ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP - 321746

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

PIN # 4872-18-9110

APPLICANT/OWNER: MICHELLE STEVENSON APPLICANT ADDRESS: 363 TROY MILL ROAD, HAMPTONVILLE, N.C. 27020

SITE ADDRESS: 363 TROY MILL ROAD, HAMPTONVILLE, N.C. 27020 PHONE: 704-273-6591 ALT. PHONE

SITE DIRECTIONS: (N) ON 77, (R) ON 901, (L) ON EAGLE MILLS, (R) ON WEST HOUSTONVILLE, (L) ON TROY MILL, LOT ON (L) SAP CONTROLLED: ☑ YES ☐ NO REPAIR

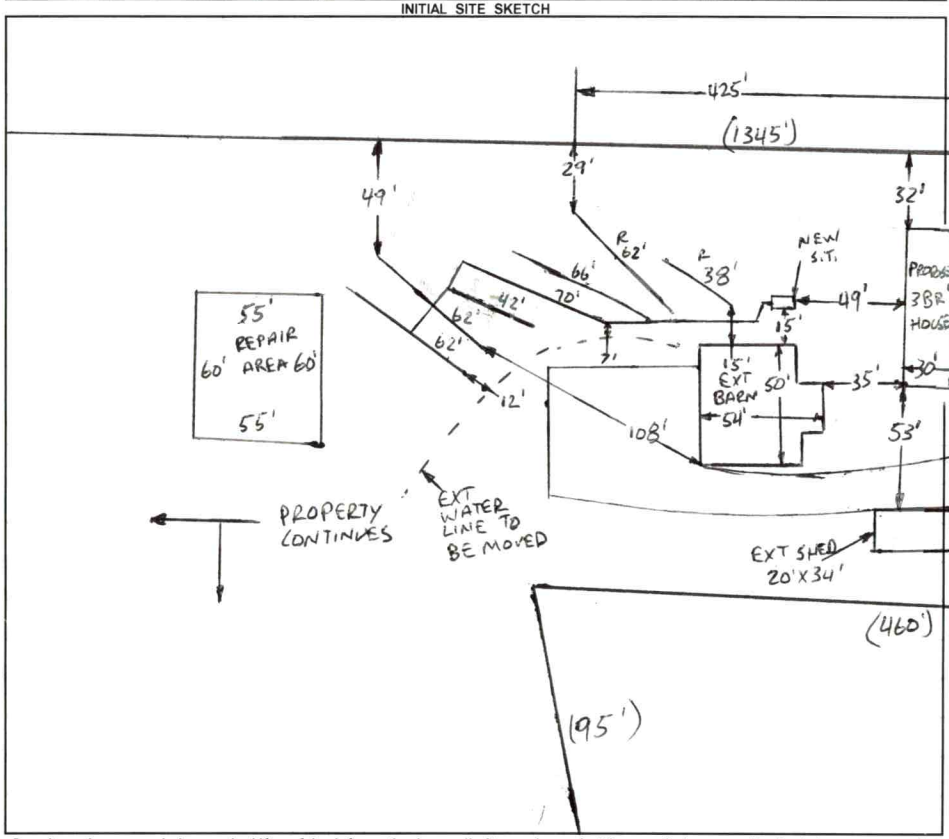
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 10 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.4 (0.3)

Septic Tank	1000	(gal)	STB 351	Date 3/23/23	☑ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	—	(gal)	PT —	Date —	System Description: GRAVEL CONVENTIONAL				☐ Business	No. Persons 6	☑ Private EXT
Pump Make	—	Model	—	Serial # —	Repair System Description: EXT-GRAVEL + 25% REDUCTION				☐ Other	No. Employees —	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft 300 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)		32 IN Gravel Depth 12 IN	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION VIA DROP BOXES, PUMP, CRUSH, AND FILL EXISTING SEPTIC TANK DO NOT DAMAGE EXISTING SYSTEM, MAINTAIN 100FT FROM ALL WELLS

