ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BLDR-2022-8796

PERMIT # AP 316432

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

PIN # 3774 -83 -7104

APPLICANT/OWNER: Charles Andrew Fagan | APPLICANT ADDRESS: 530 9th St SW Hickory, NC 28602

SITE ADDRESS: 146 Ridge Point Dr Stony Point, NC 28678 | PHONE: 704495-5138 | ALT. PHONE:

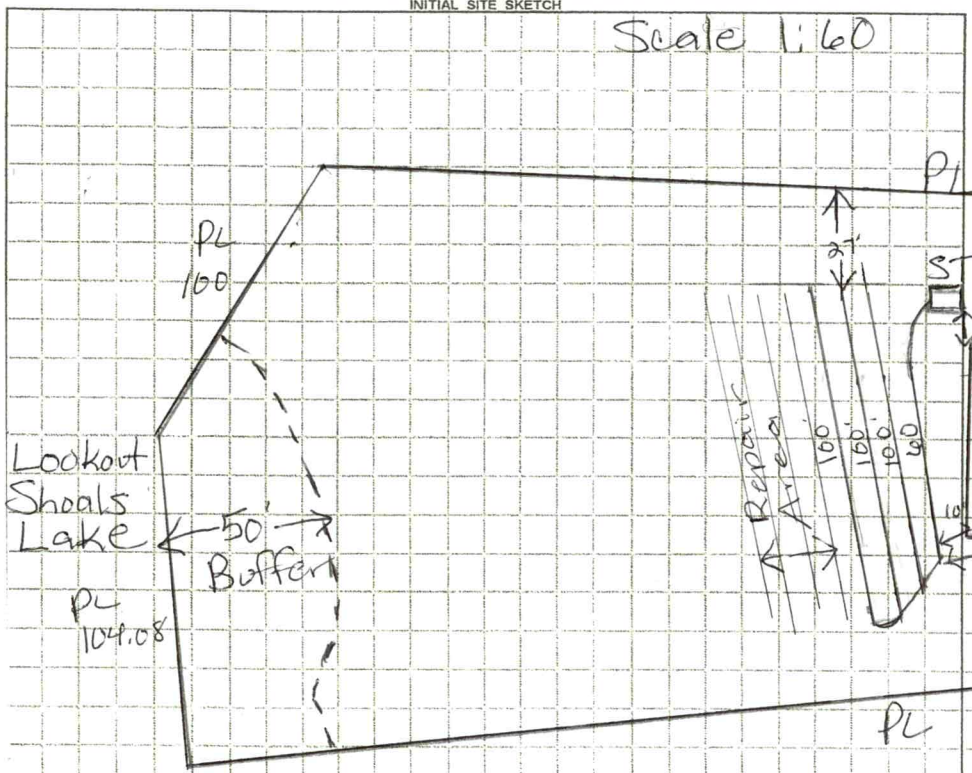
SITE DIRECTIONS: Gardner Pt Drive TR Ridge Point Drive 7th lot on right

SUBDIVISION: Riverwalk | SECTION: V | LOT # 6 | LOT AREA: 1.571 Acres | SAP CONTROLLED: [X] YES [ ] NO | DESIGN FLOW: 360 gpd | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB 160	Date 1/11/23	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description: Gravity-25% Reduction		[ ] Business	No. Persons	6	[X] Private
Pump Make	Model		Serial #	Repair System Description: Shallow 25% Red.		[ ] Other	No. Employees		[ ] Public
# Nitrification Fields 1	# Lines 4		Linear Ft 360'	Maintenance Agreement Required: [ ] YES [X] NO		[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width 36"	Trench Bottom Depth(Low side) 24"		Gravel Depth N/A	[X] GRAVITY [ ] PRESSURE		[ ] Basement w/ plumbing			[ ] Basement w/o plumbing

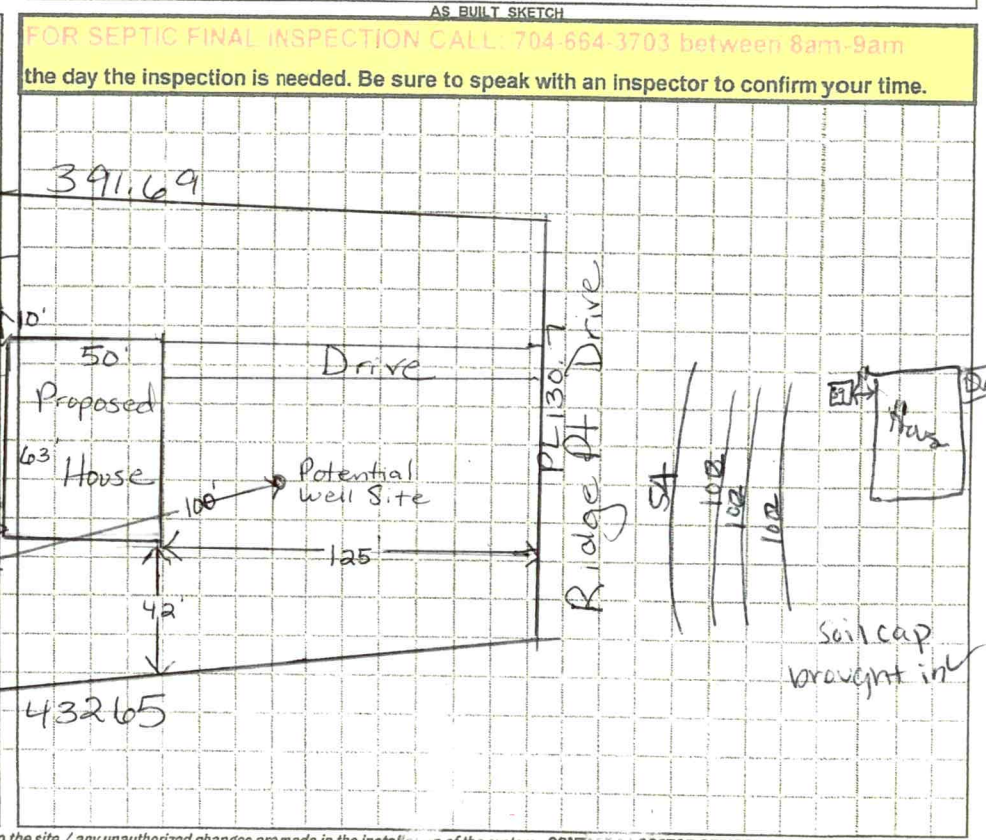
Comments / Conditions: Serial distribution, Divert Surface/ Storm water away from Septic System.

