CW BIDR-2022-9852

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # A1

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

PIN # 4736 -- 91

APPLICANT/OWNER: Todd Ellis APPLICANT ADDRESS: 271 Cooper Farm Rd Statesville

SITE ADDRESS: 225 Cooper Farm Rd Statesville PHONE: 704-873-7373 ALT. PHONE -

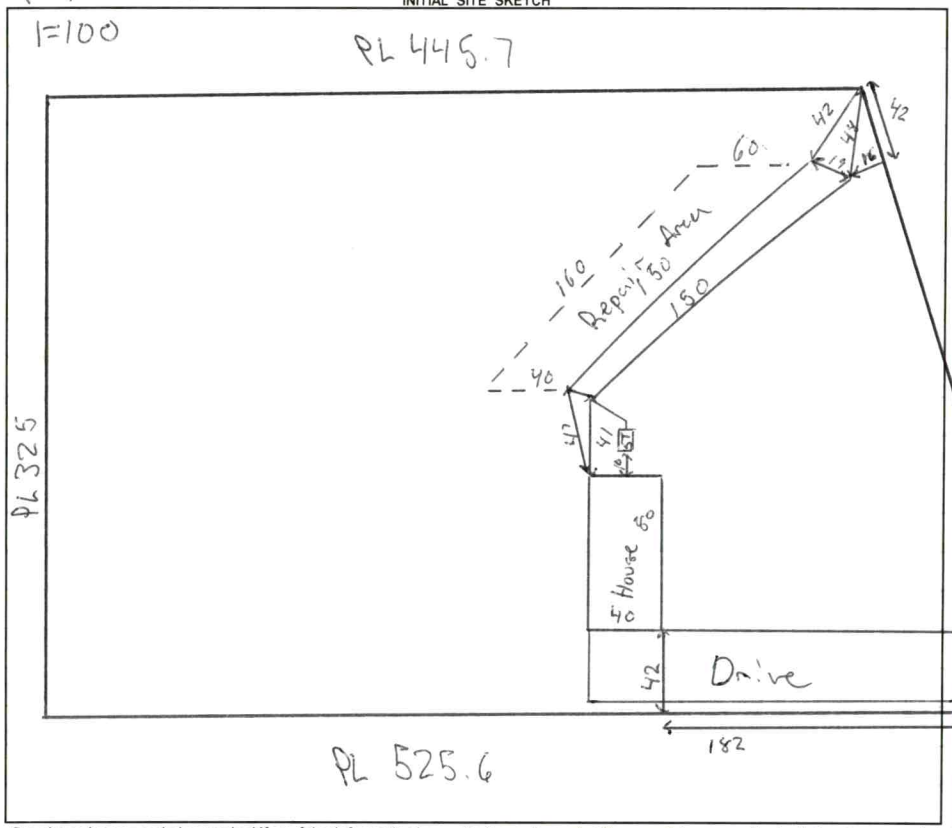
SITE DIRECTIONS: Turn on cooper farm Rd go to 271 SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Jeffrey TODD Ellis & Gina M Ellis PROP SECTION: - LOT # - 1 LOT AREA: 62 Ac 4 DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1017	Date	3-22-23	☑ 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:	25% Gravity - Serial	☐ Business	No. Persons 6	☐ Private
Pump Make		Model		Serial #		Repair System Description:	25% Gravity - Serial	☐ Other	No. Employees	☑ Public
# Nitrification Fields	1	# Lines	2	Linear Ft	300	Maintenance Agreement Required:	☐ YES ☑ NO	☑ Slab	☐ Crawl Space	☐ Community
Trench Width	36 in	Trench Bottom Depth(	Max 36 in	Gravel Depth	-	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

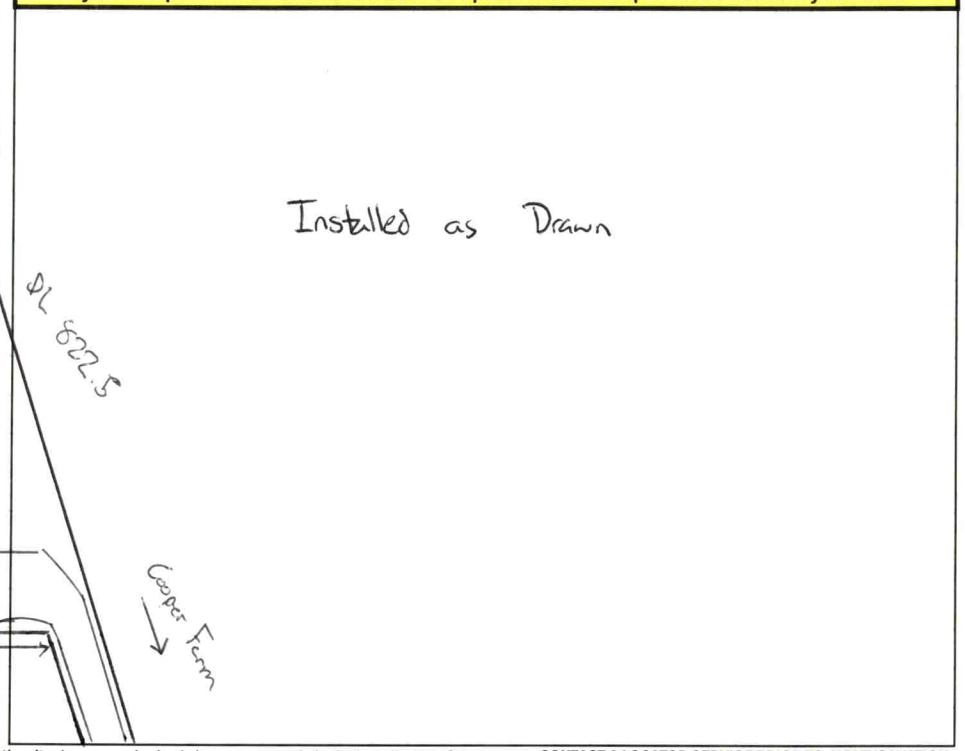
Comments / Conditions: Install on contour, 4ft on center with serial distribution. Do not park, drive, or construct on proposed septic area.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: Esther Sang Date: 7/18/22 Installed by: Andy Yountz

IMPROVEMENT PERMIT by: [signature] Date: 7/15/22 OPERATION PERMIT by: [signature] Date: 2/21/24

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11/8/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 9736917649
COUNTY: Iredell

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

OWNER: Todd Ellis
ADDRESS: 271 Cooper Farm Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 325 Cooper Farm Rd
APPLICATION DATE: 5/23/22
DATE EVALUATED: 7/6/22
PROPERTY SIZE: C2Ac
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	LS 10%	0-12	SCL/Plow	ns np fr SE	-	48	-	Rock in spots throughout prof.	PS .3
		12-32	C/SBK	ss sp fr SE					
		32-48	CL/SBK	ss sp fr SE					
2	LS 8%	0-12	SCL/Plow	ns np fr SE	-	48	Sap inclusions at 34-48	-	PS .3
		12-24	C/SBK	ss sp fr SE					
		24-48	CL/SBK	ss sp fr SE					
3	LS 7%	0-12	SCL/Plow	ns np fr SE	-	48	Sap inclusions at 36	-	PS .3
		12-34	C/SBK	ss sp fr SE					
		34-48	CL/SBK	ss sp fr SE					
4	LS 5%	0-12	SCL/Plow	ns np fr SE	-	50	Sap inclusions at 42		PS .3
		12-31	C/SBK	ss sp fr SE					
		31-50	CL/SBK	ss sp fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	360
System Type(s)	~~360~~ 25%	~~360~~ 25%
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Matthew Wilkinson
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) CV (Convex Slope) D (Drainage Way)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
DS (Debris Slump) FP (Flood Plain) FS (Foot Slope)	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

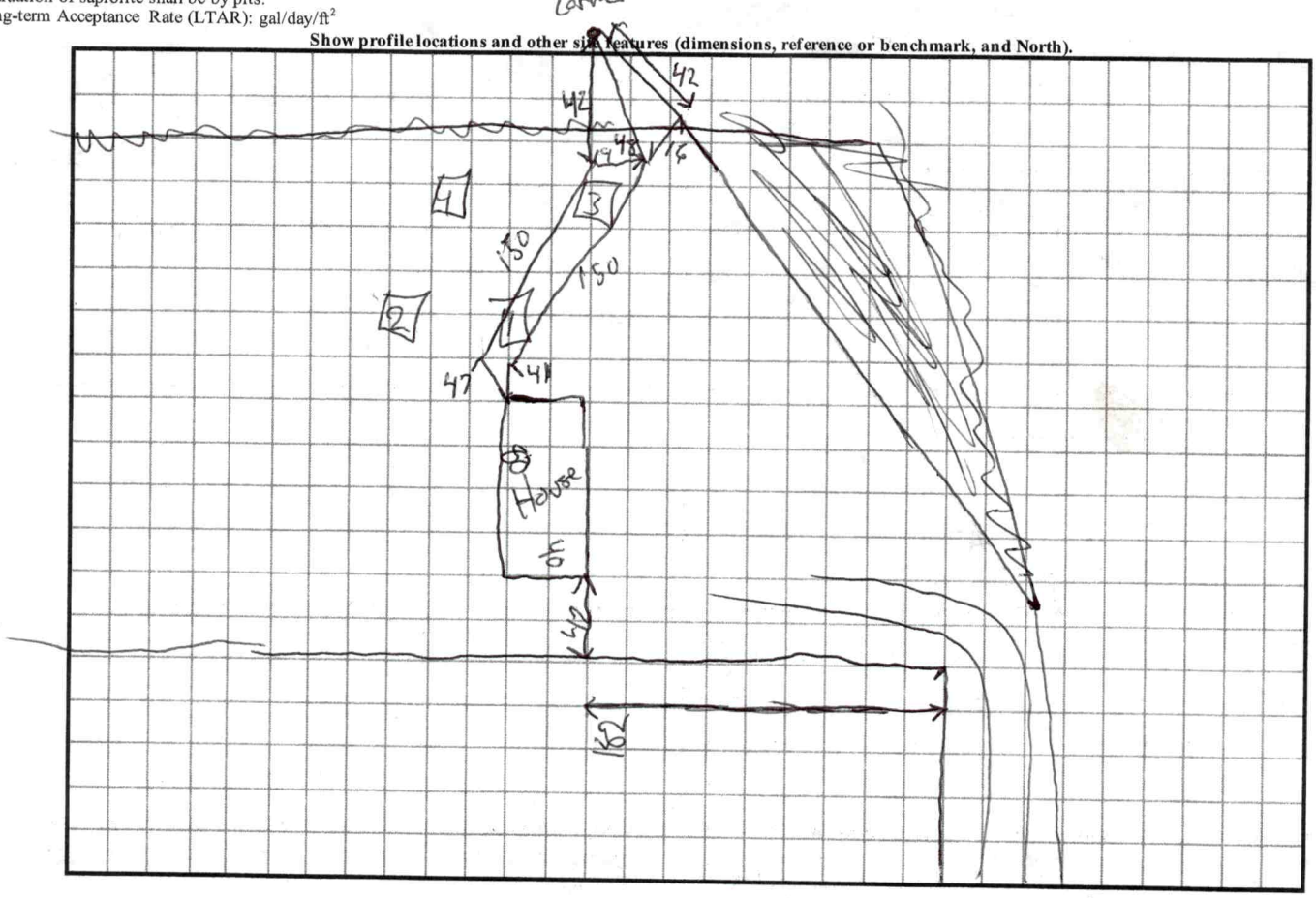
NOTES

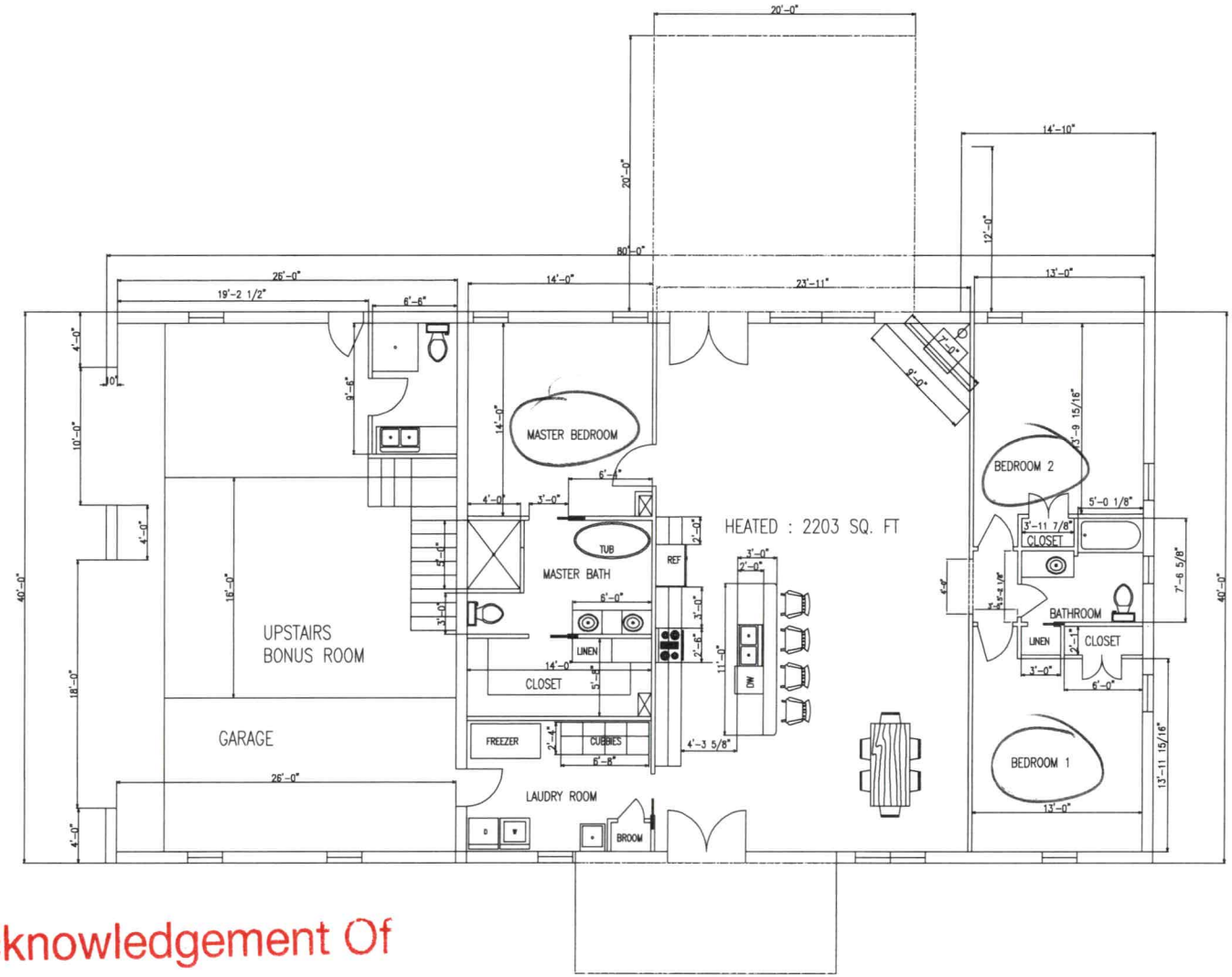
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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/ft^2

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





Acknowledgement Of
Plans Submittal ONLY!

Date 11/8/22

Date 11/9/22

SCALE 1/8" = 12"

2020 by TODD ELLIS BUILDERS

TODD ELLIS BUILDERS INC.
704-873-7373

SET PROJECT SUPERVISOR:
TODD ELLIS
1055 TABOR RD
STATESVILLE, NC 28625
PHONE: (704) 873-7373
FAX: (704) 882-8253

Project:
1055 TABOR RD
STATESVILLE, North Carolina

—IMPORTANT NOTE—
This document has been prepared by professional service, and is part of a collection of data. The data/designs shown hereon are the property of Todd Ellis Builders Inc. and may not be reproduced or changed in any way, in whole or in part, or disclosed to others without written permission of Todd Ellis Builders Inc. All ideas, designs, arrangements and plans indicated hereon are the property of Todd Ellis Builders Inc. and shall not be used in any way without the written permission of Todd Ellis Builders Inc. ALL DIMENSIONS ARE SUBJECT TO JOB SITE VERIFICATION.

Drawing Name:
Date:
03/25/20
Drawn By:
Date Rev:

Revised:
09/25/20
10/14/20

Scale: 1/4"=1'-0"
SHEET
OF:

PLAN

RECEIVED MAY 2 4 2022

AP- 329085

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 $500.00

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

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 #
Todd Ellis	271 Cooper Farm Rd Statesville NC		704 873 7373
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

PIN 4736917691.000

Street Address	Subdivision Name	Section/Phase and Lot Number
225 Cooper Farm Rd	None	

Driving Directions: Turn on Cooper Farm Rd go to 271

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** ___
(x) **Other** ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
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** (x) **Existing Well** ( ) **Community Well** ( ) **City Water** (✓) **Other Public Water** county Water

7. Desired Septic System Type: ***(You may rank in order of preference, if any)*** ( ) **EXISTING SYSTEM installed** ~~1900s~~ *Year*

( ) **Alternative** (✓) **Conventional** ( ) **Innovative** ( ) **Modified Conventional** ( ) **Other** ___

8. 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. industry) 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.

9. Signature: ___ 5.23.22

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

_____ 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

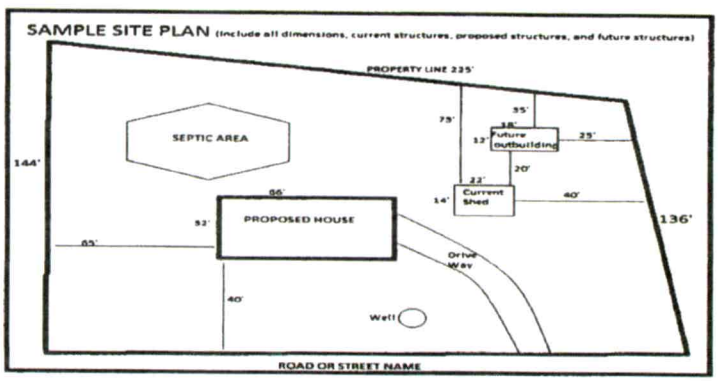
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

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

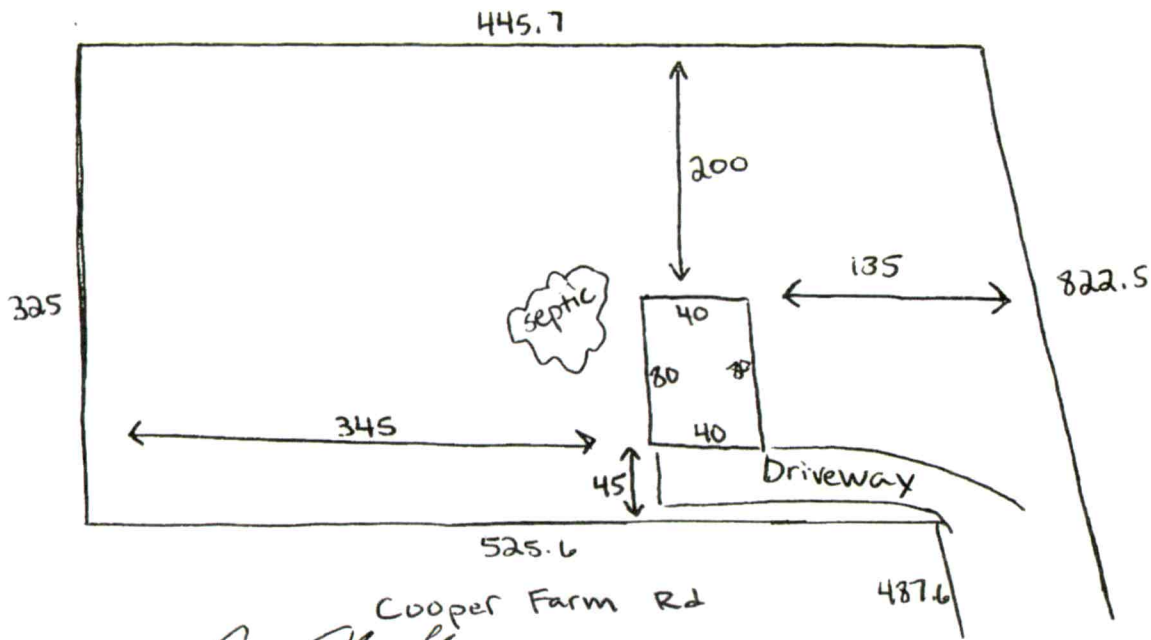
Circle N/A on the following if appropriate:

_____ 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



Signature: _____

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

5/23/22

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*) _____

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.

_____ 5.23.22
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items* must be completed *PRIOR* to the *SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

***** Initial each statement to indicate you have read and agree. *****

TE ___ **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

TE ___ **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

TE ___ Clearly **mark all property corners by locating existing iron or concrete markers**. Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

TE ___ **Stake or flag the footprint of the proposed building structure or addition to match site plan application**. Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

TE ___ Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

TE ___ In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

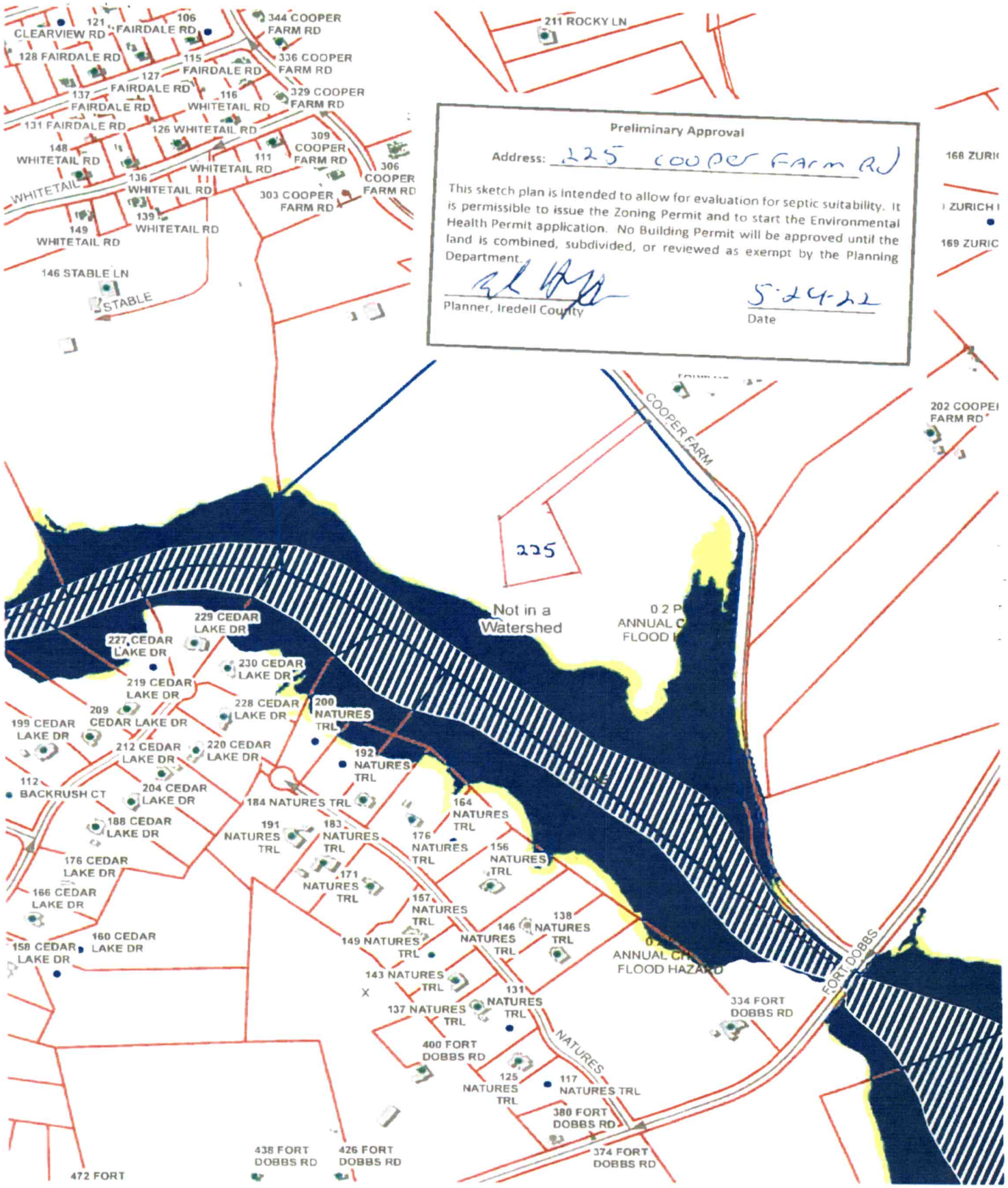
By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature _____ **Date** 5-23-22

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.


