IREDELL COUNTY HEALTH DEPARTMENT

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

226465

PERMIT # ~~20343~~

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

PIN # 3782810872.142

APPLICANT/OWNER: Bobby & Tammar Kearney | APPLICANT ADDRESS: 524 East Broad St Statesville, NC 28677

SITE ADDRESS: 142 Broken K Trail Statesville NC | PHONE: | ALT. PHONE

SITE DIRECTIONS: I-40 W TL onto Sharon School TR Hwy 70 just before bridge over river on left

SUBDIVISION: | SECTION: | LOT # | LOT AREA: 83.9 Acres | SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 gpd | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	794	Date	10-20-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	27	Date	11-7-17	System Description:	Pump - 25% Reduction		
Pump Make	Goulds	Model	ME50 ½HP	Serial #		Repair System Description:	Same		
# Nitrification Fields		# Lines	4	Linear Ft	480'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE	

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

No. Bedrooms 4 | No. Persons 8 | No. Employees | ☐ Crawl Space

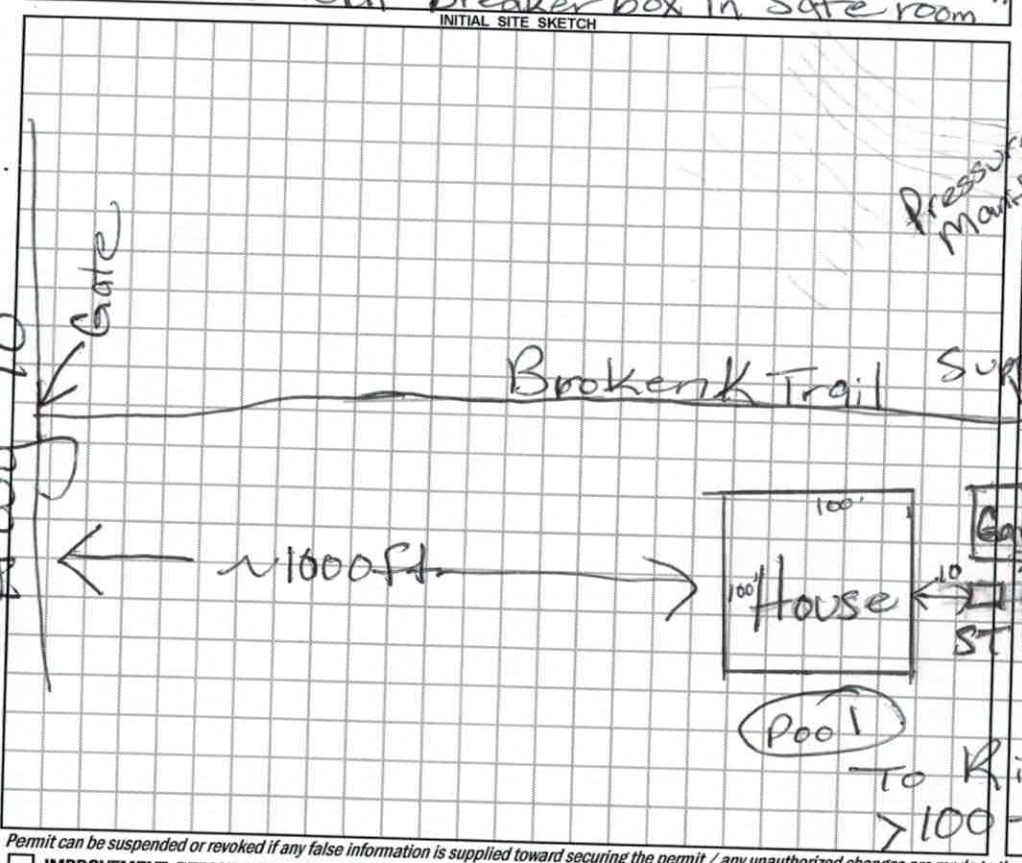
Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

