ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BLDR-2023-24033

PERMIT # 2023-15576

PIN # 4880-32-7380

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

APPLICANT/OWNER: Walter & Tracy Goodmen

APPLICANT ADDRESS: 1592 Long Ferry Rd Salisbury 28146

SITE ADDRESS: 596 E Memorial Hwy Harmony 28634

PHONE: 980-499-9016

ALT. PHONE –

SITE DIRECTIONS: I-40 E, exit 162 toward Cool Springs, L US-64 E, L NC-901 N

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Lynne M. Mauney

SECTION: – LOT # 1 LOT AREA: 34.454 Ac

DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 760 Date 5-12-23

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft 300 ft

Trench Width 36in Trench Bottom Depth(below grade) 36in max Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction - Gravity - Serial

Repair System Description: 25% Reduction - Gravity

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☑ Crawl Space

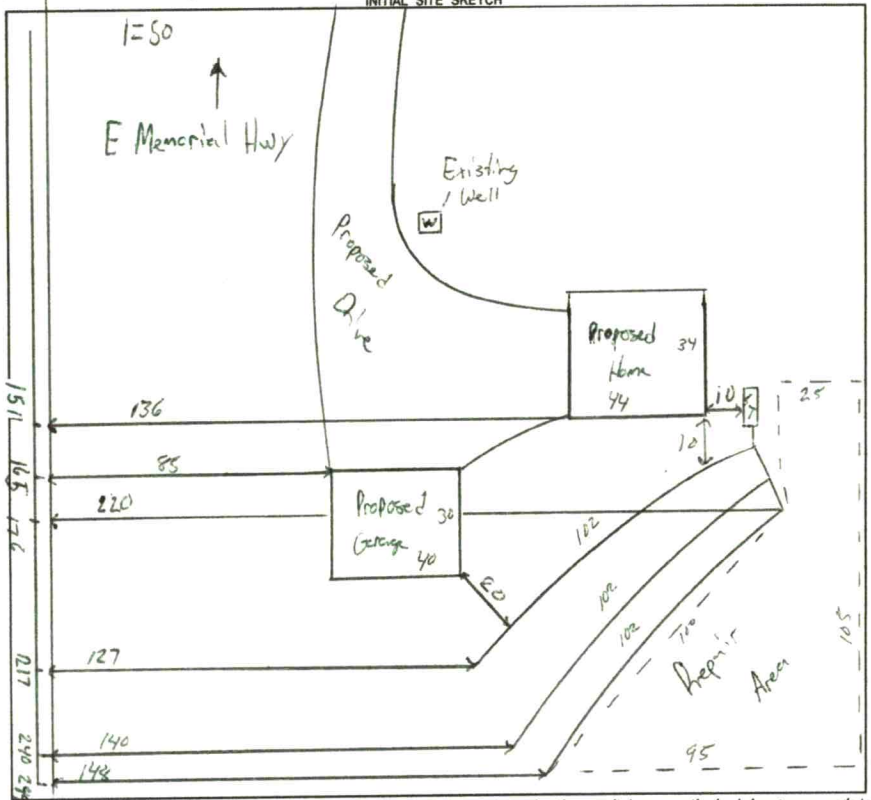
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Pc

Comments / Conditions: Install on contour with 4ft on center with serial distribution. Do not drive, park or construct on septic area. Stay 50ft from well.

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.

Installed as shown

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: Online Signature Date:

Installed by: Kevin Kirkpatrick

IMPROVEMENT PERMIT by: Matt Wi Date: 2/27/23

OPERATION PERMIT by: Sydney Holland Date: 7/14/23

AUTHORIZATION TO CONSTRUCT by: Matt Wi Date: 2/27/23

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? _____	

BLDR-2023-24033

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2023-15576

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

PIN # 4860 -- 31 -- 7843

APPLICANT/OWNER: Walter & Tracy Goodman APPLICANT ADDRESS: 1592 Long Ferry Rd Salisbury 28146

SITE ADDRESS: 596 E Memorial Hwy Harmony 28634 PHONE: 980-499-9016 ALT. PHONE –

SITE DIRECTIONS: I-40 E, exit 162 toward Cool Springs, (L) US-64 E, (L) NC-901 N SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Lynne M. Mauney SECTION: – LOT # 1 LOT AREA: 34.454 Ac DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	1		# Lines	3	Linear Ft	300 ft					
Trench Width	36 in		Trench Bottom Depth(~~below grade~~)		36 in max	Gravel Depth	N/A				

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction - Gravity - Serial

Repair System Description: 25% Reduction - Gravity

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing

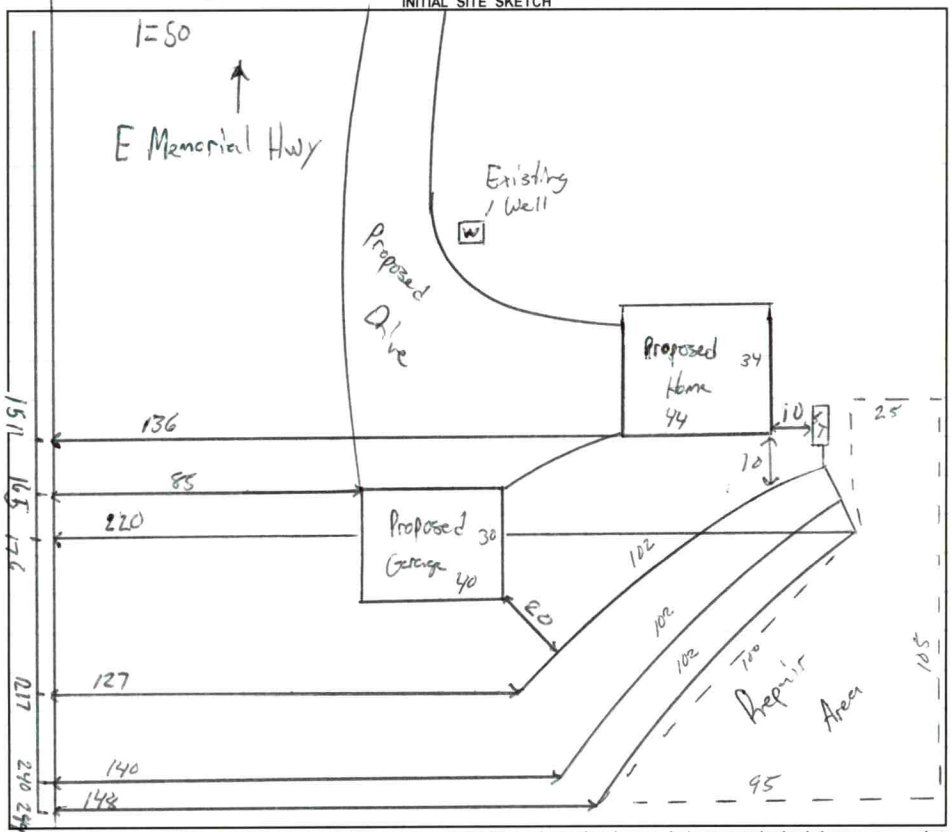
No. Bedrooms 3 No. Persons 6 No. Employees ☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

PC

Comments / Conditions: Install on contour with 4ft on center with serial distribution. Do not drive, park or construct on septic area. Stay 50ft from well.

