KW

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 242149

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

PIN # 4638-18-6708

APPLICANT/OWNER: Cornerstone III Properties | APPLICANT ADDRESS: 4509 Faith Church Rd. Indian Trail, NC 28079

SITE ADDRESS: 704 Kenway Loop Mooresville, NC | PHONE: 704-301-3229 | ALT. PHONE

SITE DIRECTIONS: Perth Rd N from Rt 150 → L on Fern Hill Rd → L on Kenway Loop (2nd) → Lot on left | SAP CONTROLLED: ☒ YES ☐ NO

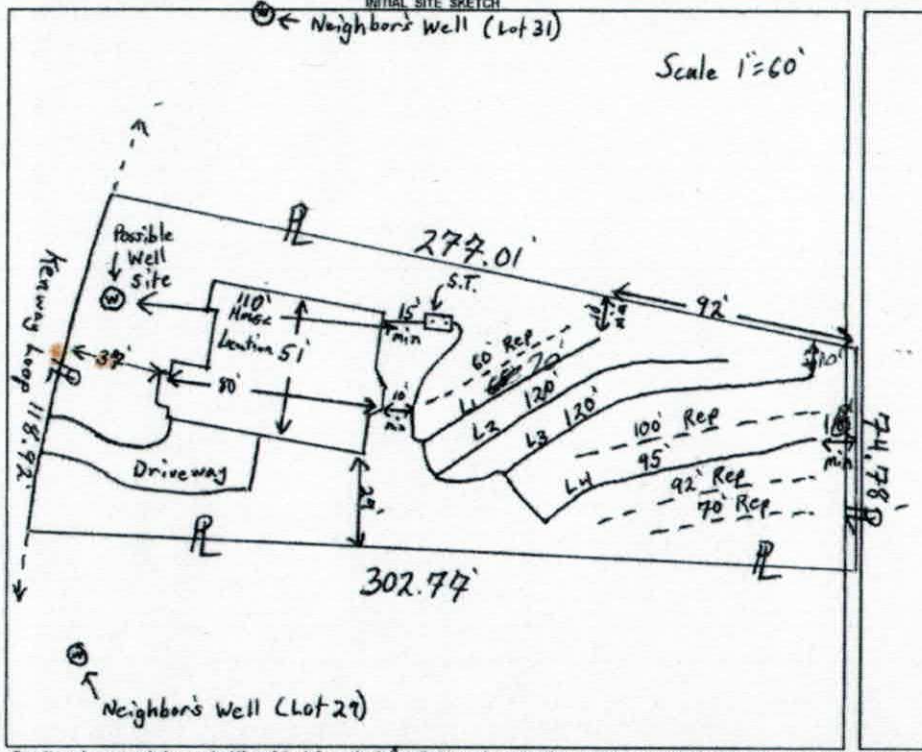
SUBDIVISION: Fernleaf | SECTION: 2 | LOT # 30 | LOT AREA: 0.64 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	794	Date	7-25-2019	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)		
Pump Make	—	Model	—		Serial #	—	Repair System Description:	LP-PPBPS (50% Reduction)		
# Nitrification Fields	1	# Lines	4		Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	33"		Gravel Depth	—	☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Recommend pumping septic tank every 3-5 years.
Soil notes used from previous ICHD approval (6-9-11).

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS PERMITTED

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: Stan Pruitt | Date: 4/3/19 | Installed by: LAGO VISTA

IMPROVEMENT PERMIT by: Tom Shuck | Date: 4/3/2019 | OPERATION PERMIT by: Bryant C. White | Date: 8-14-2019

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 4/3/2019 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 242149

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

PIN # 4638-18-6708

APPLICANT/OWNER: Cornerstone III Properties | APPLICANT ADDRESS: 4509 Faith Church Rd. Indian Trail, NC 28079

SITE ADDRESS: 704 Kenway Loop Mooresville, NC | PHONE: 704-301-3229 | ALT. PHONE

SITE DIRECTIONS: Perth Rd N from Rt 150 → L on Fern Hill Rd → L on Kenway Loop (2nd) → Lot on left | SAP CONTROLLED: ☒ YES ☐ NO

