# IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 234825

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

PIN # 4764.35.4849

APPLICANT/OWNER: Warren H. Harman

APPLICANT ADDRESS: 2507 Sealyboro Rd Statesville NC 28625

SITE ADDRESS: 110 Mineral Rock Place Statesville NC 28625

PHONE: 704 533 3752 ALT. PHONE 704 533 3753

SITE DIRECTIONS: Hwy 64 to Bell Farm Rd. R on Shipyard R on Curtis Farm Property on Right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Curtis Farm. SECTION: 2 LOT # 18. LOT AREA: 1.00 Acre+

DESIGN FLOW: 360 gpd L.T.A.R.: .25

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 1012 | Date | 3/21/17 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | |
| Pump Tank | 1000 | (gal) | PT | 17000 | Date | 7/17/18 | System Description: | Pump pressure mani Add 25% | | | |
| Pump Make | Gould's | Model | WE0312MU | | Serial # | M1845182 | Repair System Description: | Pump 50% Reduction | | | |
| # Nitrification Fields | 1 | # Lines | 4 | | Linear Ft | 360 | Maintenance Agreement Required: | ☐ YES | ☒ NO | | |
| Trench Width | 36. | Trench Bottom Depth(Low side) | 28 | | Gravel Depth | ~ | | ☐ GRAVITY | ☒ PRESSURE | | |

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☐ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

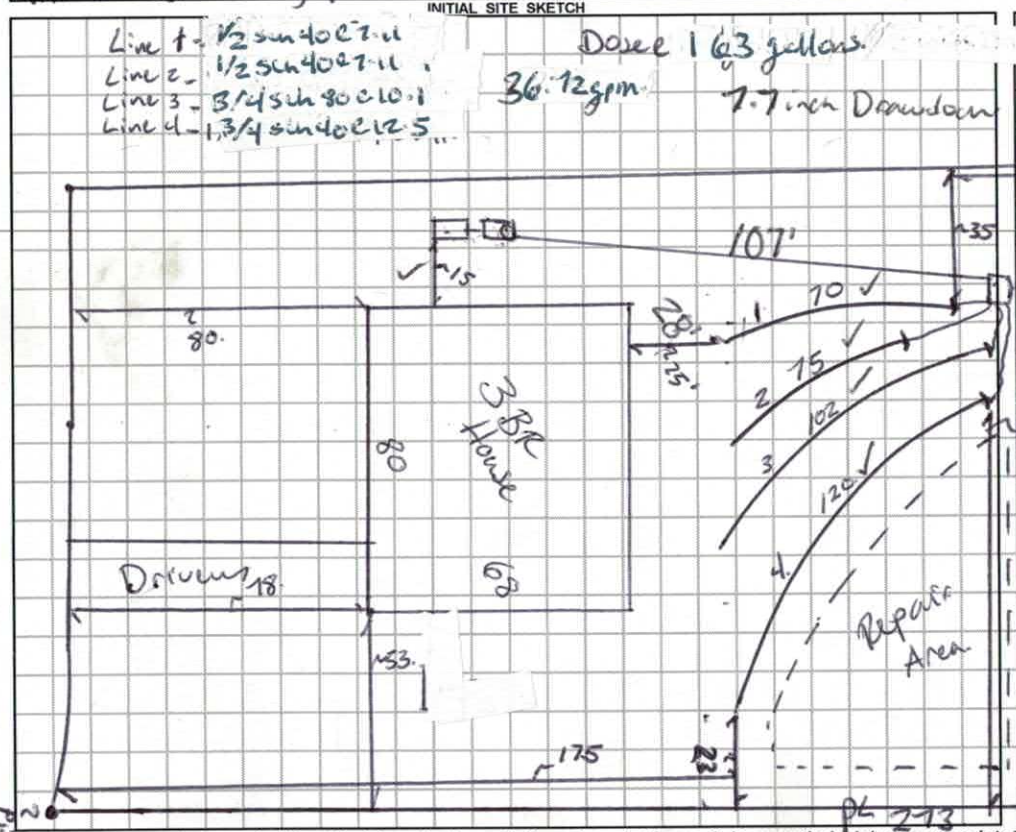
Comments / Conditions: *Lot has not been assigned pin #. NO Deed to Accompany Plat Book 68 pg 34. I.P. only* Do not exceed max depth of 36. inches. Install way Pressure manifold to distribute wastewater.