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.* [X] 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: Charles A Fagan | Date: 5-11-21 | Installed by: Cove Creek Land Solutions

IMPROVEMENT PERMIT by: Maria L Olson | Date: 5/8/2021 | OPERATION PERMIT by: Sydney Holland | Date: 4/21/23

AUTHORIZATION TO CONSTRUCT by: Brian K Bost | Date: 5/12/2021 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked		
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 ____ of ____
PROPERTY ID #: ____
COUNTY: Iredell

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

OWNER: Charles Fagan — APPLICATION DATE 4/6/21
ADDRESS: 530 9th St SW Hickory, NC 28602 — DATE EVALUATED: 4/23/21
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE: ____
LOCATION OF SITE: 146 Ridge Point Dr / Riverwalk V Lot 6 — PROPERTY RECORDED: ____
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	18%	0-12	Brw SCL	wSBK SS, SP, SExP, FR					PS .3
		12-23	RCm-w	SBK SS, SP, SExP, FR					
		23-46	RCL w	SBK SS, SP, SExP, FR		w/SAP	Indus		
		46	SAP L/SL	massive, FR	—	46"	PS	—	
2	19% Rep	0-7	Brw SCL	wSBK SS, SP	SExP, FR				PS <50% .25
		7-24	RCm-w	SBK SS, SP, SExP, FR					
		24-34	RCL/C w	SBK SS, SP, SExP, FR		w/ lots of Rock			
		34-48	RC w	SBK SS, SP, SExP, FR		w/Few to many SAP		Indus	
		48	L/SL SAP	massive, FR	—	48"	PS	—	
3	19% Rep	0-7	Brw SCL	wSBK SS, SP, SExP, FR					PS .25
		7-30	RC/L w	SBK, SS, SP, SExP, FR					
		30-36	R C/C L	w SBK SS, SP, SExP, FR		FR w/ lots of Rock			
		36-48	RC L	w SBK SS, SP, SExP, FR		w/SAP		Indus	
		48	L/SL SAP	massive, FR	—	48"	PS	—	
4	17%	0-8	Brw SCL	wSBK SS, SP, SExP, FR					PS .3 to 43" Vat 43"
		8-15	RCm	SBK SS, SP, SExP, FR					
		15-43	RC/a w	SBK SS, SP, SExP, FR					
			Lo Few SAP	Indus					
		43-46	Hard SAP		—	43"	—	43"	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Shallow 25%
Site LTAR	.3 - .25	.25

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: SJ w/Lentz wastewater, Charles Fagan

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.

