IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 PERMIT # 22 1012

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

PIN # 4615-91-5679

APPLICANT/OWNER: MATT ROSE APPLICANT ADDRESS: 124 GROVE CREEK LN. MOORESVILLE

SITE ADDRESS: 109 FAWN LN. MOORESVILLE 28117 PHONE: 704-779-9214 ALT. PHONE

SITE DIRECTIONS: BSR, STONEMARKER, FAWN SAP CONTROLLED: INITIAL ☒ YES ☒ NO REPAIR

SUBDIVISION: CLET SECTION: 6 LOT # 127 LOT AREA: .94AC DESIGN FLOW: 480 L.T.A.R.: .325

Septic Tank	1000	(gal)	STB	794	Date	2-20-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	27	Date	2-23-19	System Description:			PM-50% LP 50%	☐ Business	No. Persons	8	☒ Private
Pump Make	LIBERTY		Model	290 3/4HP	Serial #		Repair System Description:			DRIP	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	4	Linear Ft	246'	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24"		Trench Bottom Depth(Low side)		34"		Gravel Depth	—	☐ GRAVITY	☒ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: *DO NOT ISSUE AC UNTIL WELL IS ABANDONED* 7-9-18

Exist. well abandoned 7/10/18
ST. 9ft to deck post @ 23ft to house, 20ft from Supply line trench to house Installed as drawn 3/29/19 MK
-low pressure was installed

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	3/29/19	MK
Tanks Checked	3/29/19	MK
Pressure Manifold or Valve Box Checked	4/25	KW
Pressure Head Set	4/25	KW
Electrical Checked	4/25	KW
Floats Set	4/25	KW
Alarm Checked	4/25	KW
Maintenance Contract (Y)	4/29	KW

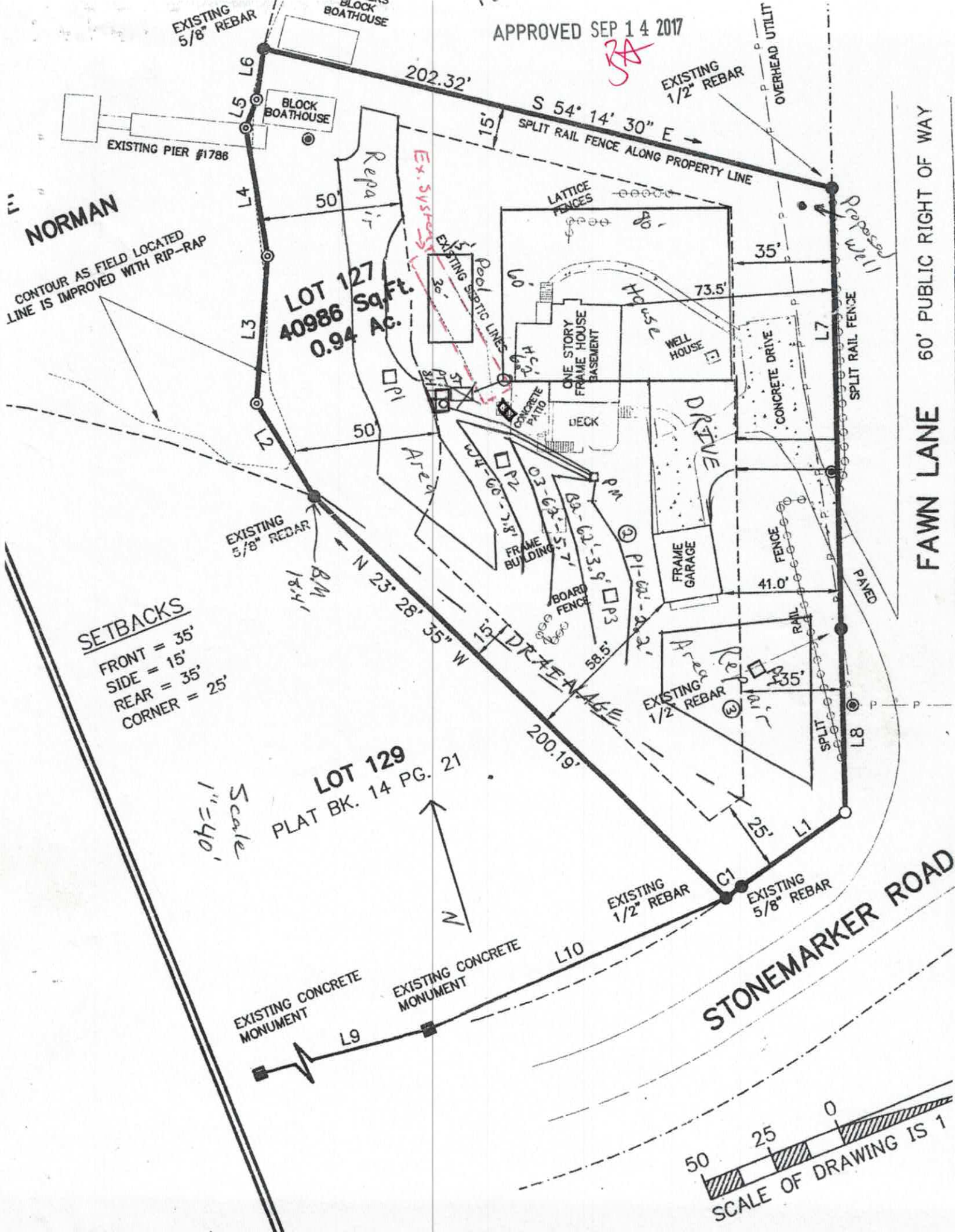
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **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: [signature] Date: 10/4/17 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: [signature] APPROVED Date: SEP 19 2017 OPERATION PERMIT by: [signature] Date: 4-29-19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7/10/18 Existing System Inspected by: Date:


APPROVED SEP 14 2017
EXISTING 5/8" REBAR
BLOCK BOATHOUSE
202.32'
S 54° 14' 30" E
EXISTING 1/2" REBAR
OVERHEAD UTILIT
15'
SPLIT RAIL FENCE ALONG PROPERTY LINE
EXISTING PIER #1786
NORMAN
CONTOUR AS FIELD LOCATED LINE IS IMPROVED WITH RIP-RAP
LOT 127
40986 Sq.Ft.
0.94 Ac.
50'
Repair
Ex. System
EXISTING SEPTIC LINES
LATTICE FENCES
35'
73.5'
ONE STORY FRAME HOUSE BASEMENT
WELL HOUSE
CONCRETE DRIVE
SPLIT RAIL FENCE
CONCRETE PATIO
DECK
DRIVE
FRAME BUILDING
FRAME GARAGE
FENCE
41.0'
PAVED
BOARD FENCE
RAIL
58.5'
35'
SPLIT
EXISTING 1/2" REBAR
EXISTING 5/8" REBAR
N 23° 28' 35" W
DRAINAGE
200.19'
25'
LOT 129
PLAT BK. 14 PG. 21
SETBACKS
FRONT = 35'
SIDE = 15'
REAR = 35'
CORNER = 25'
Scale 1"=40'
N
EXISTING CONCRETE MONUMENT
EXISTING CONCRETE MONUMENT
EXISTING 1/2" REBAR
EXISTING 5/8" REBAR
STONEMARKER ROAD
FAWN LANE
60' PUBLIC RIGHT OF WAY
50 25 0
SCALE OF DRAWING IS 1

APPROVED SEP 1 4 2017

BA



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 109 Fawn Ln., CL&T Sec 6, Lot 127
House Footprint: 60' x 80'
Building Setbacks: 35' front, 25' side street, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.325 GPD/FT2 (initial), 0.125 GPD/FT2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: Pretreatment Drip Irrigation
Distribution: Pressure Manifold
Tap Size and Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 201.6 gallons
Pump Run Time: 7.1 minutes
Elevation Head: 11.2'
Friction Head: 1.1'
Pressure Head: 2'
Total Dynamic Head: 14.3'
Supply Line Length & Material: 60' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: ~~36"~~ 34"



