IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 (3:09) PERMIT # 243188

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

PIN # 4705804952

APPLICANT/OWNER: Porter Builders — APPLICANT ADDRESS: 2143 Mocksville Hwy, Statesville 28625 — PHONE: 704-902-312 — ALT. PHONE —

SITE ADDRESS: 113 Lonehart Ln, Statesville — SAP CONTROLLED: ☐ YES ☒ NO

SITE DIRECTIONS: 64 E → R on Long Pine → R on Lonehart on left — DESIGN FLOW: 360 gpd — L.T.A.R.: .3 (.275 repair)

SUBDIVISION: Long Pines Meadow — SECTION: 3 — LOT # 29 — LOT AREA: .405 ac

Septic Tank 1000 (gal) — STB 160 — Date 6-19-19.
Pump Tank (gal) — PT — Date
Pump Make — Model — Serial #
Nitrification Fields 1 — # Lines 6 — Linear Ft 400'
Trench Width 36" — Trench Bottom Depth(Low side) 44" * — Gravel Depth 12" if used

☒ New System ☐ Repair ☐ Expansion — System Type: I II (III) IV V VI
System Description: accepted or conventional
Repair System Description: LPP BPS
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 — No. Persons 6 — No. Employees — ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on contour. 25% reduction product may be used, but will recieve no reduction (>36" deep) trenches should be installed @ 44"

INITIAL SITE SKETCH

See attached design by Soil + Forestry Services of the Carolinas, PA Ashley Rollins, LSS #1231

AS BUILT SKETCH

See attached for as built

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**

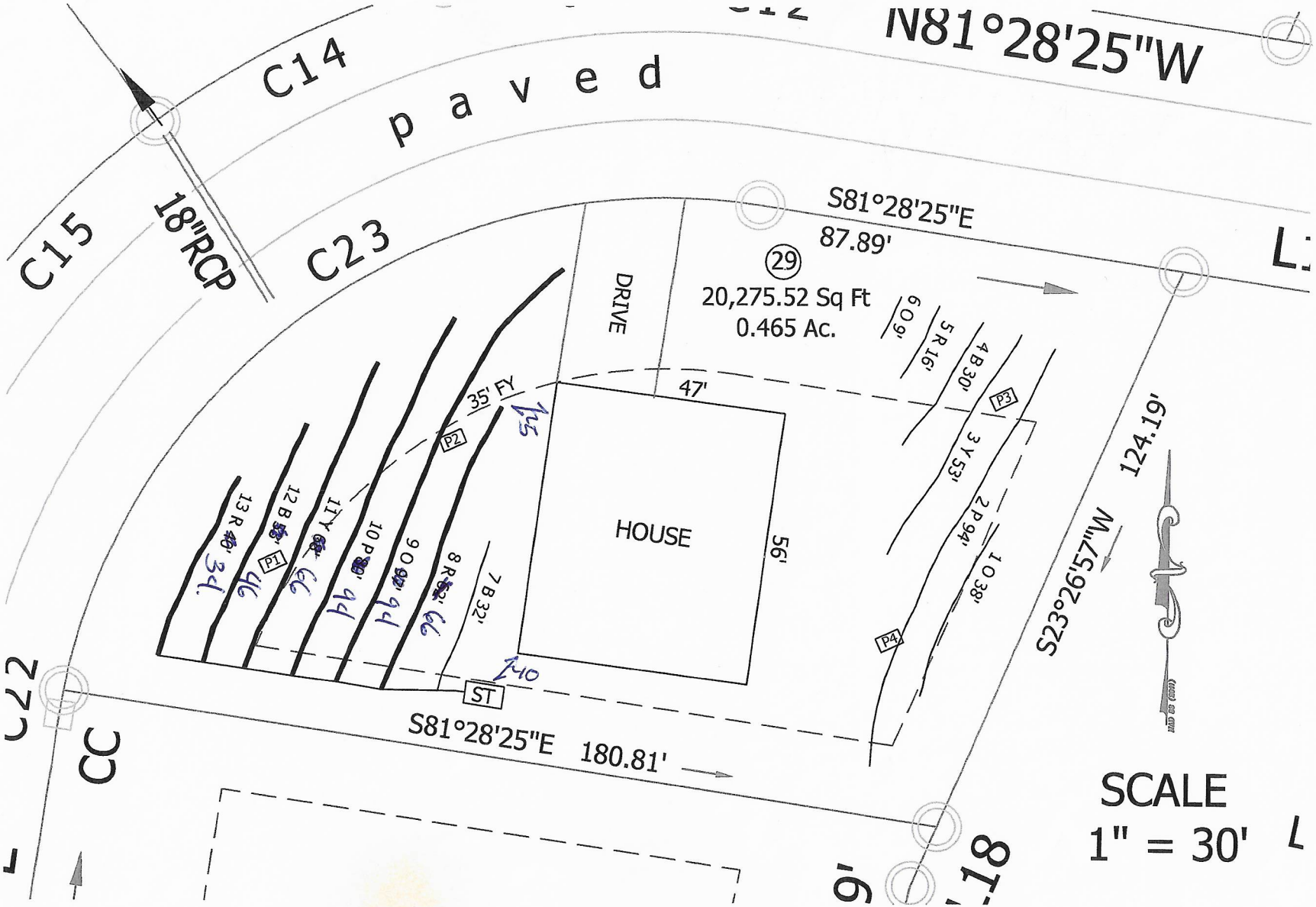
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Bruce Porter — Date: 4-9-19 — Installed by: Carolina Grading