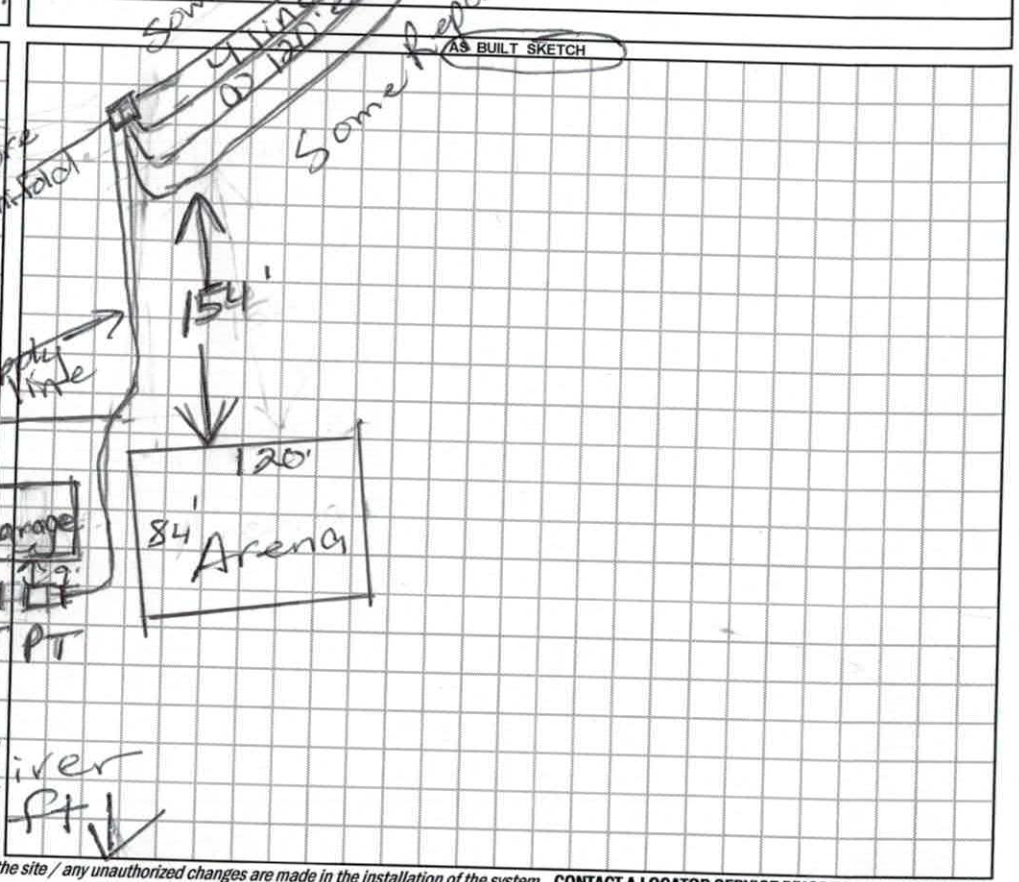
Comments / Conditions: Used ½" sch 80 laps

Note: Electrical breaker box in "safe room"

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☐ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: _____

IMPROVEMENT PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____

Installed by: Russell Williams

OPERATION PERMIT by: Myria Dotson Date: 4/18/18

Existing System Inspected by: _____ Date: _____

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

Pool #23886

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220343

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

PIN # 3782810872

APPLICANT: Bobby & Tammar Kearney APPLICANT ADDRESS: 524 East Broad St. Statesville, NC 28677

SITE ADDRESS: 142 Broken K Trail (formerly 4525 Hickory Hwy) Statesville PHONE: 704 880-4612 ALT. PHONE: 704 880-5221

SITE DIRECTIONS: I-40 W to Sharon School Rd (turn left) TR Hwy 70 just before bridge over river on left