Line	Design Length	# of Panels	Actual Length	Elevation
Pink 1	62'	14	69'	2.2'
Blue 2	62'	14	70'	3.9'
Orange 3	62'	14	66'	5.7'
White 4	60'	14'	60'	7.8'

Initial System: 246' **Repair System:** 4300 FT2
Pump Tank: 8.4' **House Corner:** 6.2' **Benchmark:** 18.4'

Comments:
The current residence will be removed and a new residence constructed. The existing garage will remain. The existing well must be abandoned and a new well installed. The house is marked in white flags, the tanks in blue flags, the existing system in pink flags, and the pool in white & orange flags.

APPROVED SEP 14 2017 BA

PROPERTY ID #: 4615915679
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: T R Lawing Sr
APPLICATION DATE
ADDRESS: 3701 Providence Rd, Charlotte, NC 28211
DATE EVALUATED: 8/31/2017
PROPOSED FACILITY: 4 bdrm
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.94 AC
LOCATION OF SITE: 109 Fawn Ln, CL&T Sec 6, Lot 127
PROPERTY RECORDED:
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other
EVALUATION METHOD: Ξ Auger Boring Ξ Pit ☐ Cut
TYPE OF WASTEWATER: Ξ 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	
PIT 1	LS 10%	0-18	R C SBK	FR SS SP SEXP	N/A	34"		N/A	PS 0.35-0.4
		18-34	R CL WSBK	FR SS SP SEXP					
		34-62	L SAP M	VFR SS SP SEXP			PS		
PIT 2	LS 6%	0-6	Br SCL WSBK	FR SS SP SEXP	N/A	42"		N/A	PS 0.35-0.4
		6-18	R C SBK	FR SS SP SEXP					
		18-42	R CL WSBK	FR SS SP SEXP			F-C SAP		
		42-60	L SAP M	VFR SS SP SEXP			PS		
PIT 3	LS 6%	0-22	R C SBK	FR SS SP SEXP	N/A	33"		N/A	PS 0.35-0.4
		22-33	R CL WSBK	FR SS SP SEXP					
		33-62	L SAP M	VFR SS SP SEXP			PS		
PIT 4	LS 12%	0-30	R CL WSBK	FR SS SP SEXP	N/A	16"	F-C SAP	N/A	PS 0.4-0.6
		30-62	L SAP M	VFR SS SP SEXP			PS		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	738 FT2	4300 FT2
System Type(s)	PPBPS	DRIP
Site LTAR	0.325	0.125

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4615915679

DATE OF EVALUATION:

COUNTY: Iredell

APPROVED SEP 1 4 2017

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	
AB 2	LS 10%	0-16	R C SBK	FR SS SP SEXP	N/A	40"	F-C SAP	N/A	PS 0.35-0.4
		16-40	R CL WSBK	FR SS SP SEXP					
		40-48	L SAP M	VFR SS SP SEXP					
AB 3	LS 6%	0-20	R C SBK	FR SS SP SEXP	N/A	40"	F-C SAP	N/A	PS 0.35-0.4
		20-40	R CL WSBK	FR SS SP SEXP					
		40-48	L SAP M	VFR SS SP SEXP					

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

#229872

(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:

MATTHEW ROSE	2487 A BRAWLEY SCHOOL RD	704-360-2349	704-779-9214
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
MATTHEW ROSE	2487 A BRAWLEY SCHOOL RD		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

109 FAWN LANE MOORESVILLE NC 28117	~~NA~~ CL+T	6/127
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: BRAWLEY SCHOOL RD → STONEMARKER → FAWN LN

MATT.ROSE.79@YAHOO.COM ← email AC when ready

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

- ☒ New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- 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 ( ) Yes ☒ No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) 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: _____ 6/26/18

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

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

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, MATTHEW ROSÉ, am the legal owner(s) of the property located at 109 FAWN LN MOORESVILLE NC 28117, identified as PIN (Parcel Identification Number) 4615-91-5679, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) WESLEY SHAW, SHAW CUSTOM 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.

