Newest Site plan

DAS

DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
111-D Raceway Drive * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

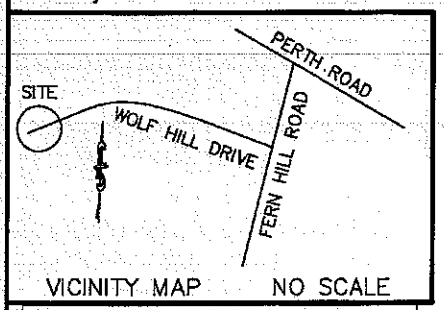
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2181, page 1390, and/or plat book 45, page 50, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 2, day of OCT, A.D. 20 15

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN

WILLIAM M. ALLEN, PLS

Rev. 10/5/15 MD



VICINITY MAP NO SCALE

LINE TABLE		
LINE	BEARING	LENGTH
L1	N 29°42'43" W	20.52'
L2	N 30°08'27" W	33.93'
L3	N 09°51'08" E	5.05'
L4	N 13°04'38" W	22.78'
L5	N 08°42'12" W	14.03'
L6	N 31°19'51" W	16.38'
L7	N 28°45'23" W	26.88'
L8	N 23°38'45" W	25.15'
L9	N 13°14'40" W	16.53'
L10	N 01°10'28" E	15.47'
L11	S 63°38'35" E	11.61'
L12	N 61°49'41" E	10.96'
L13	N 07°50'37" E	17.00'
L14	S 80°28'34" E	12.06'
L15	N 45°11'42" E	38.15'
L16	N 02°27'56" E	15.58'
L17	N 58°27'42" E	16.64'
L18	N 63°47'44" E	15.30'
L19	N 72°36'46" E	13.03'

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	56.90'	S 37°28'15" W	53.88'
C2	881.93'	90.51'	N 34°33'30" W	90.47'

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
- LP = LIGHT POLE

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) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

PLOT PLAN SURVEY

OF

137 WOLF HILL DRIVE

LOT 18 BEACON POINTE PHASE IV

FALLSTOWN TWSP., IREDELL CO., NC

SCALE 1" = 60'

ACQUIRED BY: THOMAS P. BEATTY

FIELD BOOK:
FILE: BEACON POINTE LOT 18
DC FILE:
TAX MAP NO: 4639220816

151 Wolf Hill (LOT 18 Beacon Pointe Ph. 4) 7/30 (4) weeks

IREDELL COUNTY HEALTH DEPARTMENT

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

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

$577.25

PERMIT# 119082 PIN# 4639-23-5078.018

OWNER OR CONTRACTOR Beacon Pt. Partners DATE June 30 04

ADDRESS P.O. Box 3608 Mooresville, NC. 28115 PHONE: Business ______ Home ______

LOCATION Perth Rd N. TL Fern Hill Rd TR Wolf Hill Drive at end

SUBDIVISION Beacon Pt. BLOCK / SECTION 4 LOT 18 LOT AREA 2.132 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB ______ Date ______

Pump Tank: 1000 Gallons: PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: PW 25% Reduction

Repair System Description: LPP PBPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

Gravel Depth N/A ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

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

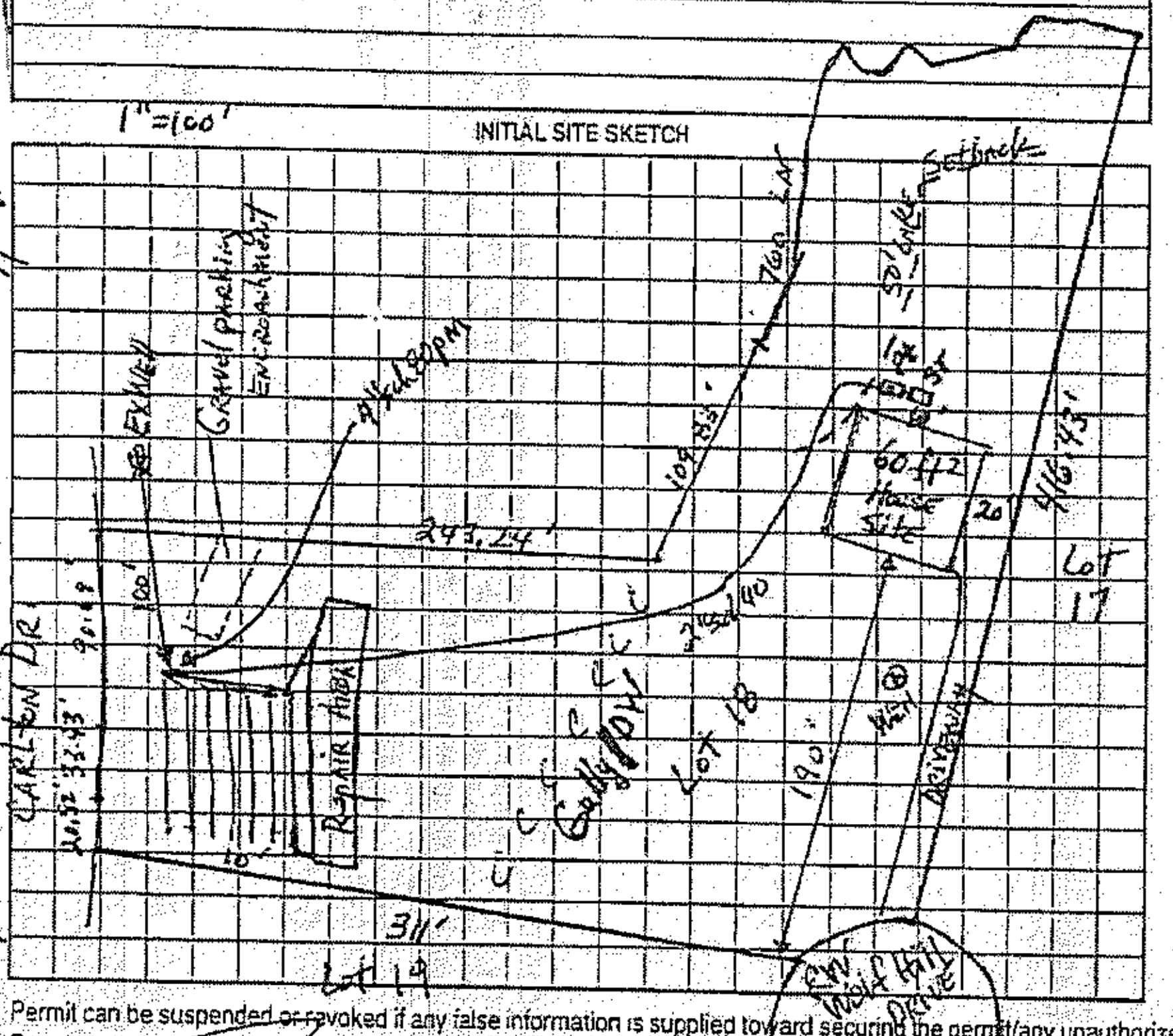
No. Bedrooms 4 No. Bathrooms 4 No. Employees ______

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

1" = 100'

INITIAL SITE SKETCH



Comments:/Conditions:

AS BUILT SKETCH

Improvement Permit Only - Do Not Issue Building Permit

Zoning/system

Tom Beta

Adrianne 883-4144 (Lot 4/44)

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: ______ date 7-12-04 Installed by: ______

Improvement Permit by: D. R. Hum, RS date 6-30-04 Operation Permit by: ______ date ______

Authorization to Construct by: ______ date ______ Existing System Inspection by: ______ date ______

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