ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 312955

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

PIN # 4776 - 71 - 4661.

APPLICANT/OWNER: Colby Lewis | APPLICANT ADDRESS: 1796 old Mocksville Road Statesville NC 28625

SITE ADDRESS: 113 Swann Crossing Lane Statesville NC 28625 | PHONE: — | ALT. PHONE 704-437-2850

SITE DIRECTIONS: 64 E to Swann Cr on Swann Crossing Lot on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Swann Crossing | SECTION: 2 | LOT # 10 | LOT AREA: .74 Ac | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB TP 1012	Date 7/16/21	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT —	Date —	System Description: Gravity -25% Reduction				☐ Business	No. Persons 6
Pump Make	—	Model —	Serial # —	Repair System Description: Gravity -25% Reduction				☐ Other	No. Employees —
# Nitrification Fields	1	# Lines 3	Linear Ft 300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth 32 in max		Gravel Depth —	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil + Forestry Services of the Carolinas PA

LSS # 1231

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.

As Built Attached

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: 12/17/2020

IMPROVEMENT PERMIT by: Benjamin A Bottin Date: 12-7-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin C. White Date: 12-18-2020

Installed by: (Steve Jordan) Piedmont Backhoe

OPERATION PERMIT by: D. Wreberg Date: 9/28/21

Existing System Inspected by: Date:

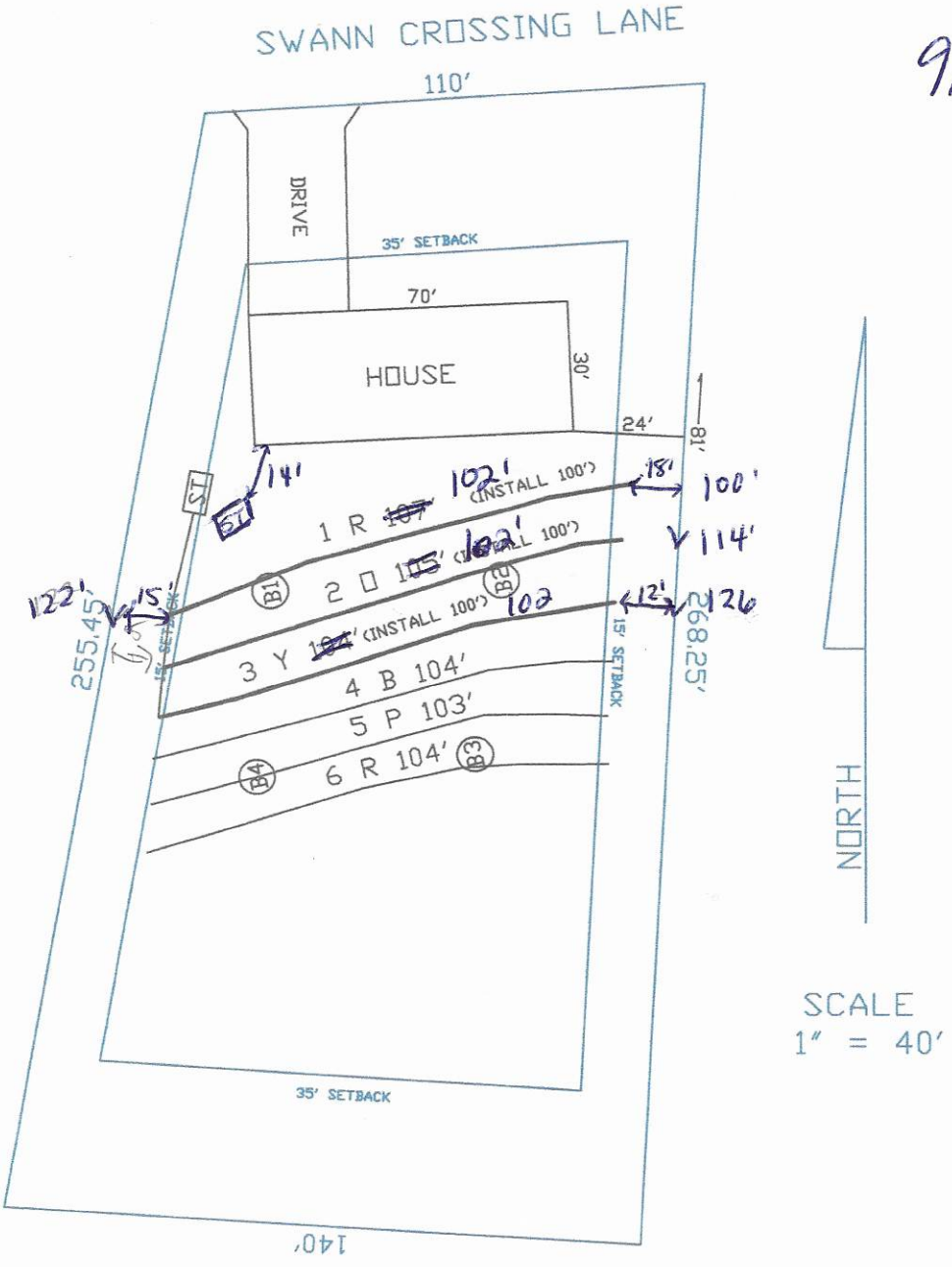
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