Signature of Owner(s)	6/27/18 Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

RECEIVED SEP 8 - 2017 Pd $350

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (✓) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Matt Rose **Address:** 124 Grove Creek Ln, Mooresville, NC **Zip:** 28117

Applicant Email: matt_rose_79@yahoo.com **Phone:** 704-779-9214 **Alt. Phone:**

Owner Name: T R Lawing **Address:** 3701 Providence Rd, Charlotte, NC **Zip:** 28211

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 109 Fawn Ln

Subdivision Name: CL&T **Section/Phase:** 6 **Lot Number:** 127

Driving Directions: BSR, TR Stonemarker, TR Fawn Ln, on left

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants:
(✓) Swimming Pool
( ) Other Addition/Structure:

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

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

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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

Signature: _____ 9/7/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, MATTHEW A ROSE, am the legal owner(s) of the property located at 109 FAWN LN MOORESVILLE NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

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

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

Signature of Owner(s)	Date	Signature of Witness	Date
	8/31/17		

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

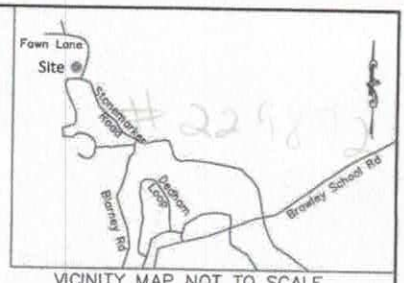
I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE, PAGE NOTE #2; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK N/A, PAGE N/A; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS ____ DAY OF _____ 2018.

PRELIMINARY

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717

NORTH CAROLINA PROFESSIONAL SEAL L-3717 LAND SURVEYOR JOEL H. PATTERSON III

PRELIMINARY
NOT FOR RECORDATION
CONVEYANCES AND/OR SALES



VICINITY MAP NOT TO SCALE

Plat Book 14 Page 21 Dated: 06/15/1976

LEGEND
R/W = Right-of-Way

TAX ID: 4615-91-6846
LOT 126
WILLIAM R & LIFEN W GRABAN
DB: 2055 Page: 1697
PB: 14 Page: 21

LOT 127
0.94 ACRES

S54°15'00"E 202.30'
15' Side Setback
N26°10'00"E 51.18'
81.1'
80.0'
60.0'
Repair Area
Proposed Residence
30.3'
35.5'
10.3'
46.8'
50' Rear Setback
Repair Area
Septic
S20°39'00"W 153.92'
FAWN LANE
60' Public R/W
(Plat Bk 14 Page 21)
R/W
N23°28'35"W 200.19'
15' Side Setback
35' Front Setback
S20°39'00"W 64.45'
25' Corner Setback
R/W
STONEMARKER ROAD
60' Public R/W
(Plat Bk 14 Page 21)

TAX ID: 4615-91-4621
LOT 128-129
RICHARD L & BRENDA T WING
DB: 2532 Page: 1500
PB: 14 Page: 21

LINE TABLE		
LINE	BEARING	DISTANCE
L1	S76°00'00"W	44.27'
L2	N09°27'00"W	38.07'
L3	N12°29'00"E	45.00'
L4	N41°53'00"E	10.60'
L5	N29°38'00"E	17.93'

CURVE TABLE				
CURVE	RADIUS	ARC	BEARING	CHORD
C1	293.93'	6.53'	S78°51'44"W	6.53'

SURVEYOR NOTES

1) ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.
2) THIS SURVEY IS BASED ON DEED BOOK 2519 PAGE 1707 AND PLAT BOOK 14 PAGE 21 AS RECORDED AT THE IREDELL COUNTY REGISTER OF DEEDS.
3) THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE COVENANTS OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.
4) BASIS OF BEARINGS: PLAT BOOK 14 PAGE 21, DATED: JUNE 15, 1976.
5) THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES ONLY. OTHER UTILITIES WHICH WERE NOT OBSERVED AND NOT SHOWN HERON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY TO VERIFY THE LOCATION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. PATTERSON LAND SURVEYING, P.A. CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.
6) THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.
7) POINTS NOT LABELED "FOUND" OR "SET" ARE COMPUTED POINTS ONLY.
8) THIS PROPERTY IS ON ZONE R-SF, LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANEL 3710461500L WITH AN EFFECTIVE DATE OF MARCH 18, 2008.

