IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5385 Mooresville Office (704) 660-3625 PERMIT # 227677

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4638477336

APPLICANT/OWNER: Pinnacle Building APPLICANT ADDRESS: 187A Promenade Dr Mooresville, NC 28117

SITE ADDRESS: 101 Kyle Ln Mooresville, NC PHONE: 704 361 1084 ALT. PHONE

SITE DIRECTIONS: Hwy 150 TR Perth Rd TL Stumpy Creek TL Collingswood TR Kyle

SUBDIVISION: Lot 7 SECTION: 14 LOT # 1 LOT AREA: 1.17 Acres DESIGN FLOW: 480 gpd LT.A.R.: .3

WAP CONTROLLED: ☐ YES ☒ NO

Septic Tank: 1000 gal	SIB: 2 x 1 1/4 Pipe	Drop:	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms: 4	Water Supply
Pump Tank: 1000 gal	PI: Infiltrator	Duty:	System Description: Pumpkin - 25% Reduction				☐ Business	No. Persons: 8	☒ Private
Pump Make: Zoeller	Model: 280	Serial #: 0983592	Grease System Description:				☐ Other	No. Employees:	☐ Public
# RR/Bedtime Pumps: 1	# Liters: 9	Liquid Ft: 900 min	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width: 36"	Trench Bottom Depth(Lowest point): 28"	Gravel Depth: N/A		☐ GRAVITY	☒ PRESSURE		☒ Basement w/ gravity sump	☐ Basement w/o plumbing	

Comments / Conditions: Note: Tanks must be 15ft from surface water ditch & below drain.

PLOT PLAN SKETCH

See attached, Approved Septic Design by Ashley Rollins dated 5/13/19

AS-BUILT SKETCH

Drain lines are installed at drawn

Tanks are 11' off House, Installed below Foundation Drain

	Date	Initials
Drain Lines Checked	5-22-19	BW
Tanks Checked	5-22-19	BW
Pressure Manifold or Valve Box Checked	5-22-19	BW
Pressure Head Set	6-6	BW
Electrical Checked	6-6	BW
Floats Set	6-6	BW
Alarm Checked	6-6	BW
Maintenance Contract Y (N)	6-6	BW
Comments: WELL HEAD CHECKED 6-6 BW		

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 to 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 days. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT - not to exceed 60 days.

Owner / Applicant Signature: [signature] Date: 5/16/19 Installed by: Piedmont Backhoe (Steve Jordan)

IMPROVEMENT PERMIT by: Maria DeLeon Date: 5/15/19 OPERATION PERMIT by: Robert C. Hill Date: 6-2-19

AUTHORIZATION TO CONSTRUCT by: Maria DeLeon Date: 5/15/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704-864-9703 between 8am-5pm the day inspection is desired. 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 # 227677

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

PIN # 4638477336

APPLICANT/OWNER: Pinnacle Building APPLICANT ADDRESS: 127A Promenade Dr Mooresville, NC 28117

SITE ADDRESS: 101 Kyle Ln Mooresville, NC PHONE: 704 361-1084 ALT. PHONE

SITE DIRECTIONS: Hwy 150 TR Perth Rd TL Stumpy Creek TL Collingswood TR Folkstone TL Kyle

SUBDIVISION: Lot 1 SECTION: 14 LOT # 1 LOT AREA: 1.17 Acres SAP CONTROLLED: ☐ YES ☒ NO DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT		Date		System Description: Pump-Pm-25% Reduction LPPBPS				☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft.	400 min	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	28"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Note: Tanks must be 15ft from surface water ditch & below drain.

INITIAL SITE SKETCH

See attached, Approved Septic Design by Ashley Rollans dated 5/13/19

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: 5/16/19 Installed by:

IMPROVEMENT PERMIT by: Date: 5/15/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 5/15/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day

