whichever is submitted if applicable ✓ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

****

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Tony Ward / CS4SC	PO Box 1703, Mooresville NC 28115		704-202-5791
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Terry + Rancey Moore	5809 Seabuoy Cir, Wilmington, NC 28409		

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
553 Pisgah Ridge Cir	—	—

Driving Directions: Hwy 115 N from Statesville, TL on Pisgah Ch., TR on Pisgah Methodist, TR on Hill, Take L fork on Pisgah Ridge Cir, Keep straight, Lot on R

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- (✓) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

- (✓) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. Proposed Water Supply:

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

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) **EXISTING SYSTEM installed** _____ *Year*

(✓) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. 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. industry) 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.

9. Signature: _____ 10-16-16

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

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health

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, Rancey Moore, am the legal owner(s) of the property located at 593 Pisgah Ridge Circle, Hiddenite, identified as PIN (Parcel Identification Number) 4719-26-2524.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Adrian Pruett, Carolina Soil & Septic Consulting, PLLC, 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.

Rancey Moore 10-6-16 — Tom D Lore 10/6/16

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

✓ **Property Line measurements are clearly identified…**

✓ **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

✓ **Front and side setbacks from property line…**

✓ **Preferred driveway location and configuration, preferred well location…**

✓ **Area you prefer your septic system to be placed…**

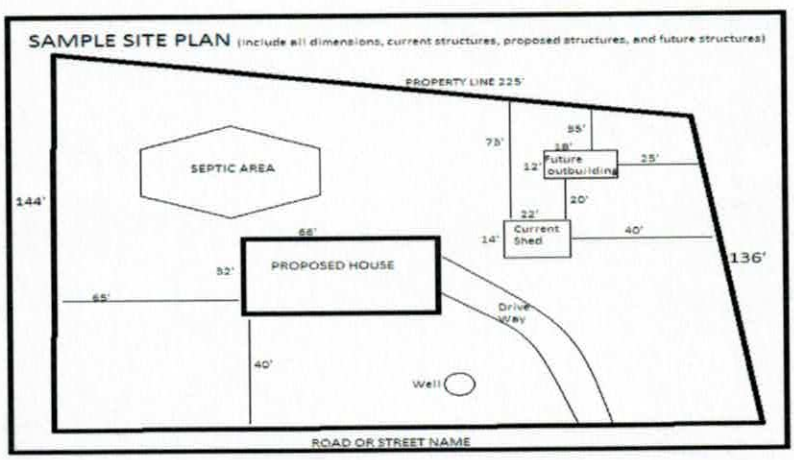
✓ **North arrow, or other sufficient indicator of direction…**

