IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230441

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

PIN # 4843-99-8694

APPLICANT/OWNER: Jayson Taylor APPLICANT ADDRESS: 359 Eupeptic Springs Rd. Olin, NC 28660

SITE ADDRESS: 427 Howards Bridge Rd. Union Grove, NC PHONE: 704-495-2520 ALT. PHONE

SITE DIRECTIONS: I-77N → L on 901 → R on Howards Bridge → Lot on left SAP CONTROLLED: ☐ YES ☒ NO

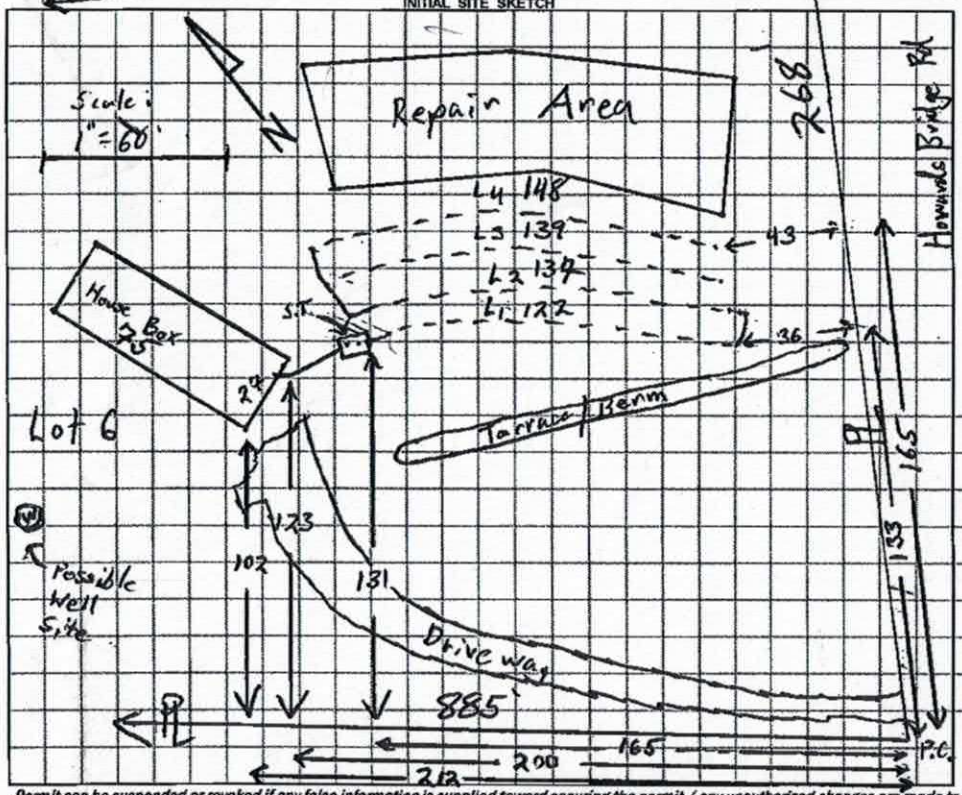
SUBDIVISION: Vesta Marie Gregory SECTION: LOT # 6 LOT AREA: 6.3 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	1012	Date	4-2-18	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description: 25% Reduction (serial distribution)		☐ Business	No. Persons 8	☒ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description: 25% Reduction		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	437	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	18"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

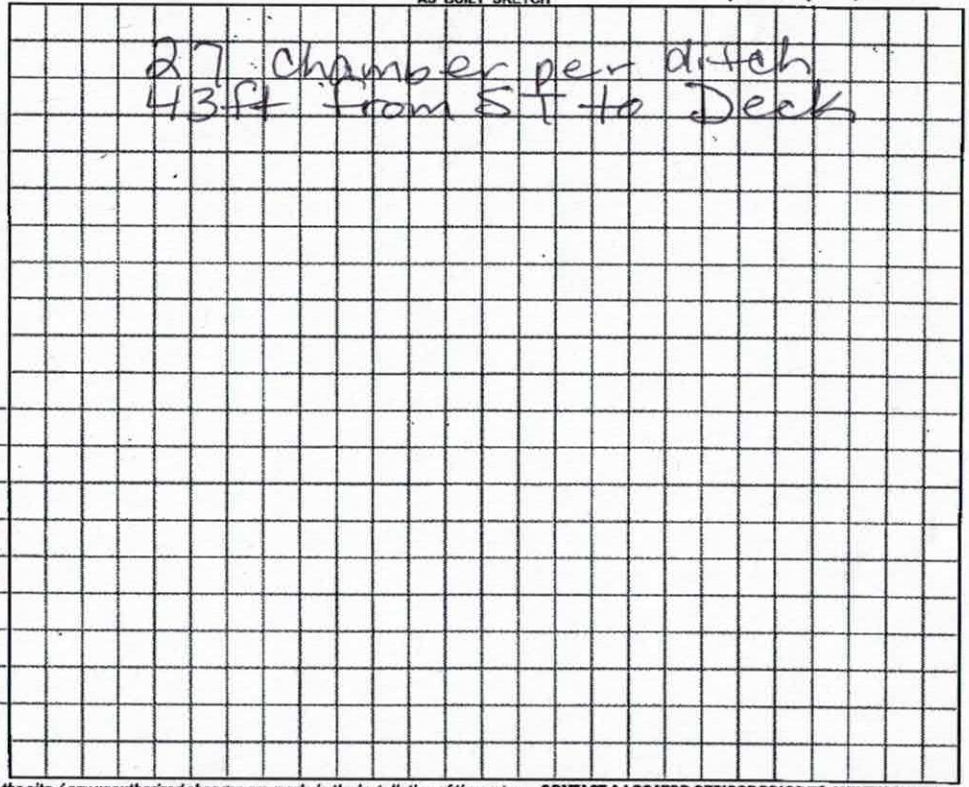
Comments / Conditions:

* Recommend pumping septic tank every 3-5 years. Though 546 l.f. of line has been laid out, only 437 l.f. need be installed. Remainder to be set aside for future repair purposes.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Jayson Gallehar Date: 1-16-18 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Sam Shuck Date: 1/12/18 OPERATION PERMIT by: Maria Dotson Date: 7/13/18

AUTHORIZATION TO CONSTRUCT by: Sam Shuck Date: 1/12/18 Existing System Inspected by: Date:

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

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

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

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

OWNER: Jerry + Nancy Gregory
ADDRESS: 1841 Check Rd. Hamptonville, NC
PROPOSED FACILITY: SFR-4BR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 427 Howards Bridge Road Union Grove
APPLICATION DATE 9/11/17
DATE EVALUATED: 10/24/17
PROPERTY SIZE: 6.3 acres + 3.0 acres
PROPERTY RECORDED: Yes (individually)

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	LSS 10% Prim	0-10	SCL v.w.SBK	Sl. Friable, SS, Sp, Sap	Mowed	some floater cobbles @ 20-24"			0.275 PS
		10-28	Sandy Clay w.SBK	Sl. Firm, SS, Sp, Sexp		36"	–	–	
		28-36	Clay w.SBK	Sl. Firm, Sticky, Sp, Sexp	–				
		36-40	Rocky Saprolite MA	Poorly Drained + dense		40-62"			
		40-62	Clay Loam w.SBK some	Sl. Friable, SS, Sp, Sap					
2	LSS 8% Prim	0-7	Sandy Loam v.w.SBK Mowed	Friable, SS, Sp, Sap	–	60"	–	–	0.30 PS
		7-18	SCL w.SBK	Sl. Friable, SS, Sp, Sap					
		18-60	Clay w. SBK/ABK	Sl. Firm, Sticky, Sp, Sexp	Grades @ 44-46"				
3	Shoulder 5% Repair	0-11	SCL v.w.SBK	Sl. Friable, SS, Sp, Sexp	some gravel cobbles 30-34"	53	–	–	0.30 PS
		11-53	Clay W-m SBK	Sl. Firm, Sticky, Sp, Sexp					
		53-62	Loamy Saprolite MA	Poorly Drained + Friable					
4	Shoulder 6% Repair	0-9"	SCL v.w.SBK	Sl. Friable, SS, Sp, Sexp		63	–	–	0.30 PS
		9-32"	Clay m SBK/ABK	Sl. Firm, sticky, Sp, Sap					
		32-63"	Clay Loam w.SBK Trace Saprolite	Very Friable, SS, Sp, Sexp ↑ Better w/ depth					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	500+	500+
System Type(s)	25% Red	25% Red
Site LTAR	0.275	0.30

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: _____

CONSTANTS

L1 W 5.08 123'

L2 P 6.06 137'

L3 Y 6.92 139'

L4 W 7.93 148'

5%6

.008

29.5 29.5 2.85

9.6% Slope

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Jason Taylor Address: 359 Eupeptic Springs Olin NC Zip: 28660
Applicant Email: Jasontb14@gmail.com Phone: 704-680-7958 Alt. Phone: 704-495-2520
Owner Name: Jerry & Nancy Gregory Address: 981 Creek Road Hamptonville Zip: 27020
Owner Email: _____ Phone: 336-468-4451 Alt. Phone: _____

Property Information: 427 Howards Bridge Rd 28689 Lot 6
Street Address: Parcel #'s 4843-99-8694.000 & 4843-09-1790.000
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 77 N to Exit 65, Go left. Pass School, Right on Howards Bridge Rd

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
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: Jason Taylor 4-11-18 – 2018
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, [signature], am the legal owner(s) of the property located at: Howards Bridge Rd Union Grove NC 28689 identified as PIN (Parcel Identification Number) 4843998694 & 4852 [illegible], located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Dennis Gallihar, 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.

[signature] 1-22-2018 — Signature of Owner(s) — Date

Dennis Gallihar 1-2-2018 — 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

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

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

Notice of Intent to REVOKE Improvement Permit
January 8, 2018

Owner: Jayson Taylor
Address 359 Eupeptic Springs Rd.
Olin, NC 28660

Subject: Notice of Intent to Revoke Vesta Marie Gregory Lot #6 & #7/427 Howards Bridge Road Union Grove, NC
PIN: 4843-99-8694 - Improvement Permit- #230441 (issued 11/1/2017)

Dear Property Owner:

The Iredell County Health Department (ICHD) inspected the site for a proposed on-site wastewater system at the above referenced location for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit III (referenced above) conditions. As a result, the Department has determined the following violations:

Violation	Law or Rule Citation
15A NCAC 18A.137 (g)	"...if **the information submitted** in the application for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or **changed** or the site is altered, **the IP/CA shall become invalid and may be suspended or revoked.**"

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]

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

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit and meet the requirements of the current laws and rules necessary to obtain a new IP.

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

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

accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER. The date of this letter is January 8, 2018**. Meeting the 30 day deadline is critical to your formal appeal.

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

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

You may contact me at 704-902-4489 or by fax at 704-662-3239.

Sincerely,

Tom Shuck

Thomas Shuck REHS

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230441

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

PIN # 4843-99-8694

APPLICANT/OWNER: Jason Taylor APPLICANT ADDRESS: 359 Eupeptic Springs Rd. Olin, NC 28660

SITE ADDRESS: 427 Howards Bridge Road. Union Grove, NC PHONE: 704-495-2520 ALT. PHONE

SITE DIRECTIONS: I-77 N → L on Rt 901 → R on Howards Bridge Rd → Lots on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Vesta Marie Gregory SECTION: LOT # 6+7 LOT AREA: 6.3 acres + 3.0 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.275

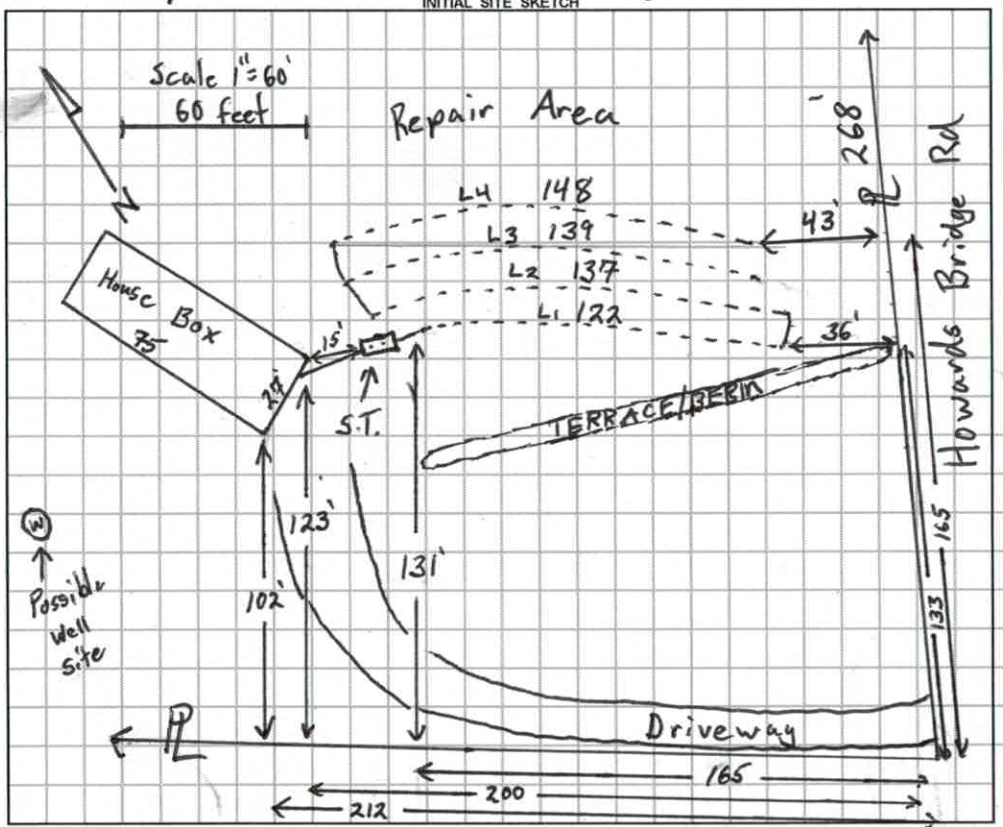
Septic Tank	1000	(gal)	STB		Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	—	(gal)	PT	—	Date —	System Description: 25% Reduction (Serial distribution)				☐ Business	No. Persons 8
Pump Make	—	Model		—	Serial # —	Repair System Description: 25% Reduction (same)				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	437	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)		18"	Gravel Depth		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Though 546 l.f. of line has been laid out, only 437 l.f. need be installed. Lots 6+7 must be combined (with information/deed/plat) provided to the Health Department with Deed Book + Page Number included before AC can be issued.

1/2/2017: Recommend that the septic tank be pumped every 3-5 years. Per floorplan, only a 3-bedroom house is to be initially ~~used~~ built, however the 4-bedroom system MUST be installed. Any deviation must first be permitted.

INITIAL SITE SKETCH



AS BUILT SKETCH

Revoked

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: Dennis Dallas Date: 11-7-17 Installed by:

IMPROVEMENT PERMIT by: Sam Shucks Date: 11/1/2017 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

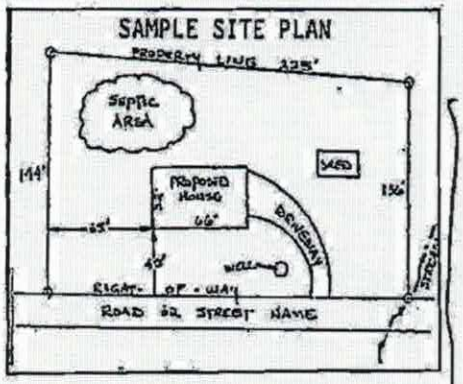
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

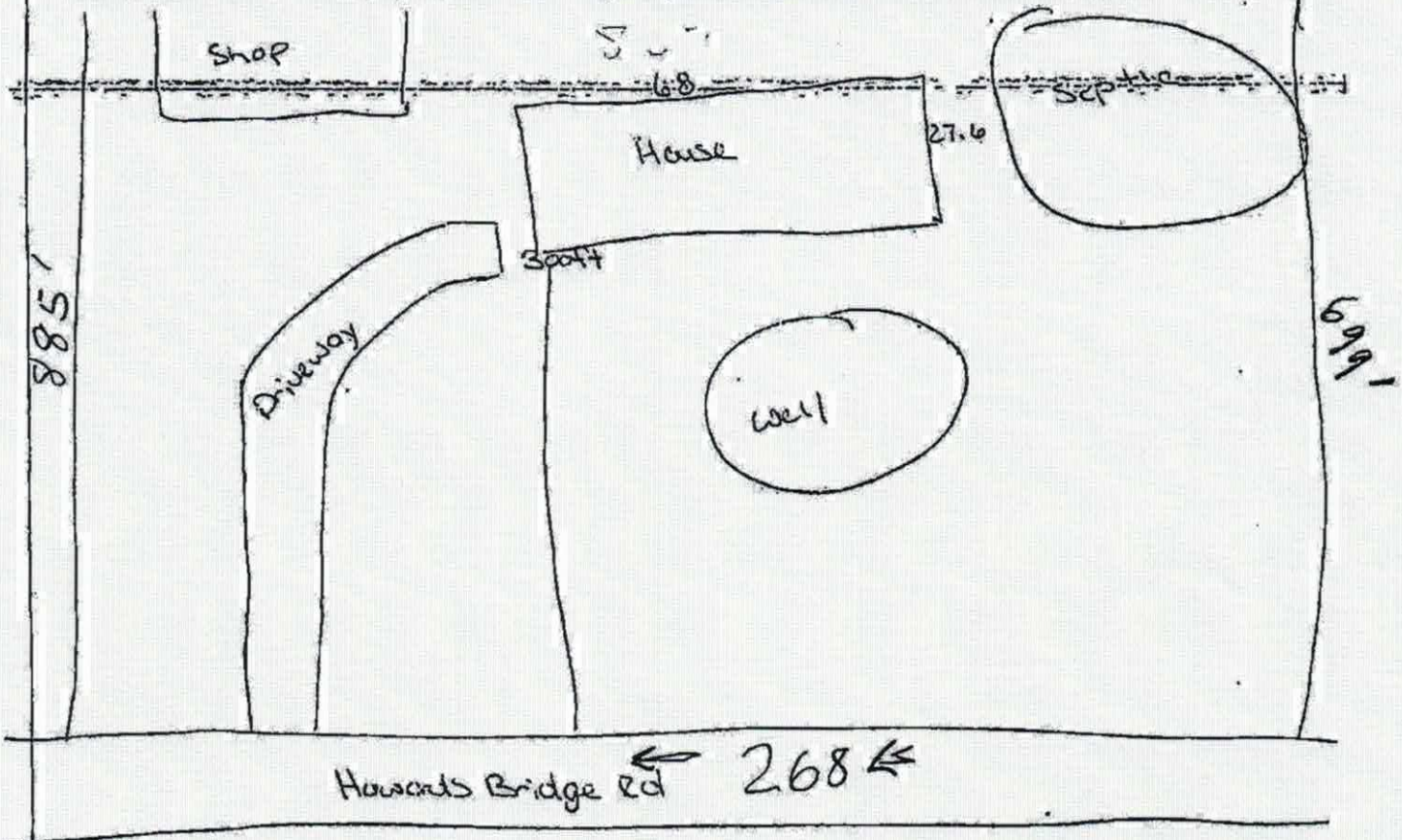


Circle N/A on the following if appropriate:

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

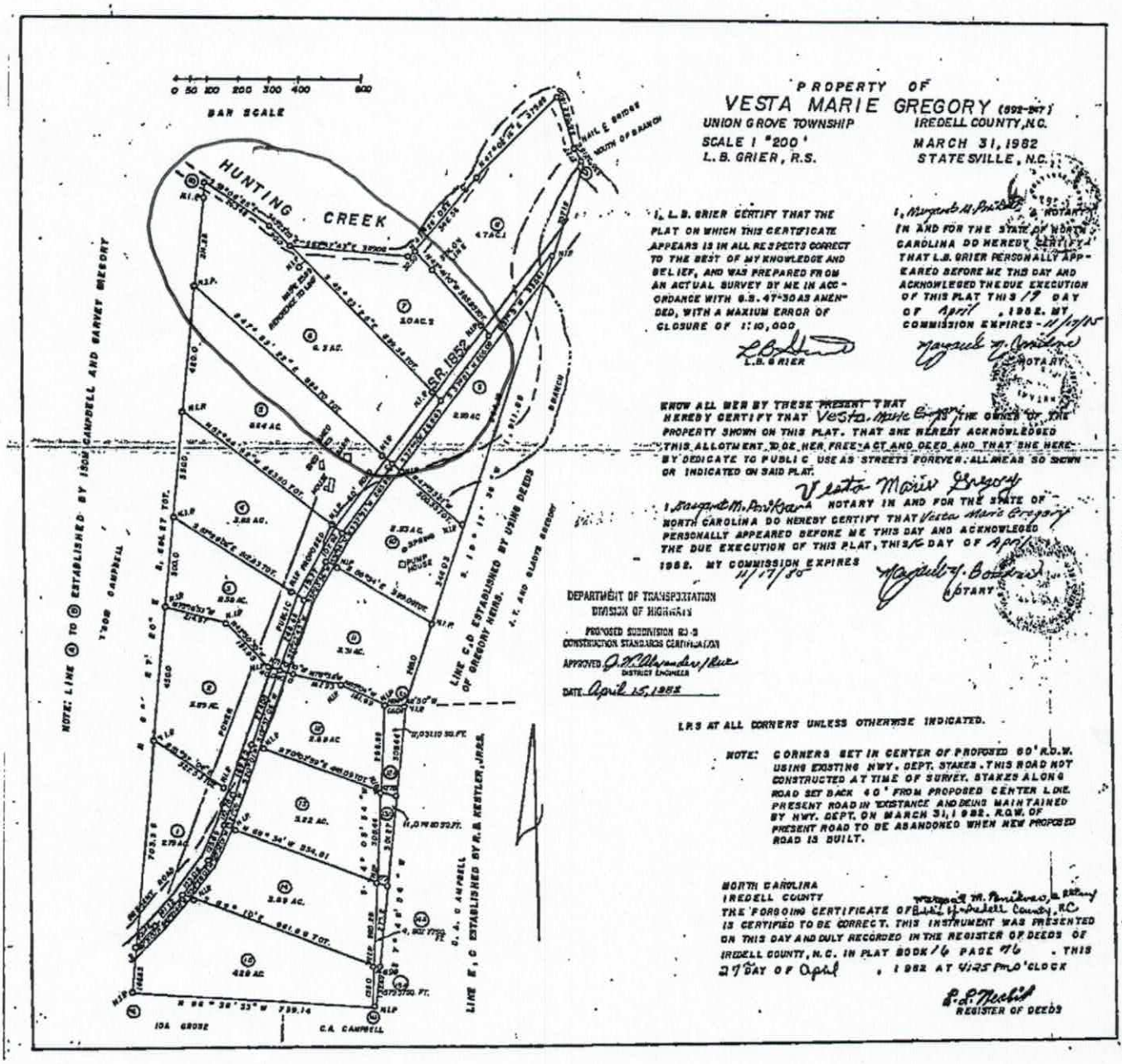
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

1-2-2018
DATE



PROPERTY OF
VESTA MARIE GREGORY (592-247)
UNION GROVE TOWNSHIP IREDELL COUNTY, N.C.
SCALE 1 "200' MARCH 31, 1982
L.B. GRIER, R.S. STATESVILLE, N.C.

I, L.B. GRIER CERTIFY THAT THE PLAT ON WHICH THIS CERTIFICATE APPEARS IS IN ALL RESPECTS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND WAS PREPARED FROM AN ACTUAL SURVEY BY ME IN ACCORDANCE WITH G.S. 47-30 AS AMENDED, WITH A MAXIUM ERROR OF CLOSURE OF 1:10,000

L.B. GRIER

I, Margaret M. Pendleton A NOTARY IN AND FOR THE STATE OF NORTH CAROLINA DO HEREBY CERTIFY THAT L.B. GRIER PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE DUE EXECUTION OF THIS PLAT THIS 17 DAY OF April, 1982. MY COMMISSION EXPIRES - 11/17/85

Margaret M. Pendleton NOTARY

KNOW ALL MEN BY THESE PRESENT THAT HEREBY CERTIFY THAT Vesta Marie Gregory IS THE OWNER OF THE PROPERTY SHOWN ON THIS PLAT. THAT SHE HEREBY ACKNOWLEDGES THIS ALLOTMENT TO BE HER FREE ACT AND DEED AND THAT SHE HEREBY DEDICATE TO PUBLIC USE AS STREETS FOREVER. ALL MEAS SO SHOWN OR INDICATED ON SAID PLAT.

Vesta Marie Gregory

I Margaret M. Pendleton A NOTARY IN AND FOR THE STATE OF NORTH CAROLINA DO HEREBY CERTIFY THAT Vesta Marie Gregory PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE DUE EXECUTION OF THIS PLAT, THIS 17 DAY OF April 1982. MY COMMISSION EXPIRES 11/17/85

Margaret M. Pendleton NOTARY

DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
PROPOSED SUBDIVISION ROAD
CONSTRUCTION STANDARDS CERTIFICATION
APPROVED J. W. Alexander / Rue
DISTRICT ENGINEER
DATE April 15, 1982

LRS AT ALL CORNERS UNLESS OTHERWISE INDICATED.

NOTE: CORNERS SET IN CENTER OF PROPOSED 60' R.O.W. USING EXISTING HWY. DEPT. STAKES. THIS ROAD NOT CONSTRUCTED AT TIME OF SURVEY. STAKES ALONG ROAD SET BACK 40' FROM PROPOSED CENTER LINE. PRESENT ROAD IN EXISTANCE AND BEING MAINTAINED BY HWY. DEPT. ON MARCH 31, 1982. R.O.W. OF PRESENT ROAD TO BE ABANDONED WHEN NEW PROPOSED ROAD IS BUILT.

NORTH CAROLINA
IREDELL COUNTY
THE FORGOING CERTIFICATE OF Margaret M. Pendleton, a Notary Public of Iredell County, N.C. IS CERTIFIED TO BE CORRECT. THIS INSTRUMENT WAS PRESENTED ON THIS DAY AND DULY RECORDED IN THE REGISTER OF DEEDS OF IREDELL COUNTY, N.C. IN PLAT BOOK 16 PAGE 76. THIS 27 DAY OF April, 1982 AT 4:25 P.M. O'CLOCK