Install on the Center of the Land.

Property Deed of + Recorded Bk 2544 PG 1140-1141.

Property Map Recorded Book 49 page 32.

INITIAL SITE SKETCH




AS BUILT SKETCH

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 2/7/19 | CC |
| Tanks Checked | 2/7/19 | CC |
| Pressure Manifold or Valve Box Checked | 2/7/19 | CC |
| Pressure Head Set | 7/24 | KW |
| Electrical Checked | | |
| Floats Set | | |
| Alarm Checked | ✓ | ✓ |
| Maintenance Contract Y / (N) Not Required | ✓ | ✓ |

*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: Denise G Cline Date: 5-17-2018 Installed by: Steve Jordan (Piedmont Backhoe)

IMPROVEMENT PERMIT by: Benjamin Bolton Date: 5/16/2018. OPERATION PERMIT by: Kayla Wilson (as) Date: 7-24-19

AUTHORIZATION TO CONSTRUCT by: Benjamin Bolton Date: 5/22/2018. 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 1 of 2
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Herman
ADDRESS: 110 Mineral Rock Place
PROPOSED FACILITY: 3BR Home
LOCATION OF SITE: 110 Mineral Rock Place
PROPOSED DESIGN FLOW (.1949): 360
APPLICATION DATE 4/6/18
DATE EVALUATED: 5/3/18
PROPERTY SIZE: 1.10 Acre
PROPERTY RECORDED: ~~Yes~~ No

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 | 6% | 0-11 | SCL wSBk | SS sp FR SE sp | | 48. | | 10YR 6/1 & 3Z platy ez 8. | Drip .1 |
| | | 11-~~35~~25 | C SBk ABk | SS sp FM | | | | | |
| | | ~~35~~-48. | CL Mdsbk ABk | SS Sp FM. | | | | | |
| 2 | 10% | 0-5 | SCL | SS sp FR SE sp | | 48. | | 2.5Y 7/2 ez 8. | Drip .1. |
| | | 5-48 | C SBk ABk ez 8. | SS sp FM | | | | | |
| 3 | 10% | 0-6 | SCL wSBk | SS sp FR SE sp | 2.5YR 5/6. | 48. | | C. 7 to mottles. | PS .25. |
| | | 6-25 | C SBk | SS sp FM | | | | | |
| | | 25-48. | CL SBk | SS p FR | | | | | |
| 4 | 15% | 0-6 | ~~Bk~~ SCL | SS Sp FR SE sp | | 51. | | | PS .3. |
| | | 6-16 | C | SS p FM | | | | | |
| | | 16-51 | CL | SS Cp FR | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 360 | 240. |
| System Type(s) | Pump 25% III | Pump 50 II |
| Site LTAR | .25 | .25 |

OTHER FACTORS (.1946): Pond.
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bates
OTHER(S) PRESENT:

COMMENTS: Not Recorded Yet.

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope)<br>CV (Convex Slope)<br>D (Drainage Way)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | III | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay) | 0.4 - 0.1 | 0.2 - 0.05 | | |
| | | O (Organic) | None | None | | |

| MOIST | WET |
|---|---|
| VFR (Very Friable) | NS (Non-sticky) |
| FR (Friable) | SS (Slightly Sticky) |
| FI (Firm) | S (Sticky) |
| VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| EFI (Extremely Firm) | NP (Non-plastic) |
| | SP (Slightly Plastic) |
| | P (Plastic) |
| | VP (Very Plastic) |