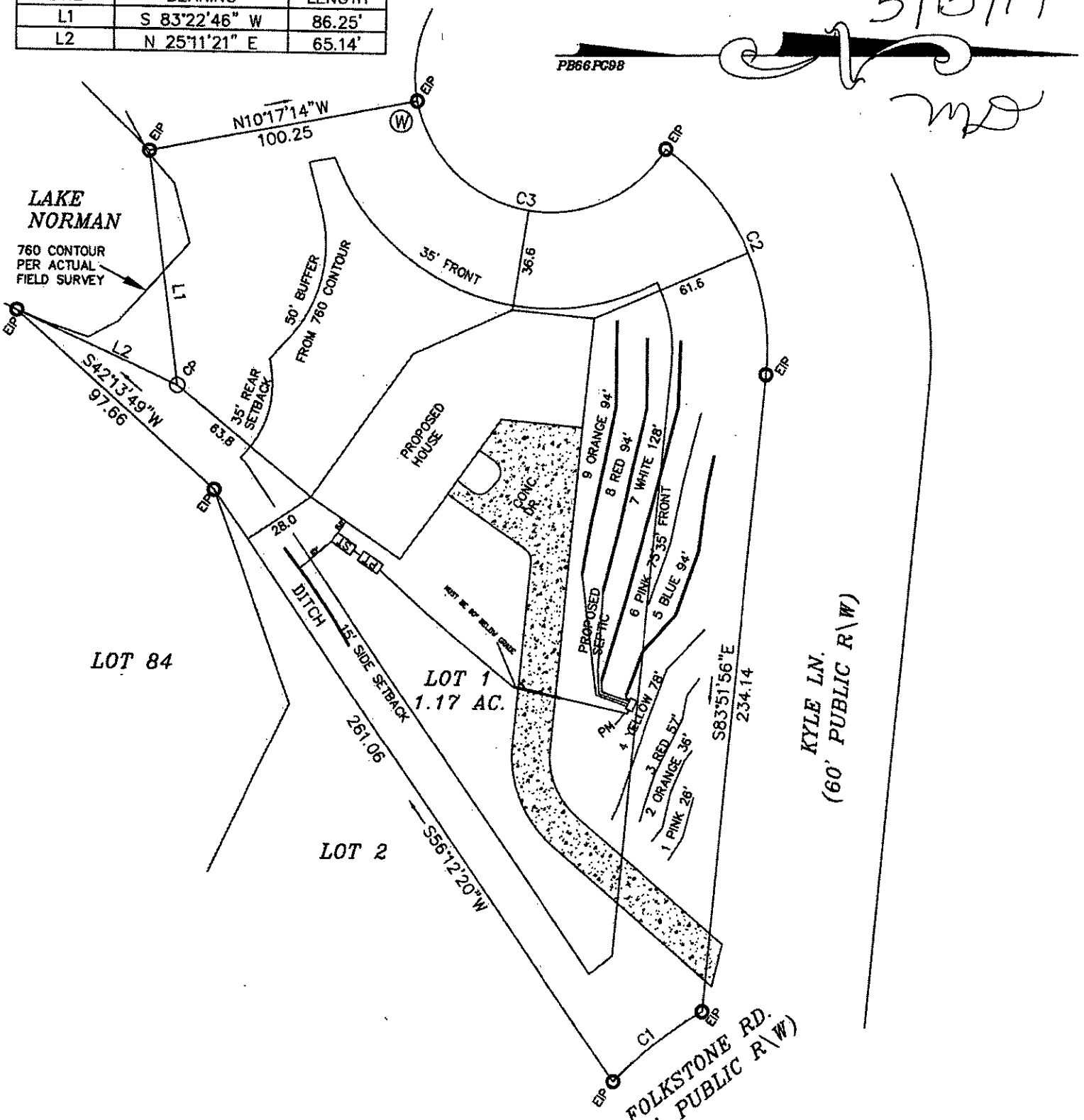
ection is needed. Be sure to speak with an inpsector to confirm your inspection time.

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	155.01'	41.93'	S 37°33'35" E	41.80'
C2	90.00'	94.39'	S 66°05'42" W	90.12'
C3	50.00'	120.07'	N 10°59'32" E	93.23'

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 83°22'46" W	86.25'
L2	N 25°11'21" E	65.14'

Approved
5/15/19
MD

PB66PG98



0' 25' 50' 100'

SCALE IN FEET

1150

Approved 5/15/19

101 KYLE LANE

Project #: 01-3346

April 30, 2019

LAYOUT FOR 4 BEDROOM HOME

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
HOUSE CNR					780.25		
P. TANK							
1	PINK				793.00	26	26
2	ORANGE				791.80	36	36
3	RED				789.61	57	57
4	YELLOW				787.79	76	76
5	***BLUE***				*785.91*	*94*	*94*
6	PINK				785.29	75	75
7	***WHITE***				*784.62*	*127*	*128*
8	***RED***				*783.36*	*95*	*94*
9	***ORANGE***				*781.77*	*87*	*94*
					Total	**586**	**586**

	LINE LENGTH	LTAR GPD/FT²	SYSTEM TYPE	SOIL LTAR GPD/FT²	TRENCH SYSTEM	DISTRIBUTION
****System***	***410***	***0.300***	*ACCEPT.*	***0.300***	***25% RED.***	**PRESSURE MANIFOLD**
Repair	270	0.300	*MOD.*	0.300	PPBPS	LOW PRESSURE

