IREDELL COUNTY HEALTH DEPARTMENT

KW

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

PERMIT # 24/586

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

PIN # 4760 161 0554

APPLICANT/OWNER: Tamra Borem / Andrew Borem | APPLICANT ADDRESS: 134 Satellite Drive Mooresville, NC

SITE ADDRESS: 943 Shinnville Rd. Mooresville, NC | PHONE: 704 660-5039 | ALT. PHONE 704 806-5125

SITE DIRECTIONS: Hwy 115/US 21 N TR Shinnville Rd on left @ Satellite Drive | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 6.0 Acre | DESIGN FLOW: 360gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	12-20-19	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction	[ ] Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Pump - Conventional (Exist) +	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	300	Maintenance Agreement Required?	[ ] YES [X] NO 25% Red	[ ] Slab	[ ] Crawl Space
Trench Width	36"	Trench Bottom Depth (~~Low side~~)	36"	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE	[X] Basement w/plumbing	[ ] Basement w/o plumbing

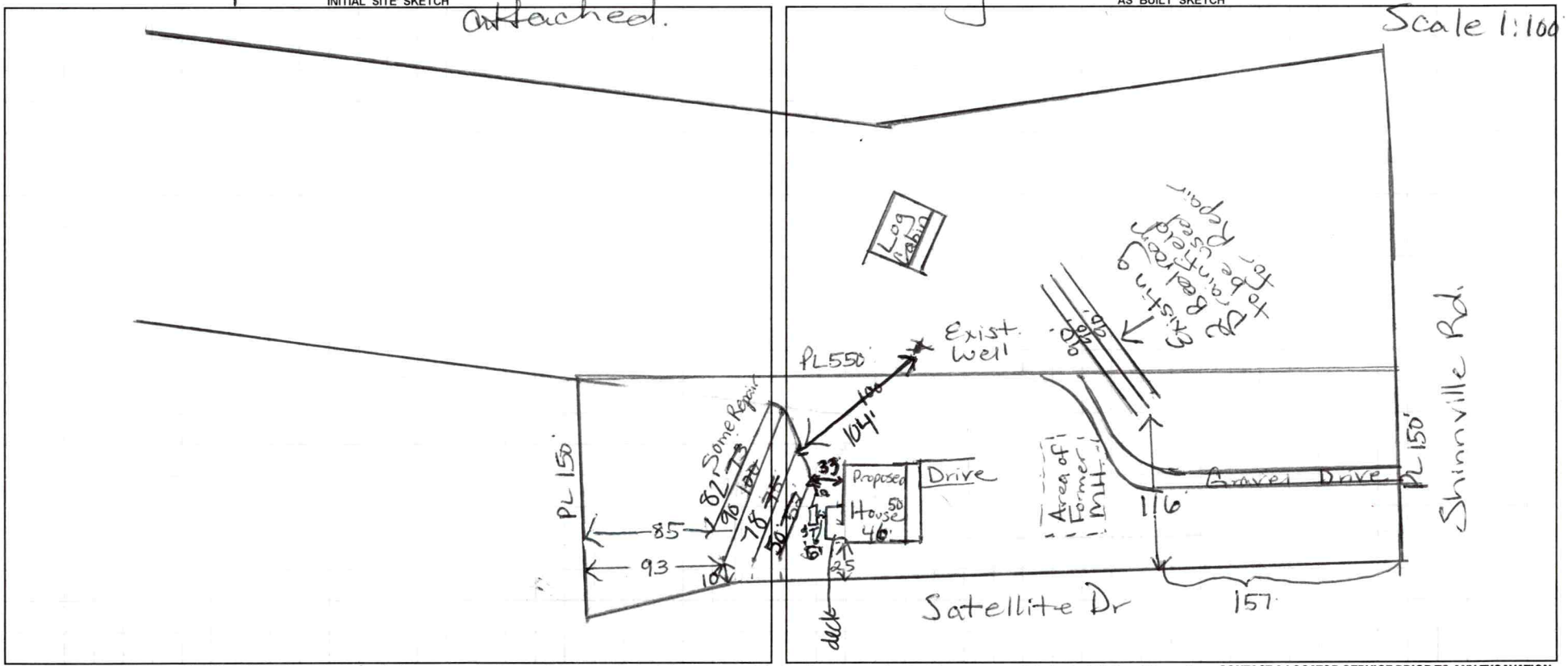
Water Supply: [X] Private (Exist. "Shared") [ ] Public [ ] Community

Comments / Conditions: 7/17/19 Reviewed Floor plans, in Compliance with permit. Must build house as shown on permit. Recorded Easement attached. (max)

Note: Existing 2 Bedroom Septic Drainfield will be used for repair. *Must record easement for existing drainfield to be used for repair

INITIAL SITE SKETCH

AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 07/17/19 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Maria Dotson Date: 3/13/19 OPERATION PERMIT by: Tamra Watson Date: 3-18-20

