ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP3210677

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

PIN # 4776--71--3632.

APPLICANT/OWNER: Colby Lewis | APPLICANT ADDRESS: 1796 Old Mocksville Rd Statesville NC 28625

SITE ADDRESS: 119 Swann Crossing Lane, Statesville NC 28625 | PHONE: 704-437-2850 | ALT. PHONE: —

SITE DIRECTIONS: Mocksville Hwy, Swann Rd, Swann Crossing Lane | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Swann Crossing | SECTION: 2 | LOT #: 11 | LOT AREA: .77 AC | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	1092	Date	3/7/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	Gravity - 25% Reduction		
# Nitrification Fields	1	# Lines	3	Linear Ft.	300	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36 in	Trench Bottom Depth (~~average~~)	32 in max	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE		

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

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11. (c) of S.L. 2018-114 using the Signed + Sealed LSS Evaluation by:
Soil + Forestry Services of the Carolinas, PA
LSS # 1231 Dated Nov 1st, 2021

AS BUILT SKETCH

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

Installed as Drawn

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

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

Owner / Applicant Signature: Colby Lewis | Date: 11/16/2021 | Installed by: Piedmont Backhoe

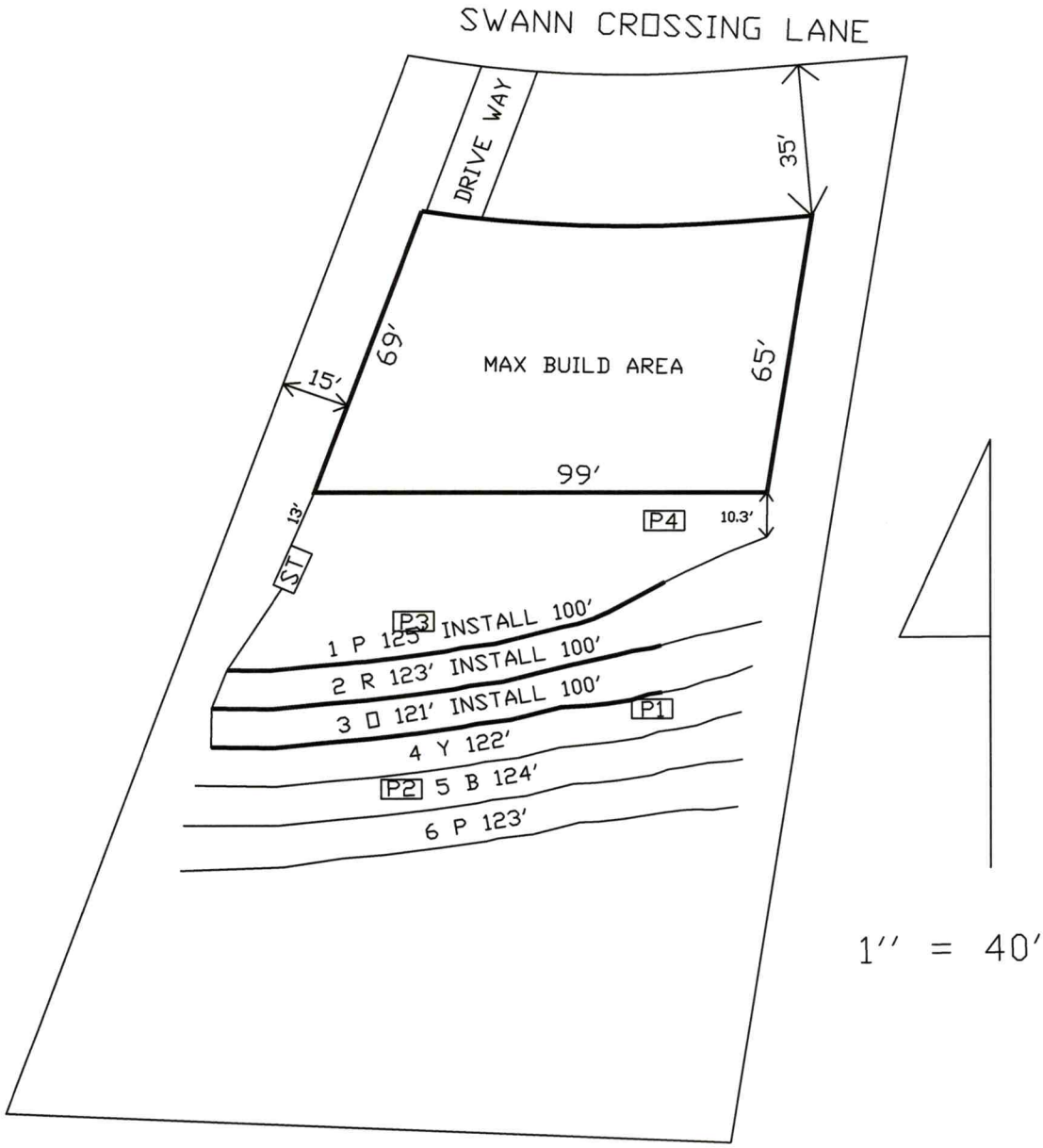
IMPROVEMENT PERMIT by: Benjamin A. Bell | Date: 11-4-2021 | OPERATION PERMIT by: Ray Wil | Date: 10/12/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bell | Date: 11-4-2021 | Existing 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? _____	