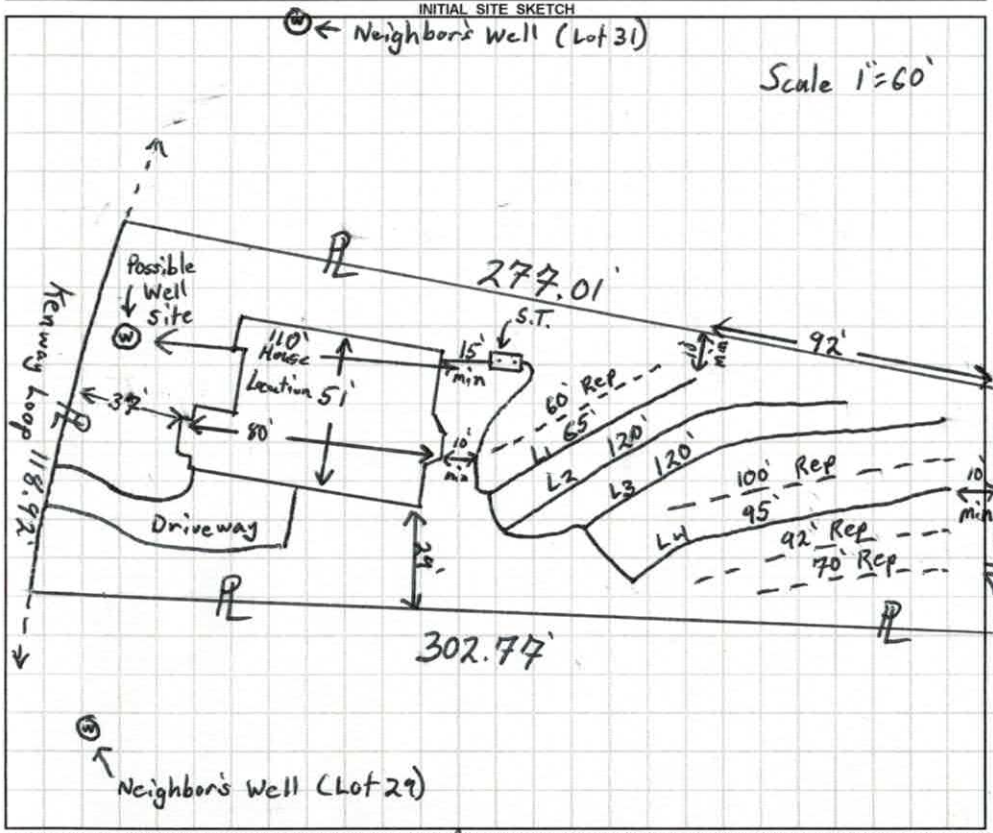
SUBDIVISION: Fernleaf | SECTION: — | LOT # 30 | LOT AREA: 0.64 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB		Date		☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT	—	Date	—	System Description: 25% Reduction (serial distribution)		☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description: LP-PPBPS (50% Reduction)		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	400'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Recommend pumping septic tank every 3-5 years. Soil notes used from previous ICHD approval (6-9-11).

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: Stan Pruitt | Date: 4/3/19 | Installed by:

IMPROVEMENT PERMIT by: Tom Shuck | Date: 4/2/2019 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 4/3/2019 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Lot 30 Fern Leaf Subdivision Fast Track

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes
Tank Size	1000 gallon tank
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	40' of 2" SCH 40 PVC
Siphon Break hole	**Yes**
Repair System	**LP PPBPS**
Total Linear Feet	322
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Orange	LP PPBPS	60
2	System	Pink	25% Reduction	65 endfed
3	System	Red	25% Reduction	120 endfed
4	System	Blue	25% Reduction	120 endfed
5	Repair	Orange	LP PPBPS	100
6	System	Pink	25% Reduction	95 endfed
7	Repair	Red	LP PPBPS	92
8	Repair	Blue	LP PPBPS	70
				Total System: 400'
				Total Repair: 322'

Note: Remove berms to prevent upslope ponding

Project #: Fern Leaf
Property ID #:
County: Iredell

SOIL/SITE EVALUATION

Sheet:
Date Evaluated: 1/13/11

Owner or Client: Woodbridge Partners
Proposed Facility: House Design Flow: 480
Location of Site: Lot 30
Soil Described By: KMS Others Present: APS
Antecedent Moisture: Weather: 32°F Sunny

Property Size: 0.64 AC
Site LTAR: Int. 0.3 Rep. 0.3
Site Classification: PS

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

PROFILE #	Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY: Structure/ Texture	SOIL MORPHOLOGY: Consistence Mineralogy	PROFILE FACTORS: Inclusions	PROFILE FACTORS: Matrix Color	PROFILE FACTORS: Mottles	PROFILE FACTORS: Profile Notes (Restr Horiz, Soil Depth, Coarse Frag, etc...)	Profile Class & LTAR
1	L 15%	0-22	Mo SBK C	FR SS/SP		Red		F Quartz	0.3
		22-48	WK SBK CL	FR SS/SP	F/C Sap	Red			
2	L 13%	0-3	Mo GR SL	FR ns/np		Br			0.3
		3-24	Mo SBK C	FR SS/SP	F Sap	Red			
		24-46	WK SBK CL	FR SS/SP	C Sap	Red			
		46-50	MA L Sap	FR SS/SP		Br		F CL mc	
3	L 7%	0-23	Mo SBK C	FR SS/SP		Red			0.3
		23-49	WK SBK CL	FR SS/SP	F/C Sap	Red			
4	L 13%	0-19	Mo SBK C	FR SS/SP	F Sap	Red			0.3 pit
		19-37	WK SBK CL	FR SS/SP	C Sap	Red		C yel Br/white SiL Sap	
		37-53	MA L Sap	FR SS/SP		multi			
5									
6									

COMMENTS:

Project #: Fern Leaf
Property ID #:
County: Iredell

SOIL/SITE EVALUATION

Sheet:
Date Evaluated: 1/13/11

Owner or Client: Woodbridge Partners
Proposed Facility: House Design Flow: 480
Location of Site: Lot 30
Soil Described By: KMS Others Present: APS
Antecedent Moisture: Weather: 32°F Sunny

