# ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-309569

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

PIN # 4783 -- 28 --3417

APPLICANT/OWNER: LARRY P. MUNDAY

APPLICANT ADDRESS: 673 SHILOH ROAD, STATESVILLE, N.C. 28677

SITE ADDRESS: 805 ELMWOOD ROAD, STATESVILLE, N.C. 28625

PHONE: 704-902-1477

ALT. PHONE 704-500-4733

SITE DIRECTIONS: (E) ON 64, (R) ON BARR OAK, (R) ON ELMWOOD, LOT ON (L)

SAP CONTROLLED: ☐ YES ☑ NO REPAIR

SUBDIVISION: MAVIS S. CALABRESE

SECTION: — LOT # 1 LOT AREA: 3.776 AC

DESIGN FLOW: 240 GPD L.T.A.R.: 0.2 (0.1)

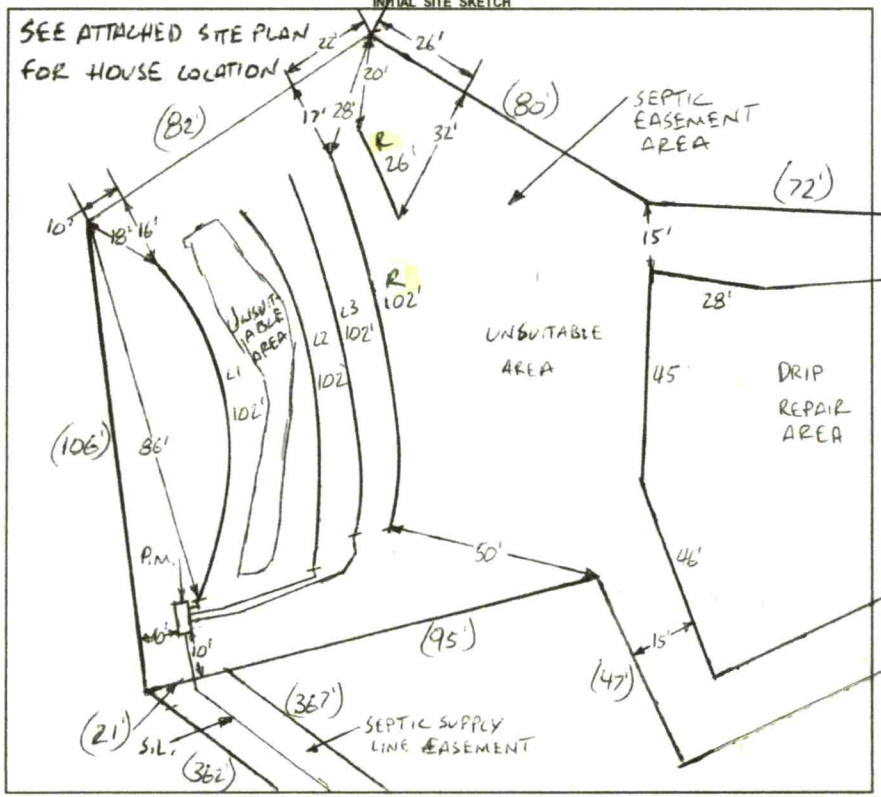
| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 10.17 | Date | 6/25/21 | ☑ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI | |
| Pump Tank | 1000 | (gal) | PT | 7 | Date | 7/13/21 | System Description: | 25% REDUCTION | | | |
| Pump Make | Gaulds | Model | | | Serial # | | Repair System Description: | TSII DRIP REPAIR | | | |
| # Nitrification Fields | 1 | # Lines | 3 | | Linear Ft | 300FT | Maintenance Agreement Required: | ☐ YES | ☑ NO | | |
| Trench Width | 36 IN | Trench Bottom Depth(Low side) | 12 IN | | Gravel Depth | — | | ☐ GRAVITY | ☑ PRESSURE | | |

| | | | |
|---|---|---|---|
| ☑ Residence | No. Bedrooms | 2 | **Water Supply** |
| ☐ Business | No. Persons | 4 | ☐ Private |
| ☐ Other | No. Employees | | ☑ Public |
| ☐ Slab | ☑ Crawl Space | | ☐ Community |
| ☐ Basement w/plumbing | ☐ Basement w/o plumbing | | |

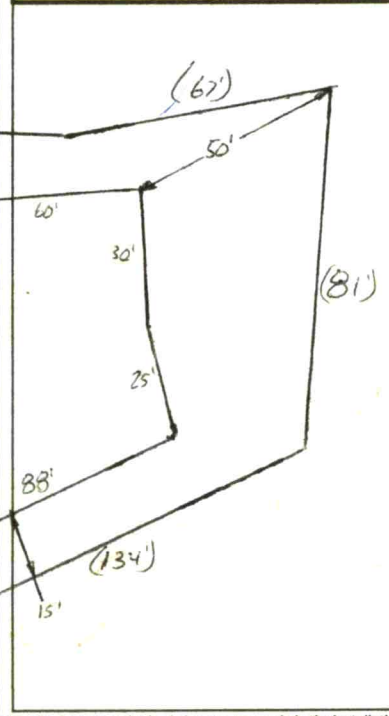
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT, UTILIZE EQUAL DISTRIBUTION VIA PRESSURE MANIFOLD, 8 IN OF COMPACTED COVER REQUIRED, DO NOT EXCEED 48 IN MAX TRENCH DEPTH

PROPERTY AND ALL EASEMENTS MUST BE MARKED AT TIME OF INSTALL
PRE-CONSTRUCTION MEETING REQUIRED
EASEMENT RECORDED IN BOOK 74 PAGE 27

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.**

TAPS

L1 = 1 1/2 SCH 40
L2 = ½ SCH 40
L3 = ½ SCH 40

GPM = 21.33
DOSE VOLUME = 141 GAL
DRAW DOWN = 6.75 IN
RUN TIME = 6.5 MINS
PRESSURE HEAD = 2FT

1 IN = 40 FT
P.M. = PRESSURE MANIFOLD
S.L. = SUPPLY LINE
R = REPAIR

*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: Larry Munday Date: 7-30-21 Installed by: Tuckers Grading

IMPROVEMENT PERMIT by: Bryant C. White Date: 7-27-2021 OPERATION PERMIT by: D. Meberg Date: 9/14/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 7-28-2021 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 | 5/11/22 | DW |
| Tanks Checked | 5/10/22 | MW |
| Pressure Manifold or Valve Box Checked | 9-13-22 | BB. |
| Pressure Head Set | 9-13-22 | BB |
| Electrical Checked | 9/14/22 | DW |
| Floats Set | 9-13-22 | BB |
| Alarm Checked | ~~9/24~~ 9/14/22 | DW |
| 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? _____ | |

805 Elmwood

# ICHD - ENVIRONMENTAL HEALTH DIVISION

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SITE ADDRESS: 805 ELMWOOD ROAD, STATESVILLE, N.C. 28625 | PHONE: 704-902-1479 | ALT. PHONE 704-500-4733

