IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216696

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

PIN # 4637-36-3287.000

APPLICANT: THOMAS "BRETT" SAWYER APPLICANT ADDRESS: 337 WHIPPOORWILL RD.

SITE ADDRESS: 337 WHIPPOORWILL RD. MOORESVILLE NC PHONE: 704-902-7080 ALT. PHONE: 704-604-4838

SITE DIRECTIONS: I-77 TO DAVIDSON, TR WHIPPOORWILL, @ END ON L

SUBDIVISION: HIDDEN COVE SECTION: — LOT # PT 14 LOT AREA: .570 ACRE DESIGN FLOW: EX. 360 GPD L.T.A.R.: EXISTING

Septic Tank	EXISTING	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make		Model			Serial #						
# Nitrification Fields	EX.	# Lines	EX.		Linear Ft:	EX.					
Trench Width	EX.	Max. Trench Bottom Depth	EX.		Gravel Depth	EX.					

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

System Description: EXISTING CONVENTIONAL - GRAVITY

Repair System Description: SAME (EXEMPT)

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms EX. 3

☐ Business No. Persons EX. 6

☐ Other No. Employees

☒ Slab ☒ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: SYSTEM APPEARS TO BE FUNCTIONING @ TIME OF INSPECTION. PROPOSED ADDITION TO BE CRAWL SPACE & GARAGE TO BE SLAB.

THIS PERMIT IS FOR NO ADDITIONAL BEDROOMS.

INITIAL SITE SKETCH

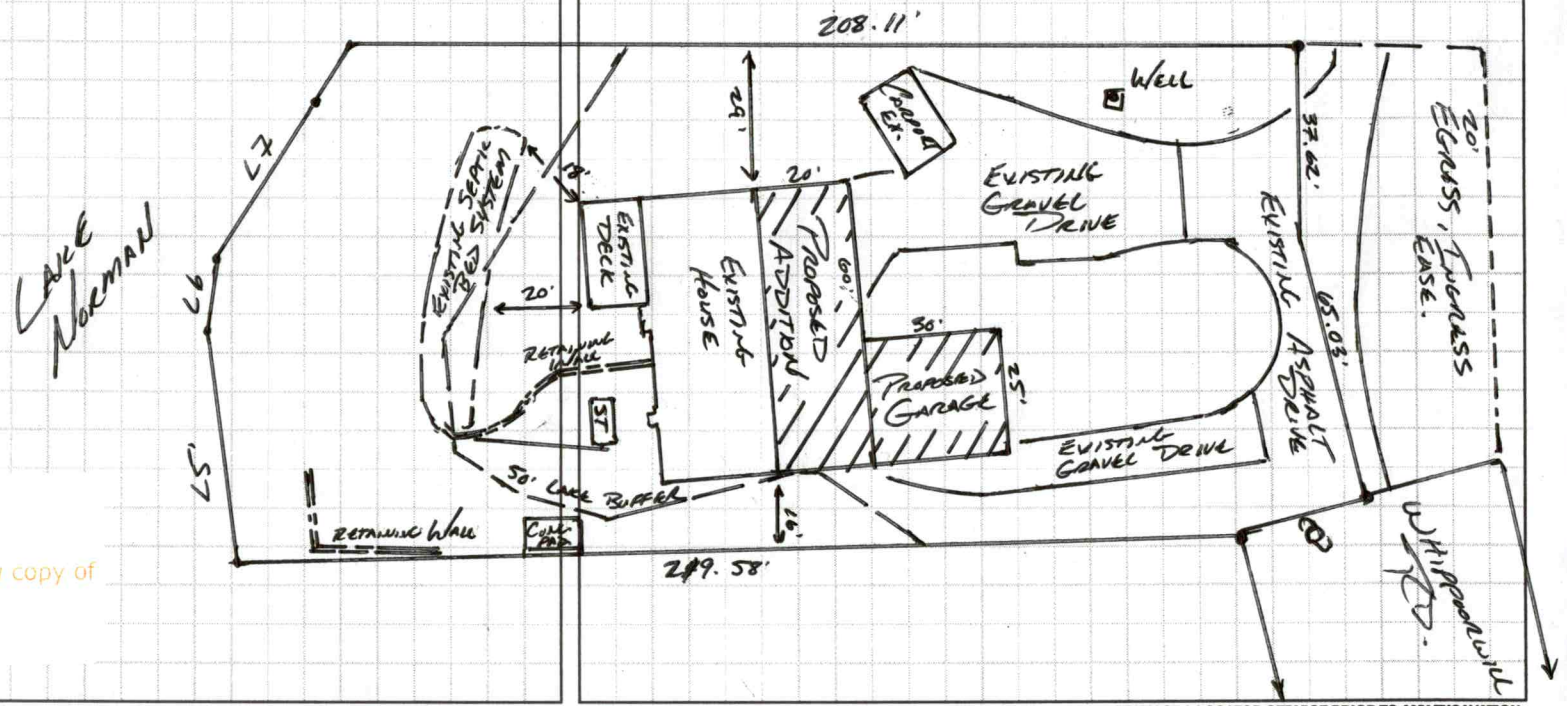
1" = 40'

Existing System

Client gets pink & yellow copy of document

BALANCE = Ø

AS BUILT SKETCH



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

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

Owner / Applicant Signature: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: APPROVED MAR 13 2016

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216696

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

PIN # 4637-36-3287.000

APPLICANT: Thomas Brett Sawyer APPLICANT ADDRESS: 337 Whippoorwill Rd.

SITE ADDRESS: 337 Whippoorwill Rd. Mooresville NC PHONE: 704-902-7080 ALT. PHONE: 704-604-4838

SITE DIRECTIONS: I-77 To Dealin. Rt Whippoorwill, @ Ends on L

SUBDIVISION: Hidden Cove SECTION: — LOT # PT 14 LOT AREA: .570 Acre DESIGN FLOW: Ex. 360 GPD L.T.A.R.: Existing

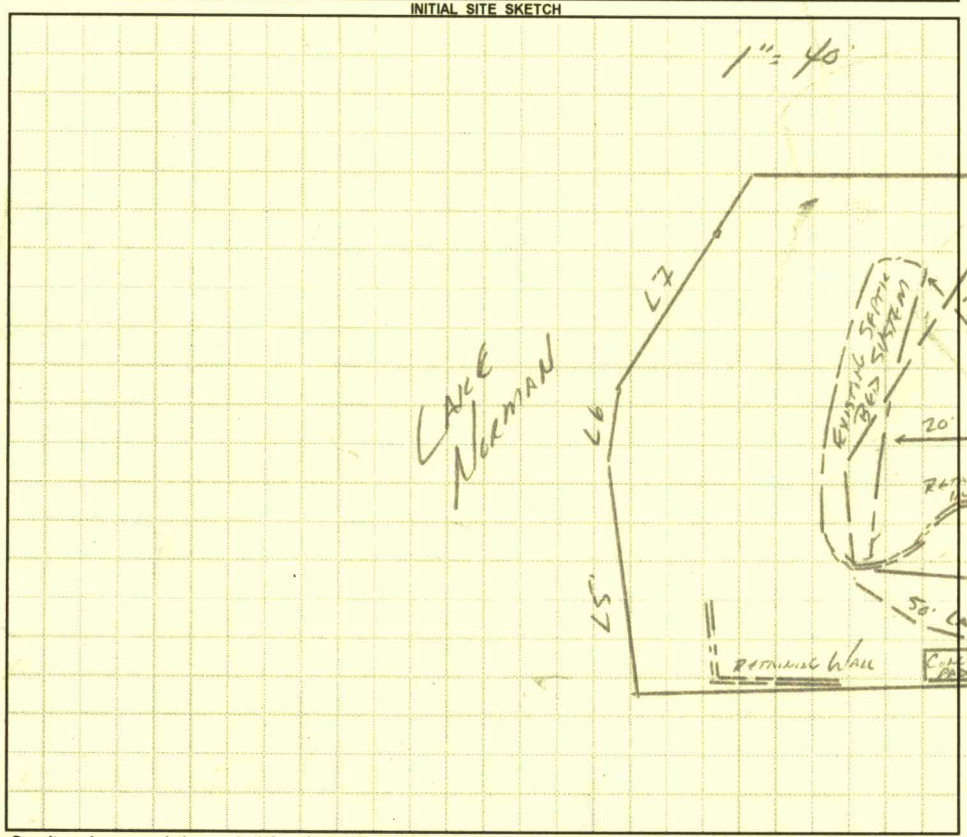
Septic Tank	Existing	(gal)	STB		Date	☐ New System	☐ Repair	☐ Expansion	System Type:	I	II	III	IV	V	VI
Pump Tank		(gal)	PT		Date	System Description:	Existing Conventional - Gravity								
Pump Make		Model			Serial #	Repair System Description:	Same (Exempt)								
# Nitrification Fields	Ex.	# Lines	Ex.		Linear Ft:	Ex.	Maintenance Agreement Required:	☐ YES	☒ NO						
Trench Width	Ex.	Max. Trench Bottom Depth		Ex.	Gravel Depth	Ex.	☒ GRAVITY	☐ PRESSURE							

☒ Residence	No. Bedrooms	Ex. 3	**Water Supply**	
☐ Business	No. Persons	Ex. 6	☒ Private	
☐ Other	No. Employees		☐ Public	
☒ Slab	☒ Crawl Space		☐ Community	
☒ Basement w/plumbing		☐ Basement w/o plumbing		

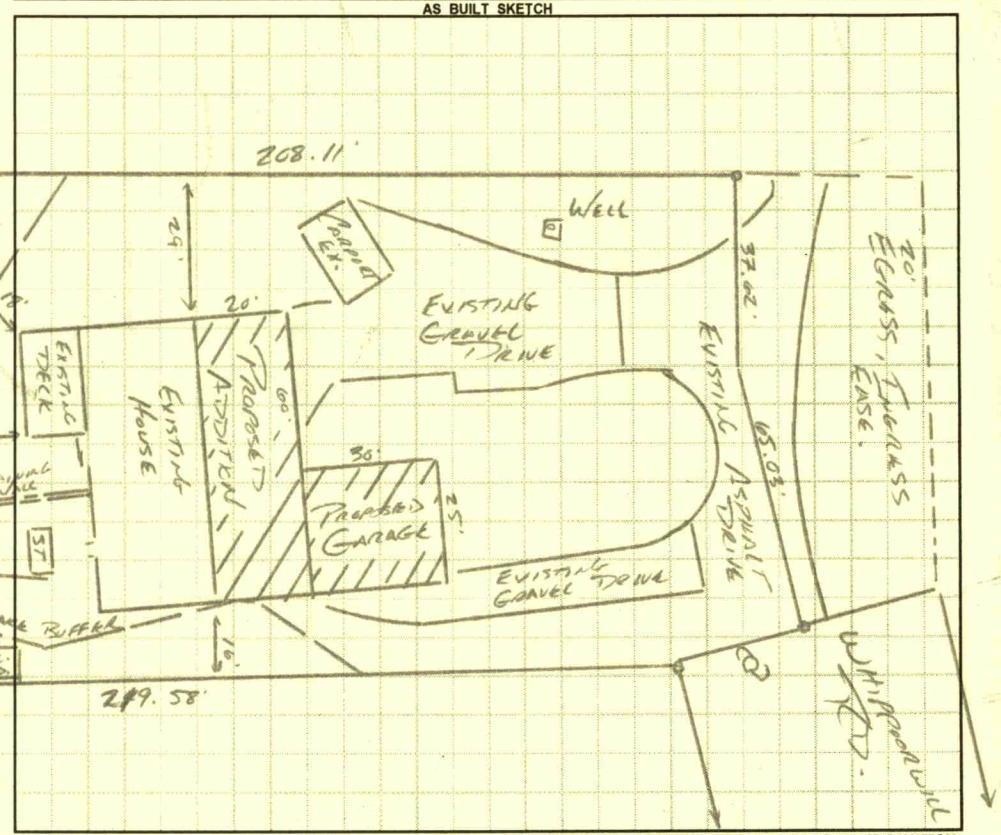
Comments / Conditions: System Appears to Be Functioning @ Time of Inspection. Proposed Addition To Be Crawl Space & Garage To Be Slab.

This Permit is For no Additional Bedrooms.

INITIAL SITE SKETCH



AS BUILT SKETCH



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

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

Owner / Applicant Signature: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

APPROVED MAR 13 2016

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216696

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

PIN # 4637-36-3287.000

APPLICANT: Thomas Brett Sawyer APPLICANT ADDRESS: 337 Whippoorwill Rd.

SITE ADDRESS: 337 Whippoorwill Rd. Mooresville NC PHONE: 704-902-7080 ALT. PHONE: 704-604-4838

SITE DIRECTIONS: I-40 to Davie Ave. Whippoorwill, @ Knox on L

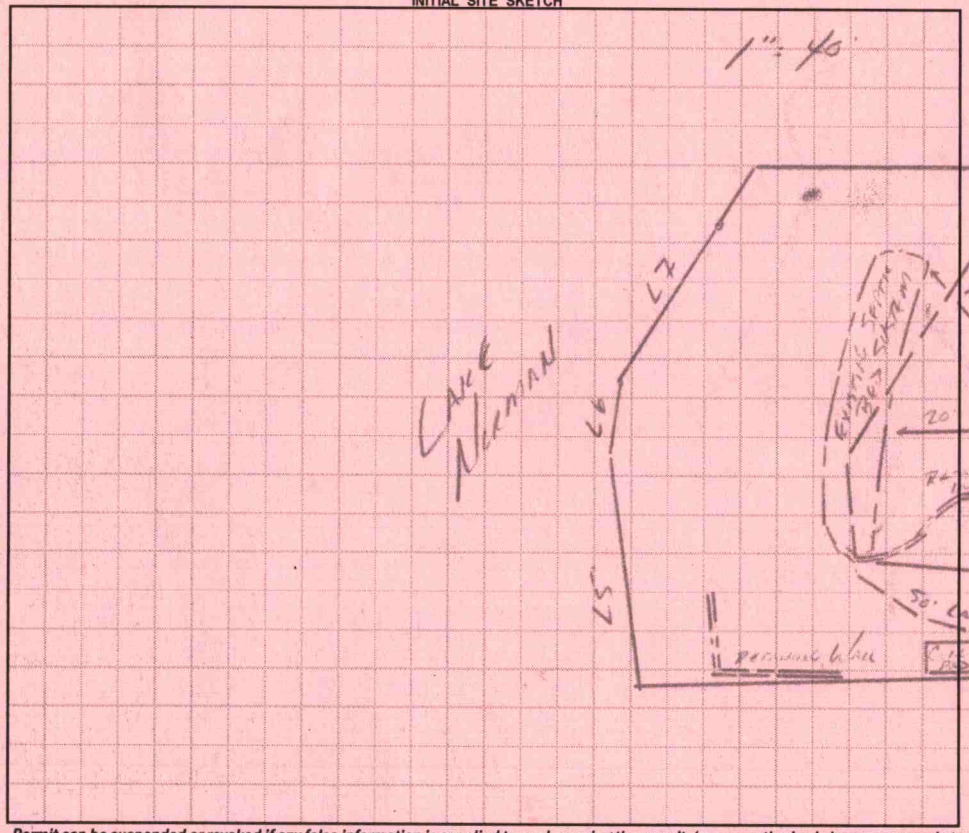
SUBDIVISION: Hidden Cove SECTION: — LOT # PT 14 LOT AREA: .570 Acres DESIGN FLOW: Ex. 360 GPD L.T.A.R.: Existing

Septic Tank	Existing	(gal)	STB		Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	Ex. 3	Water Supply		
Pump Tank		(gal)	PT		Date	System Description:	Existing Conventional - Gravity			☐ Business	No. Persons	Ex. 6	☒ Private		
Pump Make		Model			Serial #	Repair System Description:	Same (Existing)			☐ Other	No. Employees		☐ Public		
# Nitrification Fields	Ex.	# Lines	Ex.		Linear Ft: Ex.	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☒ Crawl Space		☐ Community		
Trench Width	Ex.	Max. Trench Bottom Depth	Ex.		Gravel Depth Ex.		☒ GRAVITY	☐ PRESSURE		☒ Basement w/ plumbing			☐ Basement w/o plumbing		

Comments / Conditions: System Appears to Be Functioning @ Time of Inspection. Proposed Addition to Be Crawl Space & Garage to Be Slab.

This Permit is for no Additional Bedrooms.

INITIAL SITE SKETCH


1" = 40'
Lake Norman
LT
LT
Existing Septic Tank
Existing Trench
20
Existing House
Addition
Proposed
Proposed Garage
Existing Gravel Drive
50' Creek Buffer
Existing Well
Existing Septic Tank
Existing Gravel Drive
Existing Asphalt Drive
Well
Existing Asphalt
Existing Asphalt
Existing Asphalt

RECEIVED FEB 18 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)

Paid $250.00

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ✓ Existing System Inspection

****

216696

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 #
Thomas B. Sawyer	337 whippoorwill Road 28117	7146044838	7049027080
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Thomas B. Sawyer	337 whippoorwill Rd Mooresville 28117	7046044838	7049027080

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
337 whippoorwill Rd Mooresville 28117	— Hidden Cove	Lot PT 14

Driving Directions: end of whippoorwill rd. Go onto private drive and 337 is 1st house on left. Tan brick Ranch house with circle driveway

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 ___
(x) Other Remodel existing home - add sq footage + coverage

Maximum Number of Bedrooms 3
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 ___

PAID
Cash/Ck
2/18

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 1976 *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? Duke Power Lake Norman

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: Thomas Burt Sawyer
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/18/16
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:

_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

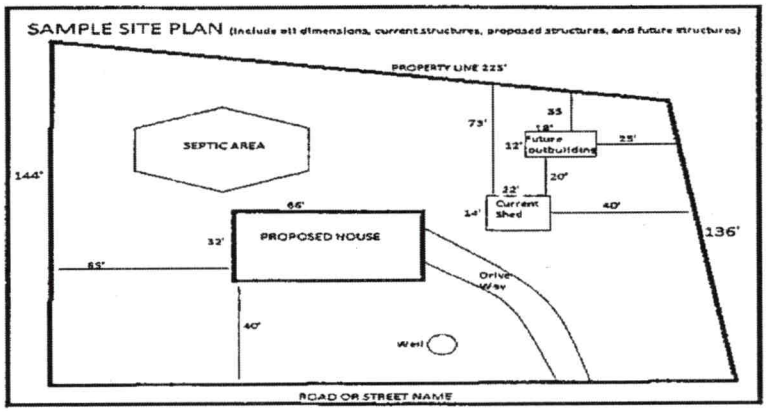
_X_ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

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

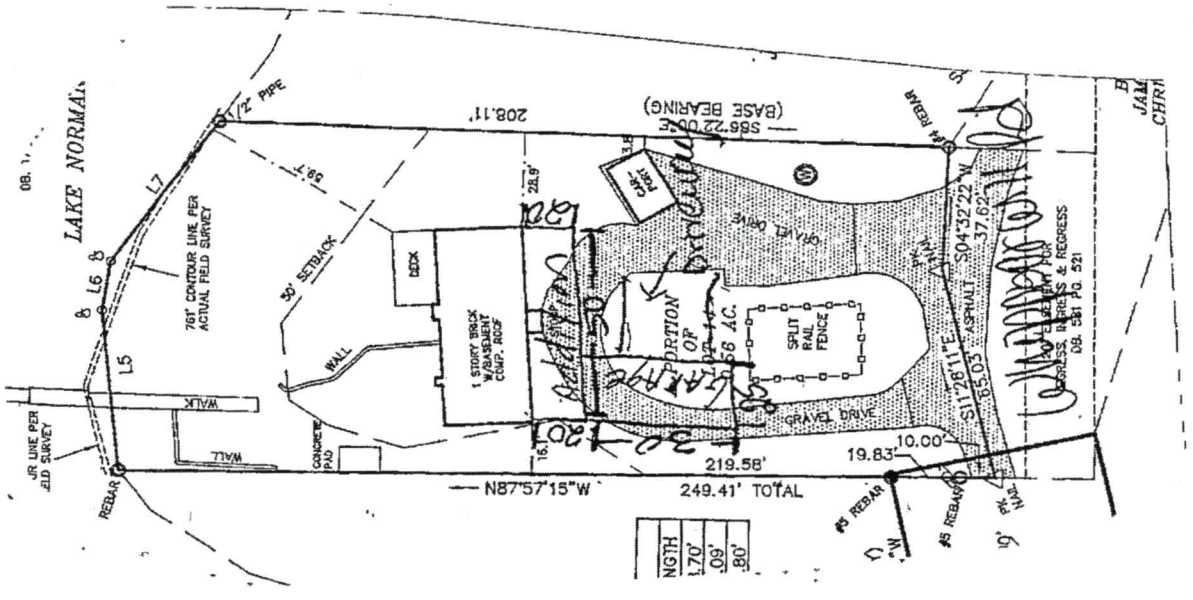
Circle N/A on the following if appropriate:

_____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Thomas Brent Lamy

REQUIRED property owner or owner's legal representative signature.

2/10/16

DATE

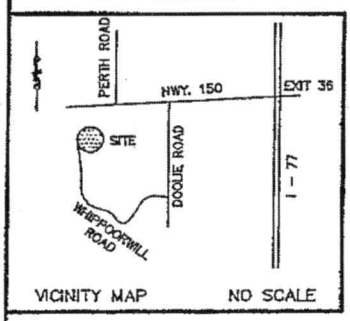
DAS
DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1784, page 236, and/or plat book 10, page 51, that the ratio of precision is 1':10,000+, this map was prepared in accordance with the General Statutes of North Carolina. Witness my hand and seal on the 14, day of APRIL, A.D. 20 15

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

WILLIAM M. ALLEN, PLS

DB. 1784 PG. 236



VICINITY MAP NO SCALE

760' CONTOUR LINE PER ACTUAL FIELD SURVEY

#5 REBAR

PIER

LAKE NORMAN

L6

L5

L7

761' CONTOUR LINE PER ACTUAL FIELD SURVEY

TWALL

WALK

12" PIPE

50' SETBACK

58.1'

CONCRETE PAD

WALL

DECK

1 STORY BRICK W/BASEMENT COMP. ROOF

Home

LAKE NORMAN

N87°57'15"W

208.11'

28.9'

16.1'

20' Gravel Drive

CAR-PORT

3.8'

PORTION OF LOT 14 .56 AC.

SPLIT RAIL FENCE

GRAVEL DRIVE

249.41' TOTAL

219.58'

S86°22'00"E (BASE BEARING)

LINE TABLE		
LINE	BEARING	LENGTH
L5	N 03°40'11" W	48.70'
L6	N 10°53'00" E	15.09'
L7	N 37°08'00" E	52.80'

JAMES L. BARTON, SR. FAMILY TRUST 2232/52

A PORTION OF LOT 14 JAMES MARK HARPER & SALLY R. HARPER 2056/1753

WHIPPOORWILL ROAD S.R. 1221 60' R/W

BENT #5 REBAR

(TIE ONLY) N10°28'37"W 65.81'

R/W

#5 REBAR

#5 REBAR

19.83'

10.00'

PK NAIL

S11°28'11"E 65.03'

ASPHALT

S04°32'22"W 37.62'

#4 REBAR

(TIE ONLY) S32°27'22"W 82.86'

#5 REBAR

0' 20' 40' 100'

SCALE IN FEET

20' EASEMENT FOR EGRESS, INGRESS & REGRESS DB. 581 PG. 521

LOT 3 BLANTON SUBD. JAMES WATERS & CHRISTINE WATERS 2304/909 25/209

R/W

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF WAYS 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 APRIL 9, 2015) ELEVATION: 757.6'

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

PHYSICAL SURVEY

OF

337 WHIPPOORWILL ROAD

A PORTION OF LOT 14 HIDDEN COVE

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

SCALE 1" = 40'

ACQUIRED BY: THOMAS BRETT & VICTORIA

FIELD BOOK:
FILE: WHIPPOORWILL RD 337
DC FILE:
TAX MAP NO: 4637363287

4637363287

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Joseph Carlton Swanney DATE 4-21-76 PERMIT NO. [illegible]

PHONE: Business _____ Home [illegible]

LOCATION [illegible] S. R. No. _____

SUBDIVISION NAME Hidden Cove LOT NO. 6 SECTION OR BLOCK NO. _____

337 Whippoorwill PT 14

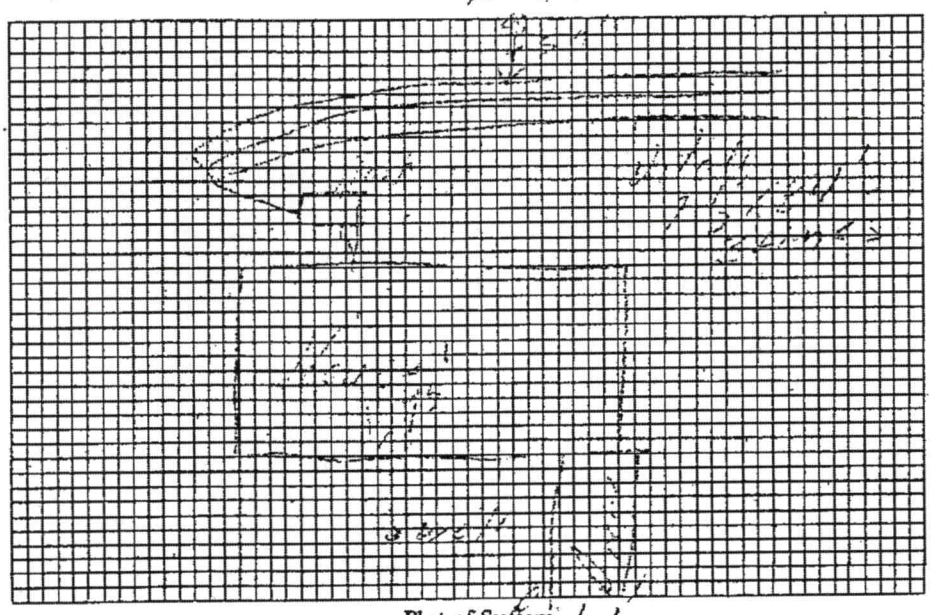
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes	( )	No	(✓)	
Auto. Dishwasher	Yes	(✓)	No	( )	
Auto. Wash. Machine	Yes	(✓)	No	( )	
Site Suitable	Yes	(✓)	No	( )	

Lot Area [illegible]

Character & Porosity of Soil [illegible]
Percolation Rate [illegible]
Topography [illegible]
Depth to Water Table [illegible]
Rock or other impervious formations [illegible]



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10 inches
Water Supply: Individual (✓)
Public ( )

Installed by [illegible]

IMPROVEMENTS PERMIT BY [illegible]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [illegible] DATE [illegible]

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY

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

APPLICATION NUMBER
216696
Issue Date: 02/18/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4637363287 000	337 WHIPPOORWILL ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SAWYER THOMAS BRETT+VICTORIA	Applicant: SAWYER THOMAS BRETT+VI
Address: 417 EAST PLAZA DR MOORESVILLE, NC 28115	Address: 321 IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code
20X50 ADDITION NOT ADDING TO BEDROOM COUNT AND ADDITION OF 2 5X30 GARAGE	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.570	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

PAID
Cash MF
2/16

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	60591	TOTAL FEES:	$ 77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

2/16/96

Residential Zoning Permit Application

What are you building? (Please check) 20x50

Stick built ~~(all)~~ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition ✓ Bedroom addition___ Addition of 25x30

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed) ✓ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
existing home - wanting to add sq footage + garage

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 3 and stories? 1

If an addition, please describe project: Add 1000 ± ft to home + 750 sq ft garage

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): Addition 1000 ± garage 750 ±

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Thomas Brett Sawyer Phone # 704 902 7080

Owner's Current Address _____

Property Information

Property Address 337 Whippoorwill Rd 28117 Parcel # _____

Subdivision:___ Lot:___ Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) end of Whippoorwill Road - go onto private Road + first house on left

Application Information

Applicant's Name or Company Thomas B. Sawyer Applicant's Phone # 704 902 7080

Applicant's Address 337 Whippoorwill Rd Mooresville, NC 28117

If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Thomas Brett Sawyer DATE 2/18/16

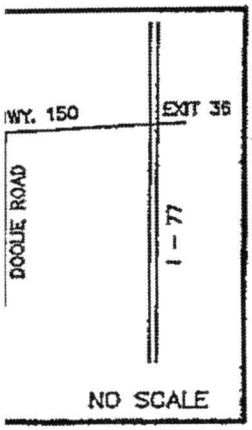
(704) 664-7029 (704) 664-8041 Fax

certify that this map was drawn under my supervision from an actual
ade under my supervision recorded in deed book 1784, page 236, and/or
10, page 51, that the ratio of precision is 1':10,000+, this map
ared in accordance with the General Statutes of North Carolina. Witness
and seal on the 14, day of APRIL
15

NORTH CAROLINA PROFESSIONAL SEAL L-3499 WILLIAM M. ALLEN, PLS LAND SURVEYOR WILLIAM M. ALLEN

WILLIAM M. ALLEN, PLS

DB. 1784 PG. 236



PIER

780' CONTOUR LINE PER ACTUAL FIELD SURVEY

LAKE NORMAN

#6 REBAR

L5 L6 L7

751' CONTOUR LINE PER ACTUAL FIELD SURVEY

WALL

WALK

1/2" PIPE

EXIST. 50' SETBACK

CONCRETE PAD

DECK

1 STORY BRICK W/BASEMENT COMP. ROOF

Home

NORMAN

N87°57'15"W

208.11'

28.9'

16.1'

20' Gravel Drive

CAR PORT

A PORTION OF

0.56 AC.

SPLIT RAIL FENCE

GRAVEL DRIVE

S86°22'00"E (BASE BEARING)

249.41' TOTAL

219.58'

LINE TABLE	
BEARING	LENGTH
03°40'11" W	48.70'
10°53'00" E	15.09'
37°08'00" E	52.80'

BARTON, SR.
LY TRUST
232/52

A PORTION OF LOT 14 JAMES MARK HARPER & SALLY R. HARPER 2056/1753

#5 REBAR

BENT #5 REBAR

(TIE ONLY) N10°28'37"W 65.81'

R/W

#5 REBAR

19.83'

10.00'

PK NAIL

#4 REBAR

(TIE ONLY) S32°27'22"W 82.86'

S11°28'11"E 65.03'

ASPHALT

S04°32'22"W 37.62'

PK NAIL

20' EASEMENT FOR EGRESS, INGRESS & REGRESS DB. 581 PG. 521

#8 REBAR

LOT 3 BLANTON SUBD. JAMES WATERS & CHRISTINE WATERS

R/W

100'

ALE IN FEET

