IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242448

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

PIN # 4736507453

APPLICANT/OWNER: FREDA LEONARD APPLICANT ADDRESS: 106 DOBBS DRIVE, STATESVILLE, NC 28625

SITE ADDRESS: 106 DOBBS DRIVE, STATESVILLE, NC 28625 PHONE: 704-880-7395 ALT. PHONE —

SITE DIRECTIONS: (N) ON 21, (L) ON FORT DOBBS, (R) ON DOBBS, LOT ON (R) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: FORT DOBBS FARMS SECTION: — LOT # 18 LOT AREA: 1.14 AC DESIGN FLOW: 480 GPD L.T.A.R.: .3

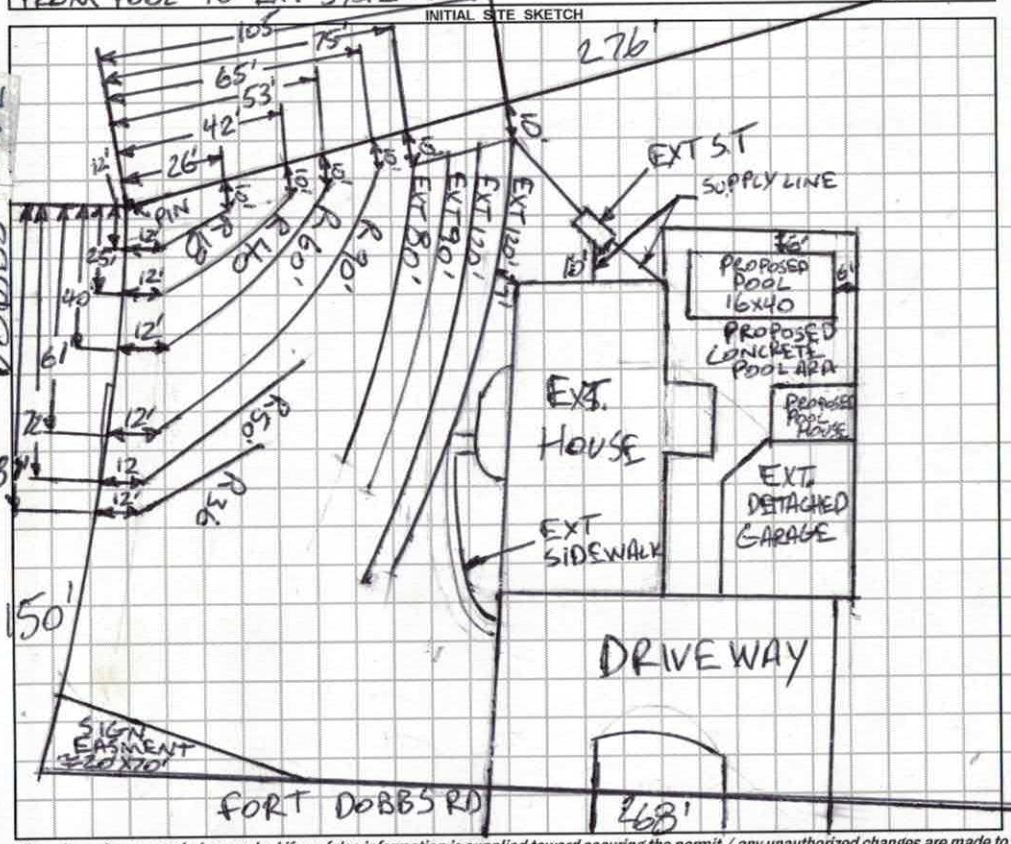
Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	EXISTING 25% CHAMBER			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	LP PPBPS			
# Nitrification Fields	EXT	# Lines	EXT		Linear Ft	EXT R=24	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT R=36"		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

