ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 314574

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

PIN # 4747 -- 43 -- ~~9058~~ 9068

APPLICANT/OWNER: Bryler Builders APPLICANT ADDRESS: 197 Blueview Rd, Mooresville

SITE ADDRESS: 115 Foxglove Dr, Statesville 28625 PHONE: 704-614-5783 ALT. PHONE —

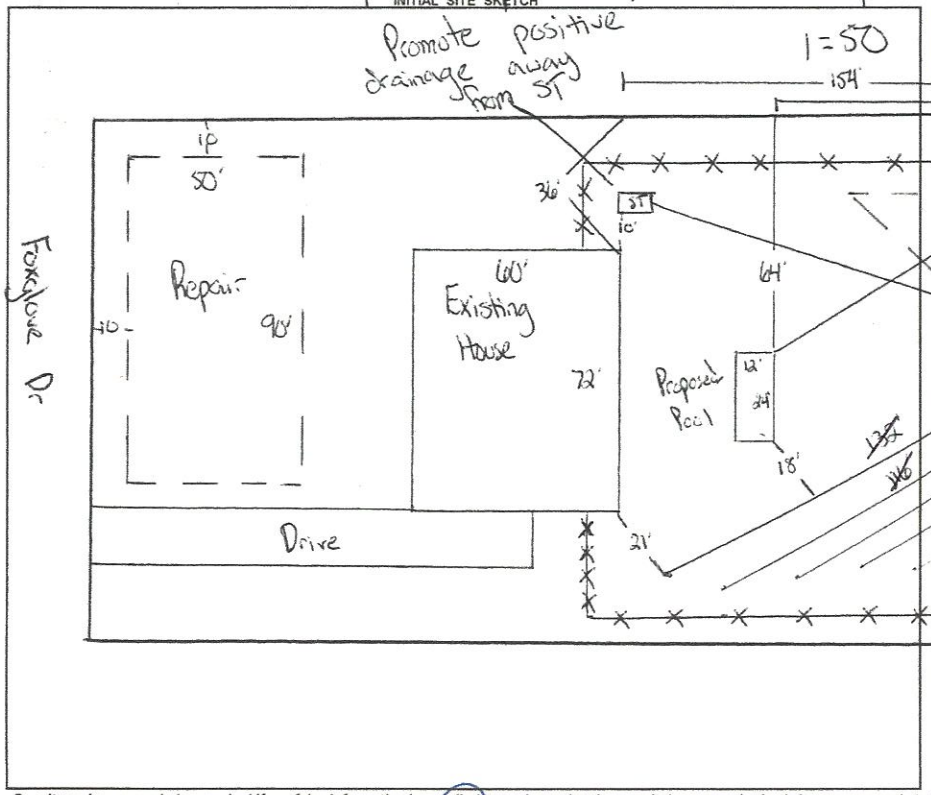
SITE DIRECTIONS: Hwy 21 - Lt Whites Farm - Rt Foxglove SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Graystone Meadows SECTION: — LOT # 1 LOT AREA: 0.978 DESIGN FLOW: 480 gpd L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB 760	Date 10/19/21	☒ 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: 25% reduction		☐ Business	No. Persons	8	☐ Private
Pump Make		Model	Serial #	Repair System Description: LPPBPS		☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines 6	Linear Ft 480 FT	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36 in	Trench Bottom Depth (Low side)	36 in	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install drainlines on contour of the land. Do not grade, park, or drive on septic area. Utilize serial distribution. Keep all septic components 15' from pool.

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.

Keep Drainlines & Tank 5 feet from fence.