As Built

NTS

113 Swann Crossing

9/28/21 DW



SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 20-0111
October 20th, 2020

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

RE: Soil & Site Evaluation for a 3 Bedroom Residence (Crawl Space) at 113 Swann Crossing Lane, 0.744 ac Parcel, PIN# 4776714661, 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 mostly 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 hand augers. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with four boring locations on the property flagged and located via GPS. All four of the soil borings 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 boring. 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.

113 Swann Crossing Lane *(See Attached Design)*
The septic layout for this lot (9' centers) yielded a total of 627 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.

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 Robert Michael Wooten

Signature Robert Michael Wooten 10-25-20

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 113 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,

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

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 113 Swann Crossing Lane, Statesville 28625, Iredell County, NC. PIN#: 4776714661

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

10/15/2020
Project #: 20-0111
Design By: Soil & Forestry Services of the Carolinas, PA

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: 113 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.

Trench Width: 36 in.

Septic Tank Size: 1000

Repair Trench Bottom 32 in.

Estimated Supply Line Length: 24

Supply Line Diameter: 4 in. SCH 40 PVC

Supply Line Volume: 15.67

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 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:	24
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 - 113 Swann Crossing Lane

Project #: 20-0111

LAYOUT FOR 3 BEDROOM HOME

10/15/2020

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	***RED***					***107***	***100***
2	***ORANGE***					***105***	***100***
3	***YELLOW***					***104***	***100***
4	BLUE					104	100
5	PINK					103	100
6	RED					104	100
					Total	627	600

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	TRENCH DEPTH
** System*	*300*	*0.300*	*ACCEPT.*	*0.300*	*25% RED*	*GRAVITY*	32"
Repair	300	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 113 Swann Crossing Lane
Statesville, NC 28625
Project Number 20-0111

Lot No: 10

No. of Bedrooms 3

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

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

PPBPS? (YES OR NO) NO

Supply Line Length 24 ft.

Supply Line Volume 15.672 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

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 .

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

Sheet 1 of 1
PROPERTY ID #: 4776714061
COUNTY: Iredell

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

OWNER: Robert & Anna Wooten Buyer: Colby Lewis
ADDRESS: 251 Swann Rd Statesville NC 28625
PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 113 Swann Crossing Lane Statesville NC 28625
APPLICATION DATE
DATE EVALUATED: 10/15/20
PROPERTY SIZE: 0.74ac
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	L/9%	0-16	BSL Gr	Fr SS SP SE VP	Grave	50			PS .3
		16-28	BRC wmsbk	" "					
		28-50	RC wmsbk	" "					
B 2	L/10%	0-3	BSL Gr	Fr SS SP SE VP		48			PS .3
		3-12	BSCL wmsbk	" "					
		12-30	BRC wmsbk	" "					
		30-45	RC wmsbk	" "					
		45-48	RSCL wfsbk	" "					
B 3	L/8%	0-8	RSCL wfsbk	Fr SS SP SE VP		50			PS .3
		8-50	BRC wmsbk	" "					
B 4	L/9%	0-7	BSCL wfsbk	Fr SS SP SE VP		50			PS .3
		7-45	BRC wmsbk	" "					
		45-50	RSCL wfsbk	" "					

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

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

COMMENTS:

RECEIVED NOV 3 0 2020

Paid $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-312955

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: (X) 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 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Colby Lewis **Address:** 1796 old Mocksville Road Statesville NC **Zip:** 28625

Applicant Email: crlewis97@yahoo.com **Phone:** 704 437 2850 **Alt. Phone:**

Owner Name: Roberts Anna Wooten **Address:** 251 Swann Rd Statesville NC **Zip:** 28625

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 113 Swann Crossing Lane Statesville NC 28625

Subdivision Name: Swann Crossing **Section/Phase:** II **Lot Number:** 10

Driving Directions: 64 E, Lt on Swann, Lt on Swann Crossing Lane Lot on Lt

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 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: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) 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: Samuel C Teallen 10/21/20

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

* I, Robert Michael Wooten am the legal owner(s) of the property located at 113 Swann Crossing Lane, Statesville NC 28625 identified as PIN (Parcel Identification Number) 4776 774661 located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) ~~S. Ashley Pollard~~ Colby Lewis 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.

* Robert Michael Wooten 11-9-20

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: 704-871-3493
349 N. Center Street, Statesville, NC 28677

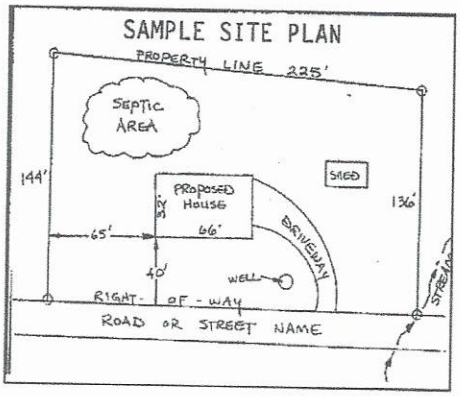
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