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

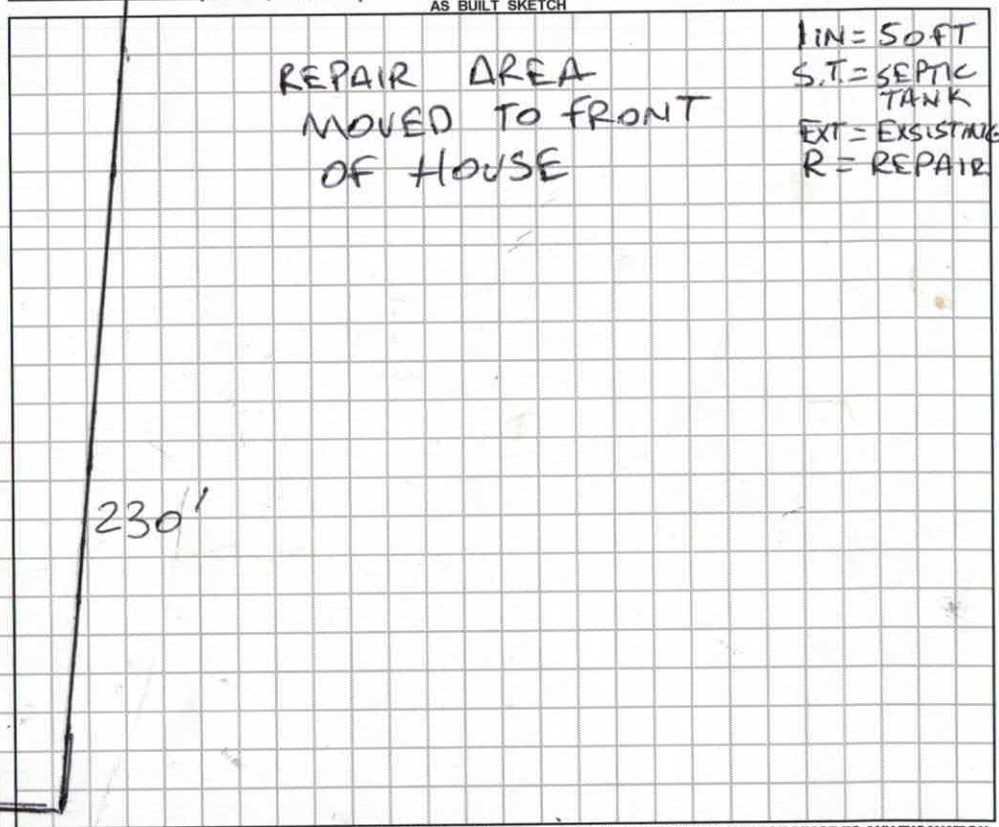
Comments / Conditions: REPAIR RELOCATION FOR POOL PROTECT REPAIR AREA, MAINTAIN ALL SETBACK FROM POOL TO EXT SYSTEM

RECOMMEND PUMPING TANK EVERY 3-5 YEARS, EXT SYSTEM FUNCTIONING PROPERLY AT TIME OF VISIT

INITIAL SITE SKETCH



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: Freda Leonard Date: 3-27-19 Installed by: _____

IMPROVEMENT PERMIT by: Burnett C. White Date: 3-26-19 OPERATION PERMIT by: Burnett C. White Date: 3-26-19

AUTHORIZATION TO CONSTRUCT by: Burnett C. White Date: 3-26-19 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 inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4735004553
COUNTY: IREDELL

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

OWNER: FREDA LEONARD
APPLICATION DATE 2-24-19
ADDRESS: 106 DOBBS DRIVE, STATESVILLE, NC 28625
DATE EVALUATED: 3-12-19
PROPOSED FACILITY: EXT 4BR
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 1.14 AC
LOCATION OF SITE: 106 DOBB DRIVE, STATESVILLE, NC 28625
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	RIDGE 3%	0-12	C-SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	58" FIRM SAP BAND 24-30	U III CL	NA	PS .2
		12-24	CL-WSBK	FR, SS, SP, SEXP					
		24-30	SAP, RC	FI, NS, NP, SEXP					
		30-58	CL, WSBK	FR, SS, SP, SEXP					
		58-63	SAP, MAS	FR, SS, SP, SEXP					
2	LINEAR SIDE 5%	0-8	SL, GR	FR, NS, NP, SEXP	SAP INC THRU OUT	48"+	NA	NA	PS .3
		8-16	SCL, SBK	FR, SS, SP, SEXP					
		16-36	C, SBK	FR, S, P, SEXP					
		36-48	CL, WSBK	FR, SS, SP, SEXP					
3		0-8	SCL, SBK	FR, SS, SP, SEXP	FI SAP INC THRU OUT	48"+	PS ~~III~~ II SL	NA	PS .3
		8-28	C, SBK	FR, S, P, SEXP					
		28-48	CL, WSBK	FR, SS, SP, SEXP					
		48-53	SAP, RC	FI, NS, NP, SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	EXT	PS
System Type(s)	EXT	LP PPBPS
Site LTAR	EXT	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: B Mund C. Miller
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

HORIZON DEPTH In inches below natural soil surface

DEPTH OF FILL In inches from land surface

RESTRICTIVE HORIZON Thickness and depth from land surface

SAPROLITE S(suitable) or U(unsuitable)