PLOT PLAN
LOT 127 - CRESCENT LAND & TIMBER CORP-SECTION 6
PLAT BOOK 14 PAGE 21
FAWN LANE
DAVIDSON TOWNSHIP, IREDELL COUNTY, NC

Prepared For: MATTHEW & VICTORIA ROSE
109 FAWN LANE
MOORESVILLE, NC 28117

PATTERSON LAND SURVEYING, P.A.
NC LICENSE #: C-3390
P.O. BOX 5010, MOORESVILLE, NC 28117
PHONE: 704-663-0110 EMAIL: pattersonlandsurveying@gmail.com

Drawn By: MDH	Checked By: JHP	Scale 1" = 40'	Project No. 18023
Tax PIN: 4615-91-5679			
Date: MARCH 15, 2018			Sheet No. 1 of 1
File: 18023_109FawnLane.dwg			

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

Faxed 7/9/18

For Internal Use ONLY:

1. Well Contractor Information:

Alfred Kiesling Jr

Well Contractor Name (or well owner personally abandoning well on his/her property)

3266-A

NC Well Contractor Certification Number

B & K Well Drilling Inc.

Company Name

2. Well Construction Permit #: 229872

List all applicable well permits (i.e. County, State, Variance, Injection, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☒Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☐Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 7/9/18

5a. Well location:

Mathew Rose — Facility/Owner Name — Facility ID# (if applicable)

109 Fawn Ln — Physical Address, City, and Zip

Iredell — County — 4615915679 — Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction abandonment, you can submit one form

6a. Well ID#: _____

6b. Total well depth: 50 (ft.)

6c. Borehole diameter: 2 (in.)

6d. Water level below ground surface: 20 (ft.)

6e. Outer casing length (if known): _____ (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): _____ (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 8oz

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	☒ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☒ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

2 Bags Holeplug 50 pounds EACH
1 Bag Concrete 60 pounds

7g. Provide a brief description of the abandonment procedure:

Poured and Hydrated

8. Certification:

Alfred Kiesling — Signature of Certified Well Contractor or Well Owner — 7-9-18 — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:

You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Information Processing Unit.
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following.