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

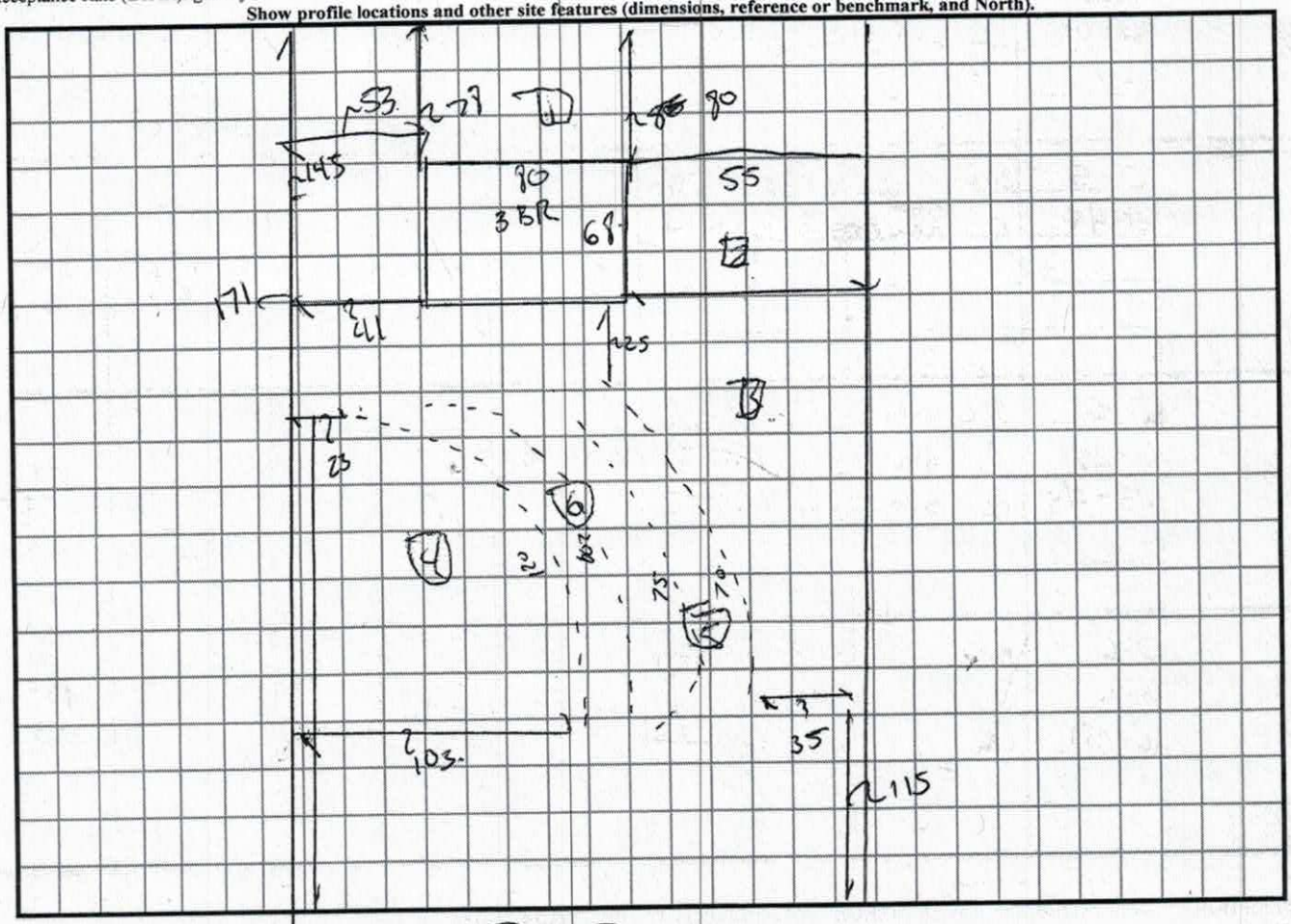
***NOTES***

| | |
|---|---|
| *HORIZON DEPTH* | In inches below natural soil surface |
| *DEPTH OF FILL* | In inches from land surface |
| *RESTRICTIVE HORIZON* | Thickness and depth from land surface |
| *SAPROLITE* | S(suitable) or U(unsuitable) |
| *SOIL WETNESS* | Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation |
| *CLASSIFICATION* | S (Suitable), PS (Provisionally Suitable), or U (Unsuitable) |

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

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




5). 0-6
6-23
23-52.