Pfoperty Size: 0.64 AC
Site LTAR: Int. 0.3 Rep. 0.3
Site Classification: PS
Initial: 25% Reduction
Repair: LP PPBPS

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

PROFILE #	Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY Structure/ Texture	SOIL MORPHOLOGY Consistence Mineralogy	PROFILE FACTORS Inclusions	PROFILE FACTORS Matrix Color	PROFILE FACTORS Mottles	PROFILE FACTORS Profile Notes (Restr Horiz, Soil Depth, Coarse Frag, etc...)	Profile Class & LTAR
1	L 15%	0-22	Mo SBK C	FR SS/SP		Red		F Quartz	0.3
		22-48	WK SBK CL	FR SS/SP	F/C Sap	Red			
2	L 13%	0-3	Mo GR SL	FR ns/np		Br			0.3
		3-24	Mo SBK C	FR SS/SP	F Sap	Red			
		24-46	WK SBK CL	FR SS/SP	C Sap	Red			
		46-50	MA L Sap	FR SS/SP		Br		F CL inc	
3	L 7%	0-23	Mo SBK C	FR SS/SP		Red			0.3
		23-49	WK SBK CL	FR SS/SP	F/C Sap	Red			
4	L 13%	0-19	Mo SBK C	FR SS/SP	F Sap	Red			OK 0.3 pit
		19-37	WK SBK CL	FR SS/SP	C Sap	Red		C yel Br/white SiL Sap	
		37-53	MA L Sap	FR SS/SP		multi			
5									
6									

COMMENTS:

Approved 6-9-11
ICHD gm

#242149 Rec'd: 2/11 A/C w/ visit no fee.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

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

Page 2: Site Plan Worksheet form MUST accompany this application

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Cornerstone III Properties Address: 4509 Faith Church Road Zip: 28677
Applicant Email: Stan@cornerstone31.com Phone: 704-301-3229 Alt. Phone: _____
Owner Name: Buller River Development Address: 735 Cherry Rd, Rock Hill Zip: 29732
Owner Email: N/A Phone: N/A Alt. Phone: 803-325-1935

Property Information:

Street Address: 704 Kenway Loop Lot 30
Subdivision Name: Fernleaf Section/Phase: _____ Lot Number: 30
Driving Directions: Fern Hill Rd. North / Right to Kenway Loop Road

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 4
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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

Signature: Stan Pauly 2/5/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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: ___ **Survey Plat, Scaled no more than 1 Inch = 60 Feet**
   Place check ( ) beside whichever is submitted if applicable X **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**
   Non-Expiring

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Woodbridge Partners LLC	PO Box 3608 Mooresville, NC 28117		
Same (Owner Name)		Contact Kathleen Saunders, LSS	704-678-4951

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Fern Leaf	Lot # 30

Driving Directions: Hwy 150, R Perth, L Fern Hill Rd, L 2nd Kenway Loop, 2nd 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)

~~2/10/11~~ 5/19/11
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* Pam Hardie

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.

2. I, Pam Hardie, am the legal owner(s) of the property located at 704 Kenway Loop, identified as

PIN (Parcel Identification Number) 4638186708, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Stan Pressley/ Cornerstone III Properties, 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.

Pam Hardie
Signature of Owner(s)

2/5/19
Date

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

STATE OF NORTH CAROLINA IREDELL COUNTY

"I, MARK C. CARTER, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 2550, PAGE 250 OR OTHER REFERENCE SOURCE_____); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN BOOK 58, PAGE 116 OR OTHER REFERENCE SOURCE_____; THAT THE RATIO OF PRECISION OR POSITION ACCURACY IS _____, AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56. 1600)." THIS 1st DAY OF FEBRUARY, 2019.

PROFESSIONAL LAND SURVEYOR

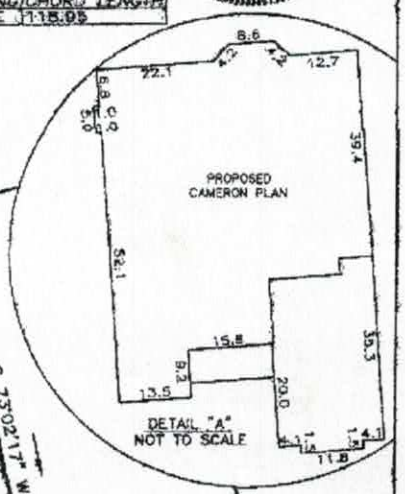
NORTH CAROLINA SEAL L-5102 LAND SURVEYOR MARK C. CARTER

NOTES

1. AREA CALCULATED BY COORDINATE COMPUTATION.
2. ADJOINING PROPERTY OWNERS NAMES WERE TAKEN FROM IREDELL COUNTY TAX OFFICE RECORDS, AND ARE CONSIDERED AS NOW OR FORMERLY.
3. IRON RODS AT ALL CORNERS UNLESS NOTED.
4. THIS MAP IS SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS AND PRELIMINARY PLAN WHICH MAY BE OF RECORD.
5. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES, MEASURED WITH ELECTRONIC MEASURING DEVICES.
6. LOT SUBJECT TO ALL ZONING ORDINANCES OF IREDELL COUNTY. BUILDER/OWNER MUST VERIFY THAT LOT IS IN COMPLIANCE WITH ALL COUNTY AND HOMEOWNERS ASSOCIATION ZONING ORDINANCES PRIOR TO ANY LAND DISTURBANCE OR CONSTRUCTION.
7. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE SEARCH.
8. NO NGGS MONUMENT FOUND WITHIN 2000 FEET.
9. SETBACKS SHOWN ARE per CURRENT ZONING ORDINANCES UNLESS OTHERWISE NOTED.
10. SUBJECT PROPERTY ZONED RA.

MAP NORTH MB 58 PG 116

CURVE TABLE					
CURVE	ARC LENGTH	RADIUS	CHORD BEARING	CHORD LENGTH	
C1	119.16	1575.64	S 04°03'13" E	119.95	



LOT 32 MB 58 PG 116

S 18°43'14" E 74.78

10' U/SDE

35' RY

S 73°02'17" W 302.98

10' U/SDE

13' SY

LOT 30 0.643 ACRE 28,005 SF

N 81°35'13" E 277.17

10' U/SDE

15' SY

29.0

SEE DETAIL "A"

LOT 29 MB 58 PG 116

LOT 31 MB 58 PG 116

FERN HILL ROAD 60' PUBLIC R/W per PB 58 PG 116

R/W

22.6

PROPOSED SIDEWALK

35' FS

37.0

10' U/SDE

PROPOSED DRIVEWAY

R/W

R/W

C1

KENWAY LOOP 50' PUBLIC R/W per PB 58 PG 116

R/W

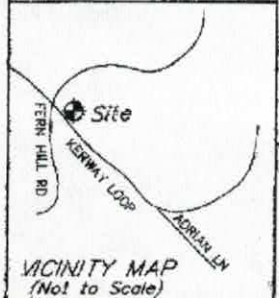
R/W

SCALE: 1" = 60'

LEGEND

RF	REBAR FOUND
RS	REBAR SET
R/W	RIGHT-OF-WAY
SF	SQUARE FEET
MB	MAP BOOK
DB	DEED BOOK
PG	PAGE
FS	FRONT SETBACK
RY	REAR YARD
SY	SIDE YARD
U/SDE	UTILITY & STORM DRAIN EASEMENT

FLOOD NOTE: NO PORTION OF THE SUBJECT PROPERTY SHOWN HEREON LIES WITHIN A SPECIAL FLOOD HAZARD AREA PER F.E.M.A. FLOOD INSURANCE RATE MAP, COMMUNITY PANEL 3710483800J, DATED: MARCH 18, 2008.