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

See Attached Site Plan

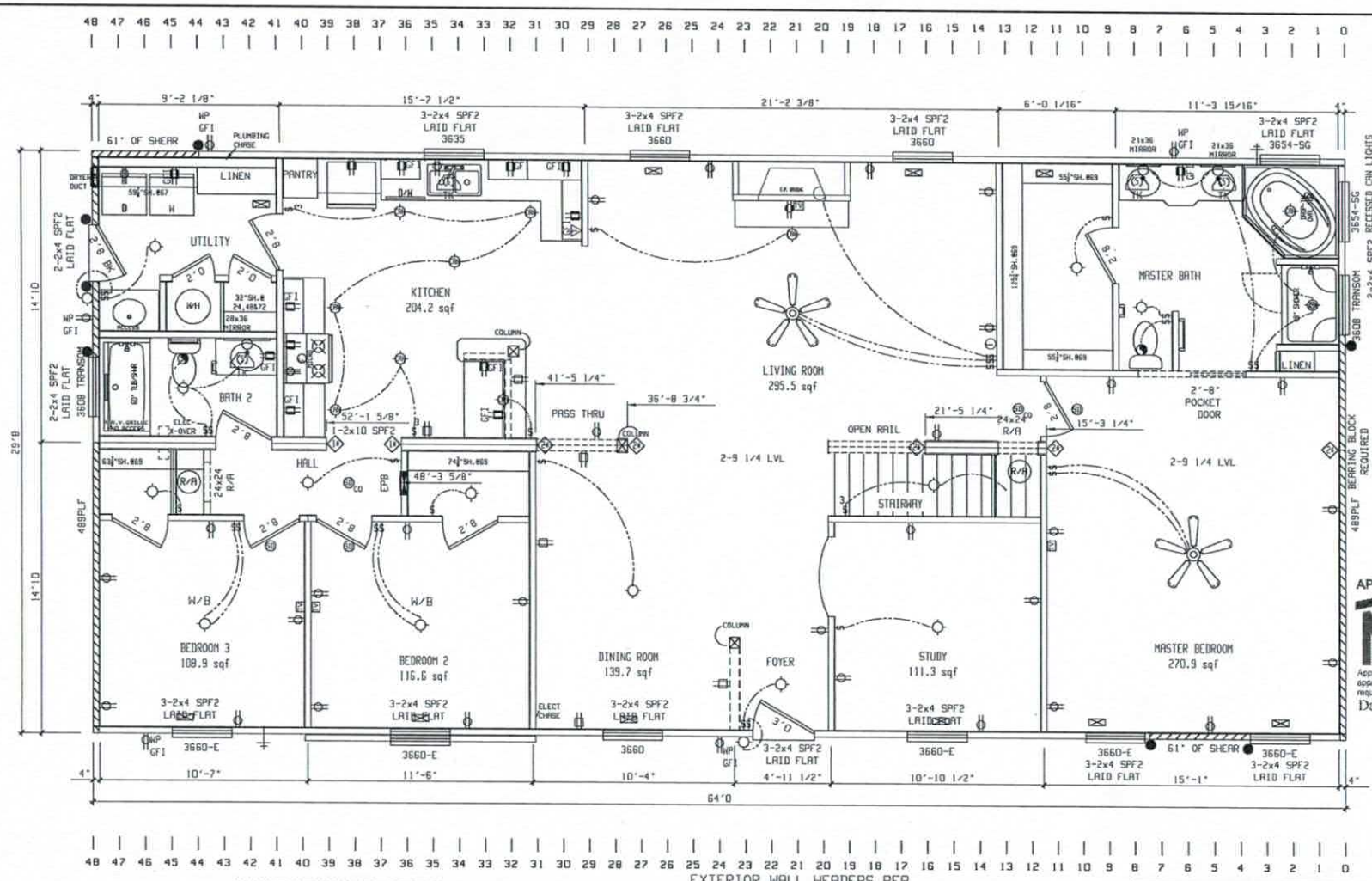
Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

_____

DATE

N
S
E
128'
DRIVEWAY
DRIP REPAIR
HOUSE
PROPOSED WELL
25'
174'
765'
574'
512'
767'
1 : 180 Feet



APPROVED BY
NTA INC. 5/15/2017
Approval of this document does not authorize or approve any deviation or deviations from the requirements of applicable State Laws.
David Richter

489PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.N.C.17._.290.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-389B.1

EXTERIOR WALL HEADERS PER
ATTACHED
MATEWALL BEAMS PER
ATTACHED

DESIGN LOADS	
WIND-ROOF PSF	
90-10	
120-10	
130-10	

RETURN AIR REQUIREMENTS
(1) 20"x16" GRILL REQUIRED
(2) 4"x10" GRILL W/ 2 1/2" DOOR UNDERCUT
(3) DOOR(S) MUST BE UNDERCUT 2 1/2" MIN.
(4) 4"x24" OR 6"x14" GRILL REQUIRED

● INDICATES FREE END SHEAR WALL WITH BLOCKING
◇ THE # SPECIFIES THAT THERE CAN BE NO HOLES IN STUDS IN COLUMNS

BRAND	SERIES
SCHULT	MD32

CLAYTON HOME BUILDING GROUP

REVISIONS

GENERAL NOTES
CEILING HEIGHT = 108.0
FLOOR FRAMING SPACING = 16
TOTAL WINDOW SQFT = ENTER BOTH, CALCULATED

DRAWING TITLE
MASTER PLAN

MODEL NAME	SQ. FT.
2909-CAPE	1899

PLANT	DESCRIPTION	MODEL NO.
958	32X64 3BR-2BA	SN248918

DRAWN BY	ORIG. DATE	DATE PRINTED	SHEET NO.
TXH	05/09/2017	05/15/2017	1-1

Date 05/17/17
Plan is Subject to Final ONLY
Acknowledgement Of

IREDELL COUNTY

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

APPLICATION NUMBER
222495
Issue Date: 10/14/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4719262524.000	593 PISGAH RIDGE CIRCLE, HIDDENITE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MOORE RANCEY A+TERRI L	Applicant: CAROLINA SOIL SEPTIC C
Address: 5809 SEABUOY CIRCLE HIDDENITE, NC 28409	Address: 162 WEST B ST KANNAPOLIS, NC 28081
Phone:	Phone: 704-202-5791