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.

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: Online Signature Date: Installed by:

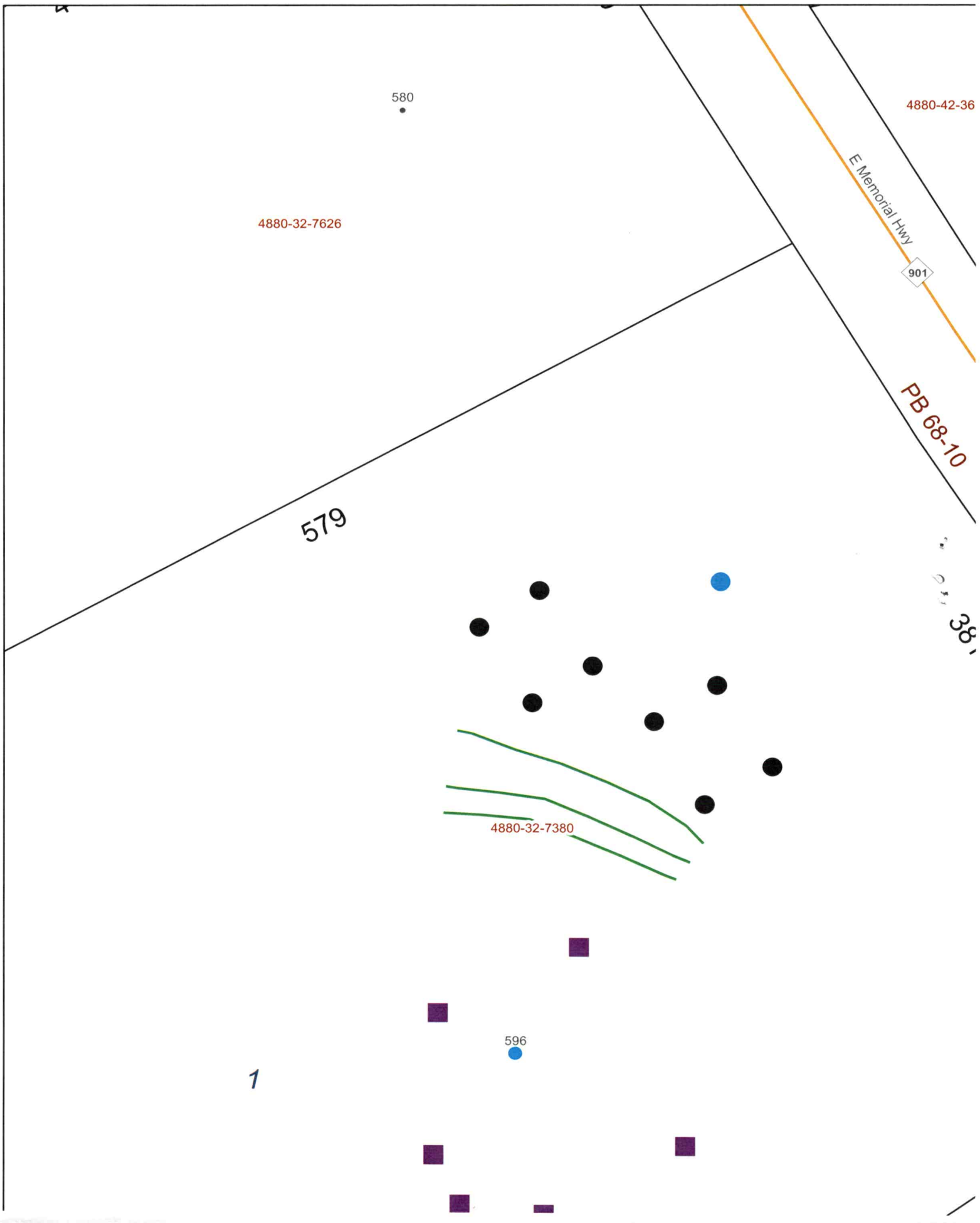
IMPROVEMENT PERMIT by: Matt Wi Date: 2/27/23 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Matt Wi Date: 2/27/23 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? _____	


580
4880-42-36
E Memorial Hwy
901
4880-32-7626
PB 68-10
579
38
4880-32-7380
596
1

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 329436

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

PIN # 4880 -- 31 -- 7893

APPLICANT/OWNER: Walter + Tracy Goodman APPLICANT ADDRESS: 1592 Long Ferry Rd Salisbury 28146

SITE ADDRESS: 596 E Memorial Hwy Harmony 28634 PHONE: 980-499-4016 ALT. PHONE -

SITE DIRECTIONS: I-40 E, exit 162 toward Cool Springs, (L) US-64 E. (L) NC-901 N SAP CONTROLLED: ☐ YES ☑ NO