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*

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

PROPERTY ID #: _____
DATE OF EVALUATION: 5/3/19
COUNTY: Iredell

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 15% | 0-6 | scl wSBk | ss sp. FR XFR | | 52 | | | PS -25 |
| | | 6-23 | c SBk | ss sp FM | | | | | |
| | | 23-52 | cl wSBk | ss sp FR | | | | | |
| 6. | 15% | 0-6 | scl wSBk | ss sp FR SEXP | | 52. | | Some Litho. | PS -25 |
| | | 6-16 | c SBk | ss sp FM | | | | | |
| | | 16-52 | cl wSBk. | ss sp FR | | | | | |

COMMENTS: _____

234825

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

## *APPLICATION FORM*

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Warren H. Harmon And Linda E. Harmon Address: 2507 Scalybark Rd, Statesville Zip: 28625
Applicant Email: warrengee55@gmail.com Phone: 704-533-3752 Alt. Phone: 704-533-3753
Owner Name: M.B. Cline & Denise Y. Cline Address: 141 Cedar Lake Dr. Statesville NC Zip: 28625
Owner Email: info@piedmontauction.com Phone: 704-880-5774 Alt. Phone: 704-872-8585

**Property Information:**

Street Address: 110 Mineral Rock Place, Statesville, NC 28625
Subdivision Name: Carter's Farm Section/Phase: 2 Lot Number: 18 And East ½ of Lot 19 (Being re-combined to New Lot 18)
Driving Directions: From Statesville, Hwy 64 East, take Bell Farm Rd for Approximately 1 mile, Right on Skyland Dr., Right on Carters Farm Dr., 3rd Street on Right, property on Right

**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: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

**CHECK FOUNDATION TYPE**
(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 Iredell Water Corp.

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (1) Conventional ( ) Innovative (2) 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:** Warren H Harmon Linda E Harmon 4-2-18
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

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.

I M B Cline and Denise Y. Cline, am the legal owner(s) of the property located at Mineral Rock Pl. Lot 18 and East ½ of Lot 19 (recombo), identified as PIN (Parcel Identification Number) 4764354874 (Lot 18) 4764354916 (old # 19) to be New Lot 18, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Warren H. Harmon or Linda E. Harmon, 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.

M B Cline / Denise Y Cline — 4-2-18
Signature of Owner(s) — Date

Signature of Witness — 4-2-18
Signature of Witness — Date

Please return this signed form to the appropriate office:

**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

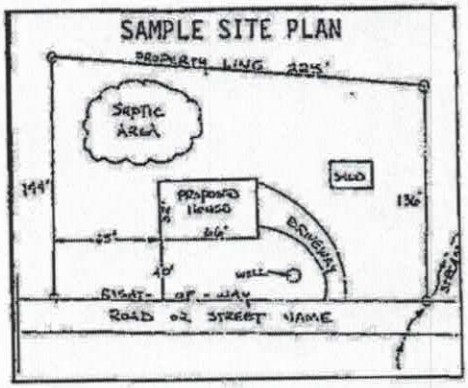
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

