IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237555

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

PIN # 4638188415

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

SITE ADDRESS: 680 Kenway Loop Mooresville, NC 28117 PHONE: 704-301-3229 ALT. PHONE ——

SITE DIRECTIONS: Perth → L on Fern Hill → L on Kenway Loop → lot on L SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Fernleaf SECTION: 2 LOT # 26 LOT AREA: .908 ac DESIGN FLOW: 480gpd L.T.A.R.: .35 (.25 repair)

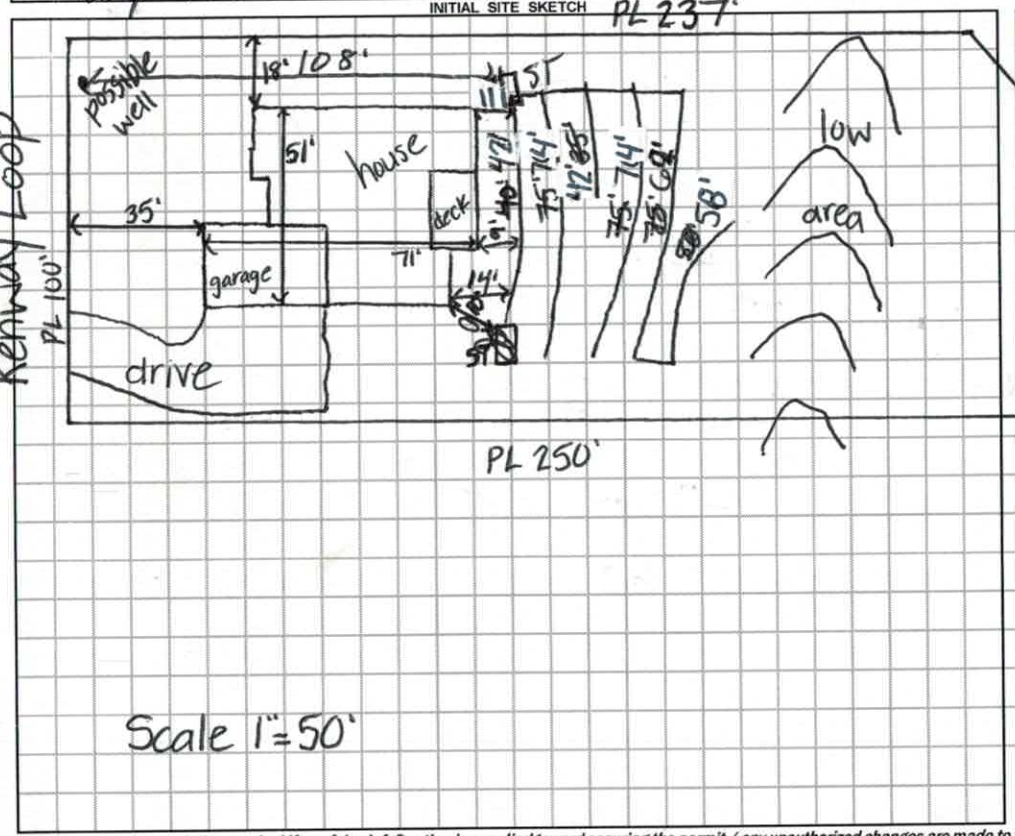
Septic Tank	1000 (gal)	STB	794	Date	3-4-18	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	25% reduction	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	LP PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	350'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36"	Trench Bottom Depth (~~Low side~~) MAX			36"	Gravel Depth ——	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: * Install at 36" highside. Any part of septic system must maintain a minimum of 100' from any well.