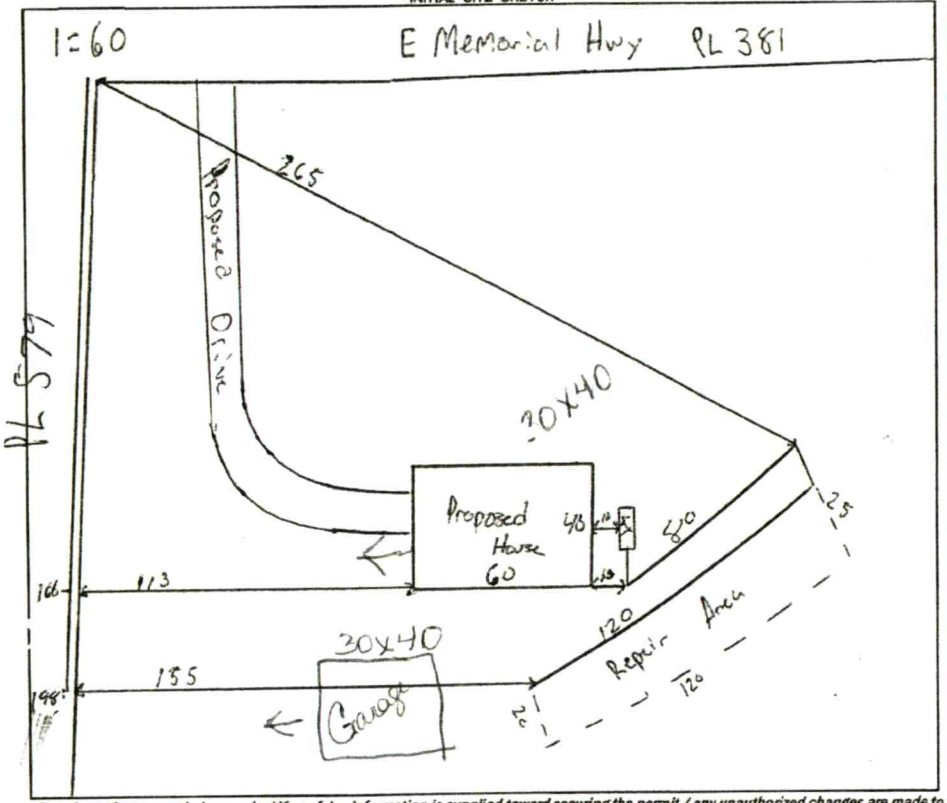
SUBDIVISION: - SECTION: - LOT # - LOT AREA: 34.454 AC DESIGN FLOW: 240 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 2
Pump Tank	(gal)	PT	Date	System Description: 25% Reduction - Gravity - Serial				☐ Business	No. Persons 4
Pump Make	Model		Serial #	Repair System Description: 25% Reduction - Gravity				☐ Other	No. Employees
# Nitrification Fields 1	# Lines 2		Linear Ft 200 ft	Maintenance Agreement Required:	☐ YES	☑ NO		☑ Slab	☐ Crawl Space
Trench Width 36 in	Trench Bottom Depth Max	36 in	Gravel Depth N/A	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install on contour with serial distribution. Maintain 911 on center throughout. Do not drive, park, or construct on septic area.

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.

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: Walter Goodman Date: 08/02/22 Installed by:

IMPROVEMENT PERMIT by: Matt Wilk Date: 7/26/22 OPERATION PERMIT by: Date:

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

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

3 Bedroom , 2 Bath Country House Plan #49-211

SHARE ON

PDF (RECOMMENDED) $850

SLAB STANDARD WITH PLAN

MASTER MATERIAL LIST

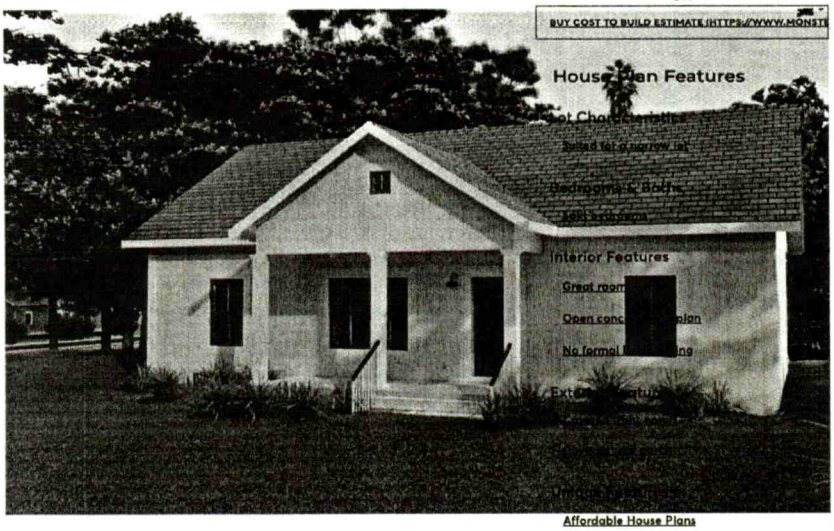
OPTIONAL ADD-ONS

Sections $850

BUY HOUSE PLAN NOW

OR

BUY COST TO BUILD ESTIMATE (HTTPS://WWW.MONSTE



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3 Bedroom , 2 Bath Country House Plan #49-211

Key Specs:

1035 Sq. Ft. | 3 Bedrooms | 2 Full Baths | 1 Story

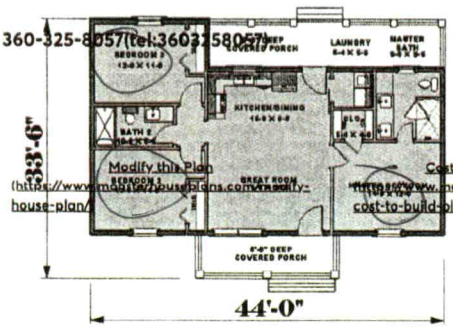
Floor Plans

REVERSE

Main Floor

Get advice from an architect 360-325-8057(tel:3603258057)

(https://www.monsterhouseplans.com/favorites/)



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OPTIONAL ADD-ONS

Subtotal: $ 850

See more Specs about plan

FULL SPECS AND FEATURES

OR

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House Plan Highlights

Full Specs and Features

Total Living Area	Main floor: 1035 Total Sq. Ft.: 1035
Beds/Baths	Bedrooms: 3 Full Baths: 2
Garage	Garage: 284
Levels	1 story
Dimension	Width: 44' 36" Depth: 6' 0"
Roof slope	8:12 (primary)
Walls (exterior)	2"x6"
Ceiling heights	9' (Main)
Exterior Finish	Siding
Roof Framing	Truss

House Plan Features

Lot Characteristics
- Suited for a narrow lot

Bedrooms & Baths
- Split bedrooms

Interior Features
- Great room
- Open concept floor plan
- No formal living/dining

Exterior Features
- Covered front porch
- Covered rear porch

Unique Features
- Affordable House Plans
- Photos Available

Additional Services

Other house plans by thisDesigner

Your Recently Viewed Plans

Foundation Options

Slab Standard With Plan

We're currently collecting product reviews for this item. In the meantime, here are some reviews from our past customers sharing their overall shopping experience.