SITE DIRECTIONS: (E) ON 64, (R) ON BARRYOAK, (R) ON ELMWOOD, LOT ON (L) | SAP CONTROLLED: ☐ YES ☑ NO REPAIR

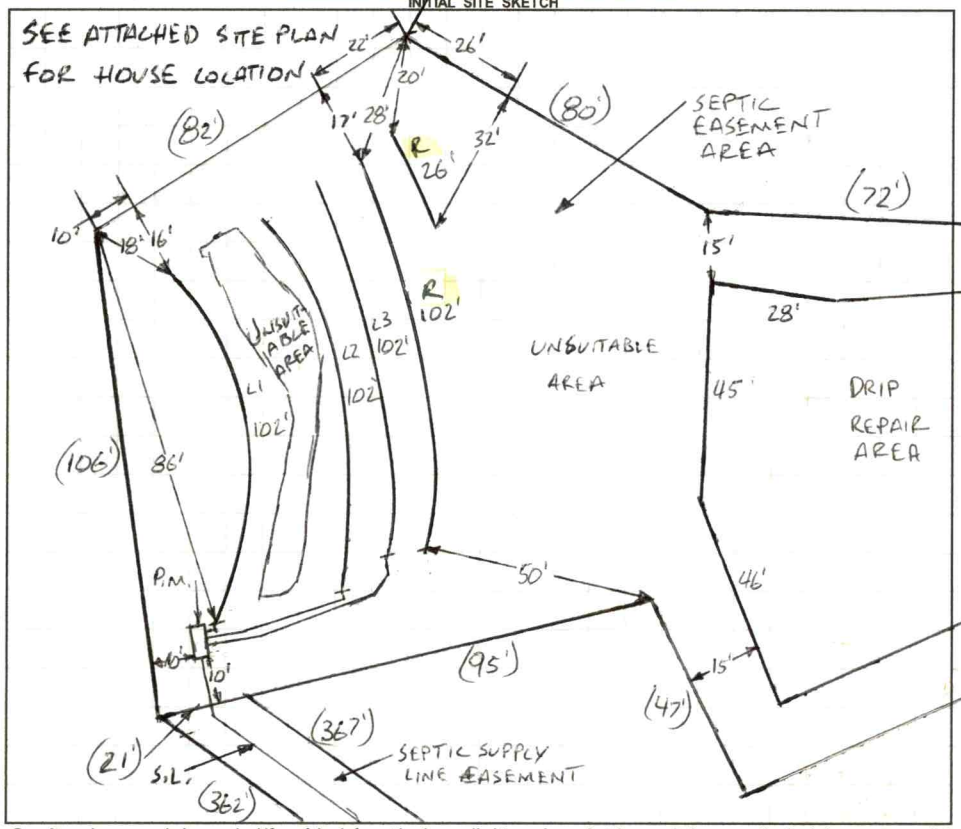
SUBDIVISION: MAVIS S. CALABRESE | SECTION: — | LOT # 1 | LOT AREA: 3.776 AC | DESIGN FLOW: 240 GPD | L.T.A.R.: 0.2 (0.1)

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB 10.12 | Date 2/25/22 | ☑ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI | ☑ Residence | No. Bedrooms | 2 | Water Supply |
| Pump Tank | 1000 | (gal) | PT 17 | Date 7/13/21 | System Description: | 25% REDUCTION | | | ☐ Business | No. Persons | 4 | ☐ Private |
| Pump Make | Gaulds | Model | | Serial # | Repair System Description: | TSII DRIP REPAIR | | | ☐ Other | No. Employees | | ☑ Public |
| # Nitrification Fields | 1 | # Lines | 3 | Linear Ft. 300FT | Maintenance Agreement Required: | ☐ YES | ☑ NO | | ☐ Slab | ☑ Crawl Space | | ☐ Community |
| Trench Width | 36 IN | Trench Bottom Depth(Low side) | 12 IN | Gravel Depth — | | ☐ GRAVITY | ☑ PRESSURE | | ☐ Basement w/ plumbing | | | ☐ Basement w/o plumbing |

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT, UTILIZE EQUAL DISTRIBUTION VIA PRESSURE MANIFOLD, 8IN OF COUNTY APPROVED COVER REQUIRED, DO NOT EXCEED 48IN MAX TRENCH DEPTH

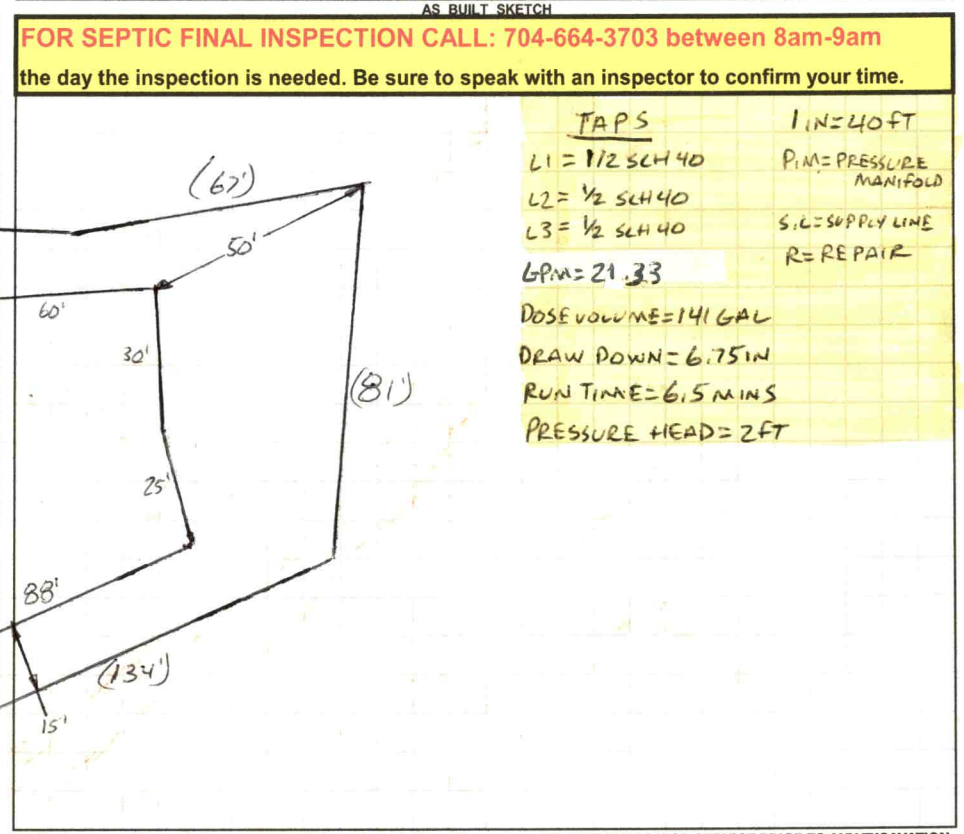
PROPERTY AND ALL EASEMENTS MUST BE MARKED AT TIME OF INSTALL
PRE-CONSTRUCTION MEETING REQUIRED
EASEMENT RECORDED IN BOOK 74 PAGE 27

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.**




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☐ **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: Larry Munday | Date: 7-30-21 | Installed by: Tuckers Grading

IMPROVEMENT PERMIT by: Bryant C. White | Date: 7-27-2021 | OPERATION PERMIT by: | Date:

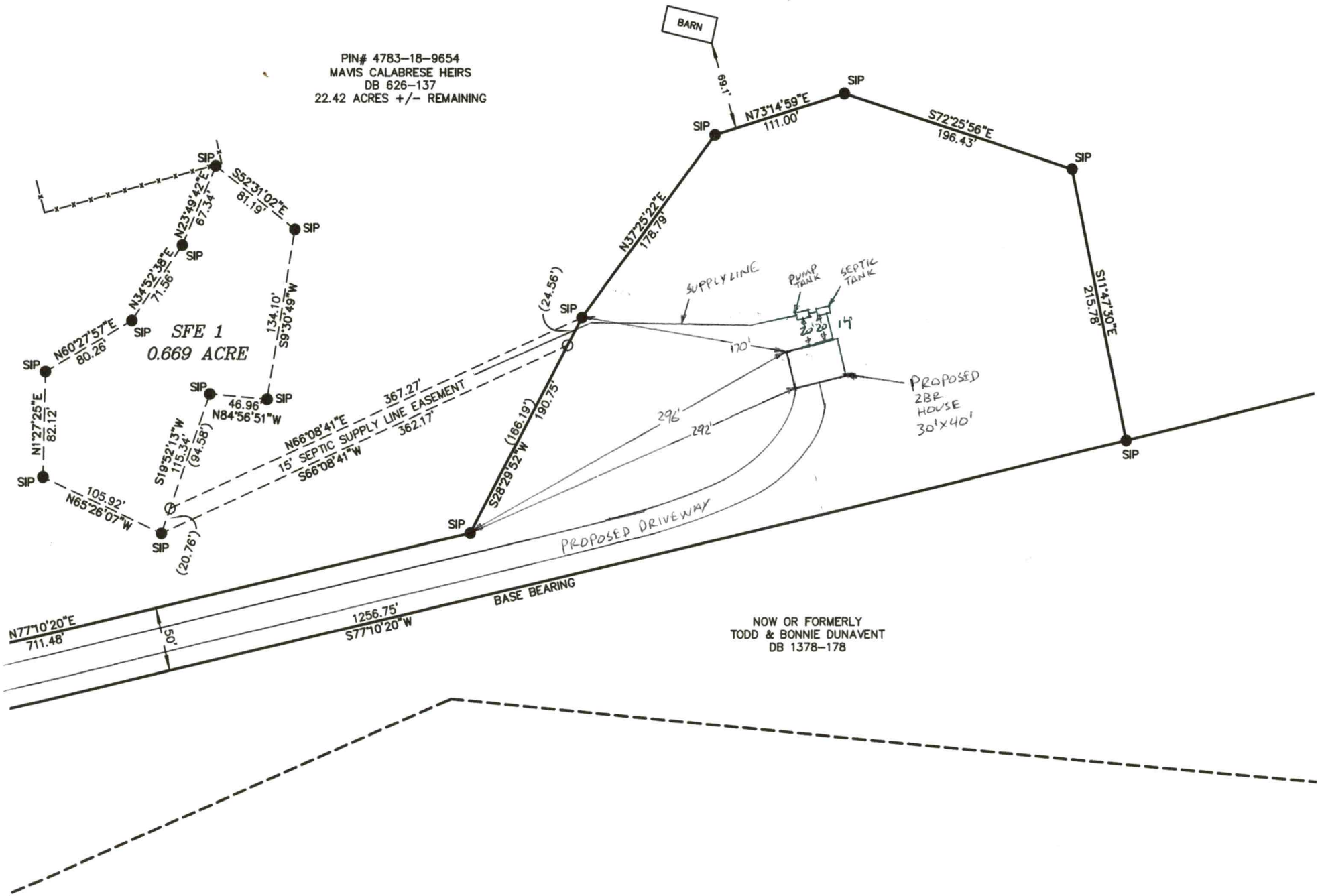
AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 7-28-2021 | Existing System Inspected by: | Date:

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

| Item | Date | Initials |
|---|---|---|
| Drain Lines Checked | 5/11/22 | BW |
| Tanks Checked | 5/10/22 | MW |
| Pressure Manifold or Valve Box Checked | 9-13-22 | BB. |
| Pressure Head Set | 9-13-22 | BB |
| Electrical Checked | | |
| Floats Set | 9-13-22 | BB. |
| Alarm Checked | 9/24 | |
| Maintenance Contract Needed? Y / N | | |
| Comments: | | |
| | | |
| | | |

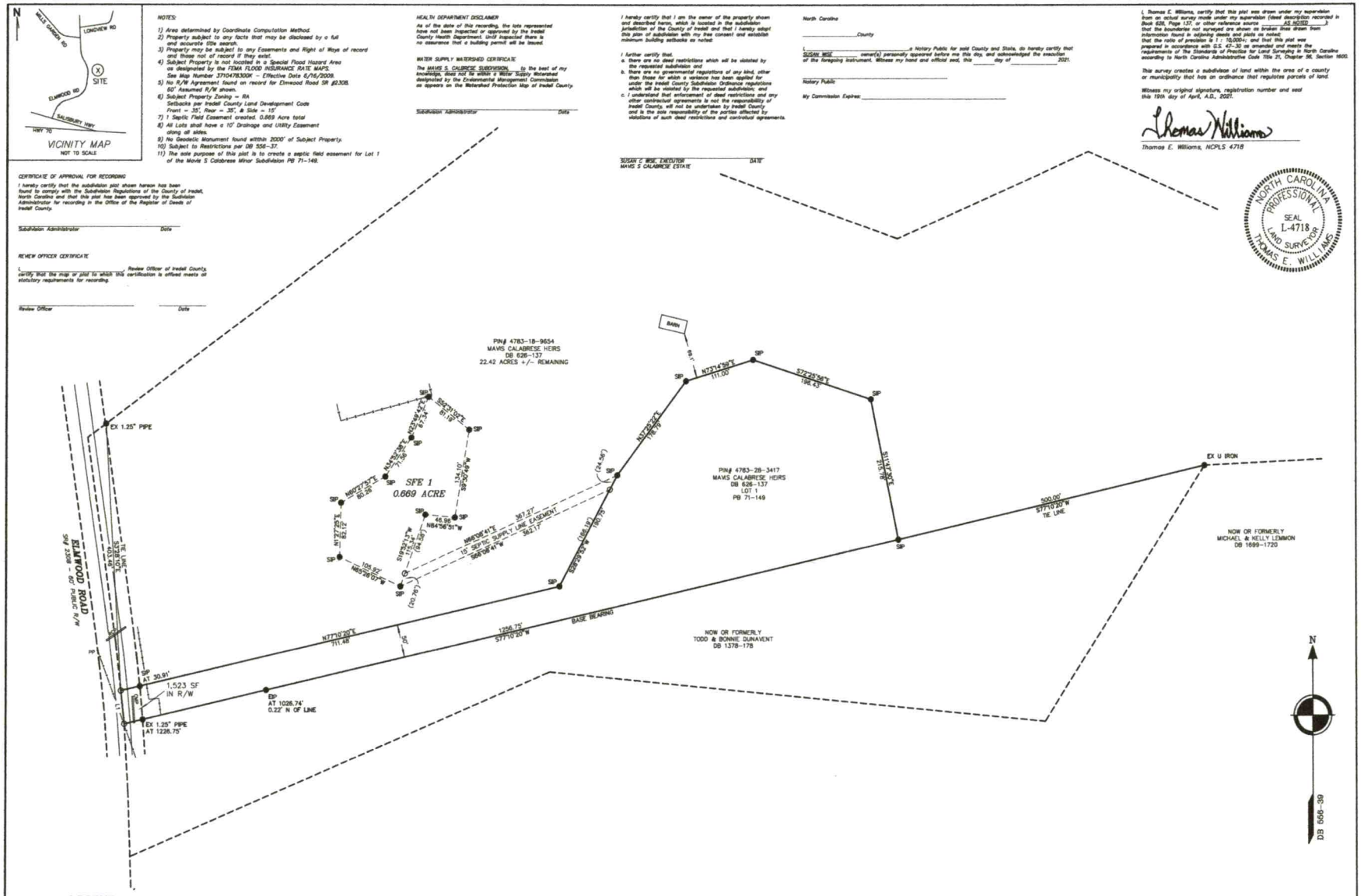
| Repairs Only | |
|---|---|
| | State Code |
| Failing System Code | |
| Type of Distribution | G or P |
| Type of Failure/Malfunction | |
| Primary Cause of Failure/Malfunction | |
| | |
| Age of System? _____ | |
| Initial or Repair? _____ | |

1" = 100 FT


BARN
69.1'
PIN# 4783-18-9654
MAVIS CALABRESE HEIRS
DB 626-137
22.42 ACRES +/- REMAINING
SIP
N73°14'59"E
111.00'
S72°25'56"E
196.43'
N37°25'22"E
178.79'
S11°47'30"E
215.78'
SUPPLY LINE
PUMP TANK
SEPTIC TANK
(24.56')
170'
PROPOSED
2BR
HOUSE
30'x40'
296'
292'
S52°31'02"E
81.19'
N23°49'42"E
67.34'
N34°52'38"E
71.56'
N60°27'57"E
80.26'
N1°27'25"E
82.12'
SFE 1
0.669 ACRE
134.10'
S9°30'49"W
46.96'
N84°56'51"W
S19°52'13"W
115.34'
(94.58')
N66°08'41"E
367.27'
15' SEPTIC SUPPLY LINE EASEMENT
S66°08'41"W
362.17'
105.92'
N65°26'07"W
(20.76')
(166.19')
190.75'
S28°29'52"W
PROPOSED DRIVEWAY
BASE BEARING
N77°10'20"E
711.48'
50'
1256.75'
S77°10'20"W
NOW OR FORMERLY
TODD & BONNIE DUNAVENT
DB 1378-178

SFE 1
0.669 ACRE
SIP
N1°27'25"E
82.12'
S16°52'13"W
115.34'
(94.58')
N84°56'51"W
46.96'
N60°27'57"E
80.26'
N34°52'38"E
71.56'
N23°49'42"E
67.34'
S52°37'02"E
81.19'
S9°30'49"W
134.10'
N65°26'07"W
105.92'
(20.76')
N66°08'4
15' SEPTIC
S66°0

1IN = 40FT


VICINITY MAP
NOT TO SCALE
WILLS GARDEN RD
LONGVIEW RD
SITE
ELMWOOD RD
SALISBURY HWY
HWY 70
NOTES:
1) Area determined by Coordinate Computation Method.
2) Property subject to any facts that may be disclosed by a full and accurate title search.
3) Property may be subject to any Easements and Right of Ways of record and those not of record if they exist.
4) Subject Property is not located in a Special Flood Hazard Area as designated by the FEMA FLOOD INSURANCE RATE MAPS. See Map Number 3710478300K ~ Effective Date 8/16/2009.
5) No R/W Agreement found on record for Elmwood Road SR #2308.
60' Assumed R/W shown.
6) Subject Property Zoning ~ RA
Setbacks per Iredell County Land Development Code
Front = 35', Rear = 35', & Side = 15'.
7) 1 Septic Field Easement created. 0.669 Acre total
8) All Lots shall have a 10' Drainage and Utility Easement along all sides.
9) No Geodetic Monument found within 2000' of Subject Property.
10) Subject to Restrictions per DB 556-37.
11) The sole purpose of this plat is to create a septic field easement for Lot 1 of the Mavis S Calabrese Minor Subdivision PB 71-149.
HEALTH DEPARTMENT DISCLAIMER
As of the date of this recording, the lots represented 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.
WATER SUPPLY WATERSHED CERTIFICATE
The MAVIS S. CALABRESE SUBDIVISION, to the best of my knowledge, does not lie within a Water Supply Watershed designated by the Environmental Management Commission as appears on the Watershed Protection Map of Iredell County.
Subdivision Administrator Date
I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent and establish minimum building setbacks as noted.
I further certify that,
a. there are no deed restrictions which will be violated by the requested subdivision and
b. there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations which will be violated by the requested subdivision; and
c. I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.
SUSAN C. WISE, EXECUTOR DATE
MAVIS S CALABRESE ESTATE
North Carolina
County
I, a Notary Public for said County and State, do hereby certify that SUSAN WISE owner(s) personally appeared before me this day, and acknowledged the execution of the foregoing instrument. Witness my hand and official seal, this day of 2021.
Notary Public
My Commission Expires:
I, Thomas E. Williams, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 626, Page 137, or other reference source AS NOTED); that the boundaries not surveyed are shown as broken lines drawn from information found in adjoining deeds and plats as noted; that the ratio of precision is 1 : 10,000+; and that this plat was prepared in accordance with G.S. 47-30 as amended and meets the requirements of The Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.
This survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.
Witness my original signature, registration number and seal this 19th day of April, A.D., 2021.
Thomas E. Williams, NCPLS 4718
NORTH CAROLINA PROFESSIONAL SEAL L-4718 LAND SURVEYOR THOMAS E. WILLIAMS
CERTIFICATE OF APPROVAL FOR RECORDING
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 and that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell County.
Subdivision Administrator Date
REVIEW OFFICER CERTIFICATE
I, 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
PIN# 4783-18-9654
MAVIS CALABRESE HEIRS
DB 626-137
22.42 ACRES +/- REMAINING
PIN# 4783-28-3417
MAVIS CALABRESE HEIRS
DB 626-137
LOT 1
PB 71-149
SFE 1
0.669 ACRE
BARN
EX 1.25" PIPE
EX U IRON
SIP
N72°14'56"E 111.00'
S72°25'56"E 198.43'
S11°47'30"E 215.78'
S77°10'20"W 500.00' TIE LINE
N77°10'20"E 711.48'
S77°10'20"W 1256.75'
BASE BEARING
N13°27'29"E 82.12'
N84°56'31"W 46.96'
N13°27'29"E 134.10'
S39°30'49"W 134.10'
N84°56'31"W 105.97'
S13°27'29"W 134.10'
S84°56'31"E 105.97'
N84°56'31"W 367.27'
15' WIDE DOMINANT SUPPLY LINE EASEMENT
S88°08'47"W 562.17'
S39°30'49"W 190.70'
(24.96')
(188.18')
(50.28')
50'
1,523 SF IN R/W
AT 30.91'
EP AT 1026.74' 0.22' N OF LINE
EX 1.25" PIPE AT 1226.75'
NOW OR FORMERLY TODD & BONNIE DUNAVENT DB 1378-178
NOW OR FORMERLY MICHAEL & KELLY LEMMON DB 1699-1720
ELMWOOD ROAD SR# 2308 ~ 60' R/W
DB 556-39
N
LEGEND
PROPERTY LINE (P/L)
RIGHT OF WAY (R/W)
TIE LINE
ADJOINING PROPERTY LINE FROM DEED OR PLAT
POWER LINE
FENCE
EX EXISTING
EIP EXISTING #4 REBAR
SIP SET #4 REBAR
RCP REINFORCED CONCRETE PIPE
CMP CORRUGATED METAL PIPE
NOTE: IRON STAKED AND MONUMENTS AS SHOWN (●), ALL OTHERS CALCULATED POINTS (○).
LINE TABLE
NUM BEARING DISTANCE
L1 N87°27'20"W 50.28'
100 0 100 200
SCALE: 1" = 100'
Williams Land Surveying, Inc.
License Number C-3638
274 Baymount Drive, Statesville, NC 28625
phone(704) 876-3998 ~ email:runningonfaith@bellsouth.net
file: SP-ELMWOOD
OWNER/DEVELOPER
MAVIS S CALABRESE HEIRS
791 ELMWOOD ROAD
STATESVILLE, NC 28625
Septic Field Easement
FOR
MAVIS S. CALABRESE
Lot 1
Chambersburg Township, Iredell County, NC
PIN# 4783-18-9654 ~ DB 626-137
DATE OF SURVEY: 3/26/2021
DATE OF PLAT: 4/19/2021

CONNECTGIS
WEB HOSTING
North Carolina
Iredell County
IREDELL
Help
791 Elmwood Rd
(NOT TO SCALE)
ALSO SURVEY LINES 1, 3, 4, 5, 6 and 4 corners by septic linest
PVC pipe (———) = 1½" PVC w/ purple ribbon)
NOTE: EDGE OF DRAIN FIELD ESMT min. 15'
FROM ENDS OF DRAIN LINES
805 Elmwood Rd
2/21
INITIAL
REPAIR
R1
R10
R20
R30
116'
82'
98'
130'
41'
28'
72'
911
15' min. PUMP SUPPLY LINE ESMT
805 Elmwood
1257
LICENSED SOIL SCIENTIST
RICHARD FARRIS
SEAL
NORTH CAROLINA
STATE OF
1132

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

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## 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*) _____

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, Susan C. Wrie, am the legal owner(s) of the property located at 805 Elmwood Rd, Statesville, 28625, identified as PIN (Parcel Identification Number) 4783283417, located in Iredell County, North Carolina.
4783-18-9654,000 - 791 Elmwood Rd - 28625
I do hereby authorize (**print legal representative/company name**) Larry P. Munday, 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.