SUBDIVISION: SECTION: — LOT # — LOT AREA: 83.9 Acres DESIGN FLOW: 480 gpd L.T.A.R.: .25

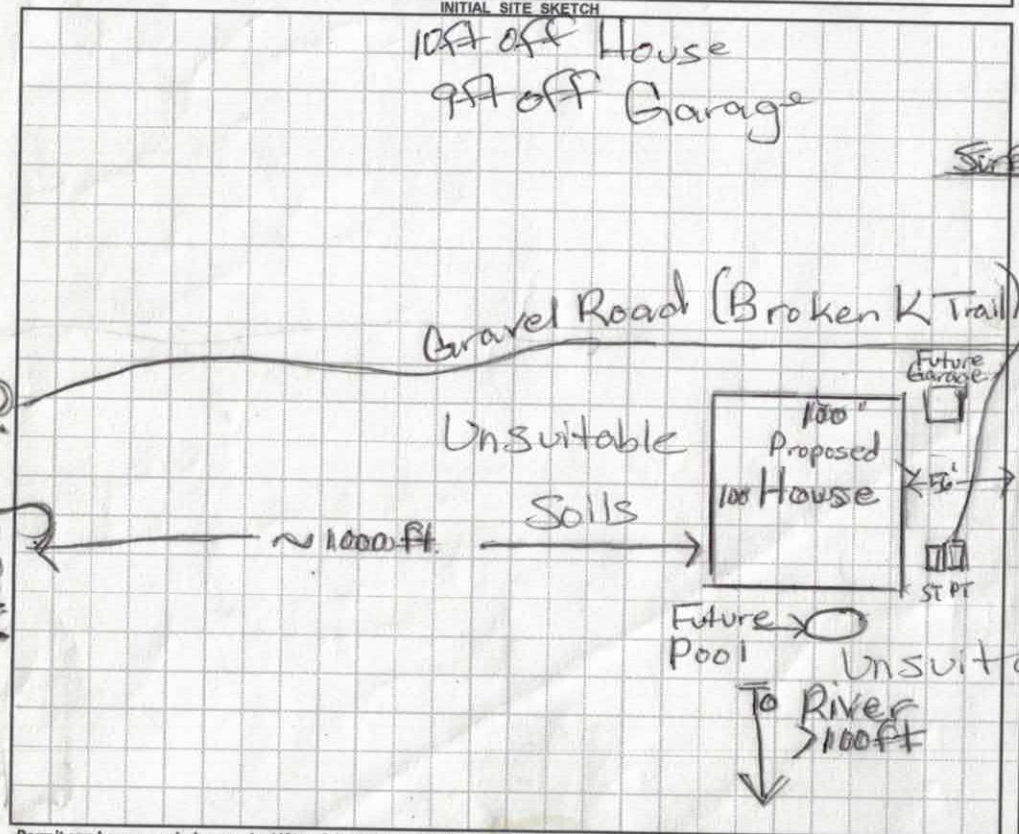
Septic Tank	1000 (gal)	STB	794	Date	10-20-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	27	Date	11-7-17	System Description: Pump-Am 25% Reduction				☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description: Pump- 25% Reduction				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	480ft	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	30"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

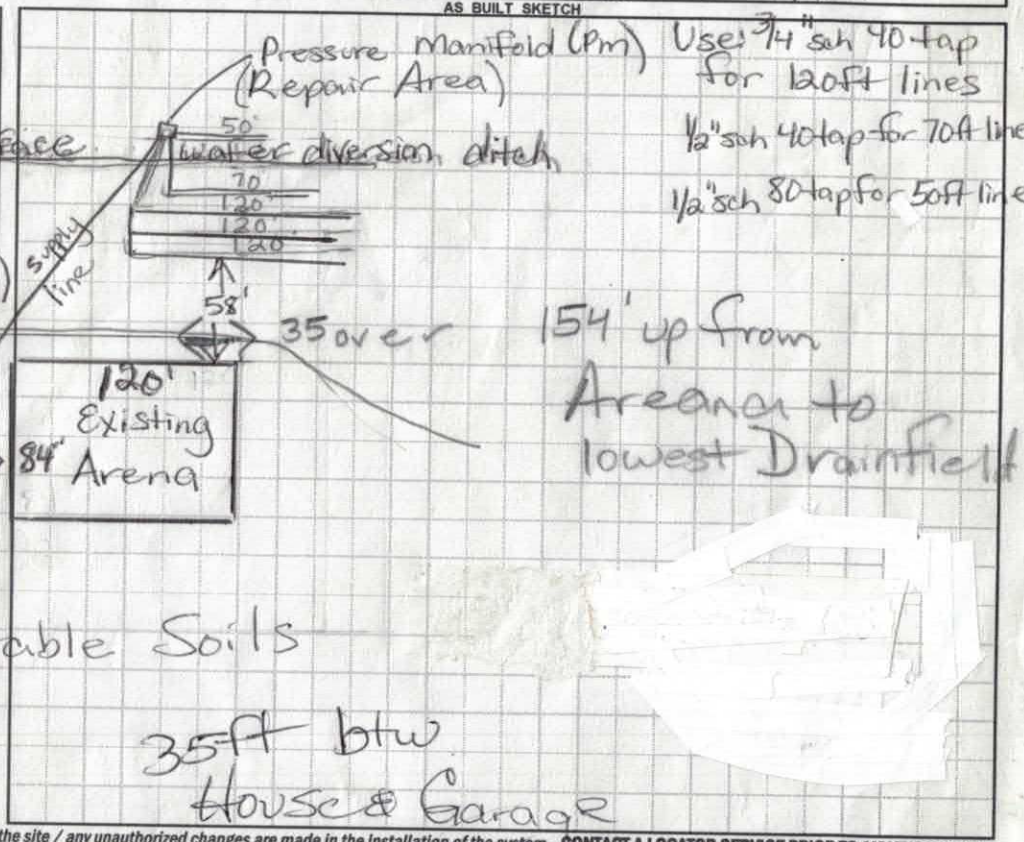
Comments / Conditions: Note! Numerous Backhoe pits dug around house & in area between house & river. Unsuitable Soils & fill

*Must keep drainlines 10ft from stormwater diversion ditch (down slope) & 25ft away upslope.
*Bury supply line at least 30 inches under road (drive) & where there's vehicular traffic.

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☒ IMPROVEMENT PERMIT *with plat* valid without expiration. ☐ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: Installed by: Russell Williams

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 9/9/16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/9/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____

PROPERTY ID #: _____

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____

ADDRESS: _____ DATE EVALUATED: _____

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: _____ 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
	A	0-15	Brw SCL (Fill?)						
		15-28	Yel/Brw C						
		28-50	RC						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

COMMENTS: _____

ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Bobby Kearney — APPLICATION DATE _____
ADDRESS: _____ — DATE EVALUATED: 8/25/16
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ — PROPERTY SIZE: _____
LOCATION OF SITE: 142 Broken K Trail — 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		0-12"	Brw SCL						PS .3 to 36" >36" .5
		12-36"	RC m-w SBK		w/ Yel/Brw Mottles				
		36-52"	RC/Mc m-w SBK						
2	10%	0-7	Brw SCL						PS .25 to .3
		7-18	RC/Cl m-w SBK						
		18-48	RC/Cl w SBK		w/ Few to many SAP Incls				
3	5%	0-12"	Brw SCL						PS .25
		12-48	Brw C/CL						
			w/ few to many		Yel/Brw mottles				
4	10%	0-10"	Brw	SCL					PS .3
		10-48	R C/CL						
			few	Yel/Brw Incls					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Mike Hayes

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
	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) O (Organic)	0.4 - 0.1	0.2 - 0.05
			None	None

MINERALOGY/ CONSISTENCE
NEXP (Non-expansive)
SEXP (Slightly Expansive)
EXP (Expansive)

