ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BLDR-2022-9936 SH RELAY-2023-25205

PERMIT # AP-327787

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

PIN # 4766 -- 26 -- 1763

APPLICANT/OWNER: WILLIAM AND LINDA GREGORY

APPLICANT ADDRESS: 631 TURNERSBURG HIGHWAY, STATESVILLE, N.C. 28625

SITE ADDRESS: 197 CHESTNUT GROVE ROAD, STATESVILLE, N.C. 28625

PHONE: 704-450-6803

ALT. PHONE —

SITE DIRECTIONS: (E) ON 40, (L) ON OLD MOCKSVILLE, (R) ON CHESTNUT GROVE, LOT ON (L)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 6.467 AC

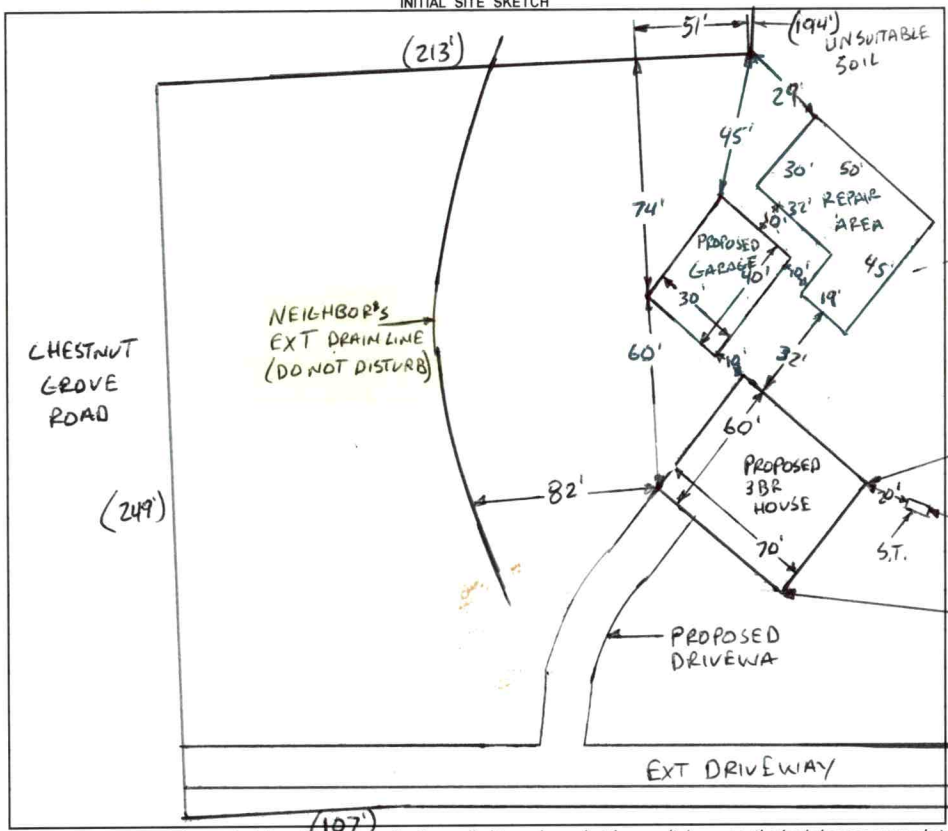
DESIGN FLOW: 360GPD L.T.A.R.: 0.3 (0.25) REPAIR

Septic Tank	1000	(gal)	STB 760	Date	5-21-2023	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	—	(gal)	PT —	Date	—	System Description:	25% REDUCTION		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% REDUCTION		
# Nitrification Fields	1	# Lines	3	Linear Ft	302FT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE	

☑ Residence	No. Bedrooms	3	**Water Supply**
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees	—	☑ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

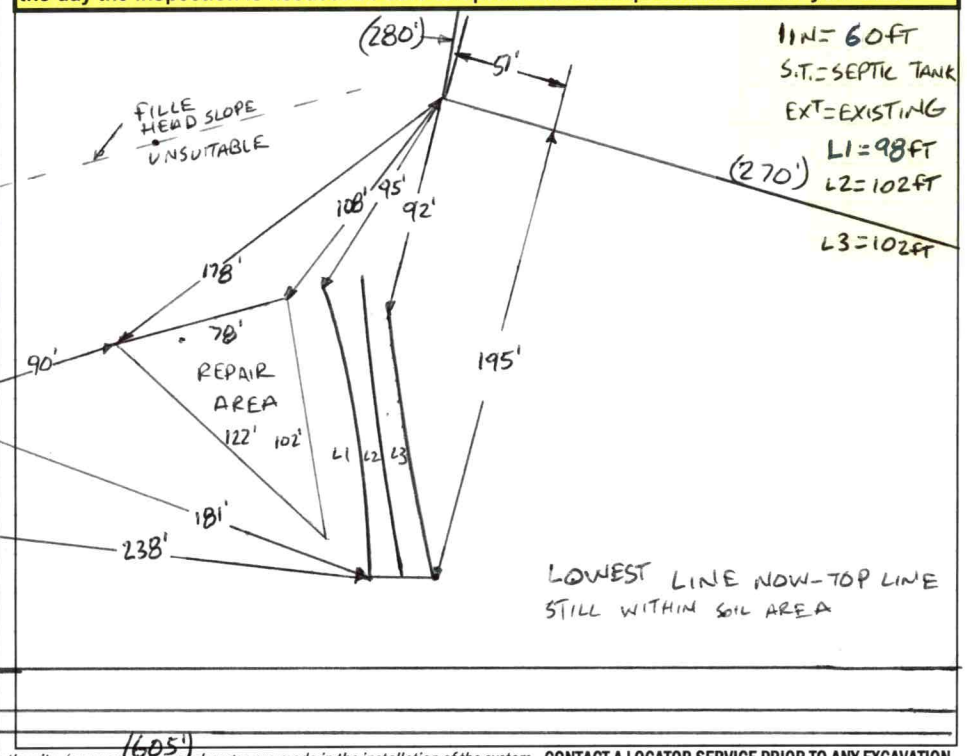
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH, DO NOT SHALLOW UP.

INITIAL SITE SKETCH



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.



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: ONLINE SIGNATURE Date: — Installed by: TONY BALL

IMPROVEMENT PERMIT by: Bryant C. White Date: 7-6-2023 OPERATION PERMIT by: Bryant C. White Date: 7-10-23

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 7-6-2023 ting System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

7-10-2023 (Date)

Owner: Linda Gregory
Address: 631 Turnersburg Highway Statesville, N.C. 28625
Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
197 Chestnut Grove Road, Statesville, N.C. 28625
PIN: 4766-26-1763

I, Linda Gregory, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 08-18-2022 for a system
(date)
25% Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

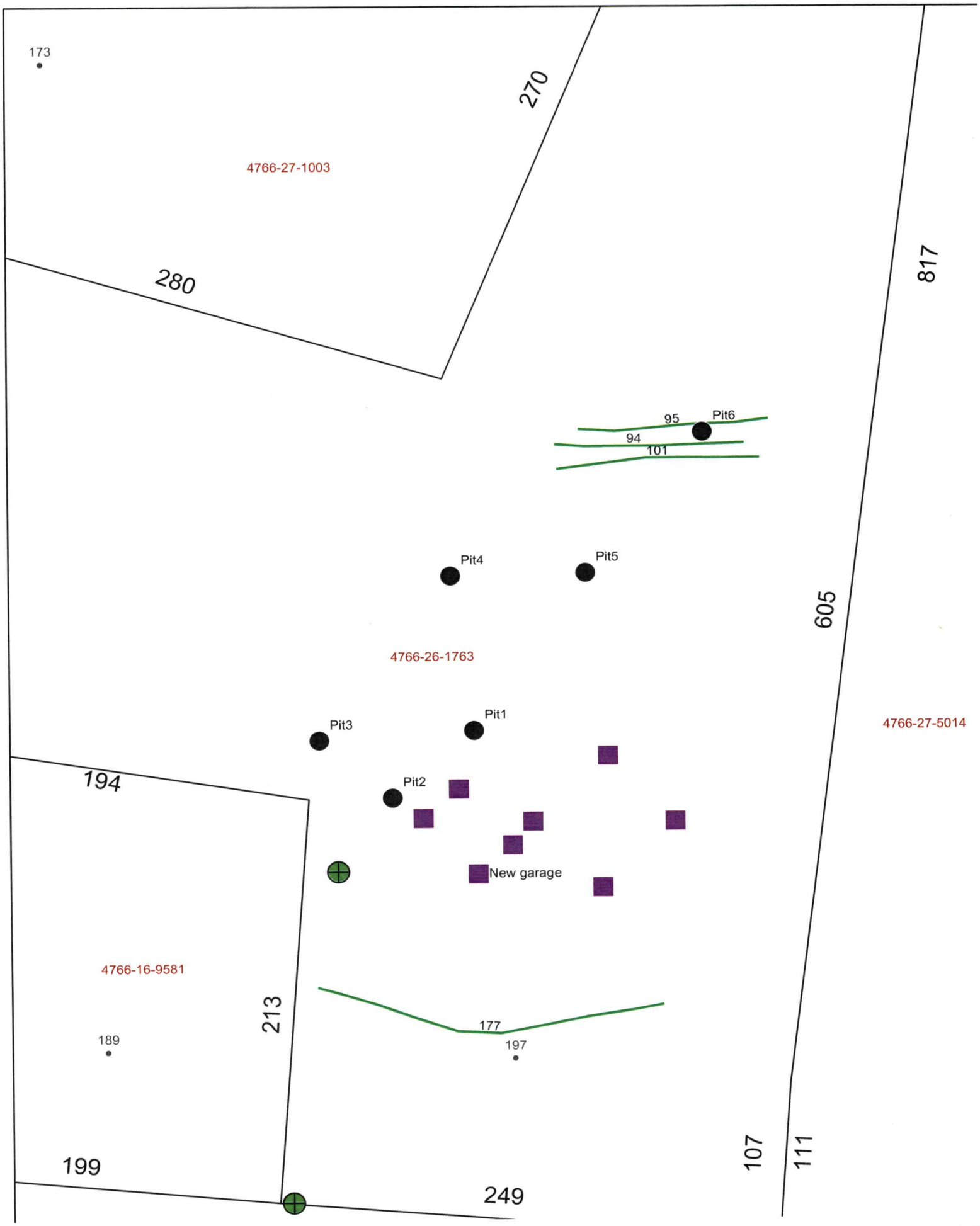
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/


