IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208692

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

PIN # 4635-12-3359 ✓

APPLICANT: Rich Hussey / Warren Smith APPLICANT ADDRESS: 104 Woods Hole Ct. - Mooresville

PHONE: 781-248-9445 ALT. PHONE:

SITE ADDRESS: Same

SITE DIRECTIONS: BSR, Traffic Circle To Point Dr, TR Meeting House, TL Vineyard, TL Falmouth TR Woods Ho

SUBDIVISION: ✓ The Point on Norman SECTION: 1A LOT # 81 LOT AREA: .92 AC DESIGN FLOW: 600 L.T.A.R.: .3

Septic Tank 1500 ✓ (gal) STB 964 Date 7/11/14

Pump Tank 1500 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 @ 100' Linear Ft: 500'

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

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

System Description: PM 25% Reduction

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

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

No. Bedrooms 5 No. Persons No. Employees

☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions:

7/30/15 Reviewed floor plans, in Compliance with Septic plan.

INITIAL SITE SKETCH

See Plan From Kathleen Saunders

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	11/9	WS
Tanks Checked	11/9	WS
Pressure Manifold or Valve Box Checked	11/9	WS
Pressure Head Set	2-9-17	RA
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract (Y) N	not required	
Comments:		

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: Kathleen Saunders Date: 3-13-15 Installed by: Al Barkhoe

IMPROVEMENT PERMIT by: RA APPROVED MAR 12 2015 OPERATION PERMIT by: RA Date: 2-9-17

AUTHORIZATION TO CONSTRUCT By: Maria H Dotson RS Date: 7/30/15 Existing System Inspected by: Date:

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

1" = 50'

THE POINT

LINE TABLE		
LINE	BEARING	DISTANCE
L860	N12°09'03"E	34.81'
L861	N01°56'01"E	71.10'
L862	N11°52'35"E	24.72'

CURVE TABLE						
CURVE	LENGTH	RADIUS	TANGENT	CHORD	BEARING	DELTA
C35	15.53	25.00	8.02	15.28	S17°47'00"W	35°35'33"
C37	23.18	25.00	12.50	22.36	S62°08'42"W	53°07'48"
C38	76.62	50.00	48.11	69.24	S44°48'43"W	87°47'47"

Piers may extend from the shore for a distance of 80 feet regardless of the water depth and may extend to a maximum length of 120 feet to achieve a water depth of 6 feet, measured at full pond. In no event may a pier extend more than 1/3 of the width of the ve n which it is located. The top decking of all rs must be at least 1 foot above the water surface ful pond.

WOODS HOLE CT.
40' PUBLIC R/W

Remove old Berms in septic Area

N 35°34'48" E
67.28' 67.28'

C37 C38

40'

35' Rep #1
65' Rep #2
75' Rep #3
85' Rep #4

CHAMBERED SEPTIC SYSTEM MORTON REPAIR

100' SETBACK

100 100 100 100

80' Rep #3

"SEPTIC AREA"

B1

40,470 SF(+/-)
0.93 ACRE
16,814 SF(BLDG PAD)
NO CLEAR AREA

Drive

357.92

PM

NORTH ORIENTED TO GRID(NAD 83)

STREET TREE TO BE PLANTED OUTSIDE OF R/W

APPROVED MAR 11 2015

1" = 50'

B0

Sleeve supply line under driveway

S 05°17'52" E

116'

20' I.E.

B2

BLDG. ENVELOPE 80X80

260.26

NO-CLEAR AREA

1st Pad

50' SETBACK LINE

30' VEGETATIVE BUFFER

760' CONTOUR LINE(DUKE ENERGY PROJECT BOUNDARY) FIELD SURVEYED BY ESP ASSOCIATES, P.A. NOV. 1995-JAN 1996

Lot 81 The Point Subdivision Fast Track

Number of Bedrooms	**5**
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	**600**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	500
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth (low side)	36"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	150' of 2" SCH 40 PVC
Flow Rate through the system	27.5 gpm
Elevation head	Approx. 10.8'
Pressure head	2.0'
Friction head	2.6
20% Contingency	3.1'
Total Head	18.5'
Pump Requirements	27.5 gpm @ 18.5' of head To be designed by installer.
Maximum Dosing Volume	300 gal -2.0 doses/day @ design
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of wate equals 7.48 gal.)
Pump Run per dose	approx. 10.9 min.
Repair System	**LP PPBPS**
Total Linear Feet	340
Repair Loading Rate	0.3