STRUCTURE
G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

MOIST
VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

WET
NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

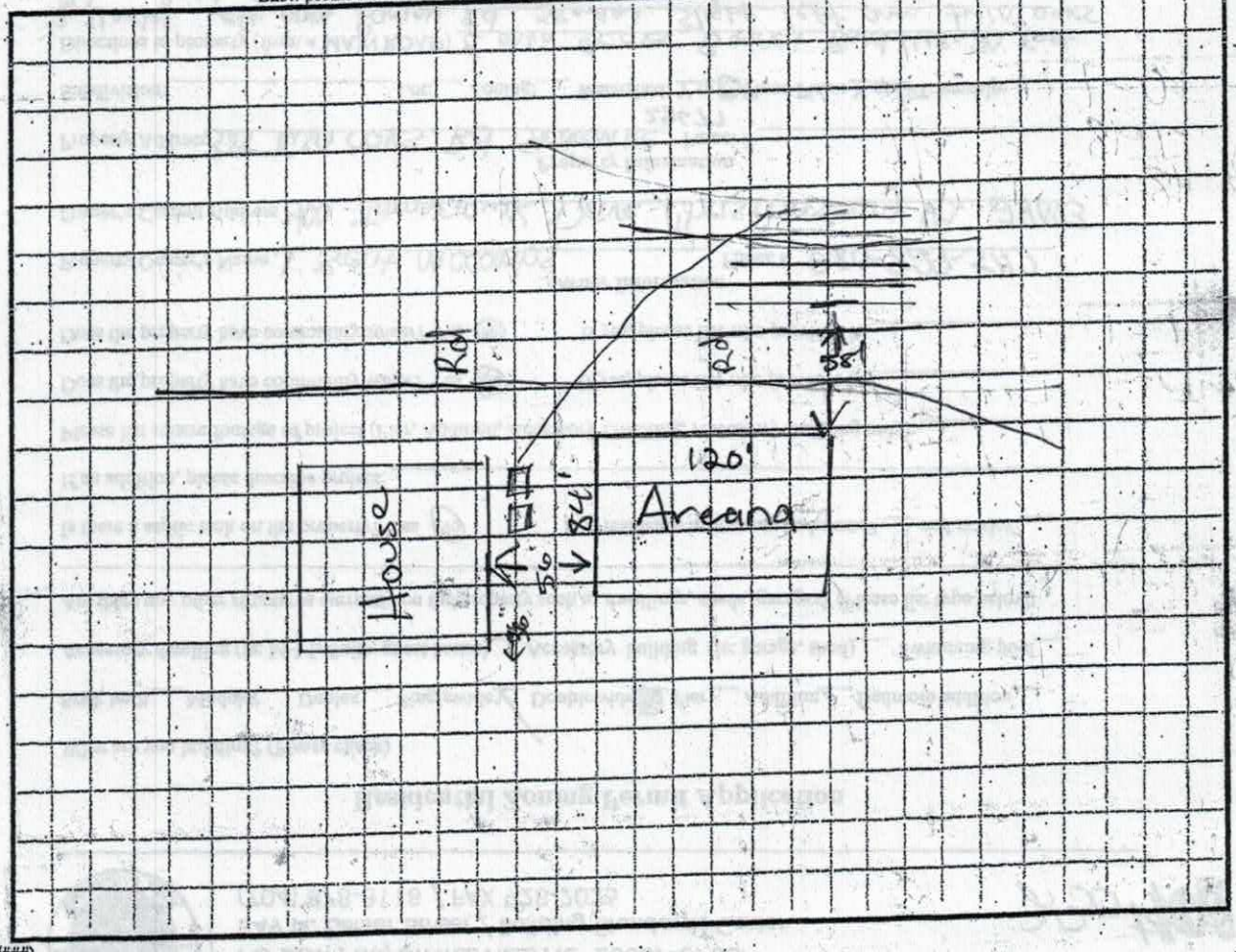
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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/ft²

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



DENR (######)
Review (#####)

ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Bobby Kearney
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: 8/22/16
LOCATION OF SITE: 142 Broken K Trail PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
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		0-10"	SCL	GR, FR					PS .5
		10-48"	SL	GR, FR					
			Fill						
2		0-12"	SCL	GR, FR	some Indus of C				
		12-28"	SL	GR, FR					
			hit rock						
			Fill						
3		0-16"	Fill/Gravel Asphalt						PS .25
		16"-62"	RCLCL	WSBK SS, SP, SEXP, FR w/ Yel/Brn Mottles					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ailable Space (.1945)	PS	PS
stem Type(s)	25% Red	25% Red
e LTAR	.25	.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Mike Hayes
MMENTS: _____

8/22/16 Need Backhoe pits

Orange flags

Gravel road past the

11-171 220545 A 500 1st barn

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Bobby & Tammy Kearney	524 E Broad St Statesville NC 28677	704-883-0921	704-880-5221 704-880-4612
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Bobby & Tammy Kearney	524 E Broad St Statesville, NC 28677	704-883-0921	704-880-5221 704-880-4612

4. Property Information:

4525 Hickory Hwy Statesville
Street Address

Subdivision Name

Section/Phase and Lot Number

142 Broken K 28677 Trail
Driving Directions:

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to
( ) Other

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(✓) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ Year

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. 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. industry) 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.

9. Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

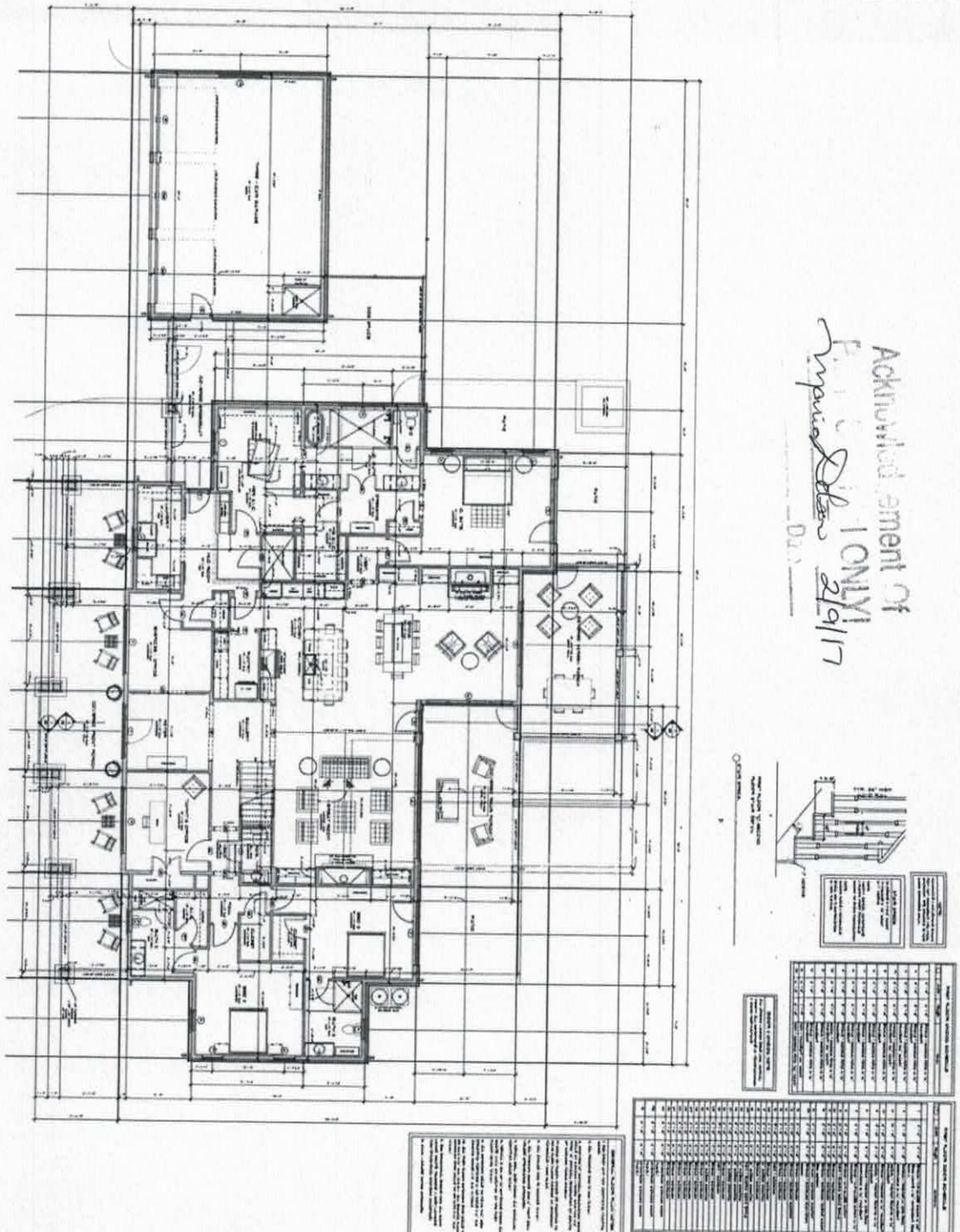
7-15-16
DATE

Acknowledgment of
PLAN ONLY!
Mayor Robert
Date 2/9/17

DATE:	SMITH | SLOVIK	**KEARNEY RESIDENCE**	SHEET
JOB NUMBER:		4477 HICKORY HWY.	
REVISIONS:		IN	
		STATESVILLE, NORTH CAROLINA	
		NOTE: GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD.	

Permit #220343

Sign in
Download



Acknowledgement of
Receipt ONLY!
Inspector Date 2/9/17

DATE:
JOB NUMBER:
REVISIONS:

SMITH | SLOVIK
residential design group

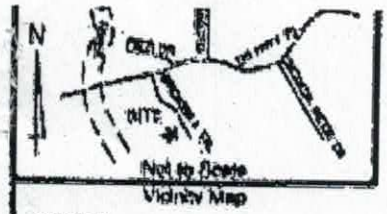
KEARNEY RESIDENCE
4477 HICKORY HWY.
IN
STATESVILLE, NORTH CAROLINA

NOTE: GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD

SHEET#

Permit # 220343

Sign in
Download



SEAL
L-3957
LAND SURVEYOR
ROBERT G. BARKER

SURVEYOR LICENSE #: L-3957

LEGEND

P.I.P.	EXISTING IRON PIN
C.P.	COMPUTED POINT
E.C.M.	EXISTING CONCRETE MONUMENT
S.I.P.	SET 1/2" IRON PIN
	PROPERTY LINE
	ADJOINING PROPERTY LINE BY DEED OR PLAT
P.U.E.	PUBLIC UTILITY EASEMENT
O.H.P.	OVERHEAD POWER
P.P.	POWER POLE

Approved
11/30/17
MD

Pool must be at least 15ft from Septic

TRACT 1
DB 2371 PG 858

N 37°31'26" W 210.00'

+100'

+100'

+100'

65,297 SQ. FT.
1.498 ACRES

Pump

Septic

PROPOSED RESIDENCE #142

PATIO

PORCH

PATIO

Pool Eq.

