IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # ~~#225352~~ ~~113398~~ PIN # 4627777484 ✓ DATE 8/28/12

OWNER or APPLICANT GREENBAY FOREST LLC PHONE: Business 704-578-4951 - LSS Home:

OWNER or APPLICANT ADDRESS PO BOX 3609 MOORESVILLE NC 28117 - Site address: 251 Greenbay Rd - Mail

LOCATION / DIRECTIONS 150 W - TL PARADISE PENINSULA - TL GREENBAY - ON LEFT

SUBDIVISION ✓ GREENBAY FOREST BLOCK / SECTION — LOT # 15 LOT AREA 1.09AC DESIGN FLOW 480 GPD L.T.A.R. .275 GPD/FT²

Septic Tank 1000 Gallons: STB 821 Date 12-3-17

Pump Tank 1000 Gallons: PT 32 Date 3-11-17

Pump Make Goulds Model 115 43MP Serial # WE0311M

Nitrification Field No Fields 1 No Lines 4 Linear Feet 440

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA

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

System Description: PUMP - PM - 25% REDUCTION

Repair System Description: LP PBBPS

Maintenance Agreement Required ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions 3/1/2017: Recommend pumping the septic tank every 3-5 years.

Comments / Conditions

INITIAL SITE SKETCH

SEE KATHLEEN SAUNDERS, LSS

PLAN FOR DESIGN SPECIFICATIONS.

	Date	Initials
Drain Lines Checked	1-3-18	KW
Tanks Checked	1-3-18	KW
Pressure Manifold or Valve Box Checked	1-3-18	KW
Pressure Head Set	1-3-18	KW
Electrical Checked	2-5-18	KW
Floats Set	1-3-18	KW
Alarm Checked	2/7/18	~~SF~~
Maintenance Contract Y (N)	not required	
Comments: ✓ 1/30/18 PT lid not 6" above grade 2-5-18		MD

* Needs power to check alarm 2-5-18 KW

AS BUILT SKETCH

1-3-18

* During inspection, construction drive impacts septic area. Contacted builder & informed him it needed to be moved as permit shows (hugging property line). Also informed builder that the drain lines would be damaged if it was not addressed immediately. KW

* 2-5-18: During inspection, drive still has not been relocated. Drain lines are impacted & being driven on. Have mentioned to builder multiple times that drive needs to be relocated to prevent premature drain line failure. KW

Permit can be sus... changes are made to the site / any unauthorized changes are made in the installation of the system.

☑ IMPROVEMENT PERMIT w / plat valid without expiration. ☐ IMPROVEMENT PERMIT w / site plan valid for ...0 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: Kathleen Saunders Date 8/29/12