IMPROVEMENT PERMIT by: Carla C. Caves — Date: 4/5/19 — OPERATION PERMIT by: Benjamin L Bolton — Date: 9/11/19

AUTHORIZATION TO CONSTRUCT by: Carla C. Caves — Date: 4/5/19 — 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.


C14
paved
N81°28'25"W
C15
18"RCP
C23
S81°28'25"E
87.89'
29
20,275.52 Sq Ft
0.465 Ac.
DRIVE
35' FY
47'
HOUSE
56'
P1
P2
P3
P4
ST
13 R 34'
12 B 44'
11Y 44'
10 P 94'
9 O 94'
8 R 44'
7 B 32'
6 O 9'
5 R 16'
4 B 30'
3 Y 53'
2 P 94'
1 O 38'
S23°26'57"W
124.19'
S81°28'25"E 180.81'
SCALE
1" = 30'

Soil & Forestry Services of the Carolinas, PA.

P.O. Box 832 Mooresville, NC 28115 Phone: (704) 658-1723 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 3 bedroom single family residence on Lot 29, Lone Pine Meadows Subdivision, Statesville (PIN 4765804952), Iredell County, North Carolina.

Contents:

	Page
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3/21/19

March 21, 2019
Project #: 18-0081
Design By: Soil & Forestry Services of the Carolinas, PA.

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a pump PPBPS system with Low Pressure Distribution.
- **System Trench depth is 44 inches and does not get the 25% Reduction**
- **but 25% Reduction material can be utilized or Conv. (GRAVEL)**

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Applicant:	Porter Builders
Address:	2143 Mocksville Highway Statesville, NC 28625
Phone:	704.746.5046
County:	Iredell
Location:	113 Lonehart Lane Statesville, NC 28625
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	400	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Max.Trench Depth:	44 in.	Repair Trench Bottom 36 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	

Estimated Supply Line Length:	20
Supply Line Diameter:	4 in. SCH 40 PVC
Supply Line Volume:	13.06
Dosing Volume:	N/A
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	N/A
Recommended Control Panel:	N/A
Pressure Head:	N/A
Friction Head:	N/A
Elevation Head:	N/A
Total Dynamic Head:	N/A
Threaded Union:	N/A
Gate Valves:	N/A
Check Valves:	N/A
Anti-Siphon Hole:	N/A
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA.

113 Lonehart Lane

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	1200
TOTAL LATERAL LENGTH:	400
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	400
SUPPLY LINE LENGTH:	20
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - Lone Pine Meadows Lot 29

Project #: 18-0081

LAYOUT FOR 3 BEDROOM HOME

March 21, 2019

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	ORANGE					38	38
2	PINK					94	94
3	YELLOW					53	53
4	BLUE					30	30
5	RED					16	16
6	ORANGE					9	9
7	BLUE					32	32
8	*RED*					*62*	*62*
9	*ORANGE*					*97*	*97*
10	*PINK*					*80*	*80*
11	*YELLOW*					*68*	*68*
12	*BLUE*					*53*	*53*
13	*RED*					*40*	*40*
					Total	672	672

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	TRENCH DEPTH
** System*	*400*	*0.300*	*ACCEPT.*	*0.300*	*>36" TB (NO REDUCTION)*	*GRAVITY*	44"
Repair	272	0.275	MOD. CONV.	0.275	PPBPS	LOW PRESSURE	36"

220'

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

****HOUSE STAKED BY BUILDER.**

CALCULATIONS

Location 113 Lonehart Lane
Statesville, NC 28625
Project Number 18-0081

Lot No: 29 Lone Pine Meadows

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.300 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) NO

Supply Line Length 20 ft.

Supply Line Volume 13.06 gal.

Required Feet of Line 400 ft.
Amount of Line from Layout 400 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

PROPERTY ID #: 4765804952
COUNTY: Iredell

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

OWNER: Porter Builders
ADDRESS:
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: Lone Dune Rd, R on Lonehart Lane, 1st Lot on LH (113 LoneHart Ln.)
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☑ Pit ☐ Cut
APPLICATION DATE
DATE EVALUATED: 3/8/19
PROPERTY SIZE: 0.46ac
PROPERTY RECORDED: Yes
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
B1	3%	0-9	BSCL wfsbk	Frsssp	- chr2 20-30" - Fe dep @ 12"				.25 Need pit 36" TD
		9-48	Brc vmsbk/abk	Fssp					
B2	3%	0-5	BSCL wfsbk	Frssp	- compacted 10 12" - Fe dep @ 12" - chr2 @ 30" - Few sap				.25 need pit 36" TD
		5-24	Brc vmabk	Fssp					
		24-48	Brc vmabk/sbk	Fssp					
B3	5%	0-8	BSCL wfsbk/abk	Frsssp	- Fe dep @ 15" possible? - chr2 21"-22" - Few 28" to 29" sap				.25 to .275
		8-30	Brc vmabk/sbk	Fssp					
		30-48	Brc vmsbk/abk	Fssp					
B4	4%	0-2	BSL gr		- Fe @ 16" - Poor chr2 @ 24" - Few sap				.25 to .275
		2-11	BSCL wfsbk/abk	Frsssp					
		11-28	Brc vmabk	Fssp					
		28-	Brc vmsbk/abk	Frsssp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted/Pro Rated	PRRPS
Site LTAR	0.3	0.275

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4765 804952
DATE OF EVALUATION: 3/20/19
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
P1	L/5%	0-9	BSl sr	FrSSSPSExP					
		9-31	BRcwmAbk	FrSSPSExP	f[Fe]depl (24-28)				PS > 28"
		31-54	RBcwmsbk/Abk	FSSSPSExP	f. Passchr2 (28-28) < 2%		—	—	
		54-72	RBclwmsbk	FrSSSPSExP	fsap	72"			44" TB+
					Jhr2@	26"		OK	0.3
P2	L/5%	0-7	BSl sr/wmsbk	FrSSSPSExP	f[Fe]depl (17-26")				
		7-28	BRcwmAbk	FrSSPSExP	chr2s (17-26")				PS > 26"
		28-50	RBcwmsbk/Abk	FSSSPSExP	fsap	68"	—	—	42" TB+
		50-68	RBclwmsbk	FrSSSPSExP	fsap more abundant ch2	—			0.3
						26"		OK	
P3	L/5%	0-8	BSl sr/wcAbk	FrSSSPSExP	comp				
		8-30	BRcwmAbk/Bbk	FrSSPSExP	f[Fe]depl				PS
		30-50	BRcwmsbk/Abk	FSSSPSExP		70	—	—	0.275-
		50-70	RBclwmsbk	FrSSSPSExP	fsap				0.3
P4	L/5%	0-8	BScl Bg/wmsbk	FrSSSPSExP	comp				
		8-35	BRcwmAbk/Bbk	FrSSPSExP	f[Fe]depl				PS
		35-58	RBcwmsbk/Abk	FSSSPSExP	fsap	72	—	—	0.275-
		58-72	RBclwmsbk	FrSSSPSExP	fsap				0.3

COMMENTS: Install depth proposed be low wetness condition

RECEIVED MAR 27 2019

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM* Paid $350.00 # 243188

Application For:
(X) Septic Improvement Permit ( ) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonmen ( ) Septic System Rep

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SI IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTE APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAIL

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 fee

Applicant Information:

Applicant Name: [redacted] Porter Builders **Address:** [illegible] **Phone:** [illegible]

Owner Name: [redacted] Porter Builders **Address:** 2143 [illegible] **Phone:** [illegible]

Property Information:

Street Address: 113 Lonehart [redacted] 4765804952 Lane Statesville, NC 28625 Lot #77

Subdivision Name: Lone Pine Meadows **Section/Phase:** 3 **Lot Number:** 24

Driving Directions: Hwy 64 East past Cool Springs Rd. Turn Right Lone Pine Rd. Turn right Parkman Lane. Lot on Left

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) 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:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

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

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

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: [signature] 3/21/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

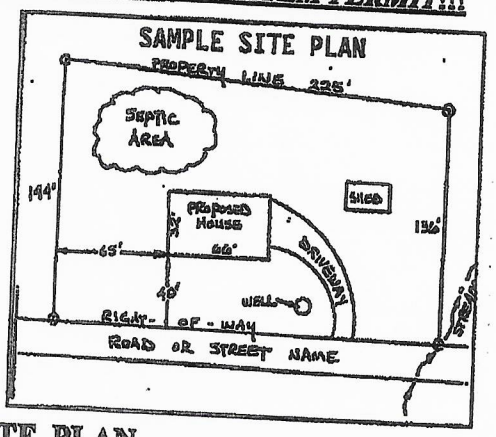
SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

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 Drawing

Signature: [signature] 3/21/19

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.

113 Lonehart Lane

I, WRD INC / Bruce Porter, am the legal owner(s) of the property located at [redacted] Statesville NC 28625, identified as PIN (Parcel Identification Number) [redacted] 4765804952, located in Iredell County, North Carolina.

Lot PH Meadows Lot 29 [redacted]

I do hereby authorize (print legal representative/company name) Samuel Ashley Rollins Rollins Soil & Environmental Services, 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.

Bruce Porter — Signature of Owner(s) — 3-27-18 — Date

Ronda Hart — Signature of Witness — 3-27-19 — 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

Acknowledgement Of
Plans Submittal ONLY!
Color / Elev
Date 4/5/19
Date 10-1-19
FLOOR PLAN
GARAGE
BEDROOM 3
BEDROOM 2
LAUNDRY
ENTRY
KITCHEN
BREAKFAST
GREAT RM
MASTER BEDROOM
MASTER BATH
LINEN
WALK-IN CLOSET
OPTIONAL GAS FIREPLACE
OPTIONAL ELECTRIC FIREPLACE
HEATED SQUARE DETAIL
ELEVATION C: MODERN
ELEVATION B: MODERN
ELEVATION A: TRADITIONAL
FOOTAGE:
builder
per
drivenow
DO NOT COPY WITHOUT WRITTEN COPYRIGHT RELEASE
PLAN SOURCE

IREDELL COUNTY

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

APPLICATION NUMBER
243188
Issue Date: 03/26/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4765804952.000	113 LONEHART LANE, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: WCU PORTER, BRUCE A.	Applicant: SOIL & FORESTRY SERVIC
Address: 2143 MOCKSVILLE HWY	Address: P.O. BOX 832
STATESVILLE, NC 28625	MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00		X

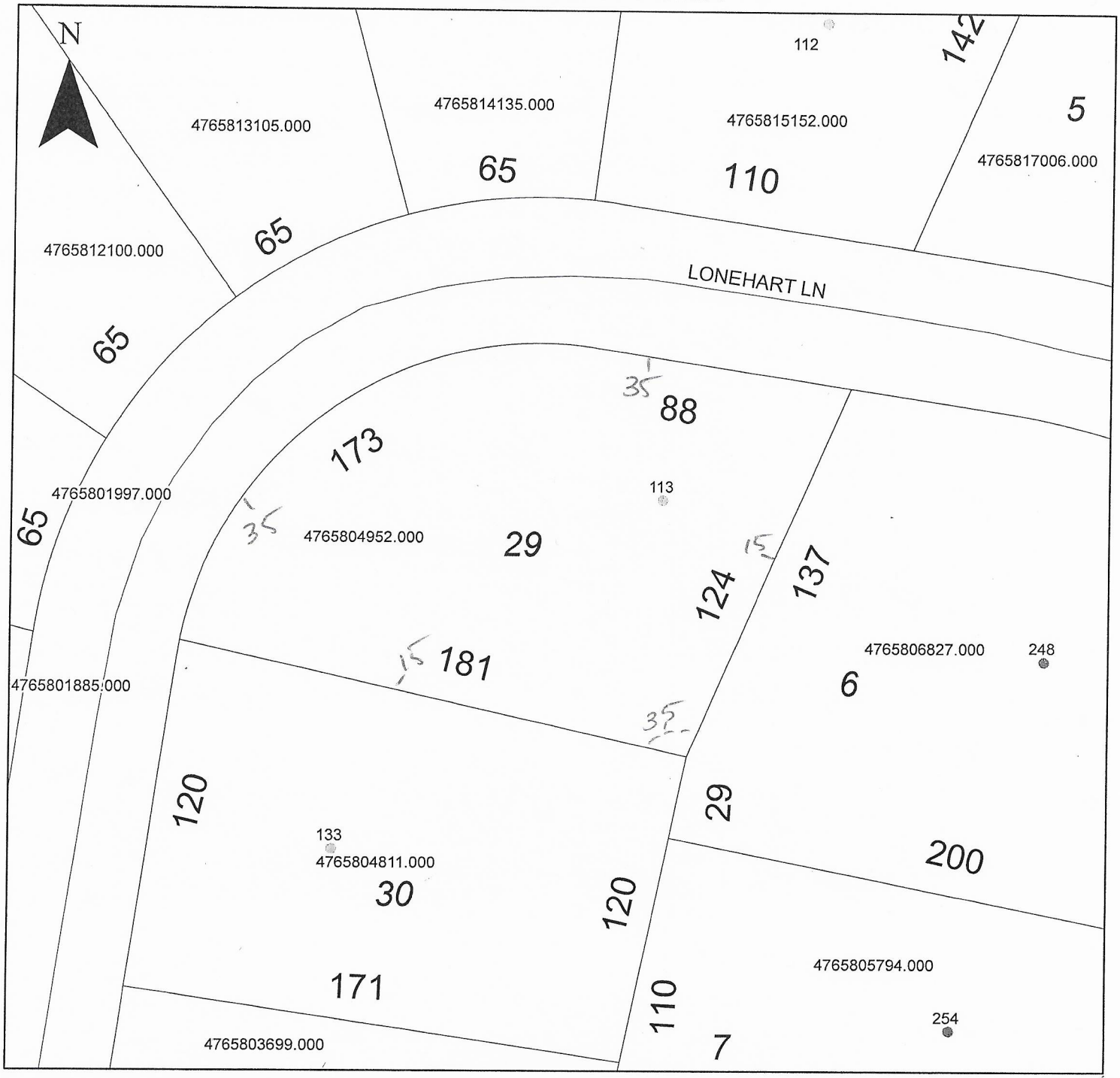
Remarks:

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: Sam Keller Date: 8/25/19

Permit Number	171773	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 113 Lonehart

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

X _____
Applicant

X 3/26/19
Date