4.8 Out of 5.0

5 Star (774)
4 Star (130)
3 Star (21)
2 Star (7)
1 Star (9)

Overall Rating

97% of customers that buy from this merchant give them a 4 or 5-Star rating.

Write a review about this product

Verified Buyer

January 25, 2023 by Brad J. (Georgia, united states)

"Ok"

Verified Buyer

January 25, 2023 by Steven S. (Tennessee, united states)

"Very nice"

Acknowledgement Of Plans Submittal ONLY!

Matt Wi Date 2/27/23

On the Signature Date

Get advice from an architect **360-325-057(tel:3603258057)**

Verified Buyer

January 25, 2023 by Roman V. (California, united states)

"great selection of homes and options for any site."

(https://www.monsterhouseplans.com/favorites/)

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Questions & Answers

Ask a question...

Popular Questions

No questions have been asked yet, ask your question above.

MONSTER MATERIAL LIST

OPTIONAL ADD-ONS

Subtotal: $ 850

OR

BUY COST TO BUILD ESTIMATE (HTTPS://WWW.MONSTE

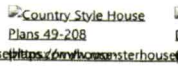
ShopperApproved QA powered by answerbase

Other house plans by this Designer



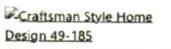
Farm Style Home Design 49-210 (https://www.monsterhouseplans.com/house-plans/farm-style/2090-sq-ft-home-1-story-3-bedroom-2-bath-house-plans-plan49-210/)

Plan 49-210



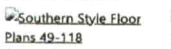
Country Style House Plans 49-208 (https://www.monsterhouseplans.com/house-plans/country-style/1611-sq-ft-home-1-story-3-bedroom-2-bath-house-plans-plan49-208/)

Plan 49-208



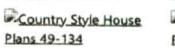
Craftsman Style Home Design 49-185 (https://www.monsterhouseplans.com/house-plans/craftsman-style/2818-sq-ft-home-1-story-4-bedroom-3-bath-house-plans-plan49-185/)

Plan 49-185



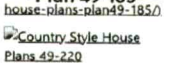
Southern Style Floor Plans 49-118 (https://www.monsterhouseplans.com/house-plans/southern-style/1500-sq-ft-home-1-story-3-bedroom-2-bath-house-plans-plan49-118/)

Plan 49-118



Country Style House Plans 49-134 (https://www.monsterhouseplans.com/house-plans/country-style/1785-sq-ft-home-1-story-3-bedroom-2-bath-house-plans-plan49-134/)

Plan 49-134



Country Style House Plans 49-220 (https://www.monsterhouseplans.com/house-plans/country-style/2096-sq-ft-home-1-story-4-bedroom-2-bath-house-plans-plan49-220/)

Plan 49-220

SEE ALL (HTTPS://WWW.MONSTERHOUSEPLANS.COM/HOUSE-PLANS-DESIGNERS/DESIGNER-49/)

House Plan Features

Lot Characteristics

Suited for a narrow lot

Bedrooms & Baths

Split bedrooms

Interior Features

Great room

Open concept floor plan

No formal living/dining

Exterior Features

Covered front porch

Covered rear porch

Unique Features

Affordable House Plans

Photos Available

Your recently Viewed Plans



(https://www.monsterhouseplans.com/house-plans/country-style/1035-sq-ft-home-1-story-3-bedroom-2-bath-house-plans-plan49-211/)

Plan 49-211

Additional Services

Other house plans by thisDesigner

Your Recently Viewed Plans

Need Some Quick Tips Or Advice?

We want to help you design the house of your dreams as best as we can. If you can't find the answers you're looking for here, get in touch with our licensed architect or a designer!

GET IN TOUCH (HTTPS://WWW.MONSTERHOUSEPLANS.COM/CONTACT-MONSTER-HOUSE-PLAN/)

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NAVIGATION

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

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

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Walter Goodman Date: 2/27/2023

Address: 1592 Long Ferry Rd, Salisbury, NC 28146

Subject: Notice of Intent to Revoke: Address: 596 E Memorial Hwy, Harmony, NC, 28634 Permit 2023-15576 (Improvement Permit/Construction Authorization)

Dear **Walter Goodman**

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located 515 Jennings Rd 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/Construction Authorization _____ Type III_____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

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/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

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 **2/27/23**. 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 our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Signature of DHHS Authorized Agent

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

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

Voluntary Relinquishment of Administrative Appeal Rights (Completion of Form by Property Owner)

2/27/2023

Owner: Walter Goodman
Address: 1592 Long Ferry Rd, Salisbury, NC, 28146

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address:
_____

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system:
(permit date)

Type III at Address: 596 E Memorial Hwy, Harmony, NC, 28634

for the site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner

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

Sheet 1 of 1
PROPERTY ID #: 4860317693
COUNTY: Iredell

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

OWNER: Walter + Tracy
ADDRESS: 596 E Memorial Hwy
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 240
LOCATION OF SITE: 596 E Memorial Hwy
APPLICATION DATE 5/29/22
DATE EVALUATED: 7/15/22
PROPERTY SIZE: 7.24c
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 8%	0-6	SCL/SBK	ns np fr SE	-	53	Sap inclusions at 25/45-53	-	PS .3
		6-27	C/SBK	ss sp fr SE					
		27-53	CL/ABK	ss sp fr SE					
2	LS 10%	0-6	SCL/Gr	ns np fr SE	-	54	Sap inclusions at 35-50	Couple of small rocks in profile	PS .3
		6-30	C/SBK	ss sp fr SE					
		30-54	CL/ABK	ss sp fr SE					
3	LS 7%	0-6	SCL/Gr	ns np fr SE	-	53	Sap inclusions at 46-53	-	PS .3
		6-34	C/SBK	ss sp fr SE					
		34-53	CL/SBK	ss sp fr SE					
4	LS 9%	0-6	SCL/Gr	ns np fr SE	-	53	Sap inclusions at 44-53	Mica at 25-53	PS .3
		6-36	C/SBK	ss sp fr SE					
		36-53	CL/SBK	ss sp fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240	240
System Type(s)	25%	25%
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Matthew
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) CV (Convex Slope) D (Drainage Way)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
DS (Debris Slump) FP (Flood Plain) FS (Foot Slope)	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

