IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214408

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

PIN # 4624-23-0569

APPLICANT: BRENDA SULLIVAN APPLICANT ADDRESS:

SITE ADDRESS: 140 SOUTHPOINT DR. - Mocksville PHONE: 704-510-1832 ALT. PHONE:

SITE DIRECTIONS: BSR, TR SOUTHPOINT, ON R

SUBDIVISION: CLET SECTION: 6 LOT # 423A LOT AREA: .69 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 7 Linear Ft: 270'

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth —

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

System Description: LP- PANEL BLOCK

Repair System Description: TS-11 DRIP

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 4 No. Persons No. Employees

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	7-13	BA
Tanks Checked	↓	BA
Pressure Manifold or Valve Box Checked	↓	BA
Pressure Head Set	9-29-17	KW
Electrical Checked	↓	↓
Floats Set	↓	↓
Alarm Checked	↓	↓
Maintenance Contract Y / N	9-29-17	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: Date: 11-B-15

IMPROVEMENT PERMIT by: APPROVED Date: NOV. 06 2015

AUTHORIZATION TO CONSTRUCT by: Date: 2-6-17

Installed by: GUNTER

OPERATION PERMIT by: Date: 9-29-17

Existing System Inspected by: Date:

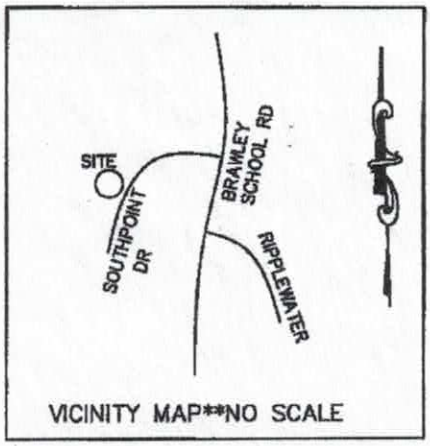
Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

plat book 33, page 40, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 13, day of OCT.,
A.D. 20 15.

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN



Scale 1"=50'

PB33PG40

APPROVED NOV 03 2015

LAKE NORMAN

N08°47'00"W 39.74

CONC. MON.

761' CONTOUR (FLOOD LINE)

760' CONTOUR LINE PER ACTUAL FIELD SURVEY.

N32°27'00"W 54.76

N11°57'00"W 51.31

41.41

N04°01'15"E

EIP

CP

50' BUFFER FROM ACTUAL 760 CONTOUR

(BASE BEARING) S74°07'19"E

15' SIDE SETBACK

226.81

LOT 423-A
0.69 AC.

LOT 423-B
QPRT THOMPSON
2074\2290

35' REAR SETBACK

90.0

70.0

PROPOSED HOUSE BOX

OVERHEAD POWER TO BE MOVED

PT ELEV. 11.9'

166.68 TOTAL

N64°51'37"W

LOT 426
ALAN WHITE
2218\2293

35' FRONT SETBACK

R=50'

R=25'

39.1

PROPOSED WELL

well

CONC. MON.

(TIE ONLY) N41°20'25"E 792.23

PK NAIL CL INTERSECTION

L=177.21'
R=433.01'
S08°06'14"W
175.98

R\W

SOUTHPOINT DR.
(60' PUBLIC R\W)

Bm 2.4' S03°32'00"E 11.55

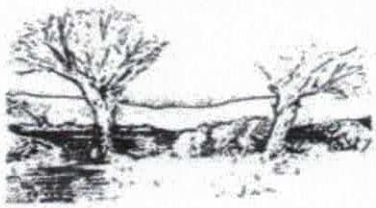
LEGEND

- P.P. = POWER POLE
- POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY
- CP = COMPUTED POINT

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 08\12\15
4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

APPROVED NOV 0 3 2015



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

Reference: Data Sheet for Southpoint Rd., CL&T Sec 6 Lot 423A
House Footprint: 70' x 90'
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2 (initial),
Proposed System Type: PPBPS
Proposed Repair System Type: TS II Drip irrigation
Distribution: Low pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 36 GPM
Dosing Volume: 219.6 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 13.3'
Friction Head: 2.5'
Pressure Head: 2'
Total Dynamic Head: 17.8'
Supply Line Length: 100'
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	# of Panels	Actual Length	Elevation
Blue 1	45'	10	83'	3.6'
Pink 2	45'	10	48'	4.3'
White 3	40'	9	43'	4.5'
Orange 4	35'	8	41'	4.3'
Blue 5	35'	8	40'	4.8'
Pink 6	35'	8	38'	6.6'
White 7	35'	8	36'	8.4'

Initial System: 270' **Repair System:** 4800+FT2
Pump Tank: 11.9' **House Corner:** 10.4' **Benchmark:** 2.4'

Comments:
All septic lines have been located by the surveyor.