Susan C. Wrie  Susan C. Wrie, Executor  2/19/21  5/28/20
Signature of Owner(s)  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

Susan Wise
308 Camelot Drive
Statesville, NC 228625

January 31, 2021

On October 27 and November 21, 22 and 25, 2020 I performed a preliminary soil site evaluation parts of 23.09 acres at 791 Elmwood Road, PIN # 4783-28-1508 and 3.776 acres, PIN# 4783-28-3417 at 805 Elmwood Road in Iredell County to evaluate the potential for a septic system for 2-bedroom house. The property lines were not marked at the time of the evaluation, so they and the hole locations were estimated based on landscape features, a topographic map and an aerial photo. Holes were hand augered at various locations across the property and most were unsuitable due to expansive clay mineralogy and shallow unsuitable saprolite. These holes were not shown on the map. When a useable inclusion area of soil was located, the useable area of soil was delineated from the surrounding unsuitable soil and the approximate locations of holes 1-24 were shown on the map. Surveyor's ribbons were marked with corresponding numbers and were tied by each hole.

Preliminary evaluations are done when all the required information for a comprehensive evaluation is not known or available at the time, or if the client only wants preliminary soil site information. Drain field layouts are not typically done as part of a preliminary evaluation but were necessary and authorized by the client in order to determine if there was enough surface area with useable soil for the initial and repair septic systems. The proposed area was very limited regarding the surface area of useable soil. In most cases, a drain field layout is the only way to definitively verify if there is sufficient space in useable soil for the intended use. The proposed septic system area was not on the 3.776-acre lot that was originally cut out from the remaining 23.09-acre lot. The area where the drain field was flagged can be surveyed with a recommended additional 15' minimum perimeter included and added with the 3.776 acres in a new lot, **OR** this same area can be surveyed and recorded as a permanent septic system easement. After the surveying work complete an "Application for an Improvements Permit and Authorization to Construct" for a comprehensive individual lot evaluation through the Iredell County Health Department. The comprehensive soil site evaluations are more detailed than preliminary evaluations and require the proposed new lot or septic system easement corners and boundaries be marked and shown on the application site plan.

The preliminary report and map should not be construed as a permit or substitute in place of the health department process. The area delineations are estimated based on the most prevalent or typical soil found in that area, based on the soil borings information and surface features. There may be small inclusion areas with different soil characteristics, such as shallower or deeper saprolite or rock or expansive clay for example. Additional evaluation may be needed based on house site, well locations, building site plans or physical changes in the soil or land conditions of the lot, for example, grading or lot reconfiguration.

The proposed drain field area was on a side slope landscape position, with 10% slope, where holes 1-5, 7-15, and 17-24 were dug. The **initial drain field area**, where holes 1, 2, 13-15 and 17-23 were dug, typically had 6" or less of sandy clay loam or clay loam texture topsoil on the surface. The consistence was friable, and the structure was sub-angular blocky. The subsoil had a clay texture and slightly expansive mineralogy. The consistence was friable, sticky and plastic. The structure appeared to be sub-angular blocky. Small amounts of saprolite were found in the subsoil in the BC horizon starting between 20" and 35" beneath the surface. The soil depth over saprolite and rock in the proposed area was 30" (holes 1 and 19) and 35"-36" (holes 19 and 2, 18 and 23), respectively to greater than 44" at holes 13-15 and 20. There were clay mineralogy issues at 36" at hole 2, 39" at hole 21 and 30" at hole 22 respectively. The recommended initial long-term acceptance rate (LTAR) was 0.2 gal/ sq ft / day. The **repair area**, where holes 3-5, 7-11 and 24 were dug, had 6" to 12" of loam, sandy clay loam or clay loam on the surface. The consistence was friable, and the structure was granular to sub-angular blocky. The subsoil had a clay texture and slightly expansive clay mineralogy to about 20"-25" at holes 4, 7, 10, 11, 17, 24, and 30" at holes 3 and 22, and 39" at hole 21 before becoming expansive. Saprolite was found at depths ranging from 30" and 39" at holes 8 and 9. The most limiting soil within the repair area was at holes 4, 7, 10, 11, 17 and 24 and requires a drip tube irrigation dispersal system for the repair. The

recommended LTAR for the repair was 0.1 to 0.12 gal. /sq. ft, /day. The repair does not have to be installed unless needed and will require an ongoing operation maintenance service contract at that time for as long as it is in use. Holes 6, 12 and 16 were unsuitable due to expansive clay at 15" or less beneath the surface.

With slope correction for 10%, the proposed **initial** drain line area (lines 1-6) had soil that was provisionally suitable for 450' of shallow placement, 14" depth and 36" width, 25% space reduction for a 3-bedroom **OR** 300' for a 2-bedroom, **OR** 400' of low-profile, non-space reduction chamber drain field for 2-bedrooms, on 9'-10' minimum spacing, where holes 1, 2, 19-23 were dug. Each option will require 6" to 12" of additional backfill over the drain field after the drain lines are installed. The **repair** drain field layout (lines R1-R30) was for 1500' to 1800' of drip irrigation tube dispersal system, 5"-6" deep, flagged on 2'-3' centers, using a 0.10 to .12 LTAR for 3-bedrooms, where holes 3-5, 7-11, 17 and 24 were dug. The **septic tank and pump tanks** will be a state approved 1000 gallons capacity each.

Contours were flagged with wire stem flags on November 21, 22 and 25 to verify the size of the area and drain line capacity for 2 to 3 bedrooms and type(s) of septic system(s). Refer to the attached sketch of "Drain Field Layout and Auger Hole Locations" and Table 1 for drain line lengths, rod readings, and meanings of flagging colors. Lines lengths of 1-6 total 452' for the initial chamber system (450' required using 0.2 LTAR) and lines R1-R23 lengths total 1825' with an additional 440' flagged in lines 24-30 for the drip irrigation repair system (1800'required using 0.1 LTAR).

The house and building site plan cannot conflict with the drain field and repair areas. The drain field area must be sectioned off from the construction site and traffic ways by a temporary and stable fencing or barrier material to prevent irreparable damage to high clay content soils with shallow trench depths requirements. It is very important to not do any soil grading or disturbance when that area has been approved.

If you have any questions about the preliminary soil site evaluation or report, contact me at 336-354-5833 or rfwsnc@yahoo.com.