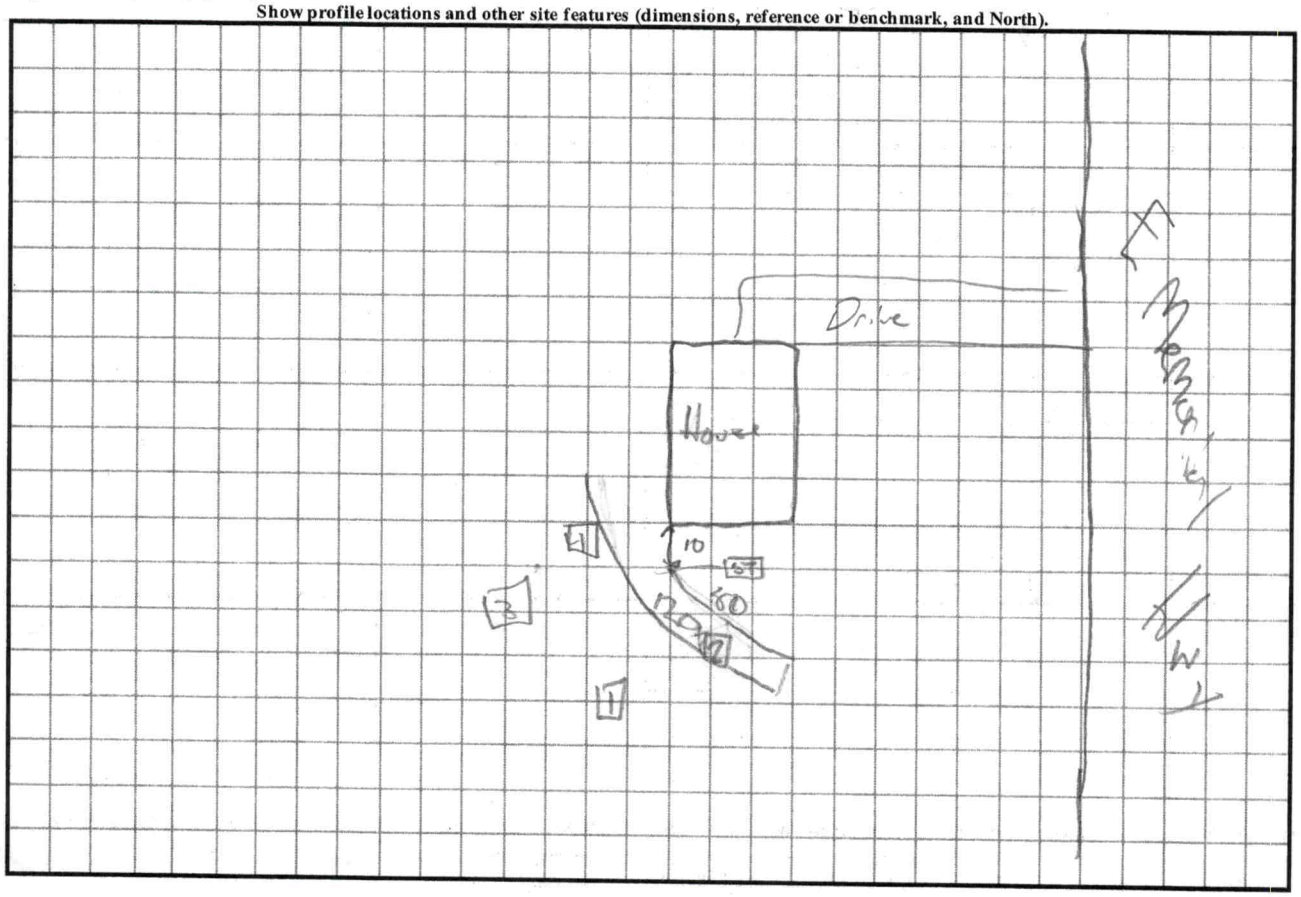
NOTES

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).



RECEIVED JUN 7 - 2022

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

AP- 329436

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $500.00

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: Walter + Tracy Goodner Jr. Address: 596 East Memorial Hwy. Zip: 28634

Applicant Email: rebelchick07@hotmail.com Phone: 980-499-9731 Alt. Phone: 980-499-9016

Owner Name: Lynne M. Mauney Address: 654 E. Memorial Hwy Harmony NC Zip: 28634

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 596 E. Memorial Hwy Harmony, NC 28634

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

Driving Directions: _____

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: 2
Maximum Number of Occupants: 2
( ) 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: 2400 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: 2

(✓) 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.

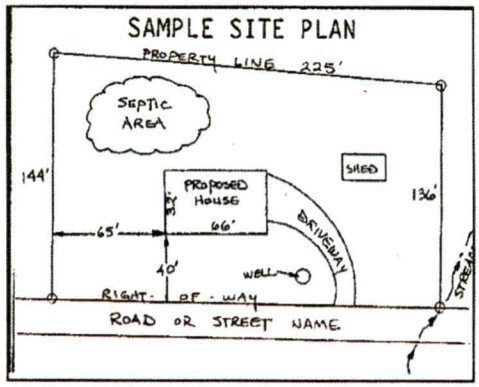
Signature: Tracy Goodner 5-29-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

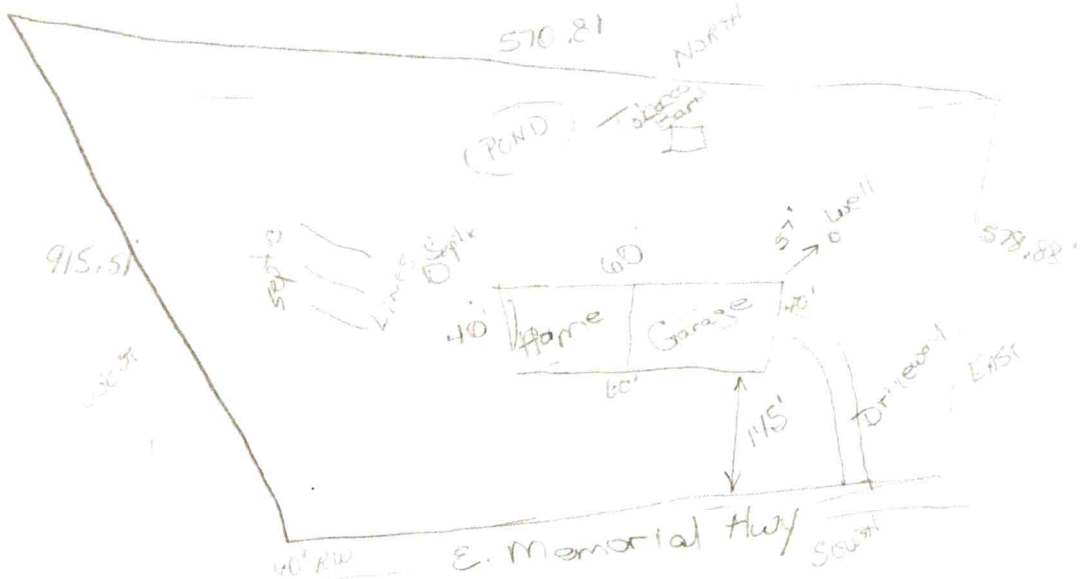
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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