APPROVED MAR 12 2015

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Blue	LP PPBPS	35	4.2
2	Repair	Orange	LP PPBPS	65	
3	Repair	Red	LP PPBPS	75	
4	Repair	Pink	LP PPBPS	85	
5	System	Blue	25% Reduction	100 endfed	
6	System	Orange	25% Reduction	100 endfed	
7	System	Pink	25% Reduction	100 endfed	
8	System	Red	25% Reduction	100 endfed	
9	System	Blue	25% Reduction	100 endfed	
10	Repair	Orange	LP PPBPS	80	4.8
				Total System: 500'	
				Total Repair: 340'	

Tank	Red	1500 gal (2 compartment)	9.0
Pump Tan	Red	1500	
House	staked		5.0

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	5
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **Slope less than 2%, lines laid 9 ft on center**
All elevations should be verified by installer prior to installation.
Sleeve supply line where it crosses under driveway
Remove old berms to prevent ponding on the septic area.

APPROVED MAR 12 2015

On-site Wastewater Section

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Lot #:
File #:
AppID:

Owner: George McKee
Applicant:
Address:
Date Evaluated: 2/16/15
Proposed Facility: SFR
Design Flow (.1949) 600
Property Size: 0.92
Location of Site:
Property Recorded:

Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [X] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

APPROVED MAR 11 2015

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	0-2% L	0-30	Mo SBKC	FR SS/SP	R				0.3 PS
		30-48	WK SBKCL	FR SS/SP	R yel; C sap				
2	0-2% L	0-6	Mo GR SCL	FR SS/SP	R Br				0.3 PS
		6-24	Mo SBKC	FR SS/SP	R				
		24-50	WK SBKCL	FR SS/SP	R yel, C sap				
3	0-2% L	0-31	Mo SBKC	FR SS/SP	R				0.3 PS
		31-49	WK SBKCL	FR SS/SP	R yel; C sap				
4	L 2%	0-3	Mo GR SCL	FR SS/SP	Br Br				0.35 PS
		3-22	Mo SBK CL	FR SS/SP	R				
		22-53	WK SBK CL	FR SS/SP	R; C sap				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)	25% Red	CPPPBPS
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: KMS
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 07778 PIN# 4625941684 DATE Aug

OWNER OR CONTRACTOR Crescent Resources, Inc. PHONE: Business Home

ADDRESS P.O. Box 1003, Charlotte

LOCATION Brawley Sch. Rd. TL The Pointe DR. Queen Anne Circle to Vineyard Dr. to Forkwood Rd to Woods Hole C

SUBDIVISION The Pointe BLOCK / SECTION 1A LOT 81 LOT AREA 40,440 ft² SITE CLASS PS DESIGN FLOW 460gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: ST8 Date

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 4 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Pumped per 25% Reduction

Repair System Description: LPP 25%-50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A