SWANN CROSSING LANE
DRIVE WAY
35'
69'
MAX BUILD AREA
65'
15'
99'
13'
P4
10.3'
ST
P3
1 P 125' INSTALL 100'
2 R 123' INSTALL 100'
3 D 121' INSTALL 100'
P1
4 Y 122'
P2 5 B 124'
6 P 123'
1'' = 40'

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 3 bedroom single family residence at 119 Swann Crossing Lane, Statesville 28625, Iredell County, NC. PIN#: 4776713632

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4

Site Plan/System Plan---------- 5+

Calculations---------- 6

Profile Descriptions---------- 7

Zoning Permit & Receipt---------- 8-10

Application---------- 11-12

Green Sheet---------- 13

Agent Authorization Form---------- 14

11/1/2021
Project #: 21-0092
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 gravity 25% reduction (Accepted) installation .

GRAVITY ACCEPTED SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Colby Lewis
Address:	1796 Old Mocksville Road Statesville, NC 28625
Phone:	704.437.2850
County:	Iredell
Location:	119 Swann Crossing 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:	300	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Max.Trench Depth:	32 in.	Repair Trench Bottom 32 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	

Estimated Supply Line Length:	23
Supply Line Diameter:	4 in. SCH 40 PVC
Supply Line Volume:	15.02
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

119 Swann Crossing Lane

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	900
TOTAL LATERAL LENGTH:	300
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	300
SUPPLY LINE LENGTH:	23
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 - 119 Swann Crossing Lane

Project #: 21-0092

LAYOUT FOR 3 BEDROOM HOME 11/1/2021

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	***PINK***					***125***	***100***
2	***RED***					***123***	***100***
3	***ORANGE***					***121***	***100***
4	YELLOW					122	122
5	BLUE					124	124
6	PINK					123	123
					Total	738	669

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	Low Side TRENCH DEPTH
**** System***	***300***	***0.300***	***ACCEPT.***	***0.300***	***25% RED***	***GRAVITY***	32"
Repair	369	0.300	ACCEPT.	0.300	25% RED	GRAVITY	32"

Notes: **All measures in feet

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

**Nitrification lines & house envelope were located by GPS.

CALCULATIONS

Location	119 Swann Crossing Lane Statesville, NC 28625	
Project Number	21-0092	
Lot No:	11	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	NO	
Supply Line Length	23	ft.
Supply Line Volume	15.019	gal.
Required Feet of Line	300	ft.
Amount of Line from Layout	300	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

Sheet 1 of 1
PROPERTY ID #: 4776713630
COUNTY: Iredell

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

OWNER: Colby Lewis — APPLICATION DATE:
ADDRESS: 17916 Old Mocksville Rd, Statesville NC 28625 — DATE EVALUATED: 7/21
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE: 0.77AC
LOCATION OF SITE: 119 Swann Crossing Lane, Statesville NC 28625 — PROPERTY RECORDED: Yes
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
P 1	L/10%	0-7	BSL Gr	Fr SS SP		71"	–	–	PS 0.3
		7-71	BRC wfsbk	Fr SS SP					
P 2	L/12%	0-5	BSL Gr	Fr SS SP		67"	–	–	PS 0.3
		5-57	BRC wfsbk	Fr SS SP	+Few Wth Rock				
		57-67	RBCL wfsbk	Fr SS SP	+Few Wth. Rock				
P 3	L/15%	0-9	BSCL wfsbk	Fr SS SP		73"	–	–	PS 0.3
		9-48	RC wfsbk	Fr SS SP					
		48-73	RBSCL wfsbk	Fr SS SP	+C. to Many SAP Incr.				
P 4	L/15%	0-7	BSCL wfsbk	Fr SS SP		74"	–	–	PS 0.275
		7-48	RC wfsbk	Fr SS SP					
		48-74	RBCL wfsbk	Fr SS SP	+C. WH Rock <50%				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted 25% Red	Accepted 25% Red.
Site LTAR	0.3	0.3