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

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

- (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

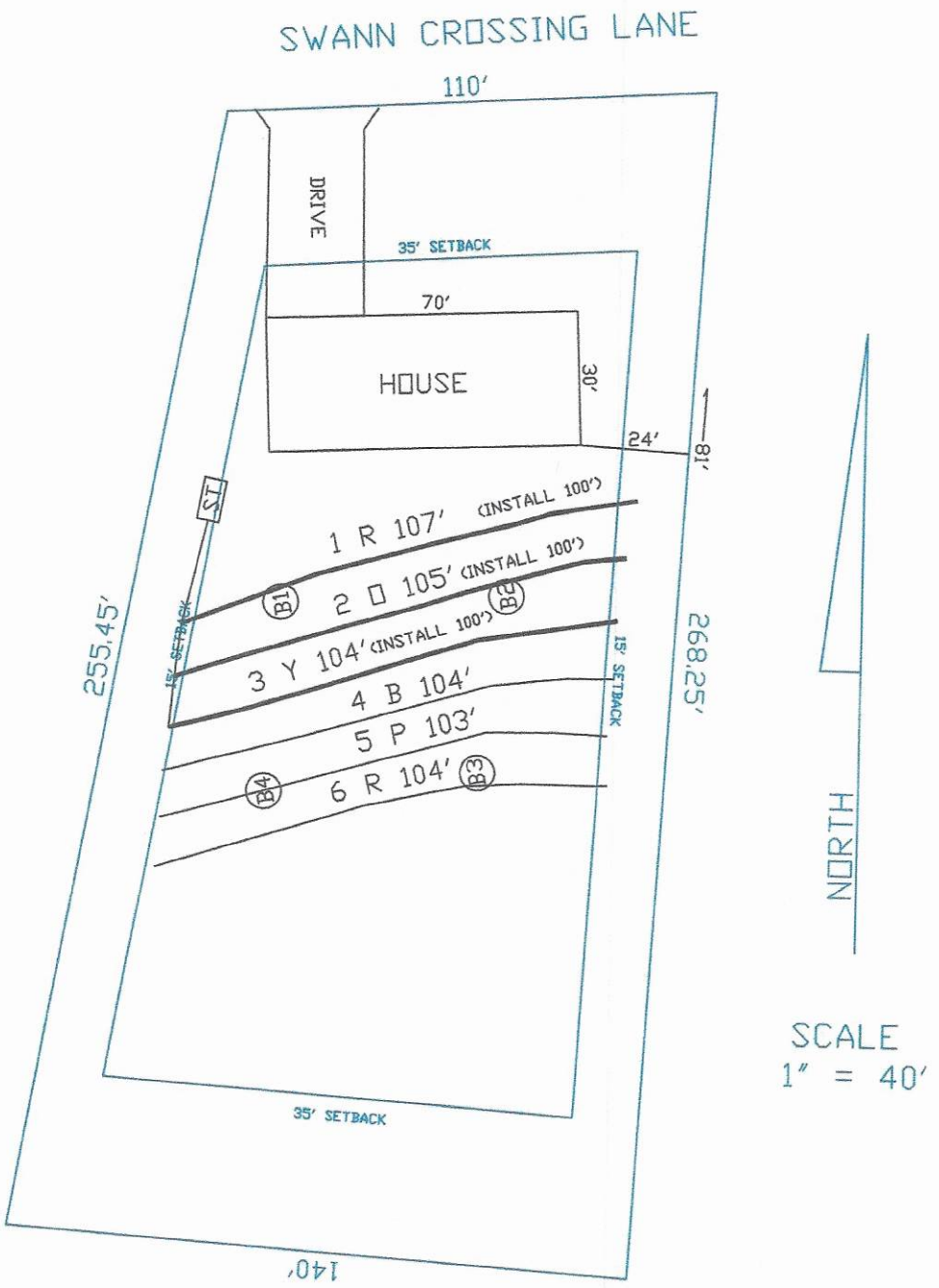
Signature: _____

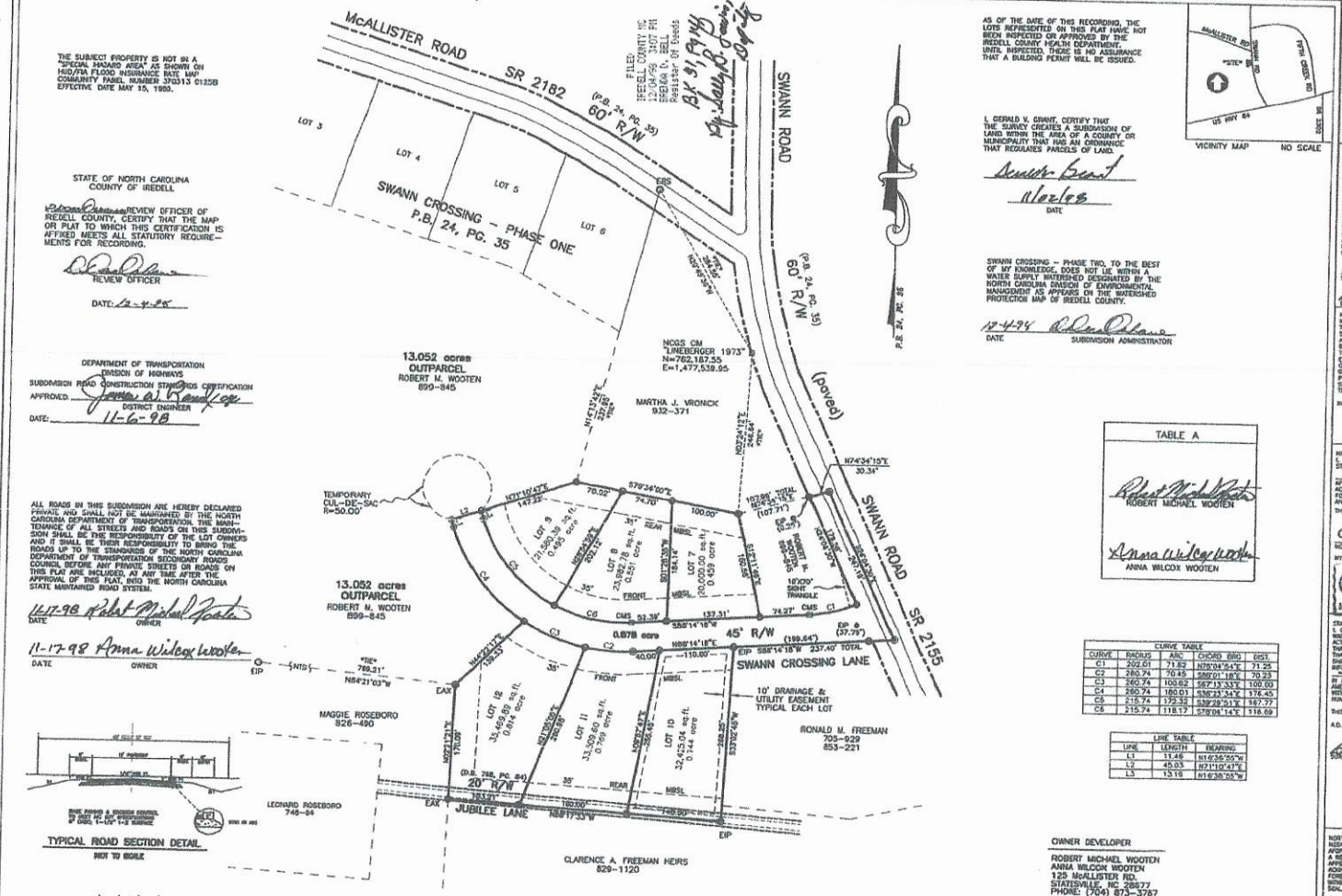
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/21/20