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

No. Bedrooms 4

No. Bathrooms 4

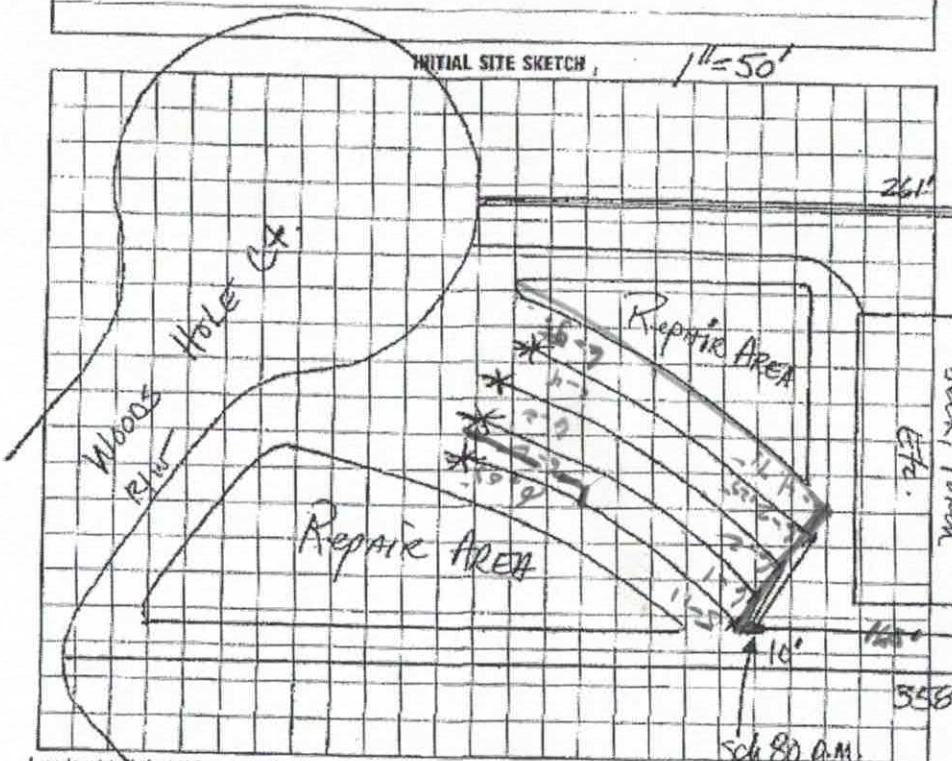
No. Employees

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

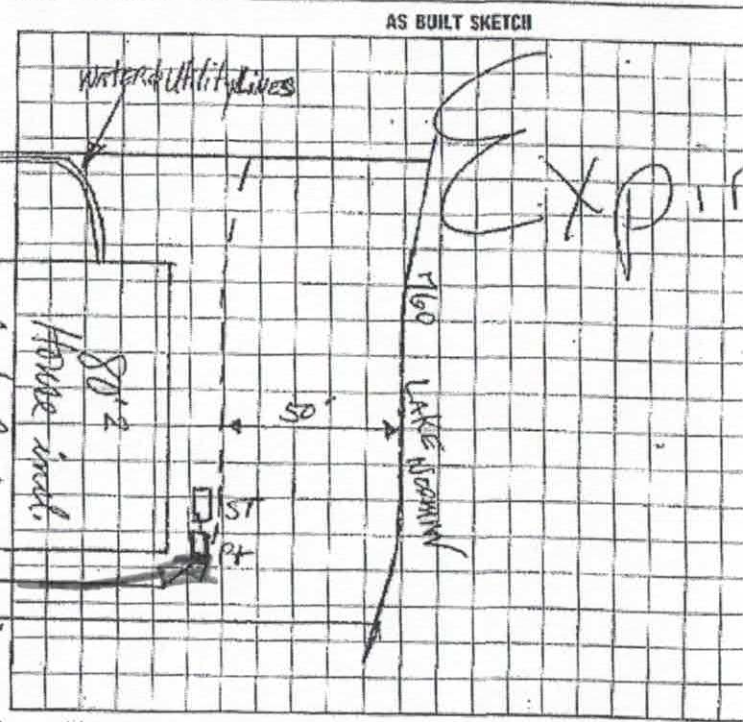
Comments/Conditions: ZONE Inspection/observation port per Lateral/ Remove old Burns/TERRACES.

Comments/Conditions:

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are m tion of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improv to exceed sixty months.

Signed: Paul G. Pope date 8-20-97

Improvement Permit Issued By: Mark R. Thomas, RS date 8-6-98

Authorization to Construct By: date

Installed by:

Operation Permit by: PB date

Existing System Inspection by: date

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

RECEIVED JUL 21 2015

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: WARREN SMITH **Address:** 178 TOBYMILL CHAPEL RD **Phone:** 704-363-16

Owner Name: RICHARD HUSSEY **Address:** PO BOX 3190 MOORESVILLE NC 28117 **Phone:** 781-248-94

Property Information:

Street Address: 104 WOODS HOLE CT MOORESVILLE NC 28117

Subdivision Name: THE POINTS **Section/Phase:** 1A **Lot Number:** 81

Driving Directions: WESTSIDE HOUSE TL VINEYARD TURNS INTO FALMOUTH TR ON WOODS HOLE

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: 5
Maximum Number of Occupants: 5
(X) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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:

( ) New Well ( ) Existing Well (X) 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 (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: _____ 7-21-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

RECEIVED FEB 2 5 2015

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Paid $850.00 Statesville #208692

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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: ___ 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 #
Rich Hussey	104 Woods Hole Ct		781-248-9445
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
George McKee	contact Kathleen Saunders, LSS		704-578-4951