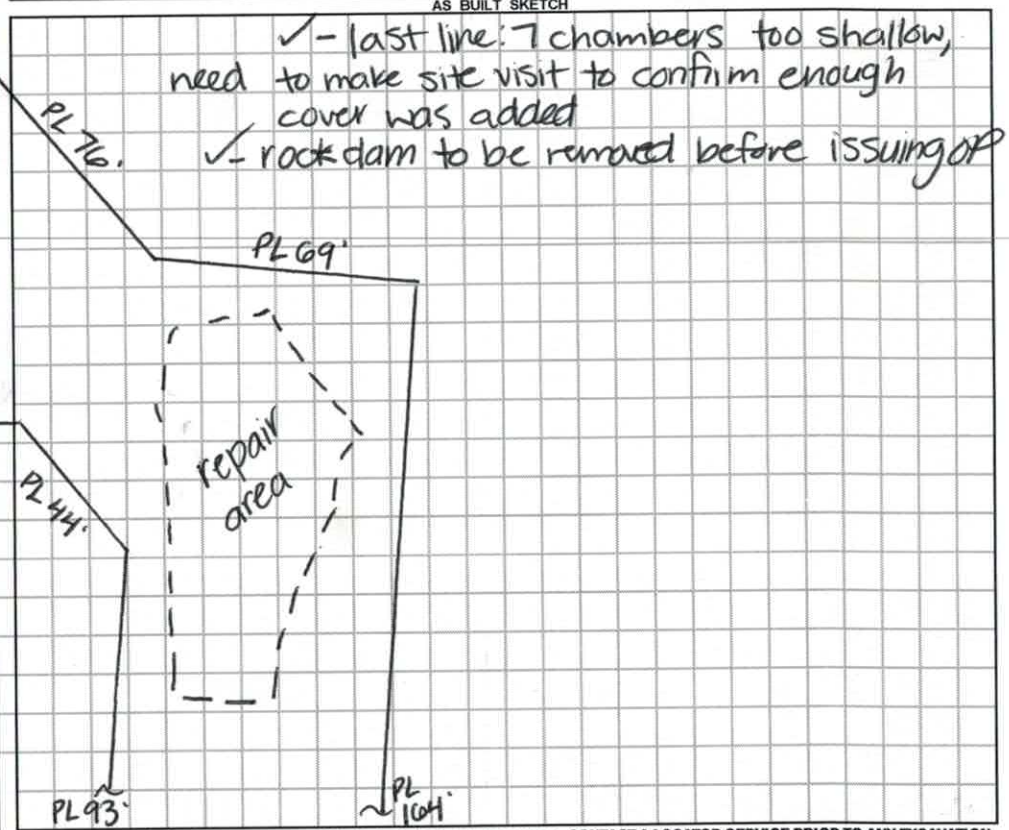
* Silt fence must be removed & positive drainage away from septic must be created prior to issuing OP*

INITIAL SITE SKETCH



Scale 1"=50'

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**

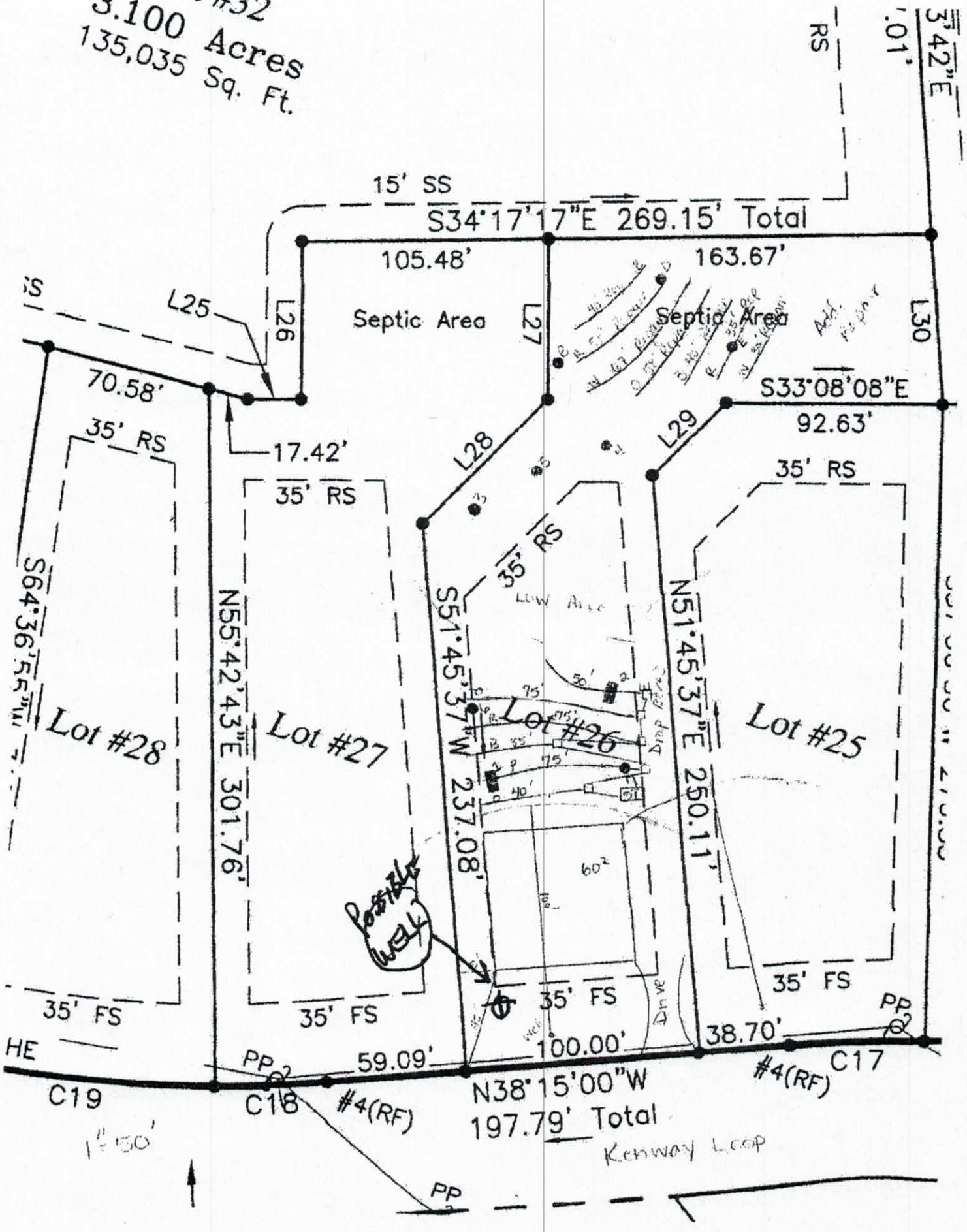
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Stan Drenk Date: 2/22/19 Installed by: Lago Vista