Improvement Permit by: C. Brady Freeman REHS Date 8/28/12

Authorization to Construct by: Tom Shuck Date 3/1/2017

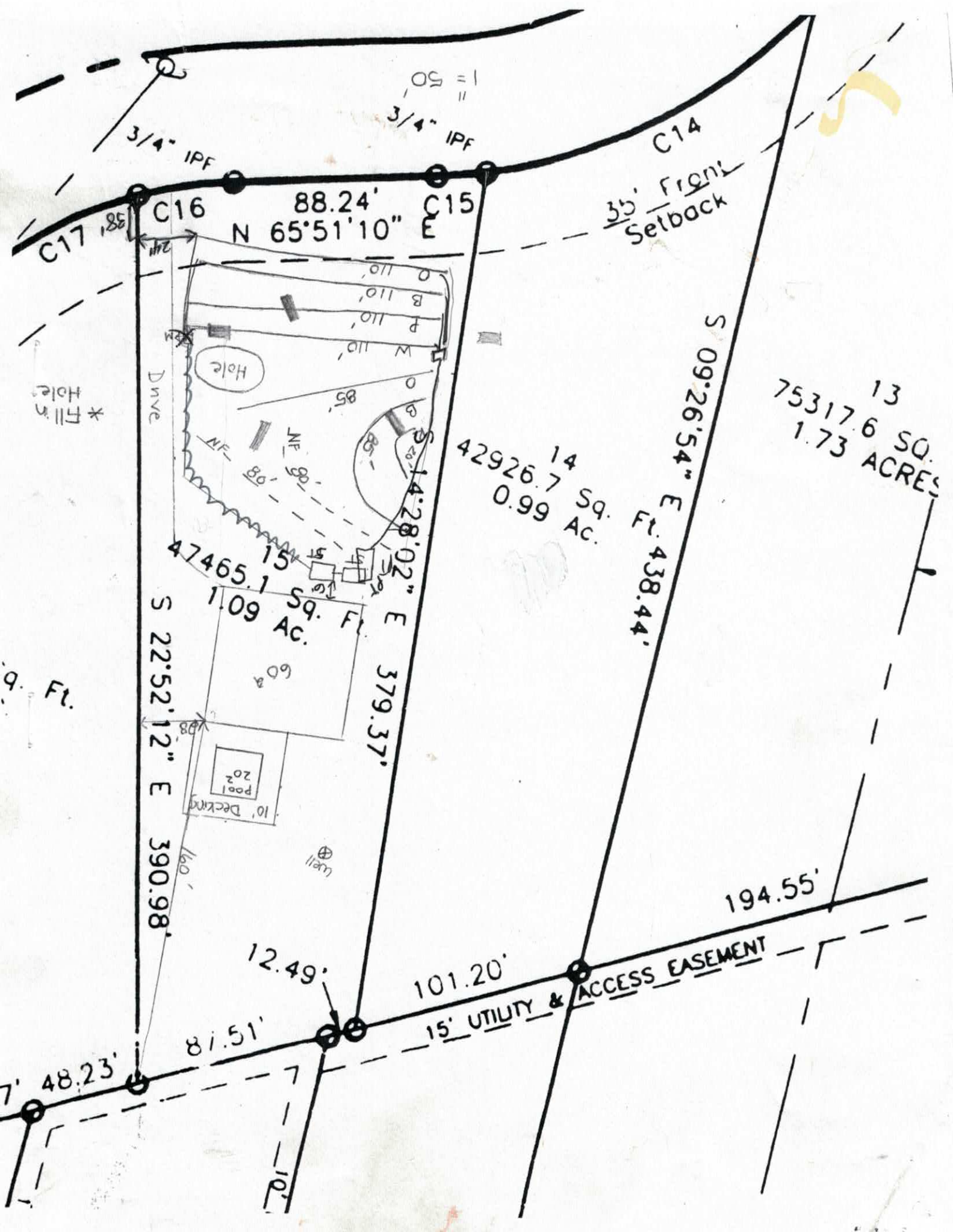
Installed by: Dennis Willis Septic Service

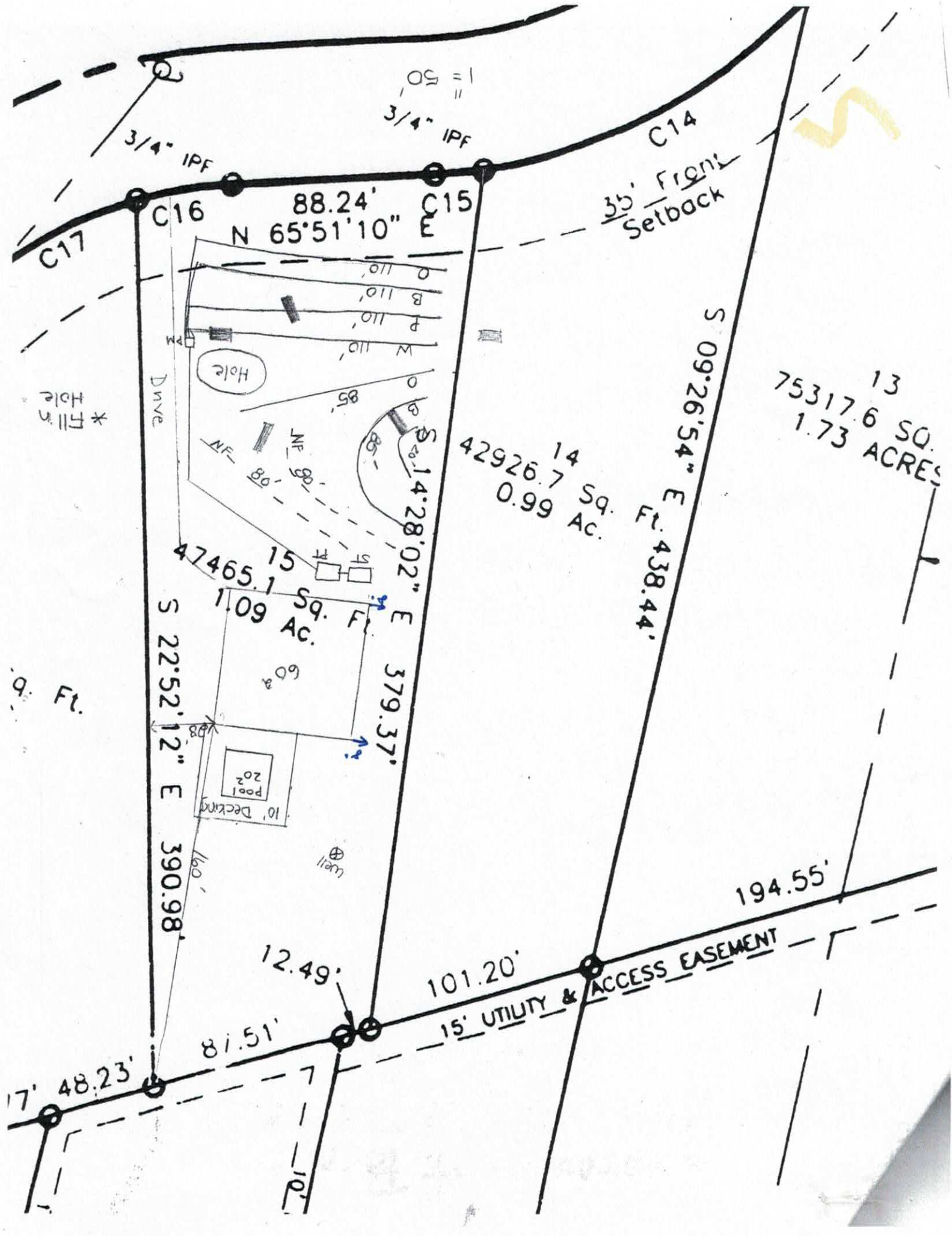
Operation Permit by: Tom Shuck Date: 2/7/18