Sincerely,

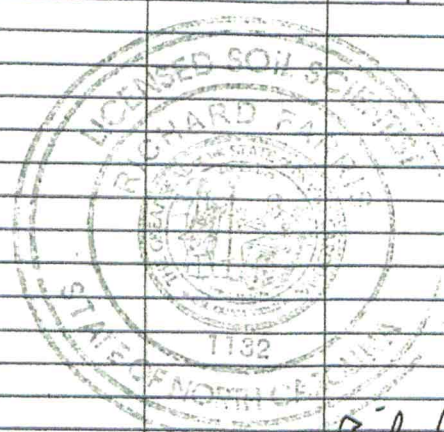
Richard Farris

Richard Farris, RS, LSS



Table 1. Drain Field Layout and Auger Hole Soil Information

| Line no. | Flag color | Line Length (ft) | Line elev. relative to rod readings (ft) | Auger hole number | Unsuitable soil depth (in)/ Condition † | Soil LTAR gal/sq ft/day/ System type † |
|---|---|---|---|---|---|---|
| 1 initial | blue | 86' | 1.6 | 1 | 30" SAP+C | .2 chamber |
| 2 | orange | 86' | 2.3 | 2 | 35" SAP+C | .2 chamber |
| 3 | blue | 86' | 2.8 | 3 | 30" EXPC | .2 chamber |
| 4 | orange | 88' | 4.5 | 4 | 20" EXPC | .1 drip |
| 5 | blue | 86' | 5.4 | 5 | >48" | .25 chamber |
| 6 | orange | 20' | 6.3 TP elev.= 1.1 | 6 | 15" EXPC | Unsuitable |
| Total flagged | | 452" | | 7 | 20" EXPC | .1 drip |
| R1 repair | pink | 95 | 5.1-5.2 | 8 | 39" SAP+EXPC | .2 chamber |
| R2 | yellow | 94 | 5.3-5.4 | 9 | 29" R | .2 chamber |
| R3 | pink | 92 | 5.45-5.6 | 10 | 25" EXPC | .12 drip |
| R4 | yellow | 90 | 5.5-5.65 | 11 | 20" EXPC | .1 drip |
| R5 | pink | 86 | 6.15 | 12 | 8" EXPC | Unsuitable |
| R6 | yellow | 85 | 6.25-6.35 | 13 | 40" SAP | .25 chamber |
| R7 | pink | 84 | 6.4-6.45 | 14 | >48" | .25 chamber |
| R8 | yellow | 83 | 6.5-6.55 | 15 | >48" | .25 chamber |
| R9 | pink | 82 | 6.6-6.75 | 16 | 15" EXPC | Unsuitable |
| R10 | yellow | 81 | 6.75-6.8 | 17 | 24" ExPC | .12 drip |
| R11 | pink | 80 | 6.9 | 18 | 36" SAP | .2 chamber |
| R12 | yellow | 79 | 7.0-7.05 | 19 | 30" SAP | .2 chamber |
| R13 | pink | 78 | 7.05-7.1 | 20 | 44" R | .25 chamber |
| R14 | yellow | 77 | 7.25-7.2 | 21 | 39" EXPC | .2 chamber |
| R15 | pink | 76 | 7.4-7.45 | 22 | 30" EXPC | .2 chamber |
| R16 | yellow | 75 | 7.6 TP elev.= 1.85 | 23 | 36" SAP | .2 chamber |
| R17 | pink | 72 | 2.1 | 24 | 21" EXPC | .1 drip |
| R18 | yellow | 71 | 2.15-2.25 | | | |
| R19 | pink | 71 | 2.35-2.45 | | | |
| R20 | yellow | 70 | 2.6 | | | |
| R21 | pink | 69 | 2.6 | | | |
| R22 | yellow | 69 | 2.7-2.85 | | | |
| R23 | pink | 67 | 3.1 | | | |
| R24 | yellow | 66 | 3.25-3.3 | | | |
| R25 | pink | 65 | 3.55-3.6 | | | |
| R26 | yellow | 64 | 4.0 | | | |
| R27 | pink | 63 | 4.25-4.3 | | | |
| R28 | yellow | 62 | 4.55-4.6 | | | |
| R29 | pink | 61 | 4.7-4.8 | | | |
| R30 | yellow | 60 | 4.8-4.9 | | | |
| total | | 2265' | | | | |




Richard Ferris
2/2/21

†SAP=saprolite, EXPC=expansive clay mineralogy, R=rock, LTAR= long-term acceptance rate

GIS
North Carolina Iredell County
IREDELL

Help

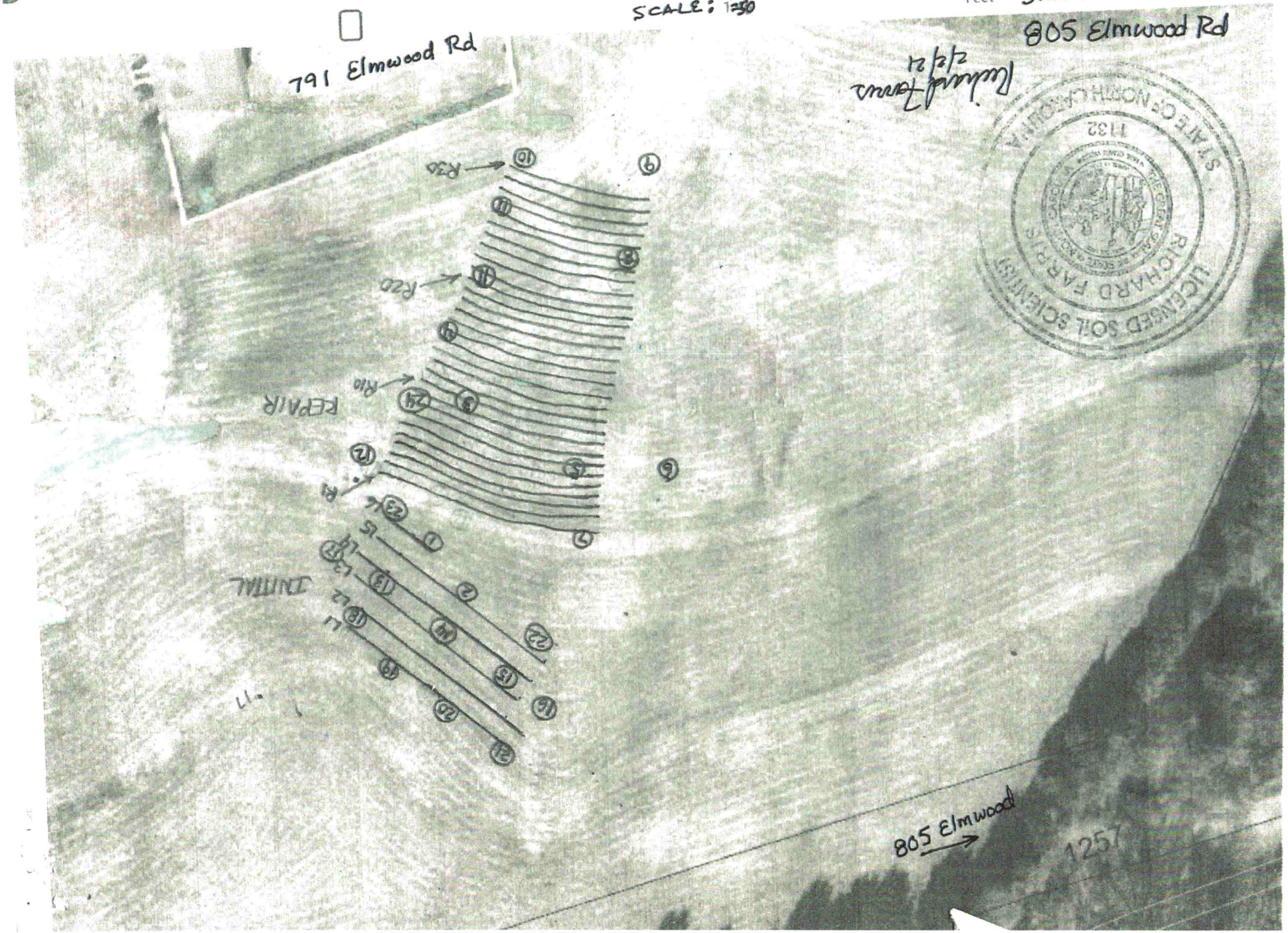
Feet

SUSAN WISE

SCALE: 1"=50'