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 7/17/19 Existing System Inspected by: Date:

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

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

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: Iredell

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

OWNER: Tamara Berem — APPLICATION DATE 1/17/19
ADDRESS: 134 Satellite Dr. Mooresville, NC — DATE EVALUATED: 2/5/19
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 360gpd — PROPERTY SIZE: 6Ac
LOCATION OF SITE: 943 Shinnville Mooresville, NC — PROPERTY RECORDED: N
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10%	0-24	RCm-w	SBK SS, SP, SEXP, FR					PS .3
		24-42	RCw	SBK SS, SP	SEXP, FR	42"			
			few to many	SAP Inclus					
		42-60	SL	SAP massive, FR					
2	8%	0-5	Brw	SCL SS, SP, SEXP, FR					PS .3
		5-19	RCm-w	SBK SS, SP, SEXP, FR					
		19-60	L/LS	SAP massive, FR		19"			
3	10%	0-14	RCm-w	SBK SS, SP, SEXP, FR		42"			PS .3
		14-42	RCw	SBK SS, SP, SEXP, FR					
			w/few to many	SAP Inclus					
		42-60	L	SAP massive, FR					
4	10%	0-6	Brw	SCL SS, SP, SEXP, FR					PS .3
		6-12	RCm	SBK SS, SP, SEXP, FR					
		12-24	RCw	SBK SS, SP, SEXP		32"			
		24-32	R/Brw	CL w/SBK	SS, SP, SEXP w/ numerous				SAP Inclus
		32-60	L	SAP Massive FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Exist + 25% Red Conv
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: ____

COMMENTS: ____

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

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: Iredell

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

OWNER: Tamra Borem
ADDRESS: 134 Satellite Dr Mooresville, NC
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: ____
APPLICATION DATE 11/17/19
DATE EVALUATED: 2/5/19
PROPERTY SIZE: 6Ac.
PROPERTY RECORDED: N

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	PS 10%	0-22	FCLm-cwSBK/ABK		SS, SP, SExp, FR				PS .3
		22-36	FCLm-cwABK w/SAP Inclus		SS, SP, SExp, FR				
		36-60	SC	SAP FR	massive	36"			
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Exist Conv + 25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Maria Detson
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) 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	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	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)