Existing System Inspected by: Date:

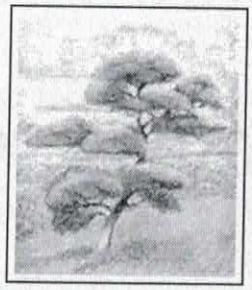
YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant


3/4" IPF
3/4" IPF
C14
C16
88.24'
C15
N 65°51'10" E
C17
35' Front Setback
Hole
Drive
NF
80'
85'
14
42926.7 Sq. Ft.
0.99 Ac.
S 09°26'54" E 438.44'
13
75317.6 SQ.
1.73 ACRES
15
47465.1 Sq. Ft.
1.09 Ac.
S 14°28'02" E 379.37'
S 22°52'12" E 390.98'
Pool
20²
10' Decking
194.55'
12.49'
101.20'
15' UTILITY & ACCESS EASEMENT
81.51'
48.23'


3/4" IPF
3/4" IPF
C14
C15
C16
C17
88.24'
N 65°51'10" E
35' Front Setback
Hole
Drive
NF
80'
85'
S 14°28'02" E 379.37'
S 09°26'54" E 438.44'
42926.7 Sq. Ft.
0.99 Ac.
14
13
753176 SQ.
1.73 ACRES
15
47465.1 Sq. Ft.
1.09 Ac.
S 22°52'12" E 390.98'
Pool
20'
10' Decking
194.55'
101.20'
12.49'
81.51'
48.23'
15' UTILITY & ACCESS EASEMENT

County copy



Date: August 15, 2012

To: Iredell County Environmental Health Department

From: Kathleen Saunders, LSS #1313

RE: Lot 15 Greenbay Forrest Fast Tract Septic Limited Redraw Request

Please accept for submittal the following packet for review under the Fast Track Permitting Program for Iredell County, NC. This packet includes a scaled site plan and system design criteria prepared in conjunction with the Fast Track Program requirements by a Licensed Soil Scientist. It is ultimately the responsibility of the Iredell County Environmental Health Department staff to verify the information contained in this packet prior to issuing a Septic Improvement Permit.

This packet is a redraw of a previously issued permit that is unexpired at this time. The owner would like to request a new well location with a pool location in the backyard. The existing LTAR was used, and the initial system previously permitted is in the approximate same location. The repair area was laid out on site in the same area previously designated as repair area on the existing permit. Please call me at 704-578-4951 with any questions.

KATHLEEN M. SAUNDERS, LSS *Soil / Site Evaluations • Septic Permitting*
227 Grayland Road, Mooresville, NC 28115 • KathleenMSaunders@gmail.com • Mobile: (704) 578-4951

Lot 15 Greenbay Forrest Subdivision Fast Track

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.275**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	440
Trench Width	3' min.
Trench Spacing	9' min.
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	130' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 10.9'
Pressure head	2.0'
Friction head	1.5'
20% Contingency	2.9'
Total Head	17.3'
Pump Requirements	22 gpm @ 17.3' of head To be designed by installer.
Maximum Dosing Volume	240 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 10.9 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**25% Reduction**
Total Linear Feet	350
Repair Loading Rate	0.275

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	NF	LP PPBPS	80	
2	Repair	NF	LP PPBPS	80	
3	Repair	Red	LP PPBPS	20	4.6
4	Repair	Blue	LP PPBPS	85	
5	Repair	Orange	LP PPBPS	85	
6	System	White	25% Reduction	110 endfed	
7	System	Pink	25% Reduction	110 endfed	
8	System	Blue	25% Reduction	110 endfed	
9	System	Orange	25% Reduction	110 endfed	10
				Total System: 440'	
				Total Repair: 350'	