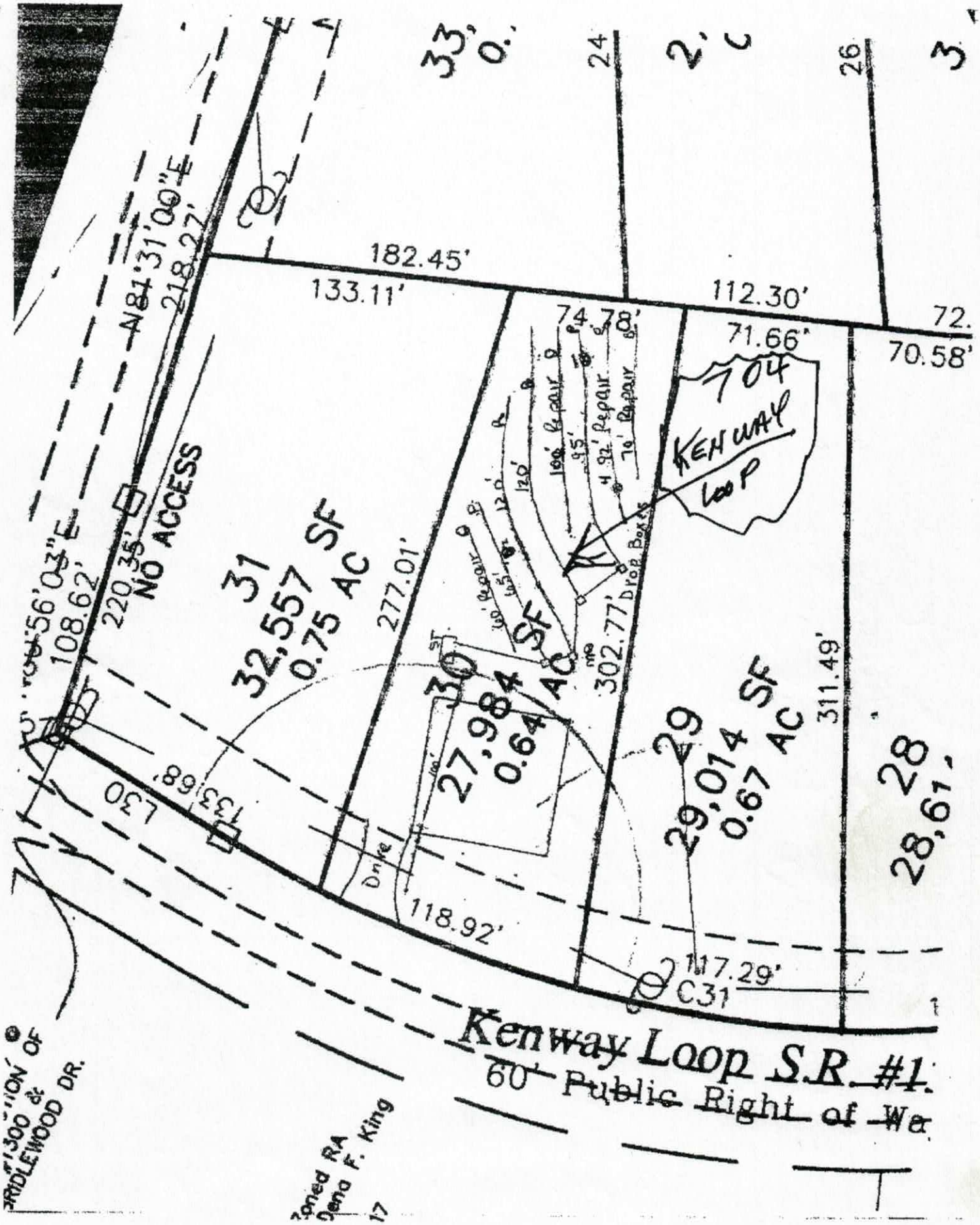


VICINITY MAP (Not to Scale)

PLOT PLAN
AT PROPERTY KNOWN AS
#704 KENWAY LOOP
LOT 30, FERNLEAF SUBDIVISION PHASE 2
PARCEL # 4638186708.000, MB 58 PG 116, DB 2550 PG 250
DAVIDSON TOWNSHIP, IREDELL COUNTY, NC
FOR
CORNERSTONE III PROPERTIES

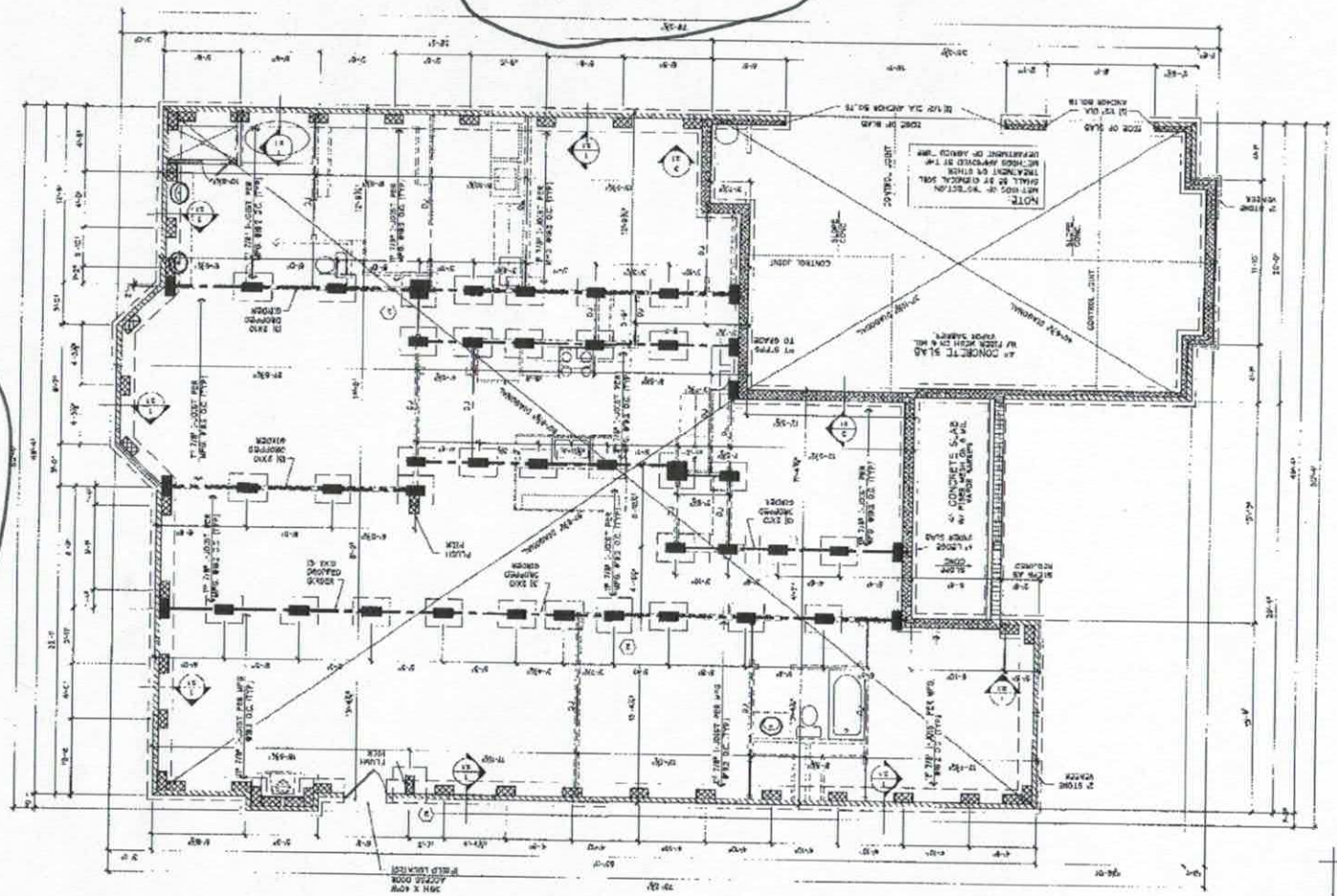
PHOENIX LAND SURVEYING, INC
3316 OLD MONROE ROAD
STALLINGS, NORTH CAROLINA 28104
PH: (704)-335-1855
EMAIL: INFO@PHOENIX-SURVEYING.COM
FIRM # C-3912
Land Surveying
Land Planning