IMPROVEMENT PERMIT by: Kayla Watson Date: 8-7-18 OPERATION PERMIT by: Kayla Watson Date: 5-13-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 8-7-18 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.


3.100 Acres
135,035 Sq. Ft.
15' SS
S34°17'17"E 269.15' Total
105.48'
163.67'
Septic Area
Septic Area
L25
L26
L27
L28
L29
L30
70.58'
17.42'
S33°08'08"E
92.63'
35' RS
35' FS
S64°36'55"W
N55°42'43"E 301.76'
S51°45'37"W 237.08'
N51°45'37"E 250.11'
Lot #28
Lot #27
Lot #26
Lot #25
Possible Well
59.09'
100.00'
38.70'
N38°15'00"W
197.79' Total
C19
C18
C17
#4(RF)
PP
1"=50'
Kenway Loop

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

SOIL/SITE EVALUATION

Sheet:
Date Evaluated: 1/22/11

Owner or Client: Woodbridge Partners
Proposed Facility: House Design Flow: 480
Location of Site: Lot 26
Soil Described By: KMS Others Present: APS
Antecedent Moisture: Dry Weather: 38° F Sunny

Property Size:
Site LTAR: Int. 0.35 Rep. ~~0.35~~ 0.25
Site Classification: RS
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 13%	0-20	WK SBK CL	FR SS/SP	C Sap	Red			0.35 pit OK
		20-50	MA L Sap	FR SS/SP		multi			
2	L 22%	0-32	WK SBK CL	FR SS/SP	C Sap	Red			0.35 pit OK
		32-54	MA L Sap	FR SS/SP		Red yel			
3	L	0-4	WK SBK SCL	FR SS/SP		Br Red			0.2 to 32" 0.25 if installed deep
		4-20	Mo SBK C	FR SS/SP		Red		F Quartz	
		20-32	WK SBK C	FR SS/SP		Red	F/C yel Br;	F pale Br	
		32-59	WK SBK CL	FR SS/SP	F Sap	Red			
4	L	0-14	Mo SBK C	FR SS/SP		Red			US Not in system
		14-24	WK SBK C	FR SS/SP		Red	C yel Br, F	pale Br	
		24-50	WK SBK CL	FR SS/SP		Red	C 2 chroma		
5	L	0-16	Mo SBK C	FR SS/SP		Red			US Not in system
		16-22	WK SBK C	FR SS/SP		Red	F/C yel Br		
		22-36	WK SBK C	FR SS/SP		Red	C yel Br; F	2 chroma	
6	L 4%	0-43	WK SBK CL	FR SS/SP	C Sap	Red			0.35
		43-48	MA L Sap	FR SS/SP		Red			

COMMENTS:

#7 15%

0-14	WK SBK CL	FR SS/SP	C Sap	Red multi	0.35
14-57	MA L Sap	FR SS/SP			

Approved ICHD
6-20-11 jm

Sheet:

Project #:

Property ID #:

County:

SOIL/SITE EVALUATION

Date Evaluated: 2/1/11

Owner or Client: Woodbridge Partners

Proposed Facility: Residential Design Flow:

Property Size:

Location of Site: Lot 26 Fernleaf

Soil Described By: Kathleen Saunders Others Present:

Site LTAR: Int. Rep. .25

Antecedent Moisture: Weather: 38°F cloudy

Site Classification:

Water Supply: [ ] Public [ ] Community [X] On-Site Well [ ] Spring [ ] Other

Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut

Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

OFFSITES

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
A 1	L 4%	0-18	Mo SBK C	FR SS/SP		Red			0.25 Not in system
		18-28	WK SBK C	FR SS/SP	F sap	Red	F yel Br		
		28-40	WK SBK CL	FR SS/SP	F sap	Red	F yel Br		
		40-48	WK SBK CL	FR SS/SP	F sap	Red			
B 2	L 4%	0-25	Mo SBK C	FR SS/SP		Red			0.25 OK
		25-36	WK SBK CL	FR SS/SP	F sap	Red	F Mn		
		36-49	WK SBK CL	FR SS/SP	F sap	Red	F yel Br, F Mn	F Quartz	
C 3	L 5%	0-18	Mo SBK C	FR SS/SP		Red			0.25 Not in system
		18-36	WK SBK CL	FR SS/SP	F sap	Red	F yel Br		
		36-48	WK SBK CL	FR SS/SP	F sap	Red	F yel Br, F	Mn	
D 4	L 10%	0-10	Mo GR SL	FR NS/NP		Br			0.25
		10-30	Mo SBK SC/C	FR SS/SP		Red			
		30-38	WK SBK CL	FR SS/SP	F sap	Red	F yel Br		
		38-49	WK SBK CL	FR SS/SP	C sap	Red	F yel Br, F	pale Br at Root @ 40"	
E 5	L 6%	0-19	Mo SBK C	FR SS/SP		Red			0.25
		19-30	WK SBK CL	FR SS/SP	F sap	Red	F yel Br		
		30-48	WK SBK CL	FR SS/SP	F sap	Red	C yel Br		
6									

COMMENTS:

Approved ICHD
6-20-11 gm

#251555
5-6-19
$500.00

* RELAYOUT * SEPTIC *

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 CH. ROAD Zip: 28079
Applicant Email: STAN@CORNERSTONE3P.COM Phone: 704 301 3229 Alt. Phone: _____
Owner Name: BULLER RIVER DEVEL Address: 725 CHERRY RD. ROCK HILL Zip: 29732
Owner Email: N/A Phone: N/A Alt. Phone: N/A

Property Information:

Street Address: 680 KENWAY LOOP
Subdivision Name: FERNLEAF Section/Phase: _____ Lot Number: 26
Driving Directions: FERN HILL RD NORTH / RIGHT ON KENWAY LOOP

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: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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 Cauley 5/03/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

237555

pd $105

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 #
CORNERSTONE III PROPERTIES	4509 FAITH CH ROAD IRON TRAIL NC	7043013229	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
BUTLER RIVER DEVELOPMENT	725 CHERRY RD. ROCK HILL SC 29732	8033251925	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
680 KENWAY LOOP	FERNLEAF	LOT-26

Driving Directions: FERN HILL ROAD NORTH / RIGHT KENWAY LOOP ROAD

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~~ 4
Maximum Number of Occupants ~~4~~ 5
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 ___

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: Tom Purdy
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/20/18
DATE

AC 237555 PD $320 Interm. relay

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 #
CORNERSTONE III PROPERTIES	4509 FAITH CH ROAD IRBY TRAIL, NC	7043013229	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
BUTLER RIVER DEVELOPMENT	725 CHERRY RD. ROCK HILL SC 29732	803 325 1925	

4. Property Information:

680 KENWAY LOOP — **Street Address**; FERNLEAF — **Subdivision Name**; LOT-2C — **Section/Phase and Lot Number**

Driving Directions: FERN HILL ROAD NORTH / RIGHT KENWAY LOOP ROAD

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 5
Maximum Number of Occupants 5
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 _____

8. 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. 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: Tom Purdy — Property owner or owner's legal representative's signature (SIGNATURE REQUIRED)

7/20/18 — DATE

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

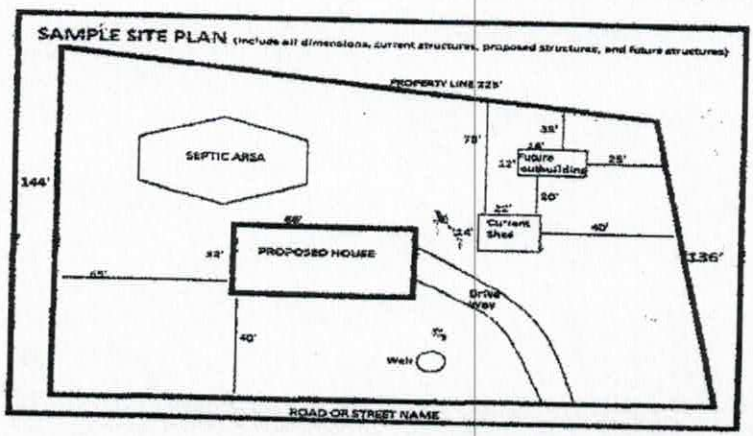
- X **Property Line measurements are clearly identified...**
- X **All proposed structures are indicated...**

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

- X **Front and side setbacks from property line...**
- X **Area you prefer your septic system to be placed...**
- X **Preferred driveway location and configuration, preferred well location...**
- ____ **North arrow, or other sufficient indicator of direction...**