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

PROPERTY ID #: 4624230569_
COUNTY: _Iredell_

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

APPROVED NOV 03 2015

OWNER: Presbyterian Hospital _____ APPLICATION DATE_____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_ PROPERTY SIZE: _0.69 AC_____
LOCATION OF SITE: CL&T Sec 6 Lot 423-A, Southpoint Dr._____ PROPERTY RECORDED: _1999_____
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	
1	LS 3%	0-32	RBr CL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		32-48	R C SBK	FR SS SP					
2	LS 6%	0-20	RBr CL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		20-36	R C SBK	FR SS SP					
		36-48	R CL WSBK	FR SS SP					
3	LS 5%	0-8	RBr CL WSBK	FR SS SP	N/A	48"		N/A	PS 0.3
		8-24	R C SBK	FR SS SP					
		24-48	R CL WSBK	FR SS SP			F-C SAP		
4	LS 5%	0-20	Br CL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		20-36	R C SBK	FR SS SP					
		36-48	R CL WSBK	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	810 FT2	4800+FT2
System Type(s)	PPBPS	DRIP
Site LTAR	0.3	0.1

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

APPROVED NOV 03 2015

PROPERTY ID #: 4624230569_
DATE OF EVALUATION: _____
COUNTY: _IREDELL__

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 5%	0-22	RBr CL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		22-40	R C SBK	FR SS SP					
		40-48	R CL WSBK	FR SS SP					
6	LS 5%	0-14	RBr CL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		14-34	R C SBK	FR SS SP					
		34-48	R CL WSBK	FR SS SP					
7	LS 5%	0-18	Br CL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		18-38	R C SBK	FR SS SP					
		38-48	R CL WSBK	FR SS SP					

COMMENTS: _____

RECEIVED JAN 27 2016

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 #
Lakeshore Holdings LLC	Po Box 5350 Mooresville NC 28117	704 799 7609	919 389 4500
"	"	"	"

Owner Name	Mailing Address	Home Phone #	Alternate Phone #

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
140 South Point Dr Mooresville NC 28117	CL&T	6/423A

Driving Directions: Brawley School Rd, Pass Point Subdivison, make right on South Point Dr, Lot is on Right

****

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 4 — ( ) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?

Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?

( ) Other _____

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: _____ 1/27/17

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

RECEIVED OCT 2 3 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $500.00 11-9-15

#214408

Non Expiring

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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

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

The following optional attachments may also be submitted: (X) 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:

Applicant Name: Brenda Sullivan **Address:** _____ **Phone:** _____

Owner Name: Presbyterian Hospital **Address:** Greensboro NC **Phone:** _____

Property Information:

Street Address: 140 Southpoint Dr.

Subdivision Name: CHT **Section/Phase:** 6 **Lot Number:** 423A

Driving Directions: BSR, TR Southpoint, on Rt

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

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

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(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 ( ) Conventional ( ) Innovative (X) 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: _____ 10/23/2015

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, **The Presbyterian Hospital,** am the legal owner(s) of the property located at **Lot 423 A Southpoint Drive, Mooresville, NC 28117** identified as
PIN (Parcel Identification Number) **4624-23-0569,** located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** **Sandy Francis or Gary McNeely,** 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.

10/23/15 — Signature of Owner(s) — Date

Vicky L. Miller 10/23/15 — 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

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:

X **Property Line measurements are clearly identified…** X **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

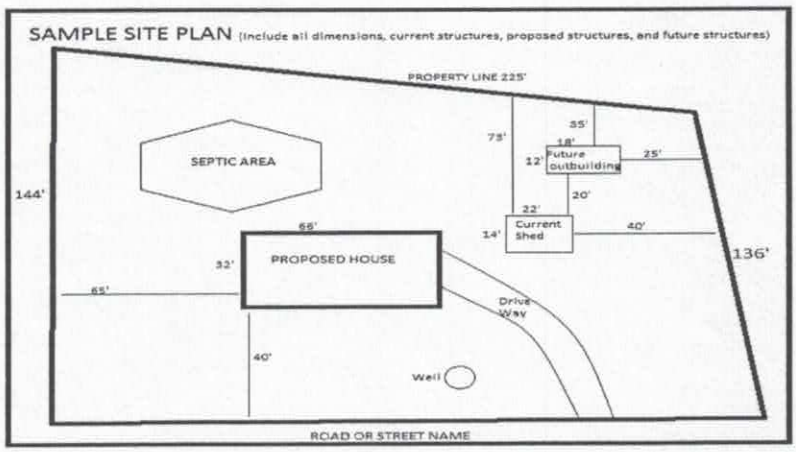
X **Front and side setbacks from property line…** X **Preferred driveway location and configuration, preferred well location…**