4. Property Information: 4635123359

Street Address	Subdivision Name	Section/Phase and Lot Number
104 Woods Hole Ct	The Point	Lot 81

Driving Directions: Brawley Sch. Rd to traffic circle, to The Point Dr, R Meeting House Cir, L Vineyard, L Falmouth, R Woods Hole

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
( ) Other

Maximum Number of Bedrooms 5
Maximum Number of Occupants 10
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:

( ) New Well ( ) Existing Well (X) 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 — 2-24-15

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, George C. McKee, am the legal owner of the property located at 104 Woods Hole Ct, identified as PIN(Parcel Identification Number) 4635123359.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, PA Kathleen Saunders, LSS, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

George C McKee — 3/13/15
Signature of Owner — Date

Lois Nash — 3-13-15
Signature of Witness — Date

IREDELL COUNTY HEALTH DEPARTMENT

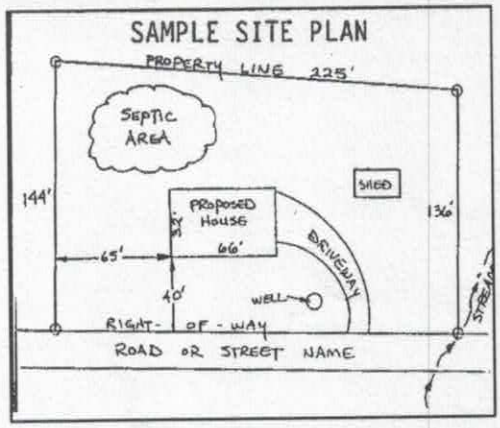
ENVIRONMENTAL HEALTH DIVISION

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and 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:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

SEE ATTACHED SURVEY

Signature: _____ 7-21-15

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

IREDELL COUNTY HEATLH 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…
  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 — 2-24-15

REQUIRED property owner or owner's legal representative signature. — DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Please See Attached

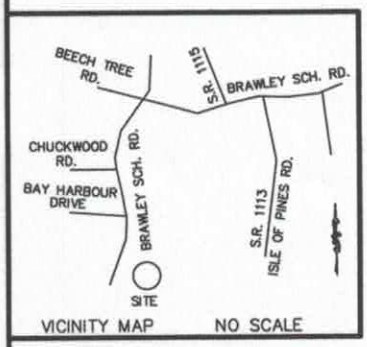
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2107, page 747, and/or plat book 31, page 42, 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 20, day of JULY, A.D. 20 15.

WILLIAM M. ALLEN, PLS

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	25.00'	15.53'	N 17°47'00" E	15.28'
C2	25.00'	23.18'	N 62°08'42" E	22.36'
C3	50.00'	76.62'	S 44°48'43" W	69.34'

PB31PG45



LINE TABLE		
LINE	BEARING	LENGTH
L1	N 12°09'00" E	34.67'
L2	N 01°56'01" E	71.10'
L3	N 11°52'35" E	24.72'

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 2\5\15) ELEVATION: 755.53
4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