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

Samuel A. Rollins LICENSED SOIL SCIENTIST 1231

COMMENTS:

Updated February 2014

RECEIVED NOV 4 - 2021

Session Law

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 AP-321067

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)** Call Colby when permit is ready.

Applicant Name: Colby Lewis **Address:** 1796 Old Mocksville Rd, Statesville **Zip:** 28625

Applicant Email: cr lewis 97@yahoo.com **Phone:** 704-437-2850 **Alt. Phone:**

Owner Name: Same **Address:** Same **Zip:** Same

Owner Email: **Phone:** 704-437-2850 **Alt. Phone:**

Property Information:

Street Address: 119 Swann Crossing Lane, Statesville NC 28625

Subdivision Name: Swann Crossing **Section/Phase:** **Lot Number:** 11

Driving Directions: Mocksville Hwy, Swann Rd, Swann Crossing Lane

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

(✓) 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: 6
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(✓) 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 (✓) 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 (✓) Other: Accepted

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: 11/1/21

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

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, Colby Lewis, am the legal owner(s) of the property located at 119 Swann Crossing Lane, Statesville, identified as PIN (Parcel Identification Number) 4776713632, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) SFS/Ashley Rollins, _____, 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.

* Colby Lewis 11/4/2021 _____ _____

Signature of Owner(s) Date 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

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 21-0092
November 1st, 2021

COLBY LEWIS
Attn: *Colby Lewis*
Email: crlewis97@yahoo.com

RE: Soil & Site Evaluation for a 3 Bedroom Residence (Crawl Space) at 119 Swann Crossing Lane, 0.77 ac Parcel, PIN# 4776713632, Statesville, NC 28625.

Colby:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above. The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittal to Iredell County Health Department.

Site Conditions

At the time of our evaluation land cover on the property was partially open/cleared. Topography within the evaluated area was gently slope near the house site and moderate slope near the proposed drainfield area. Property lines and corners were marked at the time of the evaluation by survey. The attached Plat was utilized to produce a Site Plan for the design. The proposed septic layout was located via Trimble Submeter GPS and used to produce the attached *Site Plan*. The house envelope was staked by the client. The attached Survey provided has building setbacks to property lines.

Methodology

We evaluated soil areas through the use of backhoe pits. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with four pit locations on the property flagged and located via GPS. Three of the four of the pits are located in the proposed septic layout. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each pit. The house envelope was located via GPS. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by GPS. Detailed system & repair information is summarized in the following paragraph for this Lot.

119 Swann Crossing Lane (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 738 linear feet of line. The primary system is proposed as 300 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth is specified at 32 inches. The repair system is proposed as 300 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth is specified at 32 inches. There is 369 linear feet available for repair.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

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

Owner Date

Print Name Colby Lewis
Signature Colby Lewis 11/4/2021

The LSS Evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

"The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas on 119 Swann Crossing Lane may nullify this design. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

LICENSED SOIL SCIENTIST Samuel A. Rollans 1231 STATE OF NORTH CAROLINA

S. Ashley Rollans, LSS
Attachment: *Septic Design*

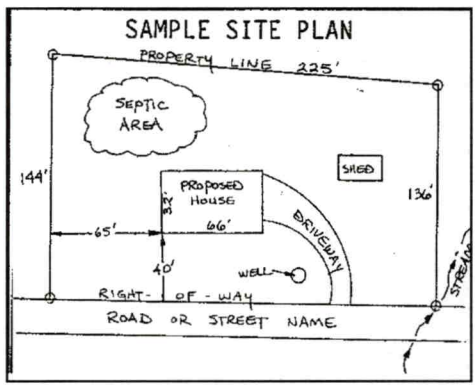
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (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)