PROPOSED GARAGE

BREEZEWAY

PORCH

POLE BARN

210.00'

S 52°28'54" W

N 52°28'54" E 183.55'

TRACT 1
DB 2371 PG 858

S 35°08'28" E 210.18'

TRACT 1
DB 2371 PG 858

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD	BEARING
C1	170.99	126.73	158.28	S40°19'04"E
C2	123.34	145.58	119.68	N54°41'10"W
C3	102.16	120.58	99.13	N54°41'10"W
C4	204.84	151.73	189.48	S40°19'04"E

IREDELL COUNTY

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

APPLICATION NUMBER
220343
Issue Date: 07/15/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
3782810872.000	4525 HICKORY HIGHWAY, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: KEARNEY BOBBY P+TAMMARA W	Applicant: KEARNEY BOBBY P+TAMMAR
Address: 524 EAST BROAD STREET STATESVILLE, NC 28677	Address: 524 EAST BROAD STREET STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
NEW SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
83.900	35.00	35.00	15.00	50.00	CACL	X

Remarks:

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

Applicant: _____ Date: 7-15-16

Permit Number	74523	TOTAL FEES:	$ 77.25

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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!!!***

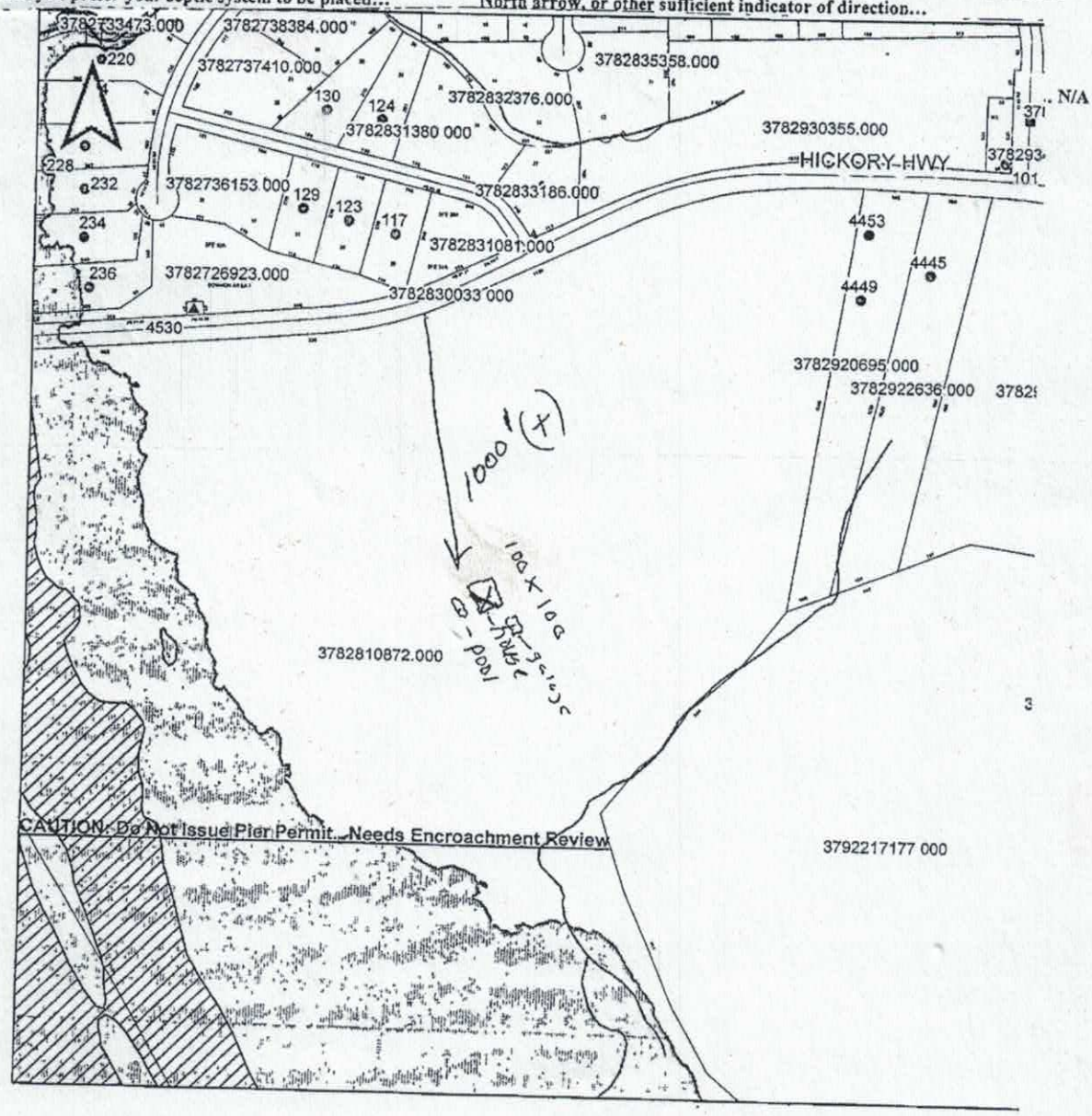
Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified... **_____ All proposed structures are indicated...**

