IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 130954 PIN# 4747-54-3235 DATE 9-17-05

OWNER OR CONTRACTOR MKM BUILDERS, LLC PHONE: Business 980-722-3343 Home 704-895-6081

ADDRESS 17014 WINGED THISTLE COURT, DAVIDSON, NC 28036

LOCATION HWY 21 N, TL JENNINGS RD, TL WHITE'S FARM RD TL SADDLEWOOD LANE 2ND LOT ON LEFT

SUBDIVISION SADDLEWOODS BLOCK / SECTION LOT 2 LOT AREA 1.447 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB T86 Date 3-5-05

Pump Tank: 1000 Gallons; PT 32 Date 9-21-05

Pump Make: Model EQ.T0 1200 Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 200

No Lines FIVE Trench Width 24" 36" Max Trench Bottom Depth 24" Gravel Depth SAND 24"

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

System Description: 50% REDUCTION, LOW-PRESSURE

Repair System Description: 50% REDUCTION, LOW-PRESS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

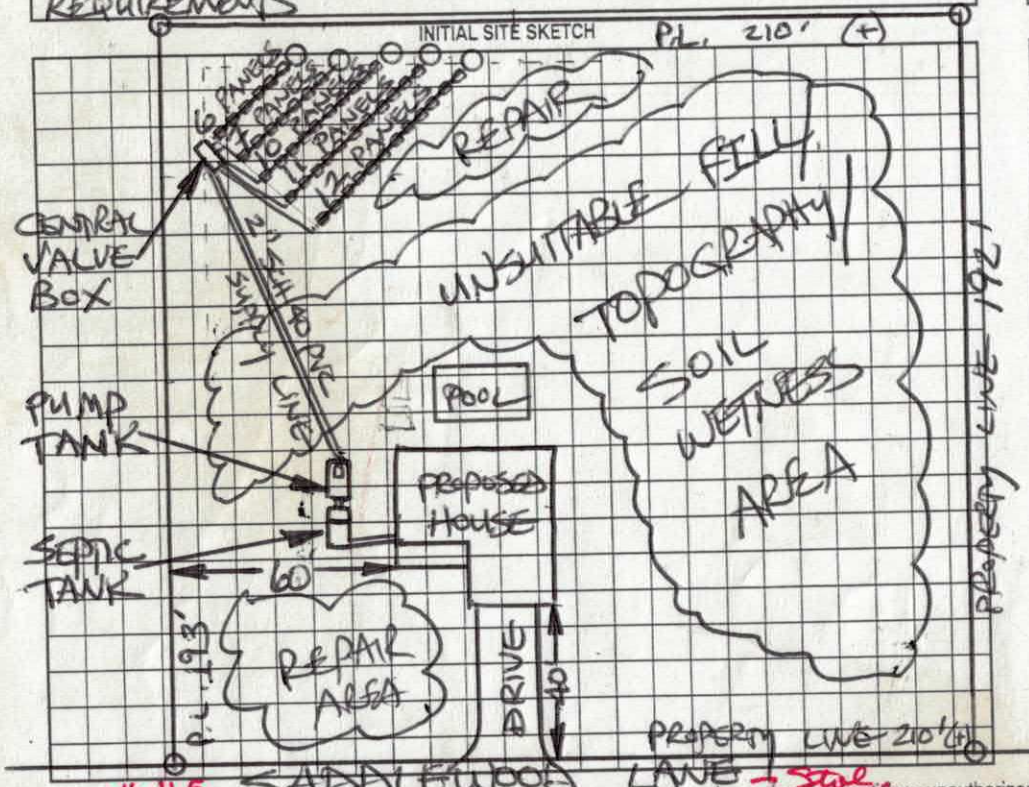
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

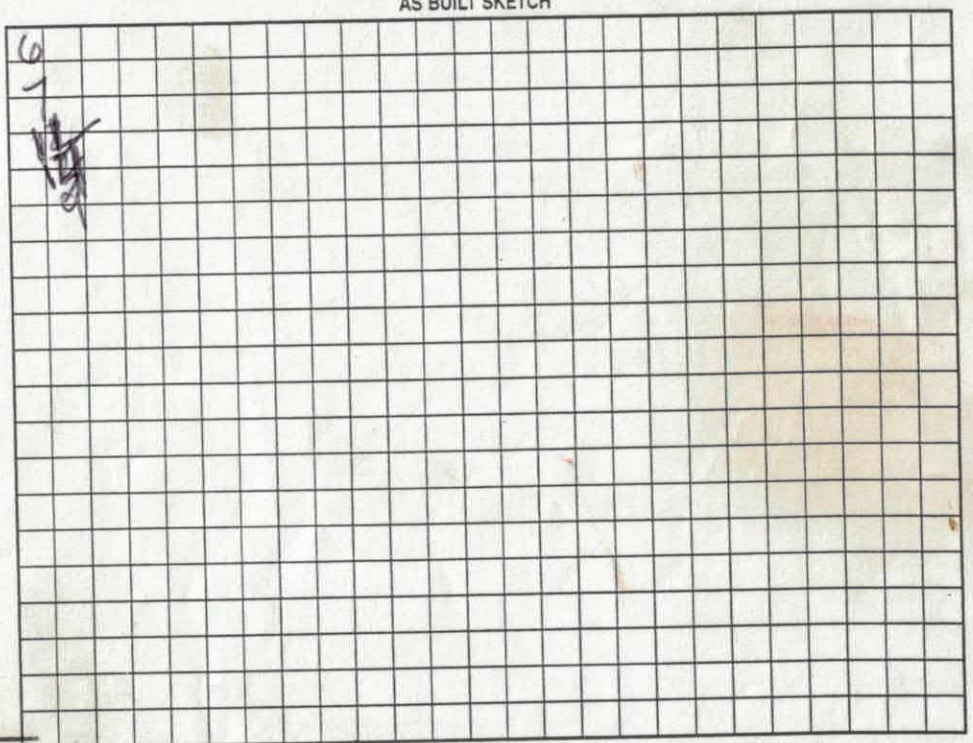
Comments:/Conditions: ① INSTALL 50% REDUCTION SYSTEM USING 46 PPBPS PANELS W/ LOW PRESSURE DISTRIBUTION ② SEE ATTACHED SHEETS FOR PUMP & LOW PRESSURE REQUIREMENTS

Comments:/Conditions: ③ A CONTRACT SHALL BE EXECUTED BETWEEN THE SYSTEM OWNER & A MANAGEMENT ENTITY PRIOR TO ISSUANCE of OPERATION PERMIT.

INITIAL SITE SKETCH



AS BUILT SKETCH



#115

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: Mark M date 9-17-05 Installed by: Paul Howard

Improvement Permit by: STEVE HEDRICK date 9-17-05 Operation Permit by: date 12-27-05

Authorization to Construct by: STEVE HEDRICK date 9-17-05 Existing System Inspection by: date

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Stephanie Campbell APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 8/14/00

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: Lot 2 Saddlewood PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut AROA Rt left rear of lot upslope of gully / fill of gully

TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

8-16-00 #5 12' upslope from #1 0-10 gr brn sl fr sssp 10-24 sabrc fi sssp 24-48 ybrn c sprng relic mottles few fi c drainage begins @ ~42"+

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		0-6	somewhat compact brwn c fi sp		25"+				LPP soil depth .125
		6-25	wk sbk brn c fi sssp						
		25-43+	BK/wksbk ybrn sc fi-vfi sp		vsvp exp, common rel sap				
2	N 30' upslope from 1	0-5	sabrc	fi sp sosp					PS .25-.5 @ < 42"
		5-26	wk sbk brn c fi-fr sssp sosp						
		26-42	brn c fr sssp sosp		few-common gbrn mottles				
		42-48	ybrn c common rel mottles		few low chroma mottles				Restrictive depth
3		0-16	sbk brn c few common gbrn mottles fr sssp sosp						PS .3 @ < 50" 38" more 16
		16-50	wk sbk ybrn c/l common rel sap fr sssp sap		few rel mottles				
		50-60	BK/sbk brn c/l mved fi sp common rel mottles few-common chr 2 mottles		51"+				
4	8-16	0-7	somewhat compact rbrn c fi sssp sosp						PS .25-.3 @ < 42"
		7-42	wk sbk brn, gbrn c/l	common-many rel sap	fr sssp				
		42-48	wr/sl sap mix						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

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	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	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 Blo
FS (Foot Slope)						ABK (Angular Block
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)			MOIST	WET
R (Ridge)		SCL (Sandy Clay Loam)				
S (Shoulder Slope)		SLC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
T (Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None			SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

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)

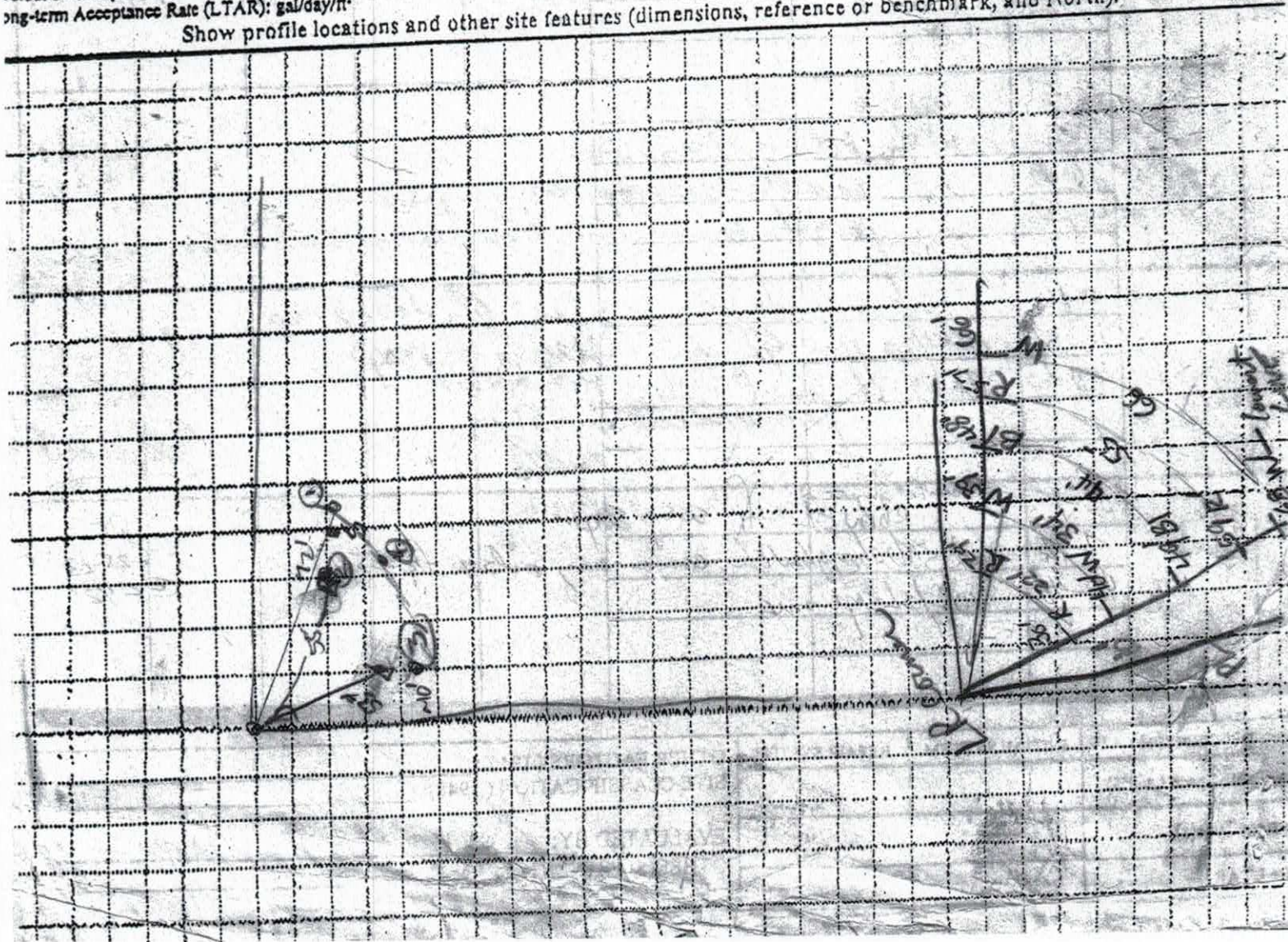
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designatic