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: [signature] Date: 11/29/21 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Cory Whitt Date: 11/29/21 OPERATION PERMIT by: Cory Whitt Date: 12/16/21

AUTHORIZATION TO CONSTRUCT by: Cory Whitt Date: 11/29/21 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4747439051
COUNTY: Iredell

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

OWNER: Brandon Sherrill
APPLICATION DATE 11/8/21
ADDRESS: 197 Blueview Rd, Mooresville
DATE EVALUATED: 11/23/21
PROPOSED FACILITY: 4 bdrm home
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 0.978
LOCATION OF SITE: 115 Foxglove Dr, Statesville
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	Linear 7%	0 - 14	Fill		-	62	SAP inc in CL & CL layer		.3 PS
		14 - 30	C SBK	SS SP FR SE					
		30 - 62	CL SBK	SS SP FR SE					
2	Foot 4%	0 - 9	Fill		-	48	SAP inc in CL layer		.25 PS
		9 - 30	C WABK	SS SP FR SE					
		30 - 48	CL SBK	SS SP FR SE					
3	Linear 10%	0 - 9	Fill		-	48	Marg inc in CL layer		.3 PS
		9 - 33	C SBK	SS SP FR SE					
		33 - 48	CL SBK	SS SP FR SE					
4	Linear 12%	0 - 11	Fill		-	48	-	-	.3 PS
		11 - 28	C SBK	SS SP FR SE					
		28 - 48	CL SBK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50%	50%
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT: Matthew Wilkerson

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) 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	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	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)
		O (Organic)	None	None		

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

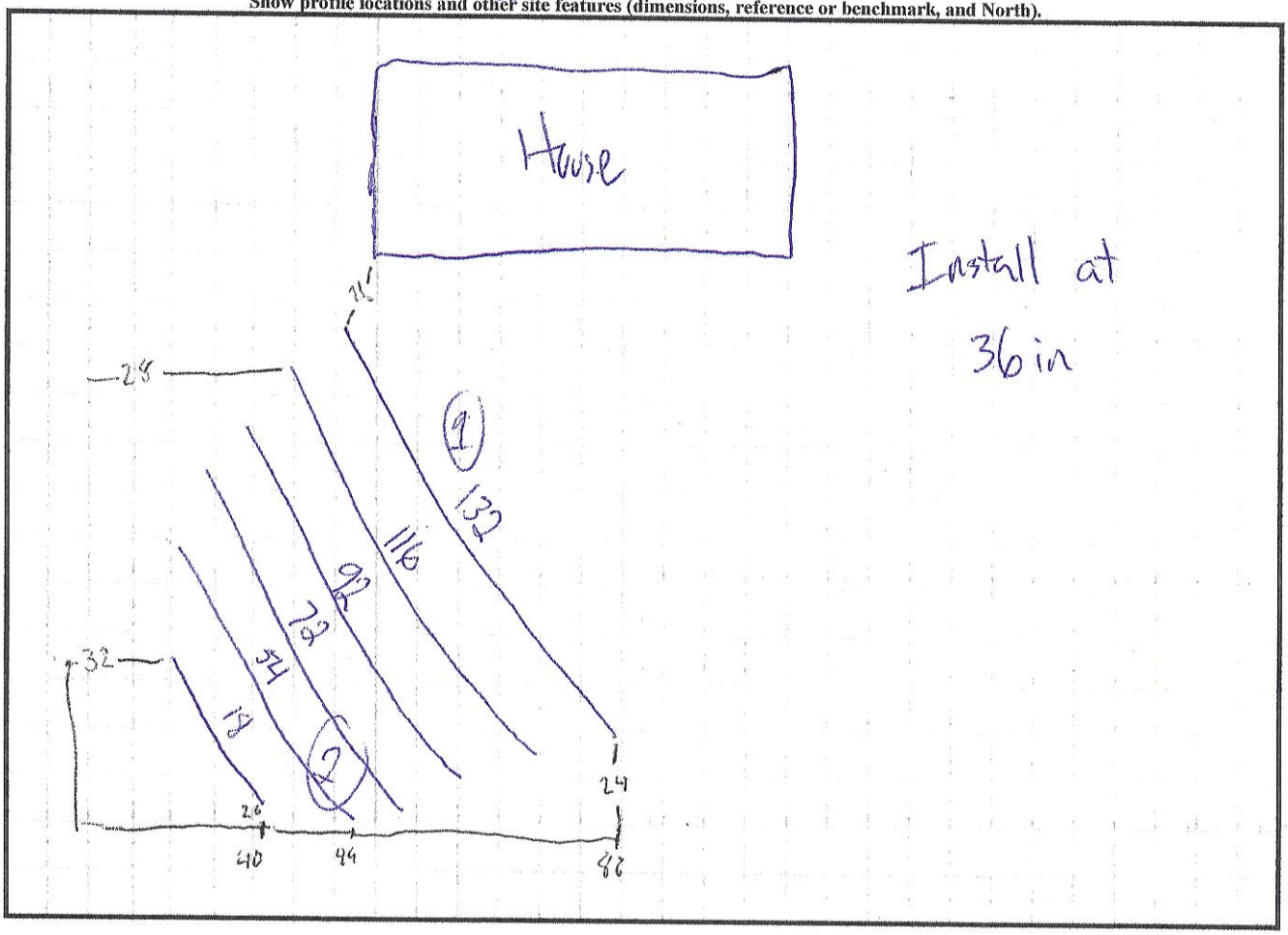
NOTES

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

Sheet 2 of 2
PROPERTY ID #: 4744439066
COUNTY: Fredrell

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

OWNER: Bryan Builders
ADDRESS: 147 Bare Tree Rd Mooresville
PROPOSED FACILITY: New SFR PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 115 Fox Glove
APPLICATION DATE 1/29/202
DATE EVALUATED: 3/4/2021
PROPERTY SIZE: .978 acres
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	SS 6%	0-12	FrII	—	—	60"	Rew LFHO Fncl 50%	—	PS, .275
		12-24	SCL WSBK	Fr SS SP SEXP					
		24-30	SC WSBK	Fr SS SP SEXP					
		30-42	C SBK	Fr SS SP SEXP					
		42-60	CL SBK	Fr SS SP SEXP					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	267'	291
System Type(s)	Gravity 50%	LPPBPS
Site LTAR	.3	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: PatrickB
OTHER(S) PRESENT:

COMMENTS: Sunny

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

Sheet 1 of 2
PROPERTY ID #: 7747453068
COUNTY: Iredell

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

OWNER: Bryler Builders
ADDRESS: 197 Blueview Rd Mooresville NC 28117
PROPOSED FACILITY: New single family PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 115 Foxglove Dr Statesville NC

APPLICATION DATE 1/29/2021
DATE EVALUATED: 3/4/2021
PROPERTY SIZE: .978 acres
PROPERTY RECORDED: yes

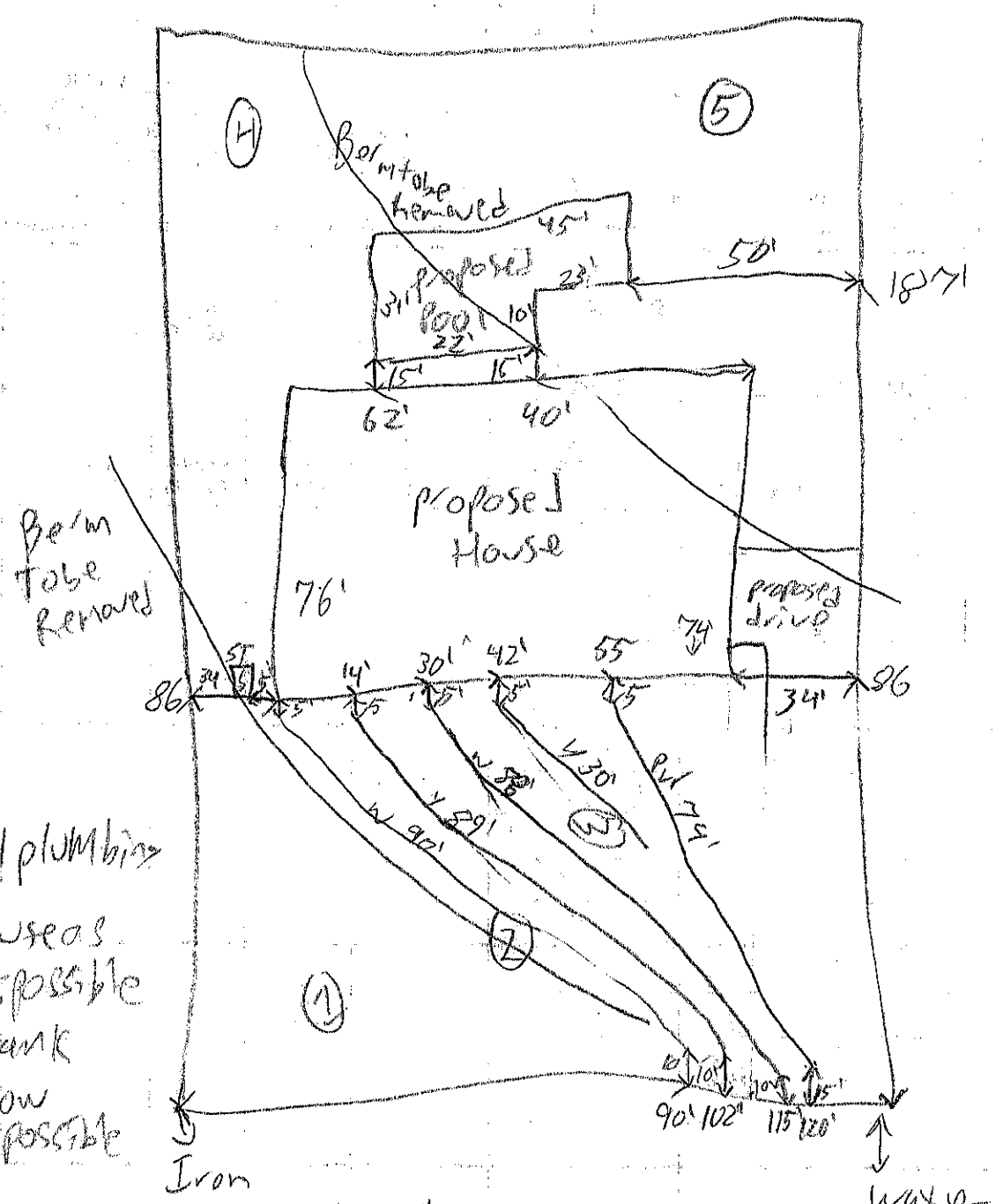
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	SS 5%	0-9	SCL WSBk	Fr SSSP Sexp	few YBmottles	48"	few parent Rx inclusions	some manganese inclusions at bottom	PS.3
		9-32	C SBK/ABK	Fr SS SP Sexp					
		32-48	CL SBK	Fr SSSP Sexp					
2	SS 10% in Borm	0-15"	Fill	—	—	60"	few parent Rx inclusions	Some manganese inclusions at bottom	PS.3
		15-20	SCL WSBk	Fr SS SP Sexp					
		20-43	C SBK/ABK	Fr SS SP Sexp					
		43-60	CL SBK	Fr SS SP Sexp					
3	SS 6%	0-5	SCL WSBk	Fr SSSP Sexp	—	58"	few parent Rx Inclusions	Some manganese inclusions at bottom	PS.3
		5-26	C SBK	Fr SSSP Sexp					
		26-58	CL SBK	Fr SSSP Sexp					
4	SS 6%	0-6	SCL WSBk	Fr SSSP Sexp	—	55"	few Parent Rx inclusions		PS.3
		6-27	C SBK	Fr SSSP Sexp					
		27-55	CL SBK	Fr SS SP Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	267'	291
System Type(s)	Gravity 50%	LPP PBPS
Site LTAR	.3	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick CB
OTHER(S) PRESENT:

COMMENTS: Sunny



480 ÷ 3
↳ 1600 ÷ 3
↳ 533 x 1.5
↳ 267'

RECEIVED NOV 8 - 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED "Marked" Comprehensive Re-layout

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-314574 Paid $500.00

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: Bryler Builders Address: PO Box 3695, Mooresville NC Zip: 28117
Applicant Email: Brad.baker@brylerbuilders.com Phone: 704-614-5783 Alt. Phone:
Owner Name: Brandon Sherrill Address: 451 Seven Springs Loop, Statesville NC Zip: 28625
Owner Email: Brandonsherrill@roadrunner.com Phone: 704-928-6343 Alt. Phone:

Property Information:

Street Address: 115 Foxglove Dr, Statesville
Subdivision Name: Greystone Meadows Section/Phase: Lot Number: 1
Driving Directions: White farm Rd to Foxglove Dr

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

(X) 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: 4
Maximum Number of Occupants: 2
(X) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) 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 (X) Other Public Water

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

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: COO 11/5/21
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*) _____

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, Brandon Sherrill, am the legal owner(s) of the property located at 115 Foxglove Dr, Statesville NC, identified as PIN (Parcel Identification Number) 4747439068, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Brad Baker, Bryler Builder, 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.

_____ _____
Signature of Owner(s) Date

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

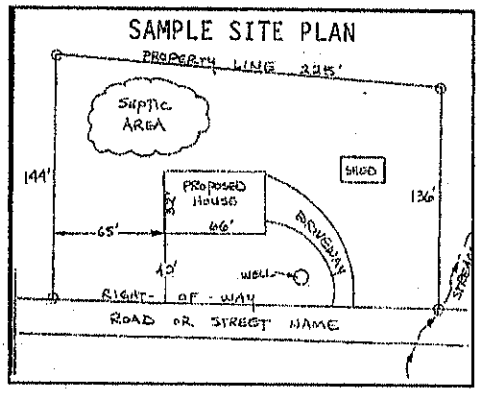
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***SITE PLAN WORKSHEET***

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***



Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Site plan on file with other permit for house

Signature: _____ COO/AP

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

11/5/21

DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 LP | Mooresville Office (704) 660-3625 | PERMIT # AP 314574

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

PIN # 4747 -- 43 -- 9058

APPLICANT/OWNER: Bryler Builders | APPLICANT ADDRESS: 197 Blueview Rd, Mooresville

SITE ADDRESS: 115 Foxglove Dr, Statesville 28625 | PHONE: 704-614-5783 | ALT. PHONE N/A

SITE DIRECTIONS: Hwy 21 - Lt Whites Farm - Rt Foxglove | SAP CONTROLLED: ☐ YES ☒ NO

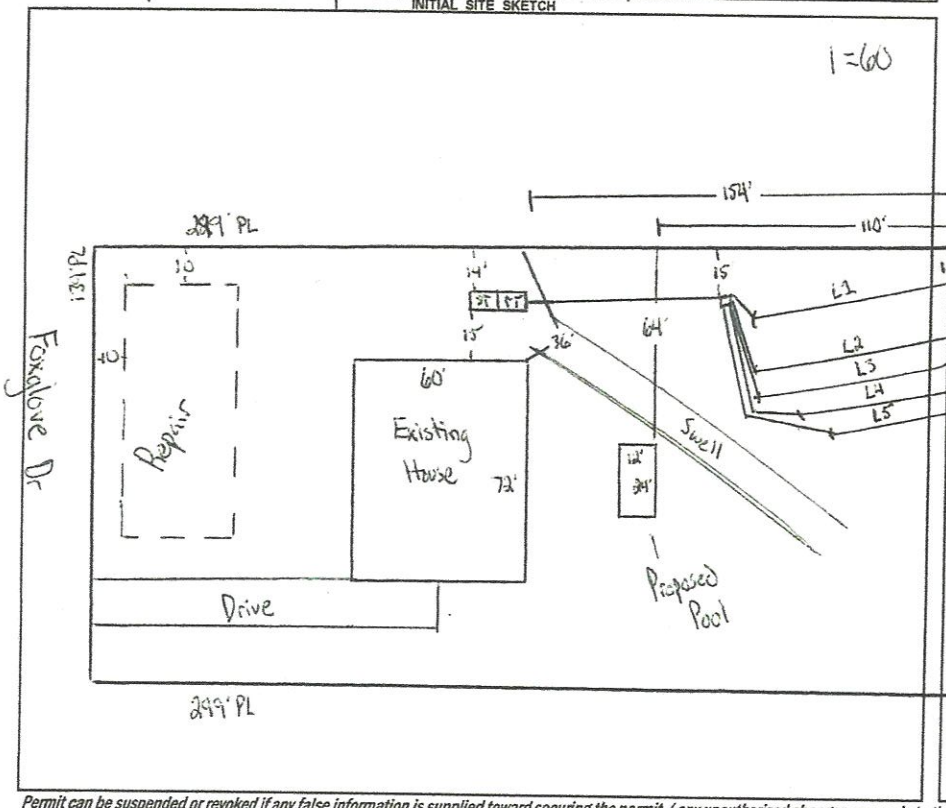
SUBDIVISION: Graystone Meadows | SECTION: 1 | LOT # 1 | LOT AREA: 0.978 | DESIGN FLOW: 480 GPD | L.T.A.R.: .275