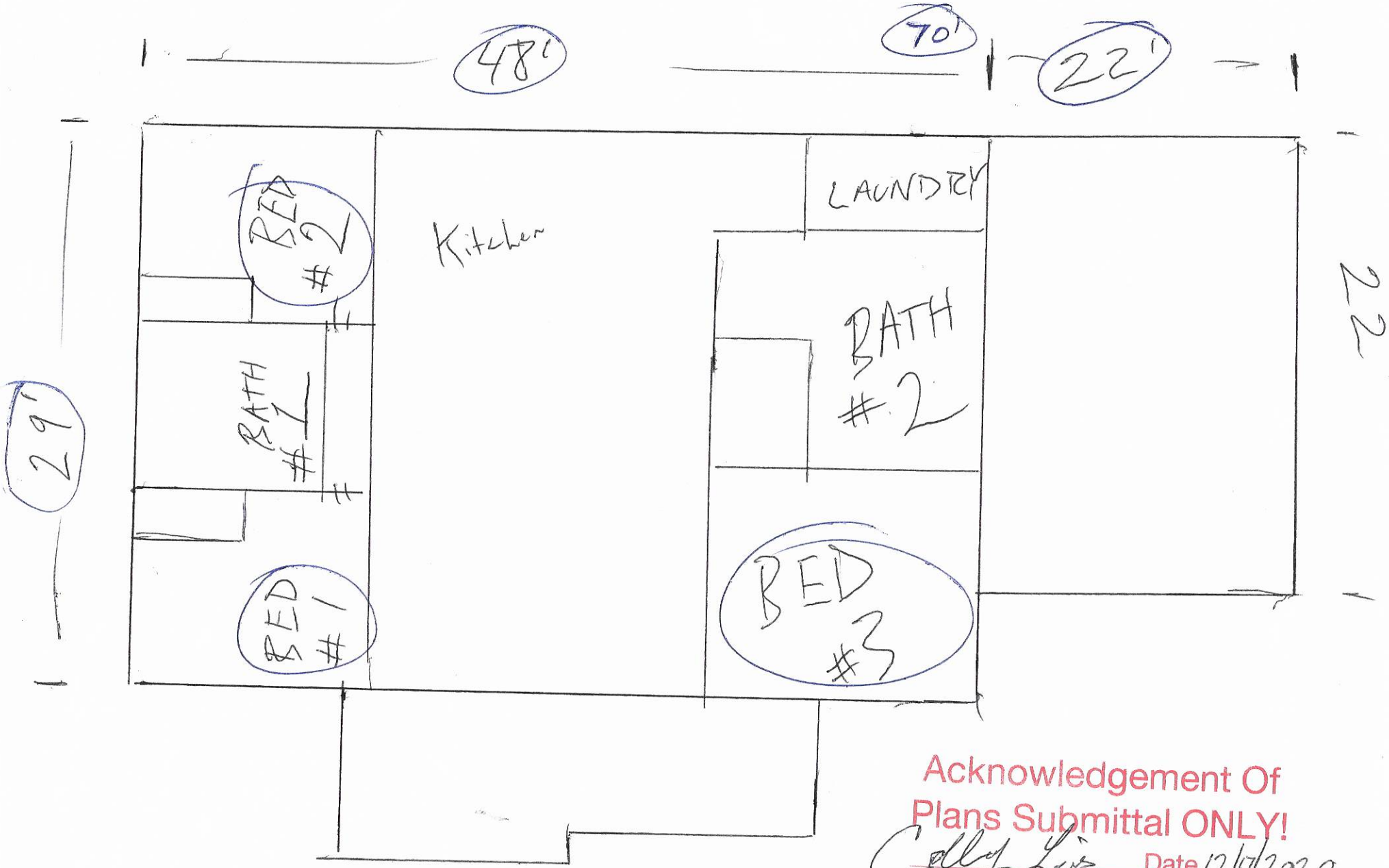
DATE

Copy


SWANN CROSSING LANE
110'
DRIVE
35' SETBACK
70'
HOUSE
30'
24'
81'
15'
1 R 107' (INSTALL 100')
2 O 105' (INSTALL 100')
3 Y 104' (INSTALL 100')
4 B 104'
5 P 103'
6 R 104'
B1
B2
B3
B4
15' SETBACK
15' SETBACK
255.45'
268.25'
35' SETBACK
140'
NORTH
SCALE
1" = 40'


McALLISTER ROAD
SR 2182
60' R/W
(P.B. 24, PG. 35)
SWANN ROAD
60' R/W
(paved)
SR 2155
SWANN CROSSING - PHASE ONE
P.B. 24, PG. 35
LOT 3
LOT 4
LOT 5
LOT 6
13.052 acres
OUTPARCEL
ROBERT M. WOOTEN
899-845
MARTHA J. VRONICK
932-371
MAGGIE ROSEBORO
826-490
LEONARD ROSEBORO
746-84
RONALD M. FREEMAN
705-929
853-221
CLARENCE A. FREEMAN HEIRS
829-1120
TEMPORARY
CUL-DE-SAC
R=50.00'
0.878 acre
45' R/W
(199.64')
SWANN CROSSING LANE
10' DRAINAGE &
UTILITY EASEMENT
TYPICAL EACH LOT
20' R/W
(D.B. 788, PG. 84)
JUBILEE LANE
LOT 12
35,469.69 sq.ft.
0.814 acre
LOT 11
33,330.60 sq.ft.
0.765 acre
LOT 10
32,423.04 sq.ft.
0.744 acre
LOT 9
21,385.39 sq.ft.
0.491 acre
LOT 8
23,882.78 sq.ft.
0.551 acre
LOT 7
(20,000.00 sq.ft.)
0.459 acre
FRONT
REAR
MBSL
EIP
EAX
CMS
N74°34'15"E
30.34'
S74°34'15"W
237.40' TOTAL
N89°14'18"E
110.00'
S89°14'18"W
237.40'
N13°10'47"E
147.22'
S79°34'00"E
74.70'
100.00'
S10°25'45"W
107.71'
S10°25'45"W
184.14'
S10°25'45"W
202.24'
N10°25'45"E
202.24'
N10°25'45"E
184.14'
N10°25'45"E
107.71'
S10°25'45"W
246.64'
N10°24'17"E
246.64'
N10°24'17"E
246.64'
N10°24'17"E
246.64'
S10°25'45"W
246.64'
S10°25'45"W
246.64'
S10°25'45"W
246.64'
N89°14'18"E
74.27'
CMS
S89°14'18"W
137.31'
S89°14'18"W
183.91'
N89°17'33"W
180.00'
N89°17'33"W
180.00'
S89°17'33"E
180.00'
S89°17'33"E
180.00'
N10°24'17"E
246.64'
N10°24'17"E
246.64'
N10°24'17"E
246.64'
S10°25'45"W
246.64'
S10°25'45"W
246.64'
S10°25'45"W
246.64'
N10°25'45"E
246.64'
N10°25'45"E
246.64'
N10°25'45

115 Swann Crossing Ln. 704 437 2850 Colby Lewis
Statesville NC 28625



Acknowledgement Of
Plans Submittal ONLY!
Colby Lewis Date 12/17/2020
Brent C. Miller Date 12-18-2020

IREDELL COUNTY · NC

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

APPLICATION NUMBER
312955
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4776714661.000	113 SWANN CROSSING LN	Iredell County

Owner Information	Applicant Information
Name: LEWIS COLBY	Name: LEWIS COLBY
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.74	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.