## *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 OR WELL PERMIT!!!***

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

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

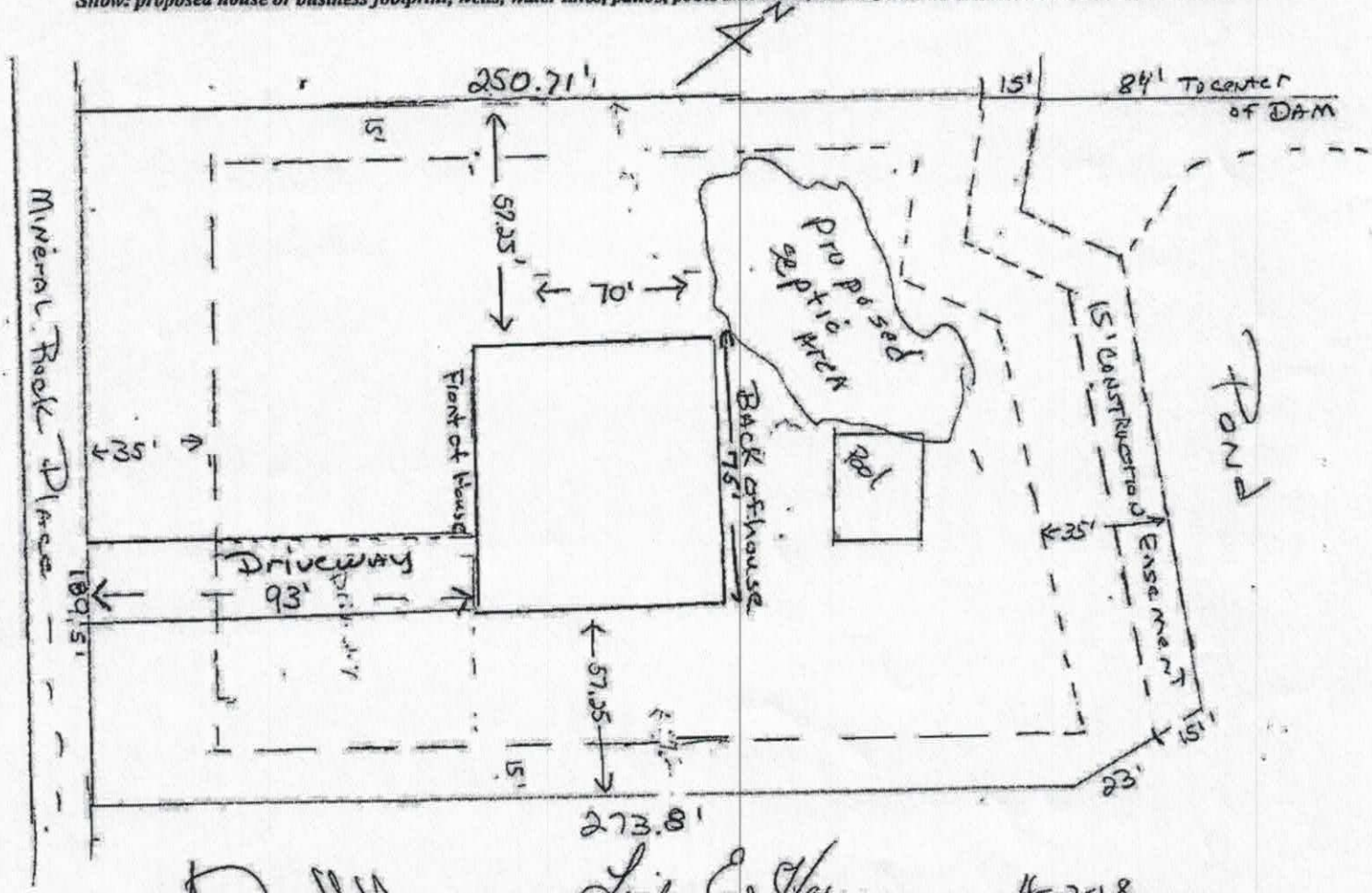



**Circle N/A on the following if appropriate:**

| | |
|---|---|
| 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

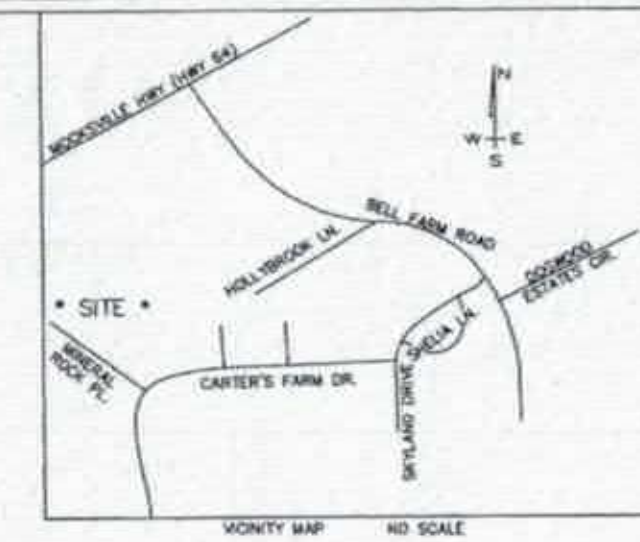
***Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***




**Signature:** Linda E. Harmon 4-2-18

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




VICINITY MAP NO SCALE

NOTES:

AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPARTMENT. UNTIL INSPECTED, THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.

THERE IS A TEN FOOT DRAINAGE AND UTILITIES EASEMENT ACROSS THE FRONT, REAR, AND EACH SIDELINE OF EACH LOT.

THE LOTS IN THIS SUBDIVISION WILL BE SERVED BY INDIVIDUAL SEPTIC SYSTEMS AND WATER BY IREDELL WATER CORPORATION

THE LOTS IN THIS SUBDIVISION ARE SUBJECT TO ANY EASEMENTS OR RIGHT OF WAYS OF RECORD WHICH MAY EXIST ACROSS SAID PROPERTY.

IRON PINS ARE SET AT ALL PROPERTY CORNERS UNLESS OTHERWISE NOTED.

THE SURVEYED PROPERTY DOES NOT LIE WITHIN THE U.S. DEPARTMENTS OF INTERIOR'S NATIONAL REGISTER OF HISTORIC PLACES.