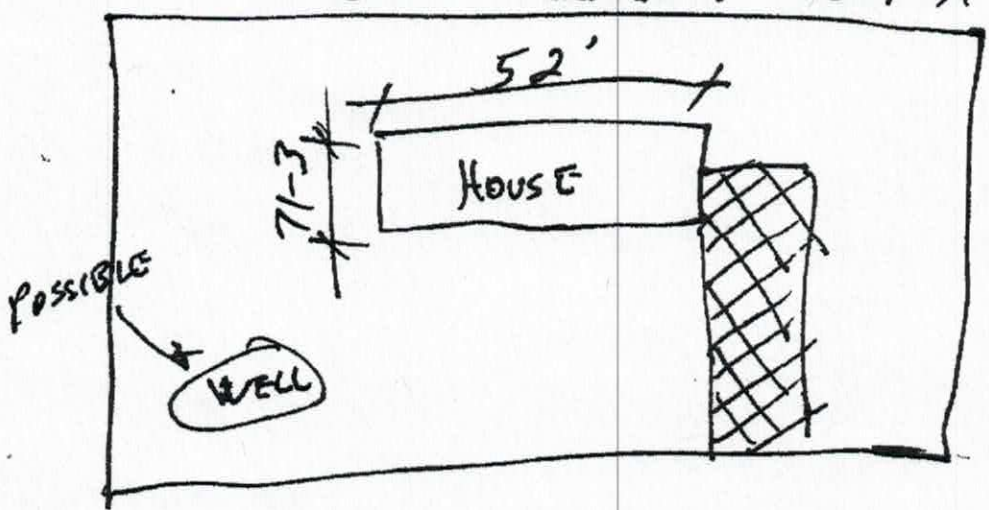
Circle N/A on the following if appropriate:

- ____ **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

* SEE ATTACHED Plat *
* 680 KENWAY Loop *



Signature: Stan Pauly
***REQUIRED* property owner or owner's legal representative signature.**

5/3/19
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, PAM HARDING, am the legal owner(s) of the property located at 680 KENWAY Loop, identified as PIN (Parcel Identification Number) 4638 18 5415, 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.

Signature of Owner(s) 5/3/19 Date

Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

STATE OF NORTH CAROLINA IREDELL COUNTY

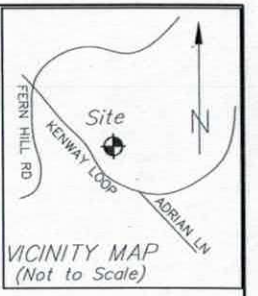
"I, MARK C. CARTER, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 2550, PAGE 250 OR OTHER REFERENCE SOURCE_____); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN PLAT BOOK 58, PAGE 116 OR OTHER REFERENCE SOURCE_____; THAT THE RATIO OF PRECISION OR POSITION ACCURACY IS 1:10,000; AND THAT THIS MAP MEET THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56. 1600)." THIS 2nd DAY OF AUGUST, 2018.

PROFESSIONAL LAND SURVEYOR

PRELIMINARY
NOT FOR SALES OR CONVEYANCES

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 OF 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 AN 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 DAVIDSON TOWNSHIP. 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 NCGS MONUMENT FOUND WITHIN 2000 FEET.
9. SETBACKS SHOWN ARE per CURRENT ZONING ORDINANCES UNLESS OTHERWISE NOTED.
10. SUBJECT PROPERTY ZONED RA.



VICINITY MAP
(Not to Scale)

GROVER MOSS & PATSY MOSS NOW OR FORMERLY LOT 32 DB 2216 PG 1583 PB 58 PG 116 PIN # 4638280638

S 34°17'17" E 163.67

S 52°43'42" W 73.25

N 56°51'52" E 68.85

~SEPTIC AREA~ per PB 58 PG 116

S 78°58'32" E 76.12

N 33°08'08" W 92.63

L1

LINE TABLE		
LINE	BEARING	DISTANCE
L1	N 78°58'32" W	44.32

35' RS

LOT 26
0.908 ACRE
39,539 SF

LOT 28 PB 58 PG 116

DAVID NEESE & JENNIFER NEESE NOW OR FORMERLY LOT 27 DB 2300 PG 1557 PB 61 PG 128 PIN # 4638187564

132.1

15' SY

N 51°45'37" E 237.08

S 51°45'37" W 250.11

BULLER RIVER DEV PARTNERS NOW OR FORMERLY LOT 25 DB 2550 PG 250 PB 58 PG 116 PIN # 4638188389

LOT 24 PB 58 PG 116

PROPOSED PEYTON PLAN

18.0

35' FS

30.0

35.0

PROPOSED DRIVE

MAP NORTH PB 58 PG 116

N 38°15'00" W 100.00

R/W

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

GRAPHIC SCALE

30 0 15 30 60 120

(IN FEET)
1 inch = 30 ft.

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
—SD—	STORM DRAIN LINE
—P—	OVERHEAD POWER LINE
—X—	CHAINLINK FENCE
	POWER POLE

SITE NOTES:

BUILDING SETBACK REQUIREMENTS (MINIMUM) ZONED RA

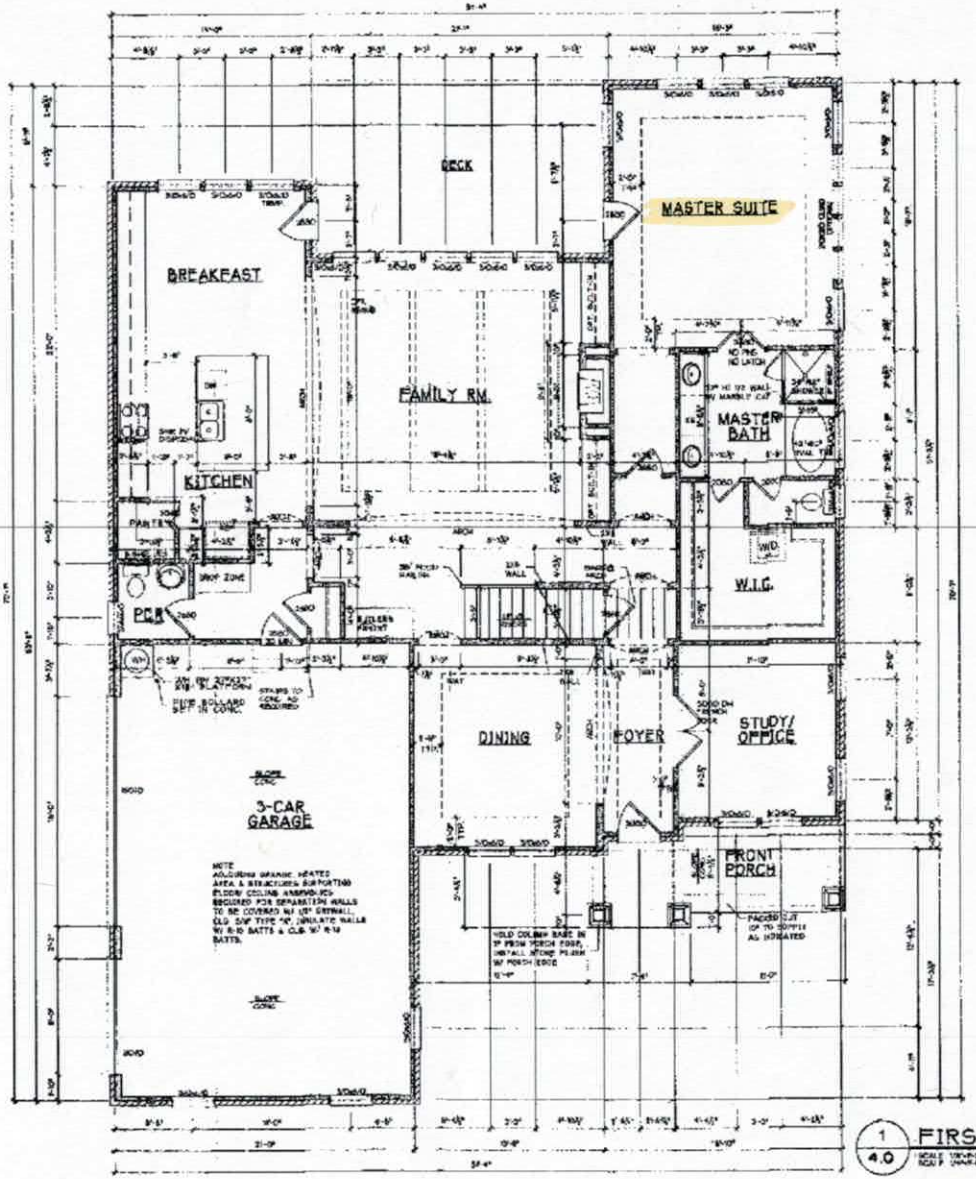
FRONT:	35 FEET
SIDE YARD:	15 FEET
REAR YARD:	35 FEET
MINIMUM LOT WIDTH:	100 FEET
MINIMUM LOT AREA:	25,000 SF

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 3710463800J, DATED: MARCH 18, 2008.

PLOT PLAN
AT PROPERTY KNOWN AS
680 KENWAY LOOP
LOT 26, FERNLEAF SUBDIVISION, PHASE 2
PB 58 PG 116
TAX # DB 2550 PG 250
DAVIDSON TOWNSHIP, IREDELL COUNTY, NC
FOR: CORNERSTONE III PROPERTIES
DATE: AUGUST 2, 2018

PHOENIX LAND SURVEYING, INC
3316 OLD MONROE ROAD
STALLINGS, NORTH CAROLINA 28104
PH: (704)-335-1655
EMAIL: INFO@PHOENIX-SURVEYING.COM
FIRM # C-3912
Land Surveying
Land Planning
FIELD WORK: ~ MAPPING: P.PAGE, JDF
PROJ # 1051-76-01 680 KENWAY LOOP

51-4"



70-7"

70-7"

51-4"

1 / 4.0 FIRST FLOOR PLAN

FIRST FLOOR NOTES:

- CONTRACTOR TO VERIFY ALL DIMENSIONS
- DO NOT SCALE DIMENSIONS FROM PRINTS. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION
- FILL 4' OR 8' EXTERIOR WALL HERE USED TO DETERMINE DIMENSIONS ON PLANS
- FILL 4' OR 8' EXTERIOR WALL HERE USED TO DETERMINE DIMENSIONS ON PLANS
- FRAMERS SHALL START ALL WALL LAYOUTS FROM THE REAR OF THE HOUSE
- ALL ANGLED WALLS ARE 45 DEGREES OR AS SHOWN UNLESS NOTED OTHERWISE
- ALL OVERALL DIMENSIONS SHALL BE FROM OUT TO OUT OF FRAMING. INTERIOR DIMENSIONS SHALL BE FINISH FACE OF WALL
- ALL INTERIOR DOORS ARE 4" FROM WALL UNLESS NOTED OTHERWISE
- MAIN HOME IS EQUIPPED WITH A GAS TANKLESS WATER HEATER AND UPPER FLOOR IS EQUIPPED WITH A GAS TANKLESS WATER HEATER ON LEFT AND DRYER ON RIGHT
- MASTER MOUNTS SHALL BE PLACED ON ALL EXTERIOR LEVERS AND HOSE BIBBS
- FRAMED CAVITY WALLS (I.E. 2X6 SHEETING, STAGGERED STUDS) SHALL BE INSULATED WITH AIR BARRIER FOR ENERGY STAR

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

PROJECT TITLE
PEYTON
PLAN

Acknowledgement Of Plans Submittal ONLY!
Date 8-7-18
Date 2/22/18

DRAWING DATA
DRAWN BY
CHECKED BY
FILE NUMBER

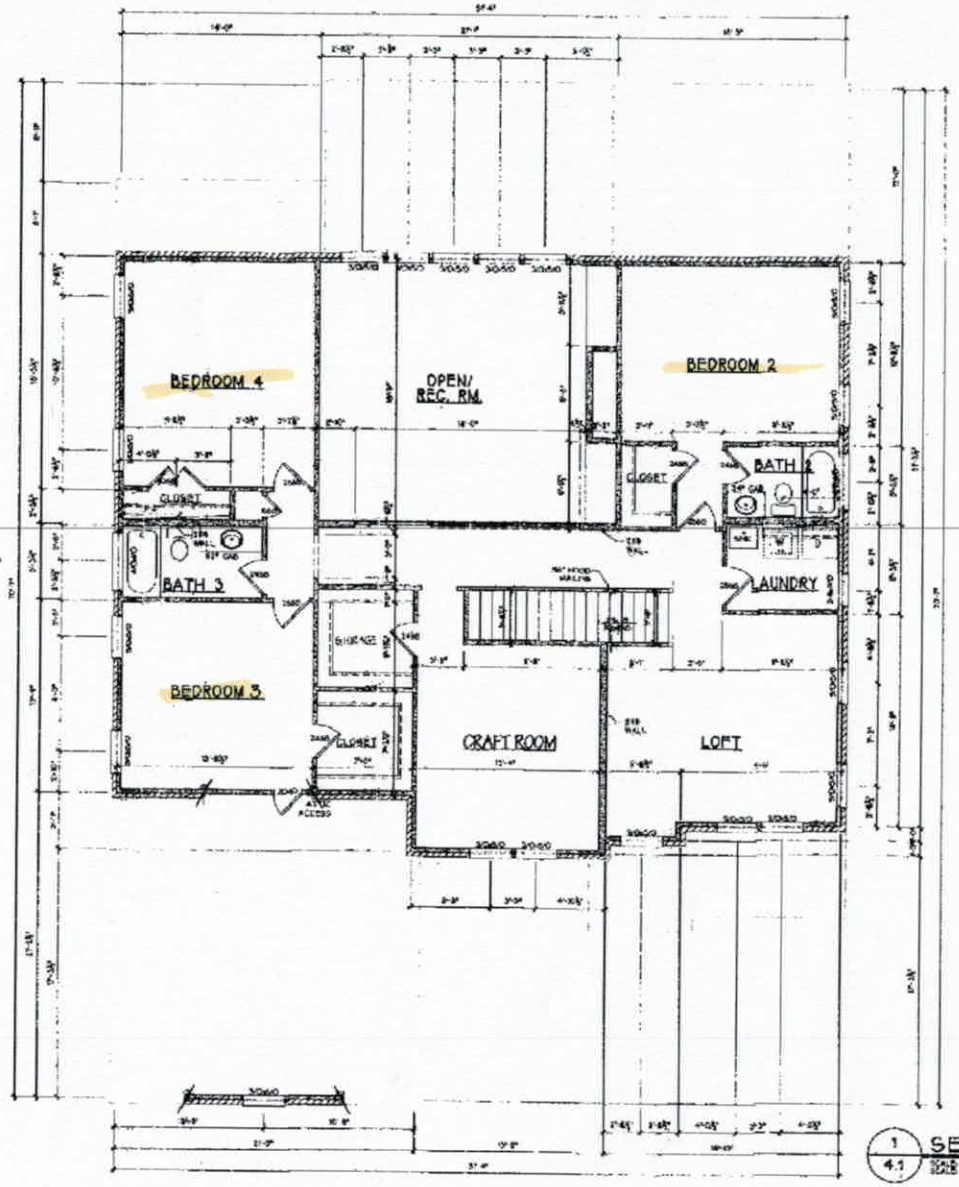
SHEET TITLE
FLOOR PLAN

SQUARE FOOTAGE

1ST FLR.	2351.93 FT.
2ND FLR.	1678.50 FT.
REC RM	362.50 FT.
TOTAL HEATED	4391.93 FT.
FRONT PORCH	108.83 FT.
TOTAL	4500.00 FT.
3-CAR GAR.	965.00 FT.
TOTAL UNDER ROOF	4988.00 FT.

SHEET NUMBER

51-4"



70-7"

70-7"

1 / 4.1 SECOND FLOOR PLAN

51-4"

SECOND FLOOR NOTES:

- CONTRACTOR TO VERIFY ALL DIMENSIONS
- DO NOT SCALE DRAWINGS FROM PRINTS. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION
- PARTITIONS SHALL START ALL WALL LAYOUTS FROM THE INSIDE OF SIDE WALLS
- ALL INTERIOR DOORS ARE 6" FROM WALL (TYP.) UNLESS NOTED OTHERWISE
- ALL KITCHEN COUNTER HEIGHTS ARE TO BE RAISED TO 7'-0" WITH A REMOVABLE BASE UNIT
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCESSIBLE TO USER
- ALL OVERALL DIMENSIONS SHALL BE FROM OUTSIDE OF FRAMING, INTERIOR DIMENSIONS SHALL BE FROM ONE SIDE OF WALL
- PROVIDE GALVANIZED METAL FLASHING AT ALL EXTERIOR OPENINGS
- PROVIDE CAULK WALLS AT TUBS, SHOWERS, SOAKS & FIREPLACES SHALL BE INSULATED WITH AIR BARRIER FOR ENERGY SAVE
- ANY HANDRAIL OR WALL OF LESS THAN 24" AFF. HEIGHT ABOVE FINISH FLOOR SHALL BE SUBJECT TO FALL PROTECTION RULE

CORNERSTONE III PROPERTIES
4809 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

PROJECT TITLE
PEYTON
PLAN

Acknowledgement Of
Plans Submittal ONLY!
Date 8-7-18
Date 8/22/18

DRAWING DATA
DRAWN BY:
CHECKED BY:
FILE NUMBER:

SHEET TITLE
SECOND
FLOOR PLAN

SHEET NUMBER
[redacted]

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

SOIL EROSION NEEDED

Zoning Permit

Permit Number: 166700ZO

Printed: 5/17/2011

Master #: 166700

Associated Permits:
166700ZO Zoning

Applicant

Name: Kathleen Saunders
Address:

Phone: 704-578-4951

Parcel

Parcel Number: 4638188415.000
Address: 000 Kenway Lp.
Mooresville, NC 28117
Subdivision: Fernleaf Ph2
Directions to Parcel: Fern Hill Rd to Kenway Loop

Zoning: RA
Township: 1700
Area: .908
Lot(s): 26

Owners

Name: Woodbridge Partners LLC
Address: PO Box 3608
MOORESVILLE, NC 28117

Phone: 704-799-9770

Contractors

Contractor Type: Not Liscensed
Name: Kathleen Saunders
Address:

Phone: 704-578-4951

Fees and Receipts:

Number	Description	Amount
FEE-230391-07	Zoning - Permit / Inspection	$75.00
FEE-230392-07	Technology and Administrative Fee	$2.25
FEE-230393-07	Environmental Health - Type I or II Fast Track	$335.00

ZONING DISCLAIMER



PROPERTY ADDRESS:_____ #26 Kenway Loop (Fernleaf ph2)

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. Applicant further acknowledges that the 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