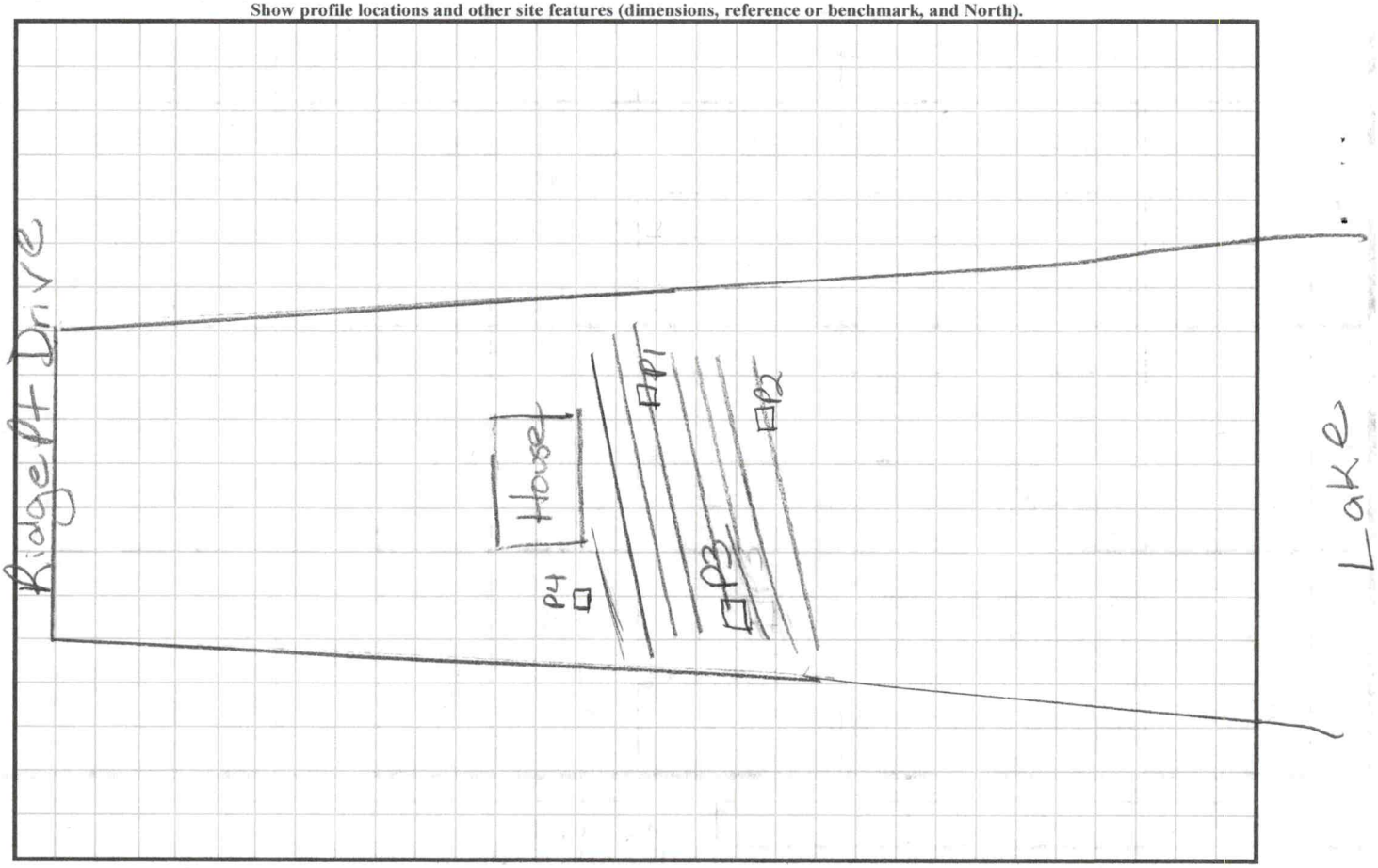
NOTES

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).



RECEIVED APR 2 9 2022 Called Ready 4

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED * Call for Gate Code *

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-316432

Application For: (X) 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: Charles A Fagan **Address:** 146 Ridge Point Drive Stony Pt NC **Zip:** _____
Applicant Email: afagan4785@gmail.com **Phone:** 860 969 9758 * **Alt. Phone:** _____
Owner Name: Charles A. Fagan **Address:** 146 Ridge Point Dr. Stony PT NC **Zip:** _____
Owner Email: afagan4785@gmail.com **Phone:** 860.969.9758 **Alt. Phone:** _____

Property Information:

Street Address: 146 Ridge Point Drive Stony Point NC
Subdivision Name: Riverwalk **Section/Phase:** _____ **Lot Number:** _____
Driving Directions: _____

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) 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
(✓) ½ crawl / ½ basement 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: _____
(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Charles A. Fagan 4/26/2022
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*) Charles A. Fagan

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, Charles A. Fagan, am the legal owner(s) of the property located at 146 Ridge Point Drive Stony Point NC, identified as

PIN (Parcel Identification Number) 3774.83. 7104, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Sedgewick Builders, 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.

Charles A. Fagan
Signature of Owner(s)

04/26/2022
Date

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

RECEIVED APR 06 2021

4/19/21 will call back Re: Pits Friday 10-10:30

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-316432 $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

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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: Charles Andrew Fagan Address: 530 9th St SW Hickory NC Zip: 28602
Applicant Email: afagan47850gmail.com Phone: 704.495.5138 Alt. Phone: _____
Owner Name: Kaye Taliana Address: 146 Ridge Point Drive Stony Point NC Zip: 28678
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 146 Ridge Point Drive Stony Point NC 28678
Subdivision Name: Riverwalk Section/Phase: V Lot Number: 6
Driving Directions: _____

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1679 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 2
(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Charles Andrew Fagan 4.6.2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DigiSign Verified: C50C27FF-8FA2-4A10-99D4-CB4D5FF1E641

3164432

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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, Kaye Taliana, am the legal owner(s) of the property located at 146 Ridge Point Drive, Stony Point NC 28678, identified as PIN (Parcel Identification Number) 3774837104.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____, Charles Andrew Fagan, 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.

Kaye Taliana
Signature of Owner(s)

03-26-2021
Date

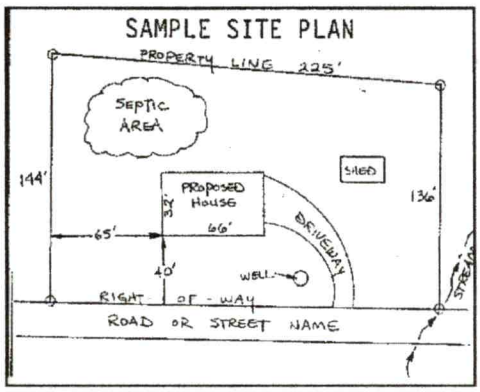
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY 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:

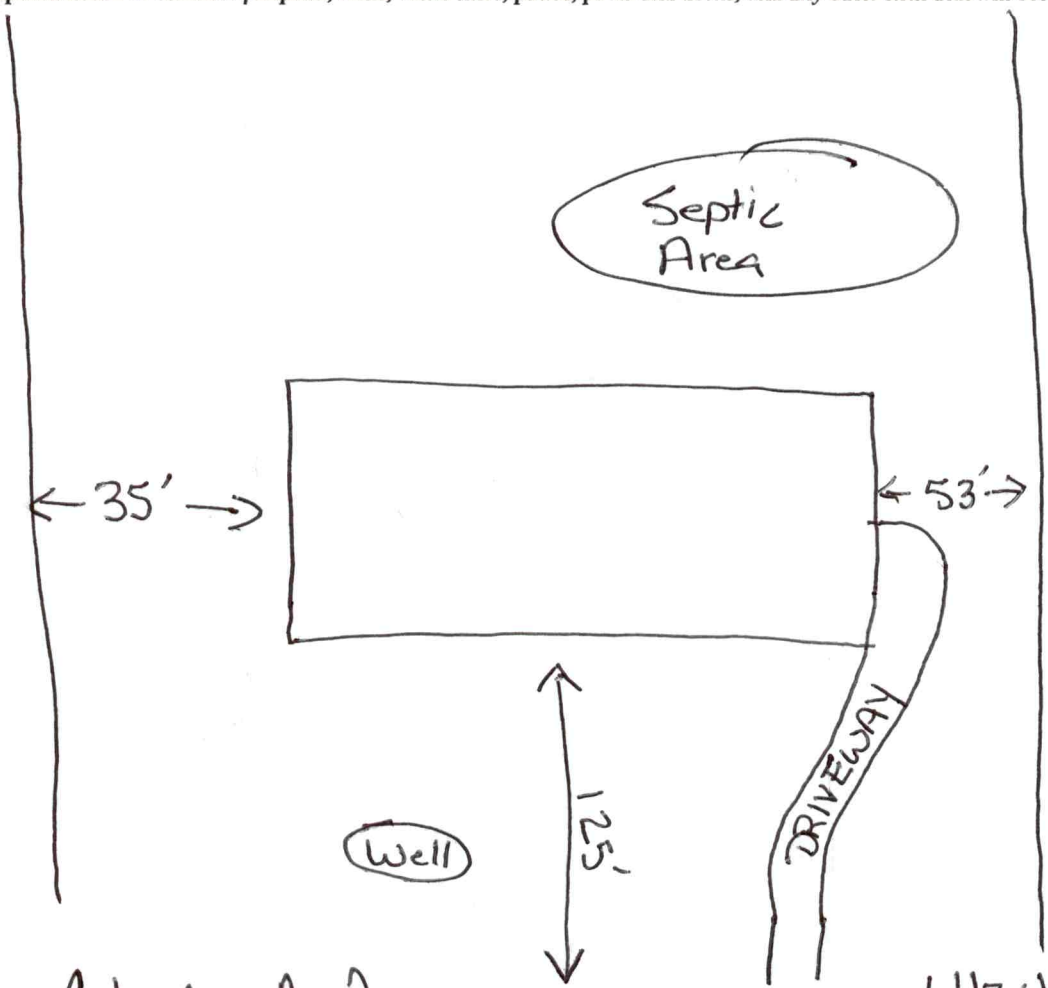
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **North arrow, or other 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: Charles A. Fagan — 4/26/2022

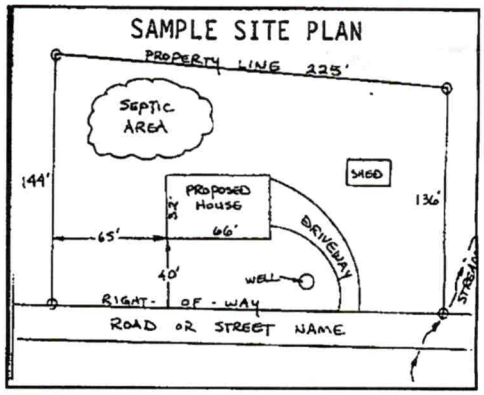
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — **DATE**

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:

- ( ) **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

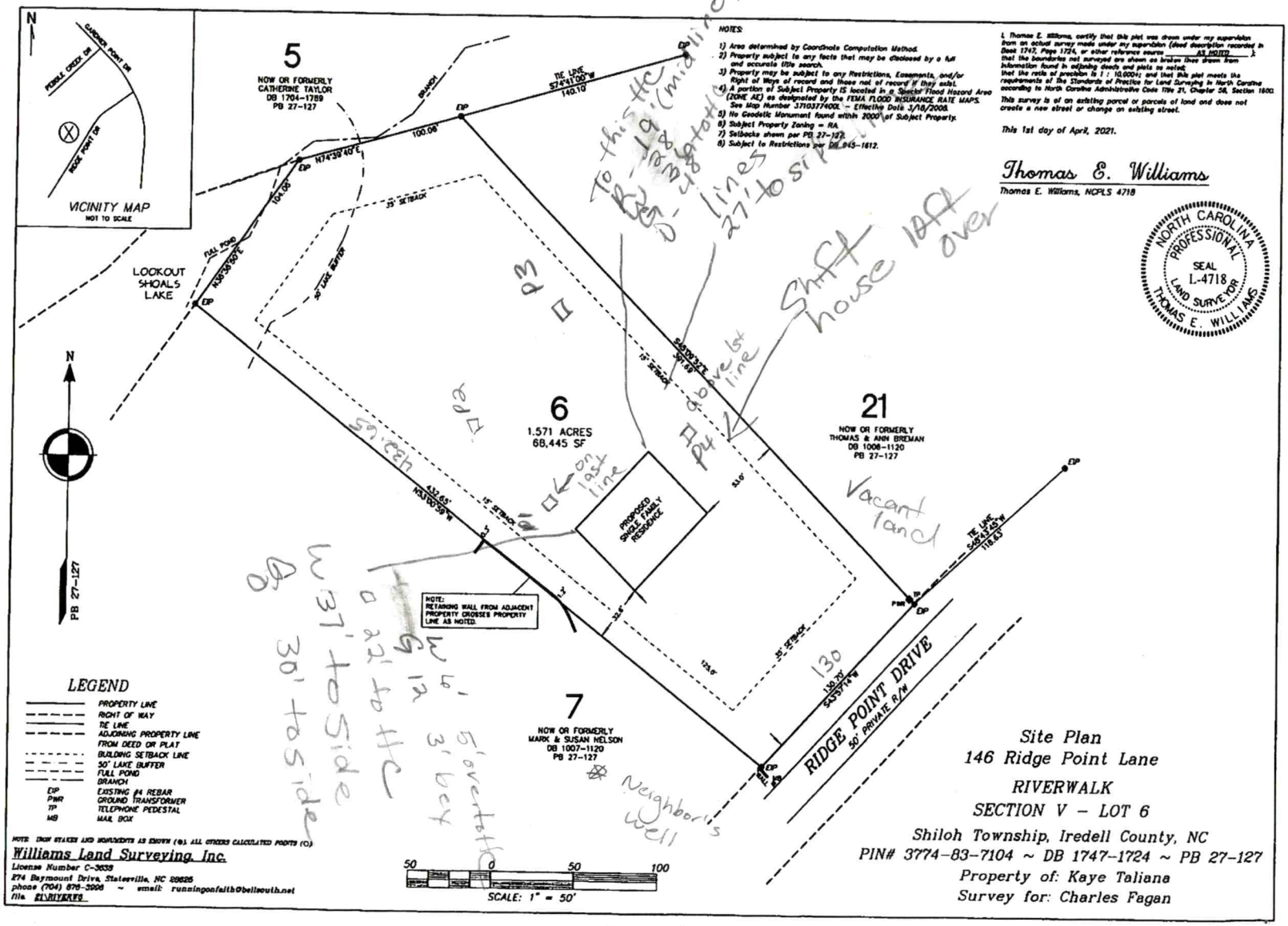
See attached survey

Signature: Charles A. Fagan

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

4·6·2021

DATE


VICINITY MAP
NOT TO SCALE
FOGLE CREEK DR
CARDINAL POINT DR
RIDGE POINT DR
LOOKOUT SHOALS LAKE
5
NOW OR FORMERLY
CATHERINE TAYLOR
DB 1704-1789
PB 27-127
6
1.571 ACRES
68,445 SF
21
NOW OR FORMERLY
THOMAS & ANN BREMAN
DB 1006-1120
PB 27-127
7
NOW OR FORMERLY
MARK & SUSAN NELSON
DB 1007-1120
PB 27-127
PROPOSED SINGLE FAMILY RESIDENCE
NOTE: RETAINING WALL FROM ADJACENT PROPERTY CROSSES PROPERTY LINE AS NOTED.
TIE LINE S74°41'00"W 140.10'
N74°39'40"E 100.00'
N15°20'20"E 104.00'
FULL POND
50' LAKE BUFFER
35' SETBACK
15' SETBACK
S15°20'20"E 381.69'
N15°20'20"W 432.65'
S74°39'40"W 130.70'
S45°43'45"W 118.63'
RIDGE POINT DRIVE
50' PRIVATE R/W
PB 27-127
N
LEGEND
PROPERTY LINE
RIGHT OF WAY
TIE LINE
ADJOINING PROPERTY LINE FROM DEED OR PLAT
BUILDING SETBACK LINE
50' LAKE BUFFER
FULL POND
BRANCH
EIP EXISTING #4 REBAR
PWR GROUND TRANSFORMER
TP TELEPHONE PEDESTAL
MB MAIL BOX
NOTE: IRON STAKES AND MONUMENTS AS SHOWN (●). ALL OTHERS CALCULATED POINTS (○)
Williams Land Surveying, Inc.
License Number C-3638
274 Baymount Drive, Statesville, NC 28625
phone (704) 876-3906 ~ email: runningonfaith@bellsouth.net
file RIVERWALK
50 0 50 100
SCALE: 1" = 50'
NOTES:
1) Area determined by Coordinate Computation Method.
2) Property subject to any facts that may be disclosed by a full and accurate title search.
3) Property may be subject to any Restrictions, Easements, and/or Right of Ways of record and those not of record if they exist.
4) A portion of Subject Property IS located in a Special Flood Hazard Area (ZONE AE) as designated by the FEMA FLOOD INSURANCE RATE MAPS. See Map Number 3710377400L - Effective Date 3/18/2008.
5) No Geodetic Monument found within 2000' of Subject Property.
6) Subject Property Zoning = RA
7) Setbacks shown per PB 27-127.
8) Subject to Restrictions per DB 945-1612.
I, Thomas E. Williams, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 1747, Page 1724, or other reference source AS NOTED); that the boundaries not surveyed are shown as broken lines drawn from information found in adjoining deeds and plats as noted; that the ratio of precision is 1 : 10,000+; and that this plat meets the requirements of the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1602.
This survey is of an existing parcel or parcels of land and does not create a new street or change an existing street.
This 1st day of April, 2021.
Thomas E. Williams
Thomas E. Williams, NCPLS 4718
NORTH CAROLINA PROFESSIONAL SEAL L-4718 LAND SURVEYOR THOMAS E. WILLIAMS
Site Plan
146 Ridge Point Lane
RIVERWALK
SECTION V - LOT 6
Shiloh Township, Iredell County, NC
PIN# 3774-83-7104 ~ DB 1747-1724 ~ PB 27-127
Property of: Kaye Taliana
Survey for: Charles Fagan

Acknowledgement Of Plans Submittal ONLY!

BDR - Date 5-2-2022.