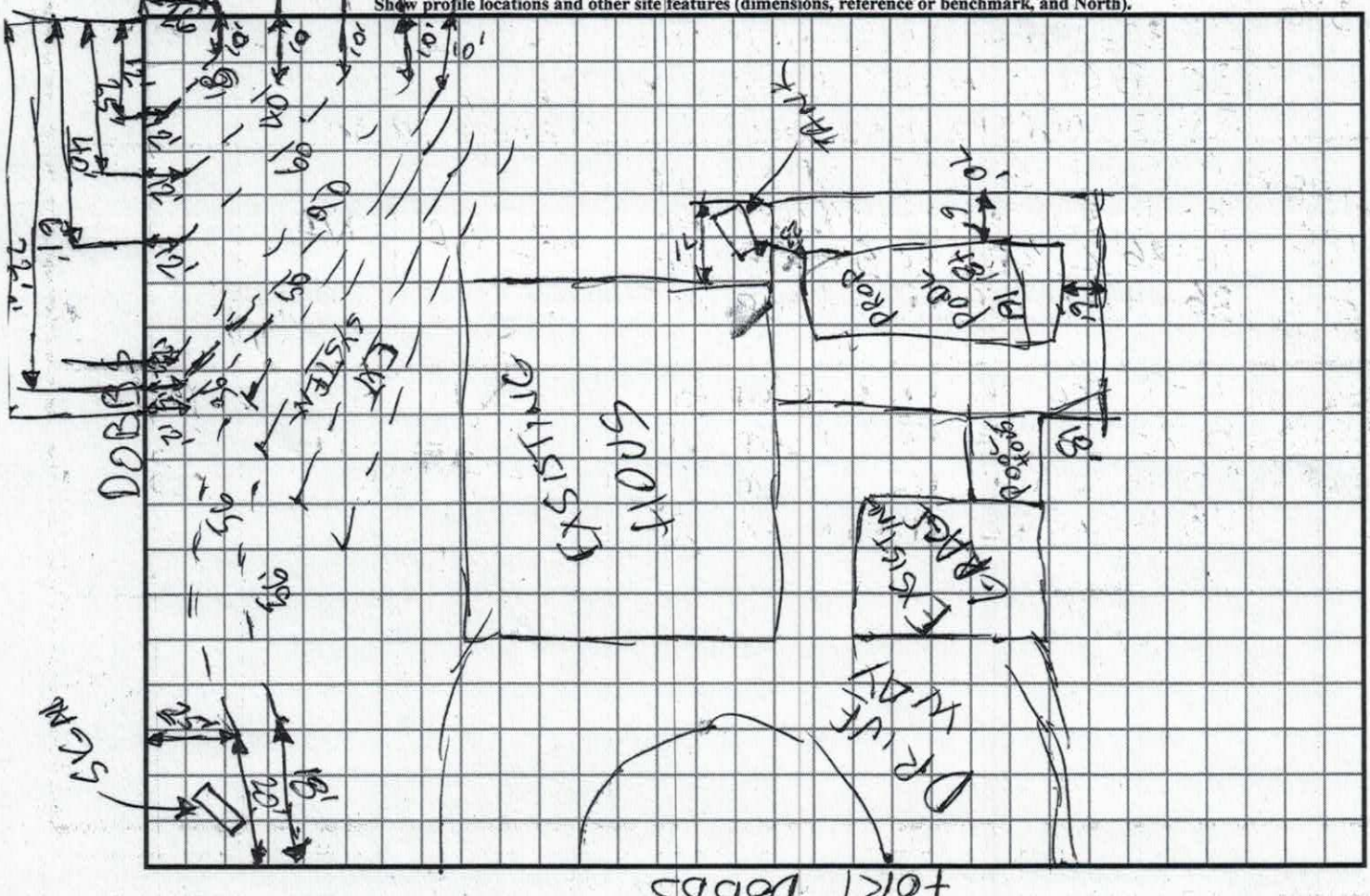
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

Applicant Penny Lippard

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ed + Pat Marlowe APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 7/10/24
PROPOSED FACILITY: 3BR/2 Cmrcl Space PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: 1.14 Ac.
LOCATION OF SITE: _____ PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed #17 Fort Dobbs Fm S/P

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
1	3% Linear	0-11	sl gr vfr	NS NP MFR					PS .30
		11-18	sc sbk fr	SS SP MFP					
		18-49	C sbk fr	SS SP SBKP					
2	Ridge	0-2	sc gr	NS NP MFP					PS .30
		2-14	c sbk	SS SP SBKP					
		14-34	Ma c/sap	SS SP FRP					
		34-46	sap						
3	3% Linear	0-6	sl	NS NP MFP					PS .30
		6-21	sc	SS NP SBK					
		21-42	sc/sap fer mtl	SS NP SBK					
		42-49	sap w/ mang		Dominant Ti Brown				
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS 25%	PS
System Type(s)	Conv, Chamber	Pump, 25% reduct
Site LTAR	.30	.30

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Bill Lohr
OTHER(S) PRESENT: _____

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
	III	SCL (Sandy Clay Loam) SiL (Silt Loam) CL (Clay Loam) SiCL (Silty Clay Loam) Si (Silt)	0.6 - 0.3	0.3 - 0.15
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05

MINERALOGY/ CONSISTENCE	STRUCTURE
NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)

MOIST	WET
VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

***Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.**

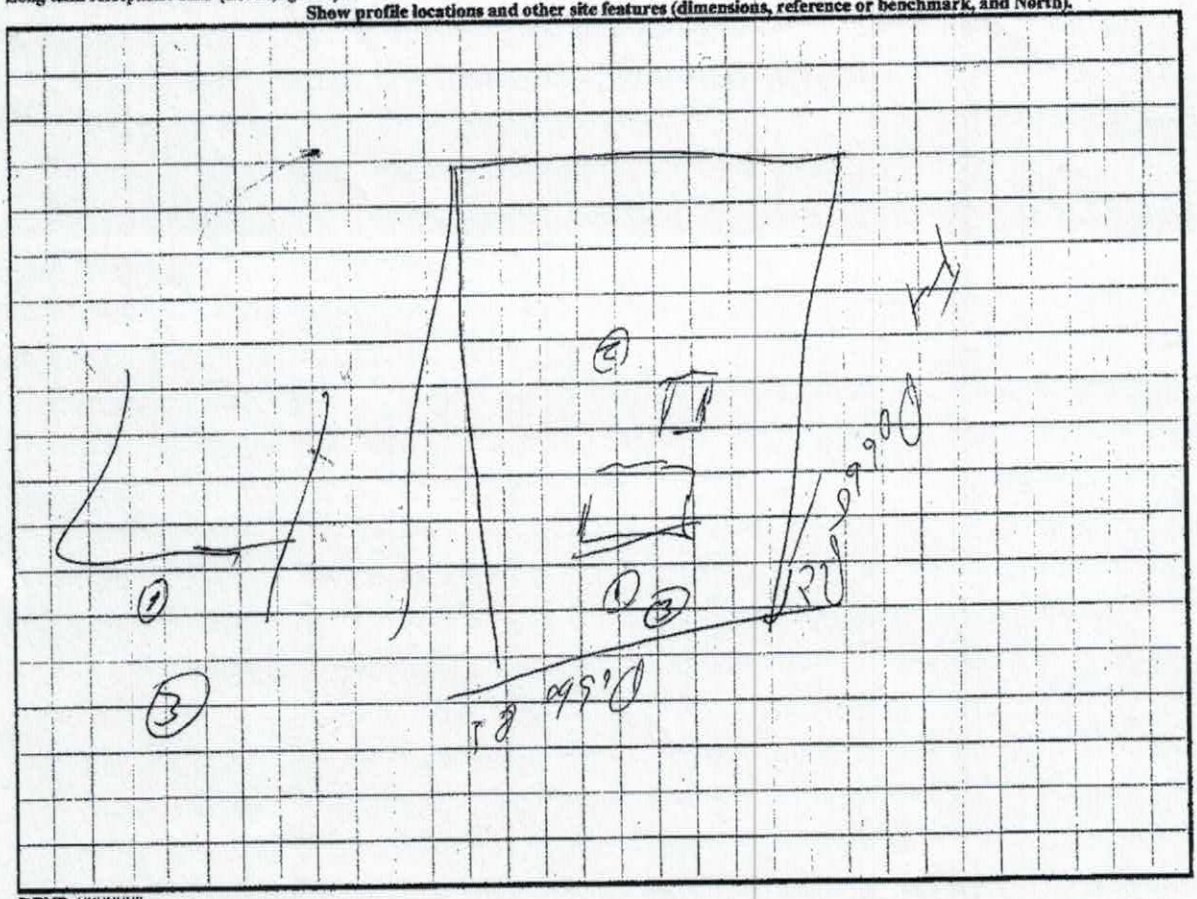
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)

Review (#####)

RECEIVED FEB 2 5 2018

#242448 $250.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: (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 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freda + Kevin Leonard Address: 106 Dobbs Drive, Statesville, NC Zip: 28625

Applicant Email: freid2005@gmail.com Phone: 704-880-7395 Alt. Phone: _____

Owner Name: same as above Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 106 Dobbs Drive, Statesville, NC 28625

Subdivision Name: Fort Dobbs Farms Section/Phase: _____ Lot Number: 18

Driving Directions: At the corner of Fort Dobbs Road and Dobbs Drive

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: 3
(X) Swimming Pool
(X) Other Addition/Structure: Pool House

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: _____

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 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: Kevin D Leonard 2-24-19
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

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) Freda Leonard

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.

2. I, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, 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.

Freda Leonard _____ 2-24-19

Signature of Owner(s) Date

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

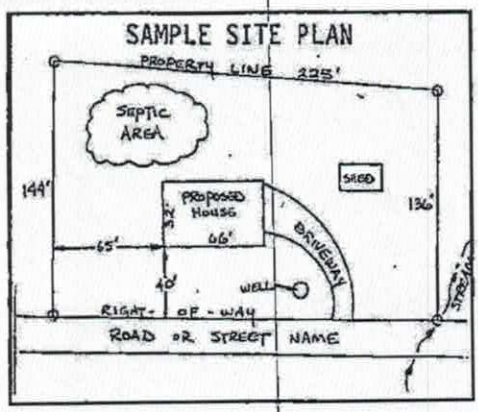
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- ( ) 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