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
19.201	35.00	35.00	15.00	15.00	PASY	X

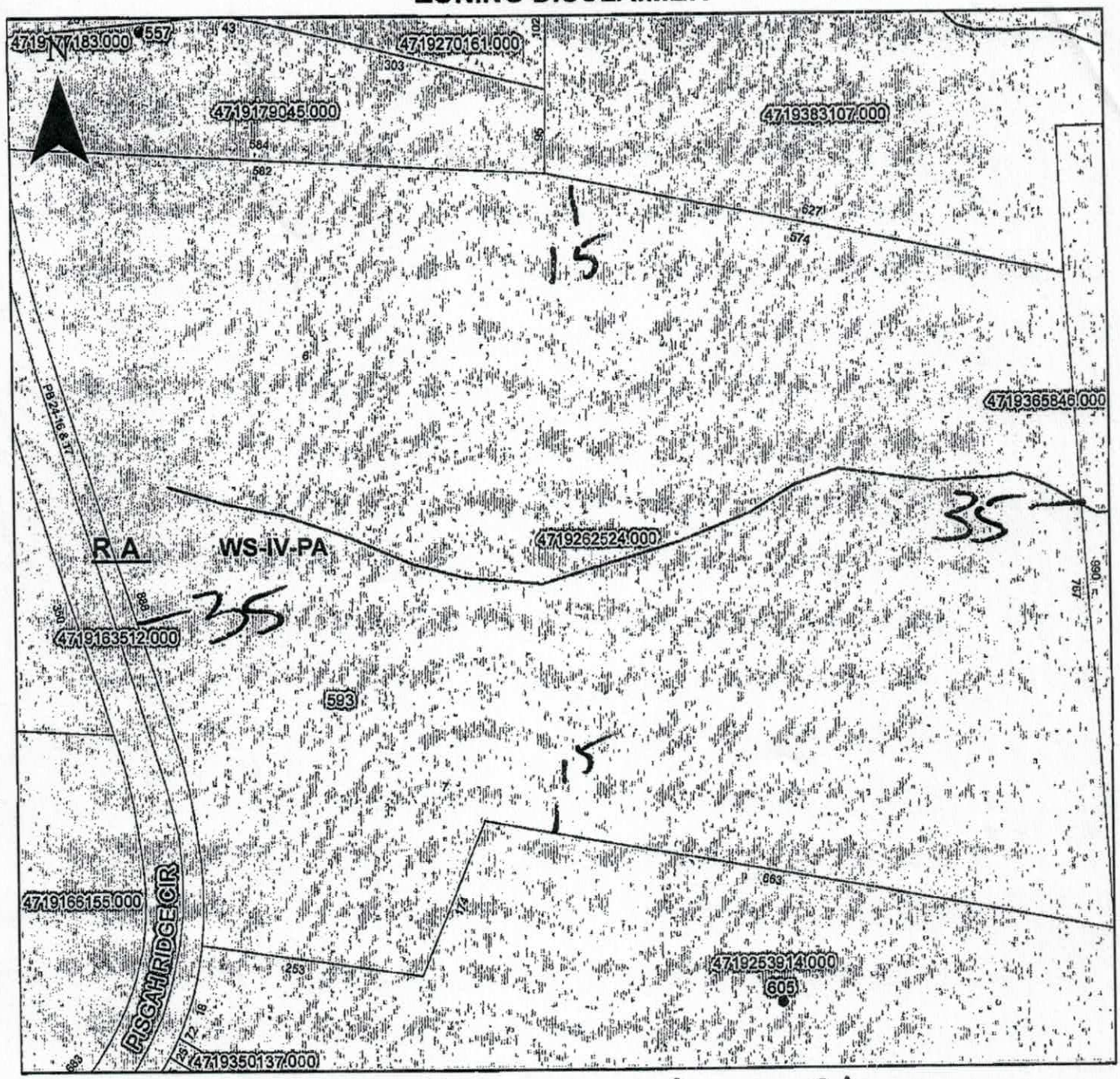
Remarks:

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	83157	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 593 Pisgah Ridge Cir

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

10-16-16
Date