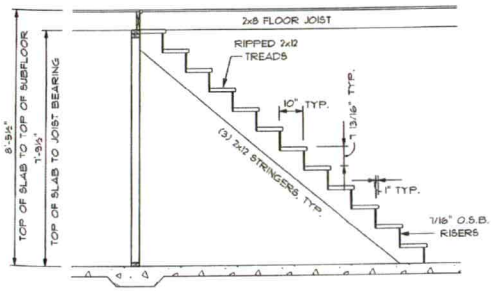
Benj Fagan Date 6-14-22

BASE PLANS
OPTIONAL BASEMENT

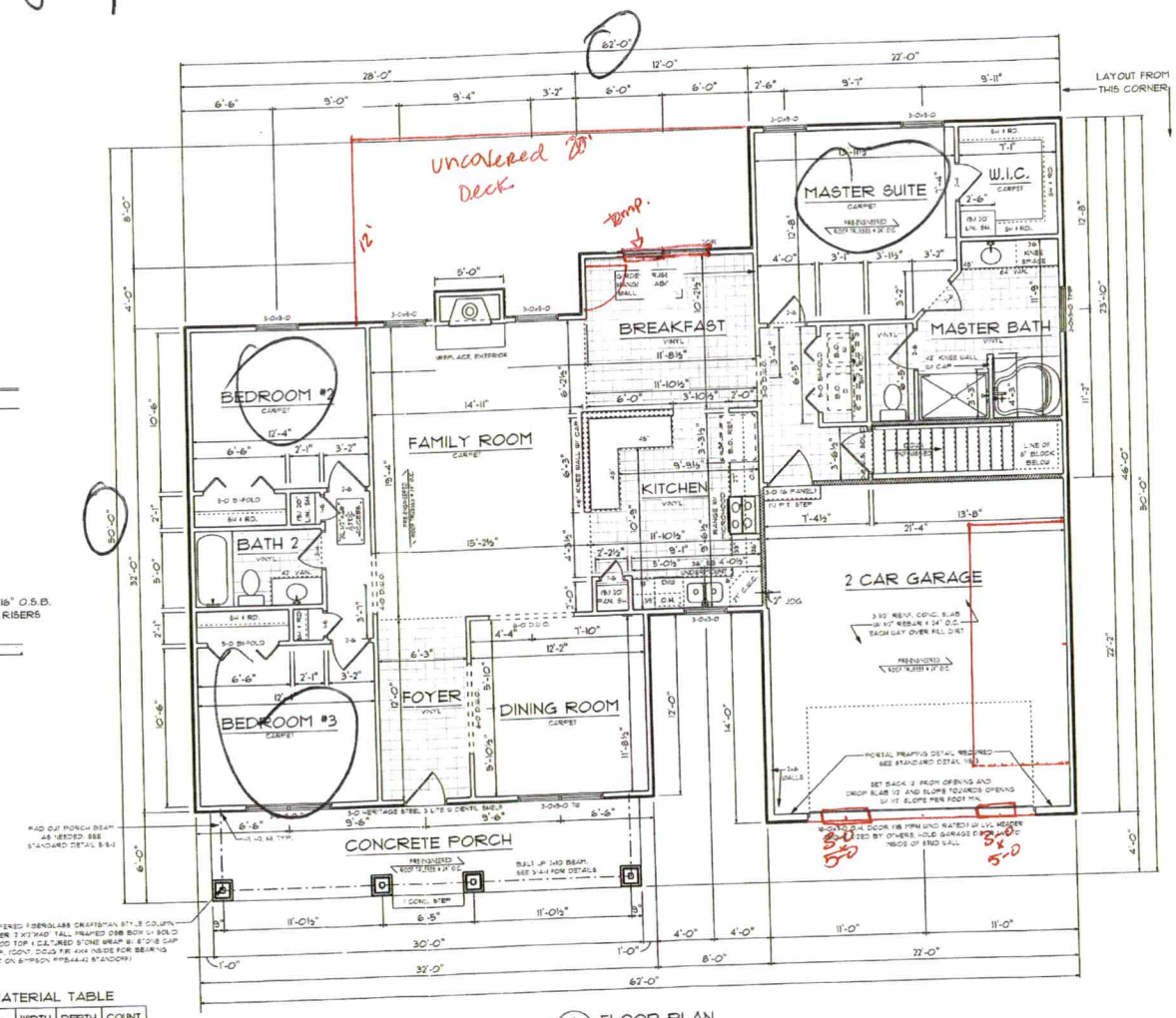
GENERAL NOTES:

1. MINIMUM CEILING HEIGHT TO BE 8'-1 1/8"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-10 5/8" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
6. ALL DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS. HEIGHT OF WALL WILL BE PER PLAN. EX.
7. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE: 65" FOR SINGLE & 42"/84" FOR DOUBLE TYP.

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.



2 / S-2 STAIR DETAIL
SCALE 1/8"=1'-0"



1 / A-3 FLOOR PLAN
SCALE 1/8"=1'-0"

HANGER MATERIAL TABLE

HANGER ID	SIZE	WIDTH	DEPTH	COUNT
H1	SINGLE	2	10	4
H2	DOUBLE	2	10	2

SEDGEWICK HOMES

SALES
SOLD BY: ??

PLAN SETS	
SALES: ??	?-?-??
CONSTRUCTION: ??	?-?-??
REVISED: ?? ?? ?? ??	?-?-??

SQUARE FOOTAGES:	
HEATED:	1750
BASEMENT	1750
GARAGE:	485
FRONT PORCH:	180
TOTAL SQFT:	4183

SEDGEWICK HOMES PROUDLY PRESENTS THE:

LAUREL VALLEY

OAK SERIES

JOB ADDRESS

SHEET NUMBER A-3 OF FIVE

REVISED: 9.24.20

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Acknowledgement Of Plans Submittal ONLY!

Date _____

Date _____

BASE PLANS
OPTIONAL BASEMENT

GENERAL NOTES:

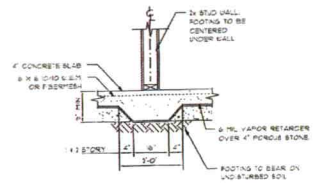
1. FILL ALL CELLS SOLID UNDER BEAM BEARING POINTS.
2. FILL ALL CELLS SOLID UNDER ANY POINT LOADS THAT FALL OVER FOUNDATION WALLS OR PIERS.
3. ALL MEASUREMENTS ARE TO THE OUTSIDE FACE OF 8" OR OUTSIDE FACE OF 12" BLOCK DEPENDING ON LOCATION.