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).



VISION OF ENVIRONMENTAL HEALTH
-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

...ER: Mike Gauthier APPLICANT: _____
DDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 3-31-99
OPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
CATION OF SITE: lot 2 Saddlewood PROPERTY RECORDED: _____
ATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
ALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
PE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

will need more soil work

.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON 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
	0-6	compacted c						PS .3+
	6-12	SaBr c/L fri sap	fr ss-sspl					
	18-33	(BW) wk sbk yr cl/L	few-common mod sap	fr ss-sp				
	33-50	L sap	fr ss sp		Consider 36-48" if dep			
	50-72	SL sap	fr ss-sp sap					
	0-6	compacted sd fL		.3 18" downslope end of pit				
	6-18	sbk cl fr ss-sp						
	18-48	wk f-m sbk y-BRN scl fl sp		mixed/sap				
		STAY ABOVE this cut		.48" upslope end of pit				
	0-22	SBK brn cl fr ss-sp						PS -3
	22-48	wk sbk/gr yr cl/L few mfi ss-sp						
across lot on lot 3	0-36	SaBr red c/cl fr ss-sp						PS .3
	36-48	L sap	fr ss sp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
lable Space (.1945)		
m Type(s)		

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

EVALUATED BY: _____
OTHER(S) PRESENT: _____

VISION OF ENVIRONMENTAL HEALTH:
-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

...ER: Mike Gaither APPLICANT: _____

DDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 3-31-99

OPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

CATION OF SITE: lot 2/3 Saddlewood (continued) PROPERTY RECORDED: _____

ATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

ALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

PE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON 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
(5)	0-24	sbk pr/cl	fr sp so/po	24"				.125
	24-48	gly/ose	fi sp				24" soft dep	ot
(6)	0-24	sbk pr/cl	fr ss/sp					PS .37
	24-41	L/sa/sp	fr ss/sp					
	41-48	L/sa/sp	fr ss/sp					
(7)	0-5	lt sl/sbk pr/wk cl	fr ss/sp					PS .37
	5-18	L/sa/sp	fr ss/sp					
	18-50	sl sl/sp	fr ss/sp-wk					
	0-6	pl	fr ss/sp					PS .3 @ 36"
	6-27	y/br cl	fr-fi ss/sp					
	27-39	br/gy L	fr ss/sp so/po					
	39-48	y/br sl/gy L	sp fr ss/sp so/po					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
lable Space (.1945)		
m Type(s)		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

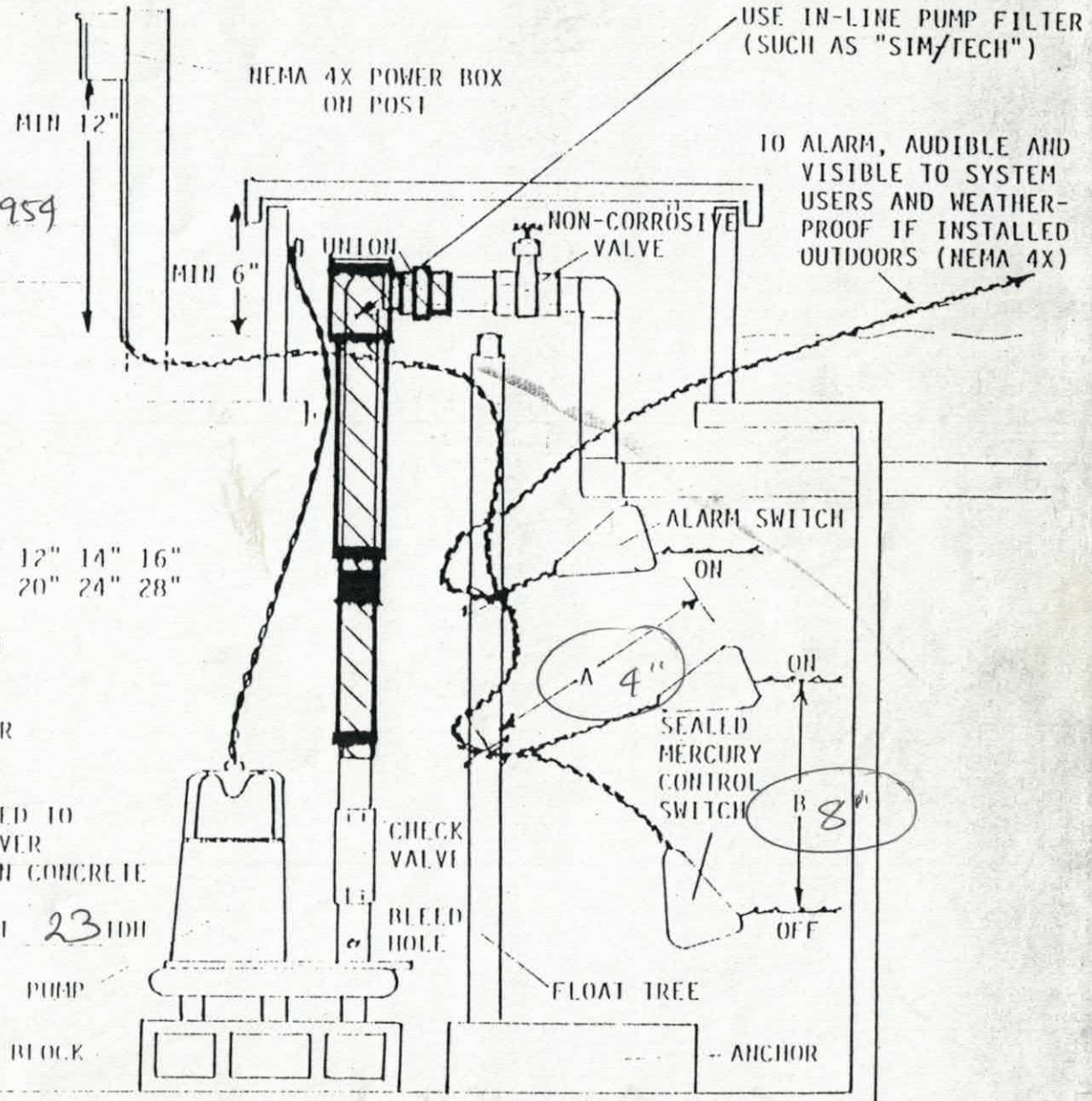
OTHER(S) PRESENT: _____

PUMP TANK DESIGN

SADDLEWOOD LOT #2

ATTACHMENT TO PROPERTY DESCRIPTION # L30959

TAX MAP # 4747-54-3235



1) APPROXIMATE PUMP CYCLE
TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

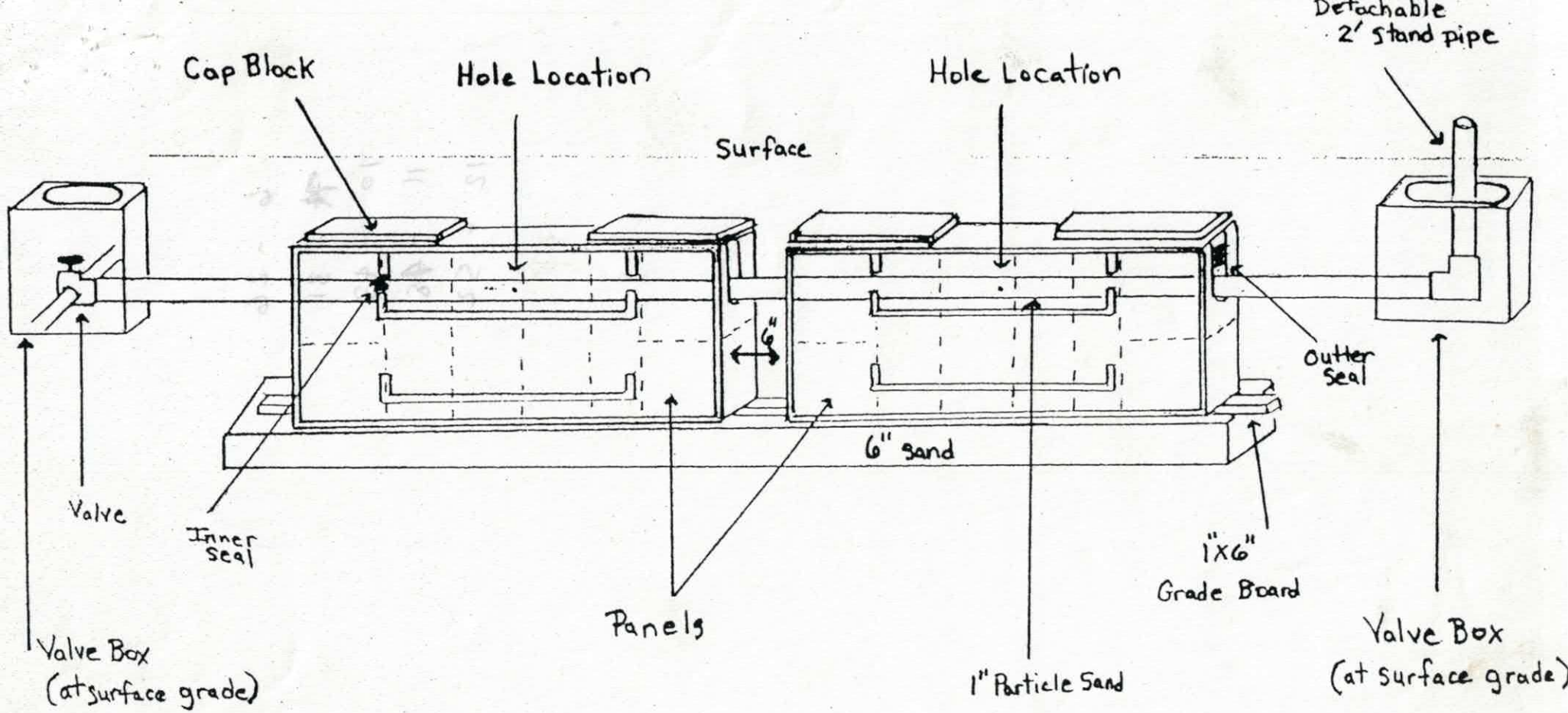
2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 19 GPM AT 23 TDH

DOSE = ~~170~~ 165 GALLONS



SADDLEWOOD LOT #2

PIN # 4747-54-3235

Pressure Dosed PPBPS

# of panels 46.

Size holes 5/32". 1 hole per panel.

Approximate amount of sand needed 33 TONS

100 lbs. of partical sand per 8 panels.

Sidewalls raked and limed.

GPM 19.

TDH 23.

Comments

SCOUR TRENCH SIDEWALLS AND APPLY A LIGHT DUSTING of LIME PRIOR TO INSTALLING SAND.

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: X Improvement Permit ___Authorization To Construct ___BOTH ___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	Work Phone
MKM Builders, LLC	17014 Winged Thistle Ct Davidson NC 28036		980-722-3343
Owner Name	Mailing Address	Home Phone	Work Phone

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
115 Saddlewood Ln		Lot #2

Driving Directions: _____

****

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

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

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

****

6. Proposed Water Supply:

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

****

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ (X) No Preference

****

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: MK M — 9-12-05

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

DATE August 19, 99

PERMIT# 07959 PIN# 4747549142 (pt)

OWNER OR CONTRACTOR ~~Mike Gaither~~ Stephanie Campbell PHONE: Business _____ Home 592-9971

ADDRESS 300 Marshall Farm Rd. Harmony 28634

LOCATION 21 N. TL Jennings Road TL Whites Farm Rd. TL Saddlewood Lane 2nd lot on left

SUBDIVISION Saddlewood BLOCK / SECTION _____ LOT 2 LOT AREA 1.447 Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: GRAVITY HDS 2012 HORIZONTAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth NA ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

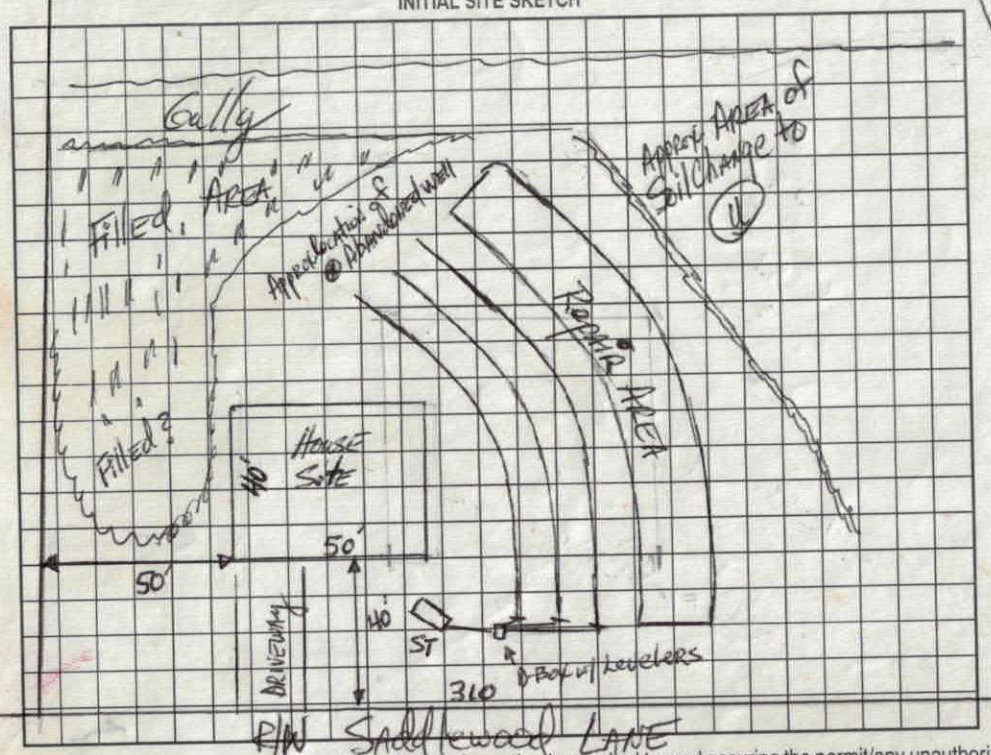
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

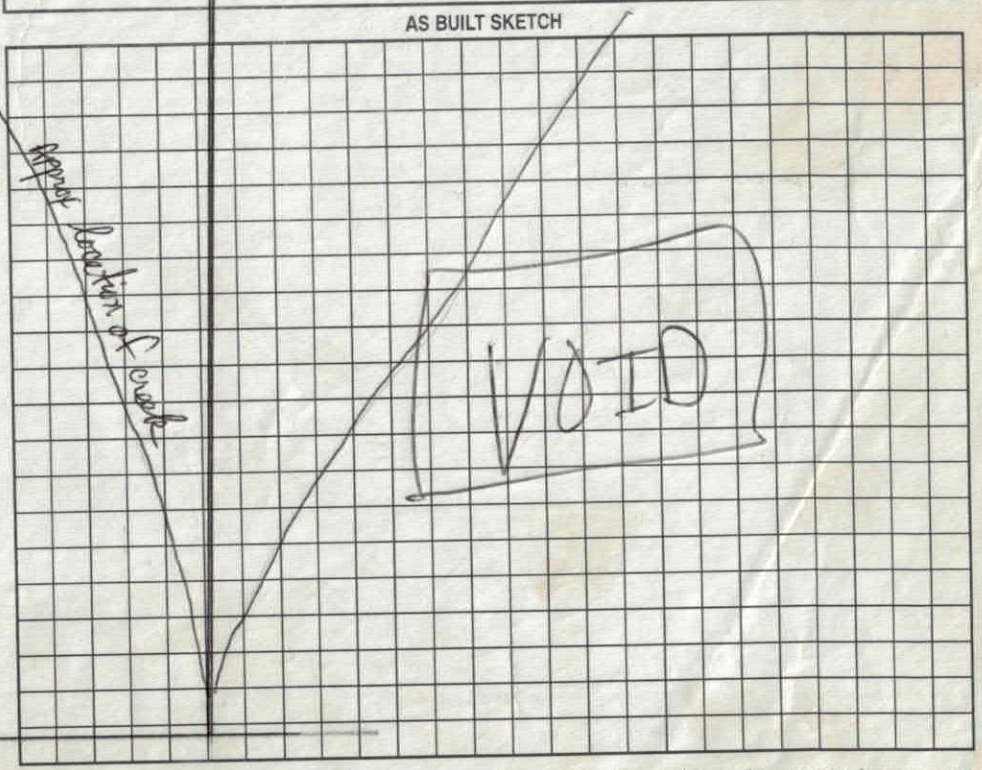
309.86'

INITIAL SITE SKETCH



Comments:/Conditions:

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: Mike Gaither date _____

Improvement Permit by: David R. Hamrick date 8-20-99

Authorization to Construct by: Ryan Hamrick date 6/11/00

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date _____

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

IREDELL COUNTY HEATLH DEPARTMENT

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…**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- X — **Front and side setbacks from property line…**
- X — **Preferred driveway location and configuration, preferred well location…**
- X — **Area you prefer your septic system to be placed…**
- X — **North arrow, or other sufficient indicator of direction…**

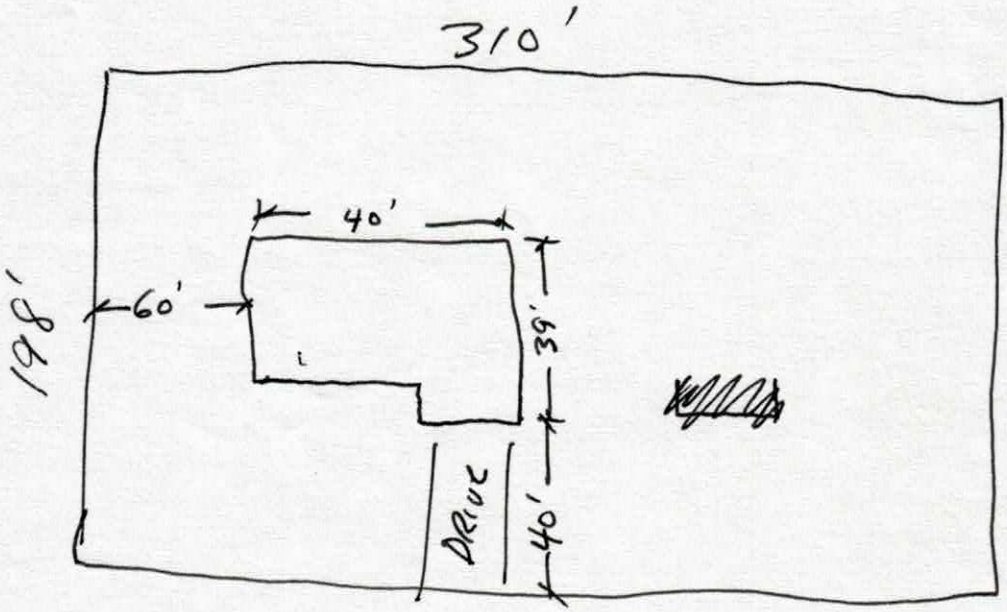
Circle N/A on the following if appropriate:

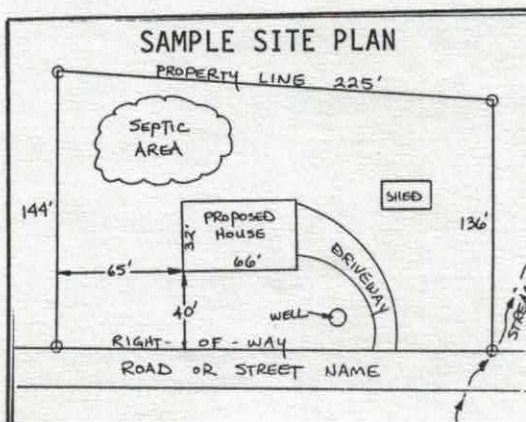
- ____ — **Location of septic systems and wells within 100' of your property…** N/A
- ____ — **Location of easements and rights of ways on your property…** N/A
- ____ — **Location of any designated wetlands on the property…** N/A

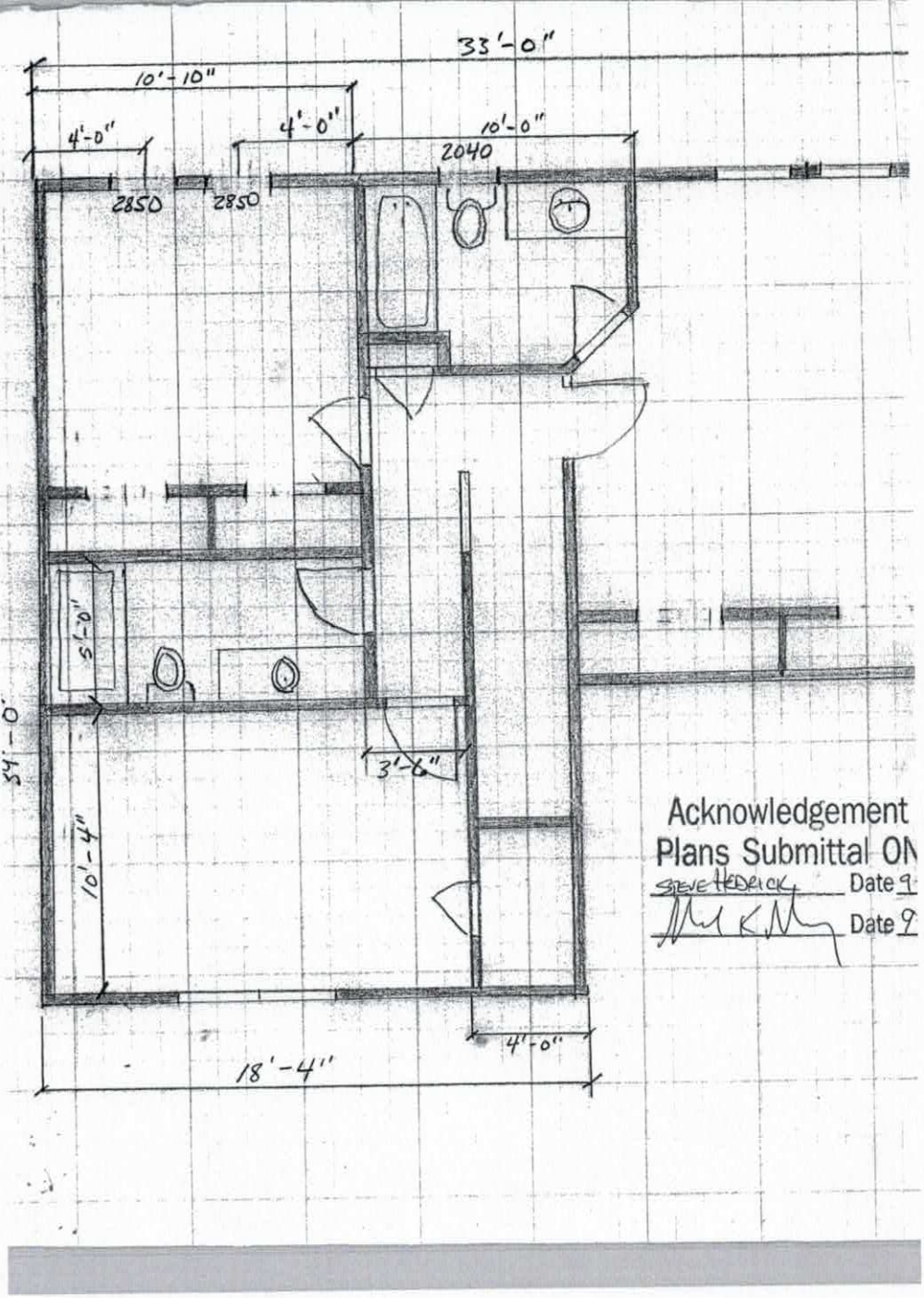
Signature: M K M
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-12-05
DATE