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

PLOT PLAN SURVEY

OF
104 WOODS HOLE CT.
LOT 81 PHASE 1A MAP 4

SCALE 1" = 50' DAVIDSON TWSP., IREDELL CO., N.C.
ACQUIRED BY: RICHARD AND EMILY HUSSEY

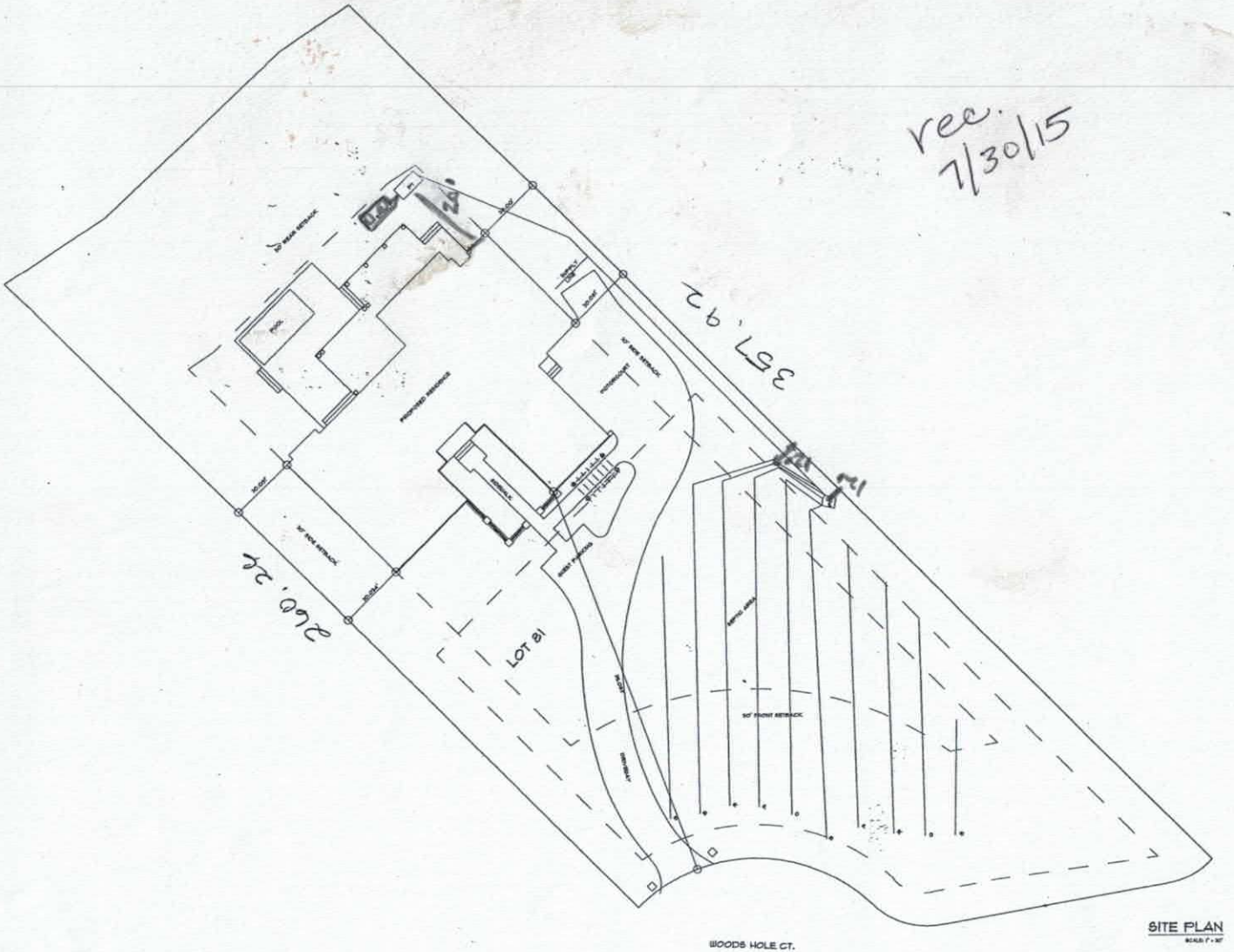
FIELD BOOK: 500-D
FILE: POINT 81
DC FILE:
TAX MAP NO: 4635123359

104 Woods Hole Ct.

Parcel #463512
3359

Site plan

rec. 7/30/15



SITE PLAN

ENGINEERED BY:
G.B. ENGINEERING
133 MIDDLETON PLACE
MOORESVILLE, NC 28117
(704) 671-8359
N.C. ENGR. LIC. # P-1258

Custom Residential Designs

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928
fax: 704-545-0600

PROJECT:

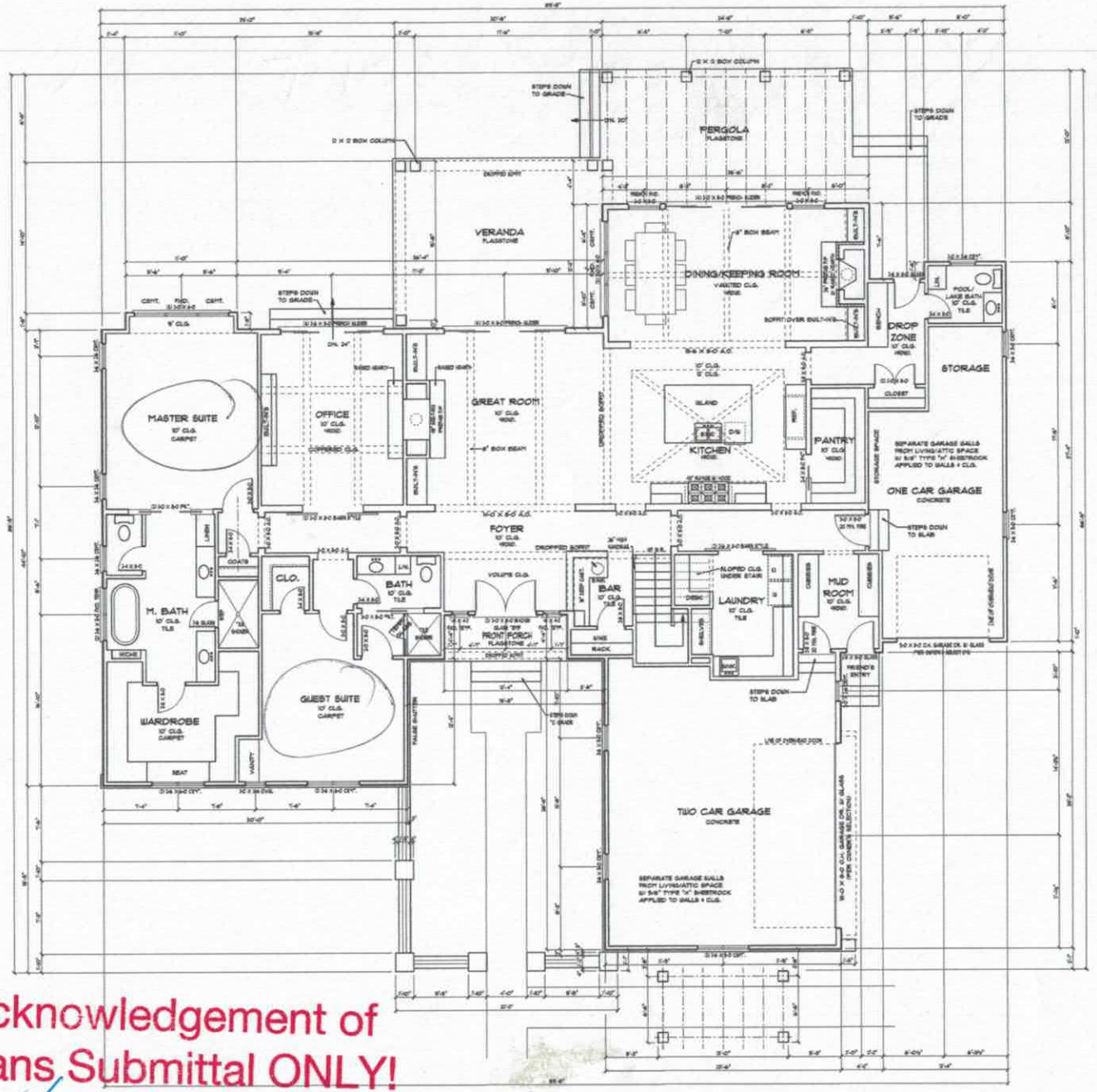
THE HUSSEY RESIDENCE

LOT 81, WOODS HOLE CT.
MOORESVILLE, NC 28117

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DRAWN BY: JJ.BARJA/E.LEACH
DATE: 07/15/2015
REVISED:

SHEET 1 OF 15



Acknowledgement of Plans Submittal ONLY!

Date 7-21-15

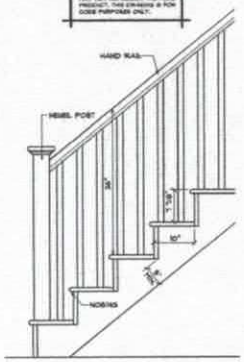
Date

STAIR NOTES

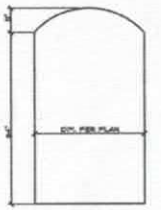
NOTE: VERIFY ACTUAL CONDITIONS + FLOOR FINISH MATERIALS PRIOR TO STAIR FABRICATION

NOTE: GUARD RAILS + HANDRAILS SHALL BE IN COMPLIANCE W/ 2012 N.C.R.C.

HANDRAILS + BALUSTERS SHOWN MAY NOT REPRESENT THE FINAL PRODUCT. THIS DRAWING IS FOR CODE PURPOSES ONLY.