Preliminary Approval
Address: 125 COOPER FARM RD
This sketch plan is intended to allow for evaluation for septic suitability. It is permissible to issue the Zoning Permit and to start the Environmental Health Permit application. No Building Permit will be approved until the land is combined, subdivided, or reviewed as exempt by the Planning Department.
Planner, Iredell County
5-24-22
Date
225
Not in a Watershed
COOPER FARM
FORT DOBBS
NATURES
211 ROCKY LN
168 ZURI
169 ZURIC
202 COOPE FARM RD
CLEARVIEW RD
121 FAIRDALE RD
106 FAIRDALE RD
344 COOPER FARM RD
128 FAIRDALE RD
115 FAIRDALE RD
336 COOPER FARM RD
127 FAIRDALE RD
137 FAIRDALE RD
116 WHITETAIL RD
329 COOPER FARM RD
131 FAIRDALE RD
126 WHITETAIL RD
309 COOPER FARM RD
148 WHITETAIL RD
111 WHITETAIL RD
306 COOPER FARM RD
136 WHITETAIL RD
303 COOPER FARM RD
139 WHITETAIL RD
149 WHITETAIL RD
146 STABLE LN
STABLE
229 CEDAR LAKE DR
227 CEDAR LAKE DR
230 CEDAR LAKE DR
219 CEDAR LAKE DR
209 CEDAR LAKE DR
228 CEDAR LAKE DR
200 NATURES TRL
199 CEDAR LAKE DR
212 CEDAR LAKE DR
220 CEDAR LAKE DR
192 NATURES TRL
112 BACKRUSH CT
204 CEDAR LAKE DR
184 NATURES TRL
164 NATURES TRL
188 CEDAR LAKE DR
191 NATURES TRL
183 NATURES TRL
176 NATURES TRL
156 NATURES TRL
176 CEDAR LAKE DR
171 NATURES TRL
166 CEDAR LAKE DR
157 NATURES TRL
138 NATURES TRL
160 CEDAR LAKE DR
158 CEDAR LAKE DR
149 NATURES TRL
146 NATURES TRL
143 NATURES TRL
131 NATURES TRL
137 NATURES TRL
334 FORT DOBBS RD
400 FORT DOBBS RD
125 NATURES TRL
117 NATURES TRL
380 FORT DOBBS RD
438 FORT DOBBS RD
426 FORT DOBBS RD
374 FORT DOBBS RD
472 FORT

I, LANCE D. SCHAMBACH, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or map book ___, page ___) that the boundaries not surveyed are clearly indicated as drawn from information found in Book ___, Page ___; that the ratio of precision as calculated is 1: 10,000+ that this plat creates a subdivision of land within a county or municipality that has an ordinance that requires surveys of land and was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number and seal this 11 day of April, 2008.

LANCE D. SCHAMBACH
REGISTRATION NUMBER L-4795

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.

Date _____ Review Officer

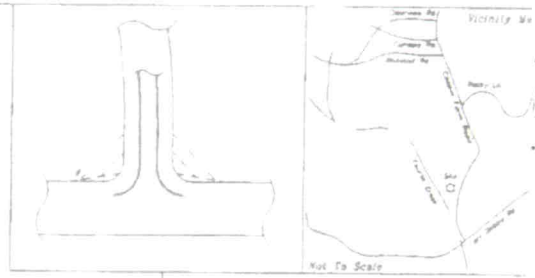
I hereby certify that the preliminary subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina, and that this plat has been approved by the subdivision administrator.

Date _____ Subdivision Administrator

All roads in this subdivision are hereby offered for public use. The responsibility of all roads and roads in this subdivision shall be the responsibility of all owners and it shall be their responsibility to bring such streets up to the standards of the North Carolina Department of Transportation before any streets in this area are added into the North Carolina State Highway System.