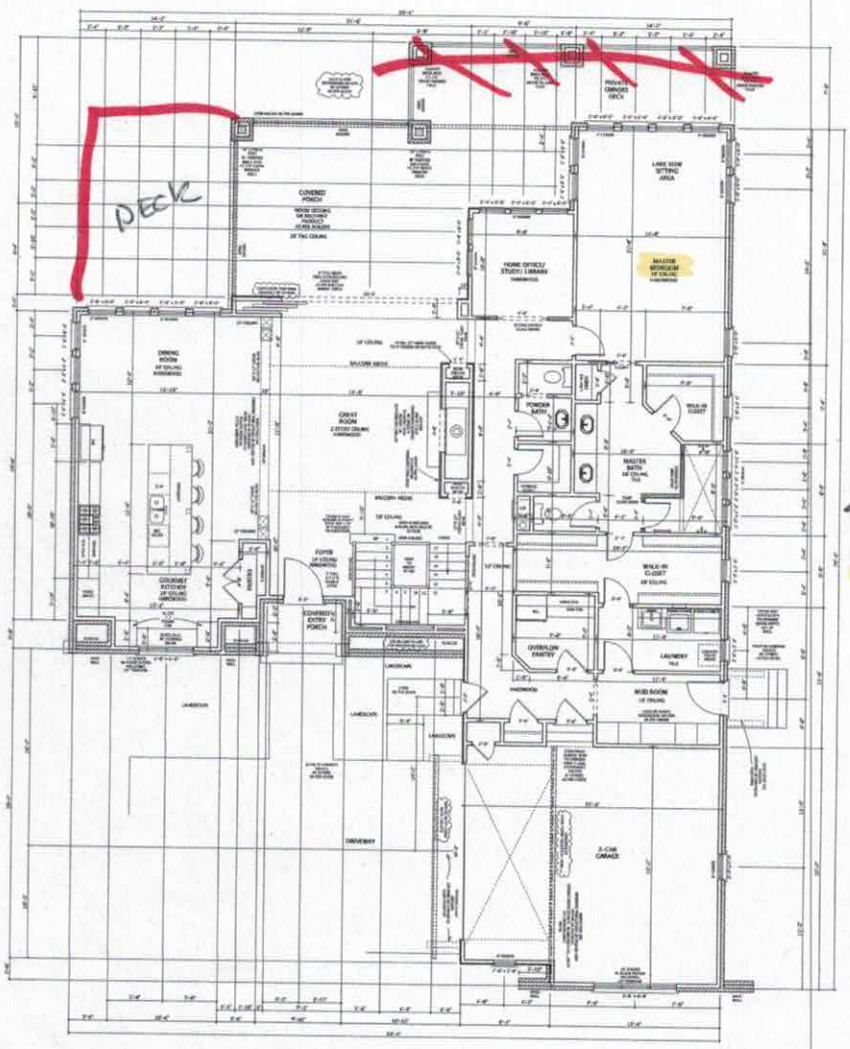
Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

Acknowledgement of
Plans Submittal ONLY!

Date 6/27/18

Date 6-28-18



IMPORTANT NOTES:

SCALE ALL STUCCO DETAILS FROM THE ELEVATION DRAWINGS.

REFERENCE ROOF LAYOUT FOR DIFFERENT OVERHANG DEPTHS.

NOTICE DIFFERENT KNEE WALL HEIGHTS FOR HOUSE PROPORTIONS.

REFERENCE ALL WINDOWS ON FLOORPLAN WITH ELEVATIONS & NOTIFY OWNER AND/OR DESIGNER OF ANY DISCREPANCIES BEFORE ORDERING WINDOW PACKAGE.

** NOTED WINDOW SIZES AS SHOWN ON ** THIS PLAN MAY VARY WITH DIFFERENT MANUFACTURER'S WINDOW SIZES.

CHANGE IN WINDOW SIZES SHOWN CURVED OR ARCHED WINDOWS ON ELEVATIONS

FF 0
80'

FIRST FLOOR DETAIL CONSTRUCTION SHEET
SCALE: 1/8"=1'-0"

AREAS

FIRST FLOOR	2,339 sq ft
SECOND FLOOR	1,381 sq ft
TOTAL LIVING:	3,720 sq ft
SECOND FLOOR FUTURE SPACE	540 sq ft

BASEMENT LEVEL 1,596 sq ft

© COPYRIGHT 2017 FRUSTERIO
ALL RIGHTS RESERVED

IMPORTANT INFORMATION:
PLEASE READ CAREFULLY
**** BEFORE STARTING CONSTRUCTION: ****

LIMITED CONSTRUCTION LICENSE

© COPYRIGHT FRUSTERIO
ALL RIGHTS RESERVED

PROPERTY OF FRUSTERIO
THIS DRAWING, PLANS & SPECIFICATIONS AND THE RIGHTS OF PROPERTIES CONTAINED THEREIN ARE THE PROPERTY OF FRUSTERIO AND SHALL NOT BE USED BY ANY PERSON OR ENTITY FOR ANY PURPOSE WHATSOEVER WITHOUT THE WRITTEN PERMISSION OF FRUSTERIO. ANY UNAUTHORIZED USE, REPRODUCTION OR CONSTRUCTION BASED ON THESE PLANS, DRAWINGS AND SPECIFICATIONS SHALL BE A VIOLATION OF THE FEDERAL COPYRIGHT LAWS AND SHALL SUBJECT THE VIOLATOR TO LEGAL ACTION, INCLUDING BUT NOT LIMITED TO, ACTUAL AND PUNITIVE DAMAGES AND ATTORNEY'S FEES.