	MOIST	WET

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

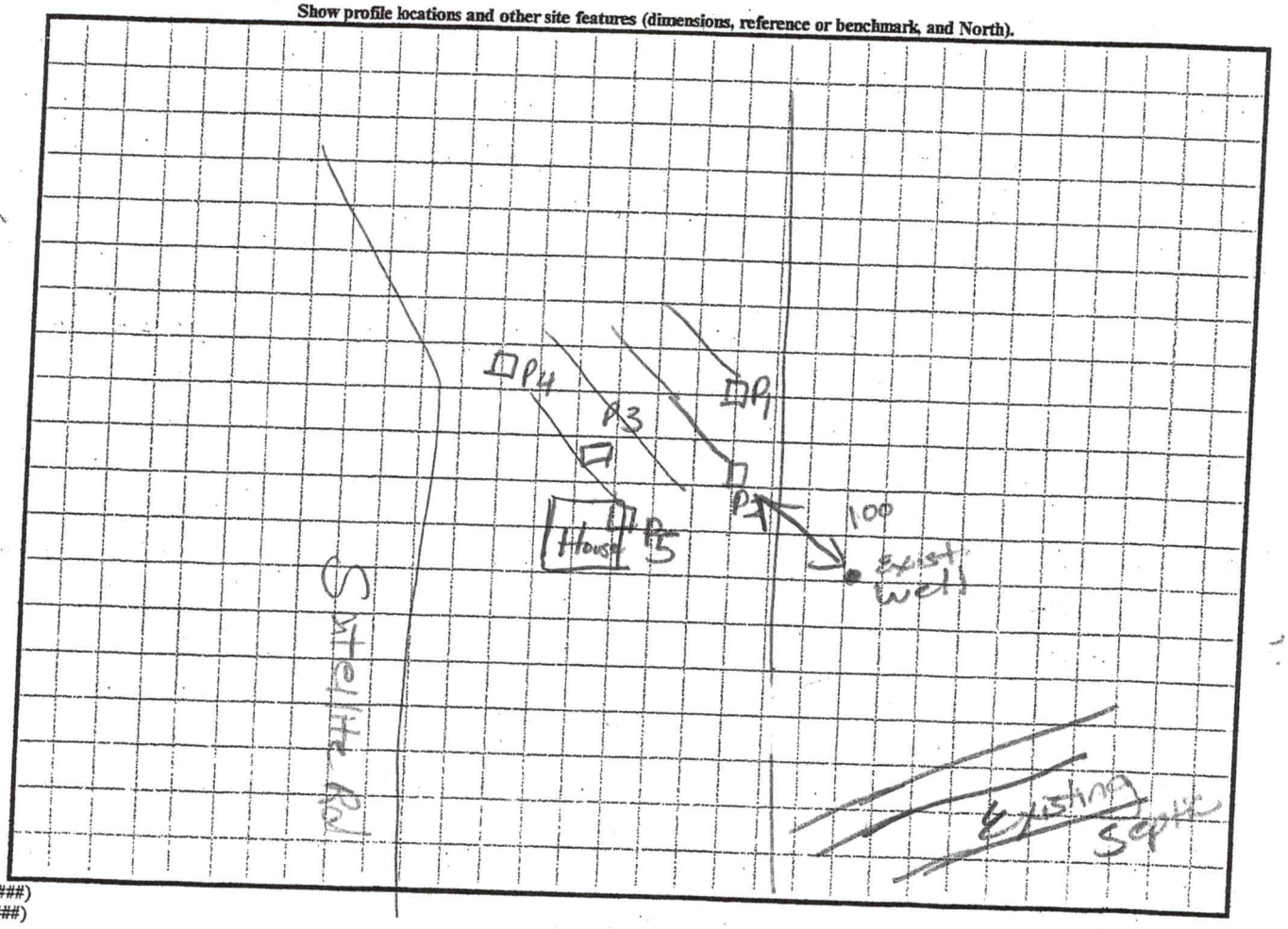
NOTES

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).



ENR (######)
view (#####)

Shinnville Rd

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 47°37'15" W	35.37'
L2	S 32°32'28" W	25.00'

SURVEYORS CERTIFICATION

I, WILLIAM M. ALLEN CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK ____, PAGE ____) (THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10000, (THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK ____, PAGE ____) THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED.

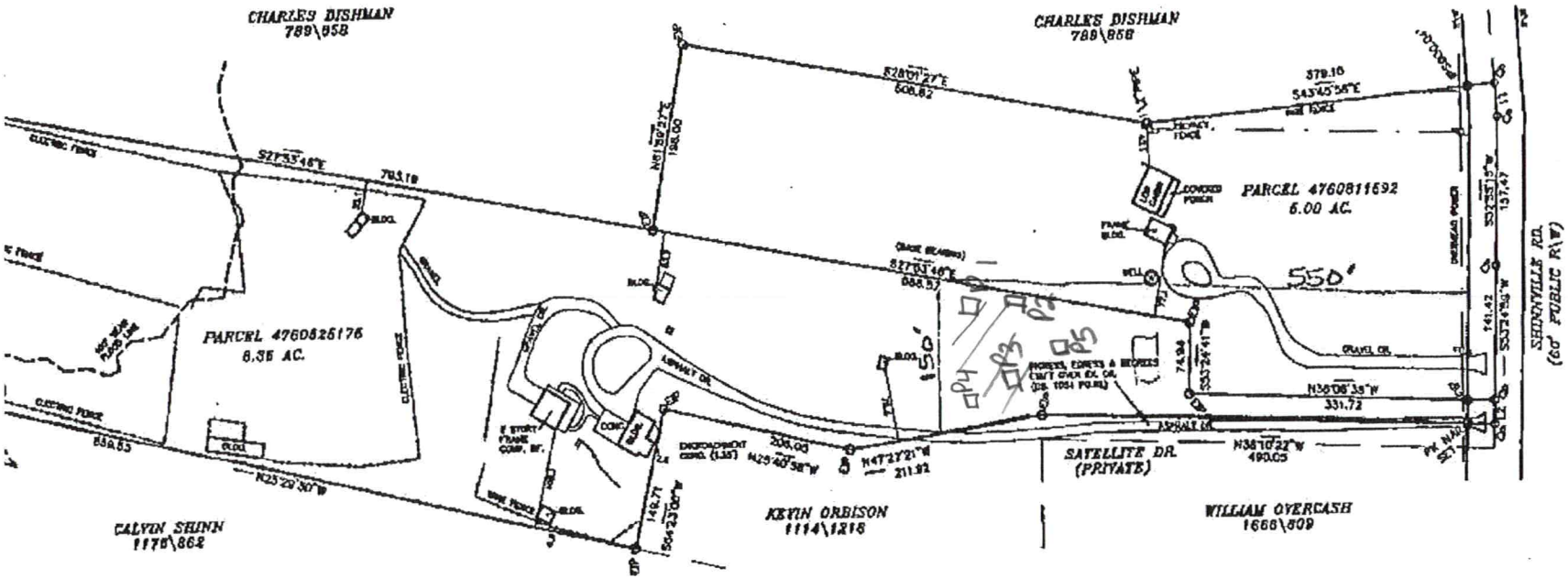
WITNESS MY HAND AND SEAL THIS 15 DAY OF JULY, A.D. 2019.

PROFESSIONAL LAND SURVEYOR

L-3499

REGISTRATION NUMBER

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



PHYSICAL
OF

134 SATELLITE DR. &
953 SHINNVILLE RD.

Raymond Hansen 1813 875 Randy Rogers Deb Deters

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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:** ___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:** 943 Shinnville

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
TAMRA BOREM	134 SATELLITE DRIVE MOORESVILLE, NC 28115	704-660-5039	704-806-5125
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
" "	TamraBorem@gmail.com		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
134 Satellite Dr		

Driving Directions: Hwy 21 to Shinnville Rd-approx. 3 mls to Satellite Drive on left - "building" site flagged

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 3 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 2 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — (✓) Basement w/Plumbing?
(X) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
(X) Other perc test for building site

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 ( ) City Water (✓) Other Public Water

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. **Please Answer The Following** ( ) Yes (✓) No **Does the site contain any jurisdictional wetlands?**
To The Best of Your Ability: ( ) Yes (✓) No **Is any non-domestic sewage (i.e. industry) to be generated?**
( ) Yes (✓) 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:** Tamra Borem — 01-17-19
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

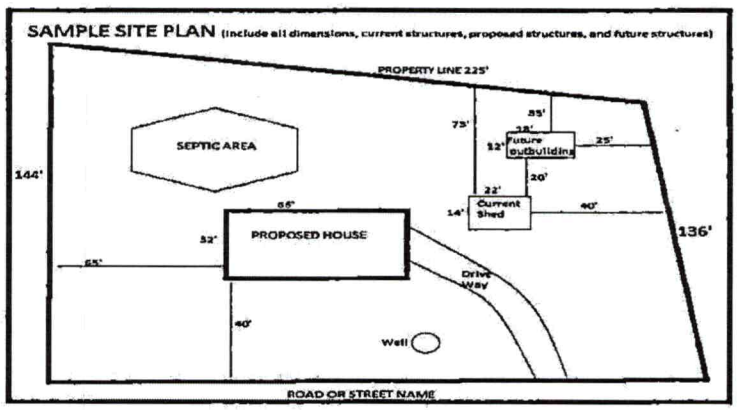
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

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

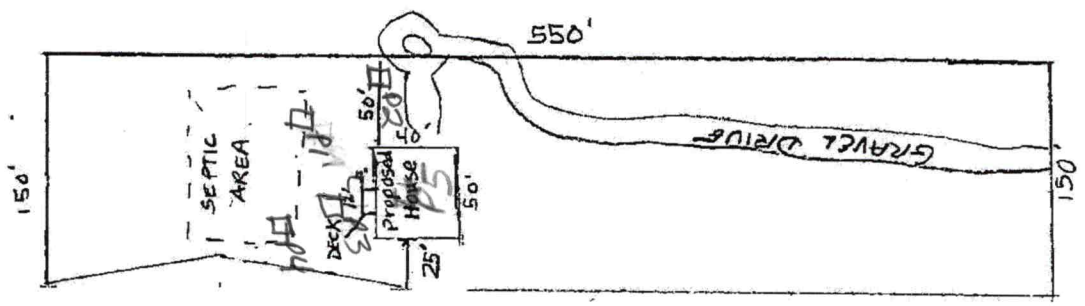
Circle N/A on the following if appropriate:

_____ 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: Tamra Boren

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

01-17-19

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*) Tamra Borem

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, Tamra Borem, am the legal owner(s) of the property located at 943 Shinnville Rd, 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.

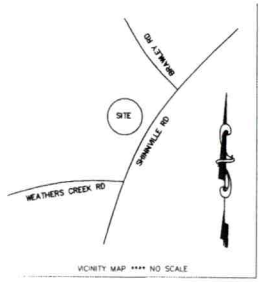
Tamra Borem — Signature of Owner(s)

01-19-19 — 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

Doc ID: 016589920001 Type: CRP
Recorded: 06/12/2019 at 08:36:20 AM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 70 PG 44



SURVEYORS CERTIFICATION

I, WILLIAM M. ALLEN CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DEED DESCRIPTION RECORDED IN BOOK 1054 PAGE 82 , THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10000, (THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK 1054 PAGE 82); THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED.

WITNESS MY HAND AND SEAL THIS 10 DAY OF June A.D. 2019.

PROFESSIONAL LAND SURVEYOR

L-3499
REGISTRATION NUMBER

OFFICIAL SEAL

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 47°37'15" W	35.37'
L2	S 53°32'22" W	25.00'

THIS SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY, OR OTHER EXCEPTION TO THE DEFINITION OF

PROFESSIONAL LAND SURVEYOR

IREDELL COUNTY, NORTH CAROLINA

THE LOTS SHOWN ON THIS PLAT TO THE BEST OF MY KNOWLEDGE DOES NOT LIE WITHIN A DESINATED WATER SUPPLY WATERSHED AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

6-12-19
DATE

SUBDIVISION ADMINISTRATOR

I, HEREBY CERTIFY THAT THIS PLAT FOR RECORDATION IS AN EXCEPTION TO THE SUBDIVISION ORDINANCE OF IREDELL COUNTY, NORTH CAROLINA.

SUBDIVISION ADMINISTRATOR
IREDELL COUNTY, NORTH CAROLINA

6-12-19
DATE

OWNER CERTIFICATE FOR EXCEPTION PLATS

KNOW ALL MEN BY THESE PRESENTS, THAT I (WE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I (WE) HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE MY FREE ACT AND DEED.

6/11/19
DATE

OWNER

6/11/19
DATE

OWNER

I, COURTNEY N. COX

A NOTARY PUBLIC FOR SAID COUNTY AND STATE

DO HEREBY CERTIFY THAT

DENNIS L. BOREM & TAMRA J. BOREM

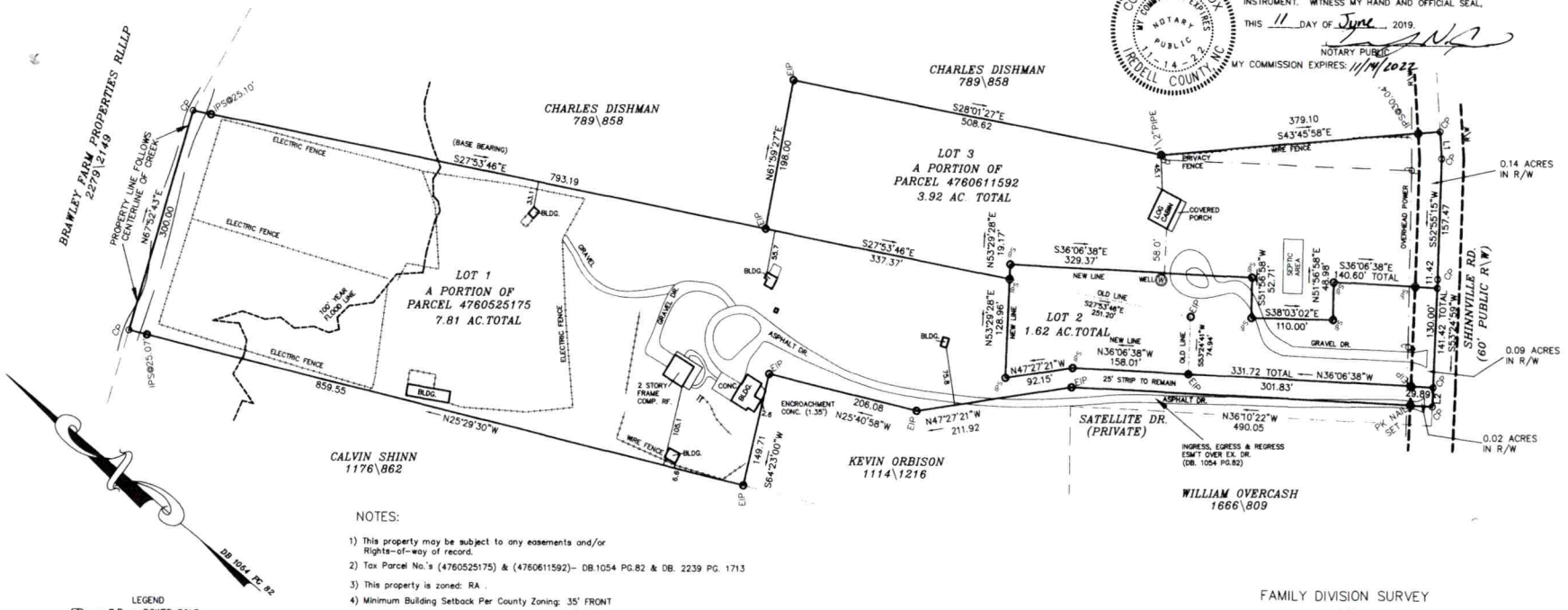
OWNER(S) PERSONALLY APPEARED BEFORE ME THIS DAY, AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL,

THIS 11 DAY OF June 2019.

NOTARY PUBLIC

MY COMMISSION EXPIRES: 11/14/2022

COURTNEY N. COX NOTARY PUBLIC IREDELL COUNTY, NC MY COMMISSION EXPIRES 11-14-22



NOTES:

1) This property may be subject to any easements and/or Rights-of-way of record.
2) Tax Parcel No.'s (4760525175) & (4760611592)- DB.1054 PG.82 & DB. 2239 PG. 1713
3) This property is zoned: RA .
4) Minimum Building Setback Per County Zoning: 35' FRONT
   15' SIDE
   35' REAR
5) The property is located in CODDLE CREEK TWSP., IREDELL CO., N.C.
6) This property is not located in any flood zone.
7) All lots are subject to a 10' Utility and Drainage Easement. 10 feet on each side of the property line.
8) No geodetic monument found within 2000' of said property.
9) AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPT. UNTIL INSPECTED THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.
10) TOTAL ACREAGE BEING SUBDIVIDED = 13.35 ACRES

LEGEND
P.P. = POWER POLE
DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, WILLIAM M. ALLISON, REVIEW OFFICER OF IREDELL COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

6-12-19
DATE

REVIEW OFFICER

DAS
DON ALLEN & ASSOCIATES P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive (suite 102) * Mooresville , N.C. 28117
(704) 664-7029 (704) 664-8041 Fax
DONALLENSURVEY@GMAIL.COM

FAMILY DIVISION SURVEY
OF

DENNIS & TAMRA BOREM PROPERTY

BARRINGER TWSP., IREDELL CO., N.C.

SCALE: 1" = 100' DATE : MAY 28, 2019
PLATTED DATE : JUNE 6, 2019 (COUNTY COMMENTS)

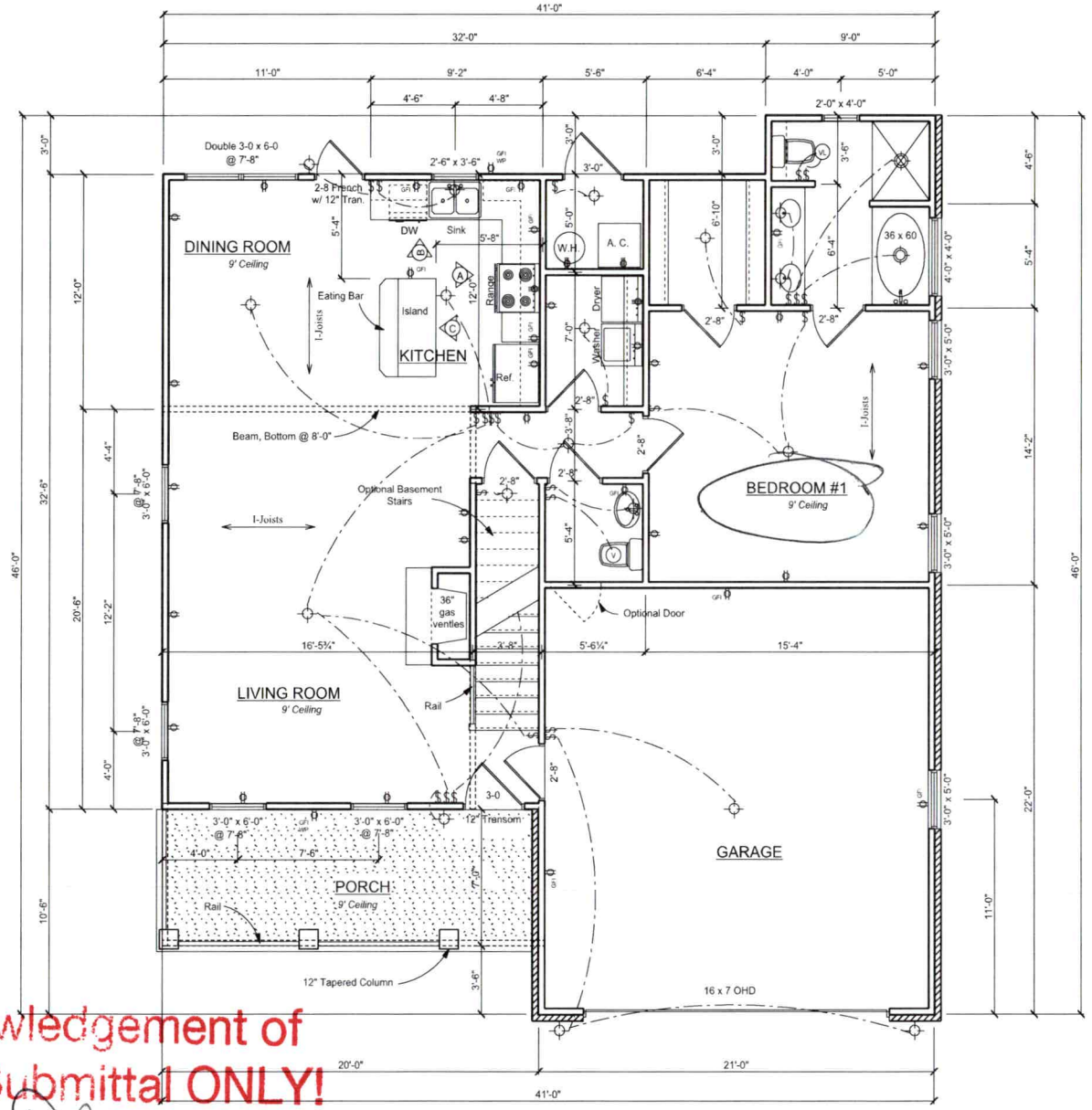
OWNER: DENNIS L. & TAMRA J. BOREM

GRAPHIC SCALE

100 0 50 100 200 400

(IN FEET)
1 inch = 100 ft.