THE SURVEYED PROPERTY DOES NOT LIE WITHIN 2000 FEET OF A NORTH CAROLINA HORIZONTAL GRID MARKER.

THE SUBJECT PROPERTY IS ZONED: R-20, ADJOINING PROPERTY IS R-20 AND CITY OF STATESVILLE.

THE POND IS THE EXCLUSIVE PROPERTY OF THE OWNERS OF LOTS 13, 15, 17, 18, AND 19. NO OTHER LOTS IN CARTER'S FARM SUBDIVISION, AS RECORDED IN PLAT BOOK 48, PAGE 130, SHALL HAVE ANY RIGHTS IN SAID POND.

LEGEND:

EIR - EXISTING IRON REBAR
EIP - EXISTING IRON PIPE
EIS - EXISTING IRON SHAFT
IRS - IRON REBAR SET
COS - CITY OF STATESVILLE ZONING
R/W - RIGHT OF WAY
CP - COMPUTED POINT
TP - TELEPHONE PEDESTAL
TR - POWER TRANSFORMER
PP - POWER POLE
● - COMPUTED POINT

LINE TABLE

| LINE | LENGTH | BEARING |
|---|---|---|
| L1 | 6.60 | N49°39'46"W |

CURVE TABLE

| CURVE | LENGTH | RADIUS | CH BRG | CH DIST |
|---|---|---|---|---|
| C1 | 51.86 | 175.00 | N41°10'20"W | 51.67 |
| C2 | 21.03 | 25.00 | S25°34'04"E | 20.41 |
| C3 | 42.05 | 50.00 | N25°34'04"W | 40.82 |
| C4 | 109.31 | 50.00 | S67°42'25"W | 88.81 |

ZONING:

PROPERTY IS ZONED: RA - IREDELL COUNTY

PROPERTY IS SUBJECT TO A 35' FRONT (FY), 15' SIDE (SY) & 35' REAR YARD (RY) - MINIMUM BUILDING SETBACK LINE PER IREDELL COUNTY ZONING ORDINANCE.