THIS PLAN AND ITS DESIGN COMPOSITION IS PROTECTED UNDER FEDERAL COPYRIGHT LAWS AND ENFORCED BY COPYRIGHT ATTORNEYS BOYD, A PERRUTT P.C., BIRMINGHAM, ALABAMA

AIBD AMERICAN INSTITUTE OF RESIDENTIAL DESIGN PROFESSIONAL MEMBER

CUSTOM HOME DOCUMENTS FOR PATTY & RICHARD PERRY 2239 HIGHLAND AVENUE HOMEWOOD, AL 35207

frusterio

DESIGN DATE
NOVEMBER XX, 2017
PLOTTING TIMES
1/4"=1'-0" 24x36

2239-2074-0117

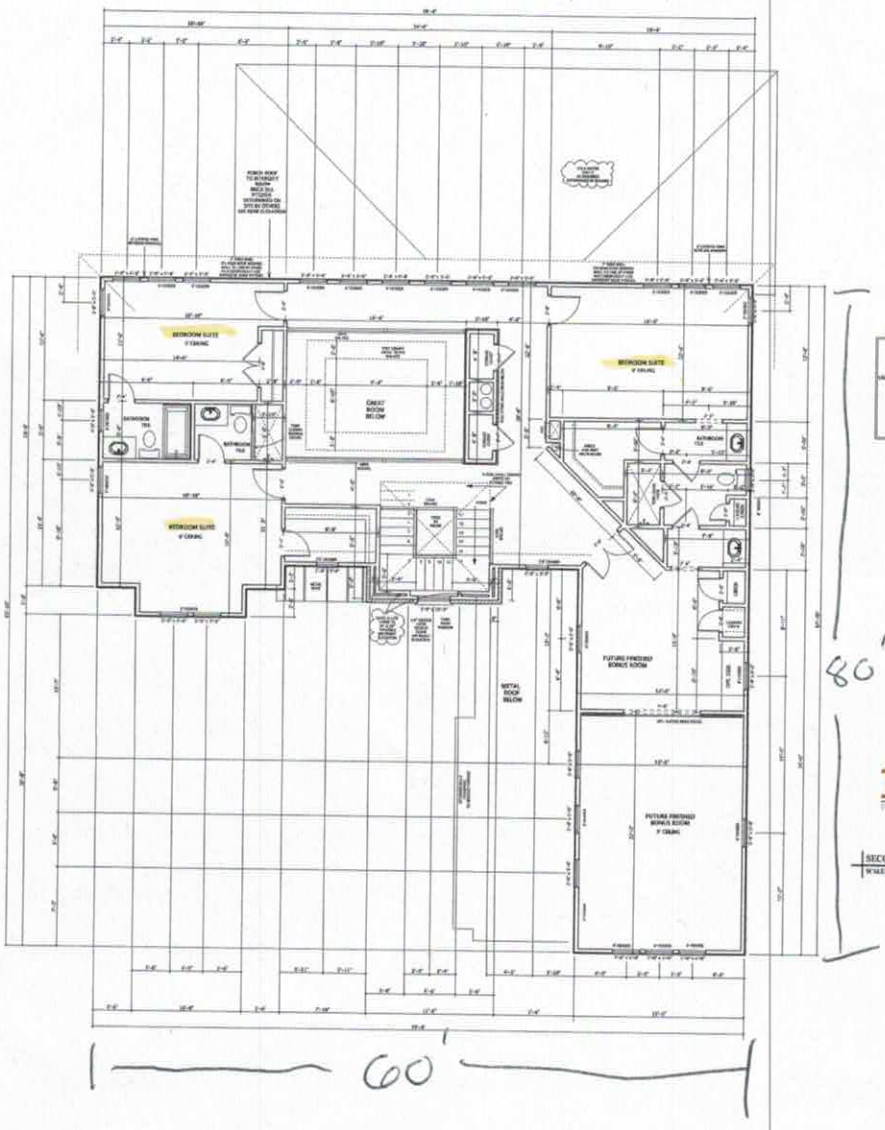
QUESTIONS CONCERNING THIS PLAN CALL 205-533-9393 — DESIGNED BY THE BIRMINGHAM SOUTHERN LIVING IDEA HOUSE — WWW.FRUSTERIO.COM — BY WISDOM A HOUSE IS BUILT, AND THROUGH UNDERSTANDING IT IS ESTABLISHED. ~ PROVERBS 24 : 3