FILE : SATELLITE DR 2 PARCELS -- 13539.DWG



Acknowledgement of Plans Submittal ONLY!

Date 7/17/19

Date 07/17/19

1st Floor Plan

1090 Sq Ft H/C First Floor
459 Sq Ft H/C Second Floor
1549 Sq Ft H/C Total
491 Sq Ft Garage & Mech.
140 Sq Ft Porch

REVISIONS	BY

#24284 Avilla
Reversed

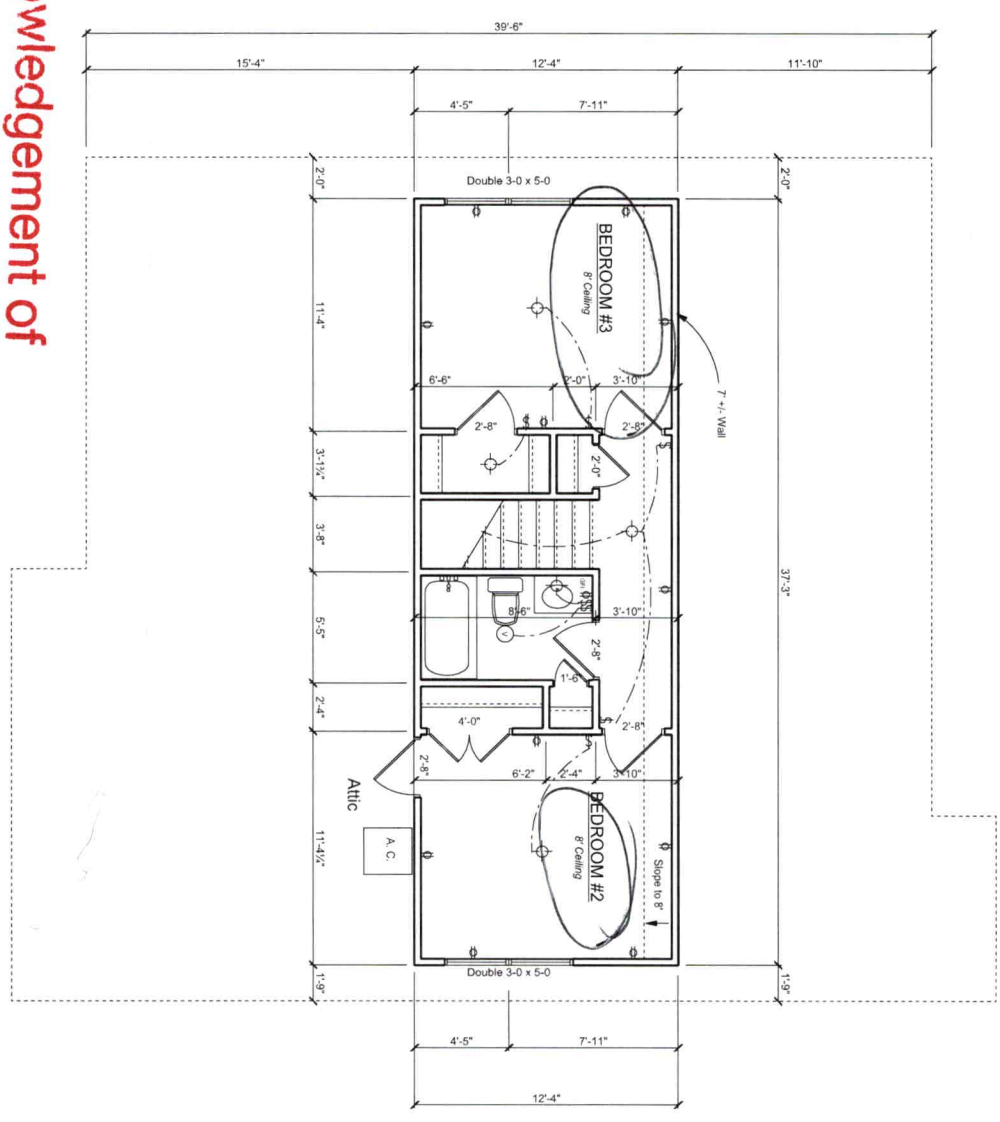
W.L. Martin Home Designs
for Contact Information
www.wlmartinhomes.com

Date	
Scale	1/4" = 1'-0"
Drawn	
Job	
Sheet	3
Of	8 Sheets

Acknowledgement of
Plans Submittal ONLY!

Date 7/17/19

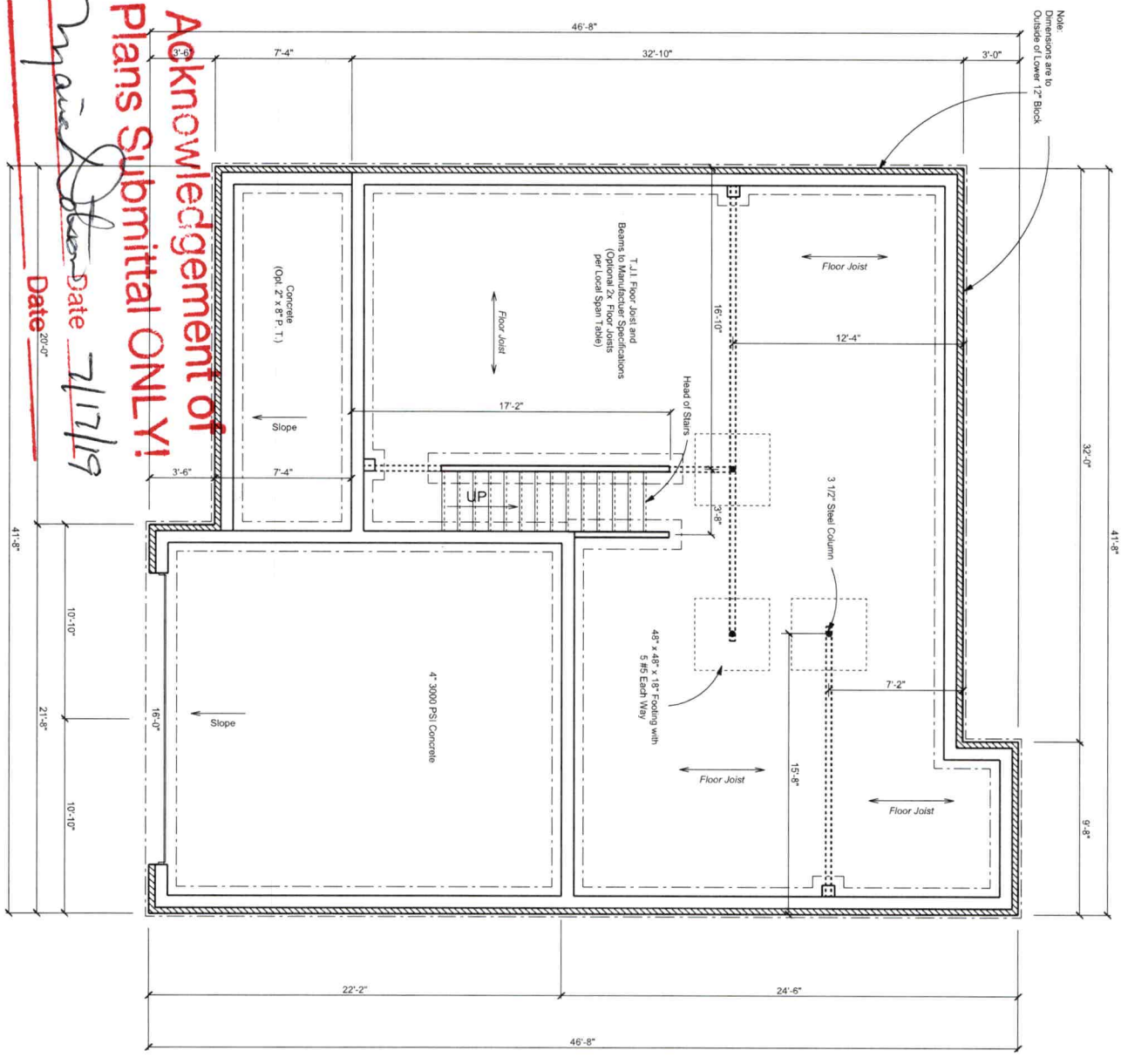
Date 07/17/19



2nd Floor Plan

Notes:
1. A/C May be Relocated as Required by Mechanical Contractor.
2. Builders Choice on 6" Plumb Wall Locations.
3. Co-ordinate Floor Truss Chase with Mechanical Contractor.
4. Provide Safety Glass where Required by Local Code.

Date	*W.L. Martin Home Designs*	#24284 Avilla Reversed		REVISIONS / BY
Scale 1/4" = 1'-0"	*for Contact Information* www.wlmartinhomes.com			
Drawn				
Job				
Sheet 4 Of 8 Sheets				



Basement Plan

| | | |

IREDELL COUNTY

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

APPLICATION NUMBER
241586
Issue Date: 01/18/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4760611592.000	943 SHINNVILLE ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BOREM DENNIS+TAMRA	Applicant: BOREM DENNIS L+TAMRA J
Address: 134 SATELLITE DR	Address: 134 SATELLITE DR
MOORESVILLE, NC 28115	MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
EXISTING SYSTEM BUT THIS HOME WILL HAVE MORE BEDROOMS AND A BASEMENT	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.000	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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

Applicant: _____ Date: _____

Permit Number	165015	TOTAL FEES:	$ 77.25