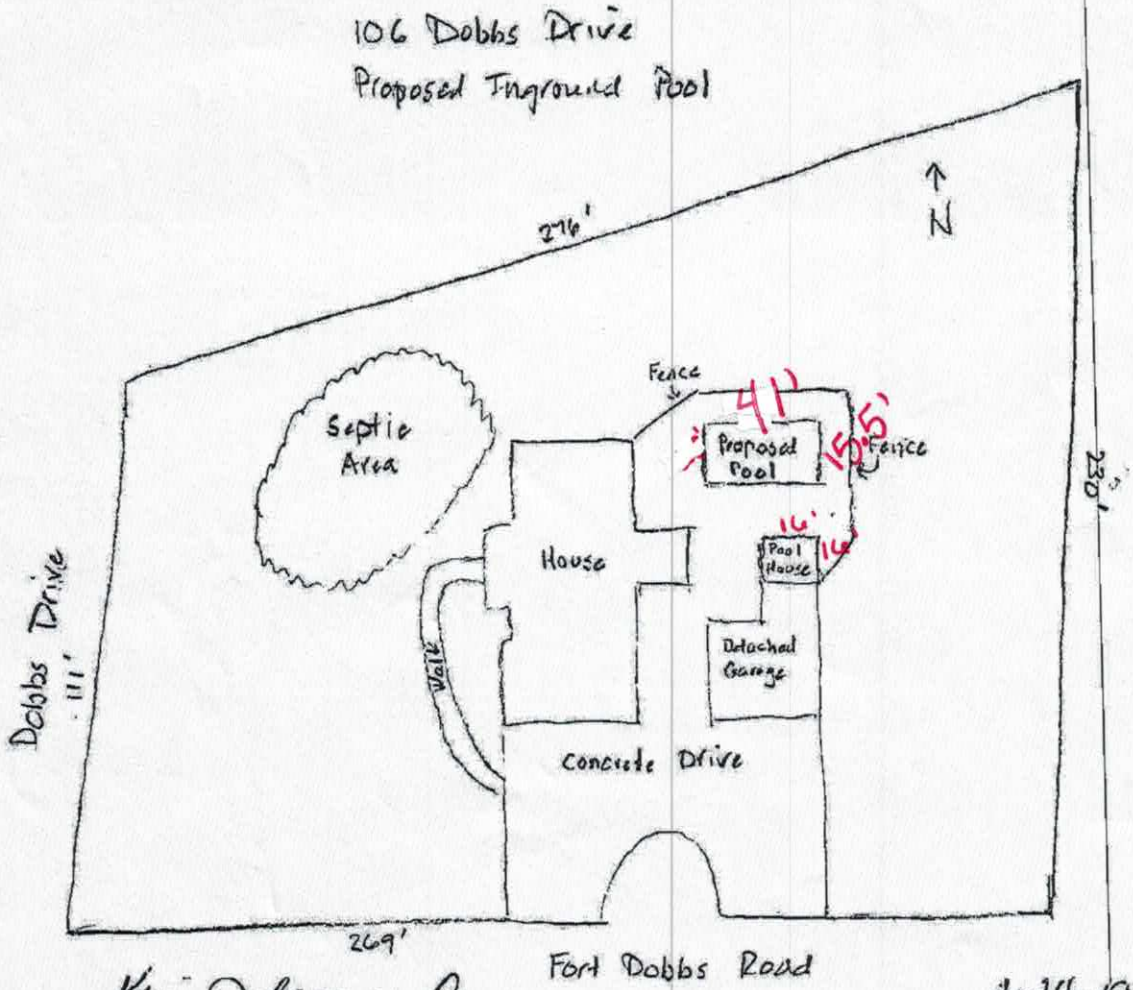


Circle N/A on the following if appropriate:

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: Kim Kennard

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

2-24-19

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 118197 PIN# 4736-50-7453 DATE 20/12/04

OWNER OR CONTRACTOR Jonny Liggard Construction Co PHONE: Business (704) 902-4918 Home —

ADDRESS P.O. Box 629 Statesville N.C. 28677

LOCATION Hwy 21 N. (L) Fort Dobbs Rd (R) Dobbs Drive on corner of Fort Dobbs Rd & Dobbs Drive

SUBDIVISION Ft. Dobbs Farms BLOCK / SECTION — LOT 18 LOT AREA 1.14 Acres SITE CLASS: P5 DESIGN FLOW 480 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1012 Date 5c1-04

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet Enviro 1600 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity 25% Reduction

Repair System Description: Pump @ 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3½

☐ Business No. Employees —

☐ Other —

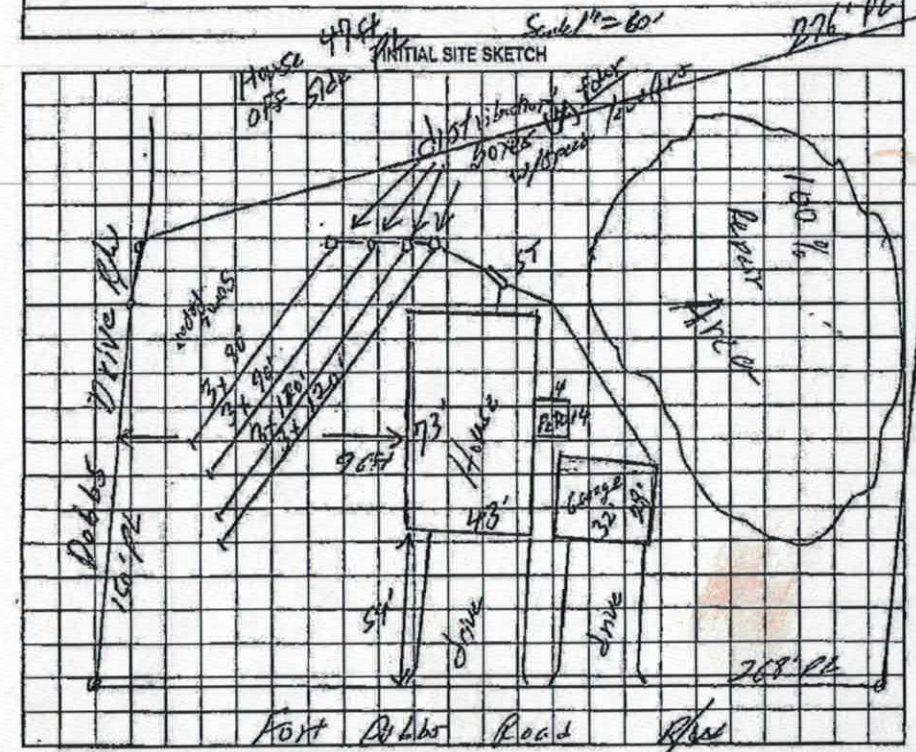
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

