IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241073

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

PIN # 4722696474

APPLICANT/OWNER: Ronald Scott Pacniter APPLICANT ADDRESS: 152 Windemere Isle Rd Statesville NC 28677

SITE ADDRESS: 182 Windsor Cedar Drive Statesville NC 28677 PHONE: 980 505 2421 ALT. PHONE –

SITE DIRECTIONS: Buffalo Shoals Rd Don Davidson Rd Dan Nicholas Cedar Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Davidson Woods SECTION: 3 LOT # 67 LOT AREA: .48 DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank	1000	(gal)	STB	1012	Date	1-25-17.	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	–	(gal)	PT	–	Date	–	System Description:	Gravity PPBPS			☐ Business	No. Persons		☒ Private
Pump Make	–		Model	–	Serial #	–	Repair System Description:	Drip			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	6	Linear Ft	222	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36		Trench Bottom Depth (Downslope)		32 Highside	Gravel Depth		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Maintain 100ft From Shared Well

INITIAL SITE SKETCH

See attached Design and Proposal from Soil and Forestry Services of the Carolinas, PA Approved Jan 15, 2019.

4/8/19 Top drainfield line OK. D-Box is missing speed-leveler and needs to be calibrated prior to OP issuance. SR

4/8/19 (PM) - speed levelers installed + set CC

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	4/4/19	BC
Tanks Checked	4/4/19	BB
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

* End of First Line missing 4" Pack Caps
* Needs to set D-Box + Levelers.

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

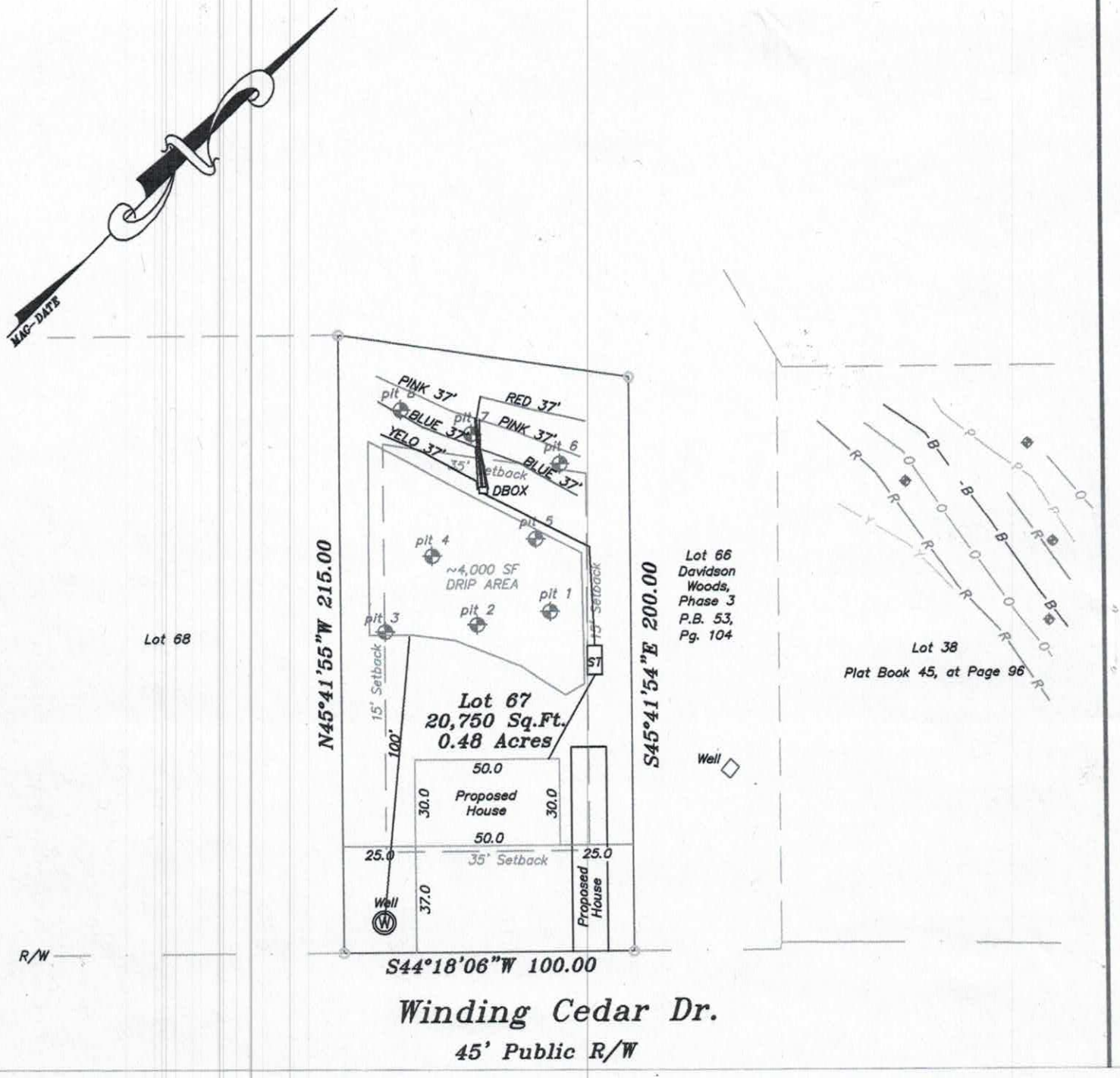
☐ IMPROVEMENT PERMIT *with plat valid without expiration* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 1/23/2019 Installed by: Custer Grading

IMPROVEMENT PERMIT by: Benjamin A Bothra Date: 1/15/2019 OPERATION PERMIT by: Carla C. Cook Date: 4/8/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bothra Date: 1/15/2019 Existing System Inspected by: Date:

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 inspection time.


MAG-DATE
PINK 37'
RED 37'
BLUE 37'
PINK 37'
YELO 37'
BLUE 37'
35' Setback
DBOX
pit 1
pit 2
pit 3
pit 4
pit 5
pit 6
pit 7
pit 8
~4,000 SF
DRIP AREA
15' Setback
15' Setback
ST
Lot 67
20,750 Sq.Ft.
0.48 Acres
100'
50.0
30.0
Proposed
House
30.0
50.0
25.0
35' Setback
25.0
Well
37.0
Proposed
House
R/W
N45°41'55"W 215.00
S45°41'54"E 200.00
S44°18'06"W 100.00
Lot 68
Lot 66
Davidson
Woods,
Phase 3
P.B. 53,
Pg. 104
Well
Lot 38
Plat Book 45, at Page 96
Winding Cedar Dr.
45' Public R/W

APPROVED JAN 15 2019

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

Attached is a proposed design for a VPPBPS Septic System with gravity distribution for a 3 bedroom single family residence on Lot #67 in DavidsonWoods Subdivision, Iredell County, North Carolina.

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Design Information
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Owner: Ronald Scott Properties/152 Windemere Isle Rd-Statesville, NC 28677
(980) 505-2421

December 20, 2018
Project #: 16-1036
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 DHHS, and certification supplied by the manufacturer.
- 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 VPPBPS installation.
- Repair is specified as a subsurface drip installation.
- Backfill 4 - 6" of material (County Approved) over panels, rake trench walls, lime side-walls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.
- Iredell County granted approval to move tank or dbox location upon install/inspection
- Lot served by shared well (septic system >100' from well)

GRAVITY VPPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Ronald Scott Properties
Address:	152 Windemere Isle Road Statesville, NC 28677
Phone:	980 505-2421
County:	Iredell
Location:	LOT 67 DAVIDSON WOODS
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	222
Loading Rate (gpd/ft.^{2}):	0.275
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth:	32 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	N/A
Estimated Supply Line Length:	75
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	28.50
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
	N/A
Check Valves:	N/A
Anti-Siphon Hole:	NA

CALCULATIONS

Location Lot 67 Davidson Woods

Project Number 16-1036

Lot No: Lot 13

No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.275	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	75	ft.
Supply Line Volume	28.5	gal.
Required Feet of Line	218	ft.
Amount of Line from Layout	222	ft.
Gallons per Minute	N/A	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	54	
Dosing Volume	N/A	gal.

Note: Dosing Volume based on 33% of # of panels times 3.6 gal/panel

Tank Draw Down	N/A	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	N/A	minutes
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

LOT 67 DAVIDSON WOODS

GRAVITY VPPBPS

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.275
TOTAL AREA TRENCH BOTTOM:	444
TOTAL LATERAL LENGTH:	222
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	218
SUPPLY LINE LENGTH:	75
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	N/A

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

LOT 67 DAVIDSON WOODS

Project #: 16-1036

LAYOUT FOR 3 BEDROOM HOME

12/12/2018

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		N/A			100.00		
INSTR. 1			N/A				
HOUSE CNR				N/A	N/A		
P. TANK				N/A	N/A		
1	***YELLOW***			***N/A***	***N/A***	*37*	*37*
2	***BLUE***			***N/A***	***N/A***	*75*	*37*
2	***BLUE***			***N/A***	***N/A***		*37*
3	***PINK***			***N/A***	***N/A***	*74*	*37*
3	***PINK***			***N/A***	***N/A***		*37*
4	***RED***			***N/A***	***N/A***	*45*	*37*
					Total	231	222

REPAIR: >3600SF OF SUBSURFACE DRIP SOIL AREA

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	TRENCH DEPTH	TRENCH SYSTEM	DISTRIBUTION
**** System***	***222***	***0.275***	***MOD.***	***32***	***PPBPS***	***GRAVITY***
Repair	1800	0.1	DRIP	6	DRIP	DRIP

Notes:

**TBM is assumed to be 100'

**All measures in feet

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

**BS, HI, and FS indicate rod readings

LOT 67 DAVIDSON WOODS

GRAVITY DOSED VPPBPS SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	YELO	N/A	37	N/A	N/A	74	9
2	BLUE	N/A	37	N/A	N/A	74	9
2	BLUE	N/A	37	N/A	N/A	74	9
2	PINK	N/A	37	N/A	N/A	74	9
3	PINK	N/A	37	N/A	N/A	74	9
4	RED	N/A	37	N/A	N/A	74	9
	total	**feet =**	**222**	**gal/min =**	**N/A**		54
			Des. Flow	**360**			
			Pump Run=	**N/A**			
			soil LTAR	**0.275**			
			LTAR +5%	**0.28875**			
			LTAR with mod.	**0.55**			
			LTAR with mod.. + 5%	**0.5775**			

PROPERTY ID #: 77476774
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ronald Scott Properties APPLICATION DATE
ADDRESS: DATE EVALUATED: 12/6/18
PROPOSED FACILITY: Residence PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: 0.48
LOCATION OF SITE: Lot 67 Davidson Woods-182 Winding Cedar Drive PROPERTY RECORDED:
WATER SUPPLY: x☐ Private ☐ Public x☐ Well ☐ Spring Other
EVALUATION METHOD: ☐ Auger Boring x☐ Pit ☐ Cut TYPE OF WASTEWATER: x☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	L / 10%	0-5	B CL WMS	Fr SS SP	N/A	22	N/A	Rock @ 22"	0.1
		5-16	R C MMA/S	Fr S SP					
		16-22	RB CL WMS	Fr SS SP					
		22-56	RB CL/SL MASS	Fr SS SP (ROCK)					
2	L / 10%	0-13	YB SL WFGr	Fr SS SP	N/A	31	N/A	Rock @ 31"	0.25
		13-31	R C MMA	Fr S SP					
		31-60	Cr RB L WFS	Fi SS SP-SAP/ ROCK					
3	L / 8%	0-5	B SL WFGr	Fr SS SP	N/A	28	N/A	Rock @ 28"	0.1
		5-9	YR SCL WFS	Fr SS SP					
		9-28	R C WFA/S	Fr SS SP					
		28-48	YR SL M/WMA	Fi SS SP					
4	L / 8%	0-5	B SL Gr	Fr SS SP	N/A	27	N/A	Rock @ 27"	0.1
		5-27	R C MMA	Fr SS SP					
		27-48	RB L WMS/M	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	222	3600SF
System Type(s)	VPPBPS	DRIP
Site LTAR	0.275	0.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: OVERBY
OTHER(S) PRESENT: ROLLANS

LICENSED SOIL SCIENTIST ... OVERBY ... 1218 ... STATE OF NORTH CAROLINA

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 77476774
DATE OF EVALUATION: 12/6/18
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
5	L / 10%	0-7	B SL WFGr	Fr SS SP		33			0.25
		7-27	R C MMABK	Fr SS SP					
		27-33	R CL WFA	Fr SS SP					
		33-58	Rock						
6	L / 12%	0-8	B SL WFGr	Fr SS SP	N/A	52	PS	N/A	0.3
		8-13	YR CL WMS	Fr SS SP					
		13-32	R C MMA	Fr SS SP					
		32-52	RB CL WFS	Fr SS SP f/c SAP					
		52-60	B L Mass	VFr NS NP					
7	L / 14%	0-7	B SL WFGr	Fr SS SP	N/A	44	PS	N/A	0.275
		7-13	YB SCL WFS	Fr SS SP					
		13-27	BR C WMA	Fr SS SP					
		27-44	R SCL WFS	Fr SS SP					
		44-60	YB L Mass	VFr NS NP					
8	L / 16%	0-9	B SL WFGr	Fr SS SP	N/A	46	PS	N/A	0.275
		9-15	YB SCL WMS	Fr SS SP					
		15-34	BR C MMA	Fr SS SP					
		34-46	R CL WFA	Fr SS SP					
		46-64	YB L WFS/M	VFr NS NP					

COMMENTS:

RECEIVED DEC 2 8 2018 # 241073

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00

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: RONALD SCOTT PARMITER **Address:** 152 WINDEMERE ISLE RD STATESVILLE **Zip:** 28677

Applicant Email: RSPARMITER@GMAIL.COM **Phone:** (980) 505-2421 **Alt. Phone:**

Owner Name: RONALD SCOTT PROPERTIES **Address:** SAME **Zip:**

Owner Email: SAME **Phone:** SAME **Alt. Phone:**

Property Information:

Street Address: 182 WINDING CEDAR DRIVE

Subdivision Name: DAVIDSON WOODS **Section/Phase:** **Lot Number:** 67

Driving Directions: TURN RIGHT (S) ON N CENTER ST, TURN RIGHT ON W WATER ST (HWY 90) TURN L ON W FRONT ST, TURN RIGHT ON BUFFALO SHOALS RD, TURN L ON DAVIDSON RD, R ON WINDING CEDA LOT ON RIGHT

Site Development Information: *(check or complete ALL that apply*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Wendell Parmiter 12/12/18

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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, RONALD SCOTT PROPERTIES, INC am the legal owner(s) of the property located at 182 WINDING CEDAR DR. STATESVILLE, identified as PIN (Parcel Identification Number) 4722696474, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

PRESIDENT 12/13/18 _____ _____

Signature of Owner(s) Date Signature of Witness Date

RONALD SCOTT PROPERTIES, INC

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

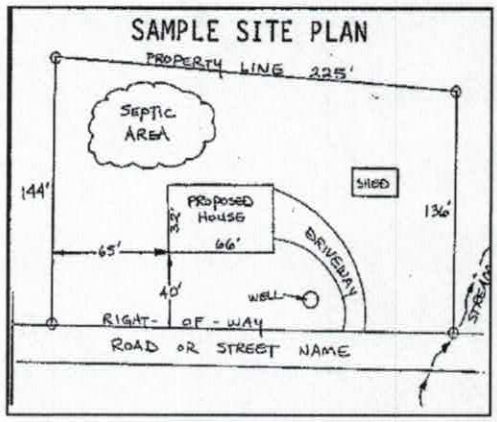
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- (✓) Preferred well location
- (✓) Preferred septic system location
- (✓) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

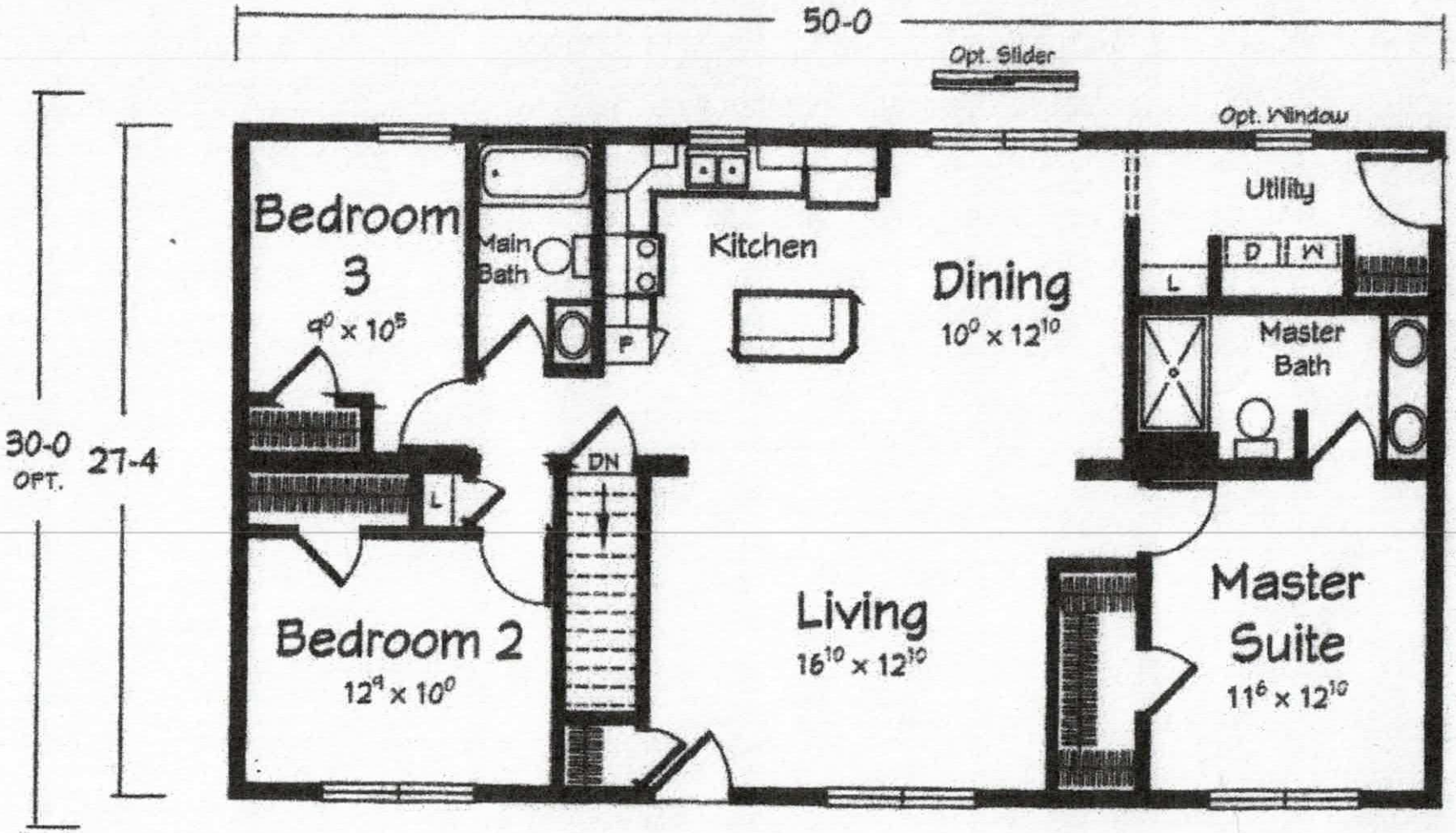
Location of septic systems and wells within 100' of your property N/A
Location of easements and rights of ways on your property N/A
Location of any designated wetlands on the property N/A

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

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

12/12/18
DATE



Rita - Craft

50' x 30' OPTION

Homestead Series
Emoryville 28
1366 sq ft Living
Basement

Acknowledgement Of
Plans Submittal ONLY!
Date 1/23/19
Date 1/15/2019.

IREDELL COUNTY

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

APPLICATION NUMBER
241073
Issue Date: 12/20/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4722696474.000	182 WINDING CEDAR DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LAKESHORE DEV CO	Applicant: OVERBY, WENDELL
Address: 1393 LANGDON RD	Address: P. O. BOX 832
STATESVILLE, NC 28673	MOORESVILLE, NC 28115
Phone:	Phone: 704-239-2001

Use Requested	Zone Code
NEW SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.480	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	162866	TOTAL FEES:	$ 77.25