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

Circle N/A on the following if appropriate:

X **Location of septic systems and wells within 100' of your property… N/A**

X **Location of easements and rights of ways on your property… N/A** X **Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See improvement permit

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

1/27/17

DATE

IREDELL COUNTY HEALTH DEPARTMENT

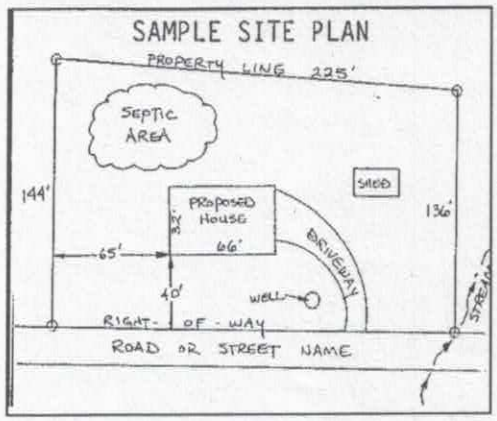
ENVIRONMENTAL HEALTH DIVISION

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 Plan

Signature: _____ 10/23/2015

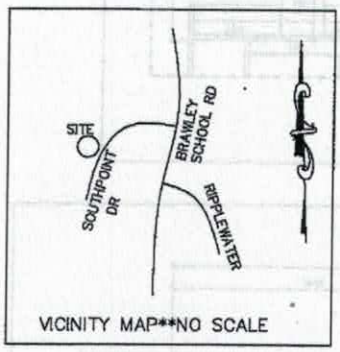
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1947, page 2334, and/or plat book 33, page 40, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 6, day of NOV., A.D. 20 15.

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN



VICINITY MAP**NO SCALE

PB33PG40

LAKE NORMAN

N08°47'00"W 39.74 CONC. MON.

761' CONTOUR (FLOOD LINE)

50' BUFFER FROM ACTUAL 760 CONTOUR

760' CONTOUR LINE PER ACTUAL FIELD SURVEY.

N32°27'00"W 54.76

N11°57'00"W 51.31

95.8'

AB6

AB5

AB4

41.41

N04°01'15"E

EIP

CP

73.8'

(BASE BEARING) S74°07'19"E

REPAIR AREA 3,919 SQ. FT.

22.1'

81.3'

REPAIR AREA 1,378 SQ. FT.

35' REAR SETBACK

AB7

90.0

LOT 423-A
0.69 AC.

PROPOSED HOUSE BOX

OVERHEAD POWER TO BE MOVED

15' SIDE SETBACK

226.81

70.0

166.68 TOTAL

N64°51'37"W

AB2

W

P

B

O

W

P

B

AB1

35' FRONT SETBACK

AB3

B

15.6

39.1

R=25'

R=50'

PROPOSED WELL

L=177.21'
R=433.01
S08°06'14"W
175.98

CONC. MON.

N41°20'25"E (TIE ONLY) 792.23

PK NAIL CL INTERSECTION

R/W

EIP

CP

11.55

S03°32'00"E

SOUTHPOINT DR. (60' PUBLIC R/W)

LOT 423-B
QPRT THOMPSON
2074\2290

LOT 426
ALAN WHITE
2218\2293

LEGEND
P.P. = POWER POLE
POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
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NOTES
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2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 08\12\15
4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