THE CARTER'S FARM SUBDIVISION, TO THE BEST OF MY KNOWLEDGE, DOES NOT LIE WITHIN A WATER SUPPLY WATERSHED DESIGNATED BY THE ENVIRONMENTAL MANAGEMENT COMMISSION AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

William M. Allen
SUBDIVISION ADMINISTRATOR
5-8-18
DATE

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

William M. Allen 5-8-18
SUBDIVISION ADMINISTRATOR DATE

State of North Carolina
County of Iredell

I, William M. Allen, Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

William M. Allen
Review officer
5-8-18
Date

I, GERALD V. GRANT, HEREBY CERTIFY THAT THE SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT ORDERED SURVEY, OR OTHER EXCEPTIONS TO THE DEFINITION OF SUBDIVISION

03-28-2018 Gerald V. Grant
Date Gerald V. Grant NCPLS #1593

OWNER/DEVELOPER:
M.B. CLINE & DENISE CLINE
141 CEDAR LAKE DRIVE
STATESVILLE, N.C. 28625

RECOMBINATION PLAT FOR

# CARTER'S FARM
## RECOMBINATION OF LOTS 18, 19 & 20
PER P.B. 49, PG. 32

| | | |
|---|---|---|
| CHAMBERSBURG TOWNSHIP | IREDELL COUNTY | NORTH CAROLINA |
| PIN NO: 4764-35-1869, 4764-35-4916, 4764-35-4874 DEED REF: 2544-1136 & 2544-1140 | SCALE: 1"=40' | DRAWN BY: SMS |
| | DATE OF SURVEY: 03-01-18 | DRAWING NO: K00818 |
| | DATE OF PLAT: 03-03-18 | REVISED: 03-21-18 REVISED: 03-28-18 |

GRAPHIC SCALE
( IN FEET )
1 inch = 40 ft.

Doc ID: 010180030001 Type: CRP
Recorded: 05/08/2018 at 11:40:59 AM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Ronald W. Wyatt Register of Deeds
BK 68 PG 34

KNOW ALL MEN BY THESE PRESENTS, THAT WE HEREBY CERTIFY THAT WE ARE THE OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT WE HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE OUR FREE ACT AND DEED.

M B Cline
M.B. CLINE
Denise V. Cline
DENISE V. CLINE
5-8-18
Date

State of North Carolina, Iredell County
I, Stephen M. Sharpe, a Notary Public for said County, and State, do hereby certify that M.B. Cline & Denise Cline personally came before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal, this the 8th day of MAY 2018.

Stephen M. Sharpe
NOTARY PUBLIC

Stephen M. Sharpe
NOTARY PUBLIC
Iredell County, NC
My Commission Expires 01-25-20