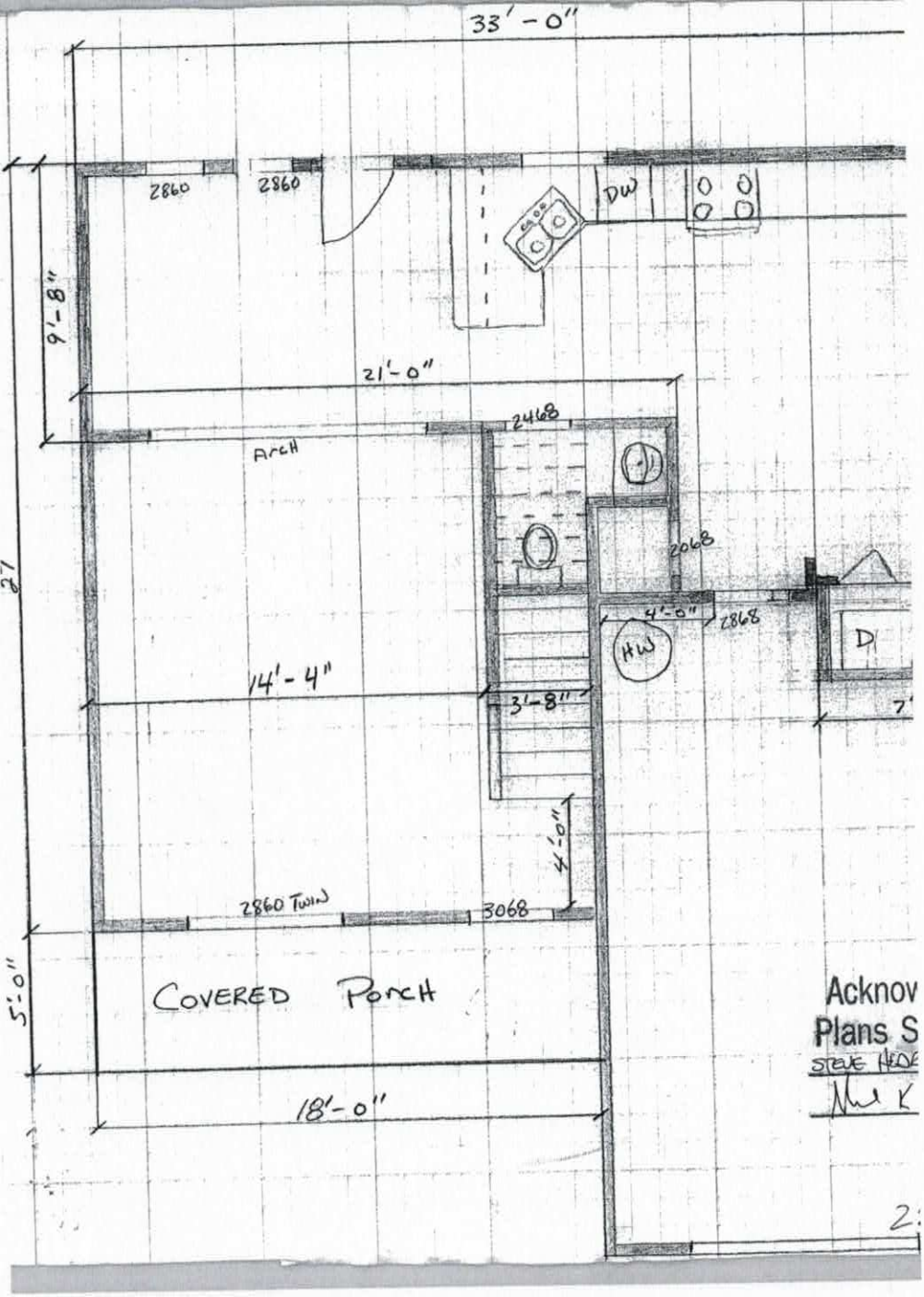
USE THIS SPACE TO DRAW YOUR SITE PLAN







Acknowledgement
Plans Submittal ON
STEVE HEDRICK Date 9
Date 9



Acknov
Plans S
STEVE HEDE

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 079759 Zoning Permit: X Improvements Permit: 1

Name: GAITHER MIKE Address: 300 MARSHALL FARM RD

City: HARMONY State: NC Zip: 286340000

Phone: 7048717295

Proposed Use: 01

PIN #: 4747549142 PT Zoning: R20 Township: 1100

Street Address: SADDLEWOOD LN

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: SADDLEWOOD Lot #: 2 Lot Size: .93

Has Property been recorded? N Community Water? Sewer?

Provider:

Watershed: Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 R35

Minimum Lot Size: 20000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Y Reason: PLAT NOT RECORDED

Location: 21N,TL HOUPE,TR WHITES FARM,TR SADDLEWOOD,ON LT

Staff: RAM Date: 03/05/99

Fees: Zoning: $ 15.00 Health: $ 175.00

Signature of Applicant: Mike Gaither
Owner: Agent:

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	130954ZO	Subdivision:	
Proposed Use:	Single Family	Township:	1100 Bethany
Location of Property:	115 SADDLEWOOD LN Statesville NC 28625		
Parcel #:	4747543235.000	Zoning:	R-20
Lot #:	2 Size: 1.447	Flood Plain:	No Watershed: None
Applicant:	MKM Builders LLC	Owner:	SUN CHASE PROPERTIES, LLC
Address:	17014 Winged Thistle Court Davidson NC 28036	Address:	P O DRAWER 1776 STATESVILLE, NC 286870000
Phone:	704-895-6081	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	Yes Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 20000	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Directions:

I77 north, to I40 West at exit 151 go North Hwy 21 just outside town to Shumaker , turn left Whites Sale on cornerright Saddlewood, on the right

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: MKM Date: 8/29/05

A non-refundable fee of $45.00 is charged on all permit applications.

DEBBIE WILLIAMS Printed: 8/29/2005