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	PPBPS (pm)			
Pump Make			Model		Serial #		Repair System Description:	LPPBPS			
# Nitrification Fields	1		# Lines	5	Linear Ft:	250 FT	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	24"		Trench Bottom Depth (Invert)			36" max	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: Install drainlines on contour of land. Divert water away from septic tanks. Do not park, drive, or grade on septic area. Keep drainlines 15 feet from swell.

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.

L1 = 3/4 sch 80 @ 10.1
L2 = 3/4 sch 80 @ 10.1
L3 = 3/4 sch 80 @ 10.1
L4 = 1/2 sch 40 @ 7.11
L5 = 1/2 sch 80 @ 5.48
Flow Rate = 42.9
Dose = 241
Drawdown = 11.5 in
Time = 5.6
2 FT pressure head

Revised

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: 9/20/21 Installed by: _____

IMPROVEMENT PERMIT by: Cory White Date: 9/20/21 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Cory White Date: 9/20/21 Existing System Inspected by: _____ Date: _____

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

COPPERNORTH
DESIGN NO.
516
SHEET 3 OF 9
DR. JAG
FLOOR PLAN
DONALD A. GARDNER, INC.
P.O. BOX 26178 • GREENVILLE S.C. • 29616
864 • 288 • 7580
www.dongardner.com
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CREATION 12/21/13 COPYRIGHT © ALL RIGHTS RESERVED BY DONALD A. GARDNER, INC.
NOT TO BE COPIED OR REPRODUCED WITHOUT WRITTEN PERMISSION
BONUS ROOM FLOOR PLAN
FLOOR PLAN
DORMER PLAN
GABLE AND DORMER PLAN
BEDROOM #4
BONUS ROOM
GARAGE
STOR
PORCH
KITCHEN
FOYER
BATH #3
BATH #2
BEDROOM 2/STUDY
BEDROOM #3
GREAT ROOM
REAR PORCH
MASTER BATH
MASTER BEDROOM
UTILITY
DINING ROOM
SUN ROOM
REAR PORCH
PATIO
SEE DOOR AND WINDOW SCHEDULES ON SHEET 4.
ELECTRICAL LEGEND
DESCRIPTION
SYMBOL
DUPLEX OUTLET (GROUNDED TYPE)
GENERAL NOTES:
Acknowledgement of Plans Submittal ONLY
Date

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

APPLICATION NUMBER
314574 Issue Date: 02/01/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4747439068.000	115 FOXGLOVE DR	Iredell County

Owner Information	Applicant Information
Name: R W WRIGHT CONSTRUCTION +CONTRACTING INC	Name: BRYLER BUILDERS
Address:	Address: 197 BLUEVIEW RD MOORESVILLE, NC 28117
Phone:	Phone: (704)614-5783

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

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.