Tank	Red	1000 gal (2 compartment)	7.5
Pump Tank	Red	1000 gal.	7.5
House	Blue		

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **Fill in Hole to minimize setback**

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Bridgewater LLC APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 8-13-03
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: _____
LOCATION OF SITE: Lot 15 Granbury 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		0-16	gr dk-brn vfsl	fr sss p	few mot sap	few mot between injected min clay			.25-.3
		16-47 (B-C) wk fsbk	Rysdl	fr sss p					
		47-62+	massive light brn sl sap	fr sss p					
2		0-8	gr brn sl	fr sss p	few mot sap	common mot sap			.3
		8-24	mod fsbk	fi sp					
		24-36 (B-C)	wk fsbk yr	rysdl fr sss p					
		36-57	massive ry/yr brn	sl sap					
3		0-13	gr brn	sl fr sss p	common bands of y-brn mottles				.25
		13-24	wk fsbk brn	sdl fr sss p					
		24-37	wk-mod fsbk yr	sc fi fr s sp					
		37-48	wk fsbk ry	sdl fr sss p	few fine mot sap				
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: DPH
OTHER(S) PRESENT: Paul Pennington

COMMENTS: _____

10' Drain
10' Drain
34
30
41.77'
48.23'
87.51'
12.49'
101.20'
S 52.40'
25.00'
N 42°15'47" E 306.21'
S 22°52'12" E 390.98'
S 14°28'02" E 379.37'
S 09°26'54" E 438.44'
209
202
201
1.19 Ac.
51983.2 Sq. Ft.
0.99 Ac.
43126.7 Sq. Ft.
0.09 Ac.
4746.5 Sq. Ft.
15
14
16
Pt
ST
3
Repair
Red
N 65°51'10" E
88.24'
C15
C16
C17
C14
3/4" IPF
1 3/4" IPF
DRIVE
35' Front Setback
Lt
Rt
Lt
Rt
Lt
Rt

RECEIVED FEB 24 2017

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 #
Philip Orban	12906 Walking Stick Dr Charlotte	(704) 517-2627	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
PRINCETON Asset Management LLLP	PO Box 3604 Mooresville	(704) 799-9970	

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
251 Greenbay Road	Greenbay Forest	15

Driving Directions: I-77 N to exit 36 - Left on 150 W - Left on Paradise Peninsula Rd - L on Greenbay Rd

****

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 8
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 See improvement permit

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: _____ 2/24/17

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

DocuSign Envelope ID: 08C33558-8B7D-4DFB-BBAC-3D0A1F641221

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, Princeton Asset Management, LLLP, am the legal owner(s) of the property located at 251 Greenbay Rd, Mooresville, identified as PIN (Parcel Identification Number) 4627777484, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Philip Orban, 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.

Princeton Asset Management, LLLP
By: _____ Jeffery Cernuto, Manager
Signature of Owner(s) — Date 2/23/2017

DocuSigned by: Belinda Crane-Isenhower 2/23/2017
Signature of Witness — Date
Belinda Crane-Isenhower

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

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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: X Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted:
   Place check ( ) beside whichever is submitted if applicable
   X Survey Plat, Scaled no more than 1 Inch = 60 Feet
   ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

Non - Expiring

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Greenbay Forrest, LLC	PO Box 3609 Mooresville 28117		
Same (Owner Name)	Kathleen Saunders, LSS	704-578-495	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Greenbay Forrest	Lot 15

Driving Directions: Hwy 150 W, L Paradise Peninsula, L Greenbay
Lot on Left

****

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(X) 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:**

(X) 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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **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. industry) 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.

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

8/15/12
DATE

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

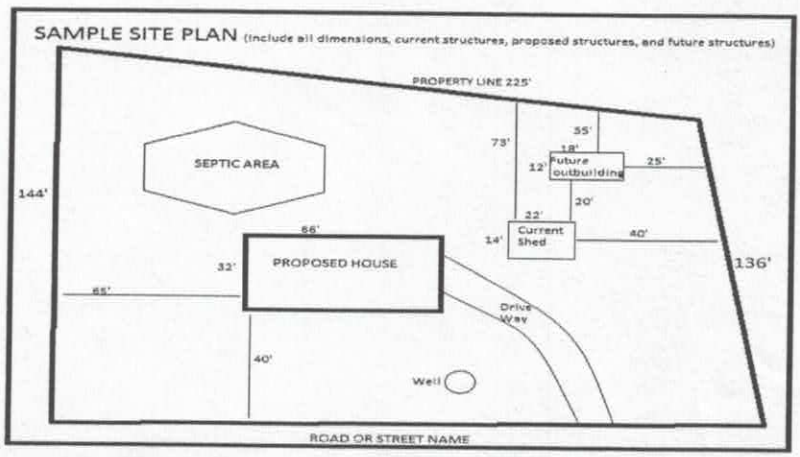
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