805 Elmwood Rd

791 Elmwood Rd




Richard Farris 2/2/21

LICENSED SOIL SCIENTIST
RICHARD FARRIS
3132
STATE OF NORTH CAROLINA

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

Sheet 1 of 2
PROPERTY ID #: 4783-28-3417
COUNTY: ~~7-30-2021~~ IREDELL

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

OWNER: SUSAN WISE
APPLICATION DATE 7-30-2020
ADDRESS: 673 SHILOH ROAD, STATESVILLE, N.C. 28677
DATE EVALUATED: 8-28-2020
PROPOSED FACILITY: 2BR
PROPOSED DESIGN FLOW (.1949): 240GPD
PROPERTY SIZE: 3.776 AC
LOCATION OF SITE: 3825 ELMWOOD ROAD, STATESVILLE, N.C. 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 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | TERRACE 3% | 0-12 | FILL | MIXED | 10YR 6/2 IN C | 29"+ | NA | ~~NA~~ EXP 20"+ | U |
| | | 12-20 | SCL, SBK | FR, SS, SP, SEXP | | | | | |
| | | 20-29 | C, ABK | FI, VS, VP, ~~EXP~~ | | | | | |
| 2 | LINEAR SIDE 7% | 0-17 | SCL, SBK | FR, SS, SP, SEXP | MN CONC, THRU OUT IR CONC 17"+ 10YR 4/2 40"+ | 62"+ 10YR 6/4 30"+ | NA | EXP 30"+ | PS .2 ABOVE 30" |
| | | 17-30 | C, ABK | FR, S, P, SEXP | | | | | |
| | | 30-40 | ~~C~~, ABK | FI, VS, VP, EXP | | | | | |
| | | 40-62 | CL, WABK | FI, VS, VP, EXP | | | | | |
| 3 | LINEAR SIDE 8% | 0-10 | SCL, SBK | FR, SS, SP, SEXP | MN CONC THRU OUT 10YR 6/2 10YR 7/2 20"+ | 58"+ | NA | EXP 19"+ | PS .1 DRIP |
| | | 10-19 | C, ABK | FI, S, P, SEXP | | | | | |
| | | 19-44 | C, ABK | FI, VS, VP, EXP | | | | | |
| | | 44-58 | CL, WABK | FI, VS, VP, EXP | | | | | |
| 4 | LINEAR SIDE 10% | 0-19 | SCL, SBK | FR, SS, SP, SEXP | MN CONC THRU OUT CHROMA 2, 3, 4, 5 36"+ | 57"+ | NA | EXP 27"+ | PS .1 DRIP |
| | | 19-27 | C, ABK | FI, S, P, SEXP | | | | | |
| | | 27-57 | C, ABK | FI, VS, VP, EXP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 25% | DRIP |
| Site LTAR | 0.2 | 0.1 |

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Benjamin C. White
OTHER(S) PRESENT: BEN BOTKINS, RICHARD FARRIS

COMMENTS:

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope) | I | S (Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive) | G (Single Grain) |
| CV (Convex Slope) | | LS (Loamy Sand) | | | EXP (Expansive) | M (Massive) |
| D (Drainage Way) | | | | | | CR (Crumb) |
| DS (Debris Slump) | II | SL (Sandy Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | GR (Granular) |
| FP (Flood Plain) | | L (Loam) | | | | SBK (Subangular Blocky) |
| FS (Foot Slope) | | | | | | ABK (Angular Blocky) |
| H (Head Slope) | III | Si (Silt) | 0.6 - 0.3 | 0.3 - 0.15 | | PL (Platy) |
| L (Linear Slope) | | SiCL (Silty Clay Loam) | | | | PR (Prismatic) |
| N (Nose Slope) | | CL (Clay Loam) | | | | |
| R (Ridge) | | SCL (Sandy Clay Loam) | | | **MOIST** | **WET** |
| S (Shoulder Slope) | | SiL (Silt Loam) | | | | |
| T (Terrace) | | | | | VFR (Very Friable) | NS (Non-sticky) |
| | IV | SC (Sandy Clay) | 0.4 - 0.1 | 0.2 - 0.05 | FR (Friable) | SS (Slightly Sticky) |
| | | SiC (Silty Clay) | | | FI (Firm) | S (Sticky) |
| | | C (Clay) | | | VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| | | O (Organic) | None | None | EFI (Extremely Firm) | NP (Non-plastic) |
| | | | | | | SP (Slightly Plastic) |
| | | | | | | P (Plastic) |
| | | | | | | VP (Very Plastic) |

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

***NOTES***

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

Evaluation of saprolite shall be by pits.

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

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

SEE ATTACHED

# 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 #: 4783-28-3417
DATE OF EVALUATION: 3-5-2021
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 |
|---|---|---|---|---|---|---|---|---|---|
| 6 | LINEAR SIDE 7% | 0-6 | SCL, SBK | FR, SS, SP, SEXP | 10YR 6/3 10YR 6/4 THRU OUT MN CONC THRU OUT | 58"+ | NA | NA | PS .2 SHALLOW ABOVE 28" |
| | | 6-32 | C, ABK | FI, S, P, SEXP | | | | | |
| | | 32-58 | CL, WABK | FI, VS, VP, EXP | | | | | |
| 7 | LINEAR SIDE 8% | 0-28 | C, ABK | FI, S, P, SEXP | MN CONC THRU OUT FEW FI SAP. INC THRU OUT 10YR 6/4 30"+ | 51"+ | NA | NA | PS .2 SHALLOW ABOVE 28" |
| | | 28-51 | CL, WABK | FI, SS, SP, SEXP | | | | | |
| 8 | LINEAR SIDE 7% | 0-18 | SCL, SBK | FR, SS, SP, SEXP | NW CONC. THRU OUT FEW FI 10YR 6/4 30"+ | 58"+ | NA | NA | PS .2 SHALLOW ABOVE 30" |
| | | 18-58 | C, ABK | FI, S, P, SEXP | | | | | |
| 9 | LINEAR SIDE 7% | 0-30 | C, ABK | FI, S, P, SEXP | 10YR 6/2 @ 21" | 53"+ | U EXP CL | WET 121"+ | U |
| | | 30-53 | CL, WABK | FI, S, P, SEXP | | | | | |
| | | 53-60 | SAP, RC | FI, VS, VP, EXP | | | | | |

COMMENTS:

X not marked 7/30

RECEIVED JUL 3 0 2020

AP-309569
$500.00

# APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

## Iredell County Health Department – Environmental Health Division

**PAGE 1: *APPLICATION FORM***

**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:** Larry P. Munday **Address:** 673 Shiloh Rd Statesville NC **Zip:** 28677
**Applicant Email:** lmunday562@gmail.com **Phone:** 704-902-1429 **Alt. Phone:** same
**Owner Name:** Susan Wise **Address:** 308 Camelot Dr. Stvll **Zip:** 28625
**Owner Email:** Susancwise@yahoo.com **Phone:** 704-500-4733 **Alt. Phone:** _____

**Property Information:**

**Street Address:** 805 Elmwood Road Statesville, NC 28625

**Subdivision Name:** NA **Section/Phase:** NA **Lot Number:** NA

**Driving Directions:** highway 70 East to Elmwood Rd TR then go approx. 1.3 miles job is on the right

**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: 4 prem
Maximum Number of Occupants: 2
( ) Swimming Pool (1)
( ) 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: 760 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: _____

**Please answer the following to the best of your ability:**
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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.***

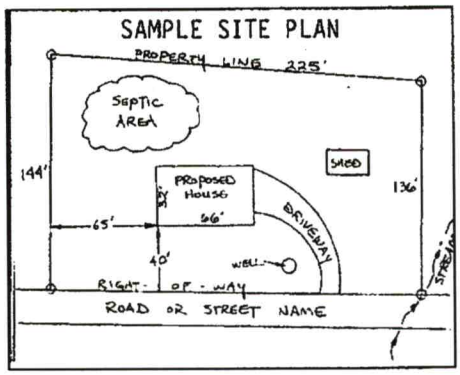
**Signature:** Larry P. Munday 5-21-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# IREDELL COUNTY HEALTH DEPARTMENT