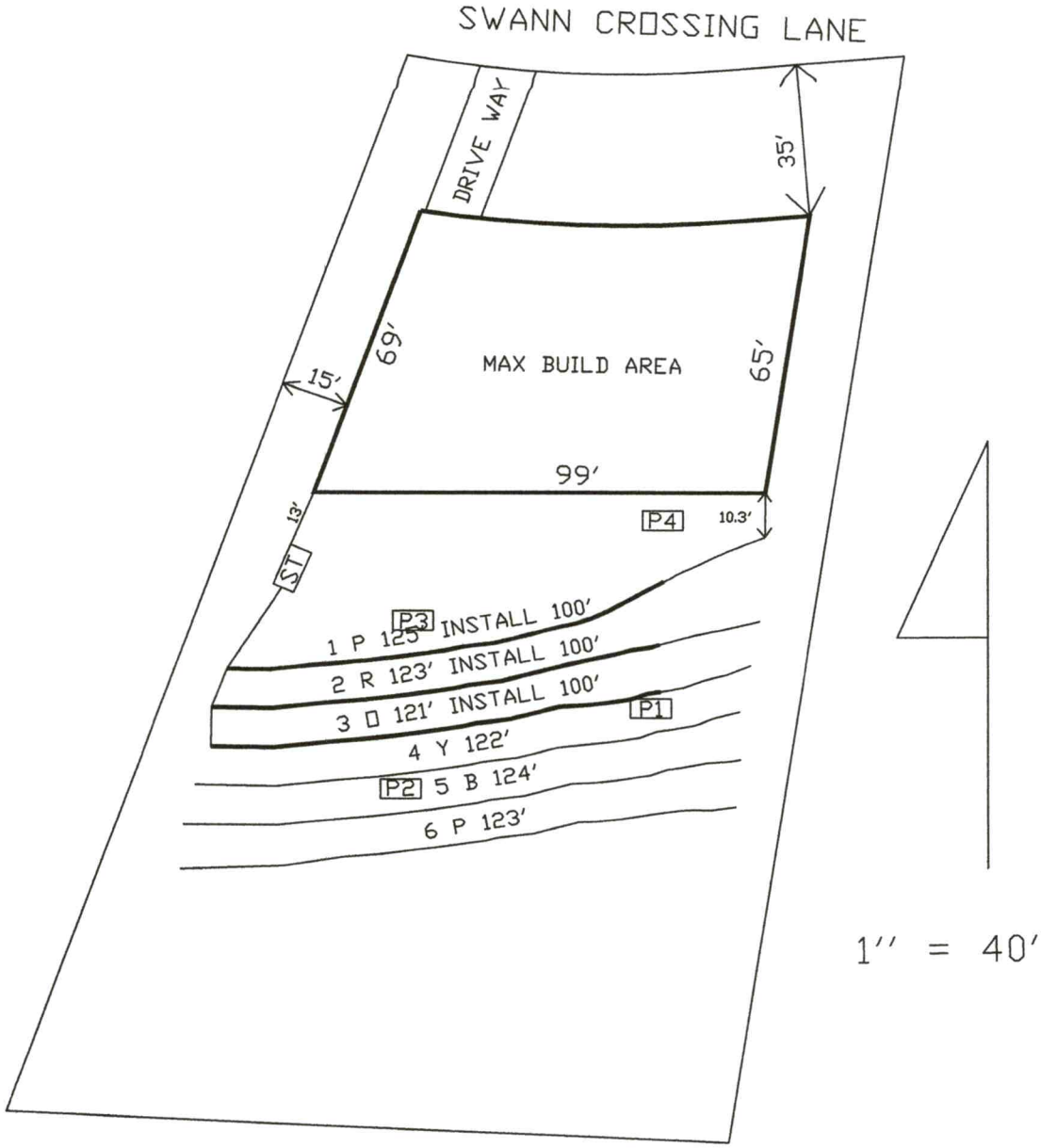
USE THIS SPACE TO DRAW YOUR SITE PLAN

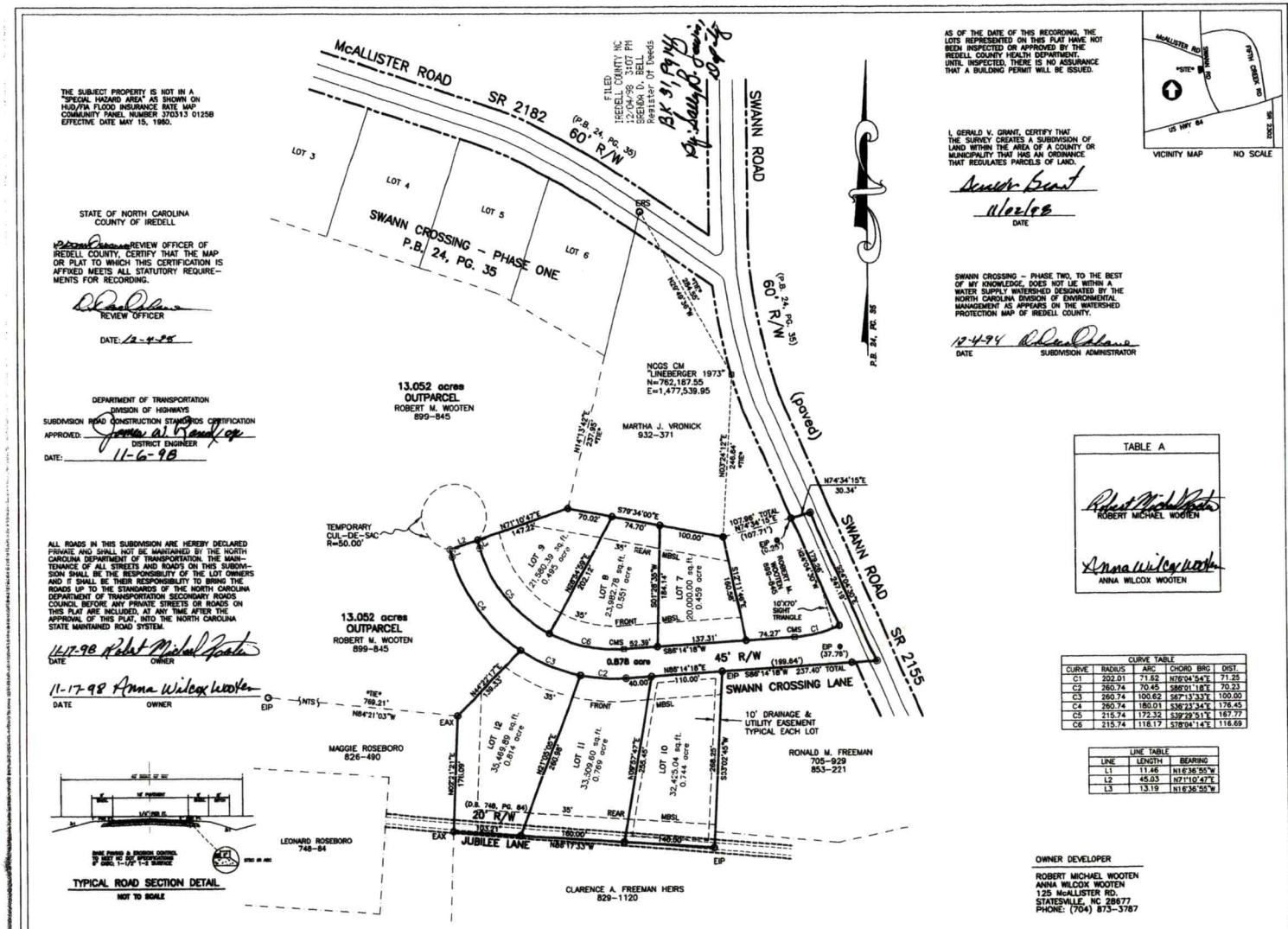
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached

Signature: _____ 11/1/21

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


SWANN CROSSING LANE
DRIVE WAY
35'
69'
MAX BUILD AREA
65'
15'
99'
13'
ST
P4
10.3'
P3
1 P 125' INSTALL 100'
2 R 123' INSTALL 100'
3 D 121' INSTALL 100'
P1
4 Y 122'
P2 5 B 124'
6 P 123'
1'' = 40'



THE SUBJECT PROPERTY IS NOT IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANEL NUMBER 370313 0125B EFFECTIVE DATE MAY 15, 1980.