PROPERTY LINES MUST BE MARKED AT TIME OF INSTALL

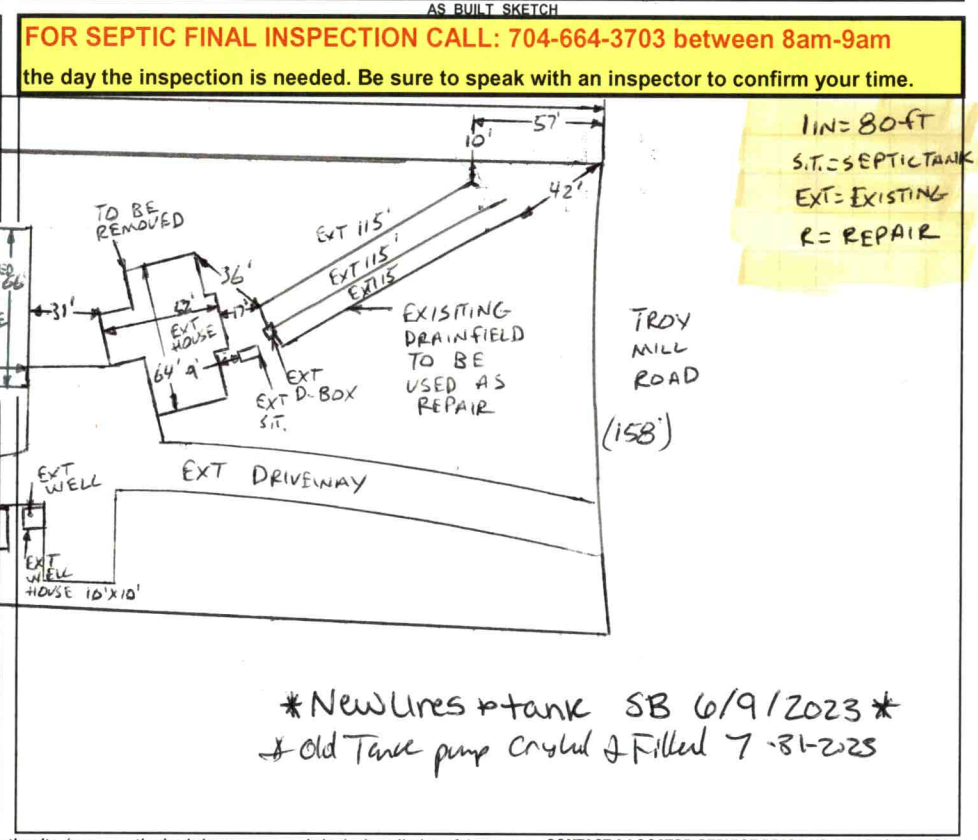
INITIAL SITE SKETCH



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.

1IN = 80FT
S.T. = SEPTIC TANK
EXT = EXISTING
R = REPAIR



New Lines + tank SB 6/9/2023
* Old Tank pump Crushed & Filled 7-31-2023

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: Michelle Stevenson Date: 7/27/22 Installed by: Price May

IMPROVEMENT PERMIT by: Bryant C. White Date: 5-13-2022 OPERATION PERMIT by: Bryant A. Bell Date: 7/31/2023

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 6-22-2022 Existing System Inspected by: Date:

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

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

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

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

Sheet 1 of 1
PROPERTY ID #: 4872-18-9110
COUNTY: IREDELL

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

OWNER: MICHELLE STEVENSON
ADDRESS: 363 TROY MILL ROAD, HAMPTONVILLE, N.C. 27020
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 363 TROY MILL ROAD, HAMPTONVILLE, N.C. 27020
APPLICATION DATE 9-23-2022
DATE EVALUATED: 3-28-2022
PROPERTY SIZE: 10 AC
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	CUT 4%	0-60	SAP, MAS	VFR, NS, NP, SEXP	LITHO SEW CLAY VIENS	0"	PS II SL	NA	PS .4
2	CUT 5%	0-7	FILL	MIXED	LITHO FEW CLAY VIENS	7"	PS II SL	NA	PS .4
		7-63	SAP, MAS	VFR, NS, NP, SEXP					
3	LINEAR SIDE 8%	0-9	L, SBK	FR, S, P, SEXP	SAP INC THRU OUT	50"	PS II SL	NA	PS .3
		9-50	CL, WSBK	FR, SS, SP, SEXP					
		50-65	SAP, MAS	VFR, NS, NP, SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	CONV	EXT+25%
Site LTAR	0.4	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant Culbreth
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

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.