STAIR SECTION
SCALE: 1" = 1'-0"



TYPICAL ARCHED OPENING DETAIL
× FIRST FLOOR SCALE: 1/2" = 1'-0"

DOOR + WINDOW NOTE

ALL WINDOW + DOOR SIZES ARE NOMINAL. SUBJECT TO MINOR ALLOWABLE MANUFACTURER VARIATIONS. ALL PROTECTION DOOR + GLAZING CONDITIONS MAY OCCUR AT WINDOW + DOOR MANUFACTURER SELECTED. ALL DOORS + WINDOWS TO COMPLY W/ ALL OF 2012 NORTH CAROLINA RESIDENTIAL CODES.

SQUARE FOOTAGE

FIRST FLOOR HEATED	3,251
SECOND FLOOR HEATED	1,813
HEATED TOTAL	5,063
TWO CAR GARAGE	686
ONE CAR GARAGE	391
FRONT PORCH	93
VERANDA	348
FUTURE SPACE	801
TOTAL UNDER ROOF	7,013

NOTE: ALL EXTERIOR SQUARE FOOTAGE IS FIGURED TO OUTSIDE OF FRAMED WALL.

FIRST FLOOR NOTES

- 10' CEILING HEIGHT TYP. UNLESS NOTED OTHERWISE
- 8' DOOR AND WINDOW HEIGHT TYP. UNLESS NOTED OTHERWISE
- SEE SECOND FLOOR FRAMING PLAN FOR ALL SECOND FLOOR BEAM + FIRST FLOOR HEADER SIZES.
- IN DWELLING UNITS, WHERE THE OPENING OF AN OPERABLE WINDOW IS LOCATED MORE THAN 72" ABOVE THE FINISHED GRADE OR SURFACE BELOW, THE LOWEST PART OF THE CLEAR OPENING OF THE WINDOW SHALL BE A MINIMUM OF 24" ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. OPERABLE SECTIONS OF WINDOWS SHALL NOT PERMIT THE OPENINGS THAT ALLOW PASSAGE OF A 4" DIAMETER SPHERE WHERE SUCH OPENINGS ARE LOCATED WITHIN 24" OF THE FINISHED FLOOR.
- ALL FRAMING DIMENSIONS FOR FIREPLACES SHOULD BE CHECKED PER MFG.

FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

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N.C. BUS. LIC. # P-1298

Custom Residential Designs
"JJ Barja"
P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928
fax: 704-545-0600

PROJECT:

THE HUSSEY RESIDENCE

LOT 81, WOODS HOLE CT.

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DATE: 06/16/2015

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SHEET 5 OF 15

Acknowledgement of
Plans Submittal ONLY!