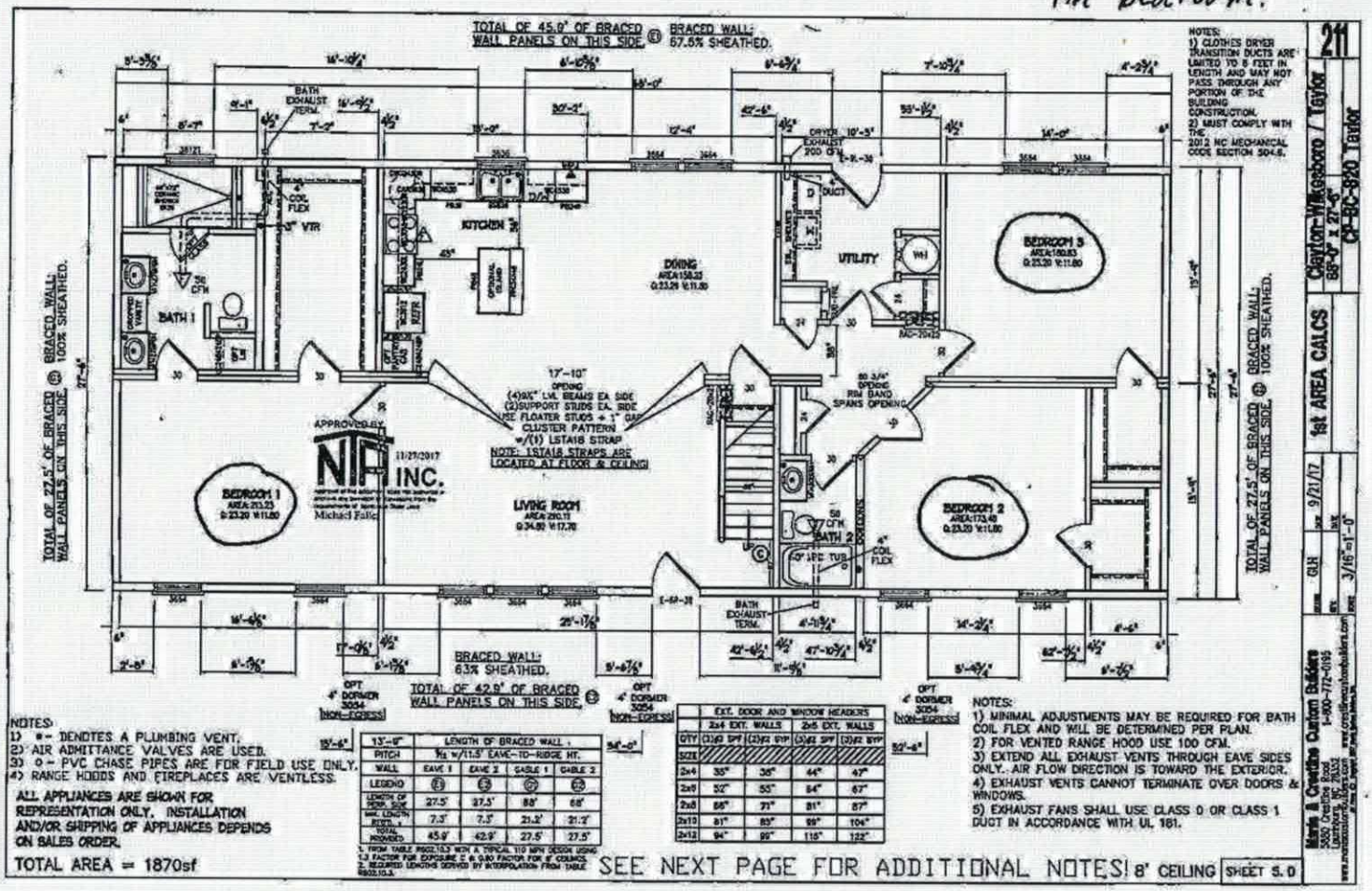
P.O. Nichols
REGISTER OF DEEDS

Acknowledgement Of Plans Submittal ONLY!

Dennis Gallik Date 1-2-2018

Tom Shuck Date 1/2/2017

* Upstairs to remain as unfinished initially for possible future 4th bedroom. DG



NOTES:
1) * = DENOTES A PLUMBING VENT.
2) AIR ADMITTANCE VALVES ARE USED.
3) ⊙ = PVC CHASE PIPES ARE FOR FIELD USE ONLY.
4) RANGE HOODS AND FIREPLACES ARE VENTLESS.

ALL APPLIANCES ARE SHOWN FOR REPRESENTATION ONLY. INSTALLATION AND/OR SHIPPING OF APPLIANCES DEPENDS ON SALES ORDER.

TOTAL AREA = 1870sf

13'-6"	LENGTH OF BRACED WALL
PITCH	1/12 w/11.5" EAVE-TO-RIDGE HT.
WALL	EAVE 1 / EAVE 2 / GABLE 1 / GABLE 2
LEGEND	E / E / G / G
LENGTH OF DOOR SIDE WALL	27.5' / 27.5' / 88' / 68'
WALL LENGTH REQ'D. + TOTAL PROVIDED	7.3' / 7.3' / 21.2' / 21.2'
	45.9' / 42.9' / 27.5' / 27.5'

1. FROM TABLE R602.10.3 WITH A TYPICAL 110 MPH DESIGN USING 1.3 FACTOR FOR EXPOSURE C & 0.80 FACTOR FOR 8' CEILINGS.
2. REQUIRED LENGTHS DERIVED BY INTERPOLATION FROM TABLE R602.10.3.

	EXT. DOOR AND WINDOW HEADERS			
	2x4 EXT. WALLS		2x6 EXT. WALLS	
QTY	(1)#2 SPF	(2)#2 SYP	(1)#2 SPF	(2)#2 SYP
SIZE				
2x4	35"	38"	44"	47"
2x8	52"	55"	64"	67"
2x6	66"	71"	81"	87"
2x10	81"	85"	99"	104"
2x12	94"	99"	115"	122"

NOTES:
1) MINIMAL ADJUSTMENTS MAY BE REQUIRED FOR BATH COIL FLEX AND WILL BE DETERMINED PER PLAN.
2) FOR VENTED RANGE HOOD USE 100 CFM.
3) EXTEND ALL EXHAUST VENTS THROUGH EAVE SIDES ONLY. AIR FLOW DIRECTION IS TOWARD THE EXTERIOR.
4) EXHAUST VENTS CANNOT TERMINATE OVER DOORS & WINDOWS.
5) EXHAUST FANS SHALL USE CLASS 0 OR CLASS 1 DUCT IN ACCORDANCE WITH UL 181.