## *ENVIRONMENTAL HEALTH DIVISION*

**PAGE 2: *SITE PLAN WORKSHEET***

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




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

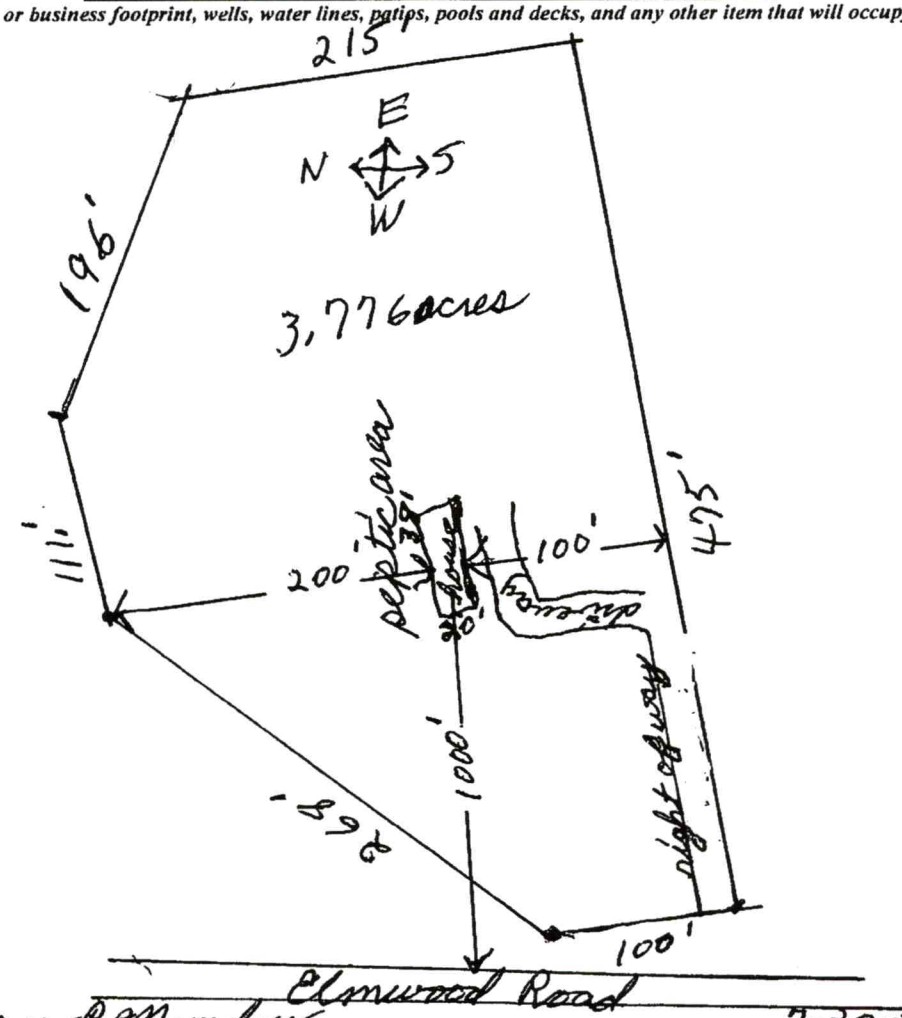
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

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

| | |
|---|---|
| Location of septic systems and wells within 100' of your property | (N/A) |
| Location of easements and rights of ways on your property | N/A |
| Location of any designated wetlands on the property | N/A |

## USE THIS SPACE TO DRAW YOUR SITE PLAN

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




**Signature:** Larry P. Mundorf — 7-30-2020

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

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

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## 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*) _____

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, Susan C. Yurie, am the legal owner(s) of the property located at 805 Elmwood Rd, Statesville, 28625, identified as PIN (Parcel Identification Number) 4783283417, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Larry P. Munday, _____, 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.

Susan C. Yurie
Signature of Owner(s)

5/28/20
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

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| **309569**<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4783283417.000 | 805 ELMWOOD RD | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: CALABRESE MAVIS S | Name: MUNDAY LARRY P+BRENDA |
| Address: | Address: |
| Phone: | Phone: (704)902-1479 |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 3.776 | 35 | 35 | 15 | 15 | N/A | NO |

| Remarks |
|---|
| SFD |

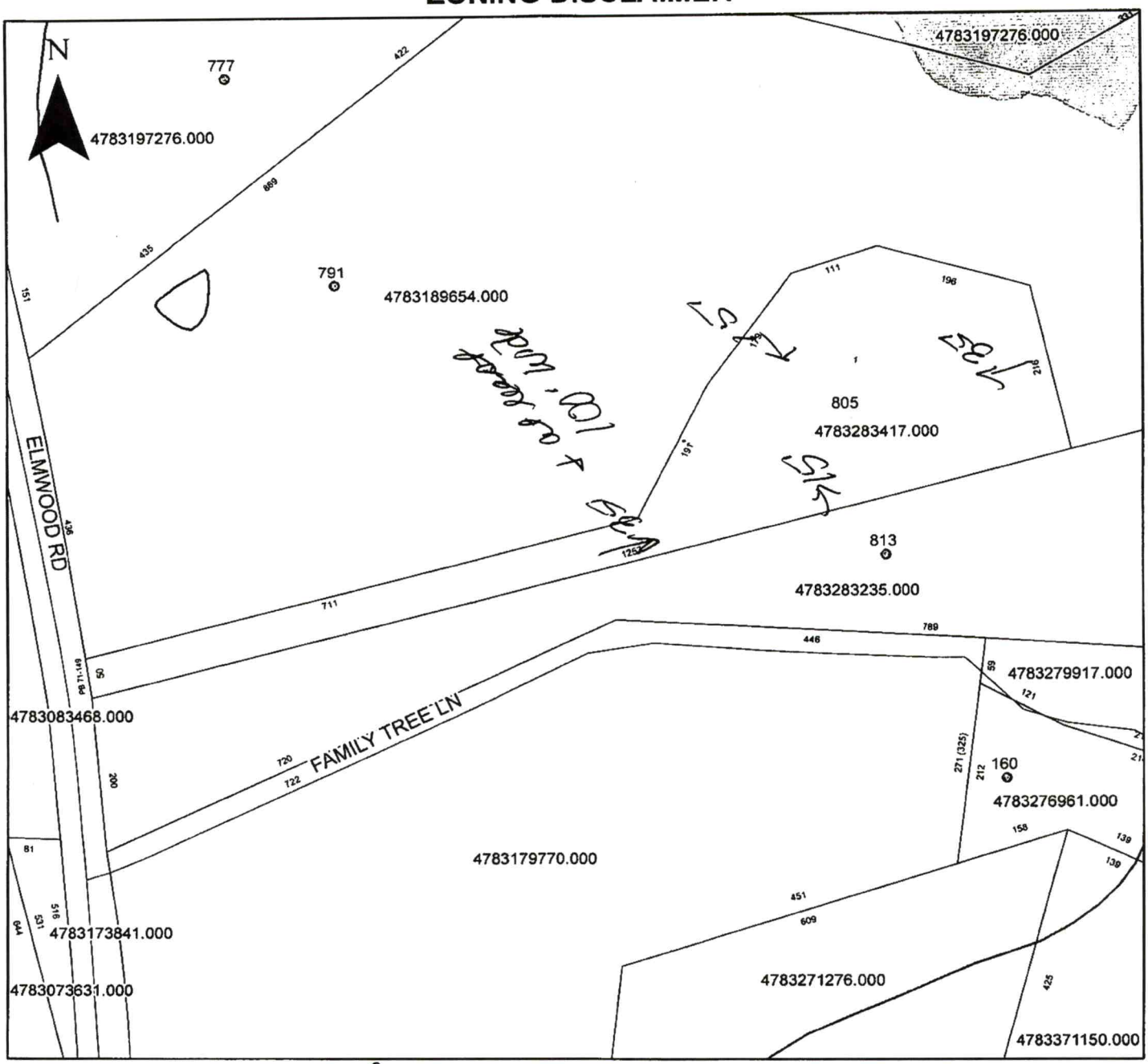
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

**Date:** 07/30/2020

Signature of Owner/Contractor

| Permit Number | 309569 | TOTAL FEES: | $77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 805 Elmwood

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Larry P. Munday
Applicant

7-30-2020
Date