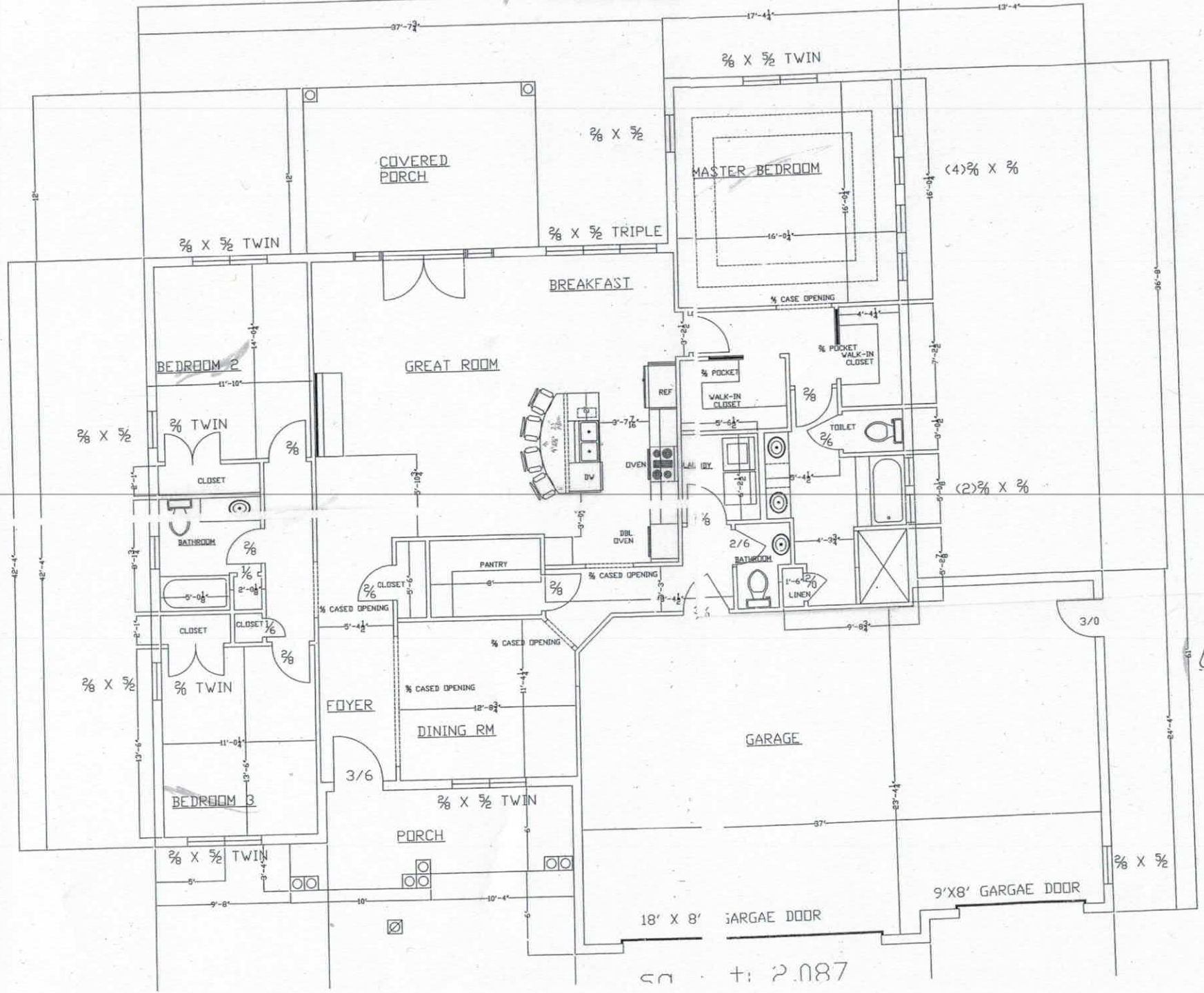
STATE OF NORTH CAROLINA,
IREDELL COUNTY,

I, GERALD V. GRANT, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; THAT THE RATIO OF PRECISION IS 1: 10,000; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK 49, PAGE 32 THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS. 47-30 AS AMENDED. WITNESS MY SIGNATURE, REGISTRATION NUMBER, AND SEAL THIS 28th DAY OF MARCH, 2018.

NORTH CAROLINA PROFESSIONAL SEAL L-1593 LAND SURVEYOR GERALD V. GRANT

Gerald V. Grant
SURVEYOR REG. NO. L-1593

KSI
KESTLER SURVEYING, INC.
2351 SIMONTON ROAD
STATESVILLE, NC 28625
PHONE: (704) 872-0212




Acknowledgement Of Plans Submittal ONLY!
Date 5/21/18
Date 5/20/2018

SQ. FT: 2,087

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 234825 |
| Issue Date: 04/12/2018 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4764354874.000 | 110 MINERAL ROCK PLACE, STATESVILLE, NC 28625 | |

| Owner Information | Applicant Information |
|---|---|
| Owner: CLINE DENISE Y | Applicant: CLINE DENISE Y |
| Address: 724 | Address: 141 CEDAR LAKE RD |
| IREDELL CO, NC 28625 | STATESVILLE, NC 28625 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| | |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .910 | 35.00 | 35.00 | 15.00 | 15.00 | NO | 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 | 135284 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|