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

_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **North arrow, or other sufficient indicator of direction...**



Signature: _____

REQUIRED property owner or owner's legal representative signature.

7-13-16

DATE

Iredell County Existing Septic System Waiver Form

Owner: Corban Homes (Tim Furr) Phone: 704-787-0489

Site Address: 142 Broken K Trl Statesville, NC 28677

It is the responsibility of the property owner to maintain all setbacks according to 15A NCAC 18A .1950 (see reverse side) with the wastewater system and any part of a structure foundation including but not limited to porches, decks, accessory buildings and pools. If you are unsure of the exact location of the septic system please have a NC licensed installer or a NC septic inspector locate the septic system for you.
The issuance of a zoning and/or building permit in no way expresses that the wastewater disposal system serving the site is functioning properly at the time of the zoning and/or building permit is used nor does it guarantee the disposal system will continue to function for any period of time.

Owner Signature Tim Furr Date 12-4-17

I certify by my signature above that I am the current property owner, I have read and understand the information above and that I waive the existing septic system inspection by the Iredell County Environmental Health Division. Furthermore, I understand the requirements above that by waiving the existing system inspection I assume the responsibility of setback requirements according to 15A NCAC 18A .1950, listed on the reverse side of this form.

Additional information available at the links below.

Website of available septic records:

https://www.co.iredell.nc.us/1034/View-Your-Septic-Record-Online

If the record is not found please contact the Iredell County Environmental Health Division for further investigation at 704-878-5305 ext. 3456 or 704-660 3625.

Website to 15A NCAC 18A .1900 rules:

http://ehs.ncpublichealth.com/oswp/docs/rules/RulesCompleteEff10012011.pdf



SEAL
L-3957
LAND SURVEYOR
ROBERT G. BISHOP

BUSINESS LICENSE #: C-2074

231886

LEGEND

PIP	EXISTING IRON PIN
CP	COMPUTED POINT
EOM	EXISTING CONCRETE MONUMENT
SIP	SET 1/2" IRON PIN
	PROPERTY LINE
	ADJOINING PROPERTY LINE BY DEED OR PLAT
	EXISTING WATER EASEMENT
OE OHPC	EXISTING OVERHEAD POWER
	POWER POLE

TRACT 1
DB 2371 PG 856

Approved
11/30/17
MD

Pool must be at least 15ft from Septic

N 37°31'26" W 210.00'

+100'

+100'

+100'

65,297 SQ. FT.
1.498 ACRES

Pump

Septic

Pool Eq

PROPOSED RESIDENCE #142

PATIO

PORCH

PROPOSED GARAGE

DRIVEWAY

POLE BARN

210.00'

N 52°28'54" E 193.55'

S 52°28'54" W

TRACT 1
DB 2371 PG 856

S 35°08'28" E 210.18'

TRACT 1
DB 2371 PG 856

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD	BEARING
C1	170.99	126.73	158.26	S40°19'04"E
C2	123.94	145.58	119.58	N54°41'10"W
C3	102.16	120.58	99.13	N54°41'10"W
C4	204.54	151.73	189.48	S40°19'04"E