Date _____ Owner/Developer

Vicinity Map



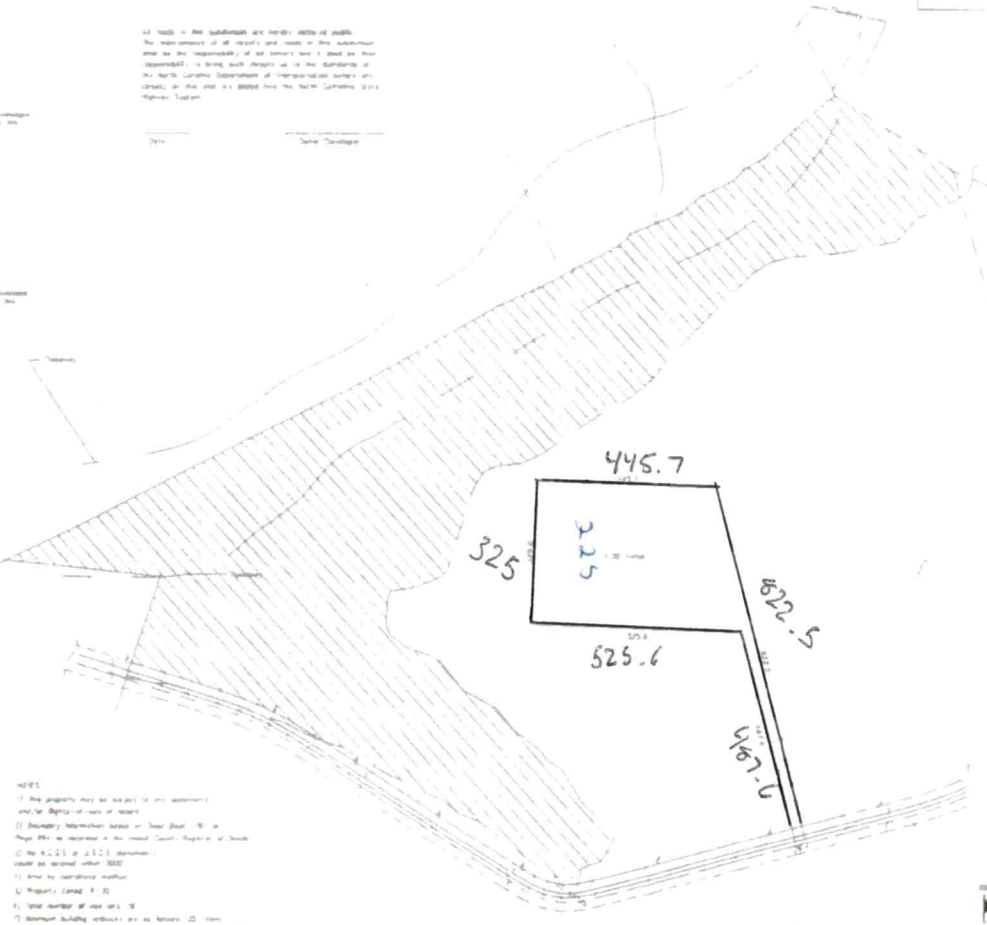
Preliminary Approval

Address: 225 Cooper Valley Rd

This sketch plan is intended to allow for evaluation for septic suitability. It is permissible to issue the Zoning Permit and to start the Environmental Health Permit application. No Building Permit will be approved until the land is combined, subdivided, or reviewed as exempt by the Planning Department.

Planner, Iredell County

5-24-22
Date



GRAPHIC SCALE

(IN FEET)
1 inch = 200 ft.

LEGEND

- ⊙ = Right-of-way marker
- ⊙ = Property corner
- ⊙ = Existing iron pin
- ⊙ = Power Pole
- ⊙ = Cable Pedestal
- ⊠ = Water valve
- △ = Concrete Control Monument
- CMP = Corrugated Metal Pipe
- C&G = Edge of pavement
- RCP = Reinforced Concrete Pipe
- I.P. = Solid Iron Pipe
- W = Water Valve
- H = Fire Hydrant

NOTES:

1) Any property may be subject to any easements and/or Rights-of-ways of record.
2) Boundary information based on Deed Book ___ at Page ___ as recorded in the Iredell County Register of Deeds.
3) No N.C.G.S. or U.S.G.S. monument could be located within 1000'.
4) Area by coordinate method.
5) Property Zoned R-20.
6) Total number of lots are 2.
7) Minimum building setbacks are as follows: 25' front
8) Side 25' Corner Side and 25' Rear **per LDO 5 for detail**
9) What acreage is to be subdivided: 4.79 Acres +/-
10) A portion of this property is located in flood zone "AE" according to Flood Insurance Rate Map Community Iredell County, CID NO. 370283, Panel Number 0.08, Suffix - Dated March 18, 2008 & Mallard Road Map Community Iredell County, CID NO. 370283, Panel Number 1745, Suffix J, Dated March 18,2008
11) All lots are subject to a 10' drainage & utility easement each side of all property lines. **See Lot 15 for detail**
12) Tax Parcel ID/Tax Numbers are affected by this plat: 4738819331
13) Iron pins set at all corners unless otherwise noted.
14) Acreage Lot Size - 2.68 Acres
15) Lot 1) is the smallest lot with 1% slopes
16) 1'=50' sheet size of proposed road drawing
17) Contours shown were scaled from Iredell County GIS
18) All Lots shall be served by Iredell Water Corporation & individual septic tanks

Note "Cooper Valley Subdivision"
To the best of my knowledge, it not be within a Water Supply Watershed designated by the Environmental Management Commission as adopted by the Watershed Protection Map of Iredell County.