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

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**



See septic Permit

USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: _____

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

2/24/17

DATE

IREDELL COUNTY HEATLH DEPARTMENT

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…**
  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…**

Circle N/A on the following if appropriate:

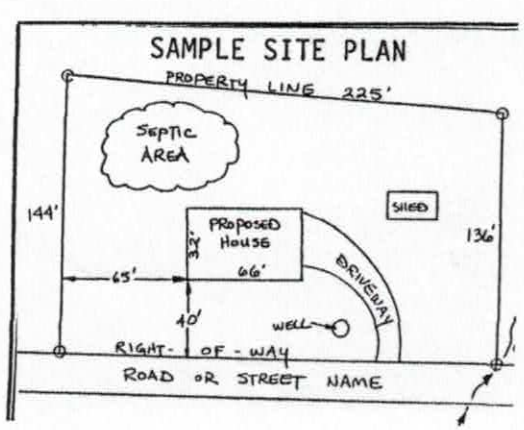
- ____ **Location of septic systems and wells within 100' of your property…** (N/A)
- ____ **Location of easements and rights of ways on your property…** (N/A)
- ____ **Location of any designated wetlands on the property…** (N/A)

Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/15/12
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Please See Attached



NOTES:

1. APPARENT SOURCE OF TITLE:
LOT 15 OF GREENBAY FOREST, RECORDED IN MAP BOOK 43 PAGES 118–119 (IREDELL COUNTY REGISTER OF DEEDS).
PARCEL ID# 4627777484 (251 GREENBAY ROAD)

2. AREA CALCULATED BY COORDINATE GEOMETRY METHOD.
TOTAL LOT AREA 47,465 sqft/1.090 acres.

3. SUBJECT TO RA ZONING REGULATIONS.

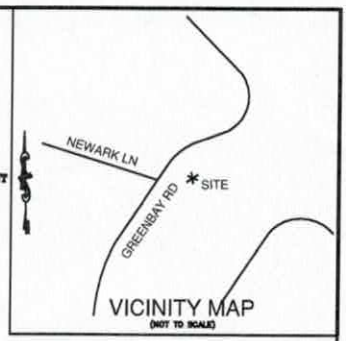
4.

MINIMUM SETBACK	35'
MINIMUM SIDE YARD	15'
MINIMUM REAR YARD	35'

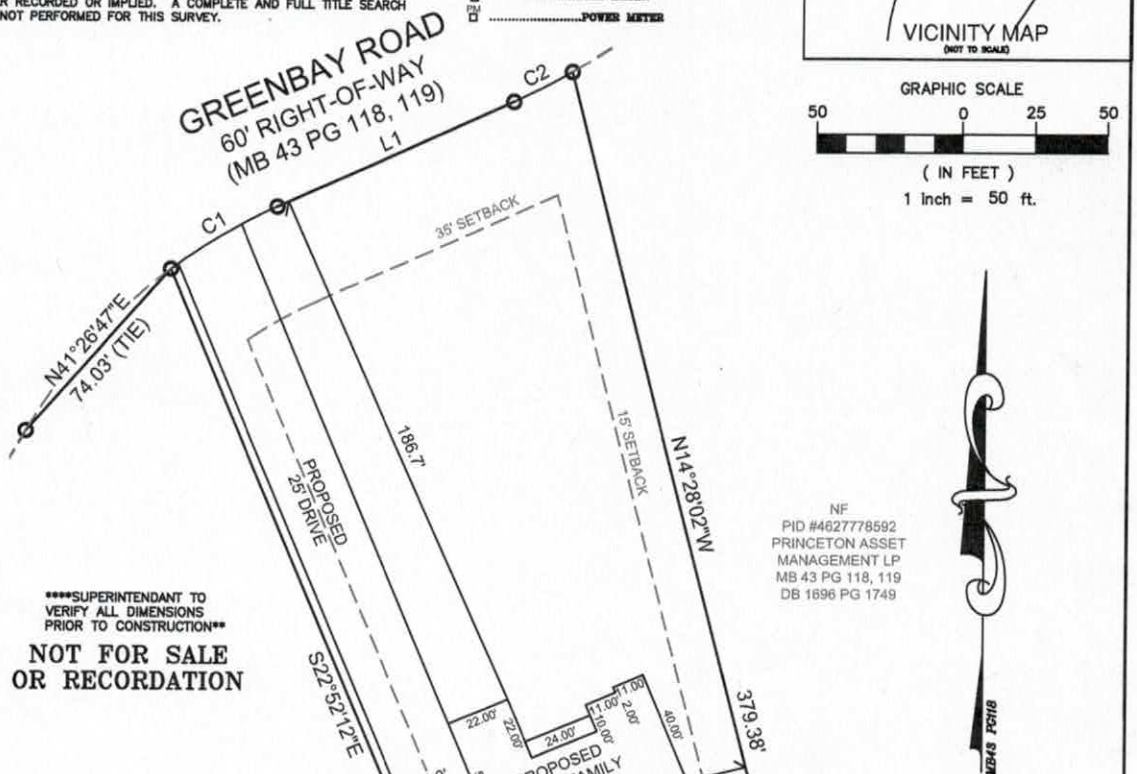
5. THIS PARCEL MAY BE SUBJECT TO EASEMENTS AND/OR R/W'S EITHER RECORDED OR IMPLIED. A COMPLETE AND FULL TITLE SEARCH WAS NOT PERFORMED FOR THIS SURVEY.

LEGEND

- HVAC ..... LINES NOT SURVEYED
- □ ..... HEATING AND AIR UNIT
- R/W ..... RIGHT OF WAY
- ○ ..... #4 REBAR
- CB ..... CURB INLET
- CO ..... SANITARY SEWER CLEAN OUT
- CF ..... COMBINED SCALE FACTOR
- PSDE ..... PUBLIC STORM DRAINAGE EASEMENT
- TV ..... TELEVISION PEDESTAL
- P ..... POWER TRANSFORMER
- T ..... TELEPHONE PEDESTAL
- WM ..... WATER METER
- GM ..... GAS METER
- PM ..... POWER METER



GRAPHIC SCALE
50 0 25 50
(IN FEET)
1 inch = 50 ft.



****SUPERINTENDANT TO VERIFY ALL DIMENSIONS PRIOR TO CONSTRUCTION****

NOT FOR SALE OR RECORDATION

NF
PID #4627778592
PRINCETON ASSET MANAGEMENT LP
MB 43 PG 118, 119
DB 1696 PG 1749

NF
PID #4627776377
J&S INVESTMENTS OF LAKE NORMAN
MB 43 PG 118, 119
DB 1769 PG 1486

NF
PID #4627779152
RODERICK & CHERYL WALLACE
MB 43 PG 118, 119
DB 2379 PG 2472

NF
PID #4627778055
MICHAEL & JESSICA PLATT
MB 43 PG 118, 119
DB 2172 PG 383

LINE TABLE		
LINE	LENGTH	BEARING
L1	88.24	S65°51'10"W
L2	12.49	N52°40'59"E

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD	DIRECTION
C1	42.09	186.29	42.00	N 59°22'49" E
C2	22.51	228.93	22.50	N 62°56'44" E

NORTH CAROLINA PROFESSIONAL LAND SURVEYOR L-3617 JULIA A. McDONALD

THIS IS AN EXISTING PARCEL OF LAND WITHIN A MUNICIPALITY THAT REGULATES PARCELS OF LAND.

I HEREBY CERTIFY THAT THIS MAP DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; THAT THE RATIO OF PRECISION AS CALCULATED IS 1: +10,000; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN MAP BOOK 43 PAGES 118 AND 119. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS DAY OF FEBRUARY 27, 2017.