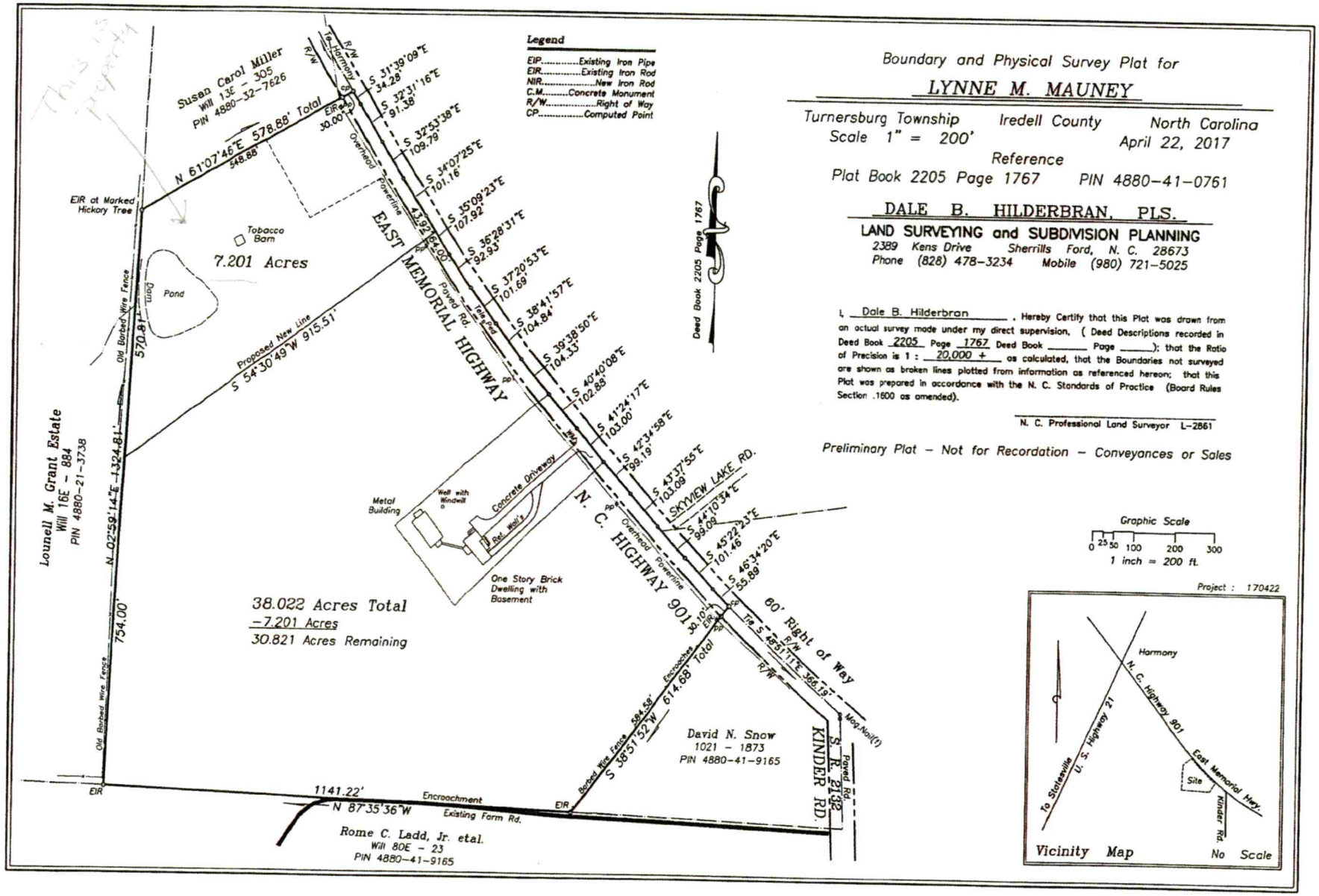


Signature: Amy Gardner

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

5-29-22

DATE


Legend
EIP.....Existing Iron Pipe
EIR.....Existing Iron Rod
NIR.....New Iron Rod
C.M.....Concrete Monument
R/W.....Right of Way
CP.....Computed Point
Boundary and Physical Survey Plat for
LYNNE M. MAUNEY
Turnersburg Township Iredell County North Carolina
Scale 1" = 200' April 22, 2017
Reference
Plat Book 2205 Page 1767 PIN 4880-41-0761
DALE B. HILDERBRAN, PLS.
LAND SURVEYING and SUBDIVISION PLANNING
2389 Kens Drive Sherrills Ford, N. C. 28673
Phone (828) 478-3234 Mobile (980) 721-5025
I, Dale B. Hilderbran . Hereby Certify that this Plat was drawn from an actual survey made under my direct supervision, (Deed Descriptions recorded in Deed Book 2205 Page 1767 Deed Book _____ Page _____); that the Ratio of Precision is 1 : 20,000 + as calculated, that the Boundaries not surveyed are shown as broken lines plotted from information as referenced hereon; that this Plat was prepared in accordance with the N. C. Standards of Practice (Board Rules Section .1600 as amended).
N. C. Professional Land Surveyor L-2861
Preliminary Plat - Not for Recordation - Conveyances or Sales
Deed Book 2205 Page 1767
Susan Carol Miller
Will 13E - 305
PIN 4880-32-7626
N 61°07'46"E 578.88' Total
548.88
EIR at Marked Hickory Tree
Tobacco Barn
7.201 Acres
Pond
Old Barbed Wire Fence
570.81'
Proposed New Line
S 54°30'49"W 915.51'
Lounell M. Grant Estate
Will 16E - 884
PIN 4880-21-3738
N 02°59'14"E 1324.81'
754.00'
Old Barbed Wire Fence
EIR
1141.22'
N 87°35'36"W
Encroachment
Existing Farm Rd.
Rome C. Ladd, Jr. etal.
Will 80E - 23
PIN 4880-41-9165
EAST MEMORIAL HIGHWAY
N. C. HIGHWAY 901
Harmony
R/W
EIR
30.00'
Overhead Powerline
Paved Rd.
Tie Post
Pp
S 31°39'09"E 34.28'
S 32°31'16"E 91.38'
S 32°53'38"E 109.79'
S 34°07'25"E 101.16'
S 35°09'23"E 107.92'
S 36°28'31"E 92.93'
S 37°20'53"E 101.69'
S 38°41'57"E 104.84'
S 39°38'50"E 104.33'
S 40°40'08"E 102.88'
S 41°24'17"E 103.00'
S 42°34'58"E 99.19'
S 43°37'55"E 103.09'
SKYVIEW LAKE RD.
S 44°10'34"E 99.09'
S 45°22'23"E 101.48'
S 46°34'20"E 55.88'
30.10'
60' Right of Way
Tie S 45°51'11"E 956.19'
Mag.Nail(f)
S 38°51'52"W 614.68' Total
Encroaches
Barbed Wire Fence 584.58'
S. R. 2132
KINDER RD.
Paved Rd.
David N. Snow
1021 - 1873
PIN 4880-41-9165
Metal Building
Well with Windmill
Concrete Driveway
Pad
Wall's
One Story Brick Dwelling with Basement
38.022 Acres Total
-7.201 Acres
30.821 Acres Remaining
Graphic Scale
0 25 50 100 200 300
1 inch = 200 ft.
Project : 170422
Harmony
N. C. Highway 901
U. S. Highway 21
To Statesville
East Memorial Hwy.
Site
Kinder Rd.
Vicinity Map
No Scale