SET FOUNDATION UP FOR 2X8 FLOOR SYSTEM

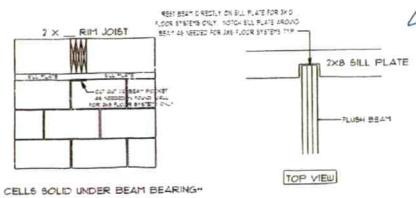
DIAGONAL	DIMENSIONS
A TO E	75'-11 1/8"
B TO H	45'-0 1/4"
C TO E	50'-8 1/4"
D TO F	50'-1 1/8"
D TO G	50'-10 3/8"
D TO H	70'-7 5/8"
D TO I	31'-7"

SILL PLATE MATERIAL TABLE

FRAMING ID	LENGTH	WIDTH	DEPTH	COUNT
SP1	14'-0"	2	8	10
SP2	12'-0"	2	8	1
SP3	16'-0" CUT TO (A) 8'-0" (B) 7'-4"	2	8	1
SP4	14'-0" CUT TO (A) 4'-0" (B) 7'-4" (C) 2'-8"	2	8	1
SP5	12'-0" CUT TO (A) 7'-4" (B) 4'-0"	2	8	1
SP6	16'-0 CUT TO 14'-4"	2	8	1
SP7	8'-0"	2	10	1
SP8	12'-0"	2	10	1
SP9	14'-0	2	10	1
SP10	10'-0" CUT TO (A) 2'-10 1 2" (B, C) 1'-10" (D) 3'-2 1/2"	2	10	1



2 / A-4 THICKENED SLAB DETAIL
SCALE 3/8"=1'-0"

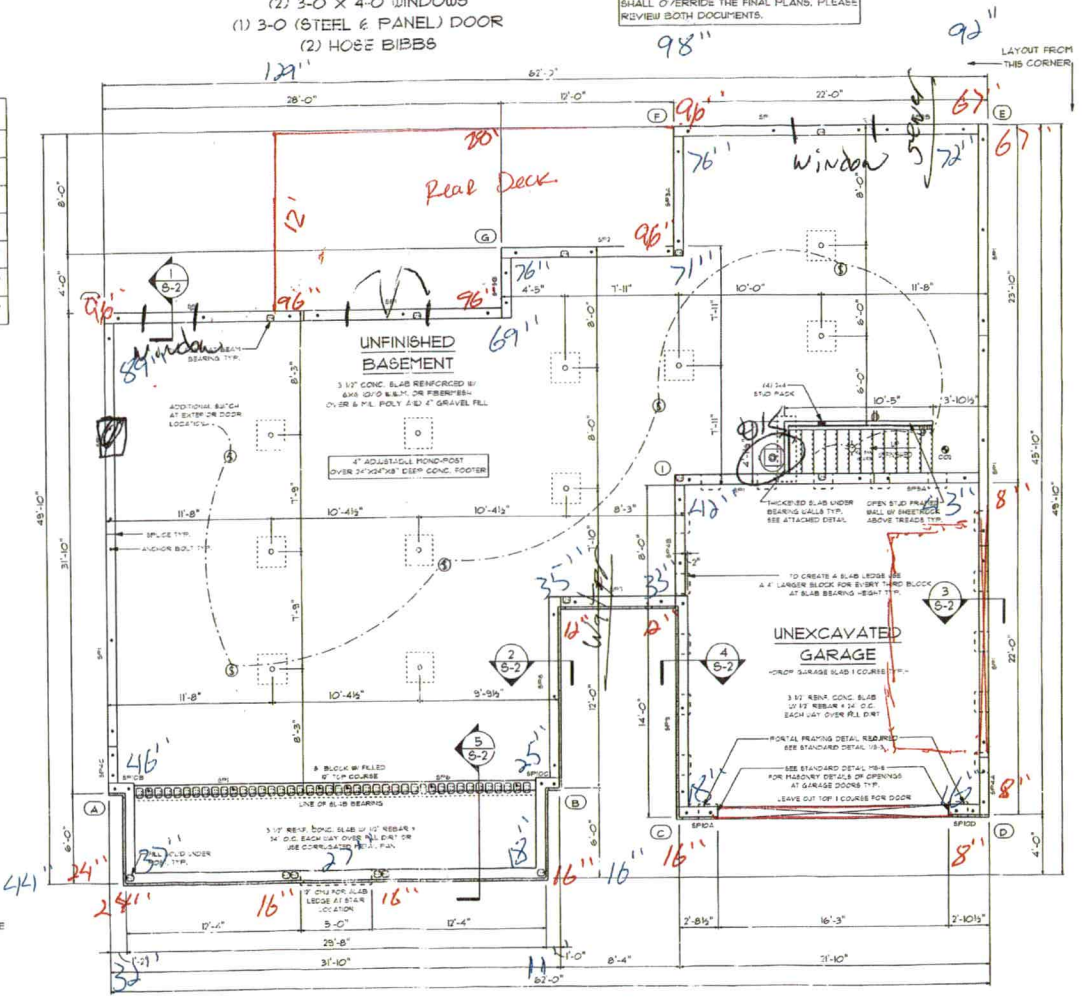


3 / A-4 BEAM POCKET DETAIL
SCALE 3/8"=1'-0"

INCLUDED ITEMS TO BE LOCATED:

(2) 3-0 X 4-0 WINDOWS
(1) 3-0 (STEEL & PANEL) DOOR
(2) HOSE BIBBS

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.



1 / A-4 FOUNDATION PLAN
SCALE 1/8"=1'-0"

THE HOME PLANNING GROUP

CONTACT INFORMATION
PHONE: (877)358-9199
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: ??

PLAN SETS
SALES: ?? ?-?-??
CONSTRUCTION: ?? ?-?-??
REVISED: ?? ?-?-??
?? ?? ??

SQUARE FOOTAGES:

HEATED	1759
BASEMENT	1759
GARAGE	485
FRONT PORCH	160
TOTAL SQFT	4183

SEDGEWICK HOMES PROUDLY PRESENTS THE:

LAUREL VALLEY
OAK SERIES
JOB ADDRESS

SHEET NUMBER
A-4
OF FIVE

REVISED: 9.24.20

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IREDELL COUNTY · NC

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

APPLICATION NUMBER
316432 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3774837104.000	146 RIDGE POINT DR	Iredell County

Owner Information	Applicant Information
Name: TALIANA KAYE MARIE	Name: CHARLES A FAGAN
Address: 1115 WAKE FOREST RD APT B RALEIGH, NC 27604	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.57	35	50	15	15	WSIV-CA Lookout Shoals	YES

Remarks
SFD Lake Lots: Must meet both the 50-foot setback from the 760' contour line 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: 04/06/2021