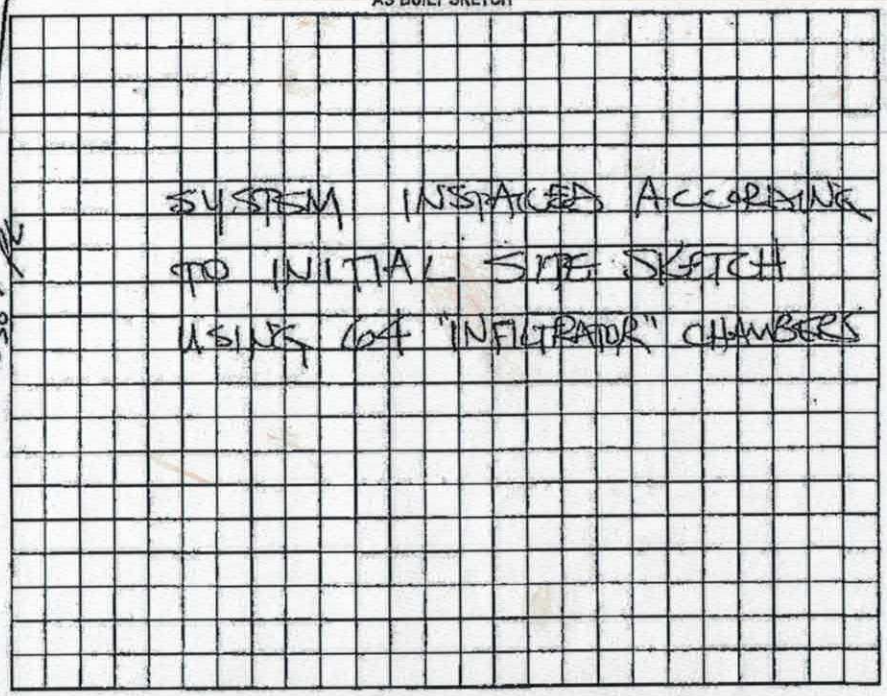
Comments/Conditions: ① Maintain Proper Setbacks ② Install Liner on Contour

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFFTITE" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH



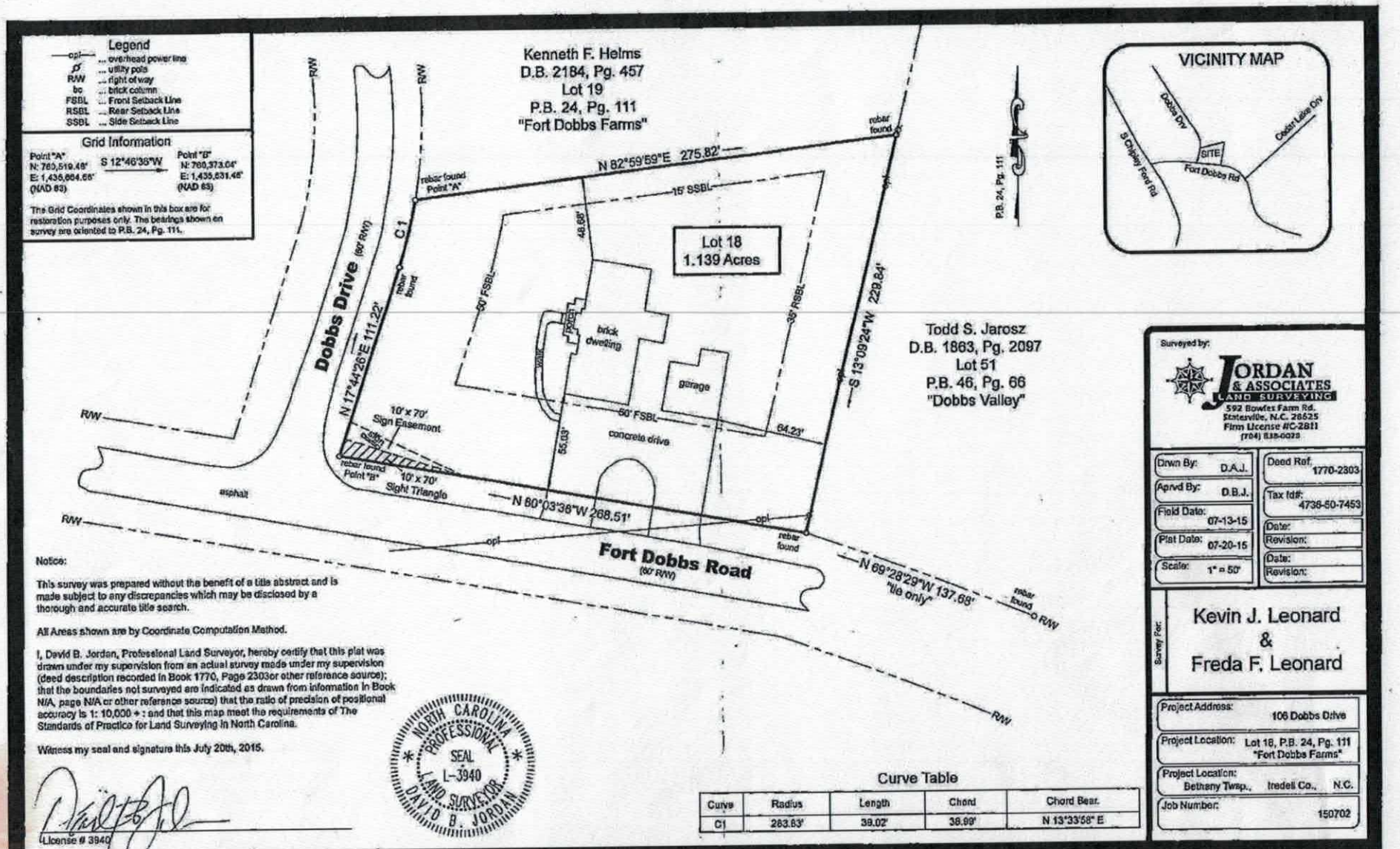
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 2-18-04 Installed by: DANA YOUNTZ

Improvement Permit by: William E. Johnson date 20/12/04 Operation Permit by: STEVE HENDRICK date 9-10-04

Authorization to Construct by: William E. Johnson date 20/12/04 Existing System Inspection by: — date —

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK



Notice:

This survey was prepared without the benefit of a title abstract and is made subject to any discrepancies which may be disclosed by a thorough and accurate title search.

All Areas shown are by Coordinate Computation Method.

I, David B. Jordan, Professional Land Surveyor, hereby certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 1770, Page 2303or other reference source); that the boundaries not surveyed are indicated as drawn from information in Book N/A, page N/A or other reference source) that the ratio of precision of positional accuracy is 1: 10,000 + ; and that this map meet the requirements of The Standards of Practice for Land Surveying in North Carolina.

Witness my seal and signature this July 20th, 2015.

License # 3940

NORTH CAROLINA PROFESSIONAL SEAL L-3940 LAND SURVEYOR DAVID B. JORDAN

Curve Table

Curve	Radius	Length	Chord	Chord Bear.
C1	263.83'	39.02'	38.99'	N 13°33'58" E

Surveyed by:

JORDAN & ASSOCIATES LAND SURVEYING
592 Bowles Farm Rd.
Statesville, N.C. 28625
Firm License #C-2811
(704) 838-0023

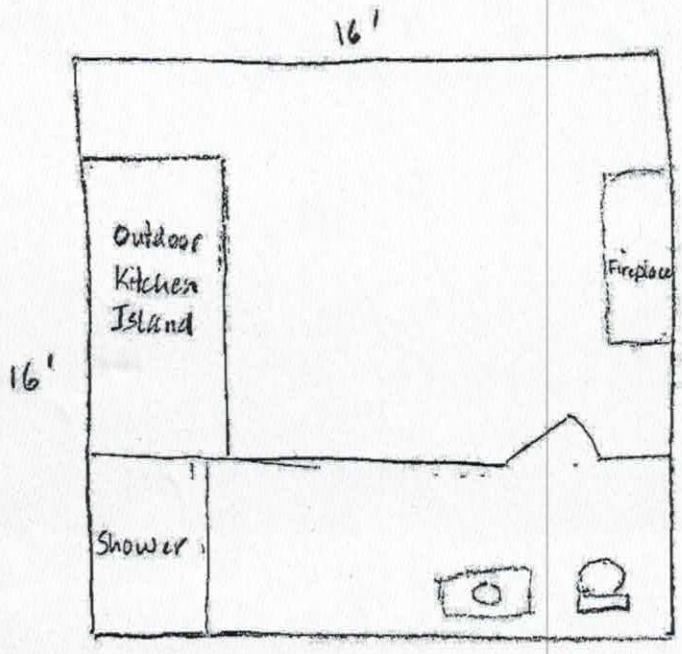
Drwn By: D.A.J.	Deed Ref: 1770-2303
Aprvd By: D.B.J.	Tax Id#: 4738-60-7453
Field Date: 07-13-15	Date:
Plat Date: 07-20-15	Revision:
Scale: 1" = 50'	Date: Revision:

Survey For:

Kevin J. Leonard
&
Freda F. Leonard

Project Address:	106 Dobbs Drive
Project Location:	Lot 18, P.B. 24, Pg. 111 "Fort Dobbs Farms"
Project Location:	Bethany Twsp., Iredell Co., N.C.
Job Number:	150702

Poolhouse / Pavilion



Kevin + Freda Leonard, 106 Dobbs Dr, Statesville, NC 28625

IREDELL COUNTY

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

APPLICATION NUMBER
242448
Issue Date: 02/25/2019

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4736507453.000	106 DOBBS DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LEONARD KEVIN J+FREDA F	Applicant: LEONARD KEVIN J+FREDA
Address: 106 DOBBS DRIVE	Address: 106 DOBBS DRIVE
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
POOL	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.140		10.00	10.00	25.00	NOT	X

Remarks:

Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10 Æ from side & rear property line. Lake lots must meet the 50 Æ setback from the 760 contour line AND the 35 Æ setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10 Æ. Fenced with a minimum 4 Æ in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4 Æ in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

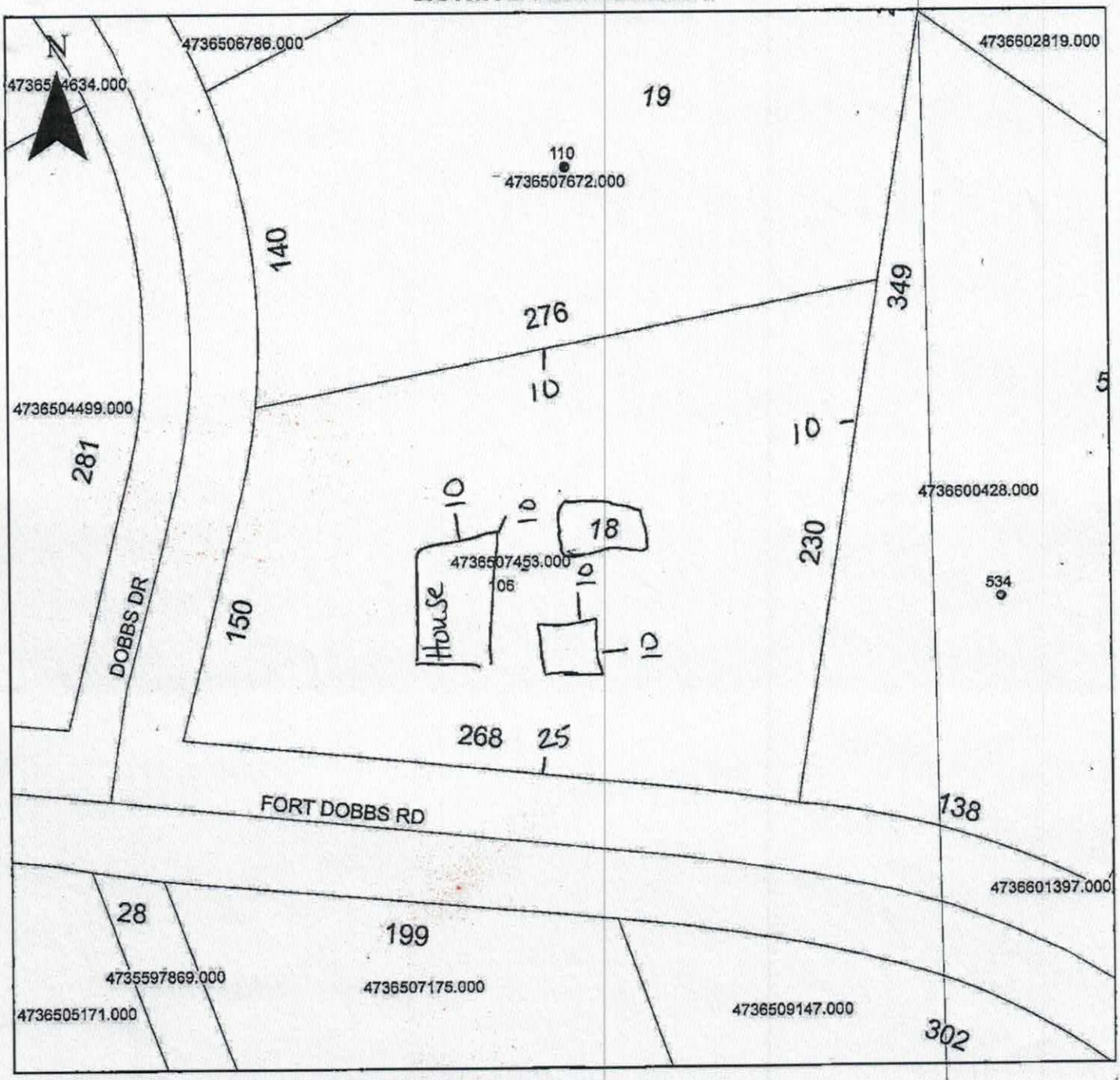
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	168645	TOTAL FEES:	$ 77.25

Y001

ZONING DISCLAIMER



Property Address 106 Dobbs

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.

X Freda Leonard
Applicant

X 2-25-19
Date