173
270
4766-27-1003
280
817
95
Pit6
94
101
Pit4
Pit5
605
4766-26-1763
Pit3
Pit1
4766-27-5014
194
Pit2
New garage
4766-16-9581
213
177
189
197
107
111
199
249

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
07/10/2023

Owner: Linda Gregory
Address: 631 Turnersburg Highway, Statesville, N.C. 28625

Subject: Notice of Intent to Revoke/Suspend: 197 Chestnut Grove Road, Statesville, N.C. 28625

Dear Linda Gregory:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 197 Chestnut Grove Road, Statesville, N.C. 28625 for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Referenced Above determined the following violations:

Violation	Law or Rule Citation
15A NCAC 18A.1937 (G) ".... If the information submitted in the application for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or changed or the site is altered, the IP/CA shall become invalid and may be suspended or revoked	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all

other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 07/10/2023. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Bryant C. White
Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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(Completion of Form by Property Owner)

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(print full name)

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(date)
25% Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
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Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

STANDARD PLANS

GENERAL NOTES:

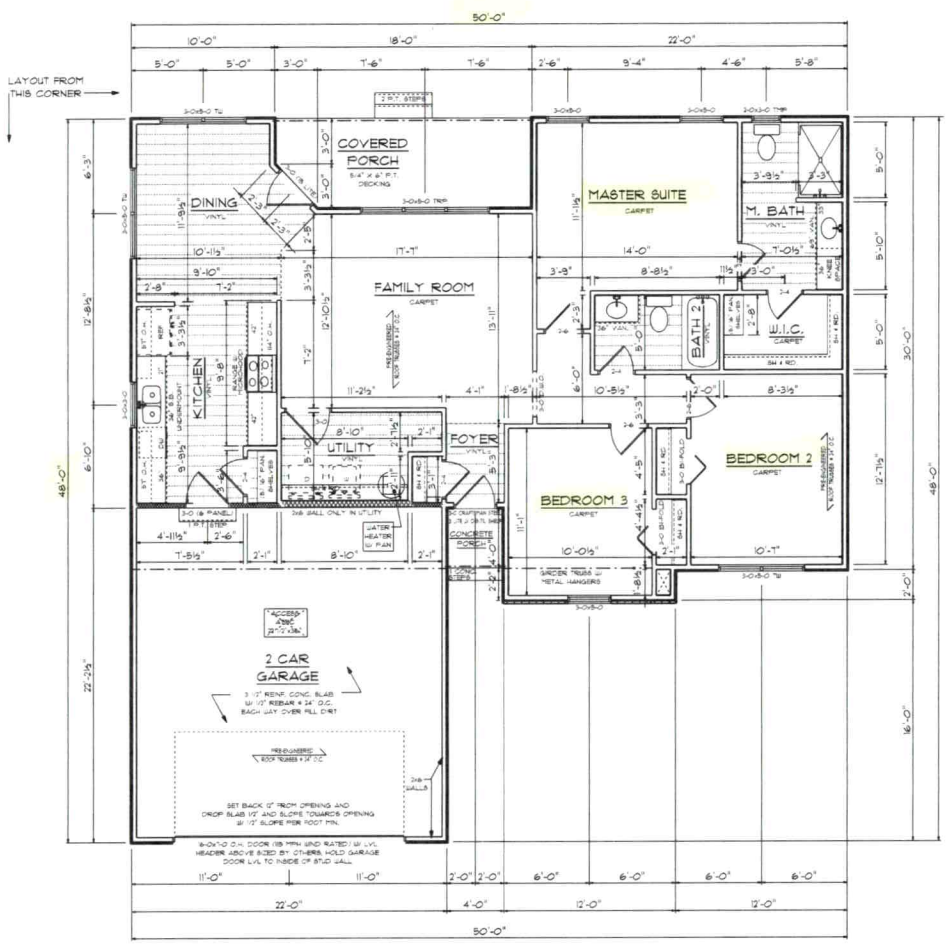
1. MINIMUM CEILING HEIGHT TO BE 8'-1 1/8"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-10 5/8" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
6. ALL DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS. HEIGHT OF WALL WILL BE PER PLAN. EX.
7. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE: 65" FOR SINGLE & 42"/84" FOR DOUBLE TYP.

Acknowledgement Of Plans Submittal ONLY!

Date 8-10-2022

Date 8-18-2022

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.



1 / A-3 FLOOR PLAN
SCALE 1/8"=1'-0"

CONTACT INFORMATION
PHONE: (877)358-9199
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: ??

PLAN SETS	
SALES: ??	?.?.??
CONSTRUCTION: ??	?.?.??
REVISED: ??	?.?.??
??	
??	
??	

SQUARE FOOTAGES:	
HEATED:	1314
GARAGE:	492
FRONT PORCH:	16
REAR PORCH:	104
TOTAL SQFT:	1926

SEDGEWICK HOMES PROUDLY PRESENTS THE:

SHENANDOAH

OAK SERIES

JOB ADDRESS

SHEET NUMBER A-3 OF FIVE

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REVISED: 3.16.2016

Acknowledgement Of
Plans Submittal ONLY!

Date 8-18-2022

Date 8-18-2022

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.

STANDARD PLANS

GENERAL NOTES:

1. FILL ALL CELLS SOLID UNDER BEAM BEARING POINTS.
2. FILL ALL CELLS SOLID UNDER ANY POINT LOADS THAT FALL OVER FOUNDATION WALLS OR PIERS.
3. ALL MEASUREMENTS ARE TO THE OUTSIDE FACE OF 8" OR OUTSIDE FACE OF 12" BLOCK DEPENDING ON LOCATION.

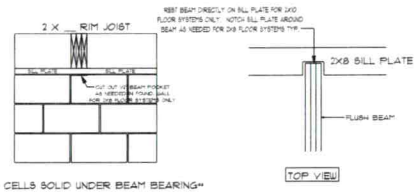
ALL FOUNDATION VENT DIMENSIONS ARE +/- 8" TO ALLOW FOR REGULAR BLOCK SPACING

SET FOUNDATION UP FOR 2X10 FLOOR SYSTEM

DIAGONAL	DIMENSIONS
A TO E	69'-3 23/32"
B TO G	52'-9 5/8"
C TO G	49'-8 5/32"
D TO F	37'-2 1/16"
D TO G	58'-3 23/32"
OVERALL	69'-3 23/32"

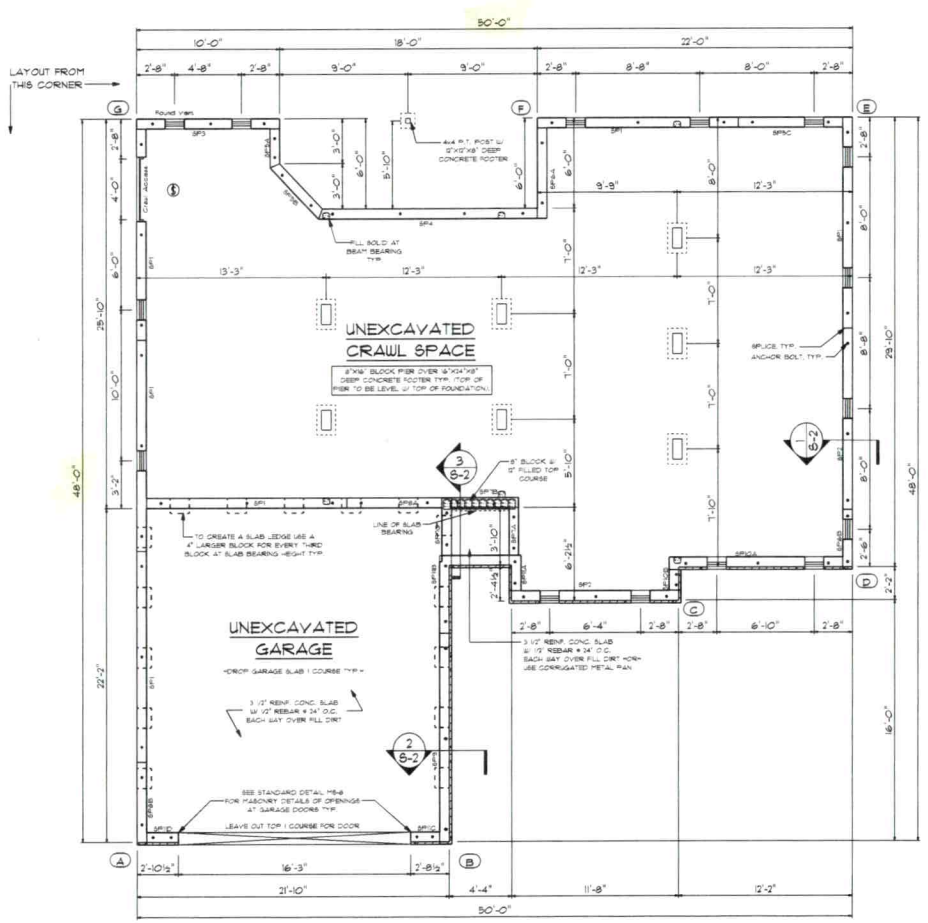
SILL PLATE MATERIAL TABLE

FRAMING ID	LENGTH	WIDTH	DEPTH	COUNT
SP1	14'-0"	2	8	6
SP2	12'-0"	2	8	2
SP3	10'-0"	2	8	1
SP4	16'-0" CUT TO 15'-6"	2	8	1
SP5	16'-0" CUT TO (A) 2'-10" (B) 4'-7" (C) 7'-4"	2	8	1
SP6	10'-0" CUT TO (A) 6'-0" (B) 4'-0"	2	8	1
SP7	12'-0" CUT TO (A) 3'-2" (B) 4'-8" (C) 3'-10"	2	8	1
SP8	14'-0" CUT TO (A) 6'-8" (B) 5'-6"	2	8	1
SP9	14'-0"	2	10	1
SP10	14'-0" CUT TO (A) 12'-2" (B) 1'-4 1/2"	2	10	1
SP11	12'-0" CUT TO (A) 2'-4 1/2" (B) 5'-2" (C) 2'-0 1/2" (D) 2'-2 1/2"	2	10	1



FILL CELLS SOLID UNDER BEAM BEARING

2 / A-4 BEAM POCKET DETAIL
SCALE 3/8"=1'-0"



1 / A-4 FOUNDATION PLAN
SCALE 1/8"=1'-0"

CONTACT INFORMATION
PHONE: (877)358-9199
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: ??

PLAN SETS
SALES: ?? ?.?.??
CONSTRUCTION: ?? ?.?.??
REVISED: ?? ?.?.??
?? ?? ??

