ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 HS Mooresville Office (704) 660-3625

PERMIT # AP 310227

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

PIN # 4757 -37 -1014

APPLICANT/OWNER: Patrick L Mitchell APPLICANT ADDRESS: P.O. Box 35 Turnersburg, NC 28688

SITE ADDRESS: 135 Wildeman Trail Statesville NC 28625 PHONE: 704 437-3518 ALT. PHONE —

SITE DIRECTIONS: Hwy 21 N. L Maple Creek Drive L Raven Crest @ Wildeman Trl SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Highlands @ Maple Creek SECTION: 3 LOT # 14-15 LOT AREA: 9.1 Acres DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	760	Date	8-20-2021	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	25% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	400	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth (~~Consider~~)	36 max	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Patrick Mitchell

LSS # 1312

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.

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.*

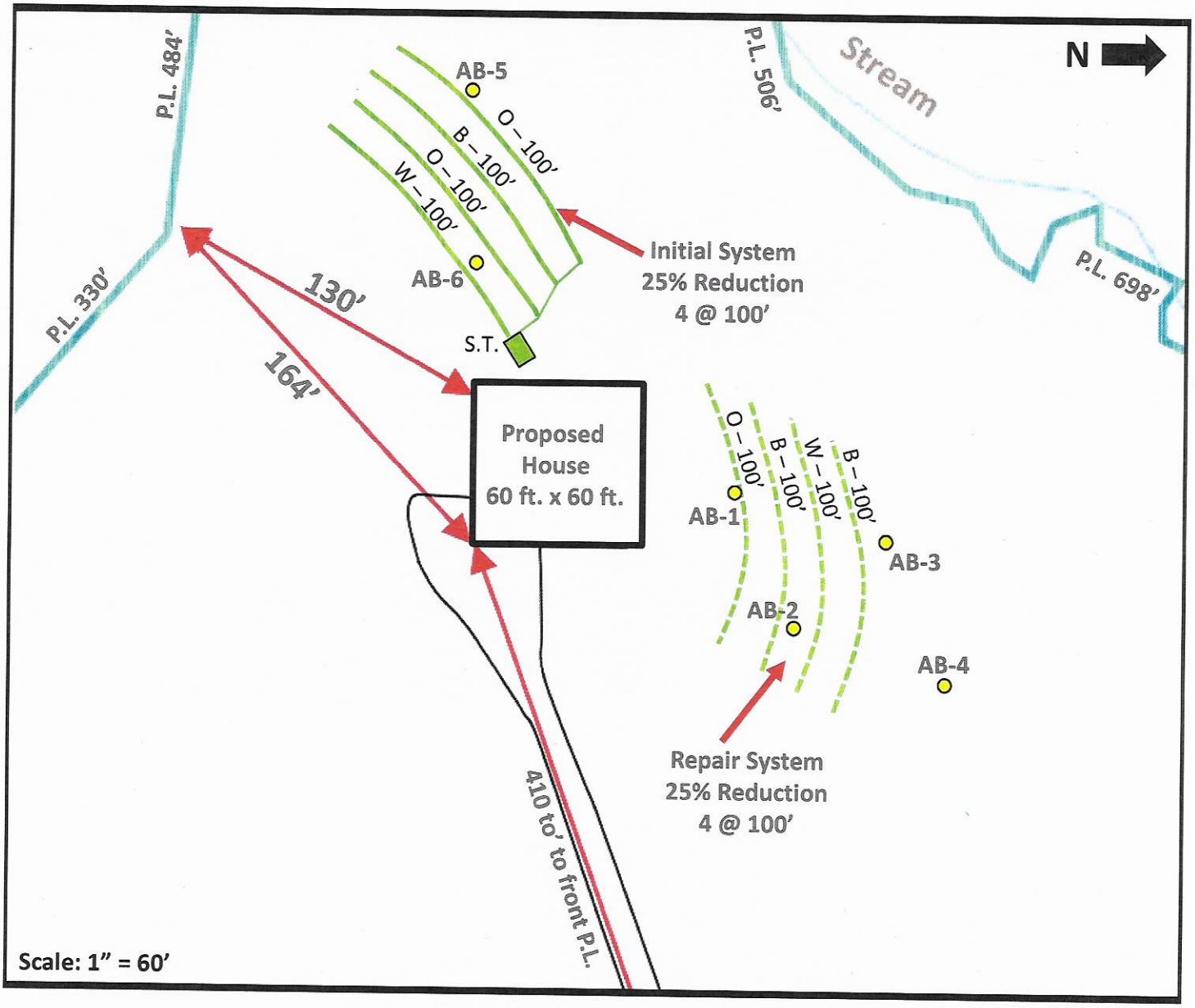
Owner / Applicant Signature: Heather Mitchell Date: 9-10-20 Installed by: Craig Thompson Grading

IMPROVEMENT PERMIT by: Benjamin A Bottoms Date: 9/9/2020 OPERATION PERMIT by: Date: 10-18-21

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottoms Date: 9/9/2020. Existing System Inspected by: Date:

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

Detail Site Map



Subdivision: Highlands at Maple Creek
Parcel Identification No.: 4757-37-1014

Lot No.: 14-15
Parcel Size: 9.12 acres

August 4, 2020

To Whom it may concern:

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with *SL 2018-114 Section 11.(c)*.

Sincerely,

Patrick L. Mitchell

LICENSED SOIL SCIENTIST
PATRICK L. MITCHELL
1312
STATE OF NORTH CAROLINA

Soil & Site Evaluation
for Septic System Permitting

135 Wildeman Trail, Statesville
Iredell County NC

August 4, 2020

Patrick L. Mitchell, REHS, LSS

Subdivision: Highlands at Maple Creek
Address: 135 Wildeman Trail, Statesville, NC 28625
Parcel Identification No.: 4757-37-1014

Lot No.: 14-15

Parcel Size: 9.12 acres

On September 5, 2019 and August 4, 2020, site and soils evaluations were conducted on the above referenced property for the purposes of septic system permitting. This soils report and proposed septic system design has been prepared for submittal as part of a complete application for septic system permitting. **The Licensed Soil Scientist (LSS) evaluation is being submitted pursuant to and meets the requirements of *SL 2018-114 Section 11.(c)*.** This report documents the evaluation details and includes all required reporting information therein.

SOILS AND SITE EVALUATION INFORMATION

The referenced parcel consists of 9.12 acres. The areas evaluated are located on a broad uniform nose slope and a uniform linear side slope, both features range from approximately 6 to 12% slope (see attached Topographic & Soil Borings Location Map). A total of six soil borings were placed in the evaluated areas. The boring locations are flagged with blue ribbon onsite and the exact locations are shown on the attached scaled site map. All six borings were found to be suitable for septic system permitting (see attached Soil & Ste Evaluation Forms). The long-term acceptance rate (LTAR) assigned to each soil boring is 0.30 gallons per day per square feet. The soil profiles reflect the Tomlin soil series complex. This is similar to the soil series that is mapped on the site by USDA NRCS. Soil depth to parent material (i.e. suitable sandy loam saprolite) ranges from 40 inches to 48 inches below grounds surface.

The proposed initial drainfield area and repair area meets all required setbacks with more than enough available space for each. The nearest surface water feature is 100 feet or greater from the closest portion of the proposal. The proposed residence is located upslope from the proposed septic areas and setbacks to the crawlspace foundation are met. There are no embankments or cuts present in the proposed septic areas. There is no cutting or filling activities proposed for the septic areas.

SEPTIC SYSTEM DESGIN AND SPECIFICATIONS

A four (4) bedroom single family residence is proposed. The proposed home is located approximately 410 feet from the front property line and 130 ft. and 164 ft. from the two southern corners of the home to the nearest property corner that lies to the south of the home (see attached Site Maps for location details).

The wastewater design flow will be 480 gallons per day. The proposed initial septic system and repair area types are both 25% reduction systems. Using the LTAR of 0.30 GPD/ft² assigned from the soils and site evaluation and utilizing 25% reduction systems; the minimum required septic areas is 1,200 ft² or 400 linear ft. for each (i.e. the initial system and repair area).

The proposed initial system and repair area system will both be gravity fed by serial distribution. Serial distribution can be achieved via drop boxes or equivalent distribution technology. The proposed initial system design consists of a 1,000 gallon septic tank with effluent filter, gravity distribution pipe to drop boxes or equivalent, feeding four septic lines that are each 3 feet wide and 100 feet long flagged on contour with a minimum trench spacing of nine feet on center. The

total initial system length is 400 feet. The proposed repair area system is the same type (i.e. 25% reduction system that is also gravity fed by serial distribution) and design (i.e. four 3 ft. by 100 ft. lines on contour with minimum trench spacing of nine feet on center). See attached Septic System Specifications Sheet and Detail Site Map for additional specifications and layout design locations.

A Vicinity Site Map and Aerial Photo Reference Map have been enclosed to assist with site orientation and vicinity of the proposed features on the parcel. Please refer to the enclosed items for additional information. If you have any questions regarding this report, please contact me at phone number (704) 437-3518.

Sincerely,

Patrick L. Mitchell, REHS, LSS
NC Licensed Soil Scientist & NC Registered Environmental Health Specialist

LICENSED SOIL SCIENTIST
PATRICK L. MITCHELL
1312
STATE OF NORTH CAROLINA

enc.: Septic System Specifications Sheet
Vicinity Site Map
Aerial Photo Reference Map
Detail Site Map
Soil & Site Evaluation Form
Topographic & Soil Boring Locations Map

Septic system specifications
for a proposed four (4) bedroom single family residence
located at 135 Wildeman Trail in Statesville, NC

Wastewater Design Flow = 480 gallons per day

Soil Long Term Acceptance Rate = 0.30 gallons/day/ft²

Septic Tank Size = 1,000 gallon (Flagged in Red)

Initial Sytem Area Requirements (*utilizing 25% reduction system*) = 1,200 ft² or linear 400 ft.

Repair System Area Requirements (*utilizing 25% reduction system*) = 1,200 ft² or linear 400 ft.

	Proposed System Type	Flagging Color	Line Length	Line Width	Max Trench Depth
Initial System	Gravity Feed Serial Distribution, 25% Reduction System	White	100 ft.	3 ft.	36 in.
		Orange	100 ft.	3 ft.	36 in.
		Blue	100 ft.	3 ft.	36 in.
		Orange	100 ft.	3 ft.	36 in.
		TOTAL	**400 ft.**		
Repair System	Gravity Feed Serial Distribution, 25% Reduction System	Orange	100 ft.	3 ft.	28 in.
		Blue	100 ft.	3 ft.	28 in.
		White	100 ft.	3 ft.	28 in.
		Blue	100 ft.	3 ft.	28 in.
		TOTAL	**400 ft.**		

Aerial Photo Reference Map



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

Sheet 1 of 1
PROPERTY ID #: 4757371014
COUNTY: Iredell

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

OWNER: Patrick + Heather Mitchell
ADDRESS: P.O. Box 35, Turnersburg, NC 28688 — APPLICATION DATE
PROPOSED FACILITY: 4 BR SFR — PROPOSED DESIGN FLOW (.1949): 480 GPD — DATE EVALUATED: 9/05/2019
LOCATION OF SITE: 135 Wildeman Trail, Statesville, NC. — PROPERTY SIZE: 9.12 acres
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other — PROPERTY RECORDED: ✓
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	N ~8-12%	0-7	Mo, M, Gr, L	Fr, SS, SP, SEXP	Brown NA	≥48"	S	NA	S
		7-16	Mo, M, SBK, CL	Fr, SS, SP, SEXP	Red				
		16-32	Mo/Mk, SBK, C	Fr, SS, SP, SEXP	Red w/ F-fine mica flakes				0.30
		32-45	Wk, M, SBK, CL	Fr, SS, SP, SEXP	Red w/ F-C SL Sap. inclusions				
		45-48	Wk, SBK CL +	SL Sap. Mix	Red - near 50% Sap. content				
2	L/N ~6-10%	0-3	Mo, M, Gr, L	Fr, SS, SP, SEXP	Brown NA	40"	S	NA	S
		3-8	Mo, M, Gr, SL	VFr, SS, NP, NEXP	Lt. Brown				
		8-30	Mo, M, SBK, C	Fr, SS, SP, SEXP	Red				
		30-40	Wk, M, SBK, CL	Fr, SS, SP, SEXP	Red w/ F-SL Sap. inclusions + fine mica				0.30
		40-48	Wk, SBK, CL +	SL Sap. mix	≥50% sap. content				
3	N/S ~6-10%	0-3	Mo, F, Gr, L	Fr, SS, NP, NEXP	Brown NA	42"	S	NA	S
		3-10	Mo, M, Gr, SL	Fr, SS, NP, NEXP	Lt. Brown				
		10-25	Mo, F, SBK, C	Fr, SS, SP, SEXP	Red				
		25-42	Wk, SBK, CL	Fr, SS, SP, SEXP	Red w/ F-C SL Sap. inclusions				0.30
		42-48	Mass. SL Sap.	VFr, SS, NP	Multi Color				
4	L/N ~6-10%	0-4	Wk, Gr, L	Fr, SS, SP, SEXP	Brown NA	≥48"	S	NA	S
		4-28	Mo, F, SBK, C	Fr, SS, SP, SEXP	Red				
		28-36	Mo, M, SBK, CL	Fr, SS, SP, SEXP	Red w/ C-fine mica flakes				
		36-42	Wk, M, SBK, CL	Fr, SS, SP, SEXP	Red w/ F-C SL Sap. inclusions				0.30+
		42-48	Wk, SBK, CL	+ SL Sap. mix	≤50% sap. content				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	S	S
System Type(s)	25% Reduct	25% Reduct.
Site LTAR	0.30	0.30

OTHER FACTORS (.1946): NA
SITE CLASSIFICATION (.1948): Suitable
EVALUATED BY: Patrick Mitchell, REHS, LSS — 09/05/2019
OTHER(S) PRESENT: NA

LICENSED SOIL SCIENTIST — PATRICK L. MITCHELL — STATE OF NORTH CAROLINA

COMMENTS: Soil profile locations shown on attached site map.

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 2 of 2
PROPERTY ID #: 4757371014
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: * SEE PAGE *1 of 2.
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: 4 BR SFR PROPOSED DESIGN FLOW (.1949): 480 GPD DATE EVALUATED: 8/04/2020
LOCATION OF SITE: 135 Wildeman Trail, Statesville, NC PROPERTY SIZE: 9,12 ac
WATER SUPPLY: • Private X Public • Well • Spring • Other _____ PROPERTY RECORDED: ✓
EVALUATION METHOD: X Auger Boring • Pit • Cut TYPE OF WASTEWATER: X Sewage • Industrial Process • Mixed

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
5	L 6-10%	0-5	Mo,M,Gr,SL	VFr,SS,NP	Brown	>48"	NA	NA	S 0,30+
		5-13	Mo,M,sbk,SCL	Fr,SS,SP	Red				
		13-22	Mo,M,sbk,CL/C	Fr,SS,SP	Red				
		22-35	Mo/wk,sbk,CL	Fr,SS,SP	Lt.Red w/ F-C		Fine mica flakes		
		35-48	wk,sbk,CL	Fr,SS,SP	Lt.Red w/ F-C		SL Sap. inclusions		
6	L 8-12%	0-4	Mo,M,Gr,SL	VFr,SS,NP	Brown	≥48"	NA	NA	S 0,30
		4-8	Mo,M,Gr,SL	VFr,SS,NP	Lt.Brown				
		8-27	Mo,M,sbk,C	Fr,SS,SP	Red				
		27-40	wk,M,sbk,CL	Fr,SS,SP	Red w/ F-		SL sap. inclus.		
		40-48	wk,sbk,CL	Fr,SS,SP	Lt.Red w/ F-C		Sap. inclus.		
[redacted]									
[redacted]									

LICENSED SOIL SCIENTIST
PATRICK L. MITCHELL
THE SEAL OF THE STATE OF NORTH CAROLINA
1312
STATE OF NORTH CAROLINA
8/04/2020

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	S	S
System Type(s)	25% Reduct.	25% Reduct.
Site LTAR	0,30	0,30

OTHER FACTORS (.1946): NA
SITE CLASSIFICATION (.1948): Suitable
EVALUATED BY: Patrick Mitchell, REHS, LSS
OTHER(S) PRESENT: NA

COMMENTS: _____

Topographic & Soil Boring Locations Map



RECEIVED AUG 2 0 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Session Law AP-310227

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Patrick L. Mitchell **Address:** P.O. Box 35, Turnersburg, NC **Zip:** 28688

Applicant Email: pmwsro@gmail.com **Phone:** 704-437-3518 **Alt. Phone:**

Owner Name: Patrick & Heather Mitchell **Address:** P.O. Box 35, Turnersburg, NC **Zip:** 28688

Owner Email: Same **Phone:** Same **Alt. Phone:**

Property Information:

Street Address: 135 Wildeman Trail, Statesville, NC 28677

Subdivision Name: Highlands at Maple Creek **Section/Phase:** **Lot Number:** 14-15

Driving Directions: Hwy 21 N., L Maple Creek Dr., L Ravencrest Dr., L Wildeman Trl., at end.

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

CHECK FOUNDATION TYPE

(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: 5
( ) Swimming Pool
( ) Other Addition/Structure:

(X) 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 (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference (X) Alternative (X) Conventional (X) Innovative (X) 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: Patrick L. Mitchell
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/04/2020
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*) Patricia L. Whitlock

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.

Patricia L. Whitlock
Signature of Owner(s)

8/20/2020
Date

Mooresville - Environmental Health

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

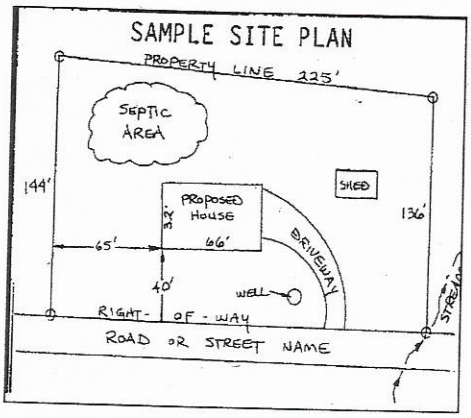
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

* See attached custom site plan, scaled 1 inch = 60 feet.

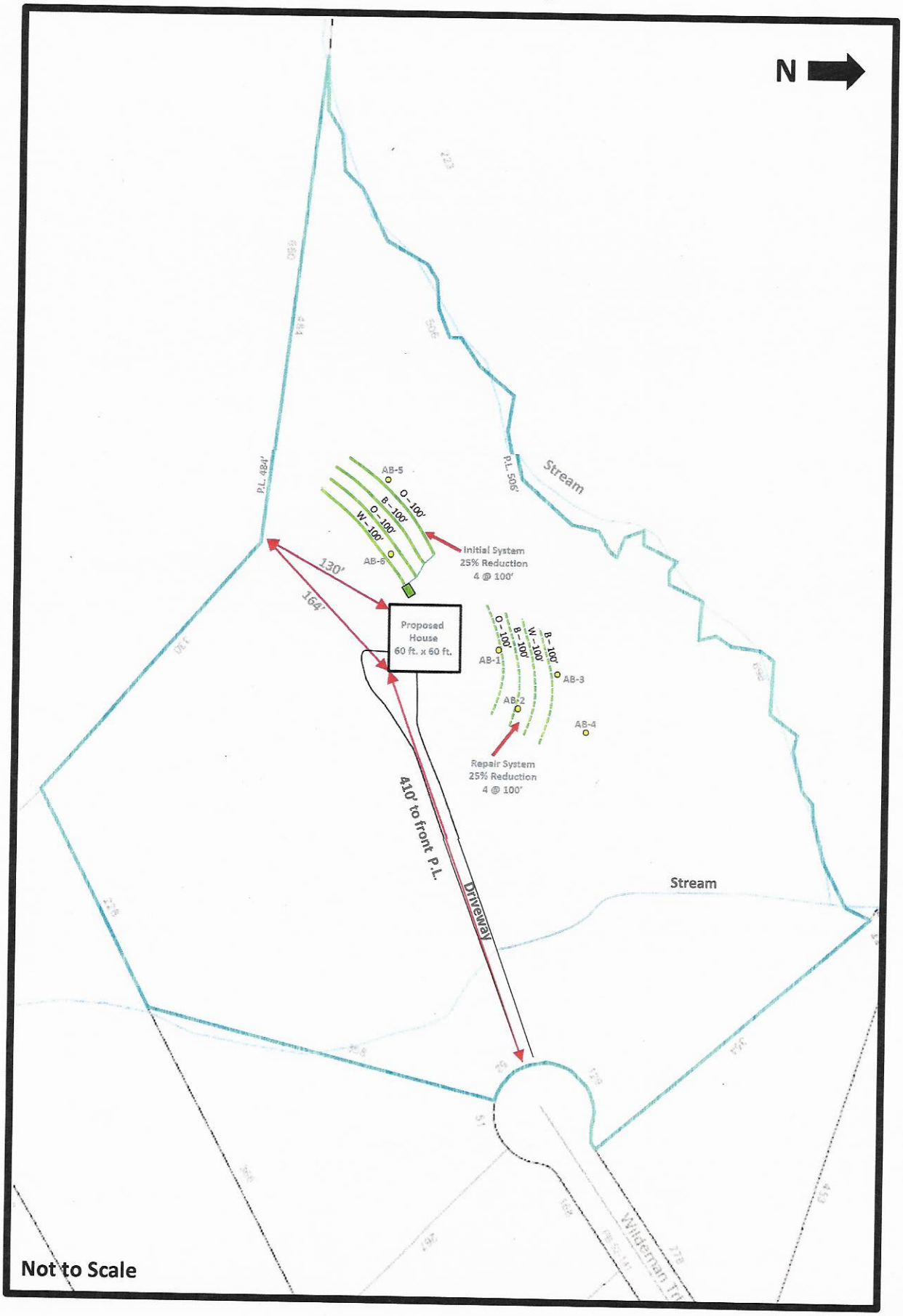
Signature: Patricia L. Robertson

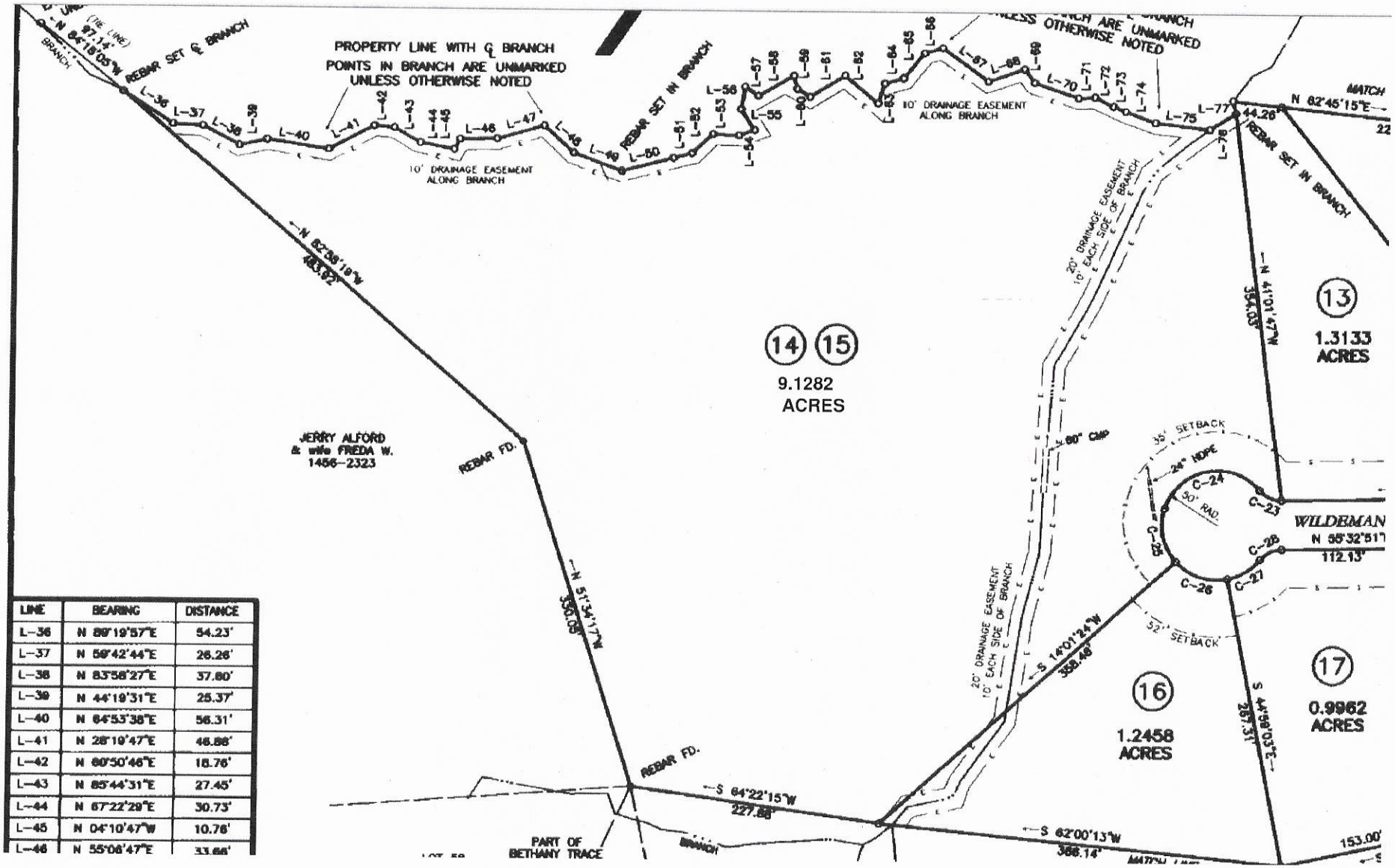
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/04/2020

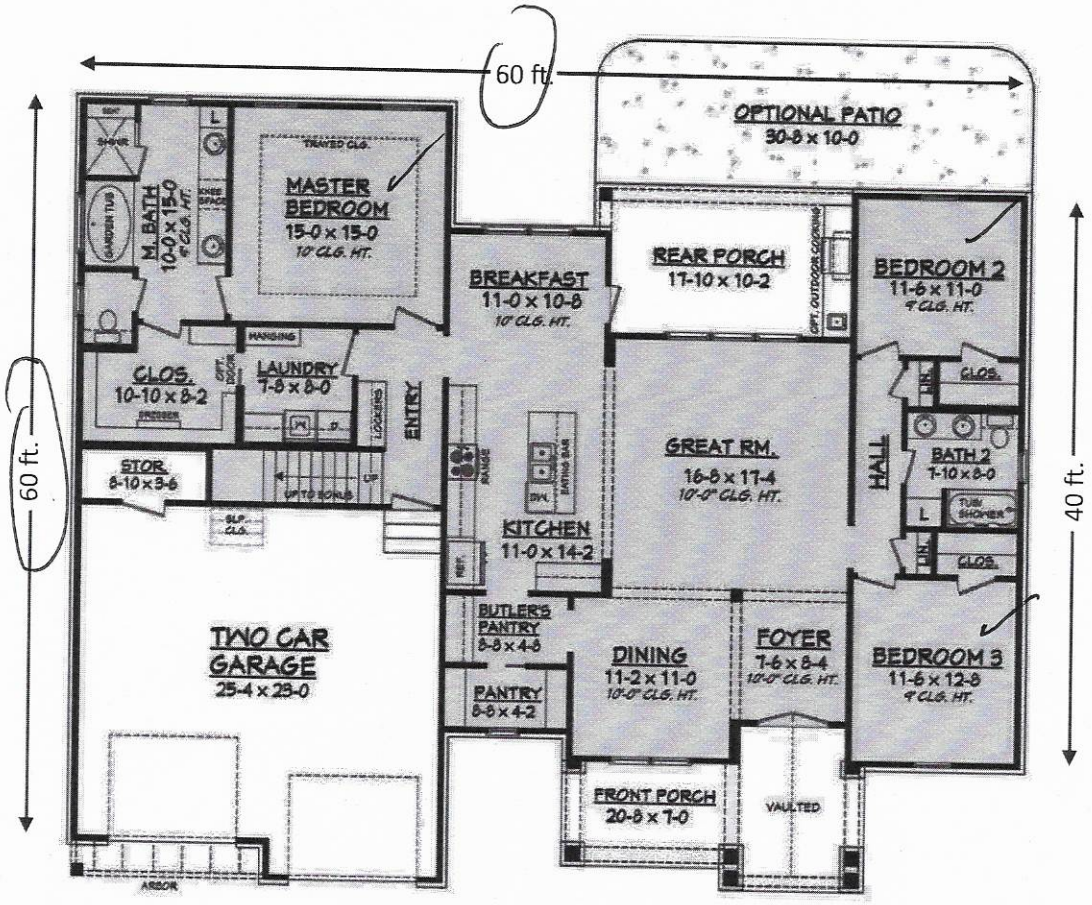
DATE

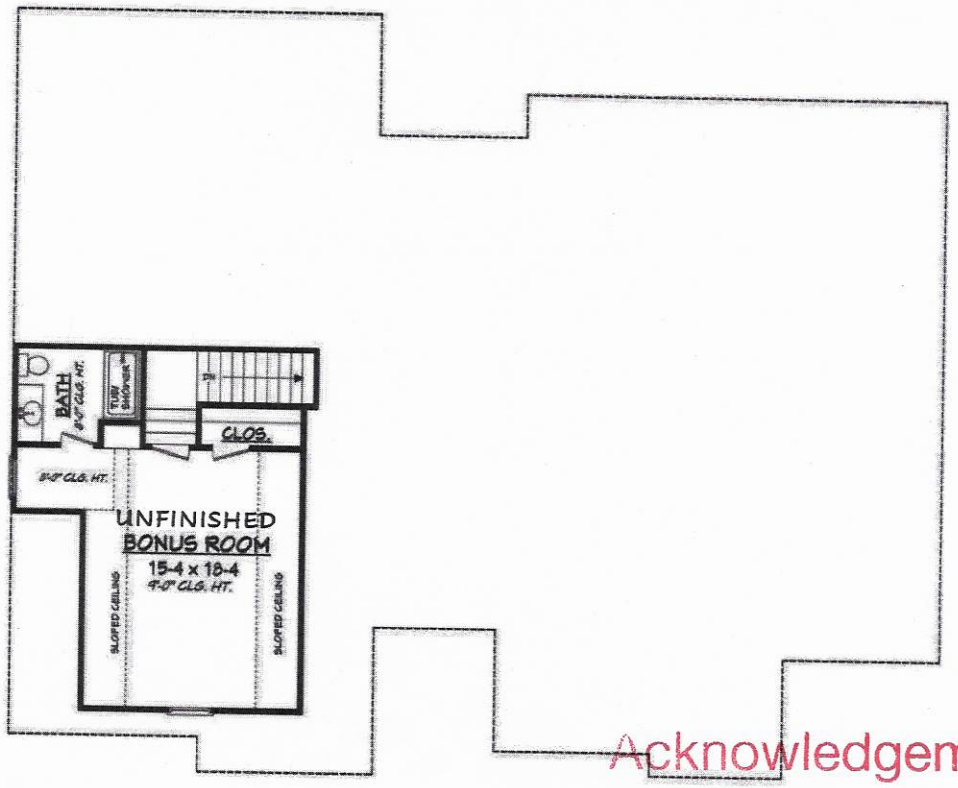
Vicinity Site Map





LINE	BEARING	DISTANCE
L-36	N 89°19'57"E	54.23'
L-37	N 59°42'44"E	26.26'
L-38	N 83°58'27"E	37.80'
L-39	N 44°19'31"E	25.37'
L-40	N 64°53'38"E	56.31'
L-41	N 28°19'47"E	46.88'
L-42	N 60°50'46"E	18.76'
L-43	N 85°44'31"E	27.45'
L-44	N 67°22'29"E	30.73'
L-45	N 04°10'47"W	10.76'
L-46	N 55°08'47"E	33.66'





Acknowledgement Of
Plans Submittal ONLY!

Date 9/9/20

Date 9-10-20

IREDELL COUNTY · NC

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

APPLICATION NUMBER
310227 Issue Date: 08/20/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4757371014.000	135 WILDEMAN TRL	Iredell County

Owner Information	Applicant Information
Name: MITCHELL PATRICK L+HEATHER M	Name: MITCHELL PATRICK L+HEATHER M
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
9.12	35	35	15	15	WSIV-CA Catawba/Lake Norman	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: 08/20/2020

Permit Number	310227

TOTAL FEES:	$77.25