FIELD WORK: JF ~ MAPPING: ART
PROJ # 1051-81-01 LOT 30 FERNLEAF


182.45'
133.11'
112.30'
74.78'
71.66'
70.58'
72.
N81°31'00"E
218.27'
220.35'
108.62'
NO ACCESS
31
32,557 SF
0.75 AC
277.01'
30
27,984 SF
0.64 AC
302.77'
29
29,014 SF
0.67 AC
311.49'
28
28.61'
704
KENWAY
LOOP
Drop Box
Drop Box
133.68'
130'
118.92'
117.29'
C31
Kenway Loop S.R. #1
60' Public Right of Way
Drive
Zoned RA
Dena F. King
17

(79.2½')

(50'-4")



1/51A ELEVATION 'A' FOUNDATION PLAN

SCALE: 1/4"=1'-0" WHEN SHEET SIZE IS 24"X36" & 1/8"=1'-0" WHEN SHEET SIZE IS 11"X17"

CORNERSTONE III PROPERTIES
4509 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

* 704 Kenway
Loop *
Lot-30

LEGEND

1. 24"x24"x12" CONC. FTG.
2. 30"x30"x12" CONC. FTG.
3. 15"x30"x12" CONC. FTG. W/ 4-#5 CONT.
4. 28"x28"x12" CONC. FTG. W/ 6-#5 CONT.
5. 42"x30"x12" CONC. FTG. W/ 6-#5 CONT.
6. 42"x42"x12" CONC. FTG. W/ 5-#5 CONT.
7. 36"x66"x12" CONC. FTG. W/ #5 @ 6" O.C. E.W.
8. 48"x48"x12" CONC. FTG. W/ #5 @ 6" O.C. E.W.
- #4 @ 24" REBAR, TYP.

FOUNDATION NOTES:

- ALL ANGLED WALL ARE 45 DEGREES OR 90 DEGREES UNLESS NOTED OTHERWISE
- GARAGE SLAB TO BE 4" THICK CONCRETE 3000 PSI MIN W/ FIBER MESH OR 6 MIL. VAPOR BARRIER.
- PROVIDE 6 MIL. POLY VAPOR BARRIER BELOW ALL CONCRETE SLABS.
- WHEN HOSE IS REVERSED, WASHER AND DRYER HOOKUPS TO REMAIN GROUPED WITH WASHER ON LEFT AND DRYER ON RIGHT
- CONTRACTOR TO VERIFY ALL DIMENSIONS.
- FOUNDATION DIMENSIONS ARE MEASURED FROM OUT TO OUT OF BRICK. SEE FRAMING PLANS FOR FRAMING DIMENSIONS.
- DO NOT SCALE DIMENSIONS FROM PRINTS. PLANS & DETAILS ARE NOT ALWAYS DRAWN TO SCALE. SEE DIMENSIONS GIVEN.

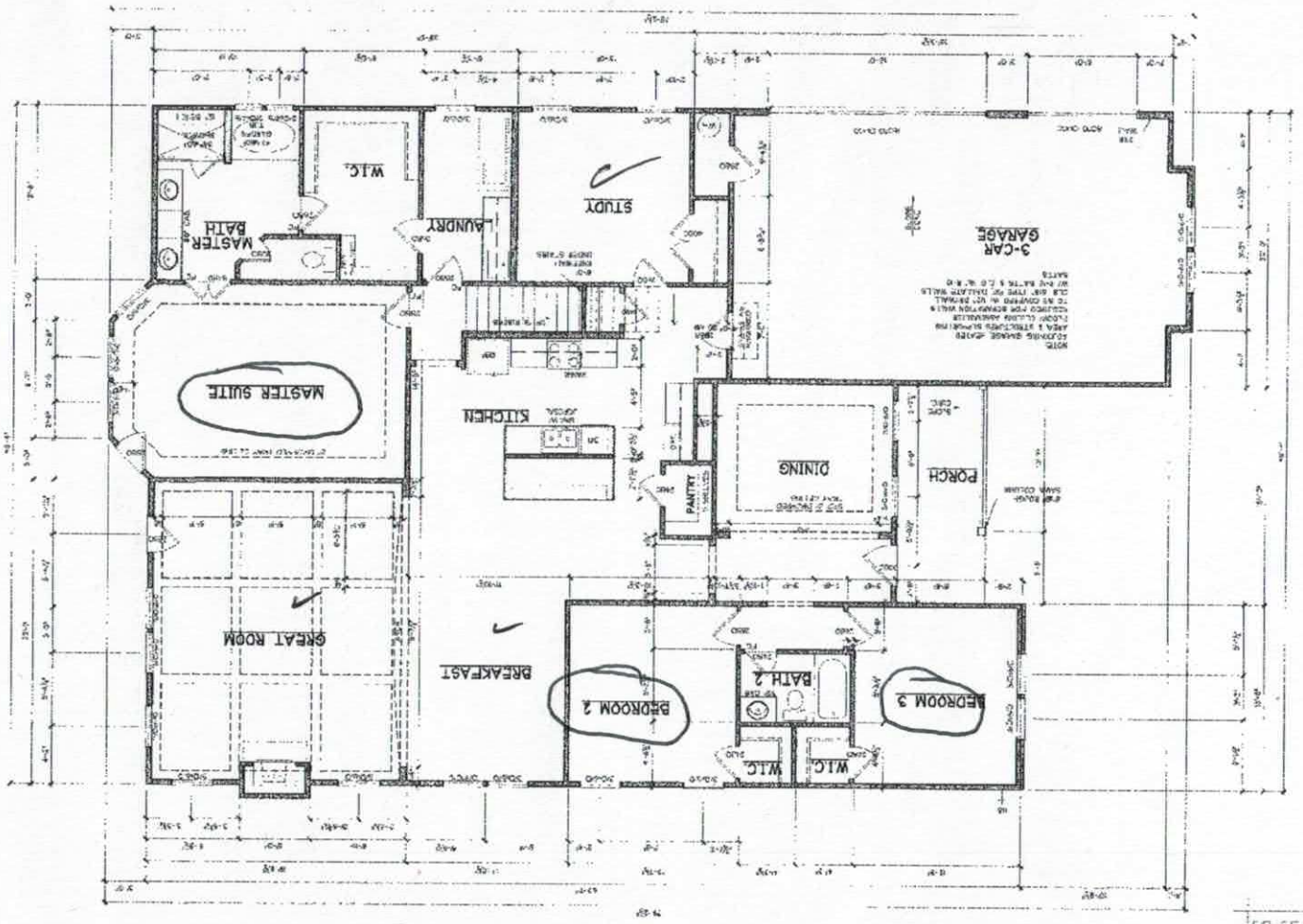
Drawn By	ELV
Date	05.10.18
FDN PLAN	
	2.0A

Acknowledgement Of Plans Submittal ONLY!

Stan Purdy Date 4/3/19

Tom Shuck Date 4/3/19

CORNERSTONE III
PROPERTIES
4509 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002



* 704 Kenway
Lot
Lot - 20

FLOOR NOTES:

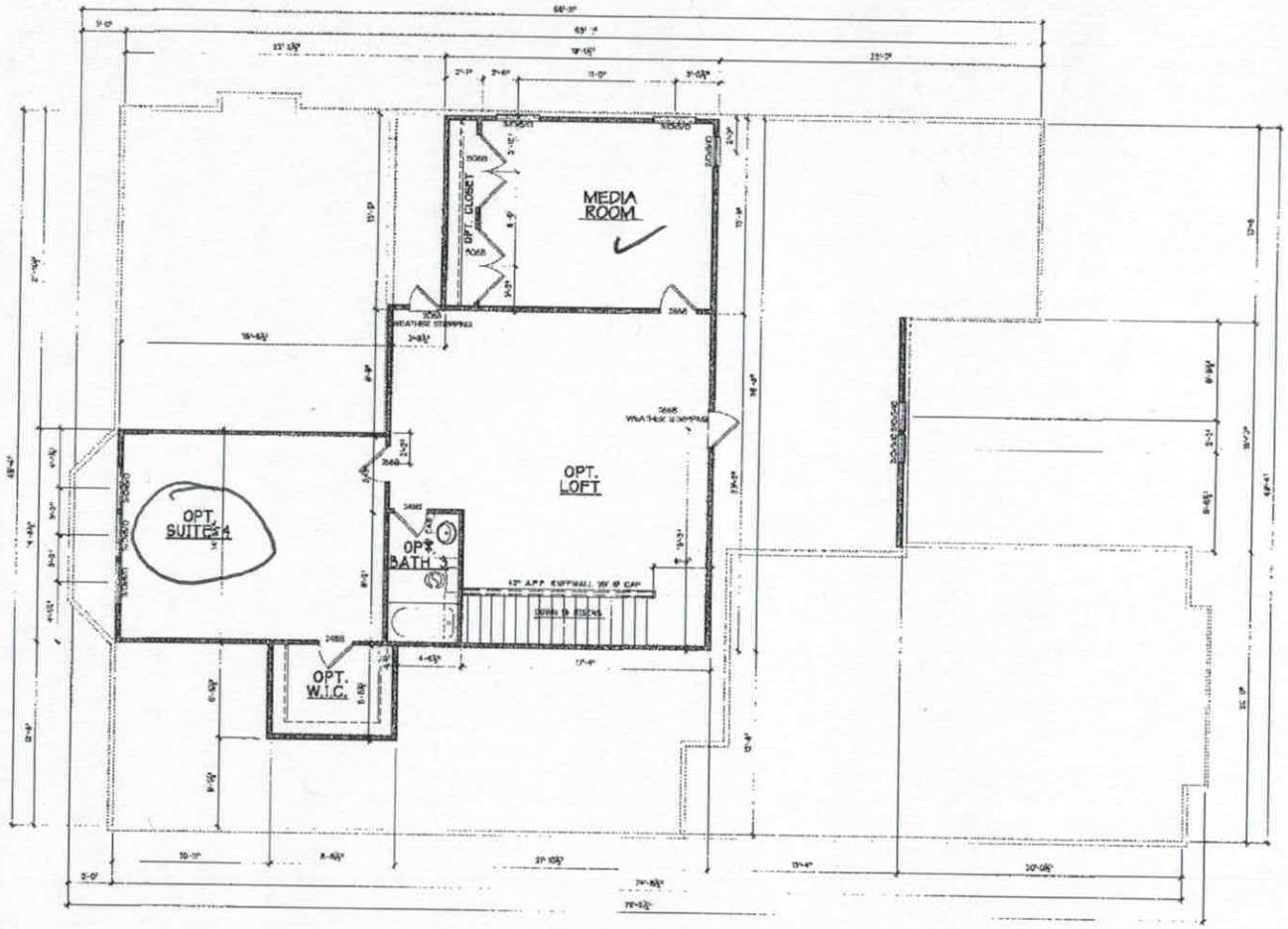
1 4.0A ELEVATION 'A'
FIRST FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!
Stan Crosby Date 4/3/19
Tom Shuck Date 4/3/19

Drawn By	ELV
Date	05.10.18
FLOOR PLAN	
	4.0A

C:\Users\vaugh\Desktop\18-15 CAMERON - CORNERSTONE, III\Cameron Floor.dwg, 4/4/2018 8:32:13 AM, vaugh

CORNERSTONE III PROPERTIES
4509 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002



704 Kenway Loop Lot - 30

1/4.1 SECOND FLOOR PLAN

SECOND FLOOR NOTES

- FILL 4" ON 6" EXTERIOR WALL HEIGHT IS FOR DETERMINING DIMENSIONS ON PLANS
- FRAMING SHALL START ALL WALL LAYOUTS FROM TOP BRACE OF THE WOOD
- ALL ANGLED WALL ARE 45 DEGREES OR 90 DEGREES UNLESS NOTED OTHERWISE
- ALL INTERIOR DOORS ARE 6'-8" HIGH WALL HEIGHTS NOTED OTHERWISE
- ALL PRODUCTION HOUSING ARE TO BE RAISED 10" 0" WITH A JOINSAFE SYSTEM. SEE P.
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCORDING TO CODE.
- ALL DIMENSIONS SHALL BE FROM FACE TO FACE OF FRAMING, INTERIOR DIMENSIONS SHALL BE FROM ONE SIDE OF WALL
- WHEN HOUSE IS REVERSED HAS BEEN AND DRYER HOOKUPS TO REMAIN OPERATED WITH WASHER ON LEFT AND DRYER ON RIGHT
- MEASED CAVITY WALLS (i.e. TUBS, SHOWERS, SOLARIS & PIPE CHASES) SHALL BE INSULATED WITH AIR BARRIER PER ENERGY CODE.
- ANY WINDOW WITH A SILL HEIGHT LESS THAN 24" ABOVE FINISH FLOOR & MAY BE SUBJECT TO FALL PROTECT RULE.

Drawn by:	ELV
Date:	05.10.18
FLOOR PLAN	
4.1	

Acknowledgement of Plans Submittal ONLY

Stan Pruett Date 4/3/19

Tom Pruett Date 4/3/19

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

SOIL EROSION NEEDED

Zoning Permit

Printed: 5/19/2011

Permit Number: 166742ZO

Master #: 166742

Associated Permits:
166742ZO Zoning

Applicant

Name: Kathleen Saunders
Phone: 704-578-4951
Address:

Parcel

Parcel Number: 4638186708.000
Address: 000 Kenway Lp.
Mooresville, NC 28117
Subdivision: Fernleaf Ph2
Directions to Parcel: Fern Hill Rd to Kenway Loop

Zoning: RA
Township: 1700
Area: .643
Lot(s): 30

Owners

Name: Woodbridge Partners LLC
Phone: 704-799-9770
Address: PO Box 3608
MOORESVILLE, NC 28117

Contractors

Contractor Type: Not Liscensed
Name: Kathleen Saunders
Phone: 704-578-4951
Address:

Fees and Receipts:

Number	Description	Amount
FEE-230586-07	Zoning - Permit / Inspection	$75.00
FEE-230587-07	Technology and Administrative Fee	$2.25
FEE-230588-07	Environmental Health - Type I or II System	~~$485.00~~ 335.00