SQUARE FOOTAGES:
HEATED: 1314
GARAGE: 492
FRONT PORCH: 16
REAR PORCH: 104
TOTAL SQFT: 1926

SEDGEWICK HOMES PROUDLY PRESENTS THE:
SHENANDOAH
OAK SERIES
JOB ADDRESS

SHEET NUMBER
A-4
OF FIVE

REVISED: 3.16.2016

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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 #: 4766-26-1763
DATE OF EVALUATION: 3-17-2022
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
1	LINEAR SIDE 3%	0-13	FILL	MIXED	MICA COMMON FEW SAP INC	60"+	NA	N/A	PS .3 BUT MUST INSTALL @ 36"
		13-36	C, SBK	FR, S, P, SEXP					
		36-60	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 2%	0-10	FILL	MIXED	V/B MOTS 0-25" 10YR6/4 10YR7/3 MICA COMMON IN (CL)	53"+	NA	NA	PS .25 INSTALL @ 36
		10-33	C, ST ABK	FR, S, P, SEXP					
		33-53	CL, WABK	FR, SS, SP, SEXP					
3	LINEAR SIDE 2%	0-12	FILL	MIXED	V/B MOTS THRU OUT 10YR6/2 @ 28"+ 53"	55"+	NA	NA	C
		12-55	C, ST ABK TO PL	FI, S, P, SEXP					
4	HEAD 7%	0-17	FILL	MIXED	MICA COMMON HEAVY SAP INC IN (CL)	58"+	NA	NA	V TILL FILL REMOVED LANDSCAPE PROHIBITS GRADING
		17-24	C, ABK	FR, S, P, SEXP					
		24-58	CL, WABK	FR, SS, SP, SEXP					
5	LINEAR SIDE 4%	0-30	C, SBK	FR, S, P, SEXP	BANDED SAP INC THRU OUT MICA COMMON	58"+	NA	NA	PS .3
		30-58	CL, WSBK	FR, SS, SP, SEXP					

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	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	**MOIST** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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.

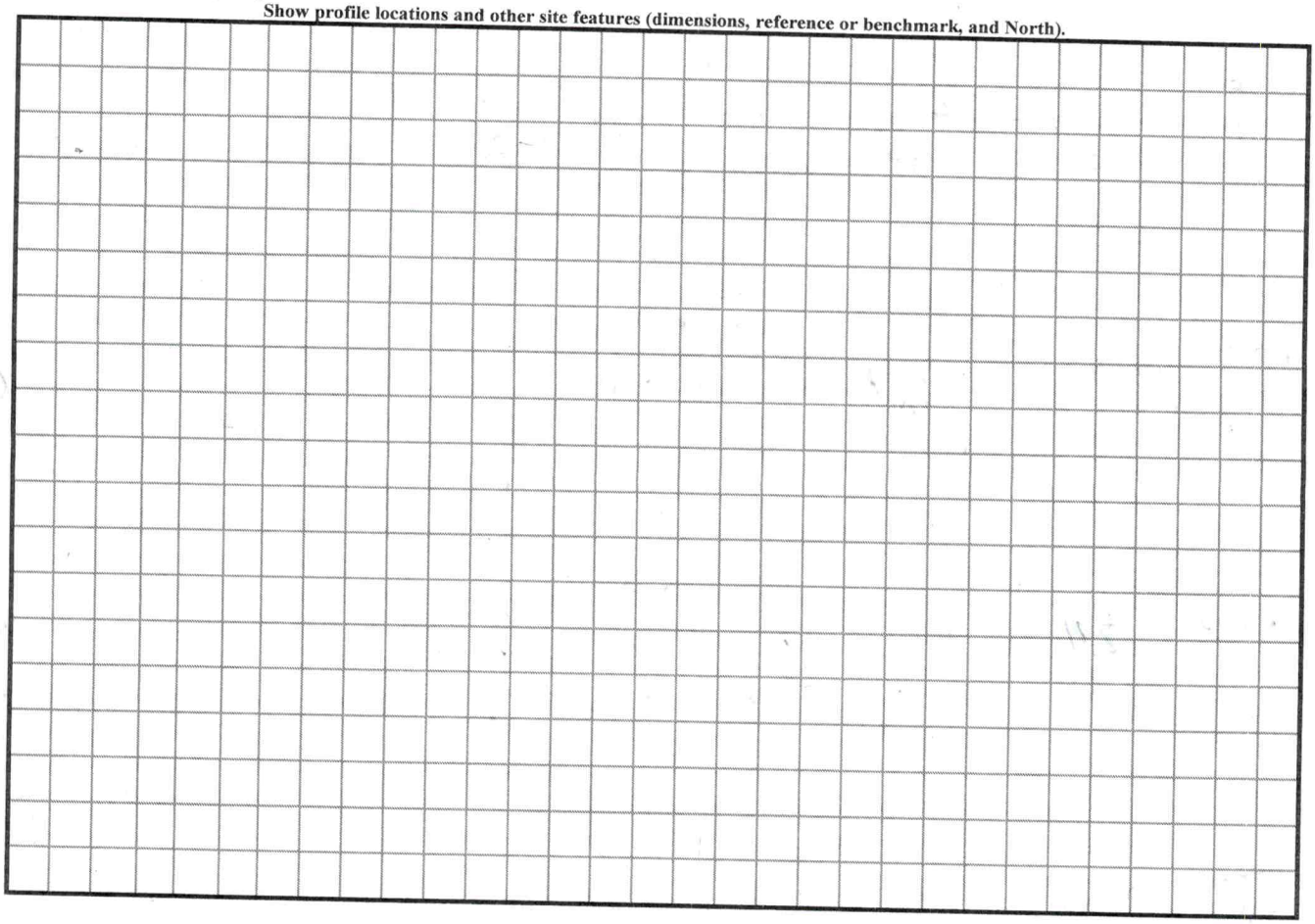
NOTES

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/ft^2

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



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 #: 4766-26-1763
DATE OF EVALUATION: 8-17-2022
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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
6	LINEAR SIDE 4%	0-27	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	53"+	NA	NA	PS .3
		27-55	CL, WSBK	FR, SS, SP, SEXP	NCA COMMON				

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	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	**MOIST** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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.

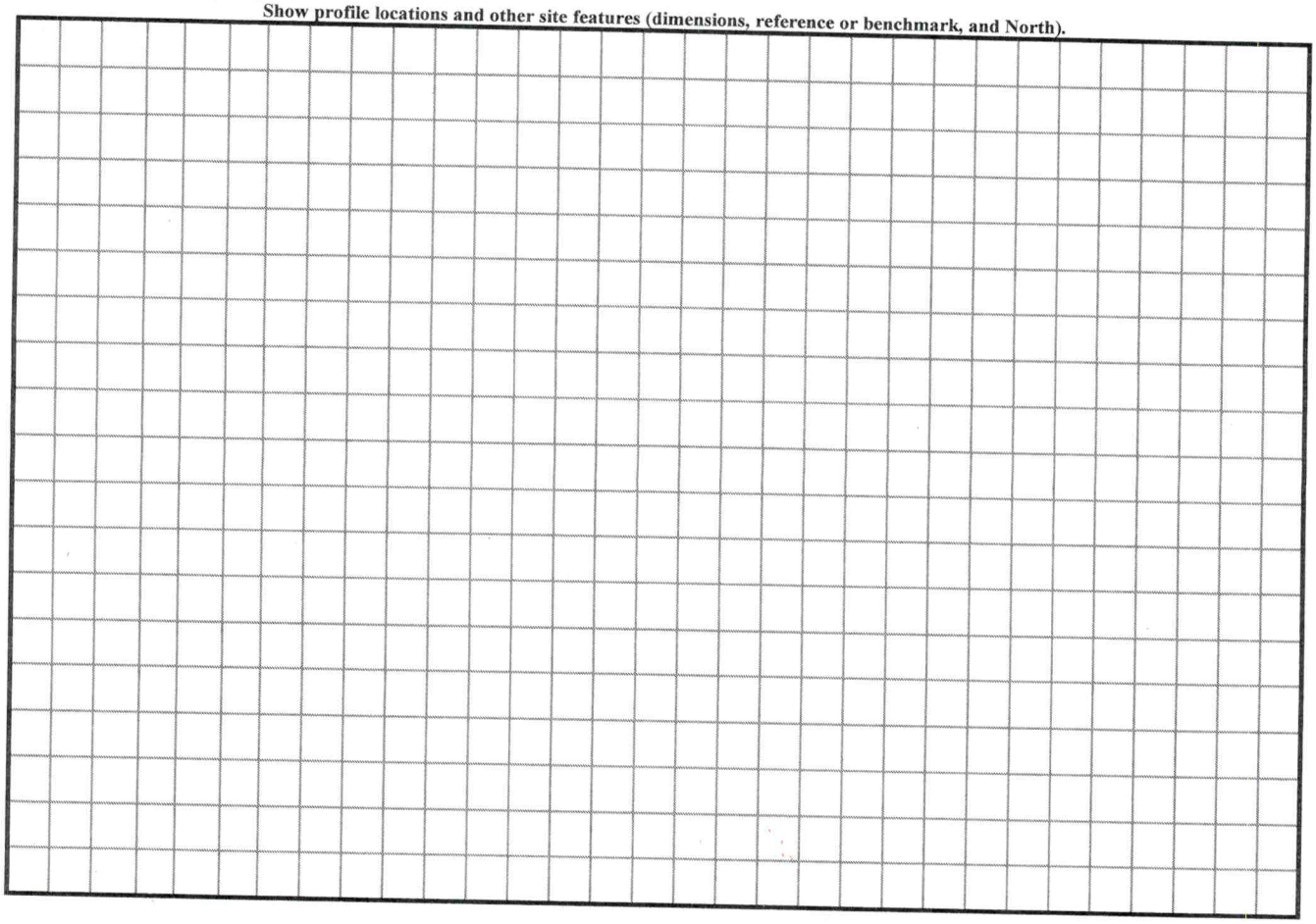
NOTES

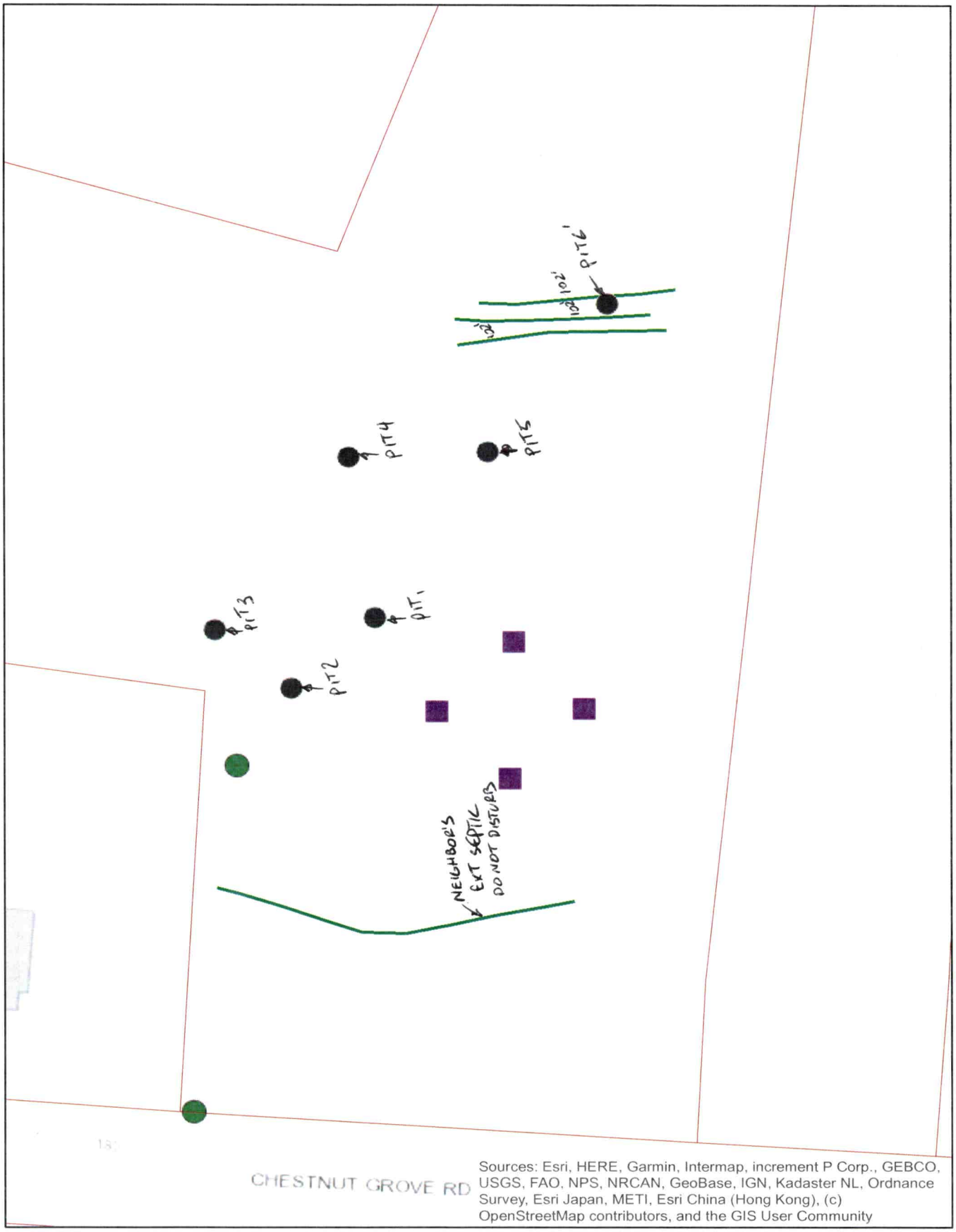
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Long-term Acceptance Rate (LTAR): gal/day/ft^2

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

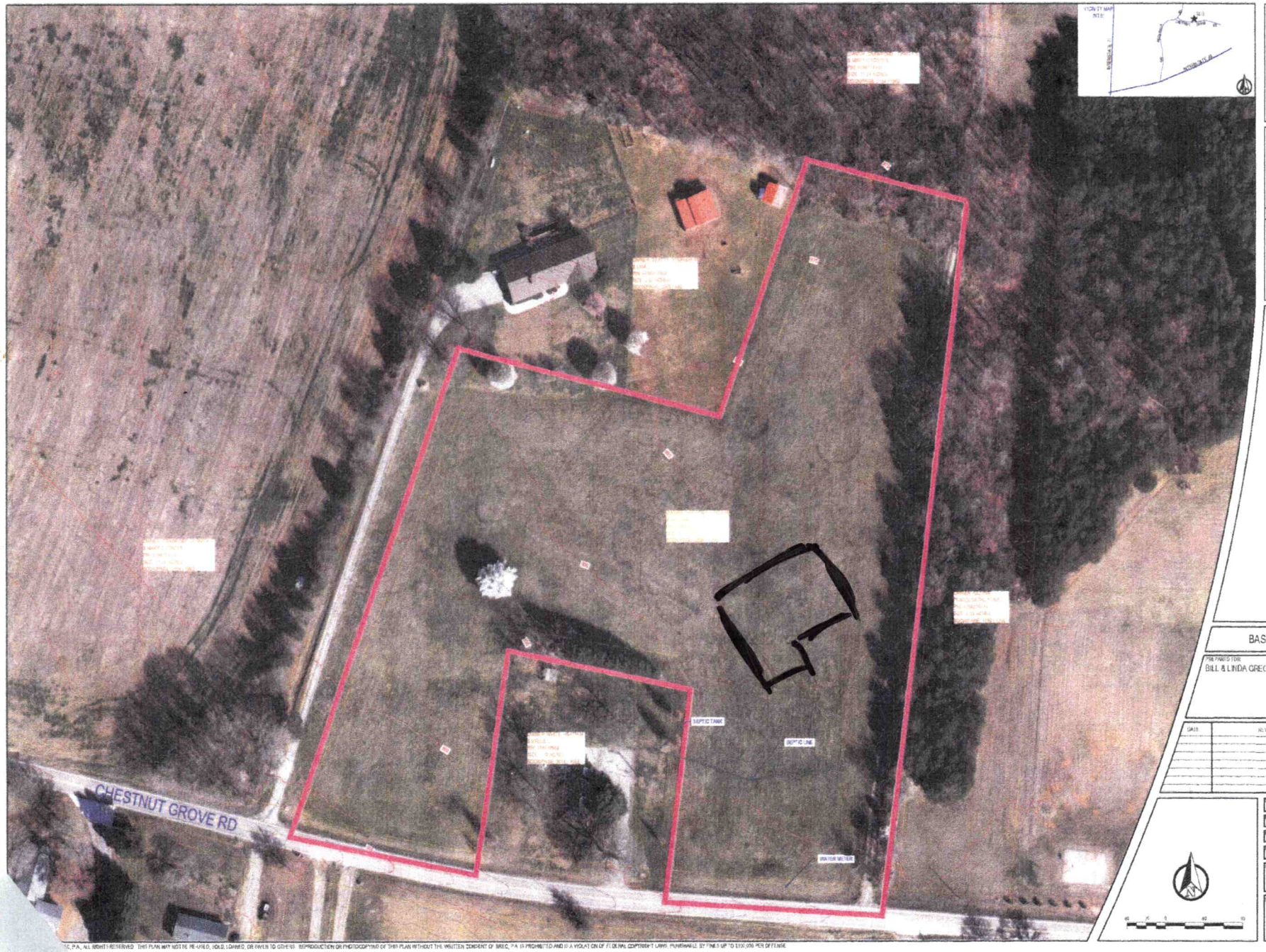



PIT 6
102'
102'
102'
PIT 4
PIT 5
PIT 3
PIT 1
PIT 2
NEIGHBOR'S
EXT SEPTIC
DO NOT DISTURB
CHESTNUT GROVE RD
Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), (c) OpenStreetMap contributors, and the GIS User Community

704-450-6803 Linda Gregory

RECEIVED AUG 10 2022

197 Chestnut Grove Revised SP



BREC

PRELIMINARY

DATE

DO NOT SCALE - PLANS MUST BE RECEIVED AS A COMPLETE SET

GREGORY SEPTIC

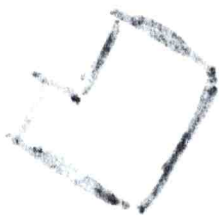
BASE MAP

PREPARED FOR:
BILL & LINDA GREGORY

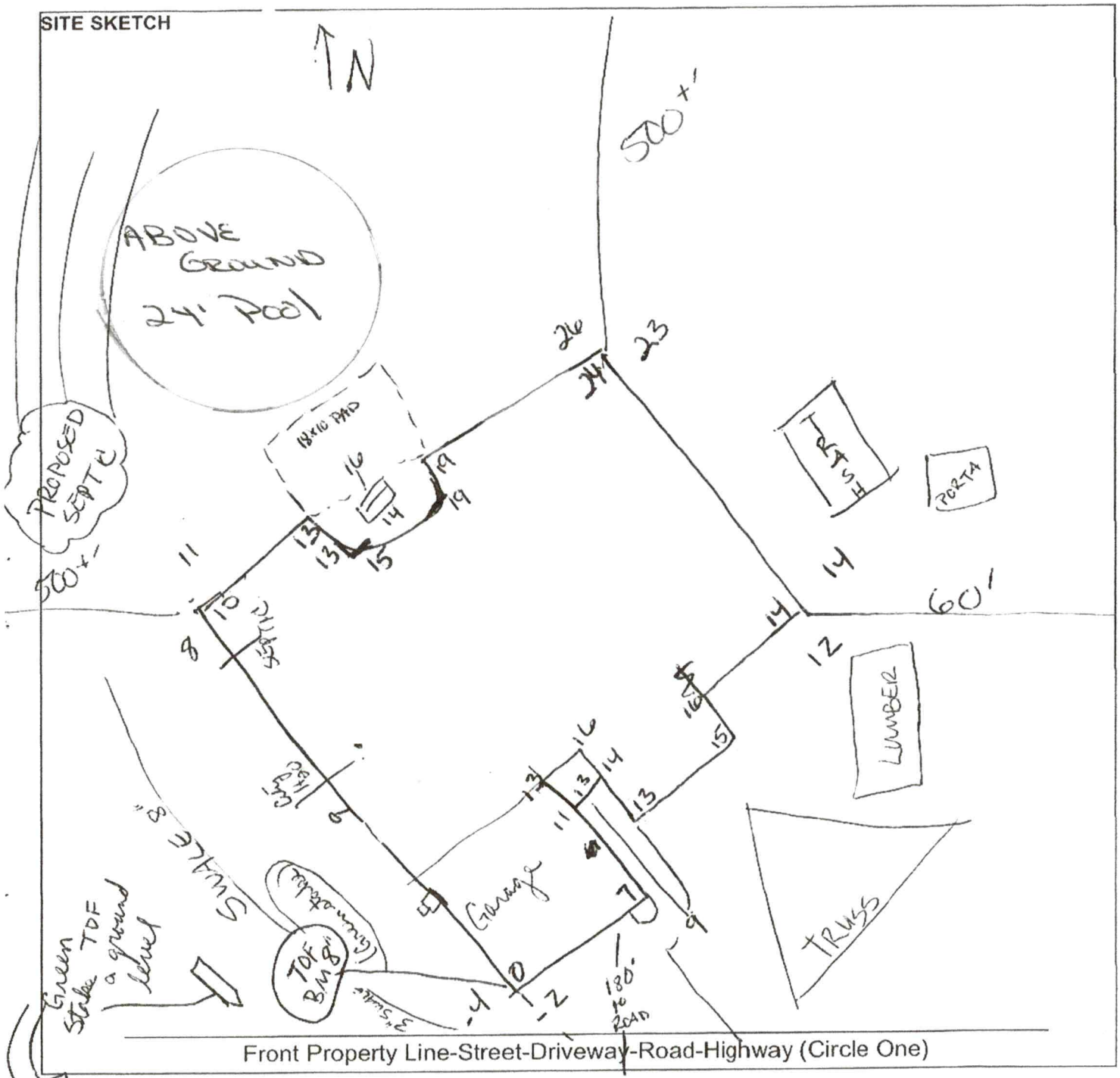
SCALE: 1" = 40'

SHEET: C101

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SITE SKETCH



Owner(s) hereby agree(s) that all of the above information is correct.

William L. Gregory Date 8/8/22 Linda M. Gregory Date 8/8/2022
Signature Signature

Superintendent's Signature _____ Date 8/8/22

August 10th, 2022

Re: 197 Chestnut Grove Road Statesville, NC

Mr. and Mrs. Gregory,

On July 29, 2022, a site visit was conducted on this above tract with the purpose to filed locate and flag an assisting septic system that encroaches on to your property that is presumably your neighbors system. The lines were propped and flagged. The area flagged is consistent with the approximate area shown in the septic permit.

We have attached a map that indicates the approximate location of the flagged area. Please do not hesitate to contact us if you have any questions or need any additional assistance.

Thanks

Derek

1520 Meadowview Drive
Wilkesboro NC 28697

staff@brec.biz
www.brec.biz

336.844.4088



BREC

PRELIMINARY

DATE

DO NOT SCALE - PLANS MUST BE RECEIVED AS A COMPLETE SET

GREGORY SEPTIC

BASE MAP

PREPARED FOR:
BILL & LINDA GREGORY

DATE:	REVISIONS:

SURVEY FILE: 24'305

PROJECT NUMBER: 05000 (2023)

DRAWN BY: J. BEECH

CHECKED BY: M.PRESTWOOD

SCALE: 1" = 40' (H) (V)

SHEET: C101

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BW

RECEIVED APR 19 2022

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-327787 $500.00

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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: Wm & Linda Gregory Address: 631 Turnersburg Hwy Statesville Zip: 28625
Applicant Email: [illegible] Phone: 704 450-6803 Alt. Phone: _____
Owner Name: Wm & Linda Gregory Address: 631 Turnersburg Hwy Statesville Zip: 28625
Owner Email: [illegible] Phone: 704 450-6803 Alt. Phone: _____

Property Information:

Street Address: 107 Chestnut Grove Rd
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-40 to Old Mocksville Hwy, turn left on Old Mocksville Hwy, turn Right on Chestnut Grove Rd, go approx 1 mile, Property on left

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

CHECK FOUNDATION TYPE

(✓) 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 24' Round Above Ground
(✓) Other Addition/Structure: Detached Garage
(✓) 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 Employe

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses:
( ) New Well ( ) Existing Well ( ) Community Well

Desired Septic System Type: *(you may rank in order of preferenc*
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the
( ) Yes (✓) No Is any no
( ) Yes (✓) No Is the site

5-9-22
Hold off until new property owners get septic lines off their property from 189 Chestnut Grove.
@

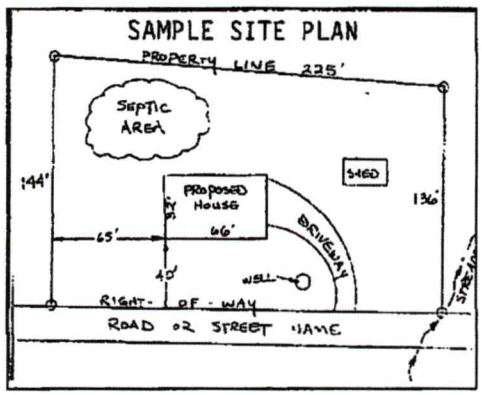
I have read this application and certify that the information provided herein is true, co granted right of entry to conduct necessary inspections to determine compliance wit responsible for the proper identification and labeling of all property lines and corn evaluation can be performed.

Signature: Wm L. Gregory Linda Gregory 4-13-2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

6.46 RA NO

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:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and 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

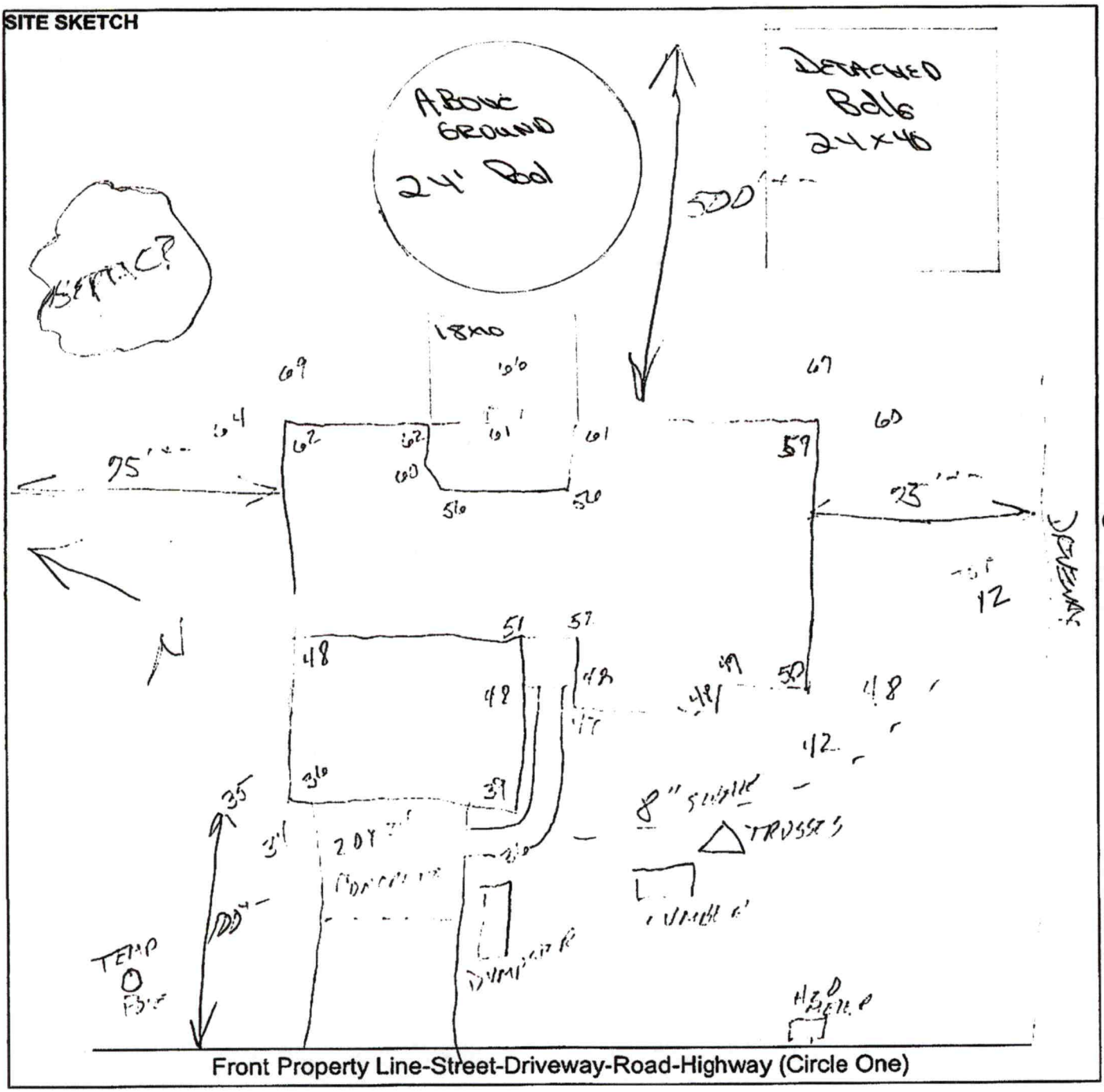
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached

Signature: _____ _____ 4-13-2022

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

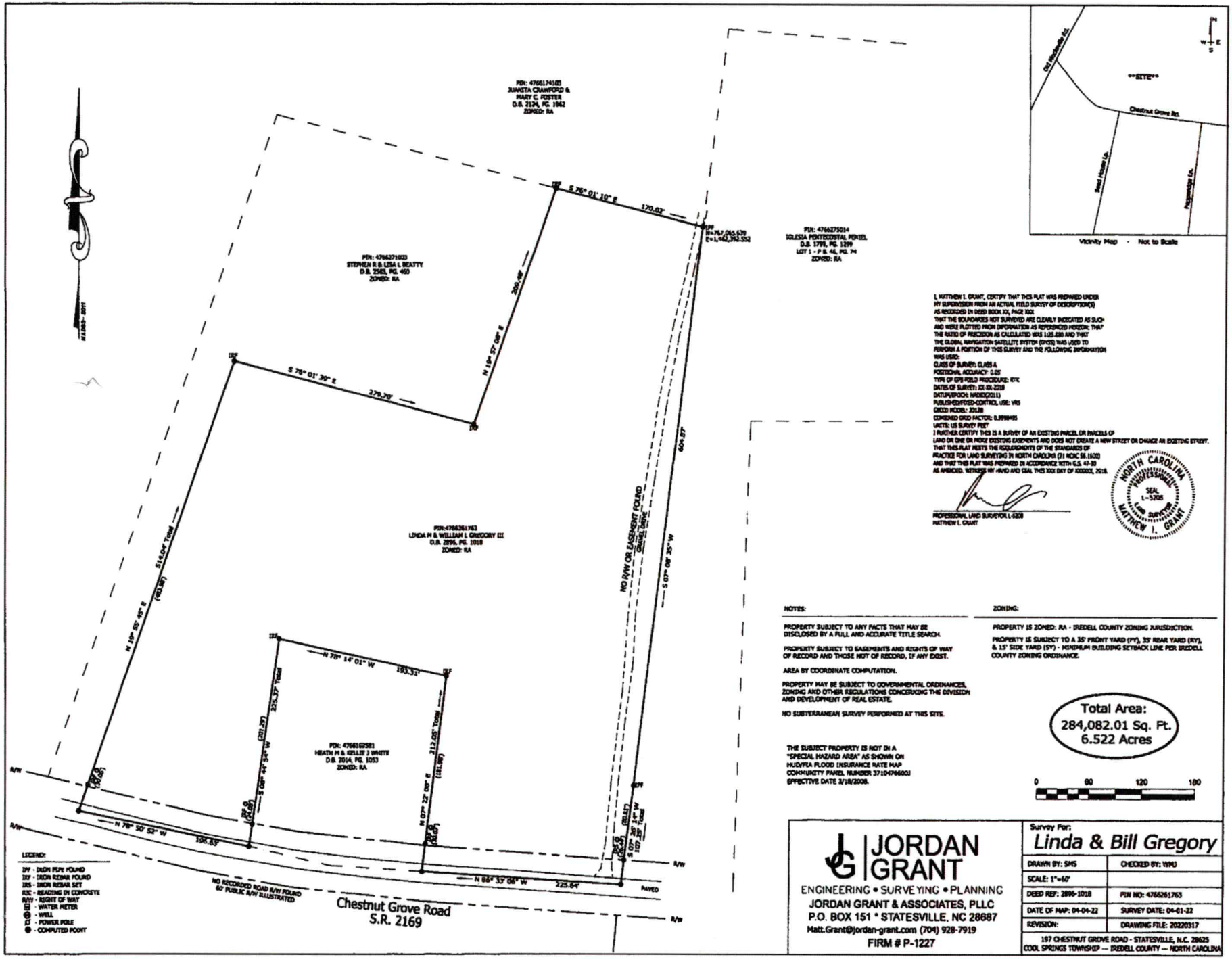
SITE SKETCH



Owner(s) hereby agree(s) that all of the above information is correct.

Signature _____ Date 3/10/2022 Signature _____ Date 3/10/2022

Superintendent's Signature _____ Date 3/10/22



I, MATTHEW I. GRANT, CERTIFY THAT THIS PLAT WAS PREPARED UNDER MY SUPERVISION FROM AN ACTUAL FIELD SURVEY OF DESCRIPTION(S) AS RECORDED IN DEED BOOK XX, PAGE XXX
THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS SUCH AND WERE PLOTTED FROM INFORMATION AS REFERENCED HEREON; THAT THE RATIO OF PRECISION AS CALCULATED WAS 1:25,000 AND THAT THE GLOBAL NAVIGATION SATELLITE SYSTEM (GNSS) WAS USED TO PERFORM A PORTION OF THIS SURVEY AND THE FOLLOWING INFORMATION WAS USED:
CLASS OF SURVEY: CLASS A
POSITIONAL ACCURACY: 0.05'
TYPE OF GPS FIELD PROCEDURE: RTK
DATES OF SURVEY: 02-06-2018
DATUM/EPOCH: NAD83(2011)
PUBLISHED/FIXED-CONTROL USE: NAS
GEOID MODEL: 2012B
COMBINED GRID FACTOR: 0.9998495
UNITS: US SURVEY FEET
I FURTHER CERTIFY THIS IS A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND OR ONE OR MORE EXISTING EASEMENTS AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.
THAT THIS PLAT MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600) AND THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY HAND AND SEAL THIS XXX DAY OF XXXXXX, 2018.

PROFESSIONAL LAND SURVEYOR L-5208
MATTHEW I. GRANT

NORTH CAROLINA PROFESSIONAL SEAL L-5208 LAND SURVEYOR MATTHEW I. GRANT

NOTES:

PROPERTY SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.

PROPERTY SUBJECT TO EASEMENTS AND RIGHTS OF WAY OF RECORD AND THOSE NOT OF RECORD, IF ANY EXIST.

AREA BY COORDINATE COMPUTATION.

PROPERTY MAY BE SUBJECT TO GOVERNMENTAL ORDINANCES, ZONING AND OTHER REGULATIONS CONCERNING THE DIVISION AND DEVELOPMENT OF REAL ESTATE.

NO SUBTERRANEAN SURVEY PERFORMED AT THIS SITE.

THE SUBJECT PROPERTY IS NOT IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANEL NUMBER 3710476600J EFFECTIVE DATE 3/18/2008.

ZONING:

PROPERTY IS ZONED: RA - IREDELL COUNTY ZONING JURISDICTION.

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

Total Area:
284,082.01 Sq. Ft.
6.522 Acres

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
Matt.Grant@jordan-grant.com (704) 928-7919
FIRM # P-1227

Survey For:
Linda & Bill Gregory

DRAWN BY: SMS	CHECKED BY: WMJ
SCALE: 1"=60'	
DEED REF: 2896-1018	PIN NO: 4766261763
DATE OF MAP: 04-04-22	SURVEY DATE: 04-01-22
REVISION:	DRAWING FILE: 20220317

197 CHESTNUT GROVE ROAD - STATESVILLE, N.C. 28625
COOL SPRINGS TOWNSHIP — IREDELL COUNTY — NORTH CAROLINA

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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)* William L Dyson Linda M Dyson

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.

William L Dyson Linda M Dyson
Signature of Owner(s)

4-11-2020
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed PRIOR to the SUBMITTAL of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

**** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

LG **Complete all Environmental Health forms:**

LG ___ Application
LG ___ Site Plan including the dimensions of proposed structure, addition, pool etc.
LG ___ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
___ Copy of Zoning Permit when applicable
LG ___ Sign this sheet after you have completed all items

LG **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

LG **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

LG **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The propos structure, etc. must be staked out on the property as per the site plan.

____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) a a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

All utilities shall be marked before pits are dug. Call 811 or 1-800-632-4949.

- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Linda Quigley **Date** 4-13-2022

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

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

APPLICATION NUMBER
327787 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4766261763.000	197 CHESTNUT GROVE RD	Iredell County

Owner Information	Applicant Information
Name: GREGORY LINDA M+WILLIAM L III	Name: GREGORY LINDA M+WILLIAM L III
Address:	Address:
Phone:	Phone: (704)450-6803

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6.46	35	35	15	15		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: 04/18/2022

Permit Number	327787	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed) Shed Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? ___ and stories?___

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? (Yes) No If yes, please list who provides it: IREDELL WATER CORP

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name William & LINDA GREGORY Phone # 704 450-6803

Owner's Current Address 631 TURNERSBURG Hwy STATESVILLE NC

Property Information

Property Address 197 CHESTNUT GROVE Rd Parcel # 4706261763.000

Subdivision:_____ Lot:___ Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:____

Directions to property (from a MAIN ROAD) OLD MOCKSVILLE Rd NORTH FROM I-40, TURN RIGHT CHESTNUT GROVE Rd, PROPERTY ON LEFT APPX ½ MILE

Application Information

Applicant's Name or Company LINDA GREGORY Applicant's Phone # 704 450-6803

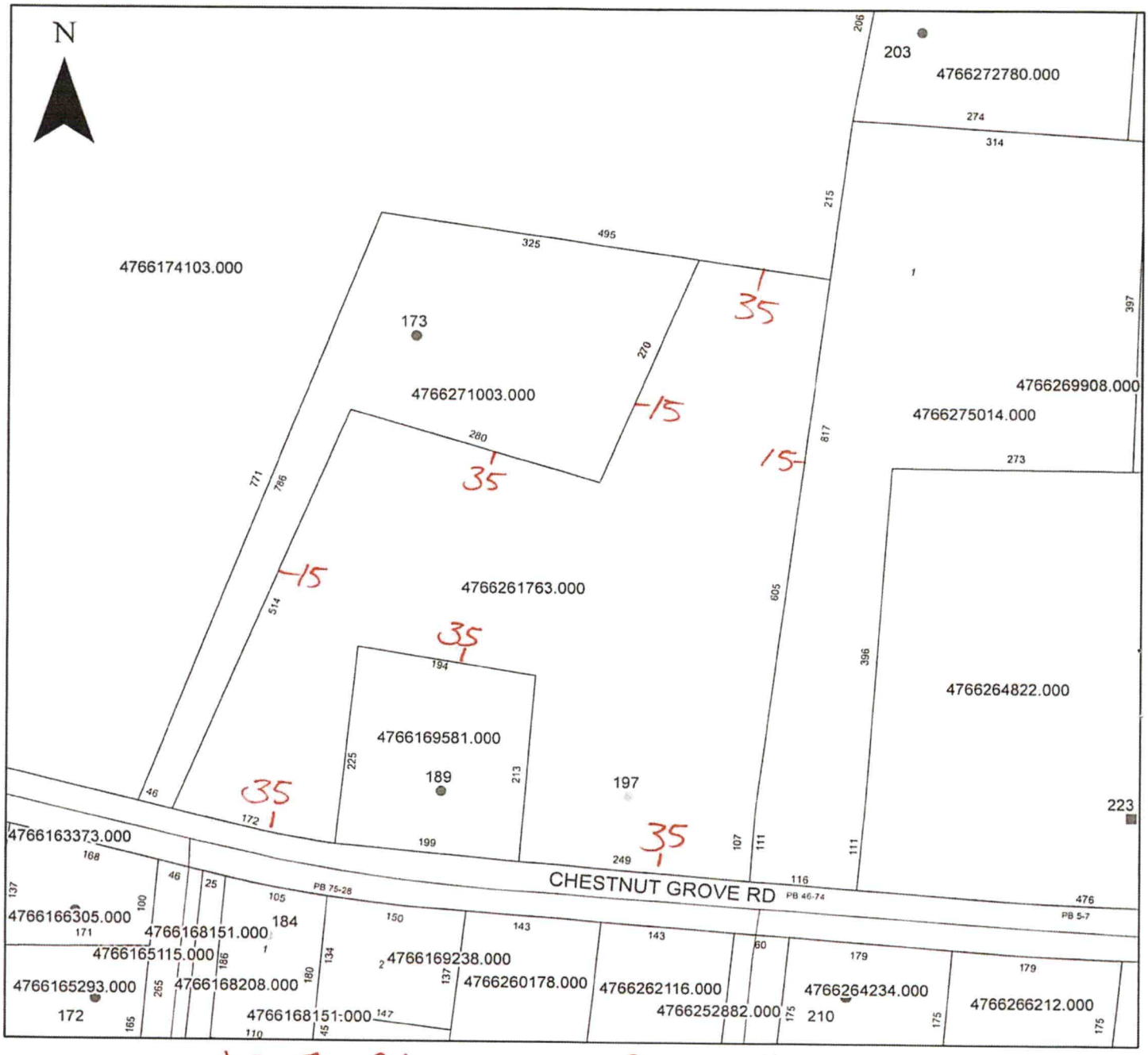
Applicant's Address 631 TURNERSBURG Hwy STATESVILLE NC

If Company, Representative's Name and Title_____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Linda Gregory DATE 4-18-2022

ZONING DISCLAIMER



Property Address 197 Chestnut Grove Rd.

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.

Linda Quigley
Applicant

4-18-2022
Date

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R16101

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			$577.25
AP-327787 Address: 197 CHESTNUT GROVE RD APN: 4766261763.000			$577.25
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:R16101			$577.25

Date Paid: Monday, April 18, 2022

Paid By: GREGORY LINDA M+WILLIAM L III

Cashier: BJK

Pay Method: CHECK 5212

189 Chestnut Grove Rd - STV

COPY

IREDELL COUNTY HEALTH DEPARTMENT

County Building — Phone 1164 — Statesville, N. C.

PERMIT TO INSTALL SEPTIC TANK

Permit No. _____ Permit Date _____ 194__

Owner Ralph + Sadie Murdock Address 197.5 - Statesville

Tenant _____ Address _____

Installed by G.W. Smith Address Rt. 4 - Statesville

Location of Property Rear to Chestnut Grove School

Kind of Tank Cinder Block Capacity 500 Length of trench 200 ft

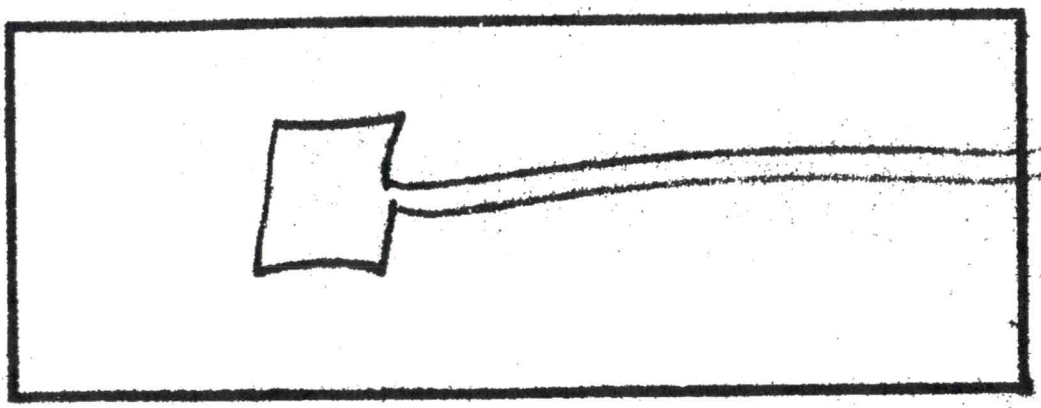
NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED

There must be at least 200 feet of tile in line, with cinder pit at end.

Final Inspection Oct. 14, 194 9 Approved (✓) Disapproved ( )

Remarks: straight drain line

First five feet of line from outlet should be of cast iron soil pipe.



James C. Brown

Sanitarian.

Sketch of tank and line showing distance from dwelling and well on subject property and on adjoining property.

PERMIT SNAPSHOT REPORT RELAY-2023-25205 FOR IREDELL COUNTY

Permit Type:	EH Re-layout	**Project:**		**App Date:**	05/15/2023
Work Class:	EH Comprehensive	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	

Description: Apply for redraw - Limited relayout to add accessory bldg to septic permit.

Parcel: 4766261763.000 Main	**Address:** 197 Chestnut Grove Rd Statesville, NC 28625 Main	**Zone:** RA(Residential Agricultural District)

Property Owner
LINDA M+WILLIAM L III GREGORY

Applicant/Authorized Agent
Linda M Gregory
197 Chestnut Grove Road
Statesville, NC 28625
Mobile: (704) 450-6803

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	24x40 Metal Garage	What are the proposed structures	Accessory Building
If other Addition/Structure, please explain		Maximum Number of Bedrooms	0	Number of Occupants	0
Foundation Type	Concrete Slab Foundation	Residential/Business/Other	Residential	Number of Employees	0
Total number of seats	0	Water Supply	Other Public Water	Desired Septic System Type	Conventional (most common)
If other septic system type, please explain		Lot Acreage	6.467	Back Setback	10
Left Setback	10	Right Setback	10	Is the structure or development in the floodplain	No
Is the property located downtown?	No	Is the property in a local historic district?	No	Additional Unique Setbacks Apply	Yes
Zoning Notes/Addendums	Accessory Structures: Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25' of a side street on a corner lot. Shall not be erected within 10' of any line not a street line or within 10' of any other building on the same lot. Shall not be erected within the 50' buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: 1.If the lot is 1 acre or greater and the location of the structure is at least 150'from the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be		setback a minimum of 30' from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure.	Watershed	NOT IN A WATERSHED

PERMIT SNAPSHOT REPORT (RELAY-2023-25205)

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Linda_Gregory_5/15/2023.jpg	05/15/2023 11:48	Gregory, Linda		Uploaded via CSS
Scan May 15, 2023 (1)_v1.pdf	05/15/2023 12:20	Hart, Ronda	Available Online	Authorize to Act as Agent
Scan May 15, 2023_v1.pdf	05/15/2023 12:20	Hart, Ronda	Available Online	Additional Supporting Information
Scan May 15, 2023 (2)_v1.pdf	05/15/2023 12:25	Sloan, Chrystal	Available Online	Site Plan

Invoice No.	Fee		Fee Amount	Amount Paid
INV-00014031	Limited Re-layout		$105.00	$105.00
		Total for Invoice INV-00014031	$105.00	$105.00
INV-00014035	Iredell Zoning Permit Fee		$75.00	$75.00
	Iredell Zoning Tech Fee		$2.25	$2.25
		Total for Invoice INV-00014035	$77.25	$77.25
		Grand Total for Permit	**$182.25**	**$182.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		05/15/2023 12:20	05/15/2023 12:20
Confirm application complete v.1	Generic Action		05/15/2023 12:20
Fees v.1		05/15/2023 12:21	05/15/2023 12:21
Issue Invoice v.1	Generic Action		05/15/2023 12:21
Fees Paid v.1	Generic Action		05/15/2023 12:21
Zoning Review v.1		05/15/2023 12:31	05/15/2023 14:10
~~Floodplain Admin Overview v.1~~	Task		05/15/2023 12:30
Issue Invoice v.1	Generic Action		05/15/2023 12:33
Fees Paid v.1	Generic Action		05/15/2023 12:31
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		05/15/2023 12:23
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-327787

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

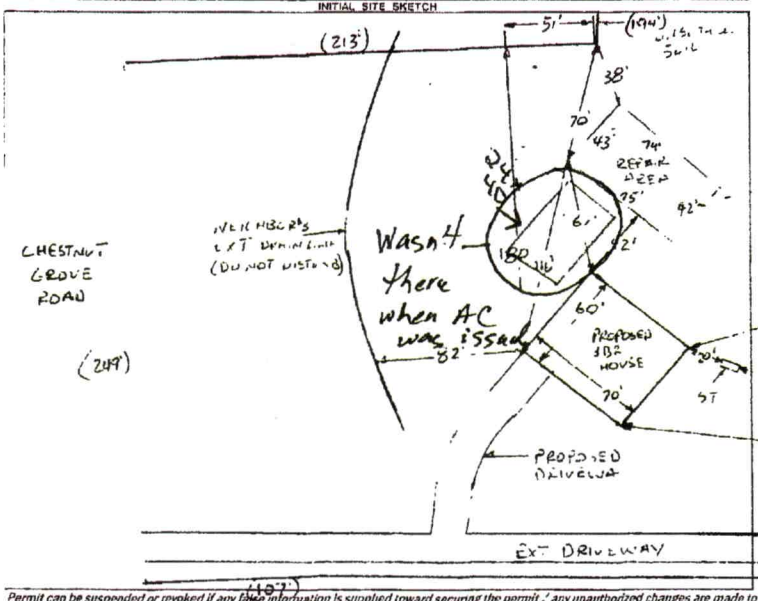
PIN # 4766 -- 26 -- 1763

APPLICANT/OWNER: WILLIAM AND LINDA GREGORY
APPLICANT ADDRESS: 631 TURNERSBURG HIGHWAY, STATESVILLE, N.C 28625
SITE ADDRESS: 197 CHESTNUT GROVE ROAD, STATESVILLE, N.C. 28625
PHONE: 704-450-6823
ALT. PHONE —
SITE DIRECTIONS: (E) ON 40, (L) ON OLD MOCKSVILLE, (R) ON CHESTNUT GROVE, LOT ON (L)
SAP CONTROLLED: ☐ YES ☑ NO
SUBDIVISION: —
SECTION: — LOT # — LOT AREA: 6.467 AC
DESIGN FLOW: 360GPD L.T.A.R.: 0.3 (0.25)

Septic Tank	1000	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:			25% REDUCTION	☐ Business	No. Persons	6	☐ Private
Pump Make	—	Model	—		Serial #	—	Repair System Description:			25% REDUCTION	☐ Other	No. Employees	—	☑ Public
# Nitrification Fields	1	# Lines	3		Linear Ft	302FT	Maintenance Agreement Required:		☐ YES	☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)			30 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

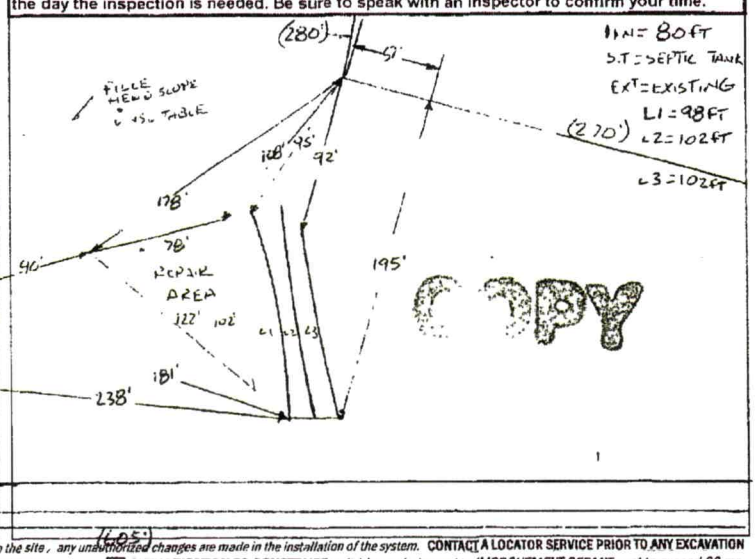
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON PIT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH, DO NOT SHALLOW UP

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL [illegible] the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: Bryant C. Wheel Date: 8-18-2022 OPERATION PERMIT by: _____ Date: _____

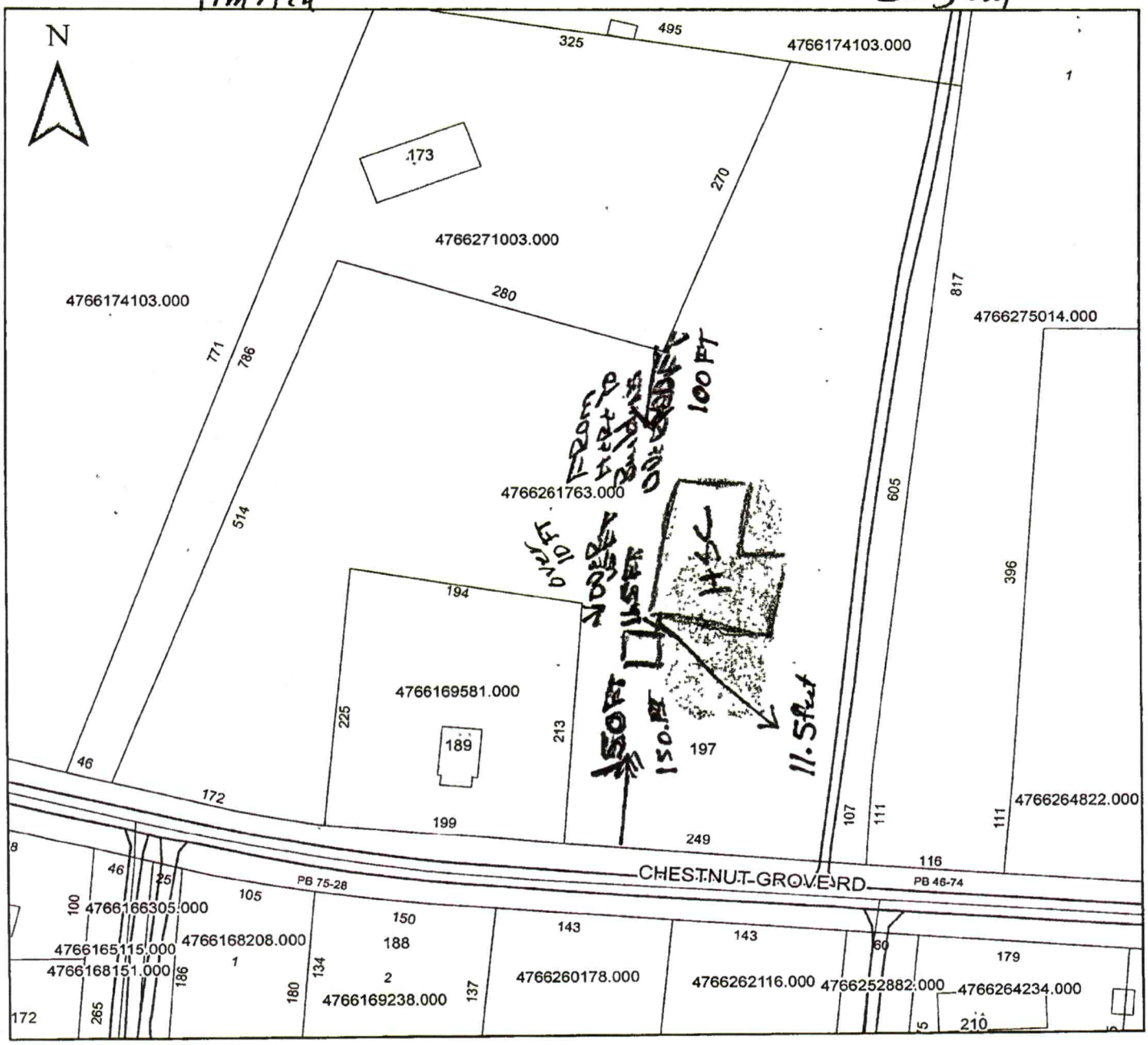
AUTHORIZATION TO CONSTRUCT by: Bryant C. Wheel Date: 8-18-2022 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION CALL 704 664-3703 Between 8am-9am [illegible]

EH Septic
Relay Dist
limited

~~25WP~~
~~Limited~~
~~Septic Relay Dist~~

ZONING DISCLAIMER



Property Address 197 Chestnut Grove Rd.

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.

Linda M. Quigley
Applicant

5-12-23
Date

RELAY-2023-25205

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-327787

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SITE ADDRESS: 197 CHESTNUT GROVE ROAD, STATESVILLE, N.C. 28625 PHONE: 704-450-6803 ALT. PHONE —

SITE DIRECTIONS: (E) ON 40, (L) ON OLD MOCKSVILLE, (R) ON CHESTNUT GROVE, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO REPAIR

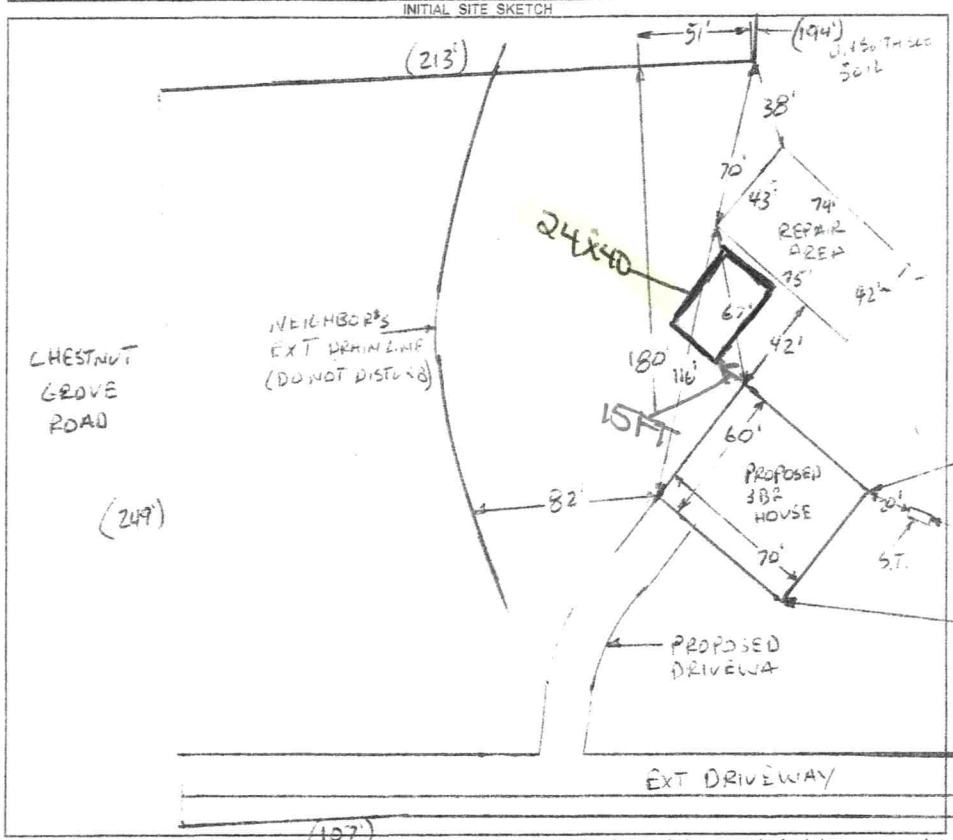
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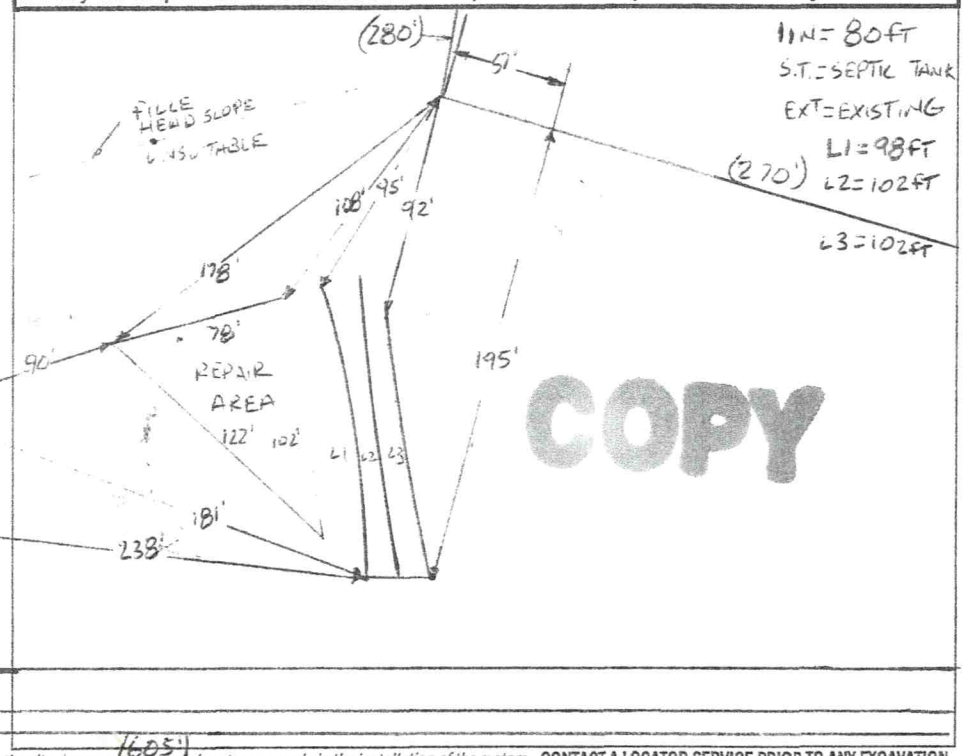
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COPY

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Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Bryant C. White Date: 8-18-2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 8-18-2022 Existing System Inspected by: Date:

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