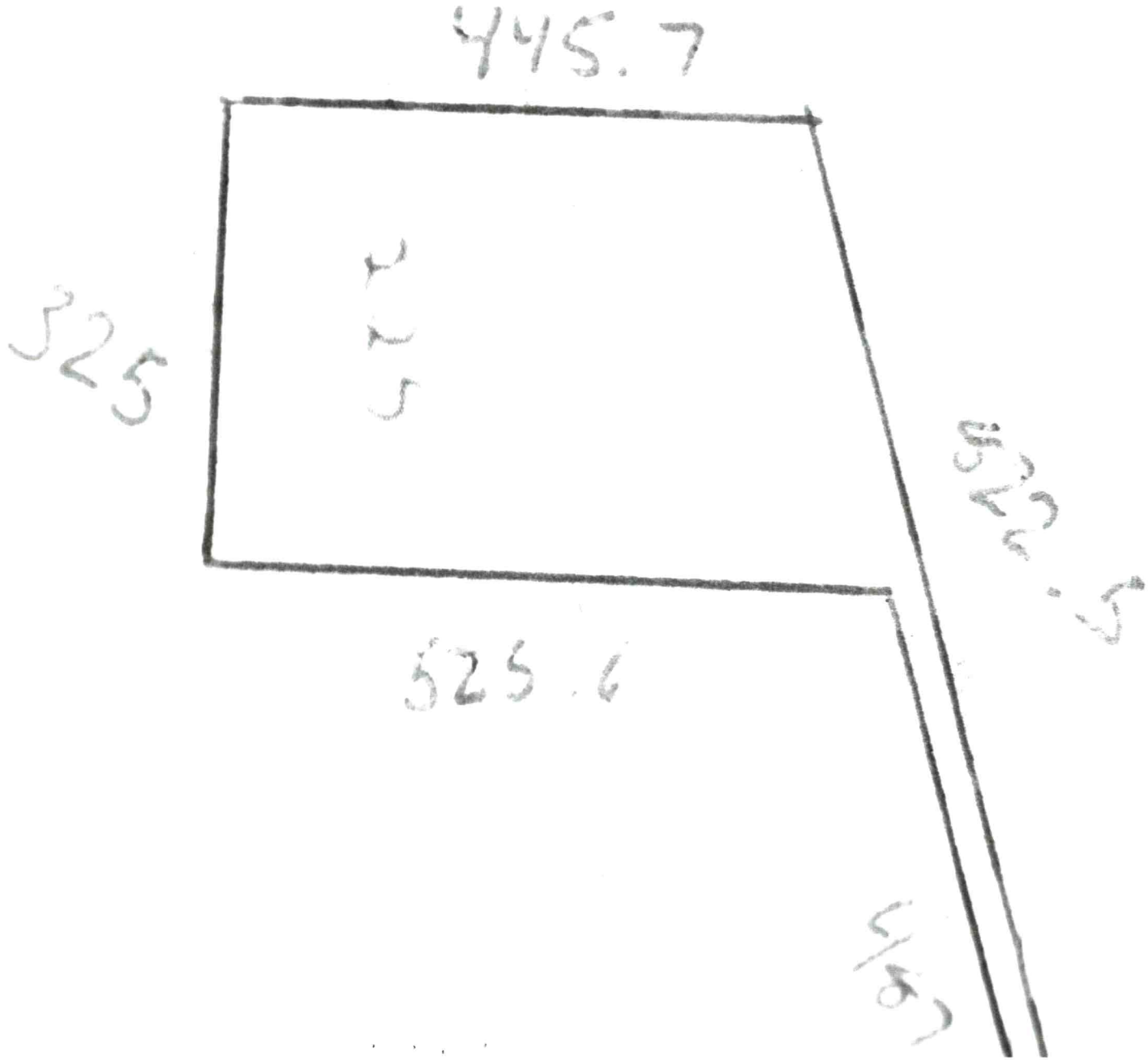
Date _____ Subdivision Administrator

Preliminary Plat of "Cooper Valley Subdivision"

Bethany Township, Iredell County, N.C.

Owner/Developer	Tax Map Reference: 4738819331	Land Surveyor: Schambach Surveying, P.A. P.O. Box 4143 Mooresville, N.C. 28117 Phone: (704) 822-9915

Date of Survey: 3-5-08
Date of Map: 3-5-08
Scale: 1" = 200'
Drawn By: LDS
Job Number: 2008-30


445.7
525
525.6

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
329085 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4736917691.000		Iredell County

Owner Information	Applicant Information
Name: ELLIS JEFFREY T+GINA	Name: ELLIS JEFFREY T+GINA
Address: 271 Cooper Farm Rd	Address: 271 Cooper Farm Rd
Statesville, NC 28625	Statesville, NC 28625
Phone: (704)902-0119	Phone: (704)902-0119

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
sfd Building permit can't be issued until lot is cut out
no building permit will be approved until the land is divided

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

Date: 05/24/2022

Signature of Owner/Contractor

Permit Number	329085	TOTAL FEES:	$77.25