dotloop signature verification: dtlp.us/W6xV-iHRk-zDf7

596 E Memorial Hwy

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, Lynne Mauney, am the legal owner(s) of the property located at 7.2 acres, E. Memorial Hwy, Harmony, NC, identified as PIN (Parcel Identification Number) 4880317893/4880329544, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Walter Goodman or Tracy Goodman, 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.

Lynne M. Mauney dotloop verified 06/01/22 12:37 PM EDT GZFC-IM5P-FTQ9-GD75

Signature of Owner(s)

06/01/2022

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

JG **Complete all Environmental Health forms**:

JG Application
JG Site Plan including the dimensions of proposed structure, addition, pool etc.
JG Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
JG Copy of Zoning Permit when applicable
JG Sign this sheet after you have completed all items

JG **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

JG **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

JG **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

JG **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 5-29-22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

APPLICATION NUMBER
329436
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4880317893.000	596 E MEMORIAL HWY	Iredell County

Owner Information	Applicant Information
Name: MAUNEY LYNNE M	Name: Walter + Tracy Goodman
Address: 654 E MEMORIAL HWY	Address: 1592 Long Ferry Rd
HARMONY, NC 28634	Salisbury, NC 28146
Phone:	Phone: (980)433-9731

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
34.459	35	50	15	15	N/A	NO

Remarks

sfd/need disc

Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure.

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: 06/06/2022

Signature of Owner/Contractor

Permit Number	329436	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed) ✓ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
tobacco barn

Is there a septic tank on the property? Yes No If residence how many bedrooms? 2 and stories? 1

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 2400

Does the property have community water? Yes No If yes, please list who provides it: _____

Does the property have community sewer? Yes No If yes, please list who provides it: _____

Owner Information

Property Owner's Name Walter + Tracy Gardner Phone # 980-499-9731

Owner's Current Address 1592 Long Ferry Rd. Salisbury, N.C 28146

Property Information

Property Address ~~596~~ 596 E. Memorial Hwy. Parcel # _____

Subdivision:_____ Lot:___ Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Walter + Tracy Gardner Applicant's Phone # 980-499-9731

Applicant's Address 1592 ~~596~~ Long Ferry Rd. Salisbury, NC 28146

If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Tracy Gardner DATE 5-29-22

Cross Property Agent Full

000 E Memorial Highway, Harmony, NC 28634-9299

CMLS#:	**3782773**	Category:	**Lots/Acres/Farms**	Parcel ID:	**4880-41-3784.000**	List Price:	**$139,000**
Status:	**Active**	City Taxes Paid To:	**No City Taxes Paid**	County:	**Iredell**		
Subdivision:		Tax Value:		Plat Book/Slide:			
Zoning:	**RA**	Deed Reference:	**2490-1490**	Block/Section:			
Legal Desc:	**7.2 acres approx.**						



General Information

Type:	**Acreage**
Can be Divided?:	**Yes**
$/Acres:	**$19,305.56**

Land Information

Approx Acres:	**7.20**
Acres Cleared:	
Acres Wooded:	
Approx Lot Dim:	**400'R**
Min Sqft To Build:	**0**
Prop Foundation:	**Crawl Space, Slab**
Lot Desc:	**Cleared, Level, Paved Frontage, Pond, Trees**
Restrictions:	**Manufactured Home Not Allowed, Modular Not Allowed**

Additional Information

Prop Fin:	
Transaction Type:	**For Sale**
Ownership:	**Seller owned for at least one year**
Special Conditions:	**None**
Road Responsibility:	**Publicly Maintained Road**

School Information

Elem:	**Unspecified**
Middle:	**Unspecified**
High:	**Unspecified**

Utility/Plan Information

Sewer:	**Septic Needed**
Water:	**County Water**
Outbuildings:	**Yes**
Dwellings:	**No**
Bedrooms Septic:	

Features

Fixtures Exceptions: **No**
Access: **Paved Road** Street:
Suitable Use: **Horse Farm, Pasture/Grazing, Residential**

Association Information

Subject To HOA: **None** Subj to CCRs: **Yes** HOA Subj Dues:

Remarks

Public Remarks: **Beautiful property with a pond and some trees at the back. Build your dream home overlooking the pond. Property is mostly level and cleared, currently used as a hay field, so little to no clearing required. Seller will restrict the property against it being divided more than once for a maximum of two homes. Seller will also consider selling this as an 11 acre parcel for $197,000 ***For GPS use 654 E. Memorial Hwy, Harmony - property is to the west of home at this address*****

Agent Remarks: **Property is being surveyed out of a larger tract and contains a 1-acre piece the seller had previously surveyed as a separate lot. So it will be all of Tax ID# 4880329544 and a portion of Tax ID# 4880317893. Only two options for land size here -- either 7.2 acres or 11 acres for $197,000 and seller has two surveys already done showing either option **For GPS use 654 E. Memorial Hwy, Harmony. Property is to the west of the home at this address*****