0' 25' 50' 100'
SCALE IN FEET

BOUNDARY & SEPTIC SURVEY

OF

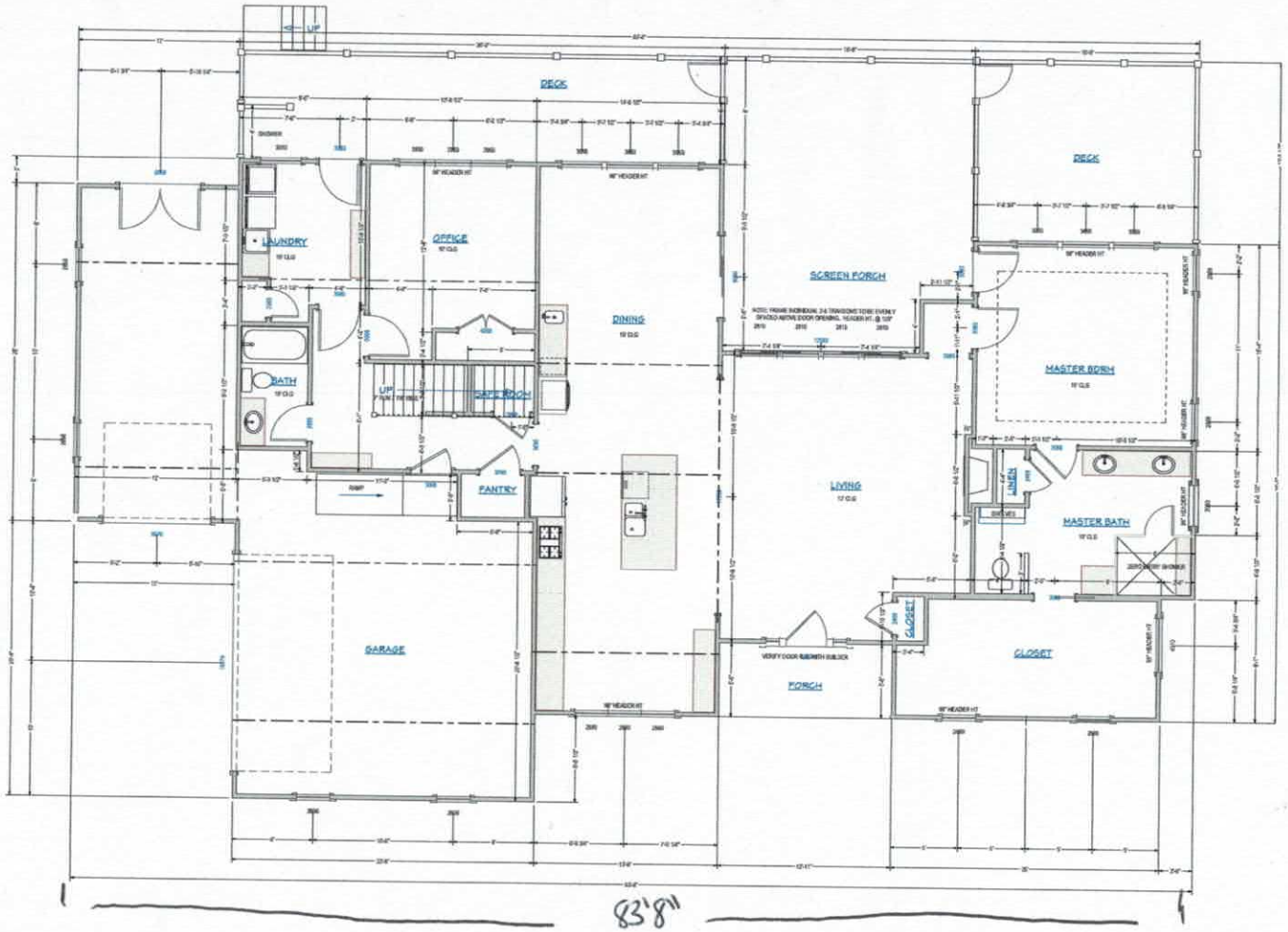
LOT 423-A CRESCENT LAND & TIMBER CORP., SECT. 6

SCALE 1" = 50'

DAVIDSON TWSP., IREDELL CO., N.C.

ACQUIRED BY: BRENDA SULLIVAN

FIELD BOOK: 500-I
FILE: CLT423-A
DC FILE:
TAX MAP NO: 4624230569



46'4"

SQUARE FOOTAGE	
1ST FLOOR HEATED	2120
2ND FLOOR HEATED	1474
TOTAL HSF	3594
PORCHES	976
GARAGE	834
TOTAL UNDER ROOF	5404

Acknowledgement of Plans Submittal ONLY!

Date 11/7/17

Date 2-6-18

FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:

SULLIVAN RESIDENCE

LAKEMIST HOMES

VISUAL DESIGN

VISUAL DESIGN & DRAFTING

Justin Towle
706-580-0892

DATE:

SCALE:

SHEET:

A-6

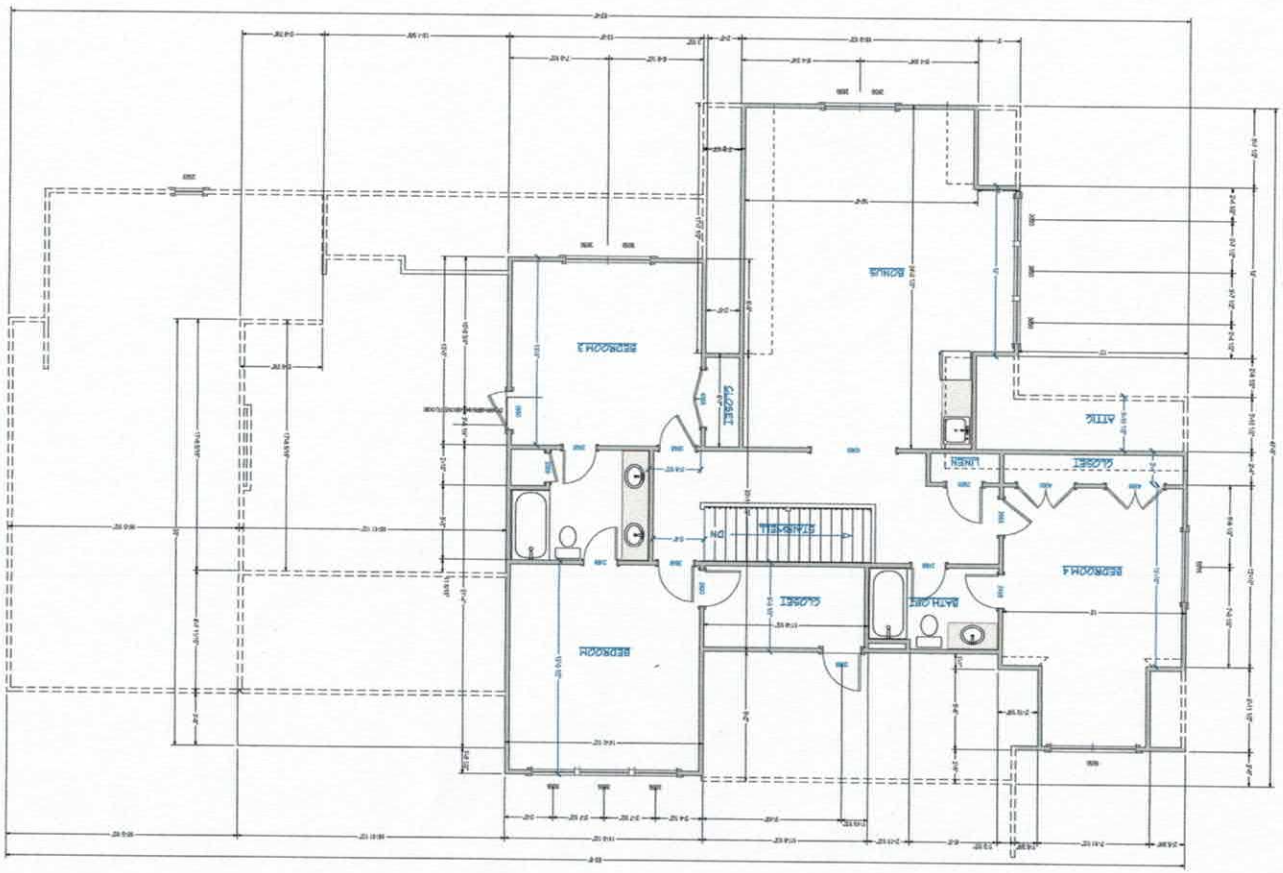
Acknowledgement of
Plans Submittal ONLY!

Date 1/27/17

Date 2-6-17

SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"



A-7

SHEET:

SCALE:

DATE:

VISUAL DESIGN & DRAFTING

PROJECT DESCRIPTION:

SULLIVAN RESIDENCE

LAKEMIST HOMES

SHEET TITLE:

NO.	DESCRIPTION	BY	DATE

IREDELL COUNTY

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

APPLICATION NUMBER
214408
Issue Date: 10/22/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4624230569.000	140 SOUTHPOINT DRIVE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: PRESBYTERIAN HOSPITAL THE	Applicant: MOZELEY, CHRIS
Address: 0 IREDELL CO, NC 28625	Address: DENVER, NC
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.690	35.00	50.00	15.00	15.00	CA	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	52194	TOTAL FEES:	$ 77.25