SEE NEXT PAGE FOR ADDITIONAL NOTES! 8' CEILING SHEET S.0

IREDELL COUNTY

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

APPLICATION NUMBER
230441
Issue Date: 09/22/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4843998694.000	427 HOWARDS BRIDGE ROAD, UNION GROVE, NC 28689	

Owner Information	Applicant Information
Owner: GREGORY JODY W	Applicant: TAYLOR, JASON
Address: 317 IREDELL CO, NC 28625	Address: 359 EUCEPTIC SPRINGS OLIN, NC 28660
Phone:	Phone:

Use Requested	Zone Code
MODULAR	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6.300	35.00	35.00	15.00	15.00	BO	AE

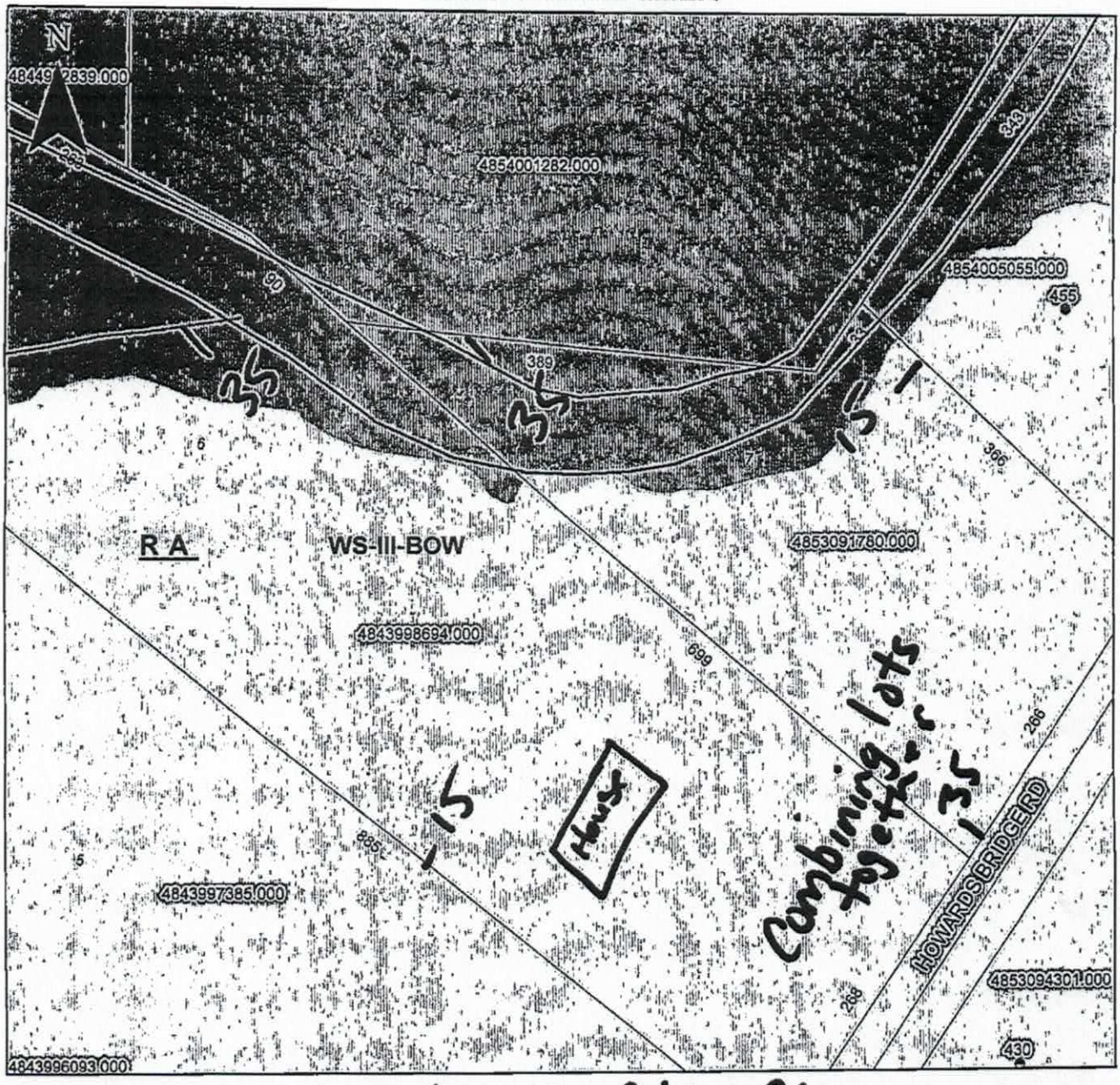
Remarks:

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

Applicant: _____ Date: _____

Permit Number	115976	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address Howards Bridge Rd

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Dennis Gallula
Applicant

9-22-2017
Date