© COPYRIGHT FRUSTERIO 1988-2017
ALL RIGHTS RESERVED

Acknowledgement of
Plans Submittal ONLY!

Date 6/27/18

Date 6-28-18



IMPORTANT NOTES:

SCALE ALL STUCCO DETAILS FROM THE ELEVATION DRAWINGS.

REFERENCE ROOF LAYOUT FOR DIFFERENT OVERHANG DEPTHS.

NOTICE DIFFERENT KNEE WALL HEIGHTS FOR HOUSE PROPORTIONS.

REFERENCE ALL WINDOWS ON FLOORPLAN WITH ELEVATIONS & NOTIFY OWNER AND/OR DESIGNER OF ANY DISCREPANCIES BEFORE ORDERING WINDOW PACKAGE.

IMPORTANT INFORMATION:
PLEASE READ CAREFULLY
**** BEFORE STARTING CONSTRUCTION ****

LIMITED CONSTRUCTION LICENSE

© COPYRIGHT 2017 FRUSTERIO
ALL RIGHTS RESERVED

christian michael frusterio

SECOND FLOOR DETAIL CONSTRUCTION SHEET
SCALE: 1/4" = 1'-0"

PROPERTY OF FRUSTERIO

THIS DRAWING, PLANS & THE IDEAS AND FULL "PROPERTY OF FRUSTERIO, INC" COPYRIGHT PROTECTION AS AN "UNPUBLISHED WORK" UNDER THE COPYRIGHT LAWS OF THE UNITED STATES. THIS DRAWING IS NOT TO BE LOANED, COPIED OR REPRODUCED IN ANY FORM OR MANNER WHATSOEVER NOR SHALL IT BE ASSIGNED TO ANY PERSON OR CORPORATION WITHOUT THE WRITTEN CONSENT OF FRUSTERIO, INC. ANY UNAUTHORIZED USE OF THESE PLANS WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.

AIBD AMERICAN INSTITUTE OF BUILDING DESIGN PROFESSIONAL MEMBER

CUSTOM HOME DOCUMENTS FOR:
MR. & MRS. [redacted]
[redacted]
[redacted]

frusterio

DESIGN DATE:
NOVEMBER 23, 2017
PLOTTING DATE:
JUNE 27, 2018

THIS PLAN AND ITS DESIGN COMPOSITION IS PROTECTED UNDER FEDERAL COPYRIGHT LAWS AND ENFORCED BY COPYRIGHT ATTORNEYS SUBITE & PERRUTT P.C., BIRMINGHAM, ALABAMA

2239-2074-1117

JOB # 2239-2074-1117

© COPYRIGHT FRUSTERIO 1988-2017
ALL RIGHTS RESERVED

IREDELL COUNTY

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

APPLICATION NUMBER
229872
Issue Date: 09/05/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4615915679.000	109 FAWN LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LAWING T R SR	Applicant: MICHAEL ATHANAS & ASSO
Address: 3701 PROVIDENCE RD CHARLOTTE, NC 28211	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
REMOVING HOUSE ON PROPERTY AND BUILDING NEW SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.690	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

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

Applicant: _____ Date: _____

Permit Number	114009	TOTAL FEES:	$ 77.25