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

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

REVIEW OFFICER

DATE: 12-4-98

DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
SUBDIVISION ROAD CONSTRUCTION STANDARDS CERTIFICATION
APPROVED: DISTRICT ENGINEER
DATE: 11-6-98

ALL ROADS IN THIS SUBDIVISION ARE HEREBY DECLARED PRIVATE AND SHALL NOT BE MAINTAINED BY THE NORTH CAROLINA DEPARTMENT OF TRANSPORTATION. THE MAINTENANCE OF ALL STREETS AND ROADS ON THIS SUBDIVISION SHALL BE THE RESPONSIBILITY OF THE LOT OWNERS AND IT SHALL BE THEIR RESPONSIBILITY TO BRING THE ROADS UP TO THE STANDARDS OF THE NORTH CAROLINA DEPARTMENT OF TRANSPORTATION SECONDARY ROADS COUNCIL BEFORE ANY PRIVATE STREETS OR ROADS ON THIS PLAT ARE INCLUDED, AT ANY TIME AFTER THE APPROVAL OF THIS PLAT, INTO THE NORTH CAROLINA STATE MAINTAINED ROAD SYSTEM.

11-17-98 Robert Michael Wooten
DATE OWNER

11-17-98 Anna Wilcox Wooten
DATE OWNER

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.

I, GERALD V. GRANT, CERTIFY THAT THE SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.

Gerald V. Grant
11/20/98
DATE

SWANN CROSSING - PHASE TWO, TO THE BEST OF MY KNOWLEDGE, DOES NOT LIE WITHIN A WATER SUPPLY WATERSHED DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

12-4-98 SUBDIVISION ADMINISTRATOR
DATE

VICINITY MAP NO SCALE

TABLE A

ROBERT MICHAEL WOOTEN

ANNA WILCOX WOOTEN

CURVE TABLE				
CURVE	RADIUS	ARC	CHORD BRG	DIST.
C1	202.01	71.82	N76°04'54"E	71.25
C2	260.74	70.45	S86°01'18"E	70.23
C3	260.74	100.62	S67°17'33"E	100.00
C4	260.74	180.01	S36°23'34"E	176.45
C5	215.74	172.32	S39°29'51"E	167.77
C6	215.74	118.17	S78°04'14"E	116.69

LINE TABLE		
LINE	LENGTH	BEARING
L1	11.46	N16°36'55"W
L2	45.03	N71°10'47"E
L3	13.19	N16°36'55"W

NOTES:

IRON PINS AT ALL CORNERS UNLESS OTHERWISE NOTED.

PROPERTY AND SURROUINDING PROPERTY IS ZONED R-A.

THE SUBJECT PROPERTY IS NOT LOCATED ON THE U.S. DEPARTMENT OF INTERIOR'S NATIONAL REGISTER OF HISTORIC PLACES.

PROPERTY IS SUBJECT TO A 35' FRONT, 35' REAR, 15' SIDE & 25' SIDE STREET MINIMUM BUILDING SETBACK LINE.

LEGEND:

MBSL - MINIMUM BUILDING SETBAC LINE
NTS - NOT TO SCALE
EIP - EXISTING IRON PIN
ERS - EXISTING RAILROAD SPIKE
EAX - EXISTING AXLE
CM - CONCRETE MONUMENT
⊕ - UNMARKED POINT
CMS - CONCRETE MONUMENT SET

OWNER DEVELOPER

ROBERT MICHAEL WOOTEN
ANNA WILCOX WOOTEN
125 McALLISTER RD.
STATESVILLE, NC 28677
PHONE: (704) 873-3787

SUBDIVISION FOR

SWANN CROSSING - PHASE TWO

COOL SPRINGS TOWNSHIP
PIN NO: 4776-62-8160
DEED REF: 899-845

IREDELL COUNTY
DATE OF PLAT : 10-27-98
DRAWN BY: SNS
DATE OF SURVEY: 10-22-98

NORTH CAROLINA
SCALE: 1"=100'
DRAWING NO: 9805PH2

GRAPHIC SCALE

100 0 50 100 200 400
(IN FEET)
1 inch = 100 ft.

REVISED: 11-16-98

STATE OF NORTH CAROLINA
IREDELL COUNTY

THE FOREGOING CERTIFICATES OF NOTARY PUBLIC IS CERTIFIED TO BE CORRECT. THIS INSTRUMENT WAS PRESENTED FOR REGISTRATION THIS DAY AND HOUR AND DULY RECORDED IN THE OFFICE OF REGISTER OF DEEDS OF IREDELL COUNTY, N.C. IN

PLAT BOOK _____ , PAGE _____
THIS _____ DAY OF _____ A.D.
AT _____ O'CLOCK ____ M.