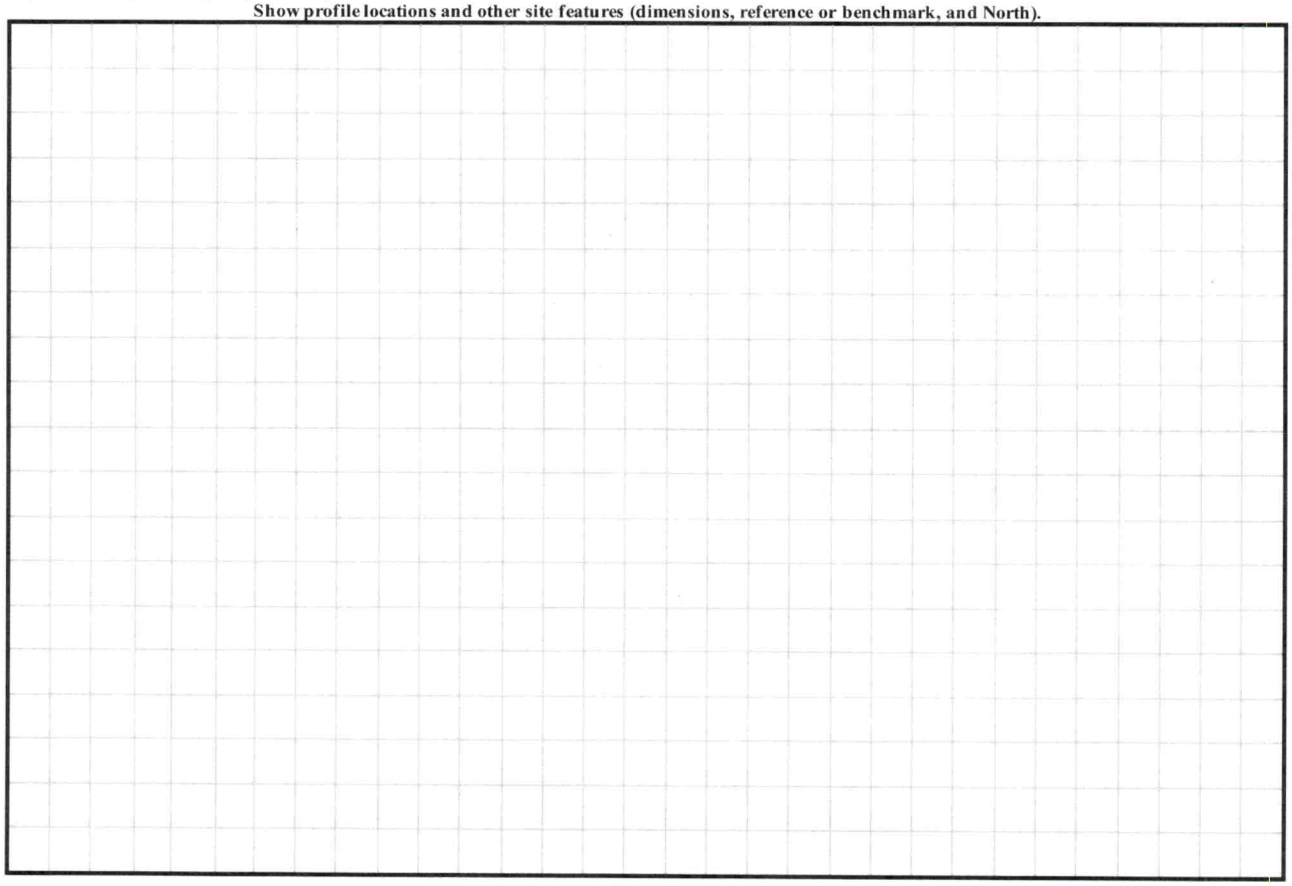
NOTES

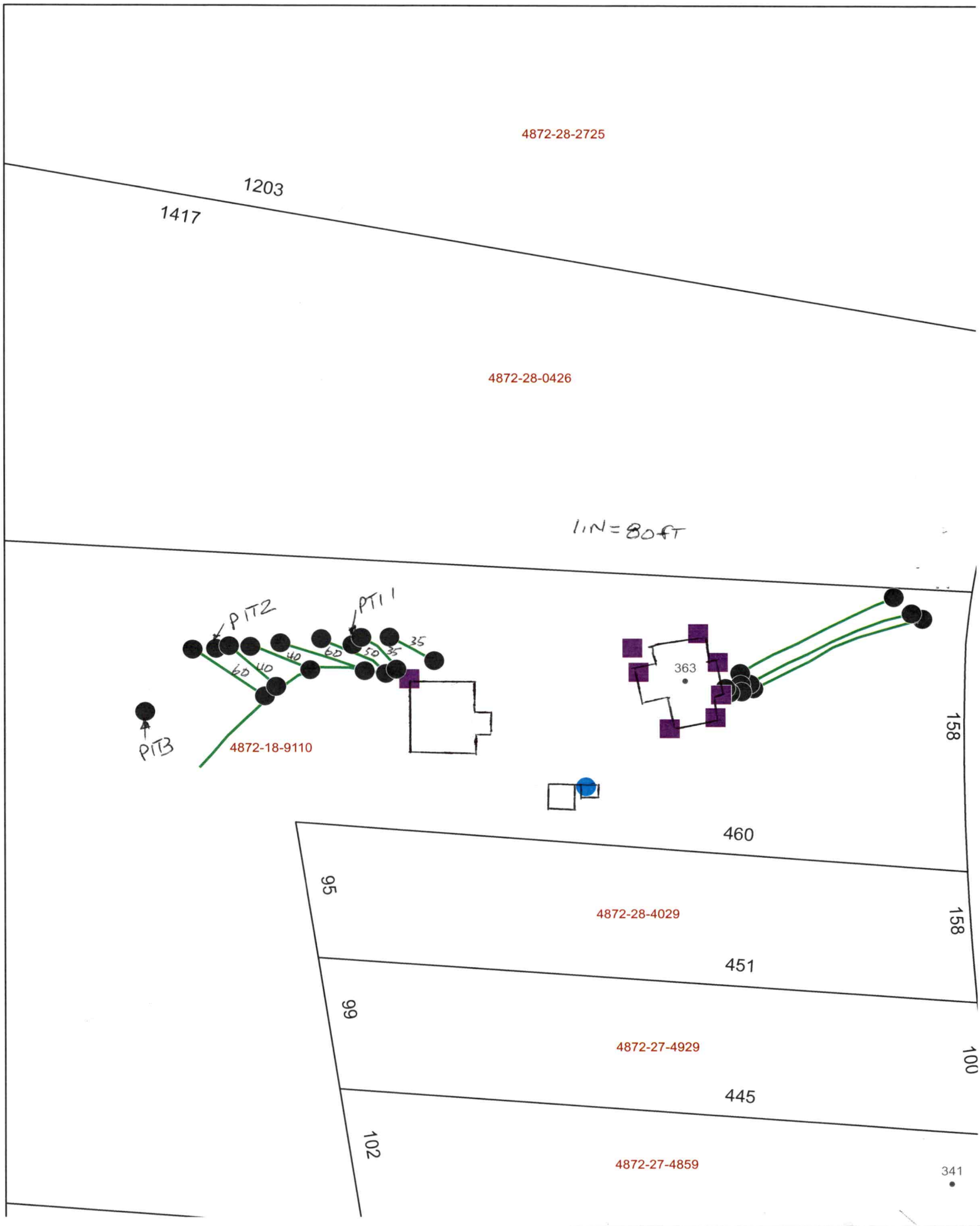
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).




4872-28-2725
1203
1417
4872-28-0426
1IN=80FT
PIT2
PIT1
PIT3
40
60
50
35
4872-18-9110
363
158
460
95
4872-28-4029
158
451
99
4872-27-4929
100
445
102
4872-27-4859
341

BW

RECEIVED SEP 2 3 2021

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* AP-321746 $500.00

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Michelle Stevenson Address: 363 Troy Mill Rd Hamptonville NC Zip: 27020
Applicant Email: michellestevenson128@gmail.com Phone: 7042736391 Alt. Phone: _____
Owner Name: Michelle Stevenson Address: SAME Zip: _____
Owner Email: SAME Phone: SAME Alt. Phone: _____

Property Information:

Street Address: 363 Troy Mill Rd Hamptonville NC 27020

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: ① eagle mills from HWY 901 ② Houstonville 1mile ③ Troy mill Rd 1mile ④ destination on left

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 6
(✓) 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: 1993
( ) 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: Michelle Stevenson 9/22/21
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

(Check and sign only ONE of the options below)

☑ 1. • APPLICANT AND OWNER ARE THE SAME. • (*Sign here*) [signature]

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ 2. I, _____ am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

[signature] _____ 9/22/21

Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

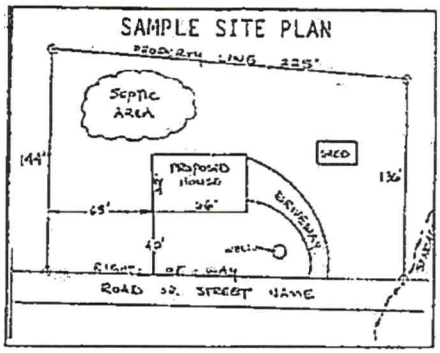
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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



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

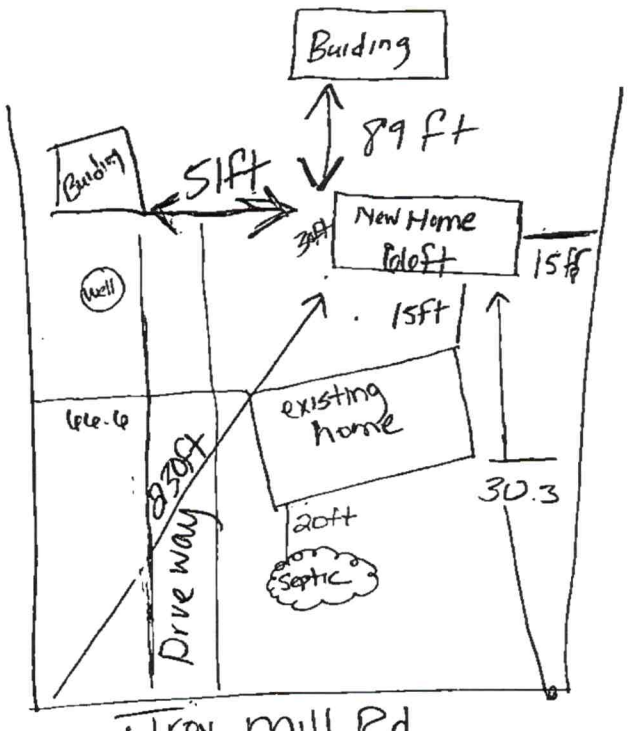
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

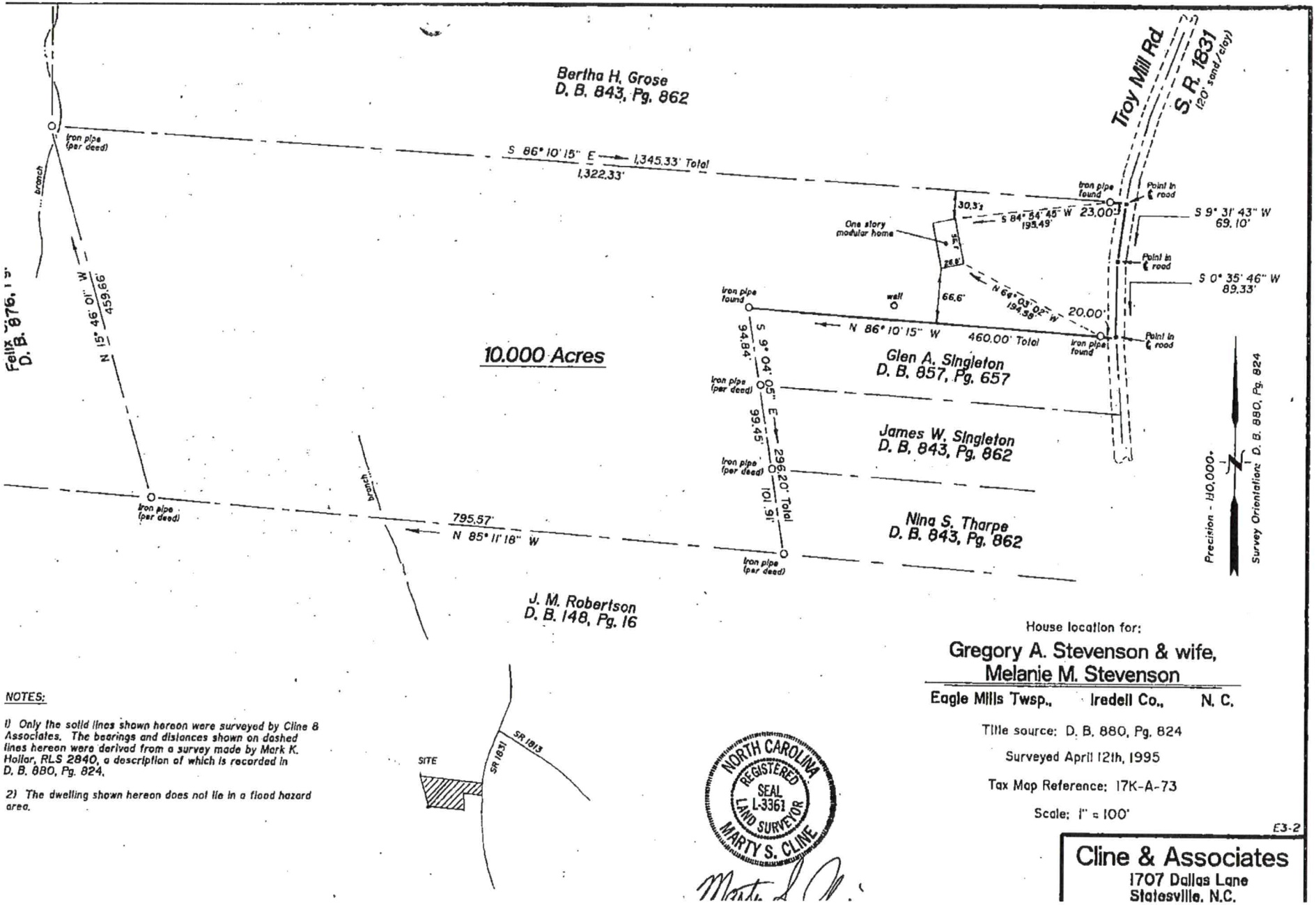
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Michelle Stevens — 9/22/21

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

Please see attached Survey



NOTES:

1) Only the solid lines shown hereon were surveyed by Cline & Associates. The bearings and distances shown on dashed lines hereon were derived from a survey made by Mark K. Hollar, RLS 2840, a description of which is recorded in D. B. 880, Pg. 824.

2) The dwelling shown hereon does not lie in a flood hazard area.

NORTH CAROLINA REGISTERED SEAL L-3361 LAND SURVEYOR MARTY S. CLINE

House location for:

Gregory A. Stevenson & wife, Melanie M. Stevenson

Eagle Mills Twsp., Iredell Co., N. C.