REGISTERED LAND SURVEYOR REGISTRATION # L-3617

PLOT PLAN OF 251 GREENBAY ROAD

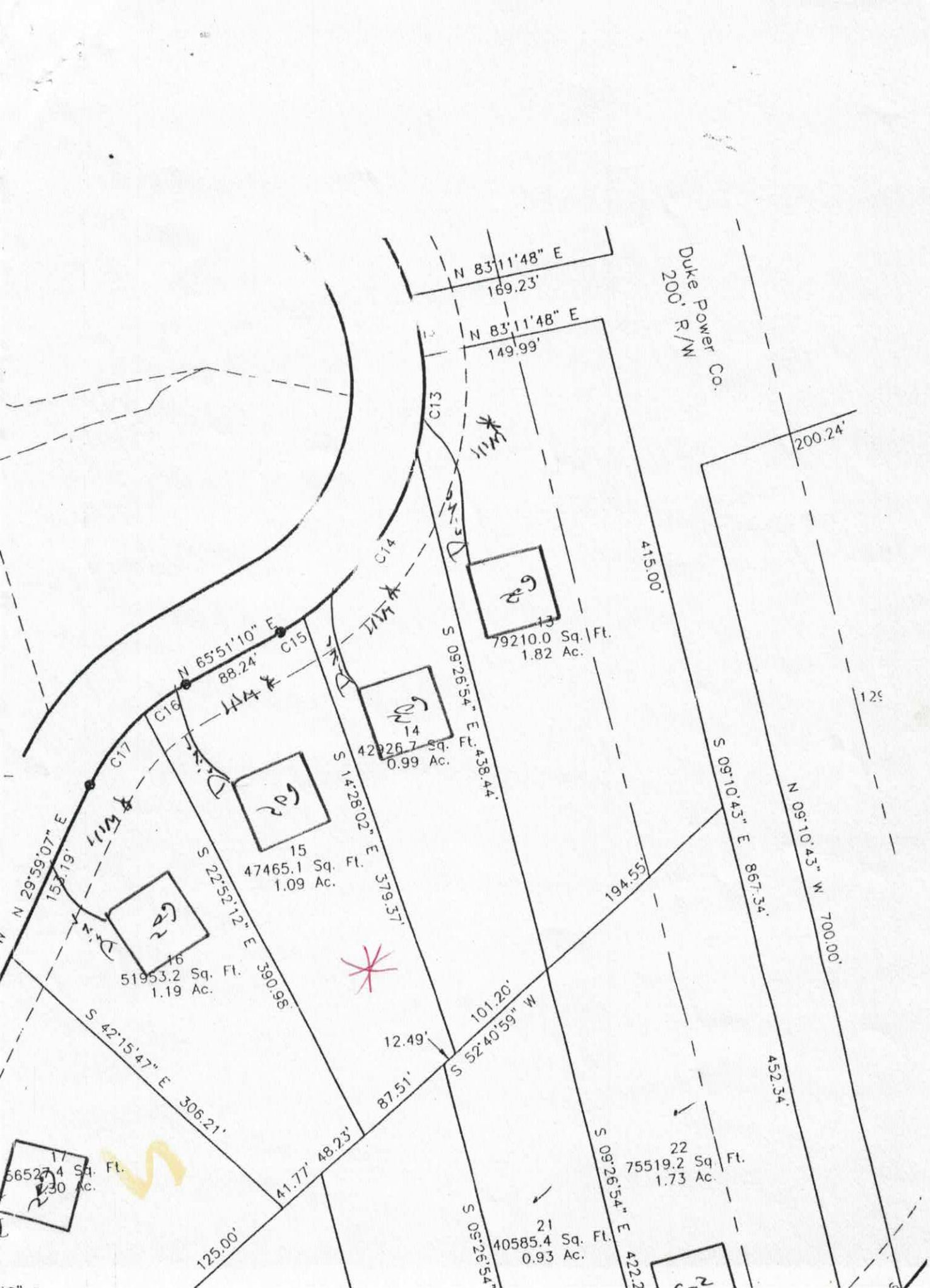
DATE: 27 FEB 2017 SCALE: 1"= 50'
MOORESVILLE, NORTH CAROLINA

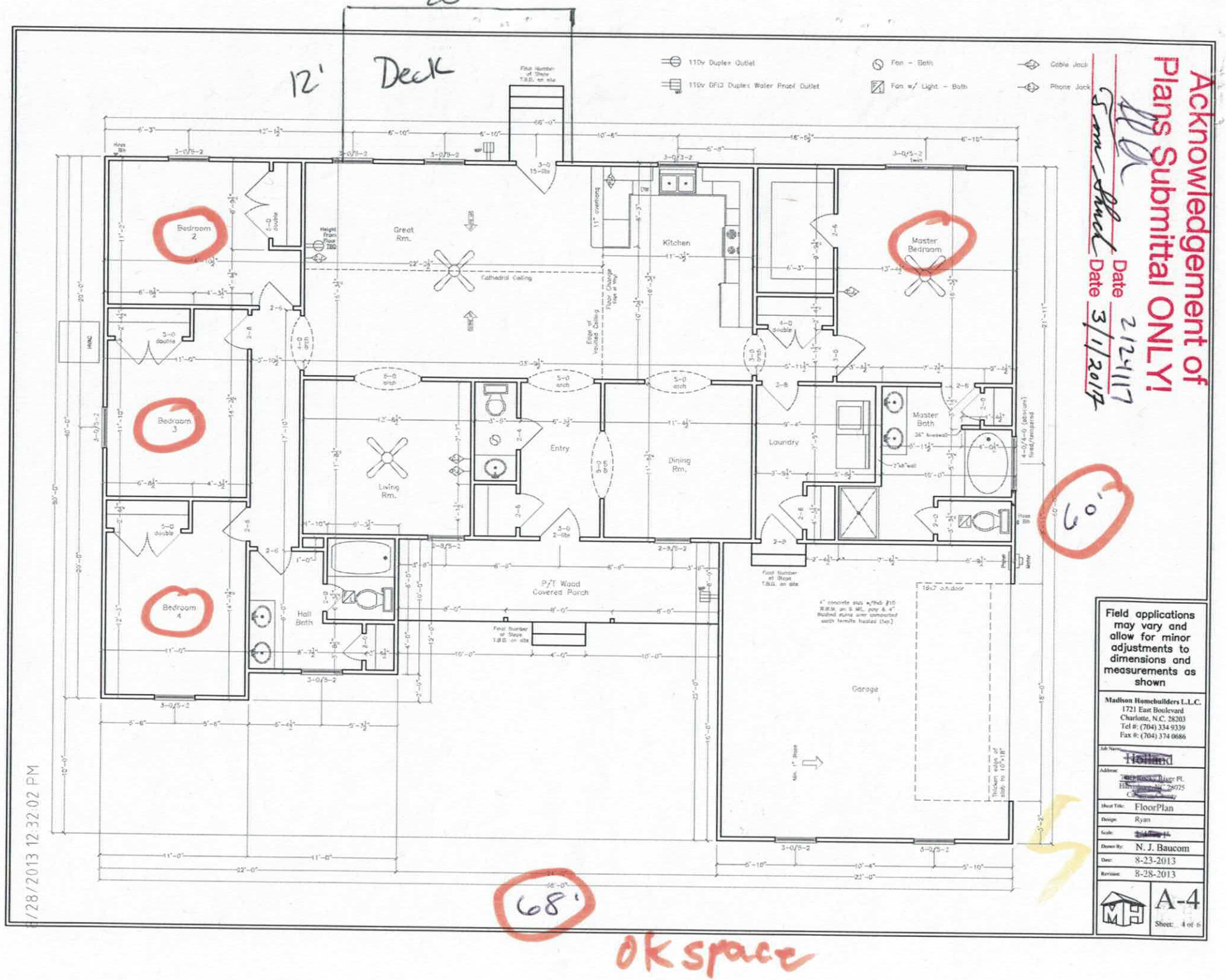
PROPERTY OWNER: PRINCETON ASSET MANAGEMENT LP
P.O. BOX 3604
MOORESVILLE, NC 28117

SURVEY BY:
3556A CENTRE CIRCLE
FORT MILL, SC 29715
(844) 865-5263

C-4291

TIDEMARK LAND SERVICES


N 83°11'48" E
169.23'
N 83°11'48" E
149.99'
Duke Power Co.
200' R/W
200.24'
415.00'
C13
C14
C15
C16
C17
N 65°51'10" E
88.24'
N 29°59'07" E
153.19'
S 09°26'54" E 438.44'
S 14°26'02" E 379.37'
S 22°52'12" E 390.98'
S 42°15'47" E 306.21'
S 09°10'43" E 867.34'
N 09°10'43" W 700.00'
452.34'
194.55'
101.20'
S 52°40'59" W
12.49'
87.51'
41.77'
48.23'
125.00'
S 09°26'54" E 422.2
13
79210.0 Sq. Ft.
1.82 Ac.
14
42926.7 Sq. Ft.
0.99 Ac.
15
47465.1 Sq. Ft.
1.09 Ac.
16
51953.2 Sq. Ft.
1.19 Ac.
17
Ac.
21
40585.4 Sq. Ft.
0.93 Ac.
22
75519.2 Sq. Ft.
1.73 Ac.


12' Deck
Acknowledgement of Plans Submittal ONLY!
Date 2/24/17
Date 3/1/2017
Bedroom 2
Great Rm.
Kitchen
Master Bedroom
Bedroom 3
Living Rm.
Entry
Dining Rm.
Laundry
Master Bath
Bedroom 4
Hall Bath
P/T Wood Covered Porch
Garage
Cathedral Ceiling
68'
ok space
Field applications may vary and allow for minor adjustments to dimensions and measurements as shown
Madison Homebuilders L.L.C.
1721 East Boulevard
Charlotte, N.C. 28203
Tel #: (704) 334 9339
Fax #: (704) 374 0686
Holland
Floor Plan
Ryan
N. J. Baucom
8-23-2013
8-28-2013
A-4
Sheet: 4 of 6

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	113398zo	Subdivision:	Greenbay Forest
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Greenbay Rd. Mooresville NC 28117		
Parcel #:	4627-88-5496.015	Zoning:	RA
Lot #:	15 Size: 1.09	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Toney Jacobs & Associates, Inc	Owner:	Bridgewater
Address:	168 Broadbill Dr	Address:	P.O. Box 3608
	Mooresville NC 28117		Mooresville, NC 28117
Phone:	704-663-6905	Phone:	704-799-9770
Property Recorded: No	Site Plan Reviewed:	Community Water: No	Community Sewer: No

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 25000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:
Hold building permit until plat is recorded

Directions:
Hwy 150W, left on Greenbay, on left

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

STEPHANIE WHITLOCK Printed: 5/27/03