REGISTER OF DEEDS

I HEREBY CERTIFY THAT THE SUBDIVISION PLAT SHOWN HEREON HAS BEEN FOUND TO COMPLY WITH THE SUBDIVISION REGULATIONS OF THE COUNTY OF IREDELL, NORTH CAROLINA. I FURTHER CERTIFY THAT ALL STREETS, UTILITIES, AND OTHER REQUIRED IMPROVEMENTS HAVE BEEN INSTALLED IN AN ACCEPTABLE MANNER OR OF THE INSTALLATION OF THE REQUIRED IMPROVEMENTS IN AN AMOUNT AND MANNER SATISFACTORY TO THE COUNTY OF IREDELL HAS BEEN RECEIVED, AND THAT THE FILING FEE FOR THIS PLAT, IN THE AMOUNT OF $19.00 HAS BEEN PAID. THIS PLAT HAS BEEN APPROVED BY THE SUBDIVISION ADMINISTRATOR FOR RECORDING IN THE OFFICE OF THE REGISTER OF DEEDS OF IREDELL COUNTY.

SUBDIVISION ADMINISTRATOR
12-4-98
DATE

KNOW ALL MEN BY THESE PRESENTS, THAT WE, _____ HEREBY CERTIFY THAT WE ARE THE OWNERS OF THE PROPERTY SHOWN ON THIS PLAT, THAT WE HEREBY ACKNOWLEDGE THIS PLAT, AND ALLOTMENT TO BE OUR FREE ACT AND DO HEREBY DEDICATE TO PUBLIC USE ALL STREETS, ALLEYS, EASEMENTS AND OTHER PUBLIC AREAS SHOWN ON THIS PLAT. WE FURTHER CERTIFY THAT GERALD V. GRANT SURVEYED AND MADE THIS PLAT AT OUR DIRECTION, AND THAT THE ENTIRE SUBDIVISION IS WITHIN THE BOUNDARIES OF A TRACT CONVEYED TO US BY A DEED RECORDED

IN DEED BOOK _____ , PAGE _____

NORTH CAROLINA, Iredell COUNTY, I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID, CERTIFY THAT TABLE A PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL STAMP OR SEAL.
THIS 17th DAY OF November 1998

Graham Weaver
NOTARY PUBLIC
MY COMMISSION EXPIRES: 3-16-99

GRAHAM WEAVER
NOTARY PUBLIC
IREDELL COUNTY, NC
My Commission Expires 3-16-99

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/ ; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK ____ PAGE ____ ; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GOS. 47-30 AS AMENDED. WITNESS MY SIGNATURE, REGISTRATION NUMBER, AND SEAL.
THIS 2nd DAY OF November A.D. 1998

SURVEYOR
S.E. REG. NO. L-3593

NORTH CAROLINA REGISTERED LAND SURVEYOR L-3593 GERALD V. GRANT

NORTH CAROLINA, IREDELL COUNTY, I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID, CERTIFY THAT GERALD V. GRANT, A REGISTERED SURVEYOR, PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL STAMP OR SEAL.
THIS 2nd DAY OF November 1998

NOTARY PUBLIC

GRAHAM WEAVER
NOTARY PUBLIC
IREDELL COUNTY, NC
My Commission Expires 3-16-99

GVG&A

GERALD V. GRANT & ASSOCIATES
P.O. BOX 268
STATESVILLE, NC 28687
PHONE: (704) 872-3136

Colby Lewis
Piedmont Homes
704 437 2850

119 Swann Crossing

Acknowledgement Of
Plans Submittal ONLY!
Date 9/21/2021
Date 11-4-2021.



IREDELL COUNTY · NC

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

APPLICATION NUMBER
321067 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4776713632.000	119 SWANN CROSSING LN	Iredell County

Owner Information	Applicant Information
Name: LEWIS COLBY	Name: LEWIS COLBY
Address:	Address: 1796 OLD MOCKSVILLE RD
,	STATESVILLE, NC 28625
Phone:	Phone: (704)437-2850

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.77	35	35	15	15	N/A	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.

Date: 09/01/2021

Signature of Owner/Contractor

Permit Number	321067	TOTAL FEES:	$77.25