Title source: D. B. 880, Pg. 824

Surveyed April 12th, 1995

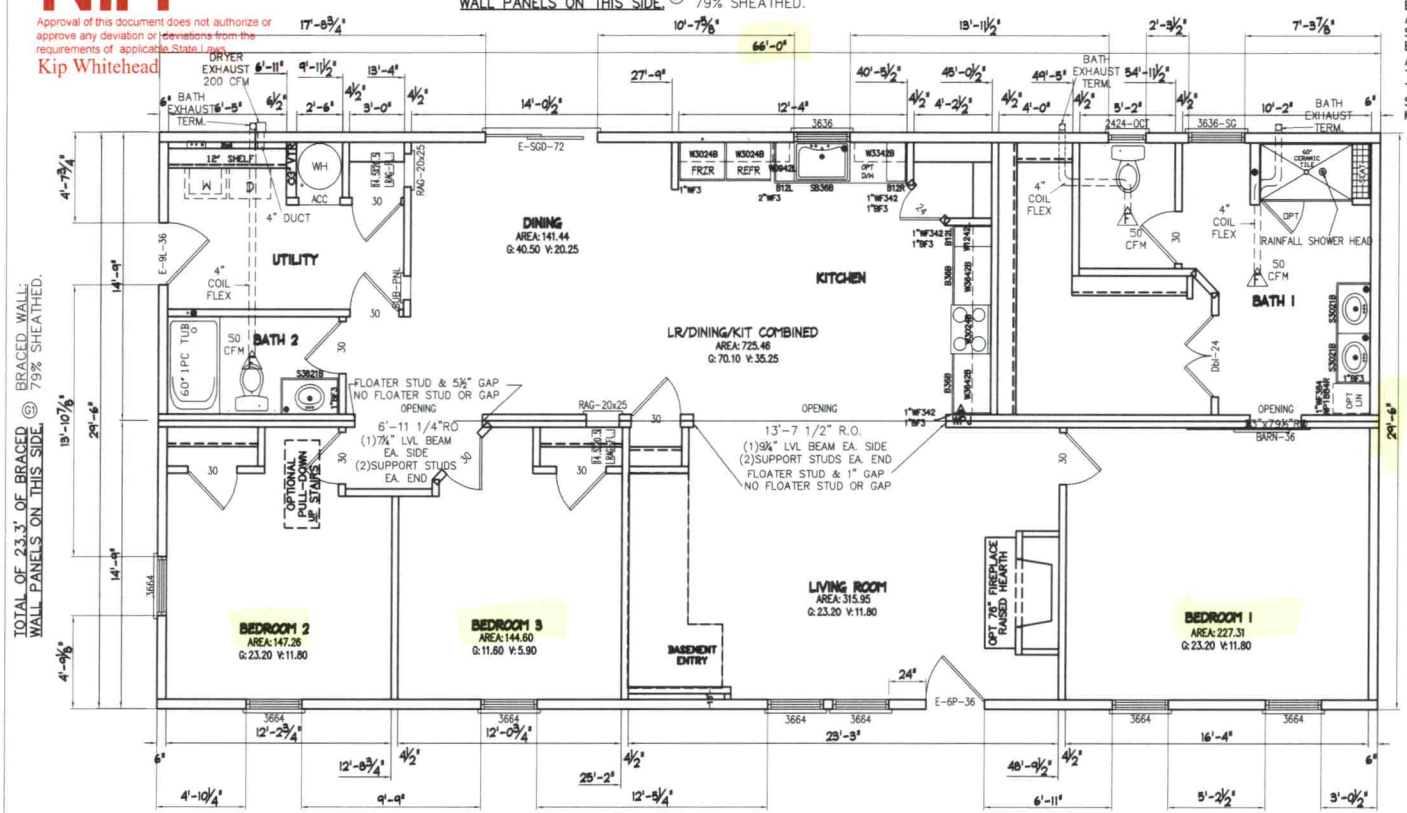
Tax Map Reference: 17K-A-73

Scale: 1" = 100'

E3-2

Cline & Associates
1707 Dallas Lane
Statesville, N.C.

APPROVED BY
NTA
5/31/2022
Approval of this document does not authorize or approve any deviation or deviations from the requirements of applicable State Laws.
Kip Whitehead



140–150mph NC NOTE FOR 7/12 THRU 9/12 PITCH ROOFS:
PER SECTION R602.10.4.5, SOLID 2x BLOCKING IS INSTALLED, BETWEEN TRUSSES, ABOVE ALL SHEATHED SECTIONS OF EAVE WALL EQUAL TO AND GREATER THAN 24" WIDE AND IS ATTACHED TO THE TOP PLATES WITH 8d NAILS @ 6"oc ALONG THE LENGTH. THIS BLOCKING IS NOT REQUIRED ABOVE DOOR, WINDOW, AND OTHER SIMILAR OPENINGS.
STACKED BLOCKING IS NOT REQUIRED WHEN THE TRUSS BOTTOM CHORD EXTENDS TO MEET THE FASCIA BOARD AND (1) SIMPSON SDWC15600 TOE–SCREW IS ADDED TO SECURE THE BOTTOM CHORD TO EXTERIOR WALL TOP PLATE.
SEE CN–16 pg 2–3 of 4 FOR APPROVED ALTERNATE METHOD.

TRUSS CONNECTIONS NOTE
FOR A 30' MAX. MEAN ROOF HEIGHT:
INTERIOR AND EXTERIOR ZONE TRUSSES ARE SECURED TO THE EXTERIOR TOP PLATES WITH (3)¼"x6" SIMPSON SDS SCREWS OR (4) #10x5" SCREWS FOR PITCHES OF 7/12 THROUGH 13/12 AND (7)#10x5" SCREWS FOR A 9/12 PITCH

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.

FOR SIDEWALL WINDOW, DOOR AND OPENING HEADERS, SEE PAGES 49–51 OF 89.

FOR MATE WALL OPENING HEADERS, SEE PAGES 52–56 OF 89.

140–150mph NOTES FOR EXTERIOR BRACED WALLS USING THE CS–WSP; CONTINUOUSLY SHEATHED WOOD STRUCTURAL PANEL METHOD:
1) ALL EXTERIOR WALLS ARE BRACED WALLS WITH 7/16" OSB SHEATHING FASTENED WITH 7/16"x1¾"x15ga STAPLES AT 2"oc STAGGERED ALONG HORIZONTAL EDGES, 3"oc ALONG VERTICAL EDGES, AND 4"oc IN THE FIELD. ALL EXTERIOR WALLS WITH LESS THAN 50% OF SHEATHING, BUT MORE THAN 25% SHEATHING REQUIRE BLOCKING AT JOINTS AND MUST BE FASTENED WITH 8d NAILS AT 3"oc ALONG THE EDGES AND 6"oc IN THE FIELD. LESS THAN 25% SHEATHING REQUIRES A P.E. DESIGN.
2) SEE SHEET 5.1 FOR ADDITIONAL BRACED WALL NOTES AND DETAILS.
3) ALL EXTERIOR BRACED WALLS ARE BLOCKED AT JOINTS.

14'–9" MAX	LENGTH OF BRACED WALL ↓			
PITCH	7/12 w/10' EAVE–TO–RIDGE HT.			
WALL	EAVE 1	EAVE 2	GABLE 1	GABLE 2
LEGEND	(E1)	(E2)	(G1)	(G2)
LENGTH OF PERP. SIDE	29.5'	29.5'	66'	66'
MIN. LENGTH REQ'D. 1	4.9'	4.9'	9.4'	9.4'
TOTAL PROVIDED	51.9'	42.2'	23.3'	29.5'

1. FROM TABLE R602.10.3 WITH A TYPICAL 130 MPH DESIGN USING 1.3 FACTOR FOR EXPOSURE C & 0.95 FACTOR FOR 9' CEILINGS.
2. REQUIRED BRACED WALL LENGTHS INTERPOLATED FROM TABLES R602.10.3.

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

TOTAL AREA = 1947sf

Acknowledgement Of Plans Submittal ONLY!
Date 7/27/22
Date 6-22-2022

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.

SEE NEXT PAGE FOR ADDITIONAL NOTES!

9' CEILING

SHEET 5.0

211
CLAYTON HOMES / STEVENSON
66'-0" x 29'-6"
SN 4175
16-CP-2+6' Flipped Stevenson

1st AREA CALCS

DRAWN JRH DATE 6/17/2021
REV. B–JRH DATE 2/15/2022
SCALE 3/16"=1'-0"

Mark & Crestline Custom Builders
5880 Crestline Road
Lourinburg, NC 28352
1–800–772–0195
www.monicustombuilders.com
www.crestinecustombuilders.com
All Plans © Copyright 2022 Mark Custom Builders, Inc.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
321746 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4872189110.000	363 TROY MILL RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: STEVENSON GREGORY A+MICHELLE O	Name: STEVENSON GREGORY A+MICHELLE O
Address:	Address:
,	,
Phone: (704)273-6391	Phone: (704)273-6391

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
10	35	35	15	15	WSII-BOW Hunting Creek	NO