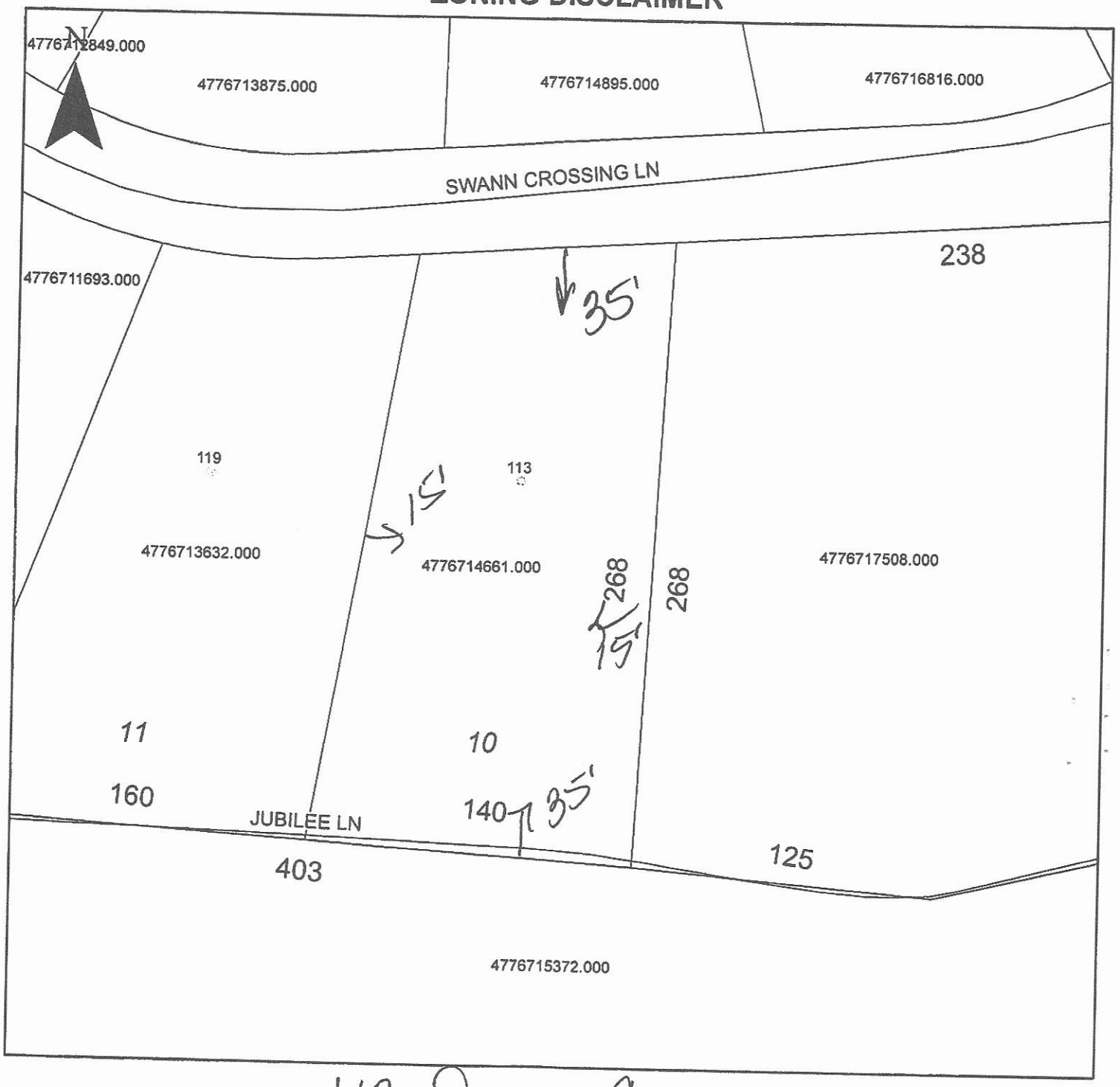
Signature of Owner/Contractor

Date: 11/30/2020

Permit Number	312955

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 113 Swann Crossing

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.

Applicant

11/30/2020
Date