Signature of Owner/Contractor

Permit Number	316432	TOTAL FEES:	$77.25

PIN #3774-83-7104

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 25135 DATE 11-2-96 TAX MAP NO. 8R-A-1 (PART OF) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR KEJ MARKETING CO. INC PHONE: Business 847-6006 Home

ADDRESS P.O. BOX 1627 MATTHEWS, NC 28106

LOCATION GARDNER POINT DRIVE, TR RIDGE POINT DRIVE, 7TH LOT ON RIGHT

SUBDIVISION RIVERWALK BLOCK / SECTION V LOT 6 LOT AREA 1.571 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet EQ TO 1200 Linear Feet 300+

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: CHAMBERED, PUMP-FED

Repair System Description: CHAMBERED, PUMP-FED

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

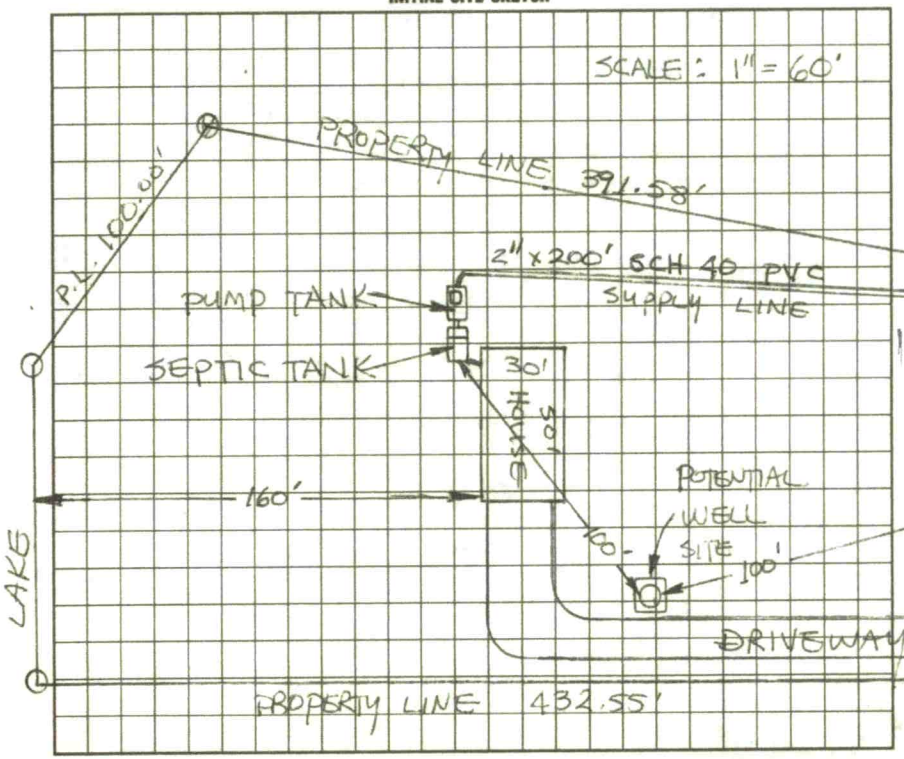
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

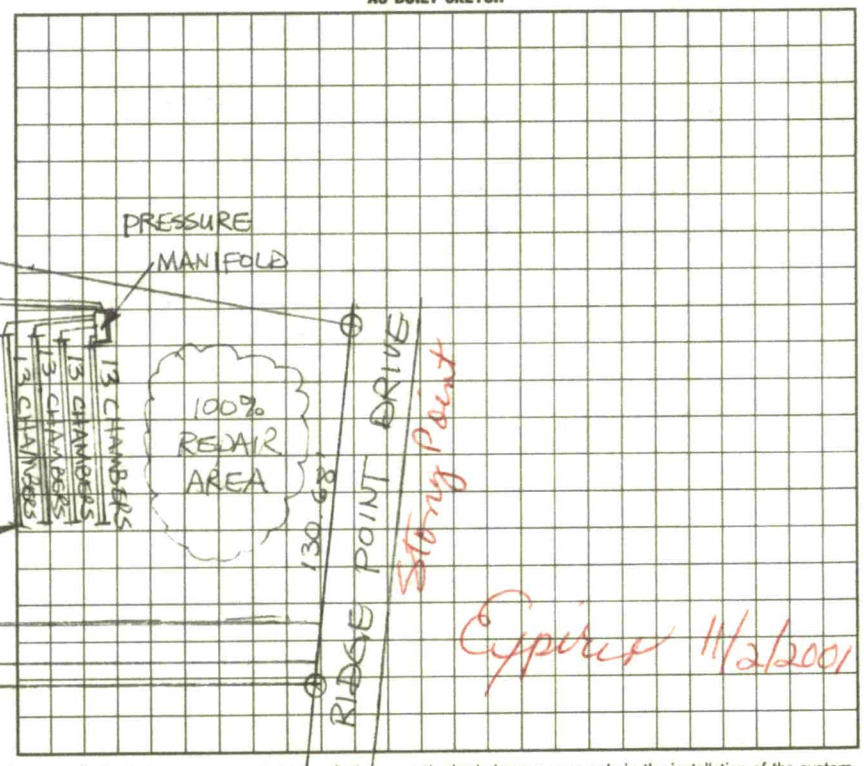
Comments: ① INSTALL 52 CHAMBERS IN FOUR EQUAL LENGTH LINES AS SHOWN ② KEEP SYSTEM MINIMUM 100' FROM WELL ③ SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

Auth. to Const. is valid for a period equal to the validity of the IP not to exceed five years. IP w/site plan is valid five years.

Signed:

Improvement Permit by: STEVE HEDRICK date 11-2-96

Authorization to Construct

XXXXXXXXXXXXXXXXXXXX by: STEVE HEDRICK date 11-2-96

Installed by:

Certificate of Completion by: date

Operation Permit by: date

#1146

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