Signature of Owner/Contractor

Date: 02/01/2021

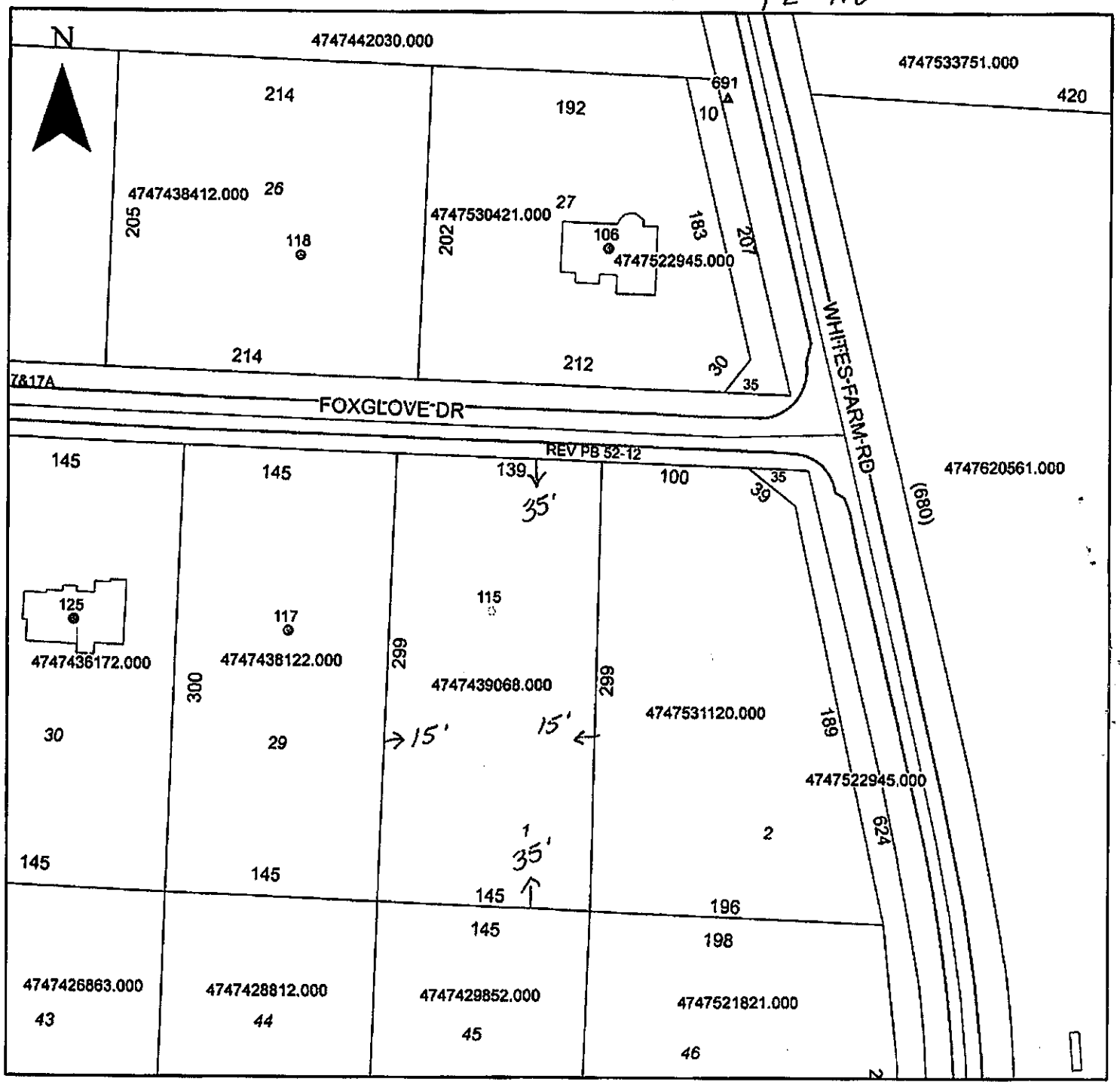
Permit Number	314574

TOTAL FEES:	$77.25

314574 R-20 0.718 AC

WS-NO
FL-NO

ZONING DISCLAIMER



Property Address 115 Foxglove Dr.

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

2-1-21

Date