Remarks
MODULAR HOME

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

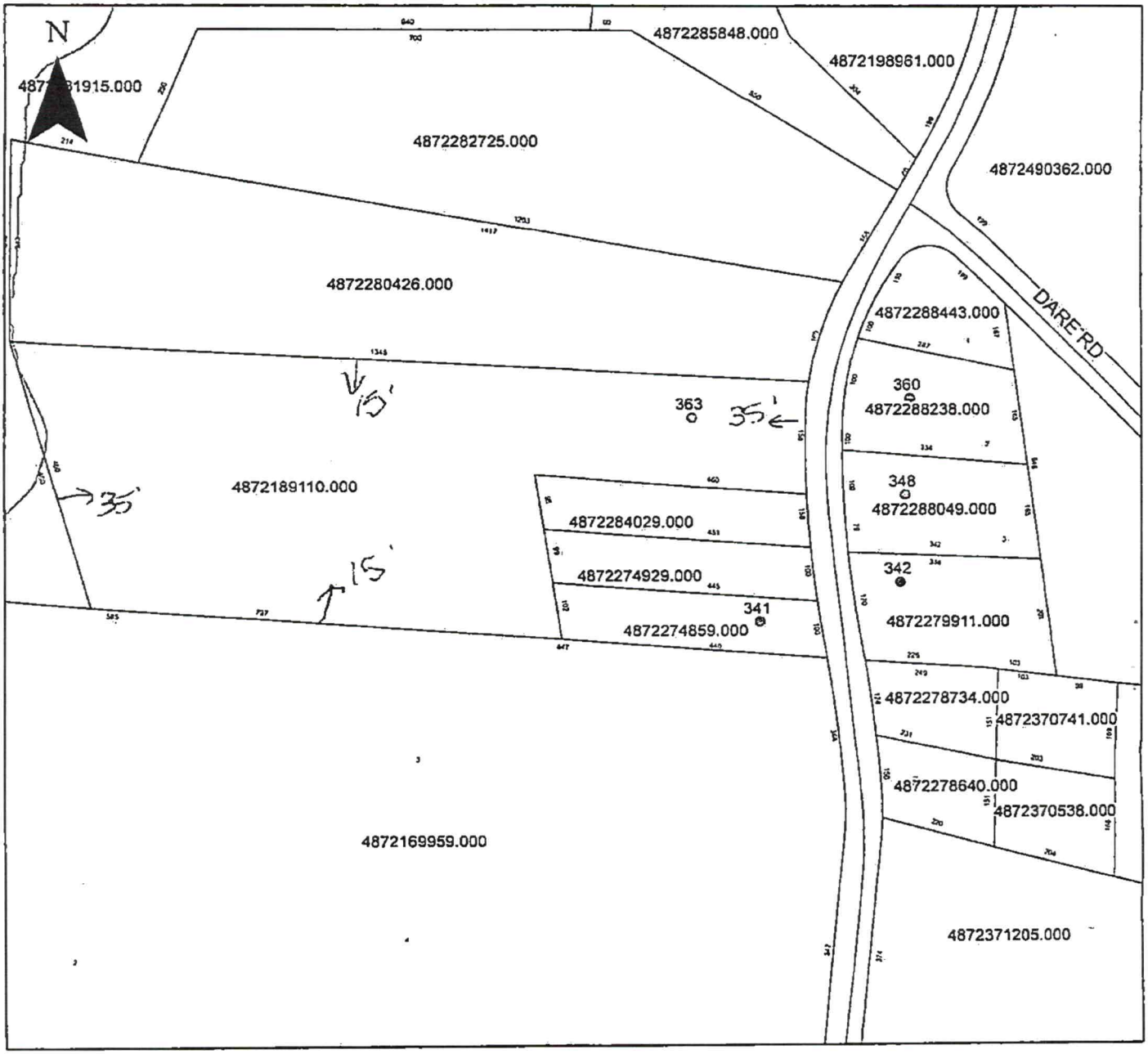
Date: 09/22/2021

Signature of Owner/Contractor

Permit Number	321746

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 363 Tmby Mill Rd

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

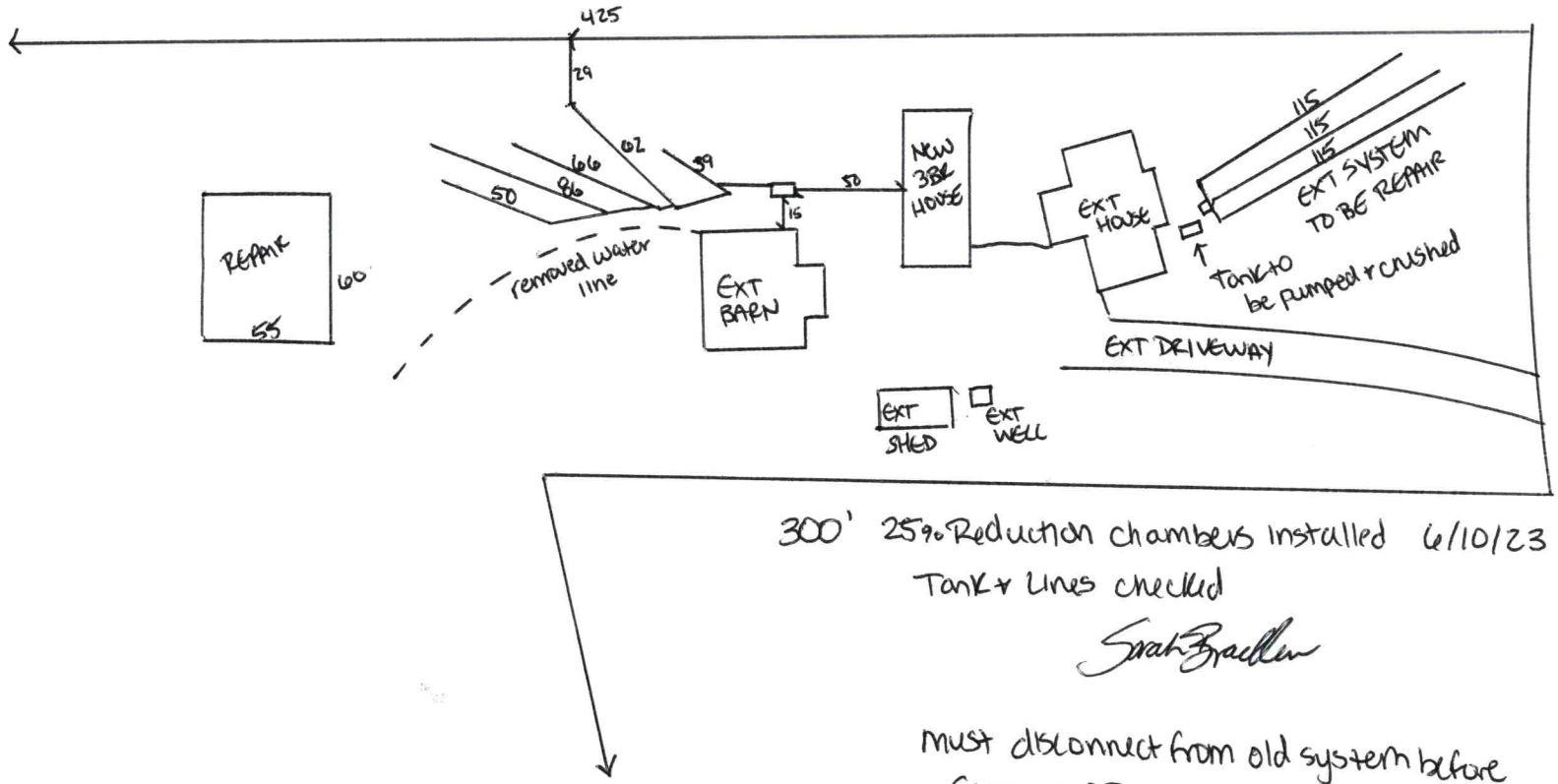
Michelle D Chinn

Applicant

9/22/21

Date

AS BUILT SKETCH



300' 25% Reduction chambers installed 6/10/23
Tank + lines checked

Sarah Bradley

must disconnect from old system before signing OP.