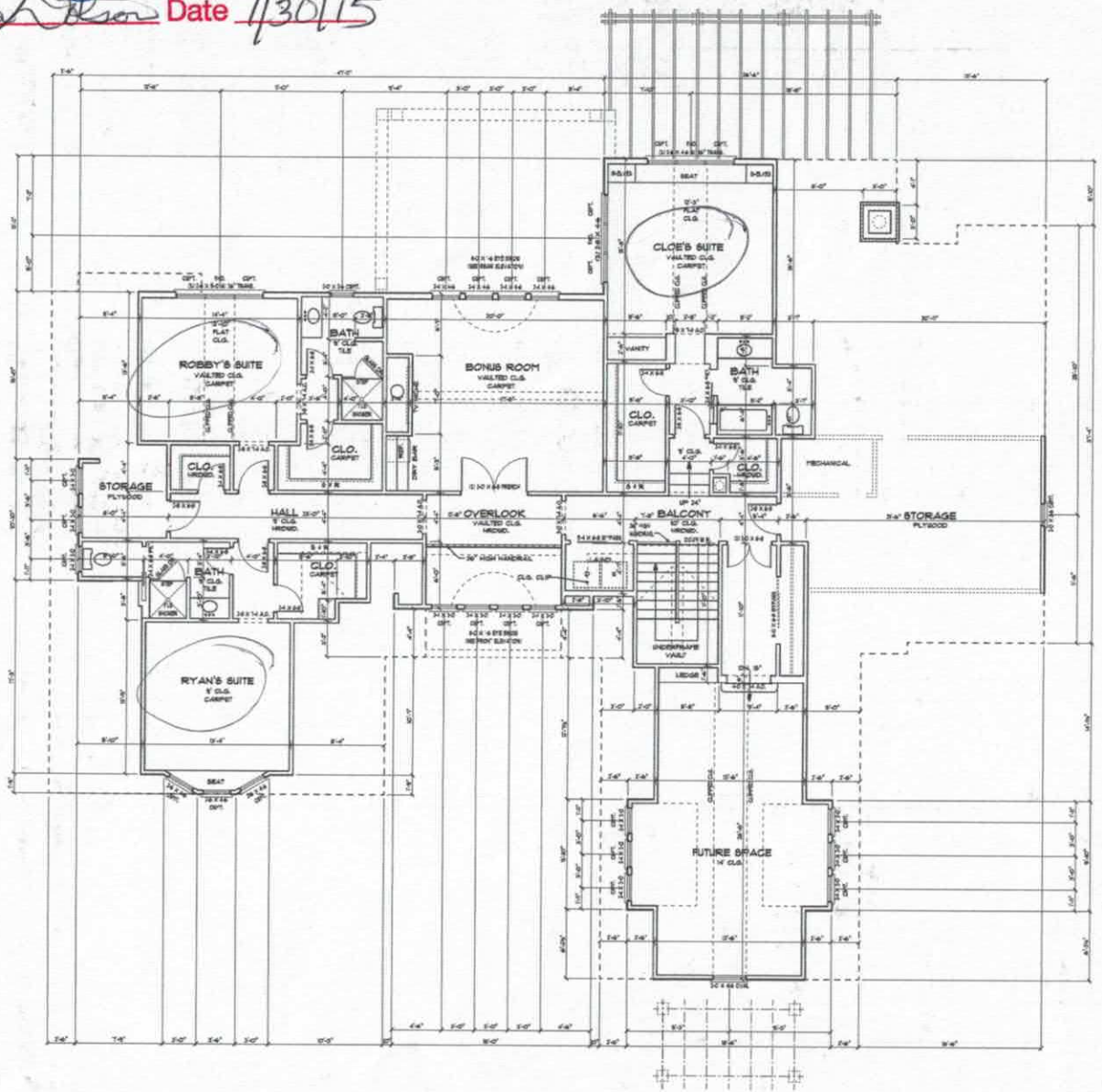
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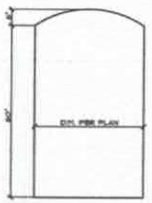
Date 7/30/15

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TYPICAL ARCHED OPENING DETAIL
* SECOND FLOOR
SCALE 1/2" = 1'-0"

DOOR & WINDOW NOTE

ALL WINDOW & DOOR SIZES ARE NOMINAL. BUILDER TO VERIFY ALL RO'S & MANUFACTURER CONDITIONS. FALL PROTECTION CODE & SAFETY REQUIREMENTS PER CODE w/ WINDOW & DOOR MANUFACTURE SELECTED. ALL DOORS & WINDOWS TO COMPLY w/ ALL OF 2015 NORTH CAROLINA RESIDENTIAL CODES.

SECOND FLOOR NOTES

- 9' CEILING HEIGHT TYP. UNLESS NOTED OTHERWISE
- 6'-8" DOOR AND WINDOW HEIGHT TYP. UNLESS NOTED OTHERWISE. SEE ELEVATION FOR WINDOW HEIGHTS.
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCORDING TO CODE.
- SEE SECOND FLOOR CEILING PLAN FOR ALL SECOND CLG. BEAM & SECOND FLOOR HEADER SIZES.
- ALL DOORS WITH GLASS SHOULD BE "TEMPERED" & WINDOW SHOULD BE TEMPERED PER STATE CODE
- ALL FRAMING DIMENSIONS FOR FIREPLACES SHOULD BE CHECKED PER MFG.

SECOND FLOOR PLAN
SCALE 1/4" = 1'-0"

PROJECT:

THE HUSSEY RESIDENCE

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DATE:
06/16/2015

REVISED:

SHEET 7 OF 15

IREDELL COUNTY

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

APPLICATION NUMBER
208692
Issue Date: 02/25/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4635123359.000	104 WOODS HOLE COURT, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: MCKEE GEORGE C+JEAN P ETAL	Applicant: KATHLEEN SAUNDERS
Address: P O BOX 159 CORNELIUS, NC 28031	Address: 227 GRAYLAND RD MOORESVILLE, NC 28115
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD- FAST TRACK	20CU

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.920	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	32257	TOTAL FEES:	$ 77.25