Instructions: **No Sign**

Listing/Agent/Office Information

DOM:	**162**	CDOM:	**162**	TOM Dt:		Expiry Dt:	
Mkt Dt:	**09/03/21**	UC Dt:		DDP-End Date:		With Dt:	
Agent/Own:	**No**						
For Appointment Call:	**800-746-9464**			List Type:	**Exclusive Right**		
List Agent:	**Gina Compton (15775)**			Agent Phone:	**704-400-2632**		
Office:	**Wilkinson ERA Real Estate (335802)**			Office Ph:	**704-892-7373**		
Buyer Agency:	**3%**	Sub Agency:	**0%**	Transaction Broker:		Bonus:	
Named Prosp:	**No**	Dual/Var:	**No**	Seller Name:	**Mauney**		
Web UrL:				Full Service:	**Yes**		

Prepared By: Phillip Davis

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The listing broker's offer of compensation is made only to participants of the MLS where the listing is filed.

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB21569

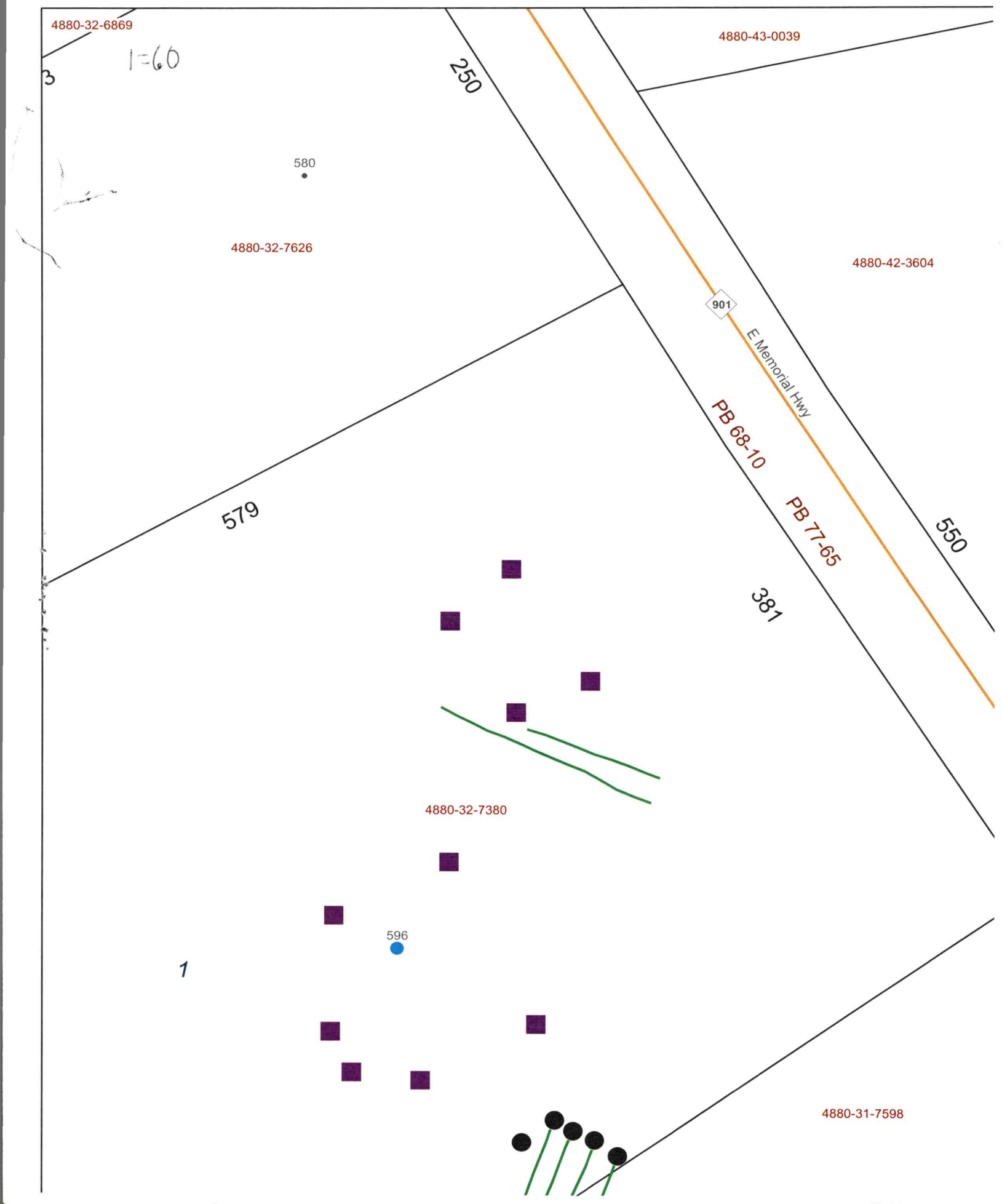
DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$1,353.85**
AP-329436 Address: 596 E MEMORIAL HWY	**APN: 4880317893.000**		**$1,353.85**
BUILDING			$85.00
COMPLET BUILDING PERMIT FEE	104562-460000	0	$75.00
HOMEOWNER RECOVERY FEE-COUNTY	104562-460100	0	$1.00
HOMEOWNER RECOVERY FEE-STATE	104562-460110	0	$9.00
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
EH WELL PROGRAM			$550.00
NEW WELL PERMIT	10492751-447004	0	$550.00
ELECTRICAL			$75.00
TEMPORARY POWER	104562-460000	0	$75.00
EROSION CONTROL			$61.80
RESIDENTIAL GRADING PERMIT	104563-460004	0	$60.00
TECH FEE GRADING	104563-460450	0	$1.80
TECHNOLOGY FEE			$4.80
TECH FEE TEMP POWER	104562-460450	0	$2.25
TECH FEE BUILDING	104562-460450	0	$2.55
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:WEB21569			**$1,353.85**

Date Paid: Tuesday, June 07, 2022

Paid By: Tracy Goodman

Cashier: EPRS

Pay Method: CREDIT 142679


4880-32-6869
1=60
3
250
4880-43-0039
580
4880-32-7626
4880-42-3604
901
E Memorial Hwy
PB 68-10
PB 77-65
579
550
381
4880-32-7380
596
1
4880-31-7598