Notes:

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**Elevations from original survey of lines

Approved 5/15/19 MD

5

PRESSURE MANIFOLD TAPSHEET - 101 KYLE LANE

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area	Line LTAR
5	BLUE	785.91	94	SCH 40 1/2	7.11	282	0.15
7	WHITE	784.62	128	SCH 80 3/4	10.1	384	0.16
8	RED	783.36	94	SCH 40 1/2	7.11	282	0.15
9	ORANGE	781.77	94	SCH 40 1/2	7.11	282	0.15
	total	feet =	410	gal/min =	31.43		
			Des. Flow	480			
			Pump Run=	5.96			
			soil LTAR	0.3			
			LTAR +5%	0.315			
			LTAR with ACCEPTED	0.4			
			LTAR with ACCEPTED + 5%	0.42			

#227677
$320.00
5.13.19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: ( ) 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: Ryan L. Butler Sr Address: 127 B Pioneer Dr Mocksville Zip: 27117
Applicant Email: Ryan3700@yahoo.com Phone: 704-361-1084 Alt. Phone: _____
Owner Name: Mike Noyes Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 101 Kyle Ln Mocksville NC 27117
Subdivision Name: Crosen Cove Section/Phase: _____ Lot Number: 1
Driving Directions: North to Stroupe creek to Father to Kyle

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

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

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(X) 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 (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: _____ 5/13/2019
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, Ray E. Jackson, am the legal owner of the property located at KYLE LANE, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Ashley Rollins / Rollins Soils Environmental, Mike Ryan / Pinnacle Building Services LLC, _____, _____, 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.

Ray E. Jackson 5/13/2019

Signature of Owner Date

_____ _____

Signature of Witness Date

Permit #227677

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 #
Pinnacle Building Solutions LLC	127 A Pioneer Dr		(704) 361-1084
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Rae Jackson		(704) 664-4426	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
101 Kyle Ln	Crescent Creek & Timber -	Lot 7

Driving Directions: Perth Rd to Stumpy creek to Folkin to Kyle Ln

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

(X) New, Single Family Residence — Maximum Number of Bedrooms 4
( ) New, Multi-Family Residence — Maximum Number of Occupants 8
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___
(X) Repair To Failing Septic System due to ___
( ) Other ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (X) 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: Pinnacle Building Solutions LLC — 6/2/2017
   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, Ray E. Jackson, am the legal owner of the property located at KYLE LANE, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Ashley Rollans / Rollans Soils Evaluation, Mike Ryan / Pinnacle Building Services LLC _____, _____, _____, 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.

Ray E. Jackson 6-01-17

Signature of Owner Date

_____ _____

Signature of Witness 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_____, page_____, and/or plat book 66, page 98, 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 31 day of MAY

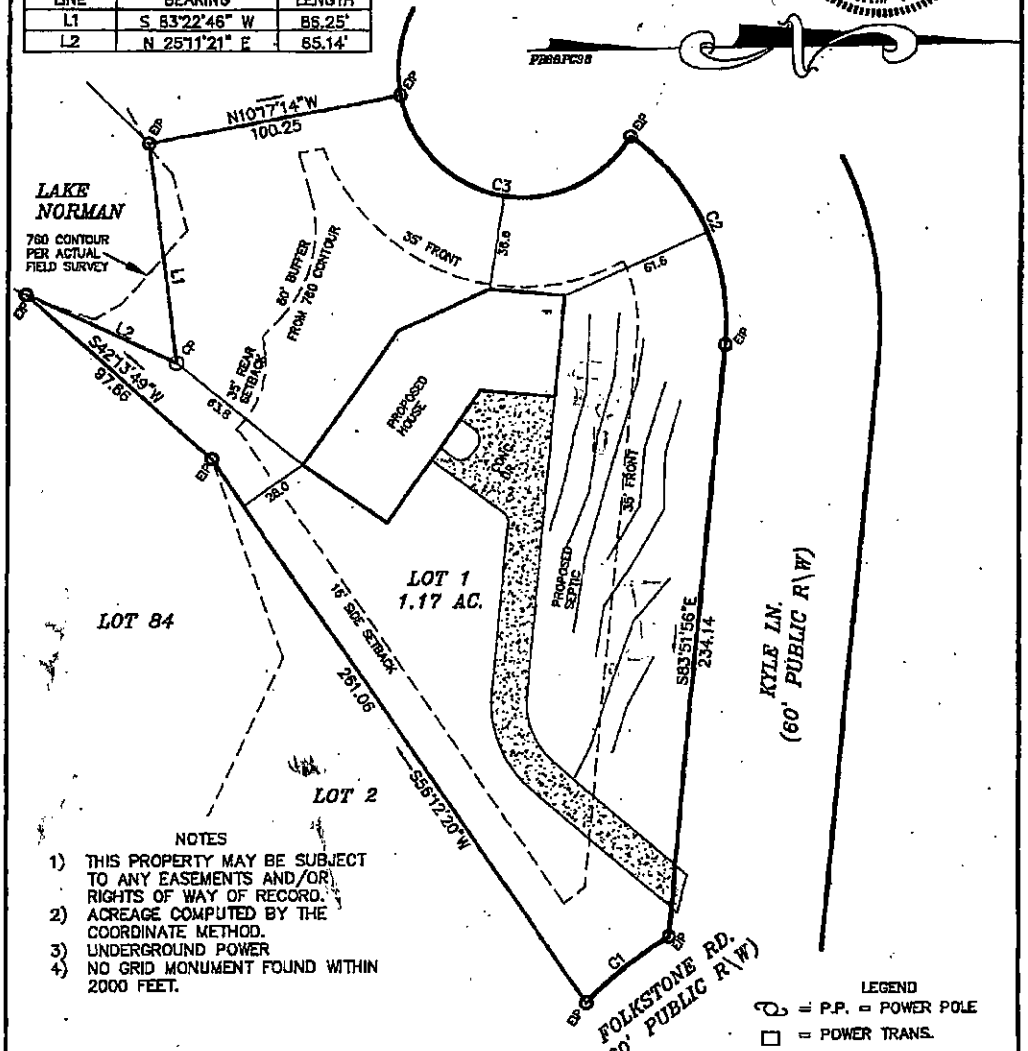
A.D. 20 17.

WILLIAM M. ALLEN

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

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	155.01'	41.93'	S 37°33'35" E	41.80'
C2	90.00'	84.39'	S 66°05'42" W	90.12'
C3	50.00'	120.07'	N 10°59'32" E	93.23'

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 83°22'46" W	86.25'
L2	N 25°11'21" E	65.14'



NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) 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

0' 25' 50' 100'
SCALE IN FEET

PLOT PLAN SURVEY

OF

LOT 1 CREST LAND & TIMBER SECT. 14 (LOT 85C)

SCALE 1" = 50' DAVIDSON TWSP., IREDELL CO., N.C.

ACQUIRED BY:

FIELD BOOK:
FILE: CLT 85C S14
DC FILE:
TAX MAP NO:

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Pinnacle Building Services APPLICATION DATE
ADDRESS: DATE EVALUATED: 6/7/17
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE:
LOCATION OF SITE: 101 Kyle Ln PROPERTY RECORDED:
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 (marked as Pit 5 on flag)	7%	0-12	Brw SCL	wSBK	SS, SP, SExP				
		12-24	RCm-f	wSBK	SS, SP, SExP				
		24-48	RCL	wSBK	SS, SP, SExP, FR		Lw		.3
			Some SAP	Inclus					
2 (Marked as Pit 3 on flag)	6-8%	0-20	RCm-f	wSBK	SS, SP, SExP				PS
		20-46	RCL	mSBK	SS, SP, SExP				
			lwf few SAP	Inclus					.3
			& Common	Mica					
3 (marked as Pit 1)	7%	0-12	Brw SCL		SS, SP, SExP, FR				PS
		12-20	RCm-f	wSBK	SS, SP, SExP, FR				
		20-46	RCL SS, SP		SExP FR				
			lwf Inclus of SAP & Common		Mica				.3
		46-52+	SAP massive		FR				
4 (marked as Pit 7)	5%	0-10	Rdl Brw SCL/CL		SS, SP, SExP, FR				PS
		10-38	RCm-f	wSBK	SS, SP, SExP, FR, SAP				
		40-48	I SAP	massive,	FR			Inches	.25 to .3

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT:

COMMENTS:

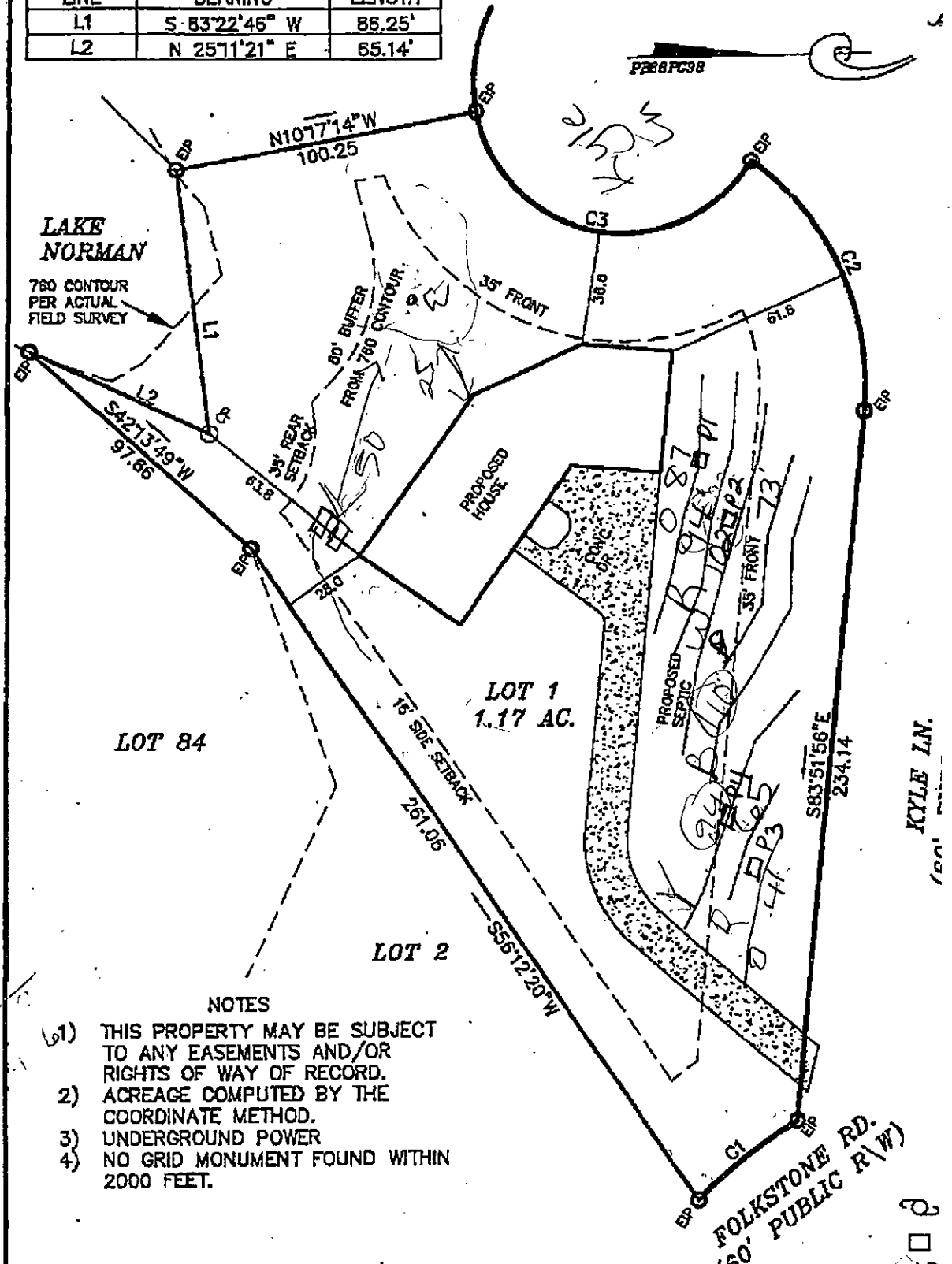
A.D. 20 17

WILLIAM M. ALLE

Pit Locations

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	155.01'	41.93'	S 37°33'35" E	41.80'
C2	90.00'	94.39'	S 66°05'42" W	90.12'
C3	50.00'	120.07'	N 10°59'32" E	93.23'

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 63°22'46" W	86.25'
L2	N 25°11'21" E	65.14'



NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

0' 25' 50' 100'

SCALE IN FEET

PLOT PLAN SURVEY

OF

RECEIVED MAR 2 7 2019

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 V 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 #
Pinnacle Building	127A Promenade Dr Mooresville NC		(704) 361-1084
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Mike Knoggs	101 Kyle Ln Mooresville NC		(215) 620-4439

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
101 Kyle Ln	Club S14	Lot 10

Driving Directions: Perth to Stumpy creek RT on Folkston to Kyle Ln

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 due to _____
( ) Other _____

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

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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)* ( ) EXISTING SYSTEM installed _____